

# PDA Training Course Extractables & Leachables

19-20 October 2023

## Introduction to Extractables & Leachables

Dr. Dries Cardoen



# Setting the stage

What is expected from packaging materials for drug products?

*Working towards a definition of E&L*

Do we need to be worried about packaging materials?

*Potential suspects and case studies*

How does an E&L study look like?

*Analytical chemistry and toxicology in tandem*

What are the regulatory requirements for safety of a CCS and mfg equipment?

*Browsing through the regulatory landscape*



# What is expected from packaging materials for drug products?

Working towards a definition of E&L

# What is expected from Container/Closure Systems?

*Guidance for Industry – CCS for packaging human drugs and biologics  
May 1999!*

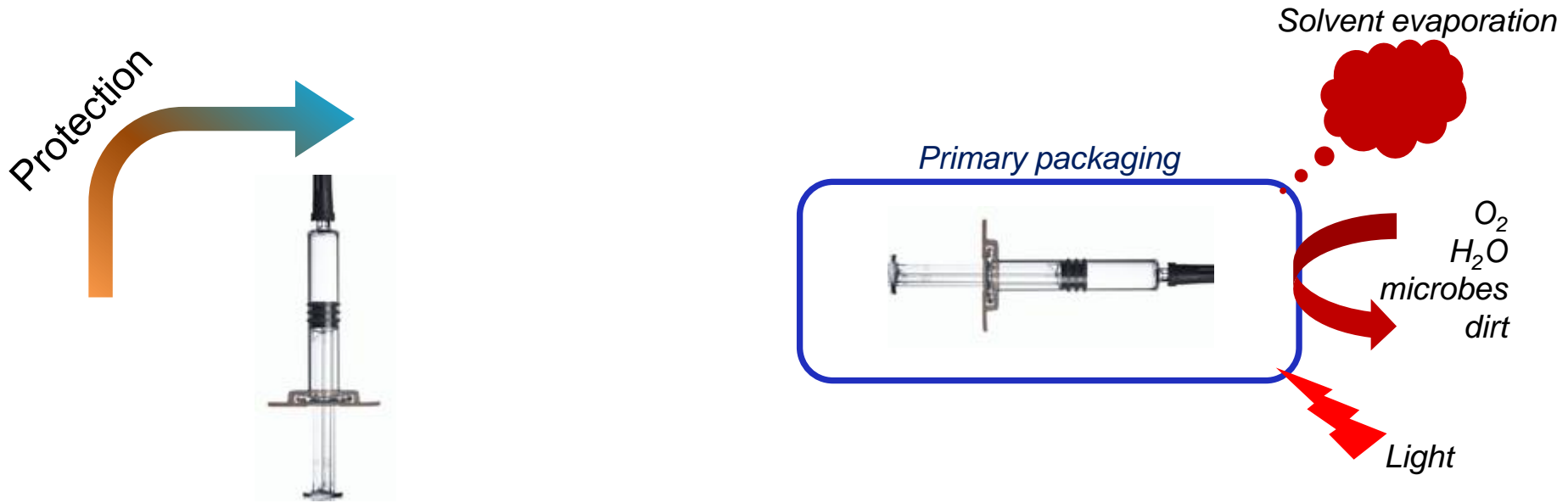
The selected Container / Closure system must be  
**“suitable for its intended use”**

     
Protection    Compatibility    Performance    Safety

*A C/C-system that is suitable for 1 Drug Products, may not be suitable for another DP!*

# What is expected from Container/Closure Systems?

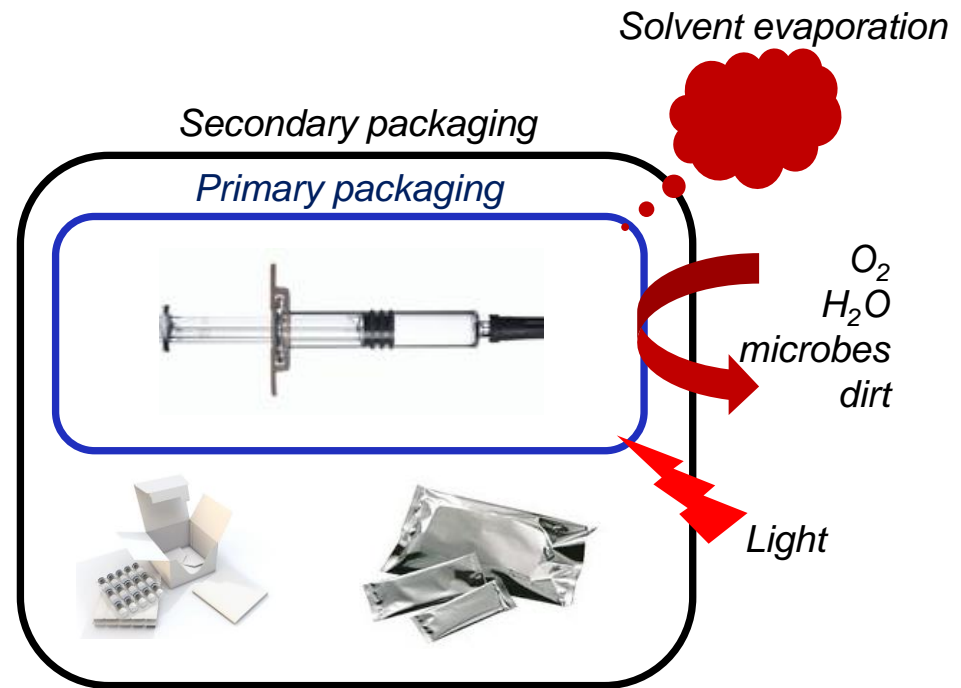
- CCS should protect DP from factors that can cause degradation



# What is expected from Container/Closure Systems?

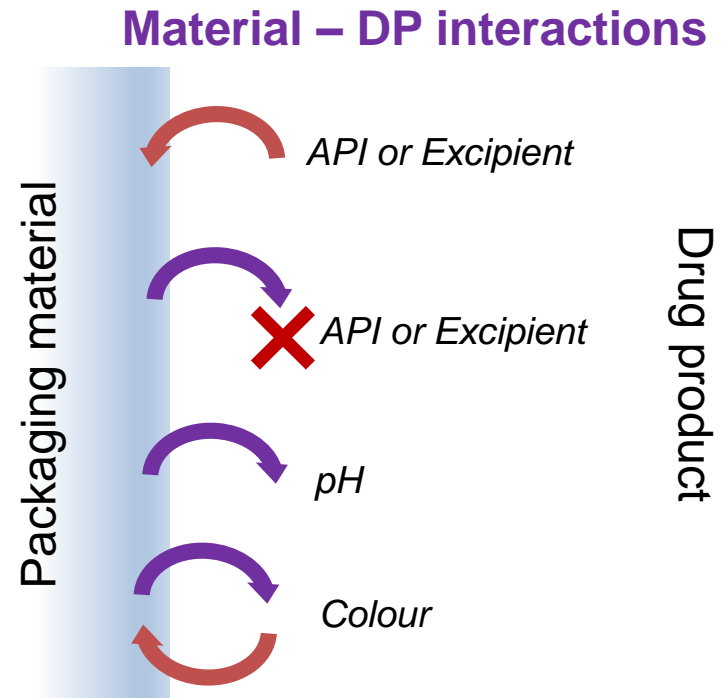
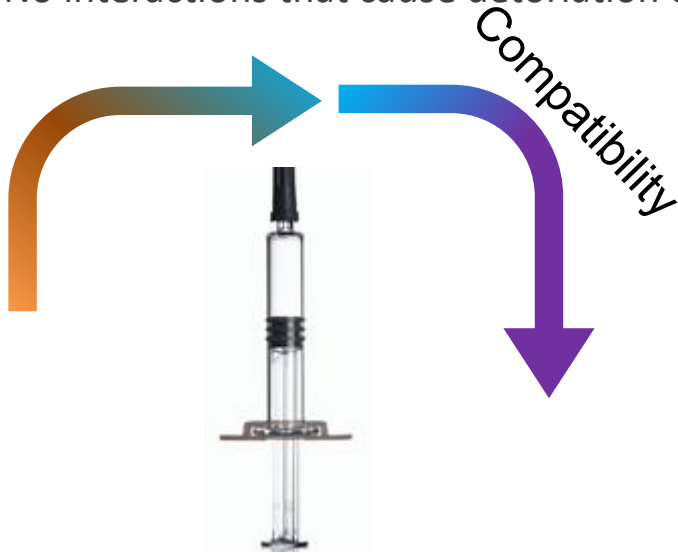
- CCS should protect DP from factors that can cause degradation
  - Secondary packaging!

Protection



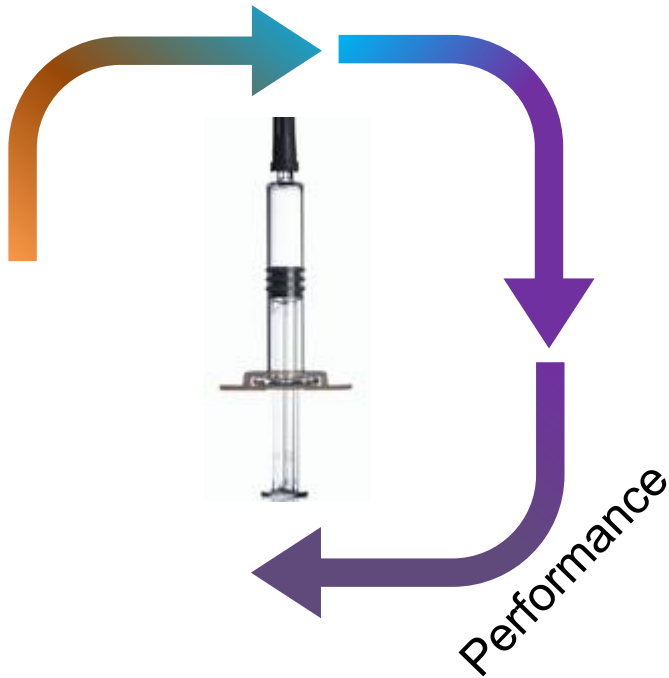
# What is expected from Container/Closure Systems?

- CCS should be compatible with the DP
  - No interactions that cause deterioration of quality of DP or CCS!



# What is expected from Container/Closure Systems?

- CCS is often designed to do more than just store the DP
  - Functionality and Drug Delivery



*Facilitating drug delivery*



*Minimizing waste*

*Patient compliance*

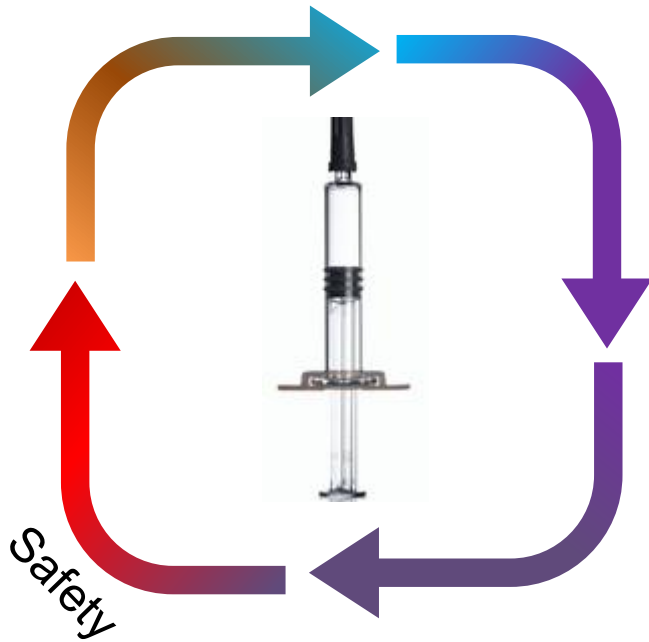
*Ease of use*

**Many CCS are combination products!**

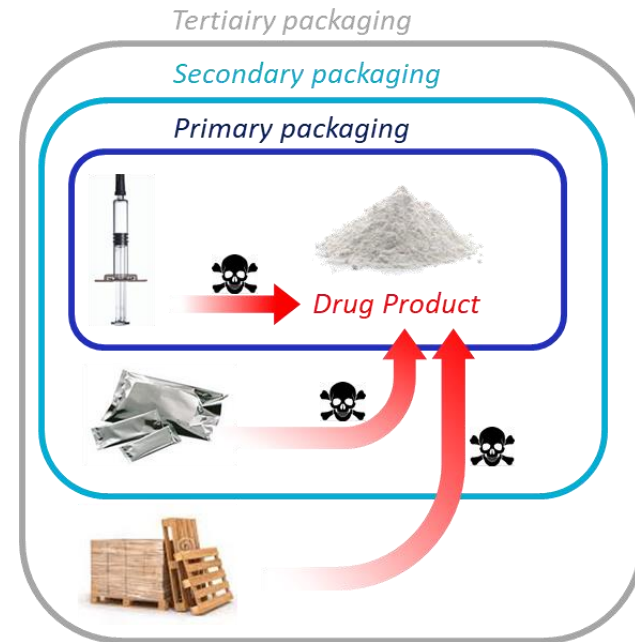


# What is expected from Container/Closure Systems?

- CCS should be constructed from materials that do not leach harmful substances
  - Migration of impurities!

