Podiatrists Board of New Zealand
Te Poari Tiaki Waewae O Aotearoa

PO Box 9644, Wellington 6141
registrar@podiatristsboard.org.nz
www.podiatristsboard.org.nz
T. +64 4 474 0706
F. +64 4 918 4746

Consultation on draft

MEDICINES LIST FOR PODIATRIC PRESCRIBING APPLICATION TO MINISTRY OF HEALTH

February 2019

Consultation paper

The Podiatrists Board of New Zealand intends to apply to the Ministry of Health for further Podiatric Prescribing rights for podiatrists in New Zealand.

An initial draft list of medicines has been compiled for which the Board intends to include in its application.

The Board welcomes feedback received from all stakeholders.

Please provide feedback on this document by email to the registrar@podiatristsboard.org.nz by close of business 26 March 2019.

How your submission will be treated

The Board accepts submissions may be made in confidence. Submissions may be confidential because they include personal experiences or other sensitive information. Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

Submissions may be published unless you request otherwise. The Board may publish submissions on its website to encourage discussion and inform the profession and stakeholders. However, the Board retains the right to not publish submissions at its discretion, on the website or make available to the public, or any submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board may remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

Overview

February 2019

Consultation on the Podiatrists Board

Podiatric Prescribing Application Draft List of Medicines

The Board will consider the feedback on this first round of consultation on the draft list of medicines for the Board's podiatric prescribing application.

Please provide feedback by email to registrar@podiatristsboard.org.nz by close of business on 26 March 2019.

Background

The Podiatrists Board of New Zealand are moving forward with a podiatric prescribing application and have now appointed a project manager to lead this project.

Based on the Board's 2016 prescribing survey, 73% of participants indicated it was desirable for New Zealand podiatrists to prescribe medications independently. Around 74% of participants also indicated there was a need to gain prescribing privileges.

Following consultation with Dr Maree Jensen (previous Academic Director, School of Pharmacy, University of Auckland- now honorary member of staff with both the Schools of Pharmacy and Medicine), who was responsible for developing the Dietitians Board prescribing framework, the following list of medicines has been drafted for your consideration.

Please see the following proposed list of medicines to be included in the prescribing application for your comment.

- If you believe an additional medication needs to be added please provide a rationale that details the benefits to the patient in terms of access and equity.
- If you feel there is anything that shouldn't be on the list please also identify with your rationale.
- If you have any specific concerns about any of these medications can you please detail these, as they may form some of the educational scenarios of the training package, (which will also be consulted on in the next few months).

You are invited to provide feedback

The Board looks forward to receiving your feedback on the following draft list of medicines that has been prepared and intended to be part of the Board's application for podiatric prescribing to the Ministry of Health.

Next steps

The Board will consider any feedback from this first round of consultation and consult further on the list of medicines, the proposed education package and the draft Board's Podiatric Prescribing application to the Ministry of Health later in the year.

Medicines for Podiatrists Board Prescribing Application

December 2018

Analgesics:

- Diclofenac (topical, oral)
- Ibuprofen (topical, oral)
- Paracetamol (oral)

Antibacterials:

- Amoxicillin (oral)
- Cefaclor (oral)
- Co-trimoxazole (oral)
- Flucloxacillin (oral)
- Hydrogen peroxide gel (topical)
- Povidone Iodine (topical)

Antifungals:

- Ciclopirox (topical)
- Econazole (topical)
- Fluconazole (oral)
- Terbinafine (oral, topical)

Corticosteroids - plain

- Hydrocortisone (topical)

Cyclic and related agents:

- Nortriptyline

Emollients:

- O/W emulsion (= fatty cream)
- Urea cream 10%
- Cetomacrogol with glycerol 10% lotion

Local anaesthetics:

- Bupivacaine (parenteral)
- Lignocaine (topical, parenteral)
- Prilocaine (topical)
- Ropivacaine (parenteral)

Analgesics:

Podiatrists require the use of nonsteroidal analgesics as well as paracetamol to manage pain from prior to and after procedures as well as managing pain from existing foot conditions and malformations. This may include the use of either sustained release preparations to provide long acting analgesia as well

as liquid preparations for those who cannot swallow solid dosage forms. Paracetamol is advisable for those diabetic patients with renal impairment.

Diclofenac (topical, oral)

Funded: 25mg tablet, 75mg SR tablet

Not funded: topical gel

Ibuprofen (topical, oral)

Funded: 200mg tablet, 800mg LA, 200mg/5ml suspension

Not funded: topical gel

Paracetamol (oral)

Funded: 500mg tablet, 250mg/5ml suspension

Antibacterials:

Podiatrists manage foot problems that are commonly associated with mild to severe bacterial skin infections as well as systemic infections, commonly related to diabetic foot conditions. Some patients are at greater risk of developing infections post surgically – for example, because of previous surgical introduction of metal implants into bone, or because of previous disease processes such as bacterial endocarditis (bacterial infection of the heart valves). In order to minimise the risks of post-operative infection in such cases, prophylactic systemic antibiotic therapy would be needed pre-surgically almost immediately and for a short period post-operatively. Antibiotic stewardship requires selection of antibiotics to manage these conditions. The use of antibiotics would require regular follow-up, for example every seven days, if antibiotics were to be used.

