East Region Formulary

East Region Formulary Committee
Minutes

Date: 30 March 2022
Time: 2pm – 4:48pm
Location: MS Teams

Present:

Ruth Cameron	Advanced Clinical Nurse Specialist – Urology, NHS Fife
Dr Maria Corretge	Consultant Geriatrician, NHS Lothian
Nicole Cromar	Pharmacist – Neurology, NHS Lothian
Steven Fenton	Project Manager, ERF Project Team
Dr Sarah Hailwood	Consultant – Rheumatologist, NHS Fife
Dr Peter Hall	Consultant – Oncology, NHS Lothian
Dr Nicola Henderson	GP, NHS Borders
Liz Leitch	Formulary Pharmacist, NHS Borders
Kirsty MacFarlane	Regional Formulary Pharmacist, ERF Project Team
Diane Murray	Formulary Pharmacist, NHS Lothian
Fraser Notman	Formulary Pharmacist, NHS Fife
Dr Jo Rose	GP, NHS Lothian
Dr Andrew Watson	Consultant – Psychiatry (Co-chair), NHS Lothian – in the Chair

Apologies:

Dr Jane Goddard	Consultant – Renal, NHS Lothian
Gillian Donaldson	Nurse – Cardiology, NHS Borders
Fiona Grant	Physiotherapist, NHS Borders
Dr David Griffith	Consultant – Microbiologist (Co-chair), NHS Fife
Carol Holmes	Pharmacist – Primary care, NHS Lothian
Dr Linda McGourty	GP, NHS Fife
Angela Sinclair	Senior Pharmacist, NHS Fife
Dr Lucy Wall	Consultant – Oncology, NHS Lothian
Alison Wilson	Director of Pharmacy (Co-chair), NHS Borders
Euan Reid	Lead Pharmacist, NHS Fife
Jane Browning	Lead Pharmacist, ERF Project Team
Dr Emma Christmas	GP, NHS Fife

In attendance:

Eileen Nicol	Cancer Care Pharmacist, NHS Borders
Dr Tze-en Ding	Specialist Registrar, Oncology, NHS Lothian

1 Project update

1.1 Welcome and Apologies

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

Declarations of interest

ERFC members were reminded to return their Declaration of Interest (DOI) forms. DOI forms will be requested yearly. Completed DOIs will be retained by the project team and shared with the individual's board.

ACTION: ALL

The ERFC agreed that DOI forms should be resent to the ERFC members.

ACTION: ERF Project Team

1.2 Update on progress with Chapter Expert Working Groups (CEWG)

To date seven chapters have been completed and three chapters are pending approval by the ERFC today. A further two chapters are expected to be presented to the ERFC in May 2022, and later chapters are now underway.

A query was raised asking when all three boards would publish completed chapters onto the East Region website. At present, the chapters are updated on the East Region website by NHS Lothian. NHS Borders and NHS Fife are using PDFs to upload updated chapters onto their own board websites. Further discussions are ongoing as to the best time for all three boards to move fully towards publishing all content onto the East Region website.

1.3 Matters arising

Membership: Dr Nicola Henderson & Dr Linda McGourty

The ERFC noted that Dr Nicola Henderson will be transferring from the ERFC to the ERWG from May 2022. The ERFC noted Dr Linda McGourty's resignation from the ERFC. The ERFC thanked Dr Henderson and Dr McGourty for their work and contribution to the committee.

The ERFC welcomed Dr Jo Rose as a new member of the committee.

The Chair noted Dr Maria Corretge's resignation from the ERFC. Dr Corretge has been a long-standing member of the Lothian Formulary Committee and part of the ERFC. On behalf of the ERFC, the Chair thanked Dr Corretge for her work and contribution to the committee.

ERFC 02.02.22 item 3.1.4 FAF 1 Galcanezumab: Emgality (SMC2313)

The ERFC noted that the clinical team have provided an updated protocol and answered the ERFC's questions from the last meeting. It was noted that there is headache guidance in draft as part of work of the national group but there are no further details on this yet.

