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In the pharmaceutical industry, the Q value is a key parameter in dissolution testing that ensures the quality and performance of solid oral dosage forms like tablets and capsules. But what exactly does it mean? The Q value represents the minimum percentage of the active pharmaceutical ingredient (API) that must dissolve in a specified time to meet regulatory standards. It is crucial for predicting in vivo drug performance and maintaining batch-to-batch consistency. Key Insights: 1. Threshold for Compliance: For a product to pass, it must meet the required Q value (e.g., 80%) within the defined time, ensuring effective drug release. 2. Testing Stages: Dissolution testing involves three stages (S1, S2, S3), where additional samples are tested if the initial results do not meet the criteria. 3. Significance: Ensures consistent drug release, validates product quality and manufacturing processes. 4. Influencing Factors: Variables such as formulation properties, manufacturing conditions, and testing parameters like media composition or agitation speed can impact dissolution results. 5. Q 5% Criterion in Stage 1 (S1): A regulatory safeguard to ensure consistency and quality of pharmaceutical products. Here's why this additional margin is applied: 1. Stringent Quality Assurance: A +5% requirement ensures that the dissolution performance is robust, leaving little room for variability. It acts as a buffer to account for minor inconsistencies in manufacturing, testing, or environmental factors. 2. Early Detection of Potential Failures: If a formulation barely meets the Q value during S1, it could signal potential quality issues. The stricter criterion at S1 ensures only high-performing batches proceed without further testing. 3. Reduced Need for Additional Testing: Meeting Q + 5% minimizes the likelihood of moving to Stage 2 (S2) or Stage 3 (S3), saving time and resources. 4. Regulatory Confidence: Regulatory authorities (e.g., USP, BP, EP) incorporate this requirement to enhance confidence in the reproducibility and reliability of the product's dissolution profile. Practical Implication: For example, if the Q value is 80%, then during Stage 1, each of the 6 tested units must dissolve at least 85% of the API within the specified time. This criterion ensures that only highly consistent products pass at the initial stage, reflecting a robust and well-controlled manufacturing process. Read also: Delayed Release Buffer Stage Overview At the end of the acid stage, the sample must be withdrawn and media added/ adjusted within FIVE minutes. Typically, add 250 mL of 0.20-M tribasic sodium phosphate buffer at 37°C, adjust the pH to 6.8 ± 0.05 while stirring at the specified rate. The dissolution test continues for 45 minutes (or per monograph specifications). Temperature conditions at 37 ± 0.5°C must be maintained throughout the test. Delayed Release - B1 Samples are taken at the end of the buffer stage, at which point the dosage form should have dissolved. The initial value of Q is calculated as being the total of both the acid and buffer stages. The value of Q is 75% dissolved unless otherwise specified in the individual monograph. The extended release forms should now behave as immediate release forms and so the evaluation of Q is calculated accordingly. Each unit tested must not be less than Q+5% to pass (eg. if Q = 80%, each tablet must not be less than 85% to pass). Delayed Release - B2 If the criteria for buffer stage is not met, then six additional dosage forms are tested. The average of the results from both stages (B1 + B2), together with the value of Q, is calculated and the value must be greater than or equal to Q. No individual unit should have a value less than Q-15%. In our previous example, when the Q = 80%, no unit should be less than 65% to pass stage. Delayed Release - B3 If the dosage forms do not pass the second stage, then 12 additional units are tested. The average of all 24 units (B1 + B2 + B3) is calculated. The value must not be less than the initial value of Q. In addition, no more than two units can have a value of Q-15% and no unit should have a value of Q-25%. If the samples fail at this stage, the entire batch is investigated and possibly rejected. In our previous example where Q = 80%, no two units would be less than 65% and no unit would be less than 55% to pass stage 3. The dissolution specification is expressed in terms of the quantity (Q) of active substance dissolved in a specified time. Using a percent value as a standard allows for easier standardization across all of the monographs and also helps to more easily apply limits based on statistics. As per USP, Q is the amount of dissolved active pharmaceutical ingredient (API). As per EP, Q represents the targeted amount of active substance, which should be dissolved within a certain time and expressed as a percentage of the label claim. How to Calculate Q Value? Let see, USP dissolution acceptance criteria for immediate release dosage form (below figure). Let's assume that Q = 85% dissolved. Using this, then our acceptance criteria for this table would be: S1 - 6 units tested. Each unit is not less than 90% (Q+5%) S2 - 6 additional units tested. Average of 12 units (Stage 1 plus Stage 2) is equal or greater than 85% (Q), and no unit is less than 70% (Q-15%). S3 - 12 additional units tested. Average of 24 units (Stages 1 + 2 + 3) is equal to or greater than 85% (Q), not more than 2 units are less than 70% (Q-15%), and no unit is less than 60% (Q-25%). Why we need to add 5% or 10% to Q value? We do this because the specifications are all based on n=12. When you start with a smaller sample set with n=6, you need to have tighter criteria since you don't have as much statistical confidence. As you increase the sample set of data, you get closer to being able to use Q since you gain more confidence in your data being an accurate representation of the full lot. Each per EP. For most cases in conventional release dosage forms, when tested under reasonable and justified test conditions, the acceptance criteria at least are a percentage of the active substance is released within a specified time. The time typically is 45 min or less. This corresponds to a Q value of 70% per cent. To assess the individual value of each of the 6 units tested is not less than Q + 5% per cent, i.e. not less than 80 per cent. Typically, a single-point acceptance criterion is sufficient to demonstrate that the majority of the active substance has been released, although in certain circumstances it may be necessary to test at additional time points, in order to demonstrate adequate dissolution. Read also: Drug dissolution is a critical attribute of any pharmaceutical product, and it plays a vital role in setting product specifications. The term "Q" is commonly used to express these specifications, and in this article, we will delve into the significance of "Q" and how it is used in designing these specifications. Hello, I'm Bhaskar Napte, the founder of Pharma Growth Hub. In this article, we'll explore the