



Excipients Used in Parenteral Formulations of Biopharmaceuticals

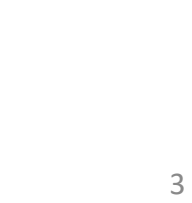
Excipients in Biopharmaceuticals

- As other dosage form, biopharmaceuticals also contains number of **excipients** that are selected to serve different purposes.
- Our concern is that the biopharmaceuticals are a complex dosage form that required special consideration in formulation as follow:
 1. Most of these product are **designed for parenteral administration** which is a quiet challenging dosage form.
 2. The nature of protein which can be considered as **unstable** product due to multiple ways of instability that turns the protein inactive.
 3. The special processing in included in formulation of biotech product such as **freeze drying and aseptic preparations**.
 4. In addition, if the dosage form is designed for **multiple injection system**, this will add additional complexity to the dosage form.
- Both the choice of the excipient and its concentration are important. For instance, low concentrations of polysorbates may stabilize the protein (see below), while higher concentrations may cause denaturation.



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Protein Instability



Proteins are unstable

Chemical instability

- Deamidation
- Oxidation
- Proteolysis (hydrolysis)
- Disulfide shuffling
- Racemization
- Beta elimination
- ...



Physical instability

- **Conformational**
 - ↑ Unfolding
 - ↓ Misfolding
- **Colloidal**
 - ↑ Aggregation
 - ↓ Precipitation
- **Adsorption**

**Each degradation reaction can induce another one
Multiple degradation processes occur at different rates,
yielding numerous degradation products**

Example of Excipients in Marketed Biopharmaceuticals



Excipient class	Function	Examples
Buffers	pH control, tonicity	Histidine, phosphate, acetate, citrate, succinate
Salts	Tonicity, stabilization, viscosity reduction	Sodium chloride
Sugars ^a , polyols	Tonicity, stabilization, cryoprotection, lyoprotection ^b , bulking agent ^b , reconstitution improvement ^b	Sucrose, trehalose, mannitol, sorbitol
Surfactants	Adsorption prevention, solubilization, stabilization, reconstitution improvement ^b	Polysorbate 20, polysorbate 80, poloxamer 188
Amino acids	Stabilization, viscosity reduction, tonicity, pH control, bulking agent ^b	Arginine, glycine, histidine, lysine, proline
Anti-oxidants	Oxidation prevention	Methionine, sodium edetate
Preservatives ^c	Bacterial growth prevention	m-cresol, benzyl alcohol, phenol

Adapted from Weinbuch et al. (2018)

