BERITA UBAT-UBATAN

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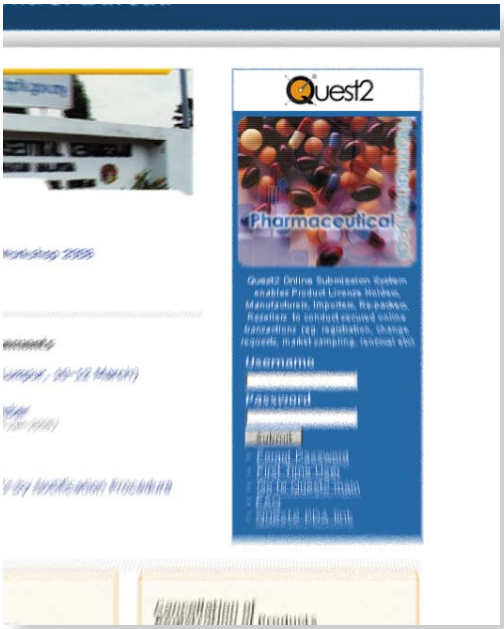
Achievements of the Drug Control Authority (DCA)

The introduction of the online system for product registration and licensing by the National Pharmaceutical Control Bureau (NPCB) marks a new chapter in the history of pharmaceutical regulatory development in Malaysia. Malaysia was among the first regulatory agencies in the world to implement the online system for the application of product registration in 2002, starting with cosmetic products and later extended in stages for the registration of products containing scheduled poisons (controlled items) and non-poison products (over-the-counter products) in July 2003. This was followed by traditional medicines in January 2004. The latest implementation was for the application for registration of veterinary medicine products launched in August 2007. Via the web-based system, known as QUEST, an acronym for Quality, Efficacy and Safety, companies are able to submit their applications for registration from any part of the world, any time of the day, 365 days a year.



The use of QUEST has proven to be beneficial to NPCB as well as to the local industry as it has streamlined the registration process and reduced bureaucracy. In tandem with its efforts for continuous improvement, the upgrading works of QUEST 2 to QUEST 3 is currently in progress.

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DCA EDITORIAL TEAM

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DRUG REGISTRATION

Since drug registration started in 1985, a total of 200,314 applications for product registration have been received. Out of 201,636 product status recorded until December 2007, a total of 175,746 products were registered, 18,232 applications were rejected and the registration of 7,658 products have subsequently been either cancelled or withdrawn by the companies themselves or by the Drug Control Authority for various reasons (Figure 1).

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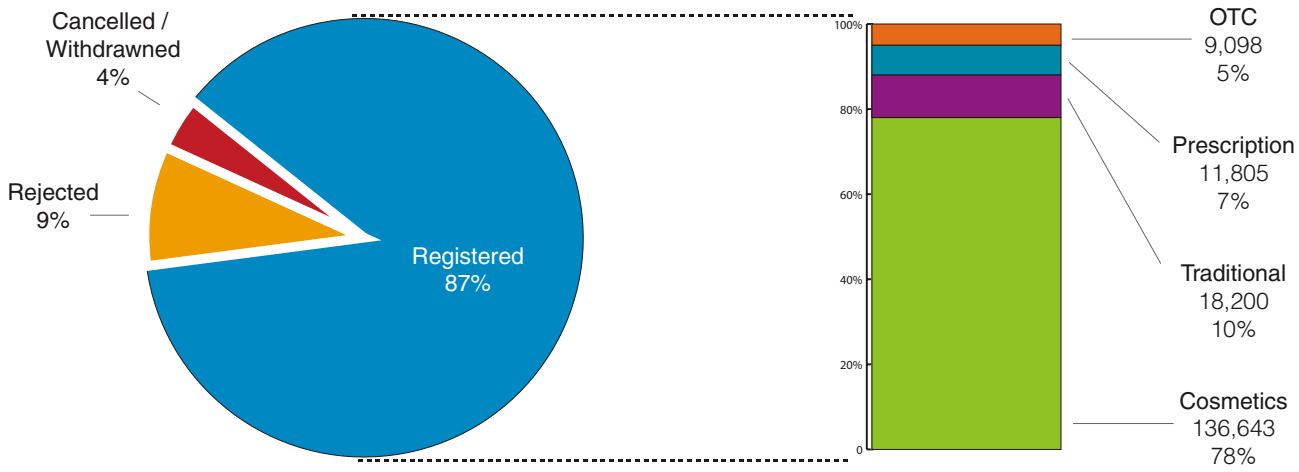

