

Designing for Potent Products: OEL-Driven Facility Design

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Understanding of OEL & OEB

Occupational Exposure Limit (OEL):

OELs are defined as airborne concentrations (expressed as time-weighted average for a conventional 8-hour work day and a 40-hour work week in ml/m³ or mg/m³) of a substance to which it is believed that nearly all workers may be repeatedly exposed (day after day, for a working lifetime) without adverse effect.

Occupational Exposure Band (OEB):

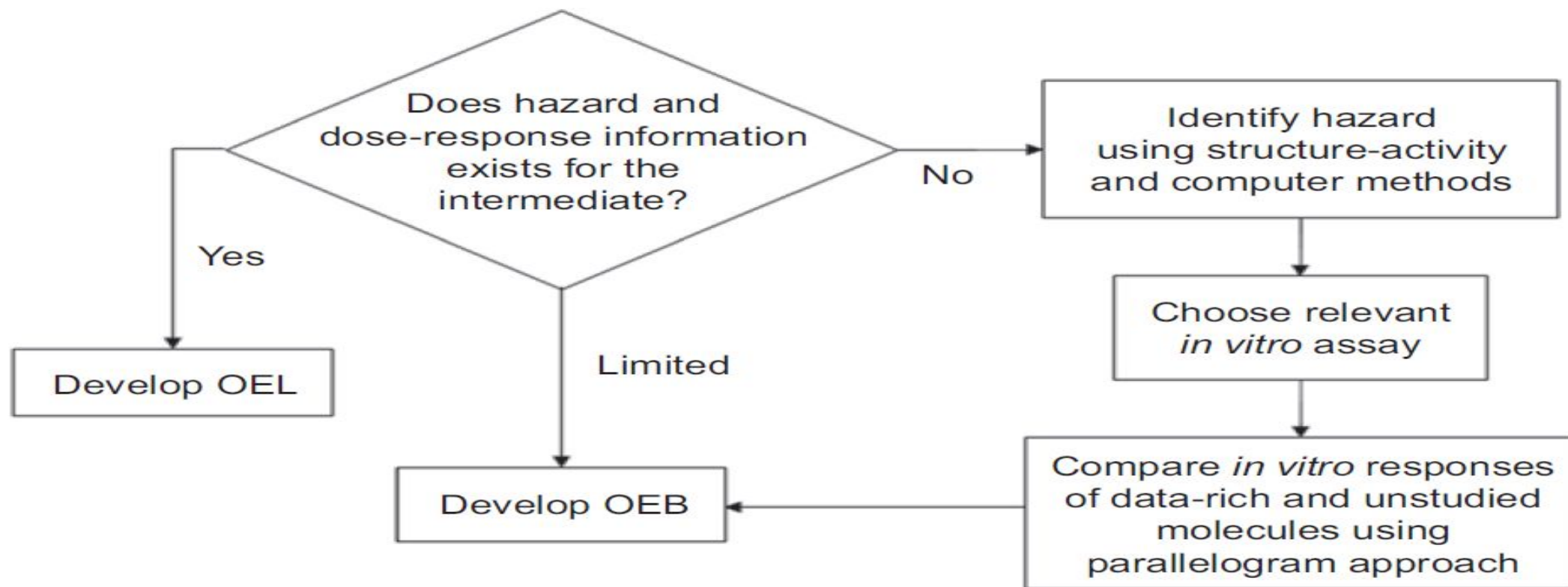
A classification system that groups chemicals into categories or "bands" (e.g., OEB 1 to OEB 5 or 6) based on their toxicological potency and the severity of potential health effects. This approach is used to quickly and accurately classify substances, especially when a formal, data-intensive OEL has not yet been established.

Formula:

$OEL = (Lowest\ Therapeutic\ Dose) / (Safety\ Factor).$

OEB = Categorized into a band based on their toxicological potency, with each band corresponding to a specific OEL range.

Developing OEL/OEB



Process for establishing occupational exposure criteria depending on the availability of toxicity data.

Understanding of NOEL & NOAEL

NOEL (No Observed Effect Level):

The highest dose or exposure level of a substance in a study at which should have no *detectable* effect (of any kind, adverse or non-adverse, e.g., adaptive changes)

NOAEL (No Observed Adverse Effect Level):

The highest dose or exposure level of a substance at which no *significant adverse* (harmful) effects are observed. This means some non-adverse, minor, or adaptive biological changes may occur at the NOAEL dose, but they are not considered harmful.

