

**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 August 2024, via Microsoft TEAMS**

<b>Present:</b>	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 Jude Watmough, GP Joanne McCoy, MySelf-Management Manager Dr Stephen McCabe, Clinical Director, Primary Care Dr Simon Thompson, Consultant Physician Linda Burgin, Patient Representative Louise Reid, Acute Pain Nurse Specialist Claire Wright, Acute Pain Nurse Specialist Dr Antonia Reid, GP
<b>In attendance:</b>	Wendy Anderson, Formulary Assistant Claire Fortey, TAM Project Support Manager
<b>Apologies:</b>	Duncan Scott (via TEAMS chat)

**1. WELCOME AND APOLOGIES**  
The Chair welcomed the group.

**2. REGISTER OF INTEREST**  
Nothing declared.

**3. MINUTES OF MEETING HELD ON 27 JUNE 2024**  
Minutes accepted as accurate.

<b>4. ACTIONS FROM PREVIOUS MEETING</b>				
ITEM	ACTION POINT	ACTION	STATUS	COMMENTS
Semaglutide 0.25mg, 0.5mg, 1mg, 1.7mg, 2.4mg FlexTouch solution for injection in prefilled pen (Wegovy®), Novo Nordisk (SMC2497)	Note be added to the Formulary until clear pathways put in place.	PH	Awaiting Guidance	Added in principle.
	Engagement from the dietetic service, GP Subcommittee and Public Health to be made.		Complete	Focus group held July 2024.
	A business case to be developed.		Escalated	SBAR sent to Exec Dir Group requesting a Senior Responsible Officer be appointed with programme support.
	Draw attention to women of child bearing age and provide information re contraception.		To do	To be addressed once added to formulary.
	Can community pharmacies be involved in weight monitoring?		Escalated	SBAR requests that Community Pharmacy be involved in discussions.
	Exceptional Pink One article to go out.		To do	

	Can TURAS modules be developed?		Escalated	Education and training requested in SBAR.
Of additional note the Executive Directors Group have asked for the SBAR to go to the Area Clinical Forum. The national short life working group for GLP1s and weight management has been reinstated. Each Health Board is in the same position, apart from them Western Isles. Some Health Boards have to go via non Formulary processes such as PACS2 and IPTR for the medication and even this is being refused despite semaglutide being licensed and accepted by SMC. Pink One articles providing regular updates on the situation to be included.				
Tirzepatide KwikPen 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg solution for injection in pre-filled pen (Mounjaro®), Eli Lilly and Company Ltd (SMC2633)	To note interaction effects with delayed gastric emptying and contraceptives.	PH	Complete	
	Contraceptive advice to be clear with patients informed.		Complete	
	Ask primary care to make it clear to GPs at point of prescribing that it is for diabetes and not weight management.	FH	To do	To be included in Pink One article on GIP/GLP1 RAs.
Bimekizumab 160mg solution for injection in pre-filled syringe and pre-filled pen (Bimzelx®), UCB Pharma (SMC2420)	Discuss how best to indicate to primary care the risk of infection with monoclonal antibodies.	PH/WL	In progress	Discussion: Alex Morrison (Pharmacist Rheumatology, Wendy Laing, Rob Peel. Rheumatology have good practice in place stating GP letters all state current and past medications, have a checklist to counsel patients, includes info on ADRs. To add request for GPs to add meds to ECS. To request QI team to copy letter template as good practice to be shared with other specialisms.
Daridorexant 50mg and 25mg film coated tablet (Quviviq®), Idorsia pharmaceuticals UK Ltd (SMC2611)	Primary care pharmacy to review prescribing of zolpidem in primary care.	FH	Complete	Primary care use more zopiclone than zolpidem. FH to submit paper to primary care team to review prescribing practice. Note: Resubmission of the insomnia pathway and daridorexant anticipated for October meeting.
Linaclotide 290 microgram capsule (Constella®), AbbVie Ltd (SMC869/13)	Please state who does the 4-week review, can this be done by the specialist team? If this is expected to be done by primary care, what are the review criteria. Please state who does the 3-monthly review, can this be done by the specialist team?	PH	In progress	Trial of treatment: secondary care. Prescribing and follow up in primary care. Patients would be counselled by the (secondary care) clinician recommending treatment trial, about the possibility of diarrhoea and lower GI bleeding and given advice to discontinue in this event. The main purpose of 4 weekly review would be to discontinue for patients who had found it ineffective. Further review of patients where treatment had been successful, would mainly be to ensure this was still the case, in a similar way to any other laxative prescribing.
	Comparison costs with prucalopride are requested.		Complete	Linaclotide 28 x 290mcg capsules = £42.82 Prucalopride 28 x 2mg tablets = £37.60
Acetylcysteine effervescent tablets 600mg, various generics available (Non SMC)	Add to the Formulary monograph that it is to be trialled for four weeks and, if not effective, then to be stopped.	PH/WA	Complete	
Hydrogen peroxide cream 1% 25g tube (Crystacide®), Reig Jofre UK Ltd (Non SMC)	Pink One article to be written.	PH	To do	
TAM633 Bronchiectasis	Spelling error in the text box starting with 'Any of' in the flow chart (within referral) - 'bronchiectasis'.	PH	To do	Delay as flowchart amendment is not straight forward.
TAM642 Complex Bronchiectasis referral pathway	Referral to be via to SCI gateway.	PH	Complete	
TAM635 Pulmonary embolism	To query whether apixaban can be made more explicit in that it is first choice.	PH	Complete	Now stand-alone first line option.
TAM640 Anti-D prophylaxis and administration during pregnancy and postnatally	A statement to be added to state that supplies are from the Blood Transfusion Service and not via Pharmacy.	PH	Complete	
TAM641 Insomnia	Where is first line CBT accessed from? Is there a referral to the Community Mental Health Team?	PH	In progress	In discussion with Fiona Van Buren re cCBT and insomnia (and anxiety). TAM cCBT guideline is reviewed and to be submitted to Oct TAMSG.

