



East Region Formulary Committee

Minutes

Date: 12 November 2025

Time: 2.00pm – 4:00pm

Location: MS Teams

Present:

Malcolm Clubb	Director of Pharmacy (Co-Chair), NHS Borders
Dr Konstantinos Dabos	Consultant – GI, NHS Lothian
Dr Tariq Farrah	Consultant – Renal, NHS Lothian
Dr David Griffith	Consultant – Microbiologist, NHS Fife
Carol Holmes	Pharmacist – Primary Care, NHS Lothian
Dr Elliot Longworth	GP, NHS Borders
Lesley Macher	Lead Pharmacist – Medicines Governance and Guidance, NHS Lothian
Dr Iain Macintyre	Consultant – Renal (Co-Chair), NHS Lothian
Noreen Mohammed	Senior Practice Pharmacist, NHS Fife
Diane Murray	Formulary Pharmacist, NHS Lothian
Dr Paul Neary	Consultant – Cardiology, NHS Borders
Fraser Notman	Senior Pharmacist – Medicines Management, NHS Fife – in the Chair (<i>interim</i>)
Dr Jo Rose	GP, NHS Lothian

In attendance: Jennifer Garbutt, Advanced Cancer Care Pharmacist – Haematology, NHS Lothian
Caitlin Satti, Information Officer, NHS Lothian (minutes)

Apologies: Farrah Al-Ghita, Senior Pharmacist - Renal, NHS Fife
Jane Browning, Associate Director of Pharmacy, NHS Lothian
Ruth Cameron, Advanced Clinical Nurse Specialist - Urology, NHS Fife
Alison Casey, Senior Pharmacist - Cancer Services, NHS Fife
Dr Grace Ding, Consultant Oncologist, NHS Lothian
Dr Joan Egerton, GP, NHS Fife
Ryan Headspeath, Senior Clinical Pharmacist, Dermatology and Shared Care, NHS Fife
Cathryn Park, Deputy Director of Pharmacy, NHS Borders
Dr Monica Szabo, Consultant Oncologist, NHS Lothian
Sarah Tait, Lead Advanced Practitioner, NHS Borders

1 Welcome and Apologies

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

- ERFC noted that the meeting is being recorded
- Joining - The Chair welcomed Alison Casey, Senior Pharmacist - Cancer Services, NHS Fife back to the committee following her maternity leave. Alison sent apologies for this meeting.
- Leaving - Cathryn Park, NHS Borders and Ryan Headspeath, NHS Fife. On behalf of the ERFC, the Chair thanked Cathryn and Ryan for their work and contribution to the committee.

1.2 Matters arising – none noted.

2 Governance

2.1 East Region Formulary Committee (ERFC) meeting minutes 17 September 2025

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

2.2 East Region Working Group (ERWG) meeting minutes 22 October 2025

The minutes of the ERWG meeting on 22 October 2025 were noted for information.

The East Region Formulary Committee contributed to the ongoing discussion regarding the recent price reduction of Dapagliflozin, and the subsequent implications for regional prescribing practises. Dapagliflozin and Empagliflozin are currently listed alphabetically as equal position medicine choices for the treatment of 'Diabetes Mellitus – type 2', 'Kidney disease', and 'Heart failure'. Committee members agreed that this should be reinforced as intentional, given the cost saving opportunities and no evidence of clinical difference compared to Empagliflozin. NHS Borders confirmed Dapagliflozin is their first choice, with active switching from Empagliflozin underway within local Cardiovascular settings.

For renal and heart failure sections, the ERFC supported adding an information note to Empagliflozin entries stating, "Reserved for use when Dapagliflozin is unsuitable." The Diabetes prescribing guidance still references outdated product licenses, local experts have been asked to review and agree the relevant updates to formulary content.

Further collaboration across the East Region is required before considering a potential reordering of medicines within the relevant treatment pathways.

