East Region Formulary

East Region Formulary Committee
Minutes

Date: 13 May 2026
Time: 2.00pm – 4:20pm
Location: MS Teams

Present:

Mona Boriceanu	Advanced Nurse Practitioner, NHS Fife
Malcolm Clubb	Director of Pharmacy (Co-Chair), NHS Borders – in the Chair
Dr Grace Ding	Consultant Oncologist, NHS Lothian
Dr Joan Egerton	GP, NHS Fife
Dr Tariq Farrah	Consultant – Renal, NHS Lothian
Dr David Griffith	Consultant – Microbiologist, NHS Fife
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
Dr Jo Rose	GP, NHS Lothian
Claire Stoddart	Lead Formulary Pharmacy Technician, NHS Lothian
Mandy Wilson	Advanced Cancer Care Pharmacist - Medicines Governance, NHS Lothian

In attendance:
Louise McCafferty, Lead Pharmacist - Acute Respiratory and Cardiology, NHS Lothian
Joanne Miskelly, Formulary Support Pharmacist, 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
Alison Casey, Senior Pharmacist - Cancer Services, NHS Fife
Carol Holmes, Pharmacist – Primary Care, NHS Lothian
Dr Alice Klauser, Consultant Haematologist and Head of Laboratory Haematology, NHS Lothian
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 Claire Stoddart, Lead Formulary Pharmacy Technician, NHS Lothian and Mona Boriceanu, Advanced Nurse Practitioner, NHS Fife.

1.2 Matters arising

1.2.1 ERFC March 2026 Item 3.1.4 FAF1 Delgocitinib: Anzupgo (SMC2817) was reviewed at the ERFC March meeting. For the purposes of Board-level financial reporting, the ERFC requested the resubmission of patient numbers and cost projections as single whole-number estimates.

Patient numbers and estimated number of packs per treatment course have been revised. The applicants have also since clarified the treatment positioning, resulting in an updated pathway title that has been endorsed by the East Region Working Group and is now progressing toward publication.

Action complete.

2 Governance

2.1 East Region Formulary Committee (ERFC) meeting minutes 18 March 2026

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 15 April 2026

The ERFC received a verbal update from the East Region Working Group meeting on April 15th.

Committee business largely focused on routine updates, with no items requiring escalation to East Region Formulary Committee. All amendments were approved and appropriately followed up. A review of the initial section of new SIGN173 'Management of chronic pain' guidance indicated limited immediate impact on the formulary, although there was detailed discussion on Naloxone recommendations which were considered unclear in terms of practical implementation. Members noted challenges around responsibility for identifying at-risk patients and agreed to await further guidance, particularly on topical treatments, before making any changes.

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

2.3.1 ERF Adult – Axial Spondyloarthritis – Addition of Golimumab biosimilar and Bimekizumab: Bimzelx (SMC2616)

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

ACTION: NHS Lothian Admin Team

2.3.2 ERF Adult – Psoriatic Arthritis – Addition of Bimekizumab: Bimzelx (SMC2605)

The ERFC noted that the Psoriatic Arthritis pathway update is not yet ready for publication pending further feedback and agreement from local specialists across all three boards. Ongoing discussions focus on the positioning of Apremilast and Ustekinumab.

The updated pathway will be brought back to a future meeting once consensus and final proposals are agreed.

ACTION: Diane Murray, Formulary Pharmacist, NHS Lothian

2.3.3 ERF Pharmacy First – Various – Updated for Nystatin and Hydrocortisone PGDs

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 Vanzacaftor/tezacaftor/deutivacaftor: Alyftrek (SMC2800)

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

Indication: For the treatment of cystic fibrosis (CF) in people aged 6 years and older who have at least one F508del mutation or another responsive mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

SMC restriction: patients ages 6 years and older who have at least one F508del mutation in the CFTR gene.

