



INTERNATIONAL COUNCIL FOR HARMONISATION OF TECHNICAL  
REQUIREMENTS FOR PHARMACEUTICALS FOR HUMAN USE

**ICH HARMONISED GUIDELINE**

**QUALITY RISK MANAGEMENT  
Q9(R1)**

Draft version

Endorsed on 18 November 2021

*Currently under public consultation*

*At Step 2 of the ICH Process, a consensus draft text or guideline, agreed by the appropriate ICH Expert Working Group, is transmitted by the ICH Assembly to the regulatory authorities of the ICH regions for internal and external consultation, according to national or regional procedures.*

**Q9(R1)**  
**Document History**

**Q9**

<b>Code</b>	<b>History</b>	<b>Date</b>
Q9	Approval by the Steering Committee under Step 4 and recommendation for adoption to the three ICH regulatory bodies.	9 November 2005

**Revision of Q9**

<b>Code</b>	<b>History</b>	<b>Date</b>
Q9(R1)	Endorsement by the Members of the ICH Assembly under <i>Step 2</i> and release for public consultation (document dated day/month/year).	18 November 2021

**Legal notice:** This document is protected by copyright and may, with the exception of the ICH logo, be used, reproduced, incorporated into other works, adapted, modified, translated or distributed under a public license provided that ICH's copyright in the document is acknowledged at all times. In case of any adaption, modification or translation of the document, reasonable steps must be taken to clearly label, demarcate or otherwise identify that changes were made to or based on the original document. Any impression that the adaption, modification or translation of the original document is endorsed or sponsored by the ICH must be avoided.

The document is provided "as is" without warranty of any kind. In no event shall the ICH or the authors of the original document be liable for any claim, damages or other liability arising from the use of the document.

The above-mentioned permissions do not apply to content supplied by third parties. Therefore, for documents where the copyright vests in a third party, permission for reproduction must be obtained from this copyright holder.

**ICH HARMONISED GUIDELINE**  
**QUALITY RISK MANAGEMENT**  
**Q9(R1)**

**ICH Consensus Guideline**

**TABLE OF CONTENTS**

<b>1.</b>	<b>INTRODUCTION.....</b>	<b>1</b>
<b>2.</b>	<b>SCOPE .....</b>	<b>3</b>
<b>3.</b>	<b>PRINCIPLES OF QUALITY RISK MANAGEMENT.....</b>	<b>3</b>
<b>4.</b>	<b>GENERAL QUALITY RISK MANAGEMENT PROCESS .....</b>	<b>3</b>
4.1	Responsibilities .....	4
4.2	Initiating a Quality Risk Management Process.....	5
4.3	Risk Assessment.....	6
4.4	Risk Control.....	7
4.5	Risk Communication .....	8
4.6	Risk Review .....	8
<b>5.</b>	<b>RISK MANAGEMENT METHODOLOGY .....</b>	<b>9</b>
5.1	Formality in Quality Risk Management.....	10
5.2	Risk-based Decision Making .....	11
<b>6.</b>	<b>INTEGRATION OF QUALITY RISK MANAGEMENT INTO INDUSTRY AND REGULATORY OPERATIONS .....</b>	<b>13</b>
<b>7.</b>	<b>DEFINITIONS .....</b>	<b>16</b>
<b>8.</b>	<b>REFERENCES.....</b>	<b>18</b>
	<b>ANNEX I: QUALITY RISK MANAGEMENT METHODS AND TOOLS.....</b>	<b>20</b>
I.1	Basic Risk Management Facilitation Methods .....	20
I.2	Failure Mode Effects Analysis (FMEA) .....	20
I.3	Failure Mode, Effects and Criticality Analysis (FMECA).....	21
I.4	Fault Tree Analysis (FTA).....	21
I.5	Hazard Analysis and Critical Control Points (HACCP) .....	22
I.6	Hazard Operability Analysis (HAZOP) .....	23
I.7	Preliminary Hazard Analysis (PHA).....	23
I.8	Risk Ranking and Filtering .....	24
I.9	Supporting Statistical Tools .....	24

<b>ANNEX II: QUALITY RISK MANAGEMENT AS PART OF INTEGRATED QUALITY MANAGEMENT .....</b>	<b>25</b>
II.1 Quality Risk Management as Part of Integrated Quality Management .....	25
II.2 Quality Risk Management as Part of Regulatory Operations .....	27
II.3 Quality Risk Management as Part of development.....	27
II.4 Quality Risk Management for Facilities, Equipment and Utilities .....	28
II.5 Quality Risk Management as Part of Materials Management.....	30
II.6 Quality Risk Management as Part of Production.....	31
II.7 Quality Risk Management as Part of Laboratory Control and Stability Studies.....	31
II.8 Quality Risk Management as Part of Packaging and Labelling.....	31
II.9 Quality Risk Management as Part of Supply Chain Control .....	32

1    **1. INTRODUCTION**

2    *Risk management* principles are effectively utilized in many areas of business and government  
3    including finance, insurance, occupational safety, public health, pharmacovigilance, and by  
4    agencies regulating these industries. In the pharmaceutical sector, the principles and framework  
5    of ICH Q9, coupled with the official ICH training material that supports this guideline, are  
6    instrumental in enhancing the application of effective quality risk management by industry and  
7    regulators. The importance of *quality systems* has been recognized in the pharmaceutical  
8    industry and it is evident that quality risk management is a valuable component of an effective  
9    quality system.

10   It is commonly understood that *risk* is defined as the combination of the probability of  
11   occurrence of *harm* and the *severity* of that harm. However, achieving a shared understanding  
12   of the application of risk management among diverse *stakeholders* is difficult because each  
13   stakeholder might perceive different potential harms, place a different probability on each harm  
14   occurring and attribute different severities to each harm. In addition, subjectivity can directly  
15   impact the effectiveness of risk management activities and the decisions made. In relation to  
16   pharmaceuticals, although there are a variety of stakeholders, including patients and medical  
17   practitioners as well as government and industry, the protection of the patient by managing the  
18   risk to quality and availability, when availability risks arise from quality/manufacturing issues,  
19   should be considered of prime importance.

20   The manufacturing and use of a drug (medicinal) product, including its components,  
21   necessarily entail some degree of risk. The risk to its quality is just one component of the overall  
22   risk. It is important to understand that product *quality* is assured based on appropriate risk-  
23   based decision-making throughout the *product lifecycle*, such that the attributes that are  
24   important to the quality of the drug (medicinal) product are maintained and the product remains  
25   safe and effective.

26   An effective quality risk management approach can further ensure the high quality of the drug  
27   (medicinal) product to the patient by providing a proactive means to identify and control  
28   potential quality issues during development and manufacturing. A proactive approach to  
29   quality risk management facilitates continual improvement and is of strategic importance in  
30   achieving an effective pharmaceutical quality system. Additionally, use of quality risk  
31   management can improve the decision making if a quality problem arises. In the development  
32   phase, quality risk management is part of building knowledge and understanding risk

33 scenarios, so that appropriate risk control can be decided upon during technology transfer, for  
34 use during the commercial manufacturing phase. In this context, knowledge is used to make  
35 informed risk-based decisions, trigger re-evaluations and stimulate continual improvements.  
36 Effective and proactive quality risk management can facilitate better, more informed and timely  
37 decisions throughout the lifecycle. This can provide regulators with greater assurance of a  
38 company's ability to deal with potential risks and avert problems, and can beneficially affect  
39 the extent and level of direct regulatory oversight.

