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# Formation of ANZTPA and other regulatory updates

**John Skerritt, National Manager TGA**

ASMI Conference, 14 November 2013

TGA Health Safety Regulation

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# The genesis of ANZTPA

1983: **Australia NZ Closer Economic Relations and Trade Agreement** came into effect to underpin bilateral trade in Goods and services. A good that can be legally sold in one country can be sold in the other.
Therapeutic Goods are a significant exception to this

2002: Australia last won the Bledisloe Cup against NZ

2003: Australian and NZ Governments sign an agreement to establish a **joint regulatory scheme for therapeutic products**

2005-7: Extensive **public consultation** on a proposed joint regulatory scheme

7/2007: Negotiations between the countries **suspended** when NZ minor parties withdrew support over proposed regulation of natural health products/ complementary medicines

2011: **Statement of Intent** by Prime Ministers of Australia and NZ reaffirmed commitment a joint scheme

7/2016: **Joint agency due to commence operations**

## Statement of Intent signed 20 June 2011 by Australian and NZ Prime Ministers

*"In line with the primary public health and patient safety outcomes of the Treaty, there would be*

***no lowering of***

***existing regulatory standards"***

# Anticipated benefits

1. **Improved public health outcomes** from efficient regulation of therapeutic products in both countries
2. **Opportunity to comprehensively update regulation** to look at best of Australian, NZ or international practice
3. Test case for **greater international regulatory harmonisation**
4. Positioning **Australia and NZ therapeutic industries in the global and regional marketplace**
   - opportunity for NZ to have a comprehensive therapeutic goods regulator for the first time
   - eliminating different regulatory systems for companies which operate across both countries
5. Part of a larger **Closer Economic Relations agenda**

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# Implementation Stages

1. **Enhanced business-to-business (B2B) cooperation** and resource sharing – pilot harmonisation projects
2. Agreeing a **common regulatory framework** (legal framework and regulatory harmonisation) and establishing a single entry point for business
3. **Establishing a single agency** – governance and supporting aspects

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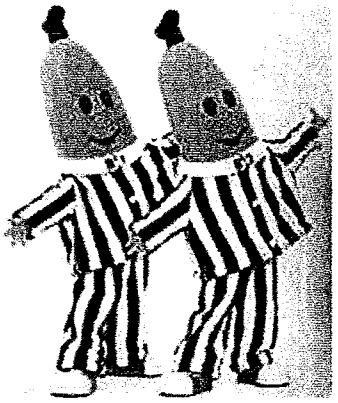
# Five business to business (B2B) pilot harmonisation projects

- Commenced late 2011 and completed by June 2013
- Laid the foundations for wider regulatory harmonisation



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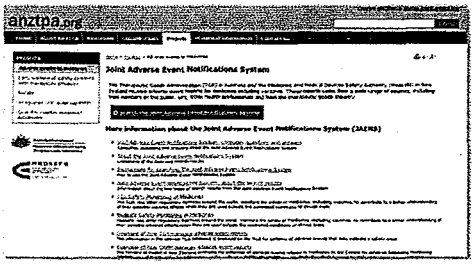
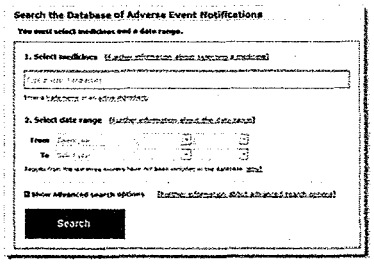
# B2B project 1: Publicly searchable Joint Adverse Event Notification System for medicines and devices



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## B2B project 2: Development of a new early warning system for advising the public of investigations into potential safety risks associated with medicines and devices

- "Signals" may arise from international alerts, scientific/literature studies or other intelligence
- New harmonised approaches for stimulating the reporting of adverse events from medicines by GPs

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## B2B project 3: Alignment of product recall processes and a joint publicly searchable database of recall actions

