

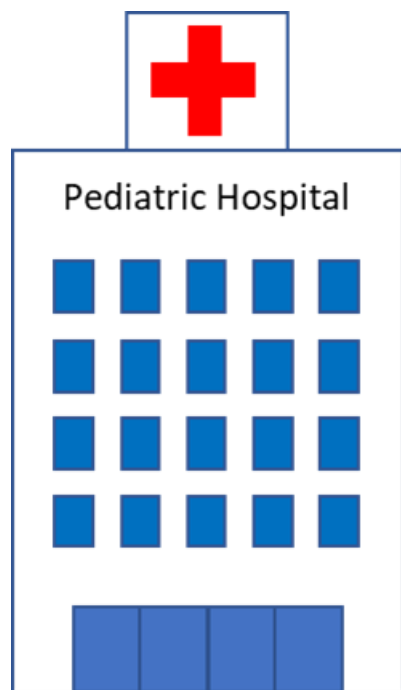
4th Nordic Conference on Paediatric Medicines

AGE-APPROPRIATE ORAL PEDIATRIC FORMULATIONS IN HOSPITALS

– EVALUATION OF THE SUITABILITY OF PRINTING TECHNOLOGIES IN MEETING PATIENT NEEDS

13.9.2022 / Maria Rautamo

BACKGROUND



Ward 1
Ward 2
Ward 3
Ward n

Pediatric population



Age range

Drug acceptability

Enteral feeding tube

Specific needs

Personalized doses

Safety of excipients

Age-appropriate dosage forms

Lack of age-appropriate oral pediatric formulations