40 The application of digitalization and emerging technologies in the manufacture and control of  
41 medicinal products can present certain challenges. The application of quality risk management  
42 to the design, validation and technology transfer of advanced production processes and  
43 analytical methods, advanced data analysis methods and computerized systems is important.

44 The purpose of this document is to offer a systematic approach to quality risk management for  
45 better, more informed, and timely decisions. It serves as a foundation or resource document  
46 that is independent of, yet supports, other ICH Quality documents and complements existing  
47 quality practices, requirements, standards, and guidelines within the pharmaceutical industry  
48 and regulatory environment. It specifically provides guidance on the principles and some of  
49 the tools of quality risk management that can enable more effective and consistent risk based  
50 decisions, both by regulators and industry, regarding the quality of drug substances and drug  
51 (medicinal) products across the product lifecycle. It is not intended to create any new  
52 expectations beyond the current regulatory requirements.

53 An understanding of formality in quality risk management (see Chapter 5 below) may lead to  
54 resources being used more efficiently, where lower risk issues are dealt with via less formal  
55 means, freeing up resources for managing higher risk issues and more complex problems that  
56 may require increased levels of rigour and effort. An understanding of formality can also  
57 support risk-based decision-making, where the level of formality that is applied may reflect the  
58 degree of importance of the decision, as well as the level of uncertainty, complexity and  
59 criticality which may be present.

60 Appropriate use of quality risk management can facilitate but does not obviate industry's  
61 obligation to comply with regulatory requirements and does not replace appropriate  
62 communications between industry and regulators. Quality risk management should not be used  
63 in a manner where decisions are made that justify a practice that would otherwise, in

64 accordance with official guidance and/or regulations, be deemed unacceptable.

65

66 **2. SCOPE**

67 This guideline provides principles and examples of tools for quality risk management that can  
68 be applied to different aspects of pharmaceutical quality. These aspects include development,  
69 manufacturing, distribution, and the inspection and submission/review processes throughout  
70 the lifecycle of drug substances, drug (medicinal) products, biological and biotechnological  
71 products (including the use of raw materials, solvents, excipients, packaging and labeling  
72 materials in drug (medicinal) products, biological and biotechnological products).

73

74 **3. PRINCIPLES OF QUALITY RISK MANAGEMENT**

75 Two primary principles of quality risk management are:

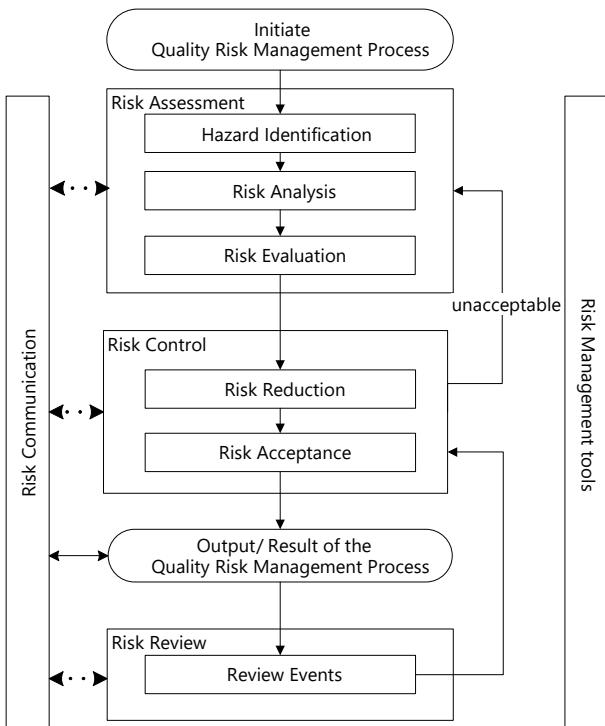
- 76 • The evaluations of the risk to quality should be based on scientific knowledge and  
77 ultimately link to the protection of the patient. (Note: Risk to quality includes situations  
78 where product availability may be impacted, leading to potential patient harm.)
- 79 • The level of effort, formality and documentation of the quality risk management process  
80 should be commensurate with the level of risk.

81

82 **4. GENERAL QUALITY RISK MANAGEMENT PROCESS**

83 Quality risk management is a systematic process for the assessment, control, communication  
84 and review of risks to the quality of the drug (medicinal) product across the product lifecycle.  
85 A model for quality risk management is outlined in the diagram (Figure 1). Other models could  
86 be used. The emphasis on each component of the framework might differ from case to case but  
87 a robust process will incorporate consideration of all the elements at a level of detail that is  
88 commensurate with the specific risk.

89 Figure 1: Overview of a typical quality risk management process



90

91 Decision nodes are not shown in the diagram above because decisions can occur at any point  
 92 in the process. These decisions might be to return to the previous step and seek further  
 93 information, to adjust the risk models or even to terminate the risk management process based  
 94 upon information that supports such a decision. Note: “unacceptable” in the flowchart does not  
 95 only refer to statutory, legislative or regulatory requirements, but also to the need to revisit the  
 96 risk assessment process.

#### 97 **4.1 Responsibilities**

98 Quality risk management activities are usually, but not always, undertaken by interdisciplinary  
 99 teams. When teams are formed, they should include experts from the appropriate areas (e.g.,  
 100 quality unit, business development, engineering, regulatory affairs, production operations,  
 101 sales and marketing, supply chain, legal, statistics and clinical) in addition to individuals who  
 102 are knowledgeable about the quality risk management process.

103 Subjectivity can impact every stage of a quality risk management process, especially the  
 104 identification of hazards and estimates of their probabilities of occurrence, the estimation of  
 105 risk reduction and the effectiveness of decisions made from quality risk management activities.  
 106 Subjectivity can be introduced in quality risk management through differences in how risks are  
 107 assessed and in how hazards, harms and risks—are perceived by different stakeholders.

108 Subjectivity can also be introduced through the use of tools with poorly designed risk scoring  
109 scales. While subjectivity cannot be completely eliminated from quality risk management  
110 activities, it may be controlled by addressing bias, the proper use of quality risk management  
111 tools and maximising the use of relevant data and sources of knowledge (see ICH Q10, Section  
112 II.E.1).

113 All participants involved with quality risk management activities should acknowledge,  
114 anticipate, and address the potential for subjectivity.

115 *Decision makers* should

- 116 • take responsibility for coordinating quality risk management across various functions and  
117 departments of their organization; and
- 118 • assure that a quality risk management process is defined, deployed and reviewed and that  
119 adequate resources and knowledge are available;
- 120 • assure that subjectivity in quality risk management activities is controlled and minimised,  
121 to facilitate scientifically robust risk-based decision making.

122 **4.2 Initiating a Quality Risk Management Process**

123 Quality risk management should include systematic processes designed to coordinate, facilitate  
124 and improve science-based decision making with respect to risk. Possible steps used to initiate  
125 and plan a quality risk management process might include the following:

- 126 • Define the problem and/or risk question, including pertinent assumptions identifying the  
127 potential for risk;
- 128 • Assemble background information and/ or data on the potential hazard, harm or human  
129 health impact relevant to the risk assessment;
- 130 • Identify a leader and necessary resources;
- 131 • Specify a timeline, deliverables and appropriate level of decision making for the risk  
132 management process.

