Capabilities & Limitations of Aseptic Processing

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Filing Technologies

- Traditional
- Modified Traditional
- Barrier Systems
- Modified Barrier technology
- Isolator systems
- Blow/Fill/Seal
- New Technologies

Basic Aseptic Fill Line

- Manual or automated system
- In-feed turntable and conveyer
- Manifold, fill pumps and needles
- Automated stopper and capper system with vibrating bowls
- Out-feed accumulating area
- Freeze dried or liquid products

Basic Aseptic Fill Line

- Manual or automated system
- In-feed turntable and conveyer for vials
- Infeed and scrolls for ophthalmic bottles
- Manifold, fill pumps and needles
- Automated stopper and capper system with vibrating bowls and hoppers
- Automated tip and cap system with vibrating bowls and hoppers

Basic Aseptic Fill Line

- > Out-feed accumulating area
- Freeze dried or liquid products
- Auto loading freeze dryers
- Environmental monitoring
 - Active and passive air sample systems
 - Total particle, fixed and/or portable

Traditional Fill Line

- HEPA filters
 - Just over the critical areas
 - Over all door openings
 - Full HEPA ceiling in the fill room
- No hanging curtains
- No Lexan shields for barriers
- Dividing line on the floor for differentiating classified areas 6

Traditional Fill Line

- No physical barriers around critical areas
- Depends on air curtain and laminar flow, to protect critical areas
- Relies highly on aseptic techniques of fill operators
- Traditional sanitization methods and techniques used



Traditional Open Fill Line Process



Traditional Open Fill Line Process Courtesy of Bosch Filling and Jack Lysfjord. All property rights reserved

Modified Traditional Fill Line

- Curtains are used as the primary barrier
 - Full or partial curtains that have over lapping surfaces to prevent airflow between each curtain
 - May/may not help direct the airflow
 - Defines critical areas from less critical areas

Modified Traditional Fill Line

- Creates a flexible barrier between personnel and filling equipment in the critical areas
- Personnel must move curtain to gain access to the critical areas
- In some cases, operators can go under the curtains to gain access to the processing areas

Modified Traditional Fill Line

- Curtains can touch various parts of the gown
- Difficult and time consuming to clean and sanitize
- Curtains may not be compatible with many disinfectants
- Still in wide use, but should minimize use of curtains



Courtesy of Bosch Filling and Jack Lysfjord. All property rights reserved



Traditional with Curtains Courtesy of Bosch Filling and Jack Lysfjord. All property rights reserved

- Combination of Traditional & Barrier
 System Technology
 - Areas with no protection between the people and the process
 - May have a line on the floor as to the Grade A and B designation
 - Relies on airflow and aseptic techniques
 - Many times the door does not open to a Grade-A Classification



Combination Traditional and Barriers

Barrier System Fill Line

- Lexan shield defines all critical areas from less critical areas
- Creates a rigid barrier between personnel and filling equipment in critical areas
- Personnel must open doors or move panels to gain access to the critical areas

Barrier System Fill Line

- Lexan shields surround equipment along the entire filling line
- There must be sufficient area, at the bottom of the enclosure, to allow air to exit the enclosure
- Lexan shield may/may not help direct the airflow

Barrier System Fill Line

- No hanging curtains
- Time consuming to sanitize but easier to clean/sanitize than curtains
- Some variation of this configuration is widely in use









- Passive Restricted Access Barrier System (RABS)
 - > HEPA filters over just the critical areas or full HEPA ceiling in the fill room
 - Lexan shields surround entire filling line
 - Fill line is accessed only through ports/holes that are spaced along the fill line
 - Glove ports are rarely placed in the proper locations to access all critical areas



Passive RABS Iris Design

Active Restricted Access Barrier System (RABS)

- In most cases sterile gloves are not installed prior to each use
- Gloves are extremely difficult to sanitize
- Must evaluate for holes and/or damage pre and post use integrity testing
- Single or multiple piece gloves

- Active Restricted Access Barrier System (RABS)
 - > Average glove size is 8.5
 - Hard to use for small hands
 - Glove material of construction typically CSM (formally Hypalon™)
 - High Resistance to UV Rays/Ozone
 - Particularly Adapted when Hydrogen
 Peroxide and Per Acetic Acid are Used

- Active Restricted Access Barrier System (RABS)
 - Glove ports may not be placed on optimal positions
 - In most case filler setup is performed with the door open
 - Some variation of this configuration is in limited use



Active RABS Design



Active RABS Design



Active RABS Design

- Innovative Idea for Active Restricted Access Barrier System (RABS)
 - Remove all the gloves
 - Use sterile gloves and sleeves to enter the cabinet
 - Optimized the airflow within the cabinet
 - Need to justify to the regulatory agencies the unique approach



