REPORT OF THE 47TH MEETING OF THE DRUGS CONSULTATIVE COMMITTEE HELD ON 30TH AND 31ST JULY, 2014 AT NEW DELHI

(List of Participants is at Annexure I)

INAUGURAL DELIBERATIONS

Dr. G. N. Singh, Drugs Controller General (India) and Chairman, Drugs Consultative Committee (DCC), welcomed the members and the Hon'ble guests Shri Lov Verma, Secretary, Ministry of Health and Family Welfare and Padmashri Dr. Jagdish Prasad, Director General of Health Services and others. He then requested Director General Health Services to share his thoughts with the members.

Dr. Jagdish Prasad, DGHS stated that the world is looking towards India for lead in drug regulatory system. Even though India has over 10,000 drug manufacturers in the country but the quality of the drug is not well regulated. The manufacturers must follow Good Manufacturing Practices in letter and spirit. The Fixed dose combinations should only permitted which have been approved by the DCG(I) in respect of their safety and efficacy. Research and Development is very essential in preparing safe and efficacious drug formulation. The generic drugs should have proven bioavailability and efficacy. Only then we can ensure that quality and efficacious drugs are produce in the country.

He further stated that the number of samples drawn for test in the country do not correspond to the number of manufacturers or the total number of Drug Inspectors in the country. It is therefore necessary that there should be more frequent sampling. The new drugs permitted to be manufactured by the States after four years of its approval by the DCG(I) are required to be permitted only after ensuring that a manufacturer is in a position to manufacture the drug in compliance to the Good Manufacturing Practices and have done adequate studies to ensure the quality and efficacy of the drug to be manufactured. The raw material should also be tested by the manufacturer so that

efficacy of the drug do not suffer. Wherever required BA / BE studies should also be insisted upon so as to ensure that the drug manufactured has comparable efficacy.

Shri Lov Verma, Secretary, Ministry of Health and Family Welfare stated that Indian Pharma Industry is a vibrant and progressive industry exporting products to 205 countries. It is third largest producer by volume. There are quality issues regarding drugs exported from India. Complaints have been received from Sri Lanka and Vietnam regarding supply of substandard drugs. Such issues are required to be addressed promptly so that the image of the country is not tarnished. An All India Survey is proposed to be conducted in the country with methodology prepared by Indian Statistical Institute, Hyderabad to assess the prevalence of spurious and sub-standard drugs in the country. A pilot project on barcoding of the drugs is being finalized with the NIC for ensuring the authenticity of the drugs made available in the country. The Planning Commission has approved a Centrally Sponsored Scheme for providing financial and human resource support to the States / UTs. The States share would be 229 crores while the Central share will be 850 crores. States should expedite their proposals for having a combined EFC approval for the project.

Dr. G. N. Singh, DCG(I) in his address stated that DCC is an important system for achieving uniformity in the implementation of the Drugs and Cosmetics Act, 1940 in the country. He informed the members that in a meeting Dr. Harsh Vardhan the Hon'ble Union Minister for Health and Family Welfare has stressed that the Government of India desires zero tolerance on corruption. The perception of the Drug Regulatory Authorities is not good in the country. It is therefore very essential to gain the confidence of the people. There should be 500% transparency in administration. It is the duty of the regulator to ensure that quality drugs are made available to the patients. The Government of India is giving full support to the States for strengthening Drug Regulatory System in the country. The e-governance should be introduced for providing prompt service to the public at large. Efficiency and transparency is required to be maintained in the working of the organization coupled with the system of accountability.

Clinical trials conducted in the country are required to be monitored to ensure that these are conducted as per protocols and guidelines and in a transparent manner. The Central Government expects that within a span of three to five years there will be change in the face of the Drug Regulatory System of the country. States will have to impress upon their Governments to give priority to modernizing the drug regulatory system in the State / UTs to ensure that quality medicines are produced and marketed in the country in the interest of public health. To achieve this the Drug Control Departments will have to show quantitative results so that there is a change in the perception of the Stat Governments as well as of the public.

The members desired that the Central Government should provide a road map for making improvements in the system and attaining uniformity in the implementation of the provisions of the Drugs and Cosmetics Act, 1940. DCG(I) assured that necessary guidelines will be provided as and when required.

Shri Injeti Srinivas, Chairman, National Pharmaceutical Pricing Authority (NPPA) in his address stated that help from the States / UTs Drug Regulatory Authorities is essential for regulating the pricing of the drug. The NPPA is regulating the prices of the drugs included in the National List of Essential Medicines. States have their own purchase lists. States may therefore forward the list of the drugs which they consider should be price controlled. In India National Health Mission focuses only on in-house treatment. The bulk of the expenditure of the drugs is borne by the consumers. Drugs in the country are therefore required to be made available at affordable prices. The States should report shortages, if any, of the drugs covered under price control in their areas of jurisdiction. Licences should not be granted for the formulations which are introduced to circumvent the price fixation. Mushrooming of FDCs should also be avoided. Regulatory authorities should be ensure that the drugs are sold on cash credit memo.

Sh. Sudhanshu Pandey, JS, Ministry of Commerce and Industry in his address portrayed the dismal state of affairs in the export of pharmaceuticals from the country.

The growth of the exports from India is declining. Earlier the growth was about 18%. In the last two years growth in export has however, declined by 5% and 2.8% respectively. The mechanisms are being worked out by importing countries which could hinder exports of generic drugs from India. External barriers are being put up by the regulatory authorities of many countries. The export market for pharma industry is passing through a critical phase. Allout efforts are required to put the growth in exports on faster track. Cartelization is taking place in the name of harmonization to give preference to high quality drugs only. The pharmacopeial standards alone do not justify the increased efficacy. Indian medicines may face hurdles to pass stringent regulatory test now being kept in place. It may however, in the long run result in non-availability of essential drugs to the common man in the world at large. At home front there is no Government health insurance. People have to buy drugs from their pockets. It is therefore the duty of the Government to provide medicines at affordable prices. The industry can only provide drugs at affordable prices if the earnings from exports provide internal subsidy for activities of research and development and improving the quality of drugs manufactured in the country. It is therefore very essential that exports are promoted at all levels so that the country is able to get drugs at affordable prices. Without research and development country will lag in innovation and growth which in turn would affect the exports in the present competitive and restrictive markets abroad.

He further stated that the grant of regulatory approvals for exports of drugs should be prompt. The delays should be avoided as far as possible and sorted out expeditiously through interactions. There should be uniform format for granting WHO certificate or COOP certificates. The signatures of the authorized persons should be qualified with the seal. The information of the authorized persons and their signatures should also be available on the website so that the foreign regulatory authorities are able to verify the correctness of the certificate. For maintaining the quality, the manufacturer should conduct at least six months stability studies for the product. There should be no compromise the quality of drugs manufactured for export.

He further stated that he would like to hold a meeting of the State Drug Regulatory Authorities exclusively for export related issues in October or November so that the bottlenecks in the regulatory approvals are cleared and Indian exporters are able to meet challenges successfully.

