THERAPEUTICS SECTION Bulletin

MARCH 1995

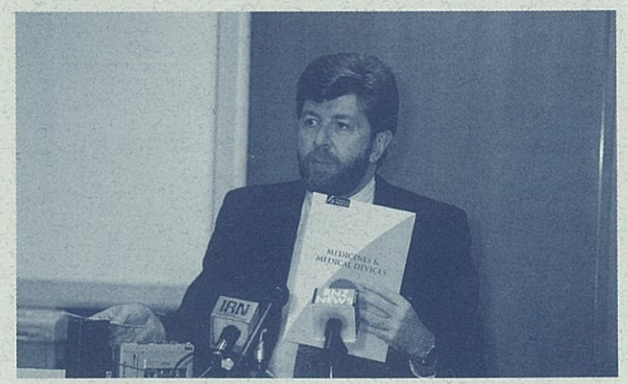
THERAPEUTICS SECTION, MINISTRY OF HEALTH, WELLINGTON, NEW ZEALAND

Transnational Dynamics

Twenty months ago the cover illustration of the Therapeutics Section Bulletin depicted the signing of a memorandum of understanding between the Australian Therapeutic Goods Administration and New Zealand's Ministry of Health. Since then the Therapeutics Section's international activities have been accelerating as we respond to Government's obligations under international agreements and as we progress some of our own initiatives. Also, we try to keep abreast of overseas trends in harmonisation, while continuing our long-standing links with the World Health Organisation and (via the Centre for Adverse Reactions Monitoring) with its adverse drug reaction network.

Why do it? Who benefits?

Government has been informally consulting with Australian trade and administration authorities about how the current CER agreement can be extended to create a freer market, improve our economy and reduce regulatory barriers. Within Australia the Commonwealth and State governments have concluded a mutual recognition agreement aimed at removing the discrepancies in the standards and regulations in force in each state or territory (that is, a product accepted for marketing in one state should be acceptable, without further bureaucratic intervention, in any other state).



Maurice Williamson, Associate Minister of Health launches the discussion paper on the review of the Medicines legislation – see article Light at the End of the Tunnel on page six.

A number of meetings have been held by trans-Tasman trade representatives to see if this mutual recognition could be extended to include New Zealand. There are areas of activity and areas of concern, and these include therapeutic products. On the positive side, there is an agreement to harmonise labelling and packaging of scheduled drugs and poisons, which follows consultation with industry and consumer bodies. Still unresolved is how New Zealand's regulatory framework following the review of the Medicines Act will be seen in comparison with Australia's emphasis on pre-market quality assurance.

Negotiations between the European Union and this country on mutually recognising conformity-testing and Good Manufacturing Practice audits are much further advanced. These talks cover a multiplicity of industries, but pharmaceuticals and medical devices are proving to have more common ground than other types of goods.

The GATT round has meant a lot of additional work, mostly on providing protection for the data submitted by the researched-based pharmaceutical industry as a quid pro quo for greater trade access for our agricultural products. But the necessary legislation was finally drafted in time for its January implementation date.

Before 1994, the pharmaceutical world could have been divided into four regions - the United States, Europe, Japan and the others. With the success of the International Conferences on Harmonisation (ICH), the first three are coming together as one block, to the exclusion of those nations classed amongst the "others". This has been a spur for the Ministry to develop its international contacts, particularly in medicines assessment and in the use of industry codes of practice.

November in Budapest saw the 14 member nations of the PER (Pharmaceutical Evaluation Reports) Scheme considering our written application for membership. The application had to be accompanied by

representative samples of our evaluations. If accepted, we, and our applicant companies stand to gain substantially from contact with the European, Canadian, South African, as well as Australian members of the Scheme through:

- keeping in touch with ICH activities;
- maintaining our standards;
- sharing information (always with the applicant company's approval) to expedite our approval process; and
- gaining access to complex new technologies (for example, biotechnology) and their safety and quality issues.

The Therapeutics Section is in the risk-management business. If the job can be done without duplicating effort, by sharing expertise and yet maintaining the standards New Zealanders expect of their therapeutic products, everyone is likely to benefit.

Bob Boyd, Manager

New Therapeutics Staff

CAROL MORRIS

Carol recently returned to work as a Medicine Control Advisor at the Auckland office while Nikki Anderson takes maternity leave. Carol, who is a pharmacist with experience in community pharmacy, has worked for 12 months as Nikki's replacement once before. Nikki is expected to return in July.

