TGO 91 Compliance Workshop

Jacinta Watt

Director (A/g), Pharmaceutical Chemistry Variations Section

Department of Health and Aged Care, TGA

Vanessa Caig

Assistant Director, Scientific Operations Management Section

Department of Health and Aged Care, TGA

Agenda

- Introduction
- Upcoming safety updates
- Package inserts
- Future considerations
- Schedule 1
- RASML
- SUSMP
- Injections
- Cohesive units
- Biodescriptors
- Starter packs
- Colour contrast

Why do we have a labelling order?

The Orders exist to ensure pharmacists, health care providers and consumers provide and use the medicine safely

The Orders allow for the clear provision of critical information

They allow for consistency and easy identification of products

They help ensure the quality use of medicines

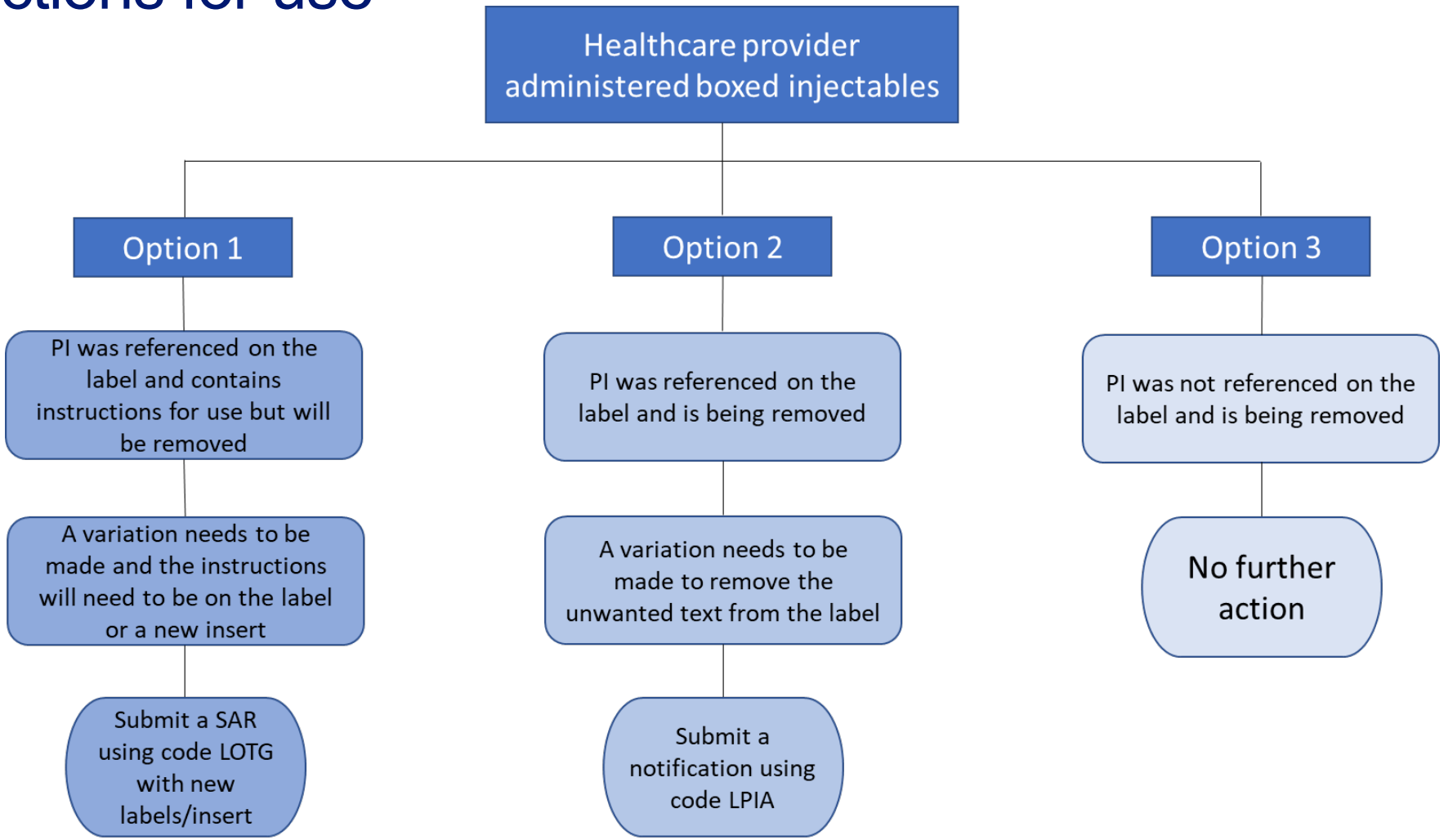
Labels on medicines should provide information in a way that allows consumers to easily locate and understand the information about how to take their medicine safely and effectively.

Safety updates to TGO 91 & TGO 92 in 2024

‘Updates to Australian medicine labelling rules to support medicine safety’ consultation is now open for comment about 3 safety issues:

- Making sure that quantities of active ingredients in injectable medicines intended for electrolyte replacement are clearly expressed in units important to health professionals.
- For medicines for injection administered by healthcare professionals that need some preparation before use, making sure that clear instructions on how to prepare and store these products is available in an appropriate format.
- Improving information on listed medicine labels about large solid oral dosage forms intended to be swallowed whole.

Package inserts for health care provided injectables instructions for use



International harmonisation

TGA aims for harmonisation as much as possible with international regulators however some requirements will always be Australian specific, such as:

- The AUST R or AUST L number
- Requirements from the Poisons Standard

Allergens - Schedule 1 Declarable substances

Schedule 1 is a high priority item to be addressed in sunsetting review.

