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1. Introduction:

In order to protect public health and animal health, it may become necessary to implement urgent measures such as the recall of one or more defective batch(es) of a medicinal product during its marketing period or an investigational medicinal product during clinical trials.

Each Manufacturer and/or holder of a Marketing authorization/Distributor/Wholesaler enlisted as DGDA Approved licensee must have to implement an effective procedure for the recall of defective **medicinal products**. Furthermore, it is required to notify DGDA and the relevant Competent Authority (in case of exported/imported Medicinal Products) of any defect that could result in a recall and indicate, as far as possible, the countries of destination of the defective medicinal product.

1.3 DGDA will follow the written procedures, Templates/Forms depicted herein for the issue, receipt, handling of notifications, Stakeholders Summary report evaluation and Circulation of Recall Closure of defective medicinal products, batch recalls and other rapid alerts during and outside normal working hours. The Market Control and Surveillance wing along with Regulatory Inspection assist the Manufacturers, Marketing authorization holder and Relevant Stakeholders in the recall process, as appropriate, and monitor its effectiveness. Market Control and Surveillance Team of DGDA will ensure that information concerning the recall of medicinal products is notified rapidly according to specific depth level towards mass people and other Member States, if the nature of the defect presents a serious risk to public health. This information should be transmitted by means of the preferred/ priority communication media mentioned in "Rapid Alert System".

2. Objectives

2.1 This procedure covers the transmission of information when urgent action is required to protect public or animal health by means of a rapid alert relating to the recall of Finished Pharmaceutical Products/ medical products, active pharmaceutical ingredients (API), vaccines, biologicals, medical devices, in-vitro diagnostics, ready to fill bulk and investigational medicinal products which have quality defects among Manufacturers Distributors, Importers and other associated Secondary level stakeholders, Competent Authorities (WHO-Listed Authority Countries and PIC/S Member Authorities) responsible for regulation and review of human and veterinary medicinal Products.

2.2 The procedure may be used also for transmission of other information such as cautions-in-use, product withdrawals for safety reasons or for follow-up messages to any of the above listed categories.

2.3 The procedure may also be used to notify medicinal products related with counterfeit or fraudulence activities when deemed relevant with SOP No- NRA-MC-002 and WHO **TRS 1010 Annex 5** approved by the licensing authority.

2.4 The specific procedure, minimum basic requirements, decision for recall, follow up and other steps/approaches will be followed accordingly in pursuant with all recalls, regardless of whether the product is distributed in Bangladesh or abroad, should be notified to DGDA.

3. RECALL ACTION:

3.1 Any batch of a product not meeting the defined quality standards has to be recalled from the market. Recall can be of two types; Voluntary Recall and Statutory Recall.

3.1.1 VOLUNTARY RECALL:

Voluntary recall can be triggered by MAH/Manufacturer/Licensee on any incident that affects the quality of the batch/product in question such as

- If the batch or batches are found to be not complying with the regulatory specifications during the post marketing stability study
- If the batch is found to be defective during investigation of market complaint.
- During any failure investigation, if it is observed that the failure under investigation might have adverse quality impact on already released batch (e.g. possibility of contamination, mix-up, degradation etc).
- If any unusual observation is noted during visual inspection of retention samples which indicate an impact on quality of the medicinal product after investigation.

3.1.2 STATUTORY RECALL:

Statutory recall can be triggered in response to the direction or mandate by the DGDA in one or more of the situations as follows:

- To recall the drug product/batch, considered to be in violation of the laws, it administers such as not of standard quality etc.
- To recall the banned drugs.
- Labeling and / or Promotional materials, that are considered to be in violation of law etc.

3.2 RECALL CLASSIFICATIONS & RECALL NOTIFICATION/RAPID ALERT MECHANISMS

Once a situation has arisen where it is agreed between the MAH/Manufacturer and the DGDA that a recall is required, the classification determined for the particular recall will help to determine the extent of the recall and the method by which the Recall Notification or Rapid Alert is issued. The classifications below are based on the relative degree of health hazard caused or supposed to cause due to quality defects of medicinal products.

3.2.1 CLASS I RECALLS

These are recalls which result from quality defects of medicinal products which are potentially life threatening or could cause serious risk to health/death.

Examples of such quality defects:

Medicine:

- Wrong medicinal product (label and contents are different medicinal products).
- Correct medicinal product but wrong strength, with serious medical consequences.
- Microbial contamination of sterile injectable or ophthalmic medicinal product.
- Chemical contamination with serious medical consequences.
- Mix up of medicinal products ('rogues') within a pack. For example, two different blister strips within one outer carton, or, two different tablets within the one blister strip.
- Wrong active ingredient in a multi-component medicinal product with serious medical consequences.

Biological and blood components:

- Retained samples of pulmonary allograft showing positive microbial growth of a pathogenic organism.
- Blood components accidently released after donation testing initial-positive to mandatory testing.