^aOnly non-reducing sugars

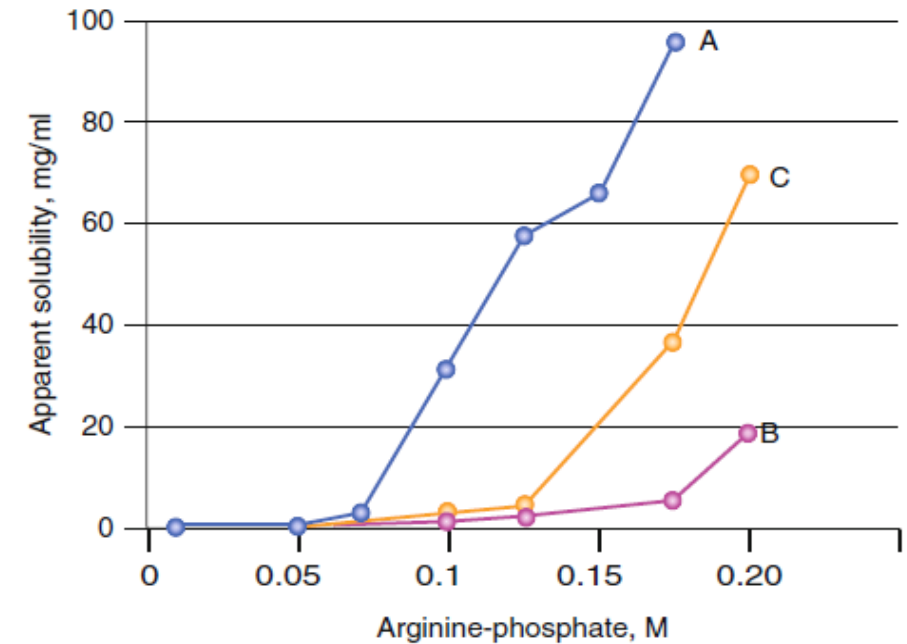
^bFor freeze-dried products

^cMulti-dose containers

Table 5.6 ■ Common excipients in protein drug products

Solubility Enhancement

- Proteins, in particular those that are **non-glycosylated**, may have a **tendency to aggregate** and precipitate.
- Approaches that can be used to enhance solubility include:
 1. **Selection of the proper pH** and ionic strength conditions.
 2. **Addition of amino acids** such as lysine or arginine (used to solubilize tissue plasminogen activator, t-PA).
 3. **Surfactants** such as sodium dodecyl sulfate to solubilize non-glycosylated IL-2 can also help to increase the solubility.

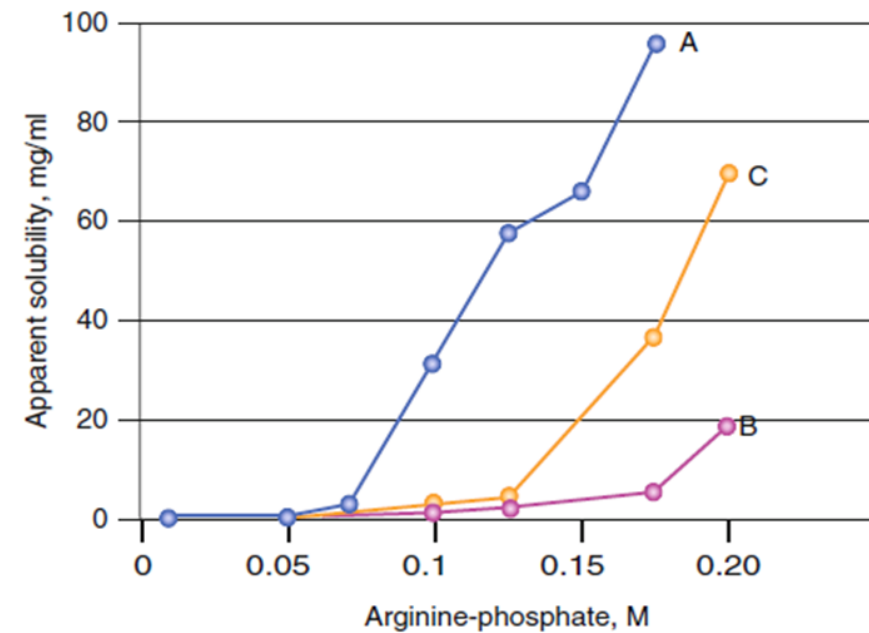


Effect of arginine on type I and type II alteplase at pH 7.2 and 25 °C. A type I alteplase, B type II alteplase, C 50:50 mixture of type I and type II alteplase.

Solubility Enhancement



- The mechanism of action of these solubility enhancers **depends on the type of enhancer and the protein involved** and is not always fully understood.
- This figure clearly indicates the dramatic effect of arginine concentration on the apparent solubility of t-PA.
- It is believed that arginine will **increase the hydrogen bonding** ability of the protein.
- In the above examples, aggregation is **physical in nature**, i.e., based on hydrophobic and/or electrostatic interactions between molecules.



Solubility Enhancement



- However, aggregation based on the formation of **covalent bridges between** molecules through disulfide bonds and ester or amide linkages has been described as well.
- In those cases, proper conditions should be found to avoid these chemical reactions such as controlling pH of the solution and adding anti-adsorption agents.

