

**INTERNATIONAL CONCIL FOR HARMONISATION OF TECHNICAL  
REQUIREMENTS FOR PHARMACEUTICALS FOR HUMAN USE**

**ICH HARMONISED GUIDELINE**

**TECHNICAL AND REGULATORY CONSIDERATIONS FOR  
PHARMACEUTICAL PRODUCT LIFECYCLE  
MANAGEMENT**

**Q12**

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# ICH HARMONISED GUIDELINE

## TECHNICAL AND REGULATORY CONSIDERATIONS FOR PHARMACEUTICAL PRODUCT LIFECYCLE MANAGEMENT

### Q12

#### ICH Consensus Guideline

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## 1 **1. INTRODUCTION**

### 2 **1.1. Objectives**

3 The concepts outlined in prior ICH Quality Guidelines (ICH Q8, Q9, Q10 and Q11)  
4 provide opportunities for science and risk-based approaches for drug development and  
5 risk-based regulatory decisions. These guidelines are valuable in the assessment of  
6 Chemistry, Manufacturing and Controls (CMC) changes across the product lifecycle.  
7 ICH Q8 and Q11 guidelines focus mostly on early stage aspects of the product  
8 lifecycle (i.e., product development, registration and launch). Experience with  
9 implementation of recent ICH guidelines has revealed technical and regulatory gaps  
10 that limit the full realisation of more flexible regulatory approaches to post-approval  
11 CMC changes as described in ICH Q8 (R2) and Q10 Annex I. This guideline  
12 addresses the commercial phase of the product lifecycle (as described in ICH Q10).

13 A harmonised approach regarding technical and regulatory considerations for  
14 lifecycle management will benefit patients, industry, and regulatory authorities by  
15 promoting innovation and continual improvement in the biopharmaceutical sector,  
16 strengthening quality assurance and improving supply of medicinal products.

17 This guideline provides a framework to facilitate the management of post-approval  
18 CMC changes in a more predictable and efficient manner. It is also intended to  
19 demonstrate how increased product and process knowledge can contribute to a  
20 reduction in the number of regulatory submissions. Effective implementation of the  
21 tools and enablers described in this guideline should enhance industry's ability to  
22 manage many CMC changes effectively under the firm's Pharmaceutical Quality  
23 System (PQS) with less need for extensive regulatory oversight prior to  
24 implementation. The extent of operational and regulatory flexibility is subject to  
25 product and process understanding (ICH Q8 and Q11), application of risk  
26 management principles (ICH Q9), and an effective pharmaceutical quality system  
27 (ICH Q10).

28 In certain ICH regions, the current ICH Q12 guideline is not fully compatible with the  
29 established legal framework with regard to the use of explicit Established Conditions  
30 ('EC') referred to in Chapter 3 and with the Product Lifecycle Management ('PLCM')  
31 referred to in Chapter 5 as outlined in this guideline. These concepts will, however, be  
32 considered when the legal frameworks will be reviewed and, in the interim, to the  
33 extent possible under the existing regulation in these ICH regions.

### 34 **1.2. Scope**

35 This guideline applies to pharmaceutical drug substances (i.e., active pharmaceutical  
36 ingredients) and pharmaceutical drug products, including marketed chemical, and  
37 biotechnological/biological products. The guideline also applies to drug-device  
38 combination products that meet the definition of a pharmaceutical or  
39 biotechnological/biological product. Changes needed to comply with revisions to  
40 Pharmacopoeial monographs are not in scope of this guideline.

### 41 **1.3. ICH Q12 Regulatory Tools and Enablers**

42 Use of the following harmonised regulatory tools and enablers with associated  
43 guiding principles, as described in this guideline, will enhance the management of  
44 post-approval changes, and transparency between industry and regulatory authorities,  
45 leading to innovation and continual improvement.

- 46 • Categorisation of Post-Approval CMC Changes ([Chapter 2](#))
- 47 Categorisation of Post-Approval CMC Changes is a framework that
- 48 encompasses a risk-based categorisation for the type of communication
- 49 expected of the Marketing Authorisation Holder (MAH) with the
- 50 regulatory authority regarding CMC changes.
- 51 • Established Conditions (ECs) ([Chapter 3](#))
- 52 The concept of ECs provides a clear understanding between the MAH and
- 53 regulatory authorities regarding the necessary elements to assure product
- 54 quality and identify the elements that require a regulatory submission, if
- 55 changed. This guideline describes how ECs are identified as well as what
- 56 information can be designated as supportive information that would not
- 57 require a regulatory submission, if changed. In addition, guidance is
- 58 included for managing revisions of the ECs over a product’s lifecycle.
- 59 • Post-Approval Change Management Protocol (PACMP) ([Chapter 4](#))
- 60 The PACMP is a regulatory tool that provides predictability regarding the
- 61 information required to support a CMC change and the type of regulatory
- 62 submission based on prior agreement between the MAH and regulatory
- 63 authority. Such a mechanism enables planning and implementation of
- 64 future changes to ECs in an efficient and predictable manner.
- 65 • Product Lifecycle Management (PLCM) ([Chapter 5](#))
- 66 The PLCM document serves as a central repository for the ECs and the
- 67 associated reporting category for changes made to ECs. The document
- 68 also captures how a product will be managed during the commercial phase
- 69 of the lifecycle including relevant post-approval CMC commitments and
- 70 PACMPs.
- 71 • Pharmaceutical Quality System (PQS) and Change Management ([Chapter](#)
- 72 [6](#))
- 73 An effective PQS as described in ICH Q10 and compliance with regional
- 74 GMPs are necessary for implementation of this guideline. In particular,
- 75 management of manufacturing changes across the supply chain is an
- 76 essential part of an effective change management system. This guideline
- 77 provides recommendations for robust change management across multiple
- 78 entities involved in the manufacture of a pharmaceutical product.
- 79 • Relationship Between Regulatory Assessment and Inspection ([Chapter 7](#))
- 80 This guideline outlines the complementary roles of regulatory assessment
- 81 and inspection, and how communication between assessors and inspectors
- 82 facilitates the use of the tools included herein.
- 83 • Post-Approval Changes for Marketed Products ([Chapter 8](#))
- 84 Approaches to facilitate changes to marketed products are outlined. This
- 85 guideline provides detailed guidance to enable changes to analytical

86 methods to be made with immediate or other post-implementation  
87 notification. Science- and risk-based approaches for stability studies in  
88 support of the evaluation of CMC changes are also described.

89 The tools and enablers described above are complementary and are intended to link  
90 different phases of the product lifecycle. Pharmaceutical development activities result  
91 in an appropriate control strategy, elements of which are considered to be **Established**  
92 **Conditions**. All changes to an approved product are managed through a firm's  
93 **Pharmaceutical Quality System**; changes to ECs must also be reported to the  
94 regulatory authority. Where the regulatory system provides for **Categorisation of**  
95 **Post-approval CMC Changes** for reporting according to risk, the MAH may propose  
96 reporting categories for changes to ECs based on risk and knowledge gained through  
97 enhanced pharmaceutical development. A system with risk-based reporting  
98 categories also facilitates the use of **Post-Approval Change Management Protocols**,  
99 which provide predictability regarding planning for future changes to ECs. The  
100 **Product Lifecycle Management** document is a summary that transparently conveys  
101 to the regulatory authority how the MAH plans to manage post-approval CMC  
102 changes. The tools and enablers in this guideline do not change the **Relationship**  
103 **Between Regulatory Assessment and Inspection**; however, collaboration and  
104 communication between assessors and inspectors are necessary for the  
105 implementation of this guideline. Finally, this guideline proposes approaches to  
106 facilitate **Post-Approval Changes to Marketed Products** without the need for  
107 regulatory review and approval prior to implementation of certain CMC changes.

