TAYSIDE PRESCRIBER

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Drug & Therapeutics Bulletin

Due to an escalating subscription cost it has become necessary to restrict the number of copies of Drug & Therapeutics Bulletin purchased on behalf of NHS Tayside. The intention is to identify a number of key individuals through whom wider dissemination of information published in the Bulletin will follow.

Tayside Area Prescribing Guide

The first edition of the Tayside Area Prescribing Guide (incorporating the Tayside Area Drug Formulary) will be issued in early August 2002. The document will also be posted on the ADTC web site, see: www.tayside.scot.nhs.uk/nhstayside/intranet (go to Committees→NHS Tayside→Drug and Therapeutics Committee).

Medicines Management Strategy

It is anticipated that a new NHS Tayside Drug & Therapeutics Committee will be formed by the end of 2002. Further information will be available at this time.

Patient Group Directions (PGDs)

Two new PGDs are approved for implementation in Tayside.

- Tetanus and Diptheria Immunisation

- Medicines for use during Radiotherapy 'On Treatment' Review by Palliative Care Nurses

It is apparent from the number of proposals that have now been reviewed … and rejected … that there is still a lack of understanding of the conditions that must apply before medicines can be administered within the context of a PGD. Accordingly guidance, in the form of a PGD flowchart, is in preparation and will be published on the ADTC Intranet site and in an early issue of the ADTC supplement.

Drug Evaluation Panel – New Drug Evaluations

Botulinum A Toxin (Botox®, Allergan)
Category 2a: Hospital use only

For severe hyperhidrosis of the axillae unresponsive to topical treatment with antipersperants or antihidrotics

Glatiramer (Copaxone®, Teva Pharmaceuticals)
Category 2a: Hospital use only

For use in relapsing-remitting multiple sclerosis characterised by at least 2 attacks over the previous 2 years. Note that the clinical effectiveness of MS treatments has been the subject of much debate. In an attempt to address this, the Scottish Executive Health Department has indicated that, from May 2002, glatiramer and beta interferon will be available under a "Risk Sharing Scheme" in which their effectiveness is monitored. Where not fully effective, the manufacturers will refund part of the cost of the treatments to the NHS.

Rituximab (Mabthera®, Roche)
Category 2a: Hospital use only

Use in recurrent or refractory stage III or IV follicular non-Hodgkin's lymphoma. In line with HTBS/NICE recommendations, specialists have undertaken to include patients in a prospective case series producing data for aggregation and analysis nationally.

Travoprost (Travatan®, Alcon)
Category 1b Included in specialist protocols or have a limited role in treatment pathways

Approved for 2nd line treatment of ocular hypertension or open angle glaucoma, as mono- or adjunctive therapy.

Scottish Medicines Consortium – Future new drug evaluations

The Scottish Medicines Consortium (SMC) was set up to undertake evaluation of the clinical and cost effectiveness of all new drugs at, or soon after, licensing and to advise NHS Boards via their Area Drug & Therapeutics Committees (ADTCs).

The task for ADTCs is to enable the introduction of new drugs in line with SMC advice, taking into consideration current practices and local service delivery. The SMC has already begun the new drug evaluation process. Relevant press releases appear on their web site www.scottishmedicines.org.uk. The Drug Evaluation Panel (DEP) is currently winding down and will soon be replaced by a Drug Implementation Panel (DIP) whose role will be to provide early information for prescribers and engage relevant specialists on the introduction of new drugs in practice. The membership of the DIP will be crucial to its success; in particular it will require substantial Primary Care input.

With regard to the SMC and the introduction of new drugs, the ADTC takes the following view:

- Drugs should not normally be prescribed until advice is received from the SMC. At the moment this refers only to new chemical entities but in future will also apply to new formulations and indications.
- There may be rare occasions when a drug is needed for a particular patient, after launch, but before evaluation by the SMC. Doctors must exercise clinical judgement. Prescriptions should normally be dispensed from secondary care and must be approved by the Clinical Group Director.
- Where a drug is reviewed and not recommended by SMC it should not normally be prescribed. If it is still considered necessary, however, a formal case outlining the reasons including explanations of why alternative products are unsuitable, should be prepared and submitted to the Clinical Group Director.

Supplementary Prescribing by Nurses and Pharmacists

Comments on the proposal to introduce dependent nurse and pharmacist prescribers are currently being considered. This is potentially an important new development that may have far reaching effects on the future supply of medicines both in hospital and the community. Further information will be available.

Prescribing of Medicines under Shared Care arrangements

A policy has been approved. Details are on ADTC web site, see www.tayside.scot.nhs.uk/nhstayside/intranet (go to Committees→NHS Tayside→Drug and Therapeutics Committee).

Comments on issues raised in this bulletin and other matters to be raised with the Area Drug & Therapeutics Committee should be sent to Doreen Wilkie, Pharmacy Department, Ninewells Hospital. doreen.wilkie@tuht.scot.nhs.uk