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Stability of Concentrated Solution of Vancomycin Hydrochloride in Syringes for Intensive Care Units

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Stability of Concentrated Solution of Vancomycin Hydrochloride in Syringes for Intensive Care Units

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Abstract

Background: Vancomycin is increasingly administrated by continuous infusion. But the treatment of patient in intensive care need restricted volume to prevent fluid overload. The aim of the study was to evaluate the physical and chemical stability of solutions of a high concentration of vancomycin hydrochloride in 5% glucose or 0.9% NaCl.

Methods: Eight syringes of 50 mL, containing 41.66 mg/mL of vancomycin hydrochloride four syringes in 5% glucose and four in 0.9% NaCl were prepared and stored at ambient temperature during 48 h. Immediately after preparation and during 48 h, vancomycin hydrochloride concentrations were measured by a high-performance liquid chromatography (HPLC). Spectrophotometric absorbance at different wavelengths, pH measurement and microscopic observations were also performed.

Results: All solutions were physico-chemically stable during the whole period storage at ambient temperature: no color change, turbidity, precipitation or opacity, no significant pH variations or optic densities were observed in the solutions. Any crystals were seen by microscopic

analysis. Solutions are considered chemically stable as the lower limit of the 95% unilateral confidence interval on the mean remained above 90% of the initial concentration for at least 48 h.

Conclusions: Solutions of vancomycin hydrochloride 41.66 mg/mL in syringe of 5% glucose or 0.9% NaCl are physically and chemically stable for at least 48 h when stored in syringes at ambient temperature.

Keywords: vancomycin infusions, concentrated solutions, high performance liquid chromatography, physicochemical stability, syringe, intensive care units

Introduction

Vancomycin, a glycopeptide antibiotic, is often used as antibiotherapy for hospitalized patients [1]. The most common usage of vancomycin is to treat methicillin-resistant *Staphylococcus aureus* and epidermidis infections [2, 3] and for patients who are allergic to penicillin and cephalosporin. A temporary association with aminoglycoside or rifampicin can be used to obtain a synergic effect in case of endocardite [3].

Vancomycin is increasingly administrated by continuous infusions [4]. As reported in the literature, the infusions of vancomycin (2.5 g/250 mL) can be prepared by the centralized intravenous admixture service (CIVAS) [5–7] of the Pharmacy, according to the stability of the solutions [8–21].

Vancomycin could also be infused by syringe, particularly in intensive care to reduce the perfusion volume. Some data are available about this containers showing that the syringes of low dose vancomycin can be stored at 4 °C for 6 months [12] or at least 84 days [19] and once brought to 25 °C it must be used within 48 h [12]. Nevertheless, the stability of high concentrated solutions are not often investigated. Allen and Stiles [7] demonstrated a stability for 96 h at room temperature for a 40 mg/mL vancomycin while Barbault et al., a stability of vancomycin eye drops at 50 mg/mL for 15 days.

Furthemore, the production of vancomycin (GSK) was stopped requiring the use of another supplier (Mylan). The

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stability of this new vancomycin was studied at 12.5 mg/ml but not at higher concentrations such as 40 mg/mL.

The aim of the study is to determine the physical and chemical stability of a higher concentration of vancomycin hydrochloride (Mylan) (41.66 mg/mL) in 5 % glucose or 0.9 % NaCl solutions.

Materials and methods

Solution preparation

Commercially-available vancomycin hydrochloride solutions (Vancomycine[®] 1 g Mylan, Hoeillart, Belgium lot B2173) were prepared in a vertical laminar-airflow hood with sterile water-for-injection (Baxter, Lessines, Belgium, lot 14IO2T1E) as recommended by the manufacturers. These solutions were added to polypropylene syringes (Terumo, Haasrode, Belgium; lot 1412283) containing glucose 5 % (Baxter, Lessines, Belgium, lot15A14E46) or NaCl 0.9 % (Baxter, Lessines, Belgium, lot14L01660) to obtain a final volume of 48 mL and then a 41.66 mg/mL concentration solution. The syringes were stored at ambient temperature, without protection from light.