Figure 1: Statistics on Product Registration 1985 - 2007

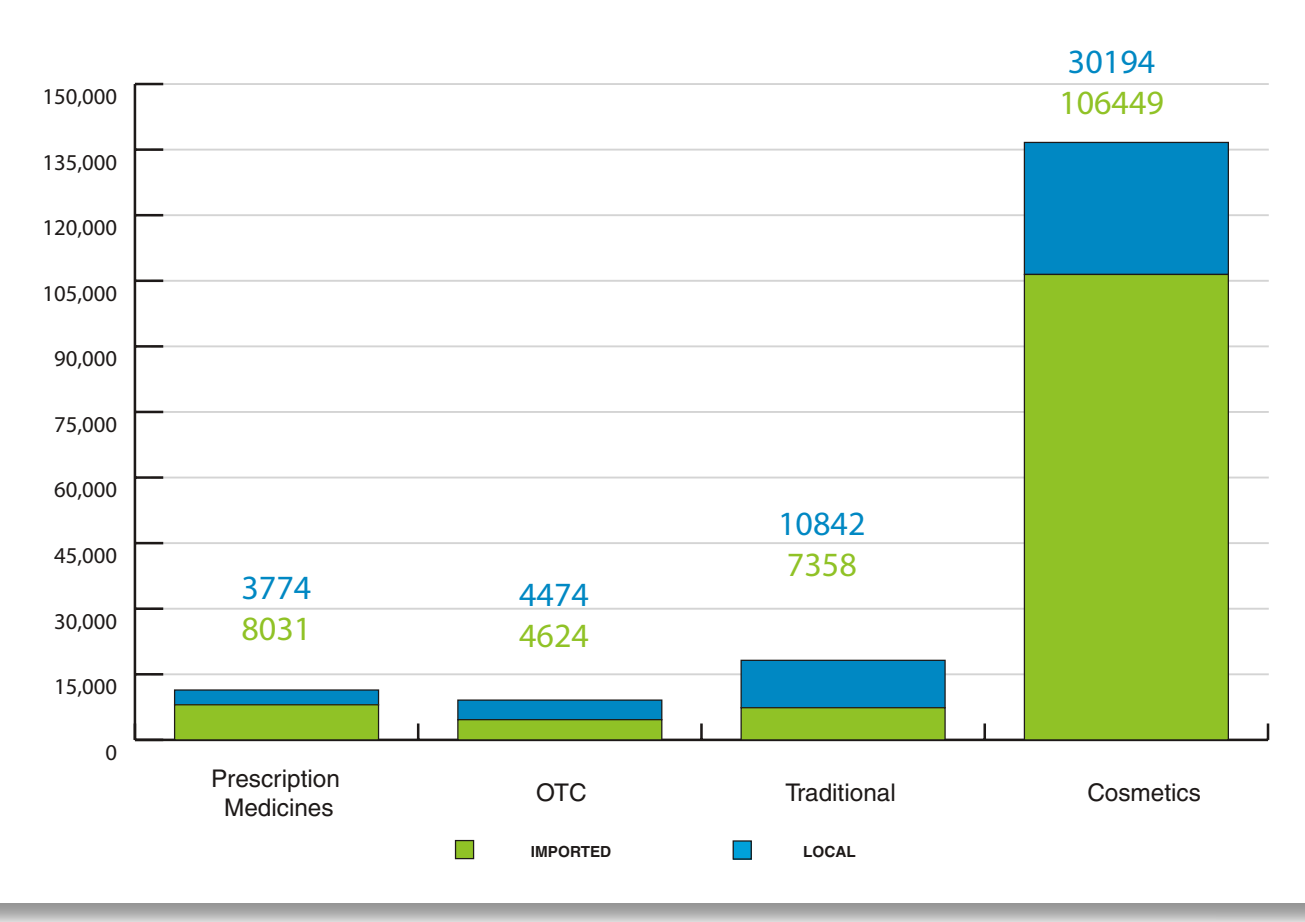

Chart 1: Cumulative Number of Products Registered as at 31.12.2007

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Of the total number of registered products, 49,284 are locally manufactured while 126,462 are imported. (Chart 1).

