U.S. PHARMACOPEIA The Standard of Quality SM



PQRI-FDA Workshop on Process Drift Bethesda, Maryland

# Connection Between Quality, Safety, and Efficacy

Roger L. Williams, M.D. United States Pharmacopeial Convention December 1–3, 2010



## - Overview

- BCS
- The USP Monograph: Pharmaceutical Equivalence and Bioequivalence
- A National/Global RLD



## Continuing Equivalence: A Roadmap





## FD&C Act

- -(b)(1)
- -(b)(2)
- -(j)
- -(j)(2)(C)
- -OTC
- -safety/efficacy and identity, strength, quality, purity, potency
- NDA/ANDA approved

## PHS Act

- -PHS: prevention, treatment, or cure of disease
- -safety, purity, potency
- -BLA licensed

## **USP**

- (Identity), strength, quality, purity
- **ICH** 
  - -Quality



- ▶ 1820 USP—independent, national pharmacopeia
- > 1906 Food & Drugs "Wiley" Act
  - Feds can act if adulterated or misbranded
  - -USP strength, quality & purity
- ▶ 1938 Federal Food, Drug, and Cosmetic Act (FD&C Act)
  - FDA application—safety—but no preapproval
  - USP *identity* (drug named in official compendium)
     USP *packaging* & *labeling*
- ▶ 1962 FD&C Drug Amendments
  - FDA pre-market approval authority; safety & efficacy
  - FDA authority to require manufacturing controls:
     **GMPs**—assure safety + identity, strength, quality & purity
- **1997** FDA Modernization Act Amendments
  - USP Positron Emission Tomography (PET) standards



- Reference Listed Drug (WHO Comparator Pharmaceutical Product) Critical to approach—must be stable via careful post-approval change control
- Pharmaceutical Equivalence
  - Defined at 21 CFR 320
  - BPCI Act: 'similar' statements
- BA/BE—harmonization close and could advance further
- Continuing equivalence: Is there an end to the story? RL Williams and Vinod Shah, Journal of Generic Medicines, July 2008



## **The Food and Drugs Landscape:** White Papers







## Dissolution Profile of Two Commercial Formations of a Class II Drug in Simulated Intestinal Fluid pH 7.4





- What Is the question?
  - How to assure continuing equivalence
  - Continuing equivalence for chemical drugs: PE, BE and then TE
  - For biosimilars, it's interchangeability (one-way), not comparability
- The US has a robust system to assure continuing equivalence
- Manufacturers, FDA, USP all play a role
- Process drift is a signal that continuing equivalence may be in jeopardy



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## **Biopharmaceutics Classification System: Update**

Quality Standards for Medicines, Dietary Supplements, and Food Ingredients

**BDDCS BCS** 





- ▶ 325 Medicines
- >260 Drugs
- 123 Oral IR



- ▶ 67% of WHO IR drugs at High Solubility
- ▶ 68% of US Top 200 drugs are HS
- BCS Approaches applicable to the majority of drugs— WHO Essential Medicines and US Top 200
- Allows opportunity to assess impact of process drift on BE at low cost



## *In Vitro* Similarity (IVS)





	Company			Exp.	Excipient
USA	GSK USA	Retrovir	7ZP 1642	10/10	Corn Starch, Mg-Stearate, MCC, Sodium Starch Glycolate
Mexico	GSK (England)	Retrovir	X5953	05/10	NA
	Laboratorios Richmonds	Zetrotax	EMX 4V	04/10	Excipients
Argentina	Laboratoris Filaxix	Zidovudina	12119 D1	06/10	Lactose monohydrate, Mg- Stearate, MCC, Cross carmelose Sodium, Silicium Dioxide
	Laboratorio LKM	Crisazet	B853A	04/10	Sodium Starch Glycolate, Lactose Monohydrate, Mg- Stearate
Uruguay	Laboratorio LKM	Crisazet	B853A	04/10	Sodium Starch Glycolate, Lactose Monohydrate, Mg- Stearate

12/7/2010





Time (min)



Time (min)





## Metronidazole Summary

Country	Manufacturer	SGF	рН 4.5	SIF
Peru	Genfar	+	-	-
	Hersil	-	+	+
	Alkem	+	-	-
	Sanofi	-	-	-
Mexico	Liomont	-	-	-
	Sanofi	-	-	-
Argentina	Baliarda	-	+	+
	Lazar	+	-	-
	Sanofi	-	-	-
	Austral	-	-	-



