



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

# Communications, Regulatory Flexibilities and Quality Challenges for Biologics in the COVID-19 Pandemic: An EMA Perspective

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An agency of the European Union





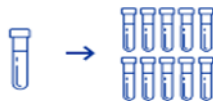
# Contents



## Communications



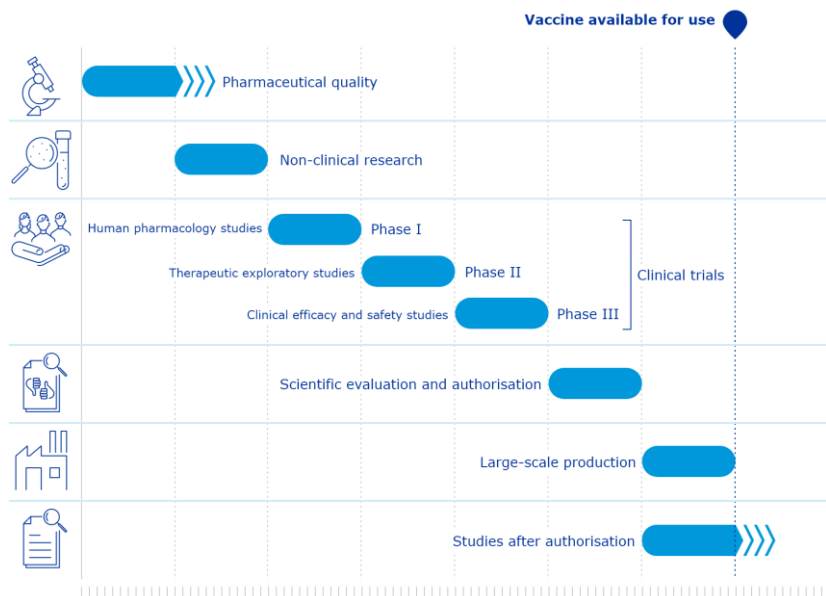
## Regulatory processes



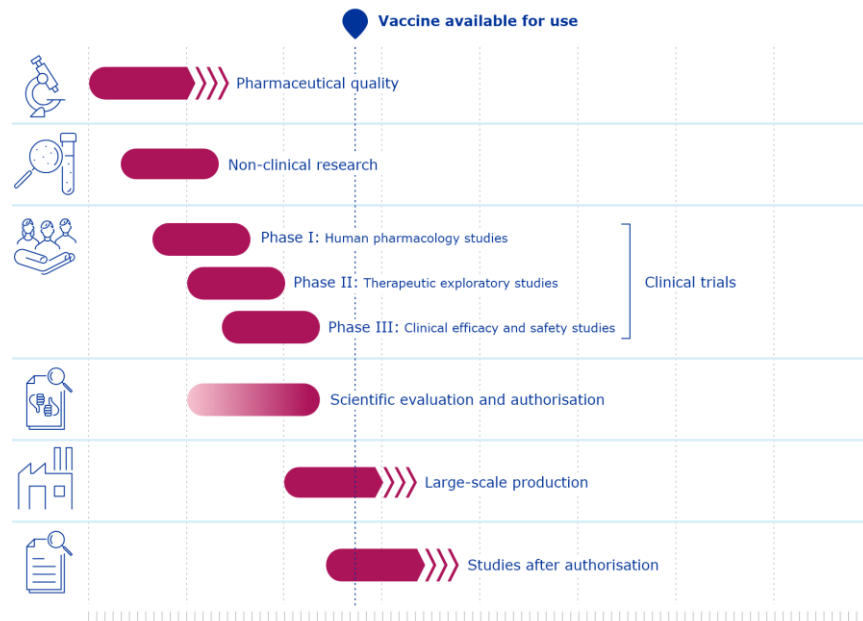
## Quality and Manufacturing

- **Transparency and company interactions**
- **EU regulatory flexibilities and EMA procedures for the crisis**
- **Quality challenges**

