Australian Government
Department of Health and Ageing
Therapeutic Goods Administration

Therapeutic Goods Committee

31ST MEETING (29 NOVEMBER 2007)

INFORMATION FOR STAKEHOLDERS – REPORT ON MEETING

The 31st Meeting of the Therapeutic Goods Committee (TGC) was held in Conference Room 1, TGA Building, Narrabundah Lane, Symonston on 29 November 2007, commencing at 10.05 a.m. and closing at 3.45 p.m.

Attendance

TGC Members:	Professor Stella O'Donnell (Chair) Dr Mark Bowden Mr David Clayton Mr Philip Daffy Mr Barry Evers-Buckland Associate Professor Loraine Holley Professor Klaus Schindhelm
Apologies:	Dr John Ballard Mr John Stubbs Professor William Rawlinson
TGA officers:	Dr Peter Bird (part meeting) Ms Vivienne Christ (part meeting) Dr Larry Kelly Ms Karen Longstaff (part meeting) Dr Bill Sherwin (part meeting) Dr Glenn Smith (part meeting) Ms Patricia Stewart-Richardson (part meeting)
Secretariat:	Ms Margaret Joy Ms Lyn Lewis (Secretary)

AGENDA AND COMMITTEE ADMINISTRATION

OPENING OF MEETING – WELCOME AND APOLOGIES

The Chair opened the Meeting at 10:05am and welcomed Members and TGA officers. Apologies were noted.

TERMS OF REFERENCE AND MEMBERS' CONTACT DETAILS

Members noted the Committee's functions, composition and provisions relating to tenure of office as given in Regulation 34 of the Therapeutic Goods Regulations 1990.

Members were requested to check their contact details as currently held by the Secretariat and to advise of any errors or changes.

ADOPTION OF AGENDA

The Committee adopted the agenda as presented.

CONFLICT OF INTEREST DECLARATIONS

Members submitted their completed Disclosure of Interest Declarations in accordance with Committee procedures.

No conflicts of interest relevant to the Meeting were declared.

MINUTES OF THE 30TH MEETING OF THE TGC

The TGC noted that the Resolutions and Minutes from its 30th Meeting, held by teleconference on 3 May 2007, had been ratified out-of-session in accordance with usual practice, and the key resolutions and a report for stakeholders were subsequently posted on the TGA website.

RESOLUTION

The Therapeutic Goods Committee NOTES that:

- **the Minutes of the 30th Meeting of the Therapeutic Goods Committee held on 3 May 2007 were ratified out-of-session as a true and accurate record of that Meeting; and**

- **the documents *Summary of Key Resolutions* and *Information for Stakeholders – Report on Meeting* have been published on the TGA website.**

ACTIONS ARISING FROM THE 30TH MEETING OF THE TGC

Members noted the report summarising the status of action arising from the 30th TGC Meeting held on 3 May 2007. All requested actions had been completed and some items were reflected in the agenda for the current Meeting.

In relation to the British Pharmacopoeia and the clarification sought on whether there was a need to refer to a specific edition in company documentation such as specifications, the TGC noted that confirmation had been received that the edition need not be specified. This however did not remove the obligation on manufacturers/sponsors to ensure that the product complied with the edition of the pharmacopoeia current under the *Therapeutic Goods Act 1989.*

SUMMARY AND STATUS OF THERAPEUTIC GOODS ORDERS

The TGC noted the report on the status of Therapeutic Goods Orders (TGOs) made under the *Therapeutic Goods Act 1989.*

Since the May 2007 Meeting of the TGC:

- two new TGOs had been included in the Federal Register of Legislative Instruments (TGO 75 *Standard for haematopoietic progenitor cells derived from cord blood*; and TGO 76 *Revocation of Therapeutic Goods Orders*);
- eleven obsolete TGOs had been revoked (through TGO 76, resulting from recommendations from TGC over a number of years); and
- two TGOs hade reached their end-date and were superseded (TGO 20 *Child Resistant Containers* and TGO 33 *Amendment of Schedules to Therapeutic Goods Order No. 20 Child Resistant Containers*).

The Committee noted that a number of current TGOs related to therapeutic devices, notwithstanding the new medical devices regulatory framework. These TGOs would remain relevant until all applications for either inclusion in the ARTG or TGA Conformity Assessment certification that had been lodged by the end of the transition period had been processed by the TGA. Following this, those TGOs could be revoked.

The TGC also noted advice on the postponement of establishment of the Australia New Zealand Therapeutic Products Authority (ANZTPA). Considerable work had been undertaken by joint interim standards committees to review existing TGOs and develop new or replacement Orders for application under ANZTPA. It would now be important that this work was continued by the TGC in order to realise the improvements and innovations identified through the ANZTPA process.

MEDICINAL PRODUCTS

ADOPTION OF BRITISH PHARMACOPOEIA 2008

The TGC was advised that the British Pharmacopoeia 2008 (BP 2008) would enter into force in the United Kingdom (UK) on 1 January 2008 and was requested to commence consideration of its adoption in Australia also. It was noted that the adoption, in Australia, of new editions of the British Pharmacopoeia (BP) on a date as close as practical to the date on which the publication

becomes effective in the UK helps to maintain consistency with international standards for the quality and safety of therapeutic goods and allows for the timely update of technical matters such as analytical methods.

