From: Sara Salman <s 9(2)(a)>
Sent: Thursday, 1 December 2022 10:25 am
To: Consult
Subject: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

Hi there,
The increase in supply has only considered the convenience of patient pick up of medications and organisation of scripts but safety of the patients and whanau for having such vast quantities of high risk medications. The supply of 30days worth of medications is not only not safe or practical it is also costly to the health system. As a pharmacist working in General Practice that does home visits to elderly patients who often hoard medications, I see the waste first hand and the increase amounts of medications patients keep at home of opioid medications that are risky is absolutely dangerous and irresponsible. Most pharmacies will not be able to store 30days worth of medications in their safes and this will mean patients end up coming back anyway for picking up the rest of the script. Also from my experience working in General Practice and in secondary and tertiary care, GPs and hospital prescribers are not aware of the volume of medications that their prescriptions actually allows and are not aware of opioid diversions or patient's misuse of these medications. I find that community pharmacists are the best health professional to assess this, so they should be able to judge who is suitable to get 30days worth of medications.

Prescribing at 3 monthly intervals is appropriate if the patient is stable but often this is not the case for opioids.
Cheers
Sara Salman

Sara Salman (she/her)

Clinical Pharmacist Educator |

Pharmacist Facilitator Team | Te Matau a Māui Hawke's Bay

Wednesday and Thursday 8.30am-5pm

waea pūkoro: s 9(2)(a) **| īmēra:** s 9(2)(a)

Te Whatu Ora
Health New Zealand

Te Whatu Ora – Health New Zealand

TeWhatuOra.govt.nz

From: Unichem The Palms Pharmacy <thepalms@unichem.co.nz>
Sent: Thursday, 1 December 2022 2:23 pm
To: Consult
Subject: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

Hi

I am fully supportive of the proposal to match the law as this would make it a lot easier for patients with long term chronic pain to manage their medicines. This has worked well with the methylphenidates and it would be good to expand to the other class B medicines.

Thanks

Unichem The Palms Pharmacy
445 Ferguson Street
Palmerston North

From: Kaeochemist <kaeochemist@xtra.co.nz>
Sent: Thursday, 1 December 2022 7:40 am
To: Consult
Subject: Cd prescribing

[You don't often get email from kaeochemist@xtra.co.nz. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

Definitely concerns around Rx abuse and storage with longer rx Recently had issues with campers needing it all at once One has to ask the question what the balance is between need and oversupply The 7-10 day supply is right for first users Stable ones I would not supply big quantities 56 x30 mg morphine a week becomes 224 a month A real patient ..
think 2 week pick up logistically most I would go ..patients Gp Not sure about unsigned either .. risky Have already suspected Gp giving nurses access to e Rx because dosing was so off ..

My safe is full now with codeine being boxed more and more we have to order in drip feeds to cope now Viv Bath Kaeo chemist

Sent from my iPhone

From: Vicki Douglas <s 9(2)(a)>
Sent: Friday, 2 December 2022 3:31 pm
To: Consult
Subject: Submission on Amendment to dispensing of Class B Controlled Drugs
Attachments: Class B CD proposal 02122022.pdf

You don't often get email from s 9(2)(a) Learn why this is important

Please find attached my submission

Kind Regards,
Vicki Douglas

Vicki Douglas
Director

Unichem Kerikeri Pharmacy
64 Kerikeri Rd
Kerikeri
P 09 4077144
F 09 4071216
s 9(2)(a)

Unichem
Kerikeri Pharmacy

Unichem
Your local health professional

2 December 2022

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Sent via email to : consult@pharmac.govt.nz

Dear Sir/Madam

Re: proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

I am concerned about the legislation changes on the dispensing of Class B controlled drugs as they have safety, financial and logistical implications for community pharmacy and our patients.

I strongly believe that the current restrictions around a 10-day maximum supply of controlled drugs per dispensing should remain in place because of the following reasons:

Safety concerns (for the pharmacy, patients, couriers and our community)

- There is a risk of stockpiling controlled drugs by patients
- There will be more opioids in the community, not only in patient homes but in facilities such as ARRC which creates security risks for both
- Couriers will be carrying more controlled drugs, more frequently and could become targets for drug seeker
- There will be increased risk for community pharmacy being targeted due to larger stockholdings through ram raids (already a New Zealand-wide problem) or robberies during business hours where safes can be unlocked. The latter will put community pharmacy staff at direct risk

Financial and business concerns

- Community pharmacy would need to increase stock holdings by up to 300% of current levels
- If the changes come into effect, there will be a large impact on the initial and repeat dispensing fees that pharmacies receive for dispensing Class B controlled drugs

Logistical concerns

- Pharmacies and ARRC facilities will need bigger safes to accommodate increased stockholdings. In the community pharmacy I work in and in the ARRC facilities we deal with, safes are already overloaded even though they are the largest that can be procured.

Unichem Kerikeri Pharmacy
64 Kerikeri Rd
Kerikeri
Phone 09 4077144
s 9(2)(a)

Unichem
Your local health professional

- There is a current shortage of safes in New Zealand.
- Safes are expensive – costing more than $2000 each. In the community pharmacy I work in we would require 3 extra safes – two to store the extra controlled drugs and one to store dispensed controlled drugs waiting on patient pick-up.
- Our ARRC facilities would have to install a large safe to cater for the increased volume which will be costly for them.
- There are physical space constraints to increasing the number of safes in any of the four pharmacies that I operate and in the ARRC medication rooms in the three ARRC facilities this pharmacy services.
- Two satellite pharmacies within the group of four have small footprints and may have to discontinue dispensing controlled drugs due to lack of space to accommodate a larger safe. This will reduce patient access within our community.
- Audit requires that safes are bolted in two places into concrete or wood – this means further costs associated with the installation of any new safes.
- An increased demand for stock will mean a greater pressure on the supply chain leading to stock shortages.
- Controlled drug wastage is already a problem. We are not funded for this work, which needs to be carried out by a pharmacist. Already we are spending large amounts of unpaid time destroying unwanted controlled drugs (especially through Hospice returns) and this will further prevent us from patient engagement.
- Logistically we will be ordering more often, receiving stock more often, writing up stock more often and stocktaking more often – again unpaid time spent by professional staff which takes away engagement time with patients.

