



The criticality of efficient CMC changes through the product lifecycle

Dr Frank Montgomery

Global Head, Regulatory CMC

AstraZeneca

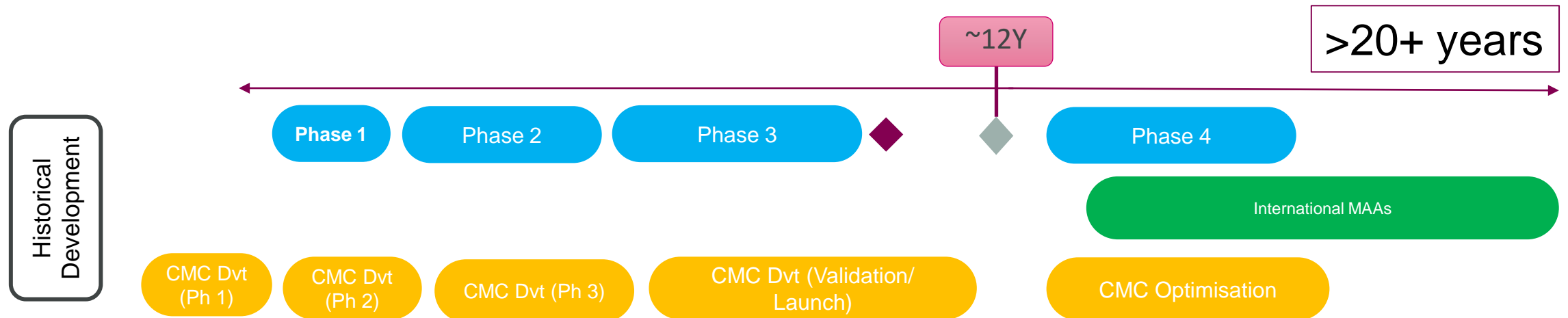
April 2021



Traditional development

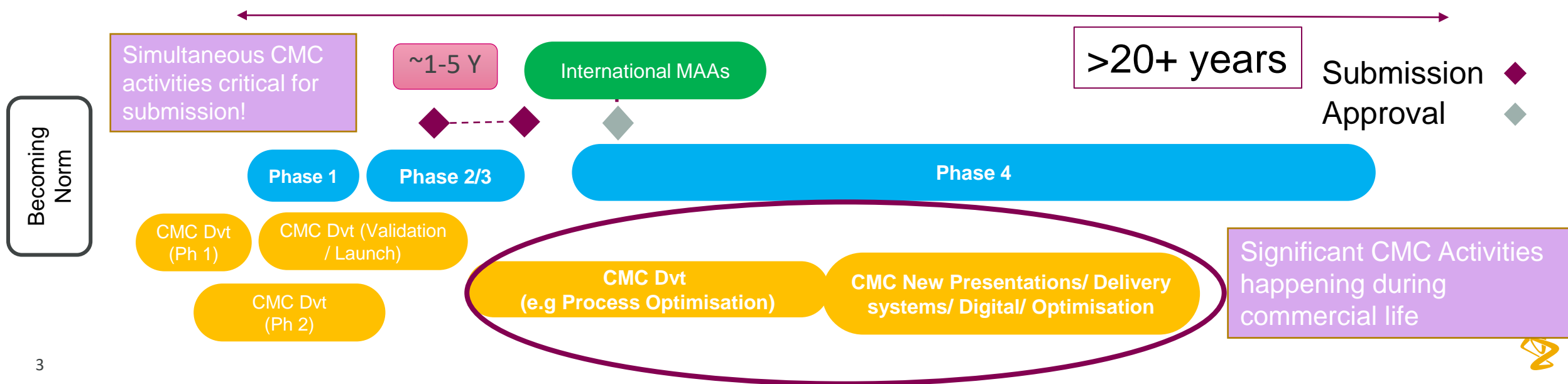
Submission ◆
Approval ◆

- Three distinct phases of clinical development (>12 years to NDA approval)
 - Clinical studies in China often after US approval
- Limited large Ph4 clinical studies
- Registrations in International markets slowly over many years
- Ten+ years for development of the commercial manufacturing process
 - Many CMC changes introduced at the start of next phase of clinical development
- Identification and transfer to commercial facility ahead of potential launch
- Phase 3 supply manufactured in commercial facility
- Commercial process optimisation more limited in scope given long development timelines



