Pharmaceuticals Export Promotion Council of India
(Set up by Ministry of Commerce & Industry, Government of India)

REGULATORY & MARKET PROFILE OF SOUTH AFRICA

Demography

SL. No	Parameter	Description
1	Region	Southern Africa
2	Country	South Africa
3	Capital	Pretoria(administrative), Cape Town(Legislative)
4	Population	54,841,552 (July 2017 est)
5	Population growth rate (%)	0.99%(2017 est)
6	GDP (purchasing power parity)	$757.3 billion (2017est.)
7	GDP - real growth rate (%)	0.7%(2017 est.)
8	GDP - per capita (PPP)	$13,400 (2017 est.)
9	Epidemiology	HIV/AIDS Ischemic heart disease Respiratory infections Diabetes Cardiovascular diseases
10	Population below poverty line	16.6% (2017 est.)
11	Age structure (%)	0-14 years: 28.27%
		15-24 Years: 17.61%
		25-54 years: 41.78%
		55-64 years: 6.66%
		65 years & over: 5.68%
Source: CIA World Fact Book updated to july 2017		

Introduction

South Africa's pharmaceutical market size, makes it the key sub-Saharan market. MNCs are on the defensive due to its, tough pricing environment which helps the generic industry.

Pharmaceutical sales was around $ 3.2 billion in 2017 and is expected to grow around 19% in 2018 and touch $ 3.9 billion.

Strengths: Largest market in Africa region

Opportunities

- Potential for marked generic sector growth, in line with cost containment and new medicines regulatory body.
- Rapid urbanization, sedentary lifestyles and dietary trends to ensure long-term demand for pharmaceuticals that target chronic, lifestyle-related diseases.
- Regulatory conditions have potential for improvement with new drug registration agency SAHPRA.
- Government pricing policy on Reducing costs edges out competition.

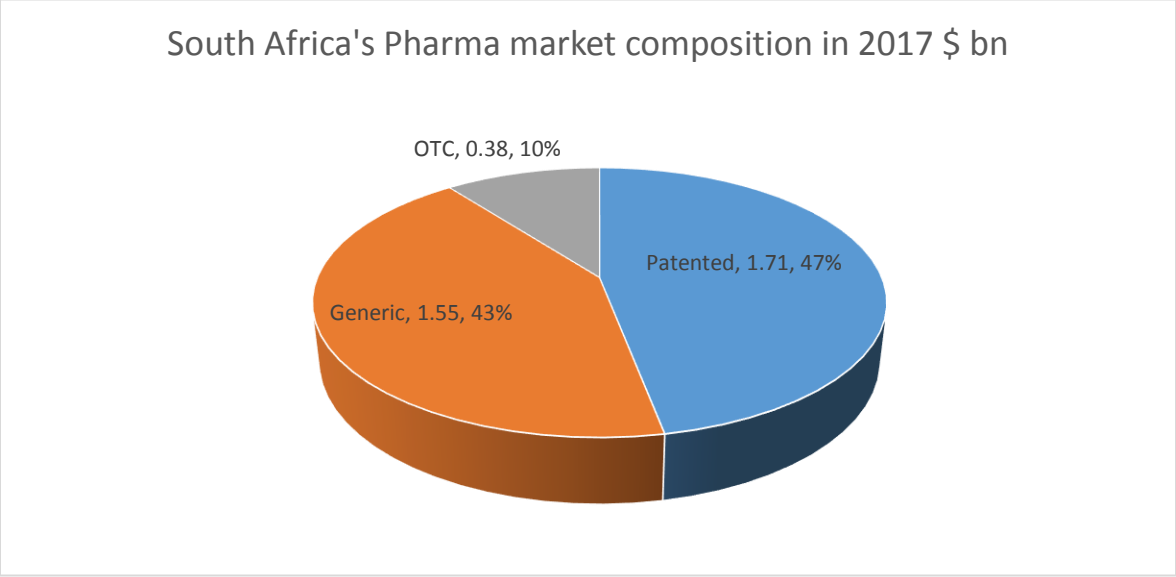
Market

South Africa's evolving demographic and epidemiological profile will provide increased revenue-earning opportunities for pharmaceutical companies, particularly those producing non-communicable disease treatments. Crucially, pharmaceutical firms keen to leverage opportunities in South Africa will have to account for key intra-country nuances. Local news sources and documents from the WHO have reported that decision-making by provincial Pharmacy and Therapeutics Committees (PTCs) in South Africa have a large degree of variation, thereby affecting the medicines available on state-level formularies. In particular, this often results in inequitable access to high-value medicines on a provincial basis. Indeed, in order to adapt to this business environment, drug makers will have to consider their strategy at a regional and provincial level.