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

2.3.1 ERF Adult – Psoriasis - New strength Bimekizumab formulation 320mg

New Bimekizumab 320mg pre-filled formulations included in the Adult 'Biologic treatment of chronic plaque psoriasis' pathway to mirror treatment options available in the 'Treatment of Hidradenitis suppurativa' pathway.

The ERFC approved the amendment. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

2.3.2 ERF Adult - Oral ulceration - Hydrocortisone 2.5mg muco-adhesive buccal tablets SF discontinued

The ERFC approved the amendment. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3 New Medicines

3.1 Formulary Application Forms (FAF)

3.1.1 FAF1 Ripretinib: Qinlock ([SMC2821](#))

The ERFC noted and discussed the previously circulated FAF1 submission. No declarations of interest were received. Named CD support was received from all three Boards.

Indication: For the treatment of adult patients with advanced gastrointestinal stromal tumour (GIST) who have received prior treatment with three or more kinase inhibitors, including imatinib.

The clinical management guideline, local treatment protocol, and finance budget template were included with the FAF.

Proposed as fourth-line treatment option, following Imatinib as first-line treatment for patients with a KIT/PDGFRA mutation, with Sunitinib accepted for use in the second-line. If progression occurs again, Regorafenib is available as third-line treatment. The ERFC acknowledged the SMC stipulation that Ripretinib is to be used specifically in patients with GIST who have received prior treatment with three or more kinase inhibitors; however, given the minimal patient numbers across the region, the committee questioned the benefit of adding Ripretinib to the formulary as fourth-line treatment option versus continuing access to the medicine via non-formulary routes. Additional information is required to clarify what advantage formulary inclusion offers compared to continued access via non-formulary routes.

The ERFC request further information to clarify what advantage formulary inclusion offers compared to continued access via non-formulary routes. The applicants are requested to respond with information on the recommended actions by 06 January 2026.

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify FAF1 Ripretinib: Qinlock (SMC2821) 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 FAF1 Selpercatinib: Retsevmo ([SMC2732](#))

The ERFC noted and discussed the previously circulated FAF1 submission. No declarations of interest were received. Named CD support was received from all three Boards.

Indication: As monotherapy for the treatment of adults and adolescents 12 years and older with advanced rearranged during transfection (RET)-mutant medullary thyroid cancer (MTC).

SMC restriction: patients who require systemic therapy and have not previously received systemic therapy.

The clinical management guideline, local treatment protocol, and finance budget template were included with the FAF.

Proposed for inclusion as first-line treatment option followed by Cabozantinib as second-line, and Vandetanib in third-line.

The ERFC agreed that Selpercatinib: Retsevmo (SMC2732) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Selpercatinib: Retsevmo (SMC2732) as Routinely available in line with national guidance. Included on the ERF for Specialist Use Only. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.1.3 FAF1 Trastuzumab Deruxtecan: Enhertu (SMC2608)

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

Indication: As monotherapy for the treatment of adult patients with unresectable or metastatic HER2-low breast cancer who have received prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy.

The clinical management guideline, local treatment protocol, and finance budget template were included with the FAF.

It was noted that as there is a consequential risk of pneumonitis, early detection before symptoms develop is essential; therefore, patients will require more frequent chest imaging with CT scans every 6 to 9 weeks for the first year, followed by scans every 3 months thereafter. The committee expressed concerns regarding the service impact of conducting CT scans at 6–9-week intervals, and requested additional information from the clinical team on how they intend to manage the increased workload.

Further information was requested as to how the clinical team intend to manage the increased workload of 6-9 weekly CT scans. The applicants are requested to respond with information on the recommended actions by 06 January 2026.

ACTION: NHS Lothian Admin Team

The ERFC agreed that Trastuzumab Deruxtecan: Enhertu (SMC2608) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Trastuzumab Deruxtecan: Enhertu (SMC2608) as Routinely available in line with national guidance. Included on the ERF for Specialist Use Only. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.1.4 FAF2 Gadopiclenol: Elucirem

The ERFC noted and discussed the previously circulated FAF2 submission. No declarations of interest were received. Named CD support was received from all three Boards.

