

Quality is the most important in  
the Pharmaceutical Industry.  
( Practice in Gedeon Richter Plc.)

Sophie Pap  
Senior auditor  
Qualified Person  
2012 November

# What is quality ?

- A complex system. The key elements of quality are:

- good design,
- documentation,
- application, and
- control



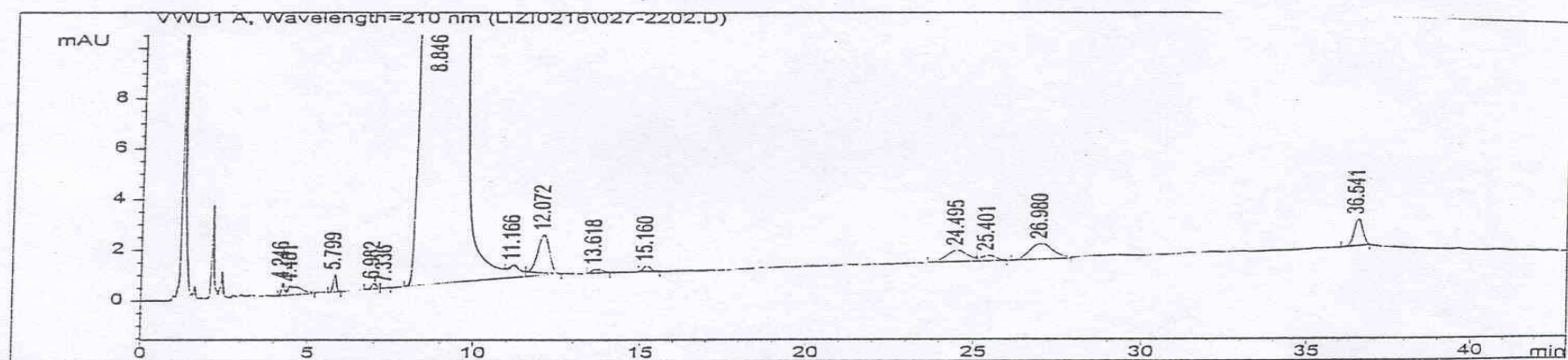
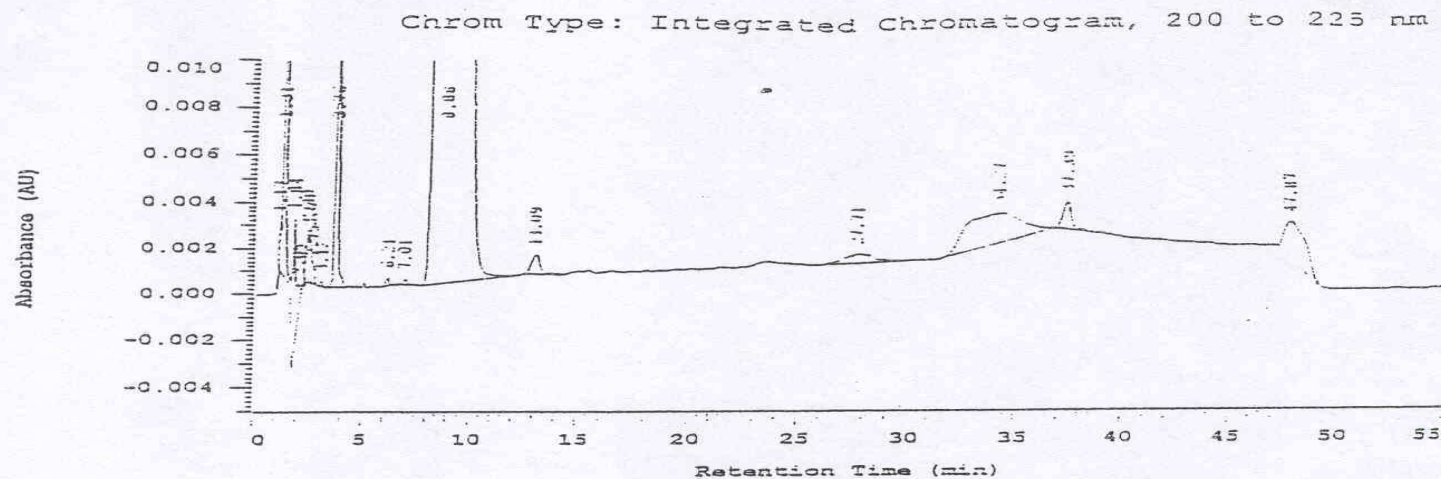
to meet the needs and expectations of customers during the product life cycle.

- **Joseph M. Juran:** "Fitness for use".

# QC versus product quality

- Final quality control is not enough. The product will only pass all quality tests if it meets all customer needs – If doesn't, then it is sub-standard.
- The quality of the product depends on the quality of people who design and produce it - not on quality control

# HPLC chromatogram





# Beginning

- First step —→ Pharmacopoeias
- Florence 1498
- Pharmacopoeia Regni Poloniae: 1817
- Pharmacopoeia Hungarica :1871



# The 20<sup>th</sup> century (Salvarsan)

- Unfortunate events have catalyzed the development of medicines regulation more than the evolution of a knowledge base.
- 1925 Therapeutic Substances Act (USA)  
Registration of producers and the composition of medicines.



# Hungary

- Institute OKI: The establishment to control the quality of medicinal products: (model: Bureau of Chemistry later FDA) 1927
- Regulation of advertisements
- Richter Control Laboratory: Established in the 1920's





# Contergan (Thalidomide)

- Marketing authorization in Europe: 1956
- The product was never approved by FDA



1962: FDA pharmacologist **Frances Oldham Kelsey** receives an award from President **John F. Kennedy** for blocking sale of thalidomide in the United State



# 1963 First Drug GMP,s (28 FR 6385)

Sec.

133.1 Definitions.

## FINISHED PHARMACEUTICALS; MANUFACTURING PRACTICE

133.2 Current good manufacturing practice.

133.3 Buildings.

133.4 Equipment.

133.5 Personnel.

133.6 Components.

133.7 Master formula and batch-production records.

133.8 Production and control procedures.

133.9 Product containers.

133.10 Packaging and labeling.

133.11 Laboratory controls.

133.12 Distribution records.

133.13 Stability.

133.14 Complaint files.

Authority: §§ 133.1 to 133.14 issued under secs. 501, 701; 52 Stat. 1050 as amended 76 Stat. 780, 781; 1055; 21 U.S.C.A. 351, 371.



