

15 December 2022

Pharmac - Te Pātaka Whaioranga  
The Terrace  
Wellington 6143

By email to: [consult@Pharmac.govt.nz](mailto:consult@Pharmac.govt.nz)

Tēnā koe

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

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide comment on Pharmac's proposal to amend the Pharmaceutical Schedule General Rules (the Schedule Rules) on prescribing and dispensing of Class B controlled drugs to allow for funding provisions to align with legislative changes. Tu Te Akaaka Roa, the New Zealand National Committee, and the Aotearoa New Zealand Faculty of Addiction Psychiatry (NZ-FADDP) support Pharmac's proposal to align funding provisions with legislation, however, wish to express their concerns related to extended supplies of Class B controlled drugs.

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises the government and other external organisations on mental health care.

The RANZCP note that the regulatory changes to allow for extended supplies of Class B controlled drugs have been finalised, and that this proposal pertains to the funding element of these provisions in practice. Acknowledging this, the RANZCP wish to provide comment to Pharmac regarding these substantial changes to guide future funding decisions.

Aligning funding with legislative changes will improve equity of access for these patients through several potential mechanisms. Firstly, extended supplies of these medications will support access to care, and reduce barriers faced by those living rurally, with mobility issues, or in circumstances where frequent prescription renewals and collections are difficult to manage. Secondly, patients who require these medications may benefit from reduced expenses, including medical and transport costs (as repeat prescriptions may not be needed on a monthly basis, and fewer visits to the medical centre and/or pharmacy may be needed).

Although the funding of these provisions is supported, the change of practice raises serious concerns that the RANZCP wish to communicate to Pharmac. Within Aotearoa New Zealand, a significant proportion of illicit drug use originates from diverted prescription medication, highlighting the importance of tight control and oversight in this area. The upcoming legislative changes have the potential to increase the quantity of Class B controlled drugs supplied to the community by 300%. Supply frequencies are expected to leap significantly, from 30 days to 90 days (for dexamphetamine and methylphenidate) or from 10 days to 30 days (for the remaining Class B pharmaceuticals), unless the prescriber specifies a restricted dispensing frequency.

The implications of such changes are significant. With an increased supply to the community, the potential risks of diversion and harm to those with, or at risk of, addiction issues increase also.

Limited dispensing frequencies and prescription durations promote regular interactions between patients and their healthcare team (pharmacist, prescriber, and/or medical centre) and provide opportunities for informal checkpoints as part of continued and collaborative health care. Pharmac's proposal to remove the ten-day dispensing frequency threatens these regular interactions and may weaken patient-provider relationships leading to poorer outcomes and greater risk of uncontrolled and unsupported use of Class B controlled drugs.

Worthy of greater discussion is the issue that the range of medications, and their respective indications for treatment, within the Class B classification is vast and should not be considered as equivalent in terms of potentials of addiction, overdose, and other deleterious outcomes. The RANZCP suggests that the subclassifications within the Class B schedule be reviewed to reflect such variations.

We also observe that the window of time between the enactment of legislative changes on 22 December 2022 and PHARMAC's proposed changes to the General Rules (Section A) of the Pharmaceutical Schedule from 1 February 2023 presents challenges. During this gap, legislation and funding will not align, presenting a risk of inconsistent practice. We suggest, and assume planning is underway to ensure, that Pharmac provides clear and comprehensive communication regarding the approach to the prescribing and dispensing of these medicines during the period of 22 December 2022 to 1 February 2023. Stakeholders requiring this information includes prescribers, pharmacists, patients, carers, and allied support workers.

Overall, the RANZCP endorse the decision to fund these provisions, to support accessibility of appropriate medication and reduce financial barriers to care. The RANZCP does not support the removal of ten-day dispensing frequencies, unless circumstances require such as rural location or mobility issues, as this provision facilitates the safe and appropriate use of controlled medication and may reduce the risk of diversion and community harm.

We appreciate the opportunity to contribute to this consultation. If you have any queries regarding our response, please contact the RANZCP's National Manager, New Zealand, Jane Renwick. She can be contacted at [jane.renwick@ranzcp.org](mailto:jane.renwick@ranzcp.org) or via phone at (04) 4830 718.

Nāku iti noa, nā



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**Chair, Tu Te Akaaka Roa – New Zealand National Committee**