

QUESTIONS AND ANSWERS TO SUPPORT THE MHRA GUIDANCE ON USER TESTING

These questions and answers have been developed in conjunction with members of a Pan-Industry Forum on the implementation of the new medicines legislation in relation to patient information. These should be read alongside the Guidance on User Testing and are complementary to it. They are intended to provide additional helpful advice and will be revised in the light of experience.

1. Will user testing be required for all applications made after 1 July 2005?

Compliance with article 59 including the need to consult target patient groups on the content of the PIL will be required for all new Marketing Authorisations submitted from 1 July 2005, However, for applications which are the subject of a change of ownership application, since no changes are permitted to the labelling and packaging components at the time of submission, such consultations with target patient groups can either be carried out on the originator MA prior to submission or on the resulting new MA prior to 1 July 2008. Applications submitted before 1 July 2005 will not be affected but will have to comply by 1 July 2008.

2. What timetable should be followed for medicines already authorised to comply with the requirements of article 59?

MHRA will not impose a timetable for compliance. Each MAH should review their portfolio and plan accordingly. The majority of submissions for compliance with article 59 will be to the Product Information Unit but other regulatory opportunities will present themselves throughout the lifecycle of a medicine. All medicines currently on the market must comply by 1 July 2008.

3. Can text versions of the proposed PIL be used in the testing?

No. In order to ensure that the final printed version of the PIL is clear, legible and easy to use (article 59(3)), participants should be asked to review the formatted PIL, including any colours and graphics to ensure clarity of message.

4. Will patient leaflets for products administered by healthcare professionals also have to be user tested?

Yes. The results of consultation with target patient groups will need to be taken into account for all leaflets regardless of the classification.

5. If a product has multiple indications, who should the target population be? Should it include patients from all of these groups?

There is no need to select patients who suffer from the diseases for which the product is indicated only that the participants can imagine that they may suffer from this in the future. There may also be special indications e.g. Alzheimer disease, medicines for children, or anti-psychotic treatments when the care-givers may be the appropriate target group for user testing.

- 6. If MHRA don't agree with the method used for the user testing, but the patient leaflet has passed, what happens?**
MHRA will only reject the method of consulting patient groups if this fails to provide evidence that patients who will rely on the information can understand it and act appropriately. Separately, it may depend on the credentials of the company who has done the user testing. MHRA will take a more critical initial look at new consultants.
- 7. What constitutes an 'experienced interviewer'?**
Although it is recommended in the guidance that the author should be present during the interviews we recognise that this will not always be possible and instead the writer of the PIL should work closely with the interviewer.
- 8. If a company has undertaken user testing in-house will MHRA give feedback on the quality of the user testing method?**
MHRA will continue to offer advice through the regulatory advice meetings arrangements in advance of applications being submitted. The Patient Information Unit will review standard operating procedures and model test reports and provide feedback to MAHs who intend to carry out this work themselves. Applications for meetings should be directed to the PLD meetings co-ordinator (see website for contact details and application form).
- 9. Will user testing results be expected with submissions for variations e.g. for a new indication?**
Not in every case. However, any regulatory intervention is an opportunity to consider the need for applying the new requirements of article 59 of Council Directive 2001/83/EC. There may be certain significant variations to MAs where it would be appropriate to apply these changes prospectively for example:
- Change in legal status when this is the first time a particular molecule is available OTC
 - Significant new safety information which requires careful risk communication. However it will be important to ensure that the time taken for such testing does not impact adversely on the need to communicate the new warnings in a timely manner.
 - New patient populations being added
- 10. If a PIL has already been through user testing and there have been no major changes, but the PIL needs re-ordering to comply with Directive 2004/27/EC will the user testing have to be repeated?**
MHRA will not expect a test to be performed in every case. However, companies will need to carefully consider whether the testing which had been carried out earlier remained valid in the light of the recent guidance.
- 11. Can companies do user testing "bridging studies"?**
Bridging studies will be important in providing evidence to the competent authority that the consultation carried out with patients on the PIL for one

particular medicine was relevant to enable this to be used in a complementary manner thereby obviating the need for a user consultation in every case. How these studies will be undertaken will depend greatly on the individual company portfolio and the safety issues which need to be communicated. Each MA Holder needs to rely on his own data i.e. a generic company producing a PIL with similar content to the originator product, still has responsibility to comply with the legislation concerning user consultations.

12. Does every leaflet produced by a company have to be the subject of consultation with target patient groups?

No. By the careful use of bridging studies applicants should be able to look across their portfolio and use tests carried out on similar or related medicines in a complementary manner to support the PIL drawn up for another product e.g. user testing on one strength PIL would be sufficient providing core data is the same and layout of the information is not changed.

13. Will the user testing methods appear to the public/patients to be robust enough i.e. only testing on 20 patients?

Diagnostic testing does not result in statistically significant data and current thinking suggests that the sample sizes recommended in the guidance are sufficient.

14. Are there any ethical considerations?

The user testing method must not be over burdensome on individuals or be performed on paid consumers or professionals who become experts. Companies could consider recompensing participants for their out of pocket costs and offering a small payment or the offer of a donation e.g. £10 to charity for each questionnaire.

