East Region Formulary

East Region Formulary Committee
Minutes

Date: 24 June 2026
Time: 2.00pm – 3:45pm
Location: MS Teams

Present:

Farrah Al-Ghita	Senior Pharmacist - Renal, NHS Fife
Mona Boriceanu	Advanced Nurse Practitioner, NHS Fife
Malcolm Clubb	Director of Pharmacy (Co-Chair), NHS Borders – in the Chair
Dr Tariq Farrah	Consultant – Renal, NHS Lothian
Dr David Griffith	Consultant – Microbiologist, NHS Fife
Carol Holmes	Pharmacist – Primary Care, NHS Lothian
Lesley Macher	Lead Pharmacist – Medicines Governance and Guidance, NHS Lothian
Dr Iain Macintyre	Consultant – Renal (Co-Chair), NHS Lothian
Joanne Miskelly	Formulary Support Pharmacist, NHS Lothian
Noreen Mohammed	Senior Practice Pharmacist, NHS Fife
Diane Murray	Formulary Pharmacist, NHS Lothian
Fraser Notman	Senior Pharmacist – Medicines Management, NHS Fife
Dr Jo Rose	GP, NHS Lothian
Claire Stoddart	Lead Formulary Pharmacy Technician, NHS Lothian
Dr Monica Szabo	Consultant Oncologist, NHS Lothian
Mandy Wilson	Advanced Cancer Care Pharmacist - Medicines Governance, NHS Lothian

In attendance:
Andrew Melvin – Pharmacist, Sexual and Reproductive Health Services, NHS Lothian
Caitlin Satti, Information Officer, NHS Lothian (minutes)

Apologies:
Jane Browning, Associate Director of Pharmacy, NHS Lothian
Alison Casey, Senior Pharmacist - Cancer Services, NHS Fife
Dr Grace Ding, Consultant Oncologist, NHS Lothian
Dr Joan Egerton, GP, NHS Fife
Dr Alice Klauser, Consultant Haematologist and Head of Laboratory Haematology, NHS Lothian
Dr Elliot Longworth, GP, NHS Borders
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 Joanne Miskelly, Formulary Support Pharmacist, NHS Lothian.
- Leaving – The Chair acknowledged Paul's longstanding membership of the East Region Formulary Committee since its inception in 2021. On behalf of the ERFC, the Chair thanked Paul for his work and contribution to the committee over the years.

1.2 Matters arising

1.2.1 ERFC March 2026 Item 3.1.10 FAF3 DoxyPEP was reviewed at the ERFC March meeting. The ERFC requested confirmation of antimicrobial stewardship support within NHS Borders which has now been received. Action complete.

1.2.2 ERFC May 2026 Item 3.1.9 FAF1 Maralixibat: Livmarli (SMC2806) was reviewed at the ERFC May meeting. The ERFC requested further clarity as to how patient number data is extrapolated. Maralixabat patient estimates were clarified as being based on patients in East Region who meet eligibility criteria, aligning with SMC budget impact predictions. Action complete.

1.2.3 ERFC May 2026 Item 3.1.15 FAF3 Minoxidil was reviewed at the ERFC May meeting. The ERFC advised rephrasing the wording of the patient selection criteria to omit references to topical minoxidil. The ERFC suggested that the indication in the application should be revised to clearly specify eligible conditions within existing NHS dermatology pathways. The committee additionally 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.

A revised application was submitted clarifying eligible conditions (e.g. adolescent and adult patients under the care of a consultant dermatologist with moderate to severe hair loss secondary to: alopecia areata, female/male pattern hair loss with concomitant scarring inflammatory alopecia, diffuse non-scarring hair loss with significant anxiety/depression related to their hair loss (DLQI or PHQ9 >10), and ensuring alignment with current regional dermatology pathways. The revised application confirms that routine baseline cardiology monitoring is not planned; instead, patients will be advised to self-report symptoms such as oedema, tachycardia, palpitations, and excess hair growth. Treatment initiation will take place in secondary care under the supervision of a consultant dermatologist, with dose adjustments guided by patient-reported side effects (e.g. palpitations, dizziness, headache, hypertrichosis) and clinical response. Before transfer to primary care, patients must have been stable on an effective dose of oral minoxidil for at least six months without experiencing side effects.