Method and extent of recall to be considered for Class I Recalls:

1. Recall of the medicinal product/batch(es) to patient or user level may be necessary. If so, this can be done via announcements on the radio and television and/or by newspaper notifications.
2. Medical practitioners, pharmacists, other retailers and wholesalers should be contacted within 24 hours, where possible, notifying of the recall action and providing the required instructions. If initial communication is by a source other than by letter, there should be a follow-up letter issued to the above persons to confirm this notification.
3. Direct uplifting of stock, rather than allowing the return of the affected medicinal product via wholesalers, is the method of choice for retrieval of medicinal product in the case of Class I recalls.

Notification Period: within 24 hours from the time the DGDA and the Company agree on the recall action to the issue of the recall notification.

3.2.2 CLASS II RECALLS

These are recalls due to quality defects which could cause illness or mistreatment but are not Class I. Examples of such quality defects are:

Medicine:

- Mislabeling - wrong or missing text or figures.
- Missing or incorrect information - leaflets or inserts.
- Microbial contamination of non-injectable, non-ophthalmic sterile product with medical consequences.
- Chemical/physical contamination (significant impurities, cross-contamination, particulates).
- Mix up of products ('rogues'). For example, a case of medicinal product A contains one or more packs of medicinal product B).
- Non-compliance with specification (e.g. assay, stability, fill/weight).
- Insecure closure with serious medical consequences (e.g. cytotoxics, child-resistant containers, potent medicinal product).

Biological and blood components:

- Subsequent testing of the bone donor has shown development of cancer.
- The culture sample for microbial testing was mislabeled with that of another donor, resulting in the potential for the biological being released with untraceable results.
- Suspected bacterial contamination due to adverse transfusion reaction while infusing the blood component manufactured from the same donation.
- Geographical or medication deferral not applied or applied incorrectly for the blood donation.

Method and extent of recall to be considered for Class II Recalls:

In certain cases, telephone or telefax contact with certain groups may be necessary. All target groups should receive a recall letter. In general, such recalls should be carried out to wholesaler, retail pharmacy, hospital pharmacy, dispensing doctor, veterinarian, veterinary co-op as appropriate.

Notification Period: within 72 hours from the time the DGDA and the Company agree on the recall action to the issue of the recall notification.

3.2.3 CLASS III RECALLS

These are recalls due to quality defects which are not likely to pose a significant hazard to health but where a recall has been initiated for other reasons.

Examples of such quality defects are:

- Faulty packaging – for example, wrong or missing batch number or expiry date.
- Faulty closure.
- Contamination, for example, microbial spoilage, dirt or detritus, particulate matter.

Method and extent of recall to be considered for Class III Recalls:

Class III Recalls can be notified by letter to appropriate target groups. Such recalls may be carried out to wholesale, retail, hospital and/or dispensing doctor level. In most cases however, a recall to wholesaler level may be sufficient.

Notification Period: within 5 days from the time the DGDA and the Company agree on the recall action to the issue of the recall notification.

3.2.4 Caution-In-Use Notifications (CIUN)

The nature of the medicinal product quality defect may be such that a medicinal product recall may not be considered necessary or appropriate. However, consideration should be given to the need to alert healthcare professionals who may prescribe use of, or who may distribute, dispense or administer the medicinal product, bringing to their attention details of the medicinal product defect. The issuing of a CIUN may be appropriate in this case. (See Appendix VI for a sample format of a CIUN letter).

Caution in Use notifications may be published in trade journals.

Notification Period: within 5 days from the time the DGDA and the Company agree on the CIU action to the issue of the CIU notification.

Table 1.0 Notification for recall classes and caution in use notifications *

Recall Classification	Class I	Class II	Class III	Caution in Use Notification
Notification Period* *	Within 24hrs	Within 72hrs	Within 5 days	Within 5 days
Method of Notification	Phone & fax, Radio/TV (if necessary), press announcements followed by letter	Letter/Fax if necessary, followed by phone (if necessary)	Letter/Fax if necessary,	Letter
Extent of Notification	Wholesalers, pharmacies, other retailers, medical practitioners and patients,	Wholesalers, pharmacies, other retailers possibly medical Practitioners	Wholesalers, possibly pharmacies and other retailers	Pharmacies, possibly medical practitioners possibly wholesalers.
Method of Retrieval of recalled stock	Direct uplift of Stock	Via wholesaler	Via wholesaler	Not applicable

* Note The above are guidelines only and each recall action, the method and extent of notification and the timeline for same, shall be decided on a case-by-case basis.

** Note The Notification Periods shown in this table relate to the time from DGDA and company reaching agreement on the action to be taken, to issuing the actual notification.

