AUSTRALIAN MEDICAL ASSOCIATION
ABN 37 008 426 793
T | 61 2 6270 5400
F | 61 2 6270 5499
E | info@ama.com.au
W | www.ama.com.au
42 Macquarie St Barton ACT 2600
PO Box 6090 Kingston ACT 2604

AMA Submission to the Therapeutic Goods Administration – Proposed amendments to the Poisons Standard

medicines.scheduling@health.gov.au

The AMA thanks the Therapeutic Goods Administration for the opportunity to comment on the *Proposed amendments to the Poisons standard* consultation. The following feedback applies to the scheduling proposals referred to the Advisory Committee on Medicines Scheduling (ACMS) in the 2019 November meetings.

Mometasone

The AMA opposes, on the terms of patient safety, the proposal to include a Schedule 3 category for topical mometasone. Mometasone is the most common cause of corticosteroid-induced rosacea (perioral dermatitis) and causes skin atrophy[1]. Pharmacists do not have the medical training or expertise to know when to appropriately recommend mometasone to a patient, and rectifying adverse reactions requires medical practitioner expertise. There are already existing, effective, over the counter, low-potency topical steroid options and expanding access to higher potency steroids is fraught with negative consequences. AMA members are concerned that the number of adverse reactions will increase with the proposed changes. This is concerning both in terms of patient safety and in health care costs. Further, there is a cost to the patient if mometasone is used inappropriately and they must pay for further treatment or medication such as antibiotics. The AMA supports the Australasian College of Dermatologists' submission on the proposed amendments to mometasone[1]. The AMA also refers to its own submission to the ACMS in January 2019 that further outlines the issues with down-scheduling mometasone[2].

Zolmitriptan & Sumatriptan

The AMA supports increased access to zolmitriptan and sumatriptan for patients experiencing migraines. However, there should be safeguards to ensure that access to this medication does not delay more urgent care. For example, symptoms similar to those of a migraine may actually be the result of a brain tumour. There needs to be increased pharmacist education around how to accurately and confidently diagnose a migraine. Further, the new Schedule entries should

[1] Australasian College of Dermatologists (2019) *Proposed amendments to the Poisons Standard – ACCS, ACMS and Joint ACCS/ACMS meetings, March 2019.*
[2] Australian Medical Association (2019) *Glyceryl trinitrate and mometasone furoate scheduling proposals*.

specify a certain number of times a patient can purchase this medication until it is recommended to consult a medical practitioner.

Caffeine

The AMA has no objections to the proposed new Schedule 4 and 6 entries for caffeine.

October 2019

Contact

Hannah Wigley
Senior Policy Adviser
[redacted]