TAM SUBGROUP OF THE NHS HIGHLAND AREA DRUG AND THERAPEUTICS COMMITTEE

Pharmacy Services
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MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC held on Thursday 30 October 2025 (via Microsoft TEAMS)

Present

Alasdair Lawton, Chair
Patricia Hannam, Professional Secretary, Formulary Pharmacist
Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice)
Dr Robert Peel, Consultant Nephrologist
Katharine Fok, Primary Care Clinical Pharmacist
Jenny Munro, AP Physiotherapist Continence and Independent Prescriber
Dr Simon Thompson, Consultant Physician
Dr Sarah Donald, GP
Joanne McCoy, MySelf-Management Manager
Lauren Stevenson, Pharmacist, Medicines Information Service
Dr Jude Watmough, GP

In attendance

Wendy Anderson, Formulary Assistant
Bruce Davidson, Consultant Psychiatrist (for items 6.2.1 to 6.2.6 and 11.7)
Robert Jones, Specialist Pharmacist in Substance Use, Prison and Police Custody (for items 6.2.1 to 6.2.6 and 11.7)
Emily Gate, Medicines Management Development Nurse

1 Welcome and Apologies

The Chair welcomed the group. Apologies were received from Wendy Laing (Katharine Fok attending as deputy), Claire Wright/Louise Reid, Sue Price and Dr Antonia Reid.

2 Request declarations of interest

Nothing declared.

3 Minutes of meeting held on 28 August 2025

Minutes accepted as accurate.

4 Actions from previous meeting

ITEM	ACTION POINT	ACTION	STATUS	COMMENTS
Pravastatin, 10mg, 20mg, 40mg tablets (non SMC)	Place in therapy is to be clarified with respect to simvastatin (already clarified for atorvastatin and rosuvastatin).	**PH**	Complete	Was already clarified in the submission
AF016 Midwife exemption formulary	To change the term 'TTO' to 'pre-pack' throughout.	**PH**	Complete	
	To condense the wording re clotrimazole 500mg pessary.		Complete	
	To make clear that strong analgesics are for inpatient use only.		Complete	
	To ask why there are no oral anti-nauseants.		Requested	
Formulary report	Can a report be made to track changes in spend to show if it is going up or down.	**PH**	Requested	Formulary working group to develop this
TAM686 Refeeding syndrome in adults	To ask whether 'at risk' patients should be referred to dietetics as well. And if not why? To cc DS into the query.	**PH**	Complete	Individuals **at risk:** can be managed at local level using the following recommendations: • Monitor electrolytes daily, including potassium, magnesium and phosphate, and replace according to treatment regimens. • People at risk of refeeding in the community, eg anorexia, ARFID, disease associated

				malnutrition, alcohol dependence should be considered for oral thiamine supplementation.
TAM702 Same Day Emergency Care (SDEC)	To confirm with reviewer that the SDEC pathways are in alignment with national pathways.	**PH**	Actioned	Under development
	To confirm whether the guideline patient group includes children.			
	To request an explanatory frontispiece to the guidance.			
	To confirm that any other SDEC guidance developed remains in alignment with that on TAM.			
	To make the reviewer aware of the issues of delay of primary care requests for non-cancer CT scans.		Complete	
TAM704 Prescribing guidance for the use of sodium zirconium in chronic hyperkalaemia	To replace the term 'K+' with 'potassium'	**PH**	Complete	
TAM705 Prescribing of gentamicin in patients receiving haemodialysis	Change 'DO not' to 'Do NOT'.	**PH**	Complete	
	Change to 'inform ward pharmacist'.		Complete	
TAM713 Diabetes referral pathways	Amend 'LATA' to 'LADA'	**PH**	Complete	
TAM452 Peri-operative guidelines for patients with or at risk of adrenal insufficiency	To contact the primary care pharmacotherapy team to ask how patients at risk of adrenal insufficiency can be identified and flagged on the GP system.	**PH**	Complete	To be raised to Medicines Safety Subgroup and Endocrinology. With ScriptSwitch message
TAM535 ADHD	Reviewer to amend the Level 3 section of guidance, send a link to the PIL and liaise with TAM once discussed at GP Subcommittee.	**AM**	Complete	
	Guideline then to be shared with TAMSG GPs prior to publishing on TAM.		Complete	
COVID104 COVID-19: Long covid	To ask the author whether the phrase should include patients to buy vitamin D rather than it be prescribed.	**PH**	Complete	These patients are all assumed to be lab deficient and therefore can have vit D prescribed. Awaiting comment in guidance. Note that this was in the ratified guidance not the amendment therefore the amended guidance was published and this raised as a separate query. Awaiting response from reviewer.

