MINUTES OF THE SEVENTH MEETING OF THE MEDICINES CLASSIFICATION COMMITTEE HELD AT 10.00 AM ON TUESDAY 31 JULY 1990 AND AT 8.30 AM ON WEDNESDAY 1 AUGUST 1990 IN THE FIRST FLOOR CONFERENCE ROOM, DEPARTMENT OF HEALTH BUILDING, 133 MOLESWORTH STREET, WELLINGTON.

PRESENT

Dr S Martindale (Chairperson)
Mr R Griffith
Dr J Wilcox
Dr M Herbert
Mr G Caves
Miss L McLauchlan
Dr L Hampton (Secretary)
Mrs C Smith (Secretary)

IN ATTENDANCE

Dr G R Boyd (intermittently)
Dr K H Goh (nicotine item only)

1. WELCOME

Dr Martindale introduced the members of the reconstituted Committee and explained that Department of Health staff involved in administering the Medicines legislation are located in the Therapeutics Section of the restructured Department. Dr Boyd was introduced as the Manager of the Therapeutics Section and he explained that the restructuring of the Department had resulted in the separation of the functions concerning pricing of medicines from those related to the evaluation and surveillance of medicines. The Therapeutics Section is concerned with ensuring that medicines available to the public are safe, effective and of good quality.

2. APOLOGIES

There were no apologies.

3. MINUTES OF THE MEETING OF 10 MARCH 1987

Dr Martindale explained that since only one current member (Mr Griffith) was at that meeting and the Committee is considered to be reconstituted, the minutes of the 10 March 1987 meeting would not be confirmed.

4. INTRODUCTORY REMARKS AND DISCUSSION RE CONDUCT OF MEETINGS

Dr Martindale explained that the Medicines Classification Committee is a Ministerial Advisory Committee set up according to Section 9 of the Medicines Act 1981, which also includes the terms of reference of the Committee and makes provision for those terms to be broadened.

The Committee was advised that the Minister of Health has broadened the terms of reference for the Medicines Classification Committee to include "the Committee shall consider and report to the Minister on any matters concerning the classification of medicines and access to medicines by health professionals and the public".

The Committee was advised that, as it is a Ministerial Advisory Committee, its recommendations cannot be discussed outside the Committee until the recommendations have been considered by the Minister of Health.

Information about the Committee and its deliberations are subject to the provisions of the Official Information Act 1982.

Dr Martindale advised that the Committee used to meet twice a year to consider the classification of new medicines, including new chemical entities, and proposals to reclassify medicines. Dr Martindale proposed that, new chemical entities, which are usually prescription medicines, should be classified by the Medicines Assessment Advisory Committee and that the Medicines Classification Committee should advise on reclassification and wider issues affecting the availability of medicines. In the past, the members of the Medicines Classification Committee have operated on a consensus basis and it was agreed that this should continue.

Miss McLauchlan asked about the role of industry in the reclassification of medicines and Dr Martindale said that this, and other interested groups, such as the Consumers Institute, had a role to play in this area. Dr Wilcox asked if there was provision for medical specialists to advise the Committee, and was informed that the Committee may seek such advice if it wishes to do so.

Dr Martindale explained that, if the Minister of Health agrees to the Committee's recommendations, the recommendations are put into effect by amending the Medicines Regulations 1984. The recommendations can also be implemented by putting a notice in the New Zealand Gazette but that classification lapses after six months. Medicines which have received the Minister's consent since the last meeting of the Committee are legally unclassified because no amendment to the regulations has been made, but they have usually been distributed as prescription medicines as recommended by the Medicines Assessment Advisory Committee.

Miss McLauchlan asked if a preparation fee could be paid to members in recognition of the large number of hours of work required to prepare for the meeting. Dr Martindale replied that this type of fee had not been paid before to this Committee but the matter would be enquired into and an answer given at the next Committee meeting.

