
Review

Quality by Design: A Suitable Methodology in Industrial Pharmacy for Costa Rican Universities

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Abstract: The aim of this review is to present the Quality by Design (QbD) model as a suitable methodology to perform research in the academic Costa Rican institutions that teach Pharmacy. Pubmed, Science Direct, and Google Scholar databases were screened for original and review papers, as well as short communications published not more than 10 years ago. Publications were screened by title and abstract. Relevant references were used to develop three important themes: The University's Research Model in Costa Rica, QbD Model, and QbD as a Research Methodology for Industrial Pharmacy in the Academy. In this sense, the QbD model is a great methodology for carrying out research projects regarding Pharmaceutical Sciences but especially for Drug Development. Academic research based on this model enables training and developing practical, scientific, and leadership skills in pharmacy students. The generated knowledge can be shared in the classrooms, which represents an ideal environment to communicate their research results and to foster collaborative work between researchers, professors, and students. The participation of all these actors allows a high level of commitment to research work, which benefits the scientific advancement of the university and society. It is important to visualize the student body as potential key actors in the research process, encouraging in them the desire to become trained scientific researchers who want to pursue a career in the academy, giving continuity to it.

Keywords: academy; drug development; industrial pharmacy; pharmaceutical technology; research methodology

1. Introduction

Historically, public universities in Costa Rica have taken the lead in research activities, however, only one of them teaches Pharmacy, which is the University of Costa Rica (UCR). On the other hand, the private educational system has played a role in the knowledge economy (i.e., a university corporate system that focuses on instrumentalism and marketability). As a result, the private university model in Costa Rica is characterized by academic institutions with little research and personnel dedicated to it [1–4]. Specifically, these private institutions that offer the Pharmacy major lack of a research system properly focused on Pharmacy and Pharmaceutical Sciences.

Regarding the previous, every university, either public or private with the Pharmacy major as part of its academic offer has policies created by the International Federation of Pharmacy (FIP) that can be used as tools for the evaluation, review, and improvement of its educational and scientific standards [5]. Currently, the FIP has focused its efforts on supporting research for drug discovery, drug development, pharmaceutical technology, natural products, pharmacokinetics and pharmacodynamics, pharmacology,

personalized medicine, biotechnology, analytical science and quality control, regulatory affairs, drug metabolism, pharmacoeconomics, pharmacovigilance, among others [6].

A methodology that allows research in some of the aforementioned areas, especially in the ones related to Industrial Pharmacy, is Quality by Design (QbD). The model is based on an adequate understanding of the sources of variability and the processes involved. In addition, it is of great importance all the knowledge about the impact caused by materials and process parameters on the quality profile of the finished product [7,8]. The concept of QbD was initially introduced by the quality expert, Joseph Juran, who in his book "Juran on Quality by Design" described it through a dynamic triad, consisting of Quality Planning, Quality Control, and Quality Improvement [9]. Since then, great advances in the model have been experienced, and its benefits in the academy have been demonstrated by high quality works performed by Yu, et al [10], Sangshetti, et al [11], and Grangeia, et al [12].

Costa Rican universities that teach the Pharmacy major must follow a strategy that systematically guides the development of scientific research in the industrial field. Therefore, this comprehensive review aims to present the QbD model as an opportunity and suitable methodology to perform research in Industrial Pharmacy in the academic Costa Rican institutions. Pubmed, Science Direct, and Google Scholar databases were screened for original and review papers, as well as short communications not older than 10 years. Publications were screened by title and abstract. In addition, institutional repositories from the different universities were reviewed, and valid guidelines from the International Conference on Harmonization (ICH) and the United States Food and Drug Administration (FDA) related to QbD were considered as suitable references due to their relevance on the topic.

To our knowledge, there are no other papers that describe the research system for Industrial Pharmacy in Costa Rican universities, nor present a suitable methodology for promoting feasible and high-quality research in the field.

2. University's Research Model in Costa Rica

Universities along with industry and government research entities are the main actors in national research, development, and innovation systems [13]. Nonetheless, the public academic environment possesses the greatest research freedom within society, and the generated knowledge has a social impact, which according to the philosopher Immanuel Kant, shows a bidirectional behavior, that is, from the world to science, and from science to the world [14].

