Australian Government
Department of Health
Therapeutic Goods Administration

Changes to codeine product access:
background to the decision to change from over-the-counter to prescription only

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Australian Government
Department of Health
Therapeutic Goods Administration

This presentation

- Evidence of codeine harm, misuse and abuse in Australia
- Codeine rescheduling process
- Implementation of the decision to up-schedule codeine-containing compounds
- Stakeholder engagement - NCCIWG
- Impacts on Rural and Regional Australia

Public health safety concerns with codeine

- Codeine effects depend on an individual's ability to **metabolise it to morphine**
- Cases of **respiratory depression and death due to ultra-rapid metabolism** of codeine
- Many consumers inappropriately use **OTC codeine on a chronic basis**
- Substantial evidence of **harm from the misuse / abuse of OTC codeine**
- Mortality and morbidity (intestinal, renal and hepatotoxicity) sometimes due to massive paracetamol and ibuprofen consumption but **overdose usually the result of codeine-seeking behaviour**

Codeine related deaths

Roxburgh et al *(Medical Journal of Australia 2015)*

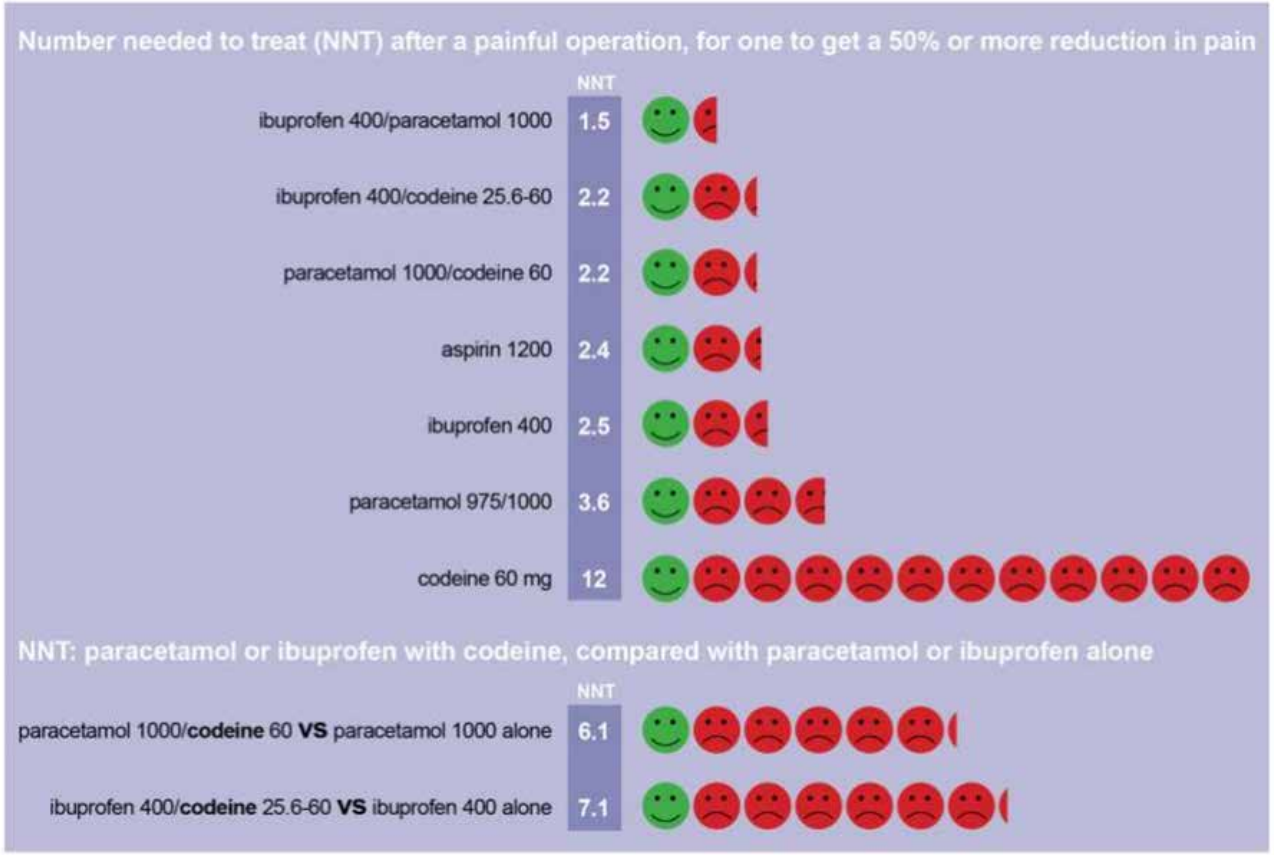
- 1437 codeine related deaths between 2000 and 2013
- Numbers more than doubled from 2000 to 2009
- Accidental overdose accounted for most of the increase in death
- 84 % due to multiple drug toxicity, 8 % specifically to codeine toxicity
- For every two S8 opioid deaths in 2009, there was one codeine-related death
- Where type of codeine was reported 40 % was OTC codeine

