



# Introduction to the Application of Experimental Designs in Pharmaceutical Product Development

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Sarwar Beg and Suryakanta Swain

## Abstract

For decades, pharmaceutical drug product development has been carried out using the traditional hit and trial approaches, which are considered to be less efficient and reliable for attaining desired quality and batch-to-batch consistency. Moreover, such issues create product recalls and rejects, often shortage of medicines. In order to avoid such issues, the federal agencies in the twenty-first century adopted a pharmaceutical quality assessment system (PQAS) for the holistic development of the drug products. Quality by Design (QbD) and design of experiments (DoE) are considered as two pivotal elements of the PQAS for maintaining product quality consistency. DoE analyzes the cause-and-effect relationship among the factors and responses, thus considered as an ultimate resource saving tool for amalgamating the science and risk-based development into the practice. The present chapter provides an overview account on the evolution, principles, and various applications of DoE for pharmaceutical product manufacturing with high robustness and performance.

## Keywords

Drug delivery · Experimental designs · Product variability · Product performance · Process performance

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S. Beg (✉)

Department of Pharmaceutics, School of Pharmaceutical Education and Research, Jamia Hamdard, New Delhi, India

S. Swain

Department of Pharmaceutical Sciences, School of Health Sciences, The Assam Kaziranga University, Jorhat, Assam, India

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## 1.1 Introduction

Design of experiments (DoE) or also referred to as the experimental designs are the systematic tools used for decades by the technology-driven industries for rationally optimizing the product and process performance and robustness during manufacturing. As any scientific experiment tends to involve a series of factors which encounter high variability in the end results, thus use of systematic tools has now become a routine practice [1]. DoE particularly emphasizes on rational planning and execution on the basis of a planned set of experiments and utilizes the mathematical and statistical principles to suggest an optimal solution. Experimental designs are very helpful in establishing the relationship between the input and output variables and furnishes the end results in the form of output and reduces the variability [2]. In another way, the experimental designs are very efficient for their predictive ability to detect and plug the error and to reduce the experimental variability to attain batch-to-batch consistency. However, the experimental designs are unable to reduce the impact due to the uncontrollable or noise factors [3, 4].

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## 1.2 Early History and Evolution of Experimental Designs

The concept of experimental design was first envisioned by Sir Ronald A. Fisher in 1920s with his work pioneering to deal with agricultural models implementing the statistical methods. After Fisher, Rothamsted also put forward stepping stones for the application of systematic mathematical models in the agricultural experiments [3]. Later, George E.P. Box and K.B. Wilson in 1951 worked on the response surface mapping (RSM) technique for implementation in the manufacturing sector to improve the product and process robustness. Additionally, Kiefer and Wolfowitz in 1959 worked on multifactorial optimization techniques using factorial designs, while Genichi Taguchi in 1987 proposed the concept of Taguchi experimental designs for robustness testing and optimization [2].

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## 1.3 Experimental Design Principles

Every experimental design relies on three key principles such as replication, randomization, and blocking (or error control), which should be carefully adhered for meaningful execution of the experimental conditions and rational prediction of the optimum response variables [1]. The details regarding the aforesaid principles of experimental designs are provided below.

### 1.3.1 Replication

It is ideal to use a good number of replicates on any point of an experimental design for reducing the experimental error, if any. There is no fixed rule for selection of the

number of replicates, but it is better to use at least three or more replicates for any design.

### **1.3.2 Randomization**

It is ideal to randomize all the experimental runs and perform them in a random manner. This helps in avoiding the experimental bias which may be encountered owing to performing the experiments in a serial manner. Use of randomization helps in reducing the effect of extraneous factors that may present during experimental practice.

### **1.3.3 Blocking or Error Control**

Blocking is used to reduce or eliminate the variability transmitted from nuisance factors, which may influence the experimental response. Block represents a set of relatively homogeneous experimental conditions and helps in classifying the experiments performed in identical set of conditions.

