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CONSULTATION RESPONSE

PROPOSED CODEINE RESCHEDULING FROM S4 TO S8

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INTRODUCTION

Sanofi provides a diverse range of prescription and OTC medicines, vaccines and devices as well as an extensive portfolio of vitamin and mineral supplements. These products deliver much needed treatment options that extend and improve people's lives and keep people healthy. Sanofi's products include treatments for pain, arthritis, diabetes, multiple sclerosis, cardiovascular and renal disease, cancer, rare diseases, influenza as well as a range of childhood and travel vaccines.

Sanofi welcomes the opportunity to comment on the proposed amendment to the Poisons Standard entry for codeine being referred by the Delegate to the June 2018 meeting of the Advisory Committees on Medicines.

The invitation to comment relates to the following proposal from a private individual:

- Up-schedule codeine from Schedule 4 to Schedule 8 when in divided preparations containing more than 12 mg of codeine per dosage unit;
- Up-schedule codeine from Schedule 4 to Schedule 8 when in undivided preparations containing more than 0.25 per cent of codeine; and
- Amend both Schedule 4 and 8 entries for codeine to reflect these changes. as shown below

Schedule 4 - Amend Entry

CODEINE when compounded with one or more other therapeutically active substances:

a. in divided preparations containing ~~30~~ 12 mg or less of codeine per dosage unit; or

b. in undivided preparations containing ~~10~~ 0.25 per cent or less of codeine.

Schedule 8 - Amend Entry

CODEINE ~~except when in Schedule 4~~ alone or when compounded with one or more other therapeutically active substances:

a. in divided preparations containing more than 12 mg of codeine per dosage unit; or

b. in undivided preparations containing more than 0.25 per cent of codeine

except when included in Schedule 4.

The proposal seeks to address scheduling inconsistencies highlighted in the Regulation Impact Statement (RIS). This will be achieved by moving high dose codeine-containing medicines and single ingredient 30 mg codeine into Schedule 8 where, as suggested by the RIS, these products belong. By up-scheduling high dose codeine-containing medicines to Schedule 8, they will be monitored by State and Territory Real Time Monitoring systems.

COMMENTS ON PROPOSAL

The comments on this proposal are focused on combination analgesic products containing 30mg codeine and 500mg paracetamol which are the most commonly registered formulation included on the ARTG.

The reasons for the proposal stated by the applicant references inconsistencies noted in the RIS conducted for the upscheduling of Schedule 2 and 3 codeine containing medicines to Schedule 4. This RIS was not undertaken to consider the relevant regulatory, health and economic model impacts of a change from Schedule 4 to Schedule 8 of medicines containing more than 12mg codeine. As a consequence the simulation, plausibility analysis and sources of uncertainty are not relevant to the current proposal and no recommendations were included in the RIS proposing further upscheduling of codeine. In particular the significant economic impacts of managing the supply of Schedule 8 medicines, due to the strict storage, distribution and record keeping requirements, represents a completely different set of scenarios to those considered in the previous RIS and requires a new assessment.

RISK ASSESSMENT

Currently Schedule 8 entries for codeine includes tablet presentations containing 30mg codeine alone (eg Codphos AUSTR Aspen Pharma Pty Ltd 290336) and an injectable presentation of codeine containing 50mg/mL (AUST R 16368; Phebra Pty Ltd). The rationale for upscheduling Schedule 2 and 3 medicines containing 12 mg or less of codeine to Schedule 4 was to ensure the same level of control as the existing medicines containing higher doses of codeine in this Schedule. This was deemed to provide the appropriate risk mitigation approach based on the long standing experience of supply of higher strength codeine products.

There is no evidence that the current controls on access associated with inclusion in Schedule 4 are ineffective at mitigating the known risks of codeine. As summarized in the RIS (p97) GPs are generally well informed of the risk vs benefit and able to restrict the potential for overdose or abuse by limiting the number of daily tablets dispensed or the number of repeat scripts. This allows ongoing assessment that the medicine remains appropriate and facilitates early intervention in the event a health complication is identified. Consequently, imposing a change to S8 will have negligible impact on further reducing the known risks that would be in the public health interests. It could however result in additional barriers being created for patients requiring access to stronger pain relief medications based on increased complexity of supply logistics and record keeping as described below. It is noteworthy that in patients, especially the elderly, where aspirin or ibuprofen are not tolerated, analgesic combinations with paracetamol remain an important choice.

It is also important to consider that a key part of the risk benefit assessment under the scheduling framework is to consider the packaging and labelling of the product. In addition to the well-established precautions on the respiratory effects of codeine and the risks of dependency if used longer term, the labelling of all medicines containing paracetamol includes appropriate warnings on the maximum daily dose of paracetamol of 4000mg (8 x 500mg tablets). This warning is based on the hepatoxicity of paracetamol, particularly associated with overdose. Thus regardless of the total dose of codeine that may be contained within a pack, the mitigation of the risk of

paracetamol overdose through the product labelling also serves to mitigate the risk of excessive codeine consumption.

IMPACT ON SUPPLY LOGISTICS AND DISTRIBUTION COSTS

The stringent controls and record keeping required to manage the storage, distribution and supply of S8 goods will warrant significant investment in infrastructure and logistics considering the product volumes, which in turn will increase the cost of goods and potentially impact product viability with suppliers unable to the absorb the cost increases.

The increased cost burden will need to cover vault storage requirements, additional vigilance on picking and inventory validation activities as well as higher costs of a premium freight service. Additional costs incurred via wholesale channels may further impact the product price point and potentially patient access. Moreover, whilst some suppliers will be in the position of having option to utilize additional high cost vault capacity with it logistics provider this may not be the same for others where this will be a major barrier to continuing supply. On top of the costs incurred, prescribers and pharmacists will need to manage the additional administrative burden of record keeping that will result increased workload without delivering any benefit to public health.

SUMMARY

Sanofi does not support the proposed upscheduling of codeine products containing 30mg of codeine to Schedule 8 for the following reasons:

- The simulation and modelling conducted for the RIS for the low dose codeine rescheduling scenarios do not apply to higher dose codeine medicines and further upscheduling was not included as part of the RIS recommendations
- Schedule 4 provides an appropriate level of access and control to effectively mitigate the well-known risks of codeine dependence and abuse and there is no evidence that the current access controls have become ineffective
- Considering most products contain a combination of paracetamol and codeine the maximal daily dose of paracetamol, due to risks of hepatoxicity, serves to mitigate the risk of excessive codeine consumption
- The significant economic and administrative burden of meeting the storage, distribution, supply and record keeping requirements for Schedule 8 medicines will increase costs which Sponsors may not be able to absorb. This could impact product viability creating an access barrier to effective pain relief for patients
- Capacity limitations of high cost vault storage for the volumes of medicines supplied may be an additional barrier to medicine access for patients needing effective pain relief

Sanofi would be happy to be involved in any discussions on this topic as part of further considerations by the Delegate.