South Africa's pharmaceutical market will remain the largest and most developed in the region and will continue to attract multinational drug makers looking to develop a foothold in the wider region.

Epidemiology

While South Africa's largest killer remains the HIV/AIDS epidemic, in terms of pharmaceutical sales, the biggest sellers are treatments for diseases such as heart disease and hypertension, which predominantly affect a richer population profile. Nearly 100 South Africans die of heart attacks or strokes each day, although this figure pales in comparison to the 1,000 people that are estimated to die of AIDS. More than 7mn adults smoke, around 6.3mn suffer from hypertension and 5mn have high cholesterol.



Generic Market

Market, as in the recent past will continue to observe a relatively high level of generic penetration and generic drug sales growth is expected to outpace the patented medicine market over our ten-year forecast period. The focus on cost containment, combined with a growing middle class and single exit pricing structure, and the thrust government gives to local production in South Africa will drive greater demand for generic medicines. *$1.2 billion market in 2017 is expected to touch $ 1.4 bn in 2018.*

Pharma trade

South Africa still relies heavily on pharmaceutical imports to meet domestic demand for certain medicines, local pharmaceutical production is well-established on a regional basis. Gradually, generic drug makers from India and China are looking to South Africa as a launching platform to enter the rapidly growing African markets. However, local drug makers have a competitive advantage in that they have a local presence, which means they are well-placed to benefit from government initiatives to support the domestic industry. To take advantage some Indian firms like Cipla & Lupin have units in South Africa.

Despite the development of the local manufacturing sector, South Africa continues to run a large negative pharmaceutical trade balance with imports outstripping exports significantly. Pharmaceutical imports were valued at ZAR26.9bn (USD2.0bn) in 2017, representing around 85% of South Africa's pharmaceutical trade.

Majority of medicines are sourced from European and Asian drug makers, with India (24%), Germany (11%), the US (10%) and France (10%) being the main import partners - accounting for over half of South Africa's total medicine imports by value in 2016.

Local Industry

In South Africa, the government is in the stage of implementing a National Health Insurance (NHI) scheme, which is designed to create a single compulsory medical scheme for the population. The NHI bill was approved by cabinet in 2017 and is gradually being rolled out in three phases to 2025 across each district – starting with sites across the Eastern and Western Cape. Extra funding for the scheme from the latest budget announcement will be partially financed by a health promotion tax, due for implementation in April 2018. In addition, the South African Department of Trade and Industry's (DTI) draft intellectual property policy aims to increase the local production of pharmaceuticals, support domestic drug makers and create greater export opportunities. To this end, the report encourages the use of voluntary and compulsory licenses from IP holders, cutting out unnecessary patents, stimulating competition from local generic drug makers. For innovative drug makers, these reforms will make it difficult for patented medicines to retain their market exclusivity, open them up to quicker generic competition, and limit ever-greening attempts.

There is considerable focus on the public sector in South Africa, especially with regard to tenders for the procurement of pharmaceuticals. Sanofi(Inclusive of its generic division) has been among the most successful multinational companies in Africa. The company has a demonstrated commitment to the continent, with decentralized production and local management, as well as establishing strong ties with policy makers and healthcare authorities. Other multinationals have looked at partnerships with government bodies to provide specialized services, such as Roche's partnership to reduce maternal transmission of HIV/AIDs to infants in South Africa.

Leading Generic MNCS are also present.

Industry Risks:

Highlighting the relative level of development in SSA, South Africa scores 51.0, significantly above the regional average of 32.6 on a scale of 1 to 100. On a global scale, South Africa's industry risk profile is seen as largely unfavorable for innovative drug makers.