concept of "Q" and its role in pharmaceutical dissolution specifications. To understand "Q," let's refer to official pharmacopoeias. In the United States Pharmacopoeia (USP) General Chapter 711, "Q" is defined as the amount of dissolved active ingredient specified in an individual monograph, expressed as a percentage of the labeled content of the dosage unit. In essence, "Q" represents the percentage of the active pharmaceutical ingredient (API) dissolved during the dissolution process. In the context of the European Pharmacopoeia (EP), General Chapter 2.9.3, the definition of "Q" remains consistent. It is the specified amount of dissolved active substance expressed as a percentage of the labeled content. This underscores the importance of expressing dissolution in terms of percentages. Dissolution specifications are not typically set at a single step. For immediate-release dosage forms, they may be defined at three different stages (S1, S2, S3), or for modified-release dosage forms, at L1, L2, and L3. Let's examine how "Q" values are calculated using an example. Assuming our "Q" value is set at 85%, here's how acceptance criteria would be determined at each stage: Six units need to be tested. Acceptance criteria: All six units must have dissolution results greater than "Q" + 5%. In this case, that would be 90%. If all units meet or exceed this value, the product complies with the specification at S1. S2 Stage: If one or two units fail at S1, an additional six units are tested. Acceptance criteria: The average of all 12 units (6 from S1 and 6 from S2) should be equal to or greater than "Q" (85%). Individual units can be lower, but none should fall below "Q" - 15%. In this case, this is 70%. S3 Stage: If any units fail at S2, 12 more units are tested, totaling 24 units (S1 + S2 + S3). Acceptance criteria: The average of all 24 units should be equal to or greater than "Q" (85%). Similar to S2, not more than two units should fall below "Q" - 15%, and none should be less than "Q" - 25%. Why the "+5%" at S1 Stage? At the S1 stage, the "+5%" is added to the "Q" value to ensure stringent criteria are met. This adjustment is necessary because, during S1, only six units are tested, providing limited statistical confidence. As we move to S2 and S3 stages with larger sample sizes (12 and 24 units, respectively), we can rely more on the "Q" value itself, as statistical confidence increases. Understanding "Q" in dissolution specifications is crucial for ensuring the quality and effectiveness of pharmaceutical products. The multi-stage approach allows for a comprehensive assessment of dissolution performance, taking into account statistical confidence and ensuring product compliance with established standards. I welcome your thoughts and comments on this important aspect of pharmaceutical quality. Thank you for reading. Senior Executive at SUN PHARMA So What is "Q" and "Q+5%" in Dissolution? Ans: Defining "Q": Q = (Amount of active ingredient dissolved / Labeled amount of active ingredient) × 100 Q Value Interpretation- 1. Q = 75%: The tablet or capsule meets the dissolution specification if 75% or more of the labeled amount of active ingredient dissolves within the specified time frame. 2. Q 75%: The tablet or capsule fails the dissolution test if less than 75% of the labeled amount of active ingredient dissolves within the specified time frame. To understand "Q," let's refer to official pharmacopoeias. In the United States Pharmacopoeia (USP) General Chapter 711, "Q" is defined as the amount of dissolved active ingredient specified in an individual monograph, expressed as a percentage of the labeled content of the dosage unit. In essence, "Q" represents the percentage of the active pharmaceutical ingredient (API) dissolved during the dissolution process. In the context of the European Pharmacopoeia (EP), General Chapter 2.9.3, the definition of "Q" remains consistent. 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Acceptance criteria: The average of all 12 units (6 from S1 and 6 from S2) should be equal to or greater than "Q" (85%). Individual units can be lower, but none should fall below "Q" - 15%. In this case, this is 70%. S3 Stage: If any units fail at S2, 12 more units are tested, totaling 24 units (S1 + S2 + S3). Acceptance criteria: The average of all 24 units should be equal to or greater than "Q" (85%). Similar to S2, not more than two units should fall below "Q" - 15%, and none should be less than "Q" - 25%. Why the "+5%" at S1 Stage? At the S1 stage, the "+5%" is added to the "Q" value to ensure stringent criteria are met. This adjustment is necessary because, during S1, only six units are tested, providing limited statistical confidence. As we move to S2 and S3 stages with larger sample sizes (12 and 24 units, respectively), we can rely more on the "Q" value itself, as statistical confidence increases. See more comments To view or add a comment, sign in (originally posted by Ken Boda, Dissolution Product Specialist on LinkedIn) One question I frequently get is about Q in the USP. What's Q? How to determine Q? How do I interpret the acceptance tables? USP defines Q as the quantity or the amount of dissolved Active Pharmaceutical Ingredient (API) specified in an individual monograph, expressed as a percentage of the labeled content of the dosage unit. When we look at a Q value, we are looking at acceptance ranges. You must meet the table for each specification point in the dissolution monograph. It isn't uncommon to have 3 individual specifications, each which must be met in the following table: Let's assume for this table, that we are choosing a later time point, that we are accepting criteria range is 70-80%. Our acceptable limits in the table would then be: L1 - 70-80% L2 - Average of 70-80%. No individual dose is outside of 60-90%. L3 - Average of 70-80%. Only 2 units can be outside of 60-90%. No units can be outside of 50-100%. If we have 3 timepoints, you would need to confirm that each of these 3 timepoints meets this acceptance table. Delayed-Release Products have a separate acceptance table to allow for an acidic challenge and buffer stage. In the acidic challenge, you ideally want to see nothing dissolved indicating that the dose is fully protected from the stomach acid. Please note that this table is not compendial in the Japanese Pharmacopoeia. In the delayed-release tables, you have one for the Acid Phase (A) and another for the Buffer Phase (B). The Acid Phase is pretty self-explanatory. In the Buffer Stage, you see something very similar to the Immediate-Release table above. If we assume Q = 85% again for the Buffer Stage, our passing values would be: B1 - Each unit is not less than 90% B2 - Average of 12 units is equal to or greater to 85%, and no unit is less than 70%. B3 - Average of 24 units is equal or greater to 85%, not more than 2 units are less than 70%, and no unit is less than 60%. I hope this walkthrough of Q in USP is helpful. For further clarification, feel free to contact Agilent's dissolution experts at dissolution.hotline@agilent.com. DE46758677 In the pharmaceutical