



Australian Government
Department of Health
Therapeutic Goods Administration

Changes to codeine product access: background to the decision to change from over-the-counter to prescription only

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TGA Health Safety
Regulation

This presentation

- Evidence of codeine harm, misuse and abuse in Australia
- Codeine rescheduling process
- Implementation of the decision to up-schedule codeine-containing compounds
- Stakeholder engagement - NCCIWG

Harms associated with codeine products

Public health safety concerns with codeine

- Codeine effects depend on an individual's ability to **metabolise it to morphine**
- Cases of **respiratory depression and death due to ultra-rapid metabolism** of codeine
- Substantial evidence of **harm from the misuse / abuse of OTC codeine**

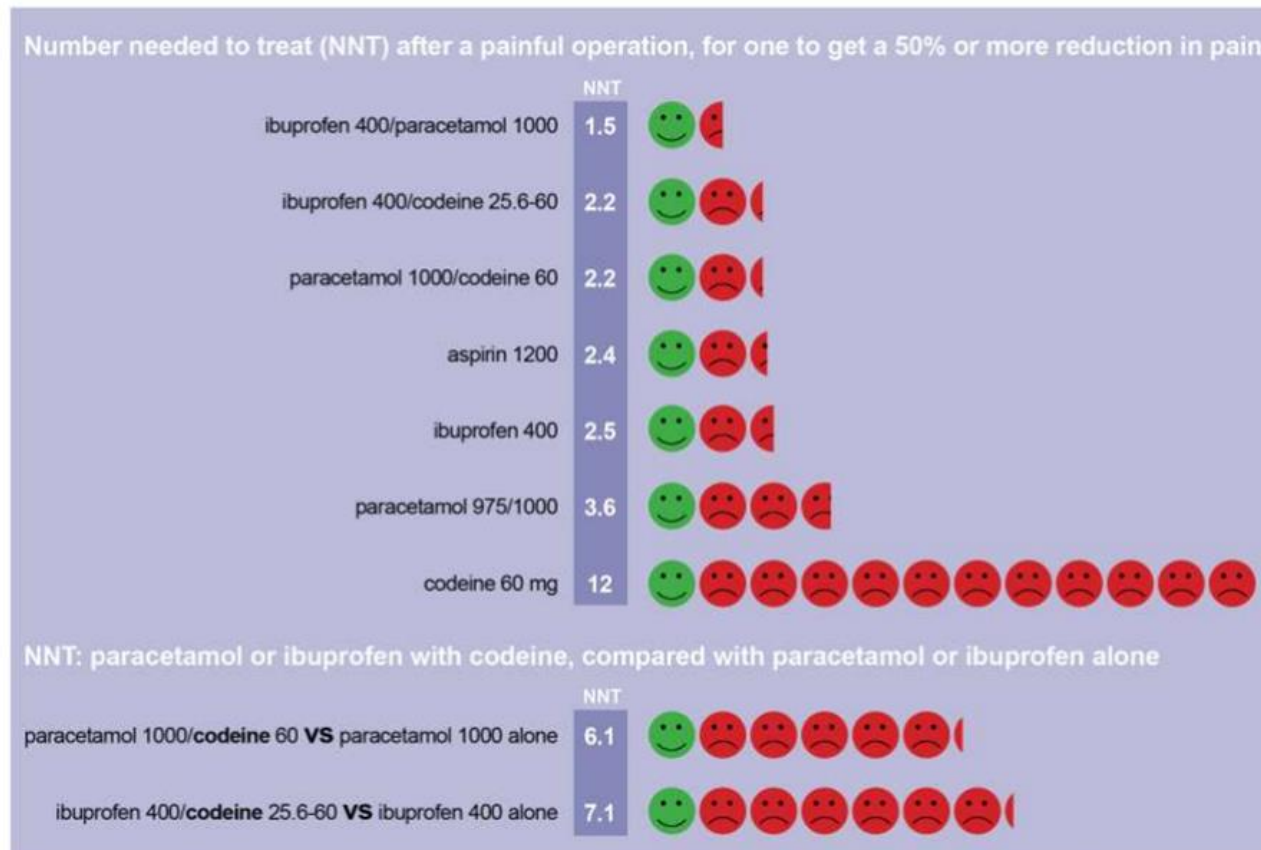
Codeine-related deaths

Roxburgh et al (*Medical Journal of Australia* 2015)

