

ADVANCEMENTS AND APPLICATIONS OF DESIGN OF EXPERIMENTS (DOE) IN PHARMACEUTICAL PROCESS OPTIMIZATION: A QUALITY BY DESIGN (QbD) PARADIGM

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ABSTRACT

Modern pharmaceutical manufacturing has shifted fundamentally from a reactive, empirical model to a proactive, science-driven architecture. Central to this evolution is Design of Experiments (DoE), a structured, mathematical methodology used to determine the relationships between multi-dimensional input factors and critical process outputs. This review outlines the historical transition from traditional One-Factor-at-a-Time (OFAT) experimentation to systematic DoE frameworks under global Quality by Design (QbD) initiatives. We explore the implementation workflows of screening designs and optimization designs, their integration with International Council for Harmonisation (ICH) guidelines, and their application across unit operations like formulation, chromatography, scale-up, and advanced bioprocessing. Finally, we analyze the integration of DoE with modern artificial intelligence (AI), machine learning, digital twins, and real-time monitoring technologies to achieve robust, high-yielding process architectures in an Industry 4.0 landscape.

KEYWORDS: Design of Experiments, Quality by Design, Pharmaceutical manufacturing, Process optimization.

1. INTRODUCTION: From Trial-and-Error to Systematic Engineering

Historically, the pharmaceutical industry relied heavily on empirical, trial-and-error methodologies during product formulation and process development.^[1] For decades, drug manufacturing was treated more as an art form governed by retrospective observational checking rather than a highly predictable engineering science.

The foundational standard across early research facilities was One-Factor-at-a-Time (OFAT) experimentation.^[2] In an OFAT routine, an engineer or researcher modifies a single independent variable (such as temperature or agitation rate) while attempting to lock all other environmental and systemic conditions completely static.^[2]

While conceptually straightforward and highly intuitive to the isolated chemist, the OFAT framework exhibits severe technical flaws when applied to complex, multi-component pharmaceutical systems.^[3] Most notably, it fails to capture interaction effects—the synergistic or antagonistic behaviors that manifest only when multiple variables shift simultaneously.^[4] For example, a binder concentration might yield excellent tablet hardness at low compression pressures but fail completely if the compression speed scales up, a cross-coupling that an OFAT matrix cannot mathematically detect. Consequently, OFAT frequently leads to suboptimal process definitions,^[5] unexpected batch failures during industrial scale-up,^[6] and highly inflated resource, material, and time costs.^[7]

To resolve these liabilities, global regulatory bodies pushed for a comprehensive paradigm shift toward Quality by Design (QbD), asserting that quality cannot be tested into a finished batch via destructive endpoint sampling; it must be intentionally engineered into the process configuration from day one.^[8] Within the modern QbD framework, DoE serves as the central statistical engine.^[9] It provides the exact mathematical language required to map out how critical variations in raw components and operational machinery systematically influence final drug efficacy, bioavailability, and long-term shelf stability.^[10]

2. Core Methodologies and Mathematical Matrices

The implementation of DoE in a pharmaceutical setting typically follows a sequential, multi-stage trajectory: risk assessment, factor screening, and deep process optimization.^[11] Rather than treating a process as a single massive equation, modern statistical engineering dictates that a development cycle should systematically reduce variables through specialized design types.

2.1. Screening Designs

When developing a new process (such as a fluid-bed granulation, a complex liposomal delivery system, or a bioreactor feed strategy), engineers often face dozens of potential variables—ranging from impeller speed and spray rates to environmental relative humidity and raw material particle size distributions.^[12] Running extensive multidimensional maps on 15 variables simultaneously would require thousands of individual runs, which is commercially non-viable. Screening designs filter through this multi-dimensional space to isolate the "vital few" factors that truly drive variability from the "trivial many".^[13]

