# Programmatic Suitability for Prequalification

# **Briefing on Vaccine Prequalification for manufacturers**

**Buenos Aires, Argentina, 24 October 2016** 







### Programmatic suitability and its assessment

Vaccines produced in developed countries may not have taken into account programmatic challenges in developing countries.

#### Examples:

- Non auto-disable prefilled syringe presentations
- Stability of components in the event of cold chain breakdown
- WHO PQT has always considered programmatic suitability but it was in 2012 that a written guidance (PSPQ) was developed and put in place





- Objectives of PSPQ
  - □ Judge the programmatic suitability against defined mandatory, critical and preferred characteristics
- Benefits of PSPQ
  - ☐ Give clear directions to vaccine industry before submission
  - Reduce decision making time





# **Submission screening and SC assessment**

- Upon receipt, product summary files (PSFs) are screened for completeness and compliance with the required format and contents by the PQ secretariat.
- PSFs are also screened by the PQ Secretariat for compliance with programmatic suitability criteria,
  - ☐ if mandatory characteristics are not met the PSF is rejected.
  - □ if the PQ Secretariat identifies a deviation from the critical characteristics or finds a unique characteristic, the product will be referred to the PSPQ Standing Committee for independent review of the characteristic.





#### Who makes the final decision?

- The PSPQ SC makes a recommendation to the Director of the Essential Medicines and Health Products Department (EMP) considering programmatic risk from non compliance with a criterion and public health needs for a vaccine as to whether the product should be accepted for review for prequalification
- Decision-making rests with EMP





#### **PSPQ Current status**

 Revised document endorsed by Immunization Practices Advisory Committee (IPAC)11-12 June 2014 IPAC
The new PSPQ requirements came into effect on 1 January 2015.

#### Main changes:

- (1) Antimicrobial preservatives and the definition of "inadequately preserved" vaccines;
- (2) antigenic stability for 28 days;
- (3) the management of vaccines that were pre-qualified prior to the PSPQ implementation (grandfathering);
- (4) new mandatory and preferred characteristics and the transition to critical characteristics.



# **Mandatory characteristics**

- Antimicrobial preservative is required in ready to use injectable vaccines containing more than two-doses.
- Thermostability: The vaccine or any component presented for prequalification should not require storage at less than -20°C.
- Dose volume for injectable vaccines for children 5 years and under should be not more than 1 ml
- vaccine presented for prequalification should not require an intravenous route of administration



### Unique or innovative characteristic

- No guidance documents developed
- Examples: Nano-patches, nasal aerosols, microneedle application
- Based on programme knowledge SC will judge the suitability of such vaccines for the developing market





### **Critical characteristics (1)**

- The vaccine should fit into currently commonly used schedules of vaccination visits.
- Oral vaccines should be ready to use
- Thermostability: If the vaccine requires storage below +2°C during its shelf-life period, it should be stable at +2°C and +8°C for a minimum of 6 months
- Vaccine Vial Monitor (VVM): Proof of feasibility and intent to apply appropriate VVM if a tender requirement





### Critical characteristics (2)

- Antimicrobial preservative is required in ready to use injectable vaccines containing two-doses or in vaccines requiring reconstitution that are not live-attenuated
- Dose volume of injectable vaccines can be delivered using available PQed auto-disable syringes
- Vaccines in pre-filled injection devices should have an auto-disable feature
- Packaging material can be disposed of appropriately in the field using standard procedures





### **Preferred characteristics**

- A vaccine not complying to preferred characteristics are not reviewed by PSPQ SC before evaluation for prequalification
- They indicate what WHO and national immunization programmes would want in a best case scenario
- They provide a guide vaccine manufacturers during the development of the new vaccine formulations
- In time, a preferred characteristic may be reclassified as critical





# Preferred characteristics (1)

- Antigenic stability following reconstitution
- Small packed volume
- Small, standardised dose volumes for oral vaccines
- Minimize number of doses that cannot be reused in subsequent sessions once the container is open
- ≤10 doses per vial in routine setting; ≥ 10 doses per vial in campaign setting





# Preferred characteristics (2)

- Doses per secondary container reflect logistical needs
- Small, standardised dose volumes for oral vaccines
- Ready to use vaccines
- Multicomponent vaccine formats reduce potential for error
  - If components are packed in separate secondary containers, they should contain the same number of doses





# Preferred characteristics (3)

- Increased thermostability
- No freeze sensitivity
- Packaging designed to minimise environmental impact
- Novel delivery devices that reduce risk of contamination
- Compact prefilled auto-disable injection system (eg. UniJect®)
- Labelling (TRS revision in preparation)
- Barcoding







### http://www.who.int/immunization\_standards/ vaccine\_quality/pspq2\_v140512.pdf





