

**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  
26 October 2023, via Microsoft TEAMS**

- Present:** Alasdair Lawton, Chair  
Patricia Hannam, Formulary Pharmacist  
Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice)  
Dr Jude Watmough, GP  
Dr Robert Peel, Consultant Nephrologist  
Claire Wright, Acute Pain Nurse Specialist  
Linda Burgin, Patient Representative  
Dr Alan Miles, GP  
Jenny Munro, AHP Physiotherapist Continence and Independent Prescriber  
Dr Antonia Reid, GP  
Joanne McCoy, MySelf-Management Manager  
Lauren Stevenson, Pharmacist, Medicines Information Service  
Sue Price, Interim Chief Pharmacist, Western Isles
- In attendance:** Wendy Anderson, Formulary Assistant  
Donna Fraser, TAM Project Support Manager  
Rob Cargill, Deputy Medical Director  
Wendy Laing, Primary Care Clinical Pharmacist  
Damon Horn, Clinical Lead Pharmacist
- Apologies:** Dr Simon Thompson, Consultant Physician

**1. WELCOME AND APOLOGIES**

The Chair welcomed the group.

**2. REGISTER OF INTEREST**

No register of interests were declared.

**3. MINUTES OF MEETING HELD ON 31 AUGUST 2023**

Minutes accepted as accurate.

**4. ACTIONS FROM PREVIOUS MEETING**

A brief verbal report was provided noting the following:

- The neonatal monographs are nearly complete and are just awaiting confirmation from the paediatric pharmacist.
- The antimicrobial pathway was awaiting confirmation of wording from Simon Thompson and Alex Cochrane but was hoped to be finalised in time for the December meeting.

**5. FOLLOW UP REPORT**

The follow up report was noted.

**6. SUBMISSIONS FOR ADDITION TO HIGHLAND FORMULARY FOR APPROVAL**

**6.1. Haematology Chemotherapy formulary submissions**

Accepted.

**6.2. Oncology Chemotherapy formulary submissions**

Accepted.

**6.3. Cenobamate (Ontozry®) 12.5mg, 25mg, 50mg, 100mg, 150mg, and 200mg film-coated tablets (SMC2408)**

**Submitted by:** Joan Mackintosh, Clinical Pharmacist Team Manager

**Indication:** For the adjunctive treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who have not been adequately controlled despite treatment with at least 2 anti-epileptic medicinal products.

**SMC restriction:** in patients with drug-resistant epilepsy as a second-line adjunctive antiseizure medicine, after the failure of the first adjunctive anti-seizure medicine.

**Comments:** Initiation of treatment would be done by a secondary care specialist. Patient counselling and education as well titration to target dose would be carried out by secondary care. Maintenance prescribing would be done by primary care. Adjustment of doses and monitoring would either be done by the epilepsy nurse or consultant. Any blood test requirement to check liver function or other issues related to side effects or tolerability would be on demand and would be requested either by the epilepsy service or the GP. Review is highly variable and depends on many factors, it was, however, expected that there would be frequent review by epilepsy nurse and consultant during the first three to six months. Discontinuation can be decided by primary care, but this would usually be discussed with a specialist.

Concern was raised over the environmental impact of using this medicine. Agreed that:

- A note to be added to the monograph to state 'Cenobamate is very persistent in aquatic systems, any unused medicines should be returned to Pharmacy for disposal.'
- Submission to be sent to Sharon Pflieger (MRC project) as an example of formulary decision making and use of environmental data.
- Recommend that text be added to dispensing labels of all medicines regarding disposal and medicines should be returned to Pharmacy.

**ACCEPTED**

[Action](#)

**6.4. Phenazone with lidocaine (Otigo®) 40mg/g/10mg/g ear drops (Not assessed by SMC)**

**Submitted by:** Dr Gordon Smith, Generalist Clinical Mentor (GCM) ScotGEM and Pre-hospital Immediate Care & Trauma (PICT) Medic

**Indication:** Acute otitis media.

**ACCEPTED**

**7. Formulary review**

**7.1. Subcutaneous methotrexate: Shared care protocol**

- Methotrexate combined with leflunomide; change to 'for 12 months once stable'.

