

Day 2 17 October 2023



3d Global IDMP Working Group (GIDWG) Stakeholders Meeting

AGEND Global		7 October 2023							
Day 2 9:00-17:00 CET									
9:00	Review of Day 1 Progress / Day 2 Agenda	Malin Fladvad (UMC) / Ron Fitzmartin (FDA) / Panagiotis Telonis (EMA)							
9:30	End-to-End Use Case #1 (Pharmacovigilance)	Malin Fladvad (UMC)							
10:10	End-to-End Use Case #2 (Cross Border Healthcare)	Robert Stegwee (CEN/TC 251)							
10:50	Break								
11:20	End-to-End Use Case #3 (Drug Shortages)	Marilina Castellano (UMC) / Sofia Zastavnik (EMA)							
12:00	Lunch								
13:30	Wrap up of the break-out sessions	All							
14:00	Break								
14:30	Presentations by Regulators & Industry	Bjørg Overby (NoMA) / Philipp Weyermann (SwissMedic) / Ron Fitzmartin & Ta-Jen Chen (FDA) / Vada A. Perkins (IFPMA)							
16:30	Wrap Up and Review Action Items/Decisions Overview of Da Public Meeting	y 3 Isabel Chicharo (EMA)/Malin Fladvad (UMC)/Ron Fitzmartin (FDA)/All)							



Showcase how global Pharmaceutical Product Identifiers (PhPIDs) support faster and more accurate identification of global safety issues

Enabling interoperability at global level

Overview of use cases in pharmacovigilance where global PhPIDs would add value

Routine signal detection of new or rare adverse events		Identification and mitigation of substandard product distribution across regions		
	Global PhPIDs			
Drug coding in clinical trials; conducted in vario	Drug coding in clinical trials; conducted in various regions		Identification and retrieval of suspect rugs in medical literature	



Learning objectives: understand use cases for PhPID

- Substance, dose form and strength are defined and reported differently in different countries. This limits analysis of global data and data sharing between regulators.
- The PhPID globally and uniquely identifies a pharmaceutical product's substances, dose form and strength. It is the medicinal product's "common denominator" from country to country regardless of where it is prescribed, dispensed and used.
 PhPID support faster and more effective data retrieval of ICSRs globally as well as safety alerts and follow-ups.





Routine signal detection of rare adverse events

Muscle spasms associated with methotrexate

Methotrexate was delivered via a single-dose pre-filled pen – 15 mg once a week for the treatment of rheumatoid arthritis.

"The intensity of this ADR was described as very intense. Disabling and painful arm or leg pain, with varying frequency, 1 to 3 times a day."



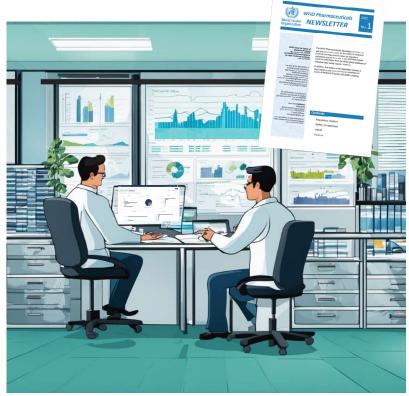


UMC's global signal review process

- 397 reports from 18 countries in the WHO PIDM* as of May 2020
- Manual assessment of case reports by doctors and pharmacists at UMC
- External peer review by clinical experts**
- MAH invited to comment
- Signal shared with the WHO PIDM via VigiLyze
- Signal published in the WHO Pharmaceuticals Newsletter***

* WHO Programme for International Drug Monitoring **https://who-umc.org/signal-work/clinical-expert-group/

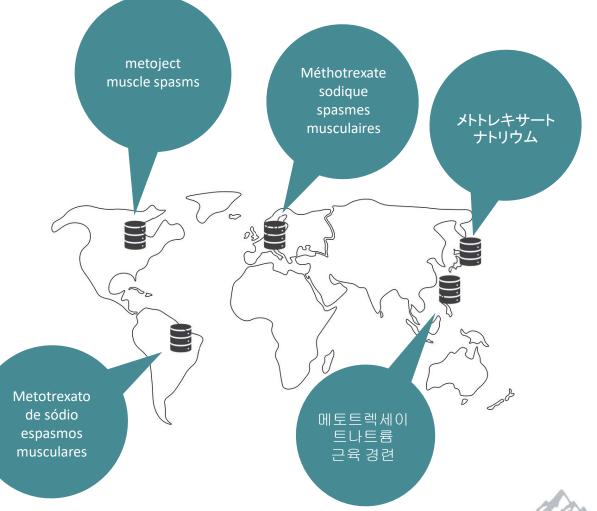
***WHO Pharmaceuticals Newsletter - N°1, 2022 www.who.int/publications/i/item/9789240042452





Spontaneous reports contain local language

Similar reports are received at various national centres globally, including the Netherlands, US, Canada, Brazil, and Republic of Korea. The information is received in digital format and contains local language in free text data elements.





Different terminology used for regional analysis

ICSRs undergo standard regional coding to facilitate analysis at each respective Pharmacovigilance centre, highlighting variations in coding standards across countries (Netherlands, Brazil, Republic of Korea, Canada and US).



Recoding to global standards is time consuming

UMC receives these reports continually in VigiBase, WHO's global database of potential side effects of medicinal products.

Manually recoding at this stage to a global standard with WHODrug potentially delays analysis.



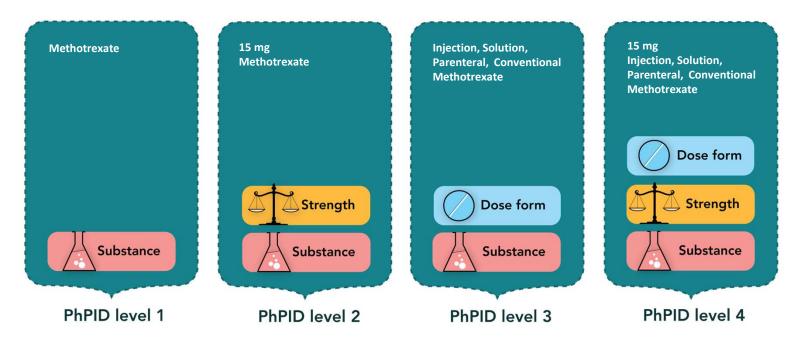
Recoding by UMC coding team

- Number of reports in VigiBase
 - 36,448,316 reports
- Coding of drug name verbatim terms in VigiBase
 - 98% automatically coded to WHODrug
 - 2% require manual coding
- Time spent on manual coding
 - 20 to 25 unique drug name verbatim terms per hour

– 6,000 hours or 250 business days are needed to manually code 120,000 unique drug name verbatim terms; corresponding to about 300,000 reports



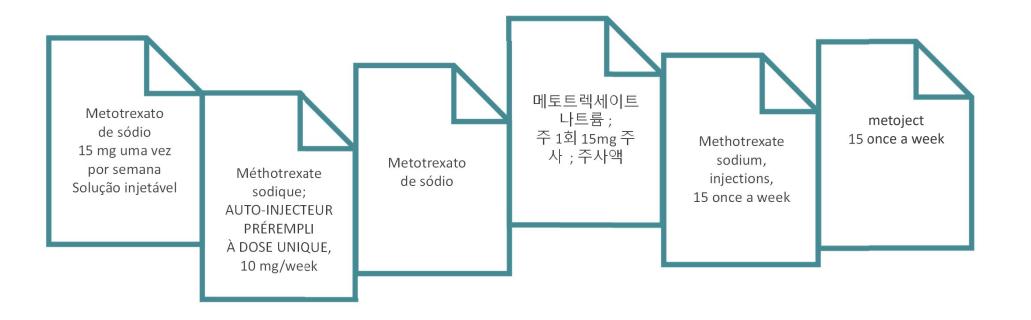
What if we had global PhPIDs?



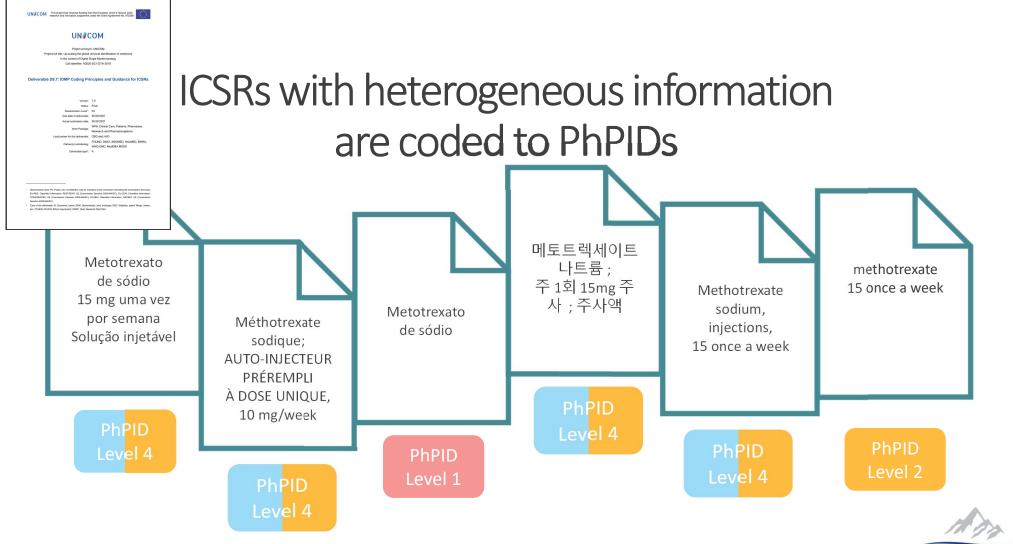
If products were assigned to a global PhPID standards, each product name would automatically be linked to active ingredient, strength, dose form.



ICSRs contain heterogeneous information



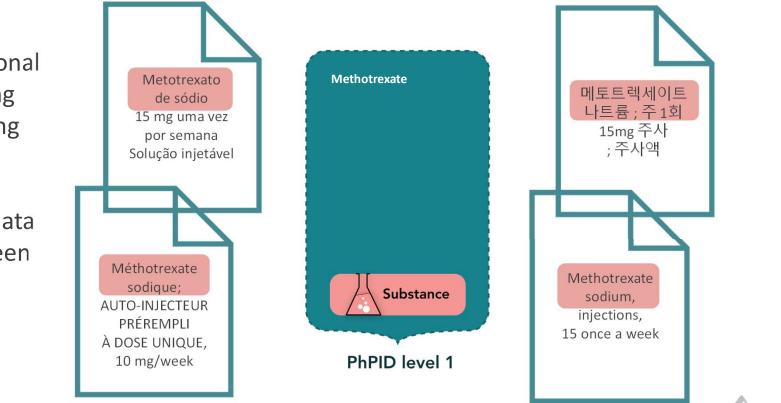




*Deliverable D8.7: IDMP Coding Principles and Guidance for ICSRs: https://unicom-project.eu/wp-content/uploads/2022/01/UNICOM_D8.7_IDMP-coding-principles-and-guidance-for-ICSRs.pdf

Signalling with Global PhPID level 1

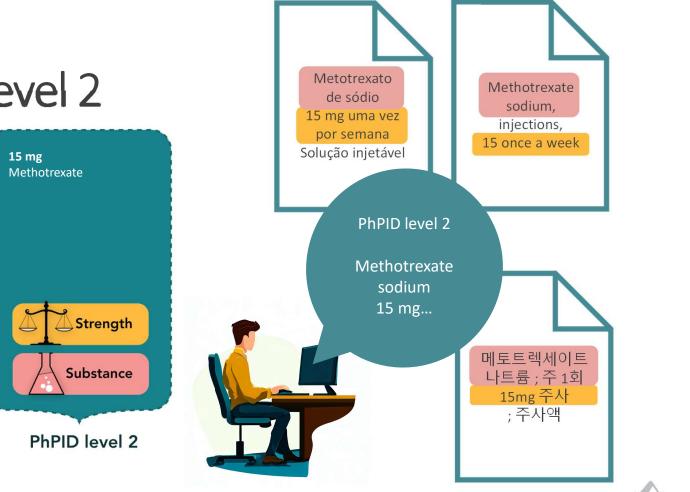
Initiating national centres' coding processes using global PhPIDs will speed up analysis and data sharing between regulators.



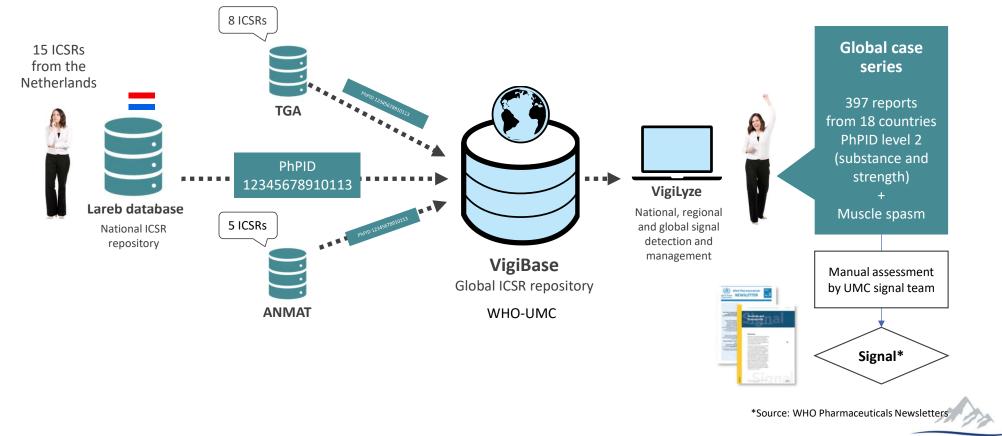
Signalling with Global PhPID level 2

Data coded to the appropriate PhPID level when reports come in facilitates more nuanced analysis, particularly regarding strength or dose form.