Shri Mahesh Zagade, Commissioner, FDA, Maharashtra gave a detailed presentation on the priorities which the Governments should have in the implementation of the Drugs and Cosmetics Act, 1940. The patient safety should be the main criteria for implementation of the various provisions of the said Act and Rules made thereunder as the objective of the Act is to ensure that drugs available to the people are safe and efficacious. There adequate provisions under the Act and the rules for ensuring the objective of providing safe and efficacious drugs to the patients. A shift in the priorities is required. There is no assessment of adverse impact of non-implementation of the statutory provisions under the Act. The presence of Pharmacist at the retail premises has to also play a role of the counselor to the patients which has not been implemented properly. In Maharashtra alone it was found that 34% of Pharmacies are without pharmacists and over 90% of the drugs are sold without cash credit memo. Such practices are required to be curbed by the regulatory authorities on priority basis. The States should draw list of habitual offender so that these are properly monitored. In regard to the manufacture of drugs in the country, he stated that there is no uniform inspection methodology for manufacturing units in the country. Varying level of competence of the inspecting officials, absence of training and exposure to high grade manufacturing facilities results in superficial inspections. The growth of regulatory infrastructure has not been able to keep pace with the growth of the pharma industry. The enforcement machinery is required to be strengthened and staffing pattern should be scientifically based on the quantum of duties and the number of licences as well as population. The Chemists and Druggists Trade Associations some time practice monopolistic and restrictive trade practices in the sale of drugs. Their efforts should be resisted which are not in the interest of public health. The protection of consumer rights should take precedence in formulating and implementing provisions of the Drugs and Cosmetics Act.

AGENDA NO. 1

STRENGTHENING OF DRUG REGULATORY SYSTEMS IN THE COUNTRY UNDER 12TH FIVE YEAR PLAN BY THE RESPECTIVE STATE / UTs GOVERNMENTS

The Planning Commission in the 12th Five year plan (2012-2017) had recommended strengthening of drug regulatory system in the country. It was recommended that state drug regulatory mechanism should be strengthened. The Central Government had recommended centrally sponsored schemes to strengthen their infrastructure both physical and human resources. This includes up gradation of state drug testing laboratories and strengthening of drug control offices in the States / UT. Initially, it was proposed to seek sanctioned of Rs. 1800 Crores for strengthening of CDSCO and Rs. 1200 crores for strengthening of State Drug Regulatory System. However, in the revised outlay the scheme has been modified. An outlay of 900 crores has been proposed considered absolutely essential for effective functioning of the Central Drug Regulatory System.

For strengthening the State Drug Regulatory mechanism, a new centrally sponsored scheme under National Health Mission (NHM) Umbrella has been proposed with 75:25 sharing pattern for providing financial and human resource support to the States / UTs. Under the Scheme there shall be requirement of Rs. 1079 crores, in which the States share would be of 229 crores and the Central Government share would be of Rs. 850 crores. The scheme would include upgradation of the existing testing laboratories as well as construction of new laboratories and manpower assistance.

The matter was earlier discussed in the 45th DCC meeting held on 04th and 05th February 2013 and 46th meeting held on 12th and 13th November, 2013. It was impressed upon by Sh. R. K. Jain, AS & DG and Dr. A.K. Panda, Joint Secretary, Ministry of Health and Family Welfare that the proposals from the State Governments are required to be forwarded to the Ministry of Health and Family Welfare for EFC approval and signing on MoU in the matter. The funds will be released only after the necessary formalities are completed and proposals approved by the Cabinet.

The State Governments which are yet to forward their proposals may kindly expedite so that a consolidated proposal is taken up for clearance by the Cabinet.

The proposals are required to be reality based. In the case of drug testing laboratories, the proposal should include details of the instruments available in the laboratory, their functional status and requirements of additional instruments along with other related infrastructure required for strengthening and optimizing the functioning of the laboratory. In case of new laboratories, the information about the land or building available and the instruments and other infrastructure required to make it functional. Similarly for manpower strengthening the details should include the present manpower available, justification for additional manpower and the expenditures involved etc.

Members may apprise the present situation of their proposals for strengthening of Drug Regulatory Infrastructure in their States / UTs.

Recommendations

The Chairman impressed upon the members that it is high time to make optimum use of the approved plan outlay by the State / UT Drugs Control Authorities under the Centrally Sponsored Scheme for strengthening their Departments both in terms of infrastructure and manpower. The money would be released only after the approval of the EFC memo by the Cabinet and signing of the MoU by the respective State Governments for the utilization of the funds. The estimates of expenditure are required to be actual need based and have proper justification for the same. Some of the members desired to know that what will be the status of funding by the Central Government in respect of the manpower recruited under the scheme during the 12th Five Year Plan. He explained that certain spillovers cannot be ruled out in the 13th Five Year Plan in exceptional cases. However, State Drug Regulatory Authorities are required to impress upon the State Governments that in the interest of the patient safety and availability of quality drugs to the health care system that necessary budgetary provisions under their State budgets are created as far as possible to continue the process of strengthening of the Drug Regulatory System in the country.

The State / UTs which has not yet submitted the proposal for the EFC should get their proposals expedited for consideration of the Central Government. The success of the scheme would determine further policy level decisions in the directions of strengthening of Drug Regulatory System in the country.

AGENDA NO. 2

CONSIDERATION OF THE REPORT OF THE PROF. RANJIT ROY CHAUDHURY EXPERT COMMITTEE IN RESPECT OF BIOAVAILABILITY OR BIOEQUIVALENCE (BA / BE) STUDIES CONDUCTED IN INDIA

Ministry of Health and Family Welfare had constituted an Expert Committee under the Chairmanship of Prof. Ranjit Roy Chaudhury to formulate policy and guidelines for approval of new drugs, clinical trials and banning of drugs. The committee was constituted in pursuance of the Action Taken Report submitted to the Department related Parliamentary Standing Committee on Health and Family Welfare in response to its recommendations contained in the 59th Report of the said committee. The Prof. Ranjit Roy Chaudhury Committee submitted its report to the Ministry of Health and Family Welfare, the recommendations of the Committee and the actions proposed to be taken has been deliberated by the Ministry of Health and Family Welfare. It has been recommended that the following recommendations in respect of Bioavailability or Bioequivalence (BA / BE) studies would be further deliberated in the DCC for having wider consultation and taking the views of the State Regulatory Authorities in respect of these recommendations.

(a) In cases where new chemical entities (NCEs)/ new biological entities (NBEs) or new drug substances or their generic drugs or similar biologics are to be introduced in India, bioavailability (BA)/BE studies in patients should be done preferably as a part of the clinical trial.

(b) BA and BE studies of new drug substances discovered abroad and not marketed in India should not be approved to be conducted in India.

(c) BA and BE studies once conducted with a generic should not be repeated for export purposes only.

In light of the above recommendations DTAB may consider the following issues.

i. Requirement of Bioequivalence (BE)study for subsequent approval of new drugs already approved in the country

Presently, BE study for oral dosage form of only new drugs is required till four years of approvals of these drugs. In order to make it mandatory for all drugs other than new drugs, it would require amendment in Rules. Such a provision will also have an impact on cost, time required for grant of license, infrastructure etc.

ii. Continued permitting of Bioavailability / Bioequivalence (BA/BE) studies for export purpose

Presently, Bioavailability / Bioequivalence (BA/BE) studies of drugs of foreign manufacturer or by Indian manufacturer for generating data for submission to foreign Regulatory Authority for export purposes is being carried out at many centres in the country. The continuation of such studies for export purposes is required to be deliberated in the light of the recommendations of the Committee and its impact on the pharmaceutical industry.

DCC may kindly deliberate and give its recommendations.

Recommendations

The recommendations of the Prof Ranjit Roy Chaudhury Committee in respect of Bioavailability or Bioequivalence (BA / BE) studies conducted in India were deliberated in detail. The members were of the view that BA / BE studies in respect of drugs manufactured in the country shall be insisted whenever there are issues relating to

patient safety and variable bioavailability. As the infrastructure for conduct of such studies is not uniformly available in the country it cannot be implemented as a rule.