Carol Morris

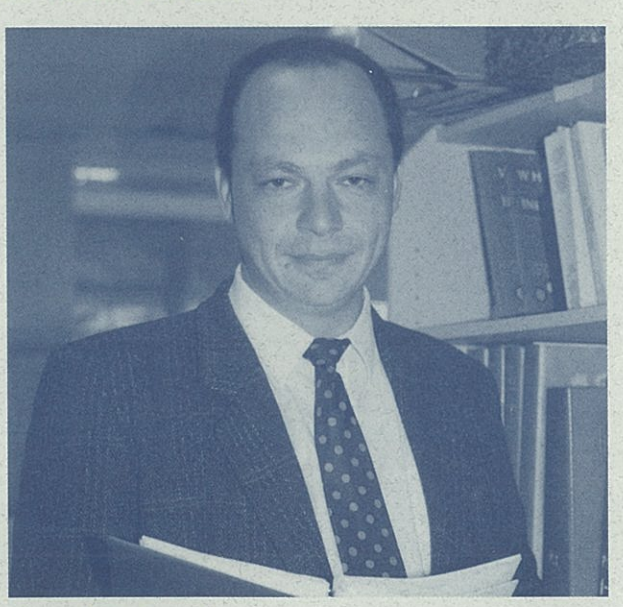
MICHELLE BISHOP

Michelle has joined the Hamilton office and finds the work a pleasant change from serving behind a pharmacy counter. She hails from Taumarunui and has had 10 years pharmacy assistant experience – the majority of which has been spent in Taumarunui and Hamilton. Michelle is an Assistant Advisor, Medicine Control. She says "My new job is great. There's lots of variety and it definitely beats dealing with customers full-time."

Michelle Bishop

ALEXANDER BOLOTOVSKI

Alexander has recently joined the Therapeutics Section as a Medical Advisor. Clinical assessments are not new to Alexander as he has been working as an external medical assessor for the Section for over a year. Prior to this he spent more than two years at the New Zealand Communicable Disease Centre as a vaccine scientist and many will remember his work on the vaccine cold chain.



Alexander Bolotovski

Therapeutics Staff on the Move

JOAN BAAS

Joan has recently resigned as Team Leader of the Compliance Team. While she has left the Therapeutics Section, she has not abandoned the Ministry. Joan now holds the position of Manager of the Registration Boards Secretariat. During her 6 years in our section Joan became well known to many of our clients, firstly in Evaluation, where she was promoted to Team Leader, and then later as Team Leader in Compliance. Her overall knowledge of the functions of the section and her pragmatic approach to dealing with issues will be sorely missed. Joan says she has valued and enjoyed working with our clients and wishes to thank them for their co-operation and assistance over the years. We congratulate Joan on her promotion and wish her the best of luck in her new position.

AILSA SURMAN

Therapeutics' loss is PHARMAC's gain – Ailsa left us at the end of January to take up a new position at PHARMAC. Her commonsense approach, versatility and ability to do a job well meant that her input was often sought on varying aspects of Therapeutics work. Good luck with your new job Ailsa.

NICOLA JUDD

Nicky has left the Therapeutics Section Database (TSD) project team to return to live in Auckland. Nicky's bright personality and organisation skills will be missed both within the Section and by the many clients she contacted during the year she worked on the project.

ROSEMARY THOMPSON

Rosemary left the Ministry at the end of March, after two years working on the Therapeutics Section Database Project. Rosemary plans to take a well earned break from files and databases and to continue her part-time work in community pharmacy.

ALISTER LIVSEY

After 20 years with the Department, and subsequently the Ministry of Health, Alister has left his position as a regional Information Advisor based at the Auckland Regional Licensing Office. In the last *Therapeutics Section Bulletin* we noted with pride Alister's achievement in graduating as the first ever Fellow of the New Zealand College of Pharmacists. We wish Alister well for the future.

ANNA BRAY

Anna has left her position as Assistant Advisor in the Auckland Regional Licensing Office to pursue full-time studies at Auckland University. Anna's skills and cheerful personality will be missed by her colleagues and the many medicine licence holders she assisted. We wish Anna every success with her studies.

PHILLIPPA DRIVER

Phillippa, Assistant Advisor in the Hamilton Regional Licensing Office, retired from the Ministry late in 1994. She now spends her days cruising the Hauraki Gulf with her husband – sounds idyllic!

LORELEI NEWHAM

Lorelei, also an Assistant Advisor in Medicine Control, left her part-time position in the Dunedin Regional Licensing Office in January to take up a full-time teaching position. We wish her well in her new position.

LAWRENCE YOUNG

Lawrence is currently working with the Compliance Team at Molesworth Street after accepting a three month secondment from the Wellington Regional Licensing Office. He is assisting with the monitoring and recalling of medicines and medical devices, the medicine testing programme and the advertising controls on medicines and related products.

WELLINGTON REGIONAL LICENSING OFFICE

The entire Wellington Regional Licensing Office recently moved into some unused office space the Ministry was already leasing in Willis St, which has been turned into spacious, attractive premises. Their new address is –

8th Floor
Ballantrae House
192 Willis St
Wellington

The postal address, telephone and fax numbers are unchanged –

PO Box 10327
The Terrace
Wellington
Telephone (04) 499 5159
Fax (04) 499 6169

Therapeutics Section Staff List

	Special Responsibilities	Direct Dial Telephone
Bob Boyd	Manager	(04) 496-2088
Rosemary Cooney	Executive Assistant	(04) 496-2262

Business Support Team

Catherine Marnane	Senior Support Officer	(04) 496-2179
Tania Paull	Support Officer	(04) 496-2136

Special Projects Team

Susan Martindale	Team Leader	(04) 496-2092
Marilyn Anderson	Special Projects	(04) 496-2234
Kathy Daly	Database Project	(04) 496-2331

