

Approval Review of Generic Drugs

Office of Generic/OTC Drugs, PMDA Kazuyuki SAITO, Ph.D.



Outline of Presentation

Introduction

Approval Review of Generic Drugs

- Equivalency review
- Conformity audit

➢ Conclusion

Japan's Drug Regulations

- Ministry of Health, Labor and Welfare
 Ultimate Responsibilities in policies & administrative measures
 e.g. Final judgment on approval
 - Product withdrawal from market
- Pharmaceuticals and Medical Devices Agency

Actual review, examination, data analysis, etc. to assist MHLW'S measures

15th Annual IGPA Conference in Kyoto

- e.g. Approval Review of Drugs and MDs
 - GMP/GLP/GCP inspection
 - Collection, analysis, & provision of ADR info
- Local Government (47 Prefectures)

pharmaceutical administration on consignment from MHLW

- e.g. supervise license holders
 - GMP Inspection

2012/12/4







Ministry of Health, Labor & Welfare (MHLW) Pharmaceuticals & Medical Devices Agency (PMDA)





Office of PMDA



PMDA Office

New Kasumigaseki Bldg. 3th, 6th-14th, 18th FLOOR

Tokyo, JAPAN

http://www.pmda.go.jp/

PMDA organization





What are generic drugs?

- Compare with Original Drugs (Brand Drugs) to have <u>the same</u>
 - -API (active pharmaceutical ingredients)
 - -quantities
 - -route of administration
 - -dosage form
 - -direction and dose
 - -indications and effects

Can be used as same as original drugs



Main data required for Approval to Generic Drugs



Requirements in Japan(Data to be submitted with an application for approval) originator gen				
a. Origin or background of discovery, conditions of use in foreign countries	1 Origin or background of discovery	0	×	
	2 Conditions of use in foreign countries	0	×	
	3 Special characteristics, comparisons with other drugs, etc.	0	×	
b. Manufacturing methods, standards and test methods	1 Chemical structure and physicochemical properties, etc.	0	×	
	2 Manufacturing methods		Δ	
	3 Specifications and test methods	0	0	
c. Stability	1 Long-term storage tests	0	×	
	2 Tests under severe conditions	0	×	
	3 Accelerated tests	0	0	
	1 Test to support efficacy	0	×	
d. Pharmacological action	2 Secondary Pharmacology, Safety pharmacology	0	×	
	3 Other pharmacology	Δ	×	
e. Absorption, distribution, metabolism and excretion	1 Absorption	0	×	
	2 Distribution	0	×	
	3 Metabolism	0	×	
	4 Excretion	0	×	
	5 Bioequivalence	×	0	
	6 Other pharmacokinetics	Δ	×	
f. Acute, sub acute, and chronic toxicity, teratogenicity, and other type of toxicity 2012/12/4	1 Single dose toxicity	0	×	
	2 Repeated dose toxicity	0	×	
	3 Genotoxicity	0	×	
	4 Carcinogenecity	Δ	×	
	5 Reproductive toxicity	0	×	
	6 Local irritation	Δ	×	
	7 Other toxicity 15th Annual IGPA Conference in Kyoto	Δ	×	
g. Clinical Study	Clinical trial results	0	×	



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Approval Review of Generic Drugs

Approval of New generic drugs : twice a year (listing in the drug price list : twice a year)

More than

February

August

Reviewing period for approval review : one year

Ca. 1,000 applications



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approve

Approval Review of Generic Drugs What shall we check? 1. Equivalency review

Active ingredient(s)	Quantities	Route of administration	Dosage form	Original Direction and Dose	Indications and Effects
	Sam	e to the	origina	tor?	
required data ^{2012/12/4} (1) Specifications and test methods (2) Stability (3) Bioequivalence studies etc. ¹²					

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What shall we check?

Equivalency review (1)

①Specifications and test methods

Drug substance and Drug product

- Set up for a certain range : the content of the ingredient(s) the unit of potency
- Set up for upper limit : Impurities
- Set up for lower limit : dissolution test

※ related Impurities which are not detected in originators (review based on manufacture method, product formula Ref. ICH GL (Q3A, Q3B)



Typical Setting of Specifications

Items	Drug Substance	Drug Product
1. Name	0	0
2. Structural formula or empirical formula	Δ	×
3. Molecular formula and molecular mass	0	×
4. Origin	Δ	Δ
5. Limits of the content of the ingredient(s) and/ or the unit of potency	0	0
6. Description	0	0
7. Identification	0	0
8. Specific physical and/or chemical values (Physicochemical properties, etc)	Δ	Δ
9. Impurities	0	Δ
10. water content (Water or loss on drying)	Δ	Δ
11. Residue on ignition, total ash and/or acid-insoluble ash	Δ	×
12. Tests for preparations	×	0
13. Special tests	Δ	Δ
14. Others (including Microbial limits, Particle size)	Δ	Δ
15. Assay	0	0
16. Reference standard	Δ	Δ
17. Reagents, test solutions	Δ	Δ



