HAEMOPHILIA FOUNDATION AUSTRALIA

Complementary Medicines Reform Section
Complementary and OTC Medicines Branch
Therapeutic Goods Administration
PO Box 100
WODEN ACT 2606

28 March 2017

Dear Sir/Madam

Consultation: Reforms to the regulatory framework for complementary medicines: Assessment pathways

Thank you for the opportunity to contribute to the consultation on the *Reforms to the regulatory framework for complementary medicines: Assessment pathways*.

The Haemophilia Foundation Australia submission is attached.

Yours sincerely

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HAEMOPHILIA FOUNDATION AUSTRALIA

Submission to the Therapeutic Goods Administration
Complementary Medicines Reform Section

Reforms to the regulatory framework for complementary medicines: Assessment pathways

Date
28 March 2017

Submitted by

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Introduction

We note that the new product assessment pathway is intended to address a number of issues raised in the Review of Medicines and Medical Devices Regulation. There are two issues that HFA has a particular interest in:

- That a critical issue in the use of listed complementary medicines is to ensure that they are suitable for self-selection by consumers and that the information provided with the medicine supports consumer health decisions
- That the Review's recommendations arose from the observation that Australia's regulatory framework for complementary medicines does not appropriately align regulatory protections with risk.

We would like to comment on two consultation questions in particular related to this proposal.

A risk-based hierarchy for therapeutic indications
3.2 What other considerations may need to be taken into account in implementing the new pathway?

Implementation of the permitted indications list
4.4 What other considerations should be taken into account in implementing the permitted indications list?

HFA Consultation

HFA has consulted with haemophilia specialists a number of times in the past about risks of complementary medicines and supplements when preparing education materials for the bleeding disorders community. During March 2017 in preparation for this submission, HFA also conducted a short community survey and consulted with Haemophilia Treatment Centres about their clinical experience.

Background

HAEMOPHILIA FOUNDATION AUSTRALIA
Haemophilia Foundation Australia (HFA) is a not for profit organisation which represents people with haemophilia, von Willebrand disorder and other rare inherited bleeding disorders in Australia. It is the national peak organization for bleeding disorders and its mission is to inspire excellence in treatment, care and support through representation, education and promotion of research relating to bleeding disorders.

PEOPLE WITH BLEEDING DISORDERS IN AUSTRALIA
There are more than 5600 people who have been diagnosed with inherited bleeding disorders in Australia, including haemophilia, von Willebrand disorder (VWD) and rare clotting factor deficiencies. As a result of their bleeding disorder, the blood clotting process does not work properly. Without treatment they can bleed for longer than normal, usually internally, into joints, muscles and organs; and some bleeding episodes can be life- or limb-threatening. Over time these bleeding episodes can damage muscles and joints, leading to complications such as severe arthritis and the need for joint replacements.

Treatment for inherited bleeding disorders often requires medicines that replace, stimulate the generation of or mimic the function of the clotting factor or platelet that is missing or not working properly. This includes factor replacement therapy derived from human plasma and/or genetically engineered recombinant clotting factors and related treatments. This treatment can be had as prophylaxis, infused several times a week to assist in preventing bleeding episodes, or on-demand to treat the bleeding episode as it occurs.[1,2]

SEVERITY, RISK AND IMPLICATIONS FOR SPECIALIST CENTRE ENGAGEMENT
Individuals with bleeding disorders may vary in the level of severity they experience and are clinically diagnosed as having a mild, moderate, or severe form of the disorder. They will almost always remain at this level of severity over their lifetime.

There are specialist Haemophilia Treatment Centres with expertise in the clinical management of bleeding disorders located in public hospitals in every state and territory in Australia. Best practice is that the person with a bleeding disorder is managed through a Haemophilia Treatment Centre. However, some people do

not engage regularly with their Haemophilia Treatment Centre and if they have a mild disorder, may have not have bleeding episodes often enough to maintain regular contact. Instead they may be managed for their health care in the community by a general practitioner or other non-haemophilia medical specialists as required.

Mild disorders

More than half of those diagnosed with haemophilia have the mild form of the disorder. It has been estimated that up to 1% of the world's population has VWD – approximately 200,000 people in Australia – but because many people have very mild symptoms, only a small number have been diagnosed.

With a mild form of the disorder, people may have few, if any, bleeding problems and usually only after invasive procedures or trauma, such as dentistry, medical procedures, surgery, childbirth and injuries or accidents. However, a mild bleeding disorder can sometimes complicate small injuries and bleeding can continue for days or there can be internal bleeding. This can also involve medicines that interfere with the coagulation process, for example, aspirin and non-steroidal anti-inflammatory medicines, as well as a number of herbal medicines and supplements. As they have bleeding episodes rarely, the difficulty for the person with a mild disorder is to know how to identify a bleeding episode and what precautions to take or when and where to seek specialist medical advice. This means that their bleeding episode may not be managed appropriately for some time or at all.

Moderate and severe disorders

Without prophylaxis treatment, people with moderate or severe forms of the disorder will have bleeding episodes more often, and those with severe bleeding disorders may have bleeding for no obvious reason. They are likely to experience or be at risk of life- or limb-threatening bleeding episodes more often than a person with a mild bleeding disorder. Because they have bleeding episodes regularly or have a treatment plan for prophylaxis, they will usually be in regular contact with their Haemophilia Treatment Centre, with the potential for education and monitoring.

