



MEDSAFE
 NEW ZEALAND MEDICINES
 AND MEDICAL DEVICES
 SAFETY AUTHORITY
 A BUSINESS UNIT OF
 THE MINISTRY OF HEALTH

Guideline on the Regulation of Therapeutic Products in New Zealand

Part 11:

Clinical trials – regulatory approval and
 good clinical practice requirements

Edition 1.4
 January 2015



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Edition 2.0
 July / August 2018



Edition 2.0 because of major changes
 to guidance, and updated publication
 date (to be finalised).

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Addition of a Contents section to aid navigation.

General changes:

References to 'New Zealand' sponsor' have been changed to just 'sponsor' unless it is necessary to distinguish between the sponsor in New Zealand and a sponsor in another country.

References to 'section 30 of the Medicines Act 1981' have been changed to just 'section 30' or 'section 30 of the Act', except where it is necessary to distinguish from other sections or other legislation.

Similarly, references to 'Medicines Act' have been changed to just 'the Act'.

References to 'conducted in New Zealand' (or similar) have been removed, since this is self-evident as this guideline relates only to requirements for New Zealand. It is retained only where it is necessary to distinguish New Zealand jurisdictional requirements from another authority's.

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Section 1: Legislation

Section summary

This section identifies the legislation and guidelines to be read in conjunction with this part of the regulatory guidelines.

1.1 Legislation relating to clinical trials

The following legislation should be read in conjunction with this part of the guideline:

☞ [Medicines Act 1981](#)

- [Section 2](#) Interpretation - meaning of 'medical device'
- [Section 3](#) Meaning of 'medicine', 'new medicine', 'prescription medicine' and 'restricted medicine'
- [Section 4](#) Meaning of 'therapeutic purpose'
- [Section 17](#) Manufacturers, wholesalers, packers of medicines, and operators of pharmacies to be licensed
- [Section 18](#) Sale of medicines by retail
- [Section 20](#) Restrictions on sale or supply of new medicines
- [Section 30](#) Exemption for clinical trial
- [Section 47](#) Storage and delivery of medicines
- [Section 88](#) Refusal of licensing authority to grant licence
- [Part IV](#) Medical advertisements

☞ [Misuse of Drugs Act 1975](#)

- [Section 6](#) Dealing with controlled drugs (including import,

Section 1: Legislation

Section summary

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1.1 Legislation relating to clinical trials

The following legislation should be read in conjunction with this part of the guideline:

☞ [Medicines Act 1981](#) – “Medicines Act”; “the Act”

- [Section 2](#) Interpretation - meaning of 'medical device'
- [Section 3](#) Meaning of 'medicine', 'new medicine', 'prescription medicine' and 'restricted medicine'
- [Section 4](#) Meaning of 'therapeutic purpose'
- [Section 17](#) Manufacturers, wholesalers, packers of medicines, and operators of pharmacies to be licensed
- [Section 18](#) Sale of medicines by retail
- [Section 20](#) Restrictions on sale or supply of new medicines
- [Section 30](#) Exemption for clinical trial
- [Section 47](#) Storage and delivery of medicines
- [Section 88](#) Refusal of licensing authority to grant licence
- [Part IV](#) Medical advertisements

☞ [Medicines Regulations 1984](#) – “Medicines Regulations”; “the

Addition of a new bullet point relating to

<p>supply, administration) Schedules Classes of Controlled Drugs</p> <ul style="list-style-type: none"> ☞ Misuse of Drugs Regulations 1977 Regulation 31 Restrictions on supply on prescription ☞ Public Records Act 2005 Section 18 Disposal of public records and protected records ☞ Privacy Act 1993 ☞ New Zealand Public Health and Disability Act 2000 ☞ Injury Prevention, Rehabilitation and Compensation Act 2001 ☞ Hazardous Substances and New Organisms Act 1996 ☞ Health and Disability Commissioner Act 1994 ☞ Health Practitioners Competence Assurance Act 2003 ☞ Health (Retention of Health Information) Regulations 1996 ☞ Health Information Privacy Code 1994 ☞ Injury Prevention, Rehabilitation and Compensation (Code of ACC Claimants' Rights) Notice 2002 <p>In addition to the legislation listed above, the following guidance documents should also be read in conjunction with this part of the guideline:</p> <ul style="list-style-type: none"> ☞ Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) ☞ Guideline on Strategies to Identify and Mitigate Risks for First-In-Human Clinical Trials with Investigational Medicinal Products (EMA/CHMP/SWP/28367/07) ☞ Researched Medicines Industry Guidelines on Clinical Trials Compensation for Injury Resulting from Participation in an Industry-sponsored Clinical Trial ☞ New Zealand Health and Disability Ethics Committee Ethical Review Process ☞ National Ethics Advisory Committee Ethical Guidelines for Intervention Studies ☞ Clinical Safety Data Management: Definitions and Standards for Expedited Reporting (ICH Harmonised Tripartite Guideline E2A) ☞ Health Research Council Guidelines on Ethics in Health Research 	<p>Regulations"</p> <ul style="list-style-type: none"> Regulation 39 Conditions under which authorised prescribers and veterinarians may prescribe medicines Part V Manufacture, packing, storage and handling <ul style="list-style-type: none"> ☞ Misuse of Drugs Act 1975 Section 6 Dealing with controlled drugs (including import, supply, administration) Schedules Classes of Controlled Drugs ☞ Misuse of Drugs Regulations 1977 Regulation 31 Restrictions on supply on prescription ☞ Public Records Act 2005 Section 18 Disposal of public records and protected records ☞ Privacy Act 1993 ☞ New Zealand Public Health and Disability Act 2000 ☞ Accident Compensation Act 2001 ☞ Hazardous Substances and New Organisms Act 1996 ☞ Health and Disability Commissioner Act 1994 ☞ Health Practitioners Competence Assurance Act 2003 ☞ Health (Retention of Health Information) Regulations 1996 ☞ Health Information Privacy Code 1994 ☞ Injury Prevention, Rehabilitation and Compensation (Code of ACC Claimants' Rights) Notice 2002 	<p>the Medicines Regulations, particularly regulation 39 affecting clinical trials, and Part V of the Regs.</p> <p>Accident Compensation Act was renamed from Injury Prevention, Rehabilitation and Compensation Act 2001</p>
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	<p>1.2 Additional guidance material relating to clinical trials</p> <p>In addition to the legislation listed above, the following guidance documents should also be read in conjunction with this part of the guideline:</p> <ul style="list-style-type: none"> ☞ Guideline for Good Clinical Practice E6(R2) (EMA/CHMP/ICH/135/1995) ☞ Guideline on Strategies to Identify and Mitigate Risks for First-In-Human Clinical Trials with Investigational Medicinal Products (EMA/CHMP/SWP/28367/07 Rev.1) ☞ Medicines New Zealand Guidelines on Clinical Trials Compensation for Injury Resulting from Participation in an Industry-sponsored Clinical Trial ☞ Standard Operating Procedures for Health and Disability Ethics Committees ☞ National Ethics Advisory Committee Ethical Guidelines for Intervention Studies ☞ Clinical Safety Data Management: Definitions and Standards for Expedited Reporting (ICH Harmonised Tripartite Guideline E2A) ☞ Health Research Council Guidelines on Ethics in Health Research ☞ Health Research Council of New Zealand. HRC Research Ethics Guidelines (Guidelines) September 2017 	<p>Added a new subsection to separate legislative requirements from guidance material in previous Section 1.1.</p> <p>Title and document reference number changed. Document was revised by the CHMP.</p> <p>Title and document reference number changed. Document was revised by the CHMP.</p> <p>Title changed to reflect new name of organisation changed from Researched Medicines Industry.</p> <p>Title changed to reflect new name for the Ethics Committee guideline document.</p> <p>Updated to reflect new guideline published by HRC.</p>
<p>Section 2: Overview of Regulation of Clinical Trials in New Zealand</p> <hr/> <p>Section summary</p> <p>Under Section 30 of the Medicines Act 1981, approval from the Director-General of Health is required before a clinical trial using a new medicine may commence in New Zealand. The approval process for clinical trials is administered by Medsafe.</p> <p>The New Zealand Health and Disability Ethics Committee administers the ethics approval system, which applies to all clinical trials conducted in New Zealand.</p> <p>Approvals under other legislation may be required for clinical trials using certain types of medicines.</p> <p>All clinical trials in New Zealand are expected to be conducted in accordance with internationally accepted Good Clinical Practice standards.</p>	<p>Section 2: Overview of Regulation of Clinical Trials in New Zealand</p> <hr/> <p>Section summary</p> <p>Under section 30 of the Medicines Act, approval from the Director-General of Health is required before a clinical trial using a new medicine may commence in New Zealand.</p> <p>The approval process for clinical trials is administered by Medsafe.</p> <p>The Health and Disability Ethics Committees administer the ethics approval system, which applies to all clinical trials conducted in New Zealand.</p> <p>Approvals under other legislation may be required for clinical trials using certain types of medicines.</p> <p>All clinical trials in New Zealand are expected to be conducted in accordance with internationally accepted Good Clinical Practice standards.</p>	<p>Format change to separate the two sentences to enable easier reading and emphasise that the process is administered by Medsafe.</p>