Actions to improve situation

Actions to manage situation

Authorities

Industry
Pharmacy
Academia

Improved legislation

Drug development

EU Paediatric regulation

- indications
- dosage forms

Healthcare

Unlicensed drug use

Pharmaceutical preparation

Drug manipulation

Drugs with special license

Off-label drug use

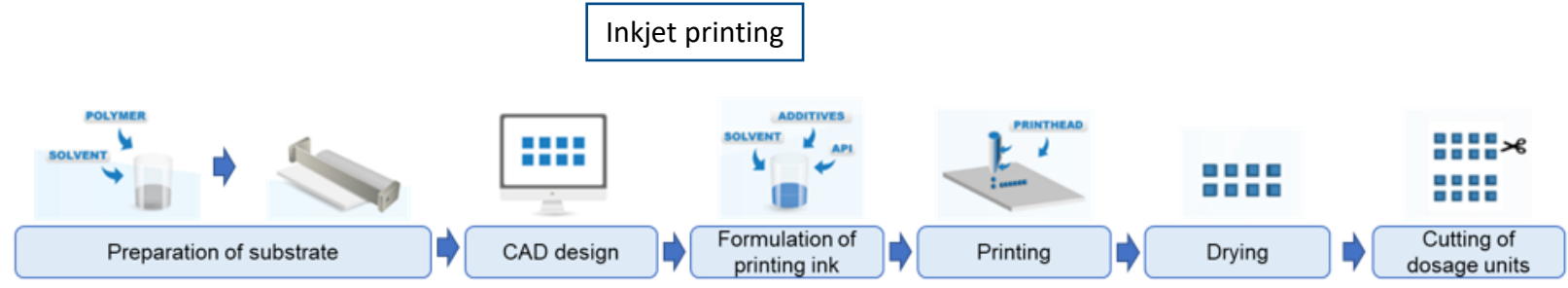
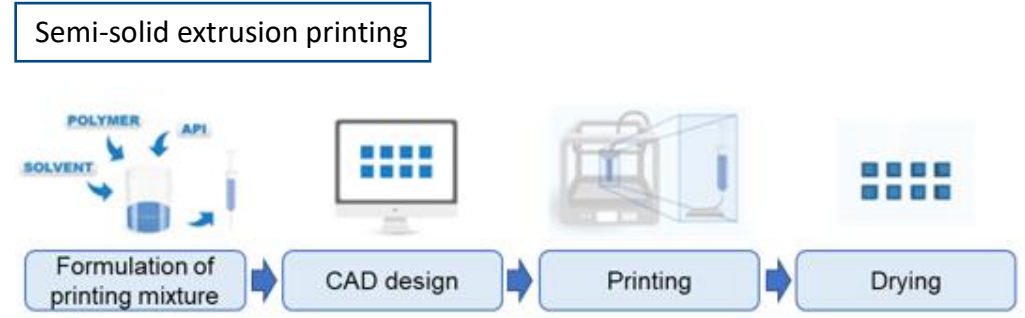
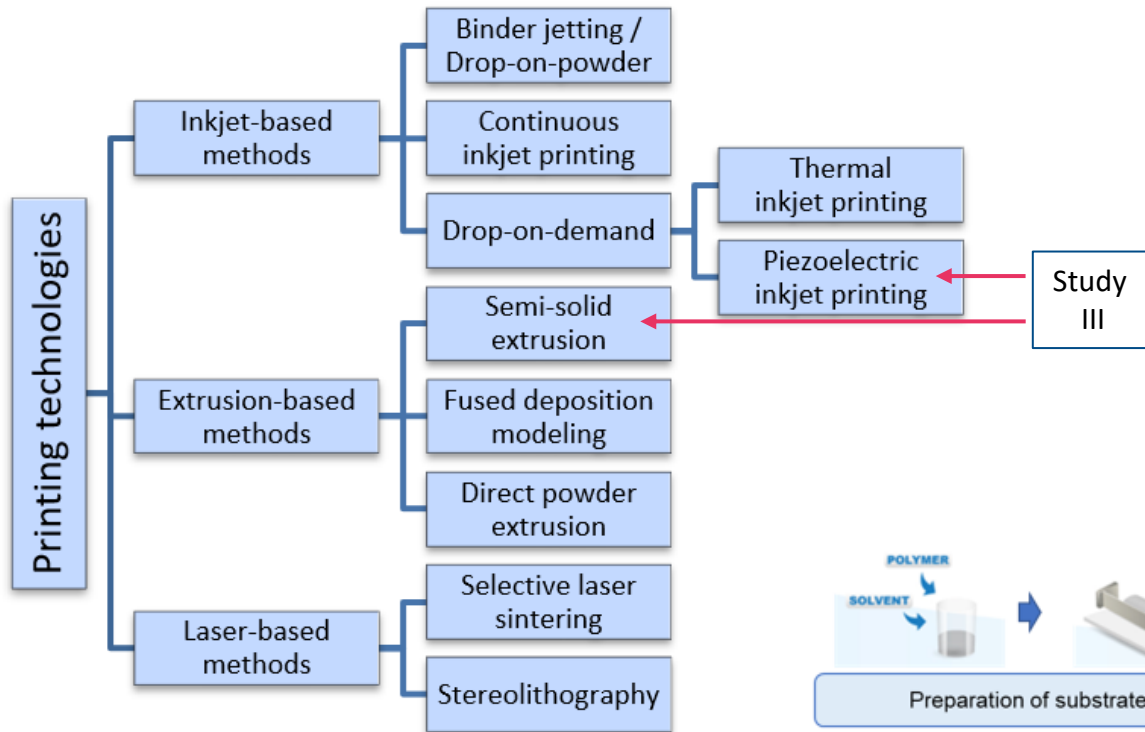
age-appropriate dosage forms