- **Required development** of common recalls terminology, process alignment and publication alignment
- **Recall actions included in SARA** two days following agreement between the sponsor and TGA, to allow time for them to distribute the recall communication
- **Consumer level** recall action notices published on a web page
- A **precursor to a single recalls business unit** under ANZTPA

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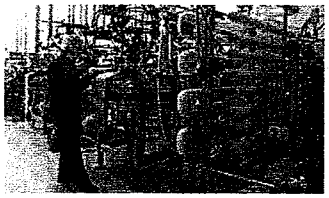
## B2B project 4: Harmonisation of protocols for medicines manufacturing inspections between Australia and NZ

- Including **sharing of inspection reports**/ compliance information, inspection plans and joint inspections
- Precursor to establishment of single Office of Manufacturing Quality

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## B2B project 5: Business reforms to regulation of over-the-counter medicines

- Assessment of new OTC medicines according to the **level of risk** of the product
- **Greater certainty for industry** around assessment time frames
- Integrated into "business as usual"
- Precursor to **establishment of a single OTC pre-market evaluation capability and entry point**

# OTC medicines business reforms

- **Categorisation of applications according to risk**
  - New medicines: N1 (clones/variants), N2 (monographs), N3 (safety / efficacy data not required), N4 (data required), N5 (new chemical entity/ new indications)
  - Changed medicines: C1 (minor changes), C2 (quality aspects), C3 (umbrella branded medicines), C4 (changes to indications and directions for use)
- Development of **OTC medicine monographs** for previously approved, well-characterised active ingredients
- **Target times** for assessments and reporting on time taken
- Move to **electronic submissions** (eCTD)

# The Single Entry Point

Phase 1 – www.anztpa.org as a single, co-badged **static website** providing information and progress reports – completed

Phase 2 – enhancement to a **"single sign on site"** for multiple applications

Phase 3 – creation of a **fully functional e-Business web portal** for ANZTPA including application forms, inspection forms....

- Will be progressively extended to **cover all business engagement applications** for industry to streamline processing
- **Requires harmonisation** of documents and processes

# Common Regulatory Framework

**Two aspects:**

- Development of **draft enabling Bills and Rules and Orders** for regulatory "business as usual"
- **Regulatory harmonisation** between TGA and Medsafe:
  1. Pre-market business processes for prescription medicines
  2. Pre-market business processes for non-prescription medicines
  3. Medicine ingredients
  4. Medicines safety
  5. Common regulatory framework for medical devices
  6. Biological and blood products

# Work plans: Pre-market processes for OTC medicines

- **Pilot the joint evaluation** of some OTC applications
- Harmonised approach for the technical and business requirements for the **evaluation of new and changed medicines**
- Common TGA and Medsafe **guidance** for the evaluation of OTC medicines
- ANZTPA policy for the **use and naming of proprietary ingredients**
- Harmonised required **warning statements for labels**
- **Harmonised paediatric dosages** for paracetamol and ibuprofen
- **Single entry point** for business and evaluation process for OTC medicines
- Harmonised **manufacturing clearance**

# NZ Natural health products "carve out"

- In June 2011, Prime Ministers agreed that NZ could introduce **a separate scheme** to regulate certain NZ natural health products in its domestic market
- **Natural Health and Supplementary Products Act provides** regulation of natural health products in NZ for first time from early 2014
- **Scope of the scheme still being determined and will be reviewed in 2019**
  - e.g. permitted and prohibited ingredients, manufacturing standards, health claims
  - export products, gaps and interface with ANZTPA to be resolved
  - once ANZTPA is in operation, NZ manufacturers can choose to be regulated under ANZTPA (to access Australian market) or the NZ only scheme

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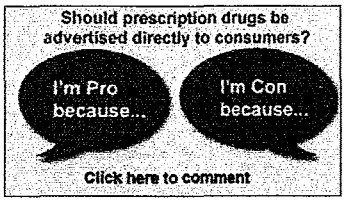
# Harmonisation does not have to be complete in some areas, such as

- Clinical trials
- Medicines scheduling
- Regulation of advertising of therapeutic products
- Extemporaneous compounding