Research projects from the academy can influence the theory of a certain phenomenon. The term "academy" is used to describe a community composed of students and academics, committed to higher education and research as a fundamental activity in the creation of knowledge [15]. A large majority of high-impact publications are the product of the thesis work of master students and doctoral candidates, affiliated with a specific research group from public universities in order to become trained scientists [16–18]. In this sense, the creation of knowledge must be ethically; always placing the quality of research over quantity, and avoiding any practice that encourages the opposite [19].

In contrast, Costa Rican private universities where Pharmacy majors are taught have not paid special attention to research activities for the discipline as such, thus, they cannot be considered an academy yet. This private system, however, is being replaced by a university model with more complex thinking, which seeks to participate in the national social agenda, as well as taking a leading role in the generation of knowledge as the central axis of the research process. This new model aims to organize research priorities around strategic areas that bring them closer to become an academy [20,21].

The new vision in the Costa Rican private educational system, besides focusing on the search and design of research methodologies, allows the dissemination of scientific knowledge. The participation of their personnel and students in national and international events (e.g., conferences, symposia) and the production of scientific manuscripts

are of great relevance when evaluating the quality of a certain institution [22,23]. These activities give great support to the research program established by the majors, and at the same time provide prestige to it, to its researchers, and the universities [24].

Likewise, some Costa Rican universities have created open-access journals, which facilitate the publication of research without the financial issue that submitting the manuscripts in a large majority of international journals would represent. This open-access model is also a transparent and affordable means of knowledge. In addition, it allows the development of collaborative inter-institutional networks, expanding the ideals of the universities [25–27].

Nonetheless, despite the great progress of the new model in the private universities, and the consolidated system from the UCR, the establishment of scientific work in both cases is based on the institutional development plan. This can promote the figure of the “slow professor” (i.e., an individual with few research tasks), either due to little affinity with the research topics or due to poor suitability to participate in them [2,28]. Similarly, it is important to highlight that not every university is capable of conducting research, or at least, not at the same level, as well as not all teaching personnel can be included in the category of academic. In many cases, their research possibilities are reduced due to lack of resources, economic and political pressures, or lack of time due to overload in teaching [29,30].

In this sense, the adoption of methodological guidelines or research models in Costa Rican universities that teach Pharmacy may improve professor and student integration into research activities. This will not only provide great academic training tools for both, but represent an integral indicator of credibility, compliance, efficiency, and competitiveness of the major and the research system [31–33]. The relevance of such parameters also lies in their use as an internal mechanism of evaluation in the control and budgetary prioritization of research [34].

3. Quality by Design Model

The ICH guideline Q8 (R2) defines the model as a systematic approach for pharmaceutical development, which begins with predefined objectives and places special emphasis on understanding the product, the process, and its controls [35]. Also, the U.S. FDA considers that quality in a Drug Quality System cannot be evaluated or determined in a product, but must be introduced and promoted from its design [36].

Historically, pharmaceutical companies have determined the quality of their products through “Quality by Test” (i.e., to evaluate the quality of the finished product without prior controls) [37]. Nevertheless, the demand of producing medicines of the highest quality and improve competitiveness within the pharmaceutical, industrial and health fields, forced many institutions to adopt new measures to guarantee the quality of their products. The adoption of the QbD is of great relevance as the predictions made by the model are useful in the design of experimental investigations, in time management, and the use of resources throughout the process [38].

The QbD model’s lifecycle (Figure 1) is directly related to the different constituent elements such as the Target Product Profile (TPP), Quality Target Product Profile (QTPP), Critical Quality Attributes (CQA), Critical Material Attributes (CMA), Critical Process Parameters (CPP), and Design Space [39–41]. In addition, Quality Risk Management (QRM), Design of Experiments (DoE), and Process Analytical Technologies (PAT) are used as tools for guaranteeing the quality of the products being developed [42].



Figure 1. QbD lifecycle. Reprinted with permission from Fornaguera. et al. *Journal of Personalized Medicine*, 7(4). Copyright (2017) MDPI [39].

3.1. Quality by Design Approach for Industrial Pharmacy in the Academy

QbD can be used in any section of the pharmaceutical development process; from the preformulation stages to manufacturing on an industrial scale (Figure 2).