<p>2.1 Requirement for approval under Section 30 of the Medicines Act 1981</p> <p>Section 30 of the Medicines Act 1981 requires that an approval from the Director-General of Health (given on the recommendation of the Health Research Council) is obtained before a clinical trial involving the use of a new medicine commences in New Zealand.</p> <p>The application and approval process for clinical trials under Section 30 of the Act is administered by Medsafe – the medicines and medical devices regulatory authority for New Zealand. A committee of the Health Research Council of New Zealand considers applications and makes recommendations on whether trials should be approved.</p> <p>Approvals are issued by Medsafe under a delegation from the Director-General of Health.</p> <p>The application and approval procedure administered by Medsafe is described in Section 3 of this guideline. Approval of a clinical trial by a Health and Disability Ethics Committee is a separate process that is not administered by Medsafe. Further detail is provided in Section 2.6 of this guideline.</p> <p>Medsafe also administers a self-certification scheme for clinical trial sites that have patients in residence, and maintains a list of sites for which it has received evidence of compliance with Good Clinical Practice requirements. See Section 4 of this guideline for further details.</p>	<p>2.1 Requirement for approval of a clinical trial under Section 30 of the Medicines Act 1981</p> <p>Section 30 of the Medicines Act requires that clinical trials involving new medicines must be approved by the Director-General of Health. This requirement applies to all types of clinical trials of new medicines, including pharmacokinetic, bioequivalence and <i>first-in-human</i> studies.</p> <p>The application and approval process for clinical trials is administered by Medsafe (the medicines and medical devices regulatory authority for New Zealand). The application and approval procedure is described in Section 3 of this guideline, and summarised here.</p> <ol style="list-style-type: none"> 1. An application is received at Medsafe, which forwards the application to the Health Research Council of New Zealand (HRC). 2. A committee of the HRC considers the application. 3. The HRC makes a recommendation to the Director-General on the clinical trial application. 4. The applicant is issued approval, provisional approval or a decline letter by Medsafe based on the HRC recommendation, under authority delegated from the Director-General of Health. <p>Medsafe also administers a notification scheme for clinical trial sites that have patients in residence, and maintains a list of sites for which it has received notification of compliance with Good Clinical Practice requirements. See Section 4 of this guideline for further details.</p> <p>Ethics approval of a clinical trial by a Health and Disability Ethics Committee is a separate process that is not administered by Medsafe. Further detail is provided in Section 2.6 of this guideline.</p>	<p>Added 'clinical trial' to the heading.</p> <p>Incorporated information from Section 2.4 about pharmacokinetic, bioequivalence and first-in-human studies into this paragraph to explain what the requirement applies to.</p> <p>Added a summary of the process as numbered bullets to outline the steps that occur in the process.</p> <p>Changed self-certification scheme to notification scheme, due to changed requirements. Changed 'evidence of compliance' to 'notification of compliance'. We no longer routinely require evidence.</p>
<p>2.2 Good Clinical Practice requirements</p> <p>From 1 January 2011, all clinical trials in New Zealand are expected to be conducted in accordance with the internationally accepted standards set out in the Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) issued by the European Medicines Agency (EMA).</p> <p>Where there is a conflict between the CPMP guideline and specific requirements relating to clinical trials that are set out in Section 30 of the Medicines Act 1981, modified CPMP requirements apply in New Zealand. These modifications are described in Section 5 of this guideline.</p>	<p>2.2 Good Clinical Practice requirements</p> <p>All clinical trials are expected to be conducted in accordance with the internationally accepted standards set out in the CHMP guidance document EMA/CHMP/ICH/135/95 Guideline for Good Clinical Practice E6(R2) published by the European Medicines Agency (EMA) (the CHMP GCP guideline).</p> <p>Where there is a conflict between the CHMP GCP guideline and specific requirements relating to clinical trials that are set out in section 30 of the Medicines Act, the Act takes precedence and modified CHMP requirements (in particular the reporting requirements) apply in New Zealand. These modifications are described in Sections 5 and 6 of this guideline.</p>	<p>Removed the date reference of 'From 1 January 2011', and 'in New Zealand'. Added shorthand definition for the GCP guideline.</p> <p>Updated the reference to the CHMP document. Clarified the position when the requirements of the Act and other guidance are in conflict.</p>
<p>2.3 What is a clinical trial?</p> <p>The term 'clinical trial' is not defined in the Medicines Act. While there is no single internationally accepted definition, for the purpose of regulating clinical trials conducted in New Zealand, the definition in the <i>Note for Guidance on</i></p>	<p>2.3 What is a clinical trial?</p> <p>The term 'clinical trial' is not defined in the Medicines Act. While there is no single internationally accepted definition, for the purpose of regulating clinical trials conducted in New Zealand, the definition in the CHMP GCP guidance document EMA/CHMP/ICH/135/95 Guideline for Good Clinical Practice E6(R2) applies. This defines a clinical trial as:</p>	<p>Updated the reference to the CHMP document.</p>

<p>Good Clinical Practice (CPMP/ICH/135/95) applies. This defines a clinical trial as:</p> <p><i>Any investigation in human subjects intended to discover or verify the clinical, pharmacological and/or other pharmacodynamic effects of an investigational product(s), and/or to identify any adverse reactions to an investigational product(s), and/or to study absorption, distribution, metabolism, and excretion of an investigational product(s) with the object of ascertaining its safety and/or efficacy.</i></p>	<p><i>Any investigation in human subjects intended to discover or verify the clinical, pharmacological and/or other pharmacodynamic effects of an investigational product(s), and/or to identify any adverse reactions to an investigational product(s), and/or to study absorption, distribution, metabolism, and excretion of an investigational product(s) with the object of ascertaining its safety and/or efficacy.</i></p> <p>The terms 'clinical trial' and 'clinical study' are used interchangeably.</p>	<p>Added to explain that for Medsafe's purposes, 'clinical trial' is synonymous with 'clinical study'.</p>
<p>2.4 Determining whether a clinical trial requires approval under the Medicines Act</p> <p>Section 30 of the Medicines Act 1981 provides an exemption from the requirement for Ministerial consent to distribute a new medicine if the medicine is to be distributed solely for the purpose of using it in a clinical trial that has been approved by the Director-General of Health. Hence the approval of the Director-General of Health, given under Section 30 of the Medicines Act 1981, is required before any clinical trial using a new medicine may commence in New Zealand.</p> <p>A <i>new medicine</i> is a medicine for which Ministerial consent for distribution in New Zealand has not been granted or has lapsed because the medicine has been generally unavailable in New Zealand for five or more years. The terms <i>medicine</i> and <i>new medicine</i> are defined in Section 3 of the Medicines Act 1981.</p> <p>The following points will assist applicants in determining whether a clinical trial involves use of a new medicine and therefore requires approval under Section 30 of the Medicines Act 1981.</p> <ul style="list-style-type: none"> ☞ The term 'new medicine' applies to medicines (as defined in the Medicines Act) for which Ministerial consent for distribution in New Zealand has not been granted. These 'unapproved medicines' include new chemical or biological entities and new dosage forms and strengths of approved medicines. ☞ Approval under Section 30 is not required for a clinical trial that uses only medicines for which Ministerial consent for distribution in New Zealand has been granted (i.e. approved medicines). This applies even if the trial is investigating a new indication. However, the medicine used in the trial must be the actual medicine for which consent for distribution in New Zealand has been granted. ☞ Placebos used in clinical trials are not considered to be new medicines. ☞ In some circumstances, a substance that is commonly used as an ingredient in a food, dietary supplement or cosmetic is used in a clinical trial. That substance, when administered to human beings for a therapeutic purpose as part of a clinical trial, is considered to be a <i>new medicine</i> and 	<p>2.4 Determining whether a clinical trial requires approval under the Medicines Act</p> <p>Under section 20 of the Medicines Act, the consent of the Minister of Health is required before a new medicine can be distributed. Section 30 of the Act provides for an exemption from the requirement for Ministerial consent, if the new medicine is to be distributed solely for the purpose of using it in a clinical trial. A clinical trial must not commence before the Director-General of Health has given approval for the trial.</p> <p>The provision for exemption under section 30 only applies to new medicines, and only applies when they are to be used solely in clinical trials. It does not apply to medicines that have already been granted consent for distribution.</p> <p>The terms <i>medicine</i> and <i>new medicine</i> are defined in section 3 of the Act. Part 2 of the Guideline on the Regulation of Therapeutic Products in New Zealand provides additional guidance. The terms 'unapproved medicine' and 'lapsed approval' are synonymous with 'new medicine'.</p> <p>'Unapproved medicines' include new chemical or biological entities and new dosage forms and new strengths of approved medicines.</p> <p>The following points will help applicants determine whether a clinical trial involves use of a new medicine and therefore requires approval under section 30 of the Act.</p> <ul style="list-style-type: none"> ☞ Approval under section 30 is not required for a clinical trial that uses only medicines for which Ministerial consent for distribution in New Zealand has been granted (ie, approved medicines). This applies even if the trial is investigating a new indication. However, the medicine used in the trial must be the actual medicine formulation for which consent for distribution in New Zealand has been granted. ☞ If an approved medicine is repacked for use in a clinical trial, this does not make it a new medicine and the trial does not require approval. ☞ Approval is required for a clinical trial of an unapproved (ie, different) formulation of an approved medicine. This includes the situation of an unapproved dose form of an approved medicine. It also includes the situation where the clinical trial may involve different strengths of the same medicine but the formulations are not directly proportionate. 	<p>Rewritten to provide a clearer explanation.</p> <p>Removed information on what constitutes a new medicine, as this is explained in Part 2 of the regulatory guideline.</p> <p>The first bullet point in the old text was a definition, and does not describe a situation of CT approval.</p> <p>Rephrased to enable easier reading (active voice). Added 'formulation' to make it clear that a different formulation is a different, and new medicine.</p> <p>This bullet point moved up from later in the old text, to keep it with the situations not requiring approval.</p> <p>New bullet point to cover the situation of a different dose form or a different strength being investigated.</p>

