

**TAM SUBGROUP OF THE NHS
HIGHLAND AREA DRUG AND
THERAPEUTICS COMMITTEE**

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**MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC
6 February 2020, HPERC Teaching Room, Centre for Health Science**

Present: Okain McLennan, Chair
Findlay Hickey, Lead Pharmacist (North & West)
Patricia Hannam, Formulary Pharmacist
Dr Antonia Reed, GP
Dr Robert Peel, Consultant Nephrologist
Dr Jude Watmough, GP
Louise Reid, Acute Pain Nurse
Margaret Moss, Lead AHP, North & West Division
Liam Callaghan, Principal Pharmacist Western Isles (via VC)

In attendance: Wendy Anderson, Formulary Assistant

Apologies: Clare Bagley, Senior MM&I Pharmacist, Raigmore
Joanne McCoy, LGOWIT Co-ordinator
Dr Duncan Scott, Clinical Lead, TAM
Johnson Swinton, Patient Representative
Dr Simon Thompson, Consultant Physician

1. WELCOME AND APOLOGIES

The Chair welcomed the group and introductions were made.

2. REGISTER OF INTEREST

No interests were declared.

3. MINUTES OF MEETING ON 7 NOVEMBER 2019

Accepted as accurate pending one minor amendment to item 5.9 – change suspension to solution.

4. FOLLOW UP REPORT

A brief verbal update was given. Outstanding actions are recorded in the table of actions below.

Alogliptin

The Diabetes Team had been contacted regarding the Very Low Calorie Diet. MM offered support for bringing together the Diabetes and Dietetics Teams to bring this issue forward as part of a Formulary Review.

Action

Oxycodone

Objections from the LIN group appeared to be based on possible increase in prescribing errors, however the reasoning has not formally been received. Significant cost savings of approximately £80,000 per year could be made if the switch from Longtec to Oxypro is made and this cannot be ignored. Generic prescribing is not viable due to increased financial implications. To try and alleviate concerns of patients receiving the wrong preparation a suggestion was made that an autofill box be set to state this is a long-acting preparation that should only be taken twice a day.

Action

5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY

| |
|---|
| <p>5.1. Zanamivir injection 10mg/mL solution for infusion (Dectova) Submitted by: Alison Macdonald, Area Antimicrobial Pharmacist Indication: As per SMC2204: Complicated and potentially life-threatening influenza A or B virus infection. Comments: Addition with no removal of Formulary products. ACCEPTED</p> |
| <p>5.2. Ceftolozane/tazobactam 1g/0.5g powder for concentrate for solution for infusion Submitted by: Alison Macdonald, Area Antimicrobial Pharmacist Indication: As per SMC1146/16, SMC2256: Use as per licensed indications (complicated intra-abdominal sepsis, urosepsis and hospital- or ventilator-associated pneumonia) but only in cases of known or suspected multi-drug resistance where other antibiotics are unsuitable due to resistance or patient factors (such as poor renal function). Comments: Reluctance to add medicines not approved by SMC. As number required is very small, it would be more appropriate as a non-Formulary request when required depending on how quickly it is needed and if there is a requirement for it to be held as stock. Request that a guideline outlining its place in therapy as a non-formulary medicine is developed and uploaded to TAM antimicrobial guidance. REJECTED Action</p> |
| <p>5.3. Cetazidime/avibactam 2g/0.5g powder for concentrate for solution for infusion Submitted by: Alison Macdonald, Area Antimicrobial Pharmacist Indication: As per SMC2156: Use in adults as per licensed indications (complicated intra-abdominal sepsis, urosepsis/pyelonephritis, hospital- or ventilator-associated pneumonia) but only in cases of known or suspected multi-drug resistance where other antibiotics are unsuitable due to resistance or patient factors (such as poor renal function). Comments: discussed in conjunction with 5.2 above. REJECTED Action</p> |
| <p>5.4. Topical glycopyrrolate 2% in cetomacrogol Submitted by: Joan Mackintosh, Clinical Pharmacist Team Manager Indication: Unlicensed medicine: Focal hyperhidrosis. Comments: Would be added as an unlicensed recommended treatment. Clear guidance as a treatment pathway should be written using the information in the submission and should also include a link to BAD for additional patient and GP information. Clarification required on whether this treatment is currently being used, how readily available it is and is this a special that is made by Tayside? ACCEPTED Action</p> |
| <p>5.5. Enalapril 2.5mg, 5mg, 10mg and 20mg tablets Submitted by: Tracey Sturgeon, Consultant Obstetrics and Gynaecology Indication: No SMC advice. NICE first line: First line in breast feeding post-partum women, for controlling hypertension. Comments: Addition with no removal of Formulary products. As this is a once daily preparation it was agreed this would be preferable first line treatment. Drafted guidance has been written and will be submitted once outcome on submissions has been provided. A clear monitoring process needs to be included in the guidance. A Pink One article written by the midwives regarding this would be useful. ACCEPTED Action</p> |
| <p>5.6. Captopril 12.5mg and 25mg tablets Submitted by: Tracey Sturgeon, Consultant Obstetrics and Gynaecology Indication: No SMC advice. NICE second line: Second line in breast feeding post-partum women, for controlling hypertension. Comments: It was felt that if the enalapril as first-line was not suitable then it would be unlikely that captopril would be suitable as second-line. Other preparations are available. REJECTED</p> |
| <p>5.7. Canagliflozin (Invokana®) 100mg and 300mg tablets Submitted by: Kenneth Muir, Consultant Diabetologist Indication: As per SMC963/14: First choice SGLT2 inhibitor for Type 2 diabetes, especially in the context of chronic kidney disease secondary to diabetes. Comments: Addition with no removal of Formulary products. Noted that the indication proposed was not appropriate it was agreed to accept this medicine due to beneficial effects and financial savings in other areas. To go as first choice of this class for diabetes.</p> |

