MINUTES OF THE 68TH MEETING OF DRUGS TECHNICAL ADVISORY BOARD HELD ON 16TH FEBRUARY, 2015 AT CDSCO, HQ, FDA BHAWAN, KOTLA ROAD, NEW DELHI

PRESENT

1. Dr. Jagdish Prasad, — Chairman
   Director General of Health Services,
   Nirman Bhawan, New Delhi.

2. Shri C. Hariharan — Member
   Director in-charge,
   Central Drugs Laboratory,
   Kolkata-700016

3. Dr. Sunil Gupta, — Member
   Director, Central Research Institute,
   Kasauli (HP) -173205

4. Dr. B. Suresh — Member
   President, Pharmacy Council of India,
   Temple Lane, Kotla Road,
   P.B. No.7020, New Delhi-110002

5. Dr. H. G. Koshia, — Member
   Commissioner, FDCA, Gujarat
   Block No. 8, Dr. J. M. Bhawan,
   Gandhi Nagar, Gujarat – 382010

6. Shri Sudhir Mehta, — Member
   Chairman, M/s Torrent Pharmaceuticals Ltd.,
   Ahmedabad - 380 009

7. Dr. Rao V. S. V. Vadlamudi — Member
   Flat F-6, Vora Towers,
   8-3 – 224, Yousufguda road
   Madhuranagar, Hyderabad – 500038

8. Shri Sheju Purushothaman, — Member
   Government Analyst,
   Regional Drug Testing Laboratory,
   Kakanad, Ernakulum- 682030

9. Dr. Nilima Kshirasagar, — Member
Chair in Clinical Pharmacology, ICMR
1501-2, Datta Tower,
Dr. Vijay Kumar Walimbe Marg,
Mumbai – 400012

10. Dr. G. B. Gupta, — Member
Prof. and Head, Department of Medicine,
Pt. Jawahar Lal Nehru Memorial Medical College
Raipur - 492001
Chattisgarh

11. Prof. M. D. Karvekar, — Member
#1449, Sector, 7, 4th Main
21st Cross, H.S.R. Lay Out
Bangalore, 560102

12. Shri O. S. Sadhawani, — Member
Controlling authority & Joint Commissioner,
Food & Drugs Administration, Mumbai
Bandra Kurla Complex, Bandra (E)
Mumbai, Maharashtra - 400051

13. Dr. Ashim Ghatak, — Member
Rep., Central Drugs Research Institute,
Chattar Manzil , P.B.NO.173,
Lucknow-226001

14. Dr. Muzaffar Ahmad — Member
Rep., Medical Council of India,
Pocket 14, Sector-8, Dwarka- Phase I
New Delhi - 110077

15. Dr. G. N. Singh, — Member Secretary
Drugs Controller General (India)
FDA Bhawan, New Delhi-110002

CDSCO REPRESENTATIVES

1. Dr. V. G. Somani
Joint Drugs Controller,
CDSCO, HQ, New Delhi

2. Shri Lalit Kishore
Consultant, DCG(I)
CDSCO, New Delhi

3. Shri A. K. Pradhan
   Deputy Drugs Controller,
   CDSCO, New Delhi

4. Shri R. Chandrasekhar,
   Deputy Drugs Controller (India)
   CDSCO, New Delhi

Dr. A. Marthanda Pillai, Ananthapuri, Hospital and Res. Institute, Thiruvananthapuram, Smt. Sushma M. Saptarshi, Government Analyst, Drugs Control Laboratory, Mumbai, Maharashtra and the Director, Indian Veterinary Research Institute, Izatnagar could not attend the meeting because of their pre-occupation.

The notification of the reconstituted DTAB, bye-laws of DTAB and copies of supplementary agenda was circulated to the members.

Dr. G. N. Singh, Drugs Controller General (India) and Member Secretary DTAB welcomed the Chairman and members of the newly constituted DTAB. He thanked the members for sparing their valuable time to attend the deliberations of this august body. Large number of agenda item related to clinical trials, export of the drugs, and many general amendments in the Drugs and Cosmetics Rules, 1945 to address the present day needs have been placed before the Board for their consideration. The patient welfare should be the central focus for taking the decisions. He further requested the members to have proactive approach and they may on their own form subgroups at their level to keep the forum alive to the needs of the country. He then requested the Chairman to initiate the proceedings.

The Chairman in his address further stressed the need for the members to be pro-active in the areas which they represent and bring to the notice of the Board any issues which they consider need to be addressed for further consideration in the interest of patient safety. The decisions taken by this august body has impact on the healthcare system of the country as well as the pharmaceutical industry but the main focus should remain public health.

AGENDA NO. 1

CONSIDERATION OF THE RECOMMENDATIONS OF THE PROF. RANJIT ROY CHAUDHURY EXPERT COMMITTEE IN RESPECT OF CONDUCT OF CLINICAL TRIAL AND APPROVAL OF NEW DRUGS IN THE COUNTRY REQUIRING AMENDMENTS TO THE DRUGS AND COSMETICS RULES, 1945

DCG(I) briefed the members that the 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 recommendations which required amendment to the Drugs and Cosmetics Rules, 1945 were placed before the DTAB for its consideration.

1. **Ancillary care to the patients**

   The committee had recommended that there should be provision for providing ancillary care to patients suffering from any other illness during the trial.

   The office of DCG(I) in light of the above recommendation had already issued an executive order stating that ancillary care should be provided for brief illness in the same hospital/trial site.

   The DTAB after deliberations agreed that Ancillary care should be provided to the subjects suffering from any other illness during the trial. Appropriate provision may be made under the rules / Schedule Y to provide that investigator should ensure that ancillary care is provided to the subject for concurrently occurring illnesses during the clinical trial in the same hospital or trial site.

2. **Waiver of Clinical Trial in Indian population for approval of new drugs, which have already been approved outside India for the purpose of approval of the new drug in the country**

The members were apprised that the Porf. Ranjit Roy Chaudhury committee had recommended that Drugs which have already been on the market in well-regulated countries with good post-marketing surveillance (PMS) for more than four years and which have a satisfactory report may be granted marketing licence, subject to strict PMS for four to six years. The period of four years may be reduced or waived off in cases where no therapy or only palliative therapy is available, or in national healthcare emergencies. The Ministry of Health and Family Welfare considering the recommendations decided that such a wavier can only be considered in cases of national emergency, extreme urgency, and epidemic and for orphan drugs for rare diseases and drugs indicated for conditions/diseases for which there is no therapy.

As per the present provisions, for new drugs approved in other countries phase III clinical trial is required to be conducted in Indian population before its approval. However, there are certain provisions for waiver of local clinical trial as under:

Rule 122A (2) and rule 122B (3)

> "Provided that the requirement of submitting the results of local clinical trials may not be necessary if the drug is of such a nature that the Licensing Authority may, in public interest, decide to grant such permission on the basis of data available from other countries:
>
> Provided further that the submission of requirements relating to Animal Toxicology, Reproduction studies, Teratogenic studies, Perinatal studies, Mutagenicity and Carcinogenicity may be modified or relaxed in case of new drugs approved and marketed for several years in other countries if he is satisfied that there is adequate published evidence regarding the safety of the drug, subject to the other provisions of these rules."

