

SCORE Placeholder Sheet for IFW Content

Application Number: 16248460

Document Date: 01/15/2019

The presence of this form in the IFW record indicates that the following document type was received in electronic format on the date identified above. This content is stored in the SCORE database.

Since this was an electronic submission, there is no physical artifact folder, no artifact folder is recorded in PALM, and no paper documents or physical media exist. The TIFF images in the IFW record were created from the original documents that are stored in SCORE.

- Drawing

At the time of document entry (noted above):

- USPTO employees may access SCORE content via eDAN using the Supplemental Content tab, or via the SCORE web page.
- External customers may access SCORE content via PAIR using the Supplemental Content tab.

Form Revision Date: August 26, 2013

**CERTIFICATION AND REQUEST FOR PRIORITIZED EXAMINATION
 UNDER 37 CFR 1.102(e) (Page 1 of 1)**

First Named Inventor:	John Maloney	Nonprovisional Application Number (if known):	
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE		

APPLICANT HEREBY CERTIFIES THE FOLLOWING AND REQUESTS PRIORITIZED EXAMINATION FOR THE ABOVE-IDENTIFIED APPLICATION.

1. The processing fee set forth in 37 CFR 1.17(i)(1) and the prioritized examination fee set forth in 37 CFR 1.17(c) have been filed with the request. The publication fee requirement is met because that fee, set forth in 37 CFR 1.18(d), is currently \$0. The basic filing fee, search fee, and examination fee are filed with the request or have been already been paid. I understand that any required excess claims fees or application size fee must be paid for the application.
2. I understand that the application may not contain, or be amended to contain, more than four independent claims, more than thirty total claims, or any multiple dependent claims, and that any request for an extension of time will cause an outstanding Track I request to be dismissed.
3. The applicable box is checked below:
 - I. **Original Application (Track One) - Prioritized Examination under § 1.102(e)(1)**
 - i. (a) The application is an original nonprovisional utility application filed under 35 U.S.C. 111(a). This certification and request is being filed with the utility application via EFS-Web.
 ---OR---
 - (b) The application is an original nonprovisional plant application filed under 35 U.S.C. 111(a). This certification and request is being filed with the plant application in paper.
 - ii. An executed inventor's oath or declaration under 37 CFR 1.63 or 37 CFR 1.64 for each inventor, or the application data sheet meeting the conditions specified in 37 CFR 1.53(f)(3)(i) is filed with the application.
 - II. **Request for Continued Examination - Prioritized Examination under § 1.102(e)(2)**
 - i. A request for continued examination has been filed with, or prior to, this form.
 - ii. If the application is a utility application, this certification and request is being filed via EFS-Web.
 - iii. The application is an original nonprovisional utility application filed under 35 U.S.C. 111(a), or is a national stage entry under 35 U.S.C. 371.
 - iv. This certification and request is being filed prior to the mailing of a first Office action responsive to the request for continued examination.
 - v. No prior request for continued examination has been granted prioritized examination status under 37 CFR 1.102(e)(2).

Signature /bryan l. skelton/	Date January 15, 2019
Name (Print/Typed) Bryan L. Skelton	Practitioner Registration Number 50893

Note: This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) for signature requirements and certifications. Submit multiple forms if more than one signature is required.*

*Total of 1 forms are submitted.

Privacy Act Statement

The **Privacy Act of 1974 (P.L. 93-579)** requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND
METHODS OF USE

TECHNICAL FIELD

5 The subject matter described herein relates generally to compositions for parenteral administration comprising L-cysteine that are stable and have desirable safety attributes for extended periods of time.

BACKGROUND

10 L-cysteine is a sulfur-containing amino acid that can be synthesized de novo from methionine and serine in adult humans. L-cysteine performs a variety of metabolic functions. For example, L-cysteine is involved in growth and protein synthesis and it is a precursor for glutathione, an important intracellular antioxidant.

15 L-cysteine is generally classified as a non-essential amino acid or “semi-essential” amino acid because it can be synthesized in small amounts by the human body. However, some adults can still benefit from L-cysteine supplementation. Further, L-cysteine has been classified as conditionally essential in some cases. For example, L-cysteine can be conditionally essential in preterm infants due to biochemical immaturity of the enzyme cystathionase that is involved in L-cysteine synthesis. Thus, there are a number of circumstances in which L-cysteine
20 supplementation can be desirable.

 The subject matter described herein addresses the shortcomings of the art by providing L-cysteine compositions that facilitate the desired supplementation but with an exceptional safety, purity and stability profile.

BRIEF SUMMARY

25 In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 part per billion (ppb) to about 250 ppb;

5 L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

10 headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,

15 wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

20 L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

25 pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,

optionally one or more metals selected from the group consisting of Lead from about 1.0 ppb to about 10 ppb, Nickel from about 5 ppb to about 40 ppb, Arsenic from about 0.1 ppb to 10 ppb, and Mercury from about 0.2 ppb to about 5.0 ppb;

wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

In certain aspects, the subject matter described herein is directed to a safe, stable composition from about 100 mL to about 1000 mL for administration via a parenteral infusion within about 24 to about 48 hours of admixture, comprising a mixture of a composition of L-Cysteine described herein; and an amino acid composition that is essentially free of L-Cysteine comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.

In certain aspects, the subject matter described herein is directed to a method of reducing Aluminum administration from a total parenteral nutrition regimen comprising L-cysteine, the method comprising, mixing a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:

Aluminum in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine; and

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

with a composition comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and

a pharmaceutically acceptable carrier, comprising water, to form a composition for infusion having a volume of about 100 mL to about 1000 mL,

wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

In certain aspects, the subject matter described herein is directed to methods of treating a subject having an adverse health condition that is responsive to L-cysteine administration, comprising:

diluting a stable L-cysteine composition as described herein with an intravenous fluid to prepare a diluted L-cysteine composition for infusion; and

infusing the diluted L-cysteine composition for infusion to a subject to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

In certain aspects, the subject matter described herein are directed to methods of administering L-Cysteine together with a composition for parenteral nutrition, comprising:

diluting a stable L-cysteine composition for injection as described herein with a parenteral nutrition composition to form a mixture; and

parenterally administering the mixture to a subject in need thereof in a therapeutically and/or nutritionally effective dose. In one aspect, the subject is a preterm infant or newborn to about 1 month of age. Some of these subjects may weigh from about 0.5 kilos to about 2.0 kilos. In another aspect, the subject is a pediatric patient that is of about 1 month to six months of age. Some of these subjects may weigh from about 0.2 kilos to about 20 kilos. In another aspect, the subject is an adult requiring parenteral nutrition.

These and other aspects are more fully described herein.

BRIEF DESCRIPTION OF THE FIGURES

Figure 1 depicts the overall trend of the results from the experiments that demonstrate the effectiveness of the Head Space Reduction (HSR) cycle in attaining reduced and consistent dissolved oxygen (DO) levels in the finished drug product. The results showed a trend with an increase in dissolved oxygen level from 0.36 parts per million (ppm) recorded during compounding, to an average of 5.12 ppm measured after filling, a further increase to an average of 9.92 ppm while loading the Lyophilizer, and

finally a reduction of dissolved oxygen to an average of 0.50 ppm after headspace reduction. This demonstrates the specific phase of manufacturing at which and to the specific level that oxygen needs to be controlled in the product.

5 Figure 2 depicts the overall trend of the results from the experiments that demonstrate the effectiveness of the Head Space Reduction (HSR) cycle in attaining reduced and consistent dissolved oxygen (DO) levels in the finished drug product. The results showed a trend with an increase in dissolved oxygen level from 0.36 parts per million (ppm) recorded during compounding, to an average of 5.12 ppm measured after filling, a further increase to an average of 9.92 ppm while loading the Lyophilizer, and
10 finally a reduction of dissolved oxygen to an average of 0.50 ppm after headspace reduction.

Figure 3 depicts a process filler set up to fill and reduce head space oxygen.

Figure 4 shows data for the process of Example 4. The plot shows comparison of oxygen headspace control between the lyophilizer chamber headspace control method
15 versus the high-speed filler vacuum stoppering system. The time zero oxygen headspace results for the batch PROT-000213 are shown in comparison to the previously manufactured lots. Results shown were measured at the time of manufacturing on samples of vials from the batches.

Figure 5 depicts the data measured for dissolved oxygen levels in the process of
20 Example 4.

DETAILED DESCRIPTION

The presently disclosed subject matter will now be described more fully hereinafter. However, many modifications and other embodiments of the presently disclosed subject matter set forth herein will come to mind to one skilled in the art to which the presently
25 disclosed subject matter pertains having the benefit of the teachings presented in the foregoing descriptions. Therefore, it is to be understood that the presently disclosed subject matter is not to be limited to the specific embodiments disclosed and that modifications

and other embodiments are intended to be included within the scope of the appended claims. In other words, the subject matter described herein covers all alternatives, modifications, and equivalents that are within the ordinary skill in the art. In the event that one or more of the incorporated literature, patents, and similar materials differs from or
5 contradicts this application, including but not limited to defined terms, term usage, described techniques, or the like, this application controls. Unless otherwise defined, all technical and scientific terms used herein are intended to have the same meaning as commonly understood by one of ordinary skill in this field. All publications, patent applications, patents, and other references mentioned herein are incorporated by reference
10 in their entirety.

Advantageously, it has been found that the desirable attributes of L-cysteine compositions for infusion can be obtained without the characteristic impurity profile that is known in the art. Such impurity profile makes the product less safe to be used by patients, in particular, preterm and term infants and pediatric patients of 1 month to 1 year
15 as well as critically ill adults. Specifically, the art formulations fail to address the issues related to the amounts of Aluminum and cystine, among other impurities, that can be routinely present and co-administered with L-cysteine. It has now been found that L-cysteine compositions for injection can be prepared using the methods described herein whereby the compositions unexpectedly comprise exceedingly low levels of Aluminum
20 and other undesirable impurities, such as cystine, pyruvic acid, certain heavy metals and certain ions. As a result, the present compositions and methods of using said compositions are safer to the intended subject compared to the currently available compositions and methods. Further, the product is also rendered more stable by virtue of lower levels of cystine generated by the manufacturing processes described herein.

25 As described herein, without being bound to theory, it has been found that the problems of safety, purity and stability are results not simply or directly from the level of Aluminum, but are also intertwined with dissolved oxygen levels in the composition and oxygen in the headspace as well as certain heavy metals and certain ions that may leach or be extracted out of the container closure.

5 An L-Cysteine for injection product was prepared with the aim to provide a product that would be acceptable for administration to infants, pediatric and adult patients. High quality Schott glass vials and stoppers were used. See Example 2. It was however found that glass containers contribute more significantly than expected to the Aluminum content of L-cysteine compositions stored therein to the point where the product did not meet the specifications for certain components. Products having such Aluminum levels would likely be deemed unsafe by the FDA. As such, efforts were focused on identifying the sources of Aluminum in the product and attempts to minimize it in the product. These efforts led to the unexpected discovery that simply removing a source of Aluminum by replacing glass with plastic did not result in a product having the desired properties.

10 Additional efforts to identify the root cause for the product failure led to the finding that the product likely failed because oxygen entered the plastic container and into the product at a rate higher than previously expected or predicted. For example, the plastic container product failed in some cases in less than 1-2 months. See Example 3. This finding was also unexpected. Increased oxygen levels in the product led to unacceptable levels of oxidation products, such as cystine, which precipitated and caused particulates in the product. Particulates are dangerous in injectable compositions and create a safety concern, in addition to the stability issue to the product.

15 However, the precipitation may have been exacerbated by reduction in Aluminum since Aluminum in solution may have a stabilizing effect. Consequently, removing Aluminum may have the unintended consequence of increased precipitation and product failure in the presence of even small amounts of oxygen in the container. This was unexpected.

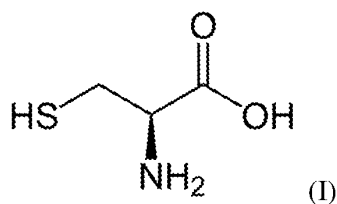
20 Additionally, controlling heat in the process including during the compounding and/or sterilization activities, unexpectedly was found to be beneficial for preparing stable L-Cysteine compositions described herein. This was surprising because L-Cysteine has been used in parenteral products as an excipient where the product is subjected to terminal sterilization which exposes the product to high temperatures such as 120 °C.

5 Some subjects that would be receiving L-Cysteine supplementation are, as discussed elsewhere herein, pre-term neonates or full-term infants that are underweight, or infants that may be full term and are not underweight but are still candidates for treatment, in many cases for longer term treatment. For example, some of these subjects may be treated with L-Cysteine for several days or several weeks, even several months. In these cases, it is imperative that the subjects are not exposed to potentially toxic or undesirable levels of some anions and heavy metals that may be present in drug products. Examples of such heavy metals include but not limited to Lead, Nickel, Arsenic and Mercury. Examples of anions that should be monitored include but not limited to iodide, and fluoride. Many of these are introduced into drug products through manufacturing processes, container closure systems, or the drug substance and the excipients. The levels of the heavy metals and anions may not be a concern with many drug products because the patient population exposed to the drug may be not as vulnerable as in the case of L-Cysteine, or the dosing of such drug products may be very limited, i.e., for one or a few doses. For the reasons noted above, it is imperative that L-Cysteine drug product, its administration, its manufacture, and its container closure system are carefully evaluated for the levels of heavy metals and selected anions. The state of the art is lacking in providing any specific guidance on the need for this evaluation, the specific heavy metals and anions on which to focus, and how to achieve control over the levels. The L-Cysteine compositions, methods of administration and manufacture, selection of container closure system and the excipients and the drug substance as described herein fill that need.

25 Thus, in summary, as described herein, reducing aluminum drastically to extremely low levels in the product, reducing oxygen to very low levels in the process and in the composition, and/or reducing or eliminating heat in the process, and in consideration of data showing selection of the appropriate container, stopper, drug substance, and excipients, individually or in combination(s), resulted in achieving a safe, stable composition of L-Cysteine injection that could be administered safely even to very delicate pediatric subjects such as pre-term neonatal subjects that are as young as a day and may weigh as low as 0.5 kilos, for a few days to several weeks.

L-cysteine for injection is a marketed product used as a component of a nutritional supplement regimen referred to as total parenteral nutrition (TPN). The Aluminum content in known L-cysteine compositions for injection is higher than desired. Moreover, when the L-cysteine composition is combined with certain amino acids prior to administration, the amino acids contribute some amount of Aluminum, and Aluminum levels can further increase. TPN admixtures constitute several other components (in addition to amino acid mixtures) such as electrolytes (such as Potassium Phosphate, Calcium gluconate, and sodium acetate). These electrolytes may also contribute to high Aluminum levels in TPN admixtures (Smith et al., Am. J. Health Syst. Pharm., vol. 64, April, 1, 2007, pp. 730-739). This is of particular concern since administration of the L-cysteine is often to infants (some of them pre-term) for nutritional support. A focus of the subject matter described herein is in minimizing the Aluminum levels coming from L-Cysteine compositions so that when admixed with other ingredients of TPN admixtures, the overall Aluminum levels could be reduced while minimizing introduction of undesirable materials such as heavy metals, anions, and particulates. All of these components are present in amounts that are below levels determined to be safe.

L-cysteine (2-Amino-3-sulphydrylpropanoic acid) is a sulfur-containing amino acid having a structure according to Formula I:



L-cysteine performs a variety of metabolic functions. For example, L-cysteine is a precursor for antioxidants, such as glutathione and taurine, that support oxidative defense and a healthy immune system. L-cysteine can also play a role in the synthesis of essential fatty acids and facilitate production of cell membranes and protective covers of nerve endings. Additionally, L-cysteine can be an important precursor for many proteins, such as structural proteins in connective tissue. Thus, the depletion or absence of cystathionase activity in premature fetuses and newborns to synthesize L-cysteine de novo has led to the

categorization of L-cysteine as a conditionally essential amino acid. Additionally, administration of L-cysteine can be valuable to treat a number of conditions in subjects, whether or not the subject is a premature infant or neonate.

5 Known pharmaceutical compositions that contain L-cysteine can typically contain undesirable levels of certain components. Cystine is an oxidation product of L-cysteine. Like L-cysteine, cystine can be synthesized in the liver. Further, both L-cysteine and cystine can be present as amino acid residues in proteins. However, because cystine is an oxidation product of L-cysteine, it is possible that the amount of cystine can increase over time. Thus, it may be desirable to maintain the amount of cystine within predetermined levels over time. For all practical purposes, cystine and L-Cystine are used interchangeably
10 herein. Pyruvic acid is another undesirable compound that can be found in L-cysteine compositions known in the art. It is possible that the amount of pyruvic acid in these compositions can increase over time. Thus, it may be desirable to maintain the amount of pyruvic acid within predetermined levels over time.

15 Perhaps of most concern is the level of Aluminum in known L-cysteine compositions. Aluminum contamination and associated Aluminum toxicity can lead to a number of adverse conditions such as metabolic bone disease, neurodevelopmental delay, cholestasis, osteoporosis, growth failure, dementia, and the like. It is desirable to allow no more than 4-5 mcg/kg/day of Aluminum to avoid toxicity. It is preferable to keep the dose
20 on the conservative side as much as possible, i.e., at 4 mcg/kg/day to avoid accidental overdosing in case Aluminum from some other reason (unanticipated or unknown source or due to human error) is introduced. Up to now, known L-cysteine compositions contain up to 5000 ppb Aluminum. Even levels of 900 ppb are known in currently available products. In stark contrast, described herein are compositions that provide a therapeutically
25 effective amount of L-cysteine, while containing less than 250 ppb Aluminum, including, in certain embodiments, less than 200 ppb, or less than 175 ppb, or less than 150 ppb, or less than 125 ppb, or less than 120 ppb, or less than 100 ppb, or less than 80 ppb, or less than 75 ppb, or less than 60 ppb, or less than 50 ppb, or less than 40 ppb, or less than 30 ppb, or less than 20 ppb, or less than 10 ppb, or less than 5 ppb, or less than 1.0 ppb. Thus,
30 what has now been achieved is an unexpected and substantial reduction in Aluminum

content of an L-Cysteine composition that permits exposure to less than or equal to 4-5 micrograms per kilogram per day ($\mu\text{g}/\text{kg}/\text{d}$) to avoid or minimize Aluminum toxicity while still providing therapeutically effective L-cysteine in a stable composition. In some aspects, the compositions described herein permit an Aluminum dose of as low as 0.6 micrograms/kg/d, improving significantly the safety of the L-Cysteine product and its administration.

High risk patient populations for Aluminum toxicity in the context of parenteral nutrition include the following: Renal Insufficiency and Infants: Renal elimination is a major source of Aluminum removal. Therefore, patients with renal compromise and infants with immature renal function are at risk of Aluminum accumulation. Pregnant women: The fetus is vulnerable to Aluminum contamination in parenteral nutrition since Aluminum may be transferred across the placenta. Elderly: Age is a well-known risk factor for renal impairment and thus results in a higher risk of Aluminum toxicity. Other studies suggest that Aluminum toxicity may be due to increased absorption of Aluminum due to a weakened GI protective barrier.

The compositions and methods described herein provide the means to support the nutritional needs of patients, including preterm infants or infants with low birth weight, but reduce the risks associated with Aluminum ingestion. Most preterm and low birth weight infants tend to require parenteral nutrition with amino acid supplementation during their hospital stay. However, as mentioned above, infants are a particularly high-risk population for Aluminum toxicity. To address such issues, in certain embodiments, the compositions comprise about 34.5 mg/mL of L-cysteine (measured as a base, i.e., not measured as HCl and monohydrate) and no more than 250 ppb, preferably about 120 ppb, or lower, of Aluminum. These compositions with no more than 120 ppb of Aluminum, and in certain embodiments, about 120 ppb, or 100 ppb, or 80 ppb, or 60 ppb, or 50 ppb, or 20 ppb, or 10 ppb or 5 ppb or 1.0 ppb, or any suitable subrange encompassing the specific values, in units of 5 ppb, permit great flexibility with respect to the amino acid supplementation for TPN preparations.

L-Cysteine injection is administered after being added to a parenteral nutrition composition such as an amino acid composition, or a sugar-source such as dextrose or a lipid source or a combination of the foregoing. It is preferred that L-Cysteine is added to the amino acid composition, which may be administered separately or in combination with
5 other components of a parenteral nutrition regime such as sugars and lipids. For present purposes, the Aluminum content of the combined L-Cysteine and amino acid solution is of interest, and is monitored. L-Cysteine may be dosed at 15 mg per gram of amino acids or sometimes at a high concentration, i.e., 40 mg/gram of amino acids.

Commercially available amino acid product labeling for example indicates that 25
10 mcg/L of Aluminum is contributed from the product itself. The general recommended maximum dose is 4 g of amino acids/kg body weight. Generally amino acids solutions are available as 10% (10 g/100 mL) which would necessitate 40 mL volume to be administered for a 1 kg preterm neonatal patient. Based on this the amino acids solution is expected to contribute to about 1 mcg/kg/day. This leaves about 3 mcg/kg/day from other sources
15 including L-cysteine. In some scenarios, there may be five or more other components including L-cysteine that can contribute to varying levels of Aluminum in TPN mixtures. For the sake of illustration, assume there are five contributors that contribute equally. The expected maximum Aluminum contribution that may come from L-Cysteine would be $(3 \text{ mcg/kg/day})/5 = 0.6 \text{ mcg/kg/day}$. In light of Smith et al. (Am. J. Health Syst. Pharm., vol. 20 64, April, 1, 2007, pp. 730-739), significant contributors to Aluminum levels besides amino acids and L-Cysteine are Potassium Phosphate, Potassium Acetate, Sodium Acetate, and Calcium Gluconate. The reference indicates that contributions from all of these are high such that 100% of pediatric (including preterm and full-term infants) TPNs have $>4 \text{ } \mu\text{g/kg/day}$ (range 12 – 162 $\mu\text{g/kg/day}$) of Aluminum coming from various sources. Even
25 after carefully selecting the products with the least Aluminum content components among those available for treatment, the TPNs have $> 4 \text{ } \mu\text{g/kg/day}$. This finding for example highlights the need to systematically reduce the amount of Aluminum in each product that will be incorporated into a TPN admixture. The current efforts are directed to providing L-Cysteine compositions that offer exceedingly low Aluminum levels.

One of the difficulties with establishing dosing levels of L-Cysteine with an eye to keep the Aluminum administration to below or at a certain amount is the lack of uniformity in the art as to how to categorize the subjects in terms of their age and weight. This imprecise terminology has been used often blurring the boundaries among the patient groups, making it difficult to assess which patient should receive what amount of L-Cysteine, and hence how much Aluminum would result. As such, the art does not suggest what the levels of Aluminum exposure should be, nor does it provide a solution that minimizes Aluminum exposure during a TPN regimen. Following Table 1 shows a streamlined approach to categorize the potential patient population and their proposed daily doses of L-Cysteine.

Table 1. Daily Dosage of L-Cysteine

Age	Protein ^a Requirement (g/kg/day) ¹	L-Cysteine Dosage (mg cysteine/g AA)	L-Cysteine Dosage (mg cysteine/kg/day)
Preterm and term infants less than 1 month of age	3 to 4	15	45 to 60
Pediatric patients 1 month to less than 1 year of age	2 to 3	15	30 to 45
Pediatric patients 1 year to 11 years of age	1 to 2	15	15 to 30
Pediatric patients 12 years to 17 years of age	0.8 to 1.5	5	4 to 7.5
Adults: Stable Patients	0.8 to 1	5	4 to 5
Adults: Critically Ill Patients	1.5 to 2	5	7.5 to 10

^aProtein is provided as amino acids. When infused intravenously, amino acids are metabolized and utilized as the building blocks of protein.

From the above Table, it should be noted that the most need for L-Cysteine is for the preterm infant. Therefore, to safely administer L-Cysteine compositions, the Aluminum level in the compositions must be substantially less than what is in commercially available products and those described in the art. There has been no specific guidance in the art however of how low this Aluminum level should be, and how to achieve compositions with such low Aluminum levels. To the extent there may be some guidance, the levels proposed are considered higher than desirable.

L-Cysteine Injection as presented herein in some embodiments contains no more than 120 mcg/L (120 ppb) of aluminum (0.0035 mcg of aluminum/mg of cysteine). The maximum dosage of aluminum from L-Cysteine Injection is not more than 0.21 mcg/kg/day when preterm and term infants less than 1 month of age are administered the dosage of L-Cysteine injection (15 mg cysteine/g of amino acids and 4 g of amino acids/kg/day). If L-Cysteine is added to TPN containing amino acid and dextrose solutions (which each may contain up to 25 mcg/L of aluminum) as well as other additive drug products, the total amount of aluminum administered to the patient from the final admixture should be considered and maintained at no more than 5 mcg/kg/day.

However, with prolonged parenteral administration in patients with renal impairment, the aluminum contained in L-Cysteine Injections disclosed herein may reach toxic levels. Preterm infants are at a greater risk for aluminum toxicity because their kidneys are immature, and they require large amounts of calcium and phosphate solutions, which also contain aluminum. Prolonged administration herein may mean at least one week, or may be up to 2-4 weeks. In some aspects, the administration could continue for up to 24 weeks.

Patients with renal impairment, including preterm infants, who receive parenteral levels of aluminum at greater than 4 to 5 mcg/kg/day, accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration. Therefore, it is essential that aluminum levels in the L-Cysteine drug product are carefully controlled and kept at as low as possible. Such embodiments are disclosed herein.

Looking more specifically at contribution of Aluminum by the prior products, data show that the Aluminum levels of 5,000 ppb or even the 900 ppb associated with these products are not desirable or acceptable. Tables 2-3 report the Aluminum contribution from the commercial product of prior art with 900 ppb or 5000 ppb Aluminum level based on two scenarios: a) an L-Cysteine dosing regimen based on 15 mg/gram of amino acids; and b) an L-Cysteine dosing regimen based on 40 mg/gram of amino acids. The Tables also

show the Aluminum contribution from an L-Cysteine product as described herein and having a level of 120 ppb.

Table 2. Aluminum Contribution (Based on a Cysteine Dose of 15 mg/g of Amino Acids) from an L-Cysteine Product with 900 ppb, 5,000 ppb, or 120 ppb of Aluminum

5

Age	L-Cysteine Dose at		Aluminum Contribution from 900 ppb product	Aluminum Contribution from 5,000 ppb product	Aluminum Contribution from 120 ppb product
	(15 mg/ g AA)				
	mg/kg/day	mL/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
Preterm and term infants less than 1 month	45 to 60	1.31 to 1.74	1.18 to 1.57	6.53 to 8.70	0.157 to 0.209
Pediatric patients 1 month to less than 1 yr	30 to 45	0.87 to 1.31	0.79 to 1.17	4.35 to 6.52	0.1 to 0.157
Pediatric patients 1 yr to 11 yrs	15 to 30	0.44 to 0.87	0.40 to 0.79	2.18 to 4.35	0.053 to 0.1
Pediatric patients 12 yrs to 17 yrs	4 to 7.5	0.18 to 0.22	0.11 to 0.20	0.58 to 1.09	0.022 to 0.026
Adults: Stable Patients	4 to 5	0.18 to 0.23	0.11 to 0.14	0.58 to 0.73	0.022 to 0.028
Adults: Critically ill patients	7 to 10	0.32 to 0.46	0.2 to 0.28	1.02 to 1.46	0.038 to 0.055

Table 3. Aluminum Contribution (Based on a Cysteine Dose of 40 mg/g of Amino Acids) from an L-Cysteine Product with 900 ppb, 5,000 ppb, or 120 ppb of Aluminum

Age	L-Cysteine Dose at		Aluminum Contribution from 900 ppb product	Aluminum Contribution from 5,000 ppb product	Aluminum Contribution from 120 ppb product
	(40 mg/ g AA)				
	mg/kg/day	mL/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
Preterm and term infants less than 1 month	120 to 160	3.48 to 4.64	3.13 to 4.17	17.39 to 23.19	0.42 to 0.56
Pediatric patients 1 month to less than 1 yr	80 to 120	2.32 to 3.48	2.09 to 3.13	11.59 to 17.39	0.28 to 0.42
Pediatric patients 1 yr to 11 yrs	40 to 80	1.16 to 2.32	1.05 to 2.09	5.79 to 11.59	0.14 to 0.28

Pediatric patients 12 yrs to 17 yrs	10.66 to 20	0.31 to 0.58	0.28 to 0.53	1.56 to 2.94	0.04 to 0.07
Adults: Stable Patients	10.66 to 13.33	0.31 to 0.39	0.28 to 0.35	1.56 to 1.94	0.04 to 0.047
Adults: Critically ill patients	18.7 to 26.7	0.54 to 0.77	0.49 to 0.70	2.72 to 3.89	0.065 to 0.09

If the preterm infants are given the high dose of L-cysteine (40 mg / gram of amino acids), this requires that a dose of 160 mg/kg (4.64 mL/kg) of L-Cysteine at a (base) concentration of 34.5 mg/mL be delivered. (See Table 3 above). The compositions described herein contribute about 0.0035 mcg Aluminum per each mg of L-cysteine, or 0.12 mcg of Aluminum per each mL at 120 ppb. Thus, a dose of 160 mg/kg (4.64 mL/kg) L-cysteine delivers only 0.56 mcg/kg Aluminum at 40 mg/g of AA dosing on the higher end, or 0.157 mcg/kg at 15 mg/g of AA dosing on the lower end. See Tables 2-3. In contrast, if art products were to be used, these patients would receive either 23 mcg/kg (for the product that contains 5,000 ppb of Aluminum), or 4.2 mcg/kg of aluminum (for the product that contains 900 ppb of Aluminum). Given that the total daily intake permissible for Aluminum is expected to be ideally less than 4-5 mcg/kg, the art products already exceed the entire daily Aluminum level and do not leave room for Aluminum contribution from other TPN components. Therefore, these known high Aluminum-containing products are likely to be deemed unsafe by the FDA and are neither desirable nor acceptable. In contrast, the L-Cysteine compositions presented herein provide Aluminum levels ranging from 10 ppb to about 250 ppb. Taking 20 ppb, 50 ppb, 120 ppb, and 150 ppb as illustrations, the Tables below estimate the amount of Aluminum delivered for each class of patients using 34.5 mg/mL L-Cysteine product when being dosed at 15 mg/g of Amino Acids.

Table 4. Aluminum Contribution (Based on a Cysteine Dose of 15 mg/g of Amino Acids) from an L-Cysteine Product (34.5 mg/mL) with 20 ppb, 50 ppb, 120 ppb or 150 ppb of Aluminum

Age	L-Cysteine Dose at 15mg/g AA	Aluminum Contribution from 20 ppb product	Aluminum Contribution from 50 ppb product	Aluminum Contribution from 120 ppb product	Aluminum Contribution from 150 ppb
	mg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day

Preterm and term infants less than 1 month	45 to 60	0.026 to 0.035	0.065 to 0.088	0.157 to 0.209	0.195 to 0.26
Pediatric patients 1 month to less than 1 yr	30 to 45	0.017 to 0.026	0.043 to 0.065	0.1 to 0.157	0.13 to 0.195
Pediatric patients 1 yr to 11 yrs	15 to 30	0.009 to 0.017	0.022 to 0.044	0.053 to 0.11	0.066 to 0.125
Pediatric patients 12 yrs to 17 yrs	4 to 7.5	0.004	0.009 to 0.01	0.022 to 0.026	0.027 to 0.033
Adults: Stable Patients	4 to 5	0.004	0.009 to 0.12	0.022 to 0.028	0.027 to 0.035
Adults: Critically ill patients	7 to 10	0.006 to 0.009	0.016 to 0.23	0.038 to 0.055	0.048 to 0.069

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 45 to 60 mg/kg/day of L-Cysteine and from about 0.02 to about 0.3 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 30 to 45 mg/kg/day of L-Cysteine and from about 0.01 to about 0.25 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 15 to 30 mg/kg/day of L-Cysteine and from about 0.005 to about 0.15 mcg/kg/day of Aluminum.

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 4 to 7.5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 4 to 5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine

to deliver 7 to 10 mg/kg/day of L-Cysteine and from about 0.004 to about 0.08 mcg/kg/day of Aluminum.

5 In some embodiments, a method of safe administration of L-Cysteine comprises administering to preterm and term infants of less than 1 month of age a parenteral L-Cysteine composition that delivers 45 to 60 mg/kg/day of L-Cysteine and from about 0.02 to about 0.3 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 month to less than 1 year of age a parenteral L-Cysteine composition that delivers 30 to 45 mg/kg/day of L-Cysteine and from about 0.01
10 to about 0.25 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 year to 11 years of age a parenteral L-Cysteine composition that delivers 15 to 30 mg/kg/day of L-Cysteine and from about 0.005 to about 0.15 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

15 In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 12 years to 17 years of age a parenteral L-Cysteine composition that delivers 4 to 7.5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some
20 embodiments, a method of safe administration of L-Cysteine comprises administering to adult stable patients a parenteral L-Cysteine composition that delivers 4 to 5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to critically ill adult patients a parenteral L-Cysteine composition that delivers 7 to 10 mg/kg/day of L-Cysteine and from about 0.004
25 to about 0.08 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

Further, taking 20 ppb, 50 ppb, 120 ppb, and 150 ppb as illustrations, the Tables below estimate the amount of Aluminum delivered for each class of patients using 34.5 mg/mL L-Cysteine product when being dosed at 40 mg/g of Amino Acids.

Table 5. Aluminum Contribution (Based on a Cysteine Dose of 40 mg/g of Amino Acids) from an L-Cysteine Product (34.5 mg/mL) with 20 ppb, 50 ppb, 120 ppb or 150 ppb of Aluminum

Age	L-Cysteine Dose at 40 mg/g AA	Aluminum Contribution from 20 ppb product	Aluminum Contribution from 50 ppb product	Aluminum Contribution from 120 ppb product	Aluminum Contribution from 150 ppb
	mg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
Preterm and term infants less than 1 month	120 to 160	0.07 to 0.09	0.175 to 0.233	0.42 to 0.56	0.525 to 0.7
Pediatric patients 1 month to less than 1 yr	80 to 120	0.047 to 0.07	0.117 to 0.175	0.28 to 0.42	0.35 to 0.525
Pediatric patients 1 yr to 11 yrs	40 to 80	0.023 to 0.047	0.058 to 0.117	0.14 to 0.28	0.175 to 0.35
Pediatric patients 12 yrs to 17 yrs	10.66 to 20	0.007 to 0.012	0.017 to 0.029	0.04 to 0.07	0.05 to 0.088
Adults: Stable Patients	10.66 to 13.33	0.007 to 0.008	0.017 to 0.02	0.04 to 0.047	0.05 to 0.059
Adults: Critically ill patients	18.7 to 26.7	0.011 to 0.015	0.027 to 0.038	0.065 to 0.09	0.081 to 0.113

5 In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 120 to 160 mg/kg/day of L-Cysteine and from about 0.05 to about 0.8 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 80 to 120 mg/kg/day of L-Cysteine and from about 0.03 to about 0.6 mcg/kg/day of Aluminum. In some
10 embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 40 to 80 mg/kg/day of L-Cysteine and from about 0.01 to about 0.4 mcg/kg/day of Aluminum.

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 10 to 20 mg/kg/day of L-Cysteine and from about 0.005 to about 0.1 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 10 to 15 mg/kg/day of L-Cysteine and from about 0.005 to about 0.06 mcg/kg/day of Aluminum. In some
5 embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver about 18 to 28 mg/kg/day of L-Cysteine and from about 0.01 to about 0.15 mcg/kg/day of Aluminum.

In some embodiments, a method of safe administration of L-Cysteine comprises
10 administering to preterm and term infants of less than 1 month of age a parenteral L-Cysteine composition that delivers 120 to 160 mg/kg/day of L-Cysteine and from about 0.05 to about 0.8 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 month to less than 1 year of age a parenteral
15 L-Cysteine composition that delivers 80 to 120 mg/kg/day of L-Cysteine and from about 0.03 to about 0.6 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 year to 11 years of age a parenteral L-Cysteine composition that delivers 40 to 80 mg/kg/day of L-Cysteine and from about 0.01
20 to about 0.4 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 12 years to 17 years of age a parenteral L-Cysteine composition that delivers 10 to 20 mg/kg/day of L-Cysteine and from about 0.005 to about 0.1 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some
25 embodiments, a method of safe administration of L-Cysteine comprises administering to adult stable patients a parenteral L-Cysteine composition that delivers 10 to 15 mg/kg/day of L-Cysteine and from about 0.005 to about 0.06 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to critically ill adult patients a parenteral L-

Cysteine composition that delivers 18 to 28 mg/kg/day of L-Cysteine and from about 0.01 to about 0.15 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

Accordingly, what is provided herein, among other things, are therapeutically and/or nutritionally effective amounts of L-cysteine with significantly minimized risk of Aluminum toxicity.

I. Definitions

As used herein, the term “stable” refers to a composition that has the component profiles described herein, for example, Aluminum, L-Cystine, and pyruvic acid, at the levels described and for the amount of time identified. In other words, a stable composition will contain the specified levels of all components for sufficient period of time to enable the composition to be commercially manufactured, stored, shipped, and administered in a clinical setting. In general, products are considered stable if the period of time is three months, or three to six months, or three to 12 months, or three to 15 months, or three to 18 months or three to 24 months.

As used herein, the term “dissolved oxygen” refers to oxygen that is found in the aqueous carrier of the compositions. Distinguished from dissolved oxygen is the headspace oxygen. As used herein, the term “headspace oxygen” refers to the oxygen that is found in the headspace volume of the sealed container comprising the composition.

As used herein, the term “cystine precipitate” refers to undissolved L-cystine. The undissolved cystine may be visually detected as particulate matter in solution.

As used herein, “subject” refers to a mammal that may benefit from the administration of a composition described herein. In one aspect, the mammal may be a human.

The term “prophylaxis” or “prophylactic” refers to the continued absence of symptoms of the disease or condition that would be expected had the combination not been administered.

As used herein, the terms “formulation” and “composition” are used interchangeably and refer to a mixture of two or more compounds, elements, or molecules. In some aspects, the terms “formulation” and “composition” may be used to refer to a mixture of one or more active agents with a carrier or other excipients. Compositions can take nearly any physical state, including solid and/or liquid (i.e. solution). Furthermore, the term “dosage form” can include one or more formulation(s) or composition(s) provided in a form suitable for administration to a subject. As used herein, the term “compositions for injection” and the like, refers to a composition that is intended for injection, including dilution and admixing with other components prior to injection. Said injection may be administered as an intravenous injection, or as an intravenous infusion. When administered as infusions, the compositions may be administered through a peripheral vein in limited circumstances or more commonly through a central vein. One of skill in the art would have experience with such administrations.

As used herein, “effective amount” refers to an amount of an ingredient, such as L-cysteine, which, when included in a composition, is sufficient to achieve an intended compositional or physiological effect. Thus, a “therapeutically or nutritionally effective amount” refers to a non-toxic, but sufficient amount of an active agent, to achieve therapeutic or nutritional results in treating or preventing a condition for which the active agent is known to be effective or providing nutritional value to prevent effects of malnutrition. It is understood that various biological factors may affect the ability of a substance to perform its intended task. Therefore, an “effective amount” or a “therapeutically or nutritionally effective amount” may be dependent in some instances on such biological factors. Additionally, in some cases an “effective amount” or a “therapeutically or nutritionally effective amount” may not be achieved in a single dose. Rather, in some examples, an “effective amount” or a “therapeutically or nutritionally effective amount” can be achieved after administering a plurality of doses over a period of time, such as in a pre-designated dosing regimen. Further, while the achievement of therapeutic/nutritional effects may be measured by a physician or other qualified medical personnel using evaluations known in the art, it is recognized that individual variation and response to treatments may make the achievement of therapeutic or nutritional effects

a subjective decision. The determination of an effective amount is well within the ordinary skill in the art of pharmaceutical and nutritional sciences as well as medicine.

As used herein, the term “substantially” refers to the complete or nearly complete extent or degree of a component, or an action, characteristic, property, state, structure, item, or result. The exact allowable degree of deviation from absolute presence of such a component, or an action, characteristic, property, state, structure, item, or result may in some cases depend on the specific context. However, generally speaking, “substantially” will be so near as to have the same overall result as if absolute and total extent or degree were obtained. The use of “substantially” is equally applicable when used in a negative connotation to refer to the complete or near complete lack of a component, or an action, characteristic, property, state, structure, item, or result. For example, a composition that is “substantially free of” a component would either completely lack the component, or so nearly completely lack the component that the effect would be the same as if it completely lacked the component. In other words, a composition that is “substantially free of” an ingredient or element may still actually contain such component as long as there is no measurable effect thereof, for example, trace amounts. As used herein, “essentially free” means a component, or an action, characteristic, property, state, structure, item, or result is not present or is not detectable.

The terms “treat” and “treatment” refer to both therapeutic treatment and prophylactic or preventative measures, wherein the object is to prevent or slow down (lessen) an undesired physiological change, disorder or adverse health condition. For purposes of this disclosure, beneficial or desired clinical results include, but are not limited to, alleviation of symptoms, diminishment of extent of the condition, stabilized (*i.e.*, not worsening) state of the condition, delay or slowing of progression of the condition, amelioration or palliation of the condition, and absence of condition (whether partial or total), whether detectable or undetectable. “Treatment” can also mean prolonging survival as compared to expected survival if not receiving treatment. Those in need of treatment include those already with the condition or disorder as well as those prone to have the condition or disorder or those in which the condition or disorder is to be prevented.

The term “pharmaceutically acceptable salts” denotes salts which are not biologically or otherwise undesirable. Pharmaceutically acceptable salts include both acid and base addition salts. The phrase “pharmaceutically acceptable” indicates that the substance or composition must be compatible chemically and/or toxicologically, with the other ingredients comprising a formulation, and/or the mammal being treated therewith. The phrase “pharmaceutically acceptable salt,” as used herein, refers to pharmaceutically acceptable organic or inorganic salts of a molecule. A pharmaceutically acceptable salt may involve the inclusion of another molecule that acts as a counterion. The counterion may be any organic or inorganic moiety that stabilizes the charge on the parent compound. Furthermore, a pharmaceutically acceptable salt may have more than one charged atom in its structure. Hence, a pharmaceutically acceptable salt can have one or more charged atoms and/or one or more counterions. In the case of L-cysteine, the hydrochloride salt form is preferred.

The phrase “single-use container” refers to a sealed pharmaceutically prepared container holding a drug product in a sterile environment that is intended to be used in a single operation of transferring the entire contents or substantially entire contents, wherein the transfer operation spans no more than 10-12 hrs, but often less than 8 hrs, or even six hours. It should be recognized that the single-use container is generally preservative-free and that if multiple transfers are attempted, they should be completed in a short duration, i.e., less than about 8-10 hrs from the first breach of the sterile environment. In some aspects the single-use container may be used to administer all of its contents to one subject in need thereof. In some aspects the single-use container may be used to administer its contents to more than one subject in need thereof.

As used herein, the term “mixing” refers to admixing, contacting, blending, stirring or allowing to admix, mix, blend, stir and the like.

As used herein, the term “safe” refers generally to a property of the compositions and methods described herein relative to art method and compositions and/or to FDA regulatory determination of the compositions and methods as part of a therapeutically or nutritionally effective regimen. For example, with respect to known L-Cysteine

compositions, an Aluminum level of greater than 300 ppb would be generally considered to render the L-Cysteine product unsafe. Other examples with respect to safety are described and discussed herein with respect to Aluminum, pyruvate, Cystine, heavy metals, anions, and particulates.

5 Additional definitions are provided herein where appropriate.

II. Compositions

In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in
10 an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-
15 cysteine;

a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to
about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per
20 million (ppm) to about 5 ppm from the time of manufacture to about 1 month from
manufacture when stored at room temperature;

wherein the composition is enclosed in a single-use container having a volume of
from about 10 mL to about 100 mL.

In certain aspects, the subject matter described herein is directed to a safe, stable L-
25 cysteine composition for parenteral administration, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in
an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

5 a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from
10 manufacture when stored at room temperature;

optionally present can be one or more metals selected from the group consisting of Lead from about 1.0 ppb to about 10 ppb, Nickel from about 5 ppb to about 40 ppb, Arsenic from about 0.1 ppb to 10 ppb, and Mercury from about 0.2 ppb to about 5.0 ppb;

wherein the composition is enclosed in a single-use container having a volume of
15 from about 10 mL to about 100 mL.

The Aluminum in a composition can be determined using any known analytical method, such as those required by FDA regulations, and can include atomic absorption and mass spectrometry. In certain embodiments, the Aluminum that is present in the compositions is present in an amount from about 1.0 ppb to about 250 ppb, or from
20 about 1.0 ppb to about 180 ppb, or from about 1.0 ppb to about 170 ppb, or from about 1.0 ppb to about 160 ppb, or from about 1.0 ppb to about 150 ppb, or from about 1.0 ppb to about 130 ppb, or from about 1.0 ppb to about 100 ppb, or from about 1.0 ppb to about 50 ppb, or from about 1.0 ppb to about 20 ppb.

In some embodiments the L-Cysteine and Aluminum are at a ratio of from about
25 35 million:1 (i.e., about 35 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 4 million:1. In some embodiments the L-Cysteine and Aluminum are at a ratio of about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 700,000:1 (i.e., about 700,000 units of L-

Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 300,000:1 (i.e., about 300,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 230,000:1 (i.e., about 230,000 units of L-Cysteine to 1 unit of Aluminum). In some
5 embodiments the L-Cysteine and Aluminum are at a ratio of about 170,000:1 (i.e., about 170,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 140,000:1 (i.e., about 140,000 units of L-Cysteine to 1 unit of Aluminum).

Thus, in some embodiments the L-Cysteine and Aluminum are at a ratio of from
10 about 35 million:1 (i.e., about 35 million units of L-Cysteine to 1 unit of Aluminum) to about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 4 million:1 (i.e., about 4 million units of L-Cysteine to 1 unit of Aluminum) to about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-
15 Cysteine and Aluminum are at a ratio of from about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum) to about 700,000:1 (i.e., about 700,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 700,000:1 (i.e., about 700,000 units of L-Cysteine to 1 unit of Aluminum) to about 300,000:1 (i.e., about 300,000 units of L-Cysteine to 1
20 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 300,000:1 (i.e., about 300,000 units of L-Cysteine to 1 unit of Aluminum) to about 230,000:1 (i.e., about 230,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 230,000:1 (i.e., about 230,000 units of L-Cysteine to 1 unit of Aluminum) to about 170,000:1 (i.e., about
25 170,000 units of L-Cysteine to 1 unit of Aluminum). Thus, in some embodiments the L-Cysteine and Aluminum are at a ratio of from about 170,000:1 (i.e., about 170,000 units of L-Cysteine to 1 unit of Aluminum) to about 140,000:1 (i.e., about 140,000 units of L-Cysteine to 1 unit of Aluminum). All subranges and individual values with increments of 5,000 units are contemplated by the present disclosure. In some embodiments, the unit of
30 measure is nanograms. For example, in some embodiments the L-Cysteine and Aluminum

are at a ratio of from about 4 million:1 nanograms (i.e., about 4 million nanograms of L-Cysteine to 1 nanogram of Aluminum) to about 1.8 million:1 nanograms (i.e., about 1.8 million nanograms of L-Cysteine to 1 nanogram of Aluminum).

5 In certain embodiments, the compositions comprise Aluminum in trace amounts, for example 1.0 ppb, but not more than 250 ppb after storage at ambient temperature for a period of 12 months or less, where the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppb of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

10 In certain embodiments, the compositions comprise Aluminum in an amount not more than 200 ppb after storage at ambient temperature for a period of 12 months, wherein the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppb of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water. In certain embodiments, the compositions comprise Aluminum in an amount not more than 200 ppb after storage at ambient temperature for a period of 6 months, where the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water. In certain embodiments, the compositions comprise Aluminum in an amount not more than 200 ppb after storage at ambient temperature for a period of 3 months, wherein the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

In certain embodiments, the dissolved oxygen is present in an amount from about 0.1 ppm to about 5.0 ppm, or from about 0.10 ppm to about 4.0 ppm, or from about 0.10 ppm to about 3.0 ppm, or from about 0.10 ppm to about 2.0 ppm, or from about 0.11 ppm

to about 1.0 ppm. In particular, values of dissolved oxygen from about 0.4 ppm to about 3.8 ppm are preferred. For the sake of clarity and the ease of discussion and measurement, these values are taken for the L-Cysteine composition at the time of its manufacture (commonly known as “time zero” data point), or during and up to 1 month from time zero.
5 Additional time points beyond the 1-month from time zero data point are expected to provide similar dissolved oxygen levels.

To achieve the above objective, as described herein, numerous aspects for possible oxygen introduction into the L-cysteine composition have been carefully studied and controlled. For example, in some cases, the dissolved oxygen content in the carrier can be
10 reduced to at or below a predetermined level before the L-cysteine is added to the carrier. In some additional examples, reducing a level of dissolved oxygen in the carrier can include blanketing a container for housing the composition in an inert gas, such as nitrogen, argon, or the like, prior to introducing the carrier or composition into the container. In still other examples, reducing a level of dissolved oxygen in the carrier can include bubbling the
15 carrier or composition with an inert gas, such as nitrogen, argon, or the like, at ambient or reduced atmospheric pressure prior to and/or during addition and mixing of L-cysteine. In some examples, reducing a level of dissolved oxygen in the carrier can be performed at an ambient or sub-ambient temperature. It is noted that the reduction of dissolved oxygen in the carrier to at or below a predetermined level can be accomplished without the addition
20 of a supplementary antioxidant, but is not required in the methods and compositions described herein. Thus, the L-cysteine composition for injection is free of a supplementary antioxidant. As described elsewhere herein, attaining low and consistent dissolved oxygen was achieved using the protocol with sampling as set forth in Example 4.

The compositions have long-term stability. Thus, in certain embodiments, the
25 amounts of the components described herein are amounts that are detected after the composition has been in storage. The compositions will have been stored at room temperature for less than a year, or for a year, or for more than a year. Such timelines include, for example, for about 15 months, for about 18 months, for about 24 months. Or, alternatively, the storage time could be for about 9 months, for about 7 months, for about
30 6 months, for about 5 months, for about 4 months, for about 3 months, for about 2 months,

for about 1 month, or for about 3 weeks. Storage conditions are 25 °C / 60% RH unless otherwise indicated.

Useful concentrations of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in a compositions as described herein include an amount from about
5 20 mg/mL to about 80 mg/mL, from about 30 mg/mL to about 70 mg/mL, from about 40 mg/mL to about 60 mg/mL, from about 45 mg/mL to about 55 mg/mL, or an amount of about 50 mg/mL, or from about 35 mg/mL to about 50 mg/mL, or an amount of about 37.5 mg/mL. It is noted that the amounts of L-cysteine disclosed herein, whether as a total mass or as a concentration, are based on L-cysteine hydrochloride monohydrate or the free base,
10 as specified. Thus, where other forms of L-cysteine are employed in the composition, the amount of the alternative form included in the composition can be calculated based on an equivalent amount of L-cysteine hydrochloride monohydrate rather than the amount of the alternative form employed.

Thus, the stable L-cysteine composition can comprise total amounts of L-cysteine
15 from about 200 mg to about 4000 mg, or from about 300 mg to about 700 mg, or from about 300 mg to about 400 mg. For example, a 10 mL vial could be manufactured to contain about 350 mg of L-Cysteine. In certain embodiments, the L-cysteine composition can comprise a total amount of L-cysteine from about 1200 mg to about 2000 mg. For example, a 50 mL container could be manufactured to contain about 1800 mg of L-Cysteine. In
20 another embodiment, the total composition of an L-Cysteine composition container may range from about 3000 mg to about 4000 mg. For example, a 100 mL container could be manufactured to contain about 3500 mg of total L-Cysteine.

It has been found that the container in which the compositions are held can affect the level of certain components. In certain embodiments, the L-cysteine composition can
25 be enclosed in a single-use container. The container can have a variety of volumes. Typically, the container can have a volume of from about 10 ml to about 100 ml. In some examples, the container can have a volume of from about 10 ml to about 50 ml. In other examples, the container can have a volume of from about 50 ml to about 100 ml. In still other examples, the container can have a volume of about 10 ml or about 20 ml.

The container can be made of a variety of materials. Non-limiting materials can include glass, a plastic (e.g. polyethylene, polypropylene, polyvinyl chloride, polycarbonate, etc.), the like, or a combination thereof provided that it can both prevent oxygen penetration and minimize Aluminum, heavy metals and anions contamination to the composition. Up to now, there has been no guidance with regard to the compatibility of L-cysteine with coated glass vials or that any vials could be used to provide L-cysteine compositions having low levels of Aluminum.

Another confounding factor is the low pH of the L-Cysteine product, which is less than 3.0 in certain embodiments. This low pH can disrupt the plastic coating or silicon coating inside the glass container and Aluminum, heavy metals and anions could leach during the shelf life of the product, especially over prolonged storage of the product. Therefore, up to now, the success of the product was uncertain until the products described herein were manufactured and studied in real time for prolonged periods as described herein.

It should be recognized that vials which are impermeable with an internal coating, vials which are stored in a pouch that protects the product from atmospheric oxygen ingress, and relatively thick vials made of impermeable plastic or glass can be suitable for the L-Cysteine product disclosed herein.

Vials which are stored in a pouch can be prepared in a similar manner as described herein and then pouched in a plastic material that is then sealed. The pouch may be kept under vacuum or under an inert atmosphere. Methods for manufacturing such pouched products, and materials for such manufacture are known in the industry.

Relatively thick vials made of impermeable plastic are also prepared in a similar manner as described herein. Such vials may be composed of cyclic olefin materials of sufficient thickness to prevent oxygen ingress over a reasonably long period of time, for example 1 month, 2 months, 3 months, 6 months or 12 months. These vials are packaged and supplied as such. Alternatively, these vials can also be pouched as described above in plastic material that is kept under vacuum or under an inert gas atmosphere. It is expected

that such pouching extends the shelf life of the product by at least 1 month, or 2 months, or 3 months, or 6 months or longer.

5 In certain embodiments, the vials are made of glass with an internal coating made of silicon dioxide, for example, Schott Type 1 Plus USP glass. The general thickness of the coating is presumed to be at least 100-200 nanometers thickness. It is believed that this level of thickness was sufficient to provide protection against pH disruption while also preventing the migration of Aluminum from the glass into the L-Cysteine product. Thus, in some specific examples, the container can be an internally coated glass container. In certain other embodiments the glass container is internally coated with silicon dioxide of
10 about 100 to about 200 nanometers.

In certain embodiments the Aluminum contribution from the container may range from about 0.1 ppb to about 200 ppb. In certain other embodiments the Aluminum contribution may range from about 1 ppb to about 150 ppb, from about 1 ppb to about 120 ppb, from about 1 ppb to about 100 ppb, from about 1 ppb to about 80 ppb, from about 1
15 ppb to about 60 ppb, from about 1 ppb to about 50 ppb, from about 1 ppb to about 40 ppb, from about 1 ppb to about 30 ppb, from about 1 ppb to about 25 ppb, from about 1 ppb to about 20 ppb, from about 1 ppb to about 15 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to 5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 35 to 55 ppb, or from about 75 to about 140
20 ppb, in increments of 5 ppb. All such ranges and subranges are contemplated herein.

The containers are sealed with a suitable stopper made of rubber, elastomeric polymers, or combinations thereof. In certain embodiments the stoppers are coated with a special non-reactive inert coating that minimizes interaction with drug product. For example, some stoppers are coated with Teflon to prevent drug-stopper interactions. One
25 example of a specific coated stopper is supplied by West Pharma and is called V10-F597W Stopper, 20 mm Lyo, 4432/50 Gray, B2-TR Coating, Westar RS. This stopper is a cross-linked mixture of high- and low-molecular weight silicone oils that are cured through the application of UV rays and heat. Because it is a spray-on coating applied to molded closures before the trimming process, B2-Coating can be applied at various levels on the bottom

and top of closures. These specific stoppers are preferred even though similar coating materials and methodology applied to other types of stoppers could also work. The stoppers are selected not only for their inertness vis-à-vis the drug product but also for their minimal contribution to Aluminum levels in the drug product.

5 In certain embodiments the Aluminum contribution from the stopper may range from about 0.1 ppb to about 100 ppb. In certain other embodiments the Aluminum contribution may range from about 1 ppb to about 90 ppb, from about 1 ppb to about 80 ppb, from about 1 ppb to about 70 ppb, from about 1 ppb to about 60 ppb, from about 1 ppb to about 50 ppb, from about 1 ppb to about 40 ppb, from about 1 ppb to about 30 ppb,
10 from about 1 ppb to about 25 ppb, from about 1 ppb to about 20 ppb, from about 1 ppb to about 15 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to 5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 35 to 55 ppb, or from about 25 to about 75 ppb, in increments of 5 ppb. All such ranges and subranges are contemplated herein.

15 In addition to the container and stopper, the drug substance and excipients including water for injection may contribute Aluminum to the drug product. Thus, in one aspect the Aluminum contribution from the drug substance may range from about 0.1 ppb to about 70 ppb. In certain other embodiments the Aluminum contribution may range from about 1 ppb to about 60 ppb, from about 1 ppb to about 50 ppb, from about 1 ppb to about 40 ppb,
20 from about 1 ppb to about 30 ppb, from about 1 ppb to about 25 ppb, from about 1 ppb to about 20 ppb, from about 1 ppb to about 15 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to 5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 35 to 55 ppb, or from about 75 to about 140 ppb, in increments of 5 ppb. All such ranges and subranges are contemplated herein.

25 The water for injection may contribute Aluminum from about 0.1 ppb to about 20 ppb. In certain embodiments the Aluminum contribution may range from about 1 ppb to about 15 ppb, from about 1 ppb to about 12 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to about 8 ppb, from about 1 ppb to about 6 ppb, from about 1 ppb to about 5 ppb, from about 1 ppb to about 4 ppb, from about 1 ppb to about 3 ppb, from about 1 ppb

to about 2.5 ppb, from about 1 ppb to about 2 ppb, from about 1 ppb to about 1.5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 5 to 7.5 ppb, or from about 10.5 to about 15.0 ppb, in increments of 0.5 ppb. All such ranges and subranges are contemplated herein.

5 In summary, to lower the Aluminum level to even greater extent as described herein, the container, the stopper, the drug substance, the water for injection, and any other excipients can be chosen such that the Aluminum concentration in the drug product is from about 1.0 ppb to about 250 ppb, or as described in the other embodiments provided herein.

