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ISO copyright office
CP 401 • Ch. de Blandonnet 8
CH-1214 Vernier, Geneva
Phone: +41 22 749 01 11
E-mail: copyright@iso.org
Website: www.iso.org

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO document should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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This document was prepared by Technical Committee ISO/TC 76, *Transfusion, infusion and injection, and blood processing equipment for medical and pharmaceutical use*.

This second edition cancels and replaces the first edition (ISO 11040-7:2015), which has been technically revised.

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The main changes are as follows:

~~— Clause 3 update;~~

~~— Clause 3 was updated;~~

~~— former Annex B was removed because this specific method for determination of nest deflection was not commonly adopted by the industry;~~

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~~— former Annex F was removed because ~~this~~the specific measurement method ~~to determine~~ determining the distance between the edge of the protective bag to rear end of the tube ~~was~~is not commonly adopted by the industry;~~

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~~— a new Annex E~~ Annex E was added to support automated processing;

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— ~~Annex A, Annex B~~ in Annex A, Annex B, the existing market ranges and tolerances have been revised and updated because fully automated and/or high-speed processes require smaller variations of certain tolerances. ~~Therefore, the existing market ranges and tolerances have been revised and updated;~~

— ~~Table D.1~~ Table D.1 for bag sizes was revised. Bags and header bags are combined, and two main groups of bag sizes have been defined based on market experience and future expectations. They were entered into ~~Table D.1~~ Table D.1 as column “recommended dimensions for 3” and 4” tub and “recommended dimensions for 4” tub”.

A list of all parts in the ISO 11040 series can be found on the ISO website.

Any feedback or questions on this document should be directed to the user’s national standards body. A complete listing of these bodies can be found at www.iso.org/members.html - www.iso.org/members.html.

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Introduction

At the start of prefilled syringe processing by the pharmaceutical industry, syringes made of tubing glass were delivered to the pharmaceutical companies in the form of a so called non-sterile "bulkware" only. The process steps such as washing, drying, inner lubrication, sealing the syringe with a closure system, sterilization, as well as filling, and closing were then performed by the pharmaceutical companies. Since their introduction to the market and with the emergence of specialized process equipment, sterilized subassembled syringes have more and more replaced the non-sterile "bulkware" to become the preferred approach for pre-filled syringe filling operations.

In the case of sterilized subassembled syringes ready for filling, responsibility for the aforementioned process steps relevant to the injectable product lies within the manufacturer of the subassembled syringes. Following the assembly of the needle shield on syringes with a staked needle or tip caps for the luer cone version, the subassembled syringes are placed into so called nests. The nests, in turn, are placed into a plastic tub. The syringes in the nest are protected by means of an insert liner and the tub itself is sealed by a sealing lid (which is currently, and so far, primarily achieved using a porous material). Thus, the tub properly sealed with the sealing lid represents the "sterile barrier system". The sealed tub is then wrapped into a sealable bag and, thus, ready for sterilization, which is currently, and so far, primarily performed using ethylene oxide.

In this form, the sterilized subassembled syringes ready for filling are delivered to the pharmaceutical companies in a sterile condition where they are processed on suitable machines.

The packaging design and material maintain sterility and should be compatible with the process of the customer. The packaging characteristics, material, thickness, shape, and resistance to deformations among others are such that they maintain, up to the point of use, the integrity of the product and a validated barrier against particulate and bacterial contamination.

The objective is to support the development of standardized equipment with automatic debagging process steps for aseptic processing.

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Prefilled syringes

Part 7: Packaging systems for sterilized subassembled syringes ready for filling

1 Scope

This document specifies a packaging system that is used to deliver sterilized subassembled syringes ready for filling in tubs and nests.

Downstream processes (processes after filling such as in house/outside transport, reprocessing) can result in specific requirements on the packaging system used to deliver sterilized subassembled syringes ready for filling. However, these requirements are not within the scope of this document.

NOTE 1—Glass barrels and sterilized subassembled syringes ready for filling, plunger stoppers, and plastic barrels for injectables are specified in ISO 11040-4, ISO 11040-5 and ISO 11040-6.

NOTE 2—ISO 11607-2 addresses validation requirements of sealing and packaging processes for medical devices.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

- ISO 11040-1, Prefilled syringes — Part 1: Glass cylinders for dental local anaesthetic cartridges
- ISO 11040-2, Prefilled syringes — Part 2: Plunger stoppers for dental local anaesthetic cartridges
- ISO 11040-3, Prefilled syringes — Part 3: Seals for dental local anaesthetic cartridges
- ISO 11040-4, Prefilled syringes — Part 4: Glass barrels for injectables and sterilized subassembled syringes ready for filling
- ISO 11040-5, Prefilled syringes — Part 5: Plunger stoppers for injectables
- ISO 11040-6, Prefilled syringes — Part 6: Plastic barrels for injectables and sterilized subassembled syringes ready for filling
- ISO 11040-8, Prefilled syringes — Part 8: Requirements and test methods for finished prefilled syringes
- ISO 11138-1, Sterilization of health care products — Biological indicators — Part 1: General requirements
- ISO 11138-2, Sterilization of health care products — Biological indicators — Part 2: Biological indicators for ethylene oxide sterilization processes
- ISO 11138-3, Sterilization of health care products — Biological indicators — Part 3: Biological indicators for moist heat sterilization processes

