



shpa's response to the TGA Interim decisions to amend (or not amend) the current Poisons Standard (oral contraceptive substances) – via online survey

Your response - Part A

1. Do you support the interim decision made in relation to the below substances?

Item 1.1 – Ethinylestradiol

Fully support

Item 1.2 - Levonorgestrel

Fully support

Item 1.3 - Norethisterone

Fully support

Item 1.4 - Cyproterone

Fully support

Item 1.5 - Desogestrel

Fully support

Item 1.6 - Dienogest

Fully support

Item 1.7 - Drospirenone

Fully support

Item 1.8 - Estradiol

Fully support

Item 1.9 - Gestodene

Fully support

Item 1.10 - Mestranol

Fully support

Item 1.11 - Nomegestrol

Fully support



Your response - Part B

1. If you wish, you may provide a supporting statement to justify your response.

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medications, which is the core business of pharmacists, especially in hospitals.

After consultation with its members in the Women's and Newborn Health Leadership Committee, SHPA supports the interim decision in-principle. As outlined in the consultation document, SHPA acknowledges that there are existing continued dispensing rules in place for the listed oral contraceptive medications that support timely access to contraception. As there are not deemed to be significant changes to the access of oral contraceptive medications by down-scheduling from schedule 4 to schedule 3, SHPA believes that the re-scheduling of the oral contraceptives listed is not of any further benefit to consumers at present.

SHPA also agrees with the risk assessment conducted by the TGA, which points to the well-established evidence of increased risks and adverse events from the use of oral contraceptives that at this point, are most suitably managed by medical practitioners with appropriate expertise and facilities for review and private consultation. These include increased risk of thromboembolism, increased cardiovascular risks including stroke and increased risk of cervical cancer.

However, SHPA believes that providing education to consumers about contraceptive medication, as well as their sexual and reproductive health, is a responsibility shared across all healthcare professionals and should therefore not be limited to consultation with prescribers alone.

Pharmacists are well placed to provide education, counselling and discuss contraceptive options and associated risks with consumers both in the community and hospital settings. In line with the priorities outlined in the Federal Government's National Women's Health Strategy 2020-2030¹, SHPA believes that pharmacists can work collaboratively with prescribers in improving sexual and reproductive health outcomes and increasing the appropriate uptake of contraceptive medications for women.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.

References

¹ National Women's Health Strategy 2020-2030 (2018). Department of Health. Australian Government.

