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QbD and PAT - an Analysis of the Current Situation

The University
of Heidelberg

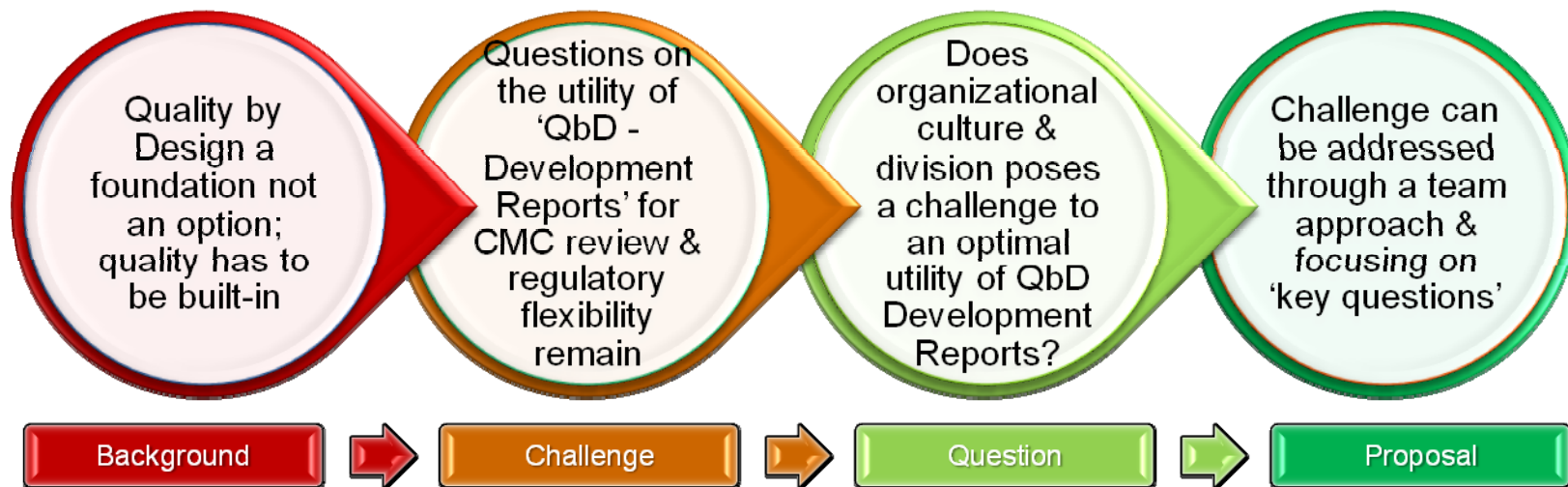
Ajaz S. Hussain, Ph.D., Chief Scientific Officer & President Biotechnology



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Presentation Outline

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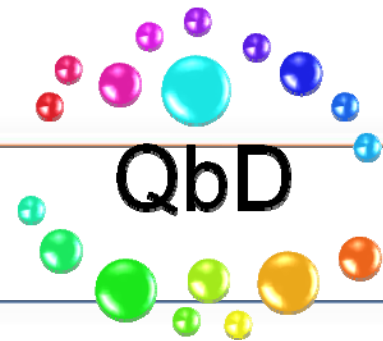


Quality has to be built-in or be by Design

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From 1987: FDA Guidance: General principles of process validation, May 1987

To 2004: “The goal of PAT is to enhance understanding and control the manufacturing process, which is consistent with ... quality cannot be tested into products; it should be built-in or should be by design.” (FDA’s PAT Guidance, 2004)



What was not optimal?

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FDA organizational culture & division

Does it poses a challenge to an optimal utility of QbD Development Reports?

Outside Pharma sector (in the 1990's)?

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LEAN	SIX SIGMA	ISO to QS-9000	Baldrige Award, Deming Prize, etc.
Measure, analyze, and reduce <ul style="list-style-type: none"> • wait time • inventory • batch size • process time • rework 	<ul style="list-style-type: none"> • Use specific metrics • Collect data • Analyze data • Collect control data 	Monitor and measure process performance Continuous Improvement	Measure and improve <ul style="list-style-type: none"> • processes • business results • overall organizational performance

An important area of focus: Statistical analysis and Continuous Improvement (not just CAPA)

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Process Analytical Technology

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- Understanding & controlling variability
- Removing fear of large samples & new analytics on old processes
- Opening the door to real-time release & 'Design for Six Sigma'

Process understanding



- Validation of new methods based on mechanistic understanding
- Improvements without "prior-approval supplement"
- Opening the door to 'Lean'; improvements managed within quality system

Continuous improvement



- Understanding technologies, functions & each other
- Finding lean solutions to facilitate improvement
- Ensuring quality in real-time from review, compliance and inspections perspectives

Review-Compliance- Investigator Team



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Understanding via development reports?

