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
27 June 2024, 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 Wendy Laing, Primary Care Clinical Pharmacist Lauren Stevenson, Pharmacist, Medicines Information Service Jenny Munro, AHP Physiotherapist Continence and Independent Prescriber Dr Alan Miles, GP (apologies between 2.30 and 3.30pm) Dr Jude Watmough, GP Joanne McCoy, MySelf-Management Manager Dr Stephen McCabe, Clinical Director, Primary Care Dr Simon Thompson, Consultant Physician
In attendance:	Wendy Anderson, Formulary Assistant Claire Fortey, TAM Project Support Manager
Apologies:	Linda Burgin, Patient Representative Dr Antonia Reid, GP

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

FH declared an interest in Eli Lilly and Company Ltd regarding item 6.4.

3. MINUTES OF MEETING HELD ON 25 APRIL 2024

Minutes accepted as accurate.

4. ACTIONS FROM PREVIOUS MEETING

Actions from meeting

ITEM	ACTION POINT	ACTION	STATUS	COMMENTS
Daratumumab (Darzalex®) 20mg/mL concentrate for solution for infusion	Can North Cancer Alliance make a statement in support of this?	PH	In progress	Requested 26/04/24. Followed up 17/05/24. No response
Bimekizumab (Bimzelx®) solution for injection in pre-filled syringe and pre-filled pen	Request that place in therapy be clarified for this submission and for secukinumab.	PH	Complete	
Finerenone (Kerendia®) 10mg, 20mg tablets (SMC2486)	Place in therapy to be clarified in relation to SGLT2 inhibitors.	PH	Complete	
	Increased warning about the need for close monitoring of renal function and sick day rules to be added.		Complete	
	Confirm with the diabetes service what monitoring is required and who will do this?		Complete	
	Request to change submission to specialist initiation only.		Complete	
	To clarify better the differing acceptable renal function parameters for starting and stopping.		Complete	

Vortioxetine (Brintellix®) 5mg, 10mg, 20mg film-coated tablets (SMC1158/16)	Include in the formulary monograph that unused medication should be returned to pharmacy.	PH	Complete	
Edoxaban switch to apixaban	Patient packs for Out of Hours are rivaroxaban so this needs to be looked at. Recommended that Siobhan Neylon be contacted regarding this.	FH/PH	Complete	Siobhan Neylon contacted 17/05/24 Raigmore managing switch process.
	In the non-valvular persistent or permanent atrial fibrillation guidance what does the *** stand for/link to?		Complete	Asterisks removed.
TAM625 Clozapine initiation and re-titration	Supply in community needs to be clarified; reads as a specialist medicine so should it state specialist use only in the community? Clarification needed for when the medicine is supplied by New Craigs and when by Community?	PH	Complete	Secondary care only
	Can it be better subdivided, eg, into primary care and specialist care information?		Complete	Secondary care only
	Needs to be more succinct as difficult to find information.		Complete	Published.
TAM628 Perinatal and infant mental health	Title is misleading, can it be reconsidered?	PH	Complete	Changed to PNIMH Team
	Due to link not working to be resent out to Group from consideration.		Complete	Accepted and published on TAM. Request to Claire Copeland re talk by PNIMHT to Primary Care and Pink One article done.
AMT191 Acute urinary tract infection – catheter-associated?	Information on changing the catheter whilst someone is on antibiotics is to be included.	PH	Complete	Statement added to relevant pages on TAM
TAM182 Menopause & HRT	Additional information to be included in the Pink One.	PH	Complete	Author states no new information needed for the pink one. Article written for unscheduled bleeding on HRT
TAM336 Infant Feeding Difficulties Clinic (IFDC) & Paediatric Infant Feeding Allergy Clinic (IFAC)	Who is responsible for initiating a PPI if it is necessary? A statement about PPI prescribing needs to be included.	PH	In progress	This is being taken forward as a short life working group to produce PPI guidance.
	When, where and by whom does the feeding assessment take place?		In progress	
TAM589 Children and young people presenting with deliberate self-harm with suicidal intent	What is the Mental Health protocol?	PH	In progress	Author is liaising as per request. To be escalated as no response from Acute Medicine. Agreed guidance be published in interim.
	Discussion to take place between the operational units. Author to contact Grant Franklin (Clinical Lead) and Pam Hodgson (Lead Nurse).		In progress	Author is liaising as per request
AMT102 Antibiotic posters	Should the poster list the 'safe' antibiotics? Is this list likely to change often and therefore be difficult to keep up to date?	PH	In progress	AMT to decide on wording.
AMT Urinary Tract (UTI) landing page	Not discussed – to be resubmitted.	PH	Complete	Accepted and published on TAM.
AMT Lyme Disease	Pink One article to be written.	PH	Complete	Requested 26/04/24. Followed up 17/05/24
General – guidance links	To check content included in this agenda for such links, and replace with accessible content.	PH	Ongoing	Action point to be archived as this will be ongoing work.