The government maintains a cost-conscious drug procurement policy, which focuses on low-cost generic drugs and is biased towards local industry. Similarly, respect for intellectual property is concerning, with plans to introduce compulsory licensing, somewhat limiting the market potential for innovators. The approvals process suffers from long delays, resulting in a backlog of up to two years for new products, although the situation could be improved with the announcement of the formation of a new agency.

Country Risks:

South Africa's score of 37.4, above the regional average of 24.1, reflects its large, diversified economy when compared with many SSA markets. The political process is one of the most fair and transparent in SSA, and friendly relations are maintained with neighboring states, making it a stable base for companies to distribute their products across more volatile countries in southern Africa.

Statistics

India's Pharmaceutical exports to SOUTH AFRICA $ Million						
Category	**2015-16**	**2016-17**	**2017-18**	**GR%**	**contbn%**	**Contbn to Region**
BULK DRUGS & DRUG INTERMEDIATES	78.89	85.97	92.70	7.83	15.90	23.54
DRUG FORMULATIONS & BIOLOGICALS	517.68	387.64	479.09	23.59	82.18	18.51
AYUSH	1.69	2.38	2.72	14.52	0.47	15.33
Herbal Products	0.90	0.60	0.62	3.86	0.11	20.11
Surgicals	4.34	6.92	7.41	7.04	1.27	15.28
Vaccines	1.77	1.39	0.45	-67.96	0.08	0.15
Total	605.27	484.89	582.99	20.23	100.00	17.42

Regulatory Challenges:

Fundamental weakness in the country's Regulatory aspect or uncertain regulatory policies, slow drug approval process. Besides this, high production costs and shortfalls in Government investments for an ambitious plans are the main market access barriers.

The National Association of Pharmaceutical Manufacturers (NAPM) cited lengthy registration time for generic products as the single largest barrier to market access in South Africa. Moreover, the local industry is tightly regulated in terms of pricing control.

The establishment of a new health products regulatory agency in South Africa represents an important step towards full implementation of a dedicated regulatory framework for pharmaceuticals and medical devices. For pharmaceuticals, it will take some time before domestic generic drug makers can realize the benefits from regulatory improvements.

The local industry is tightly regulated in terms of pricing control. The South African drug pricing system is based on a single exit price (SEP) - the maximum price that drug manufacturers are required to sell their products. This has previously hurt local drug makers who have suffered as a result of the weakening rand, subsequently increasing the cost of imported raw materials used in the manufacturing process.

Pharmaceutical product mark-ups are calculated in a tiered pricing structure. Pharmacists can charge a larger mark-up for lower priced drugs, which incentivizes them to dispense more generic drugs.

REGISTRATION AND LICENSING REQUIREMENTS

➢ Regulatory Authority	:	**South African Health Products Regulatory Authority (SAHPRA)**
➢ Website of regulatory Authority	:	http://www.mccza.com/
➢ Fees for Drug Registration	:	USD 2000 (27,000 Rands)
➢ Normal time taken for registration	:	48 Months
➢ Registration Requirement [Dossier Format]	:	ZA CTD
➢ Whether plant inspection is mandatory	:	Yes
➢ Requirement of Local agent/ Subsidiary	:	Subsidiary is Required to operate locally

The South African government has formed the South African Health Products Regulatory Authority (SAHPRA) to oversee the country's medical device and drug markets. SAHPRA is based on elements of South Africa's Medicines Control Council (MCC).

SAHPRA replaces the Medicines Control Council (MCC). The scope of the new Authority has expanded to include not only medicines, but also medical devices including in vitro diagnostics, and aspects of radiation control.

The Medicines and Related Substances Act, 1965 (Act 101 of 1965), as amended by Act 72 of 2008, together with Act 14 of 2015, provides for the establishment of SAHPRA, a Schedule 3A public entity, which will operate as a separate juristic entity, outside of the National Department of Health (NDoH). SAHPRA will be responsible for monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials, medical devices and related matters in the public interest.

The Medicines Control Council (MCC) applies standards laid down by the Medicines and Related Substances Act, (Act 101 of 1965) which governs the manufacture, distribution, sale, and marketing of medicines. The prescribing and dispensing of medicines is controlled through the determination of schedules for various medicines and substances.

