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Comparative Potencies of Contemporary Generic Vancomycin Lots; In-vitro Assay Results from Nine Products and a Reference Reagent-Grade Sample RN JONES, AA WATTERS, RK FLAMM, HS SADER, GJ MOET JMI Laboratories, North Liberty, IA, USA

AMENDED ABSTRACT

Background: Numerous studies of generic vancomycin (GV) lots have emerged since the 1980's, casting some doubt on product quality. Publications question the *in-vivo* activity, even when concurrent *in-vitro* and chemical assays meet regulatory guidelines. This study assessed contemporary (2011) lots of GV by an *in-vitro* assay capable of measuring small variations from target-benchmark (BM) activity

Methods: Nine GV lots (Hospira [6 lots; 0.5 or 1.0g vials], Akorn [1 lot; 1.0g vial], APP [2 lots; 1.0g vials]) were obtained from local USA distributors; each having expiration dates ranging from 11/2011 to 04/2013. A reagent-grade lot (Sigma lot 080M1341V) was tested as BM component due to the inability to purchase branded product vials (Vancocin®, Eli Lilly) in the USA. The previously published method of Jones et al. (2008) was utilized applying 4 Grampositive assay strains.

Results: All lots of GV <u>did not vary significantly</u> from the BM when testing the 3 S. aureus (wild-type 4B25, ATCC 25923 and 29213) and *E. faecalis* (ATCC 29212) strains. These MIC endpoints were read at 18 h incubation and Hospira lots averaged +3.5% potency (range, -3% to +8%), Akorn at 0% and APP at 0% variance, e.g. acceptable performance (see Table 2). Note the between lot variation was only 11% and between manufacturer range was <4% of BM target potency.

Conclusions: Using a validated, precise multi-organism assay, current GV lots from 3 manufacturers marketing in the USA showed minimal activity variations from a selected BM lot. Branded product remains unavailable, not allowing direct comparisons to GV products used in USA hospitals. Generic antimicrobial products, in general, should be regularly monitored for potency, chemical purity and *in-vivo* activity.

INTRODUCTION

Generic vancomycin products have been available in the United States (USA) for over 30 years and Clinical and Laboratory Standards Institute (CLSI) susceptibility testing methods have been used to assess the quality of these products (Lederle and Lyphomed) dating from 1987. Generally, the quality of USA-Food and Drug Administration (FDA)approved generic products has been comparable to those of branded agent; however, concerns have been voiced by numerous investigators about generic vancomycin lots used outside of the USA. Furthermore, our experience with non-USA generic lots of piperacillin/tazobactam documents significant trends toward reduced potencies (61 lots from 33 manufacturers). In contrast, USA-FDA-approved lots of generic meropenem have been equivalent to branded Merrem® (AstraZeneca) by our *in-vitro* assay methods.

Recently, several investigators in Colombia and Japan have shared study results that question generic vancomycin quality when determining activity with bioassays, *in-vivo* animal models and in human clinical cases. The objectives of this study were two-fold: 1.) to expand the quality assurance evaluation of "nonbranded" generics to vancomycin lots (now including meropenem and piperacillin/tazobactam) using our incremental MIC antimicrobial assay method as previously described (Jones et al., 2008), and 2.) to compare nine contemporary samples of generic vancomycin available in the USA to a reference analytical standard.

MATERIALS AND METHODS

Assay method and lots: Well-characterized Gram-positive control strains were used to assay vancomycin activity, three having a reference MIC dilution or zone diameter end-point specified by the CLSI (2012) quality control tables (range): S. aureus ATCC 29213 (0.5 - 2 µg/ml), S. aureus ATCC 25923 (17 - 21 mm) and Enterococcus faecalis ATCC 29212 (1 - 4 µg/ml). An additional wildtype (WT) MRSA was selected exhibiting a modal MIC at 1 µg/ml. These MIC values were determined via a log₂ dilution scale from unity (1), e.g. 0.25, 0.5, 1, 2, 4, 8, 16 etc. All strains were tested in triplicate on the same day from fresh stock solutions derived from generic and the reference analytical vancomycin lot (RVL) and the lowest reproducible MIC result was applied to calculations of product lot potency compared to RVL values.