This enables not only faster and more granular analysis, but also limits the number of patients harmed.



Wrap-up: If we had global PhPIDs



How do global PhPIDs support routine signal detection of new or rare adverse events?

- Drug coding to global standards is initiated at national level
- VigiBase receives/validates data coded to PhPID standards
- The use of global PhPIDs allows for:
 - o comprehensive data retrieval
 - analysis at different levels of granularity
 - $\,\circ\,$ faster and more specific signal detection





WHO Global Surveillance and Monitoring System for substandard and falsified (SF) medical products

WHO Global Surveillance and Monitoring System for substandard and falsified (SF) medical products

Advice on reporting a suspected SF medical product

If you suspect that you have an SF medical product or have suffered an adverse reaction which you believe was caused by a medical product you should consult a pharmacist or medical doctor and report the case to your National Medicines Regulatory Authority. The WHO global surveillance and monitoring system receive reports from trained focal points in the National Drug Regulatory Authorities and International procurement agencies who if necessary will forward your report to the WHO.

In emergencies please contact: rapidalert@who.int

WHO Medical Product Alerts

When a report of an SF medical product is received, WHO will seek to validate the report. In cases where there is a significant threat to public health, a wider geographic risk or where steps have not been taken to reduce the risks to patients, WHO will consider issuing a public medical products alert.

www.who.int/who-global-surveillance-and-monitoring-system







Acute kidney injury in children

Serious unexpected adverse reactions reported after treatment with overthe-counter cough and cold medications.





Substandard pediatric liquid dosage medicines cause fatalities

- As of January 2023, at least seven countries have reported unexpected serious incidents (adverse events) in children after treatment with over-the-counter cough and cold medications.
- More than 300 fatalities in three countries.
- Mostly children under the age of five.
- The investigation identified toxic levels of **diethylene glycol and ethylene glycol**, known to result in acute renal failure and fatalities.



Which products?

Over-the-counter cold medications with a variety of common ingredients

"Oral solution", "syrup", "drops"...

Paediatric strength/dosages





What other regions could be affected?

While WHO Medical Product Alerts refer to specific batches of substandard (contaminated) products Identified in a specific country, these products may have marketing authorisations in other countries or regions, or may have been distributed through informal markets to other countries.



The starting point for identifying what other regions could be affected











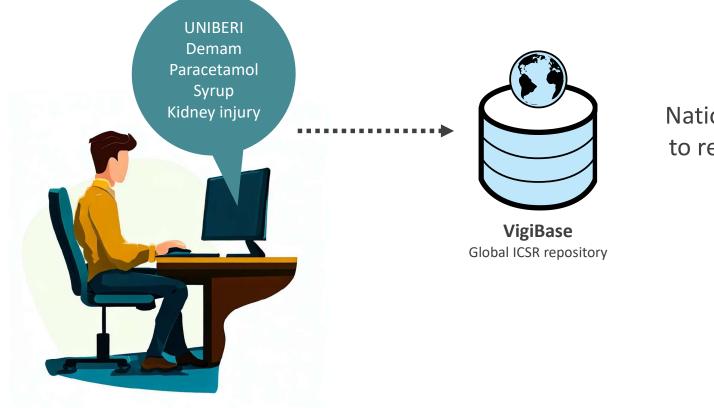
World Health Organization







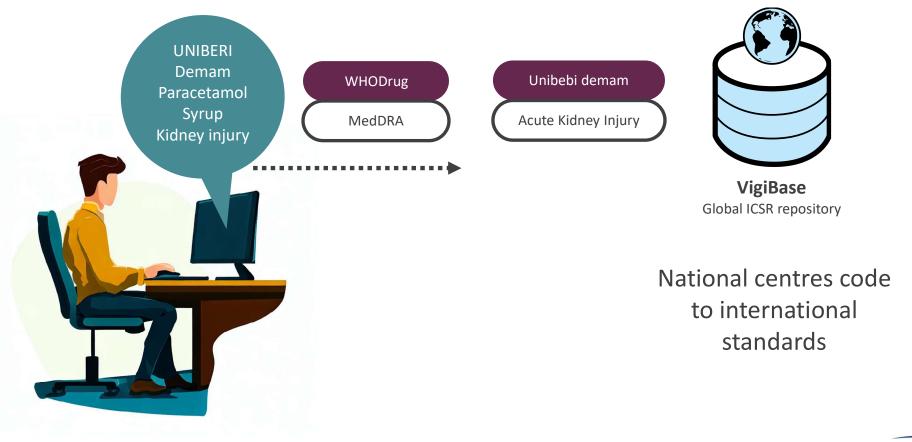
ICSR coding at national centres



National centres code to regional standards

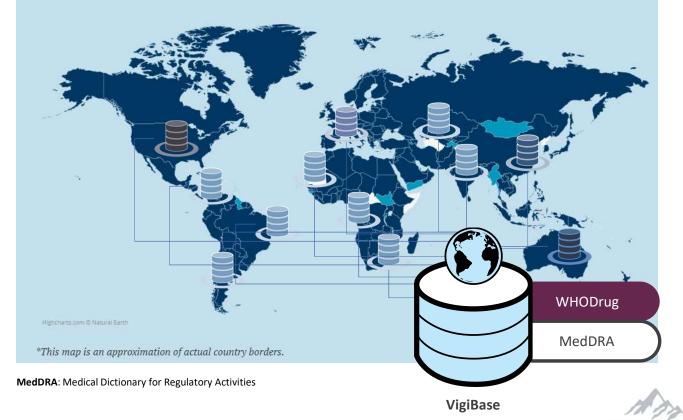


ICSR coding at national centres



VigiBase basics

- National collection of ADRs and AEFI
- WHO PIDM collection in VigiBase is global with
 >36 million cases from 155 members
- National analysis, regional collaborations and global reference
- Statistical signal detection and method development
- Structure and coding
- Heterogeneity



Global IDMP Working Group

VigiBase data mining

Today, information on dose forms is not standardised in ICSRs.

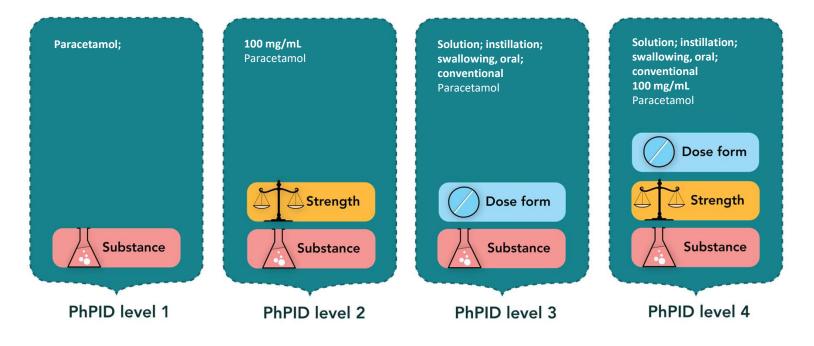
Trade names are coded with WHODrug.

Retrieving relevant information is challenging and time consuming, especially in a database of over 36 million ICSRs.



What if we had global PhPIDs?

If these products were assigned to global PhPID standards, each product name would automatically be linked to active ingredient, strength, dose form.





Signalling with Global PhPID level 1

Alert on unexpected child fatalities after treatment with paracetamol in single and multi-ingredient products

Current alert (without Global PhPID level 1) would likely be weakened by different reported product names, necessitating further investigation to determine the active ingredient(s).





Paracetamol-containing medicinal products globally

Product Name B3 ↓≓	Drug Code ↓	© Active Ingredients ↓₹	ATC ↓ <i>₹</i>	Country of Sales ↓≓	MAH J	F Pharmaceutical Form	Strength
LITTLE FEVERS	000200 01 954	Paracetamol	N02BE, Anilides official	Puerto Rico • United States of America	Medtech • Medtech labs • Prestige brands • Vetco	LIQUIDS • LIQUIDS, DROPS	80 mg • 80 mg/ml
INFANTS LITTLE REMEDIES FOR FEVERS	000200 01 AOR	Paracetamol	N02BE, Anilides official	Canada	Prestige brands	LIQUIDS	80 mg/ml
ACETAMINOPHEN NAEWOE	000200 01 A3J	Paracetamol	N02BE, Anilides official	Korea (the Republic of)	Nae woi	TABLETS	80 mg
BUBDEL	000200 01 BK3	Paracetamol	N02BE, Anilides official	Taiwan (Province of China)	Winston	TABLETS	80 mg
CAUSALON [PARACETAMOL]	000200 01 212	Paracetamol	N02BE, Anilides official	Argentina	Phoenix	LIQUIDS • LIQUIDS, DROPS • SUPPOSITORIES, ADULT • TABLETS • TABLETS, CHEWABLE	80 mg
CHILDREN'S CHEWABLE ACETAMINOPHEN	000200 01 982	Paracetamol	N02BE, Anilides official	Canada	Vita health products inc	TABLETS, CHEWABLE	80 mg
CHILDRENS MAPAP	000200 01 AXR	Paracetamol	N02BE, Anilides official	Puerto Rico • United States of America	Major Pharmaceuticals	TABLETS, CHEWABLE	80 mg
CORIVER INFANTIL	000200 01 BBI	Paracetamol	N02BE, Anilides official	Mexico	Maver	TABLETS	80 mg 1

Signalling with Global PhPID level 2

Different expressions of strength from all around the world are captured in PhPID level 2





Signalling with Global PhPID level 3

Global PhPID level 3 would enable identification of all medicinal products that share the same substance (paracetamol) and dose form (drops or syrup).



*products circled in blue: Solution; instillation; swallowing, oral; conventional products circled in red: Suspension; swallowing, oral; conventional



Signalling with Global PhPID level 4

Global PHPID level 4 uniquely identifies medicinal products that have the same active ingredient, dose form, and strength.



PhPID level 4



How can global PhPIDs support the WHO Global Surveillance and Monitoring System for SF medical products?

• Effective alert communication

Include global PhPID identifiers in alerts to strengthen regional pharmacovigilance. Regulators could in turn mine their databases using Global PhPID level 1, 2, 3 or 4 to retrieve relevant ICSRs.

Similarly, the alert could be shared with healthcare professionals, such as paediatricians and pharmacists, dispensing over-thecounter products for children with the identifiers available in eDispensing and ePrescribing software systems.

• Improved data mining

Aid mining of VigiBase or other pharmacovigilance databases for similar cases in regions where a contamination is not yet identified. Global PhPIDs can be used to identify similar medicinal products reported in combination with relevant adverse events such as acute kidney injury.

• Quicker testing of suspect products

The use of Global PhPID level 3 or 4 would allow for more targeted testing of medicinal products if MAHs included global Identifiers in their medicinal products records.

• Limitations

PhPID alone cannot identify contaminated products or be used for tracking manufacturing supply chains.



Global PhPID take-home message

- Quicker and reliable signalling of rare adverse events
- Data analysis can be performed at different levels of granularity globally
- Real-time identification of unexpected serious adverse events/incidents in PV databases thanks to global standards
- Effective alert communication to stakeholders
- Immediate generation of accurate safety data for further investigation by regulators for evaluation and regulatory action



Thank you





Showcase the value of global PhPID in cross-border healthcare

Therapy Compliance and Health Concerns



Please meet our Japanese friend Tanaka.

Tanaka is under a treatment regimen with レバチオ, a medication prescribed for his pulmonary arterial hypertension (PAH) condition.

His Japanese physician emphasizes the importance of **therapy compliance**.



Travel from Japan to USA



Tanaka embarks on an international journey from Japan to the United States, poised for his anticipated vacation.



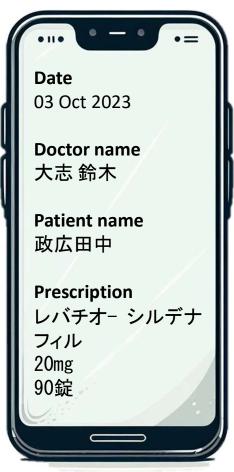
Forgotten Medication



Tanaka inadvertently forgets to carry an adequate medication supply for his three-week vacation in the United States.



Japanese ePrescription



Luckily, Tanaka can leverage a healthcare mobile app to access an electronic prescription for his medication, which he can presents to a U.S. pharmacist.



Challenge: Dispensing a foreign prescription in the US



There are only few pharmacies in the US that can dispense a foreign prescription.

The pharmacist in US cannot type the Japanese brand name in his own software system.

