Australian Government
Department of Health
Therapeutic Goods Administration

Australian Government
Department of Health
Office of Drug Control

Medicinal Cannabis – what's happening?

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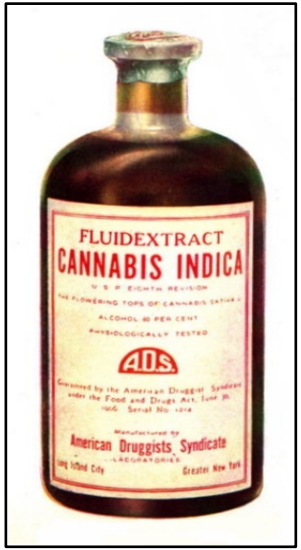
This presentation

- The Government's intent
- Conditions and clinical evidence
- What products exist ?
- International Conventions
- Where are we up to?
- The regulatory framework
- Cultivation and manufacture
- Patient Access
- Product Scheduling
- Summary

Un-standardised cannabis extracts have been used for many years for various illnesses



The government's intent

- Provide **patient access to Australian-grown and manufactured medicinal cannabis** outside the registered medicines route
- But recognising that **provision of a quality product**, provided through a doctors prescription is integral to the scheme
- At the same time **encourage pathways to clinical trialling and potential TGA registration of products**
- The **Department of Health's Health Product Regulation Group** provides the two "commonwealth arms" of the scheme
    - Cultivation and manufacture through ODC
    - Product GMP, product scheduling and patient access through TGA
- **States and territory roles** are critical and also evolving

Evidence for efficacy is mixed, and incomplete

Cannabinoids for Medical Use: A systematic review and meta-analysis

Whiting, P. et .al. JAMA June 2015

Examined Randomised Controlled Trials for some conditions (not epilepsy)

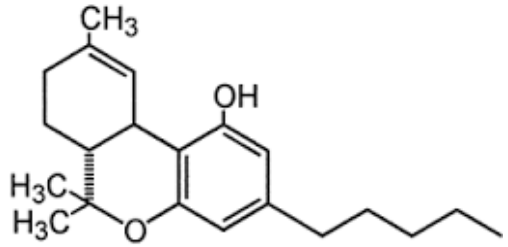
"There was moderate-quality evidence to support the use of cannabinoids for the treatment of chronic pain and spasticity.
There was low-quality evidence suggesting that cannabinoids were associated with improvements in nausea and vomiting due to chemotherapy, weight gain in HIV infection, sleep disorders, and Tourette syndrome.."

- **Past clinical trials were limited** because it is an illicit drug, a complex mixture of substances and hard for industry to obtain patent protection
- **Recent re-kindling of interest** in medicinal cannabis – patient pressure, national/ state schemes, commercial opportunities, potential for lower harms e.g. than opioids in chronic non-cancer pain ?
- **Are there certain patients** whom medicinal cannabis may benefit ?
- Role as a **second line** or "last resort" therapy ?

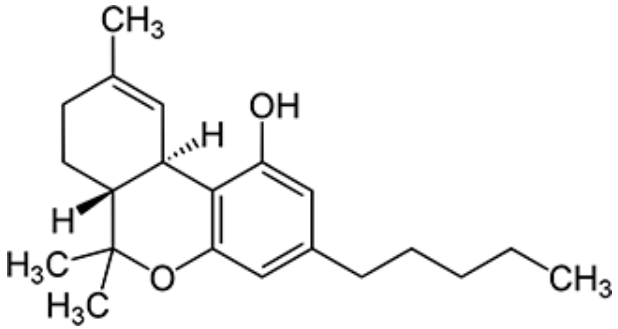
Indications potentially of most interest

- Multiple sclerosis
- Chemotherapy-induced nausea and vomiting
- Cancer pain
- Palliative care
- AIDs nausea/vomiting
- Refractory epilepsy
- Neuropathic pain
- Inflammatory bowel disease
- Psych conditions, e.g. PTSD
- Rheumatological conditions
- Glaucoma
- Tourette syndrome

Many cannabinoids in marijuana – the most studied are THC and CBD



Δ-9-tetrahydrocannabinol (THC)



What products exist?

