

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 26 June 2025, via Microsoft TEAMS

Present:	Alasdair Lawton, Chair Patricia Hannam, Professional Secretary, Formulary Pharmacist Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice) Wendy Laing, Primary Care Clinical Pharmacist Lauren Stevenson, Pharmacist, Medicines Information Service Dr Jude Watmough, GP Jenny Munro, AP Physiotherapist Continence and Independent Prescriber Sarah Donald, GP
In attendance:	Wendy Anderson, Formulary Assistant Laura Cuthbertson, TAM Project Support Manager
Apologies:	Dr Robert Peel, Consultant Nephrologist (<i>comments provided post meeting for quoracy purposes</i>) Dr Stephen McCabe, Clinical Director, Primary Care Linda Burgin, Patient Representative Louise Reid/Claire Wright, Acute Pain Nurse Specialists Joanne McCoy, MySelf-Management Manager Dr Antonia Reid, GP

1. WELCOME AND APOLOGIES

The Chair welcomed the group. Noted that due to the absence of a Consultant the meeting was not quorate. Agreed to continue with the meeting and request comments from relevant Subgroup members to incorporate into the minutes for quoracy.

2. REGISTER OF INTEREST

FH noted personal, non-specific interest in items 6.3, 7.1 and 12.6.

3. MINUTES OF MEETING HELD ON 24 APRIL 2025

Minutes accepted as accurate.

4. ACTIONS FROM PREVIOUS MEETING

Actions from previous meeting

ITEM	ACTION POINT	ACTION	STATUS	COMMENTS
Idebenone (Raxone®) 150mg film-coated tablets (SMC1226/17)	Request have any non-formulary requests previously been turned down?	PH	Complete	None have been rejected.
Bismuth subcitrate potassium/metronidazole/ tetracycline hydrochloride (Pylera®) hard capsules (SMC2701)	Highlight to AMT that the licence is in combination with omeprazole whereas we currently have lansoprazole in the formulary first line.	PH	Complete	
Fexofenadine hydrochloride tablets (generic)	Can another product be removed? To be investigated and reported to June Subgroup meeting.	PH	To do	
Wound Management guidelines and Formulary – pain control section	Acute Pain team to update the wording resubmit to the June	PH/CW/LR	In progress	Awaiting response from acute pain team.

	Subgroup meeting.			
Formulary minor additions/deletions/amendments - Furosemide 500mg	Pop up warning be added to Scriptswitch	PH/FH	Complete	
	Remove the 'f' on Vision.		In progress	
	Formulary monograph to be amended to Special Recommendation only		Complete	
	A safety mechanism also needs to be put in place for HEPMA.		Actioned	HEPMA team to progress
Formulary minor additions/deletions/amendments - Sacubitril/valsartan (Entresto)	Change '(s)' to 'specialist initiation only'.	WA	Complete	
AMT144 Suspected meningococcal disease prior to admission into secondary care	To state clearly the preferred route of administration in Primary Care, eg IM is usually preferred due to the need for speed of delivery.	PH	In progress	
	If expected to be given by IV, then to state the expected infusion time.		In progress	
	Long winded, to have the adult and child doses stated clearly.		Complete	
TAM677 Legionnaires' disease: information for clinical team	To check if this is still needed. And if so if it is applicable to primary care and add to antimicrobial section.	PH	In progress	Awaiting response from reviewer.
TAM665 Optic Neuritis	To state specific steroid tapering advice rather than standard	PH	In progress	
TAM681 Head injury discharge	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	In progress	
TAM442 Rapid tranquilisation	Author to liaise with Emergency Department to ensure that each department's guidance is complementary.	PH	Complete	
	To check what guidance there is for Primary Care/Community Hospitals.		Complete	Included in the body of the guidance
	To add reference to SOPs for cold chain storage.		Complete	
	To consider the addition of a HEPMA screenshot to complement the Kardex screenshot.		Complete	Kardex detail removed as not necessary, likewise HEPMA screenshot therefore unnecessary

5. FOLLOW UP REPORT

To note that all that is reported on the follow up report are those where changes have been made and there is a larger report behind this of all the outstanding actions from over the years. PH, AL and FH to meet to go through this report to decide which items need to be escalated and brought forward.

