

**LES DEFIS DU SYSTEME EUROPEEN AU SUJET DE L'EVALUATION
ET SUPERVISION DES MEDICAMENTS**

*OS DESAFIOS DO SISTEMA EUROPEU NA AVALIAÇÃO E
SUPERVISÃO DOS MEDICAMENTOS*

**THE CHALLENGES OF THE EUROPEAN SYSTEM FOR THE
EVALUATION AND SUPERVISION OF MEDICINES**

Reunião em Lisboa

16 fevereiro 2018

Ordem dos Farmacêuticos

Georges FRANCE, Académie Nationale de Pharmacie

Disclaimer

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Industry Challenges to Secure Supply chain Integrity In the Global Environment

Georges FRANCE, Ph.D.

IFPMA Regulatory Policy and Technical Standard (RPTS) Vice-chair,

EFPIA TDOC,

ICH Quality Group

ICH Board 2012

ICH Board, San Diego, November 12th, 2012

Tkx to Anders Vinther, Ph.D.
Chief Quality Officer
Sanofi Pasteur
PDA Workshop 2017



International
Federation of
Pharmaceutical
Manufacturers &
Associations

Fédération
Internationale de
l'Industrie du
Médicament

Federación
Internacional de la
Industria del
Medicamento



Global GMP inspection landscape:
industry point of view and the way forward



Dr.-Ing. Stephan Rönninger, F. Hoffmann-L. Dr. Georges Franco, Pfizer ICDRA 2010

The International Federation of
Pharmaceutical Manufacturers & Associations

© IFPMA 2010



European Federation of Pharmaceutical
Industries and Associations

Annual Regulatory GMP/GDP Inspection Survey
2016 Data

* Date: 15 / May / 2017 * Version: Final



Future of the European Model ?

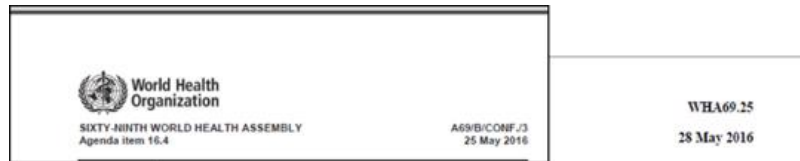
An interesting time

- Global Environment major changes
 - Politico-Economy / Supply chain / Regulatory environment
- 2 opposite trends
 - Globalization versus Protectionism & Turning inward
- Challenges
 - Regulatory convergence or Regulatory fragmentation
 - Science knowledge: Constrain or Booster
 - More regulations or better regulations
- Examples
 - Challenges of Post Approval changes
 - Multiplication of Foreign inspections

Added value for patient ?



Global Political/Economical trends



Addressing the global shortage of medicines and vaccines

The Sixty-ninth World Health Assembly,

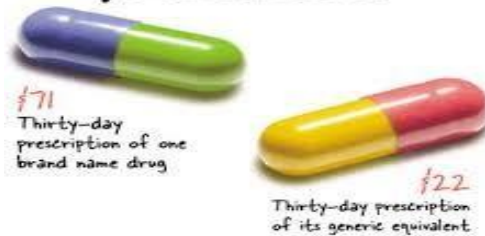
Having considered the report on addressing the global shortages of medicines, and the safety and accessibility of children's medication,¹

Recalling the Health Assembly resolutions WHA67.22 (2014) on access to essential medicines, WHA60.20 (2007) on better medicines for children, WHA67.20 (2014) on regulatory system strengthening, WHA67.21 (2014) access to biotechnological products, including similar biotechnological products, and ensuring their quality, safety and efficacy, WHA61.21 (2008) on global strategy and plan of action on public health, innovation and intellectual property, WHA65.19 (2012) on substandard/spurious/falsely-labelled/falsified/counterfeit medical products, WHA65.17 (2012) on the global vaccine action plan, WHA68.7 (2015) on the global action plan on antimicrobial resistance, WHA67.25 (2014) on antimicrobial resistance, WHA64.9 (2011) on sustainable health financing structures and universal coverage, and Human Rights Council resolution RES-12/24 (2009) on access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,



Your prescription, your choice.

<http://apps.who.int/medicinedocs/documents/s22423en/s22423en.pdf>



Lower Drug Prices: New Proposals Carry Lots of Promises

The White House is considering a plan to lower out-of-pocket costs for people in Medicare drug plans, who often pay inflated prices for their drugs.

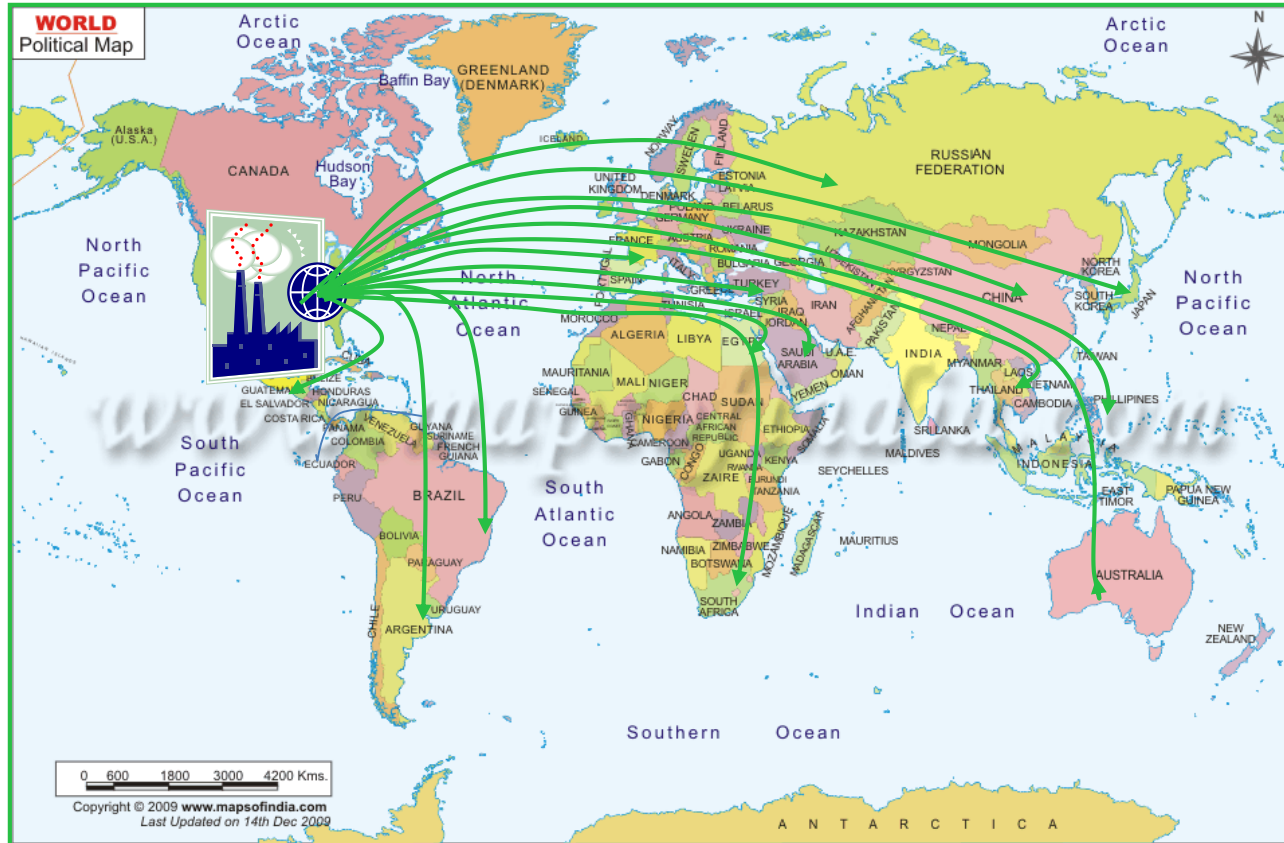
By [KATIE THOMAS](#) and [REED ABELSON](#) FEB. 9, 2018