The lots tested are listed in Table 1, each obtained directly from the manufacturer (Sigma Chemical, St. Louis, Missouri, USA) or via domestic pharmaceutical distributors (all generic products; 9 lots from 3 manufacturers).

Antimicrobial susceptibility method: In the reference laboratory (JMI Laboratories, North Liberty, Iowa, USA) the samples were tested by the incremental MIC assay method of Jones et al. (2008) in a broth microdilution test performed as described by the CLSI documents M07-A9 and M100-S22. Broth microdilution tests used reconstituted product vial contents as the stock solution to prepare reference MIC panels having expanded doubling dilution schedules over the range of 32 to 0.094 μ g/ml. The complete dilution schedule was 16,14,12,10, 8, 7, 6, 5, 4, 3.5, 3, 2.5, 2, 1.75, 1.5, 1.25, 1. 0.875, 0.75, 0.625, 0.5, 0.438, 0.375, 0.313, 0.25, 0.219, 0.188, 0.156, 0.125, 0.109 and 0.094 plus a growth control

RESULTS

- Due to lack of branded vancomycin availability, a reagent-grade RVL (Sigma Chemical) was utilized and compared by assay to nine generic products (three manufacturers; 1-6 lots per product), see Table 1
- Reference or RVL and generic lot reproducibility in the assay system was quite high (one or two applied dilution steps; Table 2 and Figure 1).
- Direct comparisons of generic vancomycin (GV) lot potencies showed very slight differences across the four utilized assay organisms (GV/RVL as a %):
- SA 29213 (100.0%)
- SA 25923 (101.6%)
- WT-MRSA (90.8%)
- EF 29212 (98.4%)
- Overall (97.7%; e.g. 2.3%; Table 2)
- Only three assay results among GV and RVL determination differed between lots, thus being declared not significant.

Table 1. List of assayed samples of generic and reference vancomycir

Reference lot (source and lot number [expiration date]) Sigma Chemical, 080M1341V (6/2013)

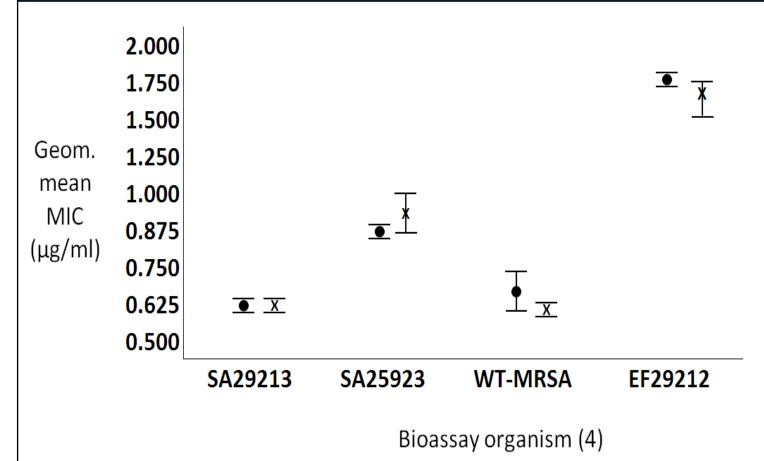
Generic lots (source and lot number [expiration dates])

- Akorn, 1.0 gram 7600462 (2/2013)
- APP, 1.0 gram 205207 (11/2011)
- APP, 1.0 gram 205234 (11/2011)
- Hospira, 0.5 gram 822528E04 (1/2011)
- Hospira, 1.0 gram 91165DD (1/2012)
- Hospira, 1.0 gram 95188E02 (11/2012)
- Hospira, 1.0 gram 011898E02 (1/2013)
- Hospira, 0.5 gram 022748E02 (2/2013)
- Hospira, 0.5 gram 044068E02 (4/2013)

Table 2. Replicate vancomycin assay MIC results (18 hours) for the reference and generic lots of vancomycin (10 total lots from four manufacturers).

