

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

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**DRAFT MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC
3 December 2020, via Microsoft TEAMS**

Present: Okain McLennan, Chair
Findlay Hickey, Lead Pharmacist (North & West)
Patricia Hannam, Formulary Pharmacist
Dr Jude Watmough, GP
Dr Alan Miles, GP
Dr Robert Peel, Consultant Nephrologist
Dr Simon Thompson, Consultant Physician
Louise Reid, Acute Pain Nurse Lead
Ayshea Robertson, Advanced Nurse Practitioner

In attendance: Wendy Anderson, Formulary Assistant

Apologies: Clare Bagley, Senior MM&I Pharmacist, Raigmore
Liam Callaghan, Principal Pharmacist Western Isles
Dr Antonia Reed, GP
Margaret Moss, Lead AHP, North & West Division
Joanne McCoy, LGOWIT Co-ordinator
Connie Fridge, Deputy Nursing Manager

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

No interests were declared.

3. MINUTES OF MEETING 29 October 2020

Accepted as accurate.

4. FOLLOW UP REPORT

A brief verbal update was given. Particular mention was given to Triptorelin. Dosing schedule is the same as the preparation currently used and there is no longer acting licensed preparation available. The Investigation & Treatment Room had been suggested at the last meeting as perhaps the place for administering however after consulting them this was found to not be an option due to them not administering medicines ('Treatment' refers to providing wound treatment). Further clarification was therefore required as to whether this would impact on GP surgeries and it was strongly agreed that this question should be considered prior to submission of similar future requests. Suggested that the best way forward was that if thought there would be any impact on GP prescribing then request should be put to the GP Subcommittee prior to being discussed at TAM. Agreed that further discussion would take place out with this meeting but that an additional question be included on the submission form asking if it had been assessed for GP impact and if there was additional work identified, then it needed to be put to GP Subcommittee in the first instance, with TAM being the final step in ratification.

Action

<p>5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY</p>
<p>5.1. Somatropin (Norditropin Flex Pro) 5mg/1.5ml, 10mg/1.5ml and 15mg/1.5ml Solution for Injection Pre-Filled Pen Submitted by: Dr Stuart Henderson, Consultant Paediatrician Indication: Growth failure, retardation and disturbance as per SPC: https://www.medicines.org.uk/emc/product/11756. Comments: The submission compared the cost of Norditropin Flex Pro with Omnitrope Surepal, with Norditropin Flex Pro being cheaper. Noted that Flexpen is more expensive than other preparations, including Norditropin Simplexx, which is being phased out. The addition of this preparation is to provide patients with an individualised product choice as per NICE guidance TA118. Perhaps of benefit to indicate on the Formulary which items are more and less expensive. ACCEPTED Action</p>
<p>5.2. Ceftolozane/tazobactam 1g/0.5g powder for concentrate for solution for infusion Submitted by: Alison Macdonald, Area Antimicrobial Pharmacist Indication: Use as per licensed indications (complicated intra-abdominal sepsis, urosepsis and hospital- or ventilator-associated pneumonia) but only in cases of known or suspected multi-drug resistance where other antibiotics are unsuitable due to resistance or patient factors (such as poor renal function). Comments: Resubmission from February 2020. AMT disagree strongly regarding the rejection and have resubmitted on the grounds that the PACS2/IPTR processes would delay treatment. The medicine would not be held in stock and only ordered when needed. Consensus round the table was that as this was rejected by the SMC then it should not be added to the Formulary and either the PACS2 or IPTR process should be followed, however, it was agreed that this could be reconsidered and that the submitter should be invited to attend the next meeting to provide further information. REJECTED Action</p>
<p>5.3. Ceftazidime/avibactam 2g/0.5g powder for concentrate for solution for infusion Submitted by: Alison Macdonald, Area Antimicrobial Pharmacist Indication: Use in adults as per licensed indications (complicated intra-abdominal sepsis, urosepsis/pyelonephritis, hospital- or ventilator-associated pneumonia) but only in cases of known or suspected multi-drug resistance where other antibiotics are unsuitable due to resistance or patient factors (such as poor renal function). Comments: Resubmission from February 2020. Comments as per 5.2 above with note that this drug was a non-submission to the SMC rather than a rejection. REJECTED Action</p>
<p>5.4. Siponimod (Mayzent) 2mg f/c tablet and 250 microgram titration pack Submitted by: Dr Francisco Javier Carod Artal, Consultant Neurologist Indication: Treatment of adult patients with secondary progressive multiple sclerosis (SPMS) with active disease evidenced by relapses or imaging features of inflammatory activity. Comments: No costings had been provided. It was noted that this was high cost and confirmation that the service could afford it was required. REJECTED Action</p>
<p>5.5. Carfilzomib (Kyprolis) 10mg, 30mg, 60mg powder for solution for infusion Submitted by: Dr Peter Forsyth, Consultant Haematologist Indication: In combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy. Comments: Large departmental cost implications to be highlighted to the submitter. ACCEPTED Action</p>
<p>5.6. Lenalidomide (Revlimid) 15mg, 10mg, 5mg tablets Submitted by: Dr Peter Forsyth, Consultant Haematologist Indication: Monotherapy for the maintenance treatment of adult patients with newly diagnosed multiple myeloma who have undergone autologous stem cell transplantation (ASCT). Comments: Large departmental cost implications to be highlighted to the submitter. ACCEPTED Action</p>

