



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

8 March 1983.

CLINICAL SERVICES LETTER NO. 217

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

DRUG TARIFF 1981, AMENDMENT NO. 6, EFFECTIVE 1 APRIL 1983

This Clinical Services Letter will be the only record most will have of the present change 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

Amiloride hydrochloride tablets (Midamor);
Carbaryl shampoo (Carylderm);
Diclofenac sodium suppositories (Voltaren);
Ketoprofen long-acting capsules (Oruvail);
Naproxen sodium tablets (Synflex);
Oestradiol implant tablets;
Sodium cromoglycate aerosol inhaler for oral use (Vicrom).

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

Additions

Amoxapine tablets (Asendin);
Clobetasone butyrate with or without neomycin sulphate as eye drops (Eumovate, Eumovate N);
Dipivefrin hydrochloride eye drops only in packs of 7.5 ml (Propine);
Pancreatic enzyme preparation (Pancrease);
Testosterone undecanoate capsules (Panteston).

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

Addition

Glucose oxidase with peroxidase diagnostic strips for insulin using diabetics (blood testing) (Visidex).

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4. To be available from a hospital pharmacy:

Addition

Tobramycin sulphate injection (Nebcin).

5. To be available either from a hospital pharmacy or from a retail pharmacy on a practitioner's supply order:

Addition

Nefopam hydrochloride tablets (Acupan).

6. To be available only on a practitioner's supply order:

Addition

Diazepam rectal tubes (Stesolid).

7. Deleted from the Drug Tariff:

Hydroxyprogesterone caproate injection (Primolut Depot).

This preparation is deleted from the Drug Tariff as there is a lack of evidence of its efficacy in treating threatened abortion or in preventing habitual abortion.

8. Payment for antibiotic granules for reconstitution to an oral liquid:

Previously payment has been made from public funds for an original pack, or packs, of these preparations, regardless of the quantity prescribed. Once reconstituted, these preparations have a limited shelf life. From 1 April payment will be made only for the quantity prescribed unless the pharmacist satisfies the department that he has not been able to dispense the balance, in which case payment will be also made for the quantity that has had to be discarded.

Pharmacists will sometimes be using the balance of a reconstituted bottle when dispensing a further prescription. This balance, however, will be used only if the period of supply of that prescription comes within the shelf life of the balance of the reconstituted bottle. There is no question of using a reconstituted liquid beyond its expiry date.

PREScription PROBLEMS

Approximately 360 000 invalid prescription claims on which payment is withheld are returned to pharmacists each year. Half of these prescriptions are returned because of omissions by the prescriber, but it is the pharmacist who suffers.

Three types of error account for 72 percent of all prescribing omissions. They are:

Date of prescribing not specified	...	...	...	...	30%
"Extended Supply" requirements not properly endorsed	...	...	...	...	22%

Note: Pre-printed "extended supply" endorsements need to be completed by the prescriber to show intent: an abbreviated statement of the intended period of supply, e.g., 1/12 etc. is sufficient.

"Specialist Recommendations" not properly endorsed	20%
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Note: This endorsement must include the words "recommended by" and the name (and initials) of the recommending specialist along with the year of authorisation.

These are statutory requirements for the payment of large sums of money. Although apparently pinpricking in an individual sense, they cease to be so when 28 million prescriptions, averaging over \$6.50 each, have to be paid each year. The Department of Health is responsible for seeing that public monies are properly disbursed and its 160 pricing office staff cannot be expected to approve payment for prescriptions that are only "probably all right". This year some \$200 million will be involved.

We regret that, due to a word processor malfunction, the following names were not included in the list of specialists for the purposes of the Drug Tariff and Health Benefits dated 25 January 1983:

- *GORDON, Douglas Alexander, IM
- *GORDON, Ernest Howard, CM
- *GORDON, Graham Rothwell, S/GEN
- *GORDON, Ross Clifton, O/G
- *GORDON, William Cleveland, PSYC
- *GOULD, Peter William, DER
- GOW, Peter James, IM
- *GOWARDMAN, Madhu Ganpat, PSYC
- *GOWLAND, Stuart Peter, S/URO
- *GRAHAM, Frederick Malcolm, O/E
- *GRAHAM, Kenneth John, S/GEN
- GRAINGER, John Michael, PATH

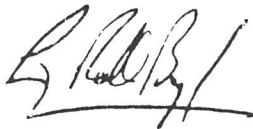
INTENSIFIED ADVERSE DRUG REACTION REPORTING SCHEME

The following medicines are included in the scheme:

Acyclovir (Zovirax);
Amiodarone hydrochloride (Cordarone-X);
Captopril (Capoten);
Nifedipine (Adalat);
Tocainide hydrochloride (Tonocard).



J. S. Phillips,
Director,



G. R. Boyd,
Deputy Director.

Division of Clinical Services