

Development and Validation of Analytical Method by QbD Approach

Shivani Kshatriya¹, Heena Ninama², Mitali Dalwadi³, Dr. Umesh Upadhyay⁴

Students^{1, 2}, Assistant Professor³, Principle⁴

Department of Quality Assurance and Pharmacy

Sigma Institute of Pharmacy, Bakrol, Vadodara –390019 (Gujarat, India),

Corresponding Author's E-mail: ninamahina28@gmail.com¹, shivanikshatriya1234@gmail.com²

Abstract

Quality by Design is the current method for quality of pharmaceuticals. The purpose of the pharmaceutical development is to design a quality product and its manufacturing method to constantly supply the intended overall performance of the product. Quality can't be examined into products however quality have to be built in through design. It is an important part of the current technique to pharmaceutical quality. Under this idea of QbD during designing and improvement of a product, it is important to define preference product overall performance profile [Target product Profile (TPP), Target Product Quality Profile (TPQP)] and identify important quality attributed (CQA). On the premise of this we will design the product components and process to satisfy the product attributes. This results in understand the effect of raw materials [critical material attributes (CMA)], critical process parameters (CPP) at the CQAs and identify and control sources of variability.

Keywords: Quality by design, Analysis, Regulatory

INTRODUCTION

Quality has been given a significance through all regulatory bodies for pharmaceutical products. Quality method customer satisfaction in phrases of service, product, and method. Many of those

quality associated activities reflect want for organizations to excel in worldwide competition. Pharmaceutical QBD is a systematic, hazard-based, and proactive technique to pharmaceutical improvement that starts with predefined goals and

emphasizes product and method control. The idea of QBD was referred to in the ICH Q8 guidance, which states that “quality can't be examined into products, i.e., quality have to be built in by design”.

According to ICH Q8 QBD is described as a systematic technique to improvement that starts with predefined goals and emphasis product and method information and process control, primarily based totally on sound science and quality risk management.

Quality by design encompasses designing and growing formulations and manufacturing methods which ensures predefined product specifications. In 2002, the FDA introduced a new initiative (cGMP for the twenty first Century: A Risk primarily based totally Approach). This initiative meant to modernize the FDAs regulation of pharmaceutical quality, and establish a new regulatory framework targeted on QBD risk management, and quality system. The initiative challenged enterprise to look past quality by testing (QBT) for making sure product quality and performance. A crucial part of QBD is to recognize how method and system parameters have an effect on the product characteristics and subsequent optimization of those parameters have to

be recognized that allows you to monitor these parameters online in the production process. The pharmaceutical industry works difficult to develop, manufacture, and produce to marketplace new drugs and to comply with regulatory requirements to illustrate that the drugs are secure and effective. [3]

ANALYTICAL QUALITY BY DESIGN

As according to ICH, QBD described as, “A systematic technique to improvement that starts with predefined goals and emphasizes product and method information and method control, primarily based totally on sound technology and quality risk management”. A QBD has unique tools such as, Critical Quality Attributes (CQA), Method Optimization and Development with DOE, Analytical Target Profile (ATP), Control Strategy and Risk assessment, Analytical QBD Method Validation, MODR (Method Operable Design Region), and, risk assessment, Continuous Method Monitoring. [4]

Pharmaceutical QBD is a systematic, scientific, technique to pharmaceutical improvement that starts with predefined goals and emphasizes product and methods information and system control. It way designing and growing formulations and

production methods to make sure predefined product quality goals. QBD identifies characteristics which are crucial to quality from the perspective of patients, interprets them into the attributes that the drug product have to possess, and establishes how the crucial method parameters may be various to continuously produce a drug product with the preferred characteristics. In order to do this the relationships among method and production method variables (which include drug substance and excipient attributes and method parameters) and product characteristics are set up and reasserts of variability identified. This information is then used to enforce a flexible and sturdy production method that may adapt and bring a constant product over time. [5]