In the year 2007, 27,974 applications for registration were received. The majority of applications received were for the registration of cosmetics (91.3%), followed by traditional medicines (4.7%), prescription medicines (2.0%) and over-the-counter products (OTC) (2.0%). A total of 30,607 products were registered in 2007, some of which were applications received in the previous year.

POST-MARKET SURVEILLANCE

As part of the regulatory process, in order to ensure continued compliance to safety, efficacy and quality, registered products are subjected to testing under the post market surveillance programme. For this purpose, a total of 2538 registered products were sampled in the year 2007. Based on the outcome of the laboratory testing, 6 product batches were subjected to Degree II product recalls (i.e within 72 hours) and 138 product batches were subjected to Degree III product recalls (i.e within 30 days) due to quality defects. The recalls involved 17 prescription medicines, 13 non-prescription (over-the-counter) drugs, 103 traditional medicines and 11 cosmetic products. The registrations of 25 products were cancelled as the samples tested were found to be adulterated with scheduled poisons.

2413 labels and package inserts were also inspected under the surveillance programme. Warning letters were issued for 157 products found to be non-compliant with the labelling requirements.

The NPCB also carried out investigation on 316 product complaints submitted by health professionals and the general public. Punitive actions such as recalls had to be taken on some of the products under complaint.

ADVERSE DRUG REACTION MONITORING

In 2007, a total of 3056 adverse drug reaction (ADR) reports were received; a 20% increase as

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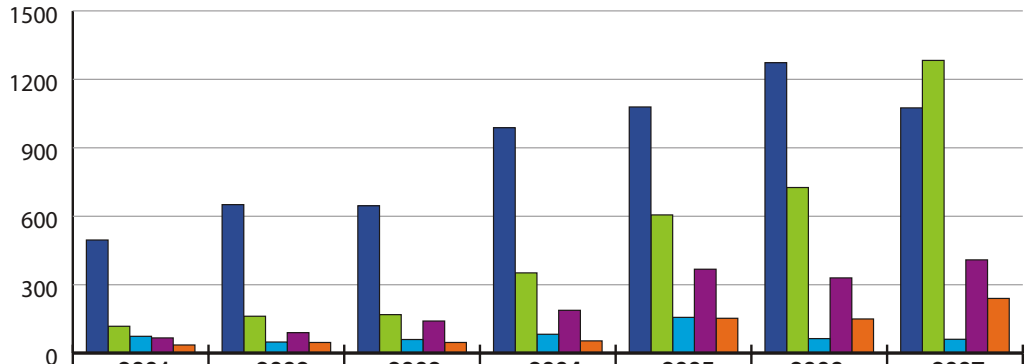

	2001	2002	2003	2004	2005	2006	2007
Govt. Doctor	496	651	646	988	1079	1273	1075
Others*	118	162	169	352	606	726	1283
GP/Private Specialist	74	49	49	83	157	64	61
Company	67	90	90	188	368	330	409
University Hospitals	36	47	47	54	153	150	240