# Standard vaccine development



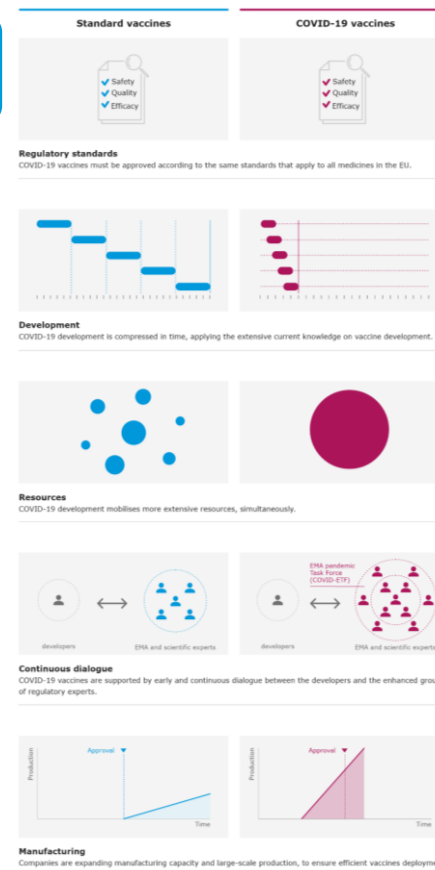
# Fast-track development in a public health emergency context





# Regulatory standards will be maintained

- **Same legal requirements** for pharmaceutical quality, safety and efficacy as other medicines in the EU
  - subject to **scientific evaluation**
- Speed of development and approval is **much faster** due to the **public health emergency**
  - development is **compressed in time**, applying the extensive knowledge on vaccine production gained with existing vaccines.
  - simultaneous **mobilisation of human resources** – EMA Task Force
  - **combining** clinical trial phases or conducting some **studies** in parallel, instead of carrying them out sequentially - where safe to do so.





## Transparency for COVID-19 medicines vs standard practice

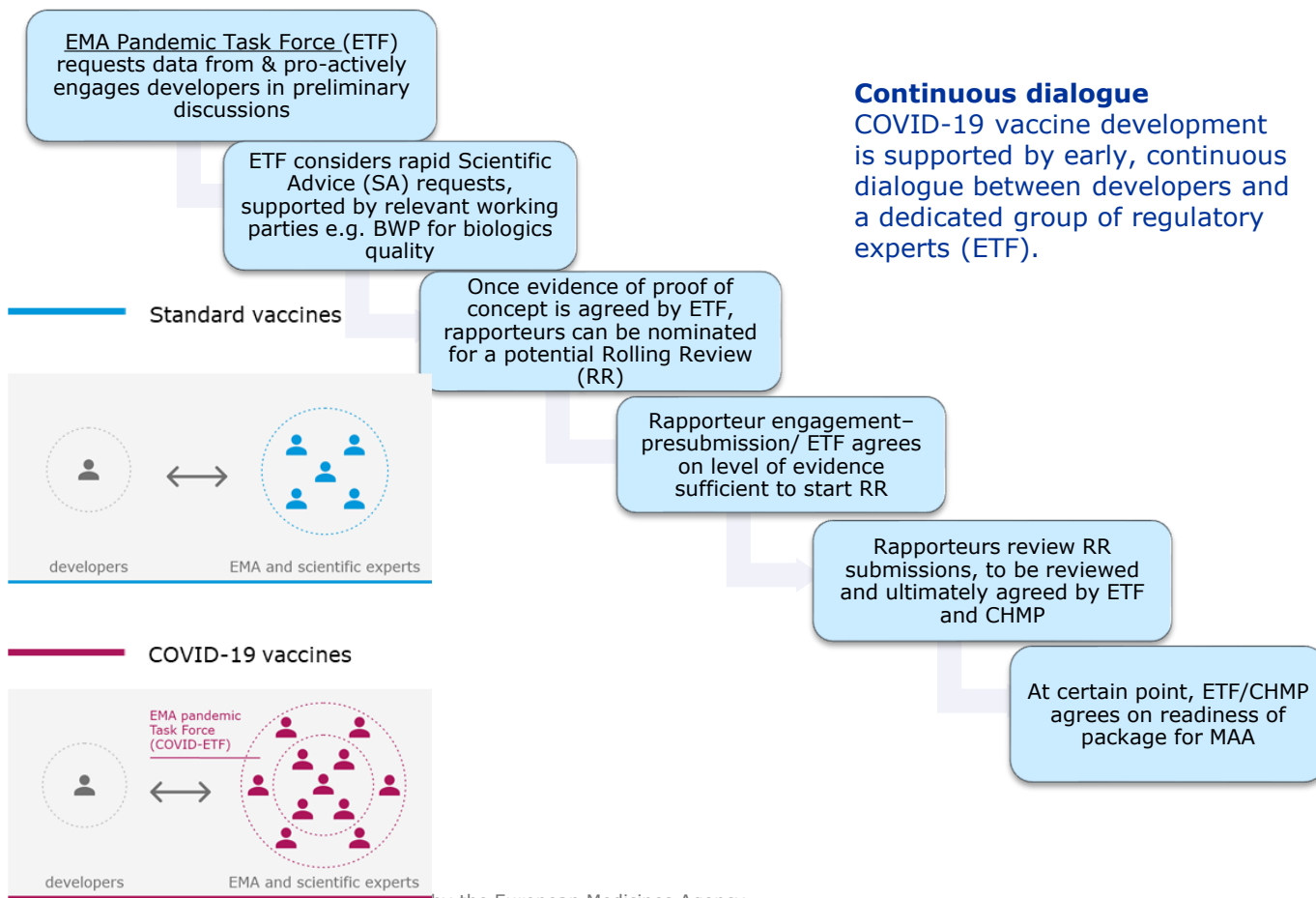
### Comparison with standard transparency