Standard and quality control solutions

A standard solution of 0.5 g of vancomycin hydrochloride (Vancomycine Mylan[®] Mylan, Hoeilaart, Belgium lot B2174) were prepared in 10 mL of purified water. This 50 mg/mL solution was diluted in purified water to obtain four standard solutions (40, 30, 20, 10 and 5 mg/mL) and two quality controls (40 mg/mL and 10 mg/mL)

Chromatographic conditions

As previously described [20], an Alliance Waters high-performance liquid chromatographic (Alliance, model 2695, Waters Association, Milford, MA, USA) system was used with a DAD detector (model 996, Waters Association) and a data acquisition and processing module (Empower 2 Software, Waters Association, Milford, MA, USA).

A reversed phase column was used with associated guard column (Prevail C18 5 μ m 150 mm \times 4.6 mm, ref 99209 with Prevail guard column C18 7.5 mm \times 4.6 mm, ref 99286, Alltech associates, Deerfield IL 60015).

The mobile phase was constituted of 15 % acetonitrile (ref C03C11X, Lab-scan Ltd, Dublin, Ireland) and

85 % KH₂PO₄ buffer (pH 3.00; 0.025 M) (KH₂PO₄, ref 1.04873.1000, Merck, Darmstadt, Germany and H₃PO₄, ref 10G090501, VWR International, Fontenay-sous-Bois, France).

The flow rate was set at 1 mL/min, the column temperature at 35 °C, the Wavelength (DAD detector) at 210 nm.

Validation of high-pressure liquid chromatographic method [22]

Precision

Two control solutions of 10 and 40 mg/mL of vancomycin hydrochloride were undertaken in triplicate to calculate the within (n=10) and between (n=9) day reproducibility.

Linearity of analytical response

Linearity was evaluated by 7 dilutions of the solution (2.5, 5, 10, 20, 30, 40, and 50 mg/mL of vancomycin hydrochloride) injected in triplicate.

Stability indication

The stability indicating capability of the chromatographic method was assessed using decomposed solutions of drugs. Degraded samples of vancomycin hydrochloride were then assayed to confirm separation of the parent antibiotic from its degradation products. Vancomycin solutions at natural pH (3.72), alkaline pH (11.54) by adding NaOH 5 M (Merck, Darmstadt, Germany), and acidic pH (1.60) by adding HCl 12 M (Merck, Darmstadt, Germany) were heating at 100 °C during 30 and 60 min. Ten μ L of these solutions was injected in the HPLC system before and after heating.

Physical stability

Visual compatibility was defined as the absence of particulate formation, haze, precipitation, color change and gas evolution [23]. At each time of the study, various tests were conducted to detect any particle contamination: visual and microscopical inspection and optical density measurements. The samples were then visually inspected

with unaided eye, in front of a black and white background, the pellet obtained after centrifugation at 3000 rpm for 8 min was observed with a microscope 10× (Carl Zeiss, Germany), looking for crystals.

The potential presence of subvisible particles was investigated by spectrophotometry. The optical densities were then measured by a spectrophotometer (Genesys 10 UV, Spectronic Unicam) at 350 nm, 410 nm and 550 nm [24].

The pH of the solutions were measured with a pH-meter (Inolab WTW Weilheim, Germany) equipped with a glass electrode (Biotrode Hamilton Bonaduz, Switzerland) calibrated with two standard solutions at pH4 and pH7 (CertiPur, Merck, Darmstadt, Germany).

High-pressure liquid chromatographic assay

The five standard solutions, the two quality controls and the samples were all diluted 40-fold and 10 µL of each were injected into the chromatograph.

Results were automatically calculated by interpolation of a five-level calibration curve (linear through zero), performed by the Empower 2 software (Waters Association, Milford, MA, USA) using peak areas versus standard concentrations.

