



**College of Pharmacy  
Fifth Stage**

**Pharmaceutical Biotechnology**

**Dr. Maytham Ahmed**

**Lecture 4  
Excipients Used in Parenteral Formulations of  
Biopharmaceuticals**

---



# Excipients Used in Parenteral Formulations of Biopharmaceuticals



# Excipients in Biopharmaceuticals

- ▶ As other dosage form, biopharmaceuticals also contain a 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**.
  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 included in **formulation of biotech product** such as **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 , while **higher concentrations** may cause **denaturation**.

# 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**

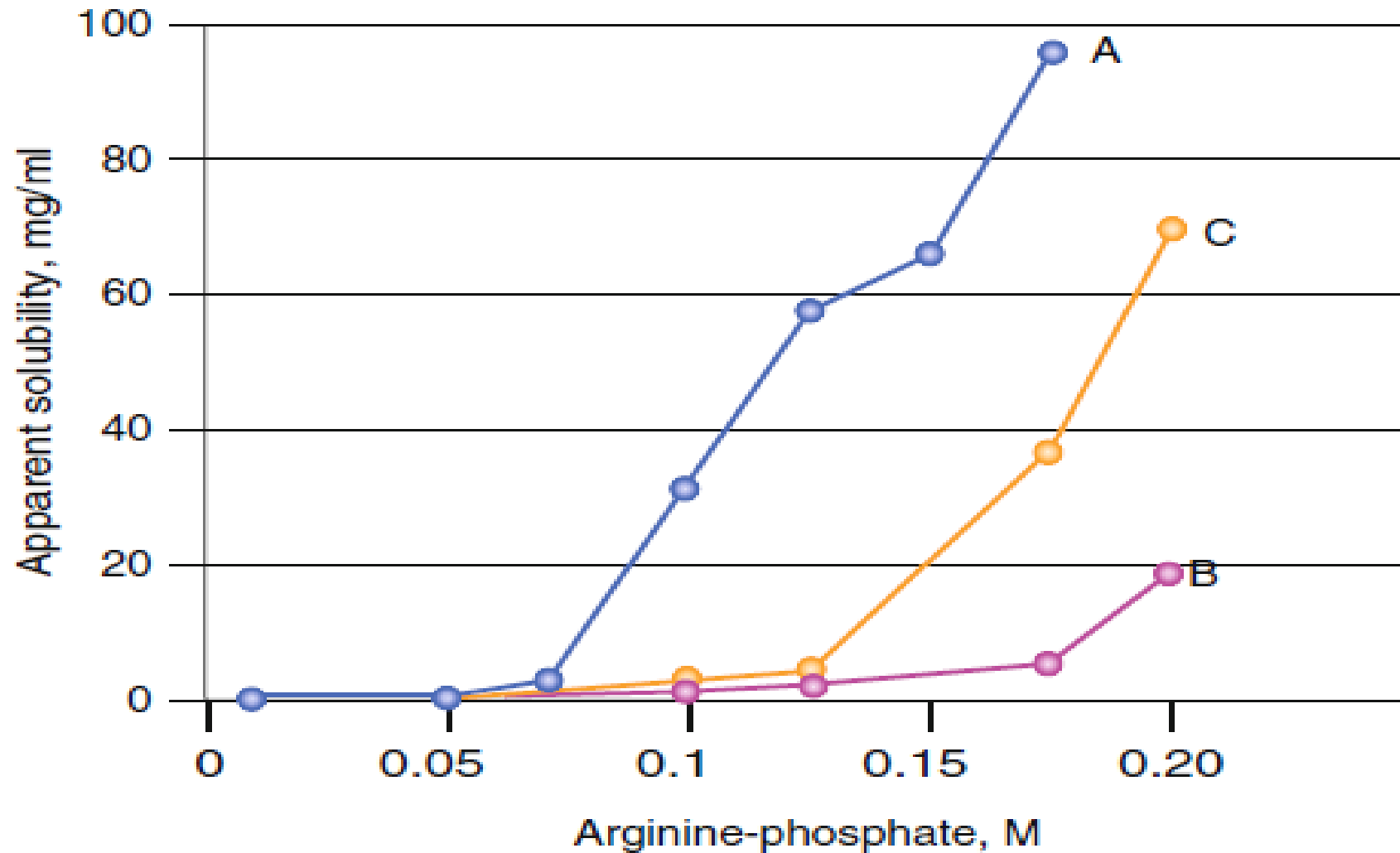
# Example of Excipients in Marketed Biopharmaceuticals

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

# 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** 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.

# SOLUBILITY ENHANCEMENT



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**.
- ▶ 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**.
- ▶ **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** (Active Pharmaceutical Ingredient) 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 instructs to **swirl** the vial **instead of shaking** it to avoid protein exposure to large liquid-air interfaces.

