MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC
22 January 2019, Meeting Room 1, Birnie Centre, Raigmore Hospital, Inverness

Present: Okain McLennan, Chair
Patricia Hannam, Formulary Pharmacist
Findlay Hickey, Lead Pharmacist (West)
Dr Robert Peel, Consultant Nephrologist
Louise Reid, Acute Pain Nurse
Lauren Stevenson, Rotational Pharmacist, Raigmore
Johnson Swinton, Patient Representative
Dr Jude Watmough, GP

In attendance: Susan Caldwell, Senior Pharmacist, Medicines Management & Information
Karen Macaskill, Pharmacist, New Craigs (item 6)
Dr Lorna Murray, Consultant Physician (item 5c/d)
Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology (item 5c/d)
Roberta Kerr, Formulary Assistant

Apologies: Joanne McCoy, LGOWIT Co-ordinator
Dr Antonia Reed, GP
Dr Duncan Scott, Clinical Lead, TAM

1. WELCOME AND APOLOGIES
The Chair welcomed the group and introductions were made.

2. MINUTES OF MEETING ON 06 NOVEMBER 2018
Accepted as accurate subject to addition of SC in attendees.

3. DECLARATIONS OF INTEREST
No interests were declared.

4. FOLLOW-UP REPORT ON ACTIONS AGREED ON 06 NOVEMBER 2018 - tabled
Table of action is to be circulated post subgroup meeting.
See Actions.

5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY

Ocrelizumab (Ocrevus®)
Submitted by: Dr Javier Carod Artal and Dr Sheena Murdoch, Consultant Neurologist
Indication: Treatment of adult patients with relapsing forms of multiple sclerosis with active disease defined by clinical or imaging features.
SMC: SMC2121
Comments: Indication/restrictions as per SMC advice. Patient numbers thought to rise by 4 per year. Duration of treatment unclear but expected to be long-term. Therefore patient numbers could rise over time.
ACCEPTED

AgaMatrix™ WaveSense Jazz blood glucose test strips
Submitted by: Lorna Grant, Diabetes Specialist Nurse
Indication: Use by women diagnosed with diabetes in pregnancy. On average women test for a duration of about 8 weeks.
SMC: n/a
Comments: The Diabetic Service has struggled to monitor diabetes in pregnancy without incurring undue staff
resources. AgaMatrix strips offers cost-savings in terms of staff resource and benefit to patients. Post subgroup comment: Victoria Rettie confirmed that the strips would be prescribed by GPs in Primary care and patients would collect them from a community pharmacy for the duration of their pregnancy.

ACCEPTED

**Fluticasone furoate, umeclidinium, vilanterol (as trifenate) inhalation powder (Trelegy® Ellipta®)**

**Submitted by:** Dr Lorna Murray, Consultant Physician and Catriona Wheelan, Lead Pharmacist Respiratory & 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 β2-agonist.

**SMC:** 1303/18

**Beclometasone dipropionate/formoterol fumarate dihydrate/glycopyrronium inhaler (Trimbow®)**

**Submitted by:** Dr Lorna Murray, Consultant Physician and Catriona Wheelan, Lead Pharmacist Respiratory & 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 β2-agonist.

**SMC:** 1274/17

**Comments:** Resubmissions from November 2018. Presented by LM and CW. Triple therapy inhaler, for use in place of 2 inhalers (cost saving). Since previous submission much work is being done to develop a protocol and supporting documents, these were circulated at the meeting. JW reported that it is mostly practice nurses who see asthma patients and education is needed for GPs. LM stated that GPs do not attend the training available and pointed out that NHSH has no respiratory Managed Care Network (MCN) to support guideline development. FH formally withdrew his previous objections in November 2018 subgroup.

**ACCEPTED**

**Dequalinium chloride 10mg vaginal tablets (Flumizin®)**

**Submitted by:** Dr Jonathan Mills, Consultant Microbiologist

**Indication:** Treatment of bacterial vaginosis (licensed indication) in patients intolerant of oral metronidazole and clindamycin vaginal cream and treatment of recurrent or resistant vaginal candidiasis (unlicensed).