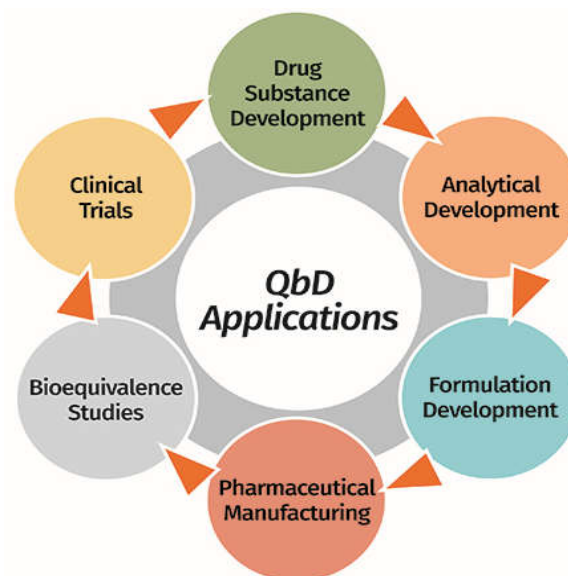


Figure 2. Potential applications of QbD approach in diverse stages of product development lifecycle. Reprinted with permission from Rahman, M. et al. *European Pharmaceutical Review*, 22(1). Copyright (2017) Rusell Publishing Limited [38].

Furthermore, QbD meets the current demand for research processes as it is considered cost-effective in project development. This is possible thanks to using the different tools such as DoE, QRM, and PAT, which allow better understanding regarding the materials and processes involved [43–45]. For instance, an adequate QRM can provide products of the highest quality and safety, thus becoming an excellent resource for the identification and control of possible quality problems during research [46]. Also, this tool allows better decision-making when a problem related to quality arises, making their justification easier, and allowing greater confidence in the research group [47].

According to the ICH Q9 guideline on Quality Risk Management; CQAs, CMAs, and CPPs can be identified thanks to adequate risk management as it detects those

problems in the development of the product and their associated risks [48,49]. In general, nine tools are recommended for risk management. However, among the most widely used are the Ishikawa's Fishbone Diagram (Figure 3) and the Failure Mode and Effects Analysis (FMEA), which are thoroughly explained to the students in Drug Analysis courses [48,50,51].

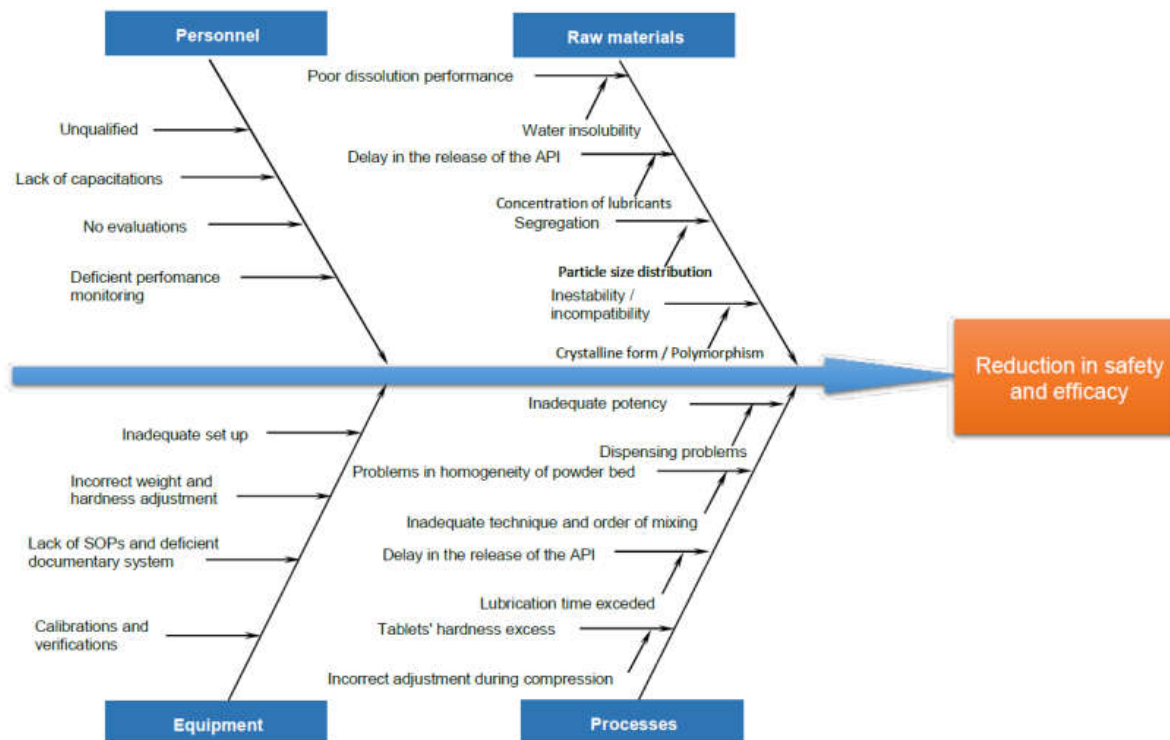


Figure 3. Example of an Ishikawa diagram for the risk management in drug development carried out in the academy. Reprinted with permission from Castillo, L. et al. *Drug Development and Industrial Pharmacy*, 45(10). Copyright (2019) Taylor & Francis [43].