The TGC was informed that postponement of ANZTPA meant that the *Therapeutic Goods Act 1989* (the Act) would remain in force until such time as broader policy matters were resolved and, as a consequence, the BP would remain the default pharmacopoeia for Australia for the immediate future. Since 1 July 2007, British Pharmacopoeia 2007 (BP 2007) had had effect in Australia.

The TGC agreed that consultation with stakeholders on matters associated with the adoption in Australia of BP 2008 was necessary. The Committee requested that this consultation make it clear that, under current therapeutic goods legislation, the option of multiple default pharmacopoeias did not exist – this was something to be considered in the future. The only option available therefore was to continue to update the edition of the BP defined in the Act on an annual basis.

RESOLUTION

The Therapeutic Goods Committee:

1. **NOTES that the *British Pharmacopoeia 2008* (BP 2008) has been published and will enter into force in the United Kingdom (UK) on 1 January 2008.**

2. **REQUESTS that the Therapeutic Goods Administration undertake consultation with stakeholders on the adoption of BP 2008 as the edition of the *British Pharmacopoeia* defined under the *Therapeutic Goods Act 1989*.**

3. **RECOMMENDS that this consultation be undertaken as early as possible.**

4. **AGREES to give timely consideration to stakeholder responses with a view to making a recommendation regarding adoption of BP 2008 out-of-session.**

CHILD-RESISTANT PACKAGING - REVISION OF THERAPEUTIC GOODS ORDER NO. 65 CHILD-RESISTANT PACKAGING FOR THERAPEUTIC GOODS (TGO 65)

In view of the postponement of ANZTPA, the TGC was requested to consider progressing the draft ANZTPA Order developed to specify standards for child-resistant packaging (CRP) as a Therapeutic Goods Order (TGO) for application in the Australian context.

Therapeutic Goods Order No. 65 *Child-Resistant Packaging for Therapeutic Goods* (TGO 65) had been identified by the TGC at its 26th Meeting (November 2004) as being high priority for review in the trans-Tasman context. This was because of the importance of CRP as an injury prevention strategy for children, the ongoing emergence of new poisoning data and continual approval of new substances as well as significant differences between Australia and NZ in current requirements. A specialist subcommittee of the TGC, and the TGC itself, had undertaken much of the work to develop the draft ANZTPA Order, and this had already undergone broad stakeholder consultation.

The TGC noted that in addition to changes to the list of substances which would require CRP, the main differences between TGO 65 and the draft ANZTPA Order were:

- inclusion of information on:
  - the objective of the Order;
  - the role of CRP in reducing the incidence of accidental poisoning in children;
  - the distinction between child-resistant and child-proof;
  - the nature of considerations typically taken into account by the expert committee making recommendations on requirements for CRP, with six specific criteria identified;
  - the forms of packaging permitted by the Order; and
  - the intention to develop a best practice guideline on non-reclosable packaging that would assist sponsors to improve the robustness of blister or foil strip packaging and thus further reduce the potential for the accidental poisoning of children;
- inclusion of some new product categories for exemption (eg spray presentations of liquid preparations subject to certain conditions; pastes, powders and gels for cleaning teeth);
- update to new editions of the referenced ISO and British Standards for reclosable packages;
- amendment to some terminology; and
- revision of the Supplementary Notes.

The TGC agreed that there was strong justification to progress an update to TGO 65 based on the draft ANZTPA Order.

The TGC gave initial consideration to the following specific issues:
- the length of transition period needed for products to comply with a new TGO, balancing the potential need for some packaging changes, and possibly additional stability studies and new panel tests, against the public health benefits of updated requirements; and
- whether, in relation to requirements for reclosable packages, the reference to Australian Standard AS 1928-2001 *Child-resistant packages* should be amended to refer to the new edition of that Standard [AS 1928-2007 *Child-resistant packaging- Requirements and testing procedures for reclosable packages (ISO 8317:2003, MOD)*] which had recently been published by Standards Australia.

The TGC also discussed the format of TGOs and their associated Supplementary Notes, agreeing that it would be more practical for guidance documents to replace Supplementary Notes and for these to be separate but linked documents, as they were not intended to form part of the actual legislative instrument.

The TGC concluded that a new TGO on CRP, based on the draft ANZTPA Order should be released for stakeholder consultation as soon as possible.

RESOLUTION

The Therapeutic Goods Committee:

1. NOTES:

(a) the status of the draft Order that was being developed to specify standards for child-resistant packaging (CRP) for application by the proposed Australia New Zealand Therapeutic Products Authority (ANZTPA);

(b) development of this draft ANZTPA Order involved thorough review of existing CRP requirements for therapeutic goods in both Australia and New Zealand and was based in large part on Therapeutic Goods Order No. 65 *Child-resistant packaging for therapeutic goods* (TGO 65); and

(c) comprehensive stakeholder consultation was undertaken on the draft ANZTPA Order.

