

THE COMMON TECHNICAL DOCUMENT (CTD)

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ICH

هو عبارة عن **guidelines** الي توحد
المتطلبات التنظيمي لتطوير وتسجيل
الدواء في الدول حتى يقلل الوقت.
والتكاليف اللازمه لتطوير الدواء
safe, effective, meet
pharmaceuticals quality

ييجي تحته موضوع **CTD** الي هي جزء من
ICH guidelines (إذا تم اتباعه رح يطلع عنا
product (رح يكون **format** الملف الي ممكن
نقدمه في كل العالم ولكن لكل بلد
requirements معين من حيث **introduction**
فلما نعمل **authorization** للملف والسلطات
توافق عليه وتسجله معناه انو الدواء **safe and**
effective and meet pharmaceuticals
(quality)

يتم تنظيم المعلومات فيه على
شكل **moudule** كمان شوي
نشرحهم

تعريف
إجمالي

هي مجموعه من الوثائق تخليها
إذا اتبعنا **format** تبعتها نقدر
نعمل **regesteration** مش
بدوله معينه انما بكل العالم

MARKETING AUTHORIZATION APPLICATION

- Proof of:

➤ Efficacy

➤ Safety

➤ Pharmaceutical quality

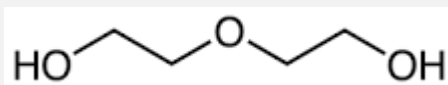
وذكرنا مشكله **thalidomide** وانه من بعدها بلشت عمليات **regulation and safety** وانبثق عنها **ICH guidelines** التابعه اليه ولما بلشنا نشوف ايش في **gap** وشو هي المشاكل الي تعمل **compromised the quality and safety and effective the drug**

بالاعتماد على شغلهم زمان الي هو من ايام **thalidomide** وبعد ما شافو شو ممكن يصير مشاكل ايش الأخطاء الي صارت. بلشو يعملو **risk assessment and risk management**

THE NEED FOR REGULATORY AUTHORITIES

Examples

- In 1938, one pharmaceutical firm added diethylene glycol to a pediatric drug dosage form without ever testing it, killing a number of children.



- Thalidomide (1957): Birth defects in more than 10000 children.



- Many products have been approved and later removed from the market for **safety** reasons, including alosetron HCl (Lotrovec), **astemizole** (Hismanal), bromfenac sodium (Duract), cerivastatin (Baycol), **cisapride** (Propulsid), dexfenfluramine HCl (Redux), fenfluramine HCl (Pondimin), grepafloxacin HCl (Raxar), mibefradil (Posicor), natalizumab (Tysabri), pemoline (Cylert), phenylpropanolamine (Propagest, Dexatrim), rofecoxib (Vioxx), **terfenadine** (Seldane), and troglitazone (Rezulin).

THE NEED FOR REGULATORY AUTHORITIES

- The realization that it was important to have an independent evaluation of medicinal products before they are allowed on the market.
- The need to assemble all ^①Quality, ^②Safety and ^③Efficacy information in a common format

- **Overview**

- Transparency
- Identification of gaps
- Common review process
- Exchange of information

THE INTERNATIONAL COUNCIL FOR HARMONISATION(ICH) OF TECHNICAL REQUIREMENTS FOR PHARMACEUTICALS FOR HUMAN USE

هدول إلى عمله

- Started in 1990. *ecomisson, FDA, اليابان*
- **Harmonization** of regulatory requirements was pioneered by the European Community (EC), in the 1980s, as the EC (now the European Union) moved towards the development of a single market for pharmaceuticals.
- The success achieved in Europe demonstrated that harmonization was feasible. At the same time there were discussions between Europe, Japan and the US on possibilities for harmonization.
- In 2015 ICH became an international association, a legal entity under Swiss law.

