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31 May 2008

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Ref: ICH Topic Q8 Annex, Pharmaceutical Development; Annex to Note for Guidance on Pharmaceutical Development (EMA/CHMP/ICH/518819/2007)

Dear Sir/Madam;

Parenteral Drug Association (PDA) is pleased to provide comments on ICH Topic Q8 Annex, Pharmaceutical Development. PDA is a non-profit international professional association of more than 10,500 member having an interest in the fields of pharmaceutical, biologics, and medical device development, manufacturing and quality.

Our comments were prepared by an expert group of members with practical experience in the area of pharmaceutical/biopharmaceutical development, and are detailed in the attached table. For ease of reference, we have also attached a copy of the Annex with line numbers added.

In addition to our detailed comments we mention the following general points:

- Much of the content of the Annex is a restatement of the parent guideline (ICH Q8, Pharmaceutical Development). It would be helpful to users if the parent guideline and much of the Annex were combined, leaving the actual case studies/examples as the resulting Annex.
- The Annex often suggests that development is either univariate or multivariate. In actual practice, most development activities occur over a continuum, not as an "either/or" approach.
- The general principles described in the Annex apply to biologics and sterile drug products as well as solid dosage forms. However, few examples are provided for these types of products. It would be useful to include illustrative examples for sterile dosage forms.

PDA appreciates the opportunity to support the development of this guidance. Our contact going forward is James Lyda, PDA Europe, lyda@pda.org.

With very best regards,

// (signed)//

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Enc.: Q8(R1) with line numbers
Comment Table
Drawing: Knowledge Space

Cc: Z. Kaufman, S. Mendivil, S. Nema, J. Lyda, R. Levy, R. Dana

ICH Q8 (R) PDA Comments

<u>PDA Final Comments to EMEA - ICH Q8 Annex - 31 May 2008</u>		
Line Number*	Comment & Rationale	Proposed Change
General comment	This guidance is an annex to ICH Q8 Pharmaceutical Development and provides further clarification of key concepts outlined in the core guideline. Much of the annex is actually a part of the parent guidance. It may be clearer to users if the parent guidance was expanded to include most of the annex leaving only the actual case studies/examples as an annex.	Combine parent guideline and appendix
19-20	The wording "An applicant might choose either an empirical approach or a more systematic approach to product development" suggests an either/or approach when it would be more appropriate to characterize the implementation of available tools used in product development as a continuum.	Suggest alternative wording: " Multiple approaches may be followed in product development, ranging from a minimalist approach using experiments on a single variable at a time to a more holistic, systematic, multivariate approach."
83-85	An existing draft FDA Guidance also uses the term "Target Product Profile" but with a different meaning (Reference: Guidance for Industry and Review Staff: Target Product Profile - A Strategic Development Process Tool; March 2007).	Clearly define the term "Target Product Profile" in the Glossary section.
161	It would be useful to include a diagram which illustrates an example of where an input variable or process parameter need not be included in the design space because the particular attribute or parameter has no influence on CQAs.	Either include a diagram/example of where an input variable or process parameter need not be included in the design space or, alternatively, modify the sentence to "no significant effect" A suggested diagram is included as an attachment to our comments.
162	In the sentence "An input... over the <u>full potential range of operation</u> " requires clear definition especially with regard to the control strategy. The phrase "full potential range of operation" can be interpreted multiple ways. For example, if the focus is on <i>full potential</i> range, this could mean the potential range of the equipment (regardless of the desired process) including the zone of potential failure. If focus is on <i>potential range</i> , it may be intended more narrowly as the proven acceptable range (the upper and lower limits between which the CQAs can still be achieved) or even more narrowly to the extremes of the normal operating range meaning the upper and lower limits between which the parameter or attribute would be routinely controlled during production.	Suggest that "full potential range of operation" be defined in Glossary. Alternatively, suggest wording that may require less interpretation such as "...over the maximum normal operating range that would be used in routine production".

ICH Q8 (R) PDA Comments

Line Number*	Comment & Rationale	Proposed Change
210-214	Title of section suggests a comparison/contrast will be made. In fact, little contrast is developed.	Suggest section begin with a definition of design space (from Q8) emphasizing that a design space is characterized by the simultaneous consideration of multiple dimensions and interactions of input variables and process parameters that have been demonstrated to provide assurance of quality.
232	Stating "A comprehensive pharmaceutical development approach will generate process and formulation understanding that identifies sources of variability" again suggests a binary approach to development when it should be characterized as a continuum. [see comments on lines 19 and 20 above]	Suggest "The more comprehensive the pharmaceutical development approach, the more understanding the manufacturer can have of sources of variability in the processing and formulation of the product."
363-364	The phrase "... while keeping other parameters constant,..." is not required, especially if multivariate analysis was used to determine the operating range. As currently written, the definition is inconsistent with DOE concepts.	Delete the phrase "while keeping other parameters constant". Alternatively, use the PQRI definition which is, "A characterized range at which a process parameter may be operated within, while producing unit operation material or final product meeting release criteria and Critical Quality Attributes."
8	Most of the examples provided relate to solid dosage forms.	As this text is in the introduction to the document, it needs to be clear that the document applies to all dosage forms and not just solid oral products. It would be helpful if other types of dosage forms were included as examples throughout.
19	"Empirical" approach". The word "empirical" is open to interpretation.	Replace the phrase "empirical approach" with the phrase "univariate approach"
20 - 27	The sentences "A more systematic approach to development (also defined as quality by design) can include, for example, incorporation of prior knowledge, results of studies using design of experiments, use of quality risk management, and use of knowledge management (see ICH Q10) throughout the lifecycle of the product. Such a systematic approach can enhance the process to achieve quality and help the regulators to better understand a company's strategy. Product and process understanding can be updated with the knowledge gained over the product lifecycle" are problematic in that companies already use prior knowledge to some extent in developing new products. The systematic approach doesn't enhance the process: it provides information to understand and better define the design space. The purpose is to help the regulators understand a company's control strategy.	Revise to read "The decision to use a systematic approach to development usually involves a combination of methodical review of data from prior knowledge, studies using concepts such as DOE, risk management and formal knowledge management and data handling systems. The use of such a systematic approach will enhance product and process quality thus providing regulators with a better understanding of a company's control strategy. Such information can provide a sound basis for allowing a company greater flexibility in making change control decisions."

