



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

9 November 1982.

## CLINICAL SERVICES LETTER NO. 215

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

### SPECIAL PURPOSE FOODS FOR MILK INTOLERANCE

#### New Arrangements

From 1 December 1982, new arrangements apply for the supply of special purpose foods for milk intolerance as supplementary pharmaceutical benefits.

The situation has been reviewed as, in some cases, we were being asked to authorise the free supply of foods on social rather than clinical grounds. A number of applications were being received for the modified infant formulae SMA and Enfamil. In addition, it is difficult to justify the total free supply of special purpose foods whereas, in other circumstances, supplies of a modified infant formula would have to be purchased. Supplies will not, therefore, be totally free in future.

Following discussions with departmental advisers in nutrition and paediatrics and the Pharmacology and Therapeutics Advisory Committee on these points and the clinical aspects involved, the following criteria will apply:

1. The child is under 2 years of age at the time application is made for supplies as a supplementary pharmaceutical benefit;
2. The application confirms the diagnosis of milk intolerance with the withdrawal of cow's milk and subsequent challenge;
3. The diagnosis is supported by an appropriate specialist;
4. Approvals will be limited to Prosobee powder, Isomil powder, Glucose Nutramigen, or Pregestimil PF;
5. Approval to be valid for only 1 year with renewal for a further year in special cases;
6. Supplies will be available from retail pharmacies;
7. Part of the cost, approximately equivalent to the cost of modified infant milk formulae used in feeding infants, to be met by the infant's family. At present the charge will be \$3 per tin of powder. This will be adjusted from time to time.

#### Applications

Please ensure that applications include the patient's name, date of birth, brief clinical details, and the name of the recommending appropriate specialist. An indication is also required that it would be unreasonable for the child's family to meet that part of the cost being paid from public funds.

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## **Prescription Endorsement**

Please ensure that prescriptions are clearly endorsed with the approval number and month and year of approval, e.g., Chem 201 H December 1982. Reimbursement cannot be made to retail pharmacies for incorrectly endorsed prescriptions.

## **Existing Approvals**

All existing approvals are cancelled from 1 April 1983. Until that date, supplies can continue to be obtained from hospital pharmacies and will remain free of charge. If further supplies are required after 1 April 1983, a new application will need to be made before that date in accordance with the criteria set out above.

## **DRUG TARIFF 1981, AMENDMENT NO. 5, EFFECTIVE 1 DECEMBER 1982**

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*

Aluminium hydroxide with magnesium hydroxide and dimethicone mixture (Mylanta);  
Diclofenac sodium tablets (Voltaren);  
Miconazole oral gel (Daktarin).

### *Alterations*

Mecillinam injection (Selexid injection);  
Pivmecillinam hydrochloride tablets (Selexid).

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

### *Addition*

Tocainide hydrochloride injection and tablets (Tonocard).

### *Alteration*

Chymotrypsin injection (Chymar-Zon, Zolyse, Zonolysin).

3. To be available from a retail pharmacy on a practitioners supply order of a medical practitioner as well as on the prescription or recommendation of an appropriate specialist:

### *Alteration*

Glucose oxidase with peroxidase diagnostic strips for insulin using diabetics (blood testing) (BM-Test-Glycemie 20-800).

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

### *Addition*

Cefamandol nafate injection (Mandol).

5. Water for injections:

### *Alteration*

Quantities of 50 ml or less per unit will be available on a bulk supply order for private hospitals without further restriction.

6. To be available only on a wholesale supply order:

### *Addition*

Roche pregnancy slide tests.

7. Deleted from the Drug Tariff:

Aminophylline with ephedrine hydrochloride and amylobarbitone (Amesec);

Aminophylline with ephedrine sulphate and phenobarbitone (Amiphen).

In Clinical Services Letter No. 212 we gave early warning of the deletion of these preparations. These particular combinations are considered to be ineffective and outdated. The administration of a barbiturate to an asthmatic is also considered to be undesirable.

## **ANTIBIOTIC RESTRICTION**

Clinical Services Letter No. 213 lists those medicines which require the endorsement "extended supply" if more than 4 days' supply is prescribed by a medical practitioner.

We also remind you that any prescription form bearing the pre-printed words "extended supply" requires an additional endorsement by the prescriber to comply with the requirements of the Drug Tariff. The mere use of forms with pre-printed endorsements as a matter of routine is not considered to be within the spirit of the legislation.

The additional endorsement could indicate the required period of supply and may be abbreviated. In the case of an extended supply for a period of less than 1 month, an abbreviated statement of the intended period of supply, or a further statement of the total quantity required, or the prescriber's initials confirming the preprinted endorsement would suffice.

If these requirements are not met, pharmacists cannot be reimbursed under the Drug Tariff.

## **TEMGESIC SEEKING**

There are reports from several health districts of known drug abusers obtaining prescriptions for Temgesic (buprenorphine) from different practices. This analgesic, contrary to initial predictions, is obviously being sought as a drug of abuse and practitioners are asked to exercise the appropriate caution when prescribing or supplying buprenorphine.

## BETABLOCKERS AND ANF MONITORING


It was recommended in Clinical Services Letter No. 190 that all patients on beta adrenergic blocking drugs should have routine monitoring of the antinuclear factor (ANF), also referred to as monitoring of the antinuclear antibody (ANA).

The Drug Assessment Advisory Committee has reviewed this recommendation in the light of further experience in New Zealand and overseas and feels that such testing is no longer warranted.

## INTENSIFIED ADVERSE DRUG REACTION REPORTING SCHEME

The following medicines are included in the scheme:

Amiodarone hydrochloride (Cordarone-X);  
Captopril (Capoten);  
Nifedipine (Adalat);  
Sodium valproate (Epilim);  
Sotalol hydrochloride (Sotacor);  
Tocainide hydrochloride (Tonocard).



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