

# Medsafe consultation submission

Guideline on the Re Part 10: Requirement (Edition 7.0)	-				
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Company/organisation name and address	GlaxoSmithKline (NZ) Ltd.		. *	****	
Contact phone number and email address					
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(Reasons for requesting confident	iality must meet Official Informat	tion Act criteria)			
I would like my name to be remove	ed from all documents prior to p	ublication on the Medsafe we	ebsite.	⊠ Yes [	□ No
I would like for my name not to be website.	included within the list of submi	ssions published on the Med	safe	⊠ Yes [	□ No
It would help in the analys requested below.	is of stakeholder commo	ents if you provide the	inforn	nation	
I am, or I represent, an org	ganisation that is based i	in:			4
New Zealand	Australia	r (please specify):			
I am, or I represent, a: (tick	all that apply)	en e			
☐ Importer	☐ Manufacturer	☐ Supplier	⊠ Spo	nsor	
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☐ Regulatory affairs consultant	☐ Laboratory professional				
☐ Health professional – please in	dicate type of practice:				
☐ Other - please specify:					

### Please return this form to:

Email: medsafeadrquery@moh.govt.nz including "Data sheet guideline" in the subject line

Or Post: Clinical Risk Management

Medsafe PO Box 5013 Wellington 6145

## Medsafe is seeking comments on the following:

1. References to overseas prescribing information or using a source document have been removed from this revision of the Guideline. The reason for this is that medicine sponsors should rely on their own core data set or reference safety information in order to prepare their data sheet provided they are entirely consistent with the New Zealand approved particulars for the medicine, or follow the market innovator or market leader in preparing their data sheets.
- Do you have any comments on this change?
GlaxoSmithKline (GSK) has no objection on removing reference to overseas prescribing information from this revision of the Guideline.
2. Section 2.4: General requirements for data sheets
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### 3. Section 2.5: Format and style consistency in data sheets

The EU SPC format that is proposed to be adopted has been adapted in order to meet New Zealand requirements (see <u>Data sheet template</u> and particularly the <u>Data sheet</u> template explanatory guide). These adaptations are summarised below.

- · References to herbal medicines have been removed.
- Sections on dosimetry and radiopharmaceuticals have been deleted (these are not currently medicines in New Zealand).
- A 'black triangle' system for warnings is not used.
- The data sheet can cover more than one dose form / strength / formulation.
- The EU SPC does not allow registration and trademarks to be included. In New Zealand, sponsors may include such markings in the data sheet if they wish, provided this does not adversely affect the layout of the final data sheet.
- Information regarding biosimilars and non-interchangeable medicines required by current Medsafe regulatory policy has been inserted in Section 1, Section 2, Section 4.2 and Section 5.1.
- Section 4.2 heading Posology and administration is changed to Dose and method of administration.
- In Section 4.8, a link (web address) for reporting suspected adverse reactions to the New Zealand Pharmacovigilance Centre is required to be included.
- In Section 4.9, NZ Poisons Centre details are required to be added in the Overdose subsection.
- In Section 5, information to state whether the medicine is approved under "Provisional Consent" is required.
- In Section 5.2, antibiotic specific information (which is in the current data sheet checklist) is required to be included.
- In Section 5.3, reference to environmental risk assessment is not necessary and should not be included.
- In Section 7, medicine classification is required to be included.
- Section 8 heading Marketing authorisation holder is changed to Sponsor, and as authorisation number (as used in Europe) does not apply, this should not be included in New Zealand data sheets.
- Do you agree with the adoption and adaptation of the European Summary of Product Characteristics format as summarised above and presented in the <u>Data sheet template</u> and the <u>Data sheet template</u> explanatory guide?
- If you do not agree, please explain why and suggest suitable alternatives.
- Are there any changes you would like to suggest?

GSK in principle supports the adoption of the EU SPC format for the revised Datasheet, however, there are pragmatic supply chain considerations for AU/NZ sponsors and therefore we have outlined in our response below some aspects which we believe need to be addressed before categorically supporting the proposal.

Data Sheets are variable in format and greater consistency would be beneficial with the proposed SPC format if all that is intended is to reshuffle the currently approved information.