How is Product Lifecycle Changing

- Clinical development is accelerating as targeted therapies and disease understanding grows
 - Less than 5 Years becoming routine in oncology – **Covid therapies less than 1Y!**
- Oncology business strategy is to design for registration based on extended Ph1 or Ph2 studies
- Ph 4 clinical development linked to common mechanism of action (Imfinzi >240 Clinical Trials)
- CMC development timeline shortened, lots of simultaneous activities
- Change is critical within the clinical development phase
 - To ensure continued supply to clinical studies that could be registrational
 - **Strategy would be to include China in these multiregional clinical studies**
- Significant change expected in launch to commercial phase and after

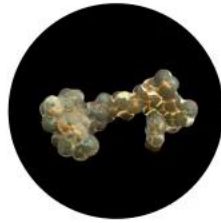


Large variety of product types

SMALL MOLECULES



Small molecules



PROTACs



Zirconium cyclosilicate

ANTIBODY THERAPEUTICS



Monoclonal antibody



Antibody drug conjugate

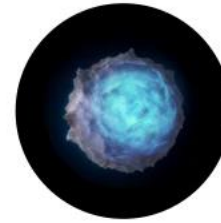


Bispecific antibody

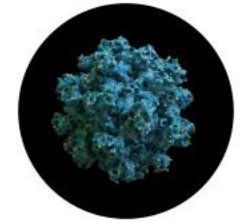


Fragment antibody

CELL BASED THERAPEUTICS



Cell therapy



In vivo expressed biologics (IVEBs)

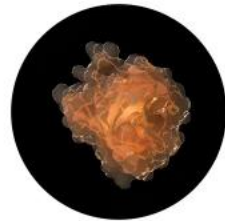
PEPTIDE OR PROTEIN THERAPEUTICS



Therapeutic proteins



Peptides

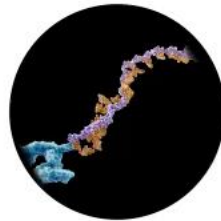


Anticalin® protein

NUCLEOTIDE-BASED THERAPEUTICS



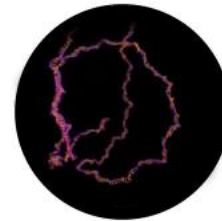
Antisense oligonucleotide



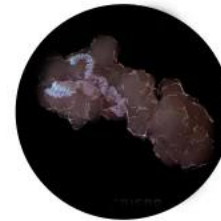
Oligonucleotide conjugate



siRNA



mRNA



Therapeutic gene editing



DNA





Great for Patients
Terrifying for CMC



Implications For CMC

- Speed of clinical development will continue to accelerate, especially with the impact of COVID-19
- CMC and supply chain development/commercialisation cannot be left behind
- Rapid implementation of CMC Change across the lifecycle will become even more critical
- CMC Regulatory frameworks need to be ready to support rapid acceleration!

Otherwise, Patients will wait!