ICH Q8 (R) PDA Comments

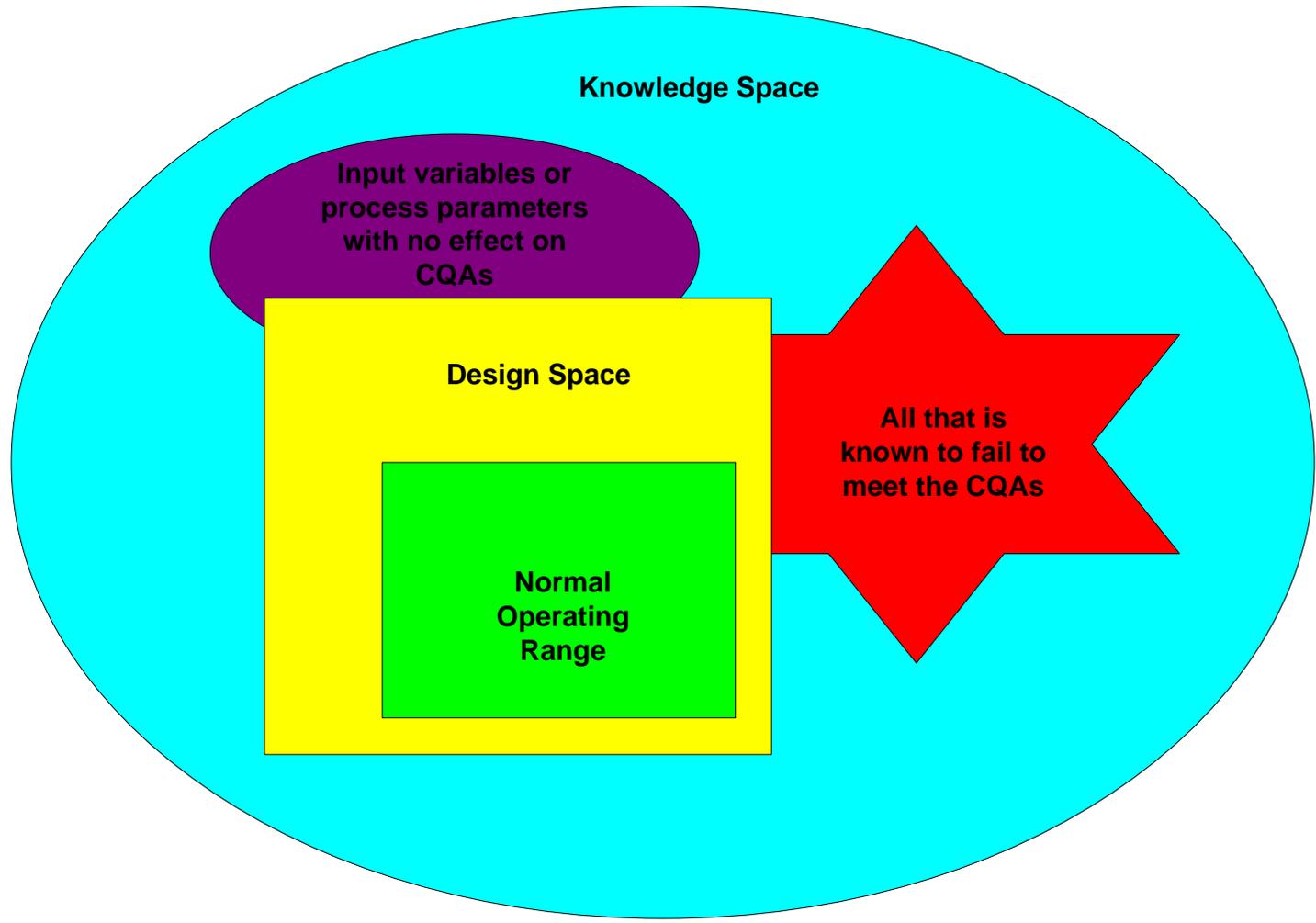
Line Number*	Comment & Rationale	Proposed Change
30	The sentence "The degree of regulatory flexibility is predicated on the level of relevant scientific knowledge provided in the registration application." does not agree with concepts outlined in the parent Q8 document. PDA members' experience suggests that regulatory flexibility is based on three factors: product and process understanding, justification for design space, and effective and robust quality systems.	Revise to read either "The degree of regulatory flexibility is predicated, amongst other factors, on the level of relevant scientific knowledge provided in the registration application." or "The degree of regulatory flexibility is predicated on the level of relevant scientific knowledge provided in the registration application, <i>the justification presented for design space and the regulatory authority acceptance of process control as determined through application review and inspections.</i> "
48	Critical quality attributes of the drug substance should be determined- these can then be used as process inputs to the drug product manufacturing process.	Change wording to "Determining the <u>critical</u> quality attributes of the drug substance, excipients, etc....."
59	The last two bullets (lines 59 and 68) are introduced (on lines 56-57) as being additional to rudimentary product development and the basis of a QbD approach. The aspects that make them unique to QbD should be emphasized.	Suggest alternative wording "Establishment of a design space via a systematic evaluation, understanding and refining of the formulation and manufacturing process, including:"
76	Section 2 of the Revision is to describe elements of an enhanced approach to Pharmaceutical Development. Title of section should be accurately described in title.	Suggest "Elements of a Systematic Approach to Pharmaceutical Development"
83	"Target Product Profile" Is this a universal term?	Need to put definition in Glossary.
116-118	Identifying CQAs in the TPP may not be possible with the limited amount of data initially available.	Revise text to state "Potential critical quality attributes are used to guide the product and process development. These can be identified via TPP or prior knowledge."
130	"Risk assessment may be performed at any point in the product life cycle."	" <i>A risk assessment may be performed at any stage in pharmaceutical development and it can be helpful to repeat the risk assessment as information and greater knowledge become available.</i> "
137	The list of process parameters doesn't change, but their classification as non-critical, key or critical is made as process knowledge is gained.	Reword this sentence to: "The initial list of parameters can be quite extensive, but it can be narrowed by means of prioritizing them for further study (e.g., through a combination of design of experiments, mathematical models, or studies that lead to mechanistic understanding) to achieve a higher level of process understanding."
233	"critical sources of variability that can lead to product failure...." Appears to contradict statement that design space does not need to address edge of failure.	Replace "Critical sources of variability lead to product failure..." with "Critical sources of variability that can impact product quality"...
269	"A control strategy can include <u>redundant</u> ..." Remove "redundant or" from this sentence.	Revise text to "A control strategy can include alternative elements ..."

