Das EDQM – Mehr als das Arzneibuch

Fachgruppe
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The Council of Europe



- Founded in 1949
- Development of European common and democratic principles
- 47 member countries
- Headquarters in Strasbourg
- Core values:
 - protection of human rights
 - pluralist democracy & the rule of law



European Directorate for the Quality of Medicines & HealthCare (EDQM)

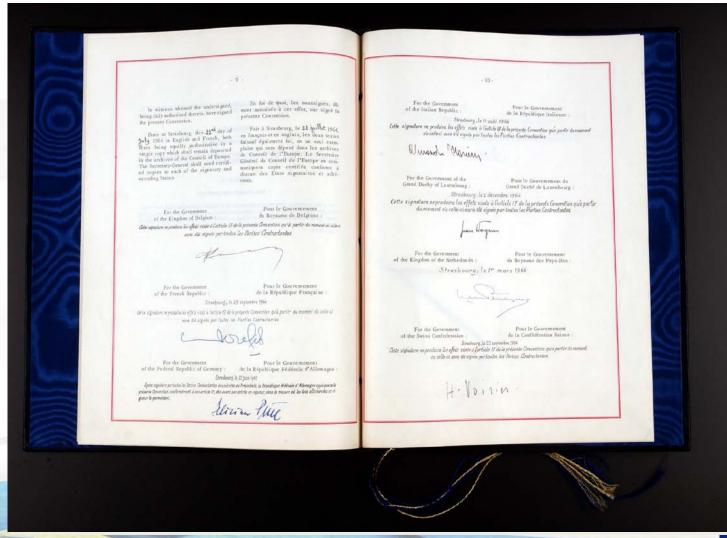
- A Council of Europe Directorate, based on the Convention on the Elaboration of a European Pharmacopoeia (PA, 1964)
- Mission: to contribute to a basic human right: access to good quality medicines and healthcare







European Pharmacopoeia Convention







From the European Pharmacopoeia...

- 1964: Convention on the elaboration of a European Pharmacopoeia
- 1975: Mandatory status for the EU/EEA member states via EU pharmaceutical legislation
- 1994: creation of the European Network of Official Medicines Control Laboratories (OMCL)
- 1994: certification procedure for active substances turned into routine



... to the EDQM

- 1996: change of name to European
 Department for the Quality of Medicines
- 2007: transfer of healthcare activities blood transfusion & organ transplantation
- 2007: change of name to "& HealthCare"
- 2008: transfer of pharmaceuticals/ pharmaceutical care related activities
- 2009: transfer of cosmetics and food packaging material-related activities