Regulatory procedure	Standard practice	COVID-19 medicines
Scientific advice (new)	No information published	List of medicines that have received scientific advice or guidance from COVID-ETF published
Compassionate use opinion	Published in <a href="#">Compassionate use</a> after CHMP opinion	News announcement published within 1 day of CHMP opinion
Start of rolling review	Not applicable	News announcement published within 1 day of start of review
Marketing authorisation application	Active substance and therapeutic area listed in <a href="#">Medicines under evaluation</a>	News announcement published within 1 day of application
Product information	Published in all EU languages with <a href="#">EPAR</a>	Published (in English) within 1 day of positive CHMP opinion; published in other EU languages with <a href="#">EPAR</a>
Publication of European public assessment report (EPAR)	<a href="#">Published</a> at least 2 weeks after marketing authorisation	<a href="#">Published</a> within 3 days of marketing authorisation
Risk management plan (RMP)	Summary of RMP published	Full RMP published
Clinical trial data	Publication suspended until further notice	Published on <a href="#">Clinical data website</a> after marketing authorisation
Application for extension of indication	Not announced	News announcement published within 1 day of application

See [EMA website for details](#)



## Company-authority interactions prior to MAA submission





## Company/ Authority Interactions during MAA

**Continuous dialogue**  
Expect continuous dialogue,  
enhanced (EMA/ETF/CHMP)  
from usual interactions  
throughout MAA

### Approval steps:



Marketing  
authorisation  
application



EMA's evaluation  
and scientific  
opinion



European  
Commission review  
and authorisation



Vaccine adoption in  
national healthcare  
systems

### Who is involved:

#### Vaccine developers

Submit the results of all testing to the  
medicines regulatory authorities in Europe

#### EMA scientific experts (CHMP, PRAC)

Carry out scientific evaluation of vaccines

#### EMA pandemic Task Force (COVID-ETF)

Enables EU Member States and the  
European Commission to take quick and  
coordinated regulatory action on the  
development, authorisation and safety  
monitoring of treatments and vaccines  
intended for the treatment and prevention  
of COVID-19

#### European Commission

Reviews EMA's scientific opinion and grants  
an EU-wide marketing authorisation in  
case of a positive outcome

