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# Current regulation on CMC of Biopharmaceuticals in Japan

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The views and opinions expressed in this presentation are those of the presenter and should not necessarily represent the views and opinions of the PMDA.





- 1. Biosimilars in Japan
  - Approved Biosimilars
  - Regulatory Updates in Japan
- 2. CMC Consideration for New Modalities - ADC
  - Bispecific Antibodies



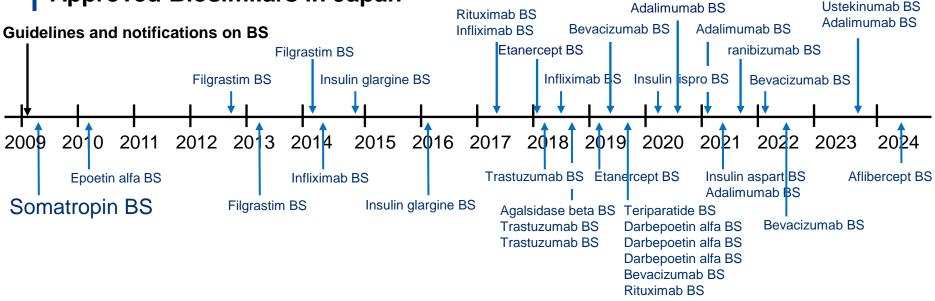


## 1. Biosimilars in Japan

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### Approved Biosimilars in Japan

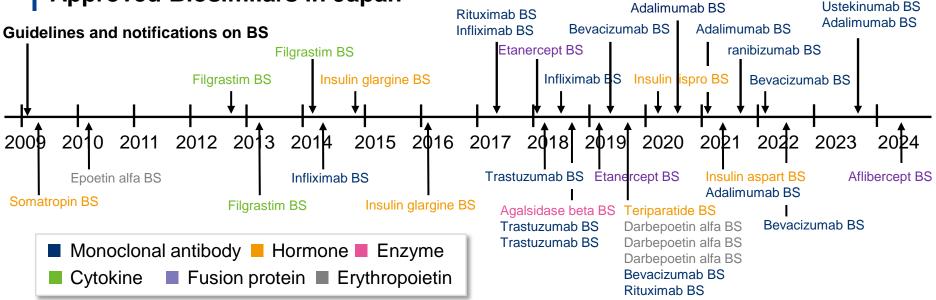


- The first approval of a biosimilar product in Japan was somatropin BS subcutaneous injection [Sandoz] in 2009.
- ➢ 36 biosimilar products were approved during the period 2009–2023.06.

Pegfilgrastim BS



### Approved Biosimilars in Japan

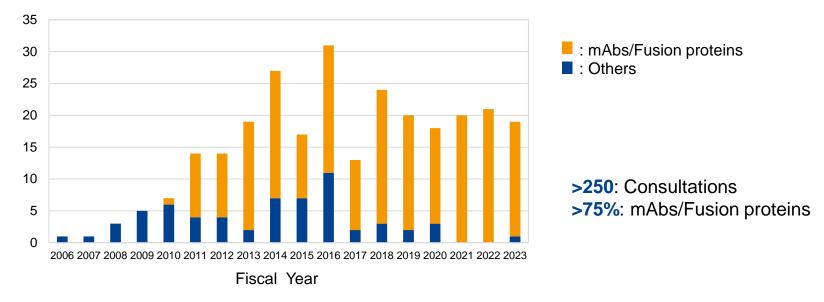


- There are six types of biosimilars, namely mAb, hormone, erythropoietin, cytokine, fusion protein, and enzyme.
- In recent years, antibodies make up more than half of newly developed biosimilars.

Pegfilgrastim BS



#### Number of Consultation for Biosimilars



- More than 250 consultations had been implemented by 2022.
- Interest in biosimilar development continued to remain high, and several biosimilars have been under review in Japan.