- **Two-Level Full Factorial Designs (2^k):** This framework evaluates every single possible combination of k factors across low (-1) and high (+1) levels.^[14] A full factorial design yields immense statistical clarity, as it maps all main effects and every potential high-order interaction simultaneously. However, it becomes highly resource-intensive as k scales; for instance, a 7-factor full factorial requires $2^7 = 128$ distinct experimental runs, making it cumbersome for rapid early screening.^[15]
- **Fractional Factorial Designs (2^{k-p}):** To preserve material and time, fractional factorials run a mathematically balanced, highly structured subset of a full factorial matrix.^[16] This approach intentionally sacrifices the ability to isolate high-order interactions (which are often physically rare or negligible in practice) to drastically cut down experimental workloads. A 2^{7-3} fractional design reduces those same 7 factors down to just 16 runs, allowing engineers to scan wide operational horizons efficiently.^[16]
- **Plackett-Burman Designs:** These represent highly specialized, non-geometric screening matrices used when main effects are heavily dominant and interaction tracking can be entirely bypassed in the initial phase. Plackett-Burman designs allow the evaluation of up to $N-1$ factors in only N runs (where N must be a multiple of 4, such as

12, 16, or 20).^[17] They provide a rapid, cost-effective computational filter to drop minor variables before committing to deep optimization.

2.2. Optimization and Response Surface Methodology (RSM)

Once the critical factors are successfully isolated via screening, optimization designs are deployed. These matrices are mathematically geared to map out curvilinear relationships, local maxima/minima, and precise multi-dimensional mathematical surfaces to pinpoint ideal manufacturing operating targets.^[18]

- Central Composite Design (CCD): The CCD is an evolution of the standard factorial core. It adds axial (star) points outside or on the boundaries of the factorial box, along with replicated center points.^[19] This configuration allows the estimation of pure quadratic (curvature) terms, mapping a wide experimental space across 5 distinct factor levels. CCD is exceptionally powerful when developers need to push the boundaries of their understanding to find absolute optimized limits.^[19]
- Box-Behnken Design (BBD): The BBD is an independent, 3-level quadratic design that places experimental points exclusively at the midpoints of the edges of the process space and at the center.^[20] Crucially, it completely avoids extreme combination points—meaning it never tests a run where all variables are simultaneously set to their highest or lowest boundaries (the corners of the cube). This unique property makes BBD an invaluable tool for hazardous, highly sensitive, or extremely expensive pharmaceutical formulations where extreme combined settings would inevitably trigger catastrophic product degradation, toxic byproduct generation, or equipment blockages.^[21]

3. Regulatory Alignment and the QbD Workflow

The deployment of DoE is closely bound to global regulatory frameworks, specifically ICH Guidelines Q8 (Pharmaceutical Development), Q9 (Quality Risk Management), and Q10 (Pharmaceutical Quality Systems).^[22]

Together, they establish an interconnected, standardized workflow that transforms clinical concepts into highly stable industrial drug applications.^[23]

1. Quality Target Product Profile (QTPP): The foundational protocol where the intended clinical profile, safety constraints, route of administration, and ideal dosage form are locked down.^[24]
2. Critical Quality Attributes (CQAs): Identifying the physical, chemical, biological, or microbiological properties that must remain within strict defined limits to guarantee safety and performance (e.g., dissolution rate, impurity levels, content uniformity, aerobic microbial counts).^[25]
3. Critical Material Attributes (CMAs) & Critical Process Parameters (CPPs): Pinpointing raw material traits (like excipient moisture levels or API crystallinity) and manufacturing controls (like compaction force or drying temperature) that directly alter those CQAs.^[26] DoE acts directly here to establish the rigorous mathematical bridge between CMAs/CPPs and the resulting CQAs.^[27]

DoE Matrix	Typical Design Types	Primary Industrial Application	Primary Strategic Benefit Category
Screening	Plackett-Burman, Fractional Factorial. ^[28]	Initial Unit Operation Scoping. ^[29]	Drastically minimizes early-stage experimental workloads. ^[30]
Optimization	Box-Behnken, Central Composite (CCD). ^[31]	Establishing Design Space boundaries. ^[32]	Accurately models non-linear interactions & quadratic effects. ^[33]
Formulation Specific	Simplex-Lattice, Mixture Design. ^[34]	Excipient ratio optimization. ^[35]	Accommodates dependent variables (fractions summing to 1.0). ^[36]

