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Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

[Docket No. 00N-0352]
Status of Useful Written Prescription Drug
Information for Patients

Merck & Co., Inc, is a leading worldwide human health product company. Merck's corporate strategy -- to discover new medicines through breakthrough research -- encourages us to spend more than \$2 billion, annually, on worldwide Research and Development (R&D). Through a combination of the best science and state-of-the-art medicine, Merck's R&D pipeline has produced many of the important pharmaceutical products on the market today.

As a leading human health care company, Merck supports the concept of patient education and consumer information about prescription medicines. Over the past several years, we have developed major patient information programs and have worked with the FDA to voluntarily develop Patient Package Inserts (PPIs) as part of product labeling when deemed appropriate. In addition, Merck actively participated in the Keystone Steering Committee to develop the *Action Plan for Provision of Useful Prescription Drug Information* for patients (hereafter referred to The Action Plan), which included important criteria used in the recent University of Wisconsin study to evaluate the performance goals of the *Healthy People 2000* program.

For these reasons, Merck is very interested in, and well-qualified to comment on the findings of the interim study on the status of useful written prescription drug information for patients, as well as to provide feedback prior to development of the assessment of the year 2000 goals as discussed at the Public Meeting held on February 29 and March 1, 2000 (published in the *Federal Register* on February 11, 2000).

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General Remarks

Merck commends FDA for a successful pilot test of the process it will use to evaluate the performance goals for distribution of patient information with prescription medications. Although we recognize that improvements may be made to this evaluation process, Merck strongly encourages FDA to also engage in awareness campaigns to educate groups that The Action Plan criteria exist and promote their use in developing useful patient information. FDA's extensive network of information providers would produce much more useful information pieces if these principles were known. We explain our views on these points in specific comments below.

History Leading to These Recommendations

As an active participant in the Keystone Process in 1996, along with representatives from a well-balanced cross-section of patient, consumer, and provider groups, Merck continues to fully support the recommendations put forth by the Keystone Steering Committee in The Action Plan. The Keystone Steering Committee spent considerable time and effort to identify the criteria for evaluation of the usefulness of written information for patients. It was understood that patient information would be considered useful if it encouraged compliance with therapeutic regimens and improved correct usage of the product through a better understanding of risks and other important factors.

In The Action Plan, the Keystone Steering Committee set a *minimum standard* for usefulness that would encourage providers to produce information to fill the void which was only being partially met by the private sector vendors and pharmacies along with prescription drug manufacturers under the watchful eye of FDA. The majority of the Committee members concurred that the private sector vendor and pharmacy information creators needed to be encouraged to produce patient information pieces as they can most effectively communicate current information to the consumer. Although Steering Committee members optimistically hoped to increase the quality of information at the same time as it encouraged proliferation of information pieces, it was understood that setting the standard too high from the start would be counterproductive; that is, it would *discourage* rather than *encourage* creation of patient information by the private sector. There was the tacit understanding among Steering Committee members that once information was generated, it could be improved through communication and feedback mechanisms or by FDA guidance.

Consequently, the Keystone Steering Committee set the *minimum standard* for patient information, i.e, (1) scientifically accurate, (2) unbiased in content and tone, (3) sufficiently specific and comprehensive, (4) presented in an understandable and legible format that is readily comprehensible to consumers, (5) timely and up-to-date, and (6) useful. These criteria were developed following research of a vast database of information from experts in the fields of publishing, education, and reading skills on the issues of legibility, readability and comprehension. The components of useful information listed in The Action Plan were provided as examples of ways in which to meet the above six criteria. They were intended to be considered along with other parameters, such as the type of drug, idiosyncrasies of the patient population who would be prescribed the medicine in question, as well as the capabilities of the providers of the information.

Quantity Goal is Being Met

The results from FDA's recent survey conducted by the University of Wisconsin indicate that patients receive an acceptable volume of patient information. Specifically, the survey results demonstrated that patients received information 87% of the time when prescription medicines were dispensed. This result indicates that the first goal set in the *Healthy People 2000* Program (75% of patients receiving useful patient information by the year 2000) is being met. This survey result is also an indicator that the second goal (95% of patients receiving useful patient information) will very likely be met, as planned, by the year 2005, if current private sector programs for providing patient information continue at the same pace or a better one.