Indication: For MRI imaging examinations requiring contrast enhancement.

The finance budget template was included with the FAF.

The ERFC reviewed the submission, noting the proposed inclusion of Elucirem as a replacement for Dotarem (Gadoteric Acid) as the preferred MRI contrast agent for paediatric (2-18 years) patients in contrast enhanced MRI imaging examinations.

The supporting evidence presented indicates that Elucirem's unique formulation allows more efficient passage across semi-permeable barriers (e.g. the blood-brain barrier), producing superior image enhancements whilst using only half the gadolinium dose of other agents. Elucirem's much longer half-life and lower ion exposure are expected to reduce gadolinium deposition, making it particularly advantageous for paediatric patients who are more vulnerable to cumulative contrast exposure. However, the ERFC queried the robustness of the evidence presented, noting that although additional studies were referred to, no supporting data was provided. Robust clinical trial data will be required to support formulary classification.

The ERFC requested further evidence in support of the medicine's clinical effectiveness and comparative safety in the form of peer reviewed clinical trial data (i.e. link to open access full text articles, alternatively send a copy of the articles).The applicants are requested to respond with information on the recommended actions by 06 January 2026.

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify FAF2 Gadopiclenol: Elucirem 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

3.1.5 FAF3 Apixaban - resubmission

The ERFC noted and discussed the previously circulated FAF3 submission. One personal specific and one personal non-specific declaration of interest was received. Named CD support was received from all three Boards.

Indication: Superficial thrombophlebitis (STP).

The clinical management guideline, local treatment protocol, and finance budget template were included with the FAF.

The ERFC reviewed the resubmission, noting the proposed inclusion of Apixaban as a replacement for Dalteparin. Dalteparin is currently used off-label for both treatment and prophylaxis of STP, while Fondaparinux is the only anticoagulant licensed for the proposed indication. The committee acknowledged that Apixaban is the anticoagulant of choice on the ERF, with the proposed inclusion for STP intended to minimise confusion and prescribing errors by avoiding the use of multiple DOACs for different thrombotic indications.

The committee acknowledged the evidence in support of Rivaroxaban as a non-inferior comparator to Fondaparinux for the treatment of Superficial Thrombophlebitis, with a number of studies confirming Rivaroxaban's effectiveness and safety in STP management. It was, however, noted that Rivaroxaban use for STP remains off-label, and there are currently no published studies evaluating Apixaban for this indication.

It was noted that the Same Day Emergency Care (SDEC) department at WGH (NHS Lothian) is currently undertaking an audit to review the use of Apixaban in treating Superficial Thrombophlebitis. Apixaban has been offered to STP patients for over two years, replacing the previous standard treatment with low-molecular weight heparin. The audit aims to identify all patients treated with Apixaban and assess any clinical sequelae or complications related to anticoagulation. A total of 280 patients diagnosed with STP through SDEC were included, with data collected on attendance dates, scan results, Apixaban dosage, reattendance with morbidity, and mortality. Each death and its cause were reviewed by two clinicians to determine any link to anticoagulation. Interim analysis of over 100 cases shows no deaths or hospital readmissions attributable to Apixaban treatment. The remaining records are being reviewed, and the final results will be published nationally once complete.

Upon discussion, committee members conceded that whilst comparative data exists for Apixaban versus Rivaroxaban in other thrombotic conditions, there is still currently no comparative evidence for the use of Apixaban in STP. The committee agreed that no final decision will be made regarding the inclusion of Apixaban on the ERF for the proposed indication until the NHS Lothian clinical audit is fully completed and its results published. Once these findings are available, the evidence base will be evaluated by the committee in detail as part of a revised submission. As part of the ongoing audit, the ERFC recommended the inclusion of evidence of clinical effectiveness with clear outcome data.

