East Region Formulary

East Region Formulary Committee
Minutes

Date: 18 March 2026
Time: 2.00pm – 4:10pm
Location: MS Teams

Present:

Farrah Al-Ghita	Senior Pharmacist - Renal, NHS Fife
Malcolm Clubb	Director of Pharmacy (Co-Chair), NHS Borders
Dr Joan Egerton	GP, NHS Fife
Dr Tariq Farrah	Consultant – Renal, NHS Lothian
Dr David Griffith	Consultant – Microbiologist, NHS Fife
Carol Holmes	Pharmacist – Primary Care, NHS Lothian
Dr Alice Klauser	Consultant Haematologist and Head of Laboratory Haematology, 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
Diane Murray	Formulary Pharmacist, NHS Lothian
Fraser Notman	Senior Pharmacist – Medicines Management, NHS Fife – in the Chair *(interim)*
Dr Jo Rose	GP, NHS Lothian
Dr Monica Szabo	Consultant Oncologist, NHS Lothian
Mandy Wilson	Advanced Cancer Care Pharmacist - Medicines Governance, NHS Lothian

In attendance:

Mona Boriceanu, Advanced Nurse Practitioner, NHS Fife
Professor Catherine Calderwood, Consultant - Obstetrics & Gynaecology, NHS Lothian – *in attendance for part of the meeting*
Hannah Porter, Lead Pharmacist, Women & Children, NHS Lothian - *in attendance for part of the meeting*
Caitlin Satti, Information Officer, NHS Lothian (minutes)
Claire Stoddart, Lead Formulary Pharmacy Technician, NHS Lothian
Michelle Wood, Senior Sexual Health Practitioner, NHS Lothian - *in attendance for part of the meeting*

Apologies:

Jane Browning, Associate Director of Pharmacy, NHS Lothian
Alison Casey, Senior Pharmacist - Cancer Services, NHS Fife
Dr Grace Ding, Consultant Oncologist, NHS Lothian
Noreen Mohammed, Senior Practice Pharmacist, NHS Fife
Dr Paul Neary, Consultant – Cardiology, NHS Borders
Sarah Tait, Lead Advanced Practitioner, NHS Borders

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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
- Joining – The Chair welcomed Dr Alice Klauser, Consultant Haematologist and Head of

Laboratory Haematology, NHS Lothian and Mandy Wilson, Advanced Cancer Care Pharmacist – Medicines Governance, NHS Lothian.

1.2 Matters arising

1.2.1 ERFC January 2026 Item 3.1.1 FAF1 3.1.2 FAF1 Linzagolix: Yselty (SMC2841) was reviewed at the ERFC January meeting. The ERFC requested further clarity regarding how patient numbers per annum for costings are calculated, and a revision to the finance table. A revised application was submitted with amended costings (12 packs corrected to 13 packs per year) and updated the estimated patient cohort to 35.

The ERFC requested further clarification regarding monitoring requirements and proposed arrangements for DXA scans in each of the three boards, including whether responsibility for arranging the initial scan and facilitating subsequent follow-up scans lies with the specialist in secondary care or with the GP. The ERFC additionally requested confirmation that radiology departments in all three Boards have been consulted and are equipped to facilitate the increased overall demand for DXA scanning. Confirmation has been received from all three Boards that scans are arranged by secondary care and that patients would already require a DXA scan under the current alternative therapies (e.g. Decapeptyl), therefore, the introduction of Linzagolix would not increase demand for scanning. Action complete.

The ERFC agreed to classify FAF1 Linzagolix: Yselty (SMC2841) 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

2 Governance

2.1 East Region Formulary Committee (ERFC) meeting minutes 21 January 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 11 February 2026

The minutes of the ERWG meeting on 11 February 2026 were noted for information.

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

None noted.

3 New Medicines

3.1 Formulary Application Forms (FAF)

3.1.1 FAF1 Bimekizumab: Bimzelx (SMC2605) - *resubmission*

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: Psoriatic Arthritis (PsA).