Stability study

Four syringes of 2 g infusion per 48 mL in 5 % glucose and four syringes of the solutions in 0.9 % NaCl were prepared as described above and stored until 48 h at ambient temperature (range: 18–25 °C). The concentrations of vancomycin hydrochloride were determined in triplicate for each of them immediately after preparation and after 2, 4, 6, 8, 22, 24, 26, 28, 30 and 48 h of storage.

Statistical analysis

As recommended by the US Food and Drug Administration, solutions were considered stable if the 95 % one-sided lower confidence limit of the concentration remains superior to 90 % of the initial concentration [25] or 95 % of the initial concentration when any signs of physical instability exist [26].

Results

Validation of the method

The within and between-day reproducibilities realized on two concentrations (40 mg/mL and 10 mg/mL) are shown in Table 1 and could be considered as acceptable.

Table 1: Precision of the assay.

		Within-day variation (n = 10)	Between-day variation (n = 9)
40 mg/mL	Mean (mg/mL)	41.14	39.61
	SD (mg/mL)	0.98	0.9
	CV (%)	2.4	2.3
10 mg/mL	Mean (mg/mL)	10.26	10.60
	SD (mg/mL)	0.20	0.29
	CV (%)	2.0	2.8

Linear-regression analysis of peak area yielded a determination coefficient $r^2 > 0.999$ in the range of 2.5 mg/mL to 50 mg/mL.

The degradation assay showed that the decomposition product peaks were resolved from the peak corresponding to the intact drug in all conditions (Figure 1).

Physical stability

All solutions were physically stable during the whole period storage at ambient temperature: no color change, turbidity, precipitation or opacity, no significant variation in pH values in 5 % glucose (mean ± SD: 3.09 ± 0.01; minimum: 3.07- maximum: 3.12) and in 0.9 % NaCl (mean ± SD: 3.17 ± 0.01; minimum: 3.15 –maximum: 3.19) or optical densities were observed in the solution. Any crystals were seen by microscopic analysis.

Chemical stability

Concentrations of vancomycin hydrochloride during storage expressed as percentage of the initial dosage are shown in Table 2. The concentrations of the solutions remain stable with a lower confidence limit superior to 90 % of the initial concentration until 48 h. They are no difference between the solutions of 5 % glucose and 0.9 % sodium chloride.

