

On two occasions in the past four years, Chinese herbal products containing oxyphenisatin have been found in Australia. One of these products was labelled as containing diacetyldiphenolisatin – an alternative name. Oxyphenisatin has been included in an Australian list of substances ‘of such danger to health as to warrant prohibition of sale, supply or use’ because of its association with severe jaundice.¹

The TGA Laboratories Branch is skilled in analysing products for adulterants and all practitioners are urged to report suspected instances using the ADRAC blue card or the TGA web site.

REFERENCE

1. Willing RL, Hecker R. Oxyphenisatin and liver damage. *Med J Aust* 1971;1:1179-82.

RADAR – Rational Assessment of Drugs And Research

RADAR is a new service from the National Prescribing Service (NPS). It will provide general practitioners, pharmacists and other health professionals involved in primary care with information about new medicines and changes to the Pharmaceutical Benefits Scheme (PBS).

RADAR will also provide commentaries on important research that may influence patient management. It will interpret clinical evidence and suggest where a new medicine might fit within the therapeutic armamentarium.

As RADAR will have access to information that has previously been unavailable, it will be able to provide the reasoning behind why a medicine has a particular PBS listing. If a

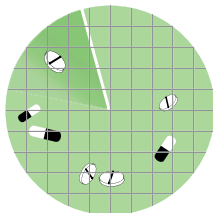
medicine requires an authority prescription, RADAR will describe the reasons why this restriction is required.

The publication of RADAR will coincide with the quarterly publication of the Schedule of Pharmaceutical Benefits – the ‘yellow book’ – so it will be available at the same time as new drugs. The NPS is also investigating incorporating RADAR into prescribing and dispensing software so that, in the future, access will be even easier.

Register for the service at www.npsradar.org.au and the NPS will deliver each edition of RADAR directly to your computer.

Look out for RADAR in the upcoming months. NPS RADAR – keep track of what’s out there.

Underneath the RADAR



The National Prescribing Service (NPS) produces RADAR (Rational Assessment of Drugs And Research) to inform people about changes to the Pharmaceutical Benefits Scheme. *Australian Prescriber* will be publishing some of the information underlying important changes, but a wider range of topics will appear in RADAR. The RADAR location is <http://www.npsradar.org.au>

On the RADAR: moxifloxacin

The quinolone antibiotic moxifloxacin has been listed on the Pharmaceutical Benefits Scheme (PBS), for the oral treatment of community-acquired pneumonia in adults and children over 12 years old who have immediate hypersensitivity to penicillin. An authority prescription will be required.

Underneath the RADAR

This new listing extends the number of patients who can be treated with moxifloxacin. The PBS already subsidises intravenous and oral moxifloxacin, but only for patients with severe community-acquired pneumonia who require admission to a high dependency unit or intensive care. The new listing means moxifloxacin can be prescribed in the community for patients who are hypersensitive to penicillin.

Comment

While moxifloxacin can now be used for less severe cases of pneumonia, it is not the drug of choice for most patients. The Therapeutic Guidelines: Antibiotic recommend that patients

treated outside hospital should receive oral amoxicillin with either roxithromycin or doxycycline. In patients who are allergic to penicillin, but do not have immediate hypersensitivity, cefuroxime can be substituted for amoxicillin. Moxifloxacin is therefore reserved for patients with immediate hypersensitivity to penicillin.¹ These patients will have a history of anaphylaxis, urticaria, bronchospasm or angioedema developing within 60 minutes of taking penicillin.

While quinolone antibiotics are currently effective in community-acquired pneumonia, bacterial resistance can develop quickly. It is therefore essential that moxifloxacin is only prescribed in the community when other antibiotics are unsuitable. In addition to a clear history of immediate hypersensitivity to penicillin, radiological confirmation of the pneumonia will be required before the drug can be supplied by the PBS.

REFERENCE

1. Antibiotic Writing Group. *Therapeutic Guidelines: Antibiotic*. 12th ed. Melbourne: Therapeutic Guidelines Limited; 2003.