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Item 6.1 TGA Medicine Labelling and Packaging Review Consultation Paper

The requirements for medicine labels and packaging are specified in Therapeutic Goods Order 69 (TGO 69) *General Requirements for labels of medicines*, which has been in place since 2001. The TGA has commenced public consultation to consider consumer safety risks associated with the presentation of information on medicine labels and packages and sought advice from the Advisory Committee on Prescription Medicines (ACPM) and its subcommittee, the Pharmaceutical Subcommittee (PSC) to inform the outcomes of this review.

The ACPM considered the advice from the PSC in providing this advice to the TGA.

Proposed Regulatory changes	**ACPM/PSC Advice**

General Comments:

The ACPM provided strong support for the proposed regulatory changes and believe that the implementation will make an important contribution to the highly complex issue of consumer safety in medicines use.

The ACPM acknowledged the considerable scope of the proposed changes and recommended a phased approach to implementation to balance and manage the impact on sponsors, health professionals (prescriber and pharmacists), information partners and consumers. The phasing should also be based on a separation of the therapeutic classes (prescription, non-prescription, complementary medicines), aligned across a shared set of format, information access principles.

In addition to specific comments on the individual regulatory changes, the ACPM highlighted the following:

- An ongoing, multiple strategy consumer education program should be part of the implementation of these regulatory changes to ensure consumers are aware of the information available and how to use it.
- The scope of the review has not considered the significant safety issues emerging with the naming of generic medicines. In view of the enormous growth in this segment of the prescription medicines sector and importance to the national medicines access policies, further work is required to protect and inform consumers. Consideration must be given to limiting the trade name for generic medicines to <active name – sponsor code>, as is the standard within other international jurisdictions.
- At present there is inconsistency in the treatment of the naming and description of the strength of active ingredients with salts. Similarly there is no naming standard for the description of modified release medications (e.g. these are often described as Slow Release or Sustained Release [SR] products). This inconsistency makes it difficult for consumers and health professionals to compare similar products. A single standard should be adopted.
- Australia has made significant progress in the development of regulatory framework for Product Information (PI). It is now critical that a regulatory framework for the Consumer

Medicine Information (CMI) is developed, as it is the foundation for consumer access to quality, timely, complete information about their medicine. In developing this regulatory framework it must be recognised that it is important to enable access to the CMI – prior to supply and utilisation of drug products. In this way the role of the consumer in medicines safety is strengthened. Consideration must also be given to utilising contemporary technologies to support the consumer access to information, for example a code on products (scanned by smart phones) with direct link to the medicines information. As currency of CMI information (particularly in relation to safety warnings and approved indications) is vital, a single online source of information should be the focus for the new regulatory framework. Online sources will also support access to information in format that meet the needs of different population groups (culturally and linguistically diverse and accessibility).

- The regulatory framework must establish clear distinctions, however linkages between the 3 sources of consumer information (label, packaging and CMI) are important. For example pack inserts should be limited to dosage / administration instructions, while retaining the CMI as the source of currency on major issues.

- The role of the TGA as a regulator should be better reflected as a major component and contributor to both the policy and operations of the quality use of medicines agenda. Consideration must be given to balancing the terms of reference for the proposed advisory groups to ensure appropriate fit and alignment of outcomes within the other policy, regulatory decision forums.