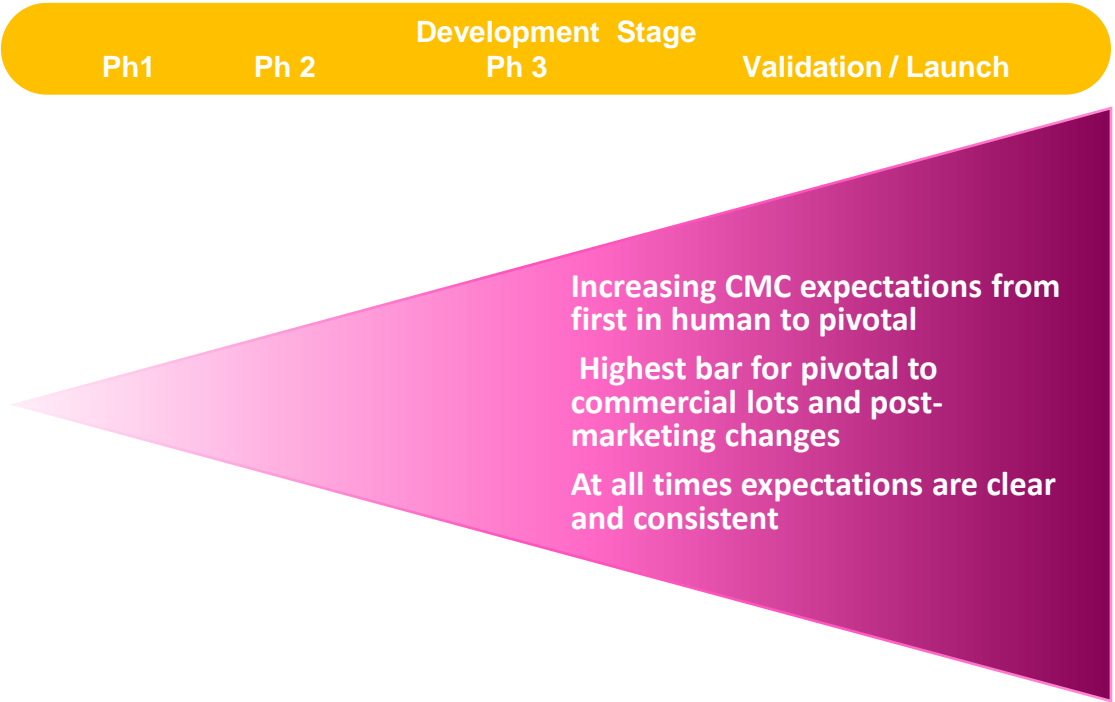


CMC change is constant throughout clinical development

Rapid implementation is crucial to maintaining study timelines

Change	US
Process changes	30 days
Manufacturing site addition	30 days
Shelf-life extension	N/A
Raw material source	AR
Analytical method changes	30 days
Formulation changes	30 days
Pool to single clone	30 days

CMC information to support a change should be risk based and phase appropriate



Case Study: New drug product site between registration trial and commercial application

Case Study

- Biologic product with complex supply chain
- Interim clinical data showing significant clinical benefit
- DP Site A: very constrained (clinical facility), unsuitable for commercial supply
- DP Site B: proposed commercial site with significant increase in scale
- No change in formulation, process or primary container closure

Analysis of the Change

- **Data to support the change based on science and risk analysis**
- Example of comparability data in table below
- Same shelf life and storage conditions for Pre-change & post-change lots based on comparable stability data

Data comparison category	Pre-change lots	Post-change lots
Release testing	Historical data set	3 PPQ lots
Analytical Profile Comparison	3 lots	3 PPQ lots
Extended characterization	3 lots	3 PPQ lots
Stability profile comparison (accelerated and/or stress)	3 lots	3 PPQ lots
Long term stability (3 months)	N/A	3 PPQ lots



