



Implementation of Biofluorescence Particle Counters to Replace Traditional EM Methods

Thais Vilgren

Novo Nordisk A/S

Novo Nordisk at a glance

Novo Nordisk is a leading global healthcare company, founded in 1923 and headquartered in Denmark.

We are constantly looking for ways to improve increasingly difficult production processes and ensure delivery of products for our patients now and in the future

Our purpose is to drive change to defeat diabetes and other serious chronic diseases such as obesity and rare blood and endocrine disorders.

We do so by pioneering scientific breakthroughs, expanding access to our medicines and working to prevent and ultimately cure disease.

Products marketed in

170

countries

Total net sales

176.9

billion DKK

Affiliates in

80

countries

Supplier of nearly

50%

of the world's insulin

More than

36

million people use our diabetes care products



R&D centres

in China, Denmark, India, UK and US

Strategic production sites

in Denmark, Brazil, China, France and US

Around

55,000

employees



Growth disorders



Rare bleeding disorders



Diabetes



Obesity



**19
20
23**
Driving change for generations

Agenda

- 1. General Background and Application**
- 2. Validation Strategy**
- 3. Operational Strategy**
- 4. Roadmap and Learnings**



Why change?

Goal

Zero humans in grade A



**Automated grade A
areas**

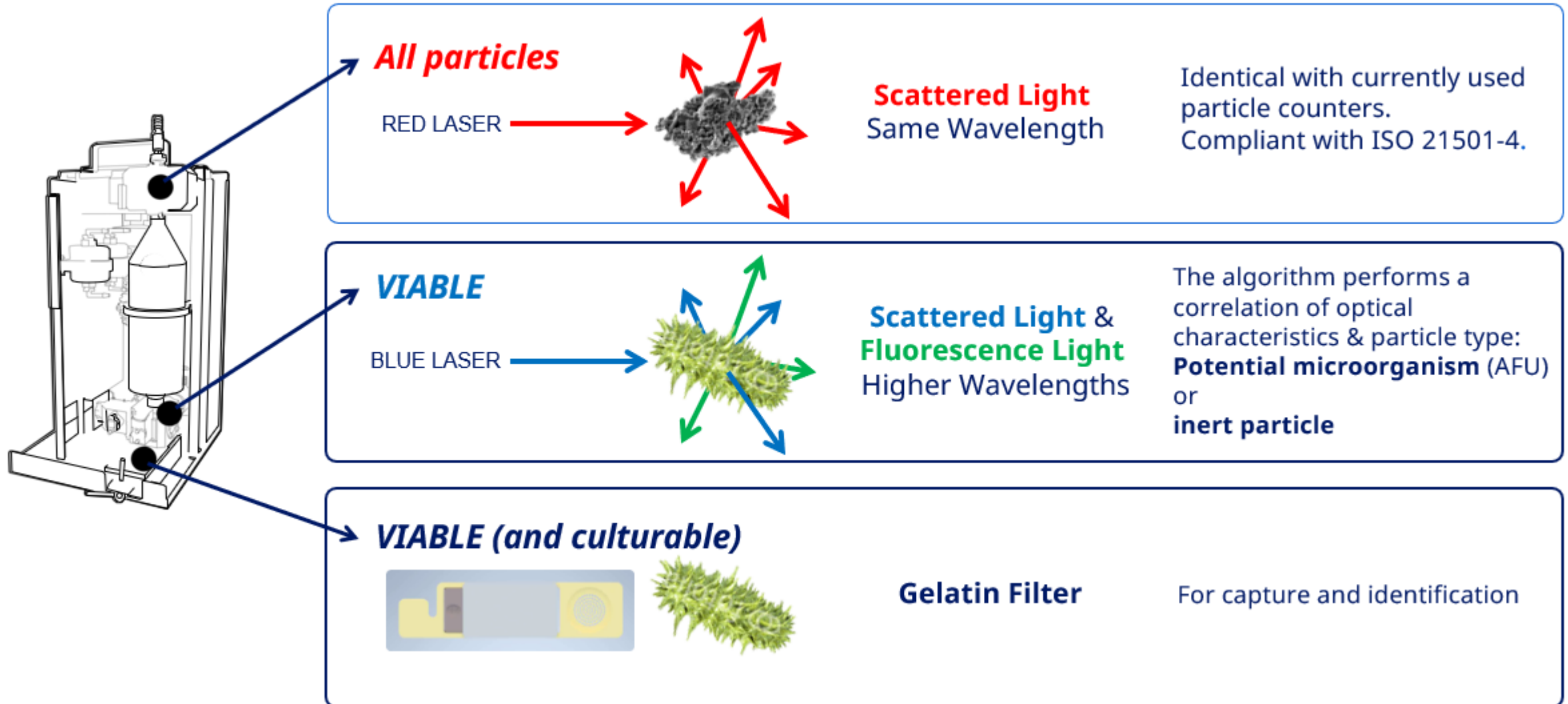


BIOTRAK = ACTIVE AIR + PARTICLE COUNTER + SETTLE PLATE

Biofluorescence Particle Counters

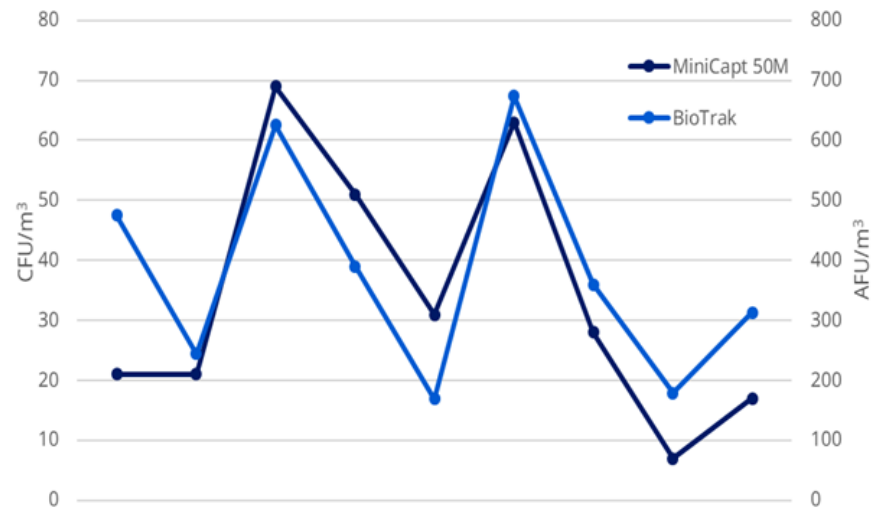
- No interventions for EM-sampling
- Active and continuous air monitoring
- Real time results giving the opportunity to investigate immediately
- Improved sterility assurance

What is a BioTrak?



Preliminary tests

Comparison of viable counts in grade D



Parallel monitoring with BioTrak and active air. Primary Y-axis is CFU and secondary is AFU with a factor 10 difference.

Conclusion:

- ✓ BioTrak is more sensitive compared to traditional growth based methods

Comparison of viable counts in grade A

Case 1: Isolator filling line. 10 hours after end of production (at rest).

Channel	Min	Max	Average	Std. Dev.	Std.Error
0,5 µm Viable	0	0	0	0	0
5,0 µm Viable	0	0	0	0	0

Case 2: RABS filling line. 8 hours fill, normal operation conditions.

Channel	Min	Max	Average	Std. Dev.	Std.Error
0,5 µm Viable	0	0	0	0	0
5,0 µm Viable	0	0	0	0	0

Case 3: Conventional filling line. 48 hours, normal operation conditions.