Prominence of active ingredients on medicine labels		
1.1	The active ingredient(s) must be listed immediately below the brand name, with the first letter of the active ingredient directly below the first letter of the brand name.	The strength of the active ingredient must also have equal prominence.
1.2	On the front/main panel of the label, the active ingredient must have equal prominence with the brand name. 1.2.1 The intention of 'equal prominence' is for the active ingredient to be as easy to locate and identify on the label as the brand name. 1.2.2 The font size of the active ingredient must be at least 100% of the font size of the medicine brand name on the main/front label. 1.2.3 For improved differentiation between the brand name and the active ingredient there should be a difference in font style or letter spacing or font colour. 1.2.4 The active ingredient should begin with an uppercase letter but the remainder should be in lower case.	Agreed. Strength must be included and also meet this standard. Standard colour for both active and trade name. This initiative would increase patient safety.
1.3	Where there are more than 3 active ingredients, the most abundant ingredients must appear on the main label immediately below the brand name and the names together with the quantities of every active ingredient are to be included on a side panel/label or on a rear panel/label for the product. (This does not apply to day and night preparations.)	The top 3 active ingredients by strength is appropriate, there will be cases where the 4th or 5th active has significant efficacy and safety issues. The regulations should enable TGA to require the sponsors to address this issue in their application for listing.
1.4	For products containing day and night preparations that have different formulations, the composition of each tablet must be provided immediately below the brand name and the font size must be no less than	No comment

	2mm in height on the main/front panel.	
1.5	The active ingredient must be included with, and of equal prominence as, the brand name on at least 3 non-opposing faces of a carton.	Agreed
1.6	Non-prescription medicines that contain paracetamol must include the following information on the front of the packaging. The information must be presented in bold text in letters of at least 1.5mm high and on a background that contrasts with the rest of the packaging: "Contains paracetamol. X mg. Consult your doctor or pharmacist before taking other paracetamol products."	No comment
1.7	Non-prescription medicines that contain ibuprofen must include the following information on the front of the packaging. The information must be presented in bold text in letters of at least 1.5mm high and on a background that contrasts with the rest of the packaging: "Contains ibuprofen. X mg. Consult your doctor or pharmacist before taking other medicines for pain or inflammation."	No comment
***Look-alike sound alike names and look-alike packaging**		The members highlighted that to improve safety there are some prescription products that will require additional consideration in terms of the agreed standard for naming conventions. Source of product may be relevant in some settings. For example, coagulation factor concentrates, such as Factor VIII or IX, may be either plasma-derived or recombinant products, and both are in use in Australia. Where plasma-derived coagulation factor IX (e.g. brand name MonoFIX) is currently labelled as "human coagulation factor FIX" this could be interpreted either as coagulation factor IX "for human use" or "derived from human sources". This is potentially confusing to patients and staff and there have been instances of patients receiving the wrong coagulation factor product by mistake *(re: background information at the end of this document)*
3.1	Sponsors of new medicines will be required to submit evidence of risk assessment of the proposed labelling and packaging. The TGA will work with industry to develop guidance for this assessment, which may include consumer testing or risk assessment checklists similar to those used in other countries. The TGA is investigating methods to electronically screen proposed brand names against already existing brand names to identify potential LASA names.	
3.2	In relation to applications to include a new medicine in the Australian Register of Therapeutic Goods (ARTG), if the proposed medicine brand name differs from another product included in the ARTG by three letters or fewer, the presentation of the proposed medicine label and packaging must use colours and designs that contrast with the medicine label and packaging of the existing product. During the implementation of this	ACPM highlighted that there are some prescription products that will require additional consideration in terms of the agreed standard for naming and safety implications for example, Factor VIII products. The name of each active ends the same way and looks and

