

CMC Overview for Biologics

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Learning Objectives

- Role of CMC teams in biologics drug development
- Describe biologics and their manufacturing processes
- Understand phase-appropriate product/process development and scale-up
- Describe challenges for biologics supply chain management



Introduction



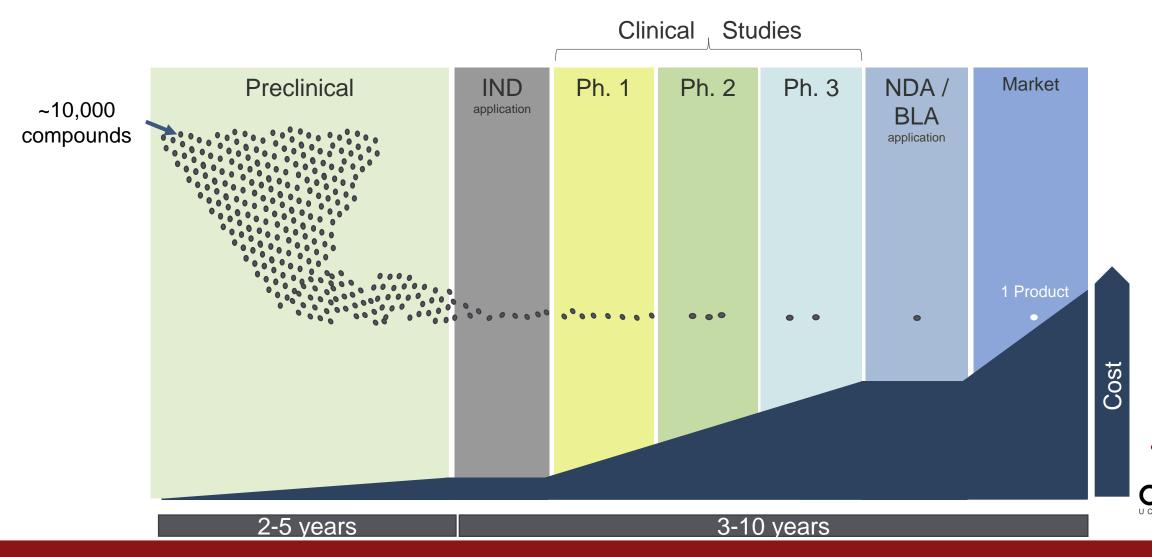
Drug Development: From Idea to Product



- CMC teams must develop drugs that are
 - Safe and effective
 - Consistent from clinical trials to marketed product
 - Consistent across all batches/lots produced



Drug Development is a Long & Rewarding Road



Clinical (Human) Study Phases have Different Purposes – CMC Team Must Plan Accordingly

Phase 1



Is it safe?

What is the right dose?

Phase 2



Does it work?

Phase 3



Is it better than existing treatment?

- Increasing quantity of drug required
- Increasing product and manufacturing process understanding



Target Product Profile (TPP) Outlines the Desired Characteristics of a Proposed Product for a Specific Indication

 The CMC team helps to define the target product profile and develops product to meet requirements

Example CMC-relevant elements of a TPP for HIV Cure¹

Product Characteristic	Minimum Requirement	Ideal Requirement
Target patient population	Subset of people with HIV	All people with HIV
Administration route	Parenteral acceptable	Single dose oral preferred
Regimen duration	12 months	3 months
Storage	Cold storage acceptable	Stable at ambient temperature

^{1.} Lewin et al, on behalf of Sunnylands working group



CMC Team Contributes to Regulatory Filings to Enable Drug Approval

CMC information is provided to regulatory agencies at two key milestones: prior to starting human studies, and prior to selling the product

- Manufacturing process
- Product testing methods and results

In response to these applications, agencies request more CMC information as well



CMC Activities Require Collaboration Across Many Functions

Drug Substance (DS)

Develops a scalable DS manufacturing process

Drug product (DP)

Develops a formulation and DP configuration

Analytical Development / Quality Control

 Develops methods and generates data that support the manufacturing and regulatory strategy for DS and DP

Quality Assurance

Applies quality standards to DS and DP manufacturing and testing

Regulatory Compliance

Oversees regulatory requirements to ensure patient safety

Clinical Supply Management

Labels drug product and manages storage and shipment to clinical sites



Biologics



Defining Biologics

One key feature that defines biologics and distinguishes them from small molecule therapeutics is how they're made:

- Small molecule: *chemical synthesis*
- Biologics: consist of or produced by living organisms



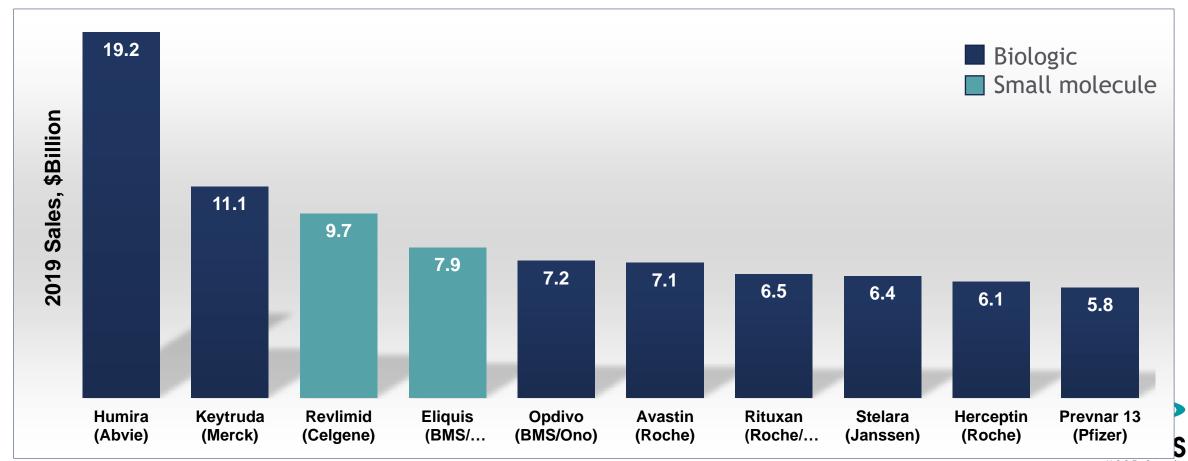
Biologics vs. Small Molecules

 Biologics are, in some ways, more complex to develop than small molecules

Feature	Small molecule	Biologics
Molecule size	≤1,000 Da	>2,500 Da
Uniform product	Yes	No - heterogeneous mixture
Production time	+	+++
Manufacturing cost	\$	\$\$\$



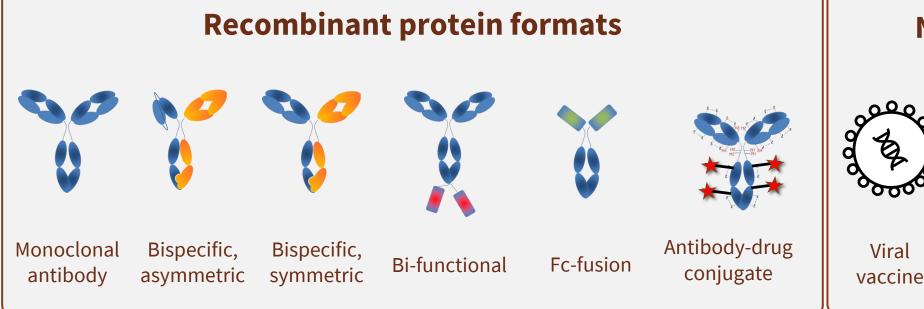
Examples of Top-Selling Biologics

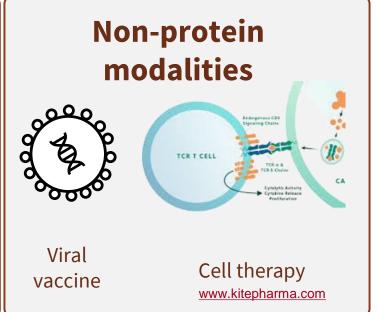


www.statista.com (2019)

UCSF-Stanford

Biologics Modalities





 Modality or molecule type is selected based on desired mechanism of action (MOA)



Molecule Assessment

Purification

- Assess low pH stability
- Purify transient material for stability and analytical evaluations

Analytical

- Identify unique molecular features
- Assess suitability of available methods
- Generate/assess PQ data for stability studies