There was discussion around whether the formulary decision should follow local or national guidance. It was agreed to classify this medicine in line with local prescribing guidance.

The ERF project team will share the proposed formulary decision entry for approval by ERFC members prior to publication on the website.

ACTION: ERF Project Team

The ERFC agreed to classify Galcanezumab: Emgality as Routinely available in line with local prescribing guidance. Included on the ERF for Specialist use only. The formulary website

will be updated following ERFC approval of the formulary decision entry. Post-meeting the chair agreed to include ADTC representatives from region in the approval of the formulary decision entry.

ACTION: ERF Project Team

ERFC 02.02.22 item 3.1.8 FAF 1 Bimekizumab: Bimzelx (SMC2410) Co-chair approval update
The ERFC noted the updates provide by the clinical team.

The ERFC agreed to classify Bimekizumab: Bimzelx as Routinely available in line with national guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

ERFC 02.02.22 item 3.1.10 FAF2 Hydroxypropylmethylcellulose: Ocucoat update
The ERFC noted the updates provide by the clinical team.

The Ophthalmology team advised that evidence and comparison data is not available for these products. This product is a medical device, use for the indication in question is supported by local specialists consensus. The ERFC note use in other similar UK specialist centres.

The ERFC agreed to classify Hydroxypropylmethylcellulose: Ocucoat as Routinely available in line with local guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

Covid therapeutic alert – antivirals and neutralising monoclonal antibodies in the treatment of covid-19 in hospitalised patients
Noted for information.

Covid therapeutic alert – palivizumab passive immunisation against respiratory syncytial virus (RSV) in at risk pre-term infants
Noted for information.

Nirmatrelvir + Ritonavir: Paxlovid Formulary Amendment Form
The ERFC noted and discussed the previously circulated formulary amendment form. No declarations of interest were received.

Indication for use: 1 .Non-hospitalised patients who have (within the previous 5 days) tested positive for COVID-19 and who have mild-moderate symptoms, are in the highest risk category for worsening disease and hospitalisation. Full eligibility criteria are set out in the referral document "Targeted deployment of COVID-19 medicines for non-hospitalised adult patients" which are as per the recommendations within the clinical guide provided with CEM_CMO_2022_0012.

2. Patients hospitalised due to a non-Covid-related reason, but who nevertheless test positive for Covid-19 and meet the additional eligibility criteria as above. This is in line with CEM_CMO_2022_002 and is described more fully in NHS Lothian's Drug Treatments of Covid-19 in hospitalised adult patients.

The local treatment guideline was included with the amendment form.

The formulary committee agreed to revise the formulary decision entries directing to the most recent national guidance and to add signposts to current NHS inform guidance around access to medicines for non-hospitalised patients.

The ERF project team will email ERFC proposed revised wording for the new and existing formulary decision entries for medicines used for COVID 19 including Nirmatrelvir + Ritonavir: Paxlovid and Remdesivir.

ACTION: ERF Project Team

The ERFC agreed to classify Paxlovid as Routinely available in line with national guidance. Included on the ERF. The formulary website will be updated.

ACTION: ERF Project Team

The ERFC Co-chairs agreed to write to Scottish Antimicrobial Prescribing Group (SAPG) to enquire on future plan for national prescribing guidance for covid medicines.

ACTION: ERF Project Team

Declaration of interests

The ERF project team raised an issue around the process of DOI forms. There was discussion about when personal specific interests have been declared by a clinician completing a FAF, whether another clinician who does not have any interests should be invited to support the application. The ERFC agreed that no additional signature is required routinely where personal specific interests have been declared by the applicants.

2 Governance

2.1 East Region Formulary Committee (ERFC) meeting minutes 02 February 2022

The minutes of the previous meeting were approved as an accurate record.

2.2 East Region Working Group (ERWG) meeting minutes 09 March 2022

The minutes of the ERWG meeting were noted for information.