This provokes genuine concern over potential prescription misinterpretation and erroneous medication dispensation.



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If we had a global PhPID

Date 03 Oct 2023

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Doctor name 大志 鈴木

Patient name 政広田中

Prescription レバチオGlobal PhPID 123ABC2345 - シルデナフィル 20mg 90錠



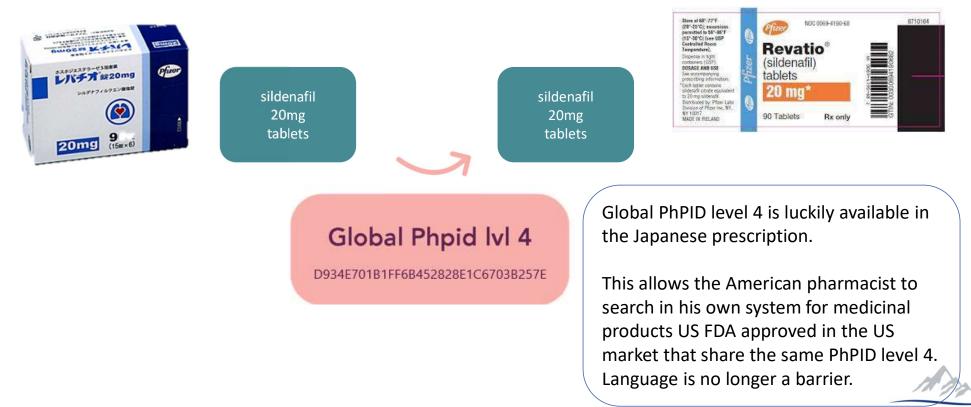
Global PhPID level 4 is luckily available in the Japanese prescription.

Tanaka now holds out the prescription confidently, a bridge between languages and cultures.

Therapy compliance is successfully ensured preserving patient's health.



The value of PhPID in cross border healthcare



Global PhPID connecting the dots



Global PhPID level 4, connected to a global resource of medicinal products can help to identify medicinal products that are equivalent to each other

The PhPID becomes the medicinal product's "common denominator" from country-to-country



End to end testing



Implementing this scenario

- The scenario has been tested as part of the HL7 FHIR Connectathon
- Our Japanese friend takes:
 - ・ テグレトール, Tegretol 200mg, SJ214
 - Global PhPID is: FB9808F4FED210183F412F9998622287
- Get the US equivalents for テグレトール, Tegretol 200mg, SJ214
 - <u>https://umc-ext-dev-phponfhirdemo-preview-rg01-</u> webapp.azurewebsites.net/MedicinalProductDefinition? has:AdminstrableProductDefinition:formof:identifier=http://www.who-umc.org/phpid|FB9808F4FED210183F412F9998622287&namecountry=USA
- Results (with NDC codes):
 - 51672-4005 Carbamazepine
 - 60505-0183 Carbamazepine



Implemented in HL7 FHIR

```
"resourceType": "Bundle",
"type": "searchset",
```



Breaking down the API call

- <u>https://umc-ext-dev-phponfhirdemo-preview-rg01-webapp.azurewebsites.net</u>
- /MedicinalProductDefinition?
- _has:AdminstrableProductDefinition
- :form-of:identifier=
- <u>http://www.who-umc.org/phpid</u>
- FB9808F4FED210183F412F9998622287
- &name-country=USA



What we have demonstrated

- We now have a FHIR service
- that will support the medication lookup
- based on the global PhPID of a medication
- as prescribed in a country of origin
- for equivalent medication in a particular target country
- resulting in a (list of) MPID(s)
- to be presented to the pharmacist.



Next steps

Guided by questions



In a perfect world, this would be easy

- Do we need to change the scenario?
 - "There are only few pharmacies in the US that can dispense a foreign prescription."
 - Is a prescription the proper way forward?
 - Prescribing and dispensing are heavily regulated within each jurisdiction, with quite a few differences and incompatibilities between them
 - Bi-lateral legal agreements may be needed to enable cross-border eP/eD
- The <u>UNICOM Demonstrator</u> has a slightly different scenario
- The <u>UNICOM Patient Facing Apps</u> take yet another perspective



How do we truly test end-to-end?

- Do we engage the provider of *"a healthcare mobile app to access an electronic prescription for his medication"*
- Do we engage a provider of *"his own system for medicinal products"* that the pharmacist uses to search and dispense the medication
- Do we need to engage other system providers, like MPD providers?



Do we need visibility of the PhPID?

- Our HL7 FHIR Connectathon scenario was a bit more elaborate:
 - Submit to the PhPID maintenance organization(s) (e.g. Uppsala WHO UMC)
 - country of origin MPID, or
 - Substance, Administrable Dose form, Strength or
 - PhPID (covered as part of the country of origin MPID in the first sub-bullet)
 - plus the **target country** (supported by the maintenance organization) (covered in the first sub-bullet)
 - Receive a list of Medical Products (MP) for the target jurisdiction
- We also had discussions on whether to include the PhPID in:
 - The electronic Product Information (ePI/SPL)
 - The medication summary data block of the International Patient Summary



What is the best use of the ePI

- In the HL7 FHIR Connectathon we have demonstrated the link between ePI and SPL (through the MPID and global PhPID lookup).
- However, the need to access a different language ePI could be strengthened:
 - New medication prescribed for Tanaka in US, but he needs to read the information in Japanese to properly understand the details
 - This also enables the use of the G-Lens from the <u>Gravitate Health</u> project* in Japanese on US-prescribed medication, highlighting the relevant sections of the ePI

* The HL7 FHIR Connectathon Track was organised as part of the Vulcan Accelerator, with Gravitate Health and UNICOM projects supporting



More extensive patient safety

- Would a scenario including cross-border hospitalization make sense?
 - The country of origin medication is key in safely treating a patient in a cross-border situation
 - That is why the Medication Summary is mandatory in the International Patient Summary
 - How do we make sure that the clinicians can introduce the medication list into their Electronic Health Record Systems to guide their processes?



Next HL7 FHIR Connectathon

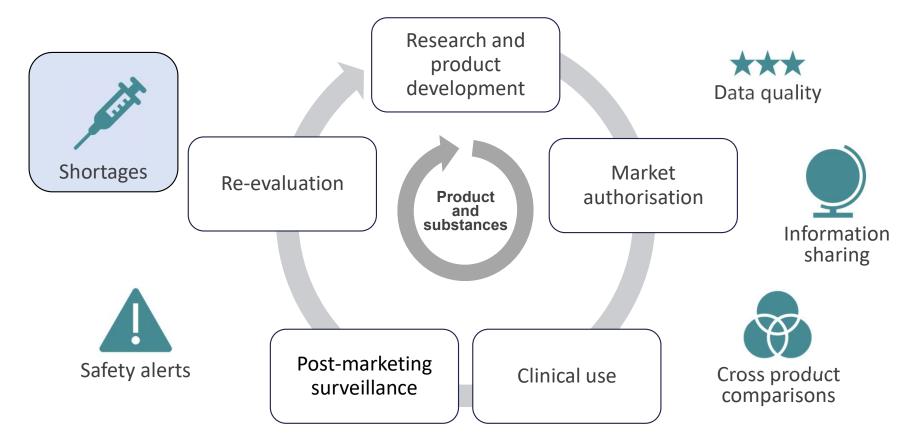
- 16-18 January 2024
 - HL7 Europe FHIR Connectathon Athens
 - Virtual HL7 FHIR Connectation
 - Vulcan/Gravitate Health/UNICOM will continue their work
- What would GIDWG like to be tested here related to the cross-border use case?



Thank you



Benefits of IDMP in the medicinal product life cycle





Cisplatin shortage in the U.S.

Global PhPIDs increase the speed and systemisation of identification of foreign substitutes

Manufacturing demand outstrips FDA approved cisplatin suppliers

A quality-related manufacturing halt at one of the primary production facilities for cisplatin with a US FDA approval causes a ripple effect^{1,2}.

Other approved marketing authorisation holders (MAHs) are unable to meet the demand for this product.



Regulatory agencies informed of cisplatin shortage

MAHs notify regulatory agencies of the shortage.

Regulators cannot require MAHs to increase production of a drug to meet demand.





Cisplatin shortage investigated

Initial outreach to approved/pending US application holders.

Outreach to other international jurisdictions.

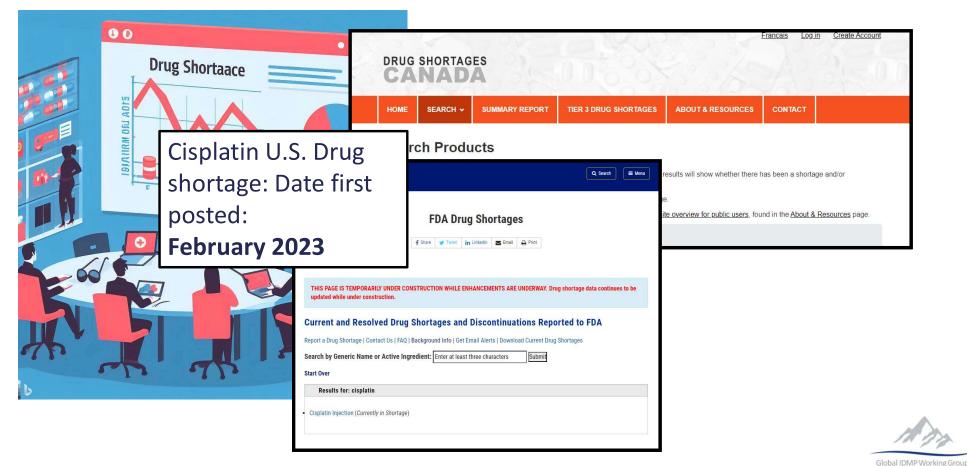
3 potential non-US sources identified.

Challenges:

- ✓ Quantity available
- ✓ Different strength
- ✓ Lack of prospective US distributors
- ✓ Time for proposal submission



Shortage communicated to stakeholders



Cancer patient unable to start therapy

Stage 3 cancer patient informed by his doctor that he will not be able to commence treatment with cisplatin due to an ongoing shortage.

70% of healthcare centres acknowledged a shortage of cisplatin³.



Impact of cisplatin shortage

The cisplatin shortage potentially affects **100,000- 500,000 patients** annually².

Consequences may include treatment delays, dose adjustments, and transitions to alternative therapies. Such alterations increase the risk of medication errors and adverse events⁴.



Challenges and time delay in finding an alternative

Regulatory action is prompt. However, identification of foreign substitutes is challenging and **time** consuming.





Lack of a global resource

A comprehensive evaluation of available cisplatin products proves challenging due to the lack of a global resource containing information about equivalent medicinal products harmonised with global identifiers.



Drug alternatives and foreign labelling/packaging

The announcement of the temporary importation of non-US labelled Cisplatin Injection, occurring four months later in **May 2023**, offers a potential solution⁵.

The medicinal product, Cisplatin Injection (50mg/50ml), is manufactured by Qilu Pharmaceutical Co Ltd in China⁶.





IMPORTANT PRESCRIBING INFORMATION

May 24, 2023

Subject: Temporary Importation of CISplatin Injection with non-U.S. Labeling to Address Drug Shortage

Dear Healthcare Professional,

Due to the critical shortage of CISplatin Injection in the United States (U.S.), Qilu



Healthcare professionals notified

A Dear Healthcare letter is sent out to relevant stakeholders, explaining labelling and packaging distinctions⁵.





Start of patient therapy

Following these developments, patients, doctors, pharmacists, and healthcare centres are now equipped to access the necessary medication.

The cancer patient can finally begin therapy.



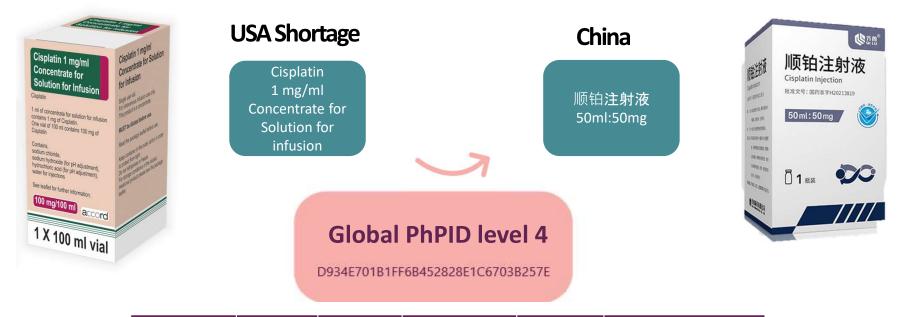
What if we had global PhPID?



Connected to a global resource of medicinal products, global PhPID level 4 can help to identify medicinal products that are *equivalent to each other*.



The value of global PhPID in drug shortages



Substance	Strength	Basic Dose Form	Administration method	Intended site	Release characteristics
Cisplatin	1mg/ml	Solution	Injection	Parenteral	Conventional





The added value of global PhPID

Initial identification stages.

Drug shortages staff need to know who is **currently marketing** a medicinal product.

Global PhPID can be useful in identifying non-US product sources to assist with drug shortages.



The added value of global PhPID cont.