2. RECOMMENDS that:

(a) although establishment of ANZTPA has been postponed, there is strong justification to progress a revision to TGO 65;

(b) the revision should be based on the draft ANZTPA Order and, as far as is consistent with existing therapeutic goods legislation, the resulting new Therapeutic Goods Order (TGO) should include the same technical requirements and be applicable to the same medicines as identified as part of the ANZTPA process;

(c) however the edition of the Australian Standard referred to in the new TGO in relation to reclosable packaging should reflect the most recent edition of that Standard, specifically AS 1928-2007 *Child-resistant packaging- Requirements and testing procedures for reclosable packages* (ISO 8317:2003, MOD); and

(d) a draft of the new TGO should be released for stakeholder consultation.

3. AGREES to consider stakeholder responses on the draft TGO, with the aim of finalising the new Order on CRP as early as possible in 2008.

RESOLUTION

The Therapeutic Goods Committee RECOMMENDS that new Therapeutic Goods Orders no longer incorporate Supplementary Notes but instead be accompanied by a separate guidance document providing a plain English explanation of the Order and its application and which, if appropriate, includes a series of questions and answers.

CHILD-RESISTANT PACKAGING - DEVELOPMENT OF A BEST PRACTICE GUIDELINE FOR NON-RECLOSABLE FORMS OF CHILD-RESISTANT PACKAGING

The TGC noted the recommendation made at its 29th Meeting in September 2006 supporting the development of a best practice guideline on non-reclosable packaging. The Committee had considered that such a guideline would assist sponsors to improve the effectiveness of blister or foil strip packaging as a barrier to children and thereby reduce the potential for childhood poisoning to result from medicines packaged in this way.

The current Meeting now noted that, in view of postponement of ANZTPA, this recommendation could not be progressed as intended and there was need to consider alternative means to progress the development of the best practice guideline.

The TGC recalled the background to its recommendation for a best practice guideline and that, in particular, the recommendation had resulted from consideration of a strategy outlined by the specialist subcommittee of TGC which had been formed to advise on harmonised standards for CRP under ANZTPA. As the subcommittee had recognised that it would not be feasible at this time to

mandate compliance of blister or strip packaging with any of the available international Standards for child-resistance which involved child and adult panel testing, the strategy outlined was an alternate approach intended to improve the protection offered to children.

The TGC now noted that improvements to non-reclosable forms of packaging such as blister and foil strip packaging were still keenly sought by injury prevention groups as an additional intervention intended to further reduce the incidence of accidental poisoning in children. However, there had been no change to the available Standards, and all of the issues identified previously by the Subcommittee that would be associated with a mandatory requirement for compliance with any of those Standards remained. Members commented that significant changes to packaging materials may be needed, and an increase in thickness of material used to achieve compliance with a Standard could, for example, hinder patients accessing their medicines. Furthermore, additional costs would be passed on to consumers.

Members were curious as to the UK experience, where compliance with an ISO Standard was required. However it was noted that the requirement applied only to products containing any of three specified ingredients, certain packaging materials were 'deemed to comply' and the size of the market was better able to bear any capital costs involved.

The TGC concluded that adoption in entirety of one or more available Standards for non-reclosable packaging was not a viable alternative to the previously recommended strategy. However development of a best practice guideline as previously recommended would offer the opportunity for a critical appraisal of information on the effectiveness of blister and foil strip packaging in reducing accessibility of the contents to children, and allow assessment of different approaches to reducing the accessibility of non-reclosable packaging to children, for example through innovative design as an alternative to increased package strength. A best practice guideline developed in cooperation with the pharmaceutical and packaging industries would potentially offer greater flexibility in packaging choices, have lesser impact on industry, and reduce the need for child panel tests, while still achieving the desired outcome.

In view of the postponement of ANZTPA, the TGC agreed that it fell within their role under current therapeutic goods legislation to assume carriage of development of the recommended guideline. In order to assist them in this process, the Committee requested that the TGA gather available information relevant to the matters under consideration.

RESOLUTION

The Therapeutic Goods Committee (TGC):

1. **REINFORCES its recommendation for the development of a best practice guideline on non-reclosable packaging that will assist sponsors improve the effectiveness of blister or foil strip packaging in reducing the potential for accidental childhood poisoning from medicines packaged in this way.**

2. **RECOMMENDS that, in light of the importance of this issue, work on the best practice guideline commence as soon as possible.**

3. **RECOMMENDS that, to inform the work, the Therapeutic Goods Administration invites stakeholders to submit:**

- **Information and/or data indicating the extent to which existing and new formats of blister/strip packaging provide protection for children;**

- **Technical information relating to blister and foil strip packaging and formats/enhancements that may provide additional protection for children;**

- **Information on how such formats affect the accessibility of the product for elderly adults or those less able;**

- **Information on the potential impact for industry of requiring child and adult panel testing of non-reclosable packaging, including comment on the practicalities of the test requirements and the necessary processes and costs of upgrading packaging to achieve compliance;**

- **Information on the effectiveness in reducing rates of accidental poisoning of the intervention in the United Kingdom to require non-reclosable packaging used for certain medicines to comply with child and adult panel test requirements of the relevant British Standard;**

- **Information on what attributes of packaging or presentation deter children or act to deflect a child's interest; and/or**

- **Information on any relationship between the physical characteristics of packaging and its accessibility to children.**

4. **RECOMMENDS that information also be sought from relevant overseas regulatory authorities and government agencies (including the UK Medicines and Healthcare Products Regulatory Agency and the US Consumer Product Safety Commission) and Standards organisations.**

5. **RECOMMENDS that a specialist subcommittee of the TGC be established to progress this task and provide a report to the TGC at its next Meeting.**

MEDICINE LABELLING - UPDATE TO EDITION OF REQUIRED ADVISORY STATEMENTS FOR MEDICINE LABELS (RASML) REFERENCED IN THERAPEUTIC GOODS ORDER NO. 69 GENERAL REQUIREMENTS FOR LABELS FOR MEDICINES (TGO 69)

The TGC was requested to consider a proposal to amend TGO 69 to adopt the current (April 2006) version of *Required Advisory Statements for Medicine Labels* (RASML) which was published on the TGA website.

