From: Matthew Sherwin <s 9(2)(a)>
Sent: Friday, 9 December 2022 3:45 pm
To: Consult
Subject: Class B proposal
Attachments: pharmac consultation.pdf

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

please see attached

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. I am concerned there was not time to properly respond to this consultation.

As a community pharmacist, I am extremely concerned about the implications of the legislation changes. The proposed schedule changes will cause harm to patients and put pharmacies at risk. The proposal is inconsistent with the move to reduce opioids in the community with codeine being rescheduled to a prescription medicine. It cant be said on one hand that codeine needs to be prescription only to reduce potential abuse, and then increase the supply of far more potent options on prescription. Current experience shows prescribers cannot effectively manage early requests by patients seeking over supply.

Patient safety:
There will be a risk of stockpiling controlled drugs by patients, and dangers for elderly people being targeted due to increased presence of opioids in the community. Opioid overuse is already an issue, and if this proposal is accepted Pharmac will be responsible for any increase in opioid related harm to communities. There are also security issues and storage issues for pharmacies. 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.

Controlled Drug Storage:
Pharmacies will need bigger safes to accommodate increased level of stock. My pharmacy currently has two large safes. I currently have nowhere I could fit another safe, and if I could find space there is current a shortage of safes, plus audit requires safes are bolted onto concrete or wood, this means further costs involved in installation.

Controlled drug wastage:
The collection and safe disposal of controlled drugs unfunded work, which needs to be carried out by a pharmacist. There is already a large amount of wastage, this proposal should include payments to pharmacies to collect the current and extra wastage and provide means to safely dispose of controlled drug waste.

The current restrictions around a 10-day maximum supply of controlled drugs per dispensing do have issues around collection. The procedures manual rules currently encourage patients to collect all of their repeats on time regardless of if they need them due to collection expiry dates that cause confusion for the patient. I do welcome changes to the way controlled drugs are handled (eg electronic register. More sensenible collection rules). These changes should be consulted on BEFORE a proposal is put to the sector. My experience is that proposals such as these have a predetermined outcome.

Yours sincerely,
Matthew Sherwin

Unichem Marshalls Pharmacy
156 Teasdale Street, Te Awamutu
Phone 07 871 4918 Fax 07 871 6486
Email pharmacy@marshallspharmacy.co.nz

From: office@unichemglenview.co.nz
Sent: Friday, 9 December 2022 11:53 am
To: Consult
Subject: Consultation feedback: ivacaftor

Hello, I am writing to supply my feedback on the proposed changes to the controlled drug dispensing rules. I am a pharmacist and pharmacy owner

I am very happy with the removal of the requirement to have a wet ink signature. This will improve the efficiency of the dispensing process.

However I am completely against the proposal to allow three month supply in one month increments of all class B controlled drugs. I believe having this quantity dispensed at one time is a huge safety risk to our already vulnerable patients. The medicines are all very dangerous in nature so having such large quantities available and at home will increase the risk of overdose. Under the current rules the pharmacist is monitoring the collection dates at either 7-10 days so can ensure that usage is appropriate. The margin of error is too high when the dispensing is in monthly increments.

On top of this there is the logistical issue. Not only do controlled drugs need to be stored in a safe before they are dispensed but they also need to be stored in a safe until they are collected. There will be very few pharmacies that can accommodate this in there controlled drug safes. This will lead to many supply problems.

Another issue that I foresee with the proposed changes is the vulnerability to crime. I believe if people are known to have a months worth of Class B controlled drugs that they will be more prone to burglary. Pharmacies themselves will also be more valuable to crime if we have to carry more stock.

Please see sense and keep the rules as they are.

Kind Regards,
Amiel

P| 07 843 6097
E| office@unichemglenview.co.nz
143 Ohaupo Road, Hamilton

From: Cynthia Ram <s 9(2)(a)>
Sent: Saturday, 10 December 2022 11:24 pm
To: Consult
Subject: Feedback regarding Class B CD prescribing

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Hi there,

I think changing the prescribing of Class B from 1 month to 3 months will be welcomed by many.

However, the frequency at which it should be dispensed should be changed from every 10 days to every 15 days instead of every month. This would ensure sufficient supply to patients but at the same time reduce wastage of medications due to dose or medication change.

It would allow prescribers and pharmacists to monitor patients closely especially if there is a high risk of abuse. It would also allow better stock control in the pharmacy.

