

Health Products and Food Branch

# thérapeutiques

Direction générale des produits de santé et des aliments



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Santé Canada



**Product Monograph- Do's** and Don'ts





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# Product Monograph

- Part I Health Professional Information =prescribing information
  - Part II Scientific Information
    - supporting data for Part I

#### Part III Consumer Information

- from Parts I, II, lay language

### Part I- Health Professional

- Summary of Product Information
- Indications
- Contraindications
- Warnings and Precautions
- Adverse Reactions, Drug Interactions
- Dosage and Administration, Overdosage
- Action and Clinical Pharmacology
- Storage and Stability, Special Handling
- Dosage Forms, Composition and Packaging

# Summary Product Information

- Do:
- Include <u>all</u> dosage forms
- Clear declaration strengths as base or salt
- Clinically relevant NMIs
- X reference to Dosage Forms, Composition and Packaging

 Don't: Mix different strengths with different dosage forms

#### Indications

- Do:
- Point form listing of Indications per se,
- Indication supported by data
- Single vs. adjunct therapy, or both
- Special restrictions, in prescriber, specialist use

- Don't mix indications with supporting text
- Don't expand indications beyond data
- Don't use ambiguous language
- Don't include general disease information

# Indications- Patient Subsets

- Do:
- Indicate relevant use, or not in subset
- If no data, indicate
- Cross-reference to
  other sections
- Point form

 Don't: mix patient subset pharmacokinetic, adverse reactions, warnings in this section, leave to cross-referenced section (Keep it simple)

### Contraindications

- Do:
- Indicate clearly do not use (any circumstance)
- Contraindicated
  drug interactions
  cross-referenced
- Point form

- Don't qualify to allow possible use
- Don't mix warnings with contraindications
- Don't use extraneous text (related information can go in warnings)

# Serious Warnings Box

- Do:
- Point form, <20 lines</li>
- From any part of PM
- Only significant/ life threatening
- May include drug interaction
- Cross-reference
- Restrictions in use

- Don't repeat contraindications
- Don't add unnecessary text (Other text X-ref. to other section)
- Don't add useless cross-references

#### Warnings and Precautions

- Do:
- Organ system subheadings
- Alphabetical
- General: info. does not fit elsewhere
- Further sub-headers:
  Immune: Infection
  Hypersensitivity

 Don't mix animal data with human data
 (Most animal data in other sections)

#### Warnings- Carcinogenesis, Mutagenesis

- Do:
- Concise warning
- Human data, if any
- Summary and X-ref to Toxicology
- If only animal data, use limited amount and X-ref. to Toxicology

 Don't add extraneous information which belongs Toxicology

#### Warnings- Dependence, Tolerance

- Do indicate:
- Abuse potential
- Physical, psychological
- Amount, time to dependence
- Characteristics dep.
- Withdrawal charact.
- Treatment

#### Warnings- Endocrine, Metabolism

- Do indicate:
- Genetic polymorphismpopulation, if any
- Slow, fast metabolizers, if clinically relevant
- Cytochrome P450 (xref. to Interactions)
- Diabetes

# Warnings- Immune

- Do indicate:
- Altered-activation or suppression
- Characteristics of alteration
- X-reference to Side Effects, if applicable
- Infection
- Hypersensitivity

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# Warnings- Peri-operative

- Do indicate:
- Drug management, before, after, during
- Discontinuation
- Dosage†↓

# **Special Populations-Pregnant**

- Do:
- Specify exact warning
- Specify human/ animal data
- Systemic absorption
- Teratogenic risk
- Exposure-clinical trials

 Don't include more than minimal animal data

[X-reference to animal data]

# **Special Populations- Nursing**

- Do indicate:
- Excretion- human breast milk
- If not, animal data?
- Expected (potential) ADR in infants
- General
  recommendation
- Alternatives

 Don't use ambiguous language

#### **Special Populations- Pediatrics**

- Do:
- Specify age (correspond clinical)
- Special hazards, monitoring
- Differences in response ,
- X-ref to other sections, if further
- If no data, indicate such

 Don't include pharmacokinetic, ADR....

