

# Successful Practices for Pharmacology/Toxicology Justification in ANDAs

SBIA 2024: Regulatory Considerations to Enhance Generic Drug Access

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# Disclaimer

This presentation reflects the views of the author and should not be construed to represent FDA's views or policies.

# Outline



Learning Objectives



Role of Pharm/Tox in Generic Drugs



Common Issues/Deficiencies



Best Practices



Resources



# Learning Objectives



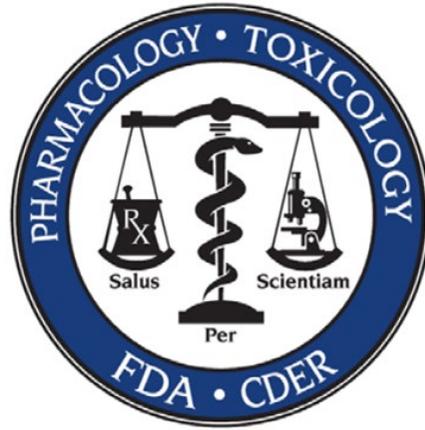
- Describe role of Pharmacology/Toxicology (Pharm/Tox) review in the Office of Generic Drugs (OGD)
- Identify Pharm/Tox safety assessment challenges
- Explain best practices for successful Pharm/Tox justifications
- Describe avenues to get advice from OGD



# Learning Objectives



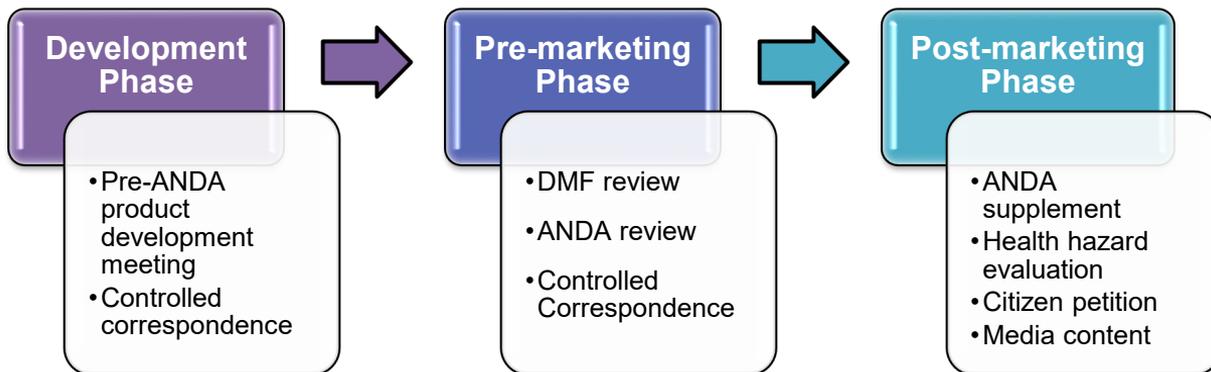
- **Describe Role of Pharmacology/Toxicology (Pharm/Tox) review in the Office of Generic Drugs (OGD)**
  - Identify Pharm/Tox
  - Explain best practice justifications
  - Describe avenues to
- ent challenges
- il Pharm/Tox
- n OGD