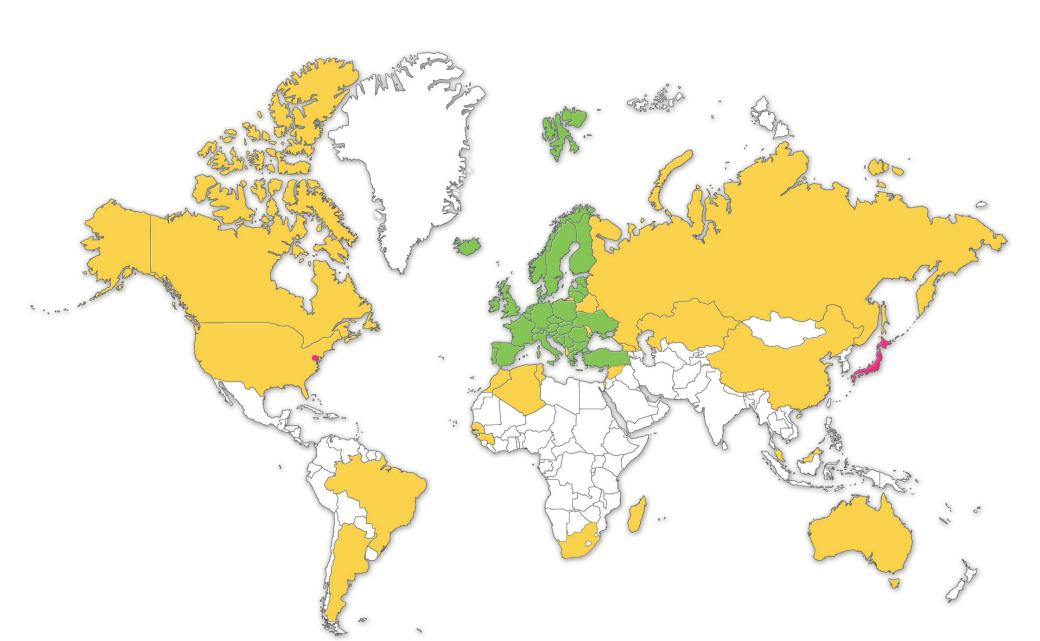


Membership & Observership

- 37 member states + the European Union
- Ph. Eur. is the official Pharmacopoeia in Europe common to all member states – national pharmacopoeias to cover subjects of solely national interest
- 24 observer countries and the World Health Organization (WHO)



Members and Observers



European Pharmacopoeia Activities





European Pharmacopoeia & Its Legal Status

- Lays down common, compulsory standards
- Mandatory at the same date in 37 CoE member states and the EU
- Legally binding quality standards for ALL medicinal products in the member states, i.e. raw materials, preparations, dosage forms, containers must comply with the Ph. Eur. requirements when they exist





Ph. Eur. Commission

- One delegation per member state or observer
- 37 Member States plus a delegation from the EU (a representative from DG Health & Consumer and the EMA); 24 Observer countries and World Health Organization (WHO).
- Persons come from health ministries, health authorities, pharmacopoeias, universities, or industry and are appointed by the national authorities on the basis of their expertise.
- Three sessions a year; texts are adopted by unanimous vote.
- Currently 20 permanent Groups of Experts & 50 ad hoc Working Parties
- One Secretariat: EDQM





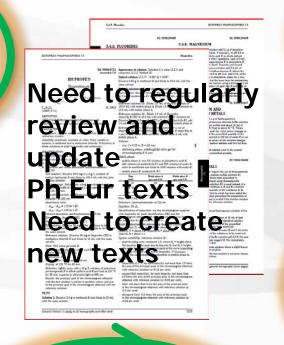
How Quality Standards Are Regularly Reviewed and Revised To Stay 'State of the Art'

Developments in Regulatory **Environment**

e.g. Guidelines, ICH Q8/Q9/Q10/Q11, REACH



new molecules, new therapies e.g. CT



Developments in Manufacture and Globalisation

e.g. continuous manufacturing, changed routes of synthesis

Increased demand for **Generic and Biosimilar** products e.g. New sources



e.g. Genotoxic impurities, TSE, contamination/falsification (heparins)





Current «Hot Topics»

- Implementation of «QbD»
- Control of metal catalysts and residues
- Finished Product Monographs pilot project
- International Harmonisation
- Biosimilars
- ATPs







Certification of Suitability to the Monographs of the Ph.Eur.





Certification Procedure

- Under EU legislation for medicinal products, the Marketing Authorisation applicant is required to demonstrate that the Ph. Eur. monograph is able to control the quality of the active substances used (impurity profile)
- The Certification procedure as a centralised way
- Direct collaboration of European Authorities
- Scope: Worldwide



Dossier Evaluation

- With quality assessors from the Ph. Eur member states
- Dossiers sent to EDQM by manufacturers of pharmaceutical substances
- Quality of substances assessed against the Ph. Eur. monograph(s) and other regulatory requirements
- In the positive outcome, a CEP is granted (official certificate)
- Facilitates management of Marketing Authorisations in Europe for medicines for both authorities and industry. CEPs are accepted in Ph. Eur. Member States and beyond, e.g. Australia, Canada, Singapore, South Africa....