The ERFC noted the proposed inclusion of Alyftrek for use as an alternative to Kaftrio regimen in patients with cystic fibrosis in line with the following locally agreed criteria:

1. For those who continue to deteriorate clinically despite adherence to Kaftrio regimen and optimisation of wider CF management including worsening lung function, increased exacerbations, or inadequate clinical response.
2. Patients unable to tolerate Kaftrio regimen due to adverse effects.
3. Those with a significant treatment burden where reduced tablet burden may be beneficial may also be considered, although preference for once-daily therapy alone would not justify switching.

The ERFC discussed criteria for choosing between Alyftrek and Kaftrio where the therapies are considered clinically equivalent, taking into consideration future patent expiries of these lifelong treatments. The committee agreed that Alyftrek should be positioned as a restricted second-line treatment according to locally agreed criteria, and recommend any existing or new local guidance for treatment selection reinforces this positioning.

The ERFC noted the decision taken not to develop a formulary pathway at this stage due to the highly specialised nature of CFTR modulator prescribing, and the lack of establish local or national clinical guidelines. The committee agreed that Alyftrek: Vertex is appropriate for inclusion in the Formulary Decision section of the ERF, only.

The ERFC agreed to classify FAF1 Alyftrek: Vertex (SMC2800) 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

3.1.2 FAF1 Amivantamab: Rybrevant (SMC2878)

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

Indication: In combination with carboplatin and pemetrexed for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) Exon20 insertion mutations.

The clinical management guideline and local treatment protocol were included with the FAF.

The ERFC reviewed the submission, noting that Amivantamab is the first licensed targeted therapy for patients with locally advanced or metastatic, non-squamous NSCLC with documented primary EGFR Exon20 insertion activating mutations, and is included in the national Scottish Clinical Management

Pathway for this indication. No safety concerns were noted with overall toxicity in line with established safety profiles.

The ERFC agreed that Amivantamab: Rybrevant (SMC2878) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Amivantamab: Rybrevant (SMC2878) 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 Belzutifan: Welireg (SMC2587)

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

Indication: Treatment of adult patients with von Hippel-Lindau (VHL) disease who require therapy for VHL associated renal cell carcinoma (RCC), central nervous system (CNS) hemangioblastomas, or pancreatic neuroendocrine tumours (pNET), and for whom localised procedures are unsuitable or undesirable.

The clinical management guideline and local treatment protocol were included with the FAF.

The ERFC reviewed the submission and noted that Belzutifan is currently the only licensed treatment for the proposed indication. Clinical experts highlighted that Belzutifan addresses a significant unmet need in this therapeutic area as it represents the first available medicine for this condition, and offers a treatment option for patients unsuitable for surgical or ablative interventions.

The ERFC agreed that Belzutifan: Welireg (SMC2587) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Belzutifan: Welireg (SMC2587) 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

3.1.5 FAF1 Daridorexant: Quviviq (SMC2611)

The ERFC noted and discussed the previously circulated FAF1 submission. One personal specific declaration of interest was received. Named CD support received from NHS Lothian only. Fife and Borders Clinical Directors did not support formulary inclusion.

Indication: Treatment of adult patients with insomnia characterised by symptoms present for at least 3 months and considerable impact on daytime functioning.

SMC restriction: in patient who have failed cognitive behavioural therapy for insomnia (CBT-I) or for whom CBT-I is unsuitable or unavailable.

The local clinical management guideline for NHS Lothian was included with the FAF.

The ERFC reviewed the submission.

Key concerns from the committee centred on the potential for significantly higher demand than estimated. Although initiation was intended to remain within specialist care, there was a strong

expectation that prescribing and ongoing monitoring would transfer into primary care, increasing GP workload without clear guidance in place to support prescribing across the interface in each of the boards. The committee queried whether the positive trial outcomes would translate into routine clinical practice given that patients are more likely to have complex comorbidities, polypharmacy, and chronic mental or physical health conditions. Concerns were also raised around treatment duration, review of effectiveness, and discontinuation.