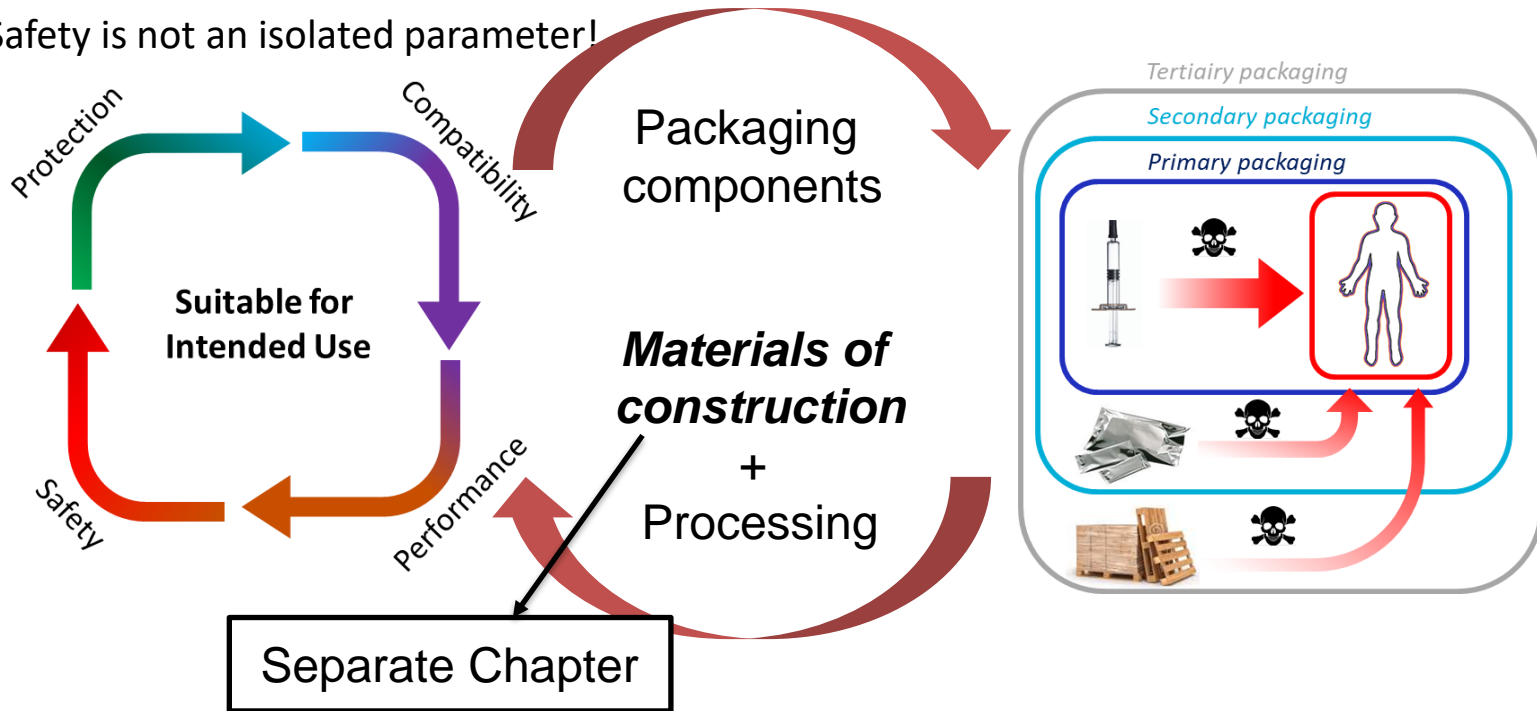


## Material – DP interactions



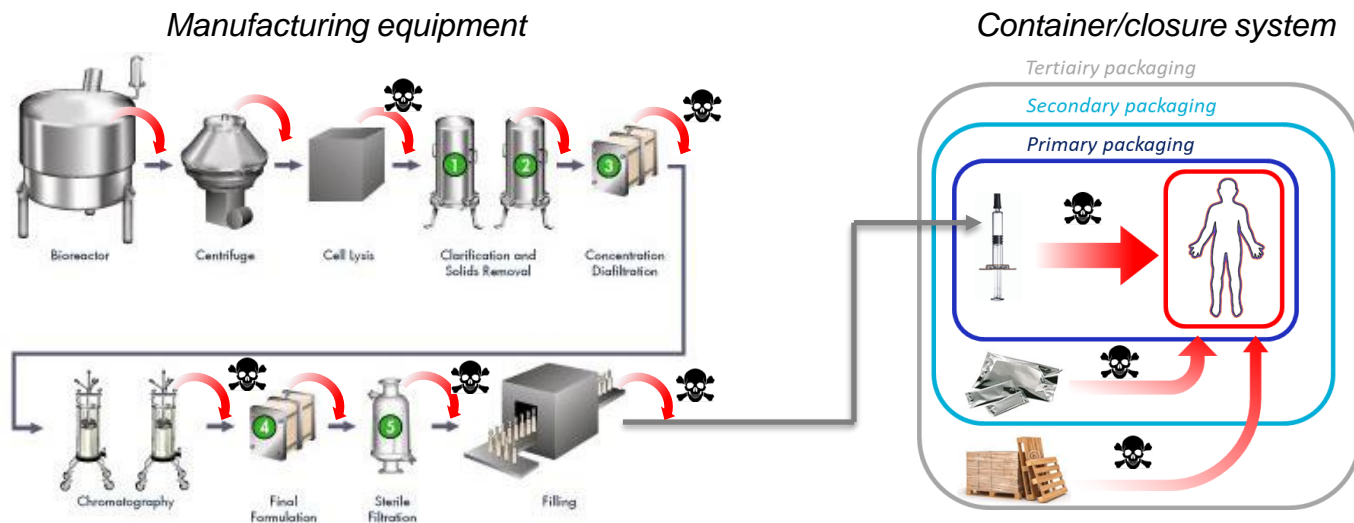
# What is expected from Container/Closure Systems?

- Each aspect of the design of a CCS has a potential impact on its safety!
  - Safety is not an isolated parameter!



# What is expected from Container/Closure Systems?

- E&L study is a qualitative and quantitative investigation of migrating compounds from contact materials into DP
  - Contact materials: CCS + manufacturing equipment
  - Impact on safety and quality



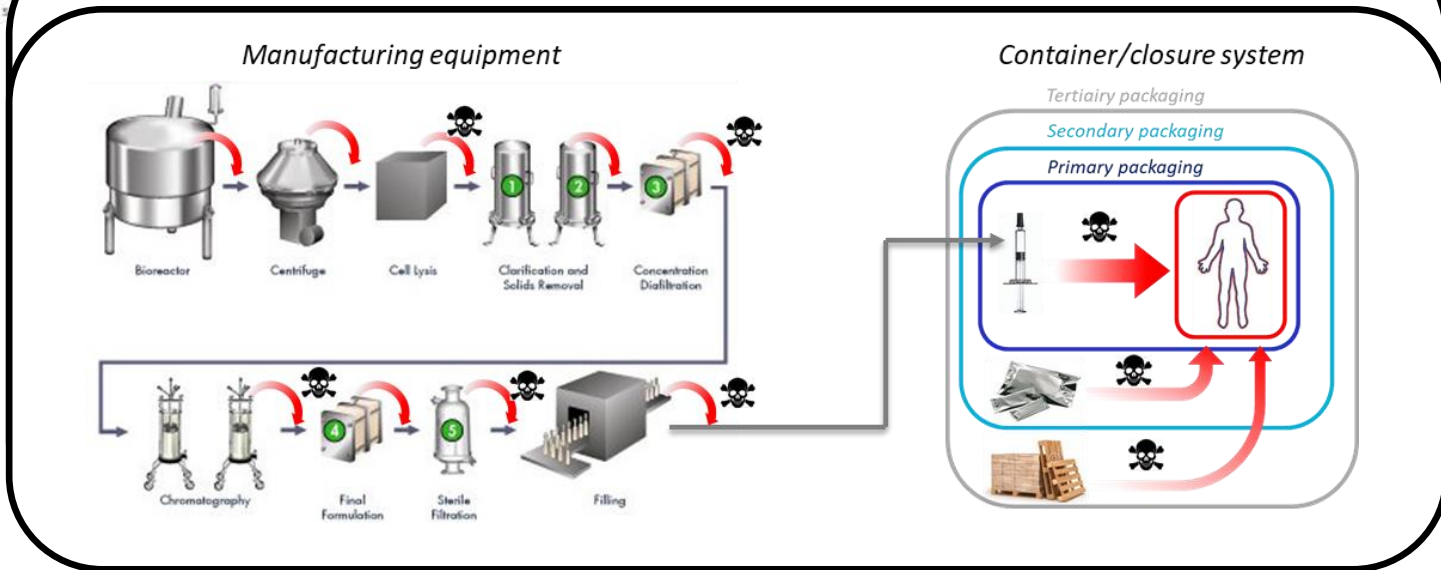
# Do we need to be worried?

## Case Studies and Potential Suspects

# Do we need to be worried?

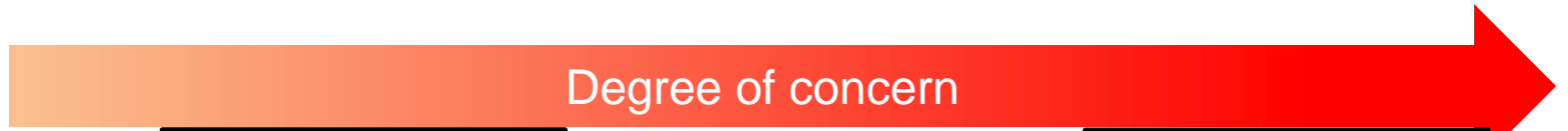


## Extractables and leachables



# Are interaction concerns for real?

- Degree of concern depends on composition DP and route of administration



Separate Chapter

Separate Chapter



Drug tablets and capsules

Solid drug product  
Weak interaction with CCS  
Oral administration



Parenteral drug products

Liquid drug product (aqueous)  
Intermediate interaction with CCS  
Administration to bloodstream



OINDPS

Aerosol (driving gas)  
Strong interaction with CCS  
Chronic administration to target organ

# What is expected from Container/Closure Systems?

- Potential compounds of concern – example of PFS

## Rubber stopper

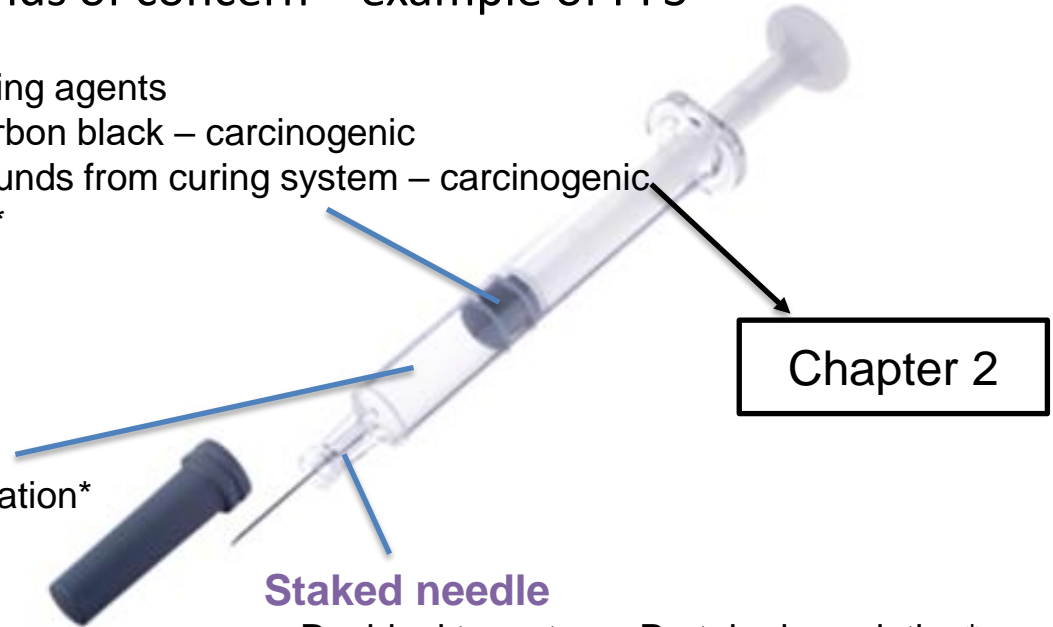
- Halogenated rubber oligomers – alkylating agents
- PolyNuclear Aromatics (PNA's) from carbon black – carcinogenic
- Nitrosamines and sulfur-holding compounds from curing system – carcinogenic
- Iron – oxidative degradation of proteins\*
- Aromatic antioxidants – toxic

## Glass barrel

- Barium and Aluminum – particle formation\*
- Silicon oil – protein aggregation\*

## Staked needle

- Residual tungsten – Protein degradation\*
- Acrylates from incomplete curing – reactive and toxic



\* Presented By I. Markovic, "Regulatory Perspective on Extractables & Leachables for Biologics, Quality Perspective" PDA E/L-Workshop, Brussels, 2014

# What is expected from Container/Closure Systems?

- Bisphenol A and DEHP – (in)famous examples of impurities from plastic



## Leaching of the plasticizer di(2-ethylhexyl)phthalate (DEHP) from plastic containers and the question of human exposure.

