Recent Clinical Trial Regulatory Scenario in India – Ranjit Roychoudhury Committee Report, July 2013

Dr. Vasantha Muthuswamy
President, FERCI
Member, Ranjit Roychoudhury Committee
Advantage India (CII, FICCI, ASSOCHAM)

Clinical Trials in India

- Rich traditional medical systems
- Rich biodiversity
- Variety of Rx naïve clinical cases
- R & D capacity
- Highest scientific manpower
- Largest English speaking country in south
  - 3 million English speaking graduates
  - 7,000,000 postgraduates & 1500 PhDs
- GCP trained manpower
- Low labor costs
- World class IT professionals
- World class BT industries
- A progressive Pharma industry and Drug regulatory system

Population >1 Billion
“India promises to become a world center for testing new medicines”


“India can capture approx $1.0 billion worth of global clinical research spending by 2010”

McKinsey 2002

“Today India is identified as a major resource center for conducting clinical trials and data management services” -

Applied Clinical Trials, February 2003’
Regulations & Ethics

Drugs and Cosmetics Act, 1940
Drugs and Cosmetics Rules, 1945
Magic Remedies Act, 1956
Environment Protection Act, 1986
( for recombinant products)
Consumer Protection Act, 1986
Medical Council of India Act, 1956

Drugs and Cosmetics Act
Schedule Y – Provides detailed requirements for pre-clinical and Clinical studies
– Chemistry, stability, quality standards
– Pre-clinical toxicology
– Animal pharmacology
– Human clinical trials – all phases
– Marketing permissions

Indian GCP guidelines

Recent Initiatives

National Pharmacovigilance Programme

2013 Notifications
DCA Amendment Bill, 2013
Expert committee

Amendment of Schedule Y 2005

ICMR Ethical Guidelines for Clinical research 2000/2006
Ethical Guidelines for Biomedical Research

The Bill

THE BIOMEDICAL RESEARCH ON HUMAN SUBJECTS (REGULATION, CONTROL AND SAFEGUARDS) BILL, 2006

The Biomedical and Health research on Human participants (ethical, legal and social issues) Bill, 2010/2012
Clinical Research Regulations: 1988 to 2005

Rule 122 introduced

- **122-E** “New Drug” defined
- **122-DA** Permission to conduct clinical trial for new drugs / INDs
- **122-DAA** Definition of Clinical trial

- Schedule Y introduced
- IND defined (122-DA)
- Forms & Fees prescribed
- National Pharmacovigilance Program
Clinical Trials: Current Regulatory Framework

- Drugs and Cosmetics Act, 1940 & Rules, 1945
- ICMR Ethical guidelines, 2000/2006
- Indian GCP Guidelines, 2001
- National Pharma. Vig. Programme, 2004
- Revised Schedule Y (Drugs & Cosmetics Rules), 2005
- BA/BE Study Guidelines, 2005
- Notification on Devices, 2005
- Amendment to Drugs and Cosmetic Act, 2008
- Notification on Clinical trial registration, 2009
- Amendment to D and C Act, CRO Regn, Sch.Y-1, 2009
- Proposed Clinical establishment Bill, 2010
- Amendments in 2012 and 2013
Indian Clinical trial scenario

- India is set to grab clinical research business of over $1 billion by 2016 – over double the current level – said international business and research consultancy firm Frost and Sullivan last week. This is splendid for the economy. But health activists are concerned about the way many clinical trials are conducted in this country.

- There have been a series of scandals involving alleged malpractices and this month, health minister Ghulam Nabi Azad himself talked in Parliament about patient deaths during clinical trials.

Clinical trials: Paying attention to patients and profits

Patralekha Chatterjee

| Agency: DNA | Monday, August 27, 2012 |
• NHRC orders probe into Andhra-drug trial scandal – several women were as used as human guinea pigs for breast cancer drug trial by a pharmaceutical company.

Unauthorised clinical trial of vaccine against cervical cancer were conducted by an NGO on 25,000 minor girls in Kaman, Andhra Pradesh and in Vadodara, Gujarat. (HPV Vaccine Trial)

A government funded hospital in Bhopal was conducting clinical trials on unwitting patients.

The MGM Medical College in Indore enrolled children for illegal drug tests for nearly ten years.

