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Risk Management in a Consumer Health Environment

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RB: Who are we?
Some of our brands…

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GAVISCON

Dettol

DERMATOLOGICAL
E45

durex

Scholl

Strepsils

Clearasil

NUROFEN

Thriving for over 200 years: A long history – in consumer health

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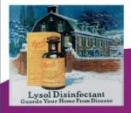
Benckiser Founded
1823
Johann A. Benckiser founds Benckiser

Lysol
1889
Lysol launches



Dettol
1932
Dettol launches

Reckitt & Colman Ltd
1938
Reckitt & Sons merges with J&J Colman to become Reckitt & Colman Ltd

Disprin
1948
Disprin – world's first soluble aspirin launches

Bristol-Myers
1967
Mead Johnson joins Bristol-Myers Squibb Company) as a wholly owned subsidiary

Enfamil A+
2002
Enfamil A+ launches in Hong Kong; Mead Johnson's first product with DHA and ARA, nutrients naturally found in breast milk and linked to healthy brain and eye development

Nurofen
2006
Nurofen and Strepsils join RB

Mead Johnson Nutrition
2009
Mead Johnson Nutrition becomes an independent public company again after splitting off from Bristol Meyers Squibb

Durex & Scholl
2010
Durex and Scholl join RB

KY
2014
KY joins RB

Hull R&D
2018
New R&D facility to launch in UK. Once completed will be one of RB's biggest healthcare development centres

Reckitt Founded
1819
Isaac and Thomas Reckitt build first factory

Mead Johnson Founded
1905
Edward Mead Johnson Sr. is inspired by the feeding difficulties experienced by his infant son to found Mead Johnson

Dextri-Maltose
1911
The first physician-recommended infant-feeding product in the U.S. is introduced, laying the foundation for Mead Johnson's century-long legacy of innovation

Cod Liver Oil
1924
Mead Johnson's Standardized Cod Liver Oil provides physicians with the first standardized dose of Vitamin D to help their young patients suffering from rickets

Nutramigen
1942
The first protein hydrolysate formula in the U.S. for infants with cow's milk protein allergies (CMA) launches. Nutramigen is still the leading formula worldwide for CMA management

Enfamil
1959
The original Enfamil launches Mead Johnson's first routine infant formula patterned after the nutritional composition of breast milk

Veet
1969
Veet joins Reckitt & Colman portfolio

RB
1999
Reckitt & Colman and Benckiser join forces to become RB

Cillit Bang
2004
Cillit Bang launches

Mucinex
2008
Mucinex joins RB, a key brand in the US

Pediatric Nutrition Institute
2010
The Mead Johnson Pediatric Nutrition Institute, a virtual global network of scientific research formalizes, anchored by its first technology center in Evansville, Indiana

Enfamil Enspire
2016
Enfamil Enspire, Mead Johnson's closest ever formula to breast milk, launches with MFGM and Lactoferrin, two beneficial components also found in breast milk

Better Together
2017
RB and Mead Johnson Nutrition join forces

Our vision and values

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Our **vision** is a world where people are healthier and live better

Our **purpose** is to make a difference by giving people innovative solutions for healthier lives and happier homes

HEALTH	Good health is the key to happiness
HYGIENE	Hygiene is the foundation of healthy living
HOME	Home is the centre of family life

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Evidence Generation & Clinical Research

Delivering evidence to support the value proposition of RB products

Health Outcomes

- Patient Reported Outcomes
- ePRO validation
- Health-related Quality of Life

Clinical Operations

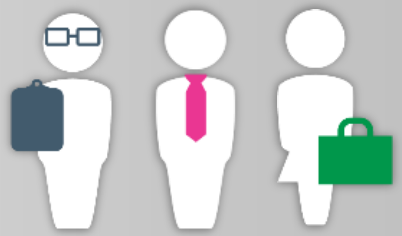
- Study and vendor oversight
- Operational excellence
- Risk management