In the case of BA / BE studies for export purposes such studies may be permitted as per requirements. The growth of the Indian Pharma Industry in terms of exports is declining in the last few years and any embargo on BA / BE studies on substances discovered abroad and not marketed in India would further decline the exports. This would ultimately impact the research and drug development in the country. In the interest of human safety, the permission for the study may not be granted in case the well being of the trial subjects is endangered. It however, agreed that in the case drugs which are banned in the country for marketing, the BA / BE studies should not be permitted.

AGENDA NO. 3

CONSIDERATION OF THE PROPOSAL TO CONDUCT AN ALL INDIA SURVEY TO ASSESS THE EXTENT OF AVAILABILITY OF SPURIOUS DRUGS IN THE COUNTRY IN CONSULTATION WITH THE INDIAN STATISTICAL INSTITUTE (ISI) AS PER RECOMMENDATIONS OF THE 148TH REPORT OF THE COMMITTEE ON PETITIONS OF RAJYA SABHA

The Committee on Petitions of Rajya Sabha in its 148th report on the petition praying to check on manufacture of spurious drugs in the country made a recommendation that an All India Survey to assess the extent of availability of spurious drugs in the country by drawing samples in a random stratified manner from different regions and different strata in the country on the basis of statistical principles provided by the Indian Statistical Institute should be carried out. This would help in identifying the geographical areas where spurious drugs are available so that a focused monitoring is done by the concerned authorities in these areas for eliminating the menace of spurious drugs.

A survey to assess the extent of spurious drugs in the country was earlier conducted in the year 2009 by the Ministry of Health, through CDSCO. On the basis of statistical principles provided by Indian Statistical Institute (ISI), Hyderabad. Under this survey 24,136 samples of 62 brands of drugs belonging to 9 therapeutic categories of 30 manufacturers from over 100 different Pharmacy outlets in different regions of the country and located in each stratum viz. metros, big cities, district, towns and villages were collected. The survey has revealed that the extent of drugs found spurious was 0.046% only.

In view of the above recommendations, the Ministry of Health & Family Welfare, Govt. of India has recommended to conduct an All India survey on the extent of availability of spurious and Not of Standard Quality (NSQ) Drugs in the country. In the proposed survey, around 42,000 samples would be drawn from across the country which would include 15 therapeutic categories of drugs which is listed in National List of Essential Medicines (NLEM), 2011.The exact quantity of drugs to be sampled will be

finalized after discussion with Indian Statistical Institute (ISI), Hyderabad and National Sample Survey Office (NSSO), Delhi. The proposed survey is to be conducted in the year 2014 and 2015.

In this regard the National Survey sample office (NSSO) Ministry of Statistics and Programme desired that they would need the following information States wise to arrive at a statistical design for the above mentioned survey.

1. Number of retail outlets (District-Wise)
2. Information regarding the maximum prescription of drugs under each of the 15 category including their trade name district wise though local drugs Inspector as suggested in the project report
3. Number of civil hospital stores district wise.
4. Number of central medical store states wise.
5. Number of CGHS dispensaries throughout the country.

The State Drugs Controllers have been repeatedly requested to provide the said information. However, the above information is still awaited from many States.
As the National Survey would be based on the above information the State Licensing Authorities are required to provide above information on priority basis.

Recommendations

Dr. Surinder Singh, Director, NIB, Noida, who is the convener of the All India Survey on spurious drugs explained the nitty-gritty of the scheme as the proposed survey is required to be done in a broad based manner and on the principle provided by the Indian Statistical Institute, Hyderabad. Funds to the tune of 8.5 crores have been sanctioned and the survey is required to be completed by February, 2015. For this purpose the information about the manufacture and usage of the drug categories under focus has been called from the State for proper analysis. The State / UTs who have not yet provided the information were requested to forward the requisite information at the earliest so that the survey is initiated in a time bound manner.

AGENDA NO. 4

CONSIDERATION OF THE PROPOSAL OF CREATION OF DATA BANKS AND INTRODUCTION OF E-GOVERNANCE THROUGH THE USE OF MODERN INFORMATION TECHNOLOGY FOR EFFECTIVE REGULATORY CONTROL

It was stressed in the earlier meetings of the DCC also that the State Drug Regulatory Authorities required to play a more pro-active role in employing modern information technology in order to have an effective drug regulatory system in the country which works in coordination and harmonious manner to achieve the objectivity of transparency as well as effective governance.

For this purpose it was emphasized that a creation of data bank and dissemination accurate information is very essential. A data base was recommended to be created in respect of providing information about the manufacturers, their formulations, compositions, MRP etc. through the website on priority basis. A data base related to enforcement activities like inspections conducted, samples drawn, seizure made, violations detected, prosecutions launched etc. is required to be created and maintained. Networking of the Centre and State Drug Regulatory officers is required to be done to achieve optimum coordination. Software applications may be utilized for the purpose of general administration such as e-office, preparation of pay bills, maintaining of records etc.

“Rapid Replication Roll Out” of online licensing system software is available for the adoptions by the States. XLN (Extending Licensing Node for laboratory) which is an e-Governance enabling tool towards effective, speedier & accurate monitoring of issuance of Sales Licenses for drugs, developed by NIC, Gujarat, is one of the applications being replicated in Chhattisgarh, Karnataka, Himachal Pradesh and Kerala. The Department of Information and Technology is offering to extend this facility to the States who have not availed it.

Recommendations

The Chairman briefed the members that in the era of faster communications and use of IT technology, it is very essential that States must create data bank in regard to the manufacturing licences issued their formulation and this information should be available on their website. The information in respect of the enforcement activities should also be maintained. The help of the NIC etc. may be taken to ensure that there is transparency in the system. Online system of receiving the applications and grant of licences should be introduced for efficiency and transparency.

AGENDA NO. 5

REGULATION OF MEDICAL DEVICES UNDER THE PROVISION OF DRUGS AND COSMETICS ACT, 1940 AND RULES THEREUNDER

The definition of the term 'drug' under Section 3 of the Drugs and Cosmetics Act, 1940, under clause (iv) includes such devices intended for internal or external use in the diagnosis, treatment, mitigation or prevention of disease or disorder in human beings or animals, as may be specified from time to time by the Central Government by notification in the Official Gazette, after consultation with the Board (i.e. Drug Technical Advisory Board). Accordingly, the following categories of medical devices were notified as drugs by the Ministry of Health and Family Welfare through Gazette notifications mentioned hereunder.

S. No.	Name of the Device	Notification Number	Date of notification
1.	Disposable Hypodermic Syringes	GSR 365 (E)	17.03.1989
2.	Disposable Hypodermic Needles	GSR 365 (E)	17.03.1989
3.	Disposable Perfusion Sets	GSR 365 (E)	17.03.1989
4.	In Vitro Diagnostic Devices for HIV, HBsAg and HCV	GSR 601 (E)	27.08.2002

5.	Cardiac Stents	S.O. 1468 (E)	06.10.2005
6.	Drug Eluting Stents	S.O. 1468 (E)	06.10.2005
7.	Catheters	S.O. 1468 (E)	06.10.2005
8.	Intra Ocular Lenses	S.O. 1468 (E)	06.10.2005
9.	I.V. Cannulae	S.O. 1468 (E)	06.10.2005
10.	Bone Cements	S.O. 1468 (E)	06.10.2005
11.	Heart Valves	S.O. 1468 (E)	06.10.2005
12.	Scalp Vein Set	S.O. 1468 (E)	06.10.2005
13.	Orthopaedic Implants	S.O. 1468 (E)	06.10.2005
14.	Internal Prosthetic Replacements	S.O. 1468 (E)	06.10.2005

The notification S.O. 1468(E) dated 06.10.2005 was further amended vide notification S.O. 3793(E) dated 23.12.2013 to delete the word ‘sterile’ so as to ensure that the medical devices covered under the notification S.O. 1468(E) are uniformly regulated both as sterile and non-sterile.