- 1437 codeine related deaths between 2000 and 2013
- Numbers more than doubled from 2000 to 2009
- Where type of codeine was reported 40 % was OTC codeine

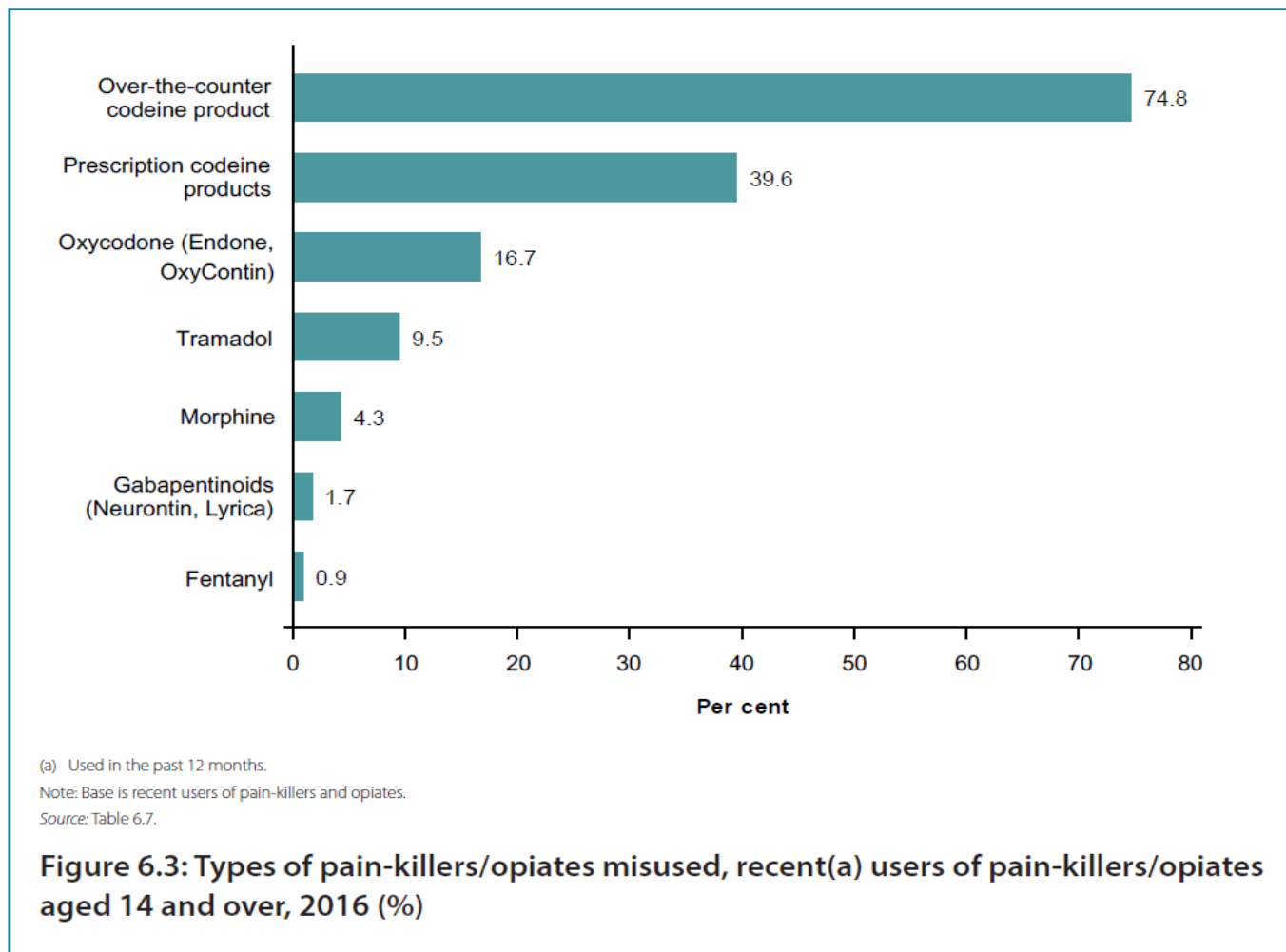
Little evidence that OTC codeine is more effective than alternatives without codeine

