National Institute for Clinical Excellence

Tuberculosis guideline
1st consultation – 23 June – 21 July 2005

Stakeholder Comments

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Document. Indicate if you are referring to the **Full version**, the **NICE version**, or **all**	**Section number** Indicate **section number** or **'general'** if your comment relates to the whole document	**Comments** **Please insert each new comment in a new row.**
All	*general*	*Overall this guidance will be very helpful to clinicians although some ... example comment.*
Full	*general*	*The guideline highlights throughout the document where there are gaps in the evidence to support clinical practice. Although these areas are in the main text of the document, it would be helpful if there could be an additional section at the end of each chapter with areas where further research would be helpful. This would support the research agenda and maximise resources. ... example comment.*
Full	*1.4.2*	*Whilst we agree in principle with ... example comment.*
IFP	*1.3*	*Paragraph 2 – this needs to include ... example comment.*
NICE	1.2.2.2	Whilst we agree with the principles of improving the likelihood of concordance, it is not the responsibility of a clinician to decide whether a pharmacy should charge for a prescription whether it is intended for DOT or otherwise. This is a matter for the Department of Health. We feel that it should not be listed as a mitigating factor and indeed the Full document said that no recommendation could be made in relation to prescription charges (sec 6.2.3.4)
NICE	1.2.3.4	The use of the phrase "readily available" is of issue here. Rifampicin is the only anti-TB medication with a licensed liquid formulation. Pharmacies in the UK have to purchase isoniazid

		liquid from a “specials” manufacturer which may take several days to obtain. Also, there is no commercially available liquid preparation of either ethambutol or pyrazinamide and these are made by crushing tablets in the pharmacy and suspending the drug. It is a skilled process, takes time, dependant on staffing out-of-hours and weekends, and there is no evidence that these extemporaneous preparations are bioavailable (that they release the drug) or that they are stable. We recommend that this should be a research priority to establish the quality of these prepared medicines. Meanwhile we would recommend that the wording of this section should be: “Each patient should be assessed on their ability to swallow anti-TB medication and the appropriate preparation should be given, with support from pharmacy, particularly, where no commercial preparations exist.”

Please add extra rows as needed