Bethesda Towers
4350 East West Highway
Suite 150
Bethesda, MD 20814 USA
Tel: +1 (301) 656-5900
Fax: +1 (301) 986-0296
www.pda.org

March 1, 2015

Dr. S. Kopp
Medicines Quality Assurance Programme
World Health Organization
1211 Geneva 27, Switzerland
kopps@who.int

Reference: WHO Good Pharmacopoeial Practices, Draft 14 January, 2015 Working document QAS/13.526/Rev.5

Dear Dr. Kopp,

PDA is pleased to offer comments on the proposed Good Pharmacopoeial Practices Working document QAS/13.526/Rev.5. PDA is a non-profit international professional association of more than 10,000 individual member scientists having an interest in the fields of pharmaceutical, biological, and device manufacturing and quality. Our comments were prepared by experts with experience in pharmacopoeial matters, including members representing our Regulatory Affairs and Quality Advisory Board. PDA appreciates the opportunity to offer comments on this proposed guidance and wishes to thank WHO for the opportunity to do so.

PDA strongly supports the initiative to work towards harmonized pharmacopoeias. PDA believes this initiative will serve the interests of patients, regulators and industry as one in conserving limited resources by avoiding redundancy in specifications and testing.

PDA is of the opinion that the WHO Expert Committee on Specifications for Pharmaceutical Preparations is an underutilized global resource of immense value to regulators, industry and thereby ultimately to the patient. Placing the GPPs under their auspices is logical and allows a structured approach to forwarding the goal of convergence. However, PDA is of the opinion that convergence is no longer an option. The process is lengthy and does not conserve resources, as local pharmacopoeias still interpret the supposedly harmonized monographs requiring additional testing and practices and / or the use of the local reference standard. The goal should be full harmonization of monographs with mutual acceptance and ultimately a single publication.
Bearing in mind the short timeline for comments, PDA has restricted its comments to support for the concept only at this time but will be happy to convene a group of experts to work on content should WHO be interested in receiving detailed, line by line comments.

PDA is interested in taking an active role in furthering this desirable goal, and for example already has a pharmacopoeial Interest Group which might be enlisted to assist. The current pharmacopoeial overlap results in the waste of huge sums by industry and regulators with no added benefit to the patient. All parties have an interest in conserving those resources which can be utilized in fighting counterfeiting, preventing drug shortages, finding novel therapies for unmet patient needs and increasing accessibility of medicines through reduced testing costs. As such PDA not only unreservedly backs the idea but is willing to offer to conduct a global survey of its members to assess potential cost savings as well as to sponsor or co-sponsor workshops to promote and accelerate the process. Should you wish to pursue any or all of the ideas proposed herein, or if there are any other questions, please do not hesitate to contact me.

Sincerely,

Richard Johnson
President, PDA

CC: Rich Levy, PhD, PDA
Denyse Baker, PDA

Bethesda Towers
4350 East West Highway
Suite 150
Bethesda, MD 20814 USA
Tel: +1 (301) 656-5900
Fax: +1 (301) 986-0296
www.pda.org

March 30, 2015

Dr. S. Kopp
Medicines Quality Assurance Programme
World Health Organization
1211 Geneva 27, Switzerland
kopps@who.int

Reference: WHO Good Pharmacopoeial Practices, Draft 14 January, 2015 Working document QAS/13.526/Rev.5

Dear Dr. Kopp,

As requested, PDA is pleased to offer more detailed comments on the proposed Good Pharmacopoeial Practices Working document QAS/13.526/Rev.5. The specific line by line comments are attached to this letter. As stated previously, PDA strongly supports the initiative to work towards harmonized pharmacopoeias and believes this initiative will serve the interests of patients, regulators and industry as one in conserving limited resources by avoiding redundancy in specifications and testing and is interested in taking an active role in furthering this desirable goal.
In general, PDA believes the recent approach of "convergence" is preferred to separate, and often different monographs resulting in multiple reference publications and unnecessary duplication of Quality Control testing, wasting resources and delaying access to medicines. Complete harmonization is therefore the preferred goal.

Pharmacopoeial expert committees are supported by regulators and some of the leading industry experts in their fields from around the globe. The unexplored costs of the duplication of these limited resources have the potential to impact other areas of concern. For example resources could be reassigned to fighting counterfeits and introduction of technological advances (e.g. rapid identification methods). Regulators perform parallel reviews of different pharmacopoeial monographs for testing the same drug products or starting materials. Industry performs parallel testing, wasting resources which could be used in developing novel therapies for untreated diseases. It is critical to create an active and rapid process, with stakeholder commitment to reduce duplication of effort.

PDA appreciates the opportunity to offer additional comments on this proposed guidance and wishes to thank WHO for the opportunity to do so. If you have further questions, please do not hesitate to contact me (johnson@pda.org).