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## The "Pharmacopeia": 1) USP and 2) NF

Quality Standards for Medicines, Dietary Supplements, and Food Ingredients



89 Revised Official General Chapters

**Productivity:** 



## **Drug Substance Monographs**

Quality Standards for Medicines, Dietary Supplements, and Food Ingredients

USP 34

### Ritonavir



- C37Ha1NcOc52 720.9 2,4,7,12-Tetraazatridecan-13-oic acid, 10-hydroxy-2-methyl-5-(1-methylethyl)-1-[2-(1-methylethyl)-4-thiazotyl]-3,6-dioxo.8, 25,5(26,80) 11-bis(phenylmethyl)-5-thiazolylmethyl ester [55-(5R\*,8R\*,
- 11-backpreasures, 10#, 11#7] 5-ThtazolyImethyl [(α.5)-α-{(15,35)-1-hydroxy-3-{(25)-2-{3-(2-Iso-propy(4-thazoly)methyl]-3-methylureido}-3-methylbutyramido]-4-phenylbutyl]phenethyl]carbamate

- DEFINITION
- Ritonavir contains NLT 97.0% and NMT 102.0% of C37H48N60552, calculated on the anhydrous basis.

### IDENTIFICATION

- · A. INFRARED ABSORPTION (197K)
- B. The retention time of the major peak of the Sample solution is within 2% of the retention time of the major peak of the Standard solution, as obtained in the Assay.

### ASSAY PROCEDURE

- Solution A: 4.1 mg/mL of monobasic potassium phosphate In water
- Solution B: Acetonitrile, tetrahydrofuran (Inhibitor-free), n-
- butanol, and Solution A (18:8:5:69) Solution C: Acetonitrile, tetrahydrofuran (Inhibitor-free), nbutanol, and Solution A (47:8:5:40)
- Butato, and SoucorA (173:340) Mobile phase: See the gradient table below. [NOTE—Because of the high dependence of retention time and selectivity on the Mobile phase composition, the volumes should be accurately measured. Excessive or continued helium sparging must be avoided. Store the Mobile phase in a tightly sealed container when not in use.]

Time (min)	Solution B (%)	Solution C (%)	
0	100	0	
60	100	0	
120	0	100	
120.1	100	0	
155	100	0	

Diluent: Acetonitrile and Solution A (1:1)

Standard stock solution: 2.0 mg/mL of USP Ritonavir RS in Diluent. [NOTE-This solution may be kept for 5 days it refrigerated.]

Standard solution 1: 0.10 mg/mL of USP Ritonavir RS from the Standard stock solution diluted with Diluent Standard solution 2: 0.025 mg/mL of USP Ritonavir RS from Standard solution 1 diluted with Diluent Sample solution: 0.025 mg/mL of Ritonavir in Diluent Chromatographic system (See Chromatography (621), System Suitability.)

### Official Monographs / Ritonavir 1

### Mode: LC Detector: UV 240 nm Column: 4.6-mm × 15-cm; 3-µm packing L26 Column temperature: 60 Flow rate: 1 mL/min Injection size: 50 µL Run time: 40 min System suitability Sample: Standard solution 2 [NOTE—The retention time for ritonavir is 30-35 min.] Suitability requirements Capacity factor, k': NLT 13 Column efficiency: NLT 5000 theoretical plates Talling factor: 0.8–1.2

Relative standard deviation: 2.0% Analysis

Samples: Standard solution 2 and Sample solution Calculate the percentage of C37H48N5O552 In the portion of Ritonavir taken:

Result =  $(r_u/r_s) \times (C_s/C_u) \times 100$ 

- = peak response from the Sample solution = peak response from the Standard solution
- = concentration of USP Ritonavir RS in Standard so-
- lution 2 (mg/mL) C., = concentration of Ritonavir in the Sample solution
- (mg/mL) Acceptance criteria: 97.0%-102.0% on the anhydrous basis
- IMPURITIES

### Inorganic Impurities

720.94

 RESIDUE ON IGNITION (281): NMT 0.2%, determined on 1.0 g HEAVY METALS, Method II (231): NMT 20 ppm, using 1.0 g of Ritonavir and 2 mL of Standard Lead Solution (10 ppm Pb)

### In the Standard Preparation

Organic Impurities [NOTE—Riton avir is alkali sensitive. All glassware should be prerinsed with distilled water before use to remove residual detergent contamination.]