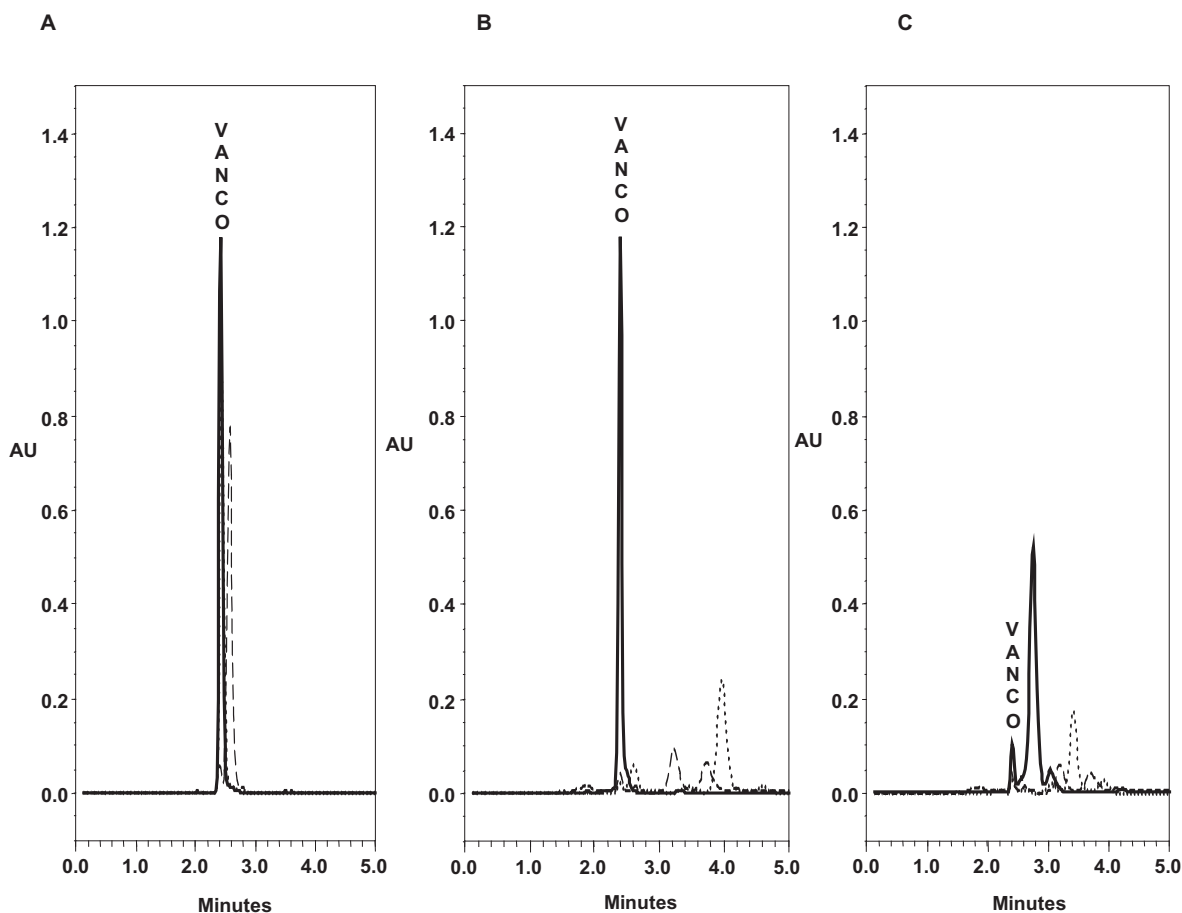


Figure 1: Chromatograms showing degradation test. (A) No heating at natural pH(3.72), at acidic pH(1.60) and at alkaline pH (11.54). (B) Heating at 100 °C for 30 min at natural pH(3.72), at acidic pH(1.60) and at alkaline pH (11.54). (C) Heating at 100 °C for 60 min at natural pH (3.72), at acidic pH(1.60) and at alkaline pH (11.54).

Table 2: Variation of the vancomycin hydrochloride concentrations.

Hours	Vancomycin hydrochloride in Glucose 5 %		Vancomycin hydrochloride NaCl 0.9 %	
	Initial concentration \pm SD (mg/mL):43.91 \pm 7.5		Initial concentration: \pm SD (mg/mL):42.11 \pm 3.73	
	Mean percentage of initial concentration	95 % lower one-sided confidence limit of mean percentage	Mean percentage of initial concentration	95 % lower one-sided confidence limit of mean percentage
0	100.0	99.0	100.0	97.5
2	99.9	98.9	100.1	97.8
4	99.8	98.9	100.2	98.0
6	99.6	98.8	100.3	98.3
8	99.5	98.7	100.4	98.5
22	98.7	98.0	101.1	99.5
24	98.6	97.9	101.2	99.5
26	98.5	97.7	101.3	99.5
28	98.3	97.6	101.4	99.5
30	98.2	97.4	101.5	99.4
48	97.2	95.7	102.4	98.7

Discussion

Vancomycin is often used as antibiotherapy for hospitalized patients [1] and is increasingly administrated by continuous infusions [4].

The total volume of infusion administrated to patients admitted into intensive care units is often important [27], the importance of fluid balance and the prevention of fluid overload in many disease states remaining a prevalent discussion in this unit [28]. One possible way to avoid such type of adverse effects is to reduce the global volume of infusion by using drugs solution within higher concentrations. Concentrated solutions (2 g of vancomycin in 48 mL of solution) are then often needed to be administrated to the critical ill or injured patients. High concentrations of vancomycin being deleterious for venous system, particularly in case of extravasation, the solution must be administrated through a central line, the most often present in hospitalized patients in intensive care.

Data on the stability of a new commercial vancomycin (Mylan, Hoeilaart, Belgium) were poorly investigated, particularly for concentrated solutions [29, 30].