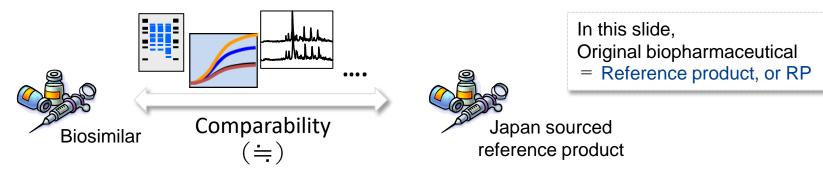


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#### General Principles in the Development of Biosimilars (1)



- A biosimilar is a product comparable with regard to quality, safety, and efficacy to a original biopharmaceutical (a biotechnology-derived product already approved in Japan as a pharmaceutical with new active ingredients, which is developed by a different company).
- In the development of biosimilar products, "comparability" means that the quality attributes of a biosimilar are highly similar to those of its reference product and it can be scientifically justified that any differences in the quality attributes have no adverse impact on clinical safety or efficacy based on non-clinical and clinical trial results.



#### General Principles in the Development of Biosimilars (2)

Development flow of biosimilars

Development of manufacturing process and characterization Comparative analytical assessments Non-clinical study Comparative clinical studies Biosimilar Application

- The sponsor should demonstrate the comparability of the proposed product with its reference product through quality, non-clinical and clinical comparisons.
- The extent and necessity of non-clinical and clinical study data required for the demonstration of comparability will differ depending on the extent to which similarity of the biosimilar with its reference product has been demonstrated by a scientific and rational evaluation of the quality attributes in the comparative analytical assessment.



| Biosimilar<br>Application | New drug<br>Application |
|---------------------------|-------------------------|
| <b>—</b>                  | 4                       |
|                           |                         |
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|                           |                         |
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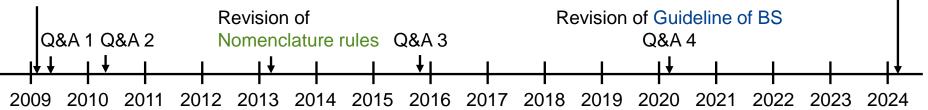
#### **Guideline for Biosimilars in Japan**

- Guideline for Ensuring Quality, Safety, and Efficacy of Biosimilars (*PSEHD/PED Notification No. 0204-1 / February 2020*)
- Questions & Answers regarding Guideline (PSB/PED Administrative Notice / January 2024)
- The guidelines and QA address the points to be considered during the development of biosimilars and clarify the data that should be submitted in biosimilar applications.
- The Q&A was revised in January 2024.



#### **Guideline and Notifications for Biosimilars in Japan**

- Notification: Application Category for biosimilars
- Guideline of BS
- Notification: Nomenclature rules



#### Marketing Approval for Biosimilars (PFSB Notification 0304004 / March 4, 2009)

- Guideline for Ensuring Quality, Safety, and Efficacy of Biosimilars (PSEHD/PED Notification No. 0204-1 / February 4, 2020)
- Nonproprietary Name and Drug Name of Biosimilars (PFSB/ELD Notification No. 0214-1, Administrative Notice / February 14, 2013)

Revision of Q&A



#### **Revision of Guideline QA**

<Q10> (partially revised)

Is it acceptable to use data from clinical trials conducted in non-Japanese subjects that confirm the equivalence of PK and efficacy (including PD) with original biopharmaceuticals for approval application?

#### <A10>

Clinical trials of biosimilars are intended to confirm the equivalence of PK and efficacy (including PD) to original biopharmaceuticals. Therefore, if the ethnic factors of subjects do not affect the study results, data from clinical trials conducted overseas in non-Japanese subjects may be used, and it is acceptable not to conduct a clinical trial that includes Japanese subjects.

If the sponsors conduct global clinical trials with Japanese subjects and the ethnic factors of subjects are considered to affect the study results, Method 1 and Method 2 as indicated in the "Basic Principles on Global Clinical Trials" (Notification No. 0928010 dated September 28, 2007, issued by the Evaluation and Licensing Division, Pharmaceutical and Food Safety Bureau, Ministry of Health, Labour and Welfare) cannot be directly applied to the number of Japanese. However, the plan should be such that it can be explained that there is no discrepancy between the results of the Japanese population and those of the overall population with reference to the above notification.



### **Revision of Guideline QA**

<Q11> (partially revised) In Q&A10, it stated that if the ethnic factors of subjects are not expected to affect the clinical trial results, how do you evaluate this?

