

## A STUDY OF CMC , POST APPROVAL REGULATORY AFFAIRS

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### **Abstract**

*Chemistry, Manufacturing and Controls (CMC) is a critical component of regulatory submissions that ensures the quality, safety, and efficacy of pharmaceutical products. Post-approval CMC activities focus on managing changes after a drug product has received marketing authorization. These changes may occur in raw materials, manufacturing processes, equipment, facilities, or analytical methods. Regulatory authorities require that all post-approval changes are properly evaluated, documented, and reported. The main objective of post-approval CMC is to maintain consistent product quality throughout the product lifecycle. Any modification should not adversely affect the identity, strength, quality, purity, or potency of the drug product. Post-approval changes are classified based on their potential impact on product quality. Common categories include minor, moderate, and major changes. Different regulatory pathways are followed depending on the risk level of the change. Regulatory agencies such as US FDA, EMA, and CDSCO provide guidelines for post-approval CMC changes. In the US, changes are reported through supplements like PAS, CBE-30, or annual reports. Stability studies play an important role in supporting post-approval changes. Validation and re-validation of processes are often required after significant changes. Change control systems ensure proper evaluation and approval of modifications. Post-approval CMC documentation includes updated specifications, batch records, and validation reports. Continuous monitoring of manufacturing processes is essential for compliance. Quality Risk Management (QRM) tools are applied to assess the impact of changes. Post-approval CMC activities support product lifecycle management. They also help in scale-up, site transfer, and technology transfer. Regulatory compliance during post-approval ensures uninterrupted product supply. Failure to report changes may lead to regulatory action. Post-approval inspections verify compliance with approved CMC information. Good Manufacturing Practices (GMP) must be maintained at all times. Post-approval CMC ensures patient safety and product reliability. It supports continuous improvement without compromising quality. Effective communication with regulatory authorities is essential. CMC post-approval is a dynamic and ongoing regulatory process.*

CMC $\longrightarrow$  CHEMISTRY MANUFACTURING & CONTROL

### **INTRODUCTION**

CMS regulatory affairs is a specific area with RA that has usemate responsibility for providing CMC regulatory leadership and strategy required to active regulatory approvals

CMC RA provide knowledge,understanding,interpretation and utilization of regulatory guidance and regulations as well as industry and gov agency best practice and trends

EXAMPLE > CMC regulatory submission may contain information associated with API and the finish dosage form

### **Post approval regulatory affairs**

The FDA may require a post approval study at the time approval of a premarket approval, humanitarian , device exemption or product development protocol application to help assure continued safety an effectiveness of the approved drug product of medical device



The safety surveillance is designed to detect any rare or long term advers effects over the much larger population and longer period



Harmful effects show in this trail may result in drug ban or restricted in certain usages

### **REGULATION FOR COMBINATION PRODUCTS AND MEDICAL DEVICES**

A combination is product composed of any combination of a drug and a device ; A biological product and a device; a drug and a biological product;or a drug device and a biological product

Example>

- 1)monoclonal antibody combined with therapeutic drug
- 2) Device coated or impregnated with a drug or biological
- 3)prefilled drug delivery system

## MEDICAL DEVICES

Are instrument apparatus ,implement,machin contrivance,implant, in vitro reagent or the other similar or related article including and component, part,or accessory

Medical device does not achieves its primary intended purpose through chemical action within or on the body of Man or other animals and which is not depent upon beings metabolized for the achievement of its primary intended purpose

### IN US,FDA has 3 assigned centers for regulation

- 1) Center for drug evaluation and research
- 2) Center for device and radiological health
- 3) Center for biologics evaluation and research

Example

1)wound dressing with antimicrobial typically a device

CTD and ECTD FORMAT

CTD was agreed in nov2000 in san diego.usa

>IT provides for a harmonized structure and format for new product application

> CTD is maintained by the ICH of technical requirement for resgistaton of pharmaceuticals for human use