Save days to weeks finding a substitute

Unbiased and instant identification of equivalent medicinal products allows drug shortages staff to invest their time more efficiently for patient's benefit.

Prevent harm to patients

100,000 patients annually would potentially benefit from uninterrupted access to life-saving medicine². By eliminating the need for alternative regimens, the risk of medication errors and patient harm stemming from less familiar or less safe treatments can be mitigated.

Better use of resources

Staff hours allocated to managing oncology drug shortages at healthcare facilities can be reduced or used elsewhere.

Limitations

Global PhPIDs must be connected to medicinal product information and related marketing status.



References

- Cisplatin U.S. Drug shortage. Date first posted: 02/10/2023 <u>https://www.accessdata.fda.gov/scripts/drugshortages/dsp_ActiveIngredientDetails.cfm?AI=Cisplatin%20Injection&st=</u> <u>C</u>
- 2. Julie R. Gralow, Chief Medical Officer & Executive Vice President, Association for Clinical Oncology testimony to congress.

https://cancerletter.com/the-cancer-letter/20230526_2/ https://d1dth6e84htgma.cloudfront.net/Julie_Gralow_Witness_Testimony_06_13_23_7d56adc776.pdf?updated_at=2 023-06-12T15:59:08.173Z

- 3. Survey by the National Comprehensive Cancer Network: <u>https://www.nccn.org/docs/default-source/oncology-policy-program/NCCN-Drug-Shortage-Survey.pdf</u>
- 4. National survey on the effect of oncology drug shortages on cancer care, McBride et all, 2013 <u>https://academic.oup.com/ajhp/article-abstract/70/7/609/5112445?redirectedFrom=fulltext&login=false</u>
- 5. Temporary Importation of CISplatin Injection with non-U.S. Labeling to Address Drug Shortage: <u>https://www.fda.gov/media/168657/download</u>
- 6. Qilu Pharmaceutical cisplatin product: <u>https://www.qilu-pharma.com/products_details/975813724717539328.html</u>

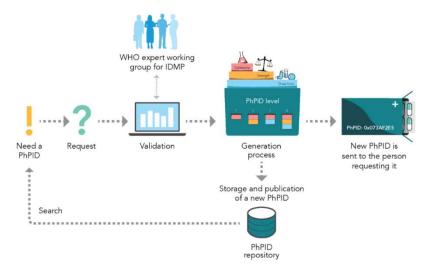


End-to-End Demonstration Q4 2023

Testing to demonstrate the <u>use cases</u> for GSID/PhPID operating model

SCOPE:

- Validate and generate PhPIDs for products based on the GIDWG/EWG business rules
- EDQM + non-EDQM countries
- Similar products from different countries
- Larger batches & smaller **data sets** for regulators
- Validated Data Sets based on 150 substances including Chemicals, Biosimilars, Polymers, Nucleic Acids, Structure Divers, 'Mixtures'



Proposed candidate countries:



Special interest to Drug Shortage Staff, examples

- Amoxicillin Powder, For Suspension
- Carboplatin Injection, Solution
- Methotrexate Sodium Injection, Solution
- Methotrexate Sodium Tablet
- Vinblastine Sulfate Injection
- nitroglycerin spray



Next steps

- Test value of global PhPID in drug shortages:
 - Medicinal products data sets from different regions are key for the test
 - Data sets are based on substances of special interest for drug shortages staff from different countries (included in substance list in E2E);
 - Identify similar medicinal products based on PhPID level 4 nationally and across regions.
 - Locate country of sales and MAHs information for identified similar medicinal products





Medicine shortages management at EMA

Presented by Sofia Zastavnik, ESMP Product Owner Supply and Availability of Medicines and Devices, EMA

An agency of the European Union

How does the EU manage shortages?



Improving the availability of medicines authorised in the EU is a key priority for the **European Medicines Regulatory Agencies**

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Regulatory authorities - within and outside Europe - are increasingly **working together** to prevent shortages and to limit their impact whenever they occur

In December 2016, a joint HMA/EMA Task Force on the Availability of Authorised Medicines for Human and Veterinary Use (TF-AAM) was established to:

 provide strategic support and advice to tackle disruptions in supply of human and veterinary medicines and ensure their continued availability



Monitoring and mitigating shortages of medicines and management of publicity health emergencies/major events



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Regulation (EU) 2022/123

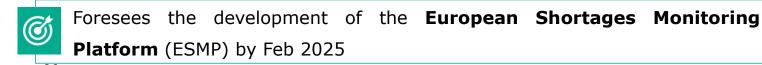
Provides a framework for activities established by the European Medicines Agency to monitor and **mitigate potential and actual shortages of medicines**



Sets **processes/tools for shortages reporting** and coordinates **responses** of EU countries to shortages of critical medicines (during a crisis) and for monitoring of events, including medicine shortages, which might lead to a crisis situation



Establishes "**Medicines Shortages Steering Group**" (MSSG) supported by the **SPOC Working Party** and a Network of contact points from pharmaceutical companies (i-SPOCs)





KEY BENEFIT

More coordination in preventing and mitigating medicines shortages in the EU

The European Shortages Monitoring Platform (ESMP) EUROPEAN MEDICINES AGENCY Implementation date: 2 February 2025 * 000 Article 13 of Regulation 2022/123 foresees the development of an **IT platform** to facilitate collection of information on **shortages**, **supply** and **demand** for medicinal products, including information on marketing status and marketing cessations, from both Industry's and Member States' SPOCs **KEY BENEFIT Scope**: monitoring, prevention and management Providing a centralised EU • Crisis: Shortages of medicinal products (within the scope of the relevant list of **critical** medicines) platform to report, monitor, during a PHE or a major event prevent and manage medicine shortages • Preparedness: Actual and/or potential medicines shortages (in a given Member State), that can lead to a Major event or a PHE Before 2020 Today From 2025 **Crisis Preparedness** The ESMP is used to **monitor and** Absence of a centralised SharePoint based ESMP address potential shortages of monitoring tool Interim solution medicinal products that could lead to PHEs/MEs Marketing Authorisation Holders (MAHs) Lack of a provide information on medicinal products Monitor potential shortages comprehensive overview of Manage potential or actual to the EMA through the ESMP of products that could lead medicines shortages in the shortages of medicines to PHEs/MEs EU **Crisis Response** During PHEs/MEs, MAHs use the ESMP to Prevent shortages of report on medicines within the scope medicinal supplies of a PHE/ME's list of critical medicines, including marketing status, Manage supply and shortages, sales, market share, available availability issues of stocks, and alternative medicines medicinal products

*Reporting obligations for MAHs/NCAs apply immediately (day 31) and according to Art 9 the Agency needs to develop IT streamlined tools to address the requirements of Articles 4, 7, 8 and 9 swiftly and earlier than Feb 2025

s internal/staff & contractors by the European Medicines Agency

Discussion



Thank you



Wrap up of the break-out sessions.



Presentations by Regulators & Industry



Substances at NoMA

Present and future

Bjørg Overby, Senior adviser and pharmacist





Present solution for Substance database

- Someone at NoMA enters a temporary term
 - English term
 - Norwegian term often same as English
 - Active substance and/or excipient
- Three experts can complete the substance, verify and set valid for use
 - Valid in SPOR if found in SMS (by IRIS) and/or GSRS
 - Valid internally if found OK in any other database or SPC
 - Valid only for unauthorised products
 - Valid NLS (Ph. Eur.) when there is a mongraph in Ph. Eur.
 - <u>https://iris.ema.europa.eu/substances/</u>
 - <u>https://gsrs.ncats.nih.gov/ginas/app/beta/</u>



How to gather all information (so far)

- The public view of substances in IRIS, provided be EMA
 - Correct English term and SMS ID
 - Substance type
- GSRS
 - UNII
 - MW
 - Verify substance type
 - Verify substance name according to structure if chemical
- Translation rules at NoMA
 - Procedure on how to translate as standardised «Norsk språk»



How to gather all information – New

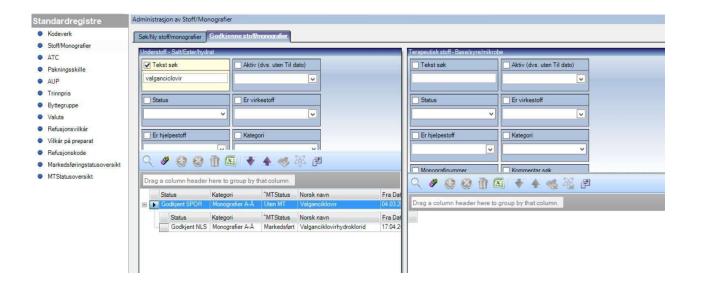
• The public view of substant

, _Frovided be EMA

- Correct English term and sive
- Substance t
- GSRS
 - UNII
 - MW
 - Verify substance type
 - Verify substance name according to structure if chemical
- Translation rules at NoMA



Athene; substance validation entry





Present solution for ATC codes

- Manually copied from the web sites at WHOCC
 - https://www.whocc.no/lists of temporary atc ddds and alterations/new atc 5th levels/
- Translated in accordance with substances
- Temporarily during the year

• Verified by the end of the year and manually changed to Valid.

	Status	ATC kode /	Nivá	Huma	ATC navn norsk	ATC navn engelsk	Fra dato	Til dato
	Godkjent WHO	J05	2	Hum	Antivirale midler til syste	Antivirals for systemic u	08.02.2002	
	Godkjent WHO	J05A	3	Hum	Direktevirkende antiviral	Direct acting antivirals	08.02.2002	
	Godkjent WHO	J05AA	4	Hum	Tiosemikarbazoner	Thiosemicarbazones	08.02.2002	
	Godkjent WHO	J05AA01	5	Hum	Metisazon	Metisazone	08.02.2002	
	Godkjent WHO	J05AB	4	Hum	Nukleosider og nukleoti	Nucleosides and nucleo	08.02.2002	
	Godkjent WHO	J05AB01	5	Hum	Aciklovir	Aciclovir	08.02.2002	
	Godkjent WHO	J05AB02	5	Hum	Idoksuridin	Idoxuridine	08.02.2002	
	Godkjent WHO	J05AB03	5	Hum	Vidarabin	Vidarabine	08.02.2002	
	Godkjent WHO	J05AB06	5	Hum	Ganciklovir	Ganciclovir	08.02.2002	10
	Godkjent WHO	J05AB09	5	Hum	Famciklovir	Famciclovir	08.02.2002	
	Godkjent WHO	J05AB11	5	Hum	Valaciklovir	Valaciclovir	08.02.2002	1
	Godkjent WHO	J05AB12	5	Hum	Cidofovir	Cidofovir	08.02.2002	
	Godkjent WHO	J05AB13	5	Hum	Penciklovir	Penciclovir	08.02.2002	
F	Godkjent WHO	J05AB14	5	Hum	Valganciklovir	Valganciclovir	12 02 2003	
	Godkjent WHO	J05AB15	5	Hum	Brivudin	Brivudine	04.03.2007	
-	Godkient WHO	J05AB16	5	Hum	Remdesivir	Remdesivir	22.07.2020	

ATC Kode	J05A814		
Human (Ja) / Veterinært (Nei)	Ja		
ATC-navn Norsk	Valganciklovir		
ATC-navn Engelsk	Valganciclovir		
Status	Godkjent WHO		
Nivá			
Beskrivelse			
	Avvik pa kienn		
Reseptgyldighet	1 âr		
Krever opiod-søknad			
Fra dato	12.02.2003		
Til dato	V		
Sist endret	24.11.2014 🗸		
	10467-SLV/10467vityt		



Solution in SAFEST – in Dynamics

- Pt need to gather same information into Athene,
 - both substances and ATC codes
 - updated to Dynamics each night
- Regular relationship, no need for actions
- Relationships Prodrug vs active moiety
- Contrast media substance wher iodine is incorporated in structure
- Relationships between ATC code and substances
 - Only single codes, not combinations
- Substances SAFEST



Iodine for contrast media

Jod – Lagret Substans Generelt Relatert ∨						Ubehandlet Statusårsak
Substans informasjon				Relaterte substanser og ATC-koder		
🔒 Navn, norsk	* Jod			Substanser	-	+ Ny(tt) Relasjon mello :
읍 Navn, engelsk	* lodine, l			⊖ Har rolle ~	Til substans \uparrow \checkmark	
🛆 Navn, latin				Aktiv del	Jodiksanol	
🛱 Fra dato	* 11.09.2023	📰 🛆 Til dato		Grunnstoff	Jodion	
				Aktiv del	Joheksol	
A Status, intern	Godkjent internt			Aktiv del	Jomeprol	
Human/Vet				1-4 av 4.		${\scriptstyle \triangleleft} \ \leftarrow \ {\scriptstyle {\rm Side 1}} \ \rightarrow$
🛱 Intern kommentar	Grunnstoffet			1 – 4 av 4		IN C Side I ->
				ATC-Koder		+ Ny(tt) Relasjon mello
				◯ ATC-Kode ∽	ATC	-Kode ~
A SMS ID				Jod	QD	08AG03
SVGID				bol	D08	8AG03
🛆 UNII Kode						



