[redacted]

The Secretary
Medicines and Poisons Scheduling
GPO Box 9848
Canberra ACT 2601
Email: medicines.scheduling@tga.gov.au

6 May 2016

Dear Sir/Madam

Subject: [redacted] feedback to consultation: Proposed amendments to the Poisons Standard, July 2016 (Medicines)

[redacted] refer to the notice published on 7 April 2016 inviting public submissions to certain proposed amendments referred by the delegate for scheduling advice for consideration by the Advisory Committee on Medicines Scheduling (ACMS) with respect to *Piper methysticum* (KAVA).

Specific comments

[redacted] supports the proposal to amend part a) of the existing Schedule 4 entry for *Piper methysticum* (KAVA) to include the following:

> iii) the amount of dried whole or peeled rhizome in the unit dose of powder does not exceed 3 g;
> and, where containing more than 25 mg of kavalactones per dose, compliant with the requirements of the Required Advisory Statements for Medicine Labels;
> and is packaged with a dose controlled measuring device (Scoop);
> and is limited to a maximum quantity of 200g of powder per package;
> or
> iv) the liquid form contains 125 mg or less of kavalactones per unit dose of liquid.
> and, where containing more than 25 mg of kavalactones per dose, compliant with the requirements of the Required Advisory Statements for Medicine Labels;
> and is packaged in a single serve packaging.

[redacted] also supports the proposed addition of the mandatory warning statement "Do not exceed recommended daily dose" to be added to all Kava finished product packaging with an appropriate transition period. A subsequent amendment will be required to the Therapeutic Goods (Permissible Ingredients) Determination No. 1 of 2016.

[redacted] thank you for the opportunity to provide this feedback for consideration.

Yours sincerely,

[redacted]

[redacted]

[redacted]

Submission:

Proposed amendments to the Poisons Standard, July 2016 (Medicines)

1. Proposed amendment:

PIPER METHYSTICUM (KAVA)	Proposal to amend part a) of the existing Schedule 4 entry to include the following: • iii) the amount of dried whole or peeled rhizome in the unit dose of powder does not exceed 3 g; and, where containing more than 25 mg of kavalactones per dose, compliant with the requirements of the Required Advisory Statements for Medicine Labels; and is packaged with a dose controlled measuring device (Scoop); and is limited to a maximum quantity of 200g of powder per package; • or • iv) the liquid form contains 125 mg or less of kavalactones per unit dose of liquid. and, where containing more than 25 mg of kavalactones per dose, compliant with the requirements of the Required Advisory Statements for Medicine Labels; and is packaged in a single serve packaging. It is also proposed that there is the addition of the mandatory warning statement "Do not exceed recommended daily dose" to be added to all Kava packaging.

Background:

Kava causes muscle relaxation, pleasant mood and social behaviour. It is used medicinally for anxiety, insomnia, urinary tract infections and pain, including arthritic pain. Current research shows promise for its use for the prevention of cancers, attention deficit-hyperactivity disorder (ADHD), epilepsy, psychosis, depression, migraines and other headaches, chronic fatigue syndrome (CFS), common cold and other respiratory tract infections, tuberculosis, muscle pain, and cancer prevention.

Kava was originally banned due to perceived dangers of hepatotoxicity and "negative health and social outcomes in some indigenous communities" - however these have been linked to solvent extracts using aerial parts of the plants rather than traditionally prepared aqueous extracts of the root. The pyridone alkaloid pipermethystine is thought to be the cause of liver toxicity, it is present in the leaves but not the root/rhizome of the plant. Bans on the use of kava in its traditional form (ie: aqueous extract of root powder) have been linked to increased use of other more harmful substances including alcohol.

The EU lifted its ban on Kava in 2014 saying it could not have substantial health concerns. In 2015 a report from the University of Hawai`i noted that "[I]n the history of Western kava use, toxicity is still considered relatively rare. Only a fraction of the handful of cases reviewed for liver toxicity could be, with any certainty, linked to kava consumption and most of those involved the coingestion of other medications/supplements. That means that the incident rate of liver toxicity due to kava is one in 60-125 million patients." (*PubMed — Contemporary Pacific and Western perspectives on `awa (Piper methysticum) toxicology. Showman AF, Baker JD, Linares C, Naeole CK, Borris R, Johnston E, Konanui J, Turner H.)*

Support for amendment:

[redacted] supports this amendment on the basis that Kava is a plant with a very long established precedent of use, well-researched toxicity, low relative potential for abuse, and very significant positive benefits, both demonstrated and potential.

- ENDS -

[redacted]

Re: Consultation: Proposed amendments to the Poisons Standard, July 2016 (Medicines) – *Piper methysticum* (Kava)

[redacted]

[redacted] welcomes the opportunity to contribute to the Consultation on the Proposed amendments to the Poisons Standard, July 2016 (Medicines) in relation to the entry for *Piper methysticum* (Kava).

[redacted]

[redacted]

Re: Consultation: Proposed amendments to the Poisons Standard, July 2016 (Medicines) – *Piper methysticum* (Kava)

[redacted] supports the additions to part a) to include provisions for other dosage forms, specifically iii) powder and iv) liquid.

