



## **The Emerging Environment of Aseptic Filling**

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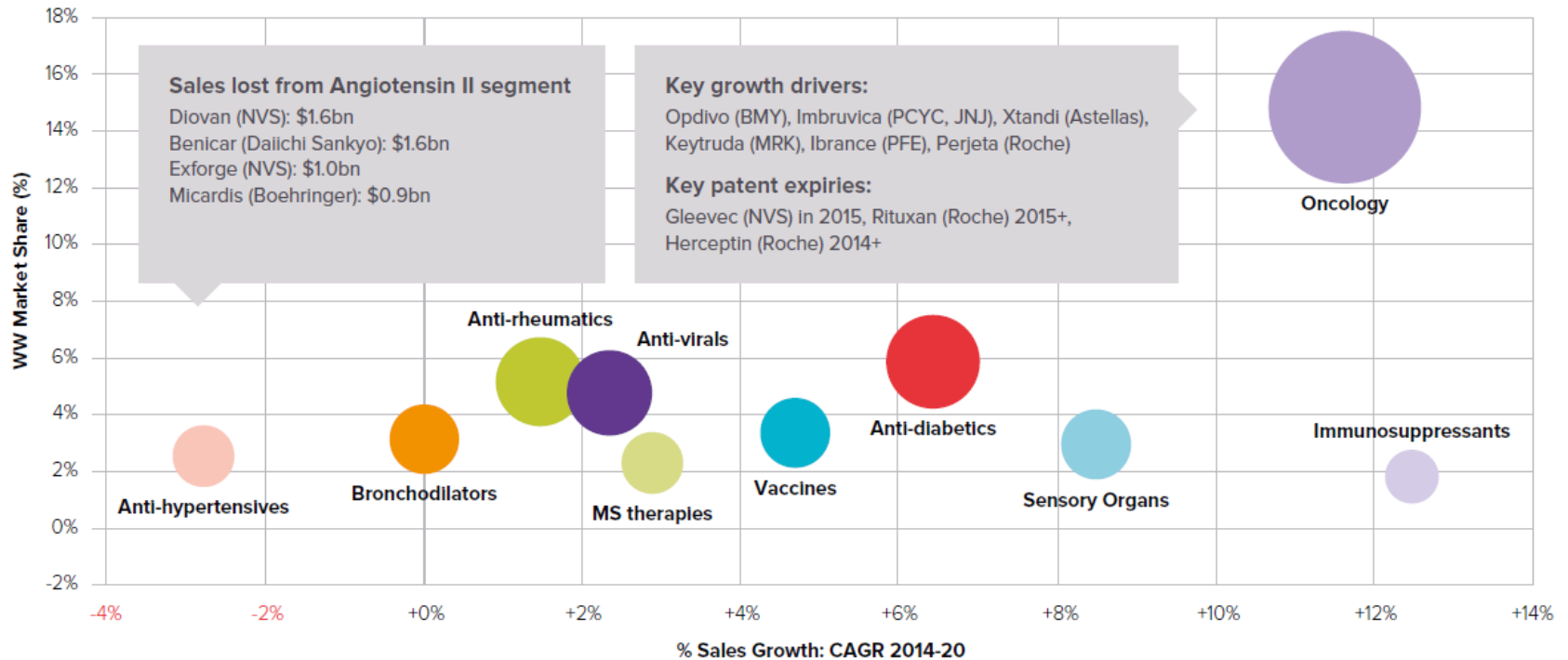


## New Biotech Startups and Technologies Coming of Age

- More parenteral products in the clinic
- Trend toward in house supply
  - More control of their destiny
  - Availability of CMO's
  - Higher velocity to clinic
- Use of clinical manufacturing facility for launch
- The "tougher, rarer" diseases – smaller cohorts
- Willingness to try new technologies
- New technology initiatives by regulators