A QBD Improvement Method May Also Include

- a. Begin with a goal product profile that describes the use, protection and efficacy of the product
- b. Define a goal product quality profile to be able to be utilized by formulators and method engineers as a quantitative surrogate for factors of medical protection and efficacy throughout product improvement
- c. Gather applicable previous information approximately the drug substance, ability excipients and method operations into a information area. Use risk evaluation to prioritize information gaps for similarly investigation
- d. Design a method and discover the crucial material (quality) attributes of the very last product that have to be managed to satisfy the goal product quality profile
- e. Design a production method to provide a final product having those crucial substances attributes
- f. Identify the crucial method parameters and input (raw) material attributes that have to be managed to obtain those important material attributes of the very last product. Use risk evaluation to prioritize method parameters and material attributes for experimental verification. Combine previous information with experiments to establish a layout area or different representation of method understanding.
- g. Establish a manage method for the whole technique that can consist of enter material controls, method controls and monitors, layout areas around person or more than one-unit operations, and/or very last product

tests. The manage method have to embody predicted modifications in scale and may be guided through a risk assessment.

- h. Continually reveals and replace the method to assure constant quality.

QBD Includes the Subsequent Key Factors throughout Pharmaceutical Development

1. Define goal product quality profile
2. Design and increase product and production methods
3. Identify crucial quality attributes, method parameters, and reassets of variability
4. Control production methods to supply constant quality over time.

Identify Critical Quality Attributes, and Sources of Variability

A pharmaceutical production method is typically produced from a sequence of unit operations to provide the desired product. A unit operation is a discrete interest that includes physical changes, including mixing, milling, granulation, drying, compaction, and coating. A physical, chemical or microbiological assets or function of an enter or output material is described as an characteristic. Process parameters consist of the kind of device and system settings, batch size, working

conditions (e.g., time, temperature, pressure, pH, and speed), and environmental conditions including moisture. The quality and amount of drug substance and excipients are taken into consideration as attributes of raw materials.

During technique development, raw materials, method parameters and quality attributes are investigated. The motive of those research is to decide the crucial raw material attributes, technique parameters and quality attributes for every method, and to set up any viable relationships amongst them. Critical quality attributes (CQA) are physical, chemical, biological, or microbiological assets or function that have to be managed immediately or circuitously to make sure the quality of the product. Critical procedure parameters (CPP) are method inputs which have a direct and large affect on crucial quality characteristic while they're various inside ordinary operation range. Process robustness is described because the capacity of a method to illustrate suitable quality and overall performance and tolerate variability in inputs on the equal time. In technique robustness research, results of versions in method parameters for a candidate system are evaluated. The evaluation of those experiments identifies crucial method parameters that would

probably have an effect on product quality or overall performance, and establishes limits for the important method parameters inside which the quality of drug product is assured. Ideally, information used to discover method parameters have to be derived from commercial scale strategies to keep away from any capacity effect of scale-up. [8]

However, in reality, that research is frequently carried out on laboratory or pilot-scale batches. If effects from the small-scale batches have now no longer been proven to be size independent, any end from small scale research may also want to be tested withinside the real commercial manufacturing batches. At the end, the impact of raw material attributes and important method parameters on product quality or product variability is completely understood and established. Ideally, the interactions among materials attributes and important technique parameters have to be understood in order that essential method parameters may be various to make amends for modifications in raw materials. [9]

Design of Experiments

Design of experiments (DOE) is a based and prepared technique to decide the connection amongst elements that impact

outputs of a method. When DOE is carried out to pharmaceutical method, elements are the raw material attributes (e.g., particle size) and method parameters (e.g., velocity and time), at the same time as outputs are the crucial quality attributes including combination uniformity, tablet hardness, thickness, and friability. As every unit operation has many enter and output variables in addition to technique parameters, it's far not possible to experimentally check out all of them. Scientists need to use previous information and risk control to discover key enter and output variables and method parameters to be investigated through DOE.

DOE effects can assist pick out ideal conditions, the crucial elements that maximum affect CQAs and those that do not, in addition to information including the lifestyles of interactions and synergies among elements. Based at the suitable variety of CQAs, the layout space of CPPs may be determined. When thinking about scale-up, however, extra experimental work can be required to verify that the version generated at the small scale is predictive on the big scale. This is due to the fact a few important technique parameters are scale based whilst others do not. The running variety of scale based important method parameters will need to

change due to the fact of scale-up. Prior information can play a very large function on this regard as maximum pharmaceutical organizations use the equal technology and excipients on a normal basis. Pharmaceutical scientists can regularly take benefit of past level in to outline important material properties, processing parameters and their working ranges. [10]