THE INTERNATIONAL COUNCIL FOR HARMONISATION OF TECHNICAL REQUIREMENTS FOR PHARMACEUTICALS FOR HUMAN USE (ICH)

Founding Regulatory Members

- **The European Countries(EC)**
 - **EU** Commission of the European Communities
 - **EFPIA** European Federation of Pharmaceutical Industries Association
- **USA**
 - **FDA** Food and Drug Administration
 - **PhRMA** Pharmaceutical Research and Manufacturers of America
- **Japan**
 - **MHLW** Ministry of Health, Labour and Welfare
 - **JPMA** Japanese Pharmaceutical Manufacturers Association

THE INTERNATIONAL COUNCIL FOR HARMONISATION OF TECHNICAL REQUIREMENTS FOR PHARMACEUTICALS FOR HUMAN USE (ICH)

- In June 2024, the ICH welcomed **ANMAT (Argentina)** and **JFDA (Jordan)**
- In 2025, the (ICH) comprises **23 Members** and **38 Observers**

هدول هيكل



ICH GUIDELINES



ICH Guidelines / Work Products /

The ICH topics are divided into four categories and ICH topic codes are assigned according to these categories.



Quality Guidelines

Harmonisation achievements in the Quality area include pivotal milestones such as the conduct of stability studies, defining relevant thresholds for impurities testing and a more flexible approach to pharmaceutical quality based on Good Manufacturing Practice (GMP) risk management.



Safety Guidelines

ICH has produced a comprehensive set of safety Guidelines to uncover potential risks like carcinogenicity, genotoxicity and reprotoxicity. A recent breakthrough has been a non-clinical testing strategy for assessing the QT interval prolongation liability; the single most important cause of drug withdrawals in recent years.



Efficacy Guidelines

The work carried out by ICH under the Efficacy heading is concerned with the design, conduct, safety and reporting of clinical trials. It also covers novel types of medicines derived from biotechnological processes and the use of pharmacogenetics/genomics techniques to produce better targeted medicines.



Multidisciplinary Guidelines

Those are the cross-cutting topics which do not fit uniquely into one of the Quality, Safety and Efficacy categories. It includes the ICH medical terminology (MedDRA), the Common Technical Document (CTD) and the development of Electronic Standards for the Transfer of Regulatory Information (ESTRI).

Quality Q1-Q12

33 guidelines

Q4 Pharmacopoeias

- additional

Safety S1-S11

19 guidelines

Efficacy E1-E19

35 guidelines

Multidisciplinary

10 guidelines

NEW DRUG DEVELOPMENT AND APPROVAL PROCESS

Preclinical testing	Clinical trials research and development	FDA	Post-marketing surveillance
Synthesis – Identify a lead compound Characterization – Physicochemical properties Toxicity and bioactivity – <i>In vitro</i> (cell culture) – <i>In vivo</i> (short term) – ADME/Tox	Phase I – Healthy volunteers (20–80) – Safety profiles – Drug tolerance Phase II – Patients (100–300) – Controlled, randomized trials – Double-blinded – Short-term side effects – Decision on final dosage form Phase III Patients (1000–3000) – Expanded and uncontrolled trials – Monitor adverse reactions – Confirm effectiveness – Decision on physician labeling	Review and approval	Phase IV – Postmarketing testing – Report adverse effects – Report product defects
Average 3.5 years	$1.5 + 2 + 4 = 7.5$ years	6–10 months	
Evaluation of thousands of compounds	<1% Enter trials	1 Approved	
	IND submission	NDA filing	NDA approval

Time course for the development of a new drug

بعد ما نخلص عمليه pre clinical الي هو (اخترع الدواء من اول من الصفر وبعدها نشوف phesychemical and drug assessment) وهاي مهمه لل identity of drug لانه اذا فيها مشاكل مستحيل الدواء يوصل للسوق بروح على FDA وبعطيهم ملف اسمه new investigation drug ونقعد احنا واياهم نتناقش فيه وبعد ما يوافقو عليه رح ابلش اعمل clinical study

NDI
اضاعا نكون
عارفين شو dose

بمرحله NDI هو مش drug لساعة تحت investigation وهون نمسك ملف ونحط probability تبعت وهون لسا ما نحكي عن dose بس نعمل submission لملف اسمة NID عشان لما يشوفو نتفق احنا واياهم وانه رح نعمل dosing وهاد يكون عشان ال study ورح نبلش هون يعدلو عليه او يرفضوه او يقبلو فيه ولما يوافقو نبلش clinical trial الي يكون من ضمنها phase 1 الي يتضمن موضوع dose

COMMON TECHNICAL DOCUMENT (CTD)

- **CTD** is a set of specification for application file for the registration of Medicines and designed to be used across Europe, Japan and the United States.
- It is an internationally agreed format for the preparation of applications regarding new drugs intended to be submitted to regional regulatory authorities in participating countries.
- In July 2003, the CTD became the mandatory format for new drug applications in the EU and Japan, and the strongly recommended format of choice for NDAs submitted to the FDA.