- PROCEDURE Solution A. Solution B. Solution C. Mobile phase, Diluent, Standard stock solution, and Standard solution 1: Pre-
- pare as directed in the Assay. Identity solution: 1 mg/mL of USP Ritonavir Related Compounds Mixture RS in Diluent Standard solution 2: 5 µg/mL of USP Ritonavir RS, from Standard solution 1 in Diluent. [NOTE—Stable for 48 h.]
- Sample solution: 1 mg/mL of Ritonavir in Diluent Chromatographic system
- (See Chromatography (621), System Suitability.) Mode: LC Detector: UV 240 nm
- Column: 4.6-mm × 15-cm; 3-µm packing L26 Column temperature: 60 Flow rate: 1 mL/min Injection size: 50 µL
- Rún tíme Standard solution 2: 40 min
- System suitability
- Samples: Identity solution and Standard solution 2 [NOTE-The retention time of ritonavir is 30-35 min. See Impu-
- rity Table 1 for relative retention times.]
- Suitability requirements Resolution: NLT 1.0 between Impurity E and Impurity F, Identity solution
- Peak-to-valley ratio: NLT 1 for ritonavir and impurity N
- (regiolsomer), Identity solution Capacity factor, k: NLT 13, Standard solution 2 Column efficiency: NLT 5000 theoretical plates, Stan-
- dard solution 2 Tailing factor: 0.8–1.2. Standard solution 2
- Relative standard deviation NMT 3.0%, Standard solution 2

2 Ritonavir / Official Monographs

### Analysis

Samples: Diluent, Identity solution, Standard solution 2, and Sample solution Calculate the percentage of each impurity in the portion of

Ritonavir taken

- Result =  $(r_u/r_s) \times (C_s/C_u) \times (1/F) \times 100$
- = peak response from the Sample solution E.,
- = peak response from Standard solution 2
- = concentration of Standard solution 2 (mg/mL) Cu = nominal concentration of Ritonavir in the Sample
- solution (ma/mL)
- E = relative response factor
- Acceptance criteria

Individual impurities: See Impurity Table 1. Total impurities: NMT 1.0%

## Impurity Table 1

Name	Relative Retention Time	Relative Response Factor	Acceptance Criteria, NMT (%)
Mixture of 2,4-Wing acid and monoacyl valine (A + B)	0.07	1.0	0.1
Moncacylacetamicle (C)	0.15	1.0	0.1
5-Wing diacyl (D)	0.24	1.37	0.1
Oxidation impurity (E)	0.36	1.0	0.3
Acid hydrolysis prod- uct (F)	0.39	0.73	0.1
Ritonavir hydroperox- ide (G)	0.45	1.0	0.1
Acid/base by-product (H)	0.47	0.76	0.1
Ethyl analog (l)	0.64	1.0	0.1
Mixture of Boc- monoacyl and monoacyl isobutyl carbamate (I + K)	0.81	0.74	0.1

Impurity Table 1 (Continued)				
Name	Relative Retention Time	Relative Response Factor	Acceptance Criteria, NMT (%)	
ase cyclization prod- uct (L)	0.87	0.53	0.1	
,4-Wing isobutyl es- ter (M)	0.94	1.0	0.1	
egioisomer (N)	1.05	1.0	0.1	
omer #2 (O)	1.11	1.0	0.3	
X-monoacyl urea (P)	1.14	1.0	0.1	
somer #4 (Q)	1.23	1.0	0.1	
somer #1 (R)	1.32	1.0	0.1	
Xi-monoacyl valine urea (S)	1.62	1.0	0.1	
,4-Wing diacyl (T)	2.87	0.73	0.2	
riacyl impurity (U)	3.20	1.0	0.1	
ny other individual impurity	-	1.0	0.1	

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### SPECIFIC TESTS

- · WATER DETERMINATION, Method I (921): NMT 0.5%, determined on 0.500 g
  • X-RAY DIFFRACTION (941): The X-ray diffraction pattern con-
- forms to that of USP Ritonavir RS, if used in a solid dosage