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## **1.4 General Considerations in Performing DoE**

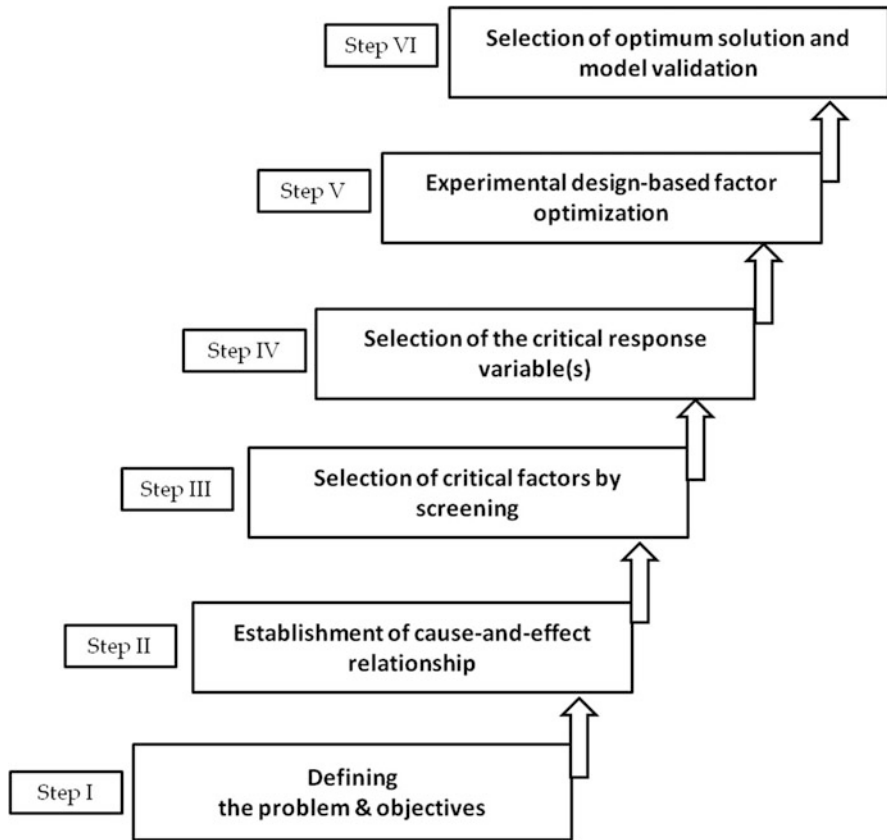
The application of DoE into actual practice involves a multistep process, thus requires defining the experimental objectives, identification of the critical factors and responses, mathematical modeling and statistical validity analysis, and selection of the optimum solutions [5–7]. Figure 1.1 illustrates the typical five-step approach used for implementation of DoE in an experimental setup.

### **1.4.1 Defining the Problem**

Before execution of an experimental design, the study objectives are defined to prepare a list of specific problems that are to be addressed by the experiment. It is also important to keep all the objectives of the experiment in mind before execution of an experimental design.

### **1.4.2 Establishment of Cause-and-Effect Relationship**

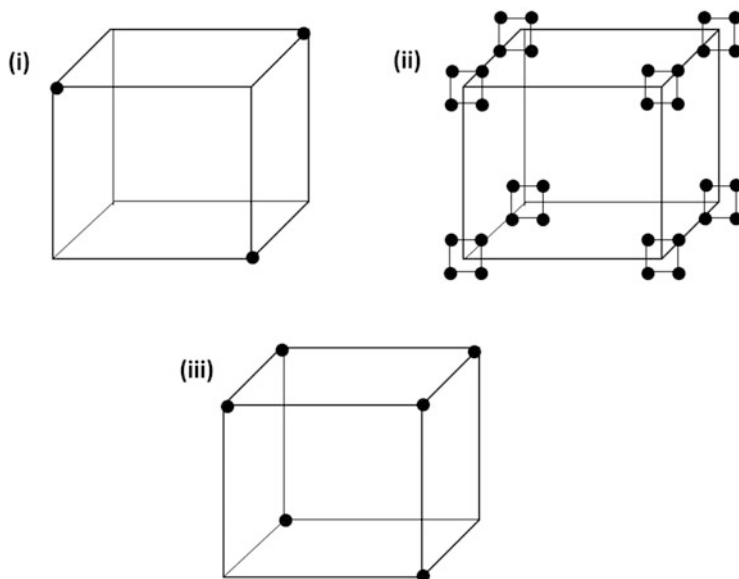
The cause-and-effect relationship is established by drawing rational relationship between the input and output variables based on the prior knowledge, experience, and expertise on the similar type of experiments. The cause-and-effect diagram is drawn, which is also known as fishbone diagram by considering the various causes of variability such as men, materials, machine, methods, milieu, and management.



