



East Region Formulary Committee

Minutes

Date: 27 March 2024
Time: 2.00pm – 4.00pm
Location: MS Teams

Present:

Carla Capaldi	Senior Practice Pharmacist, NHS Fife
Alison Casey	Senior Pharmacist Cancer Services, NHS Fife
Malcolm Clubb	Director of Pharmacy (Co-chair), NHS Borders
Nicole Cromar	Pharmacist – Neurology, NHS Lothian
Steven Fenton	Project Manager, NHS Lothian
Dr David Griffith	Consultant – Microbiologist (Co-chair), NHS Fife – in the Chair
Nikki Gilluley	Lead Pharmacist - Regional Formulary Development
Carol Holmes	Pharmacist - Primary Care, NHS Lothian
Dr Elliot Longworth	GP, NHS Borders
Diane Murray	Formulary Pharmacist, NHS Lothian
Dr Paul Neary	Consultant – Cardiology, NHS Borders
Fraser Notman	Senior Pharmacist – Medicines Management, NHS Fife

In attendance:

Gillian Cameron, Non-Medical Prescribing Lead, NHS Lothian (*observer*)
Dr Samantha McCarthy, GP, NHS Lothian (*observer*)
Caitlin Satti, Information Officer, NHS Lothian (*minutes*)
Oscar Shirlaw, Clinical Pharmacist, NHS Borders (*observer*)

Apologies:

Jane Browning, (Acting) Associate Director of Pharmacy, NHS Lothian
Ruth Cameron, Advanced Clinical Nurse Specialist - Urology, NHS Fife
Gillian Donaldson, Nurse – Cardiology, NHS Borders
Dr Jane Goddard, Consultant – Renal, NHS Lothian
Lesley Macher, Lead Pharmacist - Medicines Governance and Guidance, NHS Lothian
Alice Mathew, Senior Clinical Pharmacist Medicines Utilisation and Therapeutics, NHS Fife
Cathryn Park, Deputy Director of Pharmacy, NHS Borders
Dr Jo Rose, GP, NHS Lothian
Dr Lucy Wall, Consultant – Oncology, NHS Lothian
Dr Andrew Watson, Consultant – Psychiatry (Co-chair), NHS Lothian

1 Project update

1.1 Welcome and Apologies

The Chair welcomed those present to the East Region Formulary Committee (ERFC).

- ERFC noted that the meeting is being recorded.

1.2 Update on progress with Chapter Expert Working Groups (CEWG)

The ERFC received an update on progress with the Chapter Expert Working Groups.

It was noted that six Paediatric chapters have now been completed and launched on the website and app, including Gastrointestinal, Respiratory, Cardiovascular, Infections, CNS, and Endocrine.

The Paediatric Skin chapter is currently in development, and the first draft is with chapter experts for comment. This chapter will be presented at the next ERWG meeting, and come to the ERFC meeting in May. Following the completion of the Paediatric Skin chapter, planning for the Paediatric Nutrition and Blood chapter review will commence.

It was further noted that there has been an accessibility update on the East Region Formulary mobile app allowing users to increase the font size.

The ERFC noted the update on progress with the Paediatric ERF chapters and had no further comments.

1.3 Matters arising

- 1.3.1** ERFC 09 August 2023 Item 3.1.1 FAF1 Pembrolizumab: Keytruda ([SMC2526](#)) was reviewed at the ERFC August meeting. The ERFC requested confirmation of the finance detail as the finance template included with the FAF1 is based on 3-weekly dosing, total 34 vials, and the proposed dosing schedule is for 6-weekly dosing, total 36 vials.

The ERFC noted that the requested information had been received. Action completed.

ACTION: NHS Lothian Admin Team

- 1.3.2** ERFC 09 August 2023 Item 3.1.2 FAF1 Pembrolizumab: Keytruda ([SMC2144](#)) was reviewed at the ERFC August meeting. The ERFC requested confirmation of the finance detail as the finance template included with the FAF1 is based on 3-weekly dosing, total 34 vials, and the proposed dosing schedule is for 6-weekly, total 36 vials.

The ERFC noted that the requested information had been received. Action completed.

ACTION: NHS Lothian Admin Team

- 1.3.3** ERFC 12 December 2023 Item 3.1.10 FAF1 Fenfluramine: Fintepla ([SMC2569](#)) was reviewed at the ERFC December meeting. The ERFC requested further clarification regarding intended prescribing restrictions, and the subsequent place in therapy for Paediatrics.