# Hungary / Richter

- **1962** The National Institute of Pharmacy (NIP) is established
- The institute originated from OKI, published its own pharmacopoeia and operated its own Department of Chemistry (1968)
- Experts of Richter QC took part in the editing of the pharmacopoeia



# Devonport Incident

- this scandal pointed out the problem of releasing non-sterile glucose infusion bottles onto the market.



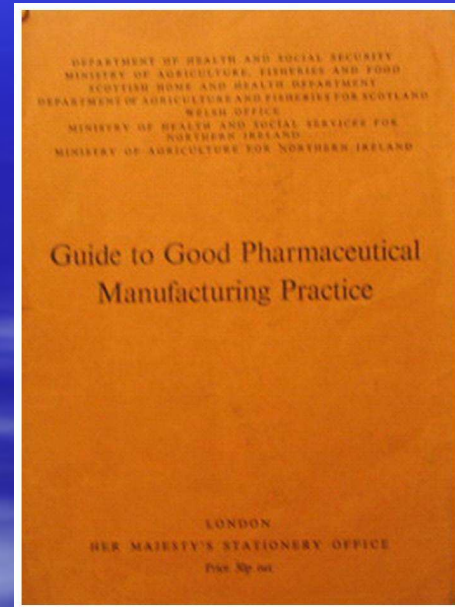
**autoclave**

# What happened ?

- The market demand increased
- The production was non-stop
- No time for maintenance
- Sampling failure

- Who was responsible?

- the sampler
- maintenance people
- production manager
- commercial people



**a fine grasp of the concept of QA**  
**Orange Guide 1971**



# PIC → PIC/S



- Founded in October 1970 by the **European Free Trade Association** (EFTA),
- Member states :Austria, Finland, Iceland Lichtenstein, Norway, Portugal, Switzerland, Sweden and UK
- Invited states in 1976: Australia, Belgium, France, Hungary, Ireland, Italy
- Pharmaceutical Inspection Co-operation Scheme was formed on 2 November 1995

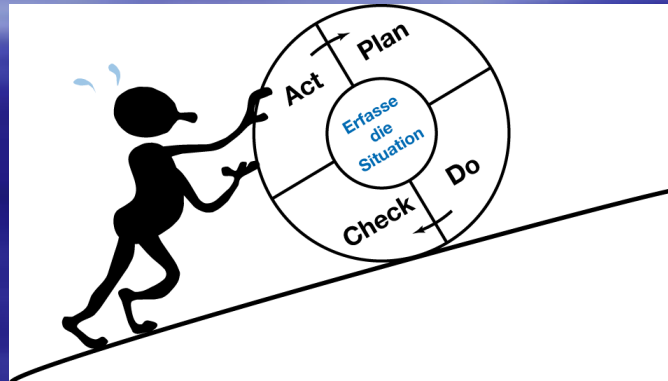
# Richter: export oriented company

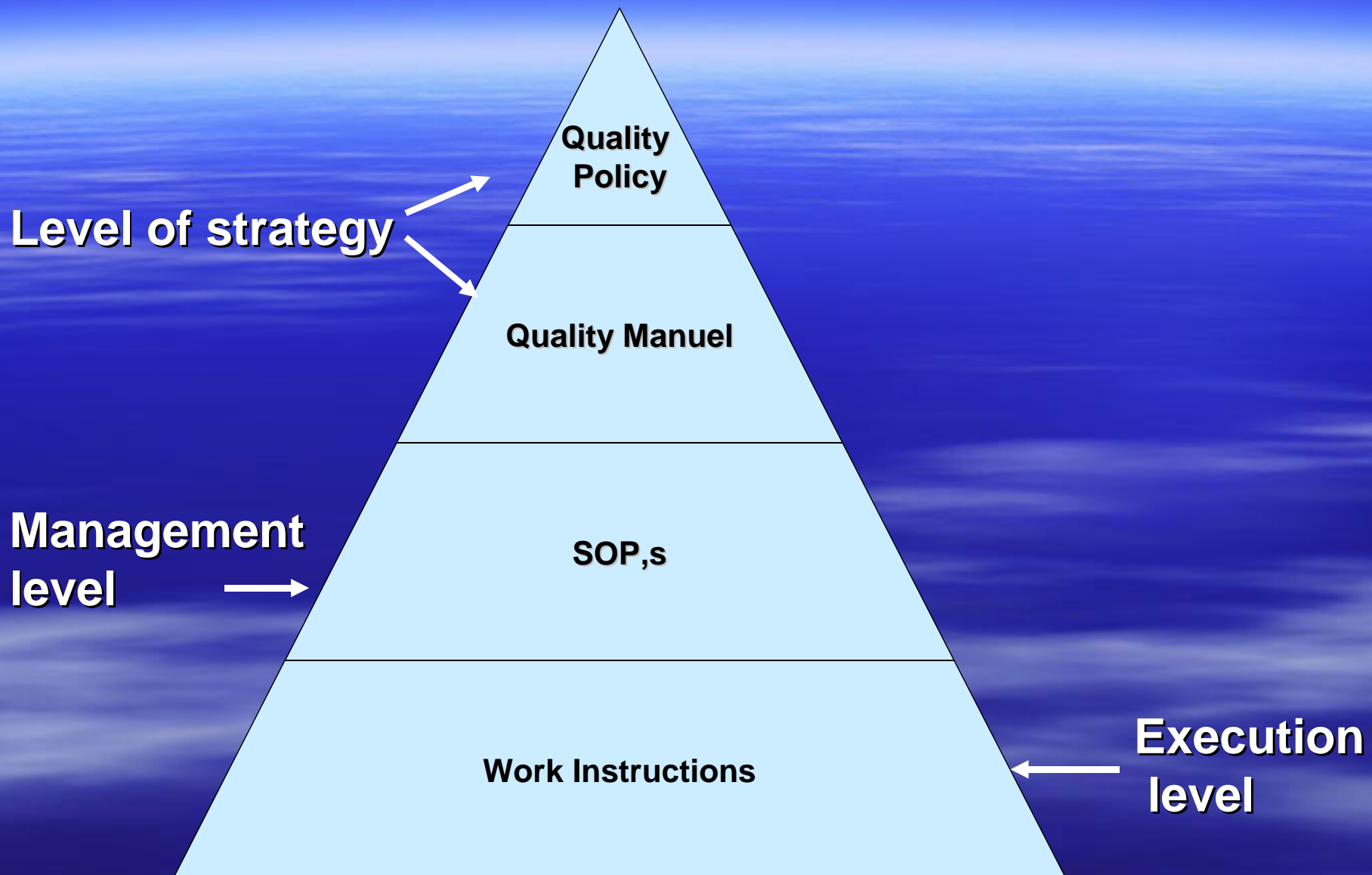
- **1972:** The first FDA inspection at Richter.
- **1976** Hungary is the first country to join the PIC. Inspections of manufacturing activities started based on the PIC GMP guide
- The main role : QC