CTNZ
Clinical Trials New Zealand

Australian Children's Cancer Trials

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# Health Rules and Orders: public consultation will be undertaken in the lead up to 2016

## "Rules" will

- Be made by Ministerial Council established by Treaty but disallowable by each Parliament
- Contain 'business as usual' elements currently covered in the Therapeutic Goods Act or Medicines Act NZ and in regulations
- Cover medicines, devices, biologicals, advertising, transition, manufacturing licences, fees and charges, administration, interpretation provisions

## "Orders" will

- Be developed as needed, made by the ANZTPA Managing Director
- Cover more detailed areas currently addressed in legislative instruments in Australia (including standards) and be disallowable in each Parliament

## Transitional arrangements for therapeutic products should

- **Provide for continuing availability** (for any transitional period) for all products that can be lawfully supplied in either country immediately prior to commencement of ANZTPA scheme
- **Not result in additional compliance and regulatory costs** for industry and **minimise unnecessary workload for ANZTPA**
  - don't want to have to re-evaluate products that are already on the ARTG or approved in NZ
  - but need to develop system to handle cases where different indications are approved in Australia and NZ

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# It's more complex than you may think...

## Starting from different base capacities and regulatory philosophies

### Australia

- Medium sized regulator – 750 staff and fully industry cost-recovered
- Comprehensive regulatory framework –one of the top few globally
- Experience in being held accountable to industry and public through AAT and the courts

### New Zealand

- Small regulator – 50 staff and partially government funded
- Does not currently regulate devices or IVDs pre-market, limited complementary medicines regulation
- Has piloted innovative approaches – provisional registration, recognition of other registrations, OTC medicines, pharmacovigilance reporting, scheduling

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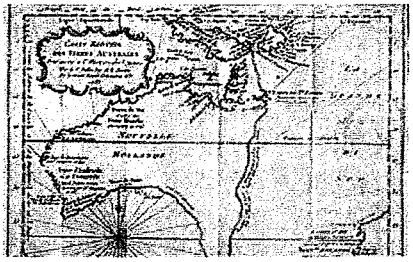
## We are moving into uncharted territory



*Discussions still underway between officials on issues such as governance, financial matters and employment*

*No final policy decisions made at this stage*

*Proposed regime requires Cabinet consideration in 2014*

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# Discussion can get robust at times

# Stakeholder Consultations

- **Initial consultation paper** *'Description of a possible joint regulatory scheme for therapeutic products under ANZTPA'* released Jan 2013 and 117 submissions received

- **Subject-specific consultations** will commence by Easter 2014 using draft Regulatory Rules and an explanatory document

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# TGA reforms: Complementary medicines

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# Drivers for Complementary Medicines reform: Australian National Audit Office recommendations 2010

1. Timely completion of key guidance materials
2. Improve the integrity of the listing system for complementary medicines so as to limit the use of inappropriate claims
3. Achieve greater transparency regarding the post-market review of listed products
4. Enhance post-market monitoring so as to more efficiently focus post-market resources towards problem areas
5. Developing more efficient processing of advertising complaints

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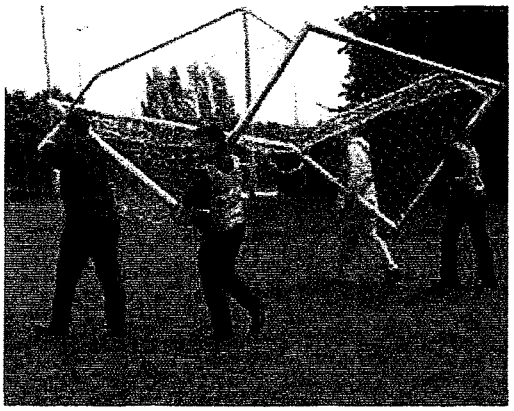
## Some recommendations involve better implementation of existing regulations, others require changes to regulatory framework