I have other concerns around the time pharmacists will need to spend with educating both GP's and our patients in the change of legislation.

Thank you for your consideration of my response.

Yours sincerely

Vicki Douglas
Unichem Kerikeri Pharmacy

From: Geoff Carleton <[redacted]>
Sent: Friday, 2 December 2022 5:27 pm
To: Consult
Subject: Winton Pharmacy Submission to Pharmac Proposal to amend Class B CD
Attachments: 2022 12 09 GUILD TEMPLATE Pharmac proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs.docx

You don't often get email from [redacted]. Learn why this is important

Please find attached Winton Pharmacy's submission to Pharmac's proposal to amend CD prescribing and dispensing.
Yours Sincerely Geoff Carleton Winton Pharmacy

Winton Pharmacy Ltd

09 December 2022

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Sent via email to: consult@pharmac.govt.nz

Dear Sir/Madam,

Re: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

Thank you for the opportunity to provide feedback on the above consultation.

As a Rural community pharmacist, I am extremely concerned about the implications of the legislation changes. There are inherent logistical, financial and safety concerns for pharmacies as businesses and safety concerns for our patients.

I strongly believe that the current schedule restrictions around a 10-day maximum supply of controlled drugs per dispensing should remain in place, for the following reasons:

Patient and Community safety:

- The very real risk of stockpiling controlled drugs by patients
- Increased presence of opioids in the community, especially with 'prn' prescribing …. meaning more drug will have to be dispensed, when only using occasionally.

Security issues

- Pharmacies will be at increased risk of being targeted by criminals due to increased stockholding of controlled drugs. This will put us and our staff at direct risk. Criminals will make attempts during business hours, when safes can be unlocked by someone.

Business and Financial concerns:

- Stock holding – we are a **rural pharmacy** with limited daily deliveries, meaning that we will need to carry up to 3x amount of the controlled drugs that we currently stock. We already have a large safe that is completely full.
  As an example , we have a patient who will receive **84 boxes of Methadone** per month under the new legislation.
- If these changes come into effect, it would have a large impact on the initial and repeat dispensing fees that pharmacies currently receive for Class B controlled drug dispensing.

Controlled Drug Storage:

- As mentioned above we already have a large safe, that is full to overloading .

- We would need 2 safes, a logistical problem, as they need to be bolted to floor and wall. We do not have an area available in the dispensary.
- There is currently a shortage of safes.
- Space constraints – physical space in pharmacies is limited, plus audit requires safes are bolted onto concrete or wood, this means further costs involved in installation.
- Medicine supply chain issues – increased demand for stock means a greater pressure on the supply chain, should medicine supply issues occur.
- Increased Controlled drug wastage, i.e returned drugs must be destroyed by Pharmacist – not funded for this work.

Other concerns:

- GPs not understanding the legislation change and pharmacists having to spend more time educating patients. (as an example a GP prescribes Morphine liquid 5ml prn for 3 months .. 900ml of Morphine every month….when 1 bottle of 200ml maybe all they need)
- We currently manage our patient's medicines very well, with very little patient access problems for the 10 day dispensing. However we envisage having to owe patients frequently with increased volume of monthly dispensing, due to lack of storage, and this will lead to patients having to access the Pharmacy multiple times to collect owing medicines.
  This would negate one of the advantages that you mention will benefit patients.

Thank you for your consideration of my response.

Yours sincerely,
J Geoff Carleton

From: Clare Hynd <s 9(2)(a)>
Sent: Sunday, 4 December 2022 1:59 pm
To: Consult
Subject: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

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Kia Ora,
Thank you for the opportunity to feedback on this proposal.

1) I think that having 3 months supply on NZePS scripts is great , much less work for GPs and pharmacies writing and chasing up scripts.

2) The dispensing date should be within one month of being written, the seven day rule is outdated. Three months is too long and will increase the chance of misuse/overuse.

3)The period of supply should never be greater than 1 month with repeats. Stat supply would only be available with proof of travelling -airline ticket etc.

4) The period of supply could be 7days for LTC patients on compliance packs or weekly for patient safety/potential over use and the pharmacist who knows the patient well should be able to annotate the script.

5) The period of supply should be able to be annotated by the pharmacist based on discussion with the patient and their whanau due to safety/security concerns and in palliative and end of life care.
There has to be a balance between patient convenience/patient safety and the huge amount of waste that already happens.

6) There should be an initial supply dispensed whenever a new medicine is started to try and avoid wastage and the pharmacist potentially not having enough in stock.

7) The patient should be able to do a small initial dispensing each month (as is the case now) and then the balance of the months supply as storage in already overloaded CD safes in pharmacies will be a potential issues,

8) Greater use must be made of the electronic data that is received each week through Health Benefits when the pharmacy sends in their "claim".
Medicines Control needs to rigorously look for over use/ multiple prescribers/ and inappropriate prescribing, There is no national drug seeker list and this change has the potential to greatly increase the misuse of controlled drugs.

9) As CDs are now often used on a long term basis then they need to incur the patient copayment of $5 and be counted towards their Prescription Subsidy card.

10) I support the start date of 1st February 2023.

There has to be a balance between greater patient convenience, GP workload, storage space in CD safes and the safety of pharmacists,their staff and their patients.

Thanks again for the opportunity.
Kind regards

Clare Hynd
FPS RegPharmNZ

Mobile Phone s 9(2)(a)

From: Adele Harrex <[redacted]>
Sent: Monday, 5 December 2022 11:30 am
To: Consult
Subject: Consultation feedback: 3 months CDs

Hi Pharmac

Yes, absolutely support the funding of controlled drug prescriptions match the legislative changes i.e. three months. It would be difficult to have the legal duration not match the funded duration, particularly for those on chronic opioid treatment

Nga mihi
Adele
Pharmacist
Hauora a Toi

From: Chris Jay <s 9(2)(a)>
Sent: Monday, 5 December 2022 12:01 pm
To: Consult
Subject: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

Hi Belinda,

Thank you for the opportunity to provide feedback on the above proposal.

