



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

11 March 1980.

## CLINICAL SERVICES LETTER No. 192

**To Medical and Dental Practitioners**

(Copy to Proprietors of Retail Pharmacies)

### **DRUG TARIFF 1979, AMENDMENT No. 3: EFFECTIVE 1 APRIL 1980**

This Clinical Services Letter will be the only record most will have of the present changes to the Drug 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—*

Ipratropium bromide aerosol inhaler (Atrovent)  
Mebendazole tablets (Vermox)  
Propranolol long-acting capsules (Inderal L.A.)  
Rapignost Glucose  
Rapignost Protein  
Sodium cromoglycate nebuliser solution (Intal)  
Sulindac tablets (Clinoril)  
Theophylline long-acting tablets (Nuelin-SR)

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

*Addition—*

Testosterone propionate ointment

3. The following will not be available on a practitioner's supply order:

Benzalkonium chloride solution, B.P.C. (Zephiran)  
Chlorhexidine gluconate solution 20 percent (Hibitane)

4. Provision has been made for payment for a maximum of one month's supply of the benzodiazepine minor tranquillisers, inclusive of any repeats. The medicines involved are:

Chlordiazepoxide and its hydrochloride  
Diazepam capsules, syrup, and tablets  
Lorazepam  
Oxazepam

5. To be available on a wholesale supply order:  
Multiload Mini intra-uterine contraceptive device.

### **COST/EFFICACY REVIEW OF THERAPEUTIC GROUPS**

The antihistamine group of medicines will be reviewed again at the next meeting of the Pharmacology and Therapeutics Advisory Committee. Any comments practitioners might wish to make before 1 April will be referred to the committee.

From 1 April, Pertofran will carry a part-charge to the patient as a result of a review of the tricyclic antidepressants.

Both Mogadon capsules and tablets will carry a part-charge to the patient from 1 April. Payment will not exceed that for Insoma tablets.

### **"CHILD-RESISTANT" TOPS**

In the past payment has been made for Palm-N-Turn containers and Curly-Lock tops. As we cannot now trace a source of supply for either of these products, they are no longer listed as items available free of charge. Stocks might still be held by some pharmacies. Payment will have been made for these at the time of purchase.

### **PERHEXILINE MALEATE (PEXID)**

Attention was drawn in Clinical Services Letter No. 190 to the occurrence of changed liver function tests, peripheral neuropathy, muscle wasting, and optic neuritis with papilloedema in association with the use of perhexiline maleate.

The Committee on Adverse Drug Reactions has since expressed their concern about the serious side effects which may arise with the use of this medicine. Perhexiline maleate is considered to be a potent and useful medicine but should be reserved *only* for the treatment of angina when conventional therapy (glyceryl trinitrate, vasodilators, beta blockers, verapamil) has failed and surgery is not indicated.

Adverse reactions are thought to be dose related and the minimum effective dose should always be used. This may be no more than 50 mg daily. Maximum dose should not exceed 300 mg daily.

Perhexiline maleate is being monitored under the Intensified Adverse Drug Reaction Reporting Scheme and care should be taken to ensure that all adverse reactions and events are reported.

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

The following medicines are included in the Scheme:

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

### **PRACTICE NURSES: LIAISON WITH THE DEPARTMENT OF HEALTH**

As a result of an agreement between the department and the New Zealand Medical Association, principal public health nurses of the department will make periodic visits to general practitioners employing subsidised practice nurses.

The primary purpose of such visits is to improve liaison with the nursing services provided by general practitioners. Guidance and assistance on nursing matters will be offered to both practice nurses and their employers.

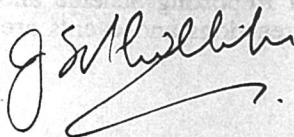
Principal public health nurses are also available, if requested, to advise general practitioners who are contemplating the employment of a practice nurse.

### **Dr A. G. SCOTT**

Dr A. G. Scott retired from the position of Director, Division of Clinical Services, on 15 February 1980. He came to New Zealand in 1974 after extensive experience in medical administration in England, particularly as County Medical Officer of Health, Norfolk.

On his arrival in New Zealand he had a short period as Medical Officer of Health, Wellington. He then became successively Deputy Director and Director of the Division of Clinical Services. It is evident that his extensive

administrative experience and sound common sense enabled him to quickly grasp the issues affecting primary medical care facilities in this country and that he enjoyed the respect of those with whom he came into contact.

A handwritten signature in dark ink, appearing to read 'J. S. Phillips', with a long, sweeping horizontal stroke underneath.

J. S. Phillips,  
Director, Division of Clinical Services.