Mechanisms to Accelerate PACs



The Challenge: Diverse global regulatory environment for post-approval changes



Example of a single change: introduce a new filling site

Total expected approval lead time for a world wide approval

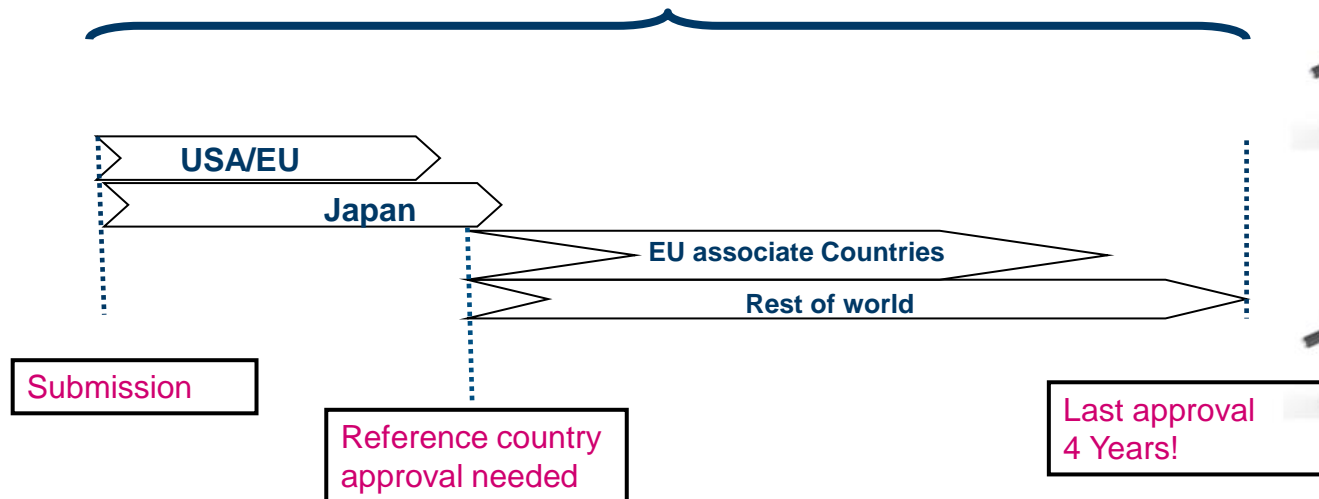
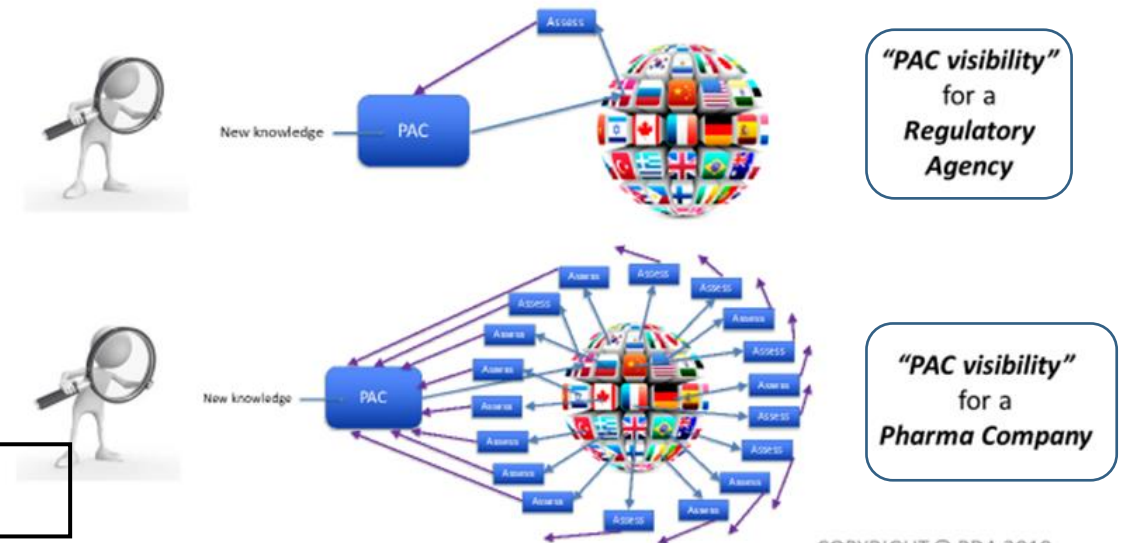


Figure 2: PAC Regulatory Complexity – Seen From Different Angles



COPYRIGHT © PDA 2019

A. Vinther and E. Ramnarine, PDA Journal of Pharmaceutical Science and Technology, 2019

Result:

- For a new filling site, long and different approval time lines => some countries will have to be supplied from the old filling factory for four years.
- Company must produce the same product manufactured in different facilities



ICH Q12

Key tools

- Categorization of Post-Approval CMC Changes
- Established Conditions (ECs)
- Post-Approval Change Management Protocol (PACMP)
- Product Lifecycle Management (PLCM) Document