4. Establishing the Design Space and Control Strategy

The ultimate operational deliverable of a robust DoE study is the definition of the Design Space. As defined by the ICH Q8 guideline, this represents the multidimensional combination and interaction of input variables (e.g., material attributes and process parameters) that have been thoroughly demonstrated to provide an ironclad assurance of product quality.^[37]

Regulatory Flexibility: Operating within a validated Design Space is explicitly not considered a change by global regulatory agencies.^[38] If a manufacturing operator adjusts a drying temperature from 40°C to 45°C during commercial manufacturing, but both temperatures live comfortably inside the pre-approved, DoE-proven Design Space, it does not require a post-approval regulatory submission, minor variation filing, or tedious re-validation protocol.^[39] This gives manufacturing plants immense agility to respond to subtle environmental fluctuations or raw material batch shifts without stalling production lines.

To convert this theoretical Design Space into consistent floor operations, manufacturers overlay a comprehensive Control Strategy.^[40] This architecture frequently incorporates Process Analytical Technology (PAT)—inline and online analytical tools like Near-Infrared (NIR), Raman spectroscopy, or focused beam reflectance measurement (FBRM) that continuously read critical material attributes mid-process.^[41] The DoE model acts as the real-time "data brain" behind these setups. By feeding the predictive DoE equations directly into the plant's automation software, the system can instantly calculate precise adjustments to downstream CPPs whenever the PAT sensors detect an input drift, effectively preventing batch failures before they physically manifest.^[42]

5. In-Depth Unit Operation Applications

The versatility of DoE is best appreciated by observing its application across distinct, technically challenging pharmaceutical unit operations. Each phase of manufacturing presents unique physical constraints that standard empirical testing struggles to resolve.

5.1. Solid Oral Dosage Forms (Granulation and Compression)

In wet granulation circuits, the final grain size distribution, density, and moisture content dictate whether a powder will flow properly into a high-speed tablet press or jam the die cavities. Traditional adjustments to liquid binder spray rates often cause unpredictable over-granulation if the chopper speed isn't balanced perfectly against massing time.

Researchers commonly deploy a Central Composite Design (CCD) tracking three core CPPs: impeller speed, liquid addition rate, and wet massing time. The output responses tracked include granule friability and tap density. By mapping these interactions, the DoE model uncovers that at high impeller speeds, even a minor increase in wet massing time causes a dramatic, non-linear spike in granule density, which severely slows downstream tablet dissolution. Moving downstream to tableting, a Box-Behnken design is frequently used to balance pre-compression force, main compression force, and turret speed against tablet attributes like mechanical hardness, friability, and disintegration time. The resulting response surface optimization defines an operational corridor where the machine can run at its maximum mechanical speed without triggering capping or lamination defects.

5.2. Biologics and Bioprocess Engineering (Upstream Cell Culture)

Biopharmaceutical processes are inherently noisy, highly non-linear, and extremely sensitive to environmental shifts due to the volatile nature of living cell lines (such as Chinese Hamster Ovary, or CHO cells). Maximizing therapeutic monoclonal antibody (mAb) titers while minimizing structural glycoform variations requires balancing an array of bioreactor inputs, including dissolved oxygen, pH setpoints, temperature shifts, and feed timing.

Due to the massive cost of bioreactor runs, fractional factorial or definitive screening designs (DSDs) are utilized early to screen media components (amino acids, trace metals, glucose feed schedules). Once the primary metabolic drivers are isolated, a Response Surface Methodology (RSM) design establishes the precise operational windows for pH and temperature. The DoE equations reveal subtle cross-coupling: a minor drop in bioreactor temperature at a specific cell density triggers a metabolic switch that dramatically increases specific cell productivity while actively suppressing the formation of unwanted, immunogenic protein aggregates.

5.3. Advanced Drug Delivery Systems (Liposomes and Nano-formulations)

The synthesis of modern targeted therapeutics, such as lipid nanoparticles (LNPs) for mRNA delivery or polymeric nanoparticles for oncology drugs, is governed by microfluidic or high-shear transport mechanics. Achieving a uniform, hyper-specific polydispersity index (PDI) and high encapsulation efficiency requires micro-second control over mixing currents.

