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20 March 2024

Reference: Chinese Pharmacopeial Chapter <9653> Guidelines for Microbial Testing of Pharmaceutical Packaging Materials

Dear Madam or Sir,

PDA appreciates the opportunity to provide feedback to the Chinese Pharmacopeia on Chapter <9653> Guidelines for Microbial Testing of Pharmaceutical Packaging Materials. In our attached comments, PDA offers specific comments and feedback that we believe will be helpful in the further development of this important Chapter.

PDA is a non-profit international professional association with over 10,000 individual members, including scientists, industry professionals, and consultants who have an interest in pharmaceuticals, biologics, device manufacturing, and quality. Our comments have been prepared by a committee of PDA members with expertise in the areas covered in the Public Docket on behalf of PDA's Science Advisory Board.

If you have any questions, please do not hesitate to contact me via email at wright@pda.org.

Sincerely,



Glenn E. Wright
President and CEO

cc. Josh Eaton, PDA; Carrie Horton, PDA; Jessie Lindner, PDA; Danielle Bretz, PDA

PDA Comments to Chinese Pharmacopeial Guidance Document “9653 Guidelines for Microbial Testing of Pharmaceutical Packaging Materials”

General Comments		
Comment to Text	Proposed Change	Rationale for Change
<p>This document exclusively requires a product sterility test (with reference to Chinese Pharmacopeial Chapter <1101> <i>Sterility Test Method</i>) on each batch to support the sterile release of drug products. The shortcomings and limitations of the product sterility test¹ are well-known, and global regulatory standards and guidance documents support the use of parametric release, dosimetric release, and ethylene oxide (EO) biological indicator (BI) test for sterility release as superior alternatives to the sterility test.</p> <p>Please see the table provided below which summarizes examples of the various international regulatory standards and guidance documents that provide recommendations on sterile product release mechanism alternatives to the sterility test.</p> <p>¹Sadowski MJ, and Langille SE, <i>Parametric Release of Moist Heat Sterilized Products: History and Current State</i>, PDA JPST, Vol. 78, Issue 1, November/December 2022.</p>	<p>PDA recommends that Chinese Pharmacopeia (ChP) include the release approaches summarized in the table provided below as acceptable alternatives to the product sterility test.</p>	<p>By expanding the scope of accepted mechanisms for sterile release of drug products, this guidance document will be more aligned to internationally accepted sterile product release approaches.</p>

List of References to Support General Comments		
Sterilization Modality	Sterile Product Release Approach	Reference
Moist Heat	Parametric Release	U.S. Food and Drug Administration. <i>Guidance for Industry: Submission of Documentation in Application for Parametric Release of Human and Veterinary Drug Products Terminally</i>

		<i>Sterilized by Moist Heat Processes</i> ; Center for Drug Evaluation and Research (CDER). 2010.
Moist Heat	Parametric Release	U.S. Food and Drug Administration. <i>Compliance Policy Guide: Sec. 490.200 Parametric Release of Parenteral Drug Products Terminally Sterilized by Moist Heat</i> ; Center for Drug Evaluation and Research (CDER). 2012.
Moist Heat	Parametric Release	<i>Technical Report No.30 (Revised 2012): Parametric Release of Pharmaceuticals and Medical Device Products Terminally Sterilized by Moist Heat</i> ; Parenteral Drug Association: 2012. www.pda.org/bookstore
Moist Heat	Parametric Release	<i>EudraLex — Volume 4 — EU Guidelines to Good Manufacturing Practices for Medicinal Products for Human and Veterinary Use, Annex 1: Manufacture of Sterile Medicinal Products</i> ; European Commission: 2022. https://health.ec.europa.eu/system/files/2022-08/20220825_gmp-an1_en_0.pdf
Moist Heat	Parametric Release	PI 005-3 PIC/S Recommendation on Guidance on Parametric Release, September 2007
Moist Heat	Parametric Release	Annex 17, Parametric Release (PIC/S) – Guide to Good Manufacturing Practice for Medicinal Products and Annexes
Moist Heat	Parametric Release	EMA/CHMP/QWP/811210/2009-Rev1, Guideline on Release Time Release Testing (formerly Guideline on Parametric Release)
Moist Heat	Parametric Release	ISO17665-1: 2006 (R) 2014 Sterilization of health-care Products- Moist Heat -- Requirements for the development, validation and routine control of a sterilization process for medical devices
Ethylene Oxide	Parametric Release and BI Test for Sterility Release	ISO11135:2014 Sterilization of health-care products – Ethylene Oxide –Requirements for the development, validation and routine

		control of a sterilization process for medical devices
Radiation	Dosimetric Release	ISO11137-1:2006 (AMD 2018) Sterilization of health care products -- Part 1 -- Requirements for the development, validation and routine control of a sterilization process for medical devices