ADVANTAGES OF CTD

- It has facilitated the regulatory review processes
- It has eliminated the need to reformat the information for submission to the different ICH regulatory authorities
- It facilitated simultaneous submission in three regions
- It is applicable to all type of products (NCE, Radio, Vaccines, herbals)
- It led to harmonised electronic submission that, in turn, enabled implementation of good review practices.
- Faster availability of new medicines

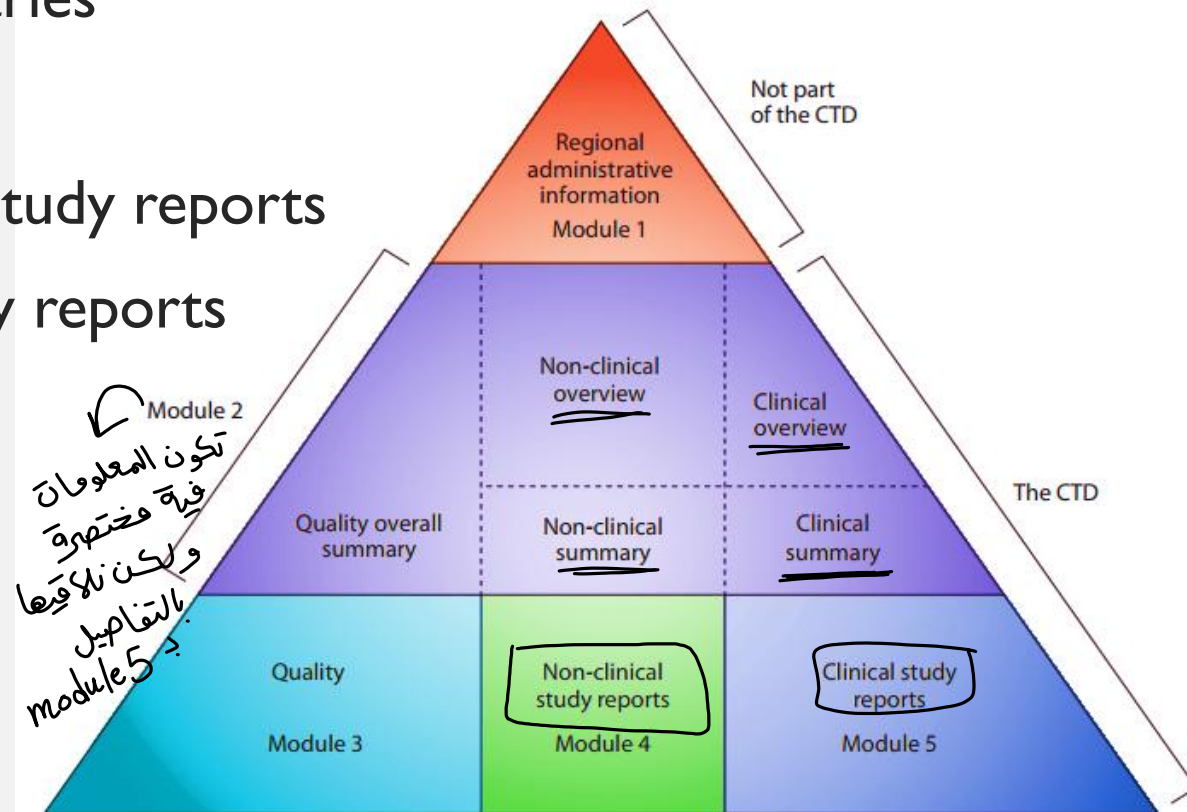
بنقدر بنسجل باي دولة تابعه لل ICH اذا غيرنا
module 1 ولكن مش، دايما يتغير انما غير حسب
الدوله شو عندها حسب اذا اشى spacefication او
نموذج معين بدوله الي بدي اياها