In considering this proposal, the TGC noted that:

- amendment to the TGO 69 definition of 'warning statements' to include reference to RASML was effected by Therapeutic Goods Order No. 69A *Amendment to Therapeutic Goods Order No. 69 – General requirements for labels for medicines* (TGO 69A);
- the version of RASML adopted by TGO 69, as amended by TGO 69A, was dated 1 July 2004;
- since the original version of the RASML, two updates had been published on the TGA website;

- publication of these updates followed extensive stakeholder consultation, gazettal of the changes, and publication of the rationale for each change;
- the most recent version of RASML was published on the TGA website in April 2006;
- the consequence of TGO 69 not referring to the most recent version of RASML was that the new requirements included in the two updates were not backed by legislation; and
- although a TGO can apply the provisions of an Act or any disallowable instrument as in force 'from time to time', a TGO can only apply provisions in other publications (such as RASML) that exist at the time the TGO takes effect.

The following issues were discussed by the Committee.

- consultation requirements for amendments to TGO 69 that only updated the version of RASML, with the TGC concluding that, as consultation on the specific changes to RASML had already been comprehensively undertaken and stakeholders would be expecting the updates to RASML to be incorporated into TGO 69, a notice of intention to amend TGO 69 would be sufficient;
- the need for a transition period in any amendment to TGO 69 that updated the version of RASML, with the TGC concluding that, as RASML itself included transition provisions, there should be no need for additional transition provisions;
- alternative mechanisms to update the reference to RASML contained in TGO 69 when new versions of RASML are published, with the TGC noting that although a further amendment to RASML was under consultation the timeframe for publication of the next update to RASML was not predictable; and
- the role of TGC in reviewing stakeholder responses to consultation on updates to individual RASML warning statements, with the TGC noting that the process for updating RASML involved thorough review of stakeholder responses by the TGA Regulator.

RESOLUTION

The Therapeutic Goods Committee:

1. **NOTES that the definition of *Required Advisory Statements for Medicine Labels* (RASML) contained in Therapeutic Goods Order No. 69 *General Requirements for Labels for Medicines* (TGO 69) specifies the July 2004 version of the document.**

2. **NOTES that the version of RASML currently published on the TGA website is dated April 2006.**

3. **NOTES that the Therapeutic Goods Administration undertook appropriate stakeholder consultation on the May 2005 and April 2006 updates to RASML and all updates have been *Gazetted*.**

4. **RECOMMENDS that the definition of '*Required Advisory Statements for Medicines*' contained in clause 2 *Interpretation* of TGO 69 be amended to refer to the April 2006 version of RASML.**

MEDICINE LABELLING – REVISION OF THERAPEUTIC GOODS ORDER NO. 69 GENERAL REQUIREMENTS FOR LABELS FOR MEDICINES (TGO 69)

The TGC was advised of the status of the draft Order that was being developed to specify requirements for the labelling of medicines for application by ANZTPA, and was requested to consider progression of the revised requirements for the labelling of medicines in the Australian context.

Background to the establishment of the joint Australia New Zealand expert committee to make recommendations on standards for the labelling of medicines to be applied under ANZTPA, including previous TGC consideration of label improvements to assist in product recall, was noted. The TGC also noted the process undertaken by the joint expert committee to develop and consult on a draft ANZTPA Order on medicine labelling. By the time that ANZTPA was postponed, two rounds of stakeholder consultation had been completed and practical issues surrounding application of the recommended requirements had been addressed jointly by the TGA and Medsafe. A final draft of the ANZTPA Order had been nearing completion.

The TGC recalled that review of TGO 69 was prompted initially by a product recall and the perceived need to improve product identification through labelling changes. In addition, other changes to TGO 69 were being sought by various stakeholders and regulators.

The Committee concluded that, notwithstanding postponement of ANZTPA, there remained strong justification for progressing a review and update of TGO 69 which would capitalise on the labelling improvements agreed through the ANZTPA process. To the extent that it was consistent with current Australian therapeutic goods legislation, the draft ANZTPA Order would provide a firm basis for the drafting of a new TGO for stakeholder consultation.

To assist in the consultation, the TGC suggested that the draft new TGO should be accompanied by a draft guidance document as previously discussed in relation to child-resistant packaging and a summary document highlighting the major differences between TGO 69 and the new draft TGO.