The ERFC agreed to classify FAF3 Minoxidil 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

1.2.4 ERFC May 2026 Item 3.5.1 Abbreviated submission Acalabrutinib: Calquence (SMC2893) was not discussed at the ERFC May meeting as further information was required.

The committee reviewed the proposed use of Acalabrutinib in combination with Venetoclax with or without Obinutuzumab for previously untreated chronic lymphocytic leukaemia (CLL), noting an estimated 11 eligible patients per annum. The regimen is less costly than the current comparator (Venetoclax and Ibrutinib) and offers a fixed treatment duration, potentially reducing service burden. Although it incurs higher costs than Zanubrutinib, it may expand treatment eligibility and remains broadly cost neutral, with possible service capacity benefits.

The ERFC agreed that Acalabrutinib: Calquence (SMC2893) is appropriate for inclusion in the Formulary Decision section of the ERF, with Specialist Use Only formulary flagging.

The ERFC agreed to classify Acalabrutinib: Calquence (SMC2893) 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

2 Governance

2.1 East Region Formulary Committee (ERFC) meeting minutes 13 May 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 27 May 2026

The ERFC received a verbal update from the East Region Working Group meeting on May 27th.

It was noted that there is ongoing feedback to a FAF3 application for Soothe Night Time lubricating eye drops.

The new SIGN155 'Pharmacological management of migraine' guideline introduces only minor changes compared with the current formulary, with overall formulary alignment remaining strong. Key differences include an increased maximum dose of Amitriptyline and revised guidance on Topiramate doses.

The guideline also includes Sodium Valproate as a migraine prophylaxis option for patients over 55. However, concerns were raised about both Valproate and Topiramate in light of recent MHRA safety guidance.

Further input will be sought from the relevant Chapter Expert Working Group, outlining the identified differences and seeking advice on whether formulary updates should be considered.

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

3 New Medicines

3.1 Formulary Application Forms (FAF)

3.1.1 FAF1 Dupilumab: Dupixent (SMC2851)

The ERFC noted and discussed the previously circulated FAF1 submission. No declarations of interest were received. Named CD support received from NHS Lothian and NHS Borders.

Indication: As an add-on therapy with intranasal corticosteroids for the treatment of adults with severe chronic rhinosinusitis with nasal polyps for whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control.

SMC restriction: Patients who have had one or more prior surgery for chronic rhinosinusitis with nasal polyps and have a SNOT-22 score of 50 or higher.

The ERFC reviewed the submission.

It was noted that local prescribing guidance is currently under development, but it will be consistent with SMC recommendations and will reflect the national guidance document. Committee members raised concerns that several key aspects of service delivery remain unclear. These include consistent patient selection beyond the high-level SMC criteria; treatment monitoring and assessment of treatment response; responsibility for ongoing care and ongoing review processes, including discontinuation at 24 weeks in patients without clinical benefit; have not yet been incorporated into a clearly defined guideline. Practical arrangements for service delivery including clinic capacity, Homecare provision, prescribing responsibilities, and monitoring pathways have also not yet been agreed across the East region.

The ERFC noted that the medicines are ongoing therapies and finance predictions have been provided for one year only. Therefore, the committee recommend that exponential growth year on year is advised to budget holders in all Boards to support future financial planning.

The ERFC requested submission of the draft prescribing guidance to ensure the queries raised have been addressed. The applicants are requested to respond with information on the recommended actions by 11 August 2026 (or a future paper deadline, see East Region Formulary for dates).

ACTION: NHS Lothian Admin Team

It was additionally noted that the Clinical Director sign-off for NHS Fife is incorrect as the individual listed does not have budgetary oversight.

The ERFC requests a revised application with corrected NHS Fife Clinical Director support to ensure awareness of budgetary implications. The applicants are requested to respond with information on the recommended actions by 11 August 2026 (or a future paper deadline, see East Region Formulary for dates).

ACTION: NHS Lothian Admin Team

Post-meeting note: Biosimilars are available for Omalizumab, therefore, it is considered out of SMC remit and as such, the ERFC would welcome a FAF2 submission for this indication. The SMC have advised they will be reviewing a submission for Tezepelumab for this indication in August 2026.

