

Environmental Risk Assessment Data Summary

<u>Active Pharmaceutical Ingredient</u>	<u>Medical Product</u>
Retigabine	Trobalt

Executive Summary

GSK is committed to ensuring that our compounds do not adversely affect the environment. We carry out state of the art environmental testing on our pharmaceuticals and use these data in risk assessments to evaluate potential for harm to the environment. We post summaries of our Environmental Risk Assessments on the GSK website as part of our commitment to data transparency.

This Environmental Risk Assessment (ERA) has been conducted for retigabine and demonstrates that the use of this drug substance is considered to result in insignificant environmental risk. This evaluation is based on the Predicted Environmental Concentration (PEC) to Predicted No Effects Concentration (PNEC) ratio of less than 0.1.

The following pages contain the technical background information.

Technical Background Information

Environmental Fate

Retigabine is not readily nor inherently biodegradable and is not susceptible to hydrolysis. It is expected to persist in the environment. However, significant removal of retigabine is expected to occur in wastewater treatment plants via primary biodegradation and sorption to sludge solids. This substance has limited solubility in water and a low partition coefficient suggests it is unlikely to bioconcentrate in exposed aquatic organisms.

PEC/PNEC Risk Quotient Calculation

The PEC/PNEC risk quotient calculation is the standard quantitative method of risk assessment and is approved by major national and international regulatory agencies [2, 3, 4].

Predicted Environmental Concentration (PEC)

The PEC has been calculated based on the following data:

$$\text{PEC } (\mu\text{g/L}) = \frac{A \times 1\text{E} + 09 \times (100 - R)}{365 \times P \times V \times D \times 100}$$

where:

A (kg/year) = total use of Retigabine based on patient consumption in the European Union and UK in 2020 (IQVIA Data).

R (%) = removal rate due to loss by adsorption to sludge particles, by volatilization, hydrolysis or biodegradation. For Retigabine it has been assumed that R = 0% as a worst-case scenario [3].

P = Population of European Union + UK. Per capita use of drug substance A/P = 3.94E-04 kg/inhabitant (IQVIA Data).

V (L/day) = volume of wastewater per capita and day = 200, EMA default [2].

D = factor for dilution of wastewater by surface water flow = 10, EMA default [2].

NB: PEC, conservatively, is based on no metabolism and no removal of drug substance to sludge solids. It is assumed that 100% of drug substance enters the aquatic environment.

PEC = 0.0000027 $\mu\text{g/L}$

Predicted No Effects Concentration (PNEC)

PNEC ($\mu\text{g/L}$) = lowest NOEC/10, where 10 is the assessment factor applied for three long-term NOECs. NOEC for fathead minnow (= 32 $\mu\text{g/L}$) has been used for this calculation since it is the most sensitive of the three tested species.

$$\text{PNEC} = 32/10 = 3.20 \mu\text{g/L}$$

PEC/PNEC Risk Characterisation

$$\text{PEC/PNEC} = 0.0000027/3.20$$

$$\text{PEC/PNEC} = 0.0000014$$

The PEC/PNEC is ≤ 0.1 which means the use of Retigabine is considered to result in insignificant environmental risk, in accordance with the Fass environmental classification scheme [4].

All relevant environmental fate and ecotoxicity data are published in Section 12 of the Material Safety Data Sheet (MSDS) for the medical product. The MSDS is publicly available at <http://www.msds-gsk.com/ExtMSDSlist.asp>.

Metabolism and Excretion

Retigabine is extensively metabolised in humans. A substantial fraction of the retigabine dose is converted to inactive N-glucuronides. Retigabine is also metabolised to an N-acetyl metabolite (NAMR) that is also subsequently glucuronidated. NAMR has antiepileptic activity, but is less potent than retigabine in animal seizure models. There is no evidence for hepatic oxidative metabolism of retigabine or NAMR by cytochrome P450 enzymes. Therefore co-administration with inhibitors or inducers of cytochrome P450 enzymes is unlikely to affect the pharmacokinetics of retigabine or NAMR.

Elimination of retigabine occurs via a combination of hepatic metabolism and renal excretion. A total of approximately 84% of the dose is recovered in the urine, including the N-acetyl metabolite (18%), N-glucuronides of the parent active substance and of the N-acetyl metabolite (24%), or parent active substance (36%). Only 14% of retigabine is excreted in the faeces [1].

References

1. Summary of Product Characteristics Trobalt (retigabine). GlaxoSmithKline, June 2013.
<http://www.medicines.org.uk/EMC/>
2. Committee for Medicinal Products for Human Use (CHMP); Guideline on the Environmental Risk Assessment of Medicinal Products for Human Use. 1 June 2006, Ref EMEA/CPMP/SWP/4447/00.
http://www.emea.europa.eu/docs/en_GB/document_library/Scientific_guideline/2009/10/WC500003978.pdf
3. European Chemicals Agency (ECHA). 2008 Guidance on information requirements and chemical safety assessment.
http://guidance.echa.europa.eu/docs/guidance_document/information_requirements_en.htm
4. Fass Environmental Classification of Pharmaceuticals. 2012 Guidance for Pharmaceutical Companies. www.fass.se