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Khay Ooi	Traditional and Herbal Medicine	(04) 496-2339
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Sheree Wellington	Secretary MAAC	(04) 496-2338
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David Stevens	New Medicine Applications	(04) 496-2093
Gary Twinn	Changed Medicine Notifications, Clinical Trials	(04) 496-2038

AUCKLAND REGIONAL LICENSING OFFICE

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CHRISTCHURCH REGIONAL LICENSING OFFICE

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		Fax (03) 366-1156

Compliance Team

	Special Responsibilities	Direct Dial Telephone
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Derek Fitzgerald	GMP and Medicine Recalls	(04) 496-2176
Peter Pratt	Medicine Control Co-ordinator	(04) 496-2094
Barbara Cavanagh	Support Officer	(04) 496-2191
Connie Janes	Assistant Support Officer	(04) 496-2090
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Carol Morris	Medicine Control Advisor	
Cecilia Niumagumagu	Assistant Advisor	
HAMILTON REGIONAL LICENSING OFFICE		
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Michelle Bishop	Assistant Advisor	Fax (07) 834-0015
WELLINGTON REGIONAL LICENSING OFFICE		
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Lawrence Young	Medicine Control Advisor	Fax (04) 499-6169
Melissa Young	Medicine Control Advisor	
Rachael Trudgeon	Assistant Advisor	
Anne Cherry	Assistant Advisor	
CHRISTCHURCH REGIONAL LICENSING OFFICE		
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Nicky Harris	Assistant Advisor	Fax (03) 366-1156
DUNEDIN REGIONAL LICENSING OFFICE		
Denise Martin	Medicine Control Advisor	Phone (03) 479-2561
		Fax (03) 477-6368

Head Office Therapeutics Section staff can be contacted by E-mail using the following Internet address:
First Name.Surname@MOHWN.Synet.net.NZ

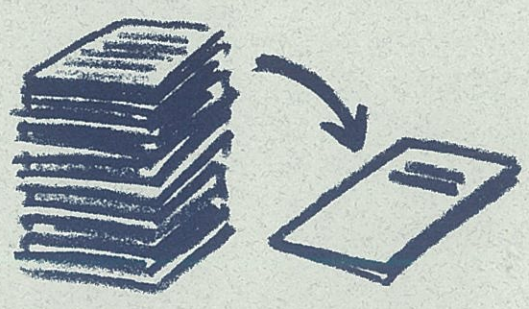
Light at the End of the Tunnel

Government has given the go-ahead for the preparation of a draft Therapeutic Products Bill to replace the Medicines Act 1981. It's an important milestone for Project Manager Susan Martindale. She says the project team has been too busy to celebrate because they're now completing the instructions for drafting of the Bill, which should be ready for introduction to Parliament during 1995.

Public consultation on the review of the Medicines Act produced an excellent response. There were 700 individual submissions and 12 times that number of form letters of varying kinds. Susan says the public input has had a significant impact on some sections of the policy.

She says a number of issues were repeatedly identified in the submissions as areas of concern. There was a strong call for '*dietary supplements*' to be registered under therapeutic product legislation, but in a way that would clearly distinguish them from medicines. As a result, dietary supplements will be treated as a separate category within the legislation and will be permitted to make therapeutic claims within a framework of rules set out in the legislation.

A report summarising and analysing the submissions will be available in April. It will be mailed to those who sent in a submission or filled in a request form at



a public meeting. Anyone else wanting a copy should contact Susan Martindale.

The next step for the project team is to plan the work programme for the development of guidelines, Regulations and Rules which will operate under the new Act. Another smaller round of consultation will be used to finalise the details needed for the operational aspects of the legislation. Time has also to be set aside for assisting the select committee when it comes to consider the Bill clause by clause.

The project team will also be building on links with industry. Susan says as the Ministry gets closer to the implementation date the project team will be getting out to explain to companies and groups what's happening and how they will be affected by the legislation.

Options include a series of seminars to explain issues and answer questions and a newsletter providing progress reports.

Red Tape up for the Chop

A significant drop in the amount of retesting of exported pharmaceuticals and medical devices came a step closer following the latest negotiations on the *Mutual Recognition of Conformity Assessment*.

Susan Martindale joined a New Zealand-Australian delegation to participate in the third round of negotiations with the European Commission on *Mutual Recognition of Conformity Assessment* in Brussels late last year. Top of the list of topics covered were pharmaceuticals and medical devices.

The likely outcome of the negotiations will be an agreement where member countries will mutually recognise conformity assessments carried out by other signatories to the agreement. In the case of pharmaceuticals, this should mean that New Zealand exporters will not have to pay for having their products retested on arrival in Europe, or for having European auditors inspect their factories.

A similar arrangement is planned for medical devices. Although New Zealand at present does not have conformity assessment requirements for devices (except in the case of a few electrical devices), one option would be to recognise the *Certificate European* (C.E. mark) as a sign of conformity under the Therapeutic Products Bill. This would have the added benefit of reducing compliance costs for New Zealand importers and distributors.

The final round of negotiations is scheduled to take place in Wellington in mid 1995 when it is expected a full agreement will be reached on pharmaceuticals and medical devices.

Intellectual Property Rights Beefed up by GATT

The Medicines legislation was amended on 1 January 1995 to bring it in line with the trade agreement on intellectual property rights included in the GATT-Uruguay agreement, to which New Zealand is a party.

