PAINT-Consult®

Friedrich-Engels-Str. 19

07749 Jena, Germany

Phone: +49 (0)3641 549396

Fax: +49 (0)3641 549397

E-Mail: info@paint-consult.com

Internet: www.paint-consult.com

Jena, 3rd of May 2012

Statement relating to the

QRD template draft

(status of discussion: 10th of April 2012)

content

1 Introduction

The Quality Review of Documents (QRD) Working Group published a draft of an updated QRD human product information annotated template on 10th of April 2012 (EMA/204889/2012). The main reason for this revision is the implementation of the new pharmacovigilance legislation published in Directive 2010/84/EU and regulation (EU) No 1235/2010 [1, 2]. This applies especially to :

- **Additional monitoring**:
  Directive 2010/84/EU provides the following new requirements relating to medicines that require additional monitoring, in paragraph 10: “Medicinal products subject to additional monitoring should be identified as such by a black symbol and an appropriate standardised explanatory sentence in the summary of product characteristics and in the package leaflet.” Furthermore, Directive 2010/84/EU amends article 11 of Directive 2001/83/EC: “For medicinal products included on the list referred to in Article 23 of Regulation (EC) No 726/2004, the summary of product characteristics shall include the statement: “This medicinal product is subject to additional monitoring” [1].
- **Encouragement of reporting of side effects**
  Directive 2010/84/EU further enhances article 11 of Directive 2001/83/EC thus: “For all medicinal products, a standardised text shall be included, expressly asking patients to communicate any suspected adverse reaction to his/her doctor, pharmacist, healthcare professional or directly to the national spontaneous reporting system referred to in Article 107a(1), and specifying the different ways of reporting available (electronic reporting, postal address and/or others) in compliance with the second subparagraph of Article 107a(1).’ [1].”

The QRD template draft offers two alternative proposals for the black symbol alongside the following open questions for comment:

- “The proposals for the black symbol.
- The location of the black symbol and of the explanatory statement for medicinal product subject to additional monitoring.
- The wording of the explanatory statement for medicinal product subject to additional monitoring.
- The location and wording of the standardised text to encourage reporting of adverse reactions.”

In the following, we at PAINT-Consult® take up the opportunity to offer our thoughts in relation to the QRD template draft. This we do on the basis of our experiences gathered as a provider of SmPC, package insert and readability test services to the pharmaceutical

industry. Furthermore, these comments are borne by more than 10 years of scientific experience in these fields and our experience as pharmacists in working with healthcare professionals and patients.

2 Amendments relating to medicines that require additional monitoring

2.1 SmPC amendments concerning additional monitoring

The QRD template draft offers following two options of the symbol:

- "An 'inverted black triangle', similar to the symbol currently used in the United Kingdom and Belgium to identify products under intensive surveillance.
- A 'magnifying glass', as a possible symbol to be developed."

Both suggested symbols can be assessed as appropriate. We see as an advantage of the inverted black triangle that residents of two European Union countries are already familiar with this symbol. The magnifying glass symbol suggested does have the advantage of readily communicating an awareness that something requires "additional monitoring". Given that the SmPC and the package insert always contain an appropriate explanatory sentence the symbol itself will need no explanation. On reflection, we support use of the inverted black triangle, given it's current use and familiarity.

The QRD template draft provides the following further text at the beginning of the SmPC section:

"[For medicinal products subject to additional monitoring ONLY:
The black symbol and the statements should only appear preceding section 1]

<{Black symbol*} This medicinal product is subject to additional monitoring to allow any safety information to be identified rapidly. Healthcare professionals are encouraged to report any suspected adverse reactions. See section 4.8.>

1. NAME OF THE MEDICINAL PRODUCT

[For medicinal products subject to additional monitoring ONLY:
The black symbol should only appear preceding the invented name in the section 1]

<{Black symbol}>{(Invented) name strength pharmaceutical form}"

The two sections before the chapter heading “1. NAME OF THE MEDICINAL PRODUCT” are currently used solely for explanation of the QRD template draft, but not for the revised QRD template. Providing this explanation at the beginning of the QRD template - for example relating to use of the black symbol - does not benefit QRD template users; especially those researching how certain SmPC or package insert sections should be written. Therefore, any explanation must be only in the respective section.