Clause (3) of Schedule Y provides that:

> "(3) For drugs indicated in life threatening / serious diseases or diseases of special relevance to the Indian health scenario, the toxicological and clinical data requirements may be abbreviated, deferred or omitted, as deemed appropriate by the Licensing Authority."

The members opined the matter that in present globalised situations many new drugs are developed in well regulated countries like USA, EU etc. as part of multinational clinical development programme and the drug is approved in such countries after extensive clinical trial conducted in various countries and scientific regulatory review. DTAB after deliberations recommended that if a new drug is approved and marketed in well regulated country, the waiver of Clinical Trial in Indian population for approval of the new drug in the country may be granted if evaluation of safety, efficacy, effectiveness and need of the drug is found favourable and the plan for Post Marketing Survillance of the drug in the country is approved. Drugs and Cosmetics Rules, 1945 may be amended appropriately.

DTAB further advised that the evaluation of such new drugs should be made scientifically in consultation with the Subject Experts in the specific therapeutic area.

3. Post-trial access of investigational product

The committee had recommended that in case a New Chemical Entity (NCE) is found to be beneficial in clinical trial, the trial participants should have post-trial access to such NCE.

The members were informed that US FDA has a programme for Expended Access to Investigational Drugs for Treatment Use. US FDA may permit expanded access to an investigational drug for treatment of individual patient if the physician / investigator certify that the risk to the patient from the investigational drug is not greater than the probable risk from the disease or condition. The US FDA will then determine the potential benefits vis-à-vis the

potential risk of the treatment use with the drug considering the recommendations of both the Investigator and the Ethics Committee.

The DTAB after deliberation recommended that Post Trial access of the investigational products may be provided to the subject found beneficial during the course of the trial on the basis of the recommendations of the investigator and ethics committee especially in the cases where no alternative therapy is available to the patient. However, such Post Trial access of the investigational product should be permitted after obtaining the consent of the patient, however, there would not be any liability of the sponsor in use of the drug. The sponsor shall arrange to provide the drug in such cases free of cost as the drug might not yet have been permitted to be marketed. Drugs and Cosmetics Rules, 1945 may be amended appropriately.

4. Compensation in case of injury or death discerned at a later stage

The committee had recommended that compensation in case of injury or death discerned at a later stage should be paid to the trial participant if any drug-related anomaly is discerned at a later stage and accepted to be drug related by a competent authority whether in India or abroad.

The DTAB after deliberations agreed in principle that compensation in case of injury or death discerned at a later stage should be paid to the trial participant. It recommended that such cases should be evaluated by an independent committee having eminent medical experts in the specific specialty and recommendations forwarded to the DCG(I) for its consideration.

Drugs and Cosmetics Rules, 1945 may be amended appropriately.

5. Reporting of Adverse Drug Reactions (ADR) of marketed drugs

The committee had recommended that all ADRs occurring during the use of the product for all marketed drugs should be reported as per details provided in Appendix XI of Schedule Y of the Drugs and Cosmetics Rules, 1945.

The members were briefed that Pharmacovigilance Programme of India (PVPI) launched on 14.07.2010 is capturing Adverse Drug Reactions data in Indian populations in a systematic way. The programme is being coordinated by the Indian Pharmacopeia Commission, Ghaziabad. The main objective of the programme is to monitor Adverse Drug Reactions (ADRs) in Indian population. At present 150 ADR monitoring centres are actively involved in the collection of ADRs of the marketed drugs.

The DTAB after deliberations recommended that while it is desirable that ADRs should be collected for all drugs by all pharmaceutical companies, hospitals, clinician treating the patients in the hospitals and practicing clinicians. As a first step the Medical Council of India should be requested that the clinicians in the hospitals should report the ADRs to the pharmacovigilance programme. The hospitals should also setup pharmacovigilance committees to monitor ADR and the reports be forwarded to the pharmacovigilance programme of India for systemic collations of the data. A wide publicity may also be given by the MCI to create awareness among the clinicians for reporting ADRs.

It was further recommended that Periodic Safety update Reports (PSUR) in the case of new drugs should also be forwarded to the pharmacovigilance programme of India.

DTAB recommended that detailed modalities that could be followed by the all stakeholders in reporting of adverse drug reaction of marketed drugs may be deliberated by the sub-committee as under the. The recommendations would then be considered by the DTAB.

i. Dr. Nilima Kshirasagar, Chair in Clinical Pharmacology, ICMR, Mumbai
ii. Dr. B. Suresh, President, Pharmacy Council of India
iii. Prof. M. D. Karvekar, Bangaluru

6. Interaction with the applicants

The committee had recommended that there should be a provision for interaction of the representative of the pharmaceutical companies or Investigator for dialogue with an officer of the CDSCO regarding the application on payment of a fee for such consideration.

The members were briefed that office of DCG(I) is open for interaction with the stakeholders and regular meetings are held with the representatives of the pharma industry. A system of pre-submission meeting of the applicants with the CDSCO officers and subject experts to discuss the regulatory pathway in respect of specific application for approval of clinical trials, new drugs and medical device has been prepared and put on website. This will bring transparency, accountability, predictability and speedy disposals of cases.

The DTAB after deliberations agreed to the introduction of pre-submission meetings as it will improve the transparency and predictability in the approval process. Drugs and Cosmetics Rules, 1945 may be amended appropriately.

7. Post Marketing Surveillance for six years

The committee had recommended that the PMS should be made mandatory for six years for all drugs permitted to be marketed in India instead of four years.

The DTAB after deliberations agreed that four year period is sufficient and as such did not agree to the proposed amendment.

AGENDA NO. 2

CONSIDERATION OF THE PROPOSAL TO MAKE A PROVISION IN FORM 44 RELATING TO THE APPLICATION FOR PERMISSION TO MARKET A NEW DRUG AND SCHEDULE Y UNDER THE DRUGS AND COSMETICS RULES, 1945 THAT IN CASE OF CLINICAL TRIAL ON NEW CHEMICAL ENTITIES OR GLOBAL CLINICAL TRIALS THE REQUIREMENTS OF ASSESSMENT OF RISK VS. BENEFIT OF THE PATIENTS, INNOVATIONS VIS-À-VIS EXISTING THERAPEUTIC OPTIONS AND UNMET MEDICAL NEEDS IN THE COUNTRY SHALL ALSO BE TAKEN INTO CONSIDERATION

DCG(I) briefed the members that the Hon'ble Supreme Court of India in their order dated 21.10.2013 in the case of WP (C) No. 33/2013: Swasthya Adhikar Manch, Indore & ors. Vs. Union of India & Ors. directed that all the New Chemical Entities (NCEs) and Global Clinical Trial should be evaluated having regard to the following three parameters:

i. Assessment of risk versus benefit to the patients;
ii. Innovation vis-à-vis existing therapeutic option; and
iii. Unmet medical need in the country.