The New York Times

Major changes in the Supply Chain



Major changes in the Supply Chain Concentration on one side



Manufacturing site with Regional/Global coverage

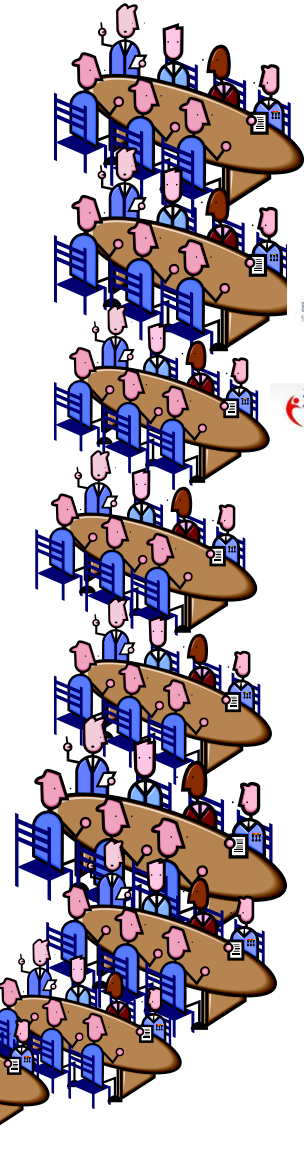
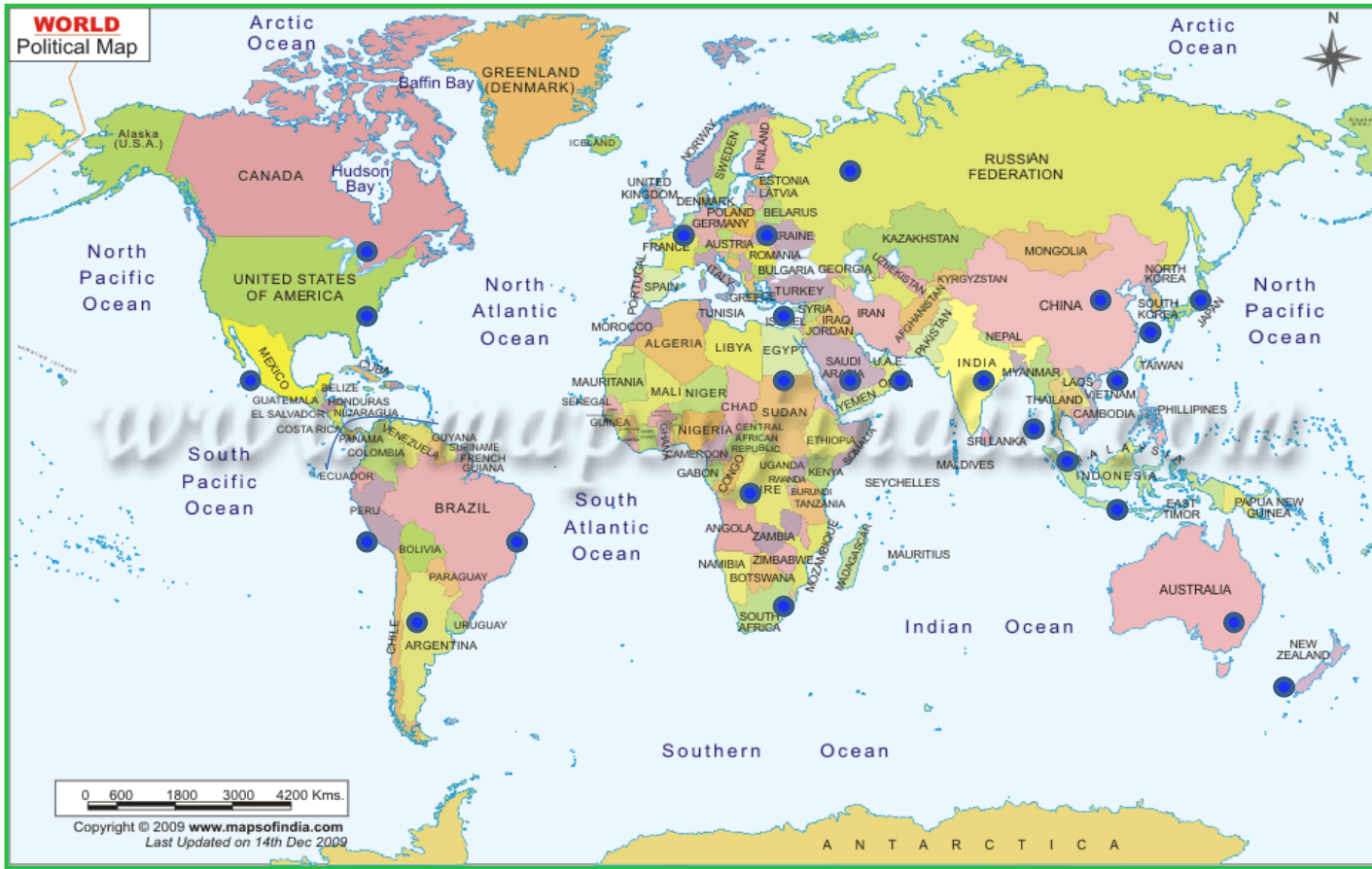
Fragmentation and Complexity on the other side



**Historical Traditional Supply Chain moving to a pretty more complex model
upstream and downstream**

Major changes in the Regulatory Environment





Regulatory Environment : Emerging Major Regulatory Agency



Reference Standard are essential and the backbone of quality international organisation

However



Drug tested against USP



Same drug tested against European Pharmacopeia/BP/...

Multiple standards:

Added value for patient ?



Brexit: Adding a layer to the complexity

- Unclear Scenario
 - Timing / Scope
 - Worst case considered, not realistic, multiple options
- Certification vs Retesting processes
- Multiple Regulatory Changes (Artwork and Labelling, etc.)



- More complexity
- Non value added changes and cost
- Shortages



Added value for patient ?



Benchmarking with another Global industry



We are expecting maintenance tests to be similar and the same Standard to be used in these Airports and all others, aren't we ?

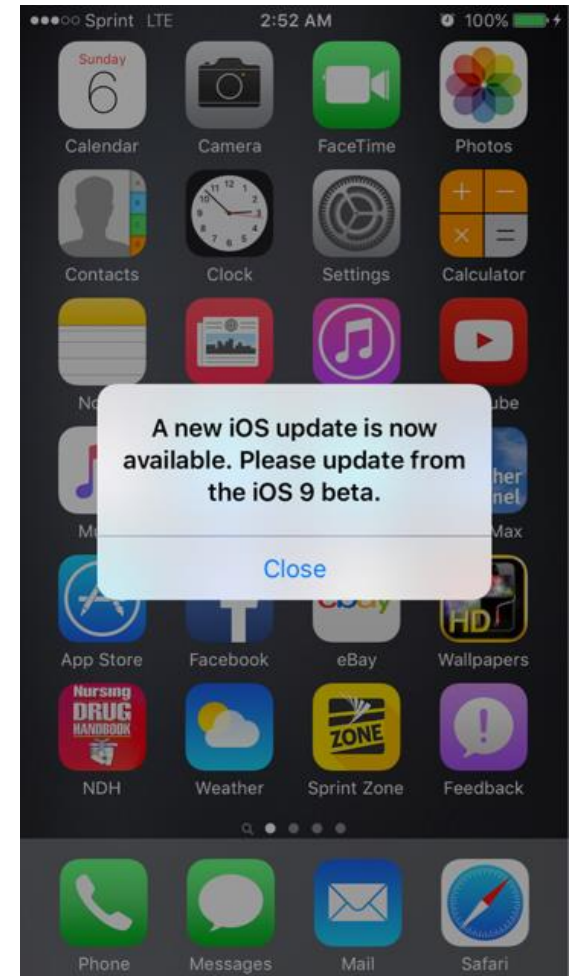
Pharmaceutical: Room for improvement

Benchmarking

- With other industry sectors
 - Continuous manufacturing
 - Real Time Release Testing (RTRt)
 - Process Analytical Technology (PAT)
 - Design Space

➤ an “old story” in food & chemical

- Sub-optimal asset utilisation
- Cycle times



However some challenges to “upgrade” our industry

Post Approval changes

■ Variation for “upgrading”

- Timing: From “do and tell” to 1,2 to 5 years depending of local regulatory requirement.
 - Over Stock, multiple specifications
 - Risk of **non compliance** and **shortage**

Added value for patient ?



■ Regulatory framework to support

- **QbD** (ICH Q8,9 & 10): Challenge where accepted (Dossiers with and without)
- **LCM & PAC** (ICH Q12)

Transformational Guidelines or ... ?



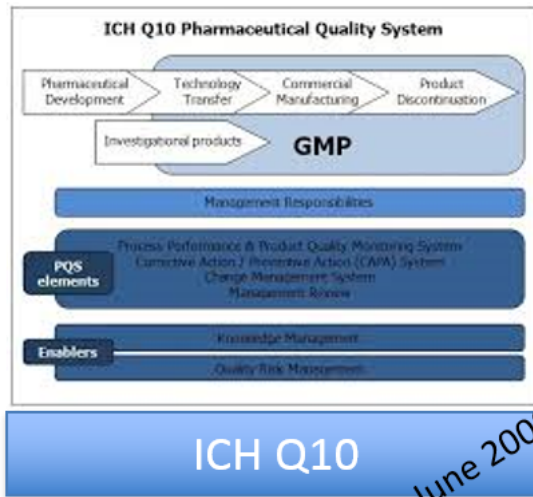
ICH Q10 w Q9 & Q8 → Benefit ?

Annex 1



“Demonstrate effective pharmaceutical quality system and product and process understanding, including the use of quality risk management principles”

“Opportunity to optimize science- and risk-based post approval change processes to maximize benefits from innovation and continual improvement”



The Right Quality Culture		
Change Management <ul style="list-style-type: none"> Fully integrated Q9 principles, clear risk based PAC plans Alignment of risk assessments between company and regulators 	CAPA <ul style="list-style-type: none"> Integrate knowledge from deviations, trends and complaint/recall incidents in risk based PAC plans Monitor PAC effectiveness 	Internal Audit <ul style="list-style-type: none"> Assess effectiveness of risk based decision making for PAC management
Process Performance & Product Quality Monitoring <ul style="list-style-type: none"> Early and proactive detection of control drifts, variability, trends, adverse events/complaints Drive continuous improvement 	Outsourcing <ul style="list-style-type: none"> PQS effectiveness should be assessed for each CMO/Supplier Clear agreement between CMO/Supplier and MAH for PAC notification and management 	Management Review <ul style="list-style-type: none"> Risk based decision making on product, process and quality system performance metrics
Integrated Quality Risk Management & Knowledge Management		

PtC PQS, www.pda.org/pac

Concept or Reality ?

Q12 : Product Life Cycle Management

Pharmaceutical Development

Technology Transfer

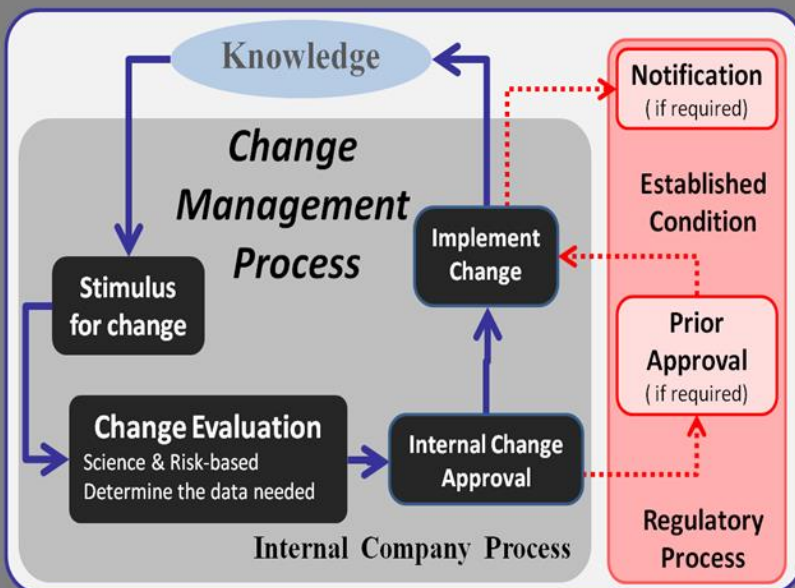
Commercial Manufacturing

Product Discontinuation

QTPP (Quality Target Product Profile) Defined
 CQA (Critical Quality Attribute) Identified
 CPP (Critical Process Parameters) Determined
 KPP (Key Process Parameters) Determined
 CS (Control Strategy)

Changes

Enablers



Efficient PQS

Tools

Elements of PLCM documents

- Summary of Control Strategy (CSs)
- Product Established Conditions (ECs)
- Reporting categories Associated to ECs
- PACMPs
- Post-approval CMC Commitments

- Product Established Conditions (ECs)
- Reporting categories Associated to ECs
- Post-Approval Change Management Protocols

- Analytical Processes for existing product

Manufacturing Process Parameters

Decision tree for ECs and Associated Reporting categories

Is the process parameter a CPP or a KPP?