5. RE-CLASSIFICATION OF MEDICINES

(1) Overview and discussion of proposals in the Departmental Position Paper issued in July 1989

The Committee was advised that the Department's Position Paper arose from work done by Dr Catherine Stone for the Department. Dr Martindale stated that the central decision for the Committee to make was how many classes of medicines there should be, taking into account the meaning of placement into a particular class. It was also considered that the names to be applied to the classes should be chosen carefully. New Zealand is a small country and many medicines are imported. It is desirable that New Zealand labelling requirements in respect of medicines classification do not conflict with the requirements of countries such as the United Kingdom, United States of America and Australia. Currently, the United Kingdom's "POM" written on labels, which stands for Prescription-Only Medicine, conflicts with the "Pharmacy-Only Medicine" statement on New Zealand labels.

Dr Martindale explained the meaning of the current classifications, ie Prescription Medicine, Restricted Medicine, Pharmacy-Only Medicine and that any others were unclassified Medicines. The United Kingdom does not have the equivalent of New Zealand's Restricted Medicine classification.

The Committee was advised, by Dr Martindale, of the implications of reclassifying medicines. There are no restrictions on the possession of Pharmacy-Only and Restricted Medicines, but there are restrictions on the sale and supply of these medicines. Furthermore, exemptions from the need for the Minister's consent to distribution and the need for licensing of manufacturers exist in the Medicines Act 1981 for unclassified herbal remedies (Section 28) and unclassified medicines supplied by natural therapists and others (Section 32). It was suggested that the Committee might want to recommend restricting some unclassified medicines from being made available under Sections 28 and 32 if, as a result of the Committee's deliberations, more potent medicines were derestricted so as to become unclassified.

The Committee was advised that, following the extension of the terms of reference by the Minister, the Committee had the authority to recommend if any caveats should apply to the classification of a medicine, eg pack size and availability of patient information.

The Committee agreed with the categories of Prescription Medicine and Unclassified Medicine (or General Sale Medicine) and discussion centred on the need for the Restricted Medicine and Pharmacy-Only Medicine categories. Dr Herbert believed that the Restricted Medicine category could be re-named Pharmacist-Only Medicine which would be understood better, but he would be disturbed if pharmacists stopped recording sales. Miss McLauchlan said there was a need to retain a Pharmacist-Only category, but Dr Wilcox said all Pharmacy-Only Medicines should not become Pharmacist-Only Medicines.

Miss McLauchlan said the Pharmaceutical Society wants three scheduled categories and that record keeping is necessary. Mr Griffith thought that recording by pharmacists needed to be justified and he favoured having Prescription Medicine and Pharmacy Medicine categories. Miss McLauchlan said that the Restricted Medicine category enables Prescription Medicines to be de-restricted by re-classification as something other than Pharmacy-Only Medicines. Dr Wilcox said there must be a Pharmacist-Only category but mentioned surveys done by the Department of Health, Consumers Institute and Contraceptive Choice, which showed there are instances where Restricted Medicines have been sold without the involvement of a pharmacist. Miss McLauchlan said the current Pharmacy Bill retains the need for a pharmacist to be on the premises of a pharmacy and the Pharmaceutical Society would like more medicines to be available for pharmacies to sell.

The Committee discussed the difference between a pharmacy and any other retail outlet in order to clarify whether there was a need for some medicines to be restricted to sale from pharmacies. The Committee accepted that pharmacies have better control of the storage conditions and monitoring of temperature control and expiry dating of medicines than do other retail outlets and that these were important considerations. Furthermore, in a pharmacy, there is the opportunity for a pharmacist to intervene in a sale and advise on the suitability of a medicine for a particular patient.

The Committee decided to recommend that there be three categories, ie Prescription-Only Medicine, Pharmacy Medicine and Un-classified (or General Sale) Medicine. Pharmacy Medicines would be labelled as such but would be classified as two groups in the Medicines Regulations 1984, ie as Part I and Part II. The sale of Part I Pharmacy Medicines would require the involvement of a pharmacist with record keeping as currently required by Regulation 55 of the Medicines Regulations 1984. Part II Pharmacy Medicines could be sold by pharmacy staff considered to be suitably qualified in the opinion of the pharmacist. The question as to whether retail outlets 10 kilometres or more from a pharmacy would be able to sell Part I Medicines was raised, but it was observed that the licences for these retail outlets usually list the medicines able to be sold.

