Australian Government
Department of Health and Aged Care
Therapeutic Goods Administration

Consultation: Proposed amendments to the Poisons Standard – ACMS #47 and Joint ACMS-ACCS #40 meetings, June 2025

17 April 2025

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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 **June 2025** meetings of the Advisory Committee on Medicines Scheduling (ACMS), Advisory Committee on Chemicals Scheduling (ACCS) and Advisory Committee on Medicines and Chemicals Scheduling in joint session (Joint ACMS-ACCS). Submissions must be received by close of business **21 May 2025.**

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 21 May 2025.

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

1. Proposed amendment referred for scheduling advice to ACMS meeting #47

1.1 Psilocybine (psilocybin)

Proposal

The applicant has proposed to amend the Controlled drugs (Schedule 8) entry of psilocybine (also referred as psilocybin) to include a new indication for existential distress towards end of life. Currently psilocybine can only be prescribed for treatment-resistant depression. The proposed changes would enable access for patients facing a terminal illness accompanied by severe existential or psychosocial suffering.

CAS number

520-52-5

Alternative names

[3-(2-dimethylaminoethyl)-1H-indol-4-yl] dihydrogen phosphate; psilocybin

Applicant

Private applicant

Current scheduling

Psilocybine is currently included in Schedule 9 and Schedule 8 of the Poisons Standard as follows:

Schedule 9

PSILOCYBINE except when included in Schedule 8.

Schedule 8

PSILOCYBINE in preparations for human therapeutic use for the treatment of treatment resistant depression.

Index

PSILOCYBINE

Cross reference: PSILOCYBIN, CAS No. 520-52-5

Schedule 9

Schedule 8

Psilocybine is also included in Appendix D, clause 5 (poisons for which possession without authority is illegal) and clause 9 which imposes additional restrictions on the circumstances in which psilocybine can be prescribed and which specific medical practitioners can prescribe psilocybine.

Proposed scheduling

The applicant's proposed amendments to the Poisons Standard are:[1]

Schedule 8 – Amend entry

PSILOCYBINE in preparations for human therapeutic use for the treatment of:

a) treatment resistant depression

b) existential distress towards the end of life only when

i) used as part of psychotherapy in medically controlled environments; and

ii) the patient's diagnosis and the proposed treatment plan is confirmed by at least one independent reviewing specialist doctor.

Appendix D

Clause 5 (Poisons for which possession without authority is illegal)

PSILOCYBINE

Clause 9 – Amend clause

PSILOCYBINE in preparations for human use may be supplied only for:

(i) the treatment of treatment-resistant depression:

(a) if psilocybine is prescribed, or its supply is authorised, by a medical practitioner:

(i) registered under State or Territory legislation that forms part of the Health Practitioner Regulation National Law as a specialist psychiatrist; and

(ii) for whom an authority under subsection 19(5) of the Act that covers psilocybine is in force; or

(b) for use in a clinical trial that is approved by, or notified to, the Secretary under the Act; or

(ii) the treatment of existential distress towards the end of life when:

(a) used as part of psychotherapy in medically controlled environments; and

(b) the patient's diagnosis and proposed treatment plan is confirmed by at least one independent reviewing specialist doctor; and

(c) if psilocybine is prescribed, or its supply is authorised, by a treating palliative care specialist:

(i) who has received specific training; and

(ii) for whom an authority under subsection 19(5) of the Act that covers psilocybine is in force.

The amendments proposed to Appendix D Clause 9, intends to limit the medicinal practitioners who can prescribe psilocybine for the treatment of existential distress towards the end of life to physicians with specialist qualifications in palliative medicine who are appropriately trained and authorised. Additional controls are exerted through allowing administration solely in medically supervised settings,

[1] Proposed additions are shown in green underlined font, proposed deletions are shown in red strikethrough font, and text without this formatting represents the current text in the Poisons Standard.

such as palliative care wards or approved clinical environments, with comprehensive patient monitoring and oversight of the treatment plan by an independent specialist doctor.

Background

Psilocybine is a secondary metabolite in certain mushrooms (magic mushrooms) and other fungal species. Psilocybine is dephosphorylated in the body to the active metabolite psilocin. Psilocybin is primarily used as an adjunct to psychotherapy to enhance emotional and psychological processing under carefully controlled clinical conditions.

Psilocybine is also commonly known by its synonym, 'psilocybin'. The term 'psilocybine' is included in the Poisons Standard, as this is the International Nonproprietary Name (INN) and British Approved Name (BAN) for the substance, and is the spelling used in the United Nations Convention on Psychotropic Substances 1971.

Currently, in Australia, psilocybine is a Controlled drug (Schedule 8) only when indicated for the treatment of treatment-resistant depression (TRD) and first came into effect in the Poisons Standard in July 2023.[2] All other uses of psilocybine fall under the Prohibited substances (Schedule 9) entry and are limited to authorised research and analytical purposes only, including clinical trials.

Summary of applicant's reasons for the proposal

- Psilocybine-assisted therapy can dramatically reduce anxiety, depression, demoralisation and fear of death in terminally ill patients.
- Modern palliative care emphasises patient autonomy in end-of-life decisions. Australia has acknowledged this autonomy through legal Voluntary Assisted Dying (VAD) in all the six states. Patients capable of informed consent should have the choice of this therapy, just as they have choices about palliative treatments or even VAD.
- Multiple clinical trials conducted in the USA have reported high safety and efficacy for psilocybin in addressing existential distress among patients with life-limiting illnesses.
- Canada's Special Access Program permits psilocybine for end-of-life distress on a case-by-case basis.
- Given the strong clinical evidence for relief of spiritual and emotional suffering, it would be inconsistent and unethical to withhold this evidence-based therapy from mentally competent, terminally ill individuals who seek it.
- Treatment would be under the strict medical supervision to ensure safety and minimising any risk of misuse or abuse. Swiss compassionate-use experience since 2014 confirms that psychiatrists, oncologists, and palliative care specialists can safely incorporate psilocybin therapy under controlled frameworks to relieve end-of-life suffering.

Key uses

Psilocybine can be accessed for treatment resistant depression by specialist authorised psychiatrists.

[2] Notice of final decision to amend (or not amend) the current Poisons Standard - June 2022 ACMS #38 - Psilocybine and MDMA | Therapeutic Goods Administration (TGA)

Australian regulations

- Psilocybine is not listed as an ingredient in the TGA Ingredient Database and there are no approved psilocybine containing products on the Australian Register of Therapeutic Goods (ARTG).
- There are no products containing psilocybine as an active ingredient/constituent or scheduled substance listed on the Public Chemical Registration Information System Search (PubCRIS).
- Psilocybin is not listed on the Australian Inventory of Industrial Chemicals.

