

APPENDIX 1

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RELEASED UNDER THE  
OFFICIAL INFORMATION ACT

Reference Number  
**IMC16** [REDACTED]

Please quote this reference number  
in any communications



Date 13 / 5 / 2016

Dear [REDACTED]

SD  
NO CORRESPONDENCE  
24 JAN 2017

**MEDSAFE**

NEW ZEALAND MEDICINES  
AND MEDICAL DEVICES  
SAFETY AUTHORITY  
A BUSINESS UNIT OF  
THE MINISTRY OF HEALTH

### Importation of Prescription Medicine

Medsafe is the regulatory authority responsible for administering the medicines legislation in New Zealand.

A parcel addressed to you was referred to Medsafe by the NZ Customs Service because it was suspected to contain a prescription medicine. The package contained the prescription medicine(s) listed on the reverse of this letter. Medsafe has detained the medicine(s). It is unlawful for you to import these medicines for personal use unless they have been prescribed to you by a NZ Registered Medical Practitioner or by a health care professional entitled to prescribe prescription medicines [s43 Medicines Act 1981].

In order for you to receive the medicine(s) you need to take this letter to a health care professional entitled to prescribe prescription medicines, such as a NZ Registered Medical Practitioner (a medical doctor). If the doctor considers it appropriate for you to have this medicine they must complete the reverse of this letter and send it to us. Please note, we do not accept prescriptions from overseas doctors.

Prescription medicines carry risks of serious side effects, including possible hospitalisation or death, and should only be used under medical supervision to treat diagnosed health conditions.

If we do not receive the completed letter from your Doctor within 30 days of the date of this letter your medicine will be seized and disposed of.

### INFORMATION FOR DOCTOR

Your patient has imported the prescription medicine(s) listed on the reverse. We have detained the medicine(s). If you consider it appropriate to prescribe these medicines to your patient please complete the form on the reverse, including the "frequency of dose" field, and send the completed form to us by email, fax or post.

The medicine(s) may have been obtained from overseas and may have been ordered via the internet. As such, Medsafe has not evaluated the medicine(s) against international standards of safety, quality and efficacy. There is a risk that the medicine(s) may; be of poor quality, not conform to label (ingredient and dosage), be contaminated with harmful substances, and/or be counterfeit.

Guidelines for prescribing medicines ordered on the internet are attached. Additional information on prescribing unapproved medicines can be found at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) under the tab "compliance" and then the tab "unapproved medicines." The Medical Council guideline "Good Prescribing Practice" may also be of assistance. In order to be fully aware of your rights and obligations we strongly recommend that you read these articles as part of your decision making process.

Medsafe is not a pharmacy and we do not dispense medicines. For this reason medicines will not be given pharmacy labels with dosage instructions, so you will need to provide those instructions to your patient in writing. We can only release the total quantity of each medicine imported (e.g. if 100 tablets of a medicine are imported we cannot divide the pack and release only 90).

Yours Sincerely,

Senior Advisor  
Border Control Pharmacist  
Medsafe – Ministry of Health



**Reference Number**  
**IMC16** [REDACTED]

**PRESCRIPTION**

Medical practice to send this completed form to Medsafe, we will not accept it from the patient.

Medsafe Use only
D
✓

**Practice Name, Address & Phone Number:** \_\_\_\_\_

**Doctor's Name & MCNZ#:** \_\_\_\_\_

**Patient Name, Date of Birth:** \_\_\_\_\_

**Patient Address & Phone number:** \_\_\_\_\_

Brand name	Ingredient	Dose	Quantity	Frequency of dose (prescriber to complete)	Medsafe Use only
Tru Weight Energy	Synephrine (oxedrine) + non Rx ingredients	Unspecified	15 Caps		W

I confirm that:

- The patient named above is under my care
- The medicine, dosage and quantity of medicine listed above is appropriate for the patient<sup>1</sup>
- I have given the patient the dosage instructions in writing
- I have explained to the patient the risks of using medicines acquired from overseas or via the internet
- I accept responsibility for prescribing unapproved medicine to the patient.

