

GUIDELINES FOR INTRODUCING A LOCALLY MANUFACTURED NEW HUMAN MEDICINAL PRODUCT TO THE RWANDAN MARKET

Rwanda Food and Drugs Authority

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GUIDELINES DEVELOPMENT HISTORY

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FOREWORD

Rwanda Food and Drugs Authority is a regulatory body established by the Law N° 003/2018 of 09/02/2018 determining its mission, organisation and functioning. One of its functions is to formulate regulations and guidelines for regulating the manufacture of pharmaceutical products to ensure compliance to quality, safety, and efficacy standards in order to protect public health and improve access to medical products in Rwanda.

Considering the provisions of the regulation N° CBD/TRG/001 governing authorization to manufacture to operate as a wholesaler and retailer seller of medical product; the regulations N° CBD/TRG/010 governing the registration of human medicinal products; guidelines N° DIS/GDL/031 governing licensing to manufacture, to operate as a wholesale and retail seller of medical products; guidelines N°DIS/GDL/002 on Good Manufacturing Practice for finished pharmaceutical products; guidelines N° DHT/GDL/001 on submission of documentation for registration of human medicinal products, the authority has issued this guideline N°: DAR/GDL/052 for introducing a new locally manufactured human medicinal product to the Rwandan market.

It is expected to offer clear guidance to Industries wishing to introduce new locally manufactured pharmaceutical products on the local market and regulators during the compliance evaluations process, thus protecting the consumers, the business industry and promote economy as well.

The contribution of stakeholders during the validation of this guideline is highly acknowledged.

Dr KARANGWA Charles Acting Director General

RWANDA FDA
Rwanda Food and Drugs Authority

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1. INTRODUCTION

1.1 Definitions

The definitions given below apply to the words as used in these Guidelines. They may have different meanings in other contexts.

Batch (or lot): A defined quantity of starting material, packaging material or product processed in one process or series of processes so that it could be expected to be homogeneous.

Note: To complete certain stages of manufacture, it may be necessary to divide a batch into a number of sub-batches, which are later brought together to form a final homogeneous batch. In the case of continuous manufacture, the batch must correspond to a defined fraction of the production, characterised by its intended homogeneity. For the control of the finished product, a batch of a medicinal products comprises all the units of a pharmaceutical form which are made from the same initial mass of material and have undergone a single series of manufacturing operations or a single sterilisation operation or, in the case of a continuous production process, all the units manufactured in a given period of time.

Batch records: All documents associated with the manufacture of a batch of bulk product or finished product. They provide a history of each batch of product and of all circumstances pertinent to the quality of the final product.

Finished product: a finished dosage form that has undergone all stages of production, including packaging in its final container and labelling.

In-process control: Checks performed during production in order to monitor and if necessary to adjust the process to ensure that, the product conforms to its specifications. The control of the environment or equipment may also be regarded as a part of in-process control.

Manufacture: All operations of purchase of materials and products, production, packaging, quality control, release, storage and distribution of pharmaceutical products, and the related controls.

Manufacturer: A company that carries out operations such as production, packaging, repackaging, labelling and relabelling of pharmaceuticals.

Marketing authorization (product licence, registration certificate): A legal document issued by the competent drug regulatory authority that establishes the detailed composition and formulation of the product and the pharmacopoeial or other recognized specifications of its

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ingredients and of the final product itself, and includes details of packaging, labelling and shelf-life.

Medicinal products: Any medicine or similar product intended for human or veterinary use, which is subject to control under health legislation in the manufacturing or importing country.

Packaging material: any material employed in the packaging of medicinal products, excluding any outer packaging used for transportation or shipment. Packaging materials are referred to as primary or secondary according to whether or not they are intended to be in direct contact with the product.

Packaging: All operations, including filling and labelling, which a bulk product has to undergo in order to become a finished product. Filling of a sterile product under aseptic conditions or a product intended to be critically sterilized, would not normally be regarded as part of packaging.

Pharmaceutical product: Any medicine intended for human use or veterinary product administered to food-producing animals, presented in its finished dosage form or as a starting material for use in such a dosage form, that is subject to control by pharmaceutical legislation in both the exporting state and the importing state.

Production: All operations involved in the preparation of a pharmaceutical product, from receipt of materials, through processing and packaging, to its completion as a finished product.