Risk Assessment

Risk assessment is a science-primarily based totally method utilized in quality risk control and it may discover the material attributes and technique parameters (ATP). Risk assessment may be carried out from preliminary level of technique improvement to continuous technique monitoring. Analytical scientist identifies the risk at the sooner level and reduce with QbD approach. A risk evaluation is useful for powerful conversation among FDA and industry, research/improvement and production and amongst more than one production sites inside company. ICH guiding principle Q9 gives description of risk control and numerous terminologies related to it, like Risk Acceptance, Risk Analysis, Risk Communication, Risk Control, Risk Identification, and Risk Management. Quality control guidelines have to point out methods and practices to the

responsibilities of assessing, controlling, communicating and reviewing risk. [11]

MODR (Method Operable Design Region)

Method operable design region (MODR) is used for established order of a multidimensional space primarily based totally on technique elements and settings MODR can offer appropriate technique performance. It is likewise used to set up significant technique controls including system suitability, RRT, RRF etc... Further technique verification exercises may be hired to set up ATP conformance and, in the end, outline the technique operable layout region. [12]

1. QUALITY TARGET PRODUCT PROFILE (QTPP)

QTPP is a potential precis of the quality traits of a drug product that preferably can be carried out to make sure the preferred quality, considering protection and efficacy of the drug product. More currently an expanded use of the TPP in improvement planning, medical and industrial selection making, regulatory organization interactions, and risk control has begun out to evolve. The TPP can play a critical function with inside the complete drug discovery and improvement method including:

1. Effective optimization of a drug candidate
2. Decision-making inside an organization
3. Design of medical studies techniques, and
4. Constructive conversation with regulatory authorities.

The TPQP publications system scientists to set up formula techniques and maintain the method attempt focused and efficient. For example, a standard QTPP of a direct launch stable oral dosage form could include:

Tablet Characteristics

- Identity
- Assay and Uniformity
- Purity/Impurity
- Stability, and
- Dissolution

2. DESIGN PRODUCT AND MANUFACTURING PROCESS

Product Design and Improvement

In order to layout and expand a sturdy generic product that has the ideal TPQP, a product improvement scientist have to provide extreme attention to the biopharmaceutical properties of the drug substance. These biopharmaceutical properties consist of physical, chemical,

and organic properties. Physical properties consist of physical description (particle size, shape, and distribution), polymorphism, aqueous solubility as characteristic of pH, hygroscopicity, and melting points. Pharmaceutical solid polymorphism, for example, has acquired a lot interest recently. Its impact on product quality and overall performance has been mentioned in current review articles.

Chemical properties consist of pKa, chemical balance in solid state and in solution in addition to photolytic and oxidative stability whilst organic properties consist of partition coefficient, membrane permeability, and/or oral bioavailability. Biopharmaceutical properties have to be assessed for each form for which there's an interest in improvement and each form that can probably be created throughout processing (e.g., hydrates, anhydrates) or in vivo (e.g., much less soluble salts, polymorphic forms, hydrates). The research of those properties is called Preformulation in pharmaceutical science.

The aim of Preformulation research is to decide the suitable salt and polymorphic form of drug substance examine and recognize its crucial properties, and

generate an intensive information of the material's stability below numerous processing and in vivo conditions, main to a best drug transport system.

Pharmaceutical Preformulation studies want to be carried out automatically to accurately align dosage form additives and processing with drug substance and overall performance criteria. [14]

Process Design and Development

The choice of form of method relies upon the product layout and the properties of the Materials. For example, tablet production usually includes one in all two methods: direct compression or granulation. Direct compression is the maximum straightforward, simplest to control, and least costly tablet production process. It makes use of two primary unit operations, blending and compression, to provide the completed tablet. Direct compression is used when components may be blended, located onto a tablet press, and made right into a excessive quality tablet with none of the components having to be changed. When powders are very fine, fluffy, will now no longer stay blended, or will now no longer compress, then they'll be granulated. Granulation is the method of accumulating particles collectively through developing bonds between them. Bonds

are formed through compression or through the use of a binding agent. Wet granulation, the method of including a liquid solution to powders, is one of the most common methods to granulate. The dry granulation method is used to form granules without the use of a liquid solution. Forming granules without moisture calls for compacting and densifying the powders. Dry granulation may be carried out on a tablet press the use of slugging tooling, or greater usually on a roller compactor. [15]

