



Department of Health,
P.O. Box 5013,
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CLINICAL SERVICES LETTER No. 186

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

DRUG TARIFF 1979: EFFECTIVE 1 APRIL 1979

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—

Dapsone with pyrimethamine (Maloprim)
Diflucortolone valerate (Nerisone)
Diflucortolone valerate with chlorquinaldol (Nerisone C)
Dipotassium hydrogen phosphate
Dothiepin hydrochloride tablets (Prothiaden)
Fenoterol hydrobromide solution (Berotec solution)
Flucloxacillin (Floxapen)
Metoprolol tartrate long-acting tablets (Betoloc Durules)
Prilocaine hydrochloride with felypressin (Citanest with Octapressin)
Salbutamol sulphate as capsules for oral inhalation (Ventolin Rotacaps)
(Payment will not be made for the Ventolin Rotahaler)

Changed availability—

Labetalol hydrochloride (Trandate)

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

Addition—

Mexiletine hydrochloride capsules (Mexitil capsules)

Changed availability—

Cimetidine (Tagamet)
Methylprednisolone sodium succinate injection (Solu Medrol)
Perhexiline maleate (Pexid)

3. To be available from a hospital pharmacy:

Addition—

Cephazolin sodium (Kefzol)

4. To be available on a wholesale supply order when the order is endorsed "approved condition":

Addition—

Progestasert intrauterine device.

5. To be available on a practitioners supply order as well as on a prescription:

Changed availability—

Acetest

Keto-Diastix

Clinistix

Ketostix

Clinitest

Tes-Tape

Diastix

6. To be available only on a midwifery order:

Addition—

Heparinoid hyaluronidase ointment 14 g (Lasonil)

7. Deleted from the Drug Tariff:

Wescodyne—previously available only on a midwifery order.

In recommending changed availability the Pharmacology and Therapeutics Advisory Committee has asked for the following points to be emphasised.

Labetalol hydrochloride (Trandate)

This combined α and β adrenoreceptor blocking agent, while recognised as an efficient product for use in the treatment of hypertension, should not normally be regarded as the treatment of first choice.

Cimetidine (Tagamet)

It is essential that full investigation should be carried out before therapy is instituted with this expensive H_2 receptor antagonist. This investigation should include gastroscopic proof of ulceration wherever possible.

CLOFIBRATE

Clofibrate has been marketed in New Zealand as a lipid lowering agent for approximately 15 years and has been available on the Drug Tariff since 1965. It was originally available on specialist recommendation from a hospital pharmacy but has more recently been available from retail pharmacies but only on specialist recommendation. This particular restriction to specialist

recommendation has over the years attracted more criticism from general practitioners than any other Drug Tariff restriction but the Pharmacology and Therapeutics Advisory Committee remained firm in its opinion that this therapy should be used only in carefully selected cases.

In 1975 the Coronary Drug Project of the U.S. National Heart and Lung Institute made their report which showed no improvement in the five year mortality rate after myocardial infarction of those patients treated with clofibrate in comparison with those treated with placebo.

Late in 1978 a report was published of a multicentre trial in Edinburgh, Prague and Budapest organised by WHO and covering an initial population of 30,000 healthy male volunteers of whom a group of 5,000 had been treated with clofibrate for an average of just over 5 years. In comparison with control groups there was no reduction in the incidence of fatal heart attacks but a 25% reduction in the incidence of non-fatal heart attacks was achieved. Controversy now surrounds the alleged increase in the number of deaths from non-cardiovascular disease of the group treated with clofibrate. These deaths were particularly due to disease of the liver, biliary tract and intestinal system (including neoplasms) and have raised speculation "that mobilization of cholesterol from body pools including arteries, could lead to disease in the structures through which it and related sterols have to be removed from the body."

It is clear that clofibrate should not be used for community wide primary prevention of coronary heart disease. Its use should be restricted to the treatment of high risk cases particularly where high serum cholesterol persists after a trial of dietary restriction, and is combined with such factors as hypertension and smoking, and where dietary treatment alone is not effective. In the meantime, it will continue to be restricted to 'Retail Pharmacy-specialist' on the Drug Tariff and general practitioners are reminded that when endorsing the prescription as recommended by a specialist, they are required to add the year of authorisation as well as the name of the specialist. Such recommendations are now valid for 2 years only. In view of current uncertainty practitioners should consider the need for reassessment of individual cases receiving clofibrate therapy.

COST OF PRESCRIBING CHARTS

General practitioners will be familiar with the charts which analyse prescribing costs of doctors in their area and which are distributed to them for their information. A new format is now being adopted for these charts which it is hoped general practitioners will find of interest.

In the opinion of the Division of Clinical Services expensive prescribing is largely due to three main factors:

1. Using expensive medicines.
2. Polypharmacy.
3. An undue number of repeat prescriptions.

These three factors will be clearly outlined in the statistics now to be provided and will enable practitioners to compare these aspects of their

prescribing with those of their fellow practitioners. Although the use of expensive medicines obviously affects the cost of a prescription, prescribers may be surprised to note the significant effect of polypharmacy and repeat prescribing on their total prescribing costs.

Charts in the new format will commence distribution in the near future, although it will take some time before they are in use in all districts. It is hoped later in the year to commence supplying specialists with similar information in comparison with other practitioners of the same specialty.

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