



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

10 March 1978.

CLINICAL SERVICES LETTER No. 177

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

Drug Tariff 1974, Amendment No. 13: Effective 1 April 1978

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 earlier Clinical Services Letters, should be retained for reference purposes.

1. To be available from a retail pharmacy:

Additions—

Contrast media manufactured by Field Group Chemicals Pty. Ltd.
Dextropropoxyphene napsylate with paracetamol tablets (Digesic).
Econazole nitrate (Ecostatin, Gyno-Pevaryl, Pevaryl).
Ethinylloestradiol with norethisterone (Brevinor)—when prescribed for therapeutic purposes and not for contraceptive purposes.
Halcinonide ointment and solution (Halciderm).
Iron polysaccharide complex elixir (Niferex).
Sodium cromoglycate nasal drops (Rynacrom).

Changed Availability—

Acebutolol hydrochloride (Sectral).
Atenolol (Tenormin).
Lithium carbonate (Camcolit, Lithicarb, Lithomyl).
Metoprolol tartrate (Betoloc, Lopresor).

Acebutolol hydrochloride, atenolol, and metoprolol tartrate are included in the Intensive Adverse Drug Reaction Reporting Scheme. Retail pharmacists as well as hospital pharmacists are now requested to make returns of the number of patients involved. They may therefore need guidance in some cases as to whether or not patients are commencing or continuing therapy. Details of the Scheme were advised in Clinical Services Letter No. 165 of 18 March 1977.

2. To be available from a retail pharmacy on the prescription or recommendation of an appropriate specialist:

Changed Availability—

Loxapine succinate (Loxapac).

3. To be available from a retail pharmacy only on the prescription of a dermatologist or an oncologist:

Changed Availability—

Fluorouracil topical solution and topical cream (Efudix, Fluoroplex).

This change in availability has been made following concern about injudicious use. There have been reports of masking malignant lesions and even suggestions that malignant changes have been initiated.

4. To be available from a retail pharmacy but not on a practitioner's supply order:

Changed Availability—

Cetrimide with chlorhexidine (Savlon liquid).

The practitioners supply order system is intended as a means of obtaining pharmaceutical requirements for emergency use or for personal administration to a patient. A number of orders have included Savlon liquid, although it does not fall into either of these categories.

5. To be available from a hospital pharmacy:

Addition—

Labetalol hydrochloride (Trandate).

6. To be available from a hospital pharmacy on the prescription or recommendation of an appropriate specialist:

Additions—

Bromocriptine mesylate (Parlodel).

Cimetidine (Tagamet).

Sodium valproate (Epilim).

7. Deleted from the Drug Tariff:

Lynoeostrenol with mestranol (Orgaluton).

This preparation has been deleted from the Drug Tariff because of its high oestrogen content.

Cost/Efficiency Review of Therapeutic Groups—Part Charges

As a result of reviews carried out by the Pharmacology and Therapeutics Advisory Committee, the following will carry a part-charge to the patient from 1 April 1978.

Corticosteroid eye, ear preparations—

Colymycin Otic.
Locorten-Vioform ear drops.
Neo-Cortef ear drops.
Sofradex when prescribed as ear drops.
Neo-Cortef ear ointment.
Chlorocort eye drops.
F.M.L.—Neo eye drops.
Neo-Cortef eye drops.
Chlorocort eye ointment.

Minor tranquillisers—

Librium capsules 10 mg, and tablets 5 mg, 10 mg, and 25 mg.

Tricyclic antidepressants—

Concordin tablets 5 mg and 10 mg.
Prothiaden capsules 25 mg.
Surmontil capsules 50 mg and tablets 10 mg.

From 1 August 1978 there will possibly be part-charges on some antibiotics. As negotiations with the companies concerned have not been completed, a list cannot be published at this stage.

In August the Committee will review antifungal preparations. We should welcome any comments practitioners might wish to make about medicines in this group.

Non-disposable syringes and non-disposable needles for diabetics

From 1 April 1978, the Drug Tariff makes provision for the free supply of certain non-disposable syringes and non-disposable needles for diabetic patients receiving insulin therapy.

Supplies will be available from retail pharmacies. Patients will be required to present a medical practitioner's certificate to the pharmacist. A certificate will be valid for 2 years from the date of writing and must:

- (a) Give the patient's name, address, and age;
 - (b) Indicate that the patient is a diabetic on insulin therapy;
 - (c) Give the medical practitioner's name and address and the date of issue;
- and
- (d) Be signed by the medical practitioner.

The certificate should be retained by the patient and may be presented when necessary during the 2-year period for which it is valid. A prescription will not be required.