ICH Q8 (R) PDA Comments

Line Number*	Comment & Rationale	Proposed Change
310-311	"...functional relationships linking material attributes to product CQAs..." Should also include process parameters."	Change to "...functional relationships linking material attributes <u>and process parameters</u> to product CQAs..."
381	Use of "empirical" in the Appendix 1 table (Minimal Approach relating to Overall Pharmaceutical Development) is problematic and may lead to inconsistent interpretations.	Suggest characterizing Minimal Approach as "Data intensive" instead of "mainly empirical" because QbD is empirical as well, but the experiments may be more complex. In contrast, suggest characterizing QbD approach as "Knowledge intensive"
381	Using a Table to contrast the Minimal Approach versus the QbD approach suggests an either/or decision when it would be better presented as a continuum of approaches using various tools.	Present as a continuum clarifying that the two extremes are presented but sponsors may choose a variety of approaches in between with science and risk based regulatory approaches a greater possibility as companies invest more in a comprehensive understanding of the processes.
437-460	For Figures 1 and 2, would be more useful if real examples of what "Parameter 1 and 2" might be, even if hypothetical.	Provide actual examples of what "Parameter 1 and 2" might be.
24	Since a QbD approach is better described as a continuum, the sentence "Such a systematic approach can enhance..." needs to be modified slightly. Eliminate reference to a particular, single systematic approach"	Suggest "A more systematic approach can enhance..."
68-70	"... establish an appropriate control strategy which can, for example, include a proposal for design space(s)....." The control strategy is part of the design space. As such, it shouldn't necessarily drive how the design space is defined, but rather be an output of it.	Change to: "...establish an appropriate control strategy as part of the proposed design space(s)....."
85	Prospective and dynamic	Delete dynamic. Rationale: If it is dynamic then it can't be prospective because it will change over the entire product lifecycle including after regulatory submission

ICH Q8 (R) PDA Comments

Line Number*	Comment & Rationale	Proposed Change
152	"The risk assessment and process development experiments described in Section 2.3 can not only lead to an understanding of the linkage and effect of process inputs on product CQAs, but also help identify the variables and their ranges within which consistent quality can be achieved." The revision is suggested for clarity.	"The risk assessment and process development experiments described in Section 2.3 <i>may</i> lead to an understanding of the linkage and effect of process inputs on product CQAs, <i>and</i> also help identify the variables and their ranges within which consistent quality can be achieved."
240	Variability of raw materials is only one factor that can affect product / process quality	Add e.g. so the sentence reads "... will support the control of process parameters so that, e.g., the variability of raw materials..."
256	Add Proven Acceptable Range (PARs) for process parameters. With all the QbD work performed, PAR should be one of the primary means to achieve control.	Add PARs for process parameters.
388	Delete "all". Even the best risk assessment cannot ensure that "all" potential variables are considered.	Delete "all"
398-417	Ishikawa diagram uses abbreviations without defining what they are.	Suggest providing footnotes describing what the abbreviations P.S., LOD, and RH stand for.
428	Diagram uses abbreviations without defining what they are	Suggest "(IMC)" in Initial moisture content cell (upper left cell) and so on for "Temp" and "MPS"
467	Figure 3 could be more useful if it more clearly depicted the interrelationships between design space and the appropriate control space. The text for the Figure suggests that the control limits should be set to avoid excessive impurity formation and excessive particle attrition, but it would be beneficial to depict how the control limits correspond with the design space limits. Are the control limits set at the upper and lower limits of the design space or slightly inside them?	Suggest optimizing the example by including control limits in addition to design space limits. The example may want to illustrate that control limits can be set same as Design space limits or within the upper or lower Design space limit.
*Line numbers refer to FDA version of Q8R (submitted with these comments)		



Knowledge Space

**Input variables or
process parameters
with no effect on
CQAs**

Design Space

**Normal
Operating
Range**

**All that is
known to fail to
meet the CQAs**

Q8(R1) Pharmaceutical Development Revision 1

This draft guidance, when finalized, will represent the Food and Drug Administration's (FDA's) current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statutes and regulations. If you want to discuss an alternative approach, contact the FDA staff responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call the appropriate number listed on the title page of this guidance.

For questions regarding this draft document contact (CDER) Moheb Nasr 301-796-1900, or (CBER) Christopher Joneckis 301-435-5681.

Topic Reference: Q8 (R1)
Subject: Pharmaceutical Development Revision 1

Draft No. 8.1 Dated: 1 November 2007

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1 1. Introduction

2
3 This guidance is an annex to ICH *Q8 Pharmaceutical Development* and provides
4 further clarification of key concepts outlined in the core guideline. In addition, this
5 annex describes the principles of quality by design (QbD). The annex is not intended
6 to establish new standards; however, it shows how concepts and tools (e.g., design
7 space) outlined in the parent Q8 document could be put into practice by the applicant
8 for all dosage forms. Where a company chooses to apply quality by design and quality
9 risk management (ICH Q9, Quality Risk Management), linked to an appropriate
10 pharmaceutical quality system, then opportunities arise to enhance science- and risk-
11 based regulatory approaches (see ICH Q10, Pharmaceutical Quality Systems).
12

13 1.1. Approaches to Pharmaceutical Development

14
15 In all cases, the product should be designed to meet patients' needs and the intended
16 product performance. Strategies for product development vary from company to
17 company and from product to product. The approach to, and extent of, development
18 can also vary and should be outlined in the submission. An applicant might choose
19 either an empirical approach or a more systematic approach to product development.
20 An illustration of the potential contrasts of these approaches is shown in Appendix 1. A
21 more systematic approach to development (also defined as quality by design) can
22 include, for example, incorporation of prior knowledge, results of studies using design
23 of experiments, use of quality risk management, and use of knowledge management
24 (see ICH Q10) throughout the lifecycle of the product. Such a systematic approach can
25 enhance the process to achieve quality and help the regulators to better understand a
26 company's strategy. Product and process understanding can be updated with the
27 knowledge gained over the product lifecycle.
28

