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
24 February 2022, via Microsoft TEAMS

Present:	Alasdair Lawton, Chair Patricia Hannam, Formulary Pharmacist Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice) Dr Alan Miles, GP Dr Antonia Reed, GP Louise Reid, Acute Pain Nurse Lead Dr Jude Watmough, GP Jane Smith, Principal Pharmacist Joanne McCoy, LGOWIT Co-ordinator Wendy Smith, Patient Representative
In attendance:	Gil Paget, TAM Project Manager Wendy Anderson, Formulary Assistant Jane Wylie, Lead Pharmacist, Surgery and Anaesthetics Alison MacDonald, Area Antimicrobial Pharmacist
Apologies:	Dr Duncan Scott, Consultant Physician Dr Robert Peel, Consultant Nephrologist Dr Simon Thompson, Consultant Physician Linda Burgin, Patient Representative
Post Subgroup comments received:	Dr Robert Peel, Consultant Nephrologist (items 5.1 to 5.7) Dr Simon Thompson, Consultant Physician (items 6.1 to 6.4) Dr Duncan Scott, Consultant Physician (items 6.5 to 6.7)

1. WELCOME AND APOLOGIES

The Chair welcomed the group. It was noted that the meeting was not quorate due to a consultant not being present. Agreed to carry on with the meeting and request comments from the consultants post Subgroup in order that decisions made are quorate.

2. REGISTER OF INTEREST

No interests were declared.

3. MINUTES OF MEETING HELD ON 9 DECEMBER 2021

Accepted as accurate.

4. FOLLOW UP REPORT

A number of items had now been completed and a verbal update was given.

5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY

5.1. Fostamatinib (Tavlesse®) 100mg and 150mg film-coated tablets (SMC2300)
Submitted by: Jo Craig, Consultant Haematologist
Indication: Treatment of chronic immune thrombocytopenia (ITP) in adult patients who are refractory to other treatments.
ACCEPTED

5.2. Pentosan polysulfate sodium (Elmiron®) 100mg hard capsules (SMC2194)
Submitted by: Kathleen Mackenzie, Urology Clinical Nurse Specialist

Indication: For the treatment of bladder pain syndrome characterised by either glomerulations or Hunner's lesions in adults with moderate to severe pain, urgency and frequency of micturition.
Comments: Add a comment to the Formulary monograph to reinforce warning regarding side effect to eyesight.
ACCEPTED
Action

5.3. Morphine (Zomorph®) 10mg, 30mg, 60mg, 100mg and 200mg modified release capsules
Submitted by: Alison MacRobbie, Macmillan Palliative & Community Care Pharmacist
Indication: Severe chronic pain and/or pain resistant to other analgesics, in particular pain associated with cancer.
Comments: Zomorph is the only modified-release preparation of morphine sulphate that is licensed to be administered in swallowing difficulties and via enteral feeding tubes by opening up the capsules. It is also a cost-effective alternative to MST tablets. This preparation could not fully replace MST as MST is also available in 5mg and 15mg strengths and therefore these should remain on the Formulary. Both preparations are clinically dose equivalent and therefore interchangeable. Acknowledged that the effort of switching preparations may not be worth the amount of money saved (estimate of £20,000 to £30,000 for 100% switch). Agreed to add Zomorph to the Formulary but not to remove MST. This is in-line with the Formulary stating approved rather than brand names. Agreed to list the different formulations available and then pass comment saying for modified release the most cost effective option is Zomorph and note that the capsules can be opened and administered down an enteral tube. Also provide information that the 5mg MST is the preferred formulation for breathing difficulties.
ACCEPTED
Action

5.4. Budesonide (Budenofalk®) 2mg/dose rectal foam (SMC409/07)
Submitted by: Anna Falconer, Pharmacist
Indication: For the treatment of active ulcerative colitis that is limited to the rectum and the sigmoid colon.
Comment: To replace prednisolone foam enema, which is to be removed from the Highland Formulary, as the more cost-effective option. Previously hydrocortisone foam enema was the cost-effective alternative, but this is discontinued. Noted that a switch from prednisolone to budesonide should be easier to manage in Primary Care and would realise greater savings than the MST to Zomorph switch.
ACCEPTED

5.5. Budesonide (Cortiment®) 9mg prolonged release tablet (SMC2448)
Submitted by: Anna Falconer, Pharmacist
Indication: Induction of remission in patients with mild to moderate active ulcerative colitis (UC) where 5-ASA treatment is not sufficient. Induction of remission in patients with active microscopic colitis (MC).
Comments: Request local guidance for UC is put in place. This should not be recommended for general prescribing as per submission but to be restricted to use as per SMC recommendation by specialist recommendation only. Noted that you do not need to prescribe a PPI, or bone protection, or reduce the dose on discontinuation due to low systemic absorption.
REJECTED
Action

