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
28 August 2025, via Microsoft TEAMS

Present:	Alasdair Lawton, Chair Patricia Hannam, Professional Secretary, Formulary Pharmacist Dr Robert Peel, Consultant Nephrologist Wendy Laing, Primary Care Clinical Pharmacist Dr Jude Watmough, GP Joanne McCoy, MySelf-Management Manager Dr Antonia Reid, GP Claire Wright, Acute Pain Nurse Specialist Linda Burgin, Patient Representative Jenny Munro, AP Physiotherapist Continence and Independent Prescriber Duncan Scott, Consultant Physician
In attendance:	Wendy Anderson, Formulary Assistant Dr Amy Macaskill, Consultant Psychiatrist (for item 12.5) Laura Cuthbertson, TAM Project Support Manager
Apologies:	Dr Stephen McCabe, Clinical Director, Primary Care Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice) Lauren Stevenson, Pharmacist, Medicines Information Service *(comments provided)* Sarah Donald, GP

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

Nothing declared.

3. MINUTES OF MEETING HELD ON 26 JUNE 2025

Minutes accepted as accurate.

4. ACTIONS FROM PREVIOUS MEETING

ITEM	ACTION POINT	ACTION	STATUS	COMMENTS
Ublituximab (Briumvi®) concentrate for solution for infusion (SMC2731)	Draft Formulary monograph to be shared with WL.	**PH**	Complete	
	Request that information is made available to GPs on the management of progressive multifocal leukoencephalopathy.	**PH**	Complete	Request made and comment added to formulary monograph
	Request that responsibilities are clarified and added to the formulary monograph: re monitoring, vaccines, contraceptive advice and pregnancy advice.	**PH**	Complete	Request made and comment added to formulary monograph
	Request 'out of practice medicine' is added to clinic letters.	**PH**	Complete	Request made and comment added to formulary monograph
AF007 Benzylpenicillin (SCBU Formulary)	Request that indication is stated for when it is appropriate to use dose >50mg/kg?	**PH**	Complete	Reference to this dose removed

TAM685 Management of device-detected atrial fibrillation	To add advice re personal devices that detect atrial fibrillation, should they be managed as per this guidance or otherwise?	**PH**	Complete	Added: If personal ECG devices suggest an arrhythmia (e.g. Apple watch, KardiaMobile or similar handheld ECG) the patient can be referred to the cardiologist via clinical dialogue with a copy of the ECG trace, if it would change their medical management.
TAM687 Sudden onset sensorineural hearing loss (<72 hours)	Wording to be changed to say 'The ENT department recommends using this calculator; please note that it is unvalidated and should be used with clinical judgement'.	**PH**	Complete	
TAM689 Chronic cough in children	Under management of chronic wet cough it proposes a trial of 2 weeks antibiotics. Would be helpful to either link to advice or suggest which antibiotics.	**PH**	Complete	Suggested antibiotics added.
	To add red flags to the dry cough section, eg persisting more than four weeks.	**PH**	Complete	Dry and wet cough flags to be the same ie no change required. Have highlighted red flags as red.
	To be submitted to GP Subcommittee for advice.	**PH**	Complete	Sent to GP Subcommittee for information and comment at next meeting.
TAM692 Continuous glucose monitoring (CGM): Inpatient	Request that guidance is amended to include finger prick testing, particularly in the unconscious patient.	**PH**	Complete	Wording has been clarified: If admitted unconscious, check for CGM (usually worn on the arm or abdomen) which should be removed and routine point-of-care CBG testing done at the recommended frequency.
TAM695 Eating disorder: Children and Young People (Out of Hours)	Clarify whether NG feeding should take place as In-patients only.	**PH**	Complete	Audience changed to 'Secondary Care only'
	Refeeding section, prescription of vitamin and mineral supplementation; Forceval soluble and Forceval junior are both non-Formulary, submissions to be made to add to the Formulary.	**PH**	In progress	To review paed vitamin/mineral and nutrition formulary sections to ensure alignment
	Contraindications heading; should the title be changed as doesn't seem to be right for the information underneath.	**PH**	Complete	'Contraindication' removed
	Audience; change to Paediatrics.	**PH**	Complete	Audience changed to 'under 18's only'
	Check that it is just IM thiamine that is used.	**PH**	Complete	
TAM298 Vitamin D Deficiency	Request information is added for care homes when next reviewed.	**PH**	Complete	
TAM473 Iloprost in adults with severe Raynaud's Phenomenon	Can a link be added to prescribing resources instead of including the information in the guideline?	**PH**	Actioned	Guideline has been published in its accepted pending format, and awaiting response from reviewer.
TAM635 Pulmonary embolism	Ensure all abbreviations are included in full.	**PH**	Complete	
TAM148 Achieving control in type 2 diabetes	Liraglutide to be removed to reflect formulary monographs.	**PH**	Complete	
	Max dose of semaglutide (1mg versus 2mg) to be clarified in the formulary and guidance.	**PH**	Complete	Statement added: *Licensed max is 2mg, however the recommended maximum dose for diabetes is 1mg, and this is the highest available dose in the UK.
AOCB – Medicines for weight management: update	SD to ask at next GP Subcommittee for volunteers to help support this. PH to provide a brief summary for GP Subcommittee.	**SD/PH**	Complete	