2.3 East Region Formulary (ERF) amendments

Genito-urinary chapter (Adult)

It was noted that meetings had taken place to discuss the Genito-urinary chapter and that there was good consensus from all three boards participants. Feedback on the latest version of the chapter was received from the CEWG, a minor amendment to the content on erectile dysfunction for clarity. The recent discontinuation of Oxybutynin MR leaves no oral oxybutynin in the formulary recommendations with only patches available. The CEWG will be contacted to confirm the remaining options on the formulary suffice.

There was discussion about the regulations to limit the use of NHS prescriptions by GPs for the treatment of erectile dysfunction - 'Treatment of Erectile Dysfunction – Patients with Severe Distress' 3 Sept 1999 SEHD/CMO99(4)'. The ERFC agreed to highlight the regulations for future review. The ERF project team will write to the CMO on behalf of the ERFC to request a review of the regulations supporting appropriate prescribing for treatment of erectile dysfunction.

ACTION: ERF Project Team

The ERFC approved the new chapter subject to final confirmation by the CEWG on the two points noted. The formulary website will be updated.

ACTION: ERF Project Team

Musculoskeletal chapter (Adult)
It was noted that meetings had taken place to discuss the Musculoskeletal chapter and that there was good consensus from all three boards participants. There was lots of discussion around cost of medicines and choice of non-steroid medicines as well as biologics used in Rheumatology medicine. The guiding points in choosing what went on the formulary were the costs and therapeutic place.

The ERFC approved the new chapter content. The formulary website will be updated.

ACTION: ERF Project Team

Obstetrics and gynaecology (Adult)
It was noted that meetings had taken place to review the recommendations in the Obstetrics and gynaecology chapter and that there was good consensus from all three boards participants. The finalised draft of the Obstetrics and gynaecology chapter was sent to the ERWG and the content was supported. There are a number of products under combined oral contraceptives, those included are used across all three boards, if brands are changed in the future, a formulary amendment can be submitted. FAF3 applications are in progress for items used off-label not currently included in any of the existing three formularies. The CEWG agree that there is a place in therapy for micronised progesterone (Utrogestan) for adjunctive use with oestrogen in post-menopausal women with an intact uterus (HRT). However, this indication has not been included in the formulary recommendations in line with current SMC advice. SMC 542/09 micronised progesterone (Utrogestan) is not recommended for use within NHS Scotland for adjunctive use with oestrogen in post-menopausal women with an intact uterus (HRT) because the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC. The ERFC note that the CEL (2010)17 is under review and welcome further consideration of national guidance on the introduction and availability of licensed medicines in NHS Scotland when new clinical evidence and or changes in cost might alter the assessment of cost-effectiveness (should the manufacturer elect not to resubmit to SMC).

The ERFC approved the new chapter content. The formulary website will be updated.

ACTION: ERF Project Team

3 New Medicines

3.1 Formulary Application Forms (FAF)

3.1.1 FAF1 Pembrolizumab: Keytruda (SMC2375)

The ERFC noted and discussed the previously circulated FAF1 submission. No declarations of interest were received.

Indication for use: 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.

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

The ERFC agreed to classify Pembrolizumab: Keytruda as Routinely available in line with national guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

3.1.2 FAF1 Osimertinib: Tagrisso (SMC2383)

The ERFC noted and discussed the previously circulated FAF1 submission. No declarations of interest were received.

Indication for use: As monotherapy for the adjuvant treatment after complete tumour resection in adult patients with stage IB-IIIA non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions (Ex19del) or exon 21 (L858R) substitution mutations.

SMC restriction: treatment with osimertinib is subject to a three-year clinical stopping rule.

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

The ERFC agreed to classify Osimertinib: Tagrisso as Routinely available in line with national guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

3.1.3 FAF1 Trastuzumab deruxtecan: Enhertu (SMC2388)

The ERFC noted and discussed the previously circulated FAF1 submission. No declarations of interest were received.

Indication for use: As monotherapy for the treatment of adult patients with unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-positive breast cancer who have received two or more prior anti-HER2-based regimens.

