Appendix 1

Reclassification of a Medicine for consideration by the Medicine Classification Committee

This form should be completed in conjunction with the directions in the guidance: How to change the legal classification of a medicine in New Zealand.

Once completed, this application should be sent to committees@moh.govt.nz by the deadline indicated on the Dates and Deadlines page on the Medsafe website.

By submitting this form, you are confirming that all information is true and accurate, and understand that this information and any appendices and/or supporting information that is not considered commercially confidential under the Official Information Act 1982 criteria will be published on the Medsafe website.

Part A

1. International Non-proprietary Name of the medicine.

   Respiratory Syncytial Virus vaccine, adjuvanted

2. Proprietary name(s).

   Arexvy 120 micrograms powder and suspension for suspension for injection

3. Name and contact details of the company / organisation / individual requesting a reclassification.

   [redacted]
   GlaxoSmithKline Australia Pty Ltd
   [redacted]
   [redacted]
   [redacted]

   Applicant's email address: [redacted]

   Note: Contact details will be removed from the form prior to publication on the Medsafe website.

4. Dose form(s) and strength(s) for which a change is sought.

   Arexvy is administered as a single dose of 0.5 mL.

5. Pack size, storage conditions and other qualifications.

   Arexvy is available in a pack size of 1 vial of powder plus 1 vial of suspension or in a pack size of 10 vials of powder plus 10 vials of suspension.
   - Powder for 1 dose in a vial (type I glass) with stopper (butyl rubber).
   - Suspension for 1 dose in a vial (type I glass) with a stopper (butyl rubber).
   - *Not all pack sizes and container types may be distributed in New Zealand.*

Storage conditions

- Store in a refrigerator (2 °C – 8 °C).
  Do not freeze. Discard if the vial has been frozen.
  Store in the original package in order to protect from light.
  After reconstitution, the vaccine should be used promptly; if not possible, the vaccine should be stored in the refrigerator (2°C – 8°C) or at room temperature up to 25°C. If not used within 4 hours, it should be discarded.

6. Indications for which change is sought.

   The indication for Arexvy currently under priority review by Medsafe is for the "active immunisation for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus RSV-A and RSV-B subtypes in adults 60 years of age and older. Consideration should be given to official vaccine recommendations on the appropriate use."

7. Present classification of the medicine.

   Prescription only.

8. Classification sought.

   Prescription-only EXCEPT when injected by a vaccinator who has successfully completed the Vaccinator Foundation Course (or equivalent course) approved by the Ministry of Health and who is complying with the immunisation standards of the Ministry of Health, but excluding COVID-19 Vaccinators Working Under Supervision, Provisional Vaccinators, Provisional Pharmacist Vaccinators, and Vaccinating Health Workers, or when specified elsewhere in this schedule.

9. Classification status in other countries (especially Australia, UK, USA, Canada).

   Arexvy has been classified to allow administration primarily through pharmacies in the US and the UK. In Canada, pharmacies in most provinces can administer Arexvy.In Australia, Arexvy is currently under assessment for inclusion on the NIP which would enable pharmacies to administer Arexvy.

10. Extent of usage in New Zealand and elsewhere (eg, sales volumes) and dates of original consent to distribute.

    N/A – not yet registered in New Zealand. Granted priority review by Medsafe.

11. Local data or special considerations relating to New Zealand (if applicable).

    Arexvy is indicated for people aged 60 and older who are at increased risk of RSV infection, which is a similar population at highest risk for other respiratory diseases, such as influenza.