Known challenges:

- declaration of wheat (not just gluten)
- sulfites cutoff
- gluten cutoff compared to MedSafe

Schedule 1 - ethanol

TGO 91, 8(1)(j) requires that, where a substance referred to in Schedule 1 is present in the medicine under the conditions outlined in Schedule 1, the name of the substance must be present on the labels. Further details are also outlined in the Guidance on TGO 91 and TGO 92 (see Section 1.5.9)

With respect to ethanol, we have the following information, across all routes of administration:

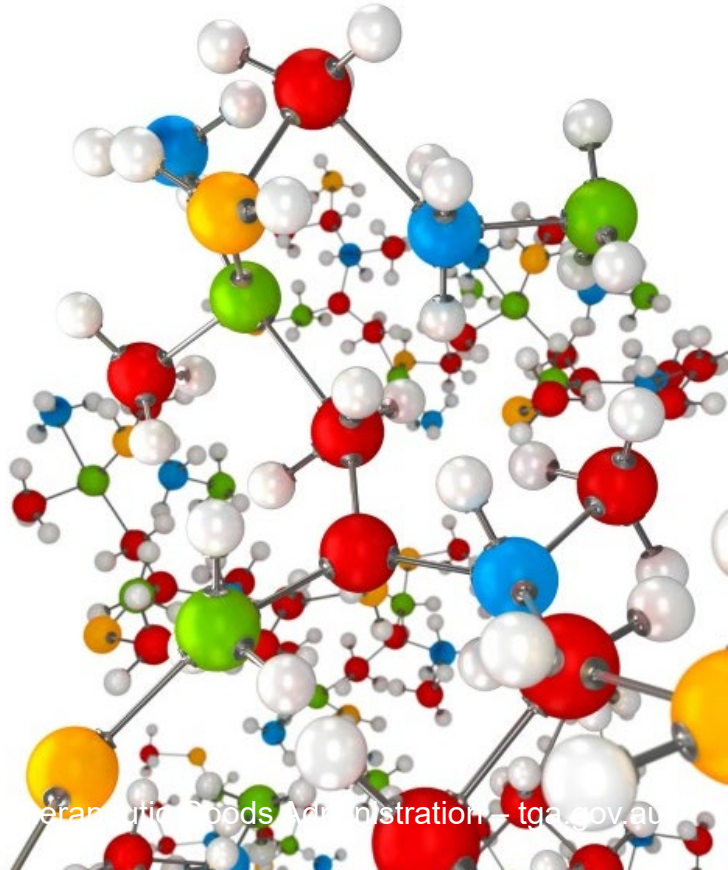
Circumstance – When present in a concentration of 3% v/v or more

Requirement: To declare on the label the quantity of ethanol as % v/v.

Example - Converting ethanol from weight to volume

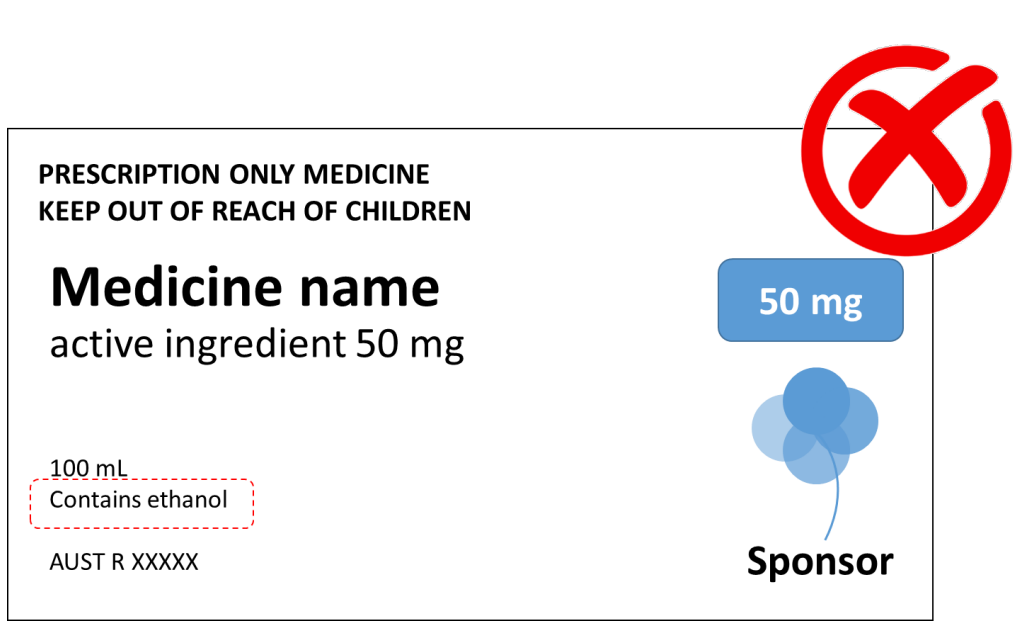
In this example each mL contains 100 mg ethanol (alcohol);
Volume of EtOH = mass of EtOH/Density of EtOH (0.789)
We have 100 mg EtOH in 1mL, this is equivalent to 0.100 g EtOH in 1mL (Density is g/mL)
0.100/0.789 = 0.127 mg/ml
0.127 x 100 = 12.7 %v/v