Thank you
Cynthia Ram(Pharmacist)

From: Consult
Sent: Tuesday, 13 December 2022 12:17 pm
To: Belinda Ray-Johnson
Subject: FW: Changes to category B drugs

Follow Up Flag: Follow up
Flag Status: Completed

Ngā mihi

Belinda

[seemail]

From: Andrew Shaw <s 9(2)(a)>
Sent: Tuesday, 13 December 2022 11:43 am
To: Consult <Consult@Pharmac.govt.nz>
Cc: Luke Tilson <s 9(2)(a)>
Subject: Changes to category B drugs

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

Hi consultation team,

I am just checking in regarding the changes to category B controlled drugs pursuant to the amendment to the Misuse of Drugs Regulations coming into effect on the 22/12/22. The original consultation period was up until 9/12/22 but I note that it now has been extended to 21/12/22. Please accept the following as consultation feedback

- The timeframe for software companies to implement the required changes is not sufficient
  - Can you please advise when the results of the consultation will be released?
  - In the future, can you please ensure that Toniq is notified of these changes as the outcome of this consultation (and the timing of it) directly impacts our software.
  - Any changes to software require a large lead-in time to allow for review, design, implementation, testing and subsequent release. If the results of the consultation are released in Jan 2023 Toniq will not be able to make any code changes in time for the schedule changes. With this timeline in mind, do you still envision the Schedule Rules changes to come into effect on the 1/2/23? Toniq would need two months (minimum) from the time of decision being released until implementation date to allow us to make the required code changes.

Kind regards,

Andrew Shaw
Clinical Product Owner | Pharmacist, M.ClinPharm(*Dist.*), MPS

TONIQ
A Clanwilliam Company

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Level 1, 72 Moorhouse Avenue, Addington, Christchurch 8011, New Zealand
PO Box 8831, Riccarton, Christchurch 8440

www.toniq.nz

From: Chanchal Ajodha (NDHB) <s 9(2)(a)>
Sent: Wednesday, 30 November 2022 9:45 am
To: Consult
Subject: Proposed changes to Class B drug prescribing

[You don't often get email from s 9(2)(a) Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

Hi
Thanks for the opportunity to feed back.
I work in pain medicine and it is a daily battle to get prescribers to wean opioids inappropriately prescribed for persistent non-cancer pain.
Prescribing of opioids for longer periods of time removes the the opportunity for the prescriber to stop and think about whether prescription of opioids should continue. It will be the default just for convenience as time is understandably a precious resource . This takes away from safe prescribing practices and increased potential for harm to the patient.
Fentanyl, morphine and oxycodone should, in my view , not be in this category of change.

Many thanks
Chanchal

Sent from my iPhone

From: Richard Seigne <s 9(2)(a)>
Sent: Tuesday, 29 November 2022 8:45 pm
To: Consult
Subject: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

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I wish to submit the following

I oppose this change as I think the overall risk to society outweighs perceived benefits to patients. I do not wish to facilitate greater access to drugs that are inherently linked to harm to individuals and society

Risks

Increased availability of dangerous medications in the community, likelihood of more drugs getting into the black market via diversion and or theft

Increase risk of overdose to individuals (patients and or others with access to the drugs)

Facilitates long term use of drugs such as opioids, the evidence suggests this will harm a significant proportion of patients

Richard Seigne
Anaesthetist
Waitaha Canterbury

From: Leah Andrews (ADHB) <s 9(2)(a)>
Sent: Tuesday, 29 November 2022 11:00 am
To: Consult
Subject: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

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I agree with being able to prescribe methylphenidate for kids with ADHD in 3 month prescriptions, with pick up monthly.
At present, many of the whanau I see have difficulty with GP charges for getting the monthly prescriptions and subsequently lots of kids don't keep up with regular meds, leading to further impairments in their academic and social lives.

Obviously there are concerns about misuse/misappropriation but with the above framework these concerns wont be any different , just less cost and inconvenience for whanau.

