

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

Pharmacy Services
Assynt House
Inverness
www.nhshighland.scot.nhs.uk/



MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC held on Thursday 11 December 2025 (via Microsoft TEAMS)

Present

Dr Robert Peel, Consultant Nephrologist (Chair)
Patricia Hannam, Professional Secretary, Formulary Pharmacist
Wendy Laing, Primary Care Clinical Pharmacist
Jenny Munro, AP Physiotherapist Continence and Independent Prescriber
Lauren Stevenson, Pharmacist, Medicines Information Service
Emily Dalgetty, Medicines Management Development Nurse
Dr Jude Watmough, GP
Dr Simon Thompson, Consultant Physician
Sue Price, Lead Clinical Pharmacist (*from item 15 onwards*)

In attendance

Wendy Anderson, Formulary Assistant
Katharine Fok, Primary Care Clinical Pharmacist

1 Welcome and Apologies

The Chair welcomed the group. Apologies were received from Alasdair Lawton, Linda Burgin, Joanne McCoy (comments provided), Findlay Hickey (comments provided), Claire Wright and Louise Reid. Agreed that it was not required to share copies of the papers on screen during the meeting.

2 Request declarations of interest

Nothing declared.

3 Minutes of meeting held on 30 October 2025

Minutes accepted as accurate.

4 Actions from previous meeting

ITEM	ACTION POINT	ACTION	STATUS	COMMENTS
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	Complete	
Baclofen 10mg tablets	To amend prescribing details from generalist to specialist.	PH	Complete	
Disulfiram 200mg tablet	To amend prescribing details from generalist to specialist.	PH	Complete	
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	Complete	It is to remain as Hospital Use Only
Formulary report	Can a submission be made for tacrolimus?	PH	In progress	

	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	In progress	
Rape and sexual assault	Request to add sign-posting for under 16's.	PH	Complete	Links to Child Protection Scotland guidance.
Alcohol detoxification	Future amendment to include prescribing algorithm.	PH	Complete	Dr Rory MacLean contacted
	To put a request from TAMSG to support electronic prescribing for the DARS service	PH	To be actioned	
	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	In progress	Awaiting meeting with Dr B Wallace and DARS team
Early medical abortion at home	To ask and add to guidance:	PH	In progress	
	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?			
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	To be actioned	

5 Follow-up report

No updates to report.

6 Submissions for addition to Highland Formulary

6.1 SACT formulary submissions

6.1.1	<p>Medicine: Durvalumab concentrate for solution for infusion (Imfinzi) Submitter: Catriona Hoare, Cancer Care Pharmacist – Oncology Advice: SMC2857 accepted for use Indication: In combination with tremelimumab for the first-line treatment of adults with advanced or unresectable hepatocellular carcinoma (HCC). ACCEPTED</p>
6.1.2	<p>Medicine: Tremelimumab concentrate for solution for infusion (Imjudo) Submitter: Catriona Hoare, Cancer Care Pharmacist – Oncology Advice: SMC2857 accepted for use (Note: currently not on the Formulary) Indication: In combination with tremelimumab for the first-line treatment of adults with advanced or unresectable hepatocellular carcinoma (HCC). ACCEPTED</p>
6.1.3	<p>Medicine: Ribociclib film-coated tablets (Kisqali) Submitter: Catriona Hoare, Cancer Care Pharmacist – Oncology Advice: SMC2803 accepted for use Indication: In combination with an aromatase inhibitor for the adjuvant treatment of patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative early breast cancer at high risk of recurrence. In pre- or perimenopausal women, or in men, the aromatase inhibitor should be combined with a luteinising hormone-releasing hormone (LHRH) agonist. ACCEPTED</p>
6.1.4	<p>Medicine: Amivantamab concentrate for solution for infusion (Rybrevant) Submitter: Catriona Hoare, Cancer Care Pharmacist – Oncology Advice: SMC2878 accepted for use Indication: In combination with carboplatin and pemetrexed for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) Exon20 insertion mutations. ACCEPTED</p>