#### National authorities

Decide on introduction of the newly  
approved vaccine and vaccination policies



# EU regulatory flexibilities and EMA procedures for the crisis

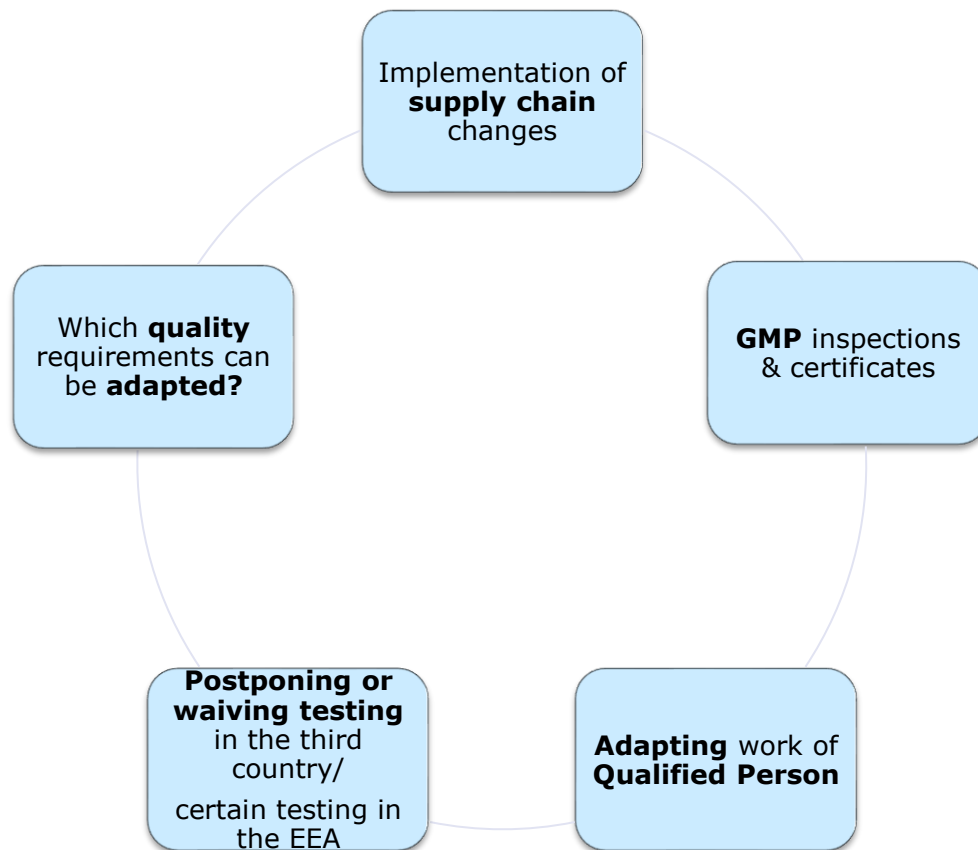
**Questions And Answers On Regulatory Expectations For Medicinal Products For Human Use During The Covid-19 Pandemic**

**EMA initiatives for acceleration of development support and evaluation procedures for COVID-19 treatments and vaccines**





## Questions And Answers On Regulatory Expectations For Medicinal Products For Human Use During The Covid-19 Pandemic





**Questions And Answers  
On Regulatory  
Expectations For  
Medicinal Products For  
Human Use During The  
Covid-19 Pandemic**

## ***2.1 Changes in the manufacturing/supply chain***

*Exceptional change management process (ECMP)- crucial medicines for COVID-19 patients-*

✓ Swift changes to suppliers and/or manufacturing/control sites necessary to reduce risks of shortages under certain conditions, while deferring the full assessment of the variation.

✗ line extensions/ deviations from the Marketing Authorisation (MA)/other GMP changes/other changes to the dossier



**Questions And Answers**  
**On Regulatory**  
**Expectations For**  
**Medicinal Products For**  
**Human Use During The**  
**Covid-19 Pandemic**

*2.2. GMP certificates, authorisations, inspections*

✓ GMP authorisation validity (all products)  
(manufacture/importation) can be extended

EEA & non-EEA sites- Automatic extension, Distant  
inspection/ postpone on-site inspection

*2.5 Adaptations to the work of the QP*

✓ Remote batch certification/ Remote audits  
etc.



**Questions And Answers**  
**On Regulatory**  
**Expectations For**  
**Medicinal Products For**  
**Human Use During The**  
**Covid-19 Pandemic**

*3.1. Adapting quality requirements for medicines intended for treatment of COVID-19 patients*

✓ ...present an adapted control scheme based on a risk-based approach. This request should be submitted as a variation.

