FINAL DECISIONS & REASONS FOR DECISIONS BY DELEGATES OF THE SECRETARY TO THE DEPARTMENT OF HEALTH AND AGEING

OCTOBER 2012

The following delegates' final decisions and reasons on scheduling matters relate to:

- applications initially referred to the June 2012 meeting of the Advisory Committee on Chemicals Scheduling (ACCS) [**ACCS #5**];
- applications initially referred to the June 2012 joint meeting of the Advisory Committee on Chemicals Scheduling (ACCS) and the Advisory Committee on Medicines Scheduling (ACMS) [**ACCS & ACMS #2)**];
- applications initially referred to the June 2012 meeting of the Advisory Committee on Medicines Scheduling (ACMS) [**ACMS #6**];
- applications considered as delegate-only matters, i.e. not referred to an expert advisory committee.

Notice under subsections 42ZXZS and 42ZCZX of the Therapeutic Goods Regulations 1990 (the Regulations)

A delegate of the Secretary to the Department of Health and Ageing hereby gives notice of delegates' final decisions for amending the Poisons Standard (commonly referred to as the *Standard for the Uniform Scheduling of Medicines and Poisons* – SUSMP) under subsections 42ZCZS and 42ZCZX of the Regulations. This notice also provides the reasons for each decision and the date of effect of the decision.

Matters referred to ACCS #5, joint ACCS & ACMS #2 and ACMS #6

Delegates' interim decisions on recommendations by, ACCS #5, joint ACCS & ACMS #2 and ACMS #6 were published on 5 September 2012, accessible at www.tga.gov.au/industry/scheduling-decisions-interim.htm. This public notice also invited further comment from the applicant and from those parties who made a valid submission in response to the original invitation for submissions.

Further submissions from parties other than those who made a valid submission in response to the original invitation or the applicant, or those received after the closing date, may not be considered by the delegate.

Redacted versions of further public submissions on interim decisions for matters referred to ACCS #5, joint ACCS & ACMS #2 and ACMS #6 are also available at www.tga.gov.au/industry/scheduling-submissions.htm.

In accordance with subsection 42ZCZR of the Regulations, if a delegate makes an interim decision on an application, that delegate may make a final decision confirming, varying or setting aside the interim decision only after considering any further valid submissions.

Matters not referred to an advisory committee

A delegate may decide not to refer a scheduling matter to an expert advisory committee for advice and instead may make a delegate-only decision. When deciding not to refer a matter to an expert advisory committee for advice, the delegate considers the scheduling guidelines as set out in the Scheduling Policy Framework (SPF) accessible at www.tga.gov.au/industry/scheduling-spf.htm

Implementation

The SUSMP and its amendments are also available electronically at the ComLaw website, a link to which can be found at www.tga.gov.au/industry/scheduling-poisons-standard.htm.

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PART A - FINAL DECISIONS ON MATTERS REFERRED TO AN ADVISORY COMMITTEE

1. MATTERS INITIALLY REFERRED TO ACCS #5 - JUNE 2012

1.1 PENFLUFEN

SCHEDULING PROPOSAL

The Office of Chemical Safety (OCS) evaluated data provided in support of an application for the approval of penflufen, a new seed treatment fungicide. The OCS recommended that penflufen be included in Schedule 6 with a possible lower scheduling for preparations containing 24 per cent or less of penflufen.

The applicant was provided a copy of the evaluation report and agreed with the proposed schedule listing.

The delegate considered this proposal and decided to refer the proposal to the Advisory Committee on Chemicals Scheduling's (ACCS) for advice.

SCHEDULING STATUS

Penflufen is not specifically listed in the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP).

PRE-MEETING SUBMISSIONS

No pre-meeting submissions were received.

ADVISORY COMMITTEE ON CHEMICALS SCHEDULING (ACCS) ADVICE TO THE DELEGATE

The ACCS considered the referral from the chemicals scheduling delegate to include penflufen Schedule 6 with a possible lower scheduling for preparations containing 24 per cent or less of penflufen. The Committee agreed that the toxicity profile of penflufen met the requirements for a Schedule 5 entry without a cut-off.

DELEGATE'S CONSIDERATION

The delegate considered the following in regards to this proposal:

- evaluation report;
- ACCS advice;
- section 52E of the *Therapeutic Goods Act 1989*;
- scheduling factors[1];
- other relevant information.

DELEGATE'S INTERIM DECISION

The scheduling delegate made an interim decision to include penflufen in Schedule 5 of the SUSMP.

The proposed implementation date for this decision was 1 January 2013.

The relevant matters considered by the delegate under subsection 52E (1) of the *Therapeutic Goods Act 1989* included (b) the purpose for which a substance is to be used and the extent of use of a substance and (c) the toxicity of a substance.

The decision to include penflufen in Schedule 5 incorporated the following reasons:

- The low acute and chronic toxicity of penflufen, and its toxicity profile was consistent with the Scheduling Policy Framework criteria for listing in Schedule 5.
- The apparent differences in interpretation of some findings between the three agencies that collaborated in the joint global review, along with concerns raised in the evaluation report relating to the potential for serious irreversible toxicity were noted. While there were some findings of carcinogenic potential in the long-term rat study, the increased incidence of three tumour types was only statistically significant with respect to concurrent controls, but marginal in relation to historical controls. The lack of supportive mode of action (MoA) evidence or any findings of carcinogenicity in a mouse study, tended to discount the significance of human carcinogenic potential as a matter for scheduling consideration. The overall toxicity profile of penflufen was therefore more consistent with listing in Schedule 5, than in Schedule 6.
- The quite high estimates of the Margin of Exposure for use of penflufen as a seed dressing when using the prescribed personal protective equipment.
- The advice from the ACCS, that the warning levels and access controls afforded under listing in Schedule 5 were more appropriate for this use pattern than those afforded to an unscheduled product, and that this is reinforced to some extent by the level of uncertainty relating to some of the potential chronic toxic effects. Further, ACCS advice that the scheduling cut-off proposed for the product not be implemented was accepted.

[1] Scheduling Policy Framework for Medicines and Chemicals http://www.tga.gov.au/industry/scheduling-spf.htm

SUBMISSIONS ON INTERIM DECISION

No submissions were received.

