



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

28 September 2026

Medicines Classifications Committee
Medsafe
PO Box 5013
WELLINGTON 6140

By email: committees@health.govt.nz

Tēnā koutou

The Royal New Zealand College of General Practitioners (the College) welcomes the opportunity to submit to the Medicines Classification Committee's 76th Meeting agenda

The College is the professional body and postgraduate specialist education college for general practitioners and rural hospital doctors in Aotearoa New Zealand. We represent more than 6,000 specialist GPs and rural hospital doctors, comprising approximately 40 percent of New Zealand's specialist medical workforce. Our motto is Cum Scientia Caritas — with knowledge, compassion. We advocate on behalf of our members and, through them, for the patients, whānau and communities they serve.

Our position

The College supports, in principle, the submissions for reclassification, new medicines for classification, and proposed medicines for harmonisation, as outlined within the agenda; we note, however, that no classification has been proposed for Giredestrant (7.2).

Our support is conditional on the provision of adequate resources to Pharmacists and other pharmacy staff to enable evidence-based decisions on appropriate usage of Celecoxib (8.2a), a potent COX-2 inhibitor^{1,2}, when accessed without prescription. Resources should identify contraindications (e.g., unstable heart disease, heart failure, history of heart attack or stroke within the last three months)¹ and when referral to a general practitioner is necessary (e.g., over 65 years, pregnancy, high risk interaction with other medication such as blood thinners or nonsteroidal anti-inflammatory drugs).^{1,2} This is an essential patient-safety mechanism, and a change to our submission in April this year.

Our other comments remain unchanged; we support New Zealand harmonising its classifications of Fluticasone (8.2b), Intravenous potassium salts (8.2c), and Intranasal adrenaline (8.2d) with Australia, and note that the classification of intranasal adrenaline (8.2d) will enable increased patient choice through the availability of alternative, needle-free adrenaline products.

About the College

Consistent with our commitment to Te Tiriti o Waitangi and Māori health equity, the College encourages the Committee to consider the impact of classification decisions on equitable access to medicines and healthcare.³

Nāku noa, nā



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References

1. Pfizer New Zealand Ltd. Celebrex® (celecoxib) 100 mg and 200 mg capsules: New Zealand data sheet [Internet]. Auckland: Pfizer New Zealand Ltd; 2024 [cited 2026 Sep 25]. Available from: <https://www.medsafe.govt.nz/profs/datasheet/c/celecoxibPfizercap.pdf>.
2. Best Practice Advocacy Centre New Zealand. Celecoxib: the “need to know” for safe prescribing [Internet]. Dunedin: bpacnz; 2018 [cited 2026 Sep 25]. Available from: <https://bpac.org.nz/2018/celecoxib.aspx>.
3. Royal New Zealand College of General Practitioners. Te Tiriti o Waitangi and Māori Health Equity position statement [Internet]. Wellington: Royal New Zealand College of General Practitioners; 2025 [cited 2026 Sep 24]. Available from: <https://www.rnzcgp.org.nz/resources/position-statements/te-tiriti-o-waitangi-and-m%C4%81ori-health-equity-position-statement/>