The office of DCG(I) accordingly issued directions to the sponsors / CROs / Medical institutions and other Stakeholders on 05.09.2014 that clinical trial applications should comply with the above requirements.

The Solicitor General of India, Shri Ranjit Kumar further advised that the said three criteria should be included in the Form 44 of the Drugs and Cosmetics Rules, 1945 and definitions of the terms like Clinical Trial, Global Clinical Trial, Investigational New Drug and New Chemical Entities incorporated under the rules. The proposed amendment to the rules was placed before the DTAB for its approval.

The DTAB after deliberations agreed to the proposed amendment (copy annexed) and approved the draft rules.

ANNEXURE

2. In the Drugs and Cosmetics Rules, 1945 (hereinafter referred to as the principal rules), in rule 122 DA, in sub rule (3), for the *Explanation*, the following *Explanation* shall be substituted, namely:-

'Explanation.- For the purposes of these rules,-

(a) "Clinical Trial" means a systematic study of any new drug(s) in human subject(s) to generate date for discovering and / or verifying the clinical, pharmacological (including pharmacodynamic and pharmacokinetic) and / or adverse effects with the objective of determining safety and / or efficacy of the new drug;

(b) "Global Clinical Trial" means any clinical trial which is conducted as part of multi-national clinical development of a drug;

(c) "Investigational New Drug" means a new chemical entity or a product having therapeutic indication but which has never been tested earlier on human being;

(d) "New Chemical Entity" means an active substances in developmental stage which may be specified as a drug under the Act, after undergoing any clinical trial.".

3. Rule 122 DAA of the principal rules shall be omitted.

4. In *SCHEDULE A* of the principal rules, in Form 44, under the heading "A. Permission to market a new drug:', after item (10), the following items shall be inserted at the end, namely:-

"(11) New Chemical Entity and Global Clinical Trial-

(a) Assessment of risk versus benefit to the patients

(b) Innovation vis-à-vis existing therapeutic option

(c) Unmet medical need in the country."

5. In *SCHEDULE Y* of the principal rules, in APPENDIX I, after sub-item 11.1, the following shall be inserted, namely:-

"12. New Chemical Entity and Global Clinical Trial

12.1 Assessment of risk versus benefit to the patients

12.2 Innovation vis-à-vis existing therapeutic option

12.3 Unmet medical need in the country.".

AGENDA NO. 3

CONSIDERATION OF THE PROPOSAL TO AMEND PROVISIONS RELATING TO POST MARKETING SURVEILLANCE UNDER SCHEDULE Y MAKING IT MANDATORY FOR THE APPLICANT TO HAVE A PHARMACOVIGILANCE SYSTEM FOR COLLECTION OF REPORTS OF ADVERSE DRUGS REACTIONS ON THE USE OF THE DRUG

The members were briefed that Schedule Y under para (3) sub para (4) pertaining to Post Marketing Surveillance requires that the applicant is to furnish Periodic Safety Update Reports (PSUR) to the CDSCO. However it does not specify that the applicant should have a pharmacovigilance system in place to monitor the clinical safety of new drugs after it is introduced for marketing in the country. In many countries it is mandatory for the company to have such pharmacovigilance system in place to monitor the drug safety.

The issue was earlier considered by the DTAB in its 60th meeting held on 10.10.2011 and it recommended the following clause to be introduced in the para relating to Post Marketing Surveillance.

> **"The applicant should have a Pharmacovigilance system in place for collecting, processing and forwarding the report of the licensing authority for information on adverse drug reaction emerging from the use of the drug manufactured or marketed by the applicant in the country. The system should be managed by qualified and trained personnel. The officer in-charge of collection and processing of data shall be a medical officer trained in analysis of adverse drug reports."**

During the processing of the above recommendations for amendments in Schedule Y, it was observed that limiting of the qualification of the personnel incharge of pharmacovigilance programme to the medical officer only would limit the range of selection.

DTAB after deliberations recommended that the person incharge should be a medical officer or a pharmacist trained in collection and analysis of the adverse drug reaction reports.

The DTAB further recommended that a pharmacovigilance system should be in place for collecting, processing and forwarding of ADRs with all manufacturers. For this purpose a sub-committee consisting of the following members was constituted for preparing guidelines for the purpose so that the provision is made mandatory for all manufacturers.

iv. Dr. B. Suresh, President, Pharmacy Council of India

v. Dr. Nilima Kshirasagar, Chair in Clinical Pharmacology, ICMR, Mumbai

vi. Prof. M. D. Karvekar, Bangaluru

AGENDA NO. 4

CONSIDERATION OF THE PROPOSAL FOR AMENDMENTS IN SCHEDULE Y TO THE DRUGS AND COSMETICS RULES IN RESPECT ANIMAL TOXICITY REQUIREMENTS FOR CLINICAL TRIALS

The members were briefed that APPENDIX III of the Schedule Y to the Drugs and Cosmetics Rules, 1945 provides requirements of animal toxicity (non-clinical toxicity studies) and male fertility study under para 1.8 for clinical trials and marketing of a new drug.

These requirements were common for the conduct of clinical trials and for grant of marketing permission while international requirements are different for conduct of clinical trials and permission for marketing. The issue was earlier also considered in the 60th meeting of DTAB held on 10.10.2011 in the light of the comments of the DG, ICMR as well as international guidelines as under:

i. As per Schedule Y for clinical trial of more than one month of human exposure, 24 weeks repeated dose toxicity study is required. However, as per US FDA and EMEA guidelines for clinical trial between 2 weeks and 6 months, the duration of toxicity study should be same as clinical trial.

ii. Since these International guidelines are of 2009 (EMEA) and 2010 (US FDA), looking into prevention of cruelty of animals, there is a need to have a relook at schedule Y which was finalized in 2005.

The DTAB then considered the matter and agreed to the requirements to be modified as under to make them in line with the international requirements.

Route of administaration	Duration of proposed human administration	Human phases for which study is proposed to be conducted	**Long term toxicity requirements**
	>1 wk but upto 2 wk	I,II,III	**2sp; 2wk**
	Upto 2 wks	Marketing	**2 sp; 4 wk**

Oral, or parentral or transdermal		permission	
	>2 wk but upto 4 wk	I, II,III	**2 sp; equal to duration of human exposure**
		Marketing permission	**2 sp; 12 wk**
	> 4 wk but upto 12 wk	I,II,III	**2 sp; equal to duration of human exposure**
		Marketing permission	**2 sp; 24 wk**
	> 12 wk but upto 24 wks	I,II,III	**2 sp; equal to duration of human exposure**
		Marketing permission	**2 sp; Rodent 24 wks, non-rodent 36 wks**
	> 24 wks	I,II,III	**2 sp; Rodent 24 wks, non-rodent 36 wks**
		Marketing permission	**2 sp; Rodent 24 wks, non-rodent 36 wks**

Further under Male fertility study the clause *'Phase I, II, III in male volunteers/patients'* may also be amended to read as **'Phase III in male volunteers/patients'.**

The matter was placed before the DTAB for its consideration in the context of the present day knowledge before the Schedule Y is amended to incorporate the above requirements.