Indeed, Merck experience indicates that the convergence of advances in information technology with new pharmacy distribution mechanisms will result in most patients receiving more and better information in the not too distant future.

FDA Request for Comments

In response to FDA's request for answers to specific questions, Merck provides the following comments.

1. What should be the minimum standard or threshold that must be met for written information to be considered useful?

At a minimum, each of The Action Plan criteria should be addressed. If applied uniformly and conscientiously by providers of patient information leaflets, the desired results should be obtained. Written information should be considered *useful* when it helps to assure the correct use of the pharmaceutical product by the majority of consumers. It must be understandable by persons with an education level and reading ability no higher than sixth-grade. Reading comprehension must be sufficient to ensure that patients understand how to take the medication, its important safety concerns, conditions when the product may not be safely administered, and what to do in the event of problems.

2. Should certain criteria derived from The Action Plan recommendations be given more weight than others? If so, which criteria should be weighted more strongly, and why?

No, all of The Action Plan criteria are important. However, Merck experience indicates that the amount of detail provided for each of The Action Plan criteria in the patient information leaflets will vary by medication type and patient population group. While some criteria may be more or less significant for various products and patient populations, Merck recommends that The Action Plan criteria all be weighted equally in order to standardize the assessment of written patient information for different products. Any attempts to weight the criteria differently could result in difficulty comparing assessments across products/therapeutic groups.

3. Are the evaluation forms an accurate translation of The Action Plan's criteria?

Generally, yes. The evaluation forms for each of the three study drugs were specifically based on the criteria listed in The Action Plan. While it is possible that the degree to which the information in The Action Plan criteria can be provided may vary across drugs, we believe that the evaluation forms used represent an accurate translation of The Action Plan's criteria.

4. Should the assessment include additional criteria or types of information, and, if so, what?

No. In order to keep the assessment simple and focused, the criteria outlined by the Keystone Steering Committee should be adhered to and new criteria should not be added unless there is substantial supporting documentation from the literature to indicate their validity for this process.

5. Should there be a more detailed assessment of factors affecting readability and legibility for consumers (e.g., type size, style, spacing, contrast)?

No. Merck recommends that FDA use the criteria and flexibility outlined by the Keystone Committee, which were supported by the University of Wisconsin study.

6. Should the evaluation panel include consumers with varying educational backgrounds? If so, how should they be involved in the evaluation process?

Yes. The evaluation panel should include consumers with both varying educational and occupational backgrounds to achieve a good cross section of the consumer market. They need only be involved in the evaluation of patient information after it has been collected. The University of Wisconsin report highlighted that the information is being provided in retail pharmacies to all consumers, regardless of any demographic differences. Therefore, it is not necessary to involve the members of the evaluation panel in the information collection process. As members of the evaluation panel, the consumer representatives should be involved in determination of the level of comprehension of the patient information, i.e., can they understand the information provided about the use of the product and the important safety concerns when using the product.

7. This report collected patient information from U.S. retail pharmacies. Are there ways to expand sampling to include mail-order or other non-retail pharmacies?

Yes. Similar methodology to that used to collect written patient information from the retail pharmacies can be used to collect written patient information from on-line or mail-order pharmacies. Merck encourages inclusion of these "non-traditional" pharmacies during the year 2000 assessment since they will play an increasingly larger role in the dispensing of prescription medications to patients.

Additional Comments

Number of Products Evaluated

The University of Wisconsin study used three drugs (amoxicillin, ibuprofen, and paroxetine) for a variety of reasons.

It is not clear how much the results of the study may be generalized to other drugs that were not included in the study. The results differed greatly for the three study drugs, particularly for ibuprofen compared to amoxicillin and paroxetine. Merck would be reluctant to generalize findings for one drug such as ibuprofen, which is widely available over-the-counter, to all drugs that could be prescribed based on the results of this one study. Given the complexity of designing the evaluation forms and the great variability in the final three evaluation forms themselves, we feel it is necessary that as many different types of prescription drugs as possible be included in future studies.

