

**TAM SUBGROUP OF THE NHS
HIGHLAND AREA DRUG AND
THERAPEUTICS COMMITTEE**

Pharmacy Services
Assynt House
Inverness
Tel: 01463 706806
www.nhshighland.scot.nhs.uk/



**MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC
5 December 2024, via Microsoft TEAMS**

Present: Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice), Acting Chair
Patricia Hannam, Professional Secretary, Formulary Pharmacist
Dr Robert Peel, Consultant Nephrologist
Wendy Laing, Primary Care Clinical Pharmacist
Lauren Stevenson, Pharmacist, Medicines Information Service
Joanne McCoy, MySelf-Management Manager
Dr Duncan Scott, Consultant Physician
Dr Sarah Donald, GP
Jenny Munro, AP Physiotherapist Continence and Independent Prescriber
Dr Stephen McCabe, Clinical Director, Primary Care
Linda Burgin, Patient Representative

In attendance: Wendy Anderson, Formulary Assistant

Apologies: Alasdair Lawton, Chair
Dr Antonia Reid, GP (comments received)
Dr Jude Watmough, GP

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

Nothing declared. An annual Register of Interest form would shortly be sent out to all members to complete and return.

[Action](#)

3. MINUTES OF MEETING HELD ON 31 OCTOBER 2024

Minutes accepted as accurate.

4. ACTIONS FROM PREVIOUS MEETING

ITEM	ACTION POINT	ACTION	STATUS	COMMENTS
Ritlecitinib (Litfulo®) hard capsules 50mg, Pfizer Ltd (SMC2610)	Service to demonstrate that there is an adequate checklist in place to enable patients to make an informed decision based on the benefits and risks of treatment and to enable to the service to identify those patients for whom the medication is and is not appropriate for.	PH	In progress	Requested. Currently no service provision so although currently on the Formulary there is no access for patients. Issue raised with disconnect between formulary decision making and service capabilities. Agreed that an SBAR be submitted to ADTC.
	Service to demonstrate that there is adequate monitoring process in place as per the requirements for the safe provision of the medication. These items, as they are owned by the specialist service and are not for publication on TAM, are not required to be submitted to TAMSG for approval, this is just for information.	PH	In progress	

Mavacamten (Camzyos®) capsules, Bristol Myers Squibb Pharmaceuticals Ltd (SMC2618)	At present, due to availability, this medicine is restricted to Hospital Use Only. Once this becomes more widely available, please confirm who will be responsible for: Pre-treatment screening, monitoring requirements, clinical review and cessation.	PH	Complete	
Clonidine tablets 25 microgram and oral solution 50 microgram/5mL	Submission will be reassessed at December TAMSG along with the sleep disorder guidance to ensure appropriate place of therapy is stated.	PH	In progress	Requested
	Budget impact information to be completed in the formulary submission.	PH	In progress	Requested
AMT192 Outpatient Antibiotic Therapy (OPAT)	Audience to be amended to include Primary Care.	PH	Complete	. Highland HSCP only . For use by Raigmore, RGs and Broadford, Ambulatory Care, Hospital at Home teams and OPAT team . For information for Primary Care . Adults only
TAM336 Infant Feeding Difficulties Clinic (IFDC) & Paediatric Infant Feeding Allergy Clinic (IFAC) (Paediatric Guidelines)	Change SCI store to SCI gateway.	PH	On hold	Cannot find either term in the guideline
TAM290 Hyperkalaemia	Under resources, the link for the dietary sheet is not working.	PH	Complete	Author contacted. No longer needed. Link removed
	Could guidance relevant to Primary Care be developed? PH to escalate request to Claire Copeland and Thomas Ross.	PH	In progress	To be submitted to Feb TAMSG
TAM report	Diabetic guidance to have link to self-management resource added, as per standard.	PH	Complete	
AOCB – For information: Autumn Edition the Pink One	Future editions to be included with Subgroup papers as a PDF version.	PH	Complete	Added to standing agenda
	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	In progress	

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
Quizartinib (Vanflyta) film-coated tablets, Daiichi Sankyo UK Ltd	In combination with standard cytarabine and anthracycline induction and standard cytarabine consolidation chemotherapy, followed by quizartinib single-agent maintenance therapy for adult patients with newly diagnosed acute myeloid leukaemia (AML) that is FLT3-ITD positive.	SMC2699 – accepted for use	Jenna Baxter, Lead Cancer Care Pharmacist - Haematology	ACCEPTED
Zanubrutinib (Brukinsa) hard capsules, BeiGene UK Ltd	As monotherapy for the treatment of adult patients with marginal zone lymphoma (MZL) who have received at least one prior anti-CD20-based therapy.	SMC2684 – accepted for use (<i>due for publication on 09/12/24</i>)	Jenna Baxter, Lead Cancer Care Pharmacist - Haematology	ACCEPTED