1 BLINCYTO™ Single Use Vial  
1 IV Solution Stabilizer Vial

NDC 55513-160-01

**AMGEN**®

**BLINCYTO™**  
(blinatumomab)  
for Injection

**35**  
mcg/vial

**35 mcg/vial**

**For Intravenous Infusion Only**  
Store at 2°C to 8°C (36°F to 46°F).  
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.**

# 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.
  - b) **Selecting a proper pH and buffer medium for maximum stability.**
    - ▶ Variation in pH of the medium can cause protein instability and aggregation.

# 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:

1. Phosphate
2. Citrate and
3. Acetate

# Buffer Components

## The isoelectric point (pI)

- ❖ pH of a solution at which the **net primary charge** of a protein becomes **zero**.
- ❖ At a solution **pH that is above the pI** the surface of the protein is predominantly **negatively charged** and like charged molecules will exhibit **repulsive forces**.
- ❖ At a solution **pH that is below the pI**, the surface of the protein is predominantly **positively charged** and **repulsion** between proteins occurs.
- ❖ At the **pI the negative and positive charges cancel**, **repulsive electrostatic** forces are **reduced** and the **attraction forces predominate**. The attraction forces will cause **aggregation and precipitation**.
- ❖ The pI of most proteins is in the pH range of 4-6.

# Buffer Components

**pI:** is the pH at a particular molecule carries **no net electrical charges** (overall charge).

□ Thus molecule is affected by **pH** of its surrounding environment and can **become more positively or negatively** charged due to the gain or loss, respectively, of ( $H^+$ ).

□ Such molecules have **minimum solubility** in water or salt solutions at the **pH that corresponds to their pI** and often **precipitate** out of solution.



# Preservatives and Antioxidants

- ▶ **Antioxidant (Protection against oxidation):**

- ▶ Methionine, cysteine, tryptophan, tyrosine, and histidine are amino acids that are readily oxidized.

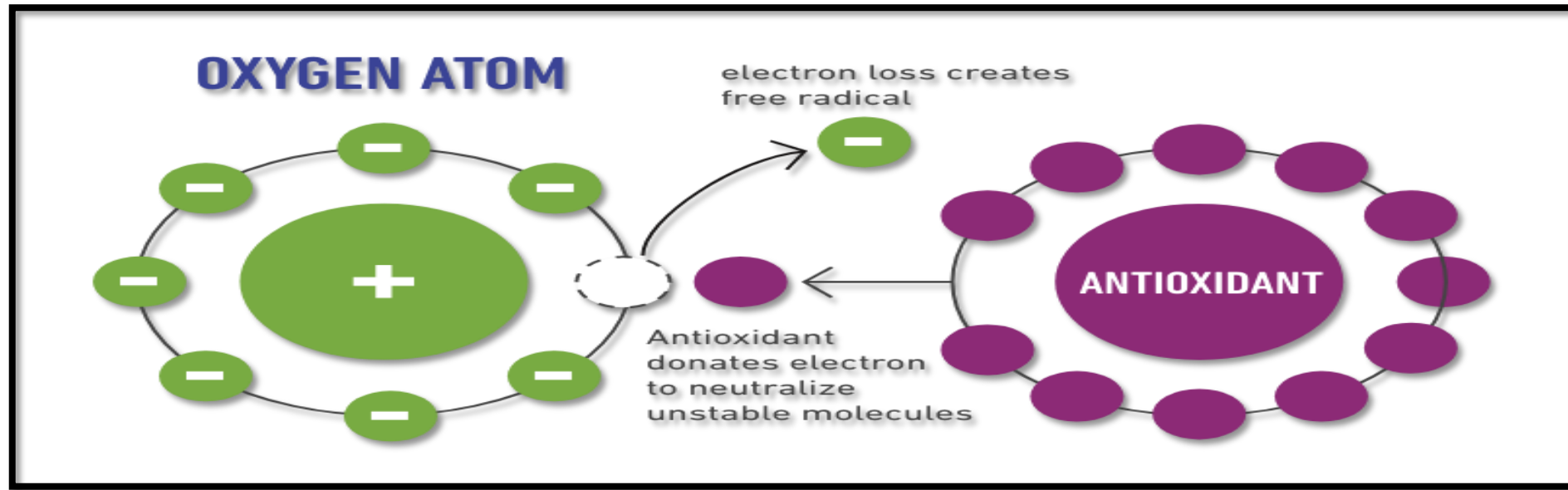
- ▶ **Proteins** rich in these **amino acids** are liable to **oxidative degradation**.

