



#### **Technical Report Scope**

Build upon & supplement, published guidance which is generally more focused on automated large-scale operations.





# Human intervention into an otherwise

automated filling process. Examples include:

- Reach-ins to remove a toppled vial from the filling line or to obtain a container for quality testing
- Aseptic connection made during set-up
- · Corrective activities during line stoppages

## Blanket Statement

When manual aseptic processing of sterile dosage forms is required, special consideration must be given to sterility and verification of processing accuracy:

- Training of Personnel involved in Sterile Preparation Processes
- Environmental Control and Monitoring Requirements
- Specifications for Sterile and non-Sterile Ingredients and Components
- Release Criteria for Sterility and Pyrogen Testing.

Note: Refer to the following documents 2004 FDA Guidance on Aseptic Processing, EU GMP – Annex 1, Ph Eur 5.01.01 "Methods of Preparation of Sterile Products", and USP Chapters "Pharmaceutical Compounding – Sterile Preparations: Sterile Preparations" "Radiopharmaceuticals for Positron Emission Tomography – Compounding" Recommended Practices for Means



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Definition: Aseptic Processing

Handling sterile materials in a controlled environment, in which the air supply, facility, materials, equipment and personnel are regulated to control microbial and particulate contamination to acceptable levels.



Recommended Practices for Manual Aseptic Processing ation © 2012 Parenteral Drug Association

# What makes MAP special? (1)



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- Manual aseptic processing (MAP) operations differ from automated operations
- These differences pose unique operational and evaluation challenges
- These challenges must be considered thoroughly when designing the evaluation procedure or protocol for the MAP operation

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### People - the Usual Suspects! (2)

#### Human performance deviations or failures are linked to:

- · Complex aseptic processing tasks
- · The continuous span of time during which an operator carries out repetitive aseptic activities
- The expected rate of activity .
- · Change in personnel

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# PDA

Prevent the contamination of sterile materials during their processing



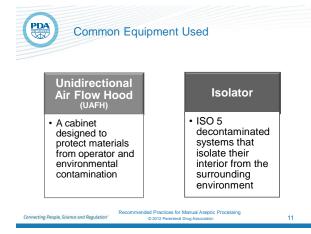
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· Demonstrate that aseptic processing can be achieved and maintained successfully under the specified operational configuration, activities, and conditions

**Goal of Aseptic Processing Evaluation** 

· Same goals for manual or automated aseptic operations and for small-scale or large scale operations

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· Air supplied to the UAFH is High Efficiency Particulate Air (HEPA) filtered



· Air flow flows from the UAFH (and the critical manufacturing areas) exiting to the surrounding environment

filter with minimum 0.3 µm



#### Supporting Clean Environment

- Clean environment outside the critical zone/ cabinet/UAFH is typically ISO 7
- Use of isolator may relax the requirements of surrounding environment
  - New manufacturing installations may employ ISO 8 background environment (2004 FDA Aseptic Processing Guidance)

ISO 7: Environmental operating conditions defined in ISO 14644-1, "Cleanrooms and associated controlled environments." exe For total particulates, ISO 7 approximates Class 10,000 from the new obsolete Federal Standard 200.) Recommended Practices for Manual Assptic Processing

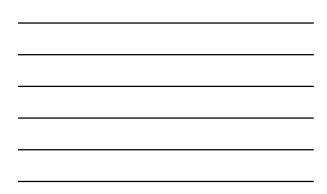


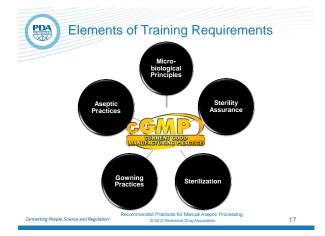
#### **Other Points**

- Personnel performing the manual processes are located in the surrounding clean area
- Appropriate gowning facilities are required (consistent with the background environment requirements)
- Execution of the MAP is usually supported by sterilization equipment and processes for materials
- Overall flow of MAP facility, personnel and equipment is consistent with large scale environments

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#### Knowledge Alone is Insufficient

#### Operators must be able to:

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- ✓ Apply classroom learning to real world
- ✓ Excel in aseptic gowning, assembly and technique
- ✓ Consistently perform without contamination



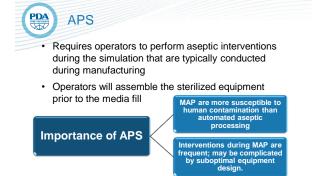






processing risk, thus improving the assurance of sterility, endotoxin control, and subsequent patient safety." (*PDA Technical Report 44*)

