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Dear Jessica

Thank you for the opportunity to comment on the agenda of the 59<sup>th</sup> meeting of the Medicines Classification Committee (MCC) of Medsafe.

### **RNZCGP Comments on the agenda of the 60<sup>th</sup> meeting of the Medicines Classification Committee**

#### ***Introduction to general practice and the College***

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

## **Submission**

The College would like to comment briefly on each of the following agenda items

5.5 Phenibut

5.6 Rilmazafone

6.1 Canesten plus

6.2 Loratadine

6.3 Influenza vaccine

6.4 Melatonin

6.5 Modified release Paracetamol

6.6 Sedating antihistamines

### Items 5.5 and 5.6 Phenibut and Rilmazafone

The College supports the proposals to classify Phenibut and Rilmazafone as prescription medicines. A prescription only status for these medications would close a loophole under which importers can claim they are importing these substances into New Zealand for personal therapeutic use. These substances can already be stopped at the border under the Psychoactive Substances Act 2013 but only when imported for the purpose of inducing a psychoactive effect. By claiming that the product is instead being used for personal therapeutic use importers can bypass the provisions of the Act.

As stated in the attachment to the Medsafe Submission relating to Phenibut “The medical conditions phenibut is reportedly being used to treat (including anxiety and sleep disorders) are better managed by a medical practitioner”.

### Item 6.1 Canesten plus

The College opposes the reclassification of Canesten plus from Restricted (pharmacist only) to pharmacy only. Canesten plus contains Hydrocortisone 1%. At this strength Hydrocortisone is a restricted medicine.

Reclassification would allow Canesten plus to be stocked on the open shelves of the pharmacy, self-selected by customers and sold by any pharmacy staff member, thus by passing the opportunity for health practitioner advice. There is potential for repeated use for short term relief of conditions that could or should be treated with more appropriate medications. The College considers that it is important that the pharmacist has the opportunity to give advice on more appropriate medication or management.

### Item 6.2 Loratadine

The College supports the proposal to lower the age at which loratadine is available to children under general sale from 12 years to 6 years.

### 6.3 Influenza vaccine

The College supports the proposal to allow pharmacy interns with approved training to administer influenza vaccination under the direct supervision of a trained pharmacist vaccinator.

### Item 6.4 Melatonin

There was support from some College members for increased accessibility of Melatonin. However we note that dietary supplements “cannot have a stated or implied therapeutic purpose”.<sup>1</sup> Hence such a classification may not be appropriate.

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<sup>1</sup> <http://www.medsafe.govt.nz/regulatory/DietarySupplements/Regulation.asp> accessed 22/3/18

#### Item 6.5 Modified-release Paracetamol

The College supports the Medsafe proposal that modified release paracetamol be reclassified from a pharmacy-only medicine to a restricted medicine. With the many forms of paracetamol available on pharmacy shelves it is not surprising that the higher dosage of modified-release Paracetamol is sometimes overlooked. Poisons Centre data showing that 77% of calls relating to modified-release paracetamol concern therapeutic error, compared to only 22% of calls regarding all paracetamol, provides evidence of this. By requiring contact with a pharmacist for the purchase modified-release paracetamol there will be the opportunity to ensure that the patient is aware of the higher dose and that the medication is used appropriately.

#### Item 6.6 Sedating antihistamines

The College agrees that anxiety is not an appropriate indication for the use of sedating antihistamines. Removing this indication for the label statement database will prevent patients from being misinformed, and discourage this inappropriate use.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at [policy@rnzccgp.org.nz](mailto:policy@rnzccgp.org.nz).

Yours sincerely,



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