*We are not moving the goal posts without Government approval*

# Existing framework: Guidance materials

- **Sponsors have always been required to hold evidence** and make it available to TGA on request
- **Regulatory requirements are being made clearer** in the updated Australian Regulatory Guidelines for Complementary Medicines
- ARGCM will be published in Dec along with consultation submissions
- ARGCM now in four parts
  - A: Overview of the regulatory framework: different types of complementary medicines; active and excipient ingredients; medicine terminology; exempt medicines; practitioner products; and medicine/food interface issues
  - B: Regulatory framework for listed 'low risk' complementary medicines
  - C: Evaluation process for a new substance for use in listed medicines
  - D: Registration process for complementary medicines

# Does the indication match the evidence?

- *Scientific indications* are supported by efficacy-based evidence
- *Traditional indications* are derived from a tradition of use within a particular paradigm
- The two different types of indications are presented differently on the medicine label – to ensure consumers are not misled about the type of evidence supporting the indications
- A common issue that the TGA find during compliance reviews is that the 'indication does not match the evidence held'

# Does the indication match the evidence?

**Is the evidence relevant?**

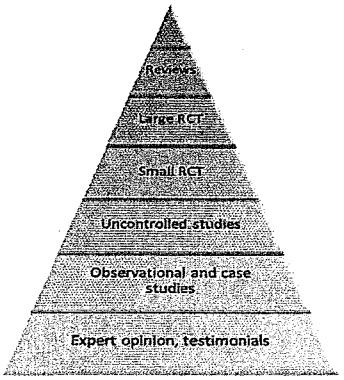
- Equivalent doses or salts used; same plant part used; same ingredients or extraction processes; similar study outcomes to the effect claimed

**Is it high quality evidence?**

- Systematic reviews, Randomised Controlled Trials, cohort studies
- Methodologically sound

**Is it a balanced view?**

- Positive evidence exceeds equivocal or negative evidence



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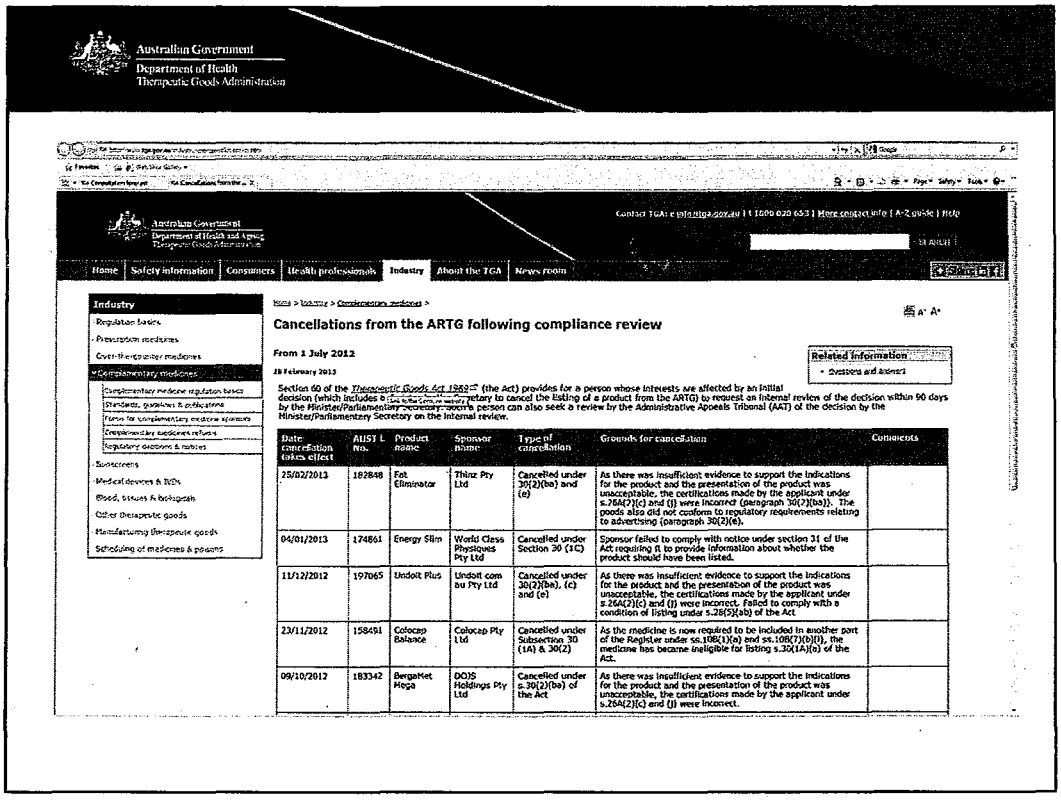
# Greater transparency of post-market reviews for listed products: compliance framework