10 Advantageously, in certain embodiments, the compositions maintain cystine levels for extended periods, and/or are substantially free or essentially free of cystine precipitate. However, it is noted that where cystine is present in the L-cysteine composition it is not necessarily dissolved. For example, in some cases, it can be present in the composition as an undissolved particle.

15 Where the L-cysteine composition includes cystine, it can typically be present in relatively small amounts compared to L-cysteine. In certain embodiments, cystine is present in the composition in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 1.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.4 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.2 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not

more than 0.1 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months.

Further, in certain embodiments, cystine can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 3 months. In certain embodiments, cystine can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 3 months. In some embodiments, cystine can be present in the L-cysteine composition in an amount from about 0.001 wt% to about 2.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, cystine can be present in the L-cysteine composition in an amount from about 0.005 wt% to about 0.5 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, cystine can be present in the L-cysteine composition in an amount from about 0.05 wt% to about 1.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, L-cystine can be present, but in an amount that is either not detectable or that is below a limit of quantitation using a standard testing procedure, such as a validated test method for detecting cystine.

Advantageously, in certain embodiments, the compositions maintain pyruvic acid levels for extended periods, and/or are substantially free or essentially free of pyruvic acid. When present, pyruvic acid is typically present in a relatively small amount compared to L-cysteine. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 1.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.4 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain

embodiments, pyruvic acid is present in the composition in an amount not more than 0.2 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months.

In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.1 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 3 months. In certain embodiments, pyruvic acid can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In some embodiments, pyruvic acid can be present in the L-cysteine composition in an amount from about 0.001 wt% to about 2.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, pyruvic acid can be present in the L-cysteine composition in an amount from about 0.005 wt% to about 0.5 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, pyruvic acid can be present in the L-cysteine composition in an amount from about 0.05 wt% to about 1.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, pyruvic acid can be present, but in an amount that is either not detectable or that is below a limit of quantitation using a standard testing procedure, such as a validated test method for detecting pyruvic acid.

As discussed above, to achieve safe method and compositions, it is beneficial to further understand which other components are present beyond Aluminum and pyruvic acid, and control their amounts as well. Because preterm infants could be exposed to L-Cysteine for potentially longer periods, and their main source of L-Cysteine is through parenteral administration, careful consideration should be given to exposure to other potentially unsafe compounds that may leach out of the container or stopper in amounts greater than what are considered safe limits. Examples include certain volatile compounds, certain heavy elements, and certain anions.

Daily acceptable limits are known for these potentially unsafe compounds. However, because the L-Cysteine Injection is used to infuse into preterm and term infants

and those elderly that are critically ill will compromised renal functions, and sometimes for periods that exceed more than a few days, just meeting the daily acceptable limits may not be sufficient. Every effort must be made to reduce the levels to as low as practicable. The L-Cysteine compositions presented herein provide in some embodiments about one-half of the daily acceptable limits; in some embodiments, about one-fourth of the daily acceptable limits; in some embodiments, about one-fifth of the daily acceptable limits; in some embodiments, about one-sixth of the daily acceptable limits.

The anions that are desirable to control are: Iodide and Fluoride. The acceptable limit for Iodide is about 20 ppm or less. The acceptable limit for Fluoride is about 30 ppm or less. The L-Cysteine compositions provided herein show Iodide concentrations of less than 20 ppm and Fluoride concentrations of less than 30 ppm when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions. In some embodiments, the L-Cysteine compositions provide from about 1.0 ppm to 20 ppm of Iodide; in some embodiments, from about 1.0 ppm to about 15 ppm; in some embodiments, from about 1.0 ppm to about 10 ppm; and in some embodiments, from about 1.0 ppm to about 5 ppm. In some embodiments, the L-Cysteine compositions provide from about 1.0 ppm to 20 ppm of Fluoride; in some embodiments, from about 1.0 ppm to about 15 ppm; in some embodiments, from about 1.0 ppm to about 10 ppm; and in some embodiments, from about 1.0 ppm to about 5 ppm. Methods for evaluating the anions and the results are provided in Example 8.

As noted above, several elements may leach or be extracted out into the L-Cysteine drug product, thereby presenting a potential safety/toxicity concern to subjects that require L-Cysteine parenteral administration. Art-known methods may be used to evaluate the elemental levels. Inductively-coupled plasma mass spectral method is one such highly specific method. Example 9 provides the data generated by using ICP-MS technique. As shown in Example 9, there are over thirty elements that are generally known to present safety/toxicity concerns. The Table 22 provides the daily allowable limit for all of these elements, and the observed levels in the present L-Cysteine compositions. The daily allowable limit for some elements are relatively high, whereas for other elements they are

relatively very low. For example, Molybdenum has the level of 14,500 ppb approximately, whereas Cadmium has about 19 ppb.

For purposes of monitoring the L-Cysteine compositions for the elements of concern, in one aspect, the levels of Mercury, Lead, Nickel and Arsenic are of significance. Therefore, in one aspect, the L-Cysteine compositions presented herein have further improved safety because they provide these elements at amounts far less than the daily allowable limits. Targeted daily allowable limits include 48 ppb for Lead, 29 ppb for Mercury, 194 ppb for Nickel, and 174 ppb for Arsenic.

The L-Cysteine compositions described herein provide from about 1 ppb to 10 ppb of Lead; in some embodiments, from about 1 ppb to about 8 ppb; in some embodiments, from about 1 ppb to about 7 ppb; or in some embodiments, from about 1 ppb to about 5 ppb. when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

With respect to Mercury, the L-Cysteine compositions described herein provide from about 0.1 ppb to 10 ppb of Mercury; in some embodiments, from about 0.1 ppb to about 8 ppb; in some embodiments, from about 0.1 ppb to about 7 ppb; or in some embodiments, from about 0.1 ppb to about 5 ppb. when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

With respect to Nickel, the L-Cysteine compositions described herein provide from about 1 ppb to 50 ppb of Nickel; in some embodiments, from about 1 ppb to about 40 ppb; in some embodiments, from about 1 ppb to about 30 ppb; or in some embodiments, from about 1 ppb to about 25 ppb; or in some embodiments from about 1 ppb to about 20 ppb, when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

With respect to Arsenic, the L-Cysteine compositions described herein provide from about 0.1 ppb to 60 ppb of Arsenic; in some embodiments, from about 0.1 ppb to

about 50 ppb; in some embodiments, from about 0.1 ppb to about 40 ppb; in some
embodiments, from about 0.1 ppb to about 30 ppb; in some embodiments, from about 0.1
ppb to about 25 ppb; or in some embodiments from about 0.1 ppb to about 20 ppb; in some
embodiments, from about 0.1 ppb to about 15 ppb; in some embodiments, from about 0.1
5 ppb to about 10 ppb; or in some embodiments, from about 0.1 ppb to about 5.0 ppb, when
measured at any time from the day of manufacture through its shelf-life of 6 months, or 12
months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

In some embodiments, the Arsenic, Mercury, Lead and other elements may be
extracted from the container or from the stopper. In one specific embodiment, the extracted
10 out amount of Arsenic, Mercury, Lead, and Nickel combined from the stopper is 100 ppb
or less. In other embodiments, the extracted amount of Arsenic, Mercury, Lead, and Nickel
combined from the stopper is from about 10 to about 50 or from about 10 to about 100 ppb.

It should be recognized that in some instances the amount of a specific element
present in the L-Cysteine compositions described herein may be below the Limit of
15 Quantitation (LOQ). In those instances, for purposes of this disclosure and claims made
herein, the compositions may be considered to contain the lowest level described in the
preceding paragraphs. For example, when Arsenic is determined to be below the LOQ, the
Arsenic amount may be considered to be at 0.1 ppb. Therefore, all such instances where
the compositions show amounts below the LOQ are within the contemplation of this
20 disclosure.

In certain embodiments, the compositions further comprise within the container,
headspace gas that includes oxygen in an amount of from about 0.5% v/v to about 5.0 %
v/v, or from about 0.5% v/v to about 4.0% v/v, or from about 0.5% v/v to about 3.5% v/v,
from about 0.5% v/v to about 3.0 % v/v, or from about 0.5% v/v to about 2.5% v/v, or
25 from about 0.5% v/v to about 2.0 % v/v, or from about 0.5% v/v to about 1.5% v/v, or from
about 0.5% v/v to about 1.0 % v/v, or in some cases from about 0.1% v/v to about 0.5%
v/v, or from about 0.1% v/v to about 0.4% v/v, or from about 0.1% v/v to about 0.3% v/v,
or from about 0.1% v/v to about 0.2% v/v. For the sake of clarity and the ease of discussion
and measurement, these values are taken for the L-Cysteine composition at the time of its

manufacture (“time zero” data point), or during and up to 1 month from time zero. Additional time points beyond the 1-month from time zero data point may provide similar headspace oxygen levels.

5 Without wishing to be bound by theory, the dissolved oxygen levels and the head space oxygen levels within a sealed container of L-Cysteine compositions described herein may reach an equilibrium at some time point during its shelf-life. Such equilibrium may be maintained for a very short time, i.e., for a few seconds, or for a very long time, i.e., for several months. Such equilibrium may on occasion be disturbed by simple agitation. Therefore, it should be recognized that dissolved oxygen levels and headspace oxygen
10 levels may fluctuate from one time point to another in terms of absolute numbers. However, the numbers are expected to stay within the ranges disclosed herein. Occasionally, one number (e.g., dissolved oxygen) may exceed or fall out of a certain range (e.g., from about 0.5 to about 3.0 PPM) at a 15-day time point, but may fall within that range at some other time point (e.g., 30 day time point, or later). Therefore, in some aspects, the ranges,
15 subranges, and specific data points disclosed and discussed herein are valid and suitable for time points beyond the time zero and 1-month time points. In one aspect, the time points could be extended to 2-months, 3-months, 6-months, 9-months, 12-months, 15-months, 18-months, and 24 months.

In some aspects, the total amount of oxygen in the sealed container may be an
20 appropriate measure to evaluate the stability of the L-Cysteine compositions herein. For example, the total amount of oxygen within the container may be arrived at by adding up the amount of dissolved oxygen in the carrier and the amount of head space oxygen. These values can also be expressed independently in separate units (i.e., dissolved oxygen as ppm and head space oxygen as % v/v). An example would be an L-Cysteine composition that
25 contains a dissolved oxygen level of from about 0.1 ppm to 4.0 ppm and a head space oxygen level of about 0.5% v/v to about 4.0% v/v.

The amount of oxygen present in the headspace of the container can be controlled by filling the headspace with an inert gas, such as nitrogen or argon. Alternatively, the head space oxygen may be controlled by vacuum operation without using an inert gas. In

another aspect, the head space oxygen may be controlled by a combination of vacuum operation and inert gas overlay. In one particular aspect, the head space oxygen is controlled by repeated pulses of vacuum and inert gas overlay in tandem such that the process may start first with vacuum operation followed by inert gas overlay followed by vacuum operation. The combination of vacuum operation and inert gas overlay (or inert gas overlay and vacuum operation) is considered one pulse when both steps are used together. A typical head space control operation may comprise from one to eight pulses. Typically, there could be two, three, four, or five pulses. Each pulse could last from about one tenth of one second to five seconds or from five to fifteen seconds when conducted by automated high-speed equipment custom designed for this specific purpose. In some embodiments, the pulse may last from about 0.1 to about 2.0 seconds. In some embodiments, the pulse may last from about 0.1 to about 1.0 seconds, or from about 0.1 to about 0.4 seconds. When done using manual methods, each pulse could take up to 30-60 seconds or longer. Such a manual process is described in more detail in Examples 1 and 4. Alternatively, a more automated process that was developed by the current inventors is described in Example 5.

In certain embodiments, the compositions are part of a total parenteral nutrition regimen. The L-cysteine compositions described herein can be admixed with amino acid solutions, such as crystalline amino acid injection, for example, commercially available TRAVASOL[®] and TRAVASOL E[®].

In certain aspects, the subject matter described herein is directed to a safe, stable composition from about 100 mL to about 1000 mL for administration via a parenteral infusion within about 24 to about 48 hours of admixture, comprising a mixture of a composition of L-Cysteine described herein; and an amino acid composition that is essentially free of L-Cysteine comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.

In certain embodiments, the subject matter described herein is directed to a stable TPN composition for infusion, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof;

Aluminum in an amount from about 10 parts per billion (ppb) to about 80 ppb;
cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-
cysteine;

5 one or more amino acids selected from the group consisting of: leucine, isoleucine,
lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine,
arginine, glycine, proline, serine, and tyrosine;

 a pharmaceutically acceptable carrier, comprising water,

 wherein, the amounts are from about 100 mL to about 1,000 mL and the total
10 aluminum delivered by the said composition does not exceed about 4-5 mcg/kg/day. In
certain embodiments, the amounts include 150 mL, 200 mL, 250 mL, 300 mL, 350 mL,
400 mL, 450 mL, 500 mL, 550 mL, 600 mL, 650 mL, 700 mL, 750 mL, 800 mL, 850 mL,
900 mL and 950 mL.

 In certain embodiments, the stable composition for infusion comprises one or more
15 amino acids selected from the group consisting of leucine, isoleucine, lysine, valine,
phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine,
proline, serine, and tyrosine. In certain embodiments, the composition includes all of these.
In certain embodiments, 500 mg of L-Cysteine is admixed with 12.5 gram of crystalline
amino acid injection, such as that present in 250 mL of 5% crystalline amino acid injection.
20 In some aspects, 15 mg of L-Cysteine is admixed with one gram of amino acids. In some
other aspect, 40 mg of L-Cysteine is admixed with one gram of amino acids. Depending
on the needs of the subject, based on specific characteristics such as age, weight, and
physiological factors such as renal function, the dose may be adjusted at or within these
ranges of 15-40 mg of L-Cysteine per gram of amino acids. See, for example, Tables 1-2
25 above. Thus, the pharmaceutical compositions comprising L-Cysteine can be formulated,
dosed and administered in a fashion, *i.e.*, amounts, concentrations, schedules, course, and
vehicles, consistent with good medical practice. The “therapeutically and nutritionally
effective amount” of the compound to be administered will be governed by such
considerations.

In certain embodiments, the compositions are essentially free of supplementary antioxidant. As used herein, this refers to the absence of any substance that is added to the compositions specifically as an antioxidant. Naturally occurring antioxidants may still be present.

5 In certain embodiments, the compositions that comprise one or more of the above amino acids are essentially free of dextrose. However, in certain embodiments, the compositions that comprise one or more of the above amino acids further comprise a sugar.

 In certain embodiments, the pH of the compositions is about 1.0 to about 2.5, or about 1.6 to about 2.0, or about 1.6, or about 1.7, or about 1.8, or about 1.9 or about 2.0.
10 For administration, the pH is generally adjusted by admixing with other components to a pH of about 6.0 to about 8.0, but generally around 7.0. In certain embodiments, the compositions are essentially free of a buffer. In certain embodiments, the compositions further comprise a buffer.

 In particular embodiments, the subject matter described herein is directed to a stable
15 L-cysteine composition for injection that can be useful for treatment of a variety of conditions, such as those described above. In further detail, L-cysteine can be administered in a variety of forms, such as the free base, L-cysteine hydrochloride, a pharmaceutically acceptable salt thereof (e.g. sodium salt, calcium salt, etc.), a hydrate thereof, the like, or a combination thereof. In some specific examples, L-cysteine can be included in the L-
20 cysteine composition for injection as L-cysteine hydrochloride monohydrate.

 In particular embodiments, the subject matter described herein is directed to a stable L-cysteine composition for injection, comprising:

 about 34.5 mg/mL of L-cysteine free base, or a pharmaceutically acceptable salt thereof and/or hydrate thereof;

25 Aluminum in an amount of 130 ppb or below;
 water;

 wherein the composition is enclosed in a single-use container having a volume of from 10 mL to 100 mL, and is stable for 9 months or less.

In certain embodiments, the stable, safe L-cysteine composition can consist essentially of L-cysteine, water, Aluminum in an amount of less than 200 ppb, cystine in an amount from about 0.001 wt% to about 2 wt% relative to L-cysteine, pyruvic acid in an amount from about 0.001 wt% to about 2 wt% to L-cysteine, headspace oxygen that is less than 4.0% and dissolved oxygen from about 0.1 ppm to about 1 ppm. Other trace components or excipients do not materially affect the basic and novel characteristics of composition unless otherwise indicated, for example, undesirable anions and heavy metals.

The pharmaceutical composition (or formulation) for application may be packaged in a variety of ways depending upon the method used for administering the drug. Generally, an article for distribution includes a container having deposited therein the pharmaceutical formulation in an appropriate form. The container may also include a tamper-proof assemblage to prevent indiscreet access to the contents of the package. In addition, the container has deposited thereon a label that describes the contents of the container. The label may also include appropriate warnings, more specifically about the Aluminum content of the L-Cysteine composition. For example, the label may indicate that the Aluminum in the container may be at 100 ppb or 100 mcg/L. In another embodiment, the label may indicate that the Aluminum in the container may be at 120 ppb or 120 mcg/L. In some specific embodiments, the Aluminum level may be described as not more than 120 ppb, or not more than 120 mcg/L, or NMT 120 ppb, or NMT 120 mcg/L. In addition to the label, the labeling associated with the L-Cysteine product may have the same description of Aluminum.

It should be understood that, as is customary in the pharmaceutical arts, the phrases “NMT” or “not more than” represents the upper limit, but also is understood not to mean that the value is zero or even can be zero. For example, a statement that the Aluminum levels are NMT 120 ppb is not understood by the practitioners in the art that the Aluminum levels are at zero ppb in that particular vial bearing that label. Pharmacists and other health care professionals instead would interpret for purposes of calculating the Aluminum content of a TPN preparation using that specific L-Cysteine vial that the Aluminum levels are at 120 ppb so that, even if the actual amount is lower than the 120 ppb in the product, they err on the conservative side. This is the custom in the pharmaceutical industry

developed and practiced to safeguard the health of patients. If indeed the label is intended to convey with certainty that the actual Aluminum level is zero ppb, the label then would state that fact or indicate that the product is free of Aluminum.

5 Similarly, any numerical value expressed as “less than” is intended to convey that the value is below that certain numerical value, including, as the case may be zero. For example, when it is stated herein that Aluminum levels are less than about 20 ppb, it is understood that in some embodiments the Aluminum can be, but not necessarily in all cases, anywhere from zero to about 19 ppb. It is also understood that this may, but not necessarily in all cases, encompass those situations where the levels are below quantitation
10 limit, but the presence of Aluminum is detectable. In those cases where the Aluminum (or any other measured material generally) where the material is detectable but is below the level of quantitation, that numerical value can be considered for example as being about 1.0 (for Aluminum) or 0.001 (for Cystine or Pyruvic acid), or 1.0 ppb (for elements) or 1.0 ppm (for iodide or fluoride). Unless an actual analysis is made of the product and a specific
15 number is determined, there is no certainty of the actual value. The US FDA does not require this precision in the labeling on a product-by-product or even batch-by-batch because that is impracticable in a commercial supply chain setting for drug products.

Thus, the phrases “NMT” or “not more than” or “less than” are terms of art in the pharmaceutical industry. Those in the industry do not assume these terms necessarily
20 represent zero in all cases, even though that is a possibility. When calculating the Aluminum amounts for purposes of preparing parenteral nutrition products the artisan never assumes the Aluminum levels are zero in order to safeguard the patient health. Accordingly, this present disclosure and the claims derived therefrom are to be read and understood in light of this custom and practice in the art.

25 As mentioned above, the L-cysteine compositions for infusion may optionally be mixed with pharmaceutically acceptable excipients, also described in *Remington's Pharmaceutical Sciences* (1980) 16th edition, Osol, A. Ed., Mack Publishing Co., Easton, PA.

As noted above, the diluted L-cysteine composition for infusion can typically have

a pH of from about 5.0 to about 8.0, or from about 6.0 to about 7.0. However, dilution and administration of the L-cysteine composition for infusion will typically be overseen by a licensed medical professional, who may recommend a pH outside of the ranges recited herein under certain circumstances. Additionally, the diluted L-cysteine composition for infusion can typically have a tonicity of from about 250 milliosmoles/liter (mOsmol/L) to about 1,000 mOsmol/L, or more, or of from about 350 mOsmol/L to about 475 mOsmol/L. However, dilution and administration of the L-cysteine composition for infusion will typically be overseen by a licensed medical professional, who may recommend a tonicity outside of the ranges recited herein under certain circumstances.

10 III. Methods

The subject matter described herein is directed to methods of treating a subject having an adverse health condition that is responsive to L-cysteine administration. The methods can include diluting the stable L-cysteine composition described herein with an intravenous fluid to prepare a diluted L-cysteine composition for infusion. The methods can further include parenterally administering the diluted L-cysteine composition to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

In certain embodiments, the subject matter described herein is directed to a method of reducing Aluminum administration from a total parenteral nutrition regimen comprising L-cysteine, the method comprising, mixing a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:

Aluminum in an amount from about 1.0 parts per billion (ppb) to about 250 ppb or from about 10 ppb to about 80 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine; and

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

with a composition comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and

a pharmaceutically acceptable carrier, comprising water,

5 to form a composition for infusion of about 100 mL to about 1000 mL,

wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

In certain aspects, the compositions and methods described herein are directed to methods of administering L-Cysteine together with a composition for parenteral nutrition, comprising:

10

diluting a stable L-cysteine composition for injection as described herein with a parenteral nutrition composition to form a mixture; and

parenterally administering the mixture to a subject in need thereof in a therapeutically and/or nutritionally effective dose. In one aspect, the subject is a neonatal weighing less than 2 kilos. In another aspect, the subject is a pediatric patient that is from about 0.2 kilos to about 20 kilos. In another aspect, the subject is an adult requiring parenteral nutrition.

15

In certain embodiments, the subject matter described herein is directed to a method of reducing Aluminum administration from a parenteral nutrition regimen comprising L-cysteine, comprising:

20

administering to a subject a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof;

Aluminum in an amount from about 10.0 parts per billion (ppb) to about 250 ppb, or from about 10 ppb to about 80 ppb;

25

cystine in an amount from about 0.01 wt% to about 2.0 wt% relative to L-cysteine; pyruvic acid in an amount from about 0.01 wt% to about 2.0 wt% relative to L-cysteine;

one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine,

30

a pharmaceutically acceptable carrier, comprising water,
wherein, the amounts are about 100 mL to about 1,000 mL,

5 wherein the Aluminum administered to said subject is reduced compared to
administration of a standard parenteral composition comprising L-cysteine and Aluminum
at a range of from about 900 ppb to about 5,000 ppb.

In certain embodiments, the methods provide that the reduction in the amount of
Aluminum administered is relative to the amount of Aluminum in a L-cysteine injection
composition having more than 500 ppb Aluminum, or more than 250 ppb Aluminum. The
relative reduction in Aluminum can be up to 90%, up to 80%, up to 70%, up to 60%, up to
10 50%, up to 40%, up to 30%, up to 20%, up to 10%, or up to 5%, as compared to the amount
of Aluminum administered with a L-cysteine composition having more than 500 ppb
Aluminum, or more than 250 ppb Aluminum. In certain embodiments, the reduction
occurs over the span of a day, a week, a month or the duration of the TPN regimen.

In certain aspects, the subject matter described herein is directed to methods of
15 treating a subject having an adverse health condition that is responsive to L-cysteine
administration, comprising:

diluting a stable L-cysteine composition as described herein with an intravenous
fluid to prepare a diluted L-cysteine composition for infusion; and

20 infusing the diluted L-cysteine composition for infusion to a subject to provide a
therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof
and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

In certain embodiments, the method of treating a subject having an adverse health
condition that is responsive to L-cysteine administration further comprises, before the
diluting step, admixing the stable L-cysteine composition with an amino acid solution, such
25 as, crystalline amino acid injection. In this aspect, the methods comprise diluting with an
intravenous fluid the stable L-cysteine composition admixed with an amino acid solution,
wherein the fluid comprises dextrose.

In certain embodiments, the adverse health condition is the lack of a necessary
enzyme in the trans-sulfuration pathway that converts methionine to L-cysteine. Other

adverse health conditions include inadequate absorption resulting from short bowel syndrome; gastrointestinal fistula; bowel obstruction; prolonged bowel rest; severe malnutrition; significant weight loss and/or hypoproteinaemia when enteral therapy is not possible; other disease states or conditions in which oral or enteral feeding are not an option.

For most preterm infants, the administration should be considered as a short-term bridge to provide nutritional support until full enteral nutrition can be provided. Such instances include: Immediately after birth, to provide essential nutrition as enteral feeds are commenced and advanced, and/or during periods of acute gastrointestinal malfunction (eg, due to septic ileus or necrotizing enterocolitis).

In certain embodiments, the administering is a single daily dose, or multiple daily doses, or is administered in accordance with a TPN regimen, for example, the dosing can be over a day, several days, a week or several weeks, a month or several months.

In certain embodiments, the subject is an infant or pre-term infant from newborn until about 6 months of age. As presented in Tables 1 and 2 above, the subjects can be from a pre-term infant to an adult that is in need of L-Cysteine supplementation. Thus, the subject can be a subject “in need of” the methods of described herein, for example, in need of the therapeutic effects or prophylactic benefits of the methods. In certain embodiments, the subject is a subject in need of a total parenteral nutrition (TPN) regimen.

In certain embodiments, the intravenous fluid is selected from the group consisting of isotonic saline, glucose solution, glucose saline, dextrose solution, crystalline amino acid solution, lipids, and combinations thereof.

In certain embodiments, the L-cysteine is L-cysteine hydrochloride monohydrate.

In certain embodiments, the diluted L-cysteine composition for infusion is typically administered via intravenous infusion. The selection of administration rate and site of infusion (i.e., via a peripheral or central vein) are within the ordinary skill in the art of medicine, pharmaceutical, nursing, and nutritional sciences.

The diluted L-cysteine composition for infusion can be administered until a

therapeutically effective dose is achieved. In some examples, a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof can be from about 0.01 mg to about 2.0 mg L-cysteine. Again, therapeutically effective doses can depend on whether the patient is a pediatric patient or an adult patient. For example, 5 for preterm or term infants less than 1 month of age, the therapeutically effective dose is about 45 to 60 mcg/kg/day. For pediatric patients 1 month to less than 1 year of age, the therapeutically effective dose is 30 to 45 mcg/kg/day. For pediatric patients 1 year to 11 years of age, the therapeutically effective dose is about 15 to 30 mcg/kg/day. For pediatric patients 12 years to 17 years of age, the therapeutically effective dose is about 4 to 7.5 10 mcg/kg/day. For adults, i.e., stable patients, the therapeutically effective dose is 4 to 5 mcg/kg/day. For adults that are critically ill, the therapeutically effective dose is 7.5 to 10 mcg/kg/day.

The number of doses given daily can vary as desired or needed per the therapeutically effective dosing regimen. In some examples, the therapeutically effective 15 dosing regimen can include daily administration of the diluted L-cysteine composition. In other examples, the therapeutically effective dosing regimen can include twice-daily administration of the diluted L-cysteine composition. In some further examples, the therapeutically effective dosing regimen can provide less than or equal to 5 $\mu\text{g}/\text{kg}/\text{d}$ of Aluminum. In still further examples, the therapeutically effective dosing regimen can 20 provide less than or equal to 4 $\mu\text{g}/\text{kg}/\text{d}$ of Aluminum, or less than or equal to 3 $\mu\text{g}/\text{kg}/\text{d}$ of Aluminum. In certain embodiments, the methods result in a daily dosage of Aluminum from the composition of from about 2 $\mu\text{g}/\text{kg}/\text{d}$ to not more than 5 $\mu\text{g}/\text{kg}/\text{d}$.

The diluted L-cysteine composition for infusion can be administered for the treatment of a number of conditions. For example, L-cysteine can be administered to meet 25 the intravenous amino acid nutritional requirements of individuals (e.g. infants) receiving total parenteral nutrition. As such, in some examples, the subject can be a subject in need of total parenteral nutrition (TPN). In some additional examples, L-cysteine can be administered for the treatment of osteoarthritis, rheumatoid arthritis, angina, chronic bronchitis, chronic obstructive pulmonary disease (COPD), influenza, acute respiratory 30 distress syndrome (ARDS), diabetes (e.g. type 2 diabetes), the like, or a combination

thereof.

In certain embodiments, the subject matter described herein is directed to methods of preparing a composition, comprising:

- 5 Stirring Water for Injection, USP (WFI) in a vessel at a temperature of NMT about 60°C;
- Contacting the stirring WFI with Argon until the dissolved oxygen is NMT 1 ppm;
- Allowing the vessel to cool to a temperature of NMT 30°C;
- Contacting under the Argon the WFI with L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) for NLT about 15 mins;
- 10 Continuing the mixing under Argon until the dissolved oxygen is NMT 1 ppm;
- Adjusting the pH to about 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF;
- Mixing for a minimum of about 10 minutes;
- Capping the vessel under Argon and allowing to stand;
- 15 Filling said mixed liquid into individual single use containers;
- Reducing head space oxygen to about 5.0% to 0.5% and sealing said containers wherein the dissolved oxygen in the container is about 0.1 ppm to about 5 ppm.

The subject matter described herein includes, but is not limited to, the following specific embodiments:

- 20 1. A stable L-cysteine composition for parenteral administration, comprising:
- L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;
- Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;
- 25 L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
- pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

5 dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,

wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

10 2. The composition of embodiment 1, wherein the composition is essentially free of an antioxidant.

3. The composition of embodiment 1 or 2, wherein said Aluminum is present in an amount from about 1.0 ppb to about 200 ppb.

4. The composition of embodiment 1, 2 or 3, wherein said Aluminum is present in an amount from about 1.0 ppb to about 180 ppb.

15 5. The composition of embodiment 1, 2, 3 or 4, wherein said Aluminum is present in an amount from about 1.0 ppb to about 170 ppb.

6. The composition of embodiment 1, 2, 3, or 5, wherein said Aluminum is present in an amount from about 1.0 ppb to about 160 ppb.

20 7. The composition of embodiment 1, 2, 3, 4, 5 or 6, wherein said Aluminum is present in an amount from about 1.0 ppb to about 150 ppb.

8. The composition of embodiment 1, 2, 3, 4, 5, 6 or 7, wherein said Aluminum is present in an amount from about 1.0 ppb to about 130 ppb.

9. The composition of embodiment 1, 2, 3, 4, 5, 6, 7 or 8, wherein said Aluminum is present in an amount from about 1.0 ppb to about 100 ppb.

25 10. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10, wherein said Aluminum is present in an amount from about 1.0 ppb to about 50 ppb.

11. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or 11, wherein said Aluminum is present in an amount from about 1.0 ppb to about 20 ppb or from about 1.0 ppb to about 10 ppb.

12. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or 11, further comprising one or more heavy metals selected from the group consisting of Lead (in an amount of from about 1 ppb to about 10 ppb), Nickel (in an amount of from about 5 ppb to about 40 ppb), Arsenic (in an amount of from about 0.1 ppb to about 10 ppb), and Mercury (in an amount of from about 0.2 ppb to about 5.0 ppb).

13. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 or 12, wherein said heavy metals are present in total in an amount from about 2.0 ppb to about 8.0 ppb.

14. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 or 13, further comprising iodide and fluoride, each present in an amount from about 0.1 ppm to about 20 ppm.

15. The composition of embodiment 14, wherein said ions are present in total an amount from about 2.8 ppm to about 5.8 ppm.

16. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 or 15, wherein said dissolved oxygen is present in an amount from about 0.1 ppm to about 5 ppm.

17. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 or 16, wherein said dissolved oxygen is present in an amount from about 0.1 ppm to about 3 ppm.

18. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 or 17, wherein said dissolved oxygen is present in an amount from about 0.10 ppm to about 2.0 ppm.

19. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 or 18, wherein said dissolved oxygen is present in an amount from about 0.1 ppm to about 1.0 ppm.

20. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 or 19, wherein the composition has been stored at room temperature.

21. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 or 20, wherein the storage is for 1 year or less.

22. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 or 21, wherein the storage is for about 9 months.

23. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 or 22, wherein L-cysteine or a pharmaceutically acceptable salt thereof

and/or hydrate thereof is present in the composition in an amount from about 20 mg/mL to about 70 mg/mL.

24. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 or 23, wherein L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in the composition in an amount of about 50 mg/mL.

25. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 or 24, wherein the container is an internally coated glass container.

26. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 or 25, wherein said internally coated glass container is coated with SiO₂.

27. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 or 26, essentially free of cystine precipitate.

28. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26 or 27, wherein said L-cysteine is present in an amount of about 37.5 mg/mL as free base, or a pharmaceutically acceptable salt thereof and/or hydrate thereof.

29. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 3 months or less, said Aluminum comprising, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

30. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 6 months or less, said Aluminum comprising, from about 0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum

from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 0 ppb to about 20 ppb of Aluminum from the water.

31. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 9 months or less, said Aluminum comprising, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppm of Aluminum from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

32. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 12 months or less, said Aluminum comprising, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppm of Aluminum from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

33. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition in an amount not more than 2 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

34. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition in an amount not more than 1 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

35. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

36. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition

in an amount of about 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 about months.

37. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 2 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

38. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 1 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

39. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

40. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

41. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.2 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

42. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.1 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

43. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 1.0%.

44. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.9%.
45. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.8%.
46. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.6%.
47. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.4%.
48. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.2%.
49. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the pH of the composition is about 1.6 to about 2.0.
50. A stable composition from about 100 mL to about 1000 mL for administration via a parenteral infusion within about 24 to about 48 hours of admixture, comprising a mixture of a composition of L-Cysteine of embodiments 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48 or 49; and an amino acid composition that is essentially free of L-Cysteine comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.
51. The stable composition for infusion of embodiment 50, wherein the composition of L-Cysteine is the composition of embodiment 1, 12 or 28.
52. The stable composition for injection of embodiment 50 or 51, wherein the Aluminum is present in an amount from about 1.0 parts per billion (ppb) to about 100 ppb.

53. The stable composition for injection of embodiment 50, 51 or 52, wherein the Aluminum is present in an amount from about 1.0 parts per billion (ppb) to about 50.0 ppb.

54. The stable composition for injection of embodiment 50, 51, 52 or 53, wherein the Aluminum is present in an amount from about 1.0 parts per billion (ppb) to about 30.0 ppb.

5 55. The stable composition for injection of embodiment 50, 51, 52, 53 or 54, further comprising a sugar.

56. The stable composition for injection of embodiment 50, 51, 52, 53, 54 or 55, wherein the sugar is dextrose.

57. A method of reducing Aluminum administration from a parenteral nutrition
10 regimen comprising L-cysteine, comprising:

administering to a subject a composition of embodiment 50, 51, 52, 53, 54,
55 or 56,

wherein the Aluminum administered to said subject is reduced compared to
administration of a standard parenteral composition comprising L-cysteine.

15 58. The method of embodiment 57, wherein the Aluminum is reduced by about 5%, or
about 10%, or about 15%, or about 20%, or about 25%, or about 30%, or about 35%, or
about 40%, or about 45%, or about 50%, or about 55%, or about 60%, or about 65%, or
about 70%, or about 75%, or about 80%, or about 85%, or about 90%, or about 95%.

59. A method of reducing Aluminum administration from a total parenteral nutrition
20 regimen comprising L-cysteine, the method comprising, mixing a composition comprising
L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:

Aluminum in an amount from about 10 parts per billion (ppb) to about 80 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-
cysteine; and

25 pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-
cysteine;

with a composition comprising one or more amino acids selected from the group
consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine,
methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and

30 a pharmaceutically acceptable carrier, comprising water,

to form a composition for infusion having a volume of about 100 mL to about 1000 mL, wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

5 60. A method of treating a subject having an adverse health condition that is responsive to L-cysteine administration, comprising:

diluting a stable L-cysteine composition of embodiments 50, 51, 52, 53, 54, 55 or 56, with an intravenous fluid to prepare a diluted L-cysteine composition for infusion; and infusing the diluted L-cysteine composition for infusion to a subject to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

10 61. The method of embodiment 57, 58, 59, or 61, wherein said administering is from 30 minutes to about 24-48 hrs.

62. The method of embodiment 61, wherein the amount of Aluminum in the composition results in a daily dosage of Aluminum from about 1 mcg/kg/day to about 4 mcg/kg/day, or about 2 mcg/kg/day to about 4 mcg/kg/day, or about 1 mcg/kg/day to about 5 mcg/kg/day, or about 2 mcg/kg/day to about 5 mcg/kg/day.

15 63. The method of embodiment 61 or 62, wherein the intravenous fluid is a member selected from the group consisting of: isotonic saline, glucose solution, glucose saline, dextrose solution, crystalline amino acid solution, and combinations thereof.

20 64. The method of embodiment 61, 62 or 63, wherein administering is performed via intravenous infusion.

65. The method of embodiment 61, 62, 63, or 64, wherein L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is administered at a rate of from about 1 mL/min to about 10 ml/min.

25 66. The method of embodiment 61, 62, 63, 64 or 65, wherein the therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is an amount from about 50 mg to about 1200 mg.

30 67. The method of embodiment 61, 62, 63, 64, 65 or 66, wherein the therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is an amount of about 100-500 mg.

68. The method of embodiment 61, 62, 63, 64, 65, 66 or 67, wherein the L-cysteine is L-cysteine hydrochloride monohydrate.
69. The method of embodiment 61, 62, 63, 64, 65, 66, 67 or 68, wherein the subject is a subject in need of total parenteral nutrition (TPN).
- 5 70. The method of embodiment 61, 62, 63, 64, 65, 66, 67, 68 or 69, wherein the subject is an infant having an age of 6 months or less.
71. The method of embodiment 61, 62, 63, 64, 65, 66, 67, 68, 69, 70 or 71, wherein the therapeutically effective dosing regimen is a total parenteral nutrition (TPN) dosing regimen.
- 10 72. A method of preparing the composition of any above embodiment, comprising stirring Water for Injection, USP (WFI) in a vessel at a temperature of NMT about 60°C;
- Contacting the stirring WFI with Argon until the dissolved oxygen is NMT 1 ppm;
- Allowing the vessel to cool to a temperature of NMT 30°C;
- 15 Contacting under the Argon the WFI with L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) for NTL about 15 mins;
- Continuing the mixing under Argon until the dissolved oxygen is NMT 1 ppm;
- Adjusting the pH to about 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF;
- 20 Mixing for a minimum of about 10 minutes;
- Capping the vessel under Argon and allowing to stand; and
- Performing Head Space oxygen Reduction after filling, wherein the dissolved oxygen is about 0.1 ppm to about 5 ppm.
- With this in mind, the following examples are intended to illustrate, but not limit,
- 25 various aspects of the compositions and methods described herein.

Examples

Example 1

Compounding L-Cysteine Hydrochloride Injection, USP, 50 mg/mL, 10 mL Vial

5 Compounding was initiated with the addition of 40 ± 1.0 kg of Water for Injection, USP (WFI) was added to the Xcellerex Mixing System via an addition funnel. A target water temperature of NMT 60°C was maintained throughout WFI addition using a heat exchanger. With continuous mixing at a speed of 126 rpm, Argon overlaying of the WFI began in the mixing bag and continued until the dissolved oxygen was NMT 1 ppm; then
10 the mixing bag was allowed to cool to a temperature of NMT 30°C .

 With continuous mixing and Argon overlaying, the L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) was added directly into the vortex of the mixing bag. The mixing continued for NLT 15 minutes or until complete dissolution was observed. The dissolved oxygen content was measured and recorded prior to the addition of L-
15 Cysteine, immediately following the addition of L-Cysteine, and following the NLT 15-minute mixing period. With continuous mixing and Argon overlaying, the temperature, pH and dissolved oxygen of the solution was measured and recorded. Argon overlaying continues until the dissolved oxygen was NMT 1 ppm.

 With continuous mixing and Argon overlaying, the solution's pH was adjusted to a
20 target of 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF. Following pH adjustment, the solution was allowed to mix for a minimum of 10 minutes, and then the pH was verified and adjusted as needed with the Hydrochloric Acid, NF and/or N Sodium Hydroxide, NF. Then, the solution's weight, adjusted pH and dissolved oxygen was measured and recorded.

25 With continuous mixing and Argon overlaying, the solution was q.s.'d with the WFI to a final weight of 50.6 kg and allowed to mix for approximately 10 minutes. The final solution weight, solution temperature, solution pH, and dissolved oxygen was then measured and recorded. Following these steps, the mixing bag was fully inflated with

Argon and capped, and the solution was transferred from the mixing bag to the solution holding bag.

Example 2

L-Cysteine Injection in High Quality Glass Vials

5 L-Cysteine injection was compounded as per Example 1. The bulk solution was filled then using high quality glass vials (10 mL) from Schott. These vials are known as Schott Type 1 USP glass. The glass was a standard glass of pharmaceutical quality but was uncoated. The product was put on stability and was monitored for impurities, particulates, and Aluminum. The product was quite stable for all the time points tested up
10 to 12 months. There were no unacceptable particulate counts.

However, as the data show, the product resulted in an unacceptably high aluminum content. The data for aluminum levels are shown below.

Table 6. Aluminum Levels

Lot #	Release	6 Months	
		25°C/60% RH	40°C/75% RH
XMHH1609	212 ppb	569 ppb	1,306 ppb
XMHH1610	199 ppb	748 ppb	1,374 ppb
XMHH1611	230 ppb	726 ppb	1,044 ppb

15

Example 3

L-Cysteine Injection in Plastic Vials

L-Cysteine injection was compounded as per Example 1. The bulk solution was filled then using plastic vials obtained from Medicopak, Inc. These vials are made of cyclic olefin copolymer (COC). The product was put on stability and was monitored for
20 impurities, particulates, and Aluminum. The product was not stable beyond 1 month at

accelerated storage conditions and failed at room temperature conditions by the third month data point.

Table 7. Particulate levels

Lot Number/ Vial	Release	1 Month / 40°C/75% RH*	3 Month / 25°C/60% RH*
XMHG1700/ 10 mL COC vial	Passing	Failed Visual, particulates	Failed Visual, particulates
XMHG1701/ 10 mL COC vial	Passing	Failed Visual, particulates	Failed Visual, particulates
XMHG1702/ 10 mL COC vial	Passing	Failed Visual, particulates	Failed Visual, particulates

5 However, the product showed acceptable aluminum content. The data for aluminum levels are shown below.

Table 8. Aluminum Levels

<u>Time Point</u>	<u>Lot XMHG 1700</u>	<u>Lot XMHG 1701</u>	<u>Lot XMHG 1702</u>
<u>Time Zero</u>	<u>1 ppb</u>	<u>2 ppb</u>	<u>1 ppb</u>

10 Aluminum at additional time points was not measured because the product was abandoned due to unacceptably high particulate count.

Example 4

Headspace Reduction and Argon Overlay

15 Data from Example 3 show that plastic vials do not provide the desired purity and stability of a L-cysteine composition for injection. This study was to evaluate the parameters to determine headspace oxygen reduction conditions. The product was manufactured as per Example 1. The drug product was overlaid with Argon until the

dissolved oxygen levels were no more than (NMT) 1 part per million (PPM). Vials were filled and placed in the VirTis Benchmark Lyophilizer, OP4159, for Head Space reduction. In addition, empty vials were also placed into the lyo for Head Space reduction as part of the study.

5 Multiple points were monitored during the manufacturing process as part of the study including the following: 1) Compounding; 2) Pre-Filling; 3) Filling; 4) Post Filling; and 5) Head Space Reduction (HSR). The monitoring involved taking dissolved oxygen (DO) measurements on drug product for filled vials throughout the manufacturing process and performing Head Space Gas Analysis on drug product for both filled and empty vials
10 post head space reduction. Additionally, fill hold samples representing the maximum exposure during the filling step were analyzed for the dissolved oxygen and Head Space Oxygen Analysis.

The sampling and testing that was performed per the study is shown in Table 9. Samples were collected throughout the manufacturing process to determine the impact of
15 critical process parameters on its predetermined critical quality attribute.

Table 9: Sampling and Testing Methodology

Operation	Sample Location/Quantity	Testing Requirements	Acceptance Criteria
Compounding	The bulk solution was mixed under Argon overlaying. Measure and record final solution weight, solution temperature, solution pH, and dissolved oxygen. Measure and record the final dissolved oxygen.	Dissolved Oxygen	Dissolved Oxygen < 1 ppm
Filling	For Load A [Trays 1 – 4, 17 – 20] use forceps to remove four (4) filled vials from each tray as it is filled Fully seat the stoppers of the removed filled vials immediately after removal and then label vials appropriately	Dissolved Oxygen	Dissolved Oxygen =Report Value

<p>Filling Hold</p>	<p>As Tray 1 is loaded into the Lyo, using forceps, carefully remove 20 vials from the appropriate locations. Do not fully stopper the vials. Mark the vials "Fill Hold"</p> <p>Similarly, after Tray 21 has been completely filled and is being placed into the cart, use forceps to remove twenty (20) filled vials from the appropriate</p> <p>As Tray 21 is being loaded into the Lyophilizer for Head Space Reduction, use forceps to remove two (2) of the vials marked "Fill Hold", fully seat the stoppers of the vials, and label appropriately.</p>	<p>Dissolved Oxygen</p>	<p>Dissolved Oxygen =Report Value</p>
<p>Lyo Loading</p>	<p>For Trays 1 – 4, 17 – 20, 21 – 24, and 37 – 40, use forceps to remove two (2) filled vials, as each tray is loaded into the Lyo, fully seat the stoppers of the vials, and label appropriately</p>	<p>Dissolved Oxygen</p>	<p>Dissolved Oxygen =Report Value</p>
<p>Capping</p>	<p>Following headspace reduction and immediately prior to loading each tray into the RAB for capping, use forceps to remove four (4) filled vials from each tray. Place a mark on each of the removed vials for identification purposes and place the marked vials back into the tray. Load the tray into the RAB for capping. Following the capping of each tray, remove the marked vials from the tray and label appropriately.</p>	<p>Dissolved Oxygen</p> <p>Head Space Gas Analysis</p>	<p>Dissolved Oxygen =Report Value</p> <p>Head Space Gas Analysis =Report Value</p>
<p>Capping Fill Hold</p>	<p>Following headspace reduction and capping, remove the eighteen (18) vials marked "Fill Hold" from Tray 21 for testing.</p>	<p>Dissolved Oxygen</p> <p>Head Space Gas Analysis</p>	<p>Dissolved Oxygen =Report Value</p> <p>Head Space Gas Analysis =Report Value</p>

The data collected are as follows: Dissolved oxygen; Comparison of dissolved oxygen levels per tray at various stages of the manufacturing process; Filled vials head space oxygen; Held vials dissolved oxygen (ppm) and head space oxygen content (%); Comparison of Post Head Space Dissolved Oxygen (ppm) and Head Space Oxygen Content (%).

Dissolved oxygen data at various stages of the manufacturing process are shown in Table 10. A two (2) hour delay in the DO testing for the Post Filling - Pre HSR samples (Tray 1 – 4; tested using gas calibration) exhibited an average value of 11.77 ppm, an increase of 6.65 ppm from the average of 5.12 ppm measured live time after filling using the liquid calibration. Furthermore, the samples tested live time but using the gas calibration (Tray 17 – 20) exhibited an average value of 6.41 ppm, an increase of 1.29 ppm from the average of 5.12 ppm measured after filling using the liquid calibration. Starting Tray 21 of the Post Filling – Pre HSR step, the calibration was corrected to a liquid calibration. Comparison of dissolved oxygen levels at various stages of the manufacturing process is provided in Figures 1 and 2.

Table 10. Dissolved Oxygen Levels.

Tray Number	Post Filling -Pre HSR (ppm)	Post Filling - During Loading of Lyo (ppm)	Post HSR -Capping - Filled Vials (ppm)
1	11.932	10.179	0.480
2	11.228	9.925	0.470
3	11.486	10.577	0.508
4	12.441	10.370	0.409
17	6.808	9.893	0.525
18	6.628	9.859	0.707
19	5.860	9.854	0.486
20	6.343	9.720	0.495
21	5.641	10.329	0.735
22	5.374	10.308	0.546
23	5.190	10.149	0.481
24	7.073	9.844	0.541
37	4.328	9.544	0.403
38	3.604	9.251	0.378
39	4.559	9.265	0.390
40	5.173	9.577	0.369
Average	5.117	9.915	0.495
STD	1.03	0.39	0.11

% RSD	20.1	3.9	21.3
--------------	-------------	------------	-------------

Table 11. Filled Vials Head Space Oxygen.

Tray Number	Post HSR -Capping - Filled Vials (% Oxygen)	Post Capping - Empty Vials (% Oxygen)
1	1.147	0.981
2	1.399	1.116
3	1.551	0.980
4	0.950	1.139
17	1.382	1.156
18	1.766	1.236
19	1.154	1.224
20	1.265	1.180
21	1.844	1.221
22	1.365	1.169
23	0.890	1.295
24	1.148	1.114
37	0.880	1.300
38	0.871	1.151
39	0.850	1.097
40	0.889	1.042
Average	1.209	1.150
STD	0.32	0.10
% RSD	26.7	8.3

Table 12. Held vials dissolved oxygen (ppm) and head space oxygen content (%).

Held Vials – Tray 1 / Tray 21	Dissolved Oxygen Post Filling - Loading of Lyo (ppm)	Dissolved Oxygen Post HSR -Capping - Filled Vials (ppm)	Head Space Oxygen % Post HSR -Capping - Filled Vials (%)
Sample 1	10.645	0.578	1.563
Sample 2	10.467	0.588	1.390
Sample 3	-	0.585	1.522
Sample 4	-	0.550	1.447
Average	10.57%	0.570	1.481
STD	0.15	0.02	0.08
% RSD	1.4	2.9	5.2

5

Table 13. Comparison of Post Head Space Dissolved Oxygen (ppm) and Head Space Oxygen Content (%).

	Dissolved Oxygen Pre HSR (ppm)	Dissolved Oxygen Post HSR (ppm)	Head Space Oxygen % Post HSR (%)
PROJ-000055 Study Empty Vials Avg.	-	-	1.150
PROJ-000055 Study Filled Vials Avg.	9.915	0.485	1.209
2018-RD-022 Study Empty Vials Avg.	-	-	0.49
2018-RD-022 Study Filled Vials Avg.	7.14	2.65	1.27
Lot XMHJL705	-	0.637	1.28
Lot XMHJL706	-	0.391	1.32
Lot XMHJL707	-	1.885	1.56

The results from these experiments demonstrate the effectiveness of the Head Space Reduction (HSR) cycle in attaining reduced and consistent dissolved oxygen (DO) levels in the finished drug product. The results showed a trend with an increase in dissolved oxygen level from 0.36 parts per million (ppm) recorded during compounding, to an average of 5.12 ppm measured after filling, a further increase to an average of 9.92 ppm while loading the Lyophilizer, and finally a reduction of dissolved oxygen to an average of 0.50 ppm after headspace reduction. The overall trends are displayed in Figures 1 and 2. The plots and data also show that the average increase in dissolved oxygen levels from compounding to the filled vials was 4.76 ppm. Also, as the vials were stored in the transfer cart, an average dissolved oxygen increase of about 4.80 ppm was observed prior to being loaded in the Lyophilizer for head space reduction. The total average increase in dissolved oxygen levels from compounding to vials being loaded in the lyophilizer was 9.56 ppm. The average decrease in dissolved oxygen observed in vials post head space reduction was 9.42 ppm. In addition, the oxygen levels obtained across all trays analyzed pre and post HSR were consistent throughout the manufacturing process.

Head Space Gas Analysis was performed on both filled and empty vials taken from designated locations in selected trays. Percent (%) Oxygen results achieved across the trays showed a relatively uniform head space reduction process throughout the chamber. The

average % Oxygen for the empty vials was found to be 1.15%, compared with 1.21% for the filled vials (Reference Table 11).

5 Dissolved Oxygen and Head Space Gas Analysis were also performed on the Held Vials from designated locations in Tray 1 as part of the stressed sample analysis over the course of the manufacturing process. The results showed a comparable trend to that observed for the regular samples across the study (Reference Table 12). Specifically, an increase in dissolved oxygen level from 0.36 ppm recorded during compounding, to 5.64 ppm measured after filling, a further increase to an average of 10.58 ppm while loading the Lyophilizer, and finally a reduction of dissolved oxygen to an average of 0.57 ppm after
10 headspace reduction. The average % Oxygen for the filled held vials was found to be 1.48%, compared with 1.21% for the filled regular vials. This indicated that the HSR cycle was effective in achieving comparable DO and Headspace oxygen results irrespective of the maximum fill time exposure (approximately 7 hours; represented by the Fill Hold Vials) and has no impact on the quality of the product. The use of the Lyophilizer, in the
15 Head Space Reduction of L-Cysteine Hydrochloride Injection, USP (50 mg/mL) has been shown to be effective for the control of reduced and consistent oxygen levels, and is suitable for scale up for the existing process and equipment as the product meets all the critical quality attributes.

Example 5

20 Head space oxygen reduction was accomplished using an automated filling equipment that can handle high speed filling, in contrast to slow or low volume operation such as through a lyophilizer as described in Examples 1 and 4. The high-speed filler is capable of using vacuum and gas overlay in alternate pulses to reduce the head space oxygen. Each pulse is timed to be within 0.1 to 5 seconds such that typically 3-5 pulses are
25 conducted in one head space oxygen reduction cycle. The pulse rate can be adjusted after multiple trials to provide optimal headspace reduction with optimal speed of the filler such that no product is lost through back suction or through spillage and average speeds of from

about 20 vials/minute to about 200 vials per minute, depending on the number of fill heads used.

5 A 50 L batch was prepared utilizing the current compounding procedure described above in Example 1. The filler was set up to fill and reduce head space oxygen as per the process shown in Figure 3.

The total head space reduction cycle lasted about 25 seconds per operation. The vials were analyzed for head space oxygen at time zero and at 1-month time point. The data are shown below.

10 The evaluation of the filler's performance demonstrated that the headspace oxygen control was comparable to or better than the current process for L-Cysteine. Headspace oxygen values obtained ranged from 0.2% to 0.5% for all vials filled, including empty vials during start up. Vials tested after 1-month storage at ambient conditions also maintain headspace oxygen levels between 0.4 and 1.5%. The Tables below show a summary of the results for the in process and 1-month stability testing. Also included below is a comparison of the in-process data obtained from previously manufactured lots of L-Cysteine utilizing
15 the lyophilizer headspace reduction method. The data show the headspace oxygen values at Time Zero are lower with the high-speed filler than the lyophilizer process.

Table 14. Headspace Oxygen Levels at Time Zero for High-Speed Filler

PROT-000213 – Time Zero					
	Tray 5	Tray 10	Overall Low	Overall High	Average
Headspace O₂ (%)	0.473	0.378	0.243	0.490	0.372

20 Table 15. Headspace Oxygen Levels at 1 Month for High-Speed Filler

PROT-000213 – 1 Month						
	Tray No. 5			Tray No. 10		
	Low	High	Average	Low	High	Average
Headspace O₂ (%)	0.412	1.518	0.995	0.98	1.454	1.262

Table 16. Comparison of Headspace Oxygen Levels between Lyophilizer and High-Speed Filler Operations

Batch (Process)	XMHJ1705 (Current Process)	XMHJ1706 (Current Process)	XMHJ1707 (Current Process)	PROT-000213 (High Speed Filler)
Average	2.3 % Oxygen	1.9 % Oxygen	1.9 % Oxygen	0.4 % Oxygen
Low	N/A	N/A	N/A	0.2% Oxygen
High	N/A	N/A	N/A	0.5% Oxygen
1 Month Room Temperature	0.9 % Oxygen	2.8 % Oxygen	1.2 % Oxygen	1.1 % Oxygen (0.4 % to 1.5 %)

N/A – Not Applicable

5

Figure 4 shows the comparison of oxygen headspace control between the lyophilizer chamber headspace control method versus the high-speed filler vacuum stoppering system. The lyophilizer chamber for headspace reduction was utilized for lots XMHJ1705, XMHJ1706, and XMHJ1707 of L-Cysteine Hydrochloride injection. The time zero oxygen headspace results for the engineering batch PROT-000213 are shown in comparison to the previously manufactured lots. Results shown were measured at the time of manufacturing on samples of vials from the batches. Oxygen percentage was taken for the samples from PROT-000213 using the NeoFox Phase Fluorometer. Lots XMHJ1705, XMHJ1706, and XMHJ1707 used Argon Headspace Analysis, QCTM-000014.

10

15

In addition to the head space oxygen levels, dissolved oxygen levels were also measured. Data are shown in Figure 5.

The dissolved oxygen levels and head space oxygen levels were measured again at 1 month stability time point at room temperature conditions:

Table 17. Headspace and Dissolved Oxygen Data Comparison at 1 month

20

Study – 1 Month							
	Tray No. 5				Tray No. 10		
	Sample 1	Sample 2	Sample 3	Sample 4	Sample 1	Sample 2	Sample 3

Headspace O₂ (%)	0.576	0.412	1.518	1.475	0.98	1.454	1.352
Dissolved O₂ (ppm)	0.545	0.706	2.328	2.042	2.173	2.372	2.149

Example 6

Purity Profile and Long-Term Stability of L-Cysteine Composition for Injection

5 An L-cysteine composition for injection was manufactured as described in Example 1. The glass used was Schott Type 1 USP Plus glass, internally coated with silicon dioxide. The composition was subjected to stability testing to evaluate the stability of the composition over time. Table 18 shows various stability data collected for the L-cysteine composition for injection over a 9-month testing period. Samples of exhibit batches stored
10 upright at room temperature for 9 months at 25 °C/ 60% RH. Note: two samples were tested for dissolved oxygen and head-space oxygen.

Table 18. Characterization of L-Cysteine Composition for Injection

Test	XMHJ1705	XMHJ1706	XMHJ1707
	Up	Up	Up
L-Cysteine HCl	100.4%	101.3%	101.2%
Related Compounds:			
L-Cystine	0.3%	0.3%	0.3%
Pyruvic Acid Total	0.1%	0.2%	0.1%
Specified RRT-1.98	0.2%	0.2%	0.2%
Individual	ND	ND	ND
Unspecified	0.5%	0.7%	0.6%
Total Impurities			
Dissolved Oxygen	(1) 0.12 ppm (2) 0.13 ppm	(1) 0.13 ppm (2) 0.14 ppm	(1) 0.14 ppm (2) 0.13 ppm
Head-Space Oxygen	(1) 0.16% (2) 0.37%	(1) 0.53% (2) 0.89%	(1) 0.56% (2) 0.50%
Aluminum Content	3.2 ppb	2.9 ppb	5.6 ppb
Description	Clear colorless solution	Clear colorless solution	Clear colorless solution

15

Example 7

Effect of Dissolved Oxygen and Headspace Oxygen on L-cysteine and Cystine Levels

An L-cysteine composition for injection was manufactured as described in Example 1. However, samples of exhibit batches were tested without head-space reduction and argon overlay during compounding, then filled, stoppered and capped. Samples were tested within one week of manufacturing date. Data in Table 19 show the marked effects of lack of headspace and dissolved oxygen on component levels within one week. L-Cystine increased by about 0.4% - 0.7% within a week for samples with higher dissolved oxygen and head-space oxygen.