133    **4.3 Risk Assessment**

134    **Risk assessment** consists of the identification of hazards and the analysis and evaluation of  
135    risks associated with exposure to those hazards (as defined below). Quality risk assessments  
136    begin with a well-defined problem description or risk question. When the risk in question is  
137    well defined, an appropriate risk management tool (see examples in Section 5) and the types  
138    of information needed to address the risk question will be more readily identifiable. As an aid  
139    to clearly defining the risk(s) for risk assessment purposes, three fundamental questions are  
140    often helpful:

1411. What might go wrong?

1422. What is the likelihood (probability) it will go wrong?

1433. What are the consequences (severity)?

144    **Hazard identification** is a systematic use of information to identify hazards referring to the risk  
145    question or problem description. Information can include historical data, theoretical analysis,  
146    informed opinions, and the concerns of stakeholders. Hazard identification addresses the “What  
147    might go wrong?” question, including identifying the possible consequences. This provides the  
148    basis for further steps in the quality risk management process.

149    **Risk analysis** is the estimation of the risk associated with the identified hazards. It is the  
150    qualitative or quantitative process of linking the likelihood of occurrence and severity of harms.  
151    In some risk management tools, the ability to detect the harm (detectability) also factors in the  
152    estimation of risk.

153    **Risk evaluation** compares the identified and analyzed risk against given risk criteria. Risk  
154    evaluations consider the strength of evidence for all three of the fundamental questions.

155    In doing an effective risk assessment, the robustness of the data set is important because it  
156    determines the quality of the output. Revealing assumptions and reasonable sources of  
157    uncertainty will enhance confidence in this output and/or help identify its limitations.  
158    Uncertainty is due to combination of incomplete knowledge about a process and its expected  
159    or unexpected variability. Typical sources of uncertainty include gaps in knowledge gaps in  
160    pharmaceutical science and process understanding, sources of harm (e.g., failure modes of a  
161    process, sources of variability), and probability of detection of problems.

162 The output of a risk assessment is either a quantitative estimate of risk or a qualitative  
163 description of a range of risk. When risk is expressed quantitatively, a numerical probability is  
164 used. Alternatively, risk can be expressed using qualitative descriptors, such as "high",  
165 "medium", or "low", which should be defined in as much detail as possible. Sometimes a "risk  
166 score" is used to further define descriptors in risk ranking. In quantitative risk assessments, a  
167 risk estimate provides the likelihood of a specific consequence, given a set of risk-generating  
168 circumstances. Thus, quantitative risk estimation is useful for one particular consequence at a  
169 time. Alternatively, some risk management tools use a relative risk measure to combine  
170 multiple levels of severity and probability into an overall estimate of relative risk. The  
171 intermediate steps within a scoring process can sometimes employ quantitative risk estimation.

#### 172 **4.4 Risk Control**

173 **Risk control** includes decision making to reduce and/or accept risks. The purpose of risk  
174 control is to reduce the risk to an acceptable level. The amount of effort used for risk control  
175 should be proportional to the significance of the risk. Decision makers might use different  
176 processes, including benefit-cost analysis, for understanding the optimal level of risk control.

177 Risk control might focus on the following questions:

- 178 • Is the risk above an acceptable level?
- 179 • What can be done to reduce or eliminate risks?
- 180 • What is the appropriate balance among benefits, risks and resources?
- 181 • Are new risks introduced as a result of the identified risks being controlled?

182 **Risk reduction** focuses on processes for mitigation or avoidance of quality risk when it exceeds  
183 a specified (acceptable) level (see Fig. 1). Risk reduction might include actions taken to  
184 mitigate the severity and probability of harm. Processes that improve the detectability of  
185 hazards and quality risks might also be used as part of a risk control strategy. The  
186 implementation of risk reduction measures can introduce new risks into the system or increase  
187 the significance of other existing risks. Hence, it might be appropriate to revisit the risk  
188 assessment to identify and evaluate any possible change in risk after implementing a risk  
189 reduction process.

190    **Risk acceptance** is a decision to accept risk. Risk acceptance can be a formal decision to accept  
191    the residual risk or it can be a passive decision in which residual risks are not specified. For  
192    some types of harms, even the best quality risk management practices might not entirely  
193    eliminate risk. In these circumstances, it might be agreed that an appropriate quality risk  
194    management strategy has been applied and that quality risk is reduced to a specified  
195    (acceptable) level. This (specified) acceptable level will depend on many parameters and  
196    should be decided on a case-by-case basis.

197    **4.5 Risk Communication**

198    **Risk communication** is the sharing of information about risk and risk management between  
199    the decision makers and others. Parties can communicate at any stage of the risk management  
200    process (see Fig. 1: dashed arrows). The output/result of the quality risk management process  
201    should be appropriately communicated and documented (see Fig. 1: solid arrows).  
202    Communications might include those among interested parties; e.g., regulators and industry,  
203    industry and the patient, within a company, industry or regulatory authority, etc. The included  
204    information might relate to the existence, nature, form, probability, severity, acceptability,  
205    control, treatment, detectability or other aspects of risks to quality. Communication need not  
206    be carried out for each and every risk acceptance. Between the industry and regulatory  
207    authorities, communication concerning quality risk management decisions might be effected  
208    through existing channels as specified in regulations and guidances.

209    **4.6 Risk Review**

210    Risk management should be an ongoing part of the quality management process. A mechanism  
211    to review or monitor events should be implemented.

212    The output/results of the risk management process should be reviewed to take into account new  
213    knowledge and experience. Once a quality risk management process has been initiated, that  
214    process should continue to be utilized for events that might impact the original quality risk  
215    management decision, whether these events are planned (e.g., results of product review,  
216    inspections, audits, change control) or unplanned (e.g., root cause from failure investigations,  
217    recall). The frequency of any review should be based upon the level of risk. Risk review might  
218    include reconsideration of risk acceptance decisions (section 4.4).

219

220 **5. RISK MANAGEMENT METHODOLOGY**

221 Quality risk management supports a scientific and practical approach to decision-making. It  
222 provides documented, transparent and reproducible methods to accomplish steps of the quality  
223 risk management process based on current knowledge about assessing the probability, severity  
224 and sometimes detectability of the risk.

225 Traditionally, risks to quality have been assessed and managed in a variety of informal ways  
226 (empirical and/ or internal procedures) based on, for example, compilation of observations,  
227 trends and other information. Such approaches continue to provide useful information that  
228 might support topics such as handling of complaints, quality defects, deviations and allocation  
229 of resources.

230 Additionally, the pharmaceutical industry and regulators can assess and manage risk using  
231 recognized risk management tools and/ or internal procedures (e.g., standard operating  
232 procedures). Below is a non-exhaustive list of some of these tools (further details in Annex 1  
233 and chapter 8):

- 234 • Basic risk management facilitation methods  
235 (flowcharts, check sheets etc.);
- 236 • Failure Mode Effects Analysis (FMEA);
- 237 • Failure Mode, Effects and Criticality Analysis (FMECA);
- 238 • Fault Tree Analysis (FTA);
- 239 • Hazard Analysis and Critical Control Points (HACCP);
- 240 • Hazard Operability Analysis (HAZOP);
- 241 • Preliminary Hazard Analysis (PHA);
- 242 • Risk ranking and filtering;
- 243 • Supporting statistical tools.