RESOLUTION

The Therapeutic Goods Committee:

1. NOTES:

(a) the status of the draft Order that was being developed to specify general requirements for the labelling of medicines for application by the proposed Australia New Zealand Therapeutic Products Authority (ANZTPA);

(b) development of this draft ANZTPA Order involved thorough review by an expert advisory committee of existing requirements for the labelling of medicines in both Australia and New Zealand, and consideration of the needs of the pharmaceutical industry, regulators, health professionals and consumers;

(c) the draft ANZTPA Order was based in large part on Therapeutic Goods Order No. 69 *General Requirements for the Labelling of Medicines* (TGO 69); and

(d) comprehensive stakeholder consultation was undertaken twice during the development process.

2. RECOMMENDS that:

(a) although establishment of ANZTPA has been postponed, there is strong justification to progress a revision to TGO 69;

(b) the revision should be based on the draft ANZTPA Order and, as far as is consistent with existing therapeutic goods legislation, the resulting new Therapeutic Goods Order (TGO) should include the same general requirements as identified as part of the ANZTPA process; and

(c) a draft of the new TGO should be released for stakeholder consultation.

3. AGREES to consider stakeholder responses on the draft TGO, with the aim of finalising the new Order on medicine labelling as early as possible in 2008.

STANDARDS FOR TABLETS AND CAPSULES – REVISION OF THERAPEUTIC GOODS ORDER NO. 56 GENERAL STANDARD FOR TABLETS, PILLS AND CAPSULES (TGO 56)

The TGC was informed of the development of a draft Order to specify general requirements for tablets and capsules for application by the proposed ANZTPA. The Committee was requested to consider the progression of the draft ANZTPA Order in the Australian context.

Current requirements for tablets, pills and capsules were specified in Therapeutic Goods Order No. 56 *General standard for tablets, pills and capsules* (TGO 56), which had come into force in September 1996. There had been no amendments to TGO 56 since its gazettal although the TGC had recommended at its 21st Meeting in February 2003 that TGO 56 be reviewed. It was noted that although the review did not progress because of the emergence of proposals regarding the trans-Tasman regulatory scheme, the TGC had identified TGO 56 as being of high priority for review in the trans-Tasman context.

The TGC noted that the work to develop a draft ANZTPA Order to specify general requirements for tablets and capsules had been undertaken by the Pharmacopoeial Standards Subcommittee of the Joint Interim Expert Advisory Committee on Standards (JIEACS) and was premised on sponsors having a choice of default pharmacopoeia [British Pharmacopoeia (BP), European Pharmacopoeia (Ph. Eur) and the United States Pharmacopeia-National Formulary (USP-NF)] under ANZTPA legislation.

It had been intended that the ANZTPA Order would specify compliance with specific monographs of the BP or the USP-NF, require compliance with monographs in their entirety, and in the absence of an individual monograph, apply different requirements to lower-risk and higher-risk medicines.

Targeted consultation conducted in mid-2006 on an initial draft Order revealed the need for revision of the draft ANZTPA Order before full stakeholder consultation could be undertaken. At the time of the announcement that establishment of ANZTPA had been postponed, this consultation had not commenced.

The TGC now considered the conversion of the draft ANZTPA Order into a TGO for application in Australia as a replacement for TGO 56.

Specific issues considered were:

- the proposed different approach to requirements for tablets and capsules compared with that of TGO 56 - specifically that compliance with a monograph as a whole would be required where one existed, rather than requiring compliance with the various tests within a monograph, although some departures from following a particular monograph comprehensively and exclusively were likely; and for medicines not subject to an individual monograph, the requirements would be grouped according to whether the medicine was a listed medicine (lower risk) or a registered medicine (higher risk);
- the need to ensure that provisions in the draft new TGO were consistent with existing therapeutic goods legislation and in particular the designation by the *Therapeutic Goods Act 1989* of the British Pharmacopoeia as the only default standard – the TGC agreed that although the draft new TGO could specify particular tests of the USP, it should not inadvertently give the USP the status of a default standard for tablets and capsules; and
- transition period for compliance with the new TGO, with the TGC considering it unlikely that the revised requirements would impact significantly on existing products, particularly as no tightening to the current limits for content of active ingredient was proposed.

The TGC agreed that a draft new TGO to specify general requirements for tablets and capsules, accompanied by a draft guidance document incorporating a 'Questions and Answers' section, should be released for broad stakeholder consultation. The consultation invitation would need to clearly explain the reason that the draft new TGO was not able to incorporate USP requirements as fully as had been intended under ANZTPA.

RESOLUTION

The Therapeutic Goods Committee (TGC):

1. NOTES:

(a) the status of the draft Order that was being developed to specify general requirements for tablets and capsules for application by the proposed Australia New Zealand Therapeutic Products Authority (ANZTPA); and

(b) development of this draft ANZTPA Order involved thorough review of existing requirements for tablets and capsules in both Australia and New Zealand; consideration of the needs of the pharmaceutical industry, including the complementary medicines sector, and regulators; and developments in pharmacopoeias since the release in 1996 of Therapeutic Goods Order No. 56 *General Requirements for Tablets, Pills and Capsules* (TGO 56).

2. RECOMMENDS that:

(a) in keeping with the TGC's Resolutions at its 21st and 26th Meetings, and notwithstanding that establishment of ANZTPA has been postponed, there is strong justification to progress a revision to TGO 56;

(b) the revision should be based on the draft ANZTPA Order and, as far as is consistent with existing therapeutic goods legislation, the resulting new Therapeutic Goods Order (TGO) should include the same technical requirements and be applicable to the equivalent medicines as identified as part of the ANZTPA process; and

(c) a draft of the new TGO should be released for stakeholder consultation.

