SNS COLLEGE OF PHARMACY AND HEALTH SCIENCES

Affiliated To The Tamil Nadu Dr. MGR Medical University, Chennai
Approved by Pharmacy Council of India, New Delhi.
Coimbatore -641035

COURSE NAME : Pharmaceutical Inorganic Chemistry (BP 104 T)

I YEAR / I SEM

TOPIC: Modern Pharmacopoeial Standards (UNIT I)

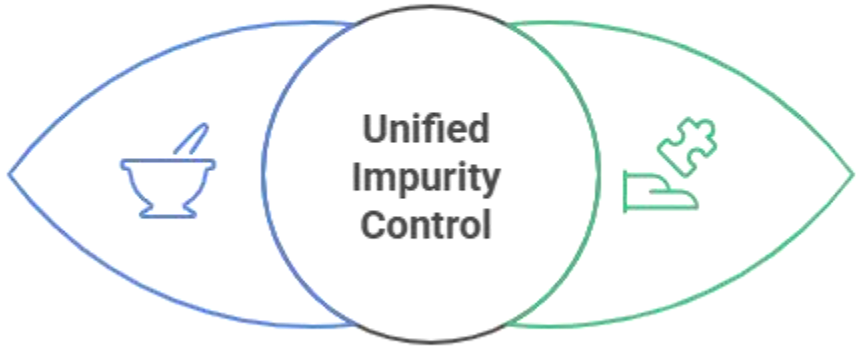
SUB TOPIC: Evolution of WHO International Pharmacopoeia & ICH Harmonization

Focus: Global Impurity Control

Harmonized Global Impurity Control

WHO International Pharmacopoeia

Global quality standards for medicines



ICH Harmonization

International regulatory alignment

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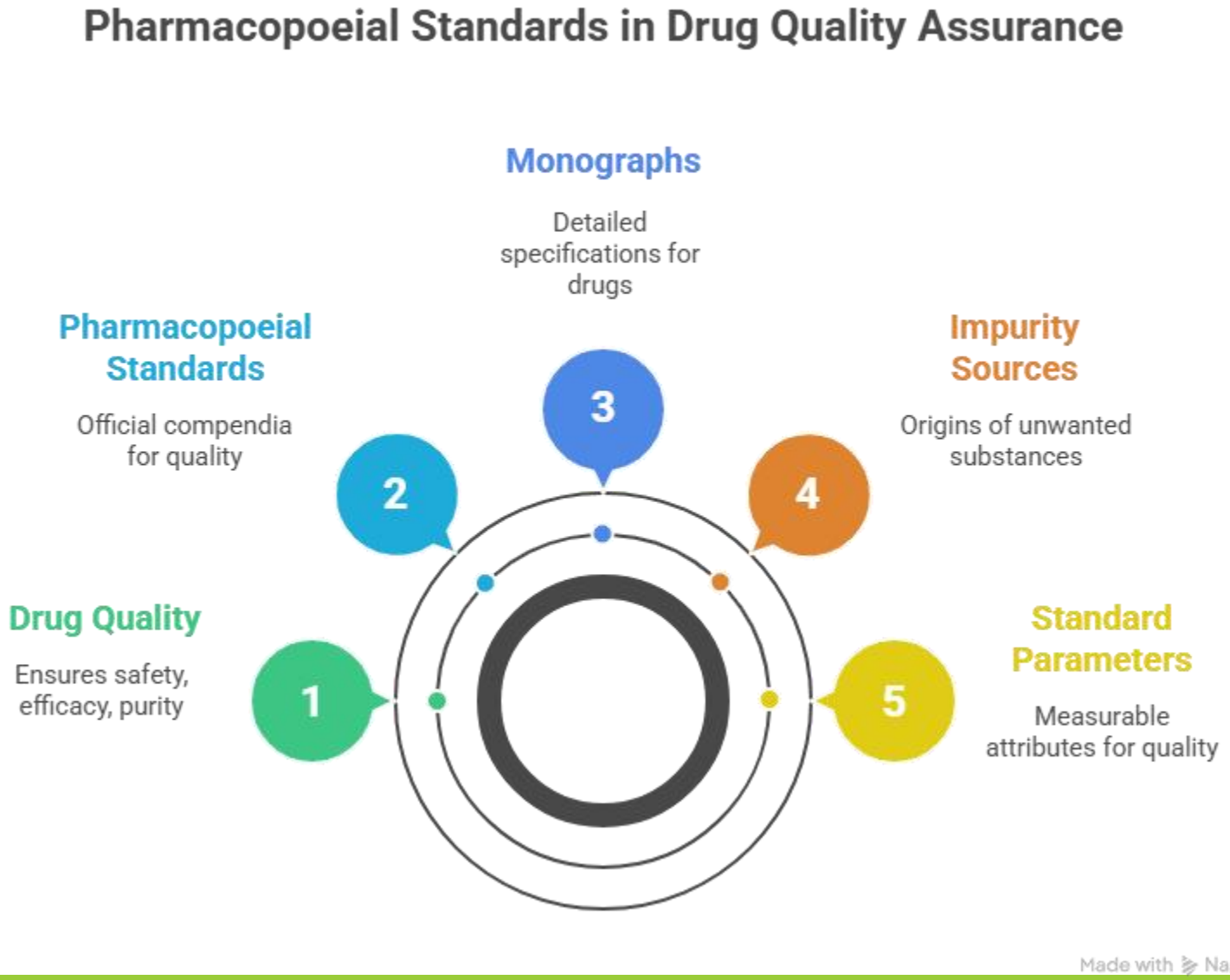
Modern Pharmacopoeial Standards & Impurity Control