Inhibitors

There is also a 20-30% lifetime risk of the development of inhibitors in people with haemophilia treated with currently available clotting factor replacement therapy. Inhibitors are antibodies that prevent clotting and make bleeding difficult to treat. Fortunately, for some patients these resolve naturally or with immune tolerance therapy. But for the others, current treatment product options are limited, and these people face a lifetime of close clinical management, frequent hospitalisations for uncontrolled life- and organ-threatening bleeding and constant vigilance about potentially life-threatening situations.[1,2]

BLEEDING RISK AND COMPLEMENTARY MEDICINES

Some medicines have been reported as causing bleeding, particularly if they are known to interfere with the way platelets promote clotting, and may also delay healing. For example, the World Federation of Hemophilia lists the following herbal medicines, but this list is not exhaustive:

- Ginkgo biloba
- Garlic in large amounts
- Ginger (not dried ginger)
- Ginseng (Asian)
- Feverfew
- Saw Palmetto (Serenoa repens)
- Willow bark[3]

Haemophilia Treatment Centres also reported increased bleeding in patients who had used supplements containing the following:

- Chondroitin
- High doses of fish oil
- Quarana

HFA responses related to this proposal

We would like to comment on two consultation questions in particular related to this proposal.

A risk-based hierarchy for therapeutic indications

3.2 What other considerations may need to be taken into account in implementing the new pathway?

Bleeding disorders are rare and side-effects that relate to coagulation are unlikely to influence the categorization of risk for the pathway unless the medicine is specifically indicated for a bleeding disorder. It would also not be practicable to require that new complementary medicines are trialled in people with bleeding disorders for safety. However, a bleeding episode that results from a side-effect of a complementary therapy does have the potential to be serious.

In clinical practice it also appears that the individual response to herbal medicines and supplements known to have effects on coagulation is very variable and not specifically related to the severity of their disorder. Haemophilia Treatment Centres commented that they take this into account and advise their patients to use herbal medicines and supplements with caution, monitor closely to see if there is any increase in bleeding or bruising, and continue if this does not increase and they notice benefits. They also advise that their patients cease all herbal medicines, supplements and over-the-counter medications a week before surgery, as is common practice generally.

The HFA community survey also suggested that individuals respond very differently to complementary medicines, with side-effects varying from none to increased bruising and bleeding and even a stomach/bowel bleed, which could be quite serious, and identifying as having a range of levels of severity.

It may be more appropriate for complementary medicines with a known anti-coagulant or anti-platelet effect to be required to report on this effect in their evidence so that it can be included in the risk assessment. As a result, a caution relating to this could then be included in information on indications for health care practitioners and consumer medicine information.

Implementation of the permitted indications list

4.4 What other considerations should be taken into account in implementing the permitted indications list?

While permitted indications are important for product labels and educational or promotional information, there also needs to be consideration given to warnings or cautions.

It is important for people with bleeding disorders to have adequate cautionary information on complementary therapies known to have anti-coagulant or anti-platelet effects. As consumers, they should be made aware of the need to use them in consultation with their Haemophilia Treatment Centre or haematologist so that they can prevent unnecessary bleeding episodes.

How would people with bleeding disorders access this information?

HFA and Haemophilia Treatment Centre education: HFA and Haemophilia Treatment Centres will continue to provide education to the bleeding disorders community on the need to be cautious with the use of complementary therapies and to liaise with their Haemophilia Treatment Centre. However, the opportunities for this education to reach the wider population with bleeding disorders will be limited: as we noted above, a substantial proportion of people with bleeding disorders, especially those with mild disorders, do not connect regularly with their Haemophilia Treatment Centre or with HFA. As a result they would not know that there are bleeding risks associated with specific complementary therapies and that they need to find out more information on this.

Point-of-sale advice: Another important avenue for consumer education would be at point-of-sale. Some survey participants explained that they asked their pharmacist at their community pharmacy for advice on bleeding risks for specific herbal medicines and supplements and the pharmacist had recommended the fish oil, krill oil, and turmeric-based joint relief that had in fact caused increased bleeding. Clearly it is

important to have education and information on indications and adverse effects made available to the health professionals who supply these products, including pharmacists, herbalists and complementary therapists, as well as health food stores.

Labelling or packaging and consumer medicine information website: Many of these products are also available over-the-counter in retail stores without professional advice, for example in supermarkets, or on the shelf for self-service in a community pharmacy. If a consumer is to be properly informed of risks, there needs to be some way the packaging or labelling of the product includes or directs them to information on warnings or cautions.

We ask that some consideration be given to:

- Where there are known adverse effects, there is a requirement for the product to be packaged with consumer medicine information detailing this, as is the case with products like ibuprofen
- If this is not practicable, that there is a requirement for the product label to provide a website link to consumer medicine information with details of warnings or cautions
- And that there is a reliable Australian Government controlled website with links to consumer medicine information on regulated complementary medicines, so that consumers and health care practitioners know where to access the information
- Or at the very least, a reliable Australian Government controlled website page with a list of medicines with specific cautions, like, for example the list on the World Federation of Hemophilia website for risks of increased bleeding.

For further information on bleeding risks associated with specific complementary therapies and appropriate warnings or cautions, you may wish to consult with the Australian Haemophilia Centre Directors' Organisation – www.ahcdo.org.au .

Thank you for the opportunity to comment and we hope that you will consider these important issues when developing the regulation processes for complementary medicines in Australia.

REFERENCES

1. Australian Bleeding Disorders Registry. Annual Report 2014-15. Canberra: National Blood Authority, 2016 < https://www.blood.gov.au/system/files/documents/abdr-annual-report-2014-15-final.pdf >
2. Australian Haemophilia Centre Directors' Organisation. Guidelines for the management of haemophilia in Australia. Canberra: National Blood Authority, 2016 < https://www.blood.gov.au/haemophilia-guidelines >
3. World Federation of Hemophilia. Drugs that can cause bleeding. February 2010. < https://www.wfh.org/en/page.aspx?pid=639 >