Section 1: Scope					
Line Numbers-Original Guidance	Line Numbers-Translated Guidance	Current Text	Comment to Text	Proposed Change	Rationale for Change
4-6	5-7	"This guiding principle provides guidance for selection of microbiological tests, method development, acceptance criteria, and testing frequency in the quality control for finished products of pharmaceutical packaging materials."	PDA recommends adding a statement describing the type of packaging materials and their level of criticality regarding product interaction that is covered under the scope of this guidance. By providing this clarification, it will aid the reader in developing a risk-based approach to microbial testing focusing on the materials that have the most significant impact on the product's microbial quality.	"This guiding principle provides guidance for selection of microbiological tests, method development, acceptance criteria, and testing frequency in the quality control for finished products of pharmaceutical packaging materials adopting a risk-based approach, on any pharmaceutical primary packaging materials that are in direct contact with drugs. "	By including this clarifying statement, this guidance will be aligned with the application of the International Council for Harmonisation (ICH) Q9 Quality Risk Management (QRM) principles. Additionally, this verbiage clarifies the scope of this document to be applicable to primary pharmaceutical packaging materials that are in direct contact with drugs.

Section 2: Standards of Reference

Line Numbers-Original Guidance	Line Numbers-Translated Guidance	Current Text	Comment to Text	Proposed Change	Rationale for Change
11-17	13-18	<p>“1101 <i>Sterility Test method</i></p> <p>1105 <i>Microbial Limit Test for Non-sterile Products: Microbial Enumeration Method</i></p> <p>1106 <i>Microbial Limit Test for Non-sterile Products: Objection Microbials</i></p> <p>9203 <i>Guiding Principle for Quality Management of Pharmaceutical Microbiology Labs</i></p> <p>GB/T19973.1 " <i>Sterilization of Healthcare Products Microbiological Method Part 1 : Total Microbial Enumeration for Products</i>"</p>	<p>PDA recommends adding reference to Chinese Pharmacopeia Chapter 9201 “Guidelines for Validation of Alternative Microbiological Methods for Pharmaceutical Products”.</p> <p>Additionally, PDA recommends updating reference “GB/T19973.1 " <i>Sterilization of Healthcare Products Microbiological Method Part 1 : Total Microbial Enumeration for Products</i>” to adopt the ISO standard 11737-1.</p>	<p>“1101 <i>Sterility Test method</i></p> <p>1105 <i>Microbial Limit Test for Non-sterile Products: Microbial Enumeration Method</i></p> <p>1106 <i>Microbial Limit Test for Non-sterile Products: Objection Microbials</i></p> <p>9201 <i>Guidelines for Validation of Alternative Microbiological Methods for Pharmaceutical Products</i></p> <p>9203 <i>Guiding Principle for Quality Management of Pharmaceutical Microbiology Labs</i></p> <p>ISO11737-1 " <i>Sterilization of Healthcare Products Microbiological Method Part 1: Determination of a Population of Microorganisms on Products</i>”</p>	<p>Reference 9201 provides guidance regarding the validation of alternative microbiological detection methods which is discussed in this guidance in Section 4: Testing Methods. By adding this reference, the reader will have a resource to refer to if more information is needed on this topic.</p> <p>By adopting the ISO standard number in place of “GB/T19973.1”, it will eliminate potential confusion on which guidance document the reader is being directed to.</p>

Section 3: Table 1. Testing items for finished pharmaceutical packaging materials

Line Numbers-Original Guidance	Line Numbers-Translated Version	Current Text	Comment to Text	Proposed Change	Rationale for Change
25-26	27-28	“Testing Items: Sterility Test”	PDA proposes recognition of parametric release, ethylene oxide (EO) biological indicator (BI) test for sterility, and dosimetric release as alternatives for sterility testing to include additional globally recognized sterile product release methods.	“Testing Items: Sterility Test NOTE: The product sterility test is not required when parametric release, ethylene oxide (EO) biological indicator (BI) test for sterility, or Dosimetric release sterile product release approaches are employed.”	It is common for parametric release, EOBI test for sterility or dosimetric release (radiation) to be used across the globe to support sterile product release in lieu of finished product test for sterility. Please see comment in Section 1: Scope above.