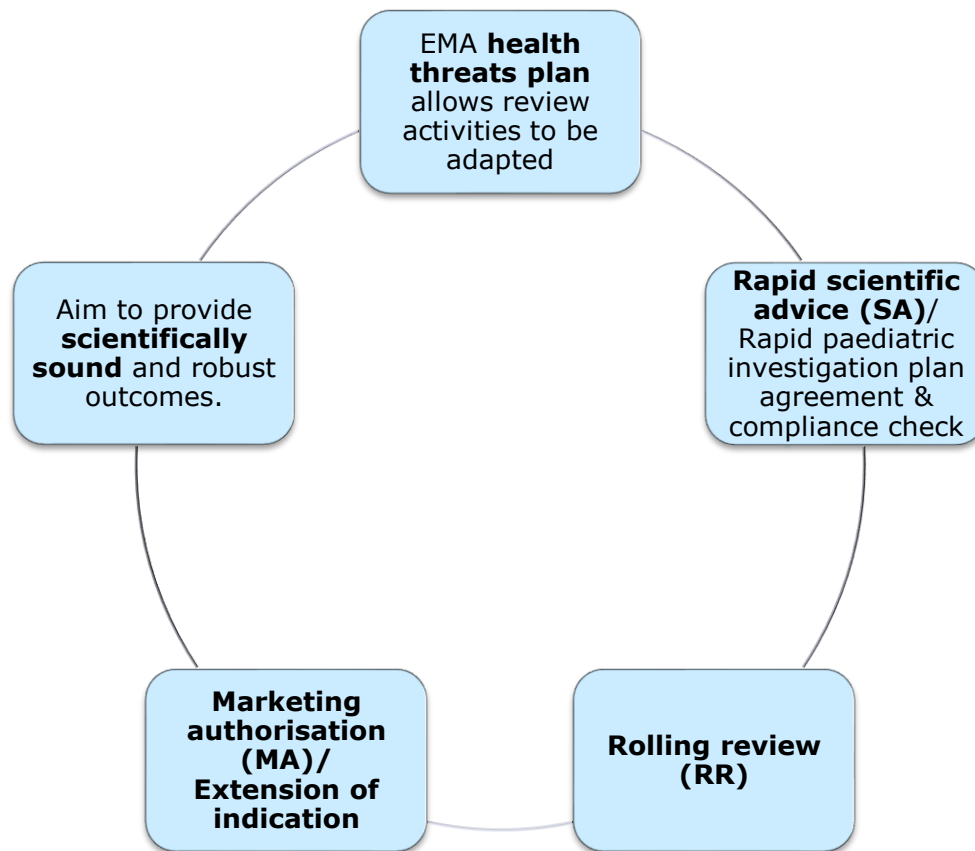
*6. Temporary flexibilities to address imminent market shortage of imported medicines, crucial for treatment of COVID-19 patients.*

✓ Postponing or waiving the testing in the third country

✓ Postponing certain testing in the EEA?



**EMA initiatives for  
acceleration of  
development support &  
evaluation procedures  
for COVID-19  
treatments & vaccines**





## Rapid Scientific Advice

- **Ad hoc procedure** follows general principles SA, adapted to allow acceleration. Regular SA also available.
- **Flexibility on type & extent of briefing dossier & submission deadlines**
- This scientific advice is **free of charge** (EMA Decision (EMA/134143/2020)).
- Total **review time** from start to final letter reduced to **20 days (could be shorter)**, compared to usual 40/70 days (acceleration of all milestones).
- Advice involves **ETF** - still adopted by **CHMP**

