Hamburg: ‘Additional Authorities’ Needed, PREDICT on Track

FDA Commissioner Margaret Hamburg, testifying April 13 before the House Energy and Commerce Subcommittee on Oversight and Investigations, told lawmakers the agency needs “additional authorities” to do its job properly.

Set to discuss the status of the FDA’s import screening procedures, Hamburg found herself fielding an array of questions related to the agency’s budget, drug review times and a drug safety bill recently introduced by House Democrats.

While the hearing was intended to focus on the rollout of the FDA’s PREDICT import regulation system, lawmakers used the occasion to discuss a new bill that would expand the FDA’s authority.

(See Hamburg House, Page 4)

J&J OTC Production Woes Delay Products’ Return, Impact Sales

A long string of OTC recalls and production issues has hurt Johnson & Johnson’s (J&J) bottom line and will further affect product availability, the company revealed April 19.

In its first-quarter earnings call, J&J disclosed the impact months of bad news — including signing a consent decree — has had on the company (DGR, April).

“A broader portfolio of products” once produced at J&J subsidiary McNeil’s shuttered Fort Washington, Pa. plant may not be available until 2012, “due to a decision to upgrade and reformulate manufacturing and quality methods in the course of transferring the production to other sites,” Louise Mehrotra, J&J vice president of investor relations, said.

J&J does not expect to reopen the Fort Washington facility “until it has first completed the remediation efforts at the facility” (See J&J Production Woes, Page 2)
and received certification of compliance from an independent expert and FDA approval, according to Mehrotra.

The company also acknowledged that implementing its comprehensive action plan to fix manufacturing issues, which the company announced last year, will take an even bigger toll on the company’s bottom line (DGR, January).

“We have previously estimated $0.06 per share drag to implement the comprehensive action plan, and now we expect that it’s about a $0.12 per share hit to implement both the comprehensive action plan and the additional requirements in the consent decree,” J&J Chief Financial Officer Dominic Caruso said.

Also revealed was the enormous effect on sales the numerous recalls and production issues have had. “For the first quarter of 2011, sales for the OTC pharmaceuticals and nutritionals decreased 8.2 percent on an operational basis compared to the same period in 2010, with U.S. sales down 26.8 percent,” Mehrotra said.

As a result, Wells Fargo Senior Analyst Larry Biegelsen sees a risk to McNeil’s 2011 business, with few potential offsets, saying “we ... prefer to stay on the sideline until there is some clarity.”

In 2010, recalls cost J&J approximately $900 million in sales (DGR, February).

J&J Revamping McNeil

Following the recent recalls and manufacturing issues, the company has decided to make its troubled McNeil Consumer Healthcare division part of a separate wing of the company, “in order to give focused attention to quality and compliance,” J&J says in an internal memo obtained by DGR.

J&J’s consumer business will be reorganized geographically, which will “simplify the consumer group’s structure,” and McNeil will become part of a stand-alone OTC division, according to the memo.

Company group chairman Patrick D. Mutchler has been named head of the newly created division, which will comprise J&J’s U.S. OTC operations, McNeil Nutritionals, Wellness & Prevention and J&J’s joint venture with Merck.

The new corporate structure “will enable quicker reaction to changing market conditions and more efficient execution of region-wide initiatives,” the company says.

Ortho Recalls Topamax

Meanwhile, J&J subsidiary Ortho-McNeil-Janssen recently announced a voluntary recall of two lots of Topamax (topiramate) 100-mg tablets.

Topamax is being recalled due to “consumer reports of an uncharacteristic odor thought to be caused by trace amounts of TBA (2,4,6 tribromoanisole),” according to the company.

TBA is a byproduct of chemicals often used to treat the wooden pallets on which products are stored and transported, and though TBA is not thought to be toxic, exposure to products can lead to offensive odors.

In 2010, J&J recalled 127,000 bottles of Tylenol 8 Hour for TBA-related odor issues (DGR, November 2010). In addition, Pfizer last year recalled more than 350,000 bottles of its cholesterol drug Lipitor (atorvastatin) for similar issues (DGR, January).

The Topamax recall covers two lots shipped between Oct. 2010 and Dec. 2010, and comprises approximately 57,000 bottles, the company said. Ortho believes fewer than 6,000 bottles of Topamax remain on the market, and a product shortage due to the recall is not anticipated.