Summary of Cochrane systematic reviews of the medical literature



- Summarised by NPS Medicineswise www.nps.org.au/medical-info/clinical-topics/news/paracetamol-ibuprofen-combinations-for-acute-pain
- Very recent RCT evidence in post-operative pain *AK Chang et al. JAMA 318:1661 Nov 2017*
- Codeine also associated with constipation, neuro-inflammation/hyperalgesia

Evidence of misuse of codeine products



What is Scheduling ?

- A national classification system that controls how medicines and poisons are made available to the public
- Substances classified by level of **regulatory control over their availability**
- The Poisons Standard consists of decisions regarding the classification of substances into **Schedules**

Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance
Schedule 10	Substances of such danger to health as to warrant prohibition of sale, supply and use

All scheduling decisions include consideration of a set of “factors” under the Scheduling Policy Framework

Scheduling Policy Factors for Pharmacist-Only Medicines (Schedule 3)

- The medicine is **substantially safe with pharmacist intervention** to ensure the quality use of the medicine. There may be potential for harm if used inappropriately
- The **use of the medicine at established therapeutic dosages is not expected to produce dependence**
- Where there is a risk of misuse, abuse or illicit use identified, **the risk can be minimised through monitoring by a pharmacist**

Relevant SPF Factors for Prescription Only Medicines (Schedule 4)

- The **ailments or symptoms that the substance is used for** require medical, veterinary or dental intervention
- The use of the substance requires **adjunctive therapy or evaluation**
- The use of the substance at **established therapeutic dosage levels may produce dependency** but has a moderate propensity for misuse, abuse or illicit use
- The **seriousness, severity and frequency of adverse effects** are such that monitoring or intervention by a medical practitioner is required to minimise risk
- The **margin of safety between the therapeutic and toxic dose** of the substance is such that it requires medical, intervention to minimise risk
- The **use of the substance has/ is likely to contribute to communal harm**

Amendments to the Poisons Standard (rescheduling process)

- Any individual or organisation can apply to have a substance rescheduled
- The decision is made by the Secretary (not the Minister) of Health, but in practice a senior medical doctor at TGA makes the decision as a "delegate"
- The delegate examines must determine the scope of the current entry and whether other schedule(s) are more appropriate
- SPF Factors and considerations under S52e of the Therapeutic Goods Act
- The decision making process includes advice from a Ministerial Advisory Committee (ACMS) and extensive public consultation periods

“Matters to be considered in making a scheduling decision”

Defined in section 52E of the Therapeutic Goods Act 1989

1. the risks and benefits of the use of a substance
2. the purposes for which a substance is to be used and the extent of use of a substance
3. the toxicity of a substance
4. the dosage, formulation, labelling, packaging and presentation of a substance
5. the potential for abuse of a substance
6. any other matters that the Secretary considers necessary to protect public health



Therapeutic Goods Act 1989

No. 21, 1990

Compilation No. 68

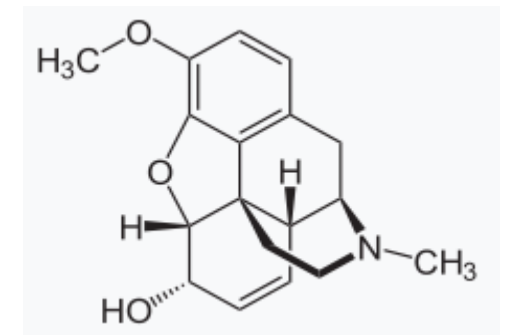
Compilation date:	1 July 2017
Includes amendments up to:	Act No. 47, 2017
Registered:	13 July 2017

Consideration of the evidence

TGA Safety Reviews (in-house & commissioned)