- Introduction to Pharmacopoeial Standards
- Evolution of International Standards
- WHO International Pharmacopoeia
- Harmonization by ICH (International Council for Harmonisation)
- Impact on Global Impurity Control
- All Standard Parameters

Introduction to Pharmacopoeial Standards



Evolution of International Standards

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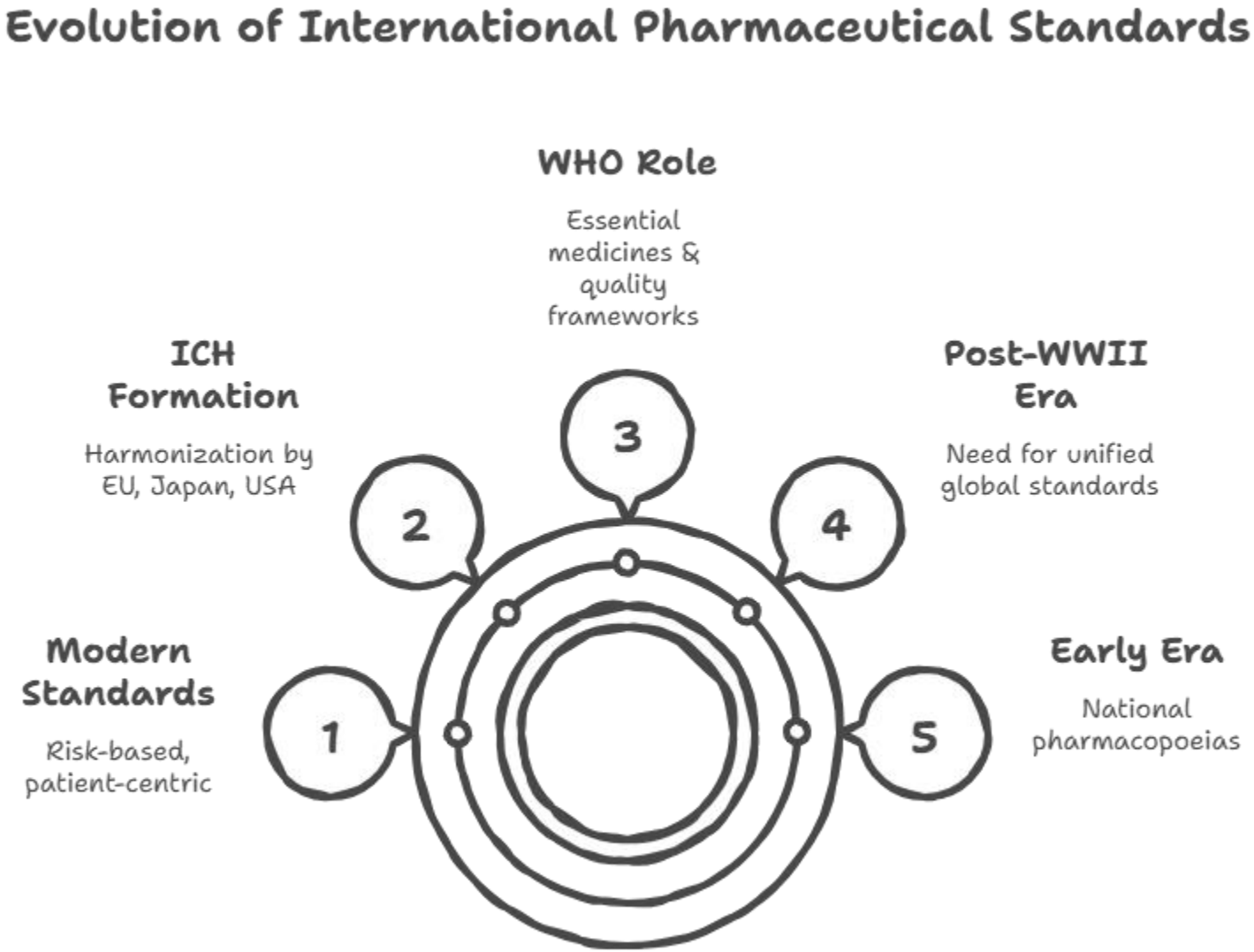

WHO International Pharmacopoeia

Characteristic	Description
Established	1951 by WHO
Goal	Quality standards for essential medicines
Current Edition	11th Edition (2022) – 400+ monographs
Roots	League of Nations (1920s–30s) → WHO
Key Focus	Accessibility, affordability, simple testing methods