Yes
It is an EC

Not
It is not an EC

Reporting categories
of changes to E.C.

What is the level of potential risk
associated with the proposed
change taking into consideration
the Control Strategy ?

High

Moderate to Low

Prior Approval

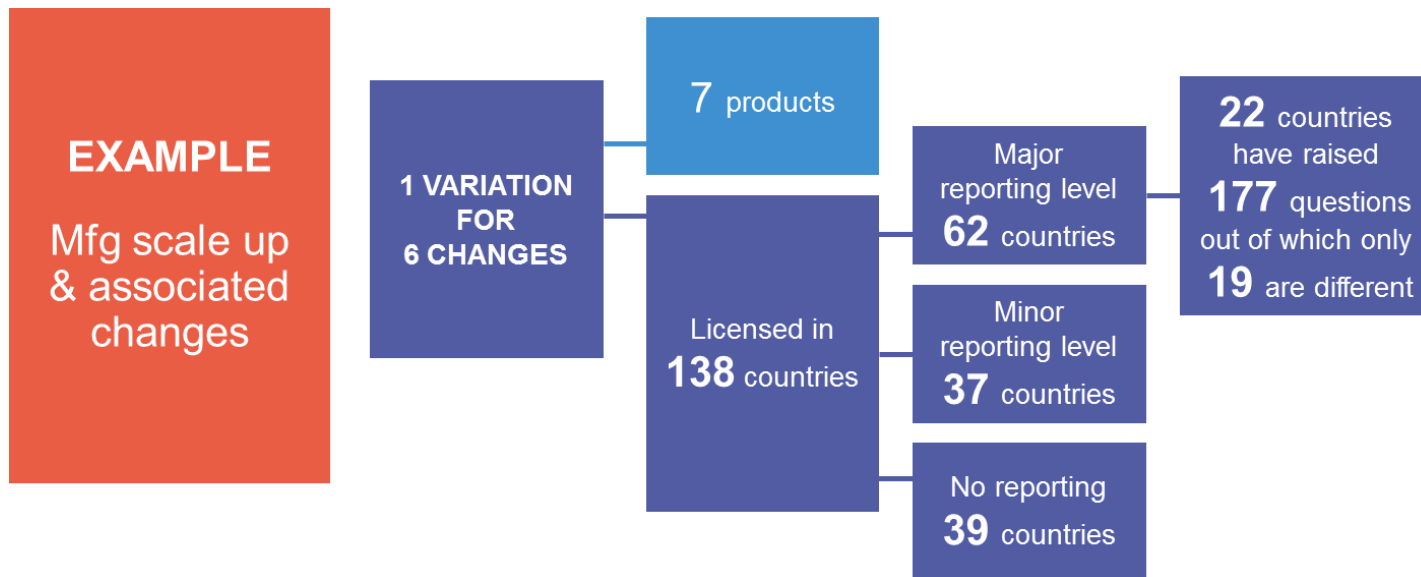
Notification

Not Reported

Regulatory Framework: Categorization of changes

Challenges after The Finish Line – How Can We keep a Product in Supply after Its Initial Approval?

Anders Vinther

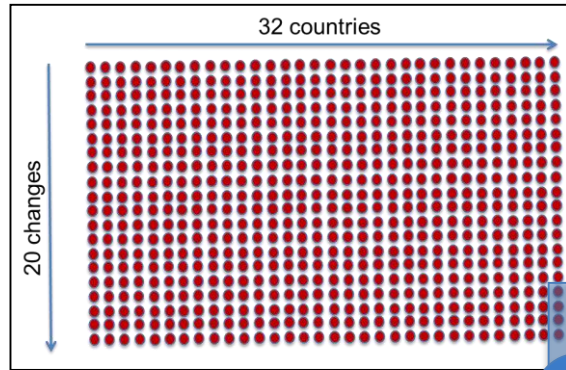


Real life example: One change assessed by 99 different countries individually according to different requirements and timelines

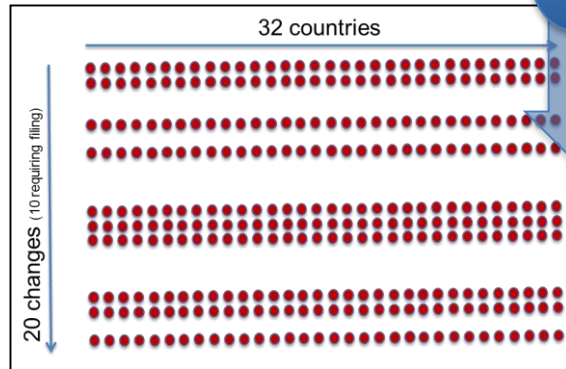
Added value for patient ?



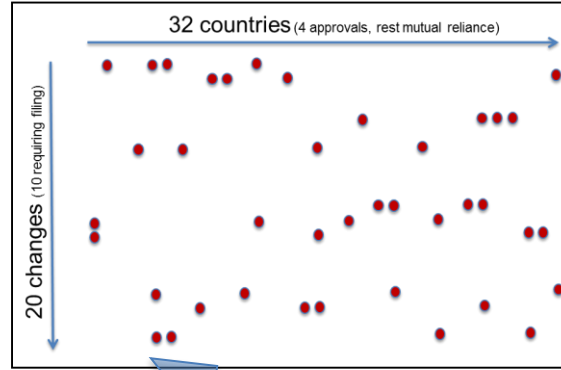
Dimension ONE:
More changes only covered in PQS



1



2



94 %

reduction in PAC regulatory approvals in this example with no impact on product safety or quality

Dimension TWO: Countries mutually relying on each other

Post Approval changes

- How to secure

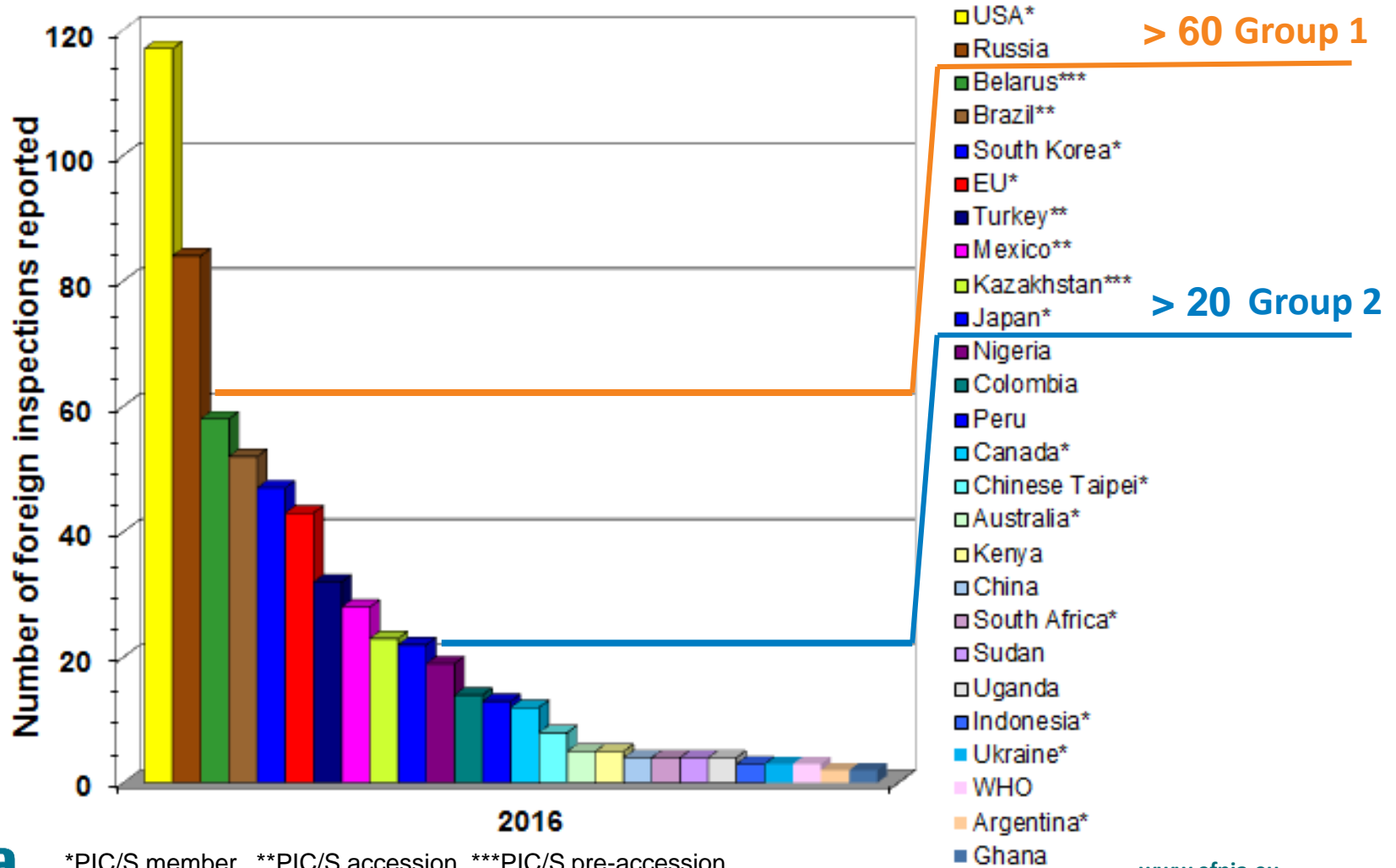
- Very Robust **Change Control** process
- Comprehensive and Robust **Pharmaceutical Quality System (PQS)**
- **Third Party Quality management**
- **Visibility to HA**
 - (Marketing Authorization Holder MAH / Manufacturing site)

To achieve an Efficient Life Cycle Management

Multiplication of foreign inspections

Foreign Inspections in 2016

ordered by country (>1 inspections; EU as one entity)



Multiplication of foreign inspections

Potential barriers

- Local legal requirement
 - foreign inspection to legally protect public health (Country level)
- IP challenges
 - Lack of, or uncertain, arrangements for the protection of confidential commercial and trade secret information between authorities
- Mutual acceptance processes
 - GMP-certificates are not accepted if issued by other inspectorates
 - Insufficient Mutual Recognition Agreements (MRA) between national/regional authorities

Added value for patient ?