5.6. Loteprednol etabonate (Lotemax®) 0.5% eye drops
Submitted by: Jane Wylie, Lead Pharmacist, Surgery and Anaesthetics
Indication: Chronic anterior uveitis in patients who had a previous corticosteroid-related rise in intraocular pressure (IOP).
Comments: Off-licence use for specialist initiation/recommendation.
ACCEPTED

5.7. Prilocaine hydrochloride (Prilotekal®) 2% hyperbaric solution for injection (SMC665/10)
Submitted by: Sam Spinney, Consultant Anaesthetist
Indication: Spinal anaesthesia. SMC restriction: for use in spinal anaesthesia in ambulatory surgery settings such as day surgery units.
Comments: Guidance is being written.
ACCEPTED

6. UPDATED AND NEW TAM GUIDANCE FOR APPROVAL

6.1. Guideline on Penthrox (methoxyflurane) use

Presented by Jane Wylie

- Post treatment, how long does ability to operate machinery or drive last? Contact manufacturer to

see if this information is available and include in guideline if it is.

- Post meeting comments received from Simon Thompson.

ACCEPTED pending

Action

6.2. Management of Warfarin and Direct Oral Anticoagulants (DOACs) in Adult Patients Undergoing Surgery or Invasive Procedures

Presented by Jane Wylie

- Development of a form/patient information leaflet to be considered that provides information to patients and could be given to them at pre-assessment.
- A presentation to be made, if possible, at one of the surgical audit days to highlight the process.
- Atrial Fibrillation paragraph on page 4 to be rewritten. Findlay will provide suggested changes directly to the author.
- Figure 3 is referred to but there is no figure 3 – to be changed to correct reference.
- Post meeting comments received from Simon Thompson.

ACCEPTED pending

Action

6.3. Management of major haemorrhage and emergency invasive procedures in patients on direct oral anticoagulants (DOACs)

Presented by Jane Wylie**.**

- Post meeting comments received from Simon Thompson.

ACCEPTED pending

6.4. Inotropes, vasopressors and chronotropes administration in Critical Care Areas (adrenaline, dobutamine, dopamine, isoprenaline, metaraminol, milrinone, noradrenaline)

Presented by Jane Wylie

- These medicines are already on the Formulary and read more as monographs rather than guidance. Agreed to create a new ancillary 'Critical Care Formulary'. This will be accessed by the Critical Care areas in Raigmore: ICU, MHDU, SHDU and A&E.
- The rationale for such a formulary is to consolidate and replace the differing guidance currently in use across these areas.
- To assess if wider implementation is appropriate, eg Caithness, Belford, Argyll and Bute and CCU. (add action)
- Governance of this ancillary formulary to lie within the departmental setting and the amendments to be provided to the Subgroup for information purposes.
- The monographs are based on the Injectable Medicines Guide and condensed for ease of use in critical care areas.
- Dobutamine has 2 preparations; the peripheral administration is not as clear as the central administration section and needs to be more explicit.

ACCEPTED pending

Action

6.5. Guideline for the Management of Prolonged Seizure/Status Epilepticus in Adults

Presented by Jane Wylie

- Both fosphenytoin and phenytoin are used throughout the document. To ensure appropriate term is used throughout.
- No indication in the clinical governance checklist to show that cross reference has been done with local and national guidance – check to be completed.
- To change this guidance for Secondary Care use only.
- Primary Care guidance to be written – clarification needed as to which drug (lorazepam, midazolam, diazepam) is most appropriate for use in Primary Care. Discussion to include Lorien Cameron-Ross.
- To ensure that a cross-check of local and national guidance, as requested in the clinical governance checklist, has been done.
- Request that information regarding the need for a filter be added for phenytoin administration.
- To check what the recommendation/information/advice is and that this is followed for single administration of sodium valproate to women of child-bearing potential.

ACCEPTED pending

Action

6.6. Hospital inpatients: Neutralising monoclonal antibody and oral antiviral therapy for COVID-19 hospital in-patients

Presented by Alison MacDonald

- Currently this is a holding statement awaiting development for submission to a future Subgroup.

