THE EUROPEAN DIRECTORATE FOR THE QUALITY OF MEDICINES & HEALTHCARE (EDQM)

edqm
European Directorate for the Quality of Medicines & HealthCare | Direction européenne de la qualité du médicament & soins de santé

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

EDQM and the European Pharmacopoeia

Dr Susanne Keitel
EDQM Director

STRUCTURE

- **Council of Europe, European Union and EDQM**
- The EU regulatory framework in pharmaceuticals and its key players
- EDQM and the European Pharmacopoeia
- Pharmacopoeial Harmonisation

The Council of Europe

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

- Founded in 1949
- Headquarters in Strasbourg, France
- 47 member states
  ⇒ >820 millions citizens
- The oldest pan-European organisation dedicated to fostering co-operation in Europe
  - ➢ Promotes democracy
  - ➢ Protects human rights
  - ➢ Protects the rule of law

Member states

The Council of Europe

is not the European Union!

- **European Union (EU):** a unique economic and political partnership between currently 27 European countries

  ⇒ more than 430 million citizens

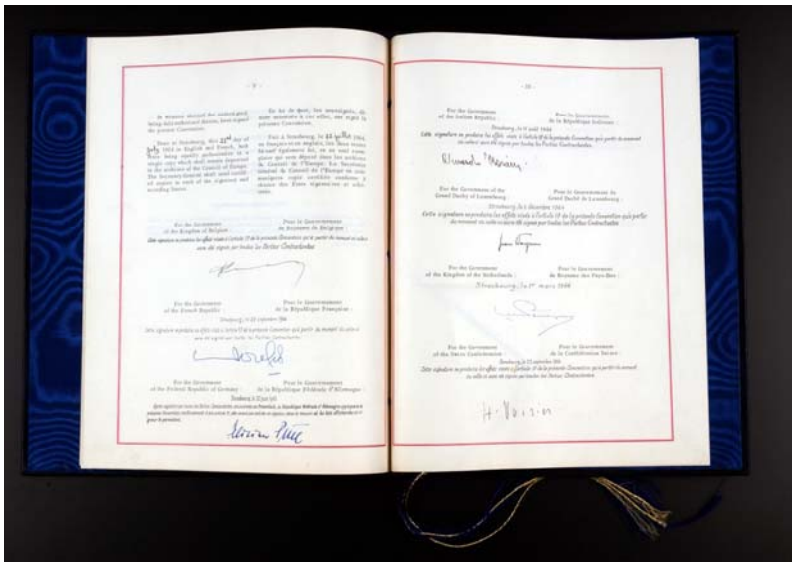
- **European Council:** the EU's main decision-making body. It defines the general political direction and priorities of the European Union

European Directorate for the Quality of Medicines & HealthCare

- A Council of Europe Directorate, based on the Convention on the Elaboration of a European Pharmacopoeia (PA, 1964)

- Mission: to contribute to a basic human right: access to good quality medicines and healthcare

European Pharmacopoeia Convention



European Pharmacopoeia Convention

Article 1:

The Contracting Parties undertake

a) Progressively to elaborate a Pharmacopoeia which shall be common to the countries concerned and which shall be entitled "European Pharmacopoeia";

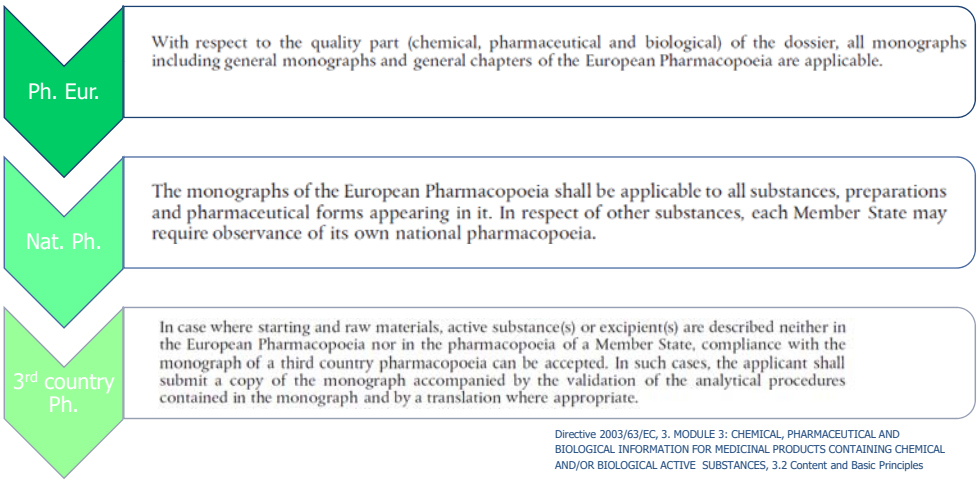
b) To take the necessary measures to ensure that the monographs which will be adopted… and which will constitute the European Pharmacopoeia shall become the official standards applicable within their respective countries.