# Building of our QA system

- First step : Process of releasing finished products – from the end of 1970's
- Implementing of PIC GMP ( in 1980's)
- QA department formation in late 1980's
- Introduction of Japanese QA approach and building of SOP system in the beginning of 1990's









GEDEON RICHTER LTD.

## QUALITY POLICY

We, the senior management of the Chemical Works of Gedeon Richter Ltd. commit ourselves to the continuous improvement of quality within our company.

The objective of our quality program is to provide compliance assurance resulting in superior quality, safety and efficiency of our products.

The company rigorously follows all professional regulations and guides applicable to the needs of our global customer base (e.g. GCP, GLP, and GMP regulations guidelines).

By the involvement of its entire personnel the company provides a high degree of assurance that every person is aware of the requirements and is doing his/her part to assure that each area within the company is in regulatory compliance.

In order to promote quality oriented thinking within the company we have established the "Richter basic principles" which formulate in an easily intelligible way the tasks and expectations of our all employees:

**R**egular training: It is compulsory for each employee to acquire the knowledge and keep up with the developments in the Professional domain, and that of Quality Assurance and Safety.

**I**nformation flow: Fulfillment of demands in a timely and faultless manner requires continuous provision of information to colleagues.

**C**OMP: All activities having impact on product quality must be carried out in full compliance with the COMP principles in operation.

**H**ygiene: It is obligatory for each employee to learn and keep the instructions regarding hygiene.

**T**echnological discipline: All activities must be carried out according to the Standard Operating Procedures and the authorised Manufacturing and Control Documentation in force.

**E**ffectiveness: Satisfaction of our customers can be achieved by the consistently outstanding quality of our products. This is the way in which our activities can contribute to our continued success.

**R**eliable documentation: Traceability of the products and follow up of the occasional faults must be assured by reliable documentation practice.

Our strategy to become the most important pharmaceutical company in the Central and Eastern European region involves a broadening of the market served by the company to include the EU and USA in addition to the regional market of the CIS and Eastern Europe. We are aware that this objective can be achieved only by full compliance with the pertinent legal regulations.

We will ensure that regular training, up-to-date information and adequate working conditions are provided to facilitate working at a high level.

Budapest, October 26, 1998.

Lajos Pálfi

Erik Bogsch



# Fundamentals of our QA philosophy (ICH Q10)

- Basis : cGMP, using ISO elements
- Quality management is everybody's job
- Continuous improvement
- Risk based approach —→ calculates the benefits versus cost



# Examples of our practice

- 1, PQR
- 2, Statistical methods
- 3, Risk analysis

## Product Quality Review

- We made the first in 1999
- Statistics used: Minitab and from 2010 Statistica soft wares
- Continuous analysis for contraceptives





# TERMELÉS ÖSSZEFOGLALÓ JELENTÉS

## PRODUCT QUALITY REVIEW

Feltülvizsgálati időszak/Period: 2011.01.01-2011.12.31

AZONOSÍTÓ:

ID: PQR-00525/01-12

Oldal / Page : 5/6

TERMÉKNÉV: FINASTERIDE 5 MG FEHÉR FILMTABLETTA

PRODUCT NAME

ÖSSZEFOGLALÁS

SUMMARY

Fejezet  
Chapter

TARTALOMJEGYZÉK  
TABLE OF CONTENT

Oldalak  
száma  
Number of  
pages

---

**Összefoglalás értékelés**

*Summary and evaluation of results of the Product Quality Review*

6

1A.FEJEZET  
CHAPTER 1A

**Vásárolt beépülő anyagok, beszállítói státusz**

*Review of starting materials used in the product and status of suppliers*

1+1

1B.FEJEZET  
CHAPTER 1B

**Vásárolt hatóanyagok, beszállítói státusz**

*Review of drug substance(s) used in the product and status of suppliers*

1

1C.FEJEZET  
CHAPTER 1C

**Primer csomagolóanyagok, beszállítói státusz**

*Review of primary packaging used in the product and status of suppliers*

1+1





# Chapter 2 and 3 : data of production

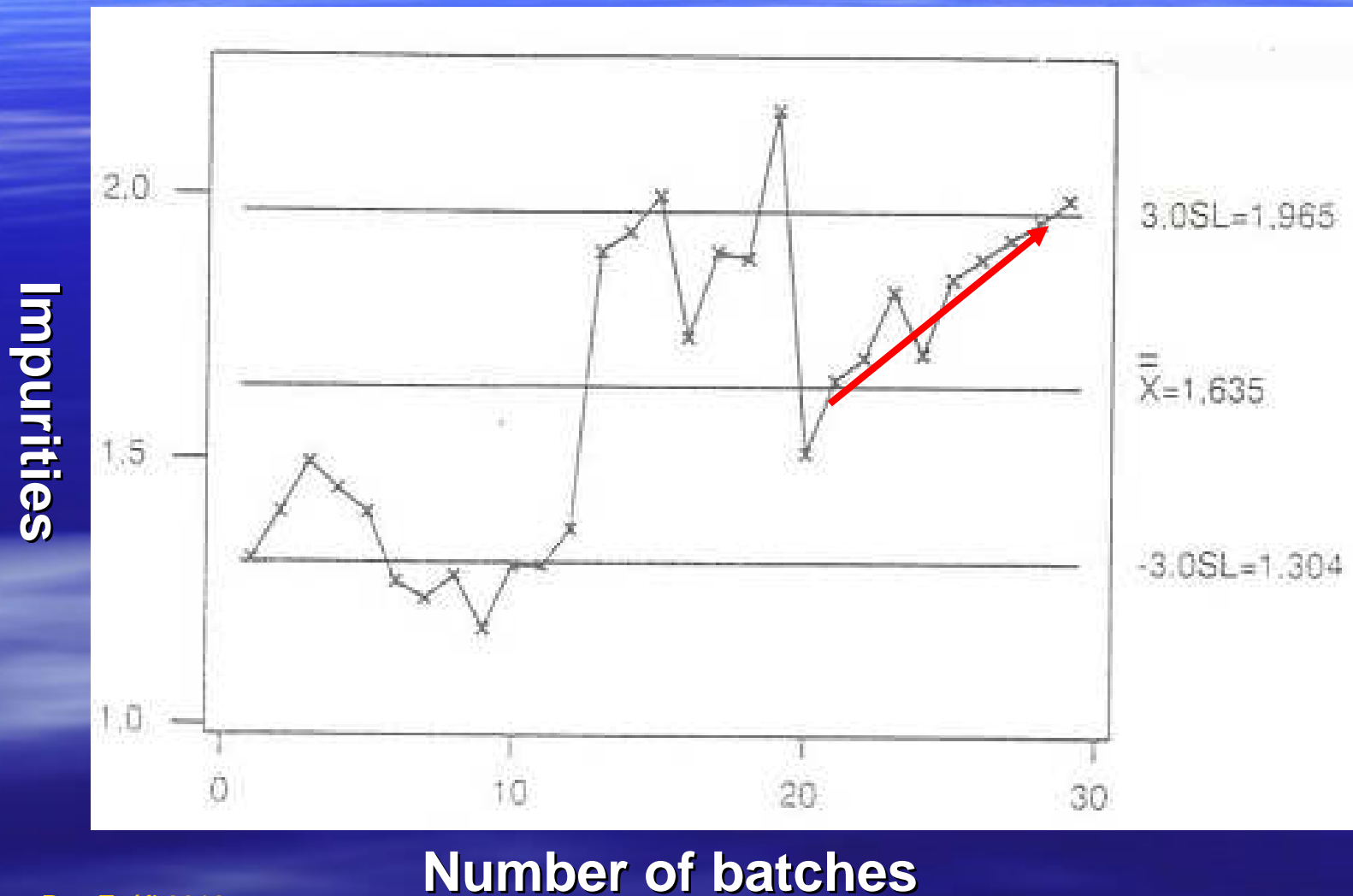
2A.FEJEZET CHAPTER 2A	<b>Gyártási lapok</b> <i>Review of Batch Manufacturing Records</i>	1
2B.FEJEZET CHAPTER 2B	<b>Legyártott tételek azonosítása</b> <i>Batches produced in the reviewed period</i>	1
2C.FEJEZET CHAPTER 2C	<b>Késztermék vizsgálati eredmények és kiértékelése</b> <i>Results of critical quality control test parameters of the finished product</i>	5
2D.FEJEZET CHAPTER 2D	<b>Kritikus gyártásközi eredmények és kiértékelése</b> <i>Results of critical In Process Control</i>	4
2E.FEJEZET CHAPTER 2E	<b>Szennyezésprofil</b> <i>Profile of impurity</i>	1
3.FEJEZET CHAPTER 3	<b>Letiltott tételek</b> <i>Review of all batches that failed to meet established specification and their investigation</i>	1

10A.FEJEZET CHAPTER 10A	<b>Folyamatvalidálás</b> <i>Status of the respective process validation reports</i>	2
10B.FEJEZET CHAPTER 10B	<b>Analitikai módszer validálás</b> <i>Status of the respective analytical method validation reports</i>	1
10C.FEJEZET CHAPTER 10C	<b>Tisztításvalidálás</b> <i>Status of the respective cleaning validation reports</i>	1
11.FEJEZET CHAPTER 11	<b>Törzskönyvezési adatok</b> <i>Review of new marketing authorizations</i>	1
12A.FEJEZET CHAPTER 12A	<b>A gyártás berendezéseinek karbantartásával, műszerek kalibrálásával kapcsolatos szerződések felülvizsgálata</b> <i>Review of written contracts on periodic maintenance of production equipment and instrument calibration</i>	1
12B.FEJEZET CHAPTER 12B	<b>A partnerrel kötött minőségügyi szerződések felülvizsgálata</b> <i>Review of Quality Agreements</i>	1
13.FEJEZET CHAPTER 13	<b>Kiegészítő adatok</b> <i>Additional data</i>	45

# Statistical methods for quality improvement

- Control charts (OOS, OOT, OOE)
- Histograms
- Stratification of data
- Pareto diagram
- Process capability index ( $C_{pk}$ )
- Cause and Effect (Ishikawa) diagram

