Australian Government
Department of Health
Therapeutic Goods Administration

Consultation: Proposed amendments to the Poisons Standard – ACCS, ACMS and joint ACCS/ACMS meetings, March 2022

20 December 2021

TGA Health Safety Regulation

Confidentiality
All submissions received will be placed on the TGA's Internet site, unless marked confidential. Any confidential material contained within your submission should be provided under a separate cover and clearly marked "IN CONFIDENCE". Reasons for a claim to confidentiality must be included in the space provided on the TGA submission form. For submission made by individuals, all personal details, other than your name, will be removed from your submission before it is published on the TGA's Internet site. In addition, a list of parties making submissions will be published. If you do not wish to be identified with your submission you must specifically request this in the space provided on the submission form.

Contents

1 About this consultation

Subdivision 3D.2 of the *Therapeutic Goods Regulations 1990* (the Regulations) sets out the procedure to be followed where the Secretary receives an application under section 52EAA of the *Therapeutic Goods Act 1989* (the Act) to amend the current Poisons Standard or decides to amend the Poisons Standard on his or her own initiative and decides to refer the proposed amendment to an expert advisory committee. These include, under regulation 42ZCZK, that the Secretary publish (in a manner the Secretary considers appropriate) the proposed amendment to be referred to an expert advisory committee, the committee to which the proposed amendment will be referred, and the date of the committee meeting. The Secretary must also invite public submissions to be made to the expert advisory committee by a date mentioned in the notice as the closing date, allowing at least 20 business days after publication of the notice.

In accordance with regulation 42ZCZK of the Regulations, the Secretary invites public submissions on scheduling proposals referred to the March 2022 meeting of the Advisory Committee on Medicines Scheduling (ACMS #37), Advisory Committee on Chemicals Scheduling (ACCS #33) and Joint Advisory Committee on Medicines and Chemicals Scheduling (Joint ACMS-ACCS #30). Submissions must be received by close of business **31 January 2022**.

Submissions should be provided through our consultation hub. Any submission about any of the proposals to amend the Poisons Standard will be considered at the next meeting of the Advisory Committee on Medicines Scheduling (ACMS), meeting of the Advisory Committee on Chemicals Scheduling (ACCS), or a joint meeting of these two committees.

This consultation closes on 31 January 2022.

We aim to provide documents in an accessible format. If you're having problems using this document, please contact medicines.scheduling@health.gov.au.

- According to the New Zealand Medicines and Medical Devices Safety Authority (Medsafe),[61] meloxicam is available as a prescription-only medicine in New Zealand.

3.4 Lidocaine

Proposal

The applicant has proposed that the existing Schedule 5 entry for lidocaine be amended to exclude injectable formulations for veterinary use in certain husbandry procedures. The proposal effectively seeks to reverse the scheduling decision on lidocaine published in September 2021.

CAS Number:

137-58-6

Alternative names

2-(Diethylamino)-*N*-(2,6-dimethylphenyl)acetamide, 2-diethylamino-2′,6′-acetoxylidide; ω-diethylamino-2,6-dimethylacetanilide; lignocaine

Applicant

Private applicant

Current scheduling

Lidocaine is currently listed in Schedules 2, 4 and 5 of the Poisons Standard as follows:

Schedule 4

LIDOCAINE **except**:

a) when included in Schedules 2 or 5;

b) in dermal preparations containing 2 per cent or less of total local anaesthetic substances per dosage unit; or

c) in lozenges containing 30 mg or less of total anaesthetic substances per dosage unit.

Schedule 2

LIDOCAINE in preparations for topical use other than eye drops:

a) containing 10 per cent or less of total local anaesthetic substances, except:

   i) in dermal preparations containing 2 per cent or less of total local anaesthetic substances; or

   ii) in aqueous sprays for oromucosal use containing 0.6 per cent or less of total local anaesthetic substances; or

[61] New Zealand Medicines and Medical Devices Safety Authority (Medsafe): https://www.medsafe.govt.nz/profs/class/classintro.asp

b) in divided preparations containing 200 mg or less of total local anaesthetic substances, except in lozenges containing 30 mg or less of total local anaesthetic substances per dosage unit.

