



**PHARMACEUTICAL SOCIETY**  
of New Zealand Incorporated

14 April 2021

Medicines Classification Committee Secretary  
Medsafe  
PO Box 5013  
Wellington 6145  
via email: [committees@moh.govt.nz](mailto:committees@moh.govt.nz)

Dear Jacinta,

### **MEDICINES CLASSIFICATION COMMITTEE (MCC) COMMENTS TO THE 66<sup>th</sup> MEETING AGENDA Tuesday 11<sup>th</sup> May 2021**

Thank you for the opportunity to submit comments on the Agenda for the 66<sup>th</sup> meeting of the Medicines Classification Committee.

The Pharmaceutical Society of New Zealand Inc. (the Society) is the professional association representing over 3,200 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:

#### **6.1 Allopurinol – proposed change to the prescription classification statement**

The Society supports the proposed reclassification for Allopurinol from prescription medicine to prescription except when.

The value of the Owning my Gout (OMG) management programme has been independently evaluated by Synergia. The Community Pharmacy Gout Management Service Training has already been developed and is running in several DHB's across the country. With a small amount of additional education built into this package, it could also deliver on the requirements outlined in this proposed reclassification.

#### **6.2 Choline salicylate – proposed reclassification from general sale medicine to pharmacy only medicine**

The Society supports the proposed reclassification from general sale medicine to pharmacy only medicine. However, we would recommend that a defined age is used instead of the wording "infant teething".

If the committee are concerned about the use and risks associated with choline salicylate in children, we would suggest they consider adopting the recommendations of the Medicines and Healthcare products Regulatory Agency (MHRA) and Commission on Human Medicines (CHM). This would also prevent the medicine being used in any person under the age of 16 years, especially where there is potential harm and the evidence around benefit is potentially lacking.

### **6.3 Ibuprofen 300mg in powder form – proposed reclassification from prescription medicine to pharmacy only medicine**

The Society does not support the proposed reclassification for Ibuprofen 300mg powder from prescription medicine to pharmacy only medicine at this stage.

We are aware that this product is not currently available in New Zealand and is also being evaluated by Medsafe's product regulatory team at the same time as the reclassification submission.

The addition of a paracetamol/ibuprofen combination product in powder form will increase consumer choice for the management of cold and flu symptoms when analgesics are required. However, it may also potentially increase confusion for patients where there are already multiple medicines for these conditions on the market.

The authors of the submission state that there is a lack of evidence to suggest that powder formulations are misused, and it is difficult to dissolve multiple doses in a single cup of water. It would be useful if the applicants could provide some additional information to support these statements.

The applicants also reference the 2015 Medsafe review of cardiovascular safety of Ibuprofen. This document was updated in June 2019 which found that all NSAIDs, including both traditional and COX-2 selective NSAIDs, increase the risk of a cardiovascular adverse event. ([Prescriber Update 2019 40\(2\)](#)).

### **6.4 Topical Oral Benzocaine, Tetracaine Hydrochloride (Amethocaine), Lidocaine (lignocaine) and Prilocaine – proposed reclassification from prescription medicine to prescription except when classification**

The Society supports the proposed reclassification for the above products from prescription medicine to prescription except when.

The risk-benefit is low compared to other treatments already used by this health professional group. It will also enable dental therapists and oral health therapists to provide access to timely to treatment whilst working in their scope of practice.

### **6.5 Hyaluronidase – proposed reclassification from general sale medicine to prescription medicine**

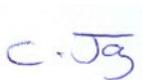
The Society supports the proposed reclassification for Hyaluronidase from general sale medicine to prescription medicine. It would bring the classification into alignment with other jurisdictions.

The reclassification would also enable appropriate control over an injectable product and will be administered by a registered health professional and on the direction of a registered health professional who is also a prescriber.

It will also give assurance to the patient that the medicine is being treated in a similar fashion to other injectable medicinal products on the market in New Zealand.

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

Yours sincerely,



Chris Jay  
**Manager Practice and Policy**  
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