5.7. Andexanet alfa (Ondexxya) 200mg powder for solution for infusion

Submitted by: Dr Joanne Craig, Consultant Haematologist

Indication: For adult patients treated with a direct factor Xa (FXa) inhibitor (apixaban or rivaroxaban) when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding.

Comments: Does not have a full product licence only a conditional marketing authorisation, however, it is a specialist product that will be used under the supervision of haematologists. A protocol needs to be in place to facilitate this.

ACCEPTED

[Action](#)

5.8. Atezolizumab (Tecentriq) 1200mg concentrate for solution

Submitted by: Dr Carol MacGregor, Consultant Oncologist

Indication: In combination with carboplatin and etoposide for the first-line treatment of adult patients with extensive-stage small cell lung cancer.

Comments: Large departmental cost implications to be highlighted to the submitter.

ACCEPTED

[Action](#)

5.9. Atezolizumab (Tecentriq) 840mg concentrate for solution

Submitted by: Dr Feng-Yi Soh, Consultant Oncologist

Indication: In combination with nab-paclitaxel is indicated for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumours have programmed death-ligand 1 [PD-L1] expression $\geq 1\%$ and who have not received prior chemotherapy for metastatic disease.

Comments: Large departmental cost implications to be highlighted to the submitter.

ACCEPTED

[Action](#)

5.10. Trastuzumab emtansine (Kadcyla) 100mg & 160mg powder concentrate for infusion

Submitted by: Dr Feng-Yi Soh, Consultant Oncologist

Indication: As a single agent, for the adjuvant treatment of adult patients with human epidermal growth factor-2 (HER2) positive early breast cancer who have residual invasive disease, in the breast and/or lymph nodes, after neo-adjuvant taxane-based and HER2 targeted therapy.

Comments: Large departmental cost implications to be highlighted to the submitter.

ACCEPTED

[Action](#)

5.11. Darolutamide (Nubeqa) 300mg tablets

Submitted by: Dr Feng-Yi Soh, Consultant Oncologist

Indication: Darolutamide is indicated for the treatment of adult men with non-metastatic castration resistant prostate cancer (nmCRPC) who are at high risk of developing metastatic disease.

Comments: Large departmental cost implications to be highlighted to the submitter.

ACCEPTED

[Action](#)

5.12. Trabectedin (Yondelis) 0.25mg and 1mg powder concentrate for infusion

Submitted by: Dr Walter Mmeka, Consultant Oncologist

Indication: Treatment of adult patients with advanced soft tissue sarcoma, after failure of anthracyclines and ifosfamide, or who are unsuited to receive these agents. Efficacy data are based mainly on liposarcoma and leiomyosarcoma patients.

Comments: Large departmental cost implications to be highlighted to the submitter.

ACCEPTED

[Action](#)

5.13. Rucaparib (Rubraca) 200mg, 250mg and 300mg tablets

Submitted by: Dr Neil McPhail, Consultant Oncologist

Indication: As monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy.

Comments: Large departmental cost implications to be highlighted to the submitter.

ACCEPTED

[Action](#)

5.14. Pembrolizumab (Keytruda) 25mg/mL solution for injection/Axitinib (Inlyta) 1mg, 3mg, 5mg, 7mg tablets

Submitted by: Dr Neil McPhail, Consultant Oncologist

Indication: Pembrolizumab in combination with axitinib, for the first-line treatment of advanced renal cell carcinoma in adults.

Comments: Large departmental cost implications to be highlighted to the submitter.

ACCEPTED

[Action](#)

5.15. Niraparib tosylate monohydrate (Zejula) 100mg capsules

Submitted by: Dr Neil McPhail, Consultant Oncologist

Indication: As monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy.

Comments: Large departmental cost implications to be highlighted to the submitter.

