



Department of Health,
P.O. Box 5013,
Wellington.

19 July 1976.

CLINICAL SERVICES LETTER NO. 160

TO MEDICAL AND DENTAL PRACTITIONERS

(Copy to Proprietors of Retail Pharmacies)

DRUG TARIFF 1974, AMENDMENT No. 7: EFFECTIVE 1 AUGUST 1976

1. To be available from a retail pharmacy:
Frusemide extemporaneously prepared oral liquids.
Idoxuridine skin ointment (Stoxil skin ointment).
Sodium cromoglycate nasal spray (Rynacrom nasal spray).
2. To be available from a retail pharmacy on the prescription or recommendation of a specialist:
Ethambutol with isoniazid tablets (Mynah tablets).
3. To be available from a hospital pharmacy:
Hydroxyzine hydrochloride (Atarax).
4. To be available from a hospital pharmacy on the prescription or recommendation of a specialist:
Flucytosine tablets (Alcobon tablets).
5. Dextrose, B.P. (glucose) is available as a charge under the Drug Tariff only when it is prescribed in combination with other pharmaceutical requirements available under the tariff. Dextrose, anhydrous, B.P. is available under the tariff only as an ingredient of an injection.

This Clinical Services Letter will be the only record most will have of the present changes to the tariff. As it is not a cumulative list it is suggested that this letter, along with Clinical Services Letters No. 155 and No. 158, should be retained for reference purposes.

Part Charges

From 1 August 1976, only partial payment will be made from public funds for thiethylperazine maleate tablets 6.5 mg (Torecan) and nitrofurantoin capsules (Furadantin M.C.).

As a result of devaluation and fluctuations in currency exchange rates, the prices of different brands of medicines are liable to vary in an irregular fashion. Since payment by the department is based upon the lowest priced brand available, part charges are at present payable on certain brands. A number of these charges may be temporary only. The simplest way to avoid part charges is to prescribe by official name.

Prescription Forms

More than 25 million prescriptions were written on forms of all shapes and sizes last year. Some of the forms prescribed up to 16 prescriptions, exclusive of any repeat supplies.

It would be helpful if a standard size prescription form were adopted. It is suggested that this be 100 mm by 200 mm. We are advised that the sheets of paper supplied to the printing trade can be divided and trimmed to this size with minimum waste. There is also concern about the number of prescriptions on each form. The Medical Services Advisory Committee has recommended that practitioners be asked to limit the number of prescriptions per form to a maximum of three.

Expensive Prescriptions

During recent months, summaries have been kept of prescriptions costing more than \$50. It is thought that medical practitioners might be interested to know of the various medicines which have appeared regularly. Those listed below probably appear because of the period for which they are prescribed and the dosage required.

- Becotide (beclomethasone dipropionate).
- Intal (sodium cromoglycate).
- Rynacrom capsules (sodium cromoglycate).
- Isoptin (verapamil).
- Aptin Durules (alprenolol hydrochloride).
- Blocadren (timolol maleate).
- Inderal (propranolol hydrochloride).
- Trasicor (oxprenolol hydrochloride).
- Visken (pindolol).
- Aldomet (methyldopa).
- Ismelin (guanethidine sulphate).
- Aldactone (spironolactone).
- Dihydroergotoxine mesylate (Hydergine).
- Calcium-Sandoz Forte and Calcium-Sandoz.
- Symmetrel (amantadine hydrochloride).
- Daonil (glibenclamide).
- Myambutol (ethambutol).

Rifadin, Rimactane (rifampicin).
Navane (thiothixene).
Serenace (haloperidol).
Predsol enema (prednisolone sodium phosphate).
Heparin injection.
Provera tablets 100 mg (medroxyprogesterone acetate).
Adroyd (oxymetholone).
Halotestin (fluoxymesterone).
Questran (cholestyramine resin).
Amoxil (amoxycillin trihydrate).
Bactrim, Septrin (co-trimoxazole).
Minomycin (minocycline hydrochloride).
Vibramycin (doxycycline hydrochloride).

Applications for Inclusion of Medicines in the Drug Tariff

When a company applies for the inclusion of a medicine in the Drug Tariff, it is expected to supply relevant information for consideration by the Pharmacology and Therapeutics Advisory Committee. This includes reprints of reports from reputable journals, and the names of practitioners in this country who have used the medicine. The opinions of these practitioners are then sought by direct inquiry from the department.

So that the department may provide the committee with more detailed information in a uniform manner, practitioners are now being asked to comment under specific headings, which are:

- numbers, age, and sex of patients;
- diagnoses;
- presentation and dosage used;
- results of therapy (good, fair, indifferent);
- any side effects;
- necessity for it to be available under the tariff, bearing in mind alternative forms of treatment;
- other comments.

Parenteral Nutrition

A recent decision has led to the removal from the Australian market of solutions of laevulose (fructose) and/or sorbitol. Compound solutions containing these carbohydrates and other active ingredients will not be permitted in that country as from July 1976 if the strengths of laevulose or sorbitol, either alone or in combination, exceed a total of 5 percent.

This decision has been discussed by the New Zealand Drug Assessment Advisory Committee, who request caution in the use of these substances.

It has been known for several years that xylitol, when used intravenously, can cause a syndrome, sometimes fatal, of lactic acidosis, raised serum and urinary uric acid levels, and osmotic diuresis. Recent reports in the literature have shown that the use of laevulose and sorbitol may produce similar problems.

Medical History and the School Dental Nurse

Most New Zealand children aged 2½-13 years receive their dental care at school dental clinics. School dental nurses need to know some aspects of a child's medical history, the two most important currently being:

- (a) The taking of tricyclic antidepressant drugs which may potentiate the effect of adrenaline. (Note: local anaesthetics containing noradrenaline are not used in the School Dental Service.)
- (b) A history of rheumatic fever or a repaired heart defect which increase the risk of bacterial endocarditis.

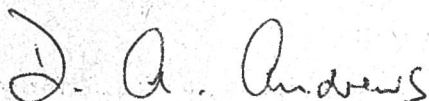
Medical practitioners can assist by advising parents of children taking tricyclic antidepressant drugs or who have increased susceptibility to bacterial endocarditis to inform the school dental nurse.

Acupuncture and Physiotherapy

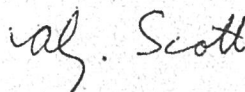
A few physiotherapists perform acupuncture on their patients. This method of treatment is not covered by the definition of "Physiotherapy" in the Physiotherapy Act 1949. Since a physiotherapy benefit is only payable for services covered by that definition, acupuncture performed by a physiotherapist cannot be a claim on social security.

Nine-month Examination of Infants and GMS Benefit

Not all practitioners seem to be aware that the GMS benefit can be claimed for the medical examination of 9-month-old infants. The higher rate of \$3, for special group patients, is the appropriate benefit.



(D. A. Andrews)
Director,



(A. G. Scott)
Deputy Director,

Division of Clinical Services.

General Practice Vacancy: Fairlie

Due to the departure of the sole resident general practitioner, a vacancy exists at Fairlie (estimated practice population 2510), 61 kilometres north-west of Timaru.

Rural practice bonus and other incentives apply. New surgery and residence available.

Inquiries: Medical Officer of Health, P.O. Box 510, Timaru.