

# De-risking your drug-device combination product ANDA submission: A case-study on leveraging formative human factors data generated by a Drug Delivery Device Developer

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## Background

User interface design is a critical component of generic drug-device combination product development that must be considered from an early stage. The FDA guidance on **Abbreviated New Drug Applications (ANDA)** advises pharmaceutical companies to carefully consider and seek to minimize differences from the **Reference Listed Drug (RLD)**. To assist pharmaceutical companies in identifying user interface differences between an RLD and the Generic Drug-Device Combination Product (GDDCP), the FDA guidance on ANDA detailed how to perform a **Threshold Analysis**:

## Threshold Analysis

Labelling Comparisons Side-by-side, line-by-line comparison of the relevant sections of the prescribing information, instructions for use, and descriptions of the delivery device constituent parts of the GDDCP and its RLD

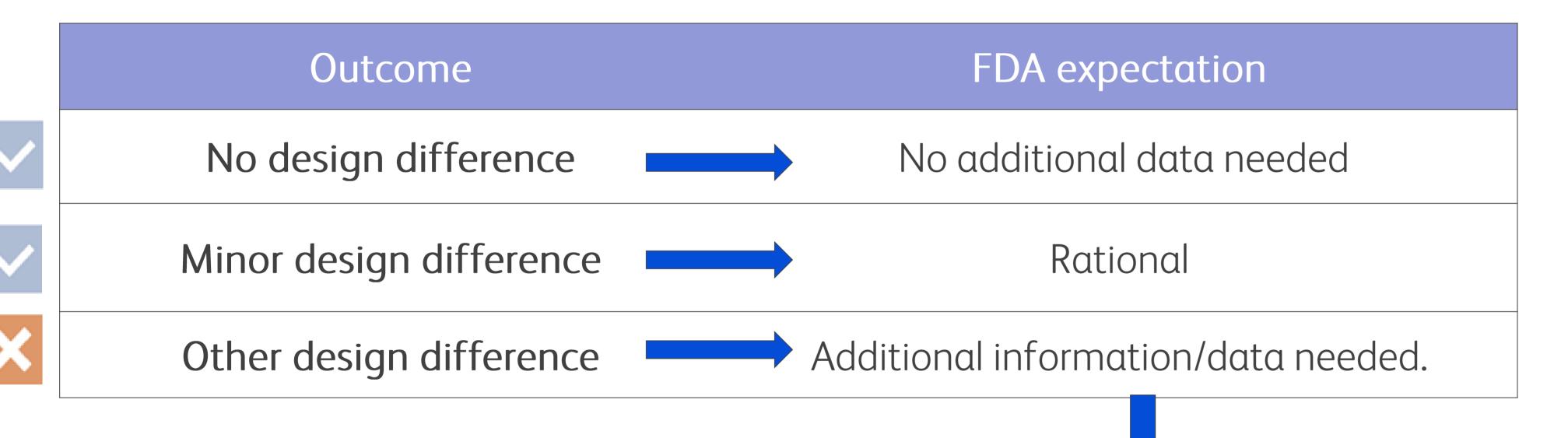
Comparative Task Analysis

Systematically analyze and compare the sequential activities required for the end-users to use the device and administer the drug product

Physical Comparison of Delivery device Constituent Part

Visual, auditory, tactile examination of the physical features (size, shape, feedback) of the RLD, compared to those of the delivery device constituent part of the proposed generic combination product

In the threshold analysis, points of comparisons are classified in 3 different outcomes

