CONSULTATION PERIOD
23 June 2026 — 14 July 2026

HEALTH COUNCIL
BERMUDA

2026

SUMMARY OF CONSULTATION FEEDBACK: PROPOSED SCHEDULE CHANGES AND IMPLEMENTATION OF A GENERAL SALES LIST

PHARMACY AND POISONS ACT 1979

Contact us

If you would like any further information about the Bermuda Health Council, or if you would like to bring a health system matter to our attention, we look forward to hearing from you.

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Published by

Bermuda Health Council
September 2026

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PPA
Pharmacy and Poisons Act 1979

PPI
PPI: Proton Pump Inhibitor

Rx
Schedule 3 prescription products

Sched
Drug schedule abbreviation

SSRI
Selective Serotonin Reuptake Inhibitor Drugs - type of Antidepressant

DEFINITIONS

BTC
Behind-the-Counter - drug products available without a prescription but located behind the counter with the pharmacist. Access may require a brief consultation with the pharmacist.

GSL
General Sales List - a proposed list of drug products with restricted pack sizes to become available in non-pharmacy retailers, pending legislative approval.

MODA
Misuse of Drugs Act 1972 - the legal framework for controlling, regulating, possessing, importing, exporting, and cultivating controlled drugs in Bermuda.

NRT
Nicotine Replacement Therapy - a treatment to help people stop smoking. NRT products supply low doses of nicotine to decrease cravings for nicotine and ease the symptoms of nicotine withdrawal.

OTC
Over-the-Counter - drug products available without a prescription and accessible on the retail floor of a pharmacy.

PPA
Pharmacy and Poisons Act 1979 - regulates the practice of pharmacy in Bermuda.

PPI
Proton Pump Inhibitor - a type of drug usually used for Gastroesophageal Reflux Disease (GERD). Commonly known brands of PPIs are Nexium and Prilosec.

Rx
Shorthand for “prescription drug” - drug products that listed in Schedule 3 of the PPA which require a prescription written by an authorized prescriber.

Sched
Abbreviation of "Schedule" - the drug schedules within the PPA.

SSRI
Selective Serotonin Reuptake Inhibitor Drugs - commonly prescribed antidepressants that increase serotonin levels in the brain to improve mood and treat depression, anxiety and other conditions.

AT A GLANCE

Executive Summary

This report summarises feedback received during consultation on the following two proposals in relation to the Pharmacy and Poisons Act 1979.

- Changes to the existing Drug Schedules
- Implementation of a GSL

The consultation ran from 23 June 2026 to 14 July 2026. Feedback was requested from pharmacies, pharmacists, other locally regulated health professionals, pharmaceutical wholesalers, Bermuda duty-free shops, and the Office of the Chief Medical Officer.

RESPONSE SUMMARY

A total of 19 responses were received which included both individual and group feedback. Respondents generally supported modernising Bermuda's medicines framework and introducing a GSL, but noted concerns about potential misuse, pack size limits, product selection, pharmacist oversight, and the sale of select medicines outside pharmacies.

Feedback also highlighted a need for:

- appropriate use of oral decongestants
- safeguards for GSL implementation
- consideration for medicines more suitable under pharmacist supervision

Executive Summary Disclaimer

DISCLAIMER

The content of this report is based solely on feedback provided by respondents and should not be interpreted as reflecting the views or positions of the Health Council. The inclusion of comments, suggestions, or recommendations in this report does not constitute an endorsement of those views, nor does it imply any commitment to implementing the suggestions received.

Suggestions recommending the inclusion of currently unregulated drugs on the GSL have been omitted. As the GSL applies only to regulated drugs, these responses were excluded to avoid potential confusion regarding the scope and purpose of the list.

Acetaminophen and aspirin are currently unregulated. Feedback relating to these products is specifically in relation to the sale of larger pack sizes rather than the regulation of the drugs themselves.

Consultation Overview

PROCESS & SCOPE

The consultation period was 23 June 2026 to 14 July 2026 and sought stakeholder feedback on proposed changes to the regulation of select drugs under the Pharmacy and Poisons Act 1979. Stakeholders were initially asked to submit feedback by 7 July 2026 but this was subsequently extended to 14 July 2026.

