



SANOFI PASTEUR 

## Post Approval Change management in the EU Challenges & Expectations

NMPA Conference – Beijing – Nov 14, 2020

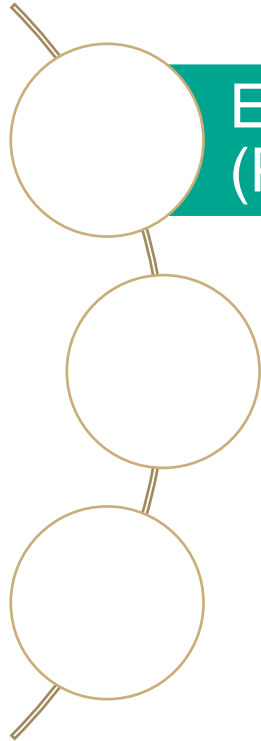
# Agenda

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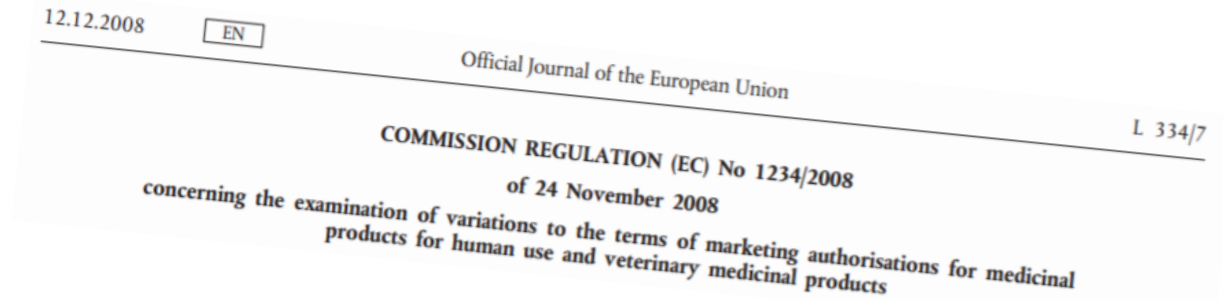
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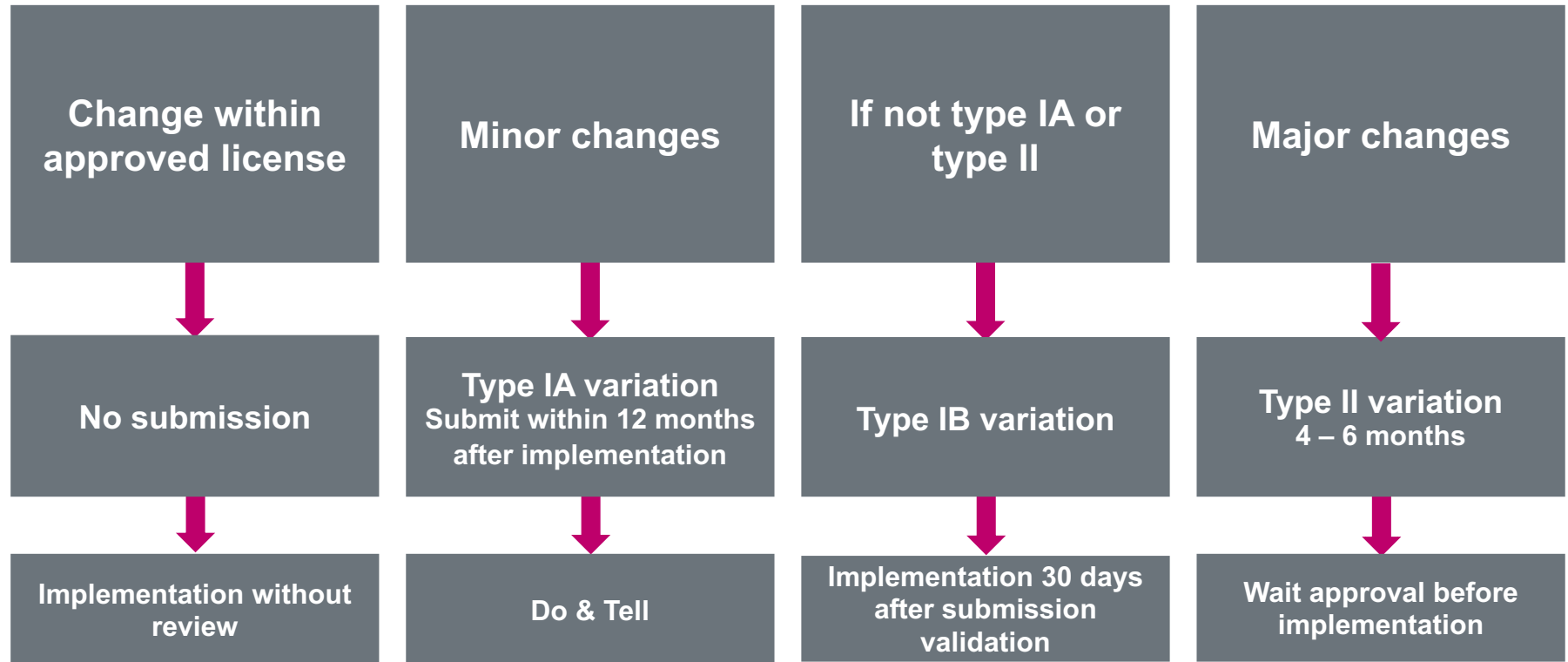
## EU Regulations on Post Approval Changes (PACs)