Section 3: Test Items

Line Numbers-Original Guidance	Line Numbers-Translated Guidance	Current Text	Comment to Text	Proposed Change	Rationale for Change
30-32	32-33	“Pharmaceutical packaging material manufacturers should ideally perform sterility test for finished pharmaceutical packaging materials.”	PDA encourages the addition of “sterile” to this statement to eliminate confusion for the reader. Additionally, PDA suggests clarifying the sterile product release approaches that can be used by the pharmaceutical packaging material manufacturer (i.e.,	“Pharmaceutical packaging material manufactures (i.e., suppliers) should confirm the sterility of sterile packaging materials using a sterility test or an alternative approach such as parametric release, ethylene oxide (EO) biological indicator (BI) release, or dosimetric release. As an effective	Parametric release, ethylene oxide (EO) biological indicator (BI) release, and dosimetric release are well-recognized alternatives to the sterility test that can be used by pharmaceutical packaging material manufactures (i.e., suppliers) to support product sterility. Including specific sterile product confirmation

			supplier) in addition to providing a summary of approaches that can be used by the pharmaceutical finished product manufacturer to ensure sterility of these materials prior to use.	alternative to the sterility test, the contamination control strategy of the pharmaceutical finished product manufacturer should ensure that the packaging material microbial barrier has been validated inclusive of sterilization, transport, and storage over shelf life in addition the use of a risk-based visual inspection program and other controls to ensure the detection and elimination of microbial barrier defects.”	requirements for the pharmaceutical finished product manufacturer in this guidance would be of great benefit to the reader. However, PDA feels it is important to clarify in the guidance that if a packaging material is demonstrated to be sterile by the pharmaceutical packaging material manufacture (i.e., supplier), a breach in the sterile barrier is the only risk that can lead to non-sterility of these materials. The most effective approach to mitigate this risk is to develop an effective contamination control strategy that ensures validation of microbial barrier properties inclusive of sterilization, transport, and storage over the stated shelf life and to deploy a risk-based inspection approach and other controls that detects and eliminates microbial barrier defects.
33-49	34-50	“For non-sterile finished packaging materials used for sterile drugs, bioburden measurement is the process of measuring the total number of viable	PDA recommends adding this statement as a lead into the sections on bioburden testing and microbial limit testing to ensure the reader is aware	“The necessity of the bioburden test and microbial limit test can be evaluated by referring to relevant domestic and international	By relocating this sentence earlier in the document and explicitly calling out both bioburden testing and microbial limit testing, it will clarify the scope of

		<p>microorganisms. Bioburden measurement data is helpful for the development, validation, and routine control of cleaning and/or sterilization processes in drug manufacturing enterprises. The necessity of including bioburden measurement for finished pharmaceutical packaging materials is generally stipulated by both the supplier and user in the company standard or quality agreements. Both the supplier and user should comprehensively evaluate the necessity of bioburden measurement based on product characteristics, contamination control measures, historical data, etc., in accordance with the requirements of quality risk management. It should be pointed out that based on the specific purpose of using the bioburden data, further microbial identification is sometimes necessary in addition to the bioburden measurement.</p> <p>Introduction of microbial limit test for finished non-sterile pharmaceutical</p>	<p>that ICH Q6A guidelines apply to both testing methods.</p>	<p>technical guidelines such as ICH Q6A.</p> <p>For non-sterile finished packaging materials used for sterile drugs, bioburden measurement is the process of measuring the total number of viable microorganisms. Bioburden measurement data is helpful for the development, validation, and routine control of cleaning and/or sterilization processes in drug manufacturing enterprises. The necessity of including bioburden measurement for finished pharmaceutical packaging materials is generally stipulated by both the supplier and user in the company standard or quality agreements. Both the supplier and user should comprehensively evaluate the necessity of bioburden measurement based on product characteristics, contamination control measures, historical data, etc., in accordance with the requirements of quality risk management. It should be pointed out that based on the specific purpose of using the bioburden data, further</p>	<p>application of the ICH Q6A guidance.</p>
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		packaging materials used for non-sterile drugs is generally stipulated by both the supplier and user in the company standard or quality agreements. The necessity of microbial limit test can be evaluated by referring to relevant domestic and international technical guidelines such as ICH Q6A.”		microbial identification is sometimes necessary in addition to the bioburden measurement. Introduction of microbial limit test for finished non-sterile pharmaceutical packaging materials used for non-sterile drugs is generally stipulated by both the supplier and user in the company standard or quality agreements.”	
42-44	42-44	“It should be pointed out that based on the specific purpose of using the bioburden data, further microbial identification is sometimes necessary in addition to the bioburden measurement.”	PDA encourages clarifying how a risk-based approach can be leveraged regarding microorganisms to ensure product quality and safety.	“It should be pointed out that based on the specific purpose of using the bioburden data, further microbial identification may be necessary in addition to the bioburden measurement. A risk-based approach for assessing microbiological flora is essential to ensuring product quality. ”	A risk-based approach for assessing microbiological flora commensurate with the packaging format ensures an enhanced level of control based on the evaluation of the organisms found and the individual microbe’s impact on dosage form.