The ERFC requested revised estimates of patient uptake and prescribing demand, particularly in relation to the anticipated impact on primary care services. The ERFC also requested clearer implementation and prescribing arrangements for each of the Boards, including clarification of Specialist Initiation requirements; whether ongoing prescribing would remain restricted to secondary care or transfer to primary care after initial supply from specialist services; and consideration of stronger gatekeeping measures to manage demand and prescribing growth.

The committee additionally agreed that prescribing guidance should be strengthened, including clearer advice on mandatory review at approximately three months, discontinuation where treatment is ineffective, and consideration of treatment duration limits or treatment breaks to reassess whether desired outcomes have been achieved. Clear prescribing guidance for GPs was also considered necessary to support safe and consistent use.

The applicants are requested to respond with information on the recommended actions by 02 June 2026.

ACTION: NHS Lothian Admin Team

Governance and implementation issues were also highlighted particularly given the lack of support from NHS Fife and NHS Borders, raising concerns about consistent adoption and adherence across the East region. Whilst the ERFC recognised the unmet need for additional insomnia treatments and the potential to reduce inappropriate Z-drug prescribing, concerns were noted regarding the risk of over-medicalisation of sleep problems and the subsequent rapid expansion in prescribing.

The ERFC requested further engagement with NHS Fife and NHS Borders ADTCs to clarify whether local Boards would be able to support and implement the proposal, and to better understand the reasons underlying the current lack of support.

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify FAF1 Daridorexant: Quviviq (SMC2611) 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 FAF1 Darolutamide: Nubeqa (SMC2604)

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

Indication: Treatment of adults with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with docetaxel.

The clinical management guideline and local treatment protocol were included with the FAF.

It was noted that whilst Abiraterone, Enzalutamide and Apalutamide are all approved for use in high-risk metastatic hormone sensitive prostate cancer, Darolutamide and Docetaxel would be favoured in fit patients with high-risk disease who are likely to tolerate chemotherapy.

Minimal additional service implications are expected as patients can be managed within existing oral SACT clinics, consistent with pathways used for patients receiving Abiraterone or Enzalutamide. For the first six treatment cycles, prescribing will be managed through day case units. Following completion of IV Docetaxel, patients transitioning to Darolutamide monotherapy may be transferred to Homecare.

The ERFC agreed that Darolutamide: Nubeqa (SMC2604) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Darolutamide: Nubeqa (SMC2604) 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

3.1.7 FAF1 Guselkumab: Tremfya (SMC2848)

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

The ERFC discussed the submission in conjunction with 3.1.8 FAF1 Guselkumab: Tremfya (SMC2850).

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 local treatment protocol for NHS Lothian was included with the FAF.

The ERFC reviewed the submission, noting the proposed third-line inclusion of Guselkumab alongside Vedolizumab for patients who have had an inadequate response to at least two previous treatments. It was noted that Guselkumab offers both IV and subcutaneous delivery options, with subcutaneous preferred to reduce infusion site pressure. Whilst overall preference may be for Guselkumab, Vedolizumab remains an option due to it's established long-term safety profile and patient preference for IV therapy.

The clinical effectiveness evidence demonstrated an approximate 25–30% improvement in remission rates compared with placebo, with efficacy considered broadly consistent across the IL-23 treatment class. It was, additionally, noted that there is a robust multidisciplinary team approach to treatment initiation, dose escalation, and implementation of clear stopping rules.

The ERFC noted and approved the accompanying draft formulary updates showing the revised place in therapy of treatments for ulcerative colitis following a review by local experts. Changes include updates to prescribing guidance and changes to positioning of Etrasimod, Upadacitinib, and Filgotinib with Clinical Director support for the changes.