    Globally, over 470,000 hospitalizations and 33,000 deaths attributing to RSV occurs in adults with underlying conditions in high-income countries leading to prolonged functional decline among this group (Savic, et al., 2022)**.** In NZ we are aware of an increase in RSV cases among the adult population, especially ≥65 years and presenting with comorbidities, although the disease burden remains underestimated (Prasad, et al., 2020)

Recent studies have demonstrated that RSV positivity rate among hospitalized adults with ARI was between 8-10%, with an incidence rate of RSV hospitalisation of almost 50 per 100,000 population among those 60 years and older with higher rates in those with co-morbidities. (Prasad, et al., 2021)

This hospitalisation old older adults with RSV is also associated with ICU admissions (2.5 % admission rate) and a median hospital stay of 3 days. There is also associated mortality with RSV admissions in older adults with a 1% in hospital death and 3% death within 3 days. (Prasad, et al., 2021)

A funding application for Arexvy has been submitted to Pharmac with a request for reimbursement ahead of the 2024 winter. GSK modelling suggests that Arexvy will have a significant impact not only on protecting those at risk, but also reducing the burden on New Zealand healthcare systems over winter, which have been at critical capacity in recent years due to the tripledemic of influenza, RSV and Covid-19. Over 3 years at an uptake similar to the influenza vaccine, Arexvy could free up 18,574 general practice visits, 3,973 hospital admissions and 1,022 emergency department admissions in New Zealand.

Availability of Arexvy through community pharmacy is necessary to protect those at greatest risk of RSV.

Administration of Arexvy through community pharmacy will be important for vaccination access in New Zealand, particularly since it can be co-administered with the influenza vaccine. In New Zealand, vaccines for older adults are already administered through pharmacy, including influenza, Covid-19, Tdap and zoster. A large proportion of patients receive their annual influenza vaccines through pharmacy, and almost half of Covid-19 booster doses are administered through pharmacy. Since Arexvy is recommended by international bodies for co-administration with influenza and Covid 19 vaccines, pharmacy will be an important point of access for patients to be vaccinated against RSV.

Arexvy access through community pharmacy upon Medsafe registration will be important for people most at risk as well as to reduce the burden on general practice. We therefore please request immediate classification of Arexvy to allow administration by pharmacists for the upcoming RSV winter season.

12. Labelling or draft labelling for the proposed new presentation(s).

    Proposed labelling that is pending for Medsafe approval - Arexvy is indicated for active immunisation of individuals 60 years and older for the prevention of lower respiratory tract disease caused by respiratory syncytial virus (RSV).

13. Proposed warning statements (if applicable).

    As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine. As with other vaccines, vaccination with Arexvy should be postponed in individuals suffering from an acute severe febrile illness. The presence of a minor infection, such as a cold, should not result in the deferral of vaccination.

    As with any vaccine, a protective immune response may not be elicited in all vaccinees. Syncope (fainting) can occur following, or even before, any vaccination as a psychogenic response to the needle injection. It is important that procedures are in place to avoid injury from faints.

14. Other products containing the same active ingredient(s) and which would be affected by the proposed change.

    N/A

Part B

1. Indications and dose

- *What is the medicine indicated for, and for which indication(s) is the reclassification application for?*

  Proposed indication under Medsafe review: Arexvy is indicated for active immunisation for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus RSV-A and RSV-B subtypes in adults 60 years of age and older. Consideration should be given to official vaccine recommendations on the appropriate use.

- *What is the evidence that the proposed indication is an OTC indication ie, that the diagnosis and treatment can be understood by the consumer; that the risks of inappropriate treatment can be minimised?*

  Not an OTC indication. The vaccinator who will be able to administer this vaccine will use their professional judgement to determine whether there is an indication for the vaccine.

- *What is the treatment population for the indication (age; gender etc.)?*

  Adults 60 years of age and older.

- *What is the dose and dose frequency of the medicine for this indication?*

  Arexvy is administered as a single dose of 0.5 mL. The need for revaccination has not been established.

2. Presentation

- *What is the proposed dose form and strength of the medicine to be reclassified? Is this the same for all indications?*

  Arexvy is available in a pack size of 1 vial of powder plus 1 vial of suspension or in a pack size of 10 vials of powder plus 10 vials of suspension.
  - Powder for 1 dose in a vial (type I glass) with stopper (butyl rubber).
  - Suspension for 1 dose in a vial (type I glass) with a stopper (butyl rubber).