With regard to the proposed addition of the mandatory warning statement "Do not exceed recommended daily dose" to be added to all Kava packaging, we would like to submit alternative wording to provide for instances when the recommended daily dose delivers less than the maximum daily dose.

[redacted] propose the following warning statement:

"A daily dose of 250mg of kavalactones should not be exceeded."

or

"Do not exceed a maximum daily dose of [insert number of doses that would provide 250mg or less of kavalactones] [insert dosage form]."

[redacted]

DATE: 6 May 2016

[redacted]

[redacted] Submission to the TGA Invitation to Comment: Proposed amendments to the Poisons Standard, July 2016 (Medicines).

Submitted by the [redacted]

[redacted]

Produced, by [redacted]

Executive Summary

[redacted] is pleased to have the opportunity to present a submission in response to the Therapeutic Goods Administration (TGA) invitation to comment on the proposed amendments to the current Poisons Standard (2016). This submission comments on *Piper methysticum* (Kava) specifically and no other substance included in the proposed amendments.

[redacted] supports aspects of the amendments in principle and identifies aspects requiring review through suggested alternatives. Notably there is the need to consider the extemporaneous dispensing context within the amendments to ensure alignment to existing regulations and to integrate the lawful business dispensing processes of complementary medicine practitioners.

Please review this submission in good faith and consider its content as supportive in principle, with suggested alternatives, of the proposed amendments.

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[redacted]

[redacted] have been at the forefront of Western herbal medicine and naturopathic medicine and have been influential in areas ranging from education and practice to ethical, regulatory and industry standards.

[redacted]

BACKGROUND TO THIS SUBMISSION

The purpose of this submission is to respond to the TGA invitation to comment on the proposed amendments referred by the delegate for scheduling advice for consideration by the Advisory Committee on Medicines Scheduling (ACMS).
The discussion, review, interpretation, rationale and recommendations within this submission refer exclusively to the proposed amendments for *Piper methysticum* (Kava) in the Poisons Standard and not to any other substance.

[redacted] recognises the purpose of the proposed amendments is to define and quantify the permissible use of *Piper methysticum* products in the marketplace and thus act to protect the public from any adverse effects due to inappropriate use. While endorsing the purpose of these amendments [redacted] has indentified consequences that will impact [redacted] ability to effectively and successfully practice in the course of their lawful business.

Therefore this submission addresses these identified consequences as its priority through:

- a discussion outlining the detail of the proposed amendments;
- review of the context of the proposed amendments;
- interpretation of the proposed amendments and rationale for recommendations arising from this;
- recommendations to address the consequences arising from the proposals as they are identified by [redacted]; and
- a conclusion summarising this submission.

These are contextualised to the remit of [redacted] which is as a representative professional association of qualified practitioners. Therefore this submission does not purport to represent individuals or sponsors/manufacturers in any way.

DISCUSSION

The TGA is proposing to amend the schedule 4 entry for *Piper methysticum* in the Poisons Standard 2016. The current and proposed wording is provided below.

Current wording (Poisons Standard 2016)

PIPER METHYSTICUM (kava) in preparations for human use **except** when included on the Australian Register of Therapeutic Goods in preparations:

for oral use when present in tablet, capsule or teabag form that is labelled with a recommended maximum daily dose of 250 mg or less of kavalactones and:

i) the tablet or capsule form contains 125 mg or less of kavalactones per tablet or capsule; or
ii) the amount of dried whole or peeled rhizome in the teabag does not exceed 3 g; and,
where containing more than 25 mg of kavalactones per dose, compliant with the requirements of the Required Advisory Statements for Medicine Labels;

Proposed amendments

As above and:

iii) the amount of dried whole or peeled rhizome in the unit dose of powder does not exceed 3 g; and,
where containing more than 25 mg of kavalactones per dose, compliant with the requirements of the Required Advisory Statements for Medicine Labels; and
is packaged with a dose controlled measuring device (Scoop); and
is limited to a maximum quantity of 200g of powder per package; or

iv) the liquid form contains 125 mg or less of kavalactones per unit dose of liquid; and,
where containing more than 25 mg of kavalactones per dose, compliant with the requirements of the Required Advisory Statements for Medicine Labels; and
is packaged in a single serve packaging.

It is also proposed that there is the addition of the mandatory warning statement "Do not exceed recommended daily dose" to be added to all Kava packaging.

REVIEW OF THE PROPOSED AMENDMENTS

The proposed amendments for consideration by the ACMS are reviewed by [redacted] in the broader context of existing legislation, practitioner conduct of lawful business and sponsor/manufacturer compliance.

The Australian Regulatory Guidelines for Complementary Medicines (ARGCM) (TGA, 2015) outlines extemporaneous dispensing guidelines for complementary medicine practitioners and associated exemptions that currently exist under TGA Regulations (Australian Government, 1990). Section 5 item 6 (pp. 166-167) specifies extemporaneous dispensing legislation and schedule 8(4) identifies naturopathic and herbal medicine practitioners (p. 188) as exempt from certain obligations related to the Therapeutic Goods Act (1989). As all involved parties understand these Regulations they need no extrapolation here.

