APAC e-Labeling Session

Craig Anderson

Co-lead HL7 VULCAN Electronic Product Information Project Director, R&D Labeling Lead, International Labeling, Pfizer R&D



ePI is a result of international collaboration

FHIR ePI was developed by and is maintained by an international collaboration experts from Gravitate Health, HL7's Vulcan Accelerator, EMA, Uppsala Monitoring Centre (UMC) / Global IDMP Working Group (GIDWG)









Healthcare use of FHIR

- FHIR is becoming the technical foundation for national healthcare systems.
- FHIR is the foundation for EMA's regulatory content strategy (e.g., IDMP, application forms, ePI, drug shortages).
- Opportunity to adapt FHIR to regulatory use cases like ePI, CMC, AEs, Trials.
- Opportunity to make ePI interoperable with EHR, and ePrescription systems.



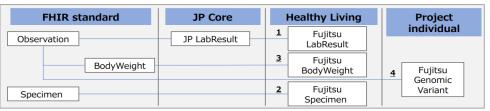
USA



UK

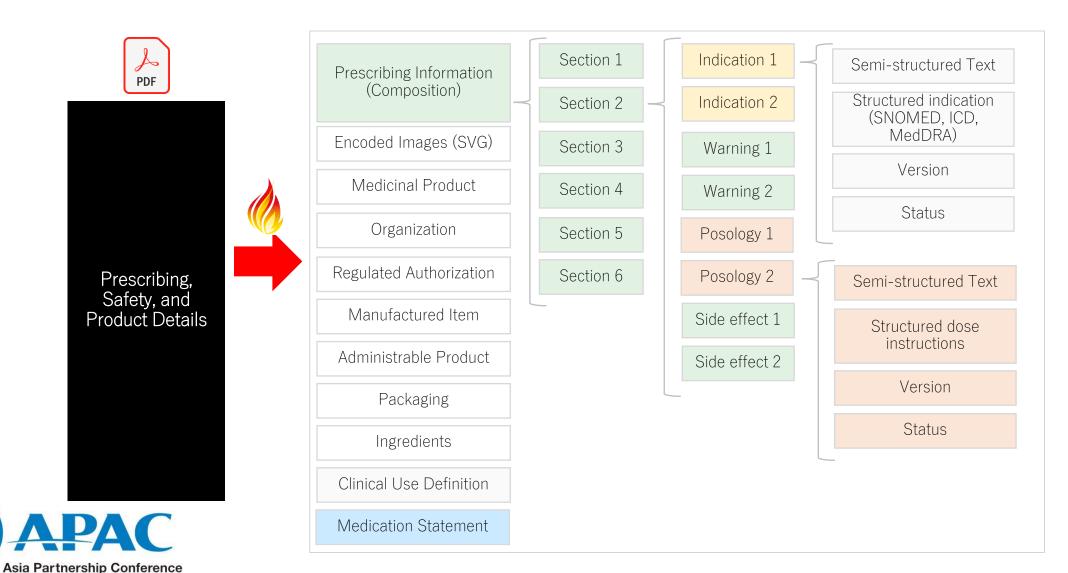


Japan



Un-structured vs. Structured

of Pharmaceutical Associations

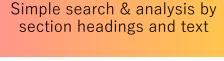


Types of ePI

Recommended starting point

In development

ePI Type 1:	ePI Type 2:	ePl Type 3:	ePI Type 4:
Label Template Only	Product Details	Clinical Details	Full Structure
 Semi-structured text (Local template section headings, text, tables, bullets, images) Document metadata (language, date, identifier, version) 	 Type 1 and product details Product Name Ingredients Packaging Strength Manufactured Administrable dose forms Organization details 	Type 1, 2, and clinical details o Indication o Interactions o Contraindication o Undesirable Effects o Warnings o Population demographics	 Label content is made of structured components (E.g., Adverse event data is structured, and AE frequency tables are auto-generated) Maximum personalization capability Structured dose instructions