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

The ERFC agreed to classify Trastuzumab deruxtecan: Enhertu as Routinely available in line with national guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

3.1.4 FAF1 Tucatanib: Tukysa (SMC2398)

The ERFC noted and discussed the previously circulated FAF1 submission. One non-personal specific declaration of interest was received.

Indication for use: In combination with trastuzumab and capecitabine for the treatment of adult patients with HER2-positive locally advanced or metastatic breast cancer who have received at least two prior anti-HER2 treatment regimens.

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

The ERFC agreed to classify Tucatanib: Tukysa as Routinely available in line with national guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

3.1.5 FAF1 Cannabidiol: Epidyolex (SMC2402)

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

Indication for use: For use as adjunctive therapy of seizures associated with tuberous sclerosis complex (TSC) for patients 2 years of age and older.

The local treatment protocol was included with the application.

A finance budget template was not included with the FAF as it was completed on a formulary amendment form instead of a FAF1 form. It was anticipated that patient numbers are expected to be low for this indication as this medicine is under the orphan medicine process. Patients who may be eligible, may already be prescribed this via a non-formulary route. This medicine is also in used for treatment of seizures in Dravet syndrome and Lennox-Gastaut syndrome.

The three boards have differing approvals for prescribing status of the medicine for the existing SMC accepted patient groups. There was discussion on the correct designation for local prescribing in the East region from the options 'Specialist use only' or 'Specialist initiation'. The ERFC agreed that for Cannabidiol: Epidyolex (SMC 2402) specialist initiation may be appropriate for continuation in primary care under ongoing specialist supervision. There is no current shared care agreement in place for this medication in any of the three boards. Individual arrangements when shared care is being considered require the agreement of both the specialist and the clinician sharing care prior to the transfer of ongoing prescribing responsibilities. The ERFC note that legal responsibility for prescribing lies with the doctor or health professional who signs the prescription, and it is the responsibility of the individual prescriber to prescribe within their own level of competence. When seeking to initiate shared care the specialist and the primary care prescriber should refer to local board policies. The committee were advised that the initial submission of a shared care agreement for Cannabidiol: Epidyolex was not approved at GPPC NHS Lothian. The Lothian clinical team are working on a revised submission for approval via Lothian medicines governance routes. Representatives from NHS Fife and NHS Borders confirm that shared care agreements with approval of the local GP sub committees will be required to support prescribers in the respective boards for the licensed indications of Cannabidiol: Epidyolex.

The ERF classification of formulary status 'Specialist Initiation' indicates that the medicine in question may be appropriate for continuation in primary care. The ERFC note that the terms 'Specialist use only' and 'Specialist initiation' on the East region formulary require education for health professionals involved in prescribing and supply of medicines at board level as existing policies and processes using similar wording have subtle variation between the boards. The ERFC note that formulary recommendations for epilepsy conditions will be reviewed under the adult CEWG for Central Nervous System with input from representatives from primary and secondary care for all three boards. The paediatric chapter reviews will follow at a later stage.

The ERFC agreed to classify Cannabidiol: Epidyolex as Routinely available in line with national guidance. Included on the ERF for Specialist initiation. The formulary website will be updated.

ACTION: ERF Project Team

3.1.6 FAF1 Tralokinumab: Adtralza (SMC2403)

The ERFC noted and discussed the previously circulated FAF1 submission. Two personal specific declarations of interest were received.

Indication for use: Treatment of moderate-to-severe atopic dermatitis in adult patients who are candidates for systemic therapy.

SMC restriction: patients who have had an inadequate response to an existing systemic immunosuppressant such as ciclosporin, or in whom such treatment is considered unsuitable.

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

The application was completed on an older version of an NHS Fife form.

The ERFC requested confirmation that the Clinical Directors (or equivalent medical manager) in Fife and Borders support.

ACTION: ERF Project Team

The ERFC agreed to classify Tralokinumab: Adtralza as Routinely available in line with national guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

3.1.7 FAF1 Cenobamate: Ontozry (SMC2408)

The ERFC noted and discussed the previously circulated FAF1 submission. Two personal specific and one personal non-specific declarations of interest were received. This application was supported and signed by another colleague with no declarations of interest.