**SMC:** 1274/17

**ACCEPTED**

**FreeStyle Libre flash glucose monitoring system**

**Submitted by:** Dr David Macfarlane, Consultant Physician

**Indication:** For patients with type 1 diabetes mellitus who are treated with multiple daily injections of insulin or insulin pump therapy, who are already doing multiple fingerprick tests a day, and who have attended a structured education course on carbohydrate counting and insulin dose adjustment.

**SMC:** n/a

**Comments:** Resubmission from November 2018. Currently NHSH is the only board in Scotland not using it and there is considerable pressure from the Scottish Government to justify this position. Cost-containment: savings to be realised from actively undertaking needle and strip switches to formulary choices and a future gliptin switch (submission expected at next subgroup). Documentation has been developed to support its implementation and use; this is to include clear criteria of patients to prevent inconsistencies and to manage patient expectations and information for prescribers. Clear guidance is needed on who it should be used for and clarity regarding DVLA testing requirements. Would lead to decrease in use of testing strips but traditional testing still required by DVLA.

**ACCEPTED on the understanding that the funding will be realised as per cost containment agreement.**

**Dupilumab 300mg solution for injection (Dupixent®)**

**Submitted by:** Dr Louise Macfarlane, Consultant Dermatologist

**Indication:** ‘Last resort’ therapeutic option for moderate to severe eczema

**SMC:** SMC2011

**Comments:** Resubmission from November 2018. Cost-containment: funding for this drug will be realised from the savings generated by the adalimumab biosimilar switch. The Chair wished it to be noted that there is the potential for incongruency where cost savings from one submission are being balanced against another submission. A clearer protocol has been developed to clarify its place in therapy. It would be ‘specialist use’ where two other treatments have failed, and all prescribing and monitored takes place in secondary care. Post-subgroup comment: Treatment discontinuation will be considered if the patient has shown no response at 16 weeks. Some patients with initial partial response may subsequently improve with continued treatment.
beyond 16 weeks, so follow-up frequency would be according to need.

ACCEPTED

Amgevita (Adalimumab Biosimilar)
Submitted by: Susan Caldwell, Senior Pharmacist, Medicines Management & Information

Indication: As for Humira® brand of adalimumab.

SMC: n/a

Comments: Similar indications and side-effect profile to Humira®. Significant cost saving throughout NHSH. Citrate-free, therefore less pain on administration. Humira® will be kept on Formulary for patients unable to switch.

ACCEPTED

6. FOLLOW UP ON GUIDANCE FROM NOVEMBER 2018

A multidisciplinary Mental Health Clinical Standards Group (MHCSG) was formed last year and meets monthly to ratify policies, set standards etc., and is now in discussion about setting up a separate clinical governance group. There was discussion about whether their surveillance process assures TAM that proper clinical governance was in place. It was agreed that for future guidance the clinical governance checklists (including the review group details) would be submitted to the TAMS but that the guidance would not need to be reviewed by TAM.

Interim Rapid Tranquilisation Guideline for Adults – Presented by KM
The guidance has been circulated within mental health settings and therefore is only approved in the context of New Craigs at present. KM is working on consultation for general hospital settings.

ACCEPTED

Psychological Therapies Service Pan Highland including Argyll & Bute: Guided Self Help Service Standards
This guidance has been put out for wide consultation, including Argyll and Bute, it has been ratified by the Psychological Therapies Steering Group, not the MHCSG. JW commented that referral processes have changed a few times and that GPs need clarification of the process.

ACCEPTED

Actions

Infection management guidance
There was discussion about the level of scrutiny required for documents that have already been to AMT. PH has been informed by AMT that they appreciate the wider group input at TAMS, in particular GP input. Following discussion it was agreed not to change the present system.

Policy for Use of Intravenous Vancomycin in Adults, and prescription chart
AMT have consulted with regional general hospitals and Raigmore. There have also been some testing pilots in Raigmore and the Prescribing, Administration and Monitoring Chart is an established protocol based on the one used in Glasgow.

