

## African Vaccine Regulatory Forum (AVAREF)

### QUALITY ASSESSMENT

Study Full Title			
Short Title			
Protocol No.			
Version No.			
Study Drug			
Date of review			
Name of reviewers			

#### 1.1. Introduction

##### Note

##### Scientific advice

#### 1.2. GMP compliance

Information about all manufacturers involved (Drug Substance, Drug Product, placebo etc) and evidence of GMP (manufacturing licenses/ GMP certs, QP declarations provided):

##### Note

Name and address of site (can be cut and paste from IMPD)	Function (include reference to PRx, PLx etc as relevant)	Confirmation of valid license/ QP declaration (tick if provided or comment if unavailable/ not required )	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

#### 1.3. Assessment of the IMPD<sup>1</sup> (PR1, PR2 etc, replicate section 3 as required)

Delete non-relevant sections of text as required, but not headings

Registered, non-modified product only SmPC has been provided, IMPD(in this case section 3.3 is not required)	<input type="checkbox"/>
<b>Note</b>	
Assessment of the IMPD is included in section 3.3	<input type="checkbox"/>

### 3.3 S Drug substance

The Drug substance:	
Has a monograph in	Ph. Eur. <input type="checkbox"/> a Pharmacopoeia of an EU MS <input type="checkbox"/> USP/JP <input type="checkbox"/>
No <input type="checkbox"/>	
Has a valid CEP Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes: CEP no: Holder: special tests/limits, re-test period, TSE information, if relevant, should be indicated:  <b>Note</b>
Is the active substance of an authorised drug product in the EU? Yes <input type="checkbox"/> No <input type="checkbox"/>	
None of the above (full S Section is needed):	

#### S.1 General Information

##### S.1.1 Nomenclature

###### **Note**

<b>Assessor's comment:</b>
----------------------------

##### S.1.2 Structure

Does the submitted documentation cover this subsection adequately? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
---

**Note**

**Assessor's comment:**

**S.1.3 General Properties**

Does the submitted material cover this subsection adequately?      Yes  No  NA

**Note a**

**Note b**

**Assessor's comment:**

**S.2 Manufacture**

**S.2.1 Manufacturer(s)**

Substance: Sites declared      Yes  No  NA

**Assessor's comment:**

*See section 3.2 GMP Compliance above*

**S.2.2 Description of Manufacturing Process and Process Controls**

Substance: Manufacturing process and its controls are adequately described      Yes  No  NA

[Note a](#)

[Note b](#)

**Assessor's comment:**

### S.2.3 Control of Materials

Control of materials is adequately described

Yes  No  NA

[Note a](#)

[Note b](#)

[Note c](#)

**Assessor's comment:**

### S.2.4 Control of Critical Steps and Intermediates

Control of critical steps and intermediates is adequately described

Yes  No  NA

**Assessor's comment:**

### S.2.5 Process Validation and/or Evaluation

Process validation is adequately described Yes  No  NA

**Assessor's comment:**

### S.2.6. Manufacturing Process Development

Manufacturing process development is adequately described Yes  No  NA

#### Note

**Assessor's comment:**

*For biological IMPs: Comment on comparability data, if relevant.*

### S.3 Characterisation

#### S.3.1 Elucidation of Structure and other Characteristics

Substance is sufficiently characterised Yes  No  NA

#### Note

**Assessor's comment:**

#### S.3.2 Impurities

Impurities are sufficiently characterised Yes  No  NA

Note a

Note b

**Assessor's comment:**

#### **S.4 Control of Drug Substance**

##### **S.4.1 Specification(s)**

An adequate drug substance specification, including appropriate limits, has been proposed. Yes  No  NA

Note

**Assessor's comment:**

##### **S.4.2 Analytical Procedures**

The analytical methods have been adequately described Yes  No  NA

**Assessor's comment:**

##### **S.4.3 Validation of Analytical Procedures**

For phase I trials suitability of methods commensurate with stage of development has been confirmed; acceptance limits and parameters for performing validation of the analytical methods are presented	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
For phase II/III trials, suitability of methods commensurate with stage of development has been demonstrated and a summary of validation results is provided	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

**Assessor's comment:**

**S.4.4 Batch Analyses**

Representative batch analyses data provided for all the relevant manufacturing process and for each drug substance manufacturer	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
---	--

**Assessor's comment:**

[Note](#)

**S.4.5 Justification of Specification(s)**

Justification of specifications is acceptable	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
---	--

[Note](#)

**Assessor's comment:**

**S.5 Reference Standards or Materials**

Reference Standard: A suitable reference standard is adequately described Yes  No  NA

