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General sale of non-prescription medicinal products: comparing legislation in two European countries

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Legislative impacts on the sale of non-prescription medicinal products: Balancing patient demand, convenience, and safety

Abstract

Background

The number of non-prescription medicines (NPMs) available for self-medication is increasing within the European Union (EU). This can enhance the autonomy of individuals but is also connected with risks. Under an existing EU Directive, Sweden has only recently deregulated and made NPMs available in non-pharmacy outlets; The United Kingdom (UK) is a more established NPM market; both are guided by the same EU directives.

Objective

The aim of this study was to compare specific requirements under the legislation, rationales and outcomes regarding the sale of NPMs through non-pharmacy outlets between Sweden and the UK.

Method

The main method was analysis of legislative text and policy documents, conducted in 2012.

Results

Both countries had specified medicines available to the public in non-pharmacy outlets, but with restrictions on different factors, e.g. placement and package size of the NPMs. The main rationales for legislation were quality and patient safety. NPMs for 51 ailments were available in the UK, compared to 35 in Sweden.

Conclusion

Sweden had more extensive requirements, probably due to the market being more recently deregulated, while the UK represented a more mature market. There is a difference in the balance between confidence and control, as well as availability and safety when it comes to NPMs in non-pharmacy settings that needs to be further discussed.

Keywords: non-prescription medicines; Sweden; UK ; EU directives; general sales medicines; self medication

1

2 **Introduction**

3 Pharmaceutical policy has been described as an on-going dynamic process with the overall goal to
4 achieve rational drug usage. It is a global concern and therefore policymakers can learn from
5 interventions made in other countries. The analysis of policies and their outcomes is one way of
6 predicting the potential impacts of new policies.¹ Hence, it is important both to follow up changes in
7 legislation, but also to compare different regulatory systems and their outcomes.

8 In the European Union (EU) directives should, in theory, give the same guidance to all member
9 states. The purpose is to minimize conflicting regulatory decisions and instead harmonize them
10 between the EU member states.² However, factors, such as different systems, traditions and
11 customs, bring about varying needs for legislation.

12 NPMs are licensed medicines that are sold without a prescription; and for the purpose of this paper,
13 they are defined as those NPMs available through non-pharmacy outlets. They are used for treating
14 minor ailments for which patients are able to diagnose, treat and also evaluate outcomes. A trend of
15 increasing the numbers of NPMs available for self-medication is seen all over Europe, and
16 elsewhere.³ This has the potential of reducing the cost burden on healthcare systems. Deregulation
17 of a medicine to be sold without prescription can increase the autonomy and independency of
18 individuals.^{4,5} but is also connected with risks.⁶

19 An acceptable overall safety profile, including the lack of serious potential side effects, is essential for
20 the deregulation of a medicine as a NPM. They must be appropriate for self-medication, without
21 involvement of a prescriber, and the risks for abuse should be minimal.⁷ All medicines might cause
22 unwanted effects, and a drug sold without a prescription is not automatically harmless.^{8,9} However,
23 members of the public often consider NPMs to be less strong, and hence less dangerous than
24 prescription only medicines, a perception that can lead to the belief of NPMs being harmless.^{10,11}

25 The use of NPMs by the public is associated with several potential risks. Examples are unawareness
26 of drug-drug interactions⁵ and contraindications¹². It may also be that people who have not had their
27 needs met by health care use self-medication as an alternative, which could be inappropriate.¹³ If the
28 patient's own diagnosis is incorrect it might lead to self-medication involving medical errors and
29 prolonged time to get proper care, potentially impacting negatively on both the patient and the
30 health care system.⁵ Within the EU, member states are guided by the same main principles.
31 However, the specific requirements under the legislation in the member states may differ.¹⁴
32 Differences in the way this EU directive has been implemented have not yet been investigated,

particularly one focussing on 2 countries, where this implementation was more recent, versus one where liberalisation of the NPMs market is much more established.

Aim

The aim of this study was to compare similarities and difference between 2 countries; Sweden and the UK; in terms of legislation and practice regarding the sale of NPMs through non-pharmacy outlets. The study focused on the rationales, i.e. the motives of the legal requirement; the resulting and in some aspects specific legal requirements; and some of the practical outcomes.