Ortho is working with its suppliers to better understand the problem, and the company is “implementing processes to reduce TBA exposure,” company spokesman Mark Wolf told DGR.

Going forward, Ortho will require suppliers to use heat-treated as opposed to chemically-treated pallets, and the company has been conducting sensory and analytical testing, Wolf said. — Kevin O’Rourke
Trust Issues, Managing Recalls
Top Supply Chain Concerns

Foreign supplier reliability and the difficulty of managing recalls are top concerns for drugmakers working to control their supply chains, attendees at a recent conference said.

Drugmakers are particularly concerned about the increasing reliance on foreign active pharmaceutical ingredient (API) manufacturers, according to presenters at the Food and Drug Law Institute (FDLI) conference in Washington, D.C.

In 2007, there were 2,820 foreign sites producing FDA-regulated drugs or drug components, and of those the FDA was only able to inspect 325, Pinnachem President G. Michael Laidlaw said.

Because of the increase in offshore API suppliers, reliability is the most important attribute a manufacturer looks for in a supplier, Laidlaw said.

To improve supply chain confidence, Laidlaw called for increased industry monitoring of suppliers’ overseas plants, as well as an industry-wide API supplier auditing scheme.

Drugmakers must also work to overcome language barriers and different sets of GMP guidelines, he said.

Import Initiative, Recalls Discussed

The FDA’s planned secure supply chain initiative may also help drugmakers secure imported products.

The initiative will be a “trust but verify” import system, John Verbeten, director of the Division of Import Operations and Policy in FDA’s Office of Regulatory Affairs, said at the conference. The program is expected to verify the supply chain so that import inspections are a less important component of import safety and can be focused on unverified suppliers.

A Federal Register notice about the program should be posted this year, Verbeten said, but he declined to give a firm date for the initiative’s full implementation.

He acknowledged the FDA has traditionally been slow to implement changes, but added, “we want to see these things go forward as much as industry does.”

(See Global Supply Chain, Page 6)

FDA Launches Consumer-Friendly Product Recall Website

The FDA April 4 announced the launch of a website for consumers to search and view product recalls.

The FDA Food Safety Modernization Act (FSMA), signed into law in January, called for the creation of a recall search engine geared toward consumers.

The FDA’s new recall page lists recalls by type, and shows information for date, product name, product description, the reason for the recall and the recalling firm.

Also included are links to news releases and, when available, an image of the recalled product. For certain recalls, the page will show whether a recall is completed or ongoing.

Prior to FSMA’s passage, the FDA was not required to indicate a recall’s status, but it will now be included for mandatory recalls and voluntary recalls that fall under the agency’s new authority.

“Recalls, mandatory or otherwise, are serious and we must do everything possible to make it easier for people to know about these recalls so they can take appropriate steps to protect themselves and their families,” FDA deputy commissioner for foods Mike Taylor said.

Increased use of website resources has been an FDA goal for some time, as last year Paul Buckman, a former TV producer, was hired to head up CDER’s office of communications.

The new website is available at www.fda.gov/Safety/Recalls/default.htm. — Kevin O’Rourke
**Hamburg House, from Page 1**

The Drug Safety Enhancement Act, introduced April 12 by Reps. John D. Dingell (D-Mich.), Henry A. Waxman (D-Calif.), Frank Pallone (D-N.J.) and Diana DeGette (D-Colo.), is similar to the FDA Food Safety Modernization Act (FSMA) in that it would provide “tough new directives to protect consumers from unsafe drugs,” the bill’s sponsors said.

The act, H.R. 1483, is an update of the FDA Globalization Act, which was first introduced in January 2009, and which had to be resubmitted after its food safety provisions were removed (DGR, April 2009).

The bill’s provisions include:

- Requiring parity between domestic and foreign inspections;
- Prohibiting the import of drugs from facilities that deny, limit or delay FDA inspections; and
- Providing the FDA with enhanced enforcement tools, including mandatory recall authority.

Currently, the FDA functions under “inadequate law” to enforce drug safety, Dingell said.

**Budget Concerns Noted**

Questioning from committee members also touched on the ongoing debate over the fiscal 2012 budget.

The Republicans’ proposed fiscal 2012 budget, released April 12, seeks to cut $6.2 trillion from the federal budget over the next decade, likely resulting in steep cuts for the FDA.