	change, the TGA will work with the medicines industry to develop guidelines to provide clarity about these proposed requirements.	sounds alike. The proposed risk assessment by the sponsor should address this issue.
3.3	In relation to applications to change the labelling and packaging of existing medicines, if the brand name of the medicine differs from another medicine included in the ARTG by less than three letters, the proposed changes must use colours and designs that contrast with the medicine label and packaging of the other medicine	As above.
Look-alike medicine branding		
3.4	Products that are listed on the ARTG cannot be marketed under the same name as a registered medicine.	Agreed; however, this statement should be expanded to include LASA and not be limited to "same name".
3.5	Medicines that contain the same quantity of active ingredient(s) cannot be selectively differentiated or marketed for a subset of symptoms or uses, unless the medicine has specific characteristics that make it more suitable for a particular symptom. For example: Products cannot be marketed as "BRAND headache", "BRAND backache", "BRAND joint pain" if they include the same active ingredients in the same quantity.	Agreed
3.6	The same brand name cannot be applied to products that have different active ingredients or combinations of active ingredients unless all of the following conditions are met: a. The active ingredients are closely related (e.g. different salts of the same pharmaceutical chemical), and b. The safety profile, efficacy and dosage regimen are similar. Examples of the application of the above requirements include: A brand name that has historically been strongly associated with particular anti-histamine would not be permitted to be used for a new product with a different type of active ingredient, such as a corticosteroid or different anti-histamine. A well known combination product that contains paracetamol under a particular umbrella brand name would not be able to use this same umbrella brand name for another combination product that also contains ibuprofen.	Agreed
Standardised Information Format: the Medicines Information box		
4.1	Mandated information on labels and packaging of non-prescription medicines and complementary medicines is presented in a standardised Medicine Information box, based on the US FDA Drug Facts box. The mandatory headings are: • Active ingredient, including the amount in each dosage unit • Uses (indications) • Warnings and Allergy Information (including when the product should not be used and when to consult with a doctor of pharmacist. This section also includes information about possible side effects and substances or activities to avoid. The final lines of this section should include information about preservatives in the product.) • Directions/Dosage instructions • Storage information.	The ACPM understood that this initiative is not applicable to prescription medicines; however, it was recommended that consideration also be given to the inclusion of indication/s for this group of therapeutic goods. The ACPM recognised the significant complexity within the indication for prescription medicine; however, highlighted that further work on ensuring the dispensing label includes the indication will improve patient safety. The Medicines information box (for non-

		prescription medicine) and the CMI for prescription medicine should list both active and other ingredients in a standard manner. The gluten status of medicines should be part of this standardised information. Members advised that off label use (i.e. outside of the ARTG listed indication) is common, particularly in certain populations (e.g. paediatrics). Being too descriptive with indications may have the unintended consequence of generating concern, for example in patients / families – particularly in the absence of effective education programs.
4.2	The font height for information must be no smaller than 1.5mm, with heading height at least 2mm.	Noted
4.3	The Medicine Information Box must have a white background with black text. Headings must be highlighted or bolded so they are sufficiently emphasised.	Noted
4.4	Where there is insufficient room on a single face of a package, the box may be split over more than one face. However, the overall format of the information is to remain the same. In these instances a pack insert may also be included containing the Medicine Information Box as a continuous table.	Noted - suggest reference to other standard source of information.
4.5	Information about the presence in the medicine of an allergen listed in Schedule 1 of TGO 69, which may be amended, must be included under the heading Warnings and Allergy Information.	Noted
4.6	For products containing more than 3 active ingredients, or products in small containers, there may be insufficient space on the medicine container or primary packaging for a complete Medicine Information Box. In these cases a complete Medicine Information Box should be included as a pack insert. The minimum information to be included on the label will include information under the following headings: • Directions • Warnings and Allergy Information. Where space restrictions do not allow for the required information to be provided in the Medicine Information Box, an alternative arrangement or formatting of information should be provided to the TGA for assessment and approval, together with a justification for non-standardised presentation. This may include breaking the information over more than one panel, or reduction in font size.	Noted
Dispending Label space		
5.1	A designated space of 70 x 30 mm, consistent with international best practice, must be provided to accommodate the dispensing label.	In addition, standard space to allow for up to 2 Precautionary labels should be provided for use by the pharmacist.
5.2	Where a clear space is not practical due to constraints from packaging size and shape, the information should be arranged so that information that is likely to be obscured is the same as the information repeated on the label. The area for placement of the sticker should be illustrated by corner placement marks on the packaging.	Agreed
5.3	For small containers, for example eye drops and ointments, where a designated space of 70 x 30 mm is impractical, a clear space should be provided to affix	Agreed