**Assessor's comment:**

### S.6 Container Closure System

Substance container is adequately characterised and suitable for the drug substance. Yes  No  NA

**Assessor's comment:**

### S.7 Stability

Substance stability is satisfactory and adequately described for all relevant manufacturing processes Yes  No  NA

*List proposed shelf-life/retest period and storage conditions of DS.*

*Summary of stability studies provided in support of the proposed shelf-life (delete/amend columns as appropriate). State number of months for which data is available.*

Batch details (e.g. batch number)	Manufacturing process	-70°C	-20°C	5 °C
	25°C /			
60 % RH	30°C /			
65 % RH	40°C /			
	75 % RH			

*Comment on whether trends or OOS results observed.*

*Extension of shelf-life will be made without substantial amendment: Yes  No  NA*

*If yes, extension to be made in accordance with a registered protocol: Yes  No  NA*



**Assessor's comment:**

### 3.3. P Drug Product name of IMP (repeat section for additional IMPs)

#### P.1 Description and Composition of the Investigational Medicinal Product

Drug product: Description and composition is adequate. Yes  No  NA

#### Note

**Assessor's comment:**

#### P.2 Pharmaceutical Development

Drug product: Pharmaceutical development is adequately described Yes  No  NA

**Assessor's comment:**

#### P.3 Manufacture

##### P.3.1 Manufacturer(s)

Drug Product: Sites declared Yes  No  NA

**Assessor's comment:**

[See section 3.2 GMP Compliance above.](#)

**P.3.2 Batch Formula**

Drug product: batch formula is adequately described

Yes  No  NA

**Note**

**Assessor's comment:**

**P.3.3 Description of Manufacturing Process and Process Controls**

Drug product: Manufacturing process and process control are adequately described

Yes  No  NA

**Note**

**Assessor's comment:**

**P.3.4 Controls of Critical Steps and Intermediates**

Drug product: Controls of Critical Steps and Intermediates are adequately described

Yes  No  NA

**Assessor's comment:**

**P.3.5 Process Validation and/or Evaluation**

Process validation is adequately described Yes  No  NA

**Note**

***Assessor's comment:***

**P.4 Control of Excipients**

**Note**

**P.4.1 Specifications**

For excipients not described in current pharmacopoeias adequate specifications and acceptance criteria have been provided Yes  No  NA

***Assessor's comment:***

**P.4.2 Analytical Procedures**

Analytical procedures are adequately described Yes  No  NA

***Assessor's comment:***

**P.4.3 Validation of the Analytical Procedures**

Analytical procedures are adequately validated Yes  No  NA

**Assessor's comment:**

**P.4.4 Justification of Specifications**

An adequate justification for excipients specification and limits is described Yes  No  NA

**Assessor's comment:**

Note

**P.4.5 Excipients of Animal or Human Origin**

The IMP contains excipients of animal origin Yes  No  NA

TSE Safety Confirmation provided Yes  No  NA

**Assessor's comment:**

**P.4.6 Novel Excipients**

Drug product: Excipients are adequately controlled Yes  No  NA

**Assessor's comment:**

Note

**P.5 Control of Drug Product**

**P.5.1 Specifications**

Drug product: An adequate drug product specification, including appropriate limits, is described	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
--	--

**Note**

<b>Assessor's comment:</b>
----------------------------

**P.5.2 Analytical Procedures**

The analytical methods have been adequately described	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
---	--

<b>Assessor's comment:</b>
----------------------------

**P.5.3 Validation of Analytical Procedures**

For phase I trials suitability of methods commensurate with stage of development has been confirmed; acceptance limits and parameters for performing validation of the analytical methods are presented	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
For phase II/III trials, suitability of methods commensurate with stage of development has been demonstrated and a summary of validation results is provided	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

<b>Assessor's comment:</b>
----------------------------

**P.5.4 Batch Analyses**

Representative batch analyses provided for each drug product manufacturer and its link to manufacturing processes (if relevant)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
---	--

**Assessor's comment:**

**P.5.5 Characterisation of Impurities**

Drug product impurity information provided is acceptable	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
--	--

**Assessor's comment:**

Note

**P.5.6 Justification of Specification(s)**

Drug product: An adequate justification for drug product specification and limits is described	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
--	--

**Assessor's comment:**

**P.6 Reference Standards or Materials**

Reference Standard: A suitable reference standard is adequately described	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
---	--