Nga Mihi Leah Andrews

Dr Leah Andrews
Child & Adolescent Psychiatrist
Consult Liaison Team – Starship | Te Toka Tumai | Auckland
Mondays to Wednesdays
waea pūkoro: s 9(2)(a) **ext** s 9(2)(a) s 9(2)(a) | **īmēra:** s 9(2)(a)
Starship Hospital | Level 3 | Building 2
Reach us in our local channels: adhb.govt.nz | Facebook | LinkedIn

Starship Child Health
Te Whatu Ora Health New Zealand
Te Whatu Ora – Health New Zealand
TeWhatuOra.govt.nz

From: Lynley Byrne <s 9(2)(a)>
Sent: Monday, 28 November 2022 12:46 pm
To: Consult
Subject: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs

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This is a great way forward, working as a MH NP in primary practice this will positively affect our whanau who are prescribed class B. The next step should be to allow MH NPs to do initial prescriptions for stimulants. This would reduce waiting time for whanau to be diagnosed and treated, due to only psychiatrists /paediatricians being able to START stimulants
Nga mihi
Lynley Byrne MH NP
Te Korowai o Hauora Hauraki

Sent from Mail for Windows

From: Hanmer Springs Health Centre – Doctor <doctor@hanmermc.co.nz>
Sent: Monday, 28 November 2022 5:06 pm
To: Consult
Subject: Feedback re controlled drugs

Dear colleagues,
I think this is a very reasonable proposal. This is similar to the UK. I worked there for many years and this system did not create many problems and was prescriber, pharmacy and patient friendly,
Yours faithfully,
John Dumsday NZMC s 9(2)(a)

From: Jeremy McMinn <s 9(2)(a)>
Sent: Monday, 28 November 2022 12:43 pm
To: Consult; David Hughes; Sonam Naidu
Subject: The importance of the Mental Health Sub-Committee?

Importance: High

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

Hi there

I have just had the consultation on the proposal to amend the Rules on prescribing and dispensing of Class B controlled drugs sent to me as a generic mail shoot, rather than through my role on the Mental Health Sub-committee

I am deeply concerned this is not something that has come through the Sub-committee. So far, every psychiatrist I have spoken to about it has expressed forthright disbelief that such a proposal has been suggested for any of the medications listed.

I will be writing both a personal submission and have invited the RAQNZCP Faculty of Psychiatry to complete one also. However, the time period is very short, and we are all extremely busy - a brief discussion with the Sub-committee almost certainly would have headed this off into the "No, no, no, don't even think about it" territory, and might have been a more efficient route for all?

sincerely

Dr Jeremy McMinn MBBS FRANZCP FAChAM MAcadMEd
Forensic Psychiatrist & Addiction Specialist

From: Christopher Peterson (WDHB) <s 9(2)(a)>
Sent: Monday, 28 November 2022 3:44 pm
To: Consult
Cc: Susan Lambers (WDHB)
Subject: Feedback on proposal to amend pharmaceutical schedule rules on class B controlled drugs

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To whom it may concern,

Thank you for the opportunity to feed back on these proposals.

I would like to feed back specifically regarding supply of methylphenidate and stimulant medication for children. The issues about prescription of opiates are much less relevant to my practice, and therefore my comments below do not refer to them.

I am strongly in support of the proposed changes.

Through the COVID period we have moved increasingly to electronic prescribing, and the current arrangements, requiring a signed prescription, are unworkable. The postal service does not get prescriptions in time to families or pharmacies, and there is a constant unnecessary workload in prescribing these medications. The existing electronic option for all other medications will be perfect for this, without any obvious reduction in security of prescription. I am aware that this change has already been signalled.

I am very pleased to see the proposal to allow three month prescriptions. For children with ADHD, having to arrange monthly scripts through their paediatrician or GP is creating unnecessary work with no obvious benefits. Once stabilised on these medications, children often remain on the same dose for long periods. So long as the medication is appropriately prescribed I see no down side in allowing a prescription to be for three month supply. Picking up monthly from pharmacy is much more convenient if a script is not necessary.

Thank you for the opportunity to feed back,

Kind regards,

Dr Chris Peterson
Clinical Director Child Health
Waitematā
waea pūkoro: s 9(2)(a) **īmēra:** s 9(2)(a)
Waitakere Hospital, 55-75 Lincoln Road, Henderson, Auckland 0610

Te Whatu Ora
Health New Zealand

Te Whatu Ora – Health New Zealand
TeWhatuOra.govt.nz

From: Carin Conaghan <[redacted]>
Sent: Monday, 28 November 2022 12:37 pm
To: Consult
Subject: feedback on prescribing class b drugs proposed changes

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

Hi As an child and adolescent psychiatrist involved in the diagnosis and treatment of childhood ADHD, and [redacted]. I fully support the proposed changes to allow e-prescriptions to be provided for a 3 month period.

Kind Regards
Dr Carin Conaghan

From: Alana Wilson <[redacted]>
Sent: Monday, 28 November 2022 4:42 pm
To: Consult
Subject: Amending prescribing and dispensing of Class B controlled drugs.

