|  |
| --- |
| **Medsafe consultation submission** |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **Proposed change to warning statements on labels of oral non-steroidal anti-inflammatory drugs (NSAIDs)** | | | |
| Name and designation |  | |
| Company/organisation name and address |  | |
| Contact phone number and email address |  | |
| I would like the comments I have provided to be kept confidential: *(Please give reasons and identify specific sections of response if applicable. Reasons for requesting confidentiality must meet* [*Official Information Act*](http://www.legislation.govt.nz/act/public/1982/0156/latest/DLM64785.html?search=qs_act_official+information+act_resel_25_h&p=3&sr=1) *1982 criteria)* | | Yes No |
| I would like my name to be removed from all documents prior to publication on the Medsafe website. | | Yes  No |
| I would like my name not to be included within the list of submissions published on the Medsafe website. | | Yes  No |

**It would help in the analysis of stakeholder comments if you provide the information requested below.**

|  |
| --- |
| **I am, or I represent, an organisation that is based in:** |
| New Zealand  Australia  Other (*please specify*): |

|  |  |  |  |
| --- | --- | --- | --- |
| I am, or I represent, a: *(tick all that apply)* | | | |
| Importer | Manufacturer | Supplier | Sponsor |
| Government | Researcher | Professional body | Industry organisation |
| Consumer organisation | Member of the public | Institution (e.g. university, hospital) | |
| Regulatory affairs consultant | Laboratory professional |  |  |
| Health professional – *please indicate type of practice*: | | | |
| Other - *please specify*: | | | |

**Please return this form by:**

**Email:** [**medsafeapplications@moh.govt.nz**](mailto:medsafeapplications@moh.govt.nz)including ‘NSAIDs warning statements’ in the subject line

**Or Post:** Product Regulation

Medsafe

PO Box 5013

Wellington 6145

**Medsafe is seeking comments on:**

|  |
| --- |
| *Whether you support the proposed changes to warning statements regarding use in pregnancy.*  - Is there a need to include this wording on the packaging?  - Is the wording acceptable? If you do not support the wording of the statements please make suggestions for alternatives acceptable to you. |
| *Do you agree with the proposed list of medicines this statements should apply to?*  - If you do not support this, please provide your reasoning. |
| *What is a suitable target date for implementation?*  - Please provide justification |
| *Are there any other comments you would like to make?* |