Setting of Specifications

~	-	
Type of formulation	Contents	
Powders and Granules	Uniformity of Dosage Units, Dissolution Test or Disintegration Test	
Tablets, Pills, Capsules, Troches	Uniformity of Dosage Units, Dissolution Test or Disintegration Test	
Injections	Foreign Insoluble Matter Test, Test for Extractable Volume, Uniformity of Dosage Units, Sterility Test, Insoluble Particulate Matter Test, Bacterial Endotoxins Test, Release Test, Particle Size Test	
Aerosols (which requires quantitative accuracy)	Relationship between spray time and spray amount, Particle Size Test (Suspension type only)	
Elixirs, Spirits, Tinctures, Fluidextracts	Alcohol Number Determination	
Ophthalmic Ointments	Test for Metal Particles, Sterility Test, Release Test, Particle Size Test, Ductility Test	
Transdermal Systems (Plasters, etc.)	Adhesiveness test, Release Test	
Suppositories	Melting Point Test, Release Test, Softening Point	
Ophthalmic Solutions 2012/12/4 Solutions	Foreign Insoluble Matter Test, Sterility Test, Release Test, aRanticle Size Testyoto	



What shall we check? Equivalency review (2) ②Stability

- Accelerated test
 - The rate of chemical degradation or physical change of a drug substance or drug product.
 at 40 (±1) ℃, RH 75% (±5%)
 - 3 lots, for 6 months
 - The data from the studies can be used to assess longer term chemical effects at non-accelerated conditions



③Bioequivalence studies



Guideline



For Bioequivalence Studies of Generic Drugs

(Notification by MHLW in Dec. 1997 was revised in Nov. 2006) and Feb. 2012)

- assure therapeutic equivalence of generic drugs to the originators.
- compare the bioavailability between a generic drug and its originator.



Bioequivalence tests: started to be required since 1980 under the <u>GCP</u> standards and also regulated as clinical trials by the Pharmaceutical Affairs Law



or

Procedure for Bioequivalence Evaluation

Selection of an originator product batch (reference product batch)

Evaluation of dissolution behavior

Pilot bioequivalence study in humans

Main bioequivalence study in humans

Statistical analysis



Bioequivalence studies

Design

 Crossover studies with random assignment of individual subjects to each group and open-labeled studies

Number of subjects

- A sufficient number of subjects for assessing bioequivalence
- Minimum of 12 subjects (WHO Guideline)

Selection of subjects

Healthy adult volunteers

continuing



Parameters to be assessed

- Blood samples

 - single dose : AUC_t, C_{max} AUC∞, t_{max}, MRT, k_{el} (reference) multiple dose : AUC_{τ} , C_{max} C_{τ} (reference)



• Urine samples : Ae_t, Ae_{τ}, Ae_{∞}, U_{max} and U_{τ}



Evaluation

The 90% confidence interval of the difference in the average values of logarithmic AUC :

 log(0.8) ~ log(1.25) · · · · acceptable range
 For C_{max}, the same acceptable range.



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Cases prone to Exhibiting Differences in Bioequivalence

1. Insoluble compounds

• Dissolution controls absorption. Differences in the particle size of API affect bioavailability in some compounds.

2. Lipid-soluble compounds

 Solubilization by bile acid controls bioavailability (potent effect of food) in some compounds.

3. Highly variable drugs

 Bioavailability will not be within the confidence interval in the standard sample size (approx. 20 patients) as the pharmacokinetics (e.g. metabolic clearance) is highly variable.



4. Enteric-coated drugs

• Acid resistance and drug dissolution affect bioavailability. The gastric emptying rate (GER) is highly variable.

5. Sustained-release drugs

- Differences in bioavailability related to differences in the mechanism for sustained-release (equivalency in dissolution is required).
- GER is highly variable (the guidelines require that fasted and fed bioequivalence studies be performed).

6. Cases related to assays

• Nonspecific assays may result in incorrect determinations for the concentrations of unchanged substances.



2012/12/4



What shall we check?

Conformity audit

The reliability is also important point,

- Check the conformity to the standards in application data
 - The consistency between application materials and raw data
 - On-site GCP audit, to check compliance of sponsors • and clinical trial facilities, if necessary
- Check the conformity to the standards for manufacturing and quality control
 - GMP inspection to the manufacturing sites
 - In addition to pre-approval GMP inspection, periodical GMP inspection is also required after Approve! approval





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Conclusion

In reviewing of generic :

- Specifications and test methods
- Accelerated tests
- Bioequivalence

Generic drug : substitute for the originator



able to be approved without clinical trials for confirming their efficacy and safety

Generics!!

Economical efficiency for patients' co-payment and total medical expenditure.

2012/12/4



Face-to-Face Consultation Service

 short consultation (kan-i-sodan) :already practiced by satisfactory entry in specification / MF (fee/application: ¥ 21,800)

A new trial consultation : starting in 2012. 1 ~ to give guidance and advice of application materials before the submission

- Quality (fee/application: ¥ 491,800)
- Bioequivalence study (fee/application: ¥ 997,500)

Thank you for your attention!



Office of OTC/Generic Drugs Pharmaceuticals and Medical Devices Agency

TEL: +81-3-3506-9001 FAX: +81-3-3506-1101 Home page; http://www.pmda.go.jp/