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
7 December 2023, via Microsoft TEAMS

Present:	Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice) (Chair) Patricia Hannam, Formulary Pharmacist Dr Jude Watmough, GP Dr Robert Peel, Consultant Nephrologist Louise Reid, Acute Pain Nurse Specialist Dr Alan Miles, GP Jenny Munro, AHP Physiotherapist Continence and Independent Prescriber Dr Antonia Reid, GP Joanne McCoy, MySelf-Management Manager Dr Stephen McCabe, Clinical Director Wendy Laing, Primary Care Clinical Pharmacist Dr Simon Thompson, Consultant Physician Dr Duncan Scott, Consultant Physician
In attendance:	Wendy Anderson, Formulary Assistant
Apologies:	Alasdair Lawton, Chair Fiona Macfarlane, Associate Director of Pharmacy (Community Pharmacy) & CD Governance Linda Burgin, Patient Representative Lauren Stevenson, Pharmacist, Medicines Information Service

1. WELCOME AND APOLOGIES

The Chair welcomed the group and in particular introduced the new Subgroup members; Wendy Laing and Steve McCabe.

2. REGISTER OF INTEREST

Findlay Hickey registered a personal, non-specific interest in Eli Lily and Company Ltd and therefore would abstain from commenting on item 6.2 selpercatinib.

3. MINUTES OF MEETING HELD ON 26 OCTOBER 2023

Minutes accepted as accurate.

4. ACTIONS FROM PREVIOUS MEETING

Minute Ref	Action Point	Status
Cenobamate (Ontozry®) 12.5mg, 25mg, 50mg, 100mg, 150mg, and 200mg film-coated tablets (SMC2408)	• A note to be added to the monograph to state 'Cenobamate is very persistent in aquatic systems, any unused medicines should be returned to Pharmacy for disposal.' • Submission to be sent to Sharon Pfleger (MRC project) as an example of formulary decision making and use of environmental data. • Recommend that text be added to dispensing labels of all medicines	• **Complete** • **Complete** • **Complete**: Request put to Fiona MacFarlane to consider as part of the Spring Medicine Waste campaign

	regarding disposal and medicines should be returned to Pharmacy.	
Subcutaneous methotrexate: Shared care protocol	Methotrexate combined with leflunomide; change to 'for 12 months once stable'.	**Complete**
Personality Disorder	Note for the reviewer. GP information is too long to refer to, could a brief summary, quick reference guide, be added as to when to suspect personality disorder and how to refer?	**Complete**: Requested that these items are added when the guidance is reviewed.
Early pregnancy referral pathway	Move less than 6 weeks and 13 to 16 weeks to the start of the document.	**Complete**
COVID099 Hospital in-patient: Tocilizumab for (SARS-COV-2 infection)	• Remove the paragraph commencing 'Toculizumab is licensed for use in patients with rheumatoid arthritis …'. • Is there a more appropriate patient information leaflet to replace the link currently in the document?	**Complete**: Reordered phrase to suit
TAM352 Osteoporosis	Request a flow chart be included.	**Complete**
TAM216 Lymphopenia assessment	Clarification required on how to refer into immunology.	**Complete**
TAM236 Generalised anxiety disorder	Make explicit on the pregabalin monograph about restriction on who would initiate prescription for generalised anxiety disorder.	**Complete**
TAM200 Healthy weight	• How do tier 2 patients self-refer? • The outcomes of the service do not list losing weight as a bullet point. Is there a reason for this or should it be included. • Tier 2 referral criteria; do all criteria have to be met? • Tier 3 referral criteria; state what the High Body Mass Index is. • What are the exceptional circumstances for considerations for bariatric surgery; can examples be given? • Place in therapy to be clarified for treatments to prevent obesity and diabetes related complications, including VLCD, GLP1 receptor agonists and other Dietetic recommended diets.	• **Complete**: Only relevant to healthy weight groups, guidance amended • **Complete**: Wt loss is not a co-primary outcome for the weight management pathway; treatment outcomes are listed under the intervention. • **Complete:** No, guidance amended to reflect this • **Complete:** BMI 30kg/m2 or greater • **Complete:** Not a list as case by case and will be assessed by CAG • **In progress**: Can't be stated until the situation with GLP1RAs are known
Guideline minor amendments	*Gender identity guidance* • Combine bullet points relating to refer via SCI gateway. • Point 2, Gender Identity Clinic liaises with primary care for ongoing management of the patient. Wording to be looked at to get clarification about these treatments and reference needs to be made to Scottish Government policy on the private sector. PH to redraft and send to AM and FH prior to sending to Fiona Gibson for final approval.	• **In progress** • **In progress** • **In progress** • **Complete** • **Complete**

