Medicines & Healthcare products Regulatory Agency

MHRA Regulating Medicines and Medical Devices

Public Assessment Report

Pharmacy to General Sales List Reclassification

Curanail 5% w/v Medicated Nail Lacquer

PL 10590/0049 - 0046

Galderma UK Ltd

TABLE OF CONTENTS

The Medicines and Healthcare products Regulatory Agency (MHRA) is the UK government agency responsible for regulating medicines and medical devices. We continually review the safety of medicines and vaccines in the UK, and inform healthcare professionals and the public of the latest updates through several means, including public reclassification reports. Suspected side-effects to any drug or vaccine can be reported to MHRA by both healthcare professionals and members of the public via the Yellow Card Scheme (http://www.mhra.gov.uk/yellowcard).

Alternative format versions of this report are available on request from reclassification@mhra.gov.uk

1. Background on deciding where medicines are available

The role of MHRA
MHRA regulates medicines and medical devices in the UK, on behalf of the UK Licensing Authority. This means that MHRA decides whether medicines are available:

- on prescription only - 'prescription only medicine' (POM)
- bought from pharmacies - 'pharmacy medicine' (P)
- bought from other shops - 'general sales list medicine' (GSL)

What is re-classification of a medicine?
Making a change on where a medicine is available is called 're-classification'. This is sometimes referred to as 'switching'. To decide on this change, MHRA may:

- take advice from the Commission on Human Medicines and its Expert Advisory Groups[1]
- take advice from a group ('stakeholder group') of health professionals and representatives of people affected by the classification change
- run a public consultation

To be reclassified from P to GSL, a medicine must be a medicine which can, with reasonable safety, be sold or supplied otherwise than by, or under the supervision of a pharmacist. "Reasonable safety" has been defined as: "where the hazard to health, the risk of misuse, or the need to take special precautions in handling is small, and where wider sale would be a convenience to the purchaser."

These conditions are set out in the Human Medicines Regulations 2012, regulation 62(5)

What evidence is needed?
A company or organisation can ask MHRA for a medicine to be available as a pharmacy medicine or a general sale medicine. To do this, they need to get together evidence to show that the medicine

a) is likely to be used appropriately, and
b) with relatively little danger to the public.

This evidence needs to focus on the risk to the public. This includes evidence on the possible abuse or misuse of the medicine. The evidence may include:

- clinical studies
- evidence showing acceptable level of side effects
- advice of experts
- views of relevant health professionals and their professional bodies
- views of relevant public associations and individuals with an interest in the medicine under consideration.

Who makes the final decision?
The final decision on whether to approve a change is made by the MHRA, on behalf of the UK Licensing Authority.

2. About Curanail 5%w/v Medicated Nail Lacquer

Curanail 5%w/v Medicated Nail Lacquer is a treatment for mild fungal nail infections on the fingers or toes in adults aged 18 years and over. An infection is regarded as being mild if only one or two nails are infected, and the infection only covers the upper half or sides of the nail or nails.

[1] The Commission on Human Medicines (CHM) is an advisory non-departmental public body, sponsored by the Department of Health. The CHM advises ministers on the safety, efficacy and quality of medicines. The CHM is supported in its work by Expert Advisory Groups (EAGs), covering various areas of medicine. The CHM's views are sought on reclassifications when more complex or new reclassifications of medicines are being proposed.

The product contains the active substance amorolfine, which is an antifungal agent that both kills and inhibits growth of fungi that attack the nails.

Curanail 5%w/v Medicated Nail Lacquer was originally called Loceryl and was authorised in 1991 as a POM. It is licensed in about sixty countries around the world and is available without prescription in about 34 of these, 25 of which are European Countries. It was reclassified from POM to P in the UK in 2006.

The full name of the medicine is Curanail 5%w/v Medicated Nail Lacquer; in this document, we will call it 'Curanail Nail Lacquer'

This report outlines the evidence that the MHRA reviewed which led to the decision to approve this application.

Who has made the proposal?
The licence-holder[2] for Curanail Nail Lacquer, Galderma UK Ltd, applied to make this product available as a GSL medicine.

3. Proposed terms of reclassification

Curanail Nail Lacquer will be made available through shops under the following conditions

a) In the form of a nail lacquer
b) For the treatment of mild cases of distal and lateral[3] subungual[4] onchomycoses[5] caused by dermatophytes, yeasts and moulds[6]; treatment is limited to 2 nails
c) Maximum strength: 5% amorolfine (as the base)
d) Maximum pack: 3ml of product

The proposed SmPC[7] and patient leaflet are identical to that of the current P product that was reclassified from POM to P in 2006.

4. How the proposal was assessed

Under the provisions of The Human Medicines Regulations 2012, regulation 62(5), General Sales List is appropriate for medicines which can, with reasonable safety, be sold or supplied by someone other than a pharmacist. The term "with reasonable safety" has been defined as: "where the hazard to health, the risk of misuse, or the need to take special precautions in handling is small and where wider sale would be a convenience to the purchaser."

Assessment of suitability for General Sales List availability
The MHRA assessed the application against this criterion for reclassification.

Hazard to Health
Suitability for GSL availability
The MHRA considers that mild fungal nail infections can be recognised easily without the intervention of a doctor or a pharmacist. Moreover, in the event of the condition being incorrectly diagnosed and the product being used inappropriately by an individual, the risk to health is negligible.