The ERFC noted that the requested information had been received. Action completed.

ACTION: NHS Lothian Admin Team

- 1.3.4** ERFC 12 December 2023 Item 3.1.13 FAF3 Testosterone (Testogel & Tostran) was reviewed at the ERFC December meeting. The ERFC requested further clarification regarding patient monitoring requirements in a local guideline with reference to recommendations in line with the British Menopause Society guideline.

It was noted that the requested guidelines have been provided by each respective Board with differing monitoring requirements documented within each. The ERFC discussed and agreed that a regional guideline with consensus on monitoring requirements is desirable; however, in the absence of a regional guideline, the ERFC requested further information from the clinical teams to provide assurance that the correct governance structures within each Board have oversight of and approve the guidance.

The ERFC noted that this remains outstanding and agreed that this should be carried forward as ongoing. The applicants are requested to respond with information on the recommended action by 14 May 2024.

ACTION: Senior Pharmacist – Medicines Management, NHS Fife

- 1.3.5** ERFC 12 December 2023 Item 4.3 Rivaroxaban: Xarelto ([SMC2128](#)) was discussed at the ERFC December meeting. NHS Borders requested further data for the proposed indication and patient group, as well as a comparison to Apixaban or Edoxaban.

The ERFC noted that the requested information had been received. Action completed.

The ERFC agreed to classify Rivaroxaban: Xarelto (SMC2128) as Routinely available in line with national guidance. Included on the ERF for Specialist Initiation. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

- 1.3.6** ERFC 07 February 2024 Item 3.1.1 FAF 1 Deucravacitinib: Sotyktu ([SMC2581](#)) was reviewed at the ERFC February meeting. The ERFC requested further clarification from the clinical team regarding the intended positioning of Deucravacitinib: Sotyktu within the relevant pathways on the ERF.

The ERFC noted that the requested information had been received. Action completed.

ACTION: NHS Lothian Admin Team

- 1.3.7** ERFC 07 February 2024 Item 3.1.2 FAF1 Dostarlimab: Jemperli ([SMC2404](#)) was reviewed at the ERFC February meeting. The ERFC requested further clarification from the clinical team regarding patient testing and the associated potential additional costings as well as the total treatment costs per patient per annum to ensure robust financial forecasting. The ERFC further requested named CD support from all three Boards ensure awareness of budgetary implications.

The ERFC noted that further information regarding patient testing and the associated potential additional costings was provided, with little to no additional costings incurred through patient testing. The ERFC, however, noted that further evidence is still required from the clinical team regarding the duration of treatment for this medicine and the subsequent costings.

The ERFC noted that this remains outstanding and agreed that this should be carried forward as ongoing. The applicants are requested to respond with information on the recommended action by 14 May 2024.

ACTION: NHS Lothian Admin Team

- 1.3.8** ERFC 07 February 2024 Item 3.1.3 FAF1 Durvalumab: Imfinzi was reviewed at the ERFC February meeting. The ERFC requested the names of the Clinical Directors who are in support of the medicine to ensure awareness of budgetary implications.

The ERFC discussed and agreed that an evaluation of the current governance structure regarding Oncology formulary applications is required. The requirement for named Clinical Director support will be part of this wider discussion. Action complete.

ACTION: NHS Lothian Admin Team

- 1.3.9** ERFC 07 February 2024 Item 3.1.5 FAF1 Avacopan: Tavneos was reviewed at the ERFC February meeting. The ERFC requested NHS Fife CD support, as well as further information from the clinical team regarding associated protocols and guidelines, and a revised formulary application with clarification on costings.

The ERFC noted that this remains outstanding and agreed that this should be carried forward as ongoing. The applicants are requested to respond with information on the recommended action by 14 May 2024.

ACTION: NHS Lothian Admin Team

- 1.3.10** ERFC 07 February 2024 Item 3.1.9 FAF3 Lenalidomide was reviewed at the ERFC February meeting. The ERFC requested the names of the Clinical Directors who are in support of the medicine to ensure awareness of budgetary implications.

The ERFC discussed and agreed that an evaluation of the current governance structure regarding Oncology formulary applications is required. The requirement for named Clinical Director support will be part of this wider discussion. Action complete.

ACTION: NHS Lothian Admin Team

2 Governance

2.1 East Region Formulary Committee (ERFC) meeting minutes 07 February 2024

The minutes of the previous meeting were approved as an accurate record with no changes note.