Amoxicillin (oral)

Funded: amoxicillin capsules 250mg, amoxicillin capsules 500mg, amoxicillin suspension 250mg/5ml

Amoxicillin clavulanate (oral)

Funded: amoxicillin clavulanate tablets 500/125mg, amoxicillin clavulanate suspension 250/62.5mg in 5ml

Clarithromycin (oral, single dose)

Funded: clarithromycin tablets 250mg (maximum 500mg per prescriptions, as pre-surgical prophylaxis for prosthetic heart valves or other prostheses

Trimethoprim with sulphamethoxazole (oral)

Funded: co-trimoxazole tablets 400/80mg, co-trimoxazole 200/40mg in 5ml, for management of cellulitis in patients allergic to penicillin

Flucloxacillin (oral)

Funded: flucloxacillin capsules 250mg, flucloxacillin capsules 500mg, flucloxacillin 250mg in 5ml

Hydrogen peroxide (topical)

Funded: hydrogen peroxide cream 1%, as topical antibiotic use is no longer considered appropriate

Povidone Iodine (topical)

Funded: povidone iodine ointment 10%, povidone iodine 10% solution

Antifungals:

Fungal skin and nail disease is an everyday encounter for the podiatrist, and combined fungal/bacterial skin infections are common. For patients such conditions may cause chronic irritation and permanent nail damage and can hinder surgical treatment of some painful nail, toe and foot deformities. In many cases fungal infections need to be brought under control prior to carrying out a surgical procedure. Toenails require vigorous treatment by way of systemic anti-fungal therapy whilst skin conditions may respond well to topical anti-fungal preparations.

Ciclopirox (topical)

Funded: ciclopirox 8% solution

Econazole (topical)

Funded: econazole cream 1%

Fluconazole (oral)

Funded: fluconazole capsules 50mg, maximum 6 weeks treatment

Terbinafine (oral, topical)

Funded: terbinafine tablets 250mg

Not funded: terbinafine 1% cream

Corticosteroids – plain

Inflammatory skin conditions such as eczema or dermatitis may be present without bacterial or fungal infection. Occasional use of topical corticosteroid may be helpful in managing these conditions by preventing fissures developing from these scaling skin conditions. As a result opportunistic fungal and bacterial infections, particularly in the immunocompromised, may be prevented.

Hydrocortisone (topical)

Funded: hydrocortisone cream 1%, maximum 30gm per prescription

Cyclic and related agents:

Neuropathic pain is common in diabetic patients. Low doses of tricyclic antidepressants have been helpful in managing persistent pain.

Nortriptyline (oral)

Funded: nortriptyline tablets 10mg

Emollients:

Emollient creams and lotions are commonly used and recommended by podiatrists. Prevention and effective management of dry scaly conditions affecting the feet is important in preventing further damage and opportunistic infection entering the bloodstream and causing systemic infections. One of the most common causes of cellulitis is from infected skin cracks and tinea. Management of dry skin could prevent hospitalisation and subsequent use of parenteral antibiotics to treat cellulitis, particularly in managing feet of diabetic patients.

Oil in water emulsion

Funded: O/W emulsion (fatty cream)

Cetomacrogol with glycerol 10% lotion

Urea cream 10%

Local anaesthetics:

In 1975 podiatrists obtained the right to administer the local anaesthetic lignocaine, as described by the First Schedule of the Medicines Regulations 1984. The use of prilocaine, ropivacaine and bupivacaine has been common practice in New Zealand for many years. This has been without incident or deleterious outcome for any patient. Granting podiatrists the responsibility for prescribing a wider range of medicines, will align common usage with the Medicines Regulations.

Bupivacaine (parenteral)

Funded: bupivacaine injection 2.5mg/ml, bupivacaine injection 5mg/ml

Bupivacaine with adrenaline (parenteral)

Funded: bupivacaine injection 2.5mg with adrenaline 1:400,000, bupivacaine injection 5mg with adrenaline 1:200,000

Lignocaine (topical, parenteral)

Funded: lignocaine injection 1%, lignocaine injection 2%, lignocaine cream 4%

Prilocaine (parenteral)

Funded: prilocaine injection 0.5%, prilocaine injection 2%,

Prilocaine with lignocaine (topical)

Funded: lignocaine cream 2.5% with prilocaine 2.5%

Not funded: lignocaine patch 25mg with prilocaine 25mg

Ropivacaine (parenteral)

Funded: ropivacaine injection 2mg/ml, ropivacaine injection 7.5mg/ml, ropivacaine 10mg/ml

References:

https://nzf.org.nz/

http://www.medsafe.govt.nz/profs/Datasheet/datasheet.htm

https://www.pharmac.govt.nz/tools-resources/pharmaceutical-schedule/

https://bpac.org.nz/2017/abguide.aspx