Schedule 5

LIDOCAINE:

a) in aqueous gel preparations containing 4.5 per cent or less of lidocaine, for the dermal spray-on administration to the wounds of animals; or

b) in injectable preparations containing 2 per cent or less of lidocaine when packaged in a container with a tamper resistant cartridge which can only be dispensed through a rubber ring applicator for tail docking and castration of lambs; or castration of calves.

Proposed scheduling

Schedule 4

LIDOCAINE **except**:

a) when included in Schedules 2 or 5;

b) in dermal preparations containing 2 per cent or less of total local anaesthetic substances per dosage unit; or

c) in lozenges containing 30 mg or less of total anaesthetic substances per dosage unit.

Schedule 2

LIDOCAINE in preparations for topical use other than eye drops:

a) containing 10 per cent or less of total local anaesthetic substances, except:

   i) in dermal preparations containing 2 per cent or less of total local anaesthetic substances; or

   ii) in aqueous sprays for oromucosal use containing 0.6 per cent or less of total local anaesthetic substances; or

b) in divided preparations containing 200 mg or less of total local anaesthetic substances, except in lozenges containing 30 mg or less of total local anaesthetic substances per dosage unit.

Schedule 5 – Amend Entry

Current approved (Oct 21) S5 Schedule (Over the counter sale) that is trying to be overturned by being deleted. We wish to OPPOSE this change

LIDOCAINE

a) in aqueous gel preparations containing 4.5 per cent or less of lidocaine, for the dermal spray-on administration to post-surgical wounds associated with 'mulesing' of sheep; tail docking and castration of lambs; or castration and disbudding/dehorning in calves~~; or~~

b) ~~in injectable preparations containing 2 percent or less of lidocaine when packaged in a bottle with a tamper proof cartridge for use in conjunction with a rubber ring applicator for tail docking and castration of lambs; or castration of calves.~~

Key uses / expected use

Veterinary (local anaesthetic)

Background

Lidocaine, also known as lignocaine, is a local anaesthetic of the amino amide type. It has a rapid onset of action and is commonly used as a nerve block during routine surgeries, particularly for dental or topical operations, or for relief from localised pain. This application seeks to remove the Schedule 5 entry for injectable preparations of lidocaine for use in sheep husbandry procedures, which was introduced into the Poisons Standard in October 2021.

Application summary - reasons for proposal

The reasons from the applicant are as follows:

- The application expresses concern regarding the "tamper-resistant" condition placed on packaging of Schedule 5 preparations of lidocaine, as this can be circumvented by dispensing of the solution into a vessel to be used for purposes other than those specified in the Schedule 5 entry. The applicant claims that these risks are manageable under a Schedule 4 listing.
- Misuse of lidocaine poses public health risks, including as an unregulated anaesthetic by illegal "body modifiers", in the dilution ("cutting") of cocaine by illicit drug manufacturers, and as a suicide agent[62].
- There is also concern regarding animal welfare, with the prospect of lidocaine being used as a masking agent in performance animals or to perform painful acts of veterinary science, with poor animal welfare outcomes.
- Access to lidocaine for use by farmers on livestock is not impeded by the involvement of veterinarians, and veterinary oversight of the quantities and use of the substance is important to mitigate the risks of misuse or diversion.