# European Commission Regulation # 1234/2008



“Variations to medicinal products can be classified in different categories, depending on the level of risk to public or animal health and the impact on the quality, safety and efficacy of the medicinal product concerned. Definitions for each of those categories should therefore be laid down. In order to bring further predictability, guidelines on the details of the various categories of variations should be established and regularly updated in the light of scientific and technical progress, taking in particular account of developments regarding international harmonisation. The European Medicines Agency (hereinafter the Agency) and the Member States should also be empowered to give recommendations on the classification of unforeseen variations.”

# Four categories of PACs in the EU



# Main Roles & Responsibilities

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## Regulatory Authorities

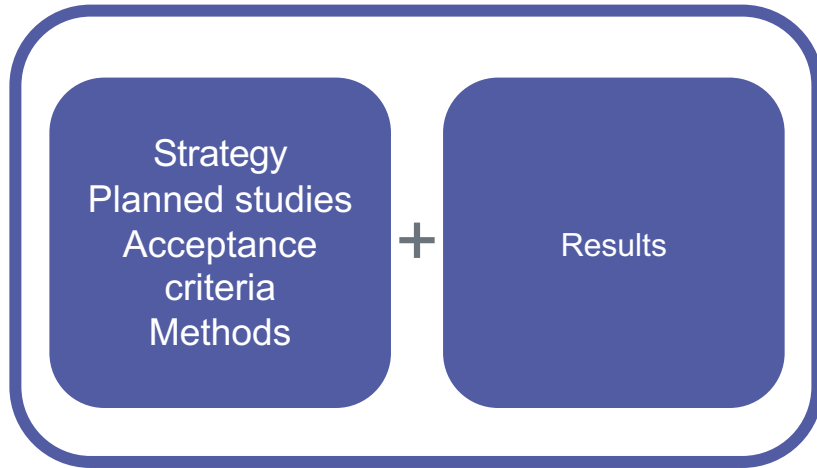
- Review the reporting level of PACs
- Ensure change management end-to-end process complies with GMPs
- Review & approve PAC submissions
- Discuss & provide MAHs with directions for unforeseen PAC cases

## Marketing Authorization Holder

- Set up appropriate change control process in order to capture and properly assess PACs
- Define reporting category based on appropriate guidelines or discussions with regulators if needed
- Submit dossier variation accordingly
- Implement PAC

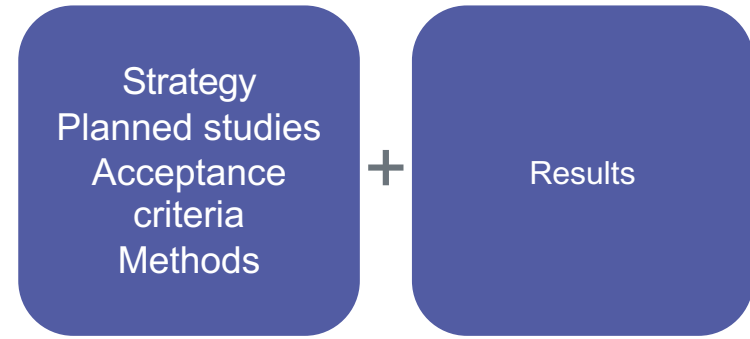
# Post Approval Change Management Protocols

## Standard approach



Evaluation of a proposed variation as a 'whole'  
(Strategy + Results)