#### <A11>

For example, it is possible to identify ethnic factors and their impact based on the original biopharmaceuticals and to confirm the results of Japanese subgroup analysis of clinical trials from currently available evidence of original biopharmaceuticals.

Additionally, if some differences of quality attribute between a biosimilar and the original biopharmaceutical was observed, it is important to evaluate ethnic factors and their impact focusing on the differences.

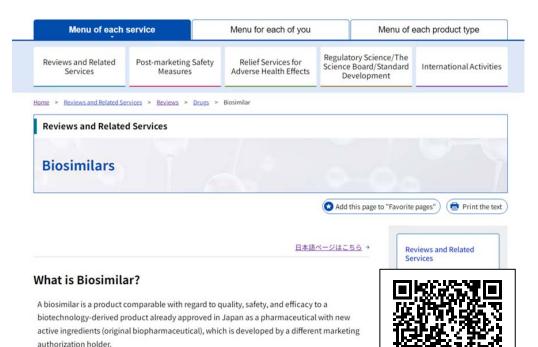


## **Revision of Guideline QA**

- Previously the sponsors must conduct the clinical trial with Japanese subjects, but now if the ethnic factors of subjects do not affect the study results, data from clinical trials conducted overseas in non-Japanese subjects may be used, and it is acceptable not to conduct a clinical trial that includes Japanese subjects.
- If Japanese subjects are not included, it is recommended to consult with PMDA.



#### Introduction of Website



The following English translations of Japanese guideline and notification are intended to be a reference material to provide convenience for users. In the event of inconsistency between the Japanese originals and the translations, the former shall prevail.

#### Guideline and notification on ensuring quality, safety, and efficacy for Biosimilars

- Guideline for Ensuring Quality, Safety, and Efficacy of Biosimilars[150KB]
  February 4, 2020
  PSEHD/PED Notification No. 0204-1
- Questions and Answers (Q&A) on Guideline for Ensuring the Quality, Safety, and Efficacy of Bi
  osimilars[200KB]
  January 25, 2024
  PSB/PED Administrative Notice

#### Learning Videos: Review

Review of Biosimilars - PMDA-ATC Learning Video - YouTube
 You will be transferred to an external website (YouTube : Pmda Channel) by clicking the image.



https://www.pmda.go.jp/english/reviewservices/reviews/0005.html



## **Recent Publication**

Kuribayashi R, Goto K, Hariu A, Kishioka Y. Revisions to the Requirement of the Japanese Clinical Study Data for Biosimilar Developments in Japan. Expert Opinion on Biological Therapy. 2024; 24(7): 637-645.

https://doi.org/10.1080/14712598.2024.2377300

- Kuribayashi R, Hariu A, Nakano A, Kishioka Y. Survey of Data Package and Sample Size of Comparative Clinical Studies for Biosimilar Developments from PMDA Assessments. Pharmaceut Med. 2024; 38: 225-239. <u>https://doi.org/10.1007/s40290-024-00525-y</u>
- Kuribayashi R, Nakano A, Hariu A, Kishioka Y, Honda F. Historical Overview of Regulatory Approvals and PMDA Assessments for Biosimilar Products in Japan During 2009-2022. BioDrugs. 2023; 37(4): 443-451.

https://doi.org/10.1007/s40259-023-00605-6



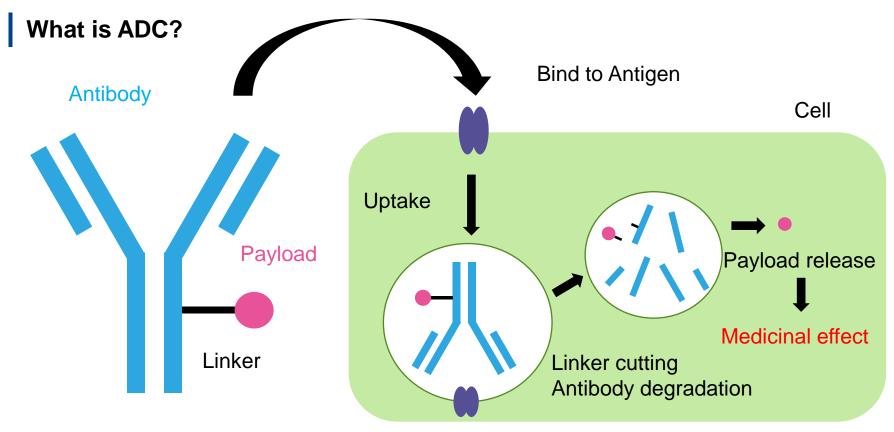


- 1. Biosimilars in Japan
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## 2. CMC Consideration for New Modalities - ADC