15. When will the CSM working group guidance on risk:benefit communication in patient leaflets be published?

Draft guidance on risk communication and the principles to be applied when writing information for patients will be the subject of a wide public consultation when the report from the Committee on Safety of Medicines Working Group on Patient Information is launched in July 2005.

16. Should companies involve user/patient groups before drafting the patient leaflet?

Yes. Involvement of users/patients is encouraged at an early stage of development.

17. Is it acceptable for companies to give letters of access to share user testing as part of an inter company collaboration, as and when they see fit?

Yes.

18. Will parallel importers have to apply the user testing requirements to their patient leaflets?

Yes there will be additional guidance for parallel importers.

19. If all the information required by article 59 is on the packaging rather than in a patient leaflet does it need user testing?

All the information set out in article 59 must be represented either in a patient information leaflet or directly on the packaging itself. In either case, the information needs to be clear and understandable to patients and must therefore be subject to a consultation with target patient groups or rely on a bridging study which refers to a test on a similar product.

20. What happens if the PIL is changed during the assessment process?

It is possible that during assessment of the application the SPC and therefore the PIL will be amended. Companies will need to consider carefully prior to submission whether the data upon which they are relying to support the content of the SPC are robust or likely to be questioned thereby resulting in significant changes. Where a test has been carried out on a PIL which is changed during the assessment process there may be scope for justifying not carrying out further testing or undertaking a test only on the changed information.

21. When should the results of consultation with target patient groups be presented to MHRA?

For a new application to be valid, the issue of user consultation should be addressed. Either a test should have been conducted or planned, or the need not to undertake testing justified. Ideally the results of user consultation should be presented when the application is submitted. However, where the results of user testing are not complete at the time of application, companies should ensure that the issue of user testing is discussed in the body of the application and an assurance provided that the data will be presented to the MHRA prior to the grant of the MA. However, please note that user testing is not an end of process event and the writing of the PIL and user involvement is part of the development process for the product.

22. How rigidly will the success criteria be applied?

The MHRA will be flexible in the application of the success criteria. However, where the data indicate that patients experience difficulties with particular questions, revisions to the way in which the information is expressed may be required.

23. Should participants be asked to read the whole leaflet before being asked questions about it?

Patients handle PILs in different ways. Participants should be asked to familiarise themselves with the content of the PIL in the same way as they would normally consider the PIL before taking a medicine. Too much time examining the PIL before hand could invalidate the results of the test.

24. What will happen if wording previously agreed is found to require amendment as a result of patient input?

Where previously agreed wording is found to be unhelpful to patients alternative forms of words may be proposed which ensure patients are able to understand the information and act upon it.

25. What happens if a PIL contains extra-statutory information under article 62 of Council Directive 2001/83/EC?

The consultation with target patient groups must ensure that all the information contained within the PIL contributes to a document which is clear and easy for the patient to use. The extra-statutory information should be included in the protocol and questions of any user test carried out.

26. Would user testing for medical devices or medications with integral devices, such as insulin pens, require users to physically demonstrate their understanding of the device with a mock-up, or would question and answer interviewing be sufficient to test understanding?

Use of an administration device is part of patient-training and we would expect only question and answer interviewing to be sufficient.

**QUESTIONS AND ANSWERS FOR MUTUAL RECOGNITION
PROCEDURES (MRP) BETWEEN
1 JULY 2005 AND 30 OCTOBER 2005**

1. What will happen for MRP applications made during the transition phase from 1 July 2005 to 30 October 2005, when the UK will require user testing, but other MS will not?

Until 30 October 2005, MR licences result in labelling and PILs which remain for national agreement. Applications submitted into the UK (as RMS or CMS) from 1 July 2005 will need to reflect the new requirements of article 59 including the need to address the requirements of article 59(3).

2. Will user testing be required at submission of the MR dossier or can it be dealt with as a national issue after day 90, following approval of the final proposed SPC?

The legal requirement is that the PIL complies with the requirements of article 59. This means that as well as re-ordering the information, the PIL must reflect the results of consultations with target patient groups. Results of consultations with target patient groups should be submitted with the application. Where these results are not yet available, MAHs should include a proposal for submission of the data to the MHRA, or provide a justification as to why such testing is not required. Delay in submitting such data will result in delays in the grant of the marketing authorisation and applicants will need to consider this carefully. Where the PIL does not reflect the results of such consultations and the absence of testing has not been justified adequately, the MHRA may be unable to grant the marketing authorisation if it considers that the inadequacy of the patient information is such as to constitute grounds of potential serious risk to public health. [Please also see Q21 of general Q&A]

3. Which language version of the PIL should be used for user testing in the MR procedure?

Labelling and PILs remain for national agreement for applications in the MRP between these dates. You are advised therefore to use the English

language version of the leaflet for such applications. Separately, European guidance is being prepared on how to handle user testing for MRP and DCP from 30 October 2005. This will be subject to consultation shortly. It is likely that the recommendation will be that the PIL which is subject to testing may be written in the language of the RMS but that the test report is prepared in English to allow all CMS to undertake an assessment of the results. Only the English language version of the product information will be subject to approval during MRP and DCP with faithful translation undertaken at the end of the procedure.

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