## PAC Management Protocol



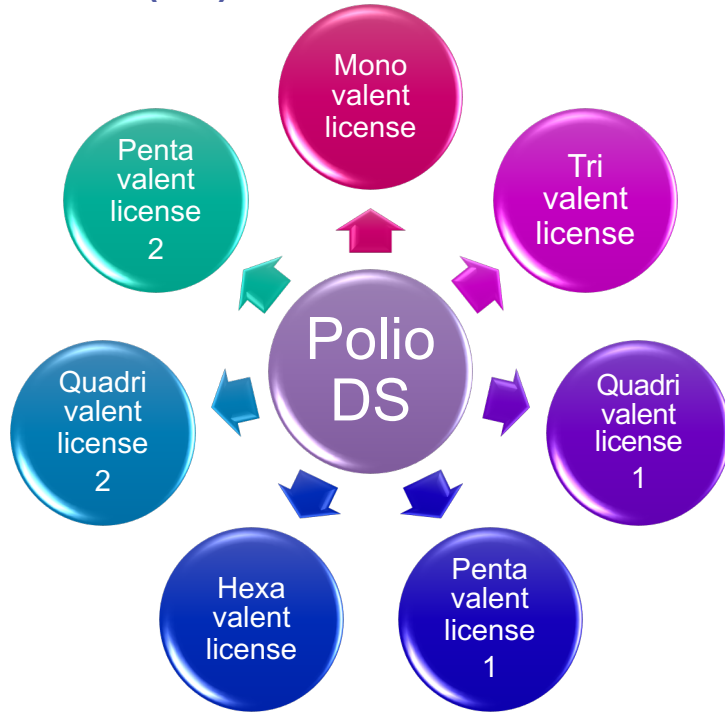
Step 1:  
Submission of a protocol  
Type II variation

Step 2:  
Implementation of the  
change Type IA IN\* or IB  
variation (biologicals)

**Implementation of changes is much faster**

# WorkSharing (WS) procedures

Illustration: change on polio Drug Substance (DS) impacting 7 Vaccine Drug Products (DP)



- Same change for all impacted licenses  
→ work sharing of a single change
- 117 EU licenses impacted
- All types of European procedures
- No Drug Product documentation required

**Regulatory management of changes is much easier and faster**



# EUROPE: Interactions with Health Authorities

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- **Possibility to request for a « Scientific Advice » at EMA**