*Di(2-ethylhexyl)phthalate (DEHP) is a widely used plasticizer to render poly(vinyl chloride) (PVC) soft and malleable. Plasticized PVC is used in hospital equipment, food wrapping, and numerous other commercial and industrial products. Unfortunately, plasticizers can migrate within the material and leach out of it over time, ending up in the environment and, frequently, the human body.*

## BPA, chemical used to make plastics, found to leach from polycarbonate drinking bottles into humans - Exposure to BPA May Have Harmful Health Effects

*Boston, MA — A new study from Harvard School of Public Health (HSPH) researchers found that participants who drank for a week from polycarbonate bottles, the popular, hard-plastic drinking bottles and baby bottles, showed a two-thirds increase in their urine of the chemical bisphenol A (BPA). Exposure to BPA, used in the manufacture of polycarbonate and other plastics, has been shown to interfere with reproductive development in animals and has been linked with cardiovascular disease and diabetes in humans. The study is the first to show that drinking from polycarbonate bottles increased the level of urinary BPA, and thus suggests that drinking containers made with BPA release the chemical into the liquid that people drink in sufficient amounts to increase the level of BPA excreted in human urine.*







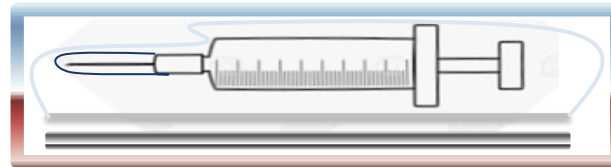
- Eprex = Human Recombinant EPO
- introduced in late '80 early '90 – Janssen Cilag
- Increase Hematocrit (RBC-count) in CKD Patients
- Until '98: no side effects
- From '98 onwards: increased incidence of PRCA
  - *Caused a drop in Hematocrit (instead of an increase)*
  - *Immune response*

Treatment of CKD  
Patients  
SC injection

FORMULATION  
*(Protein Stabilizer)*

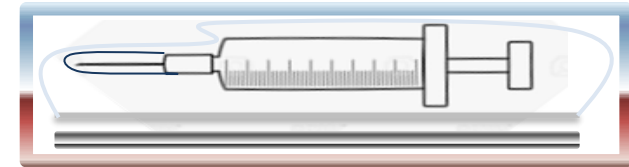
CONTAINER  
CLOSURE SYSTEM

< 1998



Serum Albumin

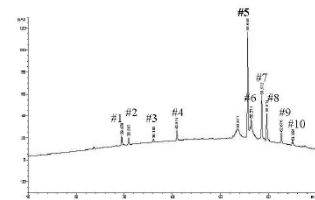
> 1998



Polysorbate 80



Incompatible

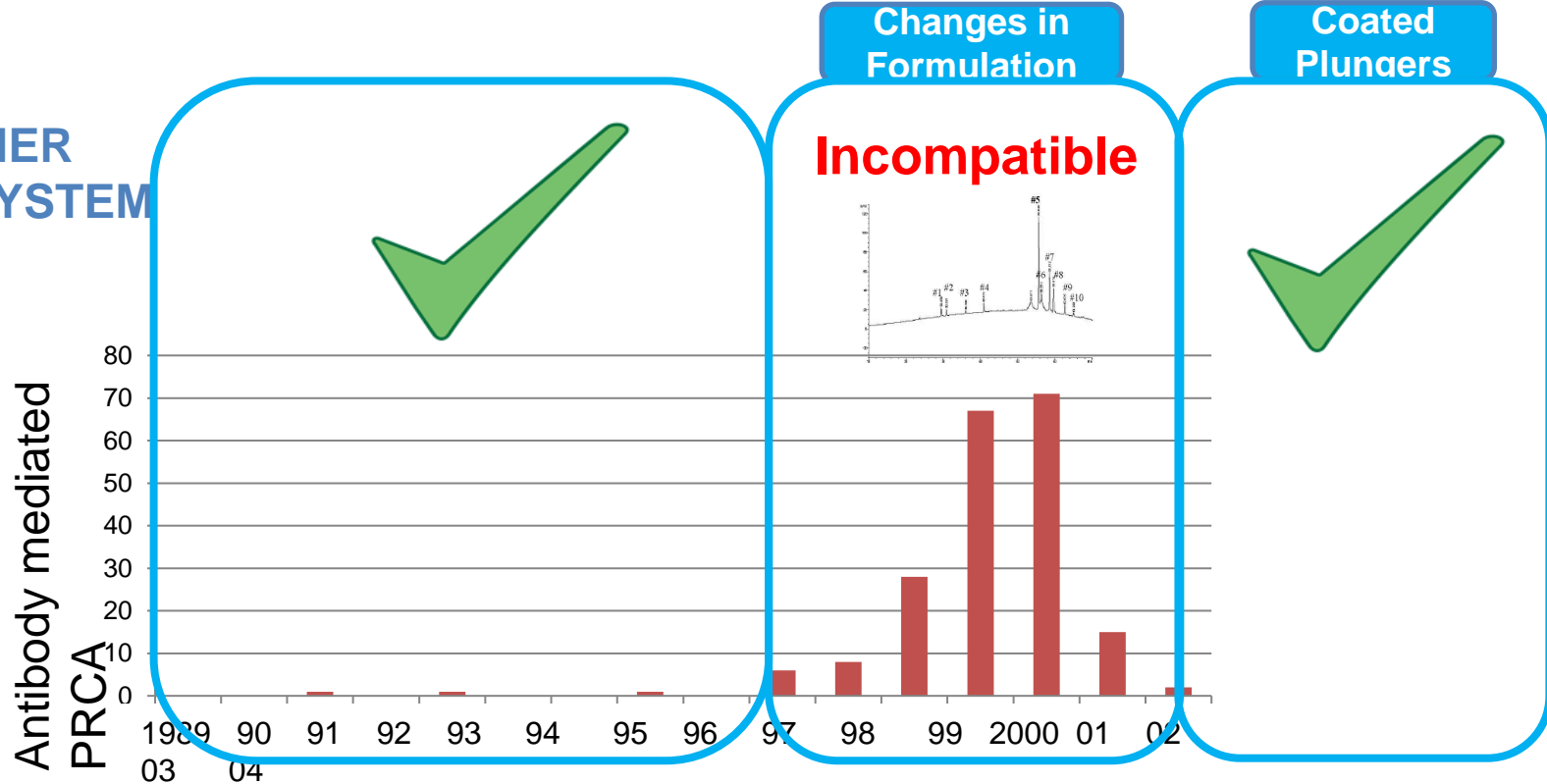


Leachables are Formulation Dependent

*Leachables from the  
rubber plunger*

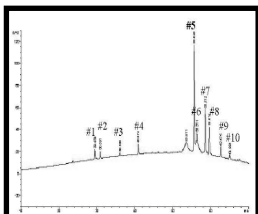
# Eprex case: Incidents of AB-mediated Pure Red Cell Aplasia

**CONTAINER  
CLOSURE SYSTEM**



Red Blood Cell levels substantially reduced because of an Anti-body mediated immune response

Basant Sharma<sup>1</sup>, PhD; Fred Bader<sup>1</sup>, PhD; Tom Templeman<sup>1</sup>, PhD; Peter Lisi<sup>2</sup>, PhD; Mary Ryan<sup>3</sup>, PhD; George A. Heavner<sup>4</sup>, PhD



**QUESTION: Who could have predicted an anti-body mediated immune response, based upon those analytical data?**

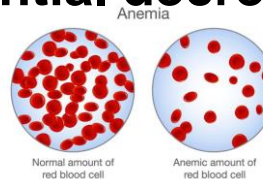
Peak <sup>a</sup>	Compound	Average concentration <sup>b</sup>
1	Unknown	Unknown
2	Bisphenol A	0.070
3	4- <i>tert</i> -amylphenol	0.046
4	2-chloro-4- <i>tert</i> -amylphenol	0.037
5	Vultac <sup>®</sup> 2 disulfide	0.778
6	2,2'-methylene-bis-4- <i>tert</i> -amylphenol	0.243
7	Vultac <sup>®</sup> 2 trisulfide	0.235
8	Vultac <sup>®</sup> 2 tetrasulfide	0.142
9	Vultac <sup>®</sup> 2 pentasulfide	0.063
10	Vultac <sup>®</sup> 2 hexasulfide	0.024

Basant Sharma<sup>1</sup>, PhD; Fred Bader<sup>1</sup>, PhD; Tom Templeman<sup>1</sup>, PhD; Peter Lisi<sup>2</sup>, PhD; Mary Ryan<sup>3</sup>, PhD; George A. Heavner<sup>4</sup>, PhD

## Mode of action - Hypothesis in the early work:

**Leachables** (one or more) could **cause adjuvant-like properties**, “boosting” an immune response, which is **causing ADA’s (Anti-Drug-Antibodies) to be formed**

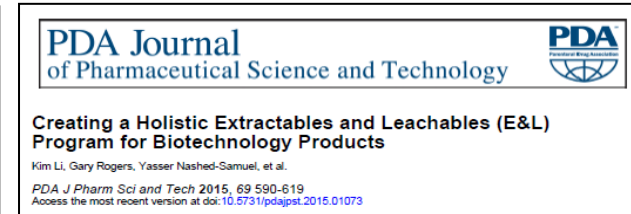
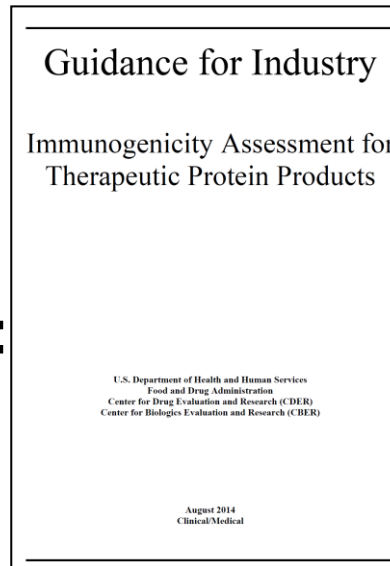
**ADA’s attacked both endogenous & exogenous EPO** ultimately resulting in **a substantial decrease of Red Blood Cells (PRCA/Anemia)**



However, the “**adjuvant like properties**” of the detected compounds were studied in **animal models**, but **no ADA’s were observed**.

# FDA Guidance for Industry (2014) Immunogenicity – Therapeutic Proteins

**Mode of Action -  
New Line of Thinking:**



**Reactive Leachables may form covalent bonds with  
Biologics and may lead to Immuno Responses**

# What is expected from Container/Closure Systems?

- Tribromoanisole case – tertiary packaing affects quality of DP

## **38,000 more bottles of Lipitor recalled over odor complaints**

(CNN) -- Pfizer is recalling an additional 38,000 bottles of the cholesterol-fighting drug Lipitor after reports of an odor linked to the packaging bottles, the drug company said in a statement.... "Research indicates that a major source of TBA appears to be 2, 4, 6-tribromoanisole(TBP), a chemical used as a wood preservative," the company said. "Although TBP often is applied to pallets used to transport and store a variety of products, Pfizer prohibits the utilization of TBP-treated wood in the shipment of its medicines."



