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
26 August 2021, via Microsoft TEAMS

Present:	Alasdair Lawton, Chair Patricia Hannam, Formulary Pharmacist Dr Alan Miles, GP Dr Robert Peel, Consultant Nephrologist Claire Wright, Acute Pain Nurse Dr Antonia Reed, GP Dr Jude Watmough, GP Jane Smith, Principal Pharmacist Joanne McCoy, LGOWIT Co-ordinator Damon Horn, HEPMA Pharmacist Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice)
In attendance:	Wendy Anderson, Formulary Assistant Olivia Crawford, Student
Apologies:	Liam Callaghan, Principal Pharmacist Western Isles Ayshea Robertson, Associate Lead Nurse Argyll & Bute

1. WELCOME AND APOLOGIES

The Chair welcomed the group and introductions were made. It was noted that with meetings taking place via TEAMS, it was important to provide notice of apologies for attendance or only being able to attend part of the meeting prior to the meeting taking place in order to ensure they are quorate, and a reminder given that if members are unable to attend then a delegate should be arranged, again to maintain quoracy.

2. REGISTER OF INTEREST

No interests were declared.

3. MINUTES OF MEETING HELD ON 24 JUNE 2021

Accepted as accurate.

4. FOLLOW UP REPORT

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

- The SGLT2 inhibitors action point from the last meeting was now complete.
- The andexanet alfa action point from the last meeting was in progress and should be complete by the next meeting due to be held in October.
- Agreed to add a further column giving an anticipated date of closure.

Action

5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY

5.1. Isatuximab (Sarclisa) 20mg/mL concentrate for solution for infusion
Submitted by: Peter Forsyth, Consultant Haematologist
Indication: In combination with pomalidomide and dexamethasone for the treatment of adult patients with relapsed and refractory multiple myeloma (RRMM) who have received at least two prior therapies including lenalidomide and a proteasome inhibitor (PI) and have demonstrated disease progression on the last

therapy.
Comments: New addition to the Formulary as per SMC2303. There is a PAS in place. Noted that the finance calculations per patient on the submission were incorrect, however the end figure was correct.
ACCEPTED

Discussion took place regarding information provided on forms:

- Often the environmental impact question was left blank however it was important that it remain on the form. It is recognised that at present there is little information regarding environmental impact of medicines however the question was there to prompt prescribers to consider the environmental impact of the submission and to raise the profile with manufacturers.
- Progress was being made on the abbreviated submission forms for Oncology/Haematology and a meeting had been set up with the Macmillan Principal Pharmacist.
- Rather than just including an as per SMC link response it was requested that key points were included on the submission form as well as the relevant SMC link.

5.2. Daratumumab (Darzalex) 120mg per 1ml solution for injection
Submitted by: Peter Forsyth, Consultant Haematologist
Indication: In combination with bortezomib, thalidomide and dexamethasone, for 1st line anti myeloma therapy in patients suitable for autologous stem cell transplant.
Comments: Already on the Formulary but this is an additional indication. There is a PAS in place.
ACCEPTED

5.3. Dapagliflozin (Forxiga) 5mg and 10mg tablets
Submitted by: Amanda Smith, Lead Heart Failure Nurse
Indication: Treatment of heart failure with reduced ejection fraction.
Comments: Already on the Formulary but for the treatment of diabetes rather than this indication. There is not a PAS in place. Environmental impact information provided stating that although the half-life in aquatic systems is 120 days the overall impact was risk assessed as insignificant. The primary endpoint in the clinical trial was a reduction in hospital admissions, indicating that for with this submission , which states 80 patients a year to be treated, with a NNT (number needed to treat) of 20 to prevent 1 hospital admission, then 5 hospital admissions could be expected to be avoided per year. A protocol to be requested. Noted that this class of medicines are seen as a game changer for a number of indications and therefore it is likely that there will be future submissions. **ACCEPTED**
Action

5.4. Equine Anti-Thymoglobuline (Atgam) 250mg/5ml solution for infusion
Submitted by: Peter Forsyth, Consultant Haematologist
Indication: 1st line immunosuppressive therapy for aplastic anaemia.
Comments: This is an unlicensed medicine that has already been used for a number of years in NHS Highland, it is recognised that the submission is to formalise current clinical practice and thereby enable easier access of the medicine, which currently is via the non-formulary process. Agreed not to add to the Formulary on TAM but include in the unlicensed medicines list and add to the hospital dispensing system as a formulary item.
ACCEPTED