# **Special Populations-Geriatrics**

- Do:
- Specify age (65, 75)
- Special hazards, monitoring
- X-Ref. to hepatic, renal, if required
- If special ADR, X-Ref. to ADR
- If no data, indicate

 Don't include pharmacokinetic, ADR, other information

#### **Adverse Reactions**

- Do:
- Separate clinical trial vs. post-market
- MedDRa terms
- CIOMS frequency terms
- Isolated reports
- Table

- Don't mix Adverse Events and Adverse Drug Reactions
- If data is old, may be no <u>clinical trial</u> ADR, just ADR

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# **ADR-Overview**

- Do indicate:
- Serious ADR's
- Factors affecting serious ADR's
- ADR's requiring medical intervention
- Most frequent ADRs
- Meant as a concise summary

- Don't add extraneous text, (put text in other sections)
- Don't add safety information as disguised/ implied off-label use (ie. pediatric....)

# Clinical Trials ADRs 1 of 4

- Do:
- General statement
- Data source- study design, control, exposure, exclusions
- Table common, very common
- Many tables –different populations, indications, formulations

• Don't use massive, undifferentiated text

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# Clinical Trials ADRs-2 of 4

- Do:
- Table: body system
- By ↓ frequency
- Denominator (n), %
- Pooled data, if justified
- Dose-response (rare)
- Plus narrative, if needed

- Don't use massive undifferentiated text
- SNDS- Don't submit core safety data updates to hide or disguise new, unsupported information

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#### Clinical Trials ADRs 3 of 4 Less Common ADRs

- Do:
- < 1%
- Listing by body system
- Alphabetical
- Narrative

#### Clinical trials 4 of 4-Hematological, Clinical Chemistry

- Do: Ideally
- Table 1-Hematologic
- Table 2- Clinical
- Number patients
- Define normal values
- Range values
- Significant difference ?

- Don't forget to indicate whether changes are considered clinically significant
- Don't include pages of tables with meaningless data. Convert to narrative

#### Post- market ADRs

- Do:
- Serious, unexpected
- Canadian,
  international
- Post- market surveillance/ Phase IV clinical trials
- Narrative or table if much information

 Don't present an undifferentiated block of text

#### Drug Interactions Serious Drug Interactions Box

- Do:
- <u>Only</u> serious, lifethreatening
- Brief bullets, <20 lines</li>
- X-ref. to DI text if further information
- If drug interactions in Contraindications, must be here too

 Don't include a box if drug interactions are not serious

# **Drug Interactions- Overview**

- Do:
- Clinically relevant
- Potential, suspected based on CYTP450, QT prolongation, genetic polymorphism
- Brief statement(s)
- Drug class statements, if any

 Don't include clinically insignificant information

# **Drug/ Drug Interactions**

- Do:
- Clinically relevant
- Table, Headings:
- a) Common name
- b) Level evidence
- c) Effect, d) Clinical comment
- Studies or potential
- If no interactionindicate

- Don't include pharmacokinetic studies (for Part II).
- Don't forget to state: <u>No drug interaction</u> <u>studies done</u>, if no drug interactions are noted and if this is the case

#### Drug- Food Interactions Drug- Herb Interactions

- Do:
- Known, or potential (i.e. grapefruit juice St. John's Wort)
- Practical advice
  (i.e. X-ref. to Dosage)
- Table, if needed
- If no interactions, indicate

#### **Drug-Laboratory Test Interaction**

- Do:
- Lab tests altered by drug
- Practical advice (i.e. timing)
- Table, if needed
- If no data, indicate

#### Dosage & Administration Dosing Considerations

- Do:
- Overview safety issues (i.e. age, renal, hepatic, titration, other therapy)
- Non-equivalent dosage forms, provide conversion factors
- X-ref. to other sections if needed
- Brief, point form

 Don't add extraneous text belonging in other sections

# Recommended Dosage 1 of 2

- Do:
- Initial dose, titration
- Dosage range, maximum daily
- Maintenance, duration
- Details
  discontinuation
- Dosage each
  indication

 Don't mix different dosages for different indications, conditions, adjustments

# Recommended Dosage 2 of 2

- Do: Dosage adjustments:
- Special populations
- Special pathologies: (renal, hepatic...)
- Timing (day, night)
- Conditions (food, no food)

 Don't include warnings, special handling, pharmacokinetics...