Table 19. Effect of lack of Headspace and Dissolved Oxygen Control on Product Purity

Test	Prior to Head-Space Reduction Tray 1	Prior to Head-Space Reduction Tray 19	Prior to Head-Space Reduction Tray 23	Ave Values for after completed Batch
L-Cysteine HCl	99.9%	100.1%	100.0%	102.0%
L-Cystine	0.8%	0.5%	0.6%	0.1%
Head-Space Oxygen	20.8%	20.3%	20.3%	1.2%
Dissolved Oxygen	8.3 ppm	8.6 ppm	8.6 ppm	0.50 ppm

Example 8

Evaluation of Anions in L-Cysteine Product

Inorganic anionic leachables were determined using validated potentiometric methods utilizing ion selective electrodes. Fluoride and Iodide were evaluated for this drug product. The leachables testing results are listed in Tables 20 and 21 below.

Table 20. Leachable Iodide Results for L-Cysteine HCl Injection
[I] (ppb)

XMHJ1705						
25°C/60% RH			40°C/75% RH			
Replicate	Upright	Horizontal	Inverted	Upright	Horizontal	Inverted
1	28.1	27.4	27.1	25.2	24.9	24.7
2	25.9	26.3	25.9	24.0	24.1	24.1
3	28.1	25.3	25.3	24.0	22.3	21.6
Average	27.4	26.3	26.1	24.4	23.7	23.5
SD	1.3	1.0	0.9	0.7	1.3	1.6
% RSD	4.7	3.9	3.6	2.7	5.6	7.0

XMHJ1706						
25°C/60% RH			40°C/75% RH			
Replicate	Upright	Horizontal	Inverted	Upright	Horizontal	Inverted
1	81.7	80.3	82.8	80.3	82.0	81.8
2	83.1	81.7	81.5	82.5	82.3	81.3
3	81.7	81.7	81.8	78.1	81.9	82.8
Average	82.2	81.2	82.0	80.3	82.1	82.0
SD	0.8	0.8	0.7	2.2	0.2	0.7
% RSD	0.9	1.0	0.9	2.7	0.2	0.9

XMHJ1707						
25°C/60% RH			40°C/75% RH			
Replicate	Upright	Horizontal	Inverted	Upright	Horizontal	Inverted
1	53.5	52.3	53.1	51.7	51.4	50.8
2	52.5	54.0	53.7	51.8	52.0	53.5
3	54.4	52.8	52.8	53.8	53.6	52.6
Average	53.5	53.0	53.2	52.4	52.3	52.3
SD	1.0	0.9	0.4	1.2	1.1	1.4
% RSD	1.8	1.7	0.8	2.2	2.1	2.6

5 Table 21. Leachable Iodide Results for L-Cysteine HCl Injection
[I] (ppb)

	XMHL1702A		XMHL1702B	
	25 °C/60 %RH 6 month	40 °C/75 %RH 6 month	25 °C/60 %RH 6 month	40 °C/75 %RH 6 month
Iodide (ppb)	29	24	24	19

The leachable results for Fluoride indicate levels below 20 ppb and no observable trend in leachable amount over time or temperature dependence. The leachable results for Iodide indicate that levels were observed ranging from ~20-80 ppb. No noticeable trend in leachable amount including vial orientation or temperature dependence was observed.

5

Example 9

Elemental Leachables

Elemental leachables were evaluated using a validated inductively coupled plasma mass spectrometric (ICP-MS) method. ICP-MS method is described in detail in USP and other literature in the art. The results for the elemental leachables analysis are summarized in the Table below. The Table lists the Allowable Elemental Concentrations (AEC) for each identified element.

10
15 Table 22. Elemental Impurity Leachables Results for L-Cysteine HCl Injection
[X] (ppb)

Element	AEC (ppb)	XMHJ1705 25 °C/60 %RH				XMHJ1705 40 °C/75 %RH		
		Time point (months)						
		1	3	6	9	1	3	6
Molybdenum	14537	<0.5	2	1.75	0.6	<0.5	2	0.91
Zinc	12598	14	2	13.84	23.4	11	38	<QL
Iron	12598	25	21	50.52	19	16	60	5.73
Chromium	10660	2	<QL	<QL	3.2	2	6	<QL
Barium	6784	2	<QL	<QL	<QL	<0.5	2	<QL
Tin	5815	1	2	3.38	1.2		3	0.88
Copper	2907	<0.5	<QL	<QL	15.0	<0.5	2	<QL
Manganese	2423	1	<QL	<QL	0.3	<0.5	2	<QL
Lithium	2423	<0.5	5	3.90	0.1	<0.5	6	3.79
Gold	969	5	3	9.76	0.3	3	4	1.76
Antimony	872	1	1	0.88	0.1	1	2	0.60
Selenium	775	<0.5	<QL	<QL	0.1	<0.5	2	<QL
Nickel	194	11	9	16.66	8.1	11	9	0.99

Arsenic	174	1	<QL	<QL	0.2	1	2	<QL
Aluminum	120	<QL	<QL	<QL	<QL	<QL	<QL	<QL
Vanadium	97	<QL	<QL	<QL	<QL	<0.5	4	<QL
Silver	97	<0.5	<QL	<QL	<QL	<QL	17	<QL
Ruthenium	97	<0.5	1	0.72	<QL	<0.5	2	0.74
Rhodium	97	<0.5	4	4.31	<QL	<0.5	8	4.29
Platinum	97	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Palladium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Osmium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Iridium	97	<0.5	6	5.98	<QL	<0.5	7	5.92
Thallium	78	<0.5	4	3.59	<QL	<0.5	5	3.59
Cobalt	48	<0.5	<QL	<QL	0.1	<0.5	<0.5	<QL
Lead	48	2	5	6.77	1.5	2	6	3.33
Mercury	29	<0.5	1	0.78	2	<0.5	1	1.10
Cadmium	19	<0.5	1	1.31	<QL	<0.5	2	1.30

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1705 25 °C/60 %RH		
		Time point (months)		
		12 INV	12 HOR	12 UP
Molybdenum	14537	0.4	0.4	0.5
Zinc	12598	7	5	3
Iron	12598	9	157	637
Chromium	10660	1	2	3
Barium	6784	0.4	0.4	0.4
Tin	5815	1	1	1
Copper	2907	0.5	0.8	0.6
Manganese	2423	<QL	2	8
Lithium	2423	0.04	0.05	0.05
Gold	969	0.4	<QL	1
Antimony	872	0.4	0.3	0.3
Selenium	775	<QL	1	<QL
Nickel	194	14	14	15
Arsenic	174	0.3	0.3	0.2
Aluminum	120	(4) <QL	(19) <QL	(5) <QL
Vanadium	97	<QL	<QL	<QL
Silver	97	<QL	<QL	<QL
Ruthenium	97	<QL	<QL	<QL
Rhodium	97	0.01	0.01	0.01
Platinum	97	<QL	<QL	<QL
Palladium	97	0.06	0.06	0.1
Osmium	97	<QL	<QL	<QL
Iridium	97	0.04	0.03	0.04
Thallium	78	<QL	<QL	<QL
Cobalt	48	<QL	<QL	<QL
Lead	48	2	2	2
Mercury	29	0.7	0.7	0.6
Cadmium	19	<QL	<QL	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1706 25 °C/60 %RH				XMHJ1706 40 °C/75 %RH		
		Time point (months)						
		1	3	6	9	1	3	6
Molybdenum	14537	<0.5	1	1.32	0.4	<0.5	2	1.33
Zinc	12598	10	8	8.23	23.9	10	36	4.25
Iron	12598	9	30	34.02	7.9	10	41	45.60
Chromium	10660	1	<QL	<QL	1.9	2	5	<QL
Barium	6784	<0.5	<QL	<QL	<QL	1	1	<QL
Tin	5815	1	2	2.91	1.3	1	3	2.08
Copper	2907	<QL	<QL	<QL	<QL	<QL	1	<QL
Manganese	2423	<0.5	<QL	<QL	0.3	<0.5	1	<QL
Lithium	2423	<0.5	4	3.84	0.1	<0.5	6	3.87
Gold	969	2	3	4.38	0.2	2	4	3.99
Antimony	872	1	1	0.81	<QL	1	2	0.91
Selenium	775	<0.5	<QL	<QL	0.6	1	3	<QL
Nickel	194	11	10	8.66	8.1	11	9	8.68
Arsenic	174	<0.5	<QL	<QL	0.4	<0.5	2	<QL
Aluminum	120	<QL	<QL (2)	<QL	<QL	<QL	<QL	<QL
Vanadium	97	<QL	<QL	<QL	<QL	<0.5	4	<QL
Silver	97	<QL	<QL	<QL	<QL	<QL	17	<QL
Ruthenium	97	<0.5	1	0.73	<QL	<0.5	2	0.73
Rhodium	97	<0.5	4	4.29	<QL	<0.5	8	4.28
Platinum	97	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Palladium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Osmium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Iridium	97	<0.5	6	5.94	<QL	<0.5	7	5.94
Thallium	78	<0.5	4	3.59	<QL	<0.5	5	3.59
Cobalt	48	<0.5	<0.5	<QL	<QL	<0.5	<0.5	<QL
Lead	48	2	6	5.53	2.0	2	6	5.53
Mercury	29	<0.5	1	1.11	1.5	<0.5	1	1.01
Cadmium	19	<0.5	1	1.30	<QL	<0.5	2	1.30

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1706 25 °C/60 %RH		
		Time point (months)		
		12 INV	12 HOR	12 UP
Molybdenum	14537	0.4	0.4	0.4
Zinc	12598	3	6	8
Iron	12598	11	55	10
Chromium	10660	1	1	1
Barium	6784	0.4	0.6	0.4
Tin	5815	1	2	2
Copper	2907	1	0.2	<QL
Manganese	2423	0.1	0.6	0.2
Lithium	2423	0.03	0.03	0.04
Gold	969	0.2	0.2	0.3
Antimony	872	0.6	0.5	0.5
Selenium	775	0.4	<QL	0.4
Nickel	194	14	14	14
Arsenic	174	0.8	0.5	0.4
Aluminum	120	(5) <QL	(6) <QL	(1) <QL
Vanadium	97	<QL	<QL	<QL
Silver	97	<QL	<QL	<QL
Ruthenium	97	0.005	<QL	0.003
Rhodium	97	0.007	0.005	0.008
Platinum	97	<QL	<QL	<QL
Palladium	97	0.04	0.02	0.03
Osmium	97	<QL	<QL	<QL
Iridium	97	0.03	0.03	0.03
Thallium	78	<QL	<QL	<QL
Cobalt	48	<QL	<QL	<QL
Lead	48	2	2	2
Mercury	29	0.7	0.7	0.7
Cadmium	19	<QL	0.004	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1707 25 °C/60 %RH				XMHJ1707 40 °C/75 %RH		
		Time point (months)						
		1	3	6	9	1	3	6
Molybdenum	14537	<0.5	1	1.22	0.4	<0.5	2	1.21
Zinc	12598	10	4	4.28	22.7	11	38	3.91
Iron	12598	8	26	12.55	8.3	9	74	17.68
Chromium	10660	1	<QL	<QL	2.2	1	6	<QL
Barium	6784	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Tin	5815	1	2	2.13	3.2	1	3	2.22
Copper	2907	<0.5	<QL	<QL	<QL	<0.5	2	<QL
Manganese	2423	<0.5	<QL	<QL	0.1	<0.5	1	<QL
Lithium	2423	<0.5	3.86	3.86	0.2	<0.5	6	3.88
Gold	969	3	3	3.98	0.1	2	4	3.48
Antimony	872	1	1	1.01	<QL	1	2	1.06
Selenium	775	<0.5	<QL	<QL	0.1	<0.5	2	<QL
Nickel	194	11	8	7.71	7.4	10	8	7.82
Arsenic	174	1	<QL	<QL	0.4	1	2	<QL
Aluminum	120	<QL	<QL	<QL	<QL	<QL	<QL	<QL
Vanadium	97	<QL	<QL	<QL	<QL	<0.5	4	<QL
Silver	97	<0.5	<QL	<QL	<QL	<QL	17	<QL
Ruthenium	97	<0.5	1	0.73	<QL	<0.5	2	0.73
Rhodium	97	<0.5	4	4.29	<QL	<0.5	8	4.28
Platinum	97	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Palladium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Osmium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Iridium	97	<0.5	6	5.95	<QL	<0.5	7	5.94
Thallium	78	<0.5	4	3.59	<QL	<0.5	5	3.56
Cobalt	48	<0.5	<0.5	<QL	<QL	<0.5	<0.5	<QL
Lead	48	2	6	5.51	1.9	2	6	5.55
Mercury	29	<0.5	1	0.98	1.2	<0.5	1	0.89
Cadmium	19	<0.5	1.30	1.29	<QL	<0.5	2	1.29

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1707 25 °C/60 %RH		
		Time point (months)		
		12 INV	12 HOR	12 UP
Molybdenum	14537	0.4	0.4	0.4
Zinc	12598	7	4	6
Iron	12598	8	71	13
Chromium	10660	1	1	1
Barium	6784	0.6	0.5	0.6
Tin	5815	1	1	1
Copper	2907	0.2	0.2	0.1
Manganese	2423	0.2	1	0.3
Lithium	2423	0.03	0.03	0.06
Gold	969	0.1	0.1	0.2
Antimony	872	0.6	0.6	0.6
Selenium	775	0.4	<QL	<QL
Nickel	194	14	14	14
Arsenic	174	0.6	0.6	0.6
Aluminum	120	(5) <QL	(26) <QL	(39) <QL
Vanadium	97	<QL	<QL	<QL
Silver	97	<QL	<QL	<QL
Ruthenium	97	<QL	0.004	0.001
Rhodium	97	0.005	0.005	0.006
Platinum	97	<QL	<QL	<QL
Palladium	97	<QL	0.02	0.02
Osmium	97	<QL	<QL	<QL
Iridium	97	0.03	0.03	0.03
Thallium	78	<QL	<QL	<QL
Cobalt	48	<QL	<QL	<QL
Lead	48	2	2	2
Mercury	29	0.7	0.7	0.7
Cadmium	19	<QL	<QL	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1702A 25 °C/60 %RH	
		Time point (months)	
		9 INV	9 UP
Molybdenum	14537	1	0.5
Zinc	12598	17	17
Iron	12598	5	59
Chromium	10660	5	1
Barium	6784	1	0.4
Tin	5815	2	1
Copper	2907	1	0.4
Manganese	2423	2	1
Lithium	2423	8	0.1
Gold	969	7	1
Antimony	872	<QL	0.3
Selenium	775	<QL	<QL
Nickel	194	11	15
Arsenic	174	0.3	0.1
Aluminum	120	(9) <QL	(5) <QL
Vanadium	97	3	<QL
Silver	97	2	<QL
Ruthenium	97	0.9	<QL
Rhodium	97	8	0.01
Platinum	97	2	<QL
Palladium	97	1	0.1
Osmium	97	0.8	<QL
Iridium	97	10	0.04
Thallium	78	7	<QL
Cobalt	48	3	0.03
Lead	48	8	2
Mercury	29	1	0.6
Cadmium	19	0.5	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1702A 25 °C/60 %RH					XMHJ1702A 40 °C/75 %RH				
		Time point (months)									
		0	1	2	3	6	0	1	2	3	6
Molybdenum	14537	2	N/A	N/A	1.34	0.5	2	2	<QL	1	0.4
Zinc	12598	42	N/A	N/A	3.90	34.3	42	37	2	4	22.1
Iron	12598	284	N/A	N/A	15.31	7	284	27	<QL	35	11.2
Chromium	10660	14	N/A	N/A	<QL	2.1	14	4	<QL	<QL	2.1
Barium	6784	2	N/A	N/A	<QL	<QL	2	2	<QL	<QL	<QL
Tin	5815	3	N/A	N/A	1.82	3.8	3	3	2	2	1
Copper	2907	4	N/A	N/A	<QL	123.1	4	2	<QL	<QL	0.1
Manganese	2423	5	N/A	N/A	<QL	0.1	5	1	<QL	<QL	0.3
Lithium	2423	6	N/A	N/A	3.92	0.2	6	6	<QL	4	0.2
Gold	969	7	N/A	N/A	3.45	0.1	7	4	5	4	0.1
Antimony	872	2	N/A	N/A	1.08	<QL	2	2	1	1	<QL
Selenium	775	4	N/A	N/A	<QL	0.4	4	2	<QL	<QL	<QL
Nickel	194	11	N/A	N/A	8.93	8	11	9	4	8	8.1
Arsenic	174	2	N/A	N/A	<QL	0.3	2	1	<QL	<QL	0.3
Aluminum	120	<0.5	N/A	N/A	<QL	<QL	<QL	(3) <QL	(8) <QL	(7) <QL	<QL
Vanadium	97	4	N/A	N/A	<QL	<QL	4	3	<QL	<QL	<QL
Silver	97	17	N/A	N/A	<QL	<QL	17	17	17	<QL	<QL
Ruthenium	97	2	N/A	N/A	0.76	<QL	2	2	<QL	1	<QL
Rhodium	97	8	N/A	N/A	4.30	<QL	8	8	9	4	<QL
Platinum	97	1	N/A	N/A	<QL	0.1	1	1	<QL	<QL	0.1
Palladium	97	1	N/A	N/A	<QL	<QL	1	1	<QL	<QL	<QL
Osmium	97	1	N/A	N/A	<QL	<QL	1	1	1	<QL	<QL
Iridium	97	7	N/A	N/A	5.98	<QL	7	7	9	6	<QL
Thallium	78	5	N/A	N/A	3.59	<QL	5	5	6	4	<QL
Cobalt	48	<0.5	N/A	N/A	<QL	<QL	<0.5	<0.5	<QL	<0.5	<QL
Lead	48	6	N/A	N/A	5.01	1.6	6	6	6	5	1.5
Mercury	29	2	N/A	N/A	0.81	1	2	1	1	1	1.1
Cadmium	19	2	N/A	N/A	1.37	<QL	2	2	1	1	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1702B 25 °C/60 %RH					XMHJ1702B 40 °C/75 %RH				
		Time point (months)									
		0	1	2	3	6	0	1	2	3	6
Molybdenum	14537	2	N/A	N/A	1	0.5	2	2	<QL	1	0.4
Zinc	12598	38	N/A	N/A	71	23.5	38	39	<QL	7	23.1
Iron	12598	166	N/A	N/A	31	7.9	166	35	<QL	16	12.3
Chromium	10660	9	N/A	N/A	<QL	2.1	9	6	<QL	<QL	1.9
Barium	6784	1	N/A	N/A	<QL	<QL	1	1	<QL	<QL	<QL
Tin	5815	3	N/A	N/A	21	1.5	3	4	3	3	1.3
Copper	2907	2	N/A	N/A	<QL	<QL	2	2	<QL	<QL	0.3
Manganese	2423	3	N/A	N/A	<QL	0.1	3	1	<QL	<QL	0.3
Lithium	2423	6	N/A	N/A	4	0.2	6	6	<QL	4	0.2
Gold	969	5	N/A	N/A	3	0.1	5	4	5	3	0.1
Antimony	872	2	N/A	N/A	1	<QL	2	2	1	1	<QL
Selenium	775	3	N/A	N/A	<QL	0.1	3	2	<QL	<QL	<QL
Nickel	194	10	N/A	N/A	9	8.2	10	8	4	8	8.2
Arsenic	174	2	N/A	N/A	<QL	0.3	2	2	<QL	<QL	0.1
Aluminum	120	<QL	N/A	N/A	(6) <QL	<QL	<QL	(10) <QL	(25) <QL	(6) <QL	<QL
Vanadium	97	4	N/A	N/A	<QL	<QL	4	4	<QL	<QL	<QL
Silver	97	17	N/A	N/A	<QL	<QL	17	17	17	<QL	<QL
Ruthenium	97	2	N/A	N/A	1	<QL	2	2	<0.5	1	<QL
Rhodium	97	8	N/A	N/A	4	<QL	8	8	9	4	<QL
Platinum	97	1	N/A	N/A	<0.5	0.1	1	1	<0.5	<0.5	0.1
Palladium	97	1	N/A	N/A	<QL	<QL	1	1	<QL	<QL	<QL
Osmium	97	1	N/A	N/A	<QL	<QL	1	1	1	<QL	<QL
Iridium	97	7	N/A	N/A	6	<QL	7	7	9	6	<QL
Thallium	78	5	N/A	N/A	4	<QL	5	5	6	4	<QL
Cobalt	48	<0.5	N/A	N/A	<0.5	<QL	<0.5	<0.5	<QL	<0.5	<QL
Lead	48	6	N/A	N/A	5	1.5	6	6	6	5	1.5
Mercury	29	2	N/A	N/A	1	0.5	2	1	1	1	0.4
Cadmium	19	2	N/A	N/A	1	<QL	2	2	1	1	<QL

5

Example 10

Visual Inspection of Filled Vials

The L-Cysteine product that was manufactured by the two methods (i.e., lyophilizer chamber method and high-speed filler method) were inspected at after 1 month after production for visible signs of degradation in the form of visible particulate matter. In the presence of oxygen, two L-Cysteine residues will form a disulfide covalent bond forming L-Cystine. L-Cystine has a lower solubility (0.112 mg/mL) than L-Cysteine (50 mg/mL), in some cases the degradant can be visually observed.

15

Table 23. Comparison of Particulate Matter

	PROT-000213	XMHJ1705	XMHJ1706	XMHJ1707
Total Vials	1918	3473	3473	3497
White PM	36	120	31	32
Overall %	1.88%	3.46%	0.89%	0.92%

As the data show, no confirmed degradation was observed by either method
 5 indicating that the head space oxygen reduction and dissolved oxygen levels achieved
 herein are successful in producing L-Cysteine injection of desirable quality attributes.

All documents cited or referenced in the application cited documents, and all
 documents cited or referenced herein (“herein cited documents”), and all documents cited
 or referenced in herein cited documents, together with any manufacturer’s instructions,
 10 descriptions, product specifications, and product sheets for any products mentioned herein
 or in any document incorporated by reference herein, are hereby incorporated herein by
 reference, and may be employed in the practice of the invention.

As used herein, “a,” “an,” or “the” can mean one or more than one. For example,
 “a” cell can mean a single cell or a multiplicity of cells.

Also as used herein, “and/or” refers to and encompasses any and all possible
 15 combinations of one or more of the associated listed items, as well as the lack of
 combinations when interpreted in the alternative (“or”).

The term “consists essentially of” (and grammatical variants), as applied to the
 compositions of this invention, means the composition can contain additional components
 20 as long as the additional components do not materially alter the composition.

As used herein, the term “about” is used to provide flexibility to a numerical range
 endpoint by providing that a given value may be “a little above” or “a little below” the
 endpoint. Unless otherwise stated, use of the term “about” in accordance with a specific
 number or numerical range should also be understood to provide support for such
 25 numerical terms or range without the term “about”. For example, for the sake of

convenience and brevity, a numerical range of “about 50 milligrams to about 80 milligrams” should also be understood to provide support for the range of “50 milligrams to 80 milligrams.” Furthermore, it is to be understood that in this written description support for actual numerical values is provided even when the term “about” is used
5 therewith. Furthermore, the term “about,” as used herein when referring to a measurable value such as an amount of a compound or agent of this invention, dose, time, temperature, and the like, is meant to encompass variations of $\pm 20\%$, $\pm 10\%$, $\pm 5\%$, $\pm 1\%$, $\pm 0.5\%$, or even $\pm 0.1\%$ of the specified amount. To be clear, the range encompassed by “about” will include all discrete values within that range, regardless of whether such discrete values are
10 explicitly specified and/or prefaced by “about.” Equivalents permissible for such discrete values as well as all ranges and subranges are within the scope of this disclosure.

Concentrations, amounts, and other numerical data may be expressed or presented herein in a range format. It is to be understood that such a range format is used merely for convenience and brevity and thus should be interpreted flexibly to include not only the
15 numerical values explicitly recited as the limits of the range, but also to include all the individual numerical values or sub-ranges encompassed within that range as if each numerical value and sub-range is explicitly recited. As an illustration, a numerical range of “about 1 to about 5” should be interpreted to include not only the explicitly recited values of about 1 to about 5, but also include individual values and sub-ranges within the indicated
20 range. Thus, included in this numerical range are individual values such as 2, 3, and 4 and sub-ranges such as from 1-3, from 2-4, and from 3-5, etc., as well as 1, 2, 3, 4, and 5, individually. This same principle applies to ranges reciting only one numerical value as a minimum or a maximum. Furthermore, such an interpretation should apply regardless of the breadth of the range or the characteristics being described.

25 Having thus described in detail preferred embodiments of the present invention, it is to be understood that the invention defined by the above paragraphs is not to be limited to particular details set forth in the above description as many apparent variations thereof are possible without departing from the spirit or scope of the present invention.

WHAT IS CLAIMED IS:

1. A stable L-cysteine composition for parenteral administration, comprising:
 - L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;
 - Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;
 - L-cysteine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
 - pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
 - a pharmaceutically acceptable carrier, comprising water;
 - headspace oxygen that is from about 0.5% v/v to 4.0% v/v from the time of manufacture to about 1 month from manufacture when stored at room temperature;
 - dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,
 - wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.
2. The composition of claim 1, wherein the composition is essentially free of an antioxidant.
3. The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 200 ppb.
4. The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 150 ppb.
5. The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 100 ppb.

6. The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 50 ppb.
7. The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 20 ppb.
8. The composition of claim 1, wherein the composition comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water, wherein the total amount of Aluminum is from about 4.0 ppb to about 250 ppb.
9. The composition of claim 1, wherein said L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in an amount from about 20 mg/mL to about 70 mg/mL.
10. The composition of claim 1, wherein said L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in an amount from about 30 mg/mL to about 70 mg/mL.
11. The composition of claim 1, wherein said L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in an amount of about 37.5 mg/mL.
12. The composition of claim 1, wherein said headspace oxygen is from about 2.0% v/v to about 4.0% v/v.

13. The composition of claim 1, wherein said headspace oxygen is from about 3.0% v/v to about 4.0% v/v.
14. The composition of claim 1, further comprising one or more heavy metals selected from the group consisting of Lead, Nickel, Arsenic and Mercury.
15. A total parenteral nutrition composition for parenteral administration, comprising an admixture of:
- about 0.5 mL to about 10 mL an L-cysteine composition comprising:
 - L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;
 - Aluminum (Al) in an amount from about 10 ppb to about 80 ppb;
 - L-cystine in an amount from about 0.0.1 wt% to about 2.0 wt% relative to L-cysteine;
 - pyruvic acid in an amount from about 0.0.1 wt% to about 2.0 wt% relative to L-cysteine;
 - a pharmaceutically acceptable carrier, comprising water;
 - headspace oxygen that is from about 0.5% v/v to 4.0% v/v from the time of manufacture to about 1 month from manufacture when stored at room temperature;
 - dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,
- and, about 1 gram to 200 grams of an amino acid composition comprising:
- one or more amino acids selected from the group consisting of leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.
16. The composition of claim 15, where said L-cysteine composition and said amino acid composition are present in the admixture at a ratio of from about 1:50 to 1:1000.

17. The composition of claim 15, comprising:
L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;
From about 10 mg/g amino acid to about 80 mg/g of one or more amino acids selected from the group consisting of leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and
Aluminum (Al) in an amount from about 10 parts per billion (ppb) to about 80 ppb.
18. The composition of claim 17, wherein said L-cysteine is present at about 30 mg/g to about 50 mg/g of total amino acid content.
19. The composition of claim 17, wherein said L-cysteine is present at about 40 mg/g of total amino acid content.
20. The composition of claim 15, having a volume of about 100 mL to about 1000 mL for infusion within about 24 hours to about 48 hours of admixture.
21. A method of preparing the composition of claim 1, comprising:
Stirring Water for Injection, USP (WFI) in a vessel at a temperature of NMT about 60°C;
Contacting the stirring WFI with Argon until the dissolved oxygen is NMT 1 ppm;
Allowing the vessel to cool to a temperature of NMT 30°C;
Contacting under the Argon the WFI with L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) for NTL about 15 mins;
Continuing the mixing under Argon until the dissolved oxygen is NMT 1 ppm;

Adjusting the pH to about 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF;
Mixing for a minimum of about 10 minutes;
Capping the vessel under Argon and allowing to stand;
Filling said mixture into containers of use;
Reducing head space oxygen in said containers of use; and
Sealing said containers of use, wherein the dissolved oxygen in said containers of use is about 0.1 ppm to about 5 ppm.

22. A method of preparing a reduced Aluminum composition for a total parenteral nutrition regimen comprising L-cysteine, the method comprising:
mixing a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:
Aluminum in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;
L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine; and
pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
with a composition comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and a pharmaceutically acceptable carrier, comprising water, to form a composition for infusion having a volume of about 100 mL to about 1000 mL,
wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

ABSTRACT

The subject matter described herein is directed to stable L-cysteine compositions for injection, comprising: L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL; Aluminum in an amount from about 1.0 parts per billion (ppb) to about 250 ppb; cystine in an amount from about 0.01 wt% to about 2 wt% relative to L-cysteine; pyruvic acid in an amount from about 0.01 wt% to about 2 wt% relative to L-cysteine; a pharmaceutically acceptable carrier, comprising water; headspace O₂ that is less than 1.0%; dissolved oxygen present in the carrier in an amount from about 0.01 parts per million (ppm) to about 1 ppm, wherein the composition is enclosed in a single-use container having a volume of from 10 mL to 100 mL. Also described are compositions for a total parenteral nutrition regimen and methods for their use.

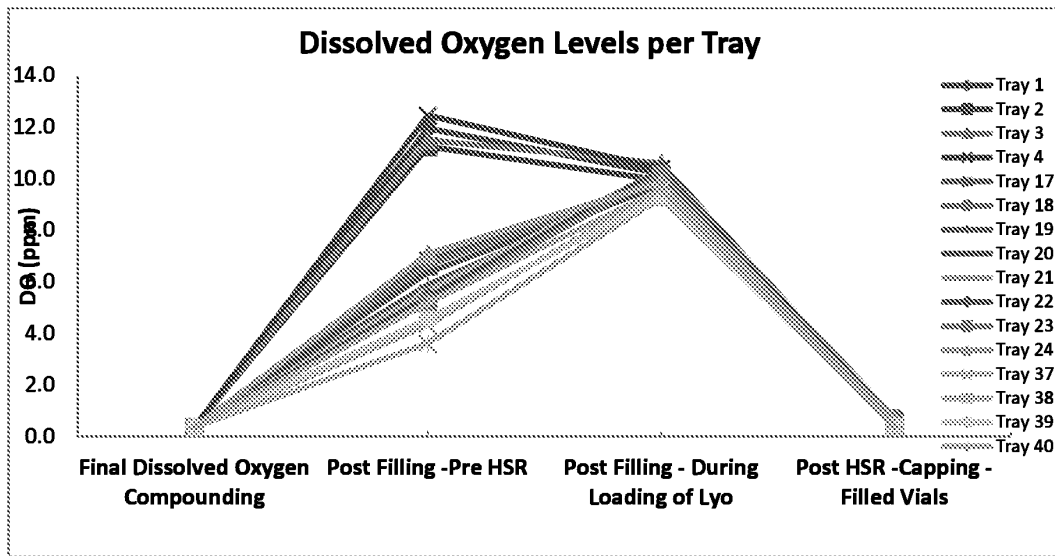


FIG. 1

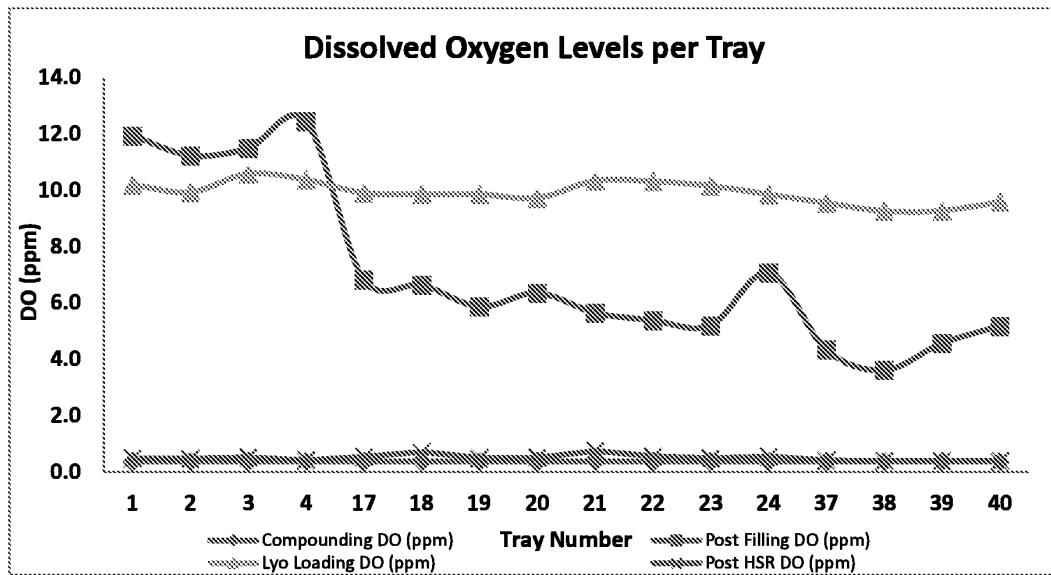


FIG. 2

L-Cysteine Setup for Protocol and DO Testing Points

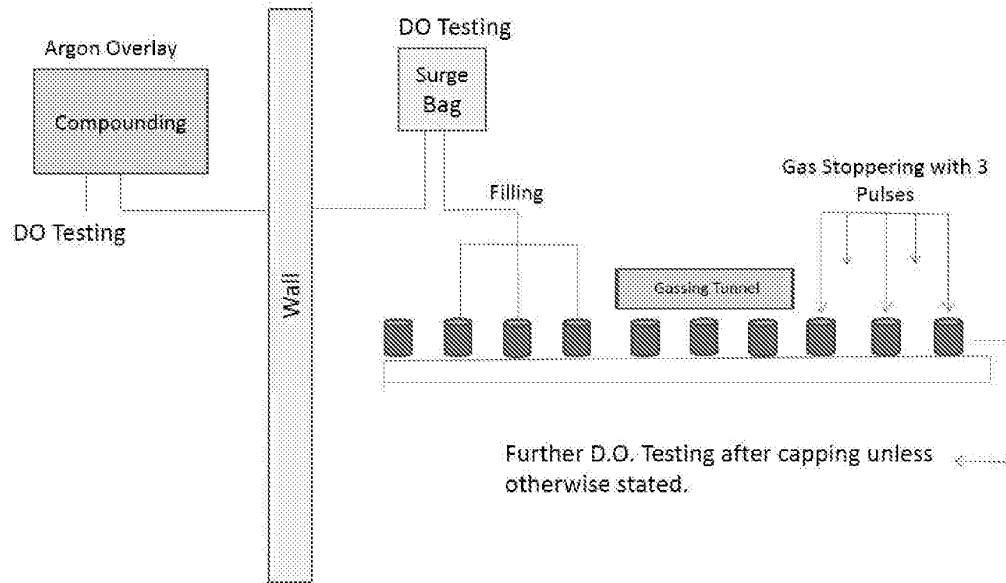


FIG. 3

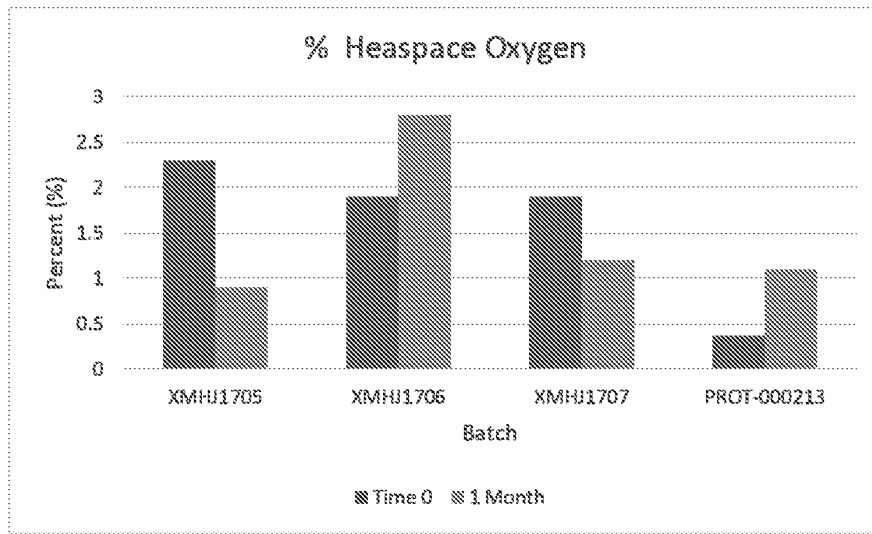


FIG. 4

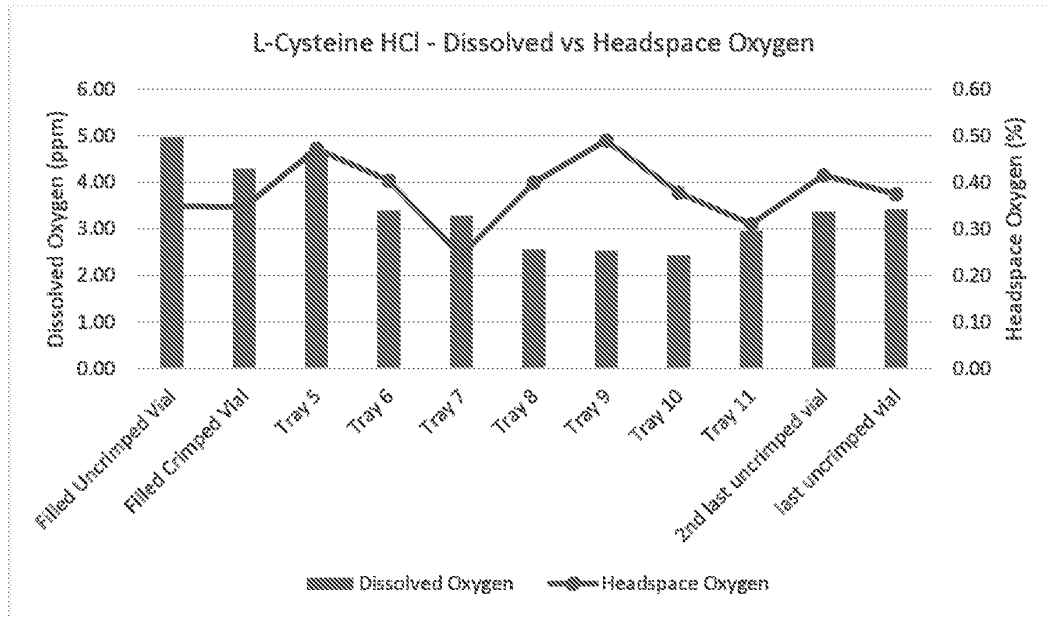


FIG. 5

Electronic Patent Application Fee Transmittal

Application Number:				
Filing Date:				
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE			
First Named Inventor/Applicant Name:	John Maloney			
Filer:	Bryan Lee Skelton/Laura Tremont			
Attorney Docket Number:	066859/509450			
Filed as Large Entity				
Filing Fees for Track I Prioritized Examination - Nonprovisional Application under 35 USC 111(a)				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
UTILITY APPLICATION FILING	1011	1	300	300
UTILITY SEARCH FEE	1111	1	660	660
UTILITY EXAMINATION FEE	1311	1	760	760
REQUEST FOR PRIORITIZED EXAMINATION	1817	1	4000	4000
Pages:				
Claims:				
CLAIMS IN EXCESS OF 20	1202	2	100	200
Miscellaneous-Filing:				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
PUBL. FEE- EARLY, VOLUNTARY, OR NORMAL	1504	1	0	0
PROCESSING FEE, EXCEPT PROV. APPLS.	1830	1	140	140
Petition:				
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				
Extension-of-Time:				
Miscellaneous:				
Total in USD (\$)				6060

Electronic Acknowledgement Receipt

EFS ID:	34863196
Application Number:	16248460
International Application Number:	
Confirmation Number:	6641
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
First Named Inventor/Applicant Name:	John Maloney
Customer Number:	826
Filer:	Bryan Lee Skelton/Laura Tremont
Filer Authorized By:	Bryan Lee Skelton
Attorney Docket Number:	066859/509450
Receipt Date:	15-JAN-2019
Filing Date:	
Time Stamp:	17:33:52
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	yes
Payment Type	DA
Payment was successfully received in RAM	\$6060
RAM confirmation Number	011619INTEFSW00005188160605
Deposit Account	160605
Authorized User	Laura Tremont

The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:

37 CFR 1.16 (National application filing, search, and examination fees)

37 CFR 1.17 (Patent application and reexamination processing fees)

37 CFR 1.19 (Document supply fees)
 37 CFR 1.20 (Post Issuance fees)
 37 CFR 1.21 (Miscellaneous fees and charges)

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Application Data Sheet	509450_ADS.pdf	148551	no	9
			823c5f8e9343133489279afcd3dfda3f584c bca		

Warnings:

Information:

This is not an USPTO supplied ADS fillable form

2	TrackOne Request	509450_Track_One_Request. pdf	123012	no	2
			62730aecc22190f072226b0215db839455b 048dd		

Warnings:

Information:

3		509450_Application_Text.pdf	532195	yes	92
			e30567578a2b4579f0cdba7c9e99a391f230 51ea		

Multipart Description/PDF files in .zip description

Document Description	Start	End
Specification	1	86
Claims	87	91
Abstract	92	92

Warnings:

Information:

4	Drawings-other than black and white line drawings	509450_Figures.pdf	211638	no	5
			284f301199297318b853f79c61224e8b829 2a9a6		

Warnings:

Information:

5	Fee Worksheet (SB06)	fee-info.pdf	41716 60546aa4e4b12dd33d7b74a32e17637dd9fa2743	no	2
Warnings:					
Information:					
Total Files Size (in bytes):				1057112	
<p>This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.</p> <p><u>New Applications Under 35 U.S.C. 111</u> If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.</p> <p><u>National Stage of an International Application under 35 U.S.C. 371</u> If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.</p> <p><u>New International Application Filed with the USPTO as a Receiving Office</u> If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.</p>					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	066859/509450
	Application Number	
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE	
The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.		

Secrecy Order 37 CFR 5.2:

<input type="checkbox"/>	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
--------------------------	---

Inventor Information:

Inventor 1						<input type="button" value="Remove"/>
Legal Name						
Prefix	Given Name	Middle Name	Family Name	Suffix		
	John		Maloney			
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service						
City	Lenoir	State/Province	NC	Country of Residence ⁱ	US	
Mailing Address of Inventor:						
Address 1		c/o Exela Pharma Sciences, LLC				
Address 2		1245 Blowing Rock Blvd				
City	Lenoir	State/Province	NC			
Postal Code	28645	Country ⁱ	US			
Inventor 2						<input type="button" value="Remove"/>
Legal Name						
Prefix	Given Name	Middle Name	Family Name	Suffix		
	Aruna		Koganti			
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service						
City	Lenoir	State/Province	NC	Country of Residence ⁱ	US	
Mailing Address of Inventor:						
Address 1		c/o Exela Pharma Sciences, LLC				
Address 2		1245 Blowing Rock Blvd				
City	Lenoir	State/Province	NC			
Postal Code	28645	Country ⁱ	US			
Inventor 3						<input type="button" value="Remove"/>
Legal Name						
Prefix	Given Name	Middle Name	Family Name	Suffix		
	Phanesh		Koneru			
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service						

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	066859/509450		
		Application Number			
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE				
City	Lenoir	State/Province	NC	Country of Residence ⁱ	US
Mailing Address of Inventor:					
Address 1	c/o Exela Pharma Sciences, LLC				
Address 2	1245 Blowing Rock Blvd				
City	Lenoir	State/Province	NC		
Postal Code	28645	Country ⁱ	US		
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.					<input type="button" value="Add"/>

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).	
<input type="checkbox"/> An Address is being provided for the correspondence information of this application.	
Customer Number	00826
Email Address	<input type="button" value="Add Email"/> <input type="button" value="Remove Email"/>

Application Information:

Title of the Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE		
Attorney Docket Number	066859/509450	Small Entity Status Claimed	<input type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter	Utility		
Total Number of Drawing Sheets (if any)	5	Suggested Figure for Publication (if any)	

Filing By Reference:

Only complete this section when filing an application by reference under 35 U.S.C. 111(c) and 37 CFR 1.57(a). Do not complete this section if application papers including a specification and any drawings are being filed. Any domestic benefit or foreign priority information must be provided in the appropriate section(s) below (i.e., "Domestic Benefit/National Stage Information" and "Foreign Priority Information").

For the purposes of a filing date under 37 CFR 1.53(b), the description and any drawings of the present application are replaced by this reference to the previously filed application, subject to conditions and requirements of 37 CFR 1.57(a).

Application number of the previously filed application	Filing date (YYYY-MM-DD)	Intellectual Property Authority or Country

Publication Information:

<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input checked="" type="checkbox"/> Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	066859/509450
		Application Number	
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE		

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Either enter Customer Number or complete the Representative Name section below. If both sections are completed the customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	00826		

Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, 365(c), or 386(c) or indicate National Stage entry from a PCT application. Providing benefit claim information in the Application Data Sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78.

When referring to the current application, please leave the "Application Number" field blank.

Prior Application Status			Remove
Application Number	Continuity Type	Prior Application Number	Filing or 371(c) Date (YYYY-MM-DD)

Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the **Add** button.

Foreign Priority Information:

This section allows for the applicant to claim priority to a foreign application. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55. When priority is claimed to a foreign application that is eligible for retrieval under the priority document exchange program (PDX) the information will be used by the Office to automatically attempt retrieval pursuant to 37 CFR 1.55(i)(1) and (2). Under the PDX program, applicant bears the ultimate responsibility for ensuring that a copy of the foreign application is received by the Office from the participating foreign intellectual property office, or a certified copy of the foreign priority application is filed, within the time period specified in 37 CFR 1.55(g)(1).

Application Number	Country ⁱ	Filing Date (YYYY-MM-DD)	Remove Access Code ¹ if applicable)

Additional Foreign Priority Data may be generated within this form by selecting the **Add** button.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	066859/509450
		Application Number	
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE		

Statement under 37 CFR 1.55 or 1.78 for AIA (First Inventor to File) Transition Applications

<p>This application (1) claims priority to or the benefit of an application filed before March 16, 2013 and (2) also contains, or contained at any time, a claim to a claimed invention that has an effective filing date on or after March 16, 2013.</p> <p><input type="checkbox"/> NOTE: By providing this statement under 37 CFR 1.55 or 1.78, this application, with a filing date on or after March 16, 2013, will be examined under the first inventor to file provisions of the AIA.</p>
--

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	066859/509450
		Application Number	
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE		

Authorization or Opt-Out of Authorization to Permit Access:

When this Application Data Sheet is properly signed and filed with the application, applicant has provided written authority to permit a participating foreign intellectual property (IP) office access to the instant application-as-filed (see paragraph A in subsection 1 below) and the European Patent Office (EPO) access to any search results from the instant application (see paragraph B in subsection 1 below).

Should applicant choose not to provide an authorization identified in subsection 1 below, applicant **must opt-out** of the authorization by checking the corresponding box A or B or both in subsection 2 below.

NOTE: This section of the Application Data Sheet is **ONLY** reviewed and processed with the **INITIAL** filing of an application. After the initial filing of an application, an Application Data Sheet cannot be used to provide or rescind authorization for access by a foreign IP office(s). Instead, Form PTO/SB/39 or PTO/SB/69 must be used as appropriate.

1. Authorization to Permit Access by a Foreign Intellectual Property Office(s)

A. Priority Document Exchange (PDX) - Unless box A in subsection 2 (opt-out of authorization) is checked, the undersigned hereby **grants the USPTO authority** to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the State Intellectual Property Office of the People's Republic of China (SIPO), the World Intellectual Property Organization (WIPO), and any other foreign intellectual property office participating with the USPTO in a bilateral or multilateral priority document exchange agreement in which a foreign application claiming priority to the instant patent application is filed, access to: (1) the instant patent application-as-filed and its related bibliographic data, (2) any foreign or domestic application to which priority or benefit is claimed by the instant application and its related bibliographic data, and (3) the date of filing of this Authorization. See 37 CFR 1.14(h) (1).

B. Search Results from U.S. Application to EPO- Unless box B in subsection 2 (opt-out of authorization) is checked, the undersigned hereby **grants the USPTO authority** to provide the EPO access to the bibliographic data and search results from the instant patent application when a European patent application claiming priority to the instant patent application is filed. See 37 CFR 1.14(h)(2).

The applicant is reminded that the EPO's Rule 141(1) EPC (European Patent Convention) requires applicants to submit a copy of search results from the instant application without delay in a European patent application that claims priority to the instant application.

2. Opt-Out of Authorizations to Permit Access by a Foreign Intellectual Property Office(s)

A. Applicant **DOES NOT** authorize the USPTO to permit a participating foreign IP office access to the instant application-as-filed. If this box is checked, the USPTO will not be providing a participating foreign IP office with any documents and information identified in subsection 1A above.

B. Applicant **DOES NOT** authorize the USPTO to transmit to the EPO any search results from the instant patent application. If this box is checked, the USPTO will not be providing the EPO with search results from the instant application.

NOTE: Once the application has published or is otherwise publicly available, the USPTO may provide access to the application in accordance with 37 CFR 1.14.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	066859/509450
	Application Number	
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE	

Applicant Information:

Providing assignment information in this section does not substitute for compliance with any requirement of part 3 of Title 37 of CFR to have an assignment recorded by the Office.			
Applicant 1			
If the applicant is the inventor (or the remaining joint inventor or inventors under 37 CFR 1.45), this section should not be completed. The information to be provided in this section is the name and address of the legal representative who is the applicant under 37 CFR 1.43; or the name and address of the assignee, person to whom the inventor is under an obligation to assign the invention, or person who otherwise shows sufficient proprietary interest in the matter who is the applicant under 37 CFR 1.46. If the applicant is an applicant under 37 CFR 1.46 (assignee, person to whom the inventor is obligated to assign, or person who otherwise shows sufficient proprietary interest) together with one or more joint inventors, then the joint inventor or inventors who are also the applicant should be identified in this section.			
<input type="button" value="Clear"/>			
<input type="radio"/> Assignee	<input type="radio"/> Legal Representative under 35 U.S.C. 117	<input type="radio"/> Joint Inventor	
<input checked="" type="radio"/> Person to whom the inventor is obligated to assign.		<input type="radio"/> Person who shows sufficient proprietary interest	
If applicant is the legal representative, indicate the authority to file the patent application, the inventor is:			
Name of the Deceased or Legally Incapacitated Inventor: <input type="text"/>			
If the Applicant is an Organization check here. <input checked="" type="checkbox"/>			
Organization Name	Exela Pharma Sciences, LLC		
Mailing Address Information For Applicant:			
Address 1	1245 Blowing Rock Blvd		
Address 2			
City	Lenoir	State/Province	NC
Country	US	Postal Code	28645
Phone Number		Fax Number	
Email Address			
Additional Applicant Data may be generated within this form by selecting the Add button.			

Assignee Information including Non-Applicant Assignee Information:

Providing assignment information in this section does not substitute for compliance with any requirement of part 3 of Title 37 of CFR to have an assignment recorded by the Office.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	066859/509450	
		Application Number		
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE			

Assignee 1				
Complete this section if assignee information, including non-applicant assignee information, is desired to be included on the patent application publication. An assignee-applicant identified in the "Applicant Information" section will appear on the patent application publication as an applicant. For an assignee-applicant, complete this section only if identification as an assignee is also desired on the patent application publication.				
If the Assignee or Non-Applicant Assignee is an Organization check here. <input type="checkbox"/>				
Prefix	Given Name	Middle Name	Family Name	Suffix
Mailing Address Information For Assignee including Non-Applicant Assignee:				
Address 1				
Address 2				
City		State/Province		
Country ⁱ		Postal Code		
Phone Number		Fax Number		
Email Address				
Additional Assignee or Non-Applicant Assignee Data may be generated within this form by selecting the Add button.				

Signature:

NOTE: This Application Data Sheet must be signed in accordance with 37 CFR 1.33(b). However, if this Application Data Sheet is submitted with the INITIAL filing of the application and either box A or B is not checked in subsection 2 of the "Authorization or Opt-Out of Authorization to Permit Access" section, then this form must also be signed in accordance with 37 CFR 1.14(c). This Application Data Sheet must be signed by a patent practitioner if one or more of the applicants is a **juristic entity** (e.g., corporation or association). If the applicant is two or more joint inventors, this form must be signed by a patent practitioner, all joint inventors who are the applicant, or one or more joint inventor-applicants who have been given power of attorney (e.g., see USPTO Form PTO/AIA/81) on behalf of all joint inventor-applicants. See 37 CFR 1.4(d) for the manner of making signatures and certifications.

Signature	/bryan l. skelton/		Date (YYYY-MM-DD)	2019-01-15
First Name	Bryan L.	Last Name	Skelton	Registration Number
				50893
Additional Signature may be generated within this form by selecting the Add button.				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	066859/509450
		Application Number	
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE		

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

- 1 The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether the Freedom of Information Act requires disclosure of these records.
- 2 A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
- 3 A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
- 4 A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
- 5 A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
- 6 A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
- 7 A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
- 8 A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspections or an issued patent.
- 9 A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FOR POWER OF ATTORNEY TO ONE OR MORE REGISTERED PRACTITIONERS

NOTE: This form is to be submitted with the Power of Attorney by Applicant form (PTO/AIA/82B) to identify the application to which the Power of Attorney is directed, in accordance with 37 CFR 1.5, unless the application number and filing date are identified in the Power of Attorney by Applicant form. If neither form PTO/AIA/82A nor form PTO/AIA82B identifies the application to which the Power of Attorney is directed, the Power of Attorney will not be recognized in the application.

Application Number	16/248,460
Filing Date	January 15, 2019
First Named Inventor	John Maloney
Title	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
Art Unit	1615
Examiner Name	Not yet assigned
Attorney Docket Number	066859/509450

SIGNATURE of Applicant or Patent Practitioner			
Signature	/bryan l. skelton/	Date (Optional)	January 24, 2019
Name	Bryan L. Skelton	Registration Number	50893
Title (if Applicant is a juristic entity)	Patent Practitioner		
Applicant Name (if Applicant is a juristic entity)	Exela Pharma Sciences, LLC		

NOTE: This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) for signature requirements and certifications. If more than one applicant, use multiple forms.

*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.131, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY BY APPLICANT

I hereby revoke all previous powers of attorney given in the application identified in either the attached transmittal letter or the boxes below.

Application Number	Filing Date

(Note: The boxes above may be left blank if information is provided on form PTO/AIA/82A.)

- I hereby appoint the Patent Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above: 00826
- OR**
- I hereby appoint Practitioner(s) named in the attached list (form PTO/AIA/82C) as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the patent application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above. (Note: Complete form PTO/AIA/82C.)

Please recognize or change the correspondence address for the application identified in the attached transmittal letter or the boxes above to:

- The address associated with the above-mentioned Customer Number
- OR**
- The address associated with Customer Number:
- OR**

<input type="checkbox"/>	Firm or Individual Name			
Address				
City	State	Zip		
Country				
Telephone	Email			


I am the Applicant (if the Applicant is a juristic entity, list the Applicant name in the box):

Exela Pharma Sciences, LLC

- Inventor or Joint Inventor (title not required below)
- Legal Representative of a Deceased or Legally Incapacitated Inventor (title not required below)
- Assignee or Person to Whom the Inventor is Under an Obligation to Assign (provide signer's title if applicant is a juristic entity)
- Person Who Otherwise Shows Sufficient Proprietary Interest (e.g., a petition under 37 CFR 1.46(b)(2) was granted in the application or is concurrently being filed with this document) (provide signer's title if applicant is a juristic entity)

SIGNATURE of Applicant for Patent

The undersigned (whose title is supplied below) is authorized to act on behalf of the applicant (e.g., where the applicant is a juristic entity).