- Bispecific Antibodies







### Advantage of ADCs

#### **Conventional chemotherapy**

Due to safety concerns, the dose cannot increase and the therapeutic area is narrow.

#### <u>ADC</u>

ADC can directly deliver the cytotoxic small molecule drug to target cells or tissues , and are expected to have high therapeutic effects and a wide therapeutic range.



## ADCs Approved in Japan

| Brand Name      | INN                          | Approval Dates |
|-----------------|------------------------------|----------------|
| Mylotarg        | Gemtuzumab Ozogamicin        | 2005/7/25      |
| ZEVALIN yttrium | Ibritumomab tiuxetan         | 2008/1/25      |
| ZEVALIN indium  | Ibritumomab tiuxetan         | 2008/1/25      |
| Kadcyla         | Trastuzumab Emtansine        | 2013/9/20      |
| Adcetris        | Brentuximab vedotin          | 2014/1/17      |
| Besponsa        | Inotuzumab ozogamicin        | 2018/1/19      |
| Enhertu         | Trastuzumab deruxtecan       | 2020/3/25      |
| Akalux          | Cetuximab sarotalocan sodium | 2020/9/25      |
| Polivy          | Polatuzumab vedotin          | 2021/3/23      |
| Padcev          | Enfortumab vedotin           | 2021/9/27      |

> All are anticancer pharmaceuticals



#### Antibodies and Payloads of ADCs Approved in Japan

| Brand Name      | INN                          | Target of<br>Antibodies | Payloads                    |
|-----------------|------------------------------|-------------------------|-----------------------------|
| Mylotarg        | Gemtuzumab Ozogamicin        | CD33                    | N-acetyl calicheamicin      |
| ZEVALIN yttrium | Ibritumomab tiuxetan         | CD20                    | MX-DTPA                     |
| ZEVALIN indium  | Ibritumomab tiuxetan         | CD20                    | MX-DTPA                     |
| Kadcyla         | Trastuzumab Emtansine        | HER2                    | Maytansine                  |
| Adcetris        | Brentuximab vedotin          | CD30                    | MMAE                        |
| Besponsa        | Inotuzumab ozogamicin        | CD22                    | N-acetyl calicheamicin      |
| Enhertu         | Trastuzumab deruxtecan       | HER2                    | Derivative of exatecan      |
| Akalux          | Cetuximab sarotalocan sodium | EGFR                    | Derivative of phthalocyanin |
| Polivy          | Polatuzumab vedotin          | CD79b                   | MMAE                        |
| Padcev          | Enfortumab vedotin           | nectin4                 | MMAE                        |

*N*-acetyl calicheamicin: DNA cutting effect, Maytansine and MMAE: Microtubule inhibition effect Exatecan: Topoisomerase inhibition effect, Phthalocyanin: Photochemical reaction caused by laser light irradiation



#### **Current Status of Guidelines in the Development of ADC**

- There are no specific guidelines for ADC in Japan.
- For non-clinical development, refer the following two guidelines:
- Nonclinical evaluation for anticancer pharmaceuticals (ICH S9、ICH S9 Q&A)
- Preclinical safety evaluation of biotechnology-derived pharmaceuticals (ICH S6 (R1))



#### **Current Status of Guidelines in the Development of ADC**

- For quality, refer the following guidelines:
- Stability testing (ICH Q1A (R2)  $\sim$ ICH Q1E)
- Impurities (ICH Q3A (R2)  $\sim$ ICH Q3D (R2) )
- Test procedures and acceptance criteria (ICH Q6A)
- Quality of biotechnological products (ICH Q5A (R1)~ICH Q5E、ICH Q6B)
- Guidance for quality evaluation of antibodies (PFSB/ELD Notification No. 1214-1 / December 14, 2012)