The ERFC agreed to classify FAF1 Guselkumab: Tremfya (SMC2848) 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

3.1.8 FAF1 Guselkumab: Tremfya (SMC2850)

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

The ERFC discussed the submission in conjunction with 3.1.7 FAF1 Guselkumab: Tremfya (SMC2848).

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 biologic treatment.

The local treatment protocol for NHS Lothian was included with the FAF.

The ERFC acknowledged the proposed second-line positioning of Guselkumab alongside Ustekinumab and Upadacitinib, with Risankizumab moving to a third-line option. The ERFC noted the accompanying draft formulary updates showing the revised place in therapy of treatments for Crohn's disease following a review by local experts.

The ERFC agreed to classify FAF1 Guselkumab: Tremfya (SMC2850) 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

3.1.9 FAF1 Maralixibat: Livmarli (SMC2806)

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

Indication: Treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 2 months of age and older.

A treatment protocol was included with the FAF.

It was noted that Maralixabat may be used alongside existing therapies, with eligible patients typically receiving first-line treatment with antihistamines, followed by Ursodeoxycholic acid, Rifampicin, and occasionally, Ondansetron. Following a short treatment trial (usually 2–4 weeks), Maralixabat will be initiated in accordance with current clinical guidance from Birmingham Children's Hospital.

The committee noted that the Budget Impact Statement provided by the SMC estimates more patients eligible than local estimates per annum across the East Region.

The ERFC requested further clarity as to how patient number data is extrapolated. The applicants are requested to respond with information on the recommended actions by 02 June 2026.

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify FAF1 Maralixibat: Livmarli (SMC2806) 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

3.1.10 FAF1 Nemolizumab: Nemluvio (SMC2833)

The ERFC noted and discussed the previously circulated FAF1 submission. Two personal non-specific declarations of interest were received. Named CD support received from NHS Fife and NHS Lothian.

Indication: For the treatment of moderate-to-severe atopic dermatitis in combination with topical corticosteroids and/or calcineurin inhibitors in adults and adolescents 12 years and older with a body weight of at least 30kg who are candidates for systemic therapy.

SMC restriction: for use in patients who have had an inadequate response to an existing systemic immunosuppressant such as Ciclosporin, or in whom such treatment is considered unsuitable and where a biologic would otherwise be offered.

A local treatment protocol for NHS Lothian and NHS Fife were included with the FAF.

The ERFC reviewed the submission, noting the proposed inclusion of Nemolizumab as third-line treatment option with Tralokinumab and Baricitinib removed from the pathway due to newer, more cost-effective treatments being available. No significant safety concerns were noted, with no additional monitoring requirements.

Post-meeting note: NHS Borders Clinical Director support confirmed.

The ERFC agreed to classify FAF1 Nemolizumab: Nemluvio (SMC2833) 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

3.1.11 FAF1 Osimertinib: Tagrisso (SMC2736)

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

Indication: In combination with pemetrexed and platinum-based chemotherapy for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) whose tumours have EGFR exon 19 deletions or exon 21 (L858R) substitution mutations.

A clinical management guideline and local treatment protocol for NHS Lothian was included with the FAF.

The committee acknowledged that patients with EGFR exon 19 or 21 (L858R) mutations currently receive first-line single-agent Osimertinib, with carboplatin and pemetrexed proposed as an additional combination option to improve survival. This combination would be considered particularly for patients with brain metastases as an alternative first-line treatment.

The ERFC agreed that Osimertinib: Tagrisso (SMC2736) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Osimertinib: Tagrisso (SMC2736) 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

3.1.12 FAF1 Ribociclib: Kisqali (SMC2803)

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

Indication: In combination with an aromatase inhibitor for the adjuvant treatment of patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 1 (HER2)-negative early breast cancer at high risk of recurrence. In pre- or perimenopausal women, or in men, the aromatase inhibitor should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.

A clinical management guideline and local treatment protocol for NHS Lothian were included with the FAF.