- **2012:** Lack of evidence to support the efficacy of OTC codeine cough and cold medicines in children under 12 years of age
- **2015:** Contra-indicated the use of codeine in children younger under 12 years of age for any reason, and in children 12-18 years post adenotonsillectomy
- **2016:** Limited evidence to support the efficacy of OTC codeine as an analgesic

*“The combination of lack of efficacy, risk of acute toxicity and dependence suggests that the use of OTC codeine is not warranted”
(O’Reilly D et al. BMJ Case Reports 2015)*

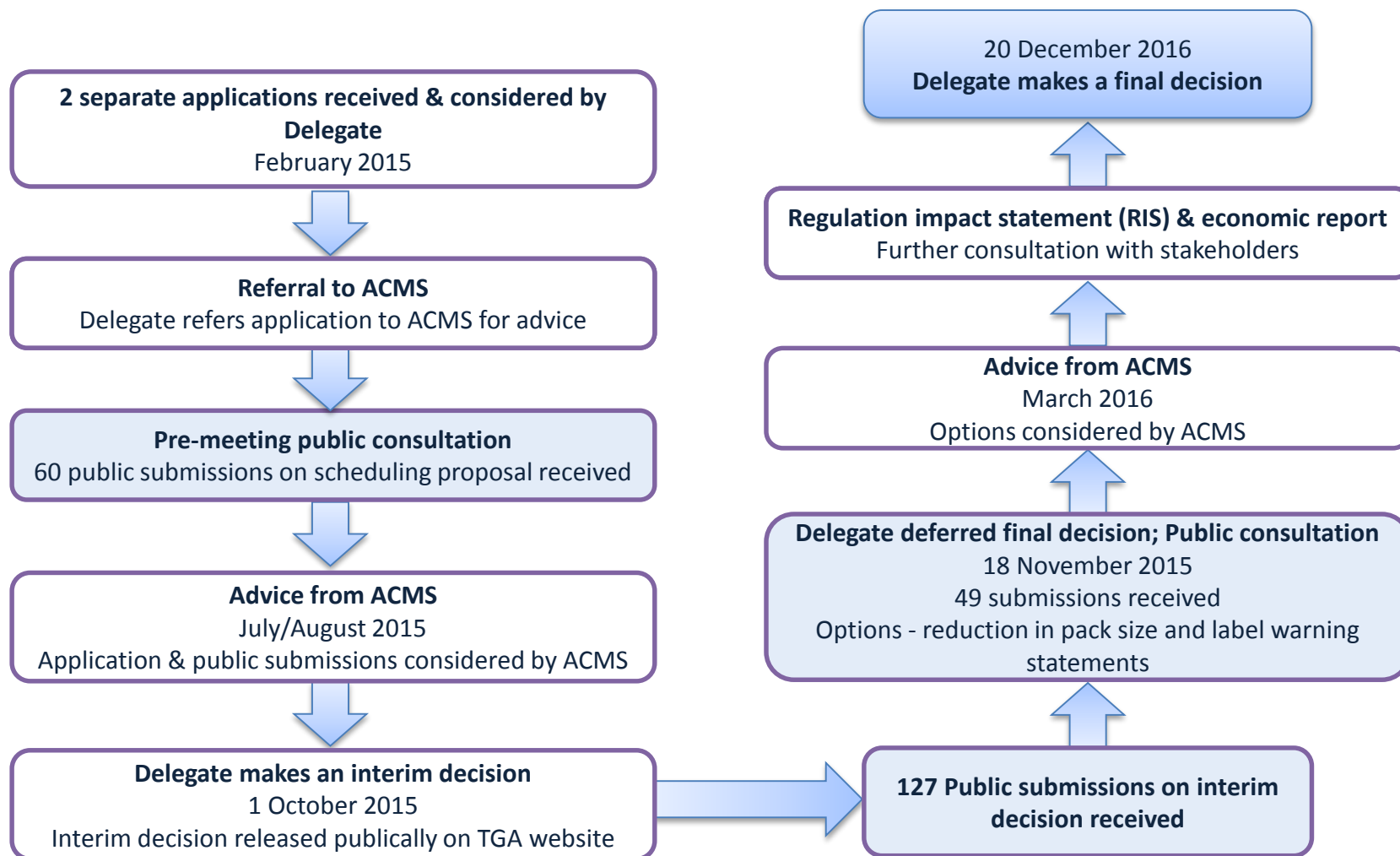


Stakeholder Engagement



- 3 public consultation periods with over 230 submissions
- Targeted consultation with:
 - Peak bodies (PGA, AMA, ASMI, PSA, RACGP, ANZCA.....)
 - Sponsors/manufacturers of low-dose codeine containing medicines
 - Broader Department of Health (MBS & PBS)
 - State and territory health departments through the ACMS in July 2015 and March 2016