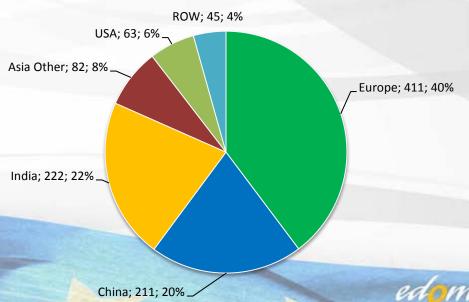
Inspection of Manufacturing Sites

- With official inspectors from the Ph. Eur Member States
- Risk based selection of manufacturing sites to verify
 - ➤ Accuracy of/compliance with submitted dossier
 - ➤ Compliance with Good Manufacturing Practices (GMP)
- Mainly in Asia (India, China,...)
- Collaboration also with Australian, Canadian, US authorities, WHO

Figures

- > 5000 applications received
- More than 3500 valid certificates
- # 1000 manufacturers from 56 countries

Repartition of manufacturers having a valid CEP for chemical purity - December 2012





Figures (2)

- >250 inspections of manufacturing sites, in 26 countries
 - >20% found non-compliant
 - Leading to suspension/cancellation of certificates
- Outcome demonstrates the need for finished product manufacturers to have a better control of their suppliers!





OMCL Network & Biological Standardisation





Quality Control of Medicines

- Reasons:
 - Quality defects (e.g. contaminations)
 - Counterfeit and Illegal products (e.g. "traditional"
 Chinese medicines)
 - Major impact on health
- Official Medicines Control Laboratories (OMCLs): Independent re-testing of key parameters for medicines
 - Pre-marketing: for vaccines and blood-derived products
 - Post-marketing: market surveillance



European OMCL Network: Concerted Effort in Medicines Control

- 75 OMCLs from all Ph. Eur. signatory states
 - Control of human & veterinary medicines
- Sharing of work, equipment, competences
- Mutual recognition of results
- Saving of costs
- Financial support from EU





Biological Standardisation Programme

- Goals: Provide tools for independent re-testing of biologicals (e.g. vaccines, blood- & biotech products)
 - -Standardisation of methods
 - -Establishment of reference standards
 - -Replacement of animal tests
- Financial support by EU



Anti-Counterfeiting Activities





CoE/EDQM Anti-Counterfeiting Strategy

Multisectorial training



Inspection Testing







Anti-Counterfeiting Activities Medicrime Convention

Convention on the counterfeiting of medical products and similar crimes involving threats to public health

- Support of promotion and application
 - Trainings & seminars
 - Knowledge transfer
 - Help in identifying counterfeits
 - Network of SPOCs





Signatures & Ratifications of the Medicrime Convention Signatures Armenia 20/09/2012 Austria 28/10/2011 Belgium 24/07/2012 Cyprus 28/10/2011 Denmark 12/01/2012 Finland Iceland 28/10/2011 France 28/10/2011 **Europe** Germany 28/10/2011 Hungary 26/09/2013 Finland Iceland 28/10/2011 Italy 28/10/2011 Liechtenstein 04/11/2011 Luxembourg 22/12/2011 Moldova 20/09/2012 Portugal 28/10/2011 Russia 28/10/2011 Spain 08/10/2012 Russia Switzerland 28/10/2011 Turkey 29/06/2012 Ukraine 28/10/2011 Guinea 10/12/2012 Israel 28/10/2011 Morocco 13/12/2012 Germany Ratifications Ukraine Spain 05/08/2013 Luxembourg Ukraine 20/08/2012 Austria Hungary France Moldova Switzerland Liechtenstein Portugal ____ Spain Armenia Turkey Signatures of Member States of the Council of Europe Cyprus_ Morocco Signatures of Non-member States of the Council of Europe Israel. Ratifications of the Medicrime Convention

Anti-Counterfeiting Activities (1) eTACT



EDQM Anti-counterfeiting eTACT Traceability Service for Medicines

- Mass serialisation tool to trace packs of medicines at every step of the supply chain for preventing counterfeiting
- Unique Medicine Identifier on outside package





