Health Canada’s Participation at ICH¹
&
Considering ICH-Q12 Implementation²

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CASSS WCBP2019
Opening Plenary Session
History of Health Canada’s Participation

- Observer of ICH since its inception in 1990

- Active participation throughout the years even as an observer, and have made the commitment to implement all ICH guidelines

- Became a Standing Member in October, 2015

- Recognized as a Standing Member in the Articles of Association

- Have similar rights as the Founding Members

- As a Standing Member, automatically participate on the ICH Management Committee

- Have the obligation to implement all ICH guidelines
Current Participation at ICH

• Representation on the ICH Assembly and Management Committee

• Have experts participating on about 80% of the working groups

• ICH has grown significantly, cannot participate on every working group

• Collaborating on ICH guidelines with ACSS partners to share information
Specific Guidelines Under Development

• Q12 – Technical and Regulatory Considerations for Pharmaceutical Product Lifecycle Management **(participating)**

• Q13 – Continuous Manufacturing of Drugs Substances and Drug Products **(participating)**

• Q2(R2) / Q14 – Analytical Procedure Development and Revision of Q2(R1) Analytical Validation **(not participating)**
Some Challenges With Development & Implementation

• ICH aims for *harmonization in every region*

• Need for regulatory changes (e.g., Q7 – Good Manufacturing Practice Guide for Active Pharmaceutical Ingredients)

• Compatibility with policy and operations

• Need for training (e.g., M7 – Assessment and Control of DNA Reactive (Mutagenic) Impurities in Pharmaceuticals to Limit Potential Carcinogenic Risk)

• Harmonized interpretation post implementation
Considering ICH-Q12 Implementation

Challenges ……..
Opportunities ……..
And what will it require?

“How do you get there from here”?
ICH-Q12: Technical and Regulatory Considerations for Pharmaceutical Product Lifecycle Management

• Key Sections
  – Categorization of Changes
  – Established Conditions
  – Post-approval Change Management Protocol
  – Product Lifecycle Management
  – Pharmaceutical Quality System and Change management
  – Relationship Between Regulatory Assessment and Inspection
  – Post-Approval Changes for Marketed Products
  – Annex
Alignment / Implementation / Challenges
Categorization of Changes

Convergence toward risk-based categorization of post-approval changes is encouraged as an important step toward achieving the objectives of Q12. (Some changes do not need to be reported).

• Health Canada is aligned
• Multiple risk-based communication/reporting categories available
  – Prior approval submission (two categories)
  – Notification and/or Annual Report
• Allows for flexibility to move between categories (an enabler)
  – If certain conditions for change are met (captured in our PNOCC guidance)
  – When linked to a Post Approval Change Management Protocol
  – To accommodate negotiated explicit Established Conditions

• Tweaking needed
  – Clearer delineation of “Immediate Notification” and “Annual Report”
  – Perhaps need an improved “Submission Documentation Form”
Alignment / Implementation / Challenges

Established Conditions

ECs are legally binding information judged necessary to assure product quality and can be “explicit” (proposed & justified) or “implicit” (derived from regulation & guidance); any change necessitates a formal regulatory submission. The number of ECs & how narrowly defined depends on product & process understanding, characterization, development approach & potential risk to product quality. **Bonus Alert – concept includes non-ECs!**

- Health Canada is essentially aligned
- Fully endorse regulatory flexibility deriving from
  - Fewer ECs and/or better focused ECs;
  - Rationalized lower reporting categories
  - Mixed formats: parameter-based, enhanced approach, performance-based

- Tweaking needed or challenges faced
  - Will benefit from greater experience with explicit ECs
  - How to manage regulatory affairs complexity introduced by explicit ECs
  - Consistent decisions & “level playing field”
Alignment / Implementation / Challenges
Post Approval Change Management Protocols

PACMP provides predictability and transparency in the requirements and studies needed to implement a change; may address one or more changes for a single product, or may address one or more changes to be applied to multiple products; within original Marketing Application or as a stand-alone submission

• Health Canada not yet aligned
• Concept is well understood
• Multiple communication/reporting categories available as enablers
• May consider introducing a pilot program

• Challenges
  – Change to regulatory policy needed (not regulation)
  – Need modified/improved “Submission Documentation Form”
  – Greater scrutiny for “Notifications” as Step 2 of process
  – Adapt to less revenue from supplements!
Alignment / Implementation / Challenges
Product Lifecycle Management

A central repository for ECs, reporting category for making changes to approved ECs, PACMPs, and any post-approval CMC commitments. Provides a high level summary of product control strategy to clarify and highlight which elements of the control strategy should be considered ECs. Facilitates and encourages a more strategic approach to lifecycle management.

- Health Canada is partially aligned (and, perhaps, more so than others)
- Concept is well understood – we have our CPID (Certified Product Information Document)

- Challenges
  - What to do with our CPID. Keep as streamlined document separate from submission or merge with PLCM document?
Concluding comments

Current timeframe for ICH-Q12
• Last comment period closed in December, 2018
• Interim meeting in Tokyo 11-15 February, 2019
• June 2019: Finalize Step-4 document

Main implementation issues for Health Canada
• Introduce PACMPs
• Adapt our CPID (Certified Product Information Document)
• More clarity/guidance re current categories & update PNOCC guidance
• Manage potential shift in workload / resource allocation / revenue issues
• Adapt to “negotiated” (explicit) ECs (& precedence over existing guidance)
  – How to maintain consistency between agencies, between divisions, between review teams in the absence of a harmonized “rating guide”?
  – How can we address screening/verification challenges and sponsor errors regarding reporting category used to communicate a change?