The wording of the classification statement to be used on medicine labels was discussed by the Committee. Dr Martindale suggested that prescription medicines be labelled "Prescription-Only Medicine" or "POM" or with words of similar meaning which would make the United Kingdom, United States of America and Australian phrasing acceptable in New Zealand. Similarly, the adoption of the title 'Pharmacy Medicine' would be compatible with United Kingdom labelling requirements. The Committee accepted Dr Martindale's proposal and recognised that education would be necessary to avoid confusion about the new classifications.

Dr Martindale asked the Committee if they wanted to recommend to the Minister that a separate list of Unclassified Medicines, which can be made available according to Sections 28 and 32 of the Medicines Act 1981, be constructed. The Committee agreed that a list of general sale medicines should be published as allowed by Section 99 of the Medicines Act 1981, and this list should be divided into two groups of medicines based on whether or not they can be made available under Sections 28 and 32. A list of Unclassified Medicines has never been published and the Committee considered that one should be published as soon as possible.

The Committee discussed whether Prescription Medicines should be made available on a warrant as described in the Department of Health's July 1989 position paper. Mr Griffith provided some background on the proposed warrant system which was developed by the Department, taking into account the benefit to the patient. Mr Griffith said that some of the Department's reclassification recommendations were also based on the accessibility of medicines to some patients. Dr Wilcox thought it was a good idea but it would depend on which medicines were to be supplied in this manner.

Dr Herbert thought there might be problems with the warrant system, ie patients might not be prepared to pay for their medicines, very few medical conditions are stable and doctors would, for example, miss the opportunity to advise young women presenting for oral contraceptives to have cervical smears. Miss McLauchlan said some patients may put pressure on prescribers to supply a warrant. Dr Wilcox suggested that a warrant should be for continuing therapy only.

The Committee decided to recommend to the Minister of Health that the warrant proposal should not be adopted because it would only benefit a small number of patients, the return of a patient to their doctor for repeat prescriptions is desirable because it allows opportunities for intervention and counselling and it is possible to renew prescriptions by telephone where appropriate.

(2) **Consideration of individual medicines listed in the current Schedules to the Medicines Regulations 1984**

Members of the Committee were referred to the 91 page list of medicines in alphabetical order which was compiled from the six lists of medicines in the Department's July 1989 Position Paper.

Dr Martindale explained that, before the Medicines Act 1981 came into force, medicines which could be sold outside a pharmacy were generally listed by product name in the Permitted Sales Lists. The value of the Permitted Sales Lists was discussed, especially in respect of Unclassified Medicines, which can be made available according to Sections 28 and 32 of the Medicines Act 1981.

The Committee then proceeded to recommend classifications for the individual medicines on the list, taking into account the Department's July 1989 Position Paper, and the criteria in it for classifying medicines which were developed by Dr Catherine Stone, plus submissions from professional organisations, pharmaceutical companies, academics and others. Medicines were classified as Prescription Medicines, Pharmacy Medicines (Part I or Part II), General Medicines or Obsolete Medicines which did not require classification. The Committee considered the wording of the entry for each medicine and the need to state if the medicine was for external use only. It was agreed that, as well as having individual medicines listed in the Schedules, group headings for medicines should also be listed.

It was recommended that entries in the Schedules be worded positively instead of the current "except than" wording and that the department should reword the entries in the schedules, as appropriate, to reflect the committees intent.

(a) Acyclovir

The Committee recommended that acyclovir for topical use be classified as a Part I Pharmacy Medicine, but that other forms of acyclovir should remain Prescription Medicines. Mr Caves said the Pharmaceutical Society should be notified if this change in classification proceeds to enable education of its members to be undertaken. The Committee noted Wellcome's submission of 9 April 1990 and recommended that the Department advise the Company that the Committee recommended a change in classification for the topical form to allow for earlier patient intervention with a greater likelihood of successful treatment.

(b) Bacitracin

Miss McLauchlan said there was a place for a topical antimicrobial medicine to be available from pharmacies but she was not keen on it being a neomycin preparation. There was discussion as to whether Polysporin should be available from pharmacies but Dr Herbert and Dr Wilcox were concerned about the correct diagnosis of infections and the development of resistance. Mr Griffith stated that he could not think of a compelling reason for making any topical antibiotics available over-the-counter. The Committee recommended that bacitracin remain a Prescription Medicine.