The current QRD template draft provides the black symbol in front of the medicine name. We believe this to be absolutely inappropriate here, as this symbol has no connection with the product name and could lead to misinterpretations. Furthermore, the black symbol should also be explained in the SmPC and on a separate line, as this symbol is also new to most healthcare professionals. Therefore we recommend the following wording at the beginning of the QRD template for the SmPC considering the bracketing and colour convention:

1. NAME OF THE MEDICINAL PRODUCT

[Guidance on the expression of strength is available in the “QRD Recommendations on the Expression of Strength in the Name of Centrally Authorised Human Medicinal Product (as stated in section 1 of SmPC and in the name section of labelling and PL”.]

{(Invented) name strength pharmaceutical form}

[No ® ™ symbols attached here; “tablets” and “capsules” to be presented in the plural form throughout the text.]

[For medicinal products subject to additional monitoring ONLY: The black symbol and the explanatory statement should be presented on a separate line in section 1]
<{Black symbol} This product is subject to additional monitoring.>

2.2 Package insert amendments concerning additional monitoring

The QRD template draft provides the following text for package inserts, at the beginning:

“**Package leaflet: Information for the <patient> <user>**

[For medicinal products subject to additional monitoring ONLY:
The black symbol should only appear preceding the invented name in the title]

<{Black symbol}> {(Invented) name strength pharmaceutical form}
{Active substance(s)}

<{Black symbol} This medicine is subject to additional monitoring to allow any safety information on the medicine to be identified rapidly. You can help by reporting any side effects you may get*. See section 4.>

[* NOTE: Standard statements given in the template must be used whenever they are applicable. If the applicant needs to deviate from these headings/statements to accommodate medicine-specific requirements (e.g. for medicines for children administered by parents, "you may get" could be replaced by "your child may get"), alternative or additional statements will be considered on a case-by-case basis.]

<**Read all of this leaflet carefully before you start <taking> <using> this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your <doctor> <,> <or> <pharmacist> <or nurse>.
<- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.>
- If you get any side effects, talk to your <doctor> <,> <or> <pharmacist> <or nurse>. This includes any possible side effects not listed in this leaflet>. See section 4.

<**Read all of this leaflet carefully before you start <taking> <using> this medicine because it contains important information for you.**

Always <take> <use> this medicine exactly as described in this leaflet or as your <doctor> <,> <or> <pharmacist> <or nurse> <has> <have> told you.

- Keep this leaflet. You may need to read it again.
- Ask your pharmacist if you need more information or advice.
- If you get any side effects, talk to your <doctor> <,> <or> <pharmacist> <or nurse>. This includes any possible side effects not listed in this leaflet.
- You must talk to a doctor if you do not feel better or if you feel worse <after {number of} days>.>"

Identically to the SmPC, the black symbol should not be part of the medicine name as this may be misunderstood by patients to be part of the name. Furthermore, many pharmaceutical companies use specific design elements at the beginning of a package insert. Using the black symbol as suggested in the QRD template draft will only conflict with these. Also, it is important that the black symbol be presented in tandem with the explanatory statement to aid patients' understanding of same; this renders inappropriate the use of said symbol ahead of the medicine name.

Based on the explanations provided, we suggest providing the black symbol, together with its explanatory statement, in a fifth bullet point in the list before the index.