CONSULTATION TIMELINE

23 JUNE	Initial request for feedback	Link to Email Campaign
02 JULY	Reminder email	Link to Email Campaign
07 JULY	Notification of extended deadline, based on stakeholder requests	Link to Email Campaign
13 JULY	Final reminder	Link to Email Campaign
14 JULY	Close of Consultation	

Consultation Reach & Response

Below is an overview of stakeholder engagement for this consultation:

OUTREACH

1,397

total stakeholders reached

997

stakeholders notified by the Health Council

400

stakeholders notified by the Office of the Chief Medical Officer

582 **of 997**

Health Council recipients viewed the consultation emails

415

did not view the consultation emails

RESPONSE

19

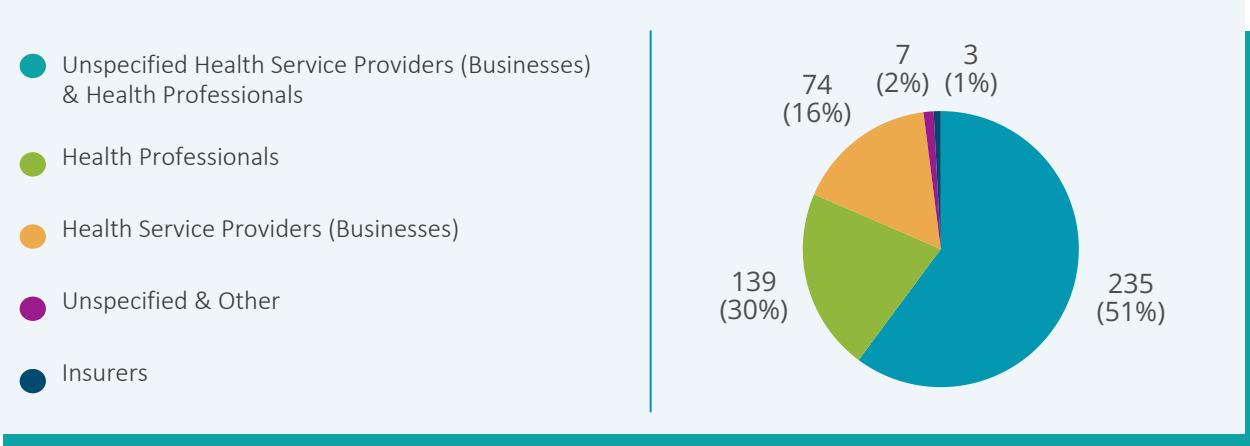
responses received

1.4%

overall response rate

Participation remained limited despite broad stakeholder outreach

Consultation emails are tracked to understand our stakeholder engagement trends. This tracking allows us to analyze how many stakeholders view our emails and how that may translate into responses or impact, where applicable. The data below provides the percentages of stakeholders who viewed the consultation emails, by high-level stakeholder type.



Pharmacy and Poisons Act 1979 Drugs Schedules Feedback

Respondents proposed several changes to the current drug schedules. These included reclassifications, new Schedule 3 additions, and changes to existing pack or supply restrictions.

Drug	Suggestion	Rationale for Suggestion/Comments
Promethazine	Move to Sched 3 (Rx)	The potential for abuse is high.
Nicotine	Leave in Sched 4 Part 2 (BTC) and add all flavors for gum and lozenges	There has been no abuse associated with these nicotine presentations, and distribution is monitored by the pharmacist.
Nicotine	Allow fruit flavoured gum	Pharmacists control the distribution from behind the counter – there is no rational reason to ban them.
Sildenafil 50 mg (8 pack)	Move to Sched 4 Part 2 (BTC)	Sildenafil 50mg is available BTC in packs of 8 – in the UK. If this were allowed, it may negate the sale of other ED products being sold in gas stations and convenience stores.
Calcipotriene 0.005% external (eg:Dovonex)	Move to Sched 4 Part 2 (BTC)	Calcipotriene 0.005% external 50mg / g is available without prescription in the UK for the treatment of Psoriasis
Adapalene 0.1% Gel (eg:Differin Gel)	Move to Sched 4 Part 2 (BTC)	Available without a prescription in the USA; active ingredient in acne treatments
Pseudoephedrine	Move to Sched 4 Part 2 (BTC)	Reduce risk of abuse/misuse Align legislation with drug preparations
Pseudoephedrine	Keep in Sched 4 Part 1 (OTC) and amend comment to “Max mdd 240mg	Current comment in PPA is outdated
Aprocitentan	Add to Sched 3 (Rx)	Approved in four jurisdictions
Bictegravir	Add to Sched 3 (Rx)	Approved in four jurisdictions

Drugs Schedules Feedback cont.