244 It might be appropriate to adapt these tools for use in specific areas pertaining to drug substance  
245 and drug (medicinal) product quality. Quality risk management methods and the supporting

246 statistical tools can be used in combination (e.g., Probabilistic Risk Assessment). Combined  
247 use provides flexibility that can facilitate the application of quality risk management principles.

248 The degree of rigor and formality of quality risk management should reflect available  
249 knowledge and be commensurate with the complexity and/ or criticality of the issue to be  
250 addressed.

251 **5.1 Formality in Quality Risk Management**

252 Formality in quality risk management is not a binary concept (i.e. formal/informal); varying  
253 degrees of formality may be applied during quality risk management activities, including when  
254 making risk-based decisions. In this way, formality can be considered a continuum (or  
255 spectrum), ranging from low to high.

256 When determining how much formality to apply to a given quality risk management activity,  
257 certain factors may be considered. These may include, for example, the following:

258 • **Uncertainty:** The term “uncertainty” in quality risk management means lack of knowledge  
259 about risks. The level of uncertainty that is associated with the area being risk assessed  
260 informs how much formality may be required to manage potential risks. Systematic  
261 approaches for acquiring, analysing, storing and disseminating scientific information are  
262 essential for generating knowledge, which in turn informs all quality risk management  
263 activities. Uncertainty may be reduced via effective knowledge management, which enables  
264 accumulated and new information (both internal and external) to be used to support risk-  
265 based decisions throughout the lifecycle.

266 • **Importance:** The more important a risk-based decision is, the higher the level of formality  
267 that should be applied, and the greater the need to reduce the level of uncertainty associated  
268 with it.

269 • **Complexity:** The more complex a process or subject area is to a quality risk management  
270 activity, the higher the level of formality that should be applied to assure product quality.

271 In general, higher levels of uncertainty, importance or complexity require more formal quality  
272 risk management approaches to manage potential risks and to support effective risk-based  
273 decision making.

274 The overall approach for determining how much formality to apply during quality risk

275 management activities should be described within the quality system. Resource constraints  
276 should not be used to justify the use of lower levels of formality in the quality risk management  
277 process. Regardless of how much formality is applied, the robust management of risk is the  
278 goal of the process. This should be based on evidence, science and knowledge, where risk  
279 scores, ratings or assessments are supported by data or by an appropriate justification or  
280 rationale.

281 ***The following may be characteristics of higher levels of formality:***

- 282 • All parts of the quality risk management process (Risk Assessment, Risk Control, Risk  
283 Review and Risk Communication) are explicitly performed, and stand-alone quality risk  
284 management reports (or related documents) which address all aspects of the process may be  
285 generated and are documented (e.g., within the quality system).
- 286 • Recognized or other quality risk management tools are used in some or all parts of the  
287 process.
- 288 • A cross-functional team is assembled for the quality risk management activity. Use of a  
289 trained quality risk management facilitator may be integral to a higher formality process.

290 ***The following may be characteristics of lower levels of formality:***

- 291 • One or more parts of the quality risk management process are not performed as stand-alone  
292 activities but are addressed within other elements of the quality system which may have risk  
293 assessment and risk control activities embedded within them.
- 294 • Recognized or other quality risk management tools might not be used in some or all parts  
295 of the process. A cross functional team might not be necessary.
- 296 • Stand-alone quality risk management reports might not be generated. The outcome of the  
297 quality risk management process is usually documented in the relevant parts of the quality  
298 system.

299 Note: Degrees of formality between the above higher and lower levels also exist and may be  
300 used.

301 **5.2 Risk-based Decision Making**

302 Risk-based decision making is inherent in all quality risk management activities; it provides an

303 essential foundation for decision makers in an organization. Effective risk-based decision  
304 making begins with determining the level of effort, formality and documentation that should  
305 be applied during the quality risk management process. The outputs of quality risk management  
306 activities include decisions in relation to what hazards exist, the risks associated with those  
307 hazards, the risk controls required, the acceptability of the residual risk after risk controls, the  
308 communication and review of quality risk management activities and outputs.

309 Approaches to risk-based decision-making are beneficial, because they address uncertainty  
310 through the use of knowledge, facilitating informed decisions by regulators and the  
311 pharmaceutical industry in a multitude of areas, including when allocating resources. They also  
312 help recognize where uncertainty remains, so that appropriate risk controls (including  
313 improved detectability) may be identified to enhance understanding of those variables and  
314 further reduce the level of uncertainty.

315 As all decision making relies on the use of knowledge, see ICH Q10 for guidance in relation  
316 to Knowledge Management. It is important also to ensure the integrity of the data that are used  
317 for risk-based decision making.

318 ***Approaches to risk-based decision-making:***

319 There are different processes that may be used to make risk-based decisions; these are directly  
320 related to the level of formality that is applied during the quality risk management process.  
321 (See Section 5.1 above for guidance on what constitutes formality in quality risk management.)  
322 In general, higher levels of formality in quality risk management require higher levels of  
323 structure in relation to risk-based decision making. There can be varying degrees of structure  
324 with regard to approaches for risk-based decision making. These degrees of structure can be  
325 considered to be on a continuum (or spectrum). Below are descriptions for highly structured  
326 vs. less structured processes, and for rule-based processes when making risk-based decisions:

- 327 • Some risk-based decision making processes are highly structured and can involve a formal  
328 analysis of the available options that exist before making a decision. They involve an in-  
329 depth consideration of relevant factors associated with the available options. Such processes  
330 might be used when there is a high degree of importance associated with the decision, and  
331 when the level of uncertainty and/or complexity is high.

332 • Other risk-based decision making processes are less structured; here, simpler approaches  
333 are used to arrive at decisions, and they primarily make use of existing knowledge to support  
334 an assessment of hazards, risks and any required risk controls. Such processes might still be  
335 used when there is a high degree of importance associated with the decision, but the degree  
336 of uncertainty and/or complexity is lower.

337 • Decisions might also be made using rule-based (or standardised) approaches, which do not  
338 require a new risk assessment to make such decisions. This is where there are SOPs, policies  
339 or well understood requirements in place which determine what decisions must be made.  
340 Here, rules (or limits) may be in place which govern such decisions; these may be based on  
341 a previously obtained understanding of the relevant risks and they usually lead to  
342 predetermined actions or expected outcomes.

343

## 344 **6. INTEGRATION OF QUALITY RISK MANAGEMENT INTO INDUSTRY AND 345 REGULATORY OPERATIONS**

346 Quality risk management is a process that supports science-based and practical decisions when  
347 integrated into quality systems (see Annex II). As outlined in the introduction, appropriate use  
348 of quality risk management does not obviate industry's obligation to comply with regulatory  
349 requirements. However, effective quality risk management can facilitate better and more  
350 informed decisions, can provide regulators with greater assurance of a company's ability to  
351 deal with potential risks, and might affect the extent and level of direct regulatory oversight. In  
352 addition, quality risk management can facilitate better use of resources by all parties.

353 Training of both industry and regulatory personnel in quality risk management processes  
354 provides for greater understanding of decision-making processes and builds confidence in  
355 quality risk management outcomes.

356 Quality risk management should be integrated into existing operations and documented  
357 appropriately. While manufacturing and supply chain diversity can be enablers of product  
358 availability, increasingly complex supply chains lead to interdependencies that can introduce  
359 systemic quality/manufacturing risks impacting supply chain robustness. Application of quality  
360 risk management can proactively mitigate these risks. Preventive measures supporting product  
361 availability may be identified through quality risk management activities.

