EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

19 December 2011

Submission of comments on

Commission Guidelines on Good Distribution Practice of Medicinal Products for Human Use (SANCO/C8/AM/an D(2010) 380358)

Comments from:

Name of organisation or individual

Pharmaceutical Quality Group (PQG) of the Chartered Quality Institute (CQI)

Please note that these comments and the identity of the sender will be published unless a specific justified objection is received.

When completed, this form should be sent to the European Medicines Agency electronically, in Word format (not PDF).

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1. General comments

Stakeholder number *(To be completed by the Agency)*	General comment (if any)	Outcome (if applicable) *(To be completed by the Agency)*
	This document is recognised as a significant advancement in this area. The requirements are well structured and organised, providing a secure approach to pharmaceutical GDP. The text mirrors EU GMP to a point, although two new chapters are then introduced. In order to maintain the same structure they could be embedded into existing chapters. Considering the recent US FDA announcements and the excellent work of the Rx360 initiative the proposed text supports this work admirably. However, the intent of the document should be reflected practically during implementation and in consideration of EMA work on transport conditions (for example), therefore a great deal of the feedback seeks clarification on expectations in practice based on our members experience.	
	There is no mention of Investigational Medicinal Products (IMPs) within this document. MHRA confirmed at the October 2011 GMP/GDP Consultative Committee Meeting that IMPs are outside the scope of this document. For the avoidance of doubt, it would be beneficial for this to be stated explicitly within the document.	
	Chapter 9 states that "medicinal products should be transported in accordance with the storage conditions	

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	indicated on the packaging information". We consider that the wording of the draft USP <1079>, which allows that "drug products can be transported at temperatures outside their labeled storage temperatures if stability data and relevant scientific justification demonstrate that product quality is maintained", is more appropriate regulation. Product label shelf life/storage conditions are set conservatively and during product development, in line with ICH Q1A requirements, products with a long term (packaging information) storage condition of 25°C or 30°C will have data generated for 6 months at 40°C/75%RH. In order to reduce impact on supply chains and burden on Industry, it should be possible to make use of these data and justify wider limits for transport conditions.	
	Whilst talking about utilising a risk based approach, the wording of Chapter 9 effectively requires the temperature monitoring of each shipment. It should be clearly permissible to justify not monitoring the temperature of each shipment for non cold chain products, e.g. for short duration shipments where the available product stability data provides confidence that product quality will not be compromised by the extremes of time and temperature likely to be encountered during the shipment.	

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2. Specific comments on text

Line number(s) of the relevant text *(e.g. Lines 20-23)*	Stakeholder number *(To be completed by the Agency)*	Comment and rationale; proposed changes *(If changes to the wording are suggested, they should be highlighted using 'track changes')*	Outcome *(To be completed by the Agency)*
Introduction, second paragraph, penultimate sentence		'This policy…' what is being referred to? This document is entitled as a guideline, not a policy. Good manufacturing practice is referred to in the previous sentence, but this is not a policy either. Suggest 'policy' is deleted to leave 'This ensures that …'	
2.1		This paragraph talks about a single person, designated as 'Responsible Person', and requires them to be permanently available. It is not practical for a single individual to be permanently available and this is apparently recognised by 2.5 x), which talks about delegation of duties when absent. The opportunity should be taken to move away from the unrealistic 'permanently available' requirement and set out practical arrangements that may be applied to cover both planned (e.g. holiday) and unplanned (e.g. sickness) periods of non-availability. We are aware of companies that employ a contract Responsible Person and could this therefore be considered as 'permanently available' (dependant on the specific terms of the contract).	
2.3		Having stated that "The qualifications of the Responsible Person should meet the conditions provided by the legislation of the Member State concerned…" it is not then necessary to state that "A degree in Pharmacy is desirable". It is suggested that the second sentence is deleted.	