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

To Whom It May Concern,

As both a GP and a doctor who works in hospice care I would endorse this amendment (provided that electronic prescribing is readily available). Asking people who are very ill to either pick up medications or get someone else to pick up medications every 10 days is traumatic on top of an already stressful situation. Drug abuse is rare in this group and presumably if there is a potential for this then the doctor can endorse an electronic script for daily/weekly prescribing etc. It also makes the use of blister packs easier – in the past these would need to be picked up weekly, now to be able to do this monthly would be a real help to those with chronic conditions or the terminally ill. There may be some wastage but, in general, this would be minimal.

The only downside I can see is that there may need to be a limit on the amount that is prescribed in the sense that if a medication is prescribed PRN to hourly, as it often is in palliative care, a month's supply if the doctor has no specified an amount, could be excessive (perhaps need to state that an actual amount of medication is prescribed in these circumstances e.g "mitte: 100" rather than "one month's supply".

Thanks for the opportunity to reply

Dr Alana Wilson
Senior Medical Officer

P: 04 381 0461
10 Awatea Street, PO Box Porirua
www.marypotter.org.nz

Marv Pot Join us:

From: Thorsten Stanley <s 9(2)(a)>
Sent: Wednesday, 21 December 2022 12:38 pm
To: Consult
Subject: Consultation feedback: controlled drug prescribing

Dear Pharmac

I see patients in private in rented rooms without access to GP database as I'm a consultant paediatrician

Most stimulants are first prescribed by consultant paediatricians and psychiatrists many without electronic prescribing

Please advise how I can access this process?

Best wishes and season's greetings!

Dr T V Stanley
Senior Lecturer
Dept of Paediatrics
University of Otago Wellington
PO Box 7343
Wellington South

s 9(2)(a)

From: Jess Morgan-French <s 9(2)(a)>
Sent: Wednesday, 21 December 2022 2:51 pm
To: Consult
Cc: Maura Thompson; Ajay Makal; Allan Moffitt; Carol Atmore; Jeff Lowe - KMC; Jo Scott-Jones; Les Toop; dr.sarah.clarke
Subject: GPNZ Primary Care Clinical Leaders Feedback on the proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs
Attachments: Feedback on Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs - Copy.pdf

Kia ora,

Please see attached feedback from the Primary Care Clinical Leaders Rōpū.

Nāku noa, nā
Jess Morgan-French
Manager, Member Services

Mobile: s 9(2)(a)
Email: s 9(2)(a)

GENERAL PRACTICE

PHARMAC CONSULTATION ON PRESCRIBING AND DISPENSING OF CLASS B CONTROLLED DRUGS

Feedback submitted via email: consult@pharmac.govt.nz

The following feedback was collected and endorsed by the General Practice New Zealand (GPNZ) Primary Care clinical leaders rōpu.

Please see below the feedback and comments on the proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs.

Endorsement

- The group fully supports the proposal for three-monthly prescriptions with monthly collection for ADHD patients. It is as important for many young people to take a regular stable dose of ADHD medication as it is for a person living with diabetes to take their medication. People with ADHD find organisational tasks much harder so the barrier of more frequent prescribing and the risk of people running out of medication could be reduced
- Three-monthly prescribing requires fewer GP visits and offers patients more autonomy over their own health journey. It reduces prescriber workload and creates access capacity in general practice,
- However, there are patients where more frequent prescribing and collection is appropriate. We believe that individual clinicians should have the flexibility to determine the length of the prescription and frequency of collection.

Concerns and Potential Risks

- There are concerns around the amount of Class B drug that may be unsecured in the community and the potential for increased diversion/theft/loss. It is important to be able to regulate/ mitigate against this with some conditions/resources eg
    - any early repeat prescription (due to loss/theft/concern re diversion) should require a shortened prescription period for a minimum of 3 months following
    - a new prescription or change in dosage should require smaller quantities to be dispensed until stability/effective dosing has been established
    - palliative care dispensing should be for a short period to reduce wastage
    - there should be national cross-checking processes at pharmacy level to prevent multiple prescriptions from different prescribers being presented by the same patient
    - a standardised national 'contract'/agreement' could be developed to be used between prescribers and patients.
- There may be increased risk of opioid dependence by reduced clinical oversight from the primary care team; however, there are very few indications for long term opioid use outside of palliative care.
- There may be increased risk of repeats not being reviewed appropriately.

