

A meeting of the National Drug Scheduling Advisory Committee (NDSAC) was held on Sunday, March 7 and Monday, March 8, 2010 at the Sheraton 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 (Sunday only).

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 (Sunday only)
Carole Bouchard – NAPRA Executive Director
Kathy Vesterfelt – NAPRA Committee Secretary
Janelle Souter – NAPRA Pharmacy Intern (Monday only)

1.0 Call to order

1.1 Call to Order

Chair M. Priddle called the session to order at 9:00 am and welcomed everyone to the meeting. C. Bouchard provided opening remarks and introduced K. Vesterfelt to the Committee members.

1.2 Conflict of interest declarations

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

2.0 Approval of the agenda

The agenda was approved with the provision of deferring item 5.0 for discussion Monday and placing 7.1 on the agenda for Sunday.

3.0 Approval of the minutes of the December 6-7, 2009 meeting

The minutes of the December 6–7th, 2009 meeting were approved as circulated electronically to Committee members and posted on NAPRA website.

4.0 Updates

4.1 Placement of Niacin (nicotinic acid) in NDS

C. Bouchard provided the Committee with background information regarding inconsistencies in the terms used to list nicotinic acid and niacin in the National Drug Schedules (NDS). Nicotinic acid and niacin refer to the same

chemical entity, however nicotinic acid (when sold in a modified-release oral dosage form that provides 500 mg or more per dosage unit or per daily dose; or in an immediate-release oral dosage form that provides more than 500 mg per dosage unit or per daily dose) is included under Schedule F of the *Food and Drug Regulations* and is listed in Schedule I. Currently, niacin is listed in Schedule II for extended- release formulations and niacin is also in Unscheduled list (U) for immediate-release formulations.

To provide clarity in the schedules regarding entries pertaining to nicotinic acid and niacin, the Committee recommended to:

- Use both terms “nicotinic acid” and “niacin” for all entries in the schedules of the NDS, using nicotinic acid as the first term for all entries;
- Specify that the Schedule II entry for Nicotinic acid (niacin) refers to a modified –release oral dosage form that provides less than 500 mg per dosage unit or per daily dose and;
- Specify that the Unscheduled (U) entry for Nicotinic Acid (niacin), refers to immediate-release oral dosage form that provides 500mg or less per dosage unit or per daily dose.
- Remove the Summary information provided for niacin entry found in Schedule II. The information is not relevant in light of recent regulatory changes.

There was discussion about two entries for niacinamide in the Unscheduled list of the NDS; naicinamide, oral and niacinamide for topical use. While some sources consider niacin as a generic term that includes both nicotinic acid and niacinamide, they do not have the same chemical structure. R. Bose confirmed that these substances (with the exception of Schedule F products) are considered Natural Health Products by Health Canada. The Committee deferred recommending any changes to these entries at this time.

4.2 Natural Health Products Update

C. Bouchard provided the Committee with a verbal update on NAPRA’s Position Statement regarding the sale of non-approved marketed health products. NAPRA prepared a Position Statement to reinforce the fundamental requirement as outlined in federal regulations whereby only approved marketed health products that have been issued a market authorization or a product license by Health Canada can be sold. The Committee was also informed of the work being undertaken by NAPRA to re-examine the NAPRA NHP Policy issued in 2006.

4.3 (7.1 on agenda) Clarification of “parenteral nutrition” vs. “total parenteral nutrition”

C. Bouchard provided the Committee with some historical background from previous minutes to help identify what the issues were surrounding this matter. In the past, issues have been raised at NDSAC around how electrolyte additives intended for total parenteral nutrition were listed in the NDS. At the September 2002 NDSAC meeting, the Committee recommended that additives in injectable form for use in parenteral nutrition be listed in Schedule I.

A recent review of the NDS schedules showed 15 entries for substances in injectable form for parenteral nutrition listed in Schedule I. Five of these substances were listed twice in the NDS: "for parenteral nutrition" in Schedule I and "for parenteral use" in Schedule II. They are magnesium sulphate, sodium sulphate, sodium acetate, sodium chloride, sodium phosphate and vitamins*.

(*Vitamins in injectable form for parenteral nutrition in Schedule I and Vitamins any parenterals not otherwise included in Schedule I are listed in Schedule II).