### FDA CHARACTERIZED THE CTD

An information package of clinical, non clinical , manufacturing ,technical data in the same format and with the same content that would be submitted for registering new drugs in all three ICH region I.e US, European union and japan

### CTD TRIANGLE Mod 1

Mod 2 mommmmod mod 3

Mod 4- mod 5

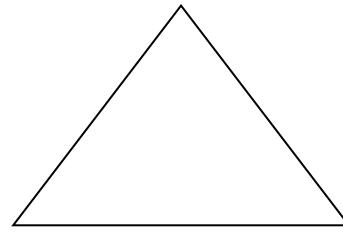
Mod 1; regional admining

Mod2; Qulality overall summary

Mod3;Quality

Mod4;Non clinical study report

Mod5; clinical report



### ECTD>ELECTRONIC COMMON TECHNICAL DOCUMENTS

>ECTD composed of two type of specification

.)content specification as defined by ICH

.)Technical specification –electronic softwers.

>CTD-TOC

>Ectod –xml backbone

### CHARACTERISTICS

>Structure

>All mod 1 to 5 have granularity options

>Pdf documents linked via Xml backbone

>Increase documents granularity

>Transparency of entire submission

>Ease of navigation and review

### BENEFITS

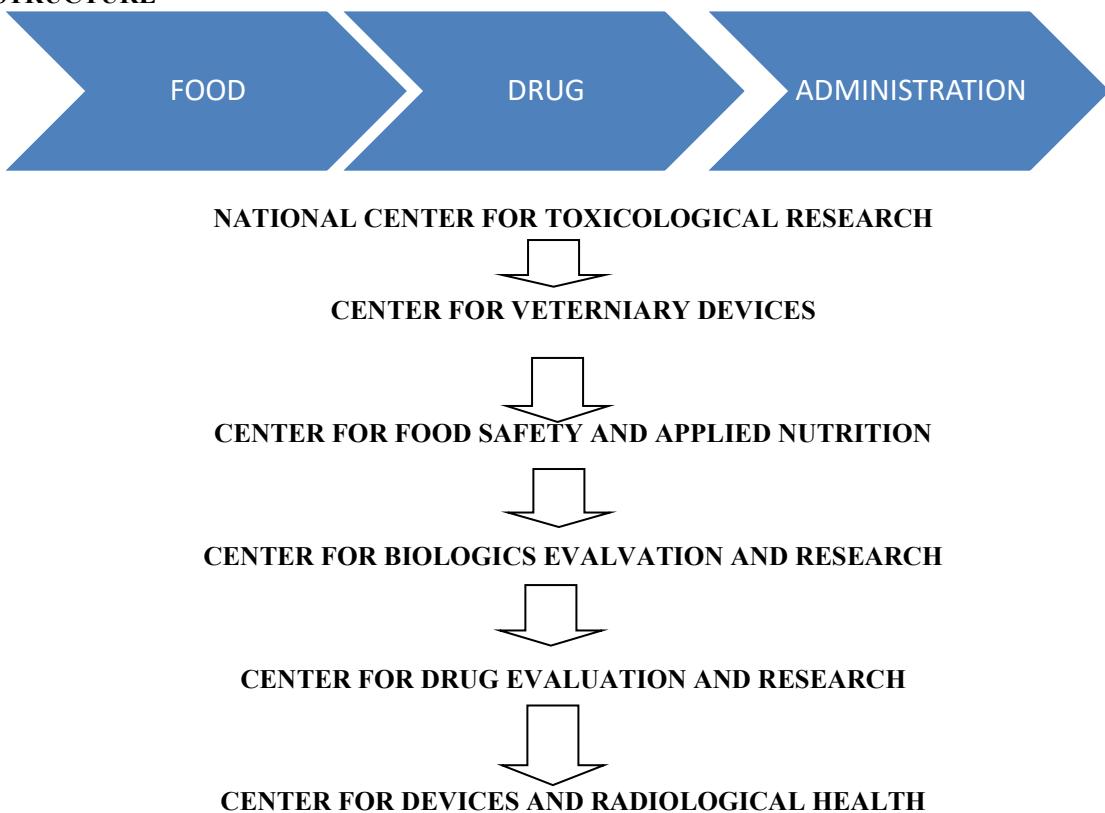
- Can reduce time to approval
- Improved handling and archiving of submission
- Search functionality and increase tracking ability
- Allows for repurposing of DOCS for submission in other regions
- Accessibility to documents across modules
- Improve review efficiency

