## THE EUROPEAN DIRECTORATE FOR THE QUALITY OF MEDICINES & HEALTHCARE (EDQM)





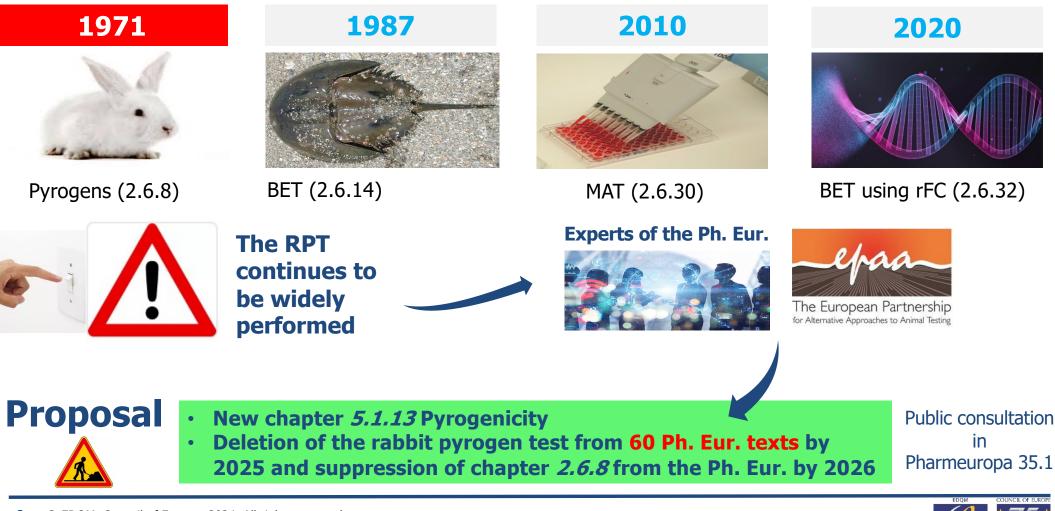
# The Eur. Ph. strategy for the replacement of the Rabbit Pyrogenicity Test

- HSI Webinar, 27 March 2024
- Transition to non-animal based vaccine batch release testing
- Policy and regulations theoretical aspects and case studies

• Emmanuelle Charton, EDQM



## New Ph. Eur. Pyrogenicity strategy

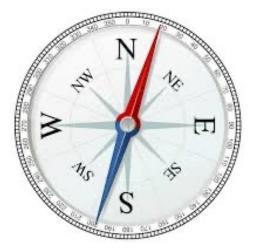


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## New Ph. Eur. Pyrogenicity strategy

→ Published on Pharmeuropa webpage: <u>https://go.edqm.eu/NewPyrogenicityStrategy</u>



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Strategy for removing or replacing the rabbit pyrogen test: New pyrogenicity strategy of the European Pharmacopoeia Commission September 2022

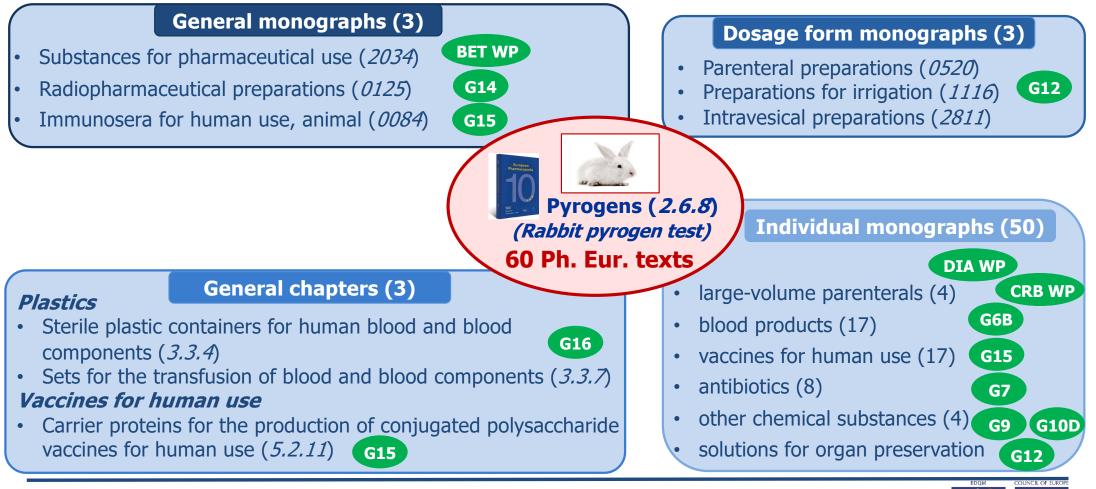
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## 2.6.8. Pyrogens in the Ph. Eur.