Sodium chloride & use of ions

Natriumklorid – Lagret

Substans

Generelt Relatert ~

Substans informasjon				Relaterte substanser og ATC-koder		
🛱 Navn, norsk	*	Natriumklorid		Substanser		+ Ny(tt) Relasjon
🛱 Navn, engelsk	*	Sodium chloride		O Har rolle ~	Til subst	ans î ~
🖰 Navn, latin		Natrii chloridum		ForeIder	Kloridion	
🗄 Fra dato	×	04.03.2007		Forelder	Natriumi	on
🛱 Status, intern	*	Godkjent NLS				
Human/Vet		🔯 Human og veterinær bruk 🛛 🗙	Substansens attributter			
🔓 Intern kommentar		Ordnes til ernæring	Adjuvans	Nei	Allergen	Nei
🛆 SMS ID		10000092115	Grunnstoff	Nei	Ulik frigivelse	Nei
SVGID		014179	Ion	Nei	Prodrug	Nei
🗄 UNII Kode		451W47IQ8X	MW basert beregning	Ja	🛱 Terapeutisk del	Ja
			A Hjelpestoff	Ja	△ Virkestoff	Ja



New features

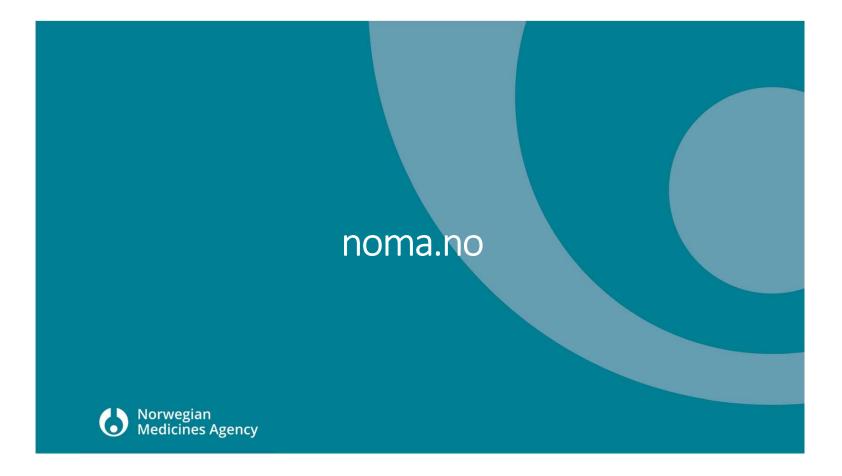
- New attributes which we missed previous
 - Complex
 - To be used for e.g., Sacubitril valsartan sodium hydrate
- New roles for relationships
 - Complex
 - Biosimilar
 - Infraspecific (forgotten previously)
 - SSG1



Synonyms vs Alias

- We use Synonym as the Norwegian term for Alias in SRS.
- No duplicats when comes to terms
- Need for different names for ions used in Nutrition, would be same as chemical elements.
- Solution is to publish two different fields to be used externally.
- Sodium Sodium ion = Sodium as alias in new field, Automatically generated.









GIDWG Stakeholder Meeting

17.10.2023

Schweizerisches Heilmittelinstitut Institut suisse des produits thérapeutiques Istituto svizzero per gli agenti terapeutici Swiss Agency for Therapeutic Products

Hallerstrasse 7, 3012 Bern www.swissmedic.ch

Overview

Digital Transformation and IDMP

Swissmedic's approach to IDMP implementation

Current status



GIDWG Stakeholder Meeting, October 17th 2023

Digital Transformation at Swissmedic

Excerpt strategic objectives 2023 – 2026 Swissmedic

- «Swissmedic uses state-of-the-art digital technologies»
 - Swissmedic has the technological capabilities required to collaborate with the therapeutic products industry, other authorities and other countries on a data-focused basis. It operates a modern enterprise information management system. The working infrastructure consists of a sensible combination of private and public clouds. The open data architecture and structure are compatible with national and international standards. Artificial intelligence in the form of machine learning or natural-language processing is deployed wherever this is sensible. The implemented data protection and information security measures and business continuity management ensure the integrity, legal conformity and availability of data.

Strategic objectives (swissmedic.ch)





Digital Transformation at Swissmedic

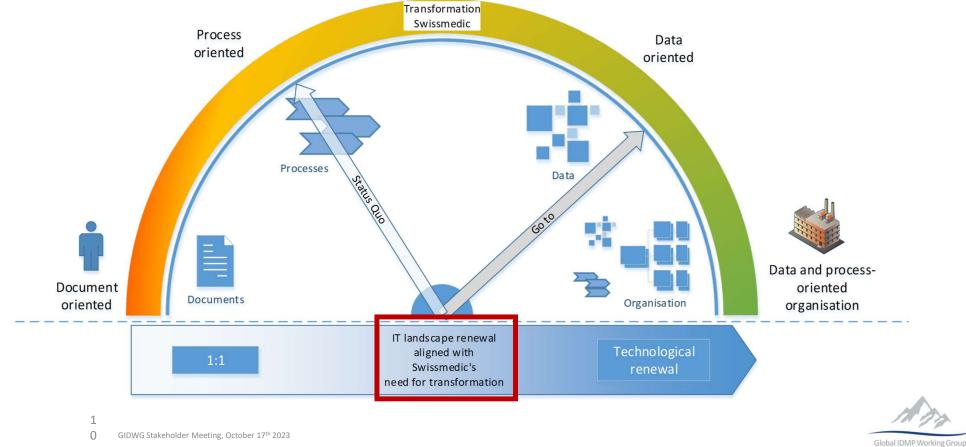
Excerpt strategic objectives 2023 – 2026 Swissmedic

- «Swissmedic is an agile and data-focused authority»
 - Swissmedic is a knowledge-based organisation well-versed in the wide variety of scientific and regulatory disciplines found in the therapeutic products sector. A continuous exchange and processing of analogue and digital information form the basis of and are the precondition for Swissmedic's ability to perform. The use of new digital technologies means that far more data from a variety of sources are available and can be networked. Swissmedic supports the interoperability of data and standards in the Swiss healthcare system and in international collaboration with authorities and organisations. Work processes are digitally transformed and data-driven. Swissmedic promotes its employees' digital skills and assists them in working with innovative new business models and ways of thinking.

Strategic objectives (swissmedic.ch) 107

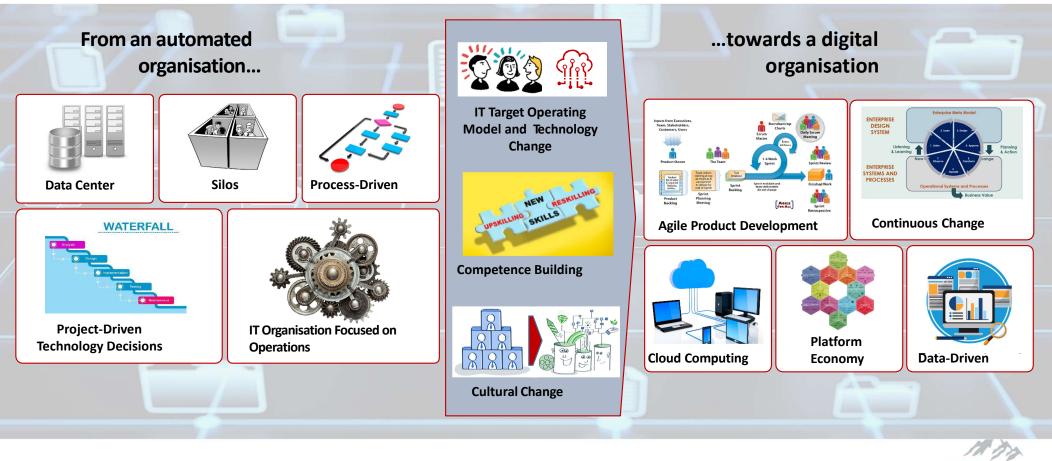
GIDWG Stakeholder Meeting, October 17th 2023

Digital Transformation of the Swissmedic Platforms



8

Digital Transformation of the Swissmedic Platforms



109

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Digital Transformation of the Swissmedic Platforms

	2022		2023			2024			2025			2026						
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	Initial satior		01.07	.2022			Pro	gram «1	Transfo	rmation	ı Swissr	nedic P	latform	S»				
				<u> </u>														
Business architecture			Basics	BA	Target process definition (data orientation)													
Technical architecture			Basic conce				>											
Implementation projects							Buildin	g basic t	functio	nalities		Further development						
Business processes													/	Migrat	ion to r	new sol	ution	
Stakeholder exchange				Ne	eeds sui	rvey	> >	1	1	1	C	ommur	nication					

1 GIDWG Stakeholder Meeting, October 17th 2023

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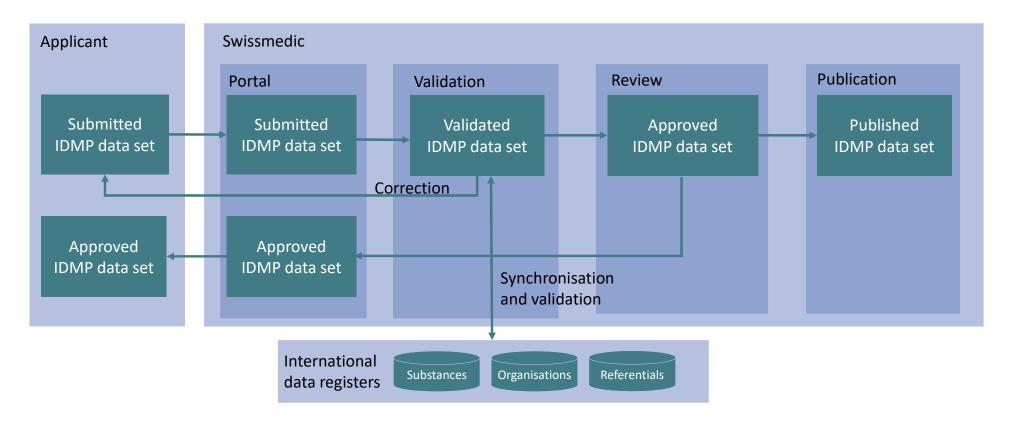
IDMP as part of the digital transformation of Swissmedic

- Implications of the IDMP implementation at Swissmedic
 - External and internal interface for medicinal product data
 - Marketing authorisation holders will be able to view their data in the future
 - Exchange/synchronisation with international databases (e.g. for substances, referentials)
- No "isolated" implementation of IDMP at Swissmedic
 - Exchange of data via portal as part of the application process
 - Electronic application forms for capturing IDMP data
 - Electronic patient and professional information as a later use case



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Structured Data with IDMP (Product Data)





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Overview

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Swissmedic's approach to IDMP implementation

- There is no IDMP legislation in Switzerland. But: (electronic) Application forms will require IDMP-compliant data somewhen in the future
- Only data used in day-to-day business will be required
- Introduction of the 1st iteration in coordination with an eAF
- The current scope of data is based on CH Module 1
- Intention to be close to the EU implementation
- Swiss IDMP Implementation Guide will be necessary



Networking & Collaboration

- Swissmedic is active in both international and national bodies
- Our intentions:
 - High compatibility, harmonised implementation
 - Connection to international databases
 - Building our solution on existing experience
- \rightarrow Representation and contribution in specific bodies
- ➔ Formation of a dedicated IDMP body for the specific needs of Swissmedic and its stakeholders



Overview of IDMP-related Organisations

		* * * * * * * * *		
Standardisation Organisations	SNV NK 165 SNV standards connect the world	CEN TC 251	ANSI	ISO TC 215
	HL7 Switzerland	HL7 Europe	HL7	HL7 International ML7 FHIR
Implementation Groups	SMC IDMP Advisory Group Refdata IDMP User Group	EU IDMP Task Force EU IDMP Key User Group	FDA SRS precision FDA	IPRP IDMP WG
				GIDWG
		HMA SVG <u>KEU-SRS</u>		Pistoia Alliance
				CTADHL IRISS Forum ✓ IRISS



GIDWG Stakeholder Meeting, October 17th 2023

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GIDWG Stakeholder Meeting, October 17th 2023

Current Status

Homepage TSP

First project started in 2023 (but that does not involve medicinal products and does not deal with IDMP yet)

1

1 GIDWG Stakeholder Meeting, October 17th 2023 8



Home > Services & lists > eGov services > Transformation of Swissmedic platforms TSP

C eGov services

Transformation of Swissmedic platforms TSP

03.05.2023

Swissmedic is working on the next digitalisation step and over the next few years will build a digital corporate solution for core processes relating to approvals, authorisation and market surveillance. The aim is to simplify processes, to make data management faster and more targeted, to achieve fewer media discontinuities (i.e. switch of working medium such as manual entry of information previously entered on forms) and, with good user management, to provide more information on regulatory processes. In future, it will be possible to process information more easily with data-centric working. Knowledge of therapeutic products and innovations can thus be made more usable, both inside and outside the organisation.

This digital transformation also corresponds to the strategic objectives of the period 2023-2026 at Swissmedic. The new platforms, which will be created in stages, will facilitate work-related exchanges with Swissmedic for a range of stakeholders: Companies and applicants can enter data and information themselves in a structured manner. It will no longer be necessary to complete and submit Word or PDF forms. In addition, the once-only principle will ensure that data need only be entered once. Communication relating to a business case will be increasingly handled via this platform and will thus be better protected.