Global Regulatory Convergence

A real value for the patients

- Increase transparency internally and externally
- Facilitate quality oversight
 - *Focus on weakness (QRM approach)*
- Decrease regulatory complexity
 - *Facilitate mutual acceptance*
 - *Avoid duplication of resources*
 - *Facilitate QRM approach for industry and for regulator/inspector and lead to better targeted use of resources*
- Indirectly facilitate visibility of substandard
- Facilitate the management of complex supply chain

Future of the European Model ?

Next steps

- How to keep focus on the essential with a good balance
 - Patient first
 - Continuous improvement based on Innovation, Science and Technology
- Options to consider
 - **Convergence** and **Mutual Recognition** until **Harmonization**
 - **Continuous improvement** (based on Innovation, Science and Technology)
 - Facilitate access to “better than ...”
 - Regulation based on **Robust Risk Assessment**
 - Reconnect the **MA Holders** (country based) to **Manufacturing Sites**
 - Better Regulation versus More Regulation

“The Real Difficulty
in changing the course of any enterprise
lies not in developing new ideas,
but in escaping old ones”

John Maynard Keynes



From Hurdle Race

Innovation



To Fast Track

BACK UP SLIDES



- **Challenges after The Finish Line – How Can We keep a Product in Supply after Its Initial Approval?**

Anders Vinther Chief Quality Officer Sanofi Pasteur
2017 PDA Annual Meeting

EFPIA: Annual Regulatory GMP/GDP Inspection Survey 2016 Data

- Thanks to Stephen Roenninger

Challenges after The Finish Line – How Can We keep a Product in Supply after Its Initial Approval?

Anders Vinther

Chief Quality Officer

Sanofi Pasteur

Vaccines

- 2-3 million lives saved every year by immunization with vaccines¹
- Vaccination saves 44 \$ for every \$ spent²
- In 2015 1 in 5 children didn't receive life saving vaccines³

% morbidity decrease in the US for vaccine preventable diseases

- Polio 99 %
- Hib 99 %
- Measles 99 %
- Mumps 99 %
- Pertussis 93 %
- Rubella 99 %
- Smallpox 100 %

(1) <http://www.who.int/mediacentre/factsheets/fs378/en/>
(2) Johns Hopkins Bloomberg School of Public Health; 2016
(3) WHO - Immunization highlights: 2015

Adapted from Farrant L. Vaccine infographic 2012. Available from: <https://www.behance.net/gallery/2878481/Vaccine-Infographic>

Focus on getting new medicines to market

- Many successful programs in place aiming at getting new medicines to the finish line (approval) faster with expedited regulatory reviews
- Good progress made on harmonized initial regulatory filing with Common Technical Document (CTD)



But what does it look like after the finish line?

Keeping the medicines in supply is a challenge

- Regulatory requirements for Post Approval Changes (PACs) differ from country to country
- These differences
 - are costly and a threat to innovation and medicines availability
 - have no scientific rationale
 - Makes supply logistics very challenging



Keeping medicines in supply is like a ‘hurdle race’

Managing change is a necessity post first approval of the product

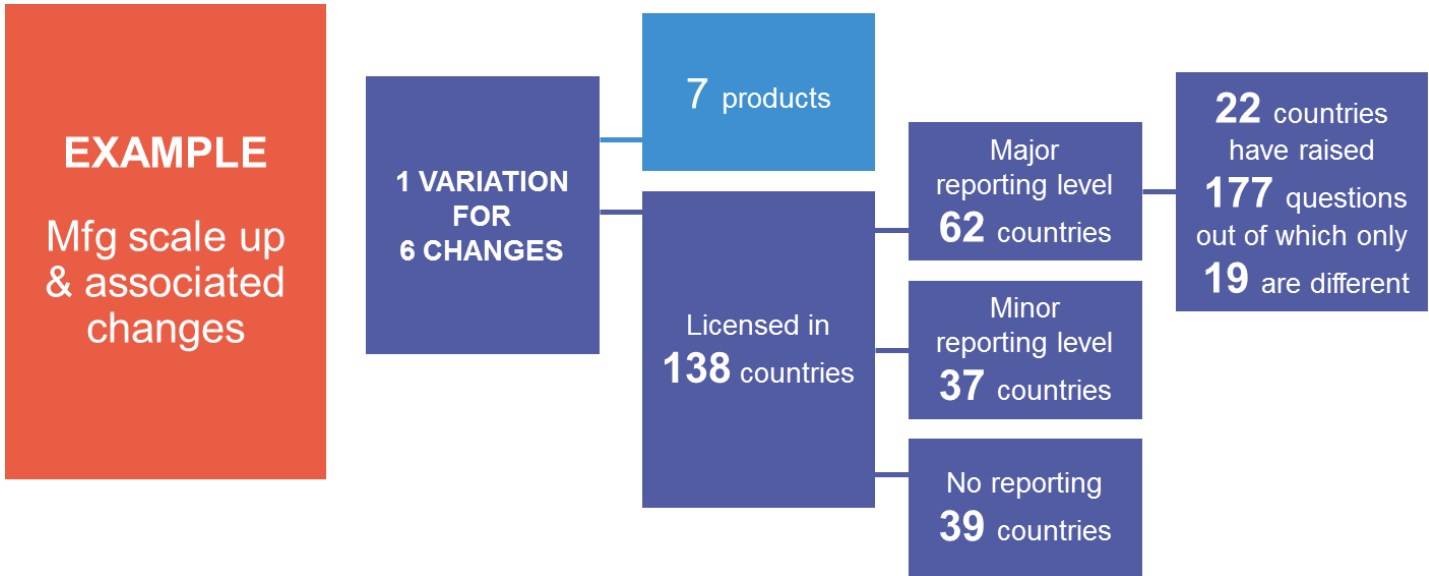
- Product & process knowledge grows
- New technologies emerge
- Industry practices change
- Regulatory requirements evolve
- Supply chain and suppliers change
- Safety knowledge increases

Managing change is a regulatory expectation

“Continual improvement is facilitated through the implementation of quality improvements appropriate to the current level of product and process knowledge”

(EU GMPs, Part I, Chapter 1)

PACs is a natural and important part of the product lifecycle




Real life example: one change assessed by 99 different countries individually according to different requirements and timelines

- Each time we travel, we entrust the technicians who check that our airplane is safe to fly
- Imagine each passenger wanting to check safety according to his/her checklist before plane could take off



***Imagine applying the same approach to boarding a plane
- would we ever take off ?!***

- ***Medicines shortages is a global problem*** that is handled at national level – which will not solve the problem globally
- Medicines shortages is a ‘wicked problem’ – highly resistant to solutions



World Health Organization
SIXTY-NINTH WORLD HEALTH ASSEMBLY
Agenda item 16.4


A69/B/CONF.3
25 May 2016

WHA69.25
28 May 2016

Addressing the global shortage of medicines and vaccines

The Sixty-ninth World Health Assembly,
Having considered the report on addressing the global shortages of medicines, and the safety and accessibility of children's medication,¹

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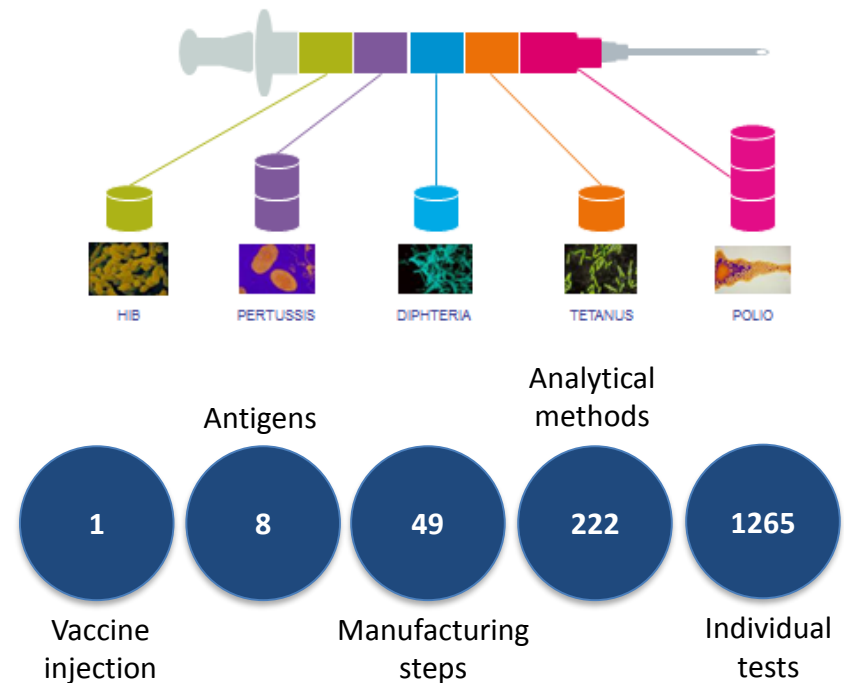
DIRECTOR GENERAL

<http://apps.who.int/medicinedocs/documents/s22423en/s22423en.pdf>

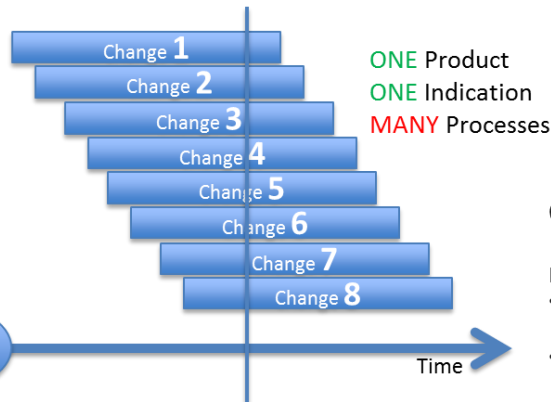
Medicines shortage is a global problem that requires a global solution

Specificities about vaccine manufacture

- Biologics manufacturing
- Often more than one antigen (drug substance) formulated into one vaccine (drug product)
- 2 years total time from start to finish for each batch (70 % of the time used for QC testing)



ONE Product
ONE Indication
ONE Process



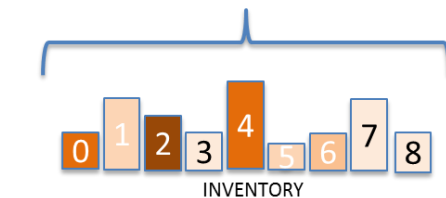
Consequence:

Logistics challenge →
 • less ability to act on change in demand for one version → shortage
 • risk of errors made

Drives cost up →
 • Reduces incentive to innovate and continually improve, promotes status quo
 • Reduces number of manufacturers