### INDUSTRY AND FDA LIOISON

Experienced drug regulatory affairs personal are essential in the process of new development

➤ They are largely responsible for establishing a liaison with there counterparts at the US food and drug administration and other regulatory agencies globally

➤ FDA is one of our nation oldes consumer protection agencies dating back to 1862

**FDA STRUCTURE****U.S AND FDA**

The U.S FDA is an agency of the u.s department of health and human services that is responsible for safety regulation of

- Most type of food
- Vaccine
- Drugs
- B.products
- Dietary supplement
- Biological medical product
- Cosmetics

2) The fda also enforces other notably sec 361 of the phs...act and associated regulations many of which are not directey related to food or drugs

3) The FDA has its head quarters at white oak,Maryland. The agency also has 233 field offices and 13 laboratories located throughout 50 states

**GUIDELINE OF ICH Q.S.E.M**

The international conference of harmonization of technical requirement for registration of pharmaceuticals for human use

- QUALITY (Q1 –Q10)

**CHEMICAL & PHARMACEUTICAL QA**

- SAFETY (S1-S10)

**DEALING WITH VITRO & VIVO PRE CLINICAL TESTING**

- EFFICACY(E1-E16)

**CLINICAL STUDIES IN HUMAN BEINGS**

- MULTIDISCIPLINARY (M1-M8)

**TERMINOLOGY, ELECTRO STANDARDS COMMON****QUALITY**

Harmonization achievements in the quality area include pivotal-milestones such as the conduct of stability studies, approach to pharmaceuticals quality and good manufacturing practices

**Q1> STABILITY**

**Q2>ANALYTICAL VALIDATION**

**Q3>IMPURITIES**

**Q4>PHARMACOPOEIAS**

**Q5>QUALITY OF BIO TECHNOLOGICAL**

**Q6>SPECIFICATION**

**Q7>GMP**

**Q8>PHARMACEUTICAL DEVELOPMENT**

**Q9>QRM**

**Q10>PHARMACEUTICAL QUALITY SAFETY**

**SAFETY**

ICH has produced a comprehensive set of safety guidelines to uncover potential risks like carcinogenicity-genotoxicity and reprotoxicity

**S1>CARCINOGENCITY STUDIES**

**S2-GENOTOXICITY STUDIES**

**S3-TOXICOKINETICS AND PHARMACOKINETICS**

**S4-TOXICITY TESTING**

**S5- REPRODUCTIVE TOXICOLOGY**

**S6-BIOTECHNOLOGICAL PRODUCTS**

**S7-PHARMACOLOGY STUDIES**

**S8-IMMUNOTOXICOLOGY STUDIES**

**S9-NON CLINICAL EVALUATION FOR ANTICANCER PHARMACEUTICALS**

**S10-PHOTOSAFETY EVALUATION**

**EFFICACY**

THE work carried out by ich under the efficacy heading is concerned with the design, conduct, safety and reporting of clinical trials

**E1-E2-CLINICAL SAFETY**

**E3-CLINICAL STUDY REPORT**

**E4-DOSE RESPONSE**

**E5-ETHNIC FACTORS**

**E6-GOOD CLINICAL PRACTICE**

**E7-E11-CLINICAL TRIALS**

**E12-E13-GUIDELINES FOR CLINICAL EVALUATION**

**E14-CLINICAL EVALUATION**

**E15-16-PHARMACOGENOMICS**

**MUTIDISCIPLINARY**

Those are the cross cutting topics which do not fit uniquely into one of the Q,S,E categories it includes the ICH medical terminology

