

# The New Rules of CMO-Sponsor Collaboration



INSPECTION TRENDS, SHARED RISK, AND THE PATH TO PREDICTIVE QUALITY INSIGHTS FROM QUALITY LEADERS:



The contract manufacturing industry is at an inflection point. The regulatory stakes at CMO facilities have never been higher as sponsors accelerate outsourcing, driven by complex biologics, distributed supply chains, and sustained innovation activity.

This is a Redica Systems analysis of 168 innovator CMO sites using FDA inspection data from 2022–2025, alongside perspectives from quality leaders at Thermo Fisher/Patheon, Sentrx, Fujifilm Diosynth, and Boehringer Ingelheim during a [December 2025 Redica webinar](#).

168

CMO sites analyzed

0

Warning Letters

2-3x

More MRA inspections

12-18 mo.

Before PAI outcomes determined

## Six structural shifts define the current environment:

- 1 Communication and trust** are the foundation of every high-performing sponsor-CMO relationship, and the single most consistent predictor of inspection resilience
- 2 Innovator CMO inspections** are more frequent, longer, and more rigorous than non-CMO sites, yet have avoided warning letters across 2022–2025
- 3 Facilities & Equipment** has surged to become the fastest-growing 483 observation category, driven by Annex 1 adoption, isolator transitions, and aging infrastructure
- 4 483 accountability is genuinely shared.** Many observations issued to CMOs originate from sponsor-side decisions, such as misaligned filings or accepted quality gaps
- 5 MRA inspections occur 2–3x more frequently at innovator CMO sites,** and regulatory cooperation is reducing duplicative PAI inspections for high-track-record facilities
- 6 Predictive analytics and digital maturity** are becoming competitive differentiators, with leading organizations now able to forecast likely inspection topics before audits begin

## Communication and Trust: The Foundation

Every substantive problem in the sponsor-CMO relationship, including misaligned filings, disputed deviation write-ups, unproductive PIP deployments, 483 responses that spiral, traces back to the same root cause: assumptions that were never tested. Sponsors assume their CMO operates the way they do internally, while CMOs assume sponsors understand how their quality systems are structured. Both sides assume that silence equates to alignment.

The antidote isn't more oversight, it's deliberate communication. Knowing specifically who at the CMO owns which aspects of the work, identifying channels for specific categories of issue, and creating a culture where raising a concern early is better than waiting for it to become a problem are all habits that need to be established at the start of a program. This requires sponsors to accept some discomfort, such as being willing to see work in progress, to engage before conclusions are final, and to treat the relationship as genuinely collaborative rather than transactional.

“Don't assume. Ask the questions, have that strong communication upfront, and then be open to dialogue—because on the CMO side, we see a lot of different products, a lot of different pipelines, a lot of different ways of doing things. That communication could actually give you better outcomes.”

— Robin, Global VP Quality, Regulatory Affairs and EH&S at Thermo Fisher Scientific, PSG

CMOs also offer a learning advantage that sponsors rarely take advantage of: cross-client visibility across dozens of programs and hundreds of products. A sponsor engaged in genuine dialogue can access pattern recognition that no single organization, however large, can develop on its own. The CMO has almost certainly encountered the problem before and may already know what works.

### Trust Is Built Before It's Needed

Joint quality review cadences, defined escalation paths, shared performance metrics, clear RACI for quality decisions, and all governance structures that hold a relationship together under pressure, must be established before problems arise. Relationships built on trust constructed during a crisis are fragile, but relationships built on trust established at a program's initiation are durable.

The quality agreement is the natural vehicle for encoding this operating model. As a working governance document (not a contractual formality), it defines who makes which decisions, when escalation is required, and how performance will be measured. For both sponsors and CMOs, the discipline of building this structure at kickoff, rather than in response to the first significant deviation, is one of the highest-return investments you can make.

## The Innovator CMO Inspection Landscape

Innovator CMOs, facilities whose primary mission is supporting sponsors' innovation pipelines, face a materially different inspection environment than the broader pharmaceutical manufacturing sector. Redica's analysis of 168 such sites over 2022–2025 finds consistent, measurable differences across every inspection dimension.

<b>Higher</b> Inspection Frequency	<b>Longer</b> Inspection Duration	<b>Higher</b> 483 Rate	<b>Zero</b> Warning Letters
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The combination of elevated 483 rates with zero warning letters signals that innovator CMOs, despite receiving more observations, are responding effectively, demonstrating corrective action systems strong enough to satisfy agency reviewers without escalation.

Pre-approval inspections represent a higher share of total inspections at innovator CMO sites, consistent with the volume of sponsor programs moving through clinical-to-commercial transitions. That share is declining as Mutual Recognition Agreements mature. Innovator CMO sites are 2–3x more likely to be subject to MRA inspections than non-CMO sites, and agencies are increasingly relying on partner authority findings even for pre-approval reviews at facilities with strong compliance track records. Consistent readiness across all major regulatory standards, not just FDA, is a prerequisite, not an aspiration.