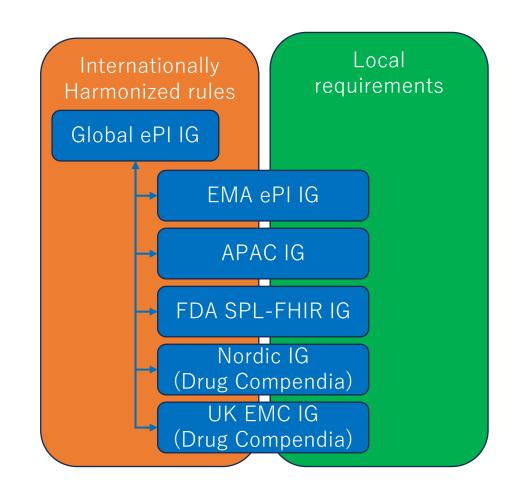
Intermediate to advanced search & analysis; interoperability with ePrescription & EHRs; personalization

Auto-generate label template; interoperable with Generative Al



ePI Implementation Guide Hierarchy

- The Gravitate Health/Vulcan ePI Core IG provides guidance and compliance rules common to all jurisdictions (e.g., technical style guide; XML structure; validation).
- Regional or country specific IGs provide guidance and compliance rules unique to this jurisdiction (e.g.,local terminology and identifiers; local label template section headings; local business validation rules).
- Global and country specific IGs are maintained in sync and through open collaboration under HL7 (e.g., transparent sharing of lessons learned and improvements).





Implementation Guide Overview

Business guidance

Technical guidance

Goals

Scope

Objectives

ePI Background

. How to use this guide

Table of Contents > Home Electronic Medicinal Product Information (ePI) FHIR Implementation Guide, published by HL7 International Biomedical Research & Regulation Work Group. This guide is not an authorized publication; it is the continuous build for version 1.0.0 built by the FHIR (HL7® FHIR® Standard) CI Build. This version is based on the current content of https://github.com/HL7/emedicinal-product-info/ i and changes regularly. See the Directory of published versions 다 1 Home Official URL: http://hl7.org/fhir/uv/emedicinal-product-Version: 1.0.0 info/ImplementationGuide/hl7.fhir.uv.emedicinal-product-info Active as of 2024-07-15 Computable Name: EpiIG Purpose

To provide guidance on the technical and business conformance rules needed to

standard terminologies; and, as well as to create a common global approach for

structuring medicinal product information and medicinal product labelling that is

create and exchange electronic Product Information (ePI) using HL7 FHIR and

9.0.2 Structures: Resource Profiles AdministrableProductDefinition | AdministrableProductDefinition (ePI)

hese define constraints on Fhirk resources for systems conforming to this implementation guide.

(ePI)	The state of the s
Bundle - ePI	Medicinal product information is a pivotal source of regulated and scientifically validated information that assists healthcare professionals in prescribing and dispensing the medicine and informs consumers about its safe and effective use. This profile represents the constraints applied to the Bundle resource used in the Electronic Product Information (ePI) FHIR Implementation Guide.
ClinicalUseDefinition Contraindication (ePI)	ClinicalUseDefinition Contraindication (ePI)
ClinicalUseDefinition Indication (ePI)	ClinicalUseDefinition Indication (ePI)
ClinicalUseDefinition Interaction (ePI)	ClinicalUseDefinition Interaction (ePI)
ClinicalUseDefinition Undesirable Effect (ePI)	ClinicalUseDefinition Undesirable Effect (ePI)
ClinicalUseDefinition Warning (ePI)	ClinicalUseDefinition Warning (ePI)

Compliance rules defining how

to build an ePI using resources

9.0 4 Terminology: Code Systems

These define new code systems used by systems conforming to this implementation guide.

Information Code

Composition (ePI)

eMedicinal Product Information Code System, Coded concepts defined for ePI use only,

The Composition captures the section headings, sub-section headings, and narrative

9.0 5 Example: Example Instances

These are example instances that show what data produced and consumed by systems conforming with this implementation guide might look like.



1.1 Purpose

based on HL7 International standards.