*Pharmacist, Dentists, etc

Chart 2: Analysis of ADR by Reporters 2001 - 2007

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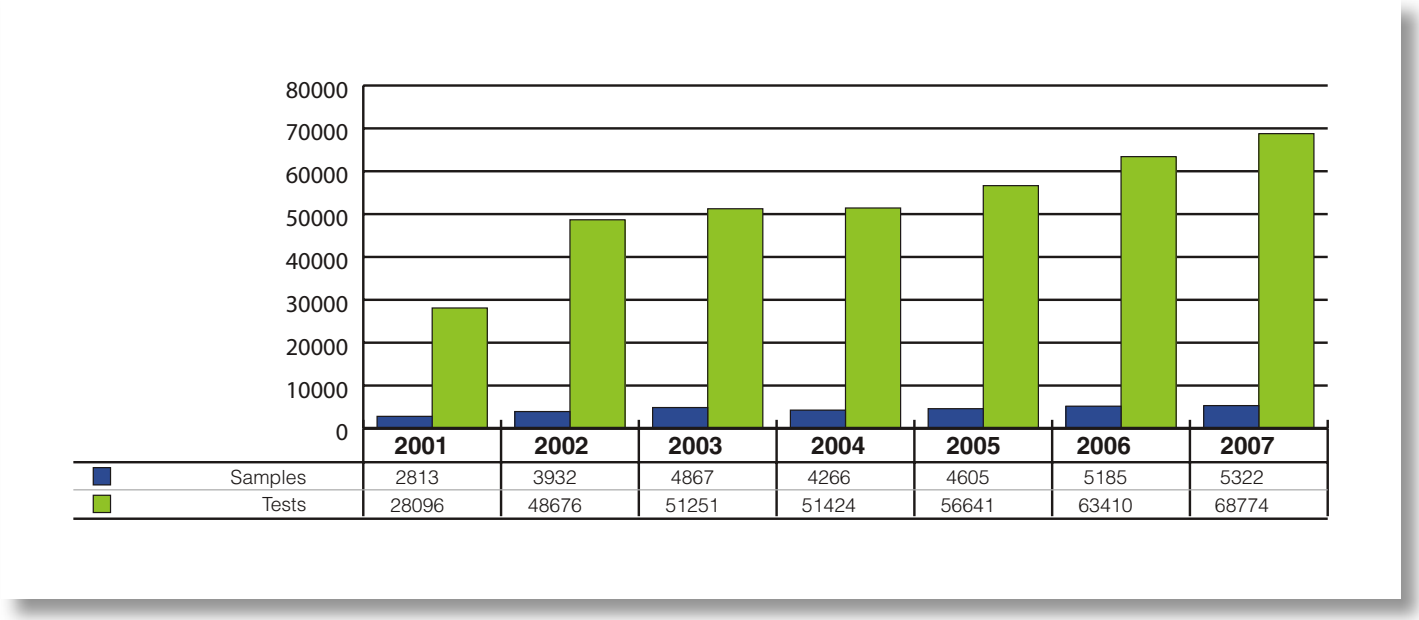
compared to the previous year. Of this, 2991 reports were reviewed and subsequently submitted to the WHO ADR Monitoring Centre in Uppsala, Sweden. An analysis of the ADR reports received showed that slightly more than 41% and 35% were reports received from pharmacists and medical doctors attached to government hospitals respectively (Chart 2).

QUALITY CONTROL

On the aspect of quality control, a total of 68774 tests were done on 5322 samples; 2128 samples were for applications for registration, 2761 samples from surveillance activities, 155 samples arose from product complaints, 270 samples were from enforcement activities and 8 from other sources (Chart 3)



	2001	2002	2003	2004	2005	2006	2007
Samples	2813	3932	4867	4266	4605	5185	5322
Tests	28096	48676	51251	51424	56641	63410	68774

Chart 3: Statistics on Tests of Samples 2001 - 2007

INSPECTION AND LICENSING

Chart 4 shows that in the year 2007, 373 manufacturing premise licenses were issued of which 60 were for pharmaceutical, 175 for traditional medicines and 138 for cosmetic manufacturers. 873 import licenses were issued comprising of 213 pharmaceutical, 152 traditional and 508 cosmetic import licenses. As for wholesalers' licenses, 1,034 were issued of which 455 of these licenses were issued to wholesalers of products containing 'scheduled poison' drugs and the remaining 579 licenses were issued to wholesalers dealing with non-poisons, traditional medicines and cosmetics. Information on the licensed manufacturing premises, importers and wholesalers is regularly updated and is available in the NPCB website (www.bpfk.gov.my).

PUBLICATION

NPCB also publishes the Drug Control Authority 'Berita Ubat-ubatan' to disseminate drug and regulatory information to health professional and the industry. In 2007, the Centre for Organisational Development of NPCB received 2,935 enquiries through telephone, e-mail, facsimiles and letter from government agencies, companies and the general public.