## Top 10 Therapy Areas in 2020, Market Share & Sales Growth

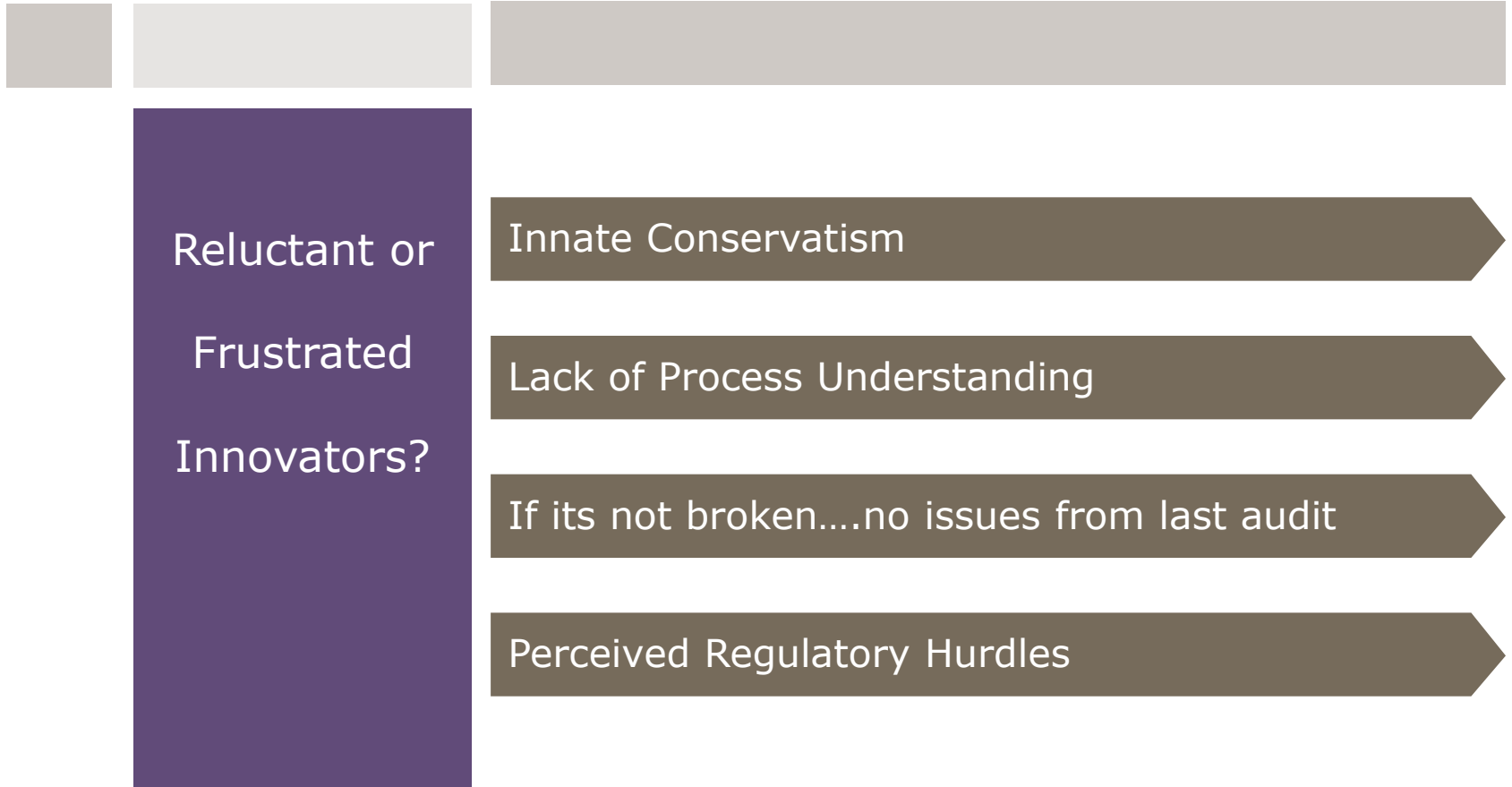
Source: EvaluatePharma<sup>®</sup> 22 May 2015





PROTESTING AGAINST NEW TECHNOLOGY - THE EARLY DAYS

INKINCIT



## Where are we?

‘Despite increasing recalls, contamination events, and shortages, drug companies continue to rely on outdated manufacturing plants and processes’

W. Nicholson Price II, Making Do in Making Drugs: Innovation Policy and Pharmaceutical Manufacturing 55 B.C.L. Rev. 491 (2014), <http://lawdigitalcommons.bc.edu/bclr/vol55/iss2/5>

