

Industry Comments: Consultation on Electronic Product Information for Human Medicines in the EU – Draft Key Principles

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Preface

The Inter-Association Task Force (IATF) on Product Information welcomes the opportunity to provide comments on the draft ePI principles. The IATF is a collaboration between AESGP, EFPIA and Medicines for Europe. For the consultation comments, the IATF co-operated with the following associations: EBE, EuropaBIO and Vaccines Europe, and therefore the attached comments should be considered to be broadly illustrative of the EEA human pharmaceuticals sector in general.

The IATF aims to provide a representative cross-EEA industry forum, which can partner with stakeholders to focus on:

- Creating proposals for improved product information content, layout and readability within current legislation
- Applying (digital) health literacy principles
- Developing standardised electronic product information formats
- Enabling a single trusted portal or network to facilitate dissemination of electronic product information

In the remainder of this document, more detailed comments and suggestions are included. In general, the main highlights of the comments are outlined below (please note that these may go beyond the scope of this public consultation but reflect aspects that the IATF consider to be important).

General

The draft EU Telematics Strategy 2020-2025 Concept Paper (October 2018) strives for optimising use of digital technology and to manage ePI ensuring timely implementation and meeting functional/non-functional requirements, timelines and budget. By doing so, two of the top three business priorities; i.e. tackling a better and more effective regulatory decision making and building trust in medicines by empowering patients and healthcare professionals will be addressed.

ePI functions

In line with the business priorities and building up to the functions of ePI as outlined in the consultation document, further functions have been identified by IATF for consideration in future roadmap iterations:

- Optimisation of the process for variations impacting the PI.
- Easier implementation of safety variations/referrals (reducing the urgency to provide updated printed information to EU citizens, which are currently managed through the appropriate transition/grace periods).
- Supply chain management: ePI may support further solutions for availability/shortage in one country by providing product from another country (based on same dossier) without the requirement for repackaging (provided that the outer package is the same).

- Waste / environmental; reduction of old PLs that can no longer be used, or even removal of paper from products where the PL is not provided to patient.

Content improvement

It is clear that ePI will make it easier for patients/consumers to have access to up-to-date product information, and to search and retrieve information in a more suitable and intuitive ways. However, it will not solve issues encountered due to poor compliance or low literacy *per se*. To address these latter aspects, work on the content and other related information such as instruction videos and risk minimisation materials will need to take place in parallel. In addition, considerations need to be given on how user testing may need to be adapted to take account of new formats.

Legislation

The current regulatory/legislation framework is considered a limitation for the allowance of patient-relevant (digital) innovative developments. Industry acknowledges the importance of not losing sight of patients/consumers with low digital literacy (low ability to use digital devices effectively) or limited internet access. However, it is necessary for the EU network to set out an ambitious plan considering the needs of mentioned patient/consumers-groups and the fast pace of technology (ePI principles should already consider opportunities in highly digitalized markets). Additionally, in cases where patient information has been incorporated into the information present on outer packaging it is assumed that the requirement for an ePI will not become mandatory.

It is realistic to think that in the long term the paper leaflet will be replaced by the ePI and the IATF believes this evolution needs to be accompanied by a stepwise approach with all stakeholders involved to ensure suitable implementation and to safe-guard patient needs. Therefore, it is important to consider current practices of hospital- / healthcare professional-administered products where patients rarely receive the package leaflet. In these cases, changing to ePI could potentially increase patient access, and healthcare professionals could refer to ePI as the primary source of information.

The IATF proposes an EEA-wide pilot study to investigate the current practices and possible exemptions to replace paper package leaflets with ePI (or other alternatives, such as printing at pharmacy level). Such a pilot could be expanded to products directly dispensed to (and used by) patients in highly digitalised markets.

Implementation

Member state implementation

The consultation paper suggests that a broad margin of flexibility is given for national implementation. The industry IATF supports submission of the ePI at the time of application, but not as an extra step after authorisation, as of the full benefits of ePI would then be lost. While certain NCAs could choose to go ahead and start early at their discretion, MAHs would need to implement all necessary systems and processes even if only one NCA starts requiring ePI. For MAHs this could mean running parallel processes (with and without ePI) for the same submission in different markets. Therefore, if flexibility is not being accompanied by a clear and binding phased roadmap and value-added milestones, based on defined user requirements, and without further national requirements - the consequence will be a fragmented and cost intensive implementation and loss of the opportunity to impose optimal practice across the EU Regulatory Network.