362 Annex II provides examples of situations in which the use of the quality risk management  
363 process might provide information that could then be used in a variety of pharmaceutical  
364 operations. These examples are provided for illustrative purposes only and should not be  
365 considered a definitive or exhaustive list. These examples are not intended to create any new  
366 expectations beyond the requirements laid out in the current regulations.

367 Examples for industry and regulatory operations (see Annex II):

368 • Quality management.

369 Examples for industry operations and activities (see Annex II):

370 • Development;

371 • Facility, equipment and utilities;

372 • Materials management;

373 • Production;

374 • Laboratory control and stability testing;

375 • Packaging and labeling;

376 • Supply Chain Control.

377 Examples for regulatory operations (see Annex II):

378 • Inspection and assessment activities.

379 While regulatory decisions will continue to be taken on a regional basis, a common  
380 understanding and application of quality risk management principles could facilitate mutual  
381 confidence and promote more consistent decisions among regulators on the basis of the same  
382 information. This collaboration could be important in the development of policies and  
383 guidelines that integrate and support quality risk management practices.

384

385

386 **The role of Quality Risk Management in addressing Product Availability Risks**

387 Quality/manufacturing issues, including non-compliance with Good Manufacturing Practice  
388 (GMP), are a frequent cause of product availability issues (e.g., product shortages). The  
389 interests of patients are served by risk-based drug shortage prevention and mitigation activities  
390 that help to proactively manage supply chain complexities and ensure availability of needed  
391 medicines. An effective pharmaceutical quality system drives both supply chain robustness and  
392 sustainable GMP compliance. It also uses quality risk management and knowledge  
393 management to provide an early warning system that supports effective oversight and response  
394 to evolving quality/manufacturing risks from the pharmaceutical company or its external  
395 partners. The level of formality applied to risk-based drug shortage prevention and mitigation  
396 activities may vary (see Chapter 5). Factors that can affect supply reliability, and hence product  
397 availability, include the following:

398 ***Manufacturing Process Variation and State of Control (internal and external):***

399 Processes that exhibit excessive variability (e.g., process drift, non-uniformity) have capability  
400 gaps that can result in unpredictable outputs and may adversely impact quality, timeliness,  
401 yield, and consequently product availability. Quality risk management can help design  
402 monitoring systems that are capable of detecting departures from a state of control and  
403 deficiencies in manufacturing processes, so they can be investigated to address root causes.

404 ***Manufacturing Facilities:***

405 A robust facility infrastructure can facilitate reliable supply; it includes suitable equipment and  
406 well-designed facilities for manufacturing and packaging. Robustness can be affected by  
407 multiple factors, such as an aging facility, insufficient maintenance or an operational design  
408 that is vulnerable to human error. Risks to supply can be reduced by addressing these factors,  
409 as well as through use of modern technology, such as digitalization, automation, isolation  
410 technology, amongst others.

411 ***Oversight of Outsourced Activities and Suppliers:***

412 Quality system governance includes assuring the acceptability of supply chain partners over  
413 the product lifecycle. Approval and oversight of outsourced activities and material suppliers is  
414 informed by risk assessments, effective knowledge management, and an effective monitoring

415 strategy for supply chain partner performance. A successful manufacturing partnership is  
416 strengthened by appropriate communication and collaboration mechanisms. When substantial  
417 variability is identified in the quality and safety of supplied materials or in the services  
418 provided, enhanced review and monitoring activities are justified (See Section 2.7 of ICH  
419 Q10). In some cases, it may be necessary to identify a new supply chain entity (e.g. a pre-  
420 qualified backup option) to perform a function.

421

422 **7. DEFINITIONS**

423 **Decision Maker(s):**

424 Person(s) with the competence and authority to make appropriate and timely quality risk  
425 management decisions.

426 **Detectability:**

427 The ability to discover or determine the existence, presence, or fact of a hazard.

428 **Harm:**

429 Damage to health, including the damage that can occur from loss of product quality or  
430 availability.

431 **Hazard:**

432 The potential source of harm (ISO/IEC Guide 51).

433 **Hazard Identification:**

434 The systematic use of information to identify potential sources of harm (hazards) referring to  
435 the risk question or problem description.

436 **Product Lifecycle:**

437 All phases in the life of the product from the initial development through marketing until the  
438 product's discontinuation.

439 **Quality:**

440 The degree to which a set of inherent properties of a product, system or process fulfills  
441 requirements (see ICH Q6A definition specifically for "quality" of drug substance and drug  
442 (medicinal) products.)

443 **Quality Risk Management:**

444 A systematic process for the assessment, control, communication and review of risks to the  
445 quality of the drug (medicinal) product across the product lifecycle.

446 **Quality System:**

447 The sum of all aspects of a system that implements quality policy and ensures that quality  
448 objectives are met.

449 **Requirements:**

450 The explicit or implicit needs or expectations of the patients or their surrogates (e.g., health  
451 care professionals, regulators and legislators). In this document, "requirements" refers not only  
452 to statutory, legislative, or regulatory requirements, but also to such needs and expectations.

453 **Risk:**

454 The combination of the probability of occurrence of harm and the severity of that harm  
455 (ISO/IEC Guide 51).

456 **Risk Acceptance:**

457 The decision to accept risk (ISO Guide 73).

458 **Risk Analysis:**

459 The estimation of the risk associated with the identified hazards.

460 **Risk Assessment:**

461 A systematic process of organizing information to support a risk decision to be made within a  
462 risk management process. It consists of the identification of hazards and the analysis and  
463 evaluation of risks associated with exposure to those hazards.

464 **Risk-based Decision Making:**

465 An approach or process that considers knowledge about risks relevant to the decision and  
466 whether risks are at an acceptable level.

467 **Risk Communication:**

468 The sharing of information about risk and risk management between the decision maker and  
469 other stakeholders.

470 **Risk Control:**

471 Actions implementing risk management decisions (ISO Guide 73).

472 **Risk Evaluation:**

473 The comparison of the estimated risk to given risk criteria using a quantitative or qualitative  
474 scale to determine the significance of the risk.

475

476 **8. REFERENCES**

- 477 1. ICH Q8 Pharmaceutical Development.
- 478 2. ICH Q10 Pharmaceutical Quality System.
- 479 3. ISO/IEC Guide 73:2002 - Risk Management - Vocabulary - Guidelines for use in  
480 Standards.
- 481 4. ISO/IEC Guide 51:2014 - Safety Aspects - Guideline for their inclusion in standards.
- 482 5. IEC 61025 - Fault Tree Analysis (FTA).
- 483 6. IEC 60812:2018 Failure modes and effects analysis (FMEA and FMECA).
- 484 7. IEC 61882:2016 - Hazard and operability studies (HAZOP studies) – Application guide.
- 485 8. ISO 14971:2019 – Medical devices -Application of risk management to medical devices.
- 486 9. ISO 7870-1:2019 - Control Charts
- 487 10. ISO 7870-4:2021- Cumulative Sum Charts.

