Pharmacopoeial Discussion Group (PDG) stakeholder event – The PDG is going global
3 October 2024, Strasbourg, France
Hosted by the Ph. Eur.

Questions	Answers
How is the selection of excipient monograph to harmonise done? What are the criteria to select a monograph to harmonise?	The selection of excipient monographs for harmonisation by the Pharmacopoeial Discussion Group (PDG) is decided by consensus by all PDG pharmacopoeias. Several criteria are taken into consideration, including public health impact, worldwide usage and feasibility of harmonisation.
Hello everybody, any harmonisation planed for Optical Rotation test? Especially for the temperature of measurement (20°C for Ph. Eur. 2.2.7 vs 25°C of USP <781>.	The specific optical rotation test is not currently on the PDG work programme. Even if the general methods were harmonised, a large amount of data would be needed to set new specification criteria for the modified temperature range. However, in harmonised excipient monographs one specific temperature range and corresponding acceptance criteria are given.
If an excipient monograph is already PDG harmonised, as a manufacturer of this excipient can I reference it to the four pharmacopoeias (members of PDG)	After reviewing any remaining local requirements and performing all appropriate tests, compliance with all three or four pharmacopoeias can be claimed. The sign-off cover sheet gives an indication of remaining non-harmonised attributes or local requirements. It remains the ultimate responsibility of the user to verify the current content of the texts in force in the respective pharmacopoeias.
Would there be more info on involvement of the industry?	The PDG has been actively working on enhancing stakeholder engagement as part of its global outreach efforts. A draft concept paper for an early engagement model for stakeholders was proposed, using the excipient "Polysorbate 20" as a pilot. This model aims to involve stakeholders early in the harmonisation process to ensure their input is considered. Furthermore, industry can engage via all four PDG pharmacopoeias, as for any local text. All four provide many opportunities for interaction with industry through the standard processes which all PDG texts follow.
How is Africa represented in PDG?	No African pharmacopoeias are currently represented in the PDG. However, the PDG has issued an open call for new members, inviting other world pharmacopoeias to apply. The PDG is committed to enhance global harmonisation efforts and ensure broader representation. Furthermore, all pharmacopoeias worldwide are invited to implement the PDG harmonised texts within the framework of Good Pharmacopoeial Practices (GPhP).

Can you elaborate on the future maintenance procedure by ICH to avoid the same issue happening again. What will be different this time?	The ICH Q4B(R1) Guideline on *Evaluation and recommendation of pharmacopoeial texts for use in the ICH regions* and the corresponding working procedure have already been revised by the PDG following endorsement of the ICH to task the PDG with the maintenance of the Q4B guideline and its annexes. Continuous updating of the Q4B guideline annexes and work by the PDG should ensure broad interchangeability of the PDG texts between ICH regions.
Is there any limitation of total number of active PDG members?	There is no limit on the total number of active PDG members. To ensure that the PDG continues to work efficiently and produce high-quality harmonised standards, it has defined clear entry criteria: https://www.edqm.eu/documents/52006/278497/PDG+Entry+Criteria.pdf/9ab6daf9-941c-6587-ec70-5c86fd6bc4ef?t=1656404184112.
Did PDG receive significant number of applications to the call for joining PDG?	The PDG cannot disclose any information about applicants or interested pharmacopoeias. You may contact pharmacopoeias not represented in the PDG directly.
This is a follow-up to Steven's question. What measure is taken/considered to avoid the PDG work process being slower with the upcoming expansion?	The PDG discussed lessons learned from the one-year pilot for expansion, including what went well and challenges to address from the Indian Pharmacopoeia Commission perspective. The operational impact of adding a pharmacopoeia was also reviewed and the future strategy, structure and organisation of the PDG, including further membership expansion, were discussed. These actions will hopefully ensure that the PDG continues to perform efficiently and effectively in the future.
What about impurities harmonisation?	Harmonised excipient monographs naturally cover harmonised impurity control tests.
In the pharmacopoeia harmonisation, is it mainly to align the text? But the testing itself still requires company to use the reference standard from the local compendial body, correct?	The PDG's objective is to harmonise documentary standards, i.e. excipient monographs and general chapters. It is understood that this is most beneficial for stakeholders. Each pharmacopoeia will adapt the PDG text to take account of local reference substances. Stakeholders are still required to ensure compliance.
Hi Sir/Mam, Based on extensive equivalency studies, we found that the KF Titration method yields results that are superior in terms of accuracy and reproducibility w.r.t Coulometric Titration method. Shall we use KF titration alternatively	The PDG discusses intensively the appropriate testing procedures for its monographs. Stakeholders can share improvement proposals with any member pharmacopoeia, who will bring it to the attention of the PDG. Furthermore, each PDG pharmacopoeia has a framework for the use of alternative methods, which you may refer to.