# Role of Pharm/Tox in Generics

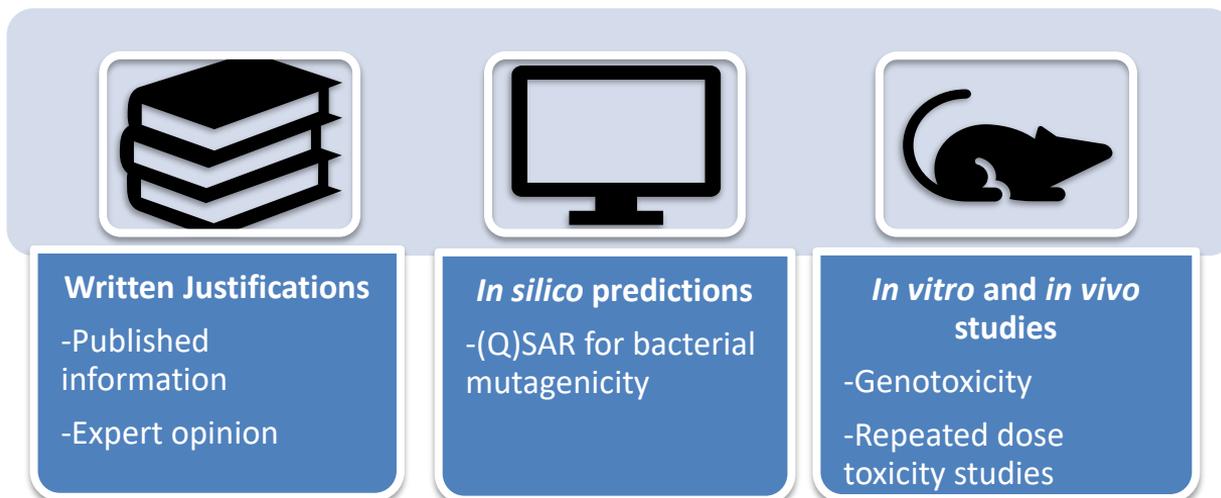
- The Division of Pharmacology/Toxicology Review (DPTR):
  - Conducts safety assessments on impurities and excipients in generic drug products on a consult-basis
  - Conducts context-specific safety review (e.g., dose, duration of exposure, patient population, and route of administration)
  - Goal: ensure the same safety profile as the reference listed drug (RLD)

## DPTR is involved at various stages in lifecycle of a generic drug product



# Role of Pharm/Tox in Generics

- **Review safety of generic formulations**
  - Impurities, excipients, residual solvents, contaminants from container closure
  - Evaluate toxicology data submitted by Drug Master File (DMF) holders and Abbreviated New Drug Application (ANDA) applicants to support specifications





# Learning Objectives

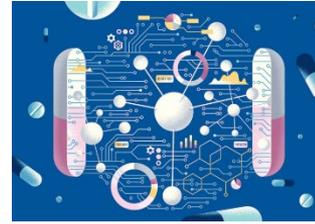
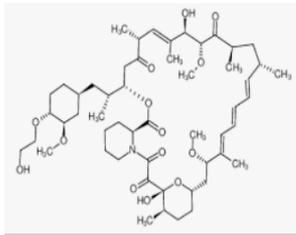


- Describe Role of Pharmacology/Toxicology (Pharm/Tox) review in the Office of Generic Drugs (OGD)
- **Identify Pharm/Tox safety assessment challenges**
- Explain best practice justifications
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# Impurity Review in Generics

- Impurities: Drug substance or drug product-related impurities, elemental impurities, residual solvents, extractables and leachables (E&L)
- Impurities exceeding safety thresholds need to be qualified
- Different approaches for impurity qualification
  - Comparative impurity analysis
  - Safety qualification
    - Genetic toxicology assays, general toxicity studies
    - Metabolite justification



<b>DPTR Reviews</b>	<u>API synthesis</u>	<u>Drug manufacturing</u>	<u>Drug Formulation</u>	<u>Drug Product incl. Container Closure</u>
	Drug substance process impurities and degradants	Extractables and leachables, elemental impurities	Excipients, impurities, residual solvents	Extractable/Leachables



# Impurity Review: Common Deficiencies



- In silico prediction on topics other than mutagenicity
  - In silico prediction of general toxicity has not been validated for impurity qualification
  - Read across approach with surrogate compound is inadequate to justify general toxicity
- Metabolite/API as surrogate justification
  - In vitro or urinary data without evidence of systemic exposure to the metabolite
  - At relevant API exposure, metabolite levels < proposed clinical impurity exposure
  - Irrelevant justification (e.g., data for surrogate)
- Reference to proprietary data (e.g., RLD Pharm/Tox reviews)
  - Proprietary data cannot be used to justify impurity limits without permission from the owner of the data