In light of recent drug safety worries, “it is difficult to understand why we would be cutting FDA funding,” DeGette said.

However, committee members questioned the FDA’s use of the funding increases it has received over the past two years. Rep. Brian Bilbray (R-Calif.) criticized an apparent increase in FDA drug review times compared to foreign agencies during a period when the agency’s budget has gone up.

Hamburg countered this, saying between 2006 and 2010 the FDA approved 54 new molecular entities, “significantly more rapidly” than the rate of new approvals in the EU.

Hamburg was more upbeat about the FDA’s PREDICT import inspection system. PREDICT provides FDA staff “with more information regarding the many risks associated with products entering our borders and allows them to target for examination those shipments that pose the greatest risk,” Hamburg said.

Though the system’s nationwide roll-out has been delayed due to technical difficulties, the agency now sees, “no barriers at the present time to full implementation” by the end of the year, Hamburg told the committee.

The Drug Safety Enhancement Act is available at www.fdanews.com/ext/files/House_Bill_Number_1483.pdf. — Kevin O’Rourke

**FDA, IPEC to Create Library of Pharmaceutical Excipients**

The International Pharmaceutical Excipients Council (IPEC) and the FDA recently announced they will be working together to create a library of pharmaceutical excipients.

The collaboration between IPEC and CDER’s Division of Pharmaceutical Analysis (DPA) will help the FDA with its surveillance “of raw materials and finished products through rapid screening techniques,” according to IPEC.

A committee to create the library will be headed by Cindy Buhse, director of DPA, and Phillip Merrell, technical marketing manager at Jost Chemical.

Rapid screening of incoming pharmaceuticals “will dramatically increase the number of containers of material that can be examined without a dramatic increase in personnel,” Buhse said.

Industry experts can help the agency determine which excipients to target, Buhse added. — Kevin O’Rourke
FDA Notes Quality Control Issues In Reckitt Benckiser 483

Consumer products giant Reckitt Benckiser (RB) has received an FDA Form 483 with observations related to building sanitation, quality control and recordkeeping practices.

During a Dec. 7, 2010, to Jan. 5 inspection of RB’s Fort Worth, Texas, facility, the FDA found that “raw materials, to include active pharmaceutical ingredients, are routinely released for use in production prior to testing and release,” by the quality control unit.

The agency’s Dallas District Office also made several observations related to the condition and repair of RB’s buildings.

For example, the agency observed “blue residue on the floor and vacuum hose” in a compression suite where Mucinex D 600-mg tablets were produced.

The inspection revealed damaged and missing sections of overhead tile, and flaking paint and rust on machinery.

The 14-observation form also discusses documentation, written procedures and improper use of protective apparel. “Specifically, bottle packaging line operators do not change or sanitize gloves between handling tablets, equipment, utensils, records and other materials,” the FDA says.


Jacobus 483 Cites Quality Control Procedures, Building Repair

A Form 483 handed to Jacobus Pharmaceutical includes observations related to the company’s laboratory controls, facilities and production systems.

A Jan. 24 to Feb. 18 inspection of Jacobus’ Plainsboro, N.J., facility, found the company’s “stability testing program is not designed to monitor the stability characteristics” of active pharmaceutical ingredients, the form says.

It also notes the condition of Jacobus’ facility, as “powder-like residues” were observed covering “half of the floors and walls” of the raw materials sampling area.

The FDA’s New Jersey District Office made a total of 10 observations during the inspection.

Jacobus has responded to the FDA, and all of the observations are being addressed, company owner Laura Jacobus told DGR.


Investigations, Procedure Issues Noted in Excellium 483

Excellium Pharmaceuticals’, Fairfield, N.J., facility has received a 16-observation Form 483, noting that investigations into production discrepancies did not extend to other products that might have been affected.

The company’s content uniformity testing of one batch of chlordiazepoxide hydrochloride and clidinium bromide USP turned up an empty capsule, according to the Jan. 6 Form 483.

But Excellium did not extend its investigation of the empty capsule to other batches or drugs produced using the same machinery, and “no definitive root cause” was determined, the FDA’s New Jersey District Office found.

The form also discusses procedure verification issues. Excellium did not verify that its cleaning procedure for certain equipment is effective to prevent cross contamination of commercial products manufactured on the same equipment.

