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## **New Schedule 3 medicines advertised to the public**

### **AMA submission to the TGA on substances to be added to Appendix H of the Poisons Standard**

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The AMA continues to oppose the wholesale expansion of the list of Schedule 3 medicines that can be advertised direct to the public. We have already argued in previous submissions that there is little benefit in relaxing the regulation of Schedule 3 medicines (pharmacist only) advertising.

Direct to consumer advertising of medicines may increase use, but not necessarily effective or rational use in line with quality use of medicines principles. While advertising may potentially increase awareness of certain health conditions and medicines, its primary purpose is to increase demand and sales for the advertiser's product. Advertising to the public is about profits not improving patient care.

The AMA provides the following comments on the additional Schedule 3 medicines the TGA proposes could be added to Appendix H of the Poisons Standard, in this context. These comments are not an indication that the AMA approves of the other S3 medicines proposed to be advertised, but rather examples that further sustain this opposition.

#### **Adrenaline**

It is difficult to understand how advertising direct to the public will lead to better informed, or more appropriate, use of adrenaline. People at risk of anaphylaxis are medically diagnosed, with attended immunologic/allergic issues assessed, and prescribed adrenaline under the PBS.

People seeking to purchase adrenaline for potential emergency use on others, from a pharmacy at full cost, should only do so after accredited training on when and how to use it. Advertising direct to the public will prompt purchase of adrenaline independent of this training. Adrenaline can have significant side effects and can easily be used inappropriately.

### **Chloramphenicol**

Australia has made a commitment as part of the National Medicines Policy to reduce the inappropriate use of antibiotics. Only health practitioners should be providing advice and/or suggesting the use of antibiotics. A patient is not able to identify the difference between viral or allergic conjunctivitis with bacterial conjunctivitis.

Advertising chloramphenicol direct to the public will only increase inappropriate demand from patients seeking a quick fix. Given the risks of contributing to antimicrobial resistance, it should not be added to Appendix H.

### **Glyceryl trinitrate**

Glyceryl trinitrate should only be used by people who have been diagnosed with angina by their medical practitioner. It can have serious side effects, there are numerous contraindications, and it should only be used under medical management.

Again, the AMA cannot see any public benefit in advertising this medicine direct to the public but only potential risks to patient safety with inappropriate use independent of medical advice. Advertising GTN sprays direct to the public risks diverting patients from proper medical investigation.

### **Glucagon**

Glucagon should only be used to treat diabetes in people who have been recommended glucagon by a medical practitioner as part of their diabetes management plan. As these people are already under the care of their medical practitioner, there appears to be no public health benefit in advertising glucagon direct to the public. Rather, there is significant potential harm when glucagon is used incorrectly and it should only be used in very specific circumstances.

## **JULY 2018**

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