**Fig. 1.1** Six-step approach used for implementation of the DoE in pharma product development

### 1.4.3 Selection of Critical Factors by Screening

When a system or process is new, it is usually important to identify the vital factors which have the most influence on the response(s) of interest. Often there are a lot of factors involved in any pharmaceutical product or process, and the experimenters do not know much about the system. Hence, it is better to perform screening in the beginning of the experiment in order to eliminate any unwanted factors. Usually, prioritization exercise is carried out on the basis of prior knowledge and experience. Also, screening experimental designs are used for identifying suitable factors. Figure 1.2 pictorially depicts a list of commonly used screening experimental designs.



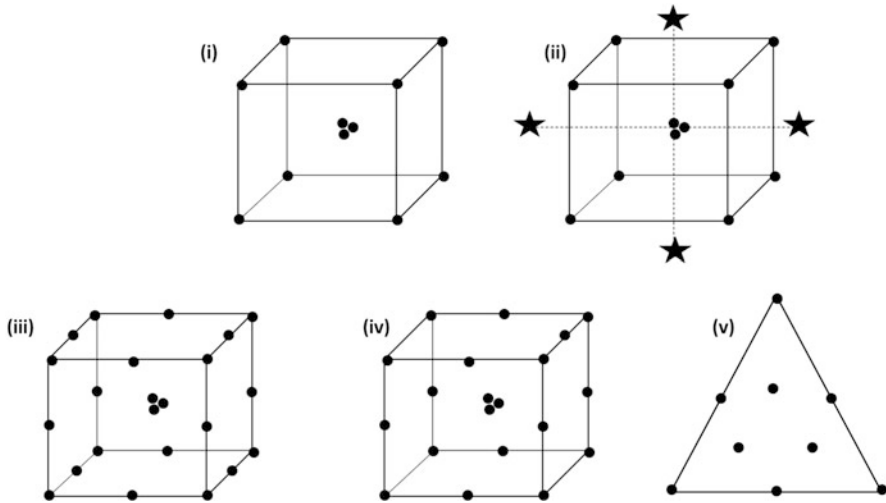
**Fig. 1.2** Examples of various experimental designs used for factor screening study, (a) fractional factorial design, (b) Taguchi design, (c) Plackett-Burman design

#### 1.4.4 Selection of the Critical Response Variable(s)

The selection of critical response variables is carried out on the basis of product-specific and patient-centric attributes. While selecting the response variable(s), the experimenter must consider useful information related to the impact of input factors on the safety and efficacy of the product. It is ideal to assess the likely impact of the factors on the response and measures to mitigate the same.

#### 1.4.5 Experimental Design-Based Factor Optimization

Use of response surface mapping (RSM) designs is very helpful for optimizing the factor effect on the related responses. Figure 1.3 pictorially depicts a list of commonly used screening experimental designs. With the help of a RSM design, a set of experiments are performed containing rational combination of the factors. The obtained data is subjected to analysis by fitting with various mathematical models such as linear, quadratic, cubic, and quartic models. A suitable model was chosen based on the validity of the model for statistical parameters like correlation coefficient, predicted error, and lack of fit analysis.



**Fig. 1.3** Examples of various experimental designs used for factor screening study, (a) full factorial design, (b) central composite design, (c) Box-Behnken design, (d) optimal design, (e) mixture design

### 1.4.6 Selection of Optimum Solution and Model Validation

The selection of optimum solution is carried out on the basis of varied tools like graphical optimization (by brute-force method, overlay plots) and numerical optimization (by desirability and objective function) and artificial neural networks (ANN) (Fig. 1.4). The optimum solution is usually demarcated in the design space which is the narrower region within the knowledge space, as shown in Fig. 1.5.

## 1.5 Experimental Design Selection and Types

The approach of experimental design selection depends on the nature of experiment, number of factors, and flexibility of conducting the number of experiments. Design selection also depends on the selection of empirical model to describe statistical cause-and-effect relationship. Experimental designs are basically classified into two types such as the screening designs and the response surface designs [1, 8, 9]. The details regarding various experimental designs have been discussed below.

