TAM SUBGROUP OF THE NHS HIGHLAND AREA DRUG AND THERAPEUTICS COMMITTEE

Pharmacy Services
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MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC
24 April 2025, via Microsoft TEAMS

Present:	Alasdair Lawton, Chair Patricia Hannam, Professional Secretary, Formulary Pharmacist Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice) Dr Robert Peel, Consultant Nephrologist Duncan Scott, Consultant Physician Wendy Laing, Primary Care Clinical Pharmacist Lauren Stevenson, Pharmacist, Medicines Information Service Dr Jude Watmough, GP Emma King-Venables, Lead AHP, A&B Dr Stephen McCabe, Clinical Director, Primary Care Claire Wright, Acute Pain Nurse Specialist Susan Clifton, Head of Finance - Strategy/Transformation & Projects
In attendance:	Wendy Anderson, Formulary Assistant Laura Cuthbertson, TAM Project Support Manager
Apologies:	Jenny Munro, AP Physiotherapist Continence and Independent Prescriber Joanne McCoy, MySelf-Management Manager Dr Antonia Reid, GP (comments provided) Linda Burgin, Patient Representative

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

Nothing declared.

3. MINUTES OF MEETING HELD ON 27 FEBRUARY 2025 and Extraordinary meeting HELD on 24 MARCH 2025

Minutes of meeting held on 27 February 2025
Minutes accepted as accurate pending removal of Alasdair Lawton being present.

Extraordinary meeting held on 24 March 2025
Minutes accepted as accurate.

Timeline:
IV fluid guidance had been brought to the February TAM Subgroup (24/02/25) where it was rejected. However a distribution email had already been disseminated to state that it was to be implemented on the wards the following Monday, 03/03/25. The guideline author was immediately informed of the rejection status of the guidance and the following morning, 25/02/25, discussion had as to how to navigate a planned roll out of guidance which is not approved for use. Implementation was delayed due to a combination of the guidance not being ratified, and stock not being available for use on the wards. A meeting was held on Monday 03/03/25 between the guideline author and the operational team. It was agreed that implementation would be delayed until an agreement could be made. On 11/03/24 Duncan Scott and Patricia Hannam met with Ross Patterson, the calculator developer, to discuss the concerns raised by the TAMSG about the calculator, with follow-on discussion with Ann Wales, lead for RDS. An extraordinary TAMSG meeting was held on 24/03/25

to further discuss and provide recommendations. Changes were made to the guidance and it went back to TAMSG for email ratification, but was again rejected. Understanding that implementation was still being planned, escalation was required. As standard this would be to the ADTC, and the chair and deputy chair were informed. However, as an urgent decision was required that could not wait for the ADTC meeting on 23/04/25, it was decided that it would be raised to the Clinical Services Validation Group (CSVG), Wednesday 02/04/25, for an operational decision. At the CSVG meeting it was agreed that the implementation of the guideline, which incorporated the RDS calculator could go ahead, its use is to be audited and reported to the CVSG and the TAM Subgroup actions would still be completed with an aim of resubmitting the guidance to TAMSG to complete the ratification process. This was reported to yesterday's ADTC, but due to time limitations was only briefly discussed.

Recommended that an analysis is done of the events and be presented to the next ADTC meeting to see what lessons can be learnt from the ratification and implementation process. Of note: the Chairman of ADTC requested that concerns were added to the risk register and highlighted that rewriting the code for the calculator would not be difficult.

PH will work with Damon Horne and Claire Henderson-Hughes to take things forward.

