RCGP COMMENTS ON THE ACD DOCUMENT

Alendronate, Etidronate, Risedronate, Raloxifene, Strontium Ranelate and Teriparatide for the Secondary Prevention of Osteoporotic Fragility Fractures in Post-Menopausal women.

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I would broadly welcome the inclusion of separate guidance for primary prevention, which is long overdue.

I welcome the inclusion of cost effectiveness modeling with and without the inclusion of the breast cancer-protective effect of raloxefine, and now that this is included, I am happy that the evidence considered, and the exclusion of raloxefine in primary prevention, is justified on cost effectiveness grounds, given that there are acceptable alternatives

I was surprised to see overt reference to an upper threshold of CQG of £20,000 - our perception was that the CQG had not been set in stone, and that some drugs with a higher CQG have been approved in the past.

I am disappointed to see that there is still no concession for women who have been switched to a bisphosphanate because they had previously been on HRT, and had stopped because of anxieties over breast cancer. I feel strongly that there should be a special case for such women, because of all the anxieties involved with the adverse publicity surrounding HRT in recent yeas, and the consequent effect on the doctor patient relationship. I would very much like to see this recognized in the guidance, as it has been in the guidance on Interferon in MS