3.3 LEVELS OF RECALLS

The action level (or depth) describes who will be notified of the recall action. The level (or depth) of recall of a medicinal product/batch shall be determined based on

- channels by which the product has been distributed.
- extent of the distribution
- potential risks to a user because of the issue
- likelihood of the issue with the goods occurring.
- ability of the consumer, health professional or caregiver to identify the issue.
- whether the good is outside the manufacturer's specifications
- availability of a replacement or alternative medicinal product, or the risk associated with not providing treatment if a replacement or alternative good is not available.
- Whether a recall will cause a medicinal product shortage.

There are three levels of recall such as consumer/user, retail and wholesale.

3.3.1 Consumer or User Level: which may vary with medicinal product, including any intermediate wholesale or retail level. Consumer or user may include individual consumers, patients, physicians and hospitals.

3.3.2 Retail Level: recall to the level immediately preceding consumer or user level. It includes retail groceries, pharmacies, hospital pharmacies, dispensing physician, institutions such as clinics and nursing homes, etc.

3.3.3 Wholesale Level: all distribution levels between the manufacturer and retailer. All Class I recalls shall be executed to the levels of Wholesale/Distributors, retail, and consumer. In such cases, public announcements shall be made using print/electronic media aids viz. Newspapers, Television, Radio etc.

All Class II recalls shall be executed up to the levels of wholesale and retail.

3.4 RAPID ALERT SYSTEM

3.4.1 CRITERIA FOR ISSUING A RAPID ALERT

3.4.1.1 The aim of the Rapid Alert System is to transmit only those alerts whose urgency and seriousness cannot permit any delay in transmission. To ensure its effectiveness, the system must not be saturated by the transmission of less urgent information. In each case a professional assessment must be made of the seriousness of the defect, its potential for causing harm to the patient or harm to animals, consumers, operators and the environment, and the likely distribution of the affected batch(es).

3.4.1.2 Class I defects are potentially life threatening. A rapid alert notification must be sent to all contacts of the rapid alert notification list irrespective of whether or not the batch was exported to that country.

3.4.1.3 Class II defects could cause illness or mistreatment, but are not Class I. A rapid alert notification should be sent to all contacts of the rapid alert notification list as it might be difficult to know where a batch has been distributed. If the product distribution is known, the notification should be only sent to the contacts concerned.

3.4.1.4 Class III defects may not pose a significant hazard to health, but withdrawal may be initiated for other reasons. These are not normally notified through the Rapid Alert System.

3.4.1.5 Where appropriate, the rapid alert system may be used for notification to authorities concerned of the recall of medicinal products or an embargo on the distribution of products following suspension or withdrawal of a manufacturing/ wholesaling/importing authorization.

3.4.2 RESPONSIBILITY

3.4.2.1 As the National Competent Authority DGDA will execute its sole authority to issue the Rapid Alert arising from quality defect in any medicinal product manufactured, imported and/or distributed in Bangladesh.

3.4.3 FORMAT OF THE RAPID ALERT AND ITS TRANSMISSION

3.4.3.1 A suitable format for the notification of quality defects by the Rapid Alert System is given in Appendix III. The form should be completed clearly in English. The notification and relevant documents should be sent to the rapid alert contact list by electronic mail. The contact list and any relevant documents should be attached to the notification.

3.4.3.2 The electronic mail message should use a unique subject line to identify the rapid alert and any follow-up messages. The subject line should consist of the following:
Rapid Alert; [defect/Counterfeit/Fraud], Class [I / II]; Product [Name/INN], Action [Recall/No Recall / Follow-up], Rapid alert reference number. (For example Rapid Alert; defect; II, Product X; Follow-up, BD/II/05/02).

3.4.3.3 The rapid alert should be given a unique reference number with the following format: Country code (country where the original alert was issued)/Region or Authority code (where applicable)/classification/sequential number/correspondence number. (For example BD/II/05/02 would indicate a class II rapid alert initiated by Bangladesh, being the 5th rapid alert initiated by Bangladesh and that it is the second correspondence regarding this rapid alert.)

3.4.3.4 Transmission of a Class I rapid alert must be concurrent with the national action. Whenever feasible, transmission of a Class II rapid alert should be concurrent with the national action but in all cases should be within 24 hours of the national notification. In the case of a Class I notification, it may be necessary to alert authorities in different time zones in addition by telephone. When an authority issues a further rapid alert for a batch, the field 18 in the form in Appendix III "Detail of Defect/Reason for recall" should begin with the text: "Rapid Alert following original rapid alert #ref. no.#".

3.4.4 RAPID ALERT CONTACT LIST

DGDA maintains the contact list for the rapid alert notifications of the competent authorities covered by Section 2.1. There is normally one contact per authority/company nominated by each member state/company. Changes to contact names or details must be notified to the DGDA (qdefect@dgda.gov.bd) and are circulated immediately to the entire list by electronic mail. Contact details include telephone and fax numbers, electronic mail address, which should be monitored at all times.