## Completed

- Strategy for random and targeted reviews developed
- Development and publication of a compliance review framework
- Publication of review outcomes for cancelled products on TGA website

## To be published in 2014

- Compliance review outcomes including name of the product, ARTG number, sponsor name and the outcome of the review
- Compliance review data including number of reviews completed or in progress and information on outcomes



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Industry
- Regulation basics
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- Over-the-counter medicines
- Complementary medicines
  - Complementary medicine regulation basics
  - Standards, guidelines & publications
  - Forms for complementary medicine sponsors
  - Complementary medicines returns
  - Regulatory decisions & notices
- Sunscreens
- Medical devices & IVDs
- Blood, tissues & biologicals
- Other therapeutic goods
- Manufacturing therapeutic goods
- Scheduling of medicines & poisons

## Cancellations from the ARTG following compliance review

**From 1 July 2012**

**28 February 2013**

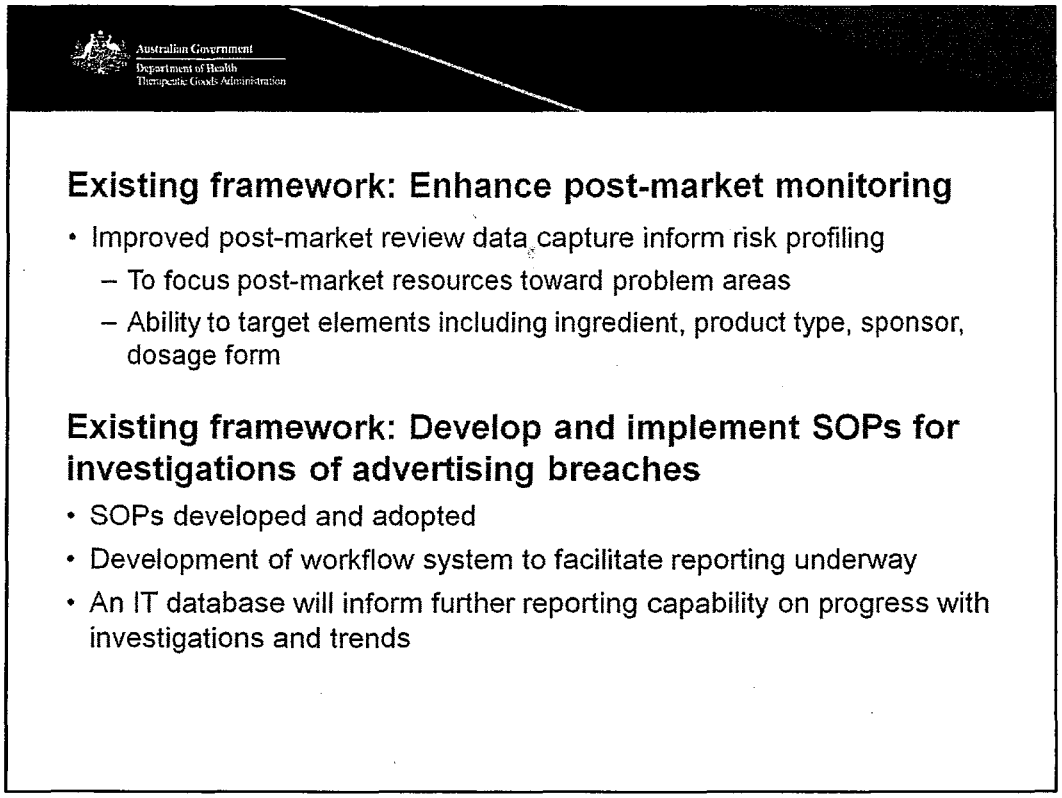
Related information
- Questions and answers