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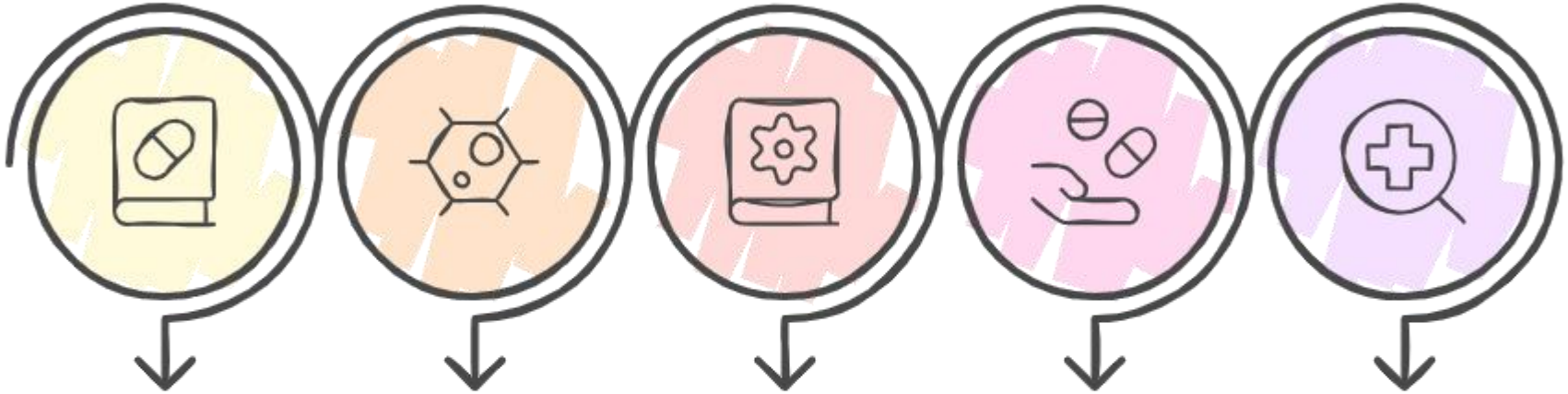
WHO Ph. Int. Key Features



Monographs

Monographs include nomenclature, ID tests, purity, assay, and storage information.

Cost-effective methods

Simple and cost-effective methods are provided for low-resource laboratories.

General chapters

General chapters cover GMP, method validation, and reference standards.

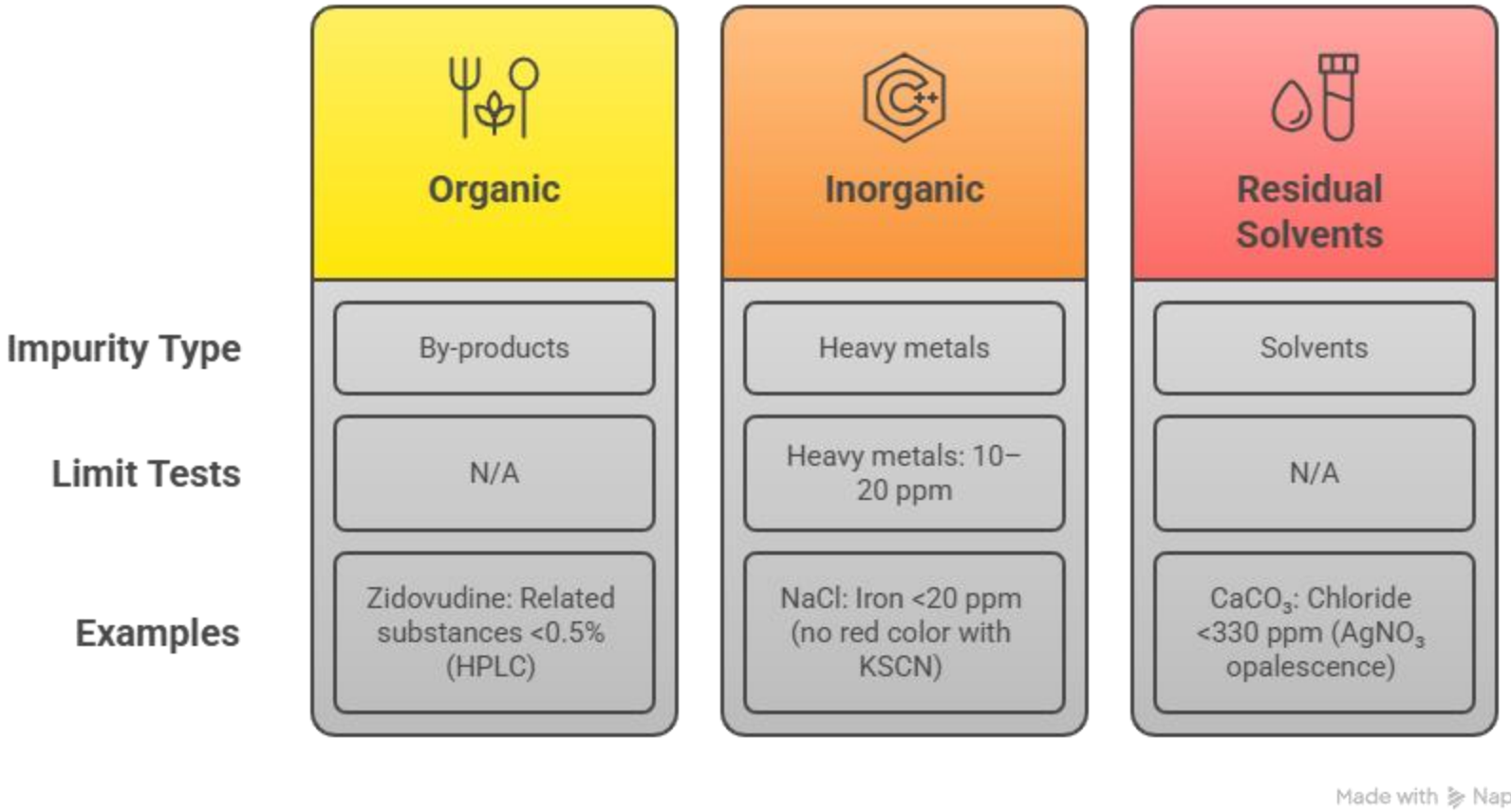
Dosage form tests

Dosage form tests include uniformity, dissolution, and disintegration assessments.