**ACCEPTED**

[Action](#)

**8. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS**

Noted and approved.

**9. FORMULARY REPORT**

Due to a change in software systems a new report was not available.

A Formulary working group has been set up looking at primary and secondary care prescribing data. This will identify which sections of the Formulary have the highest priority for review. This group will report its findings to future Subgroup meetings.

*Robert Cargill joined the meeting.*

The search function for the Formulary has broken, meaning that it is currently not searchable by drug. An announcement has been made on TAM regarding this issue. Tactuum are looking into this as a matter of urgency. In the interim keywords can be added to each drug entry.

**10. SMC ADVICE**

Noted.

Expected submissions include: semaglutide and rimegepant.

## 11. NEW TAM GUIDANCE FOR APPROVAL

### 11.1. Personality Disorder

This information was previously held on the NHS Highland website. The psychology service is undertaking a review of guidance and a holding place was required for this information in the interim.

- Note for the reviewer. GP information is too long to refer to, could a brief summary, quick reference guide, be added as to when to suspect personality disorder and how to refer?

**ACCEPTED**

[Action](#)

### 11.2. Early pregnancy referral pathway

- Move less than 6 weeks and 13 to 16 weeks to the start of the document.

**ACCEPTED**

[Action](#)

*Sue Price left the meeting*

## 12. GUIDELINE UPDATES

### 12.1. COVID099 Hospital in-patient: Tocilizumab for (SARS-COV-2 infection)

Change updated in line with NICE Guidance published 22 June 2023. Sarilumab has been removed as no longer required and tocilizumab is now licensed to treat COVID-19 infection.

- Remove the paragraph commencing 'Tocilizumab is licensed for use in patients with rheumatoid arthritis ...'.
- Is there a more appropriate patient information leaflet to replace the link currently in the document?

**ACCEPTED**

[Action](#)

### 12.2. TAM352 Osteoporosis

- It was a good, useful document.
- Request a flow chart be included.

**ACCEPTED**

[Action](#)

### 12.3. TAM216 Lymphopenia assessment

- A useful piece of guidance that gives a bit more freedom of thought to those following it in general practice.
- Clarification required on how to refer into immunology.

**ACCEPTED**

[Action](#)

### 12.4. TAM432 Prolonged seizure/status epilepticus in adults (Primary Care)

A change of licensed status of Epistatus and re-ordering of guidance to reduce duplication had been made. Going forward a combined guideline has been requested to include adults and paediatrics.

**ACCEPTED**

### 12.5. TAM371 Spirometry

**ACCEPTED**

### 12.6. TAM236 Generalised anxiety disorder

The current guideline is out of date, the Mental Health Team are trying to work plan to get guidance reviewed. Until this work has been carried out, it was thought best to remove current guidance and replace with links to the NICE clinical knowledge summaries.

- Make explicit on the pregabalin monograph about restriction on who would initiate prescription for generalised anxiety disorder.

**ACCEPTED**

[Action](#)

### 12.7. TAM237 Antidepressants

**ACCEPTED**

### 12.8. TAM200 Healthy weight

- How do tier 2 patients self-refer?
- The outcomes of the service do not list losing weight as a bullet point. Is there a reason for this or

should it be included.

- Tier 2 referral criteria; do all criteria have to be met?
- Tier 3 referral criteria; state what the High Body Mass Index is.
- What are the exceptional circumstances for considerations for bariatric surgery; can examples be given?
- Discussion took place again about Very Low Calorie Diets (VLCD). Place in therapy to be clarified for treatments to prevent obesity and diabetes related complications, including VLCD, GLP1 receptor agonists and other Dietetic recommended diets.

**ACCEPTED**

[Action](#)

### 13. GUIDELINE MINOR AMENDMENTS

Noted and approved pending the following.