Please let us know, why residual solvents might not be part of a monograph?	With regard to the testing of residual solvents, as one example, the requirements are set out for the Ph. Eur. in general monograph *2034 Substances for pharmaceutical use*. This monograph explains that, in many cases, there is no specific test defined in the monograph itself. Instead, the standard acceptance criteria are set out in accordance with ICH Q3C, as outlined in chapter *5.4. Residual solvents*. This chapter also provides further information on the testing requirements. The same principle holds true for all other PDG pharmacopoeias who follow ICH Q3C.
Are there any plans to harmonise drug substances monograph?	The PDG's objective is to harmonise excipient monographs and general chapters. At this time, there are no plans to add drug substance monographs to the PDG's work programme. The PDG is currently focusing its efforts and resources on the extension process to enhance its global outreach.
Priority may be given to harmonise the General Chapter of Balances as the weighing operations play a significant basic role in all analytical activities.	The PDG is currently focusing its efforts and resources on the extension process to enhance its global outreach. A chapter on balances is not on the PDG work programme. However, the PDG remains open to proposals and is committed to continuously reviewing and updating its work programme in line with the needs of its stakeholders and regulatory requirements.
Is there a plan to harmonise the general chapter about "Balances" (USP GC41, Ph. Eur. GC 2.1.7 and JP 9.62)?	The PDG is currently focusing its efforts and resources on the extension process to enhance its global outreach. A chapter on balances is not on the PDG work programme. However, the PDG remains open to proposals and is committed to continuously reviewing and updating its work programme in line with the needs of its stakeholders and regulatory requirements.
What are the challenging facing PDG, to bring other pharmacopoeias, like the BP which is widely considered internationally as a reference pharmacopoeia, to the harmonisation process.	The United Kingdom, responsible for the British Pharmacopoeia (BP), is a signatory member of the Convention on the Elaboration of a European Pharmacopoeia. All Ph. Eur. monographs and general chapters are applicable in the UK, just the same as in any other member state. The BP includes all monographs from the Ph. Eur. and flags them as such, ensuring consistency and alignment with the Ph. Eur. and thus PDG texts. For other pharmacopoeias to join, it is essential to have the same level and expectations of quality standards to be able to reach consensus decisions. Ensuring this equivalence is one of the key aspects of the established entry criteria for new PDG members.

Currently industry is documenting compliance to all the multicompendial requirements by equivalency, where possible. Is there any centralised support that PDG can give to share this data in attendance of Harmonised chapters (when approved)?	The PDG's task is to provide harmonised standards as far as possible, so for the harmonised texts, equivalence is no longer needed.
Kindly Elaborate the FDA and ICH guidelines on impurities, is it necessary to use pharmacopoeial impurities or impurities offer by other agencies can be used?	The PDG's objective is to harmonise documentary standards, i.e. excipient monographs and general chapters. It is understood that this is most beneficial for stakeholders. Each pharmacopoeia will adapt the PDG text to take account of local reference substances. Stakeholders are still required to ensure compliance.
Indonesia recently launched a national pharmacopoeia, would we expect it to join PDG, and if not the IMWP to benefit from the wealth of knowledge built by the PDG members in order to facilitate patient access to high quality medecine?	Please direct this question to colleagues at the Indonesian Pharmacopoeia. The PDG is open to new applicants fulfilling its entry criteria and also openly shares and exchanges on its texts with any interested world pharmacopoeias.
Are there any plans to make the EP freely accessible? Like the JP.	There are no such plans, as is the case for many other pharmacopoeias worldwide (including IPC and USP).
Harmonised General Chapters 2.2.46 (Ph. Eur.) and <621> USP: why a non-strict alignment for consideration of the correction factors?	The two current practices are based on the following considerations: -USP: the choice was made to include correction factors as submitted in dossiers by sponsors in the respective monographs. -Ph. Eur.: due to the observed variability of HPLC methods and of methods for defining correction factors, it was decided not to describe a correction factor for impurities in general if the latter falls in the range 0.8-1.25. However, the impact of the correction factor for impurities is always considered when impurity specifications are set and categorised (e.g. specified impurities).
USP <621>: "In tests for related substances, any correction factors indicated in the monograph are applied"	The two current practices are based on the following considerations: -USP: the choice was made to include correction factors as submitted in dossiers by sponsors in the respective monographs. -Ph. Eur.: due to the observed variability of HPLC methods and of methods for defining correction factors, it was decided not to describe a correction factor for impurities in general if the latter falls in the range 0.8-1.25. However, the impact of the correction factor for impurities is always considered when impurity specifications are set and categorised (e.g. specified impurities).

