



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

14 January 1977

CLINICAL SERVICES LETTER NO. 163

To Medical and Dental Practitioners
(Copy to Proprietors of Retail Pharmacies)

Antihistamines

In addition to those antihistamines listed in Clinical Services Letter No. 162 (page 6), the following will remain a full charge under the Drug Tariff:

Dextrochlorpheniramine maleate long-acting tablets 6 mg (Polaramine Repetabs)
Mebhydrolin napadisylate long-acting tablets 150 mg (Fabahistin Time Release)
Mepyramine maleate elixir (Anthisan)
Methdilazine hydrochloride tablets 4 mg (Tacaryl)
Methdilazine hydrochloride tablets 8 mg (Dilosyn)
Phenindamine tartrate tablets 25 mg (Thephorin)
Pheniramine aminosalicylate tablets 10 mg (Avilettes)
Pheniramine maleate long-acting tablets 75 mg (Avil Retard)
Promethazine hydrochloride elixir (Phenergan)

The following will remain a part charge under the Drug Tariff:

Chlorpheniramine maleate long-acting tablets 12 mg (Chlortrimeton Repetabs)
Methdilazine hydrochloride tablets 8 mg (Tacaryl)

Drug Tariff Administration

During recent months there has been criticism of the period of notice given about alterations to the Drug Tariff. It has also been alleged that there has been a lack of consultation with the medical profession.

The majority of decisions relating to Drug Tariff amendments are based on recommendations made by the Pharmacology and Therapeutics Advisory Committee, a committee of medical practitioners in active medical practice.

The opinions of individual medical practitioners who have used the medicines are sought by the department when application is made for the

inclusion of the medicines in the tariff or for their derestriction. From time to time the committee asks for comments from various academic colleges and societies before making recommendations on other changes to the tariff. Departmental staff who visit medical practitioners also attend meetings of the committee and keep members informed of the views expressed to them.

Once the committee has made its recommendations, it is customary to notify at an early date and on a confidential basis, manufacturers, wholesalers, and pharmacies of *proposed* changes to the Drug Tariff to enable planning for changed stock levels.

Notification to medical and dental practitioners must of necessity be delayed until details have been finalised, ministerial approval given and the proposals have become firm policy by way of legislation. These complicated procedural requirements dictate that advice to practitioners cannot be published until shortly before the Drug Tariff amendment comes into force.

Specialist Recommendations

As a result of various comments and complaints, the department has recently carried out a random check over a period of 3 months on "recommended by (specialist)" endorsements on prescriptions.

It has been disturbing to receive replies from 5 percent of specialists named as recommending a particular therapy that they did not authorise the use of their name for this purpose. Comments have gone further to state, for example, "I do not use this particular drug" and "I do not believe that this treatment should be used for this condition".

Restriction to free supply on the prescription of a specialist only, is an essential component of the New Zealand pharmaceutical benefit scheme and has enabled the free supply of many potent and sometimes expensive medicines which would otherwise have been withheld. Although there has always been some individual disagreement concerning the particular medicines to be restricted, overall the scheme has worked well and to the advantage of both practitioners and patients.

Concern about the misuse of specialists' names has been voiced by the New Zealand Dermatological Society who have evidence that their members' names have been quoted when they have not in any way given approval. In particular, they are concerned that this practice has been occurring with the prescribing of topical fluorouracil, a potentially hazardous drug which has on occasions been reported as converting benign lesions to more serious malignant lesions following injudicious use.

The results of the check have been referred to the New Zealand Medical Association for consideration of the ethical problems involved. Although no disciplinary actions have been instituted on this occasion, further random checks will need to be carried out in the future.

Period of Supply Survey

In order to estimate the usage and cost of medicines, the department analyses every 200th prescription. The forms extracted for this purpose have been analysed over 2-week periods in April 1975, October 1975, and April 1976. The statistics from these surveys therefore cover the period before and after the restriction to 5 days' supply which commenced on 1 August 1975.

Prescriptions for an initial 5 days' supply were 4.5 percent of all prescriptions in the first survey, 11 percent in the second survey, and 18 percent in the third survey. Similarly, prescriptions for 7 days' supply, which represented 18 percent of prescriptions in the first survey, decreased to 6.5 percent in the second survey, and 3.9 percent in the third. The last two figures represent prescriptions for extended supplies.

The survey indicates that the change in period of supply may have achieved savings.

Also of interest have been figures indicating that 65 percent of all prescriptions are written for 1 month or more and presumably represent prescribing for chronic conditions. The number of prescriptions written on each prescription form now averages 3, although instances of up to 16 prescriptions on one form have been seen.