industry, ensuring the consistent quality and performance of solid oral dosage forms like tablets and capsules is paramount. Among the many parameters assessed during quality control, the Q value in dissolution testing stands out as a critical benchmark. But what exactly does the Q value signify, and why is it so important? This article delves into the intricacies of the Q value, its role in dissolution testing, and the rationale behind associated regulatory standards like the Q+5% criterion. The Q value represents the minimum percentage of the active pharmaceutical ingredient (API) that must dissolve in a specified time frame to meet regulatory standards. It acts as a measure of how effectively a drug releases its active ingredients in simulated conditions, which closely mimic the human gastrointestinal tract. Meeting the Q value ensures that the drug will perform consistently in vivo, delivering the intended therapeutic effect. It also reflects batch-to-batch consistency, which is critical for patient safety and regulatory compliance. For a pharmaceutical product to pass dissolution testing, it must meet the required Q value (e.g., 80%) within the stipulated time. This guarantees that the drug releases an adequate amount of the API to achieve the desired therapeutic outcome. ALSO READ: Types of Dissolution Test Apparatus Dissolution testing is a rigorous, multi-stage process involving three stages: Stage 1 (S1): Initial testing of 6 dosage units. All must meet the stringent Q + 5% requirement. Stage 2 (S2): Additional 6 units are tested if S1 criteria are not met, ensuring the average dissolution meets Q standards. Stage 3 (S3): If variability persists, 12 more units are tested to evaluate compliance. The tiered approach provides multiple opportunities for testing, ensuring reliable results while minimizing unnecessary wastage of resources. The Q value plays a pivotal role in pharmaceutical quality control by: Ensuring Consistent Drug Release: It validates that each dosage form releases the API predictably and consistently over time. Maintaining Product Quality: By meeting dissolution standards, manufacturers ensure high-quality products. Validating Manufacturing Processes: It reflects the effectiveness of manufacturing processes, from formulation to production. Several variables can affect the dissolution process, including: Formulation Properties: Characteristics like particle size, solubility, and excipients can impact dissolution rates. Manufacturing Conditions: Factors such as compression force during tablet formation or coating integrity influence how a drug dissolves. Testing Parameters: Testing conditions, including media composition, pH, and agitation speed, play a crucial role in achieving accurate results. In Stage 1 (S1) of dissolution testing, the regulatory requirement of Q + 5% is applied to ensure additional rigor. For instance, if the Q value is 80%, each of the 6 units tested must dissolve at least 85% of the API within the specified time. But why is this additional margin necessary? The Q + 5% criterion enhances quality assurance by: A formulation barely meets the Q value during Stage 1, it could indicate a potential issue with batch quality. The stricter criterion ensures that only high-performing batches pass without the need for further testing. By meeting the Q + 5% requirement, manufacturers can minimize the likelihood of moving to S2 or S3, saving valuable time and resources. Regulatory agencies such as the USP, BP, and EP incorporate the Q + 5% requirement to bolster confidence in the reproducibility and reliability of a product's dissolution profile. A key question often arises: Why is the tolerance for Q set at 5% and not a stricter (3%) or broader (10%) range? The 5% tolerance is a carefully chosen compromise between ensuring quality and accommodating minor variability. The 5% tolerance originated from guidelines established by the United States Pharmacopoeia (USP) and the FDA. Initially, the tolerance was set at 10%, but as manufacturing technologies and analytical methods improved, it was reduced to 5% to ensure greater product consistency. Accounting for Manufacturing Variability: A 5% tolerance allows for minor differences in manufacturing processes while maintaining product integrity. Analytical Variability: Analytical methods like HPLC or UV spectroscopy, which measure dissolution, have inherent variability. The 5% margin accommodates this. Clinical Relevance: Small variations within a 5% range are considered clinically insignificant, meaning they do not affect the drug's efficacy or safety. Increased False Failures: A 3% tolerance could result in more products failing due to minor and clinically irrelevant variations. Reduced Efficiency: Tighter tolerances would increase rework, retesting, and manufacturing waste. Reduced Product Quality: A wider tolerance could compromise product consistency, affecting drug efficacy and safety. Regulatory Non-Compliance: A 10% margin might not meet regulatory standards, leading to potential compliance issues. Understanding and adhering to the Q value and its associated tolerances have real-world implications: For Manufacturers: Meeting the Q + 5% criterion reflects robust manufacturing and quality assurance practices, reducing the risk of product recalls or regulatory action. For Regulators: The Q value offers a standardized method to assess drug performance, ensuring patient safety and therapeutic effectiveness. For Patients: Consistent dissolution profiles guarantee reliable drug delivery and efficacy, enhancing their overall health. The Q value in dissolution testing is a cornerstone of pharmaceutical quality control, ensuring that drugs perform predictably and consistently. By adhering to stringent standards like the Q + 5% criterion, manufacturers can maintain high product quality, regulatory compliance, and patient trust. Understanding the rationale behind the 5% tolerance further underscores the delicate balance between precision and practicality in the pharmaceutical industry. Ultimately, the Q value serves as a vital link between scientific rigor, manufacturing excellence, and therapeutic reliability. Created by ZHATKIN Yuri, last modified by MONTARD Laurence on Sep 15, 2021. Answer: Q represents the targeted amount of active substance, expressed as a percentage of the label claim, which should be dissolved within a certain time. The 'Q' value should be seen as a "reference value" to which the dissolution results are compared. Such a comparison applies both to conventional-release dosage forms and the buffer stage of the dissolution test of gastro-resistant dosage forms. For more information on dissolution testing, refer to general chapter 5.1.7. Recommendations on dissolution testing. Dissolution testing plays a crucial role in the pharmaceutical industry. It helps determine the rate at which a drug substance dissolves in a chosen solvent or medium. The results of dissolution testing provide valuable insights into the drug's release characteristics, bioavailability, and effectiveness. A parameter used to evaluate dissolution data is the q value. So, what is meant by a q value in dissolution? **The q value in dissolution refers to the amount of drug substance dissolved at a specific time during a dissolution test. It is a numeric value that indicates the percentage of drug dissolved within a specified time interval. * The q value is a fundamental parameter used to assess drug release from solid oral dosage forms, such as tablets and capsules. It allows pharmaceutical researchers and manufacturers to monitor and compare the dissolution behavior of different formulations, evaluate batch-to-batch consistency, and ensure product quality. FAQs on q value dissolution: 1. How is the q value determined in dissolution testing? The q value is determined by measuring the concentration of the drug residue in the dissolution medium at a specific time, usually using validated analytical techniques. 