6. UPDATED AND NEW HIGHLAND FORMULARY SECTIONS AND GUIDANCE FOR APPROVAL

6.1. North Highland Pathway for Infant Feeding Difficulties Clinic (IFDC) & Infant Feeding Allergy Clinic (IFAC) *(new)*

- Nice, clear, helpful pathway.
- Concern that referral only by email and not SCI Gateway making this difficult to prove in the patient notes that the referral has been submitted and creates additional work as data from the patient record needs to be transposed into an email and vice versa.
- It was felt that referral via SCI Gateway should be the default setting unless there is a good reason why other methods need to be used. Raise referral process with ADTC. SBAR to be drafted and put round the Subgroup for approval. Also agreed to contact Jim Docherty regarding this.
- Is the email address secure?

ACCEPTED
Action

6.2. COPD (Chronic Obstructive Pulmonary Disease) *(updated)*

- Email addresses to be updated.
- The discharge process is not in alignment with the drafted TEC respiratory pathway and may need to be updated once this has been finalised and released.

ACCEPTED

Action

6.3. Acute Coronary Syndrome (ACS) *(updated)*

- Immediate management of suspected ACS in Primary Care or community, first bullet point: change to 'First medical contact to ECG diagnosis as soon as practical, ideally within 10 minutes.'

ACCEPTED

Action

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

None put forward.

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

Noted and approved.

Formulary

- Agreed that a Pink One article was required for new prescribing advice on switching between different levothyroxine sodium products.

Action

9. SMC ADVICE

Noted.

10. FORMULARY REPORT

No new report available.

At the last meeting the question was asked as to why Formulary compliance regarding anaesthesia was poor. The following comments/questions on the anaesthesia compliance report were noted:

- Which formulation of midazolam is on the report as midazolam is on the Formulary and used in palliative care?
- Current report lists prescription items. A further report to be done providing a breakdown of number of patients and who is prescribing it to inform if a submission is warranted.
- After this report is provided and as a Formulary submission may be required for lidocaine plasters then the Chronic Pain Team to be contacted regarding this to see if they recommend it and for what purpose they recommend it for.
- The pain service are currently doing a review and redeveloping the service so ideal time to contact them.

Action

11. TAM REPORT

The escalation process is currently not working and needs to be revised. This will be done once the new TAM Project Manager is in post.

12. NHS WESTERN ISLES

It was noted that it was useful to have NHS Western Isles on this Subgroup as changes made can have a knock-on effect for them.

13. HSCP QUALITY PATIENT SAFETY SUBGROUP: CLOSTRIDIUM DIFFICILE IN THE COMMUNITY

Comments had been received saying that the guidance on TAM was not easy to find and perhaps signposting should be improved. This was responded to prior to the meeting. Also noted that it was long overdue for review. This has been brought to the attention of the AMT.

Cefalexin prescription was also a feature. Unlike most other Health Boards it is in NHS Highland's

antimicrobial guidance for use in urinary tract infections and out-with this group Findlay agreed to take forward with the Antimicrobial Management Team to see if it should be in the Formulary.

14. TAM PROJECT MANAGER POST UPDATE

Gil Paget has successfully been appointed and starts on Monday 30 August. It is a one year, seconded post and her role will be to look at how TAM should be managed and in particular looking at non-medicine clinical guidelines that sit out-with the Formulary.

15. TAM SUBGROUP MEETING DATES 2022

Agreed to keep to the standard Thursday afternoons for next year's dates and to continue meeting via TEAMS. Dates for 2022 to be planned and circulated to the Subgroup for comment.

Damon Horn was invited and agreed to be added as a member of the Subgroup.
Action

16. AOCB

the Pink One
The latest edition had been sent out.

Buprenorphine patches
These are not in the Formulary but are fairly frequently prescribed for pain and for palliative care in primary care. Should there be a Formulary submission made? Agreed that the Chronic Pain Team and palliative care should be contacted regarding this. Any submission made should include a very clear indication.

