



Review Article

# A Methodical Review on Industrial Manufacturing and In-process Quality Control of Injectables

Pragyandip Parthasarathi Dash\*, Ruchika Raj

Amity institute of Pharmacy, Amity University, Lucknow, Uttar Pradesh, India.

ARTICLE INFO

A B S T R A C T

Received: 21 May 2020  
Accepted: 25 Jun 2020

The foremost aim of pharmaceutical Industry is quality control which is an indispensable section that mention to a procedure of endeavoring to manufacture formulations with stringent measures demanding a systematized effort by single individual of the industry to ensure and reduce the errors in the manufacturing processes. As quality is prime importance part of pharmaceuticals, quality control plays the vital role in achieving it. Quality control includes sampling, testing, validation, documentation and release of procedure which ensure that all tests are actually carried out prior to release of material for sale. Injectable are essentially manufactured in the sterile and aseptic zone where no microbial growth is possible. These are tested under the Quality Control and assured by the Quality Assurance. In-processes quality control assures sterility, freedom from particulate matter, and leakage. stringent procedure are followed for the preparation as well as the quality control test of the injectable to achieve the quality and safety of the product for use .So we became interested about current study to provide the careful orientation of the in process quality control of injectable.

**Keywords:** Validation, Record, Sampling, Quality control, Quality Assurance and GLP (Good Laboratory Practice).

## 1. INTRODUCTION

In Process Quality Control means the quality check of pharmaceuticals in the time of manufacturing before packaging. It observers all the types of the manufactured goods which affects the quality and constrains liabilities

**Corresponding author \***  
Pragyandip Parthasarathi Dash,  
Asst.Professor,  
Amity University, Lucknow  
E-mail: parthasarathi27@gmail.com

during manufacturing. This is not only helping in maintaining quality in finished products but also in the raw materials. It involves a series of testing which may be mechanical, physical, chemical and biological. It is apprehensive with providing accurate certain & final explanations of the measures to be starting with raw materials to the finished formulations [1].

**Approaches towards Quality control**

Features such as panels, job management, clear and well succeeded processes, performance and integrity criteria, and identification of records. Ability such as skills, experience, knowledge and qualifications. Some Soft fundamentals like for example personnel, integrity, confidence, organizational culture, motivation, team work and quality relationships. The real advantages of quality control are increased productivity, reduced cost of repairs, and increased loyal customer base and better profit [2].

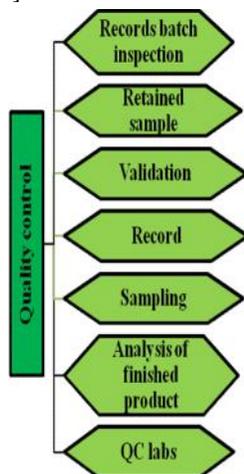


Fig 1: Various components of Quality control

**2. TYPES OF QUALITY CONTROL**

**RM (Raw material)**

QC is also responsible to sample and analyse the raw material batches used to produce a batch of finished product, including packaging materials [3].

Raw material are tested by –TOC (Total Organic Carbon), GC (Gas chromatography)

**Stability**

QC has to perform expire date of the product. Products are stored in stability chamber; s are called as walk in humidity chambers. There are four types of walk in humidity chamber. These stability chambers are used to test and store a wide range of products in specific temperature and in specific relative humidity conditions [3].

**GLP**

GLP represent Good Laboratory Practices, it correctly referencing the quality arrangement of organized control for inquire about research facilities and organizations to guarantee the stability, dependability, reproducibility, consistency quality and synthetic substances containing pharmaceuticals non-clinical security tests; from physio-

concoction properties through intense to constant poisonous quality tests [4].

**Microbiology**

Microbiology are the department in Q.C which gives knowledge & thoughtful with respects to the implication of the occurrence of microorganisms in different stages of pharmaceutical product. It ensures safety and efficiency of pharmaceuticals. The tests performed in microbiology lab are mainly Microbial Limit Test; BET test, Antibiotic Assay, Sterility Testing etc [5].