## 108 2. CATEGORISATION OF POST-APPROVAL CMC CHANGES

109 Regulatory mechanisms that allow the timely and efficient introduction of CMC  
110 changes are important to drug quality, safety, and availability. There is a range of  
111 potential CMC changes for which communication between a firm and the regulatory  
112 authority is required. CMC changes vary from low to high potential risk with respect  
113 to product quality. A well-characterised, risk-based categorisation of regulatory  
114 communication requirements is important to the efficient use of industry and  
115 regulatory resources.

116 In such a regulatory system, the types of changes in the drug substance, drug product,  
117 production process, quality controls, equipment, and facility that invoke  
118 communication with regulatory authorities are classified with regard to the potential  
119 to have an adverse effect on product quality of the drug product. The regulatory  
120 communication category, supporting information/documentation requirements, and  
121 associated time frame for evaluation are commensurate with that potential risk.

122 Regulatory authorities are encouraged to utilise a system that incorporates risk-based  
123 regulatory processes for (a) requesting approval from the regulatory authority, (b)  
124 notifying the regulatory authority, or (c) simply recording CMC changes, with  
125 associated information requirements and, where applicable, timeframes for decision.  
126 Such a system would include the following categories for regulatory communications  
127 with one or more levels in each case:

- 128 • **Prior-approval:** Certain changes are considered to have sufficient risk to  
129 require regulatory authority review and approval prior to implementation and  
130 are requested by the MAH in a suitably detailed regulatory submission. An  
131 inspection may be associated with such changes.

132 • **Notification:** Certain moderate- to low-risk changes are judged to not require  
 133 prior approval and generally require less information to support the change.  
 134 These changes are communicated to the regulatory authority as a formal  
 135 notification that takes place within a defined period of time before or after  
 136 implementation, according to regional requirements. A mechanism for  
 137 immediate notification is useful when prior approval is not required, but  
 138 timely awareness of the change by the regulator is considered necessary.

139 In addition, the lowest risk changes are only managed and documented within the  
 140 PQS and not reported to regulators, but may be verified on routine inspection.

141 Harmonisation or convergence toward a system of risk-based categorisation of post-  
 142 approval changes is encouraged as an important step toward achieving the objectives  
 143 of this guideline. Such a system provides inherent, valuable flexibility in regulatory  
 144 approach and a framework that can support additional regulatory opportunities such  
 145 as:

- 146 - Facilitating the use of tools and enablers described in this guideline by  
 147 providing a range of request and notification categories available as a target  
 148 for a lowering of regulatory submission requirements.
- 149 - The use of a lower category for request/notification if certain  
 150 criteria/conditions are met and the relevant supporting documentation is  
 151 provided as described in regional regulatory guidance; the need for regulatory  
 152 inspection associated with the change may preclude the ability to use a lower  
 153 category.
- 154 - Options for possible regulatory convergence regarding the association of a  
 155 certain type of change with a particular category when reasons for being  
 156 different from other regulatory authorities are not clearly established.

157 A risk-based categorisation system may be accomplished by having the principles  
 158 captured in regulations with further details in guidance, which can provide additional  
 159 flexibility to modify expectations as science and technology evolve. For examples of  
 160 risk-based categorisation systems, refer to existing regulations and guidance of ICH  
 161 members, and WHO guidelines and guidance on changes to approved products.

### 162 3. ESTABLISHED CONDITIONS (ECs)

#### 163 3.1. Introduction

164 Although the Common Technical Document (CTD) format has been defined for a  
 165 marketing application, there are no previously harmonised approaches to defining  
 166 which elements in an application are considered necessary to assure product quality  
 167 and therefore would require a regulatory submission if changed post-approval. These  
 168 elements are being defined in this guideline as “Established Conditions for  
 169 Manufacturing and Control” (referred to as ECs throughout this guideline).

#### 170 3.2. Definition of ECs and Their Role in the Regulatory Submission

##### 171 3.2.1. ECs Definition

172 ECs are legally binding information (or approved matters) considered necessary to  
 173 assure product quality. As a consequence, any change to ECs necessitates a  
 174 submission to the regulatory authority.



**175 3.2.2. ECs in a Regulatory Submission**

176 All regulatory submissions contain a combination of ECs and supportive information  
177 (refer to [Appendix 1](#)). Supportive information is not considered to be ECs, but is  
178 provided to share with regulators the development and manufacturing information at  
179 an appropriate level of detail, and to justify the initial selection of ECs and their  
180 reporting category.

181 ECs should not be confused with CMC regulatory commitments (e.g., stability and  
182 other commitments) made by a MAH to provide data or information to the regulatory  
183 agency in a marketing authorisation application (MAA). Such information, in the  
184 context of this guideline, is considered supportive information. Changes to CMC  
185 regulatory commitments are not addressed in this guideline, but are managed  
186 according to existing regional regulations and guidance.

187 ECs in a submission are either implicit or explicit:

188 • Implicit ECs are elements that are not specifically proposed by the MAH but  
189 are derived from and revised according to regional regulation or guidance  
190 related to post-approval changes.

191 • Explicit ECs are specifically identified and proposed by the MAH together  
192 with their proposed reporting category as part of a regulatory submission (see  
193 [Chapter 3.2.3](#)). This guideline provides the opportunity to identify explicit  
194 ECs and associated reporting categories. Unless otherwise specified by  
195 regional requirement, identifying explicit ECs for a given product is not  
196 mandatory.

197 An MAH may use one or both approaches as described above to define ECs and their  
198 associated reporting categories. If the MAH wishes to propose a different reporting  
199 category than provided in regional regulation and guidance for an implicit EC, the  
200 explicit EC approach should be used.

201 The MAH should provide rationales for the ECs and associated reporting categories in  
202 the appropriate CTD sections in Module 3.

203 See [Appendix 1](#) for more information regarding sections of the marketing application  
204 that may contain ECs and supportive information.

**205 3.2.3. Identification of ECs**

206 This chapter outlines approaches to define ECs for manufacturing processes and  
207 analytical methods. A similar approach can be used to define other types of ECs  
208 (e.g., performance of the container closure system) and should be justified by the  
209 applicant and approved by the regulatory agency.

210 The extent of ECs may vary based on the firm's development approach and potential  
211 risk to product quality.

**212 3.2.3.1. Identification of ECs for the Manufacturing Processes**

213 In addition to the unit operation and the sequence of steps, and in considering the  
214 overall control strategy, ECs proposed and justified in a manufacturing process  
215 description should be those inputs (e.g., process parameters, material attributes) and  
216 outputs (that may include in-process controls) that are necessary to assure product  
217 quality. These should include critical process parameters (CPPs, as defined in ICH

218 Q8(R2)), as well as key process parameters (KPPs), which are parameters of the  
219 manufacturing process that may not be directly linked to critical product quality  
220 attributes, but need to be tightly controlled to assure process consistency as it relates  
221 to product quality.

222

223 The details of ECs and the associated reporting category will depend on the extent to  
224 which the firm can apply knowledge from product and process understanding (i.e.,  
225 their development approach) to manage the risks to product quality. Appropriate  
226 justification should be provided to support the identification of ECs and proposed  
227 reporting categories. Different approaches can be used alone, or in combination, to  
228 identify ECs for manufacturing processes; these include, but are not limited to the  
229 following:

230

231 • A **parameter based approach**, in which product development prior to  
232 regulatory submission provides a limited understanding of the relationship  
233 between inputs and resulting quality attributes, will include a large number of  
234 inputs (e.g., process parameters and material attributes) along with outputs  
235 (including in-process controls).

236 • An **enhanced approach** with increased understanding of interaction between  
237 inputs and product quality attributes together with a corresponding control  
238 strategy can lead to identification of ECs that are focused on the most  
239 important input parameters along with outputs, as appropriate.

240 • In certain cases, applying knowledge from a data-rich environment enables a  
241 **performance based approach** in which ECs could be primarily focused on  
242 control of unit operation outputs rather than process inputs (e.g., process  
243 parameters and material attributes). For example, a performance-based  
244 approach could be considered for manufacturing process steps with in-line  
245 continuous monitoring (e.g., using appropriate process analytical technologies  
246 such as NIR for the control of a blending process).