| | MIC in µg/ml by assay strain | | | |
|---------------------------------|------------------------------|---------------------|----------------------|----------------------|
| Lots | SA29213 | SA25923 | WT-MRSA | EF29212 |
| Generic lots MICs (occurrences) | 0.625 (9) | 0.875 (8),1.000 (1) | 0.625 (9) | 1.500 (1), 1.750 (8) |
| Geometric mean | 0.625 | 0.889 | 0.625 | 1.722 |
| Reference MICs (occurrences) | 0.625 (2) | 0.875 (2) | 0.625 (1), 0.750 (1) | 1.750 (2) |
| Geometric mean | 0.625 | 0.875 | 0.688 | 1.750 |

Figure 1. Geometric mean and variations in assay results for the reference lot (•) and nine generic lots (x) produced by three different manufacturers.



- approved by the USA-FDA.
- supplement. Wayne, PA: CLSI.

- 61:76-79.
- Dis 42 Suppl 1: S3-S4.

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CONCLUSIONS

• Microbiologic activity of GV intravenous lots currently being marketed in the USA do not significantly differ from each other or from the RVL (Sigma Chemical).

• These results coupled with *in-vivo* bioavailability analysis and chemical assays appears to confirm the quality of the GV products (Akorn, APP, Hospira; Table 1) as

REFERENCES

Clinical and Laboratory Standards Institute (2012). M07-A9. Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically; approved standard: ninth edition. Wayne, PA: CLSI.

Clinical and Laboratory Standards Institute (2012). M100-S22. Performance standards for antimicrobial susceptibility testing: 22nd informational

Conte JE, Jr. (1987). Comparative antibacterial activity of Vancocin and generic vancomycin. Antimicrob Agents Chemother 31: 333-334.

4. Fujimura S, Watanabe A, Fuse K, Kikuchi T, Gomi K, Tokue Y (2008). In vitro susceptibility of clinical isolates of methicillin-resistant Staphylococcus aureus (MRSA) to manufactured generic drugs compared with the brand vancomycin. Int J Antimicrob Agents 31: 391-392.

Jones RN, Fritsche TR, Moet GJ (2008). In vitro potency evaluations of various piperacillin/tazobactam generic products compared with the contemporary branded (Zosyn, Wyeth) formulation. *Diagn Microbiol Infect Dis*

. Kaye D (2008). Importation of foreign-made drugs: Are we getting what we expect (editors comment). Clin Infect Dis 46: iii.

. Moellering RC, Jr. (2006). Vancomycin: a 50-year reassessment. *Clin Infect*

8. Moet GJ, Watters AA, Sader HS, Jones RN (2009). Expanded studies of piperacillin/tazobactam formulations: Variations among branded product lots and assessment of 46 generic lots. *Diagn Microbiol Infect Dis* 65: 319-322. . Nation RL, Sansom LN (1994). Bioequivalence requirements for generic products. Pharmacol Ther 62: 41-55.

10. Rodriguez CA, Agudelo M, Catano JC, Zuluaga AF, Vesga O (2009). Potential therapeutic failure of generic vancomycin in a liver transplant patient with MRSA peritonitis and bacteremia. J Infect 59: 277-80.

11. Torres JA, Tafur JD, Briceno DF, Pacheco R, Villegas MV (2009). Generic antibiotics are a risk factor for mortality in Acinetobacter baumanni infections in Colombian intensive care units (ICUs). Abstr. K-312. 49th ICAAC, September 12-15, 2009, San Francisco, CA.

12. Vesga O, Agudelo M, Salazar BE, Rodriguez CA, Zuluaga AF (2010). Generic vancomycin products fail in vivo despite being pharmaceutical equivalents of the innovator. Antimicrob Agents Chemother 54: 3271-9. 13. Wotterich U, Mutschler E (2005). Quality of cefotaxime sodium preparations.

14. Zuluaga AF, Agudelo M, Rodriguez CA, Vesga O (2009). Application of microbiological assay to determine pharmaceutical equivalence of generic intravenous antibiotics. BMC Clin Pharmacol 9: 1.