



# ***CMC Regulatory Compliance Strategy For Biopharmaceuticals***

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## **Course Outline**

### ***4. Major Challenge of Demonstrating Biopharmaceutical Product Comparability After Manufacturing Process Changes***

- ✓ ***3 essential elements of an effective comparability study***
- ✓ ***Value of obtaining a contract with the FDA/EMA for future manufacturing process and test method changes***

*Change is inevitable for a biopharmaceutical manufacturing process!*



**Resistance is futile.**



***There is always more that can be done to make the manufacturing process more robust and the product of higher quality***

***But every change carries a risk: benefit-risk ratio***

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- ***Improve consistency of manufacturing***
  - ***Tightening cell culture or purification controls***
  - ***Chromatography resin improvement***
  - ***Move to a commercial-oriented CMO***
  
- ***Improve product quality***
  - ***Addition of a new chromatographic polishing step***
  - ***Tightening of product release specifications***
  
- ***Increase manufacturing capacity***
  - ***Higher productivity cell line***
  - ***Manufacturing site change for scale-up or scale-out***

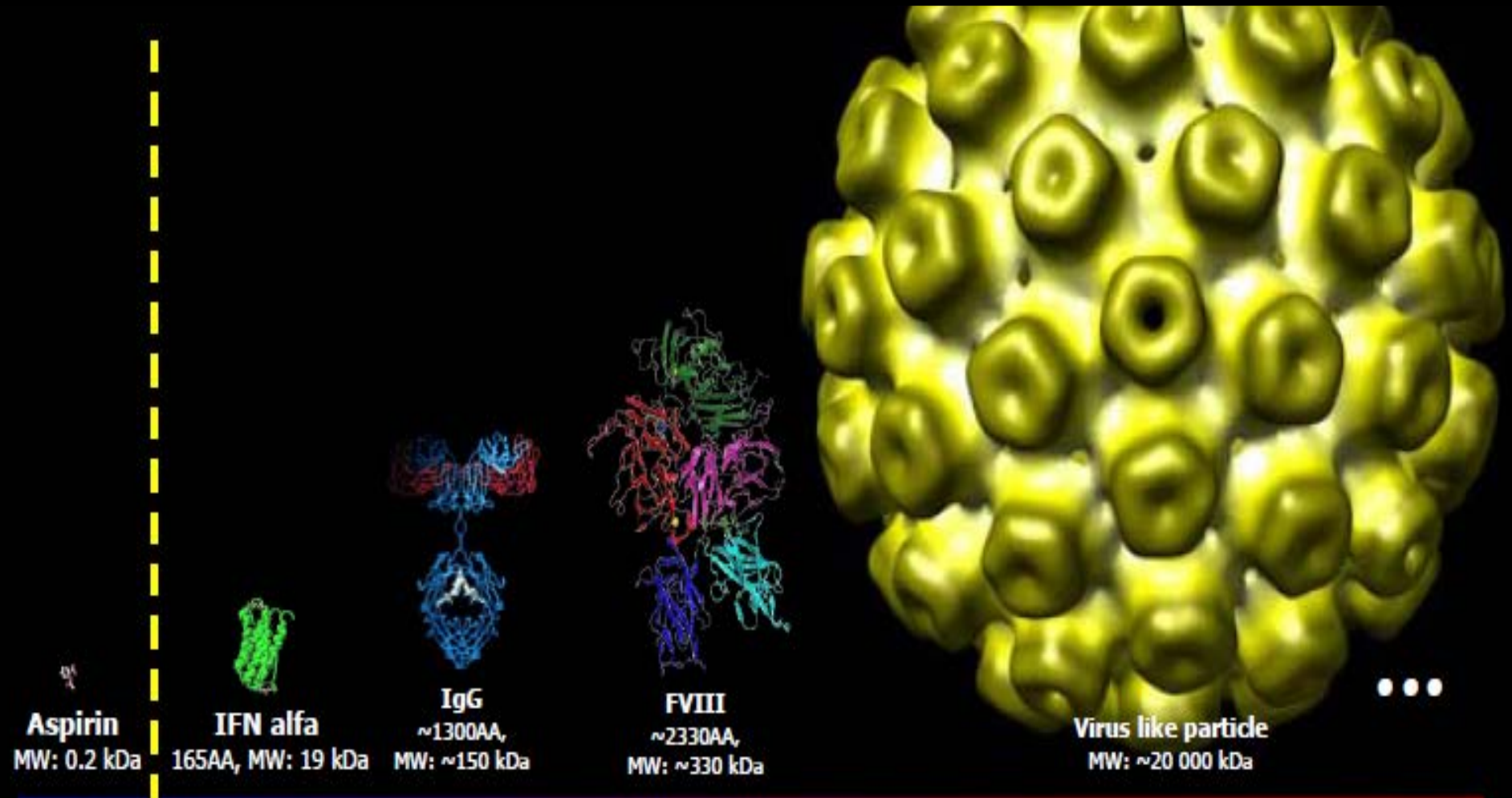


## ***Effectively managing the process change – 2 parts***

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- 1) Systematically control the change**
  - Change control system (cGMP QA)**
  - Process revalidation (if already validated)**
  
- 2) Evaluate impact of change on product**
  - Comparability study (post-change to pre-change)**
  - Meet the corresponding standard**
    - **equivalent (chemical drug)**
    - **highly similar (biopharmaceutical)**

→ increasing molecular complexity and decreasing analytical analysis →  
equivalent 'highly similar'



Chemicals

Recombinant DNA  
technology

Blood-  
derived

Immunologicals

Advanced  
therapy

## ***“Highly Similar”***

***the standard for all biopharmaceutical process changes  
(innovator and biosimilar)***



***‘Not identical’***

***‘Close, but not exact’***

***SUBJECTIVE***



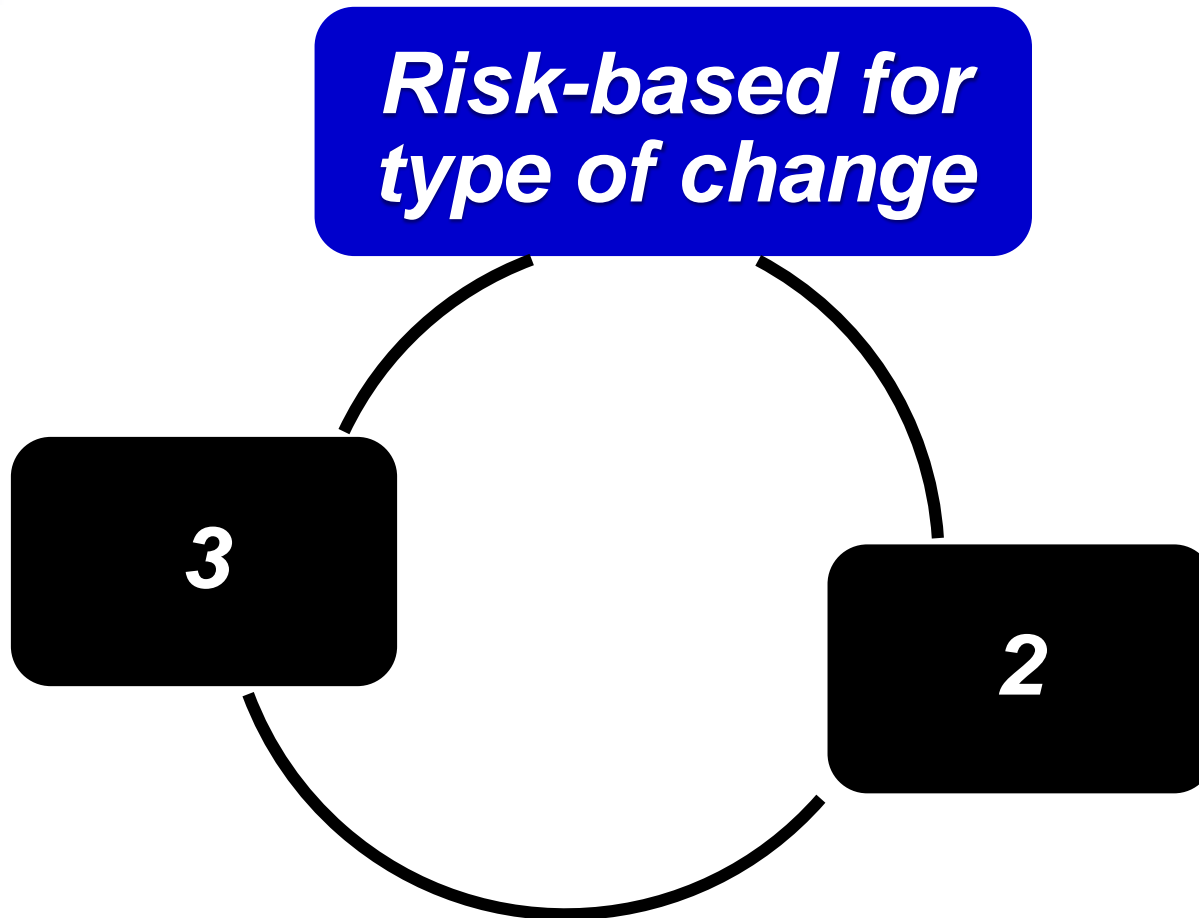
***“The goal of the comparability exercise is to ascertain that pre- and post-change drug product is comparable in terms of quality, safety, and efficacy.”***



**COMPARABILITY OF BIOTECHNOLOGICAL/BIOLOGICAL PRODUCTS SUBJECT TO CHANGES IN THEIR MANUFACTURING PROCESS**

**Q5E**

**3 essential elements of an  
effective comparability exercise!**





## ***Risk-Based Analysis for Type of Change***



- 1) Assess the potential impact of the process change on the quality of the product (e.g., potency, purity, identity)***
  - Some process changes are more major – requiring more evidence of comparability***
  - Some process changes are more minor – requiring less evidence of comparability***
- 2) Different levels of risk require different amounts and types of data to support product comparability***
- 3) Different levels of risk require different oversight/approval by regulatory authorities***