e.g. splitting, crushing, dispersing

age-appropriate dosage forms

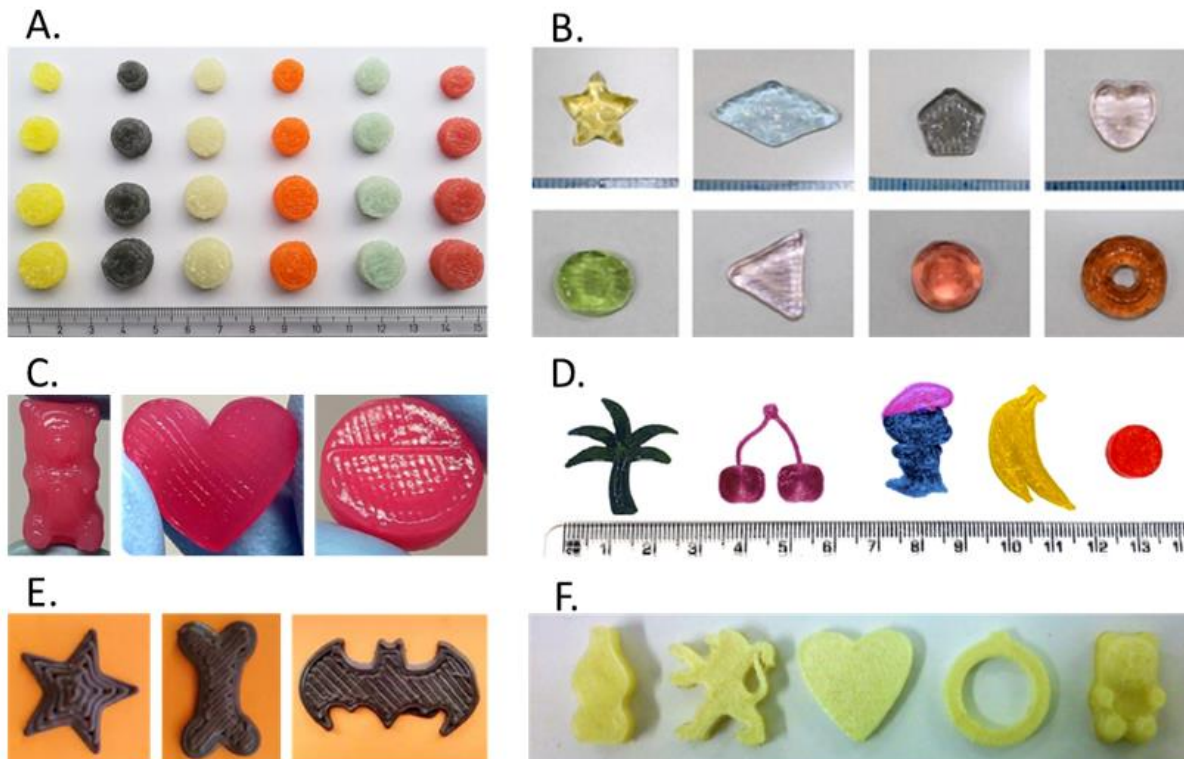
deviating from SmPC

PRINTING TECHNOLOGIES IN DRUG MANUFACTURING



(modified from Goole & Amighi, 2016)

PRINTED ORAL PEDIATRIC FORMULATIONS



Tailoring of drug products

- dose
- dosage forms
- shape
- size
- color
- flavor

Various shapes of printed dosage forms created for the target population of children to improve drug acceptability. Reproduced with permission from A. (Goyanes et al. 2019b), B. (Tagami et al. 2021), C. (Herrada-Manchón et al. 2020), D. (Tabriz et al. 2021), E. (Karavasili et al. 2020), and F. (Scoutaris et al. 2018).

RESEARCH QUESTION

- Can orally administered age-appropriate formulations for children be produced at hospital pharmacies via printing technologies to meet patient needs?