Ph. Eur. 2.2.46: "..., any correction factors indicated in the monograph are applied (i.e. when the response factor is outside the range 0.8-1.2)."	The two current practices are based on the following considerations: -USP: the choice was made to include correction factors as submitted in dossiers by sponsors in the respective monographs. -Ph. Eur.: due to the observed variability of HPLC methods and of methods for defining correction factors, it was decided not to describe a correction factor for impurities in general if the latter falls in the range 0.8-1.25. However, the impact of the correction factor for impurities is always considered when impurity specifications are set and categorised (e.g. specified impurities).
Additional info to question related to Correction factor (CF): USP requires to consider any CF reported in monograph and Ph. Eur. requires to consider any CF reported in monograph but only when not included between 0.8 and 1.2.	The two current practices are based on the following considerations: -USP: the choice was made to include correction factors as submitted in dossiers by sponsors in the respective monographs. -Ph. Eur.: due to the observed variability of HPLC methods and of methods for defining correction factors, it was decided not to describe a correction factor for impurities in general if the latter falls in the range 0.8-1.25. However, the impact of the correction factor for impurities is always considered when impurity specifications are set and categorised (e.g. specified impurities).
Kindly Elaborate the FDA and ICH guidelines on impurities, is it necessary to use pharmacopoeial impurities or impurities offer by other agencies can be used?	The PDG's objective is to harmonise documentary standards, i.e. excipient monographs and general chapters. It is understood that this is most beneficial for stakeholders. Each pharmacopoeia will adapt the PDG text to take account of local reference substances. Stakeholders are still required to ensure compliance.
Which excipients are considered high risk by WHO in relation to EG/DEG contamination?	Excipients at risk of ethylene glycol (EG) and diethylene glycol (DEG) adulteration are those with similar viscosity, appearance and taste, such as glycerol and propylene glycol. EG and DEG contamination may also originate from the manufacturing process, for example in the production of ethoxylated products. Manufacturers, suppliers and distributors of excipients should conduct a risk assessment to identify and evaluate the level of risk and potential harm associated with EG and DEG contamination and implement appropriate levels of controls to mitigate the risks and harm.
Priority may be given to harmonise the General Chapter of Balances as the weighing operations play a significant basic role in all analytical activities.	The PDG is currently focusing its efforts and resources on the extension process to enhance its global outreach. A chapter on balances is not on the PDG work programme. However, the PDG remains open to proposals and is committed to continuously reviewing and updating its work programme in line with the needs of its stakeholders and regulatory requirements.