It must be noted that dispensing packs provided by sponsors/manufacturers as 'For practitioner dispensing only' are permissible for use in the extemporaneous dispensing context (TGA, 2014). This provision encompasses the Required Advisory Statements for Medicine Labels where sponsor/manufacturer product literature disseminates guidelines. This means directions for use of product by practitioners are determined for individual patients via the expertise of the lawfully acting dispensing practitioner coupled with compliant usage guidelines.

Thus practitioners are currently in receipt of a product (in this instance *Piper methysticum*) meeting legislative requirements that is lawfully dispensed within the extemporaneous context. This web of compliance occurs within an environment of awareness of patient safety with regard to this product (Korth, 2014; Sarris et al., 2013) coupled with current and emerging provision of quantifiable product (Martin, Johnston, Xing, & Hegeman, 2014; Teschke, Sarris, & Lebot, 2011).

Thus legislation, practitioner expertise, and sponsor/manufacturer compliance cohere to provide a stable environment for the safe use of *Piper methysticum*.

INTERPRETATION OF PROPOSED AMENDMENTS AND RECOMMENDATIONS RATIONALE

As there are distinct components to the proposed amendments referred by the delegate for scheduling advice for consideration by the ACMS these are discussed separately.

1. Interpretation of proposed amendment related to sub-section iii

[redacted] interprets this aspect of the proposal as introducing a quantification of supply amount and a measurement tool.

Response to this proposed amendment and rationale for recommendations

These proposed changes are unlikely to effect practitioner capacity for extemporaneous compounding as the onus is on sponsors/manufacturers to meet these requirements and to provide dispensable product within these confines. Assuming interpretation is accurate, [redacted] supports this and has no further suggestions or recommendations to make at this time with regard to the proposed amendment. See recommendation 4(i) with regard to costings of relevance.

2. Interpretation of proposed amendment related to sub-section iv

[redacted] interprets this aspect of the proposal as introducing a quantification of kavalactones per ‘unit dose of liquid’ that is compliant with legislative requirements and ‘packaged in a single serve packaging’.

Response to this proposed amendment and rationale for recommendations

These proposed amendments have the potential to contribute to negative effects for the extemporaneous compounding capacities of practitioners due to the serving

size limitations expressed in kavalactone quantities. If sponsors/manufacturers are unable to provide dispensing packs above this limitation then the ability to provide adequate extemporaneously dispensed *Piper methysticum* preparations is severely impacted.

The addition of the mandatory warning label is also potentially problematic as it is unclear if this refers to sponsor-supplied bulk supplies or to dispensed product in the extemporaneous context.

RECOMMENDATIONS

Based on the above interpretations of the proposed amendments, [redacted] proposes the following recommendations:

1. Differentiate 'practitioner dispensing only' from 'over-the-counter' product by referencing exclusion for extemporaneous dispensing. This can be achieved by inserting wording into the introductory statement within the Poisons Standard:

   PIPER METHYSTICUM (kava) in preparations for human use **except** when included on the Australian Register of Therapeutic Goods in preparations **or when extemporaneously dispensed by specified complementary medicine practitioners**.

2. Alteration of the wording 'single serve' to differentiate 'practitioner dispensing only' from 'over-the-counter' product and to encompass the extemporaneous dispensing context. This can capture the needed circumstances by extending the phrasing in the following manner:

   iv) the liquid form contains 125 mg or less of kavalactones per unit dose of liquid. and,
   where containing more than 25 mg of kavalactones per dose, compliant with the requirements of the Required Advisory Statements for Medicine Labels; and
   is packaged in a single serve packaging **or in a form suitable for extemporaneous dispensing by specified complementary medicine practitioners**.

3. Clarify the supply chain and product sale points where mandatory warning labeling is required.
4. Control of costs incurred. The submission guidelines ask for quantification of costs arising due to the proposed amendments. While inherently difficult to quantify, [redacted] regards the following three scenarios as potentially cost-incurring for members and for the wider healthcare system:

    i. There may be inflation of dispensing costs if sponsors/manufacturers pass on increased compliance outgoings.
    ii. There may be increased adverse event costs to the healthcare system as the public move from increasingly costly complementary medicine providers to source incorrectly-prescribed product from cheaper and unsafe arenas.
    iii. If extemporaneous dispensing is not considered relevant there may be business hardship incurred due to loss of product provision and movement of clientele to alternative *Piper methysticum* sources.

Thus it is recommended these potential costs are considered when reviewing recommendations one, two and three.

CONCLUSION

This submission has provided [redacted] comment on the proposed amendments referred by the delegate for scheduling advice for consideration by the ACMS. These proposals are regarded as well intentioned but lacking recognition of the extemporaneous dispensing context for complementary medicine practitioners and requiring clarification of mandatory labeling within the supply chain and/or point of sale. Thus the included recommendations aim to address these deficiencies in a manner that upholds the intention and integrity of the proposed amendments.

REFERENCES

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TGA. (2014). *Therapeutic Goods Order No. 69 General reguirements for labels for medicines*. Canberra: Australian Government Department of Health.

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