

# TAYSIDE PRESCRIBER

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### Scottish Consortium of Drug & Therapeutics Committees

This recently formed group is made up of representatives from Scottish Area Drug & Therapeutics Committees (ADTCs) and has links with the Health Technology Board of Scotland. It was set up to aid decision making and promote continuity of care across Scotland through the sharing expertise between ADTCs. The Consortium is currently investigating ways by which newly-licensed drugs or indications are assessed and advice is offered to health boards in order to inform local decisions concerning prioritisation and affordability.

### Categorisation of New Drugs

The system whereby new drugs (or new indications) are reported via the Drug Evaluation Panel has been revised. The following categories now apply.

#### Category 1: Recommendation for general use

Category 1(a): Likely to be included as treatment for common conditions in Tayside formularies

Category 1(b): Likely to be included in specialist protocols or have a limited role in treatment pathways and identified as such in Tayside formularies

#### Category 2: On recommendation of a specialist

Category 2(a) Hospital use only

Category 2(b) Shared care\*

\*Note that up-to-date guidance on Shared care is under development

Category 3: Not recommended - does not offer advantages over existing therapy

Category 4: Effectiveness or place in treatment not yet established - to be reviewed

Categorisation of new drugs/new indications as above is intended to help prescribers and prescribing groups in deciding best treatment in practice and health boards in allocating resources where appropriate.

## New Drug Evaluations

### Esomeprazole (Nexium®)

*Category 3: Not recommended - does not offer advantages over existing therapy*

Lansoprazole and omeprazole are the proton pump inhibitors in the Area Drug Formulary. They cover the range of indications for these agents and can be given in low maintenance dosage in line with the NICE guidelines on PPIs.

### Oxcarbazepine (Trileptal®)

*Category 2 (a): On recommendation of a specialist - Shared care*

The evidence supports a role for this drug in *partial seizures with or without secondary generalised tonic-clonic seizures for patients who are intolerant of carbamazepine and sodium valproate*, respectively first and second line treatments in SIGN Guideline No. 21, Diagnosis and Management of Epilepsy in Adults.

### Quinolone antibiotics

The quinolones includes ciprofloxacin and also newer agents such as levofloxacin and moxifloxacin (yet to be introduced) which may be promoted for treatment of respiratory infections on the basis that they are more active than ciprofloxacin against *Strep. pneumoniae*. Evidence shows, however, that widespread use of the quinolones may rapidly lead to antibiotic resistance and that toxicity may be a concern across the group. Advice on the role of the quinolones, now and in the future, will follow from the respective Antibiotic Sub-Committees of the Tayside trusts.

## Treatments for erectile dysfunction - guidelines on referral of men with severe distress

Draft guidelines have now been drawn up by the ADTC and will soon be circulated in Tayside.

*Your views on the above and other aspects of the introduction of new drugs in practice are welcomed. Send comments to: Peter Clough, Secretary to ADTC, Department of Pharmacy, Ninewells Hospital. Telephone: 01382 660111 Ext: 32351. e-mail [druginfo@tuht.scot.nhs.uk](mailto:druginfo@tuht.scot.nhs.uk)*