Additionally, it was noted that although Clinical Director and clinician support is available across all three Boards, the submission includes only a supporting guideline from NHS Lothian. The ERFC request the Lothian guideline is approved via the relevant local Drug and Therapeutic Committees prior to ERFC approval. The committee requested guidelines from NHS Fife and NHS Borders, or confirmation that a guideline will be developed in each Board, with guidelines to be approved by each Board's relevant Drug and Therapeutic Committee prior to ERFC approval. The committee also requested feedback and confirmation of approval from the NHS Borders Thrombosis Committee.

The ERFC agreed to classify FAF3 Apixaban 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

3.1.6 FAF3 Azathioprine

The ERFC noted and discussed the previously circulated FAF3 submission. One personal non-specific declaration of interest was received. Named CD support was received from all three Boards.

The ERFC discussed the submission in conjunction with 3.1.7 FAF3 Methotrexate.

Indication: Interstitial Lung Disease

The finance budget template was included with the FAF.

The ERFC reviewed the submission, with use of Azathioprine for the proposed indication supported by the British Thoracic Society as it is shown to stabilise or improve lung function, with comparable efficacy to Methotrexate and Mycophenolate mofetil.

Proposed inclusion as second-line treatment option following corticosteroids as a steroid-sparing agent. Patients with a diagnosis of ILD will be under the care and review of respiratory physicians; however, ongoing supply and monitoring could be provided in primary care settings. Patients with ILD are discussed at local and regional ILD multidisciplinary meetings to assess their eligibility for treatment with Azathioprine.

Following review at East Region Working Group, the applicants provided further confirmation that the standard protocol for initiating Azathioprine is guided by BNF dosing recommendations, commencing treatment at a low dose and titrating upward to reduce the likelihood of adverse effects.

The ERFC agreed to classify FAF3 Azathioprine as Routinely available in line with local or regional guidance. Included on the ERF for Specialist Initiation. Classified for use under policy for the use of unlicensed medicines. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.1.7 FAF3 Methotrexate

The ERFC noted and discussed the previously circulated FAF3 submission. One personal non-specific declaration of interest was received. Named CD support was received from all three Boards.

The ERFC discussed the submission in conjunction with 3.1.6 FAF3 Azathioprine.

Indication: Interstitial Lung Disease/Sarcoidosis

The finance budget template was included with the FAF.

The ERFC reviewed the submission, noting that whilst there are a limited number of large, prospective studies examining the benefits of Methotrexate in ILD, there are numerous small retrospective studies and reviews detailing its use and clinical effectiveness. As with Azathioprine, patients with a diagnosis of ILD will be under the care and review of respiratory physicians; however, ongoing supply and monitoring could be provided in primary care settings. Patients with ILD are discussed at local and regional ILD multidisciplinary meetings to assess their eligibility for treatment with Methotrexate.

The ERFC agreed to classify FAF3 Methotrexate as Routinely available in line with local or regional guidance. Included on the ERF for Specialist Initiation. Classified for use under policy for the use of unlicensed medicines. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2 Formulary Amendment Form

3.2.1 Ciclosporin eye drops (Verkazia)

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: Severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents (until the age of 18).

Application for amendment to request a change in formulary flagging from 'Specialist Use Only' to 'Specialist Initiation', allowing supplies to be continued post-initiation by the GP at the request of the Ophthalmologist until their next appointment. Patients will be initiated on treatment and response to treatment monitored by the specialist Ophthalmologist approximately every 3-6 months.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.2 Eltrombopag

The ERFC noted and discussed the previously circulated Formulary Amendment form. One personal specific and one personal non-specific declaration of interest were received. Clinical team support received from all three Boards.

Indication: Treatment of idiopathic thrombocytopenic purpura (ITP).

Application for amendment to remove brand of Eltrombopag as generic alternative is now available. Choice within formulary pathway will change from fourth-line to second-line treatment option. The respective guideline has been updated, and is awaiting review and approval by Haematology Management Team (HMT).

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.3 Ascorbic Acid

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: As an adjunct OTC, with methenamine for UTI Prophylaxis

Application for amendment to remove mentions of ascorbic acid from the 'Treatment of dysuria' treatment pathway to ensure alignment with the Scottish Government's 'Medicines of Low and Limited Clinical Value' guidance which advises against the prescribing of ascorbic acid with the exception of scurvy and clinically-confirmed vitamin C deficiency.

