# Container Closure Integrity Testing Strategy for Drug-led Combination Products: A Practical Approach

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Abstract

Drug-led combination products offer patients the ability to self-administer treatments in the comfort of their own homes rather than at the clinic, driving the rapid growth rate predicted for these products over the next decade. Regulatory authorities require demonstration of container closure integrity (CC) for markted drug products. For drug-led combination products such as autoinjectors and pen injectors, determining CCI for the fully assembled device continues to be challenging due to limitations with the CCI technologies commercially valiable. However, a stepwise approach to establishing CCI throughout the product the cycle can generate the data required to show that the product is safe, effective, and sterile through expiry and use. Incorporating a Quality by Desing (QbD) approach and holistic in-process control strategy for CCI during product development and manufacturing can lutther milities the his/kr CCI failures.



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## Container Closure Integrity Testing throughout the Drug-led Combination Product Life Cycle

One critical quality attribute requirement for drug-led combination products is container closure integrity (CCI) for not only the prefilted syringe or cartifical, which is the primary sterile barrier of the parenteral product delivery system, but also for the CCI of the fully assembled device post-manufacture and beyond. The autohistor or pen injector is considered secondary packaging because it is not in primary contact with the parenteral product [2], while CCI testing of the syringe or cartifidge alone is relatively strainity that can be achieved by testing the syringe or cartifidge alone using commercially available deterministic leak detection equipment. The plastic used to manufacture autohistor and pen injector devices can outgas, and the devices themselves contain many dead volume spaces that trap air and can lead to poor method sensitivity and failse rejects when considering vacuum-based CCI technologies. In addition, biologi drug products poes challenges for testing both the syringe or cartifidge alone and with the high sasembled device using uccum-based methods because large many and the strain of the strain and the devices themselves contain many dead volume-based can be able to poor method sensitivity and failse rejects when considering vacuum-based CCI technologies. In addition, biologi drug products poes many and the straing both the syringe or cartifidge alone and with the high sasembled device using uccum-based methods because large many and and the device, or them is the strain line to the straining of the strainin



## Step 1: Test the Empty Syringe or Cartridge during Package Development for Inherent Package Integrity

USP <1207.1- Package Integrity Testing in the Product Life Oycle – Test Method Selection and Validation discusses three distinct phases in the product life cycle: Development and Validation (Package Dovelopment and Package Processing and Assembly Validation), Product Manufacturing, and Commercial Product Stability (4). CCI testing of the parenteral product delivery system is performed during each phase; however, different CCI technologies can be used, as appropriate, to achieve the desired outcome. For example, during package development, the most important CCI quality attribute to consider is the inherent package integrity of the syringe or cartridge system because those systems provide not only containment but also the primary sterile barrier for the parenteral product. USP <1207 > Package Integrity Feulaution - Sterile Products (3) defines inherent package integrity as "the leakage rate (or leak size) of a well-assembled container-closure system using no-defect package components. Inherent package integrity is a measure of the leak tightness of a container-closure system, given anticipated variables of material composition, dimension, processing, assembly package storage datage storage storage storage.

Contact Information Jen.Roark@westpharma.com www.westpharma.com Scan QR code for more info. In this phase, the components of the syringe or carticige system are selected based upon stack up analysis, and internet package integrity studies are performed to demonstrate that the empty syringe or carticige system is able to achieve the maximum allowable leakage limit (PALI) for the product. USP <1207-(3) defines the maximum allowable leakage limit as "the greatest leakage rate (risks kize) tolerable for a given product-package that poses no risk to product safety and no or inconsequential impact on product quality. The maximum allowable leakage limit for a sterile pharmaceutical dosage form package will ensure the content's sterility, preserve product contents, and prevent entry by detrimental gases or other substances, thus ensuring that the product meets relevant physiochemical and microbiological specifications through expiry and use. For multiple dose product-packages, the in-use maximum allowable leakage limit is defined as the degree of protection demanded of the closure to limit microbial ingress and product formulation leakage between and during dospace sanays are used to show that the syringe or cartridge system is able to achieve MALL because these technologies are able to detect leaks in the 0.1 jum range and smaller, where the probability for ethrity breaches is tes than 0.10(3).