Drug Product

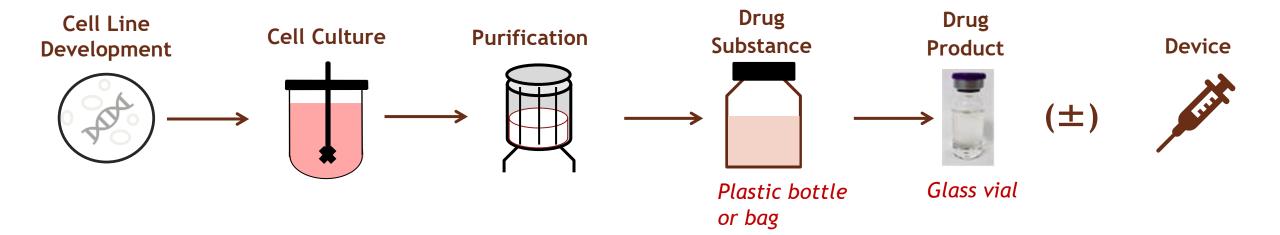
- Evaluate stability in platform formulation
- Determine melting temperature
- Assess solubility and viscosity if high dose or SC TPP

Cell Line

- Establish cloning, transfection, and host cell requirements
- Evaluate expression level
- CMC team can collaborate with research/discovery team to ensure developability of the molecule