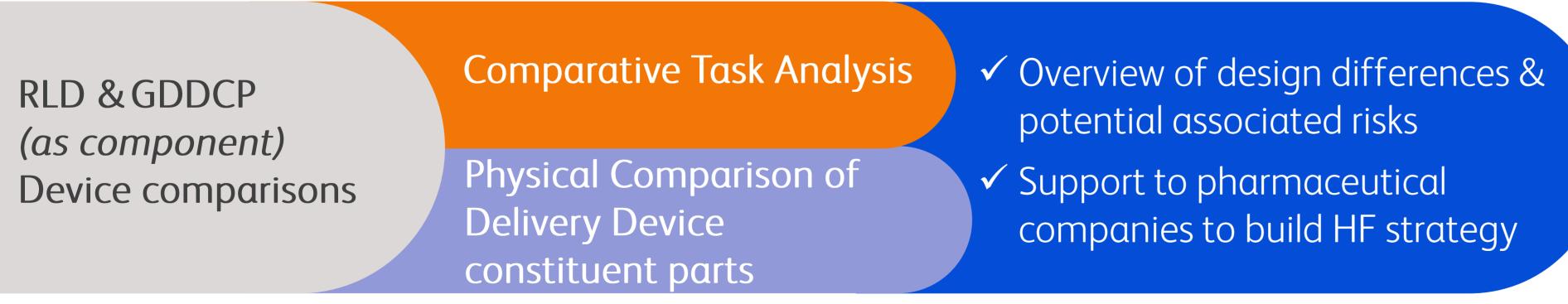


A CUHF study assesses whether the differences identified introduce a risk that might impact the clinical effect or safety profile of the generic combination product

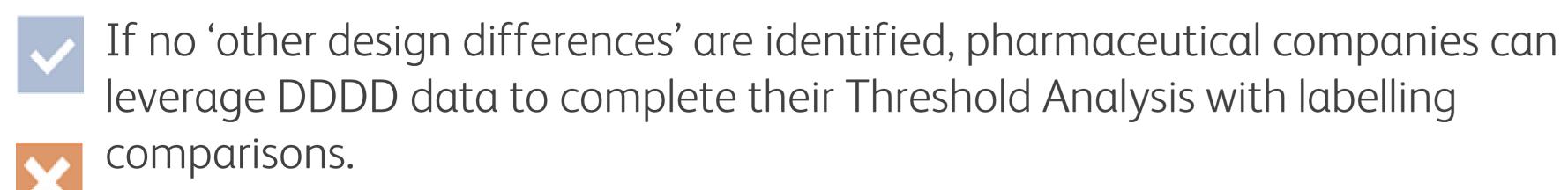
# Delivery Device Comparison

A Drug Delivery Device Developer (DDDD) can support pharmaceutical companies in their ANDA submission of final GDDCP by authoring a portion of the Threshold Analysis. A comparative analysis is a partial threshold analysis where a DDDD compares the delivery devices on the aspects that are not drug-related.

## Comparative Analysis



\*Labelling comparison is not is scope of DDDD



If 'other design differences' are observed, pharmaceutical companies will have to provide additional data to FDA by performing, for example, a final CUHF study with final drug device combination product.

## Abbreviations

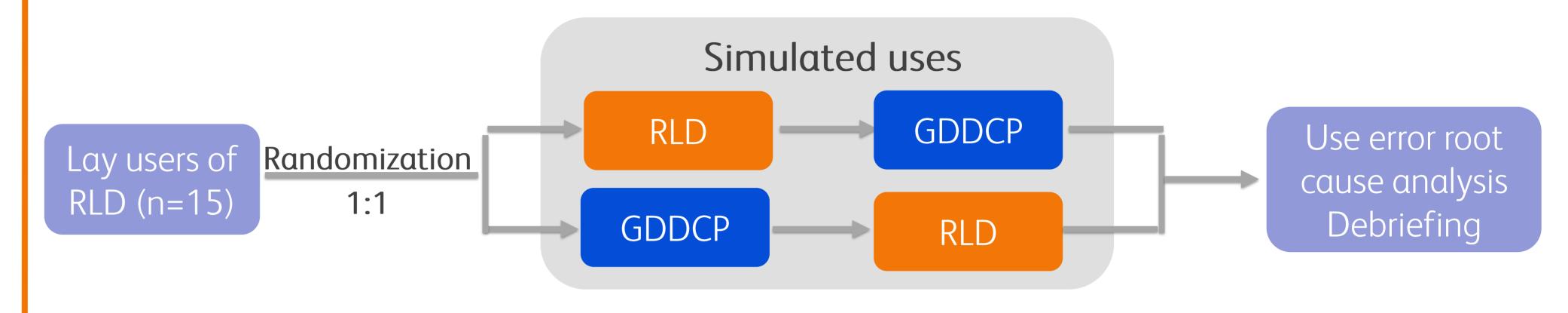
ANDA: Abbreviated New Drug Application
RLD: Referenced Listed drug
GDDCP: Generic Drug Device Combination Product
CUHF: Comparative Use Human Factors
DDDD: Drug Delivery Device Developer