4. ACTIONS FROM PREVIOUS MEETING

ITEM	ACTION POINT	ACTION	STATUS	COMMENTS
Dalteparin (Fragmin) solution for injection 5,000/0.2mL, 7,500/0.3mL, 10,000/0.4mL, 12,500/0.5mL, 15,000/0.6mL, 18,000/0.72mL, Pfizer Ltd (SMC683/11 – for a different indication)	Anticoagulation of the extracorporeal circuit during haemodialysis in adult patients (Guidelines) | Right Decisions (scot.nhs.uk) to be updated in line with this submission.	**PH**	Actioned	Passed to clinical team to progress
Symptomatic Relief Formulary	Add examples of brands for Oral rehydration salts eg Dioralyte.	**PH**	Complete	
	Should we be using the terminology senna (which BNF uses) or sennosides?		Complete	Changed to senna/sennosides.
	Paracetamol: Amalgamate the 1st and 3rd bullet points so doses sit together. Remove 'consider'. Should we change to one tablet or one suppository instead of stipulating dose?		Complete	
Wound Management guidelines and Formulary	Can it be streamlined? Agreed to send mock up with new layout to JW for comment.	**PH**	In progress	
	After discussion agreed to remove section on analgesia and replace with link to acute pain guidance due to concern around NSAID use.		Complete	Aim to submit to April TAMSG
TAM543 Fluid Balance	Subgroup members found that the fluid calculator did not stand up to their own 'stress testing' of pushing the calculator boundaries, ie the results were not appropriate for 'not very unusual' scenarios. Can this be investigated further and also fed back to the national tool/guideline developers as a concern to be looked into ASAP?	**PH**	Complete	Meeting held: Duncan Scott and Patricia Hannam with Ross Paterson. Ann Wales informed and response received. Further actions to be requested.
	It was felt that using such a tool had an element of 'dumbing down' of guidance for clinicians who would not then have the opportunity to build up the practical experience and knowledge base in identifying the patient's risks/parameters and choosing an appropriate product.		Complete	Statement that having tools to support prescribers improves prescribing practice.
	A separate issue is that the choice of fluids are not on the Highland Formulary. This is historical and PH will follow this up via formulary processes with Damon Horn		In progress	To be discussed at TAMSG. Should there be a 'Fluid Formulary'.

	in the first instance.			
	The choice of fluid is in question; eg a comment raised was whether Maintelyte has the correct composition for the purpose needed on the ward. Also that the calculator would allow, for example, a 500mL bag of potassium, which is not currently stocked at Raigmore.		In progress	As above.
TAM676 Lyme disease	Seem to be slight differences about when to do serology testing, is this intentional?	**PH**	Complete	Amendments made
	To query the term 'always' in the statement: Lyme serology is always positive in Lyme arthritis.		Complete	Amendments made
TAM298 Vitamin D Deficiency	Why is this local guidance in place when there is good NICE guidance available? Which parts of the national guidance do the authors feel are not adequate?	**PH**	In progress	To be amended and resubmitted as the guidance is needed in secondary care
	Subgroup members felt that the guidance wasn't needed but that testing information should be made available on ICE.		In progress	To be amended and resubmitted as the guidance is needed in secondary care
TAM672 Pathway B: Metabolic dysfunction associated steatotic liver disease (MASLD) – primary care	There was confusion as to what the following statement under 'Suggested liver screen' meant: 'In NHSH, requests for ELF, ceruloplasmin and alpha-1-antitrypsin are not currently part of the standard primary care liver blood screen. They may be requested as required by secondary care at the point of vetting and triage referrals'. This was and could be misunderstood as meaning that GPs should not screen for these two tests, rather that they are not available as the standard liver screen set. Please can this be reworded? Eg: In NHSH, the standard primary care liver blood screen for ELF does not include ceruloplasmin and alpha-1-antitrypsin. These may be requested as required at the point of vetting and triage referrals.'	**PH**	Complete	Passed to clinical team to progress. Amended to: In NHS Highland, the standard primary care liver blood screen for ELF does not include ceruloplasmin and alpha-1 antitrypsin. These may be requested, as required, at the point of vetting and triage of referrals.
	Suggest that the 'ICE' order set be amended to include two different liver screening sets one for under 50's and one for over 50's and the ceruloplasmin and alpha-1-antitrypsin screen is added to the relevant one.		Actioned	Passed to clinical team to progress. For now, I think we stick with a single request button (because some GPs have been struggling to find it) but I will discuss the option of an under 50s request button with the lab teams.
TAM459 Asthma (Adults)	There was discussion about feNO and eosinophil testing and at what stage of the pathway that would be done and do all practices have access to this.	**PH**	Complete	Guidance updated to reflect this
	How will this change in practice be disseminated to practices? Can this be done via prescribing advisors? Request that Thomas Ross or Jill Winchester are directly involved in discussion regarding this.		Actioned	Implementation now underway
	Patient information to be requested as a lot of patients are interested in the 'green' aspect of switching.		In progress	Requested to chase up
	Are respiratory planning any educational days aimed at practice nurses?		Actioned	Underway
	Pink One article to be written.		Complete	
	Agreed that a pop up should be added to Scriptswitch to flag up change in practice with the wording developed in liaison with the respiratory team.	**FH**	Complete	
AOCB – Community Mental Health Team	Guidance to be emailed out to all Subgroup members, with any comments	**ALL**	Complete	

	guidance	to be returned by Friday 7 March.			

