Regulatory Reliance – a future reality for CMC?

Diane Wilkinson PhD
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
• 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.

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