# Extractables & Leachables Review in Generics



- Extractable and Leachable (E&L) studies identify compounds that are extracted or may leach from the container closure system (CCS)
  - Pharm/Tox reviews the safety of E&Ls above safety thresholds
- Different approaches for E&L qualification
  - Demonstrate extractables are not present in leachable study
  - Demonstrate E&Ls are below the Safety Concern Threshold (SCT)
  - Genetic toxicity assay, general toxicity studies for compounds exceeding safety thresholds
  - Using surrogate molecules to predict toxicity of E&Ls



# E&L Review: Common Deficiencies



- Inappropriate analytical evaluation threshold (AET)
- All compounds above AET/SCT are not properly identified (chemical structure)
- [Cramer classification \(1978\)](#) as basis for safety review threshold
  - Classifying E/Ls by the Cramer classification method in lieu of submitting a safety assessment is not acceptable
- Surrogate approach without proper identification of E/L compounds
  - A surrogate approach may be used for safety assessment of E&Ls when compound-specific toxicological information is not available
  - To determine if proposed surrogate is appropriate, the specific E/L compound must be adequately identified

# Excipient Review in Generics



- Excipients are ingredients that are intentionally added but do not exert therapeutic effect at proposed dosage
- Goal: To ensure the proposed generic drug has the same safety profile as RLD when used according to labeling
- Initial excipient assessment includes:
  - Comparison with approved levels in similar context of use using the IID
  - If these comparisons cannot justify the proposed use of excipient, additional assessment is conducted on a consult basis to Pharm/Tox
- Different approaches for excipient qualification
  - Levels in products with similar context of use
  - Available Pharm/Tox data to inform safety for the route, dose and duration
  - Considerations for specific patient populations (e.g., pediatrics)



# Excipient Review: Common Deficiencies



- Reference to the IID for excipient used under a different context of use
- Reference to an unspecified grade of excipient in the IID for a specified grade of excipient in the formulation (e.g., hydroxypropyl cellulose)
- Missing justification to support safety via alternate routes
  - Certain routes of administration may warrant additional safety assessment (e.g., ophthalmic, rectal, vaginal, buccal, sublingual, dermal)
  - In addition to systemic exposure, local tissue tolerance is also evaluated
- Missing safety information in sensitive populations
  - Pediatric patients, particularly in newborns and young infants that may be critically ill or have immature metabolism
  - Elderly patients or patients with conditions needing dosage adjustments (e.g., renal or hepatic impairment)



# Overall Challenges



- Broad/Submission quality
  - Data integrity
    - Suspicious data patterns: data repetition, biologically implausible data
    - GLP compliance issues
    - Different species/study, same data!
    - False negative results
  - Missing information in data reports
    - Missing data, incomplete methods or results, unsigned study reports/quality assurance documents
  - Incomplete literature references
  - Missing quantitative data for metabolite levels in plasma of animals or humans
  - Reference to proprietary data under another application without right of reference
  - Major versus Minor Amendment
    - Safety justifications are generally defined as Major
    - Data submitted within cycle that requires consult to Pharm/Tox may extend your goal date



# Learning Objectives



- Describe Role of Pharm/Tox review in the Office of Drug Evaluation (ODE) and Office of Toxicology (Pharm/Tox) (OGD)
- Identify Pharm/Tox significant challenges
- **Explain best practices for successful Pharm/Tox justifications**
- Describe avenues to get advice from OGD



# Best Practices



- Evaluate safety of proposed level in context of use for your drug product
- For Impurities:
  - Conduct comparative impurity analysis with RLD and control impurities at limits supported by this analysis
  - A mutagenicity assessment is necessary to support impurity specifications that exceed the threshold of toxicological concern (TTC)
    - Perform (Q)SAR analysis using appropriate models; if predicted negative for bacterial mutagenicity, control at up to the qualification threshold (QT)
  - General toxicity data are necessary to support impurity specifications that exceed QT
    - Provide full literature reference and full study reports to justify the safety of proposed higher level
    - When conducting a general toxicity study, consider the context of use