(c) Benzodiazepines

The Committee recommended that the entry 'Benzodiazepine' be deleted because the benzodiazepines are listed as individual entries. Miss McLauchlan said that a committee of the Pharmaceutical Society would like pharmacies to be able to sell small pack sizes, ie 3 days' supply. The Medicines Classification Committee, however, was concerned about the potential for abuse and elected to make no change.

(d) Bronchodilators

The Committee recommended that the entry for bronchodilators be amended to refer only to beta-2 adrenoceptor agonists. Beta-2 adrenoceptor agonists for inhalation or parenteral use were recommended to stay Prescription Medicines and those not for inhalation or parenteral use, ie oral use, were recommended to become Part I Pharmacy Medicines.

The Committee recommended that there be separate entries for theophylline and xanthines. Theophylline and xanthines in solid dose forms, were recommended to remain Prescription Medicines whereas those not in solid dose forms, ie oral solutions, were recommended to be Part II Pharmacy Medicines.

(e) Cimetidine

Miss McLauchlan believed the classification should not change because of the need for medical supervision of patients. Continuing education of pharmacists would be required if cimetidine was made available for sale by pharmacists. The rest of the Committee agreed and **recommended that cimetidine remain a Prescription Medicine.**

(f) Clindamycin

The Committee noted that, in their letter of 27 July 1989, Upjohn New Zealand considered that clindamycn for external use should remain a Prescription Medicine because of the association of pseudomembranous colitis and diarrhoea with clindamycin use and the need for medical supervision of the treatment of moderate to severe acne. The company, in a letter dated 24 July 1990, however, reversed their opinion and recommended that topical clindamycin be reclassified as a Pharmacist-Only Medicine. **The Committee recommended that the Company be requested to provide evidence to support their reversal of opinion.** The Committee also queried why the oral and intravenous forms were still available considering the problem with resistance.

(g) Clonidine and other anti-migraine medicines

The Committee recommended that medicines for the treatment of migraine should remain Prescription Medicines.

(h) Clotrimazole and other anti-fungal medicines for treatment of vaginal infections

The Committee recommended that clotrimazole and other anti-fungal medicines for the treatment of vaginal infections be reclassified as Part I Pharmacy Medicines with certain conditions. The Committee recommended a restriction on the pack size with a patient information warning that the patient should return to her doctor if treatment is unsuccessful. The pharmacist should also instruct the customer to see her doctor if it is

a first-time infection. The Committee also indicated that these reclassifications would be reviewed if the companies behaved irresponsibly in respect to advertising and promotion.

(i) Cyanides and hydrocyanic acid

The Committee recommended that these entries should be deleted from the Schedules. Mr Griffith advised that the substances would be controlled by the Toxic Substances legislation.

(j) Hyoscine

The Committee recommended that the scheduling of hyoscine should be like that recommended for atropine. The Committee considered Boehringer Ingelheim's submission of 12 September 1989 in respect of Buscopan (hyoscine N-butylbromide). **It was decided to recommend that transdermal and oral dose forms of hyoscine be classified as Part I Pharmacy Medicines and other dose forms be classified as Prescription Medicines with an exemption for use by an optometrist in his/her practice as an optometrist.**

(k) Ibuprofen and other non-steroidal anti-inflammatory analgesics

Mr Griffith explained that the previous Committee had discussed the classification of ibuprofen which led to ibuprofen being made available from pharmacies. The Committee considered Dr Trubuhovich's letter of 5 July 1989 to the Director-General of Health on the advertising of Nurofen and submissions from Boots Australian and New Zealand companies. Dr Wilcox expressed concern that ibuprofen was seen to be the analgesic of choice from pharmacies and Mr Caves did not want to see further derestriction of ibuprofen. Dr Wilcox referred to a paper in the British Medical Journal and explained that initially gastric haemorrhages were associated with ibuprofen use but now cases of renal failure were also apparent. Dr Boyd said there was increased evidence of renal impairment in the elderly taking ibuprofen, and that the Medicines Adverse Reactions Committee had recommended warnings, about use by the elderly, be included in patient information. **The Committee decided to recommend that solid dose forms containing not more than 200 mg of ibuprofen in each dose form should be classified as Part II Pharmacy Medicines with control of patient information and advertising.** The Committee would keep this classification under review in light of the

amount and nature of the advertising of ibuprofen as a general analgesic. Dr Martindale suggested that the requirement for mandatory warning statements be included in Regulation 22 of the Medicines Regulations 1984 and the Committee agreed to this proposal.

