

# Advancements in Manufacturing Technology

“Complex Injectables”



**Dr. Alex George**  
Executive Vice President and Head, Injectables & Inhalation Products

# Overview –Advances in Manufacturing Technology

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1 Pharma Industry –Introduction & Evolution

2 cGx–Introduction & Development perspective

3 cGx Manufacturing –Hurdles & Mitigation

4 Emerging Technologies & Landscape

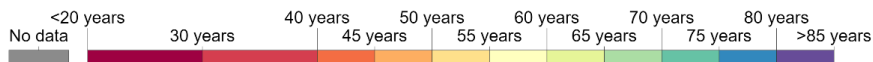
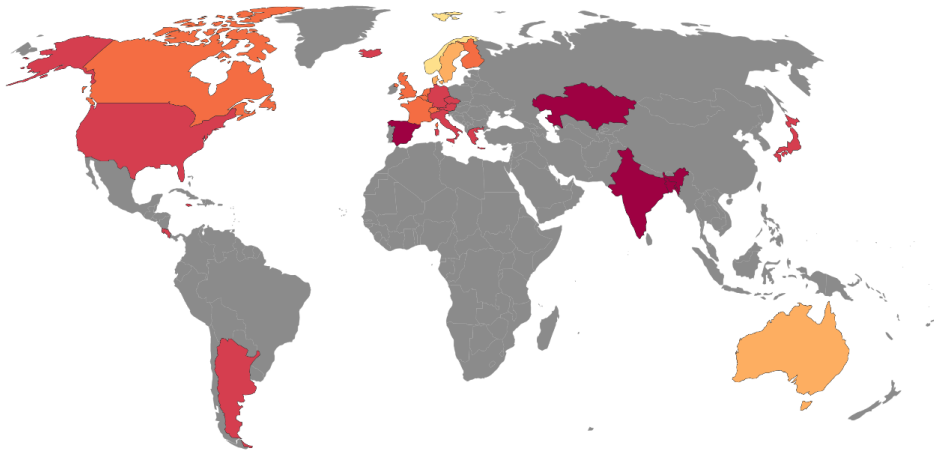
5 Passing Thoughts



# Pharmaceutical Industry Introduction & Evolution

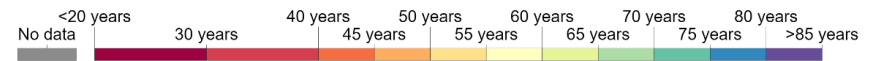
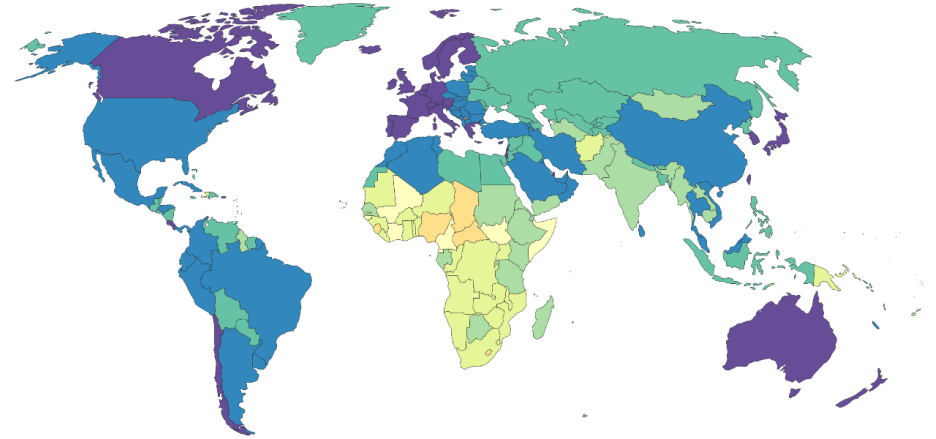
# Pharma Industry – Overview

Life expectancy, 1879



Our World in Data

Life expectancy, 2019

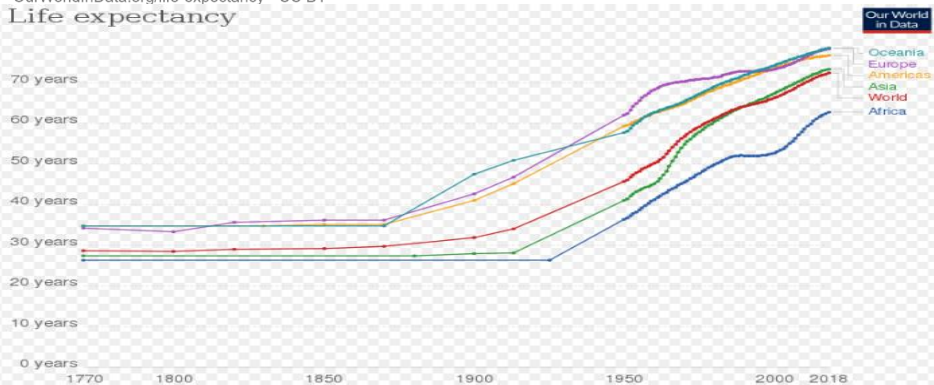


Our World in Data

Source: Riley (2005), Clio Infra (2015), and UN Population Division (2019)  
 Note: Shown is period life expectancy at birth, the average number of years a newborn would live if the pattern of mortality in the given year were to stay the same throughout its life.  
 OurWorldInData.org/life-expectancy • CC BY

Source: Riley (2005), Clio Infra (2015), and UN Population Division (2019)  
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Life expectancy



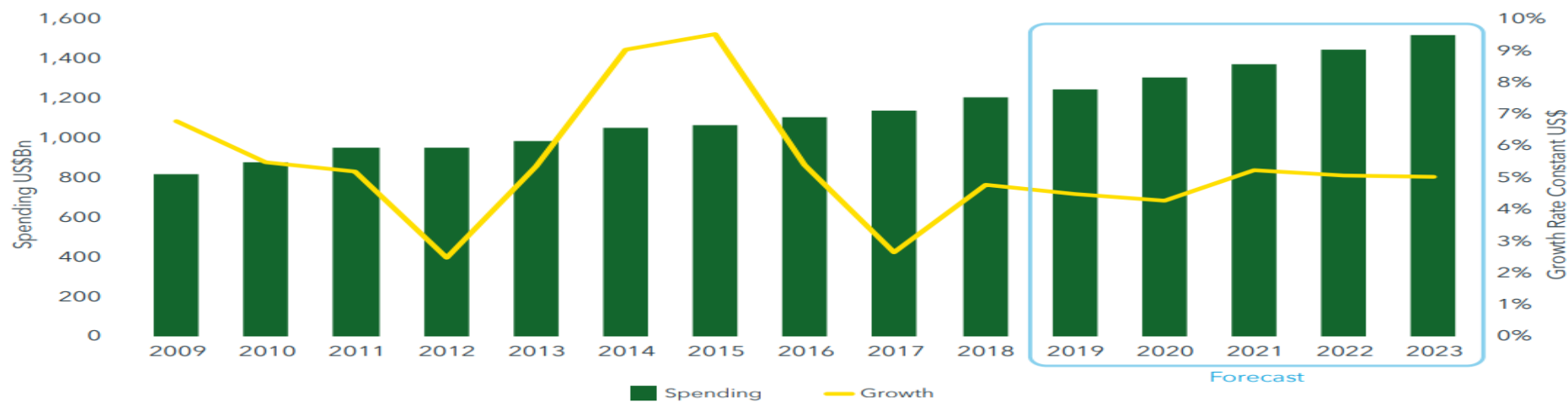
Source: Riley (2005), Clio Infra (2015), and UN Population Division (2019)  
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**Working In The  
 Pharmaceutical Industry  
 Allows You To Change  
 People's Lives For The Better**