ACCEPTED**5.8. Ribociclib 200mg tablets**

Submitted by: Dr Feng-Yi Son, Consultant Clinical Oncologist

Indication: As per SMC1295/18: Locally advanced or metastatic breast cancer as initial endocrine-based therapy.

Comments: Addition with no removal of Formulary products. To be first line treatment prior to chemotherapy in place of palbociclib (which is to remain on the Formulary). To be submitted to the Raigmore Finance Subgroup.

ACCEPTED

[Action](#)

5.9. Abiraterone 500mg tablets

Submitted by: Neil McPhail, Consultant Clinical Oncologist

Indication: As per SMC2215: Newly diagnosed high risk metastatic hormone sensitive prostate cancer in adult men in combination with androgen deprivation therapy.

Comments: Addition with no removal of Formulary products. To be submitted to the Raigmore Finance Subgroup.

ACCEPTED

[Action](#)

5.10. Olaparib 100mg and 150mg tablets

Submitted by: Neil McPhail, Consultant Clinical Oncologist

Indication: As per SMC2209: Advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) 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.

Comments: Addition with no removal of Formulary products. To be submitted to the Raigmore Finance Subgroup.

ACCEPTED

[Action](#)

5.11. Lenvatinib (Kisplyx) 4mg and 10mg capsules

Submitted by: Neil McPhail, Consultant Clinical Oncologist

Indication: As per SMC2199: In combination with everolimus for the treatment of adult patients with advanced renal cell carcinoma (RCC) following one prior vascular endothelial growth factor (VEGF)-targeted therapy.

Comments: Already on the Formulary. This is an addition of a new indication. To be submitted to the Raigmore Finance Subgroup.

ACCEPTED

[Action](#)

5.12. Dacomitinib 15mg, 30mg and 45mg tablets

Submitted by: Carol MacGregor, Consultant Oncologist

Indication: As per SMC2184: As monotherapy, for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR)-activating mutations.

Comments: Addition with no removal of Formulary products. To be submitted to the Raigmore Finance Subgroup.

ACCEPTED

[Action](#)

5.13. Pembrolizumab 50mg solution for infusion

Submitted by: Carol MacGregor, Consultant Oncologist

Indication: As per SMC2187: In combination with carboplatin and either paclitaxel or nabpaclitaxel, for the first-line treatment of metastatic squamous non-small cell lung cancer (NSCLC) in adults.

Comments: Already on the Formulary. This is an addition of a new indication. To be submitted to the Raigmore Finance Subgroup.

ACCEPTED

[Action](#)

5.14. Encorafenib 50mg and 75mg capsules

Submitted by: Walter Mmeka, Consultant Oncologist

Indication: As per SMC2238: In combination with binimetinib for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation.

Comments: Addition with no removal of Formulary products. First line new treatment that does not replace anything else. To be submitted to the Raigmore Finance Subgroup.

