



**PHARMACEUTICAL SOCIETY**  
of New Zealand Incorporated

8 September 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 67<sup>th</sup> MEETING AGENDA Tuesday 26<sup>th</sup> October 2021**

Thank you for the opportunity to submit comments on the Agenda for the 67<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:

### **5.2 Update on outstanding agenda items from the 66th meeting**

#### *(8.2.1) Salbutamol and emergency supplies*

The Society notes the committee's discussion regarding the provision of an emergency supply of a medicine and their concerns around the variability in the use of the emergency supply function. The Society would be interested to further understand the evidence provided to the committee that was used to draw this conclusion. The Society also has professional practice advice in the PSNZ Pharmacy Practice ehandbook, which can help inform pharmacists about their professional responsibilities for an emergency supply request. We would be more than happy to promote this to the sector, if required.

The Society would be supportive of harmonising the classification for Salbutamol inhalers with Australia for those patients who are receiving this treatment as part of their regular management therapy and are adherent to their current medicines. If the patient is personally known to the pharmacist or the health professional has access to the patient's medication health record and can communicate the consultation to all members of the healthcare team it should be possible to mitigate any risks around inappropriate usage.

### **6.1 Ibuprofen 300mg in powder form – proposed reclassification from prescription medicine to restricted medicine**

The Society does not support the proposed reclassification for Ibuprofen 300mg powder from prescription medicine to restricted medicine.

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.

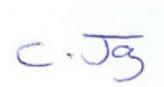
The addition of a paracetamol/ibuprofen combination product in powder form may increase consumer choice around the management of cold and flu symptoms when analgesics are required.

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 and demonstrate a mitigation of this risk.

The applicants reference 2018 White et al study as evidence to support a lower risk of cardiovascular safety of Ibuprofen. However the study also states that "Although informative, the cardiovascular safety findings derived from PRECISION **cannot be extrapolated** to the safety of the over-the-counter pain relievers". The cardiovascular effects are similar across all classes and dosing schedules and was also discussed by the Medicines Adverse Reactions Committee. Their recommendations around the use of NSAIDs was published in [Prescriber Update](#) in 2019.

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

Yours sincerely,

A handwritten signature in blue ink, appearing to read "C. Jay".

Chris Jay  
**Manager Practice and Policy**  
p: 04 802 0036

18 October 2021

Medicines Classification Committee Secretary  
Medsafe  
Wellington

Sent via email to: [committees@moh.govt.nz](mailto:committees@moh.govt.nz)

Dear Committee Members

**Re: Agenda for the 67<sup>th</sup> meeting of the Medicines Classification Committee**

Thank you for the opportunity to provide feedback on the agenda for the 67th meeting of the Medicines Classification Committee (MCC), to be held on 26 October 2021.

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing the majority of community pharmacy owners. We provide leadership on all issues affecting the sector.

Our feedback covers the following agenda item.

- **Agenda item – 8.2.1 Salbutamol**

The Guild is supportive of considerations to reclassify salbutamol to pharmacist-only as part of the harmonisation of the New Zealand and Australian schedules. This provides a great opportunity for pharmacist intervention and development of pharmacy asthma services to help better support patients in the management of their asthma conditions.

As outlined in the agenda for the 67<sup>th</sup> Medicines Classification Committee meeting, reclassification of salbutamol to pharmacist-only will enable pharmacists to help remove unnecessary barriers to access emergency supply of salbutamol for all patients presenting to pharmacies throughout New Zealand.

We acknowledge that variability may exist around the interpretation of the current emergency supply provisions within the Medicines Regulations 1984. We believe that this variability is a result of the term 'emergency' not being defined in the legislation and instead requiring pharmacists to use their professional judgement to ensure the emergency supply is safe and appropriate for each patient. Guidance around emergency supply is already available through the Pharmaceutical Society. We would be supportive of further clarification work, if this is required based on the feedback the Medicines Classification Committee has received.

Reclassifying salbutamol to pharmacist-only will simplify the process to providing a supply of salbutamol, while ensuring that all patients presenting in a pharmacy have an equitable opportunity to access supply of salbutamol.

We believe that appropriate systems and processes can be developed to ensure any pharmacist-only supply of salbutamol can be safe and appropriate, while considering current asthma guidelines. For example, this can be achieved through the development

**Your community pharmacist:** the health professional you see most often.

of best practice guidance to ensure all patients requesting supply of salbutamol are actively using a preventer inhaler and have a current asthma management plan.

Thank you for your consideration of our response. If you have any questions about our feedback, please contact our Professional Services Pharmacist, Alastair Shum, at [alastair@pgnz.org.nz](mailto:alastair@pgnz.org.nz) or on 04 802 8209.

Yours sincerely,



**Nicole Rickman**

General Manager – Membership and Professional Services