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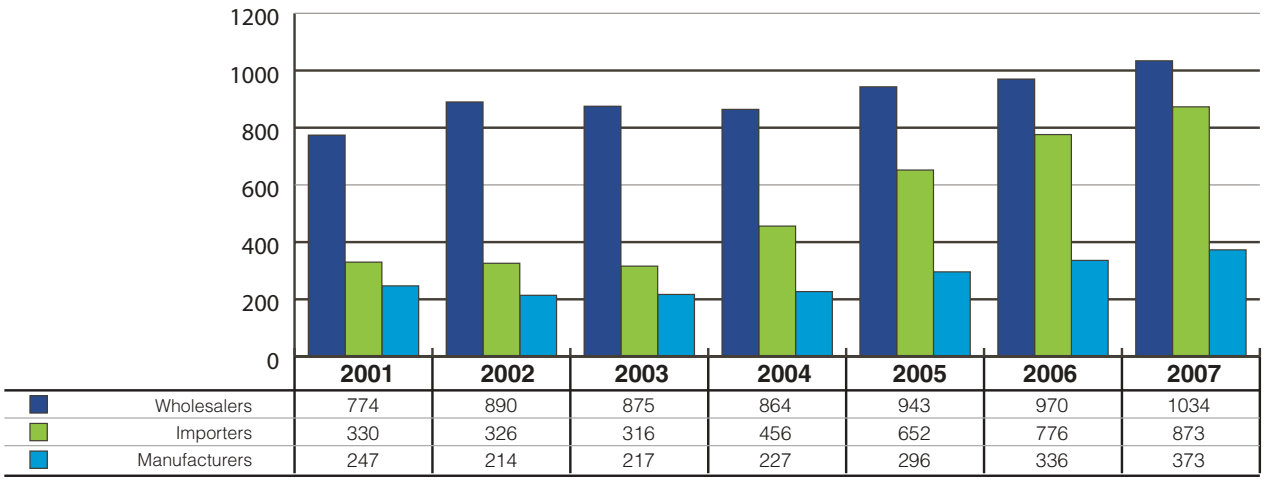

	2001	2002	2003	2004	2005	2006	2007
Wholesalers	774	890	875	864	943	970	1034
Importers	330	326	316	456	652	776	873
Manufacturers	247	214	217	227	296	336	373

Chart 4: No. of Licenses Issued 2001 - 2007

INTERNATIONAL INVOLVEMENT

The NPCB continues to play an active role in the harmonization efforts through the ASEAN Consultative Committee for Standards and Quality (ACCSQ) Pharmaceutical Product Working Group (PPWG), ASEAN Cosmetic Committee (ACC) and Traditional Medicines and Health Supplements Product Working Group (PWGTMHS). Other international involvements include facilitating the fast-track ASEAN healthcare integration and EC-ASEAN Economic Cooperation on Quality, Standards and Conformity Assessments, as well as other PIC/S activities. The NPCB has also participated in other international consultations such as Technical Meetings and initiation of Bilateral Arrangements with ASEAN member countries as well as participation in the Malaysia-US Free Trade Agreement (MUSFTA) negotiations.

VISITS AND TRAINING OF VISITORS FROM OVERSEAS

Throughout the year 2007, NPCB received a total of 65 international visitors from various countries such as Bhutan, Mongolia, Nigeria, Singapore, Philippines, Ghana, Saudi Arabia, Vietnam, United Kingdom, Sri Lanka, Lao PDR, Uganda, China and Macedonia. Those who came on educational visits were given training according to their respective specific needs. Training given was in the aspect of Quality Control, Product Registration, Good Manufacturing Practices and Licensing or Pharmacovigilance and Surveillance.

FUTURE PLANS

i. Intensification of post-market surveillance

To intensify surveillance activities with the aim of combating problems associated with adulteration, counterfeits and product authentication as well as to promote public health protection through education and awareness.

To further enhance post-marketing surveillance and reduce emphasis on pre-market assessment especially for cosmetic products in Malaysia.

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ii. ASEAN Harmonisation and Healthcare Integration

A system of notification for cosmetic will be introduced by 2008 in tandem with the ASEAN cosmetic harmonisation.