Key Difference between NOEL & NOAEL:

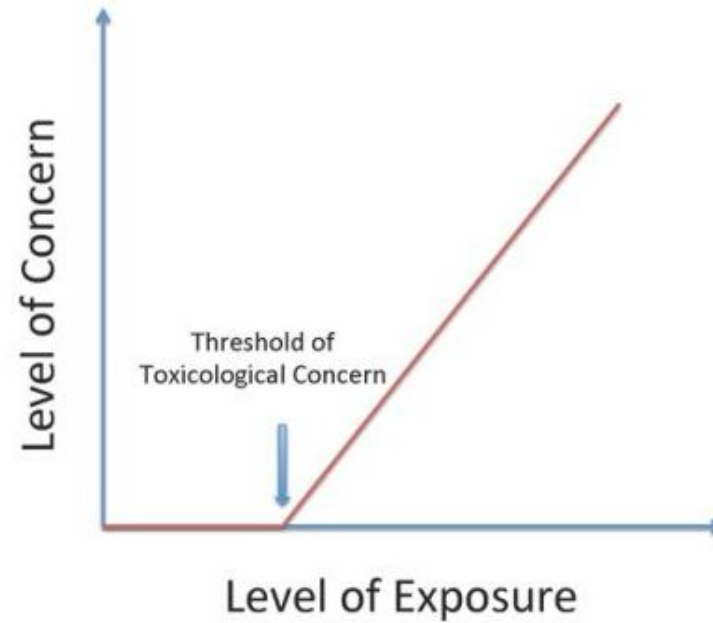
A NOAEL is a less stricter than NOEL (e.g., a drug intended to lower blood pressure causing a minor, non-harmful drop in a non-clinical study).

Formula:

They are specific dose levels identified through **experimental toxicology studies** (typically in animals) and data analysis.

Understanding of TTC

Threshold of Toxicology Concern (TTC)



Understanding of PDE/ADE & ADI

PDE/ADE (Permitted Daily Exposure / Acceptable Daily Exposure):

It is the maximum amount of an active pharmaceutical ingredient (API) that a patient can be exposed to daily without adverse effects, calculated through a detailed scientific evaluation of all available toxicological and pharmacological data.

ADI (Acceptable Daily Intake):

A measure of the amount of a substance in food or water that can be ingested daily over a lifetime without an appreciable health risk.

- The term ADI can be used in the food and agrochemical industries, while PDE/ADE is more common in the pharmaceutical industry.

PDE or ADE (mg/day) =

NOEL/LOAEL x Weight Adjustment

F1 x F2 x F3 x F4 x F5 x MF x PK

MF = Modifying factor (can be applied on a case-by-case basis)

PK = Pharmacokinetic adjustments (e.g., bioavailability differences between exposure routes
F1 to F5 = Uncertainty Factors

