

Monographs of the European Drug Shortages Formulary - Framework

General considerations

The preparation of unlicensed pharmaceutical preparations is, in certain situations, an efficient tool to mitigate the negative effects of the shortage of licensed medicines. However, in the event of a medicine shortage and before considering the use of unlicensed pharmaceutical preparations – as defined in the European Pharmacopoeia (Ph. Eur.) general monograph on *Pharmaceutical preparations (2619)* – preference should always be given to:

1. Licensed medicinal products that have been assessed by a regulatory agency
2. Licensed medicinal products that have been assessed by a foreign regulatory agency and have been imported
3. Alternative licensed medicinal products that have been assessed by a regulatory agency

As per Resolution CM/Res (2016)1 of the Council of Europe on quality and safety assurance requirements for medicinal products prepared in pharmacies for the special needs of patients, it is crucial that:

“All pharmacy-prepared medicinal products should be prepared using an appropriate quality assurance system. Before preparation, a risk assessment should always be carried out in order to define the level of the quality assurance system which should be applied to the preparation of the medicinal product.”

“Premises, facilities and pharmaceutical knowledge should be appropriate for the preparation of the medicinal product.”

“For extemporaneous preparations, [...], the pharmacist and the prescriber should always consider the risks for the patient, which include the risks posed by a medicinal product without documentation specifying the added value of the pharmacy preparation and the quality assurance system applied to its production, versus the risks related to the unavailability of this medicinal product. “

Unlicensed pharmaceutical preparations are defined according to the European Pharmacopoeia (Ph. Eur.) general monograph on *Pharmaceutical preparations (2619)*.

Prioritisation and inclusion criteria for a formulation

The decision to include a formulation in the European Drug Shortages Formulary (EDSForm) requires careful consideration of some or all the following criteria:

1. Clinical benefits: priority should be given to the inclusion and evaluation of formulations of medicinal substances listed as critical or essential in the member states (possible input: national or EU lists of critical medicines)
2. Expected supply vulnerability: priority should be given to the inclusion and evaluation of monographs of substances that are most at risk of shortage in the member states (possible input: analysis of supply chain vulnerability by institutional actors) or that are used by a significant part of a vulnerable part of the population (possible input: market share data)

- 39 3. Feasibility: the formulary should only include formulations that are feasible in a
 40 hospital/community pharmacy environment from a technical/safety standpoint (possible input:
 41 the EDQM's Methodological guide to select medicines at risk of shortages). The availability of
 42 API(s) described in a formulation in the member states should be evaluated and taken into
 43 account.
- 44 4. Composition of the formulation: candidate formulations for inclusion in the formulary should be
 45 safe and suitable for the targeted groups of patients; insofar as is possible, excipients of concern
 46 are to be avoided. Formulations containing proprietary, commercial, non-pharmacopoeial,
 47 ready-to-use excipients (e.g. complex pharmaceutical vehicles) should not be included in the
 48 formulary.
- 49 A preferred preparation has the following features:
- 50 - The dosage form is appropriate for the target group (e.g. acceptability, palatability).
 - 51 - When applicable, pH and osmolality have been investigated and should be appropriate
 - 52 for the route and method of administration and the age of the target group.
 - 53 - Bioavailability data is available.

54 Selected formulations are to be drafted into monographs to be included in the European Drug Shortages
 55 Formulary. EDSForm monographs describe preparation steps involved in the production of the
 56 formulations and quality control thereof.

57 NOTE: The work programme should be run in co-ordination with the relevant working groups (e.g.
 58 PaedF working party) in an effort to avoid duplication of effort.

59 Use of the monographs of the 60 European Drug Shortages Formulary

61 EDSForm monographs are intended to be used to mitigate shortages of essential medicines. To this
 62 end, the monographs describe production steps and associated quality controls that should enable the
 63 preparation of standardised, unlicensed pharmaceutical preparations (as defined in Ph. Eur. general
 64 monograph 2619, *Pharmaceutical preparations*).

65 Unless otherwise stated in the individual monographs, the instructions given in the monographs cover
 66 the preparation of both stock and extemporaneous preparations.

67 The pharmacist or responsible person intending to use a monograph of the EDSForm should first
 68 perform an initial risk assessment related to the production of the described formulation.

