

1 April 2019

Transparency, Reforms and Evaluation Support Section
Prescription Medicines Authorisation Branch
Therapeutic Goods Administration
PO Box 100
WODEN ACT 2606

To whom it may concern,

Re: Proposed criteria for Appendix M of the Poisons Standard to support re-scheduling of substances from Schedule 4 to Schedule 3.

Thank you for the opportunity to comment on Appendix M of the Poisons Standard (related to the re-scheduling of some therapeutic products). I write on behalf of the Antimicrobial Stewardship Jurisdiction Network, which comprises infectious diseases physicians and pharmacists who serve as antimicrobial stewardship (AMS) leads at the National Centre for Antimicrobial Stewardship, state health departments, and selected public and private hospitals. This response has been informed by the response provided by the Australian Commission on Safety and Quality in Health Care (i.e., the Commission).

Our Network wishes to reinforce the Commission's submission. We also acknowledge the important role that community pharmacists can play in the development of AMS initiatives in primary care (which includes aged care). The availability of over-the-counter (OTC) antimicrobial medicines risks negatively impacting AMS efforts in the absence of a specific framework for the appropriate prescribing of these antimicrobials (including appropriate diagnostic criteria and skills). Antimicrobial resistance (AMR) is recognised globally and nationally as a significant threat to health security. Thus, supporting the quality use of antimicrobials is a national priority, and Australia has achieved significant milestones on this front.

Importantly, the national antimicrobial use surveillance programs have identified critical issues regarding the quality of antimicrobial use and prescribing, in tertiary and primary care. Efforts to support better prescribing have, to a large extent, been successfully promoted and established within the tertiary system. The provision of OTC antimicrobials (e.g., trimethoprim) risks hampering these efforts as well as nascent efforts to improve antimicrobial use in primary care. AMS programs in aged care and other primary care settings remain under-developed. The proposal to re-schedule trimethoprim to Schedule 3 is detrimental to AMS initiatives in these settings, particularly as the inappropriate use of antimicrobials for the treatment and prevention of urinary tract infections in aged care homes has been identified as an ongoing issue of concern.

Thank you.

Yours sincerely,



Dr. David Kong
Chair, Antimicrobial Stewardship Jurisdiction Network