### 1.5.1 Screening Designs

Screening designs are an efficient way to identify the significant main effects of the factors. The term “screening” refers to an experimental plan that is intended to find the few significant factors from a list of many potential ones. Alternatively, a



Fig. 1.4 Various optimum search techniques used for experimental design-based optimization

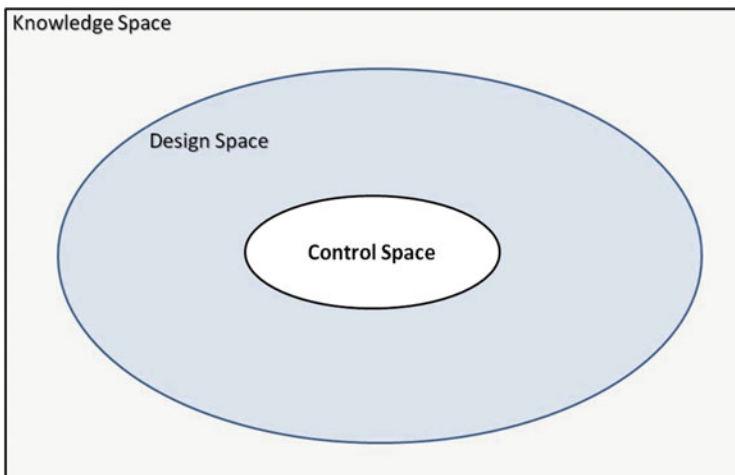


Fig. 1.5 Various types of spaces encountered during experimental design optimization

screening design is primarily used to identify significant main effects only, while the interaction effects are biased due to confounding nature of the factors. Fractional factorial design, Taguchi design, and Plackett–Burman design are primarily used for the purpose of factor screening.

#### **1.5.1.1 Fractional Factorial Design**

FFDs are recommended when the number of factors in an experiment ranges between 3 and 7. Such designs require two levels ( $-1$  and  $+1$ ) for preparing a matrix with combination of the factors. FFDs are expressed by  $X^{k-p}$ , where “ $X$ ” indicates the number of levels and “ $k$ ” indicates the number of factors and  $p$  describes the fractionation used.

#### **1.5.1.2 Taguchi Design**

Such design relies on the use of orthogonal arrays which provide a set of well balanced (minimum) experiments and serve as objective functions for optimization. Taguchi design starts with minimum of three factors and produces four experimental runs at two levels without requisite of any center point runs.

#### **1.5.1.3 Plackett–Burman Design**

Plackett–Burman design (PBD) is used for screening study for a minimum of 11 factors and produces 12 experimental runs. The number of runs ( $n$ ) produced by the design is produced in the multiple of 4, 8, 12, 24. Hence, PBD is useful in screening factors in an experiment with large number of factors.

### **1.5.2 Response Surface Designs**

Response surface designs or optimization design are used for optimizing the critical factors identified by factor screening. Such design employs nonlinear models like quadratic, cubic, and quartic models. Select instances of the response surface designs include full factorial design, central composite design, Box–Behnken design, optimal design, and mixture designs, which have been discussed below.

#### **1.5.2.1 Full Factorial Design**

These designs are represented by  $X^k$ , where  $X$  indicates number of factors and  $k$  indicates number of levels. A full factorial design may also be called a fully crossed design. A full factorial design generates experimental runs based on the factorial points and generates a linear polynomial model. Moreover, center points can also be placed in a full factorial design to increasing its power for better predictability. Such design is also capable of identifying the main effect as well as interaction effects.



### **1.5.2.2 Central Composite Design**

Central composite design (CCD) is an effective statistical design which provides information exclusively on the effect of experiment variables. It is widely used for response surface optimization of the experiments, which employs second-order (quadratic) model for the response variable without using a complete three-level factorial experiment. It is employed when factorial designs detect the presence of curvature in the data, thus requires augmentation from an erstwhile linear design to the quadratic response surface design.

### **1.5.2.3 Box–Behnken Design**

Box–Behnken design (BBD) is an independent quadratic design in that it does not contain an embedded factorial or fractional factorial design. In this design the treatment combinations are at the midpoints of edges of the process space and at the center. These designs are rotatable (or near rotatable) and require three levels of each factor. The designs have limited capability for orthogonal blocking compared to the central composite designs.

### **1.5.2.4 Optimal Designs**

The optimality of a design depends on the statistical model and is assessed with respect to a statistical criterion, which is related to the variance-matrix of the estimator. Specifying an appropriate model and specifying a suitable criterion function both require understanding of statistical theory and practical knowledge with designing experiments. Further, optimal designs are of different types such as D-optimal, I-optimal, and A-optimal. These designs utilize three levels for each of the selected factors and are most commonly used for factor optimization study.