Australian regulations

- According to the TGA Ingredient Database[63], lidocaine is:
  - Available for use as an active ingredient in biologicals, export only, over the counter and prescription medicines, as anhydrous, hydrochloride and hydrochloride monohydrate;
  - Available for use as an excipient in biologicals, devices and prescription medicines, as anyhydrous, hydrochloride and hydrochloride monohydrate;
  - Available as an equivalent ingredient as anhydrous or hydrochloride.
- As of December 2021, there were 193 medicines currently active on the Australian Register of Therapeutic Goods (ARTG)[64] that contain lidocaine as an active ingredient. These include 53 prescription and 84 non-prescription medicines, 35 devices, and 21 products for export only. Formulations include injections in 0.5%, 1% and 2% strengths (with and without

[62] Suicide due to oral ingestion of lidocaine: a case report and review of the literature pubmed.ncbi.nlm.nih.gov/16787726/
[63] TGA Ingredient Database https://www.ebs.tga.gov.au/
[64] ARTG database https://www.tga.gov.au/artg

adrenaline), gels in 2%, 2.5% and 5% strengths, ointments in 5% and 10% strengths, creams in 4% and 5% strengths, lotions, oral liquids, jellies, paints, sprays/aerosols, pellets, dermal patches, eye drops and lozenges.

- Lidocaine is not permitted to be included in listed medicines as it is not included in the Therapeutic Goods (Permissible Ingredients) Determination[65] No.3 of 2021.
- The TGA prescribing medicines in pregnancy database[66] classifies lidocaine as:

Drug name	Category	Classification Level 1	Classification Level 2	Classification Level 3
Lidocaine	A	Cardiovascular System	Antiarrhythmics	
Lidocaine	A	Drugs Used in Anaesthesia	Local anaesthetics	
Lignocaine (lidocaine)	A	Cardiovascular System	Antiarrhythmics	
Lignocaine (lidocaine)	A	Drugs Used in Anaesthesia	Local anaesthetics	
Category A – Drugs which have been taken by a large number of pregnant women and women of childbearing age without any proven increase in the frequency of malformations or other direct or indirect harmful effects on the foetus having been observed.				

- The Therapeutic Goods (Medicines Advisory Statements) Specification 2019[67] requires the following warning statements pertaining to lidocaine to be included on the labelling:

Substance	Conditions	Required Statement(s)
Lidocaine (lignocaine) (*Entry 1 of 3*)	In dermal preparations containing MORE THAN 2 per cent of total local anaesthetic substances	Do not apply to large areas of the body, except on the advice of a healthcare practitioner. If skin irritation occurs, discontinue use and seek advice from your doctor or pharmacist.
Lidocaine (lignocaine) (*Entry 2 of 3*)	In dermal preparations containing 2 per cent OR LESS of total local anaesthetic substances	If skin irritation occurs, discontinue use and seek advice from your doctor or pharmacist.

[65] Therapeutic Goods (Permissible Ingredients) Determination https://www.legislation.gov.au/Search/Therapeutic%20Goods%20LBPermissible%20IngredientsRB%20Determination
[66] TGA prescribing medicines in pregnancy database https://www.tga.gov.au/prescribing-medicines-pregnancy-database
[67] Therapeutic Goods (Medicines Advisory Statements) Specification 2019 https://www.legislation.gov.au/Details/F2019L00213

Lidocaine (lignocaine) (*Entry 3 of 3*)	In lozenges	Do not take hot food or drink if the mouth feels numb after taking this product as it may burn the mouth. Do not give to children under 6 years of age, unless recommended by a doctor, pharmacist or dentist.

- Since November 2011, there have been 248 reports of adverse events for products containing lidocaine as an active ingredient on the Database of Adverse Event Notifications (DAEN),[68] with 131 reports where lidocaine was the single suspected medicine. 78 reports (31%) were due to skin and subcutaneous tissue disorders such as rash, urticaria, pruritus and angioedema.
- As of December 2021, there were 15 products containing lidocaine (as lignocaine) listed on the Public Chemical Registration Information System Search (PubCRIS)[69] in a variety of formulations, including injections, topical solutions, creams, ear drops and sprays.
- In 2015 – 2020, the following adverse experiences were recorded for lignocaine in the APVMA Adverse Experience Reporting Program database (AERP):[70]
  - Four reports of serious incidents classified as related to animal health;
  - Two reports of serious incidents classified as related to human health; and
  - One report of a serious incident classified as related to efficacy.