## Where are we?

'Pharmaceutical Manufacturing lags far behind the innovative techniques found in other industries due to high regulatory barriers and ineffective intellectual property incentives'

W. Nicholson Price II, Making Do in Making Drugs: Innovation Policy and Pharmaceutical Manufacturing 55 B.C.L. Rev. 491 (2014), <http://lawdigitalcommons.bc.edu/bclr/vol55/iss2/5>

# What are we seeing?



## Compact Spaces

\$\$\$ per square foot

Compact filling machines

Use of ready to fill components means less equipment

E-Beam reserved for high throughput facilities

Manual debuging is ok

Space needed for handling tubs since they are mostly air





## What are we seeing?

Isolators.... Isolators... Isolators

- Isolator technology is almost exclusively the pathway
- Extraordinary performance over the last 20 years
- Need to understand VPHP compatibility with new biotech products
  - MABS seem to be reasonably stable
  - Some experiences with problems with hormones and live virus indicate need for extra care, lower residuals
- RABS limited to debagging and capping operations
- Do robotics require gloves? A next paradigm shift?

# What are we seeing?

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**LARGE  
VARIATIONS  
IN  
LOT SIZES**



**VARIOUS  
COMPONENTS  
ON THE SAME  
MACHINE**

- Syringes  
cartridges  
vials
- Made possible  
by tub/nest  
innovations



**LIQUID  
AND LYO  
ON THE SAME  
MACHINE**

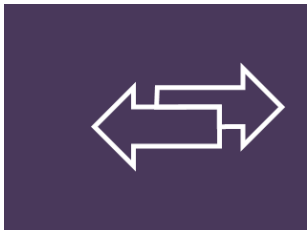
- Lyo requires  
autoloading in  
an isolator



## **New area of growth in personalized medicines**

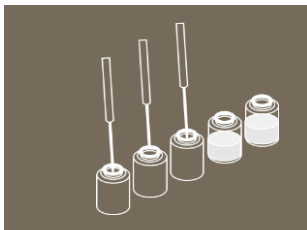


## **Lot sizes range from 50 – 500 vials**



## **Need for very rapid turnaround**

- Pushing the envelope of aeration technology
- Rapid clean-up, set-up and line clearance
- Exclusive use of single-use, disposable wetted path components



## **Actual filling can go slower to go faster**

- Up-time/reliability is critical
- Precision of movements may be more important than higher speeds
- Use of intelligent sensors to aid in machine movements and alignments



What are we seeing?

## **Maximize Yield**

Extraordinary costs for personalized medicines

No room for error or patient treatment is delayed

Use of 100% IPC to limit overfills and maximize fill quantities

Use of IPC to eliminate wasted vials at beginning and end of fill

Gravity feed using disposable technologies to eliminate hold-up



What are we seeing?

## Human Vial Inspection

- Small, ever changing lots preclude automated inspection
  - Validation for each product with automated inspection is prohibitive
  - Humans can make subjective judgments to maximize yield
- Certain filling technologies can all but eliminate glass damage
- Excellent training and validation of human inspection is mandatory
- The key is designing quality into the process, not inspecting it in

# What are we seeing?



The "New"  
CQV  
Paradigm\*

Outsourcing of CQV is becoming more common

Clients would love to use vendor packages, but.....

Focus on the risk based-approach to a point –  
ASTM E2500

"Beginning with the end in mind"

\* "At least that's  
what people are  
saying!"

**Where  
do we want to go?**

'Desired State: A maximally  
efficient, agile, flexible  
pharmaceutical sector that reliably  
produces drug products without  
extensive regulatory oversight'

Ashley Bloom, FDA Acting Director Office of Policy for  
Pharmaceutical Quality – FDA/PDA Joint Regulatory  
Conference, Sept 2015.



Reliable Robotics



Minimal Handling, Minimal Damage



Simple to use Components



Gloveless



Flexible



Minimal Environmental Monitoring



Fast Turnaround – high OEE



Supplier CQV that works for all



**Where  
do we want  
to go?**





**Questions???**

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