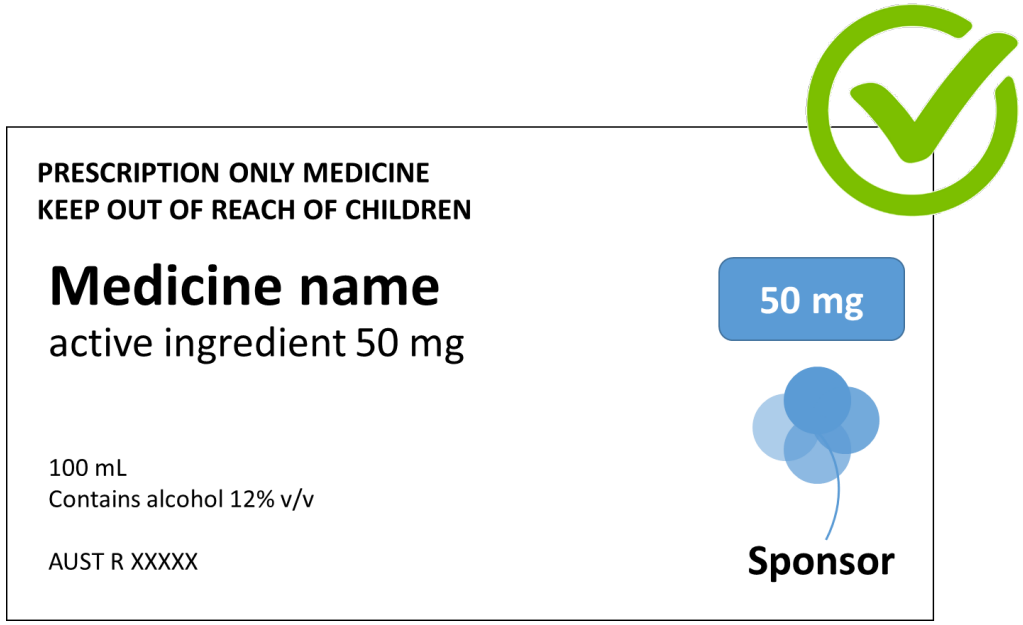
From TGO 91, ethanol as alcohol needs to be declared when it exceeds 3% v/v.



Schedule 1 - ethanol

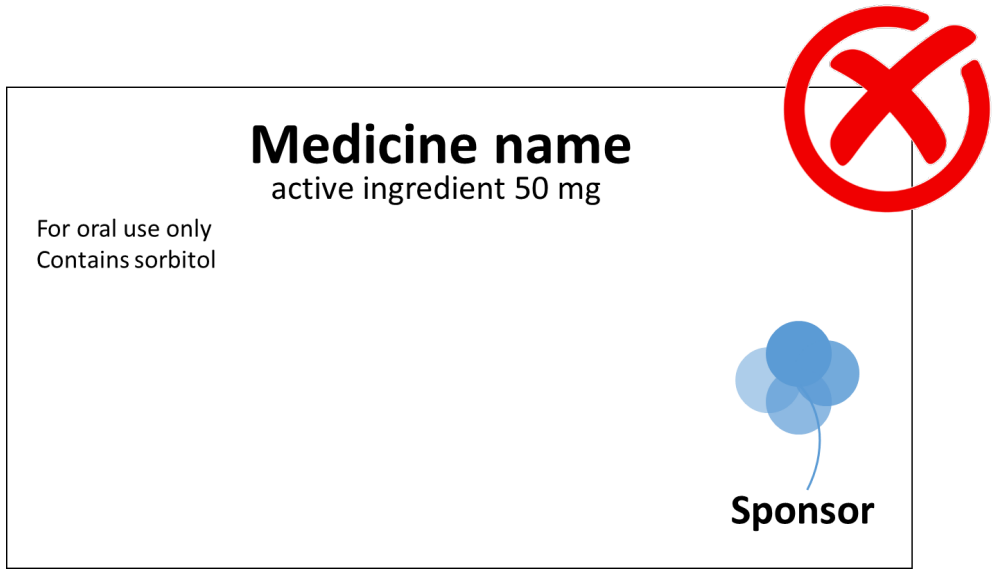
Expressing the content of ethanol as per schedule 1 means that the name to be included on the label is “alcohol” not ethanol.

