

29 March 2022

Medicines Classification Committee Secretary Medsafe PO Box 5013 Wellington 6145 via email: committees@moh.govt.nz

Dear Jacinta,

MEDICINES CLASSIFICATION COMMITTEE (MCC) COMMENTS TO THE 68th MEETING AGENDA Tuesday 26th April 2022

Thank you for the opportunity to submit comments on the agenda for the 67th meeting of the Medicines Classification Committee.

The Pharmaceutical Society of New Zealand Inc. (the Society) is the professional association representing over 2,000 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:

6.1 Nitrofurantoin (modified release) – proposed change to prescription classification statement

The Society supports the proposed reclassification for nitrofurantoin from prescription medicine to prescription except when supplied for oral use containing 100 mg per dose unit, when sold in a pack of 10 solid dosage units to a woman aged 16-65 years for the first-line empiric treatment of an uncomplicated urinary tract infection by a registered pharmacist who has successfully completed the New Zealand College of Pharmacists' training in the treatment of urinary tract infections.

The New Zealand College of Pharmacists has now become part of the Pharmaceutical Society of New Zealand and as a result the wording of the reclassification may need to be amended to reflect this change.

The Society currently provides support and training for the pharmacist provision of trimethoprim, to a woman aged 16-65 years, for the treatment of an uncomplicated urinary tract infection by a registered pharmacist, who has successfully completed training for the treatment of urinary tract infections.

Any training for nitrofurantoin would follow a similar approach and include:

- Identify the signs and symptoms of urinary tract infections (UTIs)
- List the side effects, contraindications and interactions of nitrofurantoin
- Identify when the supply of nitrofurantoin is appropriate
- Identify situations requiring referral to other health professionals
- Advise and counsel patients who require nitrofurantoin

The value of trimethoprim being available through the current classification has been shown to be beneficial and improves patient access to appropriate treatment.

Reclassification of nitrofurantoin to ensure patients have access to additional treatments for uncomplicated UTI's through a community pharmacy would be the next appropriate step.

The Society is of the view that it is important to ensure patients continue to have equitable access to appropriate treatments. We also have the expertise to develop the appropriate training programme to ensure this access and to mitigate any risks that may be perceived with the nitrofurantoin reclassification.

We are the opinion that the switch across to nitrofurantoin as the first line treatment, which is also accessible through a registered and trained pharmacist, is also safe and appropriate.

6.2 Naloxone – proposed down-scheduling change to classification

The Society supports increasing the access to naloxone for people requiring this medicine in an emergency. The current classification requires the manufacture to provide naloxone in an approved emergency kit for the treatment of opioid overdose before the medicine can be used without a prescription.

Due to the potential costs and work required to bring a product to market here in New Zealand this has not currently occurred. As a result, the initial intent of the Medicines Classification Committee reclassification in 2017 has not been met.

The applicant has provided some evidence to support why this classification should be revisited. However, due to the challenges of products available here in New Zealand, any movement in classification or wording of that classification may be difficult for the committee to consider.

In Australia, the Minister for Health, the Hon Greg Hunt MP, announced \$10 million in funding for a Take Home Naloxone Pilot (THN) to run from 1 December 2019 to 30 June 2021. This is now running through to 30 June 2022 with an additional \$3.9 million investment. The aim of the Pilot is to increase access to and availability of naloxone for at-risk groups in participating states (New South Wales, South Australia, and Western Australia) by making naloxone available for free and without a prescription from a variety of pharmacy and non-pharmacy settings. The Pilot also aims to further the evidence base for THN as an intervention to reduce the rate of death and other harms from opioid use in Australia.

The Society has been in discussion with the Pharmacy Branch at the Department of Health in Canberra regarding this Pilot. We would like to recommend that MCC consider gathering the evidence from their Australian colleagues in Canberra, to hopefully help inform their discussions and ultimately improve access to treatment and care for New Zealanders who require easier access to this live preserving medication.

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

Yours sincerely,



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