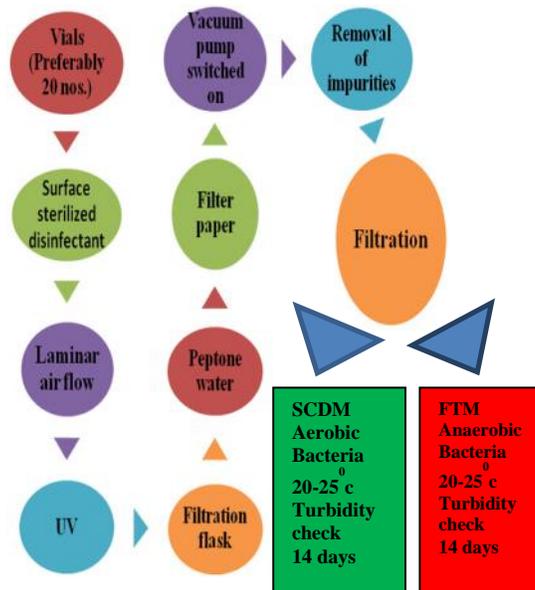


Fig 2: Methods for culture

\*SCDM (Soybean casein digest medium) \*FTM (Fluid thioglycolate medium)

**Finish products–**

It is a division in Q.C in where a medicinal product that takes undergone all phases of production, containing packaging in its final container and labelling. The requirements of the finished material production may be differ from those of the medicinal product at expiry.

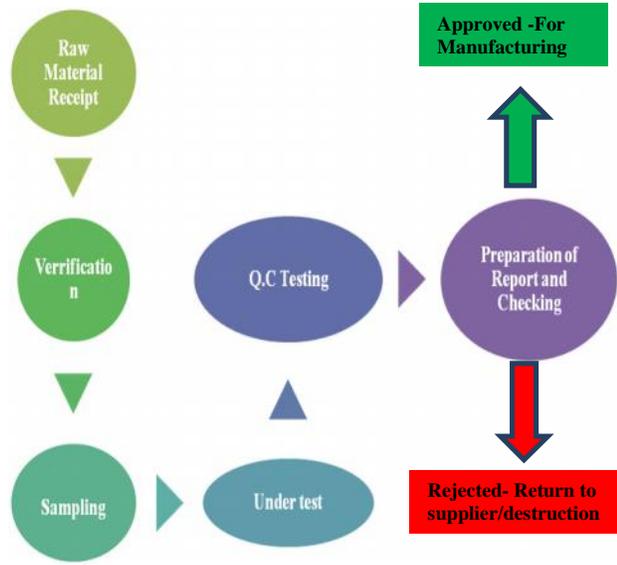
**Packaging material**

Pharmaceutical packaging is the meant to provide protection, performance, identification, information and convenience to encourage compliance with a course of therapy. The commonly used packaging materials in pharmaceuticals are containers closures, cartons, shippers, etc.

**Types of packaging and defects**

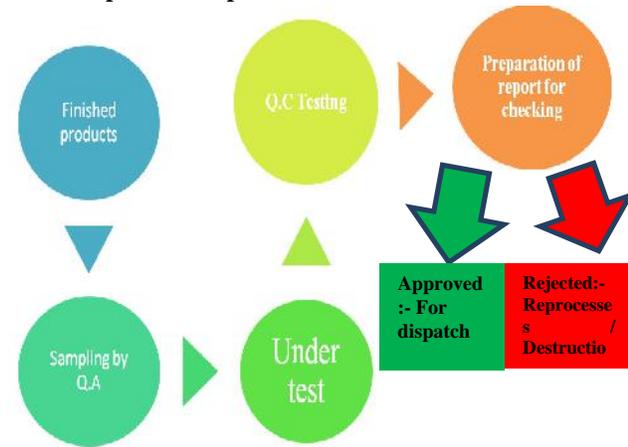
Primary packaging which is in direct contact to the product. The next one is 2<sup>o</sup> packaging which is outdoor the primary, possibly cast-off to cluster primary packaging Tertiary packaging it is used to bulk handling and shipping. E.g.-barrels, shippers etc. and the defects in packaging materials are critical defects, major defects and minor defects [6].

**Raw material inspection**



**Fig 3: Raw material inspection**

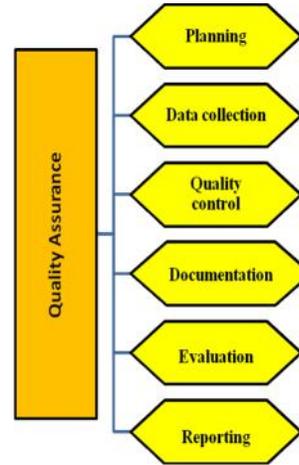
**Finished product inspection**



**Fig 4: Finished product inspection**

**Quality assurance**

Quality Assurance is a systemic arrangement for evaluating the product and made through the object of confirming that product will be safe for the intended use. Quality assurance is the organized watching & assessment of different stages in manufacturing process to minimize the manual as well as the instrumental errors. Q.A department assists in the planned direction and enlargement of quality systems, standard operating procedure and document control program, to ensure with the company policies and regulatory requirements [7].