The Medicines Act has been changed to provide stronger protection of registration data provided in applications for marketing consent.

The amendment protects registration data against unfair commercial use, either through disclosure or from being used to support a competing medicine application.

This may mean a delay in the approval of generic products. Data packages used to support applications for generic products often rely on the existence of commercially sensitive data held by the Ministry about the innovative version of the medicine. Unless the makers of the innovative medicines have given their approval this data cannot be used to support a generic version during the protected period (up to 5 years) after the innovator received marketing consent.

For full details see the Medicines Amendment Act 1994.

In January draft administrative guidelines for meeting the obligations for the protection of confidential supporting information arising from the Medicines Amendment Act 1994 were sent to pharmaceutical companies for consultation. Their comments are currently being considered. The final version of the guidelines should be available shortly.

TSD – A Happening Thing

Once completed, the Therapeutics Section Database (TSD) will be a valuable resource for pharmaceutical companies and the Section.

The database currently contains the registration information of about 4500 medicines. When completed, it will have an agreed set of product details for each medicine on the market in New Zealand.

Project Leader, Marilyn Anderson, says the updating of the information and creation of an accurate database will mean companies and the Ministry have easy access to an up-to-date summary of approved product details.

"The regulatory details for each medicine will be on a database report stored both in the computerised database and at the front of each product file. This will make it easier for companies wanting to make changes to products because they will know exactly what the current details are. Pushing a few buttons on a computer is a lot easier than searching through a bundle of files, so our work will be made more efficient too."

Marilyn says when the project began in 1992 it was quickly realised that the job was too big for the one person hired. Now the work is being done by a number of part-time pharmacists.

Until about three years ago the information was all in paper files. Marilyn says this made it difficult to find the correct information to put into the computer. To

try and combat this the database team began checking each entry with the companies who market the medicines.

The project team finished sending out the unverified database reports to all companies for checking and amending last March. To date, more than 90 per cent have been returned and the team is working through the process of verifying the alterations and additions made by companies. More than half the reports have now been sent back to companies for a second round of checking, with about two thirds of these having reached the final stage of being signed off by companies.

"It is a lot of work, but the reaction from everyone involved has been very positive. The people dealing with regulatory affairs can see the advantages of having the registered product details together in one place, because it will make life a lot easier for them and the Ministry if applications for changes have to be made."

The Therapeutics Section Database project is one planned step on the way to installing a comprehensive computer system which will handle product licensing under the proposed new legislation.

Material Changes Authorisation a Must

Product specifications and test methods are just two of the material changes which products undergo during their lifetime.

Before making a material change to any medicine that is currently legally marketed, the Director-General of Health's consent should have been sought and obtained.

Failure to do this can be costly. The Therapeutic Section's project on verifying the data in our files has thrown up several products being marketed with a different formulation or with different labelling or packaging to that which has been approved. In each case the company faced the prospect of having to recall the product from the market.

The Evaluation Team has come up with the following list of possible material changes which should be notified:

- the indication for use, the recommended dosage, or the recommended manner of administration
- labelling of the medicine, container or packaging of the medicine or descriptive matter accompanying or enclosed in the container or package
- strength, quality or purity of the medicine
- methods of manufacture of the medicine or the facilities for testing its strength, quality, purity or safety
- location of the premises in which the medicine is manufactured

The changed medicine can only be distributed after 90 days have elapsed from the receipt of the notification unless the Director-General has provided consent to earlier distribution. If you are advised that the notification has been referred to the Minister to be considered as if it were an application to market a new medicine (referred under Section 24(5) of the Medicines Act), distribution cannot occur until consent has been notified in the New Zealand Gazette.

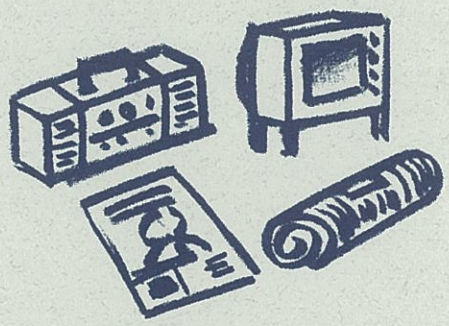
Advertising Made Easy

Help is at hand. Compliance Team is currently finalising a user-friendly guide to the advertising sections of the medicine legislation.

The guidelines, which are directed towards companies and advertising media, aim to explain what has to be included in an advertisement and what is not allowed when you are advertising medicines, medical devices, related products and methods of treatment.

It must be remembered, though, that the booklet is only a guide. The Ministry does not **approve** advertisements and does not provide definitive advice on the construction of an advertising campaign. The ultimate responsibility for seeing that the 'ad' complies with the law rests with the company.

Once published the Advertising Guidelines will be distributed to pharmaceutical companies and the advertising media, and will be available on request.



Label Problems Licked

New Zealand-specific labelling requirements for the labelling and packaging of medicines have been eliminated following a change to the Medicines Regulations 1984, which have now been amended to bring them into line with the new GATT agreement.

That amendment also came into force on 1 January 1995. In summary, the amendment broadens labelling and packaging options for manufacturers and distributors by permitting the use of "words of similar meaning". Many products which previously would have had to have been relabelled will now be accepted for marketing.