6.1.5	<p>Medicine: Isatuximab concentrate for solution for infusion (Sarclisa) Submitter: Jenna Baxter, Cancer Care Pharmacist – Haematology Advice: SMC2804 accepted for use Indication: In combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant. ACCEPTED</p>
6.2	Non SACT formulary submissions
6.2.1	<p>Medicine: Sunscreen Lotion SPF 50+ (Anthelios) Submitter: Alex Morrison, Lead Pharmacist for Homecare Indication: For skin protection against UV radiation and/or visible light in abnormal cutaneous photosensitivity causing severe cutaneous reactions in genetic disorders (including xeroderma pigmentosum and porphyrias), severe photodermatoses (both idiopathic and acquired) and in those with increased risk of ultraviolet radiation causing adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures. Comments: Highland Formulary states SPF 30 for Uvistat; this is listed as SPF 50 in Vision. Should the Highland Formulary be updated to SPF 50? ACCEPTED Action</p>
6.2.2	<p>Medicine: Vibegron film coated tablets 75mg (Obgemsa) Submitter: Lisa McQueen, Clinical Pharmacist and Team Lead Indication: As per SMC2696 – Symptomatic treatment of adult patients with overactive bladder (OAB) syndrome. Place in therapy is stated as an additional treatment choice, where mirabegron is contraindicated in patients with uncontrolled hypertension. Comments: This is a black triangle drug. As yet the effect on blood pressure is unknown. As this is a similar drug to mirabegron the side effect profile would likely be the same. Concern that it might be used first line. Felt that this drug was not required due to mirabegron already being on the Formulary. This submission has come from Primary Care; more steer is required from Secondary care to see if this is required. REJECTED</p>
7	Formulary major updates
	No updates.
8	Formulary minor updates
	<p>Noted and approved. Of particular note:</p> <ul style="list-style-type: none"> • Semaglutide (Rybelsus) are changing the strengths available, in the interim both strengths are on the Formulary. When the new strength is available in Vision the previous strength will be removed from the formulary. • Due to a cost saving, haloperidol preparations have been changed; the oral liquid 5mg/5ml has been added and the 10mg/5ml liquid has been removed.
9	Formulary report
	Repeat request for a Formulary trend report, this will hopefully be available at next Subgroup. FH commented that the report had been taken to the Primary Care Prescribing Efficiencies group where it may be used to address non-formulary prescribing in primary care.
10	SMC advice
	Noted.
11	New TAM guidance
11.1	TAM736 High consequence infectious disease (HCID) pathway ACCEPTED
11.2	TAM737 Tics and Tourettes in Children (Paediatric Guidelines) ACCEPTED
11.3	<p>TAM740 Common findings on cervical examination (Guidelines)</p> <ul style="list-style-type: none"> • Title should be changed to 'Common finding on examination of the cervix'. • Noted it was a good reference guide and awareness on it should be raised eg via Pink One article. <p>ACCEPTED Action</p>
11.4	TAM741 Emergency management of Maxillo-Facial / Dental / Oral Injuries