**Fig 5: Components of Quality assurance**

IP Q.A in development stage are during research and development, inspection of the condition of raw materials, sellers, methods, validation of processes ,maintaining documents, calibrations and working procedures and maintain records, and formulations of active ingredients and other products.

Documentation Q.A include study and approval of BMR and method of analysis data before any intermediate , Raw materials or finished product is released, as fine as episodic trending of the facts , reviewing and checking whether the BMR and BPR are properly filled or not and checking for data integrity [8].

**3. INJECTION**

Manufacturing of injectable where sterile environment needs to be established [9]. Injection is placing a liquid specially a drug into a human systemic circulation by using a syringe & needle. T Injection is a method for supplying drugs by parenteral administration i.eby passing fast pass metabolism in liver [10].

There are numerous methods parenteral products are available like infusion , intradermal, S.C.I.M, I.V, I.O, I.P, intraarticular, intracavernous, intrathecal ,epidural, intracardiac, and intravitreal [11].

**Different types of injectable**

Ampules injection, Liquid vials injection, Dry powder injection [14, 35]

**Ampules injection**

It is a small airtight vial that second-hand to hold and reserve a sample typically a solid or liquid. They are made of borosilicate. Currently they are mostly used to contain the pharmaceuticals product and chemicals which are protected from air and impurities.

### Washing procedures of ampoules

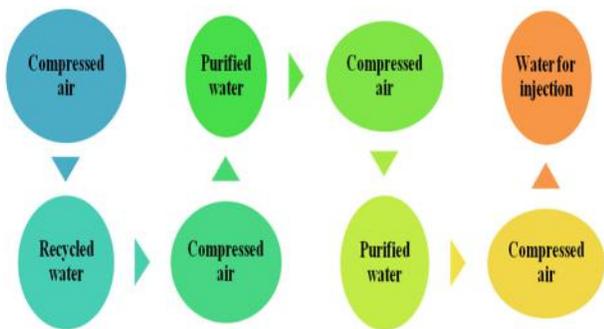


Fig 6: Washing procedures of ampoules

### Preparation of ampoules

After washing of ampoules with 3 different water it goes into Depyrogenating tunnel with the help of conveyer belt under Laminar Air Flow [10, 34].

#### Depyrogenating tunnel divided into 3 zones

- Drying zone
- Sterilizing zone
- Cooling zone.

#### Filling principle

1. After sterilisation ampoules are conveyed to the filling area where nitrogen gas is filled into the ampoules before and after filling to keep the product stable and the ampoules are sealed by tip sealing process using specific heat and pressure with the help of LPG and oxygen.
2. After filling and sealing of ampoules, they are visually inspected for rejection like crack of vials sealing defects, volume defects, black and white particles, glass or fibre particles and empty vials.
3. After visual inspection the ampoules are send for autoclaving 121 °C should be maintained for 15 minutes [2].
4. Ampoules are then transferred to auto inspection machine.
5. After the process the ampoules are transferred to the packaging section.
6. Ampoules are first labelled at sticker labelling machine and product details are printed on the labels printing which are inspected by ACG inspection machine.
7. Ampoules are then transferred to RONDO packing machine.
8. After packing of ampoules in rondo trays are packed secondarily in cartoons by CP-120 HLCART packing machine then packed into sipper and dispensed from the department.

### Liquid vials injection

A liquid vial injection is used for the parenteral administration (injection or infusion) that contains more than one dose of medication. Multi-dose vials are considered such as antimicrobial preservative which help to prevent from growth of the bacteria [27].

#### Preparation of liquid vial injection

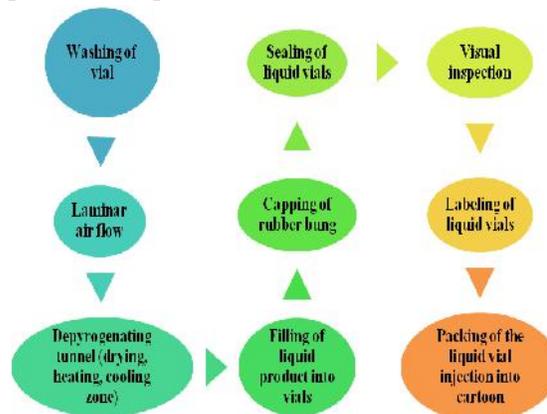


Fig 7: Preparation of liquid vial injection

### Dry powder injection

Dry powder injection are manufacture and process by using high grade API aseptically and added to sterile vials in accordance with the pre-vialing medical standard.