# Pharma Industry –Overview contd..

## A Vibrant Trillion Dollar plus Industry; Growing steady globally



Source: IQVIA Market Prognosis, Sep 2018; IQVIA Institute, Dec 2018

- As of 2018, approximately 1.2 trillion USD had been spent on medicines, up from just 887 billion U.S. dollars in 2010. That number is expected to increase to 1.52 trillion USD by the year 2023
- Global revenue in 2018 was at 1.2 trillion USD where as in 2001 the market was valued at 390 bn USD
- The industry is expected to grow by 160% between 2017 and 2030



# We are a global pharmaceutical company



1

## Pharmaceutical Services & Active Ingredients

### Partner of choice

A leader in generic API supply globally

Customers are generics manufacturers and innovator firms

2

## Global Generics

### Access to affordable medicines

Finished dosages in distribution- and detailing-driven markets

Key markets: America, India, Russia

Building a sustainable generics business

3

## Proprietary Products

### Fulfilling unmet medical needs in dermatology & neurology

Building sustainable and profitable proprietary products

Strong pipeline of differentiated formulations

4

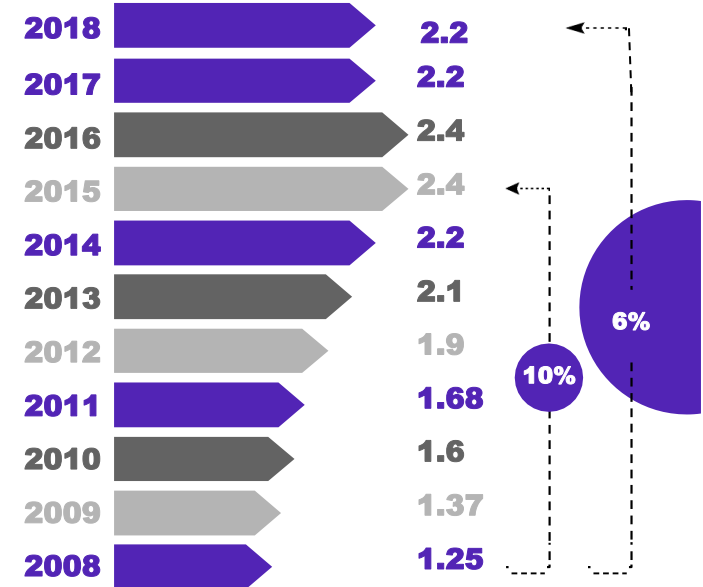
## Biologics

### High quality global bio-similars

Dr. Reddy's Laboratories leads the industry with four biosimilar products marketed in several countries

Extensive development pipeline

## Good Health Can't Wait



We grew at a CAGR of 10% between FY08 & FY15



# ...with presence in all major regions of the world

Commercial presence in

**30**  
countries



**10**

**API  
Manufacturing  
Facilities**

**14**

**Formulations  
Manufacturing  
Facilities**

**10**

**Global  
R&D Centres**

**1**

**Biologics  
Development  
Centre**

# Dr Reddy's is one of the biggest providers of low cost generics of complex drugs to US patients



## Azacitidine injection

Indicated for myelodysplastic syndrome



## Decitabine injection

Indicated for myelodysplastic syndrome



## Simvastatin-Ezetimibe tablets

Indicated for hyperlipidemia



## Zoledronic acid injection

Indicated for Paget's disease of bone (oncology)



## Liposomal doxorubicin injection

Indicated for Ovarian cancer, Multiple Myeloma and Kaposi's sarcoma



## Buprenorphine naloxone sublingual film

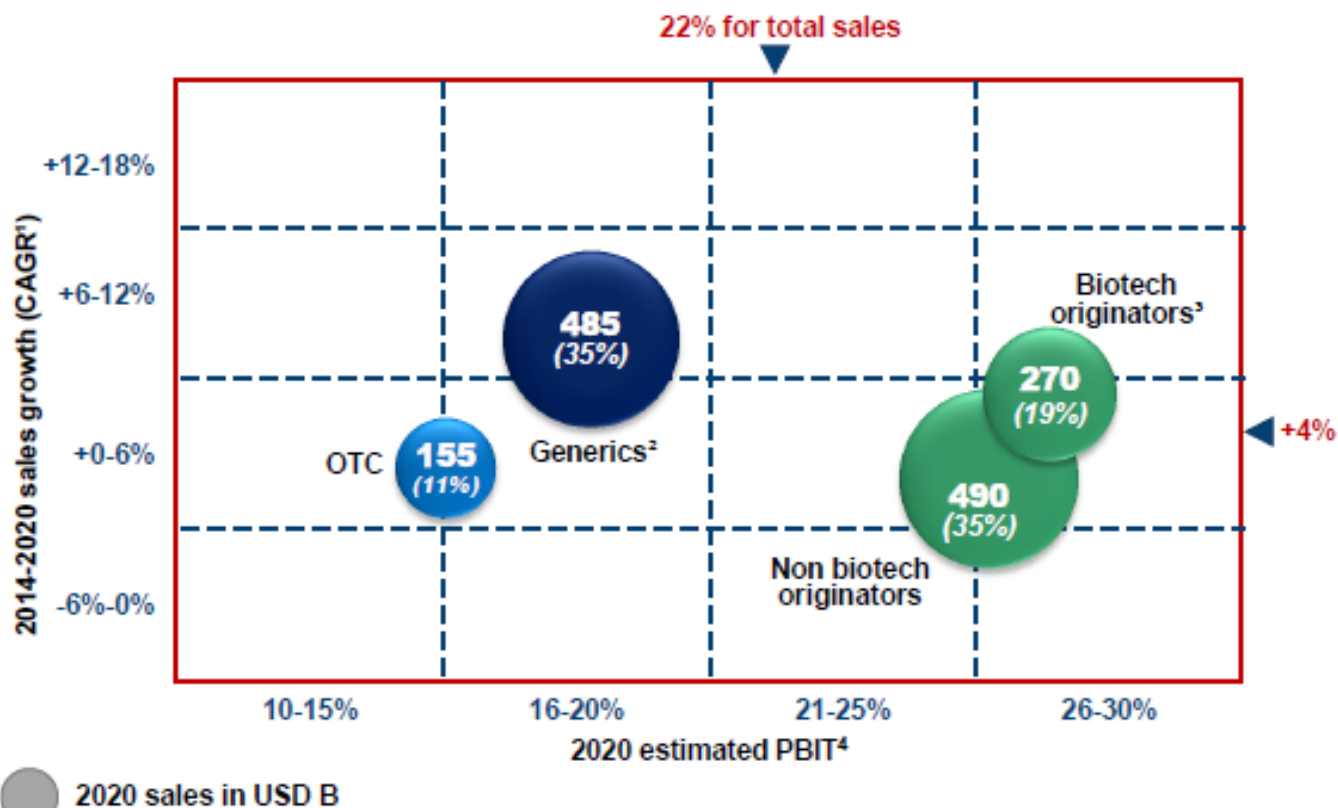
Indicated for Opioid dependence





# Pharma Industry – Global Trend & cGX Intensification

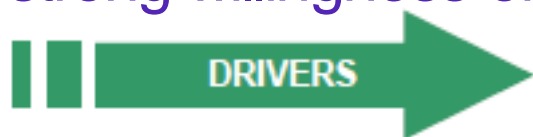
Market is shifting towards Biologics and Complex Generics



