

Update to the Manufacturing Principles for Medicinal Products



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Introduction to updated Manufacturing Principles

- Background
- Legal Requirements
- Operation of the Manufacturing Principles
- Walk through the major changes
- Questions





Background

- Australian Code of GMP, 2002
 - Significant change, based on PIC/S
 Guide
 - Harmonise requirements, mutual recognition agreements
 - Intent to periodically update to maintain consistency
 - Currently 7 years out of date and placing MRA equivalence at risk





Background

- PIC/S Guide to GMP for Medicinal Products
 - PIC/S Role
 - TGA one of 37 member nations
 - Guidance developed through technical committees, Expert Circles
 - Global consultation
 - Endorsement through Committee
 - Regularly reviewed and updated





Background

Consultation

- NCCTG endorsed consultation for ANZTPA for manufacturing requirements, based on PIC/S Guide
- Consultation undertaken in 2007
- Draft Rule prepared
- October 2008 OMQ-Industry workshop & TICC
- Meetings with GMP committees
- Announcements at Seminars





Legal Requirements

Section 36 of the Act

(1) The Minister may, from time to time, determine written principles to be observed in the manufacture of therapeutic goods for use in humans.





Legal Requirements

Section 40 of the Act

- (4) ... each licence is, except as otherwise specified in the licence, subject to the conditions that the holder of the licence will:
- (a) ensure that:
 - (i) the goods conform to any standard applicable to the goods; and
 - (ii) the holder of the licence observes the manufacturing principles in carrying out any steps in the manufacture of the goods under the licence





Legal Requirements

Therapeutic Goods (Manufacturing Principles)
Determination No. 1 of 2007

- human blood and tissues and therapeutic devices

Therapeutic Goods (Manufacturing Principles)
Determination No. 2 of 2007

- active pharmaceutical ingredients (ICH adoption)

Therapeutic Goods (Manufacturing Principles)
Determination No. 1 of 2009





- Commenced 30 July 2009 (registered on FRLI)
- Defines the Code as "PIC/S Guide to GMP for Medicinal Products PE 009-08, dated 15 January 2009"
- No automatic updates requires Australian review and consultation**





- Amends MP 1/2007
- Removes all references to medicinal products
- Revokes the specific Australian Sunscreens Code 1994
- Continues to be operational for Blood and Tissue and Therapeutic Devices





- Revokes MP 2/2007
- Part 2 of the PIC/S Guide adopts the ICH GMP Guide for API manufacturers



- Excises Annex 4 & 5 Veterinary Products
- Excises Annex 14 Blood and Plasma



- Must = Should
- Compliance requirement
- Failure to follow a requirement:
 - Not increase risk of harm or injury
 - Not contrary to a standard or condition of listing/registration
 - Not compromise record keeping requirements of the Code





- Transitional period to 1 July 2010
- Manufacturer may elect to adopt early
- Observations concerning new requirements