International regulations

- In the UK, the Misuse of Drugs Regulations 2001 includes psilocin in Schedule 1 (the most restricted; drugs that supposedly have no recognised medical use and have some unspecified level of harm or potential harm like cannabis, psilocybin, LSD and MDMA.
- In the US, psilocybine is a Schedule I substance under the Controlled Substances Act, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.
- There was no record for psilocybine in the United States Environmental Protection Agency's (US EPA) Office of Pesticides Program and United States Food and Drug Administration Approved Drugs Database (Drugs@FDA).
- The European Commission database for information on cosmetic substances and ingredients database lists psilocybine as a prohibited substance in cosmetic products (EC 2009/1223, Annex II/278).
- The New Zealand MedSafe Medicines Classification Database classifies psilocybine as a Class A controlled drug (drugs that pose a very high risk of harm).
- In Canada, activities with psilocybine are controlled under the Controlled Drugs and Substances Act. However, individuals can legally access psilocybine through Health Canada's Special Access Program in some circumstances and with the support of a regulated health care practitioner.[3]
- In Canada there are no approved therapeutic products containing psilocybine and sale, possession, and production, are illegal unless authorised by Health Canada. Psilocybins is also subject to the Food and Drugs Act.

[3] Psychedelic Access in Canada: The Special Access Program vs Section 56 Exemption

1.2 Adrenaline

Proposal

The applicant has proposed to amend the current Poisons Standard in relation to adrenaline. Under the proposal, intranasal preparations containing 2% or less of adrenaline would be included as a Pharmacist Only (Schedule 3) medicine.

CAS number

51-43-4

Alternative names

Epinephrine

Levorenin

Applicant

Private applicant

Proposed Scheduling

The applicant's proposed the following amendments to the adrenaline entry:[1]

Schedule 4

ADRENALINE in:

(a) topical preparations for the treatment of wounds in humans; or

(b) all other preparations containing adrenaline except when included in or expressly excluded from Schedule 3.

Schedule 3 – Amend Entry

ADRENALINE in:

(a) preparations containing 1% or less of adrenaline; or

(b) intranasal preparations containing 2% or less of adrenaline

except in preparations that are not for injection containing 0.02% or less of adrenaline.

Adrenalines is also included Appendix H, Clause 1 – Schedule 3 medicines permitted to be advertised. No amendment to the Appendix H entry has been proposed.

Background

Adrenaline is an endogenous hormone with a substantial therapeutic use history. Adrenaline is injected to treat anaphylaxis, adjunct management of cardiac arrest, symptomatic relief of respiratory distress secondary to bronchospasm and topically applied for haemostasis. Administration of adrenaline results in a reduction in swelling, reversal of bronchospasm and maintaining heart function and blood pressure.

In Australia adrenaline containing intramuscular injections are currently available as a Pharmacist Only medicine (Schedule 3) for the treatment of anaphylaxis. The proposal seeks to amend the current Poisons Standard to include intranasal preparations containing 2% or less of adrenaline in the Pharmacist Only medicine (Schedule 3) entry.

An intranasal preparation has not yet been registered on the Australian Register of Therapeutic Goods (ARTG); however, the intranasal delivery medical device has been utilised to deliver Naloxone in Australia as a Pharmacist Only medicine (Schedule 3). The proposed intranasal product has been approved for use in the United States of America (September 2024), the European Union (August 2024).

Summary of applicant's reasons for the proposal

- The applicant states there is a reduction in timely administration of adrenaline in Australia, due to apprehension around the use of the medicine by needle/injection, administration errors and not having the device on hand due to portability issues. The applicant considers that an alternative non-injection adrenaline option will improve the accessibility of emergency treatment of anaphylaxis adrenaline and provide more choice for those living with anaphylaxis.
- The benefits include needle-free administration, potentially improved safety profile compared to injection products, more likely to be carried and available for use, increased stability over existing treatment options and device reliability.
- The sprayer device has been used extensively in emergency settings and has been reliably used in Australia to deliver naloxone.
- Clinical data has shown that the blood levels of adrenaline following administration of adrenaline 2% nasal spray are within the range of, and comparable to, adrenaline given via an intramuscular injection using needle and syringe or an EpiPen autoinjector device.
- The risk profile of adrenaline and its use for treatment for anaphylaxis is well defined, with risks appropriately managed through interaction with a pharmacist. The proposed product is consistent with the known adverse event profile and contraindications of adrenaline following administration from Schedule 3 auto-injectors, except for administration related adverse events.
- An intranasal preparation of adrenaline was first launched in the US in September 2024. As of January 2025, over 3,000 healthcare professionals in the US had prescribed the proposed product to patients and almost 2,000 healthcare professionals had enrolled in a program to use the proposed product as a rescue therapy at allergy challenge clinics. The product has been well received, and no new safety information has been identified to date.

Key uses

- Used in medicines and medical devices

Australian regulations

- According to the TGA Ingredient Database, adrenaline is available for use as:
  - an Active Ingredient in Biologicals, Export Only, Listed Medicines, Over the Counter and Prescription Medicines
  - a Homeopathic Ingredient in Listed Medicines
  - an Excipient Ingredient in Biologicals, Devices and Prescription Medicines

– an Equivalent Ingredient in Prescription Medicines.

- As of April 2025, there were 13 medicines currently active on the Australian Register of Therapeutic Goods (ARTG) that contain Adrenaline as an active ingredient. These include 12 prescription and 1 listed (Export Only) medicines.
- According to the Therapeutic Goods (Permissible Ingredients) Determination No.1 of 2025, Adrenaline is permitted to be included in listed medicines as follows:

Item	Ingredient name	Purpose	Specific requirements
413	Adrenaline (Epinephrine)	H	Only for use as an active homeopathic ingredient
H = homoeopathic preparation ingredient meaning an ingredient that is a constituent of a homoeopathic preparation			

- The TGA prescribing medicines in pregnancy database classifies Adrenaline as:

Drug name	Category	Classification Level 1	Classification Level 2	Classification Level 3
Adrenaline (Epinephrine)	A	Cardiovascular System	Adrenergic Stimulants	
Articaine/ Adrenaline	B3	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. Category B3 – Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human foetus having been observed. Studies in animals have shown evidence of an increased occurrence of foetal damage, the significance of which is considered uncertain in humans.				

- There are no warning statements pertaining to adrenaline in the Therapeutic Goods (Medicines Advisory Statements) Specification 2021.
- As of 24 March 2025, there were 263 reports of adverse events for products containing adrenaline as an active ingredient on the Database of Adverse Event Notifications (DAEN), with 201 reports where adrenaline was the single suspected medicine. There were 17 reports of deaths associated with adrenaline use.
- As of 7 April 2025, there were no products containing adrenaline as an active ingredient/constituent or scheduled substance listed on the Public Chemical Registration Information System Search (PubCRIS).
- In 2010-2020 no adverse experiences were recorded for adrenaline in the Australian Pesticides and Veterinary Medicines Authority's Adverse Experience Reporting Program database.
- Adrenaline is listed on the Australian Inventory of Industrial Chemicals.