Method

The settings

In 2008 and 2009 the Swedish pharmacy market was deregulated. Prior to the changeover NPMs were only sold in community pharmacies, where NPMs were available for self-selection but trained staff were available to provide pharmaceutical information. There was no age limit to sell NPMs, except for smoking cessation products for which customers had to be 18 years old.¹⁵ After the regulatory change, some NPMs were made available for general sale, i.e. through non-pharmacy outlets.¹⁶

The UK, representing a more liberal and more established model of the NPM market¹⁷, has had a number of NPMs available for general sale for many years.¹⁵ Legislation allowing the general sale of medicines has been in place since the Medicines Act in 1968¹⁸, with the latest, minor, changes in 2012¹⁹. Besides prescription only and general sales medicines, there is a third classification of Pharmacy medicines which are NPMs that can only be sold in community pharmacies under the supervision of a pharmacist.^{18,19}

This study focuses specifically on those NPMs which are available for general sale, i.e. through non-pharmacy outlets.

Regulating documents

A documentary review was undertaken of actual primary and secondary legislation (acts and statutory instruments) relating to the availability and sale of NPMs in the 2 countries, together with other governmental, parliamentary and authority documents. The legislative documents and the rationale for these, encompassing information related to the general sale of NPMs in Sweden and in the UK respectively, were collected.

The general sale of NPMs in Sweden is regulated by *The Swedish Code of Statutes: Law (2009:730) Act on sale of certain non-prescription medicinal products*²⁰ and the *Ordinance (2009:929) Sale of certain non-prescription medicinal products*²¹. In addition to the law the Medical Products Agency (MPA) provides *The Codes of Statutes LVFS 2009:20 on sale of certain NPMs*.²² The UK regulations on the general sale of NPMs are stated in the *Medicines Act 1968* and the *Human Medicines Regulations 2012*.^{18,19}

Additionally, regulating authorities; the Medical Products Agency in Sweden and the Medicines and Healthcare products Regulatory Agency (MHRA) in the UK, were contacted by e-mail to gather further information²³, especially to confirm that no regulation was in place when in doubt. They were asked specific questions about the legal underpinnings around the availability of general sales NPMs, such as whether an age limit existed when NPMs could be bought from non-pharmacy outlets, or whether any regulations existed which limited the number of packages an outlet could sell.

Pharmaceutical Specialities in Sweden, FASS²⁴, and Martindale²⁵ were referred to for the indications of the NPMs available for sale. Data gathering was carried out in November 2012 – hence later changes are not included.

Analysis

The documentation was scrutinized, and inductively organized according to topics and arguments²⁶ and then analysed. Similarities and differences between the requirements were structured according to content. Analysis of rationales was made through content analysis, i.e. rationales found were collected into themes in an inductive way.

This analysis was based on the Swedish legislation and the UK legislation was then, deductively, assigned to the themes. Practical outcomes, i.e. the NPMs available for general sales, were compared. Since the NPMs available were listed in different ways (brand names in Sweden and substances in the UK) they were compared according to their indications.

Results

In this section the specific requirements under the legislation, the rationales for these, and some of the outcomes brought about by legislation for the markets of NPMs in Sweden and the UK are compared.

The specific requirements under the legislations

The legislative requirements regarding the general sale of NPMs in the 2 countries are described in Table 1.

Insert Table 1 around here

The legislative requirements in Sweden were found to be greater in number, more comprehensive and also, more detailed than those regulating the UK market. The Swedish requirements described the obligations of the non-pharmacy outlet, whereas the requirements in the UK were more focused on the legal classification of each NPM.^{19,20}

The requirements concerning the following areas were seen only for the Swedish market: information and advice-giving, age limits, signposts, restricted services, inspections, notifications to the authority, fees, prohibitions and sanctions, self-inspection programmes, delivery checks and sale statistics. The corresponding for the UK market concerned the stated requirements for NPMs to be in original packages and limitations regarding maximum amount sold at one time. Furthermore, all medicine packages, whether they contain NPMs or prescription-only medicines, must contain the warning to keep out of reach and sight of children.¹⁹

Overall requirements regarding the premises were explained to a greater extent in the UK ('lockable' and 'able to close and exclude the public from') compared to those seen for Sweden ('suitable for its purpose'). The requirements regarding placement of medicines were, however, more detailed in Sweden than the UK (see table 1).

