

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

Pharmacy Services  
Assynt House  
Inverness  
Tel: 01463 706806  
[www.nhshighland.scot.nhs.uk/](http://www.nhshighland.scot.nhs.uk/)



**MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC  
28 October 2020, via Microsoft TEAMS**

**Present:** Okain McLennan, Chair  
Findlay Hickey, Lead Pharmacist (North & West)  
Patricia Hannam, Formulary Pharmacist  
Dr Antonia Reed, GP  
Clare Bagley, Senior MM&I Pharmacist, Raigmore  
Dr Jude Watmough, GP  
Johnson Swinton, Patient Representative  
Claire Wright, Acute Pain Nurse  
Dr Alan Miles, GP  
Liam Callaghan, Principal Pharmacist Western Isles

**In attendance:** Wendy Anderson, Formulary Assistant

**Apologies:** Dr Robert Peel, Consultant Nephrologist  
Margaret Moss, Lead AHP, North & West Division  
Joanne McCoy, LGOWIT Co-ordinator

**1. WELCOME AND APOLOGIES**

The Chair welcomed the group.

**2. REGISTER OF INTEREST**

No interests were declared.

**3. MINUTES OF MEETING 27 AUGUST 2020**

Accepted as accurate.

**4. FOLLOW UP REPORT**

A brief verbal update was given. A request was made that where the action is 'inform requester or amendments to be made' the status should be marked as 'in progress' or 'requestor informed and awaiting response' rather than 'complete'. Since this report has been run, one further action has now been completed, with the letter to the Chair of Clinical Governance having been written and sent.

**5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY**

**5.1. Melatonin 3mg tablet**

**Submitted by:** Patricia Hannam, Formulary Pharmacist

**Indication:** Sleep onset difficulties.

**Comments:** This is an off-label indication of a newly licensed product. Currently there is no licensed product for use in children for sleep onset difficulties. Side effects are less than with other medicines. Melatonin has been recommended for many years but has never been included in the Formulary due to it being unlicensed. This submission is an interim one until Community Paediatrics reviews the sleep disorder service including the sleep onset guidance. They are in agreement with this submission, which has been completed in order to prevent the current variation in prescribing and consequent cost implications. The tablets can be crushed and mixed with water for any swallowing difficulties and currently the manufacturers are looking into updating their SPC to reflect this. The sleep onset guideline will be updated in line with this submission.

**ACCEPTED**

**5.2. Oral micronized progesterone 100mg oral capsule (Utrogestan)**

**Submitted by:** Dr Hame Lata, Consultant, Sexual & Reproductive Health

**Indication:** Transdermal combined HRT for those patients with a uterus requiring HRT who are at risk of VTE (eg obesity) or stroke (eg migraine with aura) or with known cardiovascular disease or absorption issues.

**Comments:** With recurrent shortages of HRT preparations this would be a suitable addition.

**ACCEPTED**

**Findlay gave his apologies and left the meeting at 2.30pm.**

**5.3. Meropenem-vaborbactam injection 1g/1g (Vaborem)**

**Submitted by:** Dr Vanda Plecko, Consultant Microbiologist

**Indication:** For adults with confirmed carbapenem-resistant Enterobacteriaceae (CRE), which is involved in the production of Klebsiella pneumoniae carbapenemase (KPC) associated with complicated UTI (including acute pyelonephritis [AP]), complicated Intra-abdominal infection, hospital-acquired pneumonia (including ventilator-associated pneumonia) and bacteraemia that occurs in association with, or is suspected to be associated with any of the infections previously mentioned. Use will be on the advice of local microbiologists or specialists in infectious disease.

**ACCEPTED**

**5.4. Osimertinib 40mg and 80mg tablet (Tagrisso)**

**Submitted by:** Kirsti Mjoseng, Specialist Pharmacist, Oncology

**Indication:** The treatment of adult patients with locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer (NSCLC).

**ACCEPTED**

**5.5. Brigatinib 30mg, 90mg and 180mg tablet (Alunbrig)**

**Submitted by:** Dr Carol Macgregor, Consultant Oncologist

**Indication:** As monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK) positive advanced non-small cell lung cancer (NSCLC) previously treated with crizotinib.

