2nd SEMINAR
NON-PRESCRIPTION DRUGS (MIPs)

MAR 21/2019 | 09:30am to 02:00pm | Anvisa Headquarters - Brasília/DF

Agenda

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<td>09:40 am</td>
<td>MIPs: Assessment on intoxication data</td>
<td>Dr. Sergio Graff</td>
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<td>10:30 am</td>
<td>Survey on MIP consumption</td>
<td>Julian Frenk (IQVIA)</td>
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<td>Safety methodology in the analysis of MIP brands</td>
<td>Domenica Redeschi (Brand Institute)</td>
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<td>MIP Panel:</td>
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<td>• Brand (experience: POCA and risk matrix)</td>
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Thanks

We express our thanks to the 2ª Diretoria of Anvisa for the support given to the implementation of the Seminar and, in particular, to Dr. Alessandra Soares who, in her opening speech, pointed out that the basis of Anvisa’s work is to work with the Productive Sector and for the people.

We also thank to the Management and Staff of ABIMIP, as well as to the Working Group responsible for the conception of the Event.

Management:

- Associação Brasileira da Indústria de Medicamentos Isentos de Prescrição - ABIMIP
- Agencia Nacional de Vigilância Sanitária – Anvisa

Support:

- Sindicato da Indústria de Produtos Farmaceuticos – Sindusfarma

Delegates:

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Councils

- CFF (01)
- CRF-DF (01)
- CRF-SP (02)

Universities and Foundations

- UnB (01)
- Fiocruz (01)

Entities of the Segment

- ABIFISA (01)
- Alanac (01)
- Grupo FarmaBrasil (02)
- Sindusfarma (01)
THE PRESIDENT’S WORDS

Rodrigo Garcia
Pharmacist, graduated from the Federal University of Brasilia (UNB), with post-graduation studies in Public Health/Regulatory Affairs and MBA in Strategic Management, over 15 years of experience in the field of regulatory affairs, of which 10 exclusively in the area of consumer products. Holds the position of Senior Director for Regulatory/Medical Affairs LATAM at Pfizer Consumer Healthcare, having previously worked with Sanofi, Reckitt and Anvisa. Current President of ABIMIP (Brazilian Association of Non-Prescription Drugs), Director of ABIAD (Brazilian Association of the Industry of Special Purpose and Similar Food) and of ALANUR (Latin American Alliance for Responsible Nutrition), in addition to working with ILAR (Latin American Association of Responsible Self-care).
The President’s Words

Good morning to everybody

The realization of the 2nd MIPs Seminar, a partnership between Anvisa and ABIMIP, with the support of Sindusfarma, is quite important to ABIMIP. According to our Mission, it’s an opportunity we have to involve all the Sector’s players in discussions that are to enrich the debate on relevant issues for non-prescription medicines.

More important than selling or promoting products, the MIPs segment should always seek the consumer’s benefit and safety. To this end, the Sector needs to be committed to the establishment of ethical communications and guidelines essential to ensure the correct application of the concept behind the MIPs and its responsible use.

With this in mind, we have prepared a special agenda to encourage the debate about MIPs related to themes that may help promote self-care in a conscious and safe way. All over the event we engaged ourselves to get to:

• understand a little more about the current model of notification of intoxications in use in Brasil, and how we can propose actions to enhance the safe use of MIPs;
• deepen the insight we have about people’s habits and attitudes in face of MIPs to support actions that promote its rational use;
• learn about safety methodologies in the analysis of MIPs’ brands and how they may contribute to the prevention of medication errors;
• and, finally, reflect on the economics of a rational use of MIPs and how it is a key element when we think of ways to optimize the resources of public health systems.

At the beginning of 2019 the Technical Cooperation Agreement between Anvisa and ABIMIP was approved. The Agreement, in addition to establishing the exchange of knowledge between public and private entities in a transparent and ethical way, aims also to allow the evolution and improvement of the MIPs regulation in Brazil.