Signature		Date (Optional)	
Name	PHANESH KONERU		
Title	PRESIDENT		

NOTE: Signature - This form must be signed by the applicant in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. If more than one applicant, use multiple forms.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.131, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Electronic Patent Application Fee Transmittal

Application Number:	16248460			
Filing Date:				
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE			
First Named Inventor/Applicant Name:	John Maloney			
Filer:	Bryan Lee Skelton/Laura Tremont			
Attorney Docket Number:	066859/509450			
Filed as Large Entity				
Filing Fees for Utility under 35 USC 111(a)				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
Pages:				
Claims:				
Miscellaneous-Filing:				
LATE FILING FEE FOR OATH OR DECLARATION	1051	1	160	160
Petition:				
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension-of-Time:				
Miscellaneous:				
Total in USD (\$)				160

Electronic Acknowledgement Receipt

EFS ID:	34949483
Application Number:	16248460
International Application Number:	
Confirmation Number:	6641
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
First Named Inventor/Applicant Name:	John Maloney
Customer Number:	826
Filer:	Bryan Lee Skelton/Laura Tremont
Filer Authorized By:	Bryan Lee Skelton
Attorney Docket Number:	066859/509450
Receipt Date:	24-JAN-2019
Filing Date:	
Time Stamp:	14:58:32
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	yes
Payment Type	DA
Payment was successfully received in RAM	\$160
RAM confirmation Number	012519INTEFSW00001483160605
Deposit Account	160605
Authorized User	Laura Tremont

The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:

37 CFR 1.16 (National application filing, search, and examination fees)

37 CFR 1.17 (Patent application and reexamination processing fees)

37 CFR 1.19 (Document supply fees)
 37 CFR 1.20 (Post Issuance fees)
 37 CFR 1.21 (Miscellaneous fees and charges)

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Application Data Sheet	509450_Supplemental_ADS.pdf	21156	no	3
			94d01b51fb4208e3661c87f2dc7762a66bd9996d		
Warnings:					
Information:					
This is not an USPTO supplied ADS fillable form					
2	Transmittal Letter	509450_Transmittal_Letter.pdf	20061	no	2
			5c71d3da5962c8b123565402d2a0f42254a79cb3		
Warnings:					
Information:					
3	Oath or Declaration filed	509450_Declarations.pdf	1475148	no	3
			2fbd6150f24d55993c2334e3dc15c0154b9778bc		
Warnings:					
Information:					
4	Power of Attorney	509450_POA.pdf	907549	no	2
			36bbf67c0b18cf9c92c3099c473a2a20c70fdff4		
Warnings:					
Information:					
5	Fee Worksheet (SB06)	fee-info.pdf	30351	no	2
			c3178bcde1f18dbf08e34c64df0f2cfa0b5f429b		
Warnings:					
Information:					
Total Files Size (in bytes):			2454265		

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

Supplemental Application Data Sheet

Application Information

Application number: 16/248,460
Filing Date: January 15, 2019
Application Type: Nonprovisional
Subject Matter: Utility
Title: STABLE, HIGHLY PURE L-CYSTEINE
COMPOSITIONS FOR INJECTION AND METHODS
OF USE
Attorney Docket Number: 066859/509450
Suggested Drawing Figure:
Total Drawing Sheets: 5
Small Entity?: No

Inventor Information

Inventor 1

Status: Full Capacity
Given Name: John
Middle Name:
Family Name: Maloney
Name Suffix:
US Residency: Yes
Non US Residency:
Active US Military Service:
City of Residence: ~~Lenoir~~ Salisbury
State or Province of Residence: NC
Country of Residence: US
Street of Mailing Address: c/o Exela Pharma Sciences, LLC
Address 2: 1245 Blowing Rock Blvd
City of Mailing Address: Lenoir
State or Province of mailing address: NC
Country of mailing address: US

Postal or Zip Code of mailing address: 28645

Inventor 2

Status: Full Capacity
Given Name: Aruna
Middle Name:
Family Name: Koganti
Name Suffix:
US Residency: Yes
Non US Residency:
Active US Military Service:
City of Residence: Lenoir
State or Province of Residence: NC
Country of Residence: US
Street of Mailing Address: c/o Exela Pharma Sciences, LLC
Address 2: 1245 Blowing Rock Blvd
City of Mailing Address: Lenoir
State or Province of mailing address: NC
Country of mailing address: US
Postal or Zip Code of mailing address: 28645

Inventor 3

Status: Full Capacity
Given Name: Phanesh
Middle Name:
Family Name: Koneru
Name Suffix:
US Residency: Yes
Non US Residency:
Active US Military Service:
City of Residence: ~~Lenoir~~ Waxhaw
State or Province of Residence: NC
Country of Residence: US
Street of Mailing Address: c/o Exela Pharma Sciences, LLC

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Exela Pharma Sciences, LLC Conf. No. 6641
U.S. Appl. No. 16/248,460
Filing Date: 01/15/2019
Art Unit: 1615
Examiner: To be assigned
Title: STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION
AND METHODS OF USE

Docket No.: 066859/509450
Customer No.: 00826

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL ACCOMPANYING SUPPLEMENTAL ADS

Sir:

Submitted concurrently herewith is a Supplemental Application Data Sheet to update the cities of residence listed for inventors John Maloney and Phanesh Koneru to “Salisbury, NC” and “Waxhaw, NC”, respectively. Applicant requests that a Filing Receipt be issued reflecting the updated inventor residence information.

Also submitted concurrently herewith are inventor declarations for the above-referenced application. Applicant notes that authorization to charge the late declaration surcharge to Deposit Account No. 16-0605 was provided with the application filed January 15, 2019, and such fee is hereby additionally authorized to be charged to Deposit Account No. 16-0605 herewith.

Respectfully submitted,

/bryan l. skelton/

Bryan L. Skelton
Registration No. 50,893

In Re: Exela Pharma Sciences, LLC
Appl. No.: 16/248,460
Filed January 15, 2019
Page 2 of 2

Customer No. 00826
ALSTON & BIRD LLP
Bank of America Plaza
101 South Tryon Street, Suite 4000
Charlotte, NC 28280-4000
Tel Research Triangle Area Office (919) 862-2200
Fax Research Triangle Area Office (919) 862-2260

**ELECTRONICALLY FILED USING THE EFS-WEB ELECTRONIC FILING SYSTEM OF THE UNITED STATES
PATENT & TRADEMARK OFFICE ON JANUARY 24, 2019.**

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

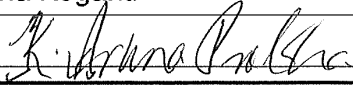
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
<p>As the below named inventor, I hereby declare that:</p> <p>This declaration is directed to: <input type="checkbox"/> The attached application, or <input checked="" type="checkbox"/> United States application or PCT international application number <u>16/248,460</u> filed on <u>January 15, 2019</u>.</p> <p>The above-identified application was made or authorized to be made by me.</p> <p>I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.</p> <p>I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.</p> <p align="center">WARNING:</p> <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p>	
LEGAL NAME OF INVENTOR	
Inventor: <u>John Maloney</u> Date (Optional): <u>1/21/19</u>	
Signature: <u><i>John Maloney</i></u>	
<p>Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form or must have been previously filed. Use an additional PTO/AIA/01 form for each additional inventor.</p>	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

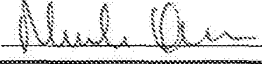
Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
<p>As the below named inventor, I hereby declare that:</p> <p>This declaration is directed to: <input type="checkbox"/> The attached application, or <input checked="" type="checkbox"/> United States application or PCT international application number <u>16/248,460</u> filed on <u>January 15, 2019</u>.</p> <p>The above-identified application was made or authorized to be made by me.</p> <p>I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.</p> <p>I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.</p> <p style="text-align: center;">WARNING:</p> <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p>	
<p>LEGAL NAME OF INVENTOR</p> <p>Inventor: <u>Aruna Koganti</u> Date (Optional): <u>01/21/2019</u></p> <p>Signature: </p>	
<p>Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form or must have been previously filed. Use an additional PTO/AIA/01 form for each additional inventor.</p>	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
As the below named inventor, I hereby declare that:	
This declaration is directed to: <input type="checkbox"/> The attached application, or	
<input checked="" type="checkbox"/> United States application or PCT international application number <u>16/248,460</u>	
filed on <u>January 15, 2019</u>	
The above-identified application was made or authorized to be made by me.	
I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.	
I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.	
WARNING:	
Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.	
LEGAL NAME OF INVENTOR	
Inventor: <u>Phanesh Koneru</u> Date (Optional) : _____	
Signature: <u></u>	
Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form or must have been previously filed. Use an additional PTO/AIA/01 form for each additional inventor.	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

Table with 7 columns: APPLICATION NUMBER, FILING or 371(c) DATE, GRP ART UNIT, FIL FEE REC'D, ATTY. DOCKET NO, TOT CLAIMS, IND CLAIMS. Row 1: 16/248,460, 01/15/2019, 1615, 2080, 066859/509450, 22, 3

CONFIRMATION NO. 6641

FILING RECEIPT



826
ALSTON & BIRD LLP
BANK OF AMERICA PLAZA
101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE, NC 28280-4000

Date Mailed: 02/07/2019

Receipt is acknowledged of this non-provisional patent application. The application will be taken up for examination in due course. Applicant will be notified as to the results of the examination. Any correspondence concerning the application must include the following identification information: the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please submit a written request for a Filing Receipt Correction. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections

Inventor(s)

John Maloney, Salisbury, NC;
Aruna Koganti, Lenoir, NC;
Phanesh Koneru, Waxhaw, NC;

Applicant(s)

Exela Pharma Sciences, LLC, Lenoir, NC

Power of Attorney: The patent practitioners associated with Customer Number 00826

Domestic Applications for which benefit is claimed - None.

A proper domestic benefit claim must be provided in an Application Data Sheet in order to constitute a claim for domestic benefit. See 37 CFR 1.76 and 1.78.

Foreign Applications for which priority is claimed (You may be eligible to benefit from the Patent Prosecution Highway program at the USPTO. Please see http://www.uspto.gov for more information.) - None.

Foreign application information must be provided in an Application Data Sheet in order to constitute a claim to foreign priority. See 37 CFR 1.55 and 1.76.

Permission to Access Application via Priority Document Exchange: Yes

Permission to Access Search Results: Yes

Applicant may provide or rescind an authorization for access using Form PTO/SB/39 or Form PTO/SB/69 as appropriate.

If Required, Foreign Filing License Granted: 02/06/2019

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US 16/248,460**

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No
Title

STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE

Preliminary Class

424

Statement under 37 CFR 1.55 or 1.78 for AIA (First Inventor to File) Transition Applications: No

PROTECTING YOUR INVENTION OUTSIDE THE UNITED STATES

Since the rights granted by a U.S. patent extend only throughout the territory of the United States and have no effect in a foreign country, an inventor who wishes patent protection in another country must apply for a patent in a specific country or in regional patent offices. Applicants may wish to consider the filing of an international application under the Patent Cooperation Treaty (PCT). An international (PCT) application generally has the same effect as a regular national patent application in each PCT-member country. The PCT process **simplifies** the filing of patent applications on the same invention in member countries, but **does not result** in a grant of "an international patent" and does not eliminate the need of applicants to file additional documents and fees in countries where patent protection is desired.

Almost every country has its own patent law, and a person desiring a patent in a particular country must make an application for patent in that country in accordance with its particular laws. Since the laws of many countries differ in various respects from the patent law of the United States, applicants are advised to seek guidance from specific foreign countries to ensure that patent rights are not lost prematurely.

Applicants also are advised that in the case of inventions made in the United States, the Director of the USPTO must issue a license before applicants can apply for a patent in a foreign country. The filing of a U.S. patent application serves as a request for a foreign filing license. The application's filing receipt contains further information and guidance as to the status of applicant's license for foreign filing.

Applicants may wish to consult the USPTO booklet, "General Information Concerning Patents" (specifically, the section entitled "Treaties and Foreign Patents") for more information on timeframes and deadlines for filing foreign patent applications. The guide is available either by contacting the USPTO Contact Center at 800-786-9199, or it can be viewed on the USPTO website at <http://www.uspto.gov/web/offices/pac/doc/general/index.html>.

For information on preventing theft of your intellectual property (patents, trademarks and copyrights), you may wish to consult the U.S. Government website, <http://www.stopfakes.gov>. Part of a Department of Commerce initiative, this website includes self-help "toolkits" giving innovators guidance on how to protect intellectual property in specific countries such as China, Korea and Mexico. For questions regarding patent enforcement issues, applicants may call the U.S. Government hotline at 1-866-999-HALT (1-866-999-4258).

LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15

GRANTED

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Bureau of Industry and Security, Department of Commerce (15 CFR parts 730-774); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

NOT GRANTED

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

SelectUSA

The United States represents the largest, most dynamic marketplace in the world and is an unparalleled location for business investment, innovation, and commercialization of new technologies. The U.S. offers tremendous resources and advantages for those who invest and manufacture goods here. Through SelectUSA, our nation works to promote and facilitate business investment. SelectUSA provides information assistance to the international investor community; serves as an ombudsman for existing and potential investors; advocates on behalf of U.S. cities, states, and regions competing for global investment; and counsels U.S. economic development organizations on investment attraction best practices. To learn more about why the United States is the best country in the world to develop technology, manufacture products, deliver services, and grow your business, visit <http://www.SelectUSA.gov> or call +1-202-482-6800.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number
16/248,460

APPLICATION AS FILED - PART I

		(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR		NUMBER FILED	NUMBER EXTRA	RATE(\$)	FEE(\$)		RATE(\$)	FEE(\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		N/A	N/A	N/A			N/A	300
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		N/A	N/A	N/A			N/A	660
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		N/A	N/A	N/A			N/A	760
TOTAL CLAIMS (37 CFR 1.16(i))		22	minus 20 = *			OR	x 100 =	200
INDEPENDENT CLAIMS (37 CFR 1.16(h))		3	minus 3 = *			OR	x 460 =	0.00
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							0.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								0.00
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL			TOTAL	1920

APPLICATION AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE(\$)	ADDITIONAL FEE(\$)		RATE(\$)	ADDITIONAL FEE(\$)	
	Total (37 CFR 1.16(i))	*	Minus	**	=	x	=	OR	x	=
	Independent (37 CFR 1.16(h))	*	Minus	***	=	x	=	OR	x	=
	Application Size Fee (37 CFR 1.16(s))							OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							OR		
				TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE(\$)	ADDITIONAL FEE(\$)		RATE(\$)	ADDITIONAL FEE(\$)	
	Total (37 CFR 1.16(i))	*	Minus	**	=	x	=	OR	x	=
	Independent (37 CFR 1.16(h))	*	Minus	***	=	x	=	OR	x	=
	Application Size Fee (37 CFR 1.16(s))							OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							OR		
				TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest found in the appropriate box in column 1.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

Table with 4 columns: APPLICATION NUMBER (16/248,460), FILING OR 371(C) DATE (01/15/2019), FIRST NAMED APPLICANT (John Maloney), ATTY. DOCKET NO./TITLE (066859/509450)

CONFIRMATION NO. 6641

FORMALITIES LETTER

826
ALSTON & BIRD LLP
BANK OF AMERICA PLAZA
101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE, NC 28280-4000



Date Mailed: 02/07/2019

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52, 1.121(b)(3), and 1.125, is required. The substitute specification must be submitted with markings and be accompanied by a clean version (without markings) as set forth in 37 CFR 1.125(c) and a statement that the substitute specification contains no new matter (see 37 CFR 1.125(b)). The specification, claims, and/or abstract page(s) submitted is not acceptable and cannot be scanned or properly stored because:
• The application papers (including any electronically submitted papers) are not in compliance with 37 CFR 1.52 because pages 15 -16, 19, 66 - 68, 70 - 71 contain text that is unreadable or of insufficient clarity. Application papers (including any electronically submitted papers) must be presented in a form having sufficient clarity and contrast between the background of the paper and the writing thereon to permit the Office to electronically reproduce the papers by use of digital imaging and optical character recognition. See 37 CFR 1.52(a)(1)(v).

Applicant is cautioned that correction of the above items may cause the specification and drawings page count to exceed 100 pages. If the specification and drawings exceed 100 pages, applicant will need to submit the required application size fee.

Replies must be received in the USPTO within the set time period or must include a proper Certificate of Mailing or Transmission under 37 CFR 1.8 with a mailing or transmission date within the set time period. For more information and a suggested format, see Form PTO/SB/92 and MPEP 512.

Replies should be mailed to:

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Registered users of EFS-Web may alternatively submit their reply to this notice via EFS-Web, including a copy of this Notice and selecting the document description "Applicant response to Pre-Exam Formalities Notice".
<https://sportal.uspto.gov/authenticate/AuthenticateUserLocalEPF.html>

For more information about EFS-Web please call the USPTO Electronic Business Center at 1-866-217-9197 or visit our website at <http://www.uspto.gov/ebc>.

If you are not using EFS-Web to submit your reply, you must include a copy of this notice.

Questions about the contents of this notice and the requirements it sets forth should be directed to the Office of Data Management, Application Assistance Unit, at **(571) 272-4000** or **(571) 272-4200** or **1-888-786-0101**.

/sibrahim/

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Exela Pharma Sciences, LLC
Appl No.: 16/248,460 Confirmation No.: 6641
Filed: January 15, 2019 Group Art Unit: 1615
For: STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION
AND METHODS OF USE

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE TO FILE CORRECTED APPLICATION PAPERS

In response to the Notice to File Corrected Application Papers dated February 7, 2019, enclosed are the following:

- Part 2 of Formalities Letter (not necessary when e-filing)
- Declaration and Power of Attorney for the above-identified application, which has been executed by the named inventor(s)
- Declaration of Inventors which has been executed by the named inventor(s) and an Assignee Power of Attorney
- Applicant claims small entity status
- Check in the amount of _____ to cover the filing fee of _____ and the _____ surcharge under 37 C.F.R. § 1.16(f)
- All fees are being authorized to be charged to Deposit Account No. 16-0605 when electronically filing
- English Translation and \$130.00 (37 CFR 1.17(i)) fee for filing late.
- Other: Statement Under 37 CFR 1.125(b) and Substitute Specification (Clean and mark-up)
- Any deficiency, additional fee, or credit may be charged to our Deposit Account No. 16-0605.

Respectfully submitted,

/Bryan L. Skelton/

Bryan L. Skelton
Registration No. 50,893

Customer No. 00826
ALSTON & BIRD LLP

Bank of America Plaza
101 South Tryon Street, Suite 4000
Charlotte, NC 28280-4000
Tel Raleigh Office (919) 862-2200
Fax Raleigh Office (919) 862-2260

ELECTRONICALLY FILED USING THE EFS-WEB ELECTRONIC FILING SYSTEM OF THE UNITED STATES PATENT & TRADEMARK OFFICE ON MARCH 4, 2019.

STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND
METHODS OF USE

TECHNICAL FIELD

5 The subject matter described herein relates generally to compositions for parenteral administration comprising L-cysteine that are stable and have desirable safety attributes for extended periods of time.

BACKGROUND

10 L-cysteine is a sulfur-containing amino acid that can be synthesized de novo from methionine and serine in adult humans. L-cysteine performs a variety of metabolic functions. For example, L-cysteine is involved in growth and protein synthesis and it is a precursor for glutathione, an important intracellular antioxidant.

15 L-cysteine is generally classified as a non-essential amino acid or “semi-essential” amino acid because it can be synthesized in small amounts by the human body. However, some adults can still benefit from L-cysteine supplementation. Further, L-cysteine has been classified as conditionally essential in some cases. For example, L-cysteine can be conditionally essential in preterm infants due to biochemical immaturity of the enzyme cystathionase that is involved in L-cysteine synthesis. Thus, there are a number of circumstances in which L-cysteine
20 supplementation can be desirable.

 The subject matter described herein addresses the shortcomings of the art by providing L-cysteine compositions that facilitate the desired supplementation but with an exceptional safety, purity and stability profile.

BRIEF SUMMARY

25 In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 part per billion (ppb) to about 250 ppb;

5 L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

10 headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,

15 wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

20 L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

25 pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,

optionally one or more metals selected from the group consisting of Lead from about 1.0 ppb to about 10 ppb, Nickel from about 5 ppb to about 40 ppb, Arsenic from about 0.1 ppb to 10 ppb, and Mercury from about 0.2 ppb to about 5.0 ppb;

wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

In certain aspects, the subject matter described herein is directed to a safe, stable composition from about 100 mL to about 1000 mL for administration via a parenteral infusion within about 24 to about 48 hours of admixture, comprising a mixture of a composition of L-Cysteine described herein; and an amino acid composition that is essentially free of L-Cysteine comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.

In certain aspects, the subject matter described herein is directed to a method of reducing Aluminum administration from a total parenteral nutrition regimen comprising L-cysteine, the method comprising, mixing a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:

Aluminum in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine; and

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

with a composition comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and

a pharmaceutically acceptable carrier, comprising water,

to form a composition for infusion having a volume of about 100 mL to about 1000 mL,

wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

5 In certain aspects, the subject matter described herein is directed to methods of treating a subject having an adverse health condition that is responsive to L-cysteine administration, comprising:

diluting a stable L-cysteine composition as described herein with an intravenous fluid to prepare a diluted L-cysteine composition for infusion; and

10 infusing the diluted L-cysteine composition for infusion to a subject to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

In certain aspects, the subject matter described herein are directed to methods of administering L-Cysteine together with a composition for parenteral nutrition, comprising:

diluting a stable L-cysteine composition for injection as described herein with a parenteral nutrition composition to form a mixture; and

15 parenterally administering the mixture to a subject in need thereof in a therapeutically and/or nutritionally effective dose. In one aspect, the subject is a preterm infant or newborn to about 1 month of age. Some of these subjects may weigh from about 0.5 kilos to about 2.0 kilos. In another aspect, the subject is a pediatric patient that is of about 1 month to six months of age. Some of these subjects may weigh from about 0.2
20 kilos to about 20 kilos. In another aspect, the subject is an adult requiring parenteral nutrition.

These and other aspects are more fully described herein.

BRIEF DESCRIPTION OF THE FIGURES

25 Figure 1 depicts the overall trend of the results from the experiments that demonstrate the effectiveness of the Head Space Reduction (HSR) cycle in attaining reduced and consistent dissolved oxygen (DO) levels in the finished drug product. The results showed a trend with an increase in dissolved oxygen level from 0.36 parts per million (ppm) recorded during compounding, to an average of 5.12 ppm measured after filling, a further increase to an average of 9.92 ppm while loading the Lyophilizer, and

finally a reduction of dissolved oxygen to an average of 0.50 ppm after headspace reduction. This demonstrates the specific phase of manufacturing at which and to the specific level that oxygen needs to be controlled in the product.

5 Figure 2 depicts the overall trend of the results from the experiments that demonstrate the effectiveness of the Head Space Reduction (HSR) cycle in attaining reduced and consistent dissolved oxygen (DO) levels in the finished drug product. The results showed a trend with an increase in dissolved oxygen level from 0.36 parts per million (ppm) recorded during compounding, to an average of 5.12 ppm measured after filling, a further increase to an average of 9.92 ppm while loading the Lyophilizer, and
10 finally a reduction of dissolved oxygen to an average of 0.50 ppm after headspace reduction.

Figure 3 depicts a process filler set up to fill and reduce head space oxygen.

Figure 4 shows data for the process of Example 4. The plot shows comparison of oxygen headspace control between the lyophilizer chamber headspace control method
15 versus the high-speed filler vacuum stoppering system. The time zero oxygen headspace results for the batch PROT-000213 are shown in comparison to the previously manufactured lots. Results shown were measured at the time of manufacturing on samples of vials from the batches.

Figure 5 depicts the data measured for dissolved oxygen levels in the process of
20 Example 4.

DETAILED DESCRIPTION

The presently disclosed subject matter will now be described more fully hereinafter. However, many modifications and other embodiments of the presently disclosed subject matter set forth herein will come to mind to one skilled in the art to which the presently
25 disclosed subject matter pertains having the benefit of the teachings presented in the foregoing descriptions. Therefore, it is to be understood that the presently disclosed subject matter is not to be limited to the specific embodiments disclosed and that modifications

and other embodiments are intended to be included within the scope of the appended claims. In other words, the subject matter described herein covers all alternatives, modifications, and equivalents that are within the ordinary skill in the art. In the event that one or more of the incorporated literature, patents, and similar materials differs from or
5 contradicts this application, including but not limited to defined terms, term usage, described techniques, or the like, this application controls. Unless otherwise defined, all technical and scientific terms used herein are intended to have the same meaning as commonly understood by one of ordinary skill in this field. All publications, patent applications, patents, and other references mentioned herein are incorporated by reference
10 in their entirety.

Advantageously, it has been found that the desirable attributes of L-cysteine compositions for infusion can be obtained without the characteristic impurity profile that is known in the art. Such impurity profile makes the product less safe to be used by patients, in particular, preterm and term infants and pediatric patients of 1 month to 1 year
15 as well as critically ill adults. Specifically, the art formulations fail to address the issues related to the amounts of Aluminum and cystine, among other impurities, that can be routinely present and co-administered with L-cysteine. It has now been found that L-cysteine compositions for injection can be prepared using the methods described herein whereby the compositions unexpectedly comprise exceedingly low levels of Aluminum
20 and other undesirable impurities, such as cystine, pyruvic acid, certain heavy metals and certain ions. As a result, the present compositions and methods of using said compositions are safer to the intended subject compared to the currently available compositions and methods. Further, the product is also rendered more stable by virtue of lower levels of cystine generated by the manufacturing processes described herein.

25 As described herein, without being bound to theory, it has been found that the problems of safety, purity and stability are results not simply or directly from the level of Aluminum, but are also intertwined with dissolved oxygen levels in the composition and oxygen in the headspace as well as certain heavy metals and certain ions that may leach or be extracted out of the container closure.

5 An L-Cysteine for injection product was prepared with the aim to provide a product that would be acceptable for administration to infants, pediatric and adult patients. High quality Schott glass vials and stoppers were used. See Example 2. It was however found that glass containers contribute more significantly than expected to the Aluminum content of L-cysteine compositions stored therein to the point where the product did not meet the specifications for certain components. Products having such Aluminum levels would likely be deemed unsafe by the FDA. As such, efforts were focused on identifying the sources of Aluminum in the product and attempts to minimize it in the product. These efforts led to the unexpected discovery that simply removing a source of Aluminum by replacing glass with plastic did not result in a product having the desired properties.

10 Additional efforts to identify the root cause for the product failure led to the finding that the product likely failed because oxygen entered the plastic container and into the product at a rate higher than previously expected or predicted. For example, the plastic container product failed in some cases in less than 1-2 months. See Example 3. This finding was also unexpected. Increased oxygen levels in the product led to unacceptable levels of oxidation products, such as cystine, which precipitated and caused particulates in the product. Particulates are dangerous in injectable compositions and create a safety concern, in addition to the stability issue to the product.

15 However, the precipitation may have been exacerbated by reduction in Aluminum since Aluminum in solution may have a stabilizing effect. Consequently, removing Aluminum may have the unintended consequence of increased precipitation and product failure in the presence of even small amounts of oxygen in the container. This was unexpected.

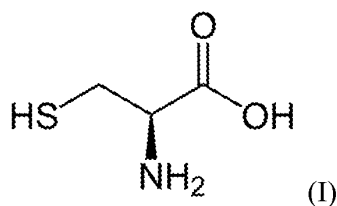
20 Additionally, controlling heat in the process including during the compounding and/or sterilization activities, unexpectedly was found to be beneficial for preparing stable L-Cysteine compositions described herein. This was surprising because L-Cysteine has been used in parenteral products as an excipient where the product is subjected to terminal sterilization which exposes the product to high temperatures such as 120 °C.

Some subjects that would be receiving L-Cysteine supplementation are, as discussed elsewhere herein, pre-term neonates or full-term infants that are underweight, or infants that may be full term and are not underweight but are still candidates for treatment, in many cases for longer term treatment. For example, some of these subjects may be treated with L-Cysteine for several days or several weeks, even several months. In these cases, it is imperative that the subjects are not exposed to potentially toxic or undesirable levels of some anions and heavy metals that may be present in drug products. Examples of such heavy metals include but not limited to Lead, Nickel, Arsenic and Mercury. Examples of anions that should be monitored include but not limited to iodide, and fluoride. Many of these are introduced into drug products through manufacturing processes, container closure systems, or the drug substance and the excipients. The levels of the heavy metals and anions may not be a concern with many drug products because the patient population exposed to the drug may be not as vulnerable as in the case of L-Cysteine, or the dosing of such drug products may be very limited, i.e., for one or a few doses. For the reasons noted above, it is imperative that L-Cysteine drug product, its administration, its manufacture, and its container closure system are carefully evaluated for the levels of heavy metals and selected anions. The state of the art is lacking in providing any specific guidance on the need for this evaluation, the specific heavy metals and anions on which to focus, and how to achieve control over the levels. The L-Cysteine compositions, methods of administration and manufacture, selection of container closure system and the excipients and the drug substance as described herein fill that need.

Thus, in summary, as described herein, reducing aluminum drastically to extremely low levels in the product, reducing oxygen to very low levels in the process and in the composition, and/or reducing or eliminating heat in the process, and in consideration of data showing selection of the appropriate container, stopper, drug substance, and excipients, individually or in combination(s), resulted in achieving a safe, stable composition of L-Cysteine injection that could be administered safely even to very delicate pediatric subjects such as pre-term neonatal subjects that are as young as a day and may weigh as low as 0.5 kilos, for a few days to several weeks.

L-cysteine for injection is a marketed product used as a component of a nutritional supplement regimen referred to as total parenteral nutrition (TPN). The Aluminum content in known L-cysteine compositions for injection is higher than desired. Moreover, when the L-cysteine composition is combined with certain amino acids prior to administration, the amino acids contribute some amount of Aluminum, and Aluminum levels can further increase. TPN admixtures constitute several other components (in addition to amino acid mixtures) such as electrolytes (such as Potassium Phosphate, Calcium gluconate, and sodium acetate). These electrolytes may also contribute to high Aluminum levels in TPN admixtures (Smith et al., Am. J. Health Syst. Pharm., vol. 64, April, 1, 2007, pp. 730-739). This is of particular concern since administration of the L-cysteine is often to infants (some of them pre-term) for nutritional support. A focus of the subject matter described herein is in minimizing the Aluminum levels coming from L-Cysteine compositions so that when admixed with other ingredients of TPN admixtures, the overall Aluminum levels could be reduced while minimizing introduction of undesirable materials such as heavy metals, anions, and particulates. All of these components are present in amounts that are below levels determined to be safe.

L-cysteine (2-Amino-3-sulfhydrylpropanoic acid) is a sulfur-containing amino acid having a structure according to Formula I:



L-cysteine performs a variety of metabolic functions. For example, L-cysteine is a precursor for antioxidants, such as glutathione and taurine, that support oxidative defense and a healthy immune system. L-cysteine can also play a role in the synthesis of essential fatty acids and facilitate production of cell membranes and protective covers of nerve endings. Additionally, L-cysteine can be an important precursor for many proteins, such as structural proteins in connective tissue. Thus, the depletion or absence of cystathionase activity in premature fetuses and newborns to synthesize L-cysteine de novo has led to the

categorization of L-cysteine as a conditionally essential amino acid. Additionally, administration of L-cysteine can be valuable to treat a number of conditions in subjects, whether or not the subject is a premature infant or neonate.

5 Known pharmaceutical compositions that contain L-cysteine can typically contain undesirable levels of certain components. Cystine is an oxidation product of L-cysteine. Like L-cysteine, cystine can be synthesized in the liver. Further, both L-cysteine and cystine can be present as amino acid residues in proteins. However, because cystine is an oxidation product of L-cysteine, it is possible that the amount of cystine can increase over time. Thus, it may be desirable to maintain the amount of cystine within predetermined levels over time. For all practical purposes, cystine and L-Cystine are used interchangeably
10 herein. Pyruvic acid is another undesirable compound that can be found in L-cysteine compositions known in the art. It is possible that the amount of pyruvic acid in these compositions can increase over time. Thus, it may be desirable to maintain the amount of pyruvic acid within predetermined levels over time.

15 Perhaps of most concern is the level of Aluminum in known L-cysteine compositions. Aluminum contamination and associated Aluminum toxicity can lead to a number of adverse conditions such as metabolic bone disease, neurodevelopmental delay, cholestasis, osteoporosis, growth failure, dementia, and the like. It is desirable to allow no more than 4-5 mcg/kg/day of Aluminum to avoid toxicity. It is preferable to keep the dose
20 on the conservative side as much as possible, i.e., at 4 mcg/kg/day to avoid accidental overdosing in case Aluminum from some other reason (unanticipated or unknown source or due to human error) is introduced. Up to now, known L-cysteine compositions contain up to 5000 ppb Aluminum. Even levels of 900 ppb are known in currently available products. In stark contrast, described herein are compositions that provide a therapeutically
25 effective amount of L-cysteine, while containing less than 250 ppb Aluminum, including, in certain embodiments, less than 200 ppb, or less than 175 ppb, or less than 150 ppb, or less than 125 ppb, or less than 120 ppb, or less than 100 ppb, or less than 80 ppb, or less than 75 ppb, or less than 60 ppb, or less than 50 ppb, or less than 40 ppb, or less than 30 ppb, or less than 20 ppb, or less than 10 ppb, or less than 5 ppb, or less than 1.0 ppb. Thus,
30 what has now been achieved is an unexpected and substantial reduction in Aluminum

content of an L-Cysteine composition that permits exposure to less than or equal to 4-5 micrograms per kilogram per day ($\mu\text{g}/\text{kg}/\text{d}$) to avoid or minimize Aluminum toxicity while still providing therapeutically effective L-cysteine in a stable composition. In some aspects, the compositions described herein permit an Aluminum dose of as low as 0.6
5 micrograms/kg/d, improving significantly the safety of the L-Cysteine product and its administration.

High risk patient populations for Aluminum toxicity in the context of parenteral nutrition include the following: Renal Insufficiency and Infants: Renal elimination is a major source of Aluminum removal. Therefore, patients with renal compromise and infants
10 with immature renal function are at risk of Aluminum accumulation. Pregnant women: The fetus is vulnerable to Aluminum contamination in parenteral nutrition since Aluminum may be transferred across the placenta. Elderly: Age is a well-known risk factor for renal impairment and thus results in a higher risk of Aluminum toxicity. Other studies suggest that Aluminum toxicity may be due to increased absorption of Aluminum due to a
15 weakened GI protective barrier.

The compositions and methods described herein provide the means to support the nutritional needs of patients, including preterm infants or infants with low birth weight, but reduce the risks associated with Aluminum ingestion. Most preterm and low birth weight
20 infants tend to require parenteral nutrition with amino acid supplementation during their hospital stay. However, as mentioned above, infants are a particularly high-risk population for Aluminum toxicity. To address such issues, in certain embodiments, the compositions comprise about 34.5 mg/mL of L-cysteine (measured as a base, i.e., not measured as HCl and monohydrate) and no more than 250 ppb, preferably about 120 ppb, or lower, of Aluminum. These compositions with no more than 120 ppb of Aluminum, and in certain
25 embodiments, about 120 ppb, or 100 ppb, or 80 ppb, or 60 ppb, or 50 ppb, or 20 ppb, or 10 ppb or 5 ppb or 1.0 ppb, or any suitable subrange encompassing the specific values, in units of 5 ppb, permit great flexibility with respect to the amino acid supplementation for TPN preparations.

L-Cysteine injection is administered after being added to a parenteral nutrition composition such as an amino acid composition, or a sugar-source such as dextrose or a lipid source or a combination of the foregoing. It is preferred that L-Cysteine is added to the amino acid composition, which may be administered separately or in combination with
5 other components of a parenteral nutrition regime such as sugars and lipids. For present purposes, the Aluminum content of the combined L-Cysteine and amino acid solution is of interest, and is monitored. L-Cysteine may be dosed at 15 mg per gram of amino acids or sometimes at a high concentration, i.e., 40 mg/gram of amino acids.

Commercially available amino acid product labeling for example indicates that 25
10 mcg/L of Aluminum is contributed from the product itself. The general recommended maximum dose is 4 g of amino acids/kg body weight. Generally amino acids solutions are available as 10% (10 g/100 mL) which would necessitate 40 mL volume to be administered for a 1 kg preterm neonatal patient. Based on this the amino acids solution is expected to contribute to about 1 mcg/kg/day. This leaves about 3 mcg/kg/day from other sources
15 including L-cysteine. In some scenarios, there may be five or more other components including L-cysteine that can contribute to varying levels of Aluminum in TPN mixtures. For the sake of illustration, assume there are five contributors that contribute equally. The expected maximum Aluminum contribution that may come from L-Cysteine would be $(3 \text{ mcg/kg/day})/5 = 0.6 \text{ mcg/kg/day}$. In light of Smith et al. (Am. J. Health Syst. Pharm., vol.
20 64, April, 1, 2007, pp. 730-739), significant contributors to Aluminum levels besides amino acids and L-Cysteine are Potassium Phosphate, Potassium Acetate, Sodium Acetate, and Calcium Gluconate. The reference indicates that contributions from all of these are high such that 100% of pediatric (including preterm and full-term infants) TPNs have $>4 \text{ } \mu\text{g/kg/day}$ (range 12 – 162 $\mu\text{g/kg/day}$) of Aluminum coming from various sources. Even
25 after carefully selecting the products with the least Aluminum content components among those available for treatment, the TPNs have $> 4 \text{ } \mu\text{g/kg/day}$. This finding for example highlights the need to systematically reduce the amount of Aluminum in each product that will be incorporated into a TPN admixture. The current efforts are directed to providing L-Cysteine compositions that offer exceedingly low Aluminum levels.

One of the difficulties with establishing dosing levels of L-Cysteine with an eye to keep the Aluminum administration to below or at a certain amount is the lack of uniformity in the art as to how to categorize the subjects in terms of their age and weight. This imprecise terminology has been used often blurring the boundaries among the patient groups, making it difficult to assess which patient should receive what amount of L-Cysteine, and hence how much Aluminum would result. As such, the art does not suggest what the levels of Aluminum exposure should be, nor does it provide a solution that minimizes Aluminum exposure during a TPN regimen. Following Table 1 shows a streamlined approach to categorize the potential patient population and their proposed daily doses of L-Cysteine.

Table 1. Daily Dosage of L-Cysteine

Age	Protein ^a Requirement (g/kg/day) ¹	L-Cysteine Dosage (mg cysteine/g AA)	L-Cysteine Dosage (mg cysteine/kg/day)
Preterm and term infants less than 1 month of age	3 to 4	15	45 to 60
Pediatric patients 1 month to less than 1 year of age	2 to 3	15	30 to 45
Pediatric patients 1 year to 11 years of age	1 to 2	15	15 to 30
Pediatric patients 12 years to 17 years of age	0.8 to 1.5	5	4 to 7.5
Adults: Stable Patients	0.8 to 1	5	4 to 5
Adults: Critically Ill Patients	1.5 to 2	5	7.5 to 10

^a Protein is provided as amino acids. When infused intravenously, amino acids are metabolized and utilized as the building blocks of protein.

From the above Table, it should be noted that the most need for L-Cysteine is for the preterm infant. Therefore, to safely administer L-Cysteine compositions, the Aluminum level in the compositions must be substantially less than what is in commercially available products and those described in the art. There has been no specific guidance in the art however of how low this Aluminum level should be, and how to achieve compositions with such low Aluminum levels. To the extent there may be some guidance, the levels proposed are considered higher than desirable.

L-Cysteine Injection as presented herein in some embodiments contains no more than 120 mcg/L (120 ppb) of aluminum (0.0035 mcg of aluminum/mg of cysteine). The maximum dosage of aluminum from L-Cysteine Injection is not more than 0.21 mcg/kg/day when preterm and term infants less than 1 month of age are administered the dosage of L-Cysteine injection (15 mg cysteine/g of amino acids and 4 g of amino acids/kg/day). If L-Cysteine is added to TPN containing amino acid and dextrose solutions (which each may contain up to 25 mcg/L of aluminum) as well as other additive drug products, the total amount of aluminum administered to the patient from the final admixture should be considered and maintained at no more than 5 mcg/kg/day.

However, with prolonged parenteral administration in patients with renal impairment, the aluminum contained in L-Cysteine Injections disclosed herein may reach toxic levels. Preterm infants are at a greater risk for aluminum toxicity because their kidneys are immature, and they require large amounts of calcium and phosphate solutions, which also contain aluminum. Prolonged administration herein may mean at least one week, or may be up to 2-4 weeks. In some aspects, the administration could continue for up to 24 weeks.

Patients with renal impairment, including preterm infants, who receive parenteral levels of aluminum at greater than 4 to 5 mcg/kg/day, accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration. Therefore, it is essential that aluminum levels in the L-Cysteine drug product are carefully controlled and kept at as low as possible. Such embodiments are disclosed herein.

Looking more specifically at contribution of Aluminum by the prior products, data show that the Aluminum levels of 5,000 ppb or even the 900 ppb associated with these products are not desirable or acceptable. Tables 2-3 report the Aluminum contribution from the commercial product of prior art with 900 ppb or 5000 ppb Aluminum level based on two scenarios: a) an L-Cysteine dosing regimen based on 15 mg/gram of amino acids; and b) an L-Cysteine dosing regimen based on 40 mg/gram of amino acids. The Tables also

show the Aluminum contribution from an L-Cysteine product as described herein and having a level of 120 ppb.

Table 2. Aluminum Contribution (Based on a Cysteine Dose of 15 mg/g of Amino Acids) from an L-Cysteine Product with 900 ppb, 5,000 ppb, or 120 ppb of Aluminum

5

Age	L-Cysteine Dose at (15 mg/ g AA)		Aluminum Contribution from 900 ppb product	Aluminum Contribution from 5,000 ppb product	Aluminum Contribution from 120 ppb product
	mg/kg/day	mL/kg/day			
Preterm and term infants less than 1 month	45 to 60	1.31 to 1.74	1.18 to 1.57	6.53 to 8.70	0.157 to 0.209
Pediatric patients 1 month to less than 1 yr	30 to 45	0.87 to 1.31	0.79 to 1.17	4.35 to 6.52	0.1 to 0.157
Pediatric patients 1 yr to 11 yrs	15 to 30	0.44 to 0.87	0.40 to 0.79	2.18 to 4.35	0.053 to 0.1
Pediatric patients 12 yrs to 17 yrs	4 to 7.5	0.18 to 0.22	0.11 to 0.20	0.58 to 1.09	0.022 to 0.026
Adults: Stable Patients	4 to 5	0.18 to 0.23	0.11 to 0.14	0.58 to 0.73	0.022 to 0.028
Adults: Critically ill patients	7 to 10	0.32 to 0.46	0.2 to 0.28	1.02 to 1.46	0.038 to 0.055

Age	L-Cysteine Dose at (15 mg/ g AA)		Aluminum Contribution from 900 ppb product	Aluminum Contribution from 5,000 ppb product	Aluminum Contribution from 120 ppb product
	mg/kg/day	mL/kg/day			
Preterm and term infants less than 1 month	45 to 60	1.31 to 1.74	1.18 to 1.57	6.53 to 8.70	0.157 to 0.209
Pediatric patients 1 month to less than 1 yr	30 to 45	0.87 to 1.31	0.79 to 1.17	4.35 to 6.52	0.1 to 0.157
Pediatric patients 1 yr to 11 yrs	15 to 30	0.44 to 0.87	0.40 to 0.79	2.18 to 4.35	0.053 to 0.1

<u>Pediatric patients 12 yrs to 17 yrs</u>	<u>4 to 7.5</u>	<u>0.18 to 0.22</u>	<u>0.11 to 0.20</u>	<u>0.58 to 1.09</u>	<u>0.022 to 0.026</u>
<u>Adults: Stable Patients</u>	<u>4 to 5</u>	<u>0.18 to 0.23</u>	<u>0.11 to 0.14</u>	<u>0.58 to 0.73</u>	<u>0.022 to 0.028</u>
<u>Adults: Critically ill patients</u>	<u>7 to 10</u>	<u>0.32 to 0.46</u>	<u>0.2 to 0.28</u>	<u>1.02 to 1.46</u>	<u>0.038 to 0.055</u>

Table 3. Aluminum Contribution (Based on a Cysteine Dose of 40 mg/g of Amino Acids) from an L-Cysteine Product with 900 ppb, 5,000 ppb, or 120 ppb of Aluminum

Age	L-Cysteine Dose at (40 mg/ g AA)		Aluminum Contribution from 900 ppb product	Aluminum Contribution from 5,000 ppb product	Aluminum Contribution from 120 ppb product
	mg/kg/day	mL/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
<u>Preterm and term infants less than 1 month</u>	<u>120 to 160</u>	<u>3.48 to 4.64</u>	<u>3.13 to 4.17</u>	<u>17.39 to 23.19</u>	<u>0.42 to 0.56</u>
<u>Pediatric patients 1 month to less than 1 yr</u>	<u>80 to 120</u>	<u>2.32 to 3.48</u>	<u>2.09 to 3.13</u>	<u>11.59 to 17.39</u>	<u>0.28 to 0.42</u>
<u>Pediatric patients 1 yr to 11 yrs</u>	<u>40 to 80</u>	<u>1.16 to 2.32</u>	<u>1.05 to 2.09</u>	<u>5.79 to 11.59</u>	<u>0.14 to 0.28</u>
<u>Pediatric patients 12 yrs to 17 yrs</u>	<u>10.66 to 20</u>	<u>0.31 to 0.58</u>	<u>0.28 to 0.53</u>	<u>1.56 to 2.94</u>	<u>0.04 to 0.07</u>
<u>Adults: Stable Patients</u>	<u>10.66 to 13.33</u>	<u>0.31 to 0.39</u>	<u>0.28 to 0.35</u>	<u>1.56 to 1.94</u>	<u>0.04 to 0.047</u>
<u>Adults: Critically ill patients</u>	<u>18.7 to 26.7</u>	<u>0.54 to 0.77</u>	<u>0.49 to 0.70</u>	<u>2.72 to 3.89</u>	<u>0.065 to 0.09</u>

5

Age	L-Cysteine Dose at (40 mg/ g AA)		Aluminum Contribution from 900 ppb product	Aluminum Contribution from 5,000 ppb product	Aluminum Contribution from 120 ppb product
	mg/kg/day	mL/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
<u>Preterm and term infants less than 1 month</u>	<u>120 to 160</u>	<u>3.48 to 4.64</u>	<u>3.13 to 4.17</u>	<u>17.39 to 23.19</u>	<u>0.42 to 0.56</u>
<u>Pediatric patients 1 month to less than 1 yr</u>	<u>80 to 120</u>	<u>2.32 to 3.48</u>	<u>2.09 to 3.13</u>	<u>11.59 to 17.39</u>	<u>0.28 to 0.42</u>
<u>Pediatric patients 1 yr to 11 yrs</u>	<u>40 to 80</u>	<u>1.16 to 2.32</u>	<u>1.05 to 2.09</u>	<u>5.79 to 11.59</u>	<u>0.14 to 0.28</u>

<u>Pediatric patients 12 yrs to 17 yrs</u>	<u>10.66 to 20</u>	<u>0.31 to 0.58</u>	<u>0.28 to 0.53</u>	<u>1.56 to 2.94</u>	<u>0.04 to 0.07</u>
<u>Adults: Stable Patients</u>	<u>10.66 to 13.33</u>	<u>0.31 to 0.39</u>	<u>0.28 to 0.35</u>	<u>1.56 to 1.94</u>	<u>0.04 to 0.047</u>
<u>Adults: Critically ill patients</u>	<u>18.7 to 26.7</u>	<u>0.54 to 0.77</u>	<u>0.49 to 0.70</u>	<u>2.72 to 3.89</u>	<u>0.065 to 0.09</u>

If the preterm infants are given the high dose of L-cysteine (40 mg / gram of amino acids), this requires that a dose of 160 mg/kg (4.64 mL/kg) of L-Cysteine at a (base) concentration of 34.5 mg/mL be delivered. (See Table 3 above). The compositions described herein contribute about 0.0035 mcg Aluminum per each mg of L-cysteine, or 0.12 mcg of Aluminum per each mL at 120 ppb. Thus, a dose of 160 mg/kg (4.64 mL/kg) L-cysteine delivers only 0.56 mcg/kg Aluminum at 40 mg/g of AA dosing on the higher end, or 0.157 mcg/kg at 15 mg/g of AA dosing on the lower end. See Tables 2-3. In contrast, if art products were to be used, these patients would receive either 23 mcg/kg (for the product that contains 5,000 ppb of Aluminum), or 4.2 mcg/kg of aluminum (for the product that contains 900 ppb of Aluminum). Given that the total daily intake permissible for Aluminum is expected to be ideally less than 4-5 mcg/kg, the art products already exceed the entire daily Aluminum level and do not leave room for Aluminum contribution from other TPN components. Therefore, these known high Aluminum-containing products are likely to be deemed unsafe by the FDA and are neither desirable nor acceptable. In contrast, the L-Cysteine compositions presented herein provide Aluminum levels ranging from 10 ppb to about 250 ppb. Taking 20 ppb, 50 ppb, 120 ppb, and 150 ppb as illustrations, the Tables below estimate the amount of Aluminum delivered for each class of patients using 34.5 mg/mL L-Cysteine product when being dosed at 15 mg/g of Amino Acids.

Table 4. Aluminum Contribution (Based on a Cysteine Dose of 15 mg/g of Amino Acids) from an L-Cysteine Product (34.5 mg/mL) with 20 ppb, 50 ppb, 120 ppb or 150 ppb of Aluminum

Age	L-Cysteine Dose at 15mg/g AA	Aluminum Contribution from 20 ppb product	Aluminum Contribution from 50 ppb product	Aluminum Contribution from 120 ppb product	Aluminum Contribution from 150 ppb
	mg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day

Preterm and term infants less than 1 month	45 to 60	0.026 to 0.035	0.065 to 0.088	0.157 to 0.209	0.195 to 0.26
Pediatric patients 1 month to less than 1 yr	30 to 45	0.017 to 0.026	0.043 to 0.065	0.1 to 0.157	0.13 to 0.195
Pediatric patients 1 yr to 11 yrs	15 to 30	0.009 to 0.017	0.022 to 0.044	0.053 to 0.11	0.066 to 0.125
Pediatric patients 12 yrs to 17 yrs	4 to 7.5	0.004	0.009 to 0.01	0.022 to 0.026	0.027 to 0.033
Adults: Stable Patients	4 to 5	0.004	0.009 to 0.12	0.022 to 0.028	0.027 to 0.035
Adults: Critically ill patients	7 to 10	0.006 to 0.009	0.016 to 0.23	0.038 to 0.055	0.048 to 0.069

Age	L-Cysteine Dose at 15mg/g AA	Aluminum Contribution from 20 ppb product	Aluminum Contribution from 50 ppb product	Aluminum Contribution from 120 ppb product	Aluminum Contribution from 150 ppb product
	mg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
Preterm and term infants less than 1 month	45 to 60	0.026 to 0.035	0.065 to 0.088	0.157 to 0.209	0.195 to 0.26
Pediatric patients 1 month to less than 1 yr	30 to 45	0.017 to 0.026	0.043 to 0.065	0.1 to 0.157	0.13 to 0.195
Pediatric patients 1 yr to 11 yrs	15 to 30	0.009 to 0.017	0.022 to 0.044	0.053 to 0.11	0.066 to 0.125
Pediatric patients 12 yrs to 17 yrs	4 to 7.5	0.004	0.009 to 0.01	0.022 to 0.026	0.027 to 0.033

<u>Adults: Stable Patients</u>	<u>4 to 5</u>	<u>0.004</u>	<u>0.009 to 0.12</u>	<u>0.022 to 0.028</u>	<u>0.027 to 0.035</u>
<u>Adults: Critically ill patients</u>	<u>7 to 10</u>	<u>0.006 to 0.009</u>	<u>0.016 to 0.23</u>	<u>0.038 to 0.055</u>	<u>0.048 to 0.069</u>

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 45 to 60 mg/kg/day of L-Cysteine and from about 0.02 to about 0.3 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 30 to 45 mg/kg/day of L-Cysteine and from about 0.01 to about 0.25 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 15 to 30 mg/kg/day of L-Cysteine and from about 0.005 to about 0.15 mcg/kg/day of Aluminum.

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 4 to 7.5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 4 to 5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 7 to 10 mg/kg/day of L-Cysteine and from about 0.004 to about 0.08 mcg/kg/day of Aluminum.

In some embodiments, a method of safe administration of L-Cysteine comprises administering to preterm and term infants of less than 1 month of age a parenteral L-Cysteine composition that delivers 45 to 60 mg/kg/day of L-Cysteine and from about 0.02 to about 0.3 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 month to less than 1 year of age a parenteral L-Cysteine composition that delivers 30 to 45 mg/kg/day of L-Cysteine and from about 0.01 to about 0.25 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises

administering to pediatric patients 1 year to 11 years of age a parenteral L-Cysteine composition that delivers 15 to 30 mg/kg/day of L-Cysteine and from about 0.005 to about 0.15 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

5 In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 12 years to 17 years of age a parenteral L-Cysteine composition that delivers 4 to 7.5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some
 10 In some embodiments, a method of safe administration of L-Cysteine comprises administering to adult stable patients a parenteral L-Cysteine composition that delivers 4 to 5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to critically ill adult patients a parenteral L-Cysteine composition that delivers 7 to 10 mg/kg/day of L-Cysteine and from about 0.004 to about 0.08 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

15 Further, taking 20 ppb, 50 ppb, 120 ppb, and 150 ppb as illustrations, the Tables below estimate the amount of Aluminum delivered for each class of patients using 34.5 mg/mL L-Cysteine product when being dosed at 40 mg/g of Amino Acids.

20 Table 5. Aluminum Contribution (Based on a Cysteine Dose of 40 mg/g of Amino Acids) from an L-Cysteine Product (34.5 mg/mL) with 20 ppb, 50 ppb, 120 ppb or 150 ppb of Aluminum

Age	L-Cysteine Dose at 40 mg/g AA	Aluminum Contribution from 20 ppb product	Aluminum Contribution from 50 ppb product	Aluminum Contribution from 120 ppb product	Aluminum Contribution from 150 ppb
	mg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
Preterm and term infants less than 1 month	120 to 160	0.07 to 0.09	0.175 to 0.233	0.42 to 0.56	0.525 to 0.7
Pediatric patients 1 month to less than 1 yr	80 to 120	0.047 to 0.07	0.117 to 0.175	0.28 to 0.42	0.35 to 0.525

Pediatric patients 1 yr to 11 yrs	40 to 80	0.023 to 0.047	0.058 to 0.117	0.14 to 0.28	0.175 to 0.35
Pediatric patients 12 yrs to 17 yrs	10.66 to 20	0.007 to 0.012	0.017 to 0.029	0.04 to 0.07	0.05 to 0.088
Adults: Stable Patients	10.66 to 13.33	0.007 to 0.008	0.017 to 0.02	0.04 to 0.047	0.05 to 0.059
Adults: Critically ill patients	18.7 to 26.7	0.011 to 0.015	0.027 to 0.038	0.065 to 0.09	0.081 to 0.113

<u>Age</u>	<u>L-Cysteine Dose at 40 mg/g AA</u>	<u>Aluminum Contribution from 20 ppb product</u>	<u>Aluminum Contribution from 50 ppb product</u>	<u>Aluminum Contribution from 120 ppb product</u>	<u>Aluminum Contribution from 150 ppb product</u>
	<u>mg/kg/day</u>	<u>mcg/kg/day</u>	<u>mcg/kg/day</u>	<u>mcg/kg/day</u>	<u>mcg/kg/day</u>
<u>Preterm and term infants less than 1 month</u>	<u>120 to 160</u>	<u>0.07 to 0.09</u>	<u>0.175 to 0.233</u>	<u>0.42 to 0.56</u>	<u>0.525 to 0.7</u>
<u>Pediatric patients 1 month to less than 1 yr</u>	<u>80 to 120</u>	<u>0.047 to 0.07</u>	<u>0.117 to 0.175</u>	<u>0.28 to 0.42</u>	<u>0.35 to 0.525</u>
<u>Pediatric patients 1 yr to 11 yrs</u>	<u>40 to 80</u>	<u>0.023 to 0.047</u>	<u>0.058 to 0.117</u>	<u>0.14 to 0.28</u>	<u>0.175 to 0.35</u>
<u>Pediatric patients 12 yrs to 17 yrs</u>	<u>10.66 to 20</u>	<u>0.007 to 0.012</u>	<u>0.017 to 0.029</u>	<u>0.04 to 0.07</u>	<u>0.05 to 0.088</u>
<u>Adults: Stable Patients</u>	<u>10.66 to 13.33</u>	<u>0.007 to 0.008</u>	<u>0.017 to 0.02</u>	<u>0.04 to 0.047</u>	<u>0.05 to 0.059</u>
<u>Adults: Critically ill patients</u>	<u>18.7 to 26.7</u>	<u>0.011 to 0.015</u>	<u>0.027 to 0.038</u>	<u>0.065 to 0.09</u>	<u>0.081 to 0.113</u>

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 120 to 160 mg/kg/day of L-Cysteine and from about 0.05

to about 0.8 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 80 to 120 mg/kg/day of L-Cysteine and from about 0.03 to about 0.6 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 40 to 80 mg/kg/day of L-Cysteine and from about 0.01 to about 0.4 mcg/kg/day of Aluminum.

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 10 to 20 mg/kg/day of L-Cysteine and from about 0.005 to about 0.1 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 10 to 15 mg/kg/day of L-Cysteine and from about 0.005 to about 0.06 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver about 18 to 28 mg/kg/day of L-Cysteine and from about 0.01 to about 0.15 mcg/kg/day of Aluminum.

In some embodiments, a method of safe administration of L-Cysteine comprises administering to preterm and term infants of less than 1 month of age a parenteral L-Cysteine composition that delivers 120 to 160 mg/kg/day of L-Cysteine and from about 0.05 to about 0.8 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 month to less than 1 year of age a parenteral L-Cysteine composition that delivers 80 to 120 mg/kg/day of L-Cysteine and from about 0.03 to about 0.6 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 year to 11 years of age a parenteral L-Cysteine composition that delivers 40 to 80 mg/kg/day of L-Cysteine and from about 0.01 to about 0.4 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 12 years to 17 years of age a parenteral L-Cysteine composition that delivers 10 to 20 mg/kg/day of L-Cysteine and from about 0.005 to about

0.1 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to adult stable patients a parenteral L-Cysteine composition that delivers 10 to 15 mg/kg/day of L-Cysteine and from about 0.005 to about 0.06 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to critically ill adult patients a parenteral L-Cysteine composition that delivers 18 to 28 mg/kg/day of L-Cysteine and from about 0.01 to about 0.15 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

Accordingly, what is provided herein, among other things, are therapeutically and/or nutritionally effective amounts of L-cysteine with significantly minimized risk of Aluminum toxicity.

I. Definitions

As used herein, the term “stable” refers to a composition that has the component profiles described herein, for example, Aluminum, L-Cystine, and pyruvic acid, at the levels described and for the amount of time identified. In other words, a stable composition will contain the specified levels of all components for sufficient period of time to enable the composition to be commercially manufactured, stored, shipped, and administered in a clinical setting. In general, products are considered stable if the period of time is three months, or three to six months, or three to 12 months, or three to 15 months, or three to 18 months or three to 24 months.

As used herein, the term “dissolved oxygen” refers to oxygen that is found in the aqueous carrier of the compositions. Distinguished from dissolved oxygen is the headspace oxygen. As used herein, the term “headspace oxygen” refers to the oxygen that is found in the headspace volume of the sealed container comprising the composition.

As used herein, the term “cystine precipitate” refers to undissolved L-cystine. The undissolved cystine may be visually detected as particulate matter in solution.

As used herein, “subject” refers to a mammal that may benefit from the administration of a composition described herein. In one aspect, the mammal may be a human.

5 The term “prophylaxis” or “prophylactic” refers to the continued absence of symptoms of the disease or condition that would be expected had the combination not been administered.

