



# **PMDA's Perspectives on Continuous Manufacturing**

---

**Yoshihiro Matsuda, Ph.D.**

Senior Scientist (for Quality)  
Pharmaceuticals and Medical Devices Agency (PMDA)

# Expectations for CM

---

- Opportunities:
  - To avoid poor quality product with PAT etc.  
→ Prevention of drug shortage problem
  - To avoid scale-up issues  
→ Rapid development
  - To operate multiple scales and dosage manufacturing  
→ Personalized medicines
  - To reduce inventory  
→ Cost reductions



**PMDA would like to encourage industry to introduce the innovative manufacturing technology.**

---

# PMDA's Approaches to CM

We are learning about CM technology.



- ❑ Collaboration with AMED sponsored Study Group in Japan.
- ❑ Communication between PMDA and Industries who are studying CM.
- ❑ Professional Training together with GMP Inspectors.
  - External specialists/scientists give us lectures.
- ❑ Collaboration with a society, e.g. JSPME (Japan Society of pharmaceutical Machinery and Engineering).
  - PAT, Multivariate analysis etc.
- ❑ Collaboration with other regulators.

(AMED: Japan Agency for Medical Research and Development)

# Innovative Manufacturing Technology Working Group (IMT-WG)

---

- Has been established in PMDA since July, 2016.
- Purpose
  - To establish PMDA's perspective on the latest technologies of pharmaceutical quality control
  - To propose a new regulatory framework for the pharmaceutical quality control by the new technologies
  - To draft guidelines
- Members
  - Senior Scientist (for Quality); Dr. Yoshihiro Matsuda
  - From Office of New Drugs
  - From Office of Manufacturing/Quality and Compliance
  - From Office of Regulatory Science

# IMT-WG Activity Plan

---

- ❑ To organize face-to-face meeting(s) with FDA and EMA
- ❑ To visit continuous manufacturing sites
- ❑ To discuss with stakeholders including industries and academia
- ❑ To collaborate with a national research project on pharmaceutical quality control
- ❑ To publish a draft points-to-consider document about CM in spring, 2017



# CM Sites Visit

---

- A visit to a Drug Product CM site in late Oct-Nov, 2016
  - Discussion Points
    - Control Strategy for CM
      - Feeding, PAT tools, RTRT
    - Material Properties influence in CM
    - Impurity
    - Tracking and Tractability of materials
    - Batch definition
    - Process validation etc.
- We will visit a Drug Substance CM site in March, 2017.

It's not PMDA activity. These site visits are parts of AMED sponsored Study Group activities

# A Face-to-Face Meeting with Regulators

---

- We had a meeting with FDA in Nov, 2016.
  - Discussion Points
    - Product specific matters
    - Emerging Technology Team
    - Training for staffs
    - Collaboration
  
- We had a meeting with EMA (PAT Team) in Feb, 2017.
  - Discussion Points were the same as with FDA.

# Clarification for CM Implementation

---

A draft Points-to-consider document.

- We are focusing on 4 topics
  - Control Strategy
  - Batch/Lot Definition
  - Process Validation
  - Stability Test





# Control Strategy (draft)

---

- ❑ Elements to ensure CQAs are same between CM and Batch Manufacturing(BM)
- ❑ But some different CS for CM can be taken



## Performance based Approach

- Unlike the manufacturing with fixed process parameters, process parameters can be adjusted flexibly for variables detected by PAT etc.



- Need to understand the "Process Dynamics"
- Need to ensure the "State of Control"
- Need to consider the "Fitness for Purpose"

# Batch/Lot Definition (draft)

---

- The definition of Batch/Lot is same between CM and BM.
- How to set the Batch/Lot **size** can be different.
  - A production run time and speed
  - An amount of incoming raw material



The Batch/Lot size can be changed for each production. However the maximum size should be defined in advance.

# Process Validation (draft) (1)

---

- The purpose of PV is same between CM and BM. Specifically for CM;
  - To ensure the **state of control** by control strategy
  - For example, the assurance that the quality's time-dependent variation can be controlled within allowance range not only among batches/lots, but also in a batch/lot.
- The number of PV batches/lots
  - **Basically three PV batches/lots are required as same as batch manufacturing in Japan.**
  - It would be able to use manufacturing batches/lots during development as PV batches/lots by redefining it on PV implementation plan.

# Process Validation (draft) (2)

---

- Scale for PV batches/lots
  - Fundamentally the maximum size(run time and speed) is not needed for all of three PV batches/lots because it should be ensured that the CM is under “the state of control”. However **at least one batch/lot should be the maximum size.**
- Change the maximum size after a PV study
  - **At least one PV(prospective process validation or concurrent process validation) batch/lot data should be required.**

# Stability Test (draft)

---

- ❑ Batch/Lot size
  - It would be possible to consider the batch/lot which was manufactured by different batch/lot size to be the primary batch/lot of the drug substance/product.
  - Even if it is under the state of control, it would be important to understand potential risks of batch/lot size differences and to explain that it exhibits the same property between the primary batch/lot and the commercial scale batch/lot.
- ❑ The number of the primary batches/lots
  - Data from formal stability studies should be provided on at least three primary batches/lots as ICH Q1A(R2) described.
  - Because the batch/lot sizes are different, the information of sampling points should be recorded.

## Next Step

---

- ❑ How to gain experience of CM?
- ❑ How to share our experience of CM?
- ❑ How to encourage industries?
- ❑ How to return profits to patients?



**Let's move forward!**



---

**Thank you for your attention**

