East Region Formulary

East Region Formulary Committee
Minutes

Date: 23 July 2025
Time: 2.00pm – 4:20pm
Location: MS Teams

Present:

Ruth Cameron	Advanced Clinical Nurse Specialist - Urology, NHS Fife
Carla Capaldi	Senior Practice Pharmacist, NHS Fife
Dr Konstantinos Dabos	Consultant, GI, NHS Lothian
Dr Joan Egerton	GP, NHS Fife
Dr David Griffith	Consultant – Microbiologist, NHS Fife
Ryan Headspeath	Senior Clinical Pharmacist, Dermatology and Shared Care, NHS Fife
Dr Elliot Longworth	GP, NHS Borders
Lesley Macher	Lead Pharmacist - Medicines Governance and Guidance, NHS Lothian
Iain Macintyre	Consultant – Renal (Co-Chair), NHS Lothian – in the Chair
Diane Murray	Formulary Pharmacist, NHS Lothian
Fraser Notman	Senior Pharmacist – Medicines Management, NHS Fife
Dr Monica Szabo	Consultant Oncologist, NHS Lothian
Sarah Tait	Lead Advanced Practitioner, NHS Borders

In attendance:
Helen Crozier, Medicines Advice and Guidance Team Co-Ordinator, NHS Lothian (minutes)
Noreen Mohammed, Senior Practice Pharmacist, NHS Fife
Mandy Wilson, Advanced Cancer Care Pharmacist – Haematology, NHS Lothian

Apologies:
Jane Browning, Associate Director of Pharmacy, NHS Lothian
Malcolm Clubb, Director of Pharmacy (Co-Chair), NHS Borders
Dr Grace Ding, Consultant Oncologist, NHS Lothian
Dr Tariq Farrah, Consultant - Renal, NHS Lothian
Carol Holmes, Pharmacist - Primary Care, NHS Lothian
Dr Paul Neary, Consultant – Cardiology, NHS Borders
Cathryn Park, Deputy Director of Pharmacy, NHS Borders
Dr Jo Rose, GP, NHS Lothian

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1 Welcome and Apologies

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

- ERFC noted that the meeting is being recorded
- Leaving – Carla Capaldi. The Chair and committee members acknowledged that Carla Capaldi will be leaving the committee temporarily and look forward to her return.

1.2 Matters arising

None noted.

2 Governance

2.1 East Region Formulary Committee (ERFC) meeting minutes 28 May 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 02 July 2025

The minutes of the ERWG meeting on 02 July 2025 were noted for information.

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

2.3.1 ERF Adult – Lidocaine plasters & topical Capsaicin

The committee noted the review of current formulary guidance taking into consideration recommendations for Lidocaine patches in the following guidance - "Items of Low and Limited Clinical Value - Medicines - achieving value and sustainability in prescribing: guidance - gov.scot". The committee discussed the amendment and noted comments from NHS Borders around plans for non-formulary requests for indications beyond the national guidance. There was a brief discussion regarding additional guidance for the individual Boards to provide where required. The committee noted changes to reflect that there is currently no licensed Capsaicin cream available. It was agreed to redraft the pathways to signpost to local Board guidance for use in adults beyond national guidance, and share it around committee members to approve virtually. Members discussed work taking place in other Boards to review prescribing of Lidocaine patches.

The ERFC agreed to share the amendment with further changes for approval before the formulary website will be updated.

ACTION: Diane Murray, Formulary Pharmacist, NHS Lothian/NHS Lothian Admin Team

2.3.2 ERF Child - Lidocaine plasters & topical Capsaicin

It was noted that use of lidocaine patches in children was not covered in the Scottish Government guidance. It was agreed to edit the wording in line where relevant and approve it virtually. The committee noted changes to reflect that there is currently no licensed Capsaicin cream available

The ERFC agreed to share the amendment with further changes for approval before the formulary website will be updated.

ACTION: Diane Murray, Formulary Pharmacist, NHS Lothian/NHS Lothian Admin Team

2.4 Stop & Assess Pre-ERFC Panel SBAR

The paper was verbally summarised, and committee members were invited to share their feedback on the proposed disbandment of the Stop and Assess Pre-ERFC Panel, as well as its potential impact on ERFC moving forward.

There were concerns regarding the quality of some of the completed submission forms. It was suggested that further education is needed to support applicants in presenting their cases more effectively, helping to avoid challenges during the meeting and subsequent delays.