Section 4: Testing Methods

Line Numbers-Original Guidance	Line Numbers-Translated Guidance	Current Text	Comment to Text	Proposed Change	Rationale for Change
52-56	53-57	“With the rapid development of microbial analysis technology, some	PDA suggests adding in-text citation directing reader to “9201 Guidelines for	“With the rapid development of microbial analysis technology, some fast or real-	By providing this reference, the reader will be directed to a guidance that provides

		fast or real-time testing techniques can be introduced into microbial quality control. When adopting new testing technologies, alternative methods should be validated based on relevant guiding principles for different application scenarios. Validation results are subjective to evaluation.”	Validation of Alternative Microbiological Methods for Pharmaceutical Products”.	time testing techniques can be introduced into microbial quality control (General Chapter 9201). When adopting new testing technologies, alternative methods should be validated based on relevant guiding principles for different application scenarios. Validation results are subjective to evaluation.”	recommendations on how to perform the validation of alternative microbiological methods. Please see related comment in Section 2: Standards of Reference.
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Section 4.1: Sterility Test

Line Numbers-Original Guidance	Line Numbers-Translated Guidance	Current Text	Comment to Text	Proposed Change	Rationale for Change
63-64	64-65	“Generally the inner and outer surfaces of the test sample are subjective to sterility testing.”	PDA encourages clarifying which responsibilities are owned by the pharmaceutical packaging material supplier or pharmaceutical manufacturer.	“Generally the inner and outer surfaces of the test sample are subjected to sterility testing (where required), which is performed by the pharmaceutical packaging material manufacture (i.e., supplier). ”	This update clarifies the responsibilities of the pharmaceutical packaging material manufacture (i.e., supplier) and those of the pharmaceutical manufacturer.

Section 4.2: Bioburden Testing

Line Numbers-Original Guidance	Line Numbers-Translated Guidance	Current Text	Comment to Text	Proposed Change	Rationale for Change
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112-113	111-112	“If the test sample has high bacterial count, the amount of the test solution can be reduced as appropriate.”	PDA proposes moving away from directing the reader to reduce the solution to an alternative method that would yield an equivalent and/or superior result.	“If the test sample has high bacterial count, the amount of the test solution can be serially diluted as appropriate.”	By stating “serially diluted” this will clarify the method that should be used in this circumstance. Original statement of “solution can be reduced” could mislead the reader to perform a method that is not suitable for yielding accurate bacterial counts.
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9653 Guiding Principle for Microbial Testing of Pharmaceutical Packaging Materials

1 Scope

This guiding principle provides guidance for selection of microbiological tests, method development, acceptance criteria, and testing frequency in the quality control for finished products of pharmaceutical packaging materials.

2 Standards of reference

The contents of the following documents constitute essential provisions through referring to the relevant standards. Their latest versions (including all supplements, errata, etc.) are applicable to this guiding principle.