***The level of risk determines the degree of evidence required to support product comparability***

**Nature of Process Change**

**Change filter supplier**

**Move equipment within same facility**

**Move to new production facility (same company)**

**Change cell culture media**

**New cell line or major formulation change**

**Risk Factor & Data Requirements**

**Lower Risk**

Commonly implemented

- Analytical data
- Process studies

**Moderate Risk**

- Analytical data
- Process studies
- Stability data

**Higher Risk**

Less commonly implemented

- Analytical data
- Process studies
- Stability data
- Clinical data

## Regulatory recommendations – during clinical development

<b>Risk Level</b>	<b>Examples of Biopharmaceutical Process Changes</b>
<p><b>Significant</b> (FDA CMC Amendment)</p> <p><b>Substantial</b> (EU prior-approval)</p>	<ul style="list-style-type: none"><li>– Any process change that impacts the impurity profile, microbial contamination, viral safety, or TSE</li><li>– Change in source material (e.g., new MCB)</li><li>– Addition or removal of a purification step</li><li>– Change in formulation and/or container closure system</li><li>– Changes that require changes to product specifications (e.g., widening of an acceptance criteria, changing of test method for analysis)</li></ul>
<p><b>Not Significant</b> (FDA Annual Report)</p> <p><b>Non-substantial</b></p>	<ul style="list-style-type: none"><li>– Anything that is not significant or non-substantial</li></ul>



**Assessing level of comparability risk 'after market approval**  
**Regulatory authority guidance for manufacturing process changes**

<b>FDA System for Process Changes</b>			
<b>Risk Level</b>	<b>Major</b>	<b>Moderate</b>	<b>Minor</b>
<b>Action Required</b>	<b>Submit as Prior Approval Supplement (PAS)</b>	<b>Submit as Change Being Effective (CBE-30)</b>	<b>Submit in Annual Report</b>

**Lots of published guidance for chemical drugs**  
**– limited guidance for biologics**  
**(need to read the scope)**

<b>EMA System for Process Changes</b>			
<b>Risk Level</b>	<b>Major</b>	<b>Moderate</b>	<b>Minor</b>
<b>Action Required</b>	<b>Type II Variation (formal approval)</b>	<b>Type IB Variation (30 day wait)</b>	<b>Type IA Variation (Annual Reporting)</b>

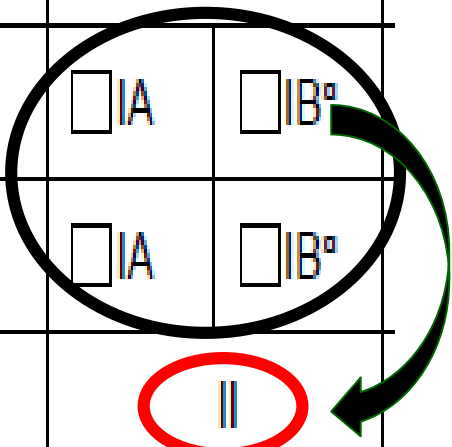
**Same guidance for chemical drugs and biologics**

European Medicines Agency post-authorisation procedural advice for users of the centralised procedure

**EMA Recommendations – after market approval**

**APPLICATION FOR VARIATION TO A MARKETING AUTHORISATION**

B.I.a.3 <u>Change in batch size</u> (including batch size ranges) of active substance or intermediate used in the manufacturing process of the active substance	Procedure type	
<input type="checkbox"/> a) Up to 10-fold increase compared to the originally approved <u>batch size</u>	<input type="checkbox"/> IA	<input type="checkbox"/> IB <sup>o</sup>
<input type="checkbox"/> b) <u>Downscaling down to 10-fold</u>	<input type="checkbox"/> IA	<input type="checkbox"/> IB <sup>o</sup>
<input type="checkbox"/> c) <u>The change requires assessment of the comparability of a biological/immunological active substance</u>	<input type="checkbox"/> II	



**Consistent with FDA PAS for biologics**

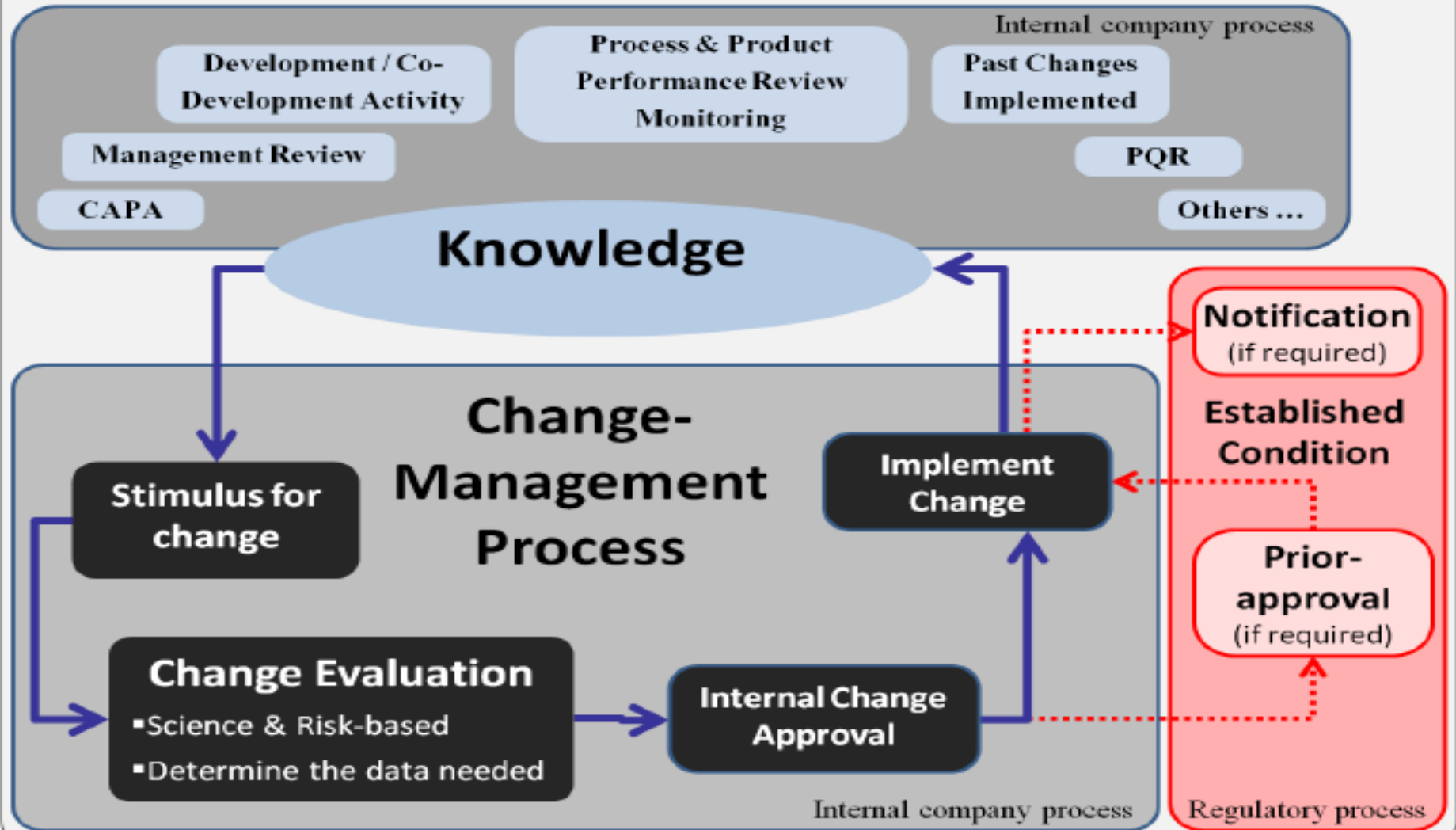
Scale-up requiring a larger fermentor, bioreactor, and/or purification equipment (applies to production up to the final purified bulk). **no '10X' allowance**

# ICH guideline Q12 on technical and regulatory considerations for pharmaceutical product lifecycle management

Step 2b

December 2017

## Knowledge Management & Change Management



***The issue with manufacturing process change risk assessment –  
Get it wrong and incur the wrath of the FDA!***

Dr. Roger J. Hinton

Managing Director

Porton Biopharma, Limited

***Warning Letter  
January 2017***

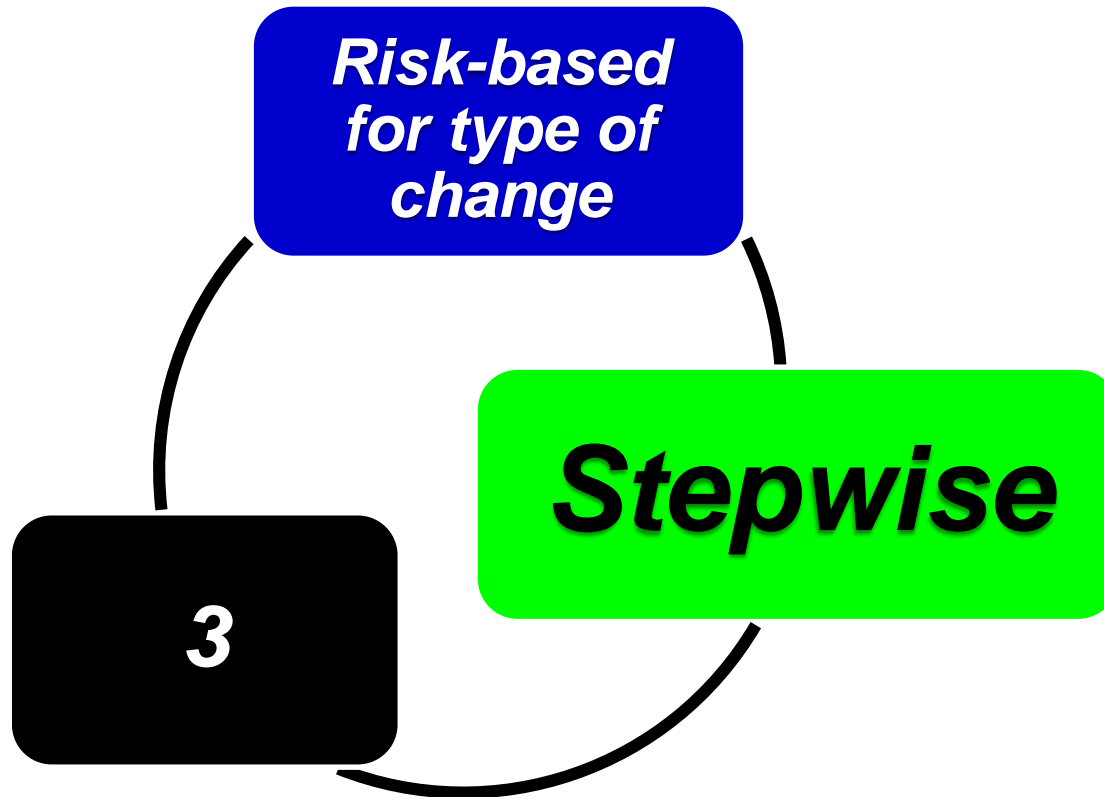
***Erwinaze  
(Asparaginase)***

**1. Failure to establish and follow change controls to evaluate all changes that could affect the production and control of intermediates or API.**

