Dear Therapeutic Goods Administration,

In response to the Consultation: Proposed criteria for Appendix M of the Poisons Standard to support rescheduling of substances from Schedule 4 (Prescription only) to Schedule 3 (Pharmacist only) we wish to draw attention to recent research.

Our 2018 article, “Australian pharmacy perspectives on increasing access to medicines through reclassification”, published in the Journal of Health Services Research and Policy (DOI 10.1177/1355819618799112), summarised interview research conducted with Gold Coast pharmacy staff. It found that pharmacists supported medicines rescheduling, to facilitate consumers’ management of minor illnesses and improve adherence by minimising treatment disruption. Research participants identified oral contraceptives, antihypertensives and cholesterol-lowering medicines as target candidates for down-scheduling and often recommended protocols and training to support rescheduling.

Subsequent to this article, and currently in press with the Australian Journal of Pharmacy, are the results of an Australia-wide survey in which 287 pharmacists provided opinions on a list of 17 potential medicines for down-scheduling. The list was developed from the earlier interviews and medicines available over-the-counter in other countries. The main findings of this research were:

- “Australian pharmacists keen to extend S3 medicines for continuing therapy in chronic conditions;
- Pharmacists are confident to provide steroid inhalers to improve asthma management;
- Pharmacists want to supply S3 nausea treatments for indications beyond migraine;
- Pharmacists suggest triptans are important for OTC access, to help manage migraines;
- Oral contraceptives are a dominant candidate for down-scheduling to S3;
- Pharmacists are confident to supply short-course trimethoprim to treat uncomplicated urinary tract infection (UTI);
- Pharmacists eager for more potent topical steroids to better manage skin conditions OTC;
- More timely influenza management could be achieved through OTC availability of oseltamivir;
- Protocols should support guidance of provision of down-scheduled S3 medicines;
- Pharmacists are keen for training on newly rescheduled medicines;
- Pharmacists would consider accreditation for a range of medicines in Appendix M.”

One of the sections in the Consultation we wish to address is Proposed Criteria: Group 1, that outlines possible criteria for regulation via State and Territory legislation. We strongly urge against this asynchronous approach. The Galbally Report\(^1\) and our previous research\(^2\,3\,4\,5\) identified problems for practitioners and patients arising from variations in jurisdictional legislation, and encouraged uniformity in medicines legislation and application thereof. This is particularly relevant due to the national registration and interstate mobility of health professionals.

Kind regards,
Denise Hope and Michelle King


