

From: [REDACTED]
To: [REDACTED]
Subject: FW: RMP advice - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]
Date: Friday, 14 September 2018 12:35:52 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image006.png](#)

Hi [REDACTED]
 Could you confirm that you or [REDACTED] will bring these recommendations to the attention of the sponsor.
 Ta [REDACTED]

From: [REDACTED]
Sent: Friday, 14 September 2018 12:05 PM
To: [REDACTED]
Subject: FW: RMP advice - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]
 FYI

From: [REDACTED]
Sent: Friday, 14 September 2018 12:04 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RMP advice - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]
 Hi [REDACTED]

Thanks for seeking RMP advice for this submission. [REDACTED] has instructed me to review the proposed healthcare professional communication with the PI and labels. Here are my recommendations for your consideration. A copy of the review report is available in TRIM: : [D18-10969662](#)

Recommendation 1. The sponsor has advised in the PI that BRALTUS and SPIRIVA are bioequivalent. This bioequivalence is established between the use of BRALTUS with ZONDA device and the use of SPIRIVA with HANDIHALER device. Although the suggested inhalation techniques are similar for both products, there are significant differences between ZONDA device and HANDIHALER device:

- 1) HANDIHALER device is expected to be reused with different bottles of capsule for inhalation. The device is dispensed separately from SPIRIVA capsules. In contrast, each BRALTUS capsule bottle contains a new ZONDA device which is not expected for use more than 30 times.
- 2) The colour and shape of the two devices are different.
- 3) HANDIHALER device is expected to be cleaned with water once a month. ZONDA device is expected to be cleaned with dry cloth or tissue if necessary.

To ensure adequate counselling for patients, it is recommended that the following advice is added to the DHPC: Each box of BRALTUS contains a new ZONDA inhaler and inhalation capsules. Patients being switched from SPIRIVA must use the ZONDA inhaler with BRALTUS to deliver the intended dose. The ZONDA inhaler should be discarded after 30 uses.

Recommendation 2. The proposed electronic distribution of the Direct Healthcare Professional Communication (DHPC) is acceptable. The sponsor should include relevant nurse practitioners on the distribution list.

Recommendation 3. The sponsor should provide its implementation plan for the DHPC. The following aspects should be included:

- a. Planned delivery time frame;
- b. How will the list of individual recipients be obtained to ensure the intended recipients are included;
- c. How will the DHPC be delivered electronically? If the DHPC is to be delivered by email, delivery and read receipts should be requested.

Recommendation 4. It is noted that unlike the instructions for use provided in the CMI for SPIRIVA, no instructions on cleaning with water have been provided for BRALTUS. It is unclear whether this is because the ZONDA device is not expected to be reused for more than 30 times and therefore, does not require water cleaning. The sponsor should provide clarification as to whether the ZONDA device can be cleaned and rinsed with water. Advice on/against water cleaning should be provided in both 'Information for the patient' and the CMI to ensure adequate maintenance of the device.

Recommendation 5. The delegate has made a specific request for advice from the RMP evaluator on the following matter:

We (PCS) would prefer that the delivered dose was displayed in a more prominent location in addition to the metered dose. See below for an example:

'Braltus

Tiotropium (as bromide) 13 microgram metered dose

Tiotropium (as bromide) 10 microgram delivered dose'

The RMP evaluator supports the proposed label change to show the delivered dose in addition to the metered dose to avoid confusion. However, it has been noted that the DHPC states '13 microgram' as 'pre-metered dose' whilst the label states '13 microgram' as 'metered dose'. It is recommended that the term is used consistently to avoid confusion.

Regards,

[REDACTED]

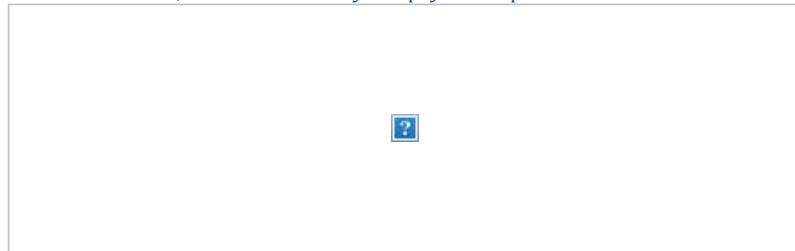
Risk Management Plan Evaluation
Pharmacovigilance and Special Access Branch

[REDACTED]

Therapeutic Goods Administration

Department of Health
PO Box 100
Woden ACT 2606 Australia
www.tga.gov.au

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Good afternoon,

Here is my review report for your clearance

Once the report is cleared, I'll send it with the recommendations to [REDACTED] in PCS. At this stage, I don't think we need to send the report to the sponsor. However, if you consider the need to do so, I'll ask [REDACTED] to make a sponsor copy.

Regards,

[REDACTED]

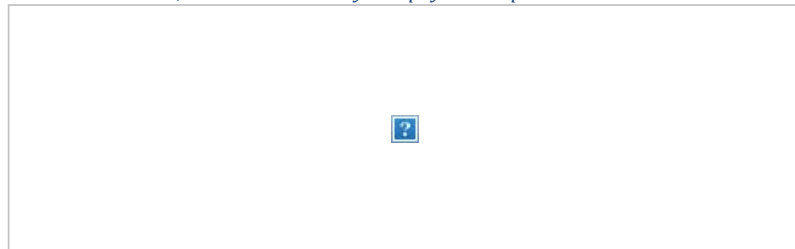
Risk Management Plan Evaluation
Pharmacovigilance and Special Access Branch

[REDACTED]

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From: [REDACTED]

Sent: Tuesday, 4 September 2018 1:54 PM

To: [REDACTED]

Subject: TRIM: FW: Potential RMP evaluation request - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]

Timeframes below – [REDACTED] would like a response by Fri 14th Sept.