The amendment will not require any compulsory labelling changes but it will provide a range of options including some which will affect trans-Tasman harmonisation of labelling and packaging.

Change in Policy for 95/96 Medicines Testing Programme

The Therapeutics Section is encouraging pharmaceutical companies to update their product specifications and testing methods.

Whereas currently an update on product specifications and testing methods is requested from the company before any analysis is done by our contracted laboratory, from 30 June 1995 they will be using the specifications and testing methods that are on Ministry files.

Ailsa Surman, who worked on developing the 1995-96 testing programme before she left the Ministry, saw this as a way to prevent duplication of effort on the part of both the Ministry and companies. "The information that the Ministry has on its files is supposed to be exactly the same as that which the company is using. Companies are obliged to notify the Ministry of any changes they make to their specifications and methods. We are going to assume that they do so," Ailsa said.

Ailsa suggests that if companies think either their product specifications or testing methods, or both, are out of date they should submit a changed medicine notification in the usual manner immediately. If the change only involves updating to the current pharmacopoeial standard, there is no fee payable.

Silicone Gel Breast Implants Booklet Reconstructed

An updated version of the *Silicone Gel Breast Implants* booklet, produced by the Compliance Team, was launched last November. A new edition was necessary because more information has become available on breast implants in the two years since the original was printed.

Ailsa Surman, who edited the booklet while on secondment to the Compliance Team, says the updated version gives women with, or considering having, silicone gel breast implants unbiased current information.

In the United States the FDA prohibited the distribution of silicone gel breast implants in 1992, except for use in clinical trials, citing a lack of scientific evidence of safety and effectiveness. This does not necessarily mean that the implants are unsafe, but it does mean that the FDA is not prepared to vouch for their safety.

In New Zealand, gel-filled implants have not been withdrawn from the market because the current legislation allows restrictions on the sale of medical devices only if there is proof the device is unsafe. Silicone gel breast implants are currently available without restriction in Great Britain and a number of countries in Europe. Despite this, further studies are needed to provide a definite answer to the question of health risks associated with breast implants. The situation is being monitored by the Ministry of Health. Currently the Ministry does not endorse the use of silicone gel breast implants.

The new booklet contains information for women who are considering having breast implants for cosmetic or reconstructive reasons. It also contains information for women with existing breast implants, including recommendations about breast self-examination and mammogram testing. There is also a section for women who have saline filled breast implants as they may be subject to the same health risks as women with silicone filled implants (the saline is enclosed in a silicone envelope). The use of saline filled breast implants is currently being reviewed by the FDA.

At the back of each booklet is a consent form which encourages women being fitted with breast implants to enrol on a register maintained by their surgeons so that they can be contacted if further information about silicone breast implants becomes available.

Copies of the booklet are available – see page 16 for ordering information.

CPI Moving Forward

The project to introduce Consumer Product Information (CPI) for medicines is carefully and steadily rolling on.

Eight months ago a draft Code of Practice on CPI was completed and sent out to a large number of organisations and individuals for consultation, including the pharmaceutical industry, prescriber, pharmacist, and nursing organisations, consumer groups, regional health authorities and crown health enterprises, to name a few.

CPI project leader, Margaret Ewen, says "we need input from all of the organisations with an interest in CPI if we are to develop a code that fulfils the consumer's needs as well as being workable for the user."

The 92 submissions on the draft code received by the Therapeutics Section have nearly all shown support for the concept of supplying consumers with understandable and useful information about medicines, but there was a considerable number of reservations expressed. These related particularly to how and by whom the information would be transmitted to the consumer.

The next stage in the project to introduce CPI was the formation of a working party. This group consists of 14 members representing various stakeholders in the provision of CPI, that is, the pharmaceutical industry, medical, pharmacy and nursing professions, consumers, the regional health authorities and the Ministry. As well as going through the submissions and making recommendations to the Ministry's CPI project team, the working party will consider the need to field-test aspects of the code and assist in planning subsequent implementation stages. Margaret emphasises that the consultation process is not yet completed. "We will continue to consult with key organisations as the working party meets to perfect the draft code. Working party recommendations will be promulgated and comments will be sought," says Margaret.

The first meeting of the working party extended over three days and it proved to be very stimulating with lively discussion. Specific topics discussed included:

- Which medicines require CPI
- Language, Presentation, Style
- Content
- CPI for extemporaneously compounded medicines
- Glossary of Terms

The working party is to meet again in March to review and finalise recommendations on these sections of the code.

"While New Zealand is looking to other countries for input and inspiration into how best to satisfy consumer demand for more information about medicines, overseas experts in the field of CPI have also shown an interest in our implementation process and especially the idea of a code of practice," says Margaret. "We hope that the introduction of CPI here could benefit consumers of medicines world-wide, as well as the people of New Zealand."

Community Pharmacy Audits — We're on to it

Community pharmacy audits are well on track with over a third completed since the project started in July 1994. Medicine Control Senior Advisor, Peter Pratt, says the Ministry is pleased with the very positive response from pharmacists.

"After last year's visits when we discussed the aims of the Code of Good Manufacturing Practice, Part 3, for Compounding and Dispensing and the role of the auditor, our Medicine Control pharmacists will be carrying out the first round of audits right through 1995," says Peter. "We have all been delighted with the efforts community pharmacists have made to understand and to, voluntarily, comply with this Code."