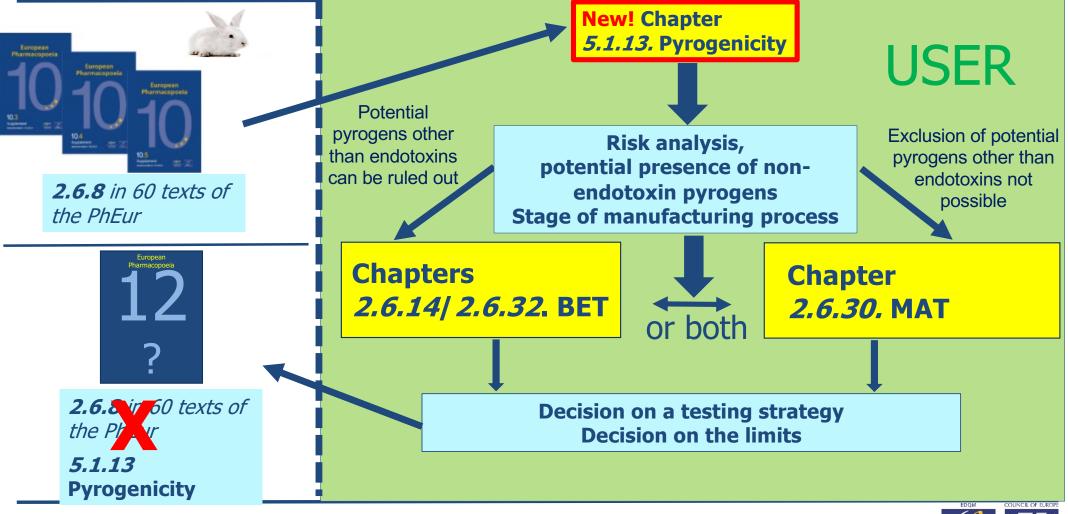






### Replacement of chapter 2.6.8: proposed strategy

Consolidated strategy approved by the European Pharmacopoeia Commission in June 2022



## Substances for pharmaceutical use (2034)

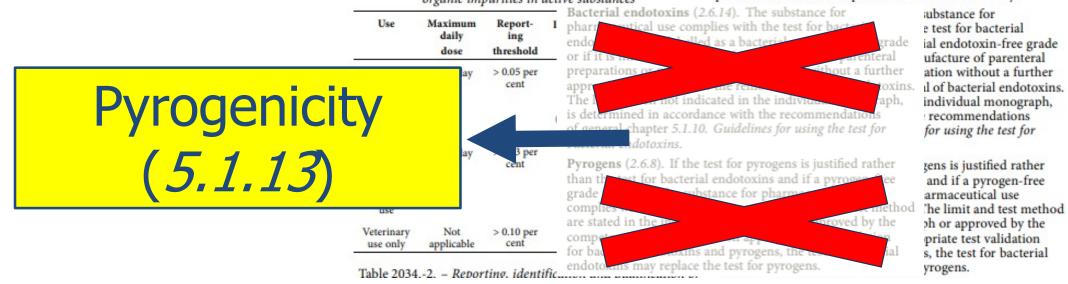
#### EUROPEAN PHARMACOPOEIA 11.0

#### Substances for pharmaceutical use

Related substances. Unless otherwise prescribed or justified and authorised, organic impurities in active substances are to be reported, identified wherever possible, and qualified as indicated in Table 2034.-1 or in Table 2034.-2 for peptides obtained by chemical synthesis.

Table 2034.-1. – Reporting, identification and qualification of organic impurities in active substances microbial contamination. Depending on the nature of the substance and its intended use, different acceptance criteria may be justified.

Sterility (2.6.1). If intended for use in the manufacture of sterile dosage forms without a further appropriate sterilisation procedure, or if offered as sterile grade, the substance for pharmaceutical use complies with the test for sterility.





