Patient Labeling Industry Perspective

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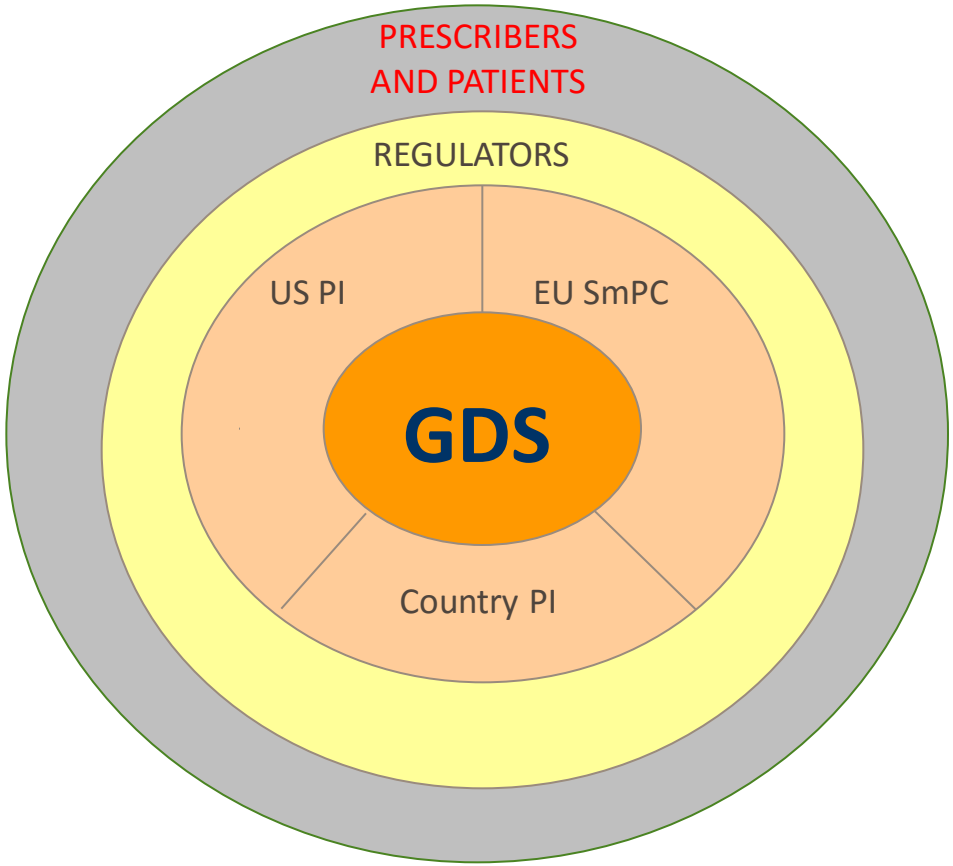
The views expressed in this presentation are my personal views and do not necessarily represent the views of GlaxoSmithKline

Agenda

- Overview of Prescriber and Patient Labeling Development at GSK
  - Global Datasheet (GDS) and Local Labels
  - Labeling Development: Timing for prescribing and patient labeling

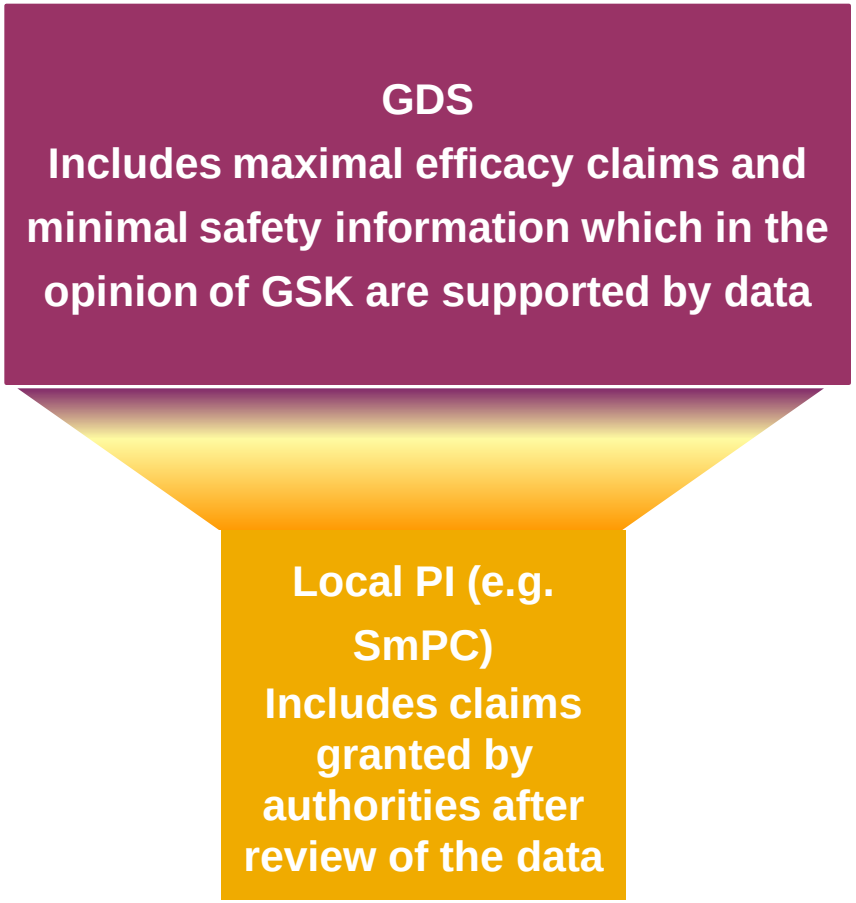
- Industry Perspective on Challenges in Patient Labeling
  - Format and Content
  - Electronic availability
  - Instructions for Use/Devices
  - Simplicity
  - Timing of review