- 488 11. ISO 7870-3:2020 - Acceptance Control Charts.
- 489 12. ISO 7870-2:2013 - Shewhart Control Charts.
- 490 13. WHO Technical Report Series No 908, 2003, Annex 7 *Application of Hazard Analysis*  
491 *and Critical Control Point (HACCP) methodology to pharmaceuticals.*
- 492 14. *What is Total Quality Control?; The Japanese Way*, Kaoru Ishikawa (Translated by David  
493 J. Liu), 1985, ISBN 0139524339.
- 494 15. *Failure Mode and Effect Analysis, FMEA from Theory to Execution*, 2<sup>nd</sup> Edition 2003, D.  
495 H. Stamatis, ISBN 0873895983.
- 496 16. *Process Mapping by the American Productivity & Quality Center*, 2002, ISBN  
497 1928593739.
- 498 17. Parenteral Drug Association. Technical Report No. 54 Implementation of quality risk  
499 management for pharmaceutical and biotechnology manufacturing operations. 2012.
- 500 18. Parenteral Drug Association. Points to consider for aging facilities. 2017.
- 501 19. Parenteral Drug Association. Technical Report No. 68. Risk-based approach for  
502 prevention and management of drug shortages. 2014.
- 503 20. International Society for Pharmaceutical Engineering. Report on the ISPE Drug shortages  
504 survey. 2013.
- 505 21. International Society for Pharmaceutical Engineering. Drug shortages prevention plan.  
506 2014.
- 507 22. Tabersky D, Woelfle M, Ruess J, Brem S, Brombacher S. Recent regulatory trends in  
508 pharmaceutical manufacturing and their impact on the industry. CHIMIA,  
509 2018;72(3):146-150.
- 510 23. O'Donnell K, Tobin D, Butler S, Haddad G, Kelleher D. Understanding the concept of  
511 formality in quality risk management. J. Valid. Technol, 2020 Jun; 26(3).
- 512

513 **ANNEX I: QUALITY RISK MANAGEMENT METHODS AND TOOLS**

514 The purpose of this annex is to provide a general overview of and references for some of the  
515 primary tools that might be used in quality risk management by industry and regulators. The  
516 references are included as an aid to gain more knowledge and detail about the particular tool.  
517 This is not an exhaustive list. It is important to note that no one tool or set of tools is applicable  
518 to every situation in which a quality risk management procedure is used.

519 It is neither always appropriate nor always necessary to use highly formal quality risk  
520 management methods and tools. The use of less formal quality risk management methods and  
521 tools can also be considered acceptable. See Chapter 5 for guidance on what constitutes  
522 formality in quality risk management.

523 **I.1 Basic Risk Management Facilitation Methods**

524 Some of the simple techniques that are commonly used to structure risk management by  
525 organizing data and facilitating decision-making are:

- 526 • Flowcharts;
- 527 • Check Sheets;
- 528 • Process Mapping;
- 529 • Cause and Effect Diagrams (also called an Ishikawa diagram or fish bone diagram).

530 **I.2 Failure Mode Effects Analysis (FMEA)**

531 FMEA (see IEC 60812) provides for an evaluation of potential failure modes for processes and  
532 their likely effect on outcomes and/or product performance. Once failure modes are  
533 established, risk reduction can be used to eliminate, contain, reduce or control the potential  
534 failures. FMEA relies on product and process understanding. FMEA methodically breaks down  
535 the analysis of complex processes into manageable steps. It is a powerful tool for summarizing  
536 the important modes of failure, factors causing these failures and the likely effects of these  
537 failures.

538 **Potential Areas of Use(s)**

539 FMEA can be used to prioritize risks and monitor the effectiveness of risk control activities.

540 FMEA can be applied to equipment and facilities and might be used to analyze a manufacturing  
541 operation and its effect on product or process. It identifies elements/operations within the  
542 system that render it vulnerable. The output/ results of FMEA can be used as a basis for design  
543 or further analysis or to guide resource deployment.

544 **I.3 Failure Mode, Effects and Criticality Analysis (FMECA)**

545 FMEA might be extended to incorporate an investigation of the degree of severity of the  
546 consequences, their respective probabilities of occurrence, and their detectability, thereby  
547 becoming a Failure Mode Effect and Criticality Analysis (FMECA; see IEC 60812). In order  
548 for such an analysis to be performed, the product or process specifications should be  
549 established. FMECA can identify places where additional preventive actions might be  
550 appropriate to minimize risks.

551 **Potential Areas of Use(s)**

552 FMECA application in the pharmaceutical industry should mostly be utilized for failures and  
553 risks associated with manufacturing processes; however, it is not limited to this application.  
554 The output of an FMECA is a relative risk “score” for each failure mode, which is used to rank  
555 the modes on a relative risk basis.

556 **I.4 Fault Tree Analysis (FTA)**

557 The FTA tool (see IEC 61025) is an approach that assumes failure of the functionality of a  
558 product or process. This tool evaluates system (or sub-system) failures one at a time but can  
559 combine multiple causes of failure by identifying causal chains. The results are represented  
560 pictorially in the form of a tree of fault modes. At each level in the tree, combinations of fault  
561 modes are described with logical operators (AND, OR, etc.). FTA relies on the experts’ process  
562 understanding to identify causal factors.

563 **Potential Areas of Use(s)**

564 FTA can be used to establish the pathway to the root cause of the failure. FTA can be used to  
565 investigate complaints or deviations in order to fully understand their root cause and to ensure  
566 that intended improvements will fully resolve the issue and not lead to other issues (i.e. solve  
567 one problem yet cause a different problem). Fault Tree Analysis is an effective tool for  
568 evaluating how multiple factors affect a given issue. The output of an FTA includes a visual

569 representation of failure modes. It is useful both for risk assessment and in developing  
570 monitoring programs.

571 **I.5 Hazard Analysis and Critical Control Points (HACCP)**

572 HACCP is a systematic, proactive, and preventive tool for assuring product quality, reliability,  
573 and safety (see WHO Technical Report Series No 908, 2003 Annex 7). It is a structured  
574 approach that applies technical and scientific principles to analyze, evaluate, prevent, and  
575 control the risk or adverse consequence(s) of hazard(s) due to the design, development,  
576 production, and use of products.

577 HACCP consists of the following seven steps:

578 (1) conduct a hazard analysis and identify preventive measures for each step of the process;

579 (2) determine the critical control points;

580 (3) establish critical limits;

581 (4) establish a system to monitor the critical control points;

582 (5) establish the corrective action to be taken when monitoring indicates that the critical  
583 control points are not in a state of control;

584 (6) establish system to verify that the HACCP system is working effectively;

585 (7) establish a record-keeping system.

586 **Potential Areas of Use(s)**

587 HACCP might be used to identify and manage risks associated with physical, chemical and  
588 biological hazards (including microbiological contamination). HACCP is most useful when  
589 product and process understanding is sufficiently comprehensive to support identification of  
590 critical control points. The output of a HACCP analysis is risk management information that  
591 facilitates monitoring of critical points not only in the manufacturing process but also in other  
592 life cycle phases.

593

594    **I.6      Hazard Operability Analysis (HAZOP)**

595    HAZOP (see IEC 61882) is based on a theory that assumes that risk events are caused by  
596    deviations from the design or operating intentions. It is a systematic brainstorming technique  
597    for identifying hazards using so-called “guide-words”. “Guide-words” (e.g., No, More, Other  
598    Than, Part of, etc.) are applied to relevant parameters (e.g., contamination, temperature) to help  
599    identify potential deviations from normal use or design intentions. It often uses a team of people  
600    with expertise covering the design of the process or product and its application.