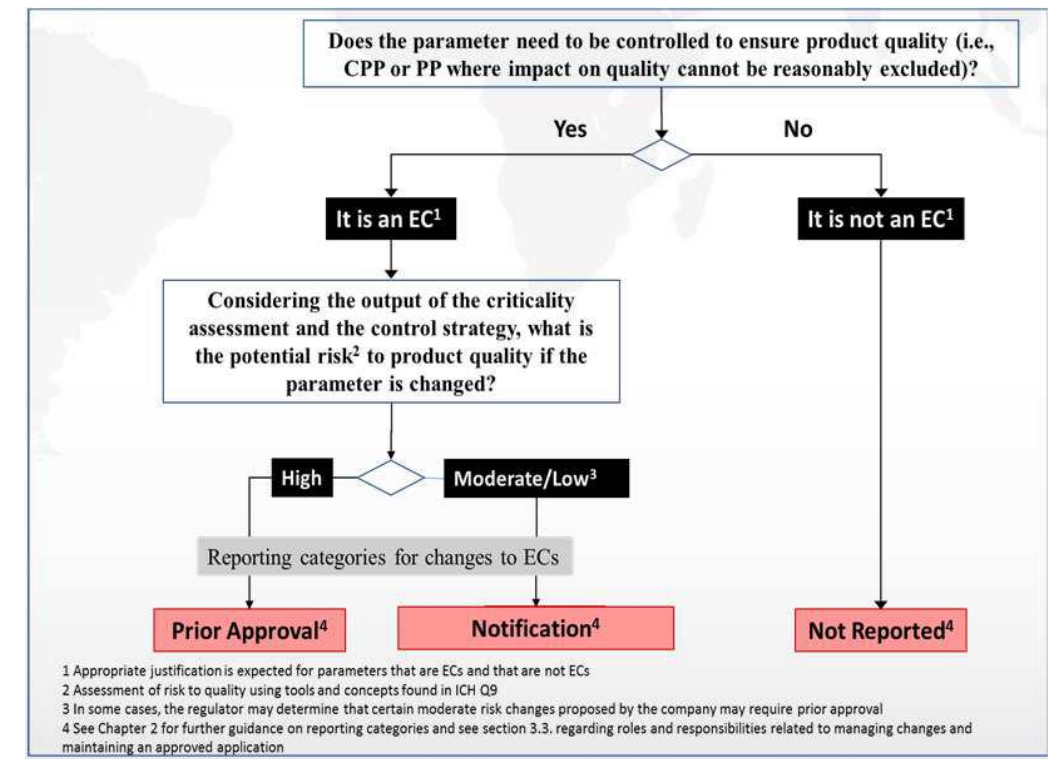
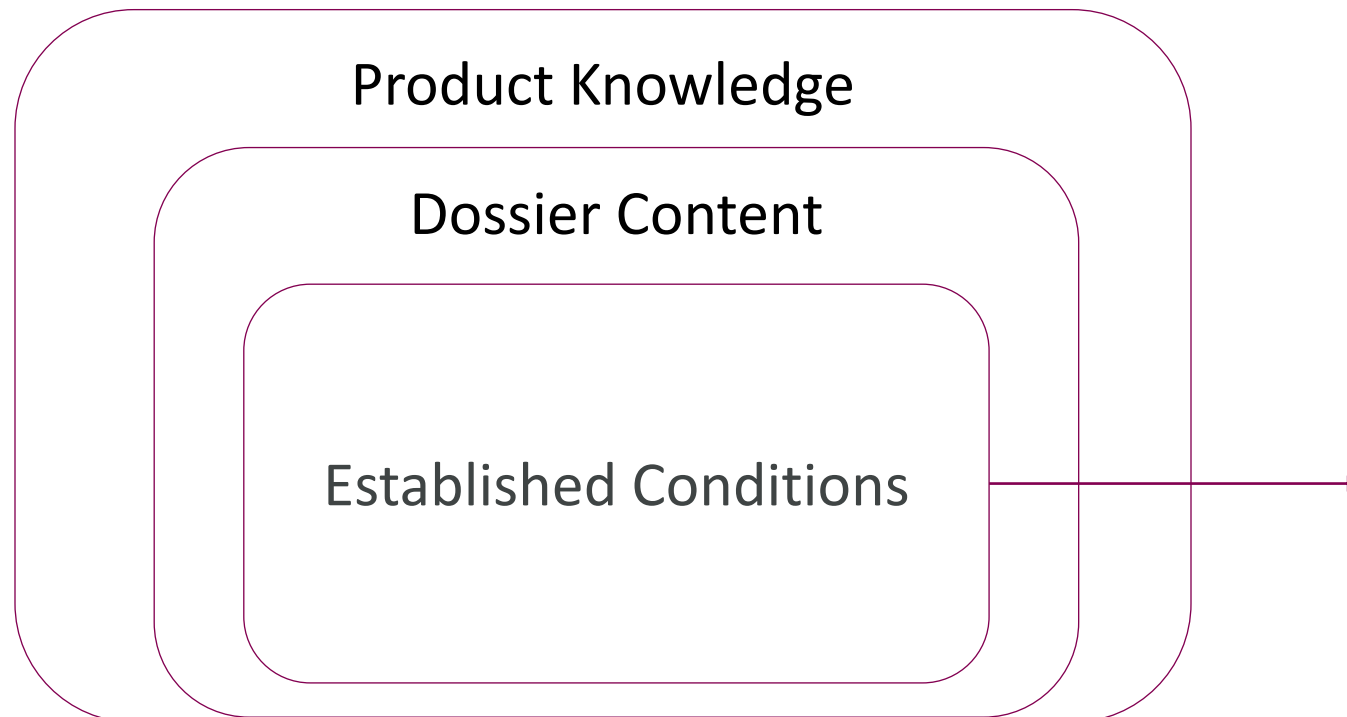
Pharmaceutical Quality System (PQS) and Change Management