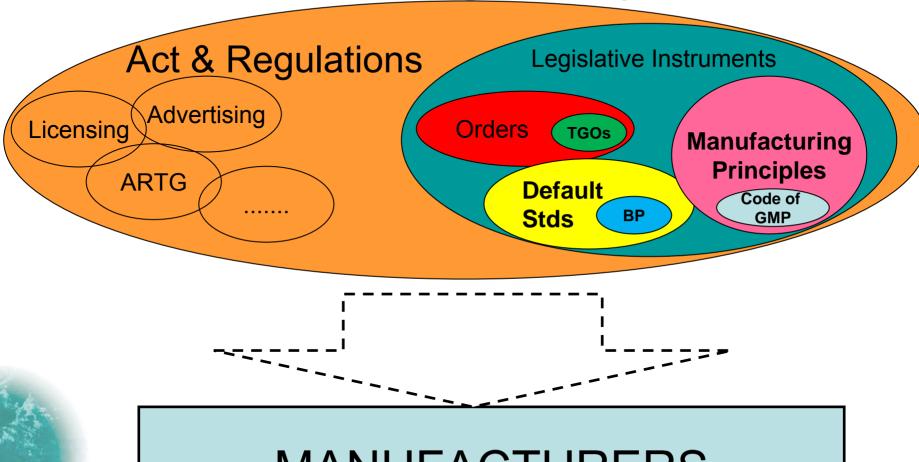


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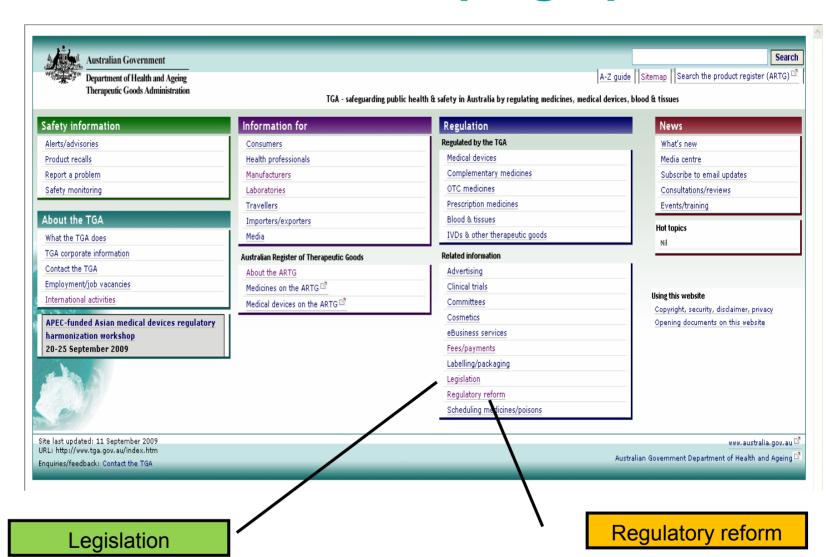
1 – Regulatory framework.



MANUFACTURERS

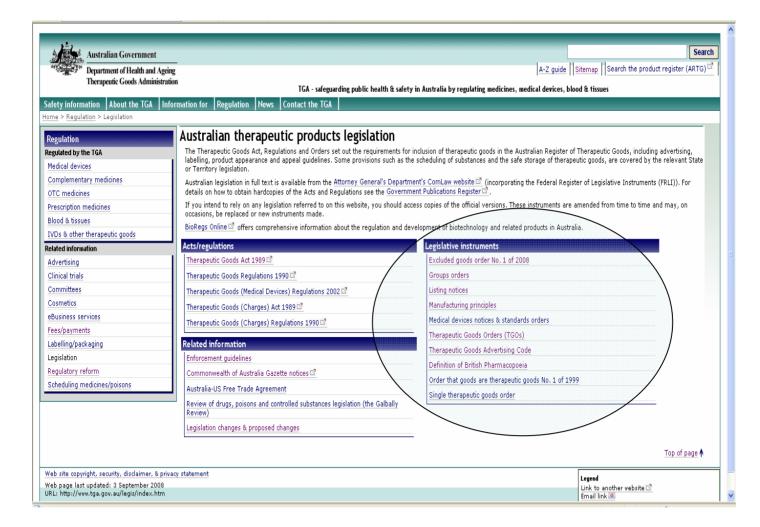


1 - Keeping-up-to-date.





1 - Keeping-up-to-date.





Mfg Principles.

On 29 July 2009 the National Manager determined the new Manufacturing Principles (No1 / 2009) to be observed by manufacturers of medicinal products, (including APIs and sunscreens) under Section 36(1) of the Therapeutic Goods Act 1989.





Mfg Principles.

| | MP1/ 2009 | Current standard (revoked) | PE-009-8 - New standard | | | |
|------------|--------------|----------------------------------|-------------------------|------|------|---------|
| | | | Intro | Pt 1 | Pt 2 | Annexes |
| API | # | ICH – Q7 - 2000 | # | | # | # |
| Sunscreens | # | Sunscreen code – 1994 | # | # | | # |
| Medicines | # | Medicines code - 2002 | # | # | | # |





PE-009-8 Part 1.

Changes:

- Chapter 1 Product Quality Reviews
- Chapter 1 Quality Risk Management

Chapter 6 - Ongoing Stability Programme





- □ Clause 1.4.
 - Regular periodic quality reviews.
 - Consistency of the process.
 - Appropriateness of specifications.
 - Highlight any trends and identify product and process improvements.
 - Conducted annually.