5. FOLLOW UP REPORT

No updates to report.

6. SUBMISSIONS FOR ADDITION TO HIGHLAND FORMULARY FOR APPROVAL

6.1. SACT Formulary submissions for noting

Medicine Company	Indication	Status SMC/licence/ formulary	Requestor	Comments
Talazoparib (Talzenna) capsules 0.1mg, 0.25mg, 1mg Pfizer Ltd	In combination with enzalutamide for the treatment of adult patients with metastatic castration-resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated.	SMC2753 accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	**ACCEPTED**
Cabozantinib (Cabozantinib Ipsen) film-coated tabs, 20mg, 40mg, 60mg Ipsen Ltd	As monotherapy for the treatment of hepatocellular carcinoma (HCC) in adults who have previously been treated with sorafenib.	SMC2754 accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	**ACCEPTED**
Alectinib (Alecensa) capsules 150mg Roche Products Ltd	As monotherapy as adjuvant treatment for adult patients with Stage IB (tumours ≥ 4 cm) to IIIA (7th edition of the UICC/AJCC-staging system) anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) following complete tumour resection.	SMC2749 accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	**ACCEPTED**
Futibatinib (Lytgobi) film-coated tablets 4mg Taiho Oncology	As monotherapy for the treatment of adult patients with locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that have progressed after at least one prior line of systemic therapy.	SMC2661 accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	**ACCEPTED**

6.2. Non SACT Formulary submissions

6.3. Glycopyrronium with formoterol fumarate (Bevespi Aerosphere®) 7.2micrograms/dose/ 5micrograms/dose pressurised inhaler (SMC2622)

Submitted by: Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology

Indication: As a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).

Comments: A metered dose inhaler alternative for patients who are unable to use a dry powder inhaler. To be used second line as it is not as environmentally friendly as others.

ACCEPTED

6.4. Budesonide/formoterol (Symbicort® Turbohaler®) 200 micrograms/6 micrograms/inhalation, inhalation powder (SMC2622)

Submitted by: Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology

Indication: As reliever therapy for adults and adolescents (12 years and older) with mild asthma.

SMC restriction: For use in patients who would otherwise receive low dose inhaled corticosteroid (ICS) maintenance therapy plus short-acting beta-2 adrenoceptor agonist (SABA) as needed.

Comments: This is an addition in line with approved asthma guidance. At yesterday's ADTC a presentation was given from Mallaig practice of an Astra Zeneca supported project on inhaler prescribing. To note that this submission is an Astra Zeneca product. Acknowledged that better control of asthma will lead to significant saving due to reduced admissions and escalation of treatment.

ACCEPTED

6.5. Idebenone (Raxone®) 150mg film-coated tablets (SMC1226/17)
Submitted by: Anjli Mehta, Surgical Lead Pharmacist
Indication: Treatment of visual impairment in adolescent and adult patients with Leber's Hereditary Optic Neuropathy (LHON).
Restriction: to patients with LHON who are not yet blind ie they do not meet the UK criteria to be registered as severely sight impaired.
Comments: This is an expensive therapy but is used rarely. The effectiveness is limited, it has ultra-orphan status and there is no alternative. It was felt that the submission could have provided more information, which was given verbally at the meeting. Comment was made that due to low patient numbers; it perhaps should not go on the Formulary but be treated as a non-formulary request. It is also a black triangle drug. Of note that the SMC advice is only valid if a PAS is in place.