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		In the past a logistics/supply chain manager has filled the role of the Responsible Person and although we agree further relevant experience is needed, a pharmacy degree would be excessive. The focus on appropriate training for the role (with reference to the MHRA's approach for training programmes on this topic) appears both more practical and appropriate. A specific understanding of EU law, GDP, the company and the network of depots used is required. The confirmation that the RP should make decisions independent of commercial pressure is not implicitly stated. This would strengthen the new intent of the guidelines and support the need for increased training on pharmaceuticals rather than employing a logistics manager in the role who may report into the commercial arm of the business.	
2.4		What 'experience' is required? In order to be a named Responsible Person on a license in the UK, the MHRA assess applicants experience via the variation form.	
2.5		Can an RP delegate 'returns back to stock' to another suitable individual? In addition, should 'evaluating' be used instead of 'authorising'	
2.6		Wording is awkward. Suggest 'There should be an adequate number of competent personnel involved in all stages of the wholesale distribution activities of medicinal products in order to ensure that the quality of the products is maintained. The number of personnel required will depend on the volume and scope of activities.'	

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2.10		Further clarity is required on 'involved in distribution activities'. What is the scope of GDP training? Should medical sales staff receive training? (the control of medical samples and their labelling is clear, however sales staff for wholesaler to wholesaler sales are not subject to the same level of ABPI training and may not appreciate the need to control samples etc)	
3.4		Why should products not intended for the Union market be segregated? Given the segregation already required for different storage requirements, this adds significant complexity.	
3.8		'There should be adequate separation between the receipt and dispatch areas and storage areas'. Certain warehouses are configured to receive and despatch in the same area of the warehouse (albeit with procedural control). Please clarify what is meant by physical segregation in this context and could procedural control of incoming and despatch bays be accepted?	
3.10		Typo: remove hyphen between 'and' and 'free' in first sentence.	
4.8		Is a sub-heading, not a point	
5.17		Distribution centres handle nutritional products in addition to medicinal products. Therefore could 'be stored separately' be interpreted as separate pallet locations or locations within the warehouse.	
5.8		Wording of first line: 'must' twice.	
5.30		The packaging may not necessarily be adequate to maintain	

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		the storage conditions of the product, nor should it be required to be. For example, products required to be maintained at 2-8°C may be shipped in a refrigerated container rather than rely on packaging.	
5.33		Typo in final line: 'operation' should be 'operating'	
5.34 and 5.35		These sections are hard to follow	
6 (general)		There is no mention of Adverse reactions or pharmacovigilance	
6.9 v)		Typos in the first line: '… that **the** product was **s**upplied…"	
6.10		Insert 'documented' before evidence	
9.19		Change 'with a temperature data' to 'evidence of control of temperature'. With validated shipping containers temperature data is not needed beyond initial qualification or if it is, the data would be required to periodically evaluate.	
9.2		Not clear which transportation this refers to, nor whose responsibility this is. As 9.3 covers the case where the recipient identifies a deviation, it is suggested that this should be reworded along the lines 'Where the distributor identifies a deviation during transportation, this should be reported to the recipient of the affected medicinal products. Where necessary, the manufacturer(s) of the medicinal product(s) should be contacted for advice about appropriate steps to be taken.'	
9.5		Unless a specialist transportation company is used with dedicated drivers committed to pharmaceutical work, this requirement is not practical. The requirements of	

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		transportation of medicinal products and the handling conditions is stated in the technical agreement. However the provision or coordination of training would be very difficult for smaller wholesalers that do not use dedicated pharma hauliers.	
9.6		These requirements are not practical. For example, how can we control the ways in which air cargo holds are cleaned?	
9.12/Glossary		There should be a definition of 'transportation hub'.	
9.15		What is meant by '….the validation status of the packaging and shipment containers'?	
9.19 – 9.23		These paragraphs appear to be focussed on cold chain/sensitive products, but the title is simply 'Temperature Control during Transport' and 9.19 as currently written does not provide any differentiation, i.e. it reads as though validated temperature-control systems should be used for all shipments.	
9.19		Typo in penultimate line: delete 'a' – '… provided with temperature data…'	