



East Region Formulary Committee

Minutes

Date: 21 January 2026
Time: 2.00pm – 3:50pm
Location: MS Teams

Present:

Alison Casey	Senior Pharmacist - Cancer Services, NHS Fife
Malcolm Clubb	Director of Pharmacy (Co-Chair), NHS Borders
Dr Grace Ding	Consultant Oncologist, NHS Lothian
Dr Joan Egerton	GP, NHS Fife
Dr Tariq Farrah	Consultant – Renal, NHS Lothian
Carol Holmes	Pharmacist – Primary Care, NHS Lothian
Dr Elliot Longworth	GP, NHS Borders
Lesley Macher	Lead Pharmacist – Medicines Governance and Guidance, NHS Lothian
Noreen Mohammed	Senior Practice Pharmacist, NHS Fife
Diane Murray	Formulary Pharmacist, NHS Lothian
Fraser Notman	Senior Pharmacist – Medicines Management, NHS Fife – in the Chair (<i>interim</i>)
Sarah Tait	Lead Advanced Practitioner, NHS Borders

In attendance:

Jessica Carson-Sangster, Project Support Officer - Medicines Advice and Guidance, NHS Lothian
Caitlin Satti, Information Officer, NHS Lothian (minutes)
Mandy Wilson, Cancer Services Pharmacist, NHS Lothian

Apologies:

Farrah Al-Ghita, Senior Pharmacist - Renal, NHS Fife
Jane Browning, Associate Director of Pharmacy, NHS Lothian
Dr David Griffith, Consultant – Microbiologist, NHS Fife
Dr Iain Macintyre, Consultant – Renal (Co-Chair), NHS Lothian
Dr Paul Neary, Consultant – Cardiology, NHS Borders
Dr Jo Rose, GP, NHS Lothian
Dr Monica Szabo, Consultant Oncologist, NHS Lothian

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 – Konstantinos Dabos, NHS Lothian and Ruth Cameron, NHS Fife. On behalf of the ERFC, the Chair thanked Konstantinos and Ruth for their work and contribution to the committee.

1.2 Matters arising

- 1.2.1 ERFC November 2025 Item 3.1.1 FAF1 Ripretinib: Qinlock ([SMC2821](#)) was reviewed at the ERFC November meeting. The ERFC requested further information to clarify what advantage formulary inclusion offers compared to continued access via non-formulary routes.

The applicants confirmed that safeguards are in place to ensure Ripretinib: Qinlock will only be used as a fourth-line treatment option in line with SMC approval. Although the possibility of using non-formulary routes was discussed, it was agreed this would not add value given the small patient numbers and the existing process checks. Action complete.

The ERFC agreed to classify FAF1 Ripretinib: Qinlock (SMC2821) 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

- 1.2.2 ERFC November 2025 Item 3.1.3 FAF1 Trastuzumab Deruxtecan: Enhertu ([SMC2608](#)) was reviewed at the ERFC November meeting. The ERFC requested further information as to how the clinical team intend to manage the increased workload of 6-9 weekly CT scans.

The clinical team confirmed that imaging departments are already aware of and accommodating this increased demand, as they have managed it previously through other access routes. They provided reassurance that this need has been discussed with services and is fully accounted for. Action complete.

- 1.2.3 ERFC November 2025 Item 3.2.4 FAF2 Gadopiclenol: Elucirem was reviewed at the ERFC November meeting. The ERFC requested further evidence in support of the medicine's clinical effectiveness and comparative safety in the form of peer-reviewed clinical trial data.

Upon request, the applicants submitted summaries of four key trials supporting the use of Gadopiclenol: Elucirem. While the case for using Gadopiclenol over alternatives is based largely on theoretical benefit rather than direct comparative evidence, the rationale in support of the use of Gadopiclenol (i.e. reduced lifetime exposure to Gadolinium in younger patients) was considered sound. Extensive safety data was also provided, supporting the proposed use of Gadopiclenol. Action complete.

The ERFC agreed to classify FAF2 Gadopiclenol: Elucirem as Routinely available in line with local guidance. Included on the ERF for Specialist Use Only. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

2 Governance

2.1 East Region Formulary Committee (ERFC) meeting minutes 12 November 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 17 December 2025

The minutes of the ERWG meeting on 17 December 2025 were noted for information.

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

2.3.1 ERF Adult - Diabetes Mellitus Type 2

The committee acknowledged a number of updates within relevant 'Diabetes Mellitus - type 2' pathways.

