

STABILITY OF 50 AND 100µG/0.1ML INTRAOCCULAR SOLUTIONS OF VORICONAZOLE AT 2-8°C

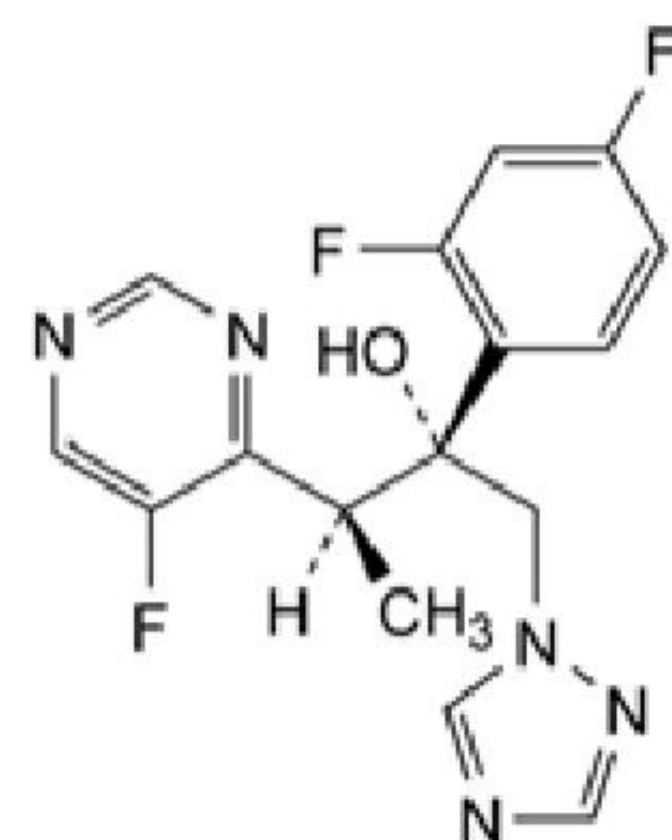
M.ROCHE¹, N.SIMON^{1,2}, F.BOURDON¹, C.DHORNE¹, C.BERNERON¹, D.LANNOY², P.ODOU^{1,2}

Contact: marine.roche@etu.univ-lille2.fr

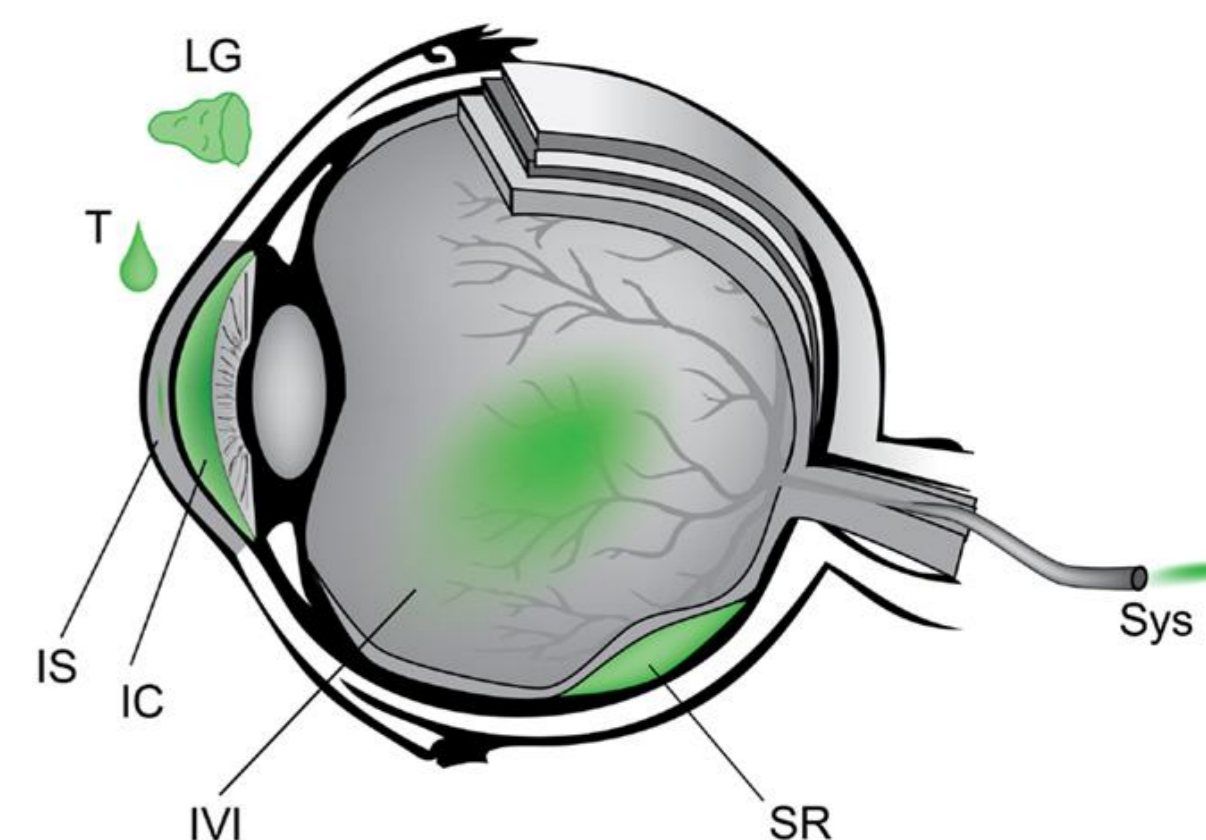
¹ Centre Hospitalier Régional Universitaire, Pharmacie, Lille, France