Data Analytics

- Biostatistics
- Data management
- Focus is on vendor oversight

Present in 3 countries

Supporting studies globally



THE NATURE AND BREADTH OF RB'S PORTFOLIO CREATES COMPLEXITY

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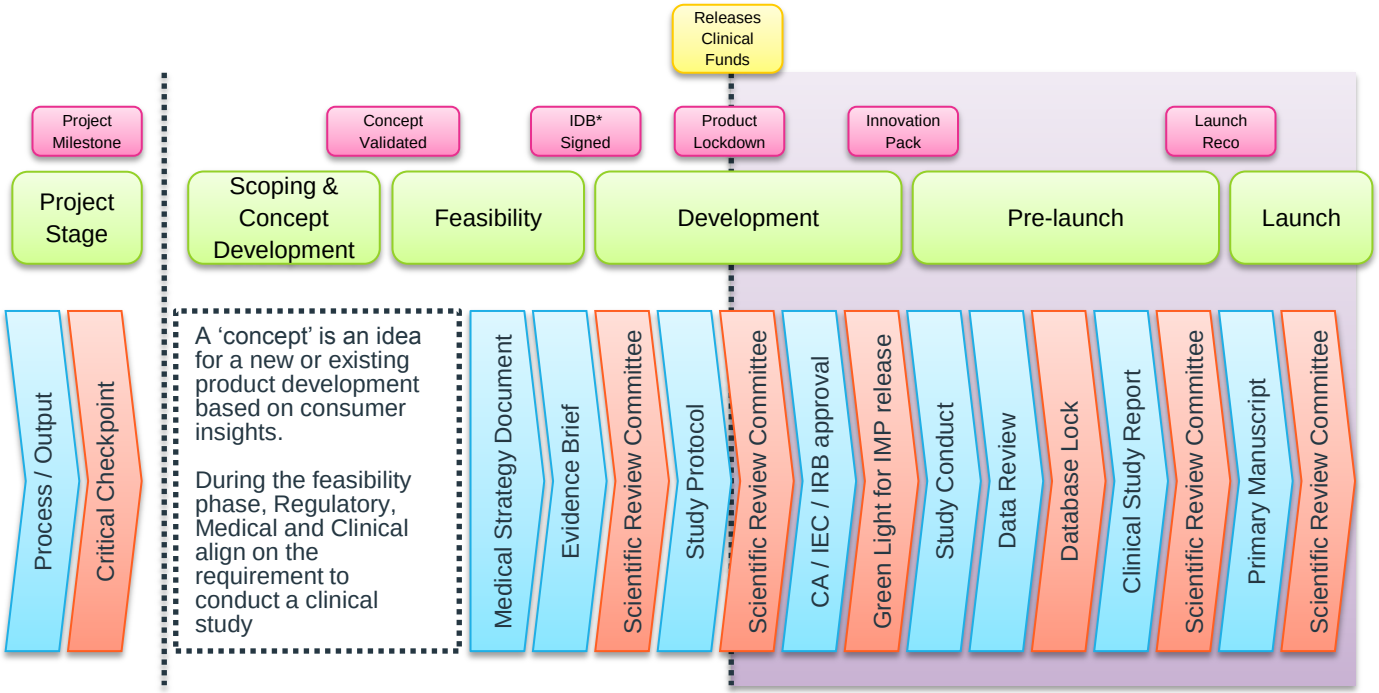
- Products studied include IMP, medical devices, cosmetics and general products (e.g. vitamins, traditional Chinese medicine)
- Studies for local markets including BRIC countries as well as regional/global studies
- Variety of studies, including pharmacology, exploratory (mechanistic) and confirmatory studies
- Objectives include registration and claims support as well as understanding new formulations and mechanism of action
- Studies in response to marketing needs need to be conducted fast

The pathway is not unidirectional from phase I to IV

RB Clinical Process Overview



*IDB: Innovation Development Brief

Level of Risk

Pharma / NCEs
Oncology
Rare diseases
First in Human

However! RB is subject to the same regulatory scrutiny by MHRA, FDA, ANVISA etc, as well as notified bodies for devices

Consumer Health
Healthy volunteers
Non life-threatening diseased patients
OTC drugs
Condoms
Foot files
Creams
Mainly single-site studies
Fast-paced and agile

How do we maintain the right level of risk management in a low-risk environment?

