



Eudralex annex 15 pdf

Volume 4 "The rules governing medicinal products in the European Union" contain indications for the interpretation of the principles and guidelines of good manufacturing practices for medicinal products for human and veterinary use, referred to in Commission Directives 91/356/EEC, amended respectively by Directive 2003/94/EC and 91/412/EEC. Introduction Annex 1 of the European Union, specifying the GMP requirements for the manufacture of sterile medicinal products, was originally released in 1989, with partial updates in 1996, 2003 and 2007 (anonymous, 2018b). In the years following issue, there have been many changes in influence and regulatory orientation, for example, ICH Q9 issue for guality risk management and ICH Q10, which describes the pharmaceutical guality system. Many of these changes have not been incorporated into Annex 1. There have also been some ambiguity and confusion issues in the requirements as released. Another important area of change concerns the production of water by injection. Recently, Pharm Europe has been changed, and now allows different methods from distillation. (Lyons, 2018) While these revisions were anticipated for a long time, the project was published in December 2017. (Anonymous, 2018) While these revisions were anticipated for a long time, the project was published in December 2017. of the sections of the annex. (Anonymous, 2018) This article talks about some of the changes and clarifications that have been made to the document. are separate sections of the Annex. Ambito This section is a typical description of where this document is applicable. However, it also contains some words on various topics, such as contamination control, chamber qualification, monitoring and dress (lines 18-20) which should be applied to non-sterile manufacturers review this document? Wouldn't it be better to put this kind of comment in a document for non-sterile manufacturing, referring them to this document? Principle This section opens with a variety of 'special requirements', which include references to Annex 11 and Annex 15 to the European GMP as requirements for qualification and validation; requirements for personnel to have adequate training, skills and skills; and that there must be adequate processes and monitoring using qualified/validized systems and microbiological knowledge. (lines 30-41) It also refers to the adequacy of the management of processes, engineering and microbiological knowledge. equipment, structures and production activities through procedures for managing quality risks proactively. (Line 44-45) The document highlights the importance of quality assurance and its responsibilities. One of these is the need to ensure thatthe control strategy is implemented throughout the system. included in the strategy should be: design of both plant and process equipment and raw material control structures utilities - including in-process product container controls and seller approval closures - as key component suppliers, single oo components sterilization, and services for outsources services, such as sterilization, sufficient evidence must be provided to the customer to ensure that the process is working properly. prevention - trend, investigations, corrective actions and preventive actions (capa.) determination of the root cause and the need for more robust investigation tools. Continuous improvement based on the information of the above systems (lines 50-54 and 69-106). the key to this program is the minimisation of the risk of contamination (lines 59-62). another important feature of this program is that it should have a life cycle approach with continuous and periodic review and update (lines 56-57). the program should include potential sources of contaminationmicroorganisms, cell debris (such as pyrogenics and endotoxin) and particulate (line 64-67). The document clarifies that only the sterility test (final product test) does not guarantee product sterility (line 108-110) Pharmaceutical guality system (POS). It describes that this is in addition to the requirements specified in Chapter 1 of the EU GMP (Line 126-132). Many of the elements listed in addition to Chapter 1 requirements include: requirements include (where applicable) the risks of contamination control, conduct a regular and periodic review of the products, including control of changes and risks, the protection of the container during the finishing and transport of sterile products, the staff responsible for quality release are adequately required information and have access to documents4 There is a section that describes the need for non-compliance investigations, and specifically talks about sterility. This statement may change policies for companies that do not regularly investigate each environmental excursion 166-171) Personal this section provides guidance on the appropriate number of people compared to the maximum number of people. It also deals with the need for training, gualification and monitoring of personnel. within this section there are specific details for where staff should be monitored and how they should be sewn for different stages of the process. there should also be written procedures that include how to disgualify people from work in aseptic areas. (lines 175 – 301) while we are accustomed to the formulation of prohibition of jewelry, wrist watches and make-up, there is a new specific formulation about the ban on cell phones. in some companies the oo of cell phones in cleanroom and throughout the production process is excessive. This change could have a significant impact on many companies, if it is the final issue of the Annex (lines 236-237). there is also a specific formulation that for sterilized clothing must be modified at least for each working session in grade a and b areas (lines 281-284). for some companies this can be an important change for their processes. local this section provides a specific guide on the or of classified areas, including the place where airlocks should be used. It also describes the qualification and requalification of these sectors. there are similar sections that formulate the design of cleanrooms as in fda gmps, 21cflt also provides sinks and drains from Grado A/B areas to determine