Codeine rescheduling process



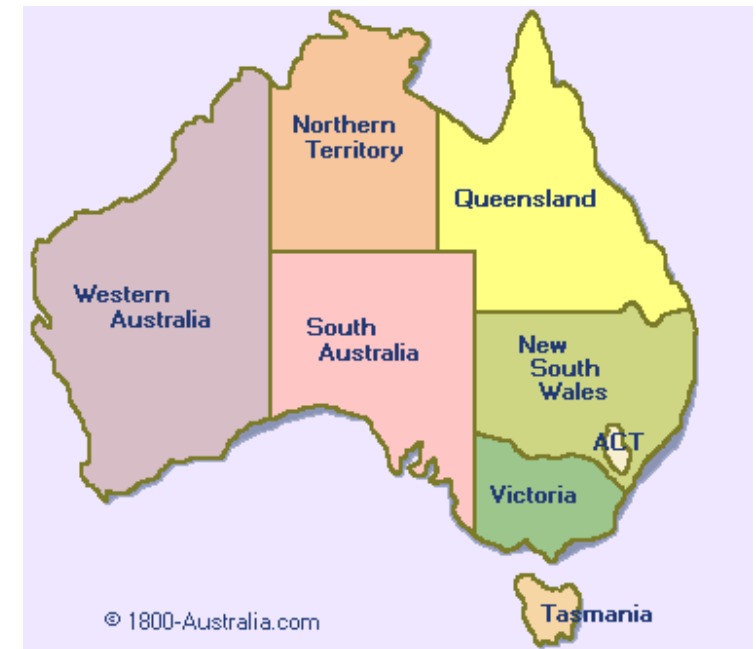
Release of the decision - 20 December 2016



- **Regulation Impact Statement (RIS) for Codeine**
 - Outlined the economic, social and regulatory impacts of changing the way codeine is made available to the public
- **KPMG economic modelling report**
 - Regulatory and economic impacts of scheduling options modelled
 - Net benefit only achievable when low-dose codeine was up-scheduled to prescription only
- **FAQs** for healthcare professionals, pharmacists and consumers
- Links to 3 **scientific reports**
- **Company sponsors** of low-dose codeine products notified
 - Some will convert products to S4, others will withdraw them

Implementation of scheduling recommendations

- **States and territories adopt by reference** scheduling recommendations in the Poisons Standard and give effect to them through their drugs and poisons legislation
- Each jurisdiction reserves the **right to implement a different scheduling decision** to that included in the Poisons Standard
- AHMAC (Heads of state and territory health departments) committed to **national uniformity**
- **So exceptions are rare** e.g. additional labelling requirements of S3 OTC medicines in QLD, separate framework for Victorian-produced medicinal cannabis



Widespread support from professional and consumer groups for up-scheduling of codeine-containing products

- AMA
- RACGP
- Rural Doctors Association of Australia
- RACP
- Faculty of Pain Medicine, ANZCA
- Chapter of Addiction Medicine
- Pain Australia
- Consumer Health Forum

Nationally Coordinated Codeine Implementation Working Group (NCCIWG)

Representation

- Consumer groups and not-for-profits (i.e. NPS MedicineWise, ScriptWise)
- States and Territories
- Health practitioners and clinical colleges/societies

Objectives

- Assist with implementation & determining appropriate, consistent key messages
- Helping to identify information gaps & disseminate information across sectors
- Assist in assessing expected impacts on chronic pain patients (including in regional and remote Australia)



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More information: www.tga.gov.au/codeine