#### Preparation of dry powder injection by lyophilisation

Lyophilisation is a freeze drying process in where complete removal of moisture is done from the formulation after it is freeze dried under reduced pressure, by changing vapour phase from solid phase without converting to liquids [15,31,33].

#### Objectives of lyophilisation

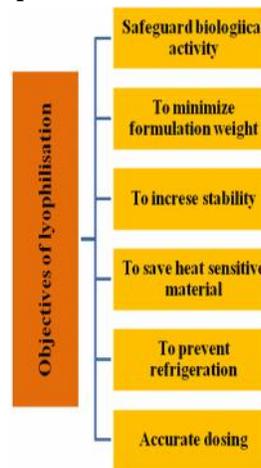


Fig 8 : Objectives of lyophilisation

**Steps in lyophilisation**

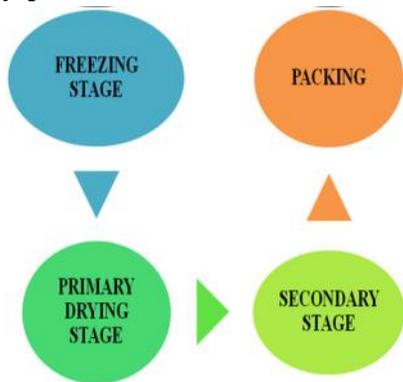


Fig 9: Steps in lyophilisation

**Manufacture of dry powder injection**

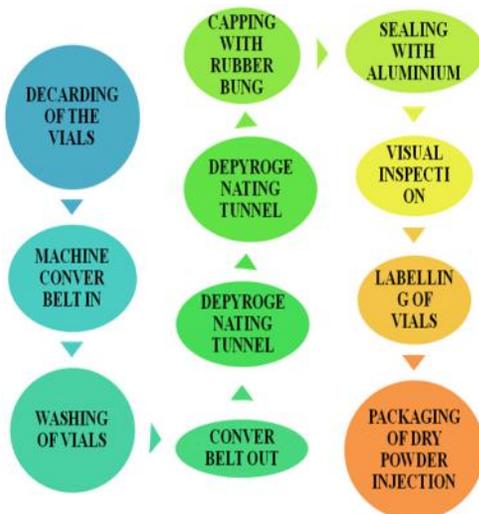


Fig 10: Manufacture of dry powder injection

**Uniformity of content**

Determination of uniformity of the content in injectable is done by taking 10 containers taken at random. All individual values obtained should be between 85 and 115 % at an average value. If any sample value is outside the limits 85-115% but within the limits 75-125% of the average value, the procedure is repeated by taking 20 samples [9].

**Clarity test**

Foreign visible or sub-visible particulate matter in injectable/parenteral formulation is the major concern. Erythrocytes have a diameter of approximately 4.5µm so particles of more than 5µ must be the base of estimation. If the particle size more than RBC, then it must be discarded and procedure should be followed stringently to avoid such issue [14].

**Coulter counter method**

One of the most used methods decides the particle size. In an electrolyte solution sample is added. The sample is drawn through very small orifice. Orifice is separated by both the electrodes. When the particle permits over the orifice, it relocates its own volume of electrolyte and upsurge in electrical resistance is detected between the electrodes. The

subsequent voltage beats which are relational to the particle size, are augmented and are measured and counted. Less than .2m particles can be measured in this method [9,16, 17,18].

**Leakage test:**

These particular tests only performed for ampoules which used to be closed by merging to guarantee that the product is totally leak proof it may be achieved by a) Vacuum Chamber Test b) Dye Bath Test. [11,19, 21,22]

**Vacuum chamber test:**

Ampoules are immersed in vacuum chamber containing of a dye of 1% methylene blue solution. A pressure of about 27inch Hg (-ve) even more is formed up to half an hour. This causes the solution to arrive the ampoules with defective sealing. Ampoules thoroughly washed from outside and observed for the presence of dye in the ampoules. The presence of dye colour confirms leakage [11,20,25].