STUDY OBJECTIVES

1. To explore the oral drug administration practices at pediatric hospital wards, with focus on drug manipulation habits, experienced challenges, and methods used to mitigate existing problems (Study I)
2. To investigate the perceptions of healthcare professionals in a tertiary university hospital about oral printed formulations for pediatric patients (Study II)
3. To compare the pharmaceutical quality (content uniformity, dose accuracy and stability) of printed orodispersible films to oral powders in unit dose sachets and to evaluate the suitability of inkjet and semi-solid extrusion printing methods for on-demand preparation in hospital pharmacies compared to current manufacturing methods (Study III)

METHODS (STUDY I AND II)

Qualitative study method - Focus group discussions



PARTICIPANTS

Physicians, nurses and clinical pharmacists working at the Department of Children and Adolescents at HUS Helsinki University Hospital

Purposive selection of participants:
representation of different pediatric subspecialties

ETHICAL ASPECTS

Participation was voluntary, written informed consent

Ethical approval was received from HUS Ethics Committee

DATA COLLECTION

Focus group discussions between May and September 2018

Five groups with 3 – 5 participants

Interview guide

Introduction to the topic including a video clip about inkjet printing

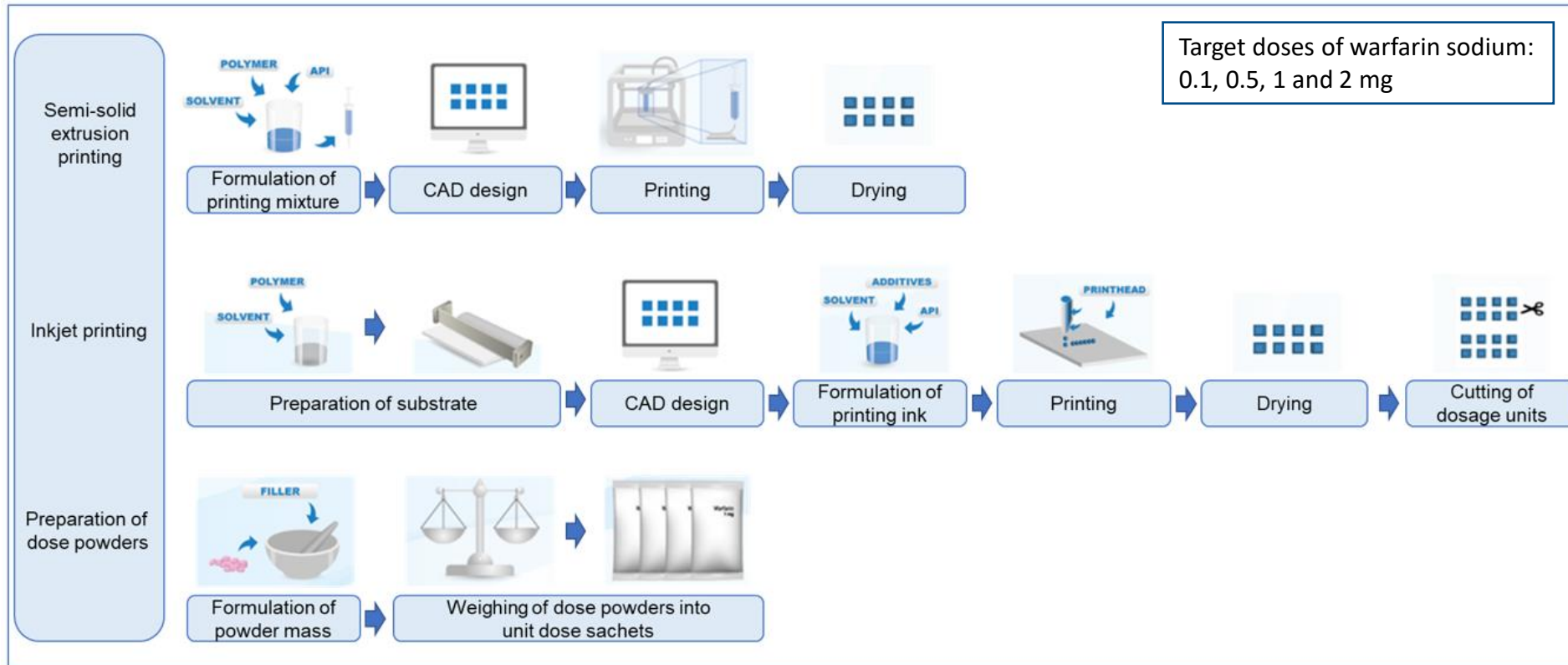
DATA ANALYSIS

Inductive content analysis by two investigators separately

- Coding
- Grouping of codes into categories and subcategories

METHODS (STUDY III)