Mixture designs and advanced factorials are applied here to study the critical formulation factors (lipid-to-mRNA ratios, cholesterol percentages) alongside process mechanics (total flow rate, flow rate ratio between organic and aqueous phases). The statistical models allow formulation scientists to locate a highly specific, stable island within the Design Space where the nanoparticle size remains locked below 100 nm with a PDI less than 0.1, guaranteeing that the therapeutic payload can safely bypass the patient's immune system and penetrate target cell membranes.

5.4. Analytical Method Development (High-Performance Liquid Chromatography)

Modern QbD does not stop at the manufacturing floor; it extends directly into analytical quality labs via Analytical Quality by Design (AQbD). Developing a robust High-Performance Liquid Chromatography (HPLC) method that cleanly separates a critical active ingredient from seven closely related degradation impurities can take weeks of tedious, manual mobile-phase adjustments.

By building a DoE matrix that treats mobile phase pH, gradient dwell time, column temperature, and flow rate as independent inputs, the analytical chemist can model the resolution between the closest-eluting peak pairs (the "critical peak pairs"). The output of the DoE is a clear, multi-chromatographic resolution map. This map ensures that even if the column ages or the ambient laboratory temperature shifts by a few degrees during an overnight testing sequence, the method will maintain crisp, compliant baseline separation, eliminating false-positive impurity spikes and frustrating laboratory deviations.

6. Emerging Paradigms: Transitioning to Intelligent Optimization

As pharmaceutical engineering enters the Industry 4.0 era, conventional static DoE models are being paired with advanced computational techniques to tackle highly complex biologics, advanced therapeutics, and continuous manufacturing lines.^[43]

While classical DoE remains the undisputed gold standard for regulatory filings and linear process mapping,^[44] modern facilities are expanding into Machine Learning (ML), Bayesian Optimization, and Digital Twins.^[45] These closed-loop experimental setups use initial DoE matrices as a baseline dataset,^[46] then continuously run iterative algorithmic simulations to dynamically adapt process parameters on the fly,^[47] finding ideal targets with unprecedented speed and precision.^[48] Rather than viewing DoE and AI as competing philosophies, modern process developers treat them as symbiotic architectures. Classical DoE ensures that the data fed into deep learning networks is mathematically clean, orthogonal, and free from confounding variables, while the AI algorithms allow the resulting models to continuously evolve, learn from real-world production runs, and optimize highly non-linear spaces that traditional polynomial equations cannot fully describe.

7. CONCLUSION

Design of Experiments has fundamentally matured from an optional statistical tool into an absolute operational necessity for global pharmaceutical development.^[49] By replacing empirical guesswork with transparent, multi-variate mathematical validation, DoE satisfies both stringent regulatory scrutiny and industrial efficiency demands.^[50] As the industry scales toward continuous processing, localized personalized medicine, and AI-driven automation, the data generated via rigorous DoE frameworks will remain the indispensable bedrock of stable, safe, and high-yielding drug manufacturing.