² Université Lille 2, EA 7365-GRITA-Groupe de Recherche sur les formes injectables et les Technologies Associées, Lille, France

Background



Voriconazole is a triazole antifungal agent effective on most keratitis causative fungi. Off-label use of extemporaneously compounded intraocular (intrastromal (IS), intracameral (IC)) Voriconazole has shown promising results in deep fungal ophthalmic infections and abscessed, recurrent or drug-resistant eye infections¹. Stability studies on Voriconazole intraocular solutions (VIS) are lacking.



LG : lacrimal gland, T : Topical, IVI: Intra vitreal, SR: Sub retinal and Sys: Systemic

Purpose

To assess the stability of 50 and 100µg/0.1mL VIS stored in 3 part syringes at 2-8°C

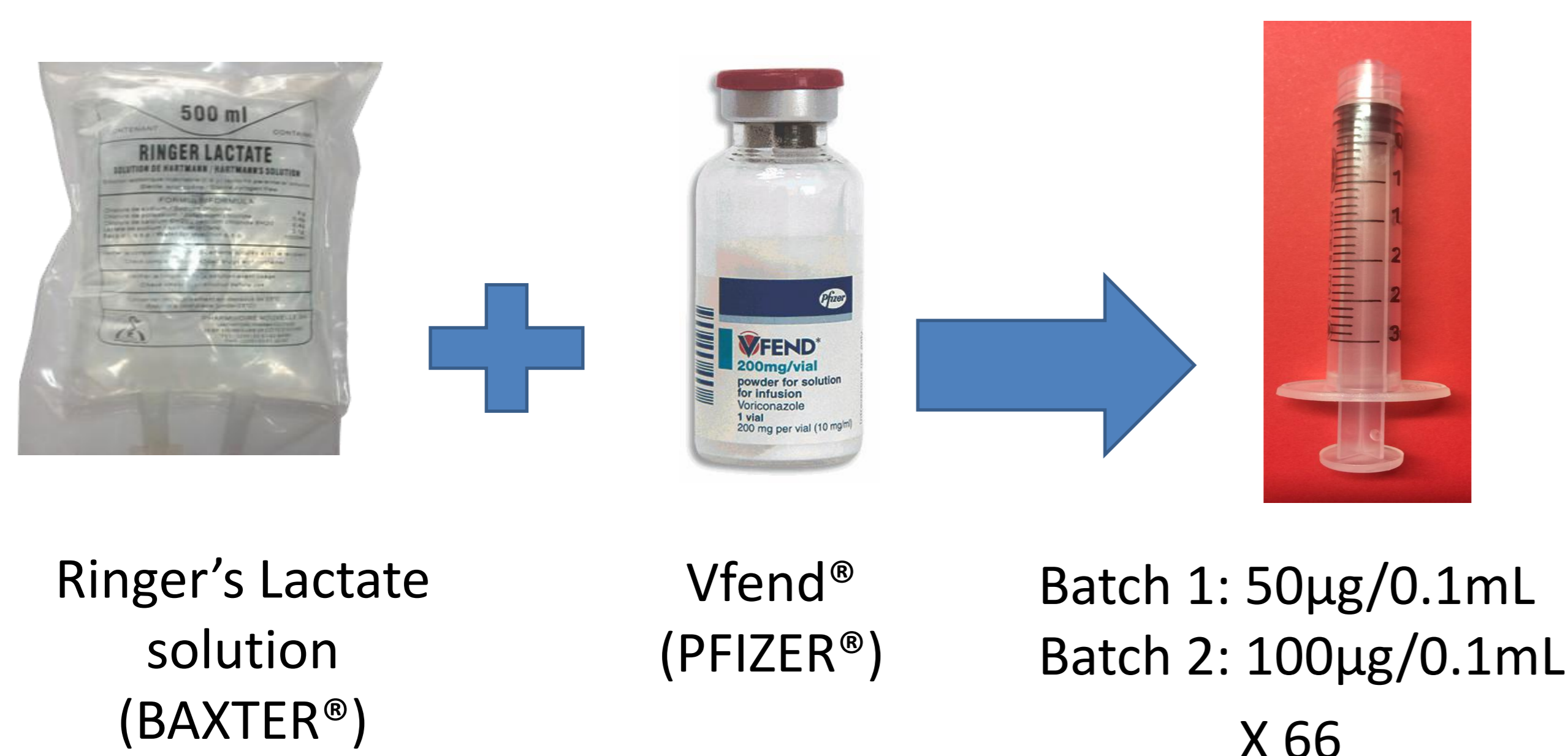
Material and Methods

Voriconazole concentration was assessed using a stability-indicating HPLC-UV Diode-Array-Detector method (Ultimate 3000® Thermo Scientific, France). Non visible particle count was performed using light obscuration particle count test (APSS-2000, Particle measuring systems, Boulder, USA) in regards to the European Pharmacopoeia 2.9.19 monography.

Statistical analysis were led using a Mann and Whitney's non parametric tests ($\alpha < 5\%$). Degradation rates were compared with a Student's T test.

Compounding of Voriconazole intraocular solutions

Stability study led according to the GERPAC-SFPC stability studies guidelines



Two batches of VIS (2mL) were aseptically compounded and stored at 2-8°C in 3mL 3 part syringes (ref 002022420, Pentaferte, Villeparisis, France).