The Code of Good Manufacturing Practice which is administered by the Therapeutics Section describes proven systems and procedures for the production of quality pharmaceutical products. These procedures are audited in accordance with the Code.

Interchangeable Medicines List Launched

The launch of the *Interchangeable Multi-Source Medicines* booklet in October was the culmination of three years work for the Therapeutics Section. An area of considerable interest both for those in the health sector and the public, the launch attracted a good turn out.

In his speech at the launch, Associate Minister of Health Maurice Williamson explained that the list of interchangeable medicines will give confidence in the use of generic medicines to prescribers and patients. Mr Williamson thanked the members of the Generic Review Committee for their advice and the rigour of their three year assessment of generic and innovative medicines. He also complimented the Ministry for giving a visual lift to a potentially dull list of medicine names.

Others who attended the launch included representatives of the medical and pharmacy professions, PHARMAC, Researched Medicines Industry Association, Independent Pharmaceutical Manufacturers' Association, members of the Generic Review Committee and a large number of journalists.

Copies of the booklet and the patient information leaflet were available for all those at the launch. Copies of each have also been sent to all doctors, dentists, midwives, pharmacies, health development units, pharmaceutical companies and other interested groups.

The *Interchangeable Multi-source Medicines* booklet will be published annually – a complimentary copy will be sent to pharmaceutical companies, prescribers, pharmacies and other interested organisations and individuals. Updates to the list will be published in each edition of *Prescriber Update*. Those wishing to subscribe to *Prescriber Update* should contact Margaret Ewen.

Maurice Williamson, Associate Minister of Health, launches the List of Interchangeable Medicines.

Left to right: Peter Faulkner, Chief Executive Officer, New Zealand Medical Association; Brian Irvine, President, Pharmaceutical Society of New Zealand; Christopher Lovelace, former Director-General of Health.

Left to right: Bob Boyd; Susan Peacock, Director Technical Services, Pharmacy Guild of New Zealand; Mark Newton, Member, Generic Review Committee.

On the List

Companies who want to have a currently approved medicine assessed for inclusion in the list of interchangeable multi-source medicines need to submit a changed medicine notification (CMN) to the Therapeutics Section.

The CMN should be for a change of indication. The new indication being that the medicine is "interchangeable". Each medicine will then be assessed for suitability for inclusion in the list of interchangeable medicines. The assessment fee is $1600.

Data that must have been provided before a medicine can be included in the list are evidence of bioequivalence with the New Zealand reference product and a revalidation of the manufacturing quality information.

Controls over Controlled Drugs

Controlled drugs import/export licences and applications are now being processed more quickly and kept up-to-date thanks to the installation of a computerised Controlled Drugs Import/Export Licensing Database (CDIEL).

The entry into or exit from New Zealand of controlled drugs is regulated by the Misuse of Drugs legislation and by the International Narcotics Control Board (INCB) of the United Nations.

Compliance Team Support Officer, Connie Janes, says the change to computerisation will be positive for pharmaceutical companies, scientists, doctors, or anyone else wanting to import or export controlled drugs, as it will speed up most of the processes involved in issuing licences and keeping the statistics required by the INCB.

Previously, checking applications (including calculations), issuing and cancelling licences to import or export, monitoring INCB controlled drug allocation levels, and providing reports to the INCB had to be done manually. Now this work can be done with a few key strokes.

The CDIEL database is currently being validated by running it in parallel with the old manual system but should be 'stand-alone' by May.

Don't Bend Clinical Trial Packing Rules

Pharmaceutical companies are reminded that when packing medicines for clinical trials the premises must have a packing licence. Licences can be applied for at local Regional Licensing Offices.

Hospital and community pharmacists, who come under section 26 of the Medicines Act 1981, are exempt from this rule. However, they must consider the restrictions of Part 3 of the Code of Good Manufacturing Practice: Dispensing and Compounding, that is, that pharmacists can only prepare up to 50 repackaged units. Quantities greater than 50 require a packing licence.

New Forms for CMNs

To prevent confusion and unnecessary delays would pharmaceutical companies please use the revised format for changed medicine notifications found in Appendix III of the Medicine Distribution Guide published by the Therapeutics Section in December 1993.

The revised form is more 'user-friendly' than previous versions and only asks for information that comes under current statutory requirements. It also has an updated coding system that fits in with the electronic database. If previous application forms are used some of the information may be missing or invalid, causing delays in processing.

Copies of the revised Medicine Distribution Guide containing the new format can be obtained by contacting Evaluation Team Support Officer David Stevens (see page 16 for details).

Give it All — You will be Rewarded

New Medicine Applications or Changed Medicine Notifications can be processed more quickly if all the required information is included. Evaluation Team Advisor Richard Griffith says delays are occurring in the assessment of these applications because of missing information.

The item most commonly omitted is the drug master file. The second most frequent areas where omissions occur are those of label text, good manufacturing practice authorisation for dose form manufacturers, and details about the proposed method of distribution of the medicine. Richard says although some applications can start being processed without this information, they cannot be finally approved until the Therapeutics Section receives all the data.