<p>approval for the trial under Section 30 of the Medicines Act 1981 is required.</p> <ul style="list-style-type: none"> ☞ Medical devices are specifically excluded from the definition of the term <i>medicine</i>. Clinical trials of medical devices do not require approval under New Zealand legislation, but Medsafe would like to be informed by email of any such trials (via devices@moh.govt.nz). It should be noted, however, that Health and Disability Ethics Committee approval should be obtained for clinical trials of medical devices. ☞ Clinical trials using products that are new medicines under New Zealand legislation do require approval under Section 30 even if those products are not considered medicines in other jurisdictions. For example, a clinical trial using an injectable facial filler would require approval under Section 30, even though such products are considered medical devices in other jurisdictions. Any queries regarding the categorisation of a product to be used in a clinical trial should be directed to Medsafe and will be considered on a case-by-case basis. ☞ A study using a xenotransplantation procedure is not a clinical trial that is regulated under Section 30 of the Medicines Act 1981. Xenotransplantation is regulated as a <i>specified biotechnical procedure</i> requiring the approval of the Minister of Health. See Medicines Act Part 7A for details. A trial involving xenotransplantation is expected to be carried out in accordance with Good Clinical Practice standards (see Section 5 of this guideline for further details). ☞ If an approved medicine is repacked for use in a clinical trial, this does not make it a new medicine or cause the trial to require approval under Section 30. <p>The requirement for a clinical trial involving a new medicine to be approved under Section 30 of the Medicines Act 1981 applies to all types of clinical trials, including pharmacokinetic, bioequivalence and <i>first in human</i> studies.</p> <p>Approval must be obtained for each study using a <i>new medicine</i>. Any subsequent amendment of a trial protocol must also be approved. If there is to be an open extension phase of a clinical trial, the protocol for the open extension phase should ideally be submitted as part of the original clinical trial application. A subsequent application may be made for approval of an open extension phase provided it can be shown that extension of the study will yield scientifically valid results. Extension trials using safety endpoints are considered to be scientifically valid.</p>	<ul style="list-style-type: none"> ☞ Approval is required for a clinical trial of a medicine for which consent to distribute was previously granted, but has lapsed. It does not matter if the indication being investigated has previously been approved. The approval status of medicines that have been previously considered by Medsafe can be viewed using the Product/Application Search facility on Medsafe's website. ☞ A clinical trial involving both a new medicine and an approved medicine, for example, as a comparator, requires approval. ☞ Placebos used in clinical trials are not considered to be new medicines. Therefore, a clinical trial involving only placebos do not require approval. ☞ In some circumstances, a substance that is commonly used as an ingredient in a food, dietary supplement or cosmetic is used in a clinical trial. That substance, when administered to human beings for a therapeutic purpose as part of a clinical trial, is considered to be a new medicine and approval for the trial is required. ☞ Medical devices are specifically excluded from the definition of the term <i>medicine</i>. Clinical trials of medical devices do not require approval, but Medsafe would like to be informed by email of any such trials (via devices@moh.govt.nz). It should be noted, however, that Health and Disability Ethics Committee approval should be obtained for clinical trials of medical devices. ☞ Clinical trials involving products that are not medicines in other jurisdictions, but are considered to be new medicines under New Zealand legislation, require approval before they can proceed. Any queries regarding the categorisation of a product to be used in a clinical trial should be directed to Medsafe. ☞ A clinical trial involving a xenotransplantation procedure is not a clinical trial that is regulated under section 30 of the Act. Xenotransplantation is regulated as a <i>specified biotechnical procedure</i> requiring the approval of the Minister of Health. See Medicines Act 1981 Part 7A for details. However, any trial involving xenotransplantation is expected to be carried out in accordance with Good Clinical Practice standards (see Section 5 of this guideline for further details). ☞ A clinical trial involving human tissues or cells (eg stem cells, blood products) requires approval under section 30 of the Act, and may also have to comply with the Human Tissues Act 2008 before proceeding. ☞ Any subsequent amendment of a trial protocol must also be approved by the Director-General of Health. <p>If there is to be an open extension phase of a clinical trial, the protocol for the open extension phase should ideally be submitted as part of the original clinical trial application.</p> <p>A subsequent application may be made for approval of an open extension</p>	<p>New bullet point to cover the situation of medicine with a 'lapsed approval' ie it is a new medicine.</p> <p>New bullet point to cover the situation of trials involving more than one medicine.</p> <p>Sentence added to make it clear approval is not needed for placebo trials.</p> <p>Rephrased to allow easier reading. Removed previous example of injectable facial filler, as this is now regarded as a medical device.</p> <p>New bullet point to cover biologics.</p> <p>Added to make it clear who issues approvals for amendments.</p> <p>Paragraph split into two to allow easier reading.</p>
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	<p>phase provided it can be shown that extension of the study will yield scientifically valid results. Extension trials using safety endpoints are considered to be scientifically valid.</p>																											
<p>2.5 Other legislative requirements relating to clinical trials</p> <p>For a clinical trial involving a <i>new organism</i>, compliance with the requirements of the Hazardous Substances and New Organisms Act 1996 (HSNO Act) is required. Applicants should be aware that the timeline for obtaining approval under HSNO legislation is likely to be significantly longer than the timeline for obtaining approval under the Medicines Act. For further information, contact the Environmental Risk Management Authority.</p> <p>The following table indicates the legislative requirements for clinical trials conducted in New Zealand using different sorts of investigational products.</p> <table border="1" data-bbox="231 695 1240 1507"> <thead> <tr> <th rowspan="2">Type of investigational product used in the trial</th> <th colspan="2">Type of approval required</th> </tr> <tr> <th>Medicines Act 1981 Section 30</th> <th>HSNO Act 1996</th> </tr> </thead> <tbody> <tr> <td>New (unapproved) medicine containing a new chemical entity</td> <td>√</td> <td>X</td> </tr> <tr> <td>New (unapproved) medicine containing a new organism</td> <td>√</td> <td>√</td> </tr> <tr> <td>New (unapproved) dose form or strength of an approved medicine</td> <td>√</td> <td>X</td> </tr> <tr> <td>New (unapproved) generic medicine not containing a new chemical entity</td> <td>√</td> <td>X</td> </tr> <tr> <td>Approved medicine used to investigate a new indication or new dosage regime</td> <td>X</td> <td>X</td> </tr> <tr> <td>Medical device (as defined in New Zealand legislation), containing a hazardous substance or new organism</td> <td>X</td> <td>√</td> </tr> <tr> <td>Medical device (as defined in New Zealand legislation), not containing a hazardous substance or new organism</td> <td>X</td> <td>X</td> </tr> </tbody> </table> <p>For a trial involving the use of a <i>Controlled Drug</i>, it will also be necessary to comply with the requirements of the Misuse of Drugs Act 1975 and associated regulations, which set out licensing requirements for importation, possession and supply of controlled drugs, as well as storage and prescribing requirements.</p>	Type of investigational product used in the trial	Type of approval required		Medicines Act 1981 Section 30	HSNO Act 1996	New (unapproved) medicine containing a new chemical entity	√	X	New (unapproved) medicine containing a new organism	√	√	New (unapproved) dose form or strength of an approved medicine	√	X	New (unapproved) generic medicine not containing a new chemical entity	√	X	Approved medicine used to investigate a new indication or new dosage regime	X	X	Medical device (as defined in New Zealand legislation), containing a hazardous substance or new organism	X	√	Medical device (as defined in New Zealand legislation), not containing a hazardous substance or new organism	X	X	<p>2.5 Other legislative requirements relating to clinical trials</p> <p>A clinical trial involving a <i>new organism</i> or <i>genetically modified organism</i> requires compliance with the Hazardous Substances and New Organisms Act 1996 is required. This is independent of the process for approval for a clinical trial under section 30 of the Medicines Act.</p> <p>Applicants should contact the Environmental Protection Authority about their obligations:</p> <p>Email: info@epa.govt.nz</p> <p>A <i>clinical</i> trial involving the use of a <i>Controlled Drug</i>, requires compliance with the Misuse of Drugs Act 1975 and associated regulations. These set out licensing requirements for importation, possession and supply of controlled drugs, as well as storage and prescribing requirements.</p> <p>For further information, contact Medicines Control at:</p> <p>Email: medicinescontrol@moh.govt.nz</p> <p>Clinical trials should also comply with the requirements of the Privacy Act 1993.</p>	<p>Rephrased to 'active voice'. Deleted statement about EPA timeline for approvals. We don't need to have HSNO approval before effecting CT approval (and vice versa). Added contact information for EPA.</p> <p>Deleted table comparing Medicines Act CT approval with HSNO Act approval for new organisms. This information is already in the bullet points in the previous section.</p> <p>Rephrased to 'active voice'. Added 'clinical' to be consistent with usage in the previous paragraph relating to HSNO Act.</p> <p>Added contact details for Medicines Control.</p> <p>Added statement regarding compliance with the Privacy Act.</p>
Type of investigational product used in the trial		Type of approval required																										
	Medicines Act 1981 Section 30	HSNO Act 1996																										
New (unapproved) medicine containing a new chemical entity	√	X																										
New (unapproved) medicine containing a new organism	√	√																										
New (unapproved) dose form or strength of an approved medicine	√	X																										
New (unapproved) generic medicine not containing a new chemical entity	√	X																										
Approved medicine used to investigate a new indication or new dosage regime	X	X																										
Medical device (as defined in New Zealand legislation), containing a hazardous substance or new organism	X	√																										
Medical device (as defined in New Zealand legislation), not containing a hazardous substance or new organism	X	X																										
<p>2.6 New Zealand Health and Disability Ethics Committee approval</p> <p>Requirements relating to New Zealand Health and Disability Ethics Committee approval of clinical trials are provided on the New Zealand Health and Disability Ethics Committee website. These requirements relate to all clinical trials, regardless</p>	<p>2.6 Health and Disability Ethics Committees approval</p> <p>All clinical trials must comply with the Health and Disability Ethics Committees requirements, regardless of whether they are trials that require approval under section 30 of the Medicines Act.</p>	<p>Name of this committee has changed to Health and Disability Ethics Committees.</p> <p>Rephrased to enable easier reading.</p>																										

<p>of whether they are trials that require approval under Section 30 of the Medicines Act.</p> <p>Ethics committee approval is a separate process from approval under Section 30 of the Medicines Act and is <u>not</u> administered by Medsafe.</p> <p>The New Zealand Health and Disability Ethics Committee's primary role is to safeguard the rights, health and wellbeing of consumers and research participants by providing independent ethical review of proposed research.</p> <p>As part of the ethical review process, the ethics committee will determine whether:</p> <ul style="list-style-type: none"> ☞ The study complies with the requirements of the Privacy Act 1993 and the Code of Health and Disability Services Consumer Rights ☞ Trial participants are eligible for no-fault compensation under the Injury Prevention, Rehabilitation and Compensation (code of ACC Claimants Rights) Notice 2002 or, if they are not eligible, whether adequate compensation is provided for. <p>The New Zealand's Health and Disability Services Commissioners Code of Rights requires that patients have access to services such as Advocacy Services when they are enrolled in a clinical study. It is desirable but not essential to appoint a patient advocate to a study. If no advocacy service is appointed the sponsor must tell patients how and where they can obtain such services if they require them.</p> <p>For all trials, the application for Ethics Committee approval may be made at any time before, during or after consideration of the application for approval under Section 30.</p> <p>Further information on the ethics committee system for the assessment of clinical trials in New Zealand can be found on the New Zealand Health and Disability Ethics Committee website.</p>	<p>Ethics Committees approval is a separate process from clinical trial approval under section 30 of the Medicines Act and is not administered by Medsafe.</p> <p>For all trials, the application for Ethics Committees approval may be made at any time before, during or after consideration of the application for clinical trial approval under section 30.</p> <p>For particulars about Ethics Committees approval, applicants should contact the Health and Disability Ethics Committees at:</p> <p>Email: hdecs@moh.govt.nz</p>	<p>Addition of 'clinical trial' to distinguish from ethics approval. Bolded to emphasise that this is not a Medsafe process.</p> <p>Deleted the statement about HDECs process. Applicants should refer to HDECs guidelines on how to proceed. Deleted a statement about compensation by ACC for injury.</p> <p>Applicants should refer to HDECs guidelines to determine how the trial design meets ethics requirements, including compensation for injury.</p> <p>Applicants should check with ACC to determine if injured participants are eligible.</p> <p>Information about Advocacy Services moved to a new subsection below.</p> <p>Added contact information for HDECs.</p>
	<p>2.7 Advocacy Services</p> <p>The Health and Disability Services Commissioners Code of Rights requires that patients have access to services such as Advocacy Services when they are enrolled in a clinical study. It is desirable but not essential to appoint a patient advocate to a study. If no advocacy service is appointed the sponsor must tell patients how and where they can obtain such services if they require them.</p>	<p>New subsection created to contain information on advocacy requirements that was in the previous subsection on Ethics approval. It is a different point to ethics requirements and should be listed separately.</p>