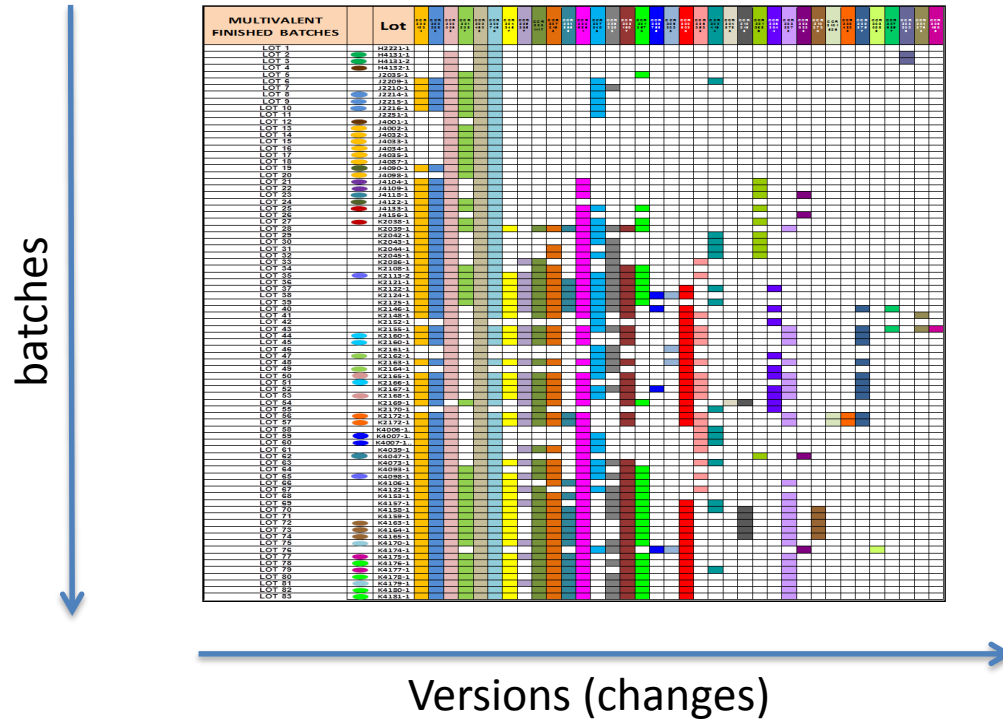
Options to manage multiple versions:

- Keep inventory of old version(s) as projected with known forecast.
Risk: change in actual demand
- Run old and new version in parallel
- *Risk: costly and no incentive for innovation*



The logistics issue of regulatory complexity explained

83 batches : 55 variations of the same process...

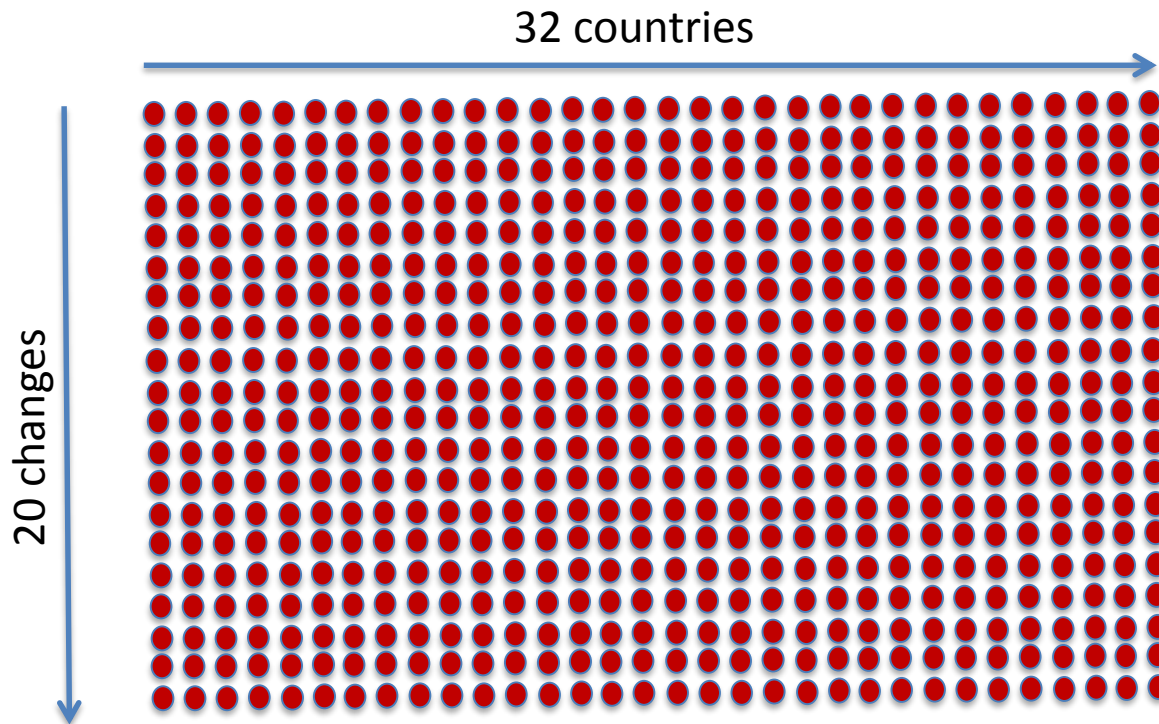


Regulatory complexity in reality: One pentavalent vaccine, one year

Time to talk solutions.....

Solutions

- **Solution A:** Setting time limits for PAC approvals
 - Challenge: resources & prioritization
 - Benefit: Fewer open changes (versions) at any given time
- **Solution B:** Harmonize documentation requirements and reporting level for regulatory submissions
 - Challenge: country specific legal framework
 - Benefit: Everyone works from the same requirements -Start from WHO guidance



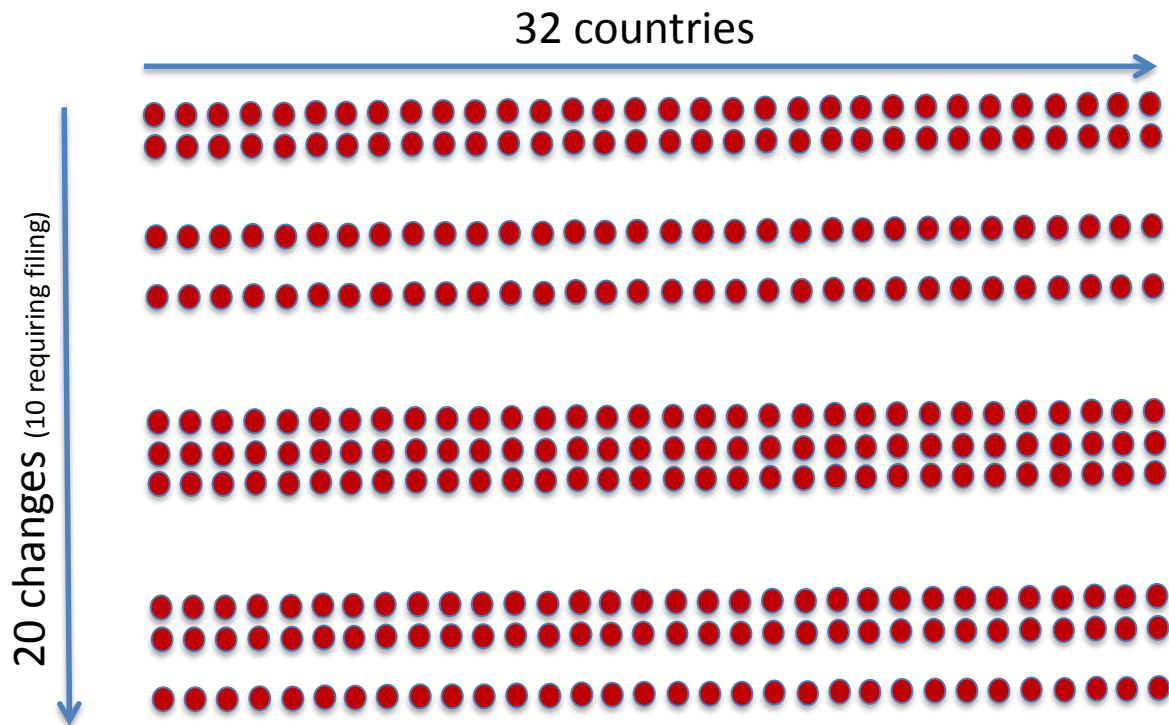
Illustrative example: 20 changes requiring 640 approvals