A clinical management guideline for NHS Lothian, and finance budget template were included with the FAF.

The ERFC acknowledged that since the initial review of Bimekizumab for this indication in March 2024, Ixekizumab: Taltz has been removed from the treatment pathway as an alternative IL-17 inhibitor. It was noted that the local treatment pathway submitted continues to reflect NHS Lothian's guidelines

only, and is not a regionally agreed pathway. Additionally, the committee discussed Ustekinumab's placement within the pathway, as recent biosimilar availability may change cost-effectiveness ranking.

The committee discussed and agreed on the need for regional alignment to establish a streamlined biologics pathway based on cost-effectiveness and clinical evidence. Ongoing work will focus on reviewing rheumatology biologics pathways, addressing inconsistencies, and achieving regional consensus.

ACTION: Diane Murray, Formulary Pharmacist, NHS Lothian; Fraser Notman, Senior Pharmacist – Medicines Management, NHS Fife; and Malcolm Clubb, Director of Pharmacy, NHS Borders

The ERFC agreed to classify FAF1 Bimekizumab: Bimzelx (SMC2605) 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 Bimekizumab: Bimzelx (SMC2616)

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: Axial Spondyloarthritis (AS).

A clinical management guideline for NHS Lothian, and finance budget template were included with the FAF.

The ERFC reviewed the submission, noting the proposed formulary inclusion as third-line treatment option for patients who have failed or have a contraindication to first line TNF inhibitors, second line JAK inhibitors or IL-17A.

The local treatment protocol outlines a logical escalation pathway based on response or non-response to TNF inhibitors; however, it reflects NHS Lothian guidance only, is not a regionally agreed pathway, and provides limited detail on how clinicians select between options beyond mechanism of action and cost.

The committee reiterated the need for a three-board regional consensus on the Axial Spondyloarthritis biologics pathway. Ongoing work will focus on reviewing rheumatology biologics pathways, addressing inconsistencies, and achieving regional consensus.

ACTION: Diane Murray, Formulary Pharmacist, NHS Lothian; Fraser Notman, Senior Pharmacist – Medicines Management, NHS Fife; and Malcolm Clubb, Director of Pharmacy, NHS Borders

The ERFC agreed to classify FAF1 Bimekizumab: Bimzelx (SMC2616) 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 Blinatumomab: Blincyto (SMC2808)

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: For the treatment of adult patients with Philadelphia chromosome negative CD19-positive B-cell precursor acute lymphoblastic leukaemia (ALL) in the consolidation phase.

SMC restriction: in the frontline consolidation phase.

The local treatment protocol, and finance budget template were included with the FAF. An update to the clinical management guideline is noted as in progress.

The ERFC reviewed the submission, noting that Blinatumomab is given before and after standard of care chemotherapy cycles, not run concurrently; therefore, additional appointments are required with the overall treatment duration of consolidation phase extended. The safety profile of Blinatumomab was consistent with its established profile, and the associated toxicities were considered manageable.

Hospital admission is required for the first three days of cycle 1 and the first two days of subsequent cycles to monitor for CRS and ICANs toxicities. Patients can then be managed as out-patients using established ambulatory SACT services. It was noted that due to minimal patient numbers, NHS Fife does not currently have an outpatient regimen for these patients and patients would be required to be an in-patient for the duration of treatment.

The ERFC agreed that Blinatumomab: Blincyto (SMC2808) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Blinatumomab: Blincyto (SMC2808) 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 FAF1 Delgocitinib: Anzupgo (SMC2817)

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

Indication: Moderate-Severe chronic hand eczema in adults for whom topical corticosteroids are inadequate or inappropriate.

The finance budget template was included with the FAF.

The ERFC reviewed the submission, acknowledging the proposed inclusion of Delgocitinib as a treatment option for patients who are not suitable for or have failed to respond to Alitretinoin or UVB.