## The Rise of Facilities & Equipment Observations

Historically, documentation deficiencies and CAPA gaps led 483 observation charts at innovator CMO sites, but that reality has shifted. Facilities & Equipment (F&E) is now the fastest-growing observation category, driven by three converging pressures.

A substantial share of global pharmaceutical manufacturing capacity operates in aging buildings with aging equipment. These facilities can be maintained fully in compliance, but require more intensive maintenance programs and rigorous documentation—precisely the areas inspectors scrutinize. Organizations with older facilities should treat proactive condition assessment as a compliance investment, not a capital expense.

“The move to Annex 1, new lines coming on board, the move to isolator technology—the frequency at which facilities are getting deeper inspections just follows the trend of what’s going on in the market.”

— Dawn, Global Compliance and Regulatory Affairs at Simtra

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## Annex 1 Adoption

The EU's revised Annex 1 guideline on sterile manufacturing, effective August 2023, imposes comprehensive contamination control strategy requirements and elevated aseptic processing standards. Facilities inspected against these requirements —by FDA, MHRA, or EMA —face a significantly more rigorous lens than prior guidance demanded.

## Isolator Transition

The industry-wide migration from conventional cleanrooms to isolator technology involves complex qualification and validation programs. Post-COVID capacity expansions accelerated many of these transitions, with new lines and renovated facilities returning to service on compressed timelines. Those facilities are now being inspected, and qualification gaps, operator training deficiencies, and interface issues with adjacent equipment are generating observations.

## Shared Risk, Shared Accountability

A 483 observation is issued to the CMO, but many observations at innovator CMO sites originate from decisions made on the sponsor side: filings that don't reflect the process as actually executed, inadequate control strategies from insufficient process development, or explicit pressure to accept known quality gaps. Understanding where accountability genuinely lives is the first step toward managing it.

### The Quality Unit Independence Risk

One of the more consequential accountability risks arises when sponsors over-influence deviation write-ups. If two similar deviations with the same process and root cause result in different conclusions because different sponsors shaped the investigation, an experienced inspector will notice the inconsistency. The inference is that the quality unit's conclusions reflect external pressure rather than independent professional judgment, which is a direct regulatory flag for both FDA and MHRA.

“If you get two different outcomes or two different solutions to the same problem, what that starts to indicate is that your quality unit's not strong enough in its own right.”

— Helen Bickley, VP, Quality Operations at Fujifilm Diosynth Biotechnologies

The correct model is one where sponsors contribute product knowledge to deviation investigations while the CMO owns the write-up, root cause conclusion, and corrective action. The practical test is simple: if the sponsor were replaced by a different sponsor, would the CMO reach the same quality decision? If not, independence is compromised.

## When a 483 Lands: The Dual-Track Response

When a CMO receives a 483, two simultaneous tracks begin immediately.

### Track 1: Agency Response

- CMO has 15 business days to submit a **comprehensive written response** that represents its best work
- This document will **define the agency's assessment of quality system credibility**
- **Every available SME is pulled into that effort**, as it's the primary focus.

### Track 2: Sponsor Communication

- **Notifying affected clients** of the observation
- **Assessing program-specific impact** for each sponsor
- **Scheduling calls and answering questions**, all while the response is being drafted

Sponsors who understand this dynamic extend patience during the immediate post-483 period. Demanding answers within hours, escalating before the CMO has had time to assess impact, or pressuring for reassurance before the facts are established creates friction exactly when the CMO needs to focus. The relationships that navigate 483s most effectively are those where trust was established long before the observation was issued, and where a CMO can say “we'll get you a full briefing by Friday” and the sponsor accepts that without alarm.

The PAI vs. routine inspection distinction also matters here. When a 483 follows a pre-approval inspection, sponsor involvement in the response is generally appropriate and expected. After all, their program is directly on the line, and their product knowledge is material to the response. For routine facility inspections with observations that don't directly affect a specific program, the priority is a clear and timely notification that either confirms no impact or describes the nature of any indirect exposure.

## Risk Alignment Must Happen at Kickoff

Risk appetite conversations must be explicit, documented, and revisited at program milestones, not raised for the first time during PPQ or PAI preparation. By then, the decisions that determine inspection outcomes were made 12–18 months earlier. For a novel drug in early clinical stages, a somewhat elevated risk tolerance may be appropriate, but the standards are different for a biosimilar approaching commercial launch. It's important for both parties to know which situation they're in.

## What Makes Sponsor-CMO Relationships Work

The structural complexity of the CMO environment makes relationship quality a direct compliance variable. Organizations that establish the right practices before problems arise navigate inspections more successfully than those that build programs in response to crisis.

### Person-in-Plant: When It Works

Person-in-Plant programs add genuine value in specific situations: program startup and first batches, PAI preparation and execution, and time-bound remediation support when a program has entered an escalated governance status. They erode value when deployed as permanent surveillance, when PIP representatives develop over-familiarity that compromises objectivity, or when they substitute for governance rather than supplement it.

