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NEW DRUGS SUBGROUP

The New Drugs Sub-group comprises a balance of general practitioners, secondary care physicians and pharmacists from across the Tayside Trusts. From next year the Sub-group will meet on a regular (bimonthly) basis to review the evidence on the use of new drugs in practice. The review process will involve critical appraisal of the relevant literature regarding efficacy, safety and cost-effectiveness of new therapies. Recommendations will be graded and the level of evidence on which they are based included according to the accepted principles of evidence-based medicine. In particular, the role of new drugs in relation to existing therapies and the implications for prescribing across the area will be assessed. The views of local specialists are also invited and taken into account when making recommendations on prescribing status.

The following new drugs are scheduled for early review by the subgroup:

Infliximab (Remicade®) – anti-TNF- α monoclonal antibody treatment of Crohn's disease

 $Palivizumab \ (Synagis \circledR) - monoclonal \ antibody \ for \ prevention \ of \ RSV \ infection \ in \ preterm \ infants \ and \ older \ children \ at \ high \ risk$

Rofecoxib (Vioxx®) - selective COX-2 inhibitor NSAID

TAYSIDE AREA DRUG FORMULARY

The 5th edition of the formulary will be published in August 2000 to coincide with the start of the new Pre-registration House Officers in hospital and GP Registrars commencing their year in general practice.

Users of the formulary are requested to submit any comments or suggestions regarding the revision to Dr Jan Jones at the Health Board.

TREATMENT REVIEW SUBGROUP

Drug Treatment of Parkinson's Disease

A Treatment Review Sub-group has considered guidelines drawn up earlier by a multidisciplinary group convened by the Department of Neurosciences and their comments have been incorporated in the text. The ADTC believes this to be a useful guide to the drug treatment of Parkinson's disease which sets out the role of the various anti-parkinson agents.

<u>SUPPORTING PRESCRIBING IN GENERAL PRACTICE – WHICH</u> ISOSORBIDE MONONITRATE (ISMN) PREPARATION?

Following publication of a report "Supporting Prescribing in General Practice" by the Accounts Commision for Scotland earlier this year, it was noted that substituting ISMN M/R with conventional ISMN tablets given twice daily in asymmetric dosing would achieve considerable savings to the Health Service in Scotland of almost £6 million per annum. The report highlighted that 72% of all ISMN prescribed in Tayside was M/R compared with a Scottish median of 63%. The Accounts Commision calculated that £600,000 per annum potential savings could be released in Tayside. This money would then be available to spend in other treatment areas. After consideration of the evidence and the opinions expressed by specialists in secondary care, the following recommendations are made.

- ❖ Any patient to be commenced on ISMN, within either primary or secondary care, should be considered for standard ISMN prescribed twice daily as the first-line treatment.
- ❖ Any patient being admitted to hospital on an ISMN formulation (being either the standard or M/R formulation) should remain on that particular formulation for the duration of their hospital stay and at discharge, if clinically appropriate.

SCOTTISH HEALTH TECHNOLOGY ASSESSMENT CENTRE (SHTAC)

A report by the multidisciplinary cross specialty Working Group tasked with taking forward a detailed implementation plan for the proposed Centre has now been published. The SHTAC is intended to provide timely advice on the cost-effectiveness of new and existing health technologies (not confined only to drugs) and issue advice to appropriate decision makers by "carrying out its own Health Technology Assessments (HTAs) and adapting high quality HTAs from elsewhere for use within Scotland".

It is envisaged that the SHTAC will work closely with Area Drug & Therapeutics Committees across Scotland. The Chairman of the Tayside ADTC is shortly to meet with Dr Angus Mackay, Chairman of the SHTAC Implementation working group to discuss the relationship between ADTCs and SHTAC.