

cephalosporins it is prudent to take a careful history as to the nature of the penicillin allergy and the specific drug involved. It would be sensible to avoid prescribing drugs with the same or similar side chains, especially if an alternative non-beta-lactam antibiotic is available. If a cephalosporin is prescribed, the first dose should be taken in a monitored setting.

References

1. Kelkar PS, Li JT. Cephalosporin allergy. *N Engl J Med* 2001;345:804-9.
2. Lin RY. A perspective on penicillin allergy. *Arch Intern Med* 1992;152:930-7.
3. Baumgart KW, Baldo BA. Cephalosporin allergy [letter]. *N Engl J Med* 2002;346:380-1.

New drugs: transparency

Access to information about drugs is essential for the quality use of medicines. Since 2003 *Australian Prescriber* has therefore recorded details about the willingness of pharmaceutical companies to disclose the information that supported the Australian approval of their new products.¹ These details are published as the T(ransparency)-score at the end of each new drug comment in *Australian Prescriber*.

Table 1 shows the responses to requests for evaluation data between August 2005 and December 2006. The Editorial

Executive Committee of *Australian Prescriber* is pleased to report that there has been an improvement since the previous report was published.¹ Most manufacturers now provide some information to assist in the preparation of the new drug comments. The Editorial Executive Committee hopes this trend to increased transparency continues.

Reference

1. Two-way transparency. *Aust Prescr* 2005;28:103.

Table 1

Pharmaceutical company responses to requests for clinical evaluation data

Company	Drug	Company	Drug
Manufacturer provided all requested information		Manufacturer had no objection to providing data but did not actually provide it	
AstraZeneca	rosuvastatin	Novartis	lumiracoxib
Ferring	quinagolide	Manufacturer declined to supply data	
Pfizer	eplerenone	Amgen	palifermin
Pfizer	sunitinib malate	Genzyme	sevelamer hydrochloride
Roche	bevacizumab	Novo Nordisk	insulin detemir
Roche	erlotinib	Schering	disodium gadoxetate
Roche	epoetin beta	Manufacturer did not respond to request	
Wyeth	tigecycline	Alphapharm	cetuximab
Manufacturer provided some data		Altana Pharma	ciclesonide
Alcon	anecortave acetate	Janssen-Cilag	bortezomib
Arrow Pharmaceuticals	butoconazole nitrate	Novartis	darifenacin hydrobromide
Arrow Pharmaceuticals	solifenacin succinate	Schering	alemtuzumab
Bayer	sorafenib tosylate	Solvay	moxonidine
Bristol-Myers Squibb	entecavir		
CSL	rabies vaccine		
EpiPharm	tazarotene		
Epitan	eflornithine hydrochloride		
GlaxoSmithKline	rotavirus vaccine		
Merck Sharp & Dohme	rotavirus vaccine		
Merck Sharp & Dohme	human papillomavirus vaccine		
Novartis	deferasirox		
Orphan	lanthanum carbonate hydrate		
Schering-Plough	posaconazole		
Servier	strontium ranelate		

Fine-tuning the T-score in 2007

Manufacturers who provide all the information *Australian Prescriber* requests when assessing a new drug receive the highest score **T T T**. Some companies only provide the approved product information. Although this is helpful, the product information is a public document so does not represent greater transparency. In these cases the T-score from now on will be **T**. Manufacturers who say they have no objection to providing information, but then do not deliver it, will be considered to have declined to supply data **X**. The revised T-scores are as follows:

- T T T** manufacturer provided clinical evaluation
- T T** manufacturer provided additional useful information
- T** manufacturer provided only the product information
- X** manufacturer declined to supply data
- X** manufacturer did not respond to request for data

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- | | | |
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| 1. True | 3. True | 5. True |
| 2. True | 4. True | 6. False |

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