- Mainly used for New drugs registration but could also apply for major PACs

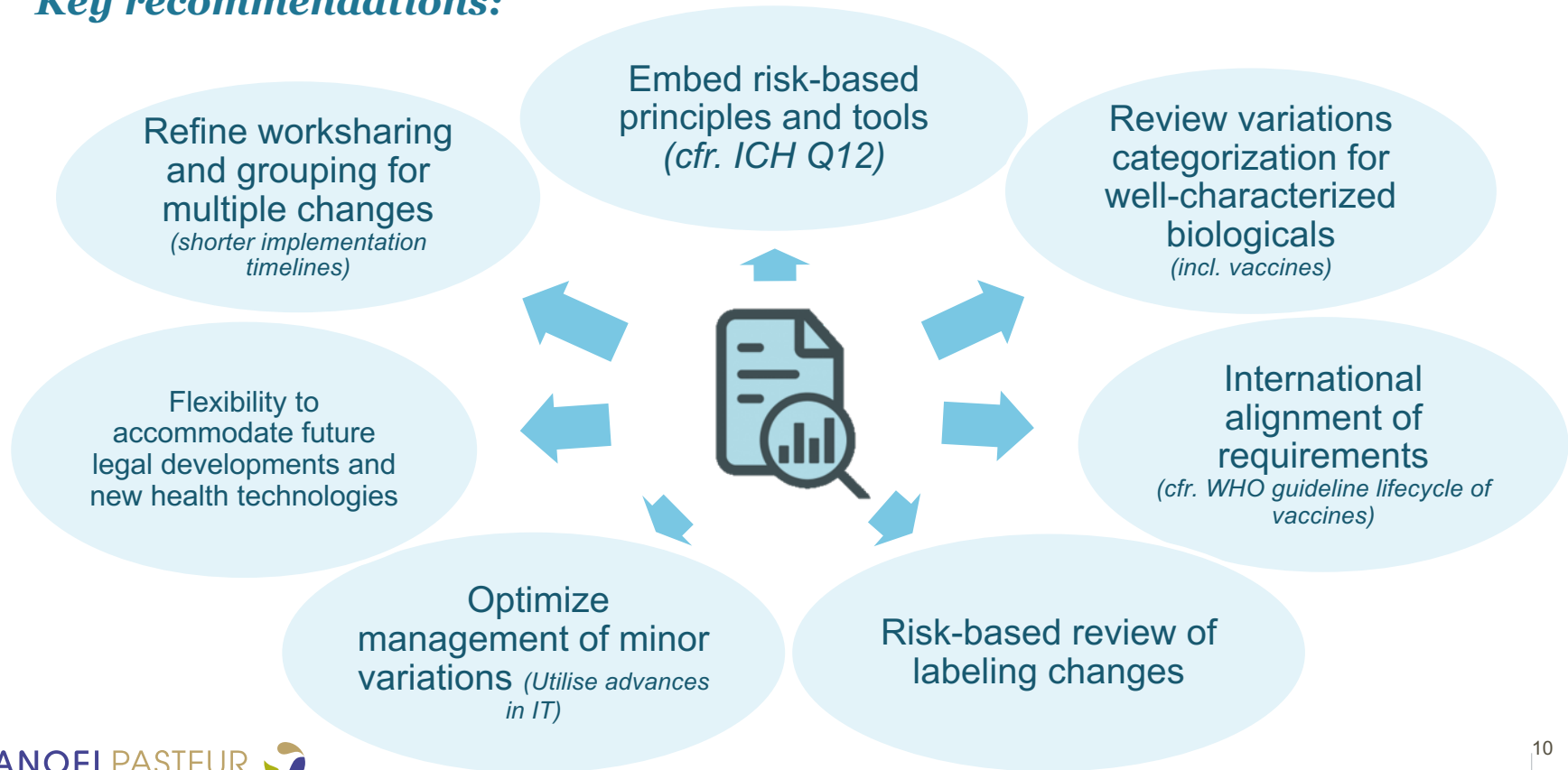


- **Other illustrations of interactions with EU Health Authorities**

- ANSM (France) : request for accelerated review
  - type IA variation for removing Heavy Metals & Solubility tests: from 2 months to 3 days !
- EMA (Europe): request to get confirmation on a change reporting category
- MPA (Sweden) : request for accelerated review
  - extension of shelf-life for a reference standard (type IB Work Sharing variation): from 2 months to 1 month.
- PEI (Germany): proposal to submit a single variation (instead of 4) for an addition of the same test at four different manufacturing stages

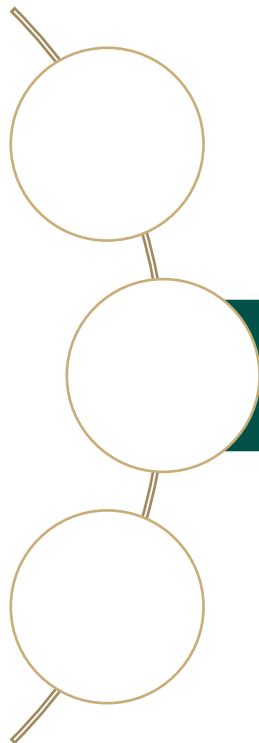
# Industry Associations asks for an update of the EU variation regulation framework

## *Key recommendations:*



# Agenda

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## PACs management: Challenges

