

Introduction

The COVID-19 pandemic has posed unprecedented challenges to all healthcare stakeholders and society at large. The use of regulatory agilities in quality related processes were key to allow regulators and manufacturers to rapidly increase manufacturing capacity for production of COVID-19 therapeutics and vaccines to meet global demand, as well as to avoid or mitigate drug shortages for non-COVID-19-related products, without compromising patient safety or product quality.

The experience of the pandemic offered unprecedented learnings on which the biopharmaceutical industry and NRAs (National Regulatory Authorities) can build to enhance the standard normative regulatory process as well as to improve preparedness for future health emergencies. The pharmaceutical industry is committed to playing a central role in the continuous efforts to improve quality related processes across the whole supply chain. For this reason, IFPMA is offering policy recommendations, for the attention of NRAs and the industry, to improve both the standard normative process and to enhance pandemic preparedness.

When considering recommendations on the use of agilities to improve standard normative processes, NRAs in different geographies should consider local circumstances and needs.

Recommendations to improve pandemic preparedness should focus on maximizing global coordination, collaboration, reliance and harmonization of regulatory requirements, procedures and guidelines to facilitate rapid development, approval, manufacturing and distribution of products aimed at fighting the health emergency. Recommendations for the use of agilities should apply to all products.

The policy recommendations of this paper are organized in different themes which are grouped under four categories centered around maximizing efficiency, increasing collaboration, improving practicalities and supporting sustainability.



Harmonization





Digitalization

- Embrace virtual working and digital methods, using e-documents such as eCPP (Certificate of pharmaceutical product), and e-records for GMP (Good manufacturing practice).
- Use remote/hybrid inspections and audits
 to allow for resource efficiency and minimize
 hurdles: test IT set-up and access to
 documentation-sharing system; align on
 technology aspects with stakeholders; collect
 evidence on safety and efficacy of using digital
 tools and processes in remote/hybrid
 inspections.
- Scale up development and deployment of tools and a database to automate the conduct of medical products quality surveys.

Standard Normative Process

Pandemic Preparedness

- Centralize e-documents and make them available securely.
- Maximize use of alternative tools e.g. remote/hybrid inspections.



- In Europe: Ensure international acceptance of digitally-enabled quality procedures.
- In Africa: Increase digitalization and use of electronic tools; also institutionalize use of e-documents such as eCPPs and e-records for GMP.
- Asia: Ensure trusted platforms for NRAs to access information/data and take decisions remotely
 (e.g. for remote/hybrid inspections, for accelerating processes) and integrate e-labeling into the wider
 digital healthcare system.



Ways of working



Decision-making



Reliance

- Consider risk-based approaches to improve efficiency, such as remote/hybrid inspections as necessary (considering inspection history when deciding on type of inspection and the most appropriate time to carry it out).
 - **Use reliance** in inspections and highlight duplicate regulatory GMP/GDP (Good distribution practice) inspections / ISO-certification.
- Institutionalize new measures for Good regulatory practices (GRP) during technology transfer.
- Apply regulatory agilities (e.g. waivers) to importation of promising drugs.

Pandemic Preparedness

- Implement risk-based approaches (accelerated process for GMP certification and real-time data review).
- Embrace alternate process validation approaches (e.g. drug product validation activities or continued validation, de-couple drug substance and drug product validation).
- Maximize collaboration and reliance for remote/hybrid inspections and use PIC/S guidance on risk-based inspection planning as well as WHO guidelines.
- Use accelerated process for approval of emergency deliveries (one-off deliveries).

Standard Normative Process



- In Latin America: Optimize strategies (mix of risk and efficiency, including reliance) and leverage GMP information for instance certificates and inspection reports of trusted NRAs and PIC/S members; also leverage tools (e.g. public databases such as the WHO prequalification databases) to check GMP status of manufacturing sites.
- In Europe: Use accelerated approvals of emergency deliveries from ex- EU (one-off deliveries).
- In Asia: Adopt multiple sites in a single license, in line with ICH and WHO guidance.





 Increase convergence and harmonization in remote/hybrid inspections with refinement and adoption of good practices.

Pandemic Preparedness

- Streamline and standardize requirements and data packages internationally.
- Develop and revise harmonized guidelines reflecting science- and risk-based approaches.

Standard Normative Process



 In Europe: Introduce guidance on development of treatments including CMC guidance, harmonized among Member States. In Asia: limplement reliance pathways: waive redundant re-testing of imports and overseas site inspection, approve new indications and PACs.