# Administration 1 of 2

- Do: Methods
- Do not chew (enteric
- Unusual forms: inhalers, implants...
- Drug combination
  delivery
- Oral- reconstitution

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#### Administration 2 of 2- Parenteral

- Do:
- Reconstitution table: diluent, volumes, concentration...
- Further infusion
- Compatible infusion fluids
- Storage undiluted, diluted
- Preparation precautions

#### Overdosage

- Do:
- Signs, symptoms, if any
- Current management
- Human lethal dose, if available
- Maximum dose with recovery
- Hazardous, ineffective treatment procedures

 Don't forget to update regularly

#### Action and Clinical Pharmacology

- Do:
- Concise synopsis
- Mechanism action
- Pharmacodynamics (dose response, safety, effectiveness)
- Human relevance
- Pharmacokinetics

 Don't include detailed information from Detailed Pharmacology

#### Pharmacokinetics

- Do:
- Summary table
- Absorption characteristics (AUC, Tmax, onset, food..)
- Distribution characteristics (protein binding, sites, extent..)
- Metabolism (sites, pathways, CYTP450, first pass, dose dependent )
- Excretion (route, half-life, linearity, non-linearity, ...)

#### Pharmacokinetics- Special Populations, Conditions

- Do, ideally:
- Pediatrics, geriatrics
- Gender, race
- Genetic polymorphism
- Renal, hepatic insufficiency or other condition

- Don't include pharmacokinetic drug-drug (Part II)
- Don't include animal, in vitro pharmacokinetic (Part II)

## Storage and Stability

- Do:
- Studies support stability
- Temperature, light, humidity, other
- Reconstituted-Storage period, conditions, duration
- Incompatabilities (drugs, diluents, infusion, containers....)

 Don't mix different storage directions with different dosage forms

## **Special Handling Instructions**

- Do:
- For potentially hazardous (cytotoxic
- , mutagenic)
- Special (i.e. fume hood, gloves, clothing, breathing)
- Decontamination
- Safe disposal

 Don't forget to Xreference to other sections (Warnings, Administration) if necessary

#### Dosage Forms, Composition and Packaging

- DO:
- All dosage forms, strengths
- All nonmedicinals by common/proper name
- All packaging formats and sizes
- Packaging inf. related to safety (i.e. latex)

- Don't use brand names for NMI's
- Don't forget quantitation for medicinal ingredients

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## Part II- Sections

- Pharmaceutical Information
- Clinical Trials
- Detailed Pharmacology
- Microbiology
- Toxicology
- References

#### Part II- Pharmaceutical Information

- Do:
- Proper name, common name
- Chemical name
- Molecular formula and mass
- Structural formula
- Physiochemical
- Reviewed by BPS

- Don't:
- Don't forget diagram for structural formula

## Part II- Clinical Trials 1 of 4

- Do:
- Demographics, numbers
- Age, gender, race
- Trial design
- Dose, route, duration
- Results (1°, 2°)
- Placebo, active control

- Don't forget annotation, tabular results, comparative bioavailability, different tables for different dosage forms
- If no clinical data, indicate such

#### Clinical trials- 2 of 4 Demographics

- Age, gender, race
- Other (renal, hepatic
- Genetic polymorphism
- All subjects accounted for
- Sample size
- Table

#### Clinical trials 3 of 4 Study design

- Describe: parallel, cross-over, multi- ctr
- Adequate, wellcontrolled
- Supports safety, efficacy
- Recognized controls
- Dose, range, duration
- Table