# THE CHALLENGE OF POST APPROVAL CHANGES : Heterogeneous Regulations

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Companies are globalized



Ideally :  
1 product for 1 world

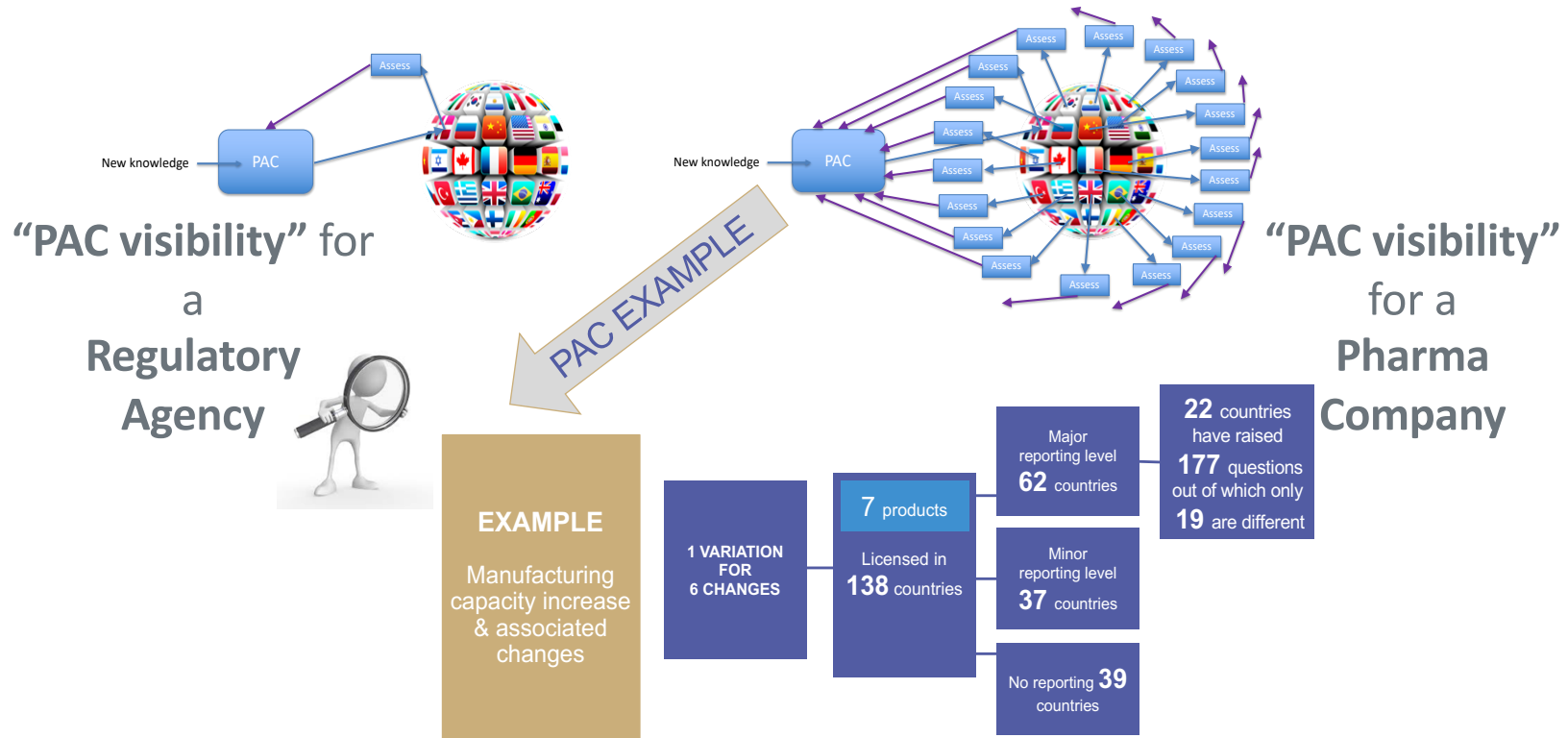
Regulatory approvals are nationalized



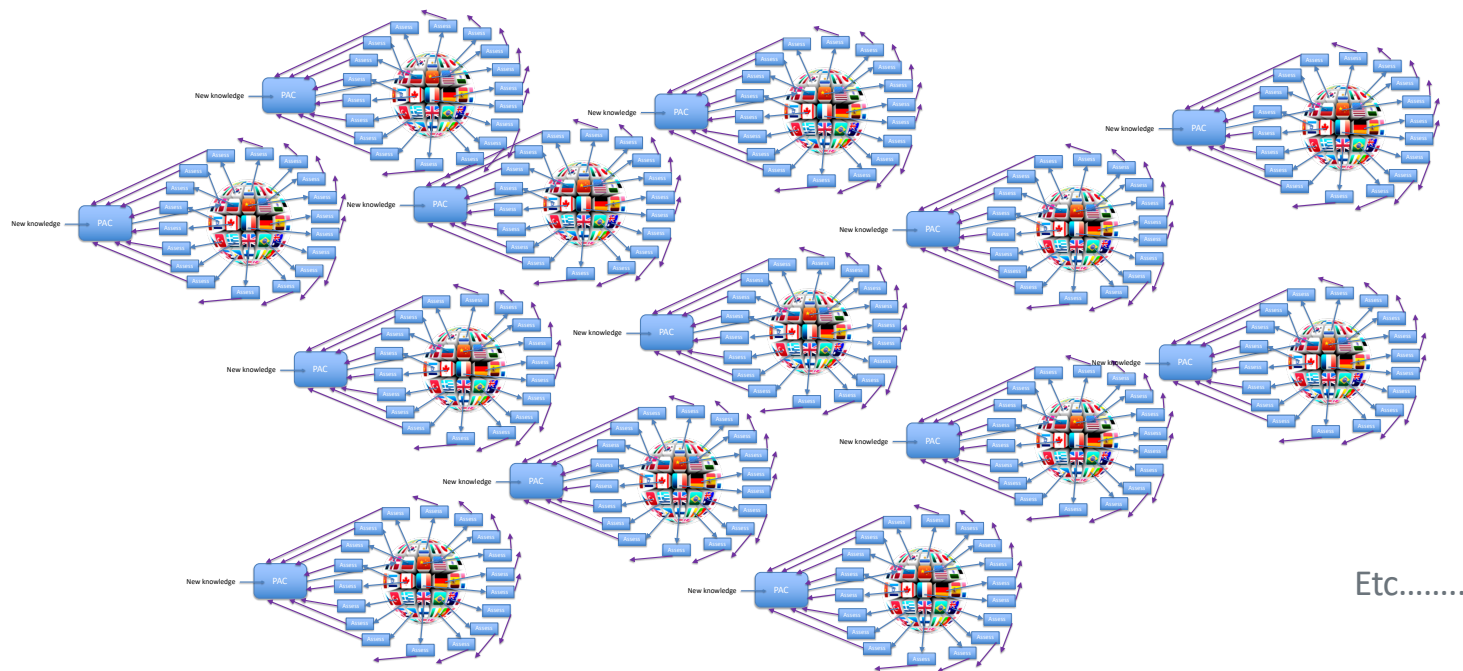
Reality :  
1 product with 100+ approvals