**ACCEPTED**

**5.6. Lorlatinib 25mg and 100mg tablet (Lorviqua)**

**Submitted by:** Dr Carol Macgregor, Consultant Oncologist

**Indication:** As monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) whose disease has progressed after alectinib or ceritinib as the first ALK tyrosine kinase inhibitor (TKI) therapy; or crizotinib and at least one other ALK TKI.

**ACCEPTED**

**5.7. Cemiplimab 350mg solution for infusion (Libtayo)**

**Submitted by:** Dr Walter Mmeka, Consultant Oncologist

**Indication:** As monotherapy for the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation.

**ACCEPTED**

**5.8. Triptorelin 3mg IM injection (Decapeptyl SR)**

**Submitted by:** Dr Feng-Yi Soh, Consultant Oncologist

**Indication:** As adjuvant treatment in combination with tamoxifen or an aromatase inhibitor, of endocrine responsive early stage breast cancer in women at high risk of recurrence who are confirmed as premenopausal after completion of chemotherapy.

**Comments:** Monthly injections could impact on General Practice resources as some therapies are 3 or 6 monthly. Clarification required as to the frequency of dose and whether there is a longer acting preparation that could be used instead. If monthly, could injections be given at the Investigation and Treatment Room (ITR)?

**ACCEPTED pending above**

**Action**

**5.9. Pembrolizumab 50mg solution for infusion (Keytruda)**

**Submitted by:** Dr Feng-Yi Soh, Consultant Oncologist

**Indication:** As monotherapy or in combination with platinum and fluorouracil chemotherapy, for the first-line treatment of metastatic or unresectable recurrent head and neck squamous cell carcinoma (NHSCC) in adults whose tumours express programmed cell death ligand-1 (PD-L1) with a combined positive score (CPS)≥1 SMC restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule.

**ACCEPTED**

**5.10. Pertuzumab 420mg solution for infusion (Perjeta)**

**Submitted by:** Dr Feng-Yi Soh, Consultant Oncologist

**Indication:** For use in combination with trastuzumab and chemotherapy in the adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of recurrence. SMC restriction: for use in patients with lymph node-positive disease.

**ACCEPTED**

#### **5.11. Rivaroxaban 2.5mg film-coated tablet (Xarelto®) (resubmission)**

**Submitted by:** Jane Wylie, Surgical Lead Pharmacist

**Indication:** Co-administered with aspirin for the prevention of atherothrombotic events in adult patients with:

- coronary artery disease (CAD), or
  - symptomatic peripheral artery disease (PAD)
- at high risk of ischaemic events.

**Comments:** A guideline had been written.

**ACCEPTED**

#### **5.12. Proposed abbreviated submission form for oncology and haematology submissions**

As discussed at previous meetings the North Cancer Alliance (NCA) would be assessing these submissions, however due to COVID this had been put on hold. Until they are in a position to fully operate, submissions are still to be put to this Subgroup.

It was felt that this Subgroup did not have the expertise to assess oncology submissions. Agreed that if the medicine was SMC approved for the submitted indication then the Subgroup would be unlikely to reject addition to the Formulary. An abbreviated version of the submission form will be created for use until the NCA can provide advice to Health Boards on SMC approved medicines. It should provide the following:

- Requestor
- Drug
- SMC number with same indication
- Rough costings and, in particular, what it is displacing and the difference between progression/regression and survival.

Form to be circulated to the Group for comment.

[Action](#)

### **6. UPDATED AND NEW HIGHLAND FORMULARY SECTIONS AND GUIDANCE FOR APPROVAL**

#### **6.1. Urinary Tract Infection (UTI) Prevention in Children (new)**

- Does this fit in with other guidance as the checklist seems to indicate that there is other guidance available (see section 13 of checklist)?
- The checklist glossary is also erroneous.
- What is a urine infection? Delete 'when' from the first sentence under this section.