Qualification: Action of proving that any premises, systems and items of equipment work correctly and actually lead to the expected results.

Specification: A document describing in detail the requirements with which the products or materials used or obtained during manufacture have to conform. Specifications serve as a basis for quality evaluation.

Validation protocol (or plan): A document describing the activities to be performed in a validation, including the acceptance criteria for the approval of a manufacturing process or a part thereof for routine use.

Validation report: A document in which the records, results and evaluation of a completed validation program are assembled. It may also contain proposals for the improvement of processes and/or equipment.

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Validation: Action of proving, in accordance with the principles of Good Manufacturing Practice, that any procedure, process, equipment, material, activity or system actually leads to the expected results (see also qualification).

1.2 OBJECTIVE OF THESE GUIDELINES

To guide the local pharmaceutical manufacturers on the requirements for pre-manufacture and preregistration of a pharmaceutical product that they intend to manufacture, register and market in Rwanda.

1.3 SCOPE OF THESE GUIDELINES

These guidelines apply to all new human medicinal product dosage formulations that are intended to be manufactured in Rwanda.

The guidelines do not apply to new pharmaceutical dosage formulations for manufacturers outside Rwanda; and to herbal/traditional medicinal preparations.

2. MANUFACTURING INFORMATION

2.1 Information to be provided by a local manufacturer to Rwanda FDA before start of manufacturing of a new human medicinal product

The manufacturer shall inform Rwanda Food and Drugs Authority (Rwanda FDA) in writing about the intention of producing a new pharmaceutical product and provide the following:

- 2.1.1 The name and description of the product including physicochemical and biological properties of the drug substance.
- 2.1.2 The Master formula, product components including reasons for inclusion.
- 2.1.3 Where the product includes a raw material of herbal nature, an impurity profile and heavy metal test report will be required.
- 2.1.4 Information on compatibility of the different components. The compatibility of the drug substance with excipients, excipient with other excipients, where relevant (for example, combination of preservatives in dual preservative systems) should be established.
- 2.1.5 Master batch manufacturing, master batch packaging and master batch testing protocols of the product.
- 2.1.6 A list of equipment intended to be used in manufacturing and quality control.
- 2.1.7 Where the local pharmaceutical manufacturer has no capacity to carry out a particular quality control test of either the inputs or the finished product, such a test shall be outsourced to a competent quality control laboratory

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- 2.1.8 The entire manufacturing process should be clearly described including all the necessary controls. The selection of the controls, the manufacturing process and its appropriateness for the formulation should be explained. Manufacturing process flow chart clearly showing the stages at which in-process controls are done should also be provided.
- 2.1.9 The choice and rationale for selection of the container-closure system and the packaging materials for the pharmaceutical product should be provided with specifications. Consideration should be given to the intended use of the drug product and the suitability of the container closure system for storage and transportation.
- 2.1.10 Artwork or actual specimen for the packaging and labelling materials to be used.
- 2.1.11 Validation protocols (for process, analytical methods and cleaning validation).
- 2.1.12 Information about the premises and support systems (pharmaceutical water system, air handling system, compressed air system and stability determination system).

2.2 Pre-manufacturing information assessment by Rwanda FDA

- 2.2.1 Rwanda FDA shall assess the information provided in 1 above in relationship to already licensed products of the manufacturer, if any, and verify that the manufacturer is able to manufacture the product according to the Rwanda FDA Good Manufacturing Practice guidelines.
- 2.2.2 The manufacturer shall be informed of the results of the assessment and where necessary may present proforma invoices for importation of raw and packaging materials to enable start-up of the production trials.
- 2.2.3 The manufacturer will be allowed to manufacture a minimum of three consecutive batches of the product for validation purposes and thereafter submit the executed batch manufacturing, batch packaging and batch testing records to Rwanda FDA for assessment.
- 2.2.4 Process validation should be undertaken to establish whether the process can consistently meet all quality attributes and process parameters, which are considered important for ensuring the validated state and acceptable product quality. The basis by which process parameters and quality attributes were identified as being critical or non-critical should be clearly documented, taking into account the results of any risk assessment activities. The product life cycle should be taken into consideration while carrying out this process.
- 2.2.5 Batches manufactured for process validation should be the same size as the intended commercial scale batches. The use of any other batch sizes should be justified.
- 2.2.6 The assigned shelf life of the new finished product from the three batches shall not exceed 24 months.