Anti-adsorption and Anti-aggregation Agents:



- Most proteins are **prone to adsorb** to interfaces.
- **Anti-adsorption** agents are added to **reduce adsorption** of the active protein to interfaces.
- Some proteins tend to **expose hydrophobic sites**, normally present in the core of the native protein structure when an interface is present.
- These interfaces can be water–air, water–container wall, or interfaces formed between the aqueous phase and utensils used to administer the drug (e.g., catheter, needle).
- **For solid surfaces** (such as protein- container wall):
- Adsorbed, partially unfolded protein molecules not only present a **loss of API** but also may **form aggregates**, leave the surface, return to the aqueous phase, and form **larger aggregates**, and precipitate.

Anti-adsorption and Anti-aggregation Agents



- A similar situation may occur at **gas-liquid** interfaces.
- For some proteins the reconstitution protocol for the freeze-dried cake stipulates to **swirl** the vial **instead of shaking** it to avoid protein exposure to large liquid-air interfaces.

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Store in carton to protect from light.
DO NOT SHAKE reconstituted solution.

Dispense the enclosed Medication Guide to each patient.

No Preservative
Single Use Vial –
Discard unused portion.

Rx Only

Anti-adsorption and Anti-aggregation Agents



- Techniques used to decrease (or prevent) adsorption and suppress aggregation.
 - 1) **For interface-induced aggregation:**
 - a) **Use of surfactant:** surfactants will adsorb at the interfaces → make the interface more hydrophilic → Protein accumulation at the interface is suppressed and thereby aggregate formation.
 - The most commonly used surfactants for parenteral use are poly-sorbate 20, 80. and Poloxamer 188.
 - b) **Use of human serum albumin:** also prevent adsorption.
 - Albumin is **commonly avoided** nowadays due to probability of **transferring infections** and the **interference with the analysis** of the original drug.

Anti-adsorption and Anti-aggregation Agents



- 2) **For the aggregates that occur in the bulk:** these are formed because of colloidal and/or conformational instability.
 - a) **Adding sugars:** Glucose may perfectly act as a conformational stabilizer
 - However this may cause additional instability through **Millard reaction** (*Primary amino groups of the proteins react with the reducing sugar, resulting in brownish/yellow solutions*)
 - b) **Selecting a proper pH and buffer medium for maximum stability.**
 - Variation in pH of the medium can cause protein instability and aggregation.