601    **Potential Areas of Use(s)**

602    HAZOP can be applied to manufacturing processes, including outsourced production and  
603    formulation as well as the upstream suppliers, equipment and facilities for drug substances and  
604    drug (medicinal) products. It has also been used primarily in the pharmaceutical industry for  
605    evaluating process safety hazards. As is the case with HACCP, the output of a HAZOP analysis  
606    is a list of critical operations for risk management. This facilitates regular monitoring of critical  
607    points in the manufacturing process.

608    **I.7      Preliminary Hazard Analysis (PHA)**

609    PHA is a tool of analysis based on applying prior experience or knowledge of a hazard or  
610    failure to identify future hazards, hazardous situations and events that might cause harm, as  
611    well as to estimate their probability of occurrence for a given activity, facility, product or  
612    system. The tool consists of: 1) the identification of the possibilities that the risk event happens,  
613    2) the qualitative evaluation of the extent of possible injury or damage to health that could  
614    result and 3) a relative ranking of the hazard using a combination of severity and likelihood of  
615    occurrence, and 4) the identification of possible remedial measures.

616    **Potential Areas of Use(s)**

617    PHA might be useful when analyzing existing systems or prioritizing hazards where  
618    circumstances prevent a more extensive technique from being used. It can be used for product,  
619    process and facility design as well as to evaluate the types of hazards for the general product  
620    type, then the product class, and finally the specific product. PHA is most commonly used early  
621    in the development of a project when there is little information on design details or operating  
622    procedures; thus, it will often be a precursor to further studies. Typically, hazards identified in  
623    the PHA are further assessed with other risk management tools such as those in this section.

624    **I.8      Risk Ranking and Filtering**

625    Risk ranking and filtering is a tool for comparing and ranking risks. Risk ranking of complex  
626    systems typically requires evaluation of multiple diverse quantitative and qualitative factors  
627    for each risk. The tool involves breaking down a basic risk question into as many components  
628    as needed to capture factors involved in the risk. These factors are combined into a single  
629    relative risk score that can then be used for ranking risks. “Filters,” in the form of weighting  
630    factors or cut-offs for risk scores, can be used to scale or fit the risk ranking to management or  
631    policy objectives.

632    **Potential Areas of Use(s)**

633    Risk ranking and filtering can be used to prioritize manufacturing sites for inspection/audit by  
634    regulators or industry. Risk ranking methods are particularly helpful in situations in which the  
635    portfolio of risks and the underlying consequences to be managed are diverse and difficult to  
636    compare using a single tool. Risk ranking is useful when management needs to evaluate both  
637    quantitatively-assessed and qualitatively-assessed risks within the same organizational  
638    framework.

639    **I.9      Supporting Statistical Tools**

640    Statistical tools can support and facilitate quality risk management. They can enable effective  
641    data assessment, aid in determining the significance of the data set(s), and facilitate more  
642    reliable decision making. A listing of some of the principal statistical tools commonly used in  
643    the pharmaceutical industry is provided:

644    •      Control Charts, for example:

645    -      Acceptance Control Charts (see ISO 7966);

646    -      Control Charts with Arithmetic Average and Warning Limits (see ISO 7873);

647    -      Cumulative Sum Charts (see ISO 7871);

648    -      Shewhart Control Charts (see ISO 8258);

649    -      Weighted Moving Average.

650    •      Design of Experiments (DOE);

651 • Histograms;

652 • Pareto Charts;

653 • Process Capability Analysis.

654

## 655 **ANNEX II: QUALITY RISK MANAGEMENT AS PART OF INTEGRATED QUALITY 656 MANAGEMENT**

657 This Annex is intended to identify potential uses of quality risk management principles and  
658 tools by industry and regulators. However, the selection of particular risk management tools is  
659 completely dependent upon specific facts and circumstances.

660 These examples are provided for illustrative purposes and only suggest potential uses of quality  
661 risk management. This Annex is not intended to create any new expectations beyond the current  
662 regulatory requirements.

### 663 **II.1 Quality Risk Management as Part of Integrated Quality Management**

#### 664 **Documentation**

665 To review current interpretations and application of regulatory expectations;

666 To determine the desirability of and/or develop the content for SOPs, guidelines, etc.

#### 667 **Training and education**

668 To determine the appropriateness of initial and/or ongoing training sessions based on  
669 education, experience and working habits of staff, as well as on a periodic assessment of  
670 previous training (e.g., its effectiveness);

671 To identify the training, experience, qualifications and physical abilities that allow personnel  
672 to perform an operation reliably and with no adverse impact on the quality of the product.

#### 673 **Quality defects**

674 To provide the basis for identifying, evaluating, and communicating the potential quality  
675 impact of a suspected quality defect, complaint, trend, deviation, investigation, out of  
676 specification result, etc;

677 To facilitate risk communications and determine appropriate action to address significant  
678 product defects, in conjunction with regulatory authorities (e.g., recall).

679 **Auditing/Inspection**

680 To define the frequency and scope of audits, both internal and external, taking into account  
681 factors such as:

- 682 • Existing legal requirements;
- 683 • Overall compliance status and history of the company or facility;
- 684 • Robustness of a company's quality risk management activities;
- 685 • Complexity of the site;
- 686 • Complexity of the manufacturing process;
- 687 • Complexity of the product and its therapeutic significance;
- 688 • Number and significance of quality defects (e.g., recall);
- 689 • Results of previous audits/inspections;
- 690 • Major changes of building, equipment, processes, key personnel;
- 691 • Experience with manufacturing of a product (e.g., frequency, volume, number of  
692 batches);
- 693 • Test results of official control laboratories.

694 **Periodic review**

695 To select, evaluate and interpret trend results of data within the product quality review;  
696 To interpret monitoring data (e.g., to support an assessment of the appropriateness of  
697 revalidation or changes in sampling).

698 **Change management / change control**

- 699 To manage changes based on knowledge and information accumulated in pharmaceutical  
700 development and during manufacturing;
- 701 To evaluate the impact of the changes on the availability of the final product;
- 702 To evaluate the impact on product quality of changes to the facility, equipment, material,  
703 manufacturing process or technical transfers;
- 704 To determine appropriate actions preceding the implementation of a change, e.g., additional  
705 testing, (re)qualification, (re)validation or communication with regulators.

706 **Continual improvement**

- 707 To facilitate continual improvement in processes throughout the product lifecycle.

708 **II.2 Quality Risk Management as Part of Regulatory Operations**

709 **Inspection and assessment activities**

- 710 To assist with resource allocation including, for example, inspection planning and frequency,  
711 and inspection and assessment intensity (see "Auditing" Section in Annex II.1);
- 712 To evaluate the significance of, for example, quality defects, potential recalls and inspectional  
713 findings;
- 714 To determine the appropriateness and type of post-inspection regulatory follow-up;
- 715 To evaluate information submitted by industry including pharmaceutical development  
716 information;
- 717 To evaluate impact of proposed variations or changes;
- 718 To identify risks which should be communicated between inspectors and assessors to facilitate  
719 better understanding of how risks can be or are controlled (e.g., parametric release, Process  
720 Analytical Technology (PAT)).