The ERFC noted the proposed inclusion of Ribociclib as an alternative CDK4/6 inhibitor in the adjuvant setting, particularly for patients who are intolerant of Abemaciclib. Unlike Abemaciclib, which is licensed for node-positive patients and remains the preferred first-line option in this group due to stronger clinical data and shorter treatment duration, Ribociclib may be used in node-negative patients with a residual risk of ≥10% and, at consultant discretion, in selected lower-risk patients meeting criteria. It is also intended for node-positive patients who cannot tolerate Abemaciclib, expanding treatment options where no alternatives previously existed.

Homecare dispensing will be utilised for stable patients thus releasing hospital dispensing capacity, with oncology teams already familiar with the medicine.

The ERFC agreed that Ribociclib: Kisqali (SMC2803) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

Post-meeting note: It was noted that there will be an estimated 50 patients in the first year whole SCAN region. Due to the 3-year duration of therapy, a total of 150 patients per annum will be on Ribociclib for this indication at steady state. It is, therefore, recommended that the future forecasted cost increases are highlighted to budget planners.

The ERFC agreed to classify FAF1 Ribociclib: Kisqali (SMC2803) 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

3.1.13 FAF1 Zabubrutinib: Brukinsa (SMC2684)

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

Indication: As monotherapy for the treatment of adult patients with marginal zone lymphoma (MZL) who have received at least one prior anti-CD20-based therapy.

A clinical management guideline and local treatment protocol for NHS Lothian, were included with the FAF.

The ERFC reviewed the submission, noting that there is currently no formulary or licensed treatment specifically for marginal zone lymphoma (MZL). First-line and relapsed disease is generally managed with Rituximab alone or in combination with chemotherapy such as R-CVP. Zanubrutinib is proposed as a second-line treatment option, offering a targeted alternative for patients who relapse and may be unsuitable for further chemotherapy, particularly given the older age profile of the MZL population.

Zanubrutinib is an oral SACT treatment which is prescribed in established clinics. There is experience of prescribing Zanubrutinib through its other licensed uses in Waldenstrom's macroglobulinaemia and chronic lymphocytic leukaemia. In addition, Zanubrutinib replaces parenteral therapy and, therefore, offers overall capacity savings for pharmacy and day-case units.

The ERFC agreed that Zabubrutinib: Brukinsa (SMC2684) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Zabubrutinib: Brukinsa (SMC2684) 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

3.1.14 FAF2 Ranolazine

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

Indication: Angina and Atrial Fibrillation.

The ERFC noted that Ranolazine was previously not SMC-approved due to cost, but is now available as a generic and significantly less expensive option. It had been used previously in NHS Borders prior to regional formulary alignment, and there is now a desire to reintroduce it at a regional level.

For the treatment of angina, Ranolazine is proposed for use in patients with persistent symptoms despite optimal treatment with, or intolerance to, first- or second-line therapies (including beta-blockers, calcium channel blockers, nicorandil, ivabradine, and oral nitrates). It would be used as add-on therapy where symptoms remain inadequately controlled on beta-blockers and/or calcium channel blockers, or where these agents are contraindicated or not tolerated.

The ERFC provided their support for the use of Ranolazine for the treatment of Angina. However, the committee acknowledged that Ranolazine is not licensed for Atrial Fibrillation, and, therefore, a FAF2 application is not considered the appropriate governance route. It was noted that the evidence base provided is weak, indirect, and based on secondary findings not primary Atrial Fibrillation trials.

The ERFC requested the submission of a FAF3 application for the proposed use of Ranolazine for Atrial Fibrillation, providing a summary of evidence on clinical and cost effectiveness, and comparative safety. As part of the submission, information on similar use elsewhere (peer support) and evidence of supporting guidelines is recommended. The FAF3 will be reviewed at East Region Working Group before further appraisal at an upcoming ERFC meeting.

ACTION: NHS Lothian Admin Team

It was noted that the medicine is currently included as a Formulary Decision only, and the updated decision entry will retain the link to the original SMC advice 565/09.