29 A greater understanding of the product and its manufacturing process can create a
30 basis for more flexible regulatory approaches. The degree of regulatory flexibility is
31 predicated on the level of relevant scientific knowledge provided in the registration
32 application. It is the knowledge gained and submitted to the authorities, and not the
33 volume of data collected, that forms the basis for science- and risk-based submissions
34 and regulatory evaluations. Nevertheless, appropriate data demonstrating that this
35 knowledge is based on sound scientific principles should be presented with each
36 application.
37

38 Pharmaceutical development should include, at a minimum, the following elements:
39

- 40 • Defining the target product profile as it relates to quality, safety and efficacy,
41 considering e.g., the route of administration, dosage form, bioavailability,
42 dosage, and stability
- 43
- 44 • Identifying critical quality attributes (CQAs) of the drug product, so that those
45 product characteristics having an impact on product quality can be studied and
46 controlled
- 47
- 48 • Determining the quality attributes of the drug substance, excipients etc., and
49 selecting the type and amount of excipients to deliver drug product of the
50 desired quality
- 51
- 52 • Selecting an appropriate manufacturing process

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- Identifying a control strategy

An enhanced, quality by design approach to product development would additionally include the following elements:

- A systematic evaluation, understanding and refining of the formulation and manufacturing process, including:
 - Identifying, through e.g., prior knowledge, experimentation, and risk assessment, the material attributes and process parameters that can have an effect on product CQAs
 - Determining the functional relationships that link material attributes and process parameters to product CQAs
- Using the enhanced process understanding in combination with quality risk management to establish an appropriate control strategy which can, for example, include a proposal for design space(s) and/or real-time release

As a result, this more systematic approach could facilitate continual improvement and innovation throughout the product lifecycle (See ICH Q10 Pharmaceutical Quality System).

2. Elements of Pharmaceutical Development

The section that follows elaborates, by means of description and example, possible approaches to gaining a more systematic, enhanced understanding of the product and process under development. The examples given are purely illustrative and are not intended to create new regulatory requirements.

2.1 Target Product Profile

A target product profile is a prospective and dynamic summary of the quality characteristics of a drug product that ideally will be achieved to ensure that the desired quality, and hence the safety and efficacy, of a drug product is realised. The target product profile forms the basis of design for the development of the product.

Considerations for the target product profile should include:

- Dosage form and route of administration
- Dosage form strength(s)
- Therapeutic moiety release or delivery and pharmacokinetic characteristics (e.g., dissolution; aerodynamic performance) appropriate to the drug product dosage form being developed
- Drug product quality criteria (e.g., sterility, purity) appropriate for the intended marketed product.

2.2 Critical Quality Attributes

A critical quality attribute (CQA) is a physical, chemical, biological, or microbiological property or characteristic that should be within an appropriate limit,

104 range, or distribution to ensure the desired product quality. CQAs are generally
105 associated with the drug substance, excipients, intermediates, and drug product.

106
107 Drug product CQAs include the properties that impart the desired quality, safety, and
108 efficacy. CQAs of solid oral dosage forms are typically those aspects affecting
109 product purity, potency, stability, and drug release. CQAs for other delivery systems
110 can additionally include more product specific aspects, such as aerodynamic properties
111 for inhaled products, sterility for parenterals, and adhesive force for transdermal
112 patches. For drug substances or intermediates, the CQAs can additionally include
113 those properties (e.g., particle size distribution, bulk density) that affect downstream
114 processability.

115
116 Drug product CQAs are used to guide the product and process development. Potential
117 drug product CQAs can be identified from the target product profile and/or prior
118 knowledge. The list of potential CQAs can be modified when the formulation and
119 manufacturing process are selected and as product knowledge and process
120 understanding increase. Quality risk management can be used to prioritize the list of
121 potential CQAs for subsequent evaluation. Relevant CQAs can be identified by an
122 iterative process of quality risk management and experimentation that assesses the
123 extent to which their variation can have an impact on the quality of the drug product.

124 125 **2.3 Linking Material Attributes and Process Parameters to CQAs – Risk** 126 **Assessment**

127
128 Risk assessment is a valuable science-based process used in quality risk management
129 (see ICH Q9) that can aid in identifying which material attributes and process
130 parameters have an effect on product CQAs. While the risk assessment is typically
131 performed early in the pharmaceutical development, it can be helpful to repeat the risk
132 assessment as information and greater knowledge become available.

133
134 Risk assessment tools can be used to identify and rank parameters (e.g., operational,
135 equipment, input material) with potential to have an impact on product quality based
136 on prior knowledge and initial experimental data. For an illustrative example, see
137 Appendix 2. The initial list of potential parameters can be quite extensive, but is likely
138 to be narrowed as process understanding is increased. The list can be refined further
139 through experimentation to determine the significance of individual variables and
140 potential interactions. Once the significant parameters are identified, they can be
141 further studied (e.g., through a combination of design of experiments, mathematical
142 models, or studies that lead to mechanistic understanding) to achieve a higher level of
143 process understanding.

144 145 **2.4 Design Space**

146
147 The linkage between the process inputs (input variables and process parameters) and
148 the critical quality attributes can be described in the design space.

149 150 **2.4.1 Selection of variables.**

151
152 The risk assessment and process development experiments described in Section 2.3
153 can not only lead to an understanding of the linkage and effect of process inputs on
154 product CQAs, but also help identify the variables and their ranges within which
155 consistent quality can be achieved. These input variables can thus be selected for

156 inclusion in the design space.

157

158 An explanation should be provided in the application to describe what variables were
159 considered, how they affect the process and product quality, and which parameters
160 were included or excluded in the design space. An input variable or process parameter
161 need not be included in the design space if it has no effect on delivering CQAs when
162 the input variable or parameter is varied over the full potential range of operation. The
163 control of these variables would be under good manufacturing practices (GMP).
164 However, the knowledge gained from studies should be described in the submission.

165

166 **2.4.2 Defining and describing a design space in a submission**

167

168 A design space can be defined in terms of ranges of input variables or parameters, or
169 through more complex mathematical relationships. It is possible to define a design
170 space as a time dependent function (e.g., temperature and pressure cycle of a
171 lyophilisation cycle), or as a combination of variables such as principal components of
172 a multivariate model. Scaling factors can also be included if the design space is
173 intended to span multiple operational scales. Analysis of historical data can provide
174 the basis for establishing a design space. Regardless of how a design space is
175 developed, it is expected that operation within the design space will result in a product
176 meeting the defined quality attributes.