Deaths for 2007 to 2011 *(National Coronial Information System Aug 2014)*

- Codeine without morphine detected – 573
- Morphine plus codeine – 515
- Use of codeine combination product potentially implicated – 769

Little evidence that OTC codeine is more effective than alternatives without codeine

Summary of Cochrane systematic reviews of the medical literature



- Summarised by NPS Medicineswise *www.nps.org.au/medical-info/clinical-topics/news/paracetamol-ibuprofen-combinations-for-acute-pain*
- Very recent RCT evidence in post-operative pain *AK Chang et al. JAMA 318:1661 Nov 2017*
- Codeine also associated with constipation, neuro-inflammation/hyperalgesia

6 MISUSE OF PHARMACEUTICALS

Pharmaceutical misuse

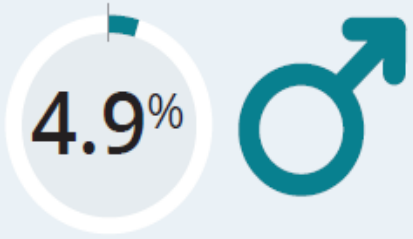
1 in 20 (4.8%) people misused a pharmaceutical in the last 12 months

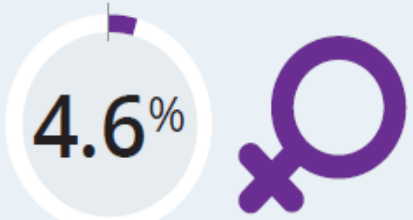
Last 12 months

1 in 8 (12.8%) had misused a pharmaceutical in their lifetime

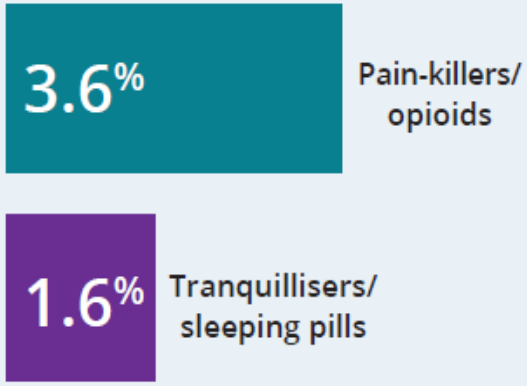
Life-time

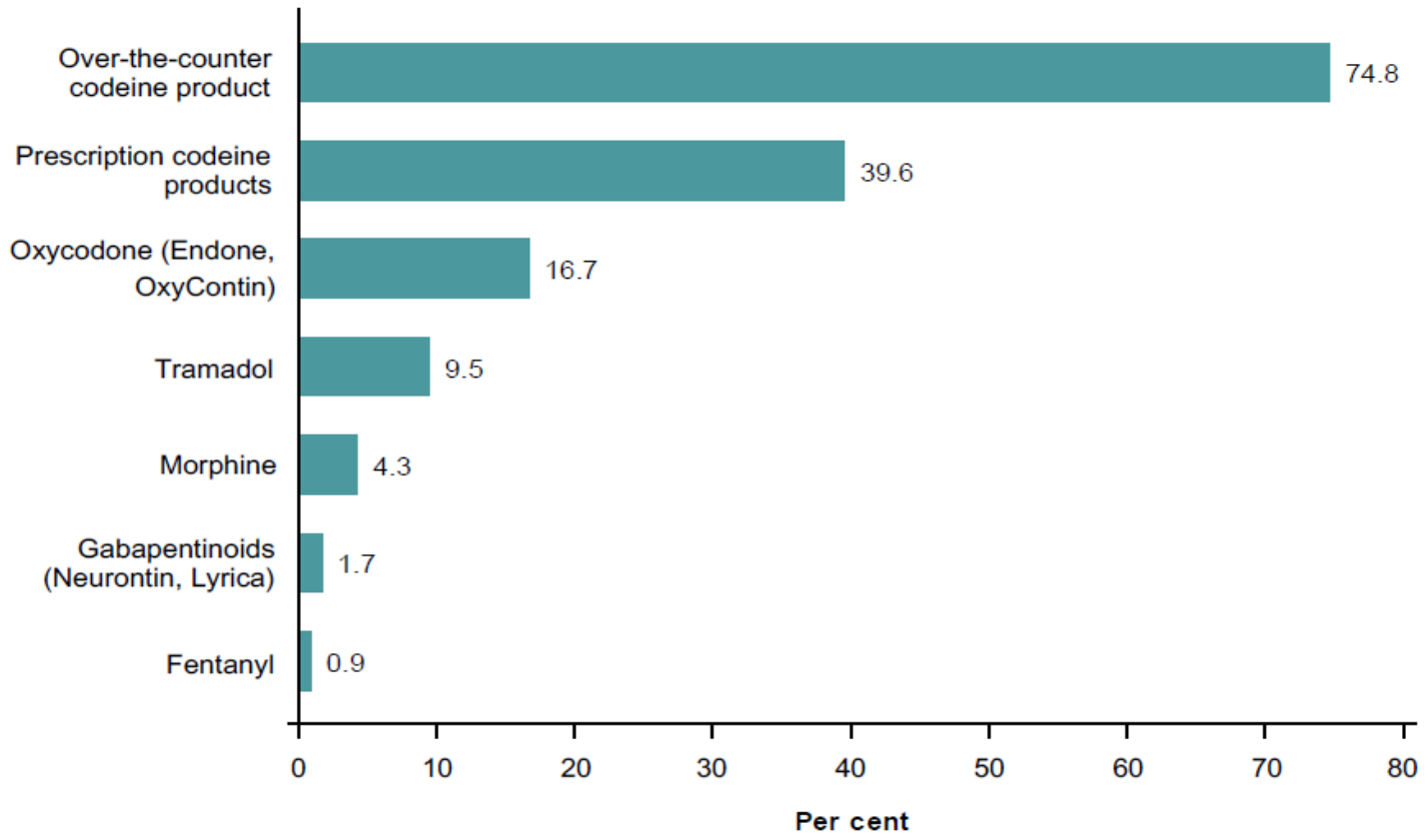
Males and females misused pharmaceuticals at similar rates





Pain-killers/opioids most commonly misused pharmaceutical, followed by Tranquillisers/sleeping pills





(a) Used in the past 12 months.

Note: Base is recent users of pain-killers and opiates.

Source: Table 6.7.

Figure 6.3: Types of pain-killers/opiates misused, recent(a) users of pain-killers/opiates aged 14 and over, 2016 (%)

What is Scheduling ?