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2.2.7 When process validation is completed, the manufacturer should start accelerated stability studies of samples selected from the manufactured batches. The stability chamber set conditions should be $40^{\circ}\text{C} \pm 2^{\circ}\text{C}$, 75% RH \pm 5% RH, for 6 months.

2.3 Post-manufacturing information assessment by Rwanda FDA

- 2.3.1 At the end of the process validation phase, the manufacturer shall submit to Rwanda FDA, the following information for a minimum of three consecutive batches:
 - a) executed batch manufacturing records;
 - b) batch packaging records;
 - c) batch testing records;
 - d) Reports of process validation, cleaning validation, and analytical method validation (in case the laboratory uses a non-pharmacopeial analytical method).
 - e) Finished product samples (refer to Appendix 1 for Sampling Plan).
- 2.3.2 Rwanda FDA shall assess the information submitted by the manufacturer for correctness and completeness.
- 2.3.3 Rwanda FDA shall evaluate the information submitted and test the samples from the three consecutive batches; and inform the manufacturer of the results of the assessment.
- 2.3.4 If the results of analysis show that samples for all the three consecutive batches pass the required specifications, and all queries that may have been raised by Rwanda FDA are addressed by the manufacturer, Rwanda FDA shall grant premarketing authorization and inform the local pharmaceutical manufacturer in writing.
- 2.3.5 Permission shall then be granted to the local manufacturer to proceed with production of the pharmaceutical product and sell on the Rwanda market, including the first three consecutive batches.
- 2.3.6 The Manufacturer shall proceed with accelerated and long-term stability studies and apply for registration of the product after production of not more than six batches or within six months from the date of pre-marketing authorization, whichever comes first.
- 2.3.7 Where no significant change is observed in the finished product stability studies at accelerated and long-term conditions for at least six months, data covering a minimum of six months should be submitted to Rwanda FDA along with the product dossier in CTD format, for evaluation and assessment for registration of the product.
- 2.3.8 Rwanda FDA will assess the product dossier as per the Rwanda FDA Guidelines on Submission of Documentation for registration of human medicinal Product for Human Use, Doc. No. DHT/GDL/001 and shall register the product and grant

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- marketing authorization, if all information submitted complies with the registration guidelines.
- 2.3.9 A new pharmaceutical product shall not be allowed on the market after six months from the date of pre-marketing authorization or beyond production of the sixth batch (including the first three consecutive batches), whichever comes first, unless it has been registered by Rwanda FDA.



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3. REFERENCES

- 1) Guideline governing licencing to manufacture, to operate as a wholesale and retail seller of medical products, Ref; DIS/GDL/031
- 2) Guideline on Good Manufacturing Practice for finished pharmaceutical products Ref No; DIS/GDL/002.
- 3) Guideline on submission of documentation for registration of human medicinal products Ref; DHT/GDL/001



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1.1 Appendix 1: Sampling plan for drugs

S. No.	Dosage Form	Minimum Sample Size	
		(Per batch/lot)	
1	Tablets	100 tablets	
2	Capsules	100 capsules	
3	Oral solution / suspension	10 bottles	
	(Bottles of 100 ml and above)		
4	Oral solution / suspension	20 bottles	
	(Bottles below 100 ml)		
5	Powder for oral suspension	20 bottles	
6	Sterile solution injection / IV fluids / eye	60 ampoules / vials / bottles	
	drops		
7	Sterile suspension injection	20 ampoules / vials	
8	Sterile powder for injection	25 vials	
9	Eye ointment	12 tubes	
10	Creams / gels / ointments (for topical use)	5 tubes / containers	
11	Powders packed in sachets	25 sachets	

Note

- 1. All samples must be picked in their intact (un-opened, un-tampered) primary packaging materials (primary containers).
- 2. For tablets and capsules where the primary packaging (primary container) contains more than 100 tablets or capsules, the entire container should be sampled.
- 3. The recommended storage conditions should be observed during sampling and delivery of the samples to the laboratory.
- 4. The minimum sample sizes shown above are derived with consideration for the requirements of the out-of-specifications (OOS) results investigation procedure and possible re-testing in case results are disputed by the client.

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