Additional background was provided that there is unmet need in NHS Highland with 3 identified patients in north Highland and also 2 in Argyll and Bute with more expected due to the hereditary nature of the condition. Each patient has genetic testing to confirm suitability and the treatment is as per SMC approval. The Ophthalmology Team closely monitor patients and are clear that if there is no improvement after 6 months then treatment is stopped. If patients do have clinical benefits, the treatment is supplied via Home Care services. Have any non-formulary requests previously been turned down?
ACCEPTED
Action

6.6. Bismuth subcitrate potassium/metronidazole/ tetracycline hydrochloride (Pylera®) hard capsules (SMC2701)
Submitted by: Alison MacDonald, Area Antimicrobial Pharmacist
Indication: In combination with omeprazole, for the eradication of *Helicobacter pylori* and prevention of relapse of peptic ulcers in patients with active or a history of *H. pylori* associated ulcers.
Restriction: restricted to use in accordance with clinical guidelines for the eradication of *H. pylori.*
Comments: This addresses a supply issue and is cheaper. The licence is in combination with omeprazole. The formulary currently puts lansoprazole first line, this should be highlighted.
ACCEPTED
Action

6.7. Fexofenadine hydrochloride tablets (generic)
Submitted by: Patricia Hannam, Formulary Pharmacist
Indication: Seasonal allergic rhinitis.
Comments: This addition is in line with the Pharmacy First formulary. Can another product be removed? Commented that only one non-sedating antihistamine should be on the formulary. Of note that cetirizine also comes as a liquid formulation. Agreed to investigate and report to June Subgroup meeting.
ACCEPTED
Action

7. FORMULARY

7.1. Wound Management guidelines and Formulary – pain control section

- The Acute Pain team will update the wording and it will be resubmitted to the June Subgroup meeting.

ACCEPTED
Action

7.2. Respiratory Inhalers section
ACCEPTED

7.3. Eyes
ACCEPTED

7.4. Diagnostic and monitoring devices for diabetes
ACCEPTED

8. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

For particular comment:

Furosemide 500mg tablet

- There was a near miss with a patient regarding a furosemide dose in primary care. Agreed both doses should remain on the formulary but that the 500mg tablet should be specialist recommendation only

with a pop up warning added to Scriptswitch and remove the 'f' on Vision to effectively hide it. A safety mechanism also needs to be put in place regarding HEPMA too.

Sacubitril/valsartan (Entresto)

- NICE states treatment should be started by a heart failure specialist with access to a multidisciplinary heart failure team. Agreed that the terminology should be specialist initiation only.

All others noted and approved.
Action

9. FORMULARY REPORT

No new report available.

10. SMC ADVICE

Noted.

11. Antimicrobial guidance for approval

11.1. AMT101 Amikacin

ACCEPTED

11.2. AMT144 Suspected meningococcal disease prior to admission into secondary care

- Quite long-winded, would prefer it to be shorter with a dose for adults and children.
- Appears to recommend IV administration but it is standard in general practice to give these drugs IM. Priority is to get treatment initiated as quickly as possible. Agreed to include that in primary care IM is the preferable route.
- If IV is an option in primary care then a recommendation over how long you would administer it by IV route would be helpful.

ACCEPTED
Action

11.3. AMT173 Surgical Prophylaxis *(Obstetrics and gynaecology section only)*

ACCEPTED

12. NEW TAM GUIDANCE FOR APPROVAL

12.1. TAM240 Community Mental Health Team (CMHT) *(for noting only following ratification post February Subgroup)*

ACCEPTED

12.2. TAM677 Legionnaires' disease: information for clinical team

- This required rapid guidance dissemination and was added to TAM. It has not gone through any governance processes.
- Is it still relevant?
- Is it aimed at primary or secondary care? If it is aimed at primary care then what is the relevant advice?
- Should it be part of the Antimicrobial guidance?

ACCEPTED
Action

12.3. TAM665 Optic Neuritis

- Can the IVMP bullet point be changed to state the specific taper information instead of 'consider steroid taper' as there is no standard steroid taper.

ACCEPTED PENDING
Action

12.4. TAM681 Head injury discharge

- Is this for just for A&E or also for Minor Injury Unit? If it is for MIU, having a checklist for referral to A&E or CT scanning would be a helpful addition.