Sincerely,

Richard Johnson
President, PDA

Attachment

Comments on WHO Working Document QAS/13.526/Rev.5
Title of the document : Good Pharmacopoeial Practices

Comments submitted by : Parenteral Drug Association (PDA) Inc.
Telephone number : 301-656-5900
Address : 4350 East West Highway, Bethesda MD 20814
Email : johnson@pda.org

Date : 30 March 2015

*Kindly complete the table **without modifying the format** of the document - thank you.*

World Health Organization

Template for comments

General comment(s) if any :	**Originator of the comments**
PDA strongly supports the initiative to work towards harmonized pharmacopoeias. PDA believes this initiative will serve the interests of patients, regulators and industry as one in conserving limited resources by avoiding redundancy in specifications and testing. PDA is of the opinion that the WHO Expert Committee on Specifications for Pharmaceutical Preparations is an underutilized global resource of immense value to regulators, industry and thereby ultimately to the patient. Placing the GPPs under their auspices is logical and allows a structured approach to forwarding the goal of convergence. However, PDA is of the opinion that convergence is no longer an option. The process is lengthy and does not conserve resources, as local pharmacopoeias still interpret the supposedly harmonized monographs requiring additional testing and practices and / or the use of the local reference standard. The goal should be full harmonization of monographs with mutual acceptance and ultimately a single publication.	

# section	Line no.	Comment / Rationale	Proposed change / suggested text	Classification **L**= low **M**= medium **H**= high	Originator of the comments (for WHO use)
1	91 - 97	This section addresses the fact that the term "harmonization" may be legally binding and have different connotations in the national and regional context. Harmonization is understood to mean the following: "The process through collaborative effort whereby differing requirements within participating	Add after: "…national and regional context." As follows: "**The goal should be full harmonization of monographs with mutual acceptance and ultimately a single publication.** Currently,		

# section	Line no.	Comment / Rationale	Proposed change / suggested text	Classification **L**= low **M**= medium **H**= high	Originator of the comments (for WHO use)
		pharmacopoeias move towards becoming more similar or aligned over time." This is nowadays also referred to as "convergence"	harmonization is understood to mean the following:.." (continue with current text in section) After the last sentence "This is nowadays also referred to as "convergence" " Add: "**Convergence" is preferred to separate, and often different monographs, but still results in separate publications and unnecessary duplication of Quality Control testing, wasting resources. Complete harmonization is therefore the preferred goal."**		
1	102 - 104	As above. Only full harmonization offers real resource conservation and must be the ultimate and desired goal. Convergence should be used as an interim measure only, where there are real legal issues identified. Parties (regulators and pharmacopoeial committees) should commit to actively resolving the legal issues in a fixed time period during which convergence is used as a rapid and stop-gap measure.	Change to read: "**Harmonization and where currently problematic, initially,** convergence and reinforced collaboration among pharmacopoeial committees and regulators, supported by adequate interaction with industry, will assist in facing new challenges and resource constraints. **Only full harmonization and merging of pharmacopoeial committees, will provide the full and genuine resource conservation to all parties (regulators, industry and not-for profit pharmacopoeial committees as one)**.		
1	106 - 136	The process to date has been very slow and needs a firm commitment from all parties, funding and an aggressive timeline to ensure there is a genuine process moving forward. Timelines show a first initiative in 2002 through 2012. The main emerging suggestion from all these events was the development of good pharmacopoeial practices to favour harmonization/convergence facilitated by WHO.	Add, at the end of the paragraph: **"The timescale for the process, as reviewed above has been slow. It is proposed to conduct a survey to assess global cost savings from harmonization to be completed in six months. The outcome is expected to be a massive sum which should convince parties to expedite the goal of full harmonization of pharmacopoeial monographs."**		

# section	Line no.	Comment / Rationale	Proposed change / suggested text	Classification **L**= low **M**= medium **H**= high	Originator of the comments (for WHO use)
1	140 - 146	The paragraph advocates development of GPPs under the auspices of the WHO Expert Committee on Specifications for Pharmaceutical Preparations, benefiting from its well-established international standard-setting processes and procedures. PDA agrees and appreciates the ability of WHO to present the final guidance to WHO's 194 Member States and pharmacopoeial authorities. The very existence of this forum makes it the ideal place for harmonization of pharmacopoeial monographs. However, PDA strongly believes there must be an upfront commitment from the 194 Member States and pharmacopoeial authorities to: (a) commit and actively work towards the goal of harmonization, using convergence only as an interim measure where legal issues are being resolved (b) to specify timelines for the work at hand, create teams and actively assign tasks between groups. This would require pharmacopoeial committees to re-assign their expert committees to working on harmonized monographs (c) for all pharmacopoeial authorities to commit to adopting harmonized monographs in a specified timeframe from when they are published by WHO's Expert Committee on Specifications for Pharmaceutical Preparations.	Add the following text in line 144 (after end of sentence and before new sentence): **The process of harmonized GPP would be assigned a timeline for completion with commitment from WHO's 194 member states and pharmacopoeial authorities to actively work towards the goal of harmonization, using convergence as an interim measure where legal issues are being resolved. WHO will facilitate the process, working with the member states and pharmacopoeial committees to set up task forces and teams with actively assigned tasks and defined timelines for completion of those tasks. Each pharmacopoeial authority will commit to adopting harmonized monographs within a specified timeframe from their date of publication by WHO's Expert Committee on Specifications for Pharmaceutical Preparations.**		
2	151	As above, the term "converge" should be replaced by "harmonize" which should be the primary goal of the work.	Change "~~converge~~" to "**harmonize**"		
3	176	"to reduce duplication of work." PDA entirely agrees and believes that this issue is	Add in line 176 after "to reduce duplication of work." "**Currently, both paid employees and volunteers**		