## **34,000 Tylenol bottles recalled for musty smell**

NEW YORK (CNNMoney) -- Johnson & Johnson is recalling yet another batch of Tylenol medicines due to consumer complaints about a musty, moldy smell.... The company said at the time that the smell was caused by trace amounts of a chemical called 2,4,6-tribromoanisole, which is applied to wooden pallets that are used to transport and store packaging materials....

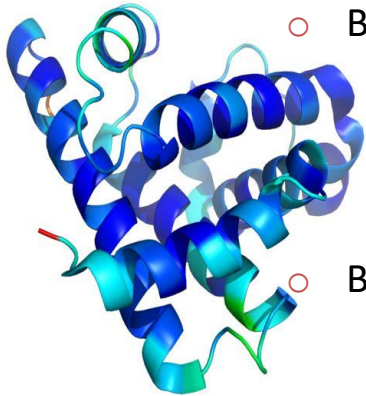
## **Glumetza Recall: 52 Lots of Diabetes Drug May Have Chemical Contamination**

More than 200,000 bottles of the diabetes drug Glumetza have been recalled due to the same chemical contamination from wood pallets that led to a Tylenol recall late last year.

2,4,6-Tribromoanisole (a wood preservative) contamination of DP due to lack of good barrier properties of primary packaging

# What is expected from Container/Closure Systems?

- Protein drug products require special care
  - Administration by injection is among those of highest concern
  - Likelihood of interaction between packaging component and injectable dosage is high
  - Biologics are complex
    - ✓ Large molecular weights
    - ✓ Abundance of binding sites on the surface (hydrophilic and hydrophobic)
    - ✓ Heterogeneous mixtures
  - Biologics are sensitive to structural modifications
    - ✓ Safety considerations (immunogenicity)
    - ✓ Efficacy considerations (loss of activity, formation of neutralizing antibodies)
    - ✓ Quality considerations (protein aggregates, stability)

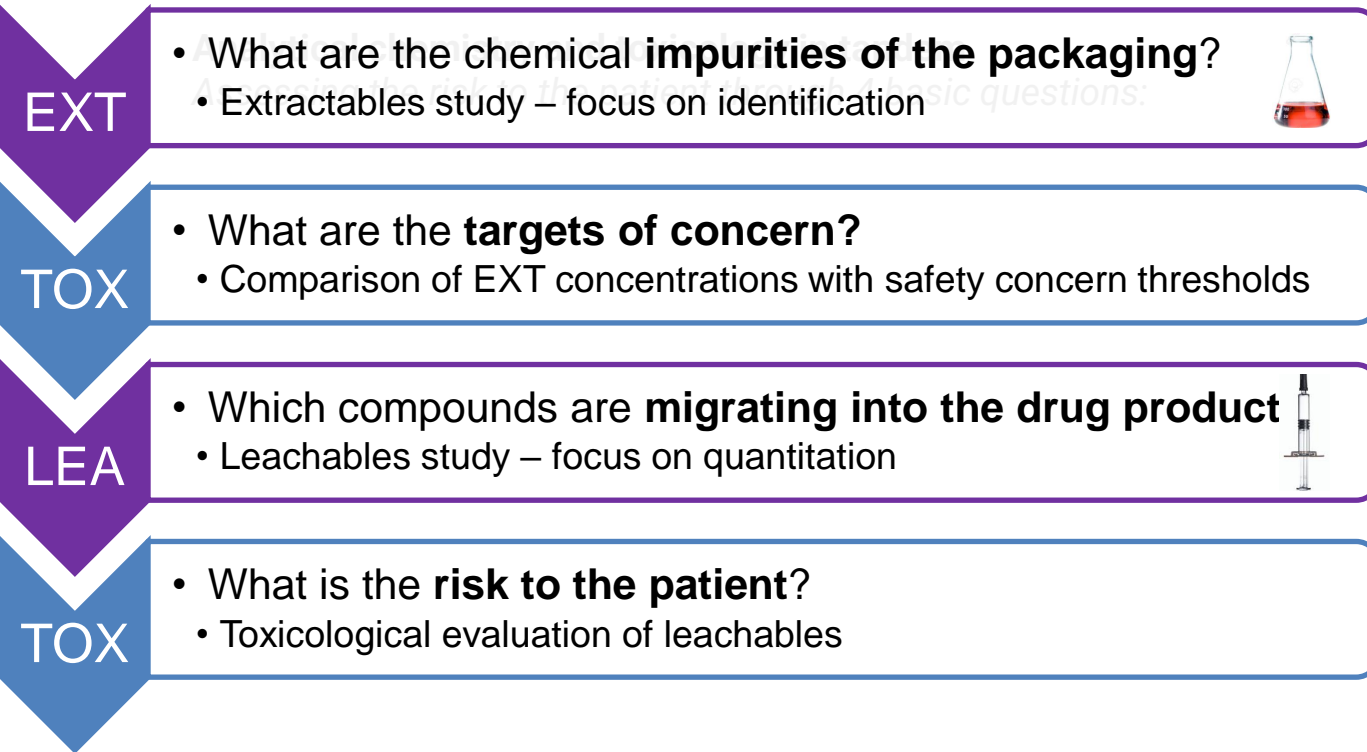




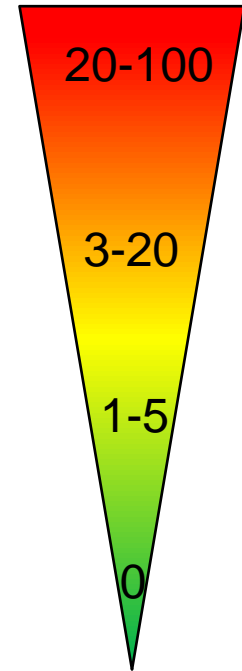
# How does an E&L study look like?

Analytical Chemistry and Toxicology in Tandem

# The flow of an E&L study



N° of compounds involved



# The flow of an E&L study



## What are the chemical impurities of the packaging?

*Extractables study = analytical study of the packaging*

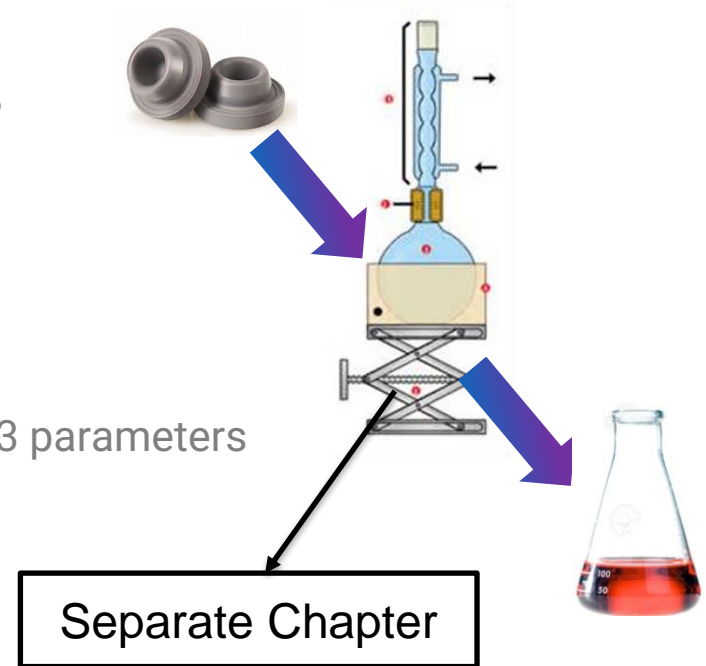
### Generating the extract

Packaging components in final form

- ETO, steam, X-ray, washed, siliconized, ...

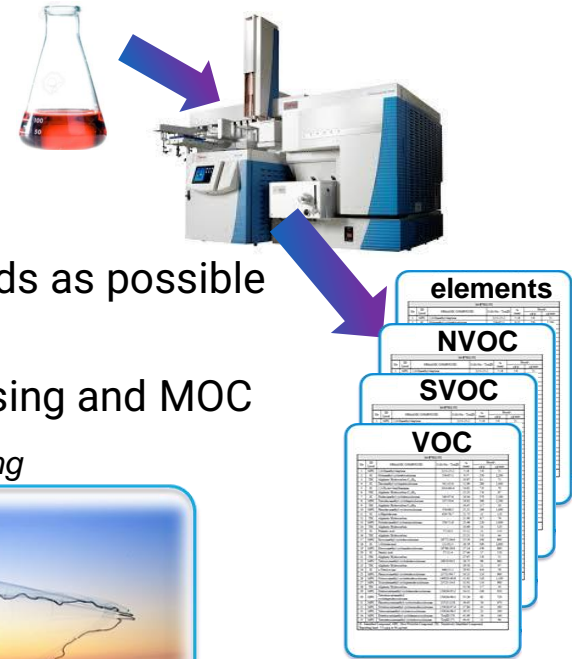
Worst-case approximation of DP-CCS interaction in 3 parameters

- Solvents (pH and polarity) or DP vehicle
- Temperature and time
- Extraction stoichiometry



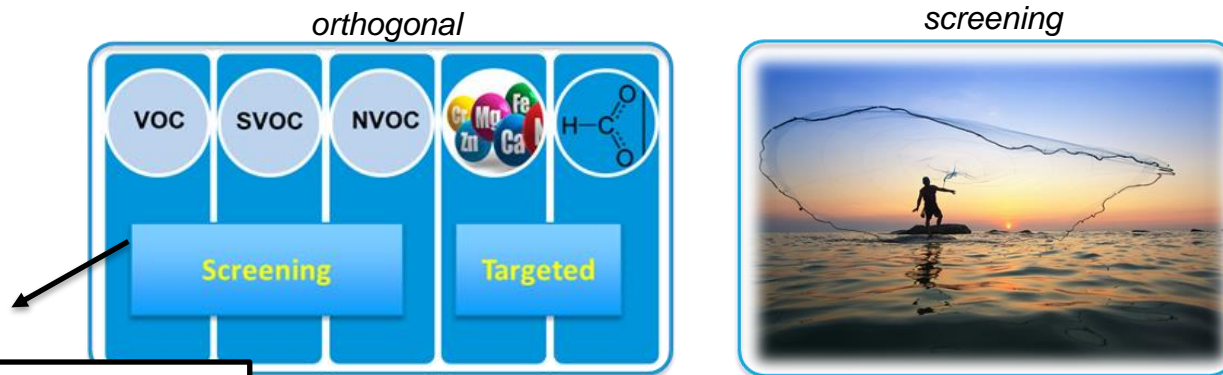
# The flow of an E&L study

**What are the chemical impurities of the packaging?**  
*Extractables study = analytical study of the packaging*



## Analyzing the extract - Screening

- Methods designed for the detection of as many compounds as possible
- Semi-quantitative results
- Supplemented with targeted techniques based on processing and MOC



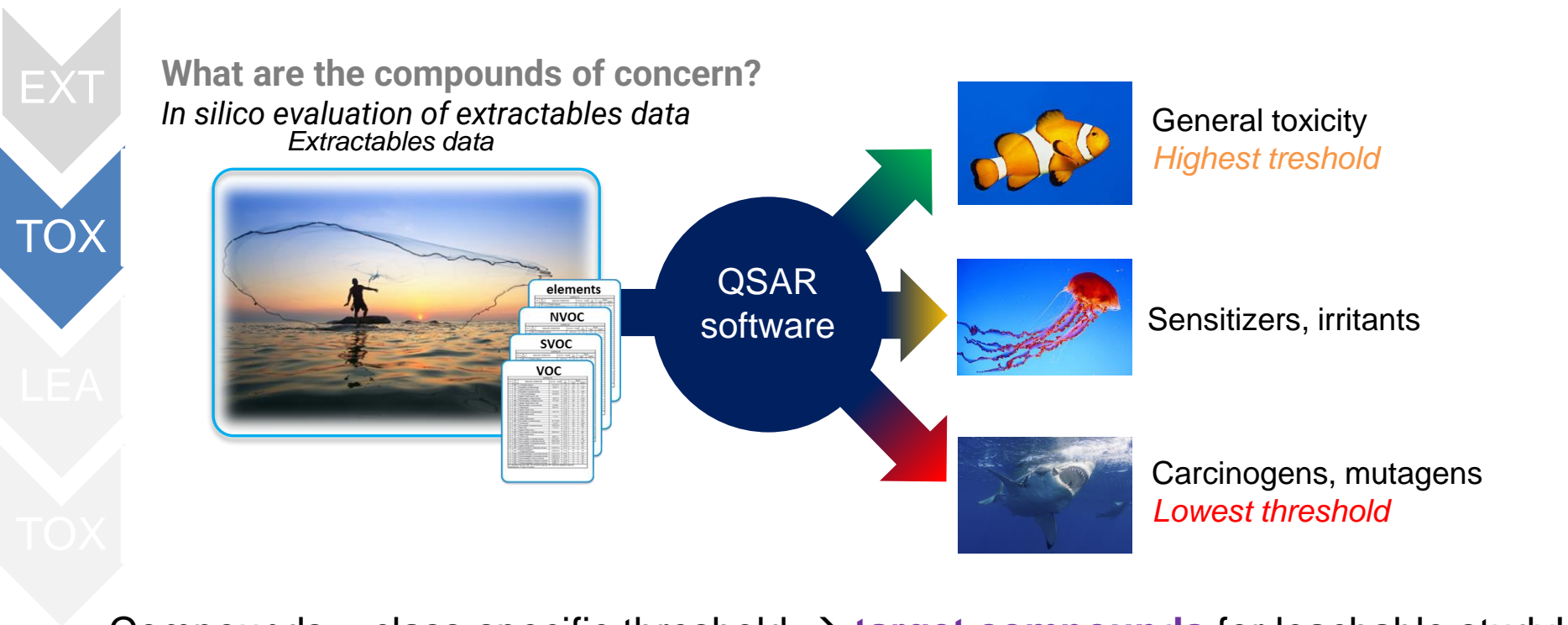
Separate Chapter

Main purpose of an EXT study is Identification of migrating compounds!