2. Why is the q value important in dissolution testing? The q value provides quantitative data on drug release rates, helping researchers understand the formulation's dissolution behavior and predict its performance in the body. 3. What is the significance of q value in pharmaceutical quality control? The q value enables continuous monitoring of batch-to-batch consistency and identifies any potential variations or noncompliance with dissolution specifications. 4. Can the q value alone determine the effectiveness of a drug formulation? No, the q value is just one of several parameters used to evaluate drug release. Other factors like dissolution profile shape, similarity factors, and dissolution efficiency are also considered for comprehensive assessment. 5. How is the q value used to evaluate generic drug products? When seeking regulatory approvals, generic drug manufacturers must demonstrate that their product's dissolution profile and q value are similar to that of the reference (brand) product. 6. Are there any guidelines or regulatory requirements regarding q value in dissolution testing? Yes, regulatory authorities such as the United States Pharmacopoeia (USP) and the European Pharmacopoeia (Ph. Eur.) provide guidelines on dissolution testing, including the determination and acceptance criteria for the q value. 7. Can the q value be used to compare drug formulations from different manufacturers? Yes, the q value is a standardized parameter that allows comparison between different drug formulations to assess equivalency or similarity. 8. Is the q value the same for all drugs? No, the q value varies for different drug substances and dosage forms. Each drug has its own dissolution behavior, which depends on factors such as solubility, formulation composition, and manufacturing process. 9. Can the q value be used to predict drug bioavailability? While the q value provides some insights into drug release, it does not directly predict bioavailability. Other factors, such as drug absorption and metabolism, also influence bioavailability. 10. Can the q value be influenced by batch-to-batch consistency and ensure product quality? Yes, consistent q values across batches indicate high manufacturing consistency. 11. Are there any limitations to using the q value in dissolution testing? The q value provides a snapshot of drug release at a specific time point. It may not capture the complete dissolution behavior, especially for drug products with complex release profiles. 12. Is the q value an internationally recognized parameter in dissolution testing? Yes, the q value is widely accepted and used globally as a parameter in dissolution testing for assessing product quality, equivalence, and performance. It helps ensure the safety and efficacy of pharmaceutical products. Dive into the world of luxury with this video! Your friends have asked us these questions - Check out the answers! 711 DISSOLUTION This general chapter is harmonized with the corresponding texts of the European Pharmacopoeia and/or the Japanese Pharmacopoeia. The texts of these pharmacopoeias are therefore interchangeable, and the methods of the European Pharmacopoeia or the Japanese Pharmacopoeia may be used for demonstration of compliance instead of the present general chapter. These pharmacopoeias have undertaken not to make any unilateral change to this harmonized chapter. Portions of the present general chapter text that are national USP text, and therefore not part of the harmonized text, are marked with symbols () to specify this fact. This test is provided to determine compliance with the dissolution requirements where stated in the individual monograph for dosage forms administered orally. In this general chapter, a dosage unit is defined as 1 tablet or 1 capsule or the amount specified. Of the types of apparatus described herein, use the one specified in the individual monograph. Where the label states that the article is enteric-coated, and where a dissolution or disintegration test that does not specifically state that it is to be applied to delayed-release articles is included in the individual monograph, the procedure and interpretation given for Delayed-Release Dosage Forms is applied unless otherwise specified in the individual monograph. For hard or soft gelatin capsules and gelatin-coated tablets that do not conform to the Dissolution specification, repeat the test in a suitable water bath of any convenient size that permits holding the temperature at 37 ± 0.5 during the test. No part of the assembly, including the environment in which the assembly is placed, contributes significant motion, agitation, or vibration beyond that due to the smooth, vertically reciprocating cylinder. A device is used that allows the reciprocation rate to be selected and maintained at the specified dip rate given in the individual monograph within ±5%. An apparatus that permits observation of the specimens and reciprocating cylinders is preferable. The vessels are provided with an evaporation cap that remains in place for the duration of the test. The components conform to the dimensions shown in Figure 3 unless otherwise specified in the individual monograph. Fig. 3. Apparatus 3 (reciprocating cylinder) Apparatus 4 (Flow-Through Cell) The assembly consists of a reservoir and a pump for the Dissolution Medium; a flow-through cell; and a water bath that maintains the Dissolution Medium at 37 ± 0.5. Use the specified cell size as given in the individual monograph. The pump forces the Dissolution Medium upwards through the flow-through cell. The pump has a delivery range between 240 and 960 mL per hour, with standard flow rates of 4, 8, and 16 mL per minute. It must deliver a constant flow (±5% of the nominal flow rate); the flow profile is sinusoidal with a pulsation of 120 ± 10 pulses per minute. The flow-through cell (see Figures 4 and 5), of transparent and inert material, is mounted vertically with a filter system (specified in the individual monograph) that prevents escape of undissolved particles from the top of the cell; standard cell diameters are 12 and 22.6 mm; the bottom cone is usually filled with small glass beads of a 1-mm diameter with one bead of about 5 mm