

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

16 May 1975

**CLINICAL SERVICES LETTER NO. 150**  
**TO MEDICAL AND DENTAL PRACTITIONERS**  
**(Copy to Proprietors of Retail Pharmacies)**

Dear Sir/Madam,

**HORMONAL PREGNANCY TESTS**

Recent evidence has associated the use of hormonal pregnancy tests in early pregnancy with congenital abnormalities. In view of the questionable safety of these formulations and the availability of reliable alternative methods for pregnancy testing, the department is recommending that systemic hormonal pregnancy testing preparations be withdrawn from the market. Both the Drug Assessment Advisory Committee and the Committee on Adverse Drug Reactions have supported the department's proposal.

**THE DRUG TARIFF**

The Drug Tariff lists in a single Schedule those preparations which are available as pharmaceutical benefits, and any restrictions on their availability. Any special conditions are indicated alongside the name of each drug and, where necessary, these conditions are explained in Part I of the Schedule ("*Definitions*").

Amendments to the Tariff are issued three times a year, on 1 April, 1 August, and 1 December and are cumulative. The Tariff, therefore, is contained in only two documents, the principal Drug Tariff and the most recent amendment.

As amendments are made in the availability of drugs, the drug concerned must first be deleted from the Tariff and is included in the list of deletions in the Drug Tariff Amendment; its amended form is then included in the list of additions. These two lists also specify any items which are deleted entirely or are added to the Tariff for the first time.

Items which appear in an amendment for the first time, or which appear with an alteration in availability, are denoted by an asterisk.

The Drug Tariff also covers other matters relating to pharmaceutical benefits, such as the period of supply and practitioners' supply orders.

Major changes made in a revision of the Drug Tariff or in an amendment are explained in an accompanying Clinical Services Letter.

### **PRACTITIONERS' SUPPLY ORDERS**

There is provision under the Drug Tariff for supplies of most pharmaceutical benefits to be obtained on a practitioners' supply order form. Supplies of these forms, including the special form to be used for narcotics, may be obtained from the local medical officer of health.

These supply orders should not be used as a source of drugs for dispensing to patients other than in an emergency. They are intended to cover immediate treatment before supplies can be obtained in the ordinary way. They may also be used to obtain materials for personal administration to a patient, such as injections.

Items for use in the consulting room, such as diagnostic materials, disinfectants, or solutions for the storage of instruments, are not acceptable as a charge under the Drug Tariff. In accordance with the Tariff, supply orders are subject to scrutiny by the department.

Yours faithfully,

*A. W. S. Thompson. D. A. Andrews.*

(A. W. S. Thompson)  
Director,

(D. A. Andrews)  
Deputy Director,

Division of Clinical Services.

## Dr A. W. S. THOMPSON

Clinical Services Letter No. 1 was published on 30 September 1957, the first in the series of Prescribers' Notes which have continued ever since. All have appeared over the signature of Dr A. W. S. Thompson. But the present issue will be the last signed by him, since he retires on 27 May. It is fitting, therefore, that a brief tribute to him should appear in a publication he considered of great importance and to which he devoted much time and thought over the years.

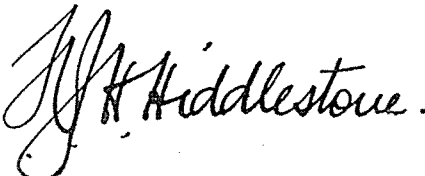
Dr "Bill" Thompson came to New Zealand in November 1946 as the Medical Officer of Health for the Auckland District. He was soon to make a considerable impact on the medical scene in that city and beyond through his flair for public health combined with his administrative skills. It was with some reluctance that he moved to Wellington following his appointment as Director of the Division of Clinical Services on 1 September 1955.

His achievements in that position during the intervening years have been too numerous to list. Most notable has been his work in the field of primary medical care where his success has been evident from the excellent working relationship his Division has with the medical profession. Several important advisory committees have functioned to good purpose under his chairmanship and guidance.

Another outstanding success, which gave him particular satisfaction, was the introduction in 1959 of the visiting practitioner scheme.

Dr Thompson will be remembered by many of us with affection. We shall miss his Irish wit, his sense of humour, his encyclopaedic memory, his erudition, his wisdom and, most of all, his humility.

He plans to spend his retirement in England and we wish him well.



(H. J. H. Hiddlestone)  
Director-General of Health.