22 December 2015

Therapeutic Goods Administration
Department of Health
PO Box 100
Woden ACT 2606
Australia

By email: labellingreview@tga.gov.au

Dear [Name],

Submission on TGO 91 Standard for labels of prescription and related medicines

GlaxoSmithKline (GSK) welcomes the opportunity to comment on the new draft therapeutic goods order (TGO) no. 91, as part of the Therapeutic Goods Administration (TGA)'s broader packaging and labelling consultation.

GSK is a global research-based pharmaceutical and healthcare company operating in more than 100 countries around the world. Our mission is to improve the quality of human life by enabling people to do more, feel better and live longer.

GSK has three separate business units in Australia, which have oversight for prescription medicines, consumer (over the counter: OTC) healthcare and manufacturing. The overall company position is aligned on the overall merits and issues of the proposals raised within the consultation document. However, given the differences in how prescription and OTC medicines are regulated, labelled and supplied to consumers our prescription division and our consumer healthcare division have submitted their own responses to this latest consultation process. This submission, therefore, focuses on the proposals and their implications as they relate to TGO91 and the prescription sector of the market only.

Preliminary comments on the draft TGO91

GSK considers TGO91 is an improvement on the previous TGO79 provided to stakeholders in 2014. While GSK has included its detailed suggestions and recommendations on TGO91 in the TGA's
Response to Consultation: Medicine Labelling

'Medicine Labelling: Targeted consultation response form', GSK would like to acknowledge its support for some of the following amendments/points to TG069/79:

- The proposed 4-year transition period for the implementation of TG091
- The creation of two separate labelling and packaging TGOs for prescription medicines (TG091) and OTC medicines (TG092)
- Using ‘text size’ as opposed to ‘font point size’ with respect to container and package labelling
- Adopting the same methodology to measure/determine text size—by reference to the ascenders and descenders of letters—as outlined in the Poisons Standard July 2015.
- The inclusion of exemptions for Sponsors from complying with the new labelling requirement for minimum sized dispensing labels where:
  - the dimensions of the container or the primary pack of a particular medicine preclude the inclusion of the dispensing label space;
  - the medicine is marketed as a starter pack;
  - the medicine is intended for use only in a clinical setting and not self-administered.
- The decision to revert back to the current requirements of TG069 regarding:
  - labelling durability
  - the need for strip and or blister packs to be labelled with medicine trade name and the name and strengths of active ingredients once every two dosage units, regardless of whether the strip or blister may be readily detached.
- Refinements to how Sponsors provide details about the preparation and or directions for use for particular medicines.

Points for further consideration on the draft TG091 and the draft guideline on medicine labels

As per the TGA’s instructions, GSK has set out in the attached table a number of points that it proposes the TGA should further consider prior to finalising this labelling consultation process – see Appendix 1.

We thank the TGA for providing GSK with the opportunity to participate in this very important packaging and labeling consultation process. If the TGA would like to discuss any of the information GSK has raised in relation to this packaging and labelling consultation, please contact me directly by phone on +61 3 9721 4344, or e-mail

Yours sincerely,

Carolyn Tucek-Szabo (PhD, GD IP Law)
Head, Regulatory Affairs Australasia
Document(s): *Therapeutic Goods Order No.91- Standard for labels of prescription and related medicines (TGO 91)*

I consider the proposed TGO 91 acceptable in its present form

I consider the proposed TGO 91 acceptable “as is” but I have proposed minor suggestions for improvement*

*Please refer to my response below

I do NOT consider the proposed TGO 91 acceptable in its present form, and I have proposed various responses for consideration*

*Please refer to my response below

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| 7        | Section 6 – Interpretation | TGO91 retains the same definition of *delivered dose* as what was included in TGO79. That is:
   
   *delivered dose* means, in relation to:
   
   (a) pressurised metered dose preparations for inhalation - the dose delivered from the inhaler to the patient in a single actuation or delivery; and
   
   (b) powders for inhalation - the dose delivered from the inhaler in a single delivery.