Relationship Between Regulatory Assessment and Inspection



New Concept - Established Conditions (ECs)

- Established Conditions are legally binding information considered necessary to assure product quality
 - Scientific understanding is central to establishing ECs
- Change reporting category for ECs becomes a risk-based evaluation of the impact on product quality
- Negotiated up-front with the agency
- Allows regulatory change control to focus on factors important for control of Product Quality**
 - Enabling more rapid improvements to be conducted and managed only through the PQS with inspectional oversight



Established Conditions (ECs)

Cation Exchange Chromatography Example

Parameter, Output, or MC	EC/NR	Justification
Unit Operation & Sequence of Steps	EC PA	Unit operation and sequence of step are EC
cation exchange chromatography resin	EC PA	Change of material can lead to adverse effects on separation and product quality.
0.5/0.2µm Filters	NR	Equivalent alternative can be used
Elution buffer (pH x-y)	EC	Statistically significant impact on CQA (aggregate). Ranges explored and impacts understood from process characterisation studies. CQA readily monitored in process step and controlled in DS spec.
Elution buffer conductivity (x-y mS/cm at 25°C)	NM	
Protein load ($\leq x$ g protein/L resin)	EC NL	Impact on CQA cannot be excluded but not impact observed within studied range
Process Temperature (15-25°C) Column bed height (x-y cm) Flow rate (linear velocity) ($\leq x$ cm/hr)	NR	Impact on product quality can be reasonably excluded.
Step yield ($\geq x\%$) CEX product pH (pH x-y) CEX product conductivity (x-y mS/cm at 25°C)	NR	Performance attribute assesses only process performance; no impact on following unit op or product quality

Benefits of Identifying ECs from Pilot

- Clarified changes that need to be communicated to HA
- Enables better understanding between sponsor and HA using science and risk based decisions
- More process improvements have been made through PQS only, as described in Q10
- ECs & PLCM can help drive consistency within a Health Authority and across different HAs
- Opportunity to amend or replace MTP document with ECs/PLCM in China?
- Ultimately will enable more simultaneous NDA submissions to multiple countries



FDA Pilot Program Experience

- Three rounds of questions, plus one telecon
- FDA focused on how does the PQS support change?
- Agency were very interested in change management
 - if you do x, how will we know? How do you know doing x doesn't result in something unexpected
 - Are your analytical methods capable of picking up changes you haven't foreseen?
 - Lots of reference back to PQS
 - Illustrated the importance of interactions between inspectors and assessors in implementation of Q12
- No request to document PQS aspects in Module 3
- Agreed to almost all AZ proposals
- Final approval received 20th December with no Post Marketing Commitments
- Support for FDA review team by FDA EWG representatives was KEY

