ANTIHISTAMINES

As a result of the recently-commissioned Ministry of Health review of antihistamines a number of risks have been identified which warrant differentiation of the sedating antihistamines from the non-sedating antihistamines.

The Australian National Drugs and Poisons Schedule Committee (NDPSC) has adopted the broad principles adopted by the Trans-Tasman Harmonisation Working Party and has recommended the following changes:

- Antihistamines and preparations with the potential for serious abuse should be prescription medicines
- Single active preparations of sedating antihistamines should be restricted medicines
- Single active preparations of non-sedating antihistamines and specified combination preparations of antihistamines should be pharmacy-only medicines

It was agreed that harmonisation should occur on the more restrictive scheduling based on public health concerns with sedating antihistamines.

Note

The proposed changes to the classification of antihistamines have been summarised in the tables below. Sponsor companies are urged to check all products containing an antihistamine to determine whether or not a classification change is proposed.

Please note that although the NDPSC recommendation and the Australian schedule are both specific about which medicines may be sold at pharmacy-only level when combined with non-sedating antihistamines, this is interpreted sufficiently loosely to allow other ingredients in such combinations.

The recommendation for pharmacy-only sale is:

When combined with one or more of the following substances:

An antitussive other than codeine or dihydrocodeine
An expectorant
Phenylephrine
Pseudoephedrine

When labelled for the treatment of adults or children above the age of two.

There are a number of combination sedating antihistamine products marketed at pharmacy-only level in both countries which also contain paracetamol. There is no intention in either country to move these products to a more restrictive level of classification. Wording in the New Zealand schedule would be amended to reflect this intention.

Abbreviations used in the tables:

PO	pharmacy-only medicine
RM	restricted medicine
PM	prescription medicine

Table 1

ADOPT THE FOLLOWING PRESCRIPTION MEDICINE SCHEDULE ENTRIES

Note that while the following additions to the prescription medicines part of the schedule may not result in a classification change to a particular product, that same product could be subjected to changes at a lower level of classification. Note also that an adjustment to the wording of entries at a lower level of classification may be required to accommodate the new prescription medicine entry. Please consult all three tables to determine the recommended classification of a product.

Medicine	Resulting change to NZ products
ANTAZOLINE except in eye drops	None. All NZ preparations are eye drops
AZATADINE except in oral preparations	None. All NZ preparations are oral
AZELASTINE except in nasal preparations	None. Already harmonised
BAMIPINE	None. No products. Not scheduled
BROMPHENIRAMINE except in oral preparations	None. All NZ preparations are oral
BUCLIZINE except in oral preparations	None. No products. Not scheduled.
CETIRIZINE except in oral preparations	None. Already harmonised
CHLORCYCLIZINE	None. Is currently pharmacy-only but there are no products registered
CHLORPHENIRAMINE except in oral preparations	None. All NZ preparations are oral
CLEMASTINE except in oral preparations	None. No products. Not scheduled
CLEMIZOLE	None. Is currently pharmacy-only but there are no products registered
CYPROHEPTADINE except in oral preparations	None. All NZ preparations are oral
DESLORATADINE except in oral preparations	None. Already harmonised
DEXCHLORPHENIRAMINE except in oral preparations	None. All NZ preparations are oral
DIMETHINDENE except in oral preparations	None. No products. Not scheduled
DIPHENHYDRAMINE except in oral preparations	None. All NZ preparations are oral
DIPHENYLPYRALINE except in oral preparations	None. No current products

DOXYLAMINE except in oral preparations	Oral preparations for sedation or anxiety are PM or RM and are yet to be resolved. No change for other preparations at this level (see table 2)
LEVOCABASTINE except in topical eye or nasal preparations	None. Already harmonised
LORATIDINE except in oral preparations	None. All NZ preparations are oral
MEBHYDROLIN	None. Currently PO but no current products registered.
MEPYRAMINE except in oral preparations	None. No current products registered.
METHDILAZINE except in oral preparations	None. No current products registered.
PHENIRAMINE except in oral or eye preparations	None. The only products currently registered are eye preparations
PHENYLTOLOXAMINE except in oral preparations	None. No products. Not scheduled
PROMETHAZINE except in oral preparations	Antihistamines for sedation and travel sickness still to be reviewed
THENYLDIAMINE except in oral preparations	None. No products. Not scheduled
TRIMEPRAZINE	None. Already harmonised at this level
TRIPROLIDINE except in oral preparations	None. All NZ preparations are oral

Summary: With the exception of antihistamines for sedation, which have still be reviewed, the addition of the above entries to the schedule of prescription medicines should have no regulatory effect on medicines currently marketed in New Zealand.