  Not all pack sizes and container types may be distributed in New Zealand.

- *What disposal considerations need to be made for the medicine?*

  Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

- *How practical and easy to use is the proposed presentation?*

  The presentation will not be changed for administration in pharmacy. Arexvy must be reconstituted prior to administration, which is a common process familiar to vaccinators, including pharmacist vaccinators.

3. Consumer benefits

- *What is the history of this medicine's use for the proposed indication(s) ie, number of users; number of countries used in?*

  Arexvy was approved in the US in May 2023 with priority review and was approved in Europe in June 2023 under accelerated assessment. Approval has also now been achieved in Canada, Australia and Japan. An accelerated assessment is underway in Taiwan, with evaluations also currently in process in Singapore.

- *To what extent is this medicine used for the proposed indication(s) ie, duration of use; frequency of use?*

  A single dose of Arexvy offers protection against full clinical spectrum of RSV associated illnesses. Further data is being evaluated currently to inform optimal revaccination schedules.

- *What is the evidence that improved access is beneficial for the individual? What are the benefits from a consumer viewpoint?*

  Accessibility is an important consideration for vaccine uptake and equity. In New Zealand, other adult vaccines are available through community pharmacy, including vaccines that protect against influenza, Tdap, Covid-19 and shingles.

  Since Arexvy has been recommended by international bodies for administration at the same time as influenza and Covid-19 vaccines, access through the same channels will be important for vaccine uptake. The number of influenza vaccines and Covid-19 vaccines offered through pharmacy is significant, and the requirement of people to visit both a GP and a pharmacy for their vaccination would create additional barriers to access and increase the work burden on general practice.

  Enabling pharmacist vaccination is also important for outreach services, including vaccination in aged care facilities.

4. Contraindications and precautions

- *What are the contraindications for the medicine and how easy are they to identify and prevent? What are the precautions for this medicine and how easy are these to understand?*

  Hypersensitivity to the active substances or to any component of the vaccine.

  Arexvy is administered via intramuscular injection. Do not administer the vaccine intravascularly or intradermally. No data are available on subcutaneous administration of Arexvy.

  As with other vaccines administered intramuscularly, Arexvy should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following an intramuscular administration to these individuals.

Precautions and contraindications are part of the process for safe immunisation described in the Handbook, and part of the immunisation standards for vaccinators and guidelines for organisations offering immunisation services.

– *Does the medicine have a low therapeutic index?*

This is not applicable to the vaccine.

– *What class effects need to be considered and what are the risks?*

- As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine.
- Vaccination should be postponed in individuals suffering from an acute severe febrile illness. The presence of a minor infection, such as a cold, should not result in the deferral of vaccination.
- As with any vaccine, a protective immune response may not be elicited in all vaccinees.
- Syncope (fainting) can occur following, or even before, any vaccination as a psychogenic response to the needle injection. It is important that procedures are in place to avoid injury from faints.

– *What are the risks of the medicine being used in an OTC environment?*

The vaccines will not be available in an OTC environment.

– *What other drug interactions need to be considered?*

Arexvy can be given concomitantly with inactivated seasonal influenza vaccine

If Arexvy is to be given at the same time as another injectable vaccine, the vaccines should always be administered at different injection sites.

– *What food and/or drink interactions need to be considered?*

N/A

– *Are there any other restrictions when taking the medicine ie, driving restrictions or operating machinery?*

No studies on the effects of Arexvy on the ability to drive and use machines have been performed.

– *Are there any special populations where exposure to the medicine needs to be restricted?*

Pregnancy

- There are no data from the use of Arexvy in pregnant women. Arexvy is not recommended during pregnancy.

Breast-feeding

- There are no data on the excretion of Arexvy in human or animal milk. Arexvy is not recommended in breast-feeding/lactating women.

Fertility

- There are no data on the effects of Arexvy on human fertility. Effects on male or female fertility have not been evaluated in animal studies.

