## **Guidance for Industry**

# Inhalation Drug Products Packaged in Semipermeable Container Closure Systems

#### DRAFT GUIDANCE

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U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER)

> July 2002 Clinical/CMC

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U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER)

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### GUIDANCE FOR INDUSTRY<sup>1</sup>

This draft guidance, when finalized, will represent the Food and Drug Administration's (FDA's)

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### **Inhalation Drug Products Packaged in Semipermeable Container Closure Systems**

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current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statutes and regulations.

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#### If you plan to submit comments on this draft guidance, to expedite FDA review of your comments, please:

Clearly explain each issue/concern and, when appropriate, include a proposed revision and the rationale/justification for the proposed change.

*Identify specific comments by line number(s); use the PDF version of the document,* whenever possible.

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#### I. Introduction

23 This document provides recommendations for industry on inhalation drug products that are 24 packaged in semipermeable primary container closure systems, such as low-density polyethylene 25 (LDPE) containers. It is intended to provide guidance on (1) the appropriate protective 26 secondary packaging, (2) the embossing and/or debossing of the primary container in lieu of paper labels, and (3) the number of unit-dose containers within each protective secondary 28 package.

These recommendations apply to inhalation drug products (e.g., solutions, suspensions, sprays),

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31 both those in development and those already approved and marketed in the United States.

#### Π. **Background**

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Under FDA's Current Good Manufacturing Practice regulations, manufacturers must establish adequate acceptance criteria to ensure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release (21 CFR 211.165(d)). One purpose of such acceptance criteria is to avoid the occurrence of adverse reactions, such as toxicologic, irritant, or immunologic reactions from

<sup>&</sup>lt;sup>1</sup> This guidance has been prepared by the Inhalation Drug Products LDPE Working Group of the Medical Policy Coordinating Committee (MPCC) in the Center for Drug Evaluation and Research (CDER) at the Food and Drug Administration (FDA).

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chemical impurities. In an inhalation drug product packaged in a semipermeable container, in addition to chemical impurities that can accumulate over time as a result of the degradation of formulation components or leaching from the container closure system, chemical impurities can enter from the local environment. For example, volatile chemical components from the local environment, particularly the secondary packaging, can react with the drug product to form different impurities.

Drug substances used in the treatment of patients with asthma or chronic obstructive pulmonary disease (COPD) are often formulated as inhalation solutions or suspensions. These drug products can be packaged in either unit-dose vials or multi-dose vials. The unit-dose vials are commonly manufactured from LDPE. LDPE vials are permeable to some volatile chemicals (i.e., chemicals with moderate to high vapor pressure under typical climatic storage conditions). As a result of this permeability, chemicals originating from packaging materials, such as adhesives, varnishes, and solvents, have been found in inhalation drug products packaged in LDPE. These findings have resulted in drug recalls.

In an FDA study involving random sampling of a number of different inhalation products in non-overwrapped LDPE vials, the majority of these products were found to contain chemical contaminants of various types.<sup>2</sup> The sources of these contaminants were the primary and secondary packaging and labeling components. Careful choice of primary packaging can address the risk of contaminants from the primary packaging. Overwrap protects against secondary and other environmental contaminants. Thus, chemical contamination of inhalation drug products can and has occurred as a result of entry through LDPE container closure systems.

For several reasons, it may not be possible to identify all potential chemical contaminants that may be in a drug product formulation or to determine their toxicological profile:

• Toxicological data on many of the identified chemical contaminants are incomplete.

• The analytical procedures used may not detect unknown chemical contaminants. The source of these chemical contaminants is likely to be the labeling and packaging material. Changes in the composition of these materials may introduce new chemical contaminants that may be difficult to identify, given proprietary considerations. Moreover, some of these changes can be made without notification to FDA.

• Contaminants can enter into the drug product formulation as a result of variable environmental conditions.

The clinical consequences of chemical contamination of inhalation drug products are uncertain. Although there are no data on the potential for the identified chemical contaminants to act as spasmogens in the airways of patients with the target diseases for these medications (i.e., asthma and/or COPD), many of these chemical contaminants are potential respiratory irritants. No

<sup>&</sup>lt;sup>2</sup> Memorandum from Team Leader, ANDA Review Team 2, Division of Chemistry 1, Office of Generic Drugs, Center for Drug Evaluation and Research, "Summary report of FDA analytical survey of approved NDA/ANDA inhalation solutions marketed in Low Density Polyethylene (LDPE) containers without a protective overwrap," October 17, 2000.

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previously reported adverse reactions can be conclusively attributed to chemical contaminants. However, given the known sensitivity of these patients to respiratory irritants and sensitizers, it is possible that these chemical contaminants may induce bronchospasm. The potential adverse effect of these chemical contaminants (i.e., bronchospasm) is also the indication for which the drug product is used. Therefore, in the clinical setting it is very difficult to establish whether bronchospasm after the use of a drug product is due to chemical contaminants or to the disease itself.