Respondents suggested the following additional changes to the drug schedules:

Drug	Suggestion	Rationale for Suggestion/Comments
Bictegravir	Add to Sched 3 (Rx)	Approved in four jurisdictions
Danicopan	Add to Sched 3 (Rx)	Approved in four jurisdictions
Donanemab	Add to Sched 3 (Rx)	Approved in four jurisdictions
Elafibranor	Add to Sched 3 (Rx)	Approved in four jurisdictions
Fezolinetant	Add to Sched 3 (Rx)	Approved in four jurisdictions
Guselkumab	Add to Sched 3 (Rx)	Approved in four jurisdictions
Lebrikizumab	Add to Sched 3 (Rx)	Approved in four jurisdictions
Mavacamten	Add to Sched 3 (Rx)	Approved in four jurisdictions
Nemolizumab	Add to Sched 3 (Rx)	Approved in four jurisdictions
Sotatercept	Add to Sched 3 (Rx)	Approved in four jurisdictions
Tarlatamab	Add to Sched 3 (Rx)	Approved in four jurisdictions
Tislelizumab	Add to Sched 3 (Rx)	Approved in four jurisdictions
Vorasidenib	Add to Sched 3 (Rx)	Approved in four jurisdictions
Resmetirom	Add to Sched 3 (Rx)	Approved in three jurisdictions
Deuruxolitinib	Add to Sched 3 (Rx)	Approved in two jurisdictions
Copper histidinate	Add to Sched 3 (Rx)	Approved in one jurisdiction
Difamilast	Add to Sched 3 (Rx)	Approved in one jurisdiction
Ensifentrine	Add to Sched 3 (Rx)	Approved in one jurisdiction
Ensitrelvir	Add to Sched 3 (Rx)	Approved in one jurisdiction
Navepegritide	Add to Sched 3 (Rx)	Approved in one jurisdiction

Drugs Schedules Feedback cont.

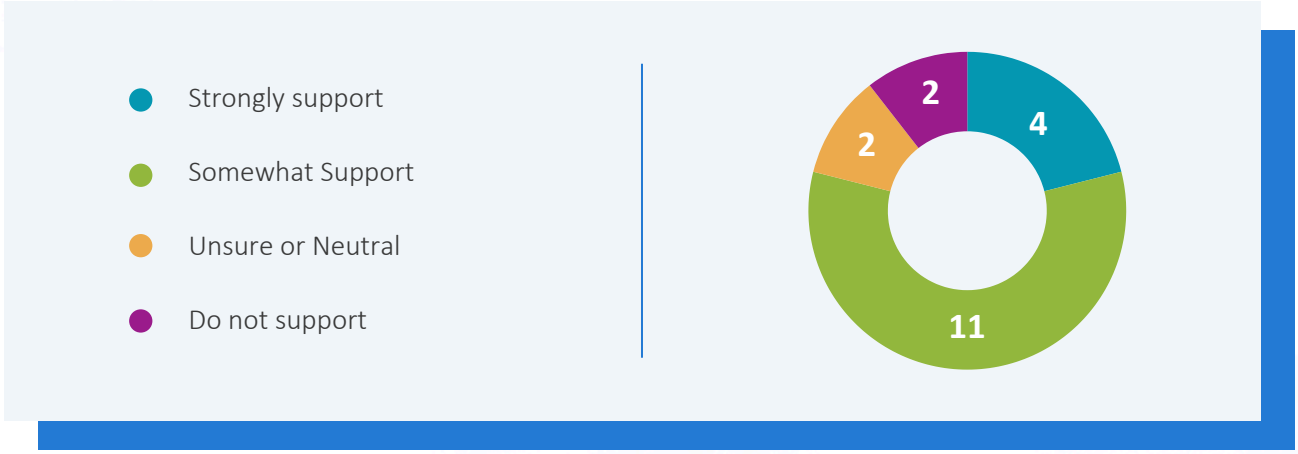
Respondents suggested the following additional changes to the drug schedules:

Drug	Suggestion	Rationale for Suggestion/Comments
Orforglipron	Add to Sched 3 (Rx)	Approved in one jurisdiction*
Tebipenem pivoxil	Add to Sched 3 (Rx)	Approved in one jurisdiction
Veligrotug	Add to Sched 3 (Rx)	Approved in one jurisdiction
Xanomeline	Add to Sched 3 (Rx)	Approved in one jurisdiction

* After consultation but prior to publication, this drug has been approved in a second jurisdiction.

General Sales List (GSL) Feedback

15 of the 19 responses indicated support for the proposed GSL.



Respondents provided feedback on the drugs proposed for inclusion in a GSL and the rationale for their feedback including but not limited to regulation in other jurisdictions, risk of misuse, contraindications, and ineffective common uses.

Drug	Current Regulation Status	Suggestion	Rationale
Products containing Dextromethorphan	Sched 4 Part 1 (OTC)	Do not allow in GSL	Reduce risk of abuse/misuse; can cause toxicity in excessive doses; when used with SSRIs and serotonergic drugs – can precipitate Serotonin Syndrome
Products containing Phenylephrine	Sched 4 Part 1 (OTC)	Do not allow in GSL	Poor effectiveness and link to cardiovascular contraindications
Acetaminophen 325mg + Dextromethorphan 10mg + phenylephrine 5mg (eg.Dayquil Cold and Flu)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Dextromethorphan is commonly misused, with clinically significant interaction requires monitoring and purchase quantity limitations. Also Phenylephrine is not effective decongestant with known cardiovascular complications

GSL Feedback cont.

Drug	Current Regulation Status	Suggestion	Rationale
Acetaminophen (325mg) + Guaifenesin (200mg) + Phenylephrine (5mg) (eg. Sudafed mucus, Tylenol sinus, Lemsip Max) -	Sched 4 Part 1 (OTC)	Do not allow in GSL	Ineffective decongestion and has known cardiovascular contraindications. Pharmacist oversight can support customers in making safer choices.
Acetaminophen 325mg + Phenylephrine 5mg (eg.Tylenol Sinus Congestion & Pain)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Ineffective decongestion and has known cardiovascular contraindications. Pharmacist oversight can support customers in making safer choices.
Acetaminophen 500MG + Caffeine 25 MG + Phenylephrine 6.1mg (eg.Sudafed Max Strength)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Ineffective decongestion and has known cardiovascular contraindications. Pharmacist oversight can support customers in making safer choices.
DAY: Acetaminophen 500 mg +Phenylephrine 6.1mg+ caffeine 25 mg NIGHT: Acetaminophen 500 mg + Phenylephrine 6.1mg) (eg.Lemsip Max Cold & Flu Day & Night)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Ineffective decongestion and has known cardiovascular contraindications. Pharmacist oversight can support customers in making safer choices.
Sudafed mucus, Tylenol sinus, Lemsip Max - Acetaminophen (325mg) + Guaifenesin (200mg) + Phenylephrine (5mg)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Ineffective decongestion and has known cardiovascular contraindications. Pharmacist oversight can support customers in making safer choices.

GSL Feedback cont.