5. Undesirable effects

– *What are the known undesirable effects and the frequencies of these? Do these vary for special populations?*

Summary of the safety profile:
The safety profile presented below is based on a placebo-controlled Phase III clinical study (conducted in Europe, North America, Asia and Southern hemisphere) in adults ≥ 60 years of age in which 12,467 adults received one dose of Arexvy and 12,499 received placebo. Variability of adverse events in special populations has not been evaluated .

- Adverse drug reactions (ADRs) are listed below by MedDRA system organ class and by frequency:

System Organ Class	Frequency	Adverse reactions
Blood and lymphatic system disorders	Uncommon	lymphadenopathy
Immune system disorders	Uncommon	hypersensitivity reactions (such as rash)
Nervous system disorders	Very common	headache
Respiratory, thoracic, and mediastinal disorders	Common	rhinorrhea
Gastrointestinal disorders	Uncommon	nausea, abdominal pain
Musculoskeletal and connective tissue disorders	Very common	myalgia, arthralgia
General disorders and administration site conditions	Very common	injection site pain, fatigue
	Common	injection site erythema, injection site swelling, fever, chills
	Uncommon	injection site pruritus
		pain, malaise

Frequency Definition: Very common ≥1/10 ; Common ≥1/100 to <1/10 ; Uncommon ≥1/1,000 to <1/100 ; Rare ≥1/10,000 to <1/1,000 ; Very rare <1/10,000

– *What are the risks and consequences of known undesirable effects?*

Risks of adverse drug reactions are detailed above and in the proposed data sheet.

– *Are there any significant safety concerns for the medicine under review?*

Risks of adverse drug reactions are detailed above and in the proposed data sheet. .
There continues to be ongoing post marketing surveillance post authorization in countries who have already obtained a marketing authorisation for Arexvy.

- *Have there ever been any withdrawals of the medicine or other regulatory actions taken for safety reasons (during a time period or in a specific jurisdiction)?*

  No

- *Are there any withdrawal effects following cessation of use of the medicine?*

  N/A

Overdose

- *Is there a potential for overdose of the medicine?*

  There is low potential for overdose as the vaccine will be administered by healthcare practioners who have access to vaccination records to ensure appropriate scheduling of vaccine for patients.

- *What are the consequences of overdose of the medicine?*

  There is no current overdose consequences evaluated.

- *Are there any reports of overdose of the medicine?*

  There are no current reports of overdose from the global database.

6. Medication errors and abuse/misuse potential

- *Would reclassification affect the risk of unnecessary use?*

  Reclassification could possibly increase the chance of a person unintentionally receiving the same vaccine twice (for example, a dose of the vaccine at their GP, and another at their workplace). However, a vaccination is usually a memorable event, and the use of a National Immunisation Register will provide the vaccinator with an up-to-date vaccination history to minimise the risk of a double dose.

- *Is the medicine be provided with necessary tools to allow correct dosing eg, liquids supplied with a measuring device?*

  Two vials are provided for powder and suspension. A syringe and two needles are required to reconstitute the powder and administer the vaccine (not provided).

- *What are the reported medication errors post-market?*

  Currently there is no available information at this stage due to recently availability of the vaccine.

- *What are the reported cases of abuse/misuse/accidental overdose?*

  No current reports of overdose or accidental dosing.

- *How would reclassification affect import considerations?*

  The vaccine still holds the prescription-only classification until point of administration. As such, there are no changes in requirements around import or distribution.

– *What is the addiction potential of the medicine?*

N/A

7. Communal harm and / or benefit

– *What are the possibilities of community harm resulting from wider use of the medicine in question (eg, the development of antibiotic resistance in bacteria or increased immunisation rates)?*

N/A

– *What are the possibilities of community benefit resulting from wider use of the medicine in question (eg, greater herd immunity because of improved access to a communicable disease vaccine)?*

Access of Arexvy through *community* pharmacy will very likely increase the uptake of vaccination, and sharing vaccination services throughout providers will decrease the burden on general practice.