In addition, DoE allows researchers to use their knowledge regarding the product and/or process instead of merely applying the commonly known "trial and error" [52,53]. DoEs are used to organize, conduct and interpret results of experiments in an efficient way, guaranteeing the collection of the greatest possible amount of useful information through the execution of a small number of tests. The main objective of an experimental study (Figure 4) is to find the relationship between independent variables (i.e., factors) and dependent variables (i.e., responses) that affect a certain process and its final product. An adequate DoE can help identify optimal conditions, CMAs, CPPs, and their impact on CQAs [54].

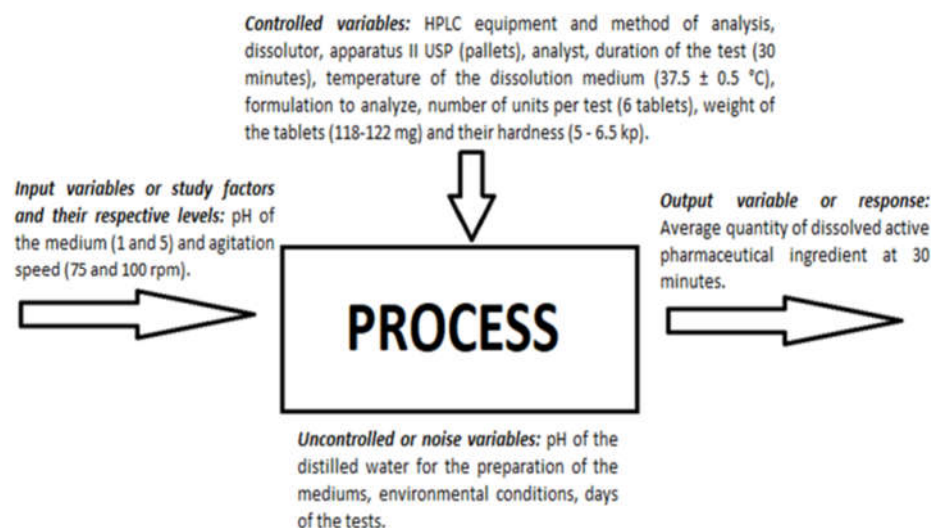


Figure 4. Example of a Design of Experiments carried out in the academy for assessing the performance of solid formulations in the dissolution test. Adapted with permission from Castillo, L. et al. *Journal of Drug Delivery and Therapeutics*, 9(1-s). Copyright (2019) JDDT [55].

In Pharmaceutical Technology, DoE represents an excellent tool that allows to systematically manipulate factors according to a design prior to the establishment of specifications [56,57]. The independent variables are usually formulation factors or test conditions, while the dependent variables are product properties or parameters that indicate the performance of the process [58]. However, it is important to note that according to QbD, risk management has priority over the DoE [50,51,59]. Moreover QbD have gained importance in the natural products development not only for their high demand but also due to the intrinsic variability that represents working with natural raw materials [60].

For example, our group evaluated the impact of sample's mass and temperature on the moisture content in *Camelia sinensis*, *Cassia fistula*, *Chamaemelum nobile*, and *Lippia alba* with a gravimetric method developed through a 3^2 full factorial design. A response optimizer was performed to define the test conditions that allow obtaining a response according to a target value from a certified method (Figure 5). The designed model was able to explain the response variability for all samples based on the R^2 (adj) [61].