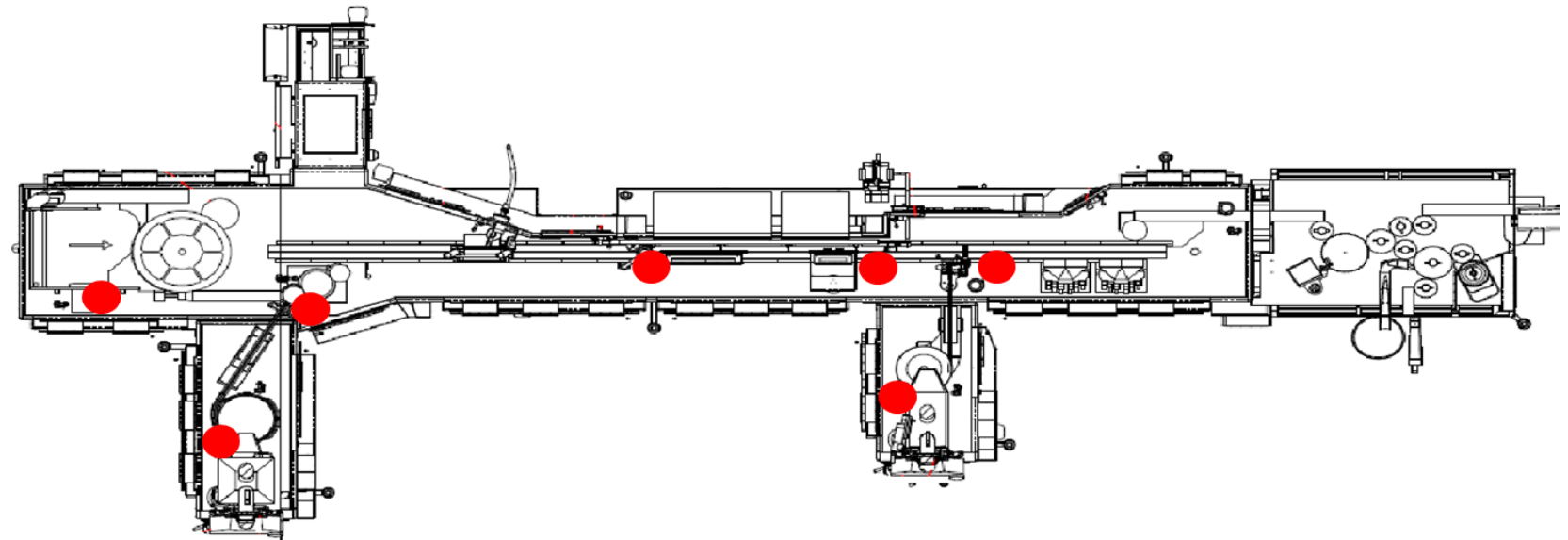
Channel	Min	Max	Average	Std. Dev.	Std.Error
0,5 µm Viable	0	0	0	0	0
5,0 µm Viable	0	0	0	0	0

Conclusion:

- ✓ No false positives and unexpected background noise
- ✓ The results match existing trend for viables in air in grade A