**M1-Med.DRA TERMINOLOGY\**

**M2-ELECTRONIC STANDARDS**

**M3-NON CLINICAL SAFETY STUDIES**

**M4-CTD**

**MS-DATA ELEMENTS & STANDARD FOR DRUG DICTIONARIES**

**M6-GENE THERAPY**

**M7-GENOTOXIC IMPURITIES**

**M8-ECTD**

**REGULATORY REQUIREMENTS OF EU,MHRA,TGA AND ROW COUNTRIES**

**EU> EUROPAN UNION**

European medicines agency is a decentralized agency of the European union

➤ Established under the name in 1992 by the treaty on European union

➤ The agency is responsible for the scientific evaluation supervision and safety monitoring of medicine developed by pharmaceutical companies for the use in European

**Market Authorization**

To protect public health and ensure the availability of high quality, safe and effective medicine for europran citizens all medicines must be authorized before they can be placed on the market in the EU

**Role of EMA**

The European commission can also take action concerning other aspects of medicine regulation

➤ Right of initiative-it can propose new or amended legislation for the pharmaceutical sector

➤ Implementation-it can adopt implementing measures as well as oversee the correct application of EU

**Guidelines**

- EMA prepare scientific guidelines in cooperation with experts from its scientific committees and working groups
- These guidelines reflect the latest thinking on developments in bio-medical store

**Authorization and supervision of manufacturing**

Manufacturers, importers and distributor of medicines in the EU must be licensed before they can carry out those activities

Clinical trials

**The European clinical trials database tracks which clinical trials have been authorized in the EU. It is used by NCAs and clinical trial sponsors to enter information, protocols and results of clinical trials**

**MHRA**

Medical and healthcare products regulatory agency an executive agency of department of health of united kingdom

> MHRA was set up April 2003 bringing together the function of MCA and MDA

> MHRA is responsible for ensuring that medicines and devices work, and are acceptably safe

**ROLES**

> LICENSING

- CLINICAL TRIAL LICENCE

- MANUFACTURING AND DEALER LICENCE

- SAFETY AND EFFICACY MONITORING

- ENFORCEMENT OF LAW

- REGULATION OF CLINICAL TRIALS

- PROVIDING INFORMATION TO PUBLIC AND HEALTH PROFESSION

**LICENSING PROCESS**

- Application of clinical trial

- evaluation by MHRA

- Satisfies, doesn't satisfy

- clinical trials

- clinical trials results

**MARKETING AUTHORIZATION**

1) Centralized procedure

2) National procedure

3) Decentralized procedure

4) Mutual recognition procedure

**RENEWAL OF LICENSE**

Application for renewal should be submitted at least six months before expiry

- New MA's

- Re-evaluations

**➤ TGA**

Therapeutic goods administration is the regulatory body for therapeutic goods in Australia

**Objectives**

Therapeutic goods act 1989 which came into effect on 15 Feb 1991 is to provide a national framework of regulation of therapeutic goods in Australia to ensure quality, safety, and efficacy of medicines

**Regulatory framework**

1) Products are evaluated by the TGA for Q,S,E under the provision of sec.25 of therapeutic goods act 1989

2) Product in category include

> products included in schedules of pharmaceutical benefits

> products that make therapeutic claims other than sun screening

**Elements to regulate**

> licensing and audit of manufacturer

> pre-market assessment

> Post market regulatory authority

**➤ ROW COUNTRIES**

Means a country which is not included in the major market countries. Row means all the non major market countries