### ADDITIONAL REQUIREMENTS

- PACKAGING AND STORAGE: Preserve in tight, light-resistant containers. Store between 5° and 30°
- USP REFERENCE STANDARDS (11)
  - USP Ritonavir RS USP Ritonavir Related Compounds Mixture RS

## Drug Product Monographs and General Chapters

Quality Standards for Medicines, Dietary Supplements, and Food Ingredients

### R-498 Metformin / Official Monographs

Metformin Hydrochloride Extended Release Tablets

### DEFINITION

Attformin Hydrochloride Extended-Release Tableta contain NLT 90.0% and NMT 110.0% of the labeled amount of metformin hydrochloride (C<sub>6</sub>H<sub>11</sub>N<sub>1</sub> · HCI).

### **IDENTIFICATION**

. The retention time of the major peak from the Sample solution corresponds to that from the Standard solution, as obtained in the Assay.

## ASSAY

- PROCEDURE Buffer solution: 0.5 g/L of sodium heptanesulforate and 0.5 g/L of sodium chloride in water. Prior to final dilution, adjust with 0.06 M phosphoric acid to a pH of 3.85. Mobile phase: Actornitifie and Buffer solution (1-9).
- [NOTE—To improve the separation, the composition of acetonitrile and Buffer solution may be changed to 1:19, if necessary.] Meent: 25% solution of acetonitrile in wa Devent

Standard solution: (1/4000) mg/mL of USP Metformin Hy-drochloride RS in Diluent, where L is the labeled quantity, in ng, of metformin hydrochloride in each Tablet

Mg, or interaction hydrochionale in each labert System multability stock solution: 12.5 µg/mL of each of USP Metformin Related Compound 8 RS and USP Metformin Related Compound C RS in Difuent

System mitability solution: Dilute 0.5 mL of the System suitability stock solution with the Standard solution to 50 mL. Sample stock solution: Finely powder NLT 10 Tablets. Sample mock breakers, throug power rul to take weight, to a homogenization vessel, and accurately add 500 ml, of 10% accionatifie solution. Alternately, homogenized and of to soak until the sample is fully homogenized. [NCIT-A suggented homogenization sequence is as follows. Homogeniza the sample using five pulses, each of 5 s, at about 20,000 rpm, and allow to soak for 2 min. Repeat these steps two additional times.]

Sumple obtainer: Pass a portion of the Sample stock solution through a suitable filter of 0.45-um pore stor, discarding the first 3 mL of filtrate. Transfer 25 mL of the filtrate to a 200mL volumetric flask, and dilute with water to volume

Chromatographic system (See Chromatography (621), System Suitability.) Mode: LC

- Detector: UV 218 nm Column: 3.9-mm × 30-cm; 10-um packing L1
- Temperature: 30\*
- How rate: 1 mL/min
- Injection size: 10 µl. Run time: Until after the elution locus of metformin related compound C

- System suitability Sample: System suitability solation [NUIT--The relative retention times for metformin related compound B, metformin, and metformin related com-pound C are 0.86, 1.0, and 2.1-2.3. Metformin related compound C can have a variable retention time. The composition of the Mobile phase may be changed to 1:19, if it elutes at a relative retention time of less than 2.1.]

Suitability requirements

Resolution: NLT 1.5 between peaks due to metformin related compound B and metformin Tailing factor: NLT 0.8 and NMT 2.0 for the metformin

peak Relative standard deviation: NMT 1.5% for the metiomin peak and NMT 10% for each of the peak. due to methomin related compound B and methomin related compound C

## USP 33 Rebsue

### Analysti

Samples: Standard solution and Sample solution Calculate the percentage of Celhins - HCI in the portion of Tablets taken

Result =  $(n/n) \times (C_1/C_2) \times 100$ 

- = peak response from the Sample solution = peak response from the Standard solution n<sub>a</sub>
- 2 = concentration of USP Metformin Hydrochloride RS in the Standard solution (mg/mL)
- = nominal concentration of metformin hydrochloride in the Sample solution
- Acceptance criteria: 90.0%-110.0%

