Shared Facilities – Introduction

The Key Messages from Industry /Associations

EMA workshop: 20-21 June 2017

Objectives from an Industry Perspective

- To restate Industry's appreciation for the opportunity for dialogue with EMA and support of the use of HBELs in risk assessments for shared facilities.
- To summarise the key points from Industry's response to the Q&A document
- To share 5 presentations to facilitate discussion
  - ISPE: Setting HBELs at different stages of the product life-cycle
    - Presenter Bruce Naumann
  - PDA: Key points to recognize quality in HBEL and associated monograph
    - Presenter Ester Lovsin-Barle
  - IFAH: HBELs in a mixed veterinary/human facility
    - Presenter Adreas Engwicht-Lassman/ Martin Folger
  - ISPE: Case study on risk assessments for cross contamination
    - Presenter Stephanie Wilkins
  - EFPIA: Evaluation of Health-Based Exposure Limits and Potential Impact on Cleaning Limits
    - Presenter Gretchen Allison
- To engage in the workshop discussions with the objectives of advancing mutual understanding, more facile implementation, identifying training needs/opportunities and enhancing patient safety

Key points for EMA consideration regarding Q&A

- HBELs should be available for all active ingredients
- The “highly hazardous” categorisation is not scientifically sound as it does not take into account all available data
    - A reversion to the situation before the introduction of HBELs
        - The proposed categorisation should not be adopted

Cleaning limits and 1/1000th

- Cleaning procedures and acceptance criteria should be based on HBELs
  - Traditional 1/1000 limits may be useful during transition period or for prioritisation
  - Without comparison to ADE limits, continued use of 1/1000 should be discouraged as it lacks scientific rigour and does not take into account all toxicological data
- HBEL based limits may be higher or lower
  - In majority of cases (>85%) current 1/1000 dose cleaning limits are more conservative when compared to ADE based cleaning limits, which are often significantly higher.

- At a minimum cleaning should meet ADE based cleaning limits. If firms want to use more conservative 1/1000th dose limits after comparison to ADE based cleaning limits that is acceptable.
- Industry is global: some markets still require consideration of 1/1000th dose limits

Key points (cont)

- The full implications for veterinary products need further consideration, especially when manufactured in facilities that also make human products
- HBELs for products used as IMPs, for paediatric, for neonatal, for geriatric populations are unlikely to require modifying factors as the therapeutic use has already been considered
- HBEL monographs should be formally approved and available for inspection

- There is no substitute for toxicological expertise
  - Expertise should be documented
- Ultimately it is the exposure to a compound that can be modified
  - Hazard is a multiplier to exposure that determines risk