Data indicate that the asthma mortality rate is increasing in the United States. The reason for this increase is unknown but is likely to be caused by a variety of factors. Since it is conceivable that chemical contaminants in the inhalation solutions used to treat the most critically ill asthmatics could play a role, it is important that preventive measures be taken to limit, to the extent practicable, the leaching and entry of chemical contaminants into the drug formulation.

#### **III.** Chemistry, Manufacturing, and Controls Considerations

Because of the clinical concerns cited above, FDA recommends that inhalation drug products in semipermeable primary container closure systems (e.g., LDPE vials) be further protected with secondary packaging to minimize and control the entry of chemical contaminants from the local environment into the drug product. Special consideration should be given to the components and composition of the materials used in the protective secondary packaging and the manufacturing processes involved (e.g., adhesive lamination, heat-seal lamination, various temperature conditions). Adequate control of each of these components and manufacturing processes is critical to prevent the entry of volatile environmental contaminants and volatile chemical constituents from packaging components into the drug product. Controls are also important to prevent loss of water from the formulation.

If secondary packaging is added, pertinent information on the manufacture and controls of the protective secondary packaging must be included in new drug applications (NDAs), abbreviated new drug applications (ANDAs), or their supplements to ensure reproducible lot-to-lot performance characteristics (see 21 CFR 314.50(d)(1)). The qualitative as well as the quantitative composition and physical characteristics (e.g., thickness) of all container closure system components are critical to ensure the quality and purity of the drug product and must be included in the NDA, ANDA, or supplement (see 21 CFR 314.70(b)(2)(vii)). This information can also be incorporated by reference from type III drug master files (DMFs), if the holder of the DMF authorizes the incorporation in writing (see 21 CFR 314.420).

The typical protective secondary packaging materials used for inhalation drug products packaged in semipermeable containers are overwrap pouches made of flexible foil-laminates. The foil-laminates usually contain multiple layers of various types of plastic films fused together by heat or adhesives applied to one or both sides of an aluminum foil. Because adhesives are a possible source of chemical contaminants, alternative approaches to adhesives should be considered for

<sup>&</sup>lt;sup>3</sup> Additional recommendations on inhalation drug products will be provided in the guidance on *Nasal Spray and Inhalation Solution, Suspension, and Spray Drug Products* when it is finalized. A notice of availability for a draft version of this guidance published in the Federal Register on June 2, 1999 (64 FR 29657).

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- the fusion of the multiple layers of a foil-laminate (e.g., a heat seal process). Testing of foil-
- laminate and application of appropriate acceptance criteria (e.g., thickness of aluminum foil,
- number of pinholes per unit area) are crucial for ensuring a consistent barrier to permeability.
- Additionally, if secondary packaging is added, appropriate data must be provided in NDAs,
- ANDAs, or their supplements to demonstrate that the specified foil-laminate can provide
- adequate protection from reactive gases, volatile compounds, and foreign chemicals that can
- enter into the drug products from the packaging materials and/or from the local environment (see
- 129 21 CFR 314.420). FDA recommends that any leaching of contaminants into the formulation
- from the primary container, any entry of chemical contaminants from protective secondary
- packaging components or other packaging components (e.g., the carton) be adequately
- documented, quantified, and qualified. This information will ensure the identity, strength,
- quality, purity, and potency of the drug product (see 21 CFR 314.50(d)(1)(ii)(a)).

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- Another potential source of chemical contamination for the inhalation drug products packaged in
- semipermeable primary container closure systems are paper labels applied directly to the primary
- 137 container (e.g., the LDPE vial). The typical chemical components of paper labels are adhesives,
- varnish or overlacquer, printing inks, and other chemicals used in the manufacturing of the paper
- label itself. Each of these components is a proprietary formulation of many other chemicals and
- solvents, some of which can have significant potential to leach and enter the drug product
- 141 formulation. Therefore, FDA recommends that direct application of paper labels to
- semipermeable containers be avoided. Instead, the Agency recommends alternative approaches
- to paper labels, including direct embossing or debossing of the semipermeable containers or
- other means to display the requisite labeling information.

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- 146 FDA also recommends that the number of semipermeable containers packaged within a single
- protective secondary package (e.g., a foil-laminate overwrap pouch) be limited to restrict the
- exposure of unused containers to environmental contaminants if the protective secondary
- packaging should be compromised. To prevent such environmental contamination of the drug
- product, the ideal approach would be to overwrap each semipermeable container individually
- within the protective secondary packaging. However, if more than one unit is packaged per
- pouch, the number of units per pouch should be limited so that the amount of time the vials are
- exposed to the unprotected environment before use is kept to a minimum.

#### IV. References

- For additional guidance, applicants can refer to the appropriate sections of the two guidance
- documents listed below. PDF versions of these guidance documents are posted on the Internet at
- 157 http://www.fda.gov/cder/guidance/index.htm.

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- Draft guidance for industry on Nasal Spray and Inhalation Solution, Suspension, and Spray
- 160 Drug Products, Chemistry, Manufacturing, and Controls Documentation, May 1999.

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- Guidance for industry on Container Closure Systems for Packaging Human Drugs and
- 163 Biologics, May 1999.