	• TAM Subgroup to raise to ADTC lack of guidance around the private / NHS sector interface. *Acute Otitis Media* • Amend wording to make clear that eardrops should be considered before prescribing oral antibiotics. *Intravenous gentamicin in adults* • Change to; 'If serum creatinine is known'.	
TAM report	Letter from TAM Subgroup so be sent to identified guideline authors.	**Complete**
ADTC SBAR to Health Improvement Scotland re RDS governance and process issues	Letter to be written to CC asking for support.	**Complete**
Any other competent business	Update terms of reference.	**Complete**

5. FOLLOW UP REPORT

The follow up report was noted. In addition to the tabled report, polycythemia/erythrocytosis and post-menopausal bleeding actions are now complete.

6. SUBMISSIONS FOR ADDITION TO HIGHLAND FORMULARY FOR APPROVAL

6.1. Haematology Chemotherapy formulary submissions

No submission made.

6.2. Oncology Chemotherapy formulary submissions

Selpercatinib hard capsules (Retsevmo®) (SMC2573)
ACCEPTED
Durvalumab concentrate for solution for infusion (Imfinzi®) (SMC2582)
ACCEPTED

6.3. Aviptadil/phentolamine (Invicorp®) 25 micrograms/2mg in 0.35ml solution for injection (SMC1284/17)

Submitted by: Jane Wylie, Clinical Pharmacy Team Lead – Surgery, Women and Children
Indication: for the symptomatic treatment of erectile dysfunction in adult males due to neurogenic, vasculogenic, psychogenic, or mixed aetiology.
SMC restriction: for use in those who have failed on oral therapies (oral phosphodiesterase type-5 inhibitors) and other non-injectable formulations of erectile dysfunction medications.
Comments: Suggest secondary care provide patient education and training to the patient on how to administer, prescribe initial dose, and provide full advice to primary care when a recommendation to prescribe is made. Provides an alternative to alprostadil, which has had recent supply issues.
ACCEPTED pending
Action

Duncan Scott joined the meeting.

6.4. Formoterol fumarate dihydrate/glycopyrronium/budesonide (Trixeo® Aerosphere) 5mcg/ 7.2mcg/160mcg pressurised inhalation, suspension (SMC2321)

Submitted by: Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology
Indication: maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta2-agonist or combination of a long-acting beta2-agonist and a long-acting muscarinic antagonist.
SMC restriction: in patients with severe COPD (forced expiratory volume in one second [FEV1] less than 50% predicted normal).
Comments: Trimbow pMDI is already on the Formulary for this indication, however, this submission, which is cost neutral, has less environmental impact. Addition would allow patient choice. Discussion took place regarding what environmental impact data clinicians should be asked to provide. RP stated that he would not be happy with a decision, and that it would be unfair to overburden secondary care teams who submit

the majority of formulary applications, by requesting more information. As this submission was based on its reduction of environmental impact against other formulary items it was felt reasonable to ask for evidence of this reduction of impact, otherwise it was felt an unreasonable ask for clinicians to provide evidence that may be difficult to obtain. It was agreed that requesting the information from the manufacturer is good practice to raise pharmaceutical industry awareness of Health Board interest in considering environmental impact in formulary decision making. The overriding sentiment of the members is that, even if a drug is equivalent in cost and clinical efficacy, the Highland Formulary, as per its remit, is obliged to consider an environmentally less harmful medicine. Therefore, this submission is accepted pending information received to show that it has reduced environmental impact over Trimbow pMDI. PH will collate environmental impact evidence and email the Subgroup.