177

178 Examples of different potential approaches to presentation of a design space are
179 presented in Appendix 2.

180

181 **2.4.3 Unit operation design space(s)**

182

183 The applicant can choose to establish independent design spaces for one or more unit
184 operations, or to establish a single design space that spans multiple operations. While a
185 separate design space for each unit operation is often simpler to develop, a design
186 space that spans the entire process can provide more operational flexibility. For
187 example, in the case of a drug product that undergoes degradation in solution before
188 lyophilisation, the design space to control the extent of degradation (e.g.,
189 concentration, time, temperature) could be expressed for each unit operation, or as a
190 sum over all unit operations.

191

192 **2.4.4 Relationship of design space to scale and equipment**

193

194 When defining a design space, the applicant should keep in mind the type of
195 operational flexibility desired. A design space can be developed at small scale or pilot
196 scale. The applicant should justify the relevance of a design space developed at small
197 or pilot scale to the proposed production scale manufacturing process and discuss the
198 potential risks in the scale-up operation.

199

200 If the applicant wishes the design space to be applicable to multiple operational scales,
201 the design space should be described in terms of relevant scale-independent
202 parameters. For example, if a product was determined to be shear sensitive in a mixing
203 operation, the design space could include shear rate, rather than agitation rate.

204 Dimensionless numbers and/or models for scaling also can be included as part of the
205 design space description.

206

207 The creation of a design space can be helpful for technology transfer or site changes.

208 The subsequent regulatory processes will be region-specific.

209

210 **2.4.5 Design space versus proven acceptable ranges**

211

212 A combination of proven acceptable ranges does not constitute a design space.

213 However, proven acceptable ranges based on univariate experimentation can provide
214 some knowledge about the process.

215

216 **2.4.6 Design space and edge of failure**

217

218 It can be helpful to know where edges of failure could be, or to determine potential
219 failure modes. However, it is not an essential part of establishing a design space.

220

221 **2.5 Control Strategy**

222

223 A control strategy is designed to consistently ensure product quality.

224

225 The elements of the control strategy discussed in Section P.2 of the dossier should
226 describe and justify how in-process controls and the controls of input materials (drug
227 substance and excipients), container closure system, intermediates and end products
228 contribute to the final product quality. These controls should be based on product,
229 formulation and process understanding and should include, at a minimum, control of
230 the critical parameters and attributes.

231

232 A comprehensive pharmaceutical development approach will generate process and
233 formulation understanding that identifies sources of variability. Critical sources of
234 variability that can lead to product failures should be identified, appropriately
235 understood, and managed or controlled. Understanding sources of variability and their
236 impact on downstream processes or processing, intermediate products and finished
237 product quality can provide flexibility for shifting of controls upstream and minimise
238 the need for end product testing. This process understanding, in combination with
239 quality risk management (see ICH Q9), will support the control of process parameters
240 so that the variability of raw materials can be compensated for in an adaptable process
241 to deliver consistent product quality.

242

243 This process understanding enables an alternative manufacturing paradigm where the
244 variability of input materials might not need to be tightly constrained. Instead it can be
245 possible to design an adaptive process step (a step that is responsive to the input
246 materials) to ensure consistent product quality.

247

248 Enhanced understanding of product performance can justify the use of surrogate tests
249 or support real-time release in lieu of end-product testing. For example, disintegration
250 could serve as a surrogate for dissolution for fast-disintegrating solid forms with
251 highly soluble drug substances. Unit dose uniformity performed in-process (e.g.,
252 using weight variation coupled with near infrared (NIR) assay) can enable real-time
253 release and provide an increased level of quality assurance compared to the traditional
254 end-product testing using compendial content uniformity standards.

255

256 Elements of a control strategy can include, but are not limited to, the following:

257

- 258 • Control of input material attributes (e.g., drug substance, excipients, primary
259 packaging materials) based on an understanding of their impact on
260 processability or product quality
- 261 • Product specification(s)
- 262 • Controls for unit operations that have an impact on downstream processing or
263 end-product quality (e.g., the impact of drying on degradation, particle size
264 distribution of the granulate on dissolution)
- 265 • In-process or real-time release in lieu of end-product testing
- 266 • A monitoring program (e.g., full product testing at regular intervals) for
267 verifying multivariate prediction models.

268

269 A control strategy can include redundant or alternative elements, if justified. For
270 example, one element of the control strategy could rely on end-product testing,
271 whereas an additional or alternative element could depend on real-time release using
272 process analytical technology (PAT). The use of these alternative elements should be
273 described in the submission.

274

275 Adoption of the principles in this guideline can support the justification of alternative
276 approaches to the setting of specification attributes and acceptance criteria as
277 described in Q6A and Q6B.

278

279 **2.6 Product Lifecycle Management and Continual Improvement**

280

281 Throughout the product lifecycle, companies have opportunities to evaluate innovative
282 approaches to improve product quality (see ICH Q10).

283

284 For example, once approved, a design space provides the applicant flexibility to
285 optimize and adjust a process as managed under their quality system. A design space
286 is not necessarily static in nature and should be periodically reassessed to ensure that
287 the process is working as anticipated to deliver product quality attributes. For certain
288 design spaces using mathematical models (e.g., chemometrics models of NIR)
289 periodic maintenance could be essential to ensure the models' performance (e.g.,
290 checking calibration), or to update the model based upon additional data. Expansion,
291 reduction or redefinition of the design space could be desired upon gaining additional
292 process information.

293

294 **3. Submission of Pharmaceutical Development and Related Information in** 295 **Common Technical Document (CTD) Format**

296

297 Pharmaceutical development information is submitted in Section P.2 of the CTD.
298 Other information resulting from pharmaceutical development studies could be
299 accommodated by the CTD format in a number of different ways and some specific
300 suggestions are provided below. Certain aspects (e.g., product lifecycle management,
301 continual improvement) of this guidance are handled under the applicant's
302 pharmaceutical quality system (see ICH Q10) and need not be submitted in the
303 registration application.

