European Regulations for Medicines – Place and Role of the EDQM and the European Pharmacopoeia

Cathie VIELLE
Head of the Ph. Eur. Department, EDQM

Structure

• Council of Europe, European Union and EDQM
• The EU regulatory framework in pharmaceuticals and its key players
• The European Pharmacopoeia and EDQM
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 and the rule of law

Human Rights...
Democracy...
Rule of Law

Objectives
• to protect human rights, pluralist democracy and the rule of law;
• to promote awareness and encourage the development of Europe's cultural identity and diversity;
• to find common solutions to the challenges facing European society;
• to consolidate democratic stability in Europe by backing political, legislative and constitutional reform.
The Council of Europe is not the European Union!

- **European Union (EU):** a unique economic and political partnership between currently 28 European countries ⇒ more than 500 million citizens.

- **European Council:** The EU's main decision-making body. It defines the general political direction and priorities of the European Union.
European Directorate for the Quality of Medicines & HealthCare

• 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
European Pharmacopoeia Convention

Article 1:
The Contracting Parties undertake

a) Progressively to elaborate a Pharmacopoeia which shall be common to the countries concerned and which shall be entitled “European Pharmacopoeia”;

b) To take the necessary measures to ensure that the monographs which will be adopted... and which will constitute the European Pharmacopoeia shall become the official standards applicable within their respective countries.

Strasbourg, 22. July 1964

Why still national Pharmacopoeias?

• For texts of interest to one Member State only; for texts out of the scope of the Ph. Eur. (e.g. national formularies)

• Three main approaches (country specific):

  ➢ Discontinuation of the national pharmacopoeia (e.g. Sweden, Finland, the Netherlands), Ph. Eur. as the only pharmacopoeia, potentially translated into national language

  ➢ Maintenance of a national pharmacopoeia to complement the Ph. Eur.:
    ➢ Inclusion of the Ph. Eur. in the national pharmacopoeia (e.g. BP, Royal Spanish Pharmacopoeia).

    ➢ Publication of a National pharmacopoeia in addition to the Ph. Eur. (e.g. France, Germany, Switzerland, Austria)
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The EU Commission – the “Policy and Law Makers” -

- Development of the regulatory framework
- Marketing authorisation procedures, GMP, GCP, Clinical Trials...
- New/special topics in pharmaceutical politics (e.g. Falsified Medicines Directive)
- International relations and co-operation (ICH, WHO)
- Publishing of the relevant legislation and guidance documents in the EU concerning pharmaceuticals (EudraLex, Notice to Applicants ...)

The European Union Legal System

Aim and Definitions

Core objective: European unification based on a harmonised legal system

Community law: independent legal system

Precedence over national legal provision

Three different independent types of legislation

- primary legislation
- secondary legislation
- case law
### The Pharmaceutical Legislation

<table>
<thead>
<tr>
<th>Type</th>
<th>to whom?</th>
<th>effect?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation</td>
<td>all &quot;persons&quot; in the EU</td>
<td>directly binding, supersedes national law</td>
</tr>
<tr>
<td>Directive</td>
<td>EU-Member States</td>
<td>to be transformed into national law</td>
</tr>
<tr>
<td>Decision</td>
<td>single &quot;person(s)“ (MAH, EU-MS, .. )</td>
<td>directly binding, case by case, supersedes national law</td>
</tr>
<tr>
<td>Guidelines</td>
<td>interested &quot;parties“ (MAH, ..)</td>
<td>to give guidance (&quot;soft-law&quot;)</td>
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### Quality « Players » in the EU

- EMA and national competent authorities (NCA)
- CHMP/CVMP/HMPC Working parties:
  - Quality Working Party (+ CVMP + HMPC)
  - Biologicals Working Party
  - GMP/GDP Inspectors Working Group ....
- EDQM:
  - European Pharmacopoeia
  - OMCL network
  - Certification of Suitability ....
European Medicines Agency (EMA)

- A European Union body responsible for the evaluation, supervision and pharmacovigilance of medicinal products.
- Set up in 1995 (EC Regulation No. 2309/93 / EC Regulation No. 726/2004). Its office is in London, UK.
- EMA not the FDA for Europe!
- Coordinates the existing scientific resources of Member States
- Works through a network of about 4500 European experts. It draws on the resources of the approx. 44 National Competent Authorities (NCAs) in 31 EU and EEA countries.
- A single evaluation is carried out through the Committee for Medicinal Products for Human Use (CHMP) or Committee for Medicinal Products for Veterinary Use (CVMP) for the centralised procedure.
- Works closely with the EDQM (Ph. Eur.).

