

28 February 2011

Submission of comments on 'Concept paper on storage conditions during transport' (EMA/INS/GMP/638479/2010)

Comments from:

European Industrial Pharmacists Group (EIPG)

Please note that these comments and the identity of the sender will be published unless a specific justified objection is received.

When completed, this form should be sent to the European Medicines Agency electronically, in Word format (not PDF).



1. General comments

Stakeholder number	General comment (if any)	Outcome (if applicable)
(To be completed by the Agency)		(To be completed by the Agency)
	 The scope of the proposed guideline should not be limited to finished products, but cover the entire lifecycle of all relevant medicinal products from starting materials to finished products. In that way the guideline will cover different stages of manufacture, importation and distribution and therefore include: API - an API can be manufactured in one country and transported for further product manufacture to another site in another country, which may be part of the pharmaceutical company's organisation or outsourced to a contractor. Bulk pharmaceutical products – they may also be distributed long distances for further manufacturing/packaging The transport of certain packaging materials, adjuvants and excipients which are used in manufacture of medicinal products and subject to special storage conditions for temperature and/or humidity are also relevant. Other examples could be reference samples, retention samples and samples sent for analytical testing which need to be stored correctly during transport/distribution in order to be fit for their intended purposes. The proposed guideline should come with clear expectations regarding temperature mapping of storage areas, temperature monitoring during transport and consider the following: 	

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	 Different requirements/interpretations are presented in current EU country specific guidances/recommendations. Clearly, EU wide specific minimum requirements with the ability to use risk assessment are necessary. Temperature mapping and continuous monitoring of long term, dedicated storage areas is a necessary and appropriate current requirement. The extent of temperature mapping with a view to establishing a minimum requirement for long term dedicated storage areas vs temporary areas could be considered. E.g. Temperature mapping should only apply to permanent storage areas in excess of 6 m3 (current MHRA recommendation) vs temperature mapping for small and large volume storage areas as per Irish Medicines Board Guidance "Guide to control and monitoring of storage and transportation temperature conditions for medicinal products and active substances". Temperature mapping of short term/interim storage areas during transport is not always feasible/possible and temperature monitoring alone should be acceptable for these segments. Assurance that products remain suitable for intended use can be ensured via assessment of temperature monitoring records for distribution and a system for temperature excursion assessment. It could be recommended that "Short term/interim/temporary" is viewed as higher risk storage which should be kept to a 	

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	minimum/ storage periods and total transit times are not longer (or not intended to be longer) than periods for which transport/stress stability studies exist for the products concerned. • It is impossible to completely validate/qualify the ambient distribution chain as the distribution chain remains vulnerable to sudden extreme weather conditions, strikes, cancelled flights, altered routes and other circumstances/events that are unforeseeable and out of the control of the pharmaceutical company. It is possible to validate/qualify temperature controlled shippers of specific configurations for expected worst case conditions and for certain durations. However, temperature monitoring of the shipments is necessary to ascertain that the actual shipment conditions were in accordance with the labelled storage conditions of the product. In the event of temperature excursions during these segments it must be possible to make data based conclusions as to the continued suitability for purpose of the affected products. Monitoring alone should not justify cheap solutions but be able to replace qualification in the ambient distribution chain and certain segments of the cold distribution chain. • There is questionable value in investing a large amount of resources in qualification/validation activities related to transportation solutions when so many variables exist. Pharmaceutical companies perform transportation, perform audits, establish agreements and select transportation shipper units/solutions that protect products from expected	

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	worst case conditions. However, it is in the best interest of the products being transported to establish robust systems for monitoring temperatures during transport and for assessing products subject to unacceptable temperature excursions (based on the products' labelled storage temperatures) than qualification/validation of the transportation systems which can never provide a total guarantee that product is not exposed to unacceptable temperatures for unacceptable periods of time. It is also worth investing resources in stress/transport stability studies for products to enable data based conclusions as to the continued suitability for purpose. Guidance requirements for such transport stability studies is welcomed. Use of tools such as Mean Kinetic Temperature assessments could also be addressed. • The pharmaceutical company should select an appropriate transportation shipping solution for all cold and non-cold chain products. The extent of validation/qualification and monitoring can be based on a risk assessment for the cold and non-cold chain products being transported and transportation the duration.	
	3) The Recommendation section of the concept paper states that the guideline will be aligned with the GDP guidance also under revision - a single guideline covering lifecycle storage and distribution for pharmaceuticals is worth consideration. Alignments are also mentioned with other GMP Chapters, Chapter 1 and GMP Part II can also	

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	be considered. Throughout all GMP Chapters and Parts the best test related to this subject is found in section 10.2 of GMP Part II. It is of note that the Chapter 5 and 7 (mentioned in concept paper for aligning) revisions submitted for consultation do not have any new text re: storage /distribution. 4) One WHO proposal paper is stated as a reference in the References section of the concept paper. The WHO document on GDP has in fact been released, and therefore reference (2) should be replaced by "Annex 5 – WHO Good Distribution Practices for Pharmaceutical Products. World Health Organisation, 2010 (WHO Technical Report Series, No 957)." Moreover, as the above reference specifically indicates, the WHO guide to Good Storage Practices should also be included: "Annex 9 – Guide to Good Storage Practices for Pharmaceuticals. World Health Organisation, 2003 (WHO Technical Report Series, No 908)". The MHRA website documents and Irish Medicines Board Guides mentioned in our comments should also be considered as valid references	

2. Specific comments on text

Line number(s) of	Stakeholder number	Comment and rationale; proposed changes	Outcome
the relevant text (e.g. Lines 20-23)	(To be completed by	(If changes to the wording are suggested, they should be highlighted using 'track changes')	(To be completed by the Agency)
(c.g. Lines 20-23)	the Agency)	Comment:	
		Proposed change (if any):	
		Comment:	
		Proposed change (if any):	
		Comment:	
		Proposed change (if any):	

Please add more rows if needed.