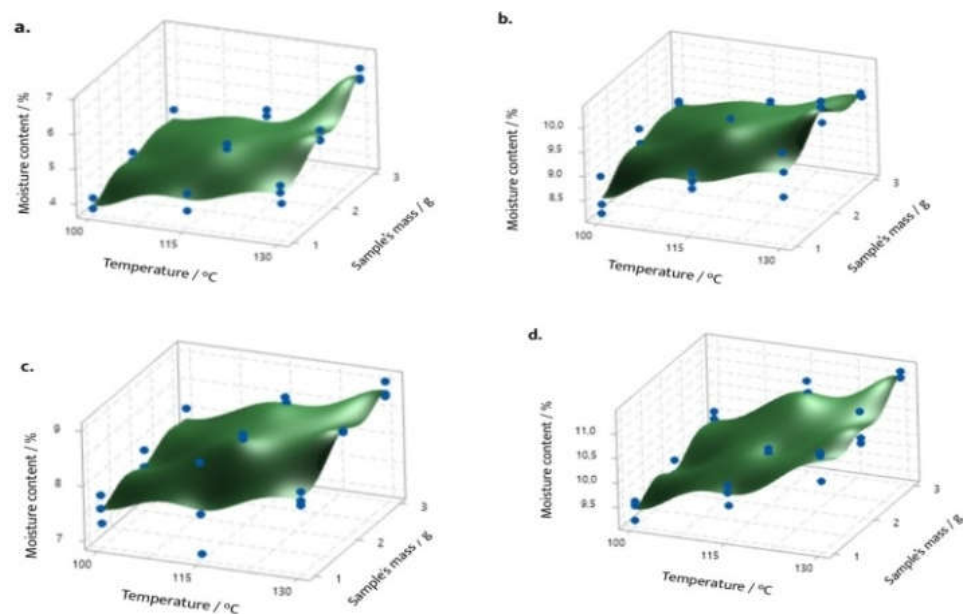


Figure 5. Example of a 3^2 full factorial design for evaluating the moisture content (%) in natural raw materials as a function of the balance's temperature ($^{\circ}\text{C}$) and sample's mass (g), carried out in the academy. Reprinted with permission from Castillo, L. et al. *Borneo Journal of Pharmacy*, 3(1). Copyright (2020) Institute for Research and Community Services Universitas Muhammadiyah Palangkaraya [61].

Furthermore, in previous research from our group, we have employed QbD for the development of different pharmaceutical formulations. In 2017, as part of the main author's undergraduate thesis at UCR, and in collaboration with the National Laboratory of Nanotechnology (LANOTEC), we worked on the formulation of immediate release Rupatadine fumarate 10 mg tablets by direct compression. The research involved identifying the TPP in terms of the target population, administration route, posology, potency, composition, and desired performance regarding drug release and physicochemical stability compared to the commercialized reference product, Rupax[®]. Also, we employed QRM for identifying the CMAs and CPPs, which allowed us to define the CQAs, a safe process, and formulations with no physicochemical incompatibilities. Spectroscopic and thermal analysis techniques were employed to assess the physicochemical compatibility and the suitability of the manufacturing process [43]. In addition, DoE was used to evaluate the different formulation prototypes in the dissolution test [55]. Further on, knowledge and technological transference to a local pharmaceutical industry resulted in the commercialization of the drug product.

Following that, two other investigations involving students at UCR applied a QbD approach for the development of pharmaceutical formulations. Firstly, Cantillo et al. designed the film coating process of tablets at a pilot-scale in a local pharmaceutical industry. In this case, the group employed a full factorial design to evaluate the impact of the CMAs and CPPs on the weigh increase and appearance of defects. As a conclusion, they reported that the main effects were caused by the drum's rotational speed, core bed temperature, and the feed rate of the coating solution [62].

Likewise, Hanley et al. developed an oral suspension with an anti-ulcer and gastroprotective effect. Remarkably, they reported the thickening agents' concentration as a CMA, and the pretreatment of the drug using a wetting agent as a CPP. Once they identified the previous, a DoE was designed and executed in order to determine the effect of these on the suspension's viscosity, which was defined as a CQA. The results revealed that only one of the prototype formulations was suitable for development. In this case, the technological transference was also done to another local pharmaceutical industry that is in process of registering the product and commercializing it in the country [63].

At a private university, Universidad Internacional de Las Américas (UIA), Ramírez et al. developed a sustained release tablet formulation of a non-steroidal and anti-inflammatory drug (NSAID) for treating chronic pain. In this approach, the research group sought to fulfill the CQAs established by the United States Pharmacopoeia (USP) and the British Pharmacopoeia (BP) for the product. The QRM they performed was based on Ishikawa's diagram, FMEA, and the creation of an adequate strategy for risk control and mitigation [64]. Moreover, there are currently other research projects on the way to use this methodology at UIA, such as the development of a self-emulsifying drug delivery system (SEDDS) for improving itraconazole oral bioavailability.