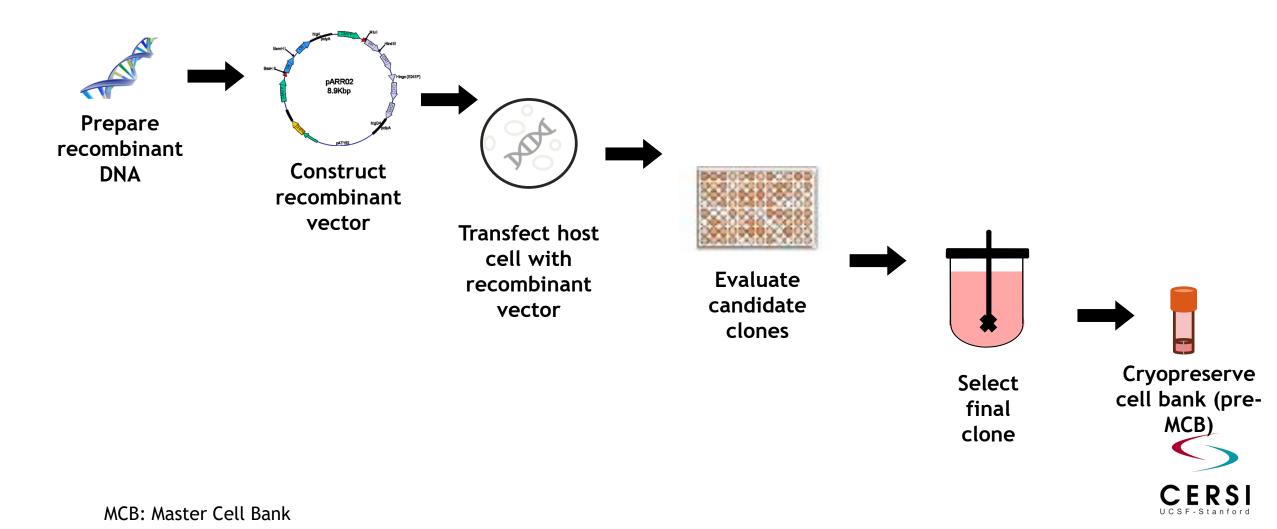


Biologics (Recombinant Protein) Manufacturing Process



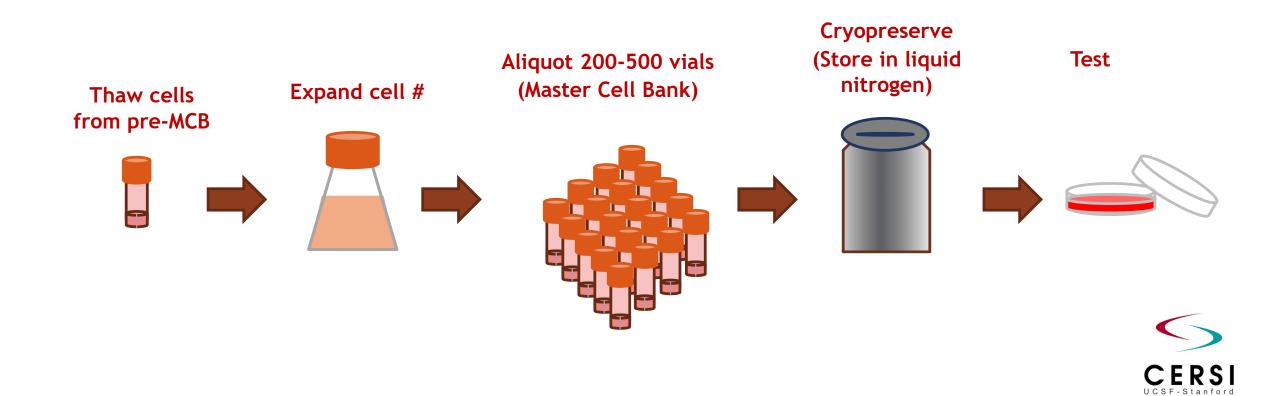


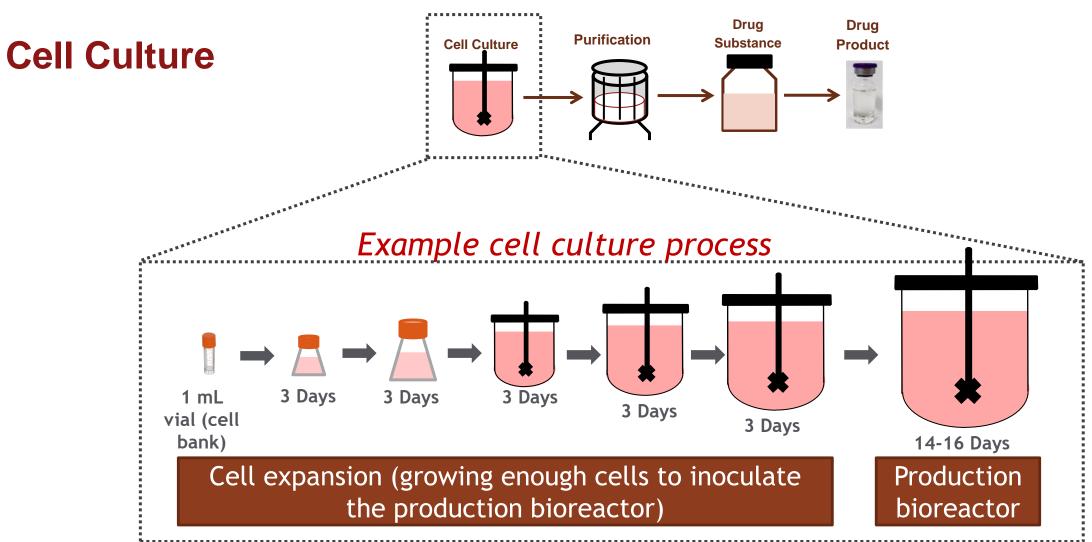
Cell Line Development Process Overview



Cell Banking

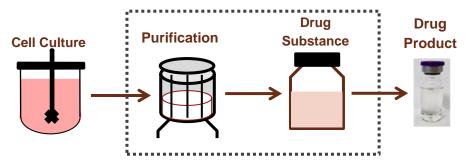
The cell bank is a critical raw material that defines the product







Recovery & Purification



• Purification steps employ various separation techniques to isolate the recombinant protein and ensure removal of any contaminants

Example step for mAb	Primary Purpose
Harvest	Removes cells and debris while recovering product
Protein A affinity chromatography	Concentrates the mAb, removes host cell proteins (HCP) & DNA, and culture media components
Low pH Hold	Inactivates viruses
Polishing Chromatography	Further reduce HCP, DNA, aggregated mAb, mAb variants, or viruses
Virus Filtration	Removes viruses
Ultra filtration / diafiltration	Concentration and buffer exchange in final formulation (generate the drug substance)



Formulation / Drug Product Development

 Drug product scientists must prepare for all the steps in the process to get from stored drug product to patient

Lyophilized drug in vial

Reconstitute with water in vial

Transfer to a syringe

Dilute in IV bag

Administer to patient











- Choose formulation, configuration, storage conditions; ensure stability
- Manage drug product fill

- Author pharmacy manual to ensure accurate dosing
- Ensure in-use compatibility



Choosing a Formulation & Drug Product Configuration

- Formulation scientists select formulation and configuration based on TPP,
 planned dose, molecule characteristics, and stability
 - Intravenous vs sub-cutaneous delivery
 - Drug concentration
 - Excipients in the formulation (other components added as buffers and stabilizers)
 - Excipient selection is critical as there is no additional purification following final formulation
 - Aim to use excipients that are generally recognized as safe (see FDA GRAS designation)
 - Liquid or lyophilized
 - Storage temperature
 - Vial size and fill volume
 - Device needed?