- In 2020, pharma market sales (excluding medical device) should reach USD 1,400 B worldwide with a +4% CAGR between 2014 and 2020
- In 2020, the average profitability rate should stand at 22% of pharma companies sales vs. 25% in 2014
- The OTC segment appears to be the smallest, the least profitable and with the lowest growth rate
- The biotech segment will remain very attractive

# Pharma Industry –Global Trend & cGX Intensification

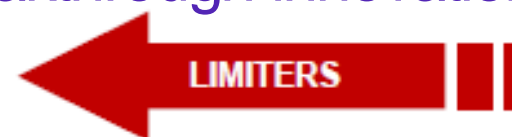
The global pharma market will be mainly driven by demographic factors and a strong willingness of citizens to have access to breakthrough innovation



1. Population increase and ageing
2. Strong development of Complex Generics to meet the specific needs of the population
3. Stronger demand for new and better medicines
4. Increasing demand for Secondary Care products and Treatment
5. Increasing access to medicines by multiple emerging markets

In terms of “Limited Competition and ROI”

Complex Generics is one of the BEST available options for the Industry



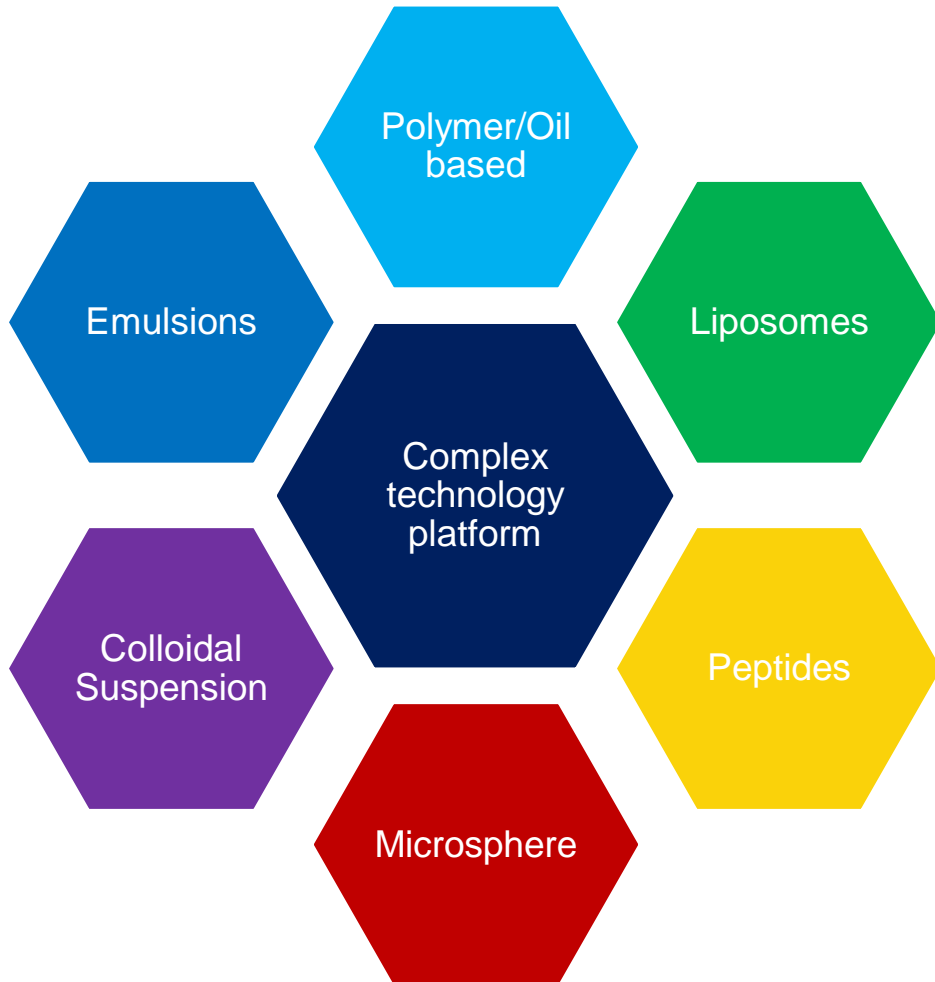
1. Stagnation in R&D productivity and less number of NCE molecules in market
2. Re-purpose push
3. Intensification of competition from plain vanilla generics and biosimilars
4. Increasing price pressure from PAYERS
5. Increasing price sensitivity of customers for OTC offerings

# Complex Injectables

## Introduction & Development..

# Introduction – Complex Injectable

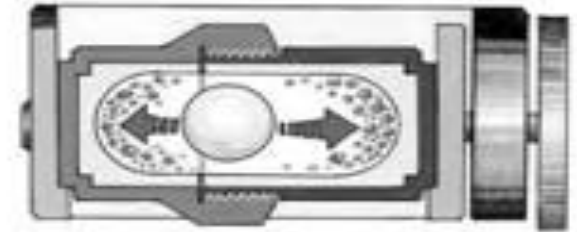
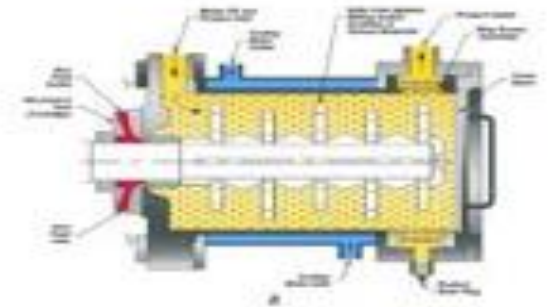
## *Gamut of Technologies*



## *Where lies the complexity*



# Complex Injectables –Development Hurdles?



# Complex Injectables

## Manufacturing –Hurdles & Mitigation

# Complex Injectables –Manufacturing @ Scale Challenges

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1 Understanding the Product CQAs and CPPs & CMAs linkage