International regulations

- In Canada adrenaline (epinephrine) is available as Schedule I, Schedule II and as ethical preparations. The Health Canada Drug Product Database lists 13 ethical products containing Adrenaline (Epinephrine) that are currently marketed. All the 13 are ethical products. Canada's National Drug Schedules Database classes Adrenaline as a Schedule I (prescription only) medicine, except in pre-filled syringe preparations intended for emergency administration by injection in the event of anaphylactic reactions to allergens (Schedule II – Pharmacist Only Medication).
- The New Zealand Medsafe Medicines Classification Database lists Adrenaline as follows:

Substance	Conditions	Classifications
Adrenaline	In medicines containing more than 1%	Prescription
Adrenaline	In medicines containing 1% or less **except** in medicines for injection containing 0.02% or less; **except** in medicines for injection containing 0.1% for use in practice in an emergency by a dental therapist, an oral health therapist or a dental hygienist registered with the Dental Council.	Restricted
Adrenaline	In medicines for injection containing 0.02% or less	General Sale

- The United Kingdom Electronic Medicines Compendium lists 2 prescription-only medicines containing adrenaline.
- Ireland's Health Products Regulatory Authority regulates 12 products containing adrenaline. All are available for supply through pharmacies only and require prescription.
- The United States Food and Drug Administration's Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations includes 47 prescription-only and 1 over-the-counter adrenaline containing medicines that are currently available.
- The European Commission lists the epinephrine 2 mg nasal spray (EURneffy) as a medicinal product subject to medical prescription.
- The European Chemicals Agency (ECHA) includes the following hazard classification statement "*Danger!* According to the classification provided by companies to ECHA in **CLP Notifications** this substance is fatal in contact with skin, is toxic if inhaled and is toxic if swallowed."

1.3 6-Methylnicotine

Proposal

The Department of Health and Aged Care has proposed the creation of a Dangerous Poison (Schedule 7) entry for 6-methylnicotine. 6-Methylnicotine has been reported to be present in several e-cigarette liquids being sold in Australia that are advertised as nicotine-free or a nicotine-alternative.[4] There is evidence that 6-methylnicotine is also being added to preparations such as oral pouches. The proposal has been initiated to mitigate the potential public health risks arising from 6-methylnicotine.

CAS number

13270-56-9

Alternative names

2-Methyl-5-[(2S)-1-methyl-2-pyrrolidinyl]pyridine (ACI)

Proposed Scheduling

6-Methyl nicotine is not specifically scheduled in the current Poisons Standard. The proposed amendments to the Poisons Standard are:[5]

Schedule 7 – New Entry

6- METHYLNICOTINE

Index – New Entry

6-METHYLNICOTINE

Cross-reference: CAS No. 13270-56-9

Schedule 7

Background

Nicotine is the alkaloid compound in tobacco that provides rewarding effects from smoking and triggers dependency. 6-Methylnicotine is a synthetic analogue of nicotine that is marketed as a nicotine alternative and has been reported in vaping products in Australia. The additional methyl group present in 6-methylnicotine potentially alters its chemical properties and potency when compared to nicotine.[6] Despite the structural similarities with nicotine, 6-methylnicotine was found to be more potent than nicotine at eliciting characteristic behaviours, with a lower median lethal dose, raising concerns about increased addictiveness and toxicity.

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[4] Jenkins, C., Kelso, C. and Morgan, J. (2024), 6-Methylnicotine: a new nicotine alternative identified in e-cigarette liquids sold in Australia. Med J Aust, 221: 333-335. https://doi.org/10.5694/mja2.52423

[5] Proposed additions are shown in green underlined font, proposed deletions are shown in red strikethrough font, and text without this formatting represents the current text in the Poisons Standard.

[6] Jabba, S.V. and Jordt, S.E. (2024) Marketing of nicotinamide as nicotine replacement in electronic cigarettes and smokeless tobacco. *Tob. Prev. Cessat.* 10. DOI: 10.18332/tpc/187767

Summary of reasons for the proposal

- 6-Methylnicotine is more potent than nicotine at eliciting characteristic behaviours and potentially more addictive than nicotine. Functional activity studies in rats or mice found 6-methylnicotine to be at least 2 to 5 times more potent than nicotine.[7]
- In studies in rats, it has been reported that 6-methylnicotine binds to nicotinic acetylcholine receptors 3.3 times more strongly than nicotine.[8] Nicotine exerts its effect by binding to these receptors in the brain and releasing dopamine.
- Compared to nicotine, 6-methylnicotine is more lipophilic in nature which can result in enhanced membrane permeability and cellular uptake. Increased absorption combined with 6-methylnicotine's stronger binding to the acetylcholine receptors may explain its higher potency.
- Upon heating, 6-methylnicotine generates higher levels of reactive oxygen species (ROS) in aerosols than nicotine. Compared to nicotine, 6-methylnicotine demonstrated a significantly increased intracellular ROS induction in human bronchial epithelial cells which represent the lung environment.[9]
- Comparable oral concentrations of 6-methylnicotine resulted in higher cytotoxicity levels than nicotine in human bronchial epithelial cell lines reflective of its higher ROS production.[10]
- Overseas, vaping products containing 6-methylnicotine have been advertised as nicotine-free.

Key use

- Overseas, 6-methylnicotine is showing emerging use as an alternative or replacement for nicotine in e-cigarette liquids and oral pouches.

Australian regulations

- 6-Methylnicotine is not currently listed in the TGA Ingredient Database as an ingredient for use in any medicines.
- There are no medicines containing 6-methylnicotine listed on the Australian Register of Therapeutic Goods (ARTG).
- As of April 2025, there were no products containing 6-methylnicotine as an active ingredient or scheduled substance listed on the Public Chemical Registration Information System Search

[7] Dukat, M., Fiedler, W., Dumas, D., Damaj, I., Martin, B. R., Rosecrans, J. A., James, J.R. and Glennon, R. A. (1996). Pyrrolidine-modified and 6-substituted analogs of nicotine: A structure—affinity investigation. European journal of medicinal chemistry, 31(11), 875-888. DOI: 10.1016/S0223-5234(97)89850-9

[8] Wang, D.X., Booth, H., Lerner-Marmarosh, N., Osdene, T.S. and Abood, L.G. (1998). Structure–activity relationships for nicotine analogs comparing competition for [^{3}H]nicotine binding and psychotropic potency. Drug Dev. Res., 45: 10-16. DOI: 10.1002/(SICI)1098-2299(199809)45:1<10::AID-DDR2>3.0.CO;2-G

[9] Effah, F., Sun, Y., Friedman, A. and Rahman, I. (2025) Emerging nicotine analogue 6-methyl nicotine increases reactive oxygen species in aerosols and cytotoxicity in human bronchial epithelial cells. Toxicol. Lett. 405: 9-15. DOI: 10.1016/j.toxlet.2025.01.007

[10] Qi H., Chang X., Wang K., Xu Q., Liu M. and Han B. (2023) Comparative analyses of transcriptome sequencing and carcinogenic exposure toxicity of nicotine and 6-methyl nicotine in human bronchial epithelial cells. Toxicol. In Vitr. 93:105661. DOI: 10.1016/j.tiv.2023.105661

(PubCRIS) and no adverse experiences have been reported for 6-methylnicotine in the APVMA Adverse Experience Reporting Program database (AERP) during 2009-2019.