6.2. Non SACT Formulary submissions

6.3. Tenecteplase (Metalyse) 5,000 units (25mg) power for injection, Boehringer Ingelheim (SMC2697)

Submitted by: Alyson Warren, Care of the Elderly Pharmacist

Indication: In adults for the thrombolytic treatment of acute ischaemic stroke within 4.5 hours from last known well and after exclusion of intracranial haemorrhage.

Comments: Already in the Formulary but it is a change of therapy with service and cost implications. Noted that the costings in the submission are incorrect as alteplase, the displaced therapy, is dosed by weight and there is wastage in dosing. This means that tenecteplase could potentially be a cost saving.

ACCEPTED

6.4. Varenicline (generic) 500 microgram, 1mg tablet (SMC336/06)

Submitted by: Susan Birse, Health Improvement Principal, Public Health

Indication: For smoking cessation in adults.

Restriction: It should be used only as a component of a smoking cessation support programme.

Comments: Alongside this submission the smoking cessation guidance has been updated. What is the place in therapy? There are a few warnings for use in psychiatric conditions; can these be highlighted on the formulary monograph.

ACCEPTED

[Action](#)

7. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted and approved.

8. FORMULARY REPORT

No new report available. The data team are currently rebuilding the Formulary PRISMS information from scratch. Information is being fine-tuned for more clarity regarding reports and should be finalised by early next year. The new database may mean that we would be able to do formulary comparisons and cross checks can be done with other services.

9. SMC ADVICE

Noted.

10. the PINK ONE

The Autumn edition was previously distributed and the Winter edition is currently being drafted with a view to being sent out late December/early January.

11. NEW TAM GUIDANCE FOR APPROVAL

None tabled.

12. GUIDELINE MAJOR AMENDMENTS

12.1.TAM134 Hypertension

- The guidance was originally submitted and rejected over a year ago. The wording has been softened to recommend rather than state must do.
- It was felt that it was still unreasonable to demand that non intensive patients have to repeat every 5 years and noted that this service request is unfunded.
- What is age cut off for non intensive patients getting blood pressure being checked every 5 years and the benefit of the check being done? What is the consequence of harm if blood pressure check is not carried out? Agreed to change wording to consider for both optimal and consider.
- Noted that there are misalignments regarding referral. Request comments from Cardiology and Renal departments.
- Refers to a NICE score but there is also a Q-risk score. There should be alignment between the specialities?
- Management in Primary Care; can this be changed to Management as there will be no separate Secondary Care guidance in place.
- The flow chart is an adapted version of the NICE flow chart. The question was put to the Subgroup as to whether the guidance retains the locally adapted coloured flow chart or to just link to the NICE guidance. A decision was not made; although it was felt the coloured version was preferable.
- The purpose of the document is that it should be useful and helpful in practice and is aimed at a very wide

<p>staff type with some being newer to the role and prefer to have granular guidance to follow.</p> <ul style="list-style-type: none"> • Under Initial investigation: If you are doing a serum renin you should also do a serum aldosterone at the same time. • Non-emergency referral; Renal do not use clinical dialogue so remove. • Agreed that the finalised document be sent out to the Subgroup via email for ratification. <p>PENDING</p> <p><u>Action</u></p>
<p>12.2.TAM260 Smoking cessation</p> <ul style="list-style-type: none"> • Champix brand to be removed and information on varenicline updated. • Confirmation required on communication pathway back to clinicians with regards to prescribing NRT products and varenicline. • Include link to Nicotine Dependence Formulary monograph. <p>ACCEPTED</p> <p><u>Action</u></p>
<p>12.3.TAM288 Sleep pathway</p> <ul style="list-style-type: none"> • This guidance has been developed to try and reduce inappropriate melatonin use. It highlights that melatonin should be specialist initiation only and that the patient has to be titrated and reviewed by a specialist. • Noted that the author has not commented back on the responsibilities section which has been rewritten. Agreed to contact the author to say the submitted guidance has been approved by Subgroup and request final comment before publication. • Information on bed wetting to be included. • A definite end of treatment review should be included when Paediatric services hand over on transition to adult services. • A Pink One article to be written to emphasise cost implications of melatonin. • To highlight the cost of melatonin liquid, move the costing information higher up in that section. • Felt that the responsibilities correctly reflected the status of these patients as being under the care of a specialist and that decisions on prescribing, review and monitoring should be made by the specialist team. <p>ACCEPTED pending</p> <p><u>Action</u></p>

SM left the meeting.

