Brazil, an emerging market

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PRESENTATION AGENDA

★ BRIEF INTRODUCTION TO BRAZIL
★ REGULATORY STRATEGY CONSIDERATIONS
★ REGULATORY PROCESS
  - PRE-SUBMISSION MEETING
  - REGULATORY MEETING
★ RDC 102/2000 and RDC 24/2010 (ADVERTISING)
★ RDC 57/2009 and IN15/2009 (APIs)
★ RDC 17/2010 (GMP COMPLIANCE)
★ RDC 14/2010 and RDC 10/2010 (HERBAL MEDICINES)
★ CONCLUSION
Brazil: A taste of the country

With a surging economy ranked in the top ten globally and with its mature industrial base, Brazil annually attracts billions of dollars in foreign investment.

Covering almost half of South America, Portuguese-speaking Brazil shares its border with every country on the continent except Chile and Ecuador. Its expanse is the fifth largest globally, exceeded only by that of Russia, Canada, China and the United States. The 26 states and national capital area of the Federative Republic of Brazil house a combined population of approximately 193 million people, mainly in major cities on or near its Atlantic shoreline.

Scenic Rio de Janeiro and business-oriented São Paulo dominate the country's south while further north Salvador retains its centuries-old colonial charm and Fortaleza boasts spectacular multi-coloured sand beaches. Ecologically, the vast Amazon rainforest and river basin give Brazil a level of biodiversity no longer found in many other parts of the world. Brazil is about more than regulations!
Brazil's Seat of Government

National Congress buildings in Brazil's capital city, Brasilia
Regulatory Strategy Considerations

Several important considerations

- Language is Portuguese - most countries in South America are Spanish-speaking
- Official translation and consularization of documentation is mandated
- Strong advertising regulations
- Local presence is required + pharmacist must be responsible for technical matters
Regulatory Strategy Considerations

Additional significant considerations

- API registration – RDC 57/2009 and IN 15/2009
- Inspection requirements – RDC 17/2010
- NHPs – RDC 14/2010 and RDC 10/2010
- Local and/or international clinical studies
- Pre-submission meetings
Regulatory Process

Site Licenses → Site Inspection → Pre-market → Product Development

- Pre-submission meeting

- Bio-studies (Pre-clinical, clinical trial or bio-equivalence)

- Pilot Batches

- Regulatory Submission

- Market Approval (direct or conditional)

- Post-market Changes

- Letter of Requirements

- Regulatory meeting
Meetings with Regulatory Authorities

Pre-submission meeting
- Due diligence (be well prepared)
- Slide presentation about the product(s)
- Meeting minutes with copy sent to authorities
- Followup of issues and concerns

Letter of Requirements
- Timely response to Letter of Requirements (within 30 days)
- Due diligence (be well prepared)
- Handwritten meeting minutes provided by authorities
- Correction of minutes if required

Handwritten meeting minutes provided by authorities
- Correction of minutes if required
Advertising Regulations

RDC 102/2000

Applies to advertisements and promotions, of medicines produced domestically or imported, in whatever forms and media placement, including during regular radio and television broadcasts.

RDC 24/2010

Regulates the advertisement of foods high in sugar, fat and sodium, as well as beverages with low nutritional content, requiring that the advertising of such products be accompanied by warnings of possible health hazards caused by excessive consumption.
Article 1 - Approves the technical regulations for registration of active pharmaceutical ingredients (API) in Brazil pursuant to the annex of the resolution.

Article 2 - States that active pharmaceutical ingredients, including imported ones -- except active pharmaceutical ingredients that will be used for scientific or technological research or for research and development of formulations – having first satisfied Article 3 of this resolution, may not be manufactured, sold or exposed for sale in the country before being registered with ANVISA.
Article 3 - Defines a prioritized list of active pharmaceutical ingredient (API) registration categories as determined by the Ministry of Health. Schedules of compliance in addition to that of IN 15/2009 are yet to be published.
NORMATIVE INSTRUCTION (IN) 15/2009

**Article 1** - Approves the schedule and priorities for implementation of the first stage of registration of active pharmaceutical ingredients (IFA, in Portuguese) in accordance with RDC 57 as adopted on November 17th, 2009 by ANVISA's College Board of Directors.

**Article 2** - Lists, in order of importance, the APIs that must be registered first.

*By July of 2010, companies had to comply with the first stage of this instruction.*
RDC 17/2010

**Article 1** - Lays out the objective of establishing the minimum requirements to be followed in the manufacture of medicines to standardize the verification of compliance with Good Manufacturing Practices (GMP) for medicinal products for human use.

Article 1 - Declares the objective of establishing minimum requirements for registration of herbal medicines.

Paragraph 1 - Covers herbal medicines obtained via exclusive use of active raw plants whose efficacy and safety are validated through review of species-specific pharmacological use, technological and scientific documentation or clinical evidence.

Paragraph 2 - Defines herbal medicines as being characterized by their effectiveness, risks of use, reproducibility and constancy of quality.
Herbal Medicines Regulations

RDC 14/2010 (continuation)

**Paragraph 3** - Excludes from herbal medicines those substances that include in their composition synthetic or natural active compounds or associations with plant extracts.

*Effective quality control must be implemented and monographs must be followed.*

*Safety and efficacy reports must be presented as part of the product registration process.*
**Herbal Medicines Regulations**

**RDC 10/2010**

**Article 1** - Establishes a system to notify ANVISA about herbal medicines, including medicinal plants or their parts, which contain the substances or classes of substances responsible for therapeutic action after processing (e.g. collection, stabilization and drying, deletions, crushing or pulverizing).

This resolution is designed to regulate the traditional use of herbal medicines, including medicinal plants, and it clarifies when and how these medicinal products should be used to achieve beneficial results.

*Electronic notification by the producer expires after five (5) years.*
Paragraph 3 - States that medicinal plants, grown in natural gardens as well as in Community Living Pharmacies recognized by public bodies, and also medicines derived from plants and then sold in drugstores, are not subject to notification established by this resolution but must otherwise meet the conditions laid down by regulation.

Article 2 - Points out that the herbal medicines listed in Annex I can be sold without prescription to the end consumer and that their effectiveness is supported by empirical data based on traditional use as well as by relevant literature.
RDC 10/2010 (continuation)

**Paragraph 1** - Specifies that the products covered by this resolution are intended for episodic use -- oral or topical -- for the symptomatic relief of the diseases listed in Annex I and must be available exclusively as a plant preparation for use in infusions, decoctions and maceration.

**Paragraph 2** - Observes that notifiable herbal medicines cannot be presented in the forms of capsule, tincture, tablet, extract, syrup, etc.

Also,
1. Manufacturers are inspected and must comply with RDC 17/2010
2. Products must be analyzed accordingly
This presentation has attempted to provide a brief overview of the regulatory challenges faced upon planned entry into the Brazilian market.

Nonetheless, the size and maturity of the Brazilian market make the ultimate payback worth the effort.

Thank you!
Latin America Regulatory Update (Pharma)

If more information is required, please contact:

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