Drug	Current Regulation Status	Suggestion	Rationale
Tylenol Sinus Congestion & Pain- Acetaminophen 325mg + Phenylephrine 5m	Sched 4 Part 1 (OTC)	Do not allow in GSL	Ineffective decongestion and has known cardiovascular contraindications. Pharmacist oversight can support customers in making safer choices.
Lemsip Max Cold & Flu Day & Night	Sched 4 Part 1 (OTC)	Do not allow in GSL	Ineffective decongestion and has known cardiovascular contraindications. Pharmacist oversight can support customers in making safer choices.
Ibuprofen 200 mg (NSAID) + Phenylephrine HCl 10 mg (eg: Advil Congestion Relief)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Ineffective decongestion and has known cardiovascular contraindications. Pharmacist oversight can support customers in making safer choices.
Dextromethorphan HBr 60mg + Guaifenesin 1200mg (eg:Mucinex DM exp & cough Suppressant)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Dextromethorphan is commonly misused, with clinically significant interaction requires monitoring and purchase quantity limitations.
Dextromethorphan 7.5 mg/5ml (eg:Benylin Dry Cough)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Dextromethorphan is commonly misused, with clinically significant interaction requires monitoring and purchase quantity limitations.
Acetaminophen 650mg +Dextromethorphan 20mg + Guaifenesin 400mg+ Phenylephrine 10 mg (eg:Dayquil Severe Cold and Flu)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Dextromethorphan is commonly misused, with clinically significant interaction requires monitoring and purchase quantity limitations. Also Phenylephrine is not effective decongestant with known cardiovascular complications

GSL Feedback cont.

Drug	Current Regulation Status	Suggestion	Rationale
Acetaminophen 650mg +Dextromethorphan 20mg + Guaifenesin 400mg+ Phenylephrine 10 mg (eg:Dayquil Severe Cold and Flu)	Sched 4 Part 1 (OTC)	Do not allow in GSL	Ineffective decongestion and has known cardiovascular contraindications. Pharmacist oversight can support customers in making safer choices.
Butenafine (eg:Lotrimin Ultra, Mentax)	Unregulated	Add to GSL	Fast-Acting topical antifungal for easily self-diagnosed conditions like athlete's foot. Extremely safe with negligible systemic absorption
Lidocaine 5% cream (eg:Xylocaine)	Sched 4 Part 1 for external prep ms 4% for non-parenteral use	Add to GSL	Extremely safe topical anesthetic, in very common use. Including hemorrhoids/ anal fissures, which are common ailments
H2 Blockers (eg:Famotidine 10 mg/ 20 mg or Pepcid AC)	Sched 4 Part 1 with ms 10 mg	Add to GSL	The gold standard for acid reduction with fewer drug interactions than older alternatives like cimetidine
Anti-Diarrheal loperamide 2mg (eg. Imodium)	Sched 4 Part 2	Add to GSL	Crucial for traveler's diarrhea or sudden stomach bugs. Recommendation: Request this with a small GSL pack-size limit (e.g., maximum of 6 or 12)
Anti-Gas (Simethicone 80 mg/125mg) (eg: Gas-X)	Sched 4 Part 1 (OTC)	Add to GSL	Purely local action in the gut; completely safe for general retail.
Fexofenadine (60 mg/180mg) (e.g. Allegra)	Sched 4 Part 1 (OTC)	Add to GSL	Unlike cetirizine, fexofenadine has virtually zero sedative effect at standard doses; the safest option for drivers and workers buying allergy meds.

GSL Feedback cont.

Drug	Current Regulation Status	Suggestion	Rationale
Fluticasone Propionate Nasal Spray (50 mcg/actuation) (e.g.Flonase)	Sched 3	Add to GSL	In the US and UK steroid nasal sprays are now GSL/OTC - they are far more effective for chronic allergies than antihistamines - not rebound congestion
Hydrocortisone Cream 0.5% or 1%	Sched 4 Part 1 (OTC)	Add to GSL	The absolute standard for minor eczema, insect bites, and poison ivy. UK MHRA model—use a pack size limit (e.g., tubes no larger than 15g or 30g)
Bacitracin + Polymyxin B + Neomycin Cream (e.g., Triple Antibiotic Ointment, Polysporin, Neosporin).	Sched 4 Part 1 (OTC)	Add to GSL	Standard GSL item in the US for minor cuts and scrapes to prevent infection before a bandage is applied.
Nicotine Replacement Therapy (Nicotine Gum, Lozenges, and Patches):	Sched 4 Part 2	Add to GSL	Many countries deliberately place NRTs on the GSL to lower the barrier for citizens trying to quit smoking. This is a proven public health strategy
Acetaminophen	Unregulated	Add to GSL for up to 32 pack size	Pack size 32 is readily available from UK
Aspirin	Unregulated	Add to GSL for up to 32 pack size	Pack size 32 is readily available from UK
Diphenhydramine (eg:Benadryl)	Sched 4 Part 1 (OTC)	Add to GSL	None provided
Doxylamine Succinate (eg:Unisom)	Sched 4 Part 1 (OTC)	Add to GSL	None provided
Diphenhydramine	Sched 4 Part 1	Add to GSL	None provided
Pseudoephedrine (eg. Sudafed)	Sched 4 Part 1 (OTC)	Add to GSL	None provided
Dextromethorphan	Sched 4 Part 1 (OTC)	Add to GSL	None provided

GSL Feedback cont.