The Committee considered Boots submission on the reclassification of liquid ibuprofen to enable a liquid form to be available for children from pharmacies. Dr Wilcox considered there could be a problem with renal failure in hypovolaemic children and Dr Herbert was concerned that ibuprofen may be given before a diagnosis is made. Miss McLauchlan stated that there was not a great need for it in pharmacies.

The Committee decided that a recommendation to change the classification of liquid ibuprofen could not be made on the basis of the limited information available to the Committee. The Committee requested that the company provide a more detailed submission.

The Committee recommended that only naproxen indicated for dysmenorrhoea should be classified as a Part II Pharmacy Medicine, otherwise naproxen should remain a Prescription Medicine.

NSAI's for external use, excluding application into the eye, were recommended for classification as Part II Pharmacy Medicines.

(l) Ipecacuanha

The Committee discussed the safety of this medicine and its potential for abuse by bulaemics. It was considered important that ipecac is appropriately labelled and correctly used. Dr Herbert stated that, in cases of poisoning, people need advice and that it did not appear suitable to make it available from retail outlets which were not pharmacies. The Committee recommended that ipecac be classified as a Part II Pharmacy Medicine.

(m) Ketoconazole

The Committee recommended that ketoconazole in medicines for dermatological use be reclassified as a Prescription Medicine because of the systemic effect of the medicine.

(n) Laxatives

The Committee considered that laxatives which are not bulk laxatives should not be derestricted beyond pharmacy. Dr Herbert queried the use of Dulcolax (bisacodyl) by diabetics. Miss McLauchlan and Mr Griffith thought that the label could include a warning about use by diabetics.

(o) Lignocaine

The Committee discussed whether a haemorrhoidal ointment with hydrocortisone and a local anaesthetic should be available from a pharmacy. **The Committee recommended that the classification of hydrocortisone be amended to allow for ointments, but not suppositories, to be available as Part I Pharmacy Medicines subject to a pack size restriction.** The pack size restriction would be based on the current pack size of an ointment such as Astra's Xyloproct (35 g tube).

(p) Loratidine

Mr Griffith explained that loratidine is a new non-sedating antihistamine and that the company wanted it classified for general availability because of its safety. The Committee felt that the medicine had not been available for a long enough period for conclusive evidence of its safety in respect of long term use to be available and, therefore, **recommended that it be classified as a Part II Pharmacy Medicine.**

(q) Mercurial Antiseptics

Mr Griffith explained that it is WHO policy to discourage the therapeutic use of mercury. **The Committee recommended that there need be only one entry for mercurial compounds in the Schedule and that it should be classified as a Part I Pharmacy Medicine in order to discourage its use.**

(r) Minoxidil

Mr Griffith said that this medicine was not hazardous when applied topically, but the FDA had suggested that people on antihypertensives should receive advice about its use. **The Committee recommended that minoxidil, in medicines for external use, should be classified as a Part I Pharmacy Medicine.**

(s) Nicotine

The Committee noted that one of the health goals and targets for the New Zealand health system is to reduce the number of smokers and the consumption of tobacco by the year 2000. The Committee discussed whether anti-smoking remedies containing nicotine should be classified differently depending on whether they were in the form of chewing gum or transdermal patches. The Committee was concerned about the potential for abuse and incorrect use of transdermal patches but noted that patches could not be sold in a clinic if they were classified as Pharmacy Medicines.