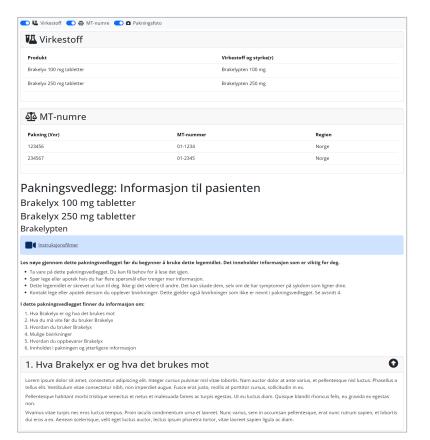
Potential ePI Use Cases

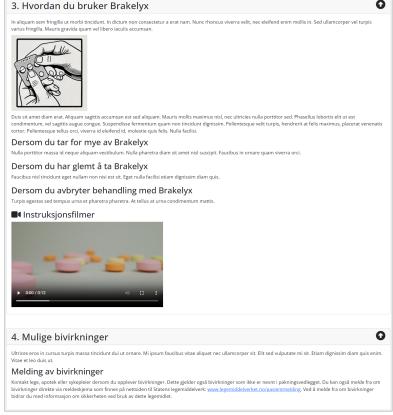
- **Personalization:** tailor ePI content to fit patient or healthcare professional's needs. E.g., confirm if any ingredients are known allergens or a known effect.
- **Interactions:** Compare ePIs to confirm if the patient's current medications have drug:drug, drug:food interactions.
- **Contraindications:** Confirm if any of the patient's conditions are contraindicated with this medication.
- **Drug shortages:** Use ePI's product information (e.g., unique IDs for pack, drug, or manufacturer) to quickly find other drugs in the same class or category.

- Advanced search: Host all ePIs in a central portal (like EMA's) to facilitate content search.
- **Cross-border travel:** Allow HCPs or patients to identify the same or similar drug in another country.
- **Distribution:** Use packaging details in the ePI (e.g., product and pack identifiers) to facilitate supply chain ordering or tracking.
- **eHealth interoperability:** Reuse structured ePI content in apps like EHR, ePrescription, Apple Health or Google Health apps.