whether the flow is unidirectional. It also discusses that visualization studies may be necessary in other areas based on risk assessment. Finally, it indicates that airflow studies should be consulted to determine the environmental monitoring program (lines 412-421). The sections are included for barrier technologies (lines 435 – 483), clean room and qualification clean air device (lines 487- 565), which includes all tables for particulate levels in each Grade room. One of the interesting things in this section is that although many expected to remove the requirements for 5µm particle monitoring. However, this did not occur in the project. There is a new useful column describing the ISO classification both in function and at rest (table 1 from line 505). There is also specific information provided for the initial classification of the minimum number of sampling positions as in ISO 14644-1. Although this indicates that a greater number of samples and sample volumes are typically required in the aseptic processing room and in the adjacent environment (Line 51-517). Clarifications are provided in lines 519 – 530 of what is specifically intended for "functioning" and "retirement". From line 544, there is table 2, which describes the limits for microbial contamination." This table had previously a footnote which allowed an average of > 1 cfu before conducting an investigation. This footnote (lines 550-551) has been modified to declare: "It should be noted that for grade A the expected result should be 0 cfu recovered; any recovered; and recoveree; and recovere; and recoveree; and recoveree; and Another interesting comment is provided in section 5.30 (lines 563-565). As for temperature and humidity, it argues that these parameters should not interfere with the defined cleaning standard. A subsection on Disinfection is included in this section. In section 5.31 (lines 569-578) there is some interesting formulation. It says that "it should be used more than one type of disinfectant agent and should include the periodic use of a sporicidal agent." It is unclear whether it is sufficient to use a routine disinfectant along with a sporicidal agent. In line 576 he also speaks of the "ability to detect the development of resistant and/or spore strains". This section is not clear if a specific test method is required or if the analysis of the monitoring program. That's what it is have some clarification in this section. In section 5.32 (lines 580-583) we talk about the need to monitor disinfectants and detergents for microbial contamination. It is unclear whether this applies only to non-sterile preparations or also requires detailed descriptions of the design of the equipment, which must be preserved until today (lines 593-595). There is no provision for systems that may not have been implemented before this requirement. As such, it would be necessary that companies "create" these document specifically needs to describe the product, and other ways and controls of gases and critical fluids. Transport belts are discussed in Section 6.8 (lines 625-627). This section requires that the belt "can't move from a Grade A to Grade B area or from another lower air cleaning area, unless the belt itself is continuously sterilized (for example, in a sterilization tunnel). This formulation can be confused, as it is unclear whether the belt must pass through the sterilization tunnel immediately before moving to a lower class zone or not. Moreover, if it has to be "immediately" sterilized this could be honorable for companies to find appropriate systems. Particle meters are classified in section 6.9 (Line 629-631). This is interesting as many currently believe that It's enough. The Annex does not provide any guidance on what is foreseen in the field of gualification. Utility This section describes the requirements for users and includes risk reassessment. There is a subsection on water systems from line 665. Some of the changes in this part of the Annex is an update to talk about the compensation for the production of injection water which is not manufactured using distillation. This is consistent with the pharmacopoeia changes that make this same allowance. Section 7.10 (lines 682) is interesting, as it says: "The flow of water should remain turbulent through the pipes to prevent microbial adhesion." While the continuous flow is desired, some systems have still had biofilms produced even with continuous flow. Further information on the prevention of biofilm training is discussed in Section 7.13 (lines 691 – 696). In this section, a concern arises as water must be analyzed after disinfection/regeneration; results must be approved before the start of the water system." For companies that do not use rapid microbiological methods, this could cause a longer stop than normally expected in anticipation of microbiological results to be obtained and approved. In Section 7.15 the Annex clearly expects continuous monitoring of total organic carbon (TOC) and conductivity (lines 710-711). There is a subsection for steamin sterilization from line 713. There are some specific requirements for tests that should be conducted for steam in place systems. Another subsection begins on line 725 covering compressed gases and vacuum systems. requires controls to contain spills and cross contamination. It is also stated that "any loss for the cooling system must be detectable". For existing systems, it may be difficult to reset the system with these types of leak detectable. sterilization, sterilization, sterilization, wet hot sterilization, wet hot sterilization, wet hot sterilization, sterilization, sterilization, sterilization, wet hot sterilization, sterilization, sterilization, sterilization, sterilization, sterilization, sterilization, sterilization, sterilization, wet hot sterilization, sterilizati annex contains most of the information. Some highlights of this important section include: The terminal sterilization section (starting from line 785) is consistent with the requirements of the FDA Aseptic Processing Guidance (2004) and the PIC/s document on aseptic processing. Finish of sterile (from line 875) specifically requires partially closed containers must remain in grade A conditions until it is in lyophilizer. There