Switching of medicines

- *Oxycodone - Longtec to Oxypro*
  This Formulary change was discussed at both the December and February TAM Subgroups. The switch had to date not taken place. Cost savings do not apply to secondary care so patients are still being initiated on Longec. There have also been reports from patients that the blister packs are extremely difficult to open. It has been discussed by the Project Management Office but needs to be taken forward and the following comments were made:
  - If an immediate resolution/decision is not made by the Project Management Office then the Formulary will revert back to Longtec in the interim.
  - This is an MHRA issue as the packaging is not fit for purpose.
  - What other Boards have made this change and have they encountered any issues.
  - Is this a particular batch issue with the packaging? A complaint to be made to National Procurement on a batch specific basis to ask if there is any variation and if a quick resolution can be made.
  - Collect more information on the problem before a decision can be made. Email out via CPS to see if any problems have been reported and if batch numbers have been noted.
- *Melatonin capsules to tablets*
  This switch was done on a cost effectiveness basis. This switch is proving difficult for a number of reasons due to this particular patient group. A letter has been drafted and given to the Paediatric Pharmacist and Community Paediatrics explaining the switch to patients. Agreed that this letter should be sent to GP Subcommittee for information.

Switching of medicines needs to be better managed and it was suggested that an algorithm or crib be developed for when switches are to be initiated and include information regarding how many patients are effected, what the cost implications are, what the clinical implications are, how much effort is going to be involved and has there been a previous switch (if so when).

Ranitidine shortage
There is still a long term problem due to a contaminant in the basic ingredient. The advice regarding alternative prescribing has not been fully followed and there are now a lot of patients on famotidine for which there is no guidance in place within NHS Highland.
Action

17. DATE OF NEXT MEETING

Next meeting to take place on Thursday 28 October from 14:00-16:00 via Microsoft TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Meeting Date	Action Point	To be actioned by
Follow up report *Back to minutes*	August 2021	Agreed to add a further column giving an anticipated date of closure.	**WA**
Dapagliflozin (Forxiga) 5mg and 10mg tablets *Back to minutes*	August 2021	Request a protocol be written. To include: place in therapy, are GPs to refer patients in, if so how, and how are they identified.	**PH**
North Highland Pathway for Infant Feeding Difficulties Clinic (IFDC) & Infant Feeding Allergy Clinic (IFAC) *Back to minutes*	August 2021	Raise referral process with ADTC. SBAR to be drafted and put round the Subgroup for approval. Also agreed to contact Jim Docherty regarding this.	**PH**
	August 2021	Check security of email provided for referral.	**WA**
COPD (Chronic Obstructive Pulmonary Disease) *Back to minutes*	August 2021	Amend email address.	**PH**
Acute Coronary Syndrome (ACS) *Back to minutes*	August 2021	Carry out minor amendment to bullet point working as agreed.	**PH**
Formulary Minor additions/ deletions/amendments *Back to minutes*	August 2021	Request a Pink One article be written regarding new prescribing advice on switching between different levothyroxine sodium products.	**PH**
Formulary report *Back to minutes*	August 2021	Confirm which formulation of midazolam is on the report as midazolam is on the Formulary, does this impact on palliative care?	**PH**
	August 2021	A further report to be done providing a breakdown of number of patients and who is prescribing it.	**PH**
	August 2021	Contact the Chronic Pain Team if a Formulary submission is required for lidocaine plasters.	**PH**
TAM Subgroup meeting dates 2022 *Back to minutes*	August 2021	Dates for 2022 to be planned and circulated to the Subgroup for comment.	**WA**
	August 2021	Update membership of the Remit and Terms of Reference for the Subgroup.	**WA/PH**
AOCB *Back to minutes*	August 2021	*Switching medicines* Develop an algorithm or crib for when switches are to be initiated and include information regarding how many patients are effected, what the cost implications are, what the clinical implications are, how much effort is going to be involved and has there been a previous switch (if so when).	**PH**
	August 2021	*Oxycodone - Longtec to Oxypro* Email out via CPS to see if any problems have been reported and if batch numbers have been noted.	**PH**
	August 2021	*Melatonin capsules to tablets* Letter explaining the switch to patients to be sent to GP Subcommittee for information.	**PH**
	August 2021	*Famotidine* To seek guidance on when H2A and PPIs including famotidine should be used and when to switch.	**PH**