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Validation Times 1 May 2003

- a point of contention manufacturers are skeptical about how FDA will use the data,.... how much information to share with the agency

In 2003, "Development reports still a stumbling block"



- "What is needed is the knowledge .. captured within that report, if companies can share that knowledge, the agency can set more meaningful specifications to manage those changes in less

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(CDER, FDA)



- "...spends a lot of time looking at deviations, failure investigations, things that are a result of a less- than- ideal product or process knowledge.how the product has been adequately validated,"

Doug Ellsworth
(ORA, FDA)



- ... will improve our process, ..requirements are predictable and the process ...streamlined,..and very timely. ... a change ...done without prior approval, where we've

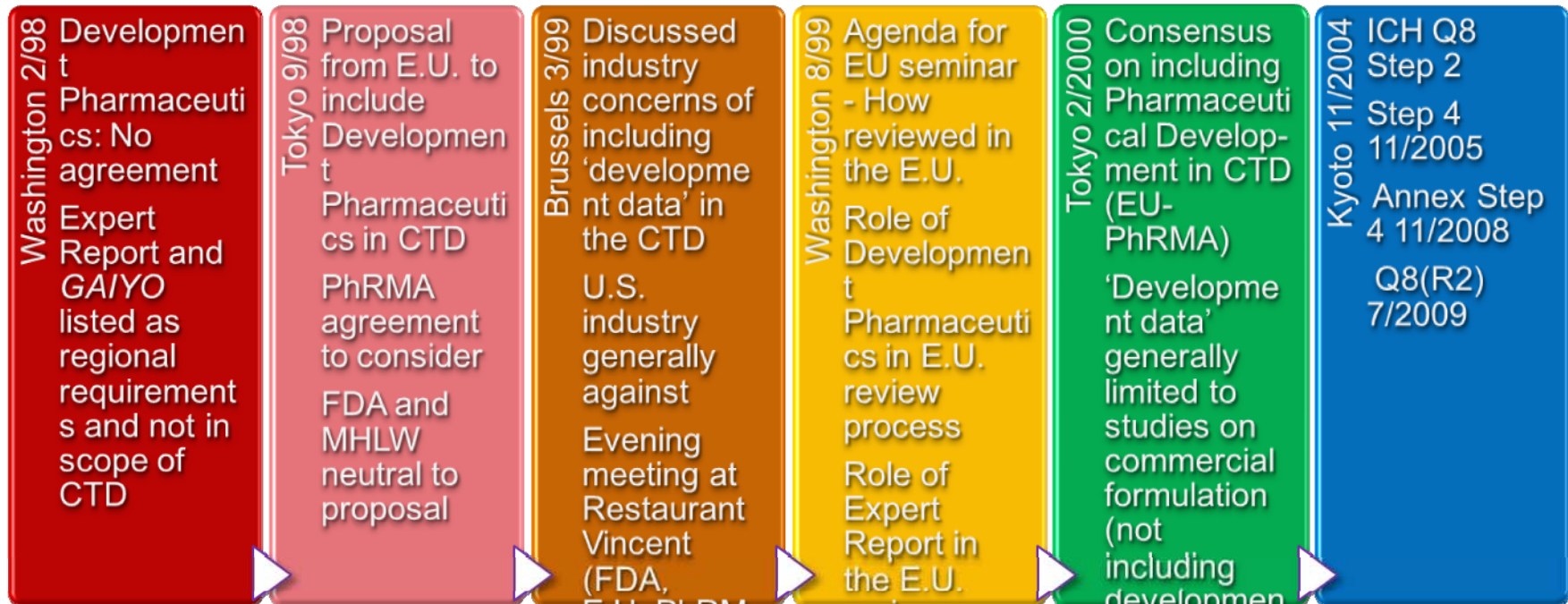
Gerry Migliaccio
(Pfizer)



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Arduous path to Development Reports



Adapted from the presentation by Robert G. Baum, Ph.D., Pfizer Global R&D, at the 2004 PDA SciTech Summit (March 10, 2004)

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Now, a option to submit ...

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- Is a option
- With the anticipation it will not delay approval process
- Not add new requirements

Development Reports for CMC review



- Demonstrate science-based development so that regulators can make risk-based decisions
- Reviewer to gain confidence to support continuous improvement without prior-approval supplements

Why?