### **1.5.2.5 Mixture Designs**

In a mixture experiment, the independent factors are proportions of different components of a blend. In another way, the fact that the proportions of the different factors must sum to 100% complicates the design as well as the analysis of mixture experiments. Mixture designs can be of different types such as simplex lattice designs, simplex centroid designs, and optimal designs. Among these variants of mixture designs, optimal designs are most commonly used for optimization of factors. Further, optimal designs are of different types such as D-optimal, I-optimal, and A-optimal. These designs utilize three levels for each of the selected factors and are most commonly used for factor optimization study.

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## **1.6 Applications of DoE in Drug Product Development**

For the development of pharmaceutical drug products, the use of systematic approaches for product development has now become a routine practice. Federal regulatory authorities are bringing new regulations for efficient, effective, and cost-

effective product development techniques for ultimately improving the cost of drug products to make them affordable without compromising their quality, safety, and efficacy [10, 11]. DoE, a multivariate approach to product development, has invariably proved its worth for producing robust drug products. Hence, applicability of DoE is possible at all stages of product development, which also helps in ultimately saving time, efforts, and resources. A variety of pharmaceutical products containing multitude of excipients for diverse functional applications for oral and non-oral drug delivery have been developed.

### **1.6.1 Oral Drug Delivery Systems**

A variety of oral drug delivery systems have been developed using the systematic DoE approach. Such delivery systems include tablets, capsules, powders, granules, pellets, microspheres, etc., while liquid dosage forms include dry syrups, emulsions, suspensions, etc. Select instances of the literature reports available on DoE optimization of oral drug delivery systems have been described in Table 1.1.

### **1.6.2 Non-oral Drug Delivery Systems**

A variety of non-oral drug delivery systems have been developed using the systematic DoE approach, which include dosage forms such as parenteral, topical, transdermal, ocular, otic, and inhalational preparations. Select instances of the literature reports on DoE optimization of non-oral drug delivery systems have been provided in Table 1.2.

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## **1.7 Conclusion and Future Perspectives**

In a holistic development practice, product and process understanding are the twin keystones of DoE approach. The more the formulator knows about the system, the better he can define it, and the higher precision he can monitor it with. As with any other coherent scientific methodology, DoE also requires holistic envisioning of the formulation development characteristics. Notwithstanding the enormous utility of this DoE-based philosophy in developing optimal solutions, it leads research mindsets to evolve the “out-of-box” strategies too. Besides, the current regulations laid by ICH through Q8 guidance highlight the pharmaceutical development using Quality by Design (QbD) principles. QbD particularly emphasizes on the application of DoE tools for systematic product development practice. Hence, the regulatory importance of DoE has augmented manifold in attaining efficient pharmaceutical development.

**Table 1.1** Examples of the DoE-based optimization of oral drug delivery systems

Drug	Experimental design	Key findings	References
<i>Immediate/modified release tablets</i>			
Pioglitazone	Box–Behnken design	Enhancement in the oral bioavailability of the drug	[12]
Cefuroxime axetil	Central composite design	Improved gastroretentive ability and bioavailability	[13]
Amoxicillin trihydrate	Box–Behnken design	Pulsatile drug release behavior and improved oral bioavailability	[14]
Zidovudine and lamivudine	Central composite design	Improved gastroretentive ability and bioavailability	[15]
Cinnarizine	Central composite design	Enhancement in the bioavailability due to the prolonged gastric residence time	[16]
Meloxicam	Response surface design	Resulted in positive effects on disintegration time, wetting time, and mechanical strength	[17]
Deacetyl mycoepoxydience	Central composite design	Got improved dissolution and oral bioavailability of the DM	[18]
<i>Microspheres/microparticulate systems</i>			
Lacidipine	Central composite design	Improved stability, extending the core's shelf life, and providing a sustained and controlled release	[19]
Rabeprozole sodium	Box–Behnken design	Controlled drug release profile and acid resistance	[20]
Itopride hydrochloride	Box–Behnken design	Improved gastroretentive ability and bioavailability	[21]
Riboflavin sodium phosphate	Response surface design	It provides optimum encapsulation and better gastric stability	[22]
Etoposide	Factorial design	Received better stability and enhanced intracellular drug delivery	[23]
Paclitaxel	Taguchi design	Improved drug loading capacity and reversal from cancer drug resistance	[24]
<i>Nanoemulsifying drug delivery systems</i>			
Rosuvastatin calcium	D-optimal mixture design	Enhancement in the bioavailability and lymphatic targeting ability of the drug	[25]
Valsartan	Central composite design	Improvement in the dissolution rate and drug absorption	[26]
Lovastatin	Face-centered cubic design	Improvement in the dissolution rate and drug absorption	[27]
Olmestartan medoxomil	D-optimal mixture design	Enhancement in the bioavailability and lymphatic targeting ability of the drug	[28]
Irbesartan	Box–Behnken design	Improvement in the dissolution rate and drug absorption	[29]