ACCEPTED pending

Action

6.5. Eptinezumab (Vyepti®) 100mg concentrate for solution for infusion (SMC2547)

Submitted by: Dr Carod Artal, Consultant Neurologist

Indication: for the prophylaxis of migraine in adults who have at least 4 migraine days per month.

SMC restriction: for patients with chronic and episodic migraine who have had prior failure on three or more migraine preventive treatments.

Comments: A migraine pathway will be developed to clarify place in therapy. There is a cost saving, but for a minority of patients. IV administration is every 12 weeks, compared to other similar therapies which are administered subcutaneously every 4 weeks, which may be preferable for patients.

ACCEPTED

6.6. Dupilumab (Dupixent®) 300mg solution for injection in pre-filled pen (non SMC)

Submitted by: Jane Wylie, Clinical Pharmacy Team Lead – Surgery, Women and Children

Indication: chronic rhinosinusitis with nasal polyposis (CRSwNP).

Comments: This is SMC not recommended due to non-submission. More detail on cost-effectiveness is required. There is a burden of monitoring. Is there robust evidence that it reduces further surgery? Confirmed that the PAS implementation pack states that the PAS price can be used for all licensed indications of dupilumab, which includes this indication. In NHS Highland how much FESS surgery is done, how many repeat surgeries are done and what is the opportunity to displace surgery in Highland? Is this being used elsewhere in Scotland or the UK?

REJECTED

Action

6.7. Lidocaine (Ralvo®) plaster 700mg (SMC224/06: NB advice is for Versatis brand)

Submitted by: Dr Martin Wilson, Consultant Physician (Geriatrics)

Indication: for use in frail adults with fracture/non-fracture boney injury (off-label indication).

Comments: The Formulary monograph will not specify brand. Noted the short-term indication, however in practice patients on patches are not getting reviewed and erroneously remain on the medication long-term. Concern about the effectiveness of the product for this indication. Evidence required showing effectiveness, ideally randomised, doubling blind controlled trial data for the submission indication. Noted that neither the chronic pain team or the palliative care team wished to make a submission for this product, however lidocaine patches are included in the Scottish Palliative Care Guidelines.

REJECTED

Action

6.8. Ozanimod (Zeposia®) 0.23mg, 0.46mg and 0.92mg hard capsules (SMC2478)

Submitted by: Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology

Indication: for the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy or a biologic agent.

Comments: Good that it is an oral medicine as has the potential to save hospital time, patient time and carbon footprint because of reduced travel and packaging associated with injectable medicines.

ACCEPTED

6.9. Risankizumab (Skyrizi®) 600mg/10mL concentrate for solution for infusion vial and 360mg/2.4mL solution for injection cartridge (SMC2534)

Submitted by: Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology

Indication: for the treatment of patients 16 years and older with moderately to severely active Crohn's disease who have had an inadequate response to, lost response to, or were intolerant to conventional therapy or a biologic therapy, or if such therapies are not advisable.

Comments: Useful addition with little or no budget impact.

ACCEPTED

6.10.Emollin aerosol spray (non SMC)
Submitted by: Dr Rashmi Srivastava, Consultant Obstetrics and Gynaecology
Indication: post-operative vulval surgery, vulval eczema and chronic vulval conditions.
Comments: This is a replacement therapy to Dermamist which was on the Formulary but has been discontinued. Needs to be stated clearly on the monograph that it is only for this specific indication.
ACCEPTED
Action