Liquid

Lyophilized

Drug Product Manufacturing (Fill / Finish)

 Aseptic processing is used to produce the final drug product vials that will be shipped to the clinic or to market

Thaw Drug Substance (DS)

- Pool and mix DS batches as needed
- Dilute if needed

Filtration

- Bioburden reduction
- Sterile
- Filter integrity test

Fill

- Fill vials
- Fill weight check
- Stopper and cap
- Overseal

Finish

- Visual inspection
- Packaging



Packaging, Labeling, and Distribution

 CMC team directly supports the clinical study management team to ensure properly labeled drug is safely transported to clinical study site on time for planned dosing

Study Conduct Study Planning Study Start-Up **Study Closeout Drug product** Generation of drug Inventory/expiry Inventory demand planning labels & approval reconciliation management Depot selection & Manage labeling Distribution to Drug return site study sites & disposal management Manage secondary Re-supply packaging site planning

Assay Development / QC Testing: What are we Looking For?

Identity - must verify that intended product was manufactured

Product related species - molecular variants with <u>comparable</u> potency and immunogenicity to the intended product

Product related impurities - molecular variants with <u>differing</u> potency or immunogenicity to the intended product

Potency - heterogeneous nature of biologics drives need for potency test linked to mechanism of action (MOA) of the drug

Process Impurities - impurities derived from the manufacturing process

- Host cell substrates (host cell proteins, host cell DNA)
- Cell culture process (media components)
- Purification process (leached resin)



Phase Appropriate Development Strategies



Early vs. Late Stage Drivers

Early-stage development

- Speed to clinic
 - Platform processes and test methods
 - Molecule selection to IND in 12-18 months
- Produce clinical supplies for Phase 1/2 trials

Late-stage development for commercialization

- Molecule-specific
 - Optimized processes
 - Maintain product consistency
- Produce biologics for pivotal trials and commercial supply
- Processes changes may be desired for commercialization to increase yield or improve consistency of product quality or process performance
 - Must assess changes for potential impact to product comparability
- Method changes may be driven by increased product understanding

Phase-Appropriate Development: Cell Culture

Pre-Clinical

Phase 1

Phase 2

Phase 3

- Develop cell line
- Create and test master cell bank
- Define Phase 1 process

- Optimize and scale up process as needed
- Create working cell bank
- Define and transfer commercial process to a CMO to make drug for pivotal studies
- Characterize process using qualified scale-down models and define control strategy
- Conduct process performance qualification (PPQ)
- Conduct genetic characterization and adventitious virus evaluation of cell line
- Generate process development history reports

- Life-cycle management
- Continued process verification



Phase-Appropriate Development: Purification

Pre-Clinical

Phase 1

Phase 2

Phase 3

- Support cell line selection
- Test virus clearance capacity of the process
- Define Phase 1 process

- Optimize and scale up process as needed
- Define and transfer process to a CMO to make drug for pivotal studies
- Characterize process using qualified scale-down models and define control strategy
- Conduct resin re-use studies
- Complete virus clearance capacity assessment
- Conduct process performance qualification (PPQ)
- Conduct genetic characterization and adventitious virus evaluation of cell line
- Generate process development history reports

- Life-cycle management
- Continued process verification



Phase-Appropriate Development: Formulation & Drug Product

Pre-Clinical

Phase 1

Phase 2

Phase 3

- Assess degradation pathways
- Select Ph1 formulation
- Stability studies to support shelf-life
- In-use compatibility studies
- Pharmacy manual
- Define Ph1 DP fill process
- Transfer process to fill site

- Define commercial formulation and drug product configuration
- Container compatibility assessments
- Characterize formulation
- Characterize DP fill process and define control strategy
- Characterize subvisible particles
- Global in-use compatibility studies
- Extractables & leachables assessment
- Primary stability studies
- Scale-up drug product manufacturing as needed
- Conduct process performance qualification (PPQ) for DP fill process

