

**Guidelines on Good Distribution Practice of Medicinal Products for Human Use  
(94/C 63/03)  
(Text with EEA relevance)**

## **Introduction**

**These guidelines have been prepared in accordance with Article 10 of Council Directive 92/25/EEC of 31 March 1992 on the wholesale distribution of medicinal products for human use<sup>1</sup>. They do not cover commercial relationships between parties involved in distribution of medicinal products nor questions of safety at work.**

## **Principle**

The Community pharmaceutical industry operates at a high level of quality assurance, achieving its pharmaceutical quality objectives by observing Good Manufacturing Practice to manufacture medicinal products which must then be authorised for marketing. This policy ensures that products released for distribution are of the appropriate quality.

This level of quality should be maintained throughout the distribution network so that authorised medicinal products are distributed to retail pharmacists and other persons entitled to sell medicinal products to the general public without any alteration of their properties. The concept of quality management in the pharmaceutical industry is described in Chapter I of the Community Guide to Good Manufacturing Practice for medicinal products and should be considered when relevant for the distribution of medicinal products. The general concepts of quality management and quality systems are described in the CEN standards (series 29 000).

In addition, to maintain the quality of the products and the quality of the service offered by wholesalers, Directive 92/25/EEC provides that wholesalers must comply with the principles and guidelines of good distribution practice published by the Commission of the European Communities.

The quality system operated by distributors (wholesalers) of medicinal products should ensure that medicinal products that they distribute are authorised in accordance with Community legislation, that storage conditions are observed at all times, including during transportation, that contamination from or of other products is avoided, that an adequate turnover of the stored medicinal products takes place and that products are stored in appropriately safe and secure areas. In addition to this, the quality system should ensure that the right products are delivered to the right addressee within a satisfactory time period. A tracing system should enable any faulty product to be found and there should be an effective recall procedure.

## **Personnel**

1. A management representative should be appointed in each distribution point, who should have defined authority and responsibility for ensuring that a quality system is implemented and maintained. He should fulfil his responsibilities personally. This person should be appropriately qualified: although a degree in Pharmacy is desirable, the qualification requirements may be established by the Member State on whose territory the wholesaler is located.
2. Key personnel involved in the warehousing of medicinal products should have the appropriate ability and experience to guarantee that the products or materials are properly stored and handled.
3. Personnel should be trained in relation to the duties assigned to them and the training sessions recorded.

## **Documentation**

4. All documentation should be made available on request of competent authorities.

## **Orders**

5. Orders from wholesalers should be addressed only to persons authorised to supply medicinal products as wholesalers in accordance with Article 3 of Directive 92/25/EEC or holders of a

---

<sup>1</sup> OJ No L 113, 30.4.1992. p. 1

manufacturing or importing authorisation granted in accordance with Article 16 of Directive 75/319/EEC<sup>2</sup>.

#### *Procedures*

6. Written procedures should describe the different operations which may affect the quality of the products or of the distribution activity: receipt and checking of deliveries, storage, cleaning and maintenance of the premises (including pest control), recording of the storage conditions, security of stocks on site and of consignments in transit, withdrawal from saleable stock, records, including records of clients orders, returned products, recall plans, etc. These procedures should be approved, signed and dated by the person responsible for the quality system.

#### *Records*

7. Records should be made at the time each operation is taken and in such a way that all significant activities or events are traceable. Records should be clear and readily available. They should be retained for a period of five years at least.
8. Records should be kept of each purchase and sale, showing the date of purchase or supply, name of the medicinal product and quantity received or supplied and name and address of the supplier or consignee. For transactions between manufacturers and wholesalers and between wholesalers (i.e. to the exclusion of deliveries to persons entitled to supply medicinal products to the public), records should ensure the traceability of the origin and destination of products, for example by use of batch numbers, so that all the suppliers of, or those supplied with, a medicinal product can be identified.

#### **Premises and equipment**

9. Premises and equipment should be suitable and adequate to ensure proper conservation and distribution of medicinal products. Monitoring devices should be calibrated.

#### *Receipt*

10. Receiving bays should protect deliveries from bad weather during unloading. The reception area should be separate from the storage area. Deliveries should be examined at receipt in order to check that containers are not damaged and that the consignment corresponds to the order.
11. Medicinal products subject to specific storage measures (e.g. narcotics, products requiring a specific storage temperature) should be immediately identified and stored in accordance with written instructions and with relevant legislative provisions.

#### *Storage*

12. Medicinal products should normally be stored apart from other goods and under the conditions specified by the manufacturer in order to avoid any deterioration by light, moisture or temperature. Temperature should be monitored and recorded periodically. Records of temperature should be reviewed regularly.
13. When specific temperature storage conditions are required, storage areas should be equipped with temperature recorders or other devices that will indicate when the specific temperature range has not been maintained. Control should be adequate to maintain all parts of the relevant storage area within the specified temperature range.
14. The storage facilities should be clean and free from litter, dust and pests. Adequate precautions should be taken against spillage or breakage, attack by micro-organisms and cross contamination.
15. There should be a system to ensure stock rotation ("first in first out") with regular and frequent checks that the system is operating correctly. Products beyond their expiry date or shelf life should be separated from usable stock and neither sold nor supplied.
16. Medicinal products with broken seals, damaged packaging, or suspected of possible contamination should be withdrawn from saleable stock, and if not immediately destroyed, they should be kept in a clearly separated area so that they cannot be sold in error or contaminate other goods.