International regulations

- According to the United States Food and Drug Administration Approved Drug Products Database[71], lidocaine is approved for use as a prescription medicine in the United States.
- Lidocaine is approved as an over the counter and prescription medicine in Canada according to the Canadian (Health Canada) Drug Product Database[72].
- The Health Products Regulatory Authority of Ireland[73] lists lidocaine as a prescription only medicine in most formulations, although some preparations (e.g. creams of less than 5% lidocaine) are available over the counter.

[68] Database of Adverse Event Notifications (DAEN) https://apps.tga.gov.au/Prod/daen/daen-entry.aspx
[69] Public Chemical Registration Information System Search (PubCRIS) https://portal.apvma.gov.au/pubcris
[70] APVMA Adverse Experience Reporting Program database (AERP) https://apvma.gov.au/node/10946
[71] Food and Drug Administration Approved Drugs Database: https://www.accessdata.fda.gov/scripts/cder/daf/
[72] Health Canada Drug Product Database: https://health-products.canada.ca/dpd-bdpp/index-eng.jsp
[73] Health Products Regulatory Authority https://www.hpra.ie/homepage/medicines/medicines-information/find-a-medicine/results?page=1&field=ACTIVESUBSTANCES&query=Lidocaine

- According to the New Zealand Medicines and Medical Devices Safety Authority (MedSafe)[74], lidocaine (as lignocaine) is regulated as follows:

Ingredient	Conditions	Classification
Lignocaine	• for injection **except** when used as a local anaesthetic in practice by a nurse whose scope of practice permits the performance of general nursing functions or by a podiatrist registered with the Podiatry Board or by a dental therapist or oral health therapist registered with the Dental Council; • for ophthalmic use **except** when used in practice by an optometrist registered with the Optometrists and Dispensing Opticians Board; for oral use **except** in throat lozenges in medicines containing 30 milligrams or less per dose form; for external use in medicines containing more than 10%; • **except** in throat sprays in medicines containing 2% or less; • **except** when specified elsewhere in this schedule	Prescription
Lignocaine	• for urethral use; • for external use in medicines containing 10% or less and more than 2%	Pharmacy Only
Lignocaine	• in throat lozenges in medicines containing 30 milligrams or less per dose form; • for external use in medicines containing 2% or less; • in throat sprays in medicines containing 2% or less	General Sale

[74] Medsafe Medicine Classification Database: https://health-products.canada.ca/dpd-bdpp/index-eng.jsp

- The absence of developmental effects in humans at therapeutic doses even though haem synthesis is inhibited in vitro in human K562 cells, CD36+ cells and hiPSCs.
- Experimental evidence that humans are less sensitive to PPO inhibition than rats.
- Clinical findings that PPO deficient patients with Variegate Porphyria (VP) show no signs of anaemia. There are no reports of cardiac malformation in VP patients or their babies.

Key uses / expected use

Agriculture

Australian and international regulations

Refer to 2.1 Flumioxazin (private application).

5 How to respond

Submissions must be provided by the closing date of **31 January 2022** through our consultation hub. Any submission about any of the proposals to amend the Poisons Standard will be considered at the next meeting of the Advisory Committee on Medicines Scheduling (ACMS), meeting of the Advisory Committee on Chemicals Scheduling (ACCS), or a joint meeting of these two committees.

6 What will happen

All public submissions will be published on the TGA website at Public submissions on scheduling matters, unless marked confidential or indicated otherwise in the submission coversheet (see Privacy information).

Following consideration of public submissions received before the closing date and advice from the expert advisory committee/s, decisions on the proposed amendments will be published as interim decisions on the TGA website: Scheduling delegate's interim decisions & invitations for further comment in **June 2022**.