5. FOLLOW UP REPORT

The follow up report was noted, with the following additional actions completed:

- Furosemide 500mg: ScriptSwitch warning has been added to furosemide, HEPMA warning is being added.
- Legionnaire's disease: agreed that it is to be continued long-term. A checklist has been received and it is to be sent to the October TAM Subgroup for ratification.

6. SUBMISSIONS FOR ADDITION TO HIGHLAND FORMULARY FOR APPROVAL

6.1. SACT Formulary submissions for noting

Medicine Company	Indication	Status SMC/licence/ formulary	Requestor	Comments
Osimertinib (Tagrisso) tablets 40mg, 80mg, AstraZeneca	In combination with pemetrexed and platinum-based chemotherapy for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations.	SMC2736 accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	**ACCEPTED**
Pembrolizumab (Keytruda) concentrate 25mg/ml, MSD	In combination with carboplatin and paclitaxel, for the first-line treatment of primary advanced or recurrent endometrial carcinoma in adults.	SMC2767 accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	**ACCEPTED**
Ripretinib tablets 50mg, Decipher Pharmaceuticals	For the treatment of adult patients with advanced gastrointestinal stromal tumour (GIST) who have received prior treatment with three or more kinase inhibitors, including imatinib.	SMC2821 accepted for use	Catriona Hoare, Cancer Care Pharmacist - Oncology	**ACCEPTED**
Selpercatinib (Retsevmo) capsules 40mg, 80mg, Eli Lilly and Company	As monotherapy for the treatment of adults and adolescents 12 years and older with advanced RET fusion-positive thyroid cancer who are radioactive iodine-refractory (if radioactive iodine is appropriate). **SMC restriction:** patients who require systemic therapy who have not previously received systemic therapy.	SMC2733 accepted for restricted use	Catriona Hoare, Cancer Care Pharmacist - Oncology	**ACCEPTED**
Brentuximab vedotin (Adcetris) powder for concentrate for solution for infusion 50mg, Takeda UK Ltd	For adult patients with previously untreated CD30+ Stage III or IV Hodgkin lymphoma (HL) in combination with doxorubicin, vinblastine and dacarbazine (AVD).	SMC2762 accepted for use	Jenna Baxter, Cancer Care Pharmacist - Haematology	**ACCEPTED**
Zanubrutinib (Brukinsa) hard-capsules 80mg, Biegene	As monotherapy for the treatment of adult patients with mantle cell lymphoma (MCL) who have received at least one prior therapy.	SMC2819 accepted for use	Jenna Baxter, Cancer Care Pharmacist - Haematology	**ACCEPTED**

6.2. Non SACT Formulary submissions

6.3. Pravastatin, 10mg, 20mg, 40mg tablets (non SMC)

Submitted by: Rosemary Clarke, Consultant Medical Biochemist
Indication: Consider if patient intolerant of atorvastatin and rosuvastatin.
Comments: Pravastatin is now part of the national guidance for cardiovascular risk reduction and has been added to NHS Highland guidelines. It has been used in practice for many years for particular patient groups, such as in renal patient and patients with HIV. To state place in therapy with regards to simvastatin.
ACCEPTED
Action

7. FORMULARY

7.1. AF016 Midwife exemption formulary

- Where do midwives get supplies from?

- Change TTO to pre-pack throughout.
- Clotrimazole 500mg pessary is prescription only – make wording clearer.
- Strong analgesia – move into other relevant information column and make it clearer that it is for in patient use only.
- Nausea section – there are no oral options, is there a reason for this?

ACCEPTED pending

Action

7.2. F053 Statins

ACCEPTED

8. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted and approved.

