

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

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**MINUTE of extraordinary meeting of the TAM Subgroup of NHS Highland ADTC  
15 September 2021, via Microsoft TEAMS**

- Present:** Alasdair Lawton, Chair of TAM  
Patricia Hannam, Formulary Pharmacist  
Duncan Scott, Consultant Physician, Chair of this meeting  
Dr Antonia Reed, GP  
Dr Jude Watmough, GP  
Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice)  
Ayshea Robertson, Associate Lead Nurse Argyll & Bute  
Linda Burgin, Patient Representative  
Simon Thompson, Consultant Physician
- In attendance:** Wendy Beadles, Consultant  
Jonathon Whiteside, Consultant Anaesthetist  
Alison Macdonald, Area Antimicrobial Pharmacist, NHS Highland  
Wendy Anderson, Formulary Assistant

**1. Remdesivir for adults COVID-19 clinical guidelines**

The guidelines have been updated in line with CEM/CMO/2021/013 and the NICE Guidelines 191 COVID-19 rapid guideline: managing COVID-19.

Changes to guidance includes:

- All admitting consultants now able to prescribe
- Addition of 4C mortality score
- Main target is severely immunocompromised patients and therefore more information given on this group
- To be used where tocilizumab or sarilumab cannot be used and have severe disease
- Only one formulation of therapy now available.

Comments

- Remdesivir has a conditional licensed status.
- The guidance covers the whole of NHS Highland including Argyll and Bute.
- Remdesivir should only be held in Raigmore and Lorn & the Isles Hospitals.
- Place in therapy unclear. Add in form of words above eligibility criteria to address this.
- 4C mortality scores are combined with clinical judgement.
- Include (as per tocilizumab guidance) that remdesivir does not interact with tocilizumab.
- An education session has taken place for admitting consultants, including management of COVID-19, which included when remdesivir might be used. Oban still to be provided with an update on these guidelines.

**ACCEPTED pending**

**2. Tocilizumab**

The guidelines have been updated in line with CEM/CMO/2021/004.

Changes

- Criteria for initiating therapy has changed
- Sarilumab has been included as an alternative to tocilizumab due to national shortages.
- Exclusion and caution criteria have been updated in line with manufacturer recommendations
- Confirmation that a second dose should not be given.

Comments

- Noted that remdesivir guidance has information about renal function but this guidance does not; request that this information is added.
- Simplified inclusion criteria and criteria for both drugs the same.
- Both tocilizumab and sarilumab are licensed medicines but not for the indication of treating COVID-19.
- Include levels of renal impairment that are regarded as exclusions.
- Re informing GP/patient re 3 month immunocompromisation with these drugs
  - A process to indicate that patients have been on tocilizumab/sarilumab needs to be put in place. Agreed that this needs to be highlighted in the IDL as a headline. Suggested that the discharge is initiated before the patient leaves GC and that a standard statement is added to the IDL. Further agreed that this statement should also be repeated in the Consultant's letter to the GP. IDLs are not routinely used on discharge from ITU but an additional box indicating patient has been prescribed tocilizumab or sarilumab could be added to the discharge information sent to GC.
  - There is a patient information leaflet and GP information leaflet specifically for rheumatology but it includes the same principles. Agreed to refer to them in the guidance and include hyperlinks.
- Include the following - Tocilizumab and sarilumab are interchangeable. NHS Highland has more experience of tocilizumab so, if available, this would be used first and if not available use sarilumab.

**ACCEPTED pending**

### **3. Poster**

- Update to include sarilumab.
- 'Treatment Escalation Plan (TEP) required for all suspected COVID patients' to be added on to the poster.
- All relevant current guidance to be updated in line with the poster.
- Pregnancy – include the recommended doses for prednisolone.
- Use either the term PE or PTE not both.

**ACCEPTED pending**

### **4. Governance of COVID-19 Guidance**

The Clinical Expert Group was set up to manage COVID-19 guidance. With the development of the pandemic and the normalisation of processes the remit of this group has since changed (now the Clinical Interface Group) and it is no longer able to provide governance of COVID-19 guidance. At present the guidance often requires rapid ratification and the current TAM Subgroup meeting structure would not fit for the development of guidelines; Calling repeated extraordinary TAM subgroup meeting would not be good appropriate. Agreed that a specialist interest group for COVID-19 guidance should be set up to develop COVID-19 guidance and the TAM subgroup would provide governance of the developed guidance. This brings the governance of COVID-19 guidance into line with other NHS Highland therapeutic guidance.

Felt it was important that a GP be included on the specialist interest group along with a representative from Argyll and Bute. Public Health involvement was also suggested but agreed to keep a small core group with others being co-opted on depending on what needed to be discussed. Duncan agreed to take on setting up the specialist interest group and would liaise with Patricia. Admin assistance from TAM was requested to help facilitate meetings.