Tailored for

The features are tailored for antimalarials, antiretrovirals, and antibiotics.

WHO Standards for Impurity Control



Harmonization Efforts by the International Council for Harmonisation (ICH)

ICH Formation and Mission

1. **Founding in Brussels**
   ICH was established in 1990 in Brussels.
2. **Member Organizations**
   EMA, MHLW, FDA, EFPIA, JPMA, and PhRMA joined as members.
3. **Observer Organizations**
   WHO, Canada, Brazil, and China participated as observers.
4. **Mission Statement**
   ICH aimed to harmonize technical requirements and reduce costs.
5. **Guideline Development**
   Over 60 guidelines were developed in 25+ years.

ICH's Strategic Goals

Eliminating Redundant Testing

Streamlining processes to avoid unnecessary repetition

Enabling Mutual Recognition of Data

Fostering trust and acceptance of data across regions

Promoting Science- & Risk-Based Quality Control

Ensuring quality through scientific rigor and risk assessment

Supporting Global Adoption via Training

Facilitating widespread understanding and implementation

Key ICH Impurity Guidelines

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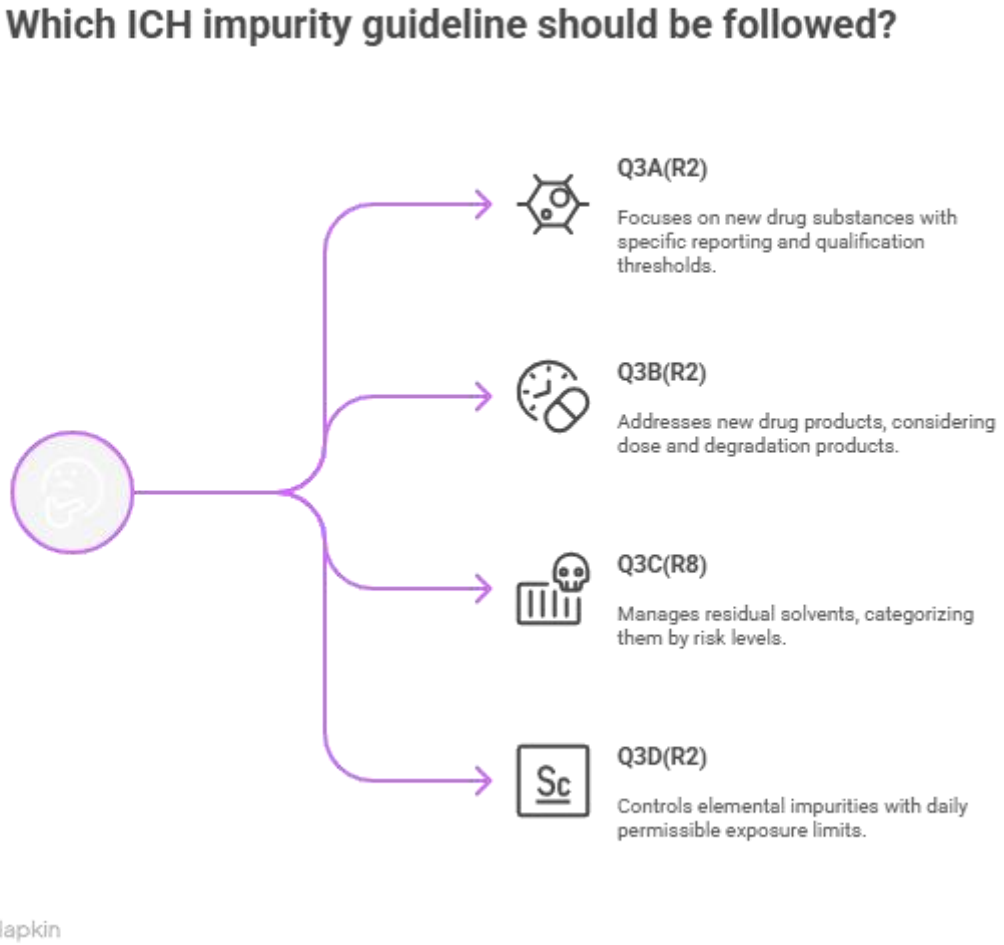
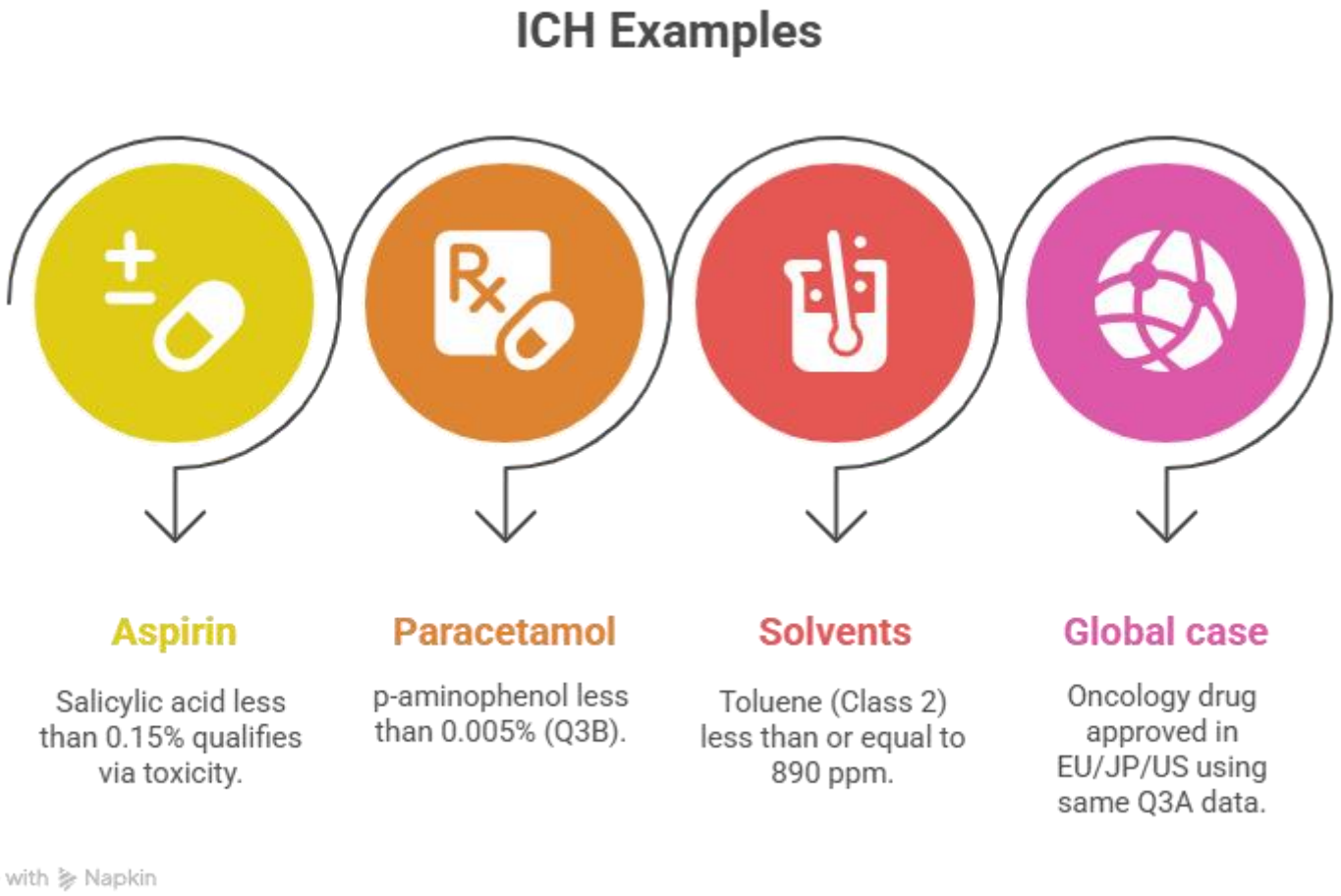