As used herein, the terms “formulation” and “composition” are used interchangeably and refer to a mixture of two or more compounds, elements, or molecules. In some aspects, the terms “formulation” and “composition” may be used to refer to a mixture of one or more active agents with a carrier or other excipients. Compositions can take nearly any physical state, including solid and/or liquid (i.e. solution). Furthermore, the term “dosage form” can include one or more formulation(s) or composition(s) provided in a form suitable for administration to a subject. As used herein, the term “compositions for injection” and the like, refers to a composition that is intended for injection, including dilution and admixing with other components prior to injection. Said injection may be administered as an intravenous injection, or as an intravenous infusion. When administered as infusions, the compositions may be administered through a peripheral vein in limited circumstances or more commonly through a central vein. One of skill in the art would have experience with such administrations.

20 As used herein, “effective amount” refers to an amount of an ingredient, such as L-cysteine, which, when included in a composition, is sufficient to achieve an intended compositional or physiological effect. Thus, a “therapeutically or nutritionally effective amount” refers to a non-toxic, but sufficient amount of an active agent, to achieve therapeutic or nutritional results in treating or preventing a condition for which the active agent is known to be effective or providing nutritional value to prevent effects of malnutrition. It is understood that various biological factors may affect the ability of a substance to perform its intended task. Therefore, an “effective amount” or a “therapeutically or nutritionally effective amount” may be dependent in some instances on such biological factors. Additionally, in some cases an “effective amount” or a

“therapeutically or nutritionally effective amount” may not be achieved in a single dose. Rather, in some examples, an “effective amount” or a “therapeutically or nutritionally effective amount” can be achieved after administering a plurality of doses over a period of time, such as in a pre-designated dosing regimen. Further, while the achievement of

5 therapeutic/nutritional effects may be measured by a physician or other qualified medical personnel using evaluations known in the art, it is recognized that individual variation and response to treatments may make the achievement of therapeutic or nutritional effects a subjective decision. The determination of an effective amount is well within the ordinary skill in the art of pharmaceutical and nutritional sciences as well as medicine.

10 As used herein, the term “substantially” refers to the complete or nearly complete extent or degree of a component, or an action, characteristic, property, state, structure, item, or result. The exact allowable degree of deviation from absolute presence of such a component, or an action, characteristic, property, state, structure, item, or result may in some cases depend on the specific context. However, generally speaking,

15 “substantially” will be so near as to have the same overall result as if absolute and total extent or degree were obtained. The use of “substantially” is equally applicable when used in a negative connotation to refer to the complete or near complete lack of a component, or an action, characteristic, property, state, structure, item, or result. For example, a composition that is “substantially free of” a component would either completely lack the

20 component, or so nearly completely lack the component that the effect would be the same as if it completely lacked the component. In other words, a composition that is “substantially free of” an ingredient or element may still actually contain such component as long as there is no measurable effect thereof, for example, trace amounts. As used herein, “essentially free” means a component, or an action, characteristic, property, state,

25 structure, item, or result is not present or is not detectable.

The terms “treat” and “treatment” refer to both therapeutic treatment and prophylactic or preventative measures, wherein the object is to prevent or slow down (lessen) an undesired physiological change, disorder or adverse health condition. For purposes of this disclosure, beneficial or desired clinical results include, but are not limited to, alleviation of symptoms, diminishment of extent of the condition, stabilized (*i.e.*, not

30

worsening) state of the condition, delay or slowing of progression of the condition, amelioration or palliation of the condition, and absence of condition (whether partial or total), whether detectable or undetectable. “Treatment” can also mean prolonging survival as compared to expected survival if not receiving treatment. Those in need of treatment
5 include those already with the condition or disorder as well as those prone to have the condition or disorder or those in which the condition or disorder is to be prevented.

The term “pharmaceutically acceptable salts” denotes salts which are not biologically or otherwise undesirable. Pharmaceutically acceptable salts include both acid and base addition salts. The phrase “pharmaceutically acceptable” indicates that the
10 substance or composition must be compatible chemically and/or toxicologically, with the other ingredients comprising a formulation, and/or the mammal being treated therewith. The phrase “pharmaceutically acceptable salt,” as used herein, refers to pharmaceutically acceptable organic or inorganic salts of a molecule. A pharmaceutically acceptable salt may involve the inclusion of another molecule that acts as a counterion. The counterion
15 may be any organic or inorganic moiety that stabilizes the charge on the parent compound. Furthermore, a pharmaceutically acceptable salt may have more than one charged atom in its structure. Hence, a pharmaceutically acceptable salt can have one or more charged atoms and/or one or more counterions. In the case of L-cysteine, the hydrochloride salt form is preferred.

20 The phrase “single-use container” refers to a sealed pharmaceutically prepared container holding a drug product in a sterile environment that is intended to be used in a single operation of transferring the entire contents or substantially entire contents, wherein the transfer operation spans no more than 10-12 hrs, but often less than 8 hrs, or even six hours. It should be recognized that the single-use container is generally preservative-free
25 and that if multiple transfers are attempted, they should be completed in a short duration, i.e., less than about 8-10 hrs from the first breach of the sterile environment. In some aspects the single-use container may be used to administer all of its contents to one subject in need thereof. In some aspects the single-use container may be used to administer its contents to more than one subject in need thereof.

As used herein, the term “mixing” refers to admixing, contacting, blending, stirring or allowing to admix, mix, blend, stir and the like.

As used herein, the term “safe” refers generally to a property of the compositions and methods described herein relative to art method and compositions and/or to FDA regulatory determination of the compositions and methods as part of a therapeutically or nutritionally effective regimen. For example, with respect to known L-Cysteine compositions, an Aluminum level of greater than 300 ppb would be generally considered to render the L-Cysteine product unsafe. Other examples with respect to safety are described and discussed herein with respect to Aluminum, pyruvate, Cystine, heavy metals, anions, and particulates.

Additional definitions are provided herein where appropriate.

II. Compositions

In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature;

wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

5 Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

10 a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from
15 manufacture when stored at room temperature;

optionally present can be one or more metals selected from the group consisting of Lead from about 1.0 ppb to about 10 ppb, Nickel from about 5 ppb to about 40 ppb, Arsenic from about 0.1 ppb to 10 ppb, and Mercury from about 0.2 ppb to about 5.0 ppb;

20 wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

The Aluminum in a composition can be determined using any known analytical method, such as those required by FDA regulations, and can include atomic absorption and mass spectrometry. In certain embodiments, the Aluminum that is present in the compositions is present in an amount from about 1.0 ppb to about 250 ppb, or from
25 about 1.0 ppb to about 180 ppb, or from about 1.0 ppb to about 170 ppb, or from about 1.0 ppb to about 160 ppb, or from about 1.0 ppb to about 150 ppb, or from about 1.0 ppb to about 130 ppb, or from about 1.0 ppb to about 100 ppb, or from about 1.0 ppb to about 50 ppb, or from about 1.0 ppb to about 20 ppb.

In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 35 million:1 (i.e., about 35 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 4 million:1. In some embodiments the L-Cysteine and Aluminum are at a ratio of about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 700,000:1 (i.e., about 700,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 300,000:1 (i.e., about 300,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 230,000:1 (i.e., about 230,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 170,000:1 (i.e., about 170,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 140,000:1 (i.e., about 140,000 units of L-Cysteine to 1 unit of Aluminum).

Thus, in some embodiments the L-Cysteine and Aluminum are at a ratio of from about 35 million:1 (i.e., about 35 million units of L-Cysteine to 1 unit of Aluminum) to about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 4 million:1 (i.e., about 4 million units of L-Cysteine to 1 unit of Aluminum) to about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum) to about 700,000:1 (i.e., about 700,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 700,000:1 (i.e., about 700,000 units of L-Cysteine to 1 unit of Aluminum) to about 300,000:1 (i.e., about 300,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 300,000:1 (i.e., about 300,000 units of L-Cysteine to 1 unit of Aluminum) to about 230,000:1 (i.e., about 230,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 230,000:1 (i.e., about 230,000 units of L-Cysteine to 1 unit of Aluminum) to about 170,000:1 (i.e., about

170,000 units of L-Cysteine to 1 unit of Aluminum). Thus, in some embodiments the L-Cysteine and Aluminum are at a ratio of from about 170,000:1 (i.e., about 170,000 units of L-Cysteine to 1 unit of Aluminum) to about 140,000:1 (i.e., about 140,000 units of L-Cysteine to 1 unit of Aluminum). All subranges and individual values with increments of
5 5,000 units are contemplated by the present disclosure. In some embodiments, the unit of measure is nanograms. For example, in some embodiments the L-Cysteine and Aluminum are at a ratio of from about 4 million:1 nanograms (i.e., about 4 million nanograms of L-Cysteine to 1 nanogram of Aluminum) to about 1.8 million:1 nanograms (i.e., about 1.8 million nanograms of L-Cysteine to 1 nanogram of Aluminum).

10 In certain embodiments, the compositions comprise Aluminum in trace amounts, for example 1.0 ppb, but not more than 250 ppb after storage at ambient temperature for a period of 12 months or less, where the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppb of Aluminum
15 from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

In certain embodiments, the compositions comprise Aluminum in an amount not more than 200 ppb after storage at ambient temperature for a period of 12 months, wherein the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container,
20 from about 1.0 ppb to about 100 ppb of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water. In certain embodiments, the compositions comprise Aluminum in an amount not more than 200 ppb after storage at ambient temperature for a period of 6 months, where the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about
25 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water. In certain embodiments, the compositions comprise Aluminum in an amount not more than 200 ppb after storage at ambient temperature for a period of 3 months, wherein the Aluminum comprises, from about 1.0 ppb to about 100 ppb of
30 Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a

cap of the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

5 In certain embodiments, the dissolved oxygen is present in an amount from about 0.1 ppm to about 5.0 ppm, or from about 0.10 ppm to about 4.0 ppm, or from about 0.10 ppm to about 3.0 ppm, or from about 0.10 ppm to about 2.0 ppm, or from about 0.11 ppm to about 1.0 ppm. In particular, values of dissolved oxygen from about 0.4 ppm to about 3.8 ppm are preferred. For the sake of clarity and the ease of discussion and measurement, these values are taken for the L-Cysteine composition at the time of its manufacture (commonly known as “time zero” data point), or during and up to 1 month from time zero.
10 Additional time points beyond the 1-month from time zero data point are expected to provide similar dissolved oxygen levels.

To achieve the above objective, as described herein, numerous aspects for possible oxygen introduction into the L-cysteine composition have been carefully studied and controlled. For example, in some cases, the dissolved oxygen content in the carrier can be
15 reduced to at or below a predetermined level before the L-cysteine is added to the carrier. In some additional examples, reducing a level of dissolved oxygen in the carrier can include blanketing a container for housing the composition in an inert gas, such as nitrogen, argon, or the like, prior to introducing the carrier or composition into the container. In still other examples, reducing a level of dissolved oxygen in the carrier can include bubbling the
20 carrier or composition with an inert gas, such as nitrogen, argon, or the like, at ambient or reduced atmospheric pressure prior to and/or during addition and mixing of L-cysteine. In some examples, reducing a level of dissolved oxygen in the carrier can be performed at an ambient or sub-ambient temperature. It is noted that the reduction of dissolved oxygen in the carrier to at or below a predetermined level can be accomplished without the addition
25 of a supplementary antioxidant, but is not required in the methods and compositions described herein. Thus, the L-cysteine composition for injection is free of a supplementary antioxidant. As described elsewhere herein, attaining low and consistent dissolved oxygen was achieved using the protocol with sampling as set forth in Example 4.

The compositions have long-term stability. Thus, in certain embodiments, the amounts of the components described herein are amounts that are detected after the composition has been in storage. The compositions will have been stored at room temperature for less than a year, or for a year, or for more than a year. Such timelines include, for example, for about 15 months, for about 18 months, for about 24 months. Or, alternatively, the storage time could be for about 9 months, for about 7 months, for about 6 months, for about 5 months, for about 4 months, for about 3 months, for about 2 months, for about 1 month, or for about 3 weeks. Storage conditions are 25 °C / 60% RH unless otherwise indicated.

Useful concentrations of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in a compositions as described herein include an amount from about 20 mg/mL to about 80 mg/mL, from about 30 mg/mL to about 70 mg/mL, from about 40 mg/mL to about 60 mg/mL, from about 45 mg/mL to about 55 mg/mL, or an amount of about 50 mg/mL, or from about 35 mg/mL to about 50 mg/mL, or an amount of about 37.5 mg/mL. It is noted that the amounts of L-cysteine disclosed herein, whether as a total mass or as a concentration, are based on L-cysteine hydrochloride monohydrate or the free base, as specified. Thus, where other forms of L-cysteine are employed in the composition, the amount of the alternative form included in the composition can be calculated based on an equivalent amount of L-cysteine hydrochloride monohydrate rather than the amount of the alternative form employed.

Thus, the stable L-cysteine composition can comprise total amounts of L-cysteine from about 200 mg to about 4000 mg, or from about 300 mg to about 700 mg, or from about 300 mg to about 400 mg. For example, a 10 mL vial could be manufactured to contain about 350 mg of L-Cysteine. In certain embodiments, the L-cysteine composition can comprise a total amount of L-cysteine from about 1200 mg to about 2000 mg. For example, a 50 mL container could be manufactured to contain about 1800 mg of L-Cysteine. In another embodiment, the total composition of an L-Cysteine composition container may range from about 3000 mg to about 4000 mg. For example, a 100 mL container could be manufactured to contain about 3500 mg of total L-Cysteine.

It has been found that the container in which the compositions are held can affect the level of certain components. In certain embodiments, the L-cysteine composition can be enclosed in a single-use container. The container can have a variety of volumes. Typically, the container can have a volume of from about 10 ml to about 100 ml. In some
5 examples, the container can have a volume of from about 10 ml to about 50 ml. In other examples, the container can have a volume of from about 50 ml to about 100 ml. In still other examples, the container can have a volume of about 10 ml or about 20 ml.

The container can be made of a variety of materials. Non-limiting materials can include glass, a plastic (e.g. polyethylene, polypropylene, polyvinyl chloride,
10 polycarbonate, etc.), the like, or a combination thereof provided that it can both prevent oxygen penetration and minimize Aluminum, heavy metals and anions contamination to the composition. Up to now, there has been no guidance with regard to the compatibility of L-cysteine with coated glass vials or that any vials could be used to provide L-cysteine compositions having low levels of Aluminum.

Another confounding factor is the low pH of the L-Cysteine product, which is less
15 than 3.0 in certain embodiments. This low pH can disrupt the plastic coating or silicon coating inside the glass container and Aluminum, heavy metals and anions could leach during the shelf life of the product, especially over prolonged storage of the product. Therefore, up to now, the success of the product was uncertain until the products described
20 herein were manufactured and studied in real time for prolonged periods as described herein.

It should be recognized that vials which are impermeable with an internal coating, vials which are stored in a pouch that protects the product from atmospheric oxygen ingress, and relatively thick vials made of impermeable plastic or glass can be suitable for
25 the L-Cysteine product disclosed herein.

Vials which are stored in a pouch can be prepared in a similar manner as described herein and then pouched in a plastic material that is then sealed. The pouch may be kept under vacuum or under an inert atmosphere. Methods for manufacturing such pouched products, and materials for such manufacture are known in the industry.

Relatively thick vials made of impermeable plastic are also prepared in a similar manner as described herein. Such vials may be composed of cyclic olefin materials of sufficient thickness to prevent oxygen ingress over a reasonably long period of time, for example 1 month, 2 months, 3 months, 6 months or 12 months. These vials are packaged and supplied as such. Alternatively, these vials can also be pouched as described above in plastic material that is kept under vacuum or under an inert gas atmosphere. It is expected that such pouching extends the shelf life of the product by at least 1 month, or 2 months, or 3 months, or 6 months or longer.

In certain embodiments, the vials are made of glass with an internal coating made of silicon dioxide, for example, Schott Type 1 Plus USP glass. The general thickness of the coating is presumed to be at least 100-200 nanometers thickness. It is believed that this level of thickness was sufficient to provide protection against pH disruption while also preventing the migration of Aluminum from the glass into the L-Cysteine product. Thus, in some specific examples, the container can be an internally coated glass container. In certain other embodiments the glass container is internally coated with silicon dioxide of about 100 to about 200 nanometers.

In certain embodiments the Aluminum contribution from the container may range from about 0.1 ppb to about 200 ppb. In certain other embodiments the Aluminum contribution may range from about 1 ppb to about 150 ppb, from about 1 ppb to about 120 ppb, from about 1 ppb to about 100 ppb, from about 1 ppb to about 80 ppb, from about 1 ppb to about 60 ppb, from about 1 ppb to about 50 ppb, from about 1 ppb to about 40 ppb, from about 1 ppb to about 30 ppb, from about 1 ppb to about 25 ppb, from about 1 ppb to about 20 ppb, from about 1 ppb to about 15 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to 5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 35 to 55 ppb, or from about 75 to about 140 ppb, in increments of 5 ppb. All such ranges and subranges are contemplated herein.

The containers are sealed with a suitable stopper made of rubber, elastomeric polymers, or combinations thereof. In certain embodiments the stoppers are coated with a special non-reactive inert coating that minimizes interaction with drug product. For

example, some stoppers are coated with Teflon to prevent drug-stopper interactions. One example of a specific coated stopper is supplied by West Pharma and is called V10-F597W Stopper, 20 mm Lyo, 4432/50 Gray, B2-TR Coating, Westar RS. This stopper is a cross-linked mixture of high- and low-molecular weight silicone oils that are cured through the application of UV rays and heat. Because it is a spray-on coating applied to molded closures before the trimming process, B2-Coating can be applied at various levels on the bottom and top of closures. These specific stoppers are preferred even though similar coating materials and methodology applied to other types of stoppers could also work. The stoppers are selected not only for their inertness vis-à-vis the drug product but also for their minimal contribution to Aluminum levels in the drug product.

In certain embodiments the Aluminum contribution from the stopper may range from about 0.1 ppb to about 100 ppb. In certain other embodiments the Aluminum contribution may range from about 1 ppb to about 90 ppb, from about 1 ppb to about 80 ppb, from about 1 ppb to about 70 ppb, from about 1 ppb to about 60 ppb, from about 1 ppb to about 50 ppb, from about 1 ppb to about 40 ppb, from about 1 ppb to about 30 ppb, from about 1 ppb to about 25 ppb, from about 1 ppb to about 20 ppb, from about 1 ppb to about 15 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to 5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 35 to 55 ppb, or from about 25 to about 75 ppb, in increments of 5 ppb. All such ranges and subranges are contemplated herein.

In addition to the container and stopper, the drug substance and excipients including water for injection may contribute Aluminum to the drug product. Thus, in one aspect the Aluminum contribution from the drug substance may range from about 0.1 ppb to about 70 ppb. In certain other embodiments the Aluminum contribution may range from about 1 ppb to about 60 ppb, from about 1 ppb to about 50 ppb, from about 1 ppb to about 40 ppb, from about 1 ppb to about 30 ppb, from about 1 ppb to about 25 ppb, from about 1 ppb to about 20 ppb, from about 1 ppb to about 15 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to 5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 35 to 55 ppb, or from about 75 to about 140 ppb, in increments of 5 ppb. All such ranges and subranges are contemplated herein.

5 The water for injection may contribute Aluminum from about 0.1 ppb to about 20 ppb. In certain embodiments the Aluminum contribution may range from about 1 ppb to about 15 ppb, from about 1 ppb to about 12 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to about 8 ppb, from about 1 ppb to about 6 ppb, from about 1 ppb to about 5 ppb, from about 1 ppb to about 4 ppb, from about 1 ppb to about 3 ppb, from about 1 ppb to about 2.5 ppb, from about 1 ppb to about 2 ppb, from about 1 ppb to about 1.5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 5 to 7.5 ppb, or from about 10.5 to about 15.0 ppb, in increments of 0.5 ppb. All such ranges and subranges are contemplated herein.

10 In summary, to lower the Aluminum level to even greater extent as described herein, the container, the stopper, the drug substance, the water for injection, and any other excipients can be chosen such that the Aluminum concentration in the drug product is from about 1.0 ppb to about 250 ppb, or as described in the other embodiments provided herein.

15 Advantageously, in certain embodiments, the compositions maintain cystine levels for extended periods, and/or are substantially free or essentially free of cystine precipitate. However, it is noted that where cystine is present in the L-cysteine composition it is not necessarily dissolved. For example, in some cases, it can be present in the composition as an undissolved particle.

20 Where the L-cysteine composition includes cystine, it can typically be present in relatively small amounts compared to L-cysteine. In certain embodiments, cystine is present in the composition in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 1.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.4 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.3

wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.2 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not
5 more than 0.1 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months.

Further, in certain embodiments, cystine can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 3 months. In certain embodiments, cystine can be
10 present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 3 months. In some embodiments, cystine can be present in the L-cysteine composition in an amount from about 0.001 wt% to about 2.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, cystine can be present in the L-cysteine composition
15 in an amount from about 0.005 wt% to about 0.5 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, cystine can be present in the L-cysteine composition in an amount from about 0.05 wt% to about 1.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, L-cysteine can be present, but in an amount that is either not detectable or that is below a limit of quantitation using
20 a standard testing procedure, such as a validated test method for detecting cystine.

Advantageously, in certain embodiments, the compositions maintain pyruvic acid levels for extended periods, and/or are substantially free or essentially free of pyruvic acid. When present, pyruvic acid is typically present in a relatively small amount compared to L-cysteine. In certain embodiments, pyruvic acid is present in the composition in an
25 amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 1.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at
30 ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is

present in the composition in an amount not more than 0.4 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain
5 embodiments, pyruvic acid is present in the composition in an amount not more than 0.2 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months.

In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.1 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid can be present in the L-cysteine
10 composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 3 months. In certain embodiments, pyruvic acid can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In some
15 embodiments, pyruvic acid can be present in the L-cysteine composition in an amount from about 0.001 wt% to about 2.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, pyruvic acid can be present in the L-cysteine composition in an amount from about 0.005 wt% to about 0.5 wt% relative to the amount
20 of L-cysteine present in the composition. In some embodiments, pyruvic acid can be present in the L-cysteine composition in an amount from about 0.05 wt% to about 1.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, pyruvic acid can be present, but in an amount that is either not detectable or that is below a limit of quantitation using a standard testing procedure, such as a validated test method for detecting pyruvic acid.

As discussed above, to achieve safe method and compositions, it is beneficial to
25 further understand which other components are present beyond Aluminum and pyruvic acid, and control their amounts as well. Because preterm infants could be exposed to L-Cysteine for potentially longer periods, and their main source of L-Cysteine is through parenteral administration, careful consideration should be given to exposure to other potentially unsafe compounds that may leach out of the container or stopper in amounts

greater than what are considered safe limits. Examples include certain volatile compounds, certain heavy elements, and certain anions.

Daily acceptable limits are known for these potentially unsafe compounds. However, because the L-Cysteine Injection is used to infuse into preterm and term infants and those elderly that are critically ill will compromised renal functions, and sometimes for periods that exceed more than a few days, just meeting the daily acceptable limits may not be sufficient. Every effort must be made to reduce the levels to as low as practicable. The L-Cysteine compositions presented herein provide in some embodiments about one-half of the daily acceptable limits; in some embodiments, about one-fourth of the daily acceptable limits; in some embodiments, about one-fifth of the daily acceptable limits; in some embodiments, about one-sixth of the daily acceptable limits.

The anions that are desirable to control are: Iodide and Fluoride. The acceptable limit for Iodide is about 20 ppm or less. The acceptable limit for Fluoride is about 30 ppm or less. The L-Cysteine compositions provided herein show Iodide concentrations of less than 20 ppm and Fluoride concentrations of less than 30 ppm when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions. In some embodiments, the L-Cysteine compositions provide from about 1.0 ppm to 20 ppm of Iodide; in some embodiments, from about 1.0 ppm to about 15 ppm; in some embodiments, from about 1.0 ppm to about 10 ppm; and in some embodiments, from about 1.0 ppm to about 5 ppm. In some embodiments, the L-Cysteine compositions provide from about 1.0 ppm to 20 ppm of Fluoride; in some embodiments, from about 1.0 ppm to about 15 ppm; in some embodiments, from about 1.0 ppm to about 10 ppm; and in some embodiments, from about 1.0 ppm to about 5 ppm. Methods for evaluating the anions and the results are provided in Example 8.

As noted above, several elements may leach or be extracted out into the L-Cysteine drug product, thereby presenting a potential safety/toxicity concern to subjects that require L-Cysteine parenteral administration. Art-known methods may be used to evaluate the elemental levels. Inductively-coupled plasma mass spectral method is one such highly

specific method. Example 9 provides the data generated by using ICP-MS technique. As shown in Example 9, there are over thirty elements that are generally known to present safety/toxicity concerns. The Table 22 provides the daily allowable limit for all of these elements, and the observed levels in the present L-Cysteine compositions. The daily
5 allowable limit for some elements are relatively high, whereas for other elements they are relatively very low. For example, Molybdenum has the level of 14,500 ppb approximately, whereas Cadmium has about 19 ppb.

For purposes of monitoring the L-Cysteine compositions for the elements of concern, in one aspect, the levels of Mercury, Lead, Nickel and Arsenic are of significance.
10 Therefore, in one aspect, the L-Cysteine compositions presented herein have further improved safety because they provide these elements at amounts far less than the daily allowable limits. Targeted daily allowable limits include 48 ppb for Lead, 29 ppb for Mercury, 194 ppb for Nickel, and 174 ppb for Arsenic.

The L-Cysteine compositions described herein provide from about 1 ppb to 10 ppb
15 of Lead; in some embodiments, from about 1 ppb to about 8 ppb; in some embodiments, from about 1 ppb to about 7 ppb; or in some embodiments, from about 1 ppb to about 5 ppb. when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

20 With respect to Mercury, the L-Cysteine compositions described herein provide from about 0.1 ppb to 10 ppb of Mercury; in some embodiments, from about 0.1 ppb to about 8 ppb; in some embodiments, from about 0.1 ppb to about 7 ppb; or in some embodiments, from about 0.1 ppb to about 5 ppb. when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24
25 months, when stored under Room Temperature Conditions.

With respect to Nickel, the L-Cysteine compositions described herein provide from about 1 ppb to 50 ppb of Nickel; in some embodiments, from about 1 ppb to about 40 ppb; in some embodiments, from about 1 ppb to about 30 ppb; or in some embodiments, from about 1 ppb to about 25 ppb; or in some embodiments from about 1 ppb to about 20 ppb,

when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

5 With respect to Arsenic, the L-Cysteine compositions described herein provide from about 0.1 ppb to 60 ppb of Arsenic; in some embodiments, from about 0.1 ppb to about 50 ppb; in some embodiments, from about 0.1 ppb to about 40 ppb; in some
embodiments, from about 0.1 ppb to about 30 ppb; in some embodiments, from about 0.1 ppb to about 25 ppb; or in some embodiments from about 0.1 ppb to about 20 ppb; in some
embodiments, from about 0.1 ppb to about 15 ppb; in some embodiments, from about 0.1
10 ppb to about 10 ppb; or in some embodiments, from about 0.1 ppb to about 5.0 ppb, when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

In some embodiments, the Arsenic, Mercury, Lead and other elements may be extracted from the container or from the stopper. In one specific embodiment, the extracted
15 out amount of Arsenic, Mercury, Lead, and Nickel combined from the stopper is 100 ppb or less. In other embodiments, the extracted amount of Arsenic, Mercury, Lead, and Nickel combined from the stopper is from about 10 to about 50 or from about 10 to about 100 ppb.

It should be recognized that in some instances the amount of a specific element present in the L-Cysteine compositions described herein may be below the Limit of
20 Quantitation (LOQ). In those instances, for purposes of this disclosure and claims made herein, the compositions may be considered to contain the lowest level described in the preceding paragraphs. For example, when Arsenic is determined to be below the LOQ, the Arsenic amount may be considered to be at 0.1 ppb. Therefore, all such instances where the compositions show amounts below the LOQ are within the contemplation of this
25 disclosure.

In certain embodiments, the compositions further comprise within the container, headspace gas that includes oxygen in an amount of from about 0.5% v/v to about 5.0 % v/v, or from about 0.5% v/v to about 4.0% v/v, or from about 0.5% v/v to about 3.5% v/v, from about 0.5% v/v to about 3.0 % v/v, or from about 0.5% v/v to about 2.5% v/v, or

from about 0.5% v/v to about 2.0 % v/v, or from about 0.5% v/v to about 1.5% v/v, or from about 0.5% v/v to about 1.0 % v/v, or in some cases from about 0.1% v/v to about 0.5% v/v, or from about 0.1% v/v to about 0.4% v/v, or from about 0.1% v/v to about 0.3% v/v, or from about 0.1% v/v to about 0.2% v/v. For the sake of clarity and the ease of discussion and measurement, these values are taken for the L-Cysteine composition at the time of its manufacture (“tine zero” data point), or during and up to 1 month from time zero. Additional time points beyond the 1-month from time zero data point may provide similar headspace oxygen levels.

Without wishing to be bound by theory, the dissolved oxygen levels and the head space oxygen levels within a sealed container of L-Cysteine compositions described herein may reach an equilibrium at some time point during its shelf-life. Such equilibrium may be maintained for a very short time, i.e., for a few seconds, or for a very long time, i.e., for several months. Such equilibrium may on occasion be disturbed by simple agitation. Therefore, it should be recognized that dissolved oxygen levels and headspace oxygen levels may fluctuate from one time point to another in terms of absolute numbers. However, the numbers are expected to stay within the ranges disclosed herein. Occasionally, one number (e.g., dissolved oxygen) may exceed or fall out of a certain range (e.g., from about 05 to about 3.0 PPM) at a 15-day time point, but may fall within that range at some other time point (e.g., 30 day time point, or later). Therefore, in some aspects, the ranges, subranges, and specific data points disclosed and discussed herein are valid and suitable for time points beyond the time zero and 1-month time points. In one aspect, the time points could be extended to 2-months, 3-months, 6-months, 9-months, 12-months, 15-months, 18-months, and 24 months.

In some aspects, the total amount of oxygen in the sealed container may be an appropriate measure to evaluate the stability of the L-Cysteine compositions herein. For example, the total amount of oxygen within the container may be arrived at by adding up the amount of dissolved oxygen in the carrier and the amount of head space oxygen. These values can also be expressed independently in separate units (i.e., dissolved oxygen as ppm and head space oxygen as % v/v). An example would be an L-Cysteine composition that contains a dissolved oxygen level of from about 0.1 ppm to 4.0 ppm and a head space

oxygen level of about 0.5% v/v to about 4.0% v/v.

5 The amount of oxygen present in the headspace of the container can be controlled by filling the headspace with an inert gas, such as nitrogen or argon. Alternatively, the head space oxygen may be controlled by vacuum operation without using an inert gas. In another aspect, the head space oxygen may be controlled by a combination of vacuum operation and inert gas overlay. In one particular aspect, the head space oxygen is controlled by repeated pulses of vacuum and inert gas overlay in tandem such that the process may start first with vacuum operation followed by inert gas overlay followed by vacuum operation. The combination of vacuum operation and inert gas overlay (or inert gas overlay and vacuum operation) is considered one pulse when both steps are used together. A typical head space control operation may comprise from one to eight pulses. Typically, there could be two, three, four, or five pulses. Each pulse could last from about one tenth of one second to five seconds or from five to fifteen seconds when conducted by automated high-speed equipment custom designed for this specific purpose. In some 10 embodiments, the pulse may last from about 0.1 to about 2.0 seconds. In some embodiments, the pulse may last from about 0.1 to about 1.0 seconds, or from about 0.1 to about 0.4 seconds. When done using manual methods, each pulse could take up to 30-60 seconds or longer. Such a manual process is described in more detail in Examples 1 and 4. Alternatively, a more automated process that was developed by the current inventors is described in Example 5. 15 20

In certain embodiments, the compositions are part of a total parenteral nutrition regimen. The L-cysteine compositions described herein can be admixed with amino acid solutions, such as crystalline amino acid injection, for example, commercially available TRAVASOL[®] and TRAVASOL E[®].

25 In certain aspects, the subject matter described herein is directed to a safe, stable composition from about 100 mL to about 1000 mL for administration via a parenteral infusion within about 24 to about 48 hours of admixture, comprising a mixture of a composition of L-Cysteine described herein; and an amino acid composition that is essentially free of L-Cysteine comprising one or more amino acids selected from the group

consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.

In certain embodiments, the subject matter described herein is directed to a stable TPN composition for infusion, comprising:

5 L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof;
Aluminum in an amount from about 10 parts per billion (ppb) to about 80 ppb;
cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

10 one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine;

a pharmaceutically acceptable carrier, comprising water,

wherein, the amounts are from about 100 mL to about 1,000 mL and the total
15 aluminum delivered by the said composition does not exceed about 4-5 mcg/kg/day. In certain embodiments, the amounts include 150 mL, 200 mL, 250 mL, 300 mL, 350 mL, 400 mL, 450 mL, 500 mL, 550 mL, 600 mL, 650 mL, 700 mL, 750 mL, 800 mL, 850 mL, 900 mL and 950 mL.

In certain embodiments, the stable composition for infusion comprises one or more
20 amino acids selected from the group consisting of leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine. In certain embodiments, the composition includes all of these. In certain embodiments, 500 mg of L-Cysteine is admixed with 12.5 gram of crystalline amino acid injection, such as that present in 250 mL of 5% crystalline amino acid injection.

25 In some aspects, 15 mg of L-Cysteine is admixed with one gram of amino acids. In some other aspect, 40 mg of L-Cysteine is admixed with one gram of amino acids. Depending on the needs of the subject, based on specific characteristics such as age, weight, and physiological factors such as renal function, the dose may be adjusted at or within these ranges of 15-40 mg of L-Cysteine per gram of amino acids. See, for example, Tables 1-2
30 above. Thus, the pharmaceutical compositions comprising L-Cysteine can be formulated,

dosed and administered in a fashion, *i.e.*, amounts, concentrations, schedules, course, and vehicles, consistent with good medical practice. The “therapeutically and nutritionally effective amount” of the compound to be administered will be governed by such considerations.

5 In certain embodiments, the compositions are essentially free of supplementary antioxidant. As used herein, this refers to the absence of any substance that is added to the compositions specifically as an antioxidant. Naturally occurring antioxidants may still be present.

10 In certain embodiments, the compositions that comprise one or more of the above amino acids are essentially free of dextrose. However, in certain embodiments, the compositions that comprise one or more of the above amino acids further comprise a sugar.

15 In certain embodiments, the pH of the compositions is about 1.0 to about 2.5, or about 1.6 to about 2.0, or about 1.6, or about 1.7, or about 1.8, or about 1.9 or about 2.0. For administration, the pH is generally adjusted by admixing with other components to a pH of about 6.0 to about 8.0, but generally around 7.0. In certain embodiments, the compositions are essentially free of a buffer. In certain embodiments, the compositions further comprise a buffer.

20 In particular embodiments, the subject matter described herein is directed to a stable L-cysteine composition for injection that can be useful for treatment of a variety of conditions, such as those described above. In further detail, L-cysteine can be administered in a variety of forms, such as the free base, L-cysteine hydrochloride, a pharmaceutically acceptable salt thereof (e.g. sodium salt, calcium salt, etc.), a hydrate thereof, the like, or a combination thereof. In some specific examples, L-cysteine can be included in the L-cysteine composition for injection as L-cysteine hydrochloride monohydrate.

25 In particular embodiments, the subject matter described herein is directed to a stable L-cysteine composition for injection, comprising:

 about 34.5 mg/mL of L-cysteine free base, or a pharmaceutically acceptable salt thereof and/or hydrate thereof;

 Aluminum in an amount of 130 ppb or below;

water;

wherein the composition is enclosed in a single-use container having a volume of from 10 mL to 100 mL, and is stable for 9 months or less.

5 In certain embodiments, the stable, safe L-cysteine composition can consist essentially of L-cysteine, water, Aluminum in an amount of less than 200 ppb, cystine in an amount from about 0.001 wt% to about 2 wt% relative to L-cysteine, pyruvic acid in an amount from about 0.001 wt% to about 2 wt% to L-cysteine, headspace oxygen that is less than 4.0% and dissolved oxygen from about 0.1 ppm to about 1 ppm. Other trace components or excipients do not materially affect the basic and novel characteristics of composition unless otherwise indicated, for example, undesirable anions and heavy metals.

10 The pharmaceutical composition (or formulation) for application may be packaged in a variety of ways depending upon the method used for administering the drug. Generally, an article for distribution includes a container having deposited therein the pharmaceutical formulation in an appropriate form. The container may also include a tamper-proof assemblage to prevent indiscreet access to the contents of the package. In addition, the container has deposited thereon a label that describes the contents of the container. The label may also include appropriate warnings, more specifically about the Aluminum content of the L-Cysteine composition. For example, the label may indicate that the Aluminum in the container may be at 100 ppb or 100 mcg/L. In another embodiment, 15 the label may indicate that the Aluminum in the container may be at 120 ppb or 120 mcg/L. In some specific embodiments, the Aluminum level may be described as not more than 120 ppb, or not more than 120 mcg/L, or NMT 120 ppb, or NMT 120 mcg/L. In addition to the label, the labeling associated with the L-Cysteine product may have the same description of Aluminum.

25 It should be understood that, as is customary in the pharmaceutical arts, the phrases “NMT” or “not more than” represents the upper limit, but also is understood not to mean that the value is zero or even can be zero. For example, a statement that the Aluminum levels are NMT 120 ppb is not understood by the practitioners in the art that the Aluminum levels are at zero ppb in that particular vial bearing that label. Pharmacists and other health

care professionals instead would interpret for purposes of calculating the Aluminum content of a TPN preparation using that specific L-Cysteine vial that the Aluminum levels are at 120 ppb so that, even if the actual amount is lower than the 120 ppb in the product, they err on the conservative side. This is the custom in the pharmaceutical industry developed and practiced to safeguard the health of patients. If indeed the label is intended to convey with certainty that the actual Aluminum level is zero ppb, the label then would state that fact or indicate that the product is free of Aluminum.

Similarly, any numerical value expressed as “less than” is intended to convey that the value is below that certain numerical value, including, as the case may be zero. For example, when it is stated herein that Aluminum levels are less than about 20 ppb, it is understood that in some embodiments the Aluminum can be, but not necessarily in all cases, anywhere from zero to about 19 ppb. It is also understood that this may, but not necessarily in all cases, encompass those situations where the levels are below quantitation limit, but the presence of Aluminum is detectable. In those cases where the Aluminum (or any other measured material generally) where the material is detectable but is below the level of quantitation, that numerical value can be considered for example as being about 1.0 (for Aluminum) or 0.001 (for Cystine or Pyruvic acid), or 1.0 ppb (for elements) or 1.0 ppm (for iodide or fluoride). Unless an actual analysis is made of the product and a specific number is determined, there is no certainty of the actual value. The US FDA does not require this precision in the labeling on a product-by-product or even batch-by-batch because that is impracticable in a commercial supply chain setting for drug products.

Thus, the phrases “NMT” or “not more than” or “less than” are terms of art in the pharmaceutical industry. Those in the industry do not assume these terms necessarily represent zero in all cases, even though that is a possibility. When calculating the Aluminum amounts for purposes of preparing parenteral nutrition products the artisan never assumes the Aluminum levels are zero in order to safeguard the patient health. Accordingly, this present disclosure and the claims derived therefrom are to be read and understood in light of this custom and practice in the art.

As mentioned above, the L-cysteine compositions for infusion may optionally be mixed with pharmaceutically acceptable excipients, also described in *Remington's Pharmaceutical Sciences* (1980) 16th edition, Osol, A. Ed., Mack Publishing Co., Easton, PA.

5 As noted above, the diluted L-cysteine composition for infusion can typically have a pH of from about 5.0 to about 8.0, or from about 6.0 to about 7.0. However, dilution and administration of the L-cysteine composition for infusion will typically be overseen by a licensed medical professional, who may recommend a pH outside of the ranges recited herein under certain circumstances. Additionally, the diluted L-cysteine composition for
10 infusion can typically have a tonicity of from about 250 milliosmoles/liter (mOsmol/L) to about 1,000 mOsmol/L, or more, or of from about 350 mOsmol/L to about 475 mOsmol/L. However, dilution and administration of the L-cysteine composition for infusion will typically be overseen by a licensed medical professional, who may recommend a tonicity outside of the ranges recited herein under certain circumstances.

15 III. Methods

The subject matter described herein is directed to methods of treating a subject having an adverse health condition that is responsive to L-cysteine administration. The methods can include diluting the stable L-cysteine composition described herein with an intravenous fluid to prepare a diluted L-cysteine composition for infusion. The methods
20 can further include parenterally administering the diluted L-cysteine composition to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

In certain embodiments, the subject matter described herein is directed to a method of reducing Aluminum administration from a total parenteral nutrition regimen comprising
25 L-cysteine, the method comprising, mixing a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:

Aluminum in an amount from about 1.0 parts per billion (ppb) to about 250 ppb or from about 10 ppb to about 80 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine; and

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

5 with a composition comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and

a pharmaceutically acceptable carrier, comprising water,
to form a composition for infusion of about 100 mL to about 1000 mL,

10 wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

In certain aspects, the compositions and methods described herein are directed to methods of administering L-Cysteine together with a composition for parenteral nutrition, comprising:

15 diluting a stable L-cysteine composition for injection as described herein with a parenteral nutrition composition to form a mixture; and

parenterally administering the mixture to a subject in need thereof in a therapeutically and/or nutritionally effective dose. In one aspect, the subject is a neonatal weighing less than 2 kilos. In another aspect, the subject is a pediatric patient that is from
20 about 0.2 kilos to about 20 kilos. In another aspect, the subject is an adult requiring parenteral nutrition.

In certain embodiments, the subject matter described herein is directed to a method of reducing Aluminum administration from a parenteral nutrition regimen comprising L-cysteine, comprising:

25 administering to a subject a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof;

Aluminum in an amount from about 10.0 parts per billion (ppb) to about 250 ppb, or from about 10 ppb to about 80 ppb;

cystine in an amount from about 0.01 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.01 wt% to about 2.0 wt% relative to L-cysteine;

one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine,

5

a pharmaceutically acceptable carrier, comprising water, wherein, the amounts are about 100 mL to about 1,000 mL,

wherein the Aluminum administered to said subject is reduced compared to administration of a standard parenteral composition comprising L-cysteine and Aluminum at a range of from about 900 ppb to about 5,000 ppb.

10

In certain embodiments, the methods provide that the reduction in the amount of Aluminum administered is relative to the amount of Aluminum in a L-cysteine injection composition having more than 500 ppb Aluminum, or more than 250 ppb Aluminum. The relative reduction in Aluminum can be up to 90%, up to 80%, up to 70%, up to 60%, up to 50%, up to 40%, up to 30%, up to 20%, up to 10%, or up to 5%, as compared to the amount of Aluminum administered with a L-cysteine composition having more than 500 ppb Aluminum, or more than 250 ppb Aluminum. In certain embodiments, the reduction occurs over the span of a day, a week, a month or the duration of the TPN regimen.

15

In certain aspects, the subject matter described herein is directed to methods of treating a subject having an adverse health condition that is responsive to L-cysteine administration, comprising:

20

diluting a stable L-cysteine composition as described herein with an intravenous fluid to prepare a diluted L-cysteine composition for infusion; and

infusing the diluted L-cysteine composition for infusion to a subject to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

25

In certain embodiments, the method of treating a subject having an adverse health condition that is responsive to L-cysteine administration further comprises, before the diluting step, admixing the stable L-cysteine composition with an amino acid solution, such

as, crystalline amino acid injection. In this aspect, the methods comprise diluting with an intravenous fluid the stable L-cysteine composition admixed with an amino acid solution, wherein the fluid comprises dextrose.

5 In certain embodiments, the adverse health condition is the lack of a necessary enzyme in the trans-sulfuration pathway that converts methionine to L-cysteine. Other adverse health conditions include inadequate absorption resulting from short bowel syndrome; gastrointestinal fistula; bowel obstruction; prolonged bowel rest; severe malnutrition; significant weight loss and/or hypoproteinaemia when enteral therapy is not possible; other disease states or conditions in which oral or enteral feeding are not an
10 option.

For most preterm infants, the administration should be considered as a short-term bridge to provide nutritional support until full enteral nutrition can be provided. Such instances include: Immediately after birth, to provide essential nutrition as enteral feeds are commenced and advanced, and/or during periods of acute gastrointestinal malfunction (eg,
15 due to septic ileus or necrotizing enterocolitis).

In certain embodiments, the administering is a single daily dose, or multiple daily doses, or is administered in accordance with a TPN regimen, for example, the dosing can be over a day, several days, a week or several weeks, a month or several months.

20 In certain embodiments, the subject is an infant or pre-term infant from newborn until about 6 months of age. As presented in Tables 1 and 2 above, the subjects can be from a pre-term infant to an adult that is in need of L-Cysteine supplementation. Thus, the subject can be a subject “in need of” the methods of described herein, for example, in need of the therapeutic effects or prophylactic benefits of the methods. In certain embodiments, the subject is a subject in need of a total parenteral nutrition (TPN) regimen.

25 In certain embodiments, the intravenous fluid is selected from the group consisting of isotonic saline, glucose solution, glucose saline, dextrose solution, crystalline amino acid solution, lipids, and combinations thereof.

In certain embodiments, the L-cysteine is L-cysteine hydrochloride monohydrate.

In certain embodiments, the diluted L-cysteine composition for infusion is typically administered via intravenous infusion. The selection of administration rate and site of infusion (i.e., via a peripheral or central vein) are within the ordinary skill in the art of medicine, pharmaceutical, nursing, and nutritional sciences.

5 The diluted L-cysteine composition for infusion can be administered until a therapeutically effective dose is achieved. In some examples, a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof can be from about 0.01 mg to about 2.0 mg L-cysteine. Again, therapeutically effective doses can depend on whether the patient is a pediatric patient or an adult patient. For example,
10 for preterm or term infants less than 1 month of age, the therapeutically effective dose is about 45 to 60 mcg/kg/day. For pediatric patients 1 month to less than 1 year of age, the therapeutically effective dose is 30 to 45 mcg/kg/day. For pediatric patients 1 year to 11 years of age, the therapeutically effective dose is about 15 to 30 mcg/kg/day. For pediatric patients 12 years to 17 years of age, the therapeutically effective dose is about 4 to 7.5
15 mcg/kg/day. For adults, i.e., stable patients, the therapeutically effective dose is 4 to 5 mcg/kg/day. For adults that are critically ill, the therapeutically effective dose is 7.5 to 10 mcg/kg/day.

 The number of doses given daily can vary as desired or needed per the therapeutically effective dosing regimen. In some examples, the therapeutically effective dosing regimen can include daily administration of the diluted L-cysteine composition. In
20 other examples, the therapeutically effective dosing regimen can include twice-daily administration of the diluted L-cysteine composition. In some further examples, the therapeutically effective dosing regimen can provide less than or equal to 5 µg/kg/d of Aluminum. In still further examples, the therapeutically effective dosing regimen can provide less than or equal to 4 µg/kg/d of Aluminum, or less than or equal to 3 µg/kg/d of Aluminum. In certain embodiments, the methods result in a daily dosage of Aluminum
25 from the composition of from about 2 µg/kg/d to not more than 5 µg/kg/d.

 The diluted L-cysteine composition for infusion can be administered for the treatment of a number of conditions. For example, L-cysteine can be administered to meet

the intravenous amino acid nutritional requirements of individuals (e.g. infants) receiving total parenteral nutrition. As such, in some examples, the subject can be a subject in need of total parenteral nutrition (TPN). In some additional examples, L-cysteine can be administered for the treatment of osteoarthritis, rheumatoid arthritis, angina, chronic
5 bronchitis, chronic obstructive pulmonary disease (COPD), influenza, acute respiratory distress syndrome (ARDS), diabetes (e.g. type 2 diabetes), the like, or a combination thereof.

In certain embodiments, the subject matter described herein is directed to methods of preparing a composition, comprising:

- 10 Stirring Water for Injection, USP (WFI) in a vessel at a temperature of NMT about 60°C;
 Contacting the stirring WFI with Argon until the dissolved oxygen is NMT 1 ppm;
 Allowing the vessel to cool to a temperature of NMT 30°C;
 Contacting under the Argon the WFI with L-Cysteine Hydrochloride,
15 Monohydrate, USP (L-Cysteine) for NLT about 15 mins;
 Continuing the mixing under Argon until the dissolved oxygen is NMT 1 ppm;
 Adjusting the pH to about 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF;
 Mixing for a minimum of about 10 minutes;
20 Capping the vessel under Argon and allowing to stand;
 Filling said mixed liquid into individual single use containers;
 Reducing head space oxygen to about 5.0% to 0.5% and sealing said containers wherein the dissolved oxygen in the container is about 0.1 ppm to about 5 ppm.

25 The subject matter described herein includes, but is not limited to, the following specific embodiments:

1. A stable L-cysteine composition for parenteral administration, comprising:
 L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

5 pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

10 dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,

wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

15 2. The composition of embodiment 1, wherein the composition is essentially free of an antioxidant.

3. The composition of embodiment 1 or 2, wherein said Aluminum is present in an amount from about 1.0 ppb to about 200 ppb.

20 4. The composition of embodiment 1, 2, or 3, wherein said Aluminum is present in an amount from about 1.0 ppb to about 180 ppb.

5. The composition of embodiment 1, 2, 3 or 4, wherein said Aluminum is present in an amount from about 1.0 ppb to about 170 ppb.

6. The composition of embodiment 1, 2, 3, or 5, wherein said Aluminum is present in an amount from about 1.0 ppb to about 160 ppb.

25 7. The composition of embodiment 1, 2, 3, 4, 5 or 6, wherein said Aluminum is present in an amount from about 1.0 ppb to about 150 ppb.

8. The composition of embodiment 1, 2, 3, 4, 5, 6 or 7, wherein said Aluminum is present in an amount from about 1.0 ppb to about 130 ppb.

30 9. The composition of embodiment 1, 2, 3, 4, 5, 6, 7 or 8, wherein said Aluminum is present in an amount from about 1.0 ppb to about 100 ppb.

10. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10, wherein said Aluminum is present in an amount from about 1.0 ppb to about 50 ppb.
11. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or 11, wherein said Aluminum is present in an amount from about 1.0 ppb to about 20 ppb or from about 1.0
5 ppb to about 10 ppb.
12. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or 11, further comprising one or more heavy metals selected from the group consisting of Lead (in an amount of from about 1 ppb to about 10 ppb), Nickel (in an amount of from about 5 ppb to about 40 ppb), Arsenic (in an amount of from about 0.1 ppb to about 10 ppb), and Mercury (in an
10 amount of from about 0.2 ppb to about 5.0 ppb).
13. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 or 12, wherein said heavy metals are present in total in an amount from about 2.0 ppb to about 8.0 ppb.
14. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 or 13, further comprising iodide and fluoride, each present in an amount from about 0.1 ppm to about 20
15 ppm.
15. The composition of embodiment 14, wherein said ions are present in total an amount from about 2.8 ppm to about 5.8 ppm.
16. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 or 15, wherein said dissolved oxygen is present in an amount from about 0.1 ppm to about 5 ppm.
- 20 17. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 or 16, wherein said dissolved oxygen is present in an amount from about 0.1 ppm to about 3 ppm.
18. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 or 17, wherein said dissolved oxygen is present in an amount from about 0.10 ppm to about 2.0 ppm.
- 25 19. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 or 18, wherein said dissolved oxygen is present in an amount from about 0.1 ppm to about 1.0 ppm.
20. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 or 19, wherein the composition has been stored at room temperature.

21. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 or 20, wherein the storage is for 1 year or less.
22. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 or 21, wherein the storage is for about 9 months.
- 5 23. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 or 22, wherein L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in the composition in an amount from about 20 mg/mL to about 70 mg/mL.
24. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16,
10 17, 18, 19, 20, 21, 22 or 23, wherein L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in the composition in an amount of about 50 mg/mL.
25. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 or 24, wherein the container is an internally coated glass container.
- 15 26. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 or 25, wherein said internally coated glass container is coated with SiO₂.
27. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 or 26, essentially free of cystine precipitate.
- 20 28. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26 or 27, wherein said L-cysteine is present in an amount of about 37.5 mg/mL as free base, or a pharmaceutically acceptable salt thereof and/or hydrate thereof.
29. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16,
25 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 3 months or less, said Aluminum comprising, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.
30

30. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 6 months or less, said Aluminum comprising, from about 0 ppb to about 100
5 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 0 ppb to about 20 ppb of Aluminum from the water.

31. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the
10 composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 9 months or less, said Aluminum comprising, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

32. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the
15 composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 12 months or less, said Aluminum comprising, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from
20 the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

33. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition
25 in an amount not more than 2 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

34. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition
in an amount not more than 1 wt% relative to L-cysteine after storage at ambient
temperature for a period of 9 months or less.

35. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.
- 5 36. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition in an amount of about 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 about months.
- 10 37. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 2 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.
- 15 38. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 1 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.
- 20 39. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.
- 25 40. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.
- 30 41. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.2 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.
42. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the

composition in an amount not more than 0.1 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

43. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 1.0%.

44. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.9%.

45. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.8%.

46. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.6%.

47. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.4%.

48. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.2%.

49. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the pH of the composition is about 1.6 to about 2.0.

50. A stable composition from about 100 mL to about 1000 mL for administration via a parenteral infusion within about 24 to about 48 hours of admixture, comprising a mixture of a composition of L-Cysteine of embodiments 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48 or 49; and an amino acid composition that is essentially free of L-Cysteine comprising one or more amino acids selected from the group consisting

of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.

51. The stable composition for infusion of embodiment 50, wherein the composition of L-Cysteine is the composition of embodiment 1, 12 or 28.

5 52. The stable composition for injection of embodiment 50 or 51, wherein the Aluminum is present in an amount from about 1.0 parts per billion (ppb) to about 100 ppb.

53. The stable composition for injection of embodiment 50, 51 or 52, wherein the Aluminum is present in an amount from about 1.0 parts per billion (ppb) to about 50.0 ppb.

10 54. The stable composition for injection of embodiment 50, 51, 52 or 53, wherein the Aluminum is present in an amount from about 1.0 parts per billion (ppb) to about 30.0 ppb.

55. The stable composition for injection of embodiment 50, 51, 52, 53 or 54, further comprising a sugar.

56. The stable composition for injection of embodiment 50, 51, 52, 53, 54 or 55, wherein the sugar is dextrose.

15 57. A method of reducing Aluminum administration from a parenteral nutrition regimen comprising L-cysteine, comprising:

administering to a subject a composition of embodiment 50, 51, 52, 53, 54, 55 or 56,

20 wherein the Aluminum administered to said subject is reduced compared to administration of a standard parenteral composition comprising L-cysteine.

58. The method of embodiment 57, wherein the Aluminum is reduced by about 5%, or about 10%, or about 15%, or about 20%, or about 25%, or about 30%, or about 35%, or about 40%, or about 45%, or about 50%, or about 55%, or about 60%, or about 65%, or about 70%, or about 75%, or about 80%, or about 85%, or about 90%, or about 95%.

25 59. A method of reducing Aluminum administration from a total parenteral nutrition regimen comprising L-cysteine, the method comprising, mixing a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:

Aluminum in an amount from about 10 parts per billion (ppb) to about 80 ppb;

30 L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine; and

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

with a composition comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and

a pharmaceutically acceptable carrier, comprising water,

to form a composition for infusion having a volume of about 100 mL to about 1000 mL, wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

60. A method of treating a subject having an adverse health condition that is responsive to L-cysteine administration, comprising:

diluting a stable L-cysteine composition of embodiments 50, 51, 52, 53, 54, 55 or 56, with an intravenous fluid to prepare a diluted L-cysteine composition for infusion; and

infusing the diluted L-cysteine composition for infusion to a subject to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

61. The method of embodiment 57, 58, 59, or 61, wherein said administering is from 30 minutes to about 24-48 hrs.

62. The method of embodiment 61, wherein the amount of Aluminum in the composition results in a daily dosage of Aluminum from about 1 mcg/kg/day to about 4 mcg/kg/day, or about 2 mcg/kg/day to about 4 mcg/kg/day, or about 1 mcg/kg/day to about 5 mcg/kg/day, or about 2 mcg/kg/day to about 5 mcg/kg/day.

63. The method of embodiment 61 or 62, wherein the intravenous fluid is a member selected from the group consisting of: isotonic saline, glucose solution, glucose saline, dextrose solution, crystalline amino acid solution, and combinations thereof.

64. The method of embodiment 61, 62 or 63, wherein administering is performed via intravenous infusion.

65. The method of embodiment 61, 62, 63, or 64, wherein L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is administered at a rate of from about 1 mL/min to about 10 ml/min.

66. The method of embodiment 61, 62, 63, 64 or 65, wherein the therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is an amount from about 50 mg to about 1200 mg.
67. The method of embodiment 61, 62, 63, 64, 65 or 66, wherein the therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is an amount of about 100-500 mg.
68. The method of embodiment 61, 62, 63, 64, 65, 66 or 67, wherein the L-cysteine is L-cysteine hydrochloride monohydrate.
69. The method of embodiment 61, 62, 63, 64, 65, 66, 67 or 68, wherein the subject is a subject in need of total parenteral nutrition (TPN).
70. The method of embodiment 61, 62, 63, 64, 65, 66, 67, 68 or 69, wherein the subject is an infant having an age of 6 months or less.
71. The method of embodiment 61, 62, 63, 64, 65, 66, 67, 68, 69, 70 or 71, wherein the therapeutically effective dosing regimen is a total parenteral nutrition (TPN) dosing regimen.
72. A method of preparing the composition of any above embodiment, comprising stirring Water for Injection, USP (WFI) in a vessel at a temperature of NMT about 60°C;
- Contacting the stirring WFI with Argon until the dissolved oxygen is NMT 1 ppm;
- Allowing the vessel to cool to a temperature of NMT 30°C;
- Contacting under the Argon the WFI with L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) for NTL about 15 mins;
- Continuing the mixing under Argon until the dissolved oxygen is NMT 1 ppm;
- Adjusting the pH to about 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF;
- Mixing for a minimum of about 10 minutes;
- Capping the vessel under Argon and allowing to stand; and

Performing Head Space oxygen Reduction after filling, wherein the dissolved oxygen is about 0.1 ppm to about 5 ppm.

With this in mind, the following examples are intended to illustrate, but not limit, various aspects of the compositions and methods described herein.