#### **Guidance for Quality Evaluation of Antibodies**

#### **Antibodies**

- Chimeric antibodies, humanized antibodies, human antibodies · · ·
- $\blacktriangleright$  Subclass (IgG1~4)
- Presence or absence of effector functions such as ADCC activity

#### Linkers

Cutting linkers, non-cutting linkers

#### Payloads

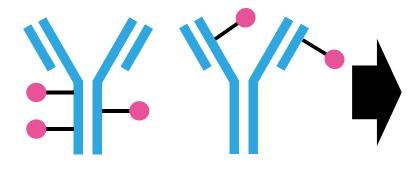
DNA inhibition effect、microtubule inhibition effect · · ·



#### **Binding of Antibodies and Payloads**

In the case of using free cysteine residues generated by dissociating disulfide bonds between antibody molecules with a reducing agents

Heterogeneity of binding numbers and binding sites





Affects;

- Pharmacological effects
- Conformational structure of antibodies
- Antigen binding activity
- Effector functions such as ADCC activity etc



#### **Binding of Antibodies and Payloads**

- In the case of using lysine residues of antibodies
- It is possible that payloads bind to CDR surrounding sequences involved in antigen binding, Fcγ receptors involved in effector functions, and complement C1q binding sites.
- A complex mixture is formed when the payload binds to the many lysine residues in antibody.
- In the case of using free cysteine residues generated by dissociating disulfide bonds between antibody molecules under reducing conditions.
- It may affect the conformational structure of antibodies.
- Compared to the case of using lysine residues of antibodies, the number of free cysteine residues is small, and the binding numbers and binding sites can be easily managed.



### **Managing Heterogeneity**

- It is important to develop a manufacturing process that can consistently produce homogeneous ADCs.
- Manufacturing conditions to consider;
- Antibody to reducing agent ratio, pH of reduction reaction, temperature and time
- Drug to antibody ratio (DAR), temperature and time of binding reaction



DAR, binding sites, effect on biological activity, etc.

Identifying critical manufacturing conditions



## **Managing Heterogeneity**

- It is important to understand the properties of ADCs.
- Examples of evaluation items for quality attribute analysis, specifications and test procedures.
- DAR
- Binding sites of payload
- Amount of antibody with no payload bound
- Amount of payload not bound to antibody
- Antigen binding activity
- Cytotoxicity assay, etc



### **ADC Evaluation Methods**

- > DAR
- UV/visible spectrophotometry
- Hydrophobic interaction chromatography, etc
- Binding sites of payload
- Peptide map, etc





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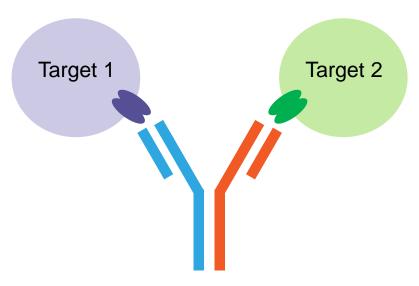
## 2. CMC Consideration for New Modalities - ADC

- Bispecific Antibodies



#### What is Bispecific Antibodies(BsAbs)?

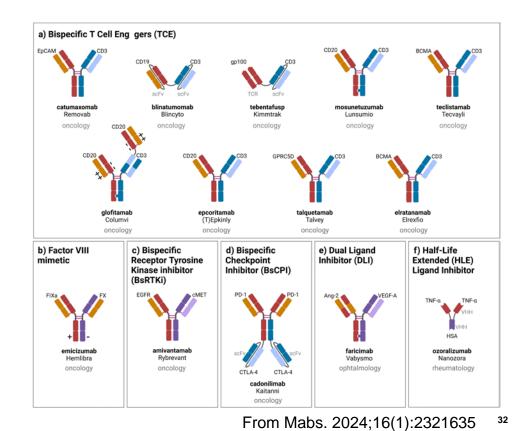
- BsAbs bind two different epitopes.
- Dual specificity for antigens enables novel mechanisms of action.
- For manufacturing heterodimeric molecules, correct assembly of the two different heavy chains is important.
- knobs-into-hole technology
- Fab-arm exchange