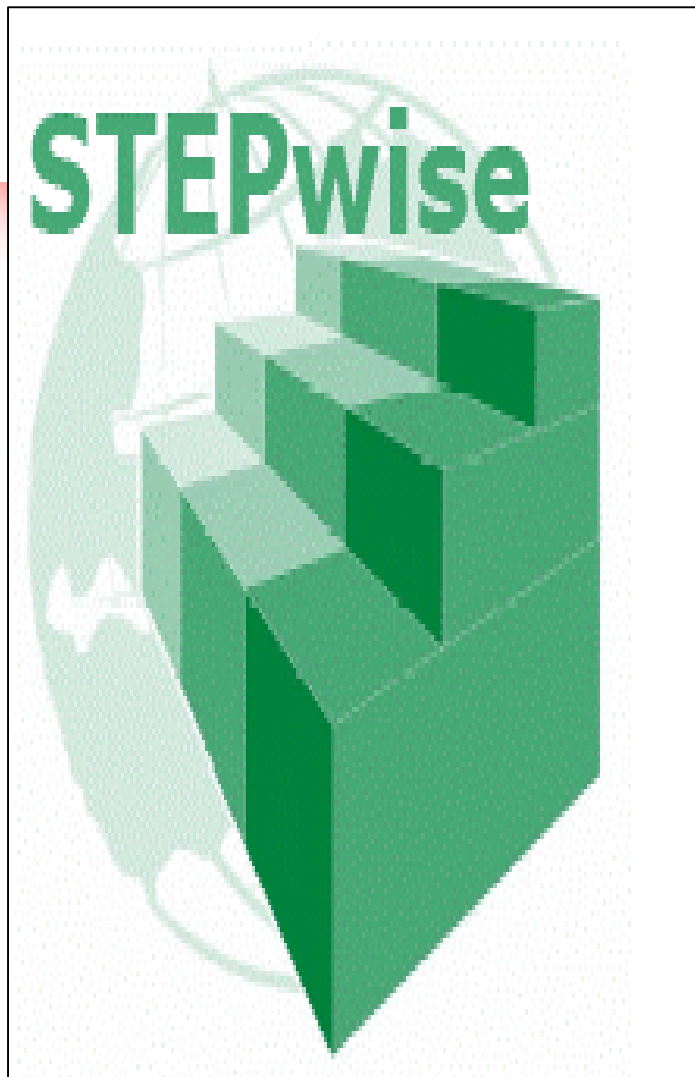
Your firm failed to conduct adequate change controls prior to the use of each working cell bank. For example, your firm has used working cell banks (b)(4) for the production of drug substance and drug product batches of Erwinaze®. Your firm previously used only working cell banks (b)(4) for production of Erwinaze® drug substance and drug product batches. You failed to ensure sufficient change control oversight to assure the (b)(4) new working cell banks were acceptable for use in the commercial operation.

You manufacture Erwinaze® under contract on behalf of Jazz Pharmaceuticals, which holds the Biologics License Application for Erwinaze®. The process changes discussed above were not approved by FDA before you manufactured, or your customer, Jazz, distributed, Erwinaze®. Specifically, working cell banks (b)(4) were used in commercial production prior to approval. These working cell banks were not reviewed and approved by the Agency

**3 essential elements of an  
effective comparability exercise!**







## ***Stepwise Approach***

- ***Approach the studies needed to confirm product comparability from a series of distinct steps***
  - ***Step 1 (analytical & functional characterization) alone may be sufficient to address quality and regulatory concerns***
  - ***If residual risk remains, consider step 2 (nonclinical animal studies)***
  - ***If residual risk still remains, consider also step 3 (human clinical studies)***



Step 1

# • *Quality Comparability*

*Analytical & Functional Testing*

***much, much more than just meets specs!***

- 1) Relevant, comprehensive physicochemical, biological and functional assay characterization (head-to-head testing preferred)***
- 2) Accelerated and Stress stability slope comparison (potential differences in molecular variant formation)***
- 3) Consistency batches (spec comparison before and after change)***
- 4) Historical data analysis (potential “drift” in CQAs)***

***The extent of 'relevant, comprehensive' product characterization today is illustrated in biosimilarity testing – Enbrel (recombinant Fc fusion protein)***

**Sandoz  
EPAR 2017**

Molecular parameter	Attribute	Methods for control and characterization	<u>Key findings</u>
Primary structure	Amino acid sequence	Reducing peptide mapping (MS)	<u>Identical</u> primary sequence <sup>1)</sup>
		Amino acid analysis	Ratios amino acids <u>comparable</u> <sup>2)</sup>
	Degradation product N-terminal heterogeneity	LC-MS	Erelzi has <u>lower amounts of</u> diketopiperazine except for one aged batch
	Disulfide bridging Free cysteines	Non-reducing peptide mapping Ellman's assay, non-reducing peptide mapping	<u>Identical</u> disulfide bridging pattern <u>Slightly lower levels</u> of free cysteines for Erelzi
Higher order structure	Secondary and tertiary structure	CD spectroscopy (NUV, FUV)	<u>Comparable</u> higher order structure
		DSC	Tm1 and Tm2 <u>consistent</u> to EU-authorized batches
		H/D exchange	<u>Comparable</u> higher order structure <sup>3)</sup>
		FT-IR	FT-IR profiles <u>comparable</u> between all batches
		1D-NMR	Overlay of spectra <u>comparable</u> <sup>3)</sup>
		X-ray crystallography	<u>Identical</u> higher order structure

***Biosimilars have to be highly similar not equivalent***

Molecular parameter	Attribute	Methods for control and characterization	Key findings
Molecular Mass/Size	Molecular mass	MALDI-ToF; SEC-MALLS	Intact mass <u>comparable</u>
Charge	Charge/Size	2D-DIGE	Qualitative pattern <u>comparable to</u> EU-authorized batches. For minor variants quantitative <u>differences detectable</u>
Content	Content	UV/Vis spectroscopy	Equivalent content
Glycosylation	O-Glycans	MALDI-ToF of released O-glycans (after sialidase digestion)	<u>Identical</u> qualitative O-glycan pattern
	Glycosylation site occupancy and site specific (e.g. Fc part) N-glycan analysis	Peptide mapping coupled to ESI-MS NP-HPLC	Qualitatively, Erelzi N-glycan pattern <u>comparable</u> except for additional two minor abundant N-glycans qG3/tG4 and bG1-N-F. Quantitatively, <u>lower levels</u> of non-fucosylated N-glycans detectable for Erelzi
	Glycation	Boronate affinity chromatography	<u>Lower levels</u> of glycated variants detectable for Erelzi
	Sialic Acids incl. NGNA (N-glycolylneuraminic acid)	Overall sialylation by AEX WAX of 2-AB labelled N-glycans  RP-HPLC of DMB labelled sialic acids released from N- and O-glycans	Overall amounts of sialic acids <u>comparable</u> (e.g. by DMB labelling)



Molecular parameter	Attribute	Methods for control and characterization	Key findings
AA-sequence	Variability of N-terminus (– Leu, – Leu-Pro)	Reducing Peptide Mapping	<u>Comparable</u> N-terminal pattern; <u>lower amounts</u> of L1(3-34) (=N-terminus – Leu-Pro) for Erelzi
	Variability of C-terminus: – Lys, truncation to proline amide	Reducing Peptide Mapping	<u>Comparable</u> C-terminal pattern; <u>lower amounts</u> of lysine variants for Erelzi
Size	Aggregation	SEC/FFF-MALLS, AUC	<u>Smaller amounts</u> of oligomers for Erelzi
	Fragmentation	CE-SDS, SEC, SDS-PAGE	<u>Slightly higher</u> purity and <u>lower amounts</u> of high molecular weight variants for Erelzi
Charge	Charged variant profile	CZE, cIEF	<u>Lower amounts</u> of basic variants and <u>higher amounts</u> of acidic variants in Erelzi
Hydrophobic	Hydrophobic variants	RPC	<u>Lower amounts</u> of post-peak variants in Erelzi
Amino acid modifications	Oxidation	RP-HPLC, Peptide Mapping	<u>Comparable</u> amounts of oxidized variants
	Deamidation	Reducing Peptide Mapping	<u>Comparable</u> amounts of deamidated variants



