



Australian Government
Department of Health
Therapeutic Goods Administration

The Australian Specific Annex document

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ARCS and TGA RMP Workshop 12 March 2015

TGA Health Safety
Regulation

Overview

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What is an ASA?

- The ASA is a document that adapts the EU-RMP to the Australian context:
 - Not a complete RMP
 - Similar to country-specific annexes
- Difference to EU-RMP:
 - Adapts EU-RMP to the Australian context
 - Summarises certain EU-RMP sections

What is an ASA?

Different local requirements

- Local documentation (different from EU):
 - Routine risk minimisation activities (PI/CMI)
 - Local additional risk minimisation activities
 - e.g. prescriber education
- ASA
 - assesses the Australian-specific risks
 - ties all the local requirements together

Why do we need an ASA?

To adapt the RMP to the Australian context

Why is Australia different?

- Indigenous population
- Large Asian population
- Rurality/lack of access to specialist services
- State vs federal control over some aspects of how medicines are used
- Additional activities may require adaption to Australian systems
- Australian PI vs EU SmPC

When is an ASA required?

- Whenever there are differences between the Australian implementation of the RMP compared to what is proposed in the RMP (this includes product information).

That practically means...

- An ASA is required whenever an RMP is required (including RMP updates or unsolicited submission of RMPs)
- As per the TGA's *Mandatory requirements for an effective application*:
 - “The RMP should be the current, unaltered EU-RMP (if available) and an Australian Specific Annex should be included”.

When is an ASA not required?

Only if the RMP submitted will be applied in its entirety to Australia:

- No differences to the implementation and application of the RMP in the Australian context
- Pharmacovigilance and risk minimisation activities for Australia are **identical** to that detailed in the RMP
- This would usually only be in cases where an EU-RMP does not exist and an Australian RMP has been submitted

The ASA template as a guideline

Preferred format for quick processing

- ASA template is a guideline
 - Updated ASA template is the preferred format
- Updated ASA template:
 - Provides clarification of existing requirements
 - Was developed with stakeholders
 - Will be available on the TGA website

The ASA template as a guideline

Other formats

- ASA template is a guideline
 - Other formats may be acceptable, if they contain the same information
- Disadvantages of using another format:
 - May be more difficult to use
 - May require clarification from the TGA
 - May lead to delays
 - May increase the administrative burden

ASA – TGA’s preferred format

1. INTRODUCTION– scene setting, allows the reader to put this application in context

1.1 Purpose of ASA for this RMP

Briefly state which RMP this ASA relates to and how it is to be read. Are there major changes compared to the EU-RMP which need to be stated upfront?

1.2 Registration History

A snapshot of the product’s Australian registration history thus far

Provide brief registration history of the product including previous applications and ARTG numbers

What is the nature of the current application?

What is the indication sought? Does this differ to that proposed/approved in the EU? If so, why?

1.3 History of RMPs submitted in Australia

State here whether RMPs have been previously submitted for evaluation

Are there any material changes to the RMP from when it was last evaluated? If so, they should be made clear.

ASA – TGA’s preferred format

1. INTRODUCTION

1.4 Epidemiology of the population to be treated in Australia

Provide Australian specific epidemiological information of the disease and the proposed treatment population. Are there risk factors or a pre-disposition for disease in certain patient groups?

Will the target population generally differ from other markets, if so, why?

Is there an unmet clinical need in Australia to be considered? Are there other treatment options.

Is this medicine likely to be used in the Indigenous population? If so, are there safety related considerations for this medicine taking into account co-morbidities, difficulty in accessing specialist services, follow-up?

If straightforward, does not need to be lengthy.

ASA – TGA’s preferred format

2. PHARMACOVIGILANCE PLAN

2.1 Pharmacovigilance Organisation in Australia

Include confirmation that the local pharmacovigilance organisation is operating in accordance with current TGA guidelines for pharmacovigilance responsibilities of sponsors. A statement to this effect is sufficient.

2.2 Routine Pharmacovigilance activities

Describe routine activities carried out in Australia for the safety concerns identified in the EU-RMP. This includes routine pharmacovigilance tools (eg targeted questionnaires).

If any activity in the EU-RMP is not to be implemented in Australia this should be stated including a justification for any difference.

ASA – TGA’s preferred format

2. PHARMACOVIGILANCE PLAN

2.3 Pharmacovigilance activities for safety concerns specific to Australia (if applicable)

Are there additional safety concerns specific to Australia that are not addressed in the EU-RMP? If so, the Australian pharmacovigilance activities proposed for these should be specified.

ASA – TGA’s preferred format

2. PHARMACOVIGILANCE PLAN

2.4 Studies Referenced in the Pharmacovigilance Plan of the RMP

State whether Australian subjects will be included in the pharmacovigilance studies detailed in the EU-RMP. If not, describe why the study is considered to be applicable to the Australian context (in most cases it is).

Are there any RMP studies which are considered to be not relevant to the Australian context? If so, detail these and why.

If dates for submission of study results in Australia differ from the dates proposed in the EU-RMP then a summary table setting out the anticipated dates for their submission in Australia should be provided.

Are there additional pharmacovigilance activities to be conducted in Australia that are not outlined in the EU-RMP? If so, these should be detailed

If there are no differences to what is proposed in the RMP and all studies are applicable in the Australian context then this can be simply stated.

