

# **Medsafe consultation submission**

	ments for informa	apeutic Products i ition for prescriber	
Name and designation	•		
Company/organisation name and address			
Contact phone number and email address			
I would like the comments I have specific sections of response if a		ntial: (Please give reasons and	I identify ☐ Yes ☐ No
(Reasons for requesting confident	ntiality must meet Official Info	ormation Act criteria)	
I would like my name to be removebsite.	ved from all documents prior	to publication on the Medsafe	☐ Yes ☐ No
I would like for my name not to b website.	e included within the list of s	ubmissions published on the M	ledsafe
It would help in the analys requested below.	sis of stakeholder com	ments if you provide th	e information
I am, or I represent, an o	rganisation that is bas	sed in:	
New Zealand	Australia C	Other (please specify):	
I am, or I represent, a: (tick	all that apply)		
☐ Importer		☐ Supplier	Sponsor
☐ Government organisation	Researcher	☐ Professional body	☐ Industry organisation
☐ Consumer organisation	☐ Member of the public	☐ Institution (eg unive	rsity, hospital)
☐ Regulatory affairs consultant	☐ Laboratory profession	al	
☐ Health professional – please	indicate 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

# $\label{lem:medsafe} \textbf{Medsafe is seeking comments on the following:}$

## 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 template explanatory quide</u>). 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?

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:

#### **New Medicine Applications**

- 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.
- b) 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.
- 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?

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 y	ou agree with this proposal and the deadline? If not, please explain.
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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?
- Plea	se advise us of your preference. If you consider that a different term to "Data sheet" should be used,
	e explain.
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?
- Wha	t do you think are the benefits or drawbacks of these advances?
- Whe	ere do you think Medsafe should be heading?
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?
Dloggo	include additional pages if necessary.

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9. Would you support making device data sheets a requirement for medical devices when they are notified to WAND?
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?