The committee discussed and agreed on the need to refine and finalise the 'Systemic therapies in the treatment of moderate to severe eczema and atopic dermatitis' treatment pathway, particularly clarifying Delgocitinib's position relative to systemic options such as Alitretinoin. Committee members agreed that Delgocitinib should be placed within the systemic therapy section, but further consensus is required on how it is selected versus alternatives. To support clarity, the updated pathway should include an information note specifying that Delgocitinib is indicated solely for chronic hand eczema, given the broader eczema pathway covers multiple conditions. The committee also emphasised the importance of robust clinical guidance supplementing the formulary entry to describe escalation and de-escalation of therapy.

The ERFC requested the addition of further guidance on order of choices and treatment selection in the 'Systemic therapies in the treatment of moderate to severe eczema and atopic dermatitis' treatment pathway'. The ERFC recommend local clinical protocols are updated to reflect new position of medicines on the East Region Formulary once position in relation to other treatments is confirmed.

It was noted that patient numbers and cost projection figures have been provided as a range, not as single whole-number estimates.

For the purposes of Board-level financial reporting, the ERFC requested the resubmission of patient numbers and cost projections as single whole-number estimates. The applicants are requested to respond with information on the recommended action by 21 April 2026.

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify FAF1 Delgocitinib: Anzupgo (SMC2817) 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 Dostarlimab: Jemperli (SMC2635)

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

Indication: In combination with platinum-containing chemotherapy for the treatment of adult patients with mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) primary advanced or recurrent endometrial cancer and who are candidates for systemic therapy.

The local treatment protocol, and finance budget template were included with the FAF. An update to the clinical management guideline is noted as in progress with recommendations aligned to SMC advice.

The ERFC reviewed the submission, noting the proposed inclusion of Dostarlimab: Jemperli will be as an additional first-line treatment in combination with Carboplatin and Paclitaxel.

The ERFC agreed that Dostarlimab: Jemperli (SMC2635) 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 (SMC2635) 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 Fruquintinib: Fruzaqla (SMC2858)

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 metastatic colorectal cancer (mCRC) who have been previously treated with available therapies, including fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, with or without an anti-VEGF therapy, and if RAS wildtype and medically appropriate, an anti-EGFR therapy.

The local treatment protocol, and finance budget template were included with the FAF. An update to the clinical management guideline is noted as in progress.

The ERFC reviewed the submission, with Fruquintinib as a proposed replacement for Regorafenib and Lonsurf as fourth-line treatment option following disease progression on three prior lines of therapy including Fluoropyrimidine, Oxaliplatin and Irinotecan based treatment +/- appropriate targeted therapies. The committee discussed the proposed fourth-line inclusion of Fruquintinib, highlighting uncertainties around current formulary processes for replacing existing cancer medicines (e.g. Regorafenib), as well as the need to understand forthcoming national colorectal cancer pathways, and how formulary entries should reflect line-of-therapy restrictions.

The ERFC requested confirmation from the clinical team as to how Fruquintinib replaces Regorafenib/Lonsurf, and ensure this is reflected in the updated local Clinical Management Guideline (CMG). Once amended, the ERFC requested oversight of the edited section of the CMG (track-changes or equivalent) to show how Fruquintinib is incorporated and how previous therapies are being repositioned or superseded. The applicants are requested to respond with information on the recommended action by 21 April 2026.

ACTION: NHS Lothian Admin Team

A discrepancy was identified between the FAF1 and its Appendix, with the Appendix presenting costings for 10 patients rather than 14; the figures in the FAF1 are correct. In addition, the SACT protocol wording is inconsistent with the approved SMC patient selection criteria. The applicants have confirmed that the Appendix will be updated to reflect costings for 14 patients, and the SACT protocol will be revised to align fully with SMC positioning (use only after all available therapies).

The ERFC agreed that Fruquintinib: Fruzaqla (SMC2858) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Fruquintinib: Fruzaqla (SMC2858) 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 Pembrolizumab: Keytruda (SMC2767)

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 paclitaxel, for the first-line treatment of primary advanced or recurrent endometrial carcinoma in adults.