DTAB after deliberations agreed to the proposed amendment in the Drugs and Cosmetics Rules, 1945.

AGENDA NO. 5

CONSIDERATION OF THE PROPOSAL TO KEEP IN ABEYANCE THE PROVISIONS INTRODUCED UNDER THE DRUGS AND COSMETICS RULES, 1945 FOR REGISTRATION OF COSMETIC IMPORTED INTO THE COUNTRY

The members were briefed that the Drugs and Cosmetics Rules were amended vide Gazette notification G.S.R. 426(E) dated 19.05.2010 introducing a provision for registration of Import of Cosmetics into the country. Under the notification, it was provided that, these rules shall come into force with effect from 1st April 2011. The notification amended the Rule 129 and introduced Rule 129A, 129B, 129C, 129D, 129E, 129F, 129G and 129H, Form 42 for application and Form 43 as registration certificate and a new Schedule DIII as an undertaking to be provided by the manufacturer under the Drugs and Cosmetics Rules, 1945. Difficulties were expressed by the importers and other stakeholders in the initial stages and the notification came into effect from 01.04.2013 only. However, further representations were received from New Delhi Association of Cosmetics importers. The Association brought forth the difficulties of small and petty traders in continuing their trade due to complicated provisions of the newly introduced Rules and Schedules.

It is for the consideration whether the system of registration should be continued or kept in abeyance or withdrawn in light of the difficulties expressed above.

The DTAB after deliberations recommended that the system of registration should not be discontinued, it may however, be made simpler so that the genuine importers do not face difficulties in importing quality cosmetics into the country. For this purpose DTAB constituted a committee consisting of following members to examine the issue and suggest suitable changes in the present rules so that the difficulties of the importers of cosmetics are addressed without compromising the quality and safety of the cosmetics imported into the country.

i. Shri O. S. Sadhawani, Joint Commissioner, FDA, Maharashtra

ii. Representative of the DCG(I)

AGENDA NO. 6

AMENDMENT OF SCHEDULE M III RELATING TO REQUIREMENTS OF FACTORY PREMISES FOR MANUFACTURE OF MEDICAL DEVICES AND IN-VITRO DIAGNOSTIC REAGENTS OR KITS UNDER THE DRUGS AND COSMETICS RULES, 1945

DCG(I) briefed the members that the Schedule M III relating to requirements of factory premises for manufacture of medical devices under the Drugs and Cosmetics Rules, 1945, was proposed to be amended to provide Good Manufacturing Practices and requirements of premises, plant and equipment for medical devices and in-vitro diagnostics kits and reagents. The present Schedule M III contains requirements of factory premises for manufacture of sterile perfusion and blood collection sets, sterile hypodermic syringes and needles only. At present large number of medical devices is being regulated under the Drugs and Cosmetics Act, 1940. Schedule M III was therefore required to be amended to make it applicable for all medical devices and harmonious to the requirements being followed internationally.

The members were of the view that there are many issues relating to the quality of the medical devices imported or manufactured in the country, ADRs in the case of new medical devices, provisions regarding manufacture of medical devices in the country are required to be considered before finalization.

The DTAB after deliberations recommended that the committee consisting of the following members may examine the issue in totality including the proposed amendment and give its recommendations.

i. Dr. B. Suresh, President, Pharmacy Council of India
ii. Dr. G. B. Gupta, HOD, Department of Medicine, JLNMMC, Raipur
iii. Shri O. S. Sadhawani, Joint Commissioner, FDA, Maharashtra
iv. Dr. H. G. Koshia, Commissioner, FDCA, Gujarat
v. An expert Cardiologist / Orthopedician / Ophthalmologist
vi. Three representatives from medical devices Industry

The proposal will then be considered in the next meeting of DTAB.

AGENDA NO. 7

CONSIDERATION OF PROPOSAL TO AMEND RULE 43 A OF THE DRUGS AND COSMETICS RULES TO INCLUDE KRISHNAPATNAM SEA PORT, NELLORE AND INLAND CONTAINER DEPOT KHOHDIYAR, GANDHINAGAR AS PORT OF ENTRY FOR DRUGS

The members were briefed that under rule 43A of the Drugs and Cosmetics Rules, 1945 drugs are permitted to be imported from the notified Port of Entries only.

Requests has been received by the office of DCG(I) for declaring the following Ports as Port of Entry for drugs so as to facilitate the import and export of drugs from these ports. Expansions of the drug industry have made to open new port of entries in the proximity of the industrial hubs.

1. Krishnapatnam Port, Andhra Pradesh
2. Visakhapatnam, sea and airport, Andhra Pradesh
3. Inland Container Depot Khohdiyar, Gandhinagar
4. Hazira Port, Gujarat

DTAB after deliberations agreed for amendment of the rule 43A to include the above ports as port of entries for drugs to facilitate import and export of the drugs in the country.

AGENDA NO. 8

CONSIDERATION OF THE PROPOSAL TO AMEND RULE 96 OF THE DRUGS AND COSMETICS RULES, 1945 FOR DELETION OF THE REFERENCES TO THE NATIONAL FORMULARY OF INDIA

The members were briefed that the rule 96 related to Manner of Labeling has clauses having reference to National Formulary of India as under:

Rule 96, sub-rule (1), clause (i) (A),

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

(b) clause (iii)

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 drugs and their formulations are manufactured in the country either as Pharmacopoeial preparations or New drugs or Patent & Proprietary medicines. 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 only a guidance document and is not a regulatory document for quality standards for manufacturing of drugs and formulations. The references to the National Formulary of India in the rule 96 had therefore becomes redundant and was needed to be deleted.

DTAB after deliberations agreed to the proposed amendment.

AGENDA NO. 9

CONSIDERATION OF THE PROPOSAL TO AMEND RULE 96 OF THE DRUGS AND COSMETICS RULES, 1945 FOR MAKING A PROVISION FOR LABELING OF DRUGS WITH THE STORAGE CONDITIONS

The members were briefed that rule 96 related to manner of labeling does not make it mandatory for the manufacturers to provide storage conditions in the label of the drug with specific temperature range at which the drugs should be stored. In view of this some manufacturers indicate storage conditions on their own while majority of drugs formulations do not provide such information. Representations were received that it should be made mandatory to mention the storage conditions because of high variations in the temperatures prevailing at any time in the country. 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, the rule 96 is needed to be amended to provide that the label of the drug provides this information so that the drugs are kept under proper conditions during storage and transportation.

It was therefore proposed to insert a new clause under sub-rule (1) of rule 96 as under:

"Drugs and their preparations shall bear on their labels in a conspicuous manner the conditions of storage with specific temperature range."

The DTAB after deliberations agreed to the proposed amendment.