**Clarity of solution**

Free from foreign particles of parenteral product is the objective of this test. There should not be any solid undissolved, b) parenteral product should be equivalent or more clear than an equivalent capacity of diluents for water for injections. [11, 23, 24, 29]

**Pyrogen test**

This is an animal experimental procedure where rabbits used as the model. Originally the dose 10 ml/kg body weight is inserted through rabbit vein at body temperature after 0 minutes of drug administration. The reading of temperature is taken in each one hour after injection for confirmation of presence of pyrogen [11, 30].

**LAL test (Limulus Amebocyte Lysate Test)**

Limulus Amebocyte Lysate test is done to find endo-toxins. The element is castoff for gel-clot development. The pipes are nurtured at 37±1°C for 60 ± 2 minutes. After the pipes are upturned opposite angle creation of stable gel authorizes affirmative reaction. While development of a viscid gel that doesn't uphold its uprightness or nonappearance of a stable gel authorizes negative reaction. [12, 26]

**Sterility testing**

This test is done to find out the presence of viable microorganisms. Very little intensities of infection cannot be noticed on the base of random sampling. To achieve the goal the test has to be carried out in aseptic conditions. A grade A laminar airflow cabinet or an isolator is recommended for maintain aseptic area. Safeguards taken for this determination should not harmfully affect any microorganisms, which are to be exposed in the test [13, 28, 35].

**4. CONCLUSION**

Commencing the above revision we are in a conclusion that except precise in as IPQC test we can curtail budget, time, measurable, recurrence of methods. Also able to know in general facts and stuffs of different dosage forms. It will help in advancement of the excellence of products and

curtail the tedious usage of instruments, so conducting of this IPQC test is a necessity. Throughout the handling of any pharmaceutical dosage forms, added examination on IPQC test of diverse dosage forms are going on to progress the quality of product. All the tests are mentioned are carried out for finished doses as well as raw materials which help in the maintaining quality, safety and efficacy of the product.