هل رح يختلف الملف تبع تسجيل
الدواء اذا كان نفس الدواء ولكن
شكله الصيدلاني مختلف لا لانه
نفس ال component يعني
CTD format ثابت ولكن المعلومات
الي تخص كل واح منهم تختلف



ORGANIZATION OF CTD

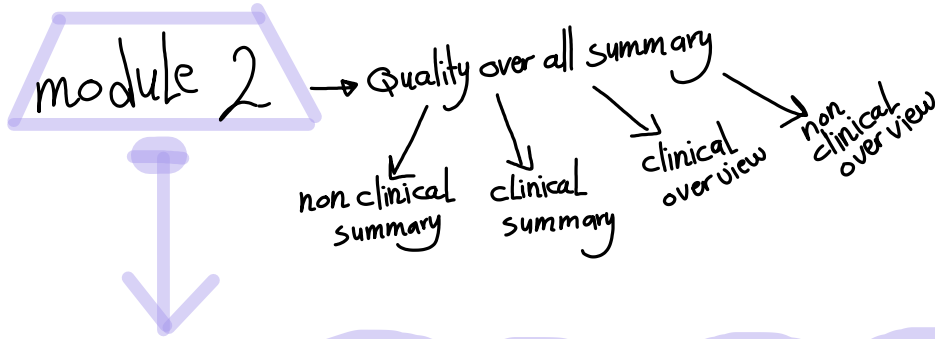
- Module 1: Administrative Information
- Module 2: CTD summaries
- Module 3: Quality
- Module 4: Nonclinical study reports
- Module 5: Clinical study reports



The CTD triangle. The Common Technical Document is organized into five modules. Module 1 is region specific and modules 2, 3, 4 and 5 are intended to be common for all regions.

module 1 → not part of CTD

هاد عبارة عن introduction وهاد يختلف (requirements) من بلد لبلد لانه مثلا في دوله معينه بدها سجل الضريبه وفي بلد من رخصة للمهن الخ.... وهاي بتكون checklist



يعني مثلا هاد الدواء دورت ب literature view يعني شو في مثله بالسوق وشو، في منه dose form وبعدين عملت إلهم summary overview (هاي الشغل ما عنا هياها (stage of NID) بالأردن لانه احنا يوصلنا الدواء جاهز بس عليهم يسجلوه) نكمل هسا لما نقدمه لل FDA الدواء المخترع جديد لازم يكونو مجهزين module 1/2 على stage of investigation drug وبعدين يكمل module 3/4 اي حدا بسجل غير FDA او اشي مش originated لازم يعمل كل اشي ككل

module
3

→ quality

بالنسبة لل **quality** كيف صنعنا هاد الدواء وكيف حللناه وشو **formela and component** تبعتة بالمختصر اثبت انو طريقه صنعه صحيحه

module
4

→ non clinical
study report

الها دخل **pharmacokinetics, pharmacodynamic** الها دخل
بالدواء ولكن هي **non clinical**

module
5

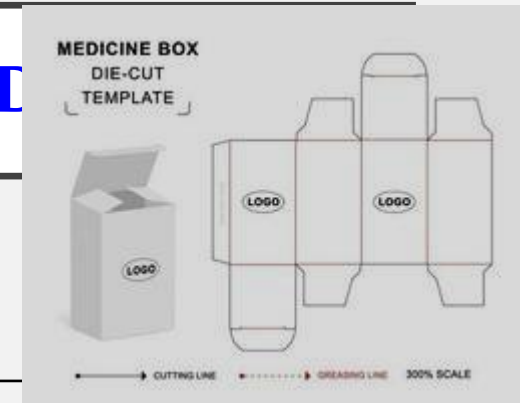
→ clinical

On details of details

البروتوكولات كيف انعمت ، النتائج

ORGANIZATION OF CTI

Module I: JFDA Requirements (www.jfda.jo F1/RDP-3/2011)



