Complementary Medicines Australia *submission to the Therapeutic Goods Administration consultations:*

Item 2.1: Arbutin - Proposed amendment referred to the Advisory Committee on Chemicals Scheduling (Joint ACCS # 27, March 2020)

Item 1.7: Melatonin - Proposed amendment referred to the Advisory Committee on Medicines Scheduling (ACMS #29, March 2020)

10 February 2020

To:
ACCS and ACMS
Scheduling And Committee Support Section
Therapeutic Goods Administration
PO Box 100
WODEN ACT 2606

From:
Complementary Medicines Australia
PO Box 450
Mawson ACT 2606

Telephone: 02 6260 4022
Facsimile: 02 6260 4122
E-mail: carl.gibson@cmaustralia.org.au
Website: www.cmaustralia.org.au

[redacted]

Complementary Medicines Australia

CMA is committed to a vital and sustainable complementary medicines sector, and represents stakeholders across the value chain – including manufacturers, raw material suppliers, distributors, consultants, retailers and allied health professionals. The consumer demand for complementary medicines has resulted in the industry becoming a significant contributor to preventative and complementary healthcare. Over the last few decades the Australian complementary medicines sector has evolved into a world class industry supporting domestic skilled jobs, research, manufacturing and exports.

Complementary Medicines Australia (CMA) welcomes the opportunity to provide further comment on the newly proposed amendment regarding the scheduling of arbutin, and the new proposed scheduling amendment to down schedule melatonin. We support the safe use of medicines and note that the restriction of substances via scheduling is one of the tools supporting safety in use of medicines.

Item 2.1 Proposed scheduling of Arbutin

Relevant background

A proposal to amend the scheduling entry for arbutin, specifically in regards to herbal medicines, was lodged with the joint committee meeting of ACCS – ACMS #22, June 2019. In September 2019 the Committee published their interim decision on the matter, recommending that the following new Schedule 4 entry be created and implemented by June 2020:

Schedule 4 - New Entry

*ARBUTIN **except** in oral herbal preparations containing 500 mg or less of arbutin per recommended daily dose.*

INDEX - Amend Entry

ARBUTIN

Schedule 4

The Committee also recommended an amendment to the hydroquinone index entry as follows:

Index - Amend Entry

HYDROQUINONE
cross reference: GLYCOSYLATED HYDROQUINONE, MONOBENZONE

Schedule 6
Schedule 4
Schedule 2

[redacted]

The Committee noted the low risk of exposure to hydroquinone (from herbal medicines) as the primary rationale for the amendment. (https://www.tga.gov.au/book-page/31-interim-decision-relation-arbutin)
During the consultation on the interim decision, submissions were received regarding the topical use of arbutin which prompted the reconsideration of the interim decision. The record of reasons did not reflect any opposition to the recommendation regarding oral herbal medicines. Subsequently the TGA initiated a new proposed amendment regarding the scheduling of arbutin to the ACCS specifying scheduling arrangements for three different forms of arbutin: https://www.tga.gov.au/consultation-invitation/consultation-proposed-amendments-poisons-standard-accs-acms-and-joint-acmsaccs-meetings-march-2020.

CMA notes that the proposed amendment fulfils the same intent as the September 2019 interim decision with respect to oral herbal medicines, and that the new amendment only contains a naming clarification from 'arbutin' to 'beta-arbutin', which is merely a nomenclature clarification. The remainder of the changes relate to other forms of arbutin which are in respect of enhancing cosmetics regulation and completely unrelated to herbal medicines. However there is an impact with respect to timeliness of the implementation date regarding arbutin-containing herbal medicines, which will be postponed until October 2020. Had the interim decision for herbal medicines been ratified in November 2019 as predicted, the Poison Standard could have been updated by February 2020.

1) Considering that an interim decision released in September 2019 is same in meaning and intent as the current proposal for herbal medicines, merely with a nomenclature clarification, we submit that this issue is stand-alone from the new and separate proposal for other forms of arbutin. Therefore, we propose that the ACCS recommend to the delegate that the original amendment (but with the nomenclature clarification), which has been supported in two rounds of public consultation and previously recommended by the joint committees in September 2019, be implemented on **1 June 2020** ahead of the other arbutin changes, i.e., the below with any appropriate indexation amendment:

   Schedule 4 - New entry

   ARBUTIN (BETA) **except**:

   a. in oral herbal preparations containing 500 mg or less beta-arbutin per recommended daily dose

2) The new proposal also places oral herbal preparations containing 500mg or more of beta-arbutin in Schedule 6: **Schedule 6 Poison – Substances with a moderate potential for causing harm, the extent of which can be reduced through the use of distinctive packaging with strong warnings and safety directions on the label.** There isn't evidence that beta-arbutin which is naturally occurring in herbal medicines requires entry into Schedule 6. The cited references relate to other forms of arbutin. EMA permits higher doses of (beta-)arbutin in herbal medicines, as noted in the original down-scheduling proposal. We propose that it is unnecessary for beta-arbutin to be included in Schedule 6.

[redacted]

Item 1.7 Proposed Scheduling of Melatonin

CMA notes the proposed down scheduling application related to melatonin at 2 mg per modified release dose, from Schedule 4 to Schedule 3, with associated entries in Appendix M (pharmacist record of dispensation) and Appendix H permitting the advertisement of goods containing this substance.

Melatonin appears to be safe at low doses for self-selection. Melatonin is freely available in Canada and the United States in doses of up to 10mg per dosage unit. A recent Australian systematic review[i] of clinical evidence concluded that the safety profile of melatonin is good, with minimal, self-limiting adverse events reported in clinical trials.

1) Based on its safety profile, and established international safety in use, CMA supports the current proposal for a Schedule 3 entry but <u>without</u> the patient register requirement. That is, without the Appendix M condition, for the following reasons:
   a. Recording of medications has historically been reserved for habit forming medications such as benzodiazapenes and opiates (at the discretion of the jurisdictions). Given that melatonin is non-habit forming, with a sound safety profile, CMA queries the value in creating this requirement, given work force demands in busy pharmacies.
   b. Some Australians voluntarily opted out of My Health Record. If dispensation of melatonin is contingent upon patient recording, this could limit access to melatonin for those populations.

   Should the patient register requirement remain, CMA recommends that it be worded in such a way that those who have voluntarily opted-out of a MyHealthRecord will still have access to melatonin.

2) CMA is of the view that, considering its comparative safe use under international supply and distribution, melatonin warrants further down-scheduling of melatonin once a history of safe use at the proposed limit has been further established within Australia.

---

i Foley H and Steel A, 2019. *Adverse events associated with oral administration of melatonin: A critical systematic review of clinical evidence*. Complement Ther Med, 42: 65- 81. doi: 10.1016/j.ctim.2018.11.003. Epub 2018 Nov 3