

C. Navaud¹, G. Bouguéon^{1,2}, J-M Bernadou¹, B. Dessane^{1,2}, A. Venet¹, J. Heloury¹, V. Servant¹, S. Cresto⁴, H. Boulestreau⁴, F. Xuereb^{1,3}, A. Berroneau¹, S. Crauste-Manciet^{1,2}
1- Pharmaceutical Technology Department, Bordeaux university hospital (CHU de Bordeaux), France ; 2- ARNA Laboratory-ChemBioPharm U1212 INSERM - UMR5320, CNRS - University of Bordeaux, France; 3- Pharmacokinetics and PK/PD Group, INSERM 1034, University of Bordeaux, France; 4- Hospital Hygiene Service, Bordeaux university hospital (CHU de Bordeaux), France

Introduction : In the context of essential drug shortages during the Covid-19 pandemic crisis, our team was involved in the network driven by ANSM for studying feasibility of hospital pharmacy production of curare and particularly in cisatracurium. The objective of this work was to validate the possibility to produce final ready-to-use curare solution, using current hospital aseptic methods and final containers i.e. bags and syringes. Benefits expected would be to improve the national capacity in case of major industry shortage.

MATÉRIALS AND MÉTHODES

First step D0 : Production of a bulk solution (BS)

⚠ Only using raw non-steriles powders. The process was validated by 3 Media Fill Test.

Cisatracurium powder + WFI + Besilic acid powder QSP 3L



In a pyrogen free and sterile WFI container emptied extemporaneously

Second step D14 : Aseptic transfer in final containers



Clarifying Filtration
0,22µm

Sterilizing Filtration
0,22µm



Transfert in 4L storage bags

Cisatracurium 150 mg/30mL

All steps realised with a peristaltic pump Baxa Repeater®



Third step :

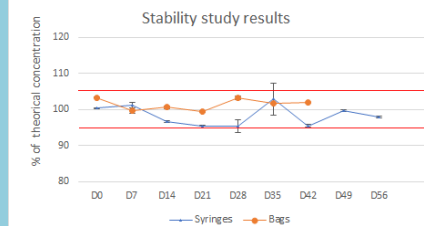
- Release controls on finished products Cf. results table.
- Process controls : Filter integrity test (USP) and control of bioburden before filtration
- Stability study using an HPLC (*) stability indicating method: On BS at D0 and D14 and on finished products until D54

(*)Adapted from the method of Pignard et al. Stationary phase = Nucléoshell® RP18, 4µm, 150*4.6 mm; Mobile phase = 60% aqueous phase, 20% acetonitrile, 20% methanol. Detection at 280nm by diode array spectrophotometer

RESULTS

Test	Target value	Results
pH (n=3)	3 -3,7	3,51 ± 0,02 for syringes 3,62 ± 0,5 for bag
Osmolarity (n=3)	10-30 mOsm/kg	13 ± 2 for syringes 14 ± 0 for bags
Endotoxin (n=3)	<54.74 EU/mL	<15,0 EU/mL for both
Sterility (n=10)	No growth	No growth for both
Non-visible particles (n=10)	< 6000 per container for particles ≥ 10µm	175 ± 156 for syringes 978 ± 778 for bags
	< 600 per container for particles ≥ 25µm	8 ± 15 for syringes 8 ± 8 for bags
Visible particles (n=100)	No particle	No particle on syringes batch. One white particle on bags batch.
Extractible volume (n=1)	≥30 mL	31 mL for the syringe 30 mL for the bag
Leak test (n=5) (USP)	No coloration	No coloration for both

- All release controls were compliant with the European Pharmacopea (Ph. Eur) or USP
- No microbiological growth detected for the bioburden → the bacterial load before filtration was already null.
- All filters used during production had integrity.
- Cisatracurium concentration in BS and syringes were within +/- 5% along the study.
→ Expiry date was set-up at 2 months after syringes production stored at +4°C.
- Stability study on bags is in progress.



Conclusion : Our method avoids the cost and delay associated with the use of more specialized equipment and allows the production of Ph. Eur. compliant products. Syringes can be stored two month at 4°C and bags for at least a month according to first results. The stability of our BS opens the possibility of subcontracting its repartition to other centers that have less technical and/or human resources.