Dr Hoen Goh, a pharmacologist in the Therapeutics Section, was invited to brief the Committee on the safety of transdermal patches containing nicotine because he had recently assessed a new medicine application for an anti-smoking remedy in this form. In this instance, the company had proposed a Pharmacy-Only classification, but had indicated that the product would be promoted to clinics. The clinical trials had been of 9 weeks duration and under the control of doctors. It was concluded that, if a person had not stopped smoking after one month's use of the patches, then there was no point in continuing with the treatment. Dr Martindale stated that the package information for the product clearly explained that the patches were for a prescribed time period. Dr Goh said that skin reactions had been associated with use of the patches, especially in nicotine-sensitive people, and the Department has requested more information on this. The Committee noted that a higher dose of nicotine could be obtained from patches compared with gum because more patches could be placed on the body than pieces of chewing gum placed in the mouth at any one time.

The Committee recommended that nicotine in the form of transdermal patches be classified as a Part II Pharmacy Medicine, whereas nicotine in the form of chewing gum was recommended to be classified for general availability.

(t) Phenolphthalein

The Committee recommended that phenolphthalein be classified as a Part II Pharmacy Medicine and that a letter should be written to the Pharmaceutical Society from the Committee recommending that use of this medicine should be discouraged.

(u) **Prochlorperazine**

Dr Wilcox said use of this medicine was being discouraged at medical schools. Dr Herbert agreed with Dr Wilcox but also agreed with Mr Caves that a lot of doctors still use it. Mr Griffith thought it should not be derestricted. Miss McLauchlan said the Pharmaceutical Society would like a small pack size to be available from pharmacies. **The Committee recommended that prochlorperazine and its salts should remain a Prescription Medicine.**

(v) **Selenium**

The Committee was advised that at previous meetings the Committee had been concerned about the availability of this substance from health food shops. **The Committee decided to recommend that the classification of selenium be changed to a Part II Pharmacy Medicine from the current Restricted Medicine,** ie when used internally and the recommended daily dose does not exceed 150 micrograms.

(w) **Sulphacetamide and Sulphadiazine**

The Committee discussed whether these medicines should be reclassified to Pharmacy Medicines from Prescription Medicines when intended for use in the eye. Concern was expressed by Dr Wilcox about the need for a diagnosis to avoid inappropriate use. **The Committee decided to recommend that sulphacetamide for eye use be classified as a Part I Pharmacy Medicine, but that this classification would be subject to review by the Committee.** The secretary would also need to write to the Pharmaceutical Society about the advice to be given by pharmacists, eg the customer should see his/her doctor if it is a recurrent infection or if the infection does not resolve within a few days of treatment.

The Committee recommended that silver sulphadiazine for external use be classified as a Part II Pharmacy Medicine subject to a pack size restriction (50 g) and appropriate warning statements on the labelling, whereas sulphadiazine for internal use should remain a Prescription Medicine.

(x) Triamcinolone

The Committee discussed whether a medicine for the treatment of recurrent mouth ulcers should be made available from pharmacies as a Part I Pharmacy Medicine. This would require education of pharmacists by the Pharmaceutical Society to ensure customers with recurrent ulcers are advised to visit their doctors. **The Committee decided to recommend that triamcinolone and its esters remain a Prescription Medicine but that the secretary should advise Bristol Myers-Squibb that the committee would like to see Kenalog in Orabase available as a Part I Pharmacy Medicine and seek the Company's comments.**

(y) Chloral hydrate

Mr Caves suggested that there was a need for small doses of a hypnotic, other than chloral hydrate, to be made available from pharmacies. The Committee was concerned about dependency (on benzodiazepines) and Dr Herbert said that fractured femurs in the elderly who are on hypnotics are also a problem. **The Committee recommended that chloral hydrate remain the hypnotic available from pharmacies as a Part I Pharmacy Medicine.**

6. CLASSIFICATION OF NEW MEDICINES

The Committee considered the classification of new medicines listed in the Department of Health July 1989 Position Paper, medicines which received the consent of the Minister of Health between October 1986 and June 1990 and medicines considered at previous Committee meetings where recommendations were made but the legislative changes were not implemented. **The Committee made the following recommendations:**