2 Lack of Lab to Plant Scalability of Transfer functions

3 High Volume & Number of Unit Operations & Interconnects

4 Customized set of dedicated equipment train & Infrastructure

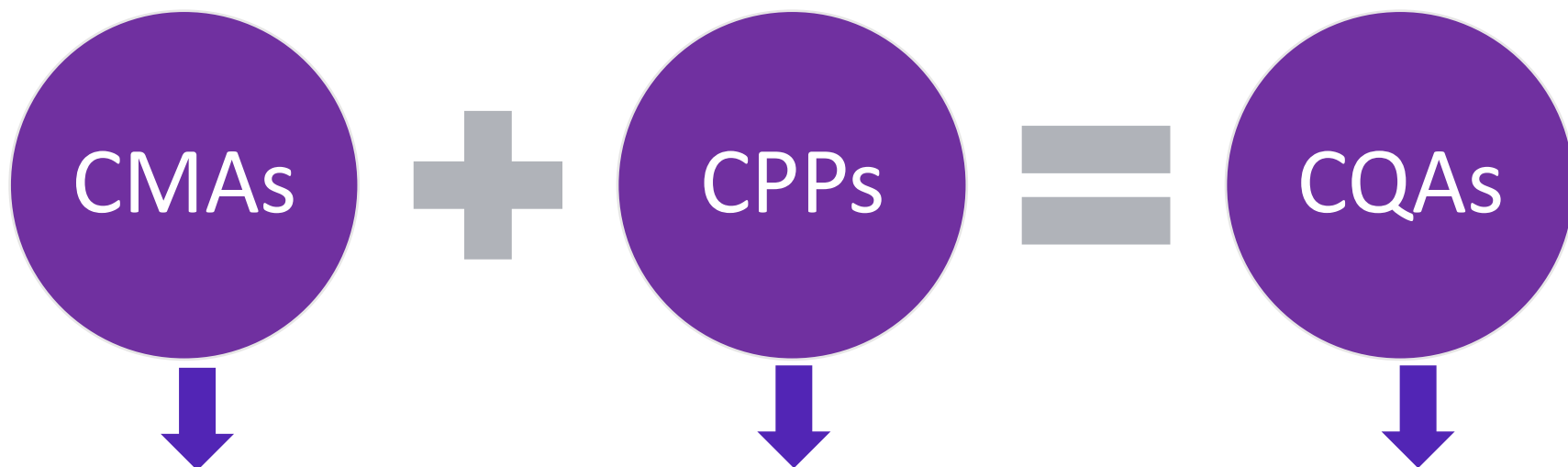
5 Sterility Assurance @ Scale | CIP,SIP,Media Fill, Isolators etc..

6 Robust & Agile Manufacturing Process @ Scale



# Understanding the Product CQAs and CPPs & CMAs linkage

*Case study : Microsphere technology*



- *Polymer IV*
- *Co-monomer ratio*
- *Acid Number*
- *Molecular weight*
- *Crystallinity*
- *Chain-end chemistry*
- *Residual solvents*
- *Residual metals etc...*

- *Emulsification:*
  - *RPM*
  - *Flow Rate*
  - *Temp*
  - *Pressure*
  - *Residence Time*
- *Hardening:*
  - *Extraction rate, T & P*
- *Collection steps:*
  - *Filtration/centrifugation*
  - *Drying*
- *Suspension / Powder filling*

*In Process CQAs  
for each unit  
operation –Strung  
together to  
achieve final  
CQAs*





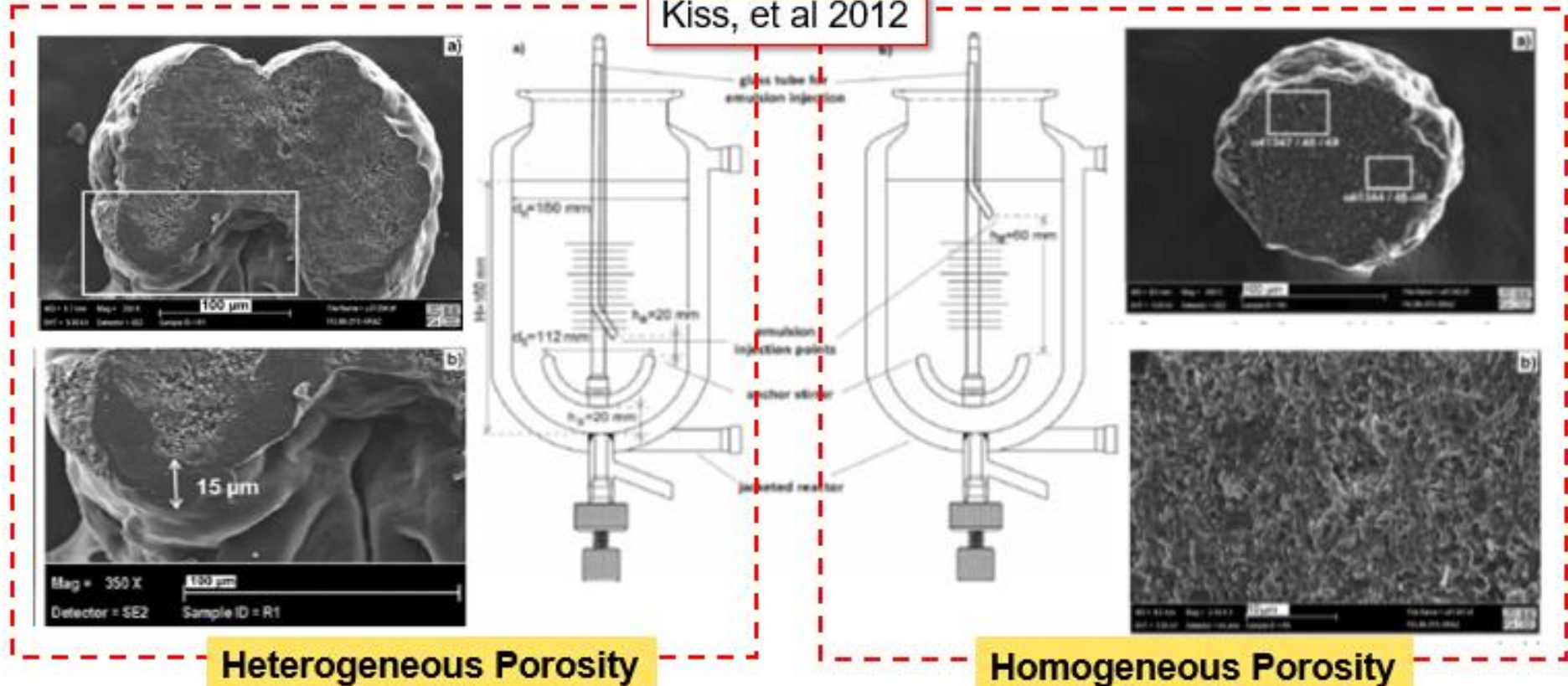
1

# Understanding the Product CQAs and CPPs & CMAs linkage contd..

*Microsphere technology*

## Impact of location of Emulsion Introduction in the Hardening Step

Kiss, et al 2012



**Heterogeneous Porosity**

**Homogeneous Porosity**

Process conditions can impact product quality

Important to ensure similarity of process conditions at lab/ plant scales during scale-up

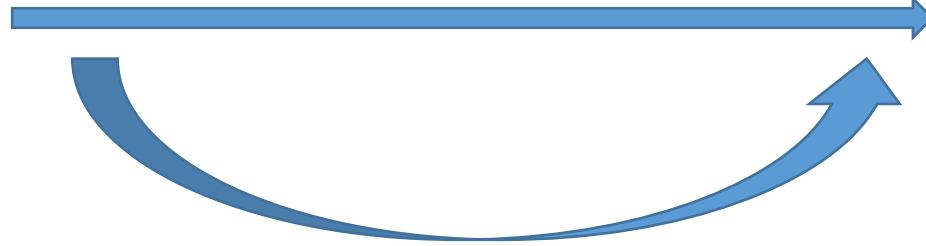


# Lack of Lab to Plant Scalability of Transfer functions

*Microsphere technology*

Lab Scale Development

QbD approach  
Unit Op Understanding  
Advanced Characterization  
Modeling & Simulation