*Gender identity guidance*

- Combine bullet points relating to refer via SCI gateway.
- Point 2, Gender Identity Clinic liaises with primary care for ongoing management of the patient. Wording to be looked at to get clarification about these treatments and reference needs to be made to Scottish Government policy on the private sector. PH to redraft and send to AM and FH prior to sending to Fiona Gibson for final approval.
- TAM Subgroup to raise to ADTC the private NHS sector interface.

*Acute Otitis Media*

- Amend wording to make clear that eardrops should be considered before prescribing oral antibiotics.

*Intravenous gentamicin in adults*

- Change to; 'If serum creatinine is known'.

[Action](#)

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

The following were noted:

TAM167 Aural Discharge

TAM168 Dizziness

TAM171 Hearing problems: adults

TAM172 Hearing Problems: children

TAM173 Hoarseness

TAM174 Nasal Blockage

TAM175 Nasal Discharge

TAM176 Nasal Injury

TAM177 Nose bleed acute and chronic (Epistaxis)

TAM178 Sore Throat

TAM179 Snoring

TAM510 Neuroleptic malignant syndrome

TAM445 Serotonin Syndrome

TAM112 Adjuvant aromatase inhibitors and tamoxifen

### 15. GUIDANCE REMOVED

The following were noted:

COVID003 Antibiotic management in frail old

COVID054 Additional advice on antibiotic management during COVID

### 16. TAM REPORT

An update was provided with the following of particular note:

- Twenty-two authors have not responded to out of date review requests. Agreed that this should be escalated by sending a letter from TAM Subgroup to the most problematic ones.
- Copyright issues and implications were discussed. More robust processes to be put in place.

[Action](#)

### 17. ADTC SBAR TO HEALTH IMPROVEMENT SCOTLAND RE RDS GOVERNANCE AND PROCESS ISSUES

There were a number of significant governance issues discovered post migration, despite all the pre-migration work that has been done by the TAM team. This was raised at the last ADTC meeting and it was agreed that a letter be written from ADTC to Health Improvement Scotland, who oversee RDS. This has been done in the form of an SBAR.

Since the SBAR has been sent a number of changes have occurred. A risk matrix and training material have become available and Tactuum and RDS are working on a number of issues that were raised.

Claire Copeland is the Clinical Support Lead for RDS for NHS Highland and it was hoped that this role would be able to help to strengthen NHS Highland's communication with RDS. Agreed that PH write a letter from TAMSG to CC asking for support for TAM.

[Action](#)

**18. RISK REGISTER**

The TAM risk register was presented. This has been updated to include pre-populated entries by RDS. The TAM team is working with RDS and Tactuum to adopt/adapt processes to reduce identified risk.

**19. ENVIRONMENT**

*MRC project – dissemination and networking event 12/10/23*

PH and FH attended the Medical Research Council project close out session. The project idea was how to develop a formulary framework that incorporates environmental criteria. The findings are in the process of being written up and published and, once available, would be brought to Subgroup.

**20. NHS WESTERN ISLES**

Nothing to report.

**21. ANY OTHER COMPETENT BUSINESS**

*Amendment to TAM Subgroup representation*

- Claire Copeland, Deputy Medical Director Primary Care, has requested that a primary care clinical director is added to the Subgroup representation. This was agreed.
- Further agreed to add an additional primary care pharmacist representative.
- Discussion was taking place with Fiona MacFarlane, Associate Director of Pharmacy for Community Pharmacy, regarding a community pharmacist representative. There are aspects of the formulary that would benefit from community pharmacy representation, however it was questioned whether all of the meeting would be of relevance. It was suggested that community pharmacy representation could be co-opted when required.

[Action](#)

**22. DATE OF NEXT MEETING**

Next meeting to take place on Thursday 7 December 2023, 14:00-16:00 via TEAMS.