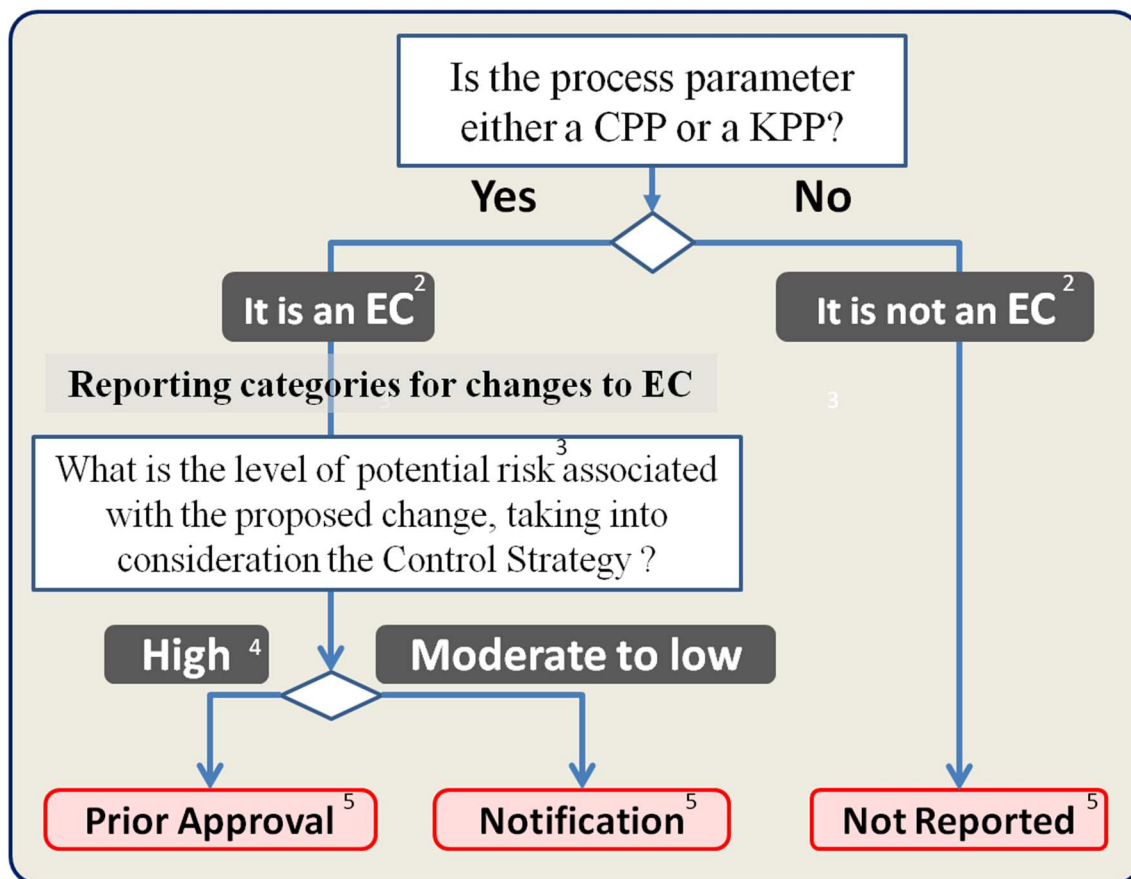
247 When considering this approach, it is important to ensure that all relevant  
248 parameters and material attributes that have a potential to impact product  
249 quality are monitored and equipment used remains qualified in order to assure  
250 a stable process. In certain cases, such as a path-dependent process where a  
251 specific outcome cannot be defined (e.g., fluid bed granulation and drying),  
252 select parameters or attributes may need to be specified as ECs (e.g.,  
253 differences in granular properties can affect the final product quality).

254 A suitably detailed description of the manufacturing process is important to provide a  
255 clear understanding of what is and is not necessary to assure product quality. Use of  
256 this guidance should not lead to a less detailed description of the manufacturing  
257 process in Module 3 of the CTD.

258 A decision tree to identify ECs and associated reporting categories for manufacturing  
259 process parameters is shown in Figure 1. This decision tree is intended to guide the  
260 identification of ECs based on an assessment of criticality (i.e., CPPs) or impact on  
261 the process consistency as it relates to product quality (i.e., KPPs). The  
262 corresponding reporting category is dependent on the potential risk to quality. Risk  
263 assessment activities should follow approaches described in ICH Q9. In assessing the  
264 risk and subsequent reporting category, an MAH should consider the overall control

265 strategy and any possible concurrent changes. Appropriate justification should be  
 266 provided in support of the identification of ECs and those aspects that are not ECs.

267 **Figure 1. Decision Tree for Identification of ECs and Associated Reporting Categories**  
 268 **for Manufacturing Process Parameters<sup>1</sup>**



269  
 270

2345

271

<sup>1</sup> This diagram does not apply as is for the performance-based approach.

<sup>2</sup> Appropriate justification is expected for ECs and non-ECs

<sup>3</sup> Assessment of risk to quality using tools and concepts found in ICH Q9

<sup>4</sup> In some cases, moderate risk changes may require prior approval.

<sup>5</sup> See [Chapter 2](#) for further guidance on reporting categories and see [Chapter 3.3.](#), regarding roles and responsibilities related to managing changes and maintaining an approved application.

272 Information regarding product-specific post-approval change activities, such as post-  
273 change monitoring, may be provided as supporting information to aid in the  
274 determination of ECs and associated reporting categories.

275 Criticality and risk should be evaluated periodically during the lifecycle of the product  
276 and, using the decision tree, the ECs should be updated based on acquired knowledge.

277 Additionally, an MAH should consider the impact of concurrent changes when  
278 assessing the appropriate reporting category.

#### 279 **3.2.3.2. Identification of ECs for Analytical Procedures**

280 ECs related to analytical procedures should include elements which assure  
281 performance of the procedure. Appropriate justification should be provided to  
282 support the identification of ECs for analytical procedures. The extent of ECs could  
283 vary based on the method complexity, development and control approaches.

284 • Where the relationship between method parameters and method performance  
285 has not been fully studied at the time of submission, ECs will incorporate the  
286 details of operational parameters including system suitability.

287 • When there is an increased understanding of the relationship between method  
288 parameters and method performance defined by a systematic development  
289 approach including robustness studies, ECs are focused on method-specific  
290 performance criteria (e.g., specificity, accuracy, precision) rather than a  
291 detailed description of the analytical procedure.

292 A suitably detailed description of the analytical procedures in Module 3 is expected to  
293 provide a clear understanding regardless of the approach used to identify ECs for  
294 analytical procedures. Use of this guideline should not lead to providing a less  
295 detailed description of analytical procedures in the MAA.

#### 296 **3.2.4. Revision of ECs**

297 It may be necessary to change approved ECs as a result of knowledge gained during  
298 the product lifecycle (e.g., manufacturing experience, introduction of new  
299 technologies or changes in the control strategy).

300 Options available for the MAH to change approved ECs, and to revise the associated  
301 reporting category for approved ECs include:

302 • Submission of an appropriate post-approval regulatory submission describing  
303 and justifying the proposed revision to the approved ECs. Justification may  
304 include information such as validation data and batch analyses.

305 • Submitting a PACMP, in the original marketing application or as part of a  
306 post-approval submission, describing a revision to ECs or reporting categories,  
307 and how the change will be justified and reported.

308 • Revisions to ECs could also be made utilising an approved post-approval  
309 regulatory commitment, as appropriate.

**310 3.3. Roles and Responsibilities**

311 The management of all changes to and maintenance of the approved marketing  
312 application is the responsibility of the MAH. There is a joint responsibility to share  
313 and utilise information between the MAH and any manufacturing organisations to  
314 assure the marketing application is maintained, reflects current operations, and that  
315 changes are implemented appropriately across relevant sites. Maintenance of the  
316 marketing application (including aspects that are not identified as ECs) should follow  
317 regional expectations. See [Chapter 6](#) for information related to interactions between  
318 an MAH and any manufacturing organisations.

