

**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  
24 June 2021, via Microsoft TEAMS**

<b>Present:</b>	Okain McLennan, Chair Patricia Hannam, Formulary Pharmacist Dr Alan Miles, GP Louise Reid, Acute Pain Nurse Lead Dr Antonia Reed, GP Dr Duncan Scott, Consultant Physician Dr Jude Watmough, GP Jane Smith, Principal Pharmacist
<b>In attendance:</b>	Wendy Anderson, Formulary Assistant Alasdair Lawton, Observer Katherine Fok, Primary Care Clinical Pharmacist (Inverness East Team)
<b>Apologies:</b>	Joanna McCoy, LGOWIT Co-ordinator Liam Callaghan, Principal Pharmacist Western Isles Damon Horn, HEPMA Pharmacist Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice) Ayshea Robertson, Advanced Nurse Practitioner Dr Robert Peel, Consultant Nephrologist

**1. WELCOME AND APOLOGIES**

The Chair welcomed the group.

**2. REGISTER OF INTEREST**

No interests were declared.

**3. MINUTES OF MEETING HELD ON 29 APRIL 2021**

Accepted as accurate.

**4. FOLLOW UP REPORT**

A brief verbal update was given with the following being noted:

- The Pink One is due to go out next week.
- Allied Health Profession (AHP) representation: This role is not expected to be filled at present due to capacity issues in the AHP team. It was hoped that a non-medical prescriber will either join or have a link to the Group at some point, in the meantime, they will be supporting and be involved with the development of guidance.
- An update on outstanding items on the follow up report was requested.
  - In progress – generally waiting on others coming back with information which regularly is being followed up.
  - Pending – to be taken forward by Formulary Pharmacist, however time constraints are preventing this. An advert has gone out for a fixed term (of one year) TAM Project Manager which, amongst other things, will provide support by looking at clinical guidelines as opposed to medicine guidelines thus freeing up time for the Formulary Pharmacist.

Action

<p><b>5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY</b></p> <p><b>5.1. Budesonide (Jorveza) 1mg orodispersible tablets</b>  <b>Submitted by:</b> Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology  <b>Indication:</b> Eosinophilic esophagitis.  <b>Comments:</b> There are currently no licensed products on the formulary for this condition so this is an addition. Noted that candidiasis is a side effect but agreed that this was easier to treat than eosinophilic esophagitis and could easily be managed within primary care.  <b>ACCEPTED</b></p>
<p><b>5.2. Ezetimibe (Ezetrol) 10mg tablets</b>  <b>Submitted by:</b> Rosemary Clarke, Consultant Medical Biochemist  <b>Indication:</b> In combination with a statin for patients who have failed to reach target cholesterol levels despite treatment with titrated/optimised statins alone. It may also be considered as monotherapy where statins are inappropriate or poorly tolerated.  <b>Comments:</b> Addition to the Formulary, will become second line treatment. Is available generically so cost has fallen. Known to reduce cholesterol and therefore assumed to have primary endpoint improvement but trial data does not provide convincing data of the overall benefit of ezetimibe. However, it is good to have an alternative treatment available for those that cannot tolerate statins. Request a Pink One article be written to provide prescribers information regarding the justification of prescribing ezetimibe. Submission states that supply will be made from both secondary and primary care, clarification required if the intention is that secondary care will initiate treatment and then primary care prescribe it.  <b>ACCEPTED in principle</b>  <a href="#">Action</a></p>
<p><b>5.3. Pertuzumab with trastuzumab (Phesgo) 1200mg/600mg and 600mg/600mg for subcutaneous injection</b>  <b>Submitted by:</b> Catriona Hoare, Lead Cancer Care Pharmacist – Oncology outpatients  <b>Indication:</b> Early and metastatic breast cancer.  <b>ACCEPTED</b>  <a href="#">Action</a></p>
<p><b>6. UPDATED AND NEW HIGHLAND FORMULARY SECTIONS AND GUIDANCE FOR APPROVAL</b></p>
<p><b>6.1. Ultrasound referral guidelines (new – 2nd resubmission from April 2021)</b>  <ul style="list-style-type: none"> <li>Has been discussed at GP Subcommittee and all follow up agreed points have been actioned.</li> </ul> <b>ACCEPTED</b></p>
<p><b>6.2. Factors to consider when prescribing SGLT2 inhibitors in T2DM (new)</b>  <ul style="list-style-type: none"> <li>Canagliflozin and empagliflozin are not licensed for these indications and therefore note to be added to say that they are being used off-label.</li> </ul> <b>ACCEPTED pending</b>  <a href="#">Action</a></p>
<p><b>6.3. Parkinson’s Disease (updated)</b>  <b>ACCEPTED</b></p>
<p><b>6.4. Raigmore Hospital Guidance on Proton Pump Inhibitor (PPI) Selection and Administration for Children (new)</b>  <ul style="list-style-type: none"> <li>Amend title to read NHS Guidance instead of Raigmore Hospital.</li> <li>Esomeprazole granules administration guidance for enteral tubes – specify that an oral enteral syringe should be used.</li> </ul> <b>ACCEPTED pending</b>  <a href="#">Action</a></p>
<p><b>6.5. Vancomycin dosing in paediatrics guideline and neonatal antibiotic monographs for benzylpenicillin, gentamicin and vancomycin (updated – note these will not sit on TAM but on SCUBU intranet page)</b>  <ul style="list-style-type: none"> <li>Change any reference from Medusa to Injectable Medicines Guide throughout the documents.</li> <li>Ensure that tables are not split but stay together on one page.</li> <li>Once uploaded links to the monographs need to be added to the Injectable Medicines Guide.</li> </ul> <b>ACCEPTED pending</b>  <a href="#">Action</a></p>