(1) Acarbose - Prescription Medicine
(2) Acitretin - Prescription Medicine
(3) Anistreplase - Prescription Medicine
(4) Biphenylacetic acid - Part II Pharmacy Medicine
(5) Bupivacaine; and its salts - Prescription Medicine (considered at the 11/3/86 Committee meeting)
(6) Buserelin - Prescription Medicine (considered at the 19/3/85 Committee meeting)
(7) Calcium glucono - galacto - gluconate - General Medicine
(8) Carboplatin - Prescription Medicine
(9) Cefixime - Prescription Medicine
(10) Cefuroxine; and its salts and esters - Prescription Medicine
(11) Celiprolol - Prescription Medicine
(12) Ciprofloxacin - Prescription Medicine (considered at the 10/3/87 Committee meeting)

(13) Co-dergocrine - Prescription Medicine
(14) Diphtheria toxoid - Prescription Medicine
(15) Doxazosin - Prescription Medicine (considered at the 11/3/86 Committee meeting)
(16) Enoxacin - Prescription Medicine (considered at the 11/3/86 Committee meeting)
(17) Erythropoietin - Prescription Medicine
(18) Etodolac - Prescription Medicine (considered at the 11/3/86 Committee meeting)
(19) Famotidine - Prescription Medicine (considered at the 13/11/84 Committee meeting)
(20) Felodipine - Prescription Medicine (considered at the 10/3/87 Committee meeting)
(21) Fluconazole - Prescription Medicine
(22) Flumazenil - Prescription Medicine
(23) Fluorescein - Part II Pharmacy Medicine
(24) Fluoxetine - Prescription Medicine
(25) Follicle stimulating hormone - Prescription Medicine
(26) Ganciclovir - Prescription Medicine
(27) Gestodene - Prescription Medicine (considered at the 11/3/86 Committee meeting)
(28) Glucagon - Part II Pharmacy Medicine
(29) Goserelin - Prescription Medicine (considered at the 11/11/86 Committee meeting)
(30) Haloperidol decanoate - Prescription Medicine
(31) Human somatotropin - Prescription Medicine
(32) Ifosfamide - Prescription Medicine
(33) Indapamide; and its salts - Prescription Medicine
(34) Interferons - Prescription Medicine (considered at the 17/9/85 Committee meeting)
(35) Iloprost - Prescription Medicine
(36) Iopromide - Prescription Medicine
(37) Ketanserin - Prescription Medicine
(38) Ketorolac; and its salts - Prescription Medicine
(39) Leucovorin; and its salts - Prescription Medicine
(40) Lisinopril - Prescription Medicine
(41) Lisuride hydrogen maleate - Prescription Medicine (considered at the 17/9/85 Committee meeting)
(42) Lofexidine; and its salts - Prescription Medicine
(43) Loratidine - Part II Pharmacy Medicine
(44) Lovastatin - Prescription Medicine
(45) Measles virus, mumps virus, rubella virus (vaccines) - Prescription Medicine
(46) Meningococcal vaccine - Prescription Medicine
(47) Mequitazine - Part II Pharmacy Medicine
(48) Mesalazine - Prescription Medicine
(49) Metergoline - Prescription Medicine (considered at the 11/11/86 Committee meeting)
(50) Milrinone - Prescription Medicine
(51) Misoprostol - Prescription Medicine (considered at the 11/3/86 Committee meeting)
(52) Mithramycin - Prescription Medicine (considered at the 11/3/86 Committee meeting)
(53) Mitozantrone; and its salts - Prescription Medicine (considered at the 13/11/84 Committee meeting)
(54) Moclobemide - Prescription Medicine
(55) Mono-octanoin - Prescription Medicine
(56) Nicardipine - Prescription Medicine