Resources for retrospective implementation

While being supportive to the implementation of ePI, one significant challenge for industry will be the "conversion" of the existing PIs (Word, PDF) into the ePI. For this to occur, the creation of legacy PIs in ePI format will most probably cause a major logistical burden. For companies with many MAs, this will require significant resources, while also for SMEs the implementation of ePI compliant systems will be a constraint. Essential incentives for regulators and industry would be:

- Efficient process/guidance for having the current PI changed to ePI.
- Process optimisation for changes to the PI; easier process for variations where PI is impacted. The ePI should not lead to increase of workload on maintenance of PI, it should in fact give opportunity to decrease the workload.
- Free creation tool and open application programming interface (API) for all stakeholders with a wish to have machine-to-machine communication.
- Implementation should be without any regulatory submission/approval process.

Batch specific implementation

We agree that some parts of the ePI may be applicable to all batches and some only to specific batches (e.g. when excipients change). The need for batch-specific product information is not a new one and industry has established processes with sufficient control to ensure the right paper version associated with the appropriate batch of the medicine e.g. to reflect changes in the composition of a product. This ensures that any information for which the patient needs to be aware in relation to a particular batch of the medicine, is available when they receive their medicine. However, already today we see situations with divergent sets of product information such as in online compendia. Online compendia always show the latest electronic version of PI which is released by the responsible MAH in sync with the market implementation of a change. Thus, always the newest information is available via the trusted electronic source, but unexpired older goods bearing out-dated product information will remain in the market. Discussion on the batch specific changes and ePI needs to take place as part of the implementation roadmap (including for new classes of medicinal product such as ATMP – in cases of device or batch specific information) but shouldn't hinder the implementation of ePI.

Data-stewardship: accountability/liability

Industry recommends having a transparent and open discussion regarding the "data stewardship" of the content of the Product Information. A clear responsibility assignment needs to clarify the accountability and liability for each step, in particular for the final content that is publicly available. We believe this openness will facilitate a collaborative and efficient regulatory evaluation between Industry and Authority and improve the governance aspect.

Collaborative roadmap

With the vast experience from industry and agencies to implement existing telematics programmes, lessons learnt from the eCTD and CESP programmes are welcomed (phased approach and the mandated milestones) to build a successful ePI implementation roadmap, with reliable timelines and supportive requirements (financial/resource) for all stakeholders. The level of acceptable flexibility for an ePI approach can be tested in a proof of concept phase, which forms part of the Roadmap. Controlled timelines, content-structuring approaches, standards and sources of information will bolster the main objective of providing updated and trustworthy product information to patients and HCPs from one authoritative source and to one standard. Therefore, industry welcomes collaboration with the regulator network to define the success criteria by utilising the agile approach into a phased meaningful EEA-wide ePI implementation.

Technical

Lessons learnt from other projects

Historically, telematic projects within the EU regulatory network have been slow to evolve and under-resourced. This should be avoided, and clear timelines should be developed in the Roadmap. We support a coordinated and 'phased' approach across member states in the development of ePI harmonised with the current infrastructure and priorities of member states (ensuring sustainability and interoperability¹). At the same time, we call for a reasonable application of flexibility principle that can help guarantee the success of the ePI Programme: while maintaining the same standards across all member states. This means that countries and (smaller) companies which can move swiftly should be allowed to do so, but support (resource/financial/ expertise) should be provided by the EU Commission to any countries requiring it, to ensure no-one is left significantly behind and that parity of opportunity across European patients is achieved as soon as possible.

The Importance of high data quality for a successful ePI implementation

High quality SPOR data is crucial to support upstream and downstream activities of ePI life-cycle.

Our assumption is that the full potential of ePI will be leveraged by high quality data from a TOM-facilitated SPOR system. This will guarantee that data will be more reliable and re-usable, while reducing the number of verification and checking steps.

Harmonisation of standards

As previously mentioned, since ePI is part of the future Telematic Strategy, a common electronic standard and Process Governance should encompass success criteria such as high quality of data, and its re-use, inter-dependency and connection to all EU telematics projects, including SPOR and TOM. The common standard and design of the system should create a digital and agile infrastructure with an integrated process to facilitate the submission, review and authorisation of structured electronic product information, which will be continuously enriched via dissemination to key stakeholders (i.e. patients, HCPs and information consumers). It is recommended that the review and approval of ePI content should be carried out in the format that will best facilitate the downstream uses of that information. This means to avoid manual transfer of approved information in one format to another format for re-use; i.e. ePI format should be easily transferrable/converted into the other required formats: Word, PDF, artwork CAD to avoid manual interaction, which may lead to errors and thereby reduce PI content quality.