5

Examples

Example 1

Compounding L-Cysteine Hydrochloride Injection, USP, 50 mg/mL, 10 mL Vial

10 Compounding was initiated with the addition of 40 ± 1.0 kg of Water for Injection, USP (WFI) was added to the Xcellerex Mixing System via an addition funnel. A target water temperature of NMT 60°C was maintained throughout WFI addition using a heat exchanger. With continuous mixing at a speed of 126 rpm, Argon overlaying of the WFI began in the mixing bag and continued until the dissolved oxygen was NMT 1 ppm; then
15 the mixing bag was allowed to cool to a temperature of NMT 30°C .

 With continuous mixing and Argon overlaying, the L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) was added directly into the vortex of the mixing bag. The mixing continued for NLT 15 minutes or until complete dissolution was observed. The dissolved oxygen content was measured and recorded prior to the addition of L-
20 Cysteine, immediately following the addition of L-Cysteine, and following the NLT 15-minute mixing period. With continuous mixing and Argon overlaying, the temperature, pH and dissolved oxygen of the solution was measured and recorded. Argon overlaying continues until the dissolved oxygen was NMT 1 ppm.

 With continuous mixing and Argon overlaying, the solution's pH was adjusted to a
25 target of 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF. Following pH adjustment, the solution was allowed to mix for a minimum of 10

minutes, and then the pH was verified and adjusted as needed with the Hydrochloric Acid, NF and/or N Sodium Hydroxide, NF. Then, the solution’s weight, adjusted pH and dissolved oxygen was measured and recorded.

5 With continuous mixing and Argon overlaying, the solution was q.s.’d with the WFI to a final weight of 50.6 kg and allowed to mix for approximately 10 minutes. The final solution weight, solution temperature, solution pH, and dissolved oxygen was then measured and recorded. Following these steps, the mixing bag was fully inflated with Argon and capped, and the solution was transferred from the mixing bag to the solution holding bag.

10

Example 2

L-Cysteine Injection in High Quality Glass Vials

L-Cysteine injection was compounded as per Example 1. The bulk solution was filled then using high quality glass vials (10 mL) from Schott. These vials are known as Schott Type 1 USP glass. The glass was a standard glass of pharmaceutical quality but was uncoated. The product was put on stability and was monitored for impurities, particulates, and Aluminum. The product was quite stable for all the time points tested up to 12 months. There were no unacceptable particulate counts.

However, as the data show, the product resulted in an unacceptably high aluminum content. The data for aluminum levels are shown below.

20

Table 6. Aluminum Levels

Lot #	Release	6 Months	
		25°C/60% RH	40°C/75% RH
XMHH1609	212 ppb	569 ppb	1,306 ppb
XMHH1610	199 ppb	748 ppb	1,374 ppb
XMHH1611	230 ppb	726 ppb	1,044 ppb

Example 3

L-Cysteine Injection in Plastic Vials

L-Cysteine injection was compounded as per Example 1. The bulk solution was filled then using plastic vials obtained from Medicopak, Inc. These vials are made of cyclic olefin copolymer (COC). The product was put on stability and was monitored for impurities, particulates, and Aluminum. The product was not stable beyond 1 month at accelerated storage conditions and failed at room temperature conditions by the third month data point.

Table 7. Particulate levels

Lot Number/ Vial	Release	1 Month / 40°C/75% RH*	3 Month / 25°C/60% RH*
XMHG1700/ 10 mL COC vial	Passing	Failed Visual, particulates	Failed Visual, particulates
XMHG1701/ 10 mL COC vial	Passing	Failed Visual, particulates	Failed Visual, particulates
XMHG1702/ 10 mL COC vial	Passing	Failed Visual, particulates	Failed Visual, particulates

However, the product showed acceptable aluminum content. The data for aluminum levels are shown below.

Table 8. Aluminum Levels

<u>Time Point</u>	<u>Lot XMHG 1700</u>	<u>Lot XMHG 1701</u>	<u>Lot XMHG 1702</u>
<u>Time Zero</u>	<u>1 ppb</u>	<u>2 ppb</u>	<u>1 ppb</u>

Aluminum at additional time points was not measured because the product was abandoned due to unacceptably high particulate count.

Example 4

Headspace Reduction and Argon Overlay

Data from Example 3 show that plastic vials do not provide the desired purity and stability of a L-cysteine composition for injection. This study was to evaluate the parameters to determine headspace oxygen reduction conditions. The product was manufactured as per Example 1. The drug product was overlaid with Argon until the dissolved oxygen levels were no more than (NMT) 1 part per million (PPM). Vials were filled and placed in the VirTis Benchmark Lyophilizer, OP4159, for Head Space reduction. In addition, empty vials were also placed into the lyo for Head Space reduction as part of the study.

Multiple points were monitored during the manufacturing process as part of the study including the following: 1) Compounding; 2) Pre-Filling; 3) Filling; 4) Post Filling; and 5) Head Space Reduction (HSR). The monitoring involved taking dissolved oxygen (DO) measurements on drug product for filled vials throughout the manufacturing process and performing Head Space Gas Analysis on drug product for both filled and empty vials post head space reduction. Additionally, fill hold samples representing the maximum exposure during the filling step were analyzed for the dissolved oxygen and Head Space Oxygen Analysis.

The sampling and testing that was performed per the study is shown in Table 9. Samples were collected throughout the manufacturing process to determine the impact of critical process parameters on its predetermined critical quality attribute.

Table 9: Sampling and Testing Methodology

Operation	Sample Location/Quantity	Testing Requirements	Acceptance Criteria
Compounding	The bulk solution was mixed under Argon overlaying. Measure and record final solution weight, solution temperature, solution pH, and dissolved oxygen. Measure and record the final dissolved oxygen.	Dissolved Oxygen	Dissolved Oxygen < 1 ppm

Filling	For Load A [Trays 1 – 4, 17 – 20] use forceps to remove four (4) filled vials from each tray as it is filled. Fully seat the stoppers of the removed filled vials immediately after removal and then label vials appropriately.	Dissolved Oxygen	Dissolved Oxygen =Report Value
Filling Hold	<p>As Tray 1 is loaded into the Lyo, using forceps, carefully remove 20 vials from the appropriate locations. Do not fully stopper the vials. Mark the vials “Fill Hold”</p> <p>Similarly, after Tray 21 has been completely filled and is being placed into the cart, use forceps to remove twenty (20) filled vials from the appropriate</p> <p>As Tray 21 is being loaded into the Lyophilizer for Head Space Reduction, use forceps to remove two (2) of the vials marked “Fill Hold”, fully seat the stoppers of the vials, and label appropriately.</p>	Dissolved Oxygen	Dissolved Oxygen =Report Value
Lyo Loading	For Trays 1 – 4, 17 – 20, 21 – 24, and 37 – 40, use forceps to remove two (2) filled vials, as each tray is loaded into the Lyo, fully seat the stoppers of the vials, and label appropriately.	Dissolved Oxygen	Dissolved Oxygen =Report Value
Capping	Following headspace reduction and immediately prior to loading each tray into the RAB for capping, use forceps to remove four (4) filled vials from each tray. Place a mark on each of the removed vials for identification purposes and place the marked vials back into the tray. Load the tray into the RAB for capping. Following the capping of each tray, remove the marked vials from the tray and label appropriately.	Dissolved Oxygen Head Space Gas Analysis	Dissolved Oxygen =Report Value Head Space Gas Analysis =Report Value

Capping Fill Hold	Following headspace reduction and capping, remove the eighteen (18) vials marked "Fill Hold" from Tray 21 for testing.	Dissolved Oxygen Head Space Gas Analysis	Dissolved Oxygen =Report Value Head Space Gas Analysis =Report Value
----------------------	--	---	---

The data collected are as follows: Dissolved oxygen; Comparison of dissolved oxygen levels per tray at various stages of the manufacturing process; Filled vials head space oxygen; Held vials dissolved oxygen (ppm) and head space oxygen content (%); Comparison of Post Head Space Dissolved Oxygen (ppm) and Head Space Oxygen Content (%).

Dissolved oxygen data at various stages of the manufacturing process are shown in Table 10. A two (2) hour delay in the DO testing for the Post Filling - Pre HSR samples (Tray 1 – 4; tested using gas calibration) exhibited an average value of 11.77 ppm, an increase of 6.65 ppm from the average of 5.12 ppm measured live time after filling using the liquid calibration. Furthermore, the samples tested live time but using the gas calibration (Tray 17 – 20) exhibited an average value of 6.41 ppm, an increase of 1.29 ppm from the average of 5.12 ppm measured after filling using the liquid calibration. Starting Tray 21 of the Post Filling – Pre HSR step, the calibration was corrected to a liquid calibration. Comparison of dissolved oxygen levels at various stages of the manufacturing process is provided in Figures 1 and 2.

Table 10. Dissolved Oxygen Levels.

Tray Number	Post Filling – Pre HSR (ppm)	Post Filling – During Loading of Lye (ppm)	Post HSR – Capping – Filled Vials (ppm)
1	11.932	10.179	0.480
2	11.228	9.925	0.470
3	11.486	10.577	0.508
4	12.441	10.370	0.409
17	6.808	9.893	0.525

18	6.628	9.859	0.707
19	5.860	9.854	0.486
20	6.343	9.720	0.495
21	5.641	10.329	0.735
22	5.374	10.308	0.546
23	5.190	10.149	0.481
24	7.073	9.844	0.541
37	4.328	9.544	0.403
38	3.604	9.251	0.378
39	4.559	9.265	0.390
40	5.173	9.577	0.369
Average	5.117	9.915	0.495
STD	1.03	0.39	0.11
%RSD	20.1	3.9	21.3

Tray Number	Post Filling -Pre HSR (ppm)	Post Filling - During Loading of Lvo (ppm)	Post HSR -Capping - Filled Vials (ppm)
1	11.932	10.179	0.480
2	11.228	9.925	0.470
3	11.486	10.577	0.508
4	12.441	10.370	0.409
17	6.808	9.893	0.525
18	6.628	9.859	0.707
19	5.860	9.854	0.486
20	6.343	9.720	0.495
21	5.641	10.329	0.735
22	5.374	10.308	0.546
23	5.190	10.149	0.481
24	7.073	9.844	0.541
37	4.328	9.544	0.403
38	3.604	9.251	0.378
39	4.559	9.265	0.390
40	5.173	9.577	0.369
Average	5.117	9.915	0.495
STD	1.03	0.39	0.11
%RSD	20.1	3.9	21.3

Table 11. Filled Vials Head Space Oxygen.

Tray Number	Post HSR -Capping - Filled Vials (% Oxygen)	Post Capping - Empty Vials (% Oxygen)
1	1.147	0.984
2	1.399	1.116
3	1.551	0.980

4	0.950	1.139
17	1.382	1.156
18	1.766	1.236
19	1.154	1.224
20	1.265	1.180
21	1.844	1.221
22	1.365	1.169
23	0.890	1.295
24	1.148	1.114
37	0.880	1.300
38	0.871	1.151
39	0.850	1.097
40	0.889	1.042
Average	1.209	1.150
STD	0.32	0.10
%RSD	26.7	8.3

<u>Tray Number</u>	<u>Post HSR -Capping - Filled Vials (% Oxygen)</u>	<u>Post Capping - Empty Vials (% Oxygen)</u>
<u>1</u>	<u>1.147</u>	<u>0.981</u>
<u>2</u>	<u>1.399</u>	<u>1.116</u>
<u>3</u>	<u>1.551</u>	<u>0.980</u>
<u>4</u>	<u>0.950</u>	<u>1.139</u>
<u>17</u>	<u>1.382</u>	<u>1.156</u>
<u>18</u>	<u>1.766</u>	<u>1.236</u>
<u>19</u>	<u>1.154</u>	<u>1.224</u>
<u>20</u>	<u>1.265</u>	<u>1.180</u>
<u>21</u>	<u>1.844</u>	<u>1.221</u>
<u>22</u>	<u>1.365</u>	<u>1.169</u>
<u>23</u>	<u>0.890</u>	<u>1.295</u>
<u>24</u>	<u>1.148</u>	<u>1.114</u>
<u>37</u>	<u>0.880</u>	<u>1.300</u>
<u>38</u>	<u>0.871</u>	<u>1.151</u>
<u>39</u>	<u>0.850</u>	<u>1.097</u>
<u>40</u>	<u>0.889</u>	<u>1.042</u>
<u>Average</u>	<u>1.209</u>	<u>1.150</u>
<u>STD</u>	<u>0.32</u>	<u>0.10</u>
<u>%RSD</u>	<u>26.7</u>	<u>8.3</u>

Table 12. Held vials dissolved oxygen (ppm) and head space oxygen content (%).

Held Vials – Tray 1 / Tray 21	Dissolved Oxygen	Dissolved Oxygen	Head Space Oxygen %
	Post Filling – Loading of Lvo (ppm)	Post HSR – Capping – Filled Vials (ppm)	Post HSR – Capping – Filled Vials (%)
Sample 1	10.685	0.578	1.563
Sample 2	10.467	0.588	1.390
Sample 3	=	0.565	1.522
Sample 4	=	0.550	1.447
Average	10.576	0.570	1.481
STD	0.15	0.02	0.08
%RSD	1.5	2.9	5.2

<u>Held Vials– Tray 1 / Tray 21</u>	<u>Dissolved Oxygen Post Filling – Loading of Lvo (ppm)</u>	<u>Dissolved Oxygen Post HSR – Capping – Filled Vials (ppm)</u>	<u>Head Space Oxygen % Post HSR- Capping – Filled Vials (%)</u>
<u>Sample 1</u>	<u>10.685</u>	<u>0.578</u>	<u>1.563</u>
<u>Sample 2</u>	<u>10.467</u>	<u>0.588</u>	<u>1.390</u>
<u>Sample 3</u>	<u>=</u>	<u>0.565</u>	<u>1.522</u>
<u>Sample 4</u>	<u>=</u>	<u>0.550</u>	<u>1.447</u>
<u>Average</u>	<u>10.576</u>	<u>0.570</u>	<u>1.481</u>
<u>STD</u>	<u>0.15</u>	<u>0.02</u>	<u>0.08</u>
<u>%RSD</u>	<u>1.5</u>	<u>2.9</u>	<u>5.2</u>

Table 13. Comparison of Post Head Space Dissolved Oxygen (ppm) and Head Space Oxygen Content (%).

	Dissolved Oxygen Pre HSR (ppm)	Dissolved Oxygen Post HSR – (ppm)	Head Space Oxygen % Post HSR (%)
PROT-000055 Study Empty Vials Avg			1.170
PROT-000055 Study Filled Vials Avg	10.576	0.570	1.481
2018-RD-022 Study Empty Vials Avg			1.46
2018-RD-022 Study Filled Vials Avg	7.16	3.57	1.37
2018-RD-022 Study Empty Vials Avg			1.38
2018-RD-022 Study Filled Vials Avg		0.02	1.38
2018-RD-022 Study Empty Vials Avg			1.18

5

	<u>Dissolved Oxygen Pre HSR (ppm)</u>	<u>Dissolved Oxygen Post HSR – (ppm)</u>	<u>Head Space Oxygen % Post HSR (%)</u>
<u>PROT-000055 Study</u>	<u>=</u>	<u>=</u>	<u>1.150</u>

<u>Empty Vials Avg.</u>			
<u>PROT-00055 Study Filled Vials Avg.</u>	<u>9.915</u>	<u>0.495</u>	<u>1.209</u>
<u>2018-RD-022 Study Empty Vials Avg.</u>	=	=	<u>0.49</u>
<u>2018-RD-022 Study Filled Vials Avg.</u>	<u>7.14</u>	<u>2.55</u>	<u>1.27</u>
<u>Lot XMHJ1705</u>	=	<u>0.637</u>	<u>2.28</u>
<u>Lot XMHJ1706</u>	=	<u>0.391</u>	<u>1.92</u>
<u>Lot XMHJ1707</u>	=	<u>1.585</u>	<u>1.94</u>

The results from these experiments demonstrate the effectiveness of the Head Space Reduction (HSR) cycle in attaining reduced and consistent dissolved oxygen (DO) levels in the finished drug product. The results showed a trend with an increase in dissolved oxygen level from 0.36 parts per million (ppm) recorded during compounding, to an average of 5.12 ppm measured after filling, a further increase to an average of 9.92 ppm while loading the Lyophilizer, and finally a reduction of dissolved oxygen to an average of 0.50 ppm after headspace reduction. The overall trends are displayed in Figures 1 and 2. The plots and data also show that the average increase in dissolved oxygen levels from compounding to the filled vials was 4.76 ppm. Also, as the vials were stored in the transfer cart, an average dissolved oxygen increase of about 4.80 ppm was observed prior to being loaded in the Lyophilizer for head space reduction. The total average increase in dissolved oxygen levels from compounding to vials being loaded in the lyophilizer was 9.56 ppm. The average decrease in dissolved oxygen observed in vials post head space reduction was 9.42 ppm. In addition, the oxygen levels obtained across all trays analyzed pre and post HSR were consistent throughout the manufacturing process.

Head Space Gas Analysis was performed on both filled and empty vials taken from designated locations in selected trays. Percent (%) Oxygen results achieved across the trays showed a relatively uniform head space reduction process throughout the chamber. The average % Oxygen for the empty vials was found to be 1.15%, compared with 1.21% for the filled vials (Reference Table 11).

Dissolved Oxygen and Head Space Gas Analysis were also performed on the Held Vials from designated locations in Tray 1 as part of the stressed sample analysis over the course of the manufacturing process. The results showed a comparable trend to that observed for the regular samples across the study (Reference Table 12). Specifically, an increase in dissolved oxygen level from 0.36 ppm recorded during compounding, to 5.64 ppm measured after filling, a further increase to an average of 10.58 ppm while loading the Lyophilizer, and finally a reduction of dissolved oxygen to an average of 0.57 ppm after headspace reduction. The average % Oxygen for the filled held vials was found to be 1.48%, compared with 1.21% for the filled regular vials. This indicated that the HSR cycle was effective in achieving comparable DO and Headspace oxygen results irrespective of the maximum fill time exposure (approximately 7 hours; represented by the Fill Hold Vials) and has no impact on the quality of the product. The use of the Lyophilizer, in the Head Space Reduction of L-Cysteine Hydrochloride Injection, USP (50 mg/mL) has been shown to be effective for the control of reduced and consistent oxygen levels, and is suitable for scale up for the existing process and equipment as the product meets all the critical quality attributes.

Example 5

Head space oxygen reduction was accomplished using an automated filling equipment that can handle high speed filling, in contrast to slow or low volume operation such as through a lyophilizer as described in Examples 1 and 4. The high-speed filler is capable of using vacuum and gas overlay in alternate pulses to reduce the head space oxygen. Each pulse is timed to be within 0.1 to 5 seconds such that typically 3-5 pulses are conducted in one head space oxygen reduction cycle. The pulse rate can be adjusted after multiple trials to provide optimal headspace reduction with optimal speed of the filler such that no product is lost through back suction or through spillage and average speeds of from about 20 vials/minute to about 200 vials per minute, depending on the number of fill heads used.

A 50 L batch was prepared utilizing the current compounding procedure described above in Example 1. The filler was set up to fill and reduce head space oxygen as per the process shown in Figure 3.

The total head space reduction cycle lasted about 25 seconds per operation. The vials were analyzed for head space oxygen at time zero and at 1-month time point. The data are shown below.

The evaluation of the filler’s performance demonstrated that the headspace oxygen control was comparable to or better than the current process for L-Cysteine. Headspace oxygen values obtained ranged from 0.2% to 0.5% for all vials filled, including empty vials during start up. Vials tested after 1-month storage at ambient conditions also maintain headspace oxygen levels between 0.4 and 1.5%. The Tables below show a summary of the results for the in process and 1-month stability testing. Also included below is a comparison of the in-process data obtained from previously manufactured lots of L-Cysteine utilizing the lyophilizer headspace reduction method. The data show the headspace oxygen values at Time Zero are lower with the high-speed filler than the lyophilizer process.

Table 14. Headspace Oxygen Levels at Time Zero for High-Speed Filler

PROT-000213 – Time Zero					
	Tray 5	Tray 10	Overall Low	Overall High	Average
Headspace O₂ (%)	0.473	0.378	0.243	0.490	0.372

PROT-000213 – Time Zero					
	<u>Tray 5</u>	<u>Tray 10</u>	<u>Overall Low</u>	<u>Overall High</u>	<u>Average</u>
<u>Headspace O₂ (%)</u>	<u>0.473</u>	<u>0.378</u>	<u>0.243</u>	<u>0.490</u>	<u>0.372</u>

Table 15. Headspace Oxygen Levels at 1 Month for High-Speed Filler

20

PROT-000213 – 1 Month						
	Tray No. 5			Tray No. 10		
	Low	High	Average	Low	High	Average

Headspace O₂ (%)	<u>0.412</u>	<u>1.518</u>	<u>0.995</u>	<u>0.98</u>	<u>1.454</u>	<u>1.262</u>
PROT-000213 – 1 Month						
	Tray No. 5			Tray No. 10		
	Low	High	Average	Low	High	Average
Headspace O₂ (%)	<u>0.412</u>	<u>1.518</u>	<u>0.995</u>	<u>0.98</u>	<u>1.454</u>	<u>1.262</u>

Table 16. Comparison of Headspace Oxygen Levels between Lyophilizer and High-Speed Filler Operations

5

Batch (Process)	XMHJ1705 (Current Process)	XMHJ1706 (Current Process)	XMHJ1707 (Current Process)	PROT-000213 (High Speed Filler)
Average Low High	2.3 % Oxygen N/A N/A	1.9 % Oxygen N/A N/A	1.9 % Oxygen N/A N/A	0.4 % Oxygen 0.2% Oxygen 0.5% Oxygen
1 Month Room Temperature	0.9 % Oxygen	2.8 % Oxygen	1.2 % Oxygen	1.1 % Oxygen (0.4 % to 1.5 %)

N/A – Not Applicable

Figure 4 shows the comparison of oxygen headspace control between the lyophilizer chamber headspace control method versus the high-speed filler vacuum stoppering system. The lyophilizer chamber for headspace reduction was utilized for lots XMHJ1705, XMHJ1706, and XMHJ1707 of L-Cysteine Hydrochloride injection. The time zero oxygen headspace results for the engineering batch PROT-000213 are shown in comparison to the previously manufactured lots. Results shown were measured at the time of manufacturing on samples of vials from the batches. Oxygen percentage was taken for the samples from PROT-000213 using the NeoFox Phase Fluorometer. Lots XMHJ1705, XMHJ1706, and XMHJ1707 used Argon Headspace Analysis, QCTM-000014.

In addition to the head space oxygen levels, dissolved oxygen levels were also measured. Data are shown in Figure 5.

The dissolved oxygen levels and head space oxygen levels were measured again at 1 month stability time point at room temperature conditions:

20

Table 17. Headspace and Dissolved Oxygen Data Comparison at 1 month

<u>Study – 1 Month</u>							
	<u>Tray No. 5</u>				<u>Tray No. 10</u>		
	<u>Sample 1</u>	<u>Sample 2</u>	<u>Sample 3</u>	<u>Sample 4</u>	<u>Sample 1</u>	<u>Sample 2</u>	<u>Sample 3</u>
<u>Headspace O₂ (%)</u>	0.576	0.412	1.518	1.475	0.98	1.454	1.352
<u>Dissolved O₂ (ppm)</u>	0.545	0.706	2.328	2.042	2.173	2.372	2.149

<u>Study – 1 Month</u>							
	<u>Tray No. 5</u>				<u>Tray No. 10</u>		
	<u>Sample 1</u>	<u>Sample 2</u>	<u>Sample 3</u>	<u>Sample 4</u>	<u>Sample 1</u>	<u>Sample 2</u>	<u>Sample 3</u>
<u>Headspace O₂ (%)</u>	<u>0.576</u>	<u>0.412</u>	<u>1.518</u>	<u>1.475</u>	<u>0.98</u>	<u>1.454</u>	<u>1.352</u>
<u>Dissolved O₂ (ppm)</u>	<u>0.545</u>	<u>0.706</u>	<u>2.328</u>	<u>2.042</u>	<u>2.173</u>	<u>2.372</u>	<u>2.149</u>

5

Example 6

Purity Profile and Long-Term Stability of L-Cysteine Composition for Injection

An L-cysteine composition for injection was manufactured as described in Example 1. The glass used was Schott Type 1 USP Plus glass, internally coated with silicon dioxide. The composition was subjected to stability testing to evaluate the stability of the composition over time. Table 18 shows various stability data collected for the L-cysteine composition for injection over a 9-month testing period. Samples of exhibit batches stored upright at room temperature for 9 months at 25 °C/ 60% RH. Note: two samples were tested for dissolved oxygen and head-space oxygen.

15 Table 18. Characterization of L-Cysteine Composition for Injection

Test	XMHJ1705	XMHJ1706	XMHJ1707
	Up	Up	Up

L-Cysteine HCl	100.4%	101.3%	101.2%
Related Compounds:			
L-Cystine	0.3%	0.3%	0.3%
Pyruvic Acid Total	0.1%	0.2%	0.1%
Specified RRT-1.98	0.2%	0.2%	0.2%
Individual	ND	ND	ND
Unspecified	0.5%	0.7%	0.6%
Total Impurities			
Dissolved Oxygen	(1) 0.12 ppm (2) 0.13 ppm	(1) 0.13 ppm (2) 0.14 ppm	(1) 0.14 ppm (2) 0.13 ppm
Head-Space Oxygen	(1) 0.16% (2) 0.37%	(1) 0.53% (2) 0.89%	(1) 0.56% (2) 0.50%
Aluminum Content	3.2 ppb	2.9 ppb	5.6 ppb
Description	Clear colorless solution	Clear colorless solution	Clear colorless solution

Example 7

Effect of Dissolved Oxygen and Headspace Oxygen on L-cysteine and Cystine Levels

An L-cysteine composition for injection was manufactured as described in Example 1. However, samples of exhibit batches were tested without head-space reduction and argon overlay during compounding, then filled, stoppered and capped. Samples were tested within one week of manufacturing date. Data in Table 19 show the marked effects of lack of headspace and dissolved oxygen on component levels within one week. L-Cystine increased by about 0.4% - 0.7% within a week for samples with higher dissolved oxygen and head-space oxygen.

Table 19. Effect of lack of Headspace and Dissolved Oxygen Control on Product Purity

Test	Prior to Head-Space Reduction Tray 1	Prior to Head-Space Reduction Tray 19	Prior to Head-Space Reduction Tray 23	Ave Values for after completed Batch
L-Cysteine HCl	99.9%	100.1%	100.0%	102.0%
L-Cystine	0.8%	0.5%	0.6%	0.1%
Head-Space Oxygen	20.8%	20.3%	20.3%	1.2%
Dissolved Oxygen	8.3 ppm	8.6 ppm	8.6 ppm	0.50 ppm

Example 8

Evaluation of Anions in L-Cysteine Product

Inorganic anionic leachables were determined using validated potentiometric methods utilizing ion selective electrodes. Fluoride and Iodide were evaluated for this drug product. The leachables testing results are listed in Tables 20 and 21 below.

Table 20. Leachable Iodide Results for L-Cysteine HCl Injection
[I⁻] (ppb)

XMHJ1705						
25°C/60% RH			40°C/75% RH			
Replicate	Upright	Horizontal	Inverted	Upright	Horizontal	Inverted
1	28.1	27.4	27.1	25.2	24.9	24.7
2	25.9	26.3	25.9	24.0	24.1	24.1
3	28.1	25.3	25.3	24.0	22.3	21.6
Average	27.4	26.3	26.1	24.4	23.7	23.5
SD	1.3	1.0	0.9	0.7	1.3	1.6
% RSD	4.7	3.9	3.6	2.7	5.6	7.0

XMHJ1706						
25°C/60% RH			40°C/75% RH			
Replicate	Upright	Horizontal	Inverted	Upright	Horizontal	Inverted
1	81.7	80.3	82.8	80.3	82.0	81.8
2	83.1	81.7	81.5	82.5	82.3	81.3
3	81.7	81.7	81.8	78.1	81.9	82.8
Average	82.2	81.2	82.0	80.3	82.1	82.0
SD	0.8	0.8	0.7	2.2	0.2	0.7
% RSD	0.9	1.0	0.9	2.7	0.2	0.9

XMHJ1707						
25°C/60% RH			40°C/75% RH			
Replicate	Upright	Horizontal	Inverted	Upright	Horizontal	Inverted
1	53.5	52.3	53.1	51.7	51.4	50.8
2	52.5	54.0	53.7	51.8	52.0	53.5
3	54.4	52.8	52.8	53.8	53.6	52.6
Average	53.5	53.0	53.2	52.4	52.3	52.3
SD	1.0	0.9	0.4	1.2	1.1	1.4
% RSD	1.8	1.7	0.8	2.2	2.1	2.6

5 Table 21. Leachable Iodide Results for L-Cysteine HCl Injection
[I⁻] (ppb)

	XMHL1702A		XMHL1702B	
	25 °C/60 %RH 6 month	40 °C/75 %RH 6 month	25 °C/60 %RH 6 month	40 °C/75 %RH 6 month
Iodide (ppb)	29	24	24	19

The leachable results for Fluoride indicate levels below 20 ppb and no observable trend in leachable amount over time or temperature dependence. The leachable results for Iodide indicate that levels were observed ranging from ~20-80 ppb. No noticeable trend in leachable amount including vial orientation or temperature dependence was observed.

5

Example 9

Elemental Leachables

Elemental leachables were evaluated using a validated inductively coupled plasma mass spectrometric (ICP-MS) method. ICP-MS method is described in detail in USP and other literature in the art. The results for the elemental leachables analysis are summarized in the Table below. The Table lists the Allowable Elemental Concentrations (AEC) for each identified element.

15 Table 22. Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1705 25 °C/60 %RH				XMHJ1705 40 °C/75 %RH		
		Time point (months)						
		1	3	6	9	1	3	6
Molybdenum	14537	<0.5	2	1.75	0.6	<0.5	2	0.91
Zinc	12598	14	2	13.84	23.4	11	38	<QL
Iron	12598	25	21	50.52	19	16	60	5.73
Chromium	10660	2	<QL	<QL	3.2	2	6	<QL
Barium	6784	2	<QL	<QL	<QL	<0.5	2	<QL
Tin	5815	1	2	3.38	1.2		3	0.88
Copper	2907	<0.5	<QL	<QL	15.0	<0.5	2	<QL
Manganese	2423	1	<QL	<QL	0.3	<0.5	2	<QL
Lithium	2423	<0.5	5	3.90	0.1	<0.5	6	3.79
Gold	969	5	3	9.76	0.3	3	4	1.76
Antimony	872	1	1	0.88	0.1	1	2	0.60
Selenium	775	<0.5	<QL	<QL	0.1	<0.5	2	<QL
Nickel	194	11	9	16.66	8.1	11	9	0.99

Arsenic	174	1	<QL	<QL	0.2	1	2	<QL
Aluminum	120	<QL	<QL	<QL	<QL	<QL	<QL	<QL
Vanadium	97	<QL	<QL	<QL	<QL	<0.5	4	<QL
Silver	97	<0.5	<QL	<QL	<QL	<QL	17	<QL
Ruthenium	97	<0.5	1	0.72	<QL	<0.5	2	0.74
Rhodium	97	<0.5	4	4.31	<QL	<0.5	8	4.29
Platinum	97	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Palladium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Osmium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Iridium	97	<0.5	6	5.98	<QL	<0.5	7	5.92
Thallium	78	<0.5	4	3.59	<QL	<0.5	5	3.59
Cobalt	48	<0.5	<QL	<QL	0.1	<0.5	<0.5	<QL
Lead	48	2	5	6.77	1.5	2	6	3.33
Mercury	29	<0.5	1	0.78	2	<0.5	1	1.10
Cadmium	19	<0.5	1	1.31	<QL	<0.5	2	1.30

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1705 25 °C/60 %RH		
		Time point (months)		
		12 INV	12 HOR	12 UP
Molybdenum	14537	0.4	0.4	0.5
Zinc	12598	7	5	3
Iron	12598	9	157	637
Chromium	10660	1	2	3
Barium	6784	0.4	0.4	0.4
Tin	5815	1	1	1
Copper	2907	0.5	0.8	0.6
Manganese	2423	<QL	2	8
Lithium	2423	0.04	0.05	0.05
Gold	969	0.4	<QL	1
Antimony	872	0.4	0.3	0.3
Selenium	775	<QL	1	<QL
Nickel	194	14	14	15
Arsenic	174	0.3	0.3	0.2
Aluminum	120	(4) <QL	(19) <QL	(5) <QL
Vanadium	97	<QL	<QL	<QL
Silver	97	<QL	<QL	<QL
Ruthenium	97	<QL	<QL	<QL
Rhodium	97	0.01	0.01	0.01
Platinum	97	<QL	<QL	<QL
Palladium	97	0.06	0.06	0.1
Osmium	97	<QL	<QL	<QL
Iridium	97	0.04	0.03	0.04
Thallium	78	<QL	<QL	<QL
Cobalt	48	<QL	<QL	<QL
Lead	48	2	2	2
Mercury	29	0.7	0.7	0.6
Cadmium	19	<QL	<QL	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1706 25 °C/60 %RH				XMHJ1706 40 °C/75 %RH		
		Time point (months)						
		1	3	6	9	1	3	6
Molybdenum	14537	<0.5	1	1.32	0.4	<0.5	2	1.33
Zinc	12598	10	8	8.23	23.9	10	36	4.25
Iron	12598	9	30	34.02	7.9	10	41	45.60
Chromium	10660	1	<QL	<QL	1.9	2	5	<QL
Barium	6784	<0.5	<QL	<QL	<QL	1	1	<QL
Tin	5815	1	2	2.91	1.3	1	3	2.08
Copper	2907	<QL	<QL	<QL	<QL	<QL	1	<QL
Manganese	2423	<0.5	<QL	<QL	0.3	<0.5	1	<QL
Lithium	2423	<0.5	4	3.84	0.1	<0.5	6	3.87
Gold	969	2	3	4.38	0.2	2	4	3.99
Antimony	872	1	1	0.81	<QL	1	2	0.91
Selenium	775	<0.5	<QL	<QL	0.6	1	3	<QL
Nickel	194	11	10	8.66	8.1	11	9	8.68
Arsenic	174	<0.5	<QL	<QL	0.4	<0.5	2	<QL
Aluminum	120	<QL	<QL (2)	<QL	<QL	<QL	<QL	<QL
Vanadium	97	<QL	<QL	<QL	<QL	<0.5	4	<QL
Silver	97	<QL	<QL	<QL	<QL	<QL	17	<QL
Ruthenium	97	<0.5	1	0.73	<QL	<0.5	2	0.73
Rhodium	97	<0.5	4	4.29	<QL	<0.5	8	4.28
Platinum	97	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Palladium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Osmium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Iridium	97	<0.5	6	5.94	<QL	<0.5	7	5.94
Thallium	78	<0.5	4	3.59	<QL	<0.5	5	3.59
Cobalt	48	<0.5	<0.5	<QL	<QL	<0.5	<0.5	<QL
Lead	48	2	6	5.53	2.0	2	6	5.53
Mercury	29	<0.5	1	1.11	1.5	<0.5	1	1.01
Cadmium	19	<0.5	1	1.30	<QL	<0.5	2	1.30

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1706 25 °C/60 %RH		
		Time point (months)		
		12 INV	12 HOR	12 UP
Molybdenum	14537	0.4	0.4	0.4
Zinc	12598	3	6	8
Iron	12598	11	55	10
Chromium	10660	1	1	1
Barium	6784	0.4	0.6	0.4
Tin	5815	1	2	2
Copper	2907	1	0.2	<QL
Manganese	2423	0.1	0.6	0.2
Lithium	2423	0.03	0.03	0.04
Gold	969	0.2	0.2	0.3
Antimony	872	0.6	0.5	0.5
Selenium	775	0.4	<QL	0.4
Nickel	194	14	14	14
Arsenic	174	0.8	0.5	0.4
Aluminum	120	(5) <QL	(6) <QL	(1) <QL
Vanadium	97	<QL	<QL	<QL
Silver	97	<QL	<QL	<QL
Ruthenium	97	0.005	<QL	0.003
Rhodium	97	0.007	0.005	0.008
Platinum	97	<QL	<QL	<QL
Palladium	97	0.04	0.02	0.03
Osmium	97	<QL	<QL	<QL
Iridium	97	0.03	0.03	0.03
Thallium	78	<QL	<QL	<QL
Cobalt	48	<QL	<QL	<QL
Lead	48	2	2	2
Mercury	29	0.7	0.7	0.7
Cadmium	19	<QL	0.004	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1707 25 °C/60 %RH				XMHJ1707 40 °C/75 %RH		
		Time point (months)						
		1	3	6	9	1	3	6
Molybdenum	14537	<0.5	1	1.22	0.4	<0.5	2	1.21
Zinc	12598	10	4	4.28	22.7	11	38	3.91
Iron	12598	8	26	12.55	8.3	9	74	17.68
Chromium	10660	1	<QL	<QL	2.2	1	6	<QL
Barium	6784	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Tin	5815	1	2	2.13	3.2	1	3	2.22
Copper	2907	<0.5	<QL	<QL	<QL	<0.5	2	<QL
Manganese	2423	<0.5	<QL	<QL	0.1	<0.5	1	<QL
Lithium	2423	<0.5	3.86	3.86	0.2	<0.5	6	3.88
Gold	969	3	3	3.98	0.1	2	4	3.48
Antimony	872	1	1	1.01	<QL	1	2	1.06
Selenium	775	<0.5	<QL	<QL	0.1	<0.5	2	<QL
Nickel	194	11	8	7.71	7.4	10	8	7.82
Arsenic	174	1	<QL	<QL	0.4	1	2	<QL
Aluminum	120	<QL	<QL	<QL	<QL	<QL	<QL	<QL
Vanadium	97	<QL	<QL	<QL	<QL	<0.5	4	<QL
Silver	97	<0.5	<QL	<QL	<QL	<QL	17	<QL
Ruthenium	97	<0.5	1	0.73	<QL	<0.5	2	0.73
Rhodium	97	<0.5	4	4.29	<QL	<0.5	8	4.28
Platinum	97	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Palladium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Osmium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Iridium	97	<0.5	6	5.95	<QL	<0.5	7	5.94
Thallium	78	<0.5	4	3.59	<QL	<0.5	5	3.56
Cobalt	48	<0.5	<0.5	<QL	<QL	<0.5	<0.5	<QL
Lead	48	2	6	5.51	1.9	2	6	5.55
Mercury	29	<0.5	1	0.98	1.2	<0.5	1	0.89
Cadmium	19	<0.5	1.30	1.29	<QL	<0.5	2	1.29

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1707 25 °C/60 %RH		
		Time point (months)		
		12 INV	12 HOR	12 UP
Molybdenum	14537	0.4	0.4	0.4
Zinc	12598	7	4	6
Iron	12598	8	71	13
Chromium	10660	1	1	1
Barium	6784	0.6	0.5	0.6
Tin	5815	1	1	1
Copper	2907	0.2	0.2	0.1
Manganese	2423	0.2	1	0.3
Lithium	2423	0.03	0.03	0.06
Gold	969	0.1	0.1	0.2
Antimony	872	0.6	0.6	0.6
Selenium	775	0.4	<QL	<QL
Nickel	194	14	14	14
Arsenic	174	0.6	0.6	0.6
Aluminum	120	(5) <QL	(26) <QL	(39) <QL
Vanadium	97	<QL	<QL	<QL
Silver	97	<QL	<QL	<QL
Ruthenium	97	<QL	0.004	0.001
Rhodium	97	0.005	0.005	0.006
Platinum	97	<QL	<QL	<QL
Palladium	97	<QL	0.02	0.02
Osmium	97	<QL	<QL	<QL
Iridium	97	0.03	0.03	0.03
Thallium	78	<QL	<QL	<QL
Cobalt	48	<QL	<QL	<QL
Lead	48	2	2	2
Mercury	29	0.7	0.7	0.7
Cadmium	19	<QL	<QL	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1702A 25 °C/60 %RH	
		Time point (months)	
		9 INV	9 UP
Molybdenum	14537	1	0.5
Zinc	12598	17	17
Iron	12598	5	59
Chromium	10660	5	1
Barium	6784	1	0.4
Tin	5815	2	1
Copper	2907	1	0.4
Manganese	2423	2	1
Lithium	2423	8	0.1
Gold	969	7	1
Antimony	872	<QL	0.3
Selenium	775	<QL	<QL
Nickel	194	11	15
Arsenic	174	0.3	0.1
Aluminum	120	(9) <QL	(5) <QL
Vanadium	97	3	<QL
Silver	97	2	<QL
Ruthenium	97	0.9	<QL
Rhodium	97	8	0.01
Platinum	97	2	<QL
Palladium	97	1	0.1
Osmium	97	0.8	<QL
Iridium	97	10	0.04
Thallium	78	7	<QL
Cobalt	48	3	0.03
Lead	48	8	2
Mercury	29	1	0.6
Cadmium	19	0.5	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1702A 25 °C/60 %RH					XMHJ1702A 40 °C/75 %RH				
		Time point (months)									
		0	1	2	3	6	0	1	2	3	6
Molybdenum	14537	2	N/A	N/A	1.34	0.5	2	2	<QL	1	0.4
Zinc	12598	42	N/A	N/A	3.90	34.3	42	37	2	4	22.1
Iron	12598	284	N/A	N/A	15.31	7	284	27	<QL	35	11.2
Chromium	10660	14	N/A	N/A	<QL	2.1	14	4	<QL	<QL	2.1
Barium	6784	2	N/A	N/A	<QL	<QL	2	2	<QL	<QL	<QL
Tin	5815	3	N/A	N/A	1.82	3.8	3	3	2	2	1
Copper	2907	4	N/A	N/A	<QL	123.1	4	2	<QL	<QL	0.1
Manganese	2423	5	N/A	N/A	<QL	0.1	5	1	<QL	<QL	0.3
Lithium	2423	6	N/A	N/A	3.92	0.2	6	6	<QL	4	0.2
Gold	969	7	N/A	N/A	3.45	0.1	7	4	5	4	0.1
Antimony	872	2	N/A	N/A	1.08	<QL	2	2	1	1	<QL
Selenium	775	4	N/A	N/A	<QL	0.4	4	2	<QL	<QL	<QL
Nickel	194	11	N/A	N/A	8.93	8	11	9	4	8	8.1
Arsenic	174	2	N/A	N/A	<QL	0.3	2	1	<QL	<QL	0.3
Aluminum	120	<0.5	N/A	N/A	<QL	<QL	<QL	(3) <QL	(8) <QL	(7) <QL	<QL
Vanadium	97	4	N/A	N/A	<QL	<QL	4	3	<QL	<QL	<QL
Silver	97	17	N/A	N/A	<QL	<QL	17	17	17	<QL	<QL
Ruthenium	97	2	N/A	N/A	0.76	<QL	2	2	<QL	1	<QL
Rhodium	97	8	N/A	N/A	4.30	<QL	8	8	9	4	<QL
Platinum	97	1	N/A	N/A	<QL	0.1	1	1	<QL	<QL	0.1
Palladium	97	1	N/A	N/A	<QL	<QL	1	1	<QL	<QL	<QL
Osmium	97	1	N/A	N/A	<QL	<QL	1	1	1	<QL	<QL
Iridium	97	7	N/A	N/A	5.98	<QL	7	7	9	6	<QL
Thallium	78	5	N/A	N/A	3.59	<QL	5	5	6	4	<QL
Cobalt	48	<0.5	N/A	N/A	<QL	<QL	<0.5	<0.5	<QL	<0.5	<QL
Lead	48	6	N/A	N/A	5.01	1.6	6	6	6	5	1.5
Mercury	29	2	N/A	N/A	0.81	1	2	1	1	1	1.1
Cadmium	19	2	N/A	N/A	1.37	<QL	2	2	1	1	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1702B 25 °C/60 %RH				XMHJ1702B 40 °C/75 %RH					
		Time point (months)									
		0	1	2	3	6	0	1	2	3	6
Molybdenum	14537	2	N/A	N/A	1	0.5	2	2	<QL	1	0.4
Zinc	12598	38	N/A	N/A	71	23.5	38	39	<QL	7	23.1
Iron	12598	166	N/A	N/A	31	7.9	166	35	<QL	16	12.3
Chromium	10660	9	N/A	N/A	<QL	2.1	9	6	<QL	<QL	1.9
Barium	6784	1	N/A	N/A	<QL	<QL	1	1	<QL	<QL	<QL
Tin	5815	3	N/A	N/A	21	1.5	3	4	3	3	1.3
Copper	2907	2	N/A	N/A	<QL	<QL	2	2	<QL	<QL	0.3
Manganese	2423	3	N/A	N/A	<QL	0.1	3	1	<QL	<QL	0.3
Lithium	2423	6	N/A	N/A	4	0.2	6	6	<QL	4	0.2
Gold	969	5	N/A	N/A	3	0.1	5	4	5	3	0.1
Antimony	872	2	N/A	N/A	1	<QL	2	2	1	1	<QL
Selenium	775	3	N/A	N/A	<QL	0.1	3	2	<QL	<QL	<QL
Nickel	194	10	N/A	N/A	9	8.2	10	8	4	8	8.2
Arsenic	174	2	N/A	N/A	<QL	0.3	2	2	<QL	<QL	0.1
Aluminum	120	<QL	N/A	N/A	(6) <QL	<QL	<QL	(10) <QL	(25) <QL	(6) <QL	<QL
Vanadium	97	4	N/A	N/A	<QL	<QL	4	4	<QL	<QL	<QL
Silver	97	17	N/A	N/A	<QL	<QL	17	17	17	<QL	<QL
Ruthenium	97	2	N/A	N/A	1	<QL	2	2	<0.5	1	<QL
Rhodium	97	8	N/A	N/A	4	<QL	8	8	9	4	<QL
Platinum	97	1	N/A	N/A	<0.5	0.1	1	1	<0.5	<0.5	0.1
Palladium	97	1	N/A	N/A	<QL	<QL	1	1	<QL	<QL	<QL
Osmium	97	1	N/A	N/A	<QL	<QL	1	1	1	<QL	<QL
Iridium	97	7	N/A	N/A	6	<QL	7	7	9	6	<QL
Thallium	78	5	N/A	N/A	4	<QL	5	5	6	4	<QL
Cobalt	48	<0.5	N/A	N/A	<0.5	<QL	<0.5	<0.5	<QL	<0.5	<QL
Lead	48	6	N/A	N/A	5	1.5	6	6	6	5	1.5
Mercury	29	2	N/A	N/A	1	0.5	2	1	1	1	0.4
Cadmium	19	2	N/A	N/A	1	<QL	2	2	1	1	<QL

5

Example 10

Visual Inspection of Filled Vials

The L-Cysteine product that was manufactured by the two methods (i.e., lyophilizer chamber method and high-speed filler method) were inspected at after 1 month after production for visible signs of degradation in the form of visible particulate matter. In the presence of oxygen, two L-Cysteine residues will form a disulfide covalent bond forming L-Cystine. L-Cystine has a lower solubility (0.112 mg/mL) than L-Cysteine (50 mg/mL), in some cases the degradant can be visually observed.

15

Table 23. Comparison of Particulate Matter

	PROT-000213	XMHJ1705	XMHJ1706	XMHJ1707
Total Vials	1918	3473	3473	3497
White PM	36	120	31	32
Overall %	1.88%	3.46%	0.89%	0.92%

As the data show, no confirmed degradation was observed by either method
 5 indicating that the head space oxygen reduction and dissolved oxygen levels achieved
 herein are successful in producing L-Cysteine injection of desirable quality attributes.

All documents cited or referenced in the application cited documents, and all
 documents cited or referenced herein (“herein cited documents”), and all documents cited
 or referenced in herein cited documents, together with any manufacturer’s instructions,
 10 descriptions, product specifications, and product sheets for any products mentioned herein
 or in any document incorporated by reference herein, are hereby incorporated herein by
 reference, and may be employed in the practice of the invention.

As used herein, “a,” “an,” or “the” can mean one or more than one. For example,
 “a” cell can mean a single cell or a multiplicity of cells.

Also as used herein, “and/or” refers to and encompasses any and all possible
 15 combinations of one or more of the associated listed items, as well as the lack of
 combinations when interpreted in the alternative (“or”).

The term “consists essentially of” (and grammatical variants), as applied to the
 compositions of this invention, means the composition can contain additional components
 20 as long as the additional components do not materially alter the composition.

As used herein, the term “about” is used to provide flexibility to a numerical range
 endpoint by providing that a given value may be “a little above” or “a little below” the
 endpoint. Unless otherwise stated, use of the term “about” in accordance with a specific
 number or numerical range should also be understood to provide support for such
 25 numerical terms or range without the term “about”. For example, for the sake of

convenience and brevity, a numerical range of “about 50 milligrams to about 80 milligrams” should also be understood to provide support for the range of “50 milligrams to 80 milligrams.” Furthermore, it is to be understood that in this written description support for actual numerical values is provided even when the term “about” is used
5 therewith. Furthermore, the term “about,” as used herein when referring to a measurable value such as an amount of a compound or agent of this invention, dose, time, temperature, and the like, is meant to encompass variations of $\pm 20\%$, $\pm 10\%$, $\pm 5\%$, $\pm 1\%$, $\pm 0.5\%$, or even $\pm 0.1\%$ of the specified amount. To be clear, the range encompassed by “about” will include all discrete values within that range, regardless of whether such discrete values are
10 explicitly specified and/or prefaced by “about.” Equivalents permissible for such discrete values as well as all ranges and subranges are within the scope of this disclosure.

Concentrations, amounts, and other numerical data may be expressed or presented herein in a range format. It is to be understood that such a range format is used merely for convenience and brevity and thus should be interpreted flexibly to include not only the
15 numerical values explicitly recited as the limits of the range, but also to include all the individual numerical values or sub-ranges encompassed within that range as if each numerical value and sub-range is explicitly recited. As an illustration, a numerical range of “about 1 to about 5” should be interpreted to include not only the explicitly recited values of about 1 to about 5, but also include individual values and sub-ranges within the indicated
20 range. Thus, included in this numerical range are individual values such as 2, 3, and 4 and sub-ranges such as from 1-3, from 2-4, and from 3-5, etc., as well as 1, 2, 3, 4, and 5, individually. This same principle applies to ranges reciting only one numerical value as a minimum or a maximum. Furthermore, such an interpretation should apply regardless of the breadth of the range or the characteristics being described.

25 Having thus described in detail preferred embodiments of the present invention, it is to be understood that the invention defined by the above paragraphs is not to be limited to particular details set forth in the above description as many apparent variations thereof are possible without departing from the spirit or scope of the present invention.

STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND
METHODS OF USE

TECHNICAL FIELD

5 The subject matter described herein relates generally to compositions for parenteral administration comprising L-cysteine that are stable and have desirable safety attributes for extended periods of time.

BACKGROUND

10 L-cysteine is a sulfur-containing amino acid that can be synthesized de novo from methionine and serine in adult humans. L-cysteine performs a variety of metabolic functions. For example, L-cysteine is involved in growth and protein synthesis and it is a precursor for glutathione, an important intracellular antioxidant.

15 L-cysteine is generally classified as a non-essential amino acid or “semi-essential” amino acid because it can be synthesized in small amounts by the human body. However, some adults can still benefit from L-cysteine supplementation. Further, L-cysteine has been classified as conditionally essential in some cases. For example, L-cysteine can be conditionally essential in preterm infants due to biochemical immaturity of the enzyme cystathionase that is involved in L-cysteine synthesis. Thus, there are a number of circumstances in which L-cysteine
20 supplementation can be desirable.

 The subject matter described herein addresses the shortcomings of the art by providing L-cysteine compositions that facilitate the desired supplementation but with an exceptional safety, purity and stability profile.

BRIEF SUMMARY

25 In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 part per billion (ppb) to about 250 ppb;

5 L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

10 headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,

15 wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

20 L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

25 pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,

optionally one or more metals selected from the group consisting of Lead from
5 about 1.0 ppb to about 10 ppb, Nickel from about 5 ppb to about 40 ppb, Arsenic from about 0.1 ppb to 10 ppb, and Mercury from about 0.2 ppb to about 5.0 ppb;

wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

In certain aspects, the subject matter described herein is directed to a safe, stable
10 composition from about 100 mL to about 1000 mL for administration via a parenteral infusion within about 24 to about 48 hours of admixture, comprising a mixture of a composition of L-Cysteine described herein; and an amino acid composition that is essentially free of L-Cysteine comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine,
15 methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.

In certain aspects, the subject matter described herein is directed to a method of reducing Aluminum administration from a total parenteral nutrition regimen comprising L-cysteine, the method comprising, mixing a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:

20 Aluminum in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine; and

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

25 with a composition comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and

a pharmaceutically acceptable carrier, comprising water,

to form a composition for infusion having a volume of about 100 mL to about 1000 mL,

wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

In certain aspects, the subject matter described herein is directed to methods of treating a subject having an adverse health condition that is responsive to L-cysteine administration, comprising:

5 diluting a stable L-cysteine composition as described herein with an intravenous fluid to prepare a diluted L-cysteine composition for infusion; and
infusing the diluted L-cysteine composition for infusion to a subject to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof
10 and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

In certain aspects, the subject matter described herein are directed to methods of administering L-Cysteine together with a composition for parenteral nutrition, comprising:

diluting a stable L-cysteine composition for injection as described herein with a parenteral nutrition composition to form a mixture; and
15 parenterally administering the mixture to a subject in need thereof in a therapeutically and/or nutritionally effective dose. In one aspect, the subject is a preterm infant or newborn to about 1 month of age. Some of these subjects may weigh from about 0.5 kilos to about 2.0 kilos. In another aspect, the subject is a pediatric patient that is of about 1 month to six months of age. Some of these subjects may weigh from about 0.2
20 kilos to about 20 kilos. In another aspect, the subject is an adult requiring parenteral nutrition.

These and other aspects are more fully described herein.

BRIEF DESCRIPTION OF THE FIGURES

Figure 1 depicts the overall trend of the results from the experiments that
25 demonstrate the effectiveness of the Head Space Reduction (HSR) cycle in attaining reduced and consistent dissolved oxygen (DO) levels in the finished drug product. The results showed a trend with an increase in dissolved oxygen level from 0.36 parts per million (ppm) recorded during compounding, to an average of 5.12 ppm measured after filling, a further increase to an average of 9.92 ppm while loading the Lyophilizer, and

finally a reduction of dissolved oxygen to an average of 0.50 ppm after headspace reduction. This demonstrates the specific phase of manufacturing at which and to the specific level that oxygen needs to be controlled in the product.

Figure 2 depicts the overall trend of the results from the experiments that demonstrate the effectiveness of the Head Space Reduction (HSR) cycle in attaining reduced and consistent dissolved oxygen (DO) levels in the finished drug product. The results showed a trend with an increase in dissolved oxygen level from 0.36 parts per million (ppm) recorded during compounding, to an average of 5.12 ppm measured after filling, a further increase to an average of 9.92 ppm while loading the Lyophilizer, and finally a reduction of dissolved oxygen to an average of 0.50 ppm after headspace reduction.

Figure 3 depicts a process filler set up to fill and reduce head space oxygen.

Figure 4 shows data for the process of Example 4. The plot shows comparison of oxygen headspace control between the lyophilizer chamber headspace control method versus the high-speed filler vacuum stoppering system. The time zero oxygen headspace results for the batch PROT-000213 are shown in comparison to the previously manufactured lots. Results shown were measured at the time of manufacturing on samples of vials from the batches.

Figure 5 depicts the data measured for dissolved oxygen levels in the process of Example 4.

DETAILED DESCRIPTION

The presently disclosed subject matter will now be described more fully hereinafter. However, many modifications and other embodiments of the presently disclosed subject matter set forth herein will come to mind to one skilled in the art to which the presently disclosed subject matter pertains having the benefit of the teachings presented in the foregoing descriptions. Therefore, it is to be understood that the presently disclosed subject matter is not to be limited to the specific embodiments disclosed and that modifications

and other embodiments are intended to be included within the scope of the appended claims. In other words, the subject matter described herein covers all alternatives, modifications, and equivalents that are within the ordinary skill in the art. In the event that one or more of the incorporated literature, patents, and similar materials differs from or
5 contradicts this application, including but not limited to defined terms, term usage, described techniques, or the like, this application controls. Unless otherwise defined, all technical and scientific terms used herein are intended to have the same meaning as commonly understood by one of ordinary skill in this field. All publications, patent applications, patents, and other references mentioned herein are incorporated by reference
10 in their entirety.

Advantageously, it has been found that the desirable attributes of L-cysteine compositions for infusion can be obtained without the characteristic impurity profile that is known in the art. Such impurity profile makes the product less safe to be used by patients, in particular, preterm and term infants and pediatric patients of 1 month to 1 year
15 as well as critically ill adults. Specifically, the art formulations fail to address the issues related to the amounts of Aluminum and cystine, among other impurities, that can be routinely present and co-administered with L-cysteine. It has now been found that L-cysteine compositions for injection can be prepared using the methods described herein whereby the compositions unexpectedly comprise exceedingly low levels of Aluminum
20 and other undesirable impurities, such as cystine, pyruvic acid, certain heavy metals and certain ions. As a result, the present compositions and methods of using said compositions are safer to the intended subject compared to the currently available compositions and methods. Further, the product is also rendered more stable by virtue of lower levels of cystine generated by the manufacturing processes described herein.

25 As described herein, without being bound to theory, it has been found that the problems of safety, purity and stability are results not simply or directly from the level of Aluminum, but are also intertwined with dissolved oxygen levels in the composition and oxygen in the headspace as well as certain heavy metals and certain ions that may leach or be extracted out of the container closure.

An L-Cysteine for injection product was prepared with the aim to provide a product that would be acceptable for administration to infants, pediatric and adult patients. High quality Schott glass vials and stoppers were used. See Example 2. It was however found that glass containers contribute more significantly than expected to the Aluminum content of L-cysteine compositions stored therein to the point where the product did not meet the specifications for certain components. Products having such Aluminum levels would likely be deemed unsafe by the FDA. As such, efforts were focused on identifying the sources of Aluminum in the product and attempts to minimize it in the product. These efforts led to the unexpected discovery that simply removing a source of Aluminum by replacing glass with plastic did not result in a product having the desired properties.

Additional efforts to identify the root cause for the product failure led to the finding that the product likely failed because oxygen entered the plastic container and into the product at a rate higher than previously expected or predicted. For example, the plastic container product failed in some cases in less than 1-2 months. See Example 3. This finding was also unexpected. Increased oxygen levels in the product led to unacceptable levels of oxidation products, such as cystine, which precipitated and caused particulates in the product. Particulates are dangerous in injectable compositions and create a safety concern, in addition to the stability issue to the product.