	the edges of a folded dispensing label.	
Blister Strip Labelling		• ***Note that illustrations do not comply with proposed standards.***
6.1	The brand name of the medicine, the active ingredient and amount of active ingredient, batch number and expiry date must be repeated at least once every two units.	Agreed
6.2	Where strips can be segmented, the brand name, the active ingredient and amount of active ingredient, batch number and expiry date is to appear on each segment.	Agreed
6.3	A maximum of 3 active ingredients should be listed on each segment / each 2 units of a blister strip for registered medicines.	Agreed
6.4	Where there are more than 3 ingredients, for example multi-vitamins packaged this way, it may be sufficient to include a single list of active ingredients printed on the foil of each blister strip. Alternatively, the brand name, together with batch number and expiry date, should be repeated on the foil. For oral contraceptives and other medicines that have a "race track" format to support their safe use, the TGA proposes the following requirement:	Agreed
6.5	Blister strips that have a "race track format" must include the trade name, the active ingredient(s) and their amount(s), batch number and expiry date in a single location.	Agreed
Small Container (nominal capacity 20ml or less)		
7.1	These containers must be enclosed in a primary pack that fully complies with all labelling requirements and that includes a pack insert that provides detailed instructions for use.	Agreed
7.2	The label on the container must include the following details in a letter height of not less than 1.5 millimetres: • The brand name of the medicine • The name(s) of all active ingredients in the medicine • For ophthalmic preparations the name of any antimicrobial preservatives in the medicine • Where there are more than three active ingredients, the three most abundant ingredients are to be included on the label of the container and the complete list of ingredients on the primary packaging and the pack insert • The batch number of the medicine • The expiry date of the medicine • If an injection, the approved route of administration • If an ophthalmic preparation for multidose use, a statement to the effect that the medicine should not be used later than four weeks after the container is first opened • If a solid ophthalmic medicine for preparing eye drops for multidose use, a statement to the effect that the medicine should not be used later than four weeks after the container is first opened.	Agreed
7.3	A clear space should also be provided to allow a pharmacist to affix a dispensing sticker. This space need not be the size of a standard dispensing sticker (80 x 40 mm), but should allow a folded sticker to be attached like a flag without obscuring information.	Noted
Small Container		

8.1	Advertising material will not be permitted to be included as a separate pack insert or incorporated into an approved pack insert.	Agreed
8.2	A pack insert must be in a form separate to the packaging; i.e. it cannot be printed on the inside of a carton.	Agreed
Labels and Packaging Advisory Committee		
9	It is proposed that this expert advisory body will provide advice to the TGA on product-specific as well as general matters relating to medicine labels and packaging.	The Members sought clarification on whether this advisory committee was planned to be a subcommittee of the current statutory Therapeutics Goods Committee (TGC) and what the proposed relationships or hierarchy/ coordination of advice to the TGA between the existing advisory committees and this proposed committee.

***Background Information (re: comments on "Look-alike sound alike names and look-alike packaging")**

Many of the factor concentrates have similar names, for example, Bio state (p-d), Advate, Kogenate and Recombinate (all recombinant) are all FVIII products, and MonoFIX (p-d) and Benefix (recombinant) are FIX products. People sometimes get these confused. Biostate is plasma-derived and also contains von Willebrand factor, so it is used for people with VWD, but there have been people with VWD who have received recombinant FVIII (which does not contain any VWF) because staff did not understand the difference between the products - as well as a lot of "near misses".

There are other plasma-derived prescription products such as human immunoglobulin's of various types, and prothrombin complex concentrates, which are not labelled on the vial or box as being plasma-derived, and people frequently don't think of these as being made from blood, which means that the traceability we expect for other blood products is frequently not maintained for these products, unfortunately. The intravenous immunoglobulin (OCTAGAM) and albumin (ALBUMEX) recalls of last year and earlier this year, respectively, really highlighted this problem in the hospital setting.