Health Canada Santé Canada

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Provincial and Territorial Deputy Ministers of Health
Provincial and Territorial Drug Program Managers
Deans of Pharmacy
Registrars of Provincial Medical and Pharmacy Associations
Industry and Consumer Associations
Regulatory and Health Professional Associations
Other Interested Parties

Dear Sir/Madam:

Re: ***Food and Drug Regulations*** **- Project # 1540 - Schedule F**

The purpose of this letter is to provide an opportunity for comment on the proposed addition of five medicinal ingredients to Schedule F, Part I to the *Food and Drug Regulations*.

Schedule F is a list of medicinal ingredients, the sale of which is controlled under sections C.01.041 to C.01.049 of the *Food and Drug Regulations*. Part I of Schedule F lists ingredients that require a prescription for human use and for veterinary use. Part II of Schedule F lists ingredients that require a prescription for human use, but do not require a prescription for veterinary use if so labelled or if in a form unsuitable for human use.

The Drug Schedule Status Committee determines the necessity for prescription status for medicinal ingredients on the basis of established and publicly available criteria. These criteria include, but are not limited to, concerns related to toxicity, pharmacological properties and therapeutic uses of the ingredients.

Description of the medicinal ingredients:

1. **Dasatinib** is indicated for the treatment of adults with chronic myeloid leukemia (CML) who are no longer benefitting from other available therapies for CML. Dasatinib should be given under the supervision of a practitioner experienced in the use of anti-cancer drugs. Dasatinib may cause undesirable or severe side effects at normal therapeutic dosage levels. The patient may also require routine laboratory monitoring.

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2. **Deferasirox** is used to treat chronic iron overload caused by blood transfusions for the treatment of anemia. Therapy with deferasirox should be initiated and maintained by a practitioner experienced in the treatment of chronic iron overload due to blood transfusions. Individualized instructions and/or direct supervision by a practitioner is required for treatment with deferasirox. The patient may also require routine laboratory monitoring.

3. **Lumiracoxib** is a non-steroidal anti-inflammatory drug (NSAID) that is used to treat pain and swelling in adults, such as osteoarthritis of the knee. Treatment with lumiracoxib requires individualized instructions or direct supervision by a practitioner, particularly in patients with heart or liver disease. The patient may also require treatment with other drugs and routine laboratory monitoring. Lumiracoxib may cause undesirable or severe side effects at normal therapeutic dosage levels.

4. **Posaconazole** is an antifungal agent that kills or stops the growth of some types of fungi that can cause infections in humans. Posaconazole is indicated for adult patients who have weakened immune systems due to other medicines or diseases. Individualized instructions or direct supervision by a practitioner are required. Posaconazole may have undesirable or severe side effects at normal therapeutic dosage levels.

5. **Telbivudine** is indicated for the treatment of Hepatitis B in adults with chronic hepatitis B infection and active liver inflammation. Treatment with telbivudine requires practitioner supervision and routine lab monitoring particularly in patients with kidney disease. Telbivudine may have undesirable or severe side effects at normal therapeutic dosage levels.

The degree of regulatory control afforded by Schedule F (prescription drug) status coincides with the risk factors associated with each medicinal ingredient. Oversight by a practitioner is necessary to ensure that appropriate risk/benefit information is considered before the drug containing the medicinal ingredient is administered and that the drug therapy is properly monitored.

Alternatives

Any alternatives to the degree of regulatory control recommended in this amendment would need to be established through additional scientific information and clinical experience.

No other alternatives were considered.

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Benefits and Costs

The amendment would impact on the following sectors:

- **Public**

Prescription access to drug products containing these medicinal ingredients would benefit Canadians by decreasing the opportunities for improper use and by ensuring the guidance and care of a practitioner.

Another benefit is that drug products for human use containing medicinal ingredients listed on Schedule F may be covered by both provincial and private health care plans.

- **Health Insurance Plans**

Drug products for human use containing medicinal ingredients listed on Schedule F may be a cost covered by both provincial and private health care plans.

- **Provincial Health Care Services**

The provinces may incur costs to cover practitioners' fees for services. However, the guidance and care provided by the practitioners would reduce the need for health care services that may result from improper use of drug products for human use that contain medicinal ingredients listed on Schedule F. The overall additional costs for health care services should therefore be minimal.

Compliance and Enforcement

This amendment would not alter existing compliance mechanisms under the provisions of the *Food and Drugs Act* and the *Food and Drug Regulations* enforced by the Health Products and Food Branch Inspectorate.

Consultation

The manufacturers affected by this proposed amendment were made aware of the intent to recommend these medicinal ingredients for inclusion on Schedule F during the review of the drug submission.

The process for this consultation with stakeholders is described in the Memorandum of Understanding (MOU) to streamline regulatory amendments to Schedule F, which came into effect on February 22, 2005. The MOU is posted on the Health Canada website.

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This letter is being sent by email to stakeholders and is also being posted on the Health Canada website and the *Consulting With Canadians* website.

Any comments regarding this proposed amendment should be addressed as follows within **75** days following the date of posting of this letter on the Health Canada website. The policy analyst for this project, Karen Ash, may be contacted at:

Refer to Project No. 1540
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Final Approval

In accordance with the MOU process, it is anticipated that this amendment will proceed directly from this consultation to consideration for final approval by the Governor in Council, approximately six to eight months from the date of posting of this letter on the Health Canada website. If approved by the Governor in Council, publication in the *Canada Gazette*, Part II, would follow. The amendment would come into force on the date of registration.

Yours sincerely,

Original signed by

Meena Ballantyne
Acting Assistant Deputy Minister