

A meeting of the National Drug Scheduling Advisory Committee (NDSAC) was held on Sunday, December 6 and Monday, December 7, 2009 at the Lord Elgin Hotel, Ottawa.

Participants

Committee members

Margot Priddle, Chair; Dr. Ruth Wilson, Vice Chair; Kim Abbass; Gail Bradley; Dr. Nancy MacDonald; Dr. Sheldon Koven; Dr. Peter Zed; Kathy McInnes
In the absence of the Chair, Dr. Ruth Wilson acted as chair on December 7, 2009

Observers

Dr. Ratna Bose – Therapeutic Products Directorate, Health Canada
Joan Sayer – Consumers Association of Canada

Staff

Lizanne Beique – NDSAC resource and pharmacist, Ottawa Valley Regional Drug Information Centre
Carole Bouchard – NAPRA Executive Director and Committee Secretary
Carol Langlois – NAPRA, Pharmacist assisting with Committee Secretary activities

1.0 Call to order

1.1 Call to Order

Ms. Priddle called the session to order at 9:05 am and welcomed everyone to the meeting.

1.2 Conflict of interest declarations

Ms. Priddle called for conflict of interest declarations. No member had anything to declare with respect to the submissions on the agenda. All participants already submitted signed conflict of interest declarations.

2.0 Approval of the agenda

The agenda was approved as circulated.

3.0 Approval of the minutes of the September 13-14, 2009 meeting

Clarification was requested by Dr. Bose to members of the committee for item 5.3 of the minutes, pertaining to the patient information made available in packages of levonorgestrel 0.75 mg/tablet to be shown on the outside of the package. It was clarified that it was the committee's recommendation that the information listed in bullets in 5.3 was to be displayed on the outside of the package in order to fall under Schedule III status. The minutes are amended to read: "In addition to the information Health Canada requires on the outside of the package, the Committee identified the following information to be found on the outside of the package and visible to the consumers".

3.1 Communication to Committee

At the request of the Chair, C. Bouchard informed the members about a letter received further to the September meeting requesting a reassessment in the case of the review of methocarbamol. After consideration by the Executive Committee, the request was denied.

3.2 Levonorgestrel 0.75 mg/tablet

In relation to item 5.3 of the September minutes, and marketing of other products containing levonorgestrel 0.75 mg/tablet for self-selection, C. Bouchard also informed members that steps have been taken to ensure that manufacturers who wish to market these products as Schedule III, be aware of the requirements for appropriate labelling for self-selection and ensure compliance with those.

Topics that were planned to be discussed at a future meeting and described in the minutes of last meeting, i.e. item 4.1, *Guidelines for Scheduling Status Submissions*; item 4.2, *Clarification of "parenteral nutrition" vs "total parenteral nutrition"*; and item 4.3, *Reference chart of scheduling structure in similar jurisdictions e.g. US, UK, AU, NZ, EU*, were deferred to the next meeting.

The amendment to the minutes has been approved.

4.0 New business

4.1 Request for Schedule III status for Fluconazole 150 mg single dose oral administration for vaginal candidiasis

The committee welcomed Leonard Baum, Dr. Wanda Wenman, Joseph Chan and Michele Kay (by teleconference), representatives from Bayer Inc., to the meeting at 10:00 am. The representatives made a presentation to the committee outlining key elements presented in the submission regarding their request to have Fluconazole 150 mg single dose in oral form placed in Schedule III for self-selection after the product is removed from Schedule F of the *Food and Drug Regulations* and receives a Notice of Compliance (NOC). The presentation was followed by a period of questions and answers with committee members.

The committee reviewed and discussed the information previously submitted by the applicant and their presentation. The committee members felt that the material provided was detailed, however pointed out that very little research exists for patients under 18 years of age and the drug is not recommended for children under 12 years. The safety profile of the product was also discussed. The members discussed the impact of some possible drug interactions with warfarin or oral hypoglycemic agents, and some possible adverse events such as drug resistance in HIV patients with decreased CD4 counts, and QT prolongation. The need for proper directions to ensure patients use the product appropriately was pointed out.

The committee was informed that no Interested Parties status was granted. Comments were received from seven members of the public through the alternate method of participation recently implemented. They were all in

support of the requested scheduling change. A summary of the comments received was provided to the members.

The Chair then led the committee through a review of the current applicability of this drug to all scheduling factors, and it was agreed that scheduling factors # II-1, # II-10, # III-2, # III-3, # III-5 were applicable. After further discussion, it was agreed that the applicability of these factors allowed placement in Schedule III.

A draft motion was discussed on the first day of the meeting and finalized on the second to read as follows:

It was moved by R. Wilson, seconded by P. Zed that "Fluconazole when sold in a concentration of 150 mg Single oral dosage unit and indicated for the treatment of vaginal candidiasis, in package sizes containing no more than 150 mg of fluconazole" be granted Schedule III status, pursuant to removal from Schedule F of the *Food and Drug Regulations* and the issuance of a Notice of Compliance by Health Canada for the non-prescription product formulation.

Motion carried.

To be reported to NAPRA Executive Committee.

4.2 Request for Schedule II status for oral purgatives containing sodium picosulphate 10 mg per pack (when found in preparations with magnesium oxide 3.5g and citric acid 12g)

Ms. Priddle welcomed Denise E. David, Dr. S. Vanner and Dr. A. Brusby, representatives from Ferring Pharmaceuticals, at 14:30. Ms. David and Dr. Vanner made a presentation to the Committee regarding the request to have sodium picosulphate 10 mg per pack, when found in preparations with magnesium oxide 3.5g and citric acid 12g, granted Schedule II status, due to increased risks of serious adverse events in some patients in situations when the product is not provided by a health care professional. The product is used for colon cleansing before undergoing colonoscopy and requires specific instructions for safe use in some situations by health care professionals. This was followed by a period of questions and answers.