Medsafe indicates only shuffling of information will be requested for existing DS. When converting the current NZ Data Sheet to the new EU SPC format, there is likely to be instances where the information is not always contained within the current NZ Data Sheet but required for inclusion in the new EU SPC format. This may be due to historical reasons (given the age of some of the medicines) or an inadvertent omission.

For example, we have several medicines where the shelf life is not contained within the current NZ Data

Sheet and this detail is required in the new format of the Data Sheet (ie sub-heading 6.3 Shelf life of the template).

Another example is the need to include non-clinical data within the new format (ie sub-heading 5.3 preclinical safety data of the template). Often this level of detail is not contained within the current Data Sheets for older products.

In Europe the SPC is submitted based on the company's Global Data Sheet, however often additional or more detailed information is requested during review by EMA. Given this, we would like clarity from Medsafe whether they intend simply adopting the SPC format or will they also be expecting more comprehensive information to be included under each of the sections compared to their current practice.

GSK therefore would like to request clarification from Medsafe on how to manage and document such missing information. For example, will Medsafe expect the sponsor to add this information when reformatting existing information into the new EU SPC format, or will it be sufficient to omit the particular heading from the new EU SPC format, or is it expected that the sponsor will state 'not applicable' under the particular heading.

A <u>Summary of changes</u> is to be included at the end of the Data Sheet. GSK does not believe it is appropriate to include a summary of the changes within the Data Sheet document; this could be confusing not only to the HCP but also consumers who are able to access the document from the public domain, particularly if it is intended to be a running list of changes. We note that other major regulatory authorities (eg Health Canada, FDA or EMA) don't appear to have such a requirement; however, the FDA and EMA do have a running history of the regulatory changes to the prescribing information on their websites. We therefore would like to propose that Medsafe consider adopting a similar approach that is, developing a running history of changes to the Data Sheet on their website. An example of what this could look like is provided below in the screen shot from the FDA website, with one minor modification to restrict access to the latest version of the Data Sheet. Previous versions should not be available to the public.

#### Approval History HOA 021077 Note: Not all reviews are available in electronic format from FDA. Older labels are for historical information only, and should not be used for clinical purposes. Approval dates can only be verified from 1984 to the present. Gowniood data Click on a column beader to re-nort the table Leiters Hicke . Assistal Labels Patient Package Insect 15/13/2014 053 Labeling Revision Label (PDF) Label (PDF) 06/17/2014 052 Marudacturos Charge or Asiston This supplement type does not usually require new tabeling 04/14/2014 05: Laterina Revision Label (POF) Letter (FOF) Reven (FOF)

Please include additional pages if necessary.

Labelina Revision

Manufacturing Change or Addition

4. Medsafe considers that the proposed switch to the adapted EU SPC format should involve only formatting and layout changes and does not involve changes to the content of the data sheet. Medsafe proposes the following timelines for implementing the changes to the new process and switch to the new data sheet format:

REMOVED POFT

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Label is not available on the site

not usualy require new labeling

### New Medicine Applications

06/19/2013 050

0509/2012 049

- a) New Medicine Applications where evaluation has not commenced a data sheet in the proposed format should be submitted with the response to the initial Request For Information (RFI 1), or the Outcome of Evaluation letter.
- New Medicine Applications where evaluation has commenced or are in the final stages of assessment – a data sheet in the new format should be submitted in response to the Outcome of Evaluation letter.

c) New Medicine Applications where evaluation has been completed and a recommendation for consent is made – data sheets should be submitted in the new format within 10 days of consent to distribute being notified in the New Zealand Gazette.

### **Changed Medicine Notifications**

- d) Changed Medicine Notifications already submitted to Medsafe data sheets do not have to be updated to the new format until 1 January 2017.
- e) Changed Medicine Notifications yet to be submitted to Medsafe where the change(s) affects the data sheet, the data sheet should be submitted in the new format with the notification.

### All other instances

- f) A Self-Assessable Change Notification for reformatting all existing data sheets to the new format should be submitted by 1 January 2017.
- g) Where there are other material changes instead of just a reformatting of the data sheet (such as content changes), the Changed Medicine Notification process should be followed.
- Do you agree with these proposals?
- If not, what do you suggest?