However, the precipitation may have been exacerbated by reduction in Aluminum since Aluminum in solution may have a stabilizing effect. Consequently, removing Aluminum may have the unintended consequence of increased precipitation and product failure in the presence of even small amounts of oxygen in the container. This was unexpected.

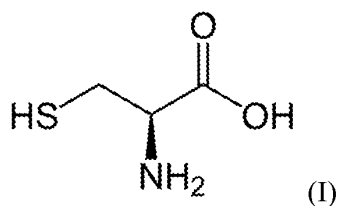
Additionally, controlling heat in the process including during the compounding and/or sterilization activities, unexpectedly was found to be beneficial for preparing stable L-Cysteine compositions described herein. This was surprising because L-Cysteine has been used in parenteral products as an excipient where the product is subjected to terminal sterilization which exposes the product to high temperatures such as 120 °C.

Some subjects that would be receiving L-Cysteine supplementation are, as discussed elsewhere herein, pre-term neonates or full-term infants that are underweight, or infants that may be full term and are not underweight but are still candidates for treatment, in many cases for longer term treatment. For example, some of these subjects may be treated with L-Cysteine for several days or several weeks, even several months. In these cases, it is imperative that the subjects are not exposed to potentially toxic or undesirable levels of some anions and heavy metals that may be present in drug products. Examples of such heavy metals include but not limited to Lead, Nickel, Arsenic and Mercury. Examples of anions that should be monitored include but not limited to iodide, and fluoride. Many of these are introduced into drug products through manufacturing processes, container closure systems, or the drug substance and the excipients. The levels of the heavy metals and anions may not be a concern with many drug products because the patient population exposed to the drug may be not as vulnerable as in the case of L-Cysteine, or the dosing of such drug products may be very limited, i.e., for one or a few doses. For the reasons noted above, it is imperative that L-Cysteine drug product, its administration, its manufacture, and its container closure system are carefully evaluated for the levels of heavy metals and selected anions. The state of the art is lacking in providing any specific guidance on the need for this evaluation, the specific heavy metals and anions on which to focus, and how to achieve control over the levels. The L-Cysteine compositions, methods of administration and manufacture, selection of container closure system and the excipients and the drug substance as described herein fill that need.

Thus, in summary, as described herein, reducing aluminum drastically to extremely low levels in the product, reducing oxygen to very low levels in the process and in the composition, and/or reducing or eliminating heat in the process, and in consideration of data showing selection of the appropriate container, stopper, drug substance, and excipients, individually or in combination(s), resulted in achieving a safe, stable composition of L-Cysteine injection that could be administered safely even to very delicate pediatric subjects such as pre-term neonatal subjects that are as young as a day and may weigh as low as 0.5 kilos, for a few days to several weeks.

L-cysteine for injection is a marketed product used as a component of a nutritional supplement regimen referred to as total parenteral nutrition (TPN). The Aluminum content in known L-cysteine compositions for injection is higher than desired. Moreover, when the L-cysteine composition is combined with certain amino acids prior to administration, the amino acids contribute some amount of Aluminum, and Aluminum levels can further increase. TPN admixtures constitute several other components (in addition to amino acid mixtures) such as electrolytes (such as Potassium Phosphate, Calcium gluconate, and sodium acetate). These electrolytes may also contribute to high Aluminum levels in TPN admixtures (Smith et al., Am. J. Health Syst. Pharm., vol. 64, April, 1, 2007, pp. 730-739). This is of particular concern since administration of the L-cysteine is often to infants (some of them pre-term) for nutritional support. A focus of the subject matter described herein is in minimizing the Aluminum levels coming from L-Cysteine compositions so that when admixed with other ingredients of TPN admixtures, the overall Aluminum levels could be reduced while minimizing introduction of undesirable materials such as heavy metals, anions, and particulates. All of these components are present in amounts that are below levels determined to be safe.

L-cysteine (2-Amino-3-sulfhydrylpropanoic acid) is a sulfur-containing amino acid having a structure according to Formula I:



L-cysteine performs a variety of metabolic functions. For example, L-cysteine is a precursor for antioxidants, such as glutathione and taurine, that support oxidative defense and a healthy immune system. L-cysteine can also play a role in the synthesis of essential fatty acids and facilitate production of cell membranes and protective covers of nerve endings. Additionally, L-cysteine can be an important precursor for many proteins, such as structural proteins in connective tissue. Thus, the depletion or absence of cystathionase activity in premature fetuses and newborns to synthesize L-cysteine de novo has led to the

categorization of L-cysteine as a conditionally essential amino acid. Additionally, administration of L-cysteine can be valuable to treat a number of conditions in subjects, whether or not the subject is a premature infant or neonate.

Known pharmaceutical compositions that contain L-cysteine can typically contain
5 undesirable levels of certain components. Cystine is an oxidation product of L-cysteine. Like L-cysteine, cystine can be synthesized in the liver. Further, both L-cysteine and cystine can be present as amino acid residues in proteins. However, because cystine is an oxidation product of L-cysteine, it is possible that the amount of cystine can increase over
10 time. Thus, it may be desirable to maintain the amount of cystine within predetermined levels over time. For all practical purposes, cystine and L-Cystine are used interchangeably herein. Pyruvic acid is another undesirable compound that can be found in L-cysteine compositions known in the art. It is possible that the amount of pyruvic acid in these compositions can increase over time. Thus, it may be desirable to maintain the amount of pyruvic acid within predetermined levels over time.

15 Perhaps of most concern is the level of Aluminum in known L-cysteine compositions. Aluminum contamination and associated Aluminum toxicity can lead to a number of adverse conditions such as metabolic bone disease, neurodevelopmental delay, cholestasis, osteoporosis, growth failure, dementia, and the like. It is desirable to allow no more than 4-5 mcg/kg/day of Aluminum to avoid toxicity. It is preferable to keep the dose
20 on the conservative side as much as possible, i.e., at 4 mcg/kg/day to avoid accidental overdosing in case Aluminum from some other reason (unanticipated or unknown source or due to human error) is introduced. Up to now, known L-cysteine compositions contain up to 5000 ppb Aluminum. Even levels of 900 ppb are known in currently available products. In stark contrast, described herein are compositions that provide a therapeutically
25 effective amount of L-cysteine, while containing less than 250 ppb Aluminum, including, in certain embodiments, less than 200 ppb, or less than 175 ppb, or less than 150 ppb, or less than 125 ppb, or less than 120 ppb, or less than 100 ppb, or less than 80 ppb, or less than 75 ppb, or less than 60 ppb, or less than 50 ppb, or less than 40 ppb, or less than 30 ppb, or less than 20 ppb, or less than 10 ppb, or less than 5 ppb, or less than 1.0 ppb. Thus,
30 what has now been achieved is an unexpected and substantial reduction in Aluminum

content of an L-Cysteine composition that permits exposure to less than or equal to 4-5 micrograms per kilogram per day ($\mu\text{g}/\text{kg}/\text{d}$) to avoid or minimize Aluminum toxicity while still providing therapeutically effective L-cysteine in a stable composition. In some aspects, the compositions described herein permit an Aluminum dose of as low as 0.6
5 micrograms/kg/d, improving significantly the safety of the L-Cysteine product and its administration.

High risk patient populations for Aluminum toxicity in the context of parenteral nutrition include the following: Renal Insufficiency and Infants: Renal elimination is a major source of Aluminum removal. Therefore, patients with renal compromise and infants
10 with immature renal function are at risk of Aluminum accumulation. Pregnant women: The fetus is vulnerable to Aluminum contamination in parenteral nutrition since Aluminum may be transferred across the placenta. Elderly: Age is a well-known risk factor for renal impairment and thus results in a higher risk of Aluminum toxicity. Other studies suggest that Aluminum toxicity may be due to increased absorption of Aluminum due to a
15 weakened GI protective barrier.

The compositions and methods described herein provide the means to support the nutritional needs of patients, including preterm infants or infants with low birth weight, but reduce the risks associated with Aluminum ingestion. Most preterm and low birth weight infants tend to require parenteral nutrition with amino acid supplementation during their
20 hospital stay. However, as mentioned above, infants are a particularly high-risk population for Aluminum toxicity. To address such issues, in certain embodiments, the compositions comprise about 34.5 mg/mL of L-cysteine (measured as a base, i.e., not measured as HCl and monohydrate) and no more than 250 ppb, preferably about 120 ppb, or lower, of Aluminum. These compositions with no more than 120 ppb of Aluminum, and in certain
25 embodiments, about 120 ppb, or 100 ppb, or 80 ppb, or 60 ppb, or 50 ppb, or 20 ppb, or 10 ppb or 5 ppb or 1.0 ppb, or any suitable subrange encompassing the specific values, in units of 5 ppb, permit great flexibility with respect to the amino acid supplementation for TPN preparations.

L-Cysteine injection is administered after being added to a parenteral nutrition composition such as an amino acid composition, or a sugar-source such as dextrose or a lipid source or a combination of the foregoing. It is preferred that L-Cysteine is added to the amino acid composition, which may be administered separately or in combination with
5 other components of a parenteral nutrition regime such as sugars and lipids. For present purposes, the Aluminum content of the combined L-Cysteine and amino acid solution is of interest, and is monitored. L-Cysteine may be dosed at 15 mg per gram of amino acids or sometimes at a high concentration, i.e., 40 mg/gram of amino acids.

Commercially available amino acid product labeling for example indicates that
10 mcg/L of Aluminum is contributed from the product itself. The general recommended maximum dose is 4 g of amino acids/kg body weight. Generally amino acids solutions are available as 10% (10 g/100 mL) which would necessitate 40 mL volume to be administered for a 1 kg preterm neonatal patient. Based on this the amino acids solution is expected to contribute to about 1 mcg/kg/day. This leaves about 3 mcg/kg/day from other sources
15 including L-cysteine. In some scenarios, there may be five or more other components including L-cysteine that can contribute to varying levels of Aluminum in TPN mixtures. For the sake of illustration, assume there are five contributors that contribute equally. The expected maximum Aluminum contribution that may come from L-Cysteine would be $(3 \text{ mcg/kg/day})/5 = 0.6 \text{ mcg/kg/day}$. In light of Smith et al. (Am. J. Health Syst. Pharm., vol.
20 64, April, 1, 2007, pp. 730-739), significant contributors to Aluminum levels besides amino acids and L-Cysteine are Potassium Phosphate, Potassium Acetate, Sodium Acetate, and Calcium Gluconate. The reference indicates that contributions from all of these are high such that 100% of pediatric (including preterm and full-term infants) TPNs have $>4 \text{ } \mu\text{g/kg/day}$ (range 12 – 162 $\mu\text{g/kg/day}$) of Aluminum coming from various sources. Even
25 after carefully selecting the products with the least Aluminum content components among those available for treatment, the TPNs have $> 4 \text{ } \mu\text{g/kg/day}$. This finding for example highlights the need to systematically reduce the amount of Aluminum in each product that will be incorporated into a TPN admixture. The current efforts are directed to providing L-Cysteine compositions that offer exceedingly low Aluminum levels.

One of the difficulties with establishing dosing levels of L-Cysteine with an eye to keep the Aluminum administration to below or at a certain amount is the lack of uniformity in the art as to how to categorize the subjects in terms of their age and weight. This imprecise terminology has been used often blurring the boundaries among the patient groups, making it difficult to assess which patient should receive what amount of L-Cysteine, and hence how much Aluminum would result. As such, the art does not suggest what the levels of Aluminum exposure should be, nor does it provide a solution that minimizes Aluminum exposure during a TPN regimen. Following Table 1 shows a streamlined approach to categorize the potential patient population and their proposed daily doses of L-Cysteine.

Table 1. Daily Dosage of L-Cysteine

Age	Protein ^a Requirement (g/kg/day) ¹	L-Cysteine Dosage (mg cysteine/g AA)	L-Cysteine Dosage (mg cysteine/kg/day)
Preterm and term infants less than 1 month of age	3 to 4	15	45 to 60
Pediatric patients 1 month to less than 1 year of age	2 to 3	15	30 to 45
Pediatric patients 1 year to 11 years of age	1 to 2	15	15 to 30
Pediatric patients 12 years to 17 years of age	0.8 to 1.5	5	4 to 7.5
Adults: Stable Patients	0.8 to 1	5	4 to 5
Adults: Critically Ill Patients	1.5 to 2	5	7.5 to 10

^a Protein is provided as amino acids. When infused intravenously, amino acids are metabolized and utilized as the building blocks of protein.

From the above Table, it should be noted that the most need for L-Cysteine is for the preterm infant. Therefore, to safely administer L-Cysteine compositions, the Aluminum level in the compositions must be substantially less than what is in commercially available products and those described in the art. There has been no specific guidance in the art however of how low this Aluminum level should be, and how to achieve compositions with such low Aluminum levels. To the extent there may be some guidance, the levels proposed are considered higher than desirable.

L-Cysteine Injection as presented herein in some embodiments contains no more than 120 mcg/L (120 ppb) of aluminum (0.0035 mcg of aluminum/mg of cysteine). The maximum dosage of aluminum from L-Cysteine Injection is not more than 0.21 mcg/kg/day when preterm and term infants less than 1 month of age are administered the dosage of L-Cysteine injection (15 mg cysteine/g of amino acids and 4 g of amino acids/kg/day). If L-Cysteine is added to TPN containing amino acid and dextrose solutions (which each may contain up to 25 mcg/L of aluminum) as well as other additive drug products, the total amount of aluminum administered to the patient from the final admixture should be considered and maintained at no more than 5 mcg/kg/day.

However, with prolonged parenteral administration in patients with renal impairment, the aluminum contained in L-Cysteine Injections disclosed herein may reach toxic levels. Preterm infants are at a greater risk for aluminum toxicity because their kidneys are immature, and they require large amounts of calcium and phosphate solutions, which also contain aluminum. Prolonged administration herein may mean at least one week, or may be up to 2-4 weeks. In some aspects, the administration could continue for up to 24 weeks.

Patients with renal impairment, including preterm infants, who receive parenteral levels of aluminum at greater than 4 to 5 mcg/kg/day, accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration. Therefore, it is essential that aluminum levels in the L-Cysteine drug product are carefully controlled and kept at as low as possible. Such embodiments are disclosed herein.

Looking more specifically at contribution of Aluminum by the prior products, data show that the Aluminum levels of 5,000 ppb or even the 900 ppb associated with these products are not desirable or acceptable. Tables 2-3 report the Aluminum contribution from the commercial product of prior art with 900 ppb or 5000 ppb Aluminum level based on two scenarios: a) an L-Cysteine dosing regimen based on 15 mg/gram of amino acids; and b) an L-Cysteine dosing regimen based on 40 mg/gram of amino acids. The Tables also

show the Aluminum contribution from an L-Cysteine product as described herein and having a level of 120 ppb.

Table 2. Aluminum Contribution (Based on a Cysteine Dose of 15 mg/g of Amino Acids) from an L-Cysteine Product with 900 ppb, 5,000 ppb, or 120 ppb of Aluminum

5

Age	L-Cysteine Dose at (15 mg/ g AA)		Aluminum Contribution from 900 ppb product	Aluminum Contribution from 5,000 ppb product	Aluminum Contribution from 120 ppb product
	mg/kg/day	mL/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
Preterm and term infants less than 1 month	45 to 60	1.31 to 1.74	1.18 to 1.57	6.53 to 8.70	0.157 to 0.209
Pediatric patients 1 month to less than 1 yr	30 to 45	0.87 to 1.31	0.79 to 1.17	4.35 to 6.52	0.1 to 0.157
Pediatric patients 1 yr to 11 yrs	15 to 30	0.44 to 0.87	0.40 to 0.79	2.18 to 4.35	0.053 to 0.1
Pediatric patients 12 yrs to 17 yrs	4 to 7.5	0.18 to 0.22	0.11 to 0.20	0.58 to 1.09	0.022 to 0.026
Adults: Stable Patients	4 to 5	0.18 to 0.23	0.11 to 0.14	0.58 to 0.73	0.022 to 0.028
Adults: Critically ill patients	7 to 10	0.32 to 0.46	0.2 to 0.28	1.02 to 1.46	0.038 to 0.055

Table 3. Aluminum Contribution (Based on a Cysteine Dose of 40 mg/g of Amino Acids) from an L-Cysteine Product with 900 ppb, 5,000 ppb, or 120 ppb of Aluminum

Age	L-Cysteine Dose at (40 mg/ g AA)		Aluminum Contribution from 900 ppb product	Aluminum Contribution from 5,000 ppb product	Aluminum Contribution from 120 ppb product
	mg/kg/day	mL/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
Preterm and term infants less than 1 month	120 to 160	3.48 to 4.64	3.13 to 4.17	17.39 to 23.19	0.42 to 0.56
Pediatric patients 1 month to less than 1 yr	80 to 120	2.32 to 3.48	2.09 to 3.13	11.59 to 17.39	0.28 to 0.42
Pediatric patients 1 yr to 11 yrs	40 to 80	1.16 to 2.32	1.05 to 2.09	5.79 to 11.59	0.14 to 0.28

Pediatric patients 12 yrs to 17 yrs	10.66 to 20	0.31 to 0.58	0.28 to 0.53	1.56 to 2.94	0.04 to 0.07
Adults: Stable Patients	10.66 to 13.33	0.31 to 0.39	0.28 to 0.35	1.56 to 1.94	0.04 to 0.047
Adults: Critically ill patients	18.7 to 26.7	0.54 to 0.77	0.49 to 0.70	2.72 to 3.89	0.065 to 0.09

If the preterm infants are given the high dose of L-cysteine (40 mg / gram of amino acids), this requires that a dose of 160 mg/kg (4.64 mL/kg) of L-Cysteine at a (base) concentration of 34.5 mg/mL be delivered. (See Table 3 above). The compositions described herein contribute about 0.0035 mcg Aluminum per each mg of L-cysteine, or 0.12 mcg of Aluminum per each mL at 120 ppb. Thus, a dose of 160 mg/kg (4.64 mL/kg) L-cysteine delivers only 0.56 mcg/kg Aluminum at 40 mg/g of AA dosing on the higher end, or 0.157 mcg/kg at 15 mg/g of AA dosing on the lower end. See Tables 2-3. In contrast, if art products were to be used, these patients would receive either 23 mcg/kg (for the product that contains 5,000 ppb of Aluminum), or 4.2 mcg/kg of aluminum (for the product that contains 900 ppb of Aluminum). Given that the total daily intake permissible for Aluminum is expected to be ideally less than 4-5 mcg/kg, the art products already exceed the entire daily Aluminum level and do not leave room for Aluminum contribution from other TPN components. Therefore, these known high Aluminum-containing products are likely to be deemed unsafe by the FDA and are neither desirable nor acceptable. In contrast, the L-Cysteine compositions presented herein provide Aluminum levels ranging from 10 ppb to about 250 ppb. Taking 20 ppb, 50 ppb, 120 ppb, and 150 ppb as illustrations, the Tables below estimate the amount of Aluminum delivered for each class of patients using 34.5 mg/mL L-Cysteine product when being dosed at 15 mg/g of Amino Acids.

20 Table 4. Aluminum Contribution (Based on a Cysteine Dose of 15 mg/g of Amino Acids) from an L-Cysteine Product (34.5 mg/mL) with 20 ppb, 50 ppb, 120 ppb or 150 ppb of Aluminum

Age	L-Cysteine Dose at 15mg/g AA	Aluminum Contribution from 20 ppb product	Aluminum Contribution from 50 ppb product	Aluminum Contribution from 120 ppb product	Aluminum Contribution from 150 ppb
	mg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day

Preterm and term infants less than 1 month	45 to 60	0.026 to 0.035	0.065 to 0.088	0.157 to 0.209	0.195 to 0.26
Pediatric patients 1 month to less than 1 yr	30 to 45	0.017 to 0.026	0.043 to 0.065	0.1 to 0.157	0.13 to 0.195
Pediatric patients 1 yr to 11 yrs	15 to 30	0.009 to 0.017	0.022 to 0.044	0.053 to 0.11	0.066 to 0.125
Pediatric patients 12 yrs to 17 yrs	4 to 7.5	0.004	0.009 to 0.01	0.022 to 0.026	0.027 to 0.033
Adults: Stable Patients	4 to 5	0.004	0.009 to 0.12	0.022 to 0.028	0.027 to 0.035
Adults: Critically ill patients	7 to 10	0.006 to 0.009	0.016 to 0.23	0.038 to 0.055	0.048 to 0.069

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 45 to 60 mg/kg/day of L-Cysteine and from about 0.02 to about 0.3 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 30 to 45 mg/kg/day of L-Cysteine and from about 0.01 to about 0.25 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 15 to 30 mg/kg/day of L-Cysteine and from about 0.005 to about 0.15 mcg/kg/day of Aluminum.

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 4 to 7.5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 4 to 5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine

to deliver 7 to 10 mg/kg/day of L-Cysteine and from about 0.004 to about 0.08 mcg/kg/day of Aluminum.

In some embodiments, a method of safe administration of L-Cysteine comprises administering to preterm and term infants of less than 1 month of age a parenteral L-Cysteine composition that delivers 45 to 60 mg/kg/day of L-Cysteine and from about 0.02 to about 0.3 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 month to less than 1 year of age a parenteral L-Cysteine composition that delivers 30 to 45 mg/kg/day of L-Cysteine and from about 0.01 to about 0.25 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 year to 11 years of age a parenteral L-Cysteine composition that delivers 15 to 30 mg/kg/day of L-Cysteine and from about 0.005 to about 0.15 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 12 years to 17 years of age a parenteral L-Cysteine composition that delivers 4 to 7.5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to adult stable patients a parenteral L-Cysteine composition that delivers 4 to 5 mg/kg/day of L-Cysteine and from about 0.003 to about 0.04 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to critically ill adult patients a parenteral L-Cysteine composition that delivers 7 to 10 mg/kg/day of L-Cysteine and from about 0.004 to about 0.08 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

Further, taking 20 ppb, 50 ppb, 120 ppb, and 150 ppb as illustrations, the Tables below estimate the amount of Aluminum delivered for each class of patients using 34.5 mg/mL L-Cysteine product when being dosed at 40 mg/g of Amino Acids.

Table 5. Aluminum Contribution (Based on a Cysteine Dose of 40 mg/g of Amino Acids) from an L-Cysteine Product (34.5 mg/mL) with 20 ppb, 50 ppb, 120 ppb or 150 ppb of Aluminum

Age	L-Cysteine Dose at 40 mg/g AA	Aluminum Contribution from 20 ppb product	Aluminum Contribution from 50 ppb product	Aluminum Contribution from 120 ppb product	Aluminum Contribution from 150 ppb
	mg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day	mcg/kg/day
Preterm and term infants less than 1 month	120 to 160	0.07 to 0.09	0.175 to 0.233	0.42 to 0.56	0.525 to 0.7
Pediatric patients 1 month to less than 1 yr	80 to 120	0.047 to 0.07	0.117 to 0.175	0.28 to 0.42	0.35 to 0.525
Pediatric patients 1 yr to 11 yrs	40 to 80	0.023 to 0.047	0.058 to 0.117	0.14 to 0.28	0.175 to 0.35
Pediatric patients 12 yrs to 17 yrs	10.66 to 20	0.007 to 0.012	0.017 to 0.029	0.04 to 0.07	0.05 to 0.088
Adults: Stable Patients	10.66 to 13.33	0.007 to 0.008	0.017 to 0.02	0.04 to 0.047	0.05 to 0.059
Adults: Critically ill patients	18.7 to 26.7	0.011 to 0.015	0.027 to 0.038	0.065 to 0.09	0.081 to 0.113

5 In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 120 to 160 mg/kg/day of L-Cysteine and from about 0.05 to about 0.8 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 80 to 120 mg/kg/day of L-Cysteine and from about 0.03 to about 0.6 mcg/kg/day of Aluminum. In some
 10 embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 40 to 80 mg/kg/day of L-Cysteine and from about 0.01 to about 0.4 mcg/kg/day of Aluminum.

In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 10 to 20 mg/kg/day of L-Cysteine and from about 0.005 to about 0.1 mcg/kg/day of Aluminum. In some embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver 10 to 15 mg/kg/day of L-Cysteine and from about 0.005 to about 0.06 mcg/kg/day of Aluminum. In some
5 embodiments, parenteral L-Cysteine compositions provide about 35 mg/mL of L-Cysteine to deliver about 18 to 28 mg/kg/day of L-Cysteine and from about 0.01 to about 0.15 mcg/kg/day of Aluminum.

In some embodiments, a method of safe administration of L-Cysteine comprises
10 administering to preterm and term infants of less than 1 month of age a parenteral L-Cysteine composition that delivers 120 to 160 mg/kg/day of L-Cysteine and from about 0.05 to about 0.8 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 month to less than 1 year of age a parenteral
15 L-Cysteine composition that delivers 80 to 120 mg/kg/day of L-Cysteine and from about 0.03 to about 0.6 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 1 year to 11 years of age a parenteral L-Cysteine composition that delivers 40 to 80 mg/kg/day of L-Cysteine and from about 0.01
20 to about 0.4 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

In some embodiments, a method of safe administration of L-Cysteine comprises administering to pediatric patients 12 years to 17 years of age a parenteral L-Cysteine composition that delivers 10 to 20 mg/kg/day of L-Cysteine and from about 0.005 to about 0.1 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some
25 embodiments, a method of safe administration of L-Cysteine comprises administering to adult stable patients a parenteral L-Cysteine composition that delivers 10 to 15 mg/kg/day of L-Cysteine and from about 0.005 to about 0.06 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition. In some embodiments, a method of safe administration of L-Cysteine comprises administering to critically ill adult patients a parenteral L-

Cysteine composition that delivers 18 to 28 mg/kg/day of L-Cysteine and from about 0.01 to about 0.15 mcg/kg/day of Aluminum, admixed with a parenteral nutrition composition.

Accordingly, what is provided herein, among other things, are therapeutically and/or nutritionally effective amounts of L-cysteine with significantly minimized risk of
5 Aluminum toxicity.

I. Definitions

As used herein, the term “stable” refers to a composition that has the component profiles described herein, for example, Aluminum, L-Cystine, and pyruvic acid, at the levels described and for the amount of time identified. In other words, a stable composition
10 will contain the specified levels of all components for sufficient period of time to enable the composition to be commercially manufactured, stored, shipped, and administered in a clinical setting. In general, products are considered stable if the period of time is three months, or three to six months, or three to 12 months, or three to 15 months, or three to 18 months or three to 24 months.

15 As used herein, the term “dissolved oxygen” refers to oxygen that is found in the aqueous carrier of the compositions. Distinguished from dissolved oxygen is the headspace oxygen. As used herein, the term “headspace oxygen” refers to the oxygen that is found in the headspace volume of the sealed container comprising the composition.

As used herein, the term “cystine precipitate” refers to undissolved L-cystine. The
20 undissolved cystine may be visually detected as particulate matter in solution.

As used herein, “subject” refers to a mammal that may benefit from the administration of a composition described herein. In one aspect, the mammal may be a human.

The term “prophylaxis” or “prophylactic” refers to the continued absence of
25 symptoms of the disease or condition that would be expected had the combination not been administered.

As used herein, the terms “formulation” and “composition” are used interchangeably and refer to a mixture of two or more compounds, elements, or molecules. In some aspects, the terms “formulation” and “composition” may be used to refer to a mixture of one or more active agents with a carrier or other excipients. Compositions can take nearly any physical state, including solid and/or liquid (i.e. solution). Furthermore, the term “dosage form” can include one or more formulation(s) or composition(s) provided in a form suitable for administration to a subject. As used herein, the term “compositions for injection” and the like, refers to a composition that is intended for injection, including dilution and admixing with other components prior to injection. Said injection may be administered as an intravenous injection, or as an intravenous infusion. When administered as infusions, the compositions may be administered through a peripheral vein in limited circumstances or more commonly through a central vein. One of skill in the art would have experience with such administrations.

As used herein, “effective amount” refers to an amount of an ingredient, such as L-cysteine, which, when included in a composition, is sufficient to achieve an intended compositional or physiological effect. Thus, a “therapeutically or nutritionally effective amount” refers to a non-toxic, but sufficient amount of an active agent, to achieve therapeutic or nutritional results in treating or preventing a condition for which the active agent is known to be effective or providing nutritional value to prevent effects of malnutrition. It is understood that various biological factors may affect the ability of a substance to perform its intended task. Therefore, an “effective amount” or a “therapeutically or nutritionally effective amount” may be dependent in some instances on such biological factors. Additionally, in some cases an “effective amount” or a “therapeutically or nutritionally effective amount” may not be achieved in a single dose. Rather, in some examples, an “effective amount” or a “therapeutically or nutritionally effective amount” can be achieved after administering a plurality of doses over a period of time, such as in a pre-designated dosing regimen. Further, while the achievement of therapeutic/nutritional effects may be measured by a physician or other qualified medical personnel using evaluations known in the art, it is recognized that individual variation and response to treatments may make the achievement of therapeutic or nutritional effects

a subjective decision. The determination of an effective amount is well within the ordinary skill in the art of pharmaceutical and nutritional sciences as well as medicine.

As used herein, the term “substantially” refers to the complete or nearly complete extent or degree of a component, or an action, characteristic, property, state, structure, item, or result. The exact allowable degree of deviation from absolute presence of such a component, or an action, characteristic, property, state, structure, item, or result may in some cases depend on the specific context. However, generally speaking, “substantially” will be so near as to have the same overall result as if absolute and total extent or degree were obtained. The use of “substantially” is equally applicable when used in a negative connotation to refer to the complete or near complete lack of a component, or an action, characteristic, property, state, structure, item, or result. For example, a composition that is “substantially free of” a component would either completely lack the component, or so nearly completely lack the component that the effect would be the same as if it completely lacked the component. In other words, a composition that is “substantially free of” an ingredient or element may still actually contain such component as long as there is no measurable effect thereof, for example, trace amounts. As used herein, “essentially free” means a component, or an action, characteristic, property, state, structure, item, or result is not present or is not detectable.

The terms “treat” and “treatment” refer to both therapeutic treatment and prophylactic or preventative measures, wherein the object is to prevent or slow down (lessen) an undesired physiological change, disorder or adverse health condition. For purposes of this disclosure, beneficial or desired clinical results include, but are not limited to, alleviation of symptoms, diminishment of extent of the condition, stabilized (*i.e.*, not worsening) state of the condition, delay or slowing of progression of the condition, amelioration or palliation of the condition, and absence of condition (whether partial or total), whether detectable or undetectable. “Treatment” can also mean prolonging survival as compared to expected survival if not receiving treatment. Those in need of treatment include those already with the condition or disorder as well as those prone to have the condition or disorder or those in which the condition or disorder is to be prevented.

The term “pharmaceutically acceptable salts” denotes salts which are not biologically or otherwise undesirable. Pharmaceutically acceptable salts include both acid and base addition salts. The phrase “pharmaceutically acceptable” indicates that the substance or composition must be compatible chemically and/or toxicologically, with the other ingredients comprising a formulation, and/or the mammal being treated therewith. The phrase “pharmaceutically acceptable salt,” as used herein, refers to pharmaceutically acceptable organic or inorganic salts of a molecule. A pharmaceutically acceptable salt may involve the inclusion of another molecule that acts as a counterion. The counterion may be any organic or inorganic moiety that stabilizes the charge on the parent compound. Furthermore, a pharmaceutically acceptable salt may have more than one charged atom in its structure. Hence, a pharmaceutically acceptable salt can have one or more charged atoms and/or one or more counterions. In the case of L-cysteine, the hydrochloride salt form is preferred.

The phrase “single-use container” refers to a sealed pharmaceutically prepared container holding a drug product in a sterile environment that is intended to be used in a single operation of transferring the entire contents or substantially entire contents, wherein the transfer operation spans no more than 10-12 hrs, but often less than 8 hrs, or even six hours. It should be recognized that the single-use container is generally preservative-free and that if multiple transfers are attempted, they should be completed in a short duration, i.e., less than about 8-10 hrs from the first breach of the sterile environment. In some aspects the single-use container may be used to administer all of its contents to one subject in need thereof. In some aspects the single-use container may be used to administer its contents to more than one subject in need thereof.

As used herein, the term “mixing” refers to admixing, contacting, blending, stirring or allowing to admix, mix, blend, stir and the like.

As used herein, the term “safe” refers generally to a property of the compositions and methods described herein relative to art method and compositions and/or to FDA regulatory determination of the compositions and methods as part of a therapeutically or nutritionally effective regimen. For example, with respect to known L-Cysteine

compositions, an Aluminum level of greater than 300 ppb would be generally considered to render the L-Cysteine product unsafe. Other examples with respect to safety are described and discussed herein with respect to Aluminum, pyruvate, Cystine, heavy metals, anions, and particulates.

5 Additional definitions are provided herein where appropriate.

II. Compositions

In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in
10 an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-
15 cysteine;

a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per
20 million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature;

wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.

In certain aspects, the subject matter described herein is directed to a safe, stable L-cysteine composition for parenteral administration, comprising:
25

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

5 a pharmaceutically acceptable carrier, comprising water;

headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from
10 manufacture when stored at room temperature;

optionally present can be one or more metals selected from the group consisting of Lead from about 1.0 ppb to about 10 ppb, Nickel from about 5 ppb to about 40 ppb, Arsenic from about 0.1 ppb to 10 ppb, and Mercury from about 0.2 ppb to about 5.0 ppb;

wherein the composition is enclosed in a single-use container having a volume of
15 from about 10 mL to about 100 mL.

The Aluminum in a composition can be determined using any known analytical method, such as those required by FDA regulations, and can include atomic absorption and mass spectrometry. In certain embodiments, the Aluminum that is present in the compositions is present in an amount from about 1.0 ppb to about 250 ppb, or from
20 about 1.0 ppb to about 180 ppb, or from about 1.0 ppb to about 170 ppb, or from about 1.0 ppb to about 160 ppb, or from about 1.0 ppb to about 150 ppb, or from about 1.0 ppb to about 130 ppb, or from about 1.0 ppb to about 100 ppb, or from about 1.0 ppb to about 50 ppb, or from about 1.0 ppb to about 20 ppb.

In some embodiments the L-Cysteine and Aluminum are at a ratio of from about
25 35 million:1 (i.e., about 35 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 4 million:1. In some embodiments the L-Cysteine and Aluminum are at a ratio of about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 700,000:1 (i.e., about 700,000 units of L-

Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 300,000:1 (i.e., about 300,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 230,000:1 (i.e., about 230,000 units of L-Cysteine to 1 unit of Aluminum). In some
5 embodiments the L-Cysteine and Aluminum are at a ratio of about 170,000:1 (i.e., about 170,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of about 140,000:1 (i.e., about 140,000 units of L-Cysteine to 1 unit of Aluminum).

Thus, in some embodiments the L-Cysteine and Aluminum are at a ratio of from
10 about 35 million:1 (i.e., about 35 million units of L-Cysteine to 1 unit of Aluminum) to about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 4 million:1 (i.e., about 4 million units of L-Cysteine to 1 unit of Aluminum) to about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-
15 Cysteine and Aluminum are at a ratio of from about 1.8 million:1 (i.e., about 1.8 million units of L-Cysteine to 1 unit of Aluminum) to about 700,000:1 (i.e., about 700,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 700,000:1 (i.e., about 700,000 units of L-Cysteine to 1 unit of Aluminum) to about 300,000:1 (i.e., about 300,000 units of L-Cysteine to 1
20 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 300,000:1 (i.e., about 300,000 units of L-Cysteine to 1 unit of Aluminum) to about 230,000:1 (i.e., about 230,000 units of L-Cysteine to 1 unit of Aluminum). In some embodiments the L-Cysteine and Aluminum are at a ratio of from about 230,000:1 (i.e., about 230,000 units of L-Cysteine to 1 unit of Aluminum) to about 170,000:1 (i.e., about
25 170,000 units of L-Cysteine to 1 unit of Aluminum). Thus, in some embodiments the L-Cysteine and Aluminum are at a ratio of from about 170,000:1 (i.e., about 170,000 units of L-Cysteine to 1 unit of Aluminum) to about 140,000:1 (i.e., about 140,000 units of L-Cysteine to 1 unit of Aluminum). All subranges and individual values with increments of 5,000 units are contemplated by the present disclosure. In some embodiments, the unit of
30 measure is nanograms. For example, in some embodiments the L-Cysteine and Aluminum

are at a ratio of from about 4 million:1 nanograms (i.e., about 4 million nanograms of L-Cysteine to 1 nanogram of Aluminum) to about 1.8 million:1 nanograms (i.e., about 1.8 million nanograms of L-Cysteine to 1 nanogram of Aluminum).

5 In certain embodiments, the compositions comprise Aluminum in trace amounts, for example 1.0 ppb, but not more than 250 ppb after storage at ambient temperature for a period of 12 months or less, where the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppb of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

10 In certain embodiments, the compositions comprise Aluminum in an amount not more than 200 ppb after storage at ambient temperature for a period of 12 months, wherein the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppb of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water. In certain embodiments, the compositions comprise Aluminum in an amount not more than 200 ppb after storage at ambient temperature for a period of 6 months, where the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water. In certain embodiments, the compositions comprise Aluminum in an amount not more than 200 ppb after storage at ambient temperature for a period of 3 months, wherein the Aluminum comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.

In certain embodiments, the dissolved oxygen is present in an amount from about 0.1 ppm to about 5.0 ppm, or from about 0.10 ppm to about 4.0 ppm, or from about 0.10 ppm to about 3.0 ppm, or from about 0.10 ppm to about 2.0 ppm, or from about 0.11 ppm

to about 1.0 ppm. In particular, values of dissolved oxygen from about 0.4 ppm to about 3.8 ppm are preferred. For the sake of clarity and the ease of discussion and measurement, these values are taken for the L-Cysteine composition at the time of its manufacture (commonly known as “time zero” data point), or during and up to 1 month from time zero.

5 Additional time points beyond the 1-month from time zero data point are expected to provide similar dissolved oxygen levels.

To achieve the above objective, as described herein, numerous aspects for possible oxygen introduction into the L-cysteine composition have been carefully studied and controlled. For example, in some cases, the dissolved oxygen content in the carrier can be

10 reduced to at or below a predetermined level before the L-cysteine is added to the carrier. In some additional examples, reducing a level of dissolved oxygen in the carrier can include blanketing a container for housing the composition in an inert gas, such as nitrogen, argon, or the like, prior to introducing the carrier or composition into the container. In still other examples, reducing a level of dissolved oxygen in the carrier can include bubbling the

15 carrier or composition with an inert gas, such as nitrogen, argon, or the like, at ambient or reduced atmospheric pressure prior to and/or during addition and mixing of L-cysteine. In some examples, reducing a level of dissolved oxygen in the carrier can be performed at an ambient or sub-ambient temperature. It is noted that the reduction of dissolved oxygen in the carrier to at or below a predetermined level can be accomplished without the addition

20 of a supplementary antioxidant, but is not required in the methods and compositions described herein. Thus, the L-cysteine composition for injection is free of a supplementary antioxidant. As described elsewhere herein, attaining low and consistent dissolved oxygen was achieved using the protocol with sampling as set forth in Example 4.

The compositions have long-term stability. Thus, in certain embodiments, the

25 amounts of the components described herein are amounts that are detected after the composition has been in storage. The compositions will have been stored at room temperature for less than a year, or for a year, or for more than a year. Such timelines include, for example, for about 15 months, for about 18 months, for about 24 months. Or, alternatively, the storage time could be for about 9 months, for about 7 months, for about

30 6 months, for about 5 months, for about 4 months, for about 3 months, for about 2 months,

for about 1 month, or for about 3 weeks. Storage conditions are 25 °C / 60% RH unless otherwise indicated.

Useful concentrations of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in a compositions as described herein include an amount from about
5 20 mg/mL to about 80 mg/mL, from about 30 mg/mL to about 70 mg/mL, from about 40 mg/mL to about 60 mg/mL, from about 45 mg/mL to about 55 mg/mL, or an amount of about 50 mg/mL, or from about 35 mg/mL to about 50 mg/mL, or an amount of about 37.5 mg/mL. It is noted that the amounts of L-cysteine disclosed herein, whether as a total mass or as a concentration, are based on L-cysteine hydrochloride monohydrate or the free base,
10 as specified. Thus, where other forms of L-cysteine are employed in the composition, the amount of the alternative form included in the composition can be calculated based on an equivalent amount of L-cysteine hydrochloride monohydrate rather than the amount of the alternative form employed.

Thus, the stable L-cysteine composition can comprise total amounts of L-cysteine
15 from about 200 mg to about 4000 mg, or from about 300 mg to about 700 mg, or from about 300 mg to about 400 mg. For example, a 10 mL vial could be manufactured to contain about 350 mg of L-Cysteine. In certain embodiments, the L-cysteine composition can comprise a total amount of L-cysteine from about 1200 mg to about 2000 mg. For example, a 50 mL container could be manufactured to contain about 1800 mg of L-Cysteine. In
20 another embodiment, the total composition of an L-Cysteine composition container may range from about 3000 mg to about 4000 mg. For example, a 100 mL container could be manufactured to contain about 3500 mg of total L-Cysteine.

It has been found that the container in which the compositions are held can affect the level of certain components. In certain embodiments, the L-cysteine composition can
25 be enclosed in a single-use container. The container can have a variety of volumes. Typically, the container can have a volume of from about 10 ml to about 100 ml. In some examples, the container can have a volume of from about 10 ml to about 50 ml. In other examples, the container can have a volume of from about 50 ml to about 100 ml. In still other examples, the container can have a volume of about 10 ml or about 20 ml.

The container can be made of a variety of materials. Non-limiting materials can include glass, a plastic (e.g. polyethylene, polypropylene, polyvinyl chloride, polycarbonate, etc.), the like, or a combination thereof provided that it can both prevent oxygen penetration and minimize Aluminum, heavy metals and anions contamination to the composition. Up to now, there has been no guidance with regard to the compatibility of L-cysteine with coated glass vials or that any vials could be used to provide L-cysteine compositions having low levels of Aluminum.

Another confounding factor is the low pH of the L-Cysteine product, which is less than 3.0 in certain embodiments. This low pH can disrupt the plastic coating or silicon coating inside the glass container and Aluminum, heavy metals and anions could leach during the shelf life of the product, especially over prolonged storage of the product. Therefore, up to now, the success of the product was uncertain until the products described herein were manufactured and studied in real time for prolonged periods as described herein.

It should be recognized that vials which are impermeable with an internal coating, vials which are stored in a pouch that protects the product from atmospheric oxygen ingress, and relatively thick vials made of impermeable plastic or glass can be suitable for the L-Cysteine product disclosed herein.

Vials which are stored in a pouch can be prepared in a similar manner as described herein and then pouched in a plastic material that is then sealed. The pouch may be kept under vacuum or under an inert atmosphere. Methods for manufacturing such pouched products, and materials for such manufacture are known in the industry.

Relatively thick vials made of impermeable plastic are also prepared in a similar manner as described herein. Such vials may be composed of cyclic olefin materials of sufficient thickness to prevent oxygen ingress over a reasonably long period of time, for example 1 month, 2 months, 3 months, 6 months or 12 months. These vials are packaged and supplied as such. Alternatively, these vials can also be pouched as described above in plastic material that is kept under vacuum or under an inert gas atmosphere. It is expected

that such pouching extends the shelf life of the product by at least 1 month, or 2 months, or 3 months, or 6 months or longer.

In certain embodiments, the vials are made of glass with an internal coating made of silicon dioxide, for example, Schott Type 1 Plus USP glass. The general thickness of the coating is presumed to be at least 100-200 nanometers thickness. It is believed that this level of thickness was sufficient to provide protection against pH disruption while also preventing the migration of Aluminum from the glass into the L-Cysteine product. Thus, in some specific examples, the container can be an internally coated glass container. In certain other embodiments the glass container is internally coated with silicon dioxide of about 100 to about 200 nanometers.

In certain embodiments the Aluminum contribution from the container may range from about 0.1 ppb to about 200 ppb. In certain other embodiments the Aluminum contribution may range from about 1 ppb to about 150 ppb, from about 1 ppb to about 120 ppb, from about 1 ppb to about 100 ppb, from about 1 ppb to about 80 ppb, from about 1 ppb to about 60 ppb, from about 1 ppb to about 50 ppb, from about 1 ppb to about 40 ppb, from about 1 ppb to about 30 ppb, from about 1 ppb to about 25 ppb, from about 1 ppb to about 20 ppb, from about 1 ppb to about 15 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to 5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 35 to 55 ppb, or from about 75 to about 140 ppb, in increments of 5 ppb. All such ranges and subranges are contemplated herein.

The containers are sealed with a suitable stopper made of rubber, elastomeric polymers, or combinations thereof. In certain embodiments the stoppers are coated with a special non-reactive inert coating that minimizes interaction with drug product. For example, some stoppers are coated with Teflon to prevent drug-stopper interactions. One example of a specific coated stopper is supplied by West Pharma and is called V10-F597W Stopper, 20 mm Lyo, 4432/50 Gray, B2-TR Coating, Westar RS. This stopper is a cross-linked mixture of high- and low-molecular weight silicone oils that are cured through the application of UV rays and heat. Because it is a spray-on coating applied to molded closures before the trimming process, B2-Coating can be applied at various levels on the bottom

and top of closures. These specific stoppers are preferred even though similar coating materials and methodology applied to other types of stoppers could also work. The stoppers are selected not only for their inertness vis-à-vis the drug product but also for their minimal contribution to Aluminum levels in the drug product.

5 In certain embodiments the Aluminum contribution from the stopper may range from about 0.1 ppb to about 100 ppb. In certain other embodiments the Aluminum contribution may range from about 1 ppb to about 90 ppb, from about 1 ppb to about 80 ppb, from about 1 ppb to about 70 ppb, from about 1 ppb to about 60 ppb, from about 1 ppb to about 50 ppb, from about 1 ppb to about 40 ppb, from about 1 ppb to about 30 ppb,
10 from about 1 ppb to about 25 ppb, from about 1 ppb to about 20 ppb, from about 1 ppb to about 15 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to 5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 35 to 55 ppb, or from about 25 to about 75 ppb, in increments of 5 ppb. All such ranges and subranges are contemplated herein.

15 In addition to the container and stopper, the drug substance and excipients including water for injection may contribute Aluminum to the drug product. Thus, in one aspect the Aluminum contribution from the drug substance may range from about 0.1 ppb to about 70 ppb. In certain other embodiments the Aluminum contribution may range from about 1 ppb to about 60 ppb, from about 1 ppb to about 50 ppb, from about 1 ppb to about 40 ppb,
20 from about 1 ppb to about 30 ppb, from about 1 ppb to about 25 ppb, from about 1 ppb to about 20 ppb, from about 1 ppb to about 15 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to 5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 35 to 55 ppb, or from about 75 to about 140 ppb, in increments of 5 ppb. All such ranges and subranges are contemplated herein.

25 The water for injection may contribute Aluminum from about 0.1 ppb to about 20 ppb. In certain embodiments the Aluminum contribution may range from about 1 ppb to about 15 ppb, from about 1 ppb to about 12 ppb, from about 1 ppb to about 10 ppb, from about 1 ppb to about 8 ppb, from about 1 ppb to about 6 ppb, from about 1 ppb to about 5 ppb, from about 1 ppb to about 4 ppb, from about 1 ppb to about 3 ppb, from about 1 ppb

to about 2.5 ppb, from about 1 ppb to about 2 ppb, from about 1 ppb to about 1.5 ppb. In certain embodiments, the contribution could be in subranges within the above ranges, for example, from about 5 to 7.5 ppb, or from about 10.5 to about 15.0 ppb, in increments of 0.5 ppb. All such ranges and subranges are contemplated herein.

5 In summary, to lower the Aluminum level to even greater extent as described herein, the container, the stopper, the drug substance, the water for injection, and any other excipients can be chosen such that the Aluminum concentration in the drug product is from about 1.0 ppb to about 250 ppb, or as described in the other embodiments provided herein.

 Advantageously, in certain embodiments, the compositions maintain cystine levels
10 for extended periods, and/or are substantially free or essentially free of cystine precipitate. However, it is noted that where cystine is present in the L-cysteine composition it is not necessarily dissolved. For example, in some cases, it can be present in the composition as an undissolved particle.

 Where the L-cysteine composition includes cystine, it can typically be present in
15 relatively small amounts compared to L-cysteine. In certain embodiments, cystine is present in the composition in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 1.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments,
20 cystine is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.4 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.3
25 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not more than 0.2 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, cystine is present in the composition in an amount not

more than 0.1 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months.

Further, in certain embodiments, cystine can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 3 months. In certain embodiments, cystine can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 3 months. In some embodiments, cystine can be present in the L-cysteine composition in an amount from about 0.001 wt% to about 2.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, cystine can be present in the L-cysteine composition in an amount from about 0.005 wt% to about 0.5 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, cystine can be present in the L-cysteine composition in an amount from about 0.05 wt% to about 1.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, L-cystine can be present, but in an amount that is either not detectable or that is below a limit of quantitation using a standard testing procedure, such as a validated test method for detecting cystine.

Advantageously, in certain embodiments, the compositions maintain pyruvic acid levels for extended periods, and/or are substantially free or essentially free of pyruvic acid. When present, pyruvic acid is typically present in a relatively small amount compared to L-cysteine. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 1.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.4 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain

embodiments, pyruvic acid is present in the composition in an amount not more than 0.2 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months.

In certain embodiments, pyruvic acid is present in the composition in an amount not more than 0.1 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In certain embodiments, pyruvic acid can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 3 months. In certain embodiments, pyruvic acid can be present in the L-cysteine composition, but in an amount not more than 2.0 wt% relative to L-cysteine after storage at ambient temperature for a period of 6 months. In some
10 embodiments, pyruvic acid can be present in the L-cysteine composition in an amount from about 0.001 wt% to about 2.0 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, pyruvic acid can be present in the L-cysteine composition in an amount from about 0.005 wt% to about 0.5 wt% relative to the amount of L-cysteine present in the composition. In some embodiments, pyruvic acid can be present in the L-cysteine composition in an amount from about 0.05 wt% to about 1.0 wt%
15 relative to the amount of L-cysteine present in the composition. In some embodiments, pyruvic acid can be present, but in an amount that is either not detectable or that is below a limit of quantitation using a standard testing procedure, such as a validated test method for detecting pyruvic acid.

As discussed above, to achieve safe method and compositions, it is beneficial to further understand which other components are present beyond Aluminum and pyruvic acid, and control their amounts as well. Because preterm infants could be exposed to L-Cysteine for potentially longer periods, and their main source of L-Cysteine is through parenteral administration, careful consideration should be given to exposure to other
25 potentially unsafe compounds that may leach out of the container or stopper in amounts greater than what are considered safe limits. Examples include certain volatile compounds, certain heavy elements, and certain anions.

Daily acceptable limits are known for these potentially unsafe compounds. However, because the L-Cysteine Injection is used to infuse into preterm and term infants

and those elderly that are critically ill will compromised renal functions, and sometimes for periods that exceed more than a few days, just meeting the daily acceptable limits may not be sufficient. Every effort must be made to reduce the levels to as low as practicable. The L-Cysteine compositions presented herein provide in some embodiments about one-
5 half of the daily acceptable limits; in some embodiments, about one-fourth of the daily acceptable limits; in some embodiments, about one-fifth of the daily acceptable limits; in some embodiments, about one-sixth of the daily acceptable limits.

The anions that are desirable to control are: Iodide and Fluoride. The acceptable limit for Iodide is about 20 ppm or less. The acceptable limit for Fluoride is about 30 ppm
10 or less. The L-Cysteine compositions provided herein show Iodide concentrations of less than 20 ppm and Fluoride concentrations of less than 30 ppm when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions. In some embodiments, the L-Cysteine compositions provide from about 1.0 ppm to 20 ppm of Iodide; in some
15 embodiments, from about 1.0 ppm to about 15 ppm; in some embodiments, from about 1.0 ppm to about 10 ppm; and in some embodiments, from about 1.0 ppm to about 5 ppm. In some embodiments, the L-Cysteine compositions provide from about 1.0 ppm to 20 ppm of Fluoride; in some embodiments, from about 1.0 ppm to about 15 ppm; in some
20 embodiments, from about 1.0 ppm to about 10 ppm; and in some embodiments, from about 1.0 ppm to about 5 ppm. Methods for evaluating the anions and the results are provided in Example 8.

As noted above, several elements may leach or be extracted out into the L-Cysteine drug product, thereby presenting a potential safety/toxicity concern to subjects that require L-Cysteine parenteral administration. Art-known methods may be used to evaluate the
25 elemental levels. Inductively-coupled plasma mass spectral method is one such highly specific method. Example 9 provides the data generated by using ICP-MS technique. As shown in Example 9, there are over thirty elements that are generally known to present safety/toxicity concerns. The Table 22 provides the daily allowable limit for all of these elements, and the observed levels in the present L-Cysteine compositions. The daily
30 allowable limit for some elements are relatively high, whereas for other elements they are

relatively very low. For example, Molybdenum has the level of 14,500 ppb approximately, whereas Cadmium has about 19 ppb.

For purposes of monitoring the L-Cysteine compositions for the elements of concern, in one aspect, the levels of Mercury, Lead, Nickel and Arsenic are of significance.

- 5 Therefore, in one aspect, the L-Cysteine compositions presented herein have further improved safety because they provide these elements at amounts far less than the daily allowable limits. Targeted daily allowable limits include 48 ppb for Lead, 29 ppb for Mercury, 194 ppb for Nickel, and 174 ppb for Arsenic.

10 The L-Cysteine compositions described herein provide from about 1 ppb to 10 ppb of Lead; in some embodiments, from about 1 ppb to about 8 ppb; in some embodiments, from about 1 ppb to about 7 ppb; or in some embodiments, from about 1 ppb to about 5 ppb. when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

15 With respect to Mercury, the L-Cysteine compositions described herein provide from about 0.1 ppb to 10 ppb of Mercury; in some embodiments, from about 0.1 ppb to about 8 ppb; in some embodiments, from about 0.1 ppb to about 7 ppb; or in some embodiments, from about 0.1 ppb to about 5 ppb. when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24
20 months, when stored under Room Temperature Conditions.

With respect to Nickel, the L-Cysteine compositions described herein provide from about 1 ppb to 50 ppb of Nickel; in some embodiments, from about 1 ppb to about 40 ppb; in some embodiments, from about 1 ppb to about 30 ppb; or in some embodiments, from about 1 ppb to about 25 ppb; or in some embodiments from about 1 ppb to about 20 ppb,
25 when measured at any time from the day of manufacture through its shelf-life of 6 months, or 12 months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

With respect to Arsenic, the L-Cysteine compositions described herein provide from about 0.1 ppb to 60 ppb of Arsenic; in some embodiments, from about 0.1 ppb to

about 50 ppb; in some embodiments, from about 0.1 ppb to about 40 ppb; in some
embodiments, from about 0.1 ppb to about 30 ppb; in some embodiments, from about 0.1
ppb to about 25 ppb; or in some embodiments from about 0.1 ppb to about 20 ppb; in some
embodiments, from about 0.1 ppb to about 15 ppb; in some embodiments, from about 0.1
5 ppb to about 10 ppb; or in some embodiments, from about 0.1 ppb to about 5.0 ppb, when
measured at any time from the day of manufacture through its shelf-life of 6 months, or 12
months, or 18 months, or 24 months, when stored under Room Temperature Conditions.

In some embodiments, the Arsenic, Mercury, Lead and other elements may be
extracted from the container or from the stopper. In one specific embodiment, the extracted
10 out amount of Arsenic, Mercury, Lead, and Nickel combined from the stopper is 100 ppb
or less. In other embodiments, the extracted amount of Arsenic, Mercury, Lead, and Nickel
combined from the stopper is from about 10 to about 50 or from about 10 to about 100 ppb.

It should be recognized that in some instances the amount of a specific element
present in the L-Cysteine compositions described herein may be below the Limit of
15 Quantitation (LOQ). In those instances, for purposes of this disclosure and claims made
herein, the compositions may be considered to contain the lowest level described in the
preceding paragraphs. For example, when Arsenic is determined to be below the LOQ, the
Arsenic amount may be considered to be at 0.1 ppb. Therefore, all such instances where
the compositions show amounts below the LOQ are within the contemplation of this
20 disclosure.

In certain embodiments, the compositions further comprise within the container,
headspace gas that includes oxygen in an amount of from about 0.5% v/v to about 5.0 %
v/v, or from about 0.5% v/v to about 4.0% v/v, or from about 0.5% v/v to about 3.5% v/v,
from about 0.5% v/v to about 3.0 % v/v, or from about 0.5% v/v to about 2.5% v/v, or
25 from about 0.5% v/v to about 2.0 % v/v, or from about 0.5% v/v to about 1.5% v/v, or from
about 0.5% v/v to about 1.0 % v/v, or in some cases from about 0.1% v/v to about 0.5%
v/v, or from about 0.1% v/v to about 0.4% v/v, or from about 0.1% v/v to about 0.3% v/v,
or from about 0.1% v/v to about 0.2% v/v. For the sake of clarity and the ease of discussion
and measurement, these values are taken for the L-Cysteine composition at the time of its

manufacture (“time zero” data point), or during and up to 1 month from time zero. Additional time points beyond the 1-month from time zero data point may provide similar headspace oxygen levels.

Without wishing to be bound by theory, the dissolved oxygen levels and the head
5 space oxygen levels within a sealed container of L-Cysteine compositions described herein may reach an equilibrium at some time point during its shelf-life. Such equilibrium may be maintained for a very short time, i.e., for a few seconds, or for a very long time, i.e., for several months. Such equilibrium may on occasion be disturbed by simple agitation. Therefore, it should be recognized that dissolved oxygen levels and headspace oxygen
10 levels may fluctuate from one time point to another in terms of absolute numbers. However, the numbers are expected to stay within the ranges disclosed herein. Occasionally, one number (e.g., dissolved oxygen) may exceed or fall out of a certain range (e.g., from about 0.5 to about 3.0 PPM) at a 15-day time point, but may fall within that range at some other time point (e.g., 30 day time point, or later). Therefore, in some aspects, the ranges,
15 subranges, and specific data points disclosed and discussed herein are valid and suitable for time points beyond the time zero and 1-month time points. In one aspect, the time points could be extended to 2-months, 3-months, 6-months, 9-months, 12-months, 15-months, 18-months, and 24 months.