DELEGATE'S FINAL DECISION

The delegate has made a final decision to include penflufen in Schedule 5 of the SUSMP.

The implementation date for this decision is 1 January 2013.

The relevant matters considered by the delegate under subsection 52E (1) of the *Therapeutic Goods Act 1989* include (b) the purpose for which a substance is to be used and the extent of use of a substance and (c) the toxicity of a substance.

The delegate confirms that the reasons to include penflufen in Schedule 5 are in keeping with those of the interim decision.

Schedule 5 – New entry

PENFLUFEN.

2. MATTERS INITIALLY REFERRED TO ACCS & ACMS #2 - JUNE 2012

2.1 HYDROGEN PEROXIDE AND CARBAMIDE PEROXIDE

This item was not considered by the Committees as the applicant withdrew the application prior to the meeting.

2.2 TRANEXAMIC ACID

SCHEDULING PROPOSAL

The chemicals scheduling delegate and the medicines scheduling delegate considered a proposal to amend the Schedule 4 tranexamic acid entry to exclude cosmetic topical use of tranexamic acid and/or its derivatives from scheduling, in particular cetyl tranexamate hydrochloride at up to 3 per cent.

The delegates considered this proposal and referred the proposal to the Advisory Committee on Chemicals Scheduling's (ACCS) and the Advisory Committee on Medicines Scheduling (ACMS) for advice.

SCHEDULING STATUS

Tranexamic acid is listed in Schedule 4.

SCHEDULING HISTORY

In February 2000 the National Drugs and Poisons Scheduling Committee (NDPSC) agreed to reschedule tranexamic acid preparations for menorrhagia treatment from Schedule 4 to Schedule 3 and to include Appendix H entry for this treatment.

In February 2007, the NDPSC decided to delete the Schedule 3 tranexamic acid entry to harmonise with New Zealand. The Appendix H tranexamic acid entry was also deleted

PRE-MEETING SUBMISSIONS

One pre-meeting submission was received. The submission supported the proposal to exclude tranexamic acid and its derivatives for non-therapeutic use from the current Schedule 4 entry.

The redacted public submissions are available at http://www.tga.gov.au/industry/scheduling-submissions.htm

ACCS AND ACMS ADVICE TO THE DELEGATE

The Committees jointly considered the referral from the chemicals and medicines scheduling delegates at the June 2012 joint meeting of the ACCS and ACMS to amend the Schedule 4 tranexamic acid entry to exclude cosmetic topical use of tranexamic acid and/or its derivatives from scheduling, in particular cetyl tranexamate hydrochloride at up to 3 per cent.

The Committees agreed that human topical use preparations containing three per cent or less of cetyl tranexamate hydrochloride be exempt from scheduling.

DELEGATES' CONSIDERATION

The delegate considered the following in regards to this proposal:

- public submissions;
- the evaluation report (not publically available);
- ACCS and ACMS advice;
- section 52E of the *Therapeutic Goods Act 1989*;
- scheduling factors[2];
- other relevant information.

DELEGATES' INTERIM DECISION

The delegate made an interim decision to exempt tranexamic acid when included at 3 per cent or less as cetyl tranexamate in cosmetic products for dermal application from the current Schedule 4 entry.

[2] Scheduling Policy Framework for Medicines and Chemicals http://www.tga.gov.au/industry/scheduling-spf.htm

The proposed implementation date for this decision was 1 January 2013.

The delegate decided that the relevant matters under subsection 52E (1) of the *Therapeutic Goods Act 1989* included (a) the risks and benefits of a substance, (c) the toxicity of a substance and (d) the dosage, formulation, labelling, packaging and presentation of a substance.

The decision to exempt tranexamic acid when included at 3 per cent or less as cetyl tranexamate in cosmetic products for dermal application included:

- The risks associated with the cosmetic use of dermally applied products containing up to 3 per cent cetyl tranexamate have been adequately addressed and are considered to be minimal. There has been no assessment of the potential beneficial effects of such cosmetic uses.
- The pharmacological effects of tranexamic acid have been well characterised through its oral and intravenous therapeutic uses. The assessed margin of exposure associated with dermal application of cosmetic products containing up to 3 per cent tranexamic acid suggests that systemic adverse effects are unlikely. Furthermore, the available evidence suggests that skin irritancy is unlikely, a finding confirmed in appropriate human trials of such cosmetic products.
- Exemption from listing in Schedule 4 has been assessed in the context of its proposed use in cosmetic creams at up to 3% cetyl tranexamate. Packaging and presentation were not considered to be issues relevant to the re-scheduling proposal.

The delegates noted that the applicant's submission, independent expert evaluation report and ACCS/ACMS discussion addressed these points and concluded the risks are sufficiently low to warrant exemption from poisons scheduling controls. The data available for application included the results of human trials with formulations comparable to that proposed for marketing.

SUBMISSIONS ON INTERIM DECISION

One public submission was received. The submission supported the delegate's interim decision to exclude tranexamic acid and its derivatives for non-therapeutic use from the current Schedule 4 entry.

The redacted public submission is available at http://www.tga.gov.au/industry/scheduling-submissions.htm

DELEGATE'S FINAL DECISION

The delegates have made a final decision to exempt tranexamic acid when included at 3 per cent or less as cetyl tranexamate in cosmetic products for dermal application from scheduling from the current Schedule 4 entry.

The delegates have also decided to add a new cross-reference to the index for cetyl tranexamate and tranexamic acid.

The implementation date for this decision is 1 January 2013.

The relevant matters considered by the delegate under subsection 52E (1) of the *Therapeutic Goods Act 1989* include (a) the risks and benefits of a substance, (c) the toxicity of a substance and (d) the dosage, formulation, labelling, packaging and presentation of a substance.

The delegates confirm that the reasons to exempt tranexamic acid when included at 3 per cent or less as cetyl tranexamate in cosmetic products for dermal application from scheduling are in keeping with those of the interim decision.

Schedule 4 – Amendment

TRANEXAMIC ACID **except** in preparations containing 3 per cent or less of cetyl tranexamate hydrochloride for dermal cosmetic use.