9. FORMULARY REPORT

This is a new version of the report since the PIS reporting changed in 2024. A lot of background work has gone into developing it with the intention to make it easier to interrogate the data. The formulary descriptors are more granular and now include whether it is the brand or generic that is formulary, whether it is hospital only or private only (such as for vaccines). Eg the report shows that anaesthesia compliance is very poor. This is expected to be due to prescribing of lidocaine patches, which are currently non-Formulary. It was hoped that a submission will be made to add these to the Formulary once the exploratory project on the Care or the Elderly ward has completed in January 2026. It is anticipated that by including lidocaine in the Formulary and providing clear prescribing advice, although listed as a product of low clinical value, this will improve prescribing practice and reduce inappropriate prescribing.

Such sections that show poor formulary compliance can be further interrogated to see which products are an issue.

A variation of this report will be developed and sent to GP practices. This will show their specific prescribing data. Background work is also taking place with regards to ancillary formulary prescribing.

Subgroup request: Moving forward can a report be made to track changes in spend to show if it is going up or down.

Action

10. SMC ADVICE

Noted.

11. NEW TAM GUIDANCE FOR APPROVAL

11.1. TAM682 Orthostatic hypotension

ACCEPTED

11.2. TAM686 Refeeding syndrome in adults

- Only ‘high risk’ patients are referred to dietitians; how should ‘at risk’ patients be managed? Should they not be referred to dietetics as well? DS to be copied in to email and he can provide some context.
- The lead reviewer needs to be changed.

ACCEPTED pending

Action

11.3. TAM696 Advanced management of ventricular arrhythmias

ACCEPTED

11.4. TAM698 Catheterisation

ACCEPTED

11.5. TAM700 Peripheral extravasation injury (Non-cancer)

ACCEPTED

11.6. TAM702 Same Day Emergency Care (SDEC)

- Background information was provided to the Subgroup. There is a national directive to have local SDEC guidance and national standardised pathways have been developed. NHSH SDEC pathways have been adapted from these. These are to integrate with the NHSH single point of access for primary care, Scottish Ambulance Service, OOH and the Flow Navigation Team and to provide standardised pathways into ambulatory care.

- Confirm with lead reviewer that this guidance does match national guidance.
- It was felt that where it states 'in development' it was not appropriate to include that information and it should be removed, eg orthopaedic and surgical. However noted that this is a funded requirement and is to be included.
- At the top it states 'adults and children'; however it later states 'under 16 is excluded'. Should reference to children be removed?
- To note that CT scan requests in primary care, excluding for cancer, can take months and are not a good alternative process.
- The exclusions are repeated throughout so better to have it only once at the top of the guidance.
- Background information to be added at the start so that GPs can understand the context.
- It was noted that it is high priority that NHS Highland has a single pathway to make referrals as seamless as possible as soon as possible and that the publication of the guidance should not be delayed unnecessarily.

ACCEPTED pending

Action

11.7. TAM704 Prescribing guidance for the use of sodium zirconium in chronic hyperkalaemia

- Replace K+ with potassium.

ACCEPTED

Action

11.8. TAM705 Prescribing of gentamicin in patients receiving haemodialysis

- Step 2 monitoring in table change to 'DO NOT give'.
- Add to contact pharmacy or medical staff.

ACCEPTED

Action

11.9. TAM706 Sleep Disordered Breathing/Obstructive Sleep Apnoea (OSA)

- Confirmed that this is for children only.

ACCEPTED

11.10. AMT194 Neutropenic sepsis: Antifungal treatment

ACCEPTED

12. GUIDELINE MAJOR AMENDMENTS

12.1. TAM139 Lipid lowering therapy in the prevention/treatment of cardiovascular disease

ACCEPTED

12.2. TAM713 Diabetes referral pathways to replace TAM166 Referral to community diabetes specialist nurses and TAM154 Diabetes Regular Follow up

- Add LADA into acronyms and remove LATA.

ACCEPTED

Action

12.3. TAM452 Peri-operative guidelines for patients with or at risk of adrenal insufficiency

Peri-operative guidance for patients with or at risk of adrenal insufficiency

- Can the Pharmacotherapy team look into identifying patients and providing them with relevant information?
- Requested that a message be added to Scriptswitch if prednisolone is prescribed.

ACCEPTED

Action

Identifying patients at risk of adrenal suppression

ACCEPTED

12.4. TAM470 Anxiolytic premedication Dose Guideline

ACCEPTED

12.5. TAM535 ADHD

- Dr Amy Macaskill, Consultant Psychiatrist provided background information to the guidance.
- The guidance is being discussed at the GP Subcommittee in September.
- Subgroup queried the working diagnosis section with a request to consider 'In primary care, practitioners may suspect or identify traits of ADHD, but without a Level 3 primary care service, a formal diagnosis won't be made.'.
- Level 3 section to be rewritten to make it clearer as to what is currently available in primary care.
- Noted that 'primary care' is an idealised term that encompasses a full primary care mental health

team and does not match GPs working outwith this full service.
- A link to be included to the patient information leaflet.
- Share final version of document with the GPs on this Subgroup before publishing.