ADI (mg/Kg bw /day) =

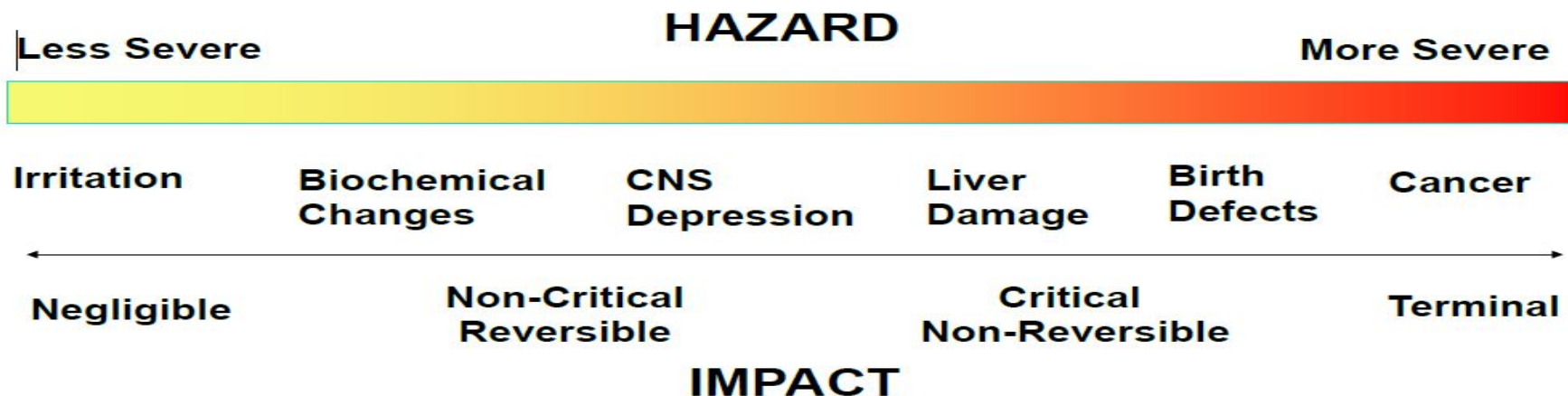
NOEL

Safety Factor (SF)

Safety Factor = 100

The most common safety factor is 100, which includes a 10x factor for animal-to-human extrapolation

Risk Prioritization of Hazards



Occupational Exposure Limit (OEL)

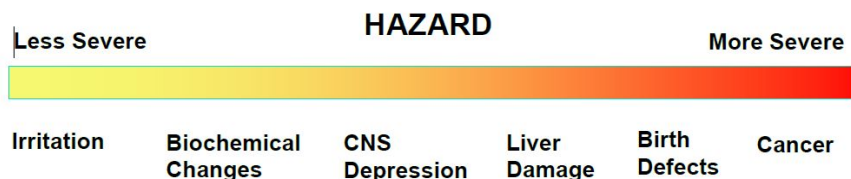
>1,000 $\mu\text{g}/\text{m}^3$ 1,000 $\mu\text{g}/\text{m}^3$ 100 $\mu\text{g}/\text{m}^3$ 10 $\mu\text{g}/\text{m}^3$ 1 $\mu\text{g}/\text{m}^3$ <1 $\mu\text{g}/\text{m}^3$

Band-1 **Band-2** **Band-3** **Band-4** **Band-5** **Band-6**

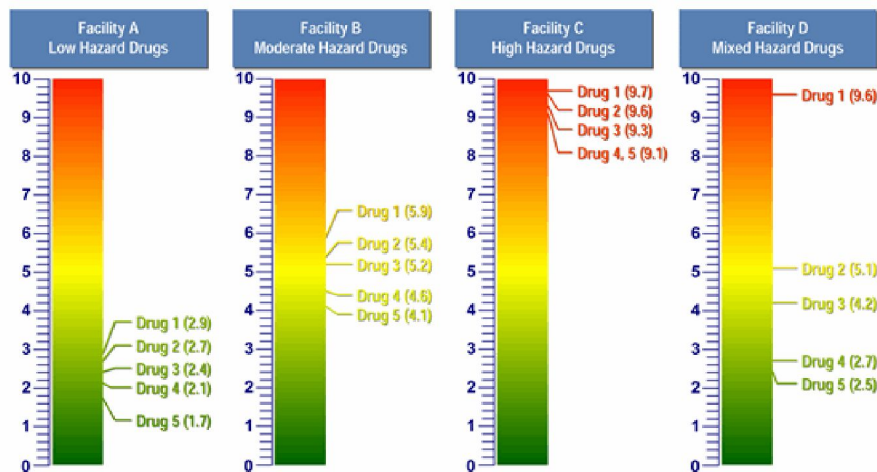
>10,000 $\mu\text{g}/\text{day}$ 10,000 $\mu\text{g}/\text{day}$ 1,000 $\mu\text{g}/\text{day}$ 100 $\mu\text{g}/\text{day}$ 10 $\mu\text{g}/\text{day}$ <10 $\mu\text{g}/\text{day}$

Health-Based Exposure Limit (HBEL)

Hazards identification Shall be done as per activity of substance chemically and biological.



Organization should develop the Toxicity Scale of product manufactured at facility with support of scientifically support of toxicology study.