According to these results, solutions of vancomycin hydrochloride (Mylan, Hoeilaart, Belgium) 41.66 mg/mL in 5% glucose or 0.9% NaCl are physically and chemically stable at least for 48 h when stored in syringes at ambient temperature, without protection from light. The final volume of 48 mL was preferred to 50 mL as it adjusts easily the hourly flow rate of the syringe pump.

These results are in accordance with previous results with other manufacturers or solutions [8, 31, 32] adds to the list of our systematic study of the chemical stability of long-term intravenous medication solutions ready for use [33].

Conclusion

According to this study, solutions of vancomycin hydrochloride 41.66 mg/mL in 5% glucose or 0.9% NaCl are physically and chemically stable at least for 48 h when stored in syringes at ambient temperature. This concentration may be used in ICU to treat patient and prevent fluid overload.

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References

1. Sweetman SC, editor. Martindale: the complete drug reference. 36th ed. London, UK: Pharmaceutical Press, 2009.
2. Small PM, Chambers HF. Vancomycin for Staphylococcus aureus endocarditis in intravenous drug users. *Antimicrob Agents Chemother* 1990;34:1227–31.
3. Nacheva J, Van Bambeke F, Vandercam B, Tulkens P. Usages cliniques actuels et raisonnables des glycopeptides. *Louvain Med* 1997;116:162–74.
4. Ampe E, Delaere B, Hecq JD, Tulkens P, Glupczynski Y. Implementation of a protocol for administration of vancomycin by continuous infusion: pharmacokinetic, pharmacodynamic and toxicological aspects. *Int J Antimicrob Agents* 2013;41:439–46.
5. Koundalijan J. Setting up a CIVAS. In: Needle R, Sizer T., et al., editors. *The CIVAS handbook*, 1st ed. London: Pharmaceutical Press, 1998:1–5.
6. Hecq JD. Ten years of European hospital pharmacy history: centralized intravenous additives services. *Eur J Hosp Pharm* 2004;10:47.
7. Hecq J-D. Centralized Intravenous Additive Services (CIVAS): the state of the art in 2010. *Ann Pharm Fr* 2011;69:30–37.
8. Allen LV, Siles ML, Prince SJ, Smeeding J. Stability of 14 drugs in the latex reservoir of an elastomeric infusion device. *Am J Health-Syst Pharm* 1996;53:2740–43.
9. Allen LV, Stiles ML. Stability of vancomycin HCl in medication cassette reservoirs. *Int J Pharm Compound* 1997;1:123–24.
10. Biellmann-Berlaud V, Willemin JC. Stabilité de la vancomycine en poches de polyoléfine ou polychlorure de vinyle et en flacons verre. *J Pharm Clin* 1998;17:145–48.
11. Das Gupta V, Stewart KR, Nohria S. Stability of vancomycin HCl in 5% dextrose and 0.9% sodium chloride injections. *Am J Hosp Pharm* 1986;43:1729–31.
12. Griffiths W, Favet J, Ing H, Sadeghipour F, Bonnabry P. Chemical stability and microbiological potency of intravenous vancomycin HCl in polypropylene syringes for use in the neonatal intensive care unit. *EJHP Sci* 2006;12:135–39.
13. Khalfi F, Dine T, Gressier B, Luyckx M, Brunet C, Ballester L, et al. Compatibility and stability of vancomycin HCl with PVC infusion material in various conditions using stability-