#### 6.6. Erector Spinae Plane (ESP) catheters for analgesia for rib fractures – a quick guide (*new*)

- Specific to Raigmore therefore add this to the title.

**ACCEPTED**

[Action](#)

#### 6.7. Guideline for the administration of andexanet alfa (Ondexxya®) in NHS Highland (*new*)

- A line relating to particular pumps might need to be included as the infusion rate required is above the maximum rate that is set within the pumps. Arrangement might need to be made to ensure that an appropriate pump which can go up to the required rate is available and information added as to where it can be obtained from.

**ACCEPTED**

[Action](#)

#### 7. GUIDANCE FOR NOTING ONLY (REVIEWED AND NO CHANGES MADE)

Fulvestrant shared care protocol: treatment in metastatic breast cancer (*approved by GP Subcommittee*)

#### 8. GUIDELINE MINOR AMENDMENTS AND FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted and approved pending the following:

##### **Formulary**

Obstetrics and Gynaecology to be contacted to see if they would like the new strength of Misoprostol added to the Formulary.

##### **Guidelines**

Add deleted box back in to the Liver Haemochromatosis guidance relating to genetic testing for haemochromatosis which included a link to the form and told you which tube/tubes to fill.

[Action](#)

#### 9. SMC ADVICE

Noted.

#### 10. FORMULARY REPORT

Currently the Formulary Pharmacist is working with the Prescribing Efficiencies Workstream of the Project Management Office. This work is expected to have a beneficial effect on the Formulary report. Using the Bragg report, the top five most cost-effective savings will be prioritised.

Compliance spend for Anaesthetics appears to be low and the reason for that was questioned. Agreed to put this question to Findlay Hickey and request that a report be made at the next meeting.

[Action](#)

#### 11. TAM REPORT

The number of out of date guidance is reducing. Once a month an analytics meeting takes place which identifies the top ten viewed items and if any of these are out of date what action has been taken is recorded.

The Professional Secretaries of all the ADTC Subgroups now meet on a semi-regular basis to share pieces of work and advice.

#### 12. NHS WESTERN ISLES

Nothing to report.

#### 13. AOCB

##### **Patient information toolkit on TAM**

The information on TAM has been split into Healthcare Professionals, and Patients and Carers, and was developed to enable easier navigation by patients. Currently work is taking place with the Respiratory Team and the Diabetes Team to develop patient information hubs.

##### **TAM guideline process**

A clinical governance checklist, template for guidance and standard operating procedure have all been written

to enable standardisation of how guidance is received and to make the process run smoother.

#### **HEPMA report provided by the HEPMA Pharmacist**

The current pharmacy stock control is being upgraded later this year; after this is completed HEPMA testing and pilot sites will be able to progress.