3.5 PROCEDURE OF RECALL

STEP 1: RECEIPT/ NOTIFICATION OF A DEFECT IN MEDICINAL PRODUCT QUALITY

Recall might be initiated as a result of reports or complaints on quality and safety on a pharmaceutical product referred to the Licensee from a variety of sources. The reports or complaints may be referred by manufacturers, wholesalers, retailers and hospital pharmacies, research institutes, medical practitioners, dentists and patients, recall might also be initiated as a result of analysis and testing of samples of pharmaceutical products by the manufacturers and by DGDA.

In case of voluntary recall, as soon as the product/batch(es) to be recalled is/are identified, licensee or representative of licensee shall review the information related to the defective product/batch(es) and inform DGDA with a draft strategy to recall products (If any)

STEP 2: ASSESSMENT AND INITIATION OF RECALL

DGDA will assess the strategies and analyze the risk by conducting an independent and objective assessment to mitigate the risks posed by the affected medicinal products.

DGDA will notify/liaise with MAH/manufacturer/licensee on the recall and will provide advice and assistance in relation to letters, advertisements and recall strategies based on the class depicted in this guideline.

STEP 3: IMPLEMENTING THE RECALL

For MAH/Manufacturer undertaking a recall shall implement the recall strategies once DGDA has agreed to them.

- **Recover defected Medicinal products:** MAH/manufacturer/licensee will
  -Arrange for the recovery of the goods
  -Establish collection points across the distribution network
  -Arrange for the disposal of the returned goods:

- **Undertake root cause analysis:** MAH/manufacturer/licensee will undertake a root cause analysis of the issues in parallel with the recall process that DGDA will review the final progress report.
  This analysis will assist DGDA to assess the ongoing compliance with regulatory requirements.

STEP 4: REPORTING ON THE RECALL

MAH/manufacturer/licensee will produce progress reports using the templates DGDA provide with their agreement letter.

The reports should be sufficient for DGDA to analyze the effectiveness of the recall.

Reports: Include in reports:

- The DGDA recall reference number.
- Effectiveness of the recall.
- Whether the investigation changed the scope of the recall.
- Root cause and CAPA taken to prevent recurrence of the problem.

Timeframes for reports

The progress reports should be submitted by email/mail_at:

- 2 weeks (initial report)
- 6 weeks (follow-up or interim report)
- months or at another agreed time (final report).

Initial report (2 weeks): This includes

- Dates when parts of the recall strategy were implemented, e.g. when MAH/manufacturer/licensee sent the sponsor's customer letter.
- Descriptions of any major impediments, such as the recall or corrective actions not progressing according to agreed timelines.
- Implications of the initial investigation findings for the scope of the recall, (e.g. whether MAH/manufacturer/licensee have identified any additional medicinal products with the same issue.)
- Whether MAH/manufacturer/licensee notified overseas suppliers of exported goods about the recall in Bangladesh.

Follow-up report (6 weeks): This follow-up report is not needed if the recall is completed within 6 weeks or if DGDA agree it's not needed (e.g. small scale recall.)

This Includes:

Percentage of customers MAH/manufacturer/licensee contacted and have responded to the requested recall:

- confirming the amount of defected medicinal products held (including none)
- agreeing to the recall or corrective action.
- Percentage of customers who returned or destroyed their defected medicinal products.
- Identity of customers with goods requiring correction.
- Descriptions of any major impediments, such as the recall or corrective actions not progressing according to agreed timelines.

3.5.4.2.3 Final report (3 months or at another agreed time): This Include:

Percentage of:

- returned medicinal products.
- returned or disposed medicinal product. A certificate of destruction for destroyed products must
- be attached.
- customers with medicinal products that have been corrected, or supplied with the correction.
- root cause analysis that led to the recall.
- Proposed CAPA to prevent recurrence of the issue that led to the recall.

STEP 5. FOLLOW-UP/REVIEWING THE RECALL PROCEDURE

Components of the review

DGDA will assess the effectiveness of the recall action by examining the progress reports to verify that MAH/manufacturer/licensee have:

- completed all the agreed actions with documented evidence.
- justified any discrepancies or inconsistencies.
- provided evidence of the fate of the final goods.

DGDA will determine whether the following are satisfactory:

- implementation of the recall
- the investigation of the issue or hazard that prompted the recall and the root cause identification.
- CAPAs implemented to prevent or minimize recurrence of the issue in the future.

Outcomes of the review

Possible outcomes of our review include:

Actions and information provided is satisfactory:

- DGDA issues a close-out report to MAH/manufacturer/licensee stating that the recall actions were satisfactory and no additional actions are required at this stage.
- The information submitted will be used to inform manufacturer inspections and for trending purposes in medicinal product reviews.

Nature of the root cause or remedial are not apparent:

- DGDA may request for additional information, including full CAPA reports for review.

Effectiveness of the recall is not satisfactory:

- DGDA will follow-up with MAH/manufacturer/licensee to determine additional action to ensure the recall is effective.

Identification of a systemic or serious issue (at any stage of the recall process):

- DGDA may schedule an immediate inspection of the manufacturer.
- DGDA may, after further investigation, cancel, suspend, or impose requirements on the relevant licensing activities.