ASA – TGA's preferred format

3. RISK MINIMISATION PLAN

- ASA provides details on risk minimisation activities undertaken in Australia
 - Routine (PI and CMI documents)
 - Additional
 - Prescriber/patient education
 - Patient cards
 - Restricted prescribing
 - Registries
 - Evaluation of effectiveness of risk minimisation activities (may be pharmacovigilance)

ASA – TGA’s preferred format

3. RISK MINIMISATION PLAN

3.1 How risk minimisation activities will be implemented in Australia

- Detail about any additional risk minimisation activities being undertaken for Australia.
- Table detailing all planned risk minimisation measures in the Australian context and the EU-RMP context.
 - Wording pertaining to all the specified Safety Concerns and Missing Information Items in the proposed Australian PI and CMI should be included in the table. Furthermore, the table should identify the differences between EU and Australian risk minimisation activities (if any) and provide a justification for each difference.

ASA – TGA’s preferred format

3. RISK MINIMISATION PLAN

Safety Concerns or Missing Information	Risk minimisation activities (routine and additional) proposed in the EU-RMP	Risk minimisation activities (routine and additional) proposed for Australia	Differences between EU and Australian activities with justification
<p>Safety Concern/Missing Information Item</p>	<p><u>Routine activities</u> <i>Include exact wording for EU SmPC statements proposed for this safety concern.</i></p> <p><u>Additional activities</u> <i>Include details of additional activities to be undertaken for this safety concern in the EU.</i></p>	<p><u>Routine activities</u> <i>Include exact wording for Australian PI statements proposed for this safety concern.</i></p> <p><u>Additional activities</u> <i>Include details of additional activities to be undertaken for this safety concern in Australia.</i></p>	<p><i>If routine and/or additional activities differ for Australia from that proposed in the EU-RMP provide justification for these differences.</i></p>

ASA – TGA’s preferred format

3. RISK MINIMISATION PLAN

3.2 Potential for medication errors or other risks if applicable

- Australian information, if available, on potential for medication errors or other risks, for example: if an extension of indication or new dosage form is proposed.

3.3 How risk minimisation activities will be evaluated in Australia.

- Provide detail about how and when evaluation of additional risk minimisation activities, including educational activities, will be undertaken and reported to the TGA. Sponsors must demonstrate that the measures they are using to mitigate risk are working and if not what actions they will take to ensure effectiveness.

ASA – TGA’s preferred format

4. SUMMARY

Safety Concerns or Missing Information	Pharmacovigilance activities (routine and additional) proposed for Australia	Risk minimisation activities (routine and additional) proposed for Australia
Safety Concern/Missing Information Item	<p><u>Routine activities</u> <i>e.g. Routine pharmacovigilance</i> <i>Targeted questionnaires</i></p> <p><u>Additional activities</u> <i>Include study title/identifier</i></p> <p>[Less detail than the previous tables; summary only]</p>	<p><u>Routine activities</u> <i>e.g. Section of the PI/CMI</i></p> <p><u>Additional activities</u> <i>e.g. Educational programme</i></p> <p>[Less detail than the previous tables; summary only]</p>

ASA – TGA's preferred format

OTHER SECTIONS

5. Person responsible for this RMP and contact details

- This should be the person responsible for the implementation of activities in the RMP within the sponsor company and will usually be the Australian Contact Person for Pharmacovigilance ('the nominated contact person').

6. References

- Provide a reference list, if required.

7. Appendices

- This section allows for flexibility of submitting additional, relevant documents as appendices to the RMP (eg Australian-specific educational materials).

ASA – When should it be updated?

During the evaluation process:

- An updated ASA can be submitted with the sponsor's response to the consolidated s31 questions and the RMP evaluation report.
- If an updated ASA is anticipated to be available at any other time during the evaluation process the TGA should be notified for consideration.
- As the ASA should contain information on the PI/CMI proposed for Australia the ASA may need updating following finalisation of the PI/CMI. If so, the updated ASA should be submitted to the TGA.
- Any updated ASA should include a summary of changes (eg in tabulated format) from the previous version.

ASA – When should it be updated?

Outside of the evaluation process:

- Can be submitted or requested at any time post-market (see also post-market RMP update).
- Should be submitted if there is a significant material change to the document.
- An updated ASA should be accompanied with a cover letter stating the reason for submission (eg updated post-market due to reflect a change in the safety profile).
- For changes that have no impact on the EU RMP but impact the ASA, submission of the ASA alone may be sufficient.

Queries regarding the ASA

- Consult updated guidelines on www.tga.gov.au
 - RMP Q&As
 - Updated ASA template
- Contact:
 - Email: rmp.coordinator@tga.gov.au
 - Phone: 02 6232 8841

Commonly asked questions...

- How much detail is required for the epidemiology section of the ASA?
- A product is not being actively marketed yet there are outstanding additional commitments in the ASA. There are no plans to actively market the product in the future. Is it acceptable to remove additional commitments from the ASA?
- If there are more EU RMP updates than there are ASA updates how should the changes be presented in the next ASA update? Does the updated EU RMP need to contain track changes?

Commonly asked questions...

- Resourcing and scaling considerations when applying EU RMP additional risk minimisation activities to the Australian setting. Australian population is 23 million versus EU population of 500 million.



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