Duncan Scott left the meeting

6.11.Anastrozole 1mg tablets (non SMC)
Submitted by: Dr Alvita Chan, Locum Medical Oncology Consultant
On NCMAG advice, the submitter has agreed not to make a submission at this time.
Indication: As per MHRA: Prevention in post-menopausal women at moderate or high risk of developing the disease.
Comments: North Cancer Medicines Advisory Group have advised a Once for Scotland approach. They are assessing this medicine in March 2024 and would prefer that Health Boards await their advice before formulary consideration. This would be appropriate as will indicate who identifies patients and how. Will there be an impact on patients if this is not approved in the interim? Noted that the Subgroup will be happy to support this submission but to await NCMAG guidance before adding to the Formulary. Agreed that a statement for patients will be developed.
ACCEPTED in principle
Action

6.12.Semaglutide (Wegovy®) 0.25mg, 0.5mg, 1mg, 1.7mg, 2.4mg Flextouch solution for injection in pre-filled pen (SMC2497)
The submitter has agreed not to make a submission at this time.
Advice has been received that Scottish Health Boards are recommended not to make submissions to their formularies at this time. The Scottish Government has set up a SLWG: GLP1-RA in obesity treatment. To date this has been a specialist advisory group rather than a group representative of health boards. Prof Leslie will be joining in the New Year and PH has requested to join. A further 3 meetings are expected to develop a national consensus statement in March 2024. It is recognised that information to date has not been forthcoming to health boards; information from this SLWG will be fed directly to health board ADTCs.
There is a query about how the drug is marketed. There is a protected supply for secondary care, which isn't known to health boards. This doesn't match the proposed pathway in NHS Highland where the majority of the prescribing would take place in primary care.
This SLWG will look at the focus on weight management and aims to develop patient pathways that are equitable for patients throughout Scotland and appropriate for services, and not based on how the manufacturer supply is set up. RP stated that the SMC restriction is as proposed by the manufacturer and that the weight management criteria are based on the licensed indication and drug trail data.
Agreed that a statement about NHS Highland stance on GLP1 -RA's be provided to primary care and the weight management team.
SUBMISSION WITHDRAWN
Action

Simon Thompson left the meeting.
Duncan Scott re-joined the meeting.

6.13.Easychamber device (non SMC)
The submitter has agreed not to make a submission for the Easychamber device at this time.
Information received from a Respiratory Special Interest Group querying the effectiveness of the device with reports of patients reversing on previously made switches. Therefore, it was felt that the Health Board could not support a switch at this time until further information in support of the device is known.
SUBMISSION WITHDRAWN

7. Formulary review

7.1. Wound Formulary – update to Formulary Product List

- A large amount of work is taking place to direct supply via PECOS rather than prescription items. This aligns use, helps to tackle shortage issues and reduces cost.
- Article to go into the Pink One.
- Contact details for Tracy Sutherland, the Primary Care Medicines Management Nurse to be provided to JW.

ACCEPTED

Action

7.2. Neonatal formulary – Propofol

- Change 60s to 60 seconds.

ACCEPTED

Action

8. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted and approved.

9. FORMULARY REPORT

Noted and approved.

10. SMC ADVICE

Noted.

11. NEW TAM GUIDANCE FOR APPROVAL

11.1. Item withdrawn

12. GUIDELINE UPDATES

12.1.Haematology guideline suite

- Due to time limitations this is to be discussed at the next meeting.

Action

12.2.Multiple sclerosis guidance

- Needs to be redrafted. Who is it aimed at? Information needed includes: What does the neurologist want the GP to do before they make the referral? In the event of a relapse what should the GP do? There are three blood tests to do, but doesn't provide detail on who to phone, what to prescribe or how to monitor. Needs to be more user friendly and succinct.

REJECTED

Action

12.3.Highland Eating Disorder Service

ACCEPTED

12.4.Treatment (COVID-19)

ACCEPTED

12.5.Antivirals and neutralising monoclonal antibodies for COVID-19

ACCEPTED

12.6.Bronchiectasis

- Primary care practitioners report that when Respiratory is contacted regarding duration of bronchiectasis treatment they state it is always 14 days duration. This guidance states 7 to 14 days. Clarification required.