We appreciate the work that the Schedule Team have undertaken to consult on the funding rules, which required adjustment as a result of the Misuse of Drugs Amendment Regulations 2022 gazettal.

We fully support the proposed changes to the General Rules (Section A) of the Pharmaceutical Schedule.

These changes will deliver increased access for patients requiring these medicines, at a time when they may already be struggling with their underlying conditions.

Patients can currently access monthly dispensing of Class B Controlled Drugs through Rule 4.4.2 and removing this requirement for future prescriptions, to ensure legislative requirements are met, will also improve all the processes involved.

Some pharmacies may struggle with storage requirements and we are aware that there is no additional funding from Te Whatu Ora to help manage any future safe requirements.
However, this is outside of PHARMAC's control and should not effect the outcome of the consultation.

We are slightly concerned about the gap between the gazettal (22nd December) and potential implementation of PHARMAC's rule changes (1st Feb).
It may be beneficial if there could be clear communications to prescribers and pharmacists, once the consultation closes, around the funding implications if a 3 month prescription (NZePS) was written between these times. This will ensure the prescriber, pharmacist and more importantly patient is aware of what will be required/could happen.
We would be more than happy to help facilitate any communications out to the sector, if this suggestion is followed through.

Thanks again and hopefully are comments are useful.

Cheers

Chris

Chris Jay *BSc(Hons) Pharm, MSc Clin Pharm, RegPharmNZ, MPS*
Manager Practice and Policy
Pharmaceutical Society of New Zealand Inc.
Level 12, Grand Arcade Tower, 16-29 Willis Street, Wellington, 6011
PO Box 11640, Manners Street, Wellington 6142
P: s 9(2)(a) | www.psnz.org.nz

PSNZ PRACTICE *Pharmacist Support*

From: Denise Abbott <s 9(2)(a)>
Sent: Monday, 5 December 2022 9:11 pm
To: Consult
Subject: Change to controlled class B drugs

I totally support the change to methylphenidate scripts becoming 3 months supply before the patient needs to go back to the Dr as these medications are often for children with ADHD and it is difficult for families to get to the Dr every month to get another script. This kind of medication is usually taken longterm and so 3/12 supply would be totally appropriate.
However the change to other meds in this class, such as morphine and fentanyl is totally inappropriate and I can't believe you are considering it. It will just lead to more patients becoming addicted to it or abusing it. These medications are dangerous and if patients had a full month supply at home instead of 10 days would be a greater of overdose, either accidently or on purpose.
I feel it would increase the risk of criminals stealing meds from patients too, knowing how much morphine they have at home.
Medsafe have removed nurofen plus from sale in NZ because of the high risk of addiction patients had to this medicine. I really believe this could cost people's lives.
Not to mention the increased risks to pharmacy staff. Criminals will know we have alot more CDs in stock and so we could be at risk of armed hold ups, or alot of damage to our shops if they come in after hours. Obviously when we are closed they wouldn't be able to get into CD safes but would do alot of damage go windows and doors etc which would cost the pharmacy alot of money. Also with the amount of out of stocks in NZ now this would just contribute to this problem with these meds potentially going out of stock because of the increase in quantities allowed to be dispensed at once.

Yours Denise Abbott, pharmacist

From: Linda Bryant <s 9(2)(a)>
Sent: Monday, 5 December 2022 10:47 pm
To: Consult
Subject: Consultation: Amendment of rules for prescribing and dispensing Class B controlled drugs

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Tēnā koutou,

Thank you for the opportunity to comment on the proposed amendments to the Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs.

It is sensible that controlled medicines used for long term conditions, such as methadone, methylphenidate and dexamfetamine, can be prescribed for 3 months, but only dispensed in no more than one month amounts for methylphenidate and dexamfetamine, and preferably no more than weekly amounts for methadone. As long term medicines for ADHD and opioid / substance misuse disorder, a three monthly review by the prescriber is adequate.

This is different to the treatment of pain with opioids such as morphine or oxycodone. Acute pain requires constant and frequent review to ensure that the pain is well managed and there there is no escalation or dependency developing. Acute pain is short term and requires review of the pain before each prescription, and prescriptions should be usually no more than two weeks. Palliative care pain is dynamic and usually worsening, and hence requires frequent review. In both these situations having a long term, 3 month prescription is unsafe and poor quality care, leading to excessive amounts of opioids in the community with increased risks for diversion, misuse and abuse.

For chronic pain, the evidence is established that there is little, if any, role for long term opioids for chronic pain. Short courses for acute pain are helpful, longer course are usually not. Therefore, it is inappropriate for three month prescriptions to be available for the treatment of pain, and should not be encouraged. For those exceptional cases that require long term opioids, with electronic prescribing being enabled, reviewing the prescriptions monthly and re-writing them will not be burdensome.

There is also the concern that, especially for palliative cares, having large amounts of opioids in the home is a safety concern with a high risk of diversion and misuse, plus the risk of a large amount of opioids being available after the person dies. Examples of sharing excess medicines are very common, and this includes analgesics.

Summary:

The prescribing and dispensing of Class B controlled drugs should be broken into two categories:

1. Long term treatments
   - methadone for opioid dependency treatment; and methylphenidate / dexamfetamine for ADHD
   - Three monthly prescriptions, with no more than monthly dispensing is acceptable

2. Treatments for pain
   - acute pain and palliative care
   - The need for monthly prescriptions should be maintained, with dispensing of no more than 2 weekly amounts to avoid excessive amounts of unused opioids in the community, and also ensure review of acute pain and palliative care.

Ngā mihi nui

Linda Bryant
MChinPharm, PhD, PGcert (prescribing)
FNZHPA, FNZCP, FPSNZ, Gold Medal PSNZ, MCAPA, PharmRegNZ (prescriber)

From: Peter Dobbs <s 9(2)(a)>
Sent: Monday, 5 December 2022 7:26 pm
To: Consult
Subject: Consultation

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I generally support the proposed changes; Up to 3 month supply of class B CDs on an e prescription.
Monthly dispensing of above.