1101 *Sterility Test method*

1105 *Microbial Limit Test for Non-sterile Products: Microbial Enumeration Method*

1106 *Microbial Limit Test for Non-sterile Products: Objection Microbials*

9203 *Guiding Principle for Quality Management of Pharmaceutical Microbiology Labs*

GB/T19973.1 " *Sterilization of Healthcare Products Microbiological Method Part 1 : Total Microbial Enumeration for Products*"

3 Testing items

As pharmaceutical packaging materials and containers have direct contact with drugs, microbial control of pharmaceutical packaging materials is of great significance for controlling microbial contamination of drugs. The microbiological testing items for finished pharmaceutical packaging materials generally include sterility testing, bioburden testing, and microbiological limit testing. The corresponding testing items for different forms of pharmaceutical packaging materials are reflected in Table 1.

Table 1. Testing items for finished pharmaceutical packaging materials

Type of packaging materials		Testing Items
Sterile pharmaceutical packaging materials		Sterility test
Non-sterile pharmaceutical packaging materials	For sterile drugs	Bioburden test (determined by the supplier and user)
	For non-sterile drugs	Microbial limit test (determined by the supplier and user)

Sterile pharmaceutical packaging materials are generally ready-to-use for the manufacturing of sterile drugs by aseptic processes. Pharmaceutical packaging material manufacturers should fully validate and precisely control the sterilization process to ensure the sterility of each batch of released products. Pharmaceutical packaging material manufacturers should ideally perform sterility test for finished pharmaceutical packaging materials.

For non-sterile finished packaging materials used for sterile drugs, bioburden measurement

35 is the process of measuring the total number of viable microorganisms. Bioburden
36 measurement data is helpful for the development, validation, and routine control of cleaning
37 and/or sterilization processes in drug manufacturing enterprises. The necessity of including
38 bioburden measurement for finished pharmaceutical packaging materials is generally
39 stipulated by both the supplier and user in the company standard or quality agreements. Both
40 the supplier and user should comprehensively evaluate the necessity of bioburden
41 measurement based on product characteristics, contamination control measures, historical
42 data, etc., in accordance with the requirements of quality risk management. It should be
43 pointed out that based on the specific purpose of using the bioburden data, further microbial
44 identification is sometimes necessary in addition to the bioburden measurement.

45
46 Introduction of microbial limit test for finished non-sterile pharmaceutical packaging
47 materials used for non-sterile drugs is generally stipulated by both the supplier and user in
48 the company standard or quality agreements. The necessity of microbial limit test can be
49 evaluated by referring to relevant domestic and international technical guidelines such as ICH
50 Q6A.

51

52 **4 Testing methods**

53 The testing method specified in this guideline is a traditional microbial growth method. With
54 the rapid development of microbial analysis technology, some fast or real-time testing
55 techniques can be introduced into microbial quality control. When adopting new testing
56 technologies, alternative methods should be validated based on relevant guiding principles
57 for different application scenarios. Validation results are subjective to evaluation.

58 **4.1 Sterility test**

59 The sterility test of pharmaceutical packaging materials can be carried out in accordance
60 with the general sterility test method (General Chapter 1101).

61 The number of samples generally follow the requirement for medical devices in the general
62 sterility test method (General Chapter 1101).

63 Sterile pharmaceutical packaging materials are to be introduced into the aseptic drug
64 manufacturing process in the clean room. Generally the inner and outer surfaces of the test
65 sample are subjective to sterility testing. Considering the shape and other characteristics of
66 pharmaceutical packaging materials that are different from those of drugs, the following
67 methods or other validated methods can be used for sample processing and inoculation into
68 the culture media. These methods serve as a reference for those products not listed.

69 **Prefilled syringes, ointment tubes, rubber seals, etc.** Take the test sample, disassemble or
70 chop it into pieces as appropriate. Inoculate an equal amount of the sample fragments into a
71 suitable volume of culture medium that is sufficient to immerse the test sample in each tube.

72 **Plastic bottles, eye drop bottles, flexible bags, etc.** Take the test sample, thoroughly rinse
73 the inner and outer surfaces of the test sample with rinsing solution, pool the rinsing solution,
74 and then follow the method of "Water soluble liquid test sample" in the sterility test method
75 (General Chapter 1101).

76 **4.2 Bioburden testing**

77 **4.2.1 Method design**

78 4.2.1.1 Sample quantity

79 The routine monitoring of bioburden levels usually requires 3-10 test samples.

80 4.2.1.2 Sample volume

81 Generally, the entire sample is used for bioburden test. In the case where the laboratory
82 container is too small to accommodate the entire test sample, representative parts can be
83 used. For example, for sheet-like packaging materials, a portion of the sample can be taken
84 based on the surface area.