The ASEAN Common Technical Dossier (ACTD) for pharmaceuticals will be fully implemented by January 2009 to facilitate registration.

iii. Enhancement of Information and Communication Technology (ICT)

NPCB continues to strive towards upgrading its ICT infrastructure. Under the 9th

Malaysia Plan (2006-2010), NPCB has been granted a certain allocation that will be used for upgrading the present on-line system i.e. QUEST 2 to QUEST 3.

This enhancement will further facilitate efforts towards implementation of the online registration for New Chemical Entities (NCE) and biotechnology products, as well as facilitate the integration of the different on-line modules (involving product registration, licensing of premises, analytical testing, surveillance, ADR monitoring and dissemination of information). As a whole, these efforts will enable better networking.

iv. ISO 17025 Certification

To continue the efforts towards further upgrading the laboratory quality management system to achieve the ISO 17025 accreditation by 2008.

v. Reinforcing PIC/S GMP

To continue efforts towards strengthening and upgrading the level of GMP compliance of local pharmaceutical and traditional medicines manufacturers in order to gain global recognition and facilitate market penetration. A GMP Seminar for Traditional Medicines will be planned for the year 2008.

To pursue the plans for conducting GMP inspections of foreign manufacturers particularly the non-PIC/S countries to ensure they fully comply with the current guidelines.

vi. National Regulatory Conference 2008

NPCB together with the pharmaceutical, traditional medicine and cosmetics industry will organise the National Regulatory Conference 2008.

vii. Strengthening Clinical Research

To strengthen capacity and capability in the inspection of clinical testing facilities as well as to upgrade the existing resources with the aim of facilitating the coordination of activities related to GCP, GLP and BA/BE.

To implement a system of inspection for clinical testing facilities in accordance to the adopted GCP, GLP and BA / BE requirements.

Workshop on Biopharmaceuticals and EMEA Biosimilar Guidelines

19th of November 2007, Bangkok, Thailand

The one - day workshop , organized by the Thai Food and Drug Administration (Thai FDA), Ministry of Public Health was held in Bangkok on the 19th of November 2007. Three officers from Biotechnology Section, Centre for Product Registration, NPCB namely Puan Arpah Abas, Puan Zahura Mohamed @ Ismail and Cik Suzana Mohd Nor were privileged to attend this workshop which was also attended by participants from several ASEAN countries.

The objective of this workshop was to create awareness among regulators on the current scientific knowledge regarding the differences between original pharmaceutical drugs, biopharmaceuticals and biosimilars, and to examine the current regulatory situation in Europe (EMEA) regarding the evaluation of biosimilars. Several trainers specializing in the field of biosimilars from the United States of America, Australia, France and Singapore were invited to present their views and current updates. Among the topics that were discussed in the workshop were Introduction to Biopharmaceuticals, Quality and Safety of Epoetin Biosimilars from Developing Countries, Immunogenicity of Biopharmaceuticals, Importance of Pharmacovigilance, Risk Management Plan and Traceability, Biosimilar Guidelines in Asia Pacific Region and European Regulatory Guidelines for Biosimilars.

The patents for several established biopharmaceuticals have either expired or are about to expire, opening way to new versions of these products, referred to as 'biosimilar' in Europe and 'follow-on biologics' in the USA. As the potential market of biopharmaceuticals is promising, pharmaceutical companies are gearing to develop a new biological medicinal product claimed to be similar in terms of quality, safety and efficacy to the reference product. Pressure to reduce healthcare expenditure and increased patient access to treatment will also drive the development of cheaper biosimilars.

> ***...The objective of this workshop is to create awareness among regulators on the current scientific knowledge regarding the differences between original pharmaceutical drugs, biopharmaceuticals and biosimilars, and to examine the current regulatory situation in Europe (EMEA) regarding the evaluation of biosimilars....***

This workshop is very useful to the evaluators in terms of increase in knowledge and exposure regarding biosimilars, thus enabling better handling of evaluation of the biosimilars.