The Council has 9 active technical committees, with 146 members from various institutions in the country. The technical committee are as follows

i. *Pharmaceutical and Analytical Committee*
ii. *Complementary Medicines Committee*
iii. *Clinical Committee*
iv. *Biological Medicines Committee*
v. *Names and Scheduling Committee*
vi. *Clinical Trials Committee*
vii. *Veterinary Clinical Committee*
viii. *Legal Committee*
ix. *Pharmacovigilance Committee*

REQUIREMENTS

1. The Company must be registered under the Company's Act and then with the South African Pharmacy Council, and must have an operating license from the SAHPRA.
2. A "responsible pharmacist" must be appointed as the person legally responsible for compliance with all laws and regulations, codes of good practice and ethical obligations.
3. An application for registration must be compiled in a specified format by a pharmaceutical company registered and operating in South Africa

   RESPONSIBILITY- For compliance with all laws and regulations, codes of good practice & ethical obligations.
4. The applicant company must compile an Applicant Master File with details about the company, its physical address in South Africa, its organogram including the skills and experience of the staff responsible for the production, testing, storage and distribution of its medicinal products.
5. The product dossier compiled by the applicant company must be submitted to and approved by the SAHPRA and is regarded as a legal contract. The Certificate of Registration of a medicine confirms this and is the license to sell the medicine. Any amendment made by the company after registration must be approved by the SAHPRA.
6. The claims made for the medicine with regard to the indications for its use. These must appear on the package insert which must accompany each pack of a medicine. Registration approval is based on these claims after SAHPRA evaluation of the scientific and clinical data provided

to support the claims. In addition, a Patient Information Leaflet to be made available to the patient taking the medicine, must also be compiled by the company and approved by the MCC.

7. Specifications and quality control procedures for all raw materials and packing materials, as well as the final dosage form in its final sales pack. These must be described in detail with exact specifications and control procedures described.
8. Manufacturing processes and in-process quality controls.
9. A validation program to ensure that all components and processes produce products of a consistent quality every time. This includes a stability testing program to ensure that the product retains all its quality parameters for the full shelf life of the product.
10. A Site Master File with specified details of the actual factory where the medicine is made.
11. For innovative medicines, details of the results of all pharmaceutical [laboratory], animal and human testing must be supplied. These include data generated throughout the product development from the initial tests done to determine the absorption, distribution, metabolism and excretion of the drug in animals and healthy human volunteers [pharmacodynamics data] to the results obtained in clinical trials in sick patients.
12. The studies may be done in South Africa or in other countries but the data must be evaluated and approved by the SAHPRA for registration of the medicine to be granted.
13. For generic medicines the applicant must provide proof that the product has a comparable therapeutic effect to that of the originator's product. This can be done by conducting comparative clinical trials, or by providing proof of bioequivalence or in some cases by laboratory testing.
14. All advertising must be based on the approved claims for the medicine i.e., those which appear on the approved package insert. Advertising does not require prior approval by the SAHPRA but the SAHPRA Inspectorate does deal with any infringement as a contravention of the regulations.
15. The manufacturing facility where a medicine is made, tested and packed **is subject to inspections and approval by the SAHPRA** which may also test specific products and audit the product dossiers to ensure that these have been kept updated.

Once the application for registration has been compiled, a specified number of copies together with the applicable application fee, and a sample of the product appropriately labeled, must be submitted to the SAHPRA Secretariat in Pretoria with the required fee. SAHPRA will not accept partial submissions with further data to follow at a later stage.

The SAHPRA evaluates the submission and will usually respond with questions or requests for further data. Once this is submitted and accepted, registration of the product will be "approved" or "not approved".

MCC GUIDELINES FOR REGISTRATION OF MEDICINES-AN OVERVIEW

The guideline documents issued by the MCC cab be identified at
http://www.kznhealth.gov.za/research/mccinfo.pdf

1. INTRODUCTION

The registration of medicine in South Africa is governed by the provisions and requirements of the Medicines and Related Substances Control Act No. 101 of 1965, (hereafter 'the Act') and the Regulations and Guidelines published in terms thereof.