721 **II.3 Quality Risk Management as Part of development**

- 722 To design a quality product and its manufacturing process to consistently deliver the intended  
723 performance of the product (see ICH Q8);

724 To enhance knowledge of product performance over a wide range of material attributes (e.g.,  
725 particle size distribution, moisture content, flow properties), processing options and process  
726 parameters;

727 To assess the critical attributes of raw materials, solvents, Active Pharmaceutical Ingredient  
728 (API) starting materials, APIs, excipients, or packaging materials;

729 To establish appropriate specifications, identify critical process parameters and establish  
730 manufacturing controls (e.g., using information from pharmaceutical development studies  
731 regarding the clinical significance of quality attributes and the ability to control them during  
732 processing);

733 To decrease variability of quality attributes:

- 734 • reduce product and material defects;
- 735 • reduce manufacturing defects.

736 To assess the need for additional studies (e.g., bioequivalence, stability) relating to scale up  
737 and technology transfer;

738 To make use of the “design space” concept (see ICH Q8).

739 **II.4 Quality Risk Management for Facilities, Equipment and Utilities**

740 **Design of facility / equipment**

741 To determine appropriate zones when designing buildings and facilities, e.g.,

- 742 • flow of material and personnel;
- 743 • minimize contamination;
- 744 • pest control measures;
- 745 • prevention of mix-ups;
- 746 • open versus closed equipment;
- 747 • clean rooms versus isolator technologies;

- 748 • dedicated or segregated facilities / equipment.
- 749 To determine appropriate product contact materials for equipment and containers (e.g.,  
750 selection of stainless steel grade, gaskets, lubricants);
- 751 To determine appropriate utilities (e.g., steam, gases, power source, compressed air, heating,  
752 ventilation and air conditioning (HVAC), water);
- 753 To determine appropriate preventive maintenance for associated equipment (e.g., inventory of  
754 necessary spare parts).

**755 Hygiene aspects in facilities**

- 756 To protect the product from environmental hazards, including chemical, microbiological, and  
757 physical hazards (e.g., determining appropriate clothing and gowning, hygiene concerns);
- 758 To protect the environment (e.g., personnel, potential for cross-contamination) from hazards  
759 related to the product being manufactured.

**760 Qualification of facility/equipment/utilities**

- 761 To determine the scope and extent of qualification of facilities, buildings, and production  
762 equipment and/or laboratory instruments (including proper calibration methods).

**763 Cleaning of equipment and environmental control**

- 764 To differentiate efforts and decisions based on the intended use (e.g., multi- versus single-  
765 purpose, batch versus continuous production);
- 766 To determine acceptable (specified) cleaning validation limits.

**767 Calibration/preventive maintenance**

- 768 To set appropriate calibration and maintenance schedules.

**769 Computer systems and computer controlled equipment**

- 770 To select the design of computer hardware and software (e.g., modular, structured, fault  
771 tolerance);
- 772 To determine the extent of validation, e.g.,
- 773 • identification of critical performance parameters;

- 774 • selection of the requirements and design;
- 775 • code review;
- 776 • the extent of testing and test methods;
- 777 • reliability of electronic records and signatures.

778 **II.5 Quality Risk Management as Part of Materials Management**

779 **Assessment and evaluation of suppliers and contract manufacturers**

780 To provide a comprehensive evaluation of suppliers and contract manufacturers (e.g., auditing,  
781 supplier quality agreements).

782 **Starting material**

783 To assess differences and possible quality risks associated with variability in starting materials  
784 (e.g., age, route of synthesis).

785 **Use of materials**

786 To determine whether it is appropriate to use material under quarantine (e.g., for further internal  
787 processing);

788 To determine appropriateness of reprocessing, reworking, use of returned goods.

789 **Storage, logistics and distribution conditions**

790 To assess the adequacy of arrangements to ensure maintenance of appropriate storage and  
791 transport conditions (e.g., temperature, humidity, container design);

792 To determine the effect on product quality of discrepancies in storage or transport conditions  
793 (e.g., cold chain management) in conjunction with other ICH guidelines;

794 To maintain infrastructure (e.g., capacity to ensure proper shipping conditions, interim storage,  
795 handling of hazardous materials and controlled substances, customs clearance);

796 To provide information for ensuring the availability of pharmaceuticals (e.g., ranking risks to  
797 the supply chain).

798 **II.6 Quality Risk Management as Part of Production**

799 **Validation**

800 To identify the scope and extent of verification, qualification and validation activities (e.g.,  
801 analytical methods, processes, equipment and cleaning methods);

802 To determine the extent for follow-up activities (e.g., sampling, monitoring and re-validation);

803 To distinguish between critical and non-critical process steps to facilitate design of a validation  
804 study.

805 **In-process sampling & testing**

806 To evaluate the frequency and extent of in-process control testing (e.g., to justify reduced  
807 testing under conditions of proven control);

808 To evaluate and justify the use of process analytical technologies (PAT) in conjunction with  
809 parametric and real time release.

810 **Production planning**

811 To determine appropriate production planning (e.g., dedicated, campaign and concurrent  
812 production process sequences).

813 **II.7 Quality Risk Management as Part of Laboratory Control and Stability Studies**

814 **Out of specification results**

815 To identify potential root causes and corrective actions during the investigation of out of  
816 specification results.

817 **Retest period / expiration date**

818 To evaluate adequacy of storage and testing of intermediates, excipients and starting materials.

819 **II.8 Quality Risk Management as Part of Packaging and Labelling**

820 **Design of packages**

821 To design the secondary package for the protection of primary packaged product (e.g., to ensure  
822 product authenticity, label legibility).

823 **Selection of container closure system**

824 To determine the critical parameters of the container closure system.

825 **Label controls**

826 To design label control procedures based on the potential for mix-ups involving different  
827 product labels, including different versions of the same label.

828 **II.9 Quality Risk Management as Part of Supply Chain Control**

829 With regard to product availability risks related to quality/manufacturing issues, lifecycle  
830 oversight of the supply chain includes maintaining current knowledge of quality/manufacturing  
831 hazards and prioritizing efforts to manage such risks. Understanding hazards  
832 to quality/manufacturing is critical to maintaining supply predictability. When risks are well  
833 understood and minimized, a higher confidence in product availability can be attained.

834 **Manufacturing Process Variation and State of Control**

835 To decrease variability in the manufacturing process (e.g., process drift, non-uniformity) and  
836 associated capability gaps that can result in unpredictable outputs, adversely impact quality and  
837 consequently timeliness, yield and product availability;

838 To design monitoring systems that are capable of detecting departures from a state of control  
839 and deficiencies in manufacturing processes, so they can be appropriately investigated to  
840 determine root causes and any required risk mitigations.

841 **Manufacturing Facilities**

842 To ensure that facility infrastructure and equipment are suitable and well-designed for  
843 manufacturing and packaging;

844 To establish equipment and facility maintenance programmes that assure reliable facility and  
845 equipment performance;

846 To ensure that the operational design of equipment is not vulnerable to human error;

847 To obtain efficiency gains (e.g. speed, throughput, supply timeliness, etc.) from investing in  
848 quality through the utilization of digitalization, automation, isolation technology, and other  
849 innovations.

850 **Supplier Oversight and Relationships**

- 851 To enhance review and monitoring activities (see Section 2.7 of ICH Q10) when substantial  
852 variability is identified in the quality and safety of supplied materials or in the services  
853 provided.
- 854 To manage external product availability risks relating to quality/manufacturing, (e.g. from raw  
855 material suppliers, contracted organizations, service providers, etc.)