- Guidance per ICH Q8-10
- Design space?
- Review process?
- Role of compliance & investigators?
- Less burdensome approach to improvements?

How?



- Risk-based specifications?
- Less burdensome approaches for improvement?

What?

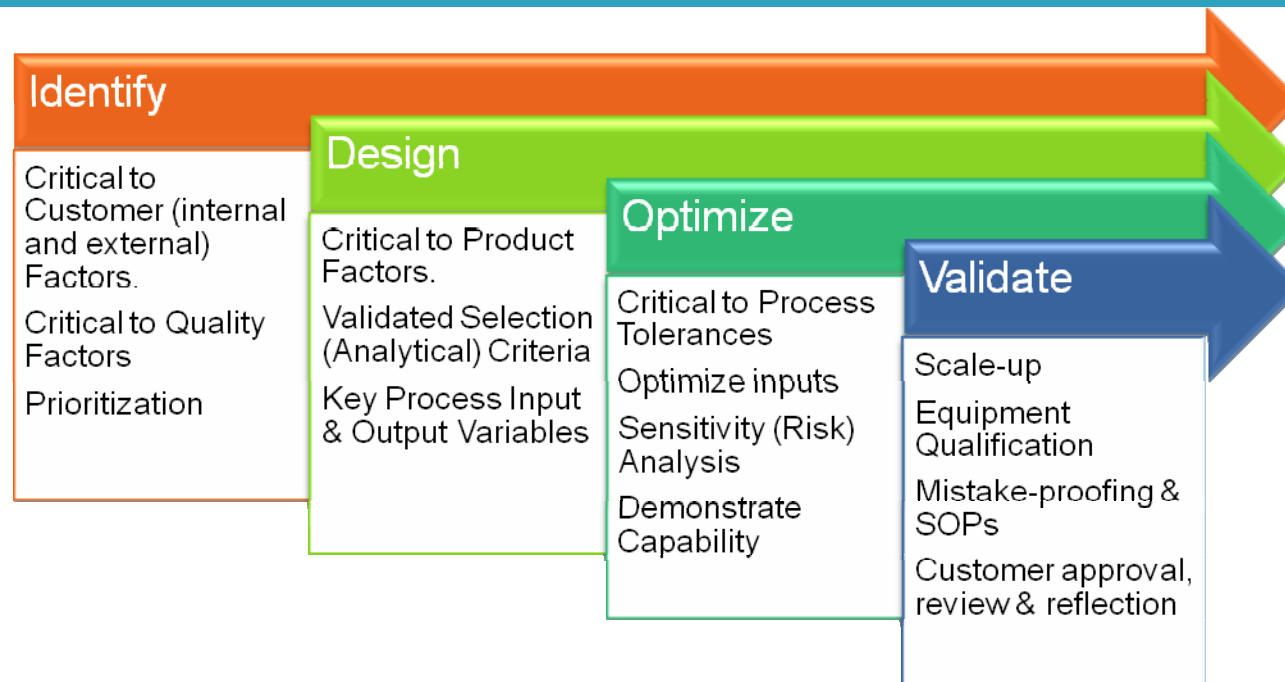


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Non-pharmaceutical Design for Six Sigma*

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Ajaz S. Hussain, Ph.D. *Norm Kuchar at General Electric Corporate Research and Development. Other approaches - Define, Measure, Analyze, Design, Verify (parallel to the DMAIC process and is advocated by American Society for Quality)

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Design for Six Sigma & Pharma QbD

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Design for Six Sigma



Pharma QbD as currently implemented: Advisory Committee for Pharmaceutical Science and Clinical Pharmacology July 27, 2011



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Some observations

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Design for Six Sigma

- Seamless alignment across functions that are compartmentalized in pharmaceutical regulatory review, compliance & inspection
- Prioritization of critical factors over the development process
- Optimization includes considerations for 'process capability'
- Validation includes a notion of 'design' of SOP's

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Current Pharma QbD

- Outlined to reflect CMC review; possibly carving out compliance & inspection functions
- Conceptual compartmentalization of QTPP, CQA's, etc.
- Design space substituted for "optimization"?; if so, this was not the original intent
- Validation not considered; possibly carving out compliance & inspection functions

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Design-space substituted for “optimization”?