- 6-Methylnicotine is not listed on the Australian Inventory of Industrial Chemicals.

International regulations

- 6-Methylnicotine not listed in any of the following databases:
  - Health Canada's Drug Product Database
  - New Zealand's Medsafe Medicines Classification Database
  - The United Kingdom's Electronic Medicines Compendium
  - Ireland's Health Products Regulatory Authority database of Authorised medicines for human use
  - The United States Food and Drug Administration's Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations
  - United States Food and Drug Administration's approved drug products database Drugs@FDA
  - The European Commission's Union Register of Medicinal Products.

2. Proposed amendments referred for scheduling advice to the Joint ACMS-ACCS meeting #40

2.1 Azelaic acid

Proposal

The applicant has proposed to amend the current Pharmacy medicine (Schedule 2) entry for azelaic acid in the Poisons Standard. Under the proposal cosmetic preparations containing 10% or less azelaic acid will be captured as Caution (Schedule 5) and will require cautionary labelling. All other preparations for human use containing more than 10% of azelaic acid will be captured under Schedule 2 and will be required to be assessed by the TGA for quality, safety and efficacy prior to being available in the Australian market.

CAS Number

123-99-9

Alternative names

Nonanedioic acid

Anchoic acid

Lepargylic acid

Applicant

Private applicant

Proposed Scheduling

The applicant's proposed amendments to the Poisons Standard are:[11]

Schedule 5

AZELAIC ACID **except** when included in Schedule 2 or 4.

Schedule 4

AZELAIC ACID for therapeutic use except when included in Schedule 2.

Schedule 2 – Amend Entry

AZELAIC ACID in dermal preparations for human ~~therapeutic~~ use except in preparations for cosmetic use containing 10% or less of azelaic acid.

Azelaic acid is also included in Appendix E, clause 3 (Poisons that must be labelled with first aid instructions) and Appendix F, clause 4 (Poisons that must be labelled with warning statements and safety directions) as follows.

Appendix E, Clause 3 - Poisons that must be labelled with first aid instructions

Item	Poison	Warning statement
32	AZELAIC ACID	**A** – For advice, contact a Poisons Information Centre (e.g. phone Australia 13 11 26; New Zealand 0800 764 766) or a doctor (at once).
		E1 – If in eyes wash out immediately with water.

Appendix F, Clause 4 - Poisons that must be labelled with warning statements and safety directions

Item	Poison	Safety direction
33	AZELAIC ACID	**1** – Avoid contact with eyes.
		4 – Avoid contact with skin.

No changes have been proposed for the first aid instructions (Appendix E) or warning statements and safety directions (Appendix F).

[11] Proposed additions are shown in green underlined font, proposed deletions are shown in red strikethrough font, and text without this formatting represents the current text in the Poisons Standard.

Background

Azelaic acid, also known as nonanedioic acid, is a naturally occurring dicarboxylic acid produced by the yeast *Malassezia furfur* and found in whole grain cereals, rye, barley and animal products. Azelaic acid is claimed to possess anti-inflammatory, antibacterial, keratolytic, comedolytic, and antioxidant activity.

Current regulatory controls in Australia classify human therapeutic preparations containing azelaic acid as Pharmacy (Schedule 2) or Prescription Only (Schedule 4) medicines. For all other purposes, including cosmetic use, azelaic acid is a Caution (Schedule 5) substance. Because of the eye and skin irritation potential Schedule 5 preparations of azelaic acid are required to carry warning statements and safety directions regarding skin and eye contact.

Summary of applicant's reasons for the proposal

- Products containing azelaic acid that are used to treat acne and rosacea but are marketed for cosmetic use, are available in the Australian market. Such products are heavily promoted on social media and are increasing accessible to consumers through online platforms. This poses an unacceptable risk to consumers given the known potential for moderate to severe skin and eye reactions with products with 15-20% azelaic acid content. The proposed amendments aim to clarify that cosmetic use is at levels of 10% or less and is still captured under Schedule 5 (i.e. will require cautionary labelling).
- There is limited understanding of what constitutes higher level claims of a therapeutic nature. Dermal preparations for human therapeutic use should be accessible with the availability of pharmacists to discuss the potential skin and eye irritation with patients prior to use. Therefore, the therapeutic use of azelaic acid should continue to be captured in Schedules 2 and 4.

Key uses

- Cosmetic use – products containing derivatives, also used a buffer in fragrances. Potential for long-term use in anti-ageing creams.
- Therapeutic use – topical formulations indicated for rosacea and acne
- Emerging veterinary use of azelaic acid derivatives for seborrheic dermatitis in animals (registered international products, such as adelmidrol)
- Industrial uses – wide ranging possible uses, including adhesives, lubricants, cleaning products, inks and toners.

Australian regulations

- According to the TGA Ingredient Database, azelaic acid is:
  - Available for use as an Active Ingredient in Biologicals, Export Only, Over the Counter and Prescription Medicines
  - Available for use as an Excipient Ingredient in Biologicals, Devices, and Prescription Medicines
  - Not available as an Equivalent Ingredient in any application.
- As of 3 April 2025, there were 3 non-prescription medicines currently active on the Australian Register of Therapeutic Goods (ARTG) that contain azelaic acid as an active ingredient.

- Azelaic acid is not permitted to be included in listed medicines as it is not included in the Therapeutic Goods (Permissible Ingredients) Determination No.1 of 2025.
- The TGA prescribing medicines in pregnancy database classifies azelaic acid as:

Drug name	Category	Classification Level 1	Classification Level 2	Classification Level 3
Azelaic acid	B1	Drugs used in Dermatology	Topical	
Category B1 – Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human foetus having been observed. Studies in animals have not shown evidence of an increased occurrence of foetal damage.				

- There are no warning statements pertaining to azelaic acid in the Therapeutic Goods (Medicines Advisory Statements) Specification 2021.
- As of 3 April 2025, there were 7 reports of adverse events for products containing azelaic acid as an active ingredient on the Database of Adverse Event Notifications (DAEN), with 6 reports where azelaic acid was the single suspected medicine. There were no reports of deaths associated with azelaic acid use.
- As of 3 April 2025, there was 1 product containing azelaic acid as an active constituent listed on the Public Chemical Registration Information System Search (PubCRIS).
- During financial years 2009-2019, only one adverse experience related to animal health was reported for azelaic acid in the APVMA Adverse Experience Reporting Program database (AERP).
- Azelaic acid is listed on the Australian Inventory of Industrial Chemicals. Based on the AICIS Evaluation statement published in September 2021, no information is available on the industrial use of the chemical in Australia.

