



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

12 November 1979.

## CLINICAL SERVICES LETTER No. 190

### To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

## DRUG TARIFF 1979, AMENDMENT No. 2: EFFECTIVE 1 DECEMBER 1979

This Clinical Services Letter will be the only record most will have to 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 retail pharmacy:

#### *Additions—*

Beclomethasone dipropionate as capsules for oral inhalation (Becotide Rotacaps)

Chlortetracycline hydrochloride cream (Aureomycin cream)

Glyceryl trinitrate ointment (Nitrobid ointment)

Tolnaftate powder (Tinaderm powder)

Triamcinolone acetonide with nystatin and lignocaine hydrochloride ointment and suppositories (Kenoid ointment and suppositories)

#### *Changed availability—*

Disopyramide and its phosphate as capsules (Norpace, Rythmodan)

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

#### *Additions—*

Clomipramine hydrochloride (Anafranil)

Timolol maleate (Timoptol)

Clomipramine hydrochloride has been added to the Drug Tariff because of the claims for its value in phobic and obsessional states. As it is an expensive medicine in comparison with other tricyclic antidepressants, its availability has been restricted to specialist recommendation for selective use in these particular disorders.

Timolol maleate as eye drops is another expensive medicine. A 5 ml bottle of the 0.25 percent strength will cost public funds \$9.95 and the 0.5 percent strength will cost \$10.96. Although, clearly, an important new treatment for glaucoma it is not a treatment for closed angle glaucoma and is only one of a number of treatments for open angle glaucoma.

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

*Addition—*

Etidronate disodium (Didronel)

4. The following will no longer be a charge under the Drug Tariff:  
Planosec pregnancy test.

Reference was made to this in Clinical Services Letter No. 188.

### **INTENSIFIED ADVERSE DRUG REACTION REPORTING SCHEME**

The Drug Assessment Advisory Committee has recently reassessed the list of medicines involved in this scheme. Reporting of reactions and "events" associated with the use of the medicines involved was quite high over a period of time but has recently fallen off. The committee appreciates the co-operation of all those practitioners who are sending in reports, of the pharmacists who are reporting usage, and of Professor McQueen's unit which has been involved in so much work. The manufacturers of the medicines involved have also been most helpful.

In particular, the compilation of a computer-based store of the recipients of the medicines involved is seen as a tremendous advantage should any future problem become evident.

The Drug Assessment Advisory Committee is of the opinion that as from 1 January 1980 the following medicines should continue to be monitored under the scheme:

Cimetidine (Tagament)  
Perhexiline maleate (Pexid)  
Sodium valproate (Epilim)  
Sotalol hydrochloride (Sotacor)

The continuing co-operation of all involved is requested. Reports of any reactions or "events" occurring in association with the usage of these medicines should be referred to Professor McQueen. Pharmacists will be asked to continue their reporting of the usage of these medicines.

### ***Beta Blockers***

It will be noted that beta blockers are now being removed from this scheme with the one exception of Sotacor.

It is nevertheless felt that all patients on beta blockers should have anti nuclear factor testing before commencement of therapy and at 6-monthly intervals thereafter. This recommendation is made in spite of the difficulties which can occur with variation of ANF testing in different laboratories. In the case of acebutolol some recent work has shown the conversion of some negative ANFs to low titre positive ANFs during therapy and a very small number of cases with LE cells. These findings are thought to be a laboratory type conversion as can occur with methyldopa, but they substantiate the recommendation for ANF monitoring.

Sotacor, although it has been on the IADRR list for some time has not yet been marketed. For this reason it has been decided that it should remain on the list until sufficient data, possibly from overseas, has been compiled.

*Perhexiline maleate (Pexid)*

Two fatalities have recently been reported in association with use of this product. Peripheral neuropathy is a well documented side effect of this medicine and in severe cases has been reported to be associated with muscle wasting and optic neuritis with papilloedema. The difficulty of interpretation of the cause of the papilloedema in these circumstances has given rise to some concern. Both the neuropathy and any changed liver function tests which may occur due to use of perhexiline are thought to be dose related.

Strict attention to reporting of all side effects of this medicine is requested.

**PRESCRIPTIONS FOR ORAL CONTRACEPTIVES**

Under the terms of the Drug Tariff, a prescription for 6 months supply of an oral contraceptive which is to be dispensed in two 3-monthly supplies is not valid after 4 months from the date of the first dispensing. The second supply must be uplifted within the 4-month period. It would be appreciated if this could be explained to patients.

**COST/EFFICACY REVIEW OF THERAPEUTIC GROUPS**

From 1 December Tenormin tablets will carry a part-charge to the patient. Based on a survey carried out in New Zealand this year to determine the actual average daily dose of beta blockers being prescribed, Tenormin is more expensive than other medicines in this group.

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