ACCEPTED pending

Action

12.6. TAM542 Fluid balance

ACCEPTED

12.7. TAM699 Anticoagulant reversal

ACCEPTED

12.8. COVID104 COVID-19: Long covid

- Should vitamin D be prescribed or should patients buy it over the counter? To note that detail is included in the current approved guidance rather than an amendment for this Subgroup to ratify. Therefore the guidance can be amended and the amendment request follow standard process.

ACCEPTED

Action

13. GUIDELINE AMENDMENTS

Noted and approved.

14. TAM REPORT

Report noted with particular mention made to:

- Ongoing work to reduce the amount of out of date guidance.
- To note that, for the second time, none of the top 10 views are out of date.
- RDS funding:
  - The Right Decision Service started 3 years ago and was funded by the Scottish Government for 3 years. There is now a consultation between RDS and Health Boards to discuss and agree ongoing funding, including what health boards should contribute to the funding model.
  - A meeting of Chief Executives is due to take place on 10 September. DS will email Jane Buckley to discuss funding and TAM documentation on RDS. PH and AL also to attend.
  - Noted that the RDS report shows that the TAM toolkit has the largest number of views of all health boards on RDS.
  - A funding challenge for TAM is that it sits across community and acute services.

15. ENVIRONMENT

Nothing to report.

16. NHS WESTERN ISLES

Nothing to report.

17. ANY OTHER COMPETENT BUSINESS

Triamcinolone

Triamcinolone is being discontinued (Adcortyl and Kenalog brands) and, therefore, needs to be removed from the Formulary. Other IV glucocorticosteroids are available. Discussion is in place with surgical pharmacist regarding guidance and a formulary submission should be made to the October meeting for a medical device for ophthalmology.

GLP1s

PH has been invited to attend the Scottish Rural GP forum in November to discuss this. Lots of national discussions are ongoing, including the development of patient information. Significant funding has been made available from drug companies at UK level and Scottish Universities in conjunction with health boards are making funding bids. This work is being coordinated nationally. NHS Highland funding is looking at community pharmacy as part of the cardiovascular risk reduction programme, looking at lipid testing and weight management. Secondary care are looking at developing an exceptional use pathway.

18. DATE OF NEXT MEETING

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

Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
Pravastatin, 10mg, 20mg, 40mg tablets (non SMC) *Back to minutes*	Place in therapy is to be clarified with respect to simvastatin (already clarified for atorvastatin and rosuvastatin).	**PH**
AF016 Midwife exemption formulary *Back to minutes*	• Request where midwives get supplies from? • To change the term 'TTO' to 'pre-pack' throughout. • To condense the wording re clotrimazole 500mg pessary. • To make clear that strong analgesics are for inpatient use only. • To ask why there are no oral anti-nauseants.	**PH**
Formulary report *Back to minutes*	Can a report be made to track changes in spend to show if it is going up or down.	**PH**
TAM686 Refeeding syndrome in adults *Back to minutes*	To ask whether 'at risk' patients should be referred to dietetics as well. And if not why? To cc DS into the query.	**PH**
TAM702 Same Day Emergency Care (SDEC) *Back to minutes*	• To confirm with reviewer that the SDEC pathways are in alignment with national pathways. • 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.	**PH**
TAM704 Prescribing guidance for the use of sodium zirconium in chronic hyperkalaemia *Back to minutes*	To replace the term 'K+' with 'potassium'	**PH**
TAM705 Prescribing of gentamicin in patients receiving haemodialysis *Back to minutes*	• Change 'DO not' to 'Do NOT'. • Change to 'inform ward pharmacist'.	**PH**
TAM713 Diabetes referral pathways *Back to minutes*	Amend 'LATA' to 'LADA'	**PH**
TAM452 Peri-operative guidelines for patients with or at risk of adrenal insufficiency *Back to minutes*	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**
TAM535 ADHD *Back to minutes*	• Reviewer to amend the Level 3 section of guidance, send a link to the PIL and liaise with TAM once discussed at GP Subcommittee. • Guideline then to be shared with TAMSG GPs prior to publishing on TAM.	**AM**
COVID104 COVID-19: Long covid *Back to minutes*	To ask the author whether the phrase should include patients to buy vitamin D rather than it be prescribed.	**PH**