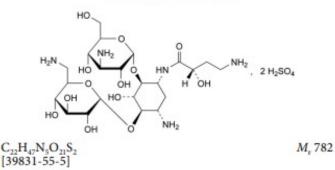
### Individual monographs on substances for pharmaceutical use



#### AMIKACIN SULFATE

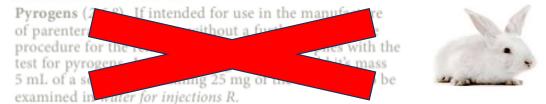
01/2019:1290 corrected 10.0

#### Amikacini sulfas



#### DEFINITION

6-O-(3-Amino-3-deoxy-α-D-glucopyranosyl)-4-O-(6amino-6-deoxy-α-D-glucopyranosyl)-1-N-[(2S)-4-amino-2hydroxybutanoyl]-2-deoxy-D-streptamine sulfate. Antimicrobial substance obtained from kanamycin A. Semi-synthetic product derived from a fermentation product. Content: 96.5 per cent to 102.0 per cent (dried substance). Loss on drying (2.2.32): maximum 13.0 per cent, determined on 0.500 g by drying in an oven at 105 °C at a pressure not exceeding 0.7 kPa for 3 h.



#### ASSAY

## The new requirements of general monograph *2034* apply

mobile phase and dilute to 10.0 mL with the mobile phase. Column:

- size: l = 0.25 m, Ø = 4.6 mm;
- stationary phase: end-capped octadecylsilyl silica gel for chromatography R (5 μm);
- temperature: 40 °C.



## Parenteral preparations (0520)

07/2021:0520

**Parenteral preparations** 



#### PARENTERAL PREPARATIONS



#### DEFINITION

Parenteral preparations are sterile preparations intended for administration into the human or animal body. They may be administered by injection, infusion or implantation.

They are liquid, semi-solid or solid preparations containing one or more active substances in a suitable vehicle. Liquid preparations for injection or infusion are solutions, colloidal dispersions, emulsions or suspensions.

#### Sterility (2.6.1). Parenteral preparations comply with the test.

**Bacterial endotoxins - pyrogens**. Parenteral preparations in human use, if applicable after reconstitution or dilution component the test for bacterial endotoxins (2.6.14) of where justified the authorised, with the test for pyrogenet 2.6.8). Recommense tens on the limits for bacterial endotoxins are given in general opter 5.1.10. The limit of intravitreal preparations is expected per eye.



Where the label states to the proposition is free from bacterial endotoxins or that of pyrogenic, the preparation complies with the test for burley bundotoxins (2.6.14) or with the test for pyrogens (2007), respectively.

Parenteral preparations for veterinary used emply with the test for bacterial error oxins (2.6.14) or with the test for pyrogens (2.6.8) when the volume to be injected in a single base is 15 mL concore and is equivalent to a dose of 0.2 mixture more per longram of body mass.

#### STORAGE

In a sterile, airtight, tamper-evident container.



## **Plasma-derived products**

#### HUMAN VON WILLEBRAND FACTOR

#### Factor humanus von Willebrandi

#### DEFINITION

Sterile, freeze-dried preparation of a plasma protein fraction



paration may conta

This monograph applies to preparations formulated accordi to the human von Willebrand factor activity.

The potency of the preparation, reconstituted as stated on tl label, is not less than 20 IU of human von Willebrand factor per millilitre.

#### Sterility (2.6.1). It complies with the test.

**Pyrogens** (26.8) **or Bacterial endotoxins** (2.6.6.1). It complies with the test for evrogens or, preferably and where justified and authorised, where validated *in vitre* sets such as the test for bacterial endotoxine.

For the pyrogen test, inject per laogram of the rabbit's mass a volume equivalent to not this than 100 IU of human von Willebrand factor.

Where the test for bacterial endotoxins based, the preparation to be examined contains less than 0.05 IU of endotoxin per Internation on to f human von Willebrand factor.