Strasbourg, 22. July 1964

Why still national Pharmacopoeias?

- For texts of interest to one Member State only; for texts out of the scope of the Ph. Eur. (e.g. national formularies)
- Three main approaches (country specific):
  - Discontinuation of the national pharmacopoeia (e.g. Sweden, Finland, the Netherlands), Ph. Eur. as the only pharmacopoeia, potentially translated into national language
  - Maintenance of a national pharmacopoeia to complement the Ph. Eur.:
    - Inclusion of the Ph. Eur. in the national pharmacopoeia (e.g. BP, Royal Spanish Pharmacopoeia).
    - Publication of a National pharmacopoeia in addition to the Ph. Eur. (e.g. France, Germany, Switzerland, Austria)

Ph. Eur. / National Pharmacopoeia / 3rd country Pharmacopoeia in the EU



Directive 2003/63/EC, 3. MODULE 3: CHEMICAL, PHARMACEUTICAL AND BIOLOGICAL INFORMATION FOR MEDICINAL PRODUCTS CONTAINING CHEMICAL AND/OR BIOLOGICAL ACTIVE SUBSTANCES, 3.2 Content and Basic Principles

Structure

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The EU Commission – the "Policy and Law Makers" -

- Development of the regulatory framework
- Marketing authorisation procedures, GMP, GCP, Clinical Trials…
- New/special topics in pharmaceutical politics (e.g. Falsified Medicines Directive)
- International relations and co-operation (ICH, WHO)
- Publication of the relevant legislation and guidance documents in the EU concerning pharmaceuticals (EudraLex ...)

The European Union Legal System

Aim and Definitions

Core objective: European unification based on a harmonised legal system

Community law: independent legal system

Precedence over national legal provision

Three different independent types of legislation

- primary legislation
- secondary legislation
- case law

The EU Pharmaceutical Legislation

	to whom?	
Regulation	all “persons” in the EU	directly binding, super-sedes national law
Directive	EU-Member States	to be transposed into national law
Decision	single “person(s)” (MAH, EU-MS, ..)	directly binding, case by case, super-sedes national law
Guidelines	interested “parties“ (MAH, ...)	to give guidance (“soft-law“)

Quality « Players » in the EU

- EMA and national competent authorities (NCA)
- CHMP/CVMP/HMPC Working parties:
  - Quality Working Party (+ CVMP + HMPC)
  - Biologicals Working Party
  - GMP/GDP Inspectors Working Group ….
- EDQM:
  - European Pharmacopoeia
  - OMCL network
  - Certification of Suitability
  - ……

European Medicines Agency (EMA)

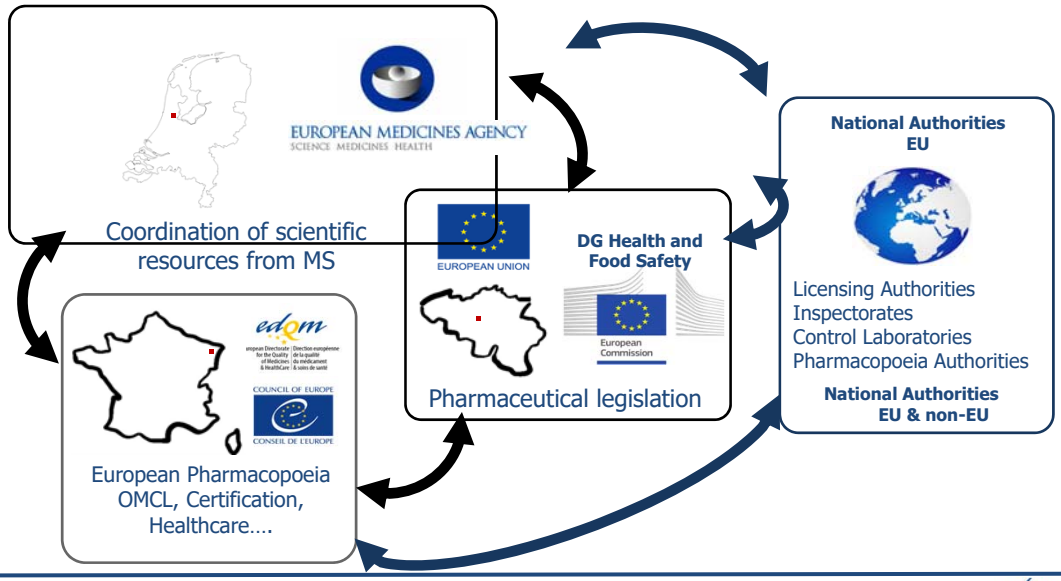
- A European Union body responsible for the evaluation, supervision and pharmacovigilance of medicinal products.
- Set up in 1995 (EC Regulation No. 2309/93), now located in Amsterdam, NL.
- EMA is not the FDA for Europe!
- Coordinates the existing scientific resources of Member States.
- Works through a network of about 4500 European experts. It draws on the resources of the approx. 42 National Competent Authorities (NCAs) in currently 30 EU and EEA countries.
- A single evaluation is carried out through the Committee for Medicinal Products for Human Use (CHMP) or Committee for Medicinal Products for Veterinary Use (CVMP) for the centralised procedure.
- Works closely with the EDQM (Ph. Eur., Certification, OMCL-Network...).