Considering further information available post-meeting, the ERFC Chair agreed to classify FAF1 Dupilumab: Dupixent (SMC2851) as Not Routinely available as local implementation plans are being developed or the ERFC is waiting for further advice from local clinical experts. The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.1.2 FAF1 Durvalumab with Tremelimumab: Imfinzi + Imjudo (SMC2857)

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 Tremelimumab for the first-line treatment of adults with advanced or unresectable hepatocellular carcinoma (HCC).

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

The ERFC reviewed the proposed inclusion of Durvalumab with Tremelimumab: Imfinzi + Imjudo, noting that Durvalumab + Tremelimumab will partially replace existing therapies. Atezolizumab and Bevacizumab will remain the preferred first-line option for suitable patients, whilst Durvalumab + Tremelimumab will offer a suitable option for patients who have precautions or contraindications to Atezolizumab + Bevacizumab (e.g. uncontrolled hypertension, CHF, clotting or haemorrhage risk). For those who have contraindications or decline intravenous therapy in favour of oral therapy, Lenvatinib is an alternative first-line treatment.

The ERFC agreed to classify FAF1 Durvalumab with tremilimumab: Imfinzi + Imjudo (SMC2857) 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 Nivolumab with ipilimumab: Opdivo + Yervoy (SMC2820)

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 ipilimumab for the treatment of adult patients with mismatch repair deficient or microsatellite instability-high colorectal cancer in the following setting: first-line treatment of unresectable or metastatic colorectal cancer.

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

The ERFC reviewed the submission, noting the proposed inclusion of Nivolumab with Ipilimumab will replace Pembrolizumab as the predominant first-line treatment option for the treatment of dMMR or MSI-H unresectable or metastatic colorectal cancer. Pembrolizumab will remain a first-line option for patients who are unfit for doublet immunotherapy.

Switching from Pembrolizumab to Nivolumab plus Ipilimumab is expected to have minimal overall service impact, with the impact on clinical pharmacy workload is anticipated to be minimal with a small increase in aseptic preparation.

The ERFC agreed to classify FAF1 Nivolumab with ipilimumab: Opdivo + Yervoy (SMC2820) 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 Osimertinib: Tagrisso (SMC2815)

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 locally advanced, unresectable (stage III) non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations and whose disease has not progressed during or following platinum-based chemoradiation therapy.

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

The ERFC reviewed the submission, acknowledging that Osimertinib will be an additional medicine available for patients with the EGFR exon 19 deletions or exon 21 (L858R) substitution mutations. It was noted that patients receiving treatment will require an additional 1–2 CT scans per year compared with previous schedules - this potential increase in imaging demand has been discussed with the lung cancer service. In addition, Osimertinib is suitable for Homecare delivery, with NHS Lothian currently progressing plans to implement.

The ERFC agreed to classify FAF1 Osimertinib: Tagrisso (SMC2815) 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 Pembrolizumab: Keytruda (SMC2829)

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 chemoradiotherapy (external beam radiation therapy followed by brachytherapy), for the treatment of FIGO 2014 Stage III - IVA locally advanced cervical cancer in adults who have not received prior definitive therapy.

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

The ERFC reviewed the submission. It was noted that following SMC approval, the subcutaneous formulation of Pembrolizumab has been licensed for the proposed indication. Additionally, the subcutaneous formulation has the potential to improve service capacity by reducing administration and chair time.

The ERFC agreed to classify FAF1 Pembrolizumab: Keytruda (SMC2829) 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 Rucaparib: Rubraca (SMC2799)

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 maintenance treatment of adult patients with advanced (FIGO Stages III and IV) high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

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

The ERFC reviewed the submission, with Rucaparib proposed for use as first-line maintenance PARP inhibitor for patients who are BRCA negative, replacing Niraparib for this patient group. Rucaparib has been approved for use in all patients, regardless of BRCA mutation, as a maintenance treatment after completion of first line platinum-based chemotherapy. Olaparib will remain the first-choice medicine option for those who are BRCA mutation positive; Rucaparib will be second line option for patients in the BRCA positive group if they do not tolerate their first line treatment option. The Clinical Management Guideline is currently being updated to reflect this change.

The Homecare team has confirmed that Rucaparib will also be available via this service.

