













Points for consideration in the formulation process of pharmaceutical proteins

Factor	Description/attributes/examples	
API (active pharmaceutical Ingredient) or DS (drug substance)	Type of protein, physico-chemical properties , e.g., molecular weight, pl, hydrophobicity, solubility, post- translational modifications, pegylation, physical and chemical stability and concentration, available amount , purity	
Clinical factors	Patient population (e.g., age and concomitant medication), self- administration versus administration by professional, compatibility with an infusion solution, indication (e.g., one-time application or chronical application)	
Route of administration	Subcutaneous, intravenous injection or infusion, intramuscular, intravitreal, intra-articular, intradermal, pulmonal	
Dosage form	Single- or multi-dose, prefilled syringe, dual chamber cartridge, pen cartridge; liquid, lyophilized, frozen liquid, API concentration, injection volume, injection rate, controlled delivery/release	
Primary packaging material	Glass, polymers, rubber, silicone oil, metals, leachables (anti-oxidants, plasticizers, etc.)	
Excipients	Pharmaceutical quality , safety record (for intended administration route and dose), manufacturer, tested for critical impurities, stability	
Analytical methods	Characterization of API, stability-indicating assays, quality control assays	
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Stress factors a therapeutic protein may encounter

Stress factor	When encountered/examples
Elevated temperature, temperature excursions	Production (upstream and downstream processing); improper shipment; storage or handling deviations
Freezing, freeze-thawing	Storage of frozen (bulk) material; accidental freezing during storage or shipment; lyophilization
Mechanical stress	Production (e.g., pumping, stirring, filtration)
Light	Production; shipment; storage; handling
Oxidative stress	Production (exposure to oxygen); exposure to peroxide or metal ion impurities in excipients; shipment (cavitation)
pH changes	Production (downstream processing); freezing; formulation; dilution in infusion liquids; administration
Interfaces	Air-water interface; filters; primary packaging material; infusion bags and administration lines; particulate impurities
X-ray	Air freight transportation
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	Analytical techniques Monitoring and controlling aggregate formation is particularly important because protein aggregates are readily formed under a variety of conditions → associated with enhanced risk of immunogenicity		
	Type of degradation product	Examples of analytical techniques	
1	Soluble aggregates (dimers, trimers, oligomers) and fragments	Size-exclusion HPLC/UPLC, AF4, analytical ultracentrifugation, SDS-PAGE, CE-SDS	
	Nanometer-sized aggregates	Dynamic light scattering; nanoparticle tracking analysis; AF4; Taylor dispersion analysis; turbidimetry/nephelometry; static light scattering	
	Micrometer-sized aggregates	Light obscuration; light microscopy; flow imaging microscopy; coulter counter; fluorescence microscopy; turbidimetry/nephelometry; Raman microscopy	
	Visible particles	Visual inspection; (semi-)automated visual inspection	
	Conformational changes	Conformational changes Circular dichroism, infrared, intrinsic fluorescence, extrinsic fluorescence spectroscopy and secondary- derivative UV spectroscopy	
	Chemical changes	Reversed-phase HPLC/UPLC; (HPLC-)mass spectrometry; ion-exchange chromatography;(capillary) isoelectric focusing	
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Lists of a typical <u>set of stress test conditions</u> that are <u>used in practice</u>.

	Type of stress	Examples of stress conditions	Anticipated instability types			
	Temperature	Real time (2–8 °C; up to several years) Accelerated (e.g., 25 °C, 40 °C, up to several months)	Aggregation, conformational changes, chemical changes			
	Mechanical	Shaking (50–500 rpm, hours-days) Stirring (50–500 rpm, hours-days) Freeze-thawing, (1–5 cycles, from 25 °C to -20 or-80 °C)	Aggregation, adsorption, conformational changes			
	Oxidation	H ₂ O ₂ (1–5%, 1–2 days)	Chemical changes, aggregation, conformational changes			
	Humidity (lyophilized products)	0–100% relative humidity	Aggregation, conformational changes, chemical changes			
NB: Aggregation of proteins can happen!!						
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Excipients (selected to serve different purposes)

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 agentb	Arginine, glycine, histidine, lysine, proline		
Anti-oxidants	Oxidation prevention	Methionine, sodium edetate		
Preservatives ^c	Bacterial growth prevention	m-cresol, benzyl alcohol, phenol		
 a: Only non-reducing sugars b: For freeze-dried products c: Multi-dose containers an intravenously administered product (hospital setting) versus a subcutaneously administered product (self-administration). - the choice of the excipient and its concentration are important. 				
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Oxidative degradation is a regular threat to the stability of proteins.

→ **Replacement of oxygen by inert gases** in the vials or minimizing the headspace, such as in pre-filled syringes, <u>helps reducing oxidative stress</u>.

→ addition of antioxidants, such as methionine, which competes with methionine residues for oxidation

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24

24

Preservation -

Protection Against Freezing and Drying

Formulations in multi-dose containers must contain a **preservative** as **antimicrobial agents**. NOTE: <u>These preservative molecules can interact with the protein</u>, which may compromise both the activity of the protein

Cryoprotectants are excipients that protect a protein during freezing or in the frozen state → enhancing the interaction of the solvent (water) with the protein and are themselves excluded from the protein surface layer.

Lyoprotectants protect the protein in the lyophilized state

(1) the '<u>water replacement theory</u>': replacement of water by forming hydrogen bonds with the protein

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(2) the '<u>vitrification theory</u>': formation of a glassy amorphous matrix keeping protein molecules separated from each other.

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Remarks

To **formulate a protein API successfully** and turn it into a medicinal product

In-depth understanding of the chemical and physical characteristics of the molecule in question, including its stability under the preferred storage conditions.

A set of stability-indicating, **complementary and orthogonal analytical techniques should be available** to help in successfully selecting the route of administration, the proper excipients, and the packaging material for a stable product (freeze-dried or not).

 To date the parenteral route is the only one that allows us to administer protein-based medicines for systemic delivery to the patient.

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25