National Authorities

Act as "full provider" for the applicants – responsible for the different marketing authorisation procedures and different kinds of medicinal products.

- Nominate experts for the evaluation of the application for the centralised marketing authorisation process.
- Act as rapporteur or co-rapporteur in the assessment of centralised applications via their CXMP members.
- Participate in working parties, *ad hoc* groups, promote pharmaceutical politics development.
- Responsible for pharmacovigilance.
- Contribute to the activities of the EDQM.

Key players for the quality of medicines



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From the European Pharmacopoeia...

- 1964: Activities based on an International Convention of the Council of Europe to develop harmonised and common standards for medicines
- Mandatory status for all EU/EEA Member States since 1975 via EU pharmaceutical legislation
- 1994: EU signs the Ph. Eur. Convention
- 1994: creation of the European Network of Official Medicines Control Laboratories (OMCL)

... to the EDQM

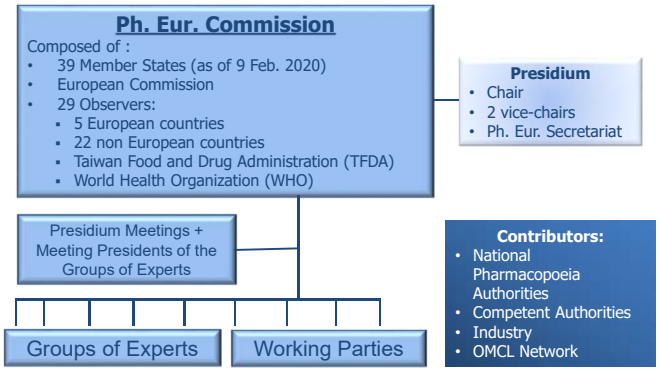
- 1994: creation of the procedure of certification of suitability to the monographs of the Ph. Eur.
- 2007: transfer of activities on blood transfusion and organ transplantation
- 2008: transfer of activities on combating counterfeits and healthcare activities
- 2009: transfer of activities on cosmetics and food-packaging

EDQM

European Pharmacopoeia (Ph. Eur.)

- Protecting public health - one common compulsory standard.
- The Ph. Eur. is the official pharmacopoeia in Europe – complemented by national pharmacopoeias for texts of interest to only one Member State.
- Mandatory at the same date in soon to be 39 Member States (CoE) and the EU (decision of Ph. Eur. Commission).
- Legally binding quality standards for ALL medicinal products in its member states, i.e. raw material, preparations, dosage forms, containers must comply with the Ph. Eur. requirements when they exist.