Tick one of the following<sup>2</sup>

- The quantity is three months' supply or less (or six months' supply or less of oral contraceptive pill) and I authorise the medicines to be released to the patient.
- The quantity is more than three months' supply (or more than six months' supply of oral contraceptive pill) and I authorise the medicines to be released to my clinic. The medicines will be dispensed to the patient in amounts not exceeding three months' supply or six months' supply for oral contraceptive pill.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<sup>1</sup> If there are multiple medicines listed and you only want to prescribe some of them, delete those you do not wish to prescribe.

<sup>2</sup> More than three months' supply of medicine cannot be released directly to the patient.

**Medsafe contact details. Please include the reference number at top of this letter in all communications.**

**Phone:** 09 580 9141

**Email:** medclearance@moh.govt.nz

**Fax:** 09 580 9198

**Postal address:** PO Box 7772, Wellesley Street, Auckland



Reference Number  
**IMC16** [REDACTED]

Please quote this reference number  
in any communications



Date 13 / 5 / 2016

SD  
NO CORRESPONDENCE  
24 JAN 2017

**MEDSAFE**  
NEW ZEALAND MEDICINES  
AND MEDICAL DEVICES  
SAFETY AUTHORITY  
A BUSINESS UNIT OF  
THE MINISTRY OF HEALTH

Dear [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

### Importation of Prescription Medicine

Medsafe is the regulatory authority responsible for administering the medicines legislation in New Zealand.

A parcel addressed to you was referred to Medsafe by the NZ Customs Service because it was suspected to contain a prescription medicine. The package contained the prescription medicine(s) listed on the reverse of this letter. Medsafe has detained the medicine(s). It is unlawful for you to import these medicines for personal use unless they have been prescribed to you by a NZ Registered Medical Practitioner or by a health care professional entitled to prescribe prescription medicines [s43 Medicines Act 1981].

In order for you to receive the medicine(s) you need to take this letter to a health care professional entitled to prescribe prescription medicines, such as a NZ Registered Medical Practitioner (a medical doctor). If the doctor considers it appropriate for you to have this medicine they must complete the reverse of this letter and send it to us. Please note, we do not accept prescriptions from overseas doctors.

Prescription medicines carry risks of serious side effects, including possible hospitalisation or death, and should only be used under medical supervision to treat diagnosed health conditions.

If we do not receive the completed letter from your Doctor within 30 days of the date of this letter your medicine will be seized and disposed of.

### INFORMATION FOR DOCTOR

Your patient has imported the prescription medicine(s) listed on the reverse. We have detained the medicine(s). If you consider it appropriate to prescribe these medicines to your patient please complete the form on the reverse, including the "frequency of dose" field, and send the completed form to us by email, fax or post.

The medicine(s) may have been obtained from overseas and may have been ordered via the internet. As such, Medsafe has not evaluated the medicine(s) against international standards of safety, quality and efficacy. There is a risk that the medicine(s) may; be of poor quality, not conform to label (ingredient and dosage), be contaminated with harmful substances, and/or be counterfeit.

Guidelines for prescribing medicines ordered on the internet are attached. Additional information on prescribing unapproved medicines can be found at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) under the tab "compliance" and then the tab "unapproved medicines." The Medical Council guideline "Good Prescribing Practice" may also be of assistance. In order to be fully aware of your rights and obligations we strongly recommend that you read these articles as part of your decision making process.

Medsafe is not a pharmacy and we do not dispense medicines. For this reason medicines will not be given pharmacy labels with dosage instructions, so you will need to provide those instructions to your patient in writing. We can only release the total quantity of each medicine imported (e.g. if 100 tablets of a medicine are imported we cannot divide the pack and release only 90).

Yours Sincerely,

Senior Advisor  
Border Control Pharmacist  
Medsafe – Ministry of Health



Reference Number  
**IMC16** [REDACTED]

**PRESCRIPTION**

Medical practice to send this completed form to Medsafe, we will not accept it from the patient.

