



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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Prevent the contamination of sterile materials during their processing



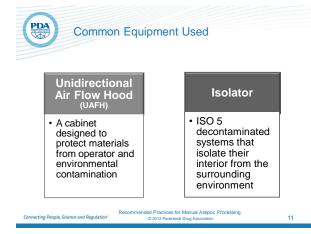
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· Demonstrate that aseptic processing can be achieved and maintained successfully under the specified operational configuration, activities, and conditions

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



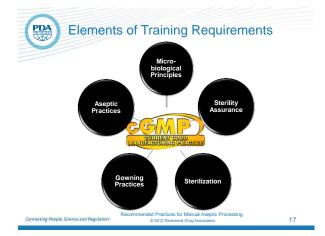
Other Points

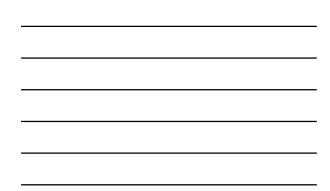
- Personnel performing the manual processes are located in the surrounding clean area
- Appropriate gowning facilities are required (consistent with the background environment requirements)
- Execution of the MAP is usually supported by sterilization equipment and processes for materials
- Overall flow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



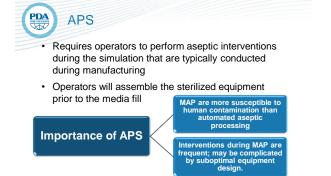






processing risk, thus improving the assurance of sterility, endotoxin control, and subsequent patient safety." (*PDA Technical Report 44*)

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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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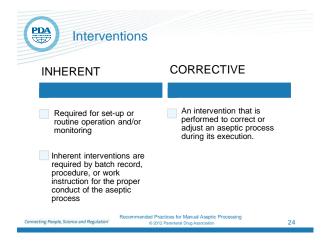


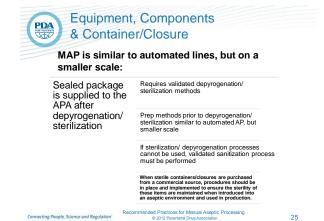
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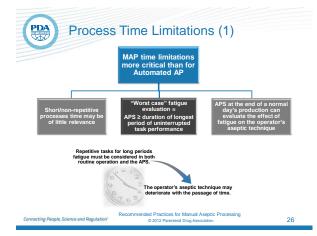
Manual Aseptic Interventions

- · 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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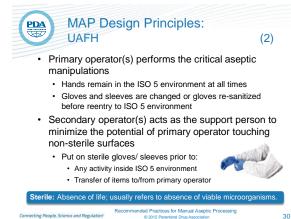


MAP Design Principles: Unidirectional Air Flow Hood

(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)

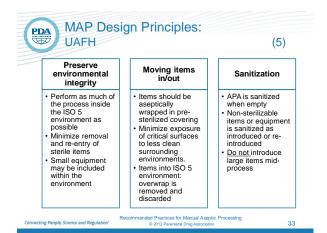
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(3)

- 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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