## PERFORMANCE TESTS

### Change to read:

### Dissolution (711)

Test 1 Medium: pH 6.8 phosphate buffer (6.8 g of monobasic Potassium phosphate in 1000 mL of easily water, adult with 0.2 N sodium hydroxide to a pH of 6.8 ± 0.1); 1000 mL Apparatus 1: 100 rpm for Tablets labeled to contain 750

Apparatus 2: 100 rpm for Tablets labeled to contain 500 THE

Times: 1, 3, and 10 h Detector: UV 232 nm

Standard solution: USP Metformin Hydrochloride RS in Median

Sample solution: Pass a portion of the solution under test sample toution: Pass a portion of the solution under the through a suitable hydrophilic polyethylene filter of 0.45-um pore size. Diute, if necessary, with Medium to a con-centration similar to the Standard solution. Analysis: Calculate the percentage of Cell11N1 - HCl re-

leased at each time point:



= absorbance of the Sample solution = absorbance of the Standard solution

å = concentration of the Standard solution (mg/mL)

- = initial volume of Medium in the vessel (mL)
- ٧6. = volume withdrawn from the yeasel for previous
- samplings (mL)
- = concentration of metformin hydrochloride in the Medium determined at 1 h (mg/ml) = concentration of metformin hydrochloride in the Ca
- C Medium determined at 3 h (mg/ml)

L = Tablet label claim (mg) Tokerance: The percentages of the labeled amount of CelhNo-HQ databased at the times specified conform to Acceptance Table 2.

Amount Dissolved,	Amount Dissolved,
500-mg Tablet	750-mg Tablet
20%-40%	22% 42%
45%-65%	42%-62%
NLT 85%	NLT 85%
	Amount Dissolved, 500-mg Tablet 20%-40% 45%-65% NLT 85%

Text 2: If the product complies with this test, the labeling Indicates that it meets USP Dissolution Test 2. Medium: Prepare as directed for Test 1; 1000 ml. Apparatus 2: 100 rpm Times: 1, 2, 6, and 10 h Detector: UV 232 nm

Standard solution: USP Metformin Hydrochloride RS in Medium

Sample rolution: Pass a portion of the solution under test through a suitable polyethylene filter of 0.45-um pore size.





## **Glutathione Example: Assay**





- ► USP Offers More than 2,500 Reference Standards for Use in the Full Range of USP-NF Tests and Procedures
- USP Reference Standards Have Been Rigorously Tested by USP, Industry, and Government Scientists

## **Productivity:**

- 728 New Reference Standards
- 931 Replacement/Continuing Reference Standards





- FDA does BA/BE
- USP does Performance test (with PVT and reference materials)
- Other countries—Performance test may not signal BA/BE (continuing equivalence)
- BA/BE needs GMPs and careful clinical/in vitro studies to establish/document
- In countries without GMPs and BA/BE requirements, USP Performance test signals performance but may not signal BA/BE



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Most important selection criteria in order of preference:

- **USP RLD** 
  - Defined in Orange Book
  - Typically Innovator
- ► WHO
  - Approval in ICH and associated countries
  - Pre-qualified by WHO
  - Extensive, documented use in clinical trials
  - Reported in peer-reviewed scientific journals
  - Long and unproblematic post-market surveillance.



- Obtain from US market
- Five years in advance of patent expiry
- Study in USP laboratories—characterization and dissolution in three media
- Prepare and release as Certified Drug Product Reference Material packages for national/international BE studies
- Could lead to only one BE study for many markets
- Pros/Cons: to be considered (e.g., what about non-US national comparator pharmaceutical product)



Every pharmaceutical ingredient or formulated product, together with its packaging materials, has unique characteristics or **'fingerprints'** that can be probed using various regions of the electromagnetic spectrum.





## Manufacturers

- QbD undergirds continuing equivalence
- FDA and USP
  - Create standards that assure continuing equivalence (law, regulations, guidances, compendial monographs)
- Monitoring is key to success
  - Process drift
  - Periodic studies for PE and BE
  - -BCS and USP monographs are low cost ways to monitor
  - Change brings in requirement for further study/FDA involvement
- Reference Listing Drug
  - The link to clinical trial material and documentation of safety and efficacy



- Nádia Araci Bou-Chacra
- Raimar Löbenberg
- Erika Stippler
- Vinod Shah