13. GUIDELINE AMENDMENTS
Noted and approved.

14. TAM REPORT
<p>Report noted as below:</p> <ul style="list-style-type: none"> • Number of out of date guidelines has gone up slightly. • Almost half of paediatric guidance is out of date. There are few paediatric guidelines, and this relates to a large number of them going out of date in the last month; Paediatrics are quick to respond and review their guidance and therefore this is not raised as a problem. • Almost half of COVID guidance is out of date. This is raised as an issue. There is no-one to oversee COVID guidance. Noted that Wendy Beadles has agreed to pick up some of the COVID guidance from an infection point of view. Can some of the COVID guidance be merged into Antimicrobial guidance? • Noted that diabetic guidance is overdue review and that there is work ongoing in developing the locally enhanced service for diabetes in primary care. To ensure that there is alignment. • A new contract has been written between Health Improvement Scotland and Tactuum. Health Boards have been denied permission to view it as it is considered to be confidential. Previously we had a contract directly with Tactuum meaning we had agreement and sight of response times, contingency measures, etc. A request can be made to RDS/Tactuum to have sight of these measures, but may not be ideal; if the contract changes would we be informed? Service users are not consulted with regards to the Contract. Agreed to contact Clinical Lead for eHealth, Ken Macdonald for his views. Agreed to ask for detail on operational information and bring to Subgroup to identify any gaps that there are concerns about. • A TAM user survey had been carried out. A good response was received from a variety of Healthcare Professionals. Search ability and accessibility were highlighted as issues. Accessibility has been a

particular issue with RDS having a number of episodes of 'down-time' this year; this is being resolved by Tactuum. Some search issues are outwith the capabilities of the TAM team to resolve and are being actively raised with RDS/Tactuum (making listing pages/content sections search items). The TAM team can improve key search term choices and better linking between sections of TAM. Report on survey to be sent to users.

- Interactive flow charts are now developed by RDS with the TAM team currently undergoing HTML training to see if going forward we can embed the flow charts ourselves.
- Table formatting issues had been noted and flagged to RDS/Tactuum.
- RDS had a software update this week and currently no issues had been identified.

Action

15. ENVIRONMENT

Nothing to report.

16. NHS WESTERN ISLES

Nothing to report.

17. ANY OTHER COMPETENT BUSINESS

None noted.

18. DATE OF NEXT MEETING

Next meeting to take place on Thursday 27 February 2025, 14:00-16:30 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
Register of interest Back to minutes	An annual Register of Interest form would shortly be sent out to all members to complete and return.	ALL
Varenicline (generic) 500 microgram, 1mg tablet Back to minutes	<ul style="list-style-type: none"> • What is the place in therapy? • There are a few warnings for use in psychiatric conditions; can these be highlighted on the formulary monograph. 	PH
TAM134 Hypertension Back to minutes	<ul style="list-style-type: none"> • What is age cut off for non intensive patients getting blood pressure being checked every 5 years and the benefit of the check being done? What is the consequence of harm if blood pressure check is not carried out? Agreed to change wording to consider for both optimal and consider. • Noted that there are misalignments regarding referral. Request comments from Cardiology and Renal departments. • Refers to a NICE score but there is also a Q-risk score. There should be alignment between the specialities? • Management in Primary Care; can this be changed to Management as there will be no separate Secondary Care guidance in place. • The flow chart is an adapted version of the NICE flow chart. The question was put to the Subgroup as to whether the guidance retains the locally adapted coloured flow chart or to just link to the NICE guidance. A decision was not made; although it was felt the coloured version was preferable. • Under Initial investigation: If you are doing a serum renin you should also do a serum aldosterone at the same time. • Non-emergency referral; Renal do not use clinical dialogue so remove. • Agreed that the finalised document be sent out to 	PH

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TAM report Back to minutes	<ul style="list-style-type: none"> • Can some of the COVID guidance be merged into Antimicrobial guidance. • Contact Clinical Lead for eHealth, Ken Macdonald for his views on permission to view the contract with Tactuum. • Ask for detail on operational information and bring to Subgroup to identify any gaps that there are concerns about. 	PH