304

305 **3.1 Quality Risk Management and Product and Process Development**

306

307 Quality risk management can be used at many different stages during product and
308 process development and manufacturing implementation. The assessments used to
309 guide and justify development decisions can be included in the relevant sections of

310 P.2. For example, risk analyses and functional relationships linking material attributes
311 to product CQAs can be included in P.2.1, P.2.2, and P.2.3. Risk analyses linking the
312 design of the manufacturing process to product quality can be included in P.2.3.

313

314 **3.2 Design Space**

315

316 As an element of the proposed manufacturing process, the design space(s) can be
317 described in the section of the application that includes the description of the
318 manufacturing process and process controls (P.3.3). If appropriate, additional
319 information can be provided in the section of the application that addresses the
320 controls of critical steps and intermediates (P.3.4). The relationship of the design
321 space(s) to the overall control strategy can be explained in the section of the
322 application that includes the justification of the drug product specification (P.5.6). The
323 product and manufacturing process development sections of the application (P.2.1,
324 P.2.2, and P.2.3) are appropriate places to summarise and describe product and process
325 development studies that provide the basis for the design space(s).

326

327 **3.3 Control Strategy**

328

329 The section of the application that includes the justification of the drug product
330 specification (P.5.6) is a good place to summarise the control strategy. The summary
331 should be clear about the various roles played by different components of the control
332 strategy. However, detailed information about input material controls, and process
333 controls should still be provided in the appropriate CTD format sections (e.g., drug
334 substance section (S), control of excipients (P.4), description of manufacturing process
335 and process controls (P.3.3), controls of critical steps and intermediates (P.3.4)).

336

337 **3.4 Drug Substance Related Information**

338

339 If drug substance CQAs have the potential to affect the CQAs or manufacturing
340 process of the drug product, some discussion of drug substance CQAs can be
341 appropriate in the pharmaceutical development section of the application (e.g., P.2.1).

342

343 **4. GLOSSARY**

344

345 Control Strategy: A planned set of controls, derived from current product and process
346 understanding, that assures process performance and product quality. The controls can
347 include parameters and attributes related to drug substance and drug product materials
348 and components, facility and equipment operating conditions, in-process controls,
349 finished product specifications, and the associated methods and frequency of
350 monitoring and control. (ICH Q10)

351

352 Critical Quality Attribute (CQA): A physical, chemical, biological or microbiological
353 property or characteristic that should be within an appropriate limit, range, or
354 distribution to ensure the desired product quality.

355

356 Critical Process Parameter: A process parameter whose variability has an impact on a
357 critical quality attribute and therefore should be monitored or controlled to ensure the
358 process produces the desired quality.

359

360 Edge of Failure: The boundary to a variable or parameter, beyond which the relevant
361 quality attributes or specification cannot be met.

362

363 Proven Acceptable Range: A characterised range of a process parameter for which
364 operation within this range, while keeping other parameters constant, will result in
365 producing a material meeting relevant quality criteria.

366

367 Quality by Design: A systematic approach to development that begins with predefined
368 objectives and emphasizes product and process understanding and process control,
369 based on sound science and quality risk management.

370

371 Real-time release: The ability to evaluate and ensure the acceptable quality of in-
372 process and/or final product based on process data, which typically include a valid
373 combination of assessed material attributes and process controls.

374

375 **Appendix 1. Differing Approaches to Pharmaceutical Development**

376

377 Note: This table is intended only to illustrate some potential contrasts between what
 378 might be considered a minimal approach and an enhanced approach regarding
 379 different aspects of pharmaceutical development and lifecycle management. It is not
 380 intended to specifically define the approach. Current practices in the pharmaceutical
 381 industry vary and typically lie between these approaches.

Aspect	Minimal Approach	Enhanced, quality by design Approach
Overall Pharmaceutical Development	<ul style="list-style-type: none"> • Mainly empirical • Developmental research often conducted one variable at a time 	<ul style="list-style-type: none"> • Systematic, relating mechanistic understanding of input material attributes and process parameters to drug product CQAs • Multivariate experiments to understand product and process • Establishment of design space • PAT tools utilised
Manufacturing Process	<ul style="list-style-type: none"> • Fixed • Validation primarily based on initial full-scale batches • Focus on optimisation and reproducibility 	<ul style="list-style-type: none"> • Adjustable within design space • Lifecycle approach to validation and, ideally, continuous process verification • Focus on control strategy and robustness • Use of statistical process control methods
Process Controls	<ul style="list-style-type: none"> • In-process tests primarily for go/no go decisions • Off-line analysis 	<ul style="list-style-type: none"> • PAT tools utilised with appropriate feed forward and feedback controls • Process operations tracked and trended to support continual improvement efforts post-approval
Product Specifications	<ul style="list-style-type: none"> • Primary means of control • Based on batch data available at time of registration 	<ul style="list-style-type: none"> • Part of the overall quality control strategy • Based on desired product performance with relevant supportive data
Control Strategy	<ul style="list-style-type: none"> • Drug product quality controlled primarily by intermediate and end product testing. 	<ul style="list-style-type: none"> • Drug product quality ensured by risk-based control strategy for well understood product and process • Quality controls shifted upstream, with the possibility of real-time release or reduced end-product testing
Lifecycle Management	<ul style="list-style-type: none"> • Reactive (i.e., problem solving and corrective action) 	<ul style="list-style-type: none"> • Preventive action • Continual improvement facilitated

382

383 **Appendix 2. Illustrative Examples**

384

385 Example of use of a risk assessment tool.

386

387 For example, a cross-functional team of experts could work together to develop an
388 Ishikawa (fishbone) diagram that identifies all potential variables which can have an
389 impact on the desired quality attribute. The team could then rank the variables based
390 on probability, severity, and detectability using failure mode effect analysis (FMEA)
391 or similar tools based on prior knowledge and initial experimental data. Design of
392 experiments or other experimental approaches could then be used to evaluate the
393 impact of the higher ranked variables, to gain greater understanding of the process,
394 and to develop a proper control strategy.