## 5. REFERENCES

1. Sanjay R, Narayan S, ChoudharyManu Priya. In proseses quality control a review. *Indo Am J Pharm Res* 2017;7(10).
2. Jiang Y, David B, Tu P, Barbin Y. Recent analytical approaches in quality control of traditional Chinese medicines—a review. *Anal Chim Acta* 2010;657:9-18.
3. Sarraguça MC, Lopes JA. Quality control of pharmaceuticals with NIR: From lab to process line. *Vib Spectrosc* 2009;49:204-10.
4. Macleod MR, Fisher M, O'collins V, Sena ES, Dirnagl U, Bath PM, et al. Good laboratory practice: preventing introduction of bias at the bench. *Stroke* 2009;40:e50-2
5. Okafor N. *Modern industrial microbiology and biotechnology*. CRC Press; 2016 Mar 9.
6. Abhinaya N, Thunga G, Muddukrishna BS, Pai R, Shenoy UR, Khan S, Pai KG. A Research on Effective Management of Manufacturing Defects to Avoid Product Recalls: A Challenge to Pharmaceutical Industry. *Res J Pharm Tech* 2019;12:6124-32.
7. Kushare S, Darekar A, Saudagar R. Quality Assurance and Quality Management in Pharmaceutical Science and Pharmaceutical Industry. *J Drug Deliv Ther* 2019; 9 (2-s):537-42.
8. Saudagar R, Doltade M. Role of Quality Assurance Department in Pharmaceutical Industries: A Review. *J Drug Deliv Ther* 2019 May 15;9(3):678-83.
9. Shirisha V, Ghosh S, Rajni B, Banji D. An Updated Review on IPQC Tests for Sterile and Non Sterile Products. *Res J Pharm Tech* 2014;7(2):255-65.
10. Tawde SA. Particulate matter in injectables: main cause for recalls. *J Pharmacovigil* 2014;3:1-2
11. Deshmukh MT, Salunkhe RS, Deshmukh VT, Shete RV. Quality control test's for parenteral preparations: a review. *Journal of Current Pharma Research*. 2015;5(2):142.
12. Indian Pharmacopoeia. The Controller of publication, New Delhi; Ministry of Health and Family welfare. Volume I. India 5thed.Particulate contamination. (2007) 28, 54,182,187,188-90.
13. British Pharmacopoeia. Published on behalf of Medicines and Health care products Regulatory Agency; The Department of Health, social services and public safety. Great Britain. Volume II, 6th ed. (2010) 6502-10.
14. United States Pharmacopoeia. 29 National formulary 24(USP 29- NF 24) Supplement1 is current from April 1, 2006 through July 31, (2006) 37.
15. Bjeloševi M, Pobirk AZ, Planinšek O, Grabnar PA. Excipients in freeze-dried biopharmaceuticals: contributions toward formulation stability and lyophilisation cycle optimisation. *Int J Pharm* 2020 Jan 15:119029.
16. Sacha G, Rogers JA, Miller RL. Pre-filled syringes: a review of the history, manufacturing and challenges. *Pharm Dev Technol* 2015;20:1-1.
17. Halpern V, Stalter RM, Owen DH, Dorflinger LJ, Lendvay A, Rademacher KH. Towards the development of a longer-acting injectable contraceptive: past research and current trends. *Contraception* 2015;92:3-9.
18. Langille SE. Particulate matter in injectable drug products. *PDA J Pharm Sci Technol* 2013;67:186-200.
19. Chen Z, Turng LS. A review of current developments in process and quality control for injection molding. *Advances in Polymer Technology: Journal of the Polymer Processing Institute* 2005;24:165-82.
20. Mendibil X, Llanos I, Urreta H, Quintana I. In process quality control on micro-injection moulding: The role of sensor location. *Int J Adv Manuf Tech* 2017;89(9-12):3429-38.
21. Akter S. An overview of established practices and parameters to ensure quality of a pharmaceutical product.2017.
22. Nakao R, Kida T, Suzuki K. Factors affecting quality control of [18F] FDG injection: bacterial endotoxins test, aluminum ions test and HPLC analysis for FDG and CIDG. *Appl Radiat Isot* 2005;62:889-95.
23. Legnerová Z, Huclová J, Thun R, Solich P. Sensitive fluorimetric method based on sequential injection analysis technique used for dissolution studies and quality control of prazosin hydrochloride in tablets. *J Pharm Biomed Anal* 2004;34:115-21.
24. Lu HM, Liang YZ, Wu XJ, Qiu P. Tentative fingerprint-efficacy study of *Houttuynia cordata* injection in quality control of traditional Chinese medicine. *Chem Pharm Bull* 2006;54:725-30.
25. Smith AE. Predicting product quality with backpropagation: a thermoplastic injection moulding case study. *Int J Adv Manuf Tech* 1993;8:252-7.
26. Yang Y. Injection molding control: From process to quality. *Hong Kong University of Science and Technology (Hong Kong)*; 2004.
27. Groves MJ. Parenteral products: the preparation and quality control of products for injection. Elsevier; 2014 May 20.
28. Ogbomo I, Kittsteiner-Eberle R, Englbrecht U, Prinzing U, Danzer J, Schmidt HL. Flow-injection systems for the determination of oxidoreductase substrates: applications in food quality control and process monitoring. *Analytica chimica acta* 1991;249:137-43.

29. Tran T, Kupiec TC, Trissel LA. Quality-Control Analytical Methods: Particulate Matter in Injections: What is It and What are the Concerns?. *Int J Pharm Compd* 2006;10:202.
30. Oliveira SS, de Souza Barbosa F, Pezzi LC, Schapoval EE, Mendez AS. Microbiological assay for quantitative determination of Imipenem in powder for injection. *Drug Analytical Research* 2018;2(2):8-13.
31. Li XD, Cui L, Huang T. Quality Control and Test Methods for Infusion Pump and Injection Pump. *Yiliao Weisheng Zhuangbei*. 2011;32:115-6.
32. Kao CH, Hsu WL, Xie HL, Lin MC, Lan WC, Chao HY. GMP production of [18 F] FDOPA and issues concerning its quality analyses as in USP "Fluorodopa F 18 Injection". *Ann Nucl Med* 2011;25:309-16.
33. Sun L, Wei H, Zhang F, Gao S, Zeng Q, Lu W, Chen W, Chai Y. Qualitative analysis and quality control of Traditional Chinese Medicine preparation Tanreqing injection by LC-TOF/MS and HPLC-DAD-ELSD. *Anal Methods* 2013;5:6431-40.
34. Rosato DV, Rosato MG. *Injection molding handbook*. Springer Science & Business Media; 2012 Dec 6.
35. da Silveira Ev L, Schapoval EE. Microbiological assay for determination of ofloxacin injection. *J Pharm Biomed Anal* 2002;27:91-6.

**Conflict of Interest: None**

**Source of Funding: Nil**