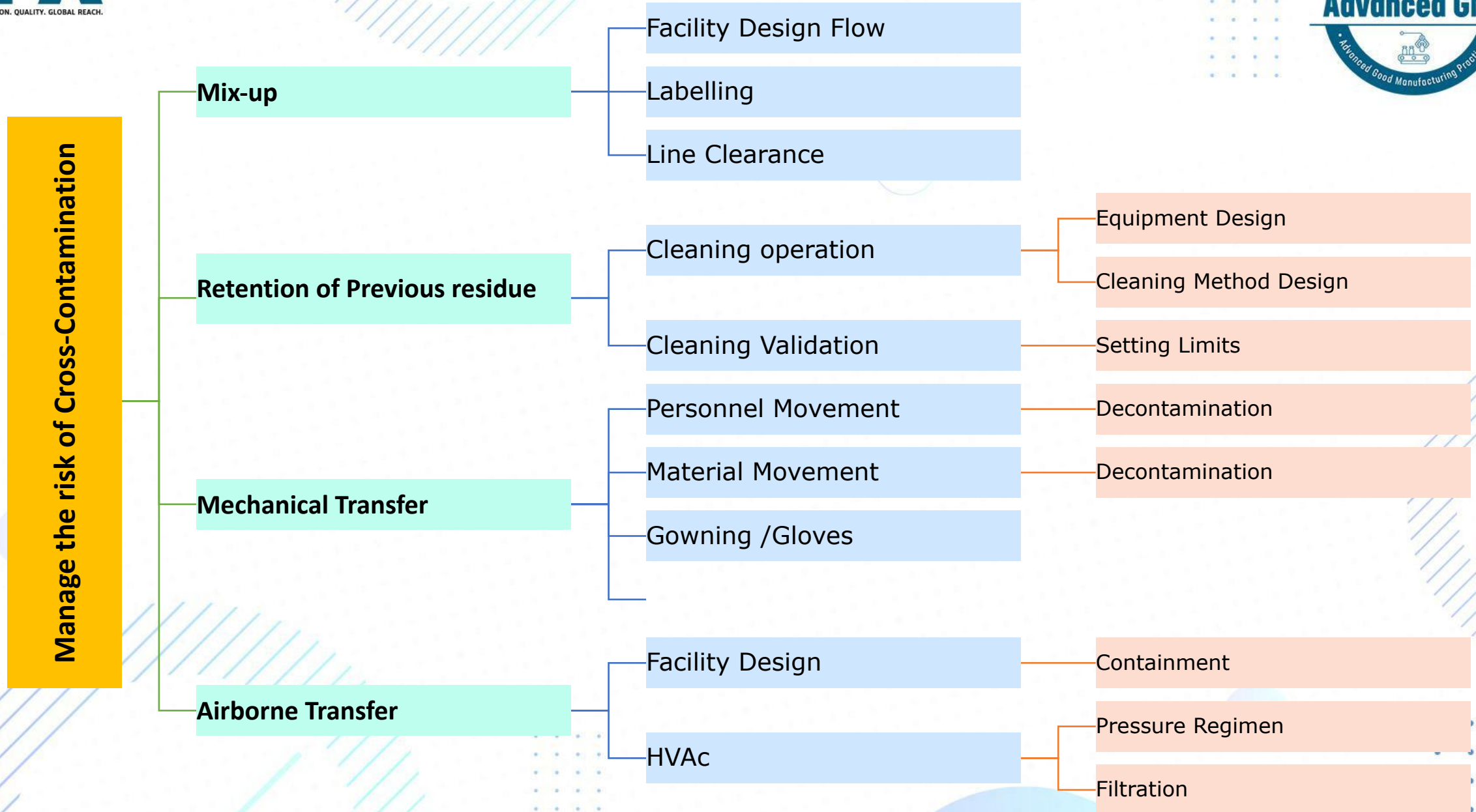
ADE/PDE based Toxicity Scores of Multi product facility

ADE/PDE Value	Dose in gram/day	Toxicity Score (-log (ADE _{gram/day}))
100 pg/day	0.0000000001	10
1 ng/day	0.000000001	9
10 ng/day	0.00000001	8
100 ng/day	0.0000001	7
1 µg/day	0.000001	6
10 µg/day	0.00001	5
100 µg/day	0.0001	4
1 mg/day	0.001	3
10 mg/day	0.01	2
100 mg/day	0.1	1
1000 mg/day	1	0