It is a legal requirement that data submitted for evaluation should substantiate all claims and should meet technical requirements of **quality**, **safety** and **efficacy** of the product for the purposes for which it is intended

These guidelines are relevant only to human medicines including biological and complementary medicines. Separate guidelines apply to the registration of medical devices.

2. GENERAL INFORMATION:

(i) Applicant/Proposed Holder of the Certificate of Registration (Phcr)

2.1 An application may be made by any of the following:
a) a person, body corporate/juristic person, company, residing and doing business in South Africa;
b) a close corporation incorporated in South Africa; or
c) a company in South Africa with at least

- a responsible delegated person residing in South Africa and
- an authorised person residing in South Africa who must be a person with appropriate knowledge of all aspects of the medicine and who shall be responsible for communication with Council.

2.2 The application submitted should be signed by the pharmacist authorised to communicate with Council. This pharmacist should be in the full-time employ of the company and may be:

- the Responsible Pharmacist in terms of the Pharmacy Act, 1974 (Act 53 of 1974) as amended, or
- another registered pharmacist responsible for regulatory affairs and with appropriate knowledge of all aspects of the medicine.

This should be an original signature (scanned signature not acceptable).

The following should be included:

- proof of **current** registration (copy of certificate) of the pharmacist who signed the dossier, and
- proof of **current** registration of the Responsible Pharmacist in terms of Act 53;

- an individualized, person specific letter of authorization for the signatory, issued by the person responsible for the overall management and control of the business (CEO). *(Note that such a letter is not required for the Responsible Pharmacist if the Responsible Pharmacist signs the application.)*

2.3 An Applicant/PHCR should submit a Site Master File (SMF) in accordance with the SMF guideline. For subsequent applications reference to the allocated SMF number will suffice.

(ii) LANGUAGE

All applications and supporting data submitted to the MCC should be presented in English (British). Original documents not in English should be accompanied by an English translation.

(iii) WHERE TO SUBMIT APPLICATIONS

Applications should be posted to Private Bag X 828, Pretoria, 0001 or preferably be delivered by the applicant, rather than a courier, to Room NG090, Civitas Building, Andries Street, Pretoria, where they will be logged and acknowledged. All correspondence should be addressed to the Registrar of Medicines and should be clearly coded as indicated in section 13 of this guideline.

(iv)TYPES OF APPLICATIONS

Medicine applications for registration for humans are divided into the following types for the determination of fees and allocation to reviewers for evaluation:

a) New chemical entity applications that include **pre-clinical** and **clinical** information in support of the efficacy and safety of the formulation/dosage form, indication/s and dosage regimen.
b) Multisource/generic applications and innovator product line extension applications that include clinical information in support of efficacy and safety of the formulation/dosage form, or indication/s or dosage regimen.
c) Multisource/generic applications and innovator line extension applications that include comparative bio-availability/bioequivalence studies as proof of efficacy.
d) Multisource/generic applications and innovator line extension applications
   - that include comparative dissolution studies as proof of efficacy
   - that include any other comparative studies as proof of efficacy
   - others, not mentioned above e.g. liquids/solutions.
e) Biological medicines: Biopharmaceuticals and Biosimilars

(v) FEES : Structure of Fee for various kinds of applications can be identified at http://www.mccza.com/documents/1ccb9a55GG3915401-09-2015Feespayable.pdf

The following non-refundable fees are relevant:

- A non-refundable screening fee payable with the screening submission.
- An application fee payable with the full submission of the application for registration.

- A registration fee, payable when the application complies with all the requirements for registration, and which is payable before a registration certificate is issued.
- An annual retention fee to maintain registration.
- A fee to cover any amendments to the dossier or certificate.
- A fee to cover any inspection of any manufacturing site.
- A fee to cover authorization of the use of an unregistered medicine.

3 REQUIREMENTS OF AN APPLICATION

From 1 July 2010 submissions in ZA CTD (Common Technical Document for South Africa) format will be accepted. Please refer to the Guidance for the Submission of the South African CTD/eCTD General & Module 1.