However some questions do arise that caution my enthusiasm for the proposed schedule changes.
Pharmacies will need larger CD safes to store either/or CD stock and dispensed medication awaiting collection.
Increased stock holding may increase security risk to pharmacies.

Have you consulted with safe manufacturers to determine availability of supply of larger Cd safes?
Changing to a larger safe will have a cost burden, pharmacies will need support on this matter. Do you have a budget to support this?
Reduced frequency of dispensing reduces dispensing fees paid to pharmacies. What is PHARMAC proposing to do to support pharmacies with income reduction.

Thank you,
Peter Dobbs
Pharmacist

Sent from my iPad

From: kkmc <kkmc@unichemkerikeri.co.nz>
Sent: Monday, 5 December 2022 1:09 pm
To: Consult
Cc: s 9(2)(a) Vicki Douglas
Subject: Re: proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs
Attachments: Pharmac CD proposal.pdf

Dear Sir/Madam,

Please find attached my concerns regarding the proposed changes for Class B controlled Drugs.

My main concerns are:

- Patient safety having a large supply may put patients at increased risk of misuse of medicines, we already have issues with drug misuse in our Community and I believe this will only make the problem worse. Patients may be potentially targeted for robberies or abused if it is known they have access to large supply of Controlled Drugs.

- Logistics We would not have an appropriate sized safe required for the massive increase in controlled drugs we would need to keep in supply. Pharmacy would be at increased risks of robberies when it becomes known we need to stock such large quantities of controlled drugs.

Thank you for taking into account these concerns and others listed in the attached document.

Shelli Penney

Pharmacist manager

Kerikeri Medical Centre Pharmacy

Unichem Kerikeri Medical Centre Pharmacy
Dispensary Team
Unichem Kerikeri Medical Centre Pharmacy
4 Homestead Rd
Kerikeri, 0230
P 094073920
E kkmc@unichemkerikeri.co.nz
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Home delivery
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Unichem
Your local health professional

2 December 2022

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Sent via email to : consult@pharmac.govt.nz

Dear Sir/Madam

Re: proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

I am concerned about the legislation changes on the dispensing of Class B controlled drugs as they have safety, financial and logistical implications for community pharmacy and our patients.

I strongly believe that the current restrictions around a 10-day maximum supply of controlled drugs per dispensing should remain in place because of the following reasons:

Safety concerns (for the pharmacy, patients, couriers and our community)

- There is a risk of stockpiling controlled drugs by patients
- There will be more opioids in the community which creates security risks for patients
- Couriers will be carrying more controlled drugs with more frequency and could become targets for drug seekers
- There will be increased risk for community pharmacy being targeted due to larger stockholdings through ram raids (already a New Zealand-wide problem) or robberies during business hours where safes can be unlocked. The latter will put community pharmacy staff at direct risk

Financial and business concerns

- Community pharmacy would need to increase stock holdings by up to 300% of current levels
- If the changes come into effect, there will be a large impact on the initial and repeat dispensing fees that pharmacies receive for dispensing Class B controlled drugs

Logistical concerns

- Pharmacies will need bigger safes to accommodate increased stockholdings. In the community pharmacy I work in our safe is already overloaded.

Unichem Kerikeri Medical Centre Pharmacy
4 Homestead Rd, Kerikeri
Phone 094073290 **Fax** 094077458
kkmc@unichemkerikeri.co.nz

Unichem
Your local health professional

- There is a current shortage of safes in New Zealand.
- Safes are expensive – costing more than $2000 each. In the community pharmacy I work in we would require 1 or 2 large safes as we only have an under-bench safe at present. Unfortunately, there is a space constraint in the 22 square meter pharmacy I operate out of and there is a possibility of not being able to offer the dispensing of controlled drugs from this pharmacy in the future as I would be unable to store them in the correct manner.
- An increased demand for stock will mean a greater pressure on the supply chain leading to stock shortages.
- Controlled drug wastage is already a problem. We are not funded for this work, which needs to be carried out by a pharmacist
- Logistically we will be ordering more often, receiving stock more often, writing up stock more often and stocktaking more often – again unpaid time spent by professional staff which takes away engagement time with patients.

I have other concerns around the time pharmacists will need to spend with educating both GP's and our patients in the change of legislation.

Thank you for your consideration of my response.

Yours sincerely

Shelli Penney
Manager
Unichem Kerikeri Medical Centre Pharmacy

From: Hillmorton Pharmacy <hillmortonpharmacy@gmail.com>
Sent: Wednesday, 7 December 2022 8:12 pm
To: Consult
Subject: Class B controlled drugs

Hillmorton Pharmacy 2009 Limited
9 Halswell Road
Christchurch 8025

07 December 2022

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Sent via email to: consult@pharmac.govt.nz

Dear Sir/Madam,

Re: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

Thank you for the opportunity to provide feedback on the above consultation.

As a community pharmacist, I am extremely concerned about the implications of the legislation changes. There are serious logistical and safety concerns for pharmacies and safety concerns for our patients.

I strongly believe that the current schedule restrictions around a 10-day maximum supply of controlled drugs per dispensing should remain in place, due to the following:

- I believe that increasing the amount of controlled drugs in the community has the potential to lead to stockpiling. We frequently have patients collecting a 10 day supply early…I would not like to see a situation where a 30 day supply was collected early. (It appears to us that many prescribers do not take into account the date of the previous prescription when a new prescription is issued. This leads to 'prescription creep' and if a 30 day supply was the new norm, then this would dramatically increase the amount of medicine in circulation in the community)

- I believe that pharmacies and their staff would be at an increased risk of being targeted by criminals due to increased stockholding of controlled drugs. Likewise, the couriers who deliver these medicines will have increased volumes of controlled drugs in their vans which puts the drivers at potential risk of a holdup.

- I would also like to point out the need for increased storage capacity if this change went ahead. Our safes have a finite capacity, and increasing the stock holding requirements to cope with these changes either means holding more stock on hand, or ordering more frequently. If the ordering is more frequent, then our inventory recording would become less efficient as receiving more orders takes more staff time.