In this connection it has been clarified by CDSCO on its website that any devices other than above do not require any registration, license, permissions or NOC for their import or manufacture, sale and distribution so far as the provisions of the Drugs and Cosmetics Act and Rules made thereunder are concerned.

The Drugs and Cosmetics Rules, 1945 are being further amended to make provision for the manner of labeling, qualification of competent persons to manufacture and test medical devices, shelf life, provisions for standard to which these devices should adhere and exemptions for custom made devices for their import and manufacture under the rules. The draft rules published vide notification GSR 703(E) dated 24th October, 2013 are being finalized by the Ministry of Health and Family Welfare. The notification containing the final rules will be forwarded to the State Drugs Controllers for implementation after publication of the notification containing amendment to the rules.

The issue of compliance of Schedule M by the manufacturers of medical devices has been raised many times. The Schedule M relating to the Good Manufacturing Practices for pharmaceutical products provides in the Note appended to the Schedule that in the case of certain categories of drugs including medical devices, the licensing authority have the discretion to modify the requirements of the Schedule, if he is the opinion that having regard to the nature of the products and extent of manufacturing operations and reasons to be recorded in writing, it is necessary to relax or alter them in the circumstances of a particular case and direct the manufacturer to carry out necessary modifications in them and the modifications having been made, approve the manufacture of such categories of drugs.

In view of the above it is not mandatory that all the provisions of Schedule M are required to be complied by the manufacturers of medical devices. These could be modified and approved on case to case basis.

Recommendations

A presentation was given by Shri Rajiv Nath of All India Medical Device Industry in respect of the difficulties faced by the Industry in respect of implementation of the provisions of the Drugs and Cosmetics Act, 1940 and Rules made thereunder so far as the implementation of Good Manufacturing Practices for medical devices. It was desired that the requirement of GMP compliance for medical devices should be as per IS : 15579: (ISO 13485) standards.

DCC after deliberations recommended that a revised Schedule M-III for medical devices should be introduced under the Drugs and Cosmetics Rules, 1945 replacing the present limited Schedule M-III to address the problems of medical device industry and to make the requirements for medical devices harmonious to the International standards.

AGENDA NO. 6

CONSIDERATION OF THE PROPOSAL TO AMEND THE DRUGS AND COSMETICS RULES, 1945 FOR MAKING A PROVISION FOR LABELING OF DRUGS WITH THE STORAGE CONDITIONS

Representations have been received that even though some of the manufacturers gives storage conditions on the label of the drug, majority of drug formulations do not mention storage conditions on the label as there is no mandatory provision under rule 96 of the Drugs and Cosmetics, Rules, 1945 relating to manner of labeling. Because of high variations in the temperatures prevailing at any time in the country it is necessary that storage conditions are included in the labeling requirements so that care is taken to store drugs under prescribed store conditions by the various handlers. Drugs pass through various channels viz distributors, retailers, and transporters till it reaches the consumer. In order to ensure that drugs do not lose their efficacy because of improper storage at various level because of non-availability information about storage conditions on the label, it is necessary that the label of the drug provide this important information so that the drugs are stored under proper conditions.

In view of the above it is proposed to amend rule 96 of the Drugs and Cosmetics Rules, 1945 to include a provision making it mandatory for the manufacturers to provide storage conditions of the drug in a conspicuous manner.

DCC may kindly deliberate and give its recommendations.

Recommendations

DCC after deliberations agreed to the proposed amendment that the storage conditions should be mentioned on the label of the drug in a conspicuous manner so that the handlers of the drug at all stages of storage or transportation are aware of the temperature range under which the drug is required to be stored. It was further pointed out that the storage conditions given in IP and Schedule P of the Drugs and Cosmetics Rules, 1945 vary in their wordings. The Indian Pharmacopoeia Commission may be requested to harmonize the labeling provisions for proper implementation of the provision.

AGENDA NO. 7

CONSIDERATION OF THE ISSUES ARISING OUT OF THE EXPORT OF THE DRUGS FROM INDIA TO OTHER COUNTRIES

Indian pharmaceutical industry is one of the fastest growing knowledge based sectors of the Indian economy and has achieved global recognition as a producer of low cost high quality bulk drugs and formulations. Having achieved the distinction of being 3rd largest in the world by volume, it has attracted international attention and the quality of Indian drugs is a subject of debate across international media and country regulators. India has to meet the current international challenges to maintain the growth rate and also ensure that quality drugs are exported from the country.

Certain issues which require consideration by the DCC for uniform implementation in the country to ensure that genuine exporters of drugs do not faced hurdles in export, while the complaints received in respect of export of drugs which have been reported to be found not of standard quality by the importing country are attended on priority basis.

The specific issues raised in the office of DCG(I) are as under:

1. **issue of free sale Certificate**

   The office of DCG(I) has received a representations suggesting that one Free Sale Certificate for all the products should be granted by the State Licensing Authorities without mentioning the name of the country so that they do not need to approach the authorities again and again. Principal Company name should not figure in the Free Sale Certificate.

2. **Complaints received from various countries regarding Sub-standard quality of drugs**

This office is receiving number of complaints from various countries like Sri Lanka, Vietnam, Ghana etc. regarding the export of sub-standard quality of drugs. Immediately this office write to the zonal offices for investigation and joint investigation along with representative of State Licensing Authority (SLA) is carried out. It is observed that the joint inspection team recommended to take appropriate action against the manufacturer/exporter but action taken by the State Licensing Authority (SLA) is delayed or not taken. Since it is an international obligation State Licensing Authority should take immediate action, so that Indian Consulate or the concerned Government of the country is suitably informed.

3. Difficulties in obtaining New Product License- Regarding

Many of the industries specially MSME sectors are facing difficulties while obtaining new product license with the local state FDA that, any pharmacopeial product when they approach local authorities for inclusion of any new product in the manufacturing license, though that product in the pharmacopeia like IP/BP/USP has to be applied for test license first, then apply for permanent License. This whole process is affecting the export.

DCC may consider and give its recommendations.

Recommendations

The members were requested that as exports of pharmaceutical products are critical area and involve the image of the country. Every effort should therefore be made to ensure that regulatory requirements in respect of exports of pharmaceutical products are not delayed and promptly addressed. In the case of reports of drugs declared as not of standard quality by the importing countries, immediate actions should be taken for investigating the specific cases and results thereof and the action taken intimated in time for forwarding the information to the Government of the concerned country.

AGENDA NO. 8

FURNISHING OF ANNUAL STATISTICS IN RESPECT OF PRODUCTION, CONSUMPTION, IMPORT AND EXPORT OF PSYCHOTROPIC SUBSTANCES COVERED UNDER THE NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, TO INCB, VIENNA

India, being a signatory to the UN Convention 1971, is required to furnish annually statistics in the prescribed format, in respect of manufacture, consumption, estimates, import and export of Psychotropic Substances and Narcotic drugs in India to the INCB Vienna. It is needless to stress that it is very important to adhere to the requirements of the Convention for the signatory countries, and non furnishing of requisite information would tarnish image of the country. Under Rule 65 of the Narcotic Drugs and Psychotropic Substances rules 1985 also, it is the statutory duty of the State Licensing Authority to consult the Drugs Controller (India) in regard to the assessed annual requirements of each Psychotropic Substances and monitor their manufacture etc. as provided under the said rules.