319 For any referenced submission (e.g., Type II Drug Master File, Active Substance  
320 Master File, etc.) in a marketing application, the holder of the referenced submission  
321 has a responsibility to report changes to their ECs to the MAH referencing their  
322 submission, so that the MAH can assess the impact of the change and report any  
323 related change to the ECs found in the approved MAA, as necessary and per regional  
324 requirements.

325 The approval of ECs and subsequent changes to ECs is the responsibility of the  
326 regulatory authorities.

**327 4. POST-APPROVAL CHANGE MANAGEMENT PROTOCOL (PACMP)****328 4.1. Definition of a PACMP**

329 A PACMP is a regulatory tool that provides predictability and transparency in terms  
330 of the requirements and studies needed to implement a change as the approved  
331 protocol provides an agreement between the MAH and the regulatory authority. A  
332 protocol describes the CMC change an MAH intends to implement during the  
333 commercial phase of a product, how the change would be prepared and verified,  
334 including assessment of the impact of the proposed change, and the suggested  
335 reporting category in line with regional requirements, i.e., a lower reporting category  
336 and/or shortened review period as compared to similar change procedure without an  
337 approved PACMP. The PACMP also identifies specific conditions and acceptance  
338 criteria to be met. A PACMP can address one or more changes for a single product,  
339 or may address one or more changes to be applied to multiple products (see [Chapter](#)  
340 [4.5](#)). The PACMP may be submitted with the original MAA or subsequently as a  
341 stand-alone submission. The PACMP requires approval by the regulatory authority,  
342 and the conditions and acceptance criteria outlined in the protocol must be met in  
343 order to implement the change(s).

344 A PACMP should describe changes with a level of detail commensurate with the  
345 complexity of the change. Once approved, in cases where implementation (see “step  
346 2” below) is pending, there is an assumption that the proposed approach is re-  
347 evaluated by the MAH on a regular basis and its validity reconfirmed prior to  
348 implementation of the change(s). Specifically, before implementing the change(s),  
349 the risk assessment provided in the initial PACMP submission should be reviewed by  
350 the MAH to ensure that the outcomes of that risk assessment as they pertain to the  
351 planned change(s) are still valid. If the review of the initial risk assessment indicates  
352 an increased level of risk associated with execution of the change, the previously  
353 approved reporting category should no longer be considered appropriate. In such  
354 cases, existing guidance should be followed or a consultation with the relevant  
355 regulatory authority should be sought. In addition, the MAH should confirm that the

356 control strategy continues to ensure that the product will be produced consistently  
357 following implementation of the change(s).

358 Finally, the use of a PACMP is enabled through an effective PQS that incorporates  
359 quality risk management principles (ICH Q9) and an effective change management  
360 system (ICH Q10, Appendix 2). The MAH is responsible for ensuring that whenever  
361 a CMC change is to be introduced under a PACMP, the facility meets the regulatory  
362 requirements of the regulatory jurisdiction where the PACMP was approved with  
363 respect to GMP compliance, and inspection or licensing status.

#### 364 **4.2. Application of a PACMP**

365 A PACMP typically involves two steps:

366 Step 1: Submission of a written protocol that describes the proposed change(s), its  
367 rationale(s), risk management activities, proposed studies and acceptance criteria to  
368 assess the impact of the change(s), other conditions to be met (e.g., confirmation that  
369 there is no change to the approved specification), the proposed reporting category for  
370 the change(s), and any other supportive information (see also below). This protocol is  
371 reviewed and approved by the regulatory authority in advance of execution of the  
372 protocol.

373 Step 2: The tests and studies outlined in the protocol are performed. If the results/data  
374 generated meet the acceptance criteria in the protocol and any other conditions are  
375 met, the MAH submits this information to the regulatory authority according to the  
376 categorisation (classification) in the approved protocol for review by the regulatory  
377 authority as appropriate. Depending on the reporting category, approval by the  
378 regulatory authority may or may not be required prior to implementation of the  
379 change. If the acceptance criteria and/or other conditions in the protocol (see step 1)  
380 are not met, the change cannot be implemented using this approach and should follow  
381 existing regulation or guidance instead.

382 Significant changes to the manufacturing process or controls that were not anticipated  
383 in the PACMP step 1 (e.g., change of order of unit operations) cannot be implemented  
384 as part of step 2 and should be the subject of a regulatory submission as governed by  
385 regional regulation or guidance. However, minor unanticipated modifications of the  
386 process or controls related to the intended change and not affecting the technical  
387 principles of the protocol are normally considered within scope, if appropriately  
388 justified.

389 No change outlined in a PACMP should introduce any additional risks to patient  
390 safety, product quality or efficacy. A CMC change that would require supportive  
391 efficacy, safety (clinical or non-clinical), or human PK/PD data to evaluate the effect  
392 of the change (e.g., certain formulation changes, clinical or non-clinical studies to  
393 evaluate new impurities, assessment of immunogenicity/antigenicity) is generally not  
394 suitable for inclusion in a PACMP.

#### 395 **4.3. Elements of a PACMP**

396 The development of the PACMP is informed by the application of process and  
397 product understanding gained from product development and/or manufacturing  
398 experience. A PACMP includes some, if not all, of the following elements:

- 399 • A detailed description of the proposed change(s), including a rationale. The  
400 differences before and after the proposed change(s) should be clearly  
401 highlighted (e.g., in a tabular format).
- 402 • Based on an initial risk assessment, a list of specific tests and studies to be  
403 performed to evaluate the potential impact of the proposed change(s), such as:  
404 characterisation, batch release, stability (as appropriate, see [Chapter 8.2.1](#)), in-  
405 process controls. The PACMP should include an appropriate description of  
406 the analytical procedures and proposed acceptance criteria for each test or  
407 study.
- 408 • Discussion regarding the suitability of the approved control strategy or any  
409 changes needed to the control strategy associated with the planned change(s).
- 410 • Any other conditions to be met, such as confirmation that certain process  
411 qualification steps will be completed before implementation.
- 412 • Where applicable, supportive data from previous experience with the same or  
413 similar products related to: development, manufacturing, characterisation,  
414 batch release, and stability to allow for risk mitigation.
- 415 • Proposed reporting category for the implementation of step 2 of the PACMP.
- 416 • Confirmation that ongoing verification will be performed under the PQS to  
417 continue to evaluate and ensure that there is no adverse effect of the change(s)  
418 on product quality. In cases where monitoring of the impact on product  
419 quality following implementation of the change(s) is required, a summary of  
420 the quality risk management activities should be provided to support the  
421 proposed PACMP. If multiple changes are to be implemented, these activities  
422 should address the potential risk from the cumulative effect of multiple  
423 changes and how they are linked.

424 The MAH should demonstrate in the PACMP suitable scientific knowledge and  
425 understanding of aspects impacted by the proposed change in order to conduct an  
426 appropriate risk assessment of the proposed change(s). Typically, more complex  
427 changes would require enhanced product/process understanding.

#### 428 **4.4. Modification to an Approved PACMP**

429 A modification to an already approved PACMP such as replacement or revision of a  
430 test, study or acceptance criterion should provide the same or greater capability to  
431 assess the effect of the proposed change on the product quality. Such changes would  
432 normally require a notification type of communication with the regulatory authority.  
433 A modification that more significantly alters the content of the protocol may require  
434 either prior approval of a protocol amendment or submission of a new protocol, as  
435 agreed upon with the regulatory authority.

#### 436 **4.5. Types of PACMPs**

437 There are different types of PACMPs:

- 438 • One or more change(s) to a single product – see above and Annex IIA, for  
439 content and implementation. A PACMP can also be designed to be used

440 repeatedly to make a specified type of CMC change over the lifecycle of a  
441 product, applying the same principles.

442 If the protocol describes several changes for a particular product, a  
443 justification should be added showing how the changes are related and that  
444 inclusion in a single protocol is appropriate.