AGENDA NO. 10

CONSIDERATION OF THE PROPOSAL TO AMEND FORM 12-B OF THE DRUGS AND COSMETICS RULES FOR PERMIT FOR IMPORT OF SMALL QUANTITIES OF DRUGS FOR PERSONAL USE

DCG(I) briefed the members that under the Drugs and Cosmetics Rules, 1945 any drug imported for personal use but not forming a part of *bona fide* personal package is allowed to be imported by the licensing authority in Form 12-B as permit for import of small quantities of drugs for personal use. Clause (3) of the Form 12-B provides the validity of the permit for six months from the date issue as under:

> "(3). This permit shall, unless previously suspended or revoked, be in force for a period of six months from the date specified below".

The patients suffering from certain long term diseases like Wilson diseases require drugs on long term basis for treatment or prevention. They are therefore require to obtain permit every six months for continuation of the treatment.

In view of the above it was proposed that the above clause may be amended to increase the validity to permit by the licensing authority wherever considered necessary as under:

> "(3). This permit shall, unless previously suspended or revoked, be in force for a period of six months from the date specified below or as specified by the Licensing Authority".
>
> DTAT after deliberations agreed to the proposed amendment.

AGENDA NO. 11

CONSIDERATION OF THE PROPOSAL TO AMEND RULE 44 OF THE DRUGS AND COSMETICS RULES FOR UP-GRADATION OF THE QUALIFICATIONS OF GOVERNMENT ANALYSTS

The members were briefed that the Qualifications of Government Analysts appointed by State Governments and Central Government are prescribed under Rule 44 of the Drugs and Cosmetics Rules, 1945. The Rule prescribes that the Government Analysts under the Act shall be a person who is a graduate in Medicine or Science or Pharmacy or Pharmaceutical Chemistry having five years experience in the testing of drugs.

References were received in the office of DCG(I) for Up-gradation of qualification of Government Analysts under the Drugs and Cosmetics rules, 1945 as the latest edition of the Indian Pharmacopeia has replaced majority of old classical methods with the modern, highly specific and sensitive instrumental methods on account of advancements / researches that have taken place in the scientific field.

The members opined that there are no reports that the Government laboratories are facing any problem in this regard. If required the provisions is there to select more qualified people as provided under the rule. At present there appears to be no need to amend the rule.

The DTAB after deliberations did not agree to the proposed amendment.

AGENDA NO. 12

CONSIDERATION OF THE PROPOSAL TO AMEND RULE 49A OF THE DRUGS AND COSMETICS RULES RELATING TO THE QUALIFICATIONS OF LICENSING AUTHORITY

The members were briefed that there are many officers working in the Drugs Control Organizations who have attained enough experience in the administration of the provisions of the Drugs and Cosmetics Act, 1940 and rules made there under but do not possess the qualifications prescribed under rule 49A to be declared as licensing authority, as these officers were inducted prior to the amendment to the rule.

It was therefore proposed that the saving clause provided under the rule should be extended to the present date so that the services of these officers could be utilized as Licensing Authorities by the Drug Control Organizations.

The members did not agree to the amendment in the rule 49A. The DTAB felt that it is essential that there is optimum utilization of the services of the experienced officers. It recommended that the Government may consider giving exemption on case to case basis for availing the services of such officers.

AGENDA NO. 13

CONSIDERATION OF THE PROPOSAL TO AMEND THE QUALIFICATIONS OF THE MEDICAL DIRECTOR UNDER THE PROVISIONS RELATING TO COLLECTION, PROCESSING, TESTING, STORAGE, BANKING AND RELEASE OF UMBILICAL CORD BLOOD DERIVED FROM STEM CELLS UNDER PART XII-D OF SCHEDULE F OF THE DRUGS AND COSMETICS RULES, 1945

The members were briefed that a representation was received by the Government for reconsideration of the qualification criteria for the post of Medical Director for collection, storage etc. of umbilical cord blood derived from stem cells under Part XII-D of Schedule F of the Drugs and Cosmetics Rules, 1945. The qualification for this has been prescribed as Post Graduate degree in Medicine – MD (Pathalogy / Transfussion Medicine / Microbiology). It has been requested that the qualification may be brought at par with the qualification as prescribed under rule 122G relating to operation of Blood Bank / Processing of whole human blood for components and manufacture of blood products which includes degree in Medicine with diploma and degree in Medicine with one year experience in blood bank.

The DTAB after deliberations recommended that the qualifications prescribed for stem cell banking need not to be amended.

AGENDA NO. 14

CONSIDERATION OF THE PROPOSAL TO AMEND RULE 65 OF THE DRUGS AND COSMETICS RULES, 1945 TO MAKE IT MANDATORY FOR MENTIONING THE BATCH NUMBER, EXPIRY DATE AND THE NAME OF THE MANUFACTURER ON THE CASH / CREDIT MEMO FOR ALL DRUGS

The members were briefed that the issue of amendment of rule 65 relating to the conditions of sale licence which require the mention the name of manufacturer of the drugs, Batch No. and date of expiry of potency in a register or cash or credit memo issued in respect of drugs covered under Schedule C, Schedule H and Schedule H1 only was considered by the DCC in its 46th meeting held on 12th & 13th November, 2013 and it agreed that necessary amendments may be made under the Rules so that the details of the name of the manufacturer, batch number and date of expiry is mentioned on the cash / credit memo for all drugs.

The DTAB after deliberations did not agree to the proposed amendment.

AGENDA NO. 15

CONSIDERATION OF THE PROPOSAL TO AMEND SCHEDULE D OF THE DRUGS AND COSMETICS RULES, 1945 TO GRANT EXEMPTION FROM THE PROVISION OF CHAPTER III FOR 100% EOU ALONG WITH SPECIAL ECONOMIC ZONE UNITS

The members were briefed that Ministry of Commerce that pharma industry associations have requested for exemption under Schedule D from the provisions of import licence and registration for 100% Export Oriented Units as is provided for the Units situated in Special Economic Zones notified by the Government of India and also for import of small quantity of drugs for the purpose of test / analysis and clinical trial purposes without the requirements of test licence.

The members were of the opinion that necessary clarification from Ministry of Commerce may be obtained if 100% EOUs are consider same as the SEZ in respect of requirements, conditions of operation etc for further considerations of the proposals.

AGENDA NO. S-1

CONSIDERATION OF THE PROPOSAL TO MAKE A PROVISION UNDER SCHEDULE K OF THE DRUGS AND COSMETICS RULES, 1945 FOR MANUFACTURE OF 100 ML INJECTABLE TO BE MANUFACTURED UNDER THE LICENCE FOR SMALL VOLUME PARENTARALS FOR EXPORT BY 100% EOUs

The members were briefed that the Ministry of Commerce had forwarded the representation made by M/s. Emcure Pharmaceuticals Limited that 100% Export Oriented Units (EOUs) are facing problems because of the categorization of pack sizes 100ml injectables being considered as LVPs which require them to have dedicated vial line and special permission, whereas internationally 100 ml are considered as small volumes parenterals and injectable preparations of more than 100 ml are only considered as large volume parenterals.