	Request to add information regarding long-term problems with use of Z drugs and melatonin use.		In progress	Insomnia guidance to be resubmitted to Oct TAMSG.
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?	PH	In progress	Redone, but original query still not answered.
	Request that the referral information is split into 'Essential' and 'Useful referral information'.		In progress	Redone, but original query still not answered.
TAM120 Anticoagulant switching	Remove combined table from guideline.	PH	Complete	
AMT163 Cellulitis and wound infections	Should tetanus booster information or a link to separate guidelines be included?	PH	To do	
Any Other Competent Business	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	To do	
	Interim Myasthenia gravis information - Agreed to add a link to GCC guidance as an interim until definitive guidance is produced.	PH	Complete	
	Subgroup meetings - meetings now 2½ hours.	ALL	Complete	

## 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
Nivolumab, relatlimab (Opdualag) concentrate for solution for infusion, Bristol Myers Squibb	First-line treatment of advanced (unresectable or metastatic) melanoma in adults and adolescents 12 years of age and older.	SMC2645 – accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	<b>ACCEPTED</b>
Pembrolizumab (Keytruda) 25mg/mL concentrate for solution for infusion, Merck Sharp & Dohme Ltd	In combination with fluoropyrimidine and platinum-containing chemotherapy, for the first-line treatment of locally advanced unresectable or metastatic human epidermal growth factor 2 (HER2)-negative gastric or gastro-oesophageal junction adenocarcinoma in adults whose tumours express programmed death-ligand 1 (PD-L1) with a combined positive score (CPS) ≥ 1.	SMC2660 – accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	<b>ACCEPTED</b>
Elranatamab (Elrexfio) solution for injection	As monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who	SMC2669 – accepted for use on an	Jenna Baxter, Lead Cancer Care	<b>ACCEPTED</b>

40mg/ml, Pfizer Limited	have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.	interim basis subject to ongoing evaluation and future reassessment	Pharmacist - Haematology	
Teclistamab (Tecvayli) 10mg/ml solution for injection, Janssen-Cilag Ltd	As monotherapy is indicated for the treatment of adult patients with relapsed and refractory multiple myeloma (RRMM), who have received at least three prior therapies, including an immunomodulatory agent (IMiD), a proteasome inhibitor (PI), and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.	SMC2668 – accepted for use	Jenna Baxter, Lead Cancer Care Pharmacist - Haematology	<b>ACCEPTED</b>

## 6.2. Non SACT Formulary submissions

### 6.3. Vitamin B Compound Strong tablets

**Submitted by:** Dr Catherine Fraser, Consultant Gastroenterologist

**Indication:** Refeeding syndrome.

**ACCEPTED**

### 6.4. Buprenorphine (Buvidal®) 8, 16, 24, 32, 64, 96, 128mg prolonged-release solution for injection, Camurus AB (SMC2169)

**Submitted by:** Thomas Ross, Associate Director of Primary Care Pharmacy and Robert Jones, Specialist Pharmacist in Substance Use, Prison and Police Custody

**Indication:** Treatment of opioid dependence within a framework of medical, social and psychological treatment. Treatment is intended for use in adults and adolescents aged 16 years or over.

**SMC restriction:** Use in patients in whom methadone is not suitable and for whom the use of buprenorphine is considered appropriate.

**Comments:** Submission changed from specialist recommendation only to specialist initiation only by the Drug and Alcohol Recovery service (DARS). Very expensive medicine. Patient choice is a factor. There are lots of advantages to its use, including not being liable to diversion and it is a lot safer than other options.