Adherence to Criteria

As noted in comment #2, the amount of detail provided in a patient information leaflet to address each of The Action Plan criteria may vary by product. Adherence to the criteria outlined in The Action Plan should not be defined as inclusion of every single element listed in the physician's prescribing information. In fact, Patient Package Inserts (PPIs) developed by pharmaceutical manufacturers and approved by FDA do not necessarily include *all* information listed in the prescribing information. Specifically, information on conditions that are not readily apparent to the patient is frequently not included in order to minimize the "dilution" of useful information (i.e., signs and symptoms that the patient can recognize and take action on). In addition, the inclusion of all information from the health care provider's package insert minimizes the likelihood that patients will even read, let alone understand, the patient leaflet. As such, patient information leaflets should not be required to include every detail from the physician's prescribing information in order to be considered useful and be counted toward the performance goals. This is consistent with the position taken by FDA in its Final Rule on Medication Guides, which is applicable for those products that pose a "serious and significant public health concern." In the preamble to the Final Rule, FDA stated that "only specific, important information about the drug product should be included in a Medication Guide." FDA further stated that the reason for this was "so that the effectiveness of the patient labeling is not reduced by its being too long or including irrelevant information." 63 FR 66378, 66380. It should be clearly understood that the purpose of these leaflets is to provide information that is *useful* to the patients and, importantly, that the leaflets are not intended to replace meaningful discussions between the patient and his or her physician about the drug. The physician is in the best position to evaluate the benefits and risks of a prescription drug product given the physician's knowledge of that patient's individual medical condition.

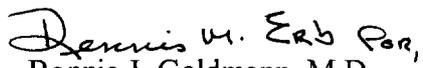
Conclusion

In conclusion, Merck enthusiastically supports the use of the data derived from the University of Wisconsin study in FDA guidance to providers of patient information on improvements that may be made to the quality of patient information currently dispensed with prescription drugs. Although another survey conducted in the same manner as this study would probably provide

additional information about quality of patient information currently dispensed, e.g., on a wider variety of drugs, it is not clear how fine-tuning the data already collected would improve the quality of patient information *without dissemination of those results to information producers*. Therefore, Merck encourages FDA to promote programs to publicly share the feedback already learned about quality parameters for patient information. Marginal improvements in the qualitative definitions of what defines readability or legibility can only be useful when translated into practical feedback to the creators and disseminators of patient information pieces.

We welcome the opportunity to comment on the interim study and the pending year 2000 assessment of useful written prescription drug information for patients and to discuss our comments before a final determination regarding the year 2000 assessment is made. Questions concerning these comments should be directed to Bonnie Goldmann, M.D. (610-397-2383).

Sincerely yours,


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Vice President
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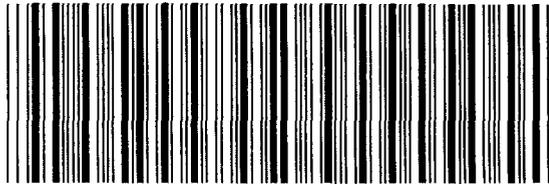
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 FedEx First Overnight (Earliest next business morning delivery to select locations) (Higher rates apply)
 FedEx 2Day (Second business day)
 FedEx Express Saver (Third business day)
 FedEx Rate: Rate not available. Minimum charge: One pound rate.

4b Express Freight Service Packages over 150 lbs. Delivery commitment may be later in some areas.
 FedEx Overnight Freight (Next business day)
 FedEx 2Day Freight (Second business day)
 FedEx Express Saver Freight (Up to 3 business days)
 (Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging FedEx Envelope FedEx Pak FedEx Box FedEx Tube Other Pkg.

6 Special Handling (Time box must be checked)
 Does this shipment contain dangerous goods? No Yes (Shopper's Declaration not required)
 Dry Ice Dry Ice, 9 UN 1845 x kg CA Cargo Aircraft Only
 (Dangerous goods cannot be shipped in FedEx packaging)

7 Payment Obtain Recipient FedEx Account No.
 Bill to: Sender Recipient Third Party Credit Card Cash/Check
 (Enter FedEx Account No. or Credit Card No. below)

fedex Account No. _____ Exp. Date _____
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Total Packages _____ Total Weight _____ Total Charges _____
 *When declaring a value higher than \$100 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.
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8 Release Signature
 My signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

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