We hope that the realization of this 2nd MIPs Seminar comes to consolidate the partnership established between ABIMIP and Anvisa, as well as, and above all, to strengthen the MIPs segment in Brazil, with total focus on the health of all of us, Brazilian consumers.
What have we learned?
Assessment of intoxication data

Dr. Sergio Graff
President of the Brazilian Center for Toxicology and Health Studies (CBETS
sergio@toxiclin.com.br

It’s quite common the publication of news bringing information about data related to intoxication, self-medication and the use of non-prescription drugs. Often these themes are correlated without a more in-depth look, and some issues would need to be put:

- What is the relationship between intoxication and self-medication?
- When self-medication is mentioned, the meaning is the use of MIPs or those prescription medicines purchased without a prescription (self-prescription)?

The epidemiological data on intoxication and its analysis are a problem not only in Brazil, but all over the world. We can highlight, among the main challenges faced, the semantic issues related to the nomenclature adopted and the lack of homogeneity of the method, from the collection of the information up to its analysis.
The line that divides an intoxication from an exposure is often tinny. For example, the in case of medicines, we may have three situations involving a patient and a pharmaceutical product:

- The patient may take a certain dose and have just a beneficial action in his/her body,
- The patient may take the same dose and have an adverse effect, and finally,
- The patient may take an overdose and have or not adverse effects.

Although intoxication is classified as a notifiable disease and, therefore, we should have reliable and sufficient data to unleash effective surveillance actions, that’s not what occurs in practice.

Given this scenario, Dr. Sergio Graff, President of the Brazilian Center for Toxicology and Health Studies (CBETS), made a presentation to clarify these points and suggest actions that might improve the reliability of notifications and its methods of analysis and also to present specific proposals for actions that may enhance MIPs safety.
“What we care for in hospitals every day are mostly intoxication cases, caused by prescription medications like antipsychotics, drugs that are not in any way MIPs we are talking about here. So, we need to educate the press to separate these two areas and understand the difference in the registration of these cases”, explained the expert.

Conclusions and Suggestions

• Broader disclosure about MIPs for health professionals
• Improvement on the capture of reports
• Improvement on notification systems
• Use pharmacovigilance data from pharmaceutical companies in the disclosure of MIPs’ safety information

Sérgio is specialized in Pediatrics at the Brazilian Society of Pediatrics, Clinical Medical Specialist at the Brazilian Society of Medical Clinic, a post-graduate in toxicology from UNESP and master’s degree in Toxicology and Toxicological Analysis at USP. Medical Director of the Toxiclin Medical Services, President of the Brazilian Center for studies in Toxicology and Health (CBETS).
Brazilian people still shows a significant lack of knowledge and education concerning the MIPs segment and its products, as well as to their classification and use. We may say that the use of drugs is still poorly understood in Brazil, generating in the population a confusion between self-medication and self-prescription. Given this scenario, the survey sought to deepen the insight about people’s habits and attitudes face of MIPs, in order to better support actions to promote their rational use.

According to the survey, MIPs are already the **Brazilian people’s first resource** to face minor symptoms, and this must be understood as a necessity and not simply as a consumption trend. Management of their own health has part of its origin in the lack of alternatives, but is also a sign that people are becoming able to handle minor symptoms in a more autonomous way.

The research pointed out that the **purchase of MIPs is related to need**, whether preventive or curative, and does not occur in a so hasty or rash way. If an improvement does not occur in up to three days, the vast majority of people looks for assistance of a doctor.
doctor, which leads us to believe that the use of MIPs has a low potential to mask the development of more serious diseases.

The medical professional continues to be the main influencer of the population as to health care, having not lost importance with the growth of MIPs. On the other hand, the pharmacist gains more importance in this context, assuming the role of “educator” for those with less experience or difficulty in finding the correct medication.

Julian is graduated in social sciences at USP, has a master’s degree in social anthropology from the University of Lund in Sweden and an MBA from FIA in market intelligence. He leads the area of Consumer Market Insights (CMI) to the Consumer Healthcare segment in IQVIA Brazil and has extensive experience in market research, consulting, marketing and branding, having worked with various techniques and methodologies for multiple segments, such as pharmaceutical, services, consumer goods, auto, etc.
Safety methodology in the analysis of MIP brands

Domenica Redeschi
Coordinator of Regulatory Affairs Brazil - Brand Institute
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nmagiezi@brandinstitute.com - Nilson Magiezi

Concern with medication errors is global. Brands, labelling and visual identities as a whole can contribute both for prevention as for occurrence of medication errors.