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| <p>ACCEPTED Action</p> |
| <p>5.15. Ruxolitinib 5mg, 10mg, 15mg and 20mg tablets Submitted by: Dr Joanne Craig, Consultant Haematologist Indication: As per SMC2213: The treatment of adult patients with polycythaemia vera who are resistant to or intolerant of hydroxyurea (hydroxycarbamide). Comments: Addition with no removal of Formulary products. To be submitted to the Raigmore Finance Subgroup. ACCEPTED Action</p> |
| <p>5.16. Brentuximab 50mg powder for concentrate for solution for infusion Submitted by: Peter Forsyth, Consultant Haematologist Indication: As per SMC2229: The treatment of adult patients with CD30+ cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy. Comments: Addition with no removal of Formulary products. To be submitted to the Raigmore Finance Subgroup. ACCEPTED Action</p> |
| <p>5.17. Semaglutide (Ozempic®) 0.25mg, 0.5mg and 1mg solution for injection in pre-filled pen Submitted by: Dr David MacFarlane, Consultant Diabetologist Indication: As per SMC2092: 1st choice once weekly GLP1 receptor agonist on formulary. Comments: The subgroup queried that there is to be no removal of formulary products; if this medicine is to be added then the inclusion of other medicines on the formulary should be reviewed. Request a review of the need for exenitide to remain on the formulary. Discussion about the place of preventative therapy in diabetes over pharmacotherapy, such as Very Low Calorie Diet and that this should be raised with the Diabetes and Dietetic Teams as a matter of priority. Decision that further submissions for medications for diabetes should not be made until the place of preventative therapy in relation to pharmacotherapy is clarified. Discussion about the environmental impact of daily versus weekly injections and that this should be taken into consideration. DECISION PENDING Action</p> |

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| <p>6. UPDATED AND NEW HIGHLAND FORMULARY SECTIONS AND GUIDANCE FOR APPROVAL</p> |
| <p>Can we have a 'what's new' facility including links on the homepage of TAM (preferable) or on the Intranet? Action</p> |
| <p>6.1. Palpitation pathway for primary care (new)</p> <ul style="list-style-type: none"> Should symptoms brought on by exertion be red flagged? <p>ACCEPTED pending above Action</p> |
| <p>6.2. Antibiotic prophylaxis guideline for infective endocarditis (new) ACCEPTED</p> |
| <p>6.3. Liver pathways (new)</p> <ul style="list-style-type: none"> Additional information on Gilberts to be included, perhaps via a link. Urgent clarification on which colour tubes should be used for haemochromatosis required. Handbook on intranet giving conflicting information to what is recommended in this guidance. Follow up from AR following the meeting: need for clarification is to be retracted the advice in the guidance has been checked and is correct. Pink One article to be written <p>ACCEPTED pending above Action</p> |
| <p>6.4. Post partum haemorrhage (new)</p> <ul style="list-style-type: none"> Dose of misoprostol to be clarified – obstetrics currently use 800 micrograms s/l (tablets) whereas |

this guidance specifies 800/1000mcg s/l or pr. FH to liaise with Mairi Dunbar regarding this.

ACCEPTED

[Action](#)

6.5. Eye – GP OOH guidance (new)

- Title should include either eye or ophthalmology.
- It was thought that there is already more detailed information available on TAM that is far more user friendly/helpful than this. AR to send link/document to PH.

REJECTED

[Action](#)

6.6. Breathlessness (new)

- Change title to Chronic Breathlessness.
- Add link to pulmonary rehabilitation.
- 5th paragraph – cross-reference that the Addenbrooke's evidence based resources are the leaflets provided under the Patient Information section below.

ACCEPTED

[Action](#)

6.7. Neutropenic Sepsis (update)

ACCEPTED

6.8. Haematology:

Indications for B12 Deficiency Testing and Management Guidelines (new)

- Include a treatment section and advice on stopping B12
- Correct spelling of item 3, Indications for Vitamin B12 testing to 'unexplained'.
- Include units throughout, where appropriate.
- In the flowchart, change pg to nanograms throughout. **Comment post subgroup:** *SCI store measures in pictogram/mL therefore to state this in the guidance.*

ACCEPTED pending above

[Action](#)

Indications for Folate Deficiency Testing (new)

- Include a treatment section.
- Change ng to nanograms throughout.