Ph. Eur. Commission

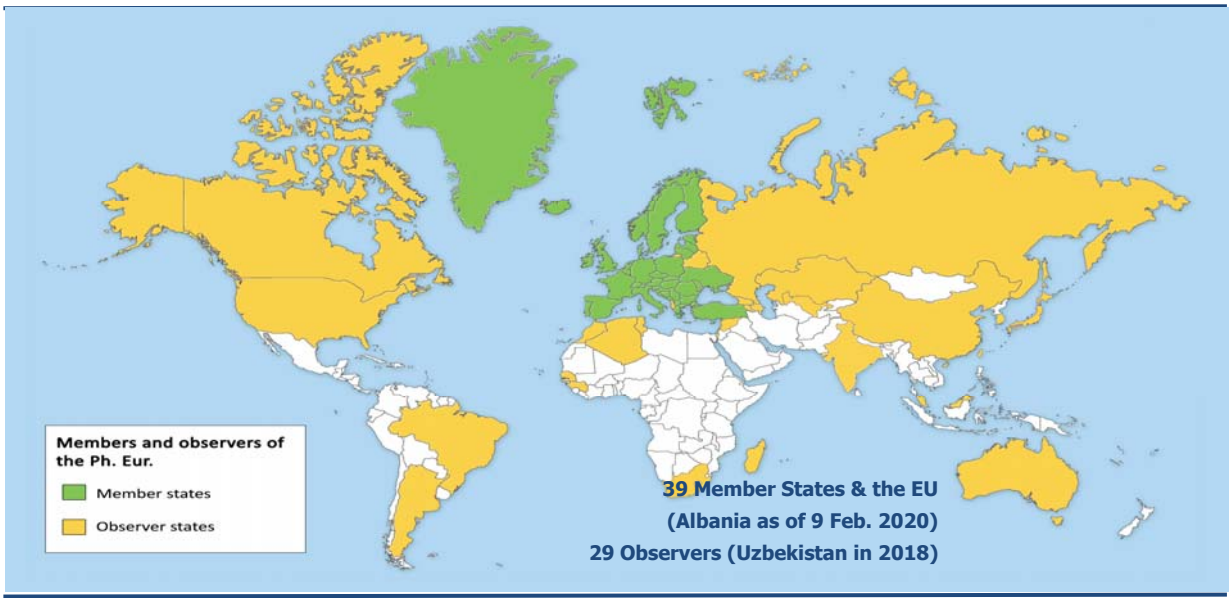


- One delegation per Member State / Observer
- Three sessions a year
- Texts are adopted by **unanimous** vote
- Composition of groups of experts decided by Ph. Eur. Commission
- Since 2016: open to experts throughout the world

Ph. Eur. Network

- Currently 21 active Groups of experts and 40 working parties (+13 "dormant") elaborating and revising texts, meeting up to 3 times a year
- More than 800 experts (mainly from the Competent Authorities (NPAs, Assessors, OMCL, Inspectors), Industry, University)
- Mainly from Ph. Eur. member states, but since 2016 also from abroad (US FDA, Australia, China, India, Korea, Madagascar….)

Global Impact of the EDQM and the Ph. Eur.



The Pharmacopoeia in the EU Legislation

"The monographs of the European Pharmacopoeia shall be applicable to all substances, preparations and pharmaceutical forms appearing in it. In respect of other substances, each Member State may require observance of its own national pharmacopoeia….."

The Pharmacopoeia in the EU Legislation

However, where a material in the European Pharmacopoeia or in the pharmacopoeia of a Member State has been prepared by a method liable to leave impurities not controlled in the pharmacopoeia monograph, these impurities and their maximum tolerance limits must be declared and a suitable test procedure must be described.

The Pharmacopoeia in the EU Legislation

In cases where a specification contained in a monograph of the European Pharmacopoeia or in the national pharmacopoeia of a Member State might be insufficient to ensure the quality of the substance, the competent authorities may request more appropriate specifications from the marketing authorisation holder. …

The Pharmacopoeia in the EU Legislation

…The competent authorities shall inform the authorities responsible for the pharmacopoeia in question. The marketing authorisation holder shall provide the authorities of that pharmacopoeia with the details of the alleged insufficiency and the additional specifications applied.

Directive 2001/83/EC, Annex 1, 3. MODULE 3: CHEMICAL, PHARMACEUTICAL AND BIOLOGICAL INFORMATION FOR MEDICINAL PRODUCTS CONTAINING CHEMICAL AND/OR BIOLOGICAL ACTIVE SUBSTANCES, 3.2 Content and Basic Principles

The Pharmacopoeia in the EU Legislation

To summarise:

The Ph. Eur. is legally binding, but the legislation foresees a mechanism to provide the pharmacopoeia authority with information on the quality of products on the market; an excellent tool to ensure that monographs are not cast in stone but routinely updated to reflect the state-of-the-art.

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- **Pharmacopoeial Harmonisation**

Harmonisation – Why ?

- Global market: Pharmaceutical supply chain is globalised
- Harmonisation helps to increase availability of medicines, makes industry more efficient
  - Better able to serve multiple markets with the same processes and plants
  - Elimination of redundant testing
  - Minimises duplication of testing requirements
- Harmonisation helps to strengthen pharmacopoeias - strong, state-of-the-art standards reflecting the global reality
- Ultimately to the benefit of patients!

International Collaboration

- Ph. Eur.: successful model of work-sharing and harmonisation between soon to be 39 countries, but based on strong political will and legal commitment
- EDQM, USP and the Japanese Pharmacopoeia, with WHO as an observer, are PDG Partners
- Bilateral Agreements / MoUs with pharmacopoeia authorities (e.g. ChP) on collaboration and exchanges; involvement of observers in the elaboration of texts.
- Global harmonisation (Good Pharmacopoeial Practices): EDQM key player in IMWP (International Meeting of World Pharmacopoeias)

Conclusion

EDQM's activities contribute to:

- Protecting public health
- Fostering animal welfare
- Ensuring economical use of member states' resources…

... and have a big international impact beyond Europe

Thank you for your attention

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