EXT  
TOX  
LEA  
TOX

# The flow of an E&L study

## Classification and Comparison of concentrations with thresholds



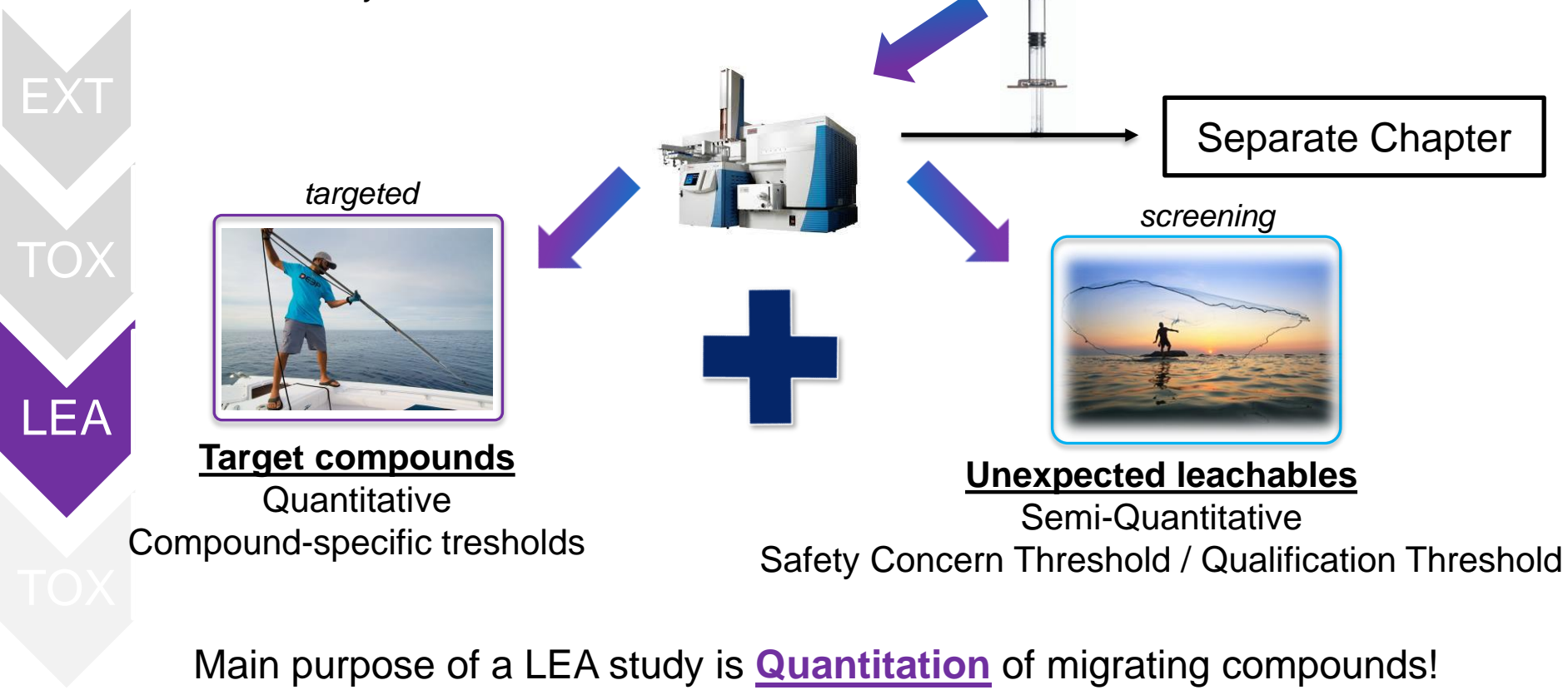
Compounds > class-specific threshold → **target compounds** for leachable study!

# The flow of an E&L study

## *Analysis of the drug product*

**Which chemical impurities are migrating into the drug product?**

*Leachables study*



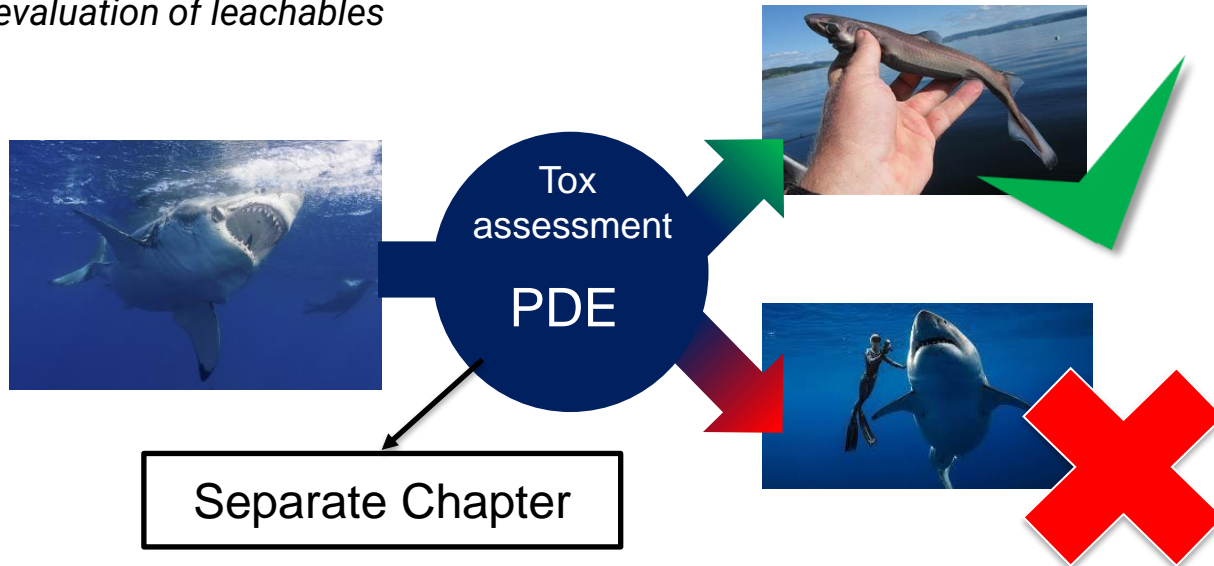
# The flow of an E&L study

## ***Toxicological assessment of LEA data***

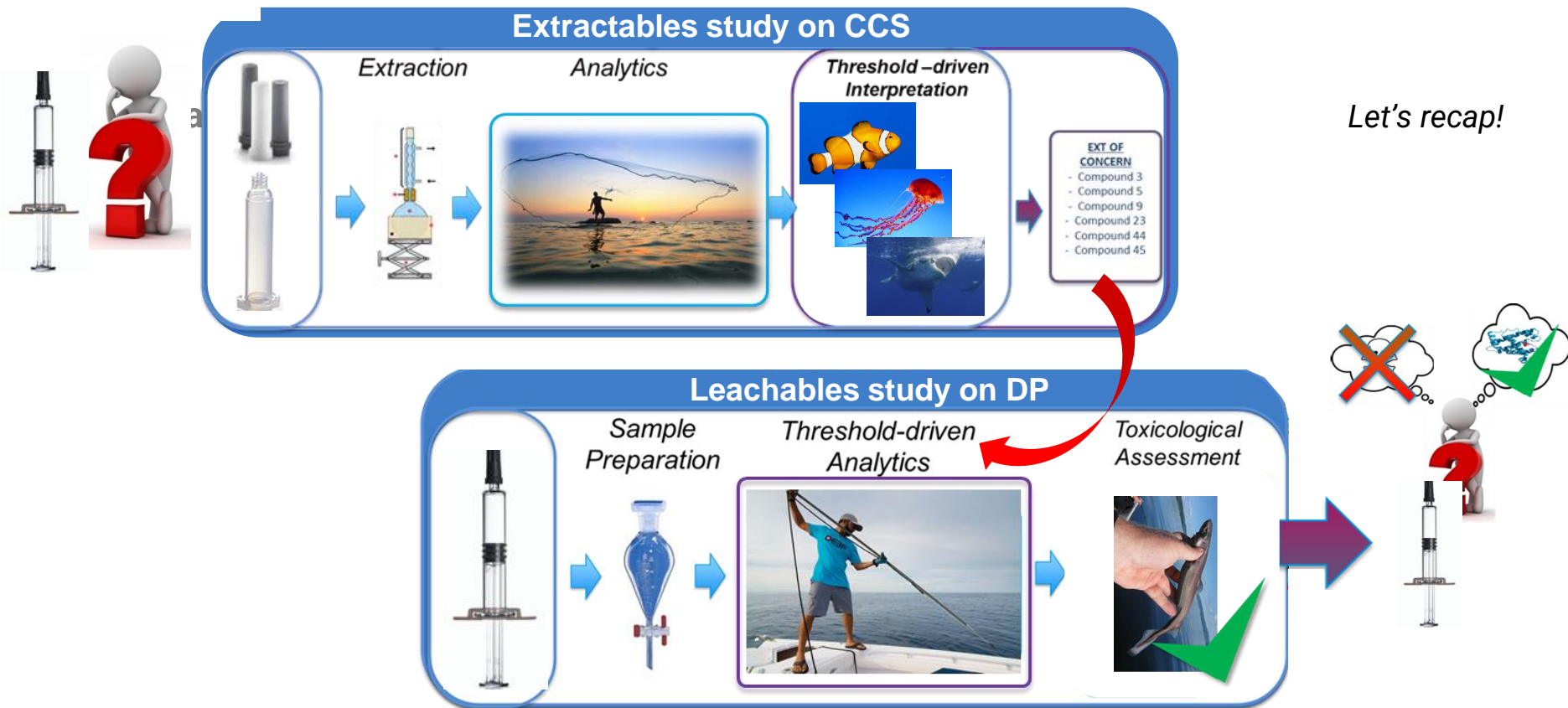
leachables > conservative threshold should be subjected to toxicological assessment  
*Comparison of worst-case patient exposure with Permitted Daily Exposure (PDE)*  
*In most cases: conservative threshold < PDE*

### **What is the risk to the patient?**

*Toxicological evaluation of leachables*



# The flow of an E&L study





# What are the Regulatory Requirements for Safety of a CCS?

Browsing through the Regulatory Landscape

# Regulatory Requirements

- Two types of Regulatory Requirements

**What** kind of information should be provided?

US guidances

EU guidelines - GMP

Code of Federal Regulations

ICH

**How** can the testing be performed?

Pharmacopeias (USP, JP, EP, ...)

