SmPC and Labelling

- User Testing & New QRD template

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Title V (‘labelling and package leaflet’) Art 59 – 69

- **Article 59.3:** “The package leaflet shall reflect the results of consultations with target patient groups to ensure that it is **legible, clear and easy to use.**”

- **Article 61.1:** “One or more mock-ups of the outer packaging and the immediate packaging of a medicinal product, together with the **draft package leaflet,** shall be submitted to the authorities competent for authorizing marketing when the marketing authorization is requested. The results of assessments carried out in cooperation with **target patient groups** shall also be provided to the competent authority.

- **Article 63.2:** “The competent authority shall refuse the marketing authorization if the labelling or the package leaflet do not comply with the provisions of this Title or if they are not in accordance with the particulars listed in the **summary of product characteristics.**”
Reference documents

- CP/MRP/DCP annotated QRD Templates [versions 7.3.1-(03/2010) and 1.2 (10/2006), respectively]

- **Guideline on the Readability of the labelling and package leaflet of medicinal products for human use**
  (Rev. 1, January 2009)

- Consultation with Target Patient Groups: meeting the requirements of Article 59(3) without the need for a full test - Recommendations for bridging (April 2009)

- Operational procedure on Handling of “consultation with target patients groups” on Package Leaflets (PL) for centrally Authorised Products for Human Use
GUIDELINE ON THE READABILITY OF THE LABELLING AND PACKAGE LEAFLET OF MEDICINAL PRODUCTS FOR HUMAN USE

Revision 1, 12 January 2009

Document History:
Date of publication by the Commission: 12 January 2009
Date of coming into operation: 12 June 2009

Guidance concerning consultations with target patient groups for the package leaflet

Article 59(3) and 61(1) of Directive 2001/83/EC as amended by Directive 2004/27/EC

ANNEX 1

SUMMARY OF PRODUCT CHARACTERISTICS

[NOTE: the following are those items of information required by Article 11 of Directive 2001/83/EC, as amended, and current practice in the centralised procedure. In the case of advanced therapy medicinal products, these items are listed in Annex II of Regulation (EC) 1394/2007. This guidance should be read in conjunction with the relevant guidelines that can be found on the European Medicines Agency website, in particular the “Guideline on Summary of Product Characteristics” as published on the Website of the European Commission in the Notice to Applicants, Volume I. See also “Convention” for format and layout. http://ec.europa.eu/enterprise/pharmaceuticals/eudralex/vol2_en.htm http://www.ema.europa.eu/humandocs/docs/convention.pdf]

During the evaluation process, applicants may present SmPCs for different strengths in one document, clearly indicating with gray-shaded titles the strength or presentation to which alternative text elements refer.
• CHAPTER 1. Readability of the package leaflet and the labelling
  – Section A. Recommendations for the package leaflet
  – Section B. Recommendations for the labelling

• CHAPTER 2. Specific recommendations for blind and partially-sighted patients

• CHAPTER 3. Guidance concerning consultations with target patients groups for the PL
User testing objectives

It should be ensured that the package leaflet is:

- Legible
- Clear
- Easy to use

for the patient/user.
1. To ensure readability of scientific content

2. To assess design and layout of package leaflets

NB: The test should be carried out using actual leaflet mock-ups
• It should reflect what is stated in the **SmPC**

• The **order** of the information to be included is already fixed
  – It should follow the **QRD templates** (version 7.3.1)

• All information should be written in a way that it is **accessible** to the patient
  – The use of jargon should be avoided
  – Explanations should be given
  – Medical terms should be translated into lay terms
• **Type size and font**
  – *Easy to read*, type size of 9 points as measured in ‘Times New Roman’, not narrowed, space between lines of at least 3 mm
    
    *(for MAA until 1 February 2011, a type size of 8 points would be accepted)*

• **Design and layout**
  – ‘Justified’ text discouraged, adequate contrast text/background, column format recommended, need for demarcation in multilingual

• **Headings**
  – Very useful, *bold type or different colours*, no more than two levels of subheadings
• **Print colour**
  – Adequate contrast, red for *important warnings* only, avoid light colours