5	**Follow-up report**
No updates to report.	
6	**Submissions for addition to Highland Formulary**
6.1	**SACT formulary submissions**
6.1.1	Medicine: **Rucaparib (Rubraca) film-coated tablets 200mg, 250mg, 300mg** Submitter: Catriona Hoare, Cancer Care Pharmacist – Oncology Advice: SMC2799 accepted for use Indication: As monotherapy for the maintenance treatment of adult patients with advanced (FIGO Stages III and IV) high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy. **ACCEPTED**
6.1.2	Medicine: **Durvalumab (Imfinzi) concentrate for solution for infusion 50mg/ml**

	Submitter: Catriona Hoare, Cancer Care Pharmacist – Oncology Advice: SMC2797 accepted for use Indication: In combination with carboplatin and paclitaxel for the first-line treatment of adults with primary advanced or recurrent endometrial cancer who are candidates for systemic therapy, followed by maintenance treatment with: • durvalumab as monotherapy in endometrial cancer that is mismatch repair deficient (dMMR) • durvalumab in combination with olaparib in endometrial cancer that is mismatch repair proficient (pMMR). **ACCEPTED**
6.1.3	Medicine: **Fruquintinib (Fruzaqla) hard capsules 1mg, 5mg** Submitter: Catriona Hoare, Cancer Care Pharmacist – Oncology Advice: SMC2858 accepted for use Indication: Treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with available therapies, including fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, with or without an anti-VEGF therapy, and if RAS wildtype and medically appropriate, an anti-EGFR therapy. **ACCEPTED**
6.1.4	Medicine: **Bevacizumab** Submitter: Catriona Hoare, Cancer Care Pharmacist – Oncology Advice: NCMAG123: this off-patent use of bevacizumab biosimilars is supported Indication: In combination with fluoropyrimidine-based chemotherapy for the first line treatment of adult patients with metastatic carcinoma of the colon or rectum. **ACCEPTED**
6.1.5	Medicine: **Bevacizumab** Submitter: Catriona Hoare, Cancer Care Pharmacist – Oncology Advice: NCMAG124 this off-patent use of bevacizumab biosimilars is supported Indication: In combination with fluoropyrimidine-based chemotherapy for the second-line treatment of adult patients with metastatic carcinoma of the colon or rectum. **ACCEPTED**
6.1.6	Medicine: **Blinatumomab powder for concentrate and solution for solution for infusion 38.5 micrograms** Submitter: Jenna Baxter, Cancer Care Pharmacist – Haematology Advice: SMC2808 accepted for restricted use Indication: As monotherapy for the treatment of adults with Philadelphia chromosome negative, CD19 positive, B-precursor acute lymphoblastic leukaemia (ALL) in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1%. SMC restriction: to patients who are in first complete remission with minimal residual disease (MRD) greater than or equal to 0.1% **ACCEPTED**
6.1.7	Medicine: **Belantamab mafodotin (Blenrep) powder for concentrate for solution for infusion** Submitter: Jenna Baxter, Cancer Care Pharmacist – Haematology Advice: SMC2727 accepted for restricted use Indication: In combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy. SMC restriction: Patients with relapsed or refractory multiple myeloma eligible for second line treatment for whom lenalidomide is an unsuitable treatment option. **ACCEPTED**
6.2	**Non SACT formulary submissions**
6.2.1	Medicine: **Buprenorphine (Espranor) 2mg, 8mg oral lyophilizate tablet** Submitter: Robert Jones Specialist Pharmacist in Substance Use, Prison and Police Custody Presented by: Dr Bruce Davidson Indication: As per SMC1245/17; substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. Treatment with buprenorphine oral lyophilisate is intended for use in adults and adolescents aged 15 years or over who have agreed to be treated for addiction. SMC restriction: to patients in whom methadone is not suitable. Comments:

	Ensure that formulary monograph has place in therapy clearly stated, ie: **Specialist and Community settings:** SECOND LINE buprenorphine oromucosal product after buprenorphine sublingual tablet or buprenorphine / naloxone combination sublingual tablet **Prison Service:** FIRST LINE oromucosal buprenorphine product Ensure that the stated route of administration is oromucosal rather than oral. **ACCEPTED** **Action**
6.2.2	Medicine: **Baclofen 10mg tablets** (NB formulary amendment only) Submitter: Robert Jones Specialist Pharmacist in Substance Use, Prison and Police Custody Presented by: Dr Bruce Davidson Indication: To maintain abstinence in alcohol dependent adults. Comments: This is a toxic drug if taken in overdose, and of particular concern for this vulnerable group of patients. To note that it is currently fairly highly prescribed for people with alcohol dependency in specialist settings. The specialist prescriber would take this into consideration as part of the prescribing risk assessment for the patient. To note that on-line there is information about high dose prescribing, which is not what is being recommended here. Prescribing responsibility, cessation and expected treatment duration to be amended to specialist only. **ACCEPTED** **Action**
6.2.3	Medicine: **Disulfiram 200mg tablet** (NB formulary amendment only) Submitter: Robert Jones Specialist Pharmacist in Substance Use, Prison and Police Custody Presented by: Dr Bruce Davidson Indication: Adjunct in the treatment of chronic alcohol dependence (under medical supervision) in adults (18 to 65 years). Comments: Is this an appropriate medicine to include in the formulary where the expected effect is an adverse reaction? This is rarely prescribed and in very limited circumstances. There are a few patients who historically will be on it and patients specifically request this to support them in their abstinence. There are demonstrated improved outcomes for patients. It should be specialist initiation and responsibility only. **ACCEPTED** **Action**
6.2.4	Medicine: **Naloxone 1.26mg/0.1mL, 1.8mg/0.1mL nasal spray unit dose** Submitter: Robert Jones Specialist Pharmacist in Substance Use, Prison and Police Custody Presented by: Dr Bruce Davidson Indication: Opioid overdose. Comments: Nyxoid 1.8mg/0.1mL nasal spray unit dose is first line. **ACCEPTED**
6.2.5	Medicine: **Naltrexone hydrochloride 50mg tablets** (NB formulary amendment only) Submitter: Robert Jones Specialist Pharmacist in Substance Use, Prison and Police Custody Presented by: Dr Bruce Davidson Indication: To assist in maintenance of abstinence in Alcohol Use Disorder (AUD). It is recommended as treatment option for AUD according to NICE (clinical guideline 115 February 2011). Also, best utilised in reducing heavy drinking for patients without the evidence of physical dependency. Comments: Available generically, however there are current supply problems; Adepend is recommended alternative according to SPS. **ACCEPTED**
6.2.6	Medicine: **Thiamine hydrochloride 50mg/mL solution for injection** Submitter: Robert Jones Specialist Pharmacist in Substance Use, Prison and Police Custody Presented by: Dr Bruce Davidson Indication: Thiamine deficiency: Particularly for the treatment of alcohol dependence and the management of refeeding syndrome (where oral/enteral route is not available or suitable). Comments: To be used in place of Pabrinex; which is being discontinued. **ACCEPTED**
6.2.7	Medicine: **Acamprosate calcium, 333mg, enteric-coated tablets** (NB formulary amendment only) Submitter: Robert Jones Specialist Pharmacist in Substance Use, Prison and Police Custody