Excellium did not respond to a request for comment by press time. The Excellium Pharmaceuticals form 483 is available at www.fdanews.com/ext/files/Excellium%202818_001.pdf.
Global Supply Chain, from Page 3

However, despite drugmakers’ best efforts to secure supply chains and monitor manufacturing practices, recalls are an almost unavoidable part of being in the industry, James Wood, a partner at Reed Smith, said at the conference. Global recalls present even greater challenges for companies, he noted.

Wood discussed the Dalkon Shield recall — a “global recall that went very, very bad.”

The Dalkon Shield, an intrauterine device manufactured by the Dalkon Corporation, was recalled after it was found to cause fulminating pelvic inflammatory disease and spontaneous or septic abortion.

Though serious problems with the device were reported almost immediately after the product entered the market in 1971, Dalkon did not withdraw it until 1974, under pressure from the FDA. More than 300,000 lawsuits were filed against the company, leading to its eventual bankruptcy.

Industry should be prepared for the possibility of a recall, lest they follow in Dalkon’s footsteps, Wood said.

‘In general, manufacturers should closely follow regulators’ recall guidelines, Wood said, pointing to FDA, World Health Organization, EU and Health Canada’s recall guidelines as particularly instructive.

When organizing a recall or creating an action plan, drugmakers should set priorities and create recall teams to handle various tasks.

Steps in a model recall include:

- Conducting a health hazard evaluation;
- Conducting effectiveness checks;
- Providing recall status reports;
- Communicating with the government, shareholders, and employees; and
- Monitoring consumer opinion daily.

Members of a recall team should include experts, media relations staff, lawyers and insurance carriers. — Kevin O’Rourke

Following GMP Violations, Teva, Taro Resume Production

Teva Pharmaceutical and Taro Pharmaceutical have resolved GMP violations at plants in California and Canada, respectively, the companies said this week.

Teva reopened its injectable products manufacturing facility in Irvine, Calif., following a yearlong voluntary hold in response to a December 2009 warning letter, the company said in an SEC filing Tuesday.

The letter cited the Irvine facility for quality control issues, including a failure to test each lot of raw materials used to manufacture finished propofol injectable emulsion products to determine the presence and levels of bacterial endotoxin (DGR, May, 2010).

The plant’s closure cost the company $230 million in 2010, Chief Financial Officer Eyal Desheh said in a fourth quarter 2010 earnings call in February. The company doesn’t expect the plant to be back to full production until 2012, affecting 2011 earnings.

Teva suffered another setback earlier this year, receiving an FDA warning letter in January for deficiencies related to laboratory reporting and systems at its Jerusalem oral solid dosage plant (DGR, March). The company submitted a complete response to the FDA’s letter, the SEC filing states, and has requested a re-inspection.

Another Israeli company, Taro, has also resumed regular production at a North American plant following an FDA reinspection of its Brampton, Ontario, facility. Production flaws in the antiitch and acne cream fluocinonide and ringworm cream ciclopirox olamine led to GMP issues.

A February 2009 warning letter expressed concern that stability failures and other results for the creams did not prompt the generic-drug maker to withdraw or shorten the expiration period on the products (DGR, March 2009). —Sarah Karlin
FDA, EMA to Conduct Parallel QbD Reviews as Part of Pilot Program

Under a new pilot program, NDAs submitted to the FDA and European Medicines Agency (EMA) with Quality by Design (QbD) components will undergo parallel review from both regulatory agencies.

The pilot, which began April 1, will allow parallel evaluation of relevant development and manufacturing data components, known as QbD, the FDA said recently.

The pilot will run until March 31, 2014, at which time the agencies will assess and issue a joint outcome of the program, the EMA says.

The dual review will not expedite the approval process, as reviews will take the standard time, FDA spokeswoman Morgan Liscinsky told DGR.

Reviewers from both agencies will assess, separately, the quality/chemistry, manufacturing and control (CMC) section of NDAs submitted to the FDA and marketing authorization applications (MAAs) submitted to the EMA.

With reviewers focusing on aspects including development, design spaces and real-time release testing, both agencies will communicate and consult regularly during the review process with the aim of presenting a common list of questions to the applicants and a harmonized evaluation of their responses, according to the EMA.

