

## REFERENCES

1. Crawford P, Hall WW, Chappell B, Collings J, Stewart A. Generic prescribing for epilepsy. Is it safe? *Seizure* 1996;5:1-5.
2. Guberman A, Corman C. Generic substitution for brand name antiepileptic drugs: a survey. *Can J Neurol Sci* 2000;27:37-43.
3. Lesser RP, Krauss G. Buy some today: can generics be safely substituted for brand-name drugs? *Neurology* 2001;57:571-3.

*Professor D. Birkett, the author of the article, comments:*

In reply to the letters from Dr Faull and Ms Hendry, the point I was making was that the regulatory limits might need to be tightened for narrow therapeutic index drugs, but this would make it more difficult (and expensive) to demonstrate bioequivalence between products.

In relation to digoxin, the Schedule of Pharmaceutical Benefits for 1 August 2003 showed Lanoxin is manufactured by Sigma Pharmaceuticals. The 'generic' brand, Sigmaxin, is manufactured by Fawns and McAllan which is identified in the Schedule as 'a member of Sigma group of companies' and has the same address as Sigma Pharmaceuticals.

Three brands of cyclosporin were listed in the August 2003 edition of the Schedule – Cicloral, Cysporin and Neoral. Cysporin was a Faulding Pharmaceuticals product and has been listed since 2002. Cicloral is a product of Hexal Australia and appeared in the August 2003 Schedule. Cysporin and Cicloral are in fact the same product marketed under different names. This product has presumably been accepted as bioequivalent and therefore clinically equivalent to Neoral by the Therapeutics Goods Administration.

Drs Berkovic and Vajda make some sensible points – particularly that patients with conditions such as epilepsy might be better maintained on the same brand of an anticonvulsant drug. The Pharmaceutical Benefits Scheme

makes allowance for this through the 'no substitution' rule. However, they do confuse the issue by using the term 'cheaper alternative'. They imply elsewhere in the letter that it is not the particular brand used, but the switching between brands that may cause problems due to patient confusion or minor differences in bioavailability. These issues apply equally to generic and innovator brands. For patients with a chronic condition cost is an important factor. The establishment and maintenance of treatment with a brand that provides the lowest cost for the patients will be in their interest.

### Insomnia treatment – an update

Editor, – I would like to inform the readers of *Australian Prescriber* about the ongoing technical appraisal of the newer hypnotics by the UK National Institute for Clinical Excellence. The final statement should appear in the very near future.<sup>1</sup> It will offer information which might complement the recent excellent article by Professor Tiller (*Aust Prescr* 2003;26:78–81), particularly in clarifying pharmacoeconomic issues.

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## REFERENCE

1. National Institute for Clinical Excellence. Technology appraisals in progress: Final Scope – Zaleplon, zolpidem and zopiclone for the management of insomnia. <http://www.nice.org.uk/Docref.asp?d=57815>

## Book review

**Therapeutic Guidelines: Cardiovascular.  
Version 4.**

**Melbourne: Therapeutic Guidelines Limited;  
2003. 265 pages.**

**Price \$33, students \$25.30, plus postage.**

*Aniello Iannuzzi, General Practitioner, Coonabarabran, NSW*

This book goes far beyond what its title suggests. Not only does it provide therapeutic guidelines, but it also addresses current diagnostic and epidemiological considerations relevant to the management of cardiovascular disease in Australia. In essence, it is a mini-textbook; it is much more than a guide.

The first chapter is a concise summary of cardiovascular drugs available in Australia. The next two chapters deal with smoking and the prevention of cardiovascular disease. The rest of the book is more like how one would expect the guidelines to be set out, with chapters devoted to each category of cardiovascular disease (for example, dyslipidaemia, hypertension, heart

failure, arrhythmia). There are interesting sections on preoperative considerations for cardiac patients and deep vein thrombosis prophylaxis for airline travellers.

A most noteworthy feature of this book is that non-pharmacological therapies are given just as much emphasis as drug prescribing. It is a salient reminder for clinicians that our roles extend far beyond just selecting medicines for our patients. Current national recommendations on exercise and diet are included in the text.

The information contained in the guidelines is succinct, current and highly relevant to all clinicians. Medical students, junior doctors, pharmacists and general medical practitioners could comfortably use this book as their complete resource for the management of cardiovascular disease. Specialist physicians and cardiologists may find this a useful tool to compare their own individual management regimens against those most commonly used by their colleagues. Hospitals would find this a most useful addition to libraries and ward reference collections.