(continued)

**Table 1.1** (continued)

Drug	Experimental design	Key findings	References
Paclitaxel	D-optimal mixture design	Enhancement in the bioavailability and lymphatic targeting ability of the drug	[30]
Ondansetron hydrochloride	Box–Behnken design	Improvement in the dissolution rate and drug absorption	[31]
Lopinavir and darunavir	D-optimal mixture design	Enhancement in the bioavailability and lymphatic targeting ability of the drug	[32]
Mangiferin	D-optimal mixture design	Enhancement in the bioavailability and lymphatic targeting ability of the drug	[33]
Tamoxifen and naringenin	D-optimal mixture design	Improvement in the dissolution rate and drug absorption	[34]
Candesartan cilexetil	D-optimal mixture design	Improvement in the drug absorption performance	[35]
Lovastatin	Box–Behnken design	Improvement in the dissolution rate and drug absorption	[36]
<i>Nanoparticulate delivery systems</i>			
Olmesartan medoxomil	Box–Behnken design	Achievement in the intestinal lectin receptor targeting of the drug	[37, 38]
Ganoderic acid	Box–Behnken design	Improvement in the biopharmaceutical attributes of the drug	[39]
Rosuvastatin	Box–Behnken design	Improvement in the LDL-receptor targeting of the drug	[40]
Lopinavir	Central composite design	Enhancement in the biopharmaceutical performance of the drug	[41]
Resveratrol	Box–Behnken design	Improvement in the biopharmaceutical attributes of the drug	[42, 43]
<i>Smilax alba</i> <i>Smilax china</i>	Box–Behnken design	Improvement in the biopharmaceutical performance of the drug	[44]
Moxifloxacin hydrochloride	Central composite design	Reduction in the periodontal infection with the application of the drug	[45]

**Table 1.2** Examples of the DoE-based optimization of non-oral drug delivery systems

Drug	Experimental design	Dosage form	Key findings	Reference
<i>Topical drug delivery systems</i>				
Isotretinoin	Response surface design	Topical gel	The nanocarrier showed good entrapment, while the size was found to be in the nanosized range	[46]
Aceclofenac	Response surface design	Topical gel	The resulted gel formulation got improved permeation profile and exhibited excellent anti-inflammatory action	[47]
Methoxsalen	D-optimal mixture design	Topical gel	The results indicated improvement in the skin permeability and retention of the drug	[48]
Lidocaine and prilocaine	D-optimal mixture design	Topical gel	The results indicated improvement in the skin permeability and retention of the drug	[49]
<i>Transdermal drug delivery systems</i>				
Dexibuprofen	Response surface design	Transdermal patches	The result of optimized formulation showed uniform thickness, low moisture uptake, and highly acceptable drug loading	[50]
Diflunisal	Central composite design	Nanolipidic carriers	The optimized formulation showed smaller particle size, high entrapment, and better skin retention ability	[51]
Glimepiride	Plackett–Burman design	Transdermal glimepiride liposomal films.	The optimized formulation obtained maximum entrapment capacity and optimum drug release	[52]
<i>Injectable drug delivery systems</i>				
Valrubicin	Response surface design	Injectable nanoparticle	Particle size observed in nano range with high formulation stability	[53]
Small interfering RNA	Response surface design	PLGA nanoparticles	Encapsulation efficiency was increased with sustained drug release profile	[54]
<i>Ocular drug delivery systems</i>				
Moxifloxacin hydrochloride	Response surface design	Solid lipid nanoparticles	Improved efficiency and sustained drug release behavior	[55]
Curcumin	Central composite design	Nanostructured lipid carriers	Enhanced stability and permeation of curcumin	[56]

(continued)

**Table 1.2** (continued)

Drug	Experimental design	Dosage form	Key findings	Reference
<i>Intranasal drug delivery systems</i>				
Levodopa	Response surface design	Microparticles inhaler	Smaller particle size, better dissolution, and permeability of the drug	[57]
Lorazepam	Response surface design	In-situ gelling microemulsion via intranasal route	High formulation stability, drug loading, and controlled drug release behavior	[58]

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