

Technical Information Report

AAMI TIR48: 2024

Quality management systems (QMS)
recommendations on application of the
U.S. FDA's CGMP final rule on combination
products

Quality management systems (QMS) recommendations on application of the U.S. FDA's CGMP final rule on combination products

Approved 30 April 2024 by
AAMI

Abstract: This Technical Information Report (TIR) provides information about how to effectively implement the FDA's regulation on current good manufacturing practices (CGMP) for combination products. Combination products are therapeutic or diagnostic medical products that combine drugs, devices, and/or biological products with one another. The FDA regulation became effective 22 July 2013 (21 CFR Part 4). Final guidance on CGMPs for combination products was issued in January 2017,¹ and a list of alternative or streamlined mechanisms for compliance with CGMPs for combination products was later issued in September 2022². This TIR, where appropriate, also considers best practices, guidelines, and standards used in both the United States and other regions. The overall goal of the TIR is to aid informed, risk-based decisions in establishing CGMP operating systems that support development, manufacture, premarket regulatory evaluation, and commercialization of combination products. It should be noted that, while the information contained in the TIR has been carefully considered, it is up to the individual manufacturer to ensure compliance with all regulatory requirements that apply to its products.

Keywords: CGMP for combination products, combination product, constituent part, quality systems, 21 CFR Part 4, 21 CFR Part 211, 21 CFR Part 820, 21 CFR Parts 600-680, 21 CFR Part 1271, ISO 13485:2016, AAMI TIR 105:2020, ISO 14971:2019, ISO 24971:2020, CGMP, design controls, risk management, streamlined approach, single entity combination product, co-packaged combination product, cross-labelled combination product, FDA, Office of Combination Products (OCP), management responsibility, purchasing controls, corrective and preventive action (CAPA), installation, servicing, component testing, container testing, closure testing, calculation of yield, tamper-evident packaging, expiration dating, release and distribution testing, stability testing, special testing, reserve samples

¹ FDA Current Good Manufacturing Practice requirements for Combination Products (2017), accessed 23 March 2023 at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/current-good-manufacturing-practice-requirements-combination-products>

² Alternative or Streamlined Mechanisms for Complying With the Current Good Manufacturing Practice Requirements for Combination Products; List Under the 21st Century Cures Act, 87 FR 56066, pp. 56066-56070 (2022), accessed 23 March 2023 at <https://www.federalregister.gov/documents/2022/09/13/2022-19713/alternative-or-streamlined-mechanisms-for-complying-with-the-current-good-manufacturing-practice>

AAMI Technical Information Report

A technical information report (TIR) is a publication of the Association for the Advancement of Medical Instrumentation (AAMI) Standards Board that addresses a particular aspect of medical technology.

Although the material presented in a TIR may need further evaluation by experts, releasing the information is valuable because the industry and the professions have an immediate need for it.

A TIR differs markedly from a standard or recommended practice, and readers should understand the differences between these documents.

Standards and recommended practices are subject to a formal process of committee approval, public review, and resolution of all comments. This process of consensus is supervised by the AAMI Standards Board and, in the case of American National Standards, by the American National Standards Institute.

A TIR is not subject to the same formal approval process as a standard. However, a TIR is approved for distribution by a technical committee and the AAMI Standards Board.

Another difference is that, although both standards and TIRs are periodically reviewed, a standard must be acted on—reaffirmed, revised, or withdrawn—and the action formally approved usually every five years but at least every 10 years. For a TIR, AAMI consults with a technical committee about five years after the publication date (and periodically thereafter) for guidance on whether the document is still useful—that is, to check that the information is relevant or of historical value. If the information is not useful, the TIR is removed from circulation.

A TIR may be developed because it is more responsive to underlying safety or performance issues than a standard or recommended practice, or because achieving consensus is extremely difficult or unlikely. Unlike a standard, a TIR permits the inclusion of differing viewpoints on technical issues.

CAUTION NOTICE: This AAMI TIR may be revised or withdrawn at any time. Because it addresses a rapidly evolving field or technology, readers are cautioned to ensure that they have also considered information that may be more recent than this document.

All standards, recommended practices, technical information reports, and other types of technical documents developed by AAMI are *voluntary*, and their application is solely within the discretion and professional judgment of the user of the document. Occasionally, voluntary technical documents are adopted by government regulatory agencies or procurement authorities, in which case the adopting agency is responsible for enforcement of its rules and regulations.

Comments on this technical information report are invited and should be sent to AAMI, Attn: Standards Department, 901 N. Glebe Road, Suite 300, Arlington, VA 22203.

Published by

AAMI
901 N Glebe Rd, Suite 300
Arlington, VA 22203
www.aami.org

© 2024 by the Association for the Advancement of Medical Instrumentation

All Rights Reserved

This publication is subject to copyright claims of AAMI. No part of this publication may be reproduced or distributed in any form, including an electronic retrieval system, without the prior written permission of AAMI. All requests pertaining to this document should be submitted to AAMI. It is illegal under federal law (17 U.S.C. § 101, et seq.) to make copies of all or any part of this document (whether internally or externally) without the prior written permission of the Association for the Advancement of Medical Instrumentation. Violator's risk legal action, including civil and criminal penalties, and damages of \$100,000 per offense. For permission regarding the use of all or any part of this document, contact the Copyright Clearance Center.