# section	Line no.	Comment / Rationale	Proposed change / suggested text	Classification **L**= low **M**= medium **H**= high	Originator of the comments (for WHO use)
		crucial to the timelines of the GPP process. Once cost savings are understood the issue will become a burning platform and move forward at a different rate.	**around the world are working non-stop to review and revise pharmacopoeial monographs, often in parallel. Pharmacopoeial expert committees are supported by regulators and some of the leading experts in their fields from around the globe. The unexplored costs of the duplication of this limited resource, results in neglect of other areas of concern such as counterfeit medicines and introduction of technological advances."** **Regulators perform parallel reviews of different pharmacopoeial monographs for testing the same drug products or starting materials. Industry performs parallel testing, wasting limited resources which could be used for developing novel therapies for untreated diseases. It is critical to create an active and rapid process, with stakeholder commitment to reduce duplication of effort."**		
4	189 - 191	PDA understands that currently the implementation of the GPhP by NPAs and RPAs is voluntary but believes that WHO must find a way forward where there is a genuine commitment rather than just recommendation and encouragement.	Delete the paragraph or change to read: "While the implementation of GPhP…is **currently** voluntary, **WHO believes the adoption of harmonized monographs and GPhP must become the gold standard. Member states and pharmacopoeial authorities must formally commit to this goal in order to allow the process to proceed"**.		
5	200	The current text reads: "Pharmacopoeias are encouraged to conform where possible to the work of harmonization…" This should (as above) become an expectation or requirement	Change to read: "**Participating pharmacopoeial authorities** ~~Pharmacopoeias~~ are ~~encouraged~~ **expected** to conform where possible… **Where not currently possible, pharmacopoeial authorities must take active steps, including initiating action to change legislation**		

# section	Line no.	Comment / Rationale	Proposed change / suggested text	Classification **L**= low **M**= medium **H**= high	Originator of the comments (for WHO use)
			where needed to facilitate adoption of the harmonized monograph while using convergence as an interim measure."		
5.2	369- 372	The technical guidance is considered as the minimal requirements agreed between participating pharmacopoeia and does not preclude national or regional pharmacopoeias supplementing requirements in their monographs due, e.g. to national/regional regulations. While PDA appreciates the current situation, we feel it is essential to the success of this highly valuable initiative that a commitment to harmonization is obtained from all stakeholders. Proposed addition to text supports this standpoint.	Add the following text after line 372: **"Where such is the situation, WHO expects national / regional regulatory and pharmacopoeial authorities to actively work to identify the science based requirements for ensuring the quality of the test item and to change national / regional regulations with the goal of achieving a fully harmonized, single global monograph. WHO's expert committee will serve as a resource for facilitating such harmonization as issues are identified."**		
5.2.1.1	396 - 398	Regarding monograph title and the International Nonproprietary Name… established by WHO," PDA believes WHO should expect it to be used and should expect pharmacopoeias and regulatory authorities to work on harmonizing the names. PDA understands that this is a process and will take time. It can also be relatively simply resolved in the interim, if pharmacopoeias will put the names used by their pharmacopoeial counterparts under the monograph title.	Change text to read: …should be ~~considered for use~~ **adopted wherever possible. Where not possible because of an individual pharmacopoeias nomenclature policy, the INN should be placed under the monograph title so that it is clear that it applies to the testing of the item stated. WHO's Expert Committee on Setting Specifications" will set up a sub-committee to harmonize nomenclature with participation by pharmacopoeial authorities**.		
5.2.2.4.1	591 - 602	As above for 5.2.1.1	Change text similar to previous comment to require adoption of the INN wherever possible.		
5.2.2.4.9	702 - 706	Current text suggests that acceptance criteria would be specified regionally for a specific product / pharmaceutical form. PDA understands this may be the current situation but it should not be the desired state – it is wasteful and unjustifiable scientifically.	Change text to read: **Current a**cceptance criteria may be specified regionally for a specific product/pharmaceutical form. **Where such is the case, WHO's Expert Committee will facilitate a process of agreeing global**		

# section	Line no.	Comment / Rationale	Proposed change / suggested text	Classification **L**= low **M**= medium **H**= high	Originator of the comments (for WHO use)
			<u>acceptance criteria based on science and best practice.</u>		