Pharmaceutical improvement scientists have simply started using computer-aided process design (CAPD) and method simulation to help method improvement and optimization of production. Process simulation has been efficiently used withinside the chemical and oil industries because the early 1960s to expedite improvement and optimize the design and operation of included techniques. Similar advantages may be predicted from the utility of CAPD and simulation withinside the pharmaceutical industries. Currently, CAPD and method simulation are in large part utilized in drug substance production. The application of CAPD and method simulation in drug product design is limited. This is in large part due to the fact the pharmaceutical industry has

historically placed emphasis on new drug discovery and improvement, and the complexity of drug product production operations aren't properly recognized. With the emphasis of QbD through the FDA and industry and drug product value pressures, this trend is predicted to change. The use of CAPD and method simulation have to bring about extra strong methods evolved quicker and at a decrease cost, ensuing in higher quality products. [16]

PHARMACEUTICAL QUALITY BY TESTING

Product quality is ensured through raw material testing, drug substance production, a set drug product production method, in-system material testing, and end product testing. The quality of raw substances

including drug substance and excipients is monitored through testing. If they meet the producer's proposed and FDA permitted specifications or different requirements including USP for drug substance or excipients, they may be used for the production of the products. Because of uncertainty as to whether or not the drug substance specification alone is enough to make sure quality, the drug substance production method is likewise tightly controlled. A change to the drug substance production method may also require the drug product producer to report supplements with the FDA. Finished drug products are examined for quality through assessing whether or not they meet the producer's proposed and FDA permitted specification. if not, they are discarded.[17]

Table No. 1: Traditional Vs QBD Approach to Pharmaceutical Development [18]

Traditional Approach	Quality by design approach
Product specification: Primary approach of control Primarily based totally on Batch data available.	Product specification: Based on preferred product Overall performance and Common quality- control Strategy.
Quality control: Mainly through checking out Of intermediates and end Products.	Quality control: Risk management-primarily Based totally control method For well-understood products And processes.
Life cycle management: Reactive.	Life cycle management: Based on continuous Improvement.

ANALYTICAL QBD METHOD VALIDATION

A QBD approach validation method is that the validation of analytical technique over a variety of various API batches. It makes use of each DoE and MODR information for designing technique validation for all type of API production changes without revalidation. The method gives the desired ICH validation factors in addition to records on interactions, measurement uncertainty, manage strategy, and non-stop improvement. This method calls for fewer sources than the conventional validation method without compromising quality. [19]

Continuous Method Monitoring (CMM) and Continual Improvement

Life cycle control is a manage approach used for implementation of layout space in industrial stage. CMM is very last step in A Qbd life cycle it's far a non-stop method of sharing information received throughout improvement and implementation of design space. This consists of outcomes of risk assessments, assumptions primarily based totally on previous information, statistical design concerns and bridge among the layout space, MODR, manage strategy, CQA, and ATP. Once a technique validation completed, technique may be used for ordinary purpose and non-stop technique performance may be monitored. This may be carried out through the use of manage charts or

monitoring system suitability data, technique related investigations etc. CMM permits the analyst to proactively pick out and deal with any out-of-trend performance.[20]

Applications of Quality by Design

Quality by design (QbD)—a complete systematic method to pharmaceutical improvement and production Advancement with inside the pharmaceutical improvement and production by QbD may be defined towards traditional method. [21]

BENEFITS OF IMPLEMENTING QBD FOR FDA

- Enhances clinical basis for review
- Provides for higher coordination throughout review, compliance and inspection
- Improves facts in regulatory submissions
- Provides for higher consistency
- Improves quality of review (organising a QMS for CMC)
- Provides for extra flexibility in selection making
- Ensures selections made on technology and now no longer on empirical data
- Involves numerous disciplines in choice making
- Uses resources to deal with better risks [23]

Table No. 2: Pharmaceutical aspects: Traditional vs. QBD [22]