Reference

FDA Draft Guidance: CUHF Studies for a Drug-Device Combination Product Submitted in an ANDA, January 2017.

# Formative CUHF Study

A DDDD can conduct a **formative CUHF** study (with GDDCP filled with water) with a low number of users to obtain insight on the user errors rate of a final CUHF against the RLD.



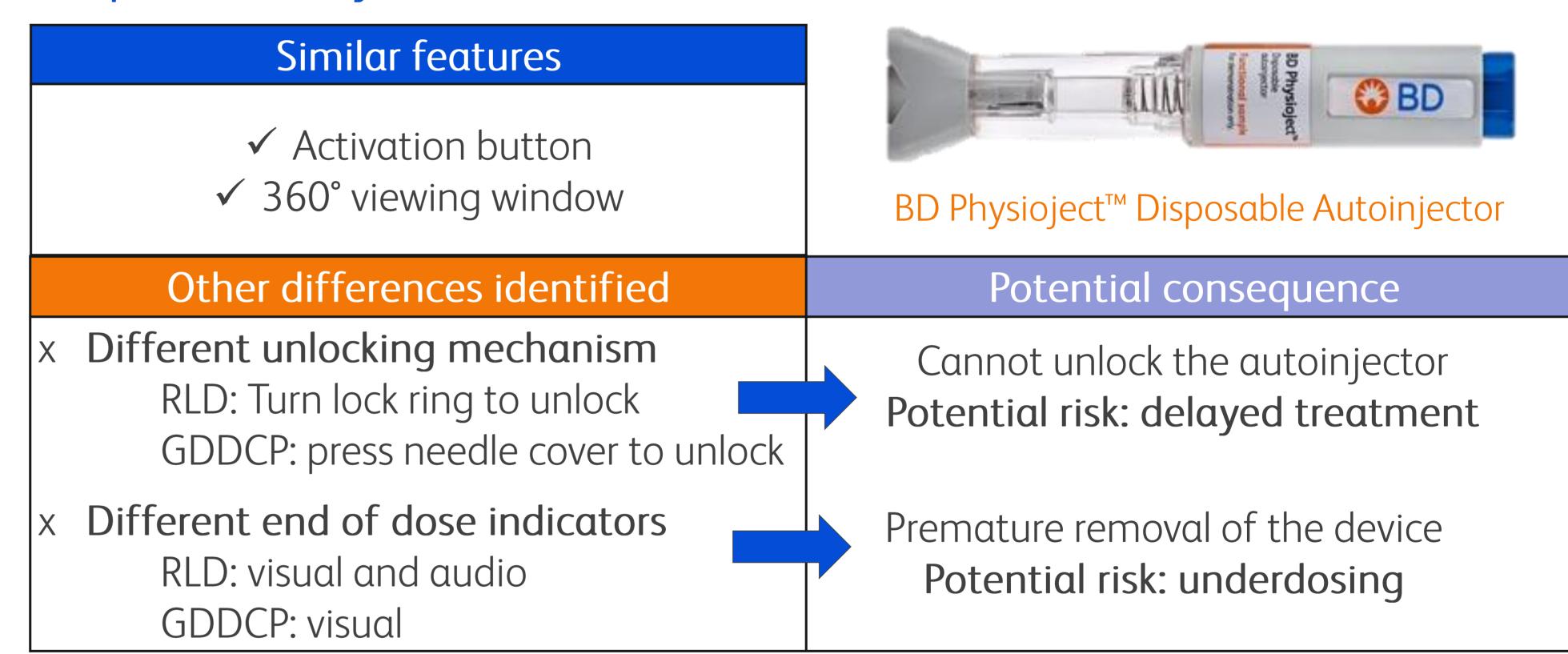
#### A Formative CUHF Study:

- Does not replace the final CUHF study
- Provides insight on the use error rate and potential related risks
- Is a basis to design the final CUHF study with final combination product as per the FDA guidance (e.g., sample size, non inferiority margin)

## Case Study: A 3-Step vs 4-Step Autoinjector Comparison

BD Physioject™ Disposable Autoinjector (GDDCP) compared to Tirzepatide Autoinjector (RLD)

#### Comparative Analysis:



## Formative CUHF Study:

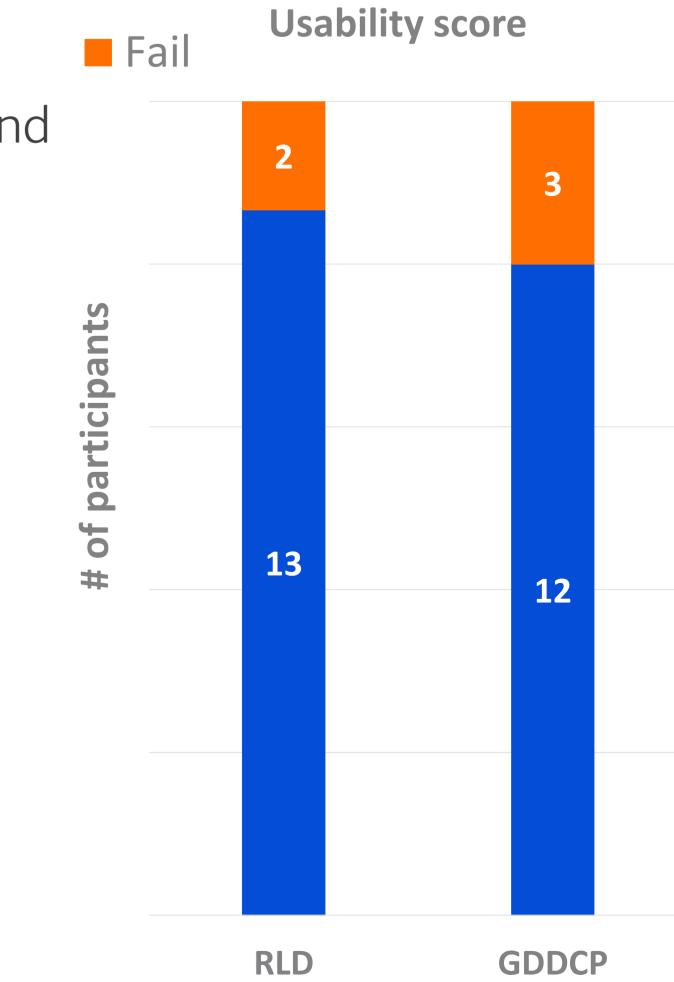
Two tasks were impacted by an "other design difference" and assessed in the study:

- Unlock the device
- Wait until the injection is complete

## Results:

- ✓ Same use error was observed: premature removal of the device
- ✓ No use error observed with the unlocking mechanism
- ✓ No new risk has been identified in this formative study

	RLD	DDCP
Use error rate	0.13	0.2
Within subject correlation	0.8	



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## Conclusion

- In this formative study, the BD Physioject<sup>TM</sup> Disposable Autoinjector appears to be a suitable candidate to be a GDDCP of the compared RLD.
- DDDDs can support pharmaceutical companies to de-risk their ANDA submission by proactively developing supportive documentation and conducting formative CUHF studies to support final CUHF study design and risk evaluation.