Regulatory Education for Industry (REdI): PRESCRIPTION DRUG LABELING - CHALLENGES AND ISSUES

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Developing the Patient Counseling Information Section of Labeling

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Disclaimer

- The views and opinions expressed in this presentation represent those of the presenter, and do not necessarily represent an official FDA position.

Objectives

- How to decide what topics to include in the Patient Counseling Information (PCI) section
- How to present information in the PCI section
- How to organize the PCI section

History of the PCI section

- **Required labeling section created in 2006 under the Physician Labeling Rule (PLR)**
- **In non-PLR labeling, the *Precautions* section included (as appropriate) a subsection for *Information for Patients***

Regulations for the content of the PCI section

21 CFR 201.57(c)(18):

- **This section must contain information necessary for patients to use the drug safely and effectively**
- **Any FDA-approved patient labeling must be referenced in this section and the full text of such patient labeling must be reprinted immediately following this section or, alternatively, accompany the prescription drug labeling**

Which labeling requires a PCI section?

- **All labeling subject to PLR requirements**
  - **Including drugs used in an inpatient or other health care setting (e.g., a clinic or a physician's office)**
- **Rarely, the PCI section may be omitted if its inclusion would be clearly inapplicable (e.g., labeling for standard intravenous fluids) as allowed under 201.56(d)(4)**

Overview of the content of PCI

- **Written for use by a health care provider to identify topics for a counseling discussion with the patient for safe and effective use of a drug**
- **Usually all topics presented in the PCI section are included in FDA-approved patient labeling**
- **Presentation of information in PCI section typically differs from that in FDA-approved patient labeling**

Reference to FDA-approved patient labeling

- **Required by regulation**
- **Appears first in PCI section**
- **Informs health care providers that there is FDA-approved patient labeling, and directs them to advise patients to read it**

Reference to FDA-approved patient labeling (cont'd)

Recommended language:

- **Advise the patient to read the FDA-approved patient labeling (Patient Information).**
- **Advise the patient to read the FDA-approved patient labeling (Instructions for Use).**
- **Advise the patient to read the FDA-approved patient labeling (Patient Information and Instructions for Use).**
- **Advise the patient to read the FDA-approved patient labeling (Medication Guide).**
- **Advise the patient to read the FDA-approved patient labeling (Medication Guide and Instructions for Use).**

Identifying topics for inclusion

- **Focus on major risks of the drug and, when appropriate, how the patient may mitigate or manage these risks**
- **As appropriate, include other important patient-focused information, for example:**
  - **Critical administration instructions or unique storage and handling instructions**
  - **A common drug effect that does not pose a risk to patients but could affect compliance**

Presentation of information

- **Summarize each topic to facilitate discussion between a health care provider and a patient**
- **Include appropriate level of detail for a counseling discussion**
- **Present neither a simple list of risks nor a repeat of entire paragraphs from elsewhere in the labeling**
- **Use active voice, rather than passive voice, to provide clearer directives to the reader**

Ordering of information

- **Order by relative clinical significance of the information, with the most important topics appearing first**
- **May or may not reflect the order in which they first appear overall in the FPI**
- **Only rarely will an entirely new concept be included in PCI section that does not have a related discussion elsewhere in labeling**

Types of information to include

- Important adverse reactions and other risks
- Certain contraindications
- Drug interaction information
- Use in pediatric patients, pregnancy, and lactation
- Information on preparation/ administration, and storage/handling
- Existence of a REMS program with a restricted distribution component
- Other required elements

Important adverse reactions and other risks

Include:

- **Identification of the risk**
- **Management recommendations that are pertinent to patients**
- **Self-monitoring information**
- **Information on when to contact a health care provider, seek emergency help, or discontinue the drug**

Important adverse reactions and other risks: Example

<u>Serious Allergic Reactions</u>

Advise the patient to discontinue DRUG-X and seek immediate medical attention if signs or symptoms of a serious hypersensitivity reaction occur *[see Warnings and Precautions (5.X)]*.

Certain contraindications

- **Most contraindications are <u>not</u> appropriate for a patient counseling discussion that occurs once a prescribing decision has been made**
- **However, some contraindications, may warrant inclusion for conditions that may develop after starting drug therapy (e.g., development of an acute infection)**

Drug interaction information

- **Interactions/effects concerning an important risk**
- **Interaction for which coadministration is typically initiated by the patient (e.g., an interaction with food or an over-the-counter drug or dietary supplement)**

Drug interaction info (cont'd)

- For drugs with multiple serious interactions, can include a broadly worded recommendation to inform patients of the overall risk (e.g., warfarin or certain antiretroviral drugs)
- Typically should not include a complete listing of known drug interactions
  - Decision to coadminister two prescription drugs generally rests with the provider at the time of prescribing

Use in pediatric patients, pregnancy, and lactation

- **Include if the information concerns an important risk**
- **If no such risk, general advice on the use of drugs in pediatric patients/ pregnancy/lactation (e.g., "Advise a female patient to inform the prescriber if she is pregnant or planning to become pregnant") should not be included**

Use in pediatric patients, pregnancy, and lactation (cont'd)

- **Note the availability of a pregnancy exposure registry if mentioned in the *Pregnancy* subsection of *Use in Specific Populations* section, with a cross-reference to the *Pregnancy* subsection**

Preparation/administration and storage/handling information

- **Summarize most important points relevant to patient counseling**
- **Full details typically appear elsewhere in labeling (e.g., *Dosage and Administration*, *How Supplied/ Storage and Handling*)**

Preparation/administration and storage/handling information (cont'd)

- **Should not repeat verbatim information from FDA-approved patient labeling**
- **For injectables, include statement directing providers to advise patients to follow sharps disposal recommendations**

Existence of a REMS program with a restricted distribution component

- Include mention of the REMS program
- Briefly describe only those program elements directly impacting patients (e.g., requirement to enroll in the program, availability of the drug only from participating pharmacies)
  - If no elements of restricted distribution directly impact patients, no information regarding the REMS program should be included

Other required elements

- **Certain products have additional, specific requirements for the PCI section based on the product's therapeutic or pharmacologic class**
  - **e.g., 21CFR 201.24(d) for systemic antibacterial drug products**

Avoid the following

- General recommendations relevant for any provider-patient discussion ("Discuss the risks and benefits of DRUG-X")
- General advice applicable to any drug ("Instruct the patient to keep DRUG-X out of reach of children") unless particularly relevant for an individual product

Avoid the following (cont'd)

- **Information relevant only for health care providers (e.g., info pertinent to proper patient selection, how to interpret lab results, or administration instructions for use in an inpatient setting)**
- **Routine administration or storage/ handling information typically conveyed at the time of dispensing (e.g., the need to shake or refrigerate an oral suspension)**

Avoid the following (cont'd)

- Definitions/descriptions of medical terminology that need not be explained to a health care provider audience
- Graphics (e.g., illustrations or pictures related to administration)
- Indications

Formatting recommendations

- **Use subheadings (instead of numbered subsections) to organize and differentiate topics, allowing the reader to quickly identify the major concepts**
  - **Subheading titles should clearly identify content and be consistently formatted**

Formatting recommendations (cont'd)

- **Do not assign a subsection number to appended FDA-approved patient labeling; instead use other formatting techniques (e.g., a horizontal line or page break)**
- **Cross-reference to detailed discussions elsewhere in labeling**

Discussion and questions