Can we use one compendial standard with all four PDG harmonised pharmacopoeias?	The PDG's objective is to harmonise documentary standards, i.e. excipient monographs and general chapters. It is understood that this is most beneficial for stakeholders. Each pharmacopoeia will adapt the PDG text to take account of local reference substances. Stakeholders are still required to ensure compliance.
Can we use USP & IP standard both for Drug Product specification?	In India, as per the Drugs and Cosmetics Act, if a drug has a monograph in the Indian Pharmacopoeia (IP), it is mandatory to follow IP standards for quality, purity, and strength. However, if a monograph is not available in IP, other recognised pharmacopoeias such as USP (United States Pharmacopoeia) or BP (British Pharmacopoeia) can be used. Thus, a drug product specification can incorporate standards from both USP and IP, but the regulatory requirements must be carefully considered. If a product is intended for multiple markets (e.g., India and the U.S.), a company may choose to align specifications with both USP and IP to meet compliance for both regions. However, for regulatory submission in India, IP compliance is mandatory where applicable. The question is unclear, but USP provides the below excerpts from USP-NF 2024, Issue 3, General Notices: 2.30. Legal Recognition. The USP and NF are recognised in the laws and regulations of many countries throughout the world. Regulatory authorities may enforce the standards presented in the USP and NF, but because recognition of the USP and NF may vary by country, users should understand applicable laws and regulations. In the United States under the Federal Food, Drug, and Cosmetic Act (FDCA), both USP and NF are recognised as official compendia. A drug with a name recognised in USP–NF must comply with compendial identity standards or be deemed adulterated, misbranded, or both. See, e.g., FDCA § 501(b) and 502(e)(3)(b); also U.S. Food and Drug Administration (FDA) regulations, 21 CFR § 299.5(a&b). 3.10.10. Applicability of Standards to Drug Products, Drug Substances, and Excipients The applicable USP or NF standard applies to any article marketed in the United States that (1) is recognised in the compendium and (2) is intended or labeled for use as a drug or as an ingredient in a drug. 3.20. Indicating Conformance A drug product, drug substance, or excipient may use the designation “USP” or “NF” in conjunction with its official title or elsewhere on the label only when (1) a monograph is provided in the specified compendium and (2) the article complies with the identity prescribed in the specified compendium

Great to see the effort taken in harmonising the general chapters and the excipient monographs, could we expect more involvement of industry in the discussion?	The PDG has been actively working on enhancing stakeholder engagement as part of its global outreach efforts. A draft concept paper for an early engagement model for stakeholders was proposed, using the excipient "Polysorbate 20" as a pilot. This model aims to involve stakeholders early in the harmonisation process to ensure their input is considered. Furthermore, industry can engage via all four PDG pharmacopoeias, as for any local text. All four provide many opportunities for interaction with industry through the standard processes which all PDG texts follow.
Please, who is the privilegiate contact at IPC for questions around subscription of access license to now online IP?	For IP online access kindly contact Mr. Lalit Sharma (mail id: lalit.ipc@gov.in; contact number: +919654631395)
Is there any plan to improve the design of the JP website? Official monographs are easily accessible but switch, review and comparison with monographs under revision process is not easy.	Thank you for your valuable input. The revised methods and excipients are shown in the “Preface” of each JP edition and supplement, but we do not publish the details of the revisions on our website at this point. We would like to take your request into account in the future development.
Question to JP: how can excipient manufacturers apply to develop new monograph in JP (what is the procedure if any)?	If you would like to list excipients in the JP monograph and are willing to cooperate on the preparation of the draft, please submit your request for listing in Japanese. Upon receiving your request, JP will discuss whether it should be listed in the JP based on the Basic Principles for the Preparation of JP. For more information, please refer to the following page (available only in Japanese): http://www.pmda.go.jp/rs-std-jp/standards-development/jp/0006.html
For JP, what are the requirements/criteria to develop new excipient monograph?	If you would like to list excipients in the JP monograph and are willing to cooperate on the preparation of the draft, please submit your request for listing in Japanese. Upon receiving your request, JP will discuss whether it should be listed in the JP based on the Basic Principles for the Preparation of JP. For more information, please refer to the following page (available only in Japanese): http://www.pmda.go.jp/rs-std-jp/standards-development/jp/0006.html
is there any plan to publish Japanese excipients on JP website? as of now referring the hard copy which is published by third party.	Full-JP texts including excipient monographs (PDF format) are available for free on the PMDA website. https://www.pmda.go.jp/english/rs-sb-std/standards-development/jp/0029.html Regarding Japanese Pharmaceutical Excipients (JPE), the full texts (PDF format) are available for free on the MHLW website. (Japanese only.) https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000198369.html