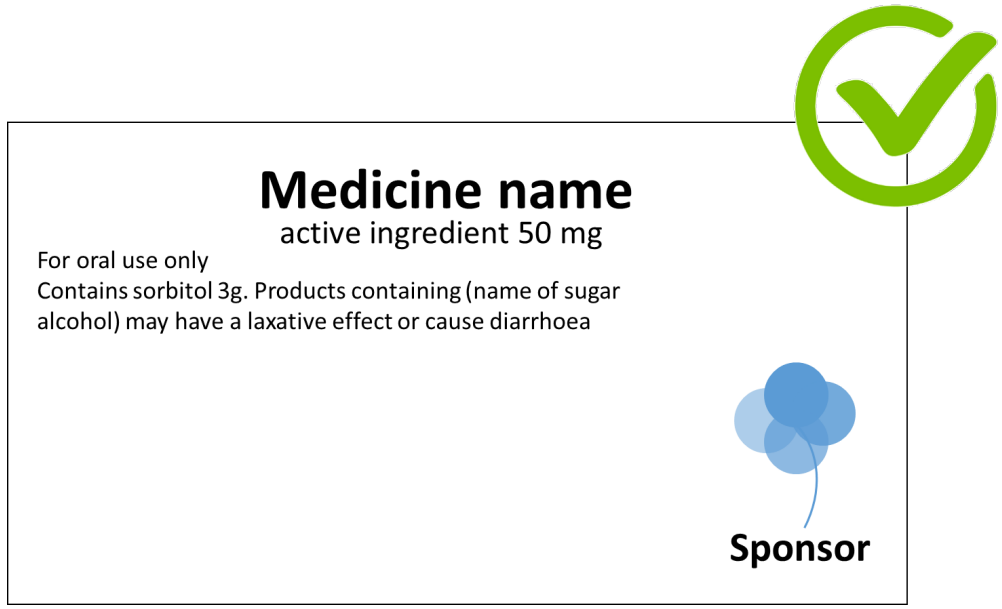




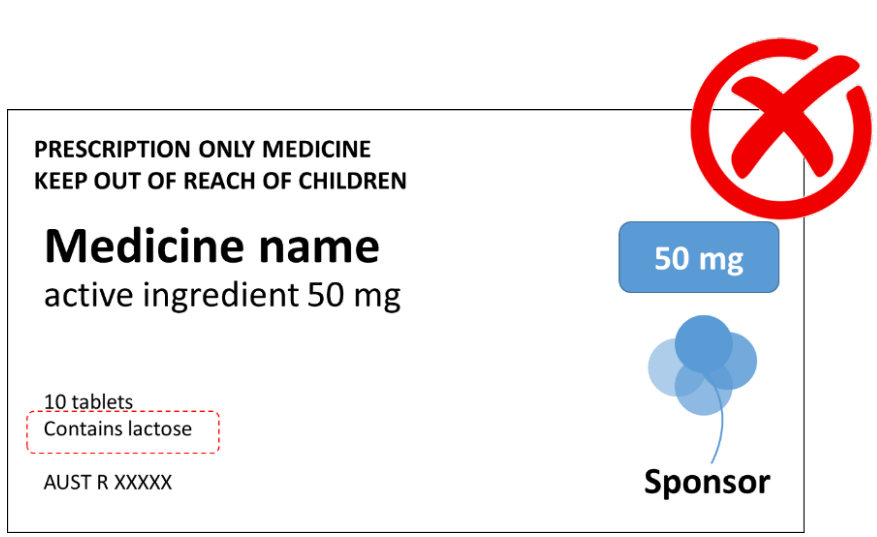
Schedule 1 – Sugar alcohols

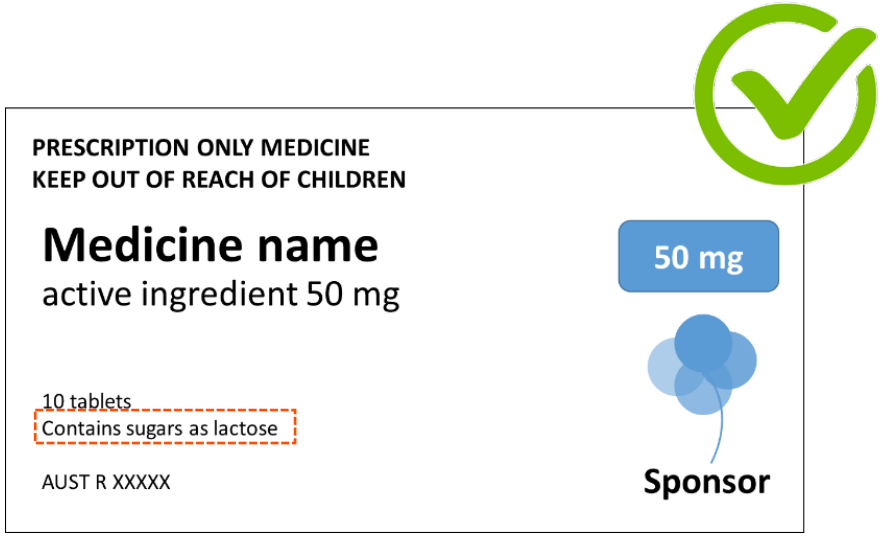
This example: each dose contains 1.5 g sorbitol and the maximum recommended daily dose of the medicine is 2 doses





Schedule 1 – Lactose





Schedule 1

Due to the difference of self-selection and ingredient availability between prescription and non-prescription medicines, there are some differences in how phenylalanine statements may be used.

The labelling guidance with respect to prescription medicines states:

'The intention of note 5 of Schedule 1 was to ensure that consumers are aware of medicines that may contain phenylalanine in amounts that are of importance in the context of phenylketonuria (PKU). Ingredients high in protein, such as those mentioned in note 5, may have an impact on patients with PKU who are managing their phenylalanine intake. The intention is not to capture every complex ingredient that may contain phenylalanine as a trace component (e.g. gelatin).'

The current stance is that only if phenylalanine was a direct ingredient this would be considered, noting that prescription medicines are used under the instruction of a doctor who should be aware of any health concerns such as PKU.

If you have examples of when this has been requested we are happy to talk to you afterwards to go over the reasoning.

RASML

RASML warnings are not required for prescription medicines – this is in the explanatory statements for the RASML legislation that provide:

> 'The **exclusion of prescription medicines** reflects that access to prescription medicines is controlled by medical practitioners, and that information about the potential benefits and risks of such a medicine is part of the consultation between prescriber and patient. The exclusion of radiopharmaceuticals and medical gases reflects that these products are not usually supplied directly to consumers…'

SUSMP

The Poison standard, Section 16 states with respect to signal headings and additional warnings:

(1) The signal word or words for the poison, as shown in the following table, must be written:

(a) on the first line or lines of the main label; and

(b) in bold-face sans serif capital letters of uniform thickness; and

(c) subject to subsection (3), in letters at least half the height of the largest letter or numeral on the label;

Considering the above information, unless multiple panels are made equivalent as main labels, the signal heading **should only** appear on the designated main label.

SUSMP

Section 6 of TGO 91 provides the following definition for warning statements:

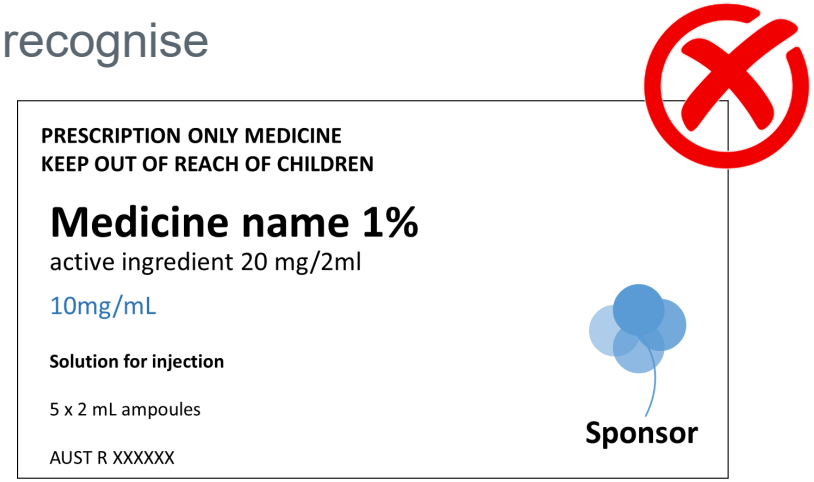
> ***warning statements*** means:
>
> (a) any warning statements specified in any standard that applies to the medicine;
>
> (b) any warning statements required by the Secretary to be included on the label as a condition of registration in relation to the medicine; and
>
> (c) any warning statements specified in the Poisons Standard.