4. RESPONSIBILITIES

4.1 RESPONSIBILITY OF MAH/MANUFACURER/LICENSEE

4.1.1 It's the sole responsibility of the MAH/Manufacturer/Licensee to ensure that any recall required by DGDA is implemented fully and completed in a timely manner stipulated in this guideline. The decision to recall a medicinal product must be made in consultation with DGDA. Such consultations will address the recall classification, the extent of the recall (i.e. to wholesaler, retailer or patient / user level), the mechanism for the execution of the recall, and the timelines for carrying out and completing the recall. Finally, the person responsible for recording, monitoring and reconciling the stocks involved should be named so as to facilitate liaison between the MAH/ manufacturer, wholesaler and DGDA.

4.1.2 MAH/ manufacturer shall prepare a draft strategy of recall procedure for verification by DGDA.

The strategy should include:

- The details of the medicinal product involved in the recall
- The issue, including assessment of the potential hazard or risk posed by the medicinal products
- The number of affected units supplied, relevant dates and their distribution within the supply chain
- Details of any known injuries or incidents associated with the medicinal product
- Method of collection and disposal/destruction/rectification of the
- Strategy for notifying customers of exported goods
- An expected close-out date (based on the severity of hazards)
- Action taken to identify and correct the cause of the hazard, including the outcome of any root cause analysis or the time period in which such analysis will occur

Contact details of:

- the MAH/ manufacturer/licensee (24 hour contact names, phone, including mobile phone, and fax numbers (if available) AT LEAST 03 person; The Qualified Person (at the manufacturer) should be one of the contact persons listed in the recall procedure of the manufacturer)
- other entities in the supply chain who supply the medicinal products.
- international recipients of exported goods (if applicable)

4.1.3 In general, most recalls are initiated by means of a recall letter. It is preferred that the text of the recall letter be drafted by the MAH/ manufacturer/licensee. The text of the letter should be agreed by the DGDA in advance of it being sent out. Sample formats of such letters are provided in Appendix IV and V of this Guidance.

4.1.4 There are cases where a more urgent means of communication is required to initiate a recall. These can include:

- telephone
- e-mail
- fax
- TV
- radio
- press notices

Such actions are decided on a case-by-case basis. The MAH/ manufacturer/Licensee should liaise closely with DGDA when an urgent means of communication is required for a recall. A follow-up recall letter should be issued following such notifications.

4.1.5 The determination that a recall is complete can only be made by performing a reconciliation of the quantities returned in the recall with the quantities dispatched. This reconciliation can be accomplished through accurate batch recording by the manufacturer, together with properly kept distribution records by wholesalers.

In all cases the DGDA must be kept informed of the progress of the execution of the recall and the manufacturer must supply an initial, interim and final report to DGDA.

4.2 RESPONSIBILITIES OF DGDA

DGDA responsibilities are summarized below.

4.2.1 Initiation of a Recall

This includes both voluntary and statutory recalls.

4.2.2 Determination that the action is a recall

Upon being informed by the relevant MAH/Manufacturer, DGDA formalizes the recall action by determining that the action meets the definition of a recall. DGDA reviews the information, including the recall strategy provided by the MAH/Manufacturer assesses the health hazard presented by the recalled medicinal product, and classifies the recall. DGDA notifies the MAH/Manufacturer of the classification of the recall.

4.2.3 Rapid Alert Notification and Public Announcement

4.2.3.1 For a batch manufactured in Country or a batch manufactured in other country and imported into Bangladesh, which is the subject of a national marketing authorization, being The National Regulatory Authority of the Country, DGDA will issue the rapid alert if deemed necessary for Verified information's / identified defects which will undergo final investigation.

In case of imported medicinal product, the NRA of the country, Bangladesh in which the defect was first identified should lead the investigation of the defect and issue the rapid alert (the issuing authority). The alert should include a recommendation on proposed action for all affected authorities.

4.2.3.2 When time allows, the content of the proposed action will be agreed with the experts Committee/stakeholders/Other NRA. In some circumstances and especially when DGDA conducts all the investigations in where the defect was first identified inside the country, may delegate to the Stationed DGDA Official(s) for keeping the senior management apprised of the situations.

4.2.3.3 When, due to the urgency of the defect there is not sufficient time to develop a harmonized proposed action, this section of the Rapid alert notification should inform all recipients that the Directorate General of Drug Administration will co-ordinate further action in co-operation with the relevant Stakeholders/Supervisory Authority, in accordance with the Procedures and that harmonized follow- up actions will be transmitted when ready.

4.2.4 Monitoring and Auditing the Recall

DGDA develops and implements a recall audit strategy to ensure that the recall action has been effective.

4.2.4.1 Inspection to monitor recall progress

It may be necessary to inspect the company between the initiation and closeout of a recall to monitor its progress and verify the recalled product's disposition.