2.2 East Region Working Group (ERWG) meeting minutes 06 March 2024

The minutes of the ERWG meeting on 06 March 2024 were noted for information.

2.3 East Region Formulary (ERF) sections/amendments for review

2.3.1 ERF Adult - Psoriasis - Deucravacitinib: Sotyktu

The ERFC discussed the updated ERF adult pathway - 'Alternative systemic treatment of chronic plaque psoriasis'.

The ERFC approved the pathway content. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

2.3.2 ERF Adult – Bipolar Disorder – Valproate MHRA DSU

The ERFC discussed the updated ERF adult pathway – 'Maintenance treatment of bipolar disorder'.

The ERFC noted that the amendment is the result of the National Patient Safety Alert issued in November 2023, providing information and guidance for patients and healthcare professionals on the reproductive risks of Valproate and new safety measures introduced to reduce these risks.

The ERFC discussed the importance of using appropriate gender-inclusive language within the relevant Valproate amendments.

Post-meeting note: The ERFC noted the following information note to be considered for each indication of Valproate or Valproic Acid: "Not suitable for individuals of childbearing potential. 2 specialists should independently consider and document that there is no other effective or tolerated treatment for all patients (male and female) aged under 55 years, or there are compelling reasons that the reproductive risks do not apply. See prescribing notes for link to MHRA guidance".

The ERFC further discussed the positioning of Valproate within the pathway and agreed for it to be listed as the last available treatment option, exhausting other treatment options as first priority.

The ERFC agreed for a suitable form of words to be devised regarding gender-inclusive information notes prior to the approval of pathway content. Chapter experts will review the revised pathway content and return comments. The revised pathway will be confirmed within the next ERF cycle.

ACTION: NHS Lothian Admin Team/Senior Clinical Pharmacist Medicines Utilisation and Therapeutics, NHS Fife

2.3.3 ERF Adult – Epilepsy – Valproate MHRA DSU

The ERFC discussed the updates to a number of ERF adult pathways within ‘Epilepsy Conditions’.

The ERFC noted that the amendment is the result of the National Patient Safety Alert issued in November 2023, providing information and guidance for patients and healthcare professionals on the reproductive risks of Valproate and new safety measures introduced to reduce these risks.

The ERFC discussed the importance of using appropriate gender-inclusive language within the relevant Valproate amendments.

Post-meeting note: The ERFC noted the following information note to be considered for each indication of Valproate or Valproic Acid: "Not suitable for individuals of childbearing potential. 2 specialists should independently consider and document that there is no other effective or tolerated treatment for all patients (male and female) aged under 55 years, or there are compelling reasons that the reproductive risks do not apply. See prescribing notes for link to MHRA guidance".

The ERFC further discussed the positioning of Valproate within the pathway and agreed for it to be listed as the last available treatment option, exhausting other treatment options as first priority.

The ERFC agreed for a suitable form of words to be devised regarding gender-inclusive information notes prior to the approval of pathway content. Chapter experts will review the revised pathway content and return comments. The revised pathway will be confirmed within the next ERF cycle.

ACTION: NHS Lothian Admin Team/Senior Clinical Pharmacist Medicines Utilisation and Therapeutics, NHS Fife

2.3.4 ERF Child – Epilepsy Conditions – Valproate MHRA DSU

The ERFC discussed the updates to a number of ERF child pathways within ‘Epilepsy Conditions’.

The ERFC noted that the amendment is the result of the National Patient Safety Alert issued in November 2023, providing information and guidance for patients and healthcare professionals on the reproductive risks of Valproate and new safety measures introduced to reduce these risks.

The ERFC discussed the importance of using appropriate gender-inclusive language within the relevant Valproate amendments.

Post-meeting note: The ERFC noted the following information note to be considered for each indication of Valproate or Valproic Acid: "Not suitable for individuals of childbearing potential. 2 specialists should independently consider and document that there is no other effective or tolerated treatment for all patients (male and female) aged under 55 years, or there are compelling reasons that the reproductive risks do not apply. See prescribing notes for link to MHRA guidance".

The ERFC further discussed the positioning of Valproate within the pathway and agreed for it to be listed as the last available treatment option, exhausting other treatment options as first priority.

The ERFC agreed for a suitable form of words to be devised regarding gender-inclusive information notes prior to the approval of pathway content. Chapter experts will review the revised pathway content and return comments. The revised pathway will be confirmed within the next ERF cycle.