	ACCEPTED
11.5	TAM742 Ultrasound Guided CVC Insertion <ul style="list-style-type: none"> Questioned whether the guidance is applicable outwith ICU or if amendments are needed to it. Agreed that it can be used in the Medical High Dependency Unit without amendments. ACCEPTED
12	TAM guideline major amendments
12.1	TAM287 Phenytoin dose calculations ACCEPTED
12.2	TAM288 Sleep pathway (Paediatric Guidelines) <ul style="list-style-type: none"> There is to be a further meeting with Community Paediatrics and it is expected that melatonin prescribing recommendations will change further. Another revision is expected to be submitted to the February Subgroup. ACCEPTED
12.3	TAM290 Hyperkalaemia: Secondary Care ACCEPTED
12.4	TAM521 Colorectal Secondary Care ACCEPTED
12.5	TAM522 Colorectal Primary Care guidance <ul style="list-style-type: none"> Pink One Article to be written. ACCEPTED Action
12.6	TAM670 Hepatitis B and Hepatitis C <ul style="list-style-type: none"> These will be published as two separate pieces of guidance. Request that the test stipulations (to include multiple viral tests) are moved to the start of the guidance. ACCEPTED Action
12.7	Further to the Subgroup papers going out, urgent updates to AMT152 Influenza Treatment were made. All amendments were ACCEPTED .
13	TAM guideline minor amendments
	Noted and approved.
14	TAM report
	Report noted with particular mention made to: <ul style="list-style-type: none"> In the top 10 reviews there is no out of date guidance. Diabetes guidance is to be escalated via Duncan Scott. COVID guidance is currently under review and will hopefully be submitted to the February meeting.
15	Environment
	NHSH have been invited to join the One Health Approach to Art8 rUWWTD (Article 8 [recast] Urban Wastewater Treatment Directive). The initiative is looking medicines in the waste water. HEPMA will be involved to look at data prescribing so this will be done at a regional level. It is an exploratory phase that is essentially looking at a list of medicines, seeing how much of it is being prescribed and how much of it can be found in the wastewater. The timeline for completion is October 2026. PH to share with the Subgroup slides and information on who to contact if anyone wishes to join. Action
16	NHS Western Isles
	Sue Price joined the meeting and gave an update of the pathway for medicines for weight management in NHSWI. Currently, there are ~270 patients on the pathway, which has been in place for 2 years. Recently NHSWI ADTC agreed that prescribing can continue past the 2 year original duration of treatment, as appropriate. PH gave an update on the status of medicines for weight management in NHSH. Currently no medicines for weight management are recommended to be prescribed in NHSH. Information for clinicians is available in the Highland Formulary and for patients on the NHSH website. There is known to be non-formulary prescribing of these medicines in some Highland practices. A meeting is planned with specialisms in secondary care to collect data to inform an options appraisal of prescribing pathways. Further meetings will be needed with other services. The pathway development is outwith the responsibility of the TAMSG and is reported to ADTC.

17	Any other competent business
<p>TAMSG Terms of Reference submitted to December ADTC</p> <ul style="list-style-type: none"> Due to time constraints the TAM Subgroup terms of reference were not ratified at ADTC so are to be submitted as a report to be ratified prior to next ADTC. <p>Implementation of sub-national planning: co-operation and planning directions</p> <ul style="list-style-type: none"> Whilst boards' geographic boundaries and current accountabilities will remain, Boards will now put in place two sub-national planning structures, one focused on the East of Scotland and one in the West of Scotland, building on the good joint working already in place. https://www.publications.scot.nhs.uk/files/dl-2025-25.pdf It is not known what impact this will have on NHS Highland, its formulary, guidelines or the TAMSG. <p>West of Scotland Formulary in development</p> <ul style="list-style-type: none"> NHSH are observing the Regional Formulary meetings. <p>New RDS Toolkits</p> <ul style="list-style-type: none"> To note that toolkits are being developed in RDS under the banner of NHS Highland or Highland Council, which are out with the Subgroup's responsibility. A new self-management toolkit for patients is being developed for the mental health service. As it is aimed at patients and not clinicians it is out with this Subgroup's remit but PH will link in. There is also a toolkit on RDS from the Highland Council; getting it right for every child and young person in Highland. 	
18	Date of next meeting
<p>Next meeting to take place on Thursday 26 February 2025, 14:00-16:30 via TEAMS.</p> <p>Suggested that an 'in person' meeting once a year be organised.</p> <p><u>Action</u></p>	

Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
Sunscreen Lotion SPF 50+ (Anthelios)	Vision formulary states Uvistat SPF 50. To check whether Highland Formulary Uvistat entry should be updated to SPF 50 rather than 30 as stated.	PH
TAM740 Common findings on cervical examination (Guidelines)	<ul style="list-style-type: none"> Title should be changed to 'Common finding on examination of the cervix'. Noted it was a good reference guide and awareness on it should be raised eg via Pink One article. 	PH
TAM522 Colorectal Primary Care guidance	Pink One article to be written.	PH
TAM670 Hepatitis B and Hepatitis C	Request that the test stipulations (to include multiple viral tests) are moved to the start of the guidance.	PH
Environment (One Health Approach to Art8 rUWSTD)	To share with the Subgroup slides and information on who to contact if anyone wishes to join	PH
Date of next meeting (In-person TAMSG meeting)	To check Assynt House Board room availability and book for TAMSG	WA