## The MOAs of BsAbs

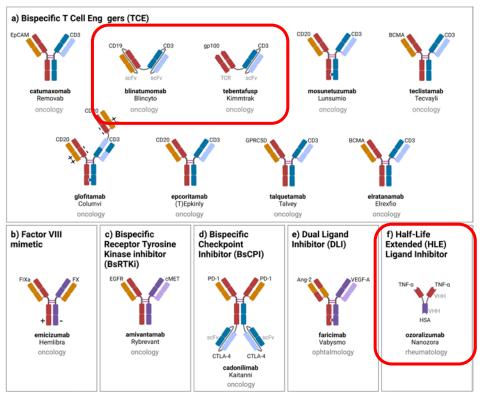
- The variety of BsAbs derived from antibody formats and the targets.
- T cell engagement
- factor VIII mimetic, dual signaling inhibition
- bispecific receptor tyrosine kinase inhibitor
- bispecific checkpoint inhibitor
- dual ligand inhibitor
- half-life extended ligand inhibitor





## The MOAs of BsAbs

- The variety of BsAbs derived from antibody formats and the targets.
- In addition to BsAbs with Fc region, there are BsAbs fragments with no Fc region.
- These BsAbs fragments will lack Fc-mediated effector functions.





#### **BsAbs Approved in Japan**

| Brand Name | INN          | Approval Dates | Target         |
|------------|--------------|----------------|----------------|
| Hemlibra   | Emisizumab   | 2018/3/23      | F.IXa/anti-F.X |
| Blincyte   | Brinatumomab | 2018/9/21      | CD19/CD3       |
| Vabysmo    | Fariscimab   | 2022/3/28      | VEGF-A/Ang2    |
| Nanozora   | Ozolarizumab | 2022/9/26      | TNFα/albumin   |
| Epkinly    | Epcoritamab  | 2023/9/25      | CD20/CD3       |
| Elrexfio   | Elranatamab  | 2024/3/26      | BCMA/CD3       |

> In recent years, the approval of BsAb is increasing.



#### **Current Status of Guidelines in the Development of BsAbs**

- There are no specific guidelines for BsAbs in Japan.
- For non-clinical development, refer the following two guidelines:
- Nonclinical evaluation for anticancer pharmaceuticals (ICH S9、ICH S9 Q&A)
- Preclinical safety evaluation of biotechnology-derived pharmaceuticals (ICH S6 (R1))



#### **Current Status of Guidelines in the Development of BsAbs**

- For quality, refer the following guidelines:
- Stability testing (ICH Q1A (R2)  $\sim$ ICH Q1E)
- Quality of biotechnological products (ICH Q5A (R1)~ICH Q5E、ICH Q6B)
- Guidance for quality evaluation of antibodies (PFSB/ELD Notification No. 1214-1 / December 14, 2012)



#### **Guidance for Quality Evaluation of BsAbs**

- Some BsAbs are manufactured from the assembly of two antibodies.
- For manufacturing heterodimeric molecules, correct assembly of the two different antibodies is important.
- knobs-into-hole technology
- Fab-arm exchange



#### **Guidance for Quality Evaluation of BsAbs**

#### Unique Impurities of BsAb

- Each different antibody used as an intermediate
- > Homodimer

#### **Control strategy**

- In the case of using 2 antibodies,
- It is important to consider which steps are included in viral clearance studies
- It is possible to control the impurities such as each different antibody in appropriate step.





#### **Biosimilars in Japan**

- > 36 biosimilar products were approved in Japan.
- Guideline for Biosimilars in Japan
  - Guideline for Ensuring Quality, Safety, and Efficacy of Biosimilars
  - Questions & Answers regarding Guideline
- The Q&A was revised in January 2024.

#### **CMC Consideration for New Modalities**

- > There are no specific guidelines for ADCs and BsAbs in Japan.
- Guidance for Quality Evaluation
  - ADC : Antibody, Linker, Payload, Heterogeneity • •
  - BsAbs : Unique impurities, Viral clearance study • •



## Thank you for your kind attention.

SHIRAHATA Yukiko Reviewer Office of Cellular and Tissue-based products Pharmaceuticals and Medical Devices Agency (PMDA)