### Step 2: Test the Product-Filled Syringe or Cartridge after Fill/Finish during Product Manufacturing

Once inherent package integrity has been established for the syring or carridge system during the product development and validation phase, non-destruitive CCI technologies such as vacuum decey, high-voltage teak detection, or laser-based gas headspace analysis can be used during the product manufacturing phase. These CCI technologies are used for 100% in-line inspection at the end of the fill/finish process, or for off-line inspection when statistical sampling phans are used. Der ingress, a destructive test, is also often used as an inprocess control check when statistical sampling phans are used. Der ingress, a destructive test, is also often used as an inmanufacturing phase to ensure that CCI is achieved not only for the syring or carringitie system, but also fort the fully assembled device. Taking a holistic approach to manufacturing process control builds confidence in the process and demonstrates the ability of that process to repeatedly produce integral container closure systems (6).



A holistic approach to manufacturing process control includes things like the implementation of established process standards and specifications; an assessment of incoming components for critical quality intributes testing worst-case combinations of those components for suitability for use; qualification of the fill/finish and manufacturing equipment to establish process capability; using 100% visual inspection to exclude defactive components that could affect ICC1, using control charts and data trending for roto cause analysis, employing in-line vision systems for detection of irregularities in the process; and utilizing statistical sampling strategies for at-line CC1 testing (6). When the manufacturing process is consistent and in control, the risk for CC1 failures and statistic process carding system system as well as the fully assembled device. At-line CC1 testing such cases uch as vacuum deczy, high-voltage leak detection, laser-based gas headspace analysis, or dy eingress confirms that the fill/finish process resulted in integral syring or cartridge systems are ready to resembly into the autoinjector or prin line/cort device. Lasks that range between 1 ym and 20 ym have probabilities ranging from 0.80 - 1 for sterility failures; (8) therefore, it is critical that filled syringe or cartridge systems with defects in this range be detected and releated before being assembled to the device.

## Step 3: Test the Fully Assembled Device during Manufacturing and Commercial Product Stability

Even when the syringe or cartridge system is integral after the fluffinish process, there is a concern that package integrity breaches can be caused when the syringe or cartridge is assembled into the device; when the drug-led combination product is packaged; during shipping and distribution; and during tong-term stability storage. Two approaches can be taken to evaluate CCI at this step: option 1 - remove the syringe or cartridge system from the autoing/sector device for CI testing; or option 2 - test the tity assembled device.



For option 1, the same CCI method from step 2 can be used, with additional method development and validation of the process to remove the syning or carridge system from the device. The same level of CCI method sensitivity can ba achieved; however, steps must be taken to ensure that removal of the syning or carridge system from the autoinjector or pen injector device does not cause a breach in the package interity of the syning or carridge system.

PDA Universe of Prefilled Syringes and Injection Devices



For option 2, a second CCI method can be developed and validated to test the fully assembled device. The most valuable CCI technologies currently available for this option would be vacuum decay or mass avariation. For vacuum decay, a custom test chamber that is designed to closely fit the dimensions of the autoingictor or pen ingictor device must be fahricated to achieve the lowest CCI method sensitivity. Due to outgassing from the plastic components of the device, dead volume space inside the device, and the type of product contained in the syringe or cartridge system, this method will likely be less sensitive than the method used in step 2. Here, the purpose of the CCI tests to identify catastrophic gross leaks in the syringe or cartridge system caused by the device assembly process, the device packaging process, shipping and distribution conditions, and long-term stability storage conditions. When the manufacturing process has been validated and is in control, the risk for CCI failures associated with the primary sterile barrier should be low. Therefore, the rationale for using a vacuum-based CCI technology to test the fully associated with the primary sterile barrier should be low. Therefore, the rationale for using a vacuum-based CCI technology to test the fully associated with the primary sterile barrier should be low. Therefore, the rationale for using a vacuum-based to the result of test the fully associated with the primary sterile barrier should be low. Therefore, the rationale for using a vacuum-based to the result of test the fully associated with the primary sterile barrier should be low. Therefore, the rationale for using a vacuum-based test.



### Conclusion

Drug-led combination products offer patients the ability to self-administer transments in the control of their own homes rather than at the clinic, driving the rapid growth rate predicted for these predicts over the there have a sensitivity of the luty assembled device is challenging due to limitations with the CCI technologies that are commercially availables. A three-step approach to establishing CCI inspection after fully led combination product life cycle can be taken. The first step demonstrates the inheating interacting inspection after fully assembled device or inspection after fully life or and the step of the empty syrings or cartridge system during product development and validation. The first step demonstrates the inheating interacting inspection after fully assembled device or the first step demonstrates in the inheating in the synthese or cartridge system that rate leng removed from the device or testing the fully assembled device or catastrophic grows either testing the syrings or cartridge system that rate leng removed from the during translation, grackaging, stepping and distribution, and long-term stability storage. This stepwise approximation of series actical can defective parenteral products.

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