ICH Examples



Global Impact of WHO & ICH

Consistency

Uniform impurity limits ensure reliable quality worldwide.

Economic

Saves billions in testing and clinical trials.

Examples

Generic ARVs, herbal medicines, and injectables benefit.

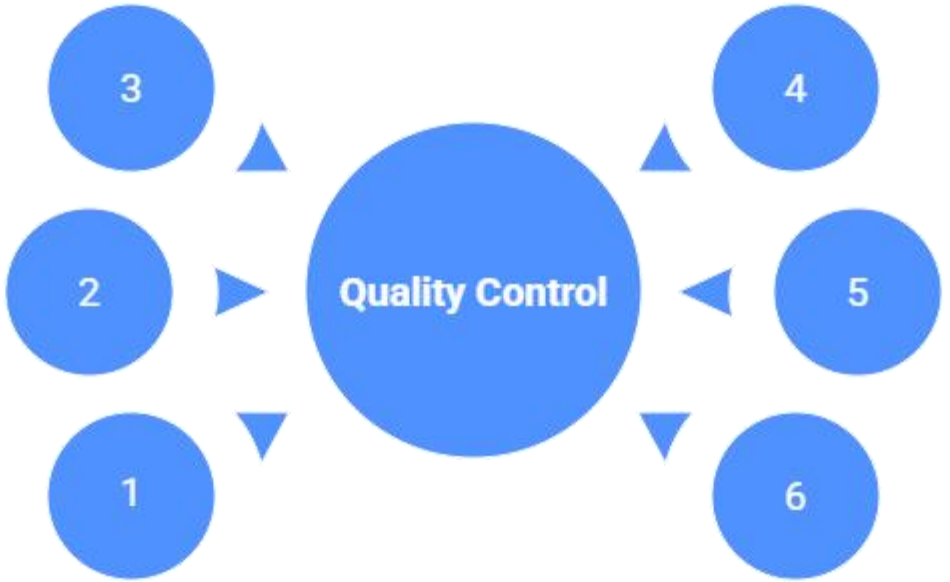
Safety

Standardized toxic thresholds protect public health.