	Presented by: Dr Bruce Davidson Indication: For maintaining abstinence in alcohol dependent adults. Comments: Discussion re the usefulness of the medicine. Number needed to treat = 9. Well tolerated medicine. Placebo effect comes into play. Confirmed that it is a useful medicine option to have available. How would patients be discontinued if it is a placebo effect? In the community patients tend to request discontinuation if it is not working for them. Prescribing status needs to be amended to general prescribing only. **ACCEPTED** **Action**
6.2.8	Medicine: **Nirsevimab 100mg/mL solution for injection, pre-filled syringe, 50mg/0.5mL solution for injection, pre-filled syringe (Beyfortus)** Submitter: Mairi Dunbar, Lead Pharmacist, Women and Children Indication: RSV immunisation for all babies born < 32 weeks. Comments: This is to replace palivizumab due to changes in national guidance. To note that indication has been changed to: RSV immunisation for vulnerable infants (eg born before 32 weeks gestation). Eligibility criteria as per: Green Book Chapter 27a RSV and prescribing status has been changed to specialist recommendation only due to the geographical area of NHS Highland. It is not clear how this can be provided outwith secondary care settings, ie is this community nurse administration? To note that a PGD has been developed, but it is for hospital administration only. For community administration it needs to be clarified as to who prescribes, administers, how/where it is be stored, how it is supplied to community (from Raigmore Pharmacy?), is it to be as per (current) PGD, if so, does it need to be amended to encompass community administration? Are the requirements for resuscitation in place? If it impacts on GP workload, then needs to be put to GP Subcommittee. **ACCEPTED pending** **Action**
7	**Formulary major updates**
No updates.	
8	**Formulary minor updates**
Noted and approved.	
9	**Formulary report**
The data provided are for one month, July, and for Highland HSCP only. The information does not state what the indication is or how effective it is. Of note, lidocaine patches is the most prescribed non-formulary product. This report will be provided to the Prescribing Efficiencies Group and data extracted for GP practices, clusters and primary care pharmacy teams. Non-medicinal products are planned to be included at a later date. Can a submission be made for tacrolimus? Should a primary care non-formulary process be developed? Felt that would be good in theory but in practice would be unachievable due to already high workload if lots of form filling was required; could an alternative be developed eg a further step from ScriptSwitch notification, such as to state why a non-formulary medicine is necessary? **Action**	
10	**SMC advice**
Noted.	
11	**New TAM guidance**
11.1	TAM711 Transition from CAMHS to HEDS (Highland Eating Disorder Service) **ACCEPTED**
11.2	TAM715 Transmissible spongiform encephalopathies, including CJD and variant CJD **ACCEPTED**
11.3	TAM716 Traumatic Brain Injury (TBI) **ACCEPTED**
11.4	TAM717 Sacral dimples **ACCEPTED**
11.5	TAM718 Rape and sexual assault • Should there be signposting included for under 16-year-olds? **ACCEPTED** **Action**
11.6	TAM734 Standard stroke pathway (First 72 hours) **ACCEPTED**

11.7	Community Alcohol Detoxification and Planned Alcohol Detoxification at New Craigs Hospital Presented by: Rob Jones and Dr Bruce Davidson • This guidance is for DARS and for New Craigs Hospital. • Primary care still does not have access to electronic prescribing. Due to complex nature of prescribing for this patient group it was strongly felt that electronic prescribing access is crucial. • A 'place in therapy' algorithm is being developed by Dr Rory MacLean with prescribing options for patients who present and meet the criteria. This can be added as a future amendment. • There may be overlap between this guidance and the 'Unplanned alcohol withdrawal' guidelines currently on TAM. To discuss with Dr Blair Wallace. **ACCEPTED** **Action**
12	**TAM guideline major amendments**
12.1	TAM535 ADHD • What happens to patients who have moved to the UK with a diagnosis and treatment plan already in place (as opposed to those who seek 'treatment holidays')? It was agreed that this topic is outwith any single guidance and should be considered as part of NHS Highland policy. To be escalated. **ACCEPTED** **Action**
12.2	TAM307 Termination of Pregnancy **ACCEPTED**
12.3	TAM427 Early Medical Abortion at Home (EMAH) • As standard, when should GPs be notified? • Is there appropriate signposting for patients requiring help if something goes wrong? **ACCEPTED** **Action**
13	**TAM guideline minor amendments**
Noted and approved.	
14	**TAM report**
Report noted with particular mention made to: • Ongoing work continues to reduce the amount of out of date guidance. • Top 10 views: 3 are out of date but review requests have been sent. • Out of date guidance on diabetes needs to be escalated. • RDS Newsletter To note: Voluntary Prescribing, Access and Growth (VPAG) programme. How will this affect Formulary/SMC and medicine dissemination advice processes in NHS Highland? Presentation to be made to ADTC in December 2025. • No update re proposed changes to Right Decision Service (RDS) funding model and moving to shared ownership by Scottish Government and NHS Boards. • Planning: Request to RDS to create NHS Highland home node to include all therapeutic documentation including policies and NMAHP guidance. • Risk: o TAM app brings up non-TAM content. o Out of date guidance. Currently at 32%. o Fertility clinic guidelines: no clinical lead to review.	
15	**Environment**
Nothing to report.	
16	**NHS Western Isles**
Nothing to report.	
17	**Any other competent business**
Membership • Both Steve McCabe and Antonia Reid have passed resignations to the subgroup. Their valuable contribution over the years was noted. **Updated Remit and terms of reference** • Amendments agreed:	