Brand Institute, a company specialized in brand development and visual identities of drugs all around the world, made a presentation to introduce the multifaceted process for assessment of names prepared by the Food and Drug Administration (FDA).

Development of Medicine Name
FDA flowchart

I. Pre-assessment of the proposed name
   - Obvious similarity, in pronunciation or spelling, with names of:
     - Medical Products
     - Inactive ingredients
     - Combination of active ingredients
     - USAN
     - Same name with different active ingredients
     - Reutilization of a proprietary name

II. Consider Error potential and other Nomenclature Attributes
   - Inclusion in the name of dosage form, administration way, manufacturing features, symbols or dosage range
   - Use of modifiers
   - Brand extension
   - Compound name
   - Names of drugs used outside the US
   - Rx switch MIP
   - Use of the manufacturer’s name or part of it

III. Misbranding Review
   - Suggestions that a product is safer or more effective than demonstrated by appropriate scientific evidences
   - A fanciful proprietary name may suggest that the product has some unique effectiveness or composition

IV. Safety review similar to similar sounds (LASA)
   - Search for similar names using POCA
   - Determine similarity scores with other names marketed and categorize as high, moderate or low similarity
   - Use the similarity checklists for high, moderate or low similarity to determine whether the name is safe and acceptable from the point of view of LASA

*FDA Guidance for Industry; Best Practices in Developing Proprietary Names for Drugs; May 2014; Appendix B
Since the beginning of 2018, Anvisa included in its methodology of analysis of medicines names the Phonetic and Orthographic Computer Analysis (POCA), a program developed by FDA. POCA analyses orthographic and phonetic similarities that a brand has with medicines already registered in the country. The program database in Brazil is updated in accordance with the names of medicines registered in the Anvisa system.

Based on the combined score of POCA, potentially similar names are classified by FDA in three data sets:

- **High similarity**: combined score: ≥70%
- **Average similarity**: combined score: ≥55% ≤ 69%
- **Low similarity**: ≤54%

**The POCA score alone is not the decisive factor** to approve or disapprove a brand. In addition to the POCA analysis, the FDA recommends simulation studies to evaluate the capacity of consumers and health professionals to understand a medicine name.

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**Assessment of Names by FDA**

**Simulation Studies**

FDA recommends **simulation studies** to evaluate the consumer’s and health professionals’ ability to understand a brand name.

- Simulations should include real-life situations and conditions
- Simulation studies should submit the proposed name and the product’s corresponding intrinsic features

- **In simulation tests of MIP products: include consumers**
Besides the safety survey about names of medicines, the international health authorities consider the packaging and label presentation together with the brand, to ensure that patients and consumers be able to select and use the product correctly.

The safety surveys carried out with medicines names and labels support Health Surveillance Agencies around the world in the approval of brands considered safe and that contribute to the prevention of medication errors.

**Non-prescription drugs (MIPs)**

**Simulation Studies:**

- **Studies of label understanding**
  Evaluates the consumer’s understanding of the main label information

- **Self-selection studies**
  - Mainly used for Px - MIPs change
  Helps to assess whether the study participant, after reading the medication label, is able to select the product correctly based on his/her medical history

- **Studies of actual use**
  Simulates what a consumer would do in a “real world” scenario using a ready-for-the-market product – way study human factors
  Often used when:
  - New indication of a MIP
  - New method of use of a MIP product
  - New warnings or recommendations
  - Specific concerns about the proper selection of products

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**Domenica** joined the Brand Institute-Miami as an analyst in the area of Safety Studies in 2015 and was promoted to Coordinator of the South American Division in 2018. Prior to joining BI, she worked as responsible pharmacist at CVS/Pharmacy. Graduated at the University of Mogi das Cruzes, she became pharmacist in the United States in 2009. In 2012, Domenica received her license as Pharmaceutical Consultant and her certification in Medication Therapy Management (MTM) in 2017. Domenica was also certified in Brazilian Regulatory Affairs at the beginning of 2018.
Savings generated for health systems (Latin America)

Juan Thompson
Executive Director - ILAR
juanthompson@infoilar.org

The economic value of self-care is a key element when we think of actions to optimize public healthcare systems in Latin America. Millions of people in our region look for the public health system for treatment of common and not severe health conditions, despite the availability of effective and efficient solutions with non-prescript medicines (MIPs).