The definition of large volume parenterals as provided under rule 76 provides that sterile solutions intended for parenteral administration with a volume of 100 ml. or more (and shall include anti-coagulant solutions) in one container of the finished dosage form intended for single use. In view of this the sterile injectables of 100ml are considered as Large Volume Parenterals and licenced accordingly, and require licence in Form 28D or 28DA for its manufacture and sale. The small volume parenterals are however, licensed by the State Licensing Authorities appointed by the State Governments and licence for the purpose is granted in Form 28.

In order to boost exports and investment in India it is proposed to provide an exemption under Schedule K so that 100% EOUs are permitted to manufacture 100ml injectables as small volume parenterals under a licence in Form 28 granted by the State Licensing Authority and are exempted from obtaining a licence in Form 28D or 28DA from the Central Licence Approving Authority provided that the drugs have been manufactured under a valid licece granted by the State Licensing Authorities.

The DTAB after deliberations agreed to the proposed amendment for export purpose only.

AGENDA NO. S-2

CONSIDERATION OF THE PROPOSAL TO MAKE A PROVISION UNDER THE DRUGS AND COSMETICS RULES, 1945 FOR PERMISSION TO SELL REMAINING QUANTITIES OF UNUSED CLINICAL TRIAL BATCH OF A BIOLOGICAL DRUG WITHIN ITS SHELF LIFE

The members were briefed that the requests were received for making a provision for selling remaining quantities of unused clinical trial batch of a biological drug within its shelf life as the batches for clinical trial are manufactured at a commercial scale. The drugs for the purpose of clinical trials are manufactured on a test licence and therefore cannot be sold and the remaining unused stocks are required to be destroyed. The proposal was for the utilization of the valuable drug so manufactured under a test licence.

The members were of the view that consistency in the clinical trial batch cannot be certified and it would require re-labeling for the purpose of making it a sale batch. Biological products can only be permitted after their consistency has been assured.

The DTAB after deliberations did not agree to the proposed amendment.

AGENDA NO. S-3

CONSIDERATION OF THE PROPOSAL TO AMEND THE NOTE UNDER SCHEDULE Y OF THE DRUGS AND COSMETICS RULES, 1945 REGARDING THE AUTHENTICITY OF THE DATA OR DOCUMENTS SUBMITTED BY THE APPLICANT

The members were briefed that the note under Schedule Y provides that only authentic data should be submitted for the application for permission to import and / or manufacture of new drugs for sale or to undertake clinical trials. The data is required to be self certified. It also provides the licensing authority reserves the right to reject any data or any document(s) if such data or content of such document are found to be of doubtful integrity.

The above provision does not explicitly provide for the administrative action which could be taken in the case any data on documents submitted is found to be of doubtful integrity. It is therefore proposed that the note may be amended to read as under:

> *"Note.-* The data requirements stated in this Schedule are expected to provide adequate information to evaluate the efficacy, safety and therapeutic Rational of new drugs (as defined under rule 122-E) prior to the permission for sale. Depending upon the nature of new drugs and disease(s), additional information may be required by the Licensing Authority. The applicant shall certify the authenticity of the data and documents submitted in support of an application for new drug. The Licensing Authority reserves the right to reject any data **or application or debar the applicant for a specific period to make any application to the office of Drugs Controller General (I) as the case may be** if such data or contents of such documents are found to be of doubtful integrity."

The DTAB after deliberations agreed to the proposed amendment.

AGENDA NO. S-4

CONSIDERATION OF THE PROPOSAL TO AMEND THE CONDITION UNDER THE MANUFACTURING LICENCES REGARDING THE VALIDITY OF THE LICENCE IN THE EVENT OF THE CHANGE IN THE CONSTITUTION OF THE FIRM OPERATING UNDER THE LICENCE

The members were briefed that the Ministry of Commerce have forwarded the representations from the Pharma industry regarding the difficulties faced by the companies in the process of merger in their export commitments because of the condition of the licence for manufacture of drugs which restricts the validity of the licence in the event of change in the constitution of the firm operating under the licence. Similar representations were also received from bona-fide exporters whose products are registered in the importing countries. The text of the condition is as under:

> "The licensee shall inform the licensing authority in writing in the event of any change in the constitution of the firm operating under the licence. Where any change in the constitution of the firm takes place, the current licence shall be deemed to be valid for a maximum period of three months from the date on which the change takes place unless in the meantime, a fresh licence has been taken from the licensing authority in the names of the firm with the changed constitution."

In order to ensure that bona-fide export are not hampered it was proposed to amend the above condition by incorporating the following clause in the above condition.

> "Provided that in case the licensee is a bona-fide exporter or is in the process of merger or acquisition, the licence shall be deemed to be valid for the purpose of export only, for a period of one year from the date on which the change has taken place. This period may however, be further extended on the recommendations of the Licensing Authority defined under clause (b) of rule 21 on case to case basis."

The DTAB after deliberations agreed to the proposed amendment.

AGENDA NO S-5

CONSIDERATION OF THE PROPOSAL TO INCLUDE OSELTAMIVIR PHOSPHATE AND ZANAMIVIR FORMULATIONS UNDER THE SCHEDULE H OF THE DRUGS AND COSMETICS RULES AND RESCINDING THE NOTIFICATION G.S.R. 677(E) DATED 15.09.2009 RESTRICTING THE SALE OF THESE DRUGS AS DRUGS SPECIFIED UNDER SCHEDULE X

The members were briefed that the Cipla Ltd., Mumbai has made a representation that the restriction imposed under Gazette Notification G.S.R. 677(E) dated 15th September, 2009 issued under Section 26B of the Drugs and Cosmetics Act, 1940 to market the formulations of osletamivir phosphate and zanamivir as a drug belong to Schedule X of the Drugs and Cosmetics Rules, 1945 had impacted the sale of the drug in the country. The incidence of swine flu is on the rise and large numbers of deaths have been reported in the recent past. The drug Oseltamivir is useful against this ailment, therefore there is an urgent need for Oseltamivir Phosphate formulations to be made freely available putting an end to the toll caused by this ailment. An indigenous H1N1 vaccine has been developed in the country and is permitted to be sold without such restrictions.

The above restrictions were imposed in 2009 when it was felt that Oseltamivir is the only drug available for treatment of H1N1 virus influenza in humans and it is not desirable to allow indiscriminate and unregulated access to this drug as inappropriate use would lead to the H1N1 virus developing resistance to the drug, thereby rendering it ineffective.

In view of the prevailing situation in respect of spread of Swine Flu in the country it was proposed that the Gazette notification G.S.R. 677(E) dated 15th September, 2009 may be rescinded and fresh notification for the sale of the drug as Schedule H1 drug may be issued which would make increased availability of the drug in the country.

The members were of the view that the drug has been in use in many countries and there are no reports of resistance being developed with the use of the drug.

The DTAB after deliberations agreed that the Gazette notification G.S.R. 677(E) dated 15th September, 2009 issued under Section 26B may be withdrawn and notification under Section 26B of the Act permitting the sale of the drug with conditions as applicable for Schedule H1 drugs keeping all other conditions same in that notification may be issued. While Schedule H1 may also be amended accordingly.