The committee acknowledged that members already undertake comprehensive reviews; however, more in-depth scrutiny and fact-finding may be necessary. As a result, additional time may be required for submissions to the ERFC. For example, draft pathways could be shared with applicants in advance of the meeting to allow for review and feedback.

These comments will be fed back. The ERFC agreed to the disbandment of the Stop & Assess Pre-ERFC Panel.

ACTION: NHS Lothian Admin Team

3 New Medicines

3.1 Formulary Application Forms (FAF)

3.1.1 FAF1 Sodium Thiosulphate: Pedmarqsi (SMC2730)

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 and from Tayside for their RHCYP patients.

Indication: For the prevention of ototoxicity induced by cisplatin chemotherapy in patients 1 month to <18 years of age with localised, non-metastatic, solid tumours.

The finance budget template was included with the FAF.

The ERFC reviewed the submission, noting that the patient numbers detailed in the application mirror the predicted estimates from the SMC, however there is potentially an underestimate of patients.

The ERFC agreed that Sodium Thiosulphate: Pedmarqsi (SMC2730) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Sodium Thiosulphate: Pedmarqsi (SMC2730) 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

3.1.2 FAF1 Elranatamab: Elrexfio (SMC2669)

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 adult patients with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.

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

The ERFC reviewed the submission, with supporting evidence provided by the MagnetisMM-3 study. The committee discussed Clinical Director approval, specifically concerning NHS Fife. It was noted for future reference that whilst oncology applications for the East Region are approved through SCAN, separate Clinical Director sign-off is required for non-malignant haematology applications in each respective Board.

The ERFC requested named CD sign off from NHS Fife. The applicants are requested to respond with information on the recommended action by 02 September 2025.

ACTION: Fraser Notman, Senior Pharmacist – Medicines Management, NHS Fife/NHS Lothian Admin Team

The ERFC agreed that Elranatamab: Elrexfio (SMC2669) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging subject to confirmation of NHS Fife CD support.

The ERFC agreed to classify FAF1 Elranatamab: Elrexfio (SMC2669) 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 Linzagolix: Yselty (SMC2631)

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: The treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age.

SMC restriction: for use in patients when conventional first-line treatments (such as tranexamic acid, hormonal contraceptives and intrauterine devices) have failed or are considered unsuitable.

The finance budget template was included with the FAF.

The ERFC reviewed the submission, with evidence to support the use of Linzagolix for this indication from the PRIMROSE 1 and PRIMROSE 2 studies.

The ERFC agreed to classify FAF1 Linzagolix: Yselty (SMC2631) 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

3.1.4 FAF1 Elafibranor: Iqirvo (SMC2714)

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 primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA, or as monotherapy in adults unable to tolerate UDCA.

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

The ERFC noted the early submission of the application allowing extra time to gather information to support formulary decision making. The ERFC reviewed the submission and noted all three Boards intend to use off-label Bezafibrate prior to Elafibranor, with plans to submit a FAF3 for Bezafibrate in due course.

The ERFC agreed to classify FAF1 Elafibranor: Iqirvo (SMC2714) 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 Lebrikizumab: Ebglyss (SMC2707)

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

Indication: For the treatment of moderate-to-severe atopic dermatitis in adults and adolescents 12 years and older with a body weight of at least 40 kg who are candidates for systemic therapy.

SMC restriction: 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.

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

The ERFC questioned the need for three different biologics on the ERF and were advised that formulary approval is required before Homecare services can be arranged, while recognising the desire for streamlined treatment options. The supporting clinical guideline was noted to be complex, with Jak-Inhibitors positioned at different steps in the treatment pathway. The committee was informed that preferences for treatment order may vary between Boards due to factors such as safety considerations, patient preference, disease burden, and cost-effectiveness.

The committee queried whether the placement in the Child formulary pathway would differ from that for Adults and were advised that, although only Dupilumab is licensed for younger patients, there are very few younger patients treated in the East Region. The NHS Fife guideline presented with the application was noted, with confirmation provided that NHS Lothian also intends to position Lebrikizumab as a first-line treatment option.

The ERFC highlighted that the age ranges in the Fife guideline should be reviewed to align with up-to-date product licenses. Corresponding updates to the ERF Adult and Child formulary pathways will be shared for input from chapter experts.