In order to identify stakeholders' needs and incorporate them into considerations regarding the structure of the new platforms and user experience, Swissmedic has entered into a dialogue with the companies, partner authorities and associations, and is establishing various working groups with experts from industry and the healthcare sector. If you have questions, please contact tsp@swissmedic.ch.

We will publish additional information on this website on an ongoing basis.

Efforts towards implementation IDMP

- **Dose forms** migrated to EDQM Standard Terms in 2013 (still ongoing)
- Substances mapping to UNII since 2014 (ongoing, ca. 70% are mapped)
- OMS-ID's for Swiss organizations with an establishment license since 2022 (ongoing)

• Website on IDMP @ Swissmedic should go live soon



GIDWG Stakeholder Meeting, October 17th 2023



FDA Regional Standards and the approach to harmonize with Global IDMP Implementation

Ron Fitzmartin, PhD, MBA Center for Biologics Evaluation and Research

Ta-Jen Chen Center for Drug Evaluation and Research

Oct 17, 2023

Topics



FDA IDMP Roadmap to IDMP Implementation

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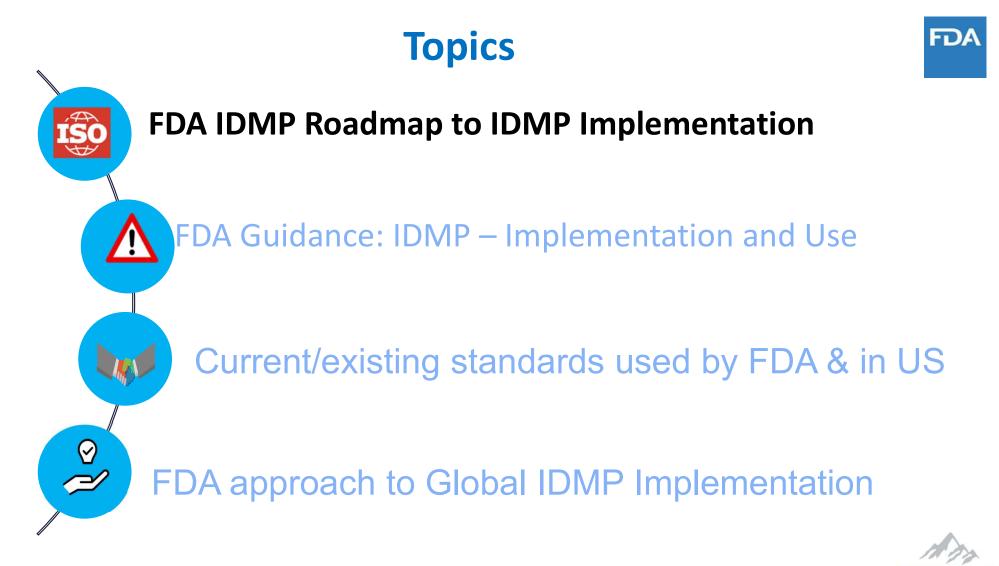
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FDA Guidance: IDMP – Implementation and Use

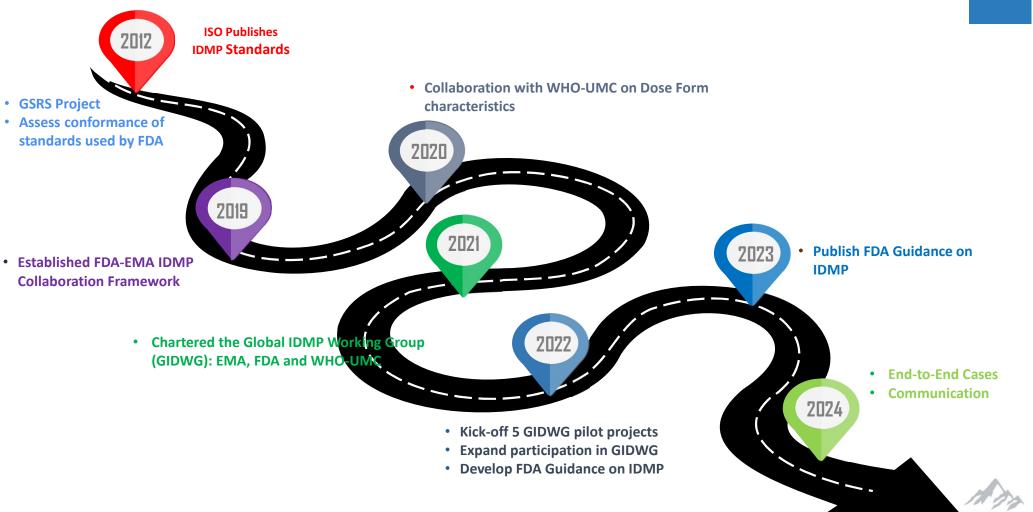
Current/existing standards used by FDA & in US

FDA approach to Global IDMP Implementation





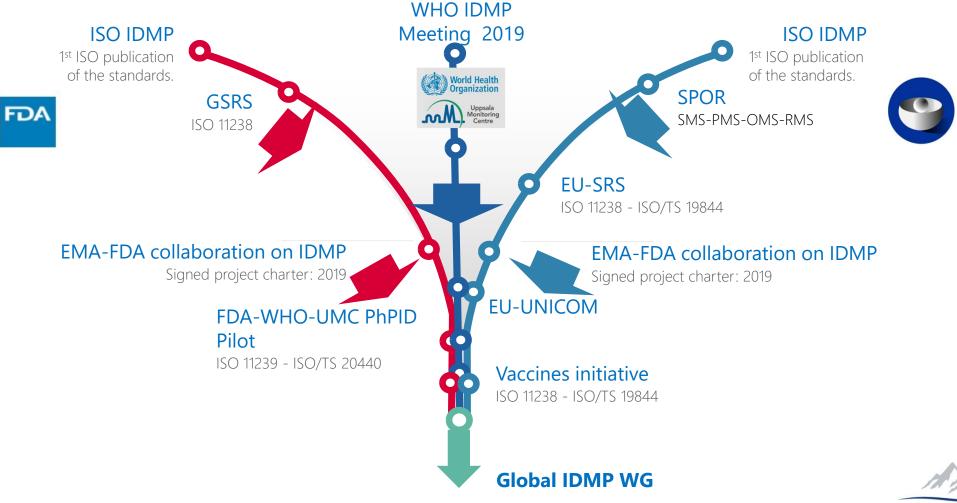
FDA IDMP Roadmap to Implementation - 2012-2024



Global IDMP Working Group

FDA

Convergence in Cross Region Collaboration









Purpose of the Guidance

- Until this guidance, FDA had no formal policy on the implementation and use of the IDMP standards.
- Provides FDA's position and progress on aligning the Agency's standards to Identification of Medicinal Products (IDMP) standards
- FDA's goal is the harmonization of the standards for the international exchange of medicinal product data.





Objectives of the Guidance

To inform sponsors, applicants and registrants:

1. FDA has used, for many years, standards that are in conformance to IDMP.

- National Drug Code (Medicinal Product ID)
- Unique Ingredient Identifier (Substance ID)
- Unified Code for Units of Measure (Strength)

2. FDA sees that there are 3 key benefits to global IDMP

- Drug Safety & Pharmacovigilance
- Medicinal Product Traceability and Supply Chain Integrity
- Exchange of Medicinal Product Information

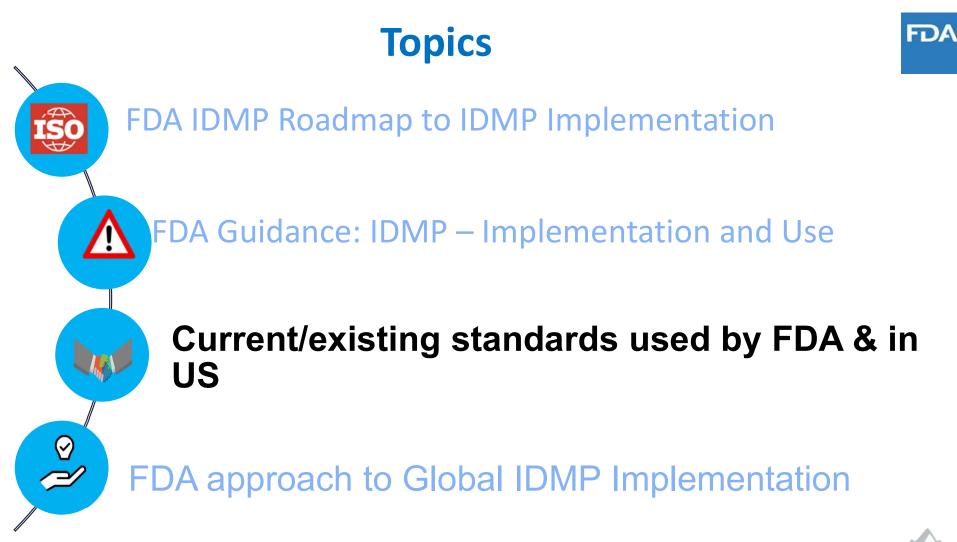




Objectives of the Guidance

- 3. FDA will continue to work with international stakeholders (e.g., WHO-UMC, HL7, ISO, GIDWG, ICH) to ensure the standards can be implemented for the key use cases above.
- 4. FDA's focus is on a global phased approach to IDMP implementation when the standards are "fit for purpose."
- 5. FDA supports the establishment of a framework for the maintenance of the global IDMP identifiers.









FDA Global Substance Registration System (GSRS)

- FDA created a Substance Registration System (SRS) to assign a unique ingredient identifiers (UNIIs) to substance during regulatory life cycle.
- Based on ISO 11238/TS 19844, FDA, NIH's National Center for Advancing Translational Sciences (NCATS), and the European Medicines Agency (EMA) have collaborated to create a Global Substance Registration System (GSRS) to enable the efficient and accurate exchange of substance information.
- UNIIs are used in electronic listing as seen in DailyMed and other regulatory activities throughout product life cycles.
- Public UNII sources include:
 - A flat file (spreadsheet)
 - <u>precisionFDA</u>
 - and a public GSRS hosted by the <u>NCATS</u>

https://www.fda.gov/industry/fda-data-standards-advisory-board/fdas-global-substance-registrationsystem



FDA GSRS - precisionFDA

FDA's Global Substance Registration System UNII Search Service Rosuvastatin Calcium Search	FDA U.S. FOOD & DRUG	GSRS 🌐	precisionFDA
	F		tem
	Recurrentatio Calcium		Const
mormation available for 143,876 substances.	Rosuvastatin Calcium	substances.	Search

FDA's global Substance Registration System enables an efficient and accurate exchange of information on substances through their Unique Ingredient Identifiers (UNIIs) which can be generated at any time in the regulatory life cycle.





Search

FDA GSRS - precisionFDA

Type in a search query or UNII

ROSUVASTATIN CALCIUM

UNII: 83MVU38M7Q

Formula: 2C22H27FN3O6S.Ca

Preferred Substance Name: ROSUVASTATIN CALCIUM

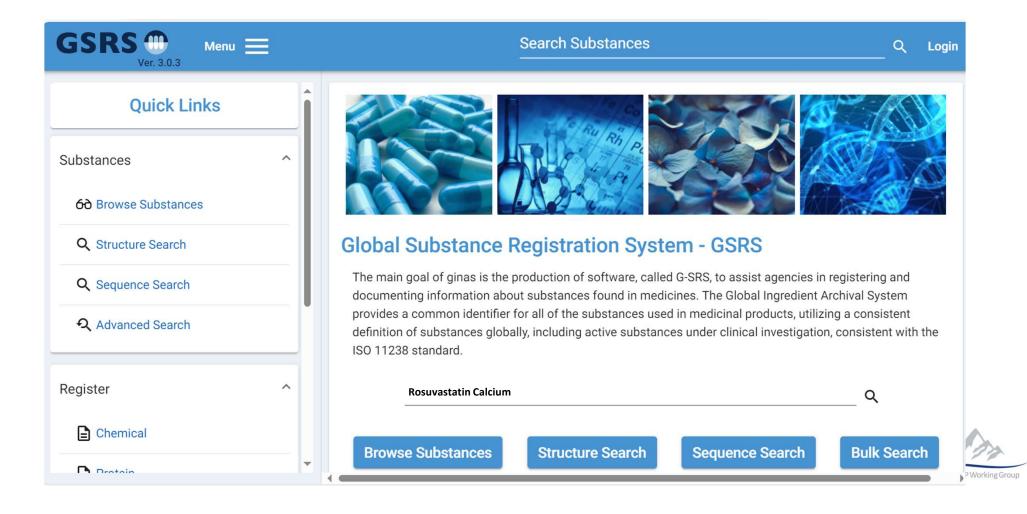
InChIKey: LALFOYNTGMUKGG-BGRFNVSISA-L

Synonyms and Mappings

- 147098-20-2
- (S-((R*,S*-(E)))- 7-(4-(4-FLUOROPHENYL)-6-(1-METHYLETHYL)-2-(METHYL(METHYLSULFONYL) AMINO)-5-PYRIMIDINYL)-3,5-DIHYDROXY-6-HEPTENOIC ACID, CALCIUM SALT (2:1)
- (S-(R*,S*-(E)))-7-(4-(4-FLUOROPHENYL)-6-(1-METHYLETHYL)-2-(METHYL(METHYLSULFONYL)AMINO)-5-PYRIMIDINYL)-3,5-DIHYDROXY-6-HEPTENOIC ACID, CALCIUM SALT
- 6-HEPTENOIC ACID, 7-(4-(4-FLUOROPHENYL)-6-(1-METHYLETHYL)-2-(METHYLSULFONYL)AMINO)-5-PYRIMIDINYL)-3,5-DIHYDROXY-, CALCIUM SALT (2:1), (3R,5S,6E)-
- BIS((E)-7-(4-(4-FLUOROPHENYL)-6-ISOPROPYL-2-(METHYL(METHYLSULFONYL)AMINO)-PYRIMIDE-5-YL)-(3R,5S)3,5-DIHYDROXYLHEPT-6-ENOIC ACID) CALCIUM
- CRESTOR
- EZALLOR
- FORTIUS
- NSC-747274
- NSC-758930
- ROSTAR
- ROSUVASTATIN (AS CALCIUM)
- ROSUVASTATIN CALCIUM [EP MONOGRAPH]
- ROSUVASTATIN CALCIUM [JAN]



