

Module 4

Considerations for Parenteral Products

ICH Q3D Elemental Impurities

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International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use



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Content

- Wording in guideline
- Principles supporting the 2 L parenteral limit
- Examples



Q3D: Large Volume Parenteral Section

Parenteral drug products with maximum daily volumes up to 2 liters may use the maximum daily volume to calculate permissible concentrations from PDEs. For products whose daily volumes, as specified by labeling and/or established by clinical practice, may exceed 2 liters (e.g., saline, dextrose, total parenteral nutrition, solutions for irrigation), a 2-liter volume may be used to calculate permissible concentrations from PDEs. (*Reference 4*)

4) Holliday MA, Segar WE. The maintenance need for water in parenteral fluid therapy. Pediatrics 1957:19:823-32.



Maintenance Fluid Replacement

- In 1957, Holliday and Segar proposed a method for determining the average daily fluid replacement need for hospitalized patients. (Holliday, Segar [1957], ref. 1)
 - Summary, based on patient body weight
 - First 10 kg body weight: 100 ml/kg/day
 - Second 10 kg body weight: 50 ml/kg/day
 - Thereafter: 20 ml/kg/day
- This method is still considered the standard of care.
 - "The Holliday-Segar equation remains the standard method for calculating maintenance fluid requirements." (Meyers, [2009], ref. 2)
- 1. Holliday MA, Segar WE. The maintenance need for water in parenteral fluid therapy. Pediatrics 1957;19:823-32.
- 2. Meyers, RS. Pediatric Fluid and Electrolyte Therapy, Journal of Pediatric Pharmacology Therapeutics 2009;14:204-11

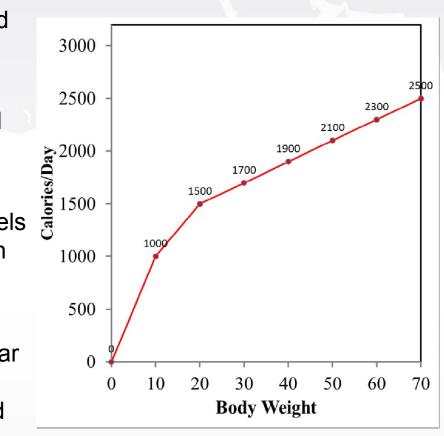


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Large Volume Parenterals

Holliday-Segar nomogram

- Summary: 1 ml of replacement fluid is required for every 1 Calorie expended. Caloric expenditure is correlated with body weight.
- A 50 kg patient requires about 2000 ml of fluid per day parenterally.
- Q3D established 2 liters as the reference volume for determining elemental impurity levels in parenteral products that may be delivered in large volume.
 - Q3D PDEs are based on 50 kg body weight
- On the basis of body weight, the Holliday-Segar nomogram confers an additional safety factor when volumes exceeding 2 liters are delivered to patients whose body weight exceeds 50 kg.





Example 1: 10% Dextrose Injection, USP

- Product information
 - Supplied in 1L PVC bags
 - Dose1: daily dose set at 2L
 - USP water for injection is used to produce the drug product
- Risk assessment approach
 - Risk assessment conducted using the drug product approach
 - During a review of the components of the drug product no potential elemental impurities were identified as likely to be present
 - Manufacturer conducted testing on samples from 3 representative commercial batches of the drug product to support the risk assessment (testing included class 1, 2A and 3 elements)
 - Leachable studies demonstrate that there are no significant elemental impurity contributions from the container closure system over the shelf life of the product.

^{1.} Package Insert Dosage: "As directed by a physician. Dosage is dependent upon the age, weight and clinical condition of the patient."