<p>Section 3: Application for Approval of a Clinical Trial under Section 30 of the Medicines Act</p> <hr/> <p>Section summary</p> <p>This section describes the application and approval procedure administered by Medsafe for the approval of clinical trials under Section 30 of the Medicines Act 1981.</p>	<p>Section 3: Application for Approval of a Clinical Trial under Section 30 of the Medicines Act</p> <hr/> <p>Section summary</p> <p>This section describes the application and approval procedure administered by Medsafe for the approval of clinical trials under Section 30 of the Medicines Act 1981.</p>	
<p>3.1 Role of Medsafe in the clinical trial approval procedure</p> <p>Medsafe administers the application and approval process for clinical trials under a delegation from the Director-General of Health. Medsafe receives and processes applications, liaises with the relevant Health Research Council committee (see Section 3.2) and the applicant, and issues approval letters. All communication regarding an application for approval of a clinical trial must be addressed to the Clinical Trial Co-ordinator at Medsafe.</p>	<p>3.1 Role of Medsafe in the clinical trial approval procedure</p> <p>Medsafe administers the application and approval process for clinical trials under an authority delegated from the Director-General of Health. Medsafe receives and processes applications, liaises with the relevant Health Research Council committee (see Section 3.2) and the applicant, and issues approval letters. All communication regarding an application for approval of a clinical trial must be addressed to the Clinical Trial Co-ordinator at Medsafe.</p>	<p>Changed 'a delegation' to 'an authority delegated' to reflect correct usage.</p>
<p>3.2 Role of the Health Research Council in the clinical trial approval procedure</p> <p>Section 30 of the Medicines Act authorises the Director-General of Health to approve a clinical trial on the recommendation of the Health Research Council of New Zealand (HRC).</p> <p>The HRC maintains two standing committees to consider clinical trial applications and make recommendations to the Director-General. The Standing Committee on Therapeutic Trials (SCOTT) considers applications for pharmaceutical-type medicines, and the Gene Technology Advisory Committee (GTAC) considers applications for trials involving gene and other biotechnology therapies.</p> <p>The Terms of Reference for these committees are published on the Health Research Council website. The sponsor of a clinical trial should read these documents before submitting an application as they provide guidance on the committee processes and the data requirements for applications to be considered by each committee.</p>	<p>3.2 Role of the Health Research Council in the clinical trial approval procedure</p> <p>Section 30 of the Medicines Act authorises the Director-General of Health to approve a clinical trial on the recommendation of the Health Research Council of New Zealand.</p> <p>The HRC maintains two standing committees to consider clinical trial applications and make recommendations to the Director-General. The Standing Committee on Therapeutic Trials (SCOTT) considers applications for pharmaceutical-type medicines, and the Gene Technology Advisory Committee (GTAC) considers applications for trials involving gene and other biotechnology therapies.</p> <p>The Terms of Reference for these committees are published on the Health Research Council website. The sponsor of a clinical trial should read these documents before submitting an application, as they provide guidance on the committee processes and the data requirements for applications to be considered by each committee.</p>	<p>Added a link to the HRC information.</p>
<p>3.3 Submitting an application for approval of a clinical trial under Section 30 of the Medicines Act</p> <p>An application for approval of a clinical trial under Section 30 of the Medicines Act is made by the person responsible for the trial in New Zealand. This person is referred to in the Medicines Act as 'the applicant'.</p> <p>The applicant must be the person in New Zealand who takes legal responsibility for the conduct of the trial in New Zealand. For more information on the responsibilities of the applicant, see Section 4.3.</p>	<p>3.3 Submitting an application for approval of a clinical trial</p> <p>An application for approval of a clinical trial is made by the person responsible for the trial in New Zealand. This person is referred to in the Medicines Act as 'the applicant'.</p> <p>The applicant must be the person in New Zealand who takes legal responsibility for the conduct of the trial in New Zealand. For more information on the responsibilities of the applicant, see Section 4.3.</p>	

<p>At present, an application may be made by completing an online application <u>or</u> a paper-based application. In the future Medsafe will be moving to a fully electronic system and will only be accepting applications made using the online system.</p> <p>Medsafe operates an abbreviated approval process for eligible clinical trial applications. For more information about this process, see Section 3.6.</p>	<p>Applications for approval of clinical trials must be made using the online system. Paper-based/emailed applications will not be accepted. Any paper or email based applications received will be disposed of.</p>	<p>Information relating to paper-based applications removed. Rephrased to state that only online applications will be accepted. Paper-based applications are no longer accepted.</p> <p>Information relating to abbreviated approval process has been moved to a new subsection 3.7.</p>										
<p>3.3.1 Making an online application</p> <p>An online application is made using the Online Forms available at https://www.ethicsform.org/nz/SignIn.aspx</p> <p>The applicant must complete the form, attach the supporting documentation and covering letter, and submit the application electronically. <u>No paper copies should be sent to Medsafe.</u></p>	<p>3.3.1 Making an online application for a clinical trial</p> <p>An online application for a clinical trial approval is made using the NZ Online Forms at: https://nz.ethicsform.org/signin.aspx</p> <p>The applicant must first create an account to get access to SCOTT / GTAC and HDEC application forms. Instructions for creating an account and how to prepare and submit applications electronically are on this website.</p>	<p>Name change to reflect correct name.</p> <p>Added basic instructions on what the applicant must do.</p> <p>Deleted all subsections relating to paper-based applications.</p>										
<p>3.3.2 Making a paper-based application</p> <p>To make a paper-based application, the applicant must complete and sign an Application for approval of a clinical trial under Section 30 of the Medicines Act 1981 form (see Form 11.1 in Schedule A of the <i>Guideline on the Regulation of Therapeutic Products in New Zealand</i>).</p> <p>When making an application for approval of a clinical trial using a gene or other biotechnology medicine, only Part A of the application form needs to be completed. When making an application for approval of a clinical trial using any other medicine (including applications made under the abbreviated approval process), Parts A, B and C of the application need to be completed.</p> <p>The completed application form, covering letter and one copy of the supporting documentation should be submitted to Medsafe at the following address:</p> <table border="1" data-bbox="320 1318 1154 1629"> <thead> <tr> <th>Postal address:</th> <th>Courier Address:</th> </tr> </thead> <tbody> <tr> <td>Manager Medsafe</td> <td>Manager Medsafe</td> </tr> <tr> <td>PO Box 5013</td> <td>20 Aitken Street</td> </tr> <tr> <td>WELLINGTON 6145</td> <td>WELLINGTON 6011</td> </tr> <tr> <td>Attention: Clinical Trials Co-ordinator</td> <td>Attention: Clinical Trial Co-ordinator</td> </tr> </tbody> </table> <p>To avoid delaying consideration of applications by the relevant Health Research Council committee, applicants are asked to send further copies of the application form and supporting documentation directly to the relevant committee as set out below.</p> <p>If the application is to be considered by the SCOTT committee of the Health Research Council, the applicant should send 4 copies of the completed application form and supporting documentation to SCOTT at the following address:</p>	Postal address:	Courier Address:	Manager Medsafe	Manager Medsafe	PO Box 5013	20 Aitken Street	WELLINGTON 6145	WELLINGTON 6011	Attention: Clinical Trials Co-ordinator	Attention: Clinical Trial Co-ordinator		<p>This section deleted as Medsafe will no longer accept paper-based applications.</p>
Postal address:	Courier Address:											
Manager Medsafe	Manager Medsafe											
PO Box 5013	20 Aitken Street											
WELLINGTON 6145	WELLINGTON 6011											
Attention: Clinical Trials Co-ordinator	Attention: Clinical Trial Co-ordinator											

<table border="1" data-bbox="320 180 1279 445"> <tr> <td>Postal Address:</td> <td>Courier Address:</td> </tr> <tr> <td>SCOTT Secretary c/- The Pegasus Centre P O Box 2856 CHRISTCHURCH 8140</td> <td>SCOTT Secretary C/- The Pegasus Centre 31 Tuam Street CHRISTCHURCH 8011</td> </tr> </table> <p>Note: If the application is eligible for the abbreviated clinical trial approval process (see section 3.6) please do not send any copies of the application to SCOTT.</p> <p>If the application is to be considered by the GTAC committee of the Health Research Council, the applicant should send 10 copies of the application form and supporting documentation to GTAC at the following address:</p> <table border="1" data-bbox="320 674 1169 959"> <tr> <td>Postal Address:</td> <td>Courier Address:</td> </tr> <tr> <td>GTAC Secretary PO Box 5541 Wellesley St AUCKLAND 1141</td> <td>GTAC Secretary Level 3 110 Stanley Street AUCKLAND 1010</td> </tr> </table>	Postal Address:	Courier Address:	SCOTT Secretary c/- The Pegasus Centre P O Box 2856 CHRISTCHURCH 8140	SCOTT Secretary C/- The Pegasus Centre 31 Tuam Street CHRISTCHURCH 8011	Postal Address:	Courier Address:	GTAC Secretary PO Box 5541 Wellesley St AUCKLAND 1141	GTAC Secretary Level 3 110 Stanley Street AUCKLAND 1010		
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Postal Address:	Courier Address:									
GTAC Secretary PO Box 5541 Wellesley St AUCKLAND 1141	GTAC Secretary Level 3 110 Stanley Street AUCKLAND 1010									
<p>3.4 Administrative processing of clinical trial applications</p> <p>Medsafe will undertake administrative processing of the application (including sending it to the relevant Health Research Council committee) and send an acknowledgement letter and invoice to the applicant within 7 days of receiving an application.</p> <p>The fee for an application for approval of a clinical trial under Section 30 of the Medicines Act 1981 is set out in regulation 61 of the Medicines Regulations 1984. The Director-General of Health may, under regulation 61A, grant a waiver of the fee in certain circumstances (e.g. for a clinical trial conducted for the public good or specific types of bioequivalence studies utilising new generic medicines). See the Medsafe Fee Schedule for current fee details. A request for a fee waiver should be included with the application.</p>	<p>3.4 Administrative processing of clinical trial applications</p> <p>On receipt of the online application, Medsafe will send an acknowledgement letter and invoice to the applicant within 7 days.</p> <p>Payment of the invoice should be made within 7 days. If the recommendation is for approval, the clinical trial approval will not be issued until payment has been received.</p> <p>Applicants must ensure that all communication regarding the application is sent through Medsafe.</p>	<p>Restructured and rephrased to describe what process follows receipt of an online application. Removed information about Medsafe forwarding the application to the relevant HRC committee. This is done automatically from the on-line application process.</p> <p>Fee information moved to a new subsection below – subsection 3.5.</p>								
	<p>3.5 Clinical trial application fee and fee waiver</p> <p>The fee for an application for approval of a clinical trial under section 30 is set out in regulation 61 of the Medicines Regulations 1984. See the Medsafe Fee Schedule for current fee details. The Director-General of Health may, under regulation 61A, grant a waiver of the fee in certain circumstances.</p> <p>Applications for fee waiver will only be considered when they are submitted with the initial application. Applications will be considered on a case-by-case basis.</p>	<p>New subsection to contain information about fee that was included in the previous Section 3.4. This allows the reader to look for 'fee' information in the Table of Contents.</p>								