The use of MIPs could contribute to the reduction of health spending in Latin America, considering the attention on the public network of patients with four common, but of great impact diseases (common cold, diarrhea, candidiasis and low back pain), according to a study conducted by the Latin American of Self-Care Industry (ILAR), which brings together sectoral entities and pharmaceutical industries with operations in Latin America.
Near 96 million cases of the mentioned four non-severe conditions are treated at the Public Health Systems of Argentina, Brazil, Colombia, Chile and Mexico. This represents costs of about US$2.7 billion.

Of the $2.7 billion spent in the region, the costs for the care of common cold represent 45%, or expenditures over $1.2 billion. If 50% of the cases of the four conditions were treated with MIPs, the Public Health Systems could save up to $1.3 billion.

The loss of productivity due to absenteeism at work would be reduced from $4.6 billion a year to $2.5 billion if 50% of the cases were treated through MIPs.

The study opens the door for discussions with the Government having in mind to optimize the public health system capabilities.

MIPs may play an important role in the reduction of public expenditures on health for simple and non-serious conditions, allowing more resources to be allocated to the treatment of critical illnesses.

Savings with MIPs in Colombia and 25% of savings in Mexico could pay for 100% of direct costs in the treatment of Diabetes in both countries.

30% of the savings with MIPs in Argentina could sustain the Universal Coverage System of medicines for 1 year.

50% of potential savings in Brazil could pay for 60% of the ARV for the treatment of HIV during 1 year.
Juan is graduated at Universidade Empresarial Argentina (UADE) in Government and International Relations, with specialization in Latin-American Regional Integration. Has experience in political, strategic and regulatory consultancy for companies, commercial associations and government bodies of Latin America. In addition, he is involved in the analysis of the main healthcare institutions, at regional and international levels, and their impact on the process of formulation of Latin American policies. Before joining ILAR, Juan worked in the Latin American Alliance for Responsible Nutrition (ALANUR) and in the Brazilian Association of special purpose Foods (ABIAD), as Executive Director. He managed interactions and the representation of associations with Government officials at national and regional levels, as the Pacific Alliance, Mercosur, Codex Alimentarius, the Latin American Parliament, the Process of Central American Integration and the Pan American Health Organization, among others.
MIP PANEL

MAIN DISCUSSIONS

GGMED  Daniela Marreco
GRMED  Raphael Sanches
CRMEC  Márcia Gonçalves
        Ana Flávia Dias
GFARM  Marcelo Vogler
ABIMIP  Rodrigo Garcia
LMIP - List of Non-Prescription Medicines

LMIP review status

GGMED: The process of regulatory initiative for the review of the LMIP was already prepared by GGMED and submitted to the assessment of the 3ª Diretoria, which is the board responsible for scheduling the initiatives in the meetings of the Anvisa Board of Directors (Dicol).

The new LMIP will contain all the currently marketed MIPs and, in its new format, will include, in addition to the classes, the IFAs and the therapeutical indications.

After the approval of the regulatory initiative, GGMED expectation is that, in a few months, the new LMIP be published for Public Consultation, including some switch requests that have already been evaluated by the Agency.

The LMIP will be published as a Normative Instruction of periodic update, just like the DCBs list, with less bureaucratic flow at the Agency. The new substances, after analyzed by the technical area, will be directed to Dicol for deliberation and, if approved, be published in DOU (Official Diary of the Union). The complete LMIP will be updated on the Anvisa website.
SWITCH - Reframing medicines as non-prescript

Estimate for the publication of the first switch

GGMED: As previously reported, the first switch requests are to be published within the Public Consultation that will deal with the new LMIP.