From the Global (Core) Datasheet to the Patient



What is the Global (Core) Datasheet?

- The GDS is the company position
  - Internal document stating the company's medical and scientific position regarding the safe and effective use of a product, active ingredient or device
- It defines:
  - The maximum efficacy claims that can be made
  - The minimum essential safety information that must be included in the prescribing information worldwide
- Consists of 3 parts:
  - global prescriber information
  - global patient information, instructions for use
  - global packaging components



Who creates the GDS?

- **Global Regulatory Affairs Labeling** creates and maintains GDS and local labels such as USPI in collaboration with functional experts
- Creation, update, closure of GDS is approved by **Global Labeling Committee (GLC).**
  - must occur prior to any regulatory submission
- Key differences between a local label and GDS are approved by Global Labeling Committee as a **Country Local Difference.**

Functional Experts

Key Principles for Label Development

- Drafting label requires understanding of the following
  - Target product profile
  - Competitor labeling (what are differentiators?)
  - Global strategy
  - Data available, supporting documentation
- Start early!
  - Target label as early as Phase 1 (key concepts) but most often ~EOP2.

Patient Labeling

- Patient labeling typically developed once full prescribing information draft is well advanced.
  - Patient Information Leaflet or Medication Guide
  - ~3-6 months prior to submission
- Exception: Instructions for Use development starts much earlier as Human Factors Analysis may need to be done; included in the submission (CMC section).
- Reviewed and signed off by team in conjunction with full prescribing information.

Challenges or Issues for Patient Labeling

Industry Perspectives

Patient Labeling Challenges

No prescribed U.S. format

- Template varies from company to company
- GSK uses Q/A text format similar to MG for both MGs and PILs with exception of ‘What is the most important information…?’
- Recent GSK approvals (MGs, PILs) of the ‘boxed format’
- Use of a standardized format will require testing to identify the best template

- GSK involvement in Patient Medication Information initiative with FDA/Brookings
  - ‘bubble’ example: Ventolin

From this… ……to this

Consumer Medication Information

Albuterol Oral Inhalation (pronounced: AL-byoo-ter-ole)

Why is this medication prescribed?

Albuterol is used to prevent and treat wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease (COPD, a group of diseases that affect the lungs and airways). Albuterol inhalation aerosol is also used to prevent breathing difficulties during exercise. Albuterol is in a class of medications called bronchodilators. It works by relaxing and opening air passages in the lungs to make breathing easier.

How should this medicine be used?

Albuterol comes as a solution (liquid) to inhale by mouth using a nebulizer (machine that turns medication into a mist that can be inhaled) and as an aerosol to inhale by mouth using an inhaler. When the inhalation aerosol is used to treat or prevent symptoms of lung disease, it is usually used every 4 to 6 hours as needed. When the inhalation aerosol is used to prevent breathing difficulty during exercise, it is usually used 15 to 30 minutes before exercise. The nebulizer solution is usually used three or four times a day. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Use albuterol exactly as directed. Do not use more or less of it or use it more often than prescribed by your doctor.

Call your doctor if your symptoms worsen or if you feel that albuterol inhalation no longer controls your symptoms. If you were told to use albuterol as needed to treat your symptoms and you find that you need to use the medication more often than usual, call your doctor.