Long Covid	the NSS Guidance for GP assessment bottom of P3, and Investigation section of P4 contains tests that GPs in Highland cannot access (aCCP and PFTs) and may not be consistent with recent Vit D testing guidance from our Biochem lab. Could this be Highlandised? The NSS Guidance also doesn't contain Lyme Serology unlike P4, so this discrepancy should either be corrected, or the NSS Guidance removed. Otherwise this is a good document. We had a robust discussion about it at GP Sub. It was recognised SG have landed this work on boards without resource, GPs are the right clinicians to do the work but we don't have much capacity and it will add to pressures on General Practice. In reality though GPs are already dealing with these patients in the absence of a significant long covid service so it is useful to have guidance.	PH	Complete	National doc replaced with NHSH version.

5. FOLLOW UP REPORT

The follow up report was noted.

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
Epcoritamab (Tepkinly) 48mg solution for injection and 4mg/0.8ml concentrate for solution for injection, AbbVie Ltd	As monotherapy for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy	SMC2632 – accepted for use	Jenna Baxter, Lead Cancer Care Pharmacist - Haematology	**ACCEPTED**
Glofitamab (Columvi), 10mg, 2.5mg concentrate for solution for infusion, Roche Products Limited	As monotherapy for the treatment of adult patients with relapsed or refractory diffuse large B cell lymphoma (DLBCL), after two or more lines of systemic therapy.	SMC2614 – accepted for use	Jenna Baxter, Lead Cancer Care Pharmacist - Haematology	**ACCEPTED**
Momelotinib (Omjjara), 100mg, 150mg, 200mg film coated tablets, GlaxoSmithKline UK	The treatment of disease-related splenomegaly or symptoms in adult patients with moderate to severe anaemia who have primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis and who are Janus Associated Kinase (JAK) inhibitor naïve or have been treated with ruxolitinib.	SMC2636 – accepted for use	Jenna Baxter, Lead Cancer Care Pharmacist - Haematology	**ACCEPTED**

6.2. Non SACT Formulary submissions

6.3. Semaglutide 0.25mg, 0.5mg, 1mg, 1.7mg, 2.4mg FlexTouch solution for injection in prefilled pen (Wegovy®), Novo Nordisk (SMC2497)

Submitted by: Dr Stephen McCabe, Clinical Director Primary Care

Indication: As an adjunct to a reduced-calorie diet and increased physical activity for weight management, including weight loss and weight maintenance, in adults with an initial Body Mass Index (BMI) as per the phases described in the SLWG consensus statement:

- Phase 1: BMI of ≥38kg/m^2 in the presence of at least one weight-related comorbidity

Recognising that Scottish Health Boards do not have 'specialist weight management service', Patients can be treated in any healthcare setting where evidence-based and appropriate lifestyle advice can be

delivered. This could be:

- A tier 2 or tier 3 weight management service depending on the complexity of the individual's needs
- Primary and community care, consistent with long term condition management of associated condition eg hypertension
- Secondary care as part of specialist treatment for associated conditions eg diabetes

Comments: This would be the only medication on the Formulary for weight management, orlistat having previously been removed. Previously liraglutide had been 'accepted in principle' however it did not make it onto the Formulary due to shortages and it will now no longer be on the Formulary, as semaglutide is clinically superior to it. Patient pathways are still to be refined. It was felt that, whilst this Subgroup could approve addition to the formulary and how the medicine should be prescribed, it could not state how services should implement the prescribing pathways. Service, Finance and Management Team consultation is needed as there is likely large service and finance implications and patient need. It is strongly felt that it could not be added to the Formulary until clear pathways were put in place to ensure that patients are not discriminated against in any area. Priority criteria for Phase 1 has been developed for all Health boards to follow. To note: the dietetic service does not have any independent prescribers and, in NHS Highland, we do not have a Specialist (ie multidisciplinary) Weight Management Service.