- indicating high-performance liquid chromatographic assay. *Int J Pharm* 1996;139:243–47.
14. Nahata MC, Miller MA, Durrell DE. Stability of vancomycin HCl in various concentrations of dextrose injection. *Am J Hosp Pharm* 1987;44:802–04.
 15. Stiles ML, Allen LV, Jr, Prince SJ. Stability of various antibiotics kept in an insulated pouch during administration via portable infusion pump. *Am J Health-Syst Pharm* 1995;52:70–74.
 16. Trissel LA, Xu QA, Zhang Y, Saenz CA, Ingram DS. Stability of ciprofloxacin and vancomycin in autodose infusion system bags. *Hosp Pharm* 2001;36:1170–73.
 17. Tung EC, Gurwich EL, Sual JA, Kodack M. Stability of five antibiotics in plastic intravenous solution containers of dextrose and sodium chloride. *DICP* 1980;14:848–50.
 18. Walker SE, Birkhans B. Stability of intravenous vancomycin. *Can J Hosp Pharm* 1988;41:233–38.
 19. Wood MJ, Lund R, Beavan M. Stability of vancomycin in plastic syringes measured by HPLC. *J Clin Pharm Ther* 1995;20:319–25.
 20. Galanti LM, Hecq J-D, Vanbeckbergen D, Jamart J. Long-term stability of vancomycin HCl in intravenous infusions. *J Clin Pharm Ther* 1997;22:353–56.
 21. Rodenbach MP, Hecq J-D, Vanbeckbergen D, Jamart J, Galanti LM. Effect of freezing, long-term storage and microwave thawing on the stability of vancomycin HCl in 5% dextrose infusions. *Eur J Hosp Pharm Sci* 2005;11:111–13.
 22. Rosing H, Man WY, Doyle E, Bult A, Beijnen H. Bioanalytical liquid chromatographic method validation. A review of current practices and procedures. *J Liq Chrom Rel Technol* 2000;23:329–54.
 23. Trissel LA. Handbook on injectable drugs. 17th ed. Bethesda MD: American Society of Health-System Pharmacy, 2013.
 24. Lahlou A, Blanchet B, Carvalho M, Paul M, Astier A. Mechanically-induced aggregation of the monoclonal antibody cetuximab. *Ann Pharm Fr* 2009;67:340–52.
 25. Food and Drug Administration. Guideline for submitting documentation for stability studies of human drugs and biologics. Rockville, MD: Food and Drug Administration, 1987:551–79.
 26. Bardin C, Astier A, Vulto A, Sewell G, Vigneron J, Trittler R, et al. Guidelines for the practical stability studies of anti-cancer drugs: a European consensus conference. *Ann Pharm Fr* 2011;69:221–31.
 27. Besen BA, Gobatto AL, Melro LM, Maciel AT, Park M. Fluid an electrolyte overload in critically ill patients: an overview. *World J Crit Care Med* 2015;4:116–29.
 28. Malbrain MNLG, Marik PE, Witters I, Cordemans C, Kirkpatrick AW, Roberts DJ, et al. Fluid overload, de-resuscitation, and outcomes in critically ill or injured patients: a systematic review with suggestions for clinical practice. *Anaesthesiol Intensive Ther* 2014;46:361–80.
 29. Huvelle S, Godet M, Hecq JD, Gillet P, Jamart J, Galanti L. Long term stability of vancomycin hydrochloride in oral solution: the brand name versus a generic product. *Int J Pharm Compound* 2016;20:347–50.
 30. Huvelle S, Godet M, Hecq JD, Gillet P, Jamart J, Galanti L. Long term stability of vancomycin hydrochloride in glucose 5% polyolefin bag: the brand name versus a generic product. *Int J Pharm Compound* 2016;20:416–20.
 31. Vancomycin. Mylan. Hoeilaart, Belgique. Notice pour l'utilisateur, 2012/10.
 32. Barbault S, Aymard G, Feldman D, Pointereau-Bellanger A, Thuillier A. Stability of vancomycin eye drops. *J Pharm Clin* 1999;18:183–89.
 33. Hecq JD, Godet M, Jamart J, Bihin B, Galanti L. Etude systématique de la stabilité chimique à long terme de solutions de médicaments injectables prêtes à l'emploi produites par une Unité Centrale de Reconstitution d'Injectables. *J Pharm Belg* 2015;97:36–44.

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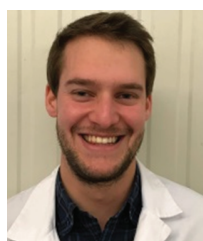
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