ACTION: NHS Lothian Admin Team/Senior Clinical Pharmacist Medicines Utilisation and Therapeutics, NHS Fife

2.3.5 ERF Child Amendment - Epilepsy Syndromes - Dravet and Lennox-Gastaut

The ERFC discussed the updated ERF child pathways - ‘Treatment of Dravet Syndrome’ and ‘Treatment of Lennox-Gastaut Syndrome’.

The ERF noted that the amendment is the result of the National Patient Safety Alert issued in November 2023, providing information and guidance for patients and healthcare professionals on the reproductive risks of Valproate and new safety measures introduced to reduce these risks.

The ERF discussed the importance of using appropriate gender-inclusive language within the relevant Valproate amendments.

Post-meeting note: The ERF noted the following information note to be considered for each indication of Valproate or Valproic Acid: "Not suitable for individuals of childbearing potential. 2 specialists should independently consider and document that there is no other effective or tolerated treatment for all patients (male and female) aged under 55 years, or there are compelling reasons that the reproductive risks do not apply. See prescribing notes for link to MHRA guidance".

The ERF noted the feedback received from clinical specialists who maintain that Valproate is to be the first-line treatment choice in the Child pathways for both Dravet and Lennox-Gastaut Syndrome, with limited alternative treatment options. It was agreed to remove the "Sodium valproate could be considered as first-line treatment for seizure reduction in children with..." prescribing note for both Dravet and Lennox- Gastaut Syndrome.

The ERF agreed for a suitable form of words to be devised regarding gender-inclusive information notes prior to the approval of pathway content. Chapter experts will review the revised pathway content and return comments. The revised pathway will be confirmed within the next ERF cycle.

ACTION: NHS Lothian Admin Team/Senior Clinical Pharmacist Medicines Utilisation and Therapeutics, NHS Fife

2.3.6 ERF Various – Fluoroquinolones MHRA DSU (for noting)

The ERF noted the updates to various ERF adult pathways as a result of the January 2024 MHRA DSU which advised healthcare professionals that systemic fluoroquinolones must only be prescribed when other commonly recommended antibiotics are inappropriate.

The formulary website has been updated.

3 New Medicines

3.1 Formulary Application Forms (FAF)

3.1.1 FAF1 Bimekizumab: Bimzelx ([SMC2605](#))

The ERF noted and discussed the previously circulated FAF1 submission. One personal specific declaration of interest was received. Named CD support was received from all three Boards.

Indication: Alone or in combination with methotrexate, for the treatment of active psoriatic arthritis in adults who have had an inadequate response or who have been intolerant to one or more disease-modifying antirheumatic drugs (DMARDs). SMC restriction: Use in patients with active psoriatic arthritis who have not responded adequately to two conventional DMARDs, given either alone or in combination.

The local treatment protocol and finance budget template were included with the FAF.

The ERF discussed the supporting evidence, with evidence provided by the BE COMPLETE and BE OPTIMAL studies - both randomised, double-blind placebo-controlled studies.

The proposed place in therapy is joint third line after Adalimumab, Etanercept or an alternative anti-TNF mAb. The ERF discussed the inclusion of Bimekizumab: Bimzelx as an additional treatment

option within the pathway, noting the lack of evidence supporting the comparative efficacy of the medicine within the pathway.

The ERFC requested further evidence from the clinical teams to demonstrate Bimekizumab: Bimzelx has higher efficacy compared to the other medicines within the pathway. The applicants are requested to respond with information on the recommended action by 14 May 2024.

ACTION: NHS Lothian Admin Team

It was further noted that patient numbers are not proportionate across the region, and the application lacks information regarding replacement therapy costs.

The ERFC requested further information from the clinical team regarding patient numbers and replacement therapy costs. The applicants are requested to respond with information on the recommended action by 14 May 2024.

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify Bimekizumab: Bimzelx (SMC2605) as Not Routinely available as local implementation plans are being developed or the ERFC is waiting for further advice from local clinical experts. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.1.2 FAF2 Ivermectin

The ERFC noted and discussed the previously circulated FAF2 submission. One personal specific and one personal non-specific declaration of interest was received. Named CD support was received from NHS Lothian and NHS Fife.

Indication: As a treatment for Crusted/Norwegian scabies, or scabies not responsive to topical treatments such as Permethrin 5% cream and/or Malathion 0.5% liquid.

The local treatment protocol and finance budget template were included with the FAF. The proposed place in therapy is second-line treatment option within the pathway.

The ERFC discussed the supporting evidence.