# Trend analysis of total impurities



Limit  
< 5 %



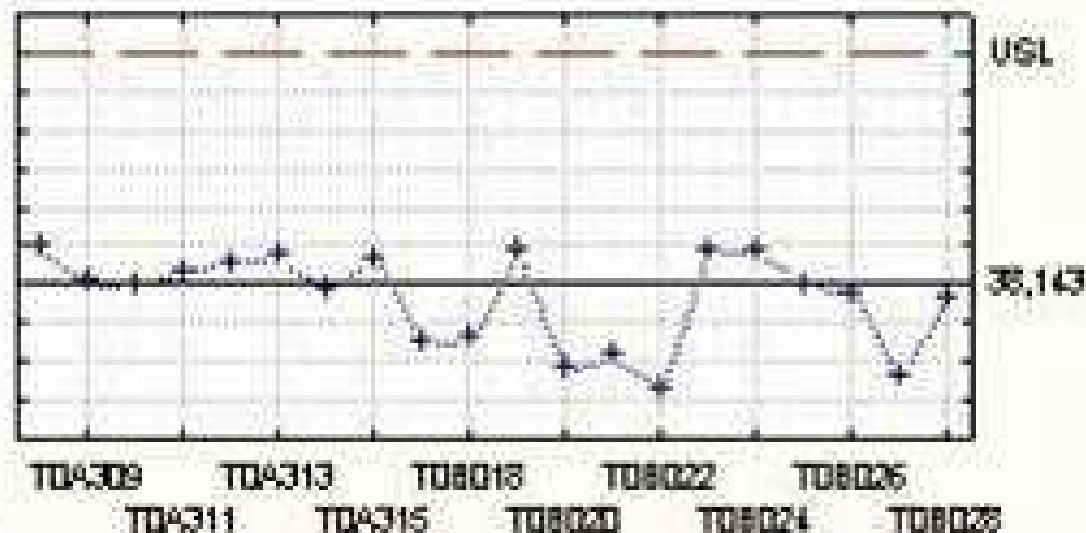
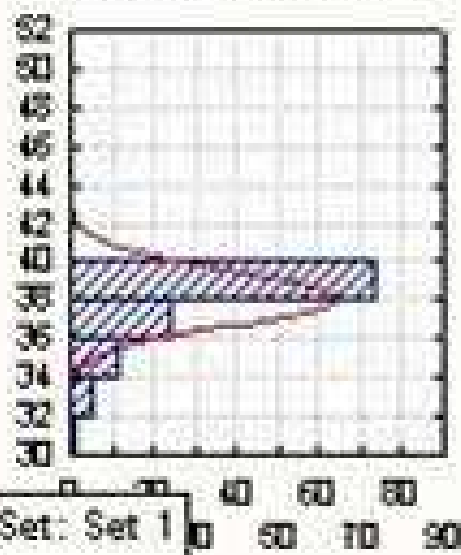
# Control chart, histogram

Tabletta Run Chart: Örvényáramú granulálás  
szárítás V.  
term. hőm. (oC)

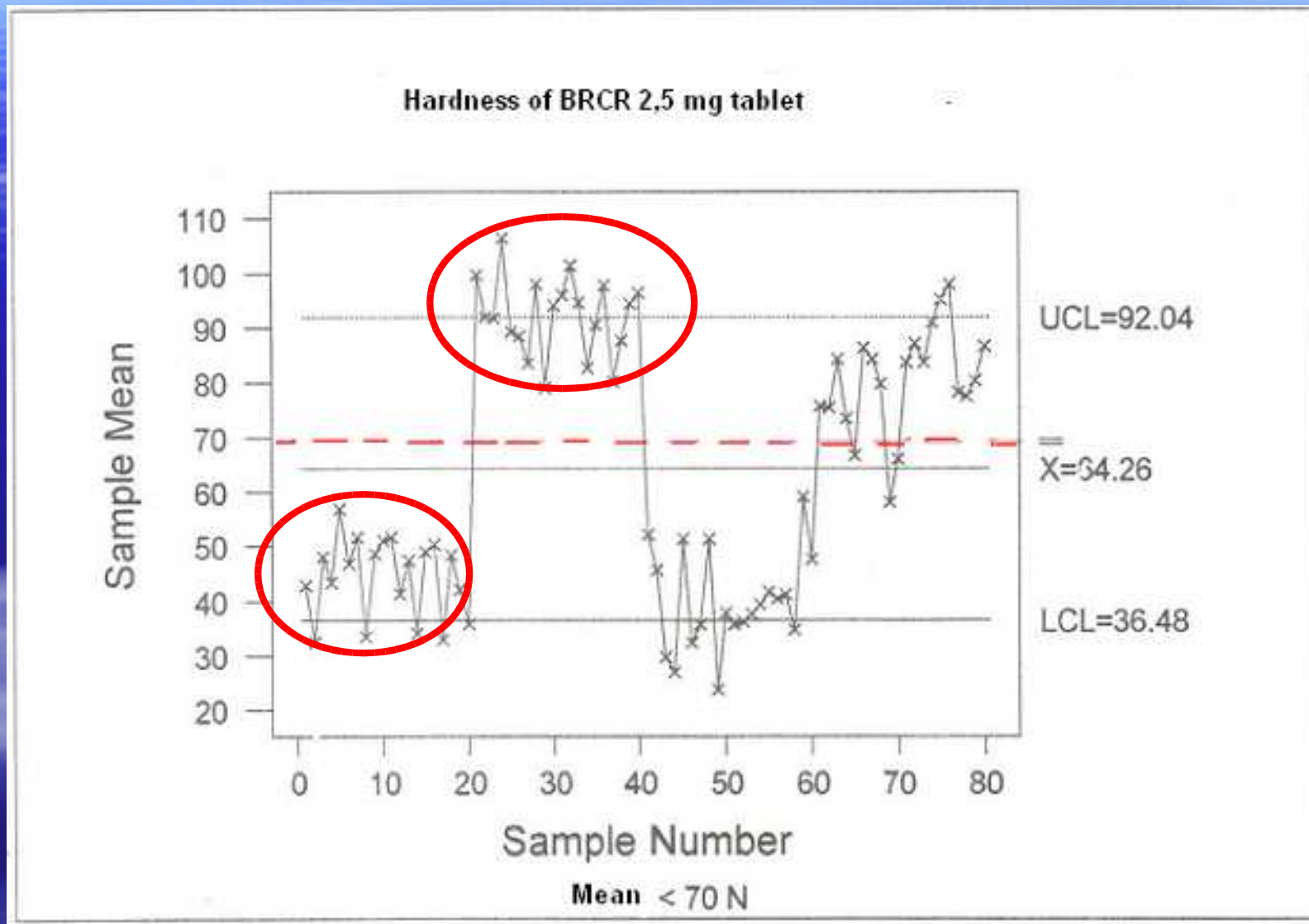
X Chart; variable: J526

X: 38,143 (38,143); Sigma: 1,4296 (1,4296); n: 1.

