

# Physicochemical In-use Studies: Industry Experts Insights

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on behalf of IQ working group 'Physiochemical In-Use Stability Testing' CASSS CMC Strategy Forum, 24<sup>th</sup>. Jan. 2022

#### Outline

#### Problem statement

#### Physiochemical In-Use Stability Testing Working Group

Harmonized approach to conduct in-use study

#### Regulatory guidance

Different interpretations & implementation from different companies.

#### Complications in practice

- Selection of testing materials
- Study design strategy a possible solution
- Analytical methods & acceptance criteria

#### Conclusions



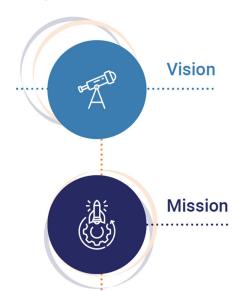
#### Problem Statement

- In-use stability and compatibility studies are critical to demonstrate product quality during administration
- Minimal guidance on Biologics in-use stability testing. Each country or region has different or unwritten expectations, causing challenges for global submissions.
- Administration components in fluid path highly diversified across clinical sites.
- Assay performance strongly affected by in-use matrix; challenging to set appropriate acceptance criteria
- Diversified approaches utilized by pharmaceutical companies to conduct in-use stability studies.





The International Consortium for Innovation and Quality in Pharmaceutical Development (IQ Consortium) was established in 2010 as a technically-focused, not-for-profit organization comprised of nearly 40 pharmaceutical and biotechnology companies.



To be the leading science-based organization advancing innovative solutions to biomedical problems and enabling pharmaceutical companies to bring quality medicines to patients.

As a technically-focused organization of pharmaceutical and biotechnology companies, IQ advances science and technology to augment the capability of member companies to bring transformational solutions that benefit patients, regulators and the broader R&D community.



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### IQ WG Mission & Deliverables

Harvest existing knowledge and publish best practices recommendations for specified type of molecules

- Focus on conventional biologics in phase I: antibody-based therapeutics, peptides, proteins, (non-mRNA) vaccines.
- Harmonized approach to conduct in-use stability & compatiblity study
  - Selection of administration material (material of contact) & DP (process, batch, age)
  - Selection of analytical methods for in-use study & acceptance criteria
  - Appropriate quality standard to conduct in-use study
- Harmonized approach to communicate in-use stability to clinics and regulatory agencies



## IQ Physicochemical In-Use Stability Working Group

#### Working group formed by members across industry

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## Regulatory Guidance Leaves Big Room for Interpretation

#### ICH Q1A R2 Section 2.2.7 & ICH Q8 R2 Section II. F Compatibility

High-level expectations regarding in-use stability and compatibility to support labeling.

USP <1049> Stability after Reconstitution of Freeze-Dried Product (6.6),

General expectation regarding stability of reconstituted freeze-dried product.

EMA CHMP/SWP/28367/07 (Section 5.3)

General expectation that the low-dose products should have suitable formulation for stability and demonstrate compatibility with in-use containers and primary packaging materials

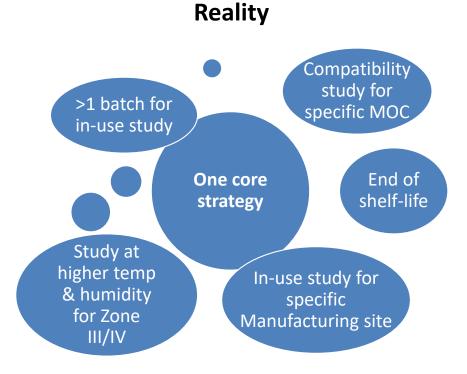
CPMP/QWP/2934/99, note for guidance on in-use stability testing of human medicinal products

More detailed instructions on batch number, selection criteria of testing materials, and testing design.



## Unwritten Expectations Causing Challenges for Global Submission

## Ideal A single strategy for global submission





## Fluid Path Material of Construction (MOC)





Polymers such as PVC, PO, PE, EVA, PU, PBD, PES, PS, silicone, and other materials such as stainless steel, etc...