Rationales for the regulations

The documentary analysis showed that the overall desired outcomes for the reform in Sweden were to increase the availability of NPMs and the possibility for the general public to self-medicate, while maintaining a high level of patient safety. A further rationale was a wish for reduced prices for consumers. The NPMs that were to be sold in non-pharmacy outlets were intended to be those which were already well-established among the public prior to the regulatory change.^{9,15}

The analysis of rationales stated for the legislation of NPM-sale in Sweden and the UK respectively is summarized in Table 2. Common rationales in both countries were safety and quality of sale premises. The majority of rationales referred to safety, whereas quality was not mentioned as often.

Insert Table 2 around here

Besides the aspects identified in Table 2, some more rationales were identified. Patient safety was the reason behind the wish to only provide well-established NPMs, i.e. NPMs that have an established safety record and the public had previous experience with, through being available without prescription but restricted to community pharmacies. This is mentioned in connection to the Swedish but not the UK requirements. However, Sweden did not regulate the amounts sold unless when suspicion of intended resale of NPMs was aroused.

Outcomes of the regulatory changes

Both in Sweden and the UK authorities specify what NPMs are allowed to be sold in non-pharmacy outlets.^{36,37} The Swedish list consisted of 1967 trade names, including different strengths and package sizes.³⁶ In the UK 616 substances were approved to be sold in non-pharmacy outlets, some with stated restrictions such as maximum strength, maximum dose or maximum daily dose.³⁷ In the process of determining whether or not a medicine was appropriate for general sale several criteria were considered. The stated criteria for the NPMs on the general market in Sweden were more comprehensive than the ones for the UK classification.^{9,27,37}

According to the classification of the indications made in this study NPMs for 35 ailments were available to be sold in Sweden, corresponding to 51 in the UK. The NPMs available for general sale in each country are displayed in the supplement to this article. Regarding NSAIDs for internal use, several kinds (ibuprofen, naproxen, acetylsalicylic acid and diclofenac) were approved in Sweden, while only 2 (ibuprofen and acetylsalicylic acid) were approved for general sale in the UK.^{31,36} The maximum package size of NPMs containing paracetamol was 20 tablets in Sweden and 16 tablets in the UK, respectively.^{31,36}

The most common NPMs, sold on the general market in Sweden were products against pain, nasal congestion, and smoking cessation products.³⁸ The corresponding in the UK were NPMs against pain, allergy and cold/flu.⁶ In the UK approximately half of the NPMs sold in 2003 were believed to be purchased in non-pharmacy outlets³⁹, as compared to 16 – 19 % of the total sales value in the Swedish general market in 2012.⁴⁰⁻⁴⁴

Swedish authorities must be notified by the owner of a non-pharmacy retail outlet when sale of NPMs is commenced. Authorities must also be informed of sale statistics.²⁰ There were no comparable inspections in the UK.

Inspections had been conducted in Sweden and they revealed anomalies including lack of and faulty signposts, questionable placing of medicines on shelves and non-existent self-inspection programmes.^{45,46}

Discussion

Sweden and the UK are both members of the EU and the same directives guide both countries. It was to be expected that the overall rationales should be similar even though the realisation, i.e. how the EU directives were implemented in country law, differed as shown in Figure 1. This is likely due to a variety of reasons, including cultural differences in the 2 countries, and more experience in a longer established more liberalised market.

Insert Figure 1 around here

Confidence or control?

The overall rationales for both countries concern availability, safety and quality. However, as shown in the results, specific requirements differ. The rationales in Sweden appear to be more detailed compared to the UK. More similarities may have been found if earlier UK documents from the time when NPMs were first deregulated had been included. However, this was outside the scope of this study. This finding might be a sign of the UK having a more mature market. This is also symptomatic for the results regarding legislation and outcome in this study.

Subsequently the legislation in the UK suggests that authorities demonstrate greater confidence in this sale being conducted in an appropriate way than their counterparts in Sweden, including trust in retailers and consumers handling NPMs in a responsible way and reporting potential errors.³⁴ The Swedish deregulation of the general market is part of a large reorganization of the medicines market – thus an overall effort to assure quality and patient safety might have brought about a slightly over-worked legislation. The requirements might reflect uncertainty regarding the need for both control and guidance. It is disputable however if the detailed Swedish legislation has had the intended effect since it has been shown that outlets do not always comply with the requirements.⁴⁶ On the other hand, in the UK surveillance of general sale of NPMs is absent. The potential problems are thus only visible in rhapsodic reports.