ACCEPTED

[Action](#)

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

6.1. Fulvestrant Treatment in Metastatic Breast Cancer (new)

- Potential to impact on GP services therefore requires submission to the GP Subcommittee prior to consideration/ratification by this Group.
- Agreed that an additional question/process be included in the TAM governance checklist for any future guidance to establish if there will be any GP impact, and if there is flag that it requires submission to GP Subcommittee prior to this Group.

REJECTED

[Action](#)

6.2. Older adult inpatient management of constipation (new)

- Point to be considered – are the foot stools shown in the diagrams available within hospitals?

ACCEPTED

[Action](#)

6.3. Rib Fracture management and analgesia pathway (new)

- Prescribing of ibuprofen requires more flexibility and should be a more individualised consideration rather than having a blanket 'ban' on specific groups (eg over 65s).
- To ask author if the guidance is for Raigmore only; this should be reflected in the title or is to be applied to the wider NHS Highland; the guidance would need to be made applicable to other hospital settings.

ACCEPTED pending above

[Action](#)

6.4. Ultrasound referral (new)

- Lack of consultation appears to have taken place. Assurance required that the author has liaised with different departments, in particular with GI and Obstetrics & Gynaecology.
- Concern that bloating has been excluded as this can be an early sign of ovarian cancer in women.
- An education process needs to be put in place as these guidelines will change the way referrals take place.
- Clarification on the dissemination process is required as this has not been completed on the governance checklist.
- Submission to GP Subcommittee to be made by author prior to resubmission to TAM.

REJECTED

[Action](#)

6.5. Acute kidney injury (AKI) (*updated*)

- Include more practical guidance for GPs on serial U&Es.
- Information on how what to do if there is clinical concern to be moved to nearer the start of the document.
- No consultation had taken place with the Renal Pharmacists prior to submission; therefore, their comments were to be requested prior to ratification.

ACCEPTED pending above

[Action](#)

6.6. Item removed

6.7. Item removed

6.8. Management of Chronic Kidney Disease (CKD) (*updated*)

- No consultation had taken place with the Renal Pharmacists prior to submission; therefore their comments were to be requested prior to ratification.
- Very large document and terminology sometimes difficult to understand, in particular, A1 and G1, etc are not common terms. To amend to plain English where appropriate.
- Change oxynorm to oxycodone.

ACCEPTED pending above

[Action](#)

6.9. Acute Pain Guidelines (*updated*)

- To be ratified electronically.

[Action](#)

6.10.HRT: Alternative and Complementary therapies (resubmission)

- To be ratified electronically.

[Action](#)

6.11.Upper GI guidance combined (*updated*)

- Noted that any mention of ranitidine has been removed from the guidance due to it being out of stock for a considerable time.
- An article to be written for the Pink One by the author to highlight Helicobacter positive process.
- Approved guideline to go to GP Subcommittee for information and dissemination.

ACCEPTED pending above

[Action](#)

6.12.UTI in children (*new*)

- A number of comments had been received from Alison Macdonald, Area Antimicrobial Pharmacist regarding the antimicrobial content which would be shared with the author. Guidance to be resubmitted after her comments had been considered.
- Felt that the document contained a lot of good information within in, however it was a very wordy, difficult to follow within a ten-minute GP consultation. A quick access guide would be very useful.

REJECTED

[Action](#)

6.13.North Highland mastitis and breast abscess management (*transfer from CRG no changes made*)

- Very clear pathway. Originally this was a COVID document that went through CRG and is now passed to TAM subgroup for incorporation into standard therapeutic guidance.
- Clarification required on box entitled 'Breast Abscess': is needle aspiration expected to be undertaken in primary care?

ACCEPTED pending above

[Action](#)

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

From now on all reviewed guidance must have a completed checklist accompanying submission or would not be considered.

The following were noted and approved:

- ICDs - home page (Implantable cardioverter defibrillators)
- Acute management of ICDs
- Deactivation of implantable cardioverter defibrillators (ICDs) at end of life
- Newly Detected Abnormal eGFR
- Screening and Diagnosis of Chronic Kidney Disease (CKD) (Checklist attached)
- Healthy weight: (Checklist attached)
- Healthy weight: adults
- Healthy weight: health improvement guide
- Healthy weight: orlistat FAQ
- Healthy weight: bariatric surgery FAQ

8. COMPRESSION HOSIERY FORMULARY (UPDATED)

Noted.

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

Noted and approved.

10. SMC ADVICE

Noted.

11. FORMULARY REPORT

A new report will be submitted to the February meeting. Findlay Hickey, Patricia Hannam and Tracy Beauchamp will be scheduling regular meetings to identify high cost spending areas.