#### Limits for BET maintained, Endotoxin Equivalents (5.1.13)



Pyrogenicity

(5.1.13)

## Vaccines for human use

Monograph/chapter		Requirement for RPT	
Hepatitis B- containing vaccines	- Hep B (1056) - DT-Hep B* (2062) - DTaP-Hep B* (1933)	- RPT on the final lot	
3-O-Desacyl-4'-monophosphoryl lipid A (MPL) (2537)		- RPT on an intermediate	
Haemophilus	- Hib (1219)	- RPT as a process validation requirement	
influenza type b- containing vaccines	- DTaP-Hib (1932) - DTaP-IPV-Hib (2065) - DTwP-IPV-Hib* (2066)	- RPT on the final lot if any vaccine component prevents the determination of endotoxin	
	- DTaP-IPV-Hep B-Hib (2067) - Hib-Men C (2622)	- RPT as a requirement during product development	+ Revise general monograph Vaccines
Meningococcal vaccines	- Men PS vaccine (0250)	- RPT on an intermediate and on the final lot	for human use (0153)
	- Men C conjugate vaccine (2112) - Men A, C, W135, Y conjugate vaccine (3066)	- RPT as a process validation requirement	
Pneumococcal vaccines	- Pneumococcal polysaccharide vaccine (0966)	- RPT on final lot	
	- Pneumococcal conjugate vaccine (2150)	- RPT as a requirement during product development	
Rabies vaccine (0216)		- RPT on the final lot in case non-endotoxin pyrogens are present	*monographs were suppressed from the Ph. Eur. as of July 2023
Tick-borne encephalitis vaccine (1375)		- RPT on the final lot	(Supplement 11.2)
Carrier proteins for the production of conjugated vaccines (5.2.11)		- RPT for <i>N. meningitidis</i> outer membrane protein complex (OMP)	EDOM COUNCIL OF E



## General monograph Vaccines for human use (0153)

#### NOTE ON THE GENERAL MONOGRAPH

Pyrogenicity. The section on Bacterial endotoxins in the Tests part of the monograph has been replaced with a new section on Pyrogenicity, referring to new general chapter 5.1.13 Pyrogenicity which provides guidance for selection and implementation of a suitable test for pyrogenicity (test for bacterial endotoxins or monocyte-activation test).

In addition, a statement has been introduced under General provisions in the Production part of the monograph to stress the need to characterise pyrogenicity during development studies and whenever revalidation is necessary.

This revision of general monograph 0153 is part of a broader exercise affecting multiple Ph. Eur. texts and aiming at the complete suppression of the rabbit pyrogen test from the Ph. Eur.

As part of this exercise, the following texts have been published in the same issue of Pharmeuropa: 1) new general chapter 5.1.13 Pyrogenicity; 2) monographs on individual vaccines for human use that were revised to delete the reference to the en test. The revised individual monographs no longer contain any mentio

and, as a result, the requirements of general monograph 0153 for General provisions and Tests) will apply.

esting under

Importantly, the revision of the monograph does not call into question established manufacturers' strategies to control the pyrogenicity of their products using the test for bacterial endotoxins that were authorised by the competent authority, and is not intended to prompt a retrospective assessment on pyrogenicity.

#### PRODUCTION

General provisions. The production method for a given product must have been shown to yield consistently batches comparable with the batch of proven clinical efficacy, immunogenicity and safety in man.

Product specifications including in-process testing should be set. Specific requirements for production including in-process testing are included in individual monographs. Where justified and authorised, certain tests may be omitted where it can be demonstrated, for example by validation studies, that the production process consistently ensures compliance with the test.

Unless otherwise justified and authorised, vaccines are produced using a seed-lot system. The methods of preparation are designed to maintain adequate immunogenic properties, to render the preparation harmless and to prevent contamination with extraneous agents.

Pyrogenicity is characterised during development studies and controlled whenever revalidation is necessary. Guidance for selection of a suitable pyrogenicity test is given in general chapter 5.1.13.