3.1 PART 1 ADMINISTRATIVE INFORMATION

3.1.1 PART 1A Administrative Particulars

The details as per the application form should be completed.

a. Applicant/prospective holder of the certificate of registration
b. "Business address" in relation to a business that is carried on in the Republic of South Africa, means the full physical address of the premises where such business is conducted.
c. Person authorized to communicate with Council
d. Category
e. "Proprietary name" means the name that is unique to a particular medicine and by which it is generally identified.
   Medicines which are not identical in composition or strength are not regarded as the same medicine and should be submitted separately. However, different strengths of the same dosage form may be submitted individually in one dossier.
f. Pharmacological classification.
g. Dosage form:
h. 'Approved name' in relation to a medicine means the internationally recognized name of such medicine, or such other name as the Council may determine, not being a brand name or trade name
i. The API and strength per dosage unit applies only in the case of a dosage form with a single API.
j. The descriptive name of biological medicine, e.g. viral vaccine, viral antiserum, bacterial vaccine, bacterial antiserum, allergen, immunoglobulin or blood product, as given in a recognised pharmacopoeia or where such name does not exist, a name determined by the Council.
k. The country of origin, i.e. the country where the original development was done. If development took place in more than one country all the countries should be specified.

l. The name and complete physical address including the country, of all the manufacturing and packer facilities/sites for the medicine should be given. The site performing each stage of manufacturing and packaging where these do not all occur at the same site, should be clearly indicated.
m. The name and complete physical address including the country, of the final product testing laboratory/ies (FPRC) and final product release responsibility (FPRR) should be given. If applicable the details of both the pre- and post- importation FPRC and FPRR should be given.
n. The following are required for all the manufacturing, packaging, FPRC and FPRR sites:
    i. Site (Plant) Master File (SMF)
    ii. Confirmation of a Technical agreement between the parties, and
        - a schedule of the limits of responsibilities accepted by each of the parties as specified in a Technical agreement or addendum to the contract should be included
    iii. From the country of manufacture, if not South Africa:
        - A copy of manufacturing license or a statement by the competent medicine regulatory authority that the manufacturing facility complies with GMP and
        - A copy of the Certificate of GMP compliance in terms of the WHO Certification Scheme.
        - Confirmation that the manufacturing site is inspected at regular intervals and a copy of the latest written inspection report (not older than 3 years), from a Medicine Regulatory Authority of the country of origin is available for inspection.
        - A copy of the registration or marketing authorization certificate.
        - A Certificate of a Pharmaceutical Product in terms of the WHO certification scheme (Free Sales Certificate)
o. FPRR should be vested in a person who has appropriate knowledge of the relevant aspects of the medicine and who is either the holder of the certificate of registration or is in the employment of the holder of such a certificate.
p. For subsequent amendments to the dossier PART 1Ac) Amendment history, of the MRF1 should be completed in accordance with the Amendment guideline.
q. All subsequent responses to Committees' recommendations and Council resolutions must include a valid declaration that the response and information submitted is true, correct and relevant, i.e. PART 1A must be duly completed, dated and signed for each response.

3.1.2 PART 1B Table of Contents (TOC)

A comprehensive Table of Contents (TOC) of the dossier including the SUB-PARTs of the different PARTs should be included. The items listed in the TOC should include at least all the relevant aspects addressed in the registration guidelines and/or the narrative headings of the CTD where relevant.

Each heading and sub-heading of the MRF1 and/or sections of responses to recommendations should be identified by a page number or tab and should be tabbed accordingly. Should the heading not apply an explanation as to why the heading does not apply should be supplied on the relevant numbered page or cover page of the relevant tab.

3.1.3 PART 1C Labelling

a) PART 1Ca) Package inserts
b) Headings and particulars in a package insert
c) PART 1Cb) Patient information leaflet (PIL) (Regulation 10 of the Act)
d) PART 1Cc) Label

3.1.4 PART 1D FOREIGN REGISTRATION

a) A list of countries, in which an application has been lodged, and the status thereof, should be furnished, detailing approvals
b) If the medicine has already been registered by any of the regulatory authorities with which Council aligns itself, include
   - a copy of the registration
   - approved package insert (data sheet), as well as *moved*
   - the conditions of registration
   - the approved package insert (data sheet/summary of product characteristics (SPC)) translated into English where relevant.