**ACCEPTED pending above**

[Action](#)

#### **6.2. Cholinesterase inhibitors and memantine in dementia (updated)**

- Flow chart, first box – where is section 3 below? Amend wording to indicate where it is referring to.
- The provided Polypharmacy link is out of date.
- Discussion took place as to whether relevant content from the BNF regarding non-drug considerations should be included. It was felt that this was not necessary as prescribing was initiated only via referral from Psychiatry.

**ACCEPTED pending above**

[Action](#)

#### **6.3. Adults with Asthma (new)**

- This ties in with previous Formulary amendments and it was noted that the medicine chart would be useful.
- Indicate that the flow chart is directed at Secondary Care.

**ACCEPTED pending above**

<a href="#">Action</a>
<p><b>6.4. Use of urokinase with blocked central venous access device (<i>new</i>)</b></p> <ul style="list-style-type: none"> <li>• State that this is specifically for paediatrics.</li> <li>• Link to be added (if available) for guidance mentioned but not covered by this document, ie when the blockage is not due to blood but a precipitate.</li> </ul> <p><b>ACCEPTED pending above</b></p> <p><a href="#">Action</a></p>
<p><b>6.5. Syphilis referral pathway (<i>new</i>)</b></p> <ul style="list-style-type: none"> <li>• Few typos that required correction.</li> <li>• For easy referral, include sample pictures of rashes etc.</li> </ul> <p><b>ACCEPTED pending above</b></p> <p><a href="#">Action</a></p>
<p><b>6.6. Rivaroxaban for Primary Care (<i>new</i>)</b></p> <p><b>ACCEPTED</b></p>
<p><b>6.7. Menopause and HRT guidelines and table (<i>resubmission from August meeting</i>)</b></p> <ul style="list-style-type: none"> <li>• Concern was again raised over the inclusion and wording regarding St Johns Wort. Due to specific requests from patients about St Johns Wort it was felt of benefit to include useful information, however, was further agreed that as a minimum the wording should be in line with NICE guidance.</li> </ul> <p><b>REJECTED</b></p> <p><a href="#">Action</a></p>

<b>7. NORTH CANCER ALLIANCE (NCA) TESTICULAR CANCER CLINICAL MANAGEMENT GUIDELINE</b>
<p>NCA develops Clinical Management Pathways for cancer, which are approved for use across the NCA Health Boards (Grampian, Highland and Tayside). Should these guidelines be added to TAM as a new section or should just links be included? The Systemic Anti-Cancer Therapy group (SACT) has been asked by TAM Subgroup to discuss how best to take this forward. Agreed to request that SACT report back as to what their discussions are and if there are any newly approved guidelines. It was noted that if any were relevant to Primary Care that it would be beneficial to include them on TAM.</p> <p>Request to be made as to if this also covers Western Isles.</p> <p><a href="#">Action</a></p>

<b>8. GLUTEN FREE FOOD FORMULARY</b>
<p>This was reviewed nationally and deleted items have been removed. If there are any additions to be made then these would be put to the Subgroup at a later date.</p>

<b>9. GUIDANCE FOR NOTING ONLY (REVIEWED AND NO CHANGES MADE)</b>
<p>None put forward.</p>

<b>10. RECOMMENDATIONS FOR MINOR ADDITIONS/DELETIONS/AMENDMENTS</b>
<p>Noted and approved.</p>

<b>11. SMC ADVICE</b>
<p>Noted.</p>

<b>12. FORMULARY REPORT</b>
<p>Noted.</p>

<b>13. TAM REPORT</b>
<p>Noted.</p>

#### 14. NHS WESTERN ISLES

Emer Friel had been co-opted to help in the review of the low electrolytes guidance.