ACCEPTED pending above

[Action](#)

6.9. Rapid Tranquilisation (update)

- This will go to the GP Subgroup for information only.
- In the final box in the flow chart it is recommended to contact the duty consultant psychiatrist, clarification is required that this also applies when dealing with young people under 17 years of age. If this is not the case then an alternative route needs to be included. PH to email Paul Davidson and cc in Karen Macaskill and Lorien Cameron-Ross.

ACCEPTED pending above

[Action](#)

7. RECOMMENDATIONS FOR MINOR ADDITIONS/DELETIONS/AMENDMENTS

A quick verbal update was given and all were noted and accepted. Agreed that an article should be written to raise awareness of the renaming of *Clostridium difficile* to *Clostridioides difficile*.

[Action](#)

8. SMC ADVICE

Decisions were noted.

9. SINGLE NATIONAL FORMULARY UPDATE

Still in the hands of East of Scotland. PH has linked in with Tayside and Grampian Formulary Pharmacists to

develop North of Scotland regional working.
HEPMA is currently being developed and they will be devising short protocols for inclusion on the system. PH to speak to Ian Rudd regarding the system and investigate what drugs list it will be implementing.
[Action](#)

10. TAM REPORT

Currently there is more in date than out of date guidance. Out of date guidance is actively being followed up on an ongoing basis. An escalation process was agreed that follows Clinical Governance escalation, ie through the Service Leads rather than escalating through TAM.

MM left the meeting at 3.45pm

11. NHS WESTERN ISLES

Historically there is an SLA in place for the Formulary and NHS Western Isles. It was made clear that a monetary value was not expected but a contribution in terms of time would be of great benefit. PH to contact Paul Nairn, Service Planning Manager to request a copy of the SLA.

[Action](#)

12. SUBGROUP PAPERWORK FOR RATIFICATION

Remit and Terms of Reference

Within the role section change 'promote the use of medicines' to 'promote therapeutics'.

Investigate the possibility of seeking additional membership of another GP, another patient representative and an ANP.

Approved

[Action](#)

Formulary submission form

Due to time constraints it was agreed that any comments should be fed back to PH.

Clinical Governance checklist

Word 'approval' to be changed within section 14 as there is confusion over who should be signing off this section.

Approved

[Action](#)

LR left the meeting at 4pm

13. NHS HIGHLAND GOVERNANCE PROCESS FOR DEVELOPING PATIENT INFORMATION LEAFLETS, FORMS AND PRESCRIPTION CHARTS

Following the last meeting as SBAR had been written. Due to time constraints this would be discussed out-with the group and any update would be fed back to the next meeting.

14. NORTH OF SCOTLAND CANCER ALLIANCE

The last meeting due to be held was cancelled and currently no new date has been set. Consideration to these types of submissions to carry on as is in the meantime.

15. TAM AND THE ENVIRONMENT

- <https://www.rcgp.org.uk/clinical-and-research/about/clinical-news/2018/april/a-truly-handi-resource-for-non-drug-interventions.aspx>

Due to time constraints comments to be fed back.

- **Respiratory review – inhaler devices**

This was in the process of being set up. Date as yet not set.

- **the Green One**

Agreed that this should become a regular feature within *the* Pink One.

How can TAM feed in to/support any of the environmental groups? Firstly it was agreed that we need to find out what groups are out there, what they do and if the Board supports any of them. PH currently sits on the

Healthcare Professional Climate Group and agreed to circulate the background information on it provided by Andrew Dallas.
[Action](#)

16. MEDICAL DEVICES AND THE FORMULARY
Due to time constraints this would initially be discussed out-with the meeting and an update given to the next meeting if required.