The choice for the Common Electronic Standard for ePI should also take into consideration the Regulatory dialogue and co-operation between EMA and FDA. The Common Electronic Standard for the ePI system should be designed with the aim to build a framework that facilitates a collaborative cross-stakeholder (EMA, NCAs, Notified Bodies and Industry) management of product information. The output should be high-quality structured product information, which can be disseminated to patients, HCPs and information consumers as well as EMA, NCAs and MAHs. The IATF considers it positive to consider co-operation with the European Common Data Model and European Interoperability Framework (EIF). In addition, it is recommended to design the ePI to take into consideration the core recommendations of EIF to achieve efficient sharing and re-use of structured and semi-structured data. Principle 4 (recommendation of re-usability of data for processes optimisation) should be also included.

The IATF positively acknowledges that the common standard will be agreed not only amongst Regulators but with all stakeholders, particularly including Industry who will be the main player in providing information in the pre-defined standard. More clarity on how this constructive dialogue will be handled and how Industry can positively contribute would be appreciated.

¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52018DC0233&from=EN>

Funding model

Future funding models of EU telematics projects are under discussion within the Telematic Management Board; accordingly, an integrated approach using common building blocks would help to assure cost-efficiency between projects and sustainability of the system. Funding for any project that develops ePI based on the principles in this draft document should be clearly established and discussed among all stakeholders.

*****Please refer to the remaining document for further detailed comments and suggestions*****

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List of technical abbreviations

API	Application Programming Interface
CESP	Common European Submission Portal.
CRO	Contract Research Organisation
CTIS	Clinical Trial Information System ²
eCTD	Electronic Common Technical Document
EHR	Electronic Health Record
GDPR	EU General Data Protection Regulation ³
IDMP	Identification of Medicinal Products
IFU	Instructions for Use
ISO	International Organization for Standardization
PIM	Product Information Management ⁴
QR Code	Quick Response Code ⁵
SPOR	Substance, Product, Organisation And Referential (EMA implementation of master data management system based on ISO IDMP standards)
TOM	Target Operating Mode ⁶
xEVMPD	Extended EudraVigilance Medicinal Product Dictionary

² An EMA-led programme to develop the Clinical Trial Portal and the Union Database mandated under Clinical Trial Regulation EU No. 536/2014 to facilitate a harmonised assessment and supervision process for clinical trials throughout the EU

³ Regulation (EU) 2016/679 designed to protect the personal data of EEA citizens.

⁴ An EMA-led project to increase the efficiency of the management and exchange of product information through the structuring of the information and its exchange by electronic means. The project was closed in March 2011 pending a review on IT strategy, technologies and priorities.

⁵ Two-dimensional barcode, first designed in 1994 and which comprises black squares arranged in a square grid on a white background. It has faster readability and greater storage capacity compared to standard barcodes.

⁶ An NCA-led project, started in 2018, which has the intent to optimise the exchange of regulatory ISO IDMP-compliant product data between regulators and applicants during new marketing authorisation and post-authorisation activities. Still a concept, it is considered to be a rational means by which data quality will continue to be improved by means of in-built checks.

Section 1: Definitions		
1	Lines 83 ff	<p><u>Comment:</u></p> <p>The definition of ePI encompasses more than information for the prescriber and patients, it also includes labelling, blue box requirements and Annex II information. This seemed to be based on the current PL as PDF provided by EMA; which contains all annexes to the Commission Decision.</p> <p>The priority for delivering ePI should be the freely-accessible provision of trusted (regulator-approved) information to patients, consumers and HCPs. For this reason, we propose a phased approach, which starts with the creation, regulatory processing and dissemination of digitised PLs and SmPCs; and with the addition of other value-adding aspects of Product Information plus corrective modifications (from post implementation learning) in later phases according to a mutually agreed roadmap.</p> <p>This phased approach should include an analysis with relevant stakeholders, for whom additional information, including from Annex II, are considered an added value for patients and HCPs. Therefore, it is proposed to focus on regulatory communications which have an impact on patient care, e.g. risk minimisation materials.</p> <p><u>Proposed change:</u> Replace labelling and footnote by “risk minimisation material relevant for patients and HCPs”.</p>
2	Lines 86 - 91ff	<p><u>Comment:</u></p> <p>It is important for all members of the broader audience to understand the concept of ePI and the underlying principles fully, and we, therefore, propose to establish and maintain a ‘Glossary of Terms’ providing important definitions throughout the text, e.g. what is to be understood by structured elements and unstructured elements.</p>

The concept of ePI including the aspects of structured and unstructured and re-usable elements should be further explained in a (future) EU implementation guideline for ePI. In our opinion, an ePI adapted QRD Guidance document provides a good opportunity to align content, technical and design requirements for both PI and ePI. However, to make use of the full potential that ePI can offer to all stakeholders, the specific features of ePI and its re-usable data elements need to be explained in the adapted QRD guidance and the respective xml schema.

