Notice

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Adoption of International Conference on Harmonisation (ICH) of Technical Requirements for the Registration of Pharmaceuticals for Human Use Guidance: Q4B Annex 7(R1): Evaluation and Recommendation of Pharmacopoeial Texts for Use in the ICH Regions on Dissolution Test General Chapter

Health Canada is pleased to announce the adoption of the ICH guidance Q4B Annex 7(R1): Evaluation and Recommendation of Pharmacopoeial Texts for Use in the ICH Regions on Dissolution Test General Chapter.

This guidance has been developed by the appropriate ICH Expert Working Group and has been subject to consultation by the regulatory parties, in accordance with the ICH Process. The ICH Steering Committee has endorsed the final draft and recommended its adoption by the regulatory bodies of the European Union, Japan and the United States.

In adopting this ICH guidance, Health Canada endorses the principles and practices described therein. This document should be read in conjunction with this accompanying notice and with the relevant sections of other applicable Health Canada guidances.

It is recognized that the scope and subject matter of current Health Canada guidances may not be entirely consistent with those of the ICH guidances that are being introduced as part of our commitment to international harmonization and the ICH Process. In such circumstances, Health Canada adopted ICH guidances take precedence.

Health Canada is committed to eliminating such discrepancies through the implementation of a phased-in work plan that will examine the impact associated with the adoption of ICH guidances. This will result in the amendment or, depending on the extent of revisions required, withdrawal of some Health Canada guidances.

This and other Guidance documents are available on the Health Canada website (http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/).

Should you have any questions or comments regarding the content of the guidance, please contact:

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GUIDANCE DOCUMENT
Evaluation and Recommendation of Pharmacopoeial Texts for Use in the ICH Regions on Dissolution Test General Chapter
ICH Topic Q4B Annex 7(R1)

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Health Products and Food Branch
Our mission is to help the people of Canada maintain and improve their health.

Health Canada

The Health Products and Food Branch's mandate is to take an integrated approach to the management of the risks and benefits to health related products and food by:

- Minimizing health risk factors to Canadians while maximizing the safety provided by the regulatory system for health products and food branch; and
- Promoting conditions that enable Canadians to make healthy choices and providing information so that they can make informed decisions about their health.

Health Products and Food Branch

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Également disponible en français sous le titre : Évaluation et recommandation de textes de pharmacopée pour usage dans les régions de l’ICH sur Le chapitre général relatif aux essai de dissolution, Annexe 7(R1) de la directive Q4B
FOREWORD

This guidance has been developed by the appropriate International Conference on Harmonisation (ICH) Expert Working Group and has been subject to consultation by the regulatory parties, in accordance with the ICH Process. The ICH Steering Committee has endorsed the final draft and recommended its adoption by the regulatory bodies of the European Union, Japan and United States of America (USA).

In adopting this ICH guidance, Health Canada endorses the principles and practices described therein. This document should be read in conjunction with the accompanying notice and the relevant sections of other applicable guidances.

Guidance documents are meant to provide assistance to industry and health care professionals on how to comply with the policies and governing statutes and regulations. They also serve to provide review and compliance guidance to staff, thereby ensuring that mandates are implemented in a fair, consistent and effective manner.

Guidance documents are administrative instruments not having force of law and, as such, allow for flexibility in approach. Alternate approaches to the principles and practices described in this document may be acceptable provided they are supported by adequate scientific justification. Alternate approaches should be discussed in advance with the relevant program area to avoid the possible finding that applicable statutory or regulatory requirements have not been met.

As a corollary to the above, it is equally important to note that Health Canada reserves the right to request information or material, or define conditions not specifically described in this guidance, in order to allow the Department to adequately assess the safety, efficacy or quality of a therapeutic product. Health Canada is committed to ensuring that such requests are justifiable and that decisions are clearly documented.
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1. INTRODUCTION

This annex is the result of the Q4B process for Dissolution Test.

The proposed texts were submitted by the Pharmacopoeial Discussion Group (PDG).

2. Q4B OUTCOME

2.1 Analytical Procedures

The ICH Steering Committee, based on the evaluation by the Q4B Expert Working Group (EWG), recommends that the official pharmacopoeial texts, Ph.Eur. 2.9.3. Dissolution Test for Solid Dosage Forms, JP 6.10 Dissolution Test, and USP <711> Dissolution can be used as interchangeable in the ICH regions subject to the following conditions:

2.1.1 The declaration of interchangeability only applies to Apparatus 1 and 2 at this time.

2.1.2 The Dissolution Test is not considered to be interchangeable in the ICH regions when enzymes are used in the media.