Ascorbic acid (Vitamin C) is listed by the Scottish Government as a medicine of low or limited clinical value. Current guidance allowing its use with methenamine to acidify urine will be clarified, as the evidence for its benefit is limited. Patients may purchase Vitamin C themselves, but it will not be routinely prescribed for this purpose. It was noted that work is underway across the region to review and stop prescribing ascorbic acid for unsupported indications, with clinical team support for these changes.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.3 Ultra Orphan Medicines Initial Assessment

None noted.

3.4 SMC not recommended advice

The ERFC noted the SMC not recommended advice for information.

3.4.1 Belantamab mafodotin: Blenrep ([SMC2747](#))

3.4.2 Capivasertib: Truqap ([SMC2823](#))

3.4.3 Nivolumab: Opdivo ([SMC2874](#))

3.4.4 Tarlatamab: Imdylltra ([SMC2816](#))

3.4.5 Elacestrant: Korserdu ([SMC2807](#))

3.4.6 Melatonin: Slenyto ([SMC2882](#))

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.5 Abbreviated submissions

3.5.1 Linzagolix: Yselty ([SMC2841](#))

The ERFC noted the SMC abbreviated submission for Linzagolix: Yselty (SMC2841).

Indication: In adult women of reproductive age for symptomatic treatment of endometriosis in women with a history of previous medical or surgical treatment for their endometriosis.

The ERFC agreed to classify Linzagolix: Yselty (SMC2841) 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

3.5.2 Guselkumab: Tremfya ([SMC2848](#))

The ERFC noted the SMC abbreviated submission for Guselkumab: Tremfya (SMC2848).

Indication: Treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy, a biologic treatment or a Janus kinase (JAK) inhibitor.

The ERFC agreed to classify Guselkumab: Tremfya (SMC2848) 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

3.5.3 Guselkumab: Tremfya ([SMC2850](#))

The ERFC noted the SMC abbreviated submission for Guselkumab: Tremfya (SMC2850).

Indication: For the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response, lost response, or were intolerant to either conventional therapy or a biologic treatment.

The ERFC agreed to classify Guselkumab: Tremfya (SMC2850) 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

3.5.4 Budesonide: Budenofalk ([SMC2855](#))

The ERFC noted the SMC abbreviated submission for Budesonide: Budenofalk (SMC2855).

Indication: Short-term treatment of mild to moderate acute ulcerative colitis limited to the rectum (ulcerative proctitis) in adult patients.

The ERFC agreed to classify Budesonide: Budenofalk (SMC2855) 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 noted.

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 Belantamab mafodotin: Blenrep ([SMC2727](#))

3.7.2 Durvalumab: Imfinzi ([SMC2797](#))

3.7.3 Fruquintinib: Fruzaqla ([SMC2858](#))

3.7.4 Isatuximab: Sarclisa ([SMC2804](#))

3.7.5 Ribociclib: Kisqali ([SMC2803](#))

3.7.6 Mercaptamine: Procysbi ([SMC2824](#))

3.7.7 Durvalumab: Imfinzi ([SMC2857](#))

3.7.8 Nusinersen: Spinraza SMA type 2 and 3 - **UMAR** ([SMC2805](#))

The ERFC agreed to classify items 3.7.1, 3.7.2, 3.7.3, 3.7.4, 3.7.5, 3.7.6, 3.7.7, and 3.7.8 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

None raised.

6 Date of next meeting

The next ERFC meeting is scheduled for Wednesday 21 January 2026 at 1400 - 1630 hours via MS Teams. NHS Fife will be hosting the meeting.

FAF3s should be submitted by 02 December 2025 (for discussion at the ERWG meeting on 17 December 2025).

FAF1s and FAF2s should be submitted by 06 January 2026.

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 eos.prescribing@nhs.scot.