

## Environmental Risk Assessment Data Summary

<u>Active Pharmaceutical Ingredient</u>	<u>Medical Product</u>
Salbutamol sulfate	Ventolin Accuhaler Ventolin Evohaler Ventolin Nebules Ventolin Respirator

### 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 Salbutamol 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. Ranitidine is an active ingredient in GSK pharmaceutical products and pharmaceutical products sold by other companies. This assessment takes account of the total quantity of active ingredient marketed by GSK and all other companies.**

**The following pages contain the technical background information.**

## Technical Background Information

### Environmental Fate

This substance is water soluble and is not likely to partition to air from water very readily. Salbutamol has a low partition coefficient which suggests it is unlikely to bioconcentrate in exposed aquatic organisms. Salbutamol is not readily biodegradable or inherently biodegradable and therefore it is expected to persist in the environment. It is not likely to adsorb to sludge or biomass and is not expected to reach the terrestrial compartment to a significant extent.

### 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

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 Salbutamol active based on sales in the European Union in 2020 (IQVIA Data).

R (%) = removal rate due to loss by adsorption to sludge particles, by volatilization, hydrolysis or biodegradation. For Salbutamol 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 = 5.58E-06 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 = 0.0076  $\mu\text{g/L}$**

## Predicted No Effects Concentration (PNEC)

PNEC ( $\mu\text{g/L}$ ) = lowest NOEC/10, where 10 is the assessment factor applied for two long-term NOECs but where there is a high degree of confidence that the dataset includes the most sensitive species (fish, day 120 NOEC). On this basis the NOEC for fish (3.5 mg/L) has been used in the calculation.

$$\text{PNEC} = 3,500/10 = 350 \mu\text{g/L}$$

## PNEC Justification

According to REACH guidelines, where it is possible to determine with high probability that the most sensitive species/endpoint (fish, day 120 NOEC) has been examined i.e. that a further long-term result (e.g. EC10 or NOECs) from a different taxonomic group of the base set would not be lower than the data already available. In those circumstances, a factor of 10 applied to the lowest long-term result (e.g. EC10 or NOECs) from only two species would also be appropriate. This is particularly important if the substance does not have a potential to bioaccumulate [3].

## PEC/PNEC Risk Characterisation

$$\text{PEC/PNEC} = 0.0076/350$$

$$\text{PEC/PNEC} = 0.000022$$

The PEC/PNEC is  $\leq 0.1$  which means the use of Salbutamol 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

Salbutamol administered intravenously has a half-life of 4 to 6 hours and is cleared partly renally, and partly by metabolism to the inactive 4'-O-sulfate (phenolic sulfate) which is also excreted primarily in the urine. The faeces are a minor route of excretion. After administration by the inhaled route between 10 and 20% of the dose reaches the lower

airways. The remainder is retained in the delivery system or is deposited in the oropharynx from where it is swallowed. The fraction deposited in the airways is absorbed into the pulmonary tissues and circulation, but is not metabolised by the lung. On reaching the systemic circulation it becomes accessible to hepatic metabolism and is excreted, primarily in the urine, as unchanged drug and as the phenolic sulfate. The swallowed portion of an inhaled dose is absorbed from the gastrointestinal tract and undergoes considerable first-pass metabolism to the phenolic sulfate. Both unchanged drug and conjugate are excreted primarily in the urine. Almost all of a dose of salbutamol given intravenously, orally or by inhalation is excreted within 72 hours. Salbutamol is bound to plasma proteins to the extent of 10% [1].

## References

1. Summary of Product Characteristics Ventolin (Salbutamol) Accuhaler. GlaxoSmithKline, September 2021. <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. [https://www.ema.europa.eu/en/documents/scientific-guideline/guideline-environmental-risk-assessment-medicinal-products-human-use-first-version\\_en.pdf](https://www.ema.europa.eu/en/documents/scientific-guideline/guideline-environmental-risk-assessment-medicinal-products-human-use-first-version_en.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](http://guidance.echa.europa.eu/docs/guidance_document/information_requirements_en.htm)
4. Fass Environmental Classification of Pharmaceuticals. 2012 v3.0 Guidance for Pharmaceutical Companies. [www.fass.se](http://www.fass.se)