Clomiphene

Several prescriptions for more than 1 month's therapy with clomiphene have been noted.

Practitioners are reminded that clomiphene has not been cleared from a teratological point of view, and if treatment is to be provided in advance it is essential to ascertain that the patient is not pregnant before each month's course is initiated.

In the absence of a *normal* period at the expected time, pregnancy should be excluded by:

- (i) Confirming that ovulation did not occur by reviewing hormone assays or examining the basal temperature chart;
- (ii) If the interpretation of the temperature chart is difficult, wait at least 6 weeks after the last course of clomiphene and then examine the patient and perform a pregnancy test.

Cervical Cancer Screening

There is a wide variation in the frequency with which cervical cytology is performed; due in part, perhaps, to the controversy surrounding the subject. A recent comprehensive report* makes realistic recommendations on this and other aspects of cervical screening programmes which are applicable in New Zealand.

*The Walton report; *Canadian Medical Association Journal* 1976, 114, 1003-1033.

It is suggested in the Walton report that only *high-risk* patients be screened annually. While all sexually active women are at risk of developing squamous carcinoma of the cervix, those women who become sexually active at an early age, especially with multiple partners, are considered to be particularly at risk. Women reaching the age of 60 without cervical smears ever showing atypical cells can be assumed to be no longer at risk, and women who have never been sexually active are in a low-risk category.

Women should be aware of their degree of risk and all those at risk encouraged to take part in screening programmes. A convenient and appropriate time for the first smear in a young woman is when she presents for contraceptive advice or follow-up with vaginal discharge or pelvic inflammatory disease, or because of pregnancy.

An appropriate frequency of examination would be:

- (i) An initial smear from all women over the age of 18 who have had sexual intercourse.
- (ii) If the result is satisfactory, a second smear within 1 year. Up to 20 percent of first smears may give a false-negative result. Repeating the smear from 1 month to 1 year later considerably reduces the chance of being misled.
- (iii) If these two and all subsequent smears are normal, further smears are advisable at 3-yearly intervals until the age of 35, and after that at 5-yearly intervals until the age of 60.
- (iv) Women at continuing high risk should be screened annually but this is *not* necessary for other risk groups.

National Superannuation Scheme: Extension of "Beneficiary" Special Group

The introduction of the National Superannuation Scheme and the corresponding amendments to the Social Security Act extend the definition of "beneficiary" to include persons aged between 60 and 65 years. Such persons and their dependants will therefore be eligible for the higher rates of medical benefit from the effective date of 9 February 1977. These new beneficiaries will be issued with identity certificates from the Department of Social Welfare which should be produced for noting in patient records. The present claiming system will be continued from 9 February 1977 by using the code letter "P" for all national superannuitants.

Practitioners are reminded that this higher rate of benefit must be passed on to these patients in reduction of the total fee charged.

It is estimated that 80 000 people will become eligible for the higher rates of benefit and that the additional annual cost will approach \$1½ million.

British National Formulary

As stated in Clinical Services Letter No. 161, copies of the 1976-1978 British National Formulary can be obtained from this division. To date only 211 requests have been received.

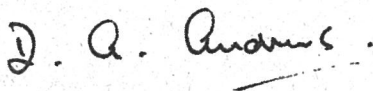
Report—Medical Manpower in New Zealand

The Medical Council of New Zealand has recently published a report on Medical Manpower in New Zealand. The report arose out of a workshop organised to consider a wide range of medical manpower issues. An indication of the fields covered can be seen from the following list of the report's contents: the supply of doctors; general practice; specialist services; community medicine; vocational training; and manpower planning.

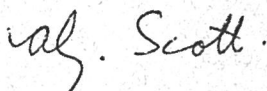
Copies of the report are available from the office of the Medical Council, 48 The Terrace, Wellington, at a cost of \$2 each.

Barbiturates

The Minister of Health has announced that for the present there are to be no restrictions on the availability of barbiturates under the Drug Tariff. He has proposed that a formal meeting of professional organisations concerned discuss ways and means of reducing usage of barbiturates.



(D. A. Andrews)
Director,



(A. G. Scott)
Deputy Director,

Division of Clinical Services

GENERAL PRACTICE VACANCIES

Several special areas will be vacant from January 1977. There is also a vacancy at Rotherham in North Canterbury. Further information can be obtained from the Director, Division of Clinical Services, Department of Health, P.O. Box 5013, Wellington.