2.1.3 The dissolution apparatus should be appropriately calibrated to ensure compliance with regional good manufacturing practice (GMP) requirements. For f, an appropriately designed and executed mechanical calibration strategy should be in compliance with good manufacturing practice requirements.

2.1.4 The Dissolution Test is not considered to be interchangeable in the three ICH regions for dosage forms referred to in the regional compendia as delayed-release, gastro-resistant, or enteric-coated.

2.1.5 Validation studies should be conducted to demonstrate that the test results are not adversely affected if the thermometer is to remain in the dissolution vessel per regional good manufacturing practice (GMP).

2.1.6 The Dissolution Test is not considered to be interchangeable in the ICH regions for JP Interpretation 2.

2.1.7 The Dissolution Test is not considered to be interchangeable in the ICH regions for use of large vessels (greater than 1 liter).
2.1.8 Product-specific parameters such as media, stirring rate, sampling time, and the use and type of sinkers should be specified and justified in the application dossier.

2.2 Acceptance Criteria

Acceptance criteria should be specified in the application dossier.

3. TIMING OF ANNEX IMPLEMENTATION

When this annex is implemented (incorporated into the regulatory process at ICH Step 5) in a region, it can be used in that region. Timing might differ for each region.

4. CONSIDERATIONS FOR IMPLEMENTATION

4.1 General consideration

When sponsors or manufacturers change their existing methods to the implemented Q4B-evaluated pharmacopoeial texts that are referenced in Section 2.1 of this annex, any change notification, variation, and/or prior approval procedures should be handled in accordance with established regional regulatory mechanisms pertaining to compendial changes.

4.2 FDA consideration

Based on the recommendation above, and with reference to the conditions set forth in this annex, the pharmacopoeial texts referenced in Section 2.1 of this annex can be considered interchangeable. However, FDA might request that a company demonstrate that the chosen method is acceptable and suitable for a specific material or product, irrespective of the origin of the method.

An appropriately rigorous mechanical calibration method (such as ASTM International’s ASTM E2503-07, Standard Practice for Qualification of Basket and Paddle Dissolution Apparatus, or the procedures for Mechanical Qualification of Dissolution Apparatus 1 and 2 on the FDA Web site www.fda.gov/downloads/AboutFDA/CenterOffices/CDER/UCM142492.pdf, when properly executed, should satisfy the current good manufacturing practice (CGMP) requirement for dissolution apparatus calibration under § 211.160(b)(4) of Title 21 of the Code of Federal Regulations.

4.3 EU consideration

For the European Union, regulatory authorities can accept the reference in a marketing authorisation application, renewal or variation application citing the use of the corresponding
text from another pharmacopoeia as referenced in Section 2.1, in accordance with the conditions set out in this annex, as fulfilling the requirements for compliance with the Ph. Eur. Chapter 2.9.3. on the basis of the declaration of interchangeability made above.

EU considers that it could accept the approach to the dissolution test for delayed-release products, as published in the USP, as meeting the criteria of the Ph. Eur. The validation studies referred to in Section 2.1.5 of this annex would normally be submitted in the marketing authorisation dossier.

4.4 MHLW consideration

The pharmacopoeial texts referenced in Section 2.1 of this annex can be used as interchangeable in accordance with the conditions set out in this annex. Details of implementation requirements will be provided in the notification by MHLW when this annex is implemented.

4.5 Health Canada Consideration

In Canada, any of the pharmacopoeial texts cited in section 2.1 of this annex and used in accordance with the conditions set out in this annex can be considered interchangeable.

The dissolution tests for delayed-release /enteric coated products as published in the USP and in the Ph. Eur. can be considered interchangeable in Canada.

5. REFERENCES USED FOR THE Q4B EVALUATION


5.2 The pharmacopoeial references for Dissolution Test for this annex are:

5.2.1 *European Pharmacopoeia* (Ph. Eur.): Supplement 6.6 (official January 2010), Dissolution Test for Solid Dosage Forms (reference 01/2010: 20903);


5.2.3 *United States Pharmacopeia (USP)*: <711> Dissolution as presented in Pharmacopeial Forum, Volume 35(3), May/June 2009, to be official in USP 33, May 2010.