GSK would like to propose a 2 year transition period for all approved medicines (marketed and non-marketed) from the date the new EU SPC format for Data Sheets is adopted by Medsafe. The 2 year transition period takes into account the time required to convert the current NZ Data Sheet into the new format and submission of the required SA-CMN or CMN to Medsafe. It should be noted that the sponsors will also need to manage the implementation of the new format into the artwork in instances where the NZ Data Sheet is provided as a leaflet within the medicine pack. However it is not proposed to include this activity within the transition period as timelines for artwork implementation can vary depending on forecasted orders for the medicine, whether the medicine is a high or low volume product, as well as different manufacturing lead times for medicines. For example, some medicines such as vaccines take much longer to manufacture (approximately 6 months) compared to pharmaceuticals (approximately 3 months). Additionally, it needs to be recognised that the burden of this transition will be greatest for those sponsors who have a large number of approved medicines (with a registered Data Sheet).

Additionally, we note that the Medsafe consultation document on Data Sheets does not specify whether the new format should be used when submitting an Abbreviated NMA. We are in favour of submitting the Data Sheet in the proposed EU SPC format, prior to formal adoption by Medsafe, with the understanding that changes to the Data Sheet may be required during evaluation if the format requirements are modified following the outcome of the consultation.

Please include additional pages if necessary.

- 5. Medsafe proposes that current data sheets in the Australian format should be revised to the proposed format by 1 January 2017. This is expected only to involve a "shuffling" of existing content. Medsafe emphasises that these proposals do not affect package inserts or consumer medicine information.
- Do you agree with this proposal and the deadline? If not, please explain.

Please refer to GSK's response to Question 4 above.

- 6. The current Medicines legislation mandates the use of the term "Data sheet". One objective of this consultation is to help inform the thinking for the new Therapeutic Products Bill. Would you prefer the term "Data sheet" to continue to be used, or for the use of an alternative term such as "Product Information", "Prescribing Information", "Summary of Product Characteristics", or another term altogether?
- Please advise us of your preference. If you consider that a different term to "Data sheet" should be used, please explain.

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GSK	proposes to	re-name t	lhis documen	t New Zealand	Product I	nformation	(PI)

Please include additional pages if necessary.

- 7. It is envisaged that greater use of technology will facilitate communication about products distributed in New Zealand, and the dissemination of information about how to use medicines appropriately, for example current use of QR codes to access information. For example, internet links included in data sheets or consumer medicine information to instructional how-to-use video or further educational materials.
- How do you see the expansion of e-information contributing to patient safety?
- How do you see e-technology and medicine information being used in the future?
- What do you think are the benefits or drawbacks of these advances?
- Where do you think Medsafe should be heading?

Medsafe proposes the use of QR codes to access information, internet links included in DS or CMIs to instructional how-to-use video or further educational materials. Agree with this proposal if this is on a voluntary basis.—For shared packs this could be an issue as TGA have specific guidelines on the use of QR codes, web links etc.

Looking forward there may be an opportunity for Medsafe to consider removing hardcopy datasheets from the packs and move to electronic and other means of dissemination, which will increase HCPs and patients access to important up to date information. In addition it will aid in supply chain constraints which ultimately affect medicine access to patients.

8. If you are a medicine sponsor as well as a medical device sponsor, do you think that a data sheet (or similar) should be available for higher-risk medical devices? Is there alternative or suitable terminology that could be used for such an information sheet?
GSK's position on the above is that for lower risk medical devices, where notification only is required to Medsafe via WAND, instructions on how to use the device would be more appropriate rather than a Data Sheet.
GSK does not have any higher-risk medical devices and therefore are unable to comment on the value and benefits of having a Data Sheet available for such devices.
Please include additional pages if necessary.
Would you support making device data sheets a requirement for medical devices when they are notified to WAND?
Please see the response to Question 8 above.

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10. Additional Comments
- Is there any other information or subject that you would like to raise?
- Is there anything else that should be included in the data sheet guideline?
Informing HCPs of new Data Sheet format
We would like to recommend Medsafe give consideration to alerting HCPs of the proposed format changes to the NZ Data Sheet by way of an article/news item publication on their Medsafe website, highlighting the order of the information to be presented in the NZ Data Sheet.
NZ/AU shared packs
Until such time as pack leaflets are no longer required in AU, there would need to be an agreement that the AU PI can be used as a pack insert in the case of injectables to avoid rework. The understanding being that the approved content is the same in both countries.

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