Experience of the analysis of the first switch requests

GFARM: The analysis experience was quite rich. At first, a difficulty was detected at the time of evaluation of the dossiers, which contained a large volume of information from different companies for the same reclassification request. As a way to overcome this obstacle, ABIMIP worked together with GFARM on a project to optimize the analysis of switch requests as MIPs, in order to simplify both the elaboration of dossiers and their analysis.

For the implementation of the project, the analyses were carried out in the scope of a pilot project with the first five switch requests. With the entry of new IFAs in the area, GFARM hopes to ripen the analysis process.

GFARM also stressed that, in addition to the submission of the spreadsheet, it is interesting that the companies route a rational where the data presented are discussed, as well as complementary information that may give more technical subsidies to the request analysis, as, for example, published scientific studies.

GGMED: So far, analyses are running well as to the criteria established by the RDC 98/16. If any adjustment or any improvement point are found in the dossiers, the Management will contact the Sector to disseminate new guidelines.
Use of the data analysis worksheet for pharmacovigilance

GFARM: It is expected that all switch requests already contain the analysis worksheet. As long as it is not available in the Anvisa site, companies may contact ABIMIP to request its shipping and also its filling manual. Along with the worksheet, companies must send to the Management a term stating that the data presented on the worksheet are reliable in relation to the data in the company’s pharmacovigilance databases, as well as in relation to the documents sent with the reframing request dossier.
Brands

When the analysis of brands is made for new drugs and innovative medicines

GRMED: Along the analysis of a dossier, the brand assessment is made in parallel with the other analyses made by the Management, thus not being a bottleneck for the approval of a registration.

Assessment of cases in which the risk matrix score is 10 or more, but a complementary analysis is presented in which a low risk to the change is verified

CRMEC: The Coordination receives matrixes with critical analyses of the companies, and what is evaluated at that time is the relevance of the arguments involving the intrinsic characteristics of the medicines. Issues about prescription, dosage and use of the products are also evaluated. An example of approval of a brand with top score above 10 is the case of a MIP name conflicting with a medicine for hepatitis distributed exclusively by Government programs. In cases where the score is high (20 points), CRMEC believes that there are no arguments to justify the approval of a name.

DIRECTIONS

An opportunity to deepen the discussion of measures that companies may adopt to give more subsidies to the choice of a brand, as the submission of consumer studies that evaluate other elements of the product (e.g. labelling) and the adoption of measures that may help minimize the risk of change (e.g., commitment to monitoring medicine layouts with similar brands)

Forecast for the risk analysis matrix review

CRMEC: The Coordination is open to receive applications for the review of risk analysis matrixes.
Conflict with drug names in process of registration

CRMEC: The Coordination evaluates conflicts with names of drugs that are in the process of analysis, in order to give priority to companies that first applied for registration. CRMEC has clarified that brands come into the POCA’s database at the moment the request enters the line for analysis.

DIRECTIONS

An opportunity to deepen the discussions about the mode of analysis of conflicts with names of medicines with registration under way, to find a joint solution between Anvisa and the companies.
Labelling

Presentation of studies made with consumers as a way to subsidize the development of packaging layouts.

**CRMEC:** The study will serve as a basis for the revision of RDC 71/09, providing important information for the analysis of regulatory impacts.

**DIRECTIONS**

An opportunity to deepen the discussion about the presentation of studies with consumers that evaluate labelling elements as a way to subsidize brand approvals and also switch applications.

Inclusion of contraindications in the medicine primary packaging

**CRMEC:** The inclusion of contraindications in primary packaging is requested in cases where the medicine indication is also present, in order to provide a balanced message to the consumer.

**Review of RDC 71/2009**

**GRMED:** According to the Management schedule of activities, the review of RDC 71/09 shall occur in 2020.

**Schedule:**

1st Semester 2019: Clone Medicines

2nd Semester 2019: Labelling of drugs directed to the Ministry of Health

1st Semester 2020: Review of RDC 71/09
PHOTO GALLERY
EXECUTIVE SUMMARY

2nd MIPs SEMINAR