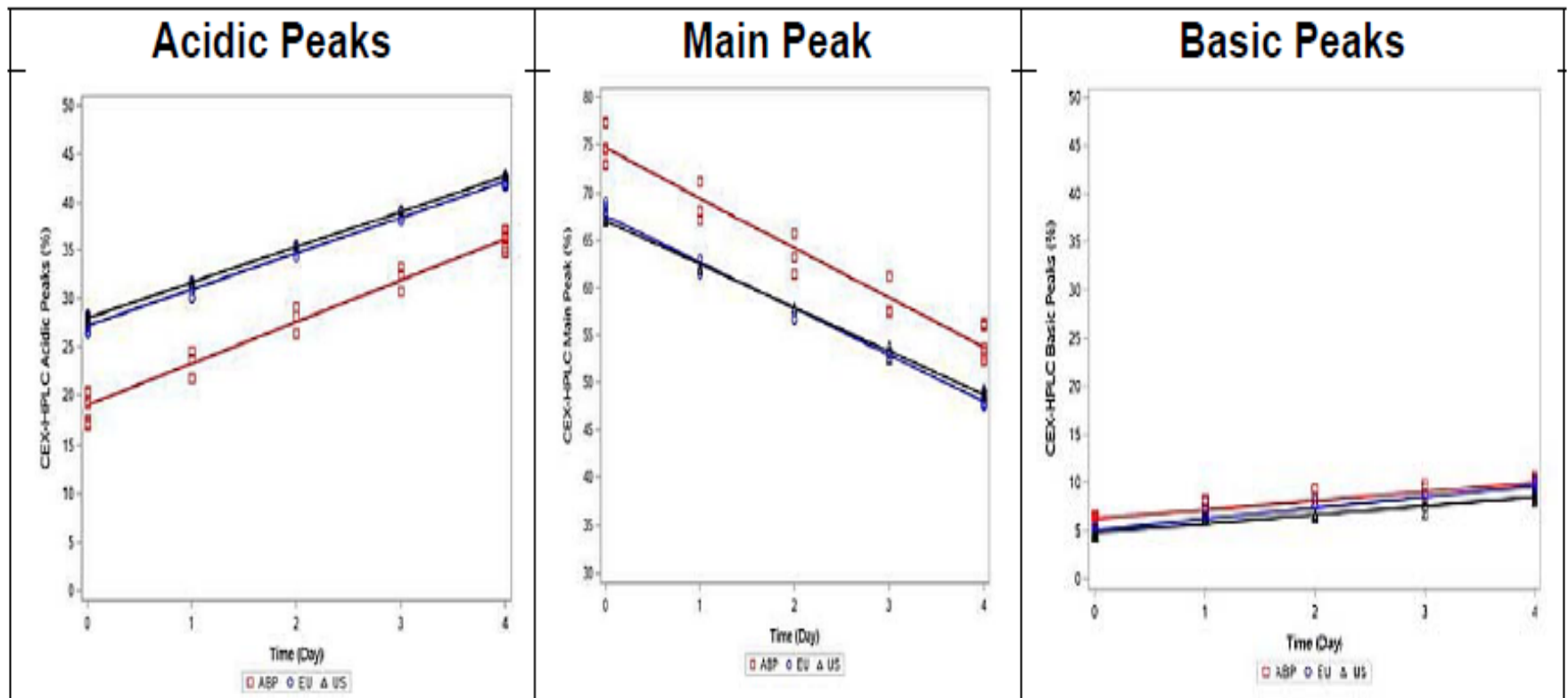
	<b>Test</b>	<b>Method / cell line</b>	<b>Key findings</b>
Binding assays	TNF- $\alpha$ binding assay	Surface plasmon resonance assay	<u>Comparable potency</u>
	Fc $\gamma$ RIIIa (F158 and V158) binding assay	Surface plasmon resonance assay	Comparable K <sub>D</sub>
	Fc $\gamma$ RIIIb binding assay	Surface plasmon resonance assay	Comparable K <sub>D</sub>
	Fc $\gamma$ RIIa binding assay	Surface plasmon resonance assay	Comparable K <sub>D</sub>
	Fc $\gamma$ RIIb binding assay	Surface plasmon resonance assay	Comparable K <sub>D</sub>
	Fc $\gamma$ RIa binding assay	Surface plasmon resonance assay	Comparable K <sub>D</sub>
	Fc $\gamma$ Rn binding assay	Surface plasmon resonance assay	Comparable K <sub>D</sub>
	FcRn binding assay	Surface plasmon resonance assay	Comparable K <sub>D</sub>
	C1q binding	C1q binding ELISA	Comparable binding
In-vitro bioassays	TNF- $\alpha$ neutralization reporter gene assay	Luciferase reporter gene assay	<u>Comparable potency</u>
	TNF- $\beta$ neutralization reporter gene assay	Luciferase reporter gene assay	<u>Comparable potency</u>
	Apoptosis inhibition assay	Cell based apoptosis assay	<u>Comparable inhibition</u>
	ADCC assay	Cell based ADCC assay, ADCC surrogate assay	<u>ADCC activity of Erelzi lower than ADCC activity of Enbrel<sup>1)</sup></u>
	CDC assay	Cell based CDC assay	<u>Slightly outside the range for CDC activity</u>

***Comparison of stability stress studies today  
illustrated by biosimilarity testing – Avastin monoclonal antibody***

**Avastin (monoclonal antibody) – 50°C; 4 days**

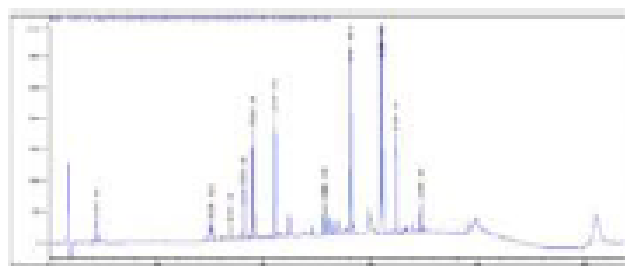
**2017 FDA Advisory  
Committee Amgen**

**Figure 11 - CEX-HPLC acidic, main, and basic peak degradation rates for ABP215, US-licensed Avastin, and EU-approved bevacizumab at 50°C**

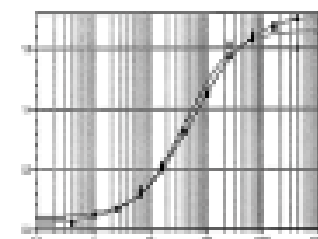
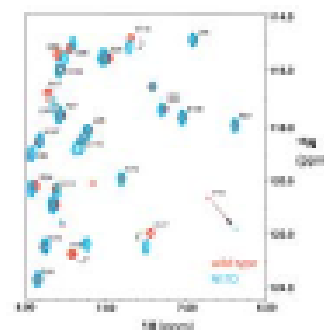


Source: Figures excerpted from the Applicant's 351(k) BLA submission

# Fingerprinting

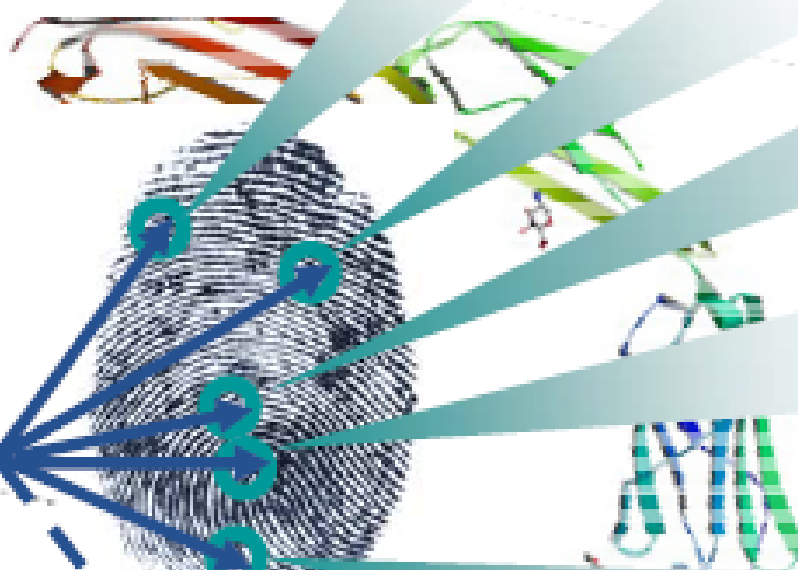


**Sequence & Modifications**

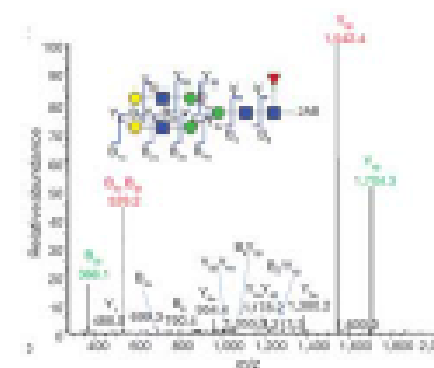


**Bioactivity**

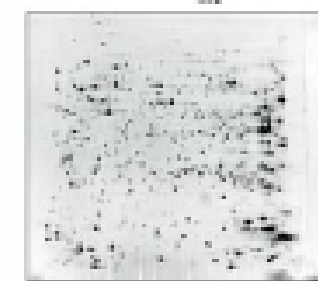
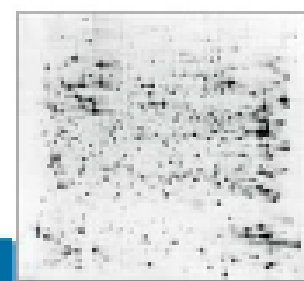
**Higher  
Order  
Structure**



**Glycoforms**



**Impurity  
Profile**







**Regulatory authorities question the step 1  
quality comparability results presented in submissions!**

**4 case examples – different outcomes**

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- **Recombinant protein – rejected, not comparable**
  - **Process changes: lyo → liquid, formulation composition**
  - **Quality comparability not done head-to-head, and weakness of analytical methods used**
  
- **Recombinant protein – comparable, but only after more testing**
  - **Process change: manufacturing site change**
  - **Stress stability testing ‘appeared’ different**
  
- **Genetically engineered virus – comparable**
  - **Process change: plasmid vector construct for transient virus production**
  
- **Genetically engineered cell – not comparable, but better**
  - **Process change: manufacturing site change**

## ***Rejected, not comparable: IFN-β1 recombinant protein***

Since that time, some process changes have been introduced to further refine production and purification of IFN beta-1a derived from the BIC 8622 cell line. One of the major changes was the change from the human serum albumin (HSA)-containing, lyophilised dosage form to the HSA-free liquid formulation.

The Company has conducted comparability studies both between developmental manufacturing processes and between batches produced at pilot and commercial scale using the current manufacturing process. Comparability between the developmental lyophilised formulation and the current liquid formulation cannot be regarded as demonstrated because of the limitations of the analytical methods at the time of their manufacture and a lack of direct comparison of different material in the same test .For pilot and commercial scale batches of the current manufacturing process, the Company has compared results of in-process controls, characterisation data, batch release data and stability data. Generally, comparability between material from pilot and commercial scale production is regarded as proven.

**BioPartners**

not recommend the granting of the marketing authorisation

**Biferonex**

July 2009

EMA/334517/2009

371

## **Comparable, but only after more testing: recombinant protein enzyme**

*The Agency stated that Statistics would need to be involved to go over data provided in slides. The sponsor was informed that in general when a linear regression is done, the mean data points are not looked at but rather the individual slopes. The Agency stated that even though there may not be a statistically significant difference among the sites, they look different. The sponsor agreed to the difference but stated that at this time, the amount of data is small. The Agency responded that saying there was not enough evidence to prove the sites were not significantly different is not the same as saying there is no difference. The Agency further stated that another way of showing the sites are comparable will be needed.*

*The sponsor stated that from a bulk stability perspective, there doesn't appear to be a difference. The Agency was not sure of this analysis. When looking at forced degradation studies, conducted at 50°C, a difference in degradation slope was shown, suggesting a difference between lots of DS manufactured at the clinical and at the commercial sites. The sponsor responded that data was*

### MEMORANDUM OF MEETING MINUTES

MEETING DATE: September 27, 2013

**Biomarin**

**Vimizim (elosulfase alfa)**

***Comparable: change in plasmid vector for transient production of genetically engineered virus***

A number of changes and improvements were made to the manufacturing process throughout clinical development. Between Phase I/II and the Phase III study there was a more substantial change in the manufacturing process. The vector used for transduction was changed from #35 to #48, with a different sequence and manufactured in a different cell line with a different vector manufacturing process.

To demonstrate comparability between the commercial process and previous versions of the processes, the Applicant submitted data on validation (active substance and finished product), stability (vector, active substance and finished product), and comparability (vector, active substance and finished product). These validation data were considered adequate to confirm comparability for vector in a head-to-head comparison. The comparability of viral vector commercial manufacturing process with previous versions of the process was considered to be demonstrated.