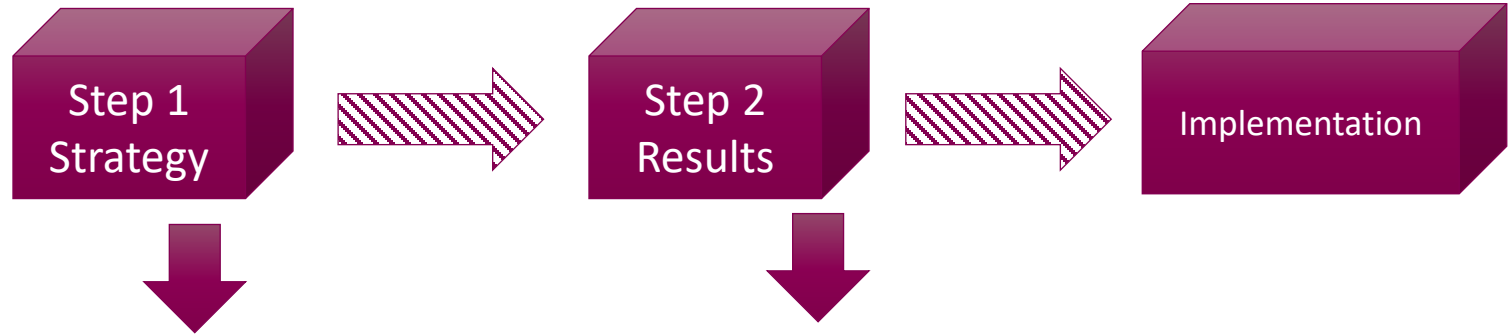


How to accelerate Post Approval Changes (PAC) PACMP

- An increasing number of major changes will be critical in early commercial phase as well as later
- Supply chain expansion
 - Multiple drug substance & drug product sites to supply single region becoming more common
 - To manage rapid expansion and mitigate shortage
- PACMP critical tool for rapid implementation of sites
 - Requires tiered, risk based classification system (Q12)
 - Now being used in US, EU, JP, *Can*
 - Agreement on acceptance criteria and implementation up front
 - If critical for supply; confirmation of GMP status or site inspection could be done upfront
 - Accelerates the execution and regulatory review!



Post-Approval Change Management Protocol (PACMP)



- Need to expand the use of PACMPs
- Need to be able to be re-used over the product life
- Modification of a PACMP by **notification**
 - e.g for replacement or revision of a test, study or acceptance criterion, should provide the same or greater capability for product quality

Component	Step 1 registration of protocol	Step 2 change implementation
Overall Strategy Scope & Limitations	Defined scope and limitations	Demonstrate requirements of scope met, including process changes associated with transfer
QRM	Description of QRM program and approach to site transfer risk assessment	Documented risk control strategy and executed risk management report summary
Comparability & Stability	Comparability plan, real-time stability commitments and acceptance criteria (product-specific)	Data demonstrating that acceptance criteria are met
Process Validation	Overview of validation program	Summary of facility/equipment differences and applicable validation; validation summary data support the process, facility/equipment, and method transfer
Site risk	Description of site inspection risk assessment	Outcome of site inspection risk assessment defines actual change submission requirements

How quickly can a PACMP enable addition of DS Site critical for supply? (COVID Vaccine)

Strategy

- No significant changes to DS manufacturing process, batch size, or process controls, and the container closure.
- Materials used in the DS manufacturing process equivalent
- No changes to the specifications for either DS or DP
- No changes to DS release or stability testing procedures or DS control sites.
- No change to approved DS release site or DP manufacturing or controls

Results

- Analytical methods for in-process controls transferred and validated
- Manufacturing process validated in accordance with proposed validation protocol
- DS (3 Bxs) & DP (1 Bx) assessed against comparability protocol (release and characterisation data)
- Site inspected ahead of submission of the executed PACMP