In Europe, the pilot will apply to new MAAs and quality-related scientific advice requests. Type II variations may be included on a case-by-case scenario, the EMA advises. Meanwhile, in the U.S., the program will cover NDAs, sNDAs and chemistry manufacturing control meeting requests.

QbD covers designing and developing pharmaceutical formulations and manufacturing processes to help ensure product manufacturing quality, the FDA says. The process involves an

FDA Clears Perrigo Plant After Warning Letter

The FDA has cleared Perrigo of its manufacturing woes following a warning letter last year to the company’s Allegan, Mich., site, opening the door for additional product approvals and export licenses.

The agency found the generic-drug maker failed to solve ongoing bottling mix-ups and contamination issues, as noted in an April 2010 warning letter (DGR, June 2010).

Also, Perrigo recalled 11-million bottles of 50-mg acetaminophen caplets in 2006 after it detected small metal fragments in product. The source was traced to a third-party supplier (DGR, December 2006).

“The FDA has informed Perrigo that, effective immediately, the company has an acceptable regulatory status, such that any pending export license and ANDA applications from this facility will once again be eligible for review and approval,” the company said April 12.

The announcement came after a recent reinspection of the facility.

The only product approval publicly disclosed on hold was for cough and congestion medication Mucinex (guaifenesin), Perrigo spokesman Arthur Shannon told DGR. We are “not sure when we should expect the approval as we still have a legal hurdle to resolve,” Shannon said.

Collins Stewart analyst Louise Chen said in a note April 13 that a trial is set for November between Perrigo and innovator Reckitt Benckiser over a patent dispute regarding generic Mucinex.

She adds Perrigo must now ramp up production at the Allegan site and expects more details on the FDA go-ahead in an earnings call early next month.

Perrigo earlier this year agreed to buy Paddock Laboratories for $540 million to expand its generic drug business. — David Pittman
Chinese API Manufacturer Ningbo Receives FDA Warning Letter

The FDA has handed active pharmaceutical ingredient (API) manufacturer Ningbo Smart Pharmaceutical a warning letter for “significant deviations” from cGMP requirements.

During an October 25 to 29, 2010, inspection of Ningbo’s Ningbo, China, facility, the FDA found the company had approved the release of product without first testing it for organic volatile impurities (OVI).

Ningbo reported the products’ OVI levels conformed to guidelines, but the FDA discovered Ningbo had not in fact performed any tests. “It is essential your firm only report results to customers when you have actually performed the analysis,” the FDA says in a March 30, 2011, letter posted online April 5.

Ningbo’s lack of testing “raises concerns regarding the reliability and integrity of other data generated by your firm,” the FDA adds.

The warning letter also notes Ningbo’s quality control unit (QCU) released a number of API lots without first performing required tests. “It is a basic responsibility of your QCU to ensure that all API lots produced meet specifications for quality and purity prior to being released,” notes the FDA.

The FDA further criticizes Ningbo’s data retention practices, or lack thereof. After the agency’s inspection found Ningbo “destroyed some old, but foundational records” the FDA recommended Ningbo, “reconsider your record retention policy for application-related records.”

Due to the severity and number of cGMP problems found during its inspection, the warning letter “highly recommends” Ningbo hire a third-party auditor to assist the company with cGMP compliance.

Ningbo Smart Pharmaceutical did not respond to a request for comment by press time.

The Ningbo warning letter can be found at www.fdanews.com/ext/files/ucm249425.pdf.
— Kevin O’Rourke

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FDA, EMA, TGA to Finalize Joint GMP Inspection Program

The FDA is working with the European Medicines Agency (EMA) and Australia’s Therapeutic Goods Administration (TGA) to finalize a permanent pilot program for joint GMP inspections at active pharmaceutical ingredients (APIs) manufacturing facilities.

The program is based on a pilot initiative from December 2008 that aimed to coordinate inspections of manufacturing sites of attention to more than one of the agencies.

Under the pilot program the FDA, TGA, five EU Member States (France, Ireland, Italy, the UK and Germany) and the European Directorate of the Quality of Medicines and Healthcare (EDQM) agreed to launch a joint initiative to collaborate on international GMP inspections of API manufacturers located outside the participating countries. Their goal is to share information on inspection planning, policy and inspection reports and the conduct of joint inspections through several key performance indicators:

- Make GMP inspections more transparent and visible;
- Decrease the number of duplicate inspections;
- Increase the number of pre- and postapproval inspections of sites that produce active pharmaceutical ingredients;
- Increase the number of inspections that are useful to more than one agency; and
- Continually assess performance.