International regulations

- In Canada, Azelaic acid and its salt are included in the List of Ingredients that are Restricted for Use in Cosmetic Products. The maximum concentration permitted is 14%.
- The Health Canada Drug Product Database includes 1 marketed product containing azelaic acid which is a topical gel requiring a prescription.
- In New Zealand, the New Zealand Medsafe Medicines Classification Database lists azelaic acid as follows:

Ingredient	Conditions (if any)	Classifications
Azelaic acid	**Except** for dermal use	Prescription
Azelaic acid	For dermal use	Pharmacy Only

- Azelaic acid is listed in New Zealand Inventory of Chemicals (NZIoC) as not having an individual approval but may be used under an appropriate group standard.

- In the United States (US), the US Food and Drug Administration's Orange Book includes 8 approved drugs containing 15-20% azelaic acid. One is discontinued and the other 7 are prescription only topical preparations.
- In Europe, azelaic acid is listed in European Commission database for information on cosmetic substances and ingredients database as a buffering and fragrance substance.
- According to the European Chemicals Agency (ECHA), azelaic acid is registered under the REACH ((Registration, Evaluation, Authorisation, and Restriction of Chemicals) Regulation and is manufactured in and/or imported to the European Economic Area. This substance is used in manufacturing of washing & cleaning products, laboratory chemicals, polishes and waxes and cosmetics and personal care products.
- Under the Association of Southeast Asian Nations (ASEAN) Cosmetics Directive, azelaic acid is a substance that must not form part of the composition of cosmetic products (Annex II Part 1).
- As of 7 April 2025, azelaic acid is not listed in the European Commission Comitology Register, European Union Pesticides Database, and Canada's Pest Management Regulation Agency.

2.2 Extracts and essential oils primarily composed of methyl salicylate

Proposal

The Department of Health and Aged Care has proposed the scheduling of extracts and essential oils primarily composed of methyl salicylate including sweet birch oils (CAS No. 68917-50-0), wintergreen oils (CAS No. 68917-75-9), birch (B*etula lenta)* extract (CAS No. 85251-66-7), and wintergreen (*Gaultheria procumbens)* extract (CAS No. 90045-28-6) through 2 options. These are:

- by including each substance as a cross-reference to the current methyl salicylate entry, or
- creating separate entries for each of certain extracts and essential oils containing methyl salicylate

Additional warning statement related to pregnancy and skin sensitisation due to sunlight also have been proposed to align the risk mitigation measures with methyl salicylate.

The proposal was initiated following a recommendation by the Australian Industrial Chemicals Introduction Scheme (AICIS) in their evaluation of extracts and essential oils primarily composed of methyl salicylate published in December 2024.

CAS Number

68917-50-0 (sweet birch oils)

68917-75-9 (wintergreen oils)

85251-66-7 (Birch, *Betula lenta*, extract)

90045-28-6 (*Gaultheria procumbens*, extract)

Alternative names

Betula lenta twig extract (CAS No. 85251-66-7)

Betula lenta bark oil (CAS No. 85251-66-7)

Gaultheria procumbens leaf oil (CAS No. 90045-28-6)

Gaultheria procumbens leaf extract (CAS No. 90045-28-6)

Gaultheria procumbens flower/leaf/stem oil (CAS No. 90045-28-6)

Proposed Scheduling

Option A: Include a cross reference for each substance

The proposed amendments to the Poisons Standard in relation to the extracts and essential oils primarily composed of methyl salicylate are as follows:[1]

Schedule 6

METHYL SALICYLATE **except**:

(a) when included in Schedule 5; or

(b) in preparations for therapeutic use; or

(c) in preparations containing 5% or less of methyl salicylate

Schedule 5

METHYL SALICYLATE in preparations containing 25% or less of methyl salicylate **except**:

(a) in preparations for therapeutic use; or

(b) in preparations containing 5% or less of methyl salicylate

Schedule 4

METHYL SALICYLATE in preparations for internal therapeutic use.

Appendix E, Clause 3 - Poisons that must be labelled with first aid instructions

Item	Poison	Warning statement
207	METHYL SALICYLATE LIQUID when included in Schedule 5 or 6	**A** – For advice, contact a Poisons Information Centre (e.g. phone Australia 13 11 26; New Zealand 0800 764 766) or a doctor (at once).
		G3 – If swallowed, do NOT induce vomiting.
		E1 – If in eyes wash out immediately with water.

Appendix F, Clause 4 - Poisons that must be labelled with first aid instructions

Item	Poison	Warning statement
212	METHYL SALICYLATE LIQUID when included in Schedule 5 or 6	**67** – Do not use if pregnant or likely to become pregnant.
		89 – Application to skin may increase sensitivity to sunlight

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METHYL SALICYLATE

Cross reference: sweet birch oil (CAS No. 68917-50-0), wintergreen oil (CAS No. 68917-75-9), birch (Betula lenta) extract (CAS No. 85251-66-7) and wintergreen (Gaultheria procumbens) extract (CAS No. 90045-28-6)

Schedule 6

Schedule 5

Schedule 4

Appendix E, Clause 3

Appendix F, Clause 4

Methyl salicylate and preparations containing more than 50% of methyl salicylate are also required to be in containers with child-resistant closure (s 49 of the Poisons Standard). No changes are proposed for this requirement.

Option B: Separate entries for each substance modelled on the entry for methyl salicylate

A new entry would be created for each of the 4 substances modelled on the entries for methyl salicylate. Only sweet birch oil is provided as an example.

Schedule 6

SWEET BIRCH OIL **except**:

(a) when included in Schedule 5; or

(b) in preparations for therapeutic use; or

(c) in preparations containing 5% or less of sweet birch oil

Schedule 5

SWEET BIRCH OIL in preparations containing 25% or less of sweet birch oil **except**:

(a) in preparations for therapeutic use; or

(b) in preparations containing 5% or less of sweet birch oil

Schedule 4

SWEET BIRCH OIL in preparations for internal therapeutic use.

Appendix E, Clause 3 - Poisons that must be labelled with first aid instructions

Item	Poison	Warning statement
	SWEET BIRCH OIL when included in Schedule 5 or 6	**A** – For advice, contact a Poisons Information Centre (e.g. phone Australia 13 11 26; New Zealand 0800 764 766) or a doctor (at once).
		G3 – If swallowed, do NOT induce vomiting.
		E1 – If in eyes wash out immediately with water.

Appendix F, Clause 4 - Poisons that must be labelled with first aid instructions

Item	Poison	Warning statement
	SWEET BIRCH OIL when included in Schedule 5 or 6	**67** – Do not use if pregnant or likely to become pregnant.

		89 – Application to skin may increase sensitivity to sunlight

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Background

Oils and extracts of birch (*Betula lenta*) and wintergreen plants (*Gaultheria procumbens*) are used in aromatherapy, cosmetics applied to skin, hair care products, perfumes, body sprays and oral care products, domestic settings in cleaning, air care, and furniture care products as well as in therapeutics.

These oils and extracts are complex reaction products or biological materials of unknown or variable composition (UVCB). These oils and extracts typically contain greater than 90% methyl salicylate (CAS No. 119-36-8) and therefore are expected to have similar critical health effects to methyl salicylate.