- **Products registered (on the ARTG)** in Australia e.g. nabximols for MS
- **Products registered overseas** e.g. nabilone, dronabinol for anorexia and nausea and vomiting due to chemotherapy and AIDS
- **Pharmaceuticals in clinical trials** e.g. GW, INSYS cannabidiol products
- **Pharmaceutical grade plant material and extracts/derivatives** used overseas but not as registered medicines e.g. Bedrocan, Tilray products
- **Food-grade products** from overseas
- But these have proven **difficult for Australian patients to access**, hence the decision by government to enable local cultivation/manufacture

Legislation

- The ***Single Convention on Narcotic Drugs 1961*** aims to combat drug abuse through coordinated international action
- The ***Narcotic Drugs Act 1967*** provides the Commonwealth with powers to meet Australia's obligations under the *Single Convention*
- This includes **regulation of narcotic drug manufacture and cannabis cultivation** for medicinal and related scientific purposes.
- **The Act was amended in in February 2016** to permit the Commonwealth to allow for cannabis cultivation for medicinal and related scientific purposes in accordance with the *Single Convention*

Regulatory Framework

What has been achieved so far?

- **Extensive consultations** within Commonwealth, states and territories on cultivation and patient access and law enforcement issues
- **National consultations** with interested growers and manufacturers
- **Requirements for regulations** are being determined
- **General process** for cultivators and manufacturers being mapped out
- **Website launched** – www.odc.gov.au

Regulatory Framework

What needs to happen before October 30 2016

- **Regulations must be finalised** after approval by the Minister and Executive Council
- **Guidelines for industry** to be finalised
- **Fees and charges** for the scheme to be determined
- **TGA and states and territories** to work together with clinical groups to identify patient groups who will have access to medicinal cannabis products

Some Australian clinical trials announced/ underway

- NSW
  - terminal cancer – vaporised THC vs THC+CBD
  - paediatric epliepsy – cannabidivarin, CBD
  - chemotherapy induced nausea and vomiting – THC+CBD
- QLD
  - cannabis oil in paediatric epilepsy
- ACT
  - cannabis for melanoma
- VIC
  - paediatric epilepsy - synthetic cannabidiol

Overview of legislation already in place

- A **licence is required to cultivate cannabis** for medicinal purposes
- **Permits that set out the amounts and strains of cannabis** will be needed before cultivation can begin
- **Licences will be required for manufacturing**
    - Narcotic Drugs Act (security and prevention of diversion)
    - Therapeutic Goods Act (quality of the products reaching patients – most likely to a complementary medicines standard)
    - Possibly State/territory licences
- To get a Narcotic Drugs Act licence, **must be able to demonstrate supply to meet a particular demand**
- **Permits will control how much can be manufactured** to prevent overproduction
    - 20,000-100,000 patients would only require 2-10 ha of glasshouse production area
- **All licences** will be subject to conditions, compliance and monitoring