Albuterol controls symptoms of asthma and other lung diseases but does not cure them. Do not stop using albuterol without talking to your doctor.

If you are using the inhaler, your medication will come in canisters. Each canister of albuterol aerosol is designed to provide 200 inhalations. After the labeled number of inhalations has been used, later inhalations may not contain the correct amount of medication. Throw away the canister after you have used the labeled number of inhalations even if it still contains some liquid and continues to release a spray when it is pressed.

Your inhaler may come with an attached counter that keeps track of the number of sprays you have used. If you have this type of inhaler, you should not try to change the numbers or remove the counter from the canister. When the number that shows on the counter is 020, you should call your doctor or pharmacist to refill your prescription. When the number that shows on the counter is 000, you should not use that canister anymore. Throw away the empty canister.

Ventolin HFA (albuterol sulfate) Inhalation Aerosol
(VEN – toe - lin)

Uses

- Ventolin HFA is a medicine used to:
  - Treat breathing problems or wheezing (bronchospasm) in people with lung diseases like asthma
  - Prevent asthma attacks caused by exercising

Common Side Effects

- Palpitations (fast or irregular heart beat)
- Chest pains
- Rapid heart beats
- Tremors
- Nervousness

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1–800–FDA–1088 or www.fda.gov/medwatch.

Tell Your Doctor Before Using Ventolin HFA if you:

- have had an allergic reaction to Ventolin HFA or to any ingredients in Ventolin HFA (e.g., albuterol)
- have heart disease, fast or irregular heart beats (arrhythmias) or high blood pressure
- have seizures (convulsions, epilepsy) or thyroid problems
- are pregnant or will be breast feeding
- are taking a monoamine oxidase inhibitor (MAOI) medicine, or any other antidepressant medication
- are taking any other asthma medications or any other medications

How to Take

- Take Ventolin HFA exactly as directed by your doctor.
- Do not take extra puffs of Ventolin HFA or take it more often than you were told without talking to your doctor.
- See the Instruction sheet on how to use and how to clean your Ventolin HFA Inhaler. The inhaler must be used correctly and kept clean to be sure that you are getting the right dose.

When to Call Your Doctor Right Away

- Call your doctor if:
  - it does not work as well in relieving your symptoms
  - you use 4 or more puffs for 2 or more days in a row
  - you use 1 whole canister in 8 weeks' time.
- If your breathing problems get worse right after taking Ventolin HFA, stop using it and get medical help right away.
- If you have an allergic reaction to Ventolin HFA (have a rash, severe problems breathing, swelling of the face or tongue), stop using Ventolin HFA and get immediate medical help.

Need More Information?

- This does not include all the possible risks. Ask your doctor, nurse or pharmacist for more information.
- Go to www.ventolin.com or call 1-888-825-5249.

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Patient Labeling Challenges

Content: Relationship between Highlights, Section 17, and patient labeling

- What is expectation of content in relationship to the PIL or MG?
  - Should all Warnings and Precautions be included in PIL or limited to significant W/P?
  - Should all information in Section 17 be covered in patient labeling?
  - Should only most common adverse reactions be presented similar to Highlights?
  - How much information is acceptable in Indications (ie., if mechanism of action is novel)?

Patient Labeling Challenges

Electronic Availability

- No central electronic repository
  - Would help industry benchmark
  - Allow for better readability
  - Provide alternative to paper (especially for pt labeling appended to PI in packaging)
  - XML availability for downstream use by other users
- What are plans going forward in relation to PMI initiative and Consumer Medication Information (CMI)?
- Proposed rule for electronic distribution of prescribing information currently excludes patient labeling

Patient Labeling Challenges

Modifying Instructions for Use following approval. What is required?

- When is usability or user testing required?
- Does simplification or improvement of graphics require usability testing?
- What should be included in supporting package (e.g., summary of medication errors, product complaints)?

Patient Labeling Challenges

Maintaining Simplicity: Creating clear patient labeling is harder than it looks

- Staying patient friendly without losing important context or precision
- Staying within reasonable space limits
  - e.g., A good 2-page leaflet can be better than a crowded 1-page leaflet
- Balance in IFU's between handling issues from Failure Mode Analysis adequately and keeping text and graphics simple and uncrowded
- Companies may have challenges balancing brevity with legal concerns about content

Patient Labeling Challenges

Timing of Review of Patient Labeling

- Review of patient labeling comes at the very end of the review cycle
- Often 1-3 days prior to expected approval
- Comments may come from different parts of the Division
  - especially in case of IFU + patient labeling

Q&A