The pathways to be considered:

- Primary care would assess the patient as suitable for weight management medication and supply it without need to refer to Dietetics first. Weight management support (dietetic and physical activity advice) would still need to be provided.
- Primary care would refer appropriate patients to Dietetics as per referral criteria. Dietetics would assess the patient for their weight management needs and advise primary care of those patients who they consider suitable for semaglutide as per Phase 1 criteria.
- A third pathway, which would be implemented alongside one of the two above, with specialist recommendation is also being discussed.

There is no capacity in Primary Care to provide a weight management service and it was felt that patients should be looked at by a specialist team in the first instance. Ultimately the prescribing and patient management would likely move to primary care in the future, as has happened with other 'specialist' medicines. NHS Highland should undertake a wider education around the dangers of ultra-processed food and very low calorie diets.

Agreed that if a patient chooses not to engage with the Weight Management Service they should be excluded from being prescribed semaglutide, at least at this time.

Agreed to accept in principle, pending guidelines to support its use. With the following of particular note:

- Engagement from the dietetic service, GP Subcommittee and Public Health to be made.
- A business case to be developed.
- Agreed it was appropriate for patients to do self-management for their weight management, eg after being discharged from Dietetics and while still receiving semaglutide.
- It is likely for the patient to regain weight semaglutide is stopped, this could be lifelong medication.
- Draw attention to women of child bearing age and provide information re contraception.
- Can community pharmacies be involved in weight monitoring?
- Exceptional Pink One article to go out.
- Can TURAS modules be developed?
- Noted that a review at 3 months is done, with discussion needed re further review criteria, eg, on discharge from the Dietetic Service, at 2 years. A caveat being that criteria for success needs to be established and that, if success is not achieved after a specified amount of time, the drug should be stopped.
- Noted that it is quite appropriate for patients who are stable to be discharged from secondary care for primary care to look after. This is commonly done with lots of chronic disease, so obesity should not be treated any differently in that respect.

With 'accepted in principle' advice from TAMSG, it is important to give clear, unambiguous advice from the Formulary and Health Board to help manage patient and clinician expectation. This 'accepted in principle'

decision means that the medication is NOT RECOMMENDED to be prescribed in NHS Highland at present for this indication. Non-formulary processes excepting.
ACCEPTED in principle
Action

6.4. Tirzepatide KwikPen 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg solution for injection in prefilled pen (Mounjaro®), Eli Lilly and Company Ltd (SMC2633)

Submitted by: Dr David Macfarlane, Consultant Endocrinologist
Indication: For the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:
- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
- in addition to other medicinal products for the treatment of diabetes.

SMC restriction: in addition to other oral anti-diabetic medicines as an option when glucagon-like peptide-1 (GLP-1) receptor agonists would be considered.
Comments: To note interaction effects with delayed gastric emptying and contraceptives. Contraceptive advice to be clear with patients informed. Ask primary care to make it clear to GPs at point of prescribing that it is for diabetes and not weight management.
ACCEPTED
Action

6.5. Bimekizumab 160mg solution for injection in pre-filled syringe and pre-filled pen (Bimzelx®), UCB Pharma (SMC2420)

Submitted by: Alex Morrison, Pharmacist, Rheumatology/Dermatology
Indication: Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.
SMC restriction: for patients who have failed to respond to standard systemic therapies (including ciclosporin, methotrexate and phototherapy), are intolerant to, or have a contraindication to these treatments.
Comments: Already on the formulary for psoriatic arthritis. This would be a cost saving. The issue re MABs and their associated increase in infection risk was discussed. PH to discuss with WL how best to indicate to primary care the risk of infection with monoclonal antibodies.
ACCEPTED
Action