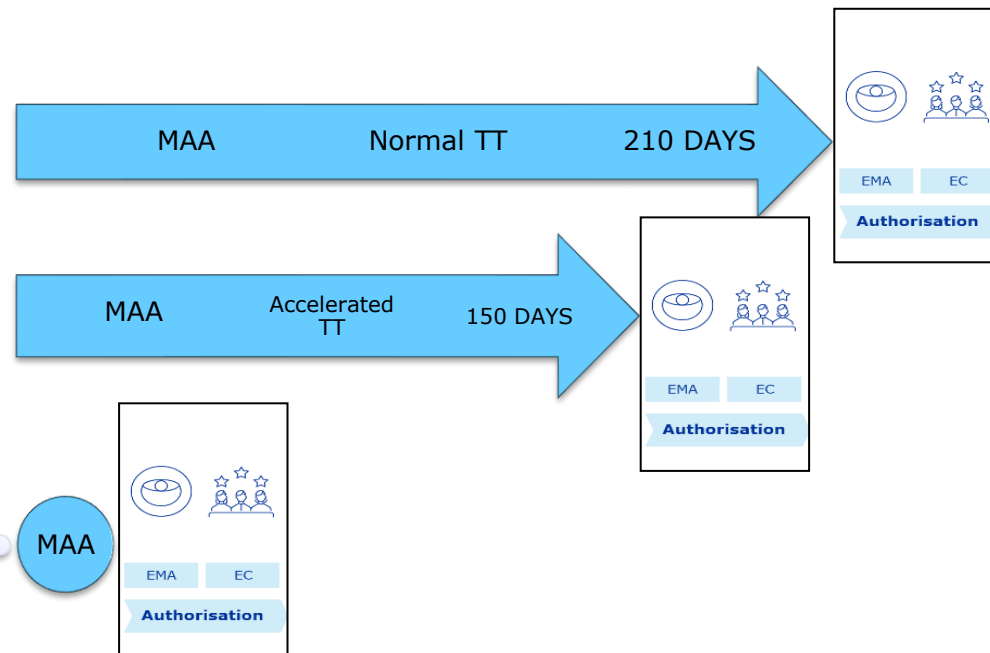
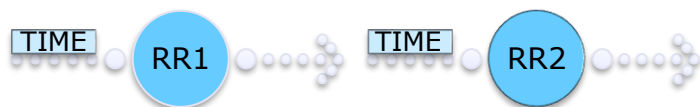


## Rolling Review

- **Ad hoc crisis** procedure prior to MAA/ LE (indication)
- Discrete data sets, usually **2 week cycle**, involves **ETF**, still **CHMP adopted**
- **MAA review** within RR → RR **pre-agrees** on **all** dossier parts
- Each RR: **eCTD data + Application form + M2 + responses to cumulative LoQ** from previous rounds
- Each RR will have **AR** and interim **opinion**
- Approx. **half MAA fee payable upon first RR** submission (amount **deductible from** the **future MAA** from same applicant)



## Rolling Review Path- earlier to market



- [See example timelines: AREPANRIX & VEKLURY](#)





**Other  
Regulatory  
approaches  
for COVID-  
19  
medicinal  
products**

- EMA is ready to apply **further flexibility** as needed
- EMA will substantially **accelerate linguistic review** processes. Labelling flexibilities being discussed now for vaccines.
- EMA will keep the EC informed → help **speed up authorisation** decisions
- **PRIME** scheme (predominantly suitable for treatments and vaccines in **earlier stages of development**) available
- **Conditional marketing authorisation** procedure
- **Compassionate use** programmes.