- We currently have a supply chain that is under stress. Literally every week (and sometimes every day) we have supply issues that we have to explain to patients or contact prescribers about. If this change went ahead, under Pharmac's sole supply philosophy, there would be a greater consequence if a supplier could not meet their supply obligations, and 30 days was the normal dispensing period. That is, the disruption would be vastly increased.

- Under the current 10-day supply rules, we frequently have quantities of controlled drugs returned for destruction. This can be for a variety of reasons and includes (but is not limited to) dose changes, adverse reactions, death of the patient. Each time a quantity is returned to the pharmacy, it has to be signed into our CD register before it is destroyed and witnessed. This takes a surprising amount of time, and is not a service that is funded under our current contract. I would envisage that if the period of supply was increased to 30 days, then the volume that is returned would increase, and the unpaid time and effort to provide this service would also increase.

- Under the Covid-19 rules, we still have a level of misunderstanding of what the legal requirements are for prescribing controlled drugs. I cannot imagine the time that would be spent educating/chasing prescribers if this change was made. For a long time, it felt that the weight of responsibility for seeing that a CD script was done correctly fell on the pharmacy profession. I would hate to see that happen again if these changes were made.

I would add as a footnote that I can see merit in a moving to a 3 month supply (dispensed at monthly intervals) on methylphenidate prescriptions. This is more often treating a chronic condition, and I see this as a quite separate case to the other Class B drugs such as morphine and oxycodone.

Thank you for your consideration of my response.

Yours sincerely,
Simon Murphy
Hillmorton Pharmacy

--
Simon Murphy
Hillmorton Pharmacy 2009 Limited
9 Halswell Road
Christchurch 8025
Ph: 03 3388-244
work email: hillmortonpharmacy@gmail.com
dispensary email (for prescriptions) : rx.hillmortonpharmacy@gmail.com
Fax: 03 3388-245
Cell ph: s 9(2)(a)

From: s 9(2)(a) <s 9(2)(a)>
Sent: Wednesday, 7 December 2022 1:13 am
To: Consult
Subject: Consultation: proposal to amend Pharmaceutical Schedule Rules for class B controlled drugs

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To whom it may concern,

I am against the proposal to increase the quantity of prescribing and dispensing of Class B controlled drugs for the following reasons:

Patient safety: We frequently receive Rx's for patients receiving Palliative Care. Often the patient will survive only 1-2 more days following dispensing. If we were to issue 1/12 supply of Class 2 controlled drugs it would mean many Class B controlled drugs will be leftover in the patient's home. It would be of great concern if these medicines ended up in the wrong hands. Also, there is the additional risk of overdose by the patient if significant quantities are issued at one time.

Cost to PHARMAC: There is the potential for a rise in drug costs due to wastage when a patient passes away or has dose changes.

Cost to Pharmacies: At present our Pharmacy can fit Class B controlled drugs into 2 safes. Our dispensary was completely re-designed and re-fitted several years ago with great thought and planning into the location of the 2 safes. If we were to go to monthly dispensing we would need to increase our stockholding significantly (three times). This would require significant investment in additional safes and labour to install these. We would also lose dispensing fees - receiving only one dispensing fee for 1 month versus 3, for 10-day dispensing. Will the government fund Pharmacies to undertake this change?

Increased time and administration for Pharmacists: Every time a Class B CD leaves the safe a stocktake of that medicine is carried out. Pharmacists would need to count up multiple packs of each drug to ensure the SOH is correct. The time to carry out this task would be greatly increased. The manual entry for every Class B controlled drug into the CD register is extremely time consuming.

Yours faithfully,

Julie Monteith (Pharmacist).

From: Kathryn Snook <s 9(2)(a)>
Sent: Wednesday, 7 December 2022 10:44 am
To: Consult
Subject: changes to class B

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Things to consider

If changes made please ensure clarity on the $5 charge - will these medicines attract this charge now majority monthly dispensings.
Quantity of controlled drugs held by pharmacy will increase - the installation type of safes very restrictive- need to review this
I work in a pharmacy that wanted a tall upright safe but they would not approve - using two small safe with difficult access

--

Kia kaha, kia maia, kia manawanui

Be strong, be brave and be steadfast,

Kathryn Snook

Pharmacist DipPharm (Dist.) PGDipClinPharm (Dist.)

s 9(2)(a)

From: Andrew Leigh <s 9(2)(a)>
Sent: Thursday, 8 December 2022 2:42 pm
To: Consult
Subject: Consultation on Class B CD's

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I am a locum community pharmacist and I see the introduction of this ruling as being problematic.

several decades ago controlled drugs were changed from 1 month dispensing to 10 days per dispensing to stop both pharmacies and patients being targeted for robbery and to keep excess supplies of the CD's out of general circulation. Patients who had adverts in papers that the funeral was x day and y time and had been battling cancer would have their home broken into during the time of the funeral.

I appreciate that CD's cost has come down considerably in comparison to the pharmacy dispensing fee but judging on current prescribing by doctors the prescriptions will allow more medicines than intended to be dispensed to the patient.
a second consideration is the size of the pharmacy controlled drug safe as these are at present already at capacity and some over capacity with your organisation approving the blister packed brand of codeine 30mg tablets (not sure if anyone in the pharmacy world was consulted). Most pharmacies have smallish CD cabinets to contain supplies of CD's for their patients and also uncollected medicines. To have to increase stock holding for patients increased supplies is not tenable in most cases as no space or finance to install a new larger CD cabinet.

If to go through then there is a need to get Dr to specify quantity of medicine to dispense each time so that only those stable patients and those on treatments for ADHD get monthly dispensings all at once.

regards

Andrew Leigh

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Andrew Leigh

Andrew mobile: s 9(2)(a)

From: Shirley Dispensary <shirleydispensary@gmail.com>
Sent: Thursday, 8 December 2022 10:50 am
To: Consult
Subject: Submission - amendment of Class B Controlled drugs
Attachments: CD proposal submission.docx

Please find attached our submission

Thanks

Shirley Dispensary

Shirley Dispensary

13 Marshland Rd
Christchurch 8061
03 375 7025
shirleydispensary@gmail.com

8/12/2022

To Whom it may concern

In regards to your proposal for changing the prescribing and dispensing of controlled drugs, we would like to give you some feedback we have at the pharmacy level.