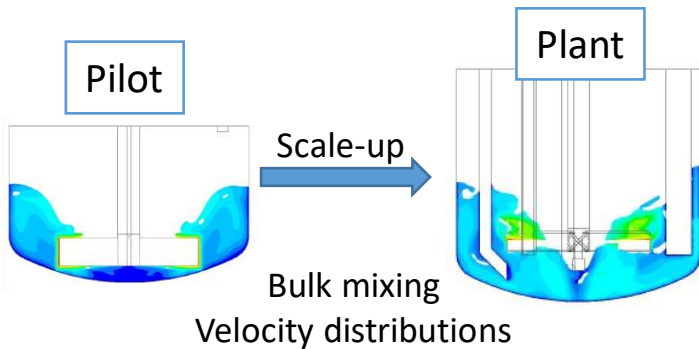
Intermediate Scale

Scale-up Parameters  
PAT Tools  
Equipment Design

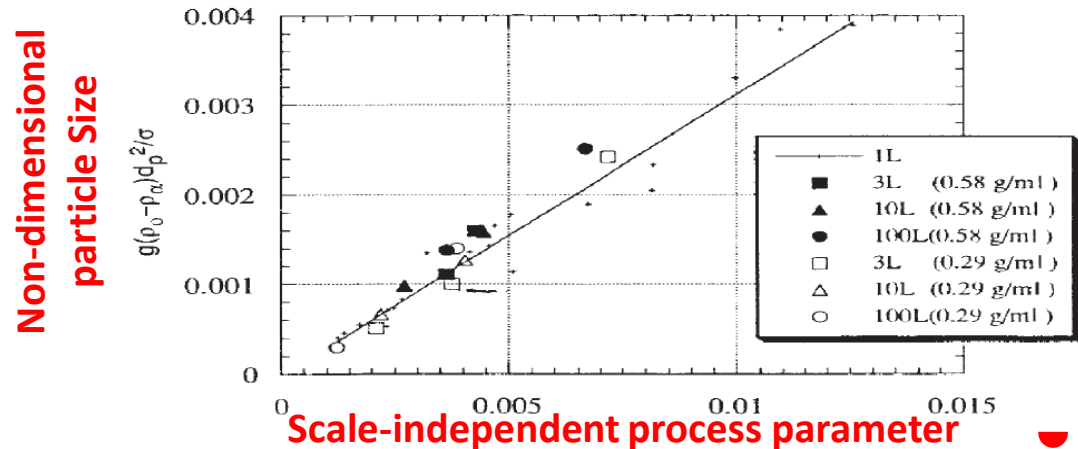
Intermediate Scale

Geometrically Similar Equipment  
Verification of Scale-up Strategy  
Minimization of Plant Trials

