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
23 April 2020, via Zoom

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 Louise Reid, Acute Pain Nurse Claire Wright, Acute Pain Nurse Liam Callaghan, Principal Pharmacist Western Isles
In attendance:	Wendy Anderson, Formulary Assistant
Apologies:	Dr Robert Peel, Consultant Nephrologist Joanne McCoy, LGOWIT Co-ordinator Dr Duncan Scott, Clinical Lead, TAM Dr Jude Watmough, GP Margaret Moss, Lead AHP, North & West Division
Post Subgroup comments:	Dr Robert Peel, Consultant Nephrologist

1. WELCOME AND APOLOGIES

The Chair welcomed the group. The meeting as it stood was not quorate. It was agreed that decisions would be made in principle and that a Consultant's comments would be sought post meeting.

2. REGISTER OF INTEREST

No interests were declared.

3. MINUTES OF MEETING ON 6 FEBRUARY 2020

Accepted as accurate.

4. FOLLOW UP REPORT

A brief verbal update was given.

FH reported that the feedback to the Dispensing Doctors Working Group about the NHS24/NHS Inform GP website has been done.

NHS Western Isles
Liam agreed to request a copy of the SLA.
Action

5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY

5.1. Clostridium botulinum neurotoxin type A injection 50 unit and 100 unit vial (Xeomin)
Submitted by: Francisco Javier Carod Artal, Consultant neurologist
Indication: As per SMC212: For the symptomatic treatment of chronic sialorrhoea due to neurological disorders in adults.
Comments: Addition with no removal of Formulary products. Currently there is an unmet need for this

group of patients who have distressing symptoms and are not particularly well managed. Request a PGD is put in place by the requestor.
ACCEPTED (pending quorate decision)
Action

5.2. Risankizumab single use pre-filled syringe containing 75mg risankizumab in 0.83ml solution (Skyrizi)
Submitted by: Joan Mackintosh, Clinical Pharmacist Team Manager
Indication: As per SMC2196: For the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy).
Comments: Administered using homecare. It has been brought to light that other medicines not on the Formulary referred to within this submission are being used which has been brought to the attention of the homecare team. This may lead to further retrospective dermatology submissions.
ACCEPTED (pending quorate decision)

5.3. Semaglutide 0.25mg, 0.5mg and 1mg solution for injection in pre-filled pen (Ozempic)
Submitted by: Dr David MacFarlane, Consultant Diabetologist
Indication: As per SMC2092: 1st choice once weekly GLP1 receptor agonist on formulary.
Comments: This was a resubmission. The subgroup queried as to why there is still to be no removal of formulary products. As per previous submission, if this medicine is to be added then the inclusion of other medicines on the formulary should be reviewed.
DECISION STILL PENDING
Action

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

6.1. Therapeutic drug monitoring (review of digoxin) *(updated)*

- Amend 'K' to 'Potassium'.
- Change last sentence to include if 'potential interacting drugs have been started'.

ACCEPTED pending above
Action

6.2. **Prescribing of rituximab in renal patients *(new)***
ACCEPTED

6.3. **Female urinary incontinence *(new)***

Clarification required on the following points:

- Estradiol ring (Estring), Regelle and YES are not in the Formulary, should a submission be made?
- There is a lot of overlap in the table for antimuscarinics. This is very generic and has been copied from the BNF. Is there benefit to it remaining or could it be removed and replaced with a link to the BNF?

The following was agreed:

- Change layout throughout by putting generic name first followed by the brand name, where a brand name is necessary.
- Mirabagron dosage in renal or hepatic impairment – change 'use reduced dose of 25mg once daily' to 'use reduced dose as per SPC' as the advice differs depending on stage of impairment and concomitant medication.

ACCEPTED pending above
Action

6.4. Blood Borne Virus Protocol *(new)*
ACCEPTED

6.5. Frank haematuria *(updated)*

- It was noted that the Clinical Governance checklists for the urology guidelines did not state the evidence used**.** These are to be clarified.
- Include links to guidance mentioned within the urology guidelines.

ACCEPTED pending above
Action

6.6. Occult haematuria *(updated)*

ACCEPTED pending 6.5 above
Action

6.7. Recurrent UTI in females *(updated)*

- More information required around the last box in the flow chart regarding self-start antibiotics. Comments from the Area Antimicrobial Pharmacist to be fed back to the author for inclusion.

REJECTED
Action

6.8. Recurrent UTI in males *(updated)*
ACCEPTED pending 6.5 above

6.9. Patients admitted to Raigmore Hospital with opioid misuse *(new)*

- Standardisation of terms to be done as per comments from Rebecca Jamieson.

ACCEPTED pending above
Action

6.10. Acute treatment and secondary prevention of transient ischaemic attacks (TIA) and ischaemic stroke (updated)

- Updated link provided not working, therefore it was agreed to circulate and ratify electronically.

Action

7. VERY LOW CALORIE DIET (VLCD)

A report was given on the pilot study by the Diabetes Centre comparing a homemade VLCD with a commercial preparation to achieve prevention or remission of type 2 diabetes through weight reduction. Due to COVID-19 it is expected that this study will be on hold.