Availability and safety

Increased availability to the public, customer choice and safety were the main rationales for the sale of NPMs in non-pharmacy outlets in both countries. The differences in the resulting specific requirements are most probably due to the phenomena of a newcomer (Sweden) versus an old-timer (the UK).

The key stakeholders with interest in the NPM market are the public, the health care system and the manufacturers of the NPMs. As the availability of these products to the public increases, the possibility to self-medicate does too. This has the potential of relieving the healthcare system of the task of treating minor ailments, with the potential to use scarce resources more efficiently. The manufacturers access a larger market. The risks connected to the sale of paracetamol contributed to the UK restriction of package sizes and maximum amount to be sold.^{33,35} This has been found to be associated with a reduction in deaths due to paracetamol overdose.⁴⁷ The motivation for regulating package sizes in Sweden was general risks of overconsumption; i.e. patient safety as well.

Hassell et al described the interaction between supply and demand to be important in shaping people's use of community pharmacies.¹¹ This may also be applied to the non-pharmacy outlets providing NPMs. Access to, or availability of, NPMs is determined by the number, locations and opening hours of the places selling NPMs. It is also determined by the NPMs included in the assortments, and by whom, to whom and in what quantity they can be sold. The availability of NPMs is seemingly equal in both countries with regard to the ailments that can be self-medicated, i.e. what medicines are classified as NPMs. From the viewpoint of the public, age limitation as well as the specific requirements on maximum amount sold, has an impact on the availability of NPMs in both Sweden and the UK respectively.

Nevertheless, the more extensive requirements might imply that the Swedish government/authorities are more concerned with safety, or rather with regulations to control this, than their counterparts in the UK. It is also possible that safety needs to be in focus because of the rather quick establishment of many non-pharmacy outlets in Sweden, in a market where both customers and those selling NPMs are novices.

Outcomes

The practical outcomes are obvious – specified medicines (NPMs) have been made available to the public in both countries through non-pharmacy outlets. However, NPMs are defined, in different ways, and that they are available for sale does not necessarily mean that they are accessible on the market. Lack of mandatory assortments in both countries might lead to less frequently sold NPMs

also being less available. It is not profitable for retailers to supply products that do not sell frequently, and hence availability is scarce – even if the medicines are on the NPM list.

The ailments treatable with NPMs differ in the 2 countries. Tradition and societal cultural behaviour most probably play an important role in the decisions made by authorities regarding availability. Also, the wider range of NPMs available in the UK probably is due to the more mature conditions, over time more drugs have been deregulated, first from prescription-only to non-prescription but pharmacy only and then general sale.

More medicines are available through the sale of NPM in non-pharmacy outlets. Availability, however, must be related to and weighed against patient safety demands. A decrease in suicides connected to paracetamol painkillers was seen in the UK 4 years after legislation on package size restriction.³³ One of the long-term effects was a 30% decline in liver poisoning caused by paracetamol. In this case the legislation in the UK is stricter than in Sweden, even though a discussion about availability to this pain killer recently has been initiated. This kind of discussion has been surprisingly scarce so far in Sweden.

One main issue is about whether or not the legislation is understandable to the owners and care-takers of the non-pharmacy outlets. From the retailers' point of view administrative factors, such as detailed demand of self-inspection, might limit the availability in Sweden, if these requirements are seen as intimidating. In the UK the legislation dictates more of "common-sense" thinking than is the case in Sweden. This is perhaps easier for the public – including retail owners – to relate to, understand and apply, than the strict and detailed legislation that is in place in Sweden.

Conclusion

The results of this study imply that new insights might be achieved and new approaches gained in a benchmarking process, between similar countries, like countries within the EU. This is especially important when one of the parties is a newcomer within a specific field, such as Sweden in this case.

No alarming problems were discovered for any of the countries. Sweden may still look to the UK to find ways of simplifying, especially for retailers and hence enhance the understanding of the legislation. On the other hand, the UK might find advantages in the more regulated Swedish market, in for instance the use of self-inspection programmes.

The deregulation has already made the Swedish market more liberal, and it is probably developing to be more like the situation in the UK, i.e. becoming a more liberal, but also a more mature, market.

1 Although the base, i.e. rationales, for legislation is similar in Sweden and the UK, the practical
2 implementation differs. Whether or not this should be a concern or only is a proof that the countries
3 adopt different directions in order to achieve similar goals is not clear. Even though the countries
4 choose different ways to reach the common EU directives, both markets might be well functioning.
5 Further research could help establish the point at which the optimal balance between confidence
6 and control, and availability and safety is reached for the sale of NPMs in non-pharmacy outlets.