Item	Subgroup date	Action Point	Action	Status	Notes/Further Information
Hypertension management	Jun-23	To be submitted to GP subcommittee.	PH	Complete	Awaiting amended guidance
AOCB – For information: Autumn Edition the Pink One	Oct-24	Discussion to take place out with this meeting as to why it is confidential to the NHS. PH to contact Sarah Buchan and Boyd Peters.	PH	Complete	MD requests that it remains confidential to the NHS FH noted his objection to this as feels it should be open.
TAM298 Vitamin D Deficiency	Feb-25	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	Complete	
		Subgroup members felt that the guidance wasn't needed but that testing information should be made available on ICE.		Complete	

TAM672 Pathway B: Metabolic dysfunction associated steatotic liver disease (MASLD) – primary care	Feb-25	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.	PH	Complete	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)	Feb-25	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.		Complete	Implementation now underway.
		Are respiratory planning any educational days aimed at practice nurses?		Complete	

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
Erdafitinib (Balversa) film-coated tablets 3mg, 4mg, 5mg Janssen Cilag	As monotherapy for the treatment of adult patients with unresectable or metastatic urothelial carcinoma (UC), harbouring susceptible FGFR3 genetic alterations who have previously received at least one line of therapy containing a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting.	SMC2738 accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	ACCEPTED
Selpercatinib (Retsevmo) hard capsules 40mg, 80mg (MTC) Eli Lilly and Company Limited	As monotherapy for the treatment of adults and adolescents 12 years and older with advanced rearranged during transfection (RET)-mutant medullary thyroid cancer (MTC).	SMC2732 accepted for restricted use	Catriona Hoare, Cancer Care Pharmacist – Oncology	ACCEPTED
Nivolumab and Ipilimumab	Nivolumab in combination with ipilimumab for the neoadjuvant treatment of resectable stage III melanoma.	NCMAG121 off-label use is supported	Kirsti Mjoseng, Cancer Care Pharmacist – Oncology	ACCEPTED
Pembrolizumab	Pembrolizumab for the neoadjuvant treatment of stage IIIB to IIID or oligometastatic resectable stage IV melanoma.	NCMAG122 off-label use is supported	Kirsti Mjoseng, Cancer Care Pharmacist – Oncology	ACCEPTED
Ruxolitinib (Jakavi) tablets 5mg, 10mg, 15mg, 20mg Novartis	Treatment of patients aged 12 years and older with acute graft versus host disease who have inadequate response to corticosteroids.	SMC2750 accepted for use	Jenna Baxter, Lead Cancer Care Pharmacist – Haematology	ACCEPTED

6.2. Non SACT Formulary submissions

6.3. Ublituximab (Briumvi®) concentrate for solution for infusion (SMC2731)

Submitted by: Francisco Javier Carod Artal, Consultant Neurologist

Indication: Treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features.

Comments: Prescribing to be restricted: hospital only. The GPs need to be made aware of the adverse effect risk, progressive multifocal leukoencephalopathy and how this should be managed, recommend to add as an 'out of practice' medicine to clinic letters. Whose responsibility it is at each stage needs to be made clear on TAM. Draft Formulary monograph to be shared with WL.