SUSMP Index – New cross-reference entry

CETYL TRANEXAMATE
See TRANEXAMIC ACID

2.3 TYLOSIN

SCHEDULING PROPOSAL

The medicines and chemicals scheduling delegates considered a proposal to consolidate the scheduling of all uses of tylosin in Schedule 4.

The delegates referred the proposal to the Advisory Committee on Chemicals Scheduling's (ACCS) and the Advisory Committee on Medicines Scheduling (ACMS) for advice.

SCHEDULING STATUS

Currently, tylosin is listed in both Schedule 4 and Schedule 5 of the Standard for the Uniform Scheduling of Medicines and Poisons.

SCHEDULING HISTORY

In November 1968, the then Poisons Schedule Sub-Committee (PSSC) recommended that an entry group 'antibiotics' be included in Schedule 4 except when tylosin and other macrolides bacitracin, erythromycin and oleandomycin when added to animal feedstuffs for the purpose of growth promotion in concentrations not exceeding 50 ppm, which should be exempt from scheduling. Antibiotic premixes for growth promotion purposes containing the antibiotics between than 50 ppm to 20,000 ppm should be exempt from Schedule 4. Soluble antibiotic preparation intended for addition to animals' drinking water should not be made available without prescription.

In May 1977, the then Poisons Schedule Committee (PSC) decided to amend the Schedule 4 entry for antibiotics to include animal feedstuffs containing bacitracin, erythromycin, oleandomycin, tylosin and virginiamycin in concentration of 50 ppm or less of the total active antibiotic principles. The PSC was of the opinion that the continued use of antibiotics as growth promotions in animal feedstuffs could lead to an impairment of their efficacy in the treatment of human disease.

In May 1978 specific entries for antibiotics including tylosin, bacitracin, erythromycin, oleandomycin and virginiamycin were included in Schedule 4, except in animal feedstuffs for growth promotion in concentrations of 50 mg / kg or less of the total active antibiotic principle (remained Schedule 6).

In November 1986, the then Drugs and Poisons Schedule Committee (DPSC) considered a submission to remove tylosin from Schedule 4 to Schedule 6. The review noted that if the concentration of tylosin in the premix was increased it would increase the chance of erythromycin resistance occurring in possible human pathogens. The DPSSC decided not to remove the Schedule 4 entry and recommended the Schedule 6 level of tylosin in premixes be increased from 2% to 5%.

In November 1990, the DPSC consider an apparent anomaly in the scheduling of tylosin. The DPSC confirmed the current scheduling that the Schedule 4 entry related to uses involving therapeutic claims while Schedule 6 entry was solely for growth promotion purposes.

In May 1993, the DPSC decided to include safety directions for a Schedule 6 tylosin stockfeed premix.

In February 1996, the National Drugs and Poisons Schedule Committee (NDPSC) decided to reschedule tylosin from Schedule 6 to Schedule 5. The National Drugs Poisons Scheduling Committee (NDPSC) considered that the registered products for oral use fell within the acute oral criteria of the new draft guidelines for Schedule 5 and recommended that tylosin when in veterinary products for oral use should be classified as Schedule 5.

In 1999, the Joint Expert Technical Advisory Committee on Antibiotic Resistance (JETACAR) recommended "that all antibiotics for use in humans and animals (including fish) be classified as Schedule 4. The JETACAR report also recommended that a review of the macrolides (tylosin, kitasamycin, oleandomycin) be undertaken as a priority to assess efficacy and to ensure that continued use is "not likely to impair the efficacy of any other prescribed therapeutic antibiotic or antibiotics for animal or human infections through the development of resistant strains of organisms.

In February 2003, the NDPSC scheduled / rescheduled all antibiotics for use in human and animals in Schedule 4: virginiamycin, bacitracin, cuprimyxin, erythromycin, hygromycin, naladixic acid, nisin, spiramycin and avoparcin as part of its response to the recommendations (in 1999) of the JETACAR.

The October 2003 NDPSC meeting considered a letter sent to feed mill sales representatives from a company which highlighted the Committee's decision regarding the rescheduling of virginiamycin to Schedule 4. The letter reminded 50 premix (tylosin) remained in Schedule 5 and was unaffected by the NDPSC decision. The NDPSC agreed to refer claims of inappropriate promotion of antibiotics that are yet to be reviewed under JETACAR to the Expert Advisory Group on Antimicrobial Resistance (EAGAR) and the APVMA.

PRE-MEETING SUBMISSIONS

Two public submissions were received. One submission was received after the closing date and contained a substantial amount of information. This submission accepted that the proposal required consideration, but argued strongly that relevant information had not been given appropriate consideration. The other submission supported the proposal to include tylosin for animal use in Schedule 4.

The redacted public submissions are available at http://www.tga.gov.au/industry/scheduling-submissions.htm

ADVISORY COMMITTEE ON MEDICINES SCHEDULING (ACMS) AND ADVISORY COMMITTEE ON CHEMICALS SCHEDULING (ACCS) ADVICE TO THE DELEGATE

The Committees jointly considered a referral from the medicines and chemicals scheduling delegate to consolidate the scheduling of all uses of tylosin in Schedule 4 and agreed that they were unable to provide the scheduling delegates informed advice at this stage.

DELEGATES' CONSIDERATION

The delegates considered the following in regards to this proposal:

- the APVMA review on macrolides is yet to be completed;
- there is insufficient information to make an informed decision;
- ACCS and ACMS advice;
- section 52E of the *Therapeutic Goods Act 1989*;
- scheduling factors[3]; and
- other relevant information.

DELEGATE'S INTERIM DECISION

The scheduling delegates made an interim decision to defer the consideration to consolidate the scheduling of all uses of tylosin in Schedule 4 until further information was available to make an informed decision.

[3] Scheduling Policy Framework for Medicines and Chemicals http://www.tga.gov.au/industry/scheduling-spf.htm

The delegates proposed to seek further expert advice and, once this information had been considered, refer the matter back to a joint meeting of the ACCS and ACMS in March 2013.

