In Vitro Dissolution Profiles Similarity Assessment in Support of Drug Product Quality: What, How, and When MAY 22, 2019

Breakout Session Day 2

Session B1, Pharmacy Hall (G2) N310; Time 1:30 – 3:30 PM Session B2, Pharmacy Hall (G4) N314; Time 2:30 – 3:30 PM

Breakout Sessions B, Day 2

 Dissolution similarity assessment, requirements and global expectations?

Moderators: Johannes Kraemer(Disso-Science), Susan Lum (Health Canada)

Scribes: Amy Barker (Lilly), Kelly Kitchens (FDA), Xin (Amy) Bu (BMS)

- How should we interpret the USFDA guidance and Health Canada guidances for selecting time points for f2 calculation?
 - a) The Guidance for Industry -Dissolution Testing of Immediate Release Solid Oral Dosage Forms says "only one measurement should be considered after 85% dissolution of both the products."
 - b) Does it mean that both test and reference products should have one time point with 85% dissolution included in the calculation?
 - c) In contrast, EMA guidance is clear for this issue, which recommends "not more than one mean value of > 85% dissolved for any of the formulations."
 - d) Should the definition **depend on the product/application**?

Which **guidance** should be followed for dissolution **profile comparisons**? Should a **new** global guidance e.g. ICH guidance be considered for best practices in dissolution similarity (e.g. number of sampling points, point after minimum %dissolved, % variability, frequency in sampling times for IR BCS 1/3 vs. BCS 2/4 vs. ER formulations?

Many similarities and differences for comparability criteria **across the regions** have been identified. Based on participants' experience, which **criteria can be standardized** and which must remain, and **why or why not** can those criteria be standardized?

What are the views across regions on post-approval changes, should it be based on in-vivo or commercial manufacturing experience of a product's dissolution profile space?

What are the scientific and regulatory rationale(s) for **switching from f2 to MSD** based on **intra-lot variability**? Doing so alters the **definition of similarity**?

Is it scientifically appropriate for post-approval changes to be assessed against a **safe space** established based on dissolution **profiles of a range of pivotal clinical batches**?

Action BO B2, Day 2, Q1

Key points discussed (related to the Question)	Consensus or Agreement reached	Possible scenarios or options (if no consensus is reached)	Action items and responsible person(s)
Q1		reached)	

Action BO B2, Day 2, Q2

Key points discussed	Consensus or Agreement	Possible scenarios or options (if no	Action items and responsible
(related to the Question)	reached	consensus is reached)	person(s)
Q2			