**Each change can take up to 5 years from first to last country approval.  
This is not only a challenge to drug/vaccine supply but also a barrier to  
technology innovation and continuous improvements**

# Global PAC complexity

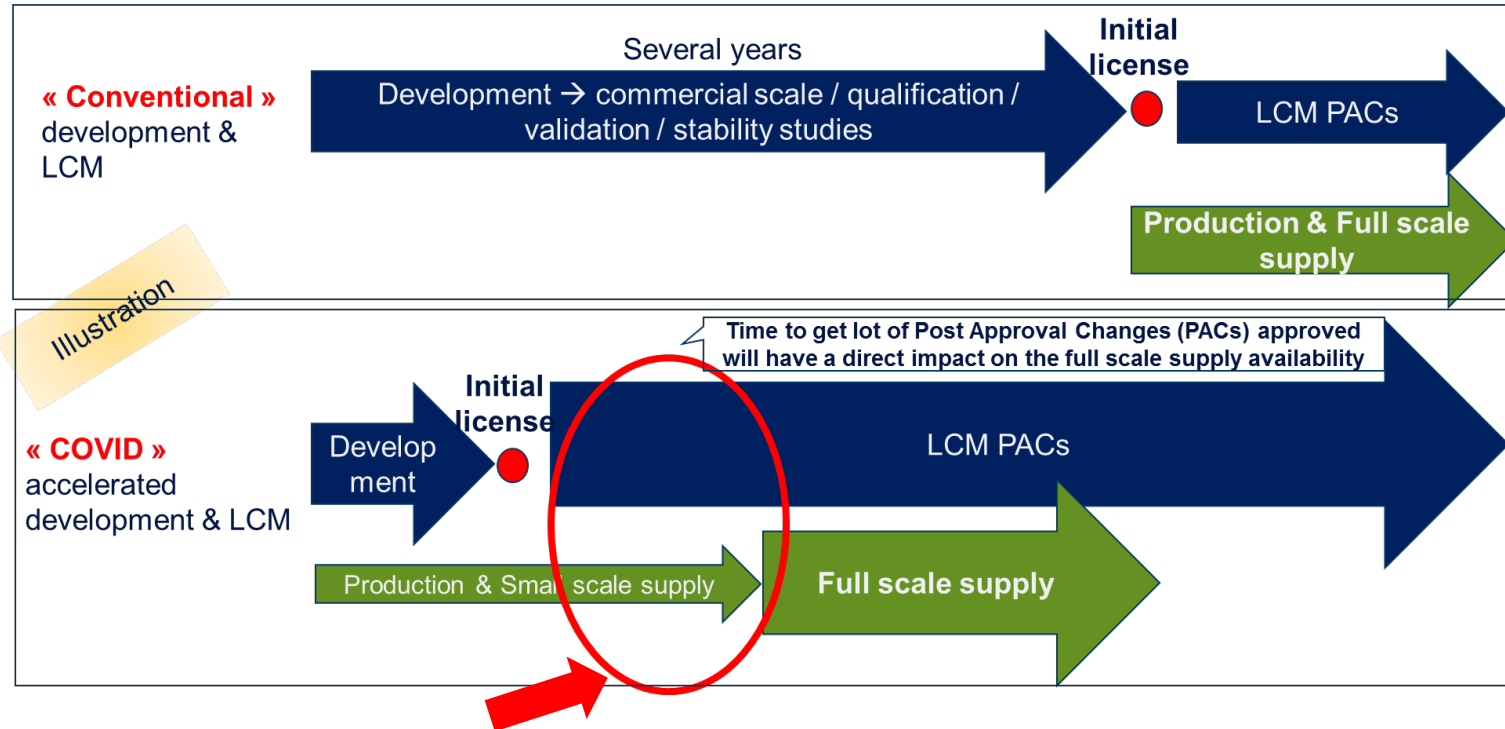


# And in reality, many PACs at the same time



\*Larger companies have thousands of PACs awaiting approval at global level every year

# This complexity is expected to be dramatically amplified under unprecedented situations like COVID



An estimate of about 2,000 variation dossiers to be managed worldwide for one COVID vaccine, in the weeks/months after initial licensure