If DGDA learns of a potentially violated product that may cause or has caused a class I or significant class II recall, an inspection may be made to determine the root cause(s) of the problem(s). Deficiencies in the MAH/Manufacturer's corrective and preventive action should be documented as violations subject to possible regulatory action. An inspection may also be assigned to Regulatory Inspection wing if DGDA has issues collecting necessary information from a firm, and the recall is potentially class I or significant class II.

4.2.4.2 DGDA Recall audit check

A recall audit check is a personal visit, telephone call, letter, or a combination thereof, by designated DGDA personnel to an account of a recalling company, or a user or consumer in the chain of distribution. It is conducted to verify consignees at the recall depth specified by the strategy have received notification about the recall and have taken appropriate action.

4.2.4.2.1 Level of Audit Checks

Level A - 100% of the total number of consignees to be contacted.

Level B - Greater than 10% but less than 100% of the total number of consignees to be contacted.

Level C - 10% of the total number of consignees to be contacted.

Level D - 2% of the total number of consignees to be contacted.

Level E - No audit checks. (0% of the total number)

NOTE: The audit check levels listed may vary depending on the type of consignee being audited.

4.2.5 TERMINATION/ COMPLETION OF A RECALL.

4.2.5.1 A recall will be terminated when the DGDA determines that all reasonable efforts have been made to remove or correct the violated product in accordance with the recall strategy, and when it is reasonable to assume that the product subject to the recall has been removed and proper disposition or correction has been made commensurate with the degree of hazard of the
recalled product. Written notification that a recall is terminated will be issued by DGDA to the recalling company.

4.2.5.2 For monitoring purposes, the DGDA classifies a recall action "Completed" when all outstanding product, which could reasonably be expected is recovered, impounded, or corrected.

4.2.5.3 The determination that a recall is complete can only be made by performing a reconciliation of the quantities returned in the recall with the quantities dispatched by the manufacturer/wholesalers. DGDA must be kept informed of the progress of the recall action, and should receive a full report on completion of the recall. The expected timeframe is within **six weeks** from the date of mailing of the letters. If DGDA accepts that the recall has been completed to an acceptable level, then the recall is closed out in DGDA's files and shall inform the MAH/Manufacturer to declare the recall to be

terminated officially. If not, this is communicated to the company who are instructed to carry out additional recall steps.

4.2.5.3 DGDA has sole reason to believe that the MAH/Manufacturer's recall strategy is not effective, or is not being implemented effectively when a MAH/Manufacturer refuses to recall after being ordered to do so by the DGDA.DGDA may take appropriate regulatory action or other measures when the MAH/Manufacturer fails to recall violated medicinal product or when a recall action fails.

Appendix I Definitions/Abbreviations

- **Recall:** Removal or correction of marketed products for the reasons relating to deficiencies in quality, safety or efficacy, including labeling considered to be in violation of the laws.

- **Batch Recall:** Process for removal of selected batch/es of a product which are found to be defective and pose health risk to the consumers if left in the market.

- **Batch (Lot):** A specific quantity of material produced in a process or series of processes so that it is expected to be homogeneous within specified limits. Customer: Any person, firm or party buying/receiving goods from the company for storage, distribution and sale.

- **Voluntary Recall:** A recall initiated by the licensee (in case of loan licensee jointly the contract giver and contract acceptor) as a result of abnormal observation in any product quality during periodic review (Internal / External) or investigation of a market complaint or any other failures.

- **Statutory Recall:** A recall directed by Drug Control Authorities after notifying that product is considered to be in violation of the laws. e.g., Declared as Not of Standard Quality by Government Analyst and Banned under Drugs Act 1940 & Drugs Rules1945

Abbreviations

DGDA: Directorate General of Drug Administration

QA Quality Assurance

CAPA Corrective and Preventive Action

Appendix II LEGAL BASIS FOR RECALL OF MADICINAL PRODUCT

The following sets out the legislative basis for the DGDA requesting the recall of a medicinal product, and also the legal obligations of a MA holder/manufacturer/licensee, with regard to the execution and reporting of a recall.

The Bengal Drugs Rules, 1946

37. Conditions of license — A license in Form 16 shall be subject to the special conditions, if a any, set out in Schedule E which relate to the substance in respect of which the license is granted and to the following general conditions:—

(i) the licensee shall on being informed by the licensing authority that any part of any batch of the substance has been found by the licensing authority not to conform with the standards of strength, quality or purity specified in these rules and on being directed so to do, withdraw the remainder of that batch from sale and, so far as may in the particular circumstances of the case be practicable, recall all issues already made from that batch

THE DRUGS RULES, 1945, PART IV — Import

26. Conditions of import license.— An import license shall be subject to the following conditions:—

(v) the licensee shall, on being informed by the licensing authority that any part of any batch of the substance has been found by the licensing authority not to conform with the standards of strength, quality and purity prescribed by Chapter III of the Act or the rules thereunder and on being directed so to do, withdraw the remainder of that batch from sale and, so far as may in the particular circumstances of the case be practicable, recall the issues already made from that batch