Standard Organizations (ISO)

Recommendations of Workgroups (PQRI)

Consortia



# Regulatory Requirements

**What kind of information should be provided?**

**PRIMARY PACKAGING**



# Regulatory Requirements - What

## PRIMARY PACKAGING

- The **What Requirements** for Primary Packaging

### REGULATORY ASPECTS – PARENTERALS – NON-LIMITATIVE LIST

- <1999: 21CFR 211.94(a) “DRUG PRODUCT CONTAINERS AND CLOSURES”  
...not reactive, additive, absorptive to alter safety, identity, strength, quality or purity of drug...
- 1999: “CONTAINER/CLOSURE SYSTEMS FOR PACKAGING HUMAN DRUGS AND BIOLOGICS” (FDA-Guidance for Industry)
- 2003: EU COMMISSION DIRECTIVE 2003/63/EC, ( § 3.2.2.2 g)  
*CCS-information is part of the Market Authorization dossier.*
- 2005: “GUIDELINE ON PLASTIC IMMEDIATE PACKAGING MATERIALS” (EMA Guideline)  
*Contains “Decision Tree” for different dosage forms*
- 2006: ICH Q8 “PHARMACEUTICAL DEVELOPMENT”, § 2.4 CCS
- 2014: USP <1663> (Extractables) & USP <1664> (Leachables)
- 2015: ICH M7: DNA reactive impurities in Pharmaceuticals

# Regulatory Requirements - What

## PRIMARY PACKAGING

- The **What Requirements** for Primary Packaging

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# Regulatory Requirements - What

## PRIMARY PACKAGING

- The **What Requirements** for Primary Packaging - FDA
  - Required information depends on route of administration and CCS-DP interaction
  - From FDA guidance (1999) to USP <1664>

Separate Chapter

**Examples of Packaging Concerns for Common Classes of Drug Products**

Degree of Concern Associated with the Route of Administration	Likelihood of Packaging Components – Dosage Form Interactions		
	High	Medium	Low
<b>Highest</b>	Inhalation Aerosols and Sprays	Injections and Injectable Suspensions; Inhalation Solutions	<i>Sterile Powders and Powders for Injection; Inhalation Powders</i>
<b>High</b>	Transdermal Ointments and Patches	Ophthalmic Solutions and Suspensions; Nasal Aerosols and Sprays	-
<b>Low</b>	Topical Solutions and Suspensions, Topical and Lingual Aerosols, Oral Suspensions and Solutions	-	Oral Tablets and Oral (Hard and Soft Gelatin) Capsules; Topical Powders; Oral Powders

# Regulatory Requirements - What

## PRIMARY PACKAGING

- The **What Requirements** for Primary Packaging - **FDA**
  - Going through the FDA/USP matrix

**LIKELIHOOD OF INTERACTION = LOW**  
Packaging Component - Dosage Form

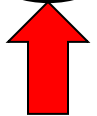
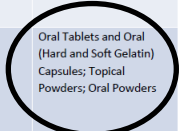
**DEGREE OF CONCERN FOR ROUTE OF ADMINISTRATION = LOW**

e.g. Oral solutions/suspensions, Oral Tablets/Capsules/Powders...

**CERTIFICATE OF ANALYSIS may be sufficient**

- COMPENDIAL testing
- ROUTINE QC testing

Examples of Packaging Concerns for Common Classes of Drug Products			
Degree of Concern Associated with the Route of Administration	Likelihood of Packaging Components – Dosage Form Interactions		
	High	Medium	Low
Highest	Inhalation Aerosols and Sprays	Injections and Injectable Suspensions; Inhalation Solutions	<i>Sterile Powders and Powders for Injection; Inhalation Powders</i>
High	Transdermal Ointments and Patches	Ophthalmic Solutions and Suspensions; Nasal Aerosols and Sprays	-
Low	Topical Solutions and Suspensions, Topical and Lingual Aerosols, Oral Suspensions and Solutions	-	Oral Tablets and Oral (Hard and Soft Gelatin) Capsules; Topical Powders; Oral Powders



# Regulatory Requirements - What

## PRIMARY PACKAGING

- The **What Requirements** for Primary Packaging - FDA
  - Going through the FDA/USP matrix

**LIKELIHOOD OF INTERACTION = HIGH**  
 Packaging Component - Dosage Form

**DEGREE OF CONCERN FOR ROUTE OF ADMINISTRATION = HIGH**

Degree of Concern with the Packaging Component - Dosage Form	Likelihood of Packaging Components - Dosage Form Interactions		
	High	Medium	Low
Highest	Inhalation Aerosols and Sprays	Injections and Injectable Suspensions; Inhalation Solutions	Sterile Powders and Powders for Injection; Inhalation Powders
High	Topical Ointments and Pastes	Ophthalmic Solutions and Suspensions; Nasal Aerosols and Sprays	-
Low	Topical Solutions and Suspensions, Topical and Lingual Aerosols, Oral Suspensions and Solutions	-	Oral Tablets and Oral (Hard and Soft Gelatin) Capsules; Topical Powders; Oral Powders

e.g. Inhalation Aerosols (MDI, DPI, Nasal Sprays), Injections, Injectable suspensions  
 (Parenterals : Pre-filled syringes, IV bags...), Ophthalmic solutions/suspensions...



CERTIFICATE OF ANALYSIS (compendial and routine testing)

**EXTRACTABLES and/or LEACHABLES testing required**



# Regulatory Requirements - What

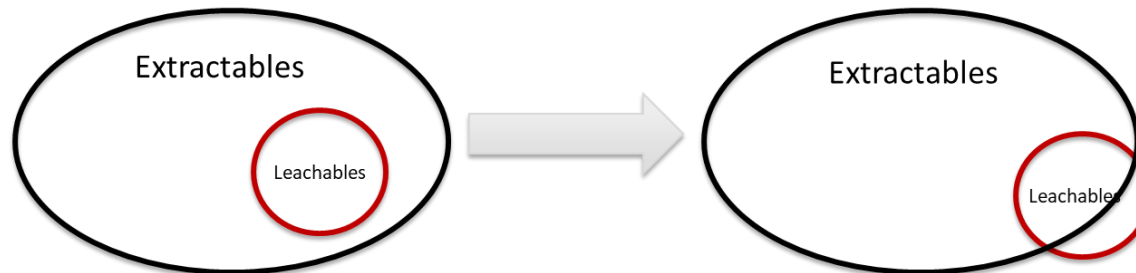
## PRIMARY PACKAGING

The **What Requirements** for Primary Packaging - **FDA**

- Important remark on FDA guidance

The requirements in the FDA Guidance Document  
“*Container Closure Systems for Packaging Human Drugs and Biologics*” of **1999**  
do **NOT** reflect the current (2015) FDA/USP requirements  
for E/L Testing and Documentation

**NOT ONLY EXTRACTABLES** evaluation => Consider **LEACHABLES STUDIES!**

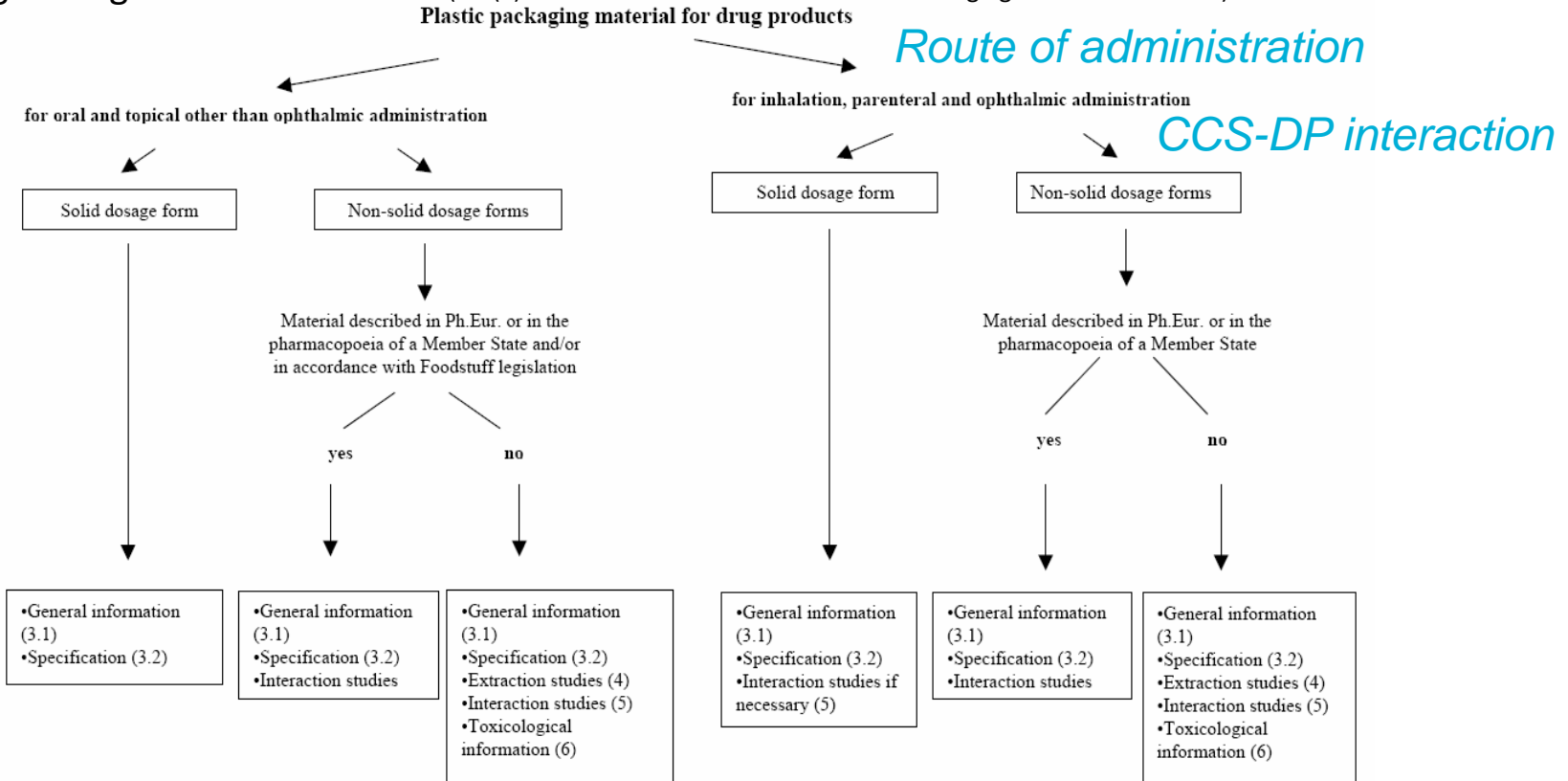


# Regulatory Requirements - What

## PRIMARY PACKAGING

- The **What Requirements for Primary Packaging - EMEA**

- Going through the decision tree (EM(E)A Guideline on “Plastic Immediate Packaging Materials” of 2005)



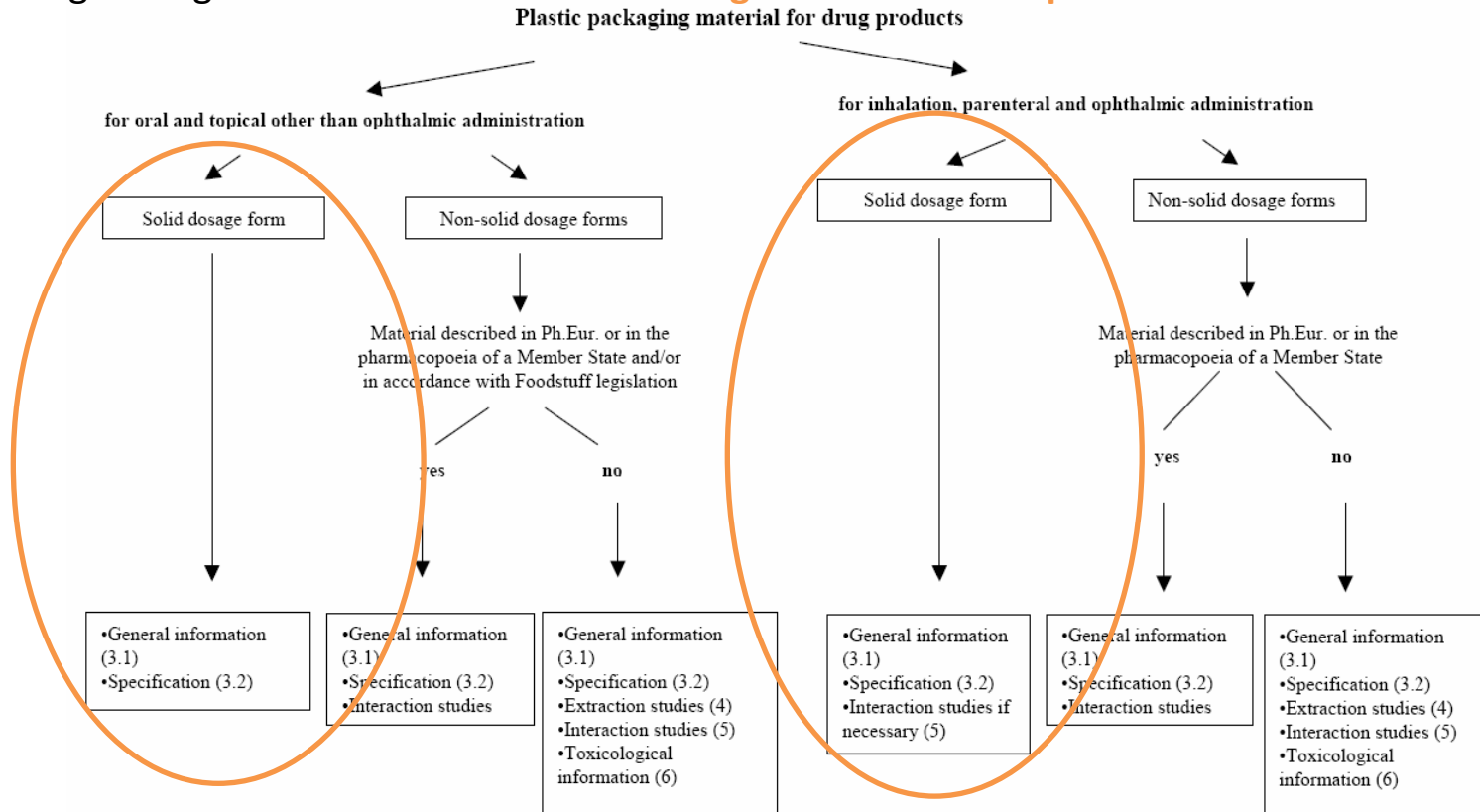
CPMP/QWP/4359/03 and EMEA/CVMP/XXX/03

©EMEA 2005

# Regulatory Requirements - What

## PRIMARY PACKAGING

- The **What Requirements** for Primary Packaging - EMEA
  - Going through the decision tree: **solid dosage forms – low requirements**