[REDACTED]

Risk Management Plan Evaluation
Pharmacovigilance and Special Access Branch

[REDACTED]

Therapeutic Goods Administration

Department of Health

PO Box 100

Woden ACT 2606 Australia

www.tga.gov.au

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[REDACTED]



[REDACTED]

This response is general information given to you without prejudice; it is not binding on the TGA and you should get your own independent legal advice to ensure that all of the legislative requirements are met.

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From: [REDACTED]

Sent: Tuesday, 4 September 2018 1:53 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Potential RMP evaluation request - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]

Milestone 7 is Monday 24th September.

It would be good to have your thoughts by Friday 14th

Please let us know if you need longer.

From: [REDACTED]

Sent: Tuesday, 4 September 2018 1:38 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Potential RMP evaluation request - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]

Thanks [REDACTED] – we'll review and respond to you. Could you let us know what the timeframe is for providing our response please?

Kind regards

[REDACTED]

[REDACTED]

Director

Risk Management Plan Evaluation

Pharmacovigilance and Special Access Branch

[REDACTED]

Therapeutic Goods Administration

Department of Health

PO Box 100

Woden ACT 2606 Australia

www.tga.gov.au

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[REDACTED]



[REDACTED]

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From: [REDACTED]

Sent: Monday, 3 September 2018 11:39 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Potential RMP evaluation request - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]

Hi [REDACTED]

The DHCP letter has been provided by the sponsor ([e002646 \(0004\) - Response to request for information - Milestone 5 Request for Information - Quality and Clinical](#)). We would appreciate it you could look at this as well as the [PI](#), [labels](#) and any Australian specific requirements. I have asked [REDACTED] (Streamlined submission) to create an

evaluation event for you.

Clinical have looked at the PI and have made some additional suggestions as per the attached email. These have not been sent to the sponsor yet.

In terms of the labels, we (PCS) would prefer that the delivered dose was displayed in a more prominent location in addition to the metered dose. See below for an example:

Braltus

Tiotropium (as bromide) 13 microgram metered dose

Tiotropium (as bromide) 10 microgram delivered dose

If you agree with these changes to the label and PI we will ask the sponsor to update their labels and PI with any additional questions you might have.

Thanks and all the best,

[REDACTED]
Pharmaceutical Chemistry
Scientific Evaluation Branch

Therapeutic Goods Administration

Department of Health

PO Box 100

Woden ACT 2606 Australia

www.tga.gov.au

From: [REDACTED]

Sent: Friday, 10 August 2018 9:43 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Potential RMP evaluation request - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]

Hi [REDACTED]

The clinical unit have made some recommendations regarding labelling and PI aspects already (CER 1 & 2) so it might end up being a bit of a mixture.

The MS5 reports have not yet gone out, although should be shortly. [REDACTED] will let you (RMP Coord.) know once the response and DHCP is in.

Thanks,

[REDACTED]

[REDACTED]

[REDACTED] Pharmaceutical Chemistry Section

Scientific Evaluation Branch | Medicines Regulation Division

Health Products Regulation Group

Australian Government Department of Health

[REDACTED]

[REDACTED]

PO Box 100, Canberra ACT 2601, Australia

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From: [REDACTED]

Sent: Friday, 10 August 2018 9:26 AM

To: [REDACTED]

Cc: [REDACTED] RMP Coordinator

Subject: RE: Potential RMP evaluation request - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]

Hi [REDACTED]

We'd be happy to review the DHCP letter when it is provided – we can do it informally (in terms of work process), or is a more formal process is preferred then I think it could be assigned to us as a secondary evaluation. Happy either way.

We can also review the PI and/or label if that would be helpful (or will clinical look at this?).

Kind regards,

[REDACTED]

From: [REDACTED]

Sent: Thursday, 9 August 2018 5:48 PM

To: [REDACTED]

Subject: Potential RMP evaluation request - BRALTUS PM-2017-03103-1-5 [DLM=For-Official-Use-Only]

Hi [REDACTED]

I'm currently (only 1 more day left) acting for [REDACTED]

One of the submissions assigned to [REDACTED] is for a tiotropium bromide inhalation by Teva and is being considered as a generic version of Spiriva (dry powder inhaler).

The issue we have is that Spiriva is labelled as containing tiotropium bromide 18 micrograms whereas the generic contains only 13 micrograms per capsule.

o Note that both products deliver the same quantity of tiotropium per inhalation (10 micrograms)

The company has proposed to provide a Dear Healthcare Provider letter outlining the difference and similarities of the reference and generic products – in addition to statements in the PI and hopefully label.

The DCHP letter proposed for Australia has not yet been provided and I will be asking for it in response to our MS5 report.

The clinical unit would prefer if the RMP team had a look over the DHCP letter etc. Would you be amenable to arranging someone to have a look over the documents once they come in?

Thanks in advance,

[REDACTED]

[REDACTED]

[REDACTED] Pharmaceutical Chemistry Section

[REDACTED]

Scientific Evaluation Branch | Medicines Regulation Division

Health Products Regulation Group

Australian Government Department of Health

[REDACTED]

[REDACTED]

PO Box 100, Canberra ACT 2601, Australia

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