The Gazette of Pakistan, PART IV— A-EXPORT

43F. Conditions of export license.— An export license shall be subject to the following conditions, namely :—

(v) the licensee shall, on being informed by the licensing authority that any part of any batch of the substance has been found by the licensing authority not to conform with the standards of strength, quality and purity prescribed in the Schedule to the Act or by any rule made under Chapter IIIA of the Act and, on being directed so to do, withdraw the remainder of that batch from export and, so far as may, in the particular circumstances of the case be practicable, recall the issues already made from that batch

Appendix III IMPORTANT – DELIVER IMMEDIATELY **Rapid Alert Notification of a Quality Defect / Recall**		**Reference Number** **BD/XX/XX/XX**
[add letter head of sender]		
1. To: (see list attached, if more than one)		
2. Product Recall Class of Defect: I II (circle one)		3. Falsification / Fraud (specify)*
4. Product:	5. Marketing Authorization Number: * For use in humans/animals (delete as required)	
6. Brand/Trade Name:	7. INN or Generic Name:	
8. Dosage Form:	9. Strength:	
10. Batch number (and bulk, if different):	11. Expiry Date:	
12. Pack size and Presentation:	13. Date Manufactured: *	
14. Marketing Authorization Holder: *		
15.1 Manufacturer†: Contact Person: Telephone:		
15.2 Where the defect is attributed to a manufacturing site, site where defect occurred (if different from 15.1) Contact Person: Telephone:	16. Recalling Firm (if different): Contact Person: Telephone:	

17. Recall Number Assigned (if available):		
18. Details of Defect/Reason for Recall:		
19. Information on distribution including exports (type of customer, e.g. hospitals): *		
20. Action taken by Issuing Authority:		
21. Proposed Action:		
22. From (Issuing Authority):	23. Contact Person: Telephone:	
24. Signed:	25. Date:	26. Time:

APPENDIX IV SAMPLE BATCH RECALL LETTER

[Company Headed Paper]

Batch Recall

Product Name, Pharmaceutical Form & DAR/MA Number

Batch Number(s) and Expiry Date(s)

Date of Mailing

Dear Pharmacist/Doctor/Wholesaler (use as appropriate)

We wish to advise you that batch no. _____ of _____ , DAR/MA No. _____ is being recalled with immediate effect. *[If more than one batch is being recalled, a table showing the batch numbers may be appropriate here.]*

This recall is going to wholesale / pharmacy / retail / patient / user level. *[Delete as appropriate]*

This action has been agreed with the Directorate General of Drug Administration.

The reason for the recall is that _____

Please immediately quarantine any units of this batch which you have in your possession. [Instruction is now provided to the reader on the return or on the direct uplift of quarantined stock* It is appropriate to state here the last date by which recalled stock will be received back for credit. For retailers, this date could be two weeks from the date of receipt of the recall letter. For wholesalers,

this could be four weeks. The purpose of having these dates specified is to help ensure the recall is completed expeditiously.]

If you have supplied this batch (these batches) to any other wholesaler, please fax those wholesalers a copy of this recall letter, requesting that they quarantine and return any unsold quantities of this batch (these batches) to you. *[Amend this section as appropriate – this paragraph only applies to wholesalers.]*

We apologize for any inconvenience this action may cause. Should you have any queries, please contact _____ at telephone number _____

Yours sincerely,

_____

Name and Position, Tel. Number

*Notes:

Wholesalers are usually requested to return their quarantined units to their primary wholesaler. A Fax-Back form may be attached with the recall letter, so that wholesalers may notify their primary wholesaler by Fax of the number of units which are held in quarantine. Pharmacists are usually requested to return their quarantined units to their wholesaler. However, there are cases where quarantined items must be uplifted directly by a wholesaler or primary wholesaler – this is generally where the batch defect is of a serious nature. The Compliance Department will provide guidance in this regard.

If the recall will result in an out of stock situation arising in the marketplace, this should be stated in the letter. The Compliance Department will provide guidance on details which may need to be provided in this regard.

It is appropriate for the company to include a statement concerning the return of credit in the letter, if it wishes to do so. The author of the recall letter is requested to have an independent person check the draft letter for errors before it is sent to DGDA for final review. This independent person should be an employee of the company, but should ideally not have been involved in any part of the drafting of the letter. When submitting the letter to DGDA, the author should state in writing that the final draft version of the letter has been independently checked

APPENDIX V SAMPLE PRODUCT RECALL LETTER

[Company Headed Paper]

Product Recall

Product Name, Pharmaceutical Form & DAR/MA Number

All Batches distributed before _____

or Batches with an expiry date of _____ or earlier

Date of Mailing

Dear Pharmacist/Doctor/Wholesaler (use as appropriate)

We wish to advise you that all in-date batches of _____ , DAR/MA No. _____ are being recalled with immediate effect.