- A national classification system that controls how medicines and poisons are made available to the public
- Substances classified by level of **regulatory control over their availability**
- The Poisons Standard consists of decisions regarding the classification of substances into **Schedules**

Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance
Schedule 10	Substances of such danger to health as to warrant prohibition of sale, supply and use

All scheduling decisions include consideration of a set of "factors" under the Scheduling Policy Framework

Scheduling Policy Factors for Pharmacist-Only Medicines (Schedule 3)

- The medicine is **substantially safe with pharmacist intervention** to ensure the quality use of the medicine. There may be potential for harm if used inappropriately
- The **use of the medicine at established therapeutic dosages is not expected to produce dependence**
- Where there is a risk of misuse, abuse or illicit use identified, **the risk can be minimised through monitoring by a pharmacist**

Relevant SPF Factors for Prescription Only Medicines (Schedule 4)

- The **ailments or symptoms that the substance is used for** require medical, veterinary or dental intervention
- The use of the substance requires **adjunctive therapy or evaluation**
- The use of the substance at **established therapeutic dosage levels may produce dependency** but has a moderate propensity for misuse, abuse or illicit use
- The **seriousness, severity and frequency of adverse effects** are such that monitoring or intervention by a medical practitioner is required to minimise risk
- The **margin of safety between the therapeutic and toxic dose** of the substance is such that it requires medical, intervention to minimise risk
- The **use of the substance has/ is likely to contribute to communal harm**

Current availability of codeine products

Schedule 2 – Pharmacy only - CODEINE preparations for coughs and colds when:

- compounded with phenylephrine and not more than one analgesic substance
- 10 mg or less of codeine per tablet or liquids with 0.25 % or less of codeine
- Recommended daily dose not exceeding 60 mg and in packs containing not more than 6 days' supply
- e.g. **cough relief products** such as **Codral** and **Demazin**, as well as pharmacy generic cough medicines that contain codeine

Schedule 3 – Pharmacist only - CODEINE when:

- compounded with one or more other active substances, of which not more than one is an analgesic
- 12 mg or less of codeine per tablet or liquids with 0.25 % or less of codeine
- Recommended daily dose not exceeding 100 mg and in packs containing not more than 5 days' supply
- e.g. **combination pain relief medicines** such as **Panadeine**, **Nurofen Plus** and **Mersyndol**, as well as pharmacy generic products that contain codeine

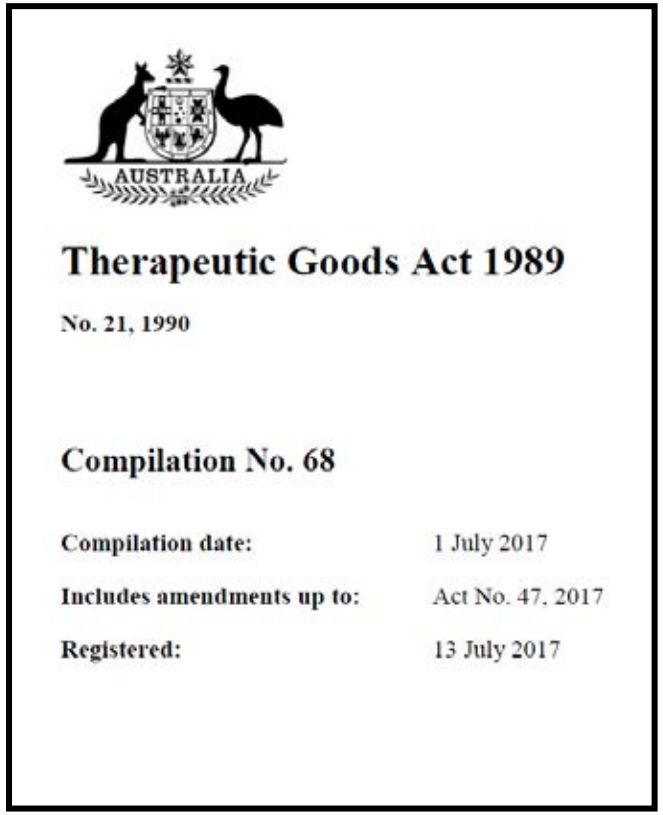
Amendments to the Poisons Standard (rescheduling process)