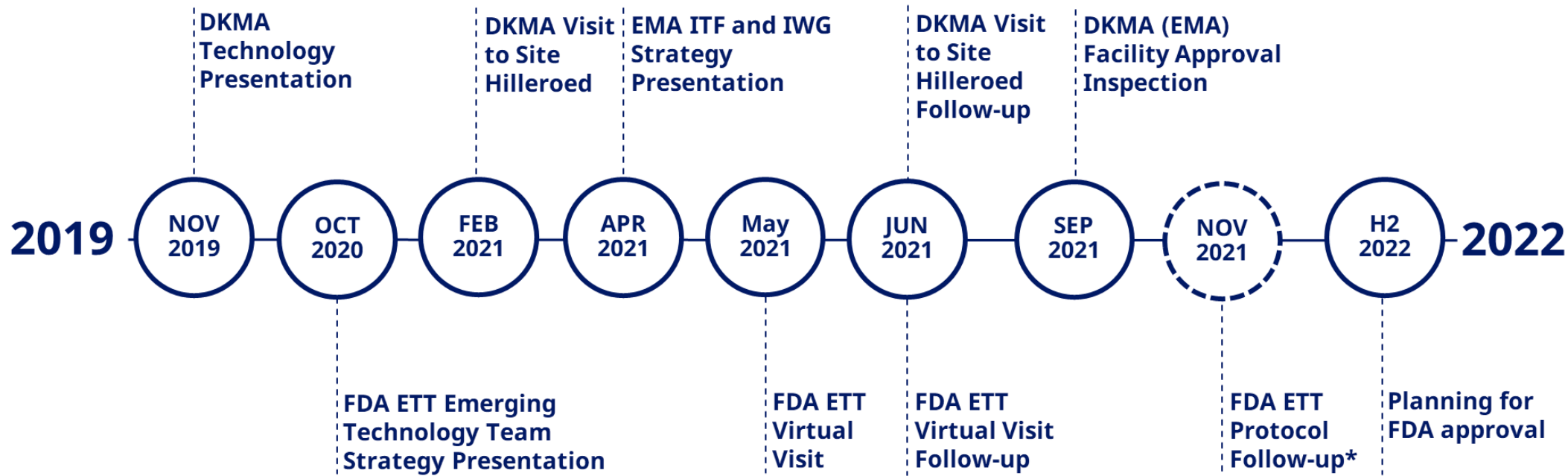
How was the technology applied

- 2 high volume isolator filling lines (600 cartridges per minute)
- Isolator line with gloves and RTP ports
- MAS-100 ® active air samplers, Airnet particle counters
- BioTraks installed in 7 positions based on Risk Assessment
- Software integrated with the filling line to fully automate operation



Interaction with Regulators

AFU vs CFU
Validation
ID
Calibration etc.



*Email communication only - no meeting

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Qualification at Novo Nordisk

Supplier Qualification

Review of supplier's Primary Validation and QA approval

- ✓ Physical Efficiency
- ✓ Accuracy
- ✓ Precision
- ✓ Specificity
- ✓ Limit of Detection (LoD)
- ✓ Limit of Quantitation (LoQ)
- ✓ Range
- ✓ Linearity
- ✓ Ruggedness (USP <1223>)
- ✓ Robustness

End User Qualification

Validation Plan

- User Requirement Specification
- **Installation/Operation Verification**
- **Interference & false count in grade A**
- **Non-inferiority in grade D and A**
- Risk/benefit

Ph. Eur. 5.1.6 - Alternative Methods for Control of Microbiological Quality including the parameters

USP<1223> - Validation of Alternative Microbiological Methods

PDA Technical Report No.33 - Evaluation, Validation and Implementation of Alternative and Rapid Microbiological Methods

Qualification at Novo Nordisk

- examples

Qualification of pipes

Probe	Particle Size	Counting Efficiency
MDL1	0.5 µm	104.1%
	5.0 µm	107.6%
MDL2	0.5 µm	101.7%
	5.0 µm	99.0%
MDL3	0.5 µm	104.8%
	5.0 µm	106.4%
MDL4	0.5 µm	101.0%
	5.0 µm	100.3%
MDL5	0.5 µm	100.8%
	5.0 µm	99.4%
MDL7	0.5 µm	101.8%
	5.0 µm	107.0%
MLD8	0.5 µm	104.2 %
	5.0 µm	100.7 %

Interference testing

Wipes	Interference
Pulverized Glass	Interference
Product 1	No Interference
Product 2	No Interference
Product 3	No Interference
Product 4	No Interference
Product 5	No Interference
Ethanol on cloth	No Interference
Piston	No Interference
Caps	No Interference
Autoclave Bag	No Interference
Gloves	No Interference

Qualification at Novo Nordisk

- Non-inferiority grade A (parallel study)

Non-inferiority	Sampling duration (hrs)	# of AFU alarms	# of plates with CFU	Probability of detecting an event
Closed doors ¹	3253 hours	9	0	30.5 times higher