The ERFC agreed to classify Ivermectin as Routinely available in line with local or regional guidance. The formulary website will be updated.

ACTION: NHS Lothian Admin Team/NHS Lothian Formulary Pharmacist

3.2 Formulary Amendment Forms

3.2.1 Tegaderm Foam (adhesive) dressing

The ERFC noted and discussed the previously circulated formulary amendment form. No declarations of interest were received. Clinical team support received from all three Boards.

Indication: Foam dressing with border.

Application for the addition of Tegaderm Foam (adhesive) dressings to the Formulary.

The ERFC agreed to classify Tegaderm Foam (adhesive) dressings as Routinely available in line with local or regional guidance. The formulary website will be updated.

ACTION: NHS Lothian Admin Team/NHS Lothian Formulary Pharmacist

3.2.2 Acetylcysteine

The ERFC noted and discussed the previously circulated formulary amendment form. No declarations of interest were received. Clinical team support received from all three Boards.

Indication: For the reduction of Sputum Viscosity.

Application to replace the branded medicine with generic to allow for immediate access to the more cost-effective option.

The ERFC discussed the supporting evidence.

The ERFC agreed to classify Acetylcysteine as Routinely available in line with local or regional guidance. The formulary website will be updated.

ACTION: NHS Lothian Admin Team/NHS Fife Formulary Pharmacist

3.2.3 AQUACEL FOAM Non-Adhesive dressing

The ERFC noted and discussed the previously circulated formulary amendment form. No declarations of interest were received. Clinical team support received from all three Boards.

Indication: Hydrofiber dressing

Application for the addition of AQUACEL FOAM Non-Adhesive dressings to the Formulary.

The ERFC agreed to classify AQUACEL FOAM Non-Adhesive dressings as Routinely available in line with local or regional guidance. The formulary website will be updated.

ACTION: NHS Lothian Admin Team/NHS Lothian Formulary Pharmacist

3.2.4 AQUACEL FOAM Adhesive dressing (multiple sizes)

The ERFC noted and discussed the previously circulated formulary amendment form. No declarations of interest were received. Clinical team support received from all three Boards.

Indication: Hydrofiber dressing

Application for the addition of AQUACEL FOAM Adhesive dressings (multiple sizes) to the Formulary.

The ERFC agreed to classify AQUACEL FOAM Adhesive dressings (multiple sizes) as Routinely available in line with local or regional guidance. The formulary website will be updated.

ACTION: NHS Lothian Admin Team/NHS Lothian Formulary Pharmacist

3.2.5 Tocilizumab: Tyenne

The ERFC noted and discussed the previously circulated formulary amendment form. One personal specific declaration of interest was received. Clinical team support received from all three Boards.

Indication: For the treatment of Rheumatoid Arthritis; only treatment for Giant Cell Arteritis.

Application to replace the originator medicine of Tocilizumab: RoActemra for cost-saving purposes.

The ERFC discussed the supporting evidence. The ERFC agreed to list on the formulary as the generic description to allow the most cost-effective brand to be used. The ERFC also noted that infliximab was missing from the rheumatoid Arthritis pathway and given that it is a cost-effective option agreed that it could be included in the pathway updates without the need for a further submission. The order of choices for rheumatoid arthritis to be agreed with the chapter experts.

The ERFC agreed to classify Tocilizumab: Tocilizumab as Routinely available in line with local or regional guidance. Included on the ERF for Specialist Use Only. The formulary website will be updated.

ACTION: NHS Lothian Admin Team/NHS Fife Formulary Pharmacist

3.2.6 Dailiport: Tacrolimus

The ERFC noted and discussed the previously circulated formulary amendment form No declarations of interest were received. Clinical team support received from all three Boards.

Indication: For use in solid organ transplants.

Application to replace Advagraf as a cost-saving alternative.

The ERFC discussed the supporting evidence, and noted the request to have both Tacrolimus and Advagraf available on the formulary due to the bio-availability differences between the brands.

The ERFC agreed to classify Dailiport: Tacrolimus as Routinely available in line with local or regional guidance. Included on the ERF for Specialist Initiation. The formulary website will be updated.

ACTION: NHS Lothian Admin Team/NHS Lothian Formulary Pharmacist

3.3 Ultra-Orphan Medicines

None noted.

3.4 SMC not recommended advice

The ERFC noted the SMC not recommended advice for information.