# So, why improving the management of PACs ?

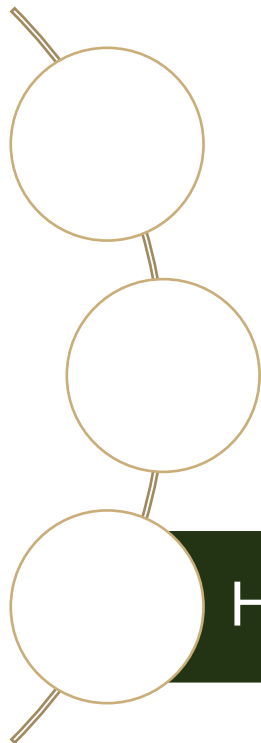
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- The overall complexity is a **barrier to timely implementation of continuous improvements** and a **contributing factor to drug shortages**
- We need a **more agile global regulatory framework** where PACs can be implemented in days or weeks instead of months or years particularly when they **reduce patient risk, improve compliance** and/or **enhance manufacturing process or test methods**



# Agenda

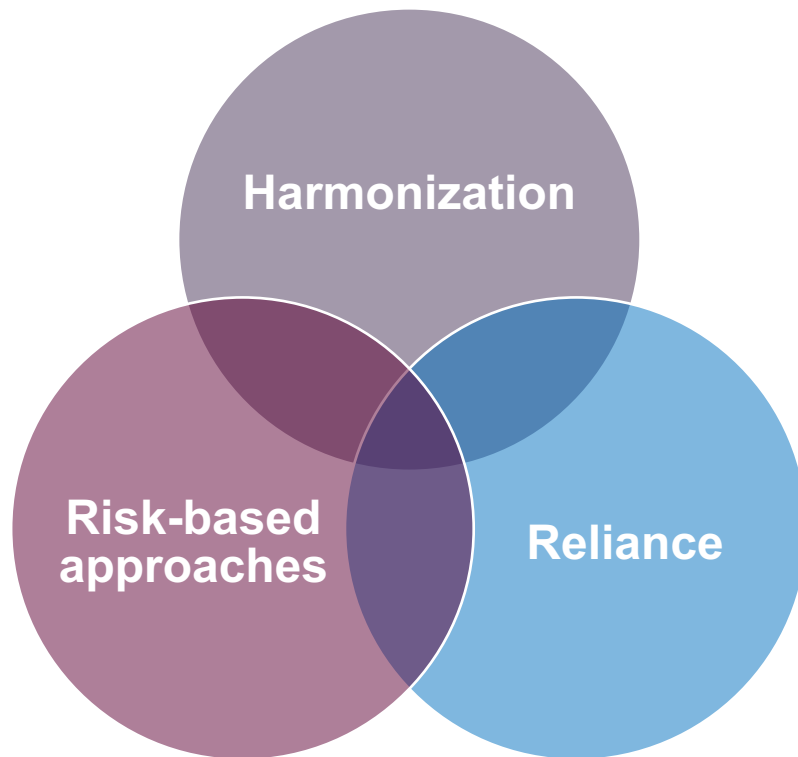
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How to address those Challenges

# Three main directions

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# Harmonization

- **Processes**
  - No reporting / Do&Tell / Tell & Do / Tell, Wait & DO
- **Timelines**
  - Short and reliable
- **Requirements**



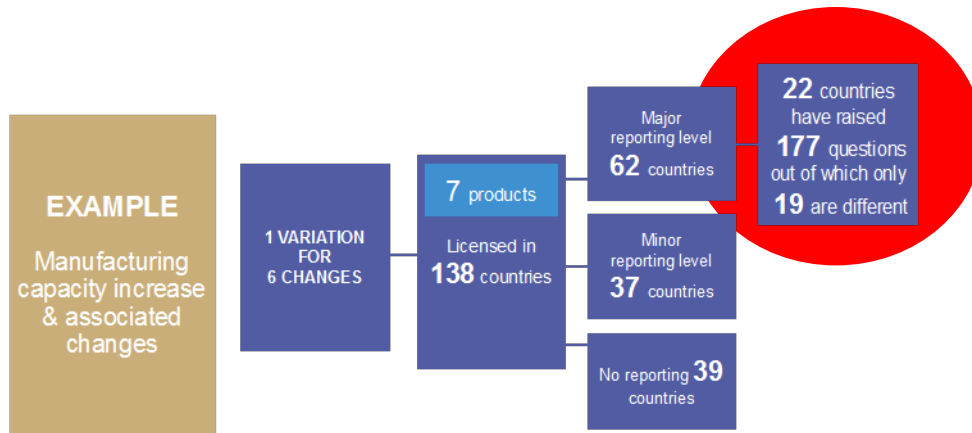
## Harmonization

# Approaches used by some HAs to reduce complexity, accelerate reviews and approvals → secure supply

Approach	Illustration
Cross-referencing (matrixing)	Variation is reviewed one time, and approved for all impacted products
Grouping of variations	Several changes are included in one submission dossier
Acceptance of change management plan protocol	Comparability protocol approach or PACMP Qualification protocols for routine changes (eg Reference Standards)
Rolling submission	Required data provided during Q&A period
Submissions without waiting country of origin approval	Submit country of origin approval during the course of the procedure