Recommendations

The primary care clinical leader's forum would like to suggest the following changes to the PHARMAC proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs.

- We believe the proposal changes should apply to dexamphetamine sulphate and methylphenidate hydrochloride. These prescriptions should be changed from monthly to three-Monthly. When methadone hydrochloride is prescribed for people on an opiate substitution programme, there should be an option of three-monthly prescriptions and monthly pickups at the discretion of the prescriber.
- We suggest that there is no other change to the regulations for other class B drugs at this time.
- We suggest that it is time to separate out the different class B drugs into sub-classes enabling a more refined classification system for Pharmaceutical Schedules to follow.
- We endorse a tiered approach, starting with a small group of Class B drugs with monitoring of prescribing and usage to determine if the process is working (for example, earlier demand for prescriptions, increased illegal activity or increased demand on drug and alcohol services).
- There should be no difference between the issue of electronic and written prescriptions; Having different criteria for use unnecessarily complicates the prescriber pathway.

From: Sarah Carter <s 9(2)(a)>
Sent: Wednesday, 21 December 2022 1:30 pm
To: Consult
Cc: Dee Crooks
Subject: Letter from ProCare Chief Executive Regarding Pharmac Submission on prescribing and dispensing of Class B controlled drugs
Attachments: Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs FINAL.pdf

Importance: High

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Kia ora

Please find attached a letter from ProCare Chief Executive, Bindi Norwell and Clinical Director, Dr Allan Moffitt in regard to prescribing and dispensing of Class B controlled drugs.

Ngā mihi

Sarah Carter
EA to CEO
s 9(2)(a)
Carlaw Park Commercial Building
Level 1, 12-16 Nicholls Lane, Parnell

ProCare

22 December 2022
Pharmac

By email: consult@pharmac.govt.nz

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

Dear Colleagues,

At ProCare, we have a duty to advocate on behalf of the communities we serve, so thank you for the opportunity to provide feedback on the proposal to amend the Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs.

We thank you for listening to feedback and extending the consultation period until 21 December. This is a busy time of year for healthcare, and that additional time means more organisations and individuals will be able to contribute their feedback.

Pharmac's consultation proposes that:

- Class B drugs could be funded when prescribed for three months, instead of one month, when an electronic prescription is used (noting that the amount that would be funded on a paper prescription would stay as one month because of the updated regulations), and
- that patients could collect Class B controlled drugs from the pharmacy in monthly lots, when an electronic prescription is used (or as a single monthly lot on a paper prescription), unless the prescriber directs dispensing in smaller quantities.

While we share the concerns of the Royal New Zealand College of General Practitioners that regulation and central systems have a greater impact on misuse of drugs and that freeing up of these restrictions may result in higher amounts or drug abuse and potentially lead to higher number of deaths from overdose.

ProCare **is supportive** of Pharmac's proposal as it will:

1. make patients' lives easier - especially for those on longstanding opioid or methamphetamines prescriptions
2. reduce the burden on general practitioners and other prescribers, and
3. free up appointment times for other patients who need to see their doctor.

We have also made some additional comments around patient safety and the importance of pharmacists' concerns.

Carlaw Commercial Building
Level 1, 12-16 Nicholls Lane
Parnell, Auckland 1010
PO Box 105 346, Auckland 1143

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W procare.co.nz

We are supportive of the proposed changes to come into effect from 1 February 2023 in order to allow for any required changes (e.g. system changes) to be implemented.

We feel that the benefits from the proposed changes outweigh the risks provided that prescribers are made aware of the need to restrict prescription and dispensing volumes as required. PHARMAC should closely monitor drug abuse rates and in particular drug overdoses and reconsider the rules if adverse trends occur.

Introduction

ProCare is a leading healthcare provider that delivers services to support and uplift the health and wellbeing of the people of Aotearoa.

We are New Zealand's largest primary health organisation representing more than 180 general practices across Tāmaki Makaurau and Te Tai Tokerau, with more than 830,000 patients enrolled in these practices.

As an organisation we have a strong commitment to Te Tiriti o Waitangi, population health and wider equity principles. These principles are at the forefront of ProCare's approach to increase positive health outcomes for Māori, Pasifika, and those in need.