Drug	Current Regulation Status	Suggestion	Rationale
Phenol	Sched 4 Part 1 (OTC)	Add to GSL	None provided
Chlorhexidine	Sched 4 Part 1 (OTC)	Add to GSL	None provided
Imodium	Sched 4 Part 1 (OTC)	Add to GSL	None provided
Ear care products	No ingredient provided	Add to GSL	Include swimmers ear/ drying agents, cerumen-softening products and water –removal preparations
Topical Antibiotic creams/ ointments	No ingredient provided	Add to GSL	Permit small packages (e.g. <15gm) where approved, consistent with other jurisdictions
Contact lens care products	No ingredient provided	Add to GSL	Cleaning, disinfecting and saline solutions should be clearly permitted as they are medical devices rather than medicines
Digestive health products	No ingredient provided	Add to GSL	Include antacids (calcium carbonate), alginates, bismuth subsalicylate, simethicone, and low-dose proton pump inhibitors where appropriate.
Fexofenadine	Sched 4 Part 1 (OTC)	Add to GSL	Include alongside cetirizine and loratadine as a second-generation non-sedating antihistamine.
Topical antiseptics/disinfectants	No ingredient provided	Add to GSL	Include products such as Bactine and similar antiseptic solutions/sprays. Current list is UK-focused and omits common North American products.
Lubricating and redness-relieving eye drops	No ingredient provided	Add to GSL	Include artificial tears and vasoconstrictor eye drops (e.g., Visine, Clear Eyes) as common self-care products.

GSL Feedback cont.

Drug	Current Regulation Status	Suggestion	Rationale
Guaifenesin extended-release (600–1200 mg)	Sched 4 Part 1 (OTC)	Add to GSL	Include sustained release formulations (e.g., Mucinex). Total daily dose is comparable to immediate-release products already permitted.
Loperamide 2 mg (eg:Imodium)	Sched 4 Part 1 (OTC)	Unclear	Make Imodium widely available but acknowledges it is a complex drug
Sildenafil (eg:Viagra)	Sched 3 (Rx)	Unclear	Consider Viagra to be OTC BUT recognizes there are potential risks
Dextromethorphan	Sched 4 Part 1 (OTC)	Unclear	Dextromethorphan is an opioid without effects on pain reduction. It's known to have abuse potential and can cause serious toxicity when taken in excessive doses.
Dextromethorphan	Sched 4 Part 1 (OTC)	Unclear	Used with SSRi's and serotonergic drugs can precipitate Seretonin Syndrome.
Lotilaner ophthalmic soln (Eg:Xdemvy)	Unregulated	Unclear (Rx in USA or UK , Not available in Canada in EU at this time)	Helps in treating the most common form of blepharitis caused by mite - Demodex

GSL Feedback cont.

RECOMMENDED SAFEGUARDS

Respondents suggested the following safeguards:

01 Annual review of sales and reported side effects globally and any research available.

02 Provide a basic course in over-the-counter medication safety.

03 Strict enforcement of pack sizes and limitation on the number of packs being sold.

04 Sold only to individuals aged 18 years or older.

05 Labelling requirements.

06 Except for the products identified above as unsuitable for GSL classification, all other GSL products should be supplied in the smallest commercially available pack size.