85 4.2.1.3 Microbial collection

86 Considering the form of packaging materials, commonly used microbial collection methods
87 include shaking method (mechanical or manual), rinsing method, ultrasonic elution method,
88 bag peristaltic method, etc. Among them, shaking method and rinsing method are the most
89 commonly used. Generally, pH 7.0 sterile sodium chloride peptone buffer, 0.9% sterile sodium
90 chloride solution, and when appropriate, eluents containing surfactants (polysorbate 80 or
91 lecithin) can be used for microbial collection from pharmaceutical packaging materials.

92 4.2.1.4 Inoculation into the culture medium

93 The methods for inoculating culture media generally include: membrane filtration method,
94 pour plate method, and plate streaking method. Considering the low bioburden nature of
95 pharmaceutical packaging materials, the membrane filtration method is preferred for
96 inoculating into culture media. After filtering the eluent, transfer the filter membrane on top
97 of a suitable culture medium with the bacteria surface upwards.

98 4.2.1.5 Microbial culture

99 The cultivation conditions should be selected with consideration on the potential types of
100 microorganisms. Pharmaceutical packaging materials are unlikely to be contaminated by
101 obligate anaerobic bacteria, so anaerobic test may not be considered. Generally, aerobic
102 bacteria, fungi, and yeast tests can be combined. All the test solution should be filtered onto
103 a filter membrane and placed on a suitable general culture medium (such as TSA). Culture at
104 two different temperatures (such as 30 ° C to 35 ° C, 20 ° C to 25 ° C), or other validated
105 culture conditions. The preparation, sterilization, storage, and quality control of the culture
106 medium should comply with the requirements of microbial limit testing for non-sterile
107 products: Microbial Enumeration Method (General Chapter 1105) and the Guidelines for
108 Quality Management of Pharmaceutical Microbiology Laboratory (9203).

109 4.2.1.6 Microbial enumeration

110 When membrane filtration method is used for microbial enumeration, the number of CFU on
111 each filter membrane should not exceed 50. If the test sample has high bacterial count, the
112 amount of the test solution can be reduced as appropriate. Report the measurement results
113 with a colony count equivalent to one test sample.

114 **4.2.2 Method validation**

115 There are two aspects to consider in the validation of bioburden measurement method. One
116 is to evaluate the suitability of the testing method to demonstrate that the testing process
117 has no inhibitory effect on microbial growth. Reference can be made to the microbial limit
118 test for non-sterile products: Microbial Enumeration method (General Chapter 1105). The
119 second is to evaluate the recovery of the testing method, and use the correction factor of the
120 recovery rate to correct the results to compensate for the amount of microorganisms that
121 cannot be completely collected from the product and/or microbial culture. The recovery study
122 of the method is generally carried out by manually inoculating the product with microbials,

123 and can refer to GB/T19973.1 " Sterilization of Healthcare Products Microbiological Method
124 Part 1 : Total Microbial Enumeration for Products"

125 **4.3 Microbial limit test**

126 The microbial limit test for pharmaceutical packaging materials may refer to the microbial
127 limit test for non-sterile products: Microbial Enumeration Method (General Chapter 1105),
128 and the microbial limit test for non-sterile products: Objection Microorganism Test method
129 (General Chapter 1106). Membrane filtration method is preferred.

130 The sample amount of containers and solid materials shall not be less than 5. The sample
131 amount of sheet materials shall not be less than 500cm² (as single side) in 5 replicates with
132 each of 100 cm².

133 Report the total aerobic bacterial count, mold and yeast count results with a CFU count of 1
134 unit or 100 cm² of the test sample. Report the objection microorganism test results as positive
135 or negative of any objection microorganism of 1 unit or 100 cm² of the test sample.

136 Considering the differences of form and other characteristics of pharmaceutical packaging
137 materials, the preparation of the test solution can be carried out according to the following
138 methods or other validated methods. These methods serve as a reference for those products
139 not listed.