Additionally, the committee recognised that Rucaparib is associated with a consistent reduction in workload and resource use across pharmacy, prescribers, and wider healthcare services, while also reducing patient monitoring needs.

The ERFC agreed to classify FAF1 Rucaparib: Rubraca (SMC2799) 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 FAF2 Bevacizumab (Vegzelma) NCMAG123

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 3.1.8 FAF2 Bevacizumab (Vegzelma) NCMAG124.

Indication: In combination with fluoropyrimidine-based chemotherapy for the first line treatment of adult patients with metastatic carcinoma of the colon or rectum. On-label use and off-patent medicine.

The committee reviewed the submission, noting the proposed inclusion of Bevacizumab: Vegzelma as first-line treatment for patients with incurable, metastatic colorectal cancer who have a RAS mutated cancer and, therefore, are not suitable for treatment with EGFRi antibody therapy, or for whom an EGFR monoclonal antibody is contra-indicated.

It was noted that Bevacizumab is expected to have a significant service impact due to the additional intravenous infusion resulting in increased chair and pharmacy time. It also introduces additional monitoring requirements during clinic visits, including urine dipstick testing, blood pressure monitoring and side effect management. However, the ERFC was reassured that Bevacizumab is already routinely used in clinical practice, meaning teams are familiar with its administration and monitoring requirements. The consultant colorectal team has considered the service implications and will update the associated Clinical Management Guideline accordingly.

The ERFC agreed to classify FAF2 Bevacizumab (Vegzelma) NCMAG123 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 Bevacizumab (Vegzelma) NCMAG124

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 3.1.7 FAF1 FAF2 Bevacizumab (Vegzelma) NCMAG123.

Indication: In combination with fluoropyrimidine-based chemotherapy for the second-line treatment of adult patients with metastatic carcinoma of the colon or rectum. On-label use and off-patent medicine.

The ERFC reviewed the submission, noting the proposed inclusion of Bevacizumab: Vegzelma for patients with incurable, metastatic colorectal cancer who have an RAS wild-type cancer and, therefore, are suitable for treatment with EGFRi antibody therapy and will not have had Bevacizumab as first line treatment. This patient cohort is expected to reduce over time following the approval of Bevacizumab as a first-line treatment option.

The ERFC agreed to classify FAF2 Bevacizumab (Vegzelma) NCMAG124 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

3.1.9 FAF2 Gadopiclenol (Elucirem)

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: Indicated for MRI imaging examinations requiring contrast enhancement. Restricted to use in patients who are expected to undergo repeat contrast enhanced MRI from under the age of 40 (e.g. annual scans over multiple years), where cumulative gadolinium-based contrast exposure is a consideration (e.g. high-risk breast cancer surveillance, cancer predisposition syndromes).

The ERFC reviewed the submission, noting that Elucirem is expected to replace Dotarem (Gadoteric Acid) as the preferred MRI contrast agent for carefully selected enhanced MRI imaging examinations.

The committee discussed and agreed that renal safety requires clearer definition within the application, given the known risks associated with gadolinium-based contrast agents. Patients with severe renal impairment or acute kidney injury remain at increased risk of adverse outcomes and contrast use is typically avoided or strictly limited in these groups. The application should explicitly confirm inclusion/exclusion criteria (e.g. avoidance in severe renal impairment and alignment with existing Gadolinium Based Contrast Agent (GBCA) precautions) and demonstrate adherence to standard contrast safety practices such as renal screening, use of the lowest effective dose, and appropriate clinical oversight.

The ERFC requested the submission of a revised application to include explicit renal inclusion/exclusion criteria (e.g. avoidance in severe renal impairment and acute kidney injury), confirm mandatory pre-scan renal function assessment, and clarify that Gadopiclenol will follow existing GBCA safety guidance. The applicants are requested to respond with information on the recommended actions by 11 August 2026 (or a future paper deadline, see East Region Formulary for dates).

ACTION: NHS Lothian Admin Team

The committee noted that the costings appear to have been presented incorrectly, with financial details provided for the replaced therapy rather than the proposed therapy.

The ERFC requested the submission of a revised application with the costings corrected. The applicants are requested to respond with information on the recommended actions by 11 August 2026 (or a future paper deadline, see East Region Formulary for dates).