The ERFC agreed to classify FAF1 Lebrikizumab: Ebglyss (SMC2707) 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

3.1.6 FAF1 Relugolix, oestradiol and norethisterone acetate: Ryeqo (SMC2666)

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: 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 finance budget template was included with the FAF.

The ERFC reviewed the submission and discussed the accuracy of the estimated patient numbers, noting that the figures quoted were higher than the SMC estimates. There was also discussion regarding

whether the treatment's placement as a second-choice option is appropriate. Further communication with local experts is required to confirm its position within the formulary pathway.

ACTION: Diane Murray, Formulary Pharmacist, NHS Lothian/NHS Lothian Admin Team

The ERFC agreed to classify FAF1 Relugolix, oestradiol and norethisterone acetate: Ryeqo (SMC2666) 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

3.1.7 FAF1 Bimekizumab: Bimzelx (SMC2698)

The ERFC 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: For the treatment of active moderate to severe hidradenitis suppurativa (HS) (acne inversa) in adults with an inadequate response to conventional systemic HS therapy.

SMC restriction: for use in adult patients with active moderate to severe HS for whom adalimumab is contraindicated or otherwise unsuitable, including those who have failed to respond or have lost response to prior adalimumab treatment.

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

The ERFC reviewed the submission. It was noted that the formulary pathway is not currently subdivided into disease severity, but that the proposed place in therapy differs depending on severity at treatment initiation. Further advice will be sought from local experts on evidence supporting proposed position and how to present the place in therapy in the existing formulary pathways.

ACTION: Diane Murray, Formulary Pharmacist, NHS Lothian/NHS Lothian Admin Team

The ERFC agreed to classify FAF1 Bimekizumab: Bimzelx (SMC2698) 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 Dostarlimab: Jemperli (SMC2404)

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

Indication: As monotherapy for the treatment of adult patients with mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) recurrent or advanced endometrial cancer (EC) that has progressed on or following prior treatment with a platinum-containing regimen.

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

The ERFC reviewed the submission, supported by evidence from the GARNET study. It was noted that the ERFC had previously considered this submission, but expressed uncertainty regarding the treatment

duration due to immature data. This resubmission includes additional local data to support the estimated duration of treatment. An interim acceptance has been granted, with the expectation that the SMC will conduct a further review in due course; at that time, the local clinical team will be asked to reconsider the formulary status based on the updated SMC advice.

The ERFC agreed that Dostarlimab: Jemperli (SMC2404) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Dostarlimab: Jemperli (SMC2404) 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 Selpercatinib: Retsevmo (SMC2370)

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: Selpercatinib as monotherapy is indicated for the treatment of adults with advanced RET fusion-positive thyroid cancer who require systemic therapy following prior treatment with Sorafenib and/or Lenvatinib. Selpercatinib as monotherapy is indicated for the treatment of adults and adolescents 12 years and older with advanced RET-mutant medullary thyroid cancer (MTC) who require systemic therapy following prior treatment with Cabozantinib and/or Vandetanib.

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

The ERFC reviewed the submission, with evidence to support the use of Selpercatinib for this indication provided by the LIBRETTO-001 study. The committee acknowledged that the LIBRETTO-001 study was a very small trial with limited patient numbers and data, with questions raised regarding the approval for monotherapy for the treatment of adults and adolescents 12 years and older with advanced RET-mutant medullary thyroid cancer (MTC) who require systemic therapy following prior treatment with Cabozantinib and/or Vandetanib. As both Cabozantanib and Vandetanib are non-SMC approved, local applicants are asked to advise on how patients will access these treatments in earlier lines of therapy.

The ERFC requested further information from the applicants to provide clarification on patient access to Cabozantinib and Vandetanib for earlier lines of therapy, given that these treatments are not approved by the SMC. The applicants are requested to respond with information on the recommended action by 02 September 2025.

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify Selpercatinib: Retsevmo (SMC2370) Not routinely available as local implementation plans are being developed or the ERFC is waiting for further advice from local clinical experts.

ACTION: NHS Lothian Admin Team

3.1.10 FAF1 Loncastuximab tesirine: Zynlota (SMC2609)

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 adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy.

SMC restriction: where chimeric antigen receptor (CAR) T-cell therapy is unsuitable, not tolerated or ineffective.