Often no table of contents is included with an application. Richard says a table of contents aids finding information quickly and easily, especially when the assessor returns to the file after answers to queries have been supplied by the sponsor.

Out of 50 applications processed over the last four months, 34 have had omissions. Fifteen of these omissions have meant the processing of the application could not begin until the information had been requested and delivered.

OIAs – Fishing is for People with Plenty of Time to Spare

If you want to receive a rapid reply to your request for information under the Official Information Act (OIA), be specific. Although you are entitled to ask for any information, you may not get exactly the material you seek if you ask for everything the Ministry holds on a particular subject. This is because 'everything' may include information which will require a decision to be made about whether it should be withheld under the provisions of the Act.

Reasons for withholding information include commercial sensitivity and the need for an unreasonable amount of collation and research. Another problem is, just as those researching your request need to wade through pallet loads of material, so will you if you are not specific.

Evaluation Team Leader Mark Rowland says he has had several instances where a company has rung him after receiving a bulky reply and a bill, to say that they really only wanted one detail confirmed. "We don't want to waste your time and ours sending out pages and pages of irrelevant photocopies," says Mark. "The Therapeutics Section processes about 150 OIA requests per year so it would be very helpful if the requests for information could be as specific as possible."

Safe Medicine Management in Old People's Homes

The booklet entitled *Safe Management of Medicines -- A Guide for Managers of Old People's Homes* is going like hot cakes according to Senior Advisor Medicine Control, Peter Pratt. The booklet, which was launched last September, was written in consultation with the Ministry's Licensing Section. It outlines procedures for ensuring the safety and efficacy of medicines used in rest homes and sets out minimum standards for storage and handling medicines.

The booklet emphasises that all managers of rest homes must take reasonable steps to ensure that "the right dose is administered to the right person in the right form at the right time" as prescribed by the medical practitioner.

Copies are available – see page 16 for information on ordering this publication.

A Great Effort by the CHEs

Congratulations to the staff of the Blood Transfusion Service for their efforts in improving compliance with the Code of Good Manufacturing Practice, Part 2 for blood and blood products systems since the first round of audits in 1993.

Auditor Christine Deveson says a second round of full audits demonstrated that compliance definitely had been enhanced further since the follow-up audits in 1994. "It was clear that considerable time had been expended by staff members in order to raise compliance."

However, she says there are still a few licences to manufacture blood and blood products with a variety of conditions attached and these conditions will have to be met during the current licensing period before the licence is renewed.

Sun Wise

A revised edition of the Ministry of Health's sunscreens pamphlet for the 1994/5 summer was launched last November during Melanoma Awareness Week and has already had one reprint. The pamphlet now lists over 150 broad spectrum sunscreens with a Sun Protection Factor (SPF) of 15 or higher, all of which are on the market in this country.

Each listed sunscreen has passed an evaluation carried out by the Ministry of Health on the scientific evidence submitted by the distributor. This included evidence of the SPF 15 or higher and broad spectrum protection against UVA and UVB radiation. The tests were carried out in accordance with the Australian/ New Zealand Standard for Sunscreens.

The pamphlet was sent to pharmacies throughout New Zealand. The Ministry of Education sent copies to all primary and secondary schools, independent schools, early childhood daycare centres, play centres, kindergartens and Te Kohanga Reo. Copies are also available from the educational units of crown health enterprises, the Regional Licensing Offices and from the Therapeutics Section (while they last).

Hungary for Talking Quality

Evaluation Team Advisor Raymond Wilson attended a PER seminar on *Quality of Pharmaceutical Products* last November hosted by the Hungarian National Institute of Pharmacy in Budapest. He presented a paper on organic solvent residues in pharmaceutical substances and the various approaches to setting of limits adopted by the different pharmacopoeial commissions and regulatory authorities. Other speakers, drawn from a wide range of PER member countries, presented papers on various aspects of product purity, stability and dissolution.

Raymond experienced first hand the advantages of membership of the PER Scheme. He found sharing experiences in assessing quality of products with overseas evaluators enlightening and beneficial for his work in the Ministry.

Parts of GMP Code on Wholesaling and Recalls Nearing Completion

Work is well underway on finalising the new Wholesale Code and Recall Code which will form parts 4 and 5 of the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods. The two codes will be bound together as one volume and will be distributed in the first half of 1995.

Parts 1 to 3 of the code, which include sections on the manufacture of pharmaceutical products, the manufacture of blood and blood products and a compounding and dispensing code for hospital and community pharmacies, have already been published.

Part 4 tells wholesale companies what is expected in order to protect the quality of pharmaceutical products when distributed in New Zealand. It does not dictate how these requirements must be met. "This means companies have greater flexibility" says Compliance Team Advisor Derek Fitzgerald.

In contrast, the section on recalls is very specific. Part 5 provides step-by-step instructions on exactly how to recall an item and clearly spells out the notification information needed by the Ministry of Health. "If you didn't know anything about how to set up a recall system you could pick up the recall code and follow the instructions," says Derek.