Section 60 of the *Therapeutic Goods Act 1989* (the Act) provides for a person whose interests are affected by an initial decision (which includes a decision by the Secretary to cancel the listing of a product from the ARTG) to request an internal review of the decision within 90 days by the Minister/Parliamentary Secretary. Such a person can also seek a review by the Administrative Appeals Tribunal (AAT) of the decision by the Minister/Parliamentary Secretary on the internal review.

| Date cancellation takes effect | AUST L No. | Product name | Sponsor name | Type of cancellation | Grounds for cancellation | Comments |
|---|---|---|---|---|---|---|
| 25/02/2013 | 182848 | Fat Eliminator | Thinz Pty Ltd | Cancelled under 30(2)(ba) and (e) | As there was insufficient evidence to support the indications for the product and the presentation of the product was unacceptable, the certifications made by the applicant under s.26A(2)(c) and (j) were incorrect (paragraph 30(2)(ba)). The goods also did not conform to regulatory requirements relating to advertising (paragraph 30(2)(e). | |
| 04/01/2013 | 174861 | Energy Slim | World Class Physiques Pty Ltd | Cancelled under Section 30 (1C) | Sponsor failed to comply with notice under section 31 of the Act requiring it to provide information about whether the product should have been listed. | |
| 11/12/2012 | 197065 | Undoit Plus | Undoit com au Pty Ltd | Cancelled under 30(2)(ba), (c) and (e) | As there was insufficient evidence to support the indications for the product and the presentation of the product was unacceptable, the certifications made by the applicant under s.26A(2)(c) and (j) were incorrect. Failed to comply with a condition of listing under s.28(5)(ab) of the Act | |
| 23/11/2012 | 158491 | Colocap Balance | Colocap Pty Ltd | Cancelled under Subsection 30 (1A) & 30(2) | As the medicine is now required to be included in another part of the Register under ss.10B(1)(a) and ss.10B(7)(b)(ii), the medicine has became ineligible for listing s.30(1A)(a) of the Act. | |
| 09/10/2012 | 183342 | BergaNet Mega | DOJS Holdings Pty Ltd | Cancelled under s.30(2)(ba) of the Act | As there was insufficient evidence to support the indications for the product and the presentation of the product was unacceptable, the certifications made by the applicant under s.26A(2)(c) and (j) were incorrect. | |

Cancellations from the ARTG following compliance review – published on TGA website

Sponsors of listed complementary medicines who are reporting non-compliance in other listed complementary medicines are indicating to the TGA that they look forward to clear and transparent communication regarding the outcomes of the issues that they have raised. The goal of transparency provides a worthwhile opportunity for both the TGA and industry to demonstrate to the Australian public that efforts in complementary medicine reforms are addressing the concerns that have been raised.




**Recommendation 4**

The TGA currently uses random selections and information from external sources (e.g. suspected adverse reactions, market place surveillance, complaints) to identify listed complementary medicines for post-market review. As part of the reforms to complementary medicines, a project has been established to:

capture information at the point of a post-market review about sponsors, listed complementary medicines and issues of non-compliance with regulatory standards and requirements

use the information collected from post-market reviews to identify trends and develop risk profiles

use the risk profiles to better inform its post-market review process.