Use case: Easier to read web style content

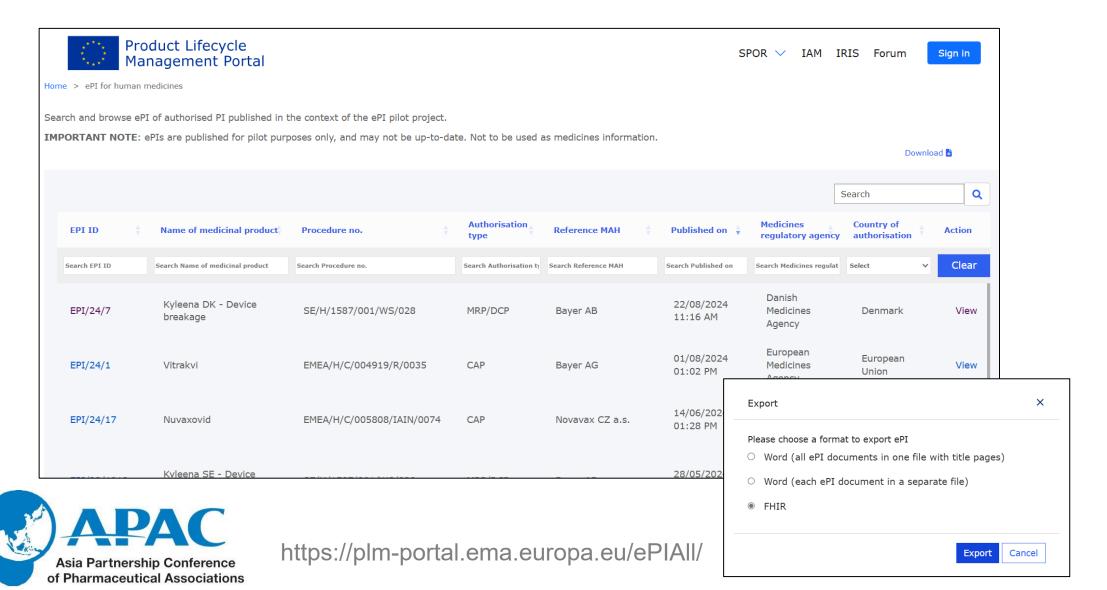






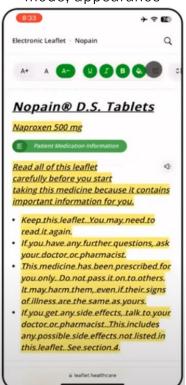


Use case: EMA's online ePl Portal

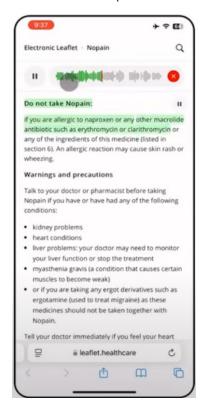


Use case: Jordan FDA's App with accessibility features

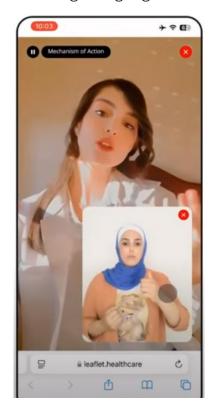
Control text size, dark mode, appearance



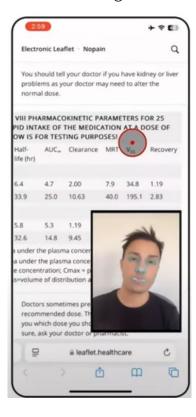
Text to speech



Sign language



Face navigation

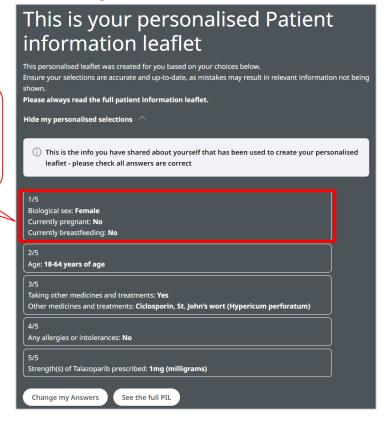




Use case: personalization

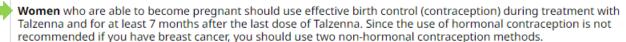
Questionnaire results

A questionnaire helps patients personalize their ePI to only show relevant content.



Original PIL

Male and female contraception



Talk to your healthcare provider about birth control methods that may be right for you.

Men with female partners who are pregnant or able to become pregnant should use effective birth control (contraception), even after a vasectomy, during treatment with Talzenna and for at least 4 months after the last dose.

Personalized PIL

Male and female contraception

Women who are able to become pregnant should use effective birth control (contraception) during treatment with Talzenna and for at least 7 months after the last dose of Talzenna. Since the use of hormonal contraception is not recommended if you have breast cancer, you should use two non-hormonal contraception methods.

Talk to your healthcare provider about birth control methods that may be right for you.



Future use case: ePI Type 3 / 4 - Personalized Undesirable Effects

• Rather than a "regular" Word table, the table is generated from structured data components. This will allow us to create personalized undesirable effect tables.

Structured data styled into a

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```

Kur	desirableEffect>
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	<coding></coding>
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	<code value="36225005"></code>
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<u></u>	<code value="702760002"></code>
	<display value="Leukopenia"></display>
Asial	<frequency value="≥10%"></frequency>
ASIA Par	mership comerence

of Pharmaceutical Associations

Table 4. Adverse Reactions (≥10	%) in PALOMA-2
IRPANCE plus Letrozole	Placebo r

	IBRANCE plus Letrozole (N=444)			(N=222)		ozole
Adverse Reaction	All Grades %	Grade 3 %	Grade 4 %	All Grades %	Grade 3 %	Grade 4 %
Infections and in	festations					
Infections ²	60 [±]	6	1	42	3	0
Blood and lymph	natic system (disorders				
Neutropenia	80	56	10	6	1	1
Leukopenia	39	24	1	2	0	0
Anemia	24	5	<1	9	2	0
Thrombocyto penia	16	1	<1	1	0	0