8. RECOMMENDATIONS FOR MINOR ADDITIONS/DELETIONS/AMENDMENTS

All were noted with further amendments to be made to just one item.

Emergency contraception

- Remove abbreviations, eg, put UPA-EC and LNG-EC in full.

Action

9. SMC ADVICE

Decisions were noted. Oncology submissions were currently on hold due to COVID-19 and this could cause an impact on future meetings.

10. FORMULARY REPORT

Although a brief summary was of use it was felt more detailed data would be of benefit to the Subgroup. FH to put a report using data up to end of March to submit to the June meeting.
Action

11. TAM REPORT

There is concern with the amount of out of date guidance still on TAM. As reported previously, a process is in place where escalation to the Clinical Leads takes place if the author does not comply with timely review of guidance. PH reported that in most cases authors are willing to update guidance and escalation generally is not needed. However the amount of out of date guidance is a challenge for the TAM Team to address in a timely fashion.

There are a number of other factors that also are of concern, including:

- What guidance is actually needed?
- Are there any gaps where there should be guidance available?
- Is there currently national guidance available and perhaps what is on TAM is duplication?

It was suggested that an assessment could be completed by each department to assess the risk posed by out

of date and missing guidance.

It was agreed that the amount of out of date guidance be highlighted to the Clinical Governance Committee. The proposed strategy for this was in the form of a report to be written by the Formulary Pharmacist and then sent to the Chair of TAM Subgroup for approval before formal submission.
Action

12. NHS WESTERN ISLES

Nothing to report.

13. AOCB

A page has been created on TAM (COVID-19 guidance on TAM) for information for healthcare professionals, including GPs, on managing medicines and patients during the COVID-19 pandemic and a reduced governance process has been set up to enable a rapid turnaround of guidance and a checklist has been created to assess the suitability of the guidance.

Silver Command agreed that TAM is the information source for therapeutic COVID-19 guidance. Guidance will be passed through CEG (with Board approval) for upload. When new guidance is available a link will be included in the update email from Silver Command. Any guidance submitted via any other source should be sent to CEG for information and comment.

Currently there are a lot of information sources providing guidance:

Scottish Government
NHS Highland
Individual interest groups/specialities eg Dermatologists.

Some of this is conflicting, which causes issues for patients and clinicians, eg confliciting advice on shielding from local clinicians and the Scottish Government having TAM as the one stop shop for what should be followed was felt desirable. It was agreed to feed this back to Silver Command via Ian Rudd.

A review date of 3 months was thought to be reasonable for COVID-19 guidance.
Action

14. DATE OF NEXT MEETING

Discussion took place around whether the meetings should continue and it was agreed that yes they should. Comment was made as to how the VC format had worked well saving time and therefore resource. Next meeting to take place on Thursday 25 June, 14:00-16:00 electronically.

Actions agreed at TAM Subgroup meeting

Minute Ref	Meeting Date	Action Point	To be actioned by
Western Isles SLA *Back to minutes*	April 2020	Request a copy of the Western Isles SLA.	**LC**
Clostridium botulinum neurotoxin type A *Back to minutes*	April 2020	Request a PGD is put in place by the requester to support use.	**PH**
Semaglutide *Back to minutes*	April 2020	Query why there is still to be no removal of formulary products. As per previous submission, if this medicine is to be added then the inclusion of other medicines on the formulary should be reviewed.	**PH**
Therapeutic drug monitoring (review of digoxin) *Back to minutes*	April 2020	Inform requester of amendments to be made.	**PH**
Female urinary incontinence *Back to minutes*	April 2020	Clarification required by requestor: • Estradiol ring (Estring), Regelle and	**PH**

		YES are not in the Formulary, should a submission be made? • There is a lot of overlap in the table for antimuscarinics. This is very generic and has been copied from the BNF. Is there benefit to it remaining or could it be removed? Inform requester of amendments to be made.	
Frank haematuria *Back to minutes*	April 2020	Inform requester of amendments to be made.	**PH**
Occult haematuria *Back to minutes*	April 2020	Inform requester of amendments to be made.	**PH**
Recurrent UTI in females *Back to minutes*	April 2020	Inform requester of amendments to be made.	**PH**
Patients admitted to Raigmore Hospital with opioid misuse *Back to minutes*	April 2020	Inform requester of amendments to be made.	**PH**
Acute treatment and secondary prevention of transient ischaemic attacks (TIA) and ischaemic stroke *Back to minutes*	April 2020	Updated link to be circulated post Subgroup meeting.	**WA**
		Comments to be returned electronically to WA to ratify electronically.	**ALL**
Emergency contraception *Back to minutes*	April 2020	Amendments to be done.	**PH**
Formulary Report *Back to minutes*	April 2020	Meeting to take place to pull together a report using data up to end of March to submit to the June meeting.	**FH**
TAM report *Back to minutes*	April 2020	Report to be written and formally submitted to the Chair of Clinical Governance.	**PH/OM**
COVID-19 on TAM *Back to minutes*	April 2020	Raise to Silver Command via Ian Rudd the issue of clinicians being overwhelmed with information from conflicting sources.	**PH**