The decision to defer the consideration to consolidate the scheduling of all uses of tylosin in Schedule 4 included the following reasons:

- The joint ACCS and ACMS meeting of June 2012 was unable to provide definitive advice on the re-scheduling matter.
- The public submission submitted late included information relevant to determining the risk of antibiotic resistance development, a key issue in the re-scheduling decision.

SUBMISSIONS ON INTERIM DECISION.

No submissions were received.

DELEGATE'S FINAL DECISION

The delegates have made a final decision to defer the consideration to consolidate the scheduling of all uses of tylosin in Schedule 4 until further information is available to make an informed decision.

The delegates confirm that the reasons for this decision are in keeping with those of the interim decision.

3. MATTERS INITIALLY REFERRED TO ACMS #6 - JUNE 2012

3.1 IBUPROFEN IN COMBINATION WITH PHENYLEPHRINE

SCHEDULING PROPOSAL

The medicines scheduling delegate considered a proposal to reschedule ibuprofen from Schedule 2 to unscheduled when in divided preparations containing 200 mg or less of ibuprofen in fixed dose combination with 5 mg or less of phenylephrine, in packs containing not more than 25 tablets. This consideration included, but was not limited to, restricting the entry for the treatment of adults and children aged 12 years of age and over.

SCHEDULING STATUS

Ibuprofen is currently listed in Schedule 4 except when included in or expressly excluded from Schedule 2 or 3, or when in preparations for dermal use. Ibuprofen is Schedule 2 when in liquid preparations when sold in the manufacturer's original pack containing 8 grams or less of ibuprofen or in divided preparations, each containing 200 mg or less of ibuprofen, in packs of not more than 100 dosage units. Ibuprofen is schedule 3 when in divided preparations, each containing 400 mg or less of ibuprofen in a primary pack containing not more than 50 dosage

units. Both Schedule 2 and Schedule 3 preparations for oral use must be labelled with a recommended daily dose of 1200 mg or less of ibuprofen.

Ibuprofen is also listed in Schedule 3 when combined with paracetamol.

Phenylephrine is currently listed in Schedule 4 when in preparations for injection or for human ophthalmic use. It is also listed in Schedule 2 when in oral preparations containing 50 mg or less of phenylephrine per recommended daily dose in packs containing 250 mg or less of phenylephrine; or when in topical eye or nasal preparations containing 1 per cent or less of phenylephrine. Phenylephrine is referenced in the Schedule 2 entries for both codeine and paracetamol.

SCHEDULING HISTORY

Ibuprofen

Ibuprofen was first included in Schedule 4 in February 1973. Ibuprofen in packs of 24 or less tablets or capsules for the relief of dysmenorrhoea or of pain associated with inflammation was rescheduled to Schedule 3 in May 1989. In May 1995, 200 mg or less of ibuprofen per dosage unit in a pack containing 50 or less dosage units and labelled with a recommended daily dose of not more than 1200 mg, was rescheduled from Schedule 3 to Schedule 2.

In October 2002, ibuprofen for external use was exempt from scheduling based on the safety data reviewed at the time.

In June 2003, ibuprofen in divided preparations containing 200 mg or less of ibuprofen per dosage unit in packs containing 25 or less dosage units when labelled with a recommended maximum daily dose of 1200 mg of ibuprofen and compliant with the mandatory label requirements, was exempt from scheduling.

In February 2006, ibuprofen containing 400 mg per dose unit in packs of not more than 50 dose units and labelled not for the treatment of children aged less than 12 years was rescheduled form Schedule 4 to Schedule 3.

In June 2011, the delegate decided to increase the maximum amount of ibuprofen in liquid preparations in Schedule 2 from 4 g to 8 g.

Phenylephrine

Phenylephrine was first considered in August 1967 and was included in Schedule 3.

In January 1969, an exemption was made to this entry for tablets or capsules containing 0.5% or less, for other preparations for internal use containing 0.1% or less and for substances, other than preparations for internal use, containing 0.5% or less. In May 1986, ophthalmic preparations containing 5% or more were made Schedule 4.

In February 2006, oral preparations of phenylephrine containing 50 mg or less per recommended daily dose were exempt from scheduling.

In October 2007, paracetamol in combination with phenylephrine was exempt from scheduling

PRE-MEETING SUBMISSIONS

Four pre-meeting submissions were received. Two submissions supported the proposal and noted:

- the safety and efficacy of both ibuprofen and phenylephrine is well documented;
- both substances are separately available as unscheduled; and
- the October 2007 decision to exempt paracetamol and phenylephrine combinations from scheduling.

Two submissions opposed the proposal citing the plethora of ibuprofen products currently available and the increased risk of inappropriate use i.e. duplication of ibuprofen containing doses as well as the significant health risk profiles of both ibuprofen and phenylephrine.

The redacted public submissions are available at http://www.tga.gov.au/industry/scheduling-submissions.htm

ADVISORY COMMITTEE ON MEDICINES SCHEDULING (ACMS) ADVICE TO THE DELEGATE

The Committee considered a referral from the medicines scheduling delegate to reschedule ibuprofen to permit a fixed dose combination with phenylephrine from Schedule 2 to unscheduled.

Members agreed that ibuprofen in combination with phenylephrine be exempt from scheduling.

DELEGATE'S CONSIDERATION

The delegate considered the following in regards to this proposal:

- the scheduling proposal;
- evaluation report (not publically available);
- public submissions received;
- ACMS advice;
- section 52E of the *Therapeutic Goods Act 1989*;
- scheduling factors[4];
- other relevant information.

[4] Scheduling Policy Framework for Medicines and Chemicals http://www.tga.gov.au/industry/scheduling-spf.htm

DELEGATE'S INTERIM DECISION

The delegate made an interim decision to reschedule ibuprofen from Schedule 2 to unscheduled when in divided preparations containing 200 mg or less of ibuprofen in fixed dose combinations with 5 mg or less of phenylephrine in packs containing not more than 25 tablets. This included restricting the entry for the treatment of adults and children aged 12 years of age and over.

The proposed implementation date for this decision was 1 January 2013.

The delegate decided that the relevant matters under subsection 52E (1) of the *Therapeutic Goods Act 1989* included (a) the risks and benefits of a substance, (b) the purpose for which a substance is to be used and the extent of use of a substance, (c) the toxicity of a substance and (d) the dosage, formulation, labelling, packaging and presentation of a substance.