***Not comparable, but better: change in manufacturing site for production of genetically engineered cells***

Novartis significantly modified the manufacturing process for CD19 CAR-positive T cells developed by the University of Pennsylvania. The most significant changes were designed to improve the manufacturing process controls for product consistency and yield. These changes have been designed to reduce non-T cells that negatively affect manufacturing ability, maximize the yield, and improve the quality of the final cell product.

A site-to-site comparability study was conducted at the Novartis and University of Pennsylvania facilities, and demonstrated that CD19 CAR-positive T cells manufactured by both facilities met all lot release specifications. However, the characterization of cell growth and transduction efficiency showed statistically significant differences. Thus, the products produced by the University of Pennsylvania and Novartis are not considered to be comparable.

Significantly, the modified manufacturing process at the Novartis Manufacturing Facility at Morris Plains is able to produce a more pure intermediate T cell population before the transduction steps. This important change is expected to improve the vector transduction efficiency and cell growth. Furthermore, from safety standpoint, this change is expected to reduce the chance of transduction of non-T cells (e.g., B cell blast, residual levels of stem cells) that would pose a potential risk for the patients.

# Comparability Exercise – Stepwise!



Step 1

- **Quality Comparability**  
**(Analytical Studies)**

**continue if residual uncertainty remains**

**Optional** for innovator biopharmaceuticals  
**Mandatory** for biosimilars

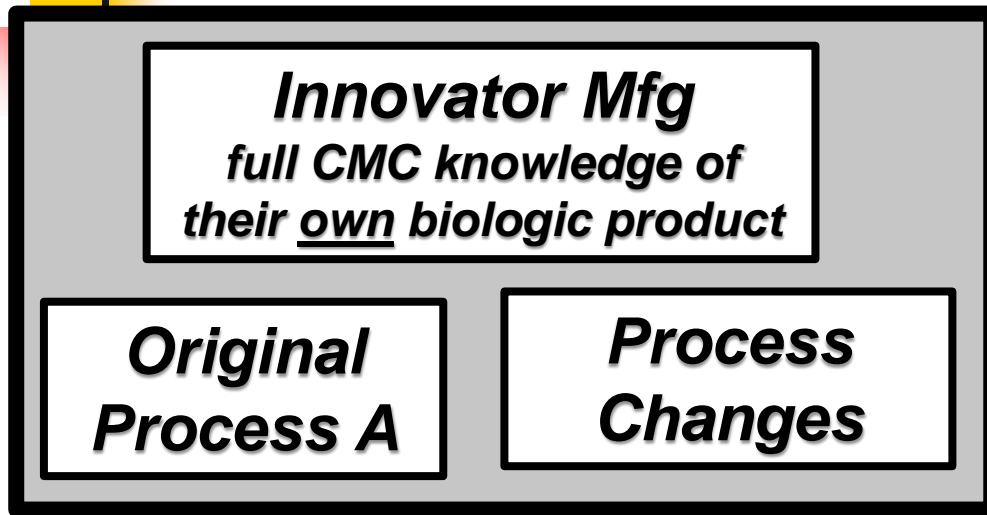
Step 2

- **Nonclinical Comparability**  
**(Animal Studies)**

Step 3

- **Clinical Comparability**  
**(Human Studies)**

*Residual uncertainty drives need for Steps 2 and/or 3*

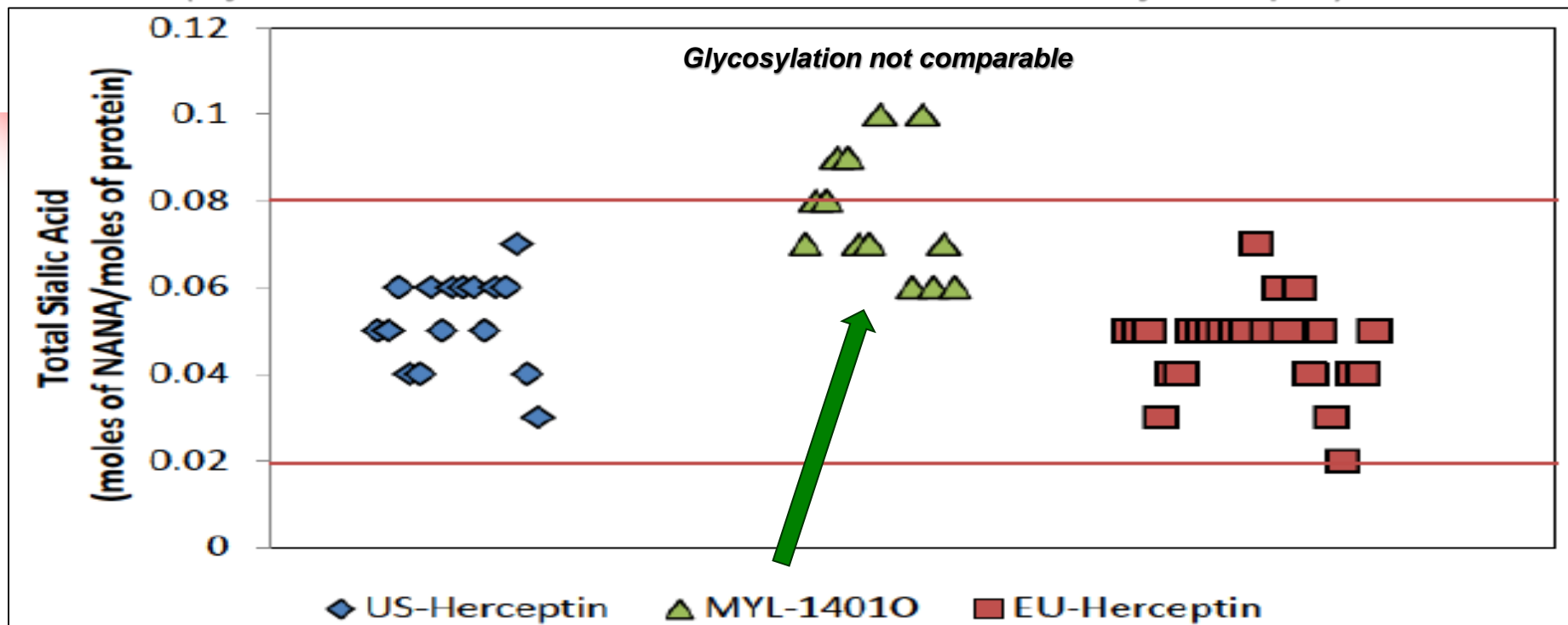


*“highly similar” ICH Q5E  
3 steps optional*

*“highly similar” ICH Q5E  
3 steps mandatory*

## Residual uncertainty in a biosimilar: Ogivri

(Mylan's biosimilar to Genentech's monoclonal antibody Herceptin)

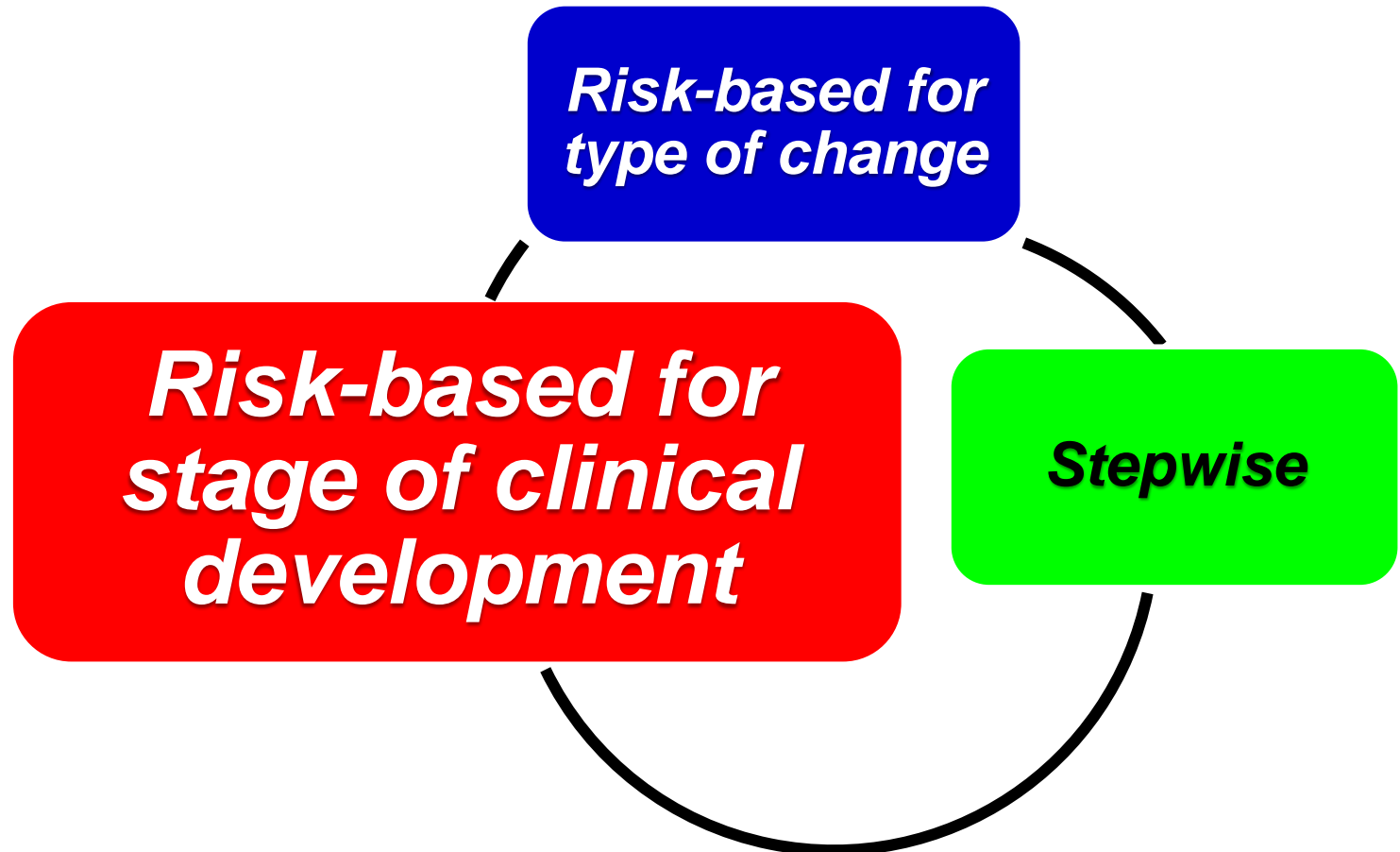


## Residual uncertainty addressed by human PK (Step 3)

mol/mol). MYL-14010 lots with minor differences in glycosylation with respect to the US-Herceptin lots were included among those used in clinical studies. Residual uncertainty about biosimilarity that resulted from the differences in high mannose and sialylated glycans is adequately addressed by data that showed no impact of these differences on PK. These