- Any individual or organisation can apply to have a substance rescheduled
- The decision is made by the Secretary (not the Minister) of Health, but in practice a senior medical doctor at TGA makes the decision as a ”delegate”
- The delegate examines must determine the scope of the current entry and whether other schedule(s) are more appropriate
- SPF Factors and considerations under S52e of the Therapeutic Goods Act
- The decision making process includes advice from a Ministerial Advisory Committee (ACMS) and extensive public consultation periods

"Matters to be considered in making a scheduling decision"

Defined in section 52E of the Therapeutic Goods Act 1989

a) the risks and benefits of the use of a substance
b) the purposes for which a substance is to be used and the extent of use of a substance
c) the toxicity of a substance
d) the dosage, formulation, labelling, packaging and presentation of a substance
e) the potential for abuse of a substance
f) any other matters that the Secretary considers necessary to protect public health


AUSTRALIA

Therapeutic Goods Act 1989

No. 21, 1990

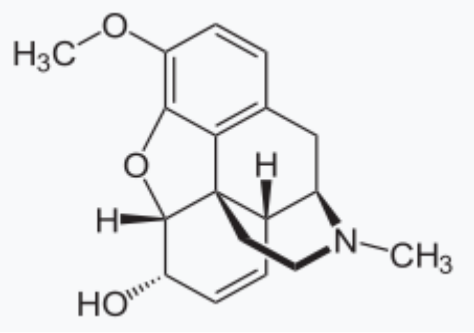
Compilation No. 68

Compilation date:	1 July 2017
Includes amendments up to:	Act No. 47, 2017
Registered:	13 July 2017

Consideration of the evidence

TGA Safety Reviews (in-house & commissioned)

- **2012**: Lack of evidence to support the efficacy of OTC codeine cough and cold medicines in children under 12 years of age
- **2015**: Contra-indicated the use of codeine in children younger under 12 years of age for any reason, and in children 12-18 years post adenotonsillectomy
- **2016**: Limited evidence to support the efficacy of OTC codeine as an analgesic