	<p>3.5.1 Criteria for fee waiver</p> <p>A waiver may be considered for a clinical trial conducted for the public good, or for specific types of bioequivalence studies utilising new generic medicines. Applications should include the reasons for requesting a waiver.</p> <p>The criteria taken into consideration for granting a fee waiver are as follows.</p> <ul style="list-style-type: none"> ☞ The time reasonably required to consider any application made or notice given under the Medicines Act 1981. ☞ The degree of complexity involved in considering any such application or notice. ☞ The interests of public health in New Zealand. ☞ Any funding that the trial receives. 	<p>New subsection to contain information about fee waiver criteria that was included in the previous Section 3.4.</p> <p>Added the criteria for considering a fee waiver, for transparency.</p>
<p>3.5 Consideration of applications for approval of clinical trials under Section 30 of the Medicines Act</p> <p>Applications are considered by the relevant committee of the Health Research Council (SCOTT or GTAC). Following its consideration of an application, the committee conveys its recommendation to Medsafe. The committee may:</p> <ul style="list-style-type: none"> ☞ Recommend that the clinical trial is approved ☞ Recommend that the clinical trial is approved subject to certain conditions ☞ Request more information in relation to the application ☞ Recommend that the clinical trial is not approved <p>Within 45 calendar days of receiving the application, Medsafe will notify the applicant of the outcome of the Director-General's consideration, and will then liaise with the applicant regarding any proposed conditions of approval (such as amendment to the trial protocol) or requests for further information. All correspondence relating to the application must be addressed to Medsafe.</p> <p>If, following resolution of any issues relating to the application, the decision is to approve the trial, Medsafe will issue an approval letter. If there is a decision to decline an application, the reasons for this decision will be provided to the applicant. The applicant then has 28 days in which to lodge an appeal with the Medicines Review Committee.</p> <p>The appeal provisions are set out in Section 88 of the Medicines Act 1981.</p>	<p>3.6 Consideration of applications for approval of clinical trials</p> <p>Applications are considered by the relevant committee of the Health Research Council (SCOTT or GTAC). Following its consideration of an application, the committee conveys its recommendation to Medsafe. The committee may:</p> <ul style="list-style-type: none"> ☞ Recommend that the clinical trial is approved ☞ Recommend that the clinical trial is approved subject to certain conditions ☞ Request more information in relation to the application ☞ Recommend that the clinical trial is not approved. <p>Within 45 calendar days of receiving the application, Medsafe will notify the applicant of the outcome of the Director-General's consideration of the HRC's recommendation, and will then liaise with the applicant regarding any proposed conditions of approval (such as amendment to the trial protocol) or requests for further information. All correspondence relating to the application must be addressed to Medsafe.</p> <p>Following the resolution of any issues relating to the application, if the Director-General's decision is to approve the trial, Medsafe will issue an approval letter. If the decision is to decline an application, the reasons for this decision will be provided to the applicant. The applicant then has 28 days in which to lodge an appeal with the Medicines Review Committee.</p> <p>The appeal provisions are set out in Section 88 of the Medicines Act 1981.</p>	<p>Subsequent subsections renumbered accordingly.</p> <p>To make it clear that the DG considers the recommendation from the HRC, and not the CT application directly.</p> <p>Added to make it clear that this is the DG's decision.</p>
<p>3.6 Abbreviated clinical trial approval process</p> <p>Medsafe operates an abbreviated approval process for eligible clinical trial applications.</p> <p>To be eligible for the abbreviated approval process the application must be for a clinical trial that meets the following criteria:</p>	<p>3.7 Abbreviated clinical trial approval process for bioequivalence studies</p> <p>Medsafe operates an abbreviated approval process for eligible clinical trial applications. This abbreviated approval process applies only to</p>	<p>Added to heading to make it clear that the abbreviated process only applies to CTs of bioequivalence studies. This allows searching in the Table of Contents.</p> <p>Rephrased and moved up from later in the subsection, for emphasis.</p>

<ul style="list-style-type: none"> ☞ The clinical trial is a bioequivalence study that utilises an investigational product that contains the same active pharmaceutical ingredient included in a medicine that is approved for distribution in New Zealand; and ☞ The proposed route of administration for the investigational product is the same as that for the approved medicine; and ☞ The proposed dosage for the investigational product is within the recommended dosage range for the approved medicine. <p>Please note that this abbreviated approval process does not apply to bio-similar products.</p> <p>To make an application under the abbreviated approval process, the applicant must complete the application process described in section 3.4.</p> <p>A reduced fee will be applied to eligible applications. See the Medsafe Fee Schedule for current fee details.</p> <p>Approvals for eligible clinical trials will be issued by Medsafe within five working days.</p>	<p>bioequivalence studies and does not apply to bio-similar products.</p> <ul style="list-style-type: none"> ☞ The clinical trial is a bioequivalence study that utilises an investigational product that contains the same active pharmaceutical ingredient included in a medicine that is approved for distribution in New Zealand; and ☞ The proposed route of administration for the investigational product is the same as that for the approved medicine; and ☞ The proposed dosage for the investigational product is within the recommended dosage range for the approved medicine. <p>A reduced fee applies to clinical trial applications meeting these criteria, and a response will be issued within five working days. See the Medsafe Fee Schedule for current fee details.</p>	<p>Rephrased for brevity.</p>
<h2 style="text-decoration: underline;">Section 4: Certification of Clinical Trial Sites</h2> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Section summary</p> <p>Medsafe administers a <i>Clinical Trial Site Self-Certification</i> scheme covering sites which have study participants in residence while the clinical trial medicines are administered. The self-certification is site-specific and provides a description of the site's facilities and procedures for dealing with any emergencies and a list of key personnel. It is completed by the person responsible for the site and should be updated whenever there is a change to key personnel or critical procedures at the site.</p> </div>	<h2 style="text-decoration: underline;">Section 4: Notification of Clinical Trial Sites</h2> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Section summary</p> <p>Medsafe administers a <i>Clinical Trial Site Notification</i> scheme covering sites which have study participants in residence while the clinical trial medicines are administered. The notification is site-specific and provides a description of the site's procedures for dealing with any emergencies arising from a clinical trial. It is completed by the person responsible for the site and should be updated whenever the information in the original notification form is changed.</p> </div>	<p>In this section, all mention of 'certification' and 'self-certification' have been changed to 'notification'.</p> <p>Deleted 'facilities and' and 'key personnel' as this information is already in the CT application.</p> <p>Added 'arising from a clinical trial' to restrict the issue to emergencies arising from clinical trials.</p> <p>Reworded to use a more generic description of when the site needs re-notification.</p>
<h3>4.1 Sites requiring certification under the scheme</h3> <p>Section 30 of the Medicines Act 1981 sets out the information that must be provided in an application for approval of a clinical trial. Section 30(3)(g) specifies that the application must include information about the site(s) at which the trial is to be conducted and the facilities available at those sites. This information is to be taken into consideration in deciding whether to grant approval for the trial.</p> <p>If a site has study participants in residence while clinical trial medicines are administered, information about the facilities and procedures in place to deal with emergencies is required to be provided. In order to facilitate the collection and processing of this information for both the regulator and for applicants, Medsafe administers a <i>Clinical Trial Site Self-Certification</i> scheme.</p>	<h3>4.1 Clinical Trial Sites requiring notification under the scheme</h3> <p>Section 30 of the Act sets out the information that must be provided in an application for approval of a clinical trial. Section 30(3)(g) specifies that the application must include information about the site(s) at which the trial is to be conducted, and the facilities available at those sites. This information is taken into consideration in deciding whether to grant approval for the trial.</p> <p>If study participants are staying overnight or longer for monitoring purposes as a result of receiving a study medication, information about the facilities and procedures in place to deal with possible emergencies (Critical Incidents) arising from the study medication must be provided. A Critical Incident is</p>	<p>Added to the heading to make it clear that these are CT sites and to lead into the concept of a CT site notification form.</p> <p>Deleted paragraph mentioning outpatients and where no trial medicine is being administered, as the revised explanation covers the information.</p> <p>Rephrased to give a simple explanation of what 'in residence' means and what Critical Incident means. Critical Incident</p>

<p>The scheme does not cover sites where participants attend clinics as outpatients and no trial medicine is administered on site. For such sites, the name and location of each site and the name(s) of the investigator(s) will be provided by the applicant when applying for approval of the trial.</p>	<p>described as a life-threatening or disabling event arising from the study medication.</p> <p>Medsafe administers a <i>Clinical Trial Site Notification</i> scheme to facilitate the collection and processing of this information for both the regulator and for applicants.</p>	<p>is mentioned in the Pharmacovigilance guideline.</p> <p>Sentence rephrased to use 'active voice'.</p>
<p>4.2 Operation of the site certification scheme</p> <p>Under this scheme, the person responsible for clinical trials at the site (i.e. the lead investigator at that site) completes a Clinical trial site self-certification form (see Form 11.2 in Schedule A of the <i>Guideline on the Regulation of Therapeutic Products in New Zealand</i>), providing a description of the site's facilities and procedures and a list of key personnel. The certification can be made at any time and does not need to coincide with submission of an application for approval of a particular clinical trial.</p> <p>On receipt of a completed Clinical trial site self-certification form, Medsafe will process the certification and place the name and address of the site and the name of the lead investigator on a list of <i>Certified Clinical Trial Sites</i> published on the Medsafe website (www.medsafe.govt.nz).</p> <p>Site certification must be completed for each location (e.g. private premises, or a unit within an institution such as a hospital) at which clinical trial medicines are administered to trial participants. There may be more than one clinical trial site within an institution.</p> <p>Re-certification of a clinical trial site is required whenever there is any change to key personnel or critical procedures at the site.</p>	<p>4.2 Operation of the Clinical Trial Site Notification scheme</p> <p>Under this scheme, the person who manages the site completes a Clinical Trial Site Notification form (see CTSN Form), and notifies that the site has adequate emergency procedures in place. The notification can be made at any time and does not need to coincide with submission of an application for approval of a particular clinical trial.</p> <p>On receipt of a completed notification, Medsafe publishes a list of <i>Clinical Trial Sites</i> on the Medsafe website (http://www.medsafe.govt.nz/regulatory/CSSites.htm).</p> <p>Re-notification of a clinical trial site is required if there is a change to any of the information in the original notification form.</p>	<p>Added to the heading to make it clear that these are CT sites and to lead into the idea of a CTSN form.</p> <p>There could be a number of trials operating out of one site, and previously this has resulted in several certifications made by different people for the same site. It is actually the site manager who would be aware of the facilities available, the procedures in place and the key personnel involved.</p> <p>The title of Form 11.2 has been changed to Clinical Trial Site Notification Form, and a link has been provided. As applications and reports are to be made online, there is no further need for Forms 11.1 and 11.3.</p> <p>Medsafe has considered that Medsafe only needs to know that the site has adequate emergency procedures in place, for example, that they have trained emergency medicine staff on duty, they have an agreement with a hospital to provide emergency treatment etc. Medsafe does not need to know the names of the emergency medicine staff etc.</p> <p>Medsafe has changed procedures and will publish only the name and address of the notified site and not the names of people.</p> <p>Previously, the person responsible for clinical trials would have to be aware of all changes to facilities, procedures and key personnel at the site. This may not be possible if changes are made without that person being informed. It is easier for the site manager to manage this and re-notify.</p>
<p>4.3 Applicant responsibilities relating to certification of clinical trial sites</p> <p>When submitting an application for approval of a clinical trial, the applicant is</p>	<p>4.3 Applicant responsibilities relating to trials being conducted at notified clinical trial sites</p>	<p>Heading changed to reflect different approach to site notification.</p>