The explanatory statement and any other texts used in the QRD template should be as short as possible, as the Directive 2001/83/EC amended by Directive 2010/84/EU requires only the following short sentence: "This product is subject to additional monitoring." Moreover, package insert wording must be kept to a minimum, as any increase in the number of words is known to significantly decrease patients'

- motivation to read the package insert
- ability to locate the provided information

- confidence to use the medicine [3-5]

Therefore, the explanatory statement can and must be shortened. Using just the sentence stating that “This product is subject to additional monitoring.” is also acceptable, while a cross-reference to section 4 of the package insert, including text concerning reportage of side effects, should not be used in the explanatory statement. The same applies in relation to the fourth bullet point in the general statements for medicines only available on prescription. The cross-reference to section 4 is not necessary according to our readability test results, gathered in research studies and tests conducted on behalf of companies operating in the pharmaceutical sphere.

In addition, the note inserted in the QRD template draft relating to general use of the QRD template text should be deleted as the same information is already contained on the first page of the current QRD template, where it is stated that “Standard statements are given in the template, which must be used whenever they are applicable. If the applicant needs to deviate from these statements to accommodate medicinal product-specific requirements, alternative or additional statements will be considered on a case-by-case basis.” [6]. The same message is also contained in the readability guideline published in 2009 [7].

Therefore, we recommend the following wording at the beginning of the QRD template for the package insert, considering the bracketing and colour convention:

Package leaflet: Information for the <patient> <user>
[Heading to be printed]

{(Invented) name strength pharmaceutical form}
{Active substance(s)}

[The (invented) name of the medicine (referred to as “this medicine” throughout the package leaflet, wherever practical) followed by the strength and pharmaceutical form (i.e. as it appears in section 1 of the SmPC) should be stated here in bold. This should be followed by the active substance(s) (as stated on the label section 1), which may be written on the line below. In the remainder of the document the invented name should appear in lower case without bold or underline and should not be used excessively throughout the text.]

[For medicines available only on prescription:]
<**Read all of this leaflet carefully before you start <taking> <using> this medicine because it contains important information for you.**
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your <doctor> <,> <or> <pharmacist> <or nurse>.
<- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.> [Do not include this statement in case of hospital use.]
- If you get any side effects, talk to your <doctor> <,> <or> <pharmacist> <or nurse>. This includes any possible side effects not listed in this leaflet.>

[For medicinal products subject to additional monitoring ONLY: The black symbol and the explanatory statement should appear as a fifth point on this list, in which case the black symbol would replace the dash]

<{Black symbol} This product is subject to additional monitoring for rapid identification of safety information.>

[For medicines available without a prescription:]
<**Read all of this leaflet carefully before you start <taking> <using> this medicine because it contains important information for you.**
Always <take> <use> this medicine exactly as described in this leaflet or as your <doctor> <,> <or> <pharmacist> <or nurse> <has> <have> told you.
- Keep this leaflet. You may need to read it again.
- Ask your pharmacist if you need more information or advice.
- If you get any side effects, talk to your <doctor> <,> <or> <pharmacist> <or nurse>. This includes any possible side effects not listed in this leaflet..
- You must talk to a doctor if you do not feel better or if you feel worse <after {number of} days>.> "

[For medicinal products subject to additional monitoring ONLY: The black symbol and the explanatory statement should appear as a fifth point on this list, in which case the black symbol would replace the dash]
<{Black symbol} This product is subject to additional monitoring for rapid identification of safety information.>

3 Amendments relating to encouragement of reporting side effects

3.1 SmPC amendments concerning reporting of side effects

The QRD template draft provides the following new text relating to the SmPC chapter 4.8, which can be assessed as acceptable. However, the blank line after the heading should be deleted, thereby creating the optical illusion that the heading and subsequent text are provided in one closed section.