The office of DCG(I) has to submit the data in Form P for Psychotropic substances to the Narcotic Control Bureau. The States are required to be collect the data from each manufacturer and forward to the office of DCG(I) for consolidation. The office of DCG(I) has forwarded an interim information for the year 2012 as received from the State Drug Control Authorities who has provided the requisite information. Inspite of repeated reminders the information from all concerned State Drug Controllers do not reach the office of DCG(I) in time for onward transmission.

Further, the information in respect of year 2013 is also required to furnished to the Narcotic Control Bureau for submission to INCB Vienna.

The DCC may please deliberate the matter in light of importance of furnishing of this information and provide a time bound programme for all States to adhere for furnishing the information.

Recommendations

The Chairman stated that furnishing of annual statistics in respect of psychotropic substances is a National responsibility and therefore due importance should be given to the furnishing of the requisite information in time. Information in respect of year 2013 is still pending from many of the States. A meeting of the State Drugs Controllers in this regard was convened by the Narcotic Control Bureau also in this regard. It is therefore reiterated that the States shall ensure that the requisite information is provided in time so that the International obligation is met as per prescribed time schedule.

AGENDA NO. 9

CONSIDERATION OF THE AGENDA ITEMS FORWARDED BY THE INDIAN PHARMACOPEIA COMMISSION

The Indian Pharmacopeia Commission has forwarded the following agenda items for the consideration of the DCC and its recommendations in the matter.

1. **Proposal for deletion of under mentioned clause C and the statement " and to a preparation included in the National Formulary of India" under Rule 96-Manner of Labelling in Drugs & Cosmetics Act 1940 and Rules thereunder**

The Drugs & Cosmetics Rules, 1945 under rule 96 related to Manner of Labeling has clauses having reference to National Formulary of India as under:

- Rule 96 - Manner of Labelling

(i) the name of the drug−

…..

…..

(c) for drugs included in the National Formulary of India, the name or synonym specified therein followed by the letters 'N.F.I.'

(ii) The content of active ingredients−

……..

……..

Provided that clause (iii) shall not apply to the pharmacopoeial preparations where the composition of such preparation is specified in the respective pharmacopoeia and to a preparation included in the National Formulary of India.

The reference of N.F.I in the clause "c" and in proviso to clause (iii) as stated above in the said rule creates the confusion among stakeholders.

The above clauses, might had been included in the past in the Drugs & Cosmetics Rules, which seems to lose the relevance in the present day context as the

drugs/their formulations are manufactured either as Pharmacopoeial preparations or New drugs or Patent & Proprietary medicines, therefore the clause “c” becomes redundant and needs to be deleted.

Also the proviso to clause (iii), “and to a preparation included in the National Formulary of India” needs to be deleted because the N.F.I does not specify the analytical test procedures for quantification of active ingredients. The National Formulary of India (N.F.I) is a guidance document to the medical practitioners, pharmacists, nurses, medical and pharmacy students and other healthcare professionals and stakeholders in healthcare system. It is not a regulatory document for quality standards for manufacturing of drugs and formulations. The proviso is also therefore required to be deleted.

2. . Incorporation of Pharmacovigilance Programme of India (PvPI) in Drugs and Cosmetics Rules

PvPI is functioning to support the regulatory system in the country. Considering importance of the activity, recommended incorporating PvPI in the Drugs & Cosmetics Act rules. It can be made obligatory for continued manufacture of a New Drug to comply with the criteria to be prescribed for spontaneous ADRs on the expiry of the four years period of surveillance. Spontaneous ADRs should be made criteria for banning use of drugs also.

State Drug Control department may be authorized to inspect/audit ADRs monitoring centres under PvPI in their respective state.

3. Implementation of IP and IP Reference Substances (IPRS):

As per the present policy of the IPC, IP will be published once in four years with an Addendum every year in between. Revised editions of IPs and the Addenda issued from time to time contain new monographs, updated versions of existing monographs, new tests, and updated / amended versions of tests or replacements of existing tests. The regulatory bodies across the country play an important role in ensuring that due verifications are done not only in the matter of manufacturing facilities, but also with

regards to the testing facilities. The manufacturers as well as the testing laboratories including the Government laboratories should upgrade their facilities or install new facilities and also train their QC personnel or provide competent personnel to perform the tests. Without such measures the purpose of IP will be defeated and the test reports generated will not have any technical or legal sanctity.

IPC on its part would notify all such changes in its web-site and also will try to provide information directly to the State/ Central agency concerned.

The central and state regulatory bodies should take appropriate and timely steps for implementation of IP. Free copies of IP are provided to the regulatory bodies to enable them to adopt the IP requirements. However, the States should endeavour to procure adequate number of copies on cost payment basis for use of their laboratories and sub-offices.

IPRS will also be provided free of cost for a period of about one year. However, free supplies cannot go on forever and the State and other laboratories shall provide facilities for developing working standards by procuring primary IPRS. IPC will also endeavour to provide training to any laboratory desiring the same. The manufacturers shall also be required to procure IPRS.

The DCC may kindly suggest the mechanism for checking the availability of IPRS in different labs at central and state level.

Recommendations

The DCC after deliberations agreed that the reference to National Formulary of India in the rule 96 as proposed by the Indian Pharmacopeia Commission should be deleted as NFI is a guidance document for medical practitioners and other professionals in the Health care system and is not a document for quality standards for manufacture of drugs and formulations.

In regard to the proposal for incorporation of Pharmacovigilance Programme of India (PvPI) in Drugs and Cosmetics Rules, the DCC did not agree to its inclusion in the said Rules and desired that it should be run as a parallel programme as its aim is to

collect data of adverse drugs reactions from the health professionals in a voluntary manner.

In regard to the implementation of IP, the Chairman briefed the members that for proper implementation of the updated version of IP which have many new monographs and new testing procedures, would be only effective if the testing laboratories of the Government as well as of the manufacturers are upgraded so that the test mentioned in IP are performed as per procedures prescribed and complete report of testing is provided to ensure the quality of the drugs manufactured and tested in the country.

In regard to reference standards the Chairman informed the members that the laboratories should note use the IP reference standards made available to them are not for testing purposes, but for development of the reference standards in the laboratory for testing the quality of the drugs. It was further stated that these reference standards would be provided by the IPC for a period of one more year. The State Laboratories have to develop facilities for developing working standards for their use.

AGENDA NO. 10

CONSIDERATION OF REPORT OF THE SUB-COMMITTEE TO EXAMINE THE SUGGESTIONS RECEIVED FOR AMENDMENT TO THE DRUGS AND COSMETICS RULES, 1945

The Committee constituted by the DCC under the Chairmanship of Drugs Controller, Karnataka to examine the various proposals received by DCC for amendments to the Drugs and Cosmetics Rules, 1945 and gives its recommendation on each proposal has submitted its report indicating the proposed changes suggested and justification for the same. The committee consisted of following members.

1. Dr. B. R. Jagashetty, Former Drug Controller, Karnataka
2. Director Drugs Control Administration, Andhra Pradesh
3. Additional Drugs Controller, Nagaland
4. Drugs Controller, Punjab
5. Drugs Controller, J&K
6. Dr. H.G. Koshia, Commissioner, FDCA, Gujarat
7. Joint Commissioner, FDA, Maharashtra
8. Shri S. Manivannan, then DDC(I), CDSCO, Sub-Zone, Bangalore as convener

The following were special invitees.