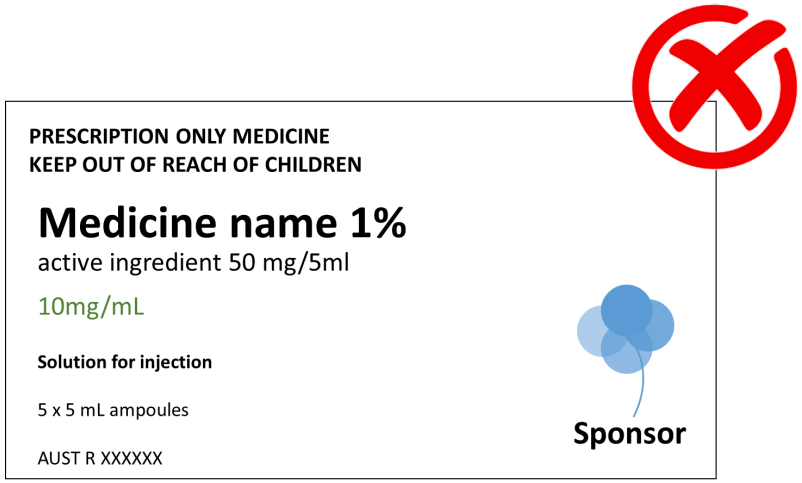
This can be interpreted as any warnings that come from the poison standard must be included on the label and should not be left to the pharmacist to apply.

Because they are required by the TGO 91 and Poison standard to be included on the label they should be present at the time of the approval of the label.

Injections - Clear expression of concentration

To eliminate the risk of confusion or incorrect dosing, the strength should be clear and easy to recognise