Table 2

ADOPT THE FOLLOWING RESTRICTED MEDICINE ENTRIES INTO THE SCHEDULE

Medicine	Resulting change to NZ products
AZATADINE in oral preparations	Current PO products would change to RM
BROMPHENIRAMINE in oral preparations*	Single-ingredient preparations would become RM. Most combinations products would remain PO (see table 3)
BUCLIZINE in oral preparations	None. No products. Not scheduled

CHLORPHENIRAMINE in oral preparations*	All single-ingredient products would move to RM (see table 3)
CLEMASTINE in oral preparations	None. No products. Not scheduled
CYPROHEPTADINE in oral preparations	All products would change from PO to RM
DEXCHLORPHENIRAMINE in oral preparations*	All products are single-ingredient and would become RM
DIMETHINDENE in oral preparations	None. No products. Not scheduled
DIPHENYLPYRALINE in oral preparations*	None. No current products registered
DOXYLAMINE in oral preparations	All products for other than sedation would become RM. Note that the classification of antihistamines for sedation is yet to be considered
MEPYRAMINE in oral preparations	None. No current products registered
METHDILAZINE in oral preparations	None. No current products registered
PHENIRAMINE in oral preparations*	None. The only products currently registered are eye preparations
PHENYLTOLOXAMINE in oral preparations	None. No current products registered
THENYLDIAMINE in oral preparations*	None. No products. Not scheduled
TRIMEPRAZINE in oral preparations in packs approved by the Minister of Health#	Solid dose forms would move from PM to RM. There is no liquid dose form registered which would qualify for RM
TRIPROLIDINE in oral preparations*	Combination products containing codeine would move to RM

* The inclusion of the words “unless specified elsewhere in the schedule” would be necessary in all RM entries for antihistamines which are also permitted to be sold as PO medicines in specified cases.

In solid preparations or in liquid preparations containing 10mg or less of trimeprazine per 5ml (to be included as a requirement in the NZ Regulatory Guidelines).

Summary

All oral single-ingredient sedating antihistamines would move from PO to RM.

Any oral combination products which contain an antihistamine plus any ingredient **other than** an antitussive, an expectorant, phenylephrine or pseudoephedrine (and also paracetamol) would move from PO to RM. Combination antihistamine products containing codeine/dihydrocodeine are excluded from those products permitted for PO sale and would be RM.

Products containing the following antihistamines may be affected:
Azatadine
Brompheniramine

Chlorpheniramine
Cyproheptadine
Dexchlorpheniramine
Doxylamine
Trimeprazine
Triprolidine

Table 3

ADOPT THE FOLLOWING PHARMACY-ONLY MEDICINE ENTRIES INTO THE SCHEDULE

Packs approved by the Minister of Health (or the Director-General) would have the following requirements incorporated into the NZ Regulatory Guidelines:

- *When combined with one or more of the following substances:*

  An antitussive other than codeine or dihydrocodeine
  An expectorant
  Phenylephrine
  Pseudoephedrine
  (Paracetamol)

- *When labelled for the treatment of adults or children above the age of two.*

Note

The New Zealand schedule entry would be worded to allow the inclusion of paracetamol in PO combination products. This may be done either specifically or by a more general entry to allow any analgesics or antipyretics.

The above list of ingredients permitted in combination sedating antihistamine products classified at pharmacy-only level appears to relate solely to cough and cold preparations and does not appear to take into account analgesic preparations containing antihistamines. Consideration would also need to be given to the classification of antihistamine/analgesic products where codeine is present as an analgesic rather than as an antitussive. The wording of the current recommendation excludes codeine from pharmacy-only sale only when used as an antitussive.

Medicine	Resulting change to NZ products
AZELASTINE for nasal use	None. Already harmonised.
CETIRIZINE in oral preparations	None. Already harmonised
BROMPHENIRAMINE in packs approved by the Minister of Health	Combination products would remain PO
CHLORPHENIRAMINE in packs approved by the Minister of Health	Single ingredient products would go to RM.
DESLORATADINE in oral preparations	None. Already harmonised
DEXCHLORPHENIRAMINE in packs	All products are single-ingredient and would

approved by the Minister of Health	become RM
DIPHENYLPYRALINE in packs approved by the Minister of Health	None. No current products registered
LEVOCABASINE for eye or nasal use	None. Already harmonised
LORATIDINE in oral preparations	None. Already harmonised
PHENIRAMINE in eye drops or in packs approved by the Minister of Health	Eye drops would remain PO. No combination or single-ingredient products registered.
THENYLDIAMINE in eye drops or in packs approved by the Minister of Health	None. No products. Not scheduled
TRIMEPRAZINE in packs approved by the Minister of Health	All products to RM. No combination products registered.
TRIPRODLIDINE in packs approved by the Minister of Health	Combination products containing codeine would move to RM

Summary

Oral non-sedating antihistamines would remain PO medicines.

Oral single-ingredient sedating antihistamines would move to RM.

Oral combination products which contain a sedating antihistamine plus any ingredient other than an antitussive, an expectorant, phenylephrine or pseudoephedrine (or paracetamol) would move from PO to RM. Combination antihistamine products containing codeine/dihydrocodeine are recommended to be excluded from those products permitted for PO sale and would become RM.

Ophthalmic and nasal antihistamine products which were formerly PO medicines would retain that level of classification.

Medicines likely to be affected are:
Brompheniramine
Chlorpheniramine
Dexchlorpheniramine
Doxylamine
Trimeprazine
Triprolidine

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