395

396 **Ishikawa Diagram**

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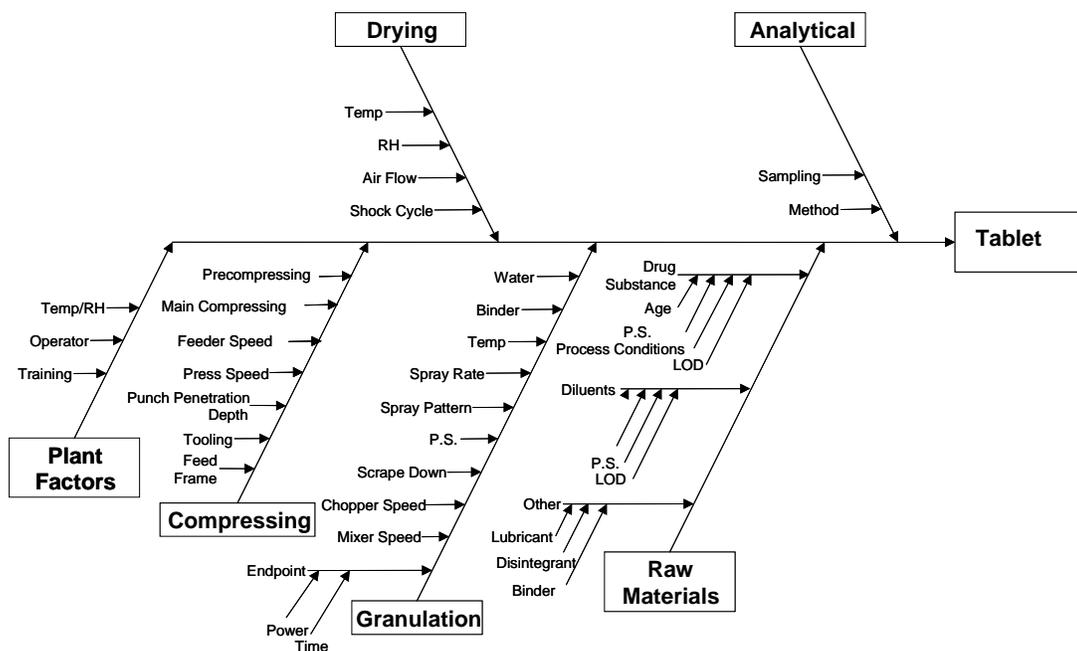
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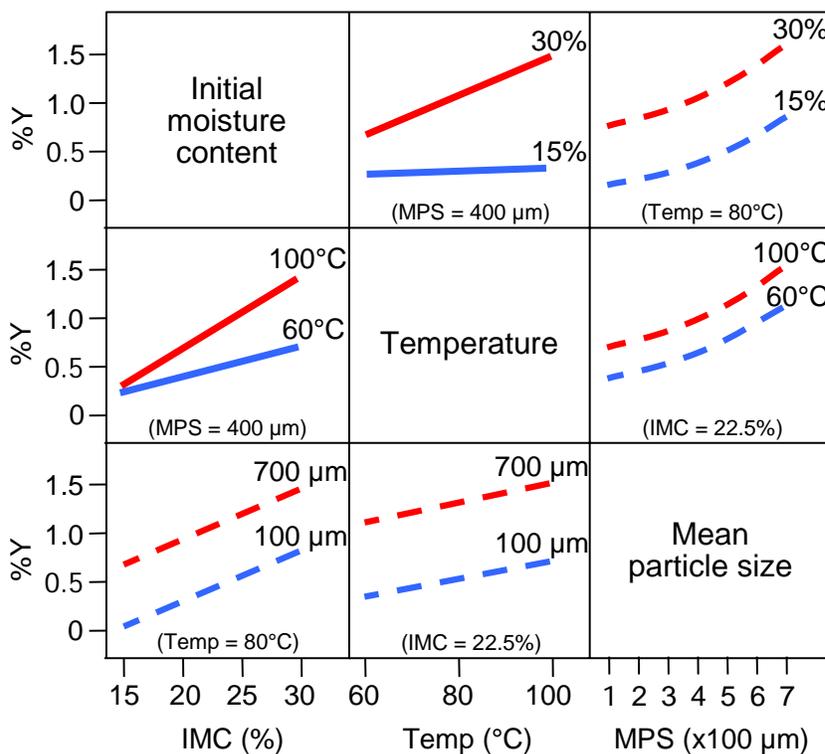
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418 Example of depiction of interactions

419

420 The figure below depicts the effect of interactions, or lack thereof, between three
 421 process parameters on the level of degradation product Y. The figure shows a series
 422 of two-dimensional plots showing the effect of interactions among three process
 423 parameters (initial moisture content, temperature, mean particle size) of the drying
 424 operation of a granulate (drug product intermediate) on degradation product Y. The
 425 relative slopes of the lines or curves within a plot indicate if interaction is present. In
 426 this example, initial moisture content and temperature are interacting; but initial
 427 moisture content and mean particle size are not, nor are temperature and mean particle
 428 size.

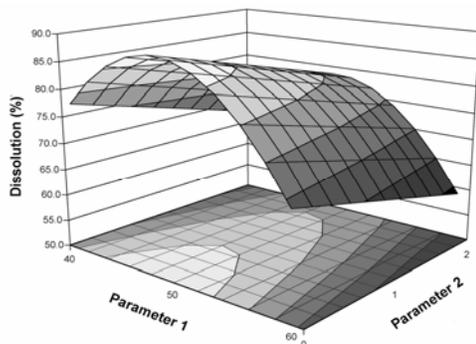


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431 Illustrative examples of presentation of design space

432

433 Figure 1: Design space described with the aid of response surface plot (Figure 1a) or
 434 contour plot (Figure 1b) and defined by non-linear (Figure 1c) or linear combination
 435 (Figure 1d) of process parameter ranges. In this example, the effects of the two
 436 parameters are additive, but the two parameters do not interact.
 437



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Figure 1a: Response surface plot of dissolution as a function of two parameters of a granulation operation. Dissolution above 80% is desired.