The ProCare Group spans a wide range of provider and whānau facing services, including:

- Our network of more than 180 general practices, which includes more than 830,000 enrolled patients of whom about 80,000 are Māori and 100,000 are Pacific
- Fresh Minds: our leading mental health and wellbeing services
- CareHQ: virtual general practice services in partnership with Southern Cross
- Whakarongorau Aotearoa: a national telehealth service in partnership with Pegasus Health
- Clinical Assessments Limited: supporting healthcare professionals to provide care in the community in partnership with East Health
- Ready Steady Quit: supporting people to improve wellbeing by quitting smoking
- Here Toitū: a collaborative programme with the Ministry of Social Development supporting whānau living with a health condition or disability
- Charitable Foundation: supporting health inequity and increasing community health and wellbeing
- Elevate: supporting the future generation of healthcare business owners
- Your Health Summary: a digital platform which allows authorised medical practitioners to easily access up-to-date health information so they can continue to provide the best care if a patient can't visit their normal medical centre or if they need emergency care.

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Overview

There is always an important balance to strike between a prescriber making a patient's life easier, protecting their patient, and protecting the prescriber. And we believe that Pharmac's proposal strikes the right balance between all three sides of this equation.

As stated earlier, ProCare's is supportive of the proposals as we believe this will:

1. Make patients' lives easier

Multimorbidity is increasing in prevalence and becoming a major health concern worldwide. It is associated with a higher burden of disease, poorer health outcomes, reduced quality of life, more frequent hospital admissions, a higher number of provider visits, higher mortality and increasing healthcare costs[i].

Therefore, anything that can be done to reduce the burden of treatment for patients is to be welcomed.

One of the biggest frustrations patients express to their health professionals (particularly those with LTCs), is that they must keep visiting their doctor every month to receive the same prescription when seemingly their health condition has not changed from the previous month. This costs patients both time and money and can adds to the burden of dealing with their condition.

To be able to receive a prescription that covers three months' funded supply of medication will make a significant difference in patients' lives including, reducing the time spent managing their disease, traveling to appointments, and for some people it will reduce the number of repeat doctor's visits from 12 times per annum to four times per annum – also saving a significant amount of money.

2. Reduced burden on GPs

Survey after survey has shown New Zealand's medical workforce is burnt out. Evidence of burnout is not a new or a 'covid-only' phenomenon, it is something that has been building for many years, and more so in general practice as the number of trainee doctors choosing to be a GP has fallen year after year.
By allowing doctors to prescribe three months' Class B prescription at one time when using an electronic script, this will reduce the time spent having to either see patients or in writing repeat scripts thereby freeing up time to complete other tasks.

3. Free up appointment times for other patients who need to see their doctor

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For those stable on regular medication e.g. treatment for ADHD or on chronic pain relief, reducing the number of times they need to see their general practitioner (potentially from 12 to 4 times a year), will free up a significant number of appointments or time doing repeat prescriptions for a practice. This will release capacity for more urgent or acute care needs.

4. Patient Safety

We note that prescribers can still choose smaller quantities and dispensing periods by stating the repeat prescription period required. We acknowledge that some prescribers may come under pressure from potential drug seekers to prescribe larger quantities (or for longer periods) hence increasing the chance of drug abuse and potentially the availability of illicit drug supply.

We believe that this should be the prescriber's decision to make. However, PHARMAC should monitor the incidence of drug abuse and drug overdose so that the decision to fund longer supply and can be reviewed if adverse trends appear. Including lobbying Manatu Hauora to change the regulations back, if required.

5. Pharmacists' Concerns

We also believe that pharmacists need to be empowered to raise concerns around signs of potential drug misuse, and work closely with general practices to resolve any issues accordingly.

Conclusion

ProCare supports Pharmac in its efforts to amend the Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs.

We hope that our feedback on the submission is helpful and welcome the opportunity to comment. Should it be helpful we would be willing to meet in person to discuss our submission.
Yours sincerely,

Bindi Norwell
Chief Executive

Dr Allan Moffit
Clinical Director

[i] https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-019-0974-z

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From: s 9(2)(a) <s 9(2)(a)>
Sent: Tuesday, 20 December 2022 10:56 pm
To: Consult
Subject: Feed back Proposal Pharmaceutical Schedule Rules

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

Kia ora team

Re "Proposal to amend Pharmaceutical Schedule Rules on prescribing and dispensing of Class B controlled drugs", I would suggest that pethidine be removed from the amendment as it has no place in the long term treatment for chronic pain and should not be prescribed for months

Ngā manaakitanga
s 9(2)(a)

https://bpac.org.nz/2018/opioids.aspx
https://www.nps.org.au/australian-prescriber/articles/does-pethidine-still-have-a-place-in-therapy-1