140 **Containers (bottle, tube, etc.)** Take the test sample and use the rinsing method. Add a
141 certain volume (in proportion to the labeled capacity of the test sample) of flushing solution
142 to each sample, shake for a certain period of time to thoroughly rinse the inner lumen of the
143 test sample, and pool the rinsing solutions to be the test solution. Before shaking, seal the
144 test sample as appropriate (such as tightening the bottle cap, sealing the end of the tube with
145 a clamp, etc.).

146 **Solid materials (seals, gaskets, etc.)** Test samples are taken for shaking method. The test
147 samples are combined and placed in a sterile container containing a certain volume (in
148 proportion to the number of test samples) of rinsing solution. The test solution is obtained by
149 shaking for a certain period of time and thoroughly rinsing the test samples. If necessary, the
150 sample can be cut beforehand. When necessary, the test samples can be rinsed separately,
151 and the rinsing solution can be pooled to make the test solution.

152 **Sheet materials (such as aluminum foil, film, hard sheet, etc.)** Test samples are taken for
153 shaking method. Each sample is placed in a sterile container containing a certain volume (in
154 proportion to the surface area of the sample) of rinsing solution. Shake for a certain period
155 of time to thoroughly rinse the sample. The rinsing solution is then combined to obtain the
156 test solution. If necessary, the sample can be cut beforehand. When necessary, the test
157 samples can be rinsed separately, and the rinsing solution can be pooled to make the test
158 solution.

159

160 **6 Limits**

161 **6.1 Limits for sterility testing**

162 The acceptance criteria for sterility testing should comply with the provisions of the Sterility
163 Testing Method (General Chapter 1101). No growth should be observed.

164 **6.2 Bioburden level**

165 The acceptable level of bioburden is established based on historical data collected under
166 normal operating conditions of the manufacturing process, reflecting the risk control

167 requirements and limits of the production process. Meanwhile, the established bioburden
168 levels should also consider the economic viability of subsequent cleaning and/or sterilization
169 processes, as well as the impact on drug endotoxin levels. When drug safety, efficacy, etc., are
170 met, it is now generally stipulated by both the suppliers and users in the company standards
171 or quality agreements. It should be pointed out that some special pharmaceutical packaging
172 materials need to be further processed by drug manufacturers, such as co-extrusion film
173 processing into infusion bags, etc. The processing technology may make a difference to the
174 bioburden level of pharmaceutical packaging materials upon release. Drug manufacturers
175 should reasonably evaluate the changes in biological load levels caused by the processing
176 technology.

177 **6.3 Microbial limits**

178 Microbial limit testing generally includes microbial enumeration and objection microorganism
179 testing. Microbial enumeration should cover total aerobic bacterial count, total mold and
180 yeast count. The corresponding limits include the limits for the total number of aerobic
181 bacteria, the limits for the total number of molds and yeast, and the type of objection
182 microorganism. The formulation of microbial limits for pharmaceutical packaging materials
183 should comprehensively consider factors such as the source and properties of raw materials,
184 manufacturing process conditions, usage, drug administration routes, drug specification, and
185 potential risks of microbial contamination to patients. The limits, which are generally specified
186 by both supplier and users in the company standards or quality agreements, should be
187 adequate for drug safety and efficacy. It should be pointed out that some special
188 pharmaceutical packaging materials need to be further processed and used by drug
189 manufacturers, such as processing hard sheets into blisters, etc. The processing technology
190 may change the microbial level of the pharmaceutical packaging materials upon release. Drug
191 manufacturers should conduct a reasonable evaluation of the changes in microbial level
192 caused by the processing technology.

193

194 **7 Test frequency**

195 Pharmaceutical packaging material manufacturers should ideally conduct test for each batch
196 of pharmaceutical packaging material products that require sterile testing.

197 The frequency of bioburden testing should be based on risk assessment, reflecting changes
198 in bioburden caused by seasonal changes, production changes, or material changes. The
199 testing frequency can be based on principles such as time (such as monthly, quarterly) or
200 production volume (such as to skip some batches). The suppliers and users should specify in
201 company standards or quality agreements, and ensure that the bioburden of each batch of
202 products meets acceptable levels.

203 The frequency of microbial limit testing may refer to ICH Q6A and relevant domestic and
204 international technical guiding principles. The suppliers and users shall specify in the company
205 standards or quality agreements to ensure that each batch meets the microbial limit
206 requirements.