<p>required to specify, for each proposed site at which trial medicines will be administered, whether certification has been completed and whether the information provided in the certification is still current. It is the responsibility of the applicant to liaise with the lead investigator at each site regarding site certification status.</p> <p>If certification for a site is current, no further action is required. If there is no certification for a site, or if the existing certification is out of date, it is the responsibility of the applicant to obtain a completed Clinical trial site self-certification form from the lead investigator at the site and submit it to Medsafe with the application for approval of the clinical trial. Medsafe will process the site certification in the normal way. An approval will not be granted for a clinical trial until certification has been completed for all sites for which it is required.</p>	<p>Applicants for approval of a clinical trial where subjects are kept overnight for monitoring purposes as a result of receiving the study medications need to check that the proposed clinical trial site has been notified. This can be done by checking Medsafe's Notified Clinical Trial Sites webpage. If the site has not been notified, the applicant should contact the manager of the site to submit a notification.</p>	<p>The applicant's responsibilities have been simplified.</p>
<p>Section 5: Good Clinical Practice Requirements</p> <p>Section summary</p> <p>This section establishes the requirement for clinical trials to be conducted in accordance with the CPMP Note for Guidance on Good Clinical Practice and explains the modifications to the CPMP guideline that are needed to achieve alignment with New Zealand regulatory requirements.</p>	<p>Section 5: Good Clinical Practice Requirements</p> <p>Section summary</p> <p>This section establishes the requirement for clinical trials to be conducted in accordance with the CHMP Guideline for Good Clinical Practice and explains the modifications to the CHMP GCP guideline that are needed to achieve alignment with New Zealand regulatory requirements.</p>	<p>Added 'GCP'</p>
<p>From 1 January 2011 all clinical trials conducted in New Zealand are expected to be conducted in accordance with the <i>Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95)</i>. This applies whether or not approval under the Medicines Act is required for the trial.</p> <p>In some cases, requirements set out in CPMP/ICH/135/95 do not cover, or are in conflict with, particular provisions in the Medicines Act 1981 or in other relevant New Zealand legislation (e.g. legislation relating to reporting requirements or the retention of records). For this reason, some of the requirements specified in CPMP/ICH/135/95 must be modified in order to achieve compliance with New Zealand law.</p> <p>Modifications are required in respect of:</p> <ul style="list-style-type: none"> ☞ the definitions and obligations of particular persons (see Section 5.1); ☞ the manufacture, labelling and dispensing of investigational products (see Section 5.2); ☞ the retention of records (see Section 5.3); ☞ adverse event reporting (see Section 5.4); and ☞ clinical trial reporting requirements (see Section 5.5). 	<p>5.1 Compliance with Good Clinical Practice</p> <p>All clinical trials are expected to be conducted in accordance with the Guideline for Good Clinical Practice E6(R2) (EMA/CHMP/ICH/135/1995) – the CHMP GCP guideline.</p> <p>In some cases, requirements set out in the CHMP GCP guideline do not cover, or are in conflict with, particular provisions in the Medicines Act 1981 or in other relevant New Zealand legislation (eg, legislation relating to reporting requirements or the retention of records). For this reason, some of the requirements specified in the CHMP guideline must be modified in order to achieve compliance with New Zealand law.</p> <p>Modifications are required in respect of:</p> <ul style="list-style-type: none"> ☞ the definitions and obligations of particular persons (see Section 5.2); ☞ the manufacture, labelling and dispensing of investigational products (see Section 5.3); ☞ the retention of records (see Section 6); ☞ adverse event reporting (see Section 6.2); and ☞ clinical trial reporting requirements (see Section 6.6). 	<p>This preface has been given a subsection number. All subsequent subsections are renumbered accordingly.</p> <p>Removed the 'from 1 January 2011' date, and reference to trials conducted in New Zealand.</p> <p>Added 'GCP'</p> <p>Subsection references updated.</p>

<p>5.1 Responsibilities of the applicant, sponsor, investigator and monitor</p> <p>Sections 1, 4 and 5 of the CPMP guideline set out the obligations of the applicant, sponsor, investigator and monitor in clinical trials. In contrast, the Medicines Act uses the terms applicant and investigator, but does not refer to a sponsor or monitor. The responsibilities of those involved in conducting clinical trials in New Zealand are outlined below.</p>	<p>5.2 Responsibilities of the applicant, sponsor, investigator and monitor</p> <p>Sections 1, 4 and 5 of the CHMP GCP guideline set out the obligations of the applicant, sponsor, investigator and monitor in clinical trials. In contrast, the Medicines Act uses the terms applicant and investigator, but does not refer to a sponsor or monitor. The responsibilities of those involved in conducting clinical trials in New Zealand are outlined below.</p>	<p>Added 'GCP'</p>
<p>5.1.1 Applicant and New Zealand sponsor</p> <p>The CPMP guideline defines <i>sponsor</i> as an individual, company, institution or organisation which takes responsibility for the initiation, management and/or financing of a clinical trial.</p> <p>The Medicines Act does not use the term <i>sponsor</i> but refers to an <i>applicant</i>. The applicant is the person who imports or manufacturers or commissions the manufacture of a new medicine for use in a clinical trial. The responsibilities of the <i>applicant</i> under New Zealand legislation are defined in Section 30 of the Medicines Act 1981 and parallel those of the <i>sponsor</i> in the CPMP guidelines (with the exception of reference to financing the trial).</p> <p>In New Zealand, the term <i>applicant</i> is used when referring to the person who makes the application for approval of the trial.</p> <p>Once the trial is approved, the applicant becomes the <i>New Zealand sponsor</i>, assuming responsibility (including legal liability) for the trial in New Zealand. The <i>New Zealand sponsor</i>, who must be a person in New Zealand, is responsible for:</p> <ul style="list-style-type: none"> ☞ the preservation of records ☞ reporting adverse events (see below) ☞ notifying any changes in protocol to the Director-General of Health (through Medsafe) ☞ informing the Director-General of Health of the identifying name or mark by which the trial medicine may be recognised before the trial medicine is distributed if it is not a medicine for which consent for distribution in New Zealand has been granted (see Medicines Act 1981 Section 30(7)(a)). <p>While the supporting documentation required to be submitted with an application may be prepared by the overseas sponsor of the trial, it is the person responsible for the trial in New Zealand who must make the application to the Director-General for approval of the trial.</p> <p>Similarly, it is the New Zealand sponsor who is responsible for ensuring that the trial is conducted in accordance with both New Zealand law and Good Research Practice standards.</p>	<p>5.2.1 Applicant and New Zealand sponsor</p> <p>The CHMP GCP guideline defines <i>sponsor</i> as an individual, company, institution or organisation which takes responsibility for the initiation, management and/or financing of a clinical trial.</p> <p>The Medicines Act does not use the term <i>sponsor</i> but refers to an <i>applicant</i>. The applicant is the person who imports or manufactures or commissions the manufacture of a new medicine for use in a clinical trial. The responsibilities of the <i>applicant</i> under New Zealand legislation are defined in section 30 of the Medicines Act 1981 and parallel those of the <i>sponsor</i> in the CHMP guideline (except for the reference to financing the trial).</p> <p>In New Zealand, the term <i>applicant</i> is used when referring to the person who makes the application for approval of the trial.</p> <p>Once the trial is approved, the applicant becomes the <i>sponsor</i>, assuming responsibility (including legal liability) for the trial in New Zealand. The <i>sponsor</i>, who must be a person in New Zealand, is responsible for:</p> <ul style="list-style-type: none"> ☞ the preservation of records ☞ reporting adverse events (see Section 6.2 of the guideline) ☞ notifying and seeking approval for any changes in the clinical trial protocol to the Director-General of Health (through Medsafe) ☞ informing the Director-General of Health of the identifying name or mark by which the trial medicine may be recognised before the trial medicine is distributed (section 30(7)(a) of the Act) <p>While the supporting documentation required to be submitted with an application may be prepared by the overseas sponsor of the trial, it is the person responsible for the trial in New Zealand (the applicant) who must make the application to the Director-General for approval of the trial.</p> <p>When the application is approved the applicant becomes the 'sponsor' and is responsible for ensuring that the trial is conducted in accordance with both New Zealand law and Good Research Practice standards.</p> <p>In the case of a multi-centre trial that is being conducted and administered by a research body outside New Zealand, it is common for the principal investigator in New Zealand (or a local person or company, such as a clinical research organisation acting in that capacity) to undertake the role of</p>	<p>Added 'GCP'</p> <p>Changed to use simpler language.</p> <p>Information on reporting of adverse events associated with clinical trials has been moved to section 6.2.</p> <p>Changed to reflect that approval has to be sought, not just notifying of changes, and that it is changes to the clinical trial protocol, and not any other protocol.</p> <p>Deleted mention of medicine for which consent for distribution has been granted. By definition, CT approvals only apply to new medicines.</p> <p>Added to reinforce the definition of 'applicant' as the person responsible for the trial.</p> <p>Rephrased to reinforce the notion that the applicant becomes the sponsor in NZ.</p>