The ERFC agreed to classify FAF2 Ranolazine for the treatment of Angina 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

3.1.15 FAF3 Minoxidil

The ERFC noted and discussed the previously circulated FAF3 submission. No declarations of interest were received. Named CD support received from all three Boards.

Indication: Hair Loss.

A local treatment protocol for NHS Lothian was included with the FAF.

The ERFC acknowledged that Minoxidil with low dose (i.e. <5mg daily) oral Minoxidil is recognised by the British Association of Dermatologists (BAD) and the British Hair and Nail Society. It is also available for specialist use in many other UK NHS trusts and Boards including Alder Hey Children's NHS foundation trust (for children with hair loss after chemotherapy or radiotherapy, under oncology/haematology); Queen Elizabeth Hospital, Glasgow; and Ninewells Hospital, Tayside.

The proposed inclusion of Minoxidil is for use in adolescent and adult patients with moderate to severe hair loss who have not responded to or cannot tolerate topical minoxidil, or where use is impractical or unaffordable. Patients must be deemed suitable following cardiovascular assessment with no relevant contraindications, and be willing to undergo regular monitoring for potential cardiovascular and cosmetic adverse effects. It was, however, noted that topical minoxidil is not NHS-provided, and, therefore, cannot be used as a formal prerequisite.

The ERFC advised rephrasing the wording of the patient selection criteria to omit references to those who cannot afford topical minoxidil. The applicants are requested to respond with information on the recommended actions by 02 June 2026.

ACTION: NHS Lothian Admin Team

Oral minoxidil is proposed as a first-line formulary option for moderate to severe hair loss, to be initiated by dermatologists across the region and continued in primary care. It was noted that it is unclear which indications the treatment is intended for including female pattern hair loss, alopecia areata, or male pattern baldness. This distinction is important because male pattern baldness is rarely managed in dermatology and is generally considered a cosmetic or age-related issue, whereas conditions such as alopecia areata are medical conditions treated in specialist care. Without clear eligibility criteria, there is a risk of increased use in androgenetic alopecia, leading to higher prescribing volumes and a shift towards cosmetic use. The committee, therefore, questioned whether this should be positioned as a specialist dermatology treatment for defined disease states or a broader treatment for general hair loss.

In addition, the committee expressed concerns about the inclusion of "significant psychological distress" as a criterion, noting that it is difficult to define and measure consistently, and may lead to inequitable access to the treatment.

The ERFC suggested that the application should be revised to clearly specify eligible conditions and potentially exclude those not routinely managed within NHS dermatology pathways, ensuring alignment with existing referral and treatment practices. The applicants are requested to respond with information on the recommended actions by 02 June 2026.

ACTION: NHS Lothian Admin Team

The ERFC recognised the historical use of Minoxidil as a systemic vasodilator originally developed for hypertension and highlighted the need for clearer, standardised safety and monitoring arrangements before wider use. Whilst the evidence suggests adverse effects are uncommon and manageable, there is insufficient detail in the application on baseline cardiovascular assessment and ongoing monitoring responsibilities to support safe implementation at scale.

The ERFC requested a resubmission of the formulary application with a clearly defined monitoring protocol for each board describing plans for approval via local board governance processes, detailing dosing, baseline cardiovascular assessment, follow-up requirements, and responsibilities between secondary and primary care prior to re-submission. The applicants are requested to respond with information on the recommended actions by 02 June 2026.

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify FAF3 Minoxidil 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

3.2 Formulary Amendment Form

3.2.1 Clarithromycin 500mg tablets

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: Impetigo.

Application for amendment to align the East Region Formulary with updated NICE guidance which recommends a 5-day course of antibiotics in both adults and children. The ERF currently notes treatment duration as 7 days.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.2 Cefotaxime

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: Treatment of suspected meningococcal disease.