One non-disposable syringe and not more than two original packs of non-disposable needles may be supplied as required. It is realised, however, that a patient commencing insulin therapy or changing from the use of disposable syringes will require two syringes in the first instance, and provision has been made for this. To assist the pharmacist doctors are asked to add a dated endorsement to the certificate when these particular circumstances apply.

It is understood that disposable syringes will continue to be available at cost price from most public hospitals.

The following brands will be available as a charge under the Drug Tariff:

Non-disposable syringes

Eva (Kampo Manufacturing Co.).
ICO (ICO S.p.A.).
ICO Bloc (ICO S.p.A.).
Kampo (Kampo Manufacturing Co.).
Rose (ICO S.p.A.).
Safety (Sankyo Keiryoki).
Top (Top Surgical Manufacturing Co. Ltd.).
Van (Tsubasa).

Non-disposable needles

ICO (ICO S.p.A.).
K51 (ICO S.p.A.).
Top (Top Surgical Manufacturing Co. Ltd.).

INTENSIFIED A.D.R. REPORTING SCHEME

Medicines Involved

Acebutolol hydrochloride (Sectral).
Atenolol (Tenormin).
Cimetidine (Tagamet).
Labetalol hydrochloride (Trandate).
Metoprolol tartrate (Betacloc, Lopresor).
Sotalol hydrochloride (Sotacor).
Perhexiline maleate (Pexid).
Sodium valproate (Epilim).

Phenylbutazone and Oxyphenbutazone

Attention has recently been drawn in several countries to the potential dangers of phenylbutazone and oxyphenbutazone. Dr W. H. W. Inman from

the Committee on Safety of Medicines, London, commented that when compared with other anti-inflammatory medicines prescribed to a similar extent, phenylbutazone and oxyphenbutazone clearly account for a disproportionately large number of fatal blood dyscrasias. The Swedish Adverse Drug Reaction Committee has drawn attention to pulmonary reactions reported to have occurred after the use of oxyphenbutazone.

In New Zealand the use of these preparations has been reviewed. The following statistics were considered:

Major reactions to phenylbutazone, oxyphenbutazone, indomethacin, and aspirin

(a) Peptic ulceration:

NZ 1965-77	UK 1963-76	WHO 1968-76
Phenylbutazone		
66 (4 fatal)	132 (44 fatal)	238 (28 fatal)
Oxyphenbutazone		
15 (1)	10 (3)	37 (7)
Indomethacin		
65 (9)	146 (60)	278 (38)
Aspirin		
32 (1)	143 (74)	225 (13)

(b) Haematological reactions:

Phenylbutazone		
48 (16)	368 (214)	164 (45)
Oxyphenbutazone		
32 (8)	155 (85)	201 (74)
Indomethacin		
20 (6)	93 (34)	134 (15)
Aspirin		
11 (2)	62 (16)	29 (5)

The New Zealand Committee on Adverse Drug Reactions considers that all of the anti-inflammatory medicines are dangerous. Although phenylbutazone and oxyphenbutazone may induce more bone marrow depression, the use of any anti-inflammatory carries a considerable risk. These two medicines should not be used for sporting injuries, low back pain, and other conditions where there is an eventual good prognosis. It has also been pointed out that use may be dangerous with increasing age.

The matter was further considered by the Pharmacology and Therapeutics Advisory Committee who have not recommended any changes in availability of these products under the Drug Tariff at this stage. They did, however, request that attention be drawn to these potential dangers.

Warfarin and Foetal Abnormalities

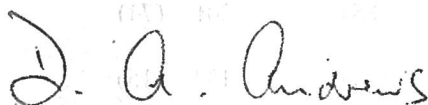
Several reports in recent years have indicated the risk of inducing foetal abnormalities by the use of warfarin during pregnancy. This risk is greatest during the first trimester but would also appear to exist at later stages of pregnancy when foetal bleeding may occur.

Where anti-coagulant therapy during pregnancy is obligatory, the use of heparin is preferable. Heparin does not cross the placental barrier.

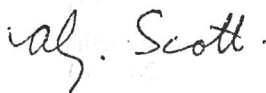
World Health Day, 7 April 1978

The theme for this year is "Down with High Blood Pressure". The National Heart Foundation of New Zealand considers that the primary responsibility for carrying out blood pressure screening rests with the general practitioners, to whom suspected cases encountered during routine examinations in occupational health clinics and elsewhere will be referred.

Dr David Hay, Medical Director of the Foundation, has prepared a pamphlet entitled "Down with Blood Pressure" for the information of the public, copies of which, together with posters and other educational material may be obtained from either the National Heart Foundation of New Zealand, P.O. Box 17128, Green Lane, Auckland 5, or from your District Health Office.



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BY AUTHORITY:

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