(57) Nicotine (transdermal application) - Part II Pharmacy Medicine
(58) Nizatidine - Prescription Medicine (considered at the 10/3/87 Committee meeting)
(59) Octreotide - Prescription Medicine
(60) Ofloxacin - Prescription Medicine (considered at the 10/3/87 Committee meeting)
(61) Olsalazine sodium - Prescription Medicine
(62) Omeprazole - Prescription Medicine (considered at the 10/3/87 Committee meeting)
(63) Ondansetron; and its salts - Prescription Medicine
(64) Oxandrolone - Prescription Medicine
(65) Oxaprozin - Prescription Medicine (considered at the 17/9/85 Committee meeting)
(66) Pamidronate disodium - Prescription Medicine
(67) Pentamidine isethionate - Prescription Medicine
(68) Piretanide - Prescription Medicine (considered at the 17/9/85 Committee meeting)
(69) Piroxicam, in forms for external use; containing not more than 1% of piroxicam - Part II Pharmacy Medicine
(70) Plasminogen activator - Prescription Medicine
(71) Podophyllotoxin - Prescription Medicine
(72) Polygeline - Prescription Medicine
(73) Pronase - General Medicine
(74) Propofol - Prescription Medicine (considered at the 17/9/85 Committee meeting)
(75) Ribavirin - Prescription Medicine
(76) 5-amino salicylate - Prescription Medicine
(77) Selegiline - Prescription Medicine (considered at the 11/11/86 Committee meeting)
(78) Sermorelin - Prescription Medicine
(79) Simvastatin - Prescription Medicine
(80) Sodium dichloroisocyanurate - General Medicine
(81) Sodium lauryl sulphoacetate - General Medicine
(82) Somatropin - Prescription Medicine
(83) Subtilisin A - General Medicine
(84) Sulbactam; and its salts - Prescription Medicine (considered at the 11/3/86 Committee meeting)
(85) Sultamicillin; and its salts - Prescription Medicine
(86) T cell receptor antibody - Prescription Medicine
(87) Tenoxicam - Prescription Medicine
(88) Terazosin - Prescription Medicine
(89) Terodiline; and its salts - Prescription Medicine (considered at the 11/11/86 Committee meeting)
(90) Triptorelin - Prescription Medicine
(91) Xamoterol - Prescription Medicine
(92) Zidovudine - Prescription Medicine (considered at the 10/3/87 Committee meeting)
(93) Zopiclone - Prescription Medicine
(94) Zuclopenthixol; and its salts and esters - Prescription Medicine

7. PRESCRIBING OF MEDICINES BY PODIATRISTS

The Committee considered a paper entitled 'Podiatric Pharmacology' which was prepared by The New Zealand Society of Podiatrists Incorporated and submitted to the Minister of Health for consideration of the Society's request that podiatrists be allowed to prescribe medicines, in particular antimicrobial medicines. The Committee discussed the pharmacology content of the training course for podiatrists but felt that more specific detail of their pharmacology training should be provided. The Committee would also like more information on the types of clinical conditions the podiatrists want to treat and more specific detail of the medicines they want to prescribe. The Committee would also like a comparison done with overseas podiatrists in terms of their training and ability to prescribe medicines. The Committee believed the podiatrists should also consider the impact of the Committee's recommendations in respect of the reclassification of medicines which would have the effect of de-restricting some topical antibiotics. **The Committee, therefore, decided to recommend that the podiatrists should not have the right to prescribe antibiotics at this stage and that the evidence is not persuasive as to their need to prescribe.**

8. OTHER BUSINESS

(1) Dr Herbert said that the Medical Council is concerned about the efficacy and misuse of the Di-gesic and Capadex controlled drugs. Miss McLauchlan said the Pharmacology and Therapeutics Committee has looked at this problem in the past. It was suggested to Dr Herbert that the Medical Council write to the Minister of Health because it was a problem concerning the Misuse of Drugs Act 1975 and not the Medicines Act 1981.

(2) Dr Wilcox asked whether the Committee should consider the effect of the new legislation controlling midwives. Dr Martindale said the proposed legislation will give midwives the right to prescribe but she was not sure whether the legislation amended the Medicines Act 1981 directly or as a change consequential to the Midwives Bill.

(3) Mr Caves mentioned the issue of the confidentiality of the Committee's recommendations because the Council of the Pharmaceutical Society would be interested in the recommendations. Dr Martindale reiterated that the Committee's recommendations cannot be made public until the Minister of Health has read the recommendations. The Department will be able to begin

the events necessary to amend the legislation once it has Ministerial approval to do so. The recommended changes to the names of the medicine classification categories would require changes to the Medicines Act 1981 and this would take some time to achieve.

Dr Martindale thanked the members and the meeting closed at 4.50 pm on 1 August 1990.

6.12.91.