6.6. Daridorexant 50mg and 25mg film coated tablet (Quviviq®), Idorsia pharmaceuticals UK ltd (SMC2611)

Submitted by: Dr Javier Carod Artal, Consultant Neurologist and Damon Horn, Team Lead Pharmacist - Medical
Indication: Treatment of adult patients with insomnia characterised by symptoms present for at least 3 months and considerable impact on daytime functioning.
SMC restriction: in patients who have failed cognitive behavioural therapy for insomnia (CBT-I) or for whom CBT-I is unsuitable or unavailable.
Comments: Currently no medicines on the formulary for chronic insomnia. Noted that the submission requests for general prescribing. Recommended that it should be for specialist initiation only with appropriate follow up, more likely to then get reviewed and appropriately stopped. Not very convincing evidence, there are no comparators and the costs are questionable, minimal impact on actual sleep, and modest effect on daytime functioning. One advantage is that it is licensed. It was felt that the greatest need for chronic sleep deprivation treatment was in older adults, especially in residential care settings. It is only licenced for short term use for symptoms that have been present for at least three months. There are issues re side effects, particularly in the elderly. New drug, with new mode of action, therefore strong health warning and not for general prescribing. Separately, the Formulary section for insomnia was reviewed with the suggestion that zolpidem (currently formulary first choice) could be removed, depending on patient numbers. In Raigmore, zopiclone is more commonly used as is more cost effective. The Subgroup decided that, based on current patient numbers, zolpidem should remain on the formulary, while prescribing reviews take place in primary care to reduce its being prescribed. To remove 'first choice' from zolpidem formulary monograph. This submission identifies that guidance for the management of sleep disorders needs to be put in place. Agreed that Sleepio app is welcome and should be promoted whether the submission is accepted or not, eg, posters in GP practices. Noted that support for patients is needed to help them self-manage and GPs should not be expected to go through the app.
REJECTED
Action

6.7. Linaclotide 290 microgram capsule (Constella®), AbbVie Ltd (SMC869/13)

Submitted by: Anna Falconer, Specialist Pharmacist (Gastroenterology)
Indication: Symptomatic treatment of moderate to severe irritable bowel syndrome with constipation (IBS-C) in adults.
SMC restriction: Linaclotide is restricted for use in patients with moderate to severe IBS-C who have not responded adequately to or cannot tolerate all other suitable treatment options.
Comments: Clarification needed re who does the review and monitoring, a shared care protocol may be needed, as primary care may not be able to undertake the 4-week review and 3 monthly review thereafter. Close monitoring and support is necessary as there can be significant side effects and it should be stopped promptly if not working. Comparison costs with prucalopride are requested.
ACCEPTED pending
Action

6.8. Naldemedine 200 microgram film-coated tablets (Rizmoic®), Shionogi BV (SMC2242)
Submitted by: Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology
Indication: Opioid induced constipation in adult patients who have previously been treated with a laxative.
Comments: There is a shortage of naloxegol, which is on the formulary for opioid induced constipation, and this submission has been made to provide an alternative choice.
ACCEPTED

6.9. Acetylcysteine effervescent tablets 600mg, various generics available (Non SMC)
Submitted by: Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology
Indication: A mucolytic agent in the adjunctive therapy of respiratory disorders characterised by excessive, viscous mucous, including for patients with chronic obstructive pulmonary disease (COPD) (adults only).
Comments: Carbocysteine is currently on the Formulary for this indication but this is a once daily alternative. Noted that it may be less tolerated: add to the Formulary monograph that it is to be trialled for four weeks and, if not effective, then to be stopped.
ACCEPTED
Action

6.10.Hydrogen peroxide cream 1% 25g tube (Crystacide®), Reig Jofre UK Ltd (Non SMC)
Submitted by: Alison MacDonald, Area Antimicrobial Pharmacist, NHS Highland
Indication: First line treatment of non-bullous impetigo.
Comments: This is a substantial change to treatment pathway as clinicians are used to prescribing fusidic acid for this condition. Request that a Pink One article is written to raise awareness of this change.
ACCEPTED
Action

7. Formulary

7.1. New paediatric formulary monograph F386 Alteplase with blocked central venous access device (Paediatric Formulary)
This is for use on the Children's Ward and much of the information was been taken from the IV drug administration (Medusa) guidelines.
ACCEPTED

8. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted and approved.

9. FORMULARY REPORT

Noted and approved. An analysis of melatonin prescribing for use in adults would be of interest. The paediatric guidelines are currently being updated. A request re melatonin use in adults has been put to mental health and older adults, this can be followed up.

10. SMC ADVICE

Noted.

11. NEW TAM GUIDANCE FOR APPROVAL

11.1.TAM633 Bronchiectasis

- Spelling error in the text box starting with 'Any of' in the flow chart (within referral) - 'broncheictasis'.

ACCEPTED
Action

11.2.TAM642 Complex Bronchiectasis referral pathway
- Referral form to be added to SCI gateway.