445 • Broader protocols – the general principles outlined above apply. The risk of  
446 the proposed change(s) should be similar across products; additional  
447 considerations should be taken into account depending on the approach, for  
448 example:

449 a. One or more changes to be implemented across multiple products (e.g.,  
450 change in stopper across multiple products that use the same container  
451 closure system): the same risk mitigation strategy should be applicable  
452 across all impacted products;

453 b. One or more changes to be implemented across multiple products and  
454 at multiple sites (e.g., change in analytical method across multiple  
455 sites, change in manufacturing site(s) across multiple products): the  
456 same risk mitigation strategy should be applicable across all impacted  
457 products and/or sites (see Annex IIB).

## 458 5. PRODUCT LIFECYCLE MANAGEMENT (PLCM)

459 The PLCM document outlines the specific plan for product lifecycle management that  
460 is proposed by the MAH, includes key elements of the control strategy, the ECs,  
461 proposed reporting categories for changes to ECs, PACMPs (if used) and any post-  
462 approval CMC commitments. This will encourage prospective lifecycle management  
463 planning by the MAH and facilitate regulatory assessment and inspection. The  
464 PLCM document should be updated throughout the product lifecycle as needed.

### 465 5.1. PLCM Document: Scope

466 The PLCM document serves as a central repository in the MAA for ECs and reporting  
467 categories for making changes to ECs. It includes the key elements described in  
468 [Chapter 5.2](#) below and references to the related information located elsewhere in the  
469 MAA (see Annex III). Submission of the PLCM document is encouraged; however,  
470 the document is expected when the MAH proposes explicit ECs.

471 The elements of the PLCM document are summarised below:

- 472 • **Summary of Product Control Strategy:** A high level summary of the product  
473 control strategy should be included in the PLCM document to clarify and  
474 highlight which elements of the control strategy should be considered ECs.
- 475 • **ECs (refer to [Chapter 3](#)):** The proposed ECs for the product should be listed in  
476 the PLCM document. The identification and justification of ECs are located in  
477 the relevant sections of the CTD.
- 478 • **Reporting category for making changes to approved ECs (refer to [Chapter 3](#)):**  
479 The proposed reporting categories when making a change to an EC should be  
480 listed in the PLCM document. The detailed justification of the reporting  
481 categories is located in the relevant sections of the CTD. The reporting category  
482 may be based on regional regulations or guidance, or MAH justification.



- 483 • **PACMPs** (refer to [Chapter 4](#)): PACMPs that are submitted to prospectively  
484 manage and implement one or more post-approval changes should be listed along  
485 with the corresponding ECs to be changed. The approval date of the PACMP  
486 should be noted in subsequent submissions. If the PACMP is submitted and  
487 approved after approval of the original MAA, an updated PLCM document  
488 should accompany the PACMP.
- 489 • **Post-approval CMC commitments:** CMC commitments (e.g., specific process  
490 monitoring, revisions to ECs) that will be implemented during the commercial  
491 phase should be listed in the PLCM document.

## 492 **5.2. Submitting the PLCM Document**

493 The initial PLCM document is submitted with the original MAA or with a  
494 supplement/variation for marketed products where defining ECs ([Chapter 3.2.3](#)) may  
495 facilitate regulatory change management. Following regulatory review and approval  
496 of the MAA, the PLCM document will contain ECs and associated reporting  
497 categories.

## 498 **5.3. Maintenance of the PLCM Document**

499 An updated PLCM document should be included in post-approval submissions for  
500 CMC changes. The updated PLCM document will capture the change in ECs and  
501 other associated elements (reporting category, commitments, PACMP). The MAH  
502 should follow regional expectations for maintaining a revision history for the PLCM  
503 document.

## 504 **5.4. Format and Location of PLCM Document**

505 A tabular format is recommended to capture certain elements of PLCM described in  
506 [Chapter 5.2](#), but other appropriate formats can be used. See Annex III for an example  
507 PLCM table.

508 The PLCM document can be located in either the CTD Module 1, 2, or 3 based on  
509 regional recommendations.

# 510 **6. PHARMACEUTICAL QUALITY SYSTEM (PQS) AND CHANGE MANAGEMENT**

## 511 **6.1. General Considerations**

512 An effective PQS as established in ICH Q10 and in compliance with regional GMPs  
513 is the responsibility of a firm (manufacturing sites and MAH where relevant) and it is  
514 not the intent of this guideline to require a specific inspection assessing the state of  
515 the PQS before the firm can use the principles in this guideline. The conduct of  
516 routine inspections in connection with submitted marketing applications and  
517 surveillance will nevertheless continue as foreseen by regional regulatory  
518 requirements.

519 In the event that the PQS is found not to be compliant, it may result in restrictions on  
520 the ability to utilise flexibility in this guideline.

521 Consistent with the basic requirements of ICH Q10, an effective change management  
522 system is necessary for implementation of this guideline and is summarised in  
523 [Appendix 2](#).

**524 6.2. Management of Manufacturing Changes in the Supply Chain**

525 In many cases, a firm has to manage communication of information and interactions  
526 of PQSs across multiple entities (internal and external). Therefore, the  
527 implementation of robust change management across multiple sites (outsourced or  
528 not) is necessary. In conjunction with change control principles in [Appendix 2](#), the  
529 following change management activities should be considered to support the  
530 approaches defined in this guideline:

- 531 • Changes to ECs should be communicated in a timely fashion between the  
532 MAH and the regulators, and between the MAH and the manufacturing chain  
533 (and vice versa).
- 534 • The timeliness of communication is driven by the impact of any change  
535 related to ECs and should be targeted to those entities in the chain that need to  
536 be aware of or to implement the change over the lifecycle of the product.
- 537 • Process knowledge and continual improvement are drivers for change. For  
538 example, a Contract Manufacturing Organisation (CMO) may be in a position  
539 to propose process improvements which significantly improve control and  
540 product consistency. These data can be utilised to revise the ECs and  
541 associated PLCM document. The organisation responsible for batch release  
542 should be aware of all relevant changes and where applicable, be involved in  
543 the decision making.
- 544 • The communication mechanisms regarding MAA changes and GMP issues  
545 should be defined in relevant documentation, including contracts with CMOs.

**546 7. RELATIONSHIP BETWEEN REGULATORY ASSESSMENT AND INSPECTION**

547 Regulatory assessment and inspection are complementary activities and their  
548 fundamental roles remain unchanged by this guideline. Facility-related information  
549 obtained on inspection should be available to assessors and the most recent PLCM  
550 document, when applicable, should be available to inspectors.

551  
552 Communication between assessors and inspectors can facilitate regulatory review of a  
553 specific product submission. When required, information relating to GMP and  
554 marketing authorisation compliance may be communicated from inspectors to  
555 assessors, and vice-versa, via established mechanisms. The communications can also  
556 occur between regulators across regions in accordance with appropriate  
557 bilateral/multilateral arrangements.

**558 8. POST-APPROVAL CHANGES FOR MARKETED PRODUCTS**

559 Marketed products can benefit from the application of ECs and PACMPs as described  
560 in this guideline. Specifically, ECs and reporting categories can be proposed for a  
561 marketed product via a post-approval regulatory submission; a PACMP can also be  
562 proposed for planned change(s) to a marketed product. In addition, such products  
563 would also benefit from additional approaches to facilitate changes. This chapter  
564 describes a strategy for a structured approach for frequent CMC changes (e.g.,  
565 analytical methods) and data requirements for CMC changes (e.g., stability).

**566 8.1. Structured Approach to Analytical Procedure Changes**

567 Marketed products have existing analytical procedures that may benefit from  
568 advances made in analytical sciences. The intent of this chapter is to incentivize  
569 structured implementation of equivalent analytical procedures that are fit for purpose.  
570 An approach wherein specific criteria are defined for changes to analytical procedures  
571 used to test marketed products is described below. If this approach is followed and all  
572 criteria are met, the analytical procedure change can be made with immediate or other  
573 post-implementation notification, as appropriate, to the relevant regulatory authorities.