EDQM Traceability Service **LeTACT









Manufacture

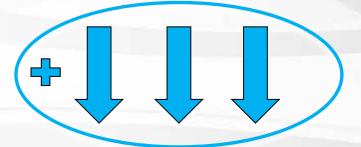
Distribution

Pharmacy Internet Mail-order

Patients

Generation of UMI = Unique Medicine Identifier

NOT a Track&Trace / pedigree system



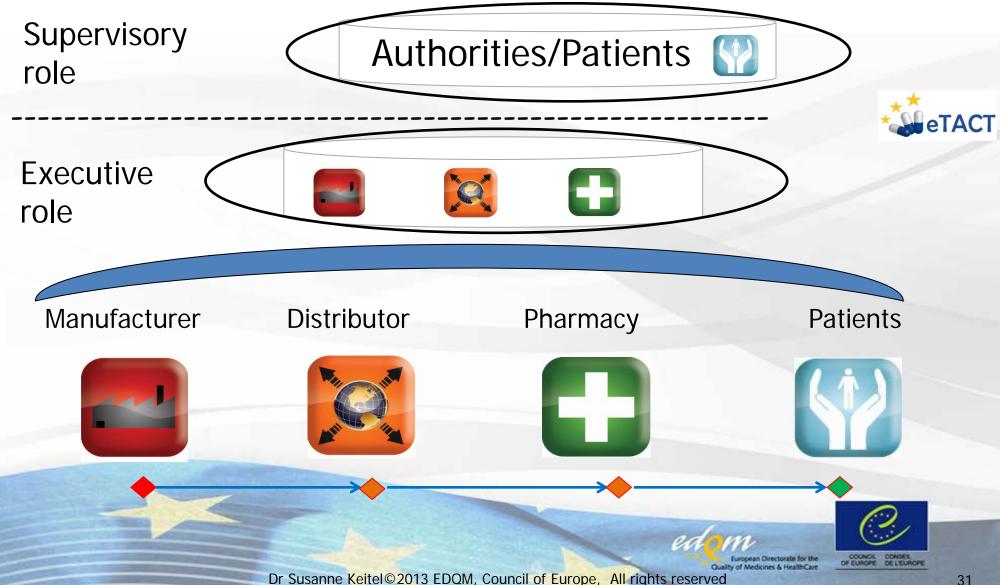








Efficient public governance





* Proposal for future coding



GTIN (01) 07680303330054 SERIAL (21) 0402748246 Batch (10) 144GC1214 EXPIRY (17) 111120 NHRN (710) 049-75241456



GTIN: product number

Serial: randomised number

Batch No.

Expiry date: yymmdd

NHRN: National Health Reimbursement Number



Added value of eTACT project

- ⇒ Public governance
- ⇒ Patient access
- ⇒ Flexibility
 - ⇒ centralisation/decentralisatio
 - ⇒ Use of global standards
- ⇒ EDQM experience in facilitating pan-European approach







Pharmaceutical Care





The Need for Pharmaceutical Care

- Problem: patient mortality, morbidity, loss in quality of life, reduced working capacity, waste of resources due to inappropriate use of medicines by prescribers and dispensers and patients
- Solution: implementation/monitoring/follow-up of pharmaceutical care* model and working methods
- Development/validation of pragmatic indicators, covering 5 key domains of pharmaceutical care process ("basic set" of indicators).

* Hepler & Strand (1989;1990)





Examples of Validation Studies

1. Indicator: Impact of pharmacist's intervention on adherence to clinical practice guidelines in prescribing antibiotics for certain acute infections

Patients (%) prescribed in compliance **after** pharmacist's intervention - patients (%) prescribed in compliance **before** pharmacist's intervention

2. Indicator: Data linkage – responsible anticoagulant treatment vitamin K-antagonists

Anti-coagulated patients with risk for bleeding event whose medical & prescription data were available to <u>prescriber and pharmacist</u>

All anti-coagulated patients with risk for bleeding ever

Validation Studies - Opportunities

EDQM studies (5 indicator sets) sponsored by European Committee on Pharmaceuticals and Pharmaceutical Care 'validated conditions of use for study setting (2013-2014)

- EDQM indicators = pragmatic/ developed by national experts (academia, officials)
- Public governance; non-profit, independent, multidisciplinary;
- Validated indicators will be available to health authorities (no fees)
- Implementation / Follow-up: guidance/policyrecommendation (basic set indicators); on-going platform for authorities





Conclusion

EDQM's activities contribute to:

- protecting public health;
- fostering animal welfare;
- ensuring economical use of member states' resources;
 - and have a big international impact beyond Europe