3.4.1 Cabozantinib: Cabometyx ([SMC2590](#))

3.4.2 Ravulizumab: Ultomiris (gMG) ([SMC2657](#))

3.4.3 Ravulizumab: Ultomiris (NMOSD) ([SMC2658](#))

3.4.4 Axicabtagene ciloleucel dispersion for infusion: Yescarta ([SMC2628](#))

3.4.5 Satralizumab solution for injection in pre-filled syringe: Enspryng ([SMC2663](#))

3.4.6 Pitolisant film-coated tablets: Wakix ([SMC2662](#))

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.5 Abbreviated submissions

The ERFC noted the SMC abbreviated submissions.

3.5.1 Foslevodopa-foscarbidopa: Produodopa ([SMC2574](#))

The ERFC noted the SMC abbreviated submission for Foslevodopa-foscarbidopa: Produodopa ([SMC2574](#)).

Indication: For the treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results.

SMC restriction: for use in patients not eligible for deep brain stimulation (DBS).

The ERFC agreed to classify Foslevodopa-foscarbidopa: Produodopa (SMC2574) as Not Routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.6 Paediatric licence extensions

3.6.1 None.

3.7 Non-submissions within 90 days of SMC publishing

The ERFC noted the non-submissions within 90 days of SMC publishing.

3.7.1 Difelikefalin solution for injection: Kapruvia ([SMC2623](#))

3.7.2 Secukinumab: Cosentyx ([SMC2592](#))

3.7.3 Dupilumab: Dupixent ([SMC2598](#))

3.7.4 Loncastuximab tesirine: Zynlonta ([SMC2609](#))

3.7.5 Talazoparib: Talzenna ([SMC2607](#))

3.7.6 Olaparib: Lynparza ([SMC2617](#))

3.7.7 Ivosidenib: Tibsovo ([SMC2615](#))

The ERFC agreed to classify items 3.7.1, 3.7.2, 3.7.3, 3.7.4, 3.7.5, 3.7.6, and 3.7.7 as Not Routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.8 National Cancer Medicines Advisory Group

None noted.

4 Board specific information

4.1 NHS Borders

None raised.

4.2 NHS Fife

None raised.

4.3 NHS Lothian

None raised.

5 Any other competent business

5.1.1 SMC updated Collaborative Advice Document for COVID-19 medicines – [SMC publishes a Collaborative Advice Document for treatments for COVID-19 \(scottishmedicines.org.uk\)](#).

The ERFC noted the new Collaborative Advice Document for COVID-19 medicines, with recommendations aligned with NICE and SMC guidance. The ERFC acknowledged that the relevant

medicines are linked on the Formulary Decisions section of the ERF; noted as 'Routinely available in line with local or regional guidance', and linked to the NICE guidance.

It was noted that the information has been shared with the NHS Lothian Infectious Diseases team, with update expected in due course.

5.1.2 SMC Out of Remit Guidance; ERFC 01 February 2023 Item 3.1.8 FAF2 Rituximab: Ruxience

The ERFC noted the FAF2 formulary application for Rituximab: Ruxience which was previously reviewed at the February 2023 ERFC meeting, for the treatment of Moderate to severe pemphigus vulgaris. At the meeting, the ERFC supported the case for inclusion as the generic, however the medicine was considered in SMC remit due to company non submission for the originator for the indication in question and therefore not subject to local board decision making for routine use.

The ERFC acknowledged that the SMC released new Out-of-Remit guidance on March 1st 2024, and agreed for Rituximab to now be included on the ERF for the treatment of Moderate to severe pemphigus vulgaris.

The ERFC agreed to classify Rituximab: Rituximab as Routinely available in line with local or regional guidance. Included on the ERF for Specialist Use Only. The formulary website will be updated.

ACTION: NHS Lothian Admin Team/NHS Lothian Formulary Pharmacist

6 Date of next meeting

The next ERFC meeting is scheduled for Wednesday 29 May 2024 at 1400 - 1630 hours via MS Teams. NHS Fife will be hosting the meeting.

FAF3s should be submitted by 23 April 2024 (for discussion at the ERWG meeting on 08 May 2024).

FAF1s and FAF2s should be submitted by 14 May 2024.

All FAFs need to include information on proposed use and confirmation of clinical director (or equivalent medical manager) support from all three boards (including names), to be added to the agenda. In the case where the service is only provided by one of the boards, this should be clearly stated in the application. Confirmation of clinical director (or equivalent medical manager) support from all three boards is required where cross board charging applies.

Apologies for the meeting to be sent to prescribing@nhslothian.scot.nhs.uk.