- Life-cycle management
- Continued process verification



Phase-Appropriate Development: Analytical

Pre-Clinical

Phase 1

Phase 2

Phase 3

- Identify molecule liabilities
- Reference standard strategy and qualification
- Develop Ph1 test methods
- Ph1 assay qualification
- Define DS & DP specifications
- Transfer methods to QC labs

- Identify and characterize variants impacting function and degradation pathways
- Identify and assess critical quality attributes (CQA)
- Develop commercial test methods
- Support process development
- Optimize test methods as needed
- Validate and transfer methods
- Develop and optimize residual process impurity methods
- Revise specifications as needed
- Define stability master plan to support shelf life
- Define reference standard strategy
- Define comparability strategy and execute evaluation for any manufacturing changes

- Assay life-cycle management
- Critical reagent management

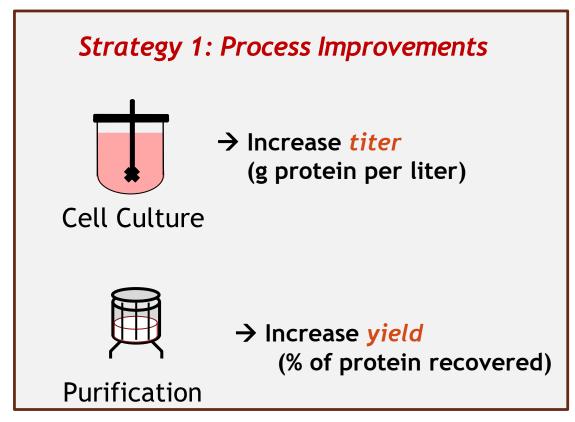


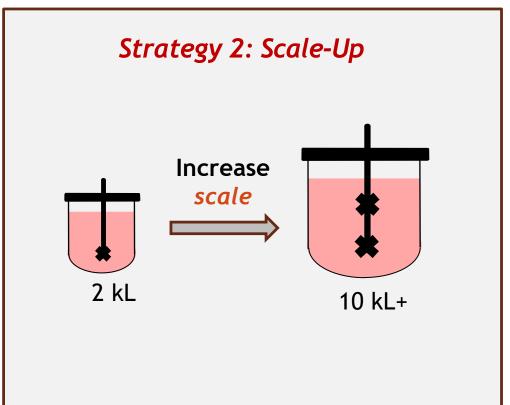
Comparability Evaluation

- When processes changes are made during development and postapproval, a comparability exercise is conducted to demonstrate there was no adverse impact to product quality, safety, and efficacy of the product
- A risk-based approach is used to determine the extent of the comparability exercise, which may include
 - Analytical testing: release testing, extended characterization, and stability
 - Non-clinical or clinical studies with post-change drug product



Why Scale-Up? Scale-Up of Drug Substance Manufacturing Process is One of Two Key Strategies to Ensure Sufficient Commercial Supply

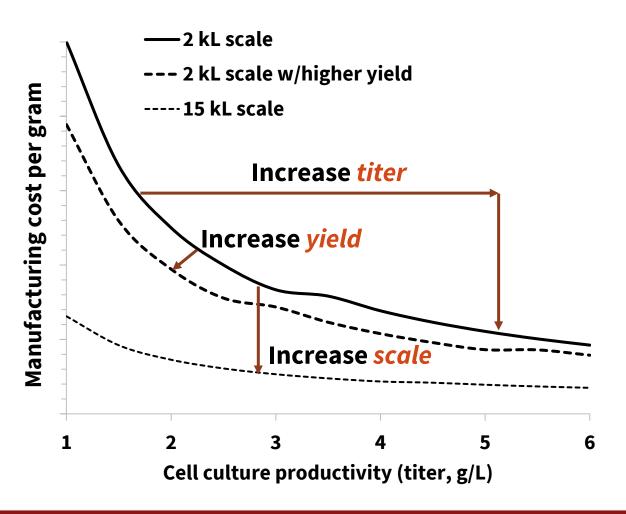




 Number of batches required per year is reduced with higher titer, higher yield, and larger scale



