Editorial

As per the report published by WHO, an estimated 4.8 million people suffering from moderate to severe cancer pain do not receive treatment. Similarly, about 1.4 million people suffering from moderate to severe pain at terminal stages of HIV annually, remain untreated. In India, a million people with cancer and an unknown number of people with other incurable and disabling diseases like HIV/AIDS, need opioids for pain relief and only a minute fraction (0.4%) of the population in need of opioids have access to the drugs. Major barriers to gain access to opioids are complicated regulations and problems related to attitude and knowledge among health professionals, regulators, administrators and the public regarding pain relief and opioids. As a result of collaborative efforts among the WHO, certain Palliative Care Organizations and Pain & Palliative care activists, the Government of India has taken some steps like - asking all state governments to modify the narcotic rules & regulations following a model, extended schedule K exemption to Morphine Tablets. Establishment of simple standard operating procedures to implement the simplified regulations, advocacy, and aggressive and improved education of professionals are essential for further improvement of the situation. In the mean time Govt. of India has amended NDPS Act 1985 to improve access to opioids for medical purpose vide The Narcotic Drugs and Psychotropic substances (Ammendment) Act, 2014 dated 10th March 2014. Govt. of India has notified six Narcotic drugs as Essential Narcotic drug Again it was further amended on 5th May of 2015 making some easy provision for improve accessibility of Essential Narcotic drugs including opioids. At present major regulatory barriers of accessibility of opioids for medical purpose have been removed. It is high time to educate prescribers and other stakeholders against the myths and fear about Narcotic drugs used medicinal purpose.

Dr. Subhash C. Mandal
Editor
EU designates orphan status to Mithra's newborn HIE drug
The European Medicines Agency has given orphan drug designation to Mithra Pharmaceuticals' estrogen candidate Estetrol, which was developed as a treatment for newborn patients with hypoxic ischemic encephalopathy.
Source: Genetic Engineering & Biotechnology News

US FDA asks Endo to withdraw opioid pain drug over public health risks
The US FDA has asked Endo International to withdraw its reformulated Opana ER, or oxymophone hydrochloride extended release, from the market over public health risks of abuse. The agency's decision was based on its Drug Safety and Risk Management and Anesthetic and Analgesic Drug Products advisory committees' recommendation, saying the risks of abuse of the drug outweigh its benefits.
Source: Genetic Engineering & Biotechnology News

Humanitarian device exemption regulations amended by FDA
Regulations for humanitarian device exemptions have been amended by the FDA to align with changes under the 21st Century Cures Act. The agency has also changed the requirements related to institutional review board oversight for humanitarian use devices, eliminating the requirement that the board be local.
Source: Regulatory Focus

EMA releases new guidelines on biosimilar drugs
The European Commission and the European Medicines Agency have released new guidelines on biosimilars that will give health care professionals comprehensive reference information on the science and regulation supporting the use of such drugs. The new guidelines were launched Thursday during the European Commission's third stakeholder event on biosimilar medicines.
Source: European Pharmaceutical Review (U.K.)

US FDA approves 21 new drugs, EU OKs 42 so far this year
The US FDA has approved 21 new drugs so far this year, compared with 22 for all of last year, and the European Medicines Agency has recommended that 42 drugs, including generics and nonpatented medicines, be approved. Former Pfizer research leader John LaMattina said drugmakers are getting more strategic with research and development priorities, and KPMG Chief Medical Adviser Hilary Thomas said regulators are employing more innovative approval approaches.
Source: Reuters

GycoMimetics' GMI-1271 an Orphan Drug in Europe for AML
GycoMimetics (GLYC +11.4%) continues its recent rally. Shares are up four-fold since May 11. On 25th May, the European Commission designated GMI-1271 an Orphan Drug for the treatment of acute myeloid leukemia (AML), an indication for which the FDA tagged it a Breakthrough Therapy last week. Among the benefits of Orphan Drug status in Europe is a 10-year period of market exclusivity for the indication, if approved. Previously GycoMimetics drug candidate gets FDA Breakthrough Therapy designation on May 2017.
Source: https://seekingalpha.com/news/
Guidelines for submitting Phase IV trial of FDCs are notified by DCGI on 5th June 2017

F. No. 04-01/2013-DC (Misc. 13-PSC)
Directorate General of Health Services
Office of Drugs Controller General (India)
(FDC Division)

FDA Bhawan, Kotla Road,
New Delhi-110002

Dated: 05 Jun 2017

NOTICE

Subject: Examination for Safety and Efficacy of Fixed Dose Combinations (FDCs) licensed for manufacture for sale in the country without due approval from office of DCGI (I)-regarding.