Line 87 mentions ePI in an “organized format”.

Line 91 mentions “ePI refers to a semi-structured format” and a definition is also included.

Organized and semi-structured don’t have the exact same meaning but both are used to qualify the format of the ePI.

Proposed change:

Line 86

ePI is authorised, statutory product information for medicines (i.e. SmPC, PL and labelling) in a **structured**~~organised~~ format created using the common EU electronic standard.

Lines 90-95

There are many different interpretations of ‘electronic product information.’ Therefore, it is important to clarify that for the purposes of this collaboration, ePI refers to a ~~semi-structured~~ format suitable for electronic handling of product information **as specified above**. ~~Semi-structured means that~~ ePI contains structured elements (e.g. fixed headings and vocabularies), and some unstructured elements (i.e. free text) ~~which are re-usable throughout the lifetime of a medicinal product~~. Unstructured formats such as PDF, Word or other unstructured text are not considered to be ePI because these do not deliver the benefits to stakeholders outlined in these principles.

3	Line 108	<p><u>Comment:</u></p> <p>While section 1.2 of the Key Principle document talks only about creation, we feel the objective of process efficiencies and its full potential can only be achieved when all stakeholders work with a common standard. Throughout all steps of the regulatory process (including creation, submission, review, authorisation and dissemination) it is important that all stakeholders work with a common electronic standard throughout the life-cycle of ePI to realise the full potential. In addition, we propose to stress the need for a common transmission standard for the harmonised exchange of ePI between all stakeholders.</p> <p>The programme for developing ePI must be aligned with all complimentary EU telematics projects including eCTD, SPOR, CES(S)P Dataset Module, and Regulatory Optimisation of Variations, and be strongly positioned in the EU Telematics Strategy for 2020-2025.</p> <p><u>Proposed change:</u> "ePI in the EEA for all human medicines, including both centrally and nationally authorised medicines, will be created, submitted, technically validated, reviewed, authorised and disseminated using a common electronic standard"</p>	
4	Lines 118-19	<p><u>Comment:</u></p> <p>"A common standard enables the generation and dissemination of electronic authorised information for patients and consumers of medicines in the EU/EEA." Suggestion to add healthcare providers as well.</p> <p><u>Proposed change:</u> "A common standard enables the generation and dissemination of electronic authorised information for healthcare providers, patients and consumers of medicines in the EU/EEA."</p>	

5	Lines 123-124	<p><u>Proposed change</u> to create the technical foundation for the dissemination of trusted and regulatory-approved product information in the today's electronic digital world</p>	
6	Lines 124-125	<p><u>Comment:</u> Clarification on what is meant by 'tailored' would be welcome, to avoid confusion and/or wrong expectations (link with glossary lines 86-91ff)</p>	
7	Lines 127-129	<p><u>Comment:</u> ePI should also have as secondary objective the optimisation of the regulatory process: "avoid complexity, offer possibilities to streamline, simplify, reduce administrative burden to manage paper versioning vs ePI. Ultimately speed up system should refer to ePI. Regulatory process in the creation and updating process (variation) of PI by using existing data of the TOM facilitated SPOR system, both for regulators and the pharmaceutical industry".</p> <p><u>Proposed change</u> to streamline, simplify and speed up the regulatory process in the creation and updating (variation) of PI by using existing data of the SPOR System, both for regulators and the pharmaceutical industry. As SPOR Data should be validated and of high quality, there should be no further need to verify common data under variation procedures, although the affected PI documents would still need to undergo a formal up-versioning and promotion to authorised status. Furthermore, the existence of a pan-EU/ EEA system for the management of ePI should obviate the need to submit full PI content in support of variations.</p>	
8	Lines 130-133	<p><u>Proposed change</u> Agreement and acceptance / recognition of the standard by all stakeholders, especially NCAs and national association or already established providers will avoid [...]</p>	
9	Lines 135-137	<p><u>Comment:</u></p>	