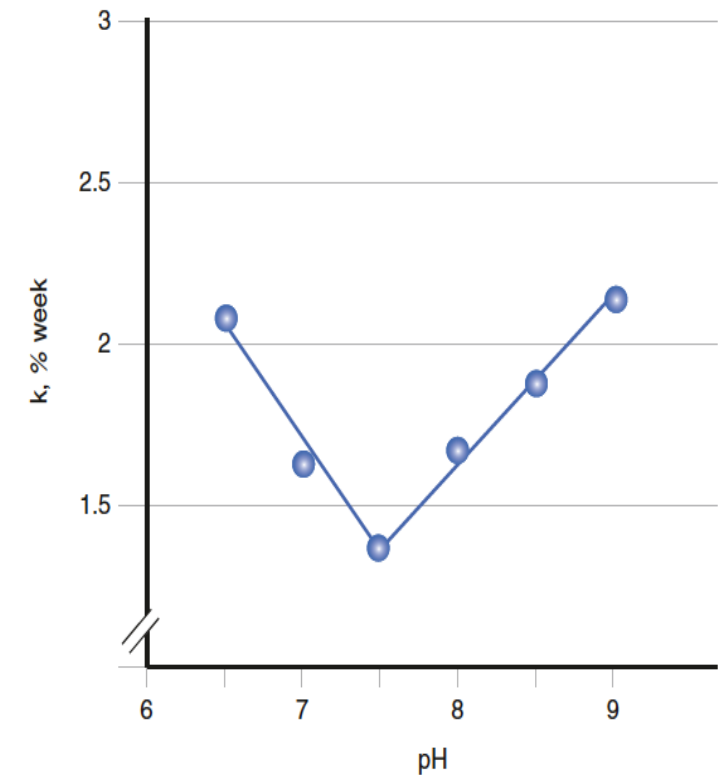
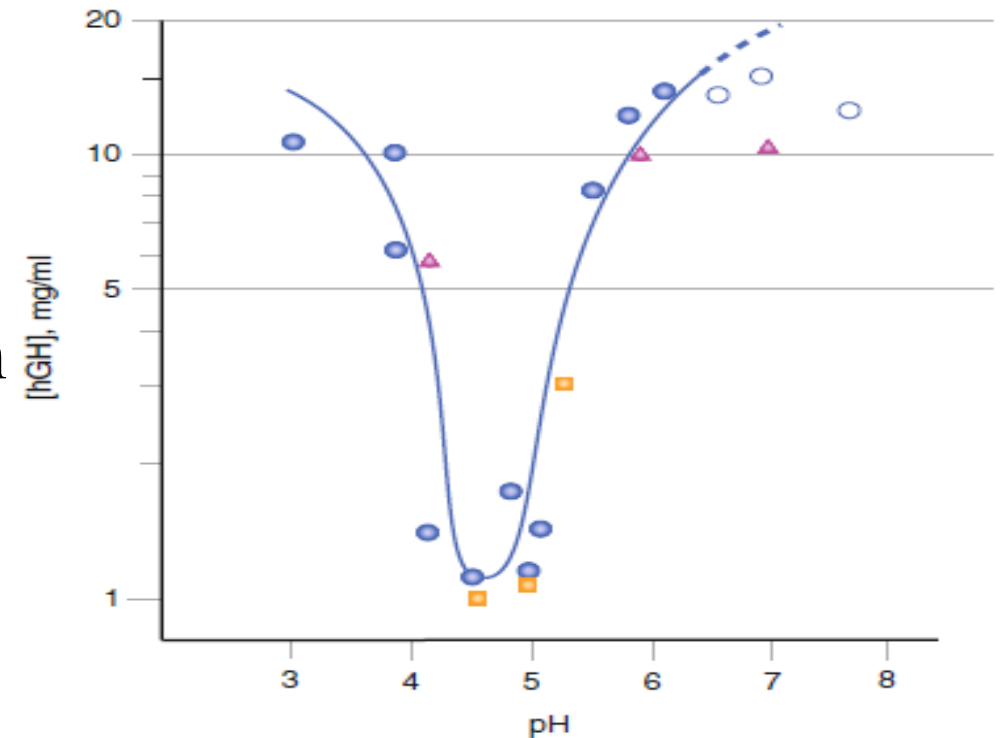


Figure 5.6 ■ pH stability profile (at 25 °C) of monomeric recombinant α 1-antitrypsin (rAAT) by size exclusion-HPLC assay,

Buffer Components

- Buffer selection is an important part of the formulation process, **because** of the pH dependence of protein **solubility** and **physical and chemical stability**.
- Buffer systems regularly encountered in biotech formulations are **phosphate, citrate, and acetate**.
- **A good example on pH effect on solubility:** the importance of the isoelectric point (pI) (which is the pH at which protein carries NO charge (neutral) → **lowest solubility**) is the solubility profile of human growth hormone (hGH, pI around 5)



A plot of the solubility of various forms of hGH (human growth hormone) as a function of pH.

*Open circles means completely soluble.
pI here = ~ 5*

Buffer Components

- **Other Example on pH effect of Protein Solubility and Stability:**
- The protein **aggregation** due to the short (temporary) changes of pH that may occur during freeze drying process.
- This change in pH **happened** when one of the buffer components is crystallizing and the other is not.
- In a phosphate buffer, Na_2HPO_4 crystallizes faster than NaH_2PO_4 . This causes a **pronounced drop in pH** during the freezing step.
- **Note:** this can be decrease by using cryoprotectant such as sugar trehalose