3. AGREES to consider stakeholder responses on the draft TGO, with the aim of finalising a new Order on general requirements for tablets and capsules as early as possible in 2008.

MICROBIOLOGICAL STANDARDS FOR MEDICINES

The TGC was informed of the development of a draft Order to specify microbiological standards for medicines under ANZTPA and, in view of the postponement of establishment of ANZTPA, was requested to consider progression of this draft Order for application in the Australian context.

The TGC noted current microbiological standards for medicines, including sterility requirements and requirements for preservative efficacy testing and that there were differences between the alternate default pharmacopoeias proposed for ANZTPA in relation to preservative efficacy. It also was noted that stakeholder consultation was undertaken to inform the development of the draft ANZTPA Order on microbiological standards for medicines but public release of the resultant Order had not occurred prior to the announcement that establishment of ANZTPA had been postponed.

A TGA Officer provided an outline of the matters that were proposed for inclusion in the draft ANZTPA Order and that should be addressed now in a TGO. The three main matters were testing of sterile medicines, preservative efficacy and microbiological attributes of non-sterile medicines.

In relation to these matters, the TGC was informed that:

- although requirements for the testing of sterile medicines (sterility testing and bacterial endotoxin testing) were essentially harmonised between the British Pharmacopoeia (BP), the European Pharmacopoeia (Ph. Eur), the United States Pharmacopoeia-National Formulary (USP-NF) and the Japanese Pharmacopoeia, the reason for inclusion in a TGO specifying microbiological standards would be to provide clarity as it would be a conspicuous omission to do otherwise;
- inclusion of requirements for preservative efficacy was based on the otherwise non-mandatory status of the BP Appendix *Efficacy of Antimicrobial Preservation* and the need to accommodate use of the USP-NF test for preservative efficacy for liquid oral antacids as recommended previously by the Medicines Evaluation Committee;
- the need to specify required microbiological attributes for non-sterile medicines arose from the exclusion of complementary medicines from the pharmacopoeial harmonisation process, and the

consequential need for separate consideration of complementary medicines containing material of natural origin; and

- in relation to complementary medicines for oral administration containing material of natural origin, the proposal was to specify separate requirements for those medicines for which antimicrobial pre-treatment was not feasible, and those consisting solely of herbal substances to which boiling water was added before use. There had been difficulty in harmonising limits for gram negative bacteria and therefore the criteria proposed were a hybrid of the Ph. Eur and BP special provisions for this type of product and the requirements of the current TGAL Guideline.

With regard to herbal medicines to which boiling water was added before use, the TGC noted the rationale for applying the specified limits to herbal teabags that were therapeutic goods was the possibility of such products being used by seriously ill patients. The potential for harm in this patient group was greater than in the general population using non-therapeutic herbal teabags. The TGC noted that although the proposed TGO would become a new mandatory standard, the proposed requirements largely reflected those of the TGAL Guideline, although the TGAL Guideline was more stringent in some respects. Furthermore, the harmonised criteria and test methods relating to microbiological attributes of non-sterile medicines that were proposed for adoption would also become the legal standard in Europe from 1 January 2009. Also, other than the test for sterility for medicines intended to be sterile, the remaining microbiological tests proposed were not batch release tests – rather it would be for the sponsor to define the test frequency based on a risk assessment.

The TGC agreed that a draft new TGO to specify microbiological standards for medicines, based on the proposed ANZTPA Order, should be released for broad stakeholder consultation.

RESOLUTION

The Therapeutic Goods Committee:

1. NOTES:

(a) the status of the draft Order that was being developed to specify microbiological standards for medicines for application by the proposed Australia New Zealand Therapeutic Products Authority (ANZTPA); and

(b) development of this draft ANZTPA Order involved thorough review of existing microbiological requirements for medicines in both Australia and New Zealand, and public consultation on the technical requirements proposed for inclusion in the Order.

2. RECOMMENDS that:

(a) a new Therapeutic Goods Order (TGO) to specify microbiological standards for medicines be established;

(b) the new TGO should be based on the draft ANZTPA Order and, as far as is consistent with existing therapeutic goods legislation, the resulting new TGO should include the same technical requirements and be applicable to the same medicines as identified as part of the ANZTPA process; and

(c) a draft of the new TGO should be released for stakeholder consultation.

3. AGREES to consider stakeholder responses on the draft TGO, with the aim of finalising the new Order on microbiological standards for medicines as early as possible in 2008.

BLOOD AND TISSUES

PROPOSAL TO ESTABLISH A SUBCOMMITTEE TO ADVISE ON STANDARDS FOR BIOLOGICALS

The TGC was advised of the requirement for development of standards to support the proposed new regulatory framework for biologicals and was requested to consider the establishment of a specialist subcommittee to advise on these standards.

The TGC noted that the proposed new regulatory framework would apply to human cell and tissue therapies and other emerging biological therapies (HCTs) [except for solid organs and reproductive tissue] as well as other biological products such as blood and blood products and that the proposed framework was comprised a classification system based on risk, the extent of manipulation applied to the tissues and cells and whether the end use was homologous.