The local treatment protocol, and finance budget template were included with the FAF. An update to the clinical management guideline is noted but was not provided with the submission.

The ERFC reviewed the submission, noting the proposed inclusion of Pembrolizumab: Keytruda will not replace any current treatment, but rather used as an additional first-line treatment in combination with SOC Carboplatin and Paclitaxel for patients with pMMR disease. No safety concerns were noted with overall toxicity in line with established safety profiles.

The ERFC agreed that Pembrolizumab: Keytruda (SMC2767) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Pembrolizumab: Keytruda (SMC2767) 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 FAF2 Mifepristone

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

The ERFC discussed the submission in conjunction with 3.1.9 FAF3 Misoprostol.

Indication: Cervical preparation.

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

The ERFC reviewed the submission, acknowledging the proposed use of Mifepristone and Misoprostol as joint first-line treatment for cervical preparation to facilitate safe and successful dilation of cervix prior to surgical termination of pregnancy.

It was noted that patient numbers per annum are based on Public Health Scotland Termination of Pregnancy Data from 2023, with associated costings calculated based on the minimum number of expected surgical terminations of pregnancy. The committee, therefore, acknowledged that there are no available statistics on the number of patients undergoing surgical management of non-viable pregnancy. Therefore, overall patient numbers and associated costs are likely to be higher than estimated. Furthermore, current data trends show a year-on-year increase in surgical terminations of pregnancy in Scotland, indicating that patient numbers and costs are expected to rise annually.

Supporting evidence provided by NICE Guideline NG140 which outlines the unlicensed use of Misoprostol for cervical priming before surgical abortion, alone or in combination with Mifepristone. The Royal College of Obstetricians and Gynaecologists' *Best Practice in Abortion Care* guideline recommends either Mifepristone 200 milligrams orally 24-48 hours, or Misoprostol 400 micrograms sublingually, vaginally, or buccally 1-3 hours prior to surgical abortion up to 12 weeks. It was noted that dosing discrepancies exist between NICE and RCOG guidance, as well as those outlined in the BNF. In addition, NHS Fife's local guidance does not reflect the updated dosing specified in NICE NG140.

The ERFC requested further confirmation of dosing recommendations from all three Boards to ensure alignment with most up-to-date national guidance (NICE NG140). The ERFC additionally requested Specialist Use Only formulary flagging for Mifepristone and Misoprostol in line with other formulary approved indications. The applicants are requested to respond with information on the recommended action by 21 April 2026.

ACTION: NHS Lothian Admin Team

Post-meeting note: The information provided in the application is for cervical priming for surgical abortion, but not for the management of non-viable pregnancy. NICE does not include guidance for pharmaceutical adjuncts in NICE CG126 *Ectopic pregnancy and miscarriage: diagnosis and initial management.* Therefore, local specialists are requested to provide supporting information for use of Misoprostol and/or Mifepristone along with dosing recommendations for use in non-viable pregnancy from all three Boards. The applicants are requested to respond with information on the recommended action by 21 April 2026.

ACTION: NHS Lothian Admin Team

The ERFC noted that ERF guidance for miscarriage requires review as current dosing recommendations for Mifepristone and Misoprostol on the ERF differ to the related NICE guidance. This includes formulary recommendations for medical management of non-viable pregnancy and medical management of termination of pregnancy which have been shared for review by local experts. New formulary recommendations for cervical preparation prior to surgical evacuation of the uterus (including abortion and management of non-viable pregnancy) have been drafted and shared for review by local experts.

The ERFC agreed to classify FAF2 Mifepristone 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

3.1.9 FAF3 Misoprostol

The ERFC noted and discussed the previously circulated FAF3 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 FAF2 Mifepristone.

Indication: Cervical preparation to facilitate safe and successful dilation of cervix prior to surgical termination of pregnancy.

