



PHARMACEUTICAL SOCIETY
of New Zealand Incorporated

16 October 2020

Medicines Classification Committee Secretary
Medsafe
PO Box 5013
Wellington 6145
via email: committees@moh.govt.nz

Dear Jacinta,

MEDICINES CLASSIFICATION COMMITTEE (MCC) COMMENTS TO THE 65th MEETING AGENDA Tuesday 27th October 2020

Thank you for the opportunity to submit comments on the Agenda for the 65th meeting of the Medicines Classification Committee.

The Pharmaceutical Society of New Zealand Inc. (the Society) is the professional association representing over 3,700 pharmacists, from all sectors of pharmacy practice. We provide to pharmacists professional support and representation, training for continuing professional development, and assistance to enable them to deliver to all New Zealanders the best pharmaceutical practice and professional services in relation to medicines. The Society focuses on the important role pharmacists have in medicines management and in the safe and quality use of medicines.

Regarding the agenda items for the above meeting of the Medicines Classification Committee, the Pharmaceutical Society would like to note the following comments for consideration:

5.2 Paracetamol – recommendation received from the coroner

The Society welcomes the opportunity to provide feedback around the potential future provision of paracetamol to patients and members of the public.

Paracetamol is an effective analgesic for a variety of clinical conditions and can also be used as an antipyretic.^[1] Paracetamol has been on the market for over 50 years. Currently patients and their carers can access paracetamol through a variety of different avenues including prescriptions, pharmacies (both physical and online) and various retail outlets, including supermarkets and dairies.

Paracetamol has been accepted by the public as an easy to access medicine for the management of acute conditions. In addition to over the counter and patient self-selection, 2,940,467 individual prescriptions for paracetamol were written and dispensed in New Zealand during 2019.^[2]

Paracetamol is still one of the most commonly used medications for overdose.^[3] Reducing the pack sizes of paracetamol that patients and their carers can purchase has reduced estimated deaths due to paracetamol overdose.^[4] However, with continuing cases of overdose, it suggested that “further preventive measures should be sought” and pack size reduction may not resolve the issue.^[4]

The Coroner's recommendations reflect those currently implemented in the United Kingdom, with the exception of the prescriber restrictions. New Zealand legislation has a slightly different medicines category system including the potential to use a restricted (Pharmacist-only) classification. To support the discussions around equitable access to appropriate treatment,

THE PROFESSIONAL VOICE OF PHARMACY

Level 10, Grand Arcade Tower, 16-20 Willis Street, PO Box 11640, Manners Street, Wellington, 6142, New Zealand
TEL 04 802 0030 **FAX** 04 382 9297 **EMAIL** p.society@psnz.org.nz **WEB** www.psnz.org.nz

which is balanced against the safety profile of paracetamol, the Society would like to suggest the following recommendations, if paracetamol is considered for reclassification:

Pharmacy only: 10g per transaction (i.e. 20 x 500 mg tablets)

Restricted (Pharmacist only) supply: 50g (i.e. 100 x 500mg tablets)

Prescription only supply: Decision by prescriber in collaboration with the patient, pharmacist, and wider healthcare team, where appropriate.

If changes are required, these proposed classifications will ensure that patients still have access to paracetamol for the management of acute conditions and could potentially help mitigate any risks associated with inappropriate use.

However, MCC may also wish to consider working with other business units across the Ministry, especially with the current Governments approach to mental health, wellbeing and suicide prevention.^[5-7] This will ensure patients are supported with their care and the appropriate position of paracetamol.

6.2 Ibuprofen 400mg – proposed reclassification from restricted medicine to pharmacy only medicine

The Society does not support the proposed reclassification from restricted medicine to pharmacy only medicine.

The literature does indicate that 400mg dosing of Ibuprofen may be clinically appropriate for certain conditions.^[8] Ibuprofen 200mg is already available as a single agent for self-selection in packaging of up to 100 dose units and patients can choose to take one or two tablets depending on their requirements.

The study provided by the applicant to explain the challenges patients face with swallowing medicines relates to altering the formulation rather than specifically the number of tablets being consumed. The 400mg strength can currently be provided to patients as a restricted medicine and this aligns with the current TGA recommendations.^[9] Providing a double strength (400mg) self-selection product could also increase the risk of harm to patients, with the potential for an overdose.^[4]

We would propose that the current restricted medicine classification remains.

6.3 Flurbiprofen – proposed reclassification from pharmacy only medicine to general sale medicine

The Society does not support the proposed reclassification for Flurbiprofen from pharmacy only to general sale medicine.

Topical oral products such as flurbiprofen are indicated for relief of pain, swelling and inflammation associated with severe sore throat. When a person has severe, sore throat, it is important that they have access to a health professional to assess whether it could be a more serious condition such as glandular fever or streptococcal infection. The latter is a significant issue for certain population groups in New Zealand.

Although pharmacists and their support teams are not able to diagnose these conditions, they are well placed to provide an effective triage and refer at-risk patients to the GP for diagnosis

and appropriate treatment. This approach also aligns with the Heart Foundation and Ministry of Health Guidance for the management of sore throats. ^[10,11]

If this product is reclassified, patients with more serious conditions may be further delayed in having health professional intervention which could lead to greater complications and related health system costs.

Thank you for consideration of this submission. I would be happy to discuss any aspect of this submission further, if required.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'C. Jay', is enclosed in a light blue rectangular box.

Chris Jay
Manager Practice and Policy
p: 04 802 0036

References

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- 3) Freeman N, Quigley P. Care versus convenience: Examining paracetamol overdose in New Zealand and harm reduction strategies through sale and supply. NZMJ 30 October 2015; **128(1424)**:28-34
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