Regulatory view on Hazardous Materials

<i>Pharmaceutical substances</i>	<i>USA FDA</i>	<i>Europe EMA</i>	<i>India CDSCO</i>	<i>Brazil ANVISA</i>	<i>WHO</i>	<i>China CFDA</i>	<i>Mexico COFEPRIS</i>	<i>Canada HC</i>	<i>PIC/S</i>
Hormones	X certain	X certain	X (sexual)	X certain	X certain	X certain (contraceptives)	X (of biological origin)	X certain	X certain
Steroids	X certain	X certain			X certain			X certain	X certain
Cytotoxic agents	X certain	X certain	X	X	X certain	X certain	X	X certain	X certain
Highly API	X certain	X certain	X	X certain	X certain	X certain	X others	X certain	X certain
Biological preparations	X	X certain	X	X	X	X	X	X certain	X certain
Sensitizing pharmaceutical materials	X certain	X certain	X	X	X	X	X	X certain	X certain
Immunosuppressants		X certain					X	X certain	X certain
Antibiotics		X certain	X certain	X some	X some			X certain	X certain
Cephalosporins	X	X	X	X	X certain	X	X	X	X
Penicillin	X	X	X	X	X	X	X	X	X
Carbapenems	X	X	X	X		X		X certain	X
Beta-lactam Derivatives	X	X	X	X others		X		X certain	X