The TGC was informed that standards would be required for all Class 1 (unmanipulated cells and tissues that remain under clinical governance) and Class 2 (banked and unmanipulated cells and tissues) product types and the requirement for standards to apply regulatory control over specific aspects of quality, safety or efficacy for Class 3 (manipulated, processed cells and tissues ± alteration to biological purpose) products may also emerge. The TGA, in consultation with stakeholders, had commenced work on a number of technical product standards that addressed requirements and specifications for banked HCTs. These represented the first of a number of standards that needed to be developed and this work needed to be completed with some urgency.

The TGC agreed that to assure preparedness for implementation of the biologicals regulatory scheme for HCTs, it was important that the regulatory standards be developed, consulted and agreed in a timely manner. As the Committee itself did not include the full range of expertise needed, it was agreed that establishment of an expert subcommittee would be appropriate.

RESOLUTION

The Therapeutic Goods Committee (TGC):

1. NOTES the requirement for the development of standards to support the proposed the new regulatory scheme for biologicals in particular human cell and tissue products.

2. RECOMMENDS the establishment of a specialist subcommittee of the TGC to advise on standards for biologicals.

3. AGREES to the following Terms of Reference for the Subcommittee on Biologicals:

To advise the TGC on standards for adoption in relation to the safety and quality of therapeutic goods that are human blood and blood components, blood products, human tissues, progenitor cells, cellular therapies and other products designated as biologicals.

4. **RECOMMENDS that the Subcommittee should be chaired by a member of the TGC and include sufficient members to provide expertise in at least the following fields:**

   - **infectious diseases and tissue-borne pathogens;**
   - **banked tissue products;**
   - **banked blood products;**
   - **cellular therapies progenitor cells; and**
   - **tissue engineering.**

MEDICAL DEVICES

No items.

OTHER MATTERS

REVIEW OF THE CODE OF PRACTICE FOR THE TAMPER-EVIDENT PACKAGING (TEP) OF THERAPEUTIC GOODS

The TGC considered a proposal that it conduct a review of the document *Code of Practice for the Tamper-Evident Packaging (TEP) of Therapeutic Goods* (TEP Code of Practice), which had not been updated since its publication in June 2003.

The TGC noted its previous recommendation (August 2003) concerning adoption of the TEP Code of Practice as a mandatory packaging standard in Australia for therapeutic goods, and that although a draft Therapeutic Goods Order (TGO) intended to effect this had been released for stakeholder consultation in late 2003, finalisation of the TGO had been delayed pending its consideration in the trans-Tasman context.

The TGC accepted that the TEP Code of Practice was central to the introduction of any mandatory requirement for TEP. However as considerable experience now had been gained by industry in application of the TEP Code of Practice and new packaging solutions were likely to have been developed, the current Code may not adequately reflect current packaging technologies.

The TGC therefore agreed that the TEP Code of Practice warranted technical review. This would best be undertaken by a specialist group with packaging expertise and would require extensive stakeholder consultation with the therapeutic goods and packaging industries as well as consumers.

RESOLUTION

The Therapeutic Goods Committee:

1. **NOTES that the *Code of Practice for the Tamper-Evident Packaging (TEP) of Therapeutic Goods* (TEP Code of Practice) is central to any mandatory requirement for tamper-evident packaging for therapeutic goods.**

2. **NOTES that the TEP Code of Practice has not been reviewed since its publication in June 2003.**

3. **RECOMMENDS that the TEP Code of Practice be reviewed to ensure its reflects current packaging technologies and stakeholder needs.**

4. **RECOMMENDS that this review occur before further action is taken to underpin the TEP Code of Practice legislatively.**

5. **RECOMMENDS that this review be undertaken by a subcommittee of the Therapeutic Goods Committee with appropriate expertise**.

TRANSFER OF PACKAGING REQUIREMENTS FROM STANDARD FOR THE UNIFORM SCHEDULING OF DRUGS AND POISONS (SUSDP)

The TGC noted the background to the development of a draft ANZTPA Order to specify packaging requirements for specified therapeutic products, and specifically that the main justification was the need to transfer controls over the packaging of therapeutic goods from the States and Territories to the relevant regulatory authority, as recommended in the 2001 National Competition Policy Review of Drugs, Poisons and Controlled Substances Legislation (the Galbally Review) and subsequently accepted by the Australian Health Ministers Advisory Council and Council of Australian Governments.

Practically, this involved the transfer of container requirements specified in the *Standard for the Uniform Scheduling of Drugs and Poisons* (SUSDP) to an Order made under therapeutic goods legislation. The ANZTPA Order intended to effect this change also would have helped facilitate the removal of therapeutic products from Schedules 5 and 6 of the SUSDP in the interest of harmonisation of scheduling between Australia and NZ.

The TGC noted that stakeholder consultation on the draft Order *Australia New Zealand Therapeutic Products (Medicine Standards) Order - Packaging Requirements for Specified Therapeutic Products* had closed only days before the announcement that establishment of ANZTPA had been postponed. Although full analysis of stakeholder responses had not yet been undertaken, the TGC noted that, in view of the postponement of ANZTPA, it was possible that the packaging Order now could be simplified significantly. This would address a number of the issues raised by stakeholders.

