

EU MAH GMP Guidance⁽¹⁾

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Share some of the interpretations:

1. **MAH Life Cycle Responsibility:** Ultimate responsibility for the **performance, safety, quality** and **efficacy** of a pharmaceutical product. Although MAH's (some) activities may be **delegated** to the manufacturer (or other parties), outlined MAH's responsibilities are retained.
2. The GMP guidelines do **not stipulate** that where MAH and the manufacturer belong to the same group (but 2 companies with different legal entities), MAH's liability (or delegation of liability) can be **reduced**. In this case, the liability applicable to MAH is **no different** from if MAH and the manufacturer come from **independent** and **unrelated** companies.
3. **MAH and manufacturers for large groups:** Companies within the group operate (potentially) based on a **shared** QMS. In this case, although the work related to MAH's duties may be **delegated** to other companies (entities) within the group, MAH does **not delegate** actual duties.
4. **Domestic representative of overseas MAH:** Although MAH's GMP-related duties and activities may be **delegated** to the domestic representative (if any), any responsibility may **not** be delegated.
5. **MAH Related Responsibilities and Efforts:** MAH companies should **establish** systems to **ensure** that they are **in sync** with current GMP requirements and are continuously updated.
6. **CTD Module 3 Abbreviated Version:** MAH is responsible for **communicating** the registration to the manufacturer. During the process, MAHs sometimes prepare an **abbreviated** version of CTD Module **3** for use by manufacturers and QPs, which is **acceptable**. As long as the abbreviated version is **sufficiently** comprehensive and subject to **formal** change control and **oversight** activities. The provision and use of an abbreviated version of Module 3 shall be **set forth in** the technical agreement between the parties.
7. **Labeling and Drug Information:** **Care** should be taken and made to **ensure** that the **contents** and **changes** to the drug label (including package **inserts**) registered and approved in CTD Module **1**/Part 1 are **communicated** to the manufacturer in a **timely** manner to **ensure** that all batches manufactured have **correct** labeling and drug information.
8. **MA Changes:** MAH should **provide** the manufacturer's MA **change approval** and target implementation **date**, which is another **important** responsibility of MAH and is a **key** activity. The manufacturer **ensures** that each future batch of the drug will **comply** with the changed MA.
9. **Regulatory commitments:** Managing regulatory commitments (MAHs competent authorities) are areas that have a significant impact on MAH compliance. Management regulatory commitments will become even more **important** in the future, with the regulatory environment moving towards greater **flexibility** in the area of **post-approval** change management (CM) as ICH **Q12** approaches, depending on the effectiveness of QMS.
10. **Two-way communication systems:** MAHs establish a robust two-way communication system to **facilitate** compliance through national authorities, manufacturers, Qualified Persons (QPs) and any



organization involved in monitoring post-market quality (e.g. **complaint** and continuous stability **monitoring**) to **facilitate** compliance and assurance:

- Manufacturers and QPs can **understand** the contents of the MA and the regulatory commitments of the competent authority (if have).
- **MAHs has sufficient knowledge of the process details**: the formation of impurities, and the relevant control of finished products and API process lines. This knowledge allows MAHs to **ensure** API and/or finished product specifications and feedback on these control strategies, if necessary.
- **MAHs are fully understand of the CM activities of the process**: help to **ensure** that MAHs **participate** in the regulatory impact assessment of the change, making any necessary **notice** or **requesting** the change to the competent authority.
- **MAHs fully inform manufacturers**: any MA **changes** that **affect** the process, such as: **changing** packaging instructions, **changing** specifications, etc.

11. Data integrity (DI): another area related to MAHs; Without a **robust** control system to **ensure** MA-related DI, GMP **non-compliance** can (possibly) make the result. Therefore, MAHs should **establish** systems to **ensure** the integrity and reliability of the data used to perform their duties. GMP-related drug lifecycle data (including relevant MA changes) should be **ensured** to be **reliable, complete, and accurate**. MAH shall **ensure** the long-term security and archiving of the data on which MA depends.

12. Non-compliance with MAH obligations: MAH **failure** to comply with its obligations may (possibly) be **suspended, revoked** or **changed** by the competent authorities.

13. MAH's GMP responsibilities and expectations:

- **Outsourced** activities (outsourcing) and technical **agreements**
- **Communication** with manufacturers and competent authorities (e.g. MA dossier information, changes, regulatory commitments, etc.)
- **Product Quality Review / Quality Review (PQR)**
- **Quality defects, complaints and recalls**
- **Maintaining** the supply of medicines
- **Continuous** improvement activities

Reference

1. Website: https://mp.weixin.qq.com/s/gx7XIU1oWZ9w1H47i5r_A
2. Reflection paper on GMP and MAHs. EMA/419571/2021 Human Medicines, Pharmacovigilance and Committees Division, Ver2. 10Jan2022

