



# Changes to combination medicines containing codeine – what pharmacists need to know

## Changes in scheduling of combination medicines containing codeine

From 1 February 2018, combination medicines containing codeine which were previously available as S2 or S3 medicines will be upscheduled to S4 (Prescription Only Medicine).

## Why has this change occurred?

In December 2016, the Therapeutic Goods Administration (TGA) announced that combination medicines containing codeine would be upscheduled to Schedule 4 (Prescription Only Medicine) from 1 February 2018.

This decision was taken to address what the TGA saw as a widespread health problem due to inappropriate codeine use causing dependence.

## Which medicines will be affected?

- Paracetamol 500mg + codeine ≤15mg (eg Panadeine®, Panadeine Extra®, Mersyndol DayStrength® etc)
- Ibuprofen 200mg + codeine ≤15mg (eg Nurofen Plus®, Panafen Plus® etc)
- Paracetamol 500mg + codeine ≤15mg + Doxylamine ≤5.1mg (eg Mersyndol®, Dolased®, etc)
- Aspirin ≤500mg + codeine ≤15mg (Aspalgin®, Dispirin Forte®, Codis®, etc)
- Cough and Cold medicines (eg Codral Original Cold & Flu®, Demazin Day & Night Cold & Flu® etc)

## What are the Pharmacy Guild and PSA doing?

The Pharmacy Guild and the Pharmaceutical Society of Australia (PSA) are developing training modules to assist you and your staff with changes to scheduling. There are five training modules available for pharmacists and pharmacy staff on the Guild and PSA learning portals.

The Guild and PSA will continue to work closely with the Federal Government to continue long-standing advocacy and support for a real-time recording system for all opioids. Such a system is key to minimising harm from misuse of these medicines and effective management of pain for all Australians into the future.

## Where can I get more information on the changes?

The TGA has a codeine information hub which is publicly available for you to access at: <https://www.tga.gov.au/codeine-info-hub>

**Please also refer to the PSA and Guild learning portals respectively.**

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