National Authorities

Act as “full provider” for the applicants – responsible for the different marketing authorisation procedures and different kinds of medicinal products

- Nominate experts for the evaluation of the application for the centralised marketing authorisation process
- Act as rapporteur or co-rapporteur in the assessment of centralised applications via their CXMP members
- Participate in working parties, ad hoc groups, promote pharmaceutical politics development
- Responsible for pharmacovigilance
- Contribute to the activities of the EDQM
Key players for the quality of medicines

National Authorities
EU & non-EU
Licensing Authorities
Inspection
Control Laboratories
Pharmacopoeia

Council of Europe

Structure

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From the European Pharmacopoeia....

- 1964: Activities based on an International Convention of the Council of Europe to promote free movement of medicines in Europe
- Mandatory status for all EU/EEA Member States since 1975 via EU pharmaceutical legislation
- 1994: EU signs the Ph. Eur. Convention
- 1994: creation of the European Network for Official Medicines Control Laboratories (OMCL)

..... to the EDQM

- 1994: creation of the procedure of certification of suitability to the monographs of the Ph. Eur.
- 2007: transfer of activities on blood transfusion and organ transplantation
- 2008: transfer of activities on combating counterfeits and healthcare activities
- 2009: transfer of activities on cosmetics and food-packaging
European Pharmacopoeia (Ph. Eur.)

- Protecting public health - one common compulsory standard.

- The Ph. Eur. is the official pharmacopoeia in Europe – complemented by national pharmacopoeias for texts of interest to only one Member State.

- Mandatory at the same date in 37 Member States (CoE) and the EU (decision of Ph. Eur. Commission) -

- Legally binding quality standards for ALL medicinal products in its member states, i.e. raw material, preparations, dosage forms, containers must comply with the Ph. Eur. requirements when they exist.
Member States and Observers

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)
- 30 Observer countries (India and Japan in 2016), Taiwan Food and Drug Administration (TFDA) and World Health Organization (WHO)
- Delegates 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: draft texts are published for public consultation and adopted by unanimous vote
- EDQM/EPD provides the secretariat
The Ph. Eur. network

- 57 active Groups of experts and working parties (+14 “dormant”) elaborating and revising texts, meeting up to 3 times a year
- More than 700 experts (mainly from the Competent Authorities (NPAs, Assessors, OMCL, Inspectors), Industry, University)
- Mainly from Ph. Eur. member states but also from abroad (US FDA, Australia, India, Korea, Madagascar, etc.)

The Pharmacopoeia in the EU Legislation

“The monographs of the European Pharmacopoeia shall be applicable to all substances, preparations and pharmaceutical forms appearing in it. In respect of other substances, each Member State may require observance of its own national pharmacopoeia…..
The Pharmacopoeia in the EU Legislation

However, where a material in the European Pharmacopoeia or in the pharmacopoeia of a Member State has been prepared by a method liable to leave impurities not controlled in the pharmacopoeia monograph, these impurities and their maximum tolerance limits must be declared and a suitable test procedure must be described.

The Pharmacopoeia in the EU Legislation

In cases where a specification contained in a monograph of the European Pharmacopoeia or in the national pharmacopoeia of a Member State might be insufficient to ensure the quality of the substance, the competent authorities may request more appropriate specifications from the marketing authorisation holder. ...
The Pharmacopoeia in the EU Legislation

....The competent authorities shall inform the authorities responsible for the pharmacopoeia in question. The marketing authorisation holder shall provide the authorities of that pharmacopoeia with the details of the alleged insufficiency and the additional specifications applied.