1.0	Cover Letter.
1.1	Comprehensive Table of Contents (Module 2-5).
1.2	Application Forms (JFDA forms): → <i>نزي طلب التقديم للجامعة</i>
1.2.1	Check List (F1/RDP-3/2011)
1.2.2	Drug Registration form (LF 4-RDP-7\2008)
1.2.3	Technical Committee Form (F2/RDP-7\2008) (5 copies)
1.2.4	Computer application Form (F3/RDP-7\2008)
1.2.5	JFDA Stability Report Form (F5/RDP-7\2008)
1.3	Product Information:
1.3.1	SPC (Summary of product characteristics), Labeling, Package leaflet. <i>ممنوع نستخدم اللون الأحمر في اشي</i>
1.3.2	Mock-up. <i>اسمه paint of code هاد الي يستخدم</i>
1.3.3	Specimen (One Registration sample). →



← حتى يتأكد انه data إلى مطبوعه صحبة

ORGANIZATION OF CTD

Module 1: JFDA Requirements (www.jfda.jo)

1.4	Specific Requirements for Different Types of Applications:	معناها انه في شركات تصنع وتعمل development وفي شركات تقلك ما بدي اغلب حالي واعمل R&D
1.4.1	Information for application type (Generic, Bio-similar).	فتروح على contract of manufacturing center يعني
1.4.2	Information for submission type (Technology Transfer, under license)	حدا. بيني وبينه عقد خذ اعلمي development او صنعلي ولما تخلص بجلي بعمل transfer عشان اصير اصنعها عندي بالمختبر
1.5	Information related to Pharmacovigilance:	
1.5.1	Pharmacovigilance System.	
1.5.2	Risk-management System.	
1.6	Other information:	
1.6.1	List of Similar Product Available in Local Market.	
1.6.2	Detailed Comparison between Generic Leaflet & Originator (for generic drugs).	
1.6.3	Declaration from the manufacturer about the ingredient/s from human or animal origin included in the composition of the product and their source and the related certificates (TSE CEP).	ل تكون خالية من اي اشئ يعمل جنون البقر
1.6.4	List from manufacturer to declare the worldwide registration status: (registered\Marketed (date), under registration, rejected (with reason)).	
1.6.5	Technical Contract (Open part) in case of contract manufacturing.	
1.6.6	Health authority approval of the latest Plasma master file (if the product contain plasma derivatives).	

ORGANIZATION OF CTD

Module 1: JFDA Requirements (www.jfda.jo)

1.6.7	Certificates: ↑ originator يكون
1.6.7.1	Certificate of Pharmaceutical product (CPP) according to <u>WHO format</u> Certified and Legalized.
1.6.7.2	SmPC certified and legalized from country of origin (excluding generics).
1.6.7.3	Price certificates:(for Exported products)(priced drug): هنا تضاف بر عايشين الدوا - Public Price Certificate showing Price Structure: Ex.f, WSP, PP,(Certified and Legalized):if vat included specify . - Price structure from median countries (UK, Spain, France, Greece, Italy, Belgium, and Holland). - Export Price letter for Jordan & Export price to Saudi Arabia (if marketed).
1.6.7.4	Prices certificate: (for local products) Suggested Public price\ pharmacist price or hospital price (for priced drug).
1.6.7.5	JFDA approval certificate for the Manufacturing site/s (for the same production line)(or copy of the request letter for approval (date and number))
1.6.7.6	A copy of JFDA committee approval of the B.E or the Comparative Dissolution Profile should be provided (for generic drugs).



Certificate of suitability
No. R1-CEP 2002-124-Rev 00

1 *Name of the substance:*

2 **WOOL FAT**

3 *Name of holder:*

4 **NIPPON FINE CHEMICAL CO LTD**

5 4-9, 2-Chome

6 Bingomachi, Chuo-Ku

7 Japan-541-0051 Osaka

8 *Site(s) of production:*

9 **NIPPON FINE CHEMICAL CO LTD**

10 Kakogawahigashi Plant

11 377-1, Kitano, Noguchi-Cho, Kakogawa-Shi

12 Japan-675-0011 Kakogawa

13 **THIS CERTIFICATE SUPERSEDES THE PREVIOUS CERTIFICATE**

14 **R0-CEP 2002-124-REV 01**

15 After examination of the information provided on the origin of raw material(s) and type of
16 tissue(s) used and on the manufacturing process for this substance on the site(s) of
17 production mentioned above, we certify that the substance **WOOL FAT** meets the
18 criteria described in the current version of the monograph Products with risk of
19 transmitting agents of animal spongiform encephalopathies no. 1483 of the European
20 Pharmacopoeia, current edition including supplements.