- ▶ 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

- ▶ **Proteins** in solution often do not meet the preferred **stability requirements** for industrially pharmaceutical products (**>2 years**), even when kept permanently under **refrigerator conditions** (cold chain).
- ▶ The abundant presence of **water** promotes **chemical and physical degradation** processes.
- ▶ **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**).

# Freeze Drying

▶ Three stages can be discerned in the **freeze drying process**:

## (1) A freezing step

The temperature of the product is reduced.

## (2) The primary drying step

Crystallized and water not bound to protein/excipients is removed by sublimation. The **temperature** is **- 40 °C** and **reduced pressures** are used.

## (3) The secondary drying step

Removal of water interacting with the protein and excipients. The **temperature** is rises gradually, e.g., from **- 40 °C to 20 °C**.

# Freeze Drying



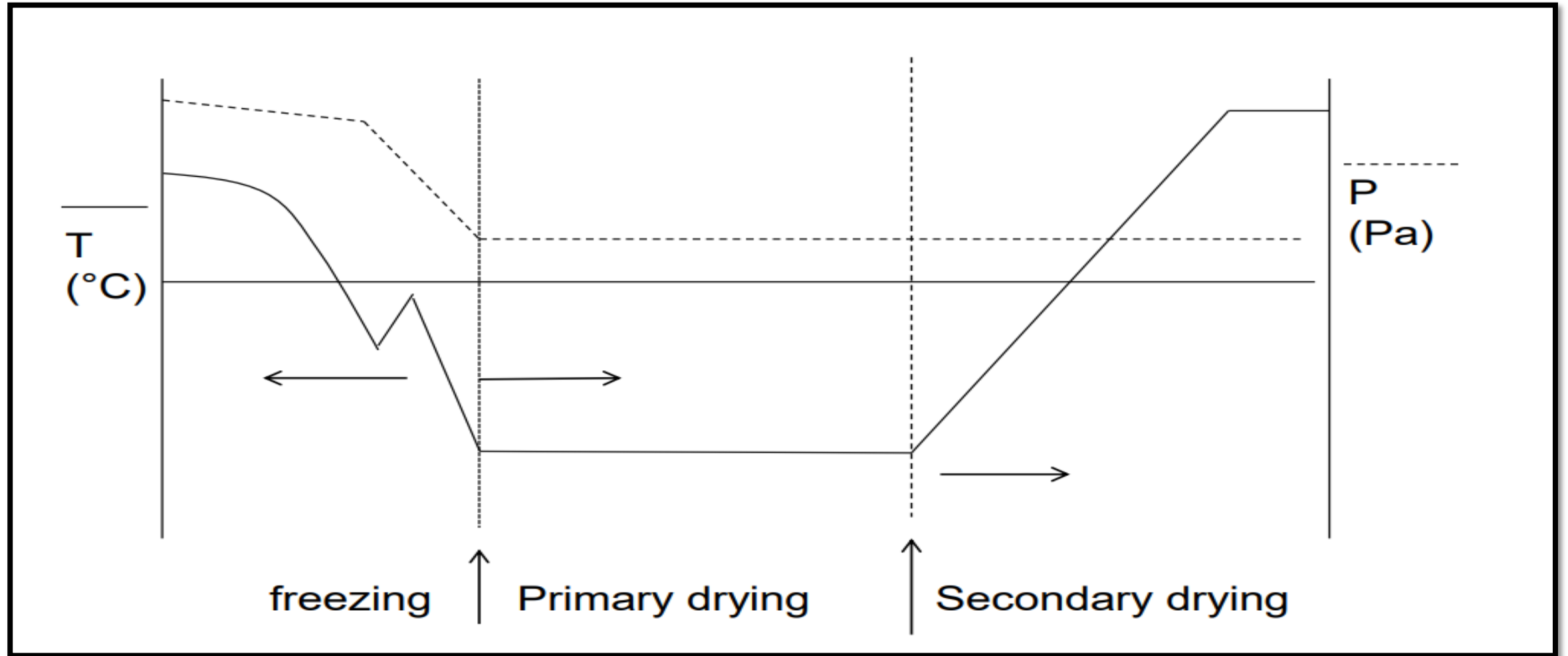
**Solution**

Temperature  
Time  
Pressure



**Powder**

# Freeze Drying



Example of freeze-drying protocol for systems with crystallizing water. Abbreviations:  $T$ , temperature;  $P$ , pressure.

# 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**.
- ▶ **So cryoprotectants keep the structure integrity during freezing stage.**





**Thank You**