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

**Amendments to the schedule of the
Medicines (Designated Pharmacist
Prescribers) Regulations 2013**

Haratua 2022

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 comment

The Ministry of Health's proposal to extend the schedule of the Medicines (Designated Pharmacist Prescribers) Regulations 2013 and include several medicines for the treatment of COVID-19 provides a useful new toolkit, with potential to prevent hospitalisation and death. However, there are divergent views on the inclusion of specific medicines on the schedule and risks to patients. We note the lack of commitment to equity of access to COVID therapeutics and equity of outcomes in addition to the schedule in this proposal, as well as the lack of specific detail about the new medicines.

Feedback on Specific Medicines

Our feedback on specific medicines 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 all members. We acknowledge there will be a variety of perspectives on the medicines included in the consultation document. We also wish to highlight that not all members are supportive of antimicrobials being prescribed in this setting. Among members who are supportive of pharmacist prescribing it was agreed that Paxlovid, Molupiravir and Lagevrio are added to the schedule and Sotrivimab be included on the schedule, if it becomes available. Members expressed divergent views on the inclusion of Ronapreve on the schedule.

Additional comments

Risks to patients

RACP members highlight the need for infrastructure, clinical and funding support to facilitate the use of intravenous infusions in the pharmacy setting. Crucially, pharmacist prescribers will need assistance to target the limited supply that is available to those most in need and most likely to benefit.

Members also highlight the need for the schedule to include a caveat for complex immunosuppressed patients or patients taking contraindicated medications. It is suggested that these patients would need to discuss with specialists first around contraindications and decisions on adjusting immunosuppressant/ regular medications.

Role of pharmacist prescribers in achieving equity of access to medicines and equity of outcomes

The RACP is concerned that there is no commitment to equity of access to COVID therapeutics and equity of health outcomes in addition to the schedule in this proposal. Pharmacist prescribers can play a crucial role in accessible, timely and effective treatment. A commitment to equity may be present in the policy driving these amendments, but this should be clearly articulated to consulting stakeholders. Structural inequities and systemic racism in the healthcare system mean that Māori and Pasifika are more likely to be hospitalised and die from COVID-19 than other New Zealanders but are less likely to receive novel therapeutics or to have a health care providerⁱ. Older people and those with pre-existing health conditions are also at greater risk. Some of the new medications listed for addition to the schedule, such as Paxlovidⁱⁱ and Lagevrioⁱⁱⁱ, are effective at preventing hospitalization and death from COVID when given within five days of symptom onset, so the ability to see a pharmacist for treatment without visiting a GP could be game-changing for many patients who struggle to get an appointment. Research shows the public in Aotearoa New Zealand see pharmacists as part of the primary care prescribing team and are willing to utilise them if these services come available^{iv}.

Specific detail about medicines

The RACP appreciates the COVID-19 treatment space is ever-changing and the challenges in providing information that is current. However, the format of this consultation requires the submitter to search for knowledge about the specifics of these newly available medicines which may be a barrier to providing a response. As highlighted in an earlier submission from the RACP to the Ministry of Health in 2021 on [additions to the schedule of the Medicines \(Designated Pharmacist Prescribers\) Regulations 2013](#)^v, a limited format leaves submitters without the information to provide an informed response. We acknowledge the consultation provides information on the Medsafe status regarding approval at the time of consultation and directs submitters to PHARMAC website. The College suggests it would have been preferable to summarise this and other information in an overview table for ease of understanding including details on the following: where the medication is available for use; when it should be used; who is able to order the medicine/access criteria; what does the medicine treat (e.g. moderate to severe illness); who would be able to receive it and effectiveness by variant. This information could also be included in an information brochure or fact sheet for patients so that they are aware of the treatments and may make the best use of them.

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 NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa nā



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ⁱ Steyn N, Binny R, Hannah K, Hendy S, James A, Lustig A, Ridings K, Plank M, Sporle A. Māori and Pacific people in New Zealand have a higher risk of hospitalisation for COVID-19. NZMJ [Internet]. 9 July 2021;134(1538): 28-33. Available from: https://assets-global.website-files.com/5e332a62c703f653182faf47/60e6167dc6a453d0e48e553c_5049%20-%20final.pdf

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ⁱⁱ Extance A. Covid-10. What is the evidence for the antiviral Paxlovid? BMJ [Internet] 17 April 2022;377:o1037. Available from: [Covid-19: What is the evidence for the antiviral Paxlovid? | The BMJ](#) Downloaded on 10 May 2022.

ⁱⁱⁱ Extance A. Covid-19: What is the evidence for the antiviral molnupiravir? BMJ [Internet]13 April 2022;377:o926. Available from: <https://www.bmj.com/content/377/bmj.o926> Downloaded on 10 May 2022.

^{iv} Raghunandan R, Howard K, Marra C, Tordoff, J, Smith A. Identifying New Zealand Public Preferences in Primary Care: A Discrete Choice Experiment. Appl Health Econ Policy. 2021;19(2):253-266. Available from [Identifying New Zealand Public Preferences for Pharmacist Prescribers in Primary Care: A Discrete Choice Experiment - PubMed \(nih.gov\)](#) Downloaded on 10 May 2022.

^v Royal Australasian College of Physicians (RACP). Submission to Ministry of Health. Amendments to the schedule of the medicines (Designated Pharmacist Prescribers) Regulations 2013. [Internet]. Sydney: RACP; March 2018. Available from: [racp-submission-to-the-ministry-of-health-on-amendments-to-the-schedule-of-the-Medicines-Designated-Pharmacist-Prescribers-Regulations-2013.pdf](#) Downloaded on 10 May 2022.