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Note: Aseptic processing simulations are understood to be synonymous with media fills, simulated product fills, broth trials, broth fills, etc. Recommended Practices for Manual Aseptic Processing

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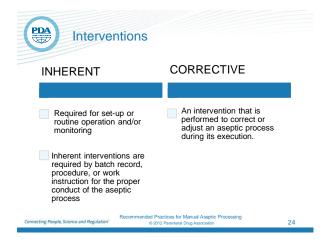


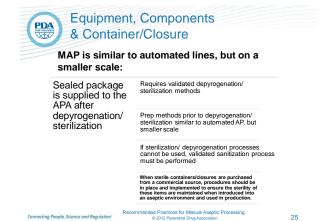
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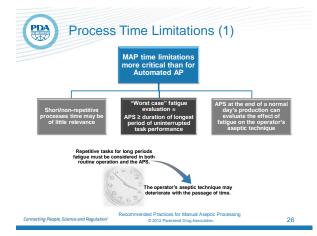
#### Manual Aseptic Interventions

- · Frequent and may be complicated
- Individuals must demonstrate proficiency in rigorous MAP requirements regardless of technology used
  - Various challenge tests where operator directly handles sterile equipment and materials
  - Representative of the actual process steps

	rention: An aseptic manipulation or activity that occurs within ical area. This technical report regards interventions as eithe corrective or inherent.	
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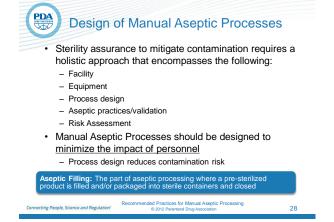
#### Process Time Limitations (2)

Additional time limits to validate

- · Holding dirty/clean/sterile equipment
- Holding sterile/depyrogenated components
- Mix-to-sterilize times (filtration considering grow-through)
- · Holding sterile bulk through usage

Note: Topics further discussed PDA TR 22.

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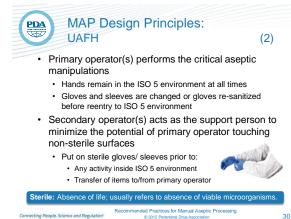


MAP Design Principles: Unidirectional Air Flow Hood

(1)

- Adequate space to perform the work
- Exposed product and product-contact components remain in First Air
- Aseptic manipulations made in First Air
- Decontaminate or change gloves on a frequent basis

First Air (First Work HEPA filtered air	Location): The work location first in the path of	
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# MAP Design Principles:

- Introduce sterilized items by aseptic removal of the final wrap
- Sterilize extra subassemblies and utensils to be available as needed
- Use sterile tools and utensils
  - Avoid direct contact with the operator's hands
  - Sterile supports for tools or hangers inside environment to minimizes contact between tools and surfaces
- Process designed to minimize contamination risk
  - Withdraw samples from a sterile container in a single step; then subdivide samples as required in another location
  - Use residual left in the original container post-production as the test sample

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MAP Design Principles:

(4)

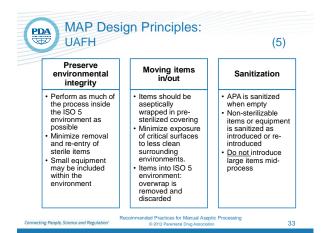
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(3)

- Pre-measure introduced materials into tightly sealed containers prior to sterilization and addition
- Electrical equipment and controls should be located outside the processing environment
- Equipment which exhausts air that could contaminate the environment needs special attention
- Use peristaltic pumps for liquid transfers outside the aseptic environment, not automatic pipettes
- Pre-mark containers to indicate the amount of material to transfer

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#### ✓ ISO 5 Environment Strategies

- ✓ Product contact surfaces shall be sterilized
- ✓ Protective layers removed as materials are moved to cleaner environments
- ✓ Sterilized items pre-assembled: avoid aseptic assembly

terilization: Validated process used to render a product free of able microorganisms.

✓ Perform steps not required to be aseptic outside the ISO 5 environment

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#### **Environmental Monitoring**

- Similar to methods for other highly controlled (ISO 5/7) environments
- Same cautions on monitoring in other systems apply
- Sampling activities must not introduce contamination
- Smaller environmental systems require monitoring methods based on lack of impact

Environmental Monitoring Program: Defined documented program that describes the routine particulate and microbiological monitoring of processing and manufacturing areas. Resplic Stience and Regulation 35 2012 Percent Providencia 55

#### **Execution of Simulation**

 An observer is recommended who properly documents process simulation activities

· Use a batch record specifically

for simulation

- Automated filling or sterile bulk chemical methods and principles can be utilized with minor modifications

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