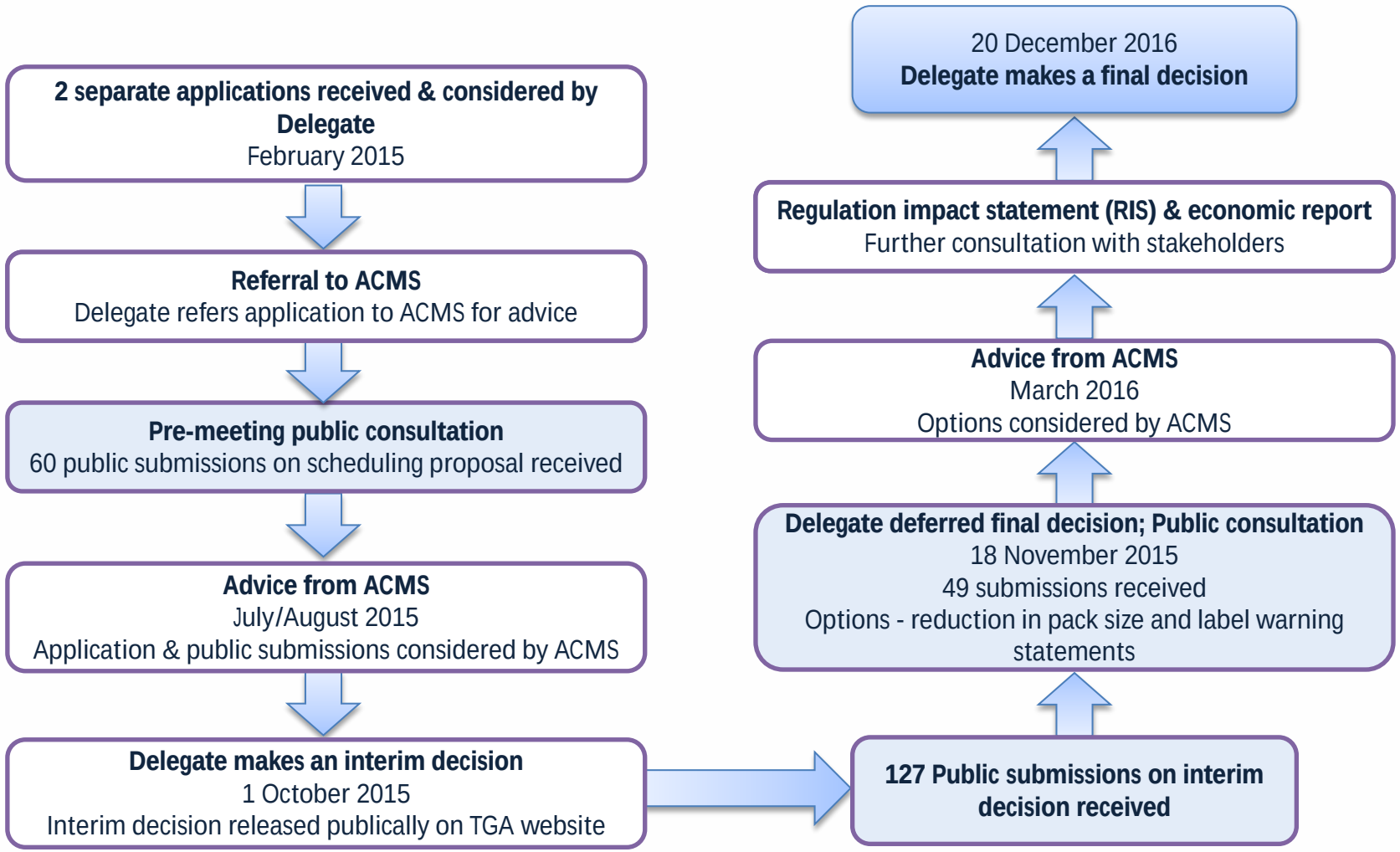


"The combination of lack of efficacy, risk of acute toxicity and dependence suggests that the use of OTC codeine is not warranted" (O'Reilly D et al. BMJ Case Reports 2015)

Stakeholder Engagement

- 3 public consultation periods with over 230 submissions
- Targeted consultation with:
  - Peak bodies (PGA, AMA, ASMI, PSA, RACGP, ANZCA…..)
  - Sponsors/manufacturers of low-dose codeine containing medicines
  - Broader Department of Health (MBS & PBS)
  - State and territory health departments through the ACMS in July 2015 and March 2016

Codeine rescheduling process



Release of the decision - 20 December 2016

- **Regulation Impact Statement** (RIS) for Codeine
  - Outlined the economic, social and regulatory impacts of changing the way codeine is made available to the public
- **KPMG economic modelling report**
  - Regulatory and economic impacts of scheduling options modelled
  - Net benefit only achievable when low-dose codeine was up-scheduled to prescription only
- **FAQs** for healthcare professionals, pharmacists and consumers
- Links to 3 **scientific reports**
- **Company sponsors** of low-dose codeine products notified
  - Some will convert products to S4, others will withdraw them