## MOCs and Study Design

There are various strategies for study designs, and deciding which administration MOCs to test:

Material contact duration: extended (eg. IV Bag) or transient (eg. Luer connector)

Route of administration: IV, SC, IVT, etc

Types of polymer: (e.g., PVC vs polyolefins as a general class)

Clinical phase: (PhI/II, PhIII, BLA/IMA)



Bracketing of protein concentration to support dose ranges

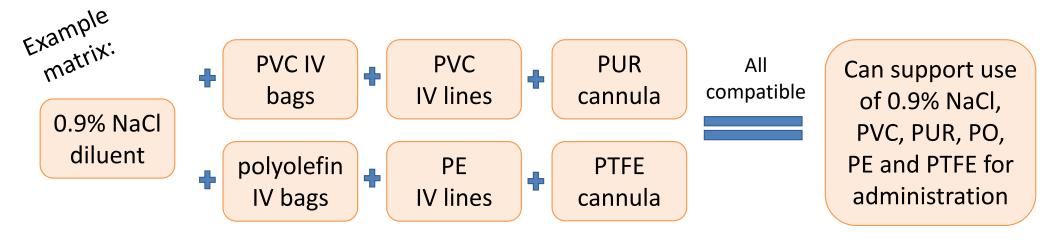
Clinical site choice of materials or market/biosimilar competition



## Matrixing Approach to In-use Study Design

There are various strategies for study designs, and deciding which administration MOCs to test:

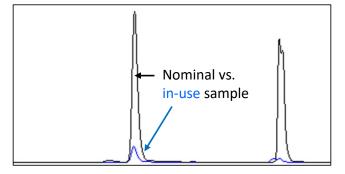
Matrixing of commercially available administration components preferred option versus testing every combination of line, IV bag and diluent





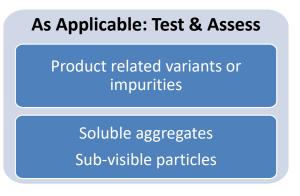
#### Select the Right Methods to demonstrate quality at end of in-use period

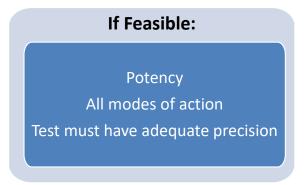
- Qualified analytical methodology not directly usable
  - Outside assay qualification range
  - Strong in-use matrix impact



Test quality attributes with suitable assays in phase dependent manner

# **Common Tests** Protein content Color, clarity, visible particles





#### Now that we tested, how do we assess the data ...?

#### Key questions often asked (shall we ...):

- Leverage specification for in-use product quality assessmen
- Apply USP criteria for in-use samples?
- Accept trend of change during in-use hold? Ho
- Accept product quality change for a multi-use product?
- Consider in-use degradation when setting up stability specific

There are several options to select acceptance criteria:

Absence of foreign visible particles

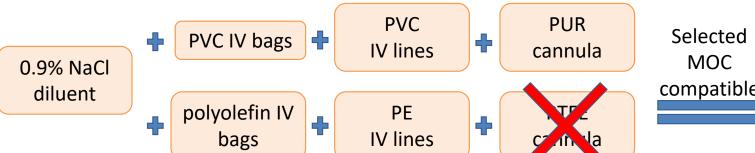
Acceptable change within specification

No meaningful changes compared to initial values



## Case Study: Assessment of Compatibility Using Matrixing Approach

Bracketing approach for protein concentration to cover lowest and highest clinical dose ranges



compatible

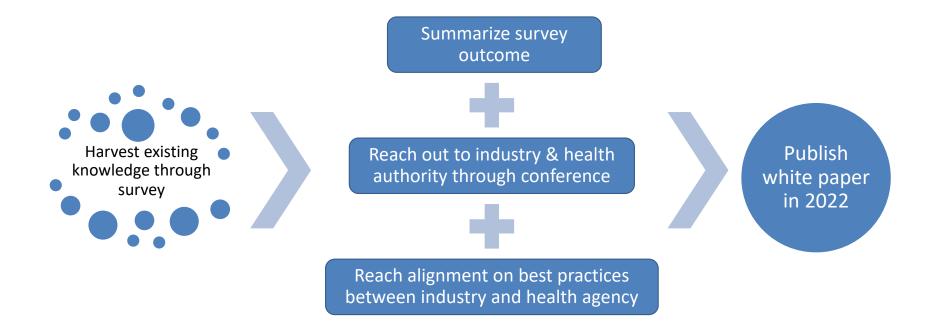
Can support use of 0.9% NaCl, PVC, PUR, PO, PE and PXE for administration

Poor recovery of protein observed: Troubleshooting of 2<sup>nd</sup> IV set-up indicates unacceptable level of protein adsorption to PTFE cannula at lowest dose cohorts.

Mitigation: only enable use of PUR cannula for PhI clinical studies for initial dose cohorts.



## **IQ Working Group Status**





#### Conclusions

In-use stability requires close collaborations across industry

- Suppliers for administration devices
- Pharmaceutical companies
- Regulatory agencies
- Clinical sites

Harmonized approach is strongly desired and benefit all parties



## Acknowledgement

This presentation was developed with the support of the International Consortium for Innovation and Quality in Pharmaceutical Development (IQ, www.iqconsortium.org). IQ is a not-for-profit organization of pharmaceutical and biotechnology companies with a mission of advancing science and technology to augment the capability of member companies to develop transformational solutions that benefit patients, regulators and the broader research and development community.

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