

**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
28 April 2022, via Microsoft TEAMS**

Present:	Alasdair Lawton, Chair Patricia Hannam, Formulary Pharmacist Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice) Dr Duncan Scott, Consultant Physician Dr Antonia Reed, GP Louise Reid, Acute Pain Nurse Lead Dr Jude Watmough, GP Jane Smith, Principal Pharmacist Joanne McCoy, LGOWIT Co-ordinator Linda Burgin, Patient Representative Liam Callaghan, Chief Pharmacist, NHS Western Isles Ayshea Robertson, Advanced Nurse Practitioner Jenny Munro, AP Physiotherapist, Continence and Independent Prescriber
In attendance:	Wendy Anderson, Formulary Assistant Laura Cuthbertson, TAM Project Support Manager Damon Horn, HEPMA Pharmacist Fiona Turnbull, Librarian
Apologies:	Dr Robert Peel, Consultant Nephrologist Dr Alan Miles, GP

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

No interests were declared.

3. MINUTES OF MEETING HELD ON 24 FEBRUARY 2022

Accepted as accurate.

4. FOLLOW UP REPORT

A number of items had now been completed and a verbal update was given with the following points of particular note:

- A list of Homecare products to be given to ADTC to see if they can be added to the Formulary, rather than retrospective individual submissions being required.
- Prevention of Iron deficiency anaemia in pregnant women to be removed from Follow up report as author is revising guidance.
- Low Electrolyte guidance is now complete and on TAM.
- The Critical Care formulary is under development.
- Famotidine update: seeking guidance on when PPIs and H2 antagonists should be used and when to change around – enquiry has been raised with the Antimicrobial Management Team to see if there has been any increase in C diff infection with the disappearance of ranitidine from usage over the past couple of years.

5. SUBMISSIONS FOR ADDITION TO HIGHLAND FORMULARY FOR APPROVAL

<p>5.1. Dapoxetine (Priligy®) 30mg, 60mg tablets (SMC987/14 – not recommended (non submission)) Submitted by: Bridie Howe, Consultant in genitourinary medicine and HIV Indication: As per BNF: Premature ejaculation in men who meet all the criteria. Comments: There is a place in therapy for it as it is the only licensed treatment for this indication. It will be specialist use only. Currently we use antidepressants; SSRIs, this treatment would be used instead as an as required licensed preparation as opposed to off-label use of an antidepressant. No other Health Board currently has it on their Formulary. Manufacturer to be contacted to query why a submission has not been made. ACCEPTED <u>Action</u></p>
<p>5.2. Telotristat ethyl (Xermelo®) 250mg film-coated tablets (SMC1237/18) Submitted by: Nick Reed, Consultant Oncologist Indication: Treatment of carcinoid syndrome diarrhoea in combination with somatostatin analogue therapy in adults inadequately controlled by somatostatin analogue therapy. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.3. Enzalutamide (Xtandi®) 40mg film-coated tablets, 160mg single dose per day (SMC2400) Submitted by: Feng-Yi-Soh, Consultant Oncologist Indication: Treatment of adults with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy (ADT). Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.4. Olaparib (Lynparza®) 100mg, 150mg film-coated tablet (SMC2366) Submitted by: Feng-Yi-Soh, Consultant Oncologist Indication: As monotherapy for the treatment of adult patients with metastatic castration-resistant prostate cancer and BRCA1/2-mutations (germline and/or somatic) who have progressed following prior therapy that included a new hormonal agent. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.5. Tucatinib (Tukysa®) 50mg and 150mg film-coated tablets (SMC2398) Submitted by: Feng-Yi-Soh, Consultant Oncologist Indication: 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. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.6. Trastuzumab deruxtecan (Enhertu®) 100mg powder for concentrate for solution for infusion (SMC2388) Submitted by: Feng-Yi-Soh, Consultant Oncologist Indication: 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. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.7. Sacituzumab govitecan (Trodelvy®) 180mg powder for concentrate for solution for infusion (SMC2466) Submitted by: Feng-Yi-Soh, Consultant Oncologist Indication: Treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior lines of systemic therapies, at least one of them given for unresectable locally advanced or metastatic disease. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.8. Cabozantinib (Cabometyx®) 20, 40, 60mg film coated tablets (SMC2386)</p>