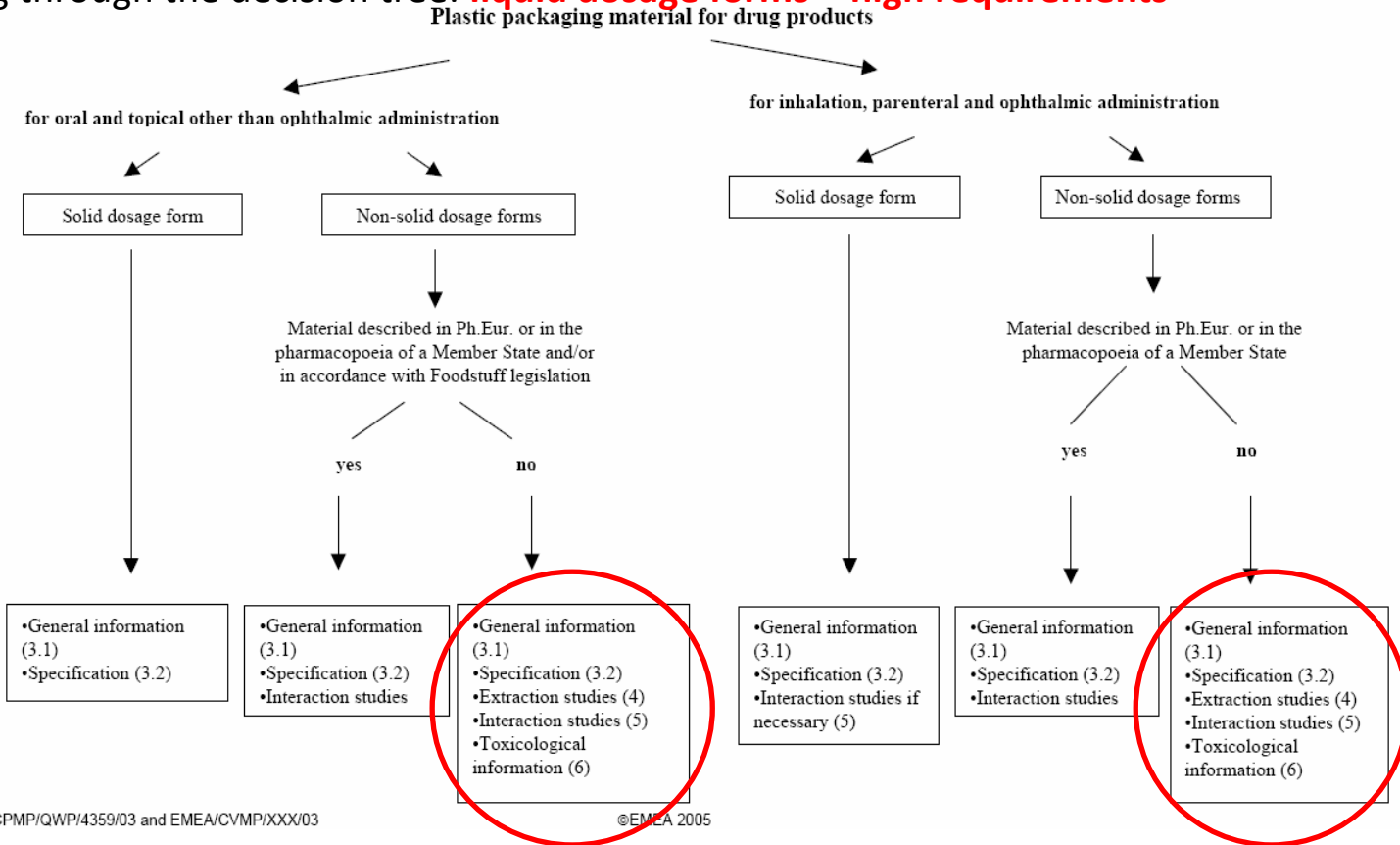
CPMP/QWP/4359/03 and EMEA/CVMP/XXX/03

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# Regulatory Requirements - What

## PRIMARY PACKAGING

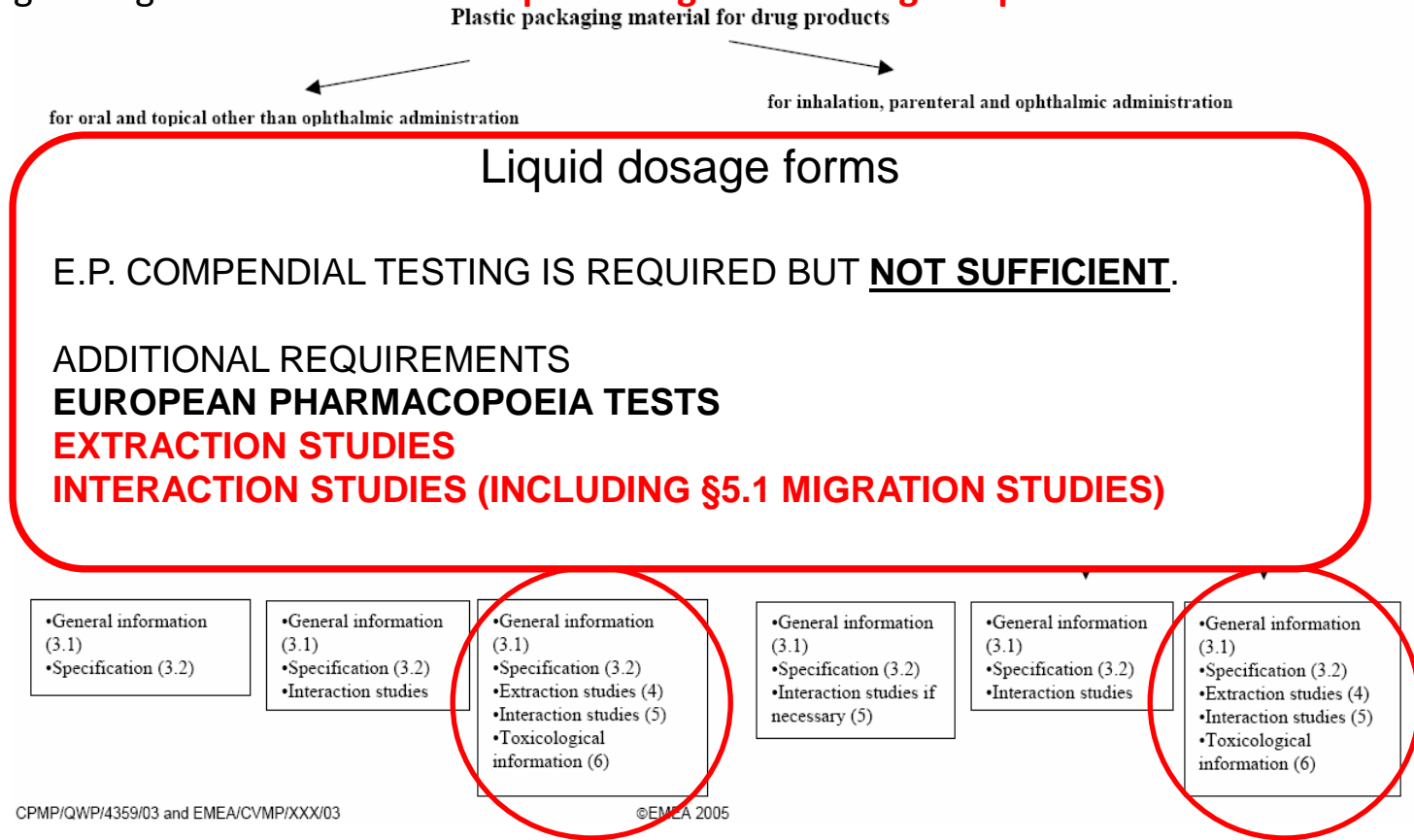
- The **What Requirements** for Primary Packaging - EMEA
  - Going through the decision tree: **liquid dosage forms – high requirements**



# Regulatory Requirements - What

## PRIMARY PACKAGING

- The **What Requirements** for Primary Packaging - EMEA
  - Going through the decision tree: **liquid dosage forms – high requirements**



# Regulatory Requirements - What

## PRIMARY PACKAGING

- The **What Requirements** for Primary Packaging - EMA

- Important remarks on EMA packaging guideline

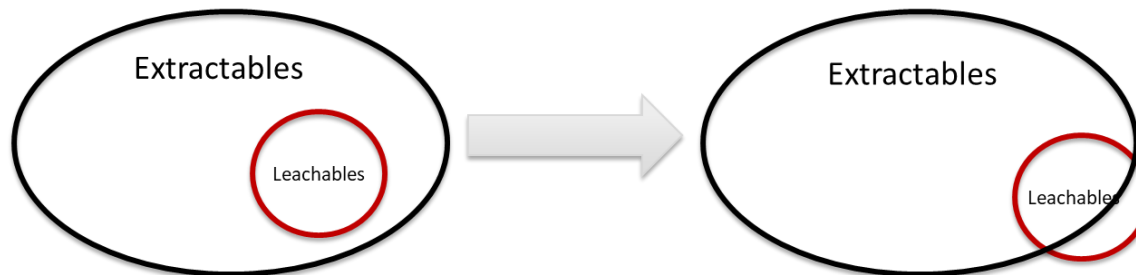
Not for Elastomers (?) = > In reality: **ALSO** fo rubbers

If a Material is described in the E.P. and if it complies with the specifications therein, no Extractable testing may be needed.

**≠ THE ACTUAL POSITION OF EUROPEAN REGULATORS**

If Extractable Testing shows only compounds with low risk (at low concentrations) no leachable study is necessary.

**≠ THE ACTUAL POSITION OF EUROPEAN REGULATORS**



# Regulatory Requirements - What

What kind of information should be provided?



# Regulatory Requirements - What

## Manufacturing equipment

- The **What Requirements** for Manufacturing Equipment

### U.S.

Title 21 of the Code of Federal Regulations (CFR) 211.65 (1)

“...Equipment shall be constructed so that **surfaces that contact components**, in-process materials or drug products **shall not be reactive, additive or adsorptive so as to alter safety, identity, strength, quality or purity of the drug product beyond the official or other established requirements...**”

### EUROPE

ICH Q7 – GMP Practice Guide

“...Equipment should not be constructed so that surfaces that contact raw materials, intermediates or API's **do not alter the quality of the intermediates and API's beyond the official or other established specifications...**”

EU – Good Manufacturing Practices

“...*Production Equipment should not present any hazard to the products. The parts of the production equipment that come into contact with the product must not be reactive, additive... That it will affect the Quality of the Product...*”



# Regulatory Requirements - What

## Manufacturing equipment

- The **What Requirements** for Manufacturing Equipment

### OBSERVATIONS

The CFR 211.65 and GMP's do ***not only*** refer to the ***impact on Safety***, but also on:

- **Quality**
- Purity
- Strength (e.g. Adsorptive behavior)
- Reactive behavior
- Additive behavior

### Reasoning of Regulators

- Know your Process
- Know the impact of SUS on the quality of the Product
- Prove that you have made an assessment

Disposable Production is fairly new, may trigger additional questions

For Safety Considerations, the main concern for SUS systems is their contribution to potential Immuno-responses (**IMMUNOGENICITY**) to the Drug Product

## How should the test be performed?

How can an adequate testing strategy – to qualify a container / closure system from an E/L perspective - be put together?