Modeling for Mixing

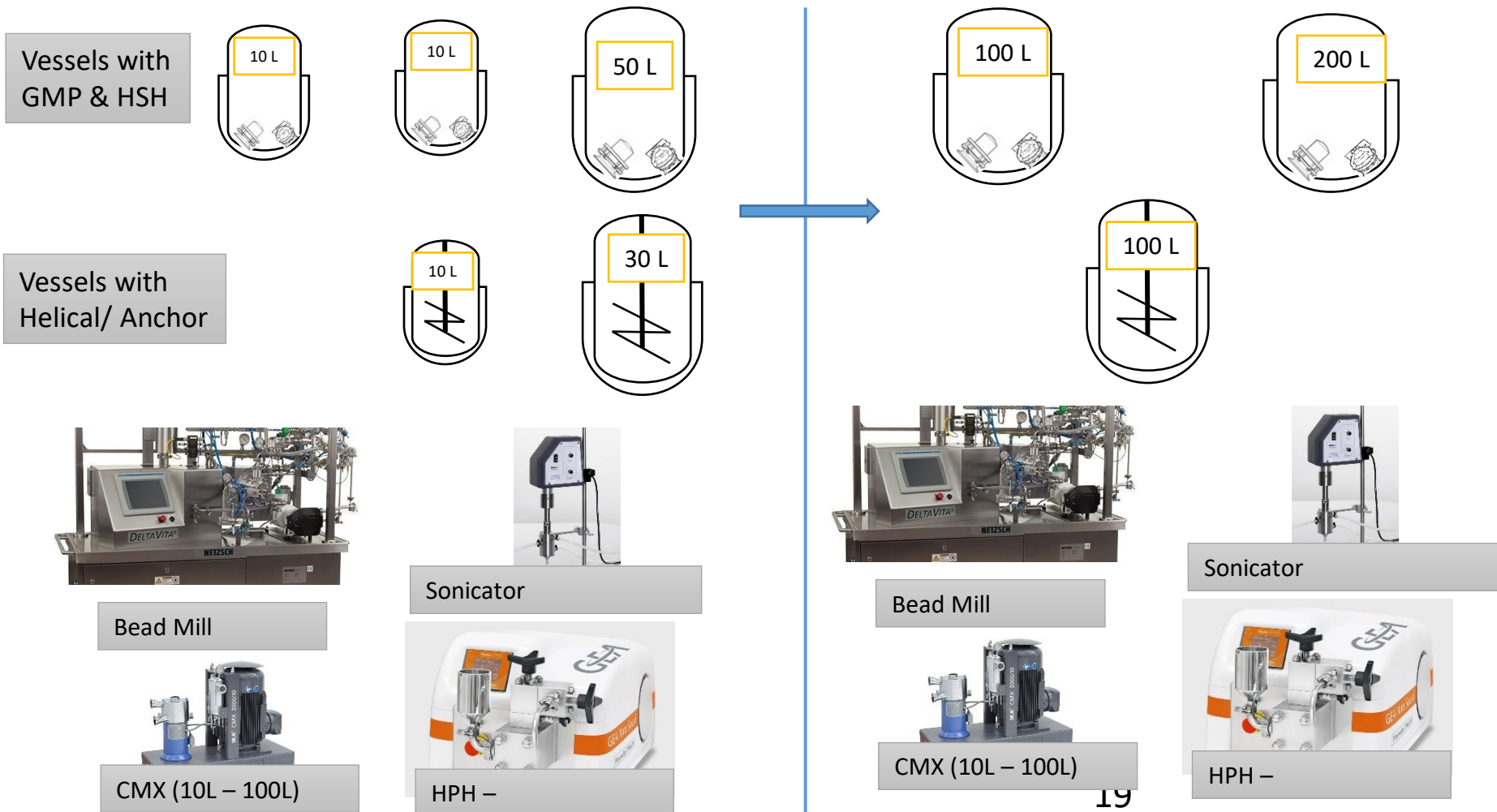


Screening SI & SD Parameters



# Lack of Lab to Plant Scalability of Transfer functions contd..

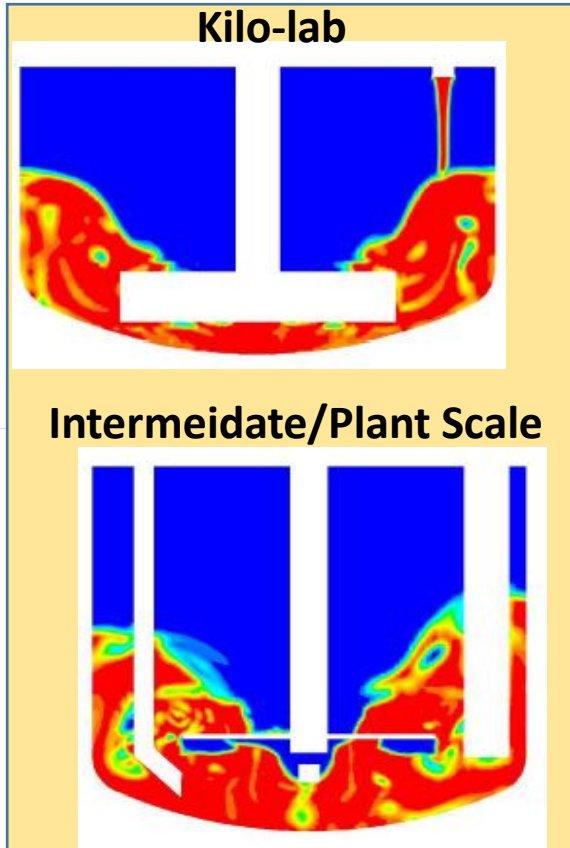
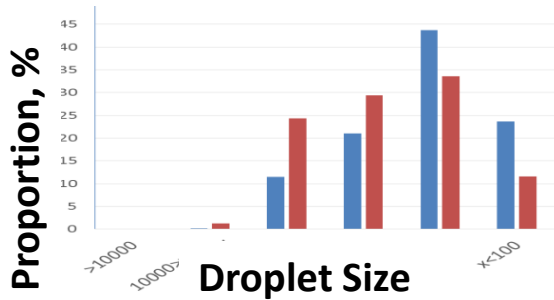
*Geometrical Similarity across the scale for right Transfer function*



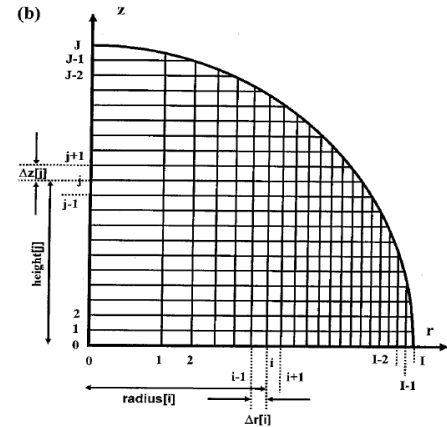
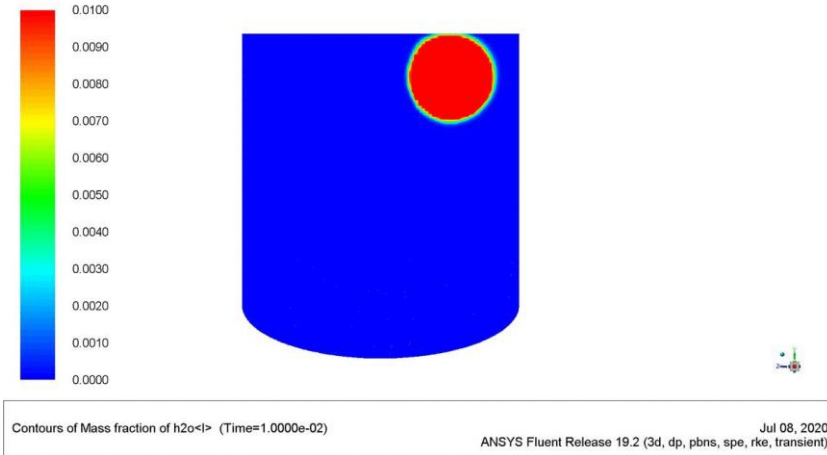
# Lack of Lab to Plant Scalability of Transfer functions contd..

*Microsphere technology*

## Phase Separation



CFD/DEM Simulation



$$\frac{\partial c}{\partial t} = \frac{\partial}{\partial r} \left( D \frac{\partial c}{\partial r} \right) + \frac{D}{r} \frac{\partial c}{\partial r} + \frac{\partial}{\partial z} \left( D \frac{\partial c}{\partial z} \right)$$

Evaluation whether mixing is adequate and there are no dead zones

## Managing the vast network of Equipment Train

- Early Engagement with Vendor and Project team to Finalize the Layout and Utility area
- Designing the right Qualification for the Area [Grade-A/B/C]
- Skid mounted equipment with CIP/SIP to minimize aseptic interventions
- Automated systems to ensure reproducibility
- Solvent handling systems with required safety procedures
- PAT tools for monitoring particle size, residuals etc
- Suitable drying technologies with aseptic handling (Pharmasep/Refiner/ANFD etc)

## Microsphere technology

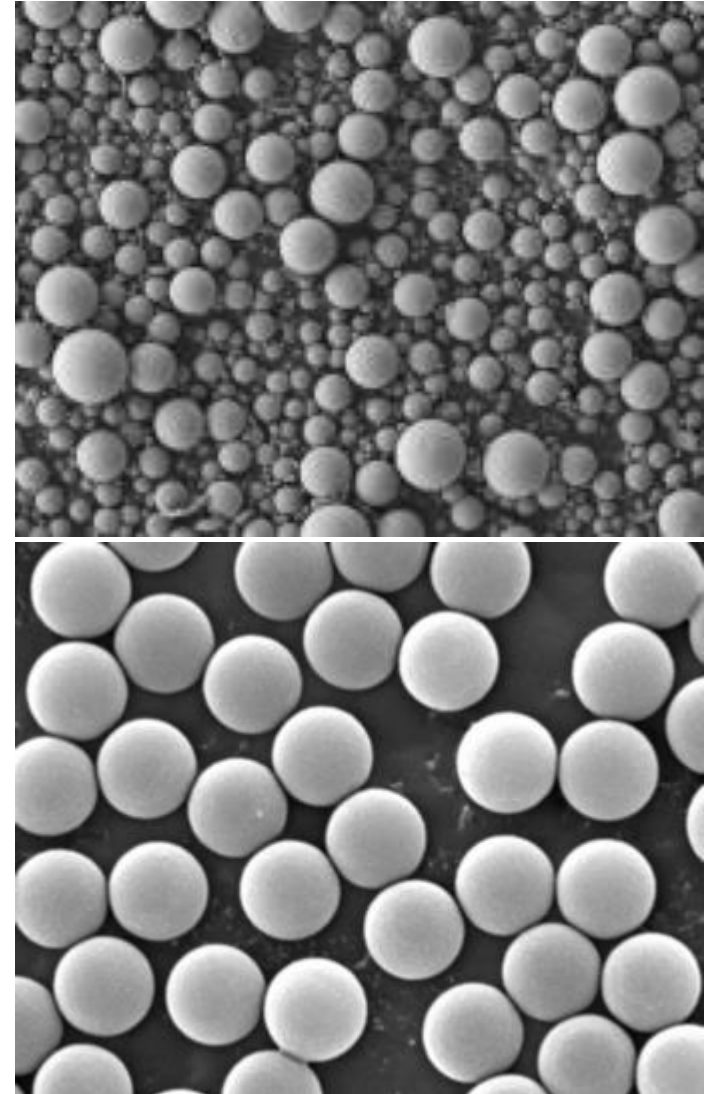


## a) Particle Size Distribution (PSD):

Non-uniform particle size distribution (PSD) of microspheres result in poor production yield due to wastage of smaller / larger than desired particles

PSD has critical impact on the several CQAs including :