A working party that included representatives from the Researched Medicines Industry Association, the Independent Pharmaceutical Wholesalers Association, the New Zealand Hospital Pharmacists Association, the Health Industry Suppliers Association, the Non-Prescription Medicines Association and the Independent Pharmaceutical Manufacturers' Association assisted in the development of these parts of the code. Derek says that involving industry in the production of a workable code will mean that the Ministry's job of ensuring the code is adhered to should be much easier.

Latest Editions

The 1995 edition of the combined US Pharmacopoeia (USP XXIII) and National Formulary (NF XVIII) has been published and is available in New Zealand. The Medicines Act refers to these documents as two of the 'Specified Publications'.

Unless stated otherwise, where data about medicines or related products refers to USP or NF specifications or test methods these are regarded as the specifications and test methods of the current edition of the US Pharmacopoeia and National Formulary.

All USP or NF specifications and test methods must now comply with the 1995 edition.

Notifications are required for changes to product specifications and/or test methods that are consequent to the compendial update. Where the notification is submitted purely to comply with compendial updates the Ministry's fee will automatically be waived. Any additional changes included in the same notification that are not directly consequential to the pharmacopoeial update will attract the usual fee.

Please note that our general policy is that we expect companies to submit CMNs to update product details to current pharmacopoeial standards within three months of the date of introduction for any new pharmacopoeia.

Open Extensions: Aka "Clinical (almost) Trials"

The Standing Committee on Therapeutic Trials (SCOTT) has no mandate to grant exemptions for open safety trials, that is, trials with no end point.

Under Section 30 of the Medicines Act 1981, SCOTT can only recommend exemptions for clinical trial purposes. A trial has to have firm starting and end points, specific times at which data is collected and relevant criteria for the quality of the data. It is not possible, therefore, for SCOTT to recommend acceptance of a trial with no end-point. An applicant can however propose an extension to an existing trial, if the circumstances dictate, as long as the above conditions are met.

Supply of a "new medicine", that is a medicine that has not received marketing consent, to patients outside a clinical trial situation is covered by Section 29 of the Medicines Act and therefore is not a responsibility of SCOTT.

1995 Meeting Dates

The Medicines Assessment Advisory Committee (MAAC)

- April 11
- June 27
- October 10
- December 12

The Medicines Adverse Reactions Committee (MARC)

- March 8
- May 17
- August 30
- November 29

The Medicines Classification Committee

- April 27
- October - date to be finalised

Adverse Reaction Requirements for Companies

The Therapeutics Section does not want to receive copies of individual adverse reaction case reports received from overseas. "We don't have the resources to process such reports," says Kathlyn Ronaldson, Evaluation Team Advisor. "We rely on the company to process this information, to advise the Ministry if there is a problem and make any appropriate changes to the data sheet".

Reports of adverse reactions occurring in New Zealand, however, should be reported to the Centre for Adverse Reactions Monitoring, PO Box 913, Dunedin.

With regard to medicine safety, the Ministry should be informed promptly of the following:

- Investigation by an overseas regulatory authority
- Information necessitating changes in the data sheet
- Interest by overseas media.

Kathlyn says it is particularly important that the Ministry is told about problems as soon as possible. "It should not be left to the local media to tell us about regulatory action overseas" says Kathlyn. Not only is it embarrassing to admit we have not been informed, it creates a lot of unnecessary work and probably ends up with adverse publicity and media speculation.

Therapeutics Section Publications

The following publications can be ordered from:

David Stevens Therapeutics Section, Ministry of Health, PO Box 5013, Wellington, New Zealand

1. New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods - Part 1 - Manufacture of Pharmaceutical Products (1993). Cost - $16 including GST.
2. New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods - Part 2 - Manufacture of Blood and Blood Products (1993). Cost - $16 including GST.
3. New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods - Part 3 - Compounding and Dispensing (1993).
4. Code of Good Manufacturing Practice for Cosmetics (1982).
5. Guidelines for Preparing Data Sheets (1989).
6. Guidelines for Compiling Applications for Contact Lens Solutions (1988).
7. Guidelines for Labelling Cosmetic Products (1990).
8. Guidelines as to Levels for Micro-organisms in Cosmetic Products.
9. Fees for Service: Supplementary Information (1991).
10. Notice to Applicants: EC Guide on New Medicine Applications IIA (1993). Cost - $20 including GST.
11. Guidelines for Classification of Products - as either Medicines, Related Products, Dietary Supplements, or Cosmetics (1990).
12. Medicines Distribution Guide (1993).
13. Information on Silicone Gel Breast Implants (1994).
14. Interchangeable Multi-source Medicines (1994).
15. Safe Management of Medicines – A Guide for Managers of Old People's Homes (1994).
16. List of Sunscreens Offering Broad Spectrum and SPF 15+ Protection (Nov 94).

The project team reviewing the Medicines Act may have accidentally discovered a new way of keeping a secret. They have recently been accused of only letting the public find out about the review by accident.

Having launched the discussion paper with a press conference, distributed 5000 copies of the paper, sent out thousands of pamphlets advertising the review to every health food shop, pharmacy, and CHE in the country, held public meetings and group meetings around the country, and talked to numerous journalists, political party caucuses and other interested parties, the review team is a little baffled!

So if you have some information you don't want anyone else to know about, now you know what to do!

In Our Next Issue

- **Update on the Therapeutic Products Bill**
- **PER – did we get the nod?**

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