**ACCEPTED**

### 6.5. Ivacaftor-tezacaftor-elexacaftor (Kaftrio®) film-coated tablets, granules in sachet, Vertex Pharmaceuticals (Europe) Ltd (SMC2713)

**Submitted by:** Lesley Blaikie, Cystic Fibrosis Clinical Nurse Specialist

**Indication:** In a combination regimen with ivacaftor for the treatment of cystic fibrosis (CF) in patients aged 2 years to less than 6 years (granules in sachet) and 6 years and older (film-coated tablets) who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

**Comments:** Hospital only medicine. GPs to be advised that it is added as an out of practice drug and to be recorded on the emergency care summary. Note: ivacaftor as monotherapy is SMC not recommended so remains non-Formulary.

**ACCEPTED**

### 6.6. Lumacaftor-ivacaftor (Orkambi®) film-coated tablets, granules in sachet, Vertex Pharmaceuticals (Europe) Ltd (SMC2712)

**Submitted by:** Lesley Blaikie, Cystic Fibrosis Clinical Nurse Specialist

**Indication:** Treatment of cystic fibrosis (CF) in patients aged 1 year and older (granules in sachet) or 6 years and older (film-coated tablets) who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

**Comments:** as per 6.5.

**ACCEPTED**

### 6.7. Tezacaftor-ivacaftor (Symkevi®) film-coated tablets, Vertex Pharmaceuticals (Europe) Ltd (SMC2711)

**Submitted by:** Lesley Blaikie, Cystic Fibrosis Clinical Nurse Specialist

**Indication:** In a combination regimen with ivacaftor tablets for the treatment of patients with cystic fibrosis (CF) aged 6 years and older who are homozygous for the F508del mutation or who are heterozygous for

the F508del mutation and have one of the following mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene: P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G, and 3849+10kbC→T.

**Comments:** as per 6.5.

**ACCEPTED**

#### 7. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted and approved.

#### 8. FORMULARY REPORT

No new report available.

#### 9. SMC ADVICE

Noted.

#### 10. NEW TAM GUIDANCE FOR APPROVAL

##### 10.1.TAM561 Ultrasound follow up of gall bladder

**ACCEPTED**

##### 10.2.TAM646 Neuropsychology

**ACCEPTED**

##### 10.3.TAM656 Endometriosis

- When TAM links to National guidance it generally refers to specific services that we don't necessarily have in NHS Highland. Agreed on TAM to consider listing the differences between the national guidance and NHS Highland services on the page that links to the guidance.
- The referral procedure is complex. Can a tighter flow chart/referral process be developed linking to the guidance as background information?
- This guidance may change in the near future due to new research.
- The current gynaecology waiting list is lengthy so it would be helpful to know exactly what information the gynaecology team at Raigmore require.
- Agreed to accept it, publish it as it is, with an ask for an immediate comment that can be put on it to say that this will be further refined, as it's acknowledged that there's bits that don't align. Guidance then to be worked on and submitted as an amendment at a future subgroup.

**ACCEPTED**

[Action](#)

##### 10.4.Buvidal

- Lengthy document. Confirmed that, at present, it will be used only in the Drug and Alcohol Recovery Service.
- Noted that it had a lot of good, useful information contained in the document.

**ACCEPTED**

##### 10.5.TAM654 Asthma in children aged 2 to 5

**ACCEPTED**

##### 10.6.TAM649 Short stature (Paediatric)

**ACCEPTED**

##### 10.7.TAM648 Delayed/precocious puberty (Paediatric)

**ACCEPTED**

##### 10.8.TAM647 Post-fall medication review

- Cross link to relevant anticholinergic advice within the Polypharmacy guidance.
- States secondary care only but would also be beneficial for use in primary care, especially in care home setting. Can slight changes be made as minor amendments after publication of this version, so that the document encompasses both secondary and primary care?
- Lot of good concise information.

**ACCEPTED**

[Action](#)

##### 10.9.COVID121 Drug management of adult hospital in-patients with COVID-19 infection following LFT/PCR positive

- IDL and GP information re 3 month effect of tocilizumab on immune response to be reinstated.
- What is the definition of severe pneumonitis if patient is not on oxygen?
- The flow charts are not clear eg downward arrow in the flow chart makes the medicine prescribing

confusing. PH to liaise with ST.

- Amend 'pharmacy supply' to 'hospital pharmacy supply'.

#### REQUEST TO AMEND

[Action](#)

#### 10.10 COVID123 Risk factors for progression to severe COVID-19 infection

- When you have identified a patient what is the process, eg how does a GP access the MAB once the patient has been identified. Request to add contact details for the clinician/patient to use.
- Request to amend the layout to include drop down sections as it is very lengthy and refers to boxes.