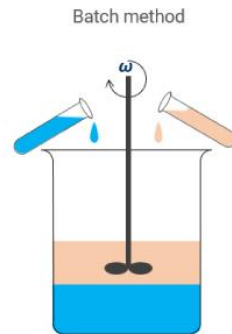
- Rate of drug release
- Sedimentation behavior of the product
- Ease of syringibility of the product
- Finalization of the needle bore diameter/ gauge



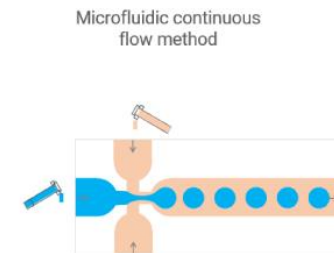
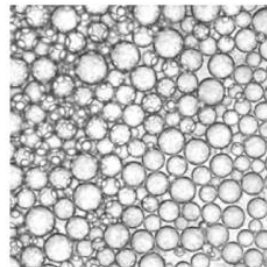
# Some Advances in Ensuring Uniformity in Particle Size

The Netherlands based **Emultech's Microfluidic Emulsification Technology** produces microspheres using an unique chip with up to 100 identical channels (10, 50 and 100 micron).

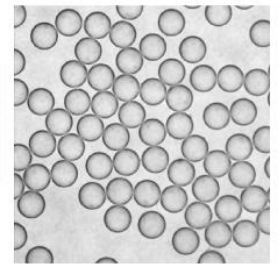
The technology claims to produce uniformly sized microspheres in a controlled, predictable and scalable manner.



Results in polydisperse particles



Results in monodisperse particles



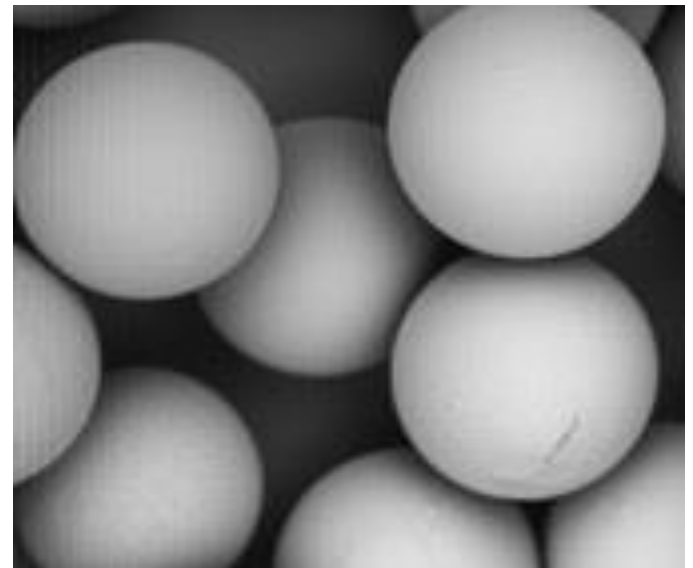
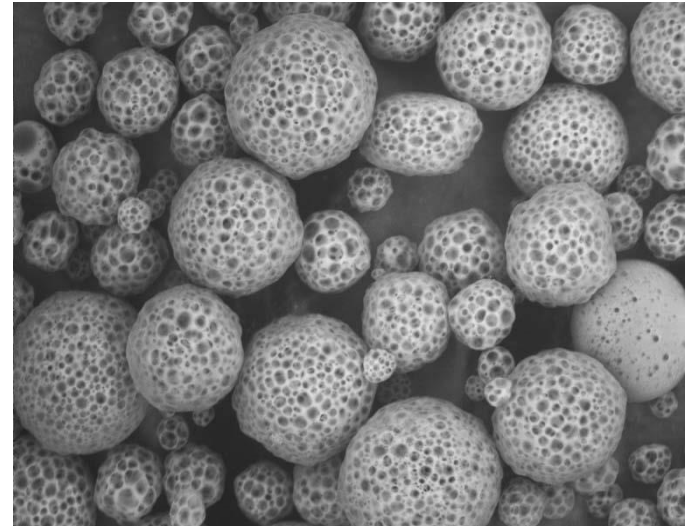
## b) Porosity :

Porosity of microspheres has influence critical CQAs as:

- Burst release
- Overall drug release rate

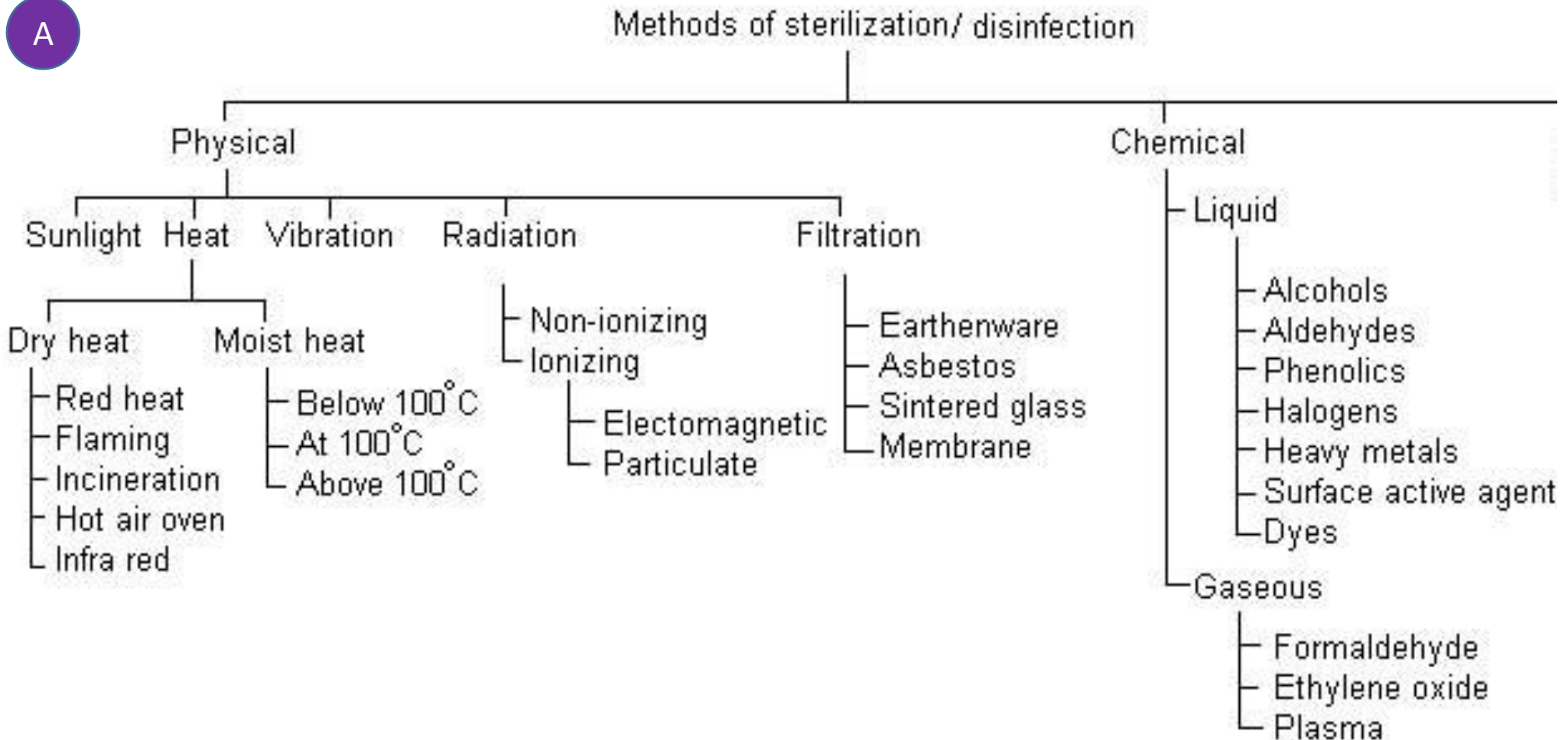
Automated systems to control CPPs can ensure reproducible porosity:

- **Solvent extraction / evaporation stages:**
  - *Temperature*
  - *Pressure*
  - *Vacuum*
- **Product drying stages:**
  - *Temperature*
  - *Pressure*
  - *Vacuum*
  - *Rate of flow of carrier/ drying gas*





A



B Aseptic Manufacturing

# Aseptic Manufacturing Then, Now and Future trends

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## History of Parenteral Drugs

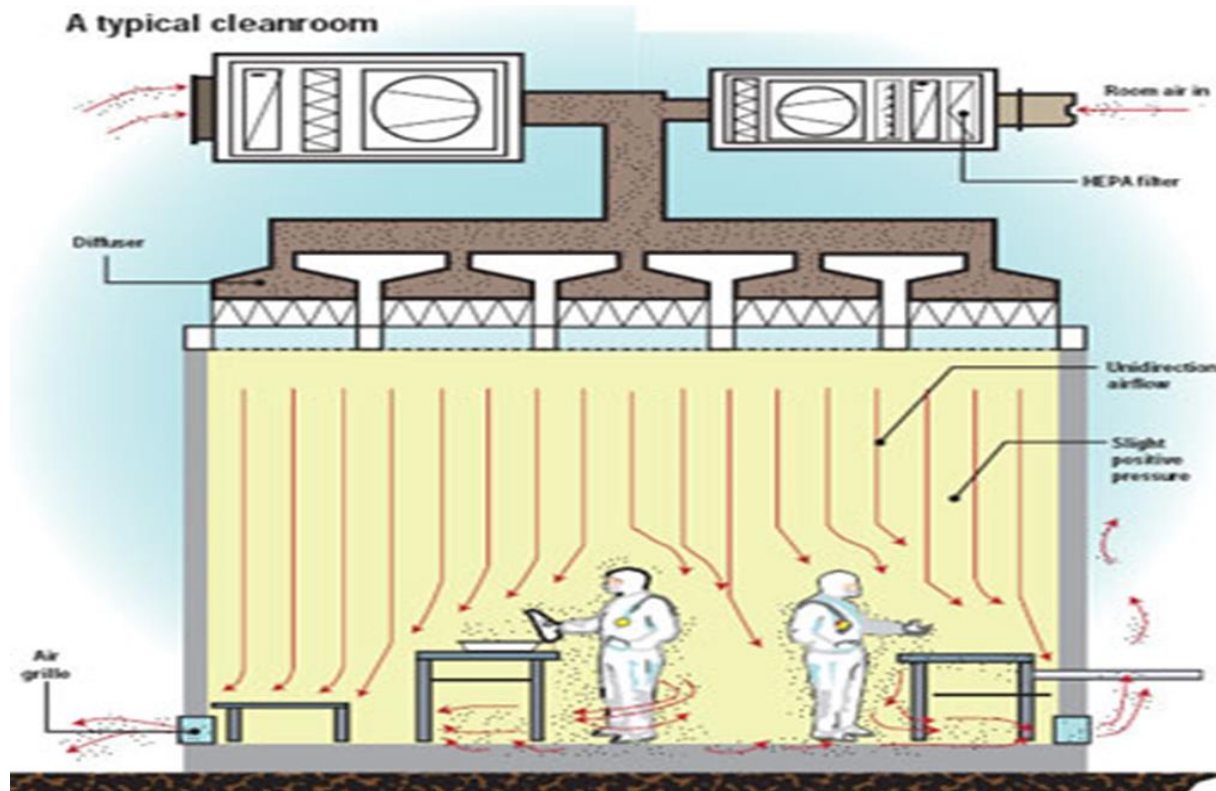
- The first experimental injection was done by Christopher Wren on dogs with crude hypodermic needles in 1656. These experiments consisted of using animal bladders (as the syringe) and goose quills (as the needle) to administer drugs such as opium intravenously to dogs. Their main interest was to learn if medicines traditionally administered orally would be effective intravenously.
- In 1831, the first intravenous (IV) therapy of salt, bicarbonate and water was applied to treat cholera patients

## Why ,when Parenteral Drugs regulated

- In 1938, the Food, Drug, and Cosmetic Act was passed by the Congress after the **sulfanilamide incident** where 107 people died due to ingesting this drug dissolved in diethylene glycol. This Act established FDA which enforced this Act so manufacturers should prove to the government that drug they produce were safe. This provided the legal basis for cGMP and other FDA regulations.

## First Generation-Aseptic manufacturing- Clean Rooms

- In 1961, clean room technology, including the use of laminar air flow units, high efficient particulate air (HEPA) filters, was introduced. The first clean room classifications was proposed by the US government in 1962



A typical clean room manufacture

- Terminally sterilized Products
- Aseptically filled Products

## Second Generation- BARRIER TECHNOLOGY: OPEN & CLOSED RABS

- Open RABS is a simple solution, used extensively in the pharmaceutical sector, to separate the production area from the operator and the external environment. Product protection is only effective if the airflow is active, whereas no protection is offered to the operator when potent compounds are being processed. Easy to install and a cost-effective solution, it is the minimum barrier solution to be used in case of aseptic production environments.
- Closed RABS is an evolution of the “Open” solution, providing a minimal degree of operator protection when potent compounds are being processed.



- Needs Installation in grade B surroundings hence higher operating cost
- Higher Capex investment comparative HVAC (A/B) facilities. Cheaper cost comparative Isolators.

## Current Generation- Aseptic Isolators

- Isolators provide superior environmental control compared with conventional grade A/B aseptic manufacturing operations and restricted access barrier systems (RABS).
- By design, isolators are decontaminated while closed, using validated methods (e.g., controlled application of vapor phase hydrogen peroxide).
- A traditional isolator enclosure consists of a shell, viewing window, glove/sleeve assemblies, supply and exhaust filters, lights, input and output openings (e.g., equipment door airlocks, rapid transfer ports), and various other connection points.

*Isolator*



- Better confidence on SAL sterility assurance level.
- Can be installed grade C or D area, resulting in low consumables operation cost.
- High capital cost comparative RAB'S



*Bio-Valve*



Robotic Manufacturing – Powder/Vial Filling

Robust Manufacturing -QbC through Advanced PAT Technologies

Seamless inclusion of Big Data Analytics & AI/ML Algorithms

Process Intensification and precision Manufacturing

Deeper collaboration with external partners CMO, CRO, CDMOs

Single Use Technologies and Facilities etc..



Single use technologies Mobius bags

Sterile connectors and disconnectors

Flexi Isolators to handle potent drugs handling

Novaseptic bags to handle aseptic sampling in C area

Charge points to enable powder addition aseptically in non calcified areas

VHP advancements to surface sanitation specific areas

**Thank you**