The TGA has not actually changed the | GSK recommends that the TGA provide further clarification about this definition as it may have an impact on the way the active ingredients are expressed on the artwork on inhaled medicines. |
<table>
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<tr>
<th></th>
<th>Definition of delivered dose between TGO69 and TGO91 – but rather, it has removed the additional commentary on how a metered dose is determined e.g. by adding the amount deposited within the device to the delivered dose.</th>
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<tbody>
<tr>
<td>12</td>
<td><strong>Subsection 8(1)(j) – Information to be included on the label – declaring substances in Schedule 1</strong></td>
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<td></td>
<td>Sponsors are required under subsection 8(1)(j) of TGO91 to declare the all substances included in Schedule 1 of TGO91 on the container label, or in the Consumer Medicine Information (CMI) and a statement is included on the container label advising consumers that information about other ingredient(s) present in the medicine is detailed in the CMI.</td>
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<td>GSK suggests this labelling obligation could be revised to be more flexible, so that any statements or details about substances declared in Schedule 1 of TGO91 can be listed on the primary pack, rather than the container label. This is particularly important where the container is a small or very small pack size, where there may already be difficulties in finding space to accommodate all the new labelling requirements.</td>
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<tr>
<td>13</td>
<td><strong>Section 8(1)(l) – instructions for preparation and conditions of storage</strong></td>
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<td></td>
<td>If a medicine requires some preparation before use, the Sponsor must provide instructions for preparation and a statement of the conditions of storage and the maximum period of storage between preparation and use on the label; except where this information cannot fit on the label (container or primary packaging) and it is included as a leaflet. However in the current TGA guidance material on Product Information—‘Guidance 8: Product information – Version 1.0, July</td>
</tr>
<tr>
<td></td>
<td>GSK recommends that it would be helpful for the TGA to review its guidance material so to ensure consistency with the latest changes outlined in TGO91.</td>
</tr>
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2013’ *(Guidance 8)*—page 8 includes the following statement in dot point 1:

‘For medicines for parenteral use – the PI is supplied as a package insert’.

From a legislative hierarchy perspective, GSK understands that TGOs are legislative instruments. Therefore Sponsors are required to comply with the information as set out in these TGOs, and in the event there is an inconsistency between the information in the TGO and TGA guidance material, the TGO prevails.

| 14 | Subsection 8(2)(d) | While the TGA has revised the definition of a ‘starter pack’ since TGO79, in some circumstances, the associated labelling requirements for these packs as set out in sections 8, 9 and 10(13) of TGO91 may present difficulties for Sponsors to comply with, especially where the size of the starter packs is significantly smaller than commercial pack sizes.

Subsection 8(2) of TGO91 provides Sponsors with an exemption from having to comply with the minimum dispensing labelling pack space requirements if the pack is a starter pack, and the label of that starter pack |

GSK suggests three options for the TGA’s consideration. These are as follows:

- Option 1 - Exempt all starter packs of a particular size e.g. 15 g or less, from requirements set out in TGO91; or

- Option 2 - Require Sponsors to comply with the starter pack requirements of TGO91, but provide specific exemptions from Appendix L of the SUSMP e.g. having to ensure all text must be at least 1.5mm and or exclude the ‘adequate directions for use’ requirement; or

- Option 3 - Require Sponsors to comply with the starter pack requirements in TGO91 but allow a degree of flexibility as to how Sponsors provide some of the
contains ‘pre-printed’ details of the information described in paragraph (3) of Part 1 of Appendix L to the current Poisons Standard (SUSMP).

This particular paragraph of the SUSMP includes a requirement that the Sponsor includes as part of this pre-printed details, ‘adequate directions for use’. The SUSMP does provide a specific definition of what is meant by ‘directions for use’. If this term however has the same meaning that is defined in the Therapeutic Goods Act 1989, then in order for Sponsors to comply with TGO91 they would be expected to list on the label of this starter pack:

- the appropriate doses of the medicine,
- the method of administration or use of the medicine,
- the frequency and duration of treatment for each indication of the goods; and
- the use of the goods by persons of particular ages or by persons having particular medical conditions

15 Subsections 9(3),9(5) and 9(6)

Section 9 of TGO91 introduces a new labelling requirement whereby Sponsors are required to list the name of the medicine and the names of the active ingredient(s) on the label. GSK considers that this section could be revised to provide Sponsors with greater flexibility as to how they list each active ingredient name and quantity.

requisite information e.g. adequate directions for use being provided by the direct supplier of the medicine to the patient. In this scenario, Sponsors would be provided leeway to depart from the ‘pre-printed’ labelling commitment in TGO91.
main label so as to appear as a cohesive unit —through placing the name and quantity of the active ingredient together on separate lines immediately below the name of the medicine, unless the Sponsor’s trademark associated with the name of the medicine is likely to be obscured, in which the name can be placed adjacent to the name of the medicine.

While Sponsors could endeavour to list the trade name and the details of the active ingredient(s) as a ‘cohesive unit’, there may be scenarios where it may be difficult to comply with this requirement due to insufficient space on the main label, company product branding guidelines, irrespective of a trademark associated with Sponsor’s medicine trade name.