- Don't do comparative efficacy/ safety unless required
- Don't submit studies implying unapproved indications
- PM conversions-Don't include old comparative claims that are not supported

#### Clinical Trials 4 of 4 Results

- Primary, secondary endpoints for safety, efficacy
- Compare treatments vs control (or active comparator)
- Results show difference (P value)
- Clinically significant
- Table

 PM conversions: If data old, limited, few study reports...etc, better to convert to generic statements

#### Pivotal Comparative Bioavailability

- New dosage forms where S/E depends on comp. bioavailability
- Study design- single, multiple dose
- Fasting-fed, crossover, parallel....
- Number, male- female
- Tabular results with preceding narrative

• Don't forget to include identities of compared products.

## Detailed Pharmacology 1 of 3

- Human, animal
- In-vivo, in-vitro
- Meaningful detail
- Animal only if human data lacking
- Pharmacodynamics,
  Pharmacokinetics
- Absorption

- Avoid narrative and use tables if possible
- Avoid speculation, extrapolation of pharmaco(dynamic) (kinetic) data to clinical use

## Detailed Pharmacology 2 of 3

- Bioavailability
- Blood, tissue level
- Distribution, binding
- Metabolism, metabolites, rate
- Enzyme induction, inhibition, saturation
- Excretion, route, manner

 Don't put clinical efficacy studies here Therapeutic Products Directorate

### Clinical Pharmacology 3 of 3 Influencing Factors

- Age, gender, pregnancy
- Genetic (if any data)
- Disease, condition
- pH GI tract
- Drug interactions
- Pharmacokinetic factors affect activity, toxicity, disease, physiology....

- Don't forget to crossreference to other sections
- Avoid narrative, use tables.

## Microbiology

- <u>All</u> microbiology drugs
- Summary laboratory studies
- Divide into in- vivo and in-vitro studies
- Susceptability testing
- Reference pathogens
- Table presentations
  preferred

 [Microbiology section deleted for most drugs]

## Toxicology 1 of 2

- Do:
- Human tolerance studies (if any)
- Animal, human
- Animal: description, species, route, dosage, results, abnormal results
- Single, multiple dose
- Short –term, longterm

- Don't:
- Avoid undifferentiated text, use tables
- Don't combine animal, human data

## Toxicology 2 of 2

- Reproductive
- Special studies ( i.e. ophthamologic)
- Carcinogenic-animal studies, human potential
- Mutagenesis
- If mutagenic, crossref. to Warnings

#### References

- Do:
- Support pivotal clinical studies, other studies in CT
- Support pre-clinical
- Authoritative papers on use of drug
- Numbered to X-ref.
- Published, unpublished

 Generics: Don't forget to include reference to latest applicable innovator PM.

#### **Consumer Information- Sections**

- What the medication is used for?
- What it does?
- When should it not be used?
- What are the medicinal, non-medicinal ingredients?
- Dosage Forms
- Warnings and Precautions
- Interactions, Proper Use, Side Effects
- Storage, Reporting Side Effects, More Information, Latest date of revision

## Part III- Consumer Information

#### • Do:

- Part of all PM's in new format including hospital, clinic....
- Reflects Parts I, II
- Simple, clear, lay language, bullets
- Separate CI for major differences in use (migraine,hypertension)

- Don't write as promotional
- Avoid vague, ambiguous, scientific language, language above Grade 8 level.
- Avoid text > 2,3 pages
- Don't use pictograms

## Part III- Template

- Do:
- Use template
- 2 column format
- Standard headings
- Bullets, point form
- Standard disclaimers
- Easy to read, retrieve information
- Avoid repetition except when necessary, i.e. severe allergic reaction (may be in "When it should not be used", Warnings, Side Effects)

#### What the medication is used for?

- From Indications
- Single use, adjunctive use (HIV medication used with other HIV medications)
- First line, 2<sup>nd</sup> line
- Lifestyle (i.e. diet with anti-diabetic drugs, if part of therapy)
- Point form