positioned at the apex to protect the fluid entry tube; and a tablet holder (see Figures 4 and 5) is available for positioning of special dosage forms, for example, inlet tablets. The cell is immersed in a water bath, and the temperature is maintained at 37 ± 0.5. Fig. 4. Large apparatus and capsule top. The pump is separated from the dissolution unit by a gasketed bottom (gasketed capsules only). The vessels are equipped with a clamp mechanism for the vessels and are connected to the vessels and the vessels to assemble cell. The pump is removed from the dissolution unit to shield the latter against vibrations originating from the pump. The position of the pump should not be on a level higher than the reservoir flask. Tube connections are as short as possible. Use suitably inert tubing, such as polytetrafluoroethylene with about 1.6-mm inner diameter and chemically inert flanged-end connections. The determination of suitability of a test assembly to perform dissolution testing must include conformance to the dimensions and tolerances of the apparatus as given above. In addition, critical test parameters that have to be monitored periodically during use include volume and temperature of the Dissolution Medium, rotation speed (Apparatus 1 and Apparatus 2), dip rate (Apparatus 3), and flow rate of medium (Apparatus 4). Determine the acceptable performance of the dissolution test assembly periodically. The suitability for the individual apparatus is demonstrated by the Apparatus Suitability Test. Apparatus Suitability Test, Apparatus 1 and 2— Individually test 1 tablet of the USP Dissolution Calibrator, Disintegrating Type and 1 tablet of USP Dissolution Calibrator, Nondisintegrating Type, according to the operating conditions specified. The apparatus is suitable if the results obtained are within the acceptable range stated in the certificate for that calibrator in the apparatus tested. Apparatus Suitability Test, Apparatus 3— Individually test 1 tablet of the USP Drug Release Tablets (Single Unit) according to the operating conditions specified. The apparatus is suitable if the results obtained are within the acceptable range stated in the certificate. Apparatus Suitability Test, Apparatus 4— [To come.] Apparatus 1 and Apparatus 2 Immediate-Release Dosage Forms Place the stated volume of the Dissolution Medium (±1% in the vessel of the specified apparatus given in the individual monograph, assemble the apparatus, equilibrate the Dissolution Medium to 37 ± 0.5, and remove the thermometer. Place 1 dosage unit in the apparatus, taking care to exclude air bubbles from the surface of the dosage unit, and immediately operate the apparatus at the specified rate given in the individual monograph. Within the time interval specified, or at each of the times specified, withdraw a specimen from a zone midway between the surface of the Dissolution Medium and the top of the rotating basket or blade, not less than 1 cm from the vessel wall. [NOTE—Where multiple sampling times are specified, replace the aliquots withdrawn for analysis with equal volumes of fresh Dissolution Medium in 37 ± 0.5, or where it can be shown that replacement of the medium is not necessary, correct for the volume change in the calculation.] Keep the vessel covered for the duration of the test, and verify the temperature of the mixture under test at suitable times.] Perform the analysis as directed in the individual monograph using a suitable assay method.3 Repeat the test with additional dosage form units. If automated equipment is used for sampling or the apparatus is otherwise modified, verification that the modified apparatus will produce results equivalent to those obtained with the standard apparatus described in this general chapter is necessary. Dissolution Medium— A suitable dissolution medium is used. Use the solvent specified in the individual monograph. The volume specified refers to measurements made between 20 and 25. If the Dissolution Medium is a buffered solution, adjust the solution so that its pH is within 0.05 unit of the specified pH given in the individual monograph. [NOTE—Dissolved gases can cause bubbles to form, which may change the results of the test. If dissolved gases influence the dissolution results, dissolved gases should be removed prior to testing.] 4 Time— Where a single time specification is given, the test may be concluded in a shorter period if the requirement for minimum amount dissolved is met. Specimens are to be withdrawn only at the stated times within a tolerance of ±2%. Extended-Release Dosage Forms Proceed as directed for Immediate-Release Dosage Forms. Dissolution Medium— Proceed as directed for Immediate-Release Dosage Forms. Time— The test-time points, generally three, are expressed in hours. Delayed-Release Dosage Forms NOT ACCEPTED BY THE JAPANESE PHARMACOPOEIA Use Method A or Method B and the apparatus specified in the individual monograph. All test times stated are to be observed within a tolerance of ±2%, unless otherwise specified. Method A— Procedure (unless otherwise directed in the individual monograph)— ACID STAGE— Place 750 mL of 0.1 N hydrochloric acid in the vessel, and assemble the apparatus. Allow the medium to equilibrate to a temperature of 37 ± 0.5. Place 1 dosage unit in the apparatus, cover the vessel, and operate the apparatus at the specified rate given in the monograph. After 2 hours of operation in 0.1 N hydrochloric acid, withdraw an aliquot of the fluid, and proceed immediately as directed under Buffer Stage. Perform an analysis of the aliquot using a suitable assay method. The procedure is specified in the individual monograph. BUFFER STAGE— [NOTE—Complete the operations of adding the buffer and adjusting the pH within 5 minutes.] With the apparatus operating at the rate specified in the monograph, add to the fluid in the vessel 250 mL of 0.20 M tribasic sodium phosphate that has been equilibrated to 37 ± 0.5. Adjust, if necessary, with 2 N hydrochloric acid or 2 N sodium hydroxide to a pH of 6.8 ± 0.05. Continue to operate the apparatus for 45 minutes, or for the specified time given in the individual monograph. At the end of the time period, withdraw an aliquot of the fluid, and perform the analysis using a suitable assay method. The procedure is specified in the individual monograph. The test may be concluded in a shorter time period than that specified for the Buffer Stage if the requirement for minimum amount dissolved is met at an earlier time. Method B— Procedure (unless otherwise directed in the individual monograph)— ACID STAGE— Place 1000 mL of 0.1 N hydrochloric acid in the vessel, and assemble the apparatus. Allow the medium to equilibrate to a temperature of 37 ± 0.5. Place 1 dosage unit in the apparatus, cover the vessel, and operate the apparatus at the rate specified in the monograph. After 2 hours of operation in 0.1 N hydrochloric acid, withdraw an aliquot of the fluid, and proceed immediately as directed under Buffer Stage. Perform an analysis of the aliquot using a suitable assay method. The procedure is specified in the individual monograph. BUFFER