Passive RABS Open Design no Gloves



Passive RABS Open Design no Gloves

- Sealed enclosure for the aseptic processing areas
- Remote HEPA filters to supply air
- Personnel access through
 - Glove ports or full body suites
 - Very comfortable for operators to use
 - Usually placed in a Grade B area

- Systems for introducing commodities into the isolator
 - Rapid Transfer Port (RTP)
 - Alpha-Beta sterile door system
 - Uses transfer isolators to move commodities from autoclave into process isolator

- Cleaning systems
 - Traditional manual cleaning for non rigid isolators
 - CIP system for rigid/stainless steel sealed systems
 - Spray-ball placement is extremely important to ensure proper cleaning of all surfaces

- Sanitization systems
 - Vaporized Hydrogen peroxide (VHP)
 - Chlorine Dioxide Gas
 - Must check for leaks during sanitization
 - Air must be circulated during the sanitization phase

- Sanitization systems
 - Interior must stay pressurizes before during and after the sanitization process
 - Gas/Vapor must contact all surfaces during sanitization

- Costly to purchase and validate
- Provides the most protection for a classical aseptic fill line
- Widely used in industry



Turbulent pos. pressure Softwall-Isolator on top of ampoule filler – 1989 Courtesy of Bosch Filling and Jack Lysfjord. All property rights reserved



Isolator Process Courtesy of Bosch Filling and Jack Lysfjord. All property rights reserved



Isolator Process

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Transfer Isolator and Work Station Isolator.

- Non-Classical aseptic filling operations
- Filling can be performed over days
- Reduces the number of parts/equipment to assemble, fill and package product.
- The technology is commonly used for ophthalmic and respiratory products and is being employed for dental, veterinary and parenteral products

- The Process
 - Granulated plastic is heated to 170 220 °C and becomes molten
 - The thermoplastic resin is extruded into a tubular shape called parison
 - When the parison reaches the proper length, the mold is closed and the top of the parison is cut

- The Process
 - The bottom of the parison is pinched closed and the top is held in place
 - The mold is then conveyed to a position for the blowing and filling nozzle
 - The blow-fill nozzle is lowered into the parison

Blow, Fill & Seal Systems

The Process

 The container is formed by blowing sterile filtered compressed air into the parison and expanding it against the walls of the cooled mold cavity

- The Process
 - Sterile product is filled into the container through the fill nozzle which retracts after filling
 - Separate sealing molds close to form the top and hermetically seal the container

- Blow, Fill & Seal Systems
 - The Process
 - The mold opens and the formed, filled and sealed container is conveyed out of the machine

- The Process takes place in a single machine under a controlled environment
- The container size can range form 0.5 ml to a maximum fill volume of 10 liters
- It enables the packaging of parenteral solutions in an aseptic manner

- Blow, Fill & Seal Systems
 - > Advantages
 - Less overall floor space requirements
 - Minimal personnel requirements
 - Lower clean room requirements
 - Lower logistical problems of storage of empty containers



Blow, Fill & Seal Systems



bottelpack

bottelpack-system blows, fills and seals in one operation







Blow-Fill-Seal bottelpack® Type 364



Blow-Fill-Seal bottelpack® type 360M





Small Volume Parenterals SVP



- Non-Classical aseptic filling operations
- The technology uses vials which are sonically welded together with the stopper in place
- Vials are packaged in plastic trays that are double wrapped and gamma irradiated
- The fill line is a traditional line with the exception of the filling/sealing zone

- The Process
 - The intact sterile vials are a closed sterile system while on the in-feed turntable and conveyer system
 - The vials enter the filling zone
 - The vials stop under the fill needles
 - The needles pierce the stopper, fill the vial and is retracted

- The Process
 - The stopper is a proprietary formulation which prevents coring and allows the stopper to close around the puncture site
 - The vials move to the next step, the sealing zone

- The Process
 - The sealing zone consists of one or two laser per vial
 - The lasers heat up the puncture area and seals the vial
 - If the laser temperature at the sealing point is below the set point, the vial is rejected.

- The Process
 - Rejects are usually due to improper alignment of the lasers on the puncture zone
 - Container closure testing was performed on representative vials using the dye leak test method. There were no positive vials

- > Advantages
 - Vials are never open in the classical sense
 - Potential for contamination is significantly reduced
 - Can revolutionize aseptic filling if the stoppers and vial configuration can show equivalence to classical systems



In-Tact Filling System



Vial Construction

In-Tact Filling System



Pierce the Stopper

Laser Seal Cap and Crimp

In-Tact Filling System





Filling

In-Tact Filling System



Vial Laser Sealing



Capping

Take Away Message

- All systems have their limitations
- To understand the issues, companies must understand what/where the risks are
- Airflow is critical to understand risk
- In particular, isolators must be challenged to their failure point when performing VHP qualification with BI's
- No system is perfect!