**Key function**

- product registration

- regulation of drug manufacturing, importation and distribution

- adverse drug reaction monitoring

- licensing of premises

**Registration**

-Administrative documents

-API DMF open part

### INDIA REGULATORY BODIES

-CDSCO

-MHFW

-ICMR

-IPA

-DTAB

-CDTL

-IPC

-NPPA

### References

1. Generic Drug Product Development, Solid Oral Dosage forms, Leon Shargel and Isader Kaufer, Marcel Dekker series, Vol.143.
2. The Pharmaceutical Regulatory Process, Edited by Ira R. Berry and Robert P. Martin, Drugs and the Pharmaceutical Sciences, Vol.185, Informa Health care Publishers.
3. New Drug Approval Process: Accelerating Global Registrations by Richard A Guarino, MD, Drugs and the Pharmaceutical Sciences, Vol.190.
4. Guidebook for drug regulatory submissions / Sandy Weinberg. By John Wiley & Sons.Inc.
5. FDA regulatory affairs: a guide for prescription drugs, medical devices, and biologics/editedBy Douglas J. Pisano, David Mantus.
6. Clinical Trials and Human Research: A Practical Guide to Regulatory Compliance By Fay A.Rozovsky and Rodney K. Adams
7. [www.ich.org/](http://www.ich.org/)
8. [www.fda.gov/](http://www.fda.gov/)
9. [europa.eu/index\\_en.htm](http://europa.eu/index_en.htm)
10. <https://www.tga.gov.au/tga-basics>
11. World Health Organization (WHO). WHO Technical Report Series: Good Manufacturing Practices.
12. ICH Q1A(R2). Stability Testing of New Drug Substances and Products.
13. ICH Q3A(R2). Impurities in New Drug Substances.
14. ICH Q3B(R2). Impurities in New Drug Products.
15. ICH Q6A. Specifications: Test Procedures and Acceptance Criteria.
16. ICH Q7. Good Manufacturing Practice for Active Pharmaceutical Ingredients.
17. ICH Q8(R2). Pharmaceutical Development.
18. ICH Q9. Quality Risk Management.
19. ICH Q10. Pharmaceutical Quality System.
20. ICH Q11. Development and Manufacture of Drug Substances.
21. US FDA. Code of Federal Regulations (21 CFR Parts 210 & 211).
22. US FDA. Guidance for Industry: NDA and ANDA Submissions.
23. US FDA. CMC Review Manual.
24. US FDA. Post-Approval Changes (SUPAC) Guidelines.
25. EMA. Guideline on Process Validation.
26. EMA. Guideline on Quality of Finished Products.
27. EMA. Variation Classification Guideline.
28. EMA. ICH Guidelines Implementation in EU.
29. European Commission. EudraLex – Volume 4 (EU GMP Guidelines).
30. European Commission. EudraLex – Volume 2A: Marketing Authorization.
31. CDSCO (India). Drugs and Cosmetics Act, 1940.
32. CDSCO (India). Drugs and Cosmetics Rules, 1945.
33. CDSCO. Guidance Document for Industry on CTD Format.
34. Schedule M. Good Manufacturing Practices (India).
35. Indian Pharmacopoeia Commission. Indian Pharmacopoeia.
36. United States Pharmacopeia (USP–NF).
37. British Pharmacopoeia (BP).
38. Japanese Pharmacopoeia (JP).
39. Lachman L., Lieberman H.A., Kanig J.L. The Theory and Practice of Industrial Pharmacy.
40. Berry I.R., Martin R.P. Pharmaceutical Regulatory Affairs.
41. Gupta P.K. Drug Regulatory Affairs.
42. Bentley's. Textbook of Pharmaceutics.
43. Remington. The Science and Practice of Pharmacy.

44. Allen L.V. Pharmaceutical Calculations.
45. FDA. Guidance on Process Validation: General Principles and Practices.
46. FDA. Data Integrity and Compliance with CGMP.
47. ICH M4. Common Technical Document (CTD).
48. WHO. Guidelines on Submission of Documentation for Multisource Products.
49. EMA. Post-Approval Change Management Protocol.
50. FDA & EMA. Guidelines on Lifecycle Management of Pharmaceuticals.