To include, at least, review of:

- Past reviews (assessment of).
- Materials, in-process controls and finished product results.
- Failed batches, deviations or non-conformities and CAPA.
- Process, equipment or test method changes.
- Marketing authorisation variations, stability results.
- Complaints, returns and recalls.
- Qualification and validation status.
- Contractual arrangements.





Currently:

- Management reviews
- Trending/review:
 - Test results materials/products
 - Deviations/non-conformances
 - Complaints/recalls
 - Changes specs, process, materials
 - Validations/revalidation review





New Code:

- Structured, product-centric or grouped approach.
- Review at least annually.
- Grouped by product type eg solid dose forms, liquid dosage forms, sterile dose forms where scientifically justified.
- Other approaches may be considered with adequate justification:
 - Eg for contract manufacture, low volume products



Outcome:

- Holistic review of elements impacting upon product quality to assess whether corrective and preventative actions are required or whether revalidation should be undertaken.
- Performed by both manufacturer and marketing authorisation holder.



If Sponsor ≠ Manufacturer, then

- Technical agreement
- Responsibilities defined

The authorised person and sponsor are jointly responsible that the review is

- Timely
- Accurate



Things to consider:

- A product centric approach?
- Is it logically & scientifically justified?
- What is the relationship between sponsor and manufacturer?
- Technical agreements:
 - flow of information
 - final review and assessment



July 2010 Expectations:

 The manufacturer has defined and documented the approach to PQRs with justification(s) where relevant.





- Strengthened as a systematic process.
- Requirement of Manufacturing Principles (Determination No. 1/2009)...Section 5.clause 5







- The failure of a manufacturer of therapeutic goods in Australia to follow a
 particular procedure or requirement set out in an applicable Part of, or Annex
 to, the Code, constitutes a failure to comply with the Code, unless in relation
 to that particular procedure or requirement:
- the manufacturer demonstrates, to the satisfaction of the TGA, that the failure to adopt that procedure or requirement:
 - will not increase the risk of harm or injury to any person or will not potentially have the effect of causing or contributing to such harm; and
 - will not increase the risk of the therapeutic goods in question failing to comply with, where applicable, both the standard for that therapeutic goods and to the terms of the listing or registration; and
 - will not compromise the record keeping requirements contained in the Code; or
- where an alternative procedure to the procedure or requirement set out under an applicable Part of, or Annex to, the Code has been adopted, the manufacturer demonstrates, to the satisfaction of the TGA, that:
 - the alternative procedure will not increase the risk of harm or injury to any person or will not potentially have the effect of causing or contributing to such harm; and
 - the alternative procedure will not increase the risk of the therapeutic goods in question failing to comply with, where applicable, both the standard for that therapeutic goods and the terms of the listing or registration; and
 - will not compromise the record keeping requirements contained in the Code.



To achieve the quality objective reliably there must be a comprehensively designed and correctly implemented system of Quality Assurance incorporating Good Manufacturing Practice, and thus Quality Control and Quality Risk Management.





It should be <u>fully documented</u> and its <u>effectiveness monitored</u>. All parts of the Quality Assurance system should be <u>adequately resourced</u> with competent personnel, and suitable and sufficient premises, equipment and facilities.



□Clause 1.5

Quality risk management is a <u>systematic</u> process for the assessment, control, communication and review of risks to the quality of the medicinal product. It can be applied both proactively and retrospectively.



□Clause 1.6

The quality risk management system should ensure that:

- The evaluation of the risk to quality is based on <u>scientific knowledge</u>, <u>experience</u> with the <u>process</u> and ultimately links to the <u>protection</u> <u>of the patient</u>;
- The level of <u>effort</u>, <u>formality</u> and <u>documentation</u> of the quality risk management process is commensurate with the <u>level of risk</u>.



- ☐ Annex 20
- Corresponds to ICH Q9 guideline on QRM
- Is voluntary.
- Provides guidance on a systematic approach to quality risk management facilitating compliance with GMP and other quality requirements.



☐ Annex 20

The degree of rigor and formality of QRM should reflect available knowledge and be commensurate with the complexity and/ or criticality of the issue to be addressed.





☐ Annex 20 clause 34.

Traditionally, risks to quality have been assessed and managed in a variety of informal ways (empirical and/ or internal procedures) based on, for example, compilation of observations, trends and other information. Such approaches continue to provide useful information that might support topics such as handling of complaints, quality defects, deviations and allocation of resources.