This recall is going to wholesale / pharmacy / retail / patient level. *[Delete as appropriate]* This action has been agreed with the Directorate General of Drug Administration. The reason for the recall is that _____

Please immediately quarantine any units of this product which you have in your possession. [Instruction is now provided to the reader on the return or on the direct uplift of quarantined stock* It is appropriate to state here the last date by which recalled stock will be received back for credit. For retailers, this date could be two weeks from the date of receipt of the recall letter. For wholesalers, this could be four weeks. The purpose of having these dates specified is to help ensure the recall is completed expeditiously.]

If you have supplied this batch (these batches) to any other wholesaler, please fax those wholesalers a copy of this recall letter, requesting that they quarantine and return any unsold quantities of this batch (these batches) to you. *[Amend this section as appropriate – this paragraph only applies to wholesalers.]*

We are endeavoring to make replacement stock of this product available as soon as possible. It is expected that replacement stock will be available again in ___ weeks (or months). Until then, this product will be unavailable. *[See notes below]*

We apologize for any inconvenience this action may cause. Should you have any queries, please contact _____ at telephone number _____.

Yours sincerely,

_____

Name and Position, Tel. Number

*Notes: * Wholesalers are usually requested to return their quarantined units to their primary wholesaler. A Fax-Back form may be attached with the letter, so that wholesalers may notify their primary wholesaler by Fax of the number of units which are held in quarantine.

* Pharmacists are usually requested to return their quarantined units to their wholesaler. However, there are cases where quarantined items must be uplifted directly by a wholesaler or primary wholesaler – this is generally where the batch defect is of a serious nature. The Compliance Department will provide guidance in this regard.

* It is appropriate for the company to include a statement concerning the return of credit in the letter, if it wishes to do so.

The author of the recall letter is requested to have an independent person check the draft letter for errors before it is sent to DGDA for final review. This independent person should be an employee of the company, but should ideally not have been involved in any part of the drafting of the letter. When submitting the letter to DGDA, the author should state in writing that the final draft version of the letter has been independently checked.

APPENDIX VI SAMPLE CAUTION-IN-USE LETTER

[Company Headed Paper]

Caution-In-Use Notification

Product Name, Pharmaceutical Form & DAR/MA Number

Batch Number (if appropriate)

Date of Mailing

Dear Pharmacist/Doctor/Health Care Professional *[use as appropriate]*

Following discussions with the Directorate General of Drug Administration, we wish to alert you of the following:

[The cautionary message is provided here.

If the issue relates to a quality defect, it would be appropriate here to describe the defect, to state what batches are affected, and to provide the cautionary advice or instructions as agreed with the Compliance Department of the DGDA.

If the issue relates to something other than a quality defect, the Compliance Department will provide guidance on how best to address the issue.]

We are endeavoring to address this matter in the following way:

[Information would now be given in this regard. It may be appropriate to also provide information on replacement stock here.]

We apologize for any inconvenience this issue may cause. Should you have any queries, please contact _____ at telephone number _____.

Yours sincerely,

_____

Name and Position

Tel. Number

Note:

Caution-In-Use letters are very much written and agreed on a case-by-case basis with DGDA.

They are usually required in order to communicate the presence of a quality defect on a batch

or product, when a batch or product recall is either not warranted or not possible. They may also be used to communicate other issues to health care professionals, such as labeling similarity issues between medicinal products, before the labeling can be changed. The Compliance Department will provide detailed guidance on the information which may need to be provided in all Caution-In-Use communications.

The author of the CIUN is requested to have an independent person check the draft letter for errors before it is sent to DGDA for final review. This independent person should be an employee of the company, but should ideally not have been involved in any part of the drafting of the letter. When submitting the CIUN to DGDA, the author should state in writing that the final draft version of the CIUN has been independently checked.

Revision History:

Sl. No.	Version	Reason of revision
01	Version-1 Effective Date: March 2021	Initially developed guideline in accordance with the drug (control) ordinance 1982, section 15. Good practices in the manufacturer and quality control of drugs - (1) Every manufacturer of drugs shall follow the good practices in the manufacture and quality control of drugs recommended by the World Health Organization. DGDA adopted WHO TRS 986 Annex 2. In page 93, section 6.1 manufacturer will conduct voluntary recall.
02	Version-2 Effective Date: June 2021	Revision of format Update of some section from previous guideline according to WHO TRS 986 Annex 2. In page 93, section 6.1 manufacturer will conduct voluntary recall.

References:

1. The Drugs Act 1940 & Rules 1945.
2. The WHO TRS for GMP Guidelines.
3. USFDA documents on recall.
4. Regulatory Procedures Manual, FDA-USA, October 2017.
5. New Zealand Medicines and Medical Devices Recall Code, New Zealand.
6. Procedure for Handling Rapid Alerts Arising from Quality Defects, EMA, 2010.