<p>In the case of a multi-centre trial that is being conducted and administered by a research body outside New Zealand, it is common for the principal investigator in New Zealand to undertake the role of applicant (and subsequently New Zealand sponsor).</p>	<p>applicant (and subsequently, the sponsor).</p>	<p>Added clarification that other entities can take on the role of the 'sponsor'.</p>
<p>5.1.2 Investigators</p> <p>The <i>principal investigator</i> is the person with overall responsibility for the conduct of the clinical trial in New Zealand. There is only one principal investigator for a trial, regardless of the number of trial sites involved.</p> <p>The principal investigator must be resident in New Zealand, have competence and experience in a relevant field of study, and hold appropriate qualifications that are recognised within New Zealand. Where the principal investigator is not medically qualified, the trial protocol must identify the clinician responsible for medical supervision of the trial and oversight of the medical care of the participants in the trial.</p> <p>A <i>lead investigator</i> is the person responsible for the conduct of a trial at a particular trial site. For a multi-centre trial, there will be a lead investigator for each trial site. Where a trial is conducted by a team of investigators at a particular site, the lead investigator is the responsible leader of the team. The principal investigator for the trial may also be the lead investigator at a particular trial site.</p> <p>An <i>investigator</i> is an individual who is designated to conduct clinical trial procedures at a particular trial site. All investigators must have New Zealand-recognised qualifications and experience appropriate to their particular role in the conduct of the trial.</p>	<p>5.2.2 Investigators</p> <p>The <i>principal investigator</i> is the person with overall responsibility for the conduct of the clinical trial in New Zealand. There is only one principal investigator for a trial, regardless of the number of trial sites involved.</p> <p>The principal investigator must be resident in New Zealand, have competence and experience in a relevant field of study, and hold appropriate qualifications that are recognised within New Zealand. Where the principal investigator is not medically qualified, the trial protocol must identify the clinician responsible for medical supervision of the trial and oversight of the medical care of the participants in the trial.</p> <p>A <i>lead investigator</i> is the person responsible for the conduct of a trial at a particular trial site. For a multi-centre trial, there will be a lead investigator for each trial site. Where a trial is conducted by a team of investigators at a particular site, the lead investigator is the responsible leader of the team. The principal investigator for the trial may also be the lead investigator at a particular trial site.</p> <p>An <i>investigator</i> is an individual who is designated to conduct clinical trial procedures at a particular trial site. All investigators must have New Zealand-recognised qualifications and experience appropriate to their particular role in the conduct of the trial.</p>	
<p>5.1.3 Monitor</p> <p>The <i>monitor</i> (or clinical research associate) is an individual appointed by the sponsor and responsible for carrying out monitoring activities in accordance with the sponsor's requirements to ensure that the trial is conducted and documented properly. The monitor should be independent of the clinical trial site, be qualified by scientific and/or clinical knowledge and have appropriate training and experience.</p>	<p>5.2.3 Monitor</p> <p>The <i>monitor</i> (or clinical research associate) is an individual appointed by the sponsor and responsible for carrying out monitoring activities in accordance with the sponsor's requirements to ensure that the trial is conducted and documented properly. The monitor should be independent of the clinical trial site, be qualified by scientific and/or clinical knowledge and have appropriate training and experience.</p>	
<p>5.2 Investigational products</p> <p>The CPMP GCP guideline discusses investigational products in points 4.6, 5.12, 5.13 and 5.14. It requires investigational products, including active comparators and placebos, to be manufactured in accordance with applicable GMP.</p> <p>In New Zealand, investigational products are required to be manufactured in accordance with the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods found at:</p> <p>http://www.medsafe.govt.nz/regulatory/Guideline/NZRGMPart1.asp</p> <p>Annex 13 of the Code provides additional guidelines for investigational medicinal</p>	<p>5.3 Investigational products</p> <p>The CHMP GCP guideline discusses investigational products in points 4.6, 5.12, 5.13 and 5.14. It requires investigational products, including active comparators and placebos, to be manufactured in accordance with applicable GMP.</p> <p>In New Zealand, investigational products are required to be manufactured in accordance with the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods found at:</p> <p>http://www.medsafe.govt.nz/regulatory/Guideline/NZRGMPart1.asp</p>	<p>Added 'GCP'</p>

products. The Medicines Act also places a number of conditions on the distribution of a medicine under Section 30 of the Act.

Section 30(7)(b) requires that every label on every package of a medicine used in a clinical trial must have the words “*To be used by qualified investigators only*”. It is Medsafe’s practice to accept these words or words of similar meaning.

Section 30(7)(c) requires that every person to whom the trial medicine is distributed must be approved to conduct the trial (i.e. be an approved investigator), and the medicine must be used solely by that person or under his/her direction for the purposes of the trial.

Supplying clinical trial medicines to trial participants is not considered to be *prescribing* or *dispensing* and the requirements set out in Part 7 of the Medicines Regulations 1984 do not apply. However, where clinical trial medicines are required to be repacked ready for supply to trial participants, this must be undertaken by a person who is the holder of a packing licence or is otherwise authorised to pack medicines (see [Section 17 of the Medicines Act 1981](#)).

Clinical trial medicines may be supplied to trial participants by an investigator, pharmacist, nurse or other suitably qualified member of the clinical trial team. The arrangements for supply to patients should be specified in the clinical trial protocol at the time the application for approval of the trial is made. The investigator may subsequently submit a protocol amendment delegating responsibility for supply to another suitably qualified person.

The quantity of trial medicine to be supplied to trial participants at one time should be specified in the trial protocol. Where a clinical trial uses a product containing a substance listed in a [schedule to the Misuse of Drugs Act 1975](#), the supply restrictions relevant to that class of controlled drug will apply. The restrictions are set out in the following table:

Controlled Drug class	Period of supply
Class A	1 month
Class B	1 month
Class C	3 months

The investigational product(s) should be stored as specified by the sponsor (see 5.13.2 and 5.14.3 of the CPMP/ICH/135/95 guideline) and in accordance with [Section 47 of the Medicines Act 1981](#) (Storage and delivery of medicines), and [Part 5 \(regulations 26-37\) of the Medicines Regulations 1984](#).

Annex 13 of the Code provides additional guidelines for investigational medicinal products. The Medicines Act also places a number of conditions on the distribution of a medicine under section 30 of the Act.

The principal investigator must maintain a product specification file. A copy of relevant sections of the current version must be held by any contract manufacturing sites. The product specification file must be consistent with the approved clinical trial documents (for example specifications in the Investigators Brochure, etc.).

The principal investigator should receive a Certificate of Analysis for investigational products, and should verify that the product meets the approved specifications and is suitable for release.

[Section 30\(7\)\(b\)](#) requires that every label on every package of a medicine used in a clinical trial must have the words “*To be used by qualified investigators only*”. It is Medsafe’s practice to accept these words or words of similar meaning.

[Section 30\(7\)\(c\)](#) requires that every person to whom the trial medicine is distributed must be approved to conduct the trial (ie, be an approved investigator), and the medicine must be used solely by that person or under his/her direction for the purposes of the trial.

Supplying clinical trial medicines to trial participants is not considered to be *prescribing* or *dispensing* and the requirements set out in [Part 7 of the Medicines Regulations 1984](#) do not apply. However, where clinical trial medicines are required to be repacked ready for supply to trial participants, this must be undertaken by a person who is the holder of a packing licence or is otherwise authorised to pack medicines (see [section 17 of the Medicines Act 1981](#)).

Clinical trial medicines may be supplied to trial participants by an investigator, pharmacist, nurse or other suitably qualified member of the clinical trial team. The arrangements for supply to patients should be specified in the clinical trial protocol at the time the application for approval of the trial is made. The investigator may subsequently submit a protocol amendment delegating responsibility for supply to another suitably qualified person.

The quantity of trial medicine to be supplied to trial participants at one time should be specified in the trial protocol. Where a clinical trial uses a product containing a substance listed in a [schedule to the Misuse of Drugs Act 1975](#), the supply restrictions relevant to that class of controlled drug will apply. The restrictions are set out in the following table:

Controlled Drug class	Period of supply
Class A	1 month
Class B	1 month
Class C	3 months

The investigational product(s) should be stored as specified by the sponsor (see [points 5.13.2 and 5.14.3 of the CHMP GCP guideline](#)) and [handled](#) in accordance with [section 47 of the Medicines Act](#) (Storage and delivery of medicines), and [Part 5 \(regulations 26-37\) of the Medicines Regulations 1984](#).

New requirements added to enable GMP audits of manufacturing sites that are manufacturing clinical trial medicines.

Added hyperlinks.

Added ‘points’ to be consistent with usage in the first para of this subsection, and to distinguish from

		<p>Sections of this guideline, and sections of the Medicines Act.</p> <p>Added 'GCP'.</p> <p>Added 'handled' as the legislation covers more than just storage.</p> <p>Subsequent subsections of Section 5 moved to a new Section 6.</p>
	<p>Section 6: Records and Reporting</p> <p>Section summary</p> <p>This section describes the records and reporting requirements for clinical trials.</p>	<p>New Section 6 as the information here relates to records and reporting requirements, which differ somewhat from the CHMP guidance. The order of information has been changed in some instances to keep particular points together for a logical flow.</p>
<p>5.3 Preservation of records</p> <p>The preservation of records is detailed in sections 4.9.4, 4.9.5 and 5.15 of the CPMP GCP guideline. In New Zealand the following points must also be taken into consideration:</p> <ul style="list-style-type: none"> ☞ The New Zealand applicant/sponsor is responsible for ensuring that a complete set of study records and data relating to New Zealand trial participants is retained. ☞ The trial records may be held by the principal investigator or transferred to another responsible person. The applicant/sponsor must hold information on the location of the records, the name of the person responsible for their retention, and the means by which prompt access can be assured. ☞ For international multi-centre trials the records for New Zealand patients may be stored overseas providing they are maintained in an accessible form until they are disposed of in accordance with New Zealand law. ☞ The timeframes for retention of records will depend on the nature and duration of the trial. The New Zealand applicant/sponsor must ensure compliance with New Zealand privacy legislation and the Health (Retention of Health Information) Regulations 1996. In no case should the period of retention be less than 10 years from the date the study ends. ☞ If records relating to a clinical trial are part of a patient's hospital record, adequate steps must be taken to ensure that the patient's hospital records are retained for 10 years after the end date of the study, since the normal time to destruction interval in hospitals and institutions may be less than this. ☞ Records of trials conducted at District Health Board sites must be 	<p>6.1 Preservation of records</p> <p>The preservation of records is detailed in points 4.9.4, 4.9.5, 5.14.4 and 5.15 of the CHMP GCP guideline. Advice on standards for electronic records, retention and disposal should be sought from Archives New Zealand.</p> <p>In New Zealand the following points must also be taken into consideration:</p> <ul style="list-style-type: none"> ☞ The applicant / sponsor is responsible for ensuring that a complete set of study records and data relating to New Zealand trial participants is retained. ☞ The applicant/sponsor must ensure compliance with New Zealand privacy legislation (Privacy Act 1993) and the Health (Retention of Health Information) Regulations 1996. ☞ The trial records may be held by the principal investigator or transferred to another responsible person. The applicant/sponsor must hold information on the location of the records, the name of the person responsible for their retention, and the means by which prompt access can be assured. ☞ For international multi-centre trials, the records for New Zealand patients may be stored overseas provided they are maintained in an accessible form until they are disposed of in accordance with New Zealand law. ☞ The timeframes for retention of records will depend on the nature and duration of the trial. Records must be kept for a minimum of 10 years from date the study ends. 	<p>Minor grammatical changes made.</p> <p>Added 'points' to be consistent with previous usage and to distinguish from Sections of this guideline, and sections of the Medicines Act.</p> <p>Added 'GCP'.</p> <p>Added 5.14.4 which covers maintaining records.</p> <p>New bullet point for information related to privacy that was included with another bullet point.</p> <p>Statements about specifics of records (eg format, retention period, disposal etc) have been deleted, as this is the province of Archives NZ.</p> <p>This retention period comes from the Ministry of Health Disposal Authority DA643, which overrides section 18 of the Public Records Act.</p>

