

**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
29 April 2021, via Microsoft TEAMS**

Present:	Okain McLennan, Chair Patricia Hannam, Formulary Pharmacist Dr Chris Williams, GP (Deputy for Dr Alan Miles, GP) Louise Reid, Acute Pain Nurse Lead Claire Wright, Acute Pain Nurse Dr Antonia Reed, GP Dr Robert Peel, Consultant Nephrologist Dr Duncan Scott, Consultant Physician Ayshea Robertson, Advanced Nurse Practitioner Joanna McCoy, LGOWIT Co-ordinator Liam Callaghan, Principal Pharmacist Western Isles Dr Jude Watmough, GP
In attendance:	Wendy Anderson, Formulary Assistant Damon Horn, HEPMA Pharmacist
Apologies:	Margaret Moss, Lead AHP, North & West Division Dr Simon Thompson, Consultant Physician Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice) Clare Bagley, Senior Medicines Information Pharmacist

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

No interests were declared.

3. MINUTES OF MEETING HELD ON 11 FEBRUARY 2021

Accepted as accurate.

4. FOLLOW UP REPORT

A brief verbal update was given with the following being noted:

- Agreed to add links to Skin section of the Formulary to DermNet NZ and to BNF. DermNet NZ to be sense checked prior to inclusion.
- Romosozumab is a specialist area therefore guidance is generally not requested. Agreed to signpost to SIGN 142 in the interim.
- Ceftolozane/tazobactam and ceftazidime/avibactam submissions – both submissions to add to the Formulary were rejected twice, however the Antimicrobial Team have identified there is a need to use them. This was discussed at ADTC who agreed to approve, in principle, both medicines for use out with the Formulary. The Area Antimicrobial Pharmacist and the Formulary Pharmacist are working on a process for the use of these medicines and also a process for how similar medicine submissions are dealt with ie should ADTC or this Group receive the submission.

[Action](#)

<p>5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY</p> <p>5.1. Insulin degludec (Tresiba) 100units/mL solution for injection in pre-filled pen or cartridge and 200units/mL solution for injection in pre-filled pen Submitted by: David Macfarlane, Consultant Physician Indication: As per SMC856/13: Treatment of diabetes mellitus in adults. Comments: Addition to the Formulary. Has a very long half-life and gives a longer dosing window which provides more flexibility in dosing particularly for patients who have compliance issues or where district nurses are going in to administer the insulin. This will hopefully reduce diabetic ketoacidosis and also reduce overnight hypoglycaemia. Initiated by secondary care but then prescribing would become general. Could be a cost saving as some patients would be switched to this from insulin pump therapy. Queried whether previous action requesting that the Diabetic Service look to prevention, eg the Very Low Calorie Diet be raised again. JM stated that this is being looked into and that they have been advised to contact TAM. PH to follow this up. ACCEPTED Action</p>
<p>5.2. Ultra rapid acting Humalog (Lyumjev) U100 and U200 Submitted by: David Macfarlane, Consultant Physician Indication: Diabetes in adults. Comments: Addition to the range of insulins currently on the Formulary as it is an ultra rapid acting insulin. The advantage is patient compliance and should help to reduce hyperglycaemia. Fiasp would be first option and this would be used where Fiasp had failed or when the short acting insulins have failed in reducing postprandial hyperglycaemia. ACCEPTED</p>
<p>5.3. Ozanimod (Zeposia) 0.92 mg hard capsules and starting pack of 0.23mg, 0.46mg and 0.92mg hard capsules Submitted by: Dr Francisco Javier Carod Artal, Consultant Neurologist Indication: As per SMC2309: Treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) with active disease as defined by clinical or imaging features. Comments: Addition to the Formulary. Advantage is that it is an oral preparation with reduced side effects for those patients unable to tolerate other treatments, and with a reduced cardiovascular risk, compared to alternative oral formulary choice, fingolomid. ACCEPTED</p>
<p>5.4. Brolocizumab (Beovu®) 120mg/ml solution for injection in a pre-filled syringe Submitted by: Dr Simon A Hewick, Consultant Ophthalmologist Indication: As per SMC2272: Age related macular degeneration. Comments: Addition to the Formulary. Potentially can be a less frequent administration for patients of possibly every 8 weeks as opposed to every 6 weeks or less. However, frequency is very patient dependent. It was noted that this range of treatments is being closely monitored with the Director of Pharmacy due to their high cost and likelihood of change as different products become available. Ranibizumab is likely to become generic soon and therefore would be the first line with brolocizumab becoming second line treatment. ACCEPTED</p>
<p>5.5. Upadacitinib (Rinvoq®) 15mg prolonged release tablet Submitted by: Alex Morrison, Pharmacist (Homecare, Rheumatology) Indication: As per SMC2315: Rheumatoid arthritis. Comments: Addition to Formulary. Potential cost saving and advantage that it is oral. ACCEPTED</p>
<p>6. UPDATED AND NEW HIGHLAND FORMULARY SECTIONS AND GUIDANCE FOR APPROVAL</p>
<p>6.1. Prevention and Treatment of Post-operative Vomiting in Children (new)</p> <ul style="list-style-type: none"> Noted that it was written at a very high level by anaesthetists so is difficult to comment on clinical detail other than that it is clear and straightforward. <p>ACCEPTED</p>
<p>6.2. Paediatric Anxiolytic Premedication Dose Guideline (new)</p> <ul style="list-style-type: none"> Not always clear when talking about IV medication that it is to be oral and this needs to be amended to clarify. <p>ACCEPTED pending Action</p>

6.3. Croup (*updated*)

- Very helpful guideline.
- Feed back to Paediatricians and request that the statement: if you have access to dexamethasone then it is first choice but include that if not available give prednisolone instead should be made more clear/prominent to Primary Care Clinicians.
- Include the Pink One article to raise awareness.