□ Annex 20 clause 35.

Additionally, the pharmaceutical industry and regulators can assess and manage risk using recognized risk management tools and/ or internal procedures (e.g., standard operating procedures). Below is a non-exhaustive list of some of these tools



Annex 20

- Basic risk management facilitation methods (flowcharts, check sheets etc.);
- Failure Mode Effects Analysis (FMEA);
- Failure Mode, Effects and Criticality Analysis (FMECA);
- Fault Tree Analysis (FTA);
- Hazard Analysis and Critical Control Points (HACCP);
- Hazard Operability Analysis (HAZOP);
- Preliminary Hazard Analysis (PHA);
- Risk ranking and filtering;
- Supporting statistical tools.
- o (AS/NZS ISO 31000:2009)





- Annex 20 Appendices
- Risk Management Methods and Tools
 - Overview of common approaches.
- Potential Applications for QRM eg.
 - Process development.
 - Quality defects.
 - Change management/control.
 - Computer systems/controls.
 - Materials management.





Considerations:

- Part of a systemic approach within the quality system.
- The approach and documentation should be consistent with the complexity and criticality of the issue.
- General premise is that QRM should be used to demonstrate how the principle of a Code requirement is achieved rather than to obviate the need to follow a requirement!





July 2010 Expectations:

 The manufacturer has defined and documented the approach to QRM with in accordance with the new requirements.



 Presentation: "Risk Management - TGA perspective" - A. Gould TGA web site

http://www.tga.gov.au/manuf/presentation-grm.pdf

PIC/S Aide Memoire – 2010



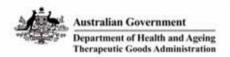


- ☐ On-going stability clauses 6.23-6.33
 - Explicit requirements
 - The content of protocols
 - The number of batches
 - How results are to be handled.





- Continuous appropriate program.
- Consideration for bulk/intermediates in studies.
- On-going protocol may be different from initial.
- No. batches/frequency of testing to allow trending.
- Bracketing/matricing if justified.
- Written agreement if studies performed at other than manufacturing site.



Results should be available:

- To key personnel, and in particular the Authorised person.
- At the site of manufacture for review by the competent authority.
- Included in the Product Quality Reviews.





July 2010 Expectations:

 The manufacturer has defined and documented the approach to the stability program relevant to the products manufactured in accordance with new requirements.



Sponsor-Manufacturer

Define responsibilities of each party

For example:

Sponsor

Marketing authorisation

PQR

Stability testing

Change control

Complaints

Recalls

Returns

RFS

MA

PQR results

Stability results

Batch Review

Manufacturer

MA

Deviations & OOS

CAPA

Validation/Qualification

Testing methodology

Rejection of product

Materials



PE-009-8 Part 2.

Incorporates ICH Q7 Guidelines for APIs into the Guide.

- Some rewording.
- Radiopharmaceutical APIs included.
- Annex 1 for Sterile APIs.
- Other annexes may apply also.



PE-009-8 Annexes.

Changes:

- Annex 1 Sterile Products
- Annex 19 Reference & Retention Samples
- (Annex 20 QRM)

Excluded:

- Annex 4 & 5 Manufacture of Veterinary Medicinal Products
- Annex 14 Manufacture of Products Derived From Human Blood or Human Plasma.



Changes include:

- Particulate levels in clean rooms, monitoring and classification.
- Garments in Grade A&B.
- Acceptance limits for Media Fills.
- Bioburden monitoring.
- Requirements for capping vials.

partment of Health and Ageing Annex 1- sterile manufacture.

Increase in the permitted number of particles in clean rooms and specific requirements for how clean rooms are monitored and classified.





| | Maximum permitted number of particles/m ³ equal to or greater than the tabulated size | | | |
|---|--|--------------------|------------------------|-------------------|
| | At rest | | In operation | |
| | 0.5µm | 5.0µm | 0.5µm | 5.0µm |
| Α | 3,520 (3,500) | 20 (0) | 3,520 (3,500) | 20 (0) |
| В | 3,520 (3,500) | 29 (0) | 352,000 | 2,900 (2,000) |
| С | 352,000 (350,000) | 2,900 (2,000) | 3,520,000 (350,000) | 29,000 (2,000) |
| D | 3,520,000 (3,500,000) | 29,000 (20,000) | not defined | not defined |



Classification vs monitoring.