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211 **Notes on the Drafting of 9653 Guiding Principle for** 212 **Microbial Testing of Pharmaceutical Packaging Materials**

213 **1. The objective and significance of the revision**

214 This guiding principle is based on the concept of risk management and provides guidance for
215 selection of microbiological testing items, method development, acceptance criteria, and
216 testing frequency in the quality control of finished pharmaceutical packaging materials so as
217 to meet the needs of quality standard formulation and microbiological control in
218 pharmaceutical packaging material manufacturers.

219 **2. Key issues to be highlighted**

220 **2.1. Notes on the scope of the standard**

221 This guiding principle focuses on addressing what to test, how to test, what is the target limit,
222 and typical testing strategies for microbial testing of various finished pharmaceutical
223 packaging materials. By supporting the construction of various general chapters in the
224 pharmaceutical packaging material standard system, it provides guidance for the
225 establishment of quality standards for pharmaceutical packaging material manufacturers. The
226 general microbial testing and monitoring techniques for settling bacteria, planktonic bacteria,
227 surface microorganisms in the manufacturing environment of pharmaceutical packaging
228 materials and microbial test for utility water/gas are not included in the scope of this guiding
229 principle.

230 **2.2. Notes on testing items**

231 The requirements for sterility testing and microbial limit testing are basically the same as those
232 for drugs. In order to effectively validate and routinely control the cleaning and sterilization
233 process, this guiding principle introduces bioburden testing to enhance the quality control of
234 pharmaceutical packaging materials and provide assurance for the quality control of sterile
235 drugs. It should be pointed out that the bioburden concept in this guiding principle does not
236 cover the bioburden in the process control of sterile drug packaging material manufacturers.

237 **2.3. Notes on testing methods**

238 Due to the enormous varieties of pharmaceutical packaging materials, it is difficult to provide
239 specific and distinct test methods and parameters for each variety. At the same time,
240 considering the personalized and autonomous needs of manufacturers, this guiding principle
241 provides guidelines for the design and validation of sterility testing, bioburden determination,
242 and microbial limit testing methods. Different types of pharmaceutical packaging material
243 manufacturers can develop and validate methods according to this guideline for routine
244 quality control testing.

245 **2.4. Notes on the limits**

246 · Sterility testing is a qualitative test.
247 · Unlike microbial limits, the determination of bioburden mainly provides information for
248 subsequent cleaning and/or sterilization. Microorganisms carried by pharmaceutical
249 packaging materials will be killed during the sterilization process and will not be carried over
250 to the drug. However, the bioburden limit should also consider the economy of subsequent
251 sterilization processes and the impact on endotoxin levels in the formulation. The
252 determination of bioburden is mainly based on historical data collected under normal

253 operating conditions of the production process, and is also specified by both suppliers and
254 users in company standards or quality agreements.

255 For microbial limit testing, as the microorganisms carried by pharmaceutical packaging
256 materials may come into contact with patients through the drug, the limit should
257 comprehensively consider factors such as the source and properties of raw materials,
258 production process conditions, drug administration routes, and potential risks of microbial
259 contamination to patients. Generally, the total count of aerobic bacteria, mold and yeast, and
260 the detection of objection bacteria should be considered based on the drug. On the basis of
261 meeting the considerations of drug safety, efficacy, etc., it is generally stipulated by both
262 suppliers and users in company standards or quality agreements.

263 **2.5. Notes on conventional testing strategies**

264 At present, the raw materials for pharmaceutical packaging products are mostly plastics, glass,
265 rubber, metals, etc. As they are from non-natural sources, these materials have low water
266 activity and high barrier to the growth of microorganisms. Moreover, the processing
267 technology of pharmaceutical packaging materials is mostly hot processing, which can reduce
268 the initial bioburden of the raw materials themselves, so pharmaceutical packaging materials
269 generally have relatively low bioburden. However, even so, if the initial bioburden of
270 pharmaceutical packaging materials is too high or the production process control of
271 pharmaceutical packaging materials is insufficient, microorganisms may still be introduced
272 into pharmaceutical packaging products. Pharmaceutical packaging material manufacturers
273 should develop appropriate testing strategies based on risk assessment to avoid over control
274 and loss of control.

275 **2.6. Others**

276 This guiding principle only represents the current views and understanding of drug regulatory
277 authorities. With the advancement of scientific research, the relevant content in this guiding
278 principle will be subjective to continuous improvement and updating.