The 3 month prescribing for long term pain patients we see as a benefit, as we are often having to deal with patients who have repeats run out and are left struggling to get a prescription through to us.

The unsigned NZePS would be easier for us as we do have to chase up original signed prescriptions from some GPs.

Part 4 “Community Pharmaceutical Dispensing Quantities” proposal is our main issue.
As a pharmacy we try and maintain sufficient stock to keep our patients supplied, without holding too much as to become a target for theft, while also constrained by the size of our controlled drugs safe.

The increased levels of controlled drugs makes pharmacy a more lucrative target for break-ins and armed holdups – which in the present time of ram raids and aggressive holdups is a real concern.

This proposal would mean our stock holding would have to increase significantly. We would have to get a larger safe installed (of which we already have a reasonably large one) which comes at a hefty cost. The legal requirements for the fixing of the safe will require the restructuring of many dispensaries to fit one in. In this financially pressured time in small community pharmacy this is another cost that would have to be met.

Patients who have a larger store of controlled medicines at home, also are at risk of having their medicines stolen, or pressured to give up their supply.

Thank you for reading our submission

Claire Ingram
Pharmacist @ Shirley Dispensary

From: s 9(2)(a)
Sent: Thursday, 8 December 2022 5:29 pm
To: Consult
Subject: Consultation feedback: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

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Thank you for the opportunity to comment on the proposal to amend the Pharmaceutical Schedule Class B Controlled Drug dispensing rules. This feedback is provided on behalf of community pharmacies represented by PharmacyPartners.

General Comments

In principle, the pharmacies we represent welcome the greater flexibility and longer interval between prescriptions this proposal will give patients. Many patients will benefit from the changes and we expect most prescribers will move to prescribing one month dispensing intervals for many patients. However, the changes raise a number of concerns around unintended risks to patients and other issues which may limit the benefits to patients from the proposed changes.

The pharmacies we represent endorse the proposed time frame for implementing the changes. It will give pharmacies a chance to develop and deploy revised class B Controlled Drug Procedures in a measured way. This will benefit patients.

Concerns about risks to patients and their families

Our concerns about risks to patients centre on patients receiving class B controlled Drugs for pain relief. Many patients receiving class B Controlled Drugs have stable pain relief needs and will benefit from the increased convenience the changes bring. Other patients, particularly those nearing the end of their lives, are far less stable and require frequent dose adjustment. For these unstable patients, the ability for prescribers to specify dispensing intervals of greater than 10 days coupled with frequent regimen changes may lead to accumulation larger amounts of unused medication in the home. This increases the risk of accidental patient overdose or poisoning of family members as a result of unsafe storage of increased volumes of medicine. While pharmacists do provide advice on safe storage of medicines, patients, care givers and families do not always follow this advice, particularly during the stressful period when a loved one is reaching the end of their life.

The changes will increase the amount of class B Controlled Drugs in the community at any time. This carries with it the risk that diversion of prescribed Controlled Drugs will increase either through burglary or intimidation of patients by family members or associates. It seems likely burglaries and intimidation will increase as criminals become aware of the increased quantities of class B Controlled Drugs in the community. Pharmacists are often aware of patient intimidation and do intervene with prescribers to reduce this risk as much as possible. Again, it seems likely that pharmacists will be called on to increase these interventions to protect vulnerable patients.

Pharmacy operational concerns

Secure storage of Controlled Drugs in pharmacies

Pharmacy stockholding of class B Controlled Drugs will have to increase to allow them to dispense one-month supplies.

This poses significant storage issues. The on-going increased usage of Controlled Drugs in general and the introduction of blister packed codeine tablets have resulted in many pharmacies finding their current safes are barely adequate to hold the quantities of medicines needed to support 10 day dispensing intervals. They conclude they will need to purchase new safes to operate efficiently under the new rules. Some pharmacies report the lead time has recently extended significantly and at the same time prices are also increasing significantly, in some cases 30% to 40% or more. The additional cost imposes unwelcome strains on stretched pharmacy budgets at a time when increasing costs across the board are straining pharmacies. More

importantly, pharmacies needing new safes will not be able to carry sufficient stock to support one-month dispensings until they obtain a new safe. In consequence, during the first half of 2023 patients who would benefit from one month dispensing may find they do not receive it because their pharmacy is unable to hold sufficient stock to reliably deliver one–month dispensings.

While some pharmacies would prefer one–month dispensing did not proceed, this would disadvantage many patients. A better solution would be to delay the introduction of one–month dispensing until at least the second half of 2023 to allow pharmacies to provide the infrastructure necessary to support one–month dispensing.

At the same time pharmacies will become more attractive targets for burglary because of their increased stockholding. Many pharmacists are concerned they will become targets for ram–raids using stolen cars. Again, it would seem sensible to delay implementation to give the Police to get on top of the current spate of ram–raids and to give pharmacies time to obtain funding for increased security measures from the latest government initiative.

Increased number of interventions needed

We have already highlighted the probable increase in pharmacist interventions with prescribers to ensure patient safety where one–month dispensing would be inappropriate. This will increase pharmacist workload when they are under considerable pressure and will further increase pressure on overstretched GPs. It seems reasonable to expect that interventions which should occur will not occur because either the pharmacist or the GP is too busy to respond to the signs that individual patients are at increased risks or requests for dispensing frequency changes are not actioned within necessary time frames. At the same time, pharmacy revenue from their class B Controlled Drug service will decline because dispensing volumes will reduce. Some pharmacies may respond by trying to cut costs in this area of their practice. Reducing their willingness to intervene is one possible, albeit undesirable response.

Pharmacies also expect that the amount of unwanted class B Controlled Drugs being returned for destruction will increase as a result of the proposed changes. Again, this will put further strain on pharmacy workloads and add a further impost on pharmacy finances in districts where Health New Zealand does not make a contribution to the costs of medicine disposal.

We recognise these are difficult problems for PHARMAC to respond to because the solutions lie outside PHARMAC's direct control. Early implementation of the electronic Controlled Drugs register would reduce administrative time input in the Controlled Drugs service freeing up time for needed interventions. Similarly, an adjustment to the class B Controlled Drugs fee multiplier in the ICPSA would mitigate the disincentives associated with reduced dispensing revenue. PHARMAC advocacy for both initiatives with Health New Zealand would be welcome.

