

DEPARTMENT OF HEALTH,  
P.O. BOX 5013,  
WELLINGTON.

30 September 1973.

## CLINICAL SERVICES LETTER NO. 129

### TO MEDICAL PRACTITIONERS

(Copy to Retail Pharmacists)

Dear Doctor,

### THE AVAILABILITY OF DRUGS UNDER THE DRUG TARIFF

In the last financial year Government spent almost \$40 million on drugs dispensed by retail pharmacies.

All drugs which may be obtained under the pharmaceutical benefits scheme are listed in the Drug Tariff. This is a ministerial direction issued under the authority of the Social Security Act 1964. Amendments are published three times a year. These are based upon the recommendations of the Pharmacology and Therapeutics Advisory Committee.

The present members of this important committee are:

Dr J. L. Adams, physician;  
Dr T. Gebbie, physician;  
Dr G. G. Jenner, general practitioner;  
Dr G. S. M. Kellaway, clinical pharmacologist;  
Mr K. Rees-Thomas, surgeon;  
Prof. J. M. Watt, paediatrician;  
Dr A. W. S. Thompson (Chairman), Department of Health.

Although anyone may seek amendments to the Drug Tariff, nearly all applications for the addition of preparations to the tariff come from the pharmaceutical industry. The firm concerned is expected to supply relevant information, including reprints of reports from reputable journals, and the names of doctors in this country who have used the drug. The opinions of these doctors are then sought by direct inquiry from the department. The committee realises that, in the majority of instances, the information received from these doctors is no more than a clinical impression based on limited use.

Points considered in every case by the committee are the safety of the drug in question, its efficacy, the need for it to be made available without charge, and any desirable restrictions on its availability.

The department, and in some cases the Drug Assessment Advisory Committee, will have studied in depth all new drugs some time previously, before approval for distribution has been recommended. The Pharmacology

and Therapeutics Advisory Committee will have further information available from limited use of the drug in the post-marketing phase. Any reported adverse drug reactions will be brought to the attention of committee members. In some instances further information is sought from specialist groups or individuals, particularly in regard to disciplines not represented on the committee.

Drugs considered for inclusion in the Drug Tariff must be of established therapeutic value, and an assessment of their relationship with other preparations in the same field will be made. Combinations of drugs are rarely accepted unless they have special advantages.

Restrictions considered by the committee include availability only on the prescription of a specialist (either through a hospital board or a retail pharmacy), or limiting supply to hospital board pharmacies. It is important to note that it is laid down in the Drug Tariff that specialists may only approve the prescribing of restricted drugs appropriate to the specialty in which they are recognised.

Experience has shown that only moderate use is made of any drug which is supplied solely through hospital pharmacies. This provides a valuable withholding period with new drugs, during which they can be further evaluated before being released through retail pharmacies. The use of drugs which are indicated for special purposes can be kept within bounds in the same way. The full list of restricted drugs is reviewed each time the committee meets, with the object of reducing restrictions whenever possible.

With a few notable exceptions, cost has little or no influence on the committee in deciding whether or not to impose restrictions, once a drug has been accepted for inclusion in the tariff. Drugs are rarely kept on the "hospital board" list merely to save money; in nearly every case the main consideration behind this restriction is the question of safety. In some instances the intention is to encourage the use of some alternative which is regarded as the drug of first choice.

Departmental policy is to implement the recommendations of the Pharmacology and Therapeutics Advisory Committee with the least possible delay, but the Department of Health accepts the final responsibility for advising the Minister.

With the ever increasing output of drugs, and their potency and high cost, the committee has an extremely important task in ensuring that its recommendations enable the best possible treatment to be made readily available to the medical profession, and that reasonable controls are placed on the availability of drugs requiring extra care or special knowledge. Members spend a great deal of time in preparing for each meeting. Their decisions are, at times, the subject of unjustified criticism. Many practitioners resent restrictions on prescribing, but ultimately they are in the best interests of the public health.

The New Zealand pharmaceutical benefits scheme is the envy of many countries. Much of its success has been due to the efforts over many years of the members of the Pharmacology and Therapeutics Advisory Committee.

### B.P. AND B.P.C. 1973

The following items have been deleted from the B.P. or B.P.C. In view of this, it is intended to remove these items from the Drug Tariff at the next reprint. If you consider that any of these should be retained, would you please advise this division.

Aminacrine hydrochloride  
Calcium cyclamate  
Chloramphenicol cinnamate  
Cyclamic acid  
Furazolidine  
Bacitracin  
Hexamethonium bromide  
Hexoestrol  
Naphazoline hydrochloride  
Nealbarbitone  
Nitrofurazone

Prednisone acetate  
Potassium chloride injection  
Sodium Antimonyl Gluconate  
Stibophen  
Sulphadiazine Sodium  
Sulphanilamide  
Sulphaphenazole  
Tricyclamol hydrochloride  
Triacetyloleandomycin  
Tryparsamide

Yours faithfully,



(A. W. S. Thompson)  
Director,



(A. H. Paul)  
Deputy Director,

Division of Clinical Services

### Therapeutic Notes No. 123

The department has been informed that the cyanide emergency kits mentioned in this note will not now be available for several months. It is suggested that inquiries should be directed to New Zealand Distributors Ltd., P.O. Box 530, Auckland.

## **RENAL CALCULI AND SELF-MEDICATION WITH VITAMIN D**

No metabolic or other cause can be found in about one-third of the patients who are investigated for renal calculi. In such patients the self-administration of vitamin D may be a significant contribution to stone formation. In a recent study (Taylor, W. H. (1972) Clinical Science 42, 515) supplemental vitamin D intake was significantly higher in the patients with renal calculi than in the control group.

## **SPECIALIST CONSULTATION BENEFIT: RETENTION OF LETTERS OF REFERRAL**

The specialist consultation benefit has now been in operation for some 3½ years and the question has arisen as to how long letters of referral should be held by specialists; the retention period for letters of referral should be 3 years.

## **SPECIALIST CONSULTATION BENEFIT: E.C.G. EXAMINATIONS**

The Medical Services Advisory Committee considers the following definition of "consultation" which was included in Clinical Services Letter No. 71 relating to maternity benefits, appropriate in all circumstances involving the payment of a specialist consultation benefit:

"Consultation means that an invitation was made to another colleague, who conducted an examination, and that a meeting was held to discuss the case, or a report was supplied. Other types of supervision cannot be regarded as consultations."

Specialist benefit is payable where an E.C.G. examination is for usual diagnostic purposes and the requisite conditions are satisfied, i.e., there is referral by another medical practitioner and a report is issued to him.

If the purpose of the examination is, however, to determine suitability for employment, insurance or similar purposes, i.e., the issue of a certificate as to the state of health is involved, it does not come within the eligibility of Part II, Social Security Act, for a general medical service or a specialist benefit and the full cost is a charge to the patient or his employer as appropriate.