It was moved by R. Wilson and seconded by G. Bradley that the 15 entries listed in Schedule I be changed from using the term "for parenteral nutrition" to the term "for parenteral use".

Motion Carried.

To be reported to NAPRA Executive Committee.

Subject to a further verification of the entries background, the Committee further recommended that to avoid duplication and confusion, to delete those 5 entries found in Schedule II that are captured under Schedule I. Therefore, magnesium sulphate, sodium sulphate, sodium acetate, sodium chloride, sodium phosphate and vitamins would only be listed for parenteral use in Schedule I.

It was suggested by the Committee that a review of all substances for parenteral use found in Schedule II would be beneficial. C. Bouchard informed the Committee this would be done in conjunction with a more comprehensive review of all the schedules in NDS undertaken by NAPRA in the future.

For information and follow up from the minutes of NDSAC meeting, December 2007, the Committee was informed that NAPRA has not received a submission from the Canadian Association of Naturopathic Doctors.

5.0 New Business (item 6.0 on the agenda)

5.1 Request for Unscheduled status for diclofenac diethylamine in preparations for topical use on the skin in concentrations of not more than the equivalent of 1% diclofenac.

M. Priddle welcomed Don Beatty, Director, Regulatory and Scientific Affairs, Novartis Consumer Health Canada, Inc. at 13:30. Mr. Beatty made a presentation to the Committee regarding the request for unscheduled status of diclofenac diethylamine in preparations for topical use on the skin in concentrations of not more than the equivalent of 1% diclofenac. The presentation was followed by a period of questions and answers with Committee members.

The Committee reviewed and discussed the submission previously provided by the applicant 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.

In the NDSAC deliberations following the formal presentation and discussion, it was noted that while the maximum dose recommended was not found on the labelling of the product, the frequency and duration of use did appear on both the outer packaging and the tube. The usual dose to be administered was found in the Product Monograph. The Committee spent considerable time discussing whether the length of time the product had been on the market in Canada with a Schedule III listing status was sufficient to evaluate the drug's post market safety profile. In the 1&1/2 years the product has been marketed in Canada, only two serious events had been reported; one photosensitivity and one allergic reaction.

It was noted by the Committee that the applicant's submission did not include adverse drug reaction reported for this product from the Health Canada Adverse Drug Reaction Database.

The Committee members noted however that there are many years of international experience with the product with few significant problems reported to be associated with its use.

There was some discussion by the Committee whether limiting package size was warranted but determined it would not be necessary. Based on the information provided in the submission and presented by the company representative, it would appear that the product has a large safety margin and poses a low level of risk hazard to a patient who uses this product.

The Chair then led the Committee through a review of the current applicability of this drug product to all scheduling factors, and it was agreed that only scheduling factor #III-5 was applicable.

It was moved by R Wilson, seconded by P. Zed that "diclofenac diethylamine in preparations for topical use on the skin in concentrations of not more than the equivalent of 1% diclofenac be granted Unscheduled status" and therefore removed from Schedule III.

Motion carried.

To be reported to NAPRA Executive Committee.

6.0 Scheduling status of purgatives used as bowel cleansing agents and classified by Health Canada as "ethical products" (item 5.0 on agenda)

In December, 2009, NDSAC reviewed the National Drug Schedule (NDS) placement of oral purgatives containing sodium picosulphate 10 mg per pack (when found in preparations with magnesium oxide 3.5g and citric acid 12g). The Committee recommended giving the above group of purgatives Schedule II status. In addition to the sodium picosulphate purgatives, Health Canada lists other products as ethical and indicated for bowel cleansing prior to medical procedures.

NAPRA staff reviewed and analyzed the groups of cathartics/laxatives listed in the "ethical" category and found two main groups. In addition to the sodium picosulphate group of purgatives, are Polyethylene Glycol-Electrolyte solutions (PEG-ES). All PEG-ES currently listed as ethical drugs contain polyethylene glycol (PEG) 3350, potassium chloride, sodium bicarbonate, sodium chloride and sodium sulphate.

The Committee felt it important to maintain consistency between the NDS status of oral purgatives categorized as ethical by Health Canada and indicated for bowel cleansing.