#### REQUEST TO AMEND

[Action](#)

### 11. GUIDELINE MAJOR AMENDMENTS

#### 11.1.TAM323 Nausea and vomiting (Paediatric)

- Note to be added to say droperidol is every six hours and to give a maximum dose of dexamethasone of 4mg.

ACCEPTED

[Action](#)

### 12. GUIDELINE AMENDMENTS

The new system of noting the minor amendments was now in place, with link to live guidance provided and the What's New information extract copied into the report. There is also a page on TAM called guideline updates which gives information on guidance that has been amended or removed.

[TAM guideline updates | Right Decisions \(scot.nhs.uk\)](#)

Noted and approved.

### 13. TAM REPORT

Report noted as below:

- The percentage of guidance that is out of date guidance is continuing to reduce.
- The TAM risk register has been updated with mitigation process for TAM going off-line. Agreed that a request be made to eHealth to include the TAM app as standard on NHS Highland devices. Devices used in primary care to be looked into to see if this would also be an option. Encourage staff eg at junior doctor induction training etc, to have it downloaded on their own personal devices, if they so wish.
- Paediatric guidelines and Patient resources are now separate tools on TAM.
- A section to support Junior Doctor induction is in development with links to guidance on TAM.
- The ACT funding bid was rejected. Felt that TAM is a critical component especially with regard to Junior Doctors and was most definitely a teaching tool. Funding bid to be escalated so that TAM is properly resourced. PH, AL and DS to meet up to take this forward.

[Action](#)

### 14. ENVIRONMENT

Nothing to report.

### 15. NHS WESTERN ISLES

Nothing to report.

### 16. ANY OTHER COMPETENT BUSINESS

- *Semaglutide*  
Also discussed in the Action Report above. The SBAR was accepted by ACF but noted that the pathway development would be a challenge. Action from the ACF that SBAR is to be submitted to EDG.
- *2025 meeting dates*  
Noted and accepted.
- *Dr Al Miles resignation*  
Al Miles as GP Subcommittee representative for the Group has stepped down through a change in his

job detail and he will be seeking another representative from GP subcommittee to join TAM. His contribution to date has been very valuable and it has been very useful having that link with GP subcommittee.

## 17. DATE OF NEXT MEETING

Next meeting to take place on Thursday 31 October 2024, 14:00-16:30 via TEAMS.

### Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
TAM656 Endometriosis <a href="#">Back to minutes</a>	<ul style="list-style-type: none"> <li>Agreed on TAM to consider listing the differences between the national guidance and NHS Highland services on the page that links to the guidance</li> <li>Can a tighter flow chart/referral process be developed linking to the guidance as background information?</li> <li>What information do the gynaecology team at Raigmore require?</li> <li>Ask for an immediate comment that can be put on it to say that this will be further refined, as it's acknowledged that there's bits that don't align. Guidance then to be worked on and submitted as an amendment at a future subgroup.</li> </ul>	PH
TAM647 Post-fall medication review <a href="#">Back to minutes</a>	<ul style="list-style-type: none"> <li>Cross link to relevant anticholinergic advice within the Polypharmacy guidance.</li> <li>Can slight changes be made as minor amendments after publication of this version, so that the document encompasses both secondary and primary care?</li> </ul>	PH
COVID121 Drug management of adult hospital in-patients with COVID-19 infection following LFT/PCR positive <a href="#">Back to minutes</a>	<ul style="list-style-type: none"> <li>IDL and GP information re 3 month effect of tocilizumab on immune response to be reinstated.</li> <li>What is the definition of severe pneumonitis if patient is not on oxygen?</li> <li>The flow charts are not clear eg downward arrow in the flow chart makes the medicine prescribing confusing. PH to liaise with ST.</li> <li>Amend 'pharmacy supply' to 'hospital pharmacy supply'.</li> </ul>	PH/ST
COVID123 Risk factors for progression to severe COVID-19 infection <a href="#">Back to minutes</a>	<ul style="list-style-type: none"> <li>When you have identified a patient what is the process, eg how does a GP access the MAB once the patient has been identified. Request to add contact details for the clinician/patient to use.</li> <li>Request to amend the layout to include drop down sections as it is very lengthy and refers to boxes.</li> </ul>	PH
TAM323 Nausea and vomiting (Paediatric) <a href="#">Back to minutes</a>	Note to be added to say droperidol is every six hours and to give a maximum dose of dexamethasone of 4mg.	PH
TAM report <a href="#">Back to minutes</a>	Funding bid to be escalated so that TAM is properly resourced. PH, AL and DS to meet up to take this forward.	PH/AL/DS