69 This initial risk assessment should take into account, *inter alia*, the following aspects:

- 70 • Intended use of the monograph (e.g. for the production of extemporaneous or stock
- 71 preparations)
- 72 • Batch size
- 73 • Safety of the active substance
- 74 • Production equipment/facilities
- 75 • Signals from national and supranational pharmacovigilance systems
- 76 • Concerns about active substances with a low therapeutic index (e.g. regarding age,
- 77 pharmacokinetics)
- 78 • Dosage form
- 79 • Nature of the product (e.g. sterile or non-sterile)
- 80 • Ethical considerations
- 81 • National or supranational regulations

82 Preparation steps, in-process controls and analytical procedures described in monographs of the
 83 formulary should be carried out by the pharmacist or responsible person based on the outcome of the
 84 initial risk assessment.

85 It is wholly the responsibility of the pharmacist or the responsible person using part or all of an EDSForm
 86 monograph to ensure that the resulting pharmaceutical preparations comply with the requirements of
 87 the Ph. Eur. (e.g. general monograph 2619, *Pharmaceutical preparations*) and national/supranational
 88 regulations.

89 **Overview of the monographs**

90 EDSForm monographs describe the preparation steps, in-process controls and analytical procedures
 91 involved in producing a formulation.

92 The preparation steps and in-process controls are intended to ensure the repeatability and safety of
 93 production. They take into account well-established guidelines (e.g. relevant PIC/S guide, relevant ICH
 94 guidelines). Analytical procedures are described to help ensure that the resulting products comply with
 95 the specifications of the monograph.

96 Monographs include suitable analytical procedures and acceptance criteria. Analytical procedures such
 97 as appearance, identity, dissolution and purity tests, uniformity and microbiological tests, are described
 98 when and if relevant. The suitability of analytical procedures described in a monograph is verified and
 99 validated, taking to account the requirements of the European Pharmacopoeia (see Ph. Eur. general
 100 monograph on *Pharmaceutical preparations (2619)*), and the relevant ICH guidelines.

101 **General content of the monographs**

102 **The structure and content of EDSForm monographs are described below.**

103 *Explanations are given in italic type*

104 **DEFINITION**

105 The definition section lists each active pharmaceutical ingredient (API) with the specific salt form, the
 106 pharmaceutical form, dosage strength, and the upper and lower percentage content limits for each.
 107 When relevant, the ATC code of the APIs, with reference to the medicinal product the monograph
 108 covers, is specified.

109 **REFERENCES TO MONOGRAPHS**

110 Active(s) substance(s)

111 The specific salt and any relevant information (e.g. specific grade, crystalline form, CAS number) are
 112 specified for each active substance.

113 A reference to the corresponding Ph. Eur. monograph should be given.

114 Excipients

115 The specific salt and any relevant information (e.g. specific grade, CAS number) are specified for each
 116 excipient. A reference to the corresponding Ph. Eur. monograph should be given.

117 Pharmaceutical form

118 A reference to the corresponding Ph. Eur. general monograph should be given.

119 **FORMULATION**

120 The formulations will be evaluated and drafted in an EDSForm monograph by the expert group, based
 121 on the following:

- 122 1. All excipients are necessary, suitable for their function and compatible in the final product.
- 123 2. All excipients should be risk-assessed in relation to the patient group, severity of the disease,
 124 exposure and availability of alternative treatments. *If the monograph is seen as appropriate*

125 *and necessary for a subset of patients, restrictions related to the use of specific excipients are*
 126 *flagged in the monograph.*

127 3. The qualitative and quantitative composition (active substances, excipients, and their amount)
 128 is given in a bibliographic reference having been evaluated by the expert group.

129 4. The active substances and excipients used in the preparation meet the requirements of the Ph.
 130 Eur. monograph *Substances for pharmaceutical use (2034)* and, if available, of the related
 131 individual monographs.

132 5. Active substances and excipients used in the preparation that have a substance-specific Ph.
 133 Eur. or national monograph are to be preferred. *Active substances and excipients not covered*
 134 *by a Ph. Eur. or national monograph are to be considered on a case-by-case basis, taking into*
 135 *account the intended use and the risk involved.*

136 If the therapeutic index is low, great care is taken to ensure that application of suitable quality criteria
 137 provides a guarantee that the prepared product will be safe and effective.

138 **SAFETY CONSIDERATIONS**

139 When relevant, the hazard classification of the active(s) substance(s) should be indicated according to
 140 e.g. regulation EC No. 1272/2008 (CLP) or any other relevant regulation.

141 When relevant, the hazard pictograms, the signal word, the hazard statements, and the precautionary
 142 statements should be indicated.

143 NOTE: The safety equipment and protocols (personal and collective) to be used in relation to a specific
 144 risk should be implemented by the pharmacist or the responsible person in accordance with national or
 145 supranational requirements.

146 **PRODUCTION**

147 1. The preparation process is described in such a way that the quality of the product is ensured in
 148 accordance with the corresponding Ph. Eur. dosage form monograph.