Summary of the reasons for the proposal

- The AICIS evaluation found that these oils and extracts are expected to have similar toxicity based on the levels of their primary component, methyl salicylate. These substances are considered weak skin sensitisers but capable of causing serious eye damage. Several cases of salicylate toxicity from the ingestion of wintergreen oil have been reported. Based on the available information for methyl salicylate, these oils and extracts may cause adverse effects on development.
- These chemicals are available to consumers as pure oils (100% concentration) for use in aromatherapy including as massage oils and in room diffusers. Based on the conservative daily systemic exposure estimates for massage oil the Margin of Exposure (MOE) is estimated to be 11 (an MOE greater than or equal to 100 is considered acceptable).
- There is inconsistent presentation of products on the market that contain these essential oils at high concentrations. Some pure oils for non-therapeutic use include child resistant closures and the signal word Poison, while other similar products have neither. This may be due to a lack of awareness, or uncertainty, that the methyl salicylate entry is considered to apply to these 4 essential oils and extracts in various preparations due to their high methyl salicylate content.
- Therefore, 2 options are being proposed to ensure that there is a clear understanding of the scheduling of these substances. These are:
  - Option A: Include a cross reference for each of these essential oils and extracts under the existing entry for methyl salicylate, or
  - Option B: Create separate entries for each substance modelled on the methyl salicylate entry.

Neither the TGA nor the Delegate have formed a view at this time as to which option should be implemented or is preferred.

Key uses

Limited data associated with reported usages and concentrations as are below.

- Aromatherapy: massage oils and oils used in room diffusers
- Personal care products: cosmetics applied to skin, hair care products, perfumes, body sprays and oral care products
- Domestic use: cleaning and furniture care products, and air care products
- Non-industrial uses: food flavouring, pet care products and insect repellents
- Non-medicinal topical, oral and nasal natural health products: analgesic creams, ointments, and antacid tablets at concentrations up to 20%.

Australian regulations

- According to the TGA Ingredient Database methyl salicylate, birch (*Betula lenta*) extract (CAS No. 85251-66-7), wintergreen oil (CAS No. 68917-75-9), wintergreen (*Gaultheria procumbens*) extract (CAS No. 90045-28-6), are available for use as follows.

Substance	Active Ingredient	Homoeopathic Ingredient	Excipient Ingredient	Equivalent Ingredient
Methyl salicylate	Biologicals, Export Only Medicines, Listed Medicines, Over-the-counter Medicines, Prescription Medicines	Not available for Listed Medicines	Biologicals, Devices, Export Only Medicines, Listed Medicines, Over-the-counter Medicines, Prescription Medicines	Listed Medicines
Birch *Betula lenta*) extract (CAS No. 85251-66-7)	Export Only Medicines, Listed Medicines, Over-the-counter Medicines, Prescription Medicines	Listed Medicines	Prescription Medicines	Not available in any
wintergreen oil (CAS No. 68917-75-9)	Export Only Medicines, Listed Medicines, Over-the-counter Medicines	Listed Medicines	Devices, Export Only Medicines, Listed Medicines, Over-the-counter Medicines	Not available in any
wintergreen (*Gaultheria procumbens*) extract (CAS No. 90045-28-6)	Export Only Medicines, Listed Medicines, Over-the-counter Medicines,	Listed Medicines	Listed Medicines, Prescription Medicines	Not available in any

	Prescription Medicines			

- As of 9 April 2025, on the Australian Register of Therapeutic Goods (ARTG), there were:
  - 142 medicines currently active that contain methyl salicylate as an active ingredient. These include 5 export-only medicines, 89 listed medicines, and 48 non-prescription medicines.
  - 57 medicines currently active that contain wintergreen oil as an active ingredient. These include 1 export-only medicines, 55 listed medicines, and 1 non-prescription medicines.
  - 6 listed medicines currently active that contain wintergreen (Gaultheria procumbens) extract (CAS No. 90045-28-6) as an active ingredient.
- According to the Therapeutic Goods (Permissible Ingredients) Determination No.1 of 2025, methyl salicylate, wintergreen oil, *Betula lenta*, and *Gaultheria procumbens* are permitted to be included in listed medicines as follows:

Item	Ingredient name	Purpose	Specific requirements
860	BETULA LENTA	A, H	Methyl salicylate is a mandatory component of *Betula lenta*. Not to be included in medicines for use in the eye or on damaged skin. When used internally, the concentration of methyl salicylate in the medicine must not be more than 0.001%. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is other than spray, the medicine requires child resistant packaging. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is spray, the medicine does not require child resistant packaging if: - the delivery device is engaged into the container in such a way that prevents it from being readily removed; - direct suction through the delivery device results in delivery of no more than one dosage unit; and - actuation of the spray device is ergonomically difficult for young children to accomplish. The following warning statement is required on the medicine label: - (METSAL) 'Contains methyl salicylate' (or words to that effect). When for use in topical medicines for dermal application: i) the concentration of methyl salicylate in the medicine must not be more than 25%; ii) the following warning statements are required on the medicine label:

			- (PREGNT2) 'Do not use if pregnant or likely to become pregnant' (or words to that effect); - (CHILD4) 'Do not use [this product/insert name of product] in children 6 years of age or less'; - (SENS) 'Application to skin may increase sensitivity to sunlight.' (or words to that effect); - (AVOID) 'Avoid prolonged exposure in the sun' (or words to that effect); iii) if the concentration of methyl salicylate in the medicine is greater than 1%, the following warning statement is required on the medicine label: - (IRRIT) 'If irritation develops, discontinue use'.
861	BETULA NIGRA	A, H	Cresol, eugenol and methyl salicylate are mandatory components of Betula nigra. For external use only when the total concentration of cresols, xylenols and other phenol homologues in the medicine is greater than 3%. When for internal use, the concentration of eugenol in the medicine must not exceed 0.06%. When the concentration of eugenol in the medicine is more than 25%: a) the nominal capacity of the container must be no more than 25 mL; b) the medicine must be fitted with a restricted flow insert; c) when the nominal capacity of the container is more than 15 mL, the medicine must be fitted with a child resistant closure; and d) the medicine requires the following warning statements on the medicine label: - (CHILD) 'Keep out of reach of children' (or words to that effect); and - (NTAKEN) 'Not to be taken'. Not to be included in medicines for use in the eye or on damaged skin. When used internally, the concentration of methyl salicylate in the medicine must not be more than 0.001%. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is other than spray, the medicine requires child resistant packaging. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is spray, the medicine does not require child resistant packaging if:

			- the delivery device is engaged into the container in such a way that prevents it from being readily removed; - direct suction through the delivery device results in delivery of no more than one dosage unit; and - actuation of the spray device is ergonomically difficult for young children to accomplish. The following warning statement is required on the medicine label: - (METSAL) ‘Contains methyl salicylate’ (or words to that effect). When for use in topical medicines for dermal application: i) the concentration of methyl salicylate in the medicine must not be more than 25%; ii) the following warning statements are required on the medicine label: - (PREGNT2) 'Do not use if pregnant or likely to become pregnant' (or words to that effect); - (CHILD4) 'Do not use [this product/insert name of product] in children 6 years of age or less'; - (SENS) 'Application to skin may increase sensitivity to sunlight.' (or words to that effect); - (AVOID) 'Avoid prolonged exposure in the sun' (or words to that effect); iii) if the concentration of methyl salicylate in the medicine is greater than 1%, the following warning statement is required on the medicine label: - (IRRIT) 'If irritation develops, discontinue use'.
862	BETULA PENDULA	A, E, H	Methyl salicylate is a mandatory component of Betula pendula. Not to be included in medicines for use in the eye or on damaged skin. When used internally, the concentration of methyl salicylate in the medicine must not be more than 0.001%. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is other than spray, the medicine requires child resistant packaging. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is spray, the medicine does not require child resistant packaging if: - the delivery device is engaged into the container in such a way that prevents it from being readily removed;

			- direct suction through the delivery device results in delivery of no more than one dosage unit; and - actuation of the spray device is ergonomically difficult for young children to accomplish. The following warning statement is required on the medicine label: - (METSAL) 'Contains methyl salicylate' (or words to that effect). When for use in topical medicines for dermal application: i) the concentration of methyl salicylate in the medicine must not be more than 25% ii) the following warning statements are required on the medicine label: - (PREGNT2) 'Do not use if pregnant or likely to become pregnant' (or words to that effect); - (CHILD4) 'Do not use [this product/insert name of product] in children 6 years of age or less'; - (SENS) 'Application to skin may increase sensitivity to sunlight.' (or words to that effect); - (AVOID) 'Avoid prolonged exposure in the sun' (or words to that effect); iii) if the concentration of methyl salicylate in the medicine is greater than 1%, the following warning statement is required on the medicine label: - (IRRIT) 'If irritation develops, discontinue use'.
879	BIRCH LEAF DRY	A, E, H	Methyl salicylate is a mandatory component of birch leaf dry. Not to be included in medicines for use in the eye or on damaged skin. When used internally, the concentration of methyl salicylate in the medicine must not be more than 0.001%. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is other than spray, the medicine requires child resistant packaging. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is spray, the medicine does not require child resistant packaging if: - the delivery device is engaged into the container in such a way that prevents it from being readily removed; - direct suction through the delivery device results in delivery of no more than one dosage unit; and

			- actuation of the spray device is ergonomically difficult for young children to accomplish. The following warning statement is required on the medicine label: - (METSAL) 'Contains methyl salicylate' (or words to that effect). When for use in topical medicines for dermal application: i) the concentration of methyl salicylate in the medicine must not be more than 25% ii) the following warning statements are required on the medicine label: - (PREGNT2) 'Do not use if pregnant or likely to become pregnant' (or words to that effect); - (CHILD4) 'Do not use [this product/insert name of product] in children 6 years of age or less'; - (SENS) 'Application to skin may increase sensitivity to sunlight.' (or words to that effect); - (AVOID) 'Avoid prolonged exposure in the sun' (or words to that effect); iii) if the concentration of methyl salicylate in the medicine is greater than 1%, the following warning statement is required on the medicine label: - (IRRIT) 'If irritation develops, discontinue use'.
2311	GAULTHERIA PROCUMBENS	A, E, H	Methyl salicylate is a mandatory component of Gaultheria procumbens. Not to be included in medicines for use in the eye or on damaged skin. When used internally, the concentration of methyl salicylate in the medicine must not be more than 0.001%. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is other than spray, the medicine requires child resistant packaging. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is spray, the medicine does not require child resistant packaging if: - the delivery device is engaged into the container in such a way that prevents it from being readily removed; - direct suction through the delivery device results in delivery of no more than one dosage unit; and - actuation of the spray device is ergonomically difficult for young children to accomplish.

			The following warning statement is required on the medicine label: - (METSAL) 'Contains methyl salicylate' (or words to that effect). When for use in topical medicines for dermal application i) the concentration of methyl salicylate in the medicine must not be more than 25%; ii) the following warning statements are required on the medicine label: - (PREGNT2) 'Do not use if pregnant or likely to become pregnant' (or words to that effect); - (CHILD4) 'Do not use [this product/insert name of product] in children 6 years of age or less'; - (SENS) 'Application to skin may increase sensitivity to sunlight.' (or words to that effect); - (AVOID) 'Avoid prolonged exposure in the sun' (or words to that effect); iii) if the concentration of methyl salicylate in the medicine is greater than 1%, the following warning statement is required on the medicine label: - (IRRIT) 'If irritation develops, discontinue use'.
3247	METHYL SALICYLATE	A, E	Not to be included in medicines for use in the eye or on damaged skin. When used internally, the concentration in the medicine must not be more than 0.001%. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is other than spray, the medicine requires child resistant packaging. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is spray, the medicine does not require child resistant packaging if: - the delivery device is engaged into the container in such a way that prevents it from being readily removed; - direct suction through the delivery device results in delivery of no more than one dosage unit; and - actuation of the spray device is ergonomically difficult for young children to accomplish. The following warning statement is required on the medicine label: - (METSAL) 'Contains methyl salicylate' (or words to that effect).

			When for use in topical medicines for dermal application: i) the concentration of methyl salicylate in the medicine must not be more than 25%; ii) the following warning statements are required on the medicine label: - (PREGNT2) 'Do not use if pregnant or likely to become pregnant' (or words to that effect); - (CHILD4) 'Do not use [this product/insert name of product] in children 6 years of age or less'; - (SENS) 'Application to skin may increase sensitivity to sunlight' (or words to that effect); - (AVOID) 'Avoid prolonged exposure in the sun' (or words to that effect); iii) if the concentration of methyl salicylate in the medicine is greater than 1%, the following warning statement is required on the medicine label: - (IRRIT) 'If irritation develops, discontinue use'.
5207	WINTERGREEN OIL	A, E, H	Methyl salicylate is a mandatory component of wintergreen oil. Not to be included in medicines for use in the eye or on damaged skin. When used internally, the concentration of methyl salicylate in the medicine must not be more than 0.001%. When the concentration of methyl salicylate in a liquid preparation is more than 5% and the dosage form is other than spray, the medicine requires child resistant packaging. When the concentration of methyl salicylate in a liquid preparation is more than 5%, and the dosage form is spray, the medicine does not require child resistant packaging if: - the delivery device is engaged into the container in such a way that prevents it from being readily removed; - direct suction through the delivery device results in delivery of no more than one dosage unit; and - actuation of the spray device is ergonomically difficult for young children to accomplish. The following warning statement is required on the medicine label: - (METSAL) 'Contains methyl salicylate' (or words to that effect). When for use in topical medicines for dermal application:

			i) the concentration of methyl salicylate in the medicine must not be more than 25%; ii) the following warning statements are required on the medicine label: - (PREGNT2) 'Do not use if pregnant or likely to become pregnant' (or words to that effect); - (CHILD4) 'Do not use [this product/insert name of product] in children 6 years of age or less'; - (SENS) 'Application to skin may increase sensitivity to sunlight' (or words to that effect); - (AVOID) 'Avoid prolonged exposure in the sun' (or words to that effect); iii) if the concentration of methyl salicylate in the medicine is greater than 1%, the following warning statement is required on the medicine label: - (IRRIT) 'If irritation develops, discontinue use'.
A = active ingredient for a medicine has the same meaning as in the Regulations E = excipient for a medicine meaning an ingredient that is not an active ingredient or a homoeopathic preparation ingredient H = homoeopathic preparation ingredient meaning an ingredient that is a constituent of a homoeopathic preparation			