STAGE— [NOTE—For this stage of the procedure, use buffer that previously has been equilibrated to a temperature of 37 ± 0.5.] Drain the acid from the vessel, and add to the vessel 1000 mL of pH 6.8 phosphate buffer, prepared by mixing 0.1 N hydrochloric acid with 0.20 M tribasic sodium phosphate (3:1) and adjusting, if necessary, with 2 N hydrochloric acid or 2 N sodium hydroxide to a pH of 6.8 ± 0.05. [NOTE—This may also be accomplished by removing from the apparatus the buffer and transferring the dosage unit to the vessel containing the buffer.] Continue to operate the apparatus for 45 minutes, or for the specified time given in the individual monograph. At the end of the time period, withdraw an aliquot of the fluid, and perform the analysis using a suitable assay method. The procedure is specified in the individual monograph. The test may be concluded in a shorter time period than that specified for the Buffer Stage if the requirement for minimum amount dissolved is met at an earlier time. Apparatus 3 (Reciprocating Cylinder) NOT ACCEPTED BY THE JAPANESE PHARMACOPOEIA Immediate-Release Dosage Forms Place the stated volume of the Dissolution Medium in each vessel of the apparatus, assemble the apparatus, equilibrate the Dissolution Medium to 37 ± 0.5, and remove the thermometer. Place 1 dosage-form unit in each of the six reciprocating cylinders, taking care to exclude air bubbles from the surface of each dosage unit, and immediately operate the apparatus as specified in the individual monograph. During the upward and downward stroke, the reciprocating cylinder moves through a total distance of 9.5 to 10.1 cm. Within the time interval specified, or at each of the times stated, raise the reciprocating cylinders and withdraw a portion of the solution under test from a zone midway between the surface of the Dissolution Medium and the bottom of each vessel. Perform the analysis as directed in the individual monograph. If necessary, repeat the test with additional dosage-form units. Dissolution Medium— Proceed as directed for Immediate-Release Dosage Forms under Apparatus 1 and Apparatus 2. Time— Proceed as directed for Immediate-Release Dosage Forms under Apparatus 1 and Apparatus 2. Extended-Release Dosage Forms Proceed as directed for Immediate-Release Dosage Forms under Apparatus 3. — Proceed as directed for Extended-Release Dosage Forms under Apparatus 1 and Apparatus 2. Time— Proceed as directed for Extended-Release Dosage Forms under Apparatus 1 and Apparatus 2. Delayed-Release Dosage Forms Proceed as described for Delayed-Release Dosage Forms, Method B under Apparatus 1 using one row of the six dosage units and the following row of vessels for the buffer stage media using the volume of medium specified (usually 300 mL). Time— Proceed as directed for Immediate-Release Dosage Forms under Apparatus 1 and Apparatus 2. Apparatus 4 (Flow-Through Cell) Immediate-Release Dosage Forms Place the glass beads into the cell specified in the monograph. Place 1 dosage unit on top of the beads or, if specified in the monograph, on a wire carrier. Assemble the filter head, and fix the parts together by means of a suitable clamping device. Introduce by the pump the Dissolution Medium warmed to 37 ± 0.5 through the bottom of the cell to obtain the flow rate specified in the individual monograph and measured with an accuracy of 5%. Collect the eluate by fractions at each of the times stated. Perform the analysis as directed in the individual monograph. Repeat the test with additional dosage-form units. Dissolution Medium— Proceed as directed for Immediate-Release Dosage Forms under Apparatus 1 and Apparatus 2. Time— Proceed as directed for Immediate-Release Dosage Forms under Apparatus 4. Dissolution Medium— Proceed as directed for Immediate-Release Dosage Forms under Apparatus 4. Time— Proceed as directed for Immediate-Release Dosage Forms under Apparatus 4. Delayed-Release Dosage Forms Proceed as directed for Delayed-Release Dosage Forms under Apparatus 1 and Apparatus 2, using the specified media. Time— Proceed as directed for Delayed-Release Dosage Forms under Apparatus 1 and Apparatus 2. Immediate-Release Dosage Forms Unless otherwise specified in the individual monograph, the requirements are met if the quantities of active ingredient dissolved from the dosage units tested conform to Acceptance Table 1. Continue testing through the three stages unless the results conform at either S1 or S2. The quantity, Q, is the amount of dissolved active ingredient specified in the individual monograph, expressed as a percentage of the labeled content of the dosage unit; the 5%, 15%, and 25% values in Acceptance Table 1 are percentages of the labeled content so that these values and Q are in the same terms. Stage Number Tested Acceptance Criteria S1 6 units tested. Each unit is not less than 90% (Q+5%) S2 6 additional units tested. Average of 12 units (S1 + S2) is equal to or greater than Q (85%). Individual units can be lower, but none should fall below Q - 15%. In this case, this is 70%. S3 12 additional units tested. Average of 24 units (S1 + S2 + S3) is equal to or greater than Q (85%). Similar to S2, not more than two units should fall below Q - 15%, and none should be less than Q - 25%. Why the "+5%" at S1 Stage? At the S1 stage, the "+5%" is added to the "Q" value to ensure stringent criteria are met. This adjustment is necessary because, during S1, only six units are tested, providing limited statistical confidence. As we move to S2 and S3 stages with larger sample sizes (12 and 24 units, respectively), we can rely more on the "Q" value itself, as statistical confidence increases. Understanding "Q" in dissolution specifications is crucial for ensuring the quality and effectiveness of pharmaceutical products. The multi-stage approach allows for a comprehensive assessment of dissolution performance, taking into account statistical confidence and ensuring product compliance with established standards. I welcome your thoughts and comments on this important aspect of pharmaceutical quality. Thank you for reading. Senior Executive at SUN PHARMA So What is "Q" and "Q+5%" in Dissolution? Ans: Defining "Q": Q = (Amount of active ingredient dissolved / Labeled amount of active ingredient) × 100 Q Value Interpretation- 1. Q = 75%: The tablet or capsule meets the dissolution specification if 75% or more of the labeled amount of active ingredient dissolves within the specified time frame. 