To facilitate inspection coordination, the participating authorities compiled a master list of sites of interest for all participants, including the APIs produced at the site, the date and outcome of the last inspection and the date of the next planned inspection.

A total of 1,046 sites were provided from participants and based on information at the time of the interim report the number and manner in which the sites were shared are:

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The interim report says seven joint inspections were performed, four of which were conducted by Europe and the TGA in India, one conducted by the EMA and FDA in Croatia, one conducted by the FDA and TGA in Mexico and one conducted by the EMA and TGA in Japan.

There were also two planned and confirmed joint FDA and TGA inspections in Japan that were cancelled.

Using the master list, participants also contacted each other to ask for an already planned inspection to have its scope extended so the shared report would cover more products.

Europe made 47 requests to the FDA and 16 requests to the TGA; the FDA made 20 requests to Europe and 16 requests to the TGA; and the TGA made seven requests to Europe and eight requests to the FDA.

As a result of the pilot’s focus on sharing information and inspection reports, “it is self-evident that resources were freed up for other priorities including inspection of sites which are not shared by other participants and/or which were never inspected before,” according to the report.

However, “to further develop collaboration, tools will have to be adapted and improved to better suit the intended use and national systems will have to be adapted to make better use of international cooperation opportunities,” the report suggested.

(See API GMP, Page 12)
Guidance Addresses Info in RFDs For Combination Products

A final FDA guidance on request for designation (RFD) of hard-to-classify combination products will help inform sponsors of what information should be included.

An RFD is a written submission to the Office of Combination Products (OCP) requesting a determination on which FDA center will regulate the product, for non-combination products, or which center will have primary jurisdiction for premarket review and regulation, for combination products.

Sponsors do not need to submit an RFD for every combination product — only when classification is unclear or in dispute, according to the guidance issued April 15. They are encouraged to contact OCP before submitting an RFD if they have any questions, but OCP will not grant meeting requests once an RFD has been submitted.

RFDs must include:

- The sponsor’s identity;
- A description of the product;
- The schedule and duration of use;
- The dose and route of administration of the drug or biologic;
- A description of related products and their regulatory status;
- Any other relevant information; and
- The sponsor’s recommendation for classification.

The guidance also recommends including:

- The sponsor’s contact information;
- The product name;
- The product’s chemical, physical or biological composition;
- Information on developmental work and testing;
- The proposed use or indications; and
- The modes of action and primary mode of action.

OCP will review RFDs for completeness within five days of receipt and will notify the sponsor. If the RFD is complete, the office will provide the date by which it plans to respond to the request. If it does not respond within 60 calendar days of the filing, the product will fall into the category recommended by the sponsor.

If a sponsor disagrees with a jurisdictional determination, it may request, within 15 calendar days, that OCP reconsider its decision. The request cannot include any new information.

The guidance also discusses a two-part assignment algorithm, which sponsors should use when a product’s primary mode of action is difficult to determine.

In such cases, the sponsor must recommend classification to either: The center, if any, that regulates other combination products with similar questions of safety and effectiveness or the center with the most expertise on the most significant safety and effectiveness questions presented by the product.

The guidance, which includes an RFD checklist, is available at [www.fdanews.com/ext/files/UCM251544.pdf](http://www.fdanews.com/ext/files/UCM251544.pdf). — April Hollis
AZ: Initial Track-and-Trace Phase Possible by 2016

The FDA’s rollout of a track-and-trace system to make it easier to identify counterfeit and other substandard prescription drug products should be structured as a supply chain-wide pilot program, AstraZeneca says in comments on the agency’s proposal.

The pilot program also should be limited initially to unit serialization of trade packs to allow for electronic verification at the pharmacy level, AstraZeneca suggests for the program.

By 2016, it is possible for the biopharma industry to achieve unit serialization and the infrastructure that would require, the company projects. That timeframe would coincide with the deadline for industry compliance with California’s drug pedigree program.

AstraZeneca’s comments were in response to questions posed by the FDA in February during a two-day agency workshop on a track-and-trace program.