ACCEPTED pending

Action

Louise Reid left the meeting.

12.7.Vascular

ACCEPTED

Steve McCabe and Jude Watmough left the meeting.

13. GUIDELINE MINOR AMENDMENTS

Noted and approved.

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

Noted and approved.

15. GUIDANCE REMOVED

Nothing to report.

16. TAM REPORT
Noted.

17. ENVIRONMENT
Life cycle environmental detail on the products National Procurement have stated that they are going to ask for life cycle environmental detail on the products that they provide and will accept that this may lead to choices that may increase cost. This is NHS England-led and is being followed by the other UK nations. A model question will be introduced into certain product tenders within Scotland. The supplier will have to describe two specific actions that have been taken to reduce the assessed harmful environmental impacts of their product and medicines are going to be part of that. Agreed that the presentation which National Procurement gave to the ADTCC Forum will be circulated to the Subgroup. **Action**

18. NHS WESTERN ISLES
Semaglutide will be discussed at NHSWI ADTC meeting in January.

19. ANY OTHER COMPETENT BUSINESS
No AOCB.

20. DATE OF NEXT MEETING
Next meeting to take place on Thursday 29 February 2024, 14:00-16:00 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
Aviptadil/phentolamine (Invicorp®) 25 micrograms/2mg in 0.35ml solution for injection (SMC1284/17) *Back to minutes*	Suggest secondary care provide patient education and training to the patient on how to administer, prescribe initial dose, and provide full advice to primary care when a recommendation to prescribe is made.	**PH**
Formoterol fumarate dihydrate/ glycopyrronium/budesonide (Trixeo® Aerosphere) 5mcg/7.2mcg/160mcg pressurised inhalation, suspension (SMC2321) *Back to minutes*	Collate environmental impact evidence and email the Subgroup.	**PH**
Dupilumab (Dupixent®) 300mg solution for injection in pre-filled pen (non SMC) *Back to minutes*	Is there robust evidence that it reduces further surgery?	**PH**
	In NHS Highland how much FESS surgery is done, how many repeat surgeries are done and what is the opportunity to displace surgery in Highland?	
	Is this being used elsewhere in Scotland or the UK?	
Lidocaine (Ralvo®) plaster 700mg (SMC224/06: NB advice is for Versatis brand) *Back to minutes*	Evidence required showing effectiveness, ideally randomised, doubling blind controlled trial data for the submission indication.	**PH**
Emollin aerosol spray (non SMC) *Back to minutes*	Needs to be stated clearly on the monograph that it is only for this specific indication.	**PH**
Anastrozole 1mg tablets (non SMC) *Back to minutes*	Will there be an impact on patients if this is not approved in the interim? Agreed that a statement for patients will be developed.	**PH**
Semaglutide (Wegovy®) 0.25mg, 0.5mg, 1mg, 1.7mg, 2.4mg Flextouch solution for injection in pre-filled pen (SMC2497) *Back to minutes*	A statement about NHS Highland stance on GLP1 - RA's be provided to primary care and the weight management team.	**PH**

Wound Formulary – update to Formulary Product List *Back to minutes*	Article to go into the Pink One. Contact details for Tracy Sutherland, the Primary Care Medicines Management Nurse to be provided to JW.	**PH**
Neonatal formulary – Propofol *Back to minutes*	Change 60s to 60 seconds.	**PH**
Haematology guideline suite *Back to minutes*	Move to February 2024 agenda.	**PH**
Multiple sclerosis guidance *Back to minutes*	Who is it aimed at? Information that is needed includes: What does the neurologist want the GP to do before they make the referral? In the event of a relapse what should the GP do? There are three blood tests to do, but doesn't provide detail on who to phone, what to prescribe or how to monitor. Needs to be more user friendly and succinct.	**PH**
Bronchiectasis *Back to minutes*	This guidance states 7 to 14 days, clarification required.	**PH**
Environment *Back to minutes*	The presentation which National Procurement gave to the ADTC Forum will be circulated to the Subgroup.	**FH**