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Large Volume Parenterals

Example 1: 10% Dextrose Injection, USP

Lot number	As, μg/L	Cd, μg/L	Hg, μg/L	Pb, μg/L
20xx001	<0.50	<0.10	<0.25	<0.10
20xx002	<0.50	<0.10	<0.25	<0.10
20xx003	<0.50	<0.10	<0.25	<0.10
	As, μg	Cd, μg	Hg, μg	Pb, μg
Total daily level ¹	<1.0	<0.20	<0.50	<0.20
PDE	15 μg/day	2 μg/day	3 μg/day	5 μg/day
Control threshold	4.5 μg/day	0.6 μg/day	0.9 μg/day	1.5 μg/day

Lot number	Co, μg/L	V, μg/L	Ni, μg/L	Li, μg/L	Sb, μg/L	Ba, μg/L	Mo, μg/L	Cu, μg/L	Sn, μg/L	Cr, μg/L
20xx001	<0.20	<0.40	<2.0	<10.0	<2.0	<1.0	<10.0	<2.0	<3.0	<10.0
20xx002	<0.20	<0.40	<2.0	<10.0	<2.0	<1.0	<10.0	<2.0	<3.0	<10.0
20xx003	<0.20	<0.40	<2.0	<10.0	<2.0	<1.0	<10.0	<2.0	<3.0	<10.0
	Co, µg	V, μg	Ni, μg	Li, µg	Sb, μg	Ba, µg	Mo, μg	Cu, µg	Sn, μg	Cr, µg
Total daily level ¹	<0.40	<0.80	<4.0	<20.0	<4.0	<2.0	<20.0	<2.0	<6.0	<20.0
PDE	5 μg/day	10 μg/day	20 μg/day	250 μg/day	90 µg/day	700 μg/day	1500 μg/day	300 μg/day	600 μg/day	1100 μg/day
Control threshold	1.5 μg/day	3 µg/day	6 μg/day	75 μg/day	27 μg/day	210 μg/day	450 μg/day	90 μg/day	180 μg/day	330 µg/day

¹ (2L x observed level)



Example 1: 10% Dextrose Injection, USP

Conclusions

- All values for the potential elemental impurities of concern were observed to be less than the detection limit.
- For each element, the limit of quantitation is less than the control threshold.



Example 2: 0.45% Sodium Chloride Injection, USP

Product information

- Supplied in 1L PVC bags
- Dose1: daily dose set at 2L
- USP water for injection is used to produce the drug product

Risk assessment approach – component approach

- An assessment of the water for injection revealed that the only potential elemental impurities to be considered were As, Cd, Hg, and Pb.
- Literature revealed mean results for three grades of salt using validated methods (http://eusalt.com/salt-quality, As, Cd, Hg, Pb testing in salt)
- Manufacturing equipment does not contribute elemental impurities due to mild conditions employed in the manufacture of the drug product
- Leachable studies demonstrate that there are no significant elemental impurity contributions from the container closure system
- Monitoring of the WFI quality demonstrates that there are no significant elemental impurity contributions.

¹ Package Insert Dosage: "As directed by a physician. Dosage is dependent upon the age, weight and clinical condition of the patient."



Example 2: 0.45% Sodium Chloride Injection, USP

	As, conc.	Cd, conc.	Hg, conc.	Pb, conc.
Maximum level in NaCl*	0.024 µg/g	0.011 μg/g	0.00062 μg/g	0.0808, µg/g
Water for injection	<0.50 µg/L	<0.10 μg/L	<0.25 µg/L	<0.10 µg/L
Impurity level per liter of drug product	<0.5108	<0.1495	<0.25279	<0.464
	As, μg	Cd, μg	Hg, μg	Pb, μg
Total µg/day (based on total 2L/day)	<1.0216 µg	<0.299 µg	<0.50558 µg	<0.928 µg
PDE	15 μg/day	2 μg/day	3 μg/day	5 μg/day
Control threshold	4.5 μg/day	0.6 μg/day	0.9 μg/day	1.5 μg/day

^{*} NaCl data reported represent the maximum levels reported in the literature (see references)

Conclusions:

 All potential elemental impurity levels are lower than the control threshold for each elemental impurity



References

- European Committee for the Study of Salt, ECSS/CN 287-1982, Statistical Study of Inter-Laboratory Analysis of Sodium Chloride (As, Cd, Hg, Pb)
 - o As: EuSalt/AS 011-2005
 - Hg: EuSalt/AS 012-2005
 - o Pb: EuSalt/AS 013-2005
 - Cd: EuSalt/AS 014-2005