Possible Risk Mitigation in Facility



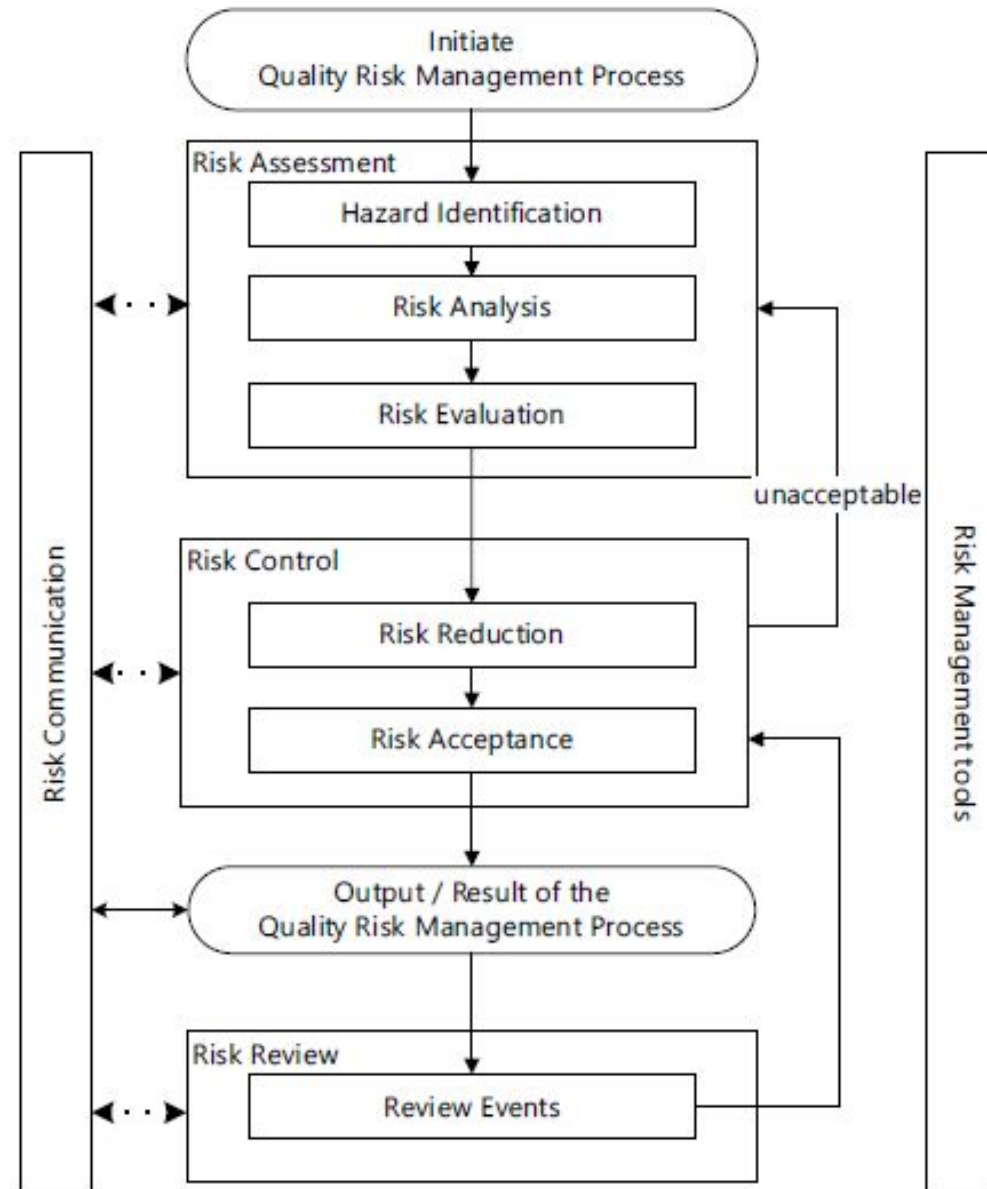
Major Cross Contaminations

Inadequate Cleaning Verification:

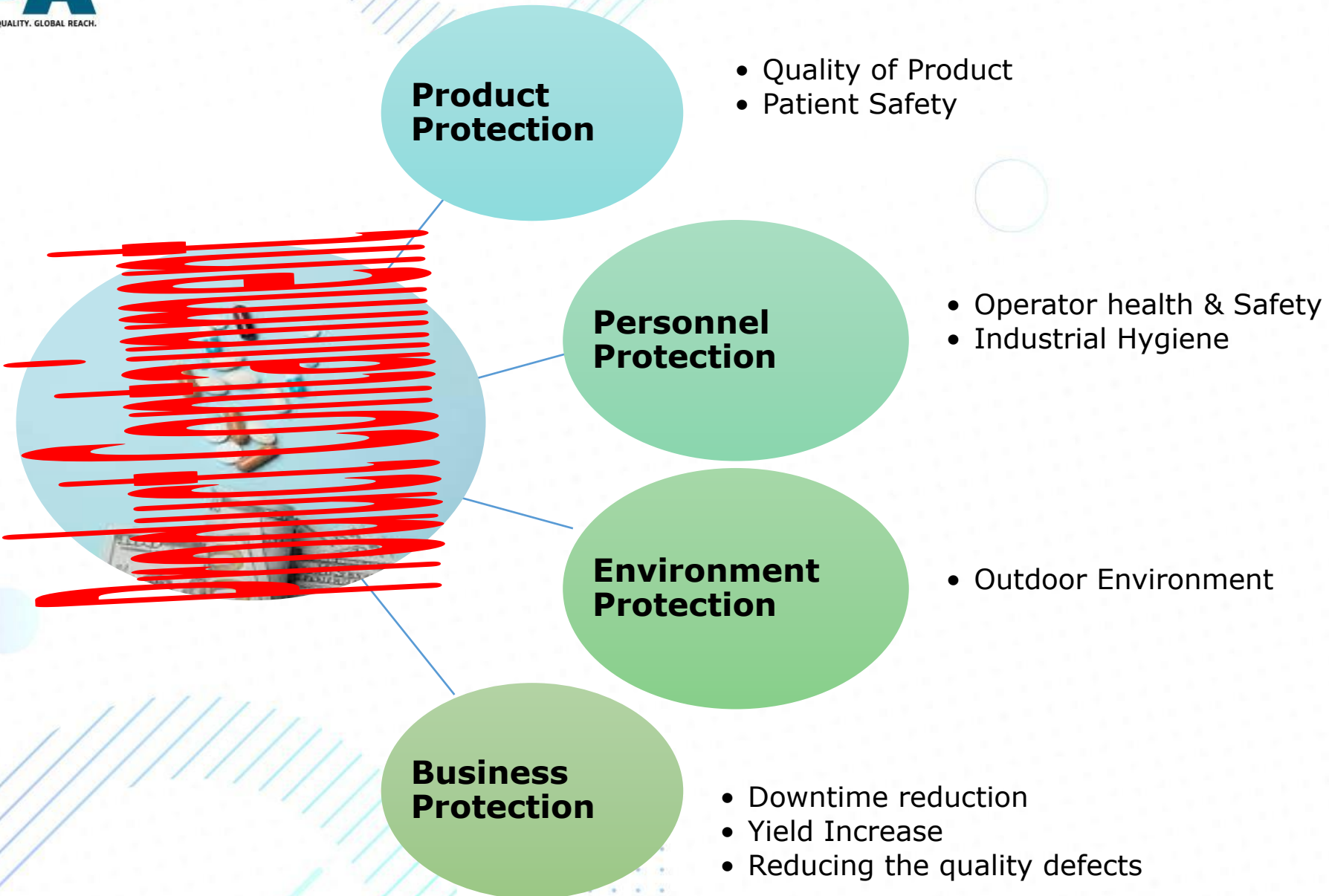
- ✓ Manual cleaning – requires to eliminate subjectivity
- ✓ Routine monitoring – visual checks
- ✓ Define campaign change over verifications in case of less PDE
- ✓ Annual verifications
- ✓ Operators changes