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

Post-meeting note: The information provided in the application is for cervical priming for surgical abortion, but not for the management of non-viable pregnancy. NICE does not include guidance for pharmaceutical adjuncts in NICE CG126 *Ectopic pregnancy and miscarriage: diagnosis and initial management.* Therefore, local specialists are requested to provide supporting information for use of Misoprostol and/or Mifepristone along with dosing recommendations for use in non-viable pregnancy from all three Boards. The applicants are requested to respond with information on the recommended action by 21 April 2026.

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify FAF3 Misoprostol 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

3.1.10 FAF3 DoxyPEP

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: Post exposure prophylaxis (PEP) for Syphilis.

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

The ERFC acknowledged evidence from four clinical trials showing an approximate 75% relative risk reduction in syphilis and chlamydia among high-risk populations. It was, therefore, noted that use of DoxyPEP may reduce both disease incidence and longer-term complications of syphilis, including the resource-intensive management of secondary and tertiary stages, as well as pressures on sexual health services.

Use of DoxyPEP is supported by existing national guidelines with the *UK National Guideline for the Use of DoxyPEP for the Prevention of Syphilis* from the British Association for Sexual Health and HIV (BASHH) offering healthcare professionals an evidence-based framework for prescribing DoxyPEP to individuals at increased risk. No significant safety concerns were anticipated for individuals using DoxyPEP who do not have a known contraindication with adverse effects consistent with established uses of doxycycline.

Concerns were raised regarding antimicrobial stewardship, including the potential for antibiotic resistance, appropriate pack sizes, ensuring follow-up, and managing cumulative dosing. Clarifications were provided on practical implementation in NHS Lothian: patients will initially receive packs of 50 tablets, with a maximum of 100 per year, issued only via specific pathways. A GP notification letter will

also be sent upon initiation. It was noted that the NHS Lothian patient information leaflet specifies a 200mg dose as '2x 100mg capsules' which assumes a consistent tablet strength; however, doxycycline is available in different strengths. The ERFC recommend a revision of the patient information leaflet to clarify the wording to account for varying tablet strengths.

Antimicrobial stewardship support for DoxyPEP has been granted by respective teams in both NHS Lothian and NHS Fife. Confirmation of antimicrobial stewardship support within NHS Borders is outstanding.

The ERFC agreed that DoxyPEP is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

Subject to support from Borders antimicrobial management team, the ERFC agreed to classify FAF3 DoxyPEP as Routinely available in line with local or regional guidance. Classified for use under policy for the use of unlicensed medicines. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.1.11 FAF4 Doxylamine succinate and pyridoxine hydrochloride: Xonvea

The ERFC noted and discussed the previously circulated FAF4 submission. No declarations of interest were received. Named CD support received from all three Boards.

Indication: Management of Hyperemesis Gravidarum.

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

The ERFC reviewed the submission, acknowledging that the SMC initially reviewed the medicine in 2019 for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management; however, it was not approved as the submitting company did not present a sufficiently robust clinical or economic analysis to gain acceptance by SMC for use in the treatment of nausea and vomiting of pregnancy (NVP) in women who do not respond to conservative management. .

Xonvea is a delayed-release combination of doxylamine and pyridoxine (vitamin B6) and is the only licensed treatment of NVP in the UK. The Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline, *The Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum,* advises that a combination of different medications should be used in women who do not respond to a single antiemetic. This guidance, along with the NICE NG201 *Antenatal Care* guideline includes a list of medicines, including Xonvea, as first-line options for mild to moderate NVP requiring treatment. Xonvea is additionally noted in the NICE Clinical Knowledge Summaries - 'Management of Nausea and Vomiting in Pregnancy.'

The proposed use of Xonvea differs from the proposed use in the SMC not recommended advice. Proposed use of Xonvea in this submission is restricted to use in women with nausea and vomiting in pregnancy for whom Cyclizine and Prochlorperazine have proven ineffective, and they continue with a PUQE score > 6. The committee discussed and agreed that there is a low risk of patients not being escalated appropriately if the medicine were to be added as a third-line option without additional formulary tagging. The ERFC supported the proposed restricted use after more cost-effective treatments have proven ineffective, i.e. for women not responding to existing formulary options who are at risk of developing Hyperemesis Gravidarum without appropriate and timely intervention. Alternative options used such as Ondansetron or corticosteroids used by secondary care specialists in selected cases have known safety concerns.