- Addition: Emily Gate, Medicines Management Development Nurse, Katharine Fok, Deputy to Wendy Laing.
- Removal: Dr Steve McCabe (retirement), Dr Antonia Reid (resignation from TAMSG)
- Quorate terms changed to include 1 NMAHP representative.
- Highland HSCP changed to North NHS Highland throughout.

- TAMSG responsibilities re North NHS Highland, Argyll and Bute and Western Isle to be put to ADTC for advice.

ACCEPTED

Proposed 2026 meeting dates

- Agreed.

18	**Date of next meeting**

Next meeting to take place on Thursday 11 December 2025, 14:00-16:30 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
Buprenorphine (Espranor) 2mg, 8mg oral lyophilizate tablet	Ensure that formulary monograph has place in therapy clearly stated, ie: **Specialist and Community settings:** SECOND LINE buprenorphine oromucosal product after buprenorphine sublingual tablet or buprenorphine / naloxone combination sublingual tablet **Prison Service:** FIRST LINE oromucosal buprenorphine product Ensure that the stated route of administration is oromucosal rather than oral.	**PH**
Baclofen 10mg tablets	To amend prescribing details from generalist to specialist.	**PH**
Disulfiram 200mg tablet	To amend prescribing details from generalist to specialist.	**PH**
Nirsevimab 100mg/mL solution for injection, pre-filled syringe, 50mg/0.5mL solution for injection, pre-filled syringe (Beyfortus)	For community administration it needs to be clarified as to who prescribes, administers, how/where it is be stored, how it is supplied to community (from Raigmore Pharmacy?), is it to be as per (current) PGD, if so, does it need to be amended to encompass community administration? Are the requirements for resuscitation in place? If it impacts on GP workload, then needs to be put to GP Subcommittee.	**PH**
Formulary report	Can a submission be made for tacrolimus?	**PH**
	To consider a non-formulary governance step for primary care, such as a pop-up to request why a non-formulary medicine is chosen.	**PH/FH**
Rape and sexual assault	Request to add sign-posting for under 16's.	**PH**
Alcohol detoxification	Future amendment to include prescribing algorithm	**Dr Rory MacLean**
	To put a request from TAMSG to support electronic prescribing for the DARS service	**PH**
	To ensure no duplication/conflict between primary and secondary care guidance, eg section on Wernicke encephalopathy. To arrange meeting between Rob Jones, Bruce Davidson and Blair Wallace	**PH**
Early medical abortion at home	To ask and add to guidance: • As standard, when should GPs be notified – ie is it appropriate for them to be notified at the time of supply? • Is there appropriate signposting for patients requiring help if something goes wrong?	**PH**
ADHD	To put to PPG subgroup whether there needs to be a policy statement to cover the management of those patients who have moved to the UK with a diagnosis and treatment plan already in place.	**PH**