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

The ERFC reviewed the submission, with supporting evidence provided by the LOTIS-2 study. The committee discussed Clinical Director approval, specifically concerning NHS Fife. It was noted for future reference that whilst oncology applications for the East Region are approved through SCAN, separate Clinical Director sign-off is required for non-malignant haematology applications in each respective Board.

The ERFC requested named CD sign off from NHS Fife. The applicants are requested to respond with information on the recommended action by 02 September 2025.

ACTION: Fraser Notman, Senior Pharmacist – Medicines Management, NHS Fife/NHS Lothian Admin Team

The ERFC agreed that FAF1 Loncastuximab tesirine: Zynlota (SMC2609) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging subject to confirmation of NHS Fife CD approval.

The ERFC agreed to classify FAF1 Loncastuximab tesirine: Zynlota (SMC2609) 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 Cemiplimab: Libtayo (SMC2719)

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

Indication: As monotherapy for the treatment of adult patients with recurrent or metastatic cervical cancer and disease progression on or after platinum-based chemotherapy.

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

The ERFC reviewed the submission, with supporting evidence provided by the EMPOWER CERVICAL-1 study.

The ERFC agreed that Cemiplimab: Libtayo (SMC2719) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Cemiplimab: Libtayo (SMC2719) 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 FAF3 Zoledronic Acid

The ERFC noted and discussed the previously circulated FAF3 submission. One personal non-specific declaration of interest was received. CD support was received from NHS Lothian and NHS Fife.

Indication: Fracture prevention in osteopenia for women aged >65.

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

The ERFC reviewed the submission, and noted supporting SIGN guidance. There was some discussion about its inclusion in the formulary when there are not always clinics or it's not going to be used in some Boards, but agreed inclusion supports use in the Boards with capacity to deliver at present.

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

ACTION: NHS Lothian Admin Team

3.1.13 FAF3 Human Chorionic Gonadotrophin (Zivafert)

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

Indication: Male infertility due to hypogonadotropic hypogonadism.

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

The ERFC discussed the submission alongside section 3.1.14 FAF3 Human Chorionic Gonadotrophin (Gonasi) and Choriogonadotropin alfa (Ovitrelle). It was noted that the East Region Working Group had previously considered developing a treatment pathway, however, due to the small patient numbers, recommended that Human Chorionic Gonadotrophin (Zivafert) is included in the Formulary Decision section of the ERF without a formal pathway. The ERFC agreed with this approach.

The ERFC agreed to classify FAF3 Human Chorionic Gonadotrophin (Zivafert) 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

3.1.14 FAF3 Human Chorionic Gonadotrophin (Gonasi) & Choriogonadotropin alfa (Ovitrelle)

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

Indication: Male hypogonadotropic hypogonadism.

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

The ERFC discussed the submission in conjunction with 3.1.13 FAF3 Human Chorionic Gonadotrophin (Zivafert).

The ERFC agreed to classify FAF3 Human Chorionic Gonadotrophin (Gonasi) & Choriogonadotropin alfa (Ovitrelle) 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 Dantrolene (Agilus)

The ERFC noted and discussed the previously circulated Formulary Amendment form. No declarations of interest were received. Clinical team support received from NHS Lothian. The NHS Fife clinical team advised that they will not be switching product as there is a plentiful stock supply which expires into 2026. No response was received from NHS Borders.

Indication: Malignant Hyperthermia

Application for amendment due to the discontinuation of Dantrolene 120mg Powder for Solution for injection vials (Agilus). Dantrolene 20mg powder for solution for injection vials are the proposed alternative product.

The ERFC reviewed the supporting evidence, noting that dosage instructions will stay the same as it is only the strength of vials that will change. Each pack of the new six vials is equivalent to three boxes of the previous version (36 vials). Additionally, the medicine switch is cost neutral.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.2 TevaTeriparatide (Teva)

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

Indication: Severe spinal osteoporosis

Application for amendment to include TevaTeriparatide (Teva) due to the UK national shortage of Teriparatide (Sondelbay).

The ERFC acknowledged the supporting evidence, noting that the ERF website does not show the AMP details i.e. with Teva in the formulation details, only as the VMP (generic name). The manufacturer details will be highlighted in the information notes. Teriparatide (Movymia) will remain on formulary as some of the East Region Boards do not currently have resource to action switches.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.3 Alprostadil

The ERFC noted and discussed the previously circulated Formulary Amendment form. No declarations of interest were received.