The committee reviewed and discussed the submission previously provided by Ferring Pharmaceuticals and their presentation.

The committee was informed that there was no Interested Parties other than the sponsor involved in this request. No comment was received from the public through the alternate method of participation however, a letter supporting the proposal was received with the submission.

It was mentioned at the meeting that sodium picosulphate is not a prescription product and that it has an "ethical" status with Health Canada as indicated in the Health Canada's Drug Product Database, which means that it would not normally be used without a practitioner's direction and consequently, is not for self-selection.

The Committee discussed the fact that serious adverse events resulting from fluid and electrolytes disturbances have been observed with certain products used as oral purgatives (e.g. oral sodium phosphate products), particularly in older patients. This is even more of a serious concern when it is used repeatedly and without proper hydration or fluid intake to compensate for fluid loss. There was agreement that considerable attention is required to emphasize the need for fluid intake requirements, as mentioned in product packages, or to other conditions of use prior to bowel examination. In addition, concern was expressed about nephrocalcinosis associated with renal failure, as has been reported with oral sodium phosphate products.

The issue of consistency concerning scheduling status of other oral purgatives used for similar indications was raised during the discussion, especially for those products that are also classified as "ethical" products with Health Canada. In addition, it was raised that some products used as laxatives have been classified as natural health products and granted a natural health products number (NPN). It was decided that this more general concern be added as an item to the next meeting agenda to further the discussion on this matter.

The Chair led the committee through a review of the current applicability of this drug to all scheduling factors, and it was agreed that scheduling factors # I-1, # I-2, # I-4, # II-1, # II-4, # II-5, # II-9, # III-2, # III-4, and # III-5 were applicable. After further discussion, it was agreed that the applicability of these factors allowed placement in Schedule II.

It was moved by R. Wilson, seconded by S. Koven that "oral purgatives containing sodium picosulphate 10 mg per pack (when found in preparations with magnesium oxide 3.5g and citric acid 12g)" be granted Schedule II status.

Motion carried.

To be reported to NAPRA Executive Committee.

As briefly described above, the committee's members further discussed the scheduling status of other bowel cleansing agents, including the need to look at consistency in the scheduling status of other purgative products used for the same indications, and having with Health Canada the "ethical" classification. Especially in light of the fact that there is a number of available cleansing agents for bowel examination and other procedures, which can inappropriately be used as laxatives by patients in the context of purchase by self-selection, the committee felt that there is a need to further examine this issue.

Accordingly, two additional motions were formulated and finalized on the second day of the meeting:

It was moved by R. Wilson and seconded by N. MacDonald to recommend to NAPRA that bowel cleansing agents identified as "ethical" by Health Canada, and used for bowel examinations and other procedures, be considered for

placement on Schedule II and that Health Canada be approached to discuss the need for consistency regarding the regulatory environment of all bowel cleansing agents used in preparation for bowel examination and other procedures, on the Canadian market.

Members added that this particular motion includes reference to Natural Health Products and the need for consistency between these products and the ones with a Drug Identification Number to ensure patient safety in view of possible fluid electrolytes disturbance.

It was also moved by R. Wilson, seconded by K. McInnes to recommend to NAPRA to examine the feasibility of developing a policy to place drugs identified as "ethical" by Health Canada, automatically under Schedule II.

Both Motions carried.

To be reported to NAPRA Executive Committee.

4.3 Scheduling status for Influenza A (H1N1) Pandemic vaccines (with and without adjuvant)

C. Bouchard provided some background on the issue, as earlier this year, in anticipation of the release of the Influenza A (H1N1) Pandemic vaccine, NAPRA was asked where it would fall under the National Drug Schedules.

It seems that Influenza A (H1N1) vaccine would best be captured under Schedule II for the following reasons: 1) the vaccine is not in Schedule I because of the existing exemptions, for vaccines which are part of a routine immunization program in most/all provinces and territories and for vaccines requiring special enhanced public access due to disease outbreaks; 2) most of the vaccines that are exempted from Schedule I status in the vaccines category are further specifically listed in Schedule II; and 3) from a public health perspective it was not felt that the vaccine should be either in Schedule III or unscheduled.

It was also raised that other vaccines such as vaccines against hepatitis B, were also placed in Schedule II.

All members agreed that all Influenza A (H1N1) Pandemic vaccines should be listed in Schedule II.

5.0 For information

5.1 TPD update

Dr. R. Bose provided an update to the committee members on the new requirement for labelling for acetaminophen containing products in Canada that now reflects strengthened safety requirement regarding acetaminophen overdosing (liver related injury). She indicated that manufacturers have until December 2010 to have labels revised as per the new labelling standard.

Members were reminded that the transition to a natural health product number for natural health products currently with a Drug Identification Number is January 1, 2010. Status of NAPRA policy on Natural health Products was shared.

Dr. Bose also indicated that the Paediatric Expert Advisory Committee recently met and supported Health Canada actions regarding acetaminophen labelling standards and cough and cold products for children.

6.0 Date of next meeting

Tentatively scheduled for March 7 and 8, 2010. Other tentative meeting dates were also scheduled for 2010 as follow: June 6-7, September 12-13 and December 5-6. The Chair and C. Bouchard reviewed some administrative matters with the members including the validity period of the signed form to confirm the absence of conflict of interest.

7.0 Adjournment

The meeting was adjourned at 12:05 PM on Monday, December 7, 2009.