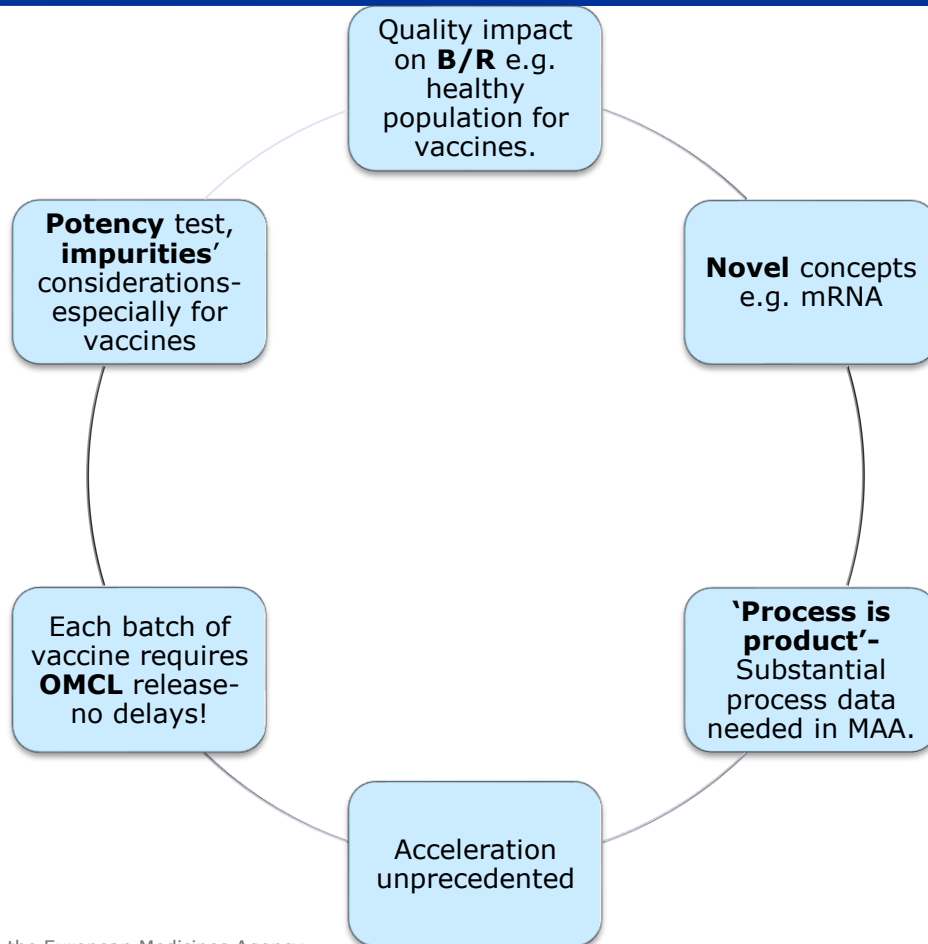
## Conditional MA

- May be granted if CHMP finds all the following are met:
  - the **benefit-risk balance** of the product is **positive**;
  - it is **likely** that the applicant will be able to **provide comprehensive data**;
  - **unmet medical needs** will be fulfilled;
  - the **benefit to public health** of the medicinal product's immediate availability on the market **outweighs the risks** due to need for further data.
- Can be **granted** on **quality grounds** in an emergency



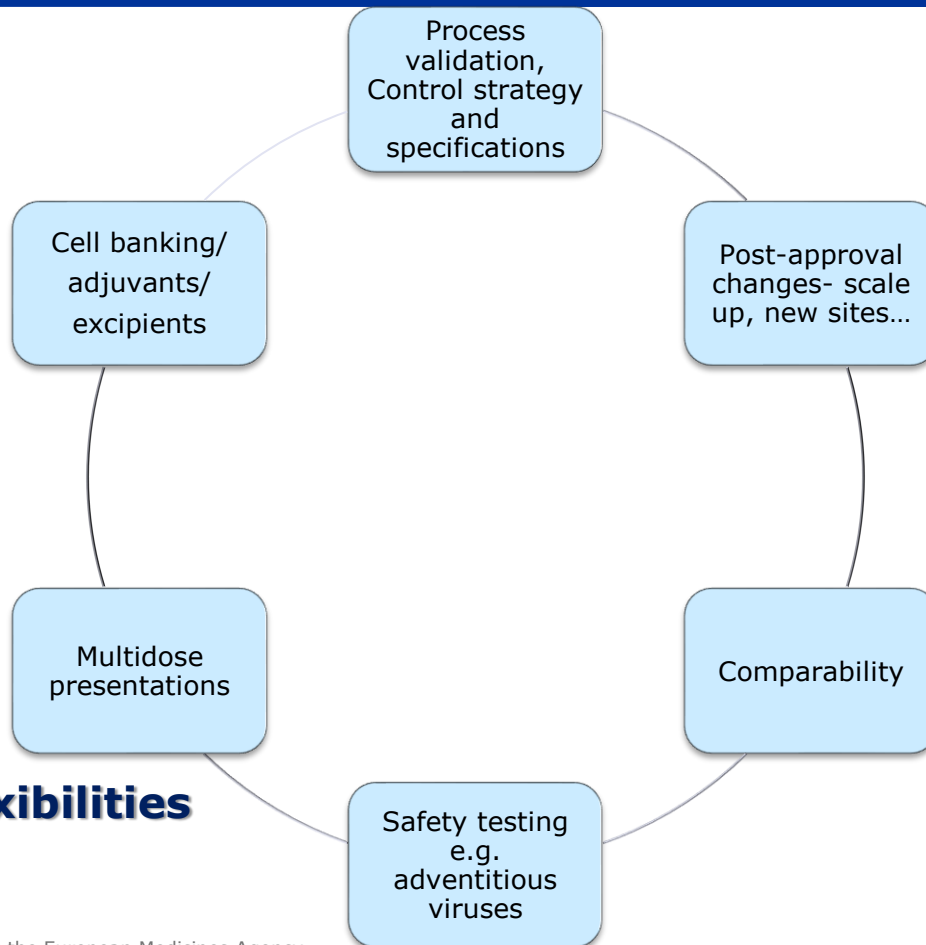
## COVID-19 biologicals - quality challenges