The ERFC agreed to classify FAF4 Doxylamine succinate and pyridoxine hydrochloride: Xonvea as Routinely available in line with restricted local or regional guidance. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2 Formulary Amendment Form

3.2.1 Acalabrutinib

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: Chronic lymphocytic leukaemia (CLL)

Application for amendment to include Acalabrutinib tablets due to the discontinuation of Acalabrutinib capsules.

The formulary website has been updated. No further action is required.

3.2.2 Metronidazole and Clindamycin

The ERFC noted and discussed the previously circulated Formulary Amendment form.

Indication: Recurrent bacterial vaginosis (Male partner treatment).

Application for amendment to update formulary wording in the 'Treatment of bacterial vaginosis' pathway, specifically the prescribing note which advises that "treatment of the sexual partner is not necessary". Sexual Health services now advise that partner treatment may occasionally be appropriate for recurrent bacterial vaginosis in women engaged with specialist services and with bacterial vaginosis confirmed by microscopy.

Concerns were raised regarding incomplete application sign-off, lack of regional AMT feedback, and the need for input from a supporting pharmacist and Genitourinary Medicine (GUM) consultants from all three Boards. Additional issues were identified in the supporting protocol, including the inclusion of Dequalinium, which is not on the formulary and is positioned contrary to its SMC restriction (listed first-line instead of after first-line failure).

Relevant feedback will be provided to the applicants with a revised submission expected at a future East Region Formulary Committee.

ACTION: NHS Lothian Admin Team

3.2.3 Riluzole

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

Indication: Motor Neurone Disease – Amyotrophic Lateral Sclerosis.

Application for amendment due to include Riluzole 50mg orodispersible films as a more cost-effective formulation alternative to the liquid formulation.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.4 Aripiprazole

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

Indication: Maintenance of treatment of schizophrenia in adult patients stabilised with aripiprazole once-monthly intramuscular depot injection.

Application for amendment to include long-acting Aripiprazole 960mg/3.2ml prolonged-release suspension for injection pre-filled syringes (2-monthly administration).

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 Sotatercept: Winrevair (SMC2831)
3.4.2 Zuranolone: Zurzuvae (SMC2862)
3.4.3 Donanemab: Kisunla (SMC2871)
3.4.4 Omaveloxolone: Skyclarys (SMC2845)
3.4.5 Zilucoplan: Zilbrysq (SMC2830)
3.4.6 Seladelpar: Livdelzi (SMC2899)
3.4.7 Isatuximab: Sarclisa (SMC2914)
3.4.8 Pembrolizumab: Keytruda (SMC2915)
3.4.9 Sacituzumab govitecan: Trodelvy (SMC2916)

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.5 Abbreviated submissions

3.5.1 Vanzacaftor/tezacaftor/deutivacaftor: Alyftrek (SMC2800)

The ERFC noted the SMC abbreviated submission for Vanzacaftor/tezacaftor/deutivacaftor: Alyftrek (SMC2800).

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 aged 6 years and older who have at least one F508del mutation in the CFTR gene.

The ERFC noted that a submission is in progress for this medicine.

The ERFC agreed to classify Vanzacaftor/tezacaftor/deutivacaftor: Alyftrek (SMC2800) 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 Vorasidenib: Voranigo (SMC2844)

The ERFC agreed to classify item 3.7.1 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

5 Any other competent business

None raised.

6 Date of next meeting

The next ERFC meeting is scheduled for Wednesday 13 May 2026 at 1400 - 1630 hours via MS Teams. NHS Borders will be hosting the meeting.

FAF3s should be submitted by 05 May 2026 (for discussion at the ERWG meeting on 27 May 2026).

FAF1s and FAF2s should be submitted by 21 April 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.