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ISO 11138-4, Sterilization of health care products — Biological indicators — Part 4: Biological indicators for dry heat sterilization processes

ISO 11138-5, Sterilization of health care products — Biological indicators — Part 5: Biological indicators for low-temperature steam and formaldehyde sterilization processes

ISO 11138-7, Sterilization of health care products — Biological indicators — Part 7: Guidance for the selection, use and interpretation of results

ISO 11138-8, Sterilization of health care products — Biological indicators — Part 8: Method for validation of a reduced incubation time for a biological indicator

ISO 11607-1, Packaging for terminally sterilized medical devices — Part 1: Requirements for materials, sterile barrier systems and packaging systems

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

— ISO Online browsing platform: available at <https://www.iso.org/obp>

— IEC Electropedia: available at <https://www.electropedia.org/>

3.1 customer

person or organization that could or does receive a product or a service that is intended for or required by this person or organization

[SOURCE: ISO 9000:2015, 3.2.4, modified — Deletion of EXAMPLE and Note 1 to entry.]

3.2 insert liner

sheet to cover the filled nest

3.3 manufacturer

organization or person that manufactures a product

3.4 nest

plastic plate with a defined hole pattern for the suspension of the syringe bodies

3.5 protective bag

plastic bag or sealing around the tub

Note 1 to entry: There can be more than one protective bags around the tub.

3.6 sealing lid

microbial barrier material for sealing the tub

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3.7 packaging system

combination of the sterile barrier system and protective packaging

[SOURCE: ISO 11139:2018, 3.192]

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3.8 protective packaging

configuration of materials designed to prevent damage to the sterile barrier system and its contents from the time of their assembly until the point of use

[SOURCE: ISO 11139:2018, 3.219]

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3.9 sterile barrier system

minimum package that minimizes the risk of ingress of microorganisms and allows aseptic presentation of the sterile contents at the point of use

Note 1 to entry: For packaging systems for sterilized subassembled syringes ready for filling, the sterile barrier system is formed by the assembled tub and sealing lid.

[SOURCE: ISO 11139:2018, 3.272, modified — Adding Note 1 to entry.]

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3.10 tub

plastic container to accommodate the filled nest

4 Requirements for the packaging system

4.1 General

4.1.1 The packaging system intended to contain the ready for filling subassembled syringes shall protect the subassembled syringes and their sterile barrier system during handling, distribution and storage, to maintain the sterility as well as the functional and cosmetic characteristics over the claimed shelf-life.

4.1.2 The materials, the sterile barrier system, and the packaging system that enable sterilization, protect the product and maintain sterility until the point of aseptic filling, shall be in accordance with the requirements of ISO 11607-1.

4.1.3 The packaging system shall have acceptable microbiological and particulate levels to support the introduction of the sterilized syringes into an aseptic filling environment and related designated cleanrooms. Requirements should be agreed upon by the manufacturer and the customer.

NOTE The introduction of sterilized packaged syringes into an aseptic filling environment poses a risk of microbiological and/or particulate contamination of the drug product.

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4.1.4 Tubs, nests, lids, inserts and protective bags shall allow the necessary process steps of the sterilized subassembled syringes over their shelf-life. The process steps to be considered include, but are not limited to, the following:

a) ~~a)~~ for tubs including sealing lid and insert liner:

- ~~—~~ lid sealing and lid opening;
- ~~—~~ conveying;
- ~~—~~ nest insertion and extraction;
- ~~—~~ stacking and destacking;
- ~~—~~ sterilization and decontamination.

b) ~~b)~~ for nests:

- ~~—~~ subassembled syringe insertion (nesting) and removal (denesting);
- ~~—~~ filling;
- ~~—~~ plunger stopper insertion;
- ~~—~~ stacking and destacking;
- ~~—~~ sterilization and decontamination.

c) ~~e)~~ for protective bag:

- ~~—~~ sealing;
- ~~—~~ folding;
- ~~—~~ sterilization and decontamination;
- ~~—~~ cutting and opening.

4.1.5 The packaging configuration including the arrangement of the product shall be agreed with the customer to allow for adequate processing.

NOTE The process steps described include those at the premises of the manufacturer and of the customer.

4.2 Nest and tub configuration

4.2.1 Ready for filling subassembled syringes shall be packaged in a plastic nest, which is placed within a plastic tub.

4.2.2 The nest shall maintain distance between the subassembled syringes to protect against breakage during transportation. Depending on a particular subassembled syringe's dimensions, nests can contain different numbers and sizes of cavities.

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