Classification:

- as per ISO 14644-1.
- Grade A = ISO Class 4.8 as per 5 micron counts.
- Monitoring locations/acceptance of results as per 14644-1.
- Effectiveness of current monitoring should be assessed (cf precipitation of particles in long lengths tubing).
- ISO 14644-2 on re-qualification periods or justified.



Classification vs monitoring.

Monitoring:

- Rooms/devices monitored in operation.
- Locations based on formal risk analysis of classification results.
- Continuous in Grade A zones frequency/ sample size appropriate to detect issues.
- Similar for Grade B monitoring importance to A/B separation.
- 5.0µm monitoring as diagnostic tool of early detection of failure.
- Grade C/D monitoring based on risk assessment.





Single use sterile protective garments in Grade A&B.

- Change every working session.
- "or at least once a day" deleted.





Changes to acceptance limits for media fills.

- Harmonised with FDA aseptic guide.
- Previously, less than 0.1% (with 95% confidence).
- Now:
 - < 5000 units, no contaminated units.
 - -5,000 10,000 and > 10,000
 - One contaminated unit, consider revalidation.
 - Two contaminated units, revalidation.





Bioburden monitoring:

- Assay per batch for both aseptically filled and terminally sterilised immediately prior to final step.
- Working limits related to efficiency for terminal sterilisation.
- Overkill parameters may justify periodic monitoring.
- Parametric release of finished product → incorporated as an in-process test.



Increased requirements for partially stoppered freeze drying vials, capping and crimping.

- Partially stoppered freeze drying vials maintained in Grade A zone (basically equivalent to previous Cl.12).
- Aseptic process capping using sterilised caps or clean process capping outside aseptic core.
- Clean process vials protected by Grade A zone up to leaving aseptic core, then Grade A air supply until caps are crimped.



Provisional interpretation:

- Grade A air supply required:
 - In transfer tunnels from aseptic processing to crimping equipment in a "clean process".
 - For transport of freeze-dried vials from freeze-drier to crimping equipment.
 - At the crimping equipment.



Provisional interpretation:

- Grade A air supply classification:
 - Definition of "at rest"
 - Crimping equipment with air supply operating, equipment off, no interventions.
 - Tunnels with air supply operating, conveyor off, no interventions.
 - Non-viables/micro as per Grade A requirements.
 Active sampling probes located by risk assessment.
 - Smoke studies (at rest/in operation). Effective protection of vials should be demonstrated.
 - Limits for air velocity should be defined and justified.





July 2010 Expectations:

 The manufacturer has incorporated new and changed requirements for sterile manufacture





Reference and Retention Samples

□Annex 19 - New annex – more detail

- Records of traceability required.
- Reference samples representative of the batch.
 - Additional samples to monitor process stress points.
 - Split packaging should be reflected in samples.
- Agreements to set out:
 - Authorised person to ensure reference and retention samples accessible.
 - Arrangements for samples taking/location.
 - Closedown of a manufacturer.



Reference and Retention Samples

- Close down of manufacturer
 - Unexpired batches may remain on the market.
 - Detailed arrangements to be made for transfer of samples (and relevant documentation) to an authorised storage site.
 - Suitable storage and access maintained.





Mfg Principles.

□PE-009-08

- Brings Australian in-line with current international practices.
- Maintains equivalence under MRAs with international regulatory partners,
- Continued recognition of certification of Australian companies.



Transition

- Industry information seminars in 2009
 - Stimulate awareness of changes in requirements
 - Answer initial questions
 - Initiate / progress organisational review
 - Identify areas requiring additional guidance
- Additional seminars in 2010 to cover Quality Risk Management





Transition

- Update Q&As
- Review current interpretive Guidance
 - Complementary medicines
 - Medicinal gases
 - (new) Product Quality Review
 - (new) Ongoing Stability Programs
- TWG's assessing other guidance





Conclusions

- Manufacturing Principle 1/2009 will become mandatory from 1 July 2010
- OMQ updating current interpretive guidance
- Developing further guidance for product quality reviews and ongoing stability program requirements
- Assess any issues being identified and publish Q&As





Thank you.



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