ACTION: NHS Lothian Admin Team

Committee members noted that the Clinical Director sign-off across the region is incorrect as the individuals listed do not have budgetary oversight. It was additionally noted that formulary flagging is incorrect as the application currently lists “no flags”. The ERFC suggested ‘Specialist Use Only’ formulary flagging, with Gadopiclenol exclusively used within Radiology settings.

The ERFC requests a revised application with corrected Clinical Director support to ensure awareness of budgetary implications, as well as corrected formulary flagging. The applicants are requested to respond with information on the recommended actions by 11 August 2026 (or a future paper deadline, see East Region Formulary for dates).

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify FAF2 Gadopiclenol (Elucirem) 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 Dexmedetomidine

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: Adjunct in regional blocks. Added to Local anaesthetic options perineurally to prolong the duration and improve the quality of regional blocks.

The ERFC reviewed the submission which proposes off-label perineural use of Dexmedetomidine as an adjunct to local anaesthetics in regional blocks, administered by anaesthetists in secondary care.

Evidence provided supports improved block duration, analgesia, and reduced opioid use, and the committee acknowledged this aligns with evolving clinical practice.

However, despite clinical support in principle, committee members expressed significant concerns regarding the lack of governance detail within the submission. This included the absence of a local treatment protocol, guideline (local or national), or defined treatment pathway; limited clarity on how Dexmedetomidine would be used alongside other adjuncts (e.g. Dexamethasone); and insufficient information on patient selection, contraindications, risk assessment, and safety monitoring. The submission states that no local protocol or implementation plan is required because Dexmedetomidine would be administered by specialist anaesthetists. However, the committee strongly disagreed, emphasising that specialist use does not negate the need for documented governance and standardised practice, particularly where multiple adjunctive agents may be used, and patient-specific risks require consistent assessment.

The ERFC requested the submission of peer approved guidance for use of regional nerve blocks outlining which drug regimens may be considered for procedures; with defined risk assessment criteria, including contraindications and patient-specific safety considerations; as well as details on agreed dosing standards and limits, and how these will be applied in practice. Additionally, the guidance should include information regarding monitoring and safety arrangements, for known adverse effects. If practice is to mix local anaesthetic with adjuncts prior to administration, the ERFC recommend including compatibility information in the guidance. The applicants are requested to respond with information on the recommended actions by 11 August 2026 (or a future paper deadline, see East Region Formulary for dates).

ACTION: NHS Lothian Admin Team

The ERFC agreed to classify FAF3 Dexmedetomidine 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 Nivolumab

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:

- {Cabozatinib} In combination with nivolumab for first-line treatment of advanced renal cell carcinoma (SMC2386)
- As monotherapy, for the treatment of squamous cell cancer of the head and neck (SCCHN) in adults progressing on or after platinum-based therapy. SMC restriction: treatment with nivolumab is subject to a two-year clinical stopping rule (SMC1261/17).
- As monotherapy for the treatment of advanced renal cell carcinoma after prior therapy in adults. (SMC1188/16)
- In combination with ipilimumab for the treatment of advanced (unresectable or metastatic) melanoma in adults. SMC restriction: for the first-line treatment of advanced melanoma (SMC1187/16).
- As monotherapy for the adjuvant treatment of adults with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection (SMC2112).
- In combination with fluoropyrimidine and platinum-based combination chemotherapy for the first-line treatment of adult patients with unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma (OSCC) with tumour cell programmed death ligand 1 (PD-L1) expression ≥1% (SMC2519).

- As monotherapy for the treatment of adult patients with unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma after prior fluoropyrimidine- and platinum-based combination chemotherapy (SMC2362).

Application for amendment to switch to subcutaneous formulation following license in above named indications (i.e. for each of the above ERF Routinely available indications for Nivolumab, the formulations listed will be both 'Concentrate for solution for infusion' and 'solution for injection'). This change is expected to deliver significant capacity savings by reducing nursing chair time and pharmacy aseptic preparation requirements, while also enhancing the overall patient experience.