The above issue is further exacerbated by the new minimum text size (in millimetres) labelling requirements when listing the active ingredient(s) and their quantities.

Sponsors are required under subsection 10(2) and or 10(3) of TGO91 to place on the container and primary pack label the name and quantity of each excipient of parenteral containers with a capacity of greater than

GSK suggests that the TGA may wish to consider either of the following options:

1) Remove this requirement to address the unnecessary duplication of this information with the PI and CMI
100 millilitres or with a capacity of 100 millilitres or less. This is duplicative and may be unnecessary given that this information is already listed in both the Product Information (PI) and the CMI and may be challenging for the containers 100 millilitres or less.

Refine these sections so that Sponsors are provided with a degree of flexibility as to how they comply with this requirement e.g. including this information on the primary pack where this information if the size of the container precludes the listing of this information.

Schedule 1 of TGO91 requires Sponsors to declare the content of potassium and sodium in their oral dose form medications. This new requirement places a significant burden on Sponsors because all the formulations of their medicines in oral dose form will need to be assessed to determine whether these medicines contain potassium salts or sodium salts greater than maximum recommended daily dose i.e.

- For potassium - greater than 39 mg (1 mmol) elemental potassium per dose; and
- For sodium greater than 120 mg elemental sodium per dose.

GSK considers that the TGA may wish to consider revising the need for this requirement, or at very least engage in further discussion with manufacturers to ensure that how the quantities of these salts is measured.
I consider the proposed guideline acceptable in its present form

I consider the guideline acceptable “as is” but I have proposed minor suggestions for improvement*
*Please refer to my response below

I do NOT consider the guideline acceptable in its present form, and I have proposed various responses for consideration*
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<td>7</td>
<td>Structure of this guidance</td>
<td>The guideline for medicine labels is quite long and somewhat confusing as it refers to both TGO91 and TGO92, but the relevant subsections for these orders may not be aligned.</td>
<td>GSK considers that two separate TGA guidelines for medicine labels would help the TGA to better articulate the new labelling and packaging requirements of both TGO91 and TGO92. Through GSK further notes that by guidance material on the labelling requirements for prescription and OTC medicines, this guidance material could be further tailored so that they better address the complexities and differing requirements between self selection, doctor prescribed and physician administered medicines.</td>
</tr>
<tr>
<td>8</td>
<td>Using the labelling Orders</td>
<td>The guideline for medicine labels is quite detailed and does not allow Sponsors to easily consider the labelling requirements for their particular medicine against sections of TGO91.</td>
<td>GSK suggests that the TGA develop a labelling requirements matrix in this guideline, similar to the document matrix that the TGA has prepared for documents required for submissions.</td>
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## 1.4.2. Colour Contrast

TGO91 requires Sponsors to ensure that a medicine’s label must be in a colour that ‘strongly’ contrasts with the background, with the exception of the expiry and batch number details [subsection 7(2)(e)].

While GSK appreciates that this requirement is to make it easier for consumers to read the label’s text, the meaning of the word ‘strongly’ is subjective.

Furthermore, although the draft guidance document on TGO91 advises Sponsors to consult the Vision Australia contrast analyser for further assistance when trying to understand how to comply with the new requirement, TGO91 does not list this particular analyser as a legislative source or definition on how to determine what is, and is not, an appropriate background colour contrast with respect to s 7(2)(e).

GSK notes that given the subjectiveness of what is considered to be a ‘strong’ contrast between a medicine’s label against its background colour of the label, the TGA may have to provide further clarification on a case-by-case basis.

## 2.1.2 Colour Differentiation

Generic pharmaceutical companies are recommended to use the same colour differentiation for different strengths of medicine as the Innovator pharmaceutical companies to avoid the potential for error.

This section of the guidance material could be recast to advise Sponsors that colour differentiation is one way to differentiate the individual strengths of their medicines. The focus of this section ideally should be on the individual strengths of their medicines regardless of branding.
POTENTIAL REGULATORY IMPACT

1. Do the proposed amendments to the *Therapeutic Goods Orders* change any comments that you made in the 2014 consultation with respect to costings?

   □ Yes  □ No  □ N/A  □ other please specify

   Please provide any further comments you wish to make in the box below:

   While GSK did not make any express submissions to the TGA in 2014 with respect to cost, it notes that in 2012 it provided the TGA with a very detailed commentary on potential costs associated with having to comply with new labelling requirements. GSK considers that this information, in the context it was provided, continues to be relevant and proposes that the TGA be mindful of this feedback when finalising this consultation process.