574 The following situations are out of scope of this chapter:

- 575 • Procedures where the specification does not adequately reflect the complex  
576 information provided by the method. In particular, procedures for which only  
577 a subset of the peaks are identified and specified (e.g., assay for identity by  
578 peptide map, assay for complex drug substances), or where the specification  
579 acceptance criteria include a general comparison to a reference standard  
580 beyond specified peaks (e.g., “comparable to reference standard” such as for  
581 naturally derived products, biotechnology products made in living systems).
- 582 • Change(s) to a test method based on a  
583 biological/immunological/immunochemical principle or a method using a  
584 biological reagent (e.g., bioassay, binding assay, ELISA, testing for viral  
585 adventitious agents).
- 586 • Changes to predictive models used with multivariate methods.

587 It is important to note that with the exception of the above exclusion criteria, all other  
588 methods are in scope including those used for biotechnological/biological products.

589 Making use of Chapter 8.1 is dependent on the regional implementation of ICH  
590 guidelines (e.g., ICH Q2, Q9 and Q10) and routine application of these guidelines by  
591 industry. The flexibility provided in Chapter 8.1 may not be available in all regions  
592 and in all situations; some specific changes may require prior approval as defined in  
593 regional guidance.

**594 8.1.1. Principles**

595 In order for this approach to be used, the following should be met:

- 596 • The high-level description of the original method and the revised method  
597 should be the same (e.g., chromatography with spectroscopic detection)
- 598 • Validation results should demonstrate that the revised method is equivalent to  
599 or better than the original method
- 600 • Test results obtained using the original method and revised method should be  
601 equivalent to each other. This should be assessed in two ways: First, the  
602 revised method should give an equivalent outcome, i.e., the same quality  
603 decision will be made regardless of whether the data was obtained by the  
604 original or the revised method. Second, the validation protocol should contain  
605 explicit criteria that compare results obtained using the new and revised  
606 method. See step 2 below for further details.

607 • System suitability requirements should be established for the revised method.  
608 System suitability ensures the day-to-day performance of the method during  
609 routine use.

610 • Specification changes (e.g., total impurities, potency) cannot be introduced  
611 using this mechanism unless allowed by existing regional regulations.

612

613 • This approach may not be used if toxicological or clinical data are required as  
614 a result of the method change.

615

616 If these criteria are met, the methods are equivalent and changes can be made with  
617 immediate or other post-implementation notification, as appropriate, to regulatory  
618 authorities.

### 619 **8.1.2. Structured Approach**

620 • Step 1: Evaluate the high-level method description. Examples include:

621 • Gravimetric analysis

622 • Volumetric analysis

623 • Atomic absorption

624 • Microscopy

625 • Thermal analysis

626 • Electrochemical analysis

627 • Column chromatography (e.g., HPLC, UPLC)

628 • Plate chromatography (e.g., TLC); if used as an ID test or limit test a  
629 change to another type of method description may be made if the criteria  
630 in this chapter are met

631 • Electrophoresis

632 • Changes to spectroscopic procedures should remain within same specific  
633 technology, e.g., UV to UV, NMR to NMR

634 When two techniques are used together (e.g., HPLC with UV detection), both would  
635 be part of the method description (i.e., column chromatography with spectroscopic  
636 detection).

637

638 • Step 2: A prospective analytical validation protocol should be prepared and  
639 approved internally by the firm. It should be based on a comparison of the current  
640 and proposed method and knowledge of the original validation protocol. The  
641 validation should assure that the revised method will be fit for its intended  
642 purpose and should contain at least the following:

643 • The principles of ICH Q2 should be followed to validate the change. All  
644 validation characteristics relevant to the type of method being validated should  
645 be executed as described in ICH Q2.

- 646 • The validation protocol should include, at minimum, the tests used to validate  
647 the existing method and all other relevant tests in ICH Q2. For example, if  
648 specificity, linearity, precision and accuracy were assessed during validation  
649 of the original method, then specificity, linearity, precision and accuracy  
650 should also be included in the validation of the revised method. The protocol  
651 acceptance criteria should reflect appropriate expectations for method  
652 performance and be justified scientifically. They should also be developed in  
653 the context of the validation acceptance criteria for the original method to  
654 assure that the revised method is fit for purpose.
- 655 • The validation should assess equivalency of the results of the revised method  
656 to those of the original method using parallel testing of an adequate number of  
657 samples of appropriate concentration based on the intended use of the method.  
658 The assessment of equivalency should include the requirement that the new  
659 method does not lose any meaningful information provided by the old method.  
660 Also the same quality decision should result when assessing data from the  
661 same samples tested using the original and revised methods.
- 662 • If there is a switch from manual to automated methods, the validation should  
663 also assess the impact of any related changes in critical reagents, reference  
664 standards or software.
- 665 • The protocol should also contain the detailed operating conditions of both the  
666 original method and the revised method to assure the changes being made are  
667 clear. The description of the method may be included by attachment.
- 668 • Step 3: Consider the system suitability criteria that exist in the current method, if  
669 any, and determine, based on method development data and any additional  
670 knowledge gained from commercial production, the system suitability criteria  
671 aspects that should be part of the new method. System suitability in this context  
672 includes all criteria used to evaluate the day-to-day performance of the method  
673 when used for routine testing.
- 674 • Step 4: Execute the validation protocol and compare the results to the  
675 predetermined acceptance criteria. If any criterion is not met, an assessment  
676 should be performed to evaluate the impact of the failure to meet the criterion on  
677 the validity of the method. If all criteria are met, the method is considered  
678 acceptable for its intended use.
- 679 • Step 5: Consider new product information, if any, identified as a result of a  
680 change in the context of the current regulatory filing. If new or revised  
681 specifications (e.g., total impurities, potency) are required based on results  
682 obtained during method validation, this structured approach may not be used  
683 unless allowed by existing regional regulations. In addition, this approach may  
684 not be used if toxicological or clinical data are required as a result of the method  
685 change. Thus, the method change should have no impact on safety, efficacy,  
686 purity, strength, identity, or potency of the product.
- 687 • Step 6: Prepare a written summary report documenting the outcome of the  
688 validation versus the protocol criteria.

- 689 • Step 7: Follow the internal change process as defined within the firm's PQS to  
690 implement the change.
- 691 • Step 8: Unless new information is identified as a result of this process (see step  
692 5), provide a post-implementation notification of the method change to the  
693 regulatory authority after the change is implemented as per regional reporting  
694 requirements. This may include the updated method description, the protocol, and  
695 the summary report of the validation.
- 696 • Step 9: Complete post-change monitoring. The firm's change control system  
697 (refer to Appendix 2) should explicitly identify and document a mechanism to  
698 assure the change was effective with no unintended consequences. The outcome  
699 of the assessment should be documented with a conclusion indicating the  
700 acceptability of the change.  
701
- 702 • Step 10: All information related to the method change should be available for  
703 verification during routine regulatory inspection.

## 704 **8.2. Data Requirements to Support CMC Changes**

705 The data needed for submission to the regulatory authority in support of a post-  
706 approval change is established by regional regulations and guidance. This guideline  
707 provides science- and risk-based approaches that can be used to develop strategies for  
708 confirmatory stability studies supporting post-approval changes to enable more timely  
709 filing, approval, and implementation of the changes. Such approaches could be  
710 proposed in a PACMP (see Annex IIB).