**We must be able to ensure that  
quality standards are not  
compromised**





## Quality scientific flexibilities to consider? \*



\*Build on outcomes from previous workshops –

- [Workshop with stakeholders on support to quality development in early access approaches](#)
- [Joint BWP/QWP workshop with stakeholders in relation to prior knowledge and its use in regulatory applications](#)

**...fine balance in granting flexibilities  
in view of urgency without  
compromising quality**



## Adjuvants/ Excipients

General guidelines  
apply

Flexibility on data  
package based on  
excipients (nature,  
manufacturing process  
& function).

**SA** with authorities to  
agree on **data** to be  
submitted  
recommended.

**No cross-reference** to  
existing MA

## Cell banking

Stably transfected **non-clonal cells** acceptable  
for early CT? Change  
to clonal MCB.

**Comparability** in line  
with Q5E expected.

Use **MCB for  
production** in early  
development ? Then 2-  
tier system

**Quality  
scientific  
flexibilities  
to consider  
on a case  
by case  
basis**

**Quality  
scientific  
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basis**

## Process Validation

**Concurrent** validation?

**Prior knowledge**

Acceptance: relevance of  
supporting data, interim  
data

**Well-defined protocol**  
(tests and AC)

Early inspections dialogue

## Safety testing (Adv agents)

**PCR tests / NGS  
methods** to be used?  
Consider **equivalence** &  
**validation**

Consider drawing up list  
of relevant viruses.



## Post Approval Change Management Protocols (PACMP)

Quality  
scientific  
flexibilities  
to consider  
on a case  
by case  
basis

**Scale up-** Where sufficient process evaluation/ prior knowledge- use of PACMPs?

**New QC testing site-** For non-bio methods already accepted- use for bio/immunochemical method?

**Process Validation data-** To accept post-approval PV data/ de-constrain comprehensive strategy for limited process data?



## Comparability

**Quality  
scientific  
flexibilities  
to consider  
on a case  
by case  
basis**

**Risk-based** approach for  
data requirements-based on  
prior knowledge/process  
understanding

**Specific Obligations** for  
CMA possible  
(See [Ervebo](#)) / RECs  
depending on  
situation





## Stability

Quality  
scientific  
flexibilities  
to consider  
on a case  
by case  
basis

Shorter initial **shelf-lives**? Product to be used rapidly?

**Predictive stability models** (prior knowledge of structurally similar molecules) in absence of RT data?

**Post-approval commitments** to continuously update RT results

**Stressed data** to support claims-showing trends

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## Multi-dose presentation

Quality  
scientific  
flexibilities  
to consider  
on a case  
by case  
basis

**Preservative not required** if in-use time short.

**In-use stability studies-** stability-indicating attributes, homogeneity, adsorption?, particle formation, multiple withdrawals etc.

10 doses max usually approved- **special considerations for much larger** unit presentations: filling validation, homogeneity, compatibility, stability, risks of microbial contamination?



## Conclusions

- Quality flexibilities may be granted in context of **benefit/risk** & the **strength of supporting information**
- **Prior knowledge/ platform data** could be used
- A **risk assessment** can ensure whether additional measures are required to mitigate potential risks in the interim
- Based on the assessment, CHMP will conclude on whether **full MA/ CMA** is appropriate
- Data submission can be delayed - **quality data** still deemed **outstanding** must be fulfilled **post-approval**



## Acknowledgements

Rosa Gonzalez-Quevedo

small scale studies

in vitro

in vivo

I

II

III

EMA

EC

scale up production

Pharma. quality

Non-clinical

Clinical trials

Authorisation

Manufacturing



# Any questions?



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