		<p>We propose to clarify the following statement: [...] is compatible with use at centralised and national (through national competent authorities [NCA]) levels</p> <p><u>Proposed change (if any):</u> The first step and pre-requisite for ePI implementation is the agreement of a common standard that fulfils the requirements outlined in the key principles and is compatible with use and exchange of ePI with all relevant stakeholders in the regulatory network at centralized and national (through national competent authorities [NCA]) levels.</p>	
10	Lines 138-140	<p><u>Comment:</u> Features such as vocabularies and interoperability specifications are considered important for ePI and should be added at inception because they are key for the specification of ePI. The impact of the statement “later releases” on progressing ePI and the Common Technical Standard creates uncertainty for the implementation and may lead to an unnecessary revamp of existing ePI and underlying technology and is therefore to be further explained. Lessons learned from previous telematics projects such as eCTD, xEVMPD, CESP, should be considered and extensive reworking and hybrid solutions should be avoided wherever possible while transitioning to the stakeholder agreed ePI model.</p> <p>In this context a robust milestone driven roadmap that is aligned with the different stakeholders and which is based on agreed use cases and takes into account user acceptance testing and post milestone learning would provide the assurance to plan for rapid and agile implementation of ePI and its future enhancement.</p> <p><u>Proposed change</u> The common standard will be established considering available technologies and possible upcoming technical innovations including those from EU</p>	

		Telematics projects. Further features, such as vocabularies and interoperability specifications yet to be developed, may be added in later releases.	
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Section 2: Benefits for public health

11	<u>Lines</u> 151 156 – 159 202 – 204 217 220 – 222	<u>Comment:</u> Due to its electronic nature ePI can be much more easily kept up-to-date (i.e. updates can be implemented immediately where no conversion is required) whereas the printed packaging materials, e.g. PL and IFU, may still be the previous version. As long as the paper PL is required to be available, it should be taken into consideration that during a certain period of time, there might be an “inconsistency” between the paper PL and the ePI, with potential increased amount of patient/consumer requests due to discrepancies. Therefore, as soon as ePI is introduced, the corresponding paper PL should carry a standardised sentence advising patients/consumers that the most current version of the product information is provided by ePI with a link to the source, i.e. as done in Spain with the possibility for the patient/consumer to identify easily whether the available paper PI is the same or an older version than the ePI (versioning or PI/ePI should be defined). The link to the ePI (URL, QR code, other etc) should be further elaborated so that it is clear that the code or URL is intended for the patient to scan/type and use.	
12	Lines 152-153	<u>Comment:</u> (1) The content of the PI for national authorised medicines may significantly differ from one EU member state to another. Also within one country, the PI may be different for various MAHs, as their products may have different excipients that may for example result in different warnings. Therefore, it is important that the architecture of the web portal (and any other access point) in structured in a way that patients are smoothly and unequivocally guided and directed to the	

		<p>right ePI, without risk to access to an ePI that is authorised in another regulatory procedure. The ePI/System must have the functionality to only link to translations of products that are approved in the same regulatory procedure, to make sure the PI is identical in the provided languages.</p> <p>(2) Suggestion to add healthcare providers since we are talking about product information: “• better delivery of information so that the right information is available to healthcare providers, to the right patient/consumer at the point of need”</p> <p>(3) It is not entirely clear how country-specific information is integrated within the ePI. Further guidance would be welcomed.</p>	
13	Lines 170-172	<p><u>Comment:</u> It is a priority for the involved stakeholders to provide an environment with better and easier access to trusted information. Having ePI in place is one (important) step; however, education and raising awareness by regulators on this (new) source of information is key.</p> <p>An informative and educational campaign for patients/consumers and HCPs should be planned.</p> <p>If ePIs are available from multiple-sources, possibilities to implement a trusted source stamp and/or explore use of available technologies to ensure an audit trail, and an associated awareness campaign to patients/consumers should be explored.</p>	

14	Line 171	<p><u>Comment:</u> Proposal to rephrase the scope to cover patients/consumers beyond “EU citizens” and for medicines authorised in the EU/EEA.</p> <p><u>Proposed change:</u> [...] by giving citizens an authoritative source of information for medicinal products authorized in the EU/EEA [...]</p>	
15	Line 175	<p><u>Comment:</u> Industry welcomes and supports the goal of implementing ePI for all authorised human medicines in the EU/EEA. The objective of implementation should follow a clear roadmap based on agreed use cases, that is discussed and created with relevant stakeholders, leaves nobody behind and works for everybody.</p> <p><u>Proposed change to add:</u> ...with a stepwise approach, with clearly defined milestones.</p>	
16	Line 177	<p><u>Comment:</u> (1) It is important that patients/consumers and HCPs have access to updated product as soon as those updates are authorized by the regulators and ePI is a valuable tool here. To gain an efficient regulatory network it is important that communication of ePI to regulators and to patients/consumers and HCPs is as simple as possible. Industry agrees to the importance of having one source for delivering of ePI (e.g. similar to CES(S)P) to achieve an efficient communication on ePI within the regulatory network. When it comes to dissemination of information to patients/consumers and HCPs it is of importance that trusted information is provided.</p> <p>In the future, further considerations are needed on how existing providers such as FASS, Rote Liste, etc. should be linked.</p>	