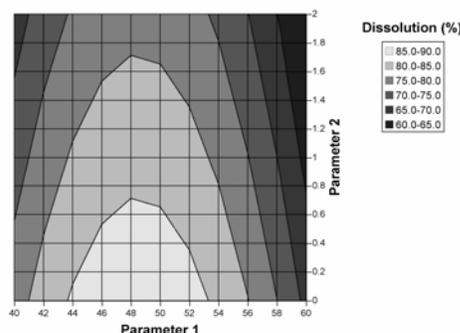
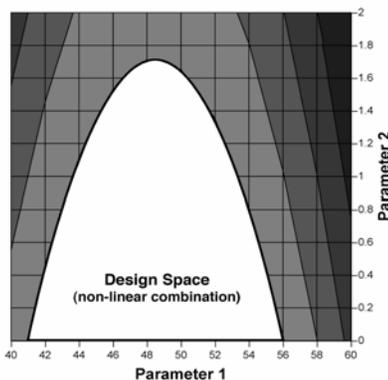


Figure 1b: Contour plot of dissolution from example 1a.

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Figure 1c: Design space for granulation parameters, defined by a non-linear combination of their ranges, that delivers satisfactory dissolution (i.e., >80%). In this example, the design space can be optionally expressed by equations that describe the boundaries, i.e.,

- Parameter 1 has a range of 41 to 56
- Parameter 2 has a lower limit of 0 and an upper limit that is a function of Parameter 1

443

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Where multiple parameters are involved, the design space can be presented for two parameters, in a manner similar to the examples shown above, at different values (e.g., high, middle, low) within the range of the third parameter, the fourth parameter, and so on. A stacked plot of these design spaces can be considered, if appropriate.

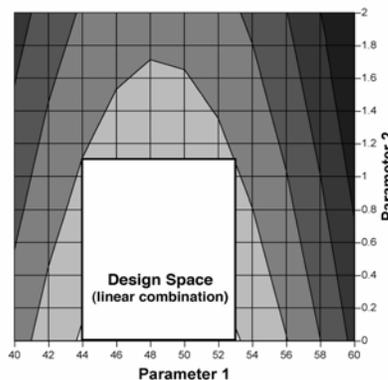
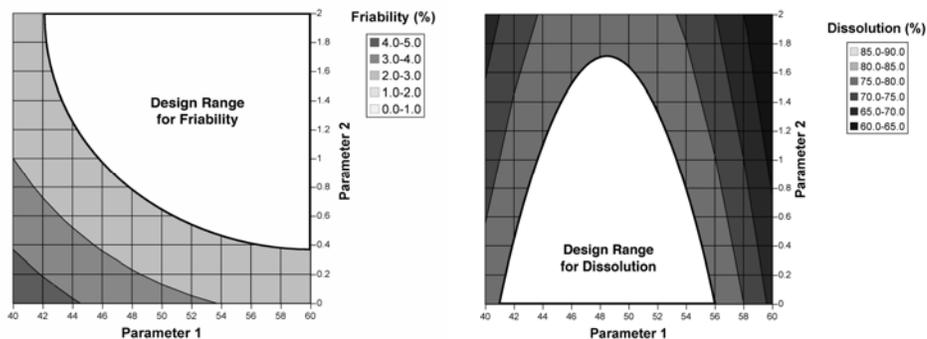


Figure 1d: Design space for granulation parameters, defined by a linear combination of their ranges, that delivers satisfactory dissolution (i.e., >80%). This design space is a subset of the non-linear design space from Example 1c, and can be optionally expressed as the following:

- Parameter 1 has a range of 44 to 53
- Parameter 2 has a range of 0 to 1.1

448 Figure 2: Design space determined from the common region of successful operating
 449 ranges for multiple CQAs. The relations of two CQAs, i.e., friability and dissolution,
 450 to two process parameters of a granulation operation are shown in Figures 2a and 2b.
 451 Figure 2c shows the overlap of these regions and the maximum ranges of the potential
 452 design space.
 453

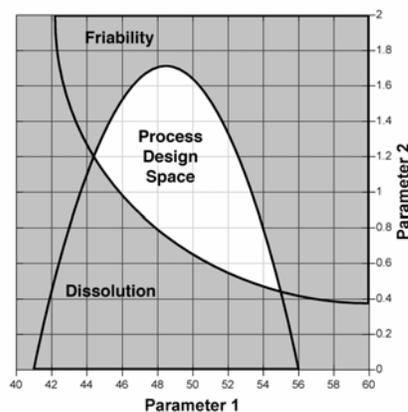


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Figure 2a: Contour plot of friability as a function of Parameters 1 and 2.

Figure 2b: Contour plot of dissolution as a function of Parameters 1 and 2.

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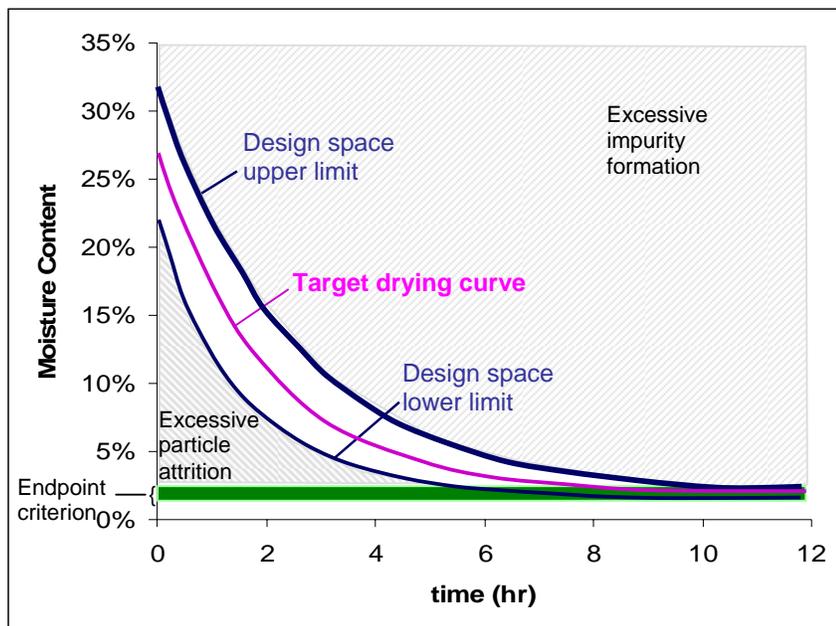
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Figure 2c: Potential process design space, comprised of the overlap region of design ranges for friability and or dissolution.

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Figure 3: The design space for a drying operation that is dependent upon the path of temperature and/or pressure over time. The end point for moisture content is 1-2%. Operating above the upper limit of the design space can cause excessive impurity formation, while operating below the lower limit of the design space can result in excessive particle attrition.



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