ACCEPTED Action
7. FORMULARY
7.1. F175 GLP-1 RA & dual GIP/GLP-1 RA <ul style="list-style-type: none"> Liraglutide has been removed and semaglutide put as first line. ACCEPTED
7.2. AF007 Benzylpenicillin (SCBU Formulary) <ul style="list-style-type: none"> When is it appropriate to use dose >50mg/kg? ACCEPTED Action
7.3. AF015 Urokinase with blocked central venous access device (CWard Formulary) ACCEPTED
8. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS
Noted and approved.
9. FORMULARY REPORT
No new report available. Work is ongoing to improve the Formulary drug list so better reporting can be provided. It is expected that a new version of the formulary report will be trialled and produced for the August TAMSG.
10. SMC ADVICE
Noted.
11. NEW TAM GUIDANCE FOR APPROVAL
11.1. TAM682 Orthostatic hypotension This guidance has been pulled and will be resubmitted to a future meeting.
11.2. TAM684 Depot and long acting antipsychotic injections ACCEPTED
11.3. TAM685 Management of device-detected atrial fibrillation <ul style="list-style-type: none"> Patients are now using devices (eg Apple watches) that are picking up atrial fibrillation and GPs are referring them. Should wearing of devices that detect atrial fibrillation be managed as per this guidance or otherwise? ACCEPTED Action
11.4. TAM687 Sudden onset sensorineural hearing loss (<72 hours) <ul style="list-style-type: none"> Agreed that the validation status of any calculators referred to via TAM are stated. To add the statement: 'The ENT department recommends using this calculator; please note that it is unvalidated and should be used with clinical judgement'. ACCEPTED Action
11.5. TAM689 Chronic cough in children <ul style="list-style-type: none"> Under management of chronic wet cough it proposes a trial of 2 weeks antibiotics. Would be helpful to either link to advice or suggest which antibiotics. In the management of chronic dry cough, there are no red flags, eg persisting more than four weeks; these should be added as similar to the red flags in the wet cough flow chart. To be submitted to GP Subcommittee. ACCEPTED pending Action
11.6. TAM690 Infectious diseases: Management of contacts ACCEPTED
11.7. TAM691 Radiology referral: Walk-in for chest imaging ACCEPTED
11.8. TAM692 Continuous glucose monitoring (CGM): Inpatient <ul style="list-style-type: none"> Concern re the use of CGM without finger prick testing, particularly in the unconscious patient. Guidance to be amended to reflect this. REJECTED

Action
11.9. TAM694 Eating disorder: Children and Young People ACCEPTED
11.10. TAM695 Eating disorder: Children and Young People (Out of Hours) <ul style="list-style-type: none"> Concern that the guidance implies that NG feeding may be initiated in the community setting. Clarify whether NG feeding should take place as In-patients only. Refeeding section, prescription of vitamin and mineral supplementation; Forceval soluble and Forceval junior are both non-Formulary, submissions to be made to add to the Formulary. Contraindications heading; should the title be changed as doesn't seem to be right for the information underneath. Audience; change to Paediatrics. Check that it is just IM thiamine that is used. ACCEPTED pending Action

12. GUIDELINE MAJOR AMENDMENTS
12.1. TAM285 Suspected seizure: ED/AMAU ACCEPTED
12.2. TAM298 Vitamin D Deficiency <ul style="list-style-type: none"> When guidance is next due for review, request that prescribing in care home information is added. ACCEPTED Action
12.3. TAM473 Iloprost in adults with severe Raynaud's Phenomenon <ul style="list-style-type: none"> Rather than stating specific prescribing information in the guideline, request whether a link to prescribing resources be added. ACCEPTED pending Action
12.4. TAM642 Complex bronchiectasis referral pathway ACCEPTED
12.5. TAM635 Pulmonary embolism <ul style="list-style-type: none"> Ensure all abbreviations are included in full. To note that the correct flowcharts will be uploaded once the templates are received from RDS. ACCEPTED Action
12.6. TAM148 Achieving control in type 2 diabetes <ul style="list-style-type: none"> Liraglutide to be removed to reflect formulary monographs. 1mg versus 2mg max dosing of semaglutide to be clarified in the formulary and guidance. ACCEPTED Action

13. GUIDELINE AMENDMENTS
Noted and approved.

14. TAM REPORT
Report noted with particular mention made to: <ul style="list-style-type: none"> COVID and paediatric guidance are problematic areas for out of date guidance and work is underway to try and address this. For the first time ever none of top 10 views are out of date, which is great news. Broken links and general housekeeping are current projects. On all pages of TAM there is a yellow banner that when clicked on shows the latest RDS newsletter. Currently there is information about the update of antimicrobial calculators which has been sent to Alison Macdonald. To raise awareness there is also a national cardiovascular toolkit which is particularly relevant for primary care to note there's a section called primary care preventive measures which gives appropriate coding for the vision system etc. This information has been sent to relevant authors. SD agreed to take the national cardiovascular toolkit to GP Subcommittee.

15. ENVIRONMENT

Nothing to report.

16. NHS WESTERN ISLES

Nothing to report.