AGENDA NO S-6

CONSIDERATION OF THE PROPOSAL TO MAKE A PROVISION UNDER THE DRUGS AND COSMETICS RULES, 1945 FOR EXEMPTING MULTIPLE TESTING OF RAW MATERIALS MANUFACTURED IN THEIR OWN FACILITY BY THE 100% EOUs

The members were briefed that the Ministry of Commerce and Industry has forwarded the representation of 100% EOUs that for locally produced active pharmaceutical ingredients (APIs) and its utilization by a formulation unit require multiple testing of raw materials i.e. while releasing the API at the bulk drug facility and then when received at the formulation facility, to comply with the above requirements. This results in enormous delay for the EOUs. It has therefore been requested that 100% EOUs may be permitted to test the bulk drug only once at the time of release from the bulk drug facility for captive consumption at the formulation unit. Similar representations were also received from other 100% EOUs manufacturing drugs for export only.

Under the Drugs and Cosmetics Rules, 1945, the licensee is required to test each batch or lot of the raw material used by him for the manufacture of his products and also each batch of the final product.

The proposal to provide amendment under Schedule K providing exemption from testing raw materials for manufacture of drug for export, tested at the bulk drug facility in order to facilitate exports was considered.

The members were of the view, that it is essential to maintain the quality drug during manufacture by testing the raw materials to be used in the manufacture to eliminate any deterioration during the transit.

The DTAB after deliberations did not agree to the proposed amendment.

AGENDA NO S-7

CONSIDERATION OF THE DIRECTIONS OF THE HON'BLE HIGH COURT OF JUDICATURE OF PATNA FOR ANALYZING THE COMPONENTS OF INGREDIENTS AND THEIR EFFECT ON HUMAN BODY IF CONSUMED AS FOOD IN RESPECT OF THE NEUTRACETUCAL PRODUCTS UNDER CONSIDERATION IN THE CASE OF CWJC OF 2425 OF 2006

The members were briefed that a case relating to the status of certain food supplement to be considered as food or drug was heard by the Hon'ble High Court of Patna in the matter of CWJC OF 2425 OF 2006. There were a total of five manufacturers involved in the litigation viz: **Alkem Laboratories, Novartis Healthcare, Pfizer Limited, Shreya Life Sciences and Ranbaxy Laboratories and certain products referred by Shri Sushil Kumar Jaiswal**. The list of the products is **annexed**.

The matter was initially examined in Patna High Court where the Single Judge referred the matter to the DGHS for adjudicating the dispute. The DGHS formed a committee under the chairmanship of Dr. Sashikaran, Director NIN. The committee gave a hearing to the manufacturers as well as FDA Bihar. The committee took into account the FSSA, 2006 and section 22 in particular which defines nutraceuticals and functional food and recommended that as the new act dealing these products have come into effect let these products be governed by the new regulations. Till such time the companies which have been granted licenses under food would continue to operate till they migrate under the new Act. Accordingly the affidavit on behalf of the Union of India was filed before the Court and the matter was accordingly disposed of by the Single Bench of the High Court.

The FDA Bihar filed an appeal before the Division Bench of the Patna High Court to set aside the order of the Single Judge.

The Division Bench of the Patna High Court passed order on 12.07.2011 in the Appeal. The Court had inter-alia held, that the perusal of the report indicates, the opinion is formed by the experts only in seeing the 'labeling' on the products. But there is no indication in the report with regard to the effects such products would cause on the human body. In the absence of such indication, it would be difficult to arrive at a conclusion whether it can be classified as a 'food' or 'drug'. The Court has further directed that, in view of the controversy that arose in this case the DGHS would take a fresh look into the matter by directing the experts to analyze the ingredients or components of each drug to know the effect of such drugs on the human body.

Review petition was filed by the Government of India in the case and it was finally heard on 22.08.2014 and the matter was referred to the expert committees in the following terms.

> "Under the above circumstances, we are of the opinion that the matter can be referred back to the expert committee of the Drug Technical Advisory Board as provided under the Drugs and Cosmetics Act, 1940 and also under the provisions of the Prevention of Food Adulteration Act, 1954 for analyzing the component of ingredients of each products and its effect on the human body if consumed as a food and come to the conclusion whether the products would fall under the classification of the Drugs and Cosmetics Act, 1940 or under the Prevention of Food Adulteration Act as Food."

In view of the above the matter was placed before DTAB for its consideration for analyzing the components of ingredients of each products referred to in the petition and its effect on the human body if consumed as a food and for the conclusion whether the products would fall under the classification of the Drugs and Cosmetics Act, 1940 or under the Prevention of Food Adulteration Act as Food.

The DTAB after deliberations agreed that the matter need to be examined by an Expert Committee. The DTAB recommended that the committee consisting of following members may examine the formulations referred by the Hon'ble High Court of Patna in the light of its directions in the matter.

i. Dr. G. B. Gupta, HOD, Department of Medicine, JLNMMC, Raipur
ii. Prof. M. D. Karvekar, Bangaluru
iii. Shri O. S. Sadhawani, Joint Commissioner, FDA, Maharashtra
iv. Four Medical Experts relating to medicine

The Committee may give its report in two months time.

AGENDA NO S-8

CONSIDERATION OF THE REPORT OF THE EXPERT COMMITTEE OF DTAB TO REVIEW THE RATIONALITY & SAFETY OF 294 FDCS MARKETED IN THE COUNTRY

The members were briefed that the issue of examination of the rationality of the 294 Fixed Dose Combinations was referred to the DTAB in its 56th meeting on 16.01.2008. The Board after consideration of the matter constituted a Sub-committee under Chairmanship of Dr. Y. K. Gupta, Prof. & Head of Department, Pharmacology, AIIMS, New Delhi to examine the rationality of these FDCs.

The office of DCG(I) had earlier prepared this list of 294 FDCs which were licenced without approval of DCG(I) and the State Drug Controllers were asked to withdraw permission for their manufacture. The manufacturers associations however, got stay from the Hon'ble High Court of Madras in respect of directions issued in the matter.

The Sub-committee had examined these formulations in the various meetings held from time to time in consultation with the manufacturers associations and stakeholders. The sub-committee has finalized its report on these FDCs. The committee after detailed analysis has categorized the FDCs in the following categories.

1. **41** entries of FDCs are repeated or duplicate (annexure A).
2. 44 entries of FDCs are already prohibited for manufacturing in the country. (annexure B)

   Detailed breakup of the remaining 208 FDCs is as under:

3. **83** FDCs were considered as Rational. (Annexure 'C')
4. **57** FDCs were considered as Not Rational. (Annexure 'D')
5. **49** FDCs require further generation of data in terms of safety and efficacy by conducting clinical trial. (Annexure 'E')
6. **17** FDC are those for which data presented by the manufacturers was considered inadequate to prove its rationality, safety and efficacy. (Annexure 'F')
7. **03** cases of FDCs can be considered for further examination by Subject Expert Committees constituted by Ministry of Health and Family Welfare. (Annexure 'G')

The DTAB after review of the report and deliberations recommended that the FDC Ofloxacin and prednisolone at serial number 75 under the category of GI in annexure C does not appeared to be rational and should be re-examined. The list of the drug mentioned in annexure D are required to be prohibited / withdrawn from the market as these are not rational. The Hon'ble High Court of Madras may be apprised in the matter for the vacation of the stay.