Quantitative study method – Comparison of production methods



Performed tests:

Drug content

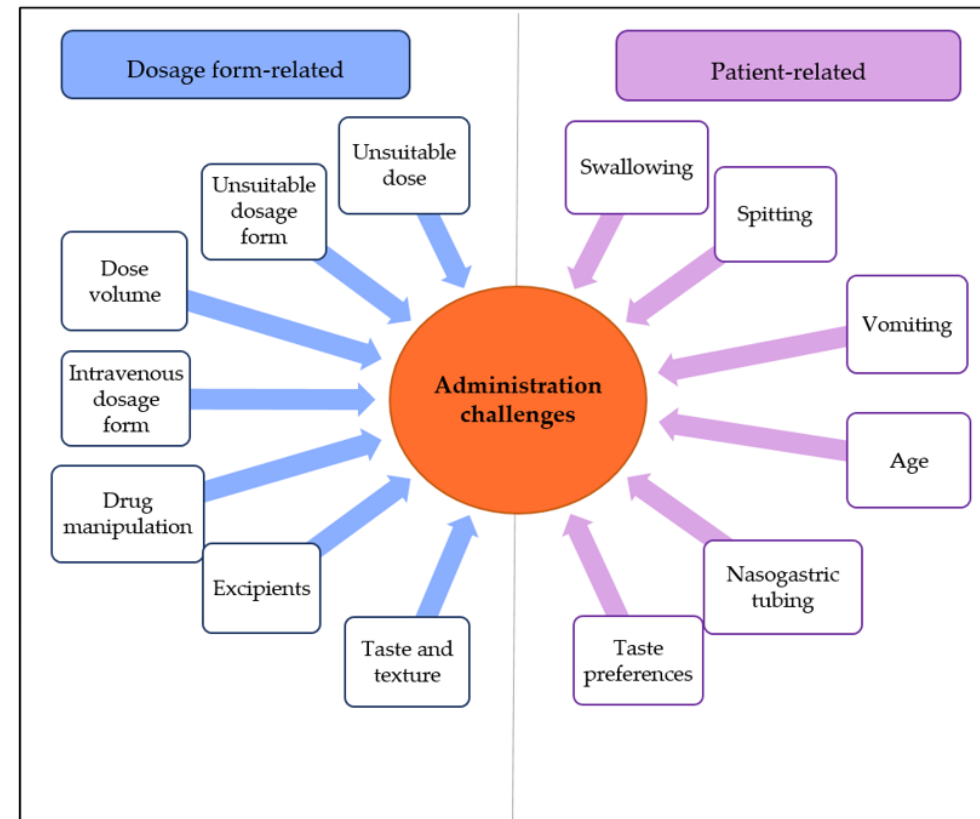
- UV/Vis, 207 nm
- uniformity of content (Ph. Eur. 2.9.6)
- uniformity of dosage units (Ph. Eur. 2.9.40)
- stability (28 days)