# Reliance

- **Develop regulatory processes which contribute in accelerating reviews and approvals**
- Draft WHO « Good reliance practices in regulatory decision-making: high-level principles and recommendations” (June 2020)





## Reliance

# Approaches used by some HAs to reduce complexity, accelerate reviews and approvals → secure supply

Approach	Illustration
Mutual recognition of reviews	One authority reviews on behalf of other authorities
Mutual recognition of testing results	Batch released performed by one HA is recognized by others without re-testing of same batch
Mutual recognition of inspections	If manufacturing site successfully inspected by one (recognized) authority, other authorities do not re-inspect the same site

# Risk-based approaches



ICH Quality Implementation Working Group - Integrated Implementation Training Workshop

How ICH Q8, Q9, Q10 guidelines are working together throughout the product life cycle

## ICH Q8, Q9 and Q10

Nov 2005 & Nov 2008

INTERNATIONAL CONFERENCE ON HARMONIZATION OF TECHNICAL REQUIREMENTS FOR REGISTRATION OF PHARMACEUTICALS FOR HUMAN USE

ICH HARMONIZED THERAPEUTIC GUIDELINE

PHARMACEUTICAL DEVELOPMENT

Q8(R2)

November 2005

INTERNATIONAL CONFERENCE ON HARMONIZATION OF TECHNICAL REQUIREMENTS FOR REGISTRATION OF PHARMACEUTICALS FOR HUMAN USE

ICH HARMONIZED THERAPEUTIC GUIDELINE

QUALITY RISK MANAGEMENT

Q9

June 2008

INTERNATIONAL CONFERENCE ON HARMONIZATION OF TECHNICAL REQUIREMENTS FOR REGISTRATION OF PHARMACEUTICALS FOR HUMAN USE

ICH HARMONIZED THERAPEUTIC GUIDELINE

PHARMACEUTICAL QUALITY SYSTEM

Q10

- High level guidances (not prescriptive)
- Science and risk-based
- Encourages systematic approaches
- Applicable over entire product lifecycle
- Intended to work together to enhance pharmaceutical product quality



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ICH Q9  
(2005)

ICH Q10  
(2008)

ICH  
Q11  
(2012)

ICH Quality Implementation Working Group - Integrated Implementation Training Workshop

ICH Q-IWG Integrated Training Programme

## Quality: A New Paradigm

The new paradigm emphasize:

1. Quality must be mainly built in and it will not only improve by additional testing and inspection
2. Better utilization of modern science throughout product lifecycle
3. QRM is a key enabler throughout product lifecycle
4. Robust PQS, with appropriate knowledge management, assures quality throughout product life cycle
5. An integrated approach to development, manufacturing and quality for both industry and regulators



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## **Risk-based approaches**

Based on ICH Q12 and Q10, there will be a paradigm change in the way to manage PACs

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**Reporting PACs based on worldwide heterogeneous regulatory guidelines which apply to all companies, regardless their level of PQS maturity and product knowledge**



**Reporting PACs based on companies risk assessment, providing appropriate PQS maturity and product knowledge, by applying ICH Q9, Q10, Q12**



**Effective Management of Post-Approval Changes in the Pharmaceutical Quality System (PQS) - Through Enhanced Science and Risk-Based Approaches Industry One-Voice-of-Quality (1VQ) Solutions**

Emma Ramnarine, Anders Vinther, Kimberly Bruhin, et al.

*PDA Journal of Pharmaceutical Science and Technology* 2020,  
Access the most recent version at doi:[10.5731/pdajpst.2020.011734](https://doi.org/10.5731/pdajpst.2020.011734)

- Having more PACs managed under the Pharmaceutical Quality System, without or with low reporting to Health Authorities
- Having appropriate PAC management flexibility such as being able to:
  - implement PACs within companies before all approvals are obtained and release once regulatory approvals are granted, in order to ensure timely supply
  - provide batches from alternative manufacturing sites

# Conclusion

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- The management of PACs at worldwide level is extremely complex and is a contributing factor of drugs/vaccines shortages
- Local regulations should help facilitating the management of PACs, based on:
  - Harmonization
  - Reliance
  - Risk-based approaches



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