Future use case: ePI Type 3 / 4 - Structured Dose Syntax

Adults

Condition	Dose
To treat cryptococcal meningitis	400 mg on the first day then 200 mg to 400 mg once daily for 6 to 8 weeks or longer if needed. Sometimes doses are increased up to 800 mg
To stop cryptococcal meningitis from coming back	200 mg once daily until you are told to stop
To treat coccidioidomycosis	200 mg to 400 mg once daily from 11 months for up to 24 months or longer if needed. Sometimes doses are increased up to 800 mg
To treat internal fungal infections caused by Candida	800 mg on the first day then 400 mg once daily until you are told to stop
To treat mucosal infections affecting the lining of mouth, throat and denture sore mouth	200 mg to 400 mg on the first day then 100 mg to 200 mg once daily until you are told to stop
To treat mucosal thrush – dose depends on where the infection is located	50 mg to 400 mg once daily for 7 to 30 days until you are told to stop
To stop mucosal infections affecting the lining of mouth, throat from coming back	100 mg to 200 mg once daily, or 200 mg 3 times a week, while you are at risk of getting an infection
To treat genital thrush	150 mg as a single dose
To reduce recurrence of vaginal thrush	150 mg every third day for a total of 3 doses (day 1, 4 and 7) and then once a week for 6 months while you are at risk of getting an infection
To treat fungal skin and nail infections	Depending on the site of the infection 50 mg once daily, 150 mg once weekly, 300 to 400 mg once weekly for 1 to 4 weeks (Athlete's foot may be up to 6 weeks, for nail infection treatment until infected nail is replaced)
To stop you from getting an infection caused by Candida (if your immune system is weak and not working properly)	200 mg to 400 mg once daily while you are at risk of getting an infection

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To treat internal fungal infections caused by Candida

800 mg on the first day then 400 mg once daily until you are told to stop

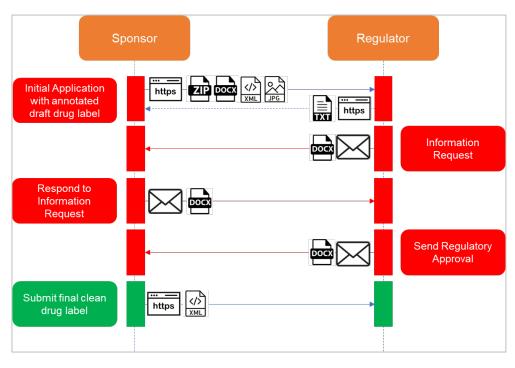


</route>

<method>

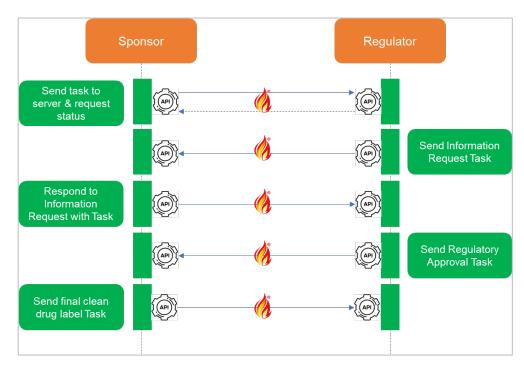
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Future use case: End-to-end FHIR Regulatory Workflow



Current State

- Workflow depends on DOCX during assessment
- Exchange via portal, email, media, manual steps
- Sponsor needs to convert between DOCX and XML



Future State

- All FHIR workflow (including assessment; no DOCX)
- Exchange via Application Program Interface (API)
- Advanced features (e.g., Subscription service)



Lessons Learned: EMA/FDA pilots and Gravitate Health/Vulcan project work

- Recommend starting with ePI Type 2
- Remain harmonized with EMA and Vulcan Implementation Guides where possible
- Recommended roadmap:
 - Phase 1: Create a prototype ePI as a gold standard
 - Phase 2: Technical pilot
 - Phase 3: Production Pilot (Voluntary)
 - Phase 4: Production (Voluntary)
 - Phase 5: Production (Mandatory)
- Aim for a two-year timeframe to go from Phase 1 to Phase 4. Allow grace period between Phase 4 and 5 to allow industry time to get ready.
- Communicate roadmap in advance so industry has time to procure tools

