



Regional Office of the  
World Health Organization



PAN AMERICAN NETWORK FOR DRUG  
REGULATORY HARMONIZATION

**WORKING GROUP ON  
DRUG REGISTRATION  
IV MEETING  
9-11 March 2006<sup>1</sup>**

**Participants:**

Members:

**BOLIVIA:** María Luisa Correa. MSD.

**BRAZIL:** Fernanda Simioni Gasparotto. ANVISA

**CANADA:** Natalie Levesque

**COLOMBIA:** Gina Buendía. INVIMA <sup>2</sup>

**EL SALVADOR:** Pilar Alfredo Lagos

**USA:** Justina Molzon

**VENEZUELA:** **Unable to attend**

**ALIFAR:** Miguel Maito **Unable to attend**

**FIFARMA:** Eunice L. Rojas. In liú of Mariangela De Sario

Resource person:

Esperanza Briceño, **Unable to attend**

Observers:

Amanda Martínez Rojo. DIGEMID Peru

Sandra Martínez, MOH Costa Rica

Armando Díaz, Chairman of the Registration Committee, Aruba

Magdalena Reyes, ISP, Chile, WG/GMP

WHO

Malebona Matsoso Director TCM

Alan Prat

Secretariat:

Rosario D'Alessio, OPS/OMS

**Pre-Meeting activity:**

**CEDER Forum for International Drug Regulatory Authorities (6-9 March)**

This activity is organized by the FDA twice a year, generally March and September. This time the activity had simultaneous translation into Spanish to promote participation from the Americas. During the Forum, CIDER/FDA staff presented the process implemented in the USA for drug approval, their tools and guideline. Members from COFEPRIS, Mexico and from Health Canada participated in several panels presenting their view and advancements in different areas of work. Presentations of this event can be accessed in FDA web page.

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<sup>1</sup> The meeting was financed by FDA and PAHO. The FDA was also the site for the meeting.

<sup>2</sup> Gina Buendía, INVIMA/Columbia volunteered to act as provisional group coordinator.

Due to the relationship between the subjects address in the Forum and the objective of this WG, members representing regulatory offices in the WG were invited to participate at the FDA Forum as input for their discussion during the meeting.

## **AGENDA & MINUTE**

### **1. Welcome.**

*Justina Molzon*

### **2. Mission and Objectives of the WG/DR. Current situation of the WG/Drug Registration with special reference to National Regulatory Authorities Plan of Work**

### **3. Review of Recommendations of the PANDRH Conference for the WG/Drug Registration**

*Rosario D'Alessio*

- It was asked all WG members if they had looked at the PANDRH web page before they came. A few did. It was suggested that everyone should look at the web; The web page was reviewed later on during the meeting;
- Membership has changed; only two were the same: Pilar Alfredo Lagos from El Salvador and Miguel Maito the ALIFAR representative (who was unable to attend). All other members are new members. This represents an additional issue to be resolved by the WG. Continuity of the work becomes more difficult if there is no continuity of members;
- It was suggested that it would be helpful if the WG members reviewed the regulatory situation at the sub-regional level;
- The Presentation on PANDRH current situation will be moved to Friday morning;
- Conference –made up of MOH makes recommendations to WG members to put into effect. Not all countries are represented on WG. All WGs have regional representatives: Sub-regions are not the economic blocks but created for PANDRH representation: Cuba and Dominican Republic are in CA, and Chile in Mercosur;
- The Mission of Drug Registration WG, its Objectives and Recommendations of the IV Conference to WG on Drug Registration, were reviewed: those directed to the pharmaceutical Industry, to PANDRH and to NRA;
- It was also suggested that all members should become familiar with the PANDRH and operating procedures:

Aruba: There are no manufacturers so no labs for analysis. However they do register medications by looking to other countries –USA—working together with the Netherlands, Venezuela and Brazil to use generics registered in those countries. In Aruba there is a socialized medicine which in terms means when you get sick everything is paid for you including medication which is why government would like to use generic drugs. Public is unaware with about generic drugs as public system provides drugs. However private citizens can buy brand name as everything is imported.

On CPP and stability tests: Register products and also ask for additional stability information for zones 3 and 4. (Generics)

For all brand names complete documentations needed. (CPP or Free Sale Certificate, Clinical and Toxicological data, Stability Report, etc)

Bolivia: Since March until December they adopted all of the PANDRH recommendations by changing regulations. They had a consensus meeting on requirements of PANDRH and 12/7/06 approved new manual on drug registration. They also responded to survey and brought copy reflects new manual. Only two months has passed since the implementation of the new manual. There is a bit fragmented and need some capacity building to see if correct. They are also implementing BE document and have problems with evaluation, validation of criteria, they may need a check list, stability tests, etc. They also face resistance from national industry in implementing new regulations.

Brazil: already included majority of requirement in 2004. Now in Brazil there are generics drugs and similares. All the generics drugs make BE (when need). The new regulation from 2003 also requires presentation of the study BD for similar, which has a certain period for its presentation. By the present regulation, we can't have hormones and contraceptives generics, but the guide for BE study is been evaluated foreseen that the similar will have to present the hormone and contraceptive study.

Colombia: They adopted the criteria of all generics but not with BE studies (do not require BE to generic nor similares). There is no No inspection of API.

Costa Rica: They have similar problems. Similar and generics are the same, but no BE studies are required. In a few months they will be requiring BE and BA. To do this, they published a list of references and definition and which drugs will apply to. At this time they agree with international criteria or WHO on stability tests, but when *Union Aduanera* will accept the new regulations on stability tests, they will not agree with international criteria or WHO on stability tests.

Chile: Asks for BA and stability for all drugs can ask for BE for generics but would need training. Using BE course PANDRH to do training.

