Consultation submission cover sheet

This form accompanies a submission on:

The document 'Evidence required to support indications for listed medicines (excluding sunscreens and disinfectants)'	
Name and designation	XXXX
Company/organisation name and address	XXXX
Contact phone number	

I would like the comments I have provided to be kept confidential: *(Please give reasons and identify specific sections of response if applicable)* XXX	☐ Yes ☒ No
I would like my name to be removed from all documents prior to publication and not be included within the list of submissions on the TGA website.	☒ Yes ☐ No

It would help in the analysis of stakeholder comments if you provide the information requested below.

I am, or I represent, a: *(tick all that apply)*

Business in the therapeutics industry *(please tick sector):*

☐ Prescription medicines ☐ Complementary medicines ☐ OTC medicines

☐ Medical devices ☐ Blood, tissues, biological ☐ Other

☐ Sole trader ☐ Business with employees

☐ Importer ☐ Manufacturer ☐ Supplier ☐ Industry organisation

☐ Government ☐ Researcher ☐ Professional body

☐ Consumer organisation ☐ Institution (e.g. university, hospital)

☐ Regulatory affairs consultant ☐ Laboratory professional

☐ Health professional – *please indicate type of practice*:

☐ Other - *please specify*:

It would help in the analysis of stakeholder comments if you provide the information requested below.

Comments

An assessment of how the proposed change will impact on you. That is, what do you see as the likely benefits or costs to you (these may be financial or non-financial). If possible, please attempt to quantify these costs and benefits.
It will be argued by some that the complexity and the demands of the document trigger a need for professional consultant involvement. To which the response might be, good move! But that creates resentment amongst sponsors whilst not necessarily improving understanding nor compliance. ANZTPA1 for complementary medicines was lost in part due to a campaign against a regulatory environment that was considered to be so complex and demanding as to necessitate external regulatory consultant involvement. Regulatory changes that increase requirements to the point of impossibility impact our business negatively. The Levels of Evidence guidance of 2001 significantly negatively affected our business because we were/are appropriately qualified and resourced for the 'evidence' task. However having more and better spades did and does not mean one will find more gold.
Whether or not you support the revised Evidence Requirements. If not supported, please provide reasons why.
No I do not support the current document as drafted. Whilst not opposed to the intention I am not convinced that the document in content and layout will achieve the desired outcome. The respective trade associations will provide further comment on the content and layout. Basically to 'tighten' Part A, and make Part B clearer for the intended reader wrt assessment of quality, balance/totality respectively for scientific and traditional. It is hoped that the final guidance for the majority of Listed medicines, which by definition are low risk solutions for self-managed conditions, will mean that most products can be supported from established evidence (more inclusions in the SEE list) and that an evidence report' is an exception.
Any additional information on issues not asked in the above questions. If your comments relate to specific parts of the document please provide the page number and reference.
Format and content of the document The guidance document on this topic MUST be intelligible to the usual complementary medicine sponsor. Having understood the document yes they may then seek qualified advice, but then in a different frame of mind. The guidance as currently drafted by the regulator may have the appropriate cornerstones of requirements but is not suited to fixing the problem when it is not easily read, understood, acted upon by the intended readership, namely Listed medicine sponsors. Parts A and B contain material distracting from the topic better placed in other guidance. Trade association responses will indicate which sections would be better dealt with elsewhere. A change in, and tightening of, layout could remove repetition and greatly improve readability. More importantly the draft guidance risks repeating an error of the past. That is not considering the

product in the hand, the get-up, the consumer take-out, the intended message.

The Aust. 2001 evidence guidance, combined with the evidence template suggested by TGA, has encouraged line by line indication/claim substantiation without consideration of the final message as presented to the consumer.

Whilst it is acknowledged that the proof may come from an assembly of the parts, the whole presentation should not be overlooked.