Indication for use: For the adjunctive treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who have not been adequately controlled despite treatment with at least 2 anti-epileptic medicinal products.

SMC restriction: in patients with drug-resistant epilepsy as a second-line adjunctive anti-seizure medicine, after the failure of the first adjunctive anti-seizure medicine.

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

The ERFC agreed to classify Cenobamate: Ontozry as Routinely available in line with national guidance. Included on the ERF for Specialist Initiation. The formulary website will be updated.

ACTION: ERF Project Team

3.1.8 FAF1 Naltrexone hydrochloride: Naltrexone Hydrochloride (CG115)

The ERFC noted and discussed the previously circulated FAF1 submission. No declarations of interest were received.

Indication for use: "1.3.6 Interventions for moderate and severe alcohol dependence after successful withdrawal

1.3.6.1 After a successful withdrawal for people with moderate and severe alcohol dependence, consider offering acamprosate or oral naltrexone in combination with an individual psychological intervention (cognitive behavioural therapies, behavioural therapies or social network and environment-based therapies) focused specifically on alcohol misuse (see section 1.3.3).

1.3.6.2 After a successful withdrawal for people with moderate and severe alcohol dependence, consider offering acamprosate or oral naltrexone in combination with behavioural couples therapy to service users who have a regular partner and whose partner is willing to participate in treatment (see section 1.3.3).

1.3.6.3 After a successful withdrawal for people with moderate and severe alcohol dependence, consider offering disulfiram in combination with a psychological intervention to service users who:

- have a goal of abstinence but for whom acamprosate and oral naltrexone are not suitable, or

- prefer disulfiram and understand the relative risks of taking the drug (see 1.3.6.12)."

The local treatment protocol and finance budget template were included with the FAF. The ERFC noted the correct form would be a FAF2.

The application was completed on an older version of an NHS Lothian form and referenced NICE guidance.

The ERFC requested patient figures for NHS Fife and clarification on Clinical Director (or equivalent medical manager) support in Fife and Borders

ACTION: ERF Project Team

The ERFC agreed to classify Naltrexone hydrochloride: Naltrexone Hydrochloride as Routinely available in line with local prescribing guidance. Included on the ERF for Specialist Initiation. **ACTION: ERF Project Team**

3.1.9 FAF2 Sodium Hyaluronate 1.8%: Healon GV Pro

The ERFC noted and discussed the previously circulated FAF2 submission. No declarations of interest were received.

Indication for use: Used during cataract surgery to protect delicate ocular structures, compartmentalise within the eye, pressurise the anterior chamber and provide a faster and safer surgery.

The application was completed on an older version of an NHS Lothian form. The finance figures were noted and confirmed there are no cost implications as the product has been in use for some time. There was support for the application from NHS Borders and NHS Fife. Patient numbers were difficult to track for NHS Borders due to growing patient numbers.

The ERFC suggested that this product be placed under the other specialist conditions, under the eye section on the ERF website rather than the prescribing note as requested by the clinical support.

The ERFC agreed to classify Sodium Hyaluronate 1.8%: Healon GV Pro as Routinely available in line with local guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

3.1.10 FAF2 Sodium Hyaluronate 3% / Chondroitin Sulphate 4%: Viscoat

The ERFC noted and discussed the previously circulated FAF2 submission. No declarations of interest were received.

Indication for use: Used during cataract surgery to protect delicate ocular structures, compartmentalise within the eye, pressurise the anterior chamber and provide a faster and safer surgery.

The application was complete on an older version of an NHS Lothian form. There was support for the application from all three boards.

The ERFC agreed to classify Sodium Hyaluronate 3% / Chondroitin Sulphate 4%: Viscoat as Routinely available in line with local guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

3.2 Formulary Amendment Forms

3.2.1 None noted.

3.3 SMC not recommended advice

The ERFC noted the SMC not recommended advice for information. The formulary website will be updated.