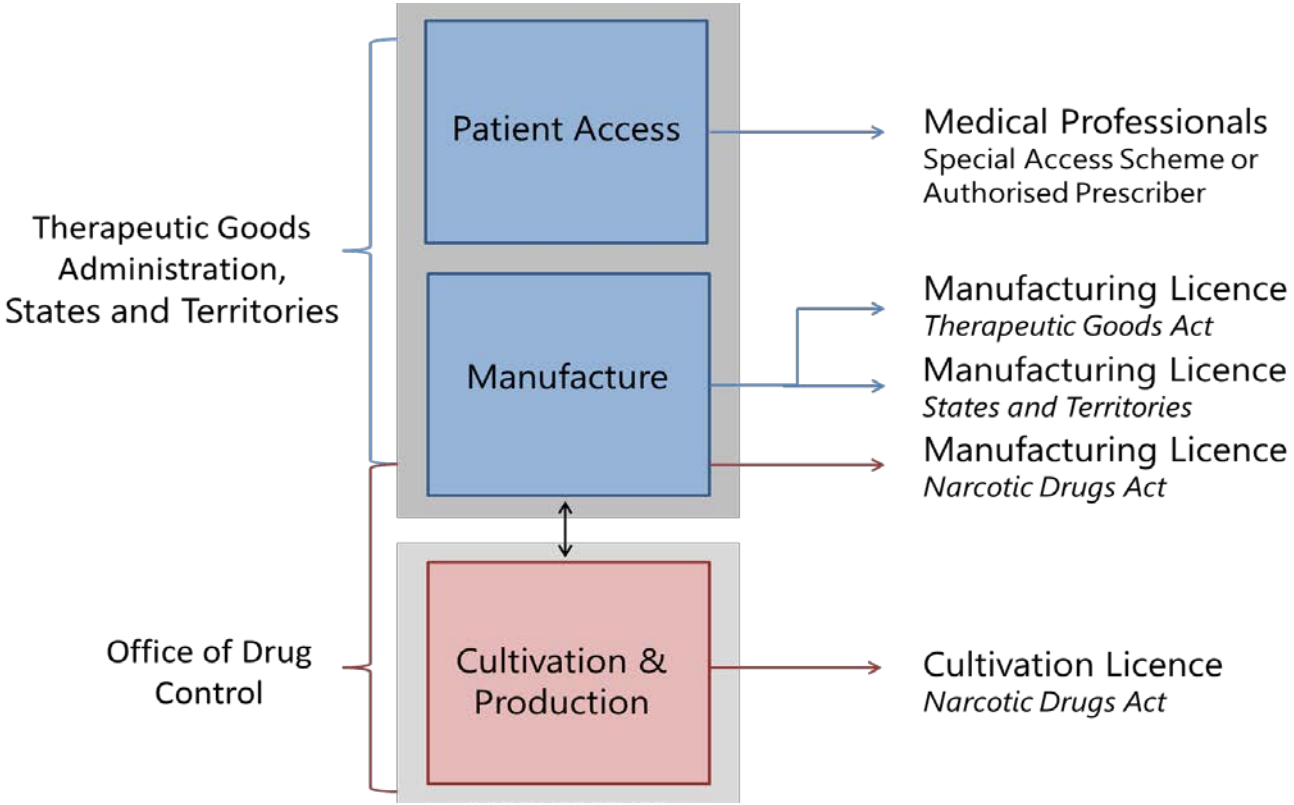
The Act imposes stringent requirements

- **Persons and entities involved** in medicinal cannabis cultivation or manufacture must meet a “Fit and Proper Persons Test”, employee suitability requirements and financial viability requirements
- **Location of, and security** for medicinal cannabis cultivation or manufacturing sites
- **Storage, handling, transport and destruction** of medicinal cannabis
- **Record keeping and auditing** of medicinal cannabis activity
- **Exporting of cannabis** grown under a licence or of medicinal cannabis products is not permitted at this time

What the regulations are likely to cover

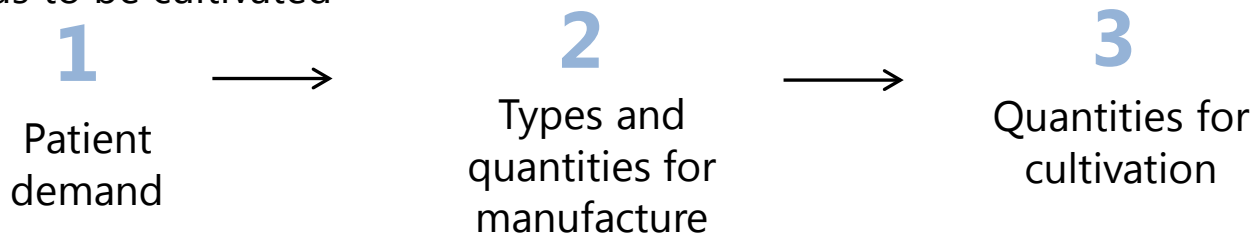
- **Documentation requirements** for applying for a licence
- **Security requirements** for the licensed premises
- Other requirements for the **land and premises**
- Matters relating to **‘suitable persons’** as employees
- Application and inspection **fees**
- Matters where the licence **must not be granted**
- **Conditions** that might be applied to a licence
- **Provisions for suspension** of licences

The Process


Patient Access
Manufacture
Cultivation & Production
Therapeutic Goods Administration, States and Territories
Office of Drug Control
Medical Professionals
Special Access Scheme or Authorised Prescriber
Manufacturing Licence
Therapeutic Goods Act
Manufacturing Licence
States and Territories
Manufacturing Licence
Narcotic Drugs Act
Cultivation Licence
Narcotic Drugs Act

Patient access to medicinal cannabis products

- Under the **TGA Special Access and Authorised Prescriber Schemes** but also to be determined by the **states and territories**
- **Access issues** to be resolved include indications (conditions), who can prescribe, and what types of medicinal cannabis products can be prescribed
- **Demand** will determine the types and quantities of products to be manufactured
- **Types and quantities of products** to be manufactured determines how much medicinal cannabis needs to be cultivated