That last point is critical. A PIP only functions well when the broader governance structure, including the regular joint review cadences, defined escalation paths, shared performance metrics, is already healthy. Deploying a PIP into a relationship that lacks that foundation doesn't fix the governance deficit; it band-aids over it while creating new risks around independence and objectivity.

“Bad behavior is you're just there as a police. Make sure you also maintain your governance — because sometimes people become too familiar, and if they're too familiar, then you don't get the right answer.”

— Robin, Global VP Quality, Regulatory Affairs and EH&S at Thermo Fisher Scientific, PSG

### A Framework for Small Biotechs

Small biotechs face the same regulatory environment as large sponsors but with fundamentally different resources, and the operating model needs to reflect that. The first conversation with any CMO partner should establish what the program is being built for. A commercial launch trajectory requires different quality architecture than a licensing or acquisition milestone, and CMOs need to calibrate accordingly.

In practice, resource-constrained sponsors should retain direct oversight of regulatory filings accuracy, product knowledge input to deviations, and major change control review. Major deviation investigations and first-batch record review are appropriately shared. Routine SOPs, subsequent batch records, and minor deviations can be delegated with defined notification thresholds that loop the sponsor back in when performance trends shift. Requesting site performance metrics (deviation rates, CAPA closure times, environmental monitoring trends) allows sponsors to concentrate oversight where it matters most.

# The Digital Maturity Imperative

Quality organizations best positioned for the next phase of this environment have treated digital infrastructure as a strategic priority for years. The maturity arc runs from basic data aggregation through advanced pattern detection, to real-time process monitoring and predictive inspection readiness.

Leading CMOs are now capable of identifying likely FDA audit topics before an inspection begins, using historical inspection data combined with live operational signals. Achieving that capability requires years of upstream investment: standardizing root cause taxonomy across products and sites, connecting quality management systems so data flows across modules, and building the data science capability to interpret what the models surface.

“You have to do your homework over a couple of years to build the digital foundation. We are now able to come close to a prediction where we can foresee, based on data from our sites, what are going to be potential inspection topics in the future.”

— Jörg, VP, Head of Global Quality BioPharma at Boehringer Ingelheim

The critical insight is that predictive quality capability is built on data engineering, not AI. LLMs are the last mile, useful for explainability and synthesis, but entirely dependent on the foundation beneath them. Standardizing repeat deviation analysis, linking quality systems, and cleaning historical records are unglamorous work, but they are unquestionably the work on which everything else is built. Organizations that have not started this are accumulating a compounding disadvantage.

The cross-portfolio visibility across programs held by CMOs is a structural data advantage that sponsors cannot replicate. The organizations converting that tribal knowledge into structured, searchable data are creating a quality advantage that compounds with each new program.



**"Relationships built on trust constructed during a crisis are fragile, but relationships built on trust established at a program's initiation are durable."**

## What Separates the Leaders

Quality in the innovator CMO environment has officially become a strategic differentiator. CMOs with robust quality cultures attract better sponsors, retain them longer, and navigate inspections more successfully. Sponsors who invest in genuine relationships with their CMO partners by sharing information, aligning on risk early, and building governance before problems emerge achieve measurably better outcomes than those who manage the relationship at arm's length.

The data and the practitioner experience point in the same direction: communication discipline, F&E readiness, accountability clarity, and digital investment are mutually reinforcing dimensions of a quality organization built to perform under the conditions that the current regulatory environment creates. Site Intelligence Cloud gives quality and regulatory teams the inspection data, intelligence, and predictive analytics to surface risk before it becomes a 483, and turns regulatory complexity into a source of competitive advantage. The CMOs who act on this now will define the standard that others are measured against.

01	Assess F&E readiness against Annex 1 now. Document your remediation timeline before an inspection surfaces the gap.
02	Hold the risk alignment conversation at program kickoff. Establish agreed risk tolerance, quality decision authority, and escalation paths before manufacturing begins.
03	Design PIP programs with defined purpose and duration. Ensure governance structures remain active alongside any embedded presence.
04	Build the data foundation this year. Standardize deviation taxonomy, connect quality systems, and clean historical data. Predictive capability follows from this work—it doesn't precede it.
05	Use the quality agreement as a working governance document. Define who owns which decisions, at which frequency, and what triggers escalation—then operate accordingly.

## About Redica

Redica is the Intelligence Cloud for life sciences, transforming regulatory complexity into connected, proactive intelligence. Our platform helps the world's leading pharmaceutical and medical device companies stay inspection-ready, manage supplier risk, and keep pace with evolving global regulations. Built on the Redica Catalyst Platform and powered by Redica ID, we unify the industry's most complete regulatory and inspection datasets, sourced from hundreds of global health authorities, into trusted intelligence for quality and regulatory teams. The Redica Intelligence Cloud brings data together to anticipate risk, accelerate compliance, and enable smarter, faster decisions across the enterprise.

**Learn how Site Intelligence Cloud turns inspection data into a competitive advantage for your CMO relationships.**