The decision to exempt ibuprofen when in divided preparations containing 200 mg or less of ibuprofen in fixed dose combinations with 5 mg or less of phenylephrine in packs containing not more than 25 tablets included the following reasons:

- ibuprofen and phenylephrine are already available unscheduled for sale individually in Australia;
- a paracetamol in combination with phenylephrine product for the relief of coughs and colds is already available and exempt from scheduling;
- the safety profile of ibuprofen in combination with phenylephrine seems to be similar to that of paracetamol in combination with phenylephrine;
- there are very few combination medicines to alleviate cough and cold symptoms as unscheduled products. The availability of an additional combination product for the relief of cough and cold symptoms would be of public benefit; and
- dosage, labelling and packaging are relevant to unscheduled products.

SUBMISSIONS ON INTERIM DECISION.

Two submissions were received. One submission supported the delegate interim decision and the other submission did not support.

DELEGATE'S FINAL DECISION

The delegate has made a final decision to reschedule ibuprofen from Schedule 2 to unscheduled when in divided preparations containing 200 mg or less of ibuprofen in fixed dose combinations with 5 mg or less of phenylephrine in packs containing not more than 25 tablets. This included restricting the entry for the treatment of adults and children aged 12 years of age and over.

The implementation date for this decision is 1 January 2013.

The delegate decided that the relevant matters under subsection 52E (1) of the *Therapeutic Goods Act 1989* included (a) the risks and benefits of a substance, (b) the purpose for which a substance is to be used and the extent of use of a substance, (c) the toxicity of a substance and (d) the dosage, formulation, labelling, packaging and presentation of a substance.

The delegate confirms that the reasons to reschedule ibuprofen from Schedule 2 to unscheduled when in divided preparations containing 200 mg or less of ibuprofen in fixed dose combinations with 5 mg or less of phenylephrine in packs containing not more than 25 tablets are in keeping with those of the interim decision.

Schedule 2 – Amendment

IBUPROFFEN in preparations for oral use when labelled with recommended daily dose of 1200 mg or less of ibuprofen:

(a) in liquid preparations when sold in the manufacturer's original pack containing 8 grams or less of ibuprofen; or

(b) in divided preparations, each containing 200 mg or less of ibuprofen, in packs of not more than 100 dosage units **except** when:

(i) as the only therapeutically active constituent (other than phenylephrine or when combined with an effervescent agent);
(ii) packed in blister or strip packaging or in a container with a child-resistant closure;
(iii) in a primary pack containing nor more than 25 dosage units;
(iv) compliant with the requirements of the *Required Advisory Statements for Medicine Labels*;
(v) not labelled for the treatment of children 6 years of age or less; and
(vi) not labelled for the treatment of children under 12 years of age when combined with phenylephrine.

3.2 CETIRIZINE

SCHEDULING PROPOSAL

The medicines scheduling delegate considered a proposal to reschedule the current Schedule 2 cetirizine entry to unscheduled to harmonise with New Zealand. This consideration included divided forms of cetirizine for oral use containing 10 mg or less of cetirizine hydrochloride per dose in packs containing 5 days' supply for the treatment of seasonal allergic rhinitis (SAR).

This proposal arose from the minutes of the 46th meeting of New Zealand's Medicines Classification Committee (MCC), accessible at http://www.medsafe.govt.nz/profs/class/mccMin15Nov2011.htm

SCHEDULING STATUS

Cetirizine is Schedule 4 except when included in Schedule 2, which includes preparations for oral use. Cetirizine is also included in Appendix K which lists the drugs required to be labelled with a sedation warning.

SCHEDULING HISTORY

Cetirizine was first included in Schedule 4 in May 1993. In May 1997, cetirizine was rescheduled from Schedule 4 to Schedule 3, when in divided preparations for oral use containing 10 mg or less of cetirizine.

In February 1997, the restriction on the Schedule 3 listing of cetirizine was broadened to oral preparations.

In November 1999, cetirizine for oral use was rescheduled from Schedule 3 to Schedule 2 in order to harmonise with New Zealand.

PRE-MEETING SUBMISSIONS

Four pre-meeting submissions were received. One submission supported the proposal and stated that rescheduling cetirizine to unscheduled was appropriate given recent decisions to rescheduled fexofenadine and loratadine to unscheduled, which are of the same class of second generation antihistamines and present low risk.

Two submissions did not support the proposal, indicating that loratadine and fexofenadine are not comparable to cetirizine as cetirizine is a sedating antihistamine and is required to carry a sedation warning statement as stipulated in the *Required Advisory Statements for Medicine Labels* (RASML). Further, that the current Schedule 2 entry for cetirizine allows consumers timely access to treat SAR from a pharmacy where professional advice and intervention can be provided at the time of purchase.

The forth submission highlighted the RASML labelling requirements for cetirizine.

The redacted public submissions are available at http://www.tga.gov.au/industry/scheduling-submissions.htm

ADVISORY COMMITTEE ON MEDICINES SCHEDULING (ACMS) ADVICE TO THE DELEGATE

The Committee considered the referral from the medicines scheduling delegate to reschedule cetirizine from Schedule 2 to unscheduled including when in divided forms for oral use containing 10 mg or less of cetirizine hydrochloride per dose, in packs containing no more than 5 days' supply for the treatment of SAR.

Members agreed that the current Schedule 2 cetirizine entry be amended to harmonise with New Zealand.

DELEGATE'S CONSIDERATION

The delegate considered the following in regards to this proposal:

- the current unscheduled anti-histamines loratadine and fexofenadine;
- public submissions received;
- ACMS advice;
- section 52E of the *Therapeutic Goods Act 1989*;
- scheduling factors[5]; and
- other relevant information.

DELEGATE'S INTERIM DECISION

The delegate made an interim decision to reschedule cetirizine from Schedule 2 to unscheduled including when in divided forms for oral use containing 10 mg or less of cetirizine hydrochloride per dose, in packs containing no more than 5 days' supply for the treatment of SAR. This decision harmonised the scheduling of cetirizine with New Zealand.

