AstraZeneca

Regulatory Reliance – a future reality for CMC?

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Agenda – Regulatory reliance – a future reality for CMC?

- Success in use of reliance: AZ case study
- Next steps for reliance: ICMRA report Oct 2021, ICDRA workshop Sept 2021

AZ COVID vaccine experience with Reliance

- A story of success working with WHO:
  - Regulatory Authority of Record (RAR), e.g. EMA, identified and agreed between RAR and WHO
  - One Emergency Use Listing (EUL) for each RAR
  - Submitted dossier to RAR first
    - Submissions to WHO were made in parallel or sequentially to the RAR
    - All post-approval changes submitted sequentially
  - Full reliance/recognition from WHO for the RAR approvals
    - No questions received from WHO pre-approval (mostly reviewed and approved within weeks)
    - Sometimes questions received at time of approval (post-approval commitments or points of clarification); it did not delay distribution
- WHO managed reliance with more than 87 countries; supply managed under COVAX

AZ experience with National Agencies

- Multiple national / regional registrations submitted since 3Q2020,
- Drive for acceptance of one global dossier, and full transparency with SRA Health Authority questions and answers
- Outside of WHO process, limited success with National Competent Authorities on exercising reliance
  - Some Agencies asked over 100 questions on a supply chain already approved by a SRA
  - The questions did not result in any changes to the manufacturing processes, controls, analytical methods, etc – value to patients?
- Post-approval changes – protocols (PACMPs) submitted to promote reliance

AZ experience with Reliance

- Experience of working with WHO was very positive, and reliance was strong, and accepted across 87 countries, with supply through COVAX.
- Opportunities to reach the same level of reliance for National Registrations outside of WHO process, was limited, and mostly successful when only Agency to Agency interaction occurred.
- WHO are still working with many Agencies to promote reliance[1] and a number of other associations are also looking to promote reliance e.g. ICMRA and ICDRA.

[1] Good Regulatory Practices (GRP) and Good Reliance Practices (GReP), published as Annexes 10 and 11 of WHO Technical Report Series 1033

What next ?– can we achieve Global Reliance: ICMRA

- First CMC joint Industry and ICMRA meeting July 2021, report issued October 2021
- Summary:

- To establish further appetite for greater global reliance and collaboration between regulatory agencies under both pandemic and non-pandemic conditions, therefore a **more detailed survey of the ICMRA Agency membership was proposed**.
- This will be used to optimise the design of several potential pilot projects exploring collaborative assessment of COVID-19 related post approval CMC changes.
- Key focus areas for **potential ICMRA pilots** included

  i) collaborative distant/remote and local inspections , using hybrid approaches

  ii) collaborative assessment of COVID-19 related post approval CMC changes, including PACMPs.

- Aim to enable manufacturing capacity and streamline regulatory assessment including, identification of best practices and standards and identify misalignments, differences, and potential areas for alignment or harmonization across regions.

https://icmra.info/drupal/sites/default/files/202112/Regulatory_Flexibilities_during_COVID-19_Report.pdf

What next ?– can we achieve Global Reliance: ICDRA

ICDRA (International Conference of Drug Regulatory Authorities**)** also addresses reliance, in its Sept. 2021 workshop:

- **Member States**
  - MS invited to integrate principles of GRP and GReIP in their Reg systems
  - Consider using a national road map in consultation with stakeholders to monitor progress in implementation
  - Support WHO activities in implementation of these good practices

- **WHO**
  - Involve all relevant stakeholders in planning and facilitating GRP/GReIP implementation
  - To help MS implementing GRP/GReIP by providing additional practical guidance and advocating for NRA good collaboration practices.

Collaborating together we can achieve a one science, one product one review, for the benefit of global patients