#### 15. AOCB

##### Medicines Safety week

Next week is Medicines Safety week and TAM will help to raise awareness of Yellow Card reporting by adding a 'Yellow Card' banner to Section Head pages on TAM.

##### Formulary submissions

Fully completed submissions were not being made with signatures and declaration of interest sections being omitted which was problematic. These submissions were being followed up post-Subgroup and were proving to be time onerous. A new submission form was being designed using Sharepoint which includes mandatory sections for completion before submission could be made. Discussion arose around what information the Subgroup required. It was felt that signatures from finance and the service manager were irrelevant and it was decided to no longer request these. Wording of questions perhaps need to be changed and any suggestions on this should be made following circulation of the new draft form.

##### [Action](#)

##### Clinical Guideline checklist

It was also requested that there be an abbreviated version of the Clinical Guideline checklist for review and update of guidance. This was agreed but to be circulated to the Group prior to implementation.

##### [Action](#)

##### Next ADTC

An SBAR had been submitted for discussion at next week's ADTC meeting regarding a way forward for CEG with regards to overlap with TAM Subgroup.

##### Quoracy

It was noted that there were no Secondary Care Consultants present at the Subgroup and therefore the meeting was not quorate. Dr Peel, in sending his apologies, provided comment approving all the submissions with a 'no comment' for the rest of the agenda items. This provided quoracy for these items. It was agreed to share the draft minutes with the Secondary Care Consultants who were members of the Subgroup for any further comments on the items discussed at the meeting.

##### [Action](#)

#### 16. DATE OF NEXT MEETINGS

Next meeting to take place on Thursday 3 December from 14:00-16:00 via Microsoft TEAMS.

#### Actions agreed at TAM Subgroup meeting

Minute Ref	Meeting Date	Action Point	To be actioned by
Triptorelin 3mg IM injection (Decapeptyl SR) <a href="#">Back to minutes</a>	October 2020	Clarification required as to the frequency of dose and whether there is a longer acting preparation that could be used instead. If monthly could injections be given at ITR?	PH
Proposed abbreviated submission form for oncology and haematology submissions <a href="#">Back to minutes</a>	October 2020	A simplified version of the updated submission form should be created and then circulated to the Group for comment.	PH/WA
Urinary Tract Infection (UTI) Prevention in Children <a href="#">Back to minutes</a>	October 2020	Inform requester of amendments to be made.	PH
Cholinesterase inhibitors and memantine in dementia <a href="#">Back to minutes</a>	October 2020	Inform requester of amendments to be made.	PH
Adults with Asthma <a href="#">Back to minutes</a>	October 2020	Inform requester of amendments to be made.	PH

Use of urokinase with blocked central venous access device <a href="#">Back to minutes</a>	October 2020	Inform requester of amendments to be made.	<b>PH</b>
Syphilis referral pathway <a href="#">Back to minutes</a>	October 2020	Inform requester of amendments to be made.	<b>PH</b>
Menopause and HRT guidelines and table <a href="#">Back to minutes</a>	October 2020	Liaise with author of guidelines to include suitable wording regarding St Johns Wort.	<b>CB</b>
North Cancer Alliance Testicular Cancer Clinical Management Guideline <a href="#">Back to minutes</a>	October 2020	Request that SACT report back as to what their discussions are and if there are any newly approved guidelines and whether these also cover Western Isles.	<b>PH</b>
AOCB – Formulary submissions <a href="#">Back to minutes</a>	October 2020	Design a new submission form using Sharepoint for all to comment on.	<b>ALL</b>
AOCB – Clinical Guideline checklist <a href="#">Back to minutes</a>	October 2020	Create an abbreviated version of the Clinical Guideline checklist for review of guidance and circulate for comment.	<b>PH/ALL</b>
AOCB <a href="#">Back to minutes</a>	October 2020	Share the draft minutes with the Secondary Care Consultants who were members of the Subgroup for any further comments regarding AOCB discussions.	<b>PH/WA</b>