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# Potential change: New Evidence Requirements

- Further industry workshops planned in Nov-Dec 2013
- Plain English re-write with principles of established evidence clearer
- Plan to publish updated evidence document in early 2014

## Specific issues

- **Nutrient Claims** – indications relating to vitamins/ minerals/ nutrients permitted if recommended daily dose provides at least 25% of RDI
- **Biomarkers** - study populations with levels outside normal may be considered relevant when justification can be provided and safety of change to the target population can be established
- **Weight Loss studies** - must be long enough to validate health benefit and clinical significance must be demonstrated (treatment group > control)

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## Potential change: Improve integrity the listing system for complementary medicines through permitted indications

- Expanded list of indications permitted for use in listed medicines
  - Proposed to be equivalent in intent, not word for word
- No free text field to prevent inappropriate claims

*For the new requirements to take effect,* ***policy approval by the Government would be required*** *to change the Therapeutic Goods Act (new legislation)*

## Advertising claims that do not refer to therapeutic use

- Are not indications and do not need to be included on the ARTG in order to be used on product labels and in campaigns
- Must be true, not misleading and must comply with the requirements of the Therapeutic Goods Advertising Code

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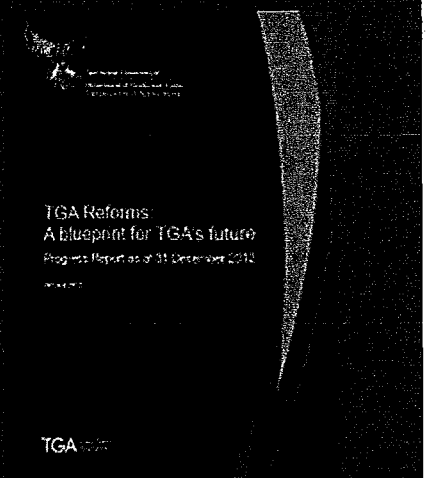
# Other reforms under consideration



# Other developments under discussion: medicines labelling and packaging

- **Australian regulation over 12 years old** - not kept pace with developments in EU, US and NZ which address ageing populations and consumer education needs
- Develop **regulatory solutions that address consumer safety risks**
  - information about active ingredient(s) not always easy to find
  - use of the same brand name for a range of products
  - look-alike/sound-alike names that can lead to use of the incorrect medicine
  - medicine containers and packaging that resemble that of another medicine
  - lack of a standardised format for information included on medicine labels
  - dispensing stickers that cover important information
  - information provided on blister strips, small containers, and pack inserts
- But do so in way that it feasible for industry to be able to implement, and working closely with Medsafe on the transition to ANZTPA

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## What's proposed to change?

- Active ingredient name(s) to be **immediately under** the brand name
- **Minimum font** for active ingredient name of 4mm (15 pt) for registered goods
- **Standardised medicine information panel headings**, and order of headings for non-prescription medicines
- If there are **four or more active ingredients**, names may be included on a side or rear panel / label in font size of 3mm or more
- **Dispensing label space** for prescription medicines
- **Small containers** - minimum font size of 2mm (increased from 1.5mm)

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## Other proposed changes

- **Warning statements** on information panel:
  - *'Do not use if...', 'Ask a doctor or pharmacist before use if you...' 'Stop use and ask a doctor if...'*
- Declaration of **certain excipients** (allergens, high potassium)
- Mandatory requirement for colour contrast for batch and expiry details on all container types
- **Name of the medicine**, together with active ingredient details, is repeated on strip and blister packs at least once every two dosage units
- **Transdermal patches** to show, on the actual patch, either unique markings, product name or active ingredient
- Primary pack label on a medicine to show a **machine readable code**
- Establishment of a labelling and packaging **advisory committee**

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## Consultation Regulatory Impact Statement (RIS) 31 May 2013

***Regulating the advertising of therapeutic goods to the general public***

Comments on **current arrangements** and **alternative options** sought on

- scheme for approving certain advertisements before they are published or broadcast
- process for handling of advertising complaints
- mechanism for providing the TGA with advice about advertising matters
- powers for investigating advertising breaches and enforcement of compliance
- advertising of high risk medical devices directly to the public;
- exemptions from the Act for advertisements directed exclusively to health professionals
- arrangements for approving the advertising of Pharmacist-Only medicines
- legislative basis for underpinning the Price Information Code of Practice

Consensus amongst stakeholders that **critical elements of the advertising framework are not functioning effectively and could be improved**

Reform options **now being considered** by government