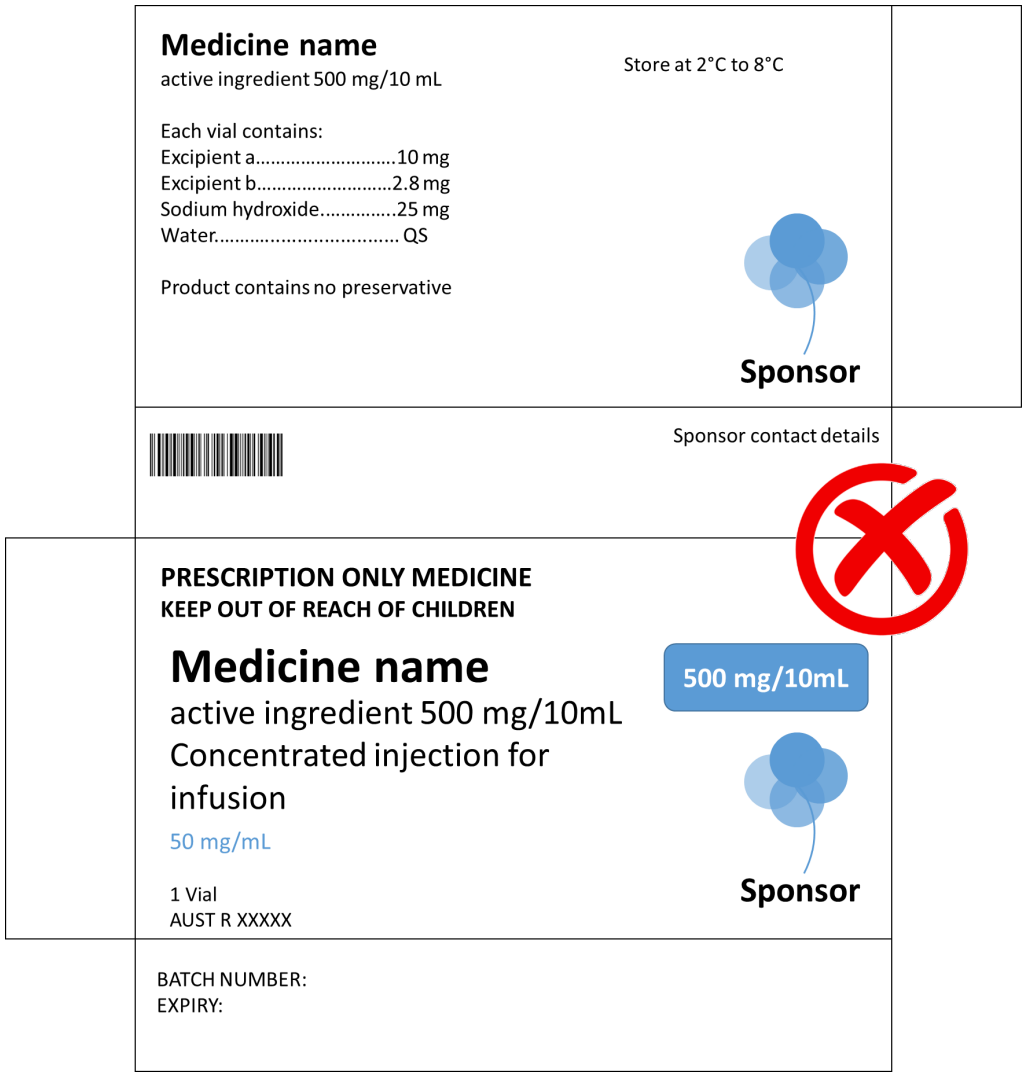




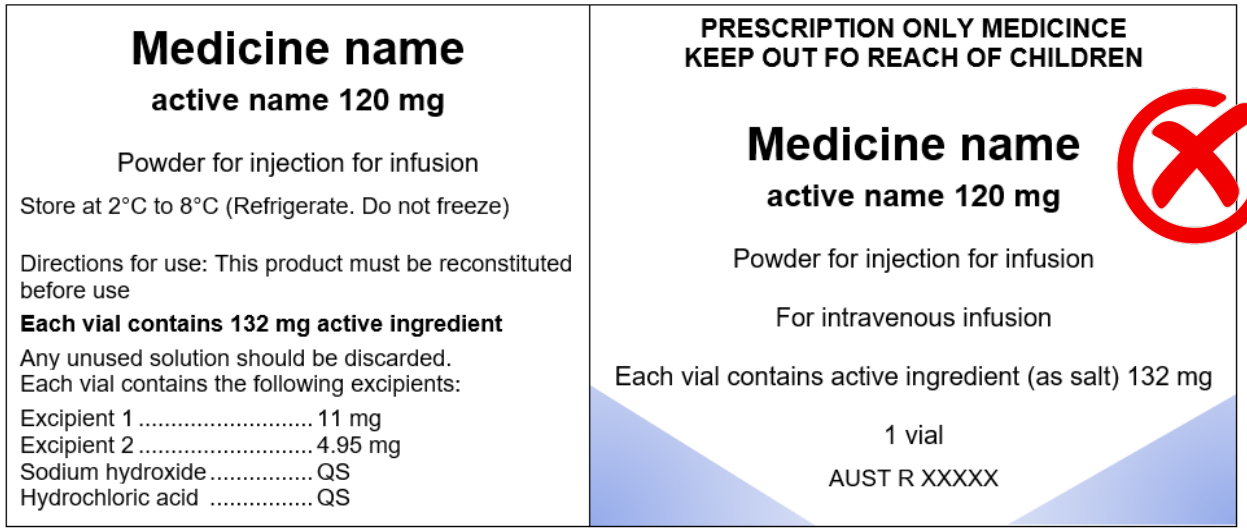
Injections – opposing sides and units

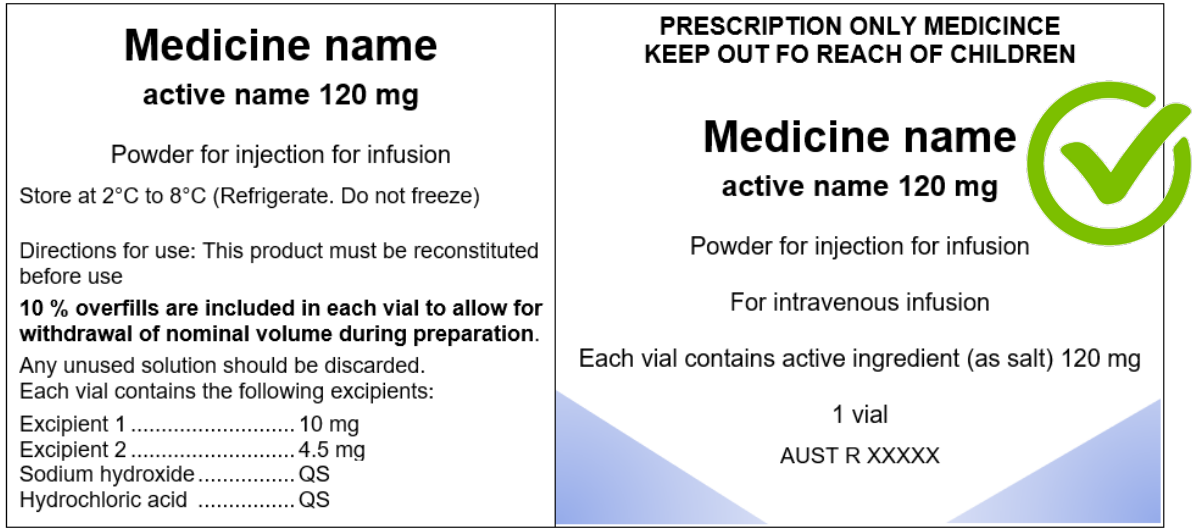
Injections

A concentrated injection for infusion vial that needs to be refrigerated without any preservative