Application for amendment to update the Child 'Treatment of suspected meningococcal disease' pathway to align with the Adult pathway. The current ERF dose of Cefotaxime is 1g intramuscularly (IM) or intravenously (IV); ERF treatment dose for a child aged 16-17 years is 2g IM or IV.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.3 Roxadin

The ERFC noted and discussed the Formulary Amendment form. No declarations of interest were received. Clinical team support received from all three Boards.

Indication: Hypogonadism (Adults), Gender dysphoria or incongruence – Masculinising endocrine treatment (Adults – Unlicensed Indication), and Testosterone maintenance treatment for hypogonadal boys (Children – Unlicensed Indication).

Application for amendment to replace Nebido (testosterone undecanoate) 1000mg/4ml solution for injection vials to facilitate substantial cost savings.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.4 Metronidazole 400mg tablets

The ERFC noted and discussed the Formulary Amendment form. No declarations of interest were received. Clinical team support received from all three Boards.

Indication: Treatment of first episode of CDI.

Application for amendment to remove Metronidazole 400mg tablets from the Adult 'Treatment of first episode of Clostridioides Difficile Infection (CDI)' pathway as oral Vancomycin and Fidaxomicin are now deemed more effective than Metronidazole. Previously, Metronidazole was restricted to use in community settings if delays in supply of oral Vancomycin would result in delayed initiation of treatment. Oral Vancomycin is now widely available from pharmacy wholesalers resulting in minimal delay when initiating treatment in primary care.

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 Dostarlimab: Jemperli (SMC2828)
3.4.2 Baloxavir marboxil: Xofluza (SMC2920)
3.4.3 Baloxavir marboxil: Xofluza (SMC2921)
3.4.4 Eszopiclone: Lunivia (SMC2922)

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.5 Abbreviated submissions

3.5.1 Acalabrutinib: Calquence (SMC2893)

The ERFC noted the SMC abbreviated submission for Acalabrutinib: Calquence (SMC2893).

Indication: In combination with Venetoclax with or without Obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL).

SMC restriction: Acalabrutinib in combination with Venetoclax only.

Post-meeting note: Information provided by the local clinical experts shared with the Chair post meeting. It was noted that Acalabrutinib with Venetoclax (fixed duration 14 cycles) would replace Ibrutinib with Venetoclax (fixed duration 15 cycles). Some patients who are not suitable for Ibrutinib would get Zanubrutinib (continuous therapy estimated median duration 3 years). To understand the overall cost implications, further information is required on how many patients eligible for Acalabrutinib with Venetoclax would have previously had Ibrutinib with Venetoclax and how many would have had Zanubrutinib. Noted that this alternative being of shorter duration would free service capacity and would be an advantage for patients.

The ERFC agreed to classify Acalabrutinib: Calquence (SMC2893) 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

3.6 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 Pembrolizumab: Keytruda (SMC2829)
3.7.2 Sotatercept: Winrevair (SMC2923)
3.7.3 Osimertinib: Tagrisso (SMC2815)

The ERFC agreed to classify item 3.7.1, 3.7.2, and 3.7.3 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
3.8.1 NCMAG Quarterly Update – *for noting.*

3.9 Scottish Medicines Consortium
3.9.1 SMC Newsletter April 2026 – *for noting.*

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

It was noted that the East Region Formulary website is no longer easily visible in search engine results. Further support and guidance will be requested from the East Region Formulary Project Manager to identify a resolution.

Post-meeting note: The East Region Formulary Project Manager advised that search engine optimisation is noted for future resolution.

6 Date of next meeting
The next ERFC meeting is scheduled for Wednesday 24th June 2026 at 1400 - 1630 hours via MS Teams. NHS Borders will be hosting the meeting.

FAF3s should be submitted by 14 July 2026 (for discussion at the ERWG meeting on 29 July 2026).

FAF1s and FAF2s should be submitted by 02 June 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.