ACCEPTED

6.7. Non-hospitalised patients with confirmed SARS-CoV-2 infection (COVID-19)

Presented by Alison MacDonald

- This guidance has since been withdrawn as out of date due to subsequent Government update.
- Replacement guidance: **NHS Highland guidance on neutralising monoclonal antibodies or antivirals for non-hospitalised patient with confirmed SARS-CoV-2 infection (COVID-19)**
- Whole service has been drawn up using specialist services within acute hospitals because of the complexity of the drugs.
- The treatments are designed to prevent patients in the specified high-risk group getting worse and being admitted to Hospital.
- Current recommendation is that Primary care are notified that their patients are being treated via the clinical assessment document and copies of prescriptions or the administration record used in hospital which are uploaded on to SCI Store. Can a better process be put in place?
- Will all the patients who are eligible have been notified by the CMO or does the GP need to identify patients and direct them to this?
- Consideration to be made as to developing a suitable process for providing a patient with appropriate information.

ACCEPTED

Action

6.8. Spirometry

Due to time constraints, defer to April meeting. Noted that, in the meantime, this guidance has been published awaiting retrospective ratification.

Also to note that the PGD for Spirometry is currently under review. It would need to align with this guidance. Noted that the guideline author is also on the PGD review group.

Action

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

Noted:
Antiemetic selection
Hypoglycaemia
CT scanning in acute stroke patients (at home or Community Hospital)
Referral to clinical Psychology

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

Due to time constraints these were not discussed. Noted and approved.

9. SMC ADVICE

Due to time constraints these were not discussed. Noted.

10. FORMULARY REPORT

No new report available.

11. TAM REPORT AND TAM PROJECT UPDATE

A very brief update was provided. Particular mention was given to an action plan development following on from the results of a TAM survey from last year.

12. NHS WESTERN ISLES

Nothing to report.

13. ANY OTHER COMPETENT BUSINESS

Scottish Intercollegiate Guidelines Network (SIGN) Guidance
Defer to April meeting.
Action

14. DATE OF NEXT MEETING

Next meeting to take place on Thursday 28 April, 14:00-16:00 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Meeting Date	Action Point	To be actioned by
Pentosan polysulfate sodium (Elmiron®) 100mg hard capsules *Back to minutes*	February 2022	Add a comment to the Formulary monograph to reinforce warning regarding side effect to eyesight.	**PH/WA**
Morphine (Zomorph®) 10mg, 30mg, 60mg, 100mg and 200mg modified release capsules *Back to minutes*	February 2022	Add agreed additional information on to Formulary monograph	**PH/WA**
Budesonide (Cortiment®) 9mg prolonged release *Back to minutes*	February 2022	Request local guidance for UC is put in place.	**PH**
	February 2022	Inform submitter that this should not be recommended for general prescribing but should be restricted to use as per SMC by specialist recommendation only.	**PH**
Guideline on Penthrox (methoxyflurane) use *Back to minutes*	February 2022	Post treatment, how long does ability to operate machinery or drive last? Request submitter contacts the manufacturer to see if this information is available and include in guideline if it is.	**PH**
Management of Warfarin and Direct Oral Anticoagulants (DOACs) in Adult Patients Undergoing Surgery or Invasive Procedures *Back to minutes*	February 2022	Request that development of a form/patient information leaflet to be considered.	**PH**
	February 2022	Liaise with submitter regarding suggested changes.	**FH**
Inotropes, vasopressors and chronotropes administration in Critical Care Areas (adrenaline, dobutamine, dopamine, isoprenaline, metaraminol, milrinone, noradrenaline) *Back to minutes*	February 2022	Create a new ancillary 'Critical Care Formulary'.	**PH/WA**
	February 2022	Liaise with submitter regarding suggested changes to dobutamine monograph.	**FH**
Guideline for the Management of Prolonged Seizure/Status Epilepticus in Adults *Back to minutes*	February 2022	Include in title that this document is for Secondary Care use only. Consistency with the terms fosphenytoin and phenytoin throughout the document.	**PH**
	February 2022	No indication in the clinical governance checklist to show that cross reference has been done with local and national guidance – contact submitter to confirm that check has been completed.	**PH**
	February 2022	Request that Primary Care guidance is written.	**PH**
	February 2022	Request that information regarding the need for a filter be added for phenytoin administration.	**PH**
	February 2022	Check what the recommendation/information/ advice is and that this is followed for single administration of sodium valproate to women of child-bearing potential.	**PH**

Non-hospitalised patients with confirmed SARS-CoV-2 infection (COVID-19) *Back to minutes*	February 2022	Request that a better process be put in place for passing on information to Primary Care.	**PH**
	February 2022	Confirm with submitter process for identifying eligible patients and whether or not any responsibility falls to the GP to do this.	**PH**
	February 2022	Request that consideration to be made as to developing a suitable process for providing a patient with appropriate information.	**PH**
Spirometry *Back to minutes*	February 2022	Defer to April meeting.	**WA**
Any other competent business – Scottish Intercollegiate Guidelines Network (SIGN) Guidance *Back to minutes*	February 2022	Defer to April meeting.	**WA**