• **Syntax**
  – *Simple* words and few syllables, short sentences and paragraphs, no more than 5 or 6 bullet points
  – **Side effects:**
    • By frequency of occurrence, starting with the most common
    • Frequency terms should be explained in an understandable way for patients/users
    • Not by organ/system/class
• **Style**
  – *Active* style should be used, instead of passive: 'take 2 tablets' instead of '2 tablet should be taken’
  – Instructions + reasons
  – Do not use abbreviations and acronyms

• **Paper**
  – Not glossy, sufficiently thick so that creases do not interfere with readability once folded

• **Use of symbols and pictograms**
  – Aid comprehension of the information and not promotional
  – Should not replace the actual text
When do we need to submit a UT?

**Always** required for:

- First authorisation of a medicinal product with a new active substance
- Medicinal products which have undergone a change in legal status
- Medicinal products with a new presentation
- Medicinal products with particular critical safety issues

**Post-authorisation** → *On a case by case basis*

e.g. Renewals
“Consultation with Target Patient Groups – meeting the requirements of Article 59(3) without the need for a full test – Recommendations for Bridging”

Not every leaflet needs to be subject to a separate test.

**Acceptable** cases based on a sound justification could be:

- extensions for the same route of administration
- same safety issues identified
- same class of medicinal product

**NB**: Design and layout must be similar

**Further user consultation** if:

- Package leaflets **NOT sufficiently similar** in both content and layout
- Evidence of **risk**
1. Product description

2. Consultation or test details:
   • Method used
   • Explanation for the choice of test population
   • Language(s) tested

3. Questionnaire (including instructions and observation forms)

4. Original and revised package leaflets

5. Summary and discussion of results (subjects’ answers, problems identified and revisions made to relevant package leaflet section)

6. Conclusion
1. **Methodology**
   No particular method to be used is defined

2. **Population**
   - Characteristics
   - Sample size

3. **Questions**

4. **Time**

5. **Results**
Conclusions based on EMA experience

• Since 2005, improvements have been made (both sides MAH/assessors)

• Less unacceptable justifications from MAH. Examples of non valid justifications: orphan, hospital use, long established use,…

• More feedback to consultant companies is needed

• Guidance to Member States on assessing user testing has been updated (revised UT assessment report template with comments and findings from this analysis)
Conclusions based on AEMPS experience

- From November 2007, when national legislation transposing Directive 2001/83 came into force, all MAH started submitting results from UT → **work overload**

- At present **more experience** has been gained → faster review of reports and identification of drawbacks

- On many occasions **points for improvement** detected but no changes implemented

- Identified problems related to the **template** → considered in the current revision

- Revised **UT assessment report template** very useful for both MAHs and assessors

- For **national procedures** UT needs to be carried out in Spanish population
Revision of the **SmPC guideline** (September 2009)

Revision of the EC **Readability guideline** (January 2009)

Introduction of new legislation on **Advanced Therapy** products (in force from January 2009)

Extensive experience obtained within the **QRD Group**

**Feedback and criticism** received at different fora
Summary of changes (1)

- **Introductory guidance**
  - Possible statement modification
  - Design and layout

- **Introductory part**
  - Capitalization removal
  - Revision date
  - OTC products
  - Use of index recommended
• **Section 1. What X is and what it is used for**
  - Active substance declaration
  - Target population
  - Information on benefits

• **Section 2. What you need to know about X**
  - New heading
  - New sub-heading
  - Information on children
  - Alcohol interaction
  - Driving/using machines
  - Effects of other ingredients
• Section 3. How to <take> <use> X
  – Specification of dose
  – Use in children and special populations
  – Withdrawal effects

• Section 4. Possible side effects
  – Organization
    a. Most serious side effects and specific actions required
    b. Side effects to be discussed with HCP
    c. Transient or easily manageable side effects
  – Expression of frequency
• **Section 5. How to store**
  – No major changes.

• **Section 6. What is in the pack and further information**
  – New heading
  – Specific product websites
  – Obtaining PL in Braille or other formats
  – Only English PL (reasoned request – art.63 of Directive 83/2001)
Issues and challenges

- Public consultation on EMA website (until 3rd May 2010)
- Compilation of all comments to be discussed at September QRD plenary meeting
- Release of new template