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AMA WELCOMES TGA ORAL CONTRACEPTIVES OVER-THE-COUNTER INTERIM DECISION

The AMA has welcomed the [TGA's interim decision](#) rejecting over the counter access to oral contraception.

The AMA said the interim decision preserves safe access to these medicines and ensures people can come to informed decisions about the best contraception for their needs, as part of a holistic approach to care.

In the interim report the TGA said the complexity of prescribing and risk factors necessitated regular medical reviews with a GP even after initial consultation.

The TGA said a GP is qualified to find the most appropriate form of contraception for a patient, which may not even be an oral contraceptive pill.

The TGA has been considering two applications to downschedule oral contraceptive pills from Schedule 4 (prescription only) to Schedule 3 (pharmacy only).

If approved the applications would mean women can access contraceptive pills over the counter at pharmacies without a prescription, if they meet certain conditions such as having had the contraceptive pill previously prescribed by a GP.

AMA President Dr Omar Khorshid said if accepted by the TGA it would mean the compromise of patient safety and quality of care.

“This interim decision gives us confidence women’s health is being taken seriously with the continuation of appropriate medical settings for consultations and prescribing,” he said.

“Retail pharmacies are not appropriate private clinical settings for anyone to monitor and manage their contraceptive health, or to discuss details of sexual health and medical history.

“Pharmacists, while experts in medicines, are not qualified to make clinical assessments.

“Taking the oral contraceptive pill is not without risks, and people need to talk to their GP about which contraceptive option is right for them. It can take a long time to determine which contraceptive pill is appropriate, and this is best done under the advice of a doctor.

“Research shows contraceptive pill consultations are often about much more than getting a script. GPs often pick up health issues and conduct preventative health checks. Annual visits to the GP are also important to review contraception options.

“Medical and personal circumstances of the patient, including mental health are discussed. Other medical conditions, such as endometriosis might go unresolved without these important consultations,” Dr Khorshid said.

“The federal government must ensure it invests in evidence-based GP-led primary health care instead of ill-considered substitution strategies which gives people poorer quality care,” he said.

Dr Khorshid said the AMA’s concerns [outlined in its submission](#) to the TGA, had also been reflected by the TGA’s Advisory Committee on Medicines Scheduling and the Delegate of the Secretary.

He said there were already mechanisms in place if a person needed an urgent prescription or emergency contraception, such as telehealth, ePrescribing, and emergency pharmacy supply.

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