"**4.8 Undesirable effects**

<Paediatric population>

[For ALL medicinal products:
The new sub-heading should appear at the end of the section 4.8]

Reporting of suspected adverse reactions

Reporting suspected adverse reactions is an important way to continuously monitor the benefit/risk balance of the medicinal product in the real conditions of use. Any suspected adverse reactions should be reported according to {insert information on the relevant 'national reporting system' – *details will be defined at national level*}. "

3.2 Package insert amendments concerning reporting of side effects

The QRD template draft provides the following revisions in package insert chapter 4:

"**4. Possible side effects**

<Additional side effects in children <and adolescents>>

[For ALL medicinal products:
The new sub-heading should appear at the end of the section 4]

Reporting of side effects

If you get any side effects, talk to your <doctor> <or> <,> <pharmacist> <or nurse>. This includes any possible side effects not listed in this leaflet. You can also report any side effects directly to the national reporting system via the internet at {insert link to the relevant 'national reporting system website' - *details will be defined at national level*}; alternatively you can report via {insert alternative ways of reporting – *details will be defined at national level*}. By reporting side effects you can help provide more information on the safety of this medicine."

We must voice our concerns at the possibility of laymen reporting side effects, such as via internet, without assistance by healthcare professionals because separation between side effects of a medicine and effects caused by the individual diseases, other medicines, dietary habits, use of stimulants, weather or multiple other factors already pose difficulties for healthcare professionals. This strategy of laymen reporting will lead to very weak data and huge difficulties are expected in the implementation process of these data in future product information of such as CCDS, SmPC and package inserts.
Furthermore, a package insert is created to inform patients. Using package inserts for other aspects, such as increasing the number of side effect reports, deflects from the key intention to inform patients about the correct use of medicines.

However, the new legislation demands a statement in package inserts relating to reporting of side effects; therefore, only a very short addition should be included in the QRD template in which one or more nationally defined contacts can be provided. Any reference to national differences is irrelevant to patients and the intention to report side effects and should be deleted.

Therefore, we recommend the following amendment of the QRD template draft in which the blank line following the heading is be deleted, similar to the SmPC recommendations:

"[For ALL medicinal products:
The new sub-heading should appear at the end of the section 4]

Reporting of side effects
If you get any side effects, talk to your <doctor> <or> <,> <pharmacist> <or nurse>. This includes any possible side effects not listed in this leaflet. You can also report any side effects directly to: {insert the relevant 'national reporting contact details}."

4 Further required QRD template amendments

Apart the intended QRD template revisions described in chapters 2 and 3 of this statement, we recommend the following three very essential amendments based upon the results of package insert tests and current legislation:

Contraindication section of the SmPC

The SmPC wording of the current QRD template is:

"<Hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1 <or {name of the residue(s)}>.>"

The package insert wording is:

"<if you are allergic to {active substance(s)} or any of the other ingredients of this medicine (listed in section 6).>"

A hypersensitivity, such as relating to lactose is not always an allergy and is not generally a contraindication for using a medicine. According to Directive 2001/83/EC, article 59, the package insert must be in accordance with the SmPC [8]. Therefore, we recommend replacing the word "hypersensitivity" in the SmPC text with "allergy", as follows:

"<Allergy to the active substance(s) or to any of the excipients listed in section 6.1 <or {name of the residue(s)}>.>"

Pregnancy and breast-feeding section of the package insert

The QRD template sentence of this section is:

<If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your <doctor> <or> <pharmacist> for advice before taking this medicine.>

Readability tests showed significant comprehensibility problems with this QRD template sentence where the medicine is contraindicated for pregnant or breast-feeding women, as the last part of this sentence "… before taking this medicine" implies that the medicine can be used during pregnancy and breast-feeding; however, this is not allowed if a contraindication exists. Therefore, we recommend replacing the word "this" with the more general "any" so that the future QRD template sentence reads:

<If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your <doctor> <or> <pharmacist> for advice before taking any medicine.>

Side effect frequency explanation used for package inserts

The wording for side effect frequency explanation recommended for use in the SmPC chapter 4.8 (double sided, e.g. “common (≥1/100 to <1/10)” does not conform with that of the QRD template, which is closed on one side only, e.g. “common, may affect up to 1 in 10 people”. Again, this conflicts with the Directive 2001/83/EC, article 59, as here the package insert is not in line with the SmPC.