1. Director, Drugs Control, Tamil Nadu
2. Drugs Controller, Kerela

DCC may consider the report and give its recommendations.

Recommendations

The members were briefed that the sub-committee to examine the suggestions of amendments to the Drugs and Cosmetics Rules, 1945 have submitted its report. The report has recommended for enhancement of the fees in respect of sale licences and clubbing of certain Forms prescribed under the rules. It was observed that the recommendations relate only to the sale licences and no review has been done about the manufacturing licences and other permissions granted under the Drugs and Cosmetics Rules, 1945.

The Committee, however, agreed in principle that there is a need of revision of fees prescribed under the Rules which were amended more than a decade back. The Chairman requested Drugs Controller, Karnataka and Andhra Pradesh to provide a formula based on the logics of price index etc. for justifying the quantum of enhancement. The rules will then be accordingly amended after following the prescribed procedure.

AGENDA NO. 11

CONSIDERATION OF REPORT OF THE SUB-COMMITTEE TO FINALIZED GUIDELINES ON GOOD DISTRIBUTION PRACTICES FOR PHARMACEUTICAL PRODUCTS

A Committee was constituted by the DCC in the 46th meeting held on 12th & 13th November, 2013 to finalize the guidelines on Good Distribution Practices for Pharmaceutical products. The committee has the following members.

1. Director General, Drugs, Andhra Pradesh
2. Drugs Controller, Odisa
3. Shri Naresh Kumar, ADC(I), North Zone, Ghaziabad as convener.

DCC may consider the report and give its recommendations.

Recommendations

The members were briefed that the sub-committee to finalize guidelines on Good Distribution Practices for pharmaceutical products have submitted its report. The sub-committee has laid stress on making provisions under the Drugs and Cosmetics Rules, for amending the various sale licences and bringing in the element of exercising control over the entire chain of distribution from end to end and registration of the transporter including amendments in the Act for the purpose. It was however, observed that there are over six lakh sale premises holding various sale licences. The amendment of these licences would be a momentous task and the attention of the Licensing Authorities in implementation of the present provisions under the Drugs and Cosmetics Rules, 1945 to ensure the quality of drugs would be restricted. The members felt that judicious implementation of the present provisions can go a long way in ensuring that the patients get quality drugs than making more and more provisions which may be difficult to implement.

AGENDA NO. 12

CONSIDERATION OF PROPOSAL FOR THOROUGH INSPECTION OF THE DRUG MANUFACTURING UNITS TO ENSURE COMPLIANCE TO THE GOOD MANUFACTURING PRACTICES AND GOOD LABORATORY PRACTICES AS PRESCRIBED UNDER THE DRUGS AND COSMETICS RULES, 1945

The members were briefed that quality complaints on Indian products including complaints on forged data and data integrity has been received. It is therefore necessary that thorough inspections are conducted by the State Licensing Authorities along with the officers from the Zonal and sub-zonal offices of CDSCO both for compliance to the Good Manufacturing Practices as prescribed under Schedule M and Good Laboratory Practices as prescribed under Schedule L1 to ensure that quality products are manufactured in the country both for domestic use as well as for export purposes. The matter was taken up for discussion in the committee.

Recommendations

The committee deliberated the above issue and it was decided that –

- In view of various recent quality complaints on Indian products including complaints on forged data and data integrity and its national and international implications, SLA, all zonal and sub-zonal officers shall examine all documents submitted by the manufacturers meticulously/scrupulously before conducting inspection and/or recommending for COPP.
- Regarding procedure of inspection for issuance of COPP as per WHO GMP guidelines, it has been decided that all the zonal/Sub-zonal along with SLA shall ensure that the manufacturers have submitted all product information in product summary sheet as per the proforma given below before planning and conducting inspections for COPP:

Proforma of product summary sheet

S.No.	Name of the product	Number of batches produced in last two years (with scale R&D/Pilot/ Commercial)	Stability studies (maximum period completed) in months		Status of Process Validation	Status of Analytical Method Validation	If the product is approved by DCGI Y/N/Not required
			Accelerated (Temp/ Humidity)	Real time (Temp/ Humidity)	Completed/Not completed	Completed/ Not completed	

These shall be verified properly before recommending issuance of COPP.

- Presently the inspections are being generally carried out focussing mainly on facility and physical verification of water system, HVAC system, construction etc and not based on quality and consistency of medicinal products which is not fulfilling the purpose of ensuring quality, safety and efficacy of products through mechanism of inspection.

Therefore it has been decided that during the GMP inspections as per Schedule M of the Drugs and Cosmetics Rules, 1945, the focus of inspection shall be specially on the product quality i.e. on establishing shelf life, stability studies, validation studies and ensuring prompt and effective recall as precisely required under the clause 16.10, 26.4, 27.1A of schedule M. These points need to be properly verified and reported. The inspectors are required to verify the following.

1. Whether the firm has established proper shelf life for their products and whether firm has carried out stability study of the products in Indian climatic conditions (Reference Schedule M part 1 sub para 16.10 *The quality control department shall conduct stability studies of the products to ensure and assign shelf life at the prescribed conditions of storage. All records of such studies shall be maintained*).
2. Whether the firm has established the process of manufacturing and testing on the basis of validation studies prior to introduction of the products in Indian market as required by Schedule M of Drugs and Cosmetics Rules 1945 Part I (Reference sub-para 26.3 Processes and procedures shall be established on the basis of validation study and undergo periodic revalidation to ensure that they remain capable of achieving the intended results. Critical processes shall be validated prospectively or retrospectively).
3. Whether requisite trial manufacturing batches were taken at reasonable scale prior to marketing of the product as required by Schedule M of Drugs and Cosmetics Rules 1945 Part I (sub-para 26.4 When any new Master Formula or method of preparation is adopted, steps shall be taken to demonstrate its suitability for routine processing. The defined process, using the materials and equipment specified shall be demonstrated to yield a product consistently of the required quality)
4. Whether the firm is conducting prompt and effective recall up to the retailers level as required by Schedule M of Drugs and Cosmetics Rules 1945 Part I (sub-para 27.1 A prompt and effective product recall system of defective products shall be devised for timely information of all concerned stockists, wholesalers, suppliers, up to the retail level within the shortest period. The licensee may make use of both print and electronic media in this regard).
5. Whether the firm is initiating impact analysis and product recall whenever out of specification results are obtained during the stability study of the product which is already in the market.

6. The zonal officers to verify all inspection/investigation reports critically and forward the reports with clear comments and recommendation.
7. Similar approval shall be adopted for inspection of WHO-GMP Certification (COPP).

The State Drugs Controllers to maintain the details of the licensed manufacturers and COPP holders alongwith the list of products and maintain computerized updated data bank of all licensees and all critical activities in their jurisdiction /office so that it can be utilised for better regulation, networking.

Further, the following procedures in respect of regulatory inspection should be adopted for uniform GMP inspection for Biologicals and Pharmaceuticals for issuance of COPP and for licensing of CLAA products like biologicals including vaccines. The following broad guidelines may be kept in mind while conducting the inspections.