ACCEPTED pending

[Action](#)

6.4. Non IgE Cows' Milk Protein Allergy Guidance (*updated*)

- Formulary needs to be updated to reflect what milks are in this guidance.
- Very thorough, detailed, helpful guidance.
- They mention EHF but don't specify that it means extensively hydrolysed as opposed to amino acid formula. As there is difference between the two it needs to be highlighted as to which is which.
- Is this guidance applicable to the whole NHS Highland area as North Highland is referred to within it?

ACCEPTED pending

[Action](#)

6.5. Ultrasound referral guidelines (*new – resubmission from December 2020*)

- Final guidelines are being discussed at the May GP Subcommittee, after they have commented; this guidance will be resubmitted to a future TAM meeting. In the meantime, interim guidance has been developed to improve the referral process and it is requested that this should be housed on TAM for easier access.
- Noted that there were still mismatches between gastroenterologist referral for ultrasound and urology.
 - On the Radiology department website it says don't refer for abnormal LFTs because it is not needed for non-alcoholic fatty liver disease however the gastroenterologists have it included, so if these criteria are not met then should not refer to gastroenterology.
 - Also the ultrasound guidance is quite specific and says over 45s for frank haematuria, whereas urologists say anybody with frank haematuria needs an ultrasound in the absence of infection.
 - The guidance for diagnosis for polycystic ovary syndrome states that you need three things, two are clinical and the third is an ultrasound. Gynaecology say an ultrasound is not required or don't refer. Patient groups and charities state you do need an ultrasound. Gynaecology guidance requires to be reviewed as official definition of defining what PCOS is requires an ultrasound.
- Queries and responses from ultrasound to be shared with GP Subcommittee.

ACCEPTED in the interim

[Action](#)

6.6. Integrated Patient Pathway for Chronic Sialorrhea in Adults (*new*)

ACCEPTED

6.7. Iloprost in Adults with Peripheral Vascular Disease or Raynaud's Phenomenon (*new*)

ACCEPTED

6.8. Prevention of iron deficiency anaemia in pregnant women (*new*)

- This was initially devised as COVID-19 guidance however it is generalised guidance that is good practice and can be used outside of COVID-19.
- It enabled pregnant ladies to be able to obtain iron from their community pharmacy on what was the Minor Ailment Scheme, however this has now become the national Pharmacy First Scheme and iron is not included. A request to add iron has been submitted, however until a response has been received a different option needs to be sought. Agreed GPs would prescribe under advice from midwife as they see the patient rather than the GP.
- Discussion arose around who is responsible for giving IV iron. Who is responsible for infusions? Is there a pathway in place for giving someone an infusion? The infusion suite does not have the capacity. Clarify with obstetrics what their IV process is.
- Include a pathway or process on how the GPs, Obstetricians and Midwives work together practically. In the interim, until a decision is received regarding iron, include a sentence to clarify

that the midwives will request a prescription from general practice and then it is the prescriber's responsibility to check that iron is appropriate for the individual patient.

- Request a Pink One article to be written to highlight any changes.
- Circulate amended interim guidance to the Group for electronic ratification.

ACCEPTED pending

[Action](#)

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

None put forward.

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

Noted and approved pending the following:

Abdominal aortic aneurysm – guidance has recently changed and now anyone presenting with acute onset back pain and a known aortic aneurysm should get a scan. Should be included if not already in the guidance.

[Action](#)

9. SMC ADVICE

Noted.

10. FORMULARY REPORT

Noted. Agreed that HEPMA Pharmacist could use data from these reports as baselines.

11. TAM REPORT

Noted. The Chair informed the Subgroup that there are ongoing discussions with CRG/CIG regarding the responsibility of approving non-Formulary guidelines. This Group, then CEG, was developed at the beginning of the COVID 19 pandemic to discuss guidance specifically related to COVID 19. It has since evolved to become a multidisciplinary, cross-sector, pan-Highland Clinical Interface Group to discuss guidance requiring rapid decision making or that requires operational changes across NHS Highland.

12. NHS WESTERN ISLES

Questioned if there is condensed document containing consolidated, up to date information on COVID 19 treatment. Currently there is not but it was agreed that this would be worth developing. Western Isles have been working on something locally and it was felt that this would be a good starting point so would be shared with the Formulary Pharmacist.