Oral Semaglutide formulations were updated from old to new strengths, with a link added to the MHRA Drug Safety Update and associated patient risk materials. Dosing information and prescribing notes were also refined. Significant information on modified-release Metformin was moved from prescribing notes into the medicine choices section for better visibility at the point of selecting a formulation, and relevant prescribing notes were repositioned accordingly.

The committee noted that with Dapagliflozin coming off patent, guidance was clarified to state it is the preferred option for most patients. Empagliflozin will remain on the formulary as an alternative where Dapagliflozin is unsuitable or not tolerated. Out-of-date notes were removed due to updated licensing, with advice now directing users to product information and the Edinburgh Renal Unit guidelines.

Additionally, clarification was added to address misinterpretation that all first- and second-line GLP-1 options must be tried before considering Mounjaro. Most patients should start with oral Semaglutide (Rybelsus); if treatment targets are not met, alternative GLP-1s may be considered. -

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 Alectinib: Alecensa ([SMC2749](#))

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 as adjuvant treatment for adult patients with Stage IB (tumours ≥ 4 cm) to IIIA (7th edition of the UICC/AJCC-staging system) anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) following complete tumour resection.

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

Proposed inclusion of Alectinib: Alecensa as first-line adjuvant treatment, replacing cisplatin/pemetrexed chemotherapy. Service impact is deemed favourable as use of oral Alectinib will reduce demand on chemotherapy day-case units, releasing chair time and pharmacy aseptic capacity.

It was noted that the attached protocol relates to first-line treatment for ALK-positive NSCLC, with treatment continuing until disease progression or unacceptable toxicity. The protocol did not reference its use for adjuvant treatment nor specify the two-year maximum duration. Clarification was sought from the applicants who confirmed that the adjuvant indication and maximum treatment duration will be added to the existing protocol.

The ERFC agreed that Alectinib: Alecensa (SMC2749) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify FAF1 Alectinib: Alecensa (SMC2749) 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 Linzagolix: Yselty (SMC2841)

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.

Proposed as third-line medicine choice within the 'Treatment of endometriosis' pathway, following Norethisterone/Medroxyprogesterone as first-line and Dienogest/Triptorelin/Relugolix + Estradiol + Norethisterone acetate (Ryeqo) as second-line treatment options.

The ERFC highlighted a discrepancy between SMC's estimated patient numbers and local projections. Based on Dienogest uptake, local estimates suggest that 30–40 patients per year may realistically receive treatment, whereas the costings assume only 25 patients per year across the entire region. The cost of treatment should be based on 13 packs rather than 12 and suggest that the estimated cost of add back therapy be included.

The ERFC requested further clarity regarding how patient numbers per annum for costings are calculated, and a revision to the finance table. The applicants are requested to respond with information on the recommended action by 24 February 2026.

ACTION: NHS Lothian Admin Team

The committee noted the recommendation in the application that patients undergo a dual X-ray absorptiometry (DXA) scan after 12 months of treatment with Ryeqo to assess any clinically significant reduction in bone mineral density (BMD) and to confirm that continued treatment remains safe. However, the application is for Linzagolix rather than Ryeqo. The SPC for Linzagolix (Yselty) states that patients with risk factors for osteoporosis or bone loss should have a DXA scan before initiating treatment. It further recommends a follow-up DXA scan after one year of treatment for all women, with ongoing monitoring of BMD thereafter. It was noted that Linzagolix should be initiated by a specialist in secondary care and an ongoing prescription can be continued by general practice ensuring the transfer and continuity of care from secondary to primary care. The committee expressed concerns regarding the current extensive waiting lists for DXA scans across the region, and the lack of clarity around responsibility for arranging scans for eligible patients, highlighting potential safety risks if DXA monitoring is not undertaken when required.

The committee discussed the existing formulary options and a previous request for additional clarity on factors considered during treatment selection.

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 demand for DXA scanning. The applicants are requested to respond with information on the recommended action by 24 February 2026.

ACTION: NHS Lothian Admin Team

Subject to clarity on the detailed action points, 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

3.1.3 FAF3 Neomycin

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: Antibiotic prophylaxis in left-sided colonic or rectal resection with planned anastomosis.

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

The ERFc reviewed the submission, noting that the evidence base has grown significantly since the initial submission with additional systematic reviews and meta-analyses showing that Neomycin, typically used with Metronidazole and mechanical bowel preparation, reduces surgical-site infections and postoperative complications. Additionally, an upcoming *MOBILE 2* trial was noted as potentially adding further evidence.