- All the zonal /sub-zonal officers and the State Drugs Control Authorities shall ensure that inspections are conducted for 3-5 days depending on the size of unit, the number of products handled, complexity of product and procedures.
- Inspections team shall prepare inspection plan, conduct opening meeting and exit meeting on the final day to summarize and discuss the observations with the manufacturers.
- The final report for inspection may be finalized within 1 week, critically reviewed by Zonal officers and forwarded to SLA for necessary action along with copy to CDSCO (HQ) and manufacturers for compliance.
    - ❖ In case of critical observations which have direct impact on the quality, safety and efficacy of the products and where regulatory action has to be initiated immediately, reports are to be finalised at the end of inspection without delay.
- The zonal offices and the State Drugs Control Authorities should also initiate the process to qualify inspectors for inspection of vaccines and pharmaceutical manufacturing facilities based on experience and training and ensure that each inspector carries out minimum five GMP inspections in one year to sustain the performance.

- The inspections of medicines and biologicals should be conducted using risk-based approach and should specifically focus on product development, stability study conducted to establish shelf life in Indian climatic conditions, process validation, complaint/recalls, handling of out of specification, deviations and change control procedures.

For the purpose of inspection of the laboratories for compliance to the Good Laboratory Practices, technical experts from the Indian Phamracopoeia Commission or from the Central of State Drugs Testing laboratories fully conversant with the GLP guidelines should be associated. The synchronization of GMP and GLP inspection will ensure the manufacture is maintaining required standards to ensure quality, purity, strength and consistency of the drugs manufactured by them.

AGENDA NO. 13

CONSIDERATION OF PROPOSAL FOR THOROUGH INSPECTION OF THE APPROVED DRUG TESTING LABORATORIES AT THE TIME OF THE INSPECTION

The approved drug testing laboratories are required to be inspected before the renewal of the approval for carrying out test of identity, purity, quality and strength of the drugs or cosmetics on behalf of licensees. In order to ensure that such laboratories are well equipped and fully functional, the inspections should be conducted by a panel of dedicated and experienced drug inspectors. Technical experts, who are fully conversant with the Good Laboratory Practices, should also be associated in the inspection. These experts could be drawn from the Indian Pharmacopoeia Commission or from Central Drug Testing Laboratories.

AGENDA NO. 14

CONSIDERATION OF PROPOSAL OF APPROVAL OF HLA TYPING LABORATORY FOR TESTING THE CORD BLOOD

The members agreed that Schedule F, part XII – D provides requirements for collection, processing, testing, storage, banking and release of umbilical cord blood derived stem cells. Under para E relating to quality control it is provided under clause (g) that for HLA typing and genetic disease testing, the tests may be outsourced to a competent third party approved by the licensing authority. The State Drug Controllers, as such do not have a panel of such laboratories. In view of this the State Licensing Authorities may permit such testing in NABL accredited laboratory which is equipped to carry out such testing.

AGENDA FROM STATES

MAHARSHTRA

1. CLANDESTINE EXPORT OF MEDICINES THROUGH CLANDESTINELY OPERATED WEBSITES.

Food and Drug Administration, Maharashtra State has taken an initiative and series of actions has been initiated against distributors located in different parts of Maharashtra who were involved in such clandestine activity.

Letters were written to various authorities regarding actions taken by the Food and Drug Administration, Maharashtra State to stop clandestine export of medicines known as internet pharmacy. This clandestine export of medicine is not only a threat to well being of patients but it could also become an issue regarding mainstream export worth approx. Rs.80,000 crores from India.

Some cases were filed in Hon.High Court, Mumbai by the distributors who were the part of this clandestine operation. However, Hon. High Court, Mumbai has refused stay in this matter.

This matter was also informed to the Joint Secretary, Ministry of Commerce and Industry, Government of India to initiate the appropriate action in this matter. The Ministry of Commerce and Industry has also taken a same view as that of Food and Drug Administration, Maharashtra State and have felt that such clandestine export of drugs has huge potential to damage the credibility by Indian Pharma exports for which department of Commerce and Industry has been harping about strong measures to be taken by regulatory regime of the country. The Ministry of Commerce and Industry has also suggested that a stringent action should be taken to stop this illegal practice all across the country in the line with the Food and Drug Administration, Maharashtra State and to evolve an action plan to counter such sales including suspension of manufacturing licence.

The proactive measures taken by the Food and Drug Administration, Maharashtra State in this matter have yielded outstanding results.

It is also pertinent to note that USFDA and UKMHRA have also initiated the action to protect consumers from dangerous medicines sold by illegal online pharmacies. The actions are initiated in partnership with international regulatory and law enforcement agencies and Interpol. Over 100 countries were involved in the Interpol operations with several policing organizations conducting raids on addresses linked to online pharmacies and this operation is named as “Operation Pangea” held in May’2014.

Organized, sophisticated criminals and rogue pharmacies are unfortunately using the internet to defraud innocent consumers. To protect the rights and health of the consumers it is suggested that, the necessary steps should be initiated to become the part of operation “Pangea” and also initiate the similar action, even Government officials involved in the matter may also be questioned by the international agency.

The same illegal and clandestine operations may also be carried out not only in Maharashtra but many other cities of the country. In view of the action taken by FDA, Maharashtra and the orders passed by the Hon’ble High Court , appropriate measures are required for unified action by all the authorities under different Acts in India to control this illegal export of drugs, which violates Drugs and Cosmetics Act and other Acts.

Recommendations

Matter was discussed in detail. The members appreciated the initiative taken by the FDA, Maharashtra in stopping clandestine export of medicines through the internet pharmacy. The issue has become international and is being investigated by the international regulatory and law enforcement agencies as well as Interpol. The State Drug Controllers were asked to maintain a vigil in their States to ensure that such activities are not permitted in their States in the interest of the human health. It was however, felt that import of small quantities of medicines by the genuine importers for their personal use complying with the requirements of sale under the Drugs and Cosmetics Rules, 1945 should not be stopped.

2. **Discussion on the presentation of Commissioner, F.D.A., Maharashtra for Action points-**

As elaborated earlier, Maharashtra F.D.A. has given presentation and stressed the problem of the sale of medicines without bill / prescription / presence of retail pharmacist. Therefore it was taken up for deliberations by committee to arrive at actionable mechanism.

Recommendations

Committee deliberated on the presentation of Shri Mahesh Zagde and decided that the status of each State with respect to the following shall be discussed and monitored in each DCC.

HIMACHAL PRADESH

1. The pending issue regarding the FDC's may be decided at the earliest. Decision may be taken of the cutoff date for new drugs under the provisions of Drugs and Cosmetics Act and further decisions be taken in its light.

   Recommendations

   The members were informed that the office of DCG(I) has received over 5000 applications for approval of FDCs from various manufacturers and these formulations are being examined by the various expert committees. These FDCs are mainly those FDCs which were permitted after 1988 only. FDCs permitted to be marketed prior to this date do not come under the ambit of the orders issued by the office of DCG(I). The State Licensing Authorities may however, take a view at the time of renewal of such applications that these formulations do not prima facie do not appear to be irrational. In regard to veterinary drugs, it was clarified that the present orders pertain to the formulations for human use. The review of veterinary drugs will be taken subsequently at appropriate time.

2. Project may be taken up with Govt. of India for connecting all the States with CDSCO through some software. It will not only lead to sharing of interstate information but also information between States and CDSCO making the system more transparent and answerable.

   Recommendations

   In 12^{th} Five Year Plan an amount of Rs. 10 crore has been sanctioned for e-governance which help in connecting States with CDSCO through the software. The States are however, required to provide necessary inputs as and when this is implemented.