Indication: Erectile dysfunction

The ERFC noted that Alprostadil Caverject has been debranded and is now available as 'Alprostadil 10microgram injection' and 'Alprostadil 20microgram injection'. The committee acknowledged that previously discontinued brands remain on the formulary, and are, therefore, being mistakenly prescribed in Primary Care, resulting in medicine unavailability for patients.

The committee acknowledged that communication is underway to confirm product availability. The ERFC approved changes subject to relevant clarification and approval from NHS Lothian and NHS Borders.

The formulary website will be updated subject to further information.

ACTION: NHS Lothian Admin Team

3.2.4 Ursodeoxycholic acid

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

Indication: Treatment of Biliary Cirrhosis (Adult) and Treatment of cholestasis (Child)

Application for amendment to include 300mg tablet strength to allow for patients on multiple doses of 150mg to reduce their pill burden by switching to fewer 300mg tablets.

The ERFC reviewed the supporting evidence, noting that the 150mg and 250mg strength of tablets are already on the ERF for both indications.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.5 FreeStyle Libre 3 Plus

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

Indication: Continuous monitoring of blood glucose in Type 1 diabetes

Application for amendment to include new FreeStyle Libre 3 Plus sensor which is able to deliver "Hybrid Closed Loop" in conjunction with the *mylife* YpsoPump insulin pump and CamAPS FX hybrid closed loop mobile app.

The ERFC reviewed the supporting evidence, noting that the new FreeStyle Libre 3 Plus sensor offers better accuracy than existing Libre 3 sensor for same price. Additionally, the FreeStyle Libre 3 sensor is to be phased out (by December 2025) and replaced with FreeStyle Libre 3 Plus.

The ERFC noted that further feedback is awaited from clinical experts on the update to the formulary pathway prior to publication.

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 Durvalumab: Imfinzi (SMC2735)
3.4.2 Sumatriptan 85mg / Naproxen 457mg: Suvexx (SMC2756)
3.4.3 Bempedoic acid: Nilemdo (SMC2740)
3.4.4 Bempedoic acid / Ezetimibe: Nustendi (SMC2741)
3.4.5 Pegylated liposomal irinotecan: Onivyde (SMC2812)
3.4.6 Fezolinetant: Veoza (SMC2798)
3.4.7 Amivantamab: Rybrevant (SMC2758)
3.4.8 Lecanemab: Leqembi (SMC2811)
3.4.9 Pegzilarginase solution for injection/infusion: Loargys (SMC2813)

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.5 Abbreviated submissions

None noted.

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 Ruxolitinib: Jakavi (SMC2750)
3.7.2 Cladribine: Mavenclad (SMC2751)
3.7.3 Selpercatinib: Retsevmo (MTC) (SMC2732)
3.7.4 Osimertinib: Tagrisso (SMC2736)
3.7.5 Abaloparatide: Eladynos® (SMC2764)
3.7.6 Pembrolizumab: Keytruda® (SMC2767)
3.7.7 Feedback from Oncology/Haematology Clinical Team

- Crizanlizumab: Adakveo (SMC2438)
- Pegcetacoplan: Aspaveli (SMC2451)
- Pralsetinib: Gavreto (SMC2496)
- Darolutamide: Nubeqa (SMC2604)
- Degarelix: Firmagon (SMC2625)
- Glofitamab: Columvi (SMC2614)
- Teclistamab: Tecvayli (SMC2668)
- Selinexor: Nexpovio (SMC2673)
- Selinexor: Nexpovio (SMC2674)
- Quizartinib: Vanflyta (SMC2699)
- Talazoparib: Talzenna (SMC2753)

The Oncology team has formally advised there will not be formulary applications for any medicine listed under 3.7.7, and simply noted for information.

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
NCMAG Quarterly Update – *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 highlighted that a formulary application for Enoxaparin is expected at the next meeting. The ERFC acknowledged that there is currently ongoing work throughout the East Region to update guidelines and engage across all the services to ensure the committee has the necessary information to make an informed decision at the next meeting.

6 Date of next meeting
The next ERFC meeting is scheduled for Wednesday 17 September 2025 at 1400 - 1630 hours via MS Teams. NHS Lothian will be hosting the meeting.

FAF3s should be submitted by 12 August 2025 (for discussion at the ERWG meeting on 27 August 2025).

FAF1s and FAF2s should be submitted by 02 September 2025.

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.