Solution C: More changes only covered in Quality System (PQS) requires

- Science and risk based approach to PACs
- Effective PQS for PACs

Benefit: reduced regulatory burden with no impact on quality and safety

PDA PtC
Effective PQS
for PACs

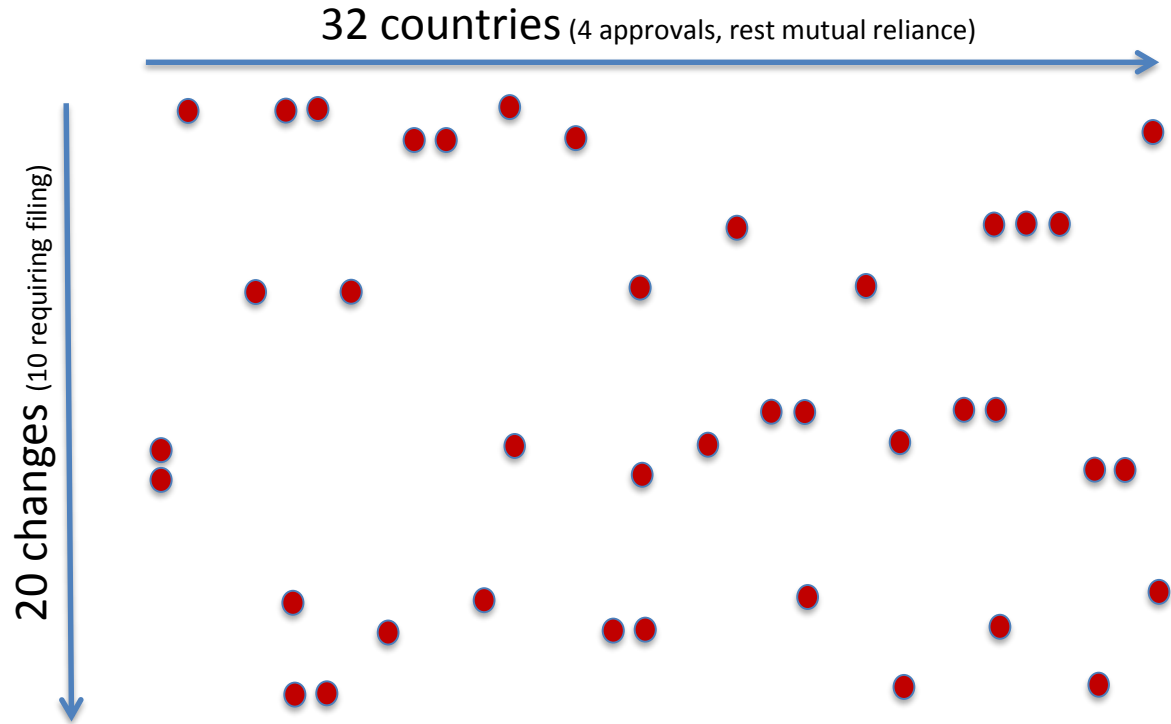


Applying science and risk based approach to achieve regulatory relief

Solution D: Regulatory convergence requires

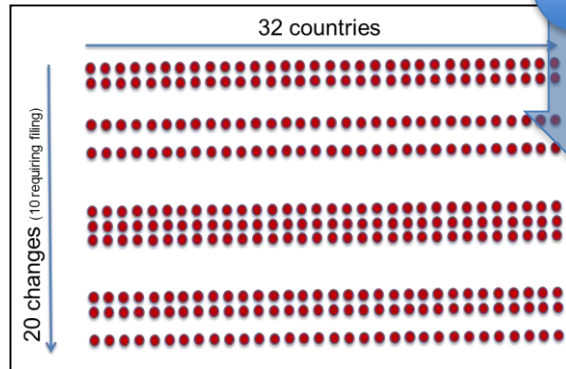
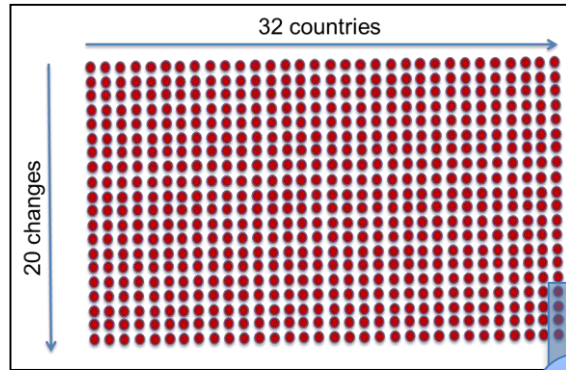
- Clearly defined regulatory reliance guidance
- Extended collaboration between countries

Benefit: leveraging technical experts outside national borders



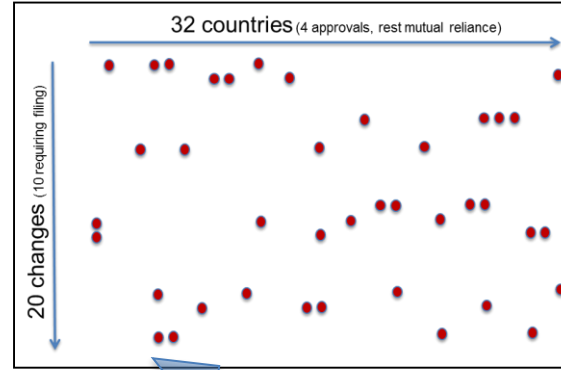
Drastic reduction of workload with no impact on product quality and safety

Dimension ONE:
More changes only covered in PQS



1

2



94 %

reduction in PAC regulatory approvals in this example with no impact on product safety or quality

Dimension TWO: Countries mutually relying on each other

Summary

- Keeping medicines on the market after initial approval is a ‘hurdle race’ and the global regulatory complexity is increasing
- Industry must do it’s part by developing medicine shortage prevention plans, continually innovate, and demonstrate an effective PQS
- Solutions to reduce regulatory complexity includes setting maximum PAC approval timelines, harmonizing PAC documentation requirements, rely more on the company’s PQS and enhance regulatory convergence
- It is time that we together tackle this ‘wicked problem’

Medicines shortage is a global problem requiring a global solution

PDA's involvement.....

- Global organization with >10,000 individual members
- Connecting People, Science and Regulation
- Committed to developing scientifically sound, practical technical information and expertise to advance pharmaceutical and biopharmaceutical manufacturing science and regulation so members can better serve patients.
- www.pda.org
- Website for PAC iAMsm pda.org/PAC

PDA PAC iAMsm Deliverables

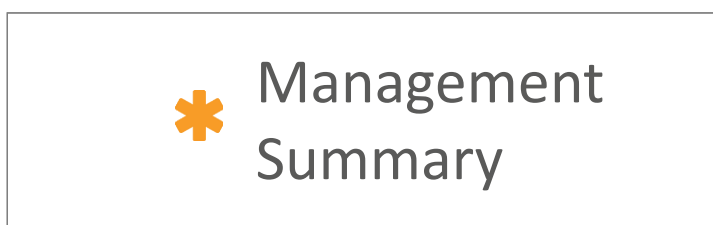
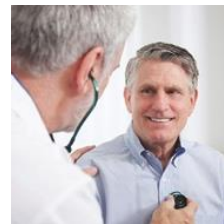
- ✓ Call For Action
- ✓ Points to Consider
 - ✓ Lifecycle Management
 - ✓ Effective PQS for Management of PACs
 - QRM and Knowledge Management for PACs
- Industry Survey
- Technical Report: Post Approval Change Implementation for Biologics and Pharmaceutical Drugs
- Global Post Approval Change Management Protocol Library of Examples
- Workshops, Trainings, Tools & Templates



European Federation of Pharmaceutical
Industries and Associations

Annual Regulatory GMP/GDP Inspection Survey 2016 Data

* Date: 15 / May / 2017 * Version: Final



EFPIA Inspection Survey 2016 data*



- **Intention**

- Demonstrate opportunities for mutual reliance, collaboration and consistency in inspections by highlighting duplicate regulatory GMP/GDP inspections
- Show benefits of PIC/S membership in optimising use of inspection resources while maintaining patient safety

- **Scope**

- Regulatory GMP/GDP inspections & related ISO-certifications for regulatory purpose
- Manufacturing sites and affiliates
- Inspections inside and outside the Regulatory Authority's own borders

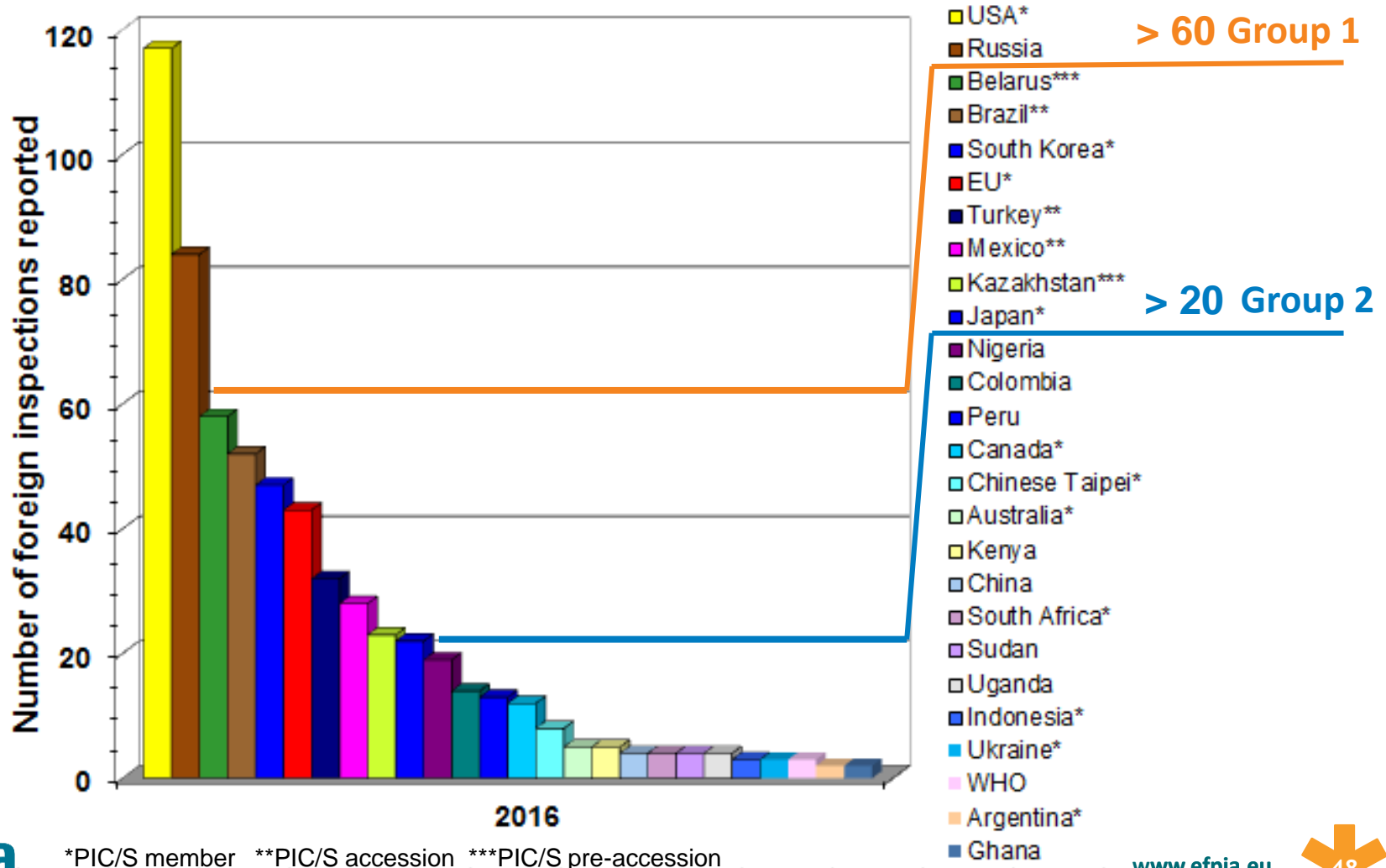
Survey Outcomes 2016



- **Number of foreign inspections*** has remained consistent over several years
 - Based on data from 23 research-based pharmaceutical companies
- **Most active inspectorates from 2016 survey**
 - US, Russia followed by Belarus, Brazil, South Korea, EU
- **Notable changes**
 - **Increase**
 - Inspections by Russia, Belarus, Kazakhstan, Nigeria, Peru
 - Domestic inspections noted for China
 - **Decrease**
 - Foreign inspections by China, EU, Kenya, Uganda
 - Inspections of a facility in one PIC/S member state by another PIC/S member (exception - US)