Additionally, the Committee was informed that PEG 3350 is also available in single ingredient oral products indicated as a laxative to treat occasional constipation. These products are federally scheduled as OTC. While not listed currently in the NDS schedules, NAPRA has informed stakeholders that these single ingredient PEG laxatives should be considered Schedule III, placed similarly to most other laxatives found in the NDS.

It was moved by S.Koven and seconded by G. Bradley that "oral purgatives containing Macrogol (polyethylene glycol (PEG) 3350), in combination with electrolytes, for oral use as a purgative indicated for bowel cleansing be included in Schedule II" and;

"Macrogol (polyethylene glycol (PEG) 3350) single ingredient oral products indicated as a laxative to treat occasional constipation would be listed in Schedule III".

Motion carried.

To be reported to NAPRA Executive Committee.

7.0 Discussion on topics deferred from previous meeting minutes

7.2 Update on project to prepare a reference chart of scheduling structure in similar jurisdictions

Further to the expressed wish from the Committee for the inclusion of a chart with OTC status of a drug product under review from other countries, there was consensus that information obtained from the following jurisdictions would be beneficial: Australia, United States, United Kingdom, France and New Zealand. N. MacDonald informed the Committee that Scandinavian countries had a great deal of experience with non-prescription

drugs and OTC data obtained from any of those countries would be helpful also. This is data suggested that the company should provide in a submission in the section referencing status in other countries.

7.3 Guidelines for Scheduling Status Submissions

There was discussion about the guidelines for scheduling status submissions and recognition of the significant work done by Committee members on this in the past. There may be an opportunity to re-evaluate the guidelines in the near future and shift the focus on submission requirements from manufacturers to include consumer usage and safety studies and OTC status data from other countries. The work on the guidelines will be resumed in the near future with the hope to bring forward the topic for further discussion at the next NDSAC meeting. In the meantime, for consideration in the review of future submissions, the Committee suggested NAPRA require all manufacturer's submissions include adverse drug reaction reports from Health Canada's Database and Consumer Usage and Safety Studies to be included in the submissions.

8.0 Other administrative issues

C. Bouchard reviewed some administrative matters with the members. In addition, there has been further discussion on a motion passed at the September 2009 NDSAC meeting regarding Levonorgestrel. The Committee members were asked to provide comments on another proposed wording for a similar product. While the Committee members were able to share their views on this matter, they were reminded that proposed labelling information must follow certain federal regulation and policies that are administered by Health Canada.

9.0 For Information

9.1 TPD update – Dr. R. Bose

Dr. R. Bose reminded the Committee as reported at the last NDSAC meeting, of the new labelling standards for acetaminophen containing products and that it is anticipated that acetaminophen containing products will have updated labelling on shelves by Fall 2010.

Currently Health Canada is monitoring the activities of the United States and other regulatory agencies regarding acetaminophen. The information gathered will be assessed in a Canadian context, after which Health Canada may consider whether regulatory amendments would be required.

Dr. R. Bose indicated that while the transition to a natural health product number for natural health products currently with a Drug Identification Number was intended to end Dec 31, 2009, this transition will continue for the next 6 – 12 months.

Dr. R. Bose reported that the final version of Health Canada guidance document Human-Use Antiseptic Drugs is now available. It covers professional and commercial use antiseptic skin products, as well as personal use products such as those making viral, specific organisms, persistence

and/or log reduction claims. The guidance outlines the categories of antiseptic products, the submission filing process, and the basic documentation required to support product efficacy. It also provides information on test organisms and detailed data requirements necessary to support specific claims and enhanced labelling.

Dr. R. Bose shared with the Committee how nanotechnology is evolving very quickly not only in the field of prescription drugs but also with non-prescription drugs. Within the Health Portfolio, which includes Health Canada, the Public Health Agency of Canada, and the Canadian Institutes of Health Research, a Nanotechnology Working Group has been established to gather information, identify areas where additional regulations may need to be considered, and to act as a discussion forum for issues related to nanotechnology. A working definition of nanotechnology is posted on the Health Canada website.

10.0 Date of next meeting

Tentatively set for June 6-7, 2010.

11.0 Adjournment

The meeting was adjourned at 11: 20 AM on Monday, March 8th, 2010.