Conclusion

The proposal offers advantages to many patients which should go ahead. At the same time the proposal increases the risk the risk of criminal activity against patients and pharmacists, increases the risk of accidental overdose or accidental poisoning for patients and their families, increases pressure on pharmacists and GPs, and operational considerations suggest many patients will be unable to benefit from one–month dispensings for some time in 2023. Delaying the implementation of the proposed change until mid–2023 at the earliest and PHARMAC advocacy for early introduction of the electronic CD register and review of the ICPSA class B Controlled Drugs fee multiplier would be useful mitigators for these issues.

Regards

David Mitchell

PharmacyPartners

mobile: s 9(2)(a) | phone: 04 562 7944
mail: 30 Nikau St, Eastbourne, Lower Hutt 5013

attachments is prohibited. If you have received this e-mail message in error please notify us immediately and erase all copies of the message and attachments. Thank you.

PHARMACY GUILD OF NEW ZEALAND

9 December 2022

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Sent via email to: consult@pharmac.govt.nz

Dear Sir/Madam,

Re: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

Thank you for the opportunity to provide feedback on the above consultation.

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing the majority of community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

Our feedback on this consultation focuses on Guild members' concerns around general economic, funding and supply issues. Guild submissions should not be taken as any endorsement of, or any attempt to comment on, issues of safety, efficacy or individual patient utility.

We are concerned about the implications of the Misuse of Drugs Amendment Regulations 2022 if controlled drug supply frequency is not restricted via the Schedule. There are inherent logistical, financial and safety concerns for pharmacies and safety concerns for our patients.

We strongly believe that the current schedule restrictions around a 10-day maximum supply of controlled drugs per dispensing should remain in place, due to the following:

Financial concerns:

- The legislative changes significantly impact on the initial and repeat dispensing fees that pharmacies currently receive for Class B controlled drug dispensing. Current total annual fees are around $9.8 million, and we are concerned that this monetary impact warrants material concerns.
- We intend to notify Te Whatu Ora (per ICPSA clause B.3 (2)) for them to then use reasonable endeavours with PHARMAC to address possible adverse supply chain sustainability impacts for community pharmacy service provision (DHB (Districts) obligations under ICPSA clause A.5 (2) (h)).
- We ask to be engaged in further joint work with both PHARMAC and Te Whatu Ora on the financial impact of this proposal before any final decisions are made. Since the legislative changes have already been gazetted, we strongly feel revised financial remuneration should be considered to avoid loss of income to pharmacies.

Controlled Drug storage:

- Stock holding – pharmacies may need to carry up to three times the amount of controlled drug stock that they are currently holding.
- Pharmacies will need bigger safes to accommodate increased level of stock holding. Drug safes are expensive, take time to source and install, and most pharmacy's drug safes are already overloaded.
- Dispensary space constraints – physical space in pharmacies is limited, plus audit requirements for safes to be bolted onto concrete or wood to up to two surfaces (in the case of larger safes), translate to further costs involved in installation.
- Medicine supply chain issues – increased demand for stock means greater pressure on the supply chain, and increased risk of disruptions.
- Controlled drug wastage might increase, along with the time-consuming process of documenting returned controlled drugs. Pharmacists are not remunerated for this work, which can only be conducted by a pharmacist. Not to mention the harm to the environment.

Patient safety concerns:

- Increased presence of opioids in the community. The use of Class B opioids as analgesia is indicated only for short term use unless used for chronic conditions and/or malignant pain. The reduced frequency of Class B opioid dispensing lessens the chances of health practitioner contact between dispensing, running the risk of pain being managed inappropriately and ineffectively.
- There is limited data available that accurately estimates the rate of opioid dependence/addiction in New Zealand but globally, trends between an increase of illicit drugs in the community and prescribing practice have been linked.
- Risk of stockpiling controlled drugs by patients. There is no nationally collated database for controlled drug returns as this information is kept manually at an individual pharmacy level.

Security issues:

- Pharmacies will be at an increased risk of being targeted by criminals due to an increased stockholding of controlled drugs. This will put pharmacy staff at direct risk. Criminals will make attempts during business hours, when safes can be unlocked by someone, which means that the personal safety of staff is being compromised.

Other concerns:

- We are concerned that prescribers will not have an adequate understanding of the legislative changes and pharmacists will have to spend valued time educating patients (and prescribers).
- Timing: As the legislation changes come into effect on 22 December 2022 and Schedule implementation is not planned until 1 February 2023, any prescription-related issues that may require escalation to the prescriber will require intensive pharmacist facilitation during the holiday period.
- Accountability: Prescribers need to take ownership of the way the legislation amendments will affect their prescribing, tailoring prescribing according to each individual patient's needs.

Recommendations:

1. We strongly believe that the current schedule restrictions around a 10-day maximum supply of controlled drugs per dispensing should remain in place.
2. Prescribers should take full responsibility for patients prescribed an extended supply (exceeding the usual 10-days per single dispensing) of class B controlled drugs, by clearly endorsing the NZePS prescription. This endorsement should take the form of "please supply 30 days at once" or similar and must be electronically recorded via NZePS. Note, this should occur infrequently, based on an individual patient's unique needs.

Thank you for your consideration of our response. If you have any questions about our feedback, please contact our Senior Advisory Pharmacists, Martin Lowis [redacted] or Isabel Cala [redacted].

Yours sincerely,

Nicole Rickman
General Manager – Membership and Professional Services

From: Martin Lowis <s 9(2)(a)
Sent: Thursday, 8 December 2022 12:30 pm
To: Consult
Subject: Guild submission on Pharmac proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs
Attachments: 2022 12 09 Guild submission on Pharmac proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs.pdf

Hi team,
Please find submission attached.