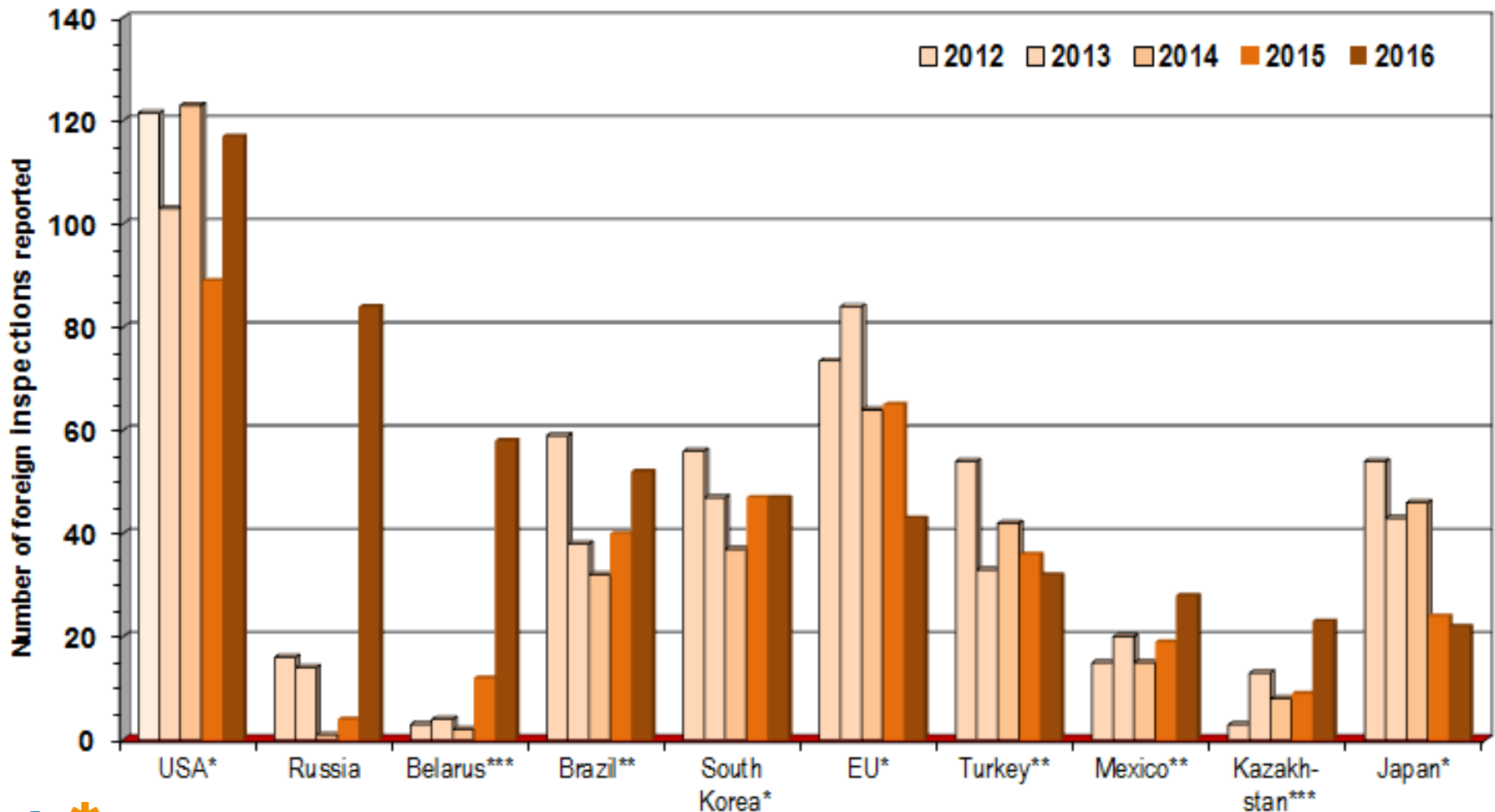
Number of Foreign Inspections in 2016

ordered by country (>1 inspections; EU as one entity)



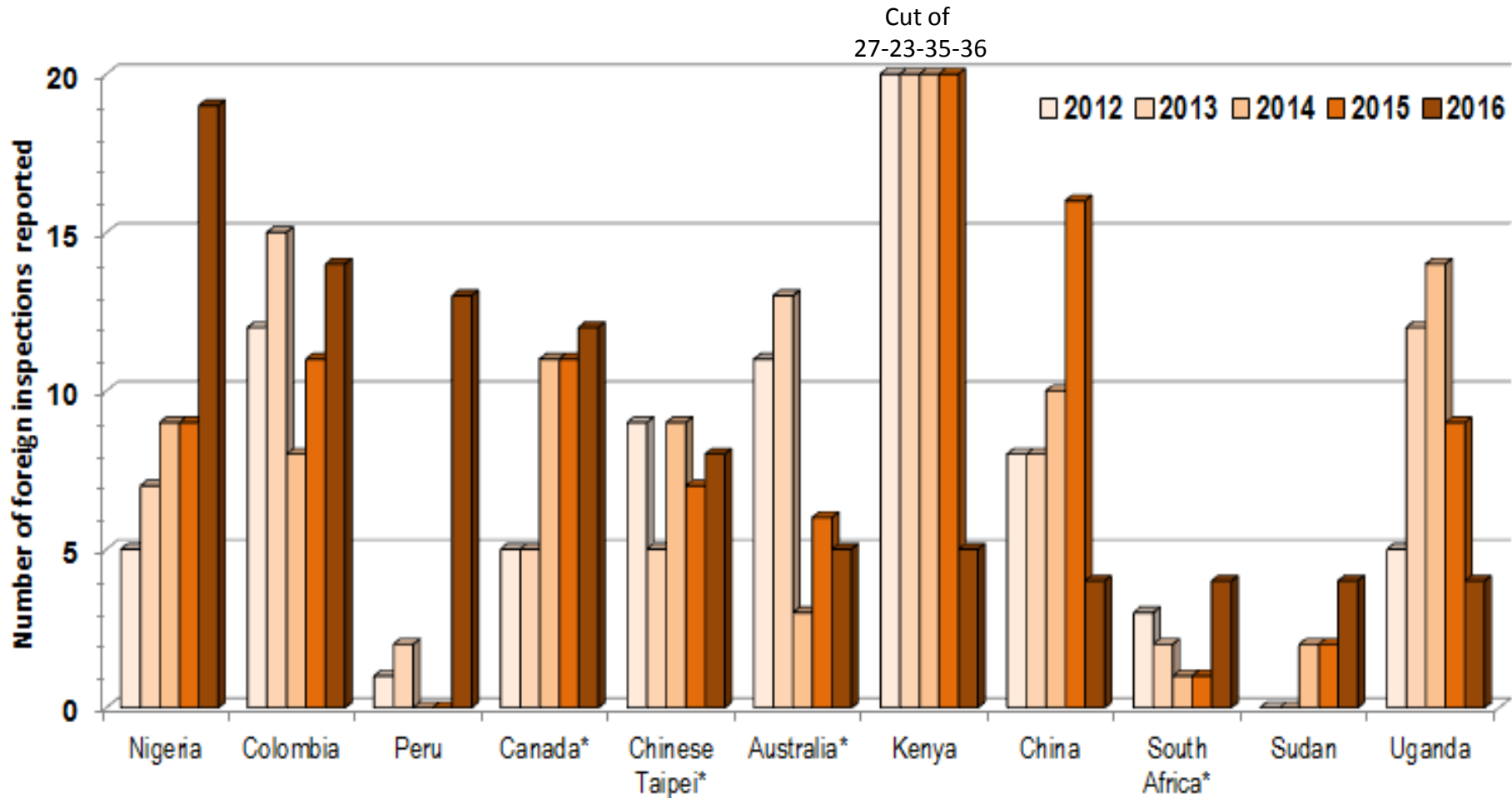
Number of Inspections by Countries

Performing foreign inspections 2012 - 2016



Number of Inspections by Countries

Performing foreign inspections 2012 - 2016



Foreign Inspections at Manufacturing Sites

2016 data

- **48 Countries inspecting**
- **99.7% Positive outcomes***
- **33 % Between PIC/S members****

* a) no disruption to product supply or approval of new applications and
b) no changes; consistent over the last several years

** Inspectorates from PIC/S members inspecting in territory where the
inspectorate is also a PIC/S member

PIC/S Facilitating Cooperation



Assessment of the data

- PIC/S members inspect less in other member inspectorates' territory

* Without US (112 foreign inspection sin PIC/S member inspectorate) the number would be 18%

Call for Action to PIC/S members



- **PIC/S member inspectorates should continue working towards mutual reliance**
 - Industry and regulators have not yet fully realised the benefit of mutual reliance on inspections
 - Mutual reliance between PIC/S member inspectorates appears to be increasing; however 112 out of 119 inspections by US-FDA were in a PIC/S member country
- **Industry and inspectorates would benefit from harmonised inspection guidance e.g.**
 - Classification of inspection observations
 - Alignment on documentation requirements prior to an on-site inspection and/or for a paper based/desk-top inspection
 - Incorporating opportunities for mutual reliance on inspections within local statutes

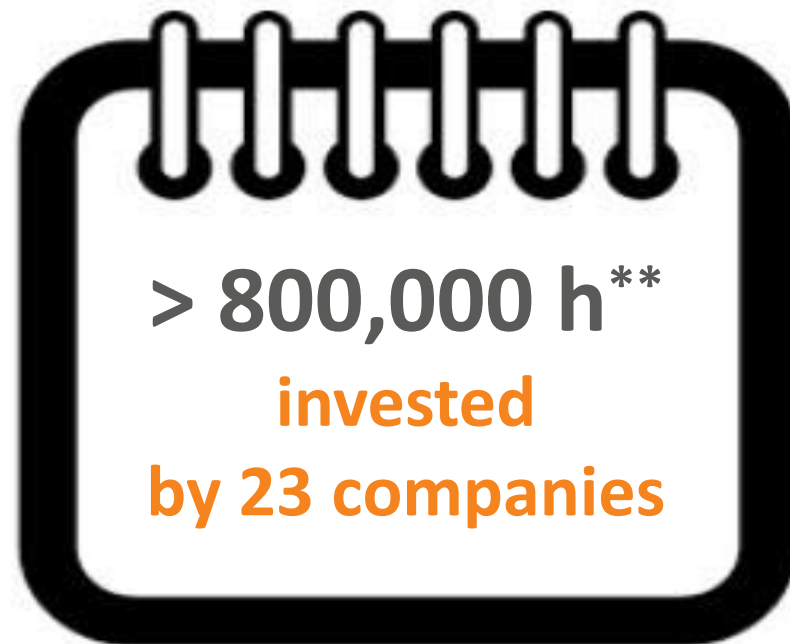
PIC/S member inspectorates could use comparable inspection processes to facilitate reduction in need for foreign inspections

