



BULGARIAN DRUG AGENCY

DRUG REGULATION IN EC –
ISSUES AND CHALLENGES FOR THE
DEVELOPMENT OF THE PHARMACEUTICAL
SECTOR IN BULGARIA

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EC enlargement. Challenges

DIVERSITY

- Economic
- Historic
- Cultural
- Public health

NEW OPPORTUNITIES

- No borders
- Common goals



Main functions of drug regulation

- Regulation of the manufacturing, import, export, distribution, promotion and advertisement of medicines;
- Assessment of the safety, efficacy and quality of medicines and marketing authorisation;
- Inspection and control of the manufacturers, importers, wholesale and retail distributors;
- Control and monitoring of the quality of marketed medicines;
- Pharmacovigilance;
- Distribution of independent pharmaceutical information to health specialists and the public



Preconditions for efficient drug regulation

Drug regulation requires the application of comprehensive medical, scientific and technical knowledge and operates in narrow legal frames.

- Political will and commitment for regulation
- Strong public support for drug regulation



Preconditions for efficient drug regulation

- Legislature–based interaction between the national control authority and other government agencies and services, e.g. customs and police
- Favourable political environment for independent regulatory assessment and conclusions
- Experts with sufficient skills and experience
- Adequate laws and guidelines in the field of drug regulation
- Establishment of adequate organisational bodies and facilities



Preconditions for efficient drug regulation

- Clearly defined roles and responsibilities
- Adequate and well maintained financial resources, including resources for preservation and qualification of personnel
- Development of standards, procedures and guidelines
- Responsibility and transparency
- Adequate administrative system



Principle objective of the drug regulation in EC

- Protection of public health
- Common European market
- Availability and accessibility of medicines to the public
- Marked shift of the regulatory practices from national to international



Historical review of the European drug regulation

- Directive 65/65/EEC – accepted by the 6 members of the European Economic Community
- Directive 75/319/EEC – a program for establishment of a common market for medicines
 - CPMP – with the objective to help member states for common decisions in connection with drug regulation
 - Establishment of new procedures for assessment and marketing authorisation /CPMP procedure, later multinational/
- Directive 87/22/EEC – mandatory for medicines manufactured with biotechnology and high technologies



“A future system for marketing authorisation” - from 01.01.1995

- Guideline 2309/93 – establishes EMEA and the centralised procedure
- Directive 93/39/EEC for human medicines extending 65/65/EEC and 75/318/EEC and 75/319/EEC
- Directive 93/41/EEC, substituting 87/22/EEC



European supernationalisation in drug regulation

- Directive 2001/83/EC - “Community code”
- Directive 2001/20/EC – clinical trials
- Directive 2003/63/EC - CTD format
- Directive 2004/27/EC – amendments in the “Community code” for human medicines in relation to EC accession



Principle activities, influenced by the EC extension

- Marketing authorisation procedures – licensed medicinal products and medicines in the process of marketing authorisation
 - *Licensed medicinal products* - conformity to the new legislative and technical standards
 - Conditions for maintaining of their production
 - Participation of Bulgaria in the European marketing authorisation procedures after accession – centralised and decentralised procedures
- Distribution and import
- Clinical trials
- Exchange of information



Preparations in the pre-accession phase

- CADREAC (Common Agreement of Drug Regulation in Accession Countries)
- Pan-European Regulatory Forum (PERF) I
- PERF II
- PERF III
- The so-called “SIMPLIFIED PROCEDURES”
CADREAC
- Assessment of the dossiers of medicinal products
- Introduction of GMP
- Telemetric system
- CADREAC (Common Agreement of Drug Regulation in Accession Countries)-01.05.2005



European Pharmacopoeia

The Act for Ratification of EC Convention 50 for development of European Pharmacopoeia was approved by Parliament in June 2004

Bulgarian Membership in European Pharmacopoeia started from 23.12.2004.

Membership in Eur. Ph. is an important condition for full accession of Bulgaria to the respective European structures and generally accepted principles of pharmaceutical standardisation and control



CHALLENGES

1. All national regulatory authorities should comply to Directive 2001/83/EC
2. Each medicinal product must be precisely identified and be present on the market upon a legal basis.
3. The regulatory authority of a country in the process of accession bears the full responsibility.



CHALLENGES

4. Completely introduced and implemented European legislature prior to the date of accession.
5. Establishment of structures and practices in countries in the process of accession, which can guarantee qualitative, efficacious, and safe medicinal products – applied to the same extent to all marketed medicinal products



CHALLENGES

- Transition from national independent procedures to European Community procedures
- Introduction of new standards
- CTD/eCTD
 - “Biosimilar” products
 - Traditional herbal medicinal products
 - ICH, PhEur, EMEA/CPMP guidelines



CHALLENGES

Marketing authorisation procedures for medicinal products

Centralised procedure /CP/

- Regulatory decisions are made at the level of the European Commission and valid for all member states
- Mandatory for biotechnology medicinal products /recombinant DNA technology, monoclonal antibodies and controlled gene expression/
- Recommended for novel medicinal products



CHALLENGES

CENTRALISED PROCEDURE /CP/

- Centralised procedure is foreseen to become mandatory for medicinal products against HIV, malignancies, diabetes, neuropathies and orphan drugs towards the end of 2005
- CP will encompass marketing authorisation of medicinal products for treatment of autoimmune diseases, immunodeficiencies, and viral diseases towards the end of 2008



CHALLENGES

For CP, it should be taken into consideration:

- CP marketing authorisations have a priority over the national marketing authorisations
- The European Commission decision allows the Marketing Authorisation Holder to market his product in all member countries
- The translation of SMP, patient leaflet, and labelling, which are a responsibility of the Marketing Authorisation Holder and the National Regulatory Authority



CHALLENGES

1. Active participation of experts during the development of legislative basis for drug regulation
2. Education and training of experts and increasing their qualification
3. Developing conditions for rapid information exchange with other European regulatory authorities.
4. Improvement of the informational data bases



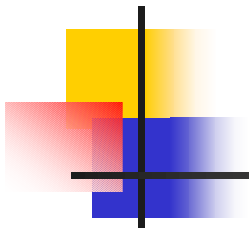
Principal requirements towards the national regulators

- COMPETENCY
- INDEPENDENCE
- TRANSPARENCE



Principal requirements towards BDA experts

- ABILITY FOR DIALOGUE
- BALANCED ATTITUDE
- COMPREHENSIVE AND SYSTEMATIC KNOWLEDGE
- PRAGMATIC DECISIONS
- PROFESSIONAL PROFFICIENCY
- HONESTY
- CONTINUOUS INCREASE IN PROFESSIONAL SKILLS



Thank you!