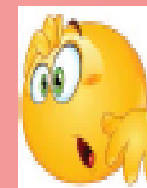
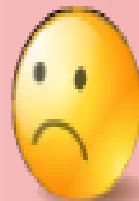
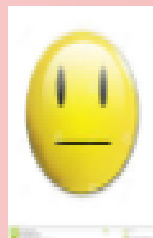
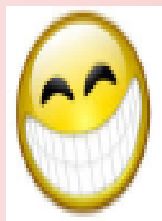


**3 essential elements of an  
effective comparability exercise!**



# "Comfort index" of Assessors

## *Manufacturing Process Changes*



Very early development before non- and clinical studies

Early development non- clinical studies conducted

Early development phase I/II clinical studies conducted

Late development phase III pivotal clinical studies conducted

Marketing Authorisation

Post Approval

*comparability testing to be 'adequate'*

*comparability testing to be 'comprehensive and thorough'*

*regulatory concern increases if efficacy data could be impacted*



## **Phase-Appropriate Comparability**

**Early clinical phase (Phases 1/2)**

**Q5E**

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***‘During early phases of nonclinical and clinical studies, comparability testing is generally not as extensive as for an approved product.***

***As knowledge and information accumulate, and the analytical tools develop, the comparability exercise should utilise available information and will generally become more comprehensive.***

***Note all the issues with a phase-appropriate approach mentioned earlier due to expedited (seamless) clinical studies, biosimilars, and gene therapies***

## ***Biopharmaceutical companies aggressively make changes during the early clinical stages***

### **Case example**

Vimizim

elosulfase alfa

BioMarin

20 February 2014  
EMA/357933/2014

#### Manufacturing process development

The active substance is manufactured using a standard fermentation and purification process. A number of changes were made during product development, which can be grouped in four categories:

- Cell culture: the cell culture process was scaled up prior to Phase 3, and adapted to the planned commercial process. A WCB was introduced.

- Purification: modifications were made to the purification process, including optimisation of chromatography steps, increasing the diameters of the chromatography columns, and optimisation of storage conditions for 3 mg/mL BDS.

Formulation: the formulation was optimised after Phase 1/2 to enhance product stability.

Facility: the process was moved to the commercial facility during Phase 3 manufacture.

## ***Phase-Appropriate Comparability***

***Late clinical phase (Phase 3 and Commercial)***

**Q5E**

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***'Where process changes are introduced in late stages of development and no additional clinical studies are planned to support the marketing authorisation, the comparability exercise should be as comprehensive and thorough as one conducted for an approved product.'***



## **2 case examples of manufacturing process changes at late clinical phase**

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- ***Monoclonal antibody produced by CHO cells***
  - ***Process changes: DS & DP manufacturing site(s),  
new dosage form (prefilled syringe)***
  - ***Comparability outcome: SUCCESSFUL***
  
- ***Recombinant protein produced by CHO cells***
  - ***Process change: DS manufacturing scale***
  - ***Comparability outcome: VERY INTERESTING***

# ***Amgen – monoclonal antibody from CHO***

## ***Prolia (denosumab)***

***Goal: convince both FDA and EMA of biologic comparability  
between 2 different DS and DP manufacturing sites  
and between 2 different dosage forms***

### ***Early Clinical***

***ATO DS  
ATO DP vial***

### ***Phase 3 Clinical***

***(product comparability  
needed to support changes)***

### ***Proposed Commercial***

***ACO DS + BID DS  
BIP DP PFS***

***ACO DS  
APR DP vial + PFS***

***ATO – Amgen California***

***ACO – Amgen Colorado APR – Amgen Puerto Rico***

***BIP – Boehringer Ingelheim Germany***

***Product comparability between the two DS manufacturing sites***  
***(Amgen site and Boehringer Ingelheim site)***

**Step 1**

- ***Quality Comparability***  
***(Analytical & Functional Studies)***

During scale-up of the process and transfer, minor changes to the process related to up-scaling and facility/equipment related have been made. As regards the process as performed at the two authorised manufacturing sites, comparability was demonstrated by comparison of IPC data, batch data on drug substance, additional characterisation data and data of forced degradation.

**Step 2**

- ***Nonclinical Comparability***  
***(Animal Studies)***

comparative non-clinical PK/PD study in cynomolgus monkeys.



***Product comparability between the two DP dosage forms***  
***(glass vial and pre-filled syringe)***



**Step 1**

- ***Quality Comparability***  
***(Analytical & Functional Studies)***

Comparability studies to address a change of manufacturing site and the difference in composition between the vial and the pre-filled syringe were performed. Analytical comparability between the two presentations, lot release, additional product characterization, forced degradation, and accelerated stability studies were performed. In the extended characterisation, the two presentations have been thoroughly compared side-by side using a wide range of biochemical and biophysical methods along with a comparison of the potency. The comparability program is considered sufficient, and, based on

**Step 3**

- ***Clinical Comparability***  
***(Human Studies)***

Furthermore, a bioequivalence study and an immunogenicity study

## **Goal was achieved!**



EUROPEAN MEDICINES AGENCY

### **MAA Approval**

London, 18 March 2010

Ref.: EMA/21672/2010

**ACO (DS) →**

**BIP (DP PFS)**

**BIP (DS) →**

**Food and Drug Administration  
Silver Spring MD 20993**

### **BLA APPROVAL**

June 1, 2010

**ACO (DS) → APR (DP vial + DP PFS)**

# Genzyme – recombinant protein from CHO

## Myozyme

**Goal: convince both FDA and EMA of biologic comparability between 2 different drug substance manufacturing scales**

**Early  
Clinical**

**160L DS scale**

**Phase 3  
Clinical**

**2000L DS scale  
(late introduction)**

**Proposed  
Commercial**

**160L + 2000L DS scales**

**(product comparability  
needed to support scale-up)**

**Both DS manufacturing scales needed to meet  
anticipated worldwide supply needs! (~36 kg/year)**

## **Genzyme CMC strategy for the 2000L DS scale up**

### **Targeted scale-up – minimize changes to the process**

During scale-up of the process from the 160 L to 2000 L scale, efforts were made to minimize the number of process changes implemented during scale up, due to the potential for such changes to alter the biochemical attributes of the macromolecule. Changes were made to the seed train (bioreactor inoculum preparation) and bioreactor operations to improve process productivity and to facilitate bioreactor operations at the larger scale. The purification train was also scaled up in accordance with the capacity required for the increased conditioned medium feedstream at each scale. Purification process changes were minimized, and chromatography scale-ups were linear, such that column heights, linear flow rates, column volumes of buffer applied and column loading remained constant. All changes were implemented only after process development data indicated that they would have the desirable outcomes with no adverse impact on product quality.

***The challenge: the late introduction during Phase 3 of the 2000L scale!***

***Product comparability between the two DS scales***  
***(160L and 2000L)***

**Step 1**

- **Quality Comparability**  
**(Analytical & Functional Studies)**

- **Upon review of BLA**: ***FDA raised significant concerns about the difference in phosphorylated and sialylated glycan pattern between the 160L and 2000L product***
- **Upon review of MAA**: ***EMA raised significant concerns about the higher process-related impurity levels (especially the host cell proteins) in the 160L product compared to the 2000L product***

## ***Desired goal was not exactly achieved!***



EUROPEAN MEDICINES AGENCY

**Food and Drug Administration**  
**Silver Spring MD 20993**

***MAA Approved – March 2006***

***160L scale – rejected***  
***2000L scale - approved***

***BLA Approved – April 2006***

***160L scale – approved***  
***2000L scale – rejected***

***(Furthermore, all references to the 2000L scale  
had to be removed from Module 3  
and the BLA resubmitted)***

***Also of note, when the 2000L scale material (actually 4000L) was finally approved  
by the FDA in 2010, because of the glycan differences,  
it was considered a separate product from the 160L material – Lumizyme BLA***

# **WARNING**

***Do not make manufacturing process changes while your market application dossier is under review!***

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## **Case Example**

***Savient Pharm – recombinant protein enzyme***

***Krystexxa (PEGloticase)***

**Submitted in BLA**

***Phase 3 process***

**While BLA was under FDA review**

***‘minor’ process change***

***pegylation of drug product was changed from 9 PEGs per protein molecule to 10 PEGs***

**After a 10-month review, FDA issues a  
Complete Response Letter (CRL) July 2009**

***“The major issue resulting in a recommendation to not approve the original BLA application centered on the fact that the sponsor made a **major change** to the manufacturing process after the Phase 3 clinical trial.***

***This change resulted in a to-be-marketed product that was **not physico-chemically comparable** to the product used in the Phase III clinical trial.”***

**FDA gave Savient Pharm a choice**

***“Additional clinical studies are necessary to support the use of pegloticase manufactured with the commercial process or, alternately, you may validate the Phase 3 process for commercialization.”***

***Which option would you choose?***

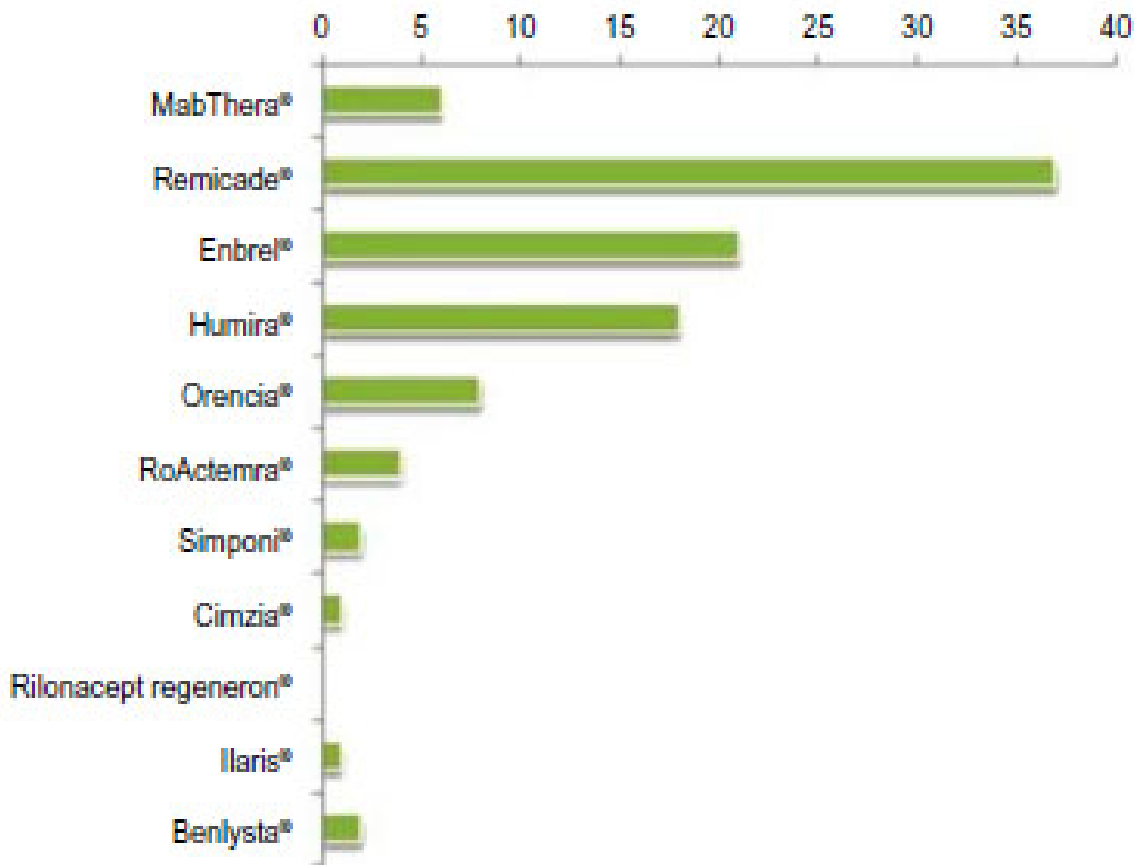
**Market approval September 2010 (16 month delay)**