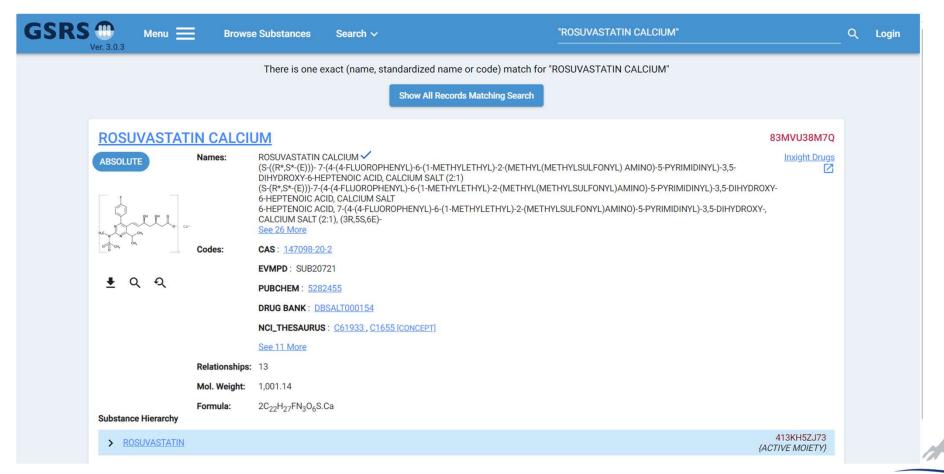
NCATS GSRS



FD)

FDA

NCATS GSRS





Structured Product Labeling (SPL)

- The Structured Product Labeling (SPL) is a document markup standard approved by Health Level Seven (HL7) and adopted by FDA as a mechanism for exchanging **product** and facility information.
- <u>FDALabel</u>: FDA's web-based application designed to perform customizable searches of over 140,000 labeling for human prescription drug; nonprescription drugs; and labeling for other products (e.g., animal nonprescription and animal prescription drugs, cosmetics, dietary supplements, medical devices, medical foods). FDALabel and DailyMed have the same database but have different search functions and different displays of search results.
- FDA Online Label Repository

https://www.fda.gov/industry/fda-data-standards-advisoryboard/structured-product-labeling-resources





FDALabel

Restore Last Query Clear A	Search »
Labeling Types	×
Choose one or more: Animal Rx Animal OTC Human Rx Human OTC Medical Device Medical Device Rx Vaccine	
or choose one or more from the list	
or choose one or more from the list.	
Application Types or Marketing Categories	×
Choose one or more: ANDA BLA NDA NDA Authorized Generic OTC Monograph Final OTC Monograph Not Final	
or choose one or more from the list:	
	×
Product Name(s)	
Trade or generic/proper name V contains V Rosuvastatin Calcium	
Labeling Full Text Search	×
	×
Simple Search Enter text (e.g., search for NAUSEA OR VOMITING retrieves labeling containing the phrase "nausea or vomiting") Simple Search: Search for exact text using complete words/phrases (ignores non-alphanumeric characters, e.g., ignores "-", "%")	



FDALabel

157 labeling results			Basic View	Expanded View	Download Full Re	esults View Query (permanent link)
Links	Marketing Category	Dosage Form(s)	Route(s) of Administration	Trade Name	▲Generic/Proper Name(s)	Most Recent SPL Dat (YYYY/MM/DD)
SPL Document DailyMed (SPL PDF) Drugs@FDA 207752 Orange Book 207752;	ANDA	TABLET, FILM COATED ORAL Rosuvastatin calcium ROSUVA		ROSUVASTATIN CALCIUM	2023/09/14	
SPL Document DailyMed (SPL PDF) Drugs@FDA ^{208898;} Orange Book ^{208898;}	SPL PDF) A 208898:		ORAL Rosuvastatin Calcium		ROSUVASTATIN CALCIUM	2023/09/11
SPL Document DailyMed (SPL PDF) Drugs@FDA ^{206465;} Orange Book ^{206465;}	ANDA	TABLET, FILM COATED	ORAL	Rosuvastatin Calcium	ROSUVASTATIN CALCIUM	2023/09/10
SPL Document DailyMed (SPL PDF) Drugs@FDA 208898; Orange Book 208898;	ANDA	TABLET, FILM COATED	ORAL	Rosuvastatin Calcium	ROSUVASTATIN CALCIUM	2023/09/06
SPL Document DailyMed (SPL PDF) Drugs@FDA 208896; Orange Book 208898;	ANDA TABLET, FILM COATED ORAL Rosuvastatin Calcium		Rosuvastatin Calcium	ROSUVASTATIN CALCIUM	2023/09/06	
SPL Document DailyMed (SPL PDF) Drugs@FDA ^{079170;}	ANDA	TABLET, FILM COATED	ORAL	Rosuvastatin Calcium	ROSUVASTATIN CALCIUM	2023/09/02



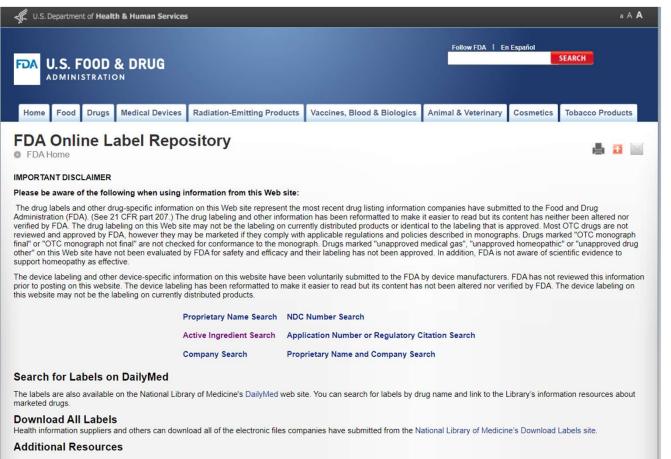


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ROSUVASTATIN CALCIUN QUALLENT	Bookmarks ×	
HIGHLIGHTS OF PRESCRIBING These highlights do not include all t for ROSUVASTATIN TABLETS.	HIGHLIGHTS OF PRESCRIBING INFORMATION	ROSUVASTATIN CALCIUM- rosuvastatin calcium tablet, film coated A-S Medication Solutions
ROSUVASTATIN tablets, for oral u Initial U.S. Approval: 2003	RECENT MAJOR CHANGES	
Dosage and Administration, Use with Warning and Precautions, Skeletal Mt Warning and Precautions, Immune-M	LABEL: ROSUV.	HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use ROSUVASTATIN TABLETS safely and effectively. See full prescribing information for ROSUVASTATIN TABLETS.
Rosuvastatin tablets are an HMG Co- adult patients with hypertriglyceri adult patients with primary dysbet	DOSAGE FORMS AND STRENGTHS	ROSUVASTATIN tablets, for oral use Initial U.S. Approval: 2003
adult patients with primary dysole adult patients with homozygous fr <u>Limitations of use (1.8.);</u> Rosuvastati Rosuvastatin tablets can be taken Dose range: 51 od 0m gonce daily	VIEW PACKAGE PHOTOS	RECENT MAJOR CHANGES Dosage and Administration, Use with Concomitant Therapy (2.4) 5/2020 Warning and Precautions, Skeletal Muscle Effects (5.1) 5/2020 Warning and Precautions, Immune-Mediated Necrotizing Myopathy (5.2) 9/2020 INDICATIONS AND USAGE
Adult HoFH:Starting dose 20 mg Tablets: 5 mg, 10 mg, 20 mg, and 40 1	DRUG INTERACTIONS	 Rosuvastatin tablets are an HMG Co-A reductase inhibitor indicated for: adult patients with hypertriglyceridemia as an adjunct to diet (1.3) adult patients with primary dysbetalipoproteinemia (Type III hyperlipoproteinemia) as an adjunct to diet (1.4)
 Known hypersensitivity to produc Active liver disease, which may it Preganancy (4, 8.1, 8.3) 	SAFETY	 adult patients with homozygous familial hypercholesterolemia (HoFH) to reduce LDL-C, total-C, and ApoB (1.5)
• Lactation (4, 8.2)	Report Adverse > 1 INDICATIONS AND FDA Safety Reca USAGE	 Limitations of use (1.8): Rosuvastatin tablets have not been studied in Fredrickson Type I and V dyslipidemias.
 Skeletal muscle effects (e.g., myi impairment, and combination use rhabdomyolysis with acute real f and/or persistent muscle pain, ten 	Presence in Brez Presence in Brez	 DOSAGE AND ADMINISTRATION Rosuvastatin tablets can be taken with or without food, at any time of day. (2.1) Dose range: 5 to 40 mg once daily. Use 40 mg dose only for patients not reaching LDL-C goal with 20 mg. (2.1)
	RELATED RESOURC 4 CONTRAINDICATIONS Medline Plus > D 5 WARNINGS AND	Adult HoFH: Starting dose 20 mg/day. (2.1) DOSAGE FORMS AND STRENGTHS
FULL PRESCRIBING INF(1 INDICATIONS AND USA	Clinical Trials PRECAUTIONS >	Tablets: 5 mg, 10 mg, 20 mg, and 40 mg (3) • Known hypersensitivity to product components (4)
	+ PubMed	
		Challen 10 House Alexandre



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FDA Application FDA Home	re Ingredient: ros	uvastatin calcium					4 <u>0</u> 1
Inck on Active Ingredient to vie	ient to view the label. me NDC Company N		y Name	Application Number or Regulatory Citation		Product Type	Marketin Category
EZETIMIBE; ROSUVASTATIN CALCIUM	70661-001-30	Althera Pharmaceuticals LL	с	NDA213072	HUMAN PRE		
EZETIMIBE; ROSUVASTATIN CALCIUM	70661-004-35	Althera Pharmaceuticals LL	с	NDA213072	HUMAN PRE	SCRIPTION DR	
EZETIMIBE; ROSUVASTATIN CALCIUM	82120-126-30	SCOV3 LLC		NDA213072	HUMAN PRE	SCRIPTION DR	RUG NDA authorized generic
EZETIMIBE; ROSUVASTATIN CALCIUM	70661-004-10	Althera Pharmaceuticals LL	с	NDA213072	HUMAN PRE	SCRIPTION DR	RUG NDA
EZETIMIBE; ROSUVASTATIN CALCIUM	70661-004-30	Althera Pharmaceuticals LL	с	NDA213072	HUMAN PRE	SCRIPTION DR	RUG NDA
ROSUVASTATIN CALCIUM	51407-156-30	Golden State Medical Suppl	y, Inc.	ANDA207408	HUMAN PRE	SCRIPTION DR	RUG ANDA
ROSUVASTATIN CALCIUM	27808-155-03	Tris Pharma Inc		ANDA207408	HUMAN PRESCRIPTION D		RUG ANDA
ROSUVASTATIN CALCIUM	59746-428-01	Jubilant Cadista Pharmaceu	iticals Inc.	ANDA207062	062 HUMAN PRESCRIPT		RUG ANDA
ROSUVASTATIN CALCIUM	71610-187-45	Aphena Pharma Solutions -	Tennessee, LLC	ANDA206434	HUMAN PRESCRIPTION DR		RUG ANDA
ROSUVASTATIN CALCIUM	0310-0751-90	AstraZeneca Pharmaceutica	als LP	NDA021366	HUMAN PRE	SCRIPTION DR	RUG NDA
ROSUVASTATIN CALCIUM	82009-020-30	QUALLENT		ANDA208898	HUMAN PRE	SCRIPTION DR	RUG ANDA
ROSUVASTATIN CALCIUM ROSUVASTATIN CALCIUM	82009-020-30 71205-355-60	QUALLENT Proficient Rx LP		ANDA208898 ANDA206434		SCRIPTION DR	