To achieve real-time verification in pharmacies, AstraZeneca recommends serializing trace packs using available robust 2-D data matrix barcode technology and modeling the system on the European Federation of Pharmaceutical Industry Associations drug coding project.

AstraZeneca highlighted several concerns about track-and-trace, including the complexity of collaborating across the supply chain, the potential costs of implementing the system and ensuring data visibility and securing proprietary information.

Clarify Preemption Policy

The FDA also needs to clarify its preemption policy concerning track-and-trace. “In the absence of clarity regarding federal preemption, many companies, including AstraZeneca, must begin funding their plans to develop line systems, system architecture and new business processes to meet requirements for California,” the company says.

In other comments, The Healthcare Distribution Management Association (HDMA) said it supports the need for a single federal standard that is harmonized with international requirements. The group expressed concern that a centralized track-and-trace database could become burdensome to the FDA and lead to disruptions in patient access to drugs.

Track-and-trace networks will need sophisticated access protocols and system functionality as well as credentialing or certification of data trading partners to ensure that access is limited to those with a legitimate right to the data, according to the National Council for Prescription Drug Programs (NCPDP). “As long as the data requirements are standardized and fully defined, any indemnified entity could house the track-and-trace data,” the council says.

Additional Recommendations

NCPDP also recommended that the unique numerical identifiers be applied at all product levels, including packaging, case, pallet, tote and shipping containers. The identifiers should be both human and machine readable to guarantee track-and-trace capability “where machine readable identifiers are not feasible or possible,” the council says.

The Allergen Products Manufacturers’ Association (APMA) urged the FDA to exempt allergen extracts from the track-and-trace system.

Since 93.5 percent of allergen extracts are manufactured in small-volume lots and move directly from the drugmaker to a physician or hospital pharmacy, they are not lucrative targets for counterfeiters, the APMA says. In the event of a problem, use of electronic distribution systems by all six of APMA’s members makes potential recalls an easy process, the group adds.

The FDA received 20 comments on the docket. They may be accessed at www.regulations.gov/#!searchResults;dct=PS;rpp=10;p o=0;s=FDA%E2%80%932010%E2%80%93N%E2%80%930633. — Meg Bryant
FDA Warns That Teva Tablets Can Block Syringes, Feeding Tubes

The FDA has issued a MedWatch warning and a letter to healthcare professionals warning Teva Pharmaceutical’s generic lansoprazole delayed-release orally disintegrating tablets (ODT) can block oral syringes and feeding tubes.

The product is clogging gastric and jejunostomy oral syringes and feeding tubes when lansoprazole is administered through them since the tablets are not fully disintegrating in water, or are forming clumps, the FDA says in a letter released April 15.

Teva voluntarily withdrew its lansoprazole delayed-release ODT product from distribution, but some product may be stocked in pharmacies or be in the possession of patients, the agency says. The product is also sold under additional labels.

Therefore, the FDA recommended healthcare professionals evaluate their stock and refrain from dispensing Teva’s lansoprazole to patients receiving the product through oral syringes or feeding tubes.

Lansoprazole is a proton pump inhibitor (PPI) approved for the treatment of gastric and duodenal ulcers, gastroesophageal reflux disease, and erosive esophagitis.

PPIs, including lansoprazole products, recently came under FDA scrutiny, and the agency issued a MedWatch warning and label change for PPIs due to low magnesium levels associated with their use over the long term. — Molly Cohen

UK’s MHRA to Publish Company-Led Drug Recalls on Website

The UK’s Medicines and Healthcare products Regulatory Agency (MHRA) has created a new website detailing company-led recalls for drug products.

Launched last month, the site collates information for company-led recalls for products in cases where a known and limited distribution is targeted and it is not deemed beneficial to contact large numbers of unaffected individuals, according to the MHRA.

Each recall posting will include the product’s identification numbers, company name, product description, batch number and expiry, brief problem description, company website, company recall contact person and his or her contact information.


API GMP, from Page 9

All in all, “the international pilot program for conducting GMP inspections at API manufacturers is an impressive success,” said Oliver Schmidt of the European Compliance Academy.

The API interim report is available at www.fda.gov/InternationalPrograms/FDABeyondOurBordersForeignOffices/EuropeanUnion/EuropeanUnion/EuropeanCommission/ucm239887.htm. — Molly Cohen
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