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Regulation of Medicines Supply Chain



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Objectives

•To describe the three strata present in the supply chain of medicinal products, and how regulation is applied at each

•To identify risks present in supply chain and how these can be managed



Manufacturer / Importer

- Converts starting materials into medicinal product
- Imports medicinal products from third countries
- Controls quality of medicinal product
- Has a Qualified Person available to release medicinal product to the market



Qualified Person

- Secures that every product batch released is manufactured
 - according to Marketing Authorisation
 - > in compliance with laws in force



Qualified Person

- Ensures that every product batch imported undergoes
 - full qualitative analysis
 - quantitative analysis of at least its active constituents

➤all other tests and checks necessary to ensure the quality of the medicinal product is in accordance with its Marketing Authorisation

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Manufacturer / Importer

- Requires a licence from the Competent Authority
- Can only carry out activities included in scope of licence
- Must follow principles and guidelines of

Good Manufacturing Practice

- Must follow conditions of licence
- Subject to regulatory inspection at least once every 3 years (as of 2013, frequency will be risk-based)
- Manufacturing sites in third countries audited by importer's QP and inspected by an EU/EEA competent authority



Wholesale Distribution

- Refers to distribution within the EU/EEA
- Follows Good Distribution Practice guidelines
- Wholesale dealers have a Responsible Person available
- Subject to regulatory inspection (currently every two years, unless more frequent inspection necessary)



Responsible Person

In Malta, eligibility limited to pharmacists recognized as suitable by the Medicines Authority

- Ensures that the license conditions are adhered to
- Ensures that the conditions for storage of medicinal products are in accordance with the requirements of the marketing authorisation and labelling
- Monitors all areas used for storage and distribution
- Maintains records as required
- Ensures that a quality system is developed and maintained in accordance with Good Distribution Practice



Good Distribution Practice (GDP)

 that part of quality assurance which ensures that products are consistently stored, transported and handled under suitable conditions as required by the Marketing Authorisation or product specification.



Community Pharmacies

- Every pharmacy and any store used by the pharmacy managed by a pharmacist
- Medicinal products prepared or dispensed only from a pharmacy and by a pharmacist
- All openings to the outside of the premises securely

locked when the pharmacy is closed

- Safe disposal of pharmaceutical waste
- Generic substitution permitted (unless prohibited by prescriber)

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Community Pharmacies

- Minimum opening hours stipulated by legal notice
- Medicinal products protected from adverse effects of temperature, humidity, sunlight
- Medicinal products classified as POM or OTC
- Prescriptions for antibiotics valid for 10 days
- Other prescriptions valid for 6 months (unless repeat prescription)
- Exhausted prescriptions marked
- Inspected regularly, currently once every two years



Community Pharmacies

- Pest control measures
- Surfaces and flooring easily wiped to facilitate cleaning
- Utensils for extemporaneous preparations



Some Risks in Supply Chain of Medicinal Products

- Product quality inferior (non-compliance to GMP/MA)
- Incorrect storage conditions (loss of potency, excessive impurities)
- Counterfeiting
- Medicinal product not placed on local market
- Access to pharmacies
- Supply inadequate to meet demand
- Patient's right to be dispensed by a pharmacist usurped