2. Q 75%: The tablet or capsule fails the dissolution test if less than 75% of the labeled amount of active ingredient dissolves within the specified time frame. To understand "Q," let's refer to official pharmacopoeias. In the United States Pharmacopoeia (USP) General Chapter 711, "Q" is defined as the amount of dissolved active ingredient specified in an individual monograph, expressed as a percentage of the labeled content of the dosage unit. In essence, "Q" represents the percentage of the active pharmaceutical ingredient (API) dissolved during the dissolution process. In the context of the European Pharmacopoeia (EP), General Chapter 2.9.3, the definition of "Q" remains consistent. It is the specified amount of dissolved active substance expressed as a percentage of the labeled content. This underscores the importance of expressing dissolution in terms of percentages. Dissolution specifications are not typically set at a single step. For immediate-release dosage forms, they may be defined at three different stages (S1, S2, S3), or for modified-release dosage forms, at L1, L2, and L3. Let's examine how "Q" values are calculated using an example. Assuming our "Q" value is set at 85%, here's how acceptance criteria would be determined at each stage: Six units need to be tested. Acceptance criteria: All six units must have dissolution results greater than "Q" + 5%. In this case, that would be 90%. If all units meet or exceed this value, the product complies with the specification at S1. S2 Stage: If one or two units fail at S1, an additional six units are tested. Acceptance criteria: The average of all 12 units (6 from S1 and 6 from S2) should be equal to or greater than "Q" (85%). Individual units can be lower, but none should fall below "Q" - 15%. In this case, this is 70%. S3 Stage: If any units fail at S2, 12 more units are tested, totaling 24 units (S1 + S2 + S3). Acceptance criteria: The average of all 24 units should be equal to or greater than "Q" (85%). Similar to S2, not more than two units should fall below "Q" - 15%, and none should be less than "Q" - 25%. Why the "+5%" at S1 Stage? At the S1 stage, the "+5%" is added to the "Q" value to ensure stringent criteria are met. This adjustment is necessary because, during S1, only six units are tested, providing limited statistical confidence. As we move to S2 and S3 stages with larger sample sizes (12 and 24 units, respectively), we can rely more on the "Q" value itself, as statistical confidence increases. See more comments To view or add a comment, sign in (originally posted by Ken Boda, Dissolution Product Specialist on LinkedIn) One question I frequently get is about Q in the USP. What's Q? How to determine Q? How do I interpret the acceptance tables? USP defines Q as the quantity or the amount of dissolved Active Pharmaceutical Ingredient (API) specified in an individual monograph, expressed as a percentage of the labeled content of the dosage unit. When we look at a Q value, we are looking at acceptance ranges. You must meet the table for each specification point in the dissolution monograph. It isn't uncommon to have 3 individual specifications, each which must be met in the following table: Let's assume for this table, that we are choosing a later time point, that we are accepting criteria range is 70-80%. Our acceptable limits in the table would then be: L1 - 70-80% L2 - Average of 70-80%. No individual dose is outside of 60-90%. L3 - Average of 70-80%. Only 2 units can be outside of 60-90%. No units can be outside of 50-100%. If we have 3 timepoints, you would need to confirm that each of these 3 timepoints meets this acceptance table. Delayed-Release Products have a separate acceptance table to allow for an acidic challenge and buffer stage. In the acidic challenge, you ideally want to see nothing dissolved indicating that the dose is fully protected from the stomach acid. Please note that this table is not compendial in the Japanese Pharmacopoeia. In the delayed-release tables, you have one for the Acid Phase (A) and another for the Buffer Phase (B). The Acid Phase is pretty self-explanatory. In the Buffer Stage, you see something very similar to the Immediate-Release table above. If we assume Q = 85% again for the Buffer Stage, our passing values would be: B1 - Each unit is not less than 90% B2 - Average of 12 units is equal to or greater to 85%, and no unit is less than 70%. B3 - Average of 24 units is equal or greater to 85%, not more than 2 units are less than 70%, and no unit is less than 60%. I hope this walkthrough of Q in USP is helpful. For further clarification, feel free to contact Agilent's dissolution experts at dissolution.hotline@agilent.com. DE46758677 In the pharmaceutical industry, ensuring the consistent quality and performance of solid oral dosage forms like tablets and capsules is paramount. Among the many parameters assessed during quality control, the Q value in dissolution testing stands out as a critical benchmark. But what exactly does the Q value signify, and why is it so important? This article delves into the intricacies of the Q value, its role in dissolution testing, and the rationale behind associated regulatory standards like the Q+5% criterion. The Q value represents the minimum percentage of the active pharmaceutical ingredient (API) that must dissolve in a specified time frame to meet regulatory standards. It acts as a measure of how effectively a drug releases its active ingredients in simulated conditions, which closely mimic the human gastrointestinal tract. Meeting the Q value ensures that the drug will perform consistently in vivo, delivering the intended therapeutic effect. It also reflects batch-to-batch consistency, which is critical for patient safety and regulatory compliance. For a pharmaceutical product to pass dissolution testing, it must meet the required Q value (e.g., 80%) within the stipulated time. This guarantees that the drug releases an adequate amount of the API to achieve the desired therapeutic outcome. ALSO READ: Types of Dissolution Test Apparatus Dissolution testing is a rigorous, multi-stage process involving three stages: Stage 1 (S1): Initial testing of 6 dosage units. All must meet the stringent Q + 5% requirement. Stage 2 (S2): Additional 6 units are tested if S1 criteria are not met, ensuring the average dissolution meets Q standards. Stage 3 (S3): If variability persists, 12 more units are tested to evaluate compliance. The tiered approach provides multiple opportunities for testing, ensuring reliable results while minimizing unnecessary wastage of resources. The Q value plays a pivotal role in pharmaceutical quality control by: Ensuring Consistent Drug Release: It validates that each dosage form releases the API predictably and consistently over time. Maintaining Product Quality: By meeting dissolution standards, manufacturers ensure high-quality products. Validating Manufacturing Processes: It reflects the effectiveness of manufacturing processes, from formulation to production. Several variables can affect the dissolution process, including: Formulation Properties: Characteristics like particle size, solubility, and excipients can impact dissolution rates. Manufacturing Conditions: Factors such as compression force during tablet formation or coating integrity influence how a drug dissolves. Testing Parameters: Testing conditions, including media composition, pH, and agitation speed, play a crucial role in achieving accurate results. In Stage 1 (S1) of dissolution testing, the regulatory requirement of Q + 5% is applied to ensure additional rigor. For instance, if the Q value is 80%, each of the 6 units tested must dissolve at least 85% of the API within the specified time. But why is