Dose recovery from nasogastric tubing

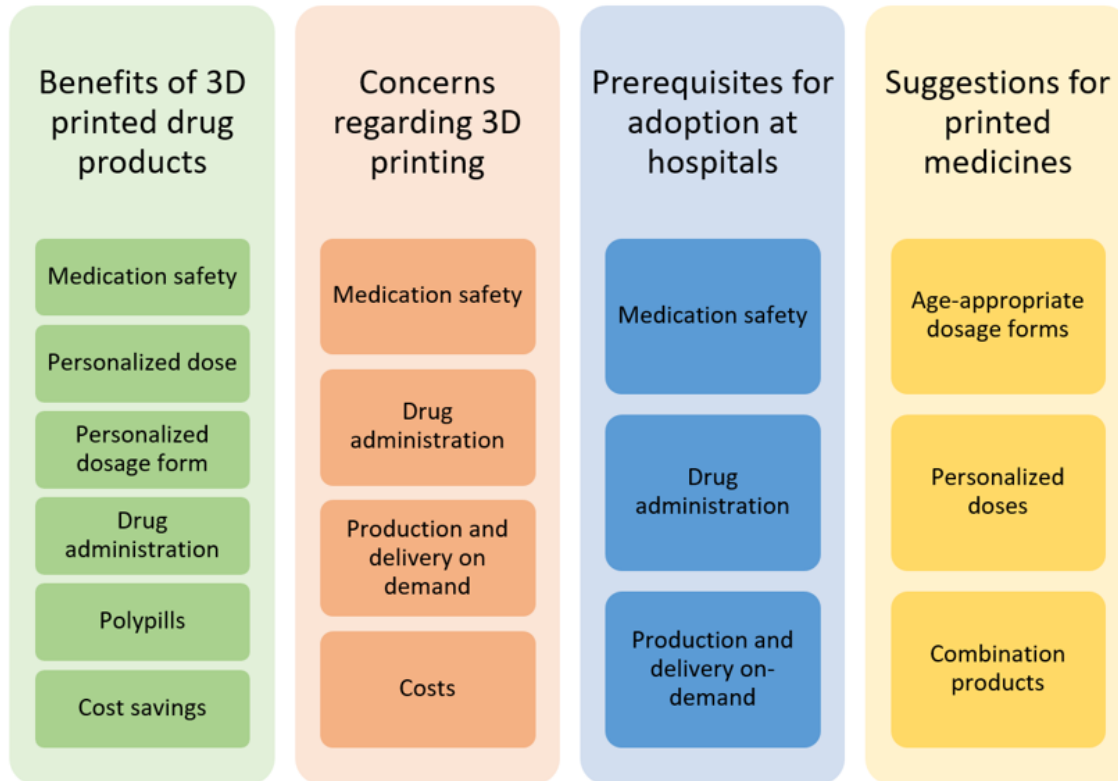
Recording of manufacturing times

KEY RESULTS (STUDY I)

- Orodispersible and liquid dosage forms suitable for most pediatric patients
- Tablets and capsules unsuitable because of insufficient dose flexibility and need to modify the dose



KEY RESULTS (STUDY II)



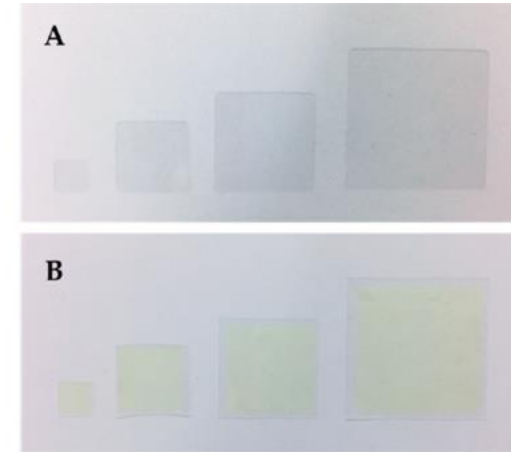
Drug substance or medical condition	Reason
Esomeprazole	Need for personalized doses of oral drug products
Ketamine	Current lack of oral drug products for pediatric patients
Midazolam	Need for better options to currently available dosage forms
Paracetamol	Need for better options to currently available dosage forms
Risperidone	Need for orodispersible dosage form
Warfarin	Need for personalized doses of oral drug products
Electrolytes	Current lack of oral drug products for pediatric patients
Strong opiates, e.g., morphine an oxycodone	Need for better options to currently available dosage forms Current lack of oral dosage forms for pediatric patients
Cancer	Need for personalized doses of oral drug products
HIV	Need for combination products and personalized doses
Organ transplantation	Need for combination products and personalized doses
Tuberculosis	Need for combination products and personalized doses