Asean Regional Consultative Meeting on Fast Track Registration of Antiretrovirals (ARVs) and Diagnostic Reagents

21 – 23 November 2007, Penang, Malaysia

The ASEAN Regional Consultative Meeting on Fast Track Registration of Antiretrovirals (ARVs) and Diagnostic Reagents was held on the 21st-23rd November, 2007 in Penang, Malaysia. The meeting was intended to proactively evaluate the options available to ensure that access to ARVs can be expedited in the near future. A meeting on fast track registration is urgently required as countries in the region are facing many obstacles and challenges in their effort to ensure fast access to ARVs.

The Meeting was attended by 25 delegates from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand and Vietnam. A representative of ASEAN - USAID Collaboration on HIV/AIDS was also in attendance.

"The meeting was intended to proactively evaluate the options available to ensure that access to ARVs can be expedited in the near future."

The objectives of this Meeting were to:

- Promote the implementation of Priority Approval System of medicines, particularly ARVs and Diagnostic Reagents in ASEAN region;
- Share experiences, lessons learned, and best practices on existing Fast Track Registration/Priority Approval within the region; and
- Build the capacity of Drug Regulatory Authority and relevant bodies for the development and implementation of a Priority Approval System.

It was noted that all countries had some system in place for fast tracking of ARVs. However, the Meeting concurred that there were still areas to be explored besides the need for optimization of existing infrastructures and resources to increase access to ARVs. Recommendations of the meetings based on the group discussions were made to the ASEAN Secretariat.

The Regional Workshop on Improving Medicines Surveillance and Regulatory Functions

19-21 November 2007, Manila, Philippines

The Regional Workshop On Improving Medicines Surveillance And Regulatory Functions was held in the Philippines from 19th to 21st November 2007. It was organised by the World Health Organisation and conducted at the WHO Regional Office for the Western Pacific in Manila. Eleven countries, namely Cambodia, People's Republic of China, Fiji, Japan, Republic of Korea, Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, Philippines and Vietnam participated in this workshop. Representative of WHO Headquarters, WHO Temporary Advisers from several countries and observers from the Federation of Asian Pharmaceutical Associations and Philippines Pharmaceutical Association were also in attendance. Malaysia was represented by Mdm. Tan Lie Sie (as the WHO Temporary Adviser), Ms. Nurhayati Omar and Ms. Mazuwin Zainal Abidin.

Over the years, WHO has advocated and provided support for Member States to undertake medicines surveillance to identify problems on the quality and safety of products on the market. The WHO Programme for International Drug Monitoring provides a forum for Member States to collaborate in the monitoring of drug safety. A global voluntary reporting system for counterfeit drugs has also been established by WHO, to compile reports on cases of counterfeit products. The sale of sub-standard and counterfeit medicines remains a serious public health problem in many developing countries and areas in the Western Pacific Region. In the Western Pacific Region, a regional rapid alert system (RAS) for combating counterfeit drugs has been launched, to provide a rapid alert to Member States when counterfeit drugs are detected. As most of the medicines surveillance system focuses mainly on health providers and lacks consumer involvement, a pilot project for consumer-based surveillance has been initiated in Malaysia and the Philippines in early 2007.

The workshop was organised to address issues related to medicines surveillance, identifying gaps and finding feasible solutions to improve the surveillance system and medicines regulatory functions. In the workshop, relevant issues and countries experiences, covering challenges and opportunities related to medicines surveillance and regulatory functions, safety surveillance, quality surveillance, involving consumers in medicines surveillance, and combating counterfeit medicines were discussed. Working group sessions were held to discuss issues on difficulties or barriers which hampered the functions of national drug regulatory authorities and the surveillance systems such as adverse drug reactions monitoring, post marketing surveillance on quality and safety and the Regional Rapid Alert System for combating counterfeit drugs. The discussion was also focused on identifying initiatives/activities to strengthen safer usage of medicines based on integrated national drug regulatory authorities and surveillance systems.

Having achieved its expected results, the workshop was successfully concluded on Wednesday, 21 November 2007 with the following conclusions and recommendations:

- Various forms of medicines surveillance, in particular the post marketing safety surveillance and post marketing quality surveillance, are integral parts of medicines regulatory functions in ensuring the safety, efficacy and quality of medicines. Therefore, they should not be undertaken in isolation.