Medsafe Use only D
✓

Practice Name, Address & Phone Number: \_\_\_\_\_

Doctor's Name & MCNZ#: \_\_\_\_\_

Patient Name, Date of Birth: \_\_\_\_\_

Patient Address & Phone number: \_\_\_\_\_

Brand name	Ingredient	Dose	Quantity	Frequency of dose (prescriber to complete)	Medsafe Use only
Tru Elevate	DHEA (progesterone)	unspecified	15caps		✓
	non-12x ingredients				

I confirm that:

- The patient named above is under my care
- The medicine, dosage and quantity of medicine listed above is appropriate for the patient<sup>1</sup>
- I have given the patient the dosage instructions in writing
- I have explained to the patient the risks of using medicines acquired from overseas or via the internet
- I accept responsibility for prescribing unapproved medicine to the patient.

Tick one of the following<sup>2</sup>

- The quantity is three months' supply or less (or six months' supply or less of oral contraceptive pill) and I authorise the medicines to be released to the patient.
- The quantity is more than three months' supply (or more than six months' supply of oral contraceptive pill) and I authorise the medicines to be released to my clinic. The medicines will be dispensed to the patient in amounts not exceeding three months' supply or six months' supply for oral contraceptive pill.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<sup>1</sup> If there are multiple medicines listed and you only want to prescribe some of them, delete those you do not wish to prescribe.

<sup>2</sup> More than three months' supply of medicine cannot be released directly to the patient.

**Medsafe contact details. Please include the reference number at top of this letter in all communications.**

Phone: 09 580 9141

Email: medclearance@moh.govt.nz

Fax: 09 580 9198

Postal address: PO Box 7772, Wellesley Street, Auckland



Reference Number  
**IMC16** [REDACTED]

Please quote this reference number  
in any communications



Date 13 / 5 / 2016

Dear [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

~~SD  
NO CORRESPONDENCE  
25 MAY 2016~~

**MEDSAFE**  
NEW ZEALAND MEDICINES  
AND MEDICAL DEVICES  
SAFETY AUTHORITY  
A BUSINESS UNIT OF  
THE MINISTRY OF HEALTH

~~SD  
NO CORRESPONDENCE  
24 JAN 2017~~

### Importation of Prescription Medicine

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### INFORMATION FOR DOCTOR

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Guidelines for prescribing medicines ordered on the internet are attached. Additional information on prescribing unapproved medicines can be found at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) under the tab "compliance" and then the tab "unapproved medicines." The Medical Council guideline "Good Prescribing Practice" may also be of assistance. In order to be fully aware of your rights and obligations we strongly recommend that you read these articles as part of your decision making process.

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Yours Sincerely,

Senior Advisor  
Border Control Pharmacist  
Medsafe – Ministry of Health



Reference Number  
**IMC16** 

**PRESCRIPTION**

Medical practice to send this completed form to Medsafe, we will not accept it from the patient.

Medsafe Use only D
✓

Practice Name, Address & Phone Number:

\_\_\_\_\_

Doctor's Name & MCNZ#:

\_\_\_\_\_

Patient Name, Date of Birth:

\_\_\_\_\_

Patient Address & Phone number:

\_\_\_\_\_

Brand name	Ingredient	Dose	Quantity	Frequency of dose (prescriber to complete)	Medsafe Use only
Tru Weight ?	Contains Yohimbine	unspecified	15caps		W
Energy Gen 2	(non Rx ingredients)				

I confirm that:

- The patient named above is under my care
- The medicine, dosage and quantity of medicine listed above is appropriate for the patient<sup>1</sup>
- I have given the patient the dosage instructions in writing
- I have explained to the patient the risks of using medicines acquired from overseas or via the internet
- I accept responsibility for prescribing unapproved medicine to the patient.