KEY RESULTS (STUDY III)

- Orodispersible films fulfilled the test of content uniformity for formulations of 0.5, 1 and 2 mg
- Semi-solid extrusion printing produced more uniform dosage units than inkjet printing and manual preparation of dose powders
- One-month stability
- Administration through nasogastric tubing
- Imprinting of identification in form of QR code



Orodispersible film imprinted with a QR code



Printed orodispersible films produced by:
(A) semi-solid extrusion printing;
(B) inkjet printing.

Doses and dimensions of formulations from left to right: 0.1 mg / 5 x 5 mm, 0.5 mg / 11.2 x 11.2 mm, 1 mg / 15.8 x 15.8 mm, 2 mg / 22.4 x 22.4 mm.

SUMMARY OF KEY RESULTS AND DISCUSSION (STUDY II AND III)

SUBCATEGORY	BENEFITS	CONCERNS	PREREQUISITES	MEASURES
MEDICATION SAFETY	Precise dose	Dose accuracy and quality control	Verification of drug content and dose accuracy	Qualification of equipment (OQ, PQ) Quality control prior delivery
	Imprinting identification directly onto dosage form	Identification of dosage units at hospital wards	Visually different dosage units Identification information	Unit dose packaging Barcode in label Barcode medication administration
	Stability	Shelf-life and storage conditions	Storage in room temperature	Blister packaging Stability studies
DRUG ADMINISTRATION	Personalized doses and formulations	Size of formulation	Small size	Design of formulation according to patient needs
	Ease of drug administration	Administration through feeding tubes	Possibility to dissolve or disperse formulation No blockage of feeding tubes	Formulation development Verification of dose recovery from enteral feeding tubes
PRODUCTION AND DELIVERY ON-DEMAND	Delivery of new products if patient's dose is changed	Length of production time	Process lead times must meet customer needs	Process optimization <ul style="list-style-type: none"> • prefabricated ink/substrate • printing time • drying time
COSTS	Cost savings	Increased production costs	Cost-efficiency	Cost analysis