Commonwealth view – patient access should be

- Through specialist and other appropriate medical practitioners
- Authorised by the state/territory governments (for S8 and S9 products)
- Prescribing appropriate medicinal cannabis products to patients with defined appropriate clinical indications and using the Authorised Prescriber Scheme
- With evidence of State/Territory approval to access the unapproved medicine
- With a secured supply of a pharmaceutical grade product from an entity that is legally willing/ able to export product to Australia

Evolving states and territory legislation is also determining prescription and pharmacy dispensing requirements

SAS Category B and Authorised Prescriber

Criteria depend upon the patients, product, prescriber

Authorised Prescribers must:

- have training and expertise appropriate for the condition and the proposed use of the product, and
- be able to best determine the needs of the patient and to monitor the outcome of therapy

Patient and clinical justification

- patient information, diagnosis and indication being treated
- the seriousness of the condition
- details of past treatment
- expected benefits from the use of the product

Product details

- Trade name - Manufacturer/Company/Supplier
- Dose Form i.e. tablet, extract and active ingredients
- Is it manufactured and supplied as a medicine or as a food ?
- Shelf-life and Storage Conditions
- Certificate of Analysis should be provided

Administration details:

- Dosage, Route of Administration, Duration of treatment

Monitoring Details:

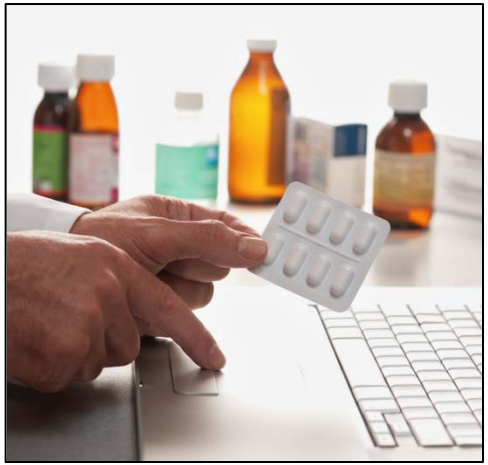
- Efficacy of the treatment, adverse events/reactions
- Human studies to demonstrate efficacy and safety data
- Level of evidence required will depend on seriousness of the condition

Scheduling

What is scheduling?

A process of deciding the levels of control on access that can be applied to a substance, based on risk, e.g.:

- Schedule 3 – Pharmacy only medicines
- Schedule 4 – Prescription only medicines
- Schedule 8 – Controlled drug
- Schedule 9 – Prohibited substances



Each schedule has a different level of control about who can dispense them, their labeling requirements and other restrictions

Potential rescheduling of medicinal cannabis

Delegate's interim decision, April 2016 is to create:

- New Schedule 8 entries for **Cannabis and Tetrahydrocannabinols** (being extracts, or derivatives of extracts, of cannabis) for human therapeutic use, only by prescription from a medical practitioner authorised by states and territories,

And further restricted to substances:

- where the cultivation, production and manufacture of the product is in accordance with the *Narcotic Drugs Act 1967*, or
- where the substances are imported into Australia in accordance with the Customs (Prohibited Imports) Regulations 1956 and any further production or manufacture in Australia is in accordance with the Narcotic Drugs Act, or
- where the products containing the substances are imported into Australia in accordance with those Regulations and no further manufacturing occurs in Australia.

Final decision expected by end of August

Summary

- **Limited high level evidence for efficacy** of many cannabis products but very significant interest from the public and policymakers
- **Limited prescriber knowledge** so education programs needed
- **Driver behind the new Commonwealth scheme** is to enable local cultivation and product manufacture as it has proven difficult to access overseas products
- **Levels of production of medicinal cannabis products will be determined by patient demand**, based on medical practitioner requests for provision through the Authorised Prescriber/ SAS Schemes
- **Based on experience with international demand,** production from 2-10 ha of greenhouse cultivation may satisfy Australian demand
- **Number of cultivators and manufacturers required** to meet the likely demand is not yet known

Summary

- **Under international conventions**, Australia has an obligation to not allow the accumulation of cannabis in excess of domestic requirements
- **Cultivators and manufacturers** will need to adhere to guidelines and regulations. Regular and random inspections will be undertaken to ensure compliance
- **To obtain a cultivation licence**, the applicant will need to demonstrate they will be supplying product to a manufacturer
- **Potential manufacturers** will need to demonstrate they will be manufacturing goods at an appropriate quality level for approved patient groups and indications
- **Export is not allowed** at this time