GOA

Clarification required, whether objection received from the complaint regarding Bills on which drugs are sold by retailer printed with the words Goods once sold will not be taken back can be sustained as it is alleged to be in violation of the Consumer Protection Act 1986 :

Directorate is in receipt of a notice from Consumer Conciliation Committee, in response to a complaint stating that the clause " Goods once sold will not be taken back" is in violation of the Consumer Protection Act 1986, and hence the same should be deleted from the cash memos by the medical stores/Pharmacies.

Clarification is required whether FDA can enforce this requirement with Chemist & Druggist; considering that, the drugs are different from other commodities and storage of drugs by the patients; once dispensed, cannot be vouched and hence; acceptance of unused medicine by the chemist may lead to quality issues. The consumer courts wants the State Drug Controlling Authorities to issue directions to all Medical Stores/Chemist & Druggist to refrain from indicating such statement on their cash memo, which consumer court claim to be in violation of Consumer Protection Act, 1986.

Recommendations

The members felt that the printing of the bills with the statement 'Goods once sold will not be taken back' is not a requirement under the Drugs and Cosmetics Act, 1940 and the rules made thereunder. As such it is not within the jurisdiction of the Licensing Authority under the Drugs and Cosmetics Rules to issue any directions in this regard.

(Extract of the report of 47th DCC meeting held on 30th & 31st July, 2014)

AGENDA NO. 12

CONSIDERATION OF PROPOSAL FOR THOROUGH INSPECTION OF THE DRUG MANUFACTURING UNITS TO ENSURE COMPLIANCE TO THE GOOD MANUFACTURING PRACTICES AND GOOD LABORATORY PRACTICES AS PRESCRIBED UNDER THE DRUGS AND COSMETICS RULES, 1945

The members were briefed that quality complaints on Indian products including complaints on forged data and data integrity has been received. It is therefore necessary that thorough inspections are conducted by the State Licensing Authorities along with the officers from the Zonal and sub-zonal offices of CDSCO both for compliance to the Good Manufacturing Practices as prescribed under Schedule M and Good Laboratory Practices as prescribed under Schedule L1 to ensure that quality products are manufactured in the country both for domestic use as well as for export purposes. The matter was taken up for discussion in the committee.

Recommendations

The committee deliberated the above issue and it was decided that –

- In view of various recent quality complaints on Indian products including complaints on forged data and data integrity and its national and international implications, SLA, all zonal and sub-zonal officers shall examine all documents submitted by the manufacturers meticulously/scrupulously before conducting inspection and/or recommending for COPP.
- Regarding procedure of inspection for issuance of COPP as per WHO GMP guidelines, it has been decided that all the zonal/Sub-zonal along with SLA shall ensure that the manufacturers have submitted all product information in product summary sheet as per the proforma given below before planning and conducting inspections for COPP:

Proforma of product summary sheet

S.No.	Name of the product	Number of batches produced in last two years (with scale R&D/Pilot/ Commercial)	Stability studies (maximum period completed) in months		Status of Process Validation	Status of Analytical Method Validation	If the product is approved by DCGI Y/N/Not required
			Accelerated (Temp/ Humidity)	Real time (Temp/ Humidity)	Completed/Not completed	Completed/ Not completed	

These shall be verified properly before recommending issuance of COPP.

- Presently the inspections are being generally carried out focussing mainly on facility and physical verification of water system, HVAC system, construction etc and not based on quality and consistency of medicinal products which is not fulfilling the purpose of ensuring quality, safety and efficacy of products through mechanism of inspection.

Therefore it has been decided that during the GMP inspections as per Schedule M of the Drugs and Cosmetics Rules, 1945, the focus of inspection shall be specially on the product quality i.e. on establishing shelf life, stability studies, validation studies and ensuring prompt and effective recall as precisely required under the clause 16.10, 26.4, 27.1A of schedule M. These points need to be properly verified and reported. The inspectors are required to verify the following.

8. Whether the firm has established proper shelf life for their products and whether firm has carried out stability study of the products in Indian climatic conditions (Reference Schedule M part 1 sub para 16.10 *The quality control department shall conduct stability studies of the products to ensure and assign shelf life at the prescribed conditions of storage. All records of such studies shall be maintained*).
9. Whether the firm has established the process of manufacturing and testing on the basis of validation studies prior to introduction of the products in Indian market as required by Schedule M of Drugs and Cosmetics Rules 1945 Part I (Reference sub-para 26.3 Processes and procedures shall be established on the basis of validation study and undergo periodic revalidation to ensure that they remain capable of achieving the intended results. Critical processes shall be validated prospectively or retrospectively).
10. Whether requisite trial manufacturing batches were taken at reasonable scale prior to marketing of the product as required by Schedule M of Drugs and Cosmetics Rules 1945 Part I (sub-para 26.4 When any new Master Formula or method of preparation is adopted, steps shall be taken to demonstrate its suitability for routine processing. The defined process, using the materials and equipment specified shall be demonstrated to yield a product consistently of the required quality)
11. Whether the firm is conducting prompt and effective recall up to the retailers level as required by Schedule M of Drugs and Cosmetics Rules 1945 Part I (sub-para 27.1 A prompt and effective product recall system of defective products shall be devised for timely information of all concerned stockists, wholesalers, suppliers, up to the retail level within the shortest period. The licensee may make use of both print and electronic media in this regard).
12. Whether the firm is initiating impact analysis and product recall whenever out of specification results are obtained during the stability study of the product which is already in the market.
13. The zonal officers to verify all inspection/investigation reports critically and forward the reports with clear comments and recommendation.
14. Similar approval shall be adopted for inspection of WHO-GMP Certification (COPP).

The State Drugs Controllers to maintain the details of the licensed manufacturers and COPP holders alongwith the list of products and maintain computerized updated data bank of all licensees and all critical activities in their jurisdiction /office so that it can be utilised for better regulation, networking.

Further, the following procedures in respect of regulatory inspection should be adopted for uniform GMP inspection for Biologicals and Pharmaceuticals for issuance of COPP and for licensing of CLAA products like biologicals including vaccines. The following broad guidelines may be kept in mind while conducting the inspections.

- All the zonal /sub-zonal officers and the State Drugs Control Authorities shall ensure that inspections are conducted for 3-5 days depending on the size of unit, the number of products handled, complexity of product and procedures.
- Inspections team shall prepare inspection plan, conduct opening meeting and exit meeting on the final day to summarize and discuss the observations with the manufacturers.
- The final report for inspection may be finalized within 1 week, critically reviewed by Zonal officers and forwarded to SLA for necessary action along with copy to CDSCO (HQ) and manufacturers for compliance.
    - ❖ In case of critical observations which have direct impact on the quality, safety and efficacy of the products and where regulatory action has to be initiated immediately, reports are to be finalised at the end of inspection without delay.
- The zonal offices and the State Drugs Control Authorities should also initiate the process to qualify inspectors for inspection of vaccines and pharmaceutical manufacturing facilities based on experience and training and ensure that each inspector carries out minimum five GMP inspections in one year to sustain the performance.

- The inspections of medicines and biologicals should be conducted using risk-based approach and should specifically focus on product development, stability study conducted to establish shelf life in Indian climatic conditions, process validation, complaint/recalls, handling of out of specification, deviations and change control procedures.

For the purpose of inspection of the laboratories for compliance to the Good Laboratory Practices, technical experts from the Indian Phamracopoeia Commission or from the Central of State Drugs Testing laboratories fully conversant with the GLP guidelines should be associated. The synchronization of GMP and GLP inspection will ensure the manufacture is maintaining required standards to ensure quality, purity, strength and consistency of the drugs manufactured by them.