Vaccination with Arexvy will have a significant impact on reducing the healthcare burden in New *Zealand* during the winter months, which have been at critical capacity in recent years due to the tripledemic of influenza, RSV and Covid-19. Over 3 years at an uptake similar to the influenza vaccine, Arexvy could free up 18,574 general practice visits, 3,973 hospital admissions and 1,022 emergency department admissions in New Zealand.

8. Integrated benefit-risk statement

– *A summary of the reclassification benefits*

- Availability of Arexvy through pharmacy will allow consumers to access it from a larger pool of vaccinators. It will also spread the workload more evenly amongst authorised and pharmacist vaccinators to relieve pressures across primary care sectors.
- Pharmacists have been providing influenza vaccines since 2013 and the Covid-19 experience has shown that New Zealanders find community pharmacies to be a trusted provider for vaccinations. Since Arexvy can be administered with other adult vaccines, the availability of both from the same provider will be important for vaccine uptake.
- Authorised vaccinators have traditionally been the primary provider of scheduled and funded vaccines. Reclassification will allow consumers to receive this vaccine from authorised vaccinators without obtaining a prescription first.

– *A summary of the reclassification risk of harm*

The potential of harm arising from the proposed reclassifications is minimal. Similar to other vaccines provided in pharmacy, there may be an increased risk of inappropriate administration or double dosing of vaccines as there will be more providers providing vaccination services.

– *A summary of the need for the medicine at the classification proposed*

- Community pharmacies have proven to be an accepted and commonly used

provider for consumers to receive their vaccines and is necessary for equitable and accessible uptake. Reclassification will allow consumers to receive unscheduled or unfunded vaccinations from authorised vaccinators without obtaining a prescription first.

- The availability or Arexvy through pharmacy will be necessary to prevent the requirement for individuals to visit both a pharmacy or a GP. If Arexvy is only available through general practice, there is a risk that there would be an increased shift of influenza and Covid-19 vaccination through general practice as well, which would increase the burden on already busy general practice.

– *Precedent – how are other medicines in the same class classified?*

All other adult vaccines are administered through community pharmacy. Current vaccines available through pharmacy are below:

- Influenza
- Diphtheria, tetanus and pertussis
- Diptheria, tetanus, pertussis and polio
- Covid-19
- HPV
- MMR
- Meningococcal B
- Meningococcal ACYW
- Shingles
- Cholera
- Haemophilus influenza type B
- Pneumococcal (PCV13) conjugate
- Rotavirus
- Varicella

9. Risk mitigating strategies.

– *Are there any risk mitigation strategies required? If so, what risk mitigation strategies are required eg, healthcare professional education; integration of care; consumer information to be provided etc?*

Potential Risks	***Mitigation Plan***
Healthcare professionals are not familiar with the reconstitution and administration of Arexvy	**<u>Availability of the Data sheet and package insert</u>** The data sheet describes reconstitution steps. Reconstitution of Arexvy is similar to the preparation of other vaccines.All necessary information on reconstitution, administration and precautious will be available for reference and use for all prescribers and administrators. **Provision of Educational resources and materials** In addition, GSK will undertake to provide relevant educational materials and resources to healthcare providers on how to correctly reconstitute and administer Arexvy.
Adverse events or injection site	-Data sheet

reaction management	Similar to other vaccines, the Arexvy datasheet sets out the requirements for the management of adverse events including the website for reporting adverse events. Education materials and resources GSK will be providing the relevant educational materials and resources for Arexvy to help healthcare providers as well as consumers understand how to manage adverse events and report them.

- *What post-market surveillance activities would be carried out?*

  GSK has post marketing surveillance in countries granted marketing authorization including US, UK, Canada and Australia.

- *Is the proposed reclassification supported by professional bodies?*

  Yes. Supported by a member of the pharmacy guild (See support letter attached).

References

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