

# UNDERDOSING WITH HIGH DOSE PIPERACILLIN/TAZOBACTAM ADMINISTERED VIA **CONTINUOUS INFUSION IN OUTPATIENT PARENTERAL ANTIMICROBIAL THERAPY: A STABILITY OR VISCOSITY PROBLEM?**

Charlotte Quintens<sup>1,2</sup>, Peter Declercq<sup>1,2</sup>, Jens Neefs<sup>1</sup> and Isabel Spriet<sup>1,2</sup> charlotte.quintens@uzleuven.be

<sup>1</sup>Pharmacy Department, University Hospitals Leuven, Leuven, Belgium

<sup>2</sup>Department of Pharmaceutical and Pharmacological Sciences, KU Leuven, Leuven, Belgium



J01-Antimicrobials for systemic use

# **Background & Importance**

- Continuous infusion (CI) of high dose piperacillin/tazobactam (16/2 g in 264 mL NaCl 0,9%) has been included in the UZ Leuven OPAT protocol
- Elastomeric pumps (Infusor® LV10, Baxter) were selected as drug delivery device, as by this patient's mobility and comfort is maintained
- Observed problem: incomplete infusions after 24h related to a reduced flow rate
  - Mean daily residual volume = 50 ml; corresponding to a dose of 3/0.38 g piperacillin/tazobactam (= 19% of the daily dose)
  - Substantial underdosing with risk of treatment failure

Aim & Objectives:

Analyzing two hypotheses: the reduced flow rate could be a result of

• Hypothesis 1: particulate formation of piperacillin dimers due to the absence of stabilizing excipients (Na-citrate as buffer & Na-EDTA as metal-chelating agent)

• Hypothesis 2: high viscosity

# Hypothesis 1

### Materials & Methods:

- Comparing the flow rate of Tazocillin<sup>®</sup> (with stabilizing excipients) vs generic piperacillin/tazobactam (without this excipients)
- Measuring light absorbance (600 nm) by spectrophotometry
- Measuring total piperacillin content of different concentrations piperacillin/tazobactam after storage for 24h at 33°C by 'Liquid Chromatography tandem-Mass Spectrometry' (LC-MS/MS)

### **Results:**

	Tazocillin	Pip/tazo	Blank
Concentration	16 g/264 ml	16 g/264 ml	264 ml NaCl 0,9%
Mean flow rate	8,576 ml/u	8,952 ml/u	11,733 ml/u

# Hypothesis 2

### Materials & Methods:

- Measuring the effect of concentration on the density (pycnometer), kinematic viscosity (Ubbelohde viscometer), dynamic viscosity and flow rate at 33°C
- Evaluating the relation between viscosity and flow rate

### **Results:**



Table 1. Mean flow rate of Tazocillin<sup>®</sup>, generic piperacillin/tazobactam and NaCl 0,9% at 33°C: no difference observed in flow rate between Tazocillin<sup>®</sup> 16 g/264 ml and generic piperacilline/tazobactam 16 g/264 ml

	Tazocillin	Pip/tazo	Blank
Concentration	16 g/264 ml	16 g/264 ml	NaCI 0,9%
Mean absorbance	0,001 A	0,005 A	0,000 A

Table 2. Light absorbance (600 nm) of Tazocillin<sup>®</sup>, generic piperacillin/ tazobactam and NaCl 0,9%: no difference observed in absorbance between Tazocillin<sup>®</sup> 16 g/264 ml and generic piperacilline/tazobactam 16 g/264 ml + no difference in absorbance between piperacillin/tazobactam 16 g/264 ml and blank

Tested concentration	% of residual concentration after 24h
60,61 mg/ml	> 100%
72 mg/ml	> 100%
74,42 mg/ml	> 100%
80 mg/ml	> 100%

Table 3. Residual concentration of piperacillin maintained at 33°C over 24h: generic piperacillin/tazobactam seemed to be stable enough for 24h

Figure 1. Linear relationship between concentration and viscosity examined at five concentrations between 30-100 mg/ml piperacillin: the higher the concentration, the higher the viscosity



Figure 2. Inverted linear relationship between viscosity and flow rate of piperacillin/tazobactam solutions (examined at five concentrations between 30-100 mg/ml piperacillin): the higher the viscosity, the lower the flow rate

at 33°C

### **Conclusion:**

Incomplete infusions are probably **not related to particulate** formulation

### **Conclusion:**

• Incomplete infusions are related to a reduced flow rate due to a high viscosity of piperacillin/tazobactam solutions

## Discussion

- > The *in vitro* experiments suggest that the reduced flow rate is a result of high viscosity, related to the concentration of piperacillin/tazobactam
- $\succ$  Since it is not possible to lower the concentration (maximum volume of the Infusor<sup>®</sup> LV10 = 264 ml), the final volume of the solution will be adjusted:
  - $\geq$  16/2 g/200 ml (80 mg/ml): based on the above equations and stability data, this will result in complete infusions after 24h
- > Before being used in clinical practice for OPAT, this mode of administration will first be validated in 5 patients during hospitalization
- > In general, health care teams need to be aware of factors, which may lead to longer flow durations with these infusion devices
- > There is an overall need for specific administration schedules for each antibiotic in elastomeric devices for using within OPAT



Herestraat 49 B - 3000 Leuven www.uzleuven.be tel. 0032 (0) 6 33 22 11