Kind regards,
Martin Lowis BPharm(Hons), MPS
Senior Advisory Pharmacist

Pharmacy Guild of New Zealand (Inc) | Your community pharmacist: the health professional you see most often
Pharmaceutical Services Limited | Committed to sourcing solutions for your pharmacy

s 9(2)(a)
Fax (04) 384 8085

Physical address Pharmacy House, 124 Dixon Street, Wellington 6011 Postal address PO Box 27 139, Marion Square, Wellington 6141

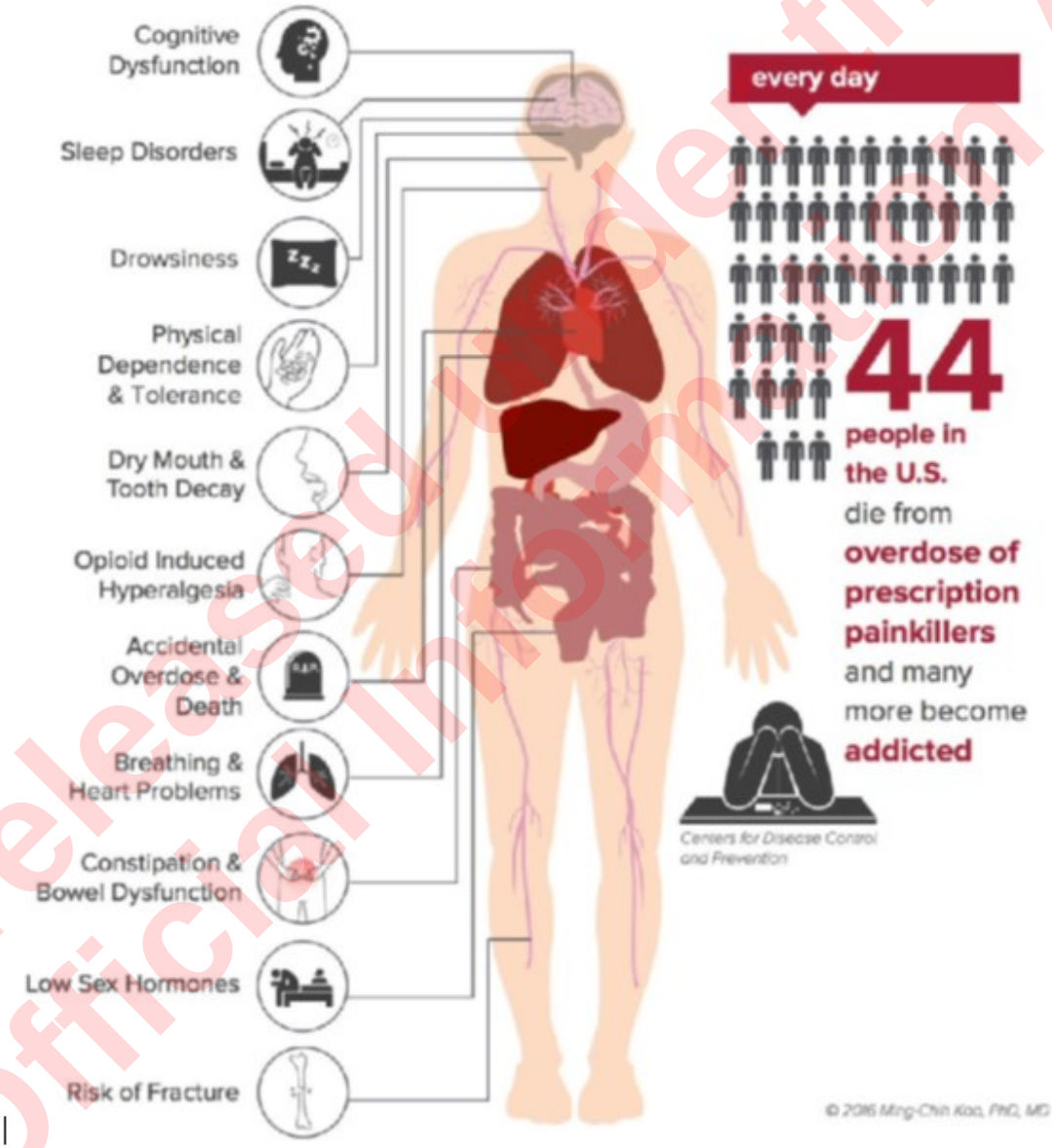
Your message is ready to be sent with the following file or link attachments:

2022 12 09 Guild submission on Pharmac proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

Opioid Drug Side Effects

Stanford HEALTH CARE
STANFORD MEDICINE

Opioid medications are useful and appropriate after injuries and surgeries for brief time periods. When used long-term, they cause many side effects. For this reason, **Comprehensive Pain Medicine** does **not include on-going opioid therapy**.



From: Jo Tatler [TDHB] <s 9(2)(a)
Sent: Thursday, 8 December 2022 3:58 pm
To: Consult
Subject: CD change in time frames
Attachments: Opioid side effects infographic.PNG

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Kia ora,
I have been involved in an Opioid Stewardship programme within our hospital to educate junior doctors and GP's about post operative prescribing of opioids. For acute pain, opioids should be used only for a few days if possible, with the aim of preventing the use of long term opioids or opioid dependence and avoiding side effects. Please consider highlighting to GP's that opioids should be avoided for chronic pain and for acute pain, limiting to 7 days of treatment. I will attach some information about the number of side effects such as opioid induced hyperalgesia that can occur with long term use of opioids.

Please also encourage small quantities of opioids if there is a risk of self harm. Consider that large quantities maybe at risk of diversion, poisoning of children etc.

I understand the intent of the law change is to free up GP time however please consider the unintended consequences of this duration of presribing/dispensing for some groups of patients.

Kind regards

Jo Tatler (she/her)
Clinical Pharmacist (ICU/Pain)
Taranaki
waea pūkoro: s 9(2)(a) | **īmēra:** s 9(2)(a)
27 David Street | Private Bag 2016 |New Plymouth 4342

Te Whatu Ora
Health New Zealand

Te Whatu Ora – Health New Zealand

TE AHU
TARANAKI DHB VALUES

Partnership WHANAUNGATANGA | Courage MANAWANUI | Empowerment MANA MOTUHAKE | People Matter MAHAKITANGA | Safety MANAAKITANGA