Therefore, we recommend using the side effect frequency explanations as published by the EMA in 2007, e.g. “common, affects 1 to 10 users in 100” as this form is in compliance with the frequency explanation recommended for the SmPC [6, 9]. Furthermore, the EMA side effect frequency explanations published in 2007 were successfully tested in two readability test studies - one with 1105 participants investigating 10 package inserts and another with 5091 participants investigating 295 package inserts. The results show that the EMA side effect frequency explanations have a greater than 10 % higher comprehensibility rate than the version contained in the current QRD template version 8 [5, 10, 11].

4 Conclusion

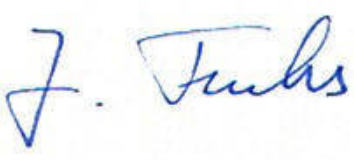
According to the explanations provided in this statement, the black symbol should be provided together with its explanatory statement; however, it can not be used in front of the medicine name. Newly inserted QRD template texts must be as short as possible and any texts which are not in compliance with the current legislation should be amended.

This statement was prepared by:

Name: Dr. Jörg Fuchs,
pharmacist and managing director of PAINT-Consult ®,
member of research staff of the Department of Drug Regulatory Affairs at the Institute of Pharmacy, University of Bonn

Date: Jena 3rd of May 2012

Signature:



References

1 The European Parliament and the Council of the European Union. Directive 2010/84/EU of the European Parliament and of the Council of 15 December 2010 amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use. Official Journal of the European Communities 2010, L348:74-99.

2 The European Parliament and the Council of the European Union. Regulation (EU) No 1235/2010 of the European Parliament and of the Council of 15 December 2010 amending, as regards pharmacovigilance of medicinal products for human use, Regulation (EC) No 726/2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency, and Regulation (EC) No 1394/2007 on advanced therapy medicinal products. Official Journal of the European Communities 2010, L348:1-16.

3 Fuchs J. The way forward in package insert user tests from a CRO's perspective. Drug Information Journal 2010, 44(2):119-129. http://www.nxtbook.com/nxtbooks/dia/druginformationjournal0310/index.php#/28

4 PAINT3 study: See slides 23 to 24 http://www.paint-consult.com/de/publikation/pdf/PAINT-Consult_Presentation_chin_Deligation_Bonn_2010_engl.pdf (assessed May 3, 2012).

5 Fuchs J, Scheunpflug C, Götze EA. The influence of the European Union's QRD template on the use of package inserts compared with a shorter model template. PharmInd 2012, 74(1):126-136.

6 EMA. Product information templates; Centralised procedures - version 8, October 2011; MR/DC/Referral procedures - version 2, October 2011. http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/document_listing/document_listing_000134.jsp&mid=WC0b01ac0580022c59&murl=menus/regulations/regulations.jsp&jsenabled=true (accessed May 3, 2012).

7 European Commission. Guideline on the readability of the labelling and package leaflet of medicinal products for human use. http://ec.europa.eu/health/files/eudralex/vol-2/c/2009_01_12_readability_guideline_final_en.pdf (accessed May 3, 2012).

8 The European Parliament and the Council of the European Union. Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use. Official Journal of the European Communities 2001,L311:67-128.

9 EMEA. Minutes of the fourth meeting of the EMEA human scientific committees' working party with patients' and consumers' organisations (PCWP). http://www.emea.europa.eu/pdfs/human/pcwp/43945307en.pdf (accessed March 14, 2008).

10 Fuchs J, Hippius M. Inappropriate dosage instructions in package inserts. Patient Education and Counseling 2007, 67:157-168.

11 Fuchs J. QRD template draft statement. November 18, 2010 http://www.paint-consult.com/de/publikation/pdf/PAINT-Consult_statement_QRD_template_draft_20101118.pdf (assessed May 3, 2012)