Aspects	Traditional	QBD
Pharmaceutical development	Empirical	Systematic; Multivariate experiments
Manufacturing process	Fixed	Adjustable within design space; opportunities for innovation
Process control	In process testing for go/on-go; offline analysis wide or slow response	PAT utilized for feedback and feed forward at real Time
Product specification	Primary means of quality control; based on batch data	Part of the overall control strategy, based on the desired product performance
Control strategy	Mainly by intermediate product and end product testing	Risk based; controlled shifted up stream, real time release
Lifecycle Management	Reactive time problem and OOS; Post approval changes needed	Continual improvement enabled within design space

BENEFITS TO INDUSTRY

- Ensures higher design of products with much less troubles in production
- Reduces variety of producing supplements required for post market changes –depend on method and risk knowledge and risk mitigation
- Allows for implementation of latest generation to enhance production without regulatory scrutiny
- Allows for viable reduction in general expenses of producing –much less waste
- Ensures less problem throughout review –decreased deficiencies –faster approvals
- Improves interplay with FDA –deal on a technology level in preference to on a method stage

- Allows for non-stop enhancements in products and production system [24]

Conclusion

Analytical technique improvement and validation through QbD performs a key role with inside the pharmaceutical industry for ensuring the product quality. The final results of AQbD is the information from product improvement to commercial production. Scientist can without problems discover the risk to start with in order that quality may be increased. AQbD tools are ATP, CQA, Development and method optimization with DoE and Control Strategy, MoDR with Risk evaluation, Continuous Method Monitoring (CMM) and method validation, non-stop improvement. QbD calls for the proper ATP and risk evaluation and utilization of proper tools and appearing the best quantity of work within right time lines.[25]

Reference

1. Bhagyesh Trivedi. International Journal of Pharmacy and Pharmaceutical Sciences, 2012; 4(1): 17-29. [1,2]
2. Jaiprakash N. Sangshetti, Mrinmayee Deshpande, Zahid Zaheer, Devanand B. Shinde, Rohidas Arote. Arabian Journal of Chemistry, 2014; 1-14. [3]
3. Amit S. Patil, Anil M. Pethe. IJPQA, 2013; 4(2); 13-19. [4]
4. Nishendu P. Nadpara, Rakshit V. Thumar, Vidhi N. Kalola, Parula B. Patel. International Journal of Pharmaceutical Sciences Review and Research, Rev. Res., 2012; 17(2); 20-28.[5]
5. Nasr M. Risk-based CMC review paradigm. Advisory committee for pharmaceutical Science meeting; 2004.[6]
6. Food and Drug Administration CDER. Guidance for industry: Immediate release solid oral dosage forms scale-up and post approval changes: Chemistry, manufacturing, and controls, in vitro dissolution testing, and in vivo bioequivalence documentation; 1995. [7,8]
7. Food and Drug Administration CDER. Guidance for industry: Modified release solid oral dosage forms scale-up and post approval changes: Chemistry, manufacturing, and controls, invitro dissolution testing, and in vivo bioequivalence documentation; 1997. [9'10]

8. Lawrence X. Yu. Pharmaceutical Research, 2008; 25(4): 781-791. [11]
9. Oona Mcpolin. Validation of analytical method for pharmaceutical analysis, Mourne training services, 2009. [12,13,14]
10. Mayank Nagar, Kamal Singh Panwar, V. S. Chopra, Indubala, Piyush Trivedi. Scholars Research Library der Pharmacia Letter, 2010; 2(2): 111-130.[15]
11. N.V.V.S.S. Raman, Useni Reddy Mallu and Hanimi Reddy Bapatu. Analytical quality by design (AQbD) approach to test method development and validation in drug substance manufacturing.[16]
12. Sandipan Roy. International Journal of Pharmaceutical and Biomedical Research, 2012; 3(2): 100-108. [17]
13. Nwoko valentine eziokwu. Journal of Global Trends in Pharmaceutical Sciences, 2013; 4(4): 1257-1262. [18]
14. Food and Drug Administration CDER. Guidance for industry, Q8 pharmaceutical development; 2006. [19]
15. Yu Lx. Pharmaceutical research, 2008; 25(4): 781-791. [20,21]
16. Woodcock J. Am. Pharm. Rev, 2004: 1-3. [22]
17. Lawrence X, Raw A, Lionberger R, Rajagopalan R, Lee L, Holcombe F, Patel R, Fang F, Sayeed V, Schwartz, Adams P, and Buehler G. U.S. J. Generic Med, 2007; 4:239-248[23,24,25]