Regulatory

Faster approvals are achieved through data sharing.

Comprehensive Quality Control Parameters



Assay

Techniques to determine the substance's concentration

Purity

Measures to ensure the substance is free from contaminants

Identification

Methods to confirm the substance's identity

Inorganic Limit Tests

Tests to detect and quantify inorganic impurities

Other Parameters

Additional tests for pH, microbial limits, and endotoxins

Advanced Tests

Sophisticated methods for related substances and dissolution

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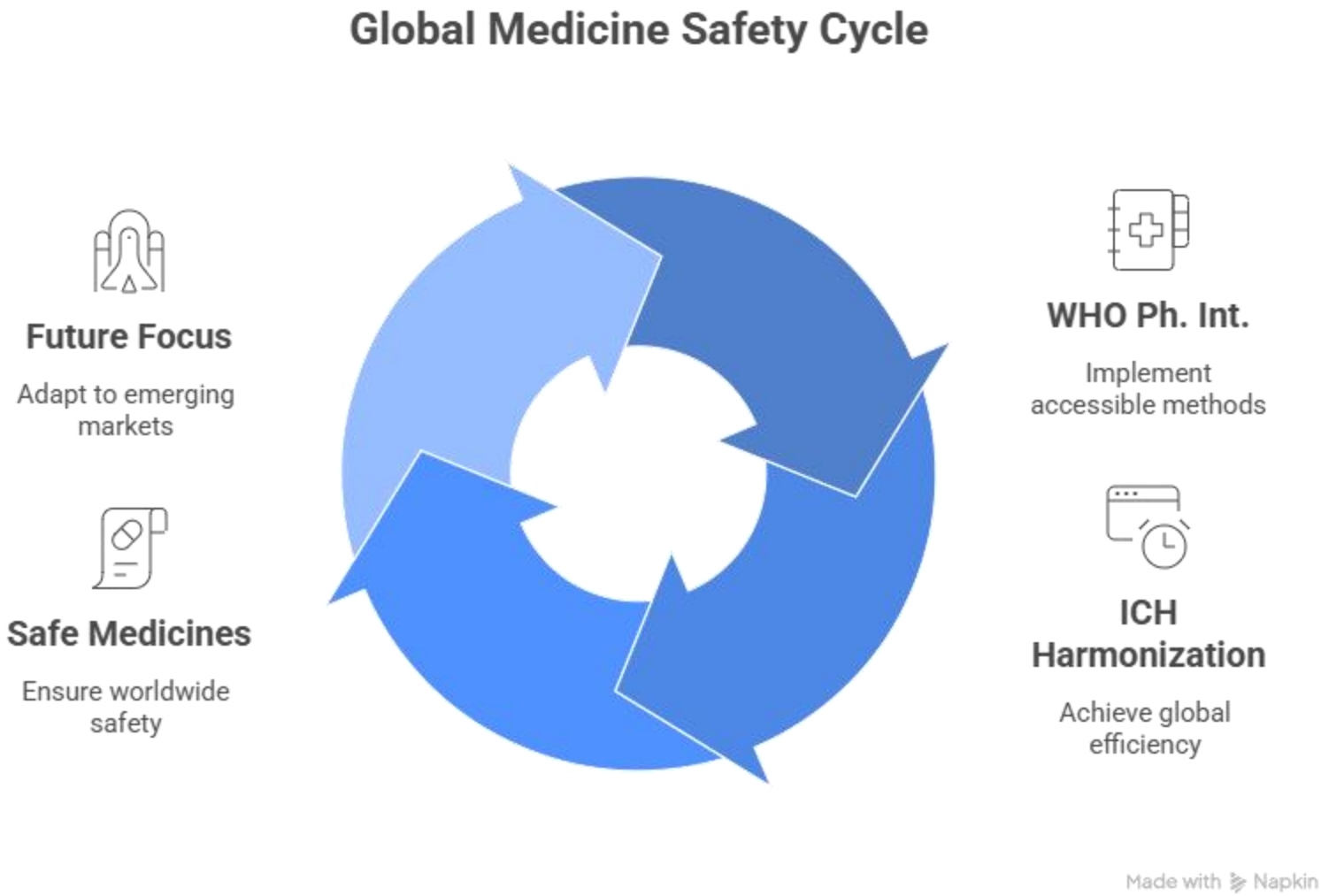
SUMMARY AND TAKEWAYS



1: When was the International Council for Harmonisation (ICH) founded, and which three regions were its original regulatory members?