<p>Submitted by: Neil McPhail, Consultant Oncologist Indication: In combination with nivolumab for the first-line treatment of advanced renal cell carcinoma in adults. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.9. Avelumab (Bavencio®) 200mg/10ml solution for infusion (SMC2359) Submitted by: Feng-Yi Soh and Neil McPhail, Consultant Oncologists Indication: As monotherapy for the first-line maintenance treatment of adult patients with locally advanced or metastatic urothelial carcinoma who are progression-free following platinum-based chemotherapy. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.10.Osimertinib (Tagrisso®) 40mg and 80mg film-coated tablets infusion (SMC2383) Submitted by: Carol MacGregor, Consultant Oncologist Indication: 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. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.11.Osimertinib (Tagrisso®) 40mg and 80mg film-coated tablets (SMC2382) Submitted by: Carol MacGregor, Consultant Oncologist Indication: As monotherapy for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) mutations. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.12.Nivolumab (Opdivo®) 10mg/mL concentrate for solution for infusion (SMC2362) Submitted by: Kirsti Mjoseng, Specialist Clinical Pharmacist (Oncology) Indication: 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. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.13.Ponesimod (Ponvory®) titration pack and 20mg film-coated tablets (SMC2384) Submitted by: Joan MacKintosh, Clinical Pharmacist Team Manager Indication: The treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features. ACCEPTED</p>
<p>5.14.Opicapone (Ongentys®) 50mg hard capsules (SMC2430) Submitted by: Joan MacKintosh, Clinical Pharmacist Team Manager Indication: As adjunctive therapy to preparations of levodopa/DOPA decarboxylase inhibitors (DDCI) in adult patients with Parkinson's disease and end-of-dose motor fluctuations who cannot be stabilised on those combinations. Comments: Lack of effectiveness information included in the submission. Query as to why they want this addition and are they expecting to see that this will be more effective than other items on the Formulary? ACCEPTED pending Action</p>
<p>5.15.Upadacitinib (Rinvoq®) 15mg prolonged-release tablets (SMC2361) Submitted by: Alex Morrison, Lead Pharmacist for Homecare Indication: For the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more DMARDs. Upadacitinib may be used as monotherapy or in combination with methotrexate. Comments: Lack of clinical information included, but place in therapy is well described and it is cost effective. ACCEPTED</p>

<p>5.16.Filgotinib (Jyseleca®) 100mg and 200mg film-coated tablets (SMC2365) Submitted by: Alex Morrison, Lead Pharmacist for Homecare Indication: Filgotinib is indicated for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). ACCEPTED</p>
<p>5.17.Acalabrutinib (Calquence®) 100mg hard capsules (SMC2346) Submitted by: Dr Caroline Duncan, Consultant Haematologist Indication: As monotherapy or in combination with obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL). Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.18.Acalabrutinib (Calquence®) 100mg hard capsules (SMC2347) Submitted by: Dr Caroline Duncan, Consultant Haematologist Indication: As monotherapy or in combination with obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL). Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.19.Acalabrutinib (Calquence®) 100mg hard capsules (SMC2348) Submitted by: Dr Caroline Duncan, Consultant Haematologist Indication: As monotherapy for the treatment of adult patients with chronic lymphocytic leukaemia (CLL) who have received at least one prior therapy. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.20.Venetoclax (Venclyxto®) 10mg, 50mg and 100mg film-coated tablets (SMC1249/17) Submitted by: Dr Caroline Duncan, Consultant Haematologist Indication: As monotherapy for the treatment of chronic lymphocytic leukaemia (CLL). Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.21.Venetoclax (Venclyxto®) 10mg, 50mg and 100mg film-coated tablets (SMC2166) Submitted by: Dr Caroline Duncan, Consultant Haematologist Indication: In combination with rituximab for the treatment of adult patients with chronic lymphocytic leukaemia (CLL) who have received at least one prior therapy. Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.22.Venetoclax (Venclyxto®) 10mg, 50mg and 100mg film-coated tablets (SMC2293) Submitted by: Dr Caroline Duncan, Consultant Haematologist Indication: In combination with obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL). Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.23.Venetoclax (Venclyxto®) 10mg, 50mg and 100mg film-coated tablets (SMC2412) Submitted by: Dr Caroline Duncan, Consultant Haematologist Indication: In combination with a hypomethylating agent (HMA) for the treatment of adult patients with newly diagnosed acute myeloid leukaemia (AML) who are ineligible for intensive chemotherapy (IC). Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place. ACCEPTED</p>
<p>5.24.Pembrolizumab (Keytruda®) 25mg/mL concentrate for solution for infusion (SMC2380) Submitted by: Katherine Leighton, Consultant Haematologist Indication: As monotherapy for the treatment of adult and paediatric patients aged 3 years and older with relapsed or refractory classical Hodgkin lymphoma who have failed autologous stem cell transplant (ASCT) or following at least two prior therapies when ASCT is not a treatment option.</p>

Comments: Accepted with the acknowledgement that it is as per SMC, Finance are made aware of the costings and a protocol is put in place.

ACCEPTED

6. UPDATED AND NEW TAM GUIDANCE FOR APPROVAL

6.1. Spirometry

- Further dissemination to occur to raise awareness.