# Best Practices



- For Metabolites:
  - Quantitative information regarding metabolite levels in plasma of either animals or humans is needed to support qualification of the impurity as a metabolite
- For E&Ls:
  - Structurally similar E&Ls can be grouped together for safety assessment with appropriate justification but identification of individual E&Ls in a group with a CAS # and/or structure is necessary
- For Excipients:
  - Comparison with RLD formulation
  - Comparison with approved levels for proposed route using the IID
  - Literature data to justify safety of a proposed level for the intended context of use



# Learning Objectives



- Describe Role of Ph  
review in the Office
- Identify Pharm/Tox
- Explain best practic  
justifications



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- **Describe avenues to get advice from OGD**



# Avenues to Get Advice

- Controlled correspondences (CC) are a great resource!
- Inquiries that are within scope of CCs
  - Requests related to inactive ingredients
  - Requests for Q1/Q2 formulation assessment
  - Maximum daily dose determination
  - Thresholds for E&L studies (e.g., AET, SCT)
  - Questions pertaining to ICH M7 (e.g., treatment duration, acceptable intakes, exclusions, etc.)
  - Acceptable intakes for nitrosamines
  - Input on a proposed nonclinical study design
- Limitations:
  - No safety call or full study review



# Resources



- [Good ANDA Submission Practices Guidance for Industry](#)
- [ANDAs: Impurities in Drug Products](#)
- [Q3A\(R\) Impurities in New Drug Substances](#)
- [Q3B\(R3\) Impurities in New Drug Products](#)
- [Guidance for Industry Nonclinical Studies for the Safety Evaluation of Pharmaceutical Excipients \(2005\)](#)
- [Recommended Acceptable Intake Limits for Nitrosamine Drug Substance-Related Impurities](#)
- [M7\(R2\) Assessment and Control of DNA Reactive \(Mutagenic\) Impurities in Pharmaceuticals to Limit Potential Carcinogenic Risk](#)
- [GDUFA Reauthorization Performance Goals and Program Enhancement Fiscal Years 2023-2027](#)
- **Prior SBIA Presentations:**
  - [Impurity Case Studies: Pharmacology/Toxicology \(22of28\) Generic Drugs Forum \(April 2019\)](#)
  - [Local Toxicity Considerations for Qualifying Excipients in Generic Drugs \(September 2020\)](#)
  - [Safety Evaluation of Drug Substance Impurities in Generics \(March 2021\)](#)
  - [Safety Review of Flavors in Generic Drug Products \(September 2021\)](#)
  - [Impact of Data Integrity Issues on Pharmacology/Toxicology Studies in ANDAs \(April 2021\)](#)
  - [Data Integrity in Pharmacology/Toxicology Studies \(April 2022\)](#)

# Challenge Question 1

Which one of the following is **NOT** an acceptable approach to assess general toxicity of an impurity that exceeds the qualification threshold (QT) per ICH Q3B?

- A. Perform comparative analysis of impurity levels in the generic drug and RLD
- B. Use a read across approach with a surrogate compound to justify general toxicity of an impurity
- C. Cite published scientific studies demonstrating the impurity is a metabolite of the drug in vivo at levels that exceed the proposed maximum exposure
- D. Perform a repeated dose study in rats, taking into consideration context of use

## Challenge Question 2

OGD Pharmacology/Toxicology does **NOT** address which of the following inquiries in a Controlled Correspondence?

- A. Questions pertaining to ICH M7 (e.g., treatment duration, acceptable intakes, exclusions, etc.)
- B. Questions regarding a protocol of a proposed nonclinical study
- C. Determination of analytical evaluation threshold (AET) and/or safety concern threshold (SCT) for extractables and leachables studies
- D. Review of genetic toxicology study report to characterize genotoxicity prior to ANDA submission



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