



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

17 August 1981.

CLINICAL SERVICES LETTER NO. 206

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

IMMUNISATION BENEFIT

As from 1 September 1981 the immunisation benefit will be increased from \$2.25 to \$4. The benefit is payable whether the procedure is carried out by the doctor personally or by the nurse under supervision.

The benefit is also to be extended to cover the immunisation of women against rubella but this is a new policy and must await an amendment to the Social Security Act 1964. The date of implementation of this extension of the benefit will be notified later.

BREAST PROSTHESIS BENEFIT

The current subsidy payable on breast prostheses for women who have undergone a mastectomy has been increased from \$30 to \$40 as from 10 July 1981. An annual subsidy of \$40 will also be payable to assist with the purchase of replacement prostheses to any woman who has qualified for an initial subsidy. Those women who wish to do so may postpone and hence aggregate this annual subsidy.

The subsidy payable on a breast prosthesis required for breast reconstruction operations carried out in private hospitals for women who have had a mastectomy is also increased to \$40. There will be no annual subsidy in this instance.

PLASTIC INSULIN SYRINGES

The Minister of Health has authorised an amendment to the Drug Tariff 1981 to provide for payment for plastic insulin syringes with an attached needle. This is effective from 1 September 1981.

Payment will be made for a maximum of 13 plastic insulin syringes with attached needle if the prescription is written on the same prescription form as prescriptions for 3 months' supply of insulin. If, however, the prescription for insulin calls for less than 3 months' supply, payment will be made for the

equivalent of one plastic insulin syringe with attached needle per week of insulin therapy.

The brands of syringe for which payment will be made are:

Becton Dickinson;
Monoject;
Terumo.

It is hoped that hospital boards will continue to make supplies available at cost for those patients requiring further syringes.

VISITS TO PRIVATE HOSPITALS AND OTHER INSTITUTIONS

It has become clear that differences of interpretation have arisen over visits to private hospitals, rest homes, and nursing homes and this matter has been discussed with the NZMA

The Medical Services Advisory Committee has now recommended that when more than one patient is seen only one GMS benefit should be claimed at the visit rate. The remainder should be at the usual consultation rate.

The committee also recommended that, if the number of claims seemed unduly frequent or excessive, an explanation should be sought.

TESTS FOR GLUCOSE IN BODY FLUIDS

Urinary Glucose

Recent evaluation by the DSIR of test strips, papers, and tablets for determination of glucose in urine has indicated that all samples produce reasonably satisfactory results, within the limitations of the specified colour ranges on the colour charts.

The following points require attention if accurate information is to be obtained:

- Manufacturers' instructions should be followed very closely and limitations of specificity noted.
- Correct storage is imperative; not above 30°C, not in a refrigerator, and not in strong light or moist conditions.
- The lid must be tightly closed after use and the desiccant sachet (when enclosed) must not be removed from the bottle.
- The test area of the reagent strip must not be touched or put onto paper during the test.
- Urine should be fresh; if refrigerated it should be allowed to regain room temperature; if using preservatives obtain advice about the correct method which will not invalidate the result.
- Timing is critical; the result must be read at the time stated by the manufacturer and these vary from 10 to 30 to 60 seconds for different brands.
- Reagent tablets should always be dispensed in their original pack; tweezers should be used in handling the tablets and the special equipment (droppers and pyrex tube) should always be used and should be clean. The number of drops of urine and water should always be accurately counted.

- Erroneous results can be caused by urinary excretion of ascorbic acid, ketone bodies, or the metabolites of certain drugs. Oxidising cleaning agents used on any equipment may also negate the results.
- All products must be used before the expiry date and, in the case of the paper tape, within 4 months of opening the carton.

Blood Glucose

The preceding points apply equally to the use of reagent strips for measuring blood glucose. It is considered inappropriate to use any but the B.M.-Test-Glycémie 20-800 without a reflectance meter and every patient should undergo thorough education in the use of the equipment before being expected to self-monitor their blood glucose levels.

Doctors doing infrequent blood glucose estimations should beware of placing too much reliance on the results they obtain if the test strips are out of date, or the equipment is unfamiliar.

ANNOTATION OF PRESCRIPTIONS BY PHARMACISTS

Following approaches by the Pharmaceutical Society of New Zealand and the Chemists' Guild of New Zealand (Inc.), the department has agreed to accept, for payment purposes, certain alterations being made to prescriptions by pharmacists after consultation with the prescriber. At present these prescriptions are required to be returned to the prescriber for his initials. This change has the support of the New Zealand Medical Association and the New Zealand Dental Association (Inc.) and will apply from 1 September 1981.

The department will accept alterations, subject to the agreement of the prescriber, which relate to the strength, quantity, and dose of the medicine prescribed, provided that the quantity is not increased above that prescribed. It will also accept an alteration applying to the supply of an alternative medicine but only if the medicine prescribed has been discontinued by the manufacturer or importer.

Endorsements of prescriptions by the pharmacist in these instances can only be accepted if they appear on the prescription at the time of initial submission to the pricing offices. The annotation must indicate that the prescriber has been contacted and must be signed and dated by the pharmacist. If a prescription is required to be referred back to the contractor, then any alteration will need to be endorsed by the prescriber.

The alteration of a prescription for a Class B controlled drug will, of course, have to be made by the prescriber.

The society and the guild have agreed to carry out a form of peer review in cases where a pharmacist consistently submits batches of prescriptions which result in a large number of prescriptions having to be returned. This also raises the question of the prescriber's obligations in writing a prescription. Important points are:

- The patient's name and address and age if under 12 years.
- The strength and quantity of the medicine.
- Precise instructions for the administration of the medicine.
- Any necessary endorsements, such as "extended supply" and "approved condition".
- The name of the specialist and year of authorisation if a specialist restricted medicine is prescribed.
- The prescriber's signature and address and the date of prescribing.

INTENSIFIED ADVERSE DRUG REACTION REPORTING SCHEME

As it is considered that adequate data have now been compiled, cimetidine (Tagamet) and perhexiline maleate (Pexid) are withdrawn from this scheme. In particular, with the valuable assistance of pharmacists, cohorts of users of these products are now available for rapid reference should any further unexpected dangers of these medicines come to notice. The compilation of these lists of users has proven to be one of the great advantages of this scheme.

Tocainide hydrochloride (Tonocard) will shortly become available and is added to the scheme. Tocainide is a primary amine analogue of lignocaine and is indicated in the treatment of ventricular arrhythmias. It should be used with caution in patients with hepatic or renal disease and also in patients with uncompensated heart failure or who are receiving other anti-arrhythmic medicines.

As a result of these changes the following medicines are now included in the scheme:

Captopril (Capoten);
Nifedipine (Adalat);
Sodium valproate (Epilim);
Sotolol hydrochloride (Sotocor);
Tocainide hydrochloride (Tonocard).



(J. S. Phillips)
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