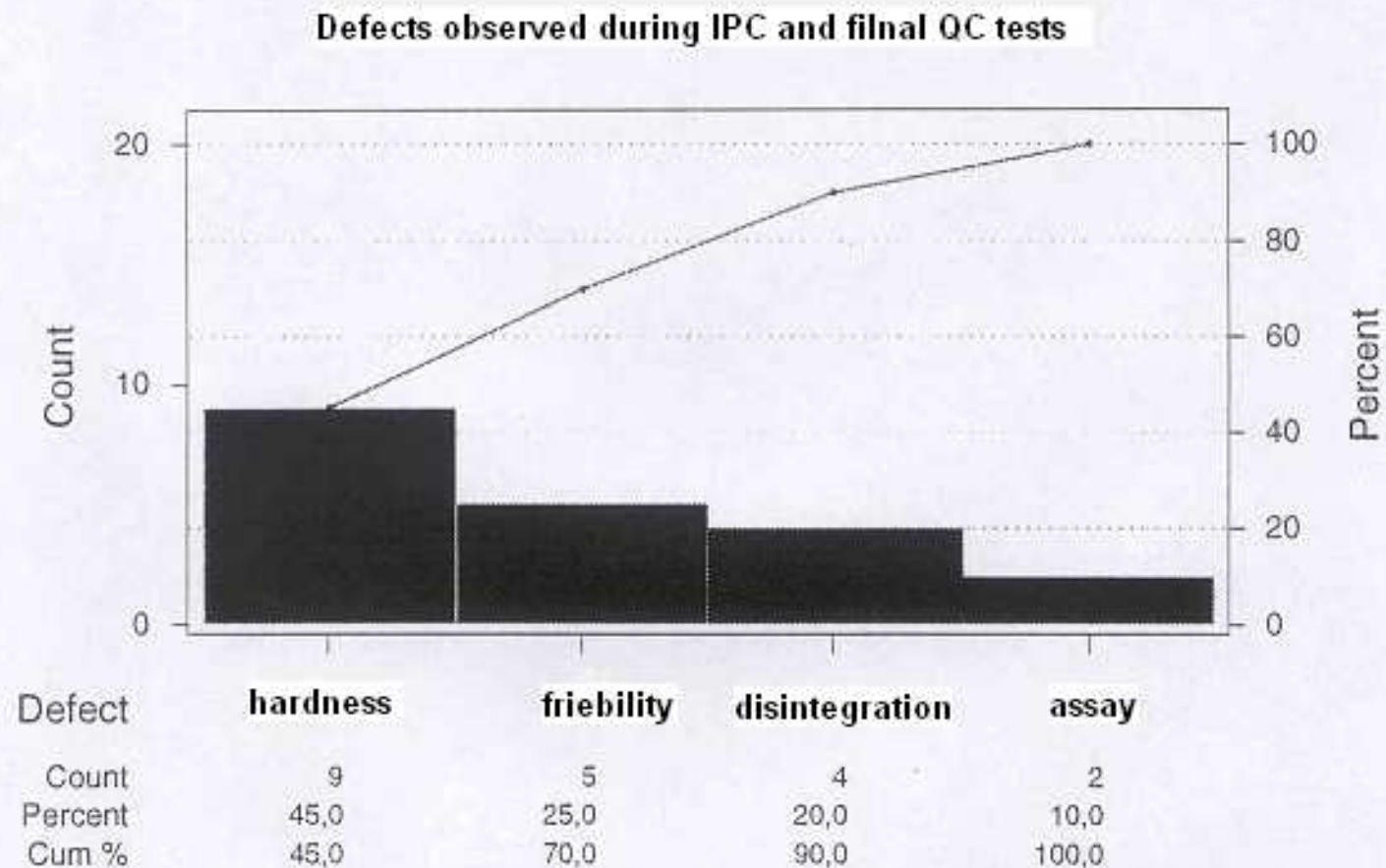
Histogram of Observations



# Stratification of data



# Pareto diagram



# Process capability index, Cpk

$$Cpk = \frac{\text{acceptance limits}}{\text{process capability}} = \frac{UCL - LCL}{6\sigma^*}$$

UCL ... upper control limit

LCL ... lower control limit

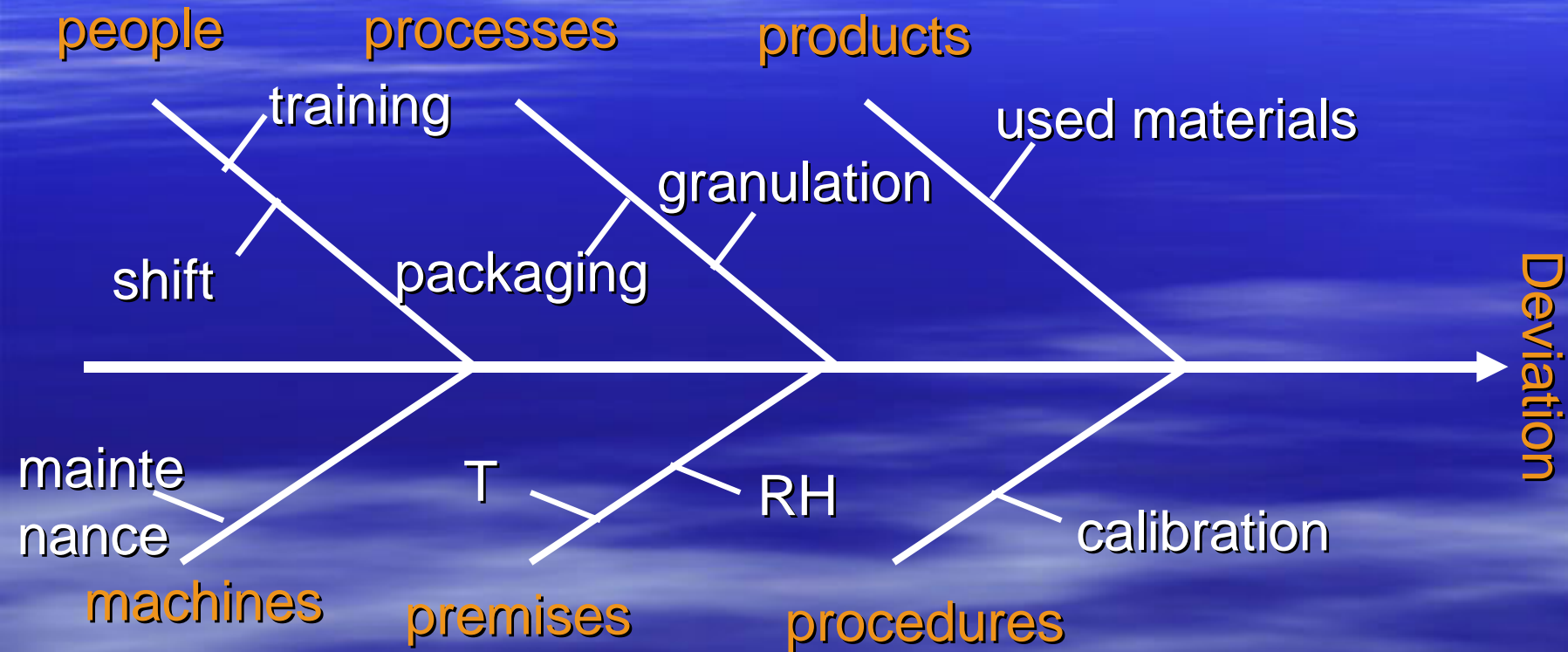
$\sigma^*$  ... is the measured standard deviation of the process