The proposed implementation date for this decision was 1 January 2013.

The delegate decided that the relevant matters under subsection 52E (1) of the *Therapeutic Goods Act 1989* included (a) the risks and benefits of a substance, (b) the purpose for which a substance is to be used and the extent of use of a substance, (c) the toxicity of a substance and (d) the dosage, formulation, labelling, packaging and presentation of a substance.

[5] Scheduling Policy Framework for Medicines and Chemicals http://www.tga.gov.au/industry/scheduling-spf.htm

The decision to reschedule cetirizine from Schedule 2 to unscheduled including when in divided forms for oral use containing 10 mg or less of cetirizine hydrochloride per dose, in packs containing no more than 5 days' supply for the treatment of SAR included the following reasons:

- the safety profile of cetirizine is well established and understood
- restrictions on pack size and use for children over the age of 12 years is appropriate.

Further, the delegate recommended that that the appropriate areas of the Therapeutic Goods Administration (TGA) consider any requirements for label warning statements, including in relation to sedation, in the RASML for exempt preparations of cetirizine, and that it be restricted to use for the treatment of seasonal allergic rhinitis in adults and children 12 years of age and over.

The delegate also noted that any decisions on sedation labelling and any relevant applications to the TGA would need to be evaluated by the scheduling delegate.

SUBMISSIONS ON INTERIM DECISION

No submissions were received.

DELEGATE'S FINAL DECISION

The delegate has made a final decision to reschedule cetirizine from Schedule 2 to unscheduled including when in divided forms for oral use containing 10 mg or less of cetirizine hydrochloride per dose, in packs containing no more than 5 days' supply for the treatment of SAR.

The implementation date for this decision is 1 January 2013.

The relevant matters considered by the delegate under subsection 52E (1) of the *Therapeutic Goods Act 1989* included (a) the risks and benefits of a substance, (b) the purpose for which a substance is to be used and the extent of use of a substance, (c) the toxicity of a substance and (d) the dosage, formulation, labelling, packaging and presentation of a substance.

The delegate confirms that the reasons to reschedule cetirizine from Schedule 2 to unscheduled including when in divided forms for oral use containing 10 mg or less of cetirizine hydrochloride per dose, in packs containing no more than 5 days' supply for the treatment of SAR are in keeping with those of the interim decision.

Schedule 2 – Amendment

CETIRIZINE in preparations for oral use **except** in divided preparations for the treatment of seasonal allergic rhinitis in adults and children 12 years of age and over when:

(a) in a primary pack containing not more than 5 day's supply; and
(b) labelled with a recommended daily dose not exceeding 10 mg of cetirizine.

Schedule 4 – Amendment

CETIRIZINE **except**

(a) when included in Schedule 2; or
(b) in divided preparations for oral use for the treatment of seasonal allergic rhinitis in adults and children 12 years of age and over when:

(i) in a primary pack containing not more than 5 day's supply; and
(ii) labelled with a recommended daily dose not exceeding 10 mg of cetirizine.

3.3 OMEPRAZOLE

SCHEDULING PROPOSAL

The medicines scheduling delegate considered a proposal to reschedule the current Schedule 3 omeprazole entry to increase the maximum allowed pack size from 14 to 28 dosage units.

This proposal arose from the minutes of the 46th meeting of New Zealand's Medicines Classification Committee (MCC), accessible at http://www.medsafe.govt.nz/profs/class/mccMin15Nov2011.htm

SCHEDULING STATUS

Omeprazole preparations containing 20 mg or less per dosage units in packs containing not more than 14 days' supply are included in Schedule 3 and all other preparations and dosage units are included in Schedule 4.

SCHEDULING HISTORY

Omeprazole was first listed in Schedule 4 in May 1989.

In June 2005, 20 mg pantoprazole, another similar substance, was down scheduled to Schedule 3 from Schedule 4 when in oral preparations for the relief of heartburn and other symptoms of gastro-oesophageal reflux disease (GORD) in packs containing not more than 14 days' supply.

Subsequently, a number of other similar substances (proton pump inhibitors) have been similarly down scheduled – lansoprazole (15 mg or less), omeprazole (20 mg or less) and rabeprazole (10 mg or less).

PRE-MEETING SUBMISSIONS

Three pre-meeting submissions were received. It was identified that:

- All public submissions did not support the proposal.
- The submissions indicated that proton pump inhibitors (PPI) as a Schedule 3 medicine requires a pharmacist's intervention to advise on the safe and appropriate use of the product.

The redacted public submissions are available at http://www.tga.gov.au/industry/scheduling-submissions.htm

ADVISORY COMMITTEE ON MEDICINES SCHEDULING (ACMS) ADVICE TO THE DELEGATE

The Committee considered the referral from the medicines scheduling delegate to reschedule the current Schedule 3 omeprazole entry to increase the maximum allowed pack size from 14 to 28 dosage units. It was agreed that the current scheduling of omeprazole remains appropriate.

DELEGATE'S CONSIDERATION

The delegate considered the following in regards to this proposal:

- scheduling proposal;
- New Zealand's Medicines Classification Committee (MCC) minutes;
- public submissions received;
- ACMS advice;
- section 52E of the *Therapeutic Goods Act 1989*;
- scheduling factors[6]; and
- other relevant information.

DELEGATE'S INTERIM DECISION

The delegate made an interim decision that the current scheduling of omeprazole remains appropriate.

The delegate decided that the relevant matters under subsection 52E (1) of the *Therapeutic Goods Act 1989* included (a) the risks and benefits of a substance; (b) the purpose for which a substance is to be used and the extent of use of a substance and (d) the dosage, formulation, labelling, packaging and presentation of a substance.

[6] Scheduling Policy Framework for Medicines and Chemicals http://www.tga.gov.au/industry/scheduling-spf.htm

The decision that the entry for omeprazole remains appropriate as a Schedule 3 listing included the following reasons:

- longer use of the substance without medical review is not appropriate; and
- the current packaged dose is appropriate for Schedule 3 listing and increased packet sizes are not appropriate for Schedule 3.

SUBMISSIONS ON INTERIM DECISION

No submissions were received.