Assessment of Foreign Inspections

Estimated resources used in 2016*



> 100,000 h
invested
by regulators



> 800,000 h**
invested
by 23 companies

* Estimation includes preparation + on-site + post-inspection activities

** Manufacturing sites only; domestic and paper based inspections excluded

Estimated Resources Required

per foreign on-site Inspection



Resources	Inspector	Industry
Preparation <i>for specific requirements by individual inspectorates</i>	4 person days (experience from industry audits)	90 person days
On site	8 person days (on average 2 inspectors 4 days)	55 person days
Post-inspection	4 person days (experience from industry audits)	15 person days
Sum	16 person days	160 person days
Travel / Fee	+4 person days (2 inspectors 2 days)	Approx. 30'000 EUR

- **Key Points**

- **Inspected companies need 10 times more resources than regulators for inspection preparation and conduct**
- **The preparation effort is driven by specific requirements from individual inspectorates**

An Example

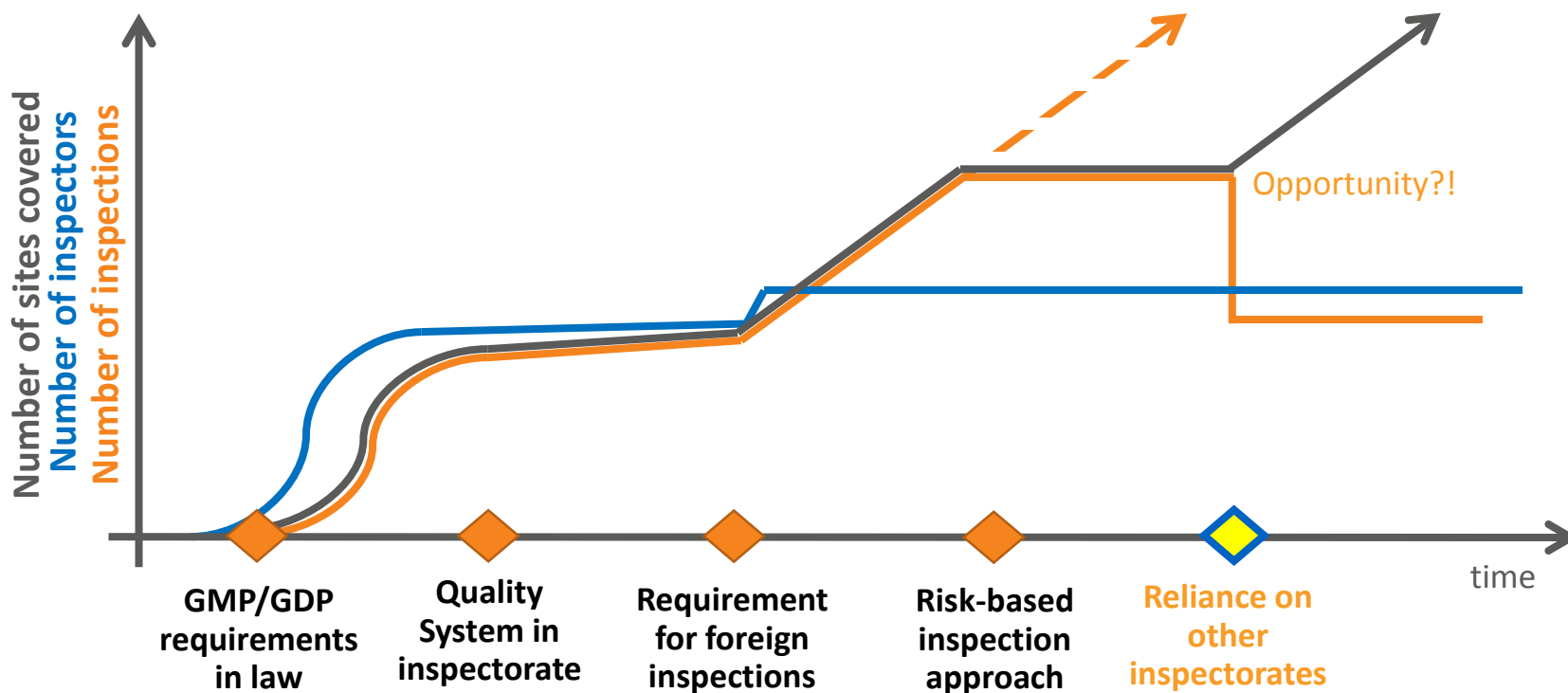
A new site submitted applications in several countries

	Domestic Inspectorate	Inspectorate 2	Inspectorate 3	Inspectorate 4
When	August 2016	week 2 2017	week 3 & 4 2017	week 6 2017
Inspectors	2 inspectors 4 days	2 inspectors 3 days*	4 inspectors, 1 reviewer; 10.5 days	2 inspectors 5 days
Inspectors time	64h on site	48h on site	420h on site	80h on site
Resources at site	> 1'930 h	> 1'440 h	> 5'040h	> 2'400h
PIC/S member	yes	yes	yes	yes

Conclusion

- **3 non-value added inspections using lots of inspector and site hours, with outcomes which were effectively the same, that could have been avoided through reliance on the domestic inspection (PIC/S member)**

Prospects for a More Collaborative Approach



Reliance on other inspectorates allows knowledge of more sites with appropriate use of resources

Considerations on Paper(-based) Inspections

- **Opportunities**

Standardised preparation documentation packages for faster provision of information, better facilitation and use of resources

- **Site related: Site Master File (SMF)**
- **Product related: Annual Product / Annual Quality Reviews**
- **Quality System related: Quality Manual (reflecting QMS)**
- **Additional compliance information: e.g. valid GMP/GDP-certificates for the site; list of inspections, list of internal audits and number of customer / contractor audits, major changes, rejected batches, out of specifications**

Based on EFPIA Position Paper, Enhancement of Good Manufacturing and Distribution Practice (GMP/GDP) Inspection Efficiency, May 2014

Standard package of documents should be agreed for both on-site and paper-based inspections

Call for Action to Regulators on Inspections

- **Leverage PIC/S membership to optimise use of inspection resources**
 - Rely on local inspections rather than undertaking foreign inspections
 - In case a foreign inspection is considered, existing schedules by the inspectorate in the 3rd country could be recognised
- **The benefits of MRAs should materialise in future survey data**
 - Adopt Mutual Recognition Agreements (MRAs) where necessary to provide legal basis for mutual reliance on inspections
 - Expand the scope of MRAs to all types of pharmaceutical products and activities (e.g. EU/Japan, EU/US, ASEAN)
- **Utilise the various harmonisation forums and initiatives for faster, more efficient progress**
 - International Coalition of Medicines Regulatory Authorities (ICMRA)
 - International Pharmaceutical Regulators Forum (IPRF)
 - World Health Organization (WHO)
 - Asia Pacific Economic Cooperation (APEC)
 - Training activities e.g. PIA-PIC/S, AHC-APEC, ATC-PMDA, ICH

What is the Desired State for Inspections?



- Desired State for Inspections:**
- **Mainly domestic inspections**
 - **Mutual reliance on inspections**

How can we reach the desired state?

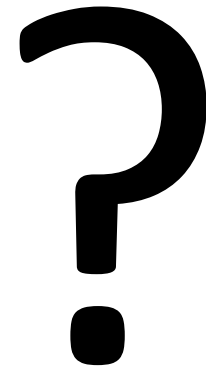
Future for Global GMP/GDPs



- **Principle-based GMPs/GDPs**
 - Innovation is facilitated by adaptable GMPs based on a core set of principles
 - Patient access is enhanced by global alignment of GMP/GDPs
- **Assessment of new products and technologies is interlinked with understanding of GMP requirements and oversight**
- **Regulations, rules and practices should be based on science and incorporate risk-based approaches**
 - This should lead to comparable outcomes from inspections

Inspections

- **Today**
 - General GMP inspections for API and medicinal product
 - GDP inspections
- **Tomorrow**
 - GMP for medicinal products (commercial)
 - GMP for APIs
 - GMP for sterile
 - GMP for ATMPs
 - GMP for IMPs
 - GDP for ...
 - + Certification of QS for medical device
 - + IDMP ISO compliance



Are there different expectations for Good Manufacturing Practice?

Acknowledgement

Contributors to the 2016 Survey



- AbbVie
- Almirall
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- Grünenthal GmbH
- GlaxoSmithKline
- Johnson & Johnson
- Merck Serono
- Merck Sharp & Dohme
- Novartis
- NovoNordisk
- Pfizer
- Roche
- Sanofi
- Seqirus
- Servier
- Teva
- UCB

For Further Reading

- **Scientific Papers**

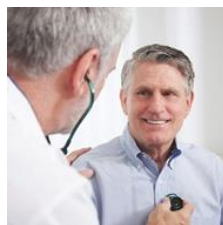
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 - **Part II: Considerations and Opportunities**, *Pharm. Tech. Europe*, February, 2017, 5-9.
<http://www.pharmtech.com/gmpgdp-inspections-landscape-part-ii-considerations-and-opportunities>
- A. Meshkovskij, S. Rönninger, **GMP Inspection practice: a case for global benchmarking, convergence and mutual reliance/recognition**, *The GMP News*, 2017, 2-9 (Rus).

- **Industry Position Papers**

- EFPIA: **GMP - Inspections of Global Pharmaceutical Supply Chains**, May 2009
- EFPIA: **Enhanced Good Manufacturing and Good Distribution Practices (GMP/GDP) Inspection Efficiency**, 19. May 2014.
- EFPIA / PhRMA: **A Concept for Harmonized Reporting of Inspections**, 29. May 2015; *addendum of the PhRMA White Paper: 'Mutual Recognition of Drug GMP Inspections by U.S. & European Regulators'*, 15. May 2015.
http://www.efpia.eu/uploads/EFPIA_Position_Paper_A_Concept_for_Harmonized_Reporting_of_Inspections_final.pdf
- IFPMA: **Regulatory Convergence of Good Manufacturing and Distribution Practice and related inspection**, 2017, in press



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