12. TAM REPORT

Noted. The out of date guidance numbers have been raised at ADTC and they agreed that the first step would be for all the Professional Secretaries to meet to see how they can support TAM prior to it going to Clinical Governance.

13. NHS WESTERN ISLES

Nothing to report.

14. AOCB

Multiple versus single monographs

There had been an incident where the wrong formulary monograph (currently there are 3 for different indications) had been followed for triptorelin resulting in a wrong strength being prescribed. Ideally the aim for the Formulary would be to have the drug listed once on TAM with all the different indications sitting under it. This however, would be extremely time onerous and was not currently possible.

The format of the Formulary was in the process of being standardised which was considered to be phase 1. Phase 2 could possibly include the merging of monographs but thought on the process behind this needed to be carried out, investigating if perhaps a database cross-referencing required to be put in place as a backup.

It was suggested and agreed that in the interim a disclaimer be added to the triptorelin monographs to highlight that you should ensure you are using the correct dose for the indication.

Action

Location of TAM on Intranet

Noted that the nugget/location of TAM had changed. Explained that this was due to the completion of transferring the Shared Clinical Guidelines to TAM and therefore its nugget now free to be used. Article to be

written for the Pink One.

[Action](#)

15. DATE OF NEXT MEETING

Next meeting to take place on Thursday 11 February from 14:00-16:00 via Microsoft TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Meeting Date	Action Point	To be actioned by
Follow up report Back to minutes	December 2020	To update the Clinical Governance Checklist with a question on GP impact and need for referral to GP subcommittee	PH
Somatropin (Norditropin Flex Pro) 5mg/1.5ml, 10mg/1.5ml and 15mg/1.5ml Solution for Injection Pre-Filled Pen Back to minutes	December 2020	To list the somatropin formulary items in order of cost with the cheapest option first.	PH/WA
Ceftolozane/tazobactam 1g/0.5g powder for concentrate for solution for infusion Back to minutes	December 2020	Submitter should be invited to attend the next meeting to provide further information.	PH
Ceftazidime/avibactam 2g/0.5g powder for concentrate for solution for infusion Back to minutes	December 2020	Submitter should be invited to attend the next meeting to provide further information.	PH
Siponimod (Mayzent) 2mg f/c tablet and 250 microgram titration pack Back to minutes	December 2020	No costings provided, so confirmation by the submitter that the service could afford it is required.	PH
Items 5.5, 5.6 and 5.8 to 5.15 – Oncology/Haematology submissions Back to minutes	December 2020	Large departmental cost implications to be highlighted to the submitter.	PH
Andexanet alfa (Ondexxya) 200mg powder for solution for infusion Back to minutes	December 2020	Request a protocol for the use of andexanet alfa.	PH
Fulvestrant Treatment in Metastatic Breast Cancer Back to minutes	December 2020	Inform author that submission to GP Subcommittee is required. Amend TAM governance checklist	PH
Older adult inpatient management of constipation Back to minutes	December 2020	Ask requester if the foot stools shown in the diagrams are available within hospitals?	PH
Rib Fracture management and analgesia pathway Back to minutes	December 2020	Inform requestor of amendments to be made.	PH
Ultrasound referral Back to minutes	December 2020	Inform requestor of amendments to be made and that submission to GP Subcommittee is required.	PH
Acute kidney injury (AKI) Back to minutes	December 2020	Inform requestor of amendments to be made that consultation with the Renal Pharmacists is required.	PH
		GP rep agreed to liaise with author regarding Primary Care content	JW
Management of Chronic Kidney Disease (CKD) Back to minutes	December 2020	Inform requestor of amendments to be made that consultation with the Renal Pharmacists is required.	PH

Acute Pain Guidelines Back to minutes	December 2020	To be ratified electronically.	ALL
HRT: Alternative and Complementary therapies Back to minutes	December 2020	To be ratified electronically.	ALL
Upper GI guidance combined Back to minutes	December 2020	Request an article be written for the Pink One to highlight Helicobacter positive process. Forward approved guideline to GP Subcommittee for information and dissemination.	PH
UTI in children Back to minutes	December 2020	Inform requestor of amendments to be made.	PH
North Highland mastitis and breast abscess management Back to minutes	December 2020	Inform requestor of amendments to be made.	PH
AOCB – Multiple versus single monographs Back to minutes	December 2020	A disclaimer be added to the triptorelin monographs to highlight that you should ensure you are using the correct dose for the indication.	PH/WA
AOCB – Location of TAM on Intranet Back to minutes	December 2020	Article to be written for the Pink One.	PH