Process is capable if  $CpK > 1,33$

$$CpK = \frac{105 \% - 95 \%}{6 \times 1,25 \%}$$



# Root cause analysis / Ishikawa diagram



# Practice of risk management

- Team Work !
- Examples:

Preparation of international supplier audits

Reduction of sampling point in a PW system

Equipment replacement



# Why we use risk analysis for planning the audits ?

- We check the „most risky” producer = interest of the patient
- Our decision is objective because it is not possible to audit every supplier (limited capacity)
- Recommendation by ICH Q9





# Common audit plan for GR Plc.



**GR Budapest**



**GR Romania**



**GR Russ**



**GR Polska**





# Calculation of the risk values

- Risks concerning the patient
- Quality history of producer/supplier
- Categorization of producer/supplier



# Risk calculation for a new API

risk	low		medium		high	
<b>Route of Final product Administration</b>	Solid dosage form	-	Semi-solid do-sage form	-	Paren-teral product	3
<b>Status of the application</b>	GR de-velop-ment	-	GMP pro-duction at one GR site	2	GMP pro-duction at more GR sites	-

<b>Regulatory situation in EU</b>	No regulatory action > 3 years	1	Regulatory action < 3 years	-	Regulatory action within 1 year	-
<b>Quality system of the manufacturer</b>	cGMP (EU/US/WHO)	1	ISO 9001 or equivalent	-	Not exist or not known	-
<b>Country of operation</b>	EU	1	Developed rest of the World	-	Developing rest of the World	-
<b>Number of purchased product on site</b>	Single	-	Multiple	-	Multiple, high potency or sensitivity	3

<b>Previous quality audit</b>	< 3 years	-	> 3 years	-	Non or > 5 years	3
<b>Category of the manufacturer according to the GR qualification system</b>	Approved no issue	-	Approved some minor quality issue	2	Not approved or major quality issue	-
<b>Weight factor</b>	3 x 1=3		4 x 2=8		9 x 3=27	