<p>retained until approval of the Chief Archivist is sought for their disposal (Section 18 of the Public Records Act 2005). Further information on the disposal process can be found on the Archives New Zealand website: http://www.archives.govt.nz/advice/appraisal-and-disposal-information.</p> <p>Records of trials not conducted at District Health Board sites must be retained for at least 10 years.</p> <ul style="list-style-type: none"> Records, which may be in hard-copy or electronic form, must remain readily accessible for the duration of the required retention period. Advice on standards for electronic records is available at: http://continuum.archives.govt.nz/files/file/standards/s5/index.html 		
<p>5.4 Reporting adverse events</p> <p>The reporting requirements for adverse events are detailed in section 4.11 and 5.17 of the CPMP GCP Guideline. The reporting requirements in New Zealand differ from those set out in the CPMP GCP Guideline in that only expedited reports of serious adverse events occurring in New Zealand trial participants must be sent to Medsafe.</p> <p>In line with the CPMP guideline, the investigator should report adverse events (as detailed in the protocol) to the New Zealand sponsor.</p>	<p>6.2 Reporting adverse events</p> <p>The reporting requirements for adverse events are detailed in points 4.11 and 5.17 of the CHMP GCP guideline.</p> <p>The reporting requirements in New Zealand differ from those set out in the CHMP GCP guideline in that only expedited reports of serious adverse events occurring in New Zealand trial participants must be sent to Medsafe.</p> <p>In line with the CHMP GCP guideline, the investigator should report adverse events (as detailed in the protocol) to the sponsor.</p>	<p>Added 'GCP'.</p>
<p>5.4.1 Notifying overseas actions relating to an investigational product</p> <p>Medsafe must be informed within 7 calendar days of any of the following actions occurring in relation to an investigational product being used in a clinical trial in New Zealand:</p> <ul style="list-style-type: none"> withdrawal from continued development withdrawal from the market in another jurisdiction, for any reason termination of an overseas study using the investigational product due to serious or unexpected adverse events. The reasons for halting the study and the arrangements for halting the New Zealand arm of the study are required to be included in the report. 	<p>6.3 Reporting other adverse events</p> <p>The sponsor is required to hold reports of all (worldwide) SUSARs (suspected unexpected serious adverse reactions), as defined in ICH guideline E2A. These reports should not be routinely sent to Medsafe, but must be held in an accessible form and made available to Medsafe on request.</p> <p>The adverse event reporting requirements of the Health and Disability Ethics Committees are outlined in their standard operating procedures.</p> <p>All adverse reactions to approved medicines used in clinical trials should be reported to the Centre for Adverse Reactions Monitoring (CARM). Sponsors should follow the process for reporting adverse reactions in the Guideline on the Regulation of Therapeutic Products in New Zealand, Part 8: Pharmacovigilance.</p>	<p>This subsection has been moved up from below the information about Expedited reporting, for logical flow.</p> <p>Explanation of SUSAR moved here from the subsection on Expedited reporting, as it is a better fit here.</p> <p>HDECs calls these 'standard operating procedures' instead of 'guidelines'.</p> <p>Added the new sentence to remind readers that the process in Part 8 of the guideline should be followed.</p>
<p>5.4.2 Expedited reporting of suspected unexpected serious adverse reactions (SUSARs) occurring in New Zealand trial participants</p> <p>The New Zealand sponsor is required to report all fatal or life-threatening suspected unexpected serious adverse reactions (SUSARs, as defined in ICH GCP/ICH E2A) occurring in New Zealand trial participants where the treatment is known.</p>	<p>6.4 Expedited reporting of suspected unexpected serious adverse reactions (SUSARs)</p> <p>The sponsor is required to report all fatal or life-threatening suspected unexpected serious adverse reactions (SUSARs) occurring in New Zealand trial participants where the treatment is known.</p> <p>Adverse reactions occurring in a clinical trial's participants are considered to</p>	<p>Layout changed for better flow.</p>

<p>Reports must be sent to Medsafe (see Section 5.6 for addresses) or using the online system at https://nz.ethicsdatabase.org within 7 days of the sponsor receiving an investigator's report of a SUSAR.</p> <p>Adverse reactions occurring in a clinical trial participants are considered to be unexpected if they are not outlined in the protocol and investigator's brochure, and are not defined study end-points (e.g. death or hospitalisation).</p>	<p>be unexpected if they are not outlined in the protocol and investigator's brochure, and are not defined study end-points.</p> <p>Within 7 days of the sponsor receiving an investigator's report of a SUSAR, the sponsor must send the report to Medsafe. Follow-up reports are required only if there is significant new information.</p> <p>Medsafe does not require all other serious, unexpected adverse reactions that are not fatal or life threatening to be reported within 15 days. These reports should not be routinely sent to Medsafe, but must be held in an accessible form and made available to Medsafe on request.</p>	<p>Information on how to report has been moved to Section 6.7.</p> <p>Added to clarify that reports of non-fatal or life-threatening adverse reactions do not have to be reported within 15 days.</p>
<p>5.4.3 Reporting other adverse events</p> <p>The New Zealand sponsor is required to hold reports of all (worldwide) SUSARs. These reports should not be routinely sent to Medsafe, but must be held in an accessible form and made available to Medsafe on request.</p> <p>The reporting requirements of the Health and Disability Ethics Committees are outlined in their guidelines.</p> <p>All adverse reactions to approved medicines used in clinical trials should be reported to the Centre for Adverse Reactions Monitoring (CARM).</p>	<p>6.5 Notifying overseas actions relating to an investigational product</p> <p>Medsafe must be informed within 7 calendar days of any of the following overseas actions occurring in relation to an investigational product being used in a clinical trial in New Zealand:</p> <ul style="list-style-type: none"> ☞ withdrawal from continued development ☞ withdrawal from the market in another jurisdiction, for any reason ☞ termination of an overseas study using the investigational product due to serious or unexpected adverse events. The reasons for halting the study and the arrangements for halting the New Zealand arm of the study are required to be included in the report. 	<p>Added to emphasise these are actions occurring overseas.</p>
<p>5.5 Study reporting requirements</p> <p>The New Zealand sponsor is required, under Section 30(7)(d)(ii) of the Medicines Act 1981, to submit routine progress reports to Medsafe at 6 monthly intervals throughout the duration of the trial.</p> <p>To submit a routine progress report the New Zealand sponsor must submit a signed copy of the completed Clinical trial six monthly report form to Medsafe (see Form 11.3 in Schedule A of the <i>Guideline on the Regulation of Therapeutic Products in New Zealand</i>) or using the online system at https://nz.ethicsdatabase.org.</p> <p>The first report should be sent to Medsafe not more than 6 months after the date of approval of the trial, whether or not recruitment of New Zealand trial participants has commenced.</p> <p>Section 30(7)(d)(iii) requires that, on termination of the trial, a final report should be sent to Medsafe (see Section 5.6 for addresses). The report should include a copy of the results of the trial and all the adverse events recorded during the trial, together with an evaluation and discussion.</p> <p>The reporting requirements of the Health and Disability Ethics Committees are outlined in their guidelines.</p>	<p>6.6 Study reporting requirements</p> <p>6.6.1 Amendments to the trial</p> <p>Once the clinical trial has been approved, any changes to the trial protocol must be submitted and require approval before they can be implemented. These include protocol amendments and changes of investigators.</p> <p>Changes to essential trial documents such as investigator brochures (see the CHMP GCP guideline for other examples) should be notified, together with the submission of the changed documents. However, these do not require prior approval.</p>	<p>Information on the study reporting requirements have been formatted into three new subsections for logical flow.</p> <p>This is a new subsection about amendments to the trial.</p>

	<p>6.6.2 Study progress reports</p> <p><u>Section 30(7)(d)(ii) of the Act</u> requires the sponsor to submit routine progress reports to Medsafe.</p> <p>The first report should be sent to Medsafe not more than 6 months after the date of approval of the trial, whether or not recruitment of New Zealand trial participants has commenced.</p> <p>Subsequent reports should be submitted at 6 monthly intervals throughout the duration of the trial until the New Zealand arm of the study is completed.</p> <p>Reports should be submitted online.</p>	<p>Removed information relating to Form 11.3 as this form is now redundant. Reports are to be submitted on-line.</p>						
	<p>6.6.3 Final report</p> <p><u>Section 30(7)(d)(iii)</u> requires a final report to be sent to Medsafe on termination of the clinical trial. The submitted report should be a synopsis of the final report for the trial. The full report should not be routinely sent to Medsafe, but must be held in an accessible form and made available to Medsafe on request.</p> <p>The reporting requirements of the Health and Disability Ethics Committees are outlined in their <u>standard operating procedures</u>.</p>	<p>Medsafe's requirements have changed.</p> <p>HDECs calls these 'standard operating procedures' instead of 'guidelines'.</p>						
<p>5.6 Addresses for sending adverse reaction reports and study reports to Medsafe</p> <table border="1" data-bbox="231 1129 1240 1549"> <tr> <td>Postal address:</td> <td>Courier Address:</td> </tr> <tr> <td>Manager Clinical Risk Medsafe PO Box 5013 Wellington 6145 Attention: Clinical Trial Co-ordinator</td> <td>Manager Clinical Risk Medsafe 20 Aitken Street WELLINGTON 6011 Attention: Clinical Trial Co-ordinator</td> </tr> <tr> <td>Fax Number: 64 4 819 6806</td> <td>E-mail: info@medsafe.govt.nz</td> </tr> </table>	Postal address:	Courier Address:	Manager Clinical Risk Medsafe PO Box 5013 Wellington 6145 Attention: Clinical Trial Co-ordinator	Manager Clinical Risk Medsafe 20 Aitken Street WELLINGTON 6011 Attention: Clinical Trial Co-ordinator	Fax Number: 64 4 819 6806	E-mail: info@medsafe.govt.nz	<p>6.7 How to submit changes to clinical trials, adverse reaction reports and study reports to Medsafe</p> <p>All reports and applications related to clinical trials should be submitted using the online clinical trial application system at:</p> <p>https://nz.ethicsdatabase.org.</p> <p>If you experience difficulties you may submit by email in order to meet deadlines.</p> <p>Email: info@medsafe.govt.nz</p> <p>and put in the subject line: Attention: Clinical Trial Co-ordinator.</p>	<p>New subsection on how to submit changes and reports. This is to be done online only.</p> <p>Postal and courier addresses have been deleted because these pertain to paper-based applications and reports.</p>
Postal address:	Courier Address:							
Manager Clinical Risk Medsafe PO Box 5013 Wellington 6145 Attention: Clinical Trial Co-ordinator	Manager Clinical Risk Medsafe 20 Aitken Street WELLINGTON 6011 Attention: Clinical Trial Co-ordinator							
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