#### TESTS

Vaccines comply with the tests prescribed in individual monographs including, where applicable, the following:

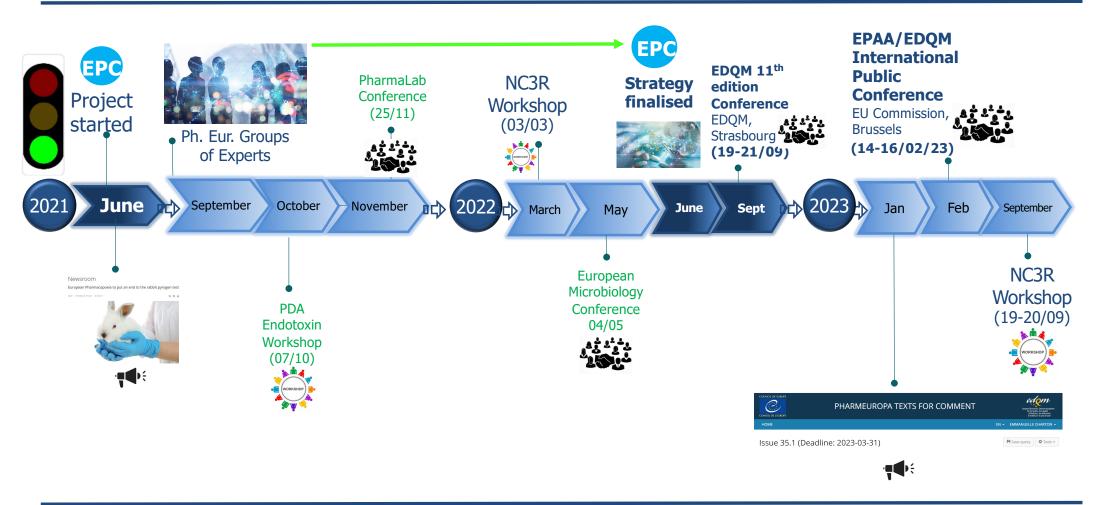
Bacterial endotoxins. Unless otherwise justified and authorised, a test for bacterial endotoxins is carried out on the final product. Where no limit is specified in the individual monograph, the content of bacterial endotoxins determined by a suitable method (2.6.14) is less than the limit approved for the particular product.

**Pyrogenicity**. The vaccine complies with a suitable test for pyrogenicity. Guidance for selection of a test is given in general chapter 5.1.13. Where no limit is specified in the individual monograph, it complies with the limit approved for the particular product.

- "It should be noted that the exercise will ultimately lead to the suppression of general chapter 2.6.8 from the Ph. Eur. Manufacturers still using the rabbit pyrogen test are strongly encouraged to take the necessary steps to proceed with its replacement by a suitable in vitro alternative (e.g. the monocyte-activation test), in line with the new requirements of this general monograph."
- "Importantly, the revision of this text does not call into question strategies involving the test for bacterial endotoxins that are already used by manufacturers to control the pyrogenicity of their products and have been authorised by the competent authority, nor is it intended to prompt a retrospective assessment of pyrogenicity."



## Communication to stakeholders





## **EPAA/EDQM** International Public Conference



To mark the first official milestone of the strategy, i.e. the publication of revised Ph. Eur. texts omitting the RPT in Pharmeuropa 35.1 (January 2023)



Date: 14-16 February 2023

Venue: European Commission premises, Brussels

> The future of pyrogenicity testing: phasing out the rabbit pyrogen test



14 to 16 February 2023 Joint EDOM-EPAA event In Direction européenne or the Quality of Medicines du médicament





## EPAA/EDQM International Public Conference



Hosted by the European Commission in Brussels

250 participants from Industry, Academia, Regulatory Authorities (worldwide), WHO, Pharmacopoeias (European, United States, Japan, Brazil, China, India), National Control Laboratories, MAT kit manufacturers and developers, service providers

#### Take home messages:

• In Europe, stakeholders are showing great enthusiasm towards the Ph. Eur. strategy aimed at phasing out the Rabbit Pyrogen Test (RPT)



- Outside Europe, the strategy is generally seen positively, however, alternative methods such as MAT are not described in detail nor even mentioned in most Pharmacopoeias, where the RPT is still required in monographs. The journey towards complete removal might therefore take longer
- International convergence toward the same goal is important
- Implementing the MAT has been facilitated greatly in the last years by the standardisation of reagents and the increase in available kits
- The time has come to switch from *in vivo* RPT to *in vitro*

Slides, video and training resources: https://www.edqm.eu/en/-/joint-edqm-epaa-event-the-future-of-pyrogenicity-testing-phasing-out-the-rabbit-pyrogen-test







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The future of pyrogenicity testing: Phasing out the rabbit pyrogen test. A meeting report