7

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	Sweden		The UK
The EU directives (The overall goals)		=	
↓			
The rationales		≈	
↓			
The regulations		≠	
↓			
The outcomes		≠	

Figure 1. An overview of the comparison between the sale of NPMs in non-pharmacy outlets in Sweden and the UK.

Table 1. Summary of legislative requirements regarding the sale of NPMs in non-pharmacy outlets in Sweden and the UK.
19,20,27-30

Regulatory item	Sweden	The UK
Requirements on sales premises	The premise should be suitable for its purpose with the ability to provide the NPMs in an appropriate way.	The premise, or the part of the premise where NPMs are sold, must be lockable.
Placement of NPMs	NPMs must be placed separate from other products and visually supervised by the staff or stored in a locked cabinet/vending machine.	NPMs must be placed in a lockable premise or in a vending machine.
Information and advice	Non-pharmacy retail outlets are not allowed to give information and advice. ^a	Not regulated
Age limitation	Non-pharmacy retail outlets are not allowed to sell NPMs to people under 18 years of age.	Not regulated
Signposts	Demands on signposts with information about the sale of NPMs in that outlet and information about the age limit.	Not regulated
Restricted services	Serving of alcoholic beverages in the premise is not allowed.	Not regulated
Legal administration demands	<p>The MPA has the overall responsibility, but local supervision is delegated to the municipalities.</p> <p>The outlet must have a self-inspection programme in place prior to start selling NPMs.</p> <p>Notification to the authorities prior to the start of selling NPMs and in case of changes (closure or moving of premise).</p> <p>A yearly fee and fees for inspections must be paid.</p> <p>MPA can decide on prohibitions and sanctions.</p>	The Medicines and Healthcare products Regulatory Agency can investigate and make prosecutions towards a retailer.
Other regulations	No demand of a mandatory assortment of the NPMs approved for general sale. The outlet can provide its own choice of NPMs among the ones approved for general sale. Hence the outlet is not obliged to provide certain NPMs.	No demand of a mandatory assortment of the NPMs approved for general sale. The outlet is free to provide its own choice of GSL medicines. Hence the outlet is not obliged to provide certain NPMs.
	No stated requirement of a restriction in maximum amount sold to one customer at a time. ^b	Restriction in maximum amount for some NPMs ^c sold to one customer at a time.
	No stated requirement of sale of original packages in these regulations. ^d	NPMs must be sold in original package.
	Delivery check routines when NPMs arrive to the outlet.	No stated requirement of delivery checks routines when NPMs arrive to the outlet. ⁴

	Restriction in package size.	Restriction in package size, strength of active ingredients and/or number of dosage units.
	Sale statistics must be reported to the authorities.	No requirement on sale statistic reports.

^a The specific requirement on pharmaceutical advice is stated as follow: 'The retailer shall inform the customer where he or she can get access to pharmaceutical advice'²⁰ (authors' translation).

^b The non-pharmacy retail outlet should not act as a wholesaler, i.e. not sell to a customer where there can be suspicion of re-selling of the NPMs.²⁰

^c The restriction of a maximum amount sold to a customer at a time only concerns some NPMs.³¹

^d Requirements likely to apply to the general sale of NPMs, according to the legislation of all medicines, however not stated in these specific requirements.

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Table 2. Summary of stated rationales for the legislation of the sale of NPMs in non-pharmacy outlets in Sweden and the UK.^{9,15,32-35}