Early dialogue





- Ensure English, in alignment with PIC/S, is used as inspectorates' language where possible and agree on standard set of documents available for each site to the inspector for advanced preparation and
- Inform companies if reliance is used, also for PAI.

consistent reviews.

- Ensure open and transparent dialogue and engagement among stakeholders, such as manufacturers, and NRAs globally, also to fully utilize the potential of agilities.
- Require clarity on the data for expedited assessment, as well as on prioritization of requests/data requirements based on supply impact.

Pandemic Preparedness

- Adopt global trust repository for traceability of products.
- Maintain continuous communication among all stakeholders on submissions, supply chain and needs.
- Increase collaboration for remote/hybrid inspections and standardize documents, (e.g. within PIC/S) sent to inspectors to accelerate regulatory decisions on site compliance status.
- Share experiences and knowledge gained on the effectiveness of agilities.

Standard Normative Process

- In Asia: Improve patient safety and trust in medicines with the latest labeling on a publicly accessible website.
- In Latin America: Improve transparency on GMP inspections.
- In Europe: provide guidance on development of key treatments including CMC (Chemistry, manufacturing and controls) guidance ideally harmonized with other NRAs (e.g. US FDA).





- · Allow alternate process validation approaches and defer the submission of certain processes.
- Conduct comparability testing focusing only on critical attributes that may be impacted by the site transfer and that utilize a limited number of lots.

Pandemic Preparedness

- · Implement evidence agilities: e.g. accelerated stability testing, predictive stability modeling, extrapolation, real-time stability testing focusing only on patientcentric critical quality attributes.
- Use reliance for reducing redundancies in inspection, encourage implementation of the harmonized PIC/S and WHO quideline.
- Weigh benefit/risk vs 'enough data' to guarantee quality of products, with ongoing generation of data
- · NRAs to accept some level of risk (based on ICH Q9) for defining the appropriate level of validation equipment, process and analytical methods at time of submission.

Standard **Normative Process**



- · Ensure site readiness and in-depth product knowledge (industry to action).
- Apply a risk-based framework, including reducing the reporting category for a postapproval site transfer and waiving the preapproval inspection, when appropriate.
- Adopt best practices, expedite regulatory review for certain PACs and align timelines, use the reporting categories for the PACs listed in the (step 4) ICH Q12 guideline.
- Increase global harmonization when appropriate.
- · Utilize generalized multi-use PACMPs.

Pandemic Preparedness

- · Use risk-based agility for data requirements.
- Maximize collaborative review and develop a global PACs framework.
- Prioritize changes clearly based on public health and supply impact.
- · Enhance collaborative review and reliance, including on global PACs implementation.

Normative Process



- · In Africa: implement waiver for samples.
- In Europe: revise European Union variations regulation and guidance to enable post-approval changes framework and align globally on joint scientific advice.





- · Adopt e-labeling.
- Harmonize national requirements for product labeling and information to minimize safety risks.

Pandemic Preparedness

- Allow derogations to labeling requirements as a result of CMC changes.
- Maximize labeling flexibility in times of increased demand and disruptions to the normal flow of products.

Standard
Normative Process





 Institutionalize use of electronic documents such as eCPP and adopt use of e-labeling to decrease the need to use paper to support environmentally-friendly practices. Pandemic Preparedness

> Conduct remote/hybrid inspections to reduce need for traveling (ultimately also decreasing environmental pollution).

Standard
Normative Process

Background, acronyms & references

Background

IFPMA represent research-based biopharmaceutical companies, and regional and national associations across the world. Clarivate is a global leader in providing trusted insights and analytics to accelerate the pace of innovation. This document captures recommendations, derived from primary and secondary research and enriched by shared experience from the IFPMA Steering Group, to enhance the standard normative process and future pandemic preparedness. This document does not aim to provide an exhaustive list of global and regional recommendations.

Acronyms

CMC (Chemistry, manufacturing and controls) NRA (National regulatory authority)

GDP (Good distribution practices) PAC (Post-approval change)

GMP (Good manufacturing practices) PACMPs (Post-approval change management

protocols)

GRP (Good regulatory practices) PAI (Pre-approval inspection)

ICH (International Council for Harmonization) PIC/s (the Pharmaceutical inspection co-operation

scheme)

ISO (the International Standards Organization)

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