# Regulatory Requirements – HOW?

- **“HOW” requirements:**
  - US Pharmacopoeia (USP)
  - European Pharmacopoeia (EP)
  - ISO 10993 Standards (Biocompatibility - Medical Devices)
  - PQRI – Product Quality Research Institute
    - OINDP Orally Inhaled and Nasal Drug Products
    - PDP/ODP: Parenteral Drug Products/Ophthalmic Drug Products
  - BPSA Bio-Process Systems Alliance (SU Systems)
  - BPOG Biophorum Operations Group (SU Systems)

# Regulatory Requirements – HOW?

- **US Pharmacopoeia (USP)** → Separate Chapter

## MANDATORY TESTS (<1000)

<381> Elastomeric Closures for Injections

### <661> Containers (still partially under revision)

<661.1> Plastic Material of Construction (FINAL)

*COP/COC, PA 6, PC, PE, PET/PETG, EVA, PP, PVC*

<661.2> Plastic Packaging Systems for Pharmaceutical Use (FINAL)

<661.3> => <665> Manufacturing Systems (UNDER REVIEW)

<661.4> Devices (UNDER DEVELOPMENT)

<87> Biological Reactivity Tests, In Vitro (Cytotox tests)

<88> Biological Reactivity Testing, In Vivo (Class Tests)

# Regulatory Requirements – HOW?

- **European Pharmacopoeia (EP)**

## 3.1 *Materials used in the manufacture of containers*

- 3.1.1.1 **PVC** for human blood (components) containers
- 3.1.1.2 **PVC** for human blood (components) tubing sets
- 3.1.3 **Polyolefines**
- 3.1.4 **PE without additives** containers for parenteral/ophthalmic preps
- 3.1.5 **PE with additives** containers for parenteral/ophthalmic preps
- 3.1.6 **PP** containers for parenteral/ophthalmic preps
- 3.1.7 **EVA** for containers and tubing for parenteral/ophthalmic preps
- 3.1.9 **Silicone elastomer** for Closures and Tubing
- 3.1.10 & 11 **non-plasticized PVC**
- 3.1.14 **Plasticized PVC**
- 3.1.15 **PET**



# Regulatory Requirements – HOW?

- **European Pharmacopoeia (EP)**

## **3.2 Containers**

3.2.1 **GLASS** containers for pharmaceutical Use

3.2.2 **Plastic** Containers/Closures for Pharmaceutical Use

3.2.2.1 **Plastic** Containers for aq. solutions for parenteral infusion

3.2.3 **Sterile plastic** containers for human blood (components)

3.2.4 Empty Sterile **containers of plasticized PVC** for human blood

3.2.5 Sterile **containers of plasticized PVC** for human blood,  
containing anticoagulant

3.2.6 **Sets for the transfusion** of Blood and Blood components

3.2.8 Sterile single-use **plastic syringe**

3.2.9 **Rubber** Closures



# Regulatory Requirements – HOW?

- **Compendial testing (USP and EP)**

## CHARACTERISTICS of Physicochemical Compendial tests:

### Well Defined Analytical Approach:

- Sample Preparation (Extraction Method, Time, Temperatures...)
- **“GROUP PARAMETER”** Analyses (Acidity/Alkalinity, Residues, Reducing Substances, Absorbance, Turbidity...)
- In some cases: Individual Compound Analyses ( Polymer Additives, Extractable/Total Metals...)
- Sometimes: Identification (e.g. FTIR)

PASS / FAIL Criteria!!

Compendial tests follow a **“COOK BOOK”** Approach!!



# Regulatory Requirements – HOW?

- **Compendial testing (USP and EP)**

## **STRENGTHS of Pharmacopoeial Compendial Tests**

- Provide **Basic Information** on the **Quality** of Materials
- Clear **PASS / FAIL** Criteria
- Can be used **in the development** of a new **MATERIAL** formulation
- Can be used to **monitor the quality in production**  
(*e.g. In combination with physical tests*)
- Assists in **the initial safety assessment** of a material  
(*eg. Additives may define which compounds may be encountered as leachables*)





# Regulatory Requirements – HOW?

- **Compendial testing (USP and EP)**

## LIMITATIONS of Pharmacopoeial Compendial Tests

- **Sample preparation:** not always relevant!  
e.g. Rinsing procedure: loss of potential impurities (extractables)  
WFI is not always to most relevant extraction Vehicle
- **Group Parameters are not usable for Extractables Interpretation**  
e.g. E.P. Absorbance: Which compounds are Causing absorbance? What is their concentration?
- **Limited information on individual compounds**  
e.g. E.P.: Polymer additives, Extractable total metals
- **No detailed information on** process impurities, polymer degradation compounds, additive degradation compounds, oligomers, solvent residues...



**Compendial testing ≠ substitute for Extractables testing**

# Regulatory Requirements – HOW?

- **USP guidances monographs (>1000)** → **Separate Chapter**

<1661> **Evaluation of Plastic Packaging** – and Manufacturing Systems and their Materials of Construction with respect to their Safety Impact

<1663> Assessment of **Extractables** Associated with Pharmaceutical Packaging/Delivery Systems

<1664> Assessment of Drug Product **Leachables** Associated with Pharmaceutical Packaging/Delivery Systems

<1665> *Plastic Components and Systems Used to Manufacture Pharmaceutical Drug Products (Draft)*

# Regulatory Requirements – HOW?

- **Applicable ICH guidances**
  - **ICH Q3D:** Elemental Impurities (2014; Step 4)
  - **ICH Q6B:** test procedures and acceptance criteria for biotechnological/biological products (1999)
  - **ICH Q5C:** Quality of Biotechnology Products Stability of biotechnological/biological products (1996)
  - **ICH Q5E:** Comparability of biotechnology/biological products subject to changes in their manufacturing process (2005)
  - **ICH Q7A:** GMP of APIs
  - **ICH Q8:** Pharmaceutical Development (2006)
  - **ICH Q9:** Quality Riks Management (2006)
  - **ICH Q10:** Pharmaceutical Quality Systems (2008)
  - **ICH Q3C:** Impurities: Residual Solvents (although no specific reference to C/C impurities)

# Regulatory Requirements – HOW?

- **Other guidance documents**
- ISO 10993 Standard (Biocompatibility - Medical Dev.)
- **PQRI – Product Quality Research Institute**
  - **OINDP Orally Inhaled and Nasal Drug Products**
  - **PDP/ODP: Parenteral Drug Products/Ophthalmic**
- **BPSA Bio-Process Systems Alliance (SU Systems)**
- **BPOG Biophorum Operations Group (SU Systems)**
- Guidance for Industry: Nasal Spray and Inhalation Solutions, Suspension and Spray Drug Products – Chemistry Manufacturing and Controls Documentation, CDER (2002)
- Guidance for Industry: Pharmaceutical Quality of Inhalation and Nasal Products, Health Canada (2006)
- Guidelines on the Pharmaceutical Quality of Inhalation and Nasal Products, EMA (2006)
- Draft Guidance for Industry: Metered Dose Inhalers (MDI) and Dry Powder Inhaler (DPI) Drug Products. Chemistry, Manufacturing and Controls Documentation, CDER (1998)

## Dr. Dan Mellon – FDA - youtube





## ICH Q3D: ELEMENTAL IMPURITIES

during the shelf-life of the product. Studies to understand potential extractables and leachables from the final/actual container closure system (after washing sterilization, irradiation) should be performed.

- Elemental impurities that are known or suspected of being leached into the drug substance and drug product from container closure systems.

**Elemental impurities leached from container closure systems:** Identifying the potential elemental impurities extracted from container closure systems should be based on a scientific understanding of likely interactions between a particular drug product type and its packaging. When a review of the materials of construction demonstrates that the container closure system does not contain elemental impurities, no additional assessment needs to be performed. It is recognized that the probability of elemental leaching into solid dosage forms is minimal and does not require further consideration in the assessment. For liquid and semi-solid dosage forms there is a higher probability that elemental impurities could leach from the container closure system into the drug product during the shelf-life of the product. Studies to understand potential extractables and leachables from the final/actual container closure system (after washing sterilization, irradiation) should be performed.

## ICH Q6B: test procedures and acceptance criteria for biotechnological/ biological products (1999)

- c) Downstream-derived impurities include, but are not limited to, enzymes, chemical and biochemical processing reagents (e.g., cyanogen bromide, guanidine, oxidising and reducing agents), inorganic salts (e.g., heavy metals, arsenic, non metallic ion), solvents, carriers, ligands (e.g., monoclonal antibodies), and other leachables.

### **Process-Related Impurities:**

Impurities that are derived from the manufacturing process. They may be derived from cell substrates (e.g., host cell proteins, host cell DNA), cell culture (e.g., inducers, antibiotics, or media components), or downstream processing (e.g., processing reagents or column leachables).

The quality of the excipients used in the drug product formulation (and in some cases, in the drug substance), as well as the container/closure systems, should meet pharmacopoeial standards, where available and appropriate. Otherwise, suitable acceptance criteria should be established for the non-pharmacopoeial excipients.

### **Degradation Products:**

Molecular variants resulting from changes in the desired product or product-related substances brought about over time and/or by the action of, e.g., light, temperature, pH, water, or by reaction with an excipient and/or the immediate container/closure system. Such changes may occur as a result of manufacture and/or storage (e.g., deamidation, oxidation, aggregation, proteolysis). Degradation products may be either product-related substances, or product-related impurities.



# ICH Q5C: Quality of Biotechnology Products Stability of biotechnological/biological products (1996)

## 6.5. Container/Closure

Changes in the quality of the product may occur due to the interactions between the formulated biotechnological/biological product and container/closure. Where the lack of interactions cannot be excluded in liquid products (other than sealed ampoules), stability studies should include samples maintained in the inverted or horizontal position (i.e., in contact with the closure), as well as in the upright position, to determine the effects of the closure on product quality. Data should be supplied for all different container/closure combinations that will be marketed.

## Impurity

Any component of the drug substance (bulk material) or drug product (final container product) which is not the chemical entity defined as the drug substance, an excipient, or other additives to the drug product.

## ICH Q5E: Comparability of biotechnology/biological products subject to changes in their manufacturing process (2005)

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protease might only be detected by product degradation that occurs over an extended time period; or, in some cases, divalent ions leached from the container closure system might change the stability profile because of the activation of trace proteases not detected in stability studies of the pre-change product. Therefore, real-time/real temperature stability studies on the product potentially affected by the change should be initiated, as appropriate.

# ICH Q7A: GMP of APIs

## 9.2 Packaging Materials

- 9.20 Containers should provide adequate protection against deterioration or contamination of the intermediate or API that may occur during transportation and recommended storage.
- 9.21 Containers should be clean and, where indicated by the nature of the intermediate or API, sanitized to ensure that they are suitable for their intended use. These containers should not be reactive, additive, or absorptive so as to alter the quality of the intermediate or API beyond the specified limits.

# ICH Q8: Pharmaceutical Development (2006)

## 2.4 Container Closure System

The choice and rationale for selection of the container closure system for the commercial product (described in 3.2.P.7) should be discussed. Consideration should be given to the intended use of the drug product and the suitability of the container closure system for storage and transportation (shipping), including the storage and shipping container for bulk drug product, where appropriate.

The choice of materials for primary packaging should be justified. The discussion should describe studies performed to demonstrate the integrity of the container and closure. A possible interaction between product and container or label should be considered.

The choice of primary packaging materials should consider, e.g., choice of materials, protection from moisture and light, compatibility of the materials of construction with the dosage form (including sorption to container and leaching), and safety of materials of construction. Justification for secondary packaging materials should be included, when relevant.

# ICH Q9: Quality Risk Management (2006)

## **Selection of container closure system**

To determine the critical parameters of the container closure system.

# ICH Q10: Pharmaceutical Quality Systems (2008)

- Pharmaceutical Development
  - Drug substance development
  - Formulation development (including container/closure system)
  - Manufacture of investigational products
  - Delivery system development (where relevant)
  - Manufacturing process development and scale-up
  - Analytical method development