A) 1951; WHO, Europe, Japan

B) 1990; EU (EMA), Japan (MHLW), USA (FDA)

International Council for Harmonisation (ICH)

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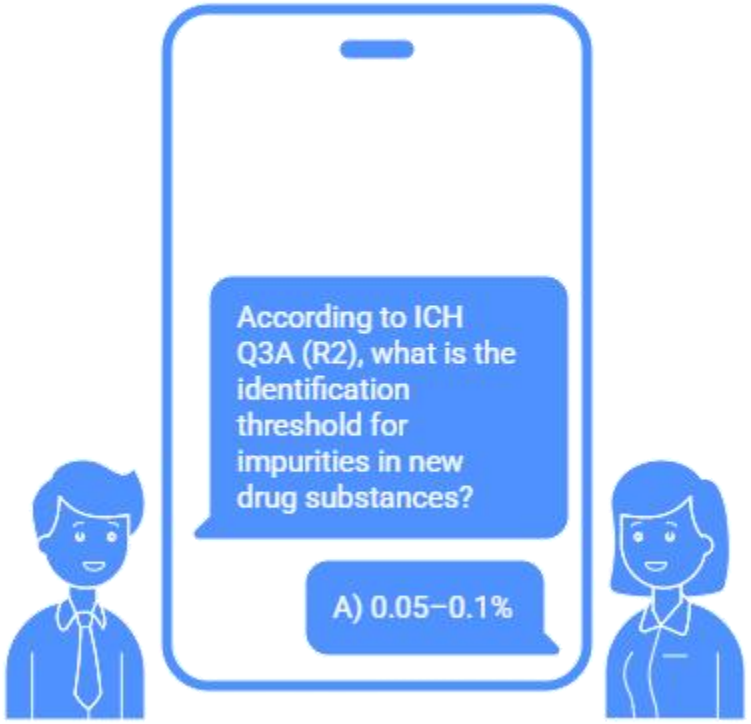
2: According to ICH Q3A (R2), what is the identification threshold for impurities in new drug substances?

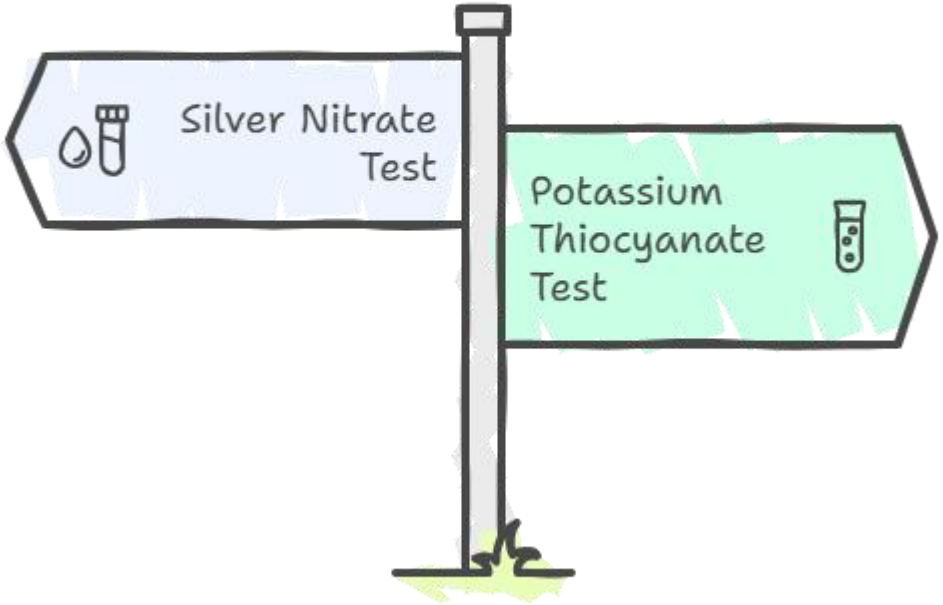
A) 0.05–0.1%

B) 0.1–0.2%

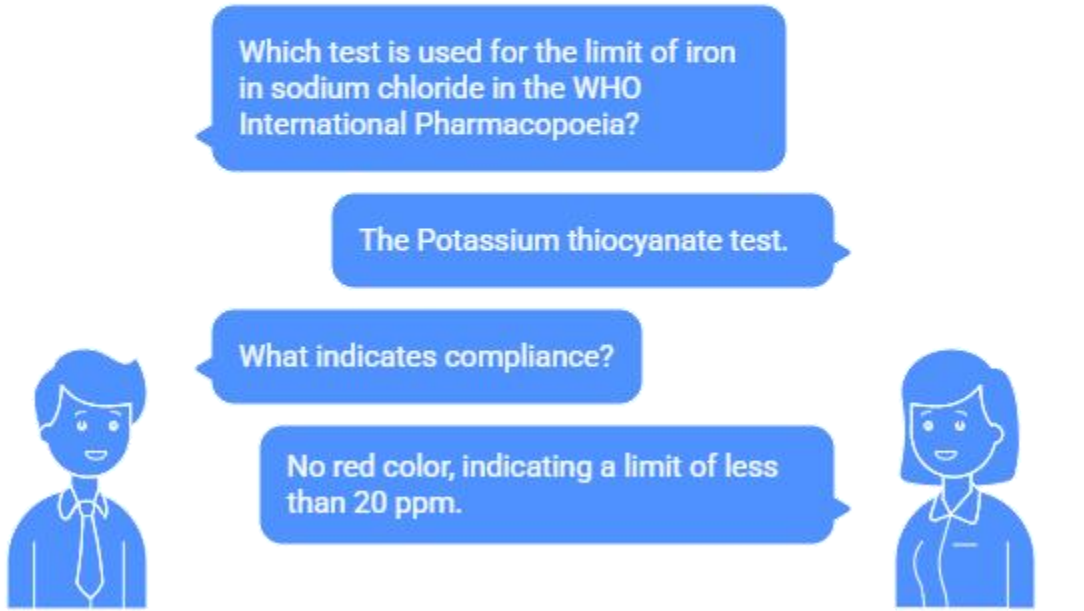
ICH Q3A Identification Threshold



Which test to use for iron limit in sodium chloride?