		<p>(2) “The most up-to-date ePI version should be always easily available.” Timelines and responsibilities should be defined, in order to ensure that a smooth and timely update of the electronic version of the PI is carried out.</p>	
17	Lines 178-179	<p><u>Comment:</u> While the benefits of ePI can only be achieved when it is made available to patients, the statement ‘<i>ePI should be made available ...</i>’ creates uncertainty towards the owner of such an objective. In our understanding several stakeholders can play an important role here, e.g. EMA/NCAs, MAHs, third party providers, etc. Further expectations can be discussed as part of the roadmap creation. A single repository should be used from a common point of access for use by all.</p> <p><i>“To achieve this principle, ePI should be made available through various technologies and applications, including mobile scanning technology (such as a 2D barcode) on the medicine package”.</i></p> <p>The ePI principles and roadmap will have to be aligned to the mobile scanning technology guidelines.</p> <p><u>Proposed change:</u> To achieve this principle, ePI should be made available through various technologies and applications.</p>	
18	Line 185-187	<p><u>Proposed change:</u> ePI will facilitate creation of PI that is accessible to everyone, including patients/consumers with print visual impairments such as blind and partially sighted people (e.g. use of audio, large font size) and those with low literacy levels (e.g. audible formats).</p>	

19	Line 196	<p><u>Comment:</u> "ePI will be accessible by design."</p> <p>Suggestion to elaborate more on the meaning of this since might not be clear to everyone</p>	
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Section 3: Legislative framework

20	Lines 202-212	<p><u>Comment:</u> As stated in the general comments, it is realistic to think that in the long term the paper leaflet will be gradually replaced by the ePI. Today there are situations where according to current legal requirement and when patients' needs, and interests are respected, the paper PL could be removed and substituted by ePI.</p> <p>As an example, a scenario where only ePI could be provided to patients is the case of medicinal products administered in hospitals or directly by a Health Care Professional, e.g. injectables. In most of these cases, the patient does not have access to the paper leaflet and ePI will improve the way in which the right information reaches the appropriate patient.</p> <p>For vaccines the use of multilingual packs/package leaflets is strongly limited by logistical constraints. Indeed, since the vast majority of vaccines have to be stored in refrigerated conditions, it is critical to reduce as much as possible the size of the packs to facilitate storage. Multilingual packs are therefore limited to a maximum of three different languages. The replacement of the paper package leaflet by ePI available in all 24 EU languages would be a key measure to facilitate the transfer of doses within EU/EEA and ultimately vaccine supply.</p> <p>In addition, a pilot for products directly dispensed to and used by patients in highly digitalised markets should be considered. Further lessons should be taken from various national initiatives to consider rolling this out on a European</p>	
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level, such as, i) the Italian practice of printing at pharmacies of the most up-to-date package leaflet, ii) Belgium / Luxembourg pilot project at hospitals.

Additional use cases will need to be discussed and developed, considering:

- i) faster dissemination of relevant regulatory approved changes of products, (operational excellence)
- ii) decreases risk of drug shortages (opportunity of redistribution of packages in different languages)
- iii) less cost related to implementation of safety changes and recalls of batches (improved transitional period for replacing the paper as long as required).

Proposed change for line 202 -204:

It is not foreseen that ePI will ~~not~~ supersede or ~~negate~~ the requirement of the pharmaceutical legislation (Article 58 of Directive 2001/83/EC) to ~~include a~~ **have PL accompanying** all medicines or **directly conveying** all information required (by Articles 59 and 62 of the Directive) on the outer or immediate packaging. **However, there are situations where patients the patient does not have access to the paper leaflet (e.g. medicinal products administered in hospitals / directly administered by a Health Care Professional, e.g. injectables). Under these circumstances the provision of an ePI would substitute for the need of a paper PL and ensure supply to patients.**

Proposed change for line 208 - 212:

The ePI is intended to expand the formats in which PL is available and not to remove or substitute the currently available paper format **entirely. However, in situations where according to current legal requirement and when patients' needs and interests are respected, the paper PL could be removed and substituted by ePI.**

If a medicines package is provided directly to patients without HCP interaction, PLs are a valuable tool presented directly in the medicines

