

Pharmacy Council submission on the Reclassification of Allopurinol

66th meeting on 11 May 2021

Council View

The Pharmacy Council (Council) believes that pharmacists possess the base competencies to supply allopurinol as per the proposal in the application. However, we recommend that pharmacists be required to complete a formal training programme that focuses on patient assessment and point of care testing, supply guidelines, and patient advice.

Background

Council is a Responsible Authority established by the Health Practitioners Competence Assurance Act (HPCA Act) 2003. Our purpose is to protect the public by making sure pharmacists are competent and fit to practise. This submission is therefore framed within the basis of this mandate.

The Council view is based on its responsibilities under the HPCA Act and the joint Medicine Reclassification framework developed by the Pharmaceutical Society of New Zealand (Society) and Council. This framework is recognised and utilised by the Medicines Classification Committee (MCC). The framework provides a structured approach to determine whether pharmacists have the base competencies to safely and effectively supply a particular medicine without prescription. If it is determined that pharmacists do possess base competencies, the framework will help determine whether a formal training programme, self-directed up-skilling, or no up-skilling is required. The framework and this submission are not intended to provide specific details of a potential training programme or practical implementation of the proposal.

Allopurinol Application to MCC

The application proposes to make allopurinol more accessible to help overcome the low rate of long-term gout management. Trained pharmacists would be able to supply allopurinol to patients that meet specific criteria for non-prescription supply. This would include previous prescribed supply of the medicine and facilitate continuation of supply with or without dose modification to allow gout management that aligns with HealthPathway guidelines.

Pharmacists are already familiar with the use of allopurinol as a prescribed medicine. This includes knowledge of contraindications and precautions, dosing regimens, potential drugdrug and drug-condition interactions, and common adverse effects.

The Society and Council independently worked through the Medicine Reclassification Framework and compared their assessments. Overall, the assessments were very similar and came to a general conclusion that pharmacists have the base competencies to supply allopurinol as per the application. These competencies would facilitate:

- undertaking a preliminary clinical screening and adherence assessment of patients;
- undertaking point of care testing and interpretation of results;
- titration of dose or referral to another healthcare provider;
- supply of medicine;
- provision of appropriate advice, counselling, and follow-up; and
- continuity of care via communication with other healthcare providers.

However, Council also considers that additional formal training is required. This would likely include:

- overview of the pathophysiology of gout,
- familiarisation with guidelines and tools to determine eligibility for non-prescription supply of allopurinol,
- use of point of care apparatus to measure serum urate and interpret results,
- familiarisation with guidelines and tools to determine dose titration or referral to another health practitioner,
- overview of counselling points specific to allopurinol use,
- overview of non-pharmacological interventions and/or potential lifestyle advice,
- familiarisation with requirements to maintain continuity of care.

We are aware of the Community Pharmacy Gout Management Service (CPGMS) but note that currently most pharmacists will not have access to the required guidelines and apparatus. However, with access to required training and resources we believe that pharmacists will be able to safely and effectively supply allopurinol as a prescription medicine with exceptions as detailed in the application.

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