c) The Council aligns itself with a regulatory authority which is
   i. a member of the International Conference on Harmonization of Technical requirements for Registration of Pharmaceuticals for Human use (ICH) i.e.
   ii. USA (FDA), European Union (EMA and National Regulatory Authorities), and Japan (MWH).
   iii. an ICH observer, i.e. Switzerland (Swissmedic) and Canada (Health Canada) or
   iv. a regulatory authority associated with an ICH regulatory authority member through a legally binding mutual recognition agreement i.e. Australia (TGA), Norway, Iceland and Liechtenstein.
   v. a members of the PIC/S (Pharmaceutical Inspection Co-operation Scheme) for quality matters relating to GMP.

d). Provide details of any negative decision by any regulatory authority reflected in PART 1D c).
e) If not registered and/or applied for registration in the country of origin the reason should be given.

3.2 PART 2 BASIS FOR REGISTRATION AND OVERVIEW OF APPLICATION

PART 2 addresses the basis for registration and makes provision for an overview of the application and consists of the following Sub-PARTs:

3.2.1 PART 2A Pharmaceutical and biological availability

3.2.2 PART 2B Summary basis for registration application (SBRA)

If clinical/pre-clinical data are submitted without pre-clinical and clinical expert reports, a Summary Basis for Registration Application (SBRA), should be included in the application for registration to expedite the review process of the safety and efficacy of the medicine. (Refer to Clinical guideline)

3.2.3 PART 2C Pharmaceutical Expert Report (PER)/Quality Overall Summary (QOS)

3.2.4 PART 2D Pre-clinical expert report

3.2.5 PART 2E Clinical expert report

3.3 PART 3 PHARMACEUTICAL AND ANALYTICAL

3.4 PART 4 PRE-CLINICAL STUDIES

Requests for exemption from the requirements of this PART should address the current formulation / product being applied for in addition to the API being well-known and documented.

3.5 PART 5 CLINICAL STUDIES

Requests for exemption from the requirements of this PART should address the current formulation / product being applied for in addition to the API being well-known and documented.

4 PREPARATION AND SUBMISSION OF AN APPLICATION

From 1 June 2011 submissions in ZA CTD (Common Technical Document for South Africa) format are mandatory (excluding veterinary medicines). Applications for registration of a medicine should be submitted on the MEDICINE REGISTRATION FORM (MRF1) obtainable from the Registrar of Medicines or from the MCC website www.mccza.com. In the case of expedited review (fast track), a copy of the approval letter should be attached in the front **of each volume**.

On receipt at the MCC, all applications for registration will be subject to pre-screening according to the checklist, attachment A, also completed by the applicant. Upon successful pre-screening, the application will be logged onto the system and allocated a screening number. A letter acknowledging receipt of the application and receipt of the screening fee will be issued to the Applicant.

If the applicant does not comply with the pre-screening requirements the application will be returned to the Applicant as incomplete.

After successful pre-screening the application will be subjected to screening according to the screening form MRF2. The screening outcomes i.e. HOLD or RETURN AS INCOMPLETE will be communicated to the applicant together with reasons. Time frames for the applicant to submit outstanding information, or to collect the application, will also be communicated to the applicant. In the event of a dispute regarding outstanding information or time frames, the application will be tabled at the next Council meeting for a formal decision.

The ACCEPTED screening outcome, the required application fee, and the number of copies will be communicated to the applicant. At this point the application number will also be allocated. Applications for which an expedited review (fast-track) has been approved should be clearly marked. The allocated reference number and a copy of the approval letter should be included and also accompany any subsequent correspondence regarding an expedited review application.

The correct number of copies of application and additional documents required for the evaluation of the application, should be submitted. **This date will be regarded as the date of application.**

5.EXPEDITED REVIEW PROCESS (FAST-TRACK)

The Medicines Control Council may, under certain circumstances, (as in most other national drug regulatory authorities) speed up the registration process for specific medicines that have important therapeutic benefit and which are required urgently to deal with key health problems. In such cases, an accelerated review system is applied. For further information refer to Regulation 5 of the Act.

The applicant should submit an expedited review request to the Minister of Health for the attention of the Registrar of Medicines, before submitting the full application for screening. A copy of the approval letter must be submitted with the application. Products that will be considered for expedited review are:

- Medicines on the Essential Drugs List (EDL)
- New Chemical Entities that are considered essential for national health but do not appear on the Essential Drugs List.