149 2. The description of the process ensures that the preparation process is reproducible.

150 3. Suitable in-process controls may be described after critical steps in the preparation process to
 151 verify that the quality is maintained.

152 NOTE: The preparation should be produced taking into account the outcome of the initial risk
 153 assessment (see above). If necessary, the potential for cross-contamination, the validation process and
 154 the need for dedicated equipment and premises should be evaluated. Personnel should be trained as
 155 defined in national or supranational procedures.

157 **ADDITIONAL INFORMATIONS**

158 Monographs should include any information that helps the pharmacist or responsible person to assess
 159 the risks related to the production of the formulation.

160 **CHARACTERS OF THE FINAL PRODUCT**

161 The appearance and colour of the final product should be described.

162 **LABEL**

163 The final product should be labelled in accordance with national and supranational regulations.

164 **ANALYTICAL PROCEDURES**

165 When and where appropriate, monographs describe validated analytical procedures that are suitable
 166 for batch release. When relevant, analytical procedures that are suitable for in-process controls are
 167 described. The suitability of all analytical procedures described in the monographs is assessed by the
 168 experts.

169 NOTE: For extemporaneous preparations, simple analytical procedures (e.g. non-instrumental
 170 methods) may be useful and sufficient. Users may employ other suitable methods to ensure that the
 171 appropriate quality is achieved in accordance with the initial risk assessment carried out and any national
 172 or supranational guidance or legal requirements. Analytical procedures should be implemented in

173 accordance with the requirements of the general monographs and general monographs on dosage
174 forms of the Ph. Eur.

175 **STABILITY OF THE FINAL PRODUCT**

176 Available data on the physical, chemical, and microbiological stability of the formulations should be
177 assessed by the experts, taking into account best practices, guidelines and available data. When and if
178 necessary, the experts may complete the existing data set by performing the relevant experimental
179 verifications.

180 Available and complementary data may be used to assign a shelf life to the formulation described.

181 The stability assessment should cover the following:

- 182 1. Containers and container closure systems: pharmacopeial quality materials are used for if a
183 corresponding monograph is available. The container system should be described in the
184 monograph.
- 185 2. Evaluation of the chemical, physical and microbiological stability of preparations, stating the
186 shelf life and storage conditions with the container closure system used. Stability data is given
187 in relation with the container system used.
- 188 3. Data for in use stability, if available.

189

190 **STORAGE**

191 The monograph indicates:

- 192 1. The shelf life and the relevant storage conditions (e.g. temperature, relative humidity, protection
193 from light).
- 194 2. When available, the in-use shelf life and the storage conditions after opening.

195 **Vigilance and maintenance of monographs**

196 It is essential to re-evaluate all monographs published in the European Drug Shortages Formulary to
197 keep the formulary up to date with current clinical, scientific and regulatory developments.

198

199 **ACTIVE MONITORING BY THE GROUP**

200 The following should be monitored regularly and their potential impact (revision or suppression) on a
201 published monograph assessed:

- 202 - EMA's Pharmacovigilance Risk Assessment Committee (PRAC) recommendations concerning active
203 substances;
- 204 - European guidelines on excipients;

205 **FOLLOW-UP AND EVALUATION OF INFORMATION RECEIVED**

206 Revision or suppression of a monograph should be considered when information of the following type
207 is received:

- 208 - Safety signals other than from EMA PRAC;
- 209 - Quality issues;
- 210 - New, evidence-based clinical use;
- 211 - Follow-up from questions received by the EDQM.

212 *Stakeholders may request changes based on information known to them (e.g. published literature,*
213 *changes in clinical practice).*

214 **PERIODICAL RE-EVALUATION**

215 All monographs should be reviewed at the latest after five years.

216 A periodical re-evaluation should include:

- 217 1. Checking to ensure that current clinical/therapeutic criteria for inclusion of a monograph in the
218 formulary are still met.
219 *Criteria for inclusion in the formulary may change in the future. Older monographs need to be*
220 *updated in view of these changes. There may have been a change in the therapeutic guidelines,*
221 *so that the recommended use (e.g. indication, type of use, age) of the product differs, a new*
222 *first-line treatment may be available, or the treatment of the disease has changed.*
- 223 2. Checking to ensure that current quality criteria for inclusion are still met.
224 *The state-of-the-art for the production, testing and assay of extemporaneous preparations may*
225 *change. Published monographs should keep pace with these developments.*
- 226 3. A review of relevant feedback on the monograph received by the EDQM.
- 227 4. Screening for changes in other existing formularies that were used as the basis for elaboration.
- 228 5. Checking in other formularies for changes that have been developed and would be more
229 suitable, practical and/or documented.