21 – nature of animal tissues used in manufacture: **Sheep wool**

22 The submitted dossier must be updated after any significant change that may alter the
23 quality, safety or efficacy of the substance, or that may alter the risk of transmitting
24 animal spongiform encephalopathy agents.

25 Manufacture of the substance shall take place in accordance with a suitable quality
26 assurance system such as ISO 9001, and in accordance with the dossier submitted.

ORGANIZATION OF CTD

Module I: Administrative Information and Prescribing Information

- This module should contain documents specific to each region;
- e.g.
 - application forms
 - the proposed label for use in the region.
- The content and format of this module can be specified by the relevant regulatory authorities.

مثلا عنا موظف التسجيل يكون عامل على **desktop** بدك تجمع هاي **requirements** وزمان كان بدك تجمعها وتعمل طباعه وتنحطها بملفات وكل **modules** الها ملف لحال

Module1.

تحكي عن **description** وهي اصلا **regen of spacefic** وتحتوي أيضا على **tablet of content** هي زي الفهرس (**document of regen spacefic**)

Module2

تحتوي اول اشي على **tabel of content** بعددين **introduction** تكتب صفحتين ثلاث عن الدواء او الشركه وشو ضروره انو الدواء لازم ليتسجل وكمان فيها **quality overall summary**

في عنا اشي اسمه **chick list** زي نجيبها من **R&D** كل ما نحط ونجهز شغلها نحط عندها صح عنا مثلا شكل العلبة الخارجيه شكل **dropper** وابعادهم نجيبها من **Quality control** مختومه من **QA**

ORGANIZATION OF CTD

Module 2. Common Technical Document Summaries

- Module 2 should begin with a general introduction to the pharmaceutical, including its pharmacologic class, mode of action, and proposed clinical use. In general, the Introduction should not exceed one page.
- Module 2 should contain 7 sections in the following order :
 - CTD Table of Contents
 - CTD Introduction
 - Quality Overall Summary (brief summary of the relevant sections and should not exceed 40 pages of text – no tables or figures)
 - Nonclinical Overview (Integrated and critical assessment of the pharmacologic , pharmacokinetic and toxicological evaluation of the pharmaceutical product)
 - Clinical Overview
 - Nonclinical Written and Tabulated Summaries
 - clinical summary → Bio pharmaceutical, analytical clinical study

2.4 NON CLINICAL OVERVIEW

module 2

- Integrated and critical assessment of the pharmacologic , pharmacokinetic and toxicological evaluation of the pharmaceutical product.
- Addressed the interpretation data, the clinical relevance of the findings and the implications of nonclinical findings for the safe use of the pharmaceutical product.



2.5 CLINICAL OVERVIEW

- **Summary and analysis of the clinical data**
- **Provide a brief overview of the clinical findings**, including **important limitations** (e.g., lack of comparisons with an especially relevant active comparator, or absence of information on some patient populations, on pertinent endpoints, or on use in combination therapy).
- **Analyse the benefits and risks of the medicinal product in its intended use** based upon the conclusions of the relevant clinical

- **Address particular efficacy or safety issues** encountered in development, and how they have been evaluated and resolved.
- **Explore unresolved issues**, explain why they should not be considered as barriers to approval, and describe plans to resolve them.
- **Explain the basis for important or unusual aspects** of the prescribing information



Non – clinical & Clinical Summaries

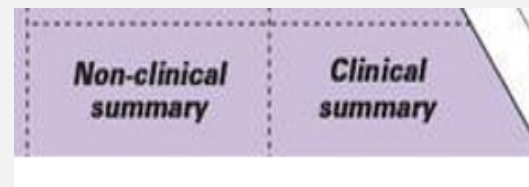
■ 2.6 Non-Clinical Summaries

- Summary of pharmacokinetic, pharmacological and toxicology studies – in-vivo/in-vitro, species, route and duration
- Appropriate age and gender related effects

■ 2.7 Clinical Summaries

* Biopharmaceutical study
* analytical clinical

- This section is intended to provide a **detailed, factual summarization of all of the clinical information** in the CTD. This includes:
 - information provided in **clinical study reports**;
 - information obtained from **any meta-analyses or other cross-study analyses** for which full reports have been included in Module 5; and
 - **post-marketing data for products** that have been marketed in other regions



ORGANIZATION OF CTD

Module 3. Quality

- Information on Quality should be presented in the structured format described in Guideline M4Q.