As diabetes guidance is being reviewed the Diabetes Nurse in the Western Isles should be contacted to see if they would like to be involved or could help in any way.

[Action](#)

13. OUT OF DATE FOLLOW UP REPORT ACTION POINTS

Anything on the follow up report that is outstanding by over a year is included in this report. Predominately these were large pieces of work. Agreed to remove the Paediatric Formulary action as this would only be submitted to the Group as and when it was completed and is not an official action point for the Group.

[Action](#)

14. AOCB

NCA submission form

As it was agreed at a previous meeting to follow NCA process this form would now be adopted for use by Oncology/Haematology for future submissions.

ITR Guidelines request for uploading to TAM

As this is not a clinical guideline this is for information to the Subgroup to provide comment on. To note that the ITR does not provide drug treatments, only administer non drug treatments. Comment made that emails need to be updated.

[Action](#)

Lothian Joint Formulary

The Single National Formulary collapsed and became the East Lothian Formulary which has now been developed and launched. It uses the same platform as TAM and the TAM Team are meeting with Tactuum to discuss import of templates/systems. Any comments on the layout/content/what is useful to be passed to the Formulary Pharmacist.

[Action](#)

NHS Pharmacy First Scotland

First review has just been completed. A submission has been made to add oral iron and to amend the moisturisers to be in line with the Highland Formulary choices.

Respiratory pathfinder group

This is a Scottish Government funded initiative where four health boards have been chosen to look at particular pathways. NHS Highland won the respiratory pathway one and is looking at the whole pathway for the patient and how it should be improved from prevention, presentation, management, and referral. The TAM team are now involved in the project.

Changes to microbiology susceptibility reporting

Microbiology susceptibility reporting has changed. These changes will need to be reflected within the current antimicrobial section on TAM. A date on when these changes are to come into place to be clarified.

[Action](#)

AHP representation on the Group

Margaret Moss was unable to attend today or send a deputy and would like to remove herself from the group as she now has a new role. Recommending that more appropriate future AHP representation would be to have a non-medical prescriber. The Secondary Care Pharmacist post is also currently vacant due to staffing changes and currently they are working on a solution to this.

[Action](#)

15. DATE OF NEXT MEETING

Next meeting to take place on Thursday 24 June 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	April 2021	Add link in Skin section of the Formulary to the BNF.	PH/WA
		DermNet NZ to be sense checked and then link added to Skin section.	AR/PH/WA
		Romosozumab – signpost to SIGN 142.	PH/WA
Insulin degludec (Tresiba) 100units/mL solution for injection in pre-filled pen or cartridge and 200units/mL solution for injection in pre-filled pen Back to minutes	April 2021	Contact Diabetic Service re prevention measures including Very Low Calorie Diet	PH
Paediatric Anxiolytic Premedication Dose Guideline Back to minutes	April 2021	Clarify that IV medication is to be oral.	PH
Croup Back to minutes	April 2021	Feed back to Paediatricians and request that it is made clear/more prominent that if you have access to dexamethasone then it is first choice but include that if not available give prednisolone instead.	PH
		Request a Pink One article to raise awareness.	PH
Non IgE Cows' Milk Protein Allergy Guidance	April 2021	Update Formulary to reflect what milks are in this guidance.	PH/WA

Back to minutes		Request that it is highlighted in the guidance which are extensively hydrolysed and which are amino acid formulas.	PH
		Check that guidance is applicable to the whole NHS Highland area as North Highland is referred to within it.	PH
Ultrasound referral guidelines Back to minutes	April 2021	Queries and responses from ultrasound to be shared with GP Subcommittee.	PH/CW
Prevention of iron deficiency anaemia in pregnant women Back to minutes	April 2021	Clarify with obstetrics what their IV process is.	PH
		Request a pathway or process on how the GPs, Obstetricians and Midwives work together practically. In the interim, until a decision is received regarding iron, include a sentence to clarify that the midwives will request a prescription from general practice and then it is the prescriber's responsibility to check that iron is appropriate for the individual patient.	PH
		Request a Pink One article to highlight any changes.	PH
		Interim guidance to be ratified electronically.	ALL
Guideline Minor Amendments Back to minutes	April 2021	Contact author to confirm if the national update has been included in local guidance.	PH
NHS Western Isles Back to minutes	April 2021	Request from CRG/CIG that a condensed document containing consolidated, up to date information on COVID treatment is developed.	PH/LC
		Contact Diabetes Nurse in NHS Western Isles regarding involvement in diabetes guidance review.	PH
Out of date follow up report action points Back to minutes	April 2021	Remove the Paediatric Formulary action point.	PH/WA
AOCB – ITR Guidelines request for uploading to TAM Back to minutes	April 2021	Update emails.	PH
AOCB – Lothian Joint Formulary Back to minutes	April 2021	Comments on the layout/content/what is useful to be passed to the Formulary Pharmacist.	ALL
AOCB – Changes to microbiology susceptibility reporting Back to minutes	April 2021	A date on when these changes are to come into place to be clarified.	PH
AOCB – AHP representation on the Group Back to minutes	April 2021	Seek replacement AHP and Secondary Care Pharmacist.	PH