Gwenaël Cirefice<sup>a</sup>, Katrin Schütte<sup>b</sup>, Ingo Spreitzer<sup>c</sup>, Emmanuelle Charton<sup>a</sup>, Shahjahan Shaid<sup>d</sup>, Laura Viviani<sup>e</sup>, Michelle Rubbrecht<sup>f</sup>, Irene Manou<sup>g,\*</sup>

<sup>a</sup> European Directorate for the Quality of Medicines & HealthCare (EDQM), Council of Europe, Strasbourg, France

<sup>b</sup> European Commission, Brussels, Belgium

<sup>c</sup> Paul-Ehrlich-Institute PEI, Langen, Germany

- <sup>d</sup> GSK Vaccines, Wavre, Belgium
- <sup>e</sup> SciEthiQ, Basel, Switzerland

<sup>f</sup> P95 Epidemiology & Pharmacovigilance, Leuven, Belgium

<sup>g</sup> European Partnership for Alternative Approaches to Animal Testing (EPAA), Brussels, Belgium

#### A R T I C L E I N F O

Keywords: Rabbit pyrogen test Alternative methods Monocyte-activation test Non-animal testing ABSTRACT

The rabbit pyrogen test (RPT) was the benchmark for pyrogenicity testing, but scientific advancements have provided innovative and humane methods, such as the *in vitro* monocyte-activation test (MAT). However, transitioning from the RPT to the MAT has been challenging. The European Directorate for the Quality of Medicines & HealthCare, the Council of Europe, and the European Partnership for Alternative Approaches to Animal Testing jointly hosted an international conference entitled "The future of pyrogenicity testing: phasing out the rabbit pyrogen test". The conference aimed to show how the European Pharmacopoeia intends to remove the RPT from its texts by 2026, facilitate the use of MAT, and identify gaps in the suppression of RPT. The events contributed to a better understanding of the barriers to RPT replacement and acceptance of *in vitro* alternatives.

#### → Link to article: <u>https://www.sciencedirect.com/science</u> /article/pii/S1045105623000404





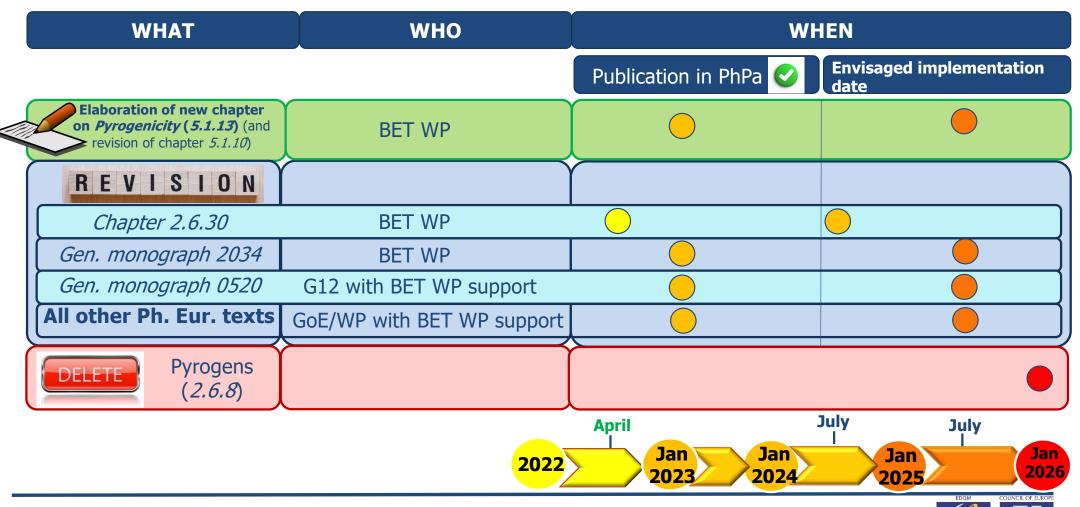
## Next steps towards the suppression of the rabbit pyrogen test





## Timelines





# The project is on track for the deletion of the rabbit pyrogen test from the Ph. Eur. in 2025!





- The BET Working Party and its Chair, Dr. Ingo Spreitzer
- All the experts in Ph. Eur. Groups of Experts and Working Parties (6, 6B, 7, 9, 10D, 12, 14, 15, 16, CRB, DIA) and their respective Chairs
- Dr Gwenaël Ciréfice



## **Thank you for your attention**



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