**Actions agreed at TAM Subgroup meeting**

Minute Ref	Meeting Date	Action Point	To be actioned by
Cenobamate (Ontozry®) 12.5mg, 25mg, 50mg, 100mg, 150mg, and 200mg film-coated tablets (SMC2408) <a href="#">Back to minutes</a>	October 2023	<ul style="list-style-type: none"> <li>• A note to be added to the monograph to state 'Cenobamate is very persistent in aquatic systems, any unused medicines should be returned to Pharmacy for disposal.'</li> <li>• Submission to be sent to Sharon Pflieger (MRC project) as an example of formulary decision making and use of environmental data.</li> <li>• Recommend that text be added to dispensing labels of all medicines regarding disposal and medicines should be returned to Pharmacy.</li> </ul>	<b>PH</b>

Subcutaneous methotrexate: Shared care protocol <a href="#">Back to minutes</a>	October 2023	Methotrexate combined with leflunomide; change to 'for 12 months once stable'.	PH
Personality Disorder <a href="#">Back to minutes</a>	October 2023	Note for the reviewer. GP information is too long to refer to, could a brief summary, quick reference guide, be added as to when to suspect personality disorder and how to refer?	PH
Early pregnancy referral pathway <a href="#">Back to minutes</a>	October 2023	Move less than 6 weeks and 13 to 16 weeks to the start of the document.	PH
COVID099 Hospital in-patient: Tocilizumab for (SARS-COV-2 infection) <a href="#">Back to minutes</a>	October 2023	<ul style="list-style-type: none"> <li>Remove the paragraph commencing 'Tocilizumab is licensed for use in patients with rheumatoid arthritis ...'.</li> <li>Is there a more appropriate patient information leaflet to replace the link currently in the document?</li> </ul>	PH
TAM352 Osteoporosis <a href="#">Back to minutes</a>	October 2023	Request a flow chart be included.	PH
TAM216 Lymphopenia assessment <a href="#">Back to minutes</a>	October 2023	Clarification required on how to refer into immunology.	PH
TAM236 Generalised anxiety disorder <a href="#">Back to minutes</a>	October 2023	Make explicit on the pregabalin monograph about restriction on who would initiate prescription for generalised anxiety disorder.	PH
TAM200 Healthy weight <a href="#">Back to minutes</a>	October 2023	<ul style="list-style-type: none"> <li>How do tier 2 patients self-refer?</li> <li>The outcomes of the service do not list losing weight as a bullet point. Is there a reason for this or should it be included.</li> <li>Tier 2 referral criteria; do all criteria have to be met?</li> <li>Tier 3 referral criteria; state what the High Body Mass Index is.</li> <li>What are the exceptional circumstances for considerations for bariatric surgery; can examples be given?</li> <li>Place in therapy to be clarified for treatments to prevent obesity and diabetes related complications, including VLCD, GLP1 receptor agonists and other Dietetic recommended diets.</li> </ul>	PH
Guideline minor amendments <a href="#">Back to minutes</a>	October 2023	<p><i>Gender identity guidance</i></p> <ul style="list-style-type: none"> <li>Combine bullet points relating to refer via SCI gateway.</li> <li>Point 2, Gender Identity Clinic liaises with primary care for ongoing management of the patient. Wording to be looked at to get clarification about these treatments and reference needs to be made to Scottish Government policy on the private sector. PH to redraft and send to AM and FH prior to sending to Fiona Gibson for final approval.</li> <li>TAM Subgroup to raise to ADTC the private NHS sector interface.</li> </ul> <p><i>Acute Otitis Media</i></p> <ul style="list-style-type: none"> <li>Amend wording to make clear that eardrops should be considered before prescribing oral antibiotics.</li> </ul>	PH

		<i>Intravenous gentamicin in adults</i> <ul style="list-style-type: none"> <li>• Change to; 'If serum creatinine is known'.</li> </ul>	
TAM report <a href="#">Back to minutes</a>	October 2023	Letter from TAM Subgroup so be sent to identified guideline authors.	<b>PH/AL</b>
ADTC SBAR to Health Improvement Scotland re RDS governance and process issues <a href="#">Back to minutes</a>	October 2023	Letter to be written to CC asking for support.	<b>PH</b>
Any other competent business <a href="#">Back to minutes</a>	October 2023	Update terms of reference.	<b>PH</b>