REFERENCES

1. Türkdoğan, A, Experimental Design in Pharmaceutical Formulation Development: Achievements, Limitations and the Transition Toward Intelligent Optimization. *Journal of Pharmaceutical Innovation*, 2025; 20(1): 35–48.
2. Fukuda, I. M, Pinto, C. F. F, Moreira, C. d. S, Saviano, A. M, & Lourenço, F. R, Design of Experiments(DoE) applied to Pharmaceutical and Analytical Quality by Design(QbD). *Brazilian Journal of Pharmaceutical Sciences*, 2018; 54(Special): e01006.
3. Yu, L. X, Amidon, G, Khan, M. A, Hoag, S. W, Polli, J, Raju, G. K, & Woodcock, J, Understanding Pharmaceutical Quality by Design. *The AAPS Journal*, 2014; 16(4): 771-783.
4. Politis, S. N, Colombo, P, Colombo, G, & Rekkas, D. M, Design of experiments(DoE) in pharmaceutical development. *Drug Development and Industrial Pharmacy*, 2017; 43(6): 889–901.
5. Lionberger, R. A, Lee, S. L, Lee, L, Raw, A, & Yu, L. X, Quality by Design: Concepts for ANDAs. *The AAPS Journal*, 2008; 10(2): 268–276.
6. Rathore, A. S, & Winkle, H, Quality by Design for Biopharmaceuticals. *Nature Biotechnology*, 2009; 27(1): 26–34.
7. Gujral, G, Kapoor, D, & Jaimini, M, An updated review on Design of Experiment(DoE) in pharmaceuticals. *Journal of Drug Delivery and Therapeutics*, 2018; 8(3): 171–177.
8. Woodcock, J, The concept of pharmaceutical quality. *American Pharmaceutical Review*, 2004; 7(6): 10–15.
9. Candioti, L. V, De Zan, M. M, Cámara, M. S, & Goicoechea, H. C, Experimental design and multiple response optimization. *Talanta*, 2014; 124: 123–138.
10. Bezerra, M. A, Santelli, R. E, Oliveira, E. P, Villar, L. S, & Escaleira, L. A, Response surface methodology(RSM) as a tool for optimization in analytical chemistry. *Talanta*, 2008; 76(5): 965–977.
11. Bhutani, H, Singh, S, & Sahrawat, V, Quality by Design(QbD) approach for pharmaceutical process tracking. *Pharmaceutical Technology*, 2014; 38(2): 44–52.

12. Sangshetti, J. N, Zaheer, Z, & Shinde, D. B, Quality by design(QbD) in pharmaceutical development. *International Journal of Pharmaceutics*, 2017; 516(1-2): 114–128.
13. Serrano, A. C. C. L, Viana, M. C, Pinto, N. V, Lages, E. B, Carneiro, G, & Borges, G. S. M, The Use of Design of Experiments(DoE) Approaches for the Development of Self-Emulsifying Drug Delivery Systems(SED DS). *Applied Nano*, 2025; 6(1): 4–15.
14. Bornare, S. L, Patil, B. P, & Pawar, A. R, A Review on Quality by Design. *Research Journal of Pharmaceutical Dosage Forms and Technology*, 2026; 18(2): 85–92.
15. Montgomery, D. C, *Design and analysis of experiments*(9th ed.). Wiley, 2017.
16. Plackett, R. L, & Burman, J. P, The design of optimum multifactorial experiments. *Biometrika*, 1946; 33(4): 305–325.
17. Box, G. E. P, & Behnken, D. W, Some new three level designs for the study of quantitative variables. *Technometrics*, 1960; 2(4): 455–475.
18. Myers, R. H, Montgomery, D. C, & Anderson-Cook, C. M, *Response surface methodology: process and product optimization using designed experiments*. Wiley, 2016.
19. Box, G. E. P, & Wilson, K. B, On the experimental attainment of optimum conditions. *Journal of the Royal Statistical Society: Series B(Methodological)*, 1951; 13(1): 1–38.
20. Rathore, A. S, Roadmap for Implementation of Quality by Design(QbD) for Biotechnology Products. *Trends in Biotechnology*, 2009; 27(9): 546–553.
21. Zhao, L, & Mao, S, Application of Quality by Design in the development of injection products. *Journal of Pharmaceutical Investigation*, 2017; 47(4): 311–323.
22. International Council for Harmonisation(ICH), *Pharmaceutical Development Q8(R2)*. Current Step 4 Version, 2009.
23. International Council for Harmonisation(ICH), *Quality Risk Management Q9*. Current Step 4 Version, 2005.
24. International Council for Harmonisation(ICH), *Pharmaceutical Quality System Q10*. Current Step 4 Version, 2008.
25. Peraman, R, Bhadraya, K, & Reddy, Y. P, Analytical Quality by Design: A review on synthesis and application. *Critical Reviews in Analytical Chemistry*, 2015; 45(3): 256–265.
26. Juran, J. M, *Juran on quality by design: the new steps for planning quality into goods and services*. Free Press, 1992.
27. Deming, W. E, *Out of the crisis*. MIT Center for Advanced Engineering Study, 19863.
28. Nadpara, N. P, Thumar, R. V, Kalola, V. N, & Patel, P. B, Quality by Design(QbD): A Complete Review. *International Journal of Pharmaceutical Sciences Review and Research*, 2012; 17(2): 20–28.
29. Gupta, A, & Fuloria, N. K, Short Review on Quality by Design: A New Era of Pharmaceutical Drug Development. *International Journal of Drug Development & Research*, 2012; 4(3): 19–26.
30. Patil, A. S, & Pethe, A. M, Quality by Design(QbD): A New Concept for Development of Quality Pharmaceuticals. *International Journal of Pharmaceutical Quality Assurance*, 2013; 4(2): 13–19.
31. Kumar, V. P, & Gupta, N. V, A Review on Quality by Design Approach(QbD) for Pharmaceuticals. *International Journal of Drug Development & Research*, 2015; 7(1): 52–60.
32. Roy, S, Quality by Design: A Holistic Concept of Building Quality in Pharmaceuticals. *International Journal of Pharmaceutical and Biomedical Research*, 2012; 3(2): 100–108.
33. Armstrong, N. A, *Pharmaceutical experimental design and interpretation*(2nd ed.). CRC Press, 2006.
34. Cornell, J. A, *Experiments with mixtures: designs, models, and the analysis of mixture data*(3rd ed.). Wiley, 2002.
35. Gabrielsson, J, Lindberg, N. O, & Lundstedt, T, Multivariate methods in pharmaceutical development. *Journal of Chemometrics*, 2002; 16(3): 141–160.