AGENDA NO S-9

CONSIDERATION OF THE RECOMMENDATIONS OF THE DEPARTMENT OF FAMILY WELFARE TO CONSIDER THE ISSUE OF INTRODUCTION OF INJECTABLE CONTRACEPTIVE DMPA IN THE PUBLIC HEALTH FACILITIES UNDER THE NATIONAL FAMILY PLANNING PROGRAMME

The members were briefed that the Department of Family Welfare in the Ministry of Health and Family Welfare has written to the office of DCG(I) that it is proposed that Depot medroxyprogesterone acetate (DMPA) may be included in the public health facilities under the National Family Planning Programme by the Government of India to provide alternative choice available to the women for family planning.

DMPA (medroxyprogesterone acetate) is an hormonal injectable contraceptive having Depot medroxyprogesterone. The sustained level of medroxyprogesterone acetate present in the injection suppresses ovulation in the women. It can protect against pregnancy for a period of 11-14 weeks. DMPA, when administered at the recommended dose to women every 3 months, inhibits the secretion of gonadotropins which, in turn, prevents follicular maturation and ovulation and results in endometrial thinning. These actions produce its contraceptive effect.

In view of the fact that the matter was earlier considered by the DTAB in its 60th meeting held on 10th October, 2011 also where it was noted that it has long been known that Depo-Provera causes bone loss, it has recently been discovered that the osteoporotic effects of the injection grow worse, the longer Depo-Provera is administered and may remain long after the injections are stopped, and may be irreversible. For these reasons, on November 17, 2004 the United States Food and Drug Administration and Pfizer agreed to put a black box warning on Depo-Provera's label, to highlight special problems particularly those that are serious, and to give healthcare professional a clear understanding of a potential medical complication associated with the drug.

In view of the above it was recommended that the Department of Family Welfare may examine the matter in consultation with the leading Gynecologist of the country for examining the effects of the use of the drug under National Family Planning Programme of the Government of India.

AGENDA NO S-10

CONSIDERATION OF THE PROPOSAL TO EXAMINE THE RATIONALITY OF CERTAIN FIXED DOSE COMBINATIONS (FDCS) PERMITTED BY THE OFFICE DCG(I) BUT CONSIDERED IRRATIONAL BY A COMMITTEE CONSTITUTED BY THE HON'BLE HIGH COURT OF BOMBAY NAGPUR BENCH

The members were briefed that the proposal to examine the rationality of following Fixed Dose Combinations (FDCs) permitted by the office DCG(I) but considered irrational by a committee constituted by the Hon'ble High Court of Bombay Nagpur Bench was considered by the DTAB in its 60th meeting held on 10.10.2011.

1. Pantoprazole + Domperidone
2. Cefadroxil + Clavulanic Acid
3. Telmisartan + Amlodipine
4. Ceftazidime + Tazobactam
5. Cefipime + Tazobactam
6. Cefixime + Cloxacillin
7. Amlodipine + Metoprolol
8. Esomeprazole + Itopride
9. Cefixime + Cloxacillin + Lactobacillus
10. Trandalopril+ Verapamil
11. Rabeprazole + Itopride

The Board recommended that the FDCs referred to by the Hon'ble Court may be referred to the Expert Committee which is at present examining the rationality of 294 FDCs, to examine their safety and efficacy; and the Hon'ble Court apprised accordingly.

The FDCs were examined by the expert committee and out of the 11 FDCs, 8 FDCs have been considered as rational while in the case of following three FDCs the committee recommended that the manufacturers may be asked produce or generate more data in respect of their safety and efficacy for further consideration.

1. Cefadroxil + Clavulanic Acid
2. Cefixime + Cloxacillin
3. Cefixime + Cloxacillin + Lactobacillus

The DTAB recommended that the review of the rationality of the above three combinations should be expedited and the Court informed accordingly.

AGENDA NO S-11

CONSIDERATION OF RECOMMENDATIONS OF THE SUBCOMMITTEE OF DTAB ON HOMEOPATHY IN RESPECT OF AMENDMENT OF RULE 106A OF DRUGS AND COSMETIC RULES, 1945 FOR MENTIONING THE NAME OF HOMEOPATHIC MEDICINES IN HINDI ON THE LABEL INDICATING THE DATE OF MANUFACTURING AND EXPIRY

The recommendations of the Hindi Consultative Committee of Health and Family Welfare in regard to mentioning certain information in Hindi on the label of homeopathic medicines, the sub-committee of DTAB on Homeopathy in its 13th meeting held on 04.04.2013 opined that the name of Homeopathic medicines may be mentioned either in Hindi or English along with date of manufacturer and expiry. It will not be feasible to mention the details of the medicine bilingually on label due to follow reasons:-

i. Small size of Homeopathic bottles and
ii. The names of Homeopathic Medicines along with abbreviations are mentioned in Homeopathic Pharmacopoeia, in English only.
iii. Names of Homeopathic Drugs are mentioned in "Latin", however if any Homeopathic Drug manufacturing firm intends to mention name of Homeopathic medicines in Hindi, the same should be acceptable by amending the Rule 106A of Drugs and Cosmetics Rules, 1945.

The Department of AYUSH has requested to place the matter before DTAB for its further recommendation in the matter.

The DTAB after deliberations agreed that it will be difficult to provide bilingual labels on the label of Homeopathic medicines. However, the associations may be advices to encourage the members to mention the name of the formulations or any other detail in Hindi wherever possible.

AGENDA NO S-12

CONSIDERATION OF THE PROPOSAL TO INCLUDE STEM CELL AND CELL BASED PRODUCTS UNDER THE DEFINITION OF THE TERM NEW DRUG AND PRESRIBE FORMS FOR LICENSING OF THESE PRODUCTS.

The members were briefed that the Ministry of Health and Family Welfare had constituted a High Powered Committee in June, 2013 under the Chairmanship of Prof. Lalji Singh, Vice Chancellor of Banaras Hindu University to regulate the usage of stem cell and other cell based products in India as the stem cells and other cell based products are being used for the treatment of human diseases by the clinicians. The Committee recommended that Stem Cell and Cell Based Products (SCCPs) should be considered as a drug and included in the definition of the term new drug and necessary provisions may be made for their licensing under the Drugs and Cosmetics Rules, 1945.

The DTAB after deliberations recommended that the issue of regulating the stem cells and cell based products require wider consultation with the experts from ICMR and other related fields for having stringent regulatory control. The Chairman was requested to consult the ICMR or other expert in the matter. The proposal would then be considered by DTAB in the light of the opinion so generated.

The meeting ended with the vote of thanks to the Chair.

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