Did Not Follow Procedure:

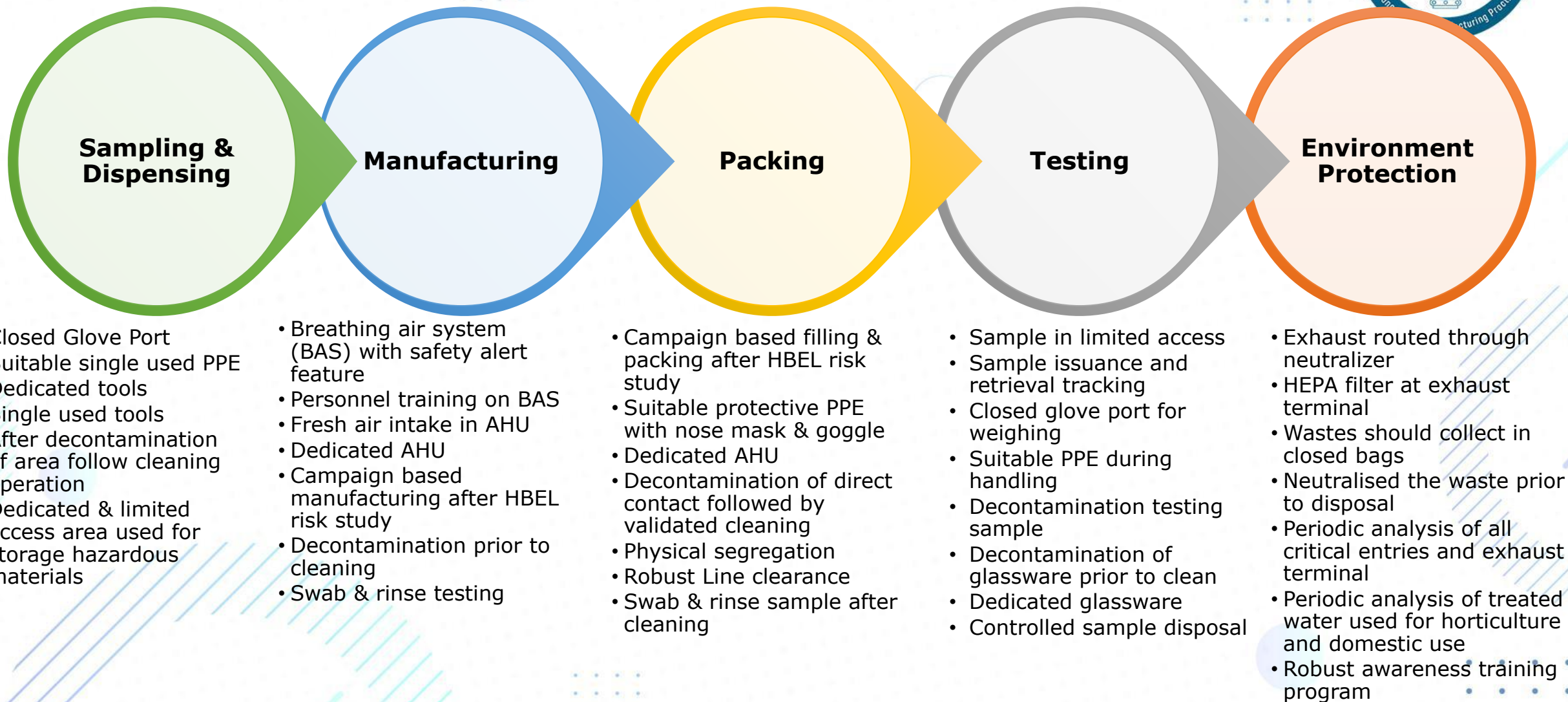
- ✓ Inadequate training
- ✓ State of mind
 - Distracted
 - Rushed
 - Not feeling well
- ✓ Misunderstand what is to be done and why
- ✓ Inadequate supervision