Tick one of the following<sup>2</sup>

- The quantity is three months' supply or less (or six months' supply or less of oral contraceptive pill) and I authorise the medicines to be released to the patient.
- The quantity is more than three months' supply (or more than six months' supply of oral contraceptive pill) and I authorise the medicines to be released to my clinic. The medicines will be dispensed to the patient in amounts not exceeding three months' supply or six months' supply for oral contraceptive pill.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<sup>1</sup> If there are multiple medicines listed and you only want to prescribe some of them, delete those you do not wish to prescribe.  
<sup>2</sup> More than three months' supply of medicine cannot be released directly to the patient.

**Medsafe contact details. Please include the reference number at top of this letter in all communications.**

Phone: 09 580 9141      Email: medclearance@moh.govt.nz  
 Fax: 09 580 9198      Postal address: PO Box 7772, Wellesley Street, Auckland



Reference Number  
[REDACTED]

Please quote this reference number  
in any communications

Box in office  
with Tru Viscon  
products



Date 27 / 5 / 2016

Dear [REDACTED]

**MEDSAFE**  
 NEW ZEALAND MEDICINES  
 AND MEDICAL DEVICES  
 SAFETY AUTHORITY  
 BUSINESS UNIT OF  
 DEPARTMENT OF HEALTH

SD  
 NO CORRESPONDENCE  
 02 SEP 2016



### Importation of Prescription Medicine

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RELEASED UNDER THE OFFICIAL INFORMATION ACT

### INFORMATION FOR DOCTOR

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Yours Sincerely,

Senior Advisor  
Border Control Pharmacist  
Medsafe – Ministry of Health



**Reference Number**  
**HMS16** 

### PRESCRIPTION

Medical practice to send this completed form to Medsafe, we will not accept it from the patient.

Medsafe Use only <del>D</del>
✓

Practice Name, Address & Phone Number:

---

Doctor's Name & MCNZ#:

---

Patient Name, Date of Birth:

---

Patient Address & Phone number:

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Brand name	Ingredient	Dose	Quantity	Frequency of dose (prescriber to complete)	Medsafe Use only
Tri Vision	Symphtine (oxedrine)	inspec. free	22 Strips		W
	thor - 12 ingredients				

I confirm that:

- The patient named above is under my care
- The medicine, dosage and quantity of medicine listed above is appropriate for the patient<sup>1</sup>
- I have given the patient the dosage instructions in writing
- I have explained to the patient the risks of using medicines acquired from overseas or via the internet
- I accept responsibility for prescribing unapproved medicine to the patient.

Tick one of the following<sup>2</sup>

- The quantity is three months' supply or less (or six months' supply or less of oral contraceptive pill) and I authorise the medicines to be released to the patient.
- The quantity is more than three months' supply (or more than six months' supply of oral contraceptive pill) and I authorise the medicines to be released to my clinic. The medicines will be dispensed to the patient in amounts not exceeding three months' supply or six months' supply for oral contraceptive pill.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<sup>1</sup> If there are multiple medicines listed and you only want to prescribe some of them, delete those you do not wish to prescribe.  
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Medsafe contact details. Please include the reference number at top of this letter in all communications.

Phone: 09 580 9141      Email: medclearance@moh.govt.nz  
 Fax: 09 580 9198      Postal address: PO Box 7772, Wellesley Street, Auckland



Reference Number

TV [REDACTED]

Please quote this reference number  
in any communications

SD  
NO CORRESPONDENCE

02 SEP 2016

Date 29 June 2016

Dear [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

### Importation of Prescription Medicine

Medsafe is the regulatory authority responsible for administering the medicines legislation in New Zealand.

You have attempted to import Tru Weight and Energy capsules that contain the prescription medicine oxedrine (synephrine). We have detained the medicines.

It is unlawful to sell, distribute or advertise these medicines. The penalty for doing so is a fine not exceeding \$20,000 or a term of imprisonment not exceeding 20,000 [s20 Medicines Act 1981]. If it was your intention to supply these medicines whether by gift or sale, please contact us and we will destroy the medicines.

If you have imported these for personal use, you need to take this letter to a NZ Registered Medical Practitioner (a medical doctor). If the doctor considers it appropriate for you to have this medicine they must complete the reverse of this letter and send it to us. Please note, Medsafe does not accept prescriptions from overseas doctors.