ACCEPTED pending
Action

11.3.TAM635 Pulmonary embolism
- To query whether apixaban can be made more explicit in that it is first choice.

ACCEPTED pending
Action

11.4.TAM636 Food allergy referral: Paediatrics
ACCEPTED

11.5.TAM637 Egg allergy: Paediatrics
ACCEPTED

11.6.TAM639 Intracerebral Haemorrhage (ICH)
ACCEPTED

11.7.TAM640 Anti-D prophylaxis and administration during pregnancy and postnatally
- The Hospital Transfusion Committee is a ratification group in its own right. Agreed that HTC guidelines should still come to TAM Subgroup for approval for uploading to TAM as advice from TAMSG, especially regarding implementation, can be useful due to its wide representation.
- A statement to be added to state that supplies are from the Blood Transfusion Service and not via Pharmacy.

ACCEPTED pending
Action

11.8.TAM638 Special requirement protocols for cellular blood components
ACCEPTED

11.9.TAM641 Insomnia
- Where is first line CBTi accessed from? Is there a referral to the Community Mental Health Team?
- Request to add information regarding long-term problems with use of Z drugs and melatonin use.

REJECTED
Action

11.10TAM630 Unscheduled bleeding with HRT
ACCEPTED

11.11TAM631 Orthopaedic on call
ACCEPTED

11.12TAM644 Blood delivery
ACCEPTED

12. GUIDELINE UPDATES

12.1.TAM583 Post Menopausal Bleeding and Endometrial Cancer
- States incomplete referrals will be returned. How do you know which referrals are incomplete, and therefore get returned?
- Request that the referral information is split into ‘Essential’ and ‘Useful referral information’.

ACCEPTED pending
Action

12.2.TAM483 Monoclonal Gammopathy of Uncertain Significance (MGUS)
ACCEPTED

12.3.TAM456 Mastitis and Breast Abscess Pathway
ACCEPTED

12.4.TAM376 HIV immunodeficiency virus
ACCEPTED

12.5.TAM120 Anticoagulant switching
ACCEPTED
Action

13. GUIDELINE MINOR AMENDMENTS

Noted and approved.

14. GUIDANCE FOR NOTING ONLY (REVIEWED AND NO CHANGES MADE)
Nothing to note.

15. GUIDANCE REMOVED
Nothing to note.

16. NEW AMT GUIDANCE FOR APPROVAL
16.1.AMT Antibiotic Dosing for Urinary Tract Infection following Microbiology Sensitivity Results WITHDRAWN

17. AMT updates
17.1.AMT163 Cellulitis and wound infections • Should tetanus booster information or a link to separate guidelines be included? Currently tetanus is only available through the Health Board delivered service, which requires a complex paper form to be filled out and often ends up with patient missing their window for tetanus. This process is being reviewed within the next few months. To revisit including guidance on tetanus. **ACCEPTED pending** **Action**
17.2.AMT168 Impetigo **ACCEPTED**
17.3.AMT158 Community Acquired Pneumonia (CAP) **ACCEPTED**

18. AMT MINOR AMENDMENTS
Noted and approved.

19. AMT GUIDANCE FOR NOTING ONLY (REVIEWED AND NO CHANGES MADE)
• **AMT116 Eradication of Helicobacter pylori** • **AMT146 Bone and Joint Infections** • **AMT170 Necrotising Fasciitis**

ST and JM left the meeting.

20. TAM REPORT
Report noted as below: • Claire Fortey, the new seconded TAM Project Support Manager, was introduced. • The percentage of out of date guidance has gone down and is at 27%. • There have been a large number of issues with RDS over the last few months. Tactuum have implemented a variety of fixes and updates to resolve these issues. • Minor amendments reporting to TAMSG will change with them now being noted under the 'What's new' section of the guidance on TAM. • There is no update re the ACT funding for the TAM management post. AL happy to support with trying to gain additional funding for TAM post.

21. ENVIRONMENT
Nothing to report.

22. NHS WESTERN ISLES
Nothing to report.

23. ANY OTHER COMPETENT BUSINESS
• *NCMAG advice delay – preventative chemotherapy* Advice due to come out in September. • *Argyll & Bute transfusion policy documents* Agreed to put to the Hospital Transfusion Committee for clinical approval and then be submitted to TAM Subgroup for approval to upload on to TAM. • *Interim Myasthenia gravis information* Agreed to add a link to GCC guidance as an interim until definitive guidance is produced. • *Cystic Fibrosis medicines* These were previously dealt with via non-formulary processes. It is expected that they will come into

line with SMC advice processes. This will mean that Formulary submissions should be expected for future subgroups.