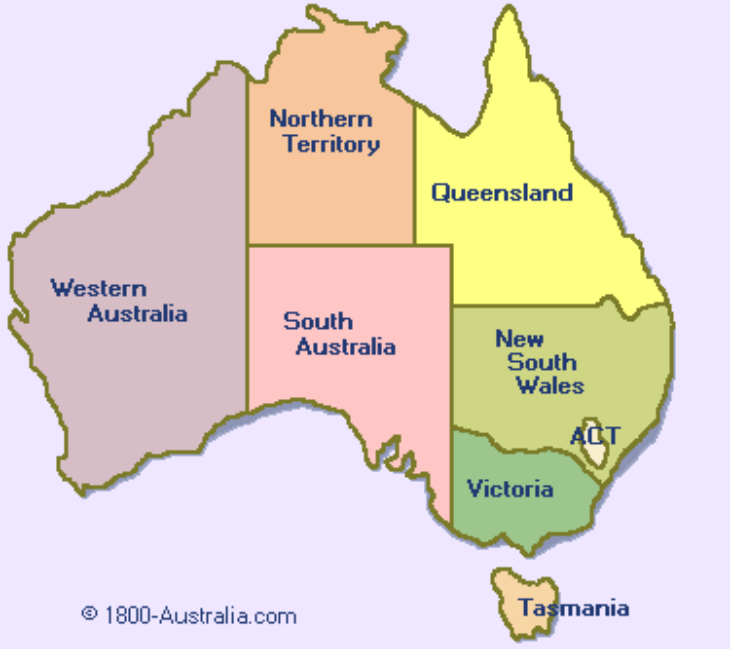
KPMG: Economic effects of codeine up-scheduling

- **Some increase** in the numbers of GP consultations
- **Unlikely that consumers will attend GP solely for a prescription for codeine**, but consultations likely to for chronic pain or other medical conditions
- **Additional costs to the MBS** of $204 m over 10 years
  - 83 % of these increased costs identified relate to costs of improved treatment options rather than costs of additional GP visits to obtain prescriptions

- The **overall positive net benefit to society** ~$5.2 bn over 10 years, due to:
  - accidental death prevention
  - improved quality of life, due to more effective treatment options
  - prevention of adverse events related to unintentional overdose of paracetamol or ibuprofen
  - reduced dependence and reduced risk of dependence

Implementation of scheduling recommendations

- **States and territories adopt by reference** scheduling recommendations in the Poisons Standard and give effect to them through their drugs and poisons legislation
- Each jurisdiction reserves the **right to implement a different scheduling decision** to that included in the Poisons Standard
- AHMAC (Heads of state and territory health departments) committed to **national uniformity**
- **So exceptions are rare** e.g. additional labelling requirements of S3 OTC medicines in QLD, separate framework for Victorian-produced medicinal cannabis



Widespread support from professional and consumer groups for up-scheduling of codeine-containing products

- AMA
- RACGP
- Rural Doctors Association of Australia
- RACP
- Faculty of Pain Medicine, ANZCA
- Chapter of Addiction Medicine
- Pain Australia
- Consumer Health Forum

Nationally Coordinated Codeine Implementation Working Group (NCCIWG)

Objectives

- Assist with implementation
- Assist with the identification of education, information gaps in the various sectors
- Find innovative ways to disseminate information
- Assist in determining appropriate, consistent key messages for each sector
- Assist in assessing expected impacts on chronic pain patients (including in regional and remote Australia)

Nationally Coordinated Codeine Implementation Working Group (NCCIWG)

Representation

- Consumer groups
- States and Territories
- Health practitioners (medical, nursing, allied health – physiotherapy, pharmacy etc.)
- Clinical colleges/ societies (Pain/Addiction Medicine/AMA/ACRRM/PGA/PSA etc.)
- NPS MedicineWise, ScriptWise

Rural and remote Australia

- Representation on NCCIWG
- Department of Health Roadshows
- NPS MedicineWise “regional field force” targeting rural communities
- Engagement of PHNs
- Specific communications strategies (e.g. Pain Australia etc.) with a regional focus
- Aged care facilities
- Aboriginal Health Organisations
- Codeine hub (specific link for rural and remote communities)

Codeine hub: www.tga.gov.au/codeine

- Changes to patient access for codeine-containing compounds explained
- Specific information for rural and remote communities provided
- Links to information on chronic pain management, support services etc.
- Alternatives to physical access to GPs (prescribing by registered nurses, phone advice etc.)
- Links to community health centres and remote health services