رح نحكي هون عن body of data. ونحكي عن شغلتين ✖ quality of products ✖ quality of drug substances

عنا حاليا اشي اسمه electronic submission وهاد نوعين نوع زي الي عملته الدكتوراه انها حطته على drive وبعددين لما خلصت مسكت folder الرئيسي وحطه على CD وسلمه ولكنه مش. ال electronic الي يغطي ب eCTD ف لما نروح على ICH ونشوف spacefication for submission ل electronic guidance رح نشوفهم حاطين تسميه الملفات وتسميه sub species وكيف لازم تكون بلغه البرمجه. مثلا 32s2 لما تشوفه الصي. لانيه تكون عارفه route for manufacturers and drug substances يكون زي البصمه

طريقه تصنيع active ingredient

ORGANIZATION OF CTD

MODULE 3 : QUALITY

→ electronic submission
هاد الإلكتروني

3.2.S DRUG SUBSTANCE (NAME, MANUFACTURER).

3.2.S.1 General Information

3.2.S.1.1 Nomenclature

3.2.S.1.2 Structure

3.2.S.1.3 General Properties

3.2.S.2 Manufacture

3.2.S.2.1 Manufacturer(s)

3.2.S.2.2 Description of Manufacturing Process and Process Controls

3.2.S.2.3 Control of Materials

3.2.S.2.4 Controls of Critical Steps and Intermediates

3.2.S.2.5 Process Validation and/or Evaluation

3.2.S.2.6 Manufacturing Process Development

3.2.S.3 Characterisation

3.2.S.3.1 Elucidation of Structure and other Characteristics

3.2.S.3.2 Impurities

لما نجى نعمل development بدنا نختار مثلاً ibuprofen هل نروح
نختار من شركه وحده طبعا لا) نفرض شركه سكرت يكون في غيرها
احتياط) لازم نجيب على الاقل من 3 شركات ونسجل بالملف عنا
3 sublayer مش إجباري الشغله يعني ممكن شركه استخدمت
method استخدم فيها أسيتون وومن method ثانيه استخدم فيها
بنزين مع مركب ثاني وهاي الفكره لذلك لازم نجيب الدواء من شركات
الها نفس route of synthesis حتى ما تتغلب stable or impurity



ORGANIZATION OF CTD

MODULE 3 : QUALITY

3.2.S DRUG SUBSTANCE (NAME, MANUFACTURER).

3.2.S.4 Control of Drug Substance

3.2.S.4.1 Specification

3.2.S.4.2 Analytical Procedures

3.2.S.4.3 Validation of Analytical Procedures

3.2.S.4.4 Batch Analyses

3.2.S.4.5 Justification of Specification

3.2.S.5 Reference Standards or Materials

3.2.S.6 Container Closure System

3.2.S.7 Stability

3.2.S.7.1 Stability Summary and Conclusions

3.2.S.7.2 Post-approval Stability Protocol and Stability Commitment

3.2.S.7.3 Stability Data

ORGANIZATION OF CTD

MODULE 3 : QUALITY

3.2.P DRUG PRODUCT (NAME, DOSAGE FORM)

3.2.P.1 Description and Composition of the Drug Product

3.2.P.2 Pharmaceutical Development

3.2.P.2.1 Components of the Drug Product

3.2.P.2.1.1 Drug Substance

3.2.P.2.1.2 Excipients

3.2.P.2.2 Drug Product

3.2.P.2.2.1 Formulation Development

3.2.P.2.2.2 Overages

3.2.P.2.2.3 Physicochemical and Biological Properties

3.2.P.2.3 Manufacturing Process Development

3.2.P.2.4 Container Closure System



هاد **active ingredients** كيف اجانا بشو
كيف نشترية هل هو **sterile** هل بده **light**
protection هاد المهم