ACCEPTED

Dental infections
Concerns were raised regarding wording in the letter and amendments were agreed. JW suggested that the information should be disseminated as widely as possible, including the Pink One, as patients often contact their GPs for clarification. Concern was also raised about it contradicting other Formulary information and the Chair suggested cross-referring to the Formulary.

ACCEPTED SUBJECT TO AMENDMENTS

Actions

Urinary-tract infections
There was discussion about trimethoprim in renal impairment and it was agreed to amend the text and to highlight this in the Pink One. It was also agreed that a separate Pink One item on fluoroquinolones should be produced.

ACCEPTED SUBJECT TO AMENDMENTS

Actions
Respiratory-tract infections
No comments.
ACCEPTED

Genital-tract infections
Although there is expected to be a minor amendment relating to gonorrhoea from today’s AMT, FH suggested that this should still be discussed because it relates to a community PGD for doxycycline which has been changed. JW suggested that highlighting the change from azithromycin to doxycycline would be useful for GPs. FH suggested asking Lynn Chalmers at Highland Sexual Health for a Pink One article.
ACCEPTED

Actions

Acute pain
Only one guideline has been amended (‘Acute Pain Management in Adults with Renal Impairment’) the rest have been updated unamended. There was discussion about the use of tramadol: the Renal team is cautious with tramadol however the Acute Pain team still use it. FH would prefer to go straight to Oramorph® but LR explained that it is sometimes better for neuropathic pain and tramadol by tablet is easier to dose than Oramorph® liquid for patients to home.

Guidelines for the Management of Adult Haemodialysis Patients Undergoing Parathyroidectomy
There was discussion about the lack of a governance checklist and whether the distribution list is the same as the review group. RP confirmed that the guidelines had been to the Renal Unit for comment. RP also confirmed there is only one change to the guidelines.

Guidelines for the Prevention of Skeletal Related Events in Cancer Patients
Clinical governance checklist was submitted. The only comment was that ‘4-12 weekly’ should read ‘4 to 12...’. The document would be copy-edited before publication.

Actions

Stroke Guidelines
- The guidelines submitted are new, amendments for the rest of the stroke guidance are being updated on TAM as per the clinical governance checklist.
  There was discussion about whether it was necessary to see all guidance if a clinical governance checklist has been completed. It was felt that it was unnecessary unless TAM members wanted to see them. It was agreed that RK will collate papers for one guidance section onto one pdf for the next meeting.
- SC commented that it would be useful for ongoing guidance to have pharmacist input in the review group.
- LR felt that referral letters could explain better to patients why they are being referred and PH agreed that some clarity was required regarding ‘information for patients’.

Actions

7. RECOMMENDATIONS FOR MINOR AMENDMENTS TO TAM
See Appendix 1

8. TAM DECISIONS ON RECENT SMC ADVICE
There were no comments on SMC advice.
It was agreed that the most recent advice which has not had time to be actioned would not be included in papers henceforth.
SC commented that there is a new process being developed for unfunded medicines which is expected to process mostly oncology medicines and which would otherwise have come to TAM.

9. SINGLE NATIONAL FORMULARY
OM has drafted a response to SNF which will be put to Ian Rudd and ADTC for approval.

10. TAM report
- The report to the Clinical Governance Committee will now go to ADTC via Sharon Pfieger. It is to be stressed that the responsibility for the accuracy of the clinical content of guidance should lie with the guidance authors.
11. **AOCB**

**Draft formulary submission form**
There is to be a new process for unfunded medicines for medicines which have been approved by the SMC but do not meet cost containment requirements, this is expected to include Oncology and Gastro-intestinal submissions. It will seek similar information to the formulary submission form. Therefore this form is to be withdrawn and redrafted with the aim to produce a unified form. Costings are to be presented more clearly.

**NHS Highland SIGN Guideline Assessment form**
Arrange for these assessment forms to be given to TAM subgroup as a matter of routine.