		<p>package and therefore provided to all patients/consumers when they open their medicine. The paper PL is particularly important for patients/consumers with low digital literacy (low ability to use digital devices effectively) or limited internet access.</p> <p>The paper leaflet should make reference to the ePI, but only when the ePI is available. (see also comment 31)</p>	
21	Lines 207-212	<p><u>Proposed change:</u> An additional line to be added specific to non-prescription medicines:</p> <p>“Non-prescription medicinal products need to be regarded separately. As the patient may have no or little interaction with a HCP, information provided directly with the pack will continue to be required but could possibly be complemented by more user-friendly electronic information. In this case, electronic availability of the leaflet may help people to get information before buying a non-prescription medicine and, therefore, help them in choosing the appropriate product or addressing questions to a healthcare professional.”</p>	
22	Lines 213-216	<p><u>Comment:</u> ‘Generation of ePI does not involve any change to the content of the PI. ePI generation will be performed in addition to the current inclusion of the PL in the medicine package. The use of ePI will be a recommended innovation; however, it is not mandatory.</p> <p>This statement seems in contradiction with that, lines 298-299: “All stakeholders, including pharmaceutical companies and regulators, will commit to implementation of the common electronic standard for creation of ePI for all EU medicines.”</p>	

		<p><u>Proposed change:</u> “The use of ePI will be a recommended innovation; however, it is not legally mandatory.”</p>	
23	Line 217	<p><u>Comment:</u> ‘The paper PL should include a statement directing patients to the ePI as the most up-to-date version of the PL.’</p> <p>The paper PL should only include a statement directing patients to the ePI, if there is an ePI available. Otherwise it may cause confusion. The inclusions of such a statement may lead to a significant number of updates to the PL, which should not require any regulatory procedure (no review and/or assessment).</p> <p><u>Proposed change:</u> The paper PL should include a statement directing patients to the ePI as the most up-to-date version of the PL, but only if the ePI is available. Adding this statement does not require any regulatory submission or approval.</p>	
24	Line 223	<p><u>Comment:</u> The term “reuse” can be interpreted in various ways, and therefore the change as proposed below is preferred.</p> <p><u>Proposed change:</u> “ePI should always be published as open data, freely accessible for use directly from the single repository and reuse”</p>	
25	Lines 224-235	<p><u>Comment:</u> There should be flexibility to allow for validated (regulator approved), complementary materials in support of patients’ needs and health literacy, e.g. educational materials, additional instructions, dictionaries etc.</p> <p><u>Proposed change:</u></p>	

		The development and implementation of ePI will be carried out in accordance with applicable EU legislation; therefore, the content of ePI will be approved as a result of regulatory procedures currently prescribed in the legislation (or as will be amended by any future legislation). Accordingly, no additional information — either for promotional or other purposes — can be included in the ePI.	
26	Lines 236-251	<u>Comment:</u> No further comments on this section. Industry considers that the GDPR covers relevant scenarios / future features.	

Section 4: Process

27	Lines 255-262	<p><u>Comment:</u></p> <p>The Principle paper suggests that a broad margin of flexibility is given for national implementation. However, if flexibility is not being accompanied by a clear and binding phased roadmap and value-add milestones, based on the user requirements, the consequence will be fragmented and cost intensive implementation and loss of the opportunity to impose optimal practice across the EU Regulatory Network. With the vast experience from industry and agencies of telematics-facilitated regulation, industry endorses the key learnings of eCTD, CESP and XEVMPD programmes (phased approach and the mandated milestones) to build a successful ePI implementation roadmap, with reliable timelines for all stakeholders. The level of acceptable flexibility for an ePI approach should be tested in a proof of concept phase, which forms part of the phased-approach roadmap.</p> <p>Industry welcomes collaboration with the regulator network to define the success criteria by utilising the agile approach into a phased meaningful EU/EEA-wide ePI implementation. Variable timelines, together with multiple standards and sources of information will undermine the main objective of</p>	
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		providing updated and trustworthy product information to patients and HCPs based on one authoritative source and to one EEA-wide standard.	
28	Lines 255ff	<p><u>Comment:</u> Our proposal would be to enrich the governance model by segmenting it into relevant sections impacted by ePI with corresponding workflows, and by considering the agreed use cases and stakeholder requirements, respecting the lifecycle of ePI as:</p> <ul style="list-style-type: none"> - Creation - Internal approval - Submission - Review - Authorisation - Dissemination - Superseding - Archiving <p>Industry welcomes an open dialogue to build an effective governance model. The latter would be greatly facilitated by the adoption of common terminology and definitions to assure a common understanding across the EU/EEA regulatory network.</p>	
29	Lines 267-268 276-277	<p><u>Comment:</u> Industry recommends having a transparent and open discussion, with the goal of confirming “data stewardship(s) and data ownership(s)” of the content of ePI. Clear assignment of responsibility is required to clarify the accountability and liability for each step; in particular for the final content that is publicly available. We believe this openness will facilitate a collaborative and efficient regulatory evaluation between Industry and Authority and improve the governance aspect.</p>	