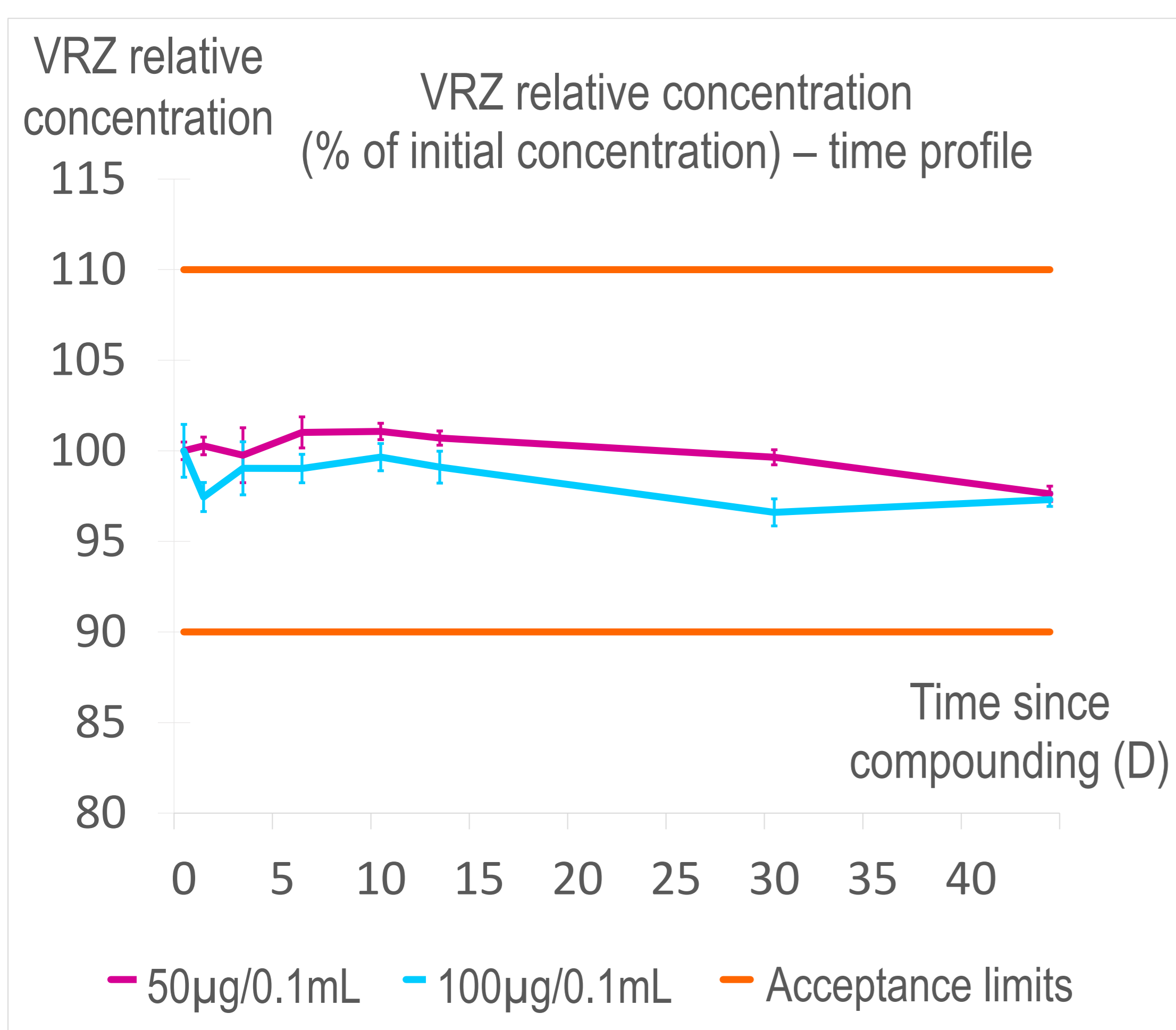
At each time point:

- Visual aspect
- And Voriconazole relative concentration (% of initial concentration)
- pH
- Osmolality

At D0 and D13:

- Non-visible particles count for particle size $\geq 10\mu\text{m}$ and $\geq 25\mu\text{m}$ (Eur Pharm 2.9.19 threshold: 6000 and 600 particles/recipient respectively)
- Sterility assay

Results



	D0 50µg/0.1mL	D13 50µg/0.1mL	D44 50µg/0.1mL	D0 100µg/0.1mL	D13 100µg/0.1mL	D44 100µg/0.1mL
Osmolality (mOsm/kg)	281.2	281.7	282.2	298.2	299.8	299.8
pH	6.78	6.86	7.11	6.64	6.88	7.09
Particles >10µm (particle/syringe)	240.3	339.07	Not measured	363.2	487.6	Not measured
Particles >25µm (particle/syringe)	3.3	4.4	Not measured	5.2	6.9	Not measured

Discussion

Considering every time point, confidence intervals for relative concentration are:

-For 50µg/0.1mL :]0.993;+∞[

-For 100µg/0.1mL :]0.951;+∞[

Relative concentration remained superior to 95% ($p < 0.0001$)

No difference was shown in degradation rates between the two concentrations ($p = 0.497$)

-50µg/0.1mL : 0.008 ± 0.120

-100µg/0.1mL : -0.231 ± 0.961

About Voriconazole degradation products (toxicity unknown), areas increased by maximum 1.3 (D13) and 2 (D44), remaining unquantifiable.

Sterility was preserved for at least D13 with no change in visual aspect

Osmolality remained stable for both concentrations for 44 days ($p = 0.490$) and pH slightly increased ($p = 0.150$)

VIS remained stable for at least 13 days, based on sterility assays and non visible particles count.

NO CONCENTRATION EFFECT

Conclusion

Voriconazole intraocular solutions remained stable for thirteen days at 2-8°C.

We advise a shelf life of maximum thirteen days for both Voriconazole intraocular solutions kept at 2-8°C

¹ Sharma N. et al. Evaluation of intrastromal voriconazole injection in recalcitrant deep fungal keratitis: case series. Br J Ophthalmol (2011); 95(12):1735-7.