More recently, collaborative work between the Faculty of Pharmacy of UCR, LANOTEC, Laboratory of Biopharmacy and Pharmacokinetics (LABIOFAR) of UCR, and the Laboratory of Polymers of the National University (POLIUNA) allowed the development of a topical chitosan-based thermo-responsive scaffold loaded with Dexketoprofen trometamol (DKT). In this case, the TPP was defined as a function of the intended application for chronic and non-healing wounds caused by different diseases (e.g., diabetes). The scaffold was required to provide controlled release of DKT for 24 h use; having a small release rate at or below the normothermia, and taking advantage of the local hyperthermia presented in wounds for inducing a sol-gel transition in the polymer's structure, and thus, increase the drug's release rate. This QbD approach contributed to avoiding an excessive DKT loading in the polymer matrix as most conventional drug systems do to achieve a concentration gradient for Fickian diffusion as the main release mechanism [65].

As can be seen in Table 1, in the rest of the world the QbD methodology has been extended to different areas of the pharmaceutical discipline, such as: Excipient development, analytical methods, dissolution tests, stability studies, bioequivalence studies, clinical trials, and others [66–69]. All the previously mentioned and described examples have allowed advances in the academy, pharmaceutical development, and the regulatory environment, moving from empirical processes to research based on science and risk control [70,71]. Therefore, the model application allows obtaining tangible results (e.g., pharmaceutical products) of the highest and reproducible quality, which can be easily predicted or anticipated [72].

Moreover, the implementation of this approach generates an increase in students' practical and scientific skills, as well as confidence in the research group, customers, the industrial sector, and health authorities about the quality of the research, products, and knowledge that are being developed and created in the academy [10,11,73].

Table 1. Quality by Design applications in Pharmacy and Pharmaceutical Sciences developed by the Academy.

Application	Purpose	Ref.
Microcrystalline cellulose for direct compression	Excipient development	[74]
Cyclosporine ophthalmic emulsion		[75]
Validation of a bioanalytical method for quantification fluoxetine in human plasma	Bioequivalence studies	[76]
Telmisartan potassium tablets		[77]
Development of microsponges by double emulsion-solvent-diffusion technique	Drug delivery	[78]
Development of long-acting injectable PLGA/PLA-based microspheres		[79]
Determination of critical quality attributes for monoclonal antibodies		[80]
Development of a reversed-phase liquid chromatography method for protein quantification	Biotechnological drug analysis	[81]
Formulation of a bilayer combined tablet manufactured via high-shear wet granulation	Drug development	[82]
Ultrapformance liquid chromatography method for quantification of teriflunomide	Dissolution and stability testing	[83]
Development of severe fever with thrombocytopenia syndrome vaccine	Biologic drug development	[84]
Development of resveratrol loaded ethosomal hydrogel	Dermal delivery system	[85]
Determination of partially pre-gelatinized starch effect on rapid orally disintegrating tablets	Identification of CQA	[86]
Development of green HPLC method for artesunate and amodiaquine impurities	Quality control	[87]
Liquid chromatography method to evaluate cannabinoids content in cannabis olive oil extracts	Quality control of natural products	[88]
Cell culture in bioreactor for the production of foot-and-mouth veterinary vaccine	Biopharmaceutical process development	[89]
Development of electrospinning coatings for metal microneedles	Process optimization	[90]

5. Conclusions

The change in the educational paradigm and the organizational structure of Costa Rican universities has allowed some Pharmacy Schools from these institutions to stand out in terms of scientific research and to seek the consolidation of groups of experts in the industrial field of the discipline. The implementation of research methodologies is the reason for the experienced progress in the last years. Therefore, the QbD model is a great methodology for carrying out research projects regarding Pharmaceutical Sciences. Academic research based on this model enables training and developing practical, scientific, and leadership skills in pharmacy students. In addition, the generated knowledge can be shared in the classrooms, which represents an ideal environment for the professors to communicate their research results and to foster collaborative work between researchers, professors, and students. The participation of all these actors allows a high level of commitment to research work, which benefits the scientific advancement of the university and society. It is important to visualize the student body as potential key actors in the research process, encouraging in them the desire to become trained scientific researchers who want to pursue a career in the academy, giving continuity to it.

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