17. MINOR AILMENTS SERVICE FORMULARY
A regional Minor Ailments Service Formulary is currently being developed.

18. AOCB
There was no other competent business.

19. DATE OF NEXT MEETING
Thursday 23 April, 14:00-16:00, HPERC Teaching Room, Centre for Health Science

Actions agreed at TAM Subgroup meeting

| Minute Ref | Meeting Date | Action Point | To be actioned by |
|--|---------------|--|-------------------|
| Very low calorie diet (VLCD) Back to minutes | February 2020 | Liaise with Dietetics and Diabetes Teams to seek to introduce VLCD to NHS Highland. | PH/MM |
| Oxycodone Back to minutes | February 2020 | Initiate switch from Longtec to Oxypro. | PH |
| Ceftolozane/tazobactam Back to minutes | February 2020 | Request guideline to be developed outlining its place in therapy. | PH |
| Cetazidime/avibactam Back to minutes | February 2020 | Request guideline to be developed outlining its place in therapy. | PH |
| Topical glycopyrrolate Back to minutes | February 2020 | Treatment pathway to be written by requestor. | PH/JM |
| | | How readily available is this treatment? Is this a special that is made by Tayside? | PH/JM |
| Enalapril Back to minutes | February 2020 | Inform requester that a clear monitoring process needs to be included in any guidance. | PH |
| | | Request that a Pink One article be written by the midwives. | PH |
| Ribociclib Back to minutes | February 2020 | To be submitted to the Raigmore Finance Subgroup. | PH |
| Abiraterone Back to minutes | February 2020 | To be submitted to the Raigmore Finance Subgroup. | PH |
| Olaparib Back to minutes | February 2020 | To be submitted to the Raigmore Finance Subgroup. | PH |
| Lenvatinib Back to minutes | February 2020 | To be submitted to the Raigmore Finance Subgroup. | PH |
| Dacomitinib Back to minutes | February 2020 | To be submitted to the Raigmore Finance Subgroup. | PH |
| Pembrolizumab Back to minutes | February 2020 | To be submitted to the Raigmore Finance Subgroup. | PH |
| Encorafenib Back to minutes | February 2020 | To be submitted to the Raigmore Finance Subgroup. | PH |
| Ruxolitinib Back to minutes | February 2020 | To be submitted to the Raigmore Finance Subgroup. | PH |
| Brentuximab Back to minutes | February 2020 | To be submitted to the Raigmore Finance Subgroup. | PH |
| Semaglutide Back to minutes | February 2020 | Review whether other antidiabetic medication should remain on the formulary, including exenitide. Query preventative therapy in diabetes over pharmacotherapy, such as Very Low Calorie Diet. To review the need of once daily injections. | PH |
| Updated and new Highland Formulary sections Back to minutes | February 2020 | Investigate whether a 'what's new' facility including links can be included on the homepage of TAM (preferable) or on the Intranet. | PH |
| Palpitation pathway for primary care Back to minutes | February 2020 | Inform submitter of amendments to be made prior to upload on TAM. | PH |
| Liver pathways Back to minutes | February 2020 | Inform submitter of amendments to be made prior to upload on TAM. | PH |
| | | Request a Pink One article be written | PH |
| Post partum haemorrhage Back to minutes | February 2020 | Dose of misoprostol to be clarified – obstetrics currently use 800 micrograms s/l (tablets) whereas this guidance | FH/MD |

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|---|---------------|---|------------------------|
| | | specifies 800/1000mcg s/l or pr. | |
| Eye – GP OOH guidance Back to minutes | February 2020 | Provide link/document with more useful information to PH. To be resubmitted. | AR PH |
| Breathlessness Back to minutes | February 2020 | Inform submitter of amendments to be made prior to upload on TAM. | PH |
| Indications for B12 Deficiency Testing and Management Guidelines Back to minutes | February 2020 | Inform submitter of amendments to be made prior to upload on TAM. | PH |
| Indications for Folate Deficiency Testing Back to minutes | February 2020 | Inform submitter of amendments to be made prior to upload on TAM. | PH |
| Rapid Tranquilisation Back to minutes | February 2020 | Clarification required that the duty consultant psychiatrist can be contacted when dealing with young people under 17 years of age – email Paul Davidson and cc in Karen Macaskill and Lorien Cameron-Ross. | PH |
| Recommendations for minor additions/deletions/amendments Back to minutes | February 2020 | Pink One article to be written to raise awareness of the renaming of Clostridium difficile to Clostridioides difficile. | PH |
| Single National Formulary Back to minutes | February 2020 | PH to speak to Ian Rudd regarding the system and investigate what drugs list it will be implementing. | PH |
| NHS Western Isles Back to minutes | February 2020 | PH to contact Paul Nairn, Service Planning Manager to request a copy of the SLA. | PH |
| Subgroup paperwork for ratification Back to minutes | February 2020 | Remit and Terms of Reference – update as per what has been agreed. Investigate the possibility of seeking additional membership of another GP, another patient representative and an ANP. | PH |
| | | Formulary submission form – due to time constraints it was agreed that any comments should be fed back to PH. | ALL |
| TAM and the environment Back to minutes | February 2020 | Find out what environmental groups are out there, what they do and if the Board supports any of them. | ALL |
| | | Circulate to the Group background information on the Healthcare Professional Climate Group provided by Andrew Dallas. | PH |