[2] A Licence Holder or Marketing Authorisation Holder is the company with legal authorisation to make the medicine available to patients
[3] Distal and lateral parts of the nail are at the end and the sides
[4] Subungual means beneath the finger or toenail
[5] Onchomycoses means a fungal infection of the nail
[6] Dermatophytes, yeasts and moulds are different types of fungi
[7] SmPC stands for Summary of Product Characteristics. The SmPC is a legal document describing a medicine's properties and how it can be used. SmPCs are available online via the MHRA.

The patient information leaflet for the product classified as P has been amended to replace the advice for patients to go to the pharmacist for a review of progress of their treatment with instruction on how the patient can review progress themselves. This was considered to be acceptable provided that, the leaflet also stated that the patient should talk to their doctor or pharmacist if the infection did not get better or got worse.

Adverse Events

Overall the analysis of the adverse events indicated that amorolfine has a good safety profile with very few side effects reported in clinical studies, or when the product was marketed as a POM or P medicine. Also, with this nail lacquer, there is very little absorption of amorolfine into the blood system to be any cause for concern.

Acquired resistance

The risk of fungi-causing nail infections becoming resistant to amorolfine as a result of wider availability of Curanail Nail Lacquer was considered as part of this application.

The MHRA has accepted that the risk of resistance to this product is minimal. And if resistance did develop the most likely outcome would be that the product would not be effective for the treatment of fungal nail infections. This is because the fungi that cause nail infections do not usually cause infections of the rest of the body through the blood stream and because amorolfine is not used to treat systemic fungal infections[8]. Also, antifungal medicines used to treat systemic infections work in a different way to amorolfine so if resistance to amorolfine was to develop this would not have an effect on medicines used to treat systemic fungal infections.

As the most likely cause of amorolfine developing resistance was not using the product correctly, the Applicant[9] was asked to make changes to the SmPC and the leaflet to reinforce the importance of completing the treatment, and the risk of treatment failure and development of resistance if the treatment was not completed.

Risk of Misuse

The MHRA considers that there is no reason to believe that the risk of misuse of Curanail Nail Lacquer would be increased by making it a GSL medicine.

Special Precautions in Handling

The Applicant stated that the handling instructions for the P and GSL product are the same. The MHRA considered the risk that the product could be a fire hazard because of the alcohol swab that is used to wipe the nail before applying the lacquer and to clean the applicator after use and because of the ethanol in the product. It was concluded that in view of the small area being treated and the warnings about safe use on the labelling, the special precautions in handling were not expected to increase by making the product GSL.

Wider Sale would be a Convenience

The MHRA accepts that the wider availability of the product for those who suffer from mild fungal infections of the nail would be beneficial.

Consideration of the Role of the Pharmacist

The MHRA accepts that, with illustrations on the labelling and leaflet of nails that were and were not suitable for treatment with the product, and the additional instructions about how to self-review treatment after 3 months, this product can be used reasonable safely without intervention from a healthcare professional.

Efficacy

Efficacy has already been addressed when the product was licensed; there were no other issues related to efficacy that needed to be considered as part of this application

[8] A systemic infection affects the whole body rather than a single organ or body part

[9] The Applicant is the company that has submitted the application to reclassify a medicine.

5. Further details on the application

Risk Management Plan
The application contained a risk management plan (RMP). RMPs are documents that contain information on a medicine's safety profile and on one or more of the following:

- How any risks identified in the safety profile will be prevented or minimised in patients
- Plans for studies and other activities to gain more knowledge about the safety and efficacy of the medicine
- Risk factors for side effects
- Measuring the effectiveness of measures taken to prevent or minimise risks.

The RMP for this product considered the main risks associated with the product and proposed how they will be managed in the SmPC, labelling and patient leaflet.

The MHRA considers that apart from this, no further risk minimisation measures were needed for this application.

Leaflet User Testing
According to EU Directive 200/83/EC Article 59(3), a package needs to be user-tested with patients who are likely to use the product to ensure it is clear and is easy to use and read. The Applicant undertook a user test of the leaflet, which had been revised as part of this reclassification application to ensure that patients understood how to use the product without any help from the pharmacist. The results of the user test demonstrated that patients were able to locate and understand the key safety messages associated with the safe use of GSL Curanail Nail Lacquer.

Although not a legal requirement the product label was also user-tested to ensure patients could decide whether the product was suitable for them without help from a pharmacist or the package leaflet. The results from this test were also positive.

6. Advice from the Commission on Human Medicines

The Commission on Human Medicines (CHM) considered the application and advised in favour of GSL availability of Curanail Nail Lacquer subject to the Applicant providing reassurance on the risk that mild fungal nail infections could be mistaken for cancer of the nail and, as a result could delay treatment of this condition.

Having assessed the further evidence provided by the Applicant, the MHRA considers that, this point has been adequately addressed. While tumours under the nail may be misdiagnosed as fungal nail infections, they are rare, and the Applicant proposed updates to the product information to further address the risk. The MHRA considers the risk to be no greater in the GSL setting than it is in the P setting.

7. Reasons for not carrying out a public consultation

As the product is for an indication that is easily diagnosed and there are no significant changes between the P and GSL versions of this product the MHRA considered that a public consultation was not necessary.

8. Conclusion

The MHRA has taken the decision to approve GSL classification of Curanail 5%w/v Medicated Nail Lacquer under the following conditions:

a) In the form of a nail lacquer
b) For the treatment of mild cases of distal and lateral subungual onchomycoses caused by dermatophytes, yeasts and moulds; treatment is limited to 2 nails
c) Maximum strength: 5% amorolfine (as the base)
d) Maximum pack: 3ml of product

9. Further information

The summary of product characteristics and the patient information leaflet are available on the MHRA website: http://www.mhra.gov.uk/spc-pil/

Medicines and Healthcare products Regulatory Agency,
May 2018