ACTION: ERF Project Team

3.3.1 Hydrocortisone: Efmody (SMC2414)
3.3.2 Solriamfetol: Sunosi (SMC2419)
3.3.3 Blinatumomab: Blincyto (SMC2468)
3.3.4 Daratumumab: Darzalex (SMC2469)
3.3.5 Givosiran: Givlaari (SMC2470)
3.3.6 Betula verrucosa: Itulazax (SMC2471)

3.4 Abbreviated submissions

The ERFC noted the SMC abbreviated submissions.

3.4.1 Lorlatinib: Lorviqua (SMC2415)

The ERFC discussed the request from local clinical teams for the formulary inclusion of Lorlatinib: Lorviqua in line with the SMC abbreviated submission SMC2415.

Indication for use: as monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) previously not treated with an ALK inhibitor.

The ERFC agreed to classify Lorlatinib: Lorviqua as Routinely available in line with national guidance. Included on the ERF for Specialist use only. The formulary website will be updated.

ACTION: ERF Project Team

3.4.2 Diroximel fumarate: Vumerity (SMC2444)

The ERFC discussed the request from local clinical teams for the formulary inclusion of Diroximel fumarate: Vumerity in line with the SMC abbreviated submission SMC2444.

Indication for use: for treatment of adult patients with relapsing remitting multiple sclerosis (RRMS).

Due to service constraints this medicine will not be immediately prescribed in all boards, further work is required to support local implementation including the development of supporting prescribing materials.

The ERFC agreed to classify Diroximel fumarate: Vumerity as Routinely available in line with national guidance. Included on the ERF for Specialist Initiation. The formulary website will be updated.

ACTION: ERF Project Team

3.5 Paediatric licence extensions

3.5.1 None noted.

3.6 Non-submissions within 90 days on SMC publishing

The ERFC noted the Non-submissions within 90 days on SMC publishing. The ERFC agreed to classify each of these medicines 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.

3.6.1 Nivolumab: Opdivo (SMC2385)

3.6.2 Pemigatinib: Pemazyre (SMC2399)

3.6.3 Enzalutamide: Xtandi (SMC2400)

3.6.4 Risdiplam: Evrysdi (SMC2401)

3.6.5 Dostarlimab: Jemperli (SMC2404)

3.6.6 Berotralstat: Orladeyo (SMC2405)

3.6.7 Sotorasib: Lumykras (SMC2443)

3.6.8 Sacituzumab govitecan: Trodelvy (SMC2446)

ACTION: ERF Project Team

4 Board specific information

4.1 NHS Borders

Use of Gadovist for cardiac MRIs

Borders have a local request for the formulary inclusion of Gadovist as contrast for cardiac MRIs and note that there is established use of the agent in one of the boards though not currently listed on the local board formulary. As a licensed medicine the ERFC agreed that Gadovist would be within the remit of Formulary Committee. The ERFC agreed that a formulary section for contrast media could be discussed for addition to the workplan for scheduling after the completion of current phases of the ERF project. The ERFC welcome a submission for this product.

ACTION: ERF Project Team

Stoma formulary

NHS Borders requested for a stoma formulary to be included as part of the ERF work. The ERFC agreed that this work could be discussed after the completion of current phases of the ERF project and added to the work plan for future.

ACTION: ERF Project Team

4.2 NHS Fife

Medical devices considered within formulary remit that are not already captured in existing board formularies are proposed for future consideration on the ERF chapter review workplan.

ACTION: ERF Project Team

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 25 May 2022.

FAF3s should be submitted by 19 April 2022 (for discussion at the ERWG meeting on 04 May 2022).

FAF1s and FAF2s should be submitted by 10 May 2022.

All FAFs need to include information on proposed use and confirmation of clinical director (or equivalent medical manager) support from all three boards, to be added to the agenda. Except in the case where the service is only provided by one of the boards, in this case it should be clearly stated in the application.

Apologies for the meeting to be sent to prescribing@nhslothian.scot.nhs.uk