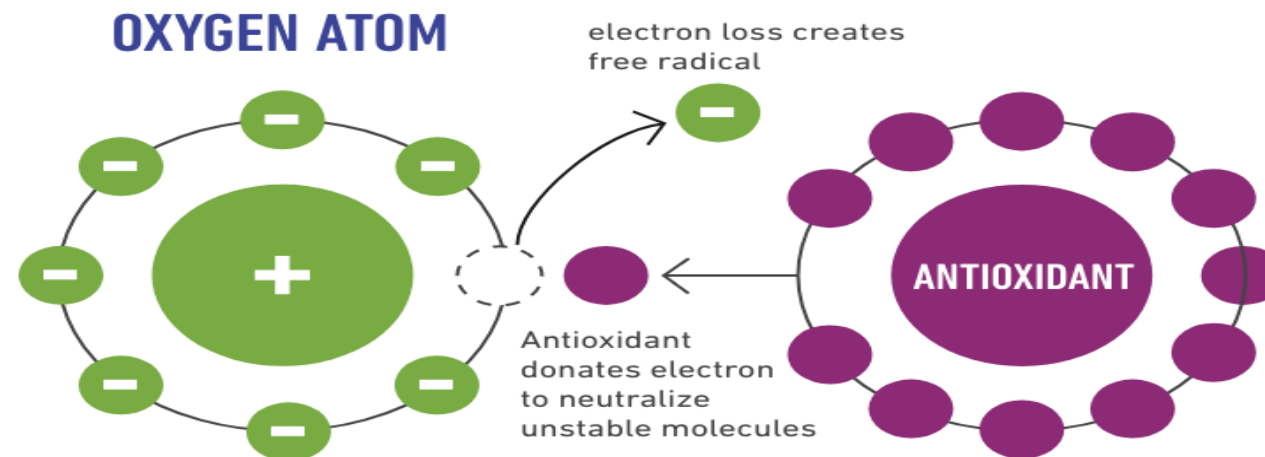
Preservatives and Antioxidants



- **Protection against oxidation:**
- Methionine, cysteine, tryptophan, tyrosine, and histidine are amino acids that are readily oxidized.
- Proteins **rich in these amino acids** are liable to oxidative degradation.
- These changes can be decreased (or prevented) by:
 1. **Replacement of oxygen** by inert gases (e.g. argon) in the vials helps to reduce oxidative stress.
 2. **Decrease the headspace in** the vial (such as in pre-filled syringes) will decrease the amount of oxygen available and decrease the oxidative stress.
 3. **Addition of antioxidants** such as methionine that competes with the methionine residues for oxidation.

Preservatives and Antioxidants

- **Note:** some antioxidant can act as an **oxidant** in certain condition that need to be consider.
- Ascorbic acid, for example, can act as an **oxidant** in the presence of a number of heavy metals.
- So, if ascorbic acid had to be used for any reason we need to add chelating agents such as **EDTA** to reduce the effect of heavy metal.



Preservatives and Antioxidants



- **Preservation:**
- Certain proteins are formulated in containers designed for **multiple injection schemes**.
- After administering the first dose, **contamination with microorganisms may occur**.
- **Preservatives** must be added to **minimize growth**.
- Common antimicrobial agents include phenol, meta-cresol, benzyl alcohol, and chlorobutanol.
- Usually, these preservatives are present in **concentrations that are bacteriostatic** rather than bactericidal in nature. →
- **They can interact with the protein**, which may compromise both the activity of the protein and the effectivity of the preservative.

Cryoprotectant



- **Due to heat instability** of biopharmaceuticals → **freeze drying has become** the gold standard drying process for dosages that need to be in dry state for maximum stability.
- Freeze drying includes **removing of water by sublimation** (from solid phase into vapor phase without passing in liquid phase).
- These include freezing of the product first, then decreasing the pressure above the product so the temperature and pressure will be below that of **triple point**.
- The condition could be at -52°C and 0.08 mbar.
- Then increasing the temperature slightly so water can sublimate.

Cryoprotectant



- During freezing stage, **ice crystal may form** and grow causing structural changes and protein instability
- **Cryoprotectants are excipients** that protect a protein during freezing or in the frozen state (mainly sugars: sucrose, trehalose and sugar alcohols: mannitol, sorbitol).
- These work by **increasing the solute concentration** and **lower the melting point** (keep water as liquid as possible).
- This will **prevent rapid ice formation** which is the cause of **structural changes** in which it takes out **structural water** out of the material or cells and cause deformation.
- So cryoprotectants keep the structure integrity during freezing stage.