Printed in the United States of America

ISBN 978-1-57020-884-3

Contents

Page

Committee representation	iv
Foreword	v
Introduction	vi
1 Scope.....	1
2 Normative references.....	1
3 Terms and definitions	1
4 Applying CGMPs in accordance with the FDA's final rule on combination products (21 CFR Part 4.A.)	1
5 Considerations in adopting a 'Streamlined Approach'	4
6 Application of management responsibility for a combination product manufacturer	12
7 Application of design controls and risk management for a combination product.....	14
8 Application of purchasing controls for a combination product	21
9 Corrective and preventive action (CAPA).....	22
10 Inspection readiness	24
Annex A (informative) Terminology	27
Bibliography	35

Committee representation

Association for the Advancement of Medical Instrumentation Combination Products Committee

This AAMI Technical Information Report (TIR) was developed and approved by the AAMI Combination Products Committee. Committee approval of the TIR does not necessarily imply that all committee members voted for its approval.

At the time this document was published, the **AAMI Combination Products Committee** had the following members:

Cochairs: John Barlow Weiner
Susan Neadle

Members: Kent Abrahamson, AbbVie
Steven B. Binion, Becton Dickinson & Company
Brendan Casey, 3M Health Care
Roberto Del Cid, Arthrex Inc
Stephanie Del Paine, Cook Medical - Bloomington
Gordon M. Ely, LexaMed Ltd
Byron Hayes, WL Gore & Associates Inc
Stephen Holcroft, Johnson & Johnson
Adam Hoopai, Abbott Laboratories
Marcia D. Howard, Consumer Healthcare Products Association - Washington, DC
Osman Kafrawy, Eli Lilly & Company
Lee Leichter, P/L Biomedical
Yimin Li, Astellas Pharma Inc.
Willy Liou, Amgen Inc
Angela Mallery, NAMSA
John Stanley Mastrangelo Jr, Edwin Bills Consultant
Jennifer Mischke, NAMSA
Susan Neadle, Combination Products Consulting Services, LLC
Lola A. Oyebola, Pfizer Parenteral Center of Excellence
Tushar Patki, Biogen
Michael Schousboe, Novo Nordisk
Mike Silvestri, Terumo Americas Corporate
David Sterry, Clinical and Laboratory Standards Institute (CLSI)
Deborah Thomas, Sanofi
John Barlow Weiner, FDA/CDRH
Di Wu, West Pharmaceutical Services, Inc.
Alban Ye, Alban Yee Consultant
Lynn Zhang, Eurofins EAG Materials Science, LLC

Alternates: Ross Allen, Eli Lilly & Company
Geena Augustine, Arthrex Inc
Alexandre Bassard, NEMERA Insight Innovation Center
James Bertram, FDA/CDRH
Edwin L. Bills, Edwin Bills Consultant
Thomas Feldsien, AbbVie
Charles Goldberg, Pfizer Parenteral Center of Excellence
Kalub Hahne, Cook Medical - Bloomington
Reade Harpham, Priority Designs Inc
Nancy Regulski, Johnson & Johnson
Christine Snyder, WL Gore & Associates Inc

NOTE—Participation by federal agency representatives in the development of this Technical Information Report does not constitute endorsement by the federal government or any of its agencies.

Foreword

The following verbal forms are used within AAMI documents to distinguish requirements from other types of provisions in the document:

“shall” and “shall not” are used to express requirements;

“should” and “should not” are used to express recommendations;

“may” and “may not” are used to express permission;

“can” and “cannot” are used as statements of possibility or capability;

“might” and “might not” are used to express possibility;

“must” is used for external constraints or obligations defined outside the document; “must” is not an alternative for “shall.”

Suggestions for improving this document are invited. Comments and suggested revisions should be sent to Standards, AAMI, 901 N. Glebe Road, Suite 300, Arlington, VA 22203 or standards@aami.org.

Introduction

The U.S. Food and Drug Administration (FDA) terms therapeutic and diagnostic medical products that combine drugs, devices, and/or biological products with one another as combination products. Technological advances have continued to merge product types and further blur the historical lines separating traditional drugs, biologics, and medical devices. Combination products can raise challenging development, regulatory, and premarket review questions. Differences in the regulatory pathways and duties for combination products—compared to drugs, devices, or biological products alone—can affect virtually all aspects of product life cycle management, including development, clinical investigation, marketing application processes, manufacturing and quality controls, post market surveillance, adverse event reporting, promotion and advertising, and post-approval modifications.