---

<sup>2</sup> OJ No L 147, 9.6.1975, p. 13

## **Deliveries to customers**

17. Deliveries should be made only to other authorised wholesalers or to persons authorised to supply medicinal products to the public in the Member State concerned.
18. For all supplies to a person authorised or entitled to supply medicinal products to the public, a document must be enclosed, making it possible to ascertain the date, the name and pharmaceutical form of the medicinal product, the quantity supplied, the name and address of the supplier and addressee.
19. In case of emergency, wholesalers should be in a position to supply immediately the medicinal products that they regularly supply to the persons entitled to supply the products to the public.
20. Medicinal products should be transported in such a way that :
  - a) their identification is not lost;
  - b) they do not contaminate, and are not contaminated by, other products or materials;
  - c) adequate precautions are taken against spillage, breakage or theft;
  - d) they are secure and not subjected to unacceptable degrees of heat, cold, light, moisture or other adverse influence, nor to attack by microorganisms or pests.
21. Medicinal products requiring controlled temperature storage should also be transported by appropriately specialised means.

## **Returns**

### *Returns of non-defective medicinal products*

22. Non-defective medicinal products which have been returned should be kept apart from saleable stock to prevent redistribution until a decision has been reached regarding their disposal.
23. Products which have left the care of the wholesaler, should only be returned to saleable stock if:
  - a) the goods are in their original unopened containers and in good condition;
  - b) it is known that the goods have been stored and handled under proper conditions;
  - c) the remaining shelf life period is acceptable;
  - d) they have been examined and assessed by a person authorised to do so. This assessment should take into account the nature of the product, any special storage conditions it requires, and the time elapsed since it was issued. Special attention should be given to products requiring special storage conditions. As necessary, advice should be sought from the holder of the marketing authorisation or the Qualified Person of the manufacturer of the product.
24. Records of returns should be kept. The responsible person should formally release goods to be returned to stock. Products returned to saleable stock should be placed such that the "first in first out" system operates effectively.

### *Emergency plan and recalls*

25. An emergency plan for urgent recalls and a non-urgent recall procedure should be described in writing. A person should be designated as responsible for execution and co-ordination of recalls.
26. Any recall operation should be recorded at the time it is carried out and records should be made available to the competent authorities of the Member States on whose territory the products were distributed.
27. In order to ensure the efficacy of the emergency plan, the system of recording of deliveries should enable all destinees of a medicinal product to be immediately identified and contacted. In case of recall, wholesalers may decide to inform all their customers of the recall or only those having received the batch to be recalled.
28. The same system should apply without any difference to deliveries in the Member States having granted the authorisation for wholesaling and in other Member States.
29. In case of batch recall, all customers (other wholesalers, retail or hospital pharmacists and persons entitled to sell medicinal products to the public) to whom the batch was distributed should be informed with the appropriate degree of urgency. This includes customers in other Member States than the Member State having granted the wholesaling authorisation.
30. The recall message approved by the holder of the marketing authorisation, and, when appropriate, by the competent authorities, should indicate whether the recall should be carried out also at retail level. The message should request that the recalled products be removed immediately from the saleable

stock and stored separately in a secure area until they are sent back according to the instructions of the holder of the marketing authorisation.

#### *Counterfeit medicinal products*

31. Counterfeit medicinal products found in the distribution network should be kept apart from other medicinal products to avoid any confusion. They should be clearly labelled as not for sale and competent authorities and the holder of marketing authorisation of the original product should be informed immediately.

#### *Special provisions concerning products classified as not for sale*

32. Any return, rejection, and recall operation and receipt of counterfeit products should be recorded at the time it is carried out and records should be made available to the competent authorities. In each case, a formal decision should be taken on the disposal of these products and the decision should be documented and recorded. The person responsible for the quality system of the wholesaler and, where relevant, the holder of the marketing authorisation should be involved in the decision making process.

#### **Self inspections**

33. Self-inspections should be conducted (and recorded) in order to monitor the implementation of and compliance with this guideline.

#### **Provision of information to Member States in relation to wholesale activities**

34. Wholesalers wishing to distribute or distributing medicinal products in Member State(s) other than the Member State in which the authorisation was granted should make available on request to the competent authorities of the other Member State(s) any information in relation to the authorisation granted in the Member State of origin, namely the nature of the wholesaling activity, the address of sites of storage and distribution point(s) and, if appropriate, the area covered. Where appropriate, the competent authorities of this (these) other Member State(s) will inform the wholesaler of any public service obligation imposed on wholesalers operating on their territory.