The committee acknowledged the local treatment protocol from NHS Lothian, with influence from NHS Tayside and NHS Highland who use similar oral antibiotic bowel prep including Neomycin. NHS Lothian's antimicrobial specialists confirmed support of the protocol with approval sought from the NHS Lothian Antimicrobial Management Committee. Queries were raised regarding the inclusion of Metronidazole in the local treatment protocol (not currently on the ERF for this indication) and requested assurance that antimicrobial teams had considered the full regimen. They also recommended that the protocol clearly describes bowel preparation steps to avoid omission.

Safety concerns regarding aminoglycosides were also discussed; however, given the minimal systemic absorption and single-day use, risks of ototoxicity and nephrotoxicity were deemed low. The ERFc recommended that protocols should still highlight precautions for patients with pre-existing risk factors.

The ERFc requested local treatment protocol approval across all three Boards, clarifying the role and evidence for Metronidazole within the regimen, and ensuring the protocol includes safety considerations and clear instructions for bowel preparation. Applicants should also confirm that antimicrobial oversight has considered the full combined regimen and update the protocol accordingly. The applicants are requested to respond with information on the recommended action by 24 February 2026.

ACTION: NHS Lothian Admin Team

It was noted that the clinical team estimate that 250 patients were annum will be eligible for treatment with Neomycin, however, costings have only been provided for 80 patients per annum.

The ERFc requested clarity on patient numbers per annum and a revision to the finance table, if required. The applicants are requested to respond with information on the recommended action by 24 February 2026.

ACTION: NHS Lothian Admin Team

Subject to clarity on the detailed action points, the ERFc agreed to classify FAF3 Neomycin 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

3.2 Formulary Amendment Form

3.2.1 Aflibercept

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:

1. Neovascular age-related macular degeneration (nAMD)
2. Diabetic macular oedema
3. Macular oedema secondary to retinal vein occlusion
4. Visual impairment due to choroidal neovascularisation (CNV)

Application for amendment due to the introduction of biosimilar medicine allowing for significant cost-saving across the region.

The committee agreed to add the lowest-cost 2mg Aflibercept biosimilar and remove the original Eylea 2mg brand, recognising the substantial cost savings. Both Aflibercept 2mg and 8mg will remain first-line options, with a note that 2mg is preferred where service capacity allows as some Boards (e.g., NHS Lothian) can now support this. Feedback across the involved clinical teams was incorporated, leading to Ranibizumab and Faricimab being positioned as joint second-line options, with Ranibizumab placed slightly ahead due to lower acquisition cost. Outdated vial presentations have been removed in favour of prefilled syringes, which were confirmed as safer for administration. Brolocizumab has been removed from formulary.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.2 Gobivas: Golimumab

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

Indication: Rheumatoid Arthritis, Psoriatic arthritis (PsA), Axial spondyloarthritis, and Ulcerative Colitis.

Application for amendment due to the introduction of biosimilar medicine allowing for significant cost-saving across the region.

The ERFC reviewed the request to add the Golimumab biosimilar (Gobivas) to the ERF, replacing the originator product, Simponi, within the relevant treatment pathways for rheumatoid arthritis, psoriatic arthritis, and axial spondyloarthritis, and to reintroduce the Golimumab biosimilar to the formulary for the treatment of ulcerative colitis. Committee members agreed, in principle, that adding the biosimilar would enable cost-effective switching of established patients and deliver substantial savings, but emphasised that multiple biologic biosimilars now exist across rheumatology and gastroenterology, making pathway alignment more complex. Concerns were raised about maintaining clarity of treatment order, ensuring clinical effectiveness is prioritised over cost alone. The committee agreed that clinicians must lead this work and confirm a clear prioritisation order for new initiations, while Golimumab (Gobivas) could be added under formulary decisions to facilitate switching of existing patients.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.3 Tocilizumab: Avtozma

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

Indication: Rheumatoid arthritis and Giant cell arthritis.

Application for amendment due to the introduction of biosimilar medicine allowing for significant cost-saving across the region.

The ERFC acknowledged the request to include the Avtozma as the Tocilizumab biosimilar of choice; however, access to RoActerna (originator Tocilizumab) and Tylene will still be available for patients unable to tolerate the biosimilar. The committee noted that the request currently covers adult indications only, but the product is licensed for use for paediatric indications currently on formulary. The ERFC request information on plans for use in paediatrics. The committee agreed that approval should be contingent on all three Boards, , confirming willingness to switch and endorsing the principle that the lowest-cost licensed biosimilar becomes the default single option, with alternatives accessible only for instances of intolerance.