- Don't add mechanism of action (What it does)
- Don't add directions for use or other information belonging in other sections

#### What the medication does?

- From Action and Clinical Pharmacol.
- Mechanism action, briefly (1-2 sentences)
- Onset action (When? How?....)
- Improved symptoms
- Lay language

- Avoid overexplanation
- Avoid complex terminology

# When the medication should not be used

- Reflects <u>all</u>
  Contraindications
- Point form
- Lay language if possible (or terminology plus explanation )
- Cross-ref. to Warnings any related information( i.e. hepatotoxicity)

- Avoid ambiguity (Use clear language: Do not use....)
- Don't mix warnings in text
- Don't turn a Contraindication into a Warning by use of language( i.e.- Do not use... revised: Not recommended...)

### Product Identity

- Medicinal ingredient
  by proper or common
  name
- Dosage form
- Entire salt, if applicable
- If quantity shown, specify base or salt
- If quantified as base, also ensure full salt is mentioned

• Don't mix up quantity in terms of base or salt

#### Serious Warnings and Precautions Box

- Only if in Part I
- Beginning section
- Lay language, or if not possible, some explanation
- Cross-reference to
  Warnings if needed
- Point form, concise

- Avoid long text (X-ref. to Warnings)
- Don't add lesser Warnings
- Don't add directions or other information from other sections

#### Part III- Warnings and Precautions

- From Parts I, II
- Talk to doctor before: (current/past conditions,diseases, medication, medical procedures,....
- Medication effects
- Developments during treatment
- Contact your doctor if

- Avoid massive text (use many headings)
- Avoid adding side effects here, unless necessary to indicate or support a warning

#### Interactions with Medication

- Talk to your doctor if using medications...
- All Serious Drug Interactions, Part1,
- Contraindications
- All needing dosage ↓↑
- Don't change dosage other drugs unless....
- Drug-food, Drug-herb
- X-ref other sections (Warnings, Directions...

- Don't mention drugs having no significant effect (no negative list)
- If drugs no longer marketed in Canada, don't forget to mention this fact as note or footnote

#### Proper Use of Medication 1 of 3

- Usual dose and/or as prescribed by....
- Separate adult, pediatric dose
- Separate dose per indication if different
- Initial, loading, maintenance dose
- Single / daily, maximum daily
- Timing ( day, night...)

- Don't mix different dosages with different conditions, populations, ages (separate)
- Don't mix warnings in directions

#### Proper Use of Medication 2 of 3

- Onset of action (when starts to work)
- With food or not
- Concomitant meds
- Incompatabilities ( ie antacids, timing)
- Dosage tables ( i.e. pediatric by weight)
- Special administration
- (inhalers, patches....)

 Don't forget to crossreference to other sections if necessary ( Interactions, Warnings, Side Effects...)

#### Proper Use of Medication 3 of 3

- Special handling directions (toxic drugs, avoid inhaling, eye contact)
- Special disposal directions (return to pharmacist, patches)
- Missed dose,
- Overdose

#### Side Effects- Less Serious

- Narrative- selflimiting, goes away
- No medical attention
- Grouped by frequency (CIOMS)
- Risk dependency if any
- Statement (if applicable) : If X persists, or becomes bothersome, contact your doctor.
- Don't forget to include all significant and common (i.e. > 4%) or very common side effects, that could be expected.

### Side Effects- Serious

- Tabular: Side effect plus symptoms: (i.e. Liver problems: abdominal pain, nausea, jaundice...etc..)
- Frequency (or Isolated reports)
- What to Do
- Narrative, if needed, precedes table

- Don't put less serious side effects in table
- Don't forget standard closing statement ( This is not a complete list.....)

#### Reporting Side Effects/ More Information/ Date

- Follow ADR reporting template
- Provide directions to obtain complete PM and to contact sponsor
- Provide last revised date for Part III
- [Optional: For those without internet access, please provide a phone number, and for those without a phone, also supply a complete mailing address so consumers can contact the manufacturer.]