# Evaluation of risks

- Risk levels:
- K1 low risk < 25
- K2 medium risk 25-35
- K3 high risk > 35

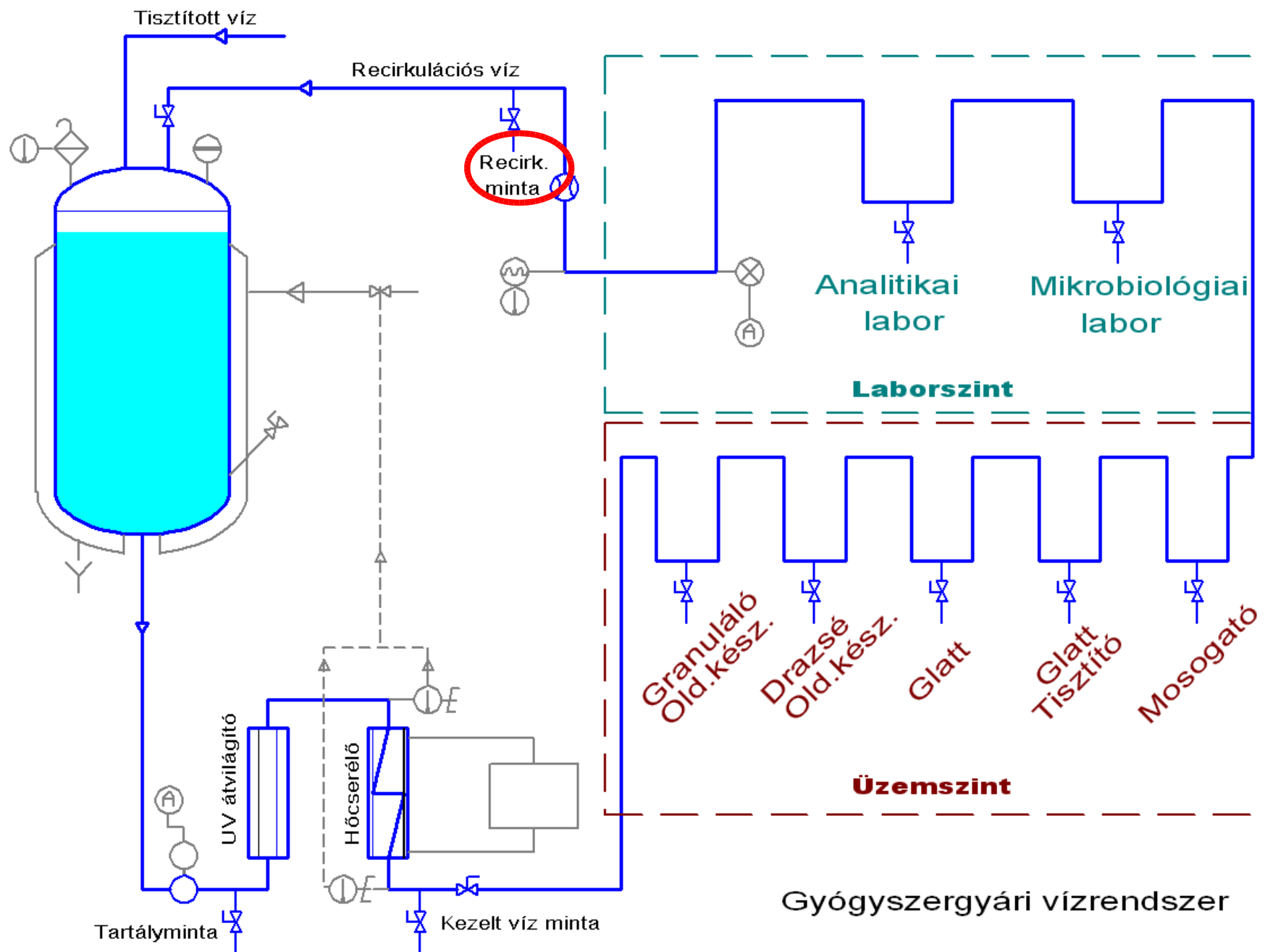
- Example : 38



# Microbiological monitor of a PW system

- Target: Is it possible to reduce sampling frequency?
- Information needed:
  - Knowledge of PW system (user points, application)
  - Evaluation of the results from previous year





# Data from the previous year

## PhEur limit 100 CFU/ml

Sampling points	mean CFU/ml	maximum
Granulation sol. preparation	0,2	2
Coating solution preparation	0,1	5
Glatt	0,3	6
Glatt CIP	0,2	1
Washing room	0,8	9
Microbiological laboratory	0,4	7
Analytical laboratory	0,3	3
Recirk water	0,4	4



# Probability, severity and X-uk

User points	P	S	QR	P	S	MR
Granulation sol.preparation	2	5	10	2	3	6
Glatt fluid granulator	1	5	5	2	3	6
Coating sol. preparation	2	5	10	2	3	6
Glatt CIP	1	4	4	2	3	6
Washing room	2	4	8	2	3	6
Microbiological laboratory	2	1	2	1	1	1
Analytical laboratory	2	1	2	1	1	1
Recirk water	1	3	3	1	3	3

QR: water quality related risk

MR: system operation risk

# Risk values determination

User points	QR	MR	$\Sigma R$
Granulation sol. preparation	10	6	16
Glatt fluid granulator	5	6	11
Coating sol. preparation	10	6	16
Glatt CIP	4	6	10
Washing room	8	6	14
Microbiological laboratory	2	1	3
Analytical laboratory	2	1	3
Recirk water	3	3	6

# Decision based on risk analysis

## Sampling frequency:

weekly :  $> 10$  risk values

every two weeks:  $\leq 10$  risk values



# Why we use risk analysis in case of equipment changes ?

- We change the equipments in case of :
  - old machine folds up
  - transfer of the production to a new production line





# In case of equipment change

- Is the new equipment IQ & OQ conform or not?
- If yes, the use of the new machine has no risk from technology point of view

IF NOT  
Use risk analysis



# Why it is impossible to always strive for IQ, OQ identity ?

- National standards replaced to EU standards
- The type of machine doesn't exist anymore
- Example: eccentric tablet press versus double-side rotary press



# Why it is not needed to strive for IQ, OQ identity ?

- We can avoid unnecessary investments
- For example : to order an old model only for IQ, OQ identity conserves the obsolete technology.



# Steps of risk analysis

- Description of the change
- Evaluation of the differences
- Determine risk levels
- Summary report preparation including conclusion





# Description of change

- Change of a solution preparation duplicator (no: 2-08-03) to the same function for a new one (no:2-08-14).
- The equipment is not dedicated, so the change attaches the different solution preparations and cleaning procedures.  
**Target:** to keep the critical process parameters within the regulatory limits, (heat transfer, volume, mixing speed, use of validated cleaning and sterilization procedures )

# Evaluation of the differences

- The basis is the IQ, OQ documentation of equipments.
- Analysis of the process parameter data according to different products batch records.
- If these parameters are equivalent within certain limits, the product's quality will be the same, so the two machines are equal

# Processes and parameters 1

IQ,OQ parameters	2-08-03 old	2-08-14 new	Equal	evaluation	RV
Heat transfer surface	2,6 m <sup>2</sup>	2,5 m <sup>2</sup>	no	< 5 %	<b>K1</b>
Nominal volume	500 liter	500 liter	yes	-	<b>K1</b>
material of Equipment	1,4541	1,4404	no	better	<b>K1</b>

# Processes and parameters 2

IQ,OQ parameters	2-08-03 old	2-08-14 new	equal	evaluation	RV
Surface ruggedness	< 0,8 $\mu\text{m}$	< 0,8 $\mu\text{m}$	yes	-	<b>K1</b>
Mixing speed	780/minute	50-480/minute	no	Geometry of mixer is better	<b>K2</b>
Way of solution completion	$\pm 2,5 \text{ l}$	$\pm 2,5 \text{ kg}$	yes	-	<b>K1</b>



# Processes and parameters 3

IQ,OQ parameters	2-08-03 old	2-08-14 new	equal	evaluation	RV
Accuracy of solution completion	$\pm 0,5 \%$	$\pm 0,5 \%$	yes	-	<b>K1</b>
Time of heating up	24 min	25 min	no	$< 5 \%$	<b>K1</b>
Time of cooling	46 min	48 min	no	$< 5 \%$	<b>K1</b>

Two equipments are similar, risk level : K2

# Summary report preparation

- Team work
  - Controlled by the head of production
  - Approved by QA
- 
- Conclusion: the risk level : K2, but the differences are favourable, no need of risk reduction.



# Verification of theory

- We prepare the risk analysis on the basis of our best knowledge but the result is a

## HYPOTHESIS

It is suggested to conform it, so comparative studies for the products are recommended





**Thank You for Your Attention**



# Total Quality Management

Mr. Erik Bogsch  
**Managing Director**

Ms. Sophie Pap  
**Senior auditor**

Dr. Imre Péter  
**TQM Director**

**Qualified  
persons**

Ms. K. Simon  
**QM Dep. Dorog**

Ms. Zs. Kiss-Borbély  
**QA Dep. Bio-  
tech Debrecen**

dr. K. Hornok  
**GLP Dep.**

Dr. K. Lőrinczi  
**GCP Dep.**

Ms. Andrea Tóth  
**QA Dep.**

Ms. É. Berzsenyi  
**QC Dep.**