Limit of Iron in Sodium Chloride



4: Which ICH guideline classifies residual solvents into Class 1 (to avoid), Class 2 (limit), and Class 3 (low toxicity), with benzene limited to <2 ppm?

A) Q3D (R2)

B) Q3C (R8)

Which ICH guideline classifies residual solvents?

Q3D (R2)

Focuses on elemental impurities, not residual solvents.

Q3C (R8)

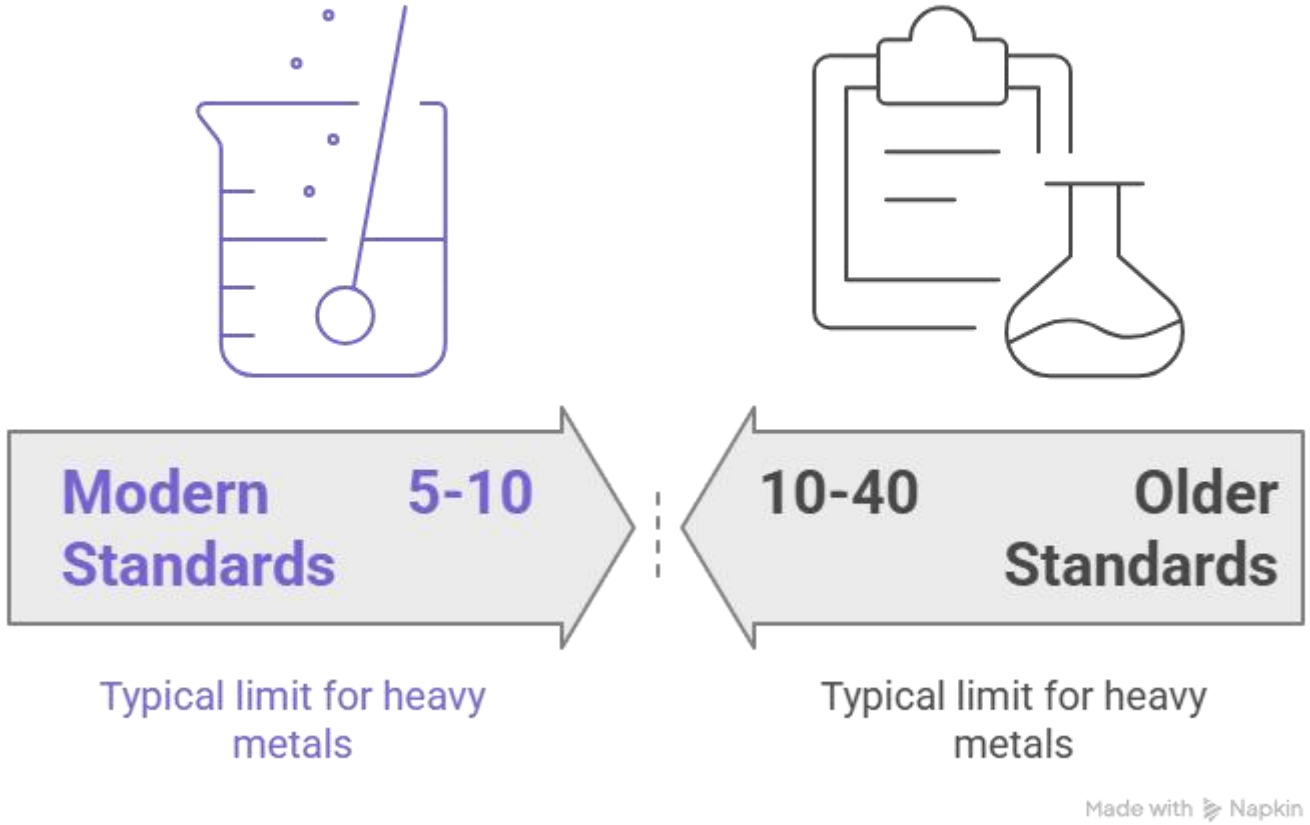
Classifies residual solvents into three classes with specific limits.

5.In modern pharmacopoeial standards, what is the typical limit for heavy metals using the hydrogen sulphide precipitation method, as seen in magnesium sulphate?

A) 5–10 ppm

B) 10–40 ppm

Heavy Metal Limit (ppm)



REFERENCES

🕮Textbook References

1.WHO International Pharmacopoeia, 11th Edition (2022) – Cited in Session 2.pdf, p. 2.

2.ICH Guideline Q3A(R2): Impurities in New Drug Substances – Cited in Session 2.pdf, p. 3.

3.ICH Guideline Q3B(R2): Impurities in New Drug Products – Cited in Session 2.pdf, p. 3.

4.ICH Guideline Q3C(R8): Residual Solvents – Cited in Session 2.pdf, p. 3.

5.ICH Guideline Q3D(R2): Elemental Impurities – Cited in Session 2.pdf, p. 3–4.


Thank You