The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

50 years

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Tēnā koe Jessica

Medicine Classification Committee 72nd meeting

Thank you for the opportunity to provide a response to the Medicine Classification Committee (MCC) 72nd meeting agenda.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of over 5,800 general practitioners and rural hospital doctors comprises 40 percent of New Zealand's specialist medical workforce. The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. Our kaupapa aspires to improve equity by upholding principles of Te Tiriti o Waitangi and supporting members to be culturally safe and competent through the General Practice Education Programme, and the Division of Rural Hospital Medicine Training Programme.

Our members provide effective care to their wider community. The safety, quality and effectiveness of care provided by 1000 general practices and 24 rural hospitals is determined by the College's Practice Quality Programme, against the Foundation Standard and achievement of Cornerstone modules.

Te Akoranga a Māui is the College's Māori representative group. With more than 200 members, Te Akoranga a Māui is proud to be the first indigenous representative group established in any Australian or New Zealand medical college.

The College response and advice to selected items in the MCC 72nd Agenda paper:

6.1 Sedating antihistamines – proposed inclusion of age restrictions in classification statements of sedating antihistamines when indicated for insomnia or sedation (Medsafe)

- The College supports the Medicines Adverse Reactions Committee (MARC) recommendation that the indication for sedation of children be removed from all over-the-counter medicines (OTC) containing sedating antihistamines, on the basis that it supports safe use in children.

6.2 Respiratory syncytial virus vaccine, adjuvanted – proposed classification to enable administration without prescription (GlaxoSmithKline Australia Pty Ltd).

The College notes the MCC recommendation, that vaccinations may be given by 'a vaccinator who has successfully completed the Vaccinator Foundation Course (or equivalent course) approved by the Ministry of Health and who is complying with the immunisation standards of the Ministry of Health, but excluding COVID-19 Vaccinators

Working Under Supervision, Provisional Vaccinators, Provisional Pharmacist Vaccinators, and Vaccinating Health Workers, or when specified elsewhere in this schedule'.

- The College is supportive of vaccinations as a public health intervention and we note the strong evidence for classification of respiratory syncytial virus (RSV) vaccines, however, we do not support this vaccine being administered to patients over the age of 60 years by non-clinical vaccinators outside general practice settings.
- We recommend consideration is given to evidence of a vaccines' effectiveness, and that guidance is provided to determine who is authorised to administer a particular vaccine (in this case respiratory syncytial virus (RSV) vaccines) to ensure public trust and safety.

8.2.1 Bisacodyl – the MCC at its 72nd meeting with consider whether it would appropriate in a New Zealand context to harmonise the classification of bisacodyl with Australia. It is currently pharmacy-only in New Zealand, and with harmonisation it will remain pharmacy-only but defined by dosage units, dose and dose forms:

- in divided preparations for oral use except in a primary pack containing 20 dosage units or less containing 5 g or less bisacodyl per dosage unit; or
- in divided preparations for rectal use except:
- in a primary pack containing 12 dosage units or less suppositories containing 10 mg or less of bisacodyl per dosage unit; or
- in a primary pack containing 25 dosage units or less enemas containing 10 mg or less of bisacodyl per dosage unit.

- The College does not support the suggested changes and approach as it would significantly reduce the number of dosage units available OTC for oral use, compared to the current approach.
- We note that current pack sizes registered in New Zealand to be supplied by pharmacies OTC are in 100, 50 and 30 tablets x 5mg packs, although not all pack types and sizes may be available.

Access and equity considerations:

- **A reduction in dosage units is not practical**: The proposed changes would decrease the number of dosage units available for OTC purchase, and introducing smaller packs may impact on access for people with chronic conditions or disability will require more frequent purchases.
- **Clinical practice concerns**: The use of large quantities of a stimulant laxative is mentioned in the agenda as clinically good practice. Reducing the pack sizes will require more frequent visits and potentially disrupt treatment for patients who need larger quantities.
- **Equity and disruption**: The combination of more frequent purchases, and additional costs of accessing medication more frequently will introduce an additional financial burden and stress. It may also cause a disruption in their treatment regimen.

8.2.2 Olopatadine

The Australian Government has made a final decision to reschedule olopatadine from Schedule 4 (prescription only) Schedule 4 (prescription only); except when included in Schedule 2

Schedule 2 (pharmacy-only); in preparations for nasal use delivering 600 micrograms or less of olopatadine per dose when the maximum recommended daily dose is no greater than 4,800 micrograms for the treatment of allergic rhinitis or rhinoconjunctivitis for up to 6 months in adults and children 12 years of age and over.

- The College notes that Olopatadine is a new nasal product that will be available OTC, and supports it being registered and available in New Zealand,

If you require further clarification, contact [redacted]

Nāku noa, nā

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