

The Royal Australasian College of Physicians' submission to the Ministry of Health

Amendments to the schedule of the Medicines (Designated Pharmacist Prescribers) Regulations 2013 Here-turi-kōkā 2021

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Ministry of Health on proposed amendments to the schedule of the Medicines (Designated Pharmacist Prescribers) Regulations 2013.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Overall Position

The RACP believes that the format of this consultation is not conducive to the development of useful and relevant feedback. Providing a list of 201 medicines proposed for addition to the schedule of the Medicines (Designated Pharmacist Prescribers) Regulations 2013, without context for their inclusion, and the areas of pharmacist prescribing expertise within which they will be employed, leaves submitters without the information needed to provide an informed response. Many medicines are already contained within the schedule, but this does not reduce the potential impact of further additions.

We believe that consultations of this format shift the onus of analysis and justification from the Ministry of Health and the Pharmacy Council to other organisations. Providing feedback falls within business as usual for many organisations, but the core reasoning for impactful changes such as this must be considered by the organisations proposing them. As such, we believe that deeper consideration must be taken earlier in the process, and that this format should not be used in the future.

Feedback on Specific Medicines

Our feedback on specific medicines, as outlined below, is reflective of advice and feedback provided by RACP Members during the consultation period. It does not represent an exhaustive analysis of the positions of Members as a whole. We acknowledge there will be a variety of perspectives on the medicines included in the consultation document among College Members.

Cannabidiol

Our members are concerned that there is little evidence supporting the use of Cannabidiol in Aotearoa NZ¹. This medicine is not funded, or widely included in guidelines for use, and the lack of context provided for its inclusion is concerning. Particularly, this does not align with the Standards and Guidance for Pharmacist Prescribers, which states as an ethical principle that Pharmacist Prescribers must "Be evidence-based in your prescribing practice and prescribe in accordance with accepted best practice and any relevant local and national guidelines"².

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¹ Medsafe. Prescribing Cannabis-based Products [Internet]. Wellington: Medsafe; 2017. Accessed 2 August 2021. Available from: <u>https://www.medsafe.govt.nz/profs/PUArticles/June2017/Cannabis.htm</u>.

² Pharmacy Council. Standards And Guidance For Pharmacist Prescribers [Internet]. Wellington: Pharmacy Council; 2013. Accessed 2 August 2021. Available from:

https://www.pharmacycouncil.org.nz/dnn_uploads/Documents/prescribers/Pharmacist_Prescriber_Standards_ July2013.pdf?ver=2017-02-20-130511-963.

Nabilone

Our members are concerned that there is little evidence supporting the use of Nabilone in Aotearoa NZ¹. This medicine is not funded, or widely included in guidelines for use, and the lack of context provided for its inclusion is concerning. Particularly, this does not align with the Standards and Guidance for Pharmacist Prescribers, which states as an ethical principle that Pharmacist Prescribers must "Be evidence-based in your prescribing practice and prescribe in accordance with accepted best practice and any relevant local and national guidelines"².

Alfentanil

Alfentanil is a medication that can only be provided by through intravenous therapy, and as a shortacting opioid, it has significant abuse potential³. Our members wish to ensure that the use of this medication does not cause harm and believe that further context should be provided surrounding its inclusion in the schedule.

Suxamethonium

For medications such as Suxamethonium, specific training and expertise are required for their safe use^{4 5}. In this case, training in the management of airways is needed, and guidelines for use recommend it only be administered under the strict supervision of an anaesthetist. However, due to the lack of context provided, it is unclear whether this will be mandated among prescribers using this medication. Our members seek clarification on how the use of medications such as Suxamethonium will be governed under the schedule.

Mifepristone

The RACP is strongly in favour of the wider availability of Mifepristone, due to its use in the process of medical abortion. Widening access through pharmacist prescribers will allow easier access for people in need and contribute to reducing location-based inequity in access to abortion services throughout Aotearoa NZ. Despite this, it will be important to ensure that education, training and guidance are available for pharmacist prescribers, to enable the proper use of practice guidelines for the supply of oral contraceptives⁶.

Cost barriers should be considered in the provision of mifepristone through pharmacist prescribers, to ensure equitable access through pharmacies.

⁴ Medsafe. New Zealand Data Sheet – Suxamethonium Chloride [Internet]. Wellington: Medsafe; 2021. Accessed 2 August 2021. Available from:

https://www.medsafe.govt.nz/profs/Datasheet/s/suxamethoniumchlorideinjmax.pdf.

⁵ Medsafe. New Zealand Data Sheet – Suxamethonium Chloride [Internet]. Wellington: Medsafe; 2019. Accessed 2 August 2021. Available from:

https://www.medsafe.govt.nz/profs/Datasheet/s/SuxamethoniumChlorideinj.pdf.

⁶ Pharmaceutical Society of New Zealand. PRACTICE GUIDELINES

Pharmacist-Supply of Selected Oral Contraceptives (SOCs) [Internet]. Wellington: Pharmaceutical Society of New Zealand; 2018. Accessed 3 August 2021. Available from:

https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=167&File=Pharmacist%20SOC%20Guideline s%20(May%202018).pdf.

³ Medsafe. New Zealand Data Sheet – Alfentanil [Internet]. Wellington: Medsafe; 2021. Accessed 2 August 2021. Available from: <u>https://www.medsafe.govt.nz/profs/Datasheet/a/alfentanilinj.pdf</u>.

Conclusion

The RACP thanks the Ministry of Health for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the RACP's Aotearoa NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā

Dr George Laking Aotearoa NZ President **The Royal Australasian College of Physicians**

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