### 711 **8.2.1. Stability Data Approaches to Support the Evaluation of CMC** 712 **Change**

713 Unlike the formal stability studies recommended in ICH Q1A(R2), whose objective is  
714 to establish a useful shelf-life and storage conditions for a new, never-marketed drug  
715 substance/drug product, the purpose of stability studies, if needed, to support a post-  
716 approval CMC change is to confirm the previously approved shelf-life and storage  
717 conditions. The scope and design of such stability studies are informed by the  
718 knowledge and experience acquired for the drug product and drug substance.  
719 Approaches to the design of such studies should be appropriately justified and may  
720 include:

- 721 • Identifying the stability-related quality attributes and shelf-life limiting  
722 attributes
- 723 • Stability risk assessments to determine what factors can affect stability relative  
724 to the proposed CMC changes
- 725 • Use of appropriate tools to evaluate the impact of the proposed change. These  
726 may include:
- 727 ○ Drug substance and/or drug product accelerated and/or stress studies  
728 on representative material (which may be pilot or laboratory scale  
729 rather than full scale)

- 730           ○ Pre-and post-change comparability studies on representative material
- 731           ○ Statistical evaluation of informal and formal stability studies or other  
732           relevant data
- 733           ○ Predictive degradation and other empirical or first-principles kinetic  
734           modelling
- 735           ○ Application of relevant institutional knowledge and knowledge from  
736           the scientific literature
- 737           ○ Use of confirmatory studies post-change instead of submission of data  
738           as part of a regulatory change submission
- 739   Where applicable, a commitment to initiate or complete ongoing, long-term stability  
740   testing on post-change batches can assure that the approved shelf life and storage  
741   conditions continue to be applicable after implementing the CMC change.

742   **9.           GLOSSARY**

<b>Term</b>	<b>Definition</b>
CAPA	Corrective Action and Preventive Action – System that focuses on investigating, understanding, and correcting discrepancies while attempting to prevent their occurrence
CMO(s)	Contract Manufacturing Organisation(s)
CPP	Critical Process Parameter – process parameter whose variability has an impact on a critical quality attribute and therefore should be monitored or controlled to assure the process produces the desired product quality. (Q8R2)
CQA	Critical Quality Attribute – a physical, chemical, biological or microbiological property or characteristic that should be within an appropriate limit, range, or distribution to assure the desired product quality. (Q8R2)
CTD	Common Technical Document
ECs	Established Conditions
Firm	Manufacturing sites and MAH where relevant
KPP	Key Process Parameter - parameters of the manufacturing process that may not be directly linked to critical product quality attributes, but need to be tightly controlled to assure process consistency

<b>Term</b>	<b>Definition</b>
	as it relates to product quality
MAA	Marketing Authorisation Application
MAH	Marketing Authorisation Holder
Notification	The submission of a change in ECs that does not require approval prior to implementation.
PACMP	Post-Approval Change Management Protocol
PLCM	Product Lifecycle Management
Post-approval CMC commitments	Commitment by the MAH to undertake specific CMC activities to be implemented during the commercial phase.
Prior-approval	Change to an approved established condition that requires regulatory review and approval prior to implementation
PQR	Periodic Quality Review – regular periodic review of API or drug products with the objective to verify process consistency, to highlight any trends and to identify product and process improvements
PQS	Pharmaceutical Quality System
QRM	Quality Risk Management

743 **10. REFERENCES**744 ICH M4: *The CTD -- Quality*745 ICH Q1A(R2) *Stability Testing of New Drug Substances and Products*746 ICH Q2(R1) *Validation of Analytical Procedures: Text and Methodology*747 ICH Q5E *Comparability of Biotechnological/Biological Products Subject to Changes*  
748 *in Their Manufacturing Process*749 ICH Q8(R2) *Pharmaceutical Development*750 ICH Q9 *Quality Risk Management*751 ICH Q10 *Pharmaceutical Quality System*752 ICH Q11 *Development and Manufacture of Drug Substances*753 ICH Q8, Q9, and Q10 *Questions and Answers*



754 ICH Q8, Q9, & Q10 Questions and Answers -- Appendix: Q&As from Training  
 755 Sessions (Q8, Q9, & Q10 Points to Consider)

756

#### APPENDIX 1: CTD SECTIONS THAT CONTAIN ECs

Notes:

- This table does not contain a complete list of ECs for a product. The intention of the table is to provide general guidance about the elements of manufacture and control that constitute ECs and their location within the CTD structure.
- White rows indicate CTD sections where ECs are generally located. Grey rows indicate CTD sections where supportive information is generally located.
- CTD sections containing ECs may contain elements of supportive information.
- B = applicable to biotechnological/biological products
- For delivery system information, the location or the relevant content within the CTD structure may vary depending on the design of the particular product and region

CTD SECTION	SECTION TITLE	ESTABLISHED CONDITIONS – General List with notes
<b>3.2.S</b>	<b>DRUG SUBSTANCE</b>	
3.2.S.1	General Information	
3.2.S.1.1	Nomenclature	Drug Substance Name, Structure.
3.2.S.1.2	Structure	
3.2.S.1.3	General properties	Supportive information
3.2.S.2	Manufacture	
3.2.S.2.1	Manufacturer(s)	Drug Substance Manufacturing Site(s) (including testing)
3.2.S.2.2	Description of manufacturing process and process controls	Individual unit operations and their sequence in the manufacturing process  For levels/details of ECs for inputs (process parameters and material attributes) and outputs of individual unit operations, reference is made to <a href="#">Chapter 3.2.3.1 – Identification of ECs for the Manufacturing Processes</a>
3.2.S.2.3	Control of Materials	Starting material specifications (test, elements of analytical procedure and acceptance criteria) Raw material/reagent/solvent critical controls  Source of materials (e.g., cell and seed source, raw materials) and control of critical materials of biological origin Generation and control of Master - Working Cell Bank / Master, - Working Seed Lot, etc. (B)
3.2.S.2.4	Control of critical steps and intermediates	Specifications (e.g., test, elements of analytical procedure and acceptance criteria) for critical steps and intermediates including storage conditions of critical intermediates
3.2.S.2.5	Process validation and/or evaluation	Supportive information

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CTD SECTION	SECTION TITLE	ESTABLISHED CONDITIONS – General List with notes
3.2.S.2.6	Manufacturing process development	Supportive information
3.2.S.3	Characterisation	Supportive information
3.2.S.3.1 3.2.S.3.2	Elucidation of structure and other characteristics Impurities	Supportive information
3.2.S.4	Control of Drug Substance	
3.2.S.4.1	Specification	Drug Substance Specification For each Quality Attribute on the specification <ul style="list-style-type: none"> <li>• Test Method</li> <li>• Acceptance Criteria</li> </ul>
3.2.S.4.2	Analytical Procedures	Reference is made to <a href="#">Chapter 3.2.3.2.</a> – <i>Identification of ECs for Analytical Procedures</i>
3.2.S.4.3	Validation of analytical procedure	Supportive information
3.2.S.4.4	Batch analyses	Supportive information
3.2.S.4.5	Justification of specification	Supportive information
3.2.S.5	Reference Material	Reference Material qualification (e.g., test, elements of analytical procedure, where appropriate, and acceptance criteria)
3.2.S.6	Container Closure	Material of construction and specification
3.2.S.7	Stability	
3.2.S.7.1	Stability Summary and Conclusions	Drug Substance storage conditions and shelf-life (or Retest period for chemicals)
3.2.S.7.2	Post-approval stability protocol and stability commitments	Supportive information (also see <a href="#">Chapter 3.2.2.</a> )
3.2.S.7.3	Stability data	Supportive information
<b>3.2.P</b>	<b>DRUG PRODUCT</b>	
3.2.P.1	Description and Composition of Drug Product	Drug Product qualitative and quantitative composition
3.2.P.2	Pharmaceutical development	
3.2.P.2.1	Components of the drug product	Supportive information
3.2.P.2.2	Drug product	
3.2.P.2.3	Manufacturing	