Post-meeting note: Further indications include:

- In combination with fluoropyrimidine- and platinum-based combination chemotherapy for the first-line treatment of adult patients with HER2-negative advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma whose tumours express PD-L1 with a combined positive score (CPS) ≥5 (SMC2458).
- As monotherapy for the adjuvant treatment of adults with muscle invasive urothelial carcinoma (MIUC) with tumour cell PD-L1 expression ≥1%, who are at high risk of recurrence after undergoing radical resection on MIUC (SMC2503).
- In combination with platinum-based chemotherapy for the neoadjuvant treatment of resectable (tumours ≥4 cm or node positive) non-small cell lung cancer in adults (SMC2619).
- Treatment of locally advanced or metastatic squamous non-small cell lung cancer (NSCLC) after prior chemotherapy in adults (SMC1144/16).
- Treatment of locally advanced or metastatic non-squamous non-small cell lung cancer (NSCLC) after prior chemotherapy in adults. SMC restriction: treatment with nivolumab is subject to a two-year clinical stopping rule (SMC1180/16).
- In combination with ipilimumab for the treatment of adult patients with mismatch repair deficient (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer after prior fluoropyrimidine-based combination chemotherapy (SMC2394).

For the above indications, solution for injection will be added as an option as the clinical team does not intend to transition immediately, allowing both concentrate for solution for infusion and solution for injection to remain available in the event of supply issues or clinical need.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.2 Pembrolizumab

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:

- In combination with lenvatinib, for the treatment of advanced or recurrent endometrial carcinoma in adults who have disease progression on or following prior treatment with a platinum-containing therapy in any setting and who are not candidates for curative surgery or radiation (SMC2474).
- As monotherapy for the adjuvant treatment of adults with renal cell carcinoma (RCC) at increased risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions (SMC2479).
- In combination with chemotherapy, with or without bevacizumab, for the treatment of persistent, recurrent, or metastatic cervical cancer in adults whose tumours express programmed death ligand 1 (PD-L1) with a combined positive score (CPS)≥1. SMC restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule (SMC2501).
- As monotherapy for the adjuvant treatment of adults and adolescents aged 12 years and older with Stage IIB or IIC melanoma and who have undergone complete resection (SMC2526).

- In combination with chemotherapy as neoadjuvant treatment, and then continued as monotherapy as adjuvant treatment after surgery, for the treatment of adults with locally advanced, or early-stage triple-negative breast cancer (TNBC) at high risk of recurrence (SMC2538).
- In combination with fluoropyrimidine and platinum-containing chemotherapy, for the first-line treatment of locally advanced unresectable or metastatic human epidermal growth factor 2 (HER2)-negative gastric or gastro-oesophageal junction adenocarcinoma in adults whose tumours express programmed death-ligand 1 (PD-L1) with a combined positive score (CPS) ≥ 1 (SMC2660).
- As monotherapy for the adjuvant treatment of adults with non-small cell lung carcinoma who are at high risk of recurrence following complete resection and platinum-based chemotherapy. SMC restriction: adults whose tumours express programmed death-ligand 1 (PD-L1) with less than 50% (0 to 49%) tumour proportion score (TPS) (SMC2689).
- In combination with carboplatin and paclitaxel, for the first-line treatment of primary advanced or recurrent endometrial carcinoma in adults (SMC2767).
- As monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adults. This submission relates to use in adults previously untreated with ipilimumab (SMC1086/15).
- As monotherapy for the first-line treatment of metastatic non-small cell lung carcinoma (NSCLC) in adults whose tumours express programmed death ligand 1 (PD-L1) with a ≥50% tumour proportion score (TPS) with no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) positive tumour mutations (SMC1239/17).
- As monotherapy for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy (SMC1291/18).
- As monotherapy for the adjuvant treatment of adults with stage III melanoma and lymph node involvement who have undergone complete resection (SMC2144).
- In combination with carboplatin and either paclitaxel or nab-paclitaxel, is indicated for the first-line treatment of metastatic squamous NSCLC in adult (SMC2187).
- In combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of metastatic non-squamous NSCLC in adults whose tumours have no EGFR or ALK positive mutations (SMC2207).
- In combination with axitinib, is indicated for the first-line treatment of advanced renal cell carcinoma (RCC) in adults (SMC2247).
- As monotherapy or in combination with platinum and 5-fluorouracil (5-FU) chemotherapy, is indicated for the first-line treatment of metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a CPS ≥ 1 (SMC2257).
- As monotherapy for the first-line treatment of metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer in adults. SMC restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule (SMC2375).
- In combination with platinum and fluoropyrimidine based chemotherapy, for the first-line treatment of patients with locally advanced unresectable or metastatic carcinoma of the oesophagus or HER-2 negative gastroesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a CPS≥10 (SMC2420).