In relation to the proposed requirements, the TGC noted two specific matters that required further consideration. These were the applicability of the SUSDP container requirements beyond medicines (for example to some scheduled dental preparations or hospital grade disinfectants/sterilants) and the reliance on the Australian Standard AS 2216-1997 *Packaging for Poisonous Substances* for performance requirements.

The TGC concluded that the draft ANZTPA Order should be progressed under existing therapeutic goods legislation as a Therapeutic Goods Order and it would be appropriate for an expert packaging subcommittee to undertake this task, particularly if the technical aspects of AS 2216-1997 were to be reviewed for relevance to therapeutic goods. Further stakeholder consultation would be needed.

RESOLUTION

The Therapeutic Goods Committee (TGC):

1. NOTES:

(a) the status of the draft Australia New Zealand Therapeutic Products (Medicine Standards) Order - *Packaging Requirements For Specified Therapeutic Products* that was developed by the Joint Interim Expert Advisory Committee On Standards;

(b) that, for Australia, the intent of this draft ANZTPA Order was to action the National Competition Policy Review recommendation for transfer of control of packaging requirements for therapeutic products for human use from the States and Territories to the product regulator; and

(c) the draft Order was based on the container requirements of the *Standard for the Uniform Scheduling of Drugs and Poisons* (SUSDP).

2. RECOMMENDS that:

(a) although establishment of the Australia New Zealand Therapeutic Products Authority (ANZTPA) has been postponed, there is justification for a Therapeutic Goods Order (TGO) with similar provisions to those of the draft ANZTPA Order for application in Australia only;

(b) as far as is consistent with existing therapeutic goods legislation, the new TGO should be based on the draft ANZTPA Order with further technical review of the proposed requirements being undertaken by a subcommittee of the TGC with appropriate expertise; and

(c) a draft of the new TGO should be released for stakeholder consultation.

3. AGREES to consider stakeholder responses on the draft TGO, with the aim of finalising the new Order on packaging requirements for specified therapeutic products as early as possible in 2008.

PROPOSAL TO ESTABLISH A SUBCOMMITTEE TO ADVISE ON PACKAGING MATTERS RELATING TO THERAPEUTIC GOODS

The TGC noted that three matters relating to packaging standards for therapeutic goods had been considered at this Meeting and, in each case, the need for consideration of a number of technical matters had been identified.

These three matters were:
- the development of a best practice guideline on non-reclosable packaging such as blister and foil strip packaging;
- a technical review of the TEP Code of Practice; and
- the preparation of a TGO to implement the Galbally recommendation for transfer of packaging requirements for therapeutic goods from the SUSDP to an Order made under therapeutic goods legislation.

The TGC concluded that establishment of a specialist packaging subcommittee would be the most appropriate means of acquiring the necessary packaging expertise to undertake these tasks.

RESOLUTION

The Therapeutic Goods Committee:

1. RECOMMENDS that a specialist subcommittee on packaging requirements for therapeutic goods be established to provide advice on matters relating to the packaging of therapeutic goods for human use.

2. AGREES to the following Terms of Reference for the Subcommittee on Packaging Requirements for Therapeutic Goods for Human Use:

The Subcommittee on Packaging Requirements for Therapeutic Goods for Human Use is to:

(a) work with the Therapeutic Goods Administration and relevant stakeholder groups to develop a Best Practice Guideline on non-reclosable forms of packaging, such as blister or foil strip packaging, that will assist sponsors to improve the effectiveness of this style of packaging in reducing the potential for children to be accidentally poisoned by medicines packaged in this way;

(b) conduct a review of the document Code of Practice for the Tamper-Evident Packaging (TEP) of Therapeutic Goods (TEP Code of Practice) to determine whether it reflects current packaging technologies and stakeholder needs, consulting as required with stakeholders, and recommend any amendments considered necessary to update the TEP Code of Practice;

(c) review the relevance of Australian Standard AS 2216-1997, Packaging for Poisonous Substances, to therapeutic goods and develop a draft Therapeutic Goods Order for consultation with stakeholders that will effect the transfer of container requirements for therapeutic goods for human use from the Standard for the Uniform Scheduling of Drugs and Poisons to the Therapeutic Goods Administration, as recommended by the National Competition Policy review of Drugs, Poisons and Controlled Substances Legislation and subsequently

accepted by the Australian Health Ministers Advisory Council and Council of Australian Governments; and

(d) report to the Therapeutic Goods Committee on the outcomes of its considerations.

3. RECOMMENDS that development of the Best Practice Guideline on non-reclosable packaging and review of the TEP Code of Practice should be given priority by the Subcommittee.

4. RECOMMENDS that the Subcommittee should have the following composition:

(a) a Chairperson who is a member of the Therapeutic Goods Committee;

(b) a sufficient number of members to provide expertise in each of the following fields:

- **packaging materials and components;**
- **packaging technologies, including blister and foil strip packaging, tamper-evident packaging and poisons packaging; and**
- **packaging of therapeutic goods;**

(c) a member with expertise in the consumer use of medicines;

(d) a member with expertise in poisons information and poisoning prevention; and

(e) a State or Territory health department representative.

CLOSE OF MEETING

The TGC agreed that the next Meeting of the Committee should be held in March-April 2008. Members would be canvassed for a suitable date in due course.

There being no further business, the Chair closed the Meeting at 3:45pm and thanked Members for their attendance.