**First commercial campaign (2011) – batches rejected for failing to meet specs**

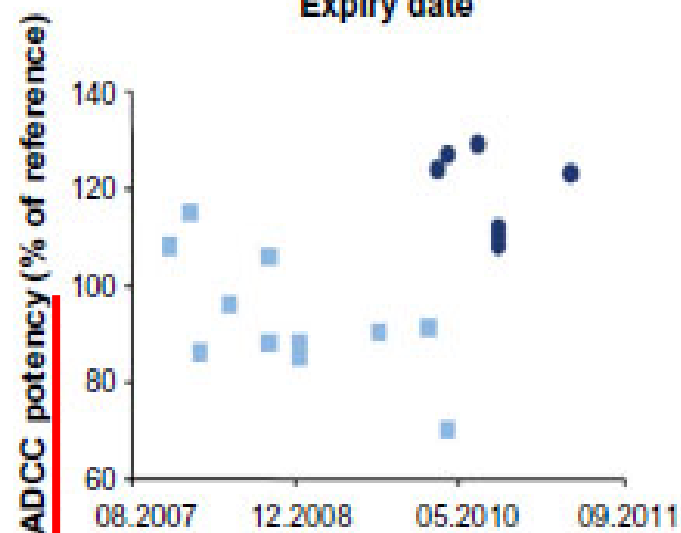
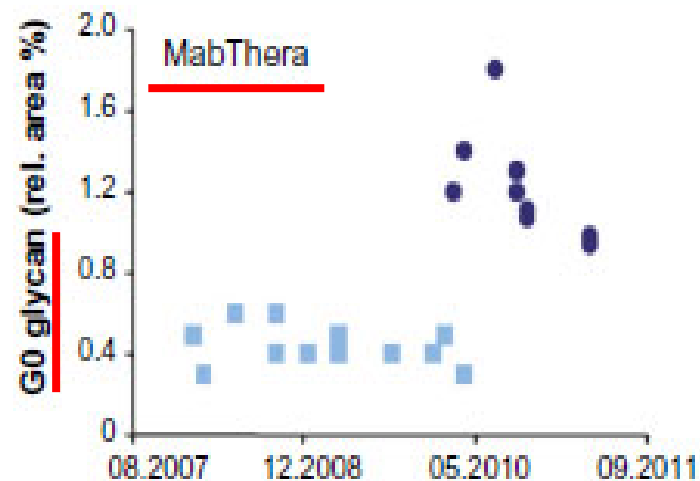


# Process changes continue even after going commercial! sharing information on innovators by biosimilar manufacturers

Changes in the manufacturing process after approval



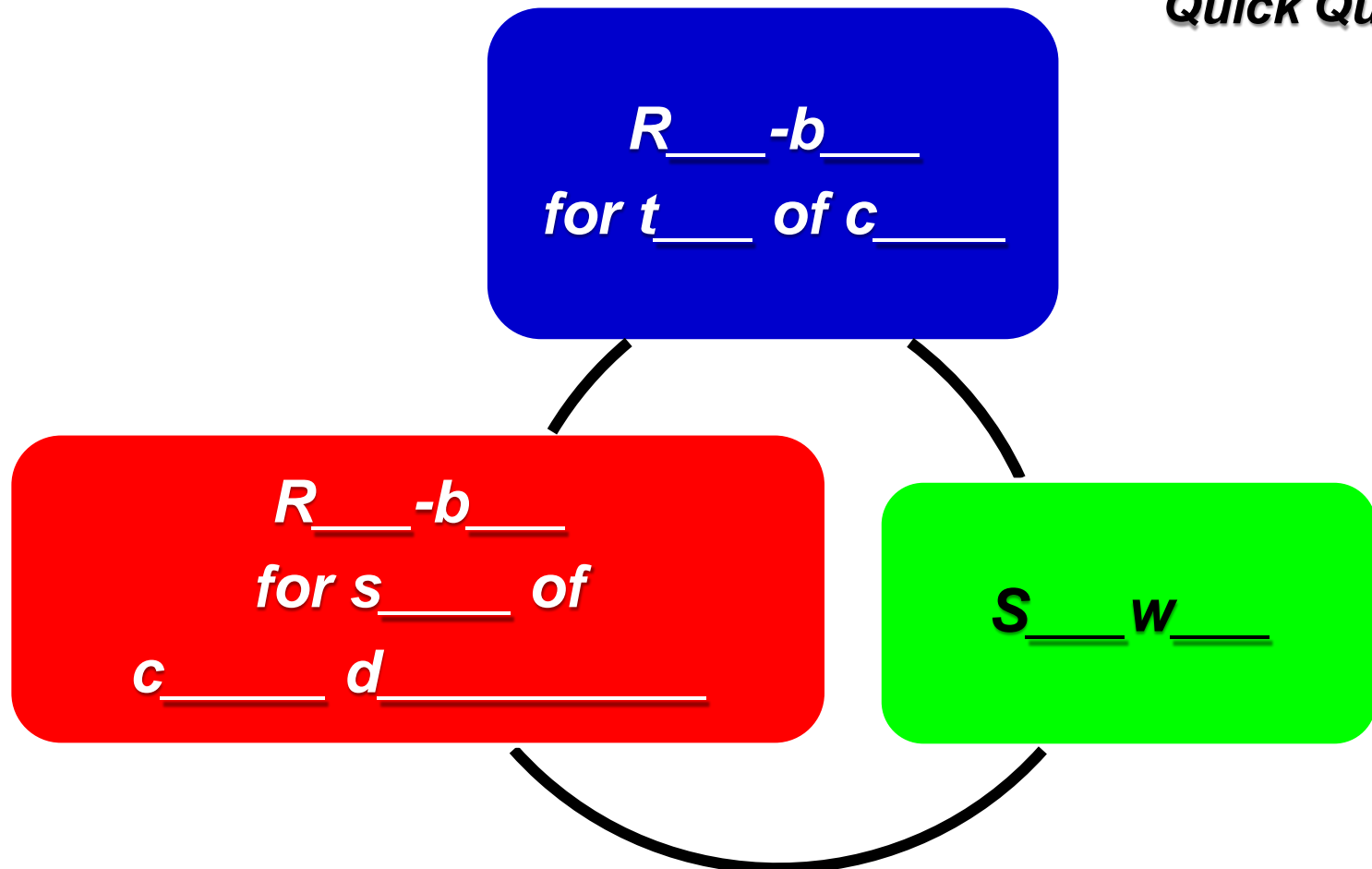
Schneider C. Ann Rheum Dis. March 2013 Vol 72 No 3.



Schiestl M et al. Nat Biotech. April 2011.

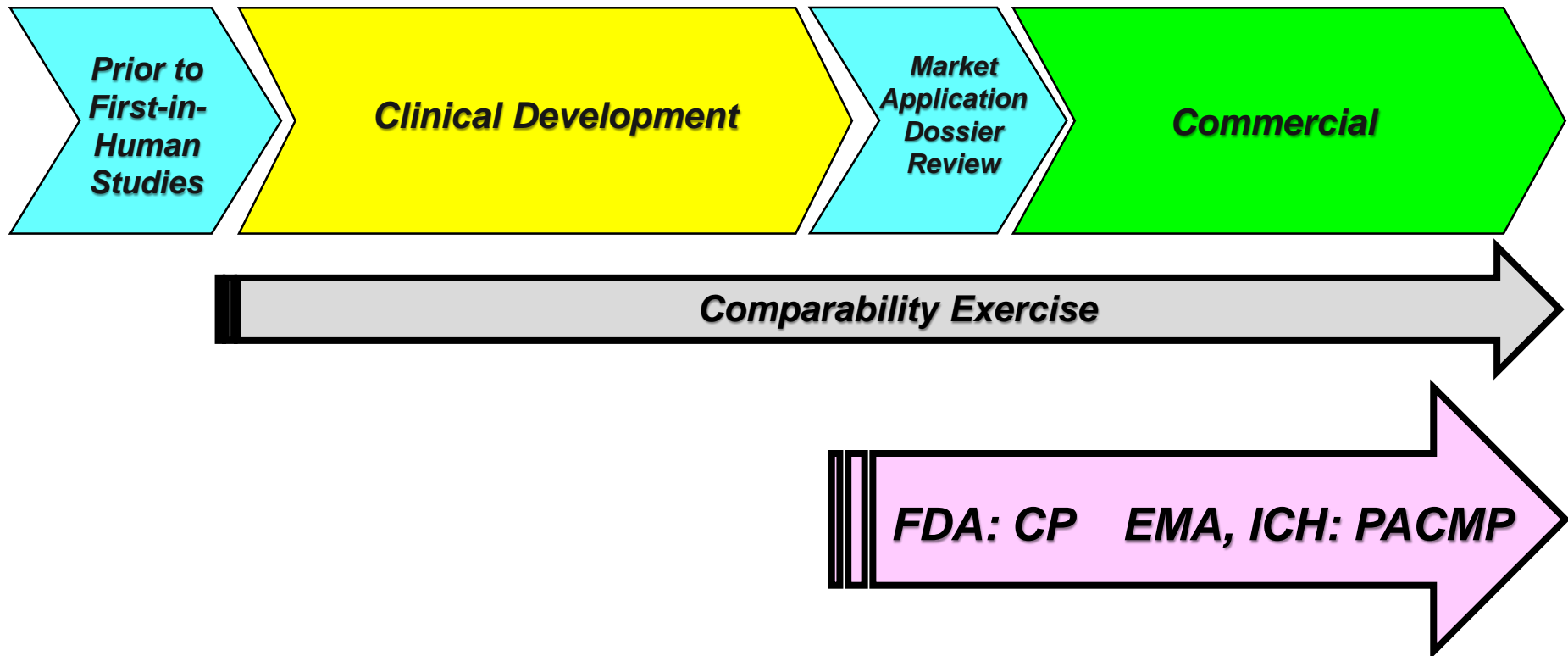
**3 essential elements of an  
effective comparability exercise!**