- *Subgroup meetings*
  Agreed that due to length of agendas, the meetings would now be 2½ hours.
  Action

24. DATE OF NEXT MEETING
Next meeting to take place on Thursday 29 August 2024, 14:00-16:30 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
Semaglutide 0.25mg, 0.5mg, 1mg, 1.7mg, 2.4mg FlexTouch solution for injection in prefilled pen (Wegovy®), Novo Nordisk (SMC2497) *Back to minutes*	• Not be added to the Formulary until clear pathways put in place. • Engagement from the dietetic service, GP Subcommittee and Public Health to be made. • A business case to be developed. • Draw attention to women of child bearing age and provide information re contraception. • Can community pharmacies be involved in weight monitoring? • Exceptional Pink One article to go out. • Can TURAS modules be developed?	**PH**
Tirzepatide KwikPen 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg solution for injection in prefilled pen (Mounjaro®), Eli Lilly and Company Ltd (SMC2633) *Back to minutes*	• To note interaction effects with delayed gastric emptying and contraceptives. • Contraceptive advice to be clear with patients informed. • Ask primary care to make it clear to GPs at point of prescribing that it is for diabetes and not weight management.	**PH** **PH** **FH**
Bimekizumab 160mg solution for injection in pre-filled syringe and pre-filled pen (Bimzelx®), UCB Pharma (SMC2420) *Back to minutes*	Discuss how best to indicate to primary care the risk of infection with monoclonal antibodies.	**PH/WL**
Daridorexant 50mg and 25mg film coated tablet (Quviviq®), Idorsia pharmaceuticals UK ltd (SMC2611) *Back to minutes*	Primary care pharmacy to review prescribing of zolpidem in primary care.	**PH**
Linaclotide 290 microgram capsule (Constella®), AbbVie Ltd (SMC869/13) *Back to minutes*	• Clarification needed re who does the review and monitoring, a shared care protocol may be needed, as primary care may not be able to undertake the 4-week review and 3 monthly review thereafter. • Comparison costs with prucalopride are requested.	**PH**
Acetylcysteine effervescent tablets 600mg, various generics available (Non SMC) *Back to minutes*	Add to the Formulary monograph that it is to be trialled for four weeks and, if not effective, then to be stopped.	**PH/WA**
Hydrogen peroxide cream 1% 25g tube (Crystacide®), Reig Jofre UK Ltd (Non SMC) *Back to minutes*	Pink One article to be written.	**PH**
TAM633 Bronchiectasis *Back to minutes*	Spelling error in the text box starting with 'Any of' in the flow chart (within referral) - 'broncheictasis'.	**PH**
TAM642 Complex Bronchiectasis referral pathway *Back to minutes*	Referral to be via to SCI gateway.	**PH**

TAM635 Pulmonary embolism Back to minutes	To query whether apixaban can be made more explicit in that it is first choice.	**PH**
TAM640 Anti-D prophylaxis and administration during pregnancy and postnatally Back to minutes	A statement to be added to state that supplies are from the Blood Transfusion Service and not via Pharmacy.	**PH**
TAM641 Insomnia Back to minutes	• Where is first line CBTi accessed from? Is there a referral to the Community Mental Health Team? • Request to add information regarding long-term problems with use of Z drugs and melatonin use.	**PH**
TAM583 Post Menopausal Bleeding and Endometrial Cancer Back to minutes	• States incomplete referrals will be returned. How do you know which referrals are incomplete, and therefore get returned? • Request that the referral information is split into 'Essential' and 'Useful referral information'.	**PH**
TAM120 Anticoagulant switching Back to minutes	Remove combined table from guideline.	**PH**
AMT163 Cellulitis and wound infections Back to minutes	Should tetanus booster information or a link to separate guidelines be included?	**PH**
Any Other Competent Business Back to minutes	*Argyll & Bute transfusion policy documents* • Agreed to put to the Hospital Transfusion Committee for clinical approval and then be submitted to TAM Subgroup for approval to upload on to TAM.	**PH**
	Interim Myasthenia gravis information • *Agreed to add a link to GCC guidance as an interim until definitive guidance is produced.*	**PH**
	Subgroup meetings • *meetings now 2½ hours.*	**ALL**