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- Participants need to officially report to the respective authorities and undertake necessary follow up as agreed during the workshop on several issues, especially on safety monitoring, quality monitoring, combating counterfeit medicines, and in involving consumers in medicines surveillance.

- Member countries should further strengthen their medicine surveillance system as integral part of medicines regulatory functions to ensure the safety, efficacy and quality of medicines and their appropriate usage.

- The scope of safety monitoring should not be confined to the detection and reporting of new adverse drugs reaction, but also to promote safe and rational use of medicines by providers and consumers. The objective of safety monitoring should be geared from documenting product safety profile to ensuring patient safety with risk management approach. Knowledge and awareness about safety monitoring, safe and rational use of medicines should be advocated to providers and consumers. Relevant and appropriate feedback to prescribers should be timely given in order to minimize the future occurrence of adverse event due to misuse.

- The post marketing quality surveillance should be done as part of the medicines quality assurance mechanism. Necessary regulatory follow up should be done along with the enforcement of medicines regulation, among others the removal of sub standard and unregistered products from the market.

- For combating counterfeit medicines, the medicines surveillance should also cover high risk area such as remote places, borders area, unlicensed establishments, and targeted to high risk products where counterfeiting will have a deadly health impact.

- Collaboration with other relevant agencies including law enforcement agencies and customs should be established / strengthened to facilitate timely detection of suspicious counterfeit drugs and to possibly arrest the criminals involved in the illegal trade.

- The Rapid Alert System (RAS) should be maximized in exchange of information among regulatory authorities to stop the distribution of counterfeit drugs in other countries.

- Involving consumers is feasible and effective in improving the existing surveillance in functioning medicines regulatory authorities in developing countries setting. Therefore, they should be incorporated in the existing medicines regulatory functions. Countries with well functioning regulatory system should develop a mechanism to involve consumers reporting in their existing surveillance.

- When needed, WHO should provide technical support for strengthening the existing medicines surveillance including the safety surveillance, quality surveillance and combating counterfeit medicines and in involving consumers in medicines surveillance. WHO should facilitate inter country collaboration and exchange of experiences through various possible means, among others through networking. The existing regional Rapid Alert System will be improved and expanded.

The workshop was fruitful and provided a useful forum for exchange of information especially in medicines surveillance and provided opportunities for valuable networking with other regulatory agencies.

1) REMOVAL OF THE FOLLOWING WORDS, " DILULUSKAN OLEH KKM", ON PRODUCT LABELS FOR EXISTING AND NEW PRODUCTS

The DCA at its 199th meeting held on 4 December 2007 agreed that the words "DILULUSKAN OLEH KKM" to be taken off from product labels. A grace period of 6 months is given to companies to comply with the above directive.

2) REGISTRATION CANCELLATION OF PRODUCTS CONTAINING NIMESULIDE

The DCA at its 199th meeting held on 4 December 2007 agreed to cancel the registration of products containing nimesulide due to safety issues whereby the risks outweighs the benefits.

3) PROHIBITION FOR THE ADDITION OF RED 2G COLOURING SUBSTANCE IN ALL ORAL PREPARATIONS AND PRODUCTS USED ON THE MUCOSA MEMBRANE

The DCA at its 199th meeting held on 4 December 2007 agreed on the following:

a) The use of Red 2G colouring substance is prohibited in all oral preparations and products used on the mucosa membrane

b) For the existing registered products, the registration holders must have their products reformulated to replace the Red 2G colouring substance used in the products.

CONTACT & MAP

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Section 2 Complementary Medicine & Cosmetics Section	5522
Section 3 New Drug Section	5514
Section 4 Biotechnology Section	5518
Section 5 Regulatory Coordination Section	5502
Centre for Post Registration	5538
Centre for Organisational Development	5553
Centre for Compliance and Licensing	5565
Centre for Quality Control	5429
(i) Reference Standard Unit	5468
(ii) Laboratory Services Unit	5431
(iii) Pharmaceutical Chemistry Testing Section	5450, 5456, 5462
(iv) Bio-Pharmaceutical Testing Section	5442, 5446
(v) Natural Product Testing Section	5471
Administrative Centre	5412

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