**Quick Quiz**



# *Managing Future Process Changes*

## *Regulatory Authority Contracts*





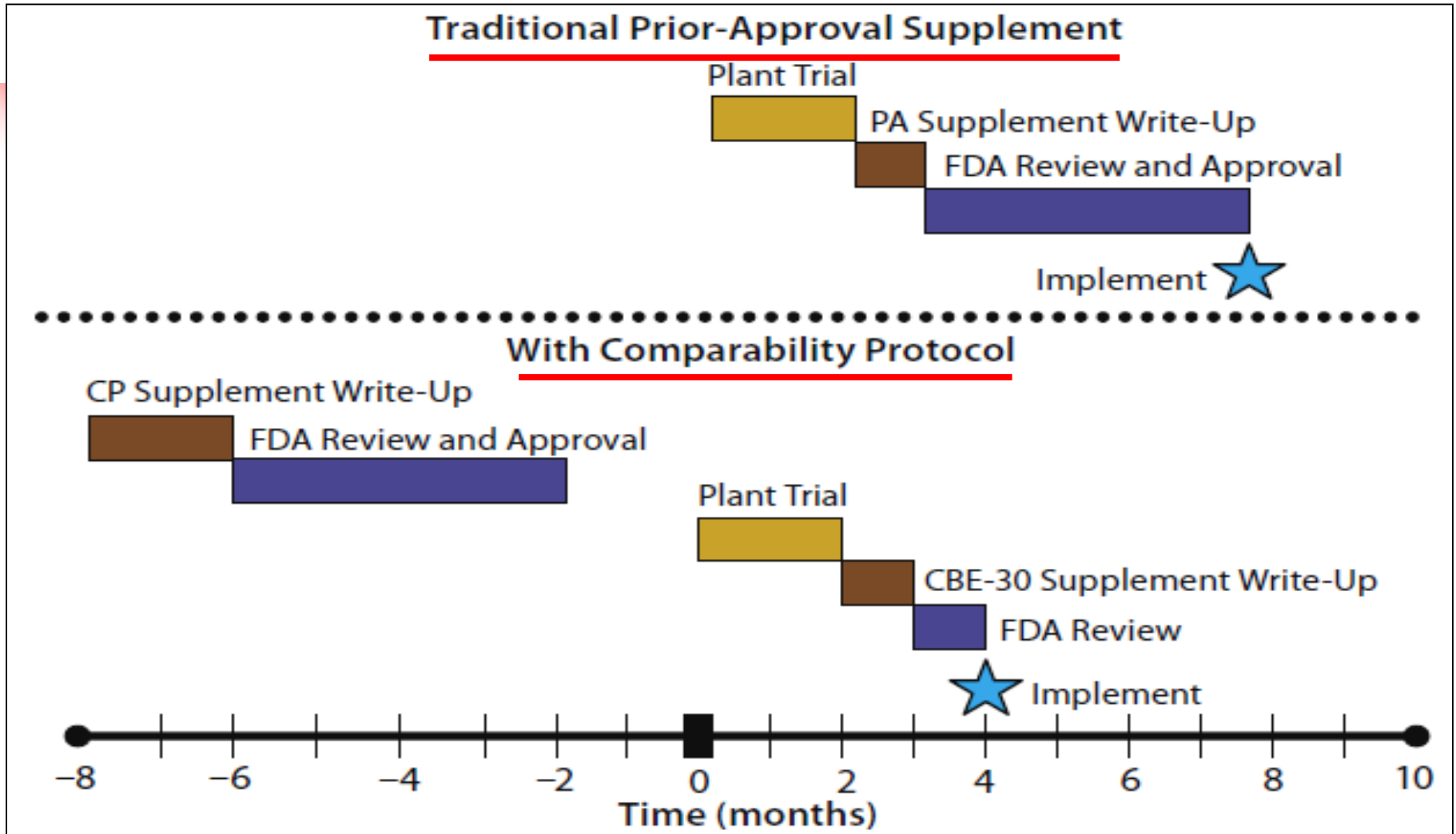
**Comparability Protocols (CPs)  
Post-Approval Change Management Protocols (PACMPs)  
Regulatory Authority 'Contracts'**

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- **Prospective** (for future process changes)
- **Comprehensive** (must contain sufficient detail)
  - exactly where the process change is occurring
  - what will be done to control the change
  - how will the change be carried out
- **Acceptance Criteria** (must be pre-defined)
  - what testing will be carried out
  - relevant and clearly defined acceptance criteria
  - reporting outcome to regulatory authority

## ***“Potential” Benefit of a Contract***

***Time to implementation (reduced review time) after study submission!***



***Caution: if the manufacturer does not follow the ‘contract’ or if pre-defined acceptance criteria are not met → defaults to PAS!***



***Contracts are not easy to obtain!***  
***regulatory agency major concerns with submissions***

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- ***a lack of data to support the acceptance criteria***
- ***acceptance criteria for comparability that are the same as the release criteria***
- ***very few descriptions of the mechanism for evaluating stability with respect to comparability***
- ***requests for downgrade of submissions that are just not going to be able to be downgraded, because there are requirements in addition to comparability, such as GMP inspections***



***Contracts that should be considered  
most likely future changes***

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- ***Changing over to a new Working Cell Bank***
- ***Changing over to a new Reference Material***
- ***Extending the approved product shelf life***
- ***Drug product manufacturing site change***
- ***Any other manufacturing process change that might happen – e.g., reprocessing due to an integrity test failure after a sterile filtration of the formulated bulk drug prior to filling***



***Guidance on contact expectations***  
***Qualification for a New Working Cell Bank***

Establish and qualify a Working Cell Bank (WCB) to be used for production of dinutuximab. Qualification of the WCB will include safety testing, an evaluation of the growth of WCB cultures relative to the growth of Master Cell Bank (MCB) cultures, testing of end of production cells generated from the commercial scale process, and a comparability assessment that includes the first three lots manufactured from the WCB using the commercial process. One lot manufactured using the commercial process will be placed on a stability protocol and the data will be submitted in the subsequent BLA annual reports. The WCB qualification report will be submitted in a prior approval supplement.



**Guidance on contract expectations**  
**Qualification for a New Reference Standard**

*Q9: You are proposing a qualification protocol for your drug product reference standard that includes assays used for release testing and additional characterization assays. In general, the acceptance criteria you have established for the analytical results of the qualification program are based on a calculation of the mean  $\pm$  3SD and would allow for product characteristics in the new reference standard that are out of trend with the desired or expected product characteristics. In our view, the reference standard chosen should be suitable for its intended purpose and provide assurance that the critical quality characteristics of the product do not drift over time. This is particularly important when*

**EUSA Pharma: We accept the observation, and will withdraw the reference standard qualification protocol from the BLA and will submit a revision as a post-approval supplement, taking into account the Agency's comments by November 2011.**

## ***Contracts used to extend the approved shelf life***

DUPIXENT (dupilumab)

Regeneron Pharmaceuticals,

03/28/2017

We have approved the stability protocol in your license application for the purpose of extending the expiration dating period of your drug product under 21 CFR 601.12.

Imfinzi<sup>®</sup> (durvalumab)

AstraZeneca UK

05/01/2017

We have approved the stability protocols in your license application for the purpose of extending the expiration dating period of your drug substance and drug product under 21 CFR 601.12.

***Typically these are the post-approval stability protocols listed in the commitment of Module 3.2.S.7.2 and 3.2.P.8.2***

Ocrevus (ocrelizumab)

Genentech, Inc.

03/28/2017

***Statement not included in the FDA market approval letter!***

## *Contracts used to add a new drug product manufacturing site*

**Repatha**  
**evolocumab**

Amgen Europe B.V.

21 May 2015  
EMA/CHMP/222019/2015

### *Post Approval Change Management Protocol*

The applicant submitted a Post Approval Change Management Protocol (PACMP) for the addition, an alternative manufacturing facility for the formulation and aseptic filling of evolocumab 140 mg/mL prefilled syringes (PFS).

The changes in the manufacturing process were considered to be primarily of GMP concern which would be evaluated at the relevant GMP inspection for the use AML-14. The presented investigational quality results did not reveal any significant impact on quality attributes. Overall the strategy described in the comparability protocol seems suitable. The approach taken by the applicant in determining the equivalence limits is considered acceptable and would be appropriate for the PACMP as well. The proposed post approval change management protocol is considered suitable to support a finished product manufacturing site addition.

## Hard to get a contract to add a new drug substance manufacturing site

**Question 6a:** Does the Agency agree that an appropriately designed comparability protocol, submitted with the BLA, may upon favorable review be considered the basis for acceptability of the new drug substance manufacturing site?

**FDA Response to Question 6a and 6b:** Although an appropriately designed protocol may provide a foundation for the acceptability of the new drug substance manufacturing site, the described protocol is not likely to be sufficient to form the basis for downgrading the reporting category of the anticipated new drug substance manufacturing site. The depth of the detail to be provided in the proposed comparability protocol is not clear. A protocol to support a reduced reporting category for a drug substance site change would require, for example, a significant level of detail regarding the changes to the manufacturing process, the risk evaluation performed to assess the potential for effects of these changes on product quality, and the planned validation strategy, in addition to the details of the analytical comparability approach. An inspection “directly for blinatumomab” would be performed in the context of the review of a PAS. It is unlikely that a successful GMP inspection for a comparable commercial product would be sufficient to result in a reduced reporting category for a drug substance site transfer. Issues related to the anticipated drug substance site transfer and inspections are compounded due to the intended use of a contract manufacturing site.

Meeting Category:

CMC pre-BLA

Product Name:

blinatumomab

**Blinicyto**

Indication:

Treatment of B-cell lymphoma/leukemia

Meeting Date and Time:

April 9, 2014 from 3:00 - 4:30 P.M.

Sponsor/Applicant Name:

Amgen, Inc.

**All too easy to make a mistake (be excessively optimistic and too subjective) in interpreting product comparability – get a second honest opinion!**



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John Geigert

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***Thank you!***