**National Out-of-Hours Formulary**
A national formulary has been developed. AR, the local OOH formulary author, has decided to continue to develop a local formulary which will be informed by the national formulary.

**Regional Gluten-free Foods Formulary**
The Highland Gluten-free Foods Formulary is scheduled for review in February. There is interest in national and regional versions.

**Antimicrobial Companion**
At present local antimicrobial guidance is being uploaded onto two platforms: TAM and the Antimicrobial Companion. This is causing logistic issues. The AMT are to decide today whether to discontinue the Antimicrobial Companion.

Comment post subgroup: The AMT has agreed to discontinue uploading guidance on the Antimicrobial Companion. There will be a link placed on the Antimicrobial Companion to take users to TAM.

**Future meetings**
- Meeting attendance was discussed and it was agreed to contact those members who have not attended regularly.
- A rural GP is required for the group.
- It was agreed to hold future meetings on Thursdays at 2pm.

**Actions**

12. **MEETING DATES**

- 22 March
- 23 May
- 22 August
- 24 October

These are new dates. All meetings will now be held on Thursdays from 14:00-16:00, venue to be confirmed.
### Actions agreed at TAM Subgroup meeting 22/01/2019

<table>
<thead>
<tr>
<th>Minute Ref</th>
<th>Action point</th>
<th>To be actioned by</th>
</tr>
</thead>
</table>
| Psychological Therapies  
*Back to minutes* | Feed back to author the need for clarification of referral process to GPs  
Raise above issue at MHCSG                                                                 | PH, KM |
| Dental infections  
*Back to minutes* | Letter: Transpose first two lines to the end and remove word “endeavour” from the third paragraph  
Cross-refer to Formulary  
Pink One feature  
PH  
Author | PH, Author |
| Urinary-tract infections  
*Back to minutes* | Amend text on trimethoprim similar to nitrofurantoin: ‘should be used with caution in severe (eGFR less than 30mL/min).’  
In place of later ‘Use with caution in renal impairment’.  
Add renal impairment comments in table next to trimethoprim and nitrofurantoin entries.  
Raise awareness of trimethoprim/nitrofurantoin/renal impairment in the Pink One  
Article on fluoroquinolones in the Pink One  
PH  
PH  
RP | PH, RP, Lynne Chalmers |
| Genital-tract infections  
*Back to minutes* | Amend text as indicated, incorporating changes from AMT meeting  
Pink One article to highlight changes to Chlamydia treatment  
PH, RK | PH, RK |
| Prevention of skeletal related events in cancer patients  
*Back to minutes* | Correction to p2 as noted in minutes  
Source guidance on formatting for TAM members’ information  
RK  
RK | RK, RK |
| Stroke guidelines  
*Back to minutes* | Suggest to the stroke review group that it includes a pharmacist  
Seek clarity on who the referral letters are to be read by  
PH  
PH | PH, PH |
| AOCB  
*Back to minutes* | Redraft the Formulary submission form in conjunction with the unfunded medicine process  
Arrange SIGN guideline assessment forms to be sent to TAM subgroup.  
Review meeting membership  
Rearrange 2019 meeting dates and source new venue  
PH  
PH  
PH/OM  
RK | PH, PH, RK |

### Previous Minutes Action point

<table>
<thead>
<tr>
<th>Follow up</th>
</tr>
</thead>
</table>
| Indigestion algorithm. Follow up with Dr Potts for approval.  
Ongoing  
PH |
| Oncology medicines use tracker  
To be taken on by the Clinical Prioritisation Group  
Ongoing  
PH |
| Update TAM process, remit and terms of reference  
Ongoing  
PH |
| Prescribing cost containment - to seek agreed signatory list for primary care  
Awaiting response from David Parks and Dr Stewart MacPherson  
PH |
| Patient information: Reapply for Value Improvement Fund in April  
Investigate endowment funding for patient information  
Look at NHS Inform practice patient information  
Back to minutes  
Ongoing  
PH/JW  
OM  
AR/PH |