Risk-Based Vendor Selection

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Tender

- Fully outsourced model
- RFI, RFP, bid defence
- Niche capabilities
- Wide geography
- Small budgets compared to pharma

Selecting the right vendor is key

Vendor Risk Assessment

- Collaboration with GCP Quality
- Shortlisted vendors assessed
- Risk assess impact of study on subject safety
- Objective of study
- Assess risk of proposed vendors in terms of:
  - Geography
  - Services to be provided
  - Subcontracting (vendors and sites)
  - Previous use / performance
  - Audit history

Audit Strategy

- Risk rating agreed
- Audit decision tree
- Pre-study, in-study, or no audit
- Vendor qualification audit cycle considered
- Output considered in final vendor selection

MHRA inspection June 2016 – No findings relating to vendor selection process

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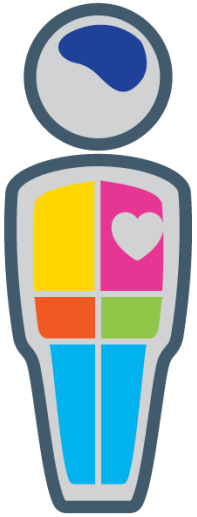
ICH GCP E6 R2 mandates risk-based approach to clinical study conduct – What does that mean for RB?



TREVOR Is the mascot for EVO,
RB's GCP Quality Evolution project

In-Study Risk Management and Oversight

ICH E6 R2 5.0: The sponsor should implement a system to manage quality throughout all stages of the trial process

- In 2015 EG&CR implemented a new, fit for purpose suite of SOPs to govern the end-to-end clinical study processes
- In preparation for ICH E6 R2 implementation, SOPs were re-vamped
- Multiple continuous improvement initiatives are ongoing, focusing on risk management
- Subject Matter Experts (SMEs) identified to lead initiatives and SOP updates

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Our Journey

Pre-2013

- No formal risk assessment requirements
- Oversight requirements not standardised
- Oversight became duplication and repetition
- Reliance on email
- Operational risks documented via Monitoring Risk Assessment

2013-2016 – *Fit for Purpose*

- Clinical Study Team (CST) concept
- Study risk assessment implemented
- Vendor Oversight Plan implemented
- CSM oversight upweighted
- Risk-basked review of monitoring visit reports for efficacy studies
- Prescriptive documents; some duplication across QMS

Did we go too far?

In-Study Risk Management and Oversight Our Journey Continues…

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2016 + : Our Continuing Evolution

- Cross-functional study risk assessment
- Triggers for updating risk assessment
- Driving Clinical Study Team to provide input re. functional risks
- Updated manuals and templates – Permitting flexibility
- Upweighting DM and Stats oversight
- Increased bioanalytical oversight via audit function
- Creation of an in-house monitoring function
- Cosmetic study SOPs in development
- Risk-based SOP updates (2 year review cycle)
- Continued education of risk management
- Risk assessment evolved into risk management plans

Critical assessment of being *truly* fit for purpose

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Risk Management within the CST

Deviations

CST meetings

Audit findings

Vendor oversight:
- Weekly meetings
- Status reports
- Document review

Oversight visits

Monitoring reports

…It's about more than a written risk assessment

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Implementing the New Guidelines

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ICH E6 R2 4.2.5 and 4.2.6: Investigator qualification of subcontractors and oversight of subcontracted and delegated activities (etc).

Ensuring Investigators are trained on most recent guidelines Requirements clear in SIV presentation

Status updates to include site and subcontracted activities

Check CRO site selection can ensure investigator oversight of delegated duties

Updated monitoring requirements and vendor oversight plan to ensure Investigator oversight is checked

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Implementing the New Guidelines

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***ICH E6 R2 5.0.4:* The sponsor should decide which risks to reduce and/or which risks to accept. The approach used to reduce risk to an acceptable level should be proportionate to the significance of the risk (etc).**

New format for Risk Management Plan – 'Recurrent non-study specific risks' included to promote focus on study-specific risks

Trigger points defined to prompt review / revision of risk management plan

New Risk Management SOP in development

Instructions for RMP completion and input by relevant functions

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The Future

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Strategic Risk Management

- Risk assessment across portfolios
- Collaborative and cross-functional
- Upfront prior to project initiation
- Approved by EVP and being rolled out

Moving into Nutrition

- Add to clinical expertise
- Develop knowledge
- Continued evolution of risk management process in light of new category

Embedding Compliance

- Business-wide initiative
- Upweighting focus on quality – 'Right first time'
- Strengthen cross-functional relationships
- Knowledge sharing
- Promote collaboration
- Centre of Excellence - 2018

Mead Johnson Nutrition™

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Thank you