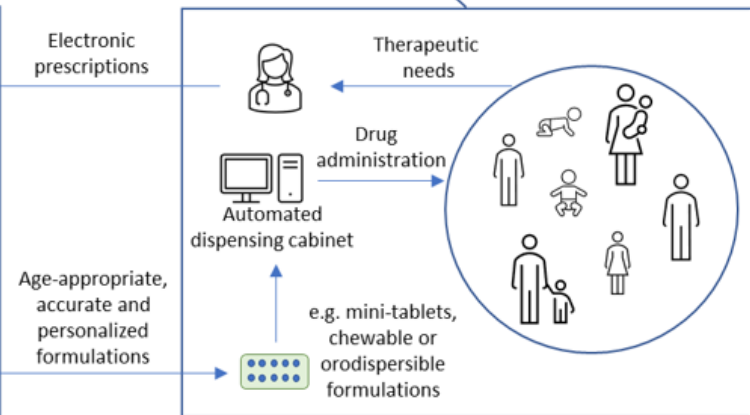
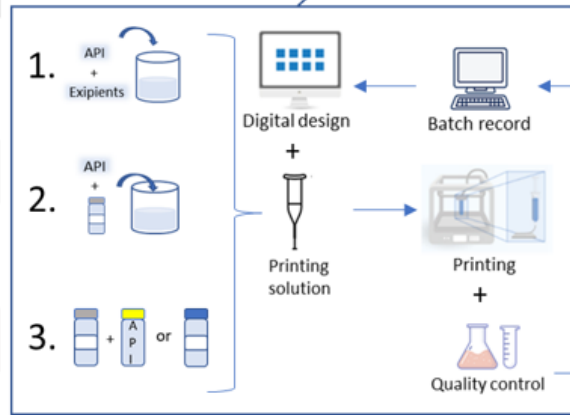
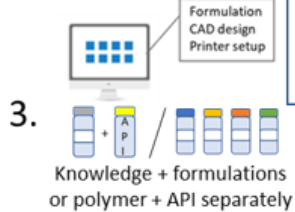
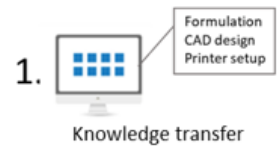
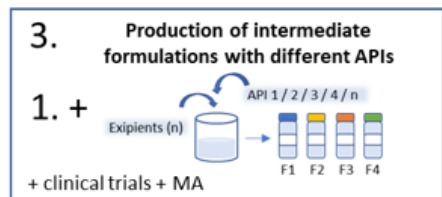
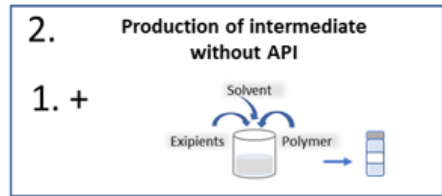
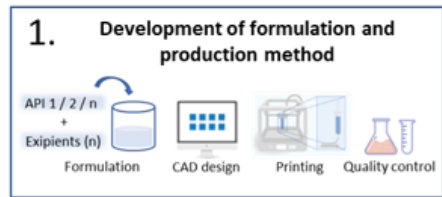
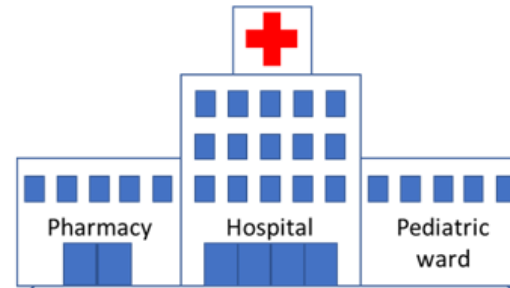
CONCLUSIONS

- The availability of drug therapies for children can be improved by developing age-appropriate drug formulations that enable personalized dosing, are easy to administer and acceptable by children, do not require drug manipulation, can be administered through feeding tubes and ensure continuity of treatment unchanged at patient discharge
- An ideal drug formulation would be small, stable at room temperature, easy to identify and accessible to hospital wards on-demand
- The interviewed healthcare professionals showed a positive attitude towards using printing technologies at hospital pharmacies
- Orodispersible films produced by inkjet and semi-solid extrusion printing methods are potential alternatives to the manual preparation of dose powders
- Future development to ensure the quality, identification and production on-demand is required

FUTURE PERSPECTIVES



Models of co-operation



- Rautamo, M.; Kvarnström, K.; Sivén, M.; Airaksinen, M.; Lahdenne, P.; Sandler, N. **A focus group study about oral drug administration practices at hospital wards - Aspects to consider in drug development of age-appropriate formulations for children.** *Pharmaceutics* 2020, 12, 109 (Open Access)
- Rautamo, M.; Kvarnström, K.; Sivén, M.; Airaksinen, M.; Lahdenne, P.; Sandler, N. **Benefits and prerequisites associated with the adoption of oral 3D-printed medicines for pediatric patients: A focus group study among healthcare professionals.** *Pharmaceutics* 2020, 12, 229 (Open Access)
- Öblom, H.; Sjöholm, E.; Rautamo, M.; Sandler, N. **Towards printed pediatric medicines in hospital pharmacies: Comparison of 2D and 3D-printed orodispersible warfarin films with conventional oral powders in unit dose sachets.** *Pharmaceutics* 2019, 11, 334 (Open Access)

THANK YOU!

Maria Rautamo

Senior Pharmacist (MSc Pharm), HUS Pharmacy, HUS Helsinki University Hospital
Doctoral researcher, Doctoral Programme in Drug Research, University of Helsinki

maria.rautamo@hus.fi, maria.rautamo@helsinki.fi