Collection filter	Sampling duration (hrs)	# of AFU alarms	# of collection filters with CFU
Closed doors ¹	273	0	0

1) Closed door activity: Setup and filling

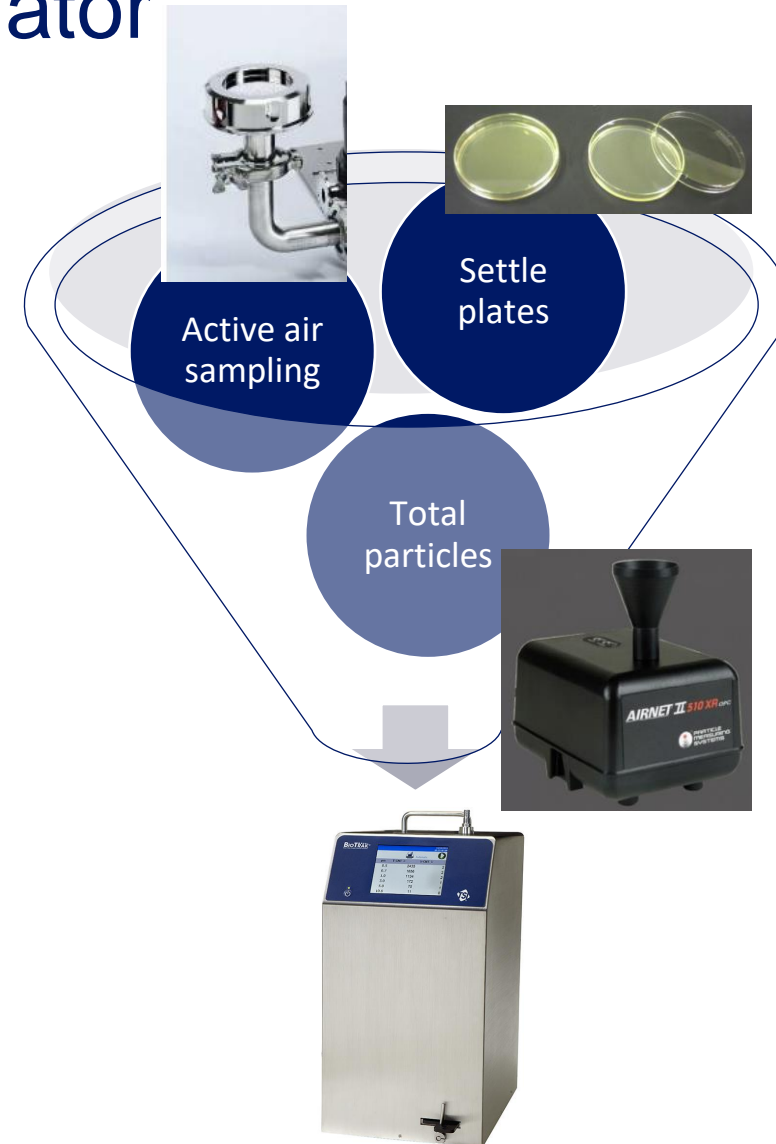
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Environmental Monitoring Setup In The Isolator

1. Monitoring of air both total particulates and viables: **BioTrak**
2. Surface sampling incl. gloves with agar at the end of batch or campaign
3. Improved RCA in case of an AFU count
 - a. Real time results enabling immediate investigation and precise correlation of AFU counts and ongoing activities



How To Handle An AFU Count?