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Would make optimization based on ‘response surface’ methodologies a “new review requirement”

- Too narrow in scope to be an effective means for realizing ‘less burdensome approaches for continuous improvement’
- Focuses review staff to seek large amount of empirical data which previously was not submitted

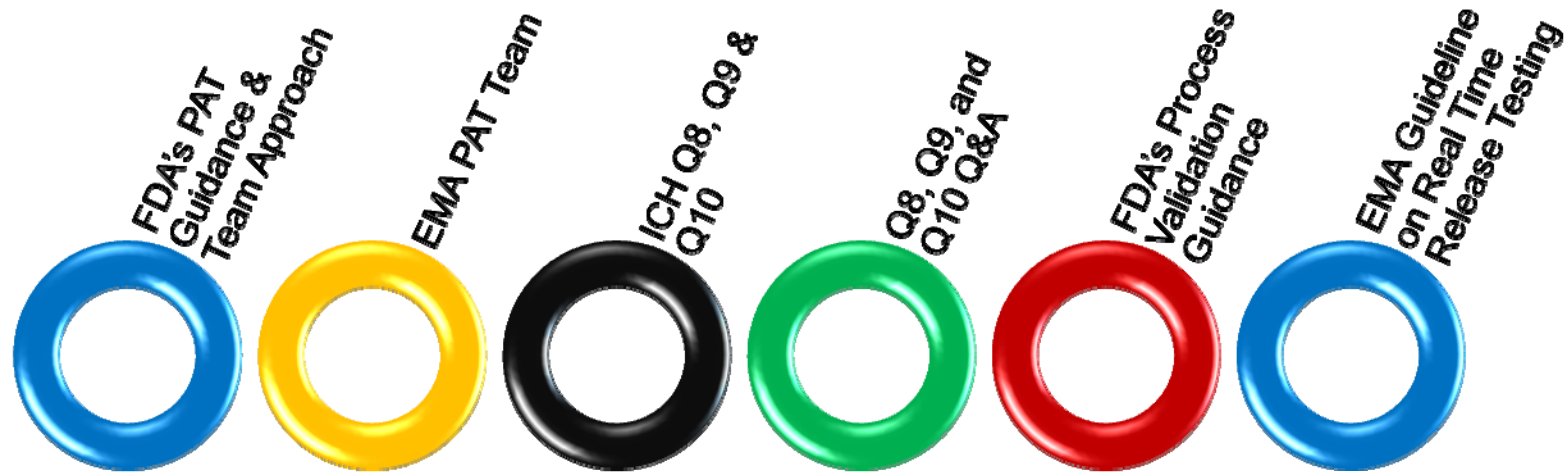
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Challenge can be addressed

Through a CMC-cGMP team approach & focusing on 'key questions'

Guidance documents & practices

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Additional guidance is not a solution!

Seamless alignment across functions

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Pictures from PAT Team-building event in early 2000

The CMC – cGMP Divide at FDA



- Necessary for common understanding & confidence
- Would allow for an aligned and logical Pharma QbD process
- Facilitate prioritization of critical factors that would be addressed over the development process
- Improve scientific communication within FDA and with sponsors
- Build confidence in risk-based decisions and to identify opportunities for 'less burdensome approaches for continuous improvement'

CMC review, cGMP compliance and investigations team approach (e.g., the previous FDA's PAT Team)



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Examples of less burdensome approaches for continuous improvement?

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Specifications based on criticality & acceptable variability (e.g., lots used in pivotal clinical trials); and avoiding debates such as need for 'USP Specifications'



Limit on the types of (Prior Approval) CMC Supplements; information kept at site for cGMP Inspection



Confidence (e.g., process capability) based decisions on number of batches needed for process qualification; and other examples such as 'real time release'

Effective risk-assessment

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Can occur when both CMC and cGMP functions have a common understanding, and confidence in, the scientific understanding communicated (in development reports) and established at a manufacturing facility where a new product will be manufactured

- Acceptable product variability over the intended shelf-life; prior-knowledge, development data and characterization of clinical trial lots - including process capability (Cpk) assessment
- CMC to cGMP knowledge sharing meeting - specific considerations relevant to a novel product and its implications for technology transfer
- Multi-functional FMEA; considering manufacturing facility data (Cpk of similar products, reject rate, effectiveness of root-cause investigations); also can serve as a structured approach to guide definition of “c” in GMP

Proposed changes in CDER, FDA

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Announced on September 06, 2012

Exploring the creation of a new Office of Pharmaceutical Quality (OPQ)

- Overseeing quality throughout the life cycle of a drug
- CMC review functions (New Drugs, Biotech., Generics) and cGMP compliance (Office of Manufacturing and Product Quality)



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Summary

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