**Assessor's comment:**

Note

**P.7 Container Closure System**

Product container is adequately characterised and suited for the IMP Yes  No  NA

**Assessor's comment:**

**P.8 Stability**

**P.8.1 Stability Summary and Conclusion**

**P.8.2 Post-approval Stability Protocol and Stability Commitment**

**P.8.3 Stability Data**

Drug product has been adequately tested regarding stability Yes  No  NA

*What is proposed shelf-life and storage condition of IMP?*

*Summary of stability studies provided in support of the proposed shelf-life (delete/amend columns as appropriate). State the number of months for which data are available.*

<b>Batch details (e.g. batch number)</b>	<b>Manufacturing process</b>	<b>-70°C</b>	<b>-20°C</b>	<b>5 °C</b>	<b>25°C / 60% RH</b>	<b>30°C / 65% RH</b>	<b>40°C / 75% RH</b>

*Comment whether trends or OOS results observed.*

*Extension of shelf-life will be made without substantial amendment: Yes  No  NA*

*If yes, extension to be made in accordance with a registered protocol: Yes  No  NA*

**Assessor's comment:**

### 3.3 A Appendices

#### A.1 Facilities and Equipment

Not applicable

#### A.2 Adventitious Agents Safety Evaluation

Safety related to adventitious agents is adequate

Yes  No  NA

*Note: If not applicable, text below can be deleted:*

*Summarise acceptability of information provided on:*

##### TSE agents

*- Short description or list of materials from TSE-risk species. Demonstration of compliance with Ph. Eur 5.2.8 (relevant EDQM TSE-Certificate or adequate documentation).*

##### Viral safety

*-Identification of materials of biological origin: (e.g. Cell substrates, blood/tissue donations) reagents (e. g. cell culture media blood), as well as excipients.*

*-Testing of source materials: Summarise the testing regime. Is the testing regime appropriate and adequate?*

*-Testing of unpurified bulk: Is the strategy for routine testing adequate?*

*-Viral clearance studies: Is the study design according to relevant guidelines.*

*-Summary of the viral clearance studies (model viruses used, viral clearance steps, total theoretical viral load).*

##### Other adventitious agents

**Assessor's comment:**

#### A.3 Novel Excipients



Information on novel excipients has been provided in line with the respective clinical phase

Yes  No  NA

[Note a](#)

[Note b](#)

**Assessor's comment:**

#### **A.4 Solvents for Reconstitution/Dilution**

Information on solvents has been provided

Yes  No  NA

[Note](#)

**Assessor's comment:**

[Note](#)

#### **1.4. Comparator (Comparator 1, comparator 2 etc – individual sections of the assessment form (3.S and 3.P) for IMPs to be replicated as required)**

The data provided for the comparator is acceptable

Yes  No  NA

[Note](#)

**Assessor's comment:**

**1.5. Placebo (PL1, PL2 etc, - section to be replicated as required)**

Placebo: information provided is acceptable	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<i>Or (delete if not applicable):</i>	
No information has been provided, but this is acceptable as product has the same composition as the IMP, is manufactured by the same manufacturer and is not sterile	

**Note**

*Summary of information provided and its acceptability:*

*P.1 Description and composition*

*P.2 Pharmaceutical Development*

*P.3 Manufacture*

*P.4 Control of Excipients*

*P.5 Control of Placebo Product*

*P.6 Container closure system*

*P.7 Stability*

<b>Assessor's comment:</b>
----------------------------

**1.6. Auxiliary medicinal products– individual sections of the assessment form (3.S and 3.P) for IMPs to be replicated as required**

The quality data provided for non authorised auxiliary medicinal products are acceptable	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
--	--

**Note**

**3.S**

**3.P**

**Assessor's comment:**

### 1.7. Additional considerations for ATMPs or combined products (involving devices)

Additional information has been provided

Yes  No  NA

#### **Note**

*Summarise information provided including:*

- *Adequate description of transport to clinical trial site*
- *Adequate description of storage at clinical trial site*

*Adequate description of reconstitution of ATMP.*

**Assessor's comment:**

### 1.8. Labelling

Are the proposed labeling in line with ANNEX VI of the Regulation

Yes  No  NA

**Assessor's comment:**

#### **Note**

**1.9. Blinding**

<p><b>Assessor's comment:</b></p> <p><u>Note</u></p>
--

**1.10. Assessor's Overall Conclusions on the Quality Part**

The quality data are acceptable	<input type="checkbox"/>
Supplementary information needs to be provided (refer to the requests for additional information)	<input type="checkbox"/>
<b>Overall comment/ conclusion on the quality assessment:</b>	

**1.10.1. REQUESTS FOR ADDITIONAL INFORMATION: QUALITY (see also Section 9):**