Implementation

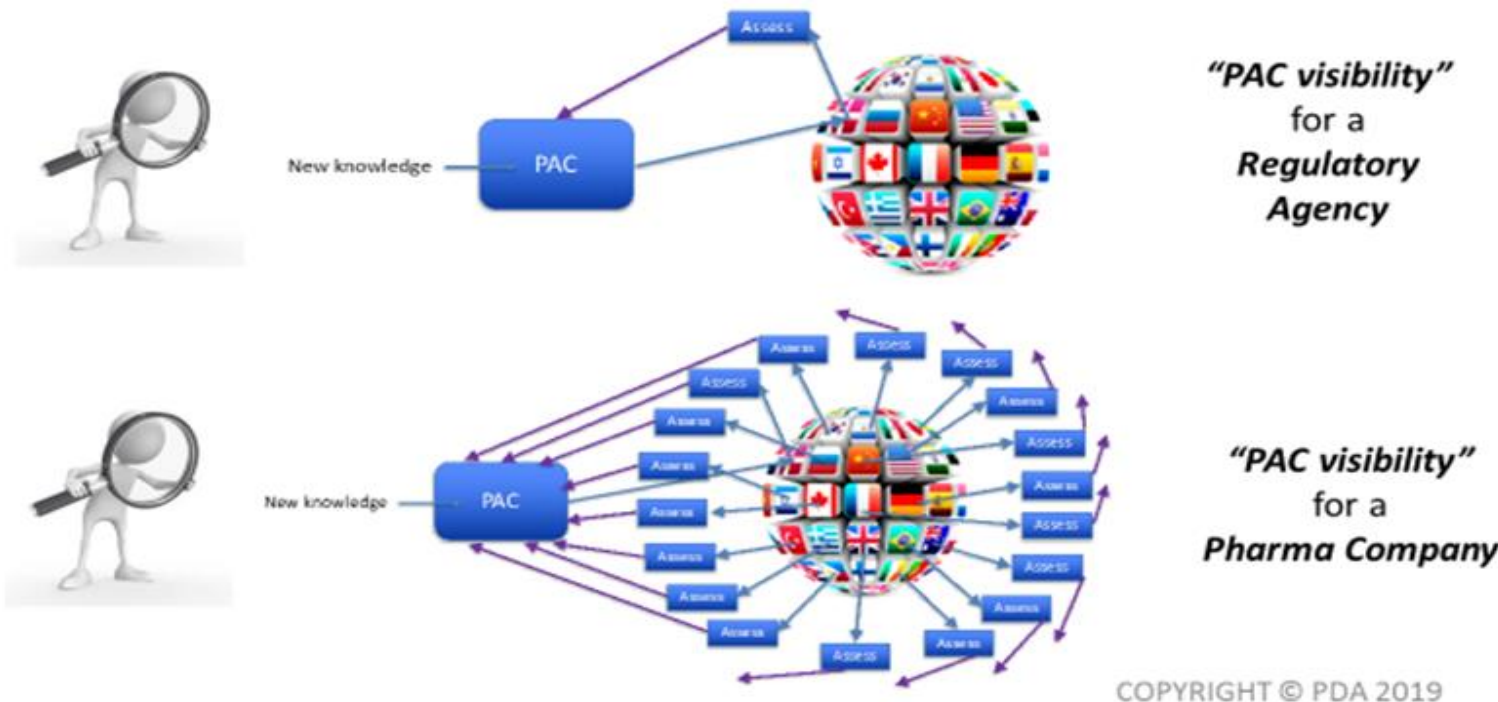
- Submitted as Type IB in EU - **Approved in 7 calendar days!**
- Shelf life and storage conditions for existing sites applied to new site
- DS (3 Bxs) on long term stability, data to be reported after implementation



Is Q12 Sufficient to Resolve the Problem?

Real-Time Post Approval Changes (PAC).....
...How Do We Get From YEARS to WEEKS for PACs?

Figure 2: PAC Regulatory Complexity – Seen From Different Angles



COPYRIGHT © PDA 2019

A. Vinther and E. Ramnarine, PDA Journal of Pharmaceutical Science and Technology, 2019 - One Voice of Quality

Reg Agency

Reg Agency

Work Sharing

Reliance

Recognition

Follow WHO guidelines

FDA Reflection Paper,
Enhancing Regulator and
Manufacturer Agility,
ICH MC 12/2020



Acknowledgements

- Andrew Chang - Novo Nordisk
- Stuart Finnie & Linan Ha - AstraZeneca



Confidentiality Notice

This file is private and may contain confidential and proprietary information. If you have received this file in error, please notify us and remove it from your system and note that you must not copy, distribute or take any action in reliance on it. Any unauthorized use or disclosure of the contents of this file is not permitted and may be unlawful. AstraZeneca PLC, 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge, CB2 0AA, UK, T: +44(0)203 749 5000, www.astrazeneca.com