DELEGATE'S FINAL DECISION

The delegate has made a final decision that the current scheduling of omeprazole remains appropriate.

The relevant matters considered by the delegate under subsection 52E (1) of the *Therapeutic Goods Act 1989* include (a) the risks and benefits of a substance; (b) the purpose for which a substance is to be used and the extent of use of a substance and (d) the dosage, formulation, labelling, packaging and presentation of a substance.

The delegate confirms that the reason for this decision is in keeping with those of the interim decision.

3.4 VIBRIO CHOLERA AND ENTEROTOXIGENIC *ESCHERICHIA COLI* VACCINE

SCHEDULING PROPOSAL

The medicines scheduling delegate considered a proposal to down-schedule the cholera vaccine from Schedule 4 to Schedule 3 to harmonise with New Zealand. This consideration also included a new specific entry for both vibrio cholera vaccine and for enterotoxigenic *Escherichia coli* vaccine in Schedule 3 of the Standard for the Uniform Scheduling of Medicines and Poisons.

This proposal arose from the minutes of the 46th meeting of New Zealand's Medicines Classification Committee (MCC), accessible at http://www.medsafe.govt.nz/profs/class/mccMin15Nov2011.htm

SCHEDULING STATUS

In Australia, the cholera vaccine is currently included in Schedule 4.

In New Zealand the cholera vaccine was recently reclassified from Prescription to Restricted Medicine (decision from 46th MCC meeting held on 15 November 2011). The vibrio cholera vaccine and *Escherichia coli* vaccine are currently not classified.

SCHEDULING HISTORY

In May 2000, the National Drugs and Poisons Scheduling Committee (NDPSC) made a decision to include cholera vaccine in Schedule 4.

PRE-MEETING SUBMISSIONS

Three submissions were received. Two submissions did not support down-scheduling, with one being a group submission. One submission did support down-scheduling to Schedule 3, but it was noted that this stakeholder had changed its position since the May 2000 NDPSC decision to create a specific Schedule 4 entry for cholera vaccine. The minutes of that NDPSC meeting record that this stakeholder had opposed a Schedule 2 entry for cholera vaccine as they considered that Schedule 4 was appropriate to ensure appropriate review and follow-up for national recording purposes.

The redacted public submissions are available at http://www.tga.gov.au/industry/scheduling-submissions.htm

ADVISORY COMMITTEE ON MEDICINES SCHEDULING (ACMS) ADVICE TO THE DELEGATE

The Committee considered the referral from the medicines scheduling delegate to down-schedule the cholera vaccine from Schedule 4 to Schedule 3 to harmonise with the New Zealand classification.

Members agreed that the current scheduling of cholera vaccine remained appropriate.

DELEGATE'S CONSIDERATION

The delegate considered the following in regards to this proposal:

- public submissions received;
- ACMS advice;
- section 52E of the *Therapeutic Goods Act 1989*;
- scheduling factors[7]; and
- other relevant information.

DELEGATE'S INTERIM DECISION

The delegate made an interim decision that the current scheduling of cholera vaccine remains appropriate.

[7] Scheduling Policy Framework for Medicines and Chemicals http://www.tga.gov.au/industry/scheduling-spf.htm

The delegate decided that the relevant matters under subsection 52E (1) of the *Therapeutic Goods Act 1989* included (a) the risks and benefits of a substance, (b) the purpose for which a substance is to be used and the extent of use of a substance and (f) any other matters that the delegate considers necessary to protect public health.

The decision that the current scheduling of cholera vaccine remains appropriate included the following reasons:

- there is no evidence of a public health benefit for down-scheduling;
- the vaccine is specifically indicated for the prevention of cholera. The at-risk populations for cholera are very specific and the vaccine has a very limited and specific application;
- use of the vaccine for traveller's diarrhoea is not an approved indication. If down-scheduled, it would be supplied for this off-label use and could cause potential harm if used in populations that do not require it; and
- it should only be prescribed by a medical practitioner after a comprehensive formal health risk-assessment.

SUBMISSIONS ON INTERIM DECISION

No submissions were received.

DELEGATE'S FINAL DECISION

The delegate has made a final decision that the current scheduling of cholera vaccine remains appropriate.

The relevant matters considered by the delegate under subsection 52E (1) of the *Therapeutic Goods Act 1989* included (a) the risks and benefits of a substance, (b) the purpose for which a substance is to be used and the extent of use of a substance and (f) any other matters that the delegate considers necessary to protect public health.

The delegate confirms that the reasons for this decision are in keeping with those of the interim decision.

PART B - FINAL DECISIONS ON MATTERS NOT REFERRED TO AN ADVISORY COMMITTEE

4.1 PANTOPRAZOLE

SCHEDULING PROPOSAL

The medicines scheduling delegate (the delegate) considered a proposal to reschedule pantoprazole from Schedule 3 to Schedule 2 for short-term symptomatic relief of gastric reflux-like symptoms in sufferers aged 18 years and over.

This proposal arose from the minutes of the minutes of the November 2011 (46th) meeting New Zealand's Medicines Classification Committee (MCC), accessible at http://www.medsafe.govt.nz/profs/clas/mccMin15 Nov2011.htm

The delegate decided to make a delegate-only decision and not refer the proposal to the Advisory Committee of Medicines Scheduling for advice.

SCHEDULING STATUS

Pantoprazole is currently included Schedule 3 and Schedule 4 of the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP). It is included in Schedule 3 when in oral preparations containing 20 mg or less of pantoprazole per dosage unit in packs containing not more than 14 days' supply for the relief of heart burn and other symptoms of gastro oesophageal reflux disease (GORD).

SCHEDULING HISTORY

In February 1995, the then National Drugs and Poisons Schedule Committee (NDPSC) decided to include pantoprazole in Schedule 4.

In June 2005, the NDPSC agreed to down-schedule pantoprazole to Schedule 3 when in oral preparations containing 20 mg or less of pantoprazole in packs containing not more than 14 days' supply for the relief of heartburn and other symptoms of GORD.