		<p>Industry is convinced that besides the data stewardship, also the data ownership should also be discussed. Dissemination of trusted information via ePI to patients and HCPs is the primary objective and due to its digital nature and accessibility ePI might be reproduced in various ways. While patients and HCPs are expected to benefit from well-controlled ePI services, less controlled reuse of data always comes with the risk that the reproduced data set is not kept accurate e.g. when the data in the original source changes. Therefore, it needs to be clarified that such a scenario is beyond the control of MAHs.</p> <p><u>Proposed change:</u> The purpose of the reuse by third party is in accordance with the intent of ePI. As such we propose to add <i>ePI will also be made available for use by third-parties, who can make ePI available to patients and healthcare professionals following agreed terms of use. Reproduction of ePI should only be allowed when it is for the benefit of patients and HCPs and respects the rights of the data owner. After reproduction, the MAH is no longer liable in cases of misuse of the information or incorrect dissemination of PI</i></p>	
30	Lines 269-271	<p><u>Comment:</u> A free ePI Creation tool should be provided by Regulators.</p> <p><u>Proposed change:</u> Following regulatory evaluation, if final PI is not already in ePI format, it is converted to ePI by the MAH using a GxP validated regulator-provided creation tool.</p>	
31	Line 284	<p><u>Comment:</u> Data-stewardship/accountability/liability Industry recommends having a transparent and open discussion regarding the "data stewardship and ownership" of the content of the Product Information.</p>	

		<p>Clear assignment of responsibility is needed to clarify the accountability and liability for each step; in particular for the final content that is publicly available. We believe this openness will facilitate a collaborative and efficient regulatory evaluation between Industry and Authority and improve the governance aspect.</p>	
32	Line 286	<p><u>Comment:</u> "A pan-European web portal could provide a central point for access of ePI for all centrally and nationally authorized medicines".</p> <p>We support the concept to have a single access-point to ePI on the World-wide Web, because this will guarantee a better trust of ePI source. However, as highlighted in comment to lines 152-153, it is important that the architecture of the web portal (and any other access point) is structured in a way that patients are smoothly and unequivocally guided and directed to the right ePI, without risk to access an ePI that is authorised in another regulatory procedure. The ePI/System must have the functionality to only link to translations of products that are approved in the same regulatory procedure, to make sure the PI is identical in the provided languages.</p>	
33	Line 304-308	<p><u>Comment:</u> Pragmatic solutions should be available where ePI implementation would place an undue burden on MAHs of orphan medicinal products, e.g. low volume products, and where ePI implementation/maintenance requirements may result in products not being brought to the EU market. Further use cases and appropriate pragmatic solutions should be explored during the roadmap development in collaboration with the relevant MAHs / stakeholders, also in light of current exemptions rules to paper labelling and package leaflet obligations (incl. translations).</p>	
35	Line 306	<p><u>Comment:</u> We propose to consider any company with a high volume of legacy information irrespective of size.</p>	

		<p><u>Proposed change:</u> as well as certain companies such as micro, small or medium-sized enterprises (SMEs), ATMP / orphan manufacturers and companies with a high volume of product information.</p>	
36	Line 310	<p><u>Proposed change:</u> "Once a common standard and governance process are established, stakeholders must plan for their implementation in their jurisdictions according to a roadmap, which includes timelines, determined at HMA and EMA level in collaboration with industry".</p>	

Section 5: EU Context

37	Line 331-340	<p><u>Comment:</u> IATF welcome the multilanguage principle, according to which the availability of different official languages is accomplished by translations accomplished as part of the applicable EU procedure.</p> <p>We support that PI will be available by default only in the official language(s) of the Member States where the medicines are placed on the market.</p> <p>Links to available translations should only be made for MAs approved in the same regulatory procedure, see also comments to line 152-153 and line 286.</p> <p>It is appreciated that the use of structured authoring, which in turn employs standard and validated language constructs (i.e. according to QRD) and ISO Standard data, will enable translation processes to become optimised and translated output to be more reliable. Consequently, EEA citizens may in the long run benefit through having access to accredited PI in more languages than the official national defaults.</p>	
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