this additional margin necessary? The Q + 5% criterion enhances quality assurance by: A formulation barely meets the Q value during Stage 1, it could indicate a potential issue with batch quality. The stricter criterion ensures that only high-performing batches pass without the need for further testing. By meeting the Q + 5% requirement, manufacturers can minimize the likelihood of moving to S2 or S3, saving valuable time and resources. Regulatory agencies such as the USP, BP, and EP incorporate the Q + 5% requirement to bolster confidence in the reproducibility and reliability of a product's dissolution profile. A key question often arises: Why is the tolerance for Q set at 5% and not a stricter (3%) or broader (10%) range? The 5% tolerance is a carefully chosen compromise between ensuring quality and accommodating minor variability. The 5% tolerance originated from guidelines established by the United States Pharmacopoeia (USP) and the FDA. Initially, the tolerance was set at 10%, but as manufacturing technologies and analytical methods improved, it was reduced to 5% to ensure greater product consistency. Accounting for Manufacturing Variability: A 5% tolerance allows for minor differences in manufacturing processes while maintaining product integrity. Analytical Variability: Analytical methods like HPLC or UV spectroscopy, which measure dissolution, have inherent variability. The 5% margin accommodates this. Clinical Relevance: Small variations within a 5% range are considered clinically insignificant, meaning they do not affect the drug's efficacy or safety. Increased False Failures: A 3% tolerance could result in more products failing due to minor and clinically irrelevant variations. Reduced Efficiency: Tighter tolerances would increase rework, retesting, and manufacturing waste. Reduced Product Quality: A wider tolerance could compromise product consistency, affecting drug efficacy and safety. Regulatory Non-Compliance: A 10% margin might not meet regulatory standards, leading to potential compliance issues. Understanding and adhering to the Q value and its associated tolerances have real-world implications: For Manufacturers: Meeting the Q + 5% criterion reflects robust manufacturing and quality assurance practices, reducing the risk of product recalls or regulatory action. For Regulators: The Q value offers a standardized method to assess drug performance, ensuring patient safety and therapeutic effectiveness. For Patients: Consistent dissolution profiles guarantee reliable drug delivery and efficacy, enhancing their overall health. The Q value in dissolution testing is a cornerstone of pharmaceutical quality control, ensuring that drugs perform predictably and consistently. By adhering to stringent standards like the Q + 5% criterion, manufacturers can maintain high product quality, regulatory compliance, and patient trust. Understanding the rationale behind the 5% tolerance further underscores the delicate balance between precision and practicality in the pharmaceutical industry. Ultimately, the Q value serves as a vital link between scientific rigor, manufacturing excellence, and therapeutic reliability. Created by ZHATKIN Yuri, last modified by MONTARD Laurence on Sep 15, 2021. Answer: Q represents the targeted amount of active substance, expressed as a percentage of the label claim, which should be dissolved within a certain time. The 'Q' value should be seen as a "reference value" to which the dissolution results are compared. Such a comparison applies both to conventional-release dosage forms and the buffer stage of the dissolution test of gastro-resistant dosage forms. For more information on dissolution testing, refer to general chapter 5.1.7. Recommendations on dissolution testing. Dissolution testing plays a crucial role in the pharmaceutical industry. It helps determine the rate at which a drug substance dissolves in a chosen solvent or medium. The results of dissolution testing provide valuable insights into the drug's release characteristics, bioavailability, and effectiveness. A parameter used to evaluate dissolution data is the q value. So, what is meant by a q value in dissolution? **The q value in dissolution refers to the amount of drug substance dissolved at a specific time during a dissolution test. It is a numeric value that indicates the percentage of drug dissolved within a specified time interval. * The q value is a fundamental parameter used to assess drug release from solid oral dosage forms, such as tablets and capsules. It allows pharmaceutical researchers and manufacturers to monitor and compare the dissolution behavior of different formulations, evaluate batch-to-batch consistency, and ensure product quality. FAQs on q value dissolution: 1. How is the q value determined in dissolution testing? The q value is determined by measuring the concentration of the drug residue in the dissolution medium at a specific time, usually using validated analytical techniques. 2. Why is the q value important in dissolution testing? The q value provides quantitative data on drug release rates, helping researchers understand the formulation's dissolution behavior and predict its performance in the body. 3. What is the significance of q value in pharmaceutical quality control? The q value enables continuous monitoring of batch-to-batch consistency and identifies any potential variations or noncompliance with dissolution specifications. 4. Can the q value alone determine the effectiveness of a drug formulation? No, the q value is just one of several parameters used to evaluate drug release. Other factors like dissolution profile shape, similarity factors, and dissolution efficiency are also considered for comprehensive assessment. 5. How is the q value used to evaluate generic drug products? When seeking regulatory approvals, generic drug manufacturers must demonstrate that their product's dissolution profile and q value are similar to that of the reference (brand) product. 6. Are there any guidelines or regulatory requirements regarding q value in dissolution testing? Yes, regulatory authorities such as the United States Pharmacopoeia (USP) and the European Pharmacopoeia (Ph. Eur.) provide guidelines on dissolution testing, including the determination and acceptance criteria for the q value. 7. Can the q value be used to compare drug formulations from different manufacturers? Yes, the q value is a standardized parameter that allows comparison between different drug formulations to assess equivalency or similarity. 8. Is the q value the same for all drugs? No, the q value varies for different drug substances and dosage forms. Each drug has its own dissolution behavior, which depends on factors such as solubility, formulation composition, and manufacturing process. 9. Can the q value be used to predict drug bioavailability? While the q value provides some insights into drug release, it does not directly predict bioavailability. Other factors, such as drug absorption and metabolism, also influence bioavailability. 10. Can the q value be influenced by batch-to-batch consistency and