4 Protections



Facility Design & Controls of Mitigation



Note: Dedicated facility for beta lactam, certain Hormone, Cytotoxic & highly sensitizing materials

Major Regulatory Expectations



Dedicated and self-contained areas, Indian practices state the need to design **separate areas for:** beta-lactams (with no exceptions), highly active materials, sex hormones, some antibiotics, cytotoxic and oncology products.



Dedicated production areas should be used for manufacturing sensitizing materials such as penicillin or cephalosporins, and that this should also be considered when infectious, highly active or toxic materials are involved.



Penicillin & beta-lactam antibiotics requires a dedicated areas. Regarding all other drugs, the manufacturers must carry out a careful analysis of the risks involved in their production or whether dedicated facilities must be used for their manufacture.



The production of certain Hormone, sensitizing materials (penicillin & others) and biological preparations must be carried out in dedicated areas certain highly active materials, such as some antibiotics, hormones, some steroids, cytotoxic substances.



1. WHO Good Manufacturing Practices for Pharmaceutical Products: main principles”, Technical Report Series, No. 986, Annex 2, 2014.
2. Good Manufacturing Practices for Pharmaceutical Products containing hazardous substances”, Technical Report Series, No. 957 Annex 3, 2010.
3. WHO Good Manufacturing Practices for Active Pharmaceutical Ingredients”. Technical Report Series, No.957, Annex 2, 2010.
4. CDSCO, Schedule M, “Good Manufacturing Practices and Requirements of Premises, Plant and Equipment for Pharmaceutical Products.
5. EMA, “Guideline on setting health based exposure limits for use in risk identification in the manufacture of different medicinal products in shared facilities”. EMA/CHMP/CVMP/SWP/169430/2012. 2014.
6. FDA, “Q7 Good Manufacturing Practice Guidance for Active Pharmaceutical Ingredients Guidance for Industry”, 2016.
7. Guidance for Industry - Non-Penicillin Beta-Lactam Drugs: A CGMP Framework for Preventing Cross-contamination” April 2013.
8. US Food and Drug Administration. “CFR-code of federal regulations title 21.” Current good manufacturing practice for finished pharmaceuticals Part 211 (e-CFR data is current as of December 21, 2018).
9. The requirements for manufacturing highly active or sensitizing drugs comparing Good Manufacturing Practices, Acta Biomed 2019; Vol. 90, N. 2: 288-299.
10. Setting occupational exposure limits for unstudied pharmaceutical intermediates using an in vitro parallelogram Approach, *Toxicology Mechanisms and Methods*, 2011; 21(2): 76–85.
11. Case Study: Setting HBELs Throughout the Product Life Cycle Bruce D. Naumann, Ph.D., DABT Executive Director, Toxicology Merck & Co., Inc. Kenilworth, NJ, Representing the International Society for Pharmaceutical Engineers (ISPE).
12. CASE STUDY ON RISK ASSESSMENTS FOR CROSS CONTAMINATION, Stephanie Wilkins, PE EMA Workshop 20-21 June 2017. ISPE Baseline® Guide:Oral Solid Dosage Forms, third addition volume 2 ISPE.
13. Guideline on setting health based exposure limits for use in risk identification in the manufacture of different medicinal products in shared facilities, EMA/CHMP/ CVMP/ SWP/169430/2012.
14. EMA Guideline on Setting Health-Based Exposure Limits, volume 40, Pharmaceutical Technology-01-02-2016.
15. ICH Q9.

Patient Safety is the responsibility

Thanks