TAM SUBGROUP OF THE NHS HIGHLAND AREA DRUG AND THERAPEUTICS COMMITTEE

Pharmacy Services
Assynt House
Inverness
Tel: 01463 706806
www.nhshighland.scot.nhs.uk/

MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC
11 February 2021, via Microsoft TEAMS

Present:	Okain McLennan, Chair Findlay Hickey, Lead Pharmacist (North & West) Patricia Hannam, Formulary Pharmacist Dr Alan Miles, GP Dr Simon Thompson, Consultant Physician Louise Reid, Acute Pain Nurse Lead Clare Bagley, Senior MM&I Pharmacist, Raigmore Dr Antonia Reed, GP Margaret Moss, Lead AHP, North & West Division
In attendance:	Wendy Anderson, Formulary Assistant Damon Horn, HEPMA Pharmacist Christopher Cameron, Clinical Pharmacist, Belford Lara Reid, Pre-registration Pharmacist
Apologies:	Dr Jude Watmough, GP Dr Robert Peel, Consultant Nephrologist Dr Duncan Scott, Consultant Physician Ayshea Robertson, Advanced Nurse Practitioner Liam Callaghan, Principal Pharmacist Western Isles

1. WELCOME AND APOLOGIES

The Chair welcomed the group. Three guests; Christopher Cameron, Lara Reid and Damon Horn were welcomed to the group.

2. REGISTER OF INTEREST

Dr Simon Thompson declared an interest in item 5.5 Siponimod.

3. MINUTES OF MEETING 3 December 2020

Accepted as accurate.

4. FOLLOW UP REPORT

A brief verbal update was given. It was noted that the action point re out of date items had been moved off the report as had been marked as completed due to it being reported at the last ADTCI the Professional Secretaries were all due to meet to discuss how best to support this and that the ADTC have reported this to Clinical Governance. Requested that this item be added to the agenda of the next meeting.
Action

5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY

5.1. Ceftolozane/tazobactam 1g/0.5g powder for concentrate for solution for infusion

Item withdrawn. The availability of this item is to be followed up via non-formulary processes.

5.2. Ceftazidime/avibactam 2g/0.5g powder for concentrate for solution for infusion

Item withdrawn. The availability of this item is to be followed up via non-formulary processes.

5.3. Romosozumab (Evenity) 105mg solution for injection in pre-filled pen

Submitted by: James Fraser, GP and Clinical Lead for the Highland Osteoporosis Service

Indication: As per SMC 2280: Treatment of severe osteoporosis in postmenopausal women at high risk of fracture and following the SMC restriction to use in patients who have experienced a fragility fracture and are at imminent risk of another fragility fracture (within 24 months).
Comments: Specialist use only and there is a PAS in place. A protocol will be developed and submitted to the Group once finalised after SIGN guidance has been released. Noted it looked very effective from the trial data. With regards to the cost, it was noted that the nurse training was to be funded by the manufacturers.
ACCEPTED
Action

5.4. Semaglutide (Rybelsus) 3mg, 7mg and 14mg tablets
Submitted by: David Macfarlane, Consultant Physician
Indication: As per SMC2287: The treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise.
In combination with other medicinal products for the treatment of diabetes.
Comments: Would be used as an alternative to the subcutaneous preparation for appropriate. Oral use is cost equivalent to using as subcutaneous therapy. The GLP-1 guidance currently on TAM would need to be amended to reflect any change. Switching is not straightforward; the effects of switching cannot be easily predicted due to high pharmacokinetic variability. Clarification required to ensure prescribing would only be aimed at patients starting this treatment rather than switching current patients. What does lack of efficacy mean – requires to be more didactic if going under general prescribing; eg other diabetic drugs state this to be six months lack of efficacy if the HBA1c hasn't dropped by a certain number of points.
ACCEPTED pending
Action

5.5. Siponimod (Mayzent) 2mg f/c tablet and 250 microgram titration pack
Submitted by: Dr Francisco Javier Carod Artal, Consultant Neurologist
Indication: As per SMC2265: Treatment of adult patients with secondary progressive multiple sclerosis (SPMS) with active disease evidenced by relapses or imaging features of inflammatory activity.
Comments: As Dr Thompson had refrained from commenting, retrospective comment from a Consultant was required for quoracy. Resubmission – pricing details have been added since last submission. There is not an equivalent medication for this indication – it is a novel therapy that will provide treatment to a patient group that doesn't currently does not have treatment. A PAS is in place and this will be delivered via Homecare. Clarification required as to who will be supporting the 3 monthly blood testing – will this be via the Investigation and Treatment Room or GP practices? Homecare Group for Scotland have agreed that all genetic testing and any monitoring eg cardiac monitoring should be done in house, which will incur additional cost. Confirmation required as to the correctness of the patient numbers provided.
Comment received retrospectively from Duncan Scott: I support this, although I think there are some costs not included in the bid which the organisation should take into account; if the therapy results in additional MRI scans, this cost could be considerable.
ACCEPTED pending
Action

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

6.1. Guidance for rivaroxaban and apixaban rapid reversal using andexanet alfa *(new)*

- Document needed to be more concise as agreed it was too wordy, in particular the dose and administration information. Perhaps better to use the dosage table in the SPC as it was clearer.
- Only a limited list of indications included. At the very least should include prompt discussion with Haematologist to consider a reversal.
- Compare this document with the A&E reversal of haemorrhage guidance which is already in place, it would be of benefit that there is only one set of guidance available.