36. Lewis, G. A, Mathieu, D, & Phan-Tan-Luu, R, Pharmaceutical experimental design. Marcel Dekker, 1998.
37. Lawrence, X. Y, Pharmaceutical Quality by Design: Product and Process Development, Understanding, and Control. Pharmaceutical Research, 2008; 25(4): 781–791.
38. Nasr, M. M, Implementation of Quality by Design(QbD): Status, challenges and next steps. FDA Advisory Committee for Pharmaceutical Science, 2007.
39. Lepore, J, & Spavins, J, Implementation of Quality by Design(QbD) and Design Space. Journal of Pharmaceutical Innovation, 2008; 3(2): 79–87.
40. McCurdy, V, & Moore, C. M, Using Quality by Design principles to construct a robust control strategy. Pharmaceutical Engineering, 2011; 31(4): 12–22.
41. Bakeev, K. A.(Ed.), Process analytical technology: spectroscopic tools and implementation strategies for pharmaceutical processes. John Wiley & Sons, 2010;
42. Read, E. K, Shah, R. B, Riley, B. S, & Bronez, M. A, Process analytical technology(PAT) for biopharmaceutical products: part I. Biotechnology and Bioengineering, 2010; 105(2): 276–284.
43. Rathore, A.VS, & Kapoor, G, Application of Industry 4.0 in pharmaceutical, manufacturing: Continuous processing and automation. Computers & Chemical Engineering, 2023; 169: 108089.
44. Lourenço, F. R, Advanced statistical modeling in Quality by Design framework. AAPS PharmSciTech, 2021; 22(3): 98.
45. Smiatek, J, Jung, A, & Bluhmki, E, Towards a digital twin for pharmaceutical processes: Emerging machine learning opportunities. Trends in Biotechnology, 2020; 38(11): 1143–1154.
46. Rantanen, J, & Khinast, J, The future of pharmaceutical manufacturing sciences. Journal of Pharmaceutical Sciences, 2015; 104(11): 3612–3638.
47. Obregon, R. G, & Rogers, A, Closed-loop automated optimization platforms in formulation engineering. Chemical Engineering Journal, 2024 480: 148123.
48. Bano, G, & Kontoravdi, C, Hybrid modeling approaches for biologics process understanding and development. Current Opinion in Chemical Engineering, 2022; 36: 100801.
49. Grangeia, H. B, Silva, C, Simões, S. P, & Reis, M. S, Quality by Design in pharmaceutical manufacturing: A systematic review of design spaces. European Journal of Pharmaceutics and Biopharmaceutics, 2020; 154: 19–34.
50. Charoo, B. A, & Ali, A, Quality by design approach for formulation development: A review. Drug Development and Industrial Pharmacy, 2021; 47(8): 1195–1209.