The committee agreed that with input and approval from all relevant clinical teams across the East Region, approval from the ERFC Chair's out with the committee is sufficient and amendments to the formulary will be carried out in due course to minimise delay and optimise cost-saving opportunities.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.4 Denosumab: Teva

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

Indication: Post-menopausal osteoporosis.

Application for amendment due to the introduction of biosimilar medicine allowing for significant cost-saving across the region.

The ERFC acknowledged that the majority of NHS Scotland prescribing of Denosumab for post-menopausal osteoporosis is undertaken in primary care. NHS Scotland's national procurement service is currently undertaking further information gathering to determine primary care availability of the Denosumab biosimilars to support Boards in decision-making on a preferred biosimilar brand taking into consideration local prescribing pathways and the different pricing agreements in primary versus secondary care.

The ERFC agreed to await further information before proceeding with relevant updates to the ERF.

ACTION: Diane Murray, Formulary Pharmacist, NHS Lothian

3.3 Ultra Orphan Medicines Initial Assessment

Leniolisib: Joenja ([SMC2836](#)) – *for noting*.

3.4 SMC not recommended advice

The ERFC noted the SMC not recommended advice for information.

3.4.1 Trastuzumab deruxtecan: Enhertu ([SMC2888](#))

- 3.4.2 Iptacopan: Fabhalta ([SMC2889](#))
- 3.4.3 Clascoterone cream: Winlevi ([SMC2894](#))
- 3.4.4 Daratumumab: Darzalex ([SMC2895](#))
- 3.4.5 Dupilumab: Dupixent ([SMC2896](#))
- 3.4.6 Pirtobrutinib: Jaypirca ([SMC2897](#))
- 3.4.7 Serplulimab: Hetronifly ([SMC2840](#))

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.5 Abbreviated submissions

3.5.1 Progesterone: Prometrium ([SMC2869](#))

The ERFC noted the SMC abbreviated submission for Progesterone: Prometrium (SMC2869).

Indication: The prevention of miscarriage in women presenting with bleeding in the first trimester of pregnancy and have a history of recurrent miscarriages.

The ERFC agreed to classify Progesterone: Prometrium (SMC2869) as Not Routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.5.2 Ciclosporin: Vevizye ([SMC2873](#))

The ERFC noted the SMC abbreviated submission for Ciclosporin: Vevizye (SMC2873).

Indication: Treatment of moderate to severe dry eye disease (keratoconjunctivitis sicca) in adult patients, which has not improved despite treatment with tear substitutes.

The ERFC agreed to classify Ciclosporin: Vevizye (SMC2873) 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 Givinostat: Duvyzat ([SMC2856](#))
- 3.7.2 Delgocitinib: Anzupgo ([SMC2817](#))
- 3.7.3 Amivantamab: Rybrevant ([SMC2878](#))
- 3.7.4 Zolbetuximab: Vyloy ([SMC2839](#))
- 3.7.5 Exagamglogene autotemcel: Casgevy ([SMC2852](#))
- 3.7.6 Marstacimab: Hympavzi ([SMC2759](#))
- 3.7.7 Nivolumab: Opdivo ([SMC2820](#))
- 3.7.8 Maralixibat: Livmarli ([SMC2806](#))

The ERFC agreed to classify items 3.7.1, 3.7.2, 3.7.3, 3.7.4, 3.7.5, 3.7.6, 3.7.7, and 3.7.8 as Not Routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.8 National Cancer Medicines Advisory Group

None noted.

4 Board specific information

4.1 NHS Borders

None raised.

4.2 NHS Fife

None raised.

4.3 NHS Lothian

The ERFC acknowledged the Medicine Supply Alert Notice for Co-codamol 30mg/500mg tablets will be in limited supply from early February until early June 2026 ([MSAN Co-codamol 30mg/500mg tablets](#)).

No imminent changes to the East Region Formulary will be made in response; however, a link to the MSAN will be included in the Adult 'Acute pain (mild to moderate) – treatment with medium potency opioids' and 'Chronic pain (mild to moderate) – treatment with medium potency opioids' pathways.

ACTION: Diane Murray, Formulary Pharmacist, NHS Lothian

5 Any other competent business

None raised.

6 Date of next meeting

The next ERFC meeting is scheduled for Wednesday 18 March 2026 at 1400 - 1630 hours via MS Teams. NHS Fife will be hosting the meeting.

FAF3s should be submitted by 27 January 2026 (for discussion at the ERWG meeting on 11 February 2026).

FAF1s and FAF2s should be submitted by 24 February 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.