Directive 2003/63/EC, 3. MODULE 3: CHEMICAL, PHARMACEUTICAL AND BIOLOGICAL INFORMATION FOR MEDICINAL PRODUCTS CONTAINING CHEMICAL AND/OR BIOLOGICAL ACTIVE SUBSTANCES, 3.2 Content and Basic Principles

To summarise:
The Ph. Eur. is legally binding, but the legislation foresees a mechanism to provide the pharmacopoeia authority with information on the quality of products on the market; an excellent tool to ensure that monographs are not cast in stone but routinely updated to reflect the state-of-the-art.
Contents of the European Pharmacopoeia:

- Biologics: 3.4%
- Chemicals: 53.7%
- Dosage forms: 3.0%
- Herbs: 11.0%
- Fats: 5.1%
- Radiopharm.: 2.9%
- Human vaccines: 4.7%
- Vet. Vaccines: 4.7%
- Antibiotics: 6.2%
- Blood deriv.: 1.8%
- Gases: 0.8%
- Homoeopathy: 0.5%
- Biologics: 3.4%

International harmonisation initiatives

- Pharmacopoeial Discussion Group
- Prospective harmonisation of API monographs between USP & Ph. Eur. (extension to JP envisaged)
- International Meeting of World Pharmacopoeias
Pharmacopoeial Harmonisation

Three major pharmacopoeias

- Japanese Pharmacopeia
  - Governmental

- Ph. Eur.
  - EDQM, Council of Europe
  - Inter-governmental

- US Pharmacopeia
  - Private organisation

The PDG & Harmonisation

- Pharmacopoeial Discussion Group (PDG) set up in 1990.
- Drives international harmonisation of pharmacopoeial requirements among the world’s three major pharmacopoeias, the Ph. Eur., JP and USP - a single set of global specifications.

Aims:

- Avoid redundant testing by suppliers and pharmaceutical industry to meet different standards
- Reduce the overall cost of pharmaceutical research worldwide by avoiding duplication of work (preparation of dossiers and studies)
- Reduce the time required for medicines to be made available to patients
Pharmacopoeial Harmonisation

- Monographs and general methods of analysis proposed by national associations of manufacturers of pharmaceutical products
- To ensure rapid publication of signed-off texts, the PDG procedure has been woven into the Ph. Eur. procedure
- Texts are published in Pharmeuropa and approved by the Ph. Eur. Commission
- Harmonisation in parallel and in coordination with ICH activities
- Priority of pharmacopoeias according to EU legislation Ph. Eur. > national pharmacopoeia > third country pharmacopoeias, e.g. USP, JP

International Meeting of World Pharmacopoeias (1/2)

- New initiative for harmonisation at a global scale following a meeting of world pharmacopoeias in Geneva in March 2012.
- Since then 6 additional meetings of world pharmacopoeias took place:
  - Second one in New-Delhi, in April 2013, co-organised by IP and WHO;
  - third one in April 2014, in London, co-organised by MHRA and WHO;
  - fourth one in Strasbourg in Oct. 2014, co-organised by EDQM and WHO;
  - fifth one in April in Rockville, co-organised by USP and WHO
  - Sixth one in Suzhou City, China, Sept. 2015, co-organised by ChPh and WHO
  - Seventh one in Tokyo, in September 2016, co-organised by JP and WHO
- the eighth meeting shall take place in July 2017, in Brasilia (Brasil), co-organised by ANVISA and WHO.
International Meeting of World Pharmacopoeias 2/2

- Goal: elaboration of “Good Pharmacopoeial Practices”, a document describing policies and approaches in monograph development.
- Intended to serve as a basis for collaboration, work sharing and recognition between different pharmacopoeias.
- WHO as a “neutral platform”.
- Core “Good Pharmacopoeial Practices” document adopted by the WHO Expert Committee on Specifications for Pharmaceutical Products in their Oct. 2015 meeting; further work on additional chapters / annexes ongoing.

Thank you!