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Orange Book

• The publication *Approved Drug Products with Therapeutic Equivalence Evaluations* (commonly known as the Orange Book) identifies drug products approved on the basis of safety and effectiveness by the Food and Drug Administration (FDA) under the Federal Food, Drug, and Cosmetic Act (the Act) and related patent and exclusivity information.

https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drugproducts-therapeutic-equivalence-evaluations-orange-book





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Orange Book

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Orange Book

Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations

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Search Results for Proprietary Name, Active Ingredient or Application Number: ROSUVASTATIN

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Mkt. Status	Active Ingredient	Proprietary Name	Appl. No.	Dosage Form	A Route	Strength	♦ TE Code	* RLD	RS 🕈	Applicant Holder
RX	ROSUVASTATIN CALCIUM	EZALLOR SPRINKLE	N208647	CAPSULE	ORAL	EQ 5MG BASE		RLD		SUN PHARMACEUTICAL INDUSTRIES LTD
RX	ROSUVASTATIN CALCIUM	EZALLOR SPRINKLE	N208647	CAPSULE	ORAL	EQ 10MG BASE		RLD		SUN PHARMACEUTICAL INDUSTRIES LTD
RX	ROSUVASTATIN CALCIUM	EZALLOR SPRINKLE	N208647	CAPSULE	ORAL	EQ 20MG BASE		RLD		SUN PHARMACEUTICAL INDUSTRIES LTD
RX	ROSUVASTATIN CALCIUM	EZALLOR SPRINKLE	N208647	CAPSULE	ORAL	EQ 40MG BASE		RLD	RS	SUN PHARMACEUTICAL INDUSTRIES LTD
RX	ROSUVASTATIN CALCIUM	CRESTOR	N021366	TABLET	ORAL	EQ 5MG BASE	AB	RLD		IPR PHARMACEUTICALS INC
RX	ROSUVASTATIN CALCIUM	CRESTOR	N021366	TABLET	ORAL	EQ 10MG BASE	AB	RLD		IPR PHARMACEUTICALS INC
RX	ROSUVASTATIN CALCIUM	CRESTOR	N021366	TABLET	ORAL	EQ 20MG BASE	AB	RLD		IPR PHARMACEUTICALS INC
RX	ROSUVASTATIN CALCIUM	CRESTOR	N021366	TABLET	ORAL	EQ 40MG BASE	AB	RLD	RS	IPR PHARMACEUTICALS INC
RX	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	A206434	TABLET	ORAL	EQ 5MG BASE	AB			ACCORD HEALTHCARE INC
RX	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	A206465	TABLET	ORAL	EQ 5MG BASE	AB			ALKEM LABORATORIES LTD



Orange Book

Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations

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Search Results for Proprietary Name, Active Ingredient or Application Number: ROSUVASTATIN

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Mkt. Status	Active Ingredient	Proprietary Name	Appl. No.	Dosage Form	* Route	Strength	♦ TE Code	* RLD \$ R	S 🕈 Applicant Holder
RX	ROSUVASTATIN CALCIUM	EZALLOR SPRINKLE	N208647	CAPSULE	ORAL	EQ 20MG BASE		RLD	SUN PHARMACEUTICAL INDUSTRIES LTD
RX	ROSUVASTATIN CALCIUM	CRESTOR	N021366	TABLET	ORAL	EQ 20MG BASE	AB	RLD	IPR PHARMACEUTICALS INC
RX	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	A206434	TABLET	ORAL	EQ 20MG BASE	AB		ACCORD HEALTHCARE INC
RX	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	A206465	TABLET	ORAL	EQ 20MG BASE	AB		ALKEM LABORATORIES LTD
RX	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	A079170	TABLET	ORAL	EQ 20MG BASE	AB		AUROBINDO PHARMA LTD
RX	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	A207752	TABLET	ORAL	EQ 20MG BASE	AB		BIOCON PHARMA LTD
RX	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	A207453	TABLET	ORAL	EQ 20MG BASE	AB		CADILA PHARMACEUTICALS LTD
RX	ROSUVASTATIN CALCIUM	ROSUVASTATIN	A207408	TABLET	ORAL	EQ 20MG BASE	AB		CHANGZHOU PHARMACEUTICAL FACTORY



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RxNorm

- RxNorm is a national initiative created by the National Library of Medicine (NLM) to provide a single system for unambiguously identifying brand-name and generic drugs.
- RxNorm enables medications information to be exchanged across electronic health records (EHRs).
- The Office of the National Coordinator (ONC) designated use of RxNorm as a criterion for EHR certification of interoperability and Stage 2 Meaningful Use.
- Concept Unique Identifier (RxCUI) is a unique, unambiguous identifier that is assigned to an individual drug entity in RxNorm and used to relate to all things associated with that drug.
- <u>https://www.nlm.nih.gov/research/umls/rxnorm/index.html</u>
- <u>RxNav (nih.gov)</u>





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Views	IN/MIN Ingredient (1)		PIN Precise Ingredient (1)		BN Brand Name (1)	
Classic Simple Table	HRXS rosuvastatin	^	Rx S rosuvastatin calcium	^	HRXE Crestor	^A
Filters						
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Comparison of the second	SCDC Clinical Drug Component (4) H Rx S rosuvastatin calcium 5 MG H Rx S rosuvastatin calcium 10 MG H Rx S rosuvastatin calcium 20 MG H Rx S rosuvastatin calcium 40 MG		Navigating RxNorm Drugs		SBDC Branded Drug Component (4) H Rx S rosuvastatin calcium 5 MG [Crestor] H Rx S rosuvastatin calcium 10 MG [Crestor] H Rx S rosuvastatin calcium 20 MG [Crestor] H Rx S rosuvastatin calcium 40 MG [Crestor]	* * *
> Precise	SCD/GPCK	Clinical Drug) or Pack (4)		SBD/BPCK Branded Drug or Pack (4)	
ormulation Multi	H Rx S rosuvastatin calcium 5 MG Oral Tablet H Rx S rosuvastatin calcium 10 MG Oral Tablet			*	H Rx S Crestor 5 MG Oral Tablet H Rx S Crestor 10 MG Oral Tablet	*
ownload	H Rx S rosuvastatin calcium 20 MG Oral Tablet H Rx S rosuvastatin calcium 40 MG Oral Tablet				H RX S Crestor 20 MG Oral Tablet H RX S Crestor 40 MG Oral Tablet	
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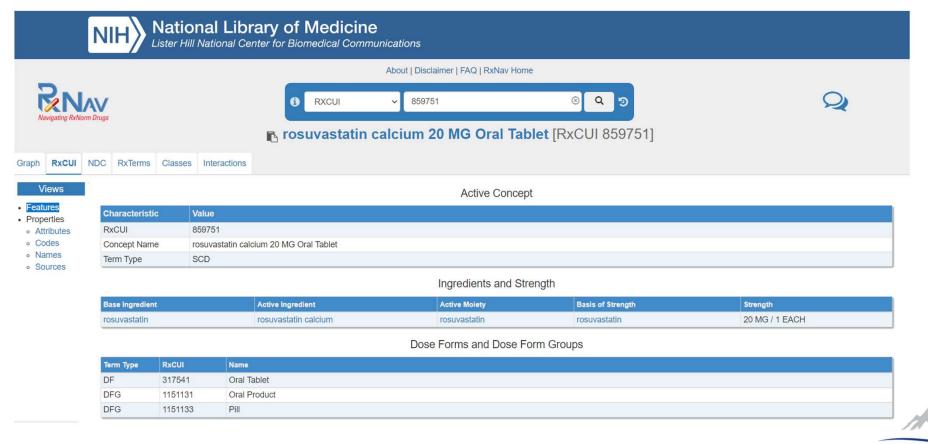




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Precise formulation H Rx S rosuvastatin calcium 20 MG Oral Tablet Multi Download	Clinical Drug or Pack (1)		SBD/BPCK	Branded Drug or Pack (1) Oral Tablet

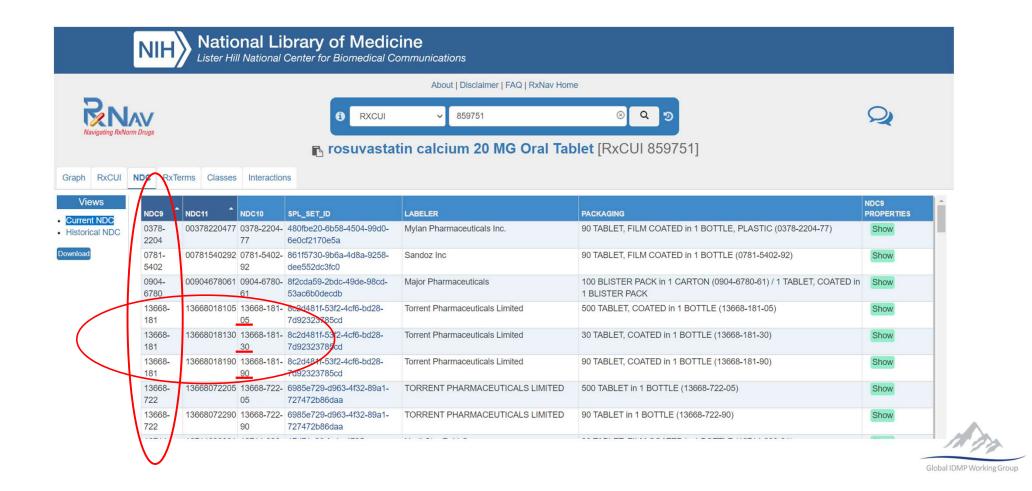






Global IDMP Working Group







DailyMed

- The <u>National Library of Medicine</u> (NLM)'s DailyMed searchable database provides the most recent labeling submitted to the <u>Food and Drug Administration</u> (FDA) by companies and currently in use (i.e., "in use" labeling).
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Posted: September 15, 2021 The RxImage API will cease operation on December 31, 2021.	FDA's Structured Product Labeling Resources FDA's Prescription Drug Labeling Resources

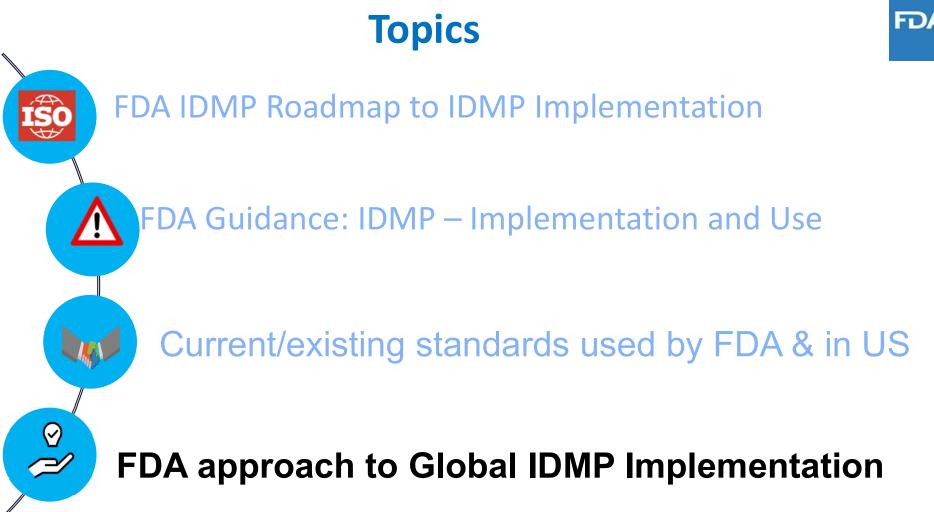




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SEARCH RESULTS FOR: I	SEARCH RESULTS FOR: ROSUVASTATIN CALCIUM (183 results)						
Sort By Relevance	SHARE ■ ≤ previous page 1 of 10 next ≥ 20 results/pg ▼ ROSUVASTATIN CALCIUM (rosuvastatin calcium) tablet, film coated						
Image: Not available Image: Not available	NDC Code(s): 70377-006-11, 70377-006-12, 70377-006-13, 70377-006-15, view more Packager: Biocon Pharma Inc						
DRUG IMAGE NOT AVAILABLE	ROSUVASTATIN CALCIUM (rosuvastatin calcium) tablet, film coated NDC Code(s): 59746-428-01, 59746-428-10, 59746-428-30, 59746-428-90, view more Packager: Jubilant Cadista Pharmaceuticals Inc.						
	ROSUVASTATIN CALCIUM (rosuvastatin calcium) tablet NDC Code(s): 13668-720-05, 13668-720-90, 13668-721-05, 13668-721-90, view more Packager: TORRENT PHARMACEUTICALS LIMITED						









FDA approach to Global IDMP Implementation

Goal – Maximize the benefits of Global IDMP Implementation and enable cross-region exchange of medicinal product information without impacts to current regulatory and business practices.

- Include UMC GSID in FDA GSRS map UNII with UMC GSID
- Include PhPID in CDER Integrity Product Domain
- Include PhPID in FDA Orange Book
- Exploring further harmonize SPL on PHIR with EU ePI, additional data elements to further align with ISO 11615
 - Including data element for PhPID





Thank You