Application for amendment to switch to subcutaneous formulation following license in above named indications (i.e. for each of the above ERF Routinely available indications for Nivolumab, the formulations listed will be both 'Concentrate for solution for infusion' and 'solution for injection'). This change is expected to deliver significant capacity savings by reducing nursing chair time and pharmacy aseptic preparation requirements, while also enhancing the overall patient experience.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.3 Selpercatinib

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

Indication:

- Monotherapy for the treatment of adults with advanced rearranged during transfection (RET) fusion-positive non-small cell lung cancer (NSCLC) not previously treated with a RET inhibitor. SMC restriction: for use in treatment-naïve patients who have not previously received a RET-inhibitor or any other systemic treatments for their advanced stage of disease (SMC2573).
- As monotherapy for the treatment of adults and adolescents 12 years and older with advanced rearranged during transfection (RET)-mutant medullary thyroid cancer (MTC). SMC restriction: patients who require systemic therapy and have not previously received systemic therapy (SMC2732).
- 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 (SMC2370).

Application for amendment to include tablet formulation in place of the discontinued Selpercatinib capsules.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.4 Latanoprost 50micrograms/ml eye drops preservative free

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

Indication: High eye pressures and/or glaucoma who cannot use unit dose preparations due to difficulty with application and need preservative free option to protect ocular surface or has an allergy to preservatives in eye drops.

Application for amendment to include a preservative-free multidose formulation of the drug as the formulary currently includes only a preservative-free unit-dose preparation. The rationale for inclusion on the ERF is based on individual patient factors, including the ability to self-administer eye drops and the presence of any allergy or sensitivity to preservatives in ophthalmic preparations.

It is proposed that both preservative-free unit-dose and preservative-free multidose formulations remain available on the formulary to support individualised patient care and optimise treatment choice.

The formulary website will be updated.

ACTION: NHS Lothian Admin Team

3.2.5 Menotrophin 900unit powder and solvent for solution for injection pre-filled syringes

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

Indication: Infertility.

Application for amendment to include the 900IU multidose injection as it offers greater convenience for patients and simplifies dose 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 Nemolizumab: Nemluvio (SMC2832)
3.4.2 Brentuximab: Adcetris (SMC2925)
3.4.3 Gefapixant: Lyfnua (SMC2926)
3.4.4 Peginterferon alfa-2a: Pegasys (SMC2936)
3.4.5 Peginterferon alfa-2a: Pegasys (SMC2937)
3.4.6 Ataluren: Translarna **UMAR** (SMC2827)
3.4.7 Darolutamide: Nubeqa (SMC2940)
3.4.8 Nintedanib: Ofev (SMC2941)
3.4.9 Niraparib / abiraterone: Akeega (SMC2942)
3.4.10 Tafasitamab: Minjuvi (SMC2943)

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 Amivantamab: Rybrevant (SMC2834)
3.7.2 Enfortumab vedotin: Padcev (SMC2842)
3.7.3 Budesonide: Kinpeygo (SMC2814)
3.7.4 Durvalumab: Imfinzi (SMC2818)
3.7.5 Sparsentan: Filspari (SMC2847)
3.7.6 Capsaicin: Qutenza (SMC2861)
3.7.7 Talquetamab: Talvey (SMC2863)
3.7.8 Semaglutide: Wegovy (SMC2872)
3.7.9 Odevixibat: Bylvay (SMC2843)

The ERFC agreed to classify item 3.7.1, 3.7.2, 3.7.3, 3.7.4, 3.7.5, 3.7.6, 3.7.7, 3.7.8 and 3.7.9 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 None.

3.9 Scottish Medicines Consortium
3.9.1 None.

4 Board specific information

4.1 NHS Borders

None raised.

4.2 NHS Fife

None raised.

4.3 NHS Lothian

None raised.

5 Any other competent business

None raised.

6 Date of next meeting

The next ERFC meeting is scheduled for Wednesday 2nd September 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 11 August 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.