

## Tayside Prescriber

## ADTC SUPPLEMENT NO. 2

- Donepezil (Aricept)
- Sildenafil Citrate (Viagra)
- CFC-Free Inhalers
- Crown Review

Issue 2 September 1998

# TAYSIDE AREA DRUG AND THERAPEUTICS COMMITTEE (ADTC)

## UPDATE FROM A MEETING HELD ON 18TH SEPTEMBER

The following is a report of current issues intended to update healthcare groups on arrangements for dealing with therapeutic developments likely to have significant implications for future prescribing in Tayside.

## **DONEPEZIL** (Aricept)

Donepezil has been assigned a prescribing status of Category 2a - prescribed on the recommendations of a specialist and for hospital use only. Extra funding has been made available on this basis.

The ADTC made recommendations earlier in the year regarding the prescribing of this drug by hospital specialists with dispensing, where appropriate, in primary or secondary care for an initial period of one year. The use of HBP (blue) prescriptions was agreed where patients experienced difficulty in attending hospital for continuing supplies of their treatment.

### UPDATE FROM THE NEW DRUGS SUB-GROUP

#### • SILDENAFIL CITRATE (VIAGRA)

The sub-group has met and reviewed the potential role of sildenafil and its implications for prescribing in Tayside. However, in view of the interim guidelines set out in the Chief Medical Officer's letter of 14th September (SODH/CMO(98)21) it has been agreed to put the matter on hold until the final prescribing status of sildenafil has been clarified by central government.

## • CLOPIDOGREL (Plavix)

A sub-group is currently being formed to review this new antiplatelet therapy and make suitable recommendations to ADTC on its role in cardiovascular disease. It is hoped to make guidelines available for prescribers early in the new year.

#### UPDATE FROM THE TREATMENT REVIEW SUB-GROUP

#### • CFC-FREE METERED DOSE INHALERS

A new sub-group is being formed to advise ADTC on issues around the use of CFC-free inhalers in Tayside. It is expected that current MDIs will be available up until 2005 but clearly the transfer is a major undertaking which requires careful planning in order to limit disruption for patients while ensuring the most cost-effective transition to the new devices.

Current practice should continue until this sub-group reports.

#### • CHRONIC HEPATITIS C TREATMENT

New developments are taking place in the management of chronic hepatitis C infection, a condition of growing concern which is identified as affecting an increasing number of patients in the community. The sub-group is currently addressing the impact of newer treatments with particular emphasis on combination antiviral therapy and it is hoped to update prescribers and provide appropriate guidance in the near future.

#### **FUTURE NEW DRUG REVIEWS**

The ADTC notes the recent licensing of two drugs likely to command considerable media attention and be the subject of very active marketing. These are the "fat-blocker" orlistat (Xenical) and raloxifene (Evista), an alternative non-HRT, non-bisphosphonate treatment for osteoporosis in post-menopausal women. The need to review the implications of these therapies in Tayside is recognised by the intention to establish two further New Drugs sub-groups in the near future.

### CROWN REVIEW OF GROUP PROTOCOLS

A sub-group of the ADTC has been set up to review and validate group protocols currently in place in primary care (hospital Trusts being responsible for validation of their own group protocols), but only a few have been submitted so far. Protocols for review by the sub-group should be marked for the attention of Mr Andrew Radley, Area Drug and Therapeutics Committee, and sent to the address below.

Correspondence concerning ADTC issues, including suggestions for Treatment Review topics and New Drugs reviews, should be addressed to:

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