AFU count

In grade A
AFU = CFU

Any AFU
count (>0) is
an action level



Handling of Incident

1. Immediate line stop
2. The operator is alerted, and an immediate investigation is initiated including action to collect ID¹
3. Potentially affected units are rejected automatically

¹ID: Incubate gelatine filter from the BioTrak



Continue fill

Following
appropriate
delimitation and
containment

Interaction With Regulators

FDA ETT / EMA / DKMA

- Parallel study in grade A must demonstrate statistical non-inferiority
 - Study can be used for other Novo Nordisk facilities
- In-line gelatine filter must be used to get ID, only incubate in case of an AFU count
- Review raw data prior to release
- Ongoing performance/Functionality check at each batch/campaign
- Method and frequency for cleaning of piping
- Study to verify absence of VHP in piping

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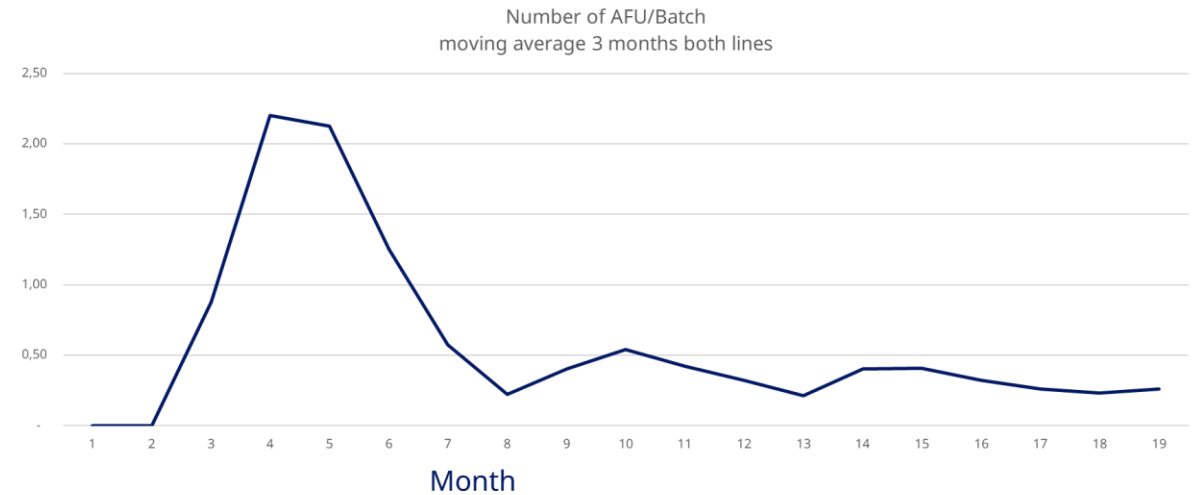
Interaction with Regulators

Inspections so far.....

- DKMA
- FDA
- South Korea
- Türkiye

What did we learn from root cause investigation ?

- **Aseptic behavior**
- **Process optimization**
 - Pressure reducing of CPE containers
 - Change of wipes
- **Set up**
 - Assembly and maintenance of pipes



Implementing BioTrak

Goals for implementing BioTrak

- No interventions for EM-sampling
- Active and continuous air sampling
- Real time results giving the opportunity to investigate immediately
- Improved sterility assurance

After implementing BioTrak

- 80% Reduction of interventions
- 87% Reduction in filling line down time for EM-sampling

Learnings From Implementing a (new) Alternative Method

- Key to collaborate with the regulators
- The regulators are very interested in new technology
- Work with the supplier
- Expect setbacks...

Roadmap and Ambition at Novo Nordisk

- Implementation of BFPCs

2024

Operation only with BioTrak® on pilot site



From 2024

Initiate roll out on other isolator lines

Future

- Implement on other filling lines
- Automate monitoring of classified areas



Acknowledgements to The Team at Novo Nordisk A/S

Lene C. Andersen, VP Production
Robert Fischer, Director, NNI
Liz D'Amato, Director, NNI
Peter Annel, Microbiology Specialist
Mehrdad Yusefi, QA Specialist
Caroline Elsabe Dreyer, Aseptic Specialist
Byurakn Ishkhanyan, Statistician
Karin Leth, Sr. Specialist
Kai Dirscherl, Metrology Professional
Anna Hanberg Thomsen, RA Professional
Hoa Quynh Pham, Sr. Project Manager
Thais Vilgren, Global Process Manager



Questions?