REJECTED
Action

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

None put forward.

8. ACUTE PAIN GUIDELINES (CIRCULATED POST DEC 2020 SUBGROUP – FOR NOTING ONLY)

Noted and approved.

9. HRT GUIDELINES (CIRCULATED POST DEC 2020 SUBGROUP – FOR NOTING ONLY)

Noted and approved pending one further minor amendment – change final bullet point for St John's Wort by deleting 'potential'.
Action

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

Noted and approved pending the following:

Rivaroxaban for PAD or CAD: Review in Primary Care
Bullet point to be added back in but be amended to read 'Ensure taken with food'. This decision was based on the real problem of patients' and clinicians' lack of awareness of the need to take higher doses with food. It was felt that, although lower doses do not *need* to be taken with food, giving this information would give a mixed message.
Action

Oral corticosteroids
An article for the Pink One to be written to inform prescribers that the prednisolone treatment length had been reduced to 5 days from 7 to 14 days.
Action

Deletion of Diprobase and Epaderm from Emollient section of the Formulary
The section had been reviewed with Dermatology with a view of tightening prescribing and making it more cost effective. Concern was raised as to what options would then be available if the patient had an allergy to or the Formulary products were ineffective. Agreed that Dermatology be approached and asked for a cost-effective short list of appropriate products for when first line fails. General guidance about where to go if you think patient is reacting to product which class of emollient you should look at. In practice patients generally appear to be more allergic to creams and some to paraffin-based products. As there is perhaps already literature in place for this suggested and agreed that a Medicines Information query be made in the first instance.
Action

11. SMC ADVICE

Noted.

12. FORMULARY REPORT

Noted. A blood glucose test meters and strips group had been set up and were working on how to involve patients in sampling strips. Diabetic needles will also be looked into at a future date.

13. TAM REPORT

Noted.

14. NHS WESTERN ISLES

Nothing to report.

15. AOCB

HEPMA
The new HEPMA Pharmacist, Damon Horn, introduced himself and gave a brief background. HEPMA will include its own clinical guidelines and will need to have an oversight of the therapeutic guideline development and review process. HEPMA and TAM will require close working to ensure that the two systems complement each other. Agreed that Damon should be invited to attend meetings of the TAM Subgroup.
Action

Formulary Forum
Meetings of the Formulary Pharmacists throughout Scotland which is supported by the ADTC Collaborative have recommenced and it was found to be a useful source and link to HEPMA.

Scriptswitch
This is a supporting tool for GPs that can issue prescribing/therapeutic alerts. The Formulary Team have agreed to provide an advisory role only.

BRAG report
This monthly report highlights the top 5 cost efficiencies but also considers clinical effectiveness. This information would be provided in future *the* Pink One publications to reinforce the message.

Gender neutral phrasing in TAM guidance
TAM will review content on an as an when basis and implement gender neutral phraseology in its guidance, where appropriate.

16. DATE OF NEXT MEETING
Next meeting to take place on Thursday 29 April 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*	February 2021	Out of date items to be added to the agenda of the next meeting.	**PH/WA**
Romosozumab (Evenity) 105mg solution for injection in pre-filled pen *Back to minutes*	February 2021	Await submission of romosozumab protocol	**PH**
Semaglutide (Rybelsus) 3mg, 7mg and 14mg tablets *Back to minutes*	February 2021	Clarification required to ensure prescribing would only be aimed at patients starting this treatment rather than switching current patients. Descriptive parameters required for the lack of efficacy.	**PH**
Siponimod (Mayzent) 2mg f/c tablet and 250 microgram titration pack *Back to minutes*	February 2021	Retrospective comment from a Consultant required.	**DS/RP**
		Clarification required as to who will be supporting the 3 monthly blood testing.	**PH**
		Confirmation required as to the correctness of the patient numbers provided.	**PH**
		Request information to see if the therapy results in additional MRI scans, this cost could be considerable	**PH**
Guidance for rivaroxaban and apixaban rapid reversal using andexanet alfa *Back to minutes*	February 2021	Compare this document with the A&E guidance	**PH**
HRT Guidelines *Back to minutes*	February 2021	Noted and approved pending one further minor amendment – change final bullet point for St John's Wort by deleting 'potential'.	**PH**
Rivaroxaban for PAD or CAD: Review in Primary Care *Back to minutes*	February 2021	Bullet point to be added back in but be amended to read 'Ensure taken with food'.	**PH**
Oral corticosteroids *Back to minutes*	February 2021	Request an article for the Pink One be written to inform prescribers that the prednisolone treatment length has been reduced.	**PH**
Deletion of Diprobase and Epaderm from Emollient section of the Formulary *Back to minutes*	February 2021	Ask Dermatology for a cost-effective short list or appropriate products.	**PH**
		Medicines Information query be made asking for a list of potentially irritating ingredients within creams/emollients for different classes.	**PH**

AOCB – HEPMA *Back to minutes*	February 2021	Invite HEPMA Pharmacist to attend meetings of the TAM Subgroup.	**PH**