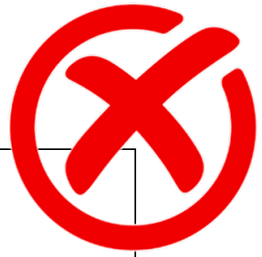


Injections – Overages and Excipients





Injections – General points



PRESCRIPTION ONLY MEDICINE
KEEP OUT OF RAECH OF CHILDREN

Medicine name 1%

active ingredient 20 mg/2ml

10mg/mL

Soultion for injeciton

5 x 2 mL ampoles

AUST R XXXXXX

Sponsor

PRESCRIPTION ONLY MEDICINE
KEEP OUT OF REACH OF CHILDREN

Medicine name 1%

active ingredient 20 mg/2mL

20 mg/2mL

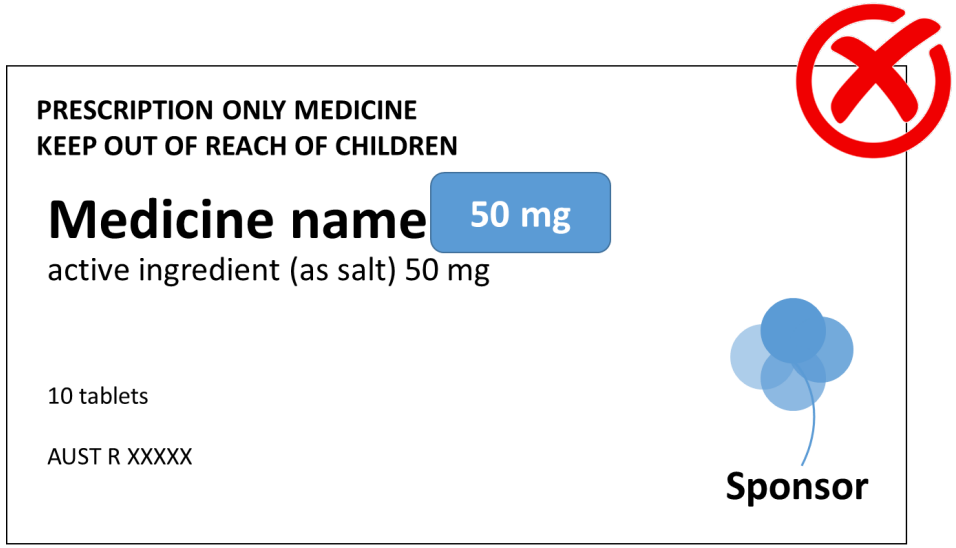
Solution for injection

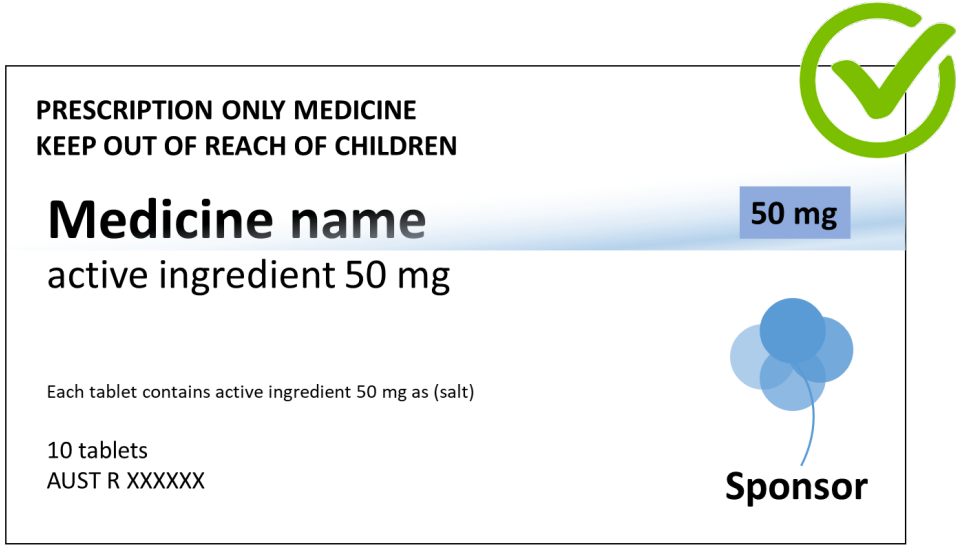
5 x 2 mL ampoules

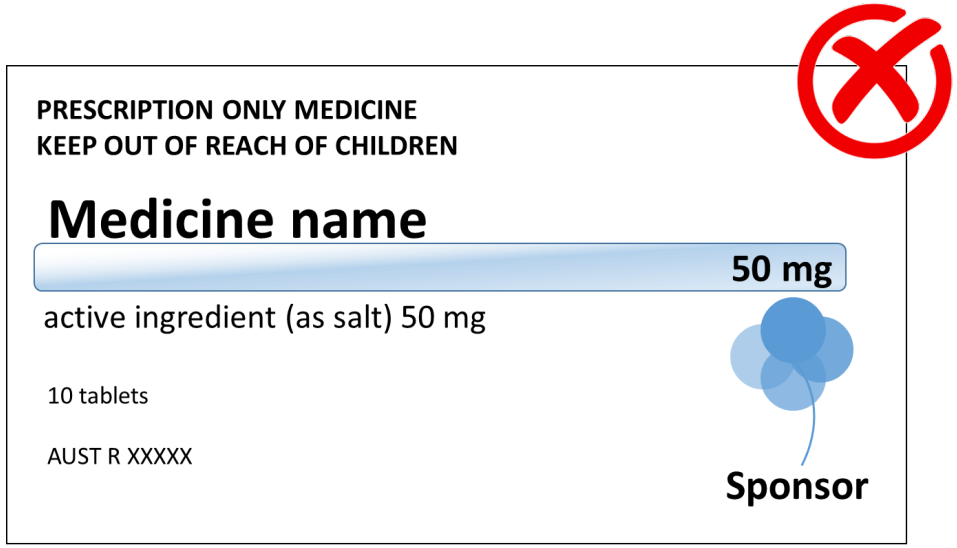
AUST R XXXXXX

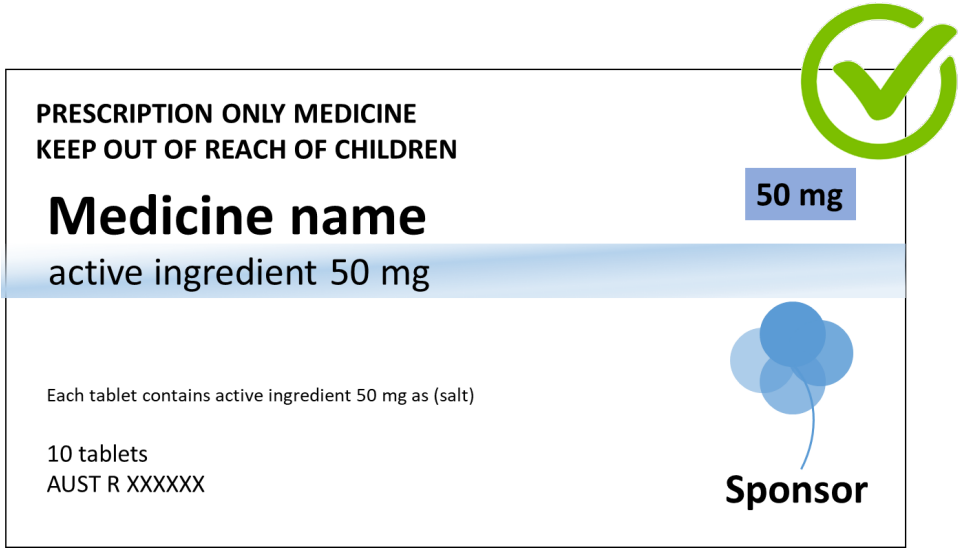
Sponsor

Cohesive units and colour blocks









Biodescriptors on labels

- Does not form part of the tradename
- Not required on labelling. This was required in TGO 69 but was removed for TGO 91
- No preference on format or font if the sponsor chooses to include it on the label

Starter Packs

Starter Packs – as per the definition in TGO 91

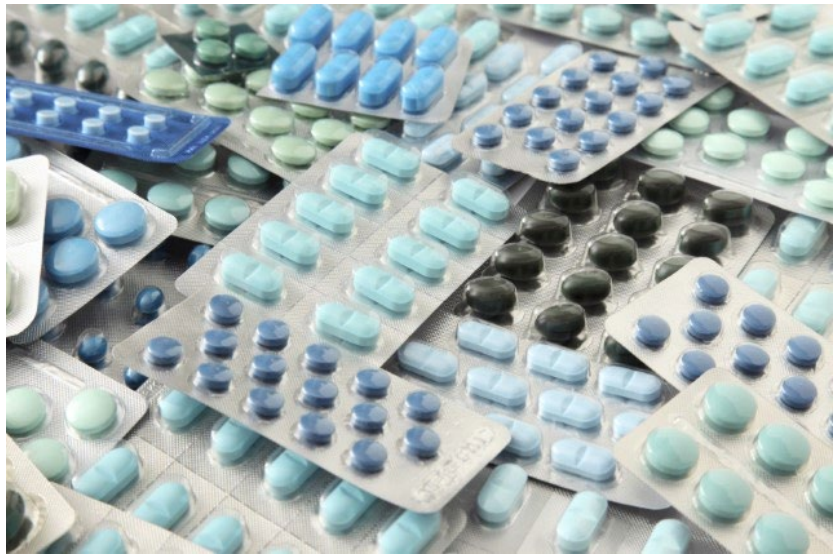
- if it comes under the PBS – it should not exceed 1/3 of the most commonly prescribed pack size.

- other medicines – should not exceed 1/3 of the smallest trade pack

- when the above is not practical, then the smallest trade pack size of the medicine (for example small volume liquids)

When the 1/3 of the pack size is not a whole number, you should round down – the Order states "**Does not exceed"**.

If a larger pack size is needed for some reason (perhaps when 1/3 would lead to an odd number of tablets when an 2 tablets are used per dose) then clinical comment may be needed and justification for this pack size needs to be provided.



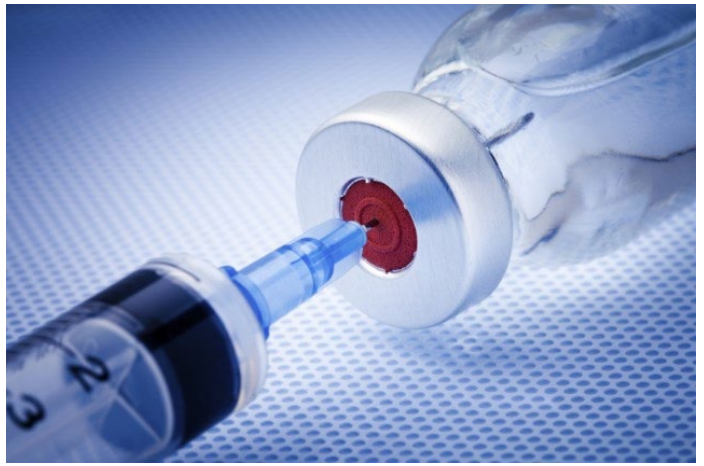