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CTD SECTION	SECTION TITLE	ESTABLISHED CONDITIONS – General List with notes
3	process development	
3.2.P.2.4	Container closure system	
3.2.P.2.5	Microbiological attributes	
3.3.P.2.6	Compatibility	
3.2.P.3	Manufacture	
3.2.P.3.1	Manufacturer(s)	Drug Product Manufacturing (including: testing, primary packaging, device assembly for drug product-device combination products) sites
3.2.P.3.2	Batch Formula	Drug Product Batch Formula (Qualitative and Quantitative)
3.2.P.3.3	Description of manufacturing process and process controls	Individual unit operations and their sequence in the manufacturing process For levels/details of ECs for inputs (process parameters and material attributes) and outputs of individual unit operations, reference is made to <a href="#">Chapter 3.2.3.1 – Identification of ECs for the Manufacturing Processes</a>
3.2.P.3.4	Controls of Critical Steps and Intermediates	Specifications (e.g., test, elements of analytical procedure and acceptance criteria) for critical steps and intermediates including storage conditions of critical intermediates
3.2.P.3.5	Process validation and/or evaluation	Supportive information
3.2.P.4	Control of Excipients	
3.2.P.4.1	Specifications	Excipient Specification For each Quality Attribute on the specification <ul style="list-style-type: none"> <li>• Test Method</li> <li>• Acceptance Criteria</li> </ul> Or, if applicable, Reference to pharmacopoeial monograph
3.2.P.4.2	Analytical Procedures	Reference to pharmacopoeial monograph and if none exists, refer to <a href="#">Chapter 3.2.3.2 – Identification of ECs for Analytical Procedures</a>
3.3.P.4.3	Validation of analytical procedures	Supportive information
3.3.P.4.4	Justification of specifications	Supportive information
3.2.P.4.5	Excipients of Human or Animal Origin	Excipient source and controls should be specified (for human- or animal-derived excipients only)
3.2.P.4.6	Novel excipients	(If Novel excipient specification is not described in 3.2.P.4.1) Novel Excipient Specification  For each Quality Attribute on the specification <ul style="list-style-type: none"> <li>• Test Method</li> </ul>

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CTD SECTION	SECTION TITLE	ESTABLISHED CONDITIONS – General List with notes
		<ul style="list-style-type: none"> <li>• Acceptance Criteria</li> </ul>
3.2.P.5	Control of Drug Product	
3.2.P.5.1	Specification(s)	Drug product specification For each Quality Attribute on the specification <ul style="list-style-type: none"> <li>• Test Method</li> <li>• Acceptance Criteria</li> </ul>
3.2.P.5.2	Analytical Procedures	Reference is made to <a href="#">Chapter 3.2.3.2</a> – <i>Identification of Established Conditions for Analytical Procedures</i>
3.2.P.5.3	Validation of analytical procedures	Supportive information
3.3.P.5.4	Batch analyses	Supportive information
3.2.P.5.5	Characterisation of impurities	
3.2.P.5.6	Justification of specification(s)	
3.2.P.6	Reference Materials	Reference material qualification (e.g., test, elements of analytical procedure, where appropriate, and acceptance criteria)
3.2.P.7	Container Closure System	Supplier/manufacturer of container closure  Material of construction and specification
3.2.P.8	Stability	
3.2.P.8.1	Stability Summary and Conclusion	Drug product storage conditions and shelf-life (or retest period for chemicals) Where applicable, in-use storage conditions and shelf-life
3.2.P.8.2	Post-approval stability protocol and stability commitment	Supportive information (also see <a href="#">Chapter 3.2.2.</a> )
3.3 P.8.3	Stability data	Supportive information
<b>3.2.A</b>	<b>APPENDICES</b>	
3.2.A.1	Facilities and equipment	Regional regulation and guidance apply
3.2.A.2	Adventitious agents safety evaluation	Supportive information
3.2.A.3	Excipients	Supportive information
<b>3.2.R</b>	<b>REGIONAL INFORMATION</b>	
	Not Applicable	Regional regulation and guidance apply. For EU, Medical Device information or CE mark confirmation

## **APPENDIX 2: PRINCIPLES OF CHANGE MANAGEMENT**

Consistent with the basic requirements of ICH Q10, an effective change management system supports the principles of this guideline and is described below:

1. Captures stimuli for change including those that can improve product performance or process robustness;
2. Ensures full understanding of the scope of the change and its implications for all aspects of the process and control strategy including the impact on ECs and aspects that are not ECs in affected marketing authorisations;
3. Leverages existing process performance and product quality knowledge;
4. Requires a science and data based risk assessment and risk-categorisation of the proposed change including the management of risk in the event the proposed change is not implemented;
5. Determines data (existing and/or to be newly generated) needed to support the change and accordingly develops study protocols describing the methods, prospective acceptance criteria as well as additional post-implementation process performance and/or product quality monitoring as necessary;
6. When required, ensures that a regulatory submission is developed (e.g., supplement/variation, PACMP) and submitted;
7. Uses a defined change control process to approve or reject the change and involve appropriate stakeholders, including but not restricted to Manufacturing, Quality, and Regulatory personnel;
8. Ensures implementation of the change is based on:
  - a. Review that the change as implemented remains aligned with the relevant protocols, any PLCM document and/or any PACMP;
  - b. Assessment of data generated to demonstrate that the change objective and acceptance criteria were met;
9. Ensures that risk-mitigating steps are developed in case of deviations from acceptance criteria, or identification of unanticipated risks;
10. Captures new product/process knowledge gained during implementation of the change;
11. Verifies, post-implementation, that changes have been effective in achieving the desired outcome with no unintended consequences;
  - a. If deviations associated with post-approval changes are detected, ensures that the issue is managed via the firm's deviation management process and appropriate corrective and/or preventive actions are identified and undertaken via the firm's corrective and preventive action (CAPA) system

- b. Where applicable, ensures that regulatory filings are updated and an assessment is made as to whether updates to the PLCM document are needed
  - c. Requires a post-implementation lessons-learned exercise to build on the product and process knowledge gained with a view to continual improvement, including improvement of the PQS
  - d. Ensures that the change is included and assessed as part of the Product Quality Review (PQR)
12. The change management system should be organised and available for review during audit/inspection.

### *Management Review*

Details of Management Review are extensively described in ICH Q10 including the use of appropriate performance indicators as a means to assess the effectiveness of a PQS. These should be meaningful, simple and data-driven. In addition to the requirements of ICH Q10 in the context of ensuring an effective change management system, the following could be considered in the Management Review:

- Monitoring the timeliness of the change management system to assure that changes are implemented in a timely manner commensurate with the urgency identified for the change. When implementation is delayed, an assessment and mitigation of any risks associated with the delay should be made;
- Monitoring the performance of the change management system, such as assessing the frequency of proposed changes that are not approved for implementation upon first submission;
- Ensuring that post-implementation verification occurs and reviewing the results of that verification as a measure of change management effectiveness (e.g., to identify improvements to the change management system);

### *Use of Knowledge in Change Management*

An effective change management system includes active knowledge management, in which information from multiple sources is integrated to identify stimuli for changes needed to improve product and/or process robustness. The connection between knowledge management and change management is illustrated in Figure A1.

As indicated in ICH Q10 and shown in Figure A1, these sources can include, but are not limited to, developmental studies, process understanding documents, product or process trending, and product-specific CAPA outcomes. They should be comprehensive across the product lifecycle, including all relevant stakeholders (R&D, manufacturing, CMOs, suppliers, etc.). With respect to sharing knowledge between the firm and suppliers, and between the firm and CMOs, considerations for sharing knowledge that relates to product and process robustness or otherwise informs changes should be built into quality agreements and/or contracts.

In addition to individual sources of information, there should be a mechanism to provide a holistic view of quality performance for a specific product or product family

on a regular basis, as captured in the PQR and shown in Figure A1. This should include steps taken to identify and manage variability introduced from raw materials and the manufacturing process that could impact on product quality during its lifecycle. This allows for the identification of further need for change not apparent when the data are viewed in isolation.

Use of knowledge is the responsibility of the firm and should be described in the PQS (for more detailed information reference is made to ICH Q8, Q9, Q10, Q11, Q/IWG Q&A). As described in ICH Q10, there is no added regulatory requirement for a formal knowledge management system.

**Figure A1 Connection Between Knowledge Management and Change Management Process**