17. ANY OTHER COMPETENT BUSINESS*Injectable Fluids: update*

This is progressing well throughout medical wards in Raigmore Hospital and is to be introduced to the surgical wards then other hospitals. Anecdotal findings is that one of the main aims to reduce the amount of saline being prescribed for maintenance is happening with increased prescribing of Maintelyte solution. The fluid balance chart and the fluid prescription chart have been updated to include extra information. A request has been made to add information provided during training to the guidance and will be put back to subgroup to ratify. Still waiting on the calculator developer replying to see if they can put previously requested parameters on the calculator.

Medicines for weight management: update

Medicines for weight management are still not recommended for use in NHS Highland. Background work is ongoing with a core team fact finding and a wider group of representatives will develop pathways. Currently looking at different prescribing criteria and also costing out the different options. Also looking into:

- Who will be responsible for the decision to treat the initiation, titration, maintenance, monitoring.
- Whose responsibility is it to do the weight management, physical activity, education and ongoing support?
- Whose responsibility is it to do the 5% weight loss review?
- How long is the treatment to be continued on for and should there be a review ie weight management service?
- What kind of staffing would be needed to be able support all this
- What are primary care able to do?

There is increasing concern about the long term effects of these medicines. There is requirement for just one review at three or six months to see that the patient has lost 5% of weight. After that there is no further recommended review.

[Action](#)**18. DATE OF NEXT MEETING**

Next meeting to take place on Thursday 28 August 2025, 14:00-16:30 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
Ublituximab (Briumvi®) concentrate for solution for infusion (SMC2731) <u>Back to minutes</u>	Draft Formulary monograph to be shared with WL.	PH/WL
	Request that information is made available to GPs on the management of progressive multifocal leukoencephalopathy.	PH
	Request that responsibilities are clarified and added to the formulary monograph: re monitoring, vaccines, contraceptive advice and pregnancy advice.	PH
	Request 'out of practice medicine' is added to clinic letters.	PH
AF007 Benzylpenicillin (SCBU Formulary) <u>Back to minutes</u>	Request that indication is stated for when it is appropriate to use dose >50mg/kg?	PH
TAM685 Management of device-detected atrial fibrillation <u>Back to minutes</u>	To add advice re personal devices that detect atrial fibrillation, should they be managed as per this guidance or otherwise?	PH

TAM687 Sudden onset sensorineural hearing loss (<72 hours) Back to minutes	Wording to be changed to say 'The ENT department recommends using this calculator; please note that it is unvalidated and should be used with clinical judgement'.	PH
TAM689 Chronic cough in children Back to minutes	Under management of chronic wet cough it proposes a trial of 2 weeks antibiotics. Would be helpful to either link to advice or suggest which antibiotics.	PH
	To add red flags to the dry cough section, eg persisting more than four weeks.	PH
	To be submitted to GP Subcommittee for advice.	PH
TAM692 Continuous glucose monitoring (CGM): Inpatient Back to minutes	Request that guidance is amended to include finger prick testing, particularly in the unconscious patient.	PH
TAM695 Eating disorder: Children and Young People (Out of Hours) Back to minutes	Clarify whether NG feeding should take place as In-patients only.	PH
	Refeeding section, prescription of vitamin and mineral supplementation; Forceval soluble and Forceval junior are both non-Formulary, submissions to be made to add to the Formulary.	PH
	Contraindications heading; should the title be changed as doesn't seem to be right for the information underneath.	PH
	Audience; change to Paediatrics.	PH
	Check that it is just IM thiamine that is used.	PH
TAM298 Vitamin D Deficiency Back to minutes	Request information is added for care homes when next reviewed.	PH
TAM473 Iloprost in adults with severe Raynaud's Phenomenon Back to minutes	Can a link be added to prescribing resources instead of including the information in the guideline?	PH
TAM635 Pulmonary embolism Back to minutes	Ensure all abbreviations are included in full.	PH
TAM148 Achieving control in type 2 diabetes Back to minutes	Liraglutide to be removed to reflect formulary monographs.	PH
	Max dose of semaglutide (1mg versus 2mg) to be clarified in the formulary and guidance.	PH
AOCB – Medicines for weight management: update Back to minutes	SD to ask at next GP Subcommittee for volunteers to help support this. PH to provide a brief summary for GP Subcommittee.	SD/PH