ACCEPTED
Action

13. GUIDELINE MAJOR AMENDMENTS

13.1. TAM442 Rapid tranquilisation

- To note that there is also current Emergency department guidance, which differs, particularly around behavioural disturbance related to illicit drug use, which isn't in this guidance and has

other drugs stated. It should be included within this guidance or at the very least tie in. Check with Nicola Macinnes, Clinical Director, to see if they have been consulted.

- There is an example Kardex included, so should there also be a HEPMA view of what it looks like prescribed?
- Standard operating procedures should be in place regarding cold chain storage; these should be referred to in the document.
- Rapid tranquilisation in the community is different to hospital, so very clear and unequivocal advice needs to be in place for GPs.

ACCEPTED

Action

14. GUIDELINE AMENDMENTS

Noted and approved.

15. TAM REPORT

Report noted with particular mention made to:

- The TAM Project Support Manager is undergoing google analytics training, to learn how the data can be best used.
- Welcome back after maternity leave to Laura Cuthbertson who is now working a three day week. A successful appointment had been made to fill the other 2 days and we welcome Jenny Garris to the team as of Monday 28 April.
- Continued issues with TAM RDS regarding search ability, flow charts and tables, which has been raised with RDS and the software developers.
- Ambulatory emergency care and anaesthetic sections are being developed.

16. ENVIRONMENT

Nothing to report.

17. NHS WESTERN ISLES

Nothing to report.

18. ANY OTHER COMPETENT BUSINESS

Injectable weight loss drugs, contraception and HRT

SM had received a document from Grampian Health Board regarding weight loss medications and their interactions with contraception and HRT, and how GPs can manage, not just the possibility of interaction, but also the fact that a lot of these patients will be accessing the weight loss medicines through the private service. It includes information on GPs identifying which patients are at risk etc. This document has been passed to Hame Lata and Bridie Howe, Consultants, Highland Sexual Health to ask for comment on whether NHS Highland should have similar guidance developed.

Potentially could go out of date relatively quickly as it states injectable in the title and oral products might soon be available.

19. DATE OF NEXT MEETING

Next meeting to take place on Thursday 26 June 2025, 14:00-16:30 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
Idebenone (Raxone®) 150mg film-coated tablets (SMC1226/17) *Back to minutes*	Request have any non-formulary requests previously been turned down?	**PH**
Bismuth subcitrate potassium/ metronidazole/tetracycline hydrochloride (Pylera®) hard capsules (SMC2701) *Back to minutes*	Highlight to AMT that the licence is in combination with omeprazole whereas we currently have lansoprazole in the formulary first line.	**PH**

Fexofenadine hydrochloride tablets (generic) *Back to minutes*	Can another product be removed? To be investigated and reported to June Subgroup meeting.	**PH**
Wound Management guidelines and Formulary – pain control section *Back to minutes*	Acute Pain team to update the wording resubmit to the June Subgroup meeting.	**PH/CW/LR**
Formulary minor additions/deletions/ amendments *Back to minutes*	*Furosemide* • Pop up warning be added to Scriptswitch • Remove the 'f' on Vision. • A safety mechanism also needs to be put in place for HEPMA.	**PH/FH**
	Sacubitril/valsartan (Entresto) Change '(s)' to 'specialist initiation only'.	**WA**
AMT144 Suspected meningococcal disease prior to admission into secondary care *Back to minutes*	• To state clearly the preferred route of administration in Primary Care, eg IM is usually preferred due to the need for speed of delivery. • If expected to be given by IV, then to state the expected infusion time. • Long winded, to have the adult and child doses stated clearly.	**PH**
TAM677 Legionnaires' disease: information for clinical team *Back to minutes*	To check if this is still needed. And if so if it is applicable to primary care and add to antimicrobial section.	**PH**
TAM665 Optic Neuritis *Back to minutes*	To state specific steroid tapering advice rather than standard	**PH**
TAM681 Head injury discharge *Back to minutes*	To check if this is applicable to Minor Injury Units and if so to request that a checklist or referral criteria are added for referral to A&E/CT scanning.	**PH**
TAM442 Rapid tranquilisation *Back to minutes*	• Author to liaise with Emergency Department to ensure that each department's guidance is complementary. • To check what guidance there is for Primary Care/Community Hospitals. • To add reference to SOPs for cold chain storage. • To consider the addition of a HEPMA screenshot to complement the Kardex screenshot.	**PH**