Aspect	Rationales	
	Sweden	the UK
Placement of NPMs	Safety and quality. Especially discussed was the need to -Prevent mix ups with non-medicines -Prevent manipulation and thefts.	-
Information and advice	Patient safety. Should be ensured by access to information only from knowledgeable sources ^a ; i.e. not outlets.	-
Age limitation	Patient safety. This was mainly motivated by the wish to prevent suicides among youths, and also, because of their lack of medical experience, by directing them to purchase NPMs in pharmacies.	-
Information signposts	Patient safety. The customers should be notified of the products being medicines.	-
Restricted services	Patient safety. Prohibiting serving of alcohol on the premise was motivated by the risks of mixing medicines with alcohol, and also by alcohol increasing health related risks and decreasing the ability to make rational decisions and understand information.	-
Limitation of package size	Patient safety. The risk of overconsumption should be minimized.	Patient safety. The risk of mortality and morbidity connected to overconsumption should be minimized.
Legal Administration Demands	Patient safety and quality. Self-inspection should establish traceability of the NPMs and certify compliance to the regulations by self-inspection.	Not regulated, with the rationale being reliance on discrepancies related to the general sale of NPMs to be spontaneously reported to the authorities by the public.
Demand on mandatory assortment of NPMs	Not regulated - the rationale being to enable niches on the market. A demand of a minimum assortment of NPMs could counteract retail outlets wishing to provide a certain profile of products.	-
A maximum amount of NPMs purchased by one customer at a time	-	Patient safety. The risk of mortality and morbidity connected to overconsumption should be minimized.

NPMs must be sold in original package	-	Quality and patient safety. Quality should be ensured by the outlets not repacking from the original packages. This also ensures patient safety as the public should then know what they are provided with.
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1 ^a Knowledgeable sources were exemplified by pharmacies and health care centres where there are trained staff.

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Article synopsis

The aim of this study was to compare the legislation, rationales and outcomes regarding sale of NPMs through non-pharmacy outlets between Sweden and the UK. The method used was analysis of legislative texts and policy documents.

Both countries had specified medicines available in non-pharmacy outlets, but with restrictions on different factors, e.g. placement, package size. The main rationales for legislation were quality and patient safety. Overall Sweden had more extensive requirements, probably due to the market being recently deregulated. The balance between confidence and control, along with availability and safety, needs to be considered.

Supplement – Indications of the NPMs available for general sale in Sweden and the United Kingdom

Indications of the NPMs listed on the Swedish list (SL) and the British General Sales List (GSL).

Primary sources:

FASS. FASS.se för förskrivare [FASS.se for prescribers] [Internet] Available at: <<http://www.fass.se/LIF/home/index.jsp?UserTypeID=0&clickable=0>> [Accessed 2 November 2012].

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Types of NPMs (ailment)	SL	Comment	GSL	Comment
Pain	x	Incl. osteoarthritis and inflammation	x	Incl. osteoarthritis and inflammation
Cold/flu	x	Incl. fever	x	Incl. fever
Sore throat	x		x	
Nasal congestion	x		x	
Cough	x		x	
Allergy	x		x	
Heart burn	x		x	
Flatulence	x		x	
Constipation	x		x	
Haemorrhoids	x		x	
Motion sickness	x		x	
Bruises	x		x	
Fungal infections	x		x	Incl. vaginal infection
Dandruff	x		x	
Intoxication	x		x	
Acne	x		x	
Mouth herpes	x		x	
Hair loss	x		x	
Benign prostatic hyperplasia	x		x	
Insomnia	x		x	
Dental products (with fluoride)	x		x	
Enterobius (intestinal parasite)	x		x	
Atopic eczema	x	External use	x	External otitis included
Dry skin	x	External use	x	External use
Wound management	x	External use	x	External use
Vitamin deficiency	x	Vitamins	x	Vitamins
Mineral deficiency	x	Minerals	x	Minerals
Smoking cessation products	x*		x	
Menorrhagia	x			
Chronic venous insufficiency	x	Advised by a GP		
Menopausal symptoms	x			
Unprotected intercourse	x			
Ophthalmia (eye infection)	x			
Dry eyes	x		(x)	Likely, due to excipients listed
Dry mouth	x		(x)	Likely, due to excipients listed
Prevention of cardiovascular events			x	
(Pre)menstrual syndrome			x	
Diarrhoea			x	
Urinary tract infection			x	
Ear wax			x	

Enzyme deficiency			x	
Appetite loss			x	
Oedema			x	
Minor infections			x	External incl. Mouth
Head lice			x	
Types of NPMs (ailment) (cont.)	SL (cont.)	Comment (cont.)	GSL (cont.)	Comment (cont.)
Irritable bowel syndrome			x	
Local anaesthesia			x	
Biliary-tract disorders			x	
Nervous disorders			x	
Cardiac disorders			x	
Dietary supplement			x	
Gynaecological disorders			x	
Warts, corns, calluses			x	
Excessive sweating			x	
Jaundice			x	
Scabies			x	

* Products for smoking cessation have been allowed to be sold in non-pharmacy outlets prior to the deregulation