ACCEPTED

[Action](#)

6.2. Transgender guidance *****withdrawn*****

6.3. Testosterone Replacement in Menopause

- Very well written and helpful guidance.
- Tostran is already in the Formulary and therefore a minor amendment to include use in female patients was agreed.
- Testogel is currently not in the Formulary. Agreed that as there are supply issues with testosterone that occur intermittently on a regular basis, to include in the guidance that Tostran is the Formulary choice but if there are shortages then a non-Formulary alternative is Testogel.

ACCEPTED pending

[Action](#)

6.4. Management of Non-visible Threads & Suspected Perforation of Uterus with Intrauterine Contraception

ACCEPTED

6.5. Urgent suspected Lung Cancer

- This is the first of a tranche of guidance to be expected from the respiratory team as they undergo the TAM gap analysis process and is being supported by the TEC Respiratory Pathfinder team.
- Noted that it is currently difficult to obtain urgent chest X-ray from Primary Care. Request that this is raised as a separate query to the guidance to confirm what the current process is.

ACCEPTED pending

[Action](#)

6.6. Cough

- Recommendation of use of e-cigarettes to be queried and removed in the interim until further information on NHS Highland's stance on e-cigarettes is given. Reinforce stop smoking advice instead.
- Reflux cough management, amend first bullet point to 'Trial of simple antacids or PPI ...', instead of 'Trial of simple antacids and PPI ...'

ACCEPTED pending

[Action](#)

6.7. Pleural Plaques

- Helpful guidance
- Change abbreviations to put in full throughout.

ACCEPTED pending

[Action](#)

6.8. Bronchiolitis

- Word missing on page 2 'preferably using a Paediatric ...'
- Put terms in full throughout.
- Disparity in guidance on when should it be treated as urgent and when should you refer, clarification required.
- Request that the respiratory rate is amended to 60 throughout from 70.
- The link to the patient information leaflet takes you to a Greater Glasgow document, is this correct? If it is, then include in the introduction that it is intended for use in NHS Highland.

ACCEPTED pending

[Action](#)

6.9. Chronic Pain

Chronic Pain Pathway

- Clarify the services that are offered for children with chronic pain.
- Include link to LGOWIT portal on dealing with persistent pain in adults, once it is available.
- Include link to Silverlight module on CBT module for living with chronic pain.

Neuropathic non-malignant pain

- Request that an algorithm is developed as the current document of general points does not flow well.
- Suggested that NNTs are not helpful in this guidance and are replaced with plain English terminology.
- Lidocaine 5% medicated plasters are not on the Formulary.

Opioids in chronic non-malignant pain

- No comments made.
- Noted that the guideline has been updated which has resulted in constraints in the presentation. Recommend that the Chronic Pain guidance is rewritten in a standard, more logical format.

REJECTED

Action

6.10.Management of Surgical Patients who decline a COVID-19 diagnostic test

ACCEPTED

6.11.Hospital in-patients admitted with symptomatic COVID-19 infection

ACCEPTED

6.12.Hospital in-patient with hospital-acquired/hospital onset COVID-19 infection

ACCEPTED

6.13.COVID-19 When to refer to Infectious Diseases Team (Secondary care)

- Remove '(Secondary care)' from the title and replace with 'for in-patients'.
- Include definition for GC in the Glossary of Terms.

ACCEPTED

Action

6.14.Glucose monitoring

ACCEPTED

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

Noted:

[Diabetes in adults in palliative care](#)

8. GUIDELINE MINOR AMENDMENTS

Noted and approved.

9. TAM REPORT

Laura Cuthbertson provided an update with the following points being of note:

- Amount of guidance has increased, however out of date guidance figure remains unchanged.
- The TAM Project Manager is leaving the seconded post 3 months early, therefore the project closure report is being done along with a TAM establishment review and options appraisal. It was hoped that this information will be presented at the next Subgroup meeting.
- Maternity cover for the TAM Project Support Manager was in the recruitment process.
- Tactuum, who provide the software for TAM, are opening an office in Inverness and it was hoped that this would be of use for TAM with respect to closer working.
- TAM is working with Library Services on out of date guidance and to try and identify any gaps in guidance.
- TAM has been reviewing the suitability of its portal for the use of patients, and has been in ongoing discussions with various groups in NHS Highland to raise the awareness of the lack of governance of patient information. A proposal is that the Health Information Resource Service (HIRS) will take on the management of patient information in Highland and TAM is liaising with HIRS on this. Current thinking is that TAM's primary function is as a publicly available resource for clinicians that contain patient

information, rather than being a patient friendly resource. The NHS Highland website is to be updated and has gone out to tender and there is a software developer in place. It is expected that this will be the patient facing portal for NHS Highland and again TAM is liaising with this team to ensure that there is continuity of information on both sites.

10. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted and approved.

11. FORMULARY REPORT

Report tabled at the meeting. Noted that NHS Highland is relatively compliant with the Formulary but there is still a large Formulary non-compliance spend.

12. SMC ADVICE

Noted.

13. UNLICENSED AND OFF-LABEL MEDICINES LIST ITEMS TO BE ADDED TO THE HIGHLAND FORMULARY

Discussed at the Formulary Forum and it was recommended that these should be represented on the Formulary, with comment made that some are already on. There is currently a restricted access NHS Highland unlicensed spreadsheet on the intranet. The items will be reviewed to see which are still to be recommended to be added to the Formulary. Agreed that this was a good way forward and should be progressed.

14. ENVIRONMENT

Nothing to report.

15. NHS WESTERN ISLES

If available, NHS Highland Patient Specific Protocol template to be shared with NHSWI.

To contact LC when a submission for liraglutide is made to the formulary as this is of interest to NHSWI.

[Action](#)

16. ANY OTHER COMPETENT BUSINESS

Patient Group Direction intranet page

A link has been added on TAM under 'Other Formularies' to this page.

Tactuom upgrade

Work has been underway in the background in preparation for this upgrade, with standardisation made to Formulary monographs.

Scottish Intercollegiate Guidelines Network (SIGN) Guidance Letter

A letter was received back in November 2021 recommending that Health Boards defer/refer to SIGN guidance as standard. NHS Highland already do this.

National Cancer Medicines Advisory Group (NCMAG) Programme update

Presented at ADTCC earlier in the year. They deal with cancer medicines that are used off-label. They are a governing body assessing medicines on a National level and will interact with this Group in some form, along with the North Cancer Alliance who will be dealing with Oncology and Haematology submissions.

17. DATE OF NEXT MEETING

Next meeting to take place on Thursday 30 June, 14:00-16:00 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Meeting Date	Action Point	To be actioned by
Dapoxetine (Priligy®) 30mg, 60mg tablets Back to minutes	April 2022	Manufacturer to be contacted to query why a submission has not been made.	PH
Opicapone (Ongentys®) 50mg hard capsules	April 2022	Lack of effectiveness included in the submission. Query as to why they want this addition and are	PH

Back to minutes		they expecting to see that this will be more effective than other items on the Formulary?	
Spirometry Back to minutes	April 2022	Ask author to contact Claire Piper to ask for request inclusion in the Primary Care Bulletin.	PH
Testosterone Replacement in Menopause Back to minutes	April 2022	Formulary minor amendment to include Tostran use in female patients.	PH/WA
	April 2022	Include in the guidance that Tostran is the Formulary choice but if there are shortages then a non-Formulary alternative is Testogel.	PH
Urgent suspected Lung Cancer Back to minutes	April 2022	Request information on the current procedure for requesting an urgent chest x-ray. To contact Steph Adlinton.	PH
Cough Back to minutes	April 2022	Query recommendation of use of e-cigarettes in NHS Highland. Reinforce stop smoking advice instead.	PH
Pleural Plaques Back to minutes	April 2022	Change abbreviations to put in full throughout.	PH
Bronchiolitis Back to minutes	April 2022	Inform lead reviewer of agreed changes: <ul style="list-style-type: none"> • Word missing on page 2 'preferably using a Paediatric ...' • Put terms in full throughout. • Disparity in guidance on when should it be treated as urgent and when should you refer, clarification required. • Request that the respiratory rate is amended to 60 throughout from 70. • The link to the patient information leaflet takes you to a Greater Glasgow document, is this correct? If it is, then include in the introduction that it is intended for use in NHS Highland. 	PH
	April 2022	Clarification required as to when should it be treated as urgent and when should you refer?	PH
Chronic Pain Back to minutes	April 2022	Request information on what services are available for children with chronic pain.	PH
	April 2022	Neuropathic non-malignant pain <ul style="list-style-type: none"> • Request that an algorithm is developed as the current document of general points does not flow well. • Request that NNTs are replaced with plain English terms as it is felt that they are not helpful. • Lidocaine 5% medicated plasters are not on the Formulary. 	FH/PH
	April 2022	Ask for links to be included as agreed.	PH
COVID-19 When to refer to Infectious Diseases Team (Secondary care) Back to minutes	April 2022	Inform lead reviewer of agreed changes: <ul style="list-style-type: none"> • Remove '(Secondary care)' from the title and replace with 'for in-patients'. • Include definition for GC in the Glossary of Terms. 	PH
NHS Western Isles Back to minutes	April 2022	If available, NHS Highland Patient Specific Protocol template to be shared with NHS Western Isles.	FH
	April 2022	Contact LC when a submission for liraglutide is made to the formulary as this is of interest to NHSWI.	PH