There is an FDA guidance "Guidance for Industry: Substantiation for Dietary Supplement Claims Made Under Section 403(r) (6) of the Federal Food, Drug, and Cosmetic Act" 2008 [drafted 2004, effective 2008]

http://www.fda.gov/food/guidancecomplianceregulatoryinformation/guidancedocuments/dietarysupplements/ucm073200.htm

which refers to 'identifying the meaning of the claim'

"The first step in determining what information is needed to substantiate a claim for a dietary supplement is to understand the meaning of the claim and to clearly identify each implied and express claim. When a claim may have more than one reasonable interpretation, we recommend that a firm have substantiation for each interpretation. Consumer testing may be useful to determine consumer understanding of each claim, in context. We recommend that firms not only focus on individual statements or phrases, but also on what expected effect or benefit are being promoted when all of the statements being made for the product are considered together. Although it is important that individual statements be substantiated, it is equally important to substantiate the overall "message" contained when the claims are considered together."

This relates far better to the interpretation of a therapeutic good (TG Act), than the mere mention of 'indications'.

" therapeutic goods means goods:

(a) that are represented in any way to be, or that are, whether because of the way in which the goods are presented or for any other reason, likely to be taken to be:

(i) for therapeutic use; or ….."

which has been interpreted to mean the consumer 'take out' of the message.

This (FDA suggestion re 'meaning of the claim' could be shortened to

"As part of the certification made in submitting an application for listing a medicine in the ARTG, a sponsor must certify that the applicant holds adequate substantiation for each reasonable interpretation of the claims made in regard to the medicine."

Relating the 'whole message' to the substantiation requirements would require modification of the respective templates such that the 'suitably qualified person' adjudicates the sustainability of the message, albeit based on the line by line, or substance by substance, substantiation.

The following para could usefully be included in the Part B guidance.

“Sponsors should not only focus on individual statements or phrases, but also on what expected effect or benefit is being promoted when all of the statements being made for the product are considered together. Although it is important that individual statements be substantiated, it is equally important to substantiate the overall "message" contained when the claims are considered together.

When a medicine’s claims may have more than one reasonable interpretation, consider

substantiation for each interpretation. Consumer testing may be useful to determine consumer understanding of each claim, in context."

Consideration of the consumer point of view also requires comment on the mention in the guidance that traditional use must not indicate efficacy. If that is the case then it would appear that such a product would not meet the interpretation of a therapeutic good It is also contradicted by the suggested 'coded indications' that have been adapted from EMEA or HC.

In summary in my view the guidance fails on several counts.

On the basis of readability it does not address the requirements of the reader/user of the document, which is sponsors of a medicine (some of which, in other countries of the world might be a dietary supplement) containing low-risk well-established ingredients for (mostly) well-established uses which are to be self-selected by consumers for conditions that it considered they can self-manage (the parameters of the TG Adv Code). To that end the US Dietary Supplement substantiation guidance, as an example, is more tight, conveys the same message, and with market examples.

Nor does the latest draft adequately address/respond to what might be the consumer view of the product as presented.

There is a safety question that arises, which could at the same time be addressed by the suitably qualified person, whilst evidence sources are being culled.

Example - The Listing environment allows for progression of untested combinations be it substance combinations or potency combination or ratio. A consequence of a requirement for an effective dosage of active ingredient, combined with a perceived market need for formula differentiation could potentially result in excessive, or illogical, combinations of active ingredients.

I strongly recommend that the template also contain a section describing the rationale for a combined multi-active formulation (other than nutrient supplementation), as well as a description of the target population.

Canada is currently consulting their third versions of evidence guidance for Natural Health Products with modern and/or traditional health claims. As an aside, the term 'modern' has been chosen where Australia is proposing 'scientific'. It's an interesting choice which avoids the immediate sense that if it is scientific it must be true, and a better counter to the term 'traditional'. Canada's previous traditional guidance contained a useful section on the safety of additive combinations (Version 2 item 8.6.2 and Appendix 5B)

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