Ecuador: They do not require BE to generics nor similar products—The legislation states the necessity to grant sanitary registration under the parameters of bio-availability and bio-equivalence criteria but not being implemented. Analysis is required of all products to be. ICH recommendations for stability data are not accepted. There is not linkage between Sanitary Registration and Intellectual Property, requirements are almost all harmonized for NCE, however some of them are not required for similar nor generics. Harmonization can start with the PANDRH since four countries of the Andean region are in the Drug Registration WG.

El Salvador. CR a bit more developed than CA. Legislation doesn't make a difference between innovator and other drugs. No significance difference between drug products, it includes all drugs. They are currently considering GMP Guide for inspection. Looking at MR of products being made in region has same drug registration throughout CA. Realize registration requirements were too board. CR and GUT proposed new criteria CR ELS suggested stability studies. Reviewing proposal but not being included in legislation. Review stability studies for foreign countries. Some companies in ELS do studies in stability although not required. Looking at common DR requirements although would be flexible for country. Legislation doesn't require at present but registrations need to be updated.

Peru. There is a big problem since they do not have a lot of regulations. No studies of Safety, Efficacy or Quality are performed. Currently they are looking at Drug Regulations to look at these points. Legislation is being proposed so they can harmonize with other countries of the region. Criteria established by Registration WG were helpful in legislation

Following country presentation there was a discussion on marketing requirements. It was clarified that in US drug registration has a different meaning than in LA countries. In US Drug Registration means approval.

#### **4. Presentation on PANDRH current situation**

To inform all participants particularly new members and observers, a pp on PANDRH was presented.

#### **5. Proposal on Common Requirement for Drug Registration**

The Common Requirements Chart was approved by IV Conference as DRAFT and it was recommended that all countries should review their current requirements and analyze what needs to be done (in each country) to implement the draft. However, just few countries compared the requirement but and none said anything about the analysis. ANNEX 1 presents a consolidate information gathered by the Secretariat by the date of this meeting.

The chart was created by the WG led by Esperanza Briceño who has left the MOH in Venezuela but remains on the group as a resource person. However, as Esperanza was unable to attend, and since all members were new in the WG except Alfredo from El Salvador, they all had questions. Working group divided up into smaller groups to evaluate the chart comparing registration requirements for medicines and then discussed proposed revisions. It was decided that the Chart needs better explanation of why we are asking for information and why it is important. Gina Buendía (from Colombia) will work together with Esperanza in complementing the Chart and also will prepare an Introduction of the document.

Sharing of information should be more than passive and could be via a shared point with updates as to new information. The Secretariat will work in implementing a Share Point for this Group. In the meanwhile members will continue to work by mail. However, MOH ask for many things at PANDRH Conference. It is difficult to carry out recommendations if the MOH do not send representatives to support the work of the working group.

#### **Key Action Items/Responsibility/Date**

- Update the Common Requirements: Gina Buendía (Colombia) and Esperanza Briceño will review the Chart by APRIL 1
- Update the document with new guidelines: to be reviewed by members of the WG: (Gina Buendía / Colombia, FDA, Health Canada, Esperanza Briceño): June 2006;
- All members should send their opinion during the months of June –August
- A final draft will be ready to publish in the PANDRH web page for public consultation by September 2006.

#### **6. Indicators for NRA Assessment and Educational seminar**

Two main issues were discussed during the meeting:

- a. Definition of a set of Indicators to evaluate NRA: The indicators should be based on WHO proposal for key Functions for NRA. Indicators used by Canada in the MRA will be reviewed and also other indicators. There are a well know set of indicators used in Vaccine; but there is a need to adapt those indicators to the area of medicines. That will require expanding it to areas such as promotion, rational use, marketing, etc. Pena Jose from PAHO, and Olga Jacobo, from Cuba (and coordinator of the WG on Vaccines) are involved in this task. There is a need for having a member of this Working Group to

connect the work. Maria Luisa Correa from Bolivia volunteers to do the link. A propose draft will be ready for discussion within the WG by June;

- b. Development of proposed Educational Workshop, based on the indicators and on the already available material on Vaccines. These materials include all pp and presentation of the Seminar. The same people as in Indicators will be involved: PAHO, Cuba and Bolivia. It is estimated that by July a draft of material will be ready.

## **7. Pharmacological Norms**

Pharmacological Norms are defined as basic information on each drug in order to be approved. What combinations are not allowed, dosage forms allowed and basic labeling information that needs to be included in physician and patient labeling. A raised question was: what about off label use?

The Pharmacological Norms includes what is not allowed. Diseases profiles are the same for the sub region and thus facilitate to have a harmonized Ph Norms and also it will try to harmonize the treatments in Central America. The list is based on WHO ATC classification. Countries are interested in harmonizing the list. NRAs of Central America decided to go on with the update of the document. The new proposed list for Central Americas to integrate the Pharmacological Norms was presented. The subject of Pharmacological Norms was not discussed in the PANDRH Conference. Pharmacological Norms were discussed in Conference of Drug Regulatory Authorities and requested update.

Rosario asked for right person in DRA and expert in this field so when CA countries discuss they will have the right experts to discuss and make decisions. Only those who openly confirm their interest on the subject will be par of the Ad-hoc group that is working on Pharmacological Norms.

## **8. Glossary of Terms**

Updating the Glossary of Terms is being done by and Ad-hoc group composed by one members of each PANDRH WG. Pilar Alfredo Lagos (El Salvador) is the representative of the Registration WG. He will review all terms related to drug registration by July 10 and alter that all members will have the opportunity to send comments. The Share point system can be used to exchange opinion among members.

## **9. Up date of the WG/Plan of work. Next steps. Setting of priorities and responsible member.**

**See separate doc**

## **10. Closure**

The meeting was closed by Justina who thank all participants for their work.