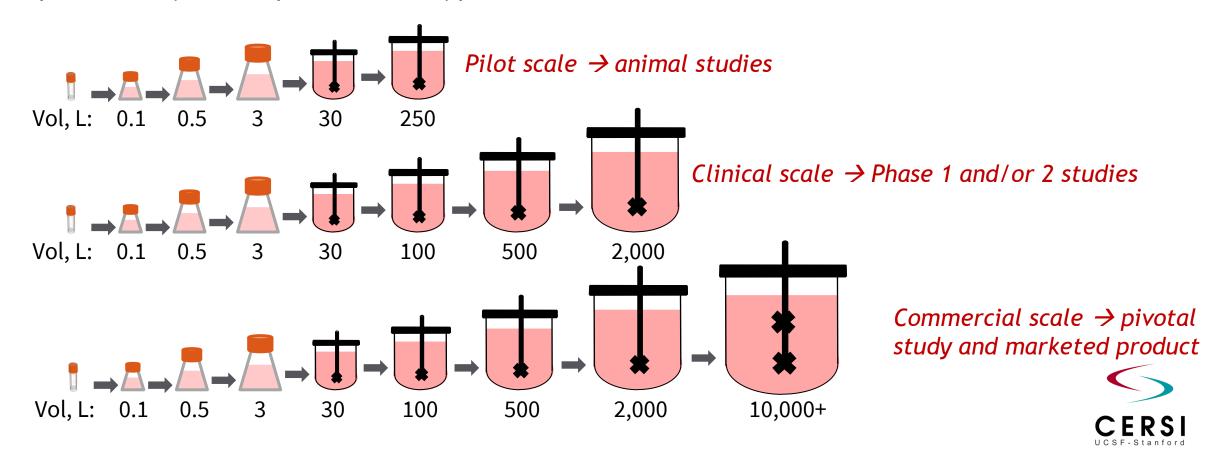
Scale-Up Also Provides Manufacturing Cost Savings





Scale-Up for Commercialization – Drug Substance Manufacturing Scale is Defined by Volume of the Production Bioreactor

 Actual scale required depends on the anticipated demand for the molecule, and productivity of the process, but typical scales are shown here



Scale-Up Considerations: Cell Culture

Operating conditions are selected to ensure consistent performance at all scales

- Direct vs indirect control:
 - Some operational parameters are controlled directly by the bioreactor control system e.g. temperature, pH, dissolved oxygen, agitation (mixing) rate
 - -Others are controlled *indirectly* e.g. cell growth, titer, CO₂ accumulation
- Scale-dependent vs scale-independent parameters
 - <u>Scale-independent</u> parameters have identical set-points at all scales
 - Temperature, dissolved oxygen, and pH set-points
 - -For <u>scale-dependent</u> parameters, set-points are different at different scales
 - Feed volumes scaled linearly
 - Gas flow and agitation (mixing) rates scaled non-linearly



Scale-Up Considerations: Purification

Operating conditions are selected to ensure consistent performance at all scales

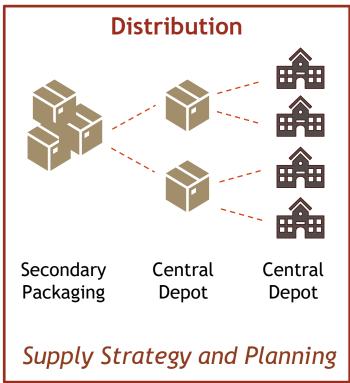
- Solid removal
 - Facility capability (centrifuge, depth filter)
 - Shear stress on cells can lead to reduction of product upon harvest
- Liquid handling
 - Solution and intermediate product pools: pool volume constraints, hold time, agitation speed and mixing time
- Chromatography
 - Keep constant across scales: bed height, product concentration, residence time
 - Scale up linearly: total load, volumetric flow rate, cross-sectional area
- Membrane filtration
 - Safety factors are used to ensure successful at-scale operation despite variability in in-process fluid and membrane variability

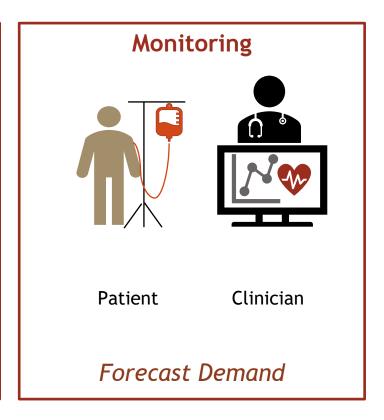
Supply Chain Management



Supply Chain: CMC Team Ensures Alignment of Production and Distribution Schedules with Clinical or Commercial Demand







For biologics, must ensure cold storage and transportation conditions, and integrity
of drug product container closure (glass vials) during shipping



Questions?