are also some specific requirements for the "fault shop" used in visual inspection processes. It also indicates that automated inspection systems should be as good as visual inspection or better. The sterilization section (starting from line 953) states that, if possible, products should be used. This section highlights some of the ways in which quality risk management procedures should be used. There are specific requirements for the use of suitable biological indicators and how they should be used. Heat sterilization begins on line 1058. There is a specific section (8.48) that discusses processes for which parametric release is used. Sterilization of wet heat begins on line 1098. Dry hot sterilization begins on line 1155. It is interesting that there is a specific formulation (lines 1181-1183) that direct the endotossini containers to peak. It includes a specific reconciliation sterilization begins on line 1206. Sterilization with ethylene oxide begins on line 1206. It was sad to see that only the sterilization of gas is discussed using ethylene oxide. There are other acceptable gas sterilization methodsFor example, ozone, chlorine dioxide and nitrogen dioxide. These technologies would be a good inclusion. The filtration of medicines that cannot be sterilized in their final container begins on line 1249. Interesting, in lines 1283-1285 we talk about allowing sterilization procedures that have a SAL of 10-6 or better. It is unclear whether this is intended to clarify that it is possible to sterilize post aseptic filling or if there is an expectation of this level of sterilize the SAL of aseptic products that are not subsequently subjected to terminal sterilization. Lines 1360-1362 discuss the need to discard sterilization filters after processing a single batch. It is also said that the filter cannot be used for more than one day of SINGLE work. This may cause some concern for manufacturers of long country runs and/or identical product which is filled with the same product, but may have different labels (as may be different batch numbers.) The module-fill-seal starts on line 1385. This section adds the requirements for risk management procedures. It also provides a specific guide for shuttle and rotary equipment. Liophilization begins on line 1450. Closed systems are discussed from line 1517. Talk aboutrisks associated with this type of system. Environmental and process monitoring not visible The document describes that these programs are part of the general program of site contamination control. These programs are important for the maintenance of the sterility warranty. It is an interesting section starts on line 1580. Some of the highlights of this section include: Enables clearing the requirements and expectations of using risk assessment in these processes. Discuss the need for visualization studies (smoke studies) are important considerations in assessing the effectiveness of the program. The 'fresh control' states must be performed in operation, with some exceptions provided. The alert levels should be established according to data and subject to periodic review. If action levels are exceeded, root cause surveys should be conducted, including corrective and preventive actions. Operating degree D non-livable particulate levels should be based on risk assessment. Monitoring of 5 µm particles is necessary for routine monitoring. Some provisions provide occasional "false" data. Continuous monitoring for particles in Grade A areas during operation including installation. Similar monitoring of grade contaminants and degree Areas B are provided. For some companies, periodic checks are carried out in these sectors. Line 1735 describes the use of rapid microbiological methods and how they can be adopted. Lines 1753-1754 also identify the expectation of 0 cfu in the areas of Grade A and B. Removes the footnote that allowed to mediate the results. Lines 1759-1766 provides several specific examples of adverse trends in environmental data. This will be very useful for many companies. Section 9.33 (lines 1768- 1772) includes the requirements for the identification of microorganisms. Aseptic processing simulation (Media Fills) is discussed from line 1774. Most of this section reflects current FDA and PIC/s expectations. A line is disconcerting (line 1845), which states: "make sure that any contamination is detectable". Most conventional methods do not have the ability to detect individual cells, so it is unlikely that very low levels of contamination are detectable by conventional methods. Units contaminated in an aseptic process simulation, even 1, should include a main cause investigation and appropriate corrective and preventive actions (see lines 1911 – 1918). It also provides for the use of guality risk management in determining the number of repeated studies required. Ouality Control This section starts on line 1952. Most of this section describes a variety of controls that should be used. Describes the bioburden test and the need for monitoring times. This document highlights that the sterility test alone is not enough to guarantee the product sterility. This section also requires review of environmental monitoring data as part of batch release. Glossary a complete glossary begins on the 2011 line, this section is very useful in understanding the document. Conclusions of Annex 1 proposed shall be open to comment until 20 March 2018. comments may be submitted at: developments/pc_2017_12_sterile_medicinal_products_en. this is the time to notice those sections that are of your interest. wait for the final document to be released is not the time to "want to change it". Anonymous cited literature (2018) impact of Annex 1 review of pharmaceutical waters. eca academy. downloaded from: ... on 5 February 2017. Anonymous (2018b) Annex 1: production of sterile medicines. information. available the Annex 1 is open to comment until 20 March 2018. comments can be submitted at: developments/pc 2017 12 st... lion, j. (2014) Annex 1 (production of sterile medicines) update. pharmalex. downloaded from: ... 5 February 2018. eudralex 4 annex 15 eudralex volume 4 annex 15 states. eudralex vol 4 annex 15. eudralex annex 15 deutsch

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