The FDA issued its Current Good Manufacturing Practices (CGMP) regulation for combination products in January 2013 which became effective 22 July 2013, and is codified in Title 21 of the U.S. Code of Federal Regulations, Part 4A (21 CFR Part 4.A., or “the rule”).^{3,4,5} Final guidance on CGMPs for combination products⁶ was issued in January 2017 and a list of alternative or streamlined mechanisms for compliance with CGMPs for combination products was issued in September 2022. For purposes of this Technical Information Report (TIR), “CGMP” requirements encompass CGMPs for drugs and biological products; quality system requirements for devices; and current good tissue practices for human cells, tissues, and cellular and tissue-based products (HCT/Ps). The FDA has explained that regulatory requirements for combination products arise from those associated with their constituent parts, that these constituent parts retain their regulatory identities, and that combination products are a distinct legal category of medical product in the United States and, as such, can be subject to specialized regulatory requirements. The CGMP rule addresses how to comply with CGMP requirements associated with constituent parts of a combination product. The rule does not establish any new CGMP requirements.

The rule is intended to promote public health by clarifying which CGMP requirements apply when a drug, device, or biological product are combined to create a combination product. The rule establishes a streamlined regulatory framework for manufacturers to use when demonstrating compliance with CGMP requirements for combination products. The FDA has also issued final guidance on how to comply with the rule.⁷

This AAMI TIR was developed at the request of combination product manufacturers, the primary users of 21 CFR Part 4.A. The TIR is intended to provide guidance on best practices to those addressing manufacturing questions, including design, quality, and regulatory personnel.

Under the FDA’s final rule, CGMP requirements that apply to drugs, devices, biological products, and HCT/Ps continue to apply when they are combined to make combination products.

³ On 31 January 2024, the FDA issued a [final rule](#), “Quality Management System Regulation” (QMSR), to align 21 CFR 820 more closely with ISO 13485:2016, with conforming edits to 21 CFR Part 4 to clarify the device CGMP requirements for combination products. These edits do not impact the CGMP requirements for combination products. The QMSR rule is effective February 2, 2026.

⁴ See AAMI TIR:102:2019 Comparison of ISO 13485:2016 with 21 CFR 820.

⁵ Definitions and applicable regulatory frameworks differ from country to country and region to region for medical products containing more than one constituent part type intended for combined use. Regulated entities need to understand unique interpretations in light of regulatory definitions and constructs in the jurisdictions in which the medical devices and combination products are made available.

⁶ Current Good Manufacturing Practice Requirements for Combination Products Guidance for Industry and FDA Staff, accessed January 2017, at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/current-good-manufacturing-practice-requirements-combination-products>.

⁷ See Guidance for Industry and FDA Staff: Current Good Manufacturing Practice Requirements for Combination Products (January 2017) (<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/current-good-manufacturing-practice-requirements-combination-products>).

Where appropriate and in addition to the rule and the Final Guidance for Industry and FDA Staff,⁸ consideration has been given to best practices, guidelines, and standards used both in the United States and other regions. With this knowledge, users may more effectively establish CGMP operating systems to support manufacture for product development, premarket regulatory evaluation, and marketing.

The information contained in this document has been carefully considered. It is up to the individual manufacturer to ensure compliance with all regulatory requirements that apply to its products.

⁸ Ibid.

Quality management system (QMS) recommendations on application of the U.S. FDA’s CGMP final rule on combination products

1 Scope

1.1 Inclusions

This Technical Information Report (TIR) provides recommendations on the application of current good manufacturing practices (CGMPs) for drugs, devices, biologics, and human cells, tissues, and cellular and tissue-based products during development and marketing of combination products (drug-device, biologic-device, drug-biologic, or drug-device-biologic), in accordance with the FDA’s final rule (21 CFR Part 4.A; 78 FR 4307, 2013—hereafter “the rule” or “the FDA’s final rule”) and “Alternative or Streamlined Mechanisms for Complying With the Current Good Manufacturing Practice Requirements for Combination Products; List Under the 21st Century Cures Act” (87 FR 56066, 2022). These recommendations are intended to inform the adoption and application of CGMPs for combination products.

1.2 Exclusions

The TIR does not address topics outside the realm of CGMPs. Additionally, the TIR may inform practices for combination products marketed outside the United States, but it is not intended or considered to address non-U.S. requirements comprehensively.

2 Normative references

This TIR contains no normative references.

3 Terms and definitions

For reference in review of this TIR and in relation to regulations and guidance discussed therein, terms, definitions, and regulatory references are included in Annex A.

4 Applying CGMPs in accordance with the FDA’s final rule on combination products (21 CFR Part 4.A.)

4.1 Combination product definitions and examples

4.1.1 Combination products include two or more different types of medical products (e.g., a drug and a device, not a drug and a drug). Combination products can take several forms. In the United States, three categories of combination products have been identified: Single entity, co-packaged, and cross-labelled combination products. “Single-entity” combination products comprise two or more drugs, devices, or biological products that are physically, chemically, or otherwise combined or mixed with one another to produce a single entity. “Co-packaged” combination products consist of drugs, devices, or biological products packaged together with one another. Some drugs, devices, and biological products that are packaged separately from one another and need to be used together to achieve the intended use, indication, or therapeutic effect also together constitute a combination product. These are termed “cross-labelled” combination products.

Combination product types:

- **Single-entity**
- **Co-packaged**
- **Cross-labelled**