Colour contrast

The analysers tend to be applied when an evaluator has concerns about the contrast when observing the labels.

It is known that the digital images may not reflect the true print colours, therefore we would welcome the supply of colour contrast analysis conducted on the print colours as part of a label update submission.

Other statements

Sometimes you may be asked to include statements that may not match the labelling order. This is due to making sure labels encourage the safe use of medicine. This might mean including a statement “use in one patient only” if that is the intention of the medicine, even if there is a preservative present.



Website and link references

Label Guidance	https://www.tga.gov.au/sites/default/files/2022-09/medicine-labels-guidance-tgo-91-and-tgo-92_0.pdf
The TGO 91	https://www.legislation.gov.au/F2016L01285/latest/text
Role of the sponsor	https://www.tga.gov.au/role-sponsor
ARTG	https://www.tga.gov.au/australian-register-therapeutic-goods
How we regulate medicines	https://www.tga.gov.au/how-we-regulate-medicines
Compliance management	https://www.tga.gov.au/hubs/compliance-and-enforcement/compliance-management
TGA guidelines email list	https://www.tga.gov.au/tga-guidelines-email-list
TGA business services	https://www.tga.gov.au/tga-business-services
Schedule of fees and charges	https://www.tga.gov.au/schedule-fees-and-charges

Contact us

Pharmaceutical Chemistry Variations or Registrations section

PCSinbox@health.gov.au

Biological Sciences Section

biological.medicines@health.gov.au

Scientific Operations Management Section

Therapeutic Goods Administration (TGA)

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