07 Store GSL locked away or behind the cashier counter.

08 Restrictions on which authorized prescribers can prescribe which drugs.

General Feedback on the Two Proposals

Respondents offered broad comments on both proposals:
PPIs should not be on OTC
Do not sell drugs outside of pharmacy.
It is important that Bermuda provides essential over-the-counter medications in retail locations outside of a pharmacy. Offering these necessities aligns Bermuda with the global standards where access to common non-prescription medications are routinely available.
Some of the proposed General Sales List appears to be based primarily on UK classifications. Consideration should also be given to products commonly available in North America where they are therapeutically equivalent or belong to the same class of medicines.
In addition, the list does not address several broad product categories, such as vitamins, minerals, electrolyte replacement products, oral rehydration solutions, and other nutritional supplements.
Rather than attempting to list every individual product, consideration should be given to including a general provision that permits these categories of products to be sold outside of a pharmacy, unless they contain ingredients or strengths that are otherwise restricted under the legislation. This approach would provide greater clarity, accommodate future products entering the market, and reduce the need for frequent legislative amendments. This wording is stronger from a legislative perspective because it avoids trying to enumerate every product and instead creates a framework that remains applicable as new products become available.
Overall, I welcome these proposals and the introduction of a General Sales List. They modernize Bermuda's medicines legislation and improve access to several low-risk medicines.
One proposal that stood out was the different approach to oral decongestants. The consultation proposes wider availability of phenylephrine, despite growing evidence that oral phenylephrine has limited clinical effectiveness, while pseudoephedrine, which is generally regarded as the more effective oral decongestant, would move to behind-the-counter supply. I understand and support the need for pharmacist oversight of pseudoephedrine because of its contraindications and misuse potential, but I think it would be helpful for the consultation to acknowledge this balance between effectiveness and safety, rather than leaving the impression that the less effective medicine is becoming the more accessible one.

General Feedback on the Two Proposals contd.

Respondents offered broad comments on both proposals:
I would welcome a future review specifically looking at medicines that could move from Prescription Only to Pharmacist Supply, rather than only from Pharmacy to General Sales. Pharmacists are increasingly recognized internationally as clinicians, and I believe this would be a natural next step in the modernization of Bermuda's medicines legislation.
I would also encourage further consideration of improving access to products such as nicotine replacement therapy and topical treatments for uncomplicated vaginal thrush, where there is a long history of safe use and significant public health benefit.
There is concern regarding the dilemma with decongestants. Recently phenylephrine has shown limited effectiveness, and pseudoephedrine is known for its potential misuse.
Unregulated distribution of drugs might create opportunities for abuse or overdosing, as untrained staff would not be able to provide appropriate information on pharmaceuticals being dispensed, there are fair number of pharmacies on the island, some of them are opened until 8pm, in my opinion the availability is sufficient and covers needs of Bermudian population.
These items are already widely accessible across the island. There are numerous pharmacies, spread across the narrow geographic width of the island, with varied opening hours, even on holidays, which creates great access to items on this list, along with access to some level of supervised purchasing. I believe there is no need to have additional shops with them.
In a world of growing misinformation, misuse, and abuse of medication, Bermuda is just small enough to offer oversight on all medication access and use. I believe that pharmacy oversight should be preserved.
The business of pharmacy is already facing numerous financial shock by policy makers and other external forces. This list will continue to undermine the business's finances and put many at risk. The GSL items are necessary for the survival of many small pharmacies. Diluting their livelihood by giving persons more unsupervised options would be another challenge for pharmacy economy.
With increases in patients living with HTN, Diabetes, Cirrhosis and renal impairment, care needs to be provided initially by being mindful of where these proposed GSL items are accessed as they could be potentially harmful in specific groups.

Feedback on Other Pharmacy Matters

Respondents shared further considerations not directly linked to the two proposals:

INSURANCE COVERAGE

Insurance companies should continue to cover drugs that change to OTC if [an authorized prescriber] writes a prescription for them.

PHARMACIST SUPPLY

Consider medicines suitable for pharmacist supply, rather than focusing almost exclusively on General Sales medicines. Other countries such as the UK, Australia and New Zealand have successfully reclassified several prescription medicines for supply by pharmacists, recognizing the clinical role pharmacists play in improving access while maintaining appropriate safeguards. Examples include sildenafil (Viagra Connect), sumatriptan (Imigran Recovery), and Desogestrel.

PHARMACY OVERSIGHT

I believe the current nature of the pharmacy profession does not need this additional splintering of pharmacy oversight.

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