Current regional work to understand gaps and differences between all 6 North of Scotland health boards medication treatments is starting. Initial work looking at palliative care regimes and complex antimicrobials - gentamicin and vancomycin. I will liaise with these groups and AMT and ensure the new guidelines submitted through the TAM group are represented. Where changes may be needed these will be discussed with the lead author/specialist pharmacist initially.

Comparison between Glasgow (for Argyll and Bute Formulary) and Highland Formulary started, where differences exist these will be explored with the relevant pharmacist to see if alignment is possible, where it is not possible a decision on how to manage and highlight in HEPMA will be needed. This will be a large piece of work.

Comparison of Formulary on TAM and Formulary status on current pharmacy stock control is being reviewed to ensure they are aligned and up to date. This is key as the Formulary status will be presented to the prescriber based on what is in the pharmacy stock control. This is another significant piece of work.

#### **Retirement of Chair**

Okain reported his intention to stand down as Chair of TAM and also as a member of ADTC, but will remain in post until such time as a suitable replacement was found. He gratefully thanked everyone involved over his 15 years in post for their input and support and wished all the very best in the future.

This was met with comments back from the Group expressing what a pleasure Okain was to work with, thanking him for his commitment, hard work, wisdom, leadership and how he had chaired the Group by moving things forward. Most importantly he was congratulated on the substantial role as a non-clinician he had contributed to clinical care across Highland.

#### **14. DATE OF NEXT MEETING**

Next meeting to take place on Thursday 26 August from 14:00-16:00 via Microsoft TEAMS.

#### **Actions agreed at TAM Subgroup meeting**

<b>Minute Ref</b>	<b>Meeting Date</b>	<b>Action Point</b>	<b>To be actioned by</b>
Follow up report <a href="#">Back to minutes</a>	June 2021	Circulate TAM Project Manager vacancy link to the Group.	<b>WA</b>
Ezetimibe (Ezetrol) 10mg tablets <a href="#">Back to minutes</a>	June 2021	Request a Pink One article be written.	<b>PH</b>
		Clarification required that the intention is for secondary care only to initiate treatment and then primary care prescribe it.	<b>PH</b>
Pertuzumab with trastuzumab (Phesgo) 1200mg/600mg and 600mg/600mg for subcutaneous injection <a href="#">Back to minutes</a>	June 2021	Query if the locally abbreviated Oncology/Haematology submission form can be used in the interim until the North of Scotland Cancer Alliance form is available.	<b>PH</b>
Factors to consider when prescribing SGLT2 inhibitors in T2DM <a href="#">Back to minutes</a>	June 2021	Add information to state canagliflozin and empagliflozin are being used off-label.	<b>PH</b>
Raigmore Hospital Guidance on Proton Pump Inhibitor (PPI) Selection and Administration for Children <a href="#">Back to minutes</a>	June 2021	Amend title. Esomeprazole granules administration guidance for enteral tubes – specify that an oral enteral syringe should be used.	<b>PH</b>
Vancomycin dosing in paediatrics guideline and	June 2021	Request that any reference to Medusa be changed to Injectable Medicines Guide	<b>PH</b>

neonatal antibiotic monographs for benzylpenicillin, gentamicin and vancomycin <a href="#">Back to minutes</a>		throughout the documents and correct layout of tables. Inform author that once uploaded on to SCBU site that links need to be added to the Injectable Medicines Guide.	
Erector Spinae Plane (ESP) catheters for analgesia for rib fractures – a quick guide <a href="#">Back to minutes</a>	June 2021	Specific to Raigmore therefore add this to the title.	<b>PH</b>
Guideline for the administration of andexanet alfa (Ondexxya®) in NHS Highland <a href="#">Back to minutes</a>	June 2021	Liaise with author regarding what information is to be included in relation to pumps.	<b>PH/JS</b>
Guideline minor amendments and Formulary Minor additions/deletions/amendments <a href="#">Back to minutes</a>	June 2021	<b>Formulary</b> Obstetrics and Gynaecology to be contacted to see if they would like the new strength of Misoprostol added to the Formulary	<b>PH/WA</b>
		<b>Guidelines</b> Add box back in to the Liver Haemochromatosis guidance relating to genetic testing for haemochromatosis which included a link to the form and told you which tube/tubes to fill.	<b>PH</b>
Formulary Report <a href="#">Back to minutes</a>	June 2021	Anaesthetics compliance spend appears to be low and the reason for that was questioned. Report to be made at next meeting.	<b>FH</b>