Reference: 1. This Directorate letter no. 4-01/2013-DC (Misc.-PSC) dated: 15.01.2013.
2. This Directorate Notice dated: 17.06.2016 and 01.09.2016 and 01.03.2017.

This is in continuation to this office earlier letters addressed to individual firms as well as notices dated: 17.06.2016, 01.09.2016 and 01.03.2017 whereby all concerned stakeholders were requested to submit phase IV trial protocol based on recommendations of Expert Committee. In this regard, it has been observed that most of the companies are yet to submit Phase IV trial protocols. In order to facilitate the stakeholders for submission of these protocols, the matter was also taken up with the Expert Committee.

The Committee opined that the FDCs for which the post marketing trials have been asked are those FDCs which appear to be rational, however safety in such FDCs is yet to be further ascertained, therefore the Committee recommended that:-

1. Main focus and primary objective for conducting such trials in these FDCs could be safety and efficacy could be secondary objective.
2. The study could be Open label / Double Blind/ Comparative/ Single arm/ Crossover multi-centric trial depending upon the concerned FDC and its therapeutic indication and the number of subjects should be statistically significant.
3. Scientific evaluation by validated parameters/ methods should be included for assessing the safety and efficacy.
4. During the study, anticipated safety parameter should be defined clearly along with its monitoring mechanism.
5. The study sites should be geographically distributed.

It is therefore again requested that all the applicants who have not yet submitted post marketing Phase IV trial protocols shall submit the same in line with Schedule Y of Drugs and Cosmetics Rules, 1945 taking into consideration all the points as mentioned above.

This may be treated as regulatory reminder for further necessary action.

Yours faithfully,

(Dr. G. N. Singh)
Drugs Controller General (India)

Copy to:-
1. JS (R), Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.
2. All State/UT Drugs Controllers
3. All Zonal/Sub Zonal offices of CDSCO
4. Manufacturing Associations: IDMA/DPI/IPA/CIPIFOPE etc.
Procedure to be followed for subsequent applicants in respect of FDCs declared as rational by Kokate Committee and approved by DCGI notified by DCGI on 5th June 2017

File No. 4-01/2011-DC (Misc. 13-PSC)
Directorate General of Health Services
Office of Drugs Controller General (India)
(FDC Division)

NOTICE

Dated: 05 JUN 2017

Subject: Procedure to be followed for subsequent applicants in respect of FDCs declared as rational by Kokate Committee and approved by DCGI (I)-regarding.

This is in continuation to the Directorate's earlier notice of even number dated 16.03.2017 whereby pathway for clearance of cases with respect to subsequent applicants in respect of FDCs declared as rational by Prof. Kokate Committee and approved by DCGI (I) was explained for submission of the applications and in light of the subsequent requests to CDSCO from various stakeholders to specify the minimum documents required to be submitted along with applications, it is to clarify that:-

1. The applicant shall submit application in Form 44 by giving relevant information and clearly mentioning “Not applicable” where such information is considered not applicable by the applicant.

2. Documents required in case of manufacturers already holding licenses from State Licensing Authority (SLA) for the proposed FDCs shall at least contain:
   a. Form 44 (duly filled, signed and stamped)
   b. Treasury Challan of INR 15,000 duly signed by Bank of Baroda
   c. Name and composition of the FDC
   d. (I) Product Permission issued by SLA
   e. Copy of Manufacturing license in Form 26/23
   f. FDCs permitted for continued manufacturing and marketing under 18 months Policy Decision.
   i. SI No. of the FDC as per the list available on website, and
   ii. Name of FDC

3. Documents required in case of new manufacturers for the proposed FDCs shall at least contain:
   a. Form 44 (duly filled, signed and stamped)
   b. Treasury Challan of INR 15,000 duly signed by Bank of Baroda
   c. Name and composition of the FDC
   d. (I) Product Permission issued by SLA
   e. Copy of Manufacturing license in Form 26/23
   f. FDCs permitted for continued manufacturing and marketing under 18 months Policy Decision.
   i. SI No. of the FDC as per the list available on website, and
   ii. Name of FDC
   g. Stability studies data (03 months accelerated)
   h. Test Specifications of the FDC alongwith Method of Analysis

4. All the manufacturers who are already holding licenses from State Licensing Authority for such FDCs and did not obtain NOC from DCGI (I) are required to submit their applications to this Directorate at the earliest but not later than 4 months, failing which their applications will not be considered and their licenses will be considered as without legal validity.

In view of above, all concerned stakeholders are required to follow above procedure for clearance of the cases.

(DG N. Singh)
Drugs Controller General (India)

To:-
All State/UT Drugs Controllers/All Zonal/Sub Zonal offices of CDSCO.

Copy to:-
1. PS to JS(R), Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.
2. Drug Manufacturing Associations: IDMA/OPHI/IPA/CIP/FOPE etc.

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