Prescription medicines carry risks of serious side effects, including possible hospitalisation or death, and should only be used under medical supervision to treat diagnosed health conditions.

If Medsafe does not receive the completed letter from your Doctor by 31 July 2016 your medicine will be seized and disposed of.

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#### INFORMATION FOR DOCTOR

Your patient has attempted to import Tru Weight and Energy capsules. If you consider it appropriate to prescribe these medicines to your patient please complete the form on the reverse, including the "frequency of dose" field, and send the completed form to Medsafe by email, fax or post.

Medsafe has not evaluated the medicine against international standards of safety, quality and efficacy. There is a risk that the medicine(s) may; be of poor quality, not conform to label (ingredient and dosage), and/or be contaminated with harmful substances.

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Yours Sincerely,

Border Pharmacist



**Reference Number**  
**TV** [REDACTED]


Medical practice to send this completed form to Medsafe. It will not be accepted from the patient.

Medsafe use only  


Practice Name, Address & Phone Number

Doctor's Name & MCNZ#

Patient Name / DOB  
 Address & Phone number

Brand name	Ingredient	Dose	Quantity	Frequency of dose <small>(prescriber to complete)</small>	Medsafe Use only
Tru Weight and Energy Capsules	Synephrine (Oxedrine) and other non-prescription ingredients  (dosage instructions state to take two capsules daily. This equates to a daily dose of 60mg).	30mg	150 caps.  (10 x blister packs of 15)		

I confirm that:

- The patient named above is under my care
- The medicine, dosage and quantity of medicine listed above is appropriate for the patient<sup>1</sup>
- I have given the patient the dosage instructions in writing
- I have explained to the patient the risks of using medicines acquired from overseas or via the internet
- I accept responsibility for prescribing unapproved medicine to the patient.

Tick one of the following<sup>2</sup>

The quantity is three months' supply or less, (or six months' supply or less of oral contraceptive pill) and I authorise the medicines to be released to the patient.

The quantity is more than three months' supply, (or more than six months' supply of oral contraceptive pill) and I authorise the medicines to be released to my clinic. The medicines will be dispensed to the patient in amounts not exceeding three months' supply or six months' supply for oral contraceptive pill.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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<sup>2</sup> More than three months' supply of medicine cannot be released directly to the patient.

**Medsafe contact details. Please include the reference number at top of this letter in all communications.**

Phone: 09 580 9141

Email: medclearance@moh.govt.nz

Fax: 09 580 9198

Postal address: PO Box 7772, Wellesley Street, Auckland



23 August 2016

Dear Importer

**Importation of product containing synephrine (oxedrine)**

Medsafe is the regulatory authority responsible for administering the medicines legislation in New Zealand.

You have imported a product containing 24mg synephrine (oxedrine) per capsule. The product labelling also indicates that it is for a therapeutic purpose.

The ingredient oxedrine is included in Schedule 1 of the Medicines Regulations 1984 and therefore any product stated to contain this medicine is considered to be for a therapeutic purpose; and this purpose is confirmed by its labelling. This would make the product a general sale medicine if present in doses below those specified for a prescription medicine (30mg per daily dose).

While you may import this product and use it yourself, you should not sell, distribute or advertise the product in New Zealand as it has not been approved for sale, distribution or advertising.

The relevant legislation is section 20 of the Medicines Act 1981. The penalty on successful prosecution for a breach of this section, for an individual, is a fine not exceeding \$20,000 or a term of imprisonment not exceeding 6 months.

We note that on the TruVision tru Weight & Energy and truFIX trifold pack it contains the advice "FOR PERSONAL CONSUMPTION, NOT FOR RESALE".

We advise that you do not sell, distribute or advertise the availability of this product. Advertising includes websites, Facebook and any other medium.

Yours Sincerely,

Investigation and Enforcement Team  
Medsafe

Phone: 09 5809141  
Fax: 09 5809198  
Email: [medclearance@moh.govt.nz](mailto:medclearance@moh.govt.nz)