3.2.P.2.5 Microbiological Attributes

3.2.P.2.6 Compatibility



ORGANIZATION OF CTD

MODULE 3 : QUALITY

3.2.P DRUG PRODUCT (NAME, DOSAGE FORM)

3.2.P.3 Manufacture

3.2.P.3.1 Manufacturer(s)

3.2.P.3.2 Batch Formula

3.2.P.3.3 Description of Manufacturing Process and Process Controls

3.2.P.3.4 Controls of Critical Steps and Intermediates

3.2.P.3.5 Process Validation and/or Evaluation

3.2.P.4 Control of Excipients

3.2.P.4.1 Specifications

3.2.P.4.2 Analytical Procedures

3.2.P.4.3 Validation of Analytical Procedures

3.2.P.4.4 Justification of Specifications

3.2.P.4.5 Excipients of Human or Animal Origin

3.2.P.4.6 Novel Excipients

هون نحكي عن الدواء مثلا عن الايبوبروفين
انه يتكون من lactose, microcrystallin
cellulose..... الخ بالتفصيل يكون وشو سبب
استخدامهم انه filler, binder



ORGANIZATION OF CTD

MODULE 3 : QUALITY

3.2.P DRUG PRODUCT (NAME, DOSAGE FORM)

3.2.P.5 Control of Drug Product

3.2.P.5.1 Specification(s)

3.2.P.5.2 Analytical Procedures

3.2.P.5.3 Validation of Analytical Procedures

3.2.P.5.4 Batch Analyses

3.2.P.5.5 Characterisation of Impurities

3.2.P.5.6 Justification of Specification(s)

3.2.P.6 Reference Standards or Materials

3.2.P.7 Container Closure System

3.2.P.8 Stability

3.2.P.8.1 Stability Summary and Conclusion

3.2.P.8.2 Post-approval Stability Protocol and Stability Commitment

3.2.P.8.3 Stability Data

في عنا فيها اشي اسمه **pharmaceuticals** **developed** وهي كيف طريقه التصنيع شو **manufacturing** ليش مثل قررنا نعمل ال **compression** وهل هو **directly** او **granulation** بالتفاصيل شو نعمل بكل وحده من حيث الخط توزين المكونات والسرعه **(refrance of standard)**

هون نحكي عن شكل العلبة، ابعادها، شو مكتوب عليها. اذا **tablet** هل محطوط بعلبه هل عليها قطنه او لا هل فيها سيليكه الي تمتص الرطوبه او لا

ORGANIZATION OF CTD

MODULE 3 : QUALITY

3.2.P DRUG PRODUCT (NAME, DOSAGE FORM)

3.2.P.5 Control of Drug Product

3.2.P.5.1 Specification(s)

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3.2.P.8.3 Stability Data

ORGANIZATION OF CTD

MODULE 4 : NON-CLINICAL STUDY REPORTS

- Module 4 describes the format and organisation of the **nonclinical (pharmaco-toxicological) data relevant to** the application.

☐ 4.2 STUDY REPORTS → **يعتوي على**

☐ 4.2.1 Pharmacology *

☐ 4.2.2 Pharmacokinetics *

☐ 4.2.3 Toxicology *

☐ 4.3 literature references *

ORGANIZATION OF CTD

MODULE 5 : CLINICAL STUDY REPORTS

- Module 5 describes the format and organisation of the **clinical data relevant to the application**.
 - ❑ 5.3.1 Reports of Biopharmaceutical Studies
 - ❑ 5.3.2 Reports of Studies Pertinent to Pharmacokinetics Using Human Biomaterials
 - ❑ 5.3.3 Reports of Human Pharmacokinetic (PK) Studies
 - ❑ 5.3.4 Reports of Human Pharmacodynamic (PD) Studies
 - ❑ 5.3.5 Reports of Efficacy and Safety Studies
 - ❑ 5.3.6 Reports of Post-Marketing Experience
 - ❑ 5.3.7 Case Report Forms and Individual Patient Listings
 - ❑ 5.4 literature references

ELECTRONIC SUBMISSION



CTD dossier in bookrack



Reviewer's desk