At a government-run Regional Cancer centre in Thiruvananthapuram, 25 patients of oral cancer were given an experimental drug.
## Schedule Y – Amendment
Addition of Appendix XII

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>XII</td>
<td>Compensation in case of injury or death during clinical trial</td>
</tr>
</tbody>
</table>
# Reporting of SAE/Unexpected AE

<table>
<thead>
<tr>
<th>Person</th>
<th>Report to</th>
<th>Timeline (within)</th>
</tr>
</thead>
</table>
| Investigator | 1. Licensing authority  
               | 2. Sponsor           
               | 3. EC               | 24 hrs of its occurrence |
Changes in Schedule Y - Appendix V
(Informed consent)

Essential elements to include:

• In the event of an injury occurring in the clinical trial, such subject will be provided free medical management as long as required

• In the event of trial related injury or death, the sponsor shall provide medical management and financial compensation for the injury or death
Drugs and cosmetics (Second Amendment) rules, 2013
Gazette notification G.S.R. 63(E), 1\textsuperscript{st} February, 2013

PERMISSION TO CONDUCT CLINICAL TRIAL

Drugs and cosmetics (Third Amendment) rules, 2013
Gazette notification G.S.R. 72(E), 8\textsuperscript{th} February, 2013

REGISTRATION
OF ETHICS
COMMITTEE
New Bill No.LVIII of 2013

• The Drugs and Cosmetics Amendment Bill, 2013
• A Bill to further amend the Drugs and Cosmetics Act, 1940
• Submitted to the Rajya Sabha
• Proposes to establish a CDA – 19 member overarching body to regulate drugs and Cosmetics
• Excludes all provisions of AYUSH drugs for which a separate Bill will be introduced.
Expert Committee under Dr. Ranjit Roychoudhury

• Mandate:
  – To formulate policy and Guidelines for Approval of new drugs, Clinical trials and Banning of drugs

• Members:
  – Dr.RRC, Dr.VPK, DR.VM, DR.MS, DR.UT

• TOR: To formulate policy and guidelines for
  – Approval of new drugs including biologicals
  – Approval of clinical trials including global CTs, BA/BE studies for export
  – Continued marketing of drugs due to safety issues
  – Fuctioning of the 12 NDACs
  – To identify experts for the CDSCO
  – Any other matter related to CDSCO
Vision & Methodology

• Vision
  – To recommend changes and introduce measures to result in a Drug Regulatory System for India which is robust, transparent and built on the foundation of Science and Ethics.

• Methodology
  – Critical evaluation of the current system
  – Indepth examination of the PCC report and SC judgements
  – Extensive Consultation with different Stakeholders
Recommendations

• 25 recommendations
  1. CTs can be conducted only at accredited Clinical sites by accredited PIs after approval by accredited ECs.
  2. A central Accreditation Council to be established
  3. Roster of experts from all over India and selection of experts by random tables.
  4. Roster of accredited sites from which Pharma co.s can select the Sites and PIs.
5. To abolish the current 12 NDACs
6. A technical review Committee to be set up to take uniform, unbiased ,final decision on approvals.
7. Informed Consent from all participants. Audio-visual recording wherever necessary in vulnerable groups.
8. AEs/SAEs to be treated till resolved.responsibility of the Sponsors/PIs
9. Compensation (Financial) to be paid to legal nominees in case of Death or Disability
10. All SAEs to get equal treated whether due to test drug, placebo or Standard treatment.
11. Provision of Ancillary care during trial period.
12. No compensation for therapeutic inefficiency
13. Compensation Fund to be created at National,State or Institutional level.
Recommendations (contd.)

Approval of Clinical trials

14. New INDs from India will go thro all Phases
15. parallel global trials permitted after safety assessment
16. Drugs marketed in well regulated countries for 4 years, can be marketed with strict PMS.
17. First time generics – Phase III bridging studies
18. Subsequent generics - BA/BE studies
19. Drugs for only export and not for domestic use – BA/BE studies not permitted.
Recommendations (contd.)

- Time frame
  20. Response time from CDSCO – 90 days
  21. Right of pharma to have pre approval discussion with Fee for discussion
  22. IT to be used for transparency in the system.
  23. Role of State Drug Regulatory authorities
  24. Banning of drugs
  25. Upgrading of CDSCO with adequate strengthening and autonomy.
THANK YOU