6. ABBREVIATED MEDICINE REVIEW PROCESS (AMRP)

The AMRP is a system initiated by Council to limit the evaluation time of pharmaceutical products that are registered in countries with which the Council aligns itself, if the evaluation report is readily available.

The abbreviated medicine review process is based mainly on the expert reports of the pharmaco-toxicological and clinical data. It should be noted that the AMRP is an abbreviated **evaluation** process and not an abbreviated **application**.

I. Only new chemical entities registered with one or more of the authorities with which the Council aligns itself will qualify for AMRP. (Refer to section 3.1.4 of this guideline).
II. The applicant should obtain the Expert Reviewers' reports on safety, quality and efficacy from the relevant medicines regulatory authority.
III. The certificate of approval of registration of the new chemical entity by one of the recognised registering authorities should be included. (Refer to section 3.1.4 of this guideline).

IV. Written confirmation that the proposed package insert is based on the package insert and the complete dossier of the licensing country is required. Apart from the approved package insert on which the submission is based, the package insert of the other countries where registration has been approved, should also be submitted.

V. Written confirmation that the data submitted to the MCC are identical to that submitted to the authority which has granted approval should be given. Raw data of experimental and clinical studies should be excluded. A letter authorising the MCC to contact the relevant MRA for an evaluator's report or assessor's report should be included.

VI. Expert reports on chemical-pharmaceutical, pharmaco-toxicological and clinical documentation should be included.

VII. Relevant correspondence between the applicant and the registering authority including the negative (e.g. queries, non-acceptance of certain claims/statements) as well as the positive correspondence should be included.

VIII. Written confirmation that the formulation applied for is identical to that approved by the registering authority should be given.

IX. Applications for AMRP can only be accepted if the product has been approved by the said authorities within the last three years of the licence in the licensing country.

7.EXPERT REPORTS MRF1 PARTs 2C to E

I. *Expert report:* an objective and encompassing report on all the relevant aspects in the specific field of expertise of the reporter who is familiar/acquainted with the development of the product.

II. *Expert reviewer's report:* the report of the regulatory reviewer, after evaluation of the data submitted in support of approval for licensing.

III. All issues and properties of the product in the submission should be clearly identified and critically discussed in the Expert Reports in light of current scientific knowledge.

IV. The Expert Report should address all the aspects in the package insert.

V. A list of the key references used in compiling the Expert Report should be attached.
The *curriculum vitae* of the expert should be included.

VI. If the application for registration complies with the requirements for the AMRP system, it should be further determined whether the Expert Report reveals all the necessary information for Council to make a considered decision on registration. For this purpose an AMRP-SBRA should be drafted. An AMRP-SBRA should be based on the information in the Expert Reports only. Furthermore, written confirmation that the AMRP-SBRA was compiled from the Expert Report only, should accompany the AMRP-SBRA submission.

8. MANUFACTURING REQUIREMENTS

Only medicines manufactured, packed and quality controlled at sites compliant with the current principles of Good Manufacturing Practice (GMP) as prescribed by the Medicines Control Council will be considered for registration ie is the South African Guide to Good Manufacturing Practice (SA guide to GMP)

9. SAMPLES

All medicine applications for registration must include a sample of a unit pack

10. STANDARDISED PACKAGE INSERT WARNINGS AND INFORMATION

In addition to the warnings required by Regulations 8, 9 and 10 of the Act, certain warnings and other information should be included in the package insert, unless the applicant can provide convincing evidence to the contrary. The wording need not be identical.

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Details of importing country embassy in India: **https://southafricainindia.wordpress.com/**

Contact details of Indian Embassy abroad: **https://southafricainindia.wordpress.com/**

List of Local Pharma Associations:

- PSSA - Pharmaceutical Society of South Africa - E-mail: pssa@pharmail.co.za Website: https://www.pssa.org.za/
- IPASA: **The Innovative Pharmaceutical association South Africa** Website: http://ipasa.co.za/
- NAPM - National Association of Pharmaceutical Manufacturers Website: http://gbmsa.org/