- The TGA prescribing medicines in pregnancy database does not include sweet birch oil (CAS No. 68917-50-0), wintergreen oil (CAS No. 68917-75-9), birch (*Betula lenta*) extract (CAS No. 85251-66-7), wintergreen (*Gaultheria procumbens*) extract (CAS No. 90045-28-6) and methyl salicylate.
- There are no warning statements pertaining to the four substances in the Therapeutic Goods (Medicines Advisory Statements) Specification 2021. However, the Therapeutic Goods (Medicines Advisory Statements) Specification 2021 requires the following warning statements pertaining to methyl salicylate to be included on the labelling.

Substance	Conditions	Required statements
Methyl salicylate *(Entry 1 of 2)*	In dermal preparations containing 1% or less of methyl salicylate	• Do not use if pregnant or likely to become pregnant. • Do not use in children 6 years of age or less. • Application to skin may increase sensitivity to sunlight. • Avoid prolonged exposure in the sun.
Methyl salicylate *(Entry 2 of 2)*	In dermal preparations containing 1% or less of methyl salicylate	• Do not use if pregnant or likely to become pregnant. • Do not use in children 6 years of age or less.

		• Application to skin may increase sensitivity to sunlight. • Avoid prolonged exposure in the sun. • If irritation develops, discontinue use.

- The adverse events reported in the Database of Adverse Event Notifications (DAEN) for methyl salicylate, wintergreen oil or *Betula pendula* as active ingredient as of 7 April 2025 are in the table below.

Active Ingredient	Number of adverse events	Number of events where the medicine was single suspect	Number of Deaths associated with use
Methyl salicylate	51	40	0
Wintergreen oil	2	2	0
Betula pendula	2	1	0

- As of 7 April 2025, there were 3 products containing methyl salicylate as an active ingredient/constituent or scheduled substance listed on the Public Chemical Registration Information System Search (PubCRIS). No product containing sweet birch oil (CAS No. 68917-50-0), wintergreen oil (CAS No. 68917-75-9), birch (*Betula lenta*) extract (CAS No. 85251-66-7), wintergreen (*Gaultheria procumbens)* extract (CAS No. 90045-28-6) was listed.
- In FY 2009-2019, no case was recorded for the four substances listed above in the following adverse experiences APVMA Adverse Experience Reporting Program database (AERP).
- Methyl salicylate, sweet birch oils (CAS No. 68917-50-0), wintergreen oil (CAS No. 68917-75-9) birch (*Betula lenta)* extract (CAS No. 85251-66-7), and wintergreen (*Gaultheria procumbens)* extract (CAS No. 90045-28-6) are listed on the Australian Inventory of Industrial Chemicals (AICIS).

International regulations

- In Canada, the Health Canada Drug Product Database lists two cancelled post-market human homeopathic products and one marketed veterinary OTC product containing G*aultheria procumbens* as active ingredient. No products containing sweet birch oil, *Betula lenta* extract or wintergreen oil are listed.
- Canada's Pest Management Regulation Agency listed:
  - 8 historical applications and 2 associated products with methyl salicylate with no current applications, incident report, and re-evaluation.
  - 31 historical applications and 5 associated products with wintergreen oil (CAS No. 68917-75-9) with no current applications, incident report, and re-evaluation.
- The United States Environmental Protection Agency's (US EPA) Office of Pesticides Programs, included methyl salicylate and listed the pesticide types as antimicrobial; biochemical; and conventional chemical while wintergreen oil (CAS No. 68917-75-9) is listed without registration.

- Methyl salicylate was approved as over-the-counter drug in the US according to the United States Food and Drug Administration Approved Drug Products Database (Drugs@FDA) and Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. No product containing active ingredients regarding sweet birch oil, wintergreen oil, *Betula lenta* and *Gaultheria procumbens* is listed.
- European Commission database for information on cosmetic substances and ingredients database (CosIng) listed the substances and reported their functions as below:
  - methyl salicylate (CAS No. 119-36-8) - denaturant, oral care, soothing, perfuming, and flavouring.
  - birch (Betula lenta) extract (CAS No. 85251-66-7) - perfuming (Betula lenta twig extract), fragrance and perfuming (Betula lenta bark oil)
  - wintergreen (Gaultheria procumbens) extract (CAS No. 90045-28-6) - fragrance and perfuming (Gaultheria procumbens leaf oil), skin conditioning, tonic, and perfuming (Gaultheria procumbens leaf extract), skin conditioning and fragrance (Gaultheria procumbens flower/leaf/stem oil)
- In European Commission Comitology Register, methyl salicylate is authorized as the feed additive for all animal species under Directive 70/524/EEC[3]. Safety measures are included as:
  - Setting maximum content limits
  - Prohibiting its use with other methyl salicylate additives
  - Incorporating it as a premixture
  - Indicating storage conditions and heat stability
  - Implementing safety procedures and using protective equipment if risks remain
- In New Zealand Inventory of Chemicals (NZIoC) database
  - methyl salicylate, sweet birch oil (CAS No. 68917-50-0), and wintergreen (Gaultheria procumbens) extract (CAS No. 90045-28-6) were listed as without having an individual approval but may be used under an appropriate group standard with similar GHS classification and toxicity data.
  - wintergreen oil (CAS No. 68917-75-9) was listed as without having an individual approval but may be used as a component in a product covered by a group standard. It is not approved for use as a chemical in its own right.
- In Chemical Classification and Information Database (CCID), methyl salicylate is categorized as:
  - Classification Acute Tox. 4 (H302: Harmful if swallowed.)
  - Classification Skin Irrit. 2 (H315: Causes skin irritation)
  - Classification Eye Irrit. 2 (H319: Causes serious eye irritation)

The New Zealand Medsafe Medicines Classification Database listed methyl salicylate as follows:

Substance	Conditions (if any)	Classifications
Methyl salicylate	For internal use **except** when present as an excipient in medicines containing 1.04% or less per dose form.	Prescription

Methyl salicylate	For external use; For internal use when present as an excipient in medicines containing 1.04% or less per dose form.	General Sale

How to respond

Submissions must be provided by the closing date of 21 MAY 2025 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.

What will happen

All public submissions will be published on the TGA website, unless marked confidential.

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.

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