DELEGATE CONSIDERATION

The delegate noted the following in regards to this application:

- In February 2012, the ACMS considered a proposal to reschedule pantoprazole from Schedule 3 to Schedule 2 when in oral preparations containing 20 mg or less of pantoprazole per dosage unit in packs containing not more than 14 days of supply for the relief of heartburn and other symptoms of GORD.

- The delegate made a final decision on 30 May 2012 that the current scheduling of pantoprazole remained appropriate. The reasons for this decision included:

    - The information presented did not support the down-scheduling of pantoprazole.
    - Pharmacist intervention may be required to ensure the quality use of the medicine and to ensure appropriate referral to a medical practitioner occurs if symptoms persist.
    - There are concerns regarding the potential for chronic use in patients expecting immediate relief.

DELEGATE'S FINAL DECISION

The delegate has made a final decision that the current scheduling of pantoprazole remains appropriate.

The delegate considered the following in regards to making a final decision:

- advice and recommendations from the February 2012 ACMS meeting;
- scheduling factors[8] for Schedule 3; and
- section 52E of the Therapeutic Goods Act 1989.

The delegate decided that the relevant matters under subsection 52E(1) of the *Therapeutic Goods Act 1989* include (a) risk and benefits; (b) purposes, dosage and formulation; and (c) the toxicity of a substance.

The final decision that the current scheduling of pantoprazole remains appropriate included the following reasons:

- Pharmacist intervention may be required to ensure the quality use of the medicine and to ensure appropriate referral to a medical practitioner occurs if symptons persist.
- There are concerns regarding the potential for chronic use in patients expecting immediate relief.

4.2 FERRIC CARBOXYMALTOSE

SCHEDULING PROPOSAL

The medicines scheduling delegate (the delegate) considered a proposal to include ferric carboxymaltose in Schedule 4.

[8] National Coordinating Committee on Therapeutic Goods, 2010, Scheduling Policy Framework for Medicines and Chemicals < http://www.tga.gov.au/industry/scheduling-spf.htm >

This proposal arose from the minutes of the November 2011 (46th) meeting of New Zealand's Medicines Classification Committee (MCC), accessible at http://www.medsafe.govt.nz/profs/class/mccMin15Nov2011.htm

The delegate decided to make a delegate-only decision and not refer the proposal to the Advisory Committee Medicines Scheduling for advice.

SCHEDULING STATUS

Ferric carboxymaltose is not specifically scheduled in the Standard for the Uniform Scheduling of Medicines and Poisons.

Iron compounds are listed in Schedules 2, 4, 5 and 6.

SCHEDULING HISTORY

In March 1966, the Poison Schedule Sub-Committee (PSSC), decided to include ferrous sulphate and other iron preparations for internal use in Schedule 2 based on the toxicity of ferrous sulphate and associated hazards.

In August 1975, the PSSC decided to remove the Schedule 2 ferrous sulfate entry and create a new Schedule 4 entry to include iron salts and complexes in preparations for human therapeutic use except for preparations containing 5 mg or less of elemental iron per dose.

In February 2002, the National Drugs and Poisons Schedule Committee (NDPSC) amended the Schedule 2 entry for iron compounds to raise the pack size limit from 600 mg to 750 mg.

In February 2007, the NDPSC decided an upper pack size limit of 750 mg and maximum daily dose of 24 mg for general sale iron products when in undivided dose forms or in solid dose forms containing more than 5 mg per dose form. Oral products which exceeded these limits should be classified as pharmacy-only medicines.

SCHEDULING CONSIDERATION

The delegate considered the following in regards to this application:

- the MCC minutes; and
- section 52E of the *Therapeutic Goods Act 1989*.

DELEGATE FINAL DECISION

The delegate has made a delegate-only decision not to include ferric carboxymaltose in Schedule 4.

The decision not to include ferric carboxymaltose included the following reason:

- the iron compounds scheduling entry includes the substance ferric carboxymaltose, therefore a new schedule entry is not needed.

4.3 ANTIFUNGAL AGENTS

SCHEDULING PROPOSAL

The medicines scheduling delegate (the delegate) considered a proposal to amend the Schedule 2 entries for antifungals to include wording similar to "except when sold in practice by a podiatrist." The antifungals concerned are amorolfine, ciclopirox, clotrimazole, econazole, isoconazole, ketoconazole, miconazole, nystatin, terbinafine and tioconazole.

This proposal arose from the minutes of the November 2011 (46th) meeting of New Zealand's Medicines Classification Committee (MCC), accessible at http://www.medsafe.govt.nz/profs/class/mccMin15Nov2011.htm

The delegate decided to make a delegate-only decision and not refer the proposal to the Advisory Committee on Medicines Scheduling for advice.

SCHEDULING STATUS

Amorolfine, ciclopirox, clotrimazole, econazole, isoconazole, ketoconazole, miconazole, nystatin, terbinafine and tioconazole are all currently listed in Schedule 2 and Schedules 3 or 4 of the Standard for the Uniform Scheduling of Medicines and Poisons.

DELEGATE CONSIDERATION

The delegate noted the following in regards to this proposal:

- Poisons included in Schedule 2 are classified as pharmacy medicines, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.
- Scheduling classification sets the level of control on the availability of poisons. These controls are not enforceable through Commonwealth law, but are recommendations to the states and territories for implementation through their relevant legislation.
- Due to the current definitions of the Schedules in the *Standard for the Uniform Scheduling of Medicines and Poisons* (SUSMP), it is not appropriate to include references to health or medical professions/professionals in the entries in the Schedules as the possession, storage and supply of the poisons included in the SUSMP are regulated by the states and territories as they see fit in accordance with their own laws.

- Because the controls are only enforceable through State and Territory law, the Commonwealth is not in a position to broaden the licensing to groups such as podiatrists to supply Schedule 2 poisons.

DELEGATE FINAL DECISION

The delegate has made a final decision that the scheduling of amorolfine, ciclopirox, clotrimazole, econazole, isoconazole, ketoconazole, miconazole, nystatin, terbinafine and tioconazole remains appropriate.

The decision not to amend the scheduling entries included the following reason:

- inclusion of a health or medical profession/professional within schedule entries is not appropriate due to the current definitions of the Schedules in the SUSMP and because only the states and territories can implement and enforce the scheduling of poisons through their own legislative controls.