In some aspects, the total amount of oxygen in the sealed container may be an
20 appropriate measure to evaluate the stability of the L-Cysteine compositions herein. For example, the total amount of oxygen within the container may be arrived at by adding up the amount of dissolved oxygen in the carrier and the amount of head space oxygen. These values can also be expressed independently in separate units (i.e., dissolved oxygen as ppm and head space oxygen as % v/v). An example would be an L-Cysteine composition that
25 contains a dissolved oxygen level of from about 0.1 ppm to 4.0 ppm and a head space oxygen level of about 0.5% v/v to about 4.0% v/v.

The amount of oxygen present in the headspace of the container can be controlled by filling the headspace with an inert gas, such as nitrogen or argon. Alternatively, the head space oxygen may be controlled by vacuum operation without using an inert gas. In

another aspect, the head space oxygen may be controlled by a combination of vacuum operation and inert gas overlay. In one particular aspect, the head space oxygen is controlled by repeated pulses of vacuum and inert gas overlay in tandem such that the process may start first with vacuum operation followed by inert gas overlay followed by vacuum operation. The combination of vacuum operation and inert gas overlay (or inert gas overlay and vacuum operation) is considered one pulse when both steps are used together. A typical head space control operation may comprise from one to eight pulses. Typically, there could be two, three, four, or five pulses. Each pulse could last from about one tenth of one second to five seconds or from five to fifteen seconds when conducted by automated high-speed equipment custom designed for this specific purpose. In some embodiments, the pulse may last from about 0.1 to about 2.0 seconds. In some embodiments, the pulse may last from about 0.1 to about 1.0 seconds, or from about 0.1 to about 0.4 seconds. When done using manual methods, each pulse could take up to 30-60 seconds or longer. Such a manual process is described in more detail in Examples 1 and 4. Alternatively, a more automated process that was developed by the current inventors is described in Example 5.

In certain embodiments, the compositions are part of a total parenteral nutrition regimen. The L-cysteine compositions described herein can be admixed with amino acid solutions, such as crystalline amino acid injection, for example, commercially available TRAVASOL[®] and TRAVASOL E[®].

In certain aspects, the subject matter described herein is directed to a safe, stable composition from about 100 mL to about 1000 mL for administration via a parenteral infusion within about 24 to about 48 hours of admixture, comprising a mixture of a composition of L-Cysteine described herein; and an amino acid composition that is essentially free of L-Cysteine comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.

In certain embodiments, the subject matter described herein is directed to a stable TPN composition for infusion, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof;

Aluminum in an amount from about 10 parts per billion (ppb) to about 80 ppb;
cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

5 one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine;

 a pharmaceutically acceptable carrier, comprising water,

 wherein, the amounts are from about 100 mL to about 1,000 mL and the total
10 aluminum delivered by the said composition does not exceed about 4-5 mcg/kg/day. In certain embodiments, the amounts include 150 mL, 200 mL, 250 mL, 300 mL, 350 mL, 400 mL, 450 mL, 500 mL, 550 mL, 600 mL, 650 mL, 700 mL, 750 mL, 800 mL, 850 mL, 900 mL and 950 mL.

 In certain embodiments, the stable composition for infusion comprises one or more
15 amino acids selected from the group consisting of leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine. In certain embodiments, the composition includes all of these. In certain embodiments, 500 mg of L-Cysteine is admixed with 12.5 gram of crystalline amino acid injection, such as that present in 250 mL of 5% crystalline amino acid injection.
20 In some aspects, 15 mg of L-Cysteine is admixed with one gram of amino acids. In some other aspect, 40 mg of L-Cysteine is admixed with one gram of amino acids. Depending on the needs of the subject, based on specific characteristics such as age, weight, and physiological factors such as renal function, the dose may be adjusted at or within these ranges of 15-40 mg of L-Cysteine per gram of amino acids. See, for example, Tables 1-2
25 above. Thus, the pharmaceutical compositions comprising L-Cysteine can be formulated, dosed and administered in a fashion, *i.e.*, amounts, concentrations, schedules, course, and vehicles, consistent with good medical practice. The “therapeutically and nutritionally effective amount” of the compound to be administered will be governed by such considerations.

In certain embodiments, the compositions are essentially free of supplementary antioxidant. As used herein, this refers to the absence of any substance that is added to the compositions specifically as an antioxidant. Naturally occurring antioxidants may still be present.

5 In certain embodiments, the compositions that comprise one or more of the above amino acids are essentially free of dextrose. However, in certain embodiments, the compositions that comprise one or more of the above amino acids further comprise a sugar.

In certain embodiments, the pH of the compositions is about 1.0 to about 2.5, or about 1.6 to about 2.0, or about 1.6, or about 1.7, or about 1.8, or about 1.9 or about 2.0.
10 For administration, the pH is generally adjusted by admixing with other components to a pH of about 6.0 to about 8.0, but generally around 7.0. In certain embodiments, the compositions are essentially free of a buffer. In certain embodiments, the compositions further comprise a buffer.

In particular embodiments, the subject matter described herein is directed to a stable
15 L-cysteine composition for injection that can be useful for treatment of a variety of conditions, such as those described above. In further detail, L-cysteine can be administered in a variety of forms, such as the free base, L-cysteine hydrochloride, a pharmaceutically acceptable salt thereof (e.g. sodium salt, calcium salt, etc.), a hydrate thereof, the like, or a combination thereof. In some specific examples, L-cysteine can be included in the L-
20 cysteine composition for injection as L-cysteine hydrochloride monohydrate.

In particular embodiments, the subject matter described herein is directed to a stable L-cysteine composition for injection, comprising:

about 34.5 mg/mL of L-cysteine free base, or a pharmaceutically acceptable salt thereof and/or hydrate thereof;

25 Aluminum in an amount of 130 ppb or below;
water;

wherein the composition is enclosed in a single-use container having a volume of from 10 mL to 100 mL, and is stable for 9 months or less.

In certain embodiments, the stable, safe L-cysteine composition can consist essentially of L-cysteine, water, Aluminum in an amount of less than 200 ppb, cystine in an amount from about 0.001 wt% to about 2 wt% relative to L-cysteine, pyruvic acid in an amount from about 0.001 wt% to about 2 wt% to L-cysteine, headspace oxygen that is less than 4.0% and dissolved oxygen from about 0.1 ppm to about 1 ppm. Other trace components or excipients do not materially affect the basic and novel characteristics of composition unless otherwise indicated, for example, undesirable anions and heavy metals.

The pharmaceutical composition (or formulation) for application may be packaged in a variety of ways depending upon the method used for administering the drug. Generally, an article for distribution includes a container having deposited therein the pharmaceutical formulation in an appropriate form. The container may also include a tamper-proof assemblage to prevent indiscreet access to the contents of the package. In addition, the container has deposited thereon a label that describes the contents of the container. The label may also include appropriate warnings, more specifically about the Aluminum content of the L-Cysteine composition. For example, the label may indicate that the Aluminum in the container may be at 100 ppb or 100 mcg/L. In another embodiment, the label may indicate that the Aluminum in the container may be at 120 ppb or 120 mcg/L. In some specific embodiments, the Aluminum level may be described as not more than 120 ppb, or not more than 120 mcg/L, or NMT 120 ppb, or NMT 120 mcg/L. In addition to the label, the labeling associated with the L-Cysteine product may have the same description of Aluminum.

It should be understood that, as is customary in the pharmaceutical arts, the phrases “NMT” or “not more than” represents the upper limit, but also is understood not to mean that the value is zero or even can be zero. For example, a statement that the Aluminum levels are NMT 120 ppb is not understood by the practitioners in the art that the Aluminum levels are at zero ppb in that particular vial bearing that label. Pharmacists and other health care professionals instead would interpret for purposes of calculating the Aluminum content of a TPN preparation using that specific L-Cysteine vial that the Aluminum levels are at 120 ppb so that, even if the actual amount is lower than the 120 ppb in the product, they err on the conservative side. This is the custom in the pharmaceutical industry

developed and practiced to safeguard the health of patients. If indeed the label is intended to convey with certainty that the actual Aluminum level is zero ppb, the label then would state that fact or indicate that the product is free of Aluminum.

Similarly, any numerical value expressed as “less than” is intended to convey that the value is below that certain numerical value, including, as the case may be zero. For example, when it is stated herein that Aluminum levels are less than about 20 ppb, it is understood that in some embodiments the Aluminum can be, but not necessarily in all cases, anywhere from zero to about 19 ppb. It is also understood that this may, but not necessarily in all cases, encompass those situations where the levels are below quantitation limit, but the presence of Aluminum is detectable. In those cases where the Aluminum (or any other measured material generally) where the material is detectable but is below the level of quantitation, that numerical value can be considered for example as being about 1.0 (for Aluminum) or 0.001 (for Cystine or Pyruvic acid), or 1.0 ppb (for elements) or 1.0 ppm (for iodide or fluoride). Unless an actual analysis is made of the product and a specific number is determined, there is no certainty of the actual value. The US FDA does not require this precision in the labeling on a product-by-product or even batch-by-batch because that is impracticable in a commercial supply chain setting for drug products.

Thus, the phrases “NMT” or “not more than” or “less than” are terms of art in the pharmaceutical industry. Those in the industry do not assume these terms necessarily represent zero in all cases, even though that is a possibility. When calculating the Aluminum amounts for purposes of preparing parenteral nutrition products the artisan never assumes the Aluminum levels are zero in order to safeguard the patient health. Accordingly, this present disclosure and the claims derived therefrom are to be read and understood in light of this custom and practice in the art.

As mentioned above, the L-cysteine compositions for infusion may optionally be mixed with pharmaceutically acceptable excipients, also described in *Remington's Pharmaceutical Sciences* (1980) 16th edition, Osol, A. Ed., Mack Publishing Co., Easton, PA.

As noted above, the diluted L-cysteine composition for infusion can typically have

a pH of from about 5.0 to about 8.0, or from about 6.0 to about 7.0. However, dilution and administration of the L-cysteine composition for infusion will typically be overseen by a licensed medical professional, who may recommend a pH outside of the ranges recited herein under certain circumstances. Additionally, the diluted L-cysteine composition for infusion can typically have a tonicity of from about 250 milliosmoles/liter (mOsmol/L) to about 1,000 mOsmol/L, or more, or of from about 350 mOsmol/L to about 475 mOsmol/L. However, dilution and administration of the L-cysteine composition for infusion will typically be overseen by a licensed medical professional, who may recommend a tonicity outside of the ranges recited herein under certain circumstances.

10 III. Methods

The subject matter described herein is directed to methods of treating a subject having an adverse health condition that is responsive to L-cysteine administration. The methods can include diluting the stable L-cysteine composition described herein with an intravenous fluid to prepare a diluted L-cysteine composition for infusion. The methods can further include parenterally administering the diluted L-cysteine composition to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

In certain embodiments, the subject matter described herein is directed to a method of reducing Aluminum administration from a total parenteral nutrition regimen comprising L-cysteine, the method comprising, mixing a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:

Aluminum in an amount from about 1.0 parts per billion (ppb) to about 250 ppb or from about 10 ppb to about 80 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine; and

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

with a composition comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and a pharmaceutically acceptable carrier, comprising water,

5 to form a composition for infusion of about 100 mL to about 1000 mL, wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

In certain aspects, the compositions and methods described herein are directed to methods of administering L-Cysteine together with a composition for parenteral nutrition, comprising:

10 diluting a stable L-cysteine composition for injection as described herein with a parenteral nutrition composition to form a mixture; and

parenterally administering the mixture to a subject in need thereof in a therapeutically and/or nutritionally effective dose. In one aspect, the subject is a neonatal weighing less than 2 kilos. In another aspect, the subject is a pediatric patient that is from about 0.2 kilos to about 20 kilos. In another aspect, the subject is an adult requiring parenteral nutrition.

In certain embodiments, the subject matter described herein is directed to a method of reducing Aluminum administration from a parenteral nutrition regimen comprising L-cysteine, comprising:

20 administering to a subject a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof;

Aluminum in an amount from about 10.0 parts per billion (ppb) to about 250 ppb, or from about 10 ppb to about 80 ppb;

25 cystine in an amount from about 0.01 wt% to about 2.0 wt% relative to L-cysteine; pyruvic acid in an amount from about 0.01 wt% to about 2.0 wt% relative to L-cysteine;

30 one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine,

a pharmaceutically acceptable carrier, comprising water,
wherein, the amounts are about 100 mL to about 1,000 mL,

wherein the Aluminum administered to said subject is reduced compared to
administration of a standard parenteral composition comprising L-cysteine and Aluminum
5 at a range of from about 900 ppb to about 5,000 ppb.

In certain embodiments, the methods provide that the reduction in the amount of
Aluminum administered is relative to the amount of Aluminum in a L-cysteine injection
composition having more than 500 ppb Aluminum, or more than 250 ppb Aluminum. The
relative reduction in Aluminum can be up to 90%, up to 80%, up to 70%, up to 60%, up to
10 50%, up to 40%, up to 30%, up to 20%, up to 10%, or up to 5%, as compared to the amount
of Aluminum administered with a L-cysteine composition having more than 500 ppb
Aluminum, or more than 250 ppb Aluminum. In certain embodiments, the reduction
occurs over the span of a day, a week, a month or the duration of the TPN regimen.

In certain aspects, the subject matter described herein is directed to methods of
15 treating a subject having an adverse health condition that is responsive to L-cysteine
administration, comprising:

diluting a stable L-cysteine composition as described herein with an intravenous
fluid to prepare a diluted L-cysteine composition for infusion; and

infusing the diluted L-cysteine composition for infusion to a subject to provide a
20 therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof
and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.

In certain embodiments, the method of treating a subject having an adverse health
condition that is responsive to L-cysteine administration further comprises, before the
diluting step, admixing the stable L-cysteine composition with an amino acid solution, such
25 as, crystalline amino acid injection. In this aspect, the methods comprise diluting with an
intravenous fluid the stable L-cysteine composition admixed with an amino acid solution,
wherein the fluid comprises dextrose.

In certain embodiments, the adverse health condition is the lack of a necessary
enzyme in the trans-sulfuration pathway that converts methionine to L-cysteine. Other

adverse health conditions include inadequate absorption resulting from short bowel syndrome; gastrointestinal fistula; bowel obstruction; prolonged bowel rest; severe malnutrition; significant weight loss and/or hypoproteinaemia when enteral therapy is not possible; other disease states or conditions in which oral or enteral feeding are not an
5 option.

For most preterm infants, the administration should be considered as a short-term bridge to provide nutritional support until full enteral nutrition can be provided. Such instances include: Immediately after birth, to provide essential nutrition as enteral feeds are commenced and advanced, and/or during periods of acute gastrointestinal malfunction (eg,
10 due to septic ileus or necrotizing enterocolitis).

In certain embodiments, the administering is a single daily dose, or multiple daily doses, or is administered in accordance with a TPN regimen, for example, the dosing can be over a day, several days, a week or several weeks, a month or several months.

In certain embodiments, the subject is an infant or pre-term infant from newborn
15 until about 6 months of age. As presented in Tables 1 and 2 above, the subjects can be from a pre-term infant to an adult that is in need of L-Cysteine supplementation. Thus, the subject can be a subject “in need of” the methods of described herein, for example, in need of the therapeutic effects or prophylactic benefits of the methods. In certain embodiments, the subject is a subject in need of a total parenteral nutrition (TPN) regimen.

20 In certain embodiments, the intravenous fluid is selected from the group consisting of isotonic saline, glucose solution, glucose saline, dextrose solution, crystalline amino acid solution, lipids, and combinations thereof.

In certain embodiments, the L-cysteine is L-cysteine hydrochloride monohydrate.

In certain embodiments, the diluted L-cysteine composition for infusion is typically
25 administered via intravenous infusion. The selection of administration rate and site of infusion (i.e., via a peripheral or central vein) are within the ordinary skill in the art of medicine, pharmaceutical, nursing, and nutritional sciences.

The diluted L-cysteine composition for infusion can be administered until a

therapeutically effective dose is achieved. In some examples, a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof can be from about 0.01 mg to about 2.0 mg L-cysteine. Again, therapeutically effective doses can depend on whether the patient is a pediatric patient or an adult patient. For example, 5 for preterm or term infants less than 1 month of age, the therapeutically effective dose is about 45 to 60 mcg/kg/day. For pediatric patients 1 month to less than 1 year of age, the therapeutically effective dose is 30 to 45 mcg/kg/day. For pediatric patients 1 year to 11 years of age, the therapeutically effective dose is about 15 to 30 mcg/kg/day. For pediatric patients 12 years to 17 years of age, the therapeutically effective dose is about 4 to 7.5 10 mcg/kg/day. For adults, i.e., stable patients, the therapeutically effective dose is 4 to 5 mcg/kg/day. For adults that are critically ill, the therapeutically effective dose is 7.5 to 10 mcg/kg/day.

The number of doses given daily can vary as desired or needed per the therapeutically effective dosing regimen. In some examples, the therapeutically effective 15 dosing regimen can include daily administration of the diluted L-cysteine composition. In other examples, the therapeutically effective dosing regimen can include twice-daily administration of the diluted L-cysteine composition. In some further examples, the therapeutically effective dosing regimen can provide less than or equal to 5 $\mu\text{g}/\text{kg}/\text{d}$ of Aluminum. In still further examples, the therapeutically effective dosing regimen can 20 provide less than or equal to 4 $\mu\text{g}/\text{kg}/\text{d}$ of Aluminum, or less than or equal to 3 $\mu\text{g}/\text{kg}/\text{d}$ of Aluminum. In certain embodiments, the methods result in a daily dosage of Aluminum from the composition of from about 2 $\mu\text{g}/\text{kg}/\text{d}$ to not more than 5 $\mu\text{g}/\text{kg}/\text{d}$.

The diluted L-cysteine composition for infusion can be administered for the treatment of a number of conditions. For example, L-cysteine can be administered to meet 25 the intravenous amino acid nutritional requirements of individuals (e.g. infants) receiving total parenteral nutrition. As such, in some examples, the subject can be a subject in need of total parenteral nutrition (TPN). In some additional examples, L-cysteine can be administered for the treatment of osteoarthritis, rheumatoid arthritis, angina, chronic bronchitis, chronic obstructive pulmonary disease (COPD), influenza, acute respiratory 30 distress syndrome (ARDS), diabetes (e.g. type 2 diabetes), the like, or a combination

thereof.

In certain embodiments, the subject matter described herein is directed to methods of preparing a composition, comprising:

- 5 Stirring Water for Injection, USP (WFI) in a vessel at a temperature of NMT about 60°C;
- Contacting the stirring WFI with Argon until the dissolved oxygen is NMT 1 ppm;
- Allowing the vessel to cool to a temperature of NMT 30°C;
- Contacting under the Argon the WFI with L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) for NLT about 15 mins;
- 10 Continuing the mixing under Argon until the dissolved oxygen is NMT 1 ppm;
- Adjusting the pH to about 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF;
- Mixing for a minimum of about 10 minutes;
- Capping the vessel under Argon and allowing to stand;
- 15 Filling said mixed liquid into individual single use containers;
- Reducing head space oxygen to about 5.0% to 0.5% and sealing said containers wherein the dissolved oxygen in the container is about 0.1 ppm to about 5 ppm.

The subject matter described herein includes, but is not limited to, the following specific embodiments:

- 20 1. A stable L-cysteine composition for parenteral administration, comprising:
- L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;
- Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;
- 25 L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
- pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

- a pharmaceutically acceptable carrier, comprising water;
headspace O₂ that is from about 0.5% to 4.0% from the time of manufacture to about 1 month from manufacture when stored at room temperature;
dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,
wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.
2. The composition of embodiment 1, wherein the composition is essentially free of an antioxidant.
3. The composition of embodiment 1 or 2, wherein said Aluminum is present in an amount from about 1.0 ppb to about 200 ppb.
4. The composition of embodiment 1, 2 or 3, wherein said Aluminum is present in an amount from about 1.0 ppb to about 180 ppb.
5. The composition of embodiment 1, 2, 3 or 4, wherein said Aluminum is present in an amount from about 1.0 ppb to about 170 ppb.
6. The composition of embodiment 1, 2, 3, or 5, wherein said Aluminum is present in an amount from about 1.0 ppb to about 160 ppb.
7. The composition of embodiment 1, 2, 3, 4, 5 or 6, wherein said Aluminum is present in an amount from about 1.0 ppb to about 150 ppb.
8. The composition of embodiment 1, 2, 3, 4, 5, 6 or 7, wherein said Aluminum is present in an amount from about 1.0 ppb to about 130 ppb.
9. The composition of embodiment 1, 2, 3, 4, 5, 6, 7 or 8, wherein said Aluminum is present in an amount from about 1.0 ppb to about 100 ppb.
10. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10, wherein said Aluminum is present in an amount from about 1.0 ppb to about 50 ppb.
11. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or 11, wherein said Aluminum is present in an amount from about 1.0 ppb to about 20 ppb or from about 1.0 ppb to about 10 ppb.

12. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or 11, further comprising one or more heavy metals selected from the group consisting of Lead (in an amount of from about 1 ppb to about 10 ppb), Nickel (in an amount of from about 5 ppb to about 40 ppb), Arsenic (in an amount of from about 0.1 ppb to about 10 ppb), and Mercury (in an amount of from about 0.2 ppb to about 5.0 ppb).
13. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 or 12, wherein said heavy metals are present in total in an amount from about 2.0 ppb to about 8.0 ppb.
14. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 or 13, further comprising iodide and fluoride, each present in an amount from about 0.1 ppm to about 20 ppm.
15. The composition of embodiment 14, wherein said ions are present in total an amount from about 2.8 ppm to about 5.8 ppm.
16. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 or 15, wherein said dissolved oxygen is present in an amount from about 0.1 ppm to about 5 ppm.
17. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 or 16, wherein said dissolved oxygen is present in an amount from about 0.1 ppm to about 3 ppm.
18. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 or 17, wherein said dissolved oxygen is present in an amount from about 0.10 ppm to about 2.0 ppm.
19. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 or 18, wherein said dissolved oxygen is present in an amount from about 0.1 ppm to about 1.0 ppm.
20. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 or 19, wherein the composition has been stored at room temperature.
21. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 or 20, wherein the storage is for 1 year or less.
22. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 or 21, wherein the storage is for about 9 months.
23. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 or 22, wherein L-cysteine or a pharmaceutically acceptable salt thereof

and/or hydrate thereof is present in the composition in an amount from about 20 mg/mL to about 70 mg/mL.

24. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 or 23, wherein L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in the composition in an amount of about 50 mg/mL.
25. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 or 24, wherein the container is an internally coated glass container.
26. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 or 25, wherein said internally coated glass container is coated with SiO₂.
27. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 or 26, essentially free of cystine precipitate.
28. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26 or 27, wherein said L-cysteine is present in an amount of about 37.5 mg/mL as free base, or a pharmaceutically acceptable salt thereof and/or hydrate thereof.
29. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 3 months or less, said Aluminum comprising, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.
30. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 6 months or less, said Aluminum comprising, from about 0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum

from stopper for the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 0 ppb to about 20 ppb of Aluminum from the water.

31. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 9 months or less, said Aluminum comprising, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.
32. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the Aluminum is present in the composition in an amount not more than 200 ppb after storage at ambient temperature for a period of 12 months or less, said Aluminum comprising, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water.
33. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition in an amount not more than 2 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.
34. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition in an amount not more than 1 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.
35. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.
36. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein cystine is present in the composition

in an amount of about 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 about months.

37. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 2 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

38. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 1 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

39. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.5 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

40. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.3 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

41. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.2 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

42. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein pyruvic acid is present in the composition in an amount not more than 0.1 wt% relative to L-cysteine after storage at ambient temperature for a period of 9 months or less.

43. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 1.0%.

44. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.9%.
45. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.8%.
46. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.6%.
47. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.4%.
48. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, further comprising in the vial, headspace oxygen in an amount of less than 0.2%.
49. The composition of embodiment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28, wherein the pH of the composition is about 1.6 to about 2.0.
50. A stable composition from about 100 mL to about 1000 mL for administration via a parenteral infusion within about 24 to about 48 hours of admixture, comprising a mixture of a composition of L-Cysteine of embodiments 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48 or 49; and an amino acid composition that is essentially free of L-Cysteine comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.
51. The stable composition for infusion of embodiment 50, wherein the composition of L-Cysteine is the composition of embodiment 1, 12 or 28.
52. The stable composition for injection of embodiment 50 or 51, wherein the Aluminum is present in an amount from about 1.0 parts per billion (ppb) to about 100 ppb.

53. The stable composition for injection of embodiment 50, 51 or 52, wherein the Aluminum is present in an amount from about 1.0 parts per billion (ppb) to about 50.0 ppb.
54. The stable composition for injection of embodiment 50, 51, 52 or 53, wherein the Aluminum is present in an amount from about 1.0 parts per billion (ppb) to about 30.0 ppb.
- 5 55. The stable composition for injection of embodiment 50, 51, 52, 53 or 54, further comprising a sugar.
56. The stable composition for injection of embodiment 50, 51, 52, 53, 54 or 55, wherein the sugar is dextrose.
57. A method of reducing Aluminum administration from a parenteral nutrition
10 regimen comprising L-cysteine, comprising:
administering to a subject a composition of embodiment 50, 51, 52, 53, 54,
55 or 56,
wherein the Aluminum administered to said subject is reduced compared to
administration of a standard parenteral composition comprising L-cysteine.
- 15 58. The method of embodiment 57, wherein the Aluminum is reduced by about 5%, or
about 10%, or about 15%, or about 20%, or about 25%, or about 30%, or about 35%, or
about 40%, or about 45%, or about 50%, or about 55%, or about 60%, or about 65%, or
about 70%, or about 75%, or about 80%, or about 85%, or about 90%, or about 95%.
59. A method of reducing Aluminum administration from a total parenteral nutrition
20 regimen comprising L-cysteine, the method comprising, mixing a composition comprising
L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:
Aluminum in an amount from about 10 parts per billion (ppb) to about 80 ppb;
L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-
cysteine; and
25 pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-
cysteine;
with a composition comprising one or more amino acids selected from the group
consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine,
methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and
30 a pharmaceutically acceptable carrier, comprising water,

to form a composition for infusion having a volume of about 100 mL to about 1000 mL, wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

- 5 60. A method of treating a subject having an adverse health condition that is responsive to L-cysteine administration, comprising:
- diluting a stable L-cysteine composition of embodiments 50, 51, 52, 53, 54, 55 or 56, with an intravenous fluid to prepare a diluted L-cysteine composition for infusion; and
 - infusing the diluted L-cysteine composition for infusion to a subject to provide a therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof
- 10 and/or hydrate thereof to the subject in a therapeutically effective dosing regimen.
61. The method of embodiment 57, 58, 59, or 61, wherein said administering is from 30 minutes to about 24-48 hrs.
62. The method of embodiment 61, wherein the amount of Aluminum in the composition results in a daily dosage of Aluminum from about 1 mcg/kg/day to about 4
- 15 mcg/kg/day, or about 2 mcg/kg/day to about 4 mcg/kg/day, or about 1 mcg/kg/day to about 5 mcg/kg/day, or about 2 mcg/kg/day to about 5 mcg/kg/day.
63. The method of embodiment 61 or 62, wherein the intravenous fluid is a member selected from the group consisting of: isotonic saline, glucose solution, glucose saline, dextrose solution, crystalline amino acid solution, and combinations thereof.
- 20 64. The method of embodiment 61, 62 or 63, wherein administering is performed via intravenous infusion.
65. The method of embodiment 61, 62, 63, or 64, wherein L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is administered at a rate of from about 1 mL/min to about 10 ml/min.
- 25 66. The method of embodiment 61, 62, 63, 64 or 65, wherein the therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is an amount from about 50 mg to about 1200 mg.
67. The method of embodiment 61, 62, 63, 64, 65 or 66, wherein the therapeutically effective dose of L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate
- 30 thereof is an amount of about 100-500 mg.

68. The method of embodiment 61, 62, 63, 64, 65, 66 or 67, wherein the L-cysteine is L-cysteine hydrochloride monohydrate.
69. The method of embodiment 61, 62, 63, 64, 65, 66, 67 or 68, wherein the subject is a subject in need of total parenteral nutrition (TPN).
- 5 70. The method of embodiment 61, 62, 63, 64, 65, 66, 67, 68 or 69, wherein the subject is an infant having an age of 6 months or less.
71. The method of embodiment 61, 62, 63, 64, 65, 66, 67, 68, 69, 70 or 71, wherein the therapeutically effective dosing regimen is a total parenteral nutrition (TPN) dosing regimen.
- 10 72. A method of preparing the composition of any above embodiment, comprising stirring Water for Injection, USP (WFI) in a vessel at a temperature of NMT about 60°C;
- Contacting the stirring WFI with Argon until the dissolved oxygen is NMT 1 ppm;
- Allowing the vessel to cool to a temperature of NMT 30°C;
- 15 Contacting under the Argon the WFI with L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) for NTL about 15 mins;
- Continuing the mixing under Argon until the dissolved oxygen is NMT 1 ppm;
- Adjusting the pH to about 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF;
- 20 Mixing for a minimum of about 10 minutes;
- Capping the vessel under Argon and allowing to stand; and
- Performing Head Space oxygen Reduction after filling, wherein the dissolved oxygen is about 0.1 ppm to about 5 ppm.
- With this in mind, the following examples are intended to illustrate, but not limit,
- 25 various aspects of the compositions and methods described herein.

Examples

Example 1

Compounding L-Cysteine Hydrochloride Injection, USP, 50 mg/mL, 10 mL Vial

5 Compounding was initiated with the addition of 40 ± 1.0 kg of Water for Injection, USP (WFI) was added to the Xcellerex Mixing System via an addition funnel. A target water temperature of NMT 60°C was maintained throughout WFI addition using a heat exchanger. With continuous mixing at a speed of 126 rpm, Argon overlaying of the WFI began in the mixing bag and continued until the dissolved oxygen was NMT 1 ppm; then
10 the mixing bag was allowed to cool to a temperature of NMT 30°C .

 With continuous mixing and Argon overlaying, the L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) was added directly into the vortex of the mixing bag. The mixing continued for NLT 15 minutes or until complete dissolution was observed. The dissolved oxygen content was measured and recorded prior to the addition of L-
15 Cysteine, immediately following the addition of L-Cysteine, and following the NLT 15-minute mixing period. With continuous mixing and Argon overlaying, the temperature, pH and dissolved oxygen of the solution was measured and recorded. Argon overlaying continues until the dissolved oxygen was NMT 1 ppm.

 With continuous mixing and Argon overlaying, the solution's pH was adjusted to a
20 target of 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF. Following pH adjustment, the solution was allowed to mix for a minimum of 10 minutes, and then the pH was verified and adjusted as needed with the Hydrochloric Acid, NF and/or N Sodium Hydroxide, NF. Then, the solution's weight, adjusted pH and dissolved oxygen was measured and recorded.

25 With continuous mixing and Argon overlaying, the solution was q.s.'d with the WFI to a final weight of 50.6 kg and allowed to mix for approximately 10 minutes. The final solution weight, solution temperature, solution pH, and dissolved oxygen was then measured and recorded. Following these steps, the mixing bag was fully inflated with

Argon and capped, and the solution was transferred from the mixing bag to the solution holding bag.

Example 2

L-Cysteine Injection in High Quality Glass Vials

5 L-Cysteine injection was compounded as per Example 1. The bulk solution was filled then using high quality glass vials (10 mL) from Schott. These vials are known as Schott Type 1 USP glass. The glass was a standard glass of pharmaceutical quality but was uncoated. The product was put on stability and was monitored for impurities, particulates, and Aluminum. The product was quite stable for all the time points tested up
10 to 12 months. There were no unacceptable particulate counts.

However, as the data show, the product resulted in an unacceptably high aluminum content. The data for aluminum levels are shown below.

Table 6. Aluminum Levels

Lot #	Release	6 Months	
		25°C/60% RH	40°C/75% RH
XMHH1609	212 ppb	569 ppb	1,306 ppb
XMHH1610	199 ppb	748 ppb	1,374 ppb
XMHH1611	230 ppb	726 ppb	1,044 ppb

15

Example 3

L-Cysteine Injection in Plastic Vials

L-Cysteine injection was compounded as per Example 1. The bulk solution was filled then using plastic vials obtained from Medicopak, Inc. These vials are made of cyclic olefin copolymer (COC). The product was put on stability and was monitored for
20 impurities, particulates, and Aluminum. The product was not stable beyond 1 month at

accelerated storage conditions and failed at room temperature conditions by the third month data point.

Table 7. Particulate levels

Lot Number/ Vial	Release	1 Month / 40°C/75% RH*	3 Month / 25°C/60% RH*
XMHG1700/ 10 mL COC vial	Passing	Failed Visual, particulates	Failed Visual, particulates
XMHG1701/ 10 mL COC vial	Passing	Failed Visual, particulates	Failed Visual, particulates
XMHG1702/ 10 mL COC vial	Passing	Failed Visual, particulates	Failed Visual, particulates

5 However, the product showed acceptable aluminum content. The data for aluminum levels are shown below.

Table 8. Aluminum Levels

<u>Time Point</u>	<u>Lot XMHG 1700</u>	<u>Lot XMHG 1701</u>	<u>Lot XMHG 1702</u>
<u>Time Zero</u>	<u>1 ppb</u>	<u>2 ppb</u>	<u>1 ppb</u>

10 Aluminum at additional time points was not measured because the product was abandoned due to unacceptably high particulate count.

Example 4

Headspace Reduction and Argon Overlay

15 Data from Example 3 show that plastic vials do not provide the desired purity and stability of a L-cysteine composition for injection. This study was to evaluate the parameters to determine headspace oxygen reduction conditions. The product was manufactured as per Example 1. The drug product was overlaid with Argon until the

dissolved oxygen levels were no more than (NMT) 1 part per million (PPM). Vials were filled and placed in the VirTis Benchmark Lyophilizer, OP4159, for Head Space reduction. In addition, empty vials were also placed into the lyo for Head Space reduction as part of the study.

5 Multiple points were monitored during the manufacturing process as part of the study including the following: 1) Compounding; 2) Pre-Filling; 3) Filling; 4) Post Filling; and 5) Head Space Reduction (HSR). The monitoring involved taking dissolved oxygen (DO) measurements on drug product for filled vials throughout the manufacturing process and performing Head Space Gas Analysis on drug product for both filled and empty vials
 10 post head space reduction. Additionally, fill hold samples representing the maximum exposure during the filling step were analyzed for the dissolved oxygen and Head Space Oxygen Analysis.

The sampling and testing that was performed per the study is shown in Table 9. Samples were collected throughout the manufacturing process to determine the impact of
 15 critical process parameters on its predetermined critical quality attribute.

Table 9: Sampling and Testing Methodology

Operation	Sample Location/Quantity	Testing Requirements	Acceptance Criteria
Compounding	The bulk solution was mixed under Argon overlaying. Measure and record final solution weight, solution temperature, solution pH, and dissolved oxygen. Measure and record the final dissolved oxygen.	Dissolved Oxygen	Dissolved Oxygen < 1 ppm
Filling	For Load A [Trays 1 – 4, 17 – 20] use forceps to remove four (4) filled vials from each tray as it is filled Fully seat the stoppers of the removed filled vials immediately after removal and then label vials appropriately	Dissolved Oxygen	Dissolved Oxygen =Report Value

<p>Filling Hold</p>	<p>As Tray 1 is loaded into the Lyo, using forceps, carefully remove 20 vials from the appropriate locations. Do not fully stopper the vials. Mark the vials “Fill Hold”</p> <p>Similarly, after Tray 21 has been completely filled and is being placed into the cart, use forceps to remove twenty (20) filled vials from the appropriate</p> <p>As Tray 21 is being loaded into the Lyophilizer for Head Space Reduction, use forceps to remove two (2) of the vials marked “Fill Hold”, fully seat the stoppers of the vials, and label appropriately.</p>	<p>Dissolved Oxygen</p>	<p>Dissolved Oxygen =Report Value</p>
<p>Lyo Loading</p>	<p>For Trays 1 – 4, 17 – 20, 21 – 24, and 37 – 40, use forceps to remove two (2) filled vials, as each tray is loaded into the Lyo, fully seat the stoppers of the vials, and label appropriately</p>	<p>Dissolved Oxygen</p>	<p>Dissolved Oxygen =Report Value</p>
<p>Capping</p>	<p>Following headspace reduction and immediately prior to loading each tray into the RAB for capping, use forceps to remove four (4) filled vials from each tray. Place a mark on each of the removed vials for identification purposes and place the marked vials back into the tray. Load the tray into the RAB for capping. Following the capping of each tray, remove the marked vials from the tray and label appropriately.</p>	<p>Dissolved Oxygen Head Space Gas Analysis</p>	<p>Dissolved Oxygen =Report Value Head Space Gas Analysis =Report Value</p>
<p>Capping Fill Hold</p>	<p>Following headspace reduction and capping, remove the eighteen (18) vials marked “Fill Hold” from Tray 21 for testing.</p>	<p>Dissolved Oxygen Head Space Gas Analysis</p>	<p>Dissolved Oxygen =Report Value Head Space Gas Analysis =Report Value</p>

The data collected are as follows: Dissolved oxygen; Comparison of dissolved oxygen levels per tray at various stages of the manufacturing process; Filled vials head space oxygen; Held vials dissolved oxygen (ppm) and head space oxygen content (%); Comparison of Post Head Space Dissolved Oxygen (ppm) and Head Space Oxygen Content (%).

Dissolved oxygen data at various stages of the manufacturing process are shown in Table 10. A two (2) hour delay in the DO testing for the Post Filling - Pre HSR samples (Tray 1 – 4; tested using gas calibration) exhibited an average value of 11.77 ppm, an increase of 6.65 ppm from the average of 5.12 ppm measured live time after filling using the liquid calibration. Furthermore, the samples tested live time but using the gas calibration (Tray 17 – 20) exhibited an average value of 6.41 ppm, an increase of 1.29 ppm from the average of 5.12 ppm measured after filling using the liquid calibration. Starting Tray 21 of the Post Filling – Pre HSR step, the calibration was corrected to a liquid calibration. Comparison of dissolved oxygen levels at various stages of the manufacturing process is provided in Figures 1 and 2.

Table 10. Dissolved Oxygen Levels.

Tray Number	Post Filling -Pre HSR (ppm)	Post Filling - During Loading of Lyo (ppm)	Post HSR -Capping - Filled Vials (ppm)
1	11.932	10.179	0.480
2	11.228	9.925	0.470
3	11.486	10.577	0.508
4	12.441	10.370	0.409
17	6.808	9.893	0.525
18	6.628	9.859	0.707
19	5.860	9.854	0.486
20	6.343	9.720	0.495
21	5.641	10.329	0.735
22	5.374	10.308	0.546
23	5.190	10.149	0.481
24	7.073	9.844	0.541
37	4.328	9.544	0.403
38	3.604	9.251	0.378
39	4.559	9.265	0.390
40	5.173	9.577	0.369
Average	5.117	9.915	0.495

STD	1.03	0.39	0.11
%RSD	20.1	3.9	21.3

Table 11. Filled Vials Head Space Oxygen.

Tray Number	Post HSR -Capping - Filled Vials (% Oxygen)	Post Capping - Empty Vials (% Oxygen)
1	1.147	0.981
2	1.399	1.116
3	1.551	0.980
4	0.950	1.139
17	1.382	1.156
18	1.766	1.236
19	1.154	1.224
20	1.265	1.180
21	1.844	1.221
22	1.365	1.169
23	0.890	1.295
24	1.148	1.114
37	0.880	1.300
38	0.871	1.151
39	0.850	1.097
40	0.889	1.042
Average	1.209	1.150
STD	0.32	0.10
%RSD	26.7	8.3

Table 12. Held vials dissolved oxygen (ppm) and head space oxygen content (%).

Held Vials– Tray 1 / Tray 21	Dissolved Oxygen Post Filling – Loading of Lyo (ppm)	Dissolved Oxygen Post HSR – Capping – Filled Vials (ppm)	Head Space Oxygen % Post HSR- Capping – Filled Vials (%)
Sample 1	10.685	0.578	1.563
Sample 2	10.467	0.588	1.390
Sample 3	-	0.565	1.522
Sample 4	-	0.550	1.447
Average	10.576	0.570	1.481
STD	0.15	0.02	0.08
%RSD	1.5	2.9	5.2

5

Table 13. Comparison of Post Head Space Dissolved Oxygen (ppm) and Head Space Oxygen Content (%).

	Dissolved Oxygen Pre HSR (ppm)	Dissolved Oxygen Post HSR – (ppm)	Head Space Oxygen % Post HSR (%)
PROT-000055 Study Empty Vials Avg.	-	-	1.150
PROT-000055 Study Filled Vials Avg.	9.915	0.495	1.209
2018-RD-022 Study Empty Vials Avg.	-	-	0.49
2018-RD-022 Study Filled Vials Avg.	7.14	2.55	1.27
Lot XMHJ1705	-	0.637	2.28
Lot XMHJ1706	-	0.391	1.92
Lot XMHJ1707	-	1.585	1.94

The results from these experiments demonstrate the effectiveness of the Head Space Reduction (HSR) cycle in attaining reduced and consistent dissolved oxygen (DO) levels in the finished drug product. The results showed a trend with an increase in dissolved oxygen level from 0.36 parts per million (ppm) recorded during compounding, to an average of 5.12 ppm measured after filling, a further increase to an average of 9.92 ppm while loading the Lyophilizer, and finally a reduction of dissolved oxygen to an average of 0.50 ppm after headspace reduction. The overall trends are displayed in Figures 1 and 2. The plots and data also show that the average increase in dissolved oxygen levels from compounding to the filled vials was 4.76 ppm. Also, as the vials were stored in the transfer cart, an average dissolved oxygen increase of about 4.80 ppm was observed prior to being loaded in the Lyophilizer for head space reduction. The total average increase in dissolved oxygen levels from compounding to vials being loaded in the lyophilizer was 9.56 ppm. The average decrease in dissolved oxygen observed in vials post head space reduction was 9.42 ppm. In addition, the oxygen levels obtained across all trays analyzed pre and post HSR were consistent throughout the manufacturing process.

Head Space Gas Analysis was performed on both filled and empty vials taken from designated locations in selected trays. Percent (%) Oxygen results achieved across the trays

showed a relatively uniform head space reduction process throughout the chamber. The average % Oxygen for the empty vials was found to be 1.15%, compared with 1.21% for the filled vials (Reference Table 11).

5 Dissolved Oxygen and Head Space Gas Analysis were also performed on the Held
Vials from designated locations in Tray 1 as part of the stressed sample analysis over the
course of the manufacturing process. The results showed a comparable trend to that
observed for the regular samples across the study (Reference Table 12). Specifically, an
increase in dissolved oxygen level from 0.36 ppm recorded during compounding, to 5.64
ppm measured after filling, a further increase to an average of 10.58 ppm while loading the
10 Lyophilizer, and finally a reduction of dissolved oxygen to an average of 0.57 ppm after
headspace reduction. The average % Oxygen for the filled held vials was found to be
1.48%, compared with 1.21% for the filled regular vials. This indicated that the HSR cycle
was effective in achieving comparable DO and Headspace oxygen results irrespective of
the maximum fill time exposure (approximately 7 hours; represented by the Fill Hold
15 Vials) and has no impact on the quality of the product. The use of the Lyophilizer, in the
Head Space Reduction of L-Cysteine Hydrochloride Injection, USP (50 mg/mL) has been
shown to be effective for the control of reduced and consistent oxygen levels, and is
suitable for scale up for the existing process and equipment as the product meets all the
critical quality attributes.

20

Example 5

Head space oxygen reduction was accomplished using an automated filling
equipment that can handle high speed filling, in contrast to slow or low volume operation
such as through a lyophilizer as described in Examples 1 and 4. The high-speed filler is
capable of using vacuum and gas overlay in alternate pulses to reduce the head space
25 oxygen. Each pulse is timed to be within 0.1 to 5 seconds such that typically 3-5 pulses are
conducted in one head space oxygen reduction cycle. The pulse rate can be adjusted after
multiple trials to provide optimal headspace reduction with optimal speed of the filler such
that no product is lost through back suction or through spillage and average speeds of from

about 20 vials/minute to about 200 vials per minute, depending on the number of fill heads used.

A 50 L batch was prepared utilizing the current compounding procedure described above in Example 1. The filler was set up to fill and reduce head space oxygen as per the process shown in Figure 3.

The total head space reduction cycle lasted about 25 seconds per operation. The vials were analyzed for head space oxygen at time zero and at 1-month time point. The data are shown below.

The evaluation of the filler’s performance demonstrated that the headspace oxygen control was comparable to or better than the current process for L-Cysteine. Headspace oxygen values obtained ranged from 0.2% to 0.5% for all vials filled, including empty vials during start up. Vials tested after 1-month storage at ambient conditions also maintain headspace oxygen levels between 0.4 and 1.5%. The Tables below show a summary of the results for the in process and 1-month stability testing. Also included below is a comparison of the in-process data obtained from previously manufactured lots of L-Cysteine utilizing the lyophilizer headspace reduction method. The data show the headspace oxygen values at Time Zero are lower with the high-speed filler than the lyophilizer process.

Table 14. Headspace Oxygen Levels at Time Zero for High-Speed Filler

PROT-000213 – Time Zero					
	Tray 5	Tray 10	Overall Low	Overall High	Average
Headspace O ₂ (%)	0.473	0.378	0.243	0.490	0.372

Table 15. Headspace Oxygen Levels at 1 Month for High-Speed Filler

PROT-000213 – 1 Month						
	Tray No. 5			Tray No. 10		
	Low	High	Average	Low	High	Average
Headspace O ₂ (%)	0.412	1.518	0.995	0.98	1.454	1.262

Table 16. Comparison of Headspace Oxygen Levels between Lyophilizer and High-Speed Filler Operations

Batch (Process)	XMHJ1705 (Current Process)	XMHJ1706 (Current Process)	XMHJ1707 (Current Process)	PROT-000213 (High Speed Filler)
Average	2.3 % Oxygen	1.9 % Oxygen	1.9 % Oxygen	0.4 % Oxygen
Low	N/A	N/A	N/A	0.2% Oxygen
High	N/A	N/A	N/A	0.5% Oxygen
1 Month Room Temperature	0.9 % Oxygen	2.8 % Oxygen	1.2 % Oxygen	1.1 % Oxygen (0.4 % to 1.5 %)

5 N/A – Not Applicable

Figure 4 shows the comparison of oxygen headspace control between the lyophilizer chamber headspace control method versus the high-speed filler vacuum stoppering system. The lyophilizer chamber for headspace reduction was utilized for lots XMHJ1705, XMHJ1706, and XMHJ1707 of L-Cysteine Hydrochloride injection. The time zero oxygen headspace results for the engineering batch PROT-000213 are shown in comparison to the previously manufactured lots. Results shown were measured at the time of manufacturing on samples of vials from the batches. Oxygen percentage was taken for the samples from PROT-000213 using the NeoFox Phase Fluorometer. Lots XMHJ1705, XMHJ1706, and XMHJ1707 used Argon Headspace Analysis, QCTM-000014.

In addition to the head space oxygen levels, dissolved oxygen levels were also measured. Data are shown in Figure 5.

The dissolved oxygen levels and head space oxygen levels were measured again at 1 month stability time point at room temperature conditions:

20 Table 17. Headspace and Dissolved Oxygen Data Comparison at 1 month

Study – 1 Month							
	Tray No. 5				Tray No. 10		
	Sample 1	Sample 2	Sample 3	Sample 4	Sample 1	Sample 2	Sample 3

Headspace O₂ (%)	0.576	0.412	1.518	1.475	0.98	1.454	1.352
Dissolved O₂ (ppm)	0.545	0.706	2.328	2.042	2.173	2.372	2.149

Example 6

Purity Profile and Long-Term Stability of L-Cysteine Composition for Injection

5 An L-cysteine composition for injection was manufactured as described in Example 1. The glass used was Schott Type 1 USP Plus glass, internally coated with silicon dioxide. The composition was subjected to stability testing to evaluate the stability of the composition over time. Table 18 shows various stability data collected for the L-cysteine composition for injection over a 9-month testing period. Samples of exhibit batches stored
 10 upright at room temperature for 9 months at 25 °C/ 60% RH. Note: two samples were tested for dissolved oxygen and head-space oxygen.

Table 18. Characterization of L-Cysteine Composition for Injection

Test	XMHJ1705	XMHJ1706	XMHJ1707
	Up	Up	Up
L-Cysteine HCl	100.4%	101.3%	101.2%
Related Compounds:			
L-Cystine	0.3%	0.3%	0.3%
Pyruvic Acid Total	0.1%	0.2%	0.1%
Specified RRT-1.98	0.2%	0.2%	0.2%
Individual	ND	ND	ND
Unspecified	0.5%	0.7%	0.6%
Total Impurities			
Dissolved Oxygen	(1) 0.12 ppm (2) 0.13 ppm	(1) 0.13 ppm (2) 0.14 ppm	(1) 0.14 ppm (2) 0.13 ppm
Head-Space Oxygen	(1) 0.16% (2) 0.37%	(1) 0.53% (2) 0.89%	(1) 0.56% (2) 0.50%
Aluminum Content	3.2 ppb	2.9 ppb	5.6 ppb
Description	Clear colorless solution	Clear colorless solution	Clear colorless solution

15

Example 7

Effect of Dissolved Oxygen and Headspace Oxygen on L-cysteine and Cystine Levels

An L-cysteine composition for injection was manufactured as described in Example 1. However, samples of exhibit batches were tested without head-space reduction and argon overlay during compounding, then filled, stoppered and capped. Samples were tested within one week of manufacturing date. Data in Table 19 show the marked effects of lack of headspace and dissolved oxygen on component levels within one week. L-Cystine increased by about 0.4% - 0.7% within a week for samples with higher dissolved oxygen and head-space oxygen.

10 Table 19. Effect of lack of Headspace and Dissolved Oxygen Control on Product Purity

Test	Prior to Head-Space Reduction Tray 1	Prior to Head-Space Reduction Tray 19	Prior to Head-Space Reduction Tray 23	Ave Values for after completed Batch
L-Cysteine HCl	99.9%	100.1%	100.0%	102.0%
L-Cystine	0.8%	0.5%	0.6%	0.1%
Head-Space Oxygen	20.8%	20.3%	20.3%	1.2%
Dissolved Oxygen	8.3 ppm	8.6 ppm	8.6 ppm	0.50 ppm

Example 8

Evaluation of Anions in L-Cysteine Product

Inorganic anionic leachables were determined using validated potentiometric methods utilizing ion selective electrodes. Fluoride and Iodide were evaluated for this drug product. The leachables testing results are listed in Tables 20 and 21 below.

Table 20. Leachable Iodide Results for L-Cysteine HCl Injection
[I⁻] (ppb)

XMHJ1705						
25°C/60% RH			40°C/75% RH			
Replicate	Upright	Horizontal	Inverted	Upright	Horizontal	Inverted
1	28.1	27.4	27.1	25.2	24.9	24.7
2	25.9	26.3	25.9	24.0	24.1	24.1
3	28.1	25.3	25.3	24.0	22.3	21.6
Average	27.4	26.3	26.1	24.4	23.7	23.5
SD	1.3	1.0	0.9	0.7	1.3	1.6
% RSD	4.7	3.9	3.6	2.7	5.6	7.0

XMHJ1706						
25°C/60% RH			40°C/75% RH			
Replicate	Upright	Horizontal	Inverted	Upright	Horizontal	Inverted
1	81.7	80.3	82.8	80.3	82.0	81.8
2	83.1	81.7	81.5	82.5	82.3	81.3
3	81.7	81.7	81.8	78.1	81.9	82.8
Average	82.2	81.2	82.0	80.3	82.1	82.0
SD	0.8	0.8	0.7	2.2	0.2	0.7
% RSD	0.9	1.0	0.9	2.7	0.2	0.9

XMHJ1707						
25°C/60% RH			40°C/75% RH			
Replicate	Upright	Horizontal	Inverted	Upright	Horizontal	Inverted
1	53.5	52.3	53.1	51.7	51.4	50.8
2	52.5	54.0	53.7	51.8	52.0	53.5
3	54.4	52.8	52.8	53.8	53.6	52.6
Average	53.5	53.0	53.2	52.4	52.3	52.3
SD	1.0	0.9	0.4	1.2	1.1	1.4
% RSD	1.8	1.7	0.8	2.2	2.1	2.6

5 Table 21. Leachable Iodide Results for L-Cysteine HCl Injection
[I⁻] (ppb)

	XMHL1702A		XMHL1702B	
	25 °C/60 %RH 6 month	40 °C/75 %RH 6 month	25 °C/60 %RH 6 month	40 °C/75 %RH 6 month
Iodide (ppb)	29	24	24	19

The leachable results for Fluoride indicate levels below 20 ppb and no observable trend in leachable amount over time or temperature dependence. The leachable results for Iodide indicate that levels were observed ranging from ~20-80 ppb. No noticeable trend in leachable amount including vial orientation or temperature dependence was observed.

5

Example 9

Elemental Leachables

Elemental leachables were evaluated using a validated inductively coupled plasma mass spectrometric (ICP-MS) method. ICP-MS method is described in detail in USP and other literature in the art. The results for the elemental leachables analysis are summarized in the Table below. The Table lists the Allowable Elemental Concentrations (AEC) for each identified element.

15 Table 22. Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1705 25 °C/60 %RH				XMHJ1705 40 °C/75 %RH		
		Time point (months)						
		1	3	6	9	1	3	6
Molybdenum	14537	<0.5	2	1.75	0.6	<0.5	2	0.91
Zinc	12598	14	2	13.84	23.4	11	38	<QL
Iron	12598	25	21	50.52	19	16	60	5.73
Chromium	10660	2	<QL	<QL	3.2	2	6	<QL
Barium	6784	2	<QL	<QL	<QL	<0.5	2	<QL
Tin	5815	1	2	3.38	1.2		3	0.88
Copper	2907	<0.5	<QL	<QL	15.0	<0.5	2	<QL
Manganese	2423	1	<QL	<QL	0.3	<0.5	2	<QL
Lithium	2423	<0.5	5	3.90	0.1	<0.5	6	3.79
Gold	969	5	3	9.76	0.3	3	4	1.76
Antimony	872	1	1	0.88	0.1	1	2	0.60
Selenium	775	<0.5	<QL	<QL	0.1	<0.5	2	<QL
Nickel	194	11	9	16.66	8.1	11	9	0.99

Arsenic	174	1	<QL	<QL	0.2	1	2	<QL
Aluminum	120	<QL	<QL	<QL	<QL	<QL	<QL	<QL
Vanadium	97	<QL	<QL	<QL	<QL	<0.5	4	<QL
Silver	97	<0.5	<QL	<QL	<QL	<QL	17	<QL
Ruthenium	97	<0.5	1	0.72	<QL	<0.5	2	0.74
Rhodium	97	<0.5	4	4.31	<QL	<0.5	8	4.29
Platinum	97	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Palladium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Osmium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Iridium	97	<0.5	6	5.98	<QL	<0.5	7	5.92
Thallium	78	<0.5	4	3.59	<QL	<0.5	5	3.59
Cobalt	48	<0.5	<QL	<QL	0.1	<0.5	<0.5	<QL
Lead	48	2	5	6.77	1.5	2	6	3.33
Mercury	29	<0.5	1	0.78	2	<0.5	1	1.10
Cadmium	19	<0.5	1	1.31	<QL	<0.5	2	1.30

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1705 25 °C/60 %RH		
		Time point (months)		
		12 INV	12 HOR	12 UP
Molybdenum	14537	0.4	0.4	0.5
Zinc	12598	7	5	3
Iron	12598	9	157	637
Chromium	10660	1	2	3
Barium	6784	0.4	0.4	0.4
Tin	5815	1	1	1
Copper	2907	0.5	0.8	0.6
Manganese	2423	<QL	2	8
Lithium	2423	0.04	0.05	0.05
Gold	969	0.4	<QL	1
Antimony	872	0.4	0.3	0.3
Selenium	775	<QL	1	<QL
Nickel	194	14	14	15
Arsenic	174	0.3	0.3	0.2
Aluminum	120	(4) <QL	(19) <QL	(5) <QL
Vanadium	97	<QL	<QL	<QL
Silver	97	<QL	<QL	<QL
Ruthenium	97	<QL	<QL	<QL
Rhodium	97	0.01	0.01	0.01
Platinum	97	<QL	<QL	<QL
Palladium	97	0.06	0.06	0.1
Osmium	97	<QL	<QL	<QL
Iridium	97	0.04	0.03	0.04
Thallium	78	<QL	<QL	<QL
Cobalt	48	<QL	<QL	<QL
Lead	48	2	2	2
Mercury	29	0.7	0.7	0.6
Cadmium	19	<QL	<QL	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1706 25 °C/60 %RH				XMHJ1706 40 °C/75 %RH		
		Time point (months)						
		1	3	6	9	1	3	6
Molybdenum	14537	<0.5	1	1.32	0.4	<0.5	2	1.33
Zinc	12598	10	8	8.23	23.9	10	36	4.25
Iron	12598	9	30	34.02	7.9	10	41	45.60
Chromium	10660	1	<QL	<QL	1.9	2	5	<QL
Barium	6784	<0.5	<QL	<QL	<QL	1	1	<QL
Tin	5815	1	2	2.91	1.3	1	3	2.08
Copper	2907	<QL	<QL	<QL	<QL	<QL	1	<QL
Manganese	2423	<0.5	<QL	<QL	0.3	<0.5	1	<QL
Lithium	2423	<0.5	4	3.84	0.1	<0.5	6	3.87
Gold	969	2	3	4.38	0.2	2	4	3.99
Antimony	872	1	1	0.81	<QL	1	2	0.91
Selenium	775	<0.5	<QL	<QL	0.6	1	3	<QL
Nickel	194	11	10	8.66	8.1	11	9	8.68
Arsenic	174	<0.5	<QL	<QL	0.4	<0.5	2	<QL
Aluminum	120	<QL	<QL (2)	<QL	<QL	<QL	<QL	<QL
Vanadium	97	<QL	<QL	<QL	<QL	<0.5	4	<QL
Silver	97	<QL	<QL	<QL	<QL	<QL	17	<QL
Ruthenium	97	<0.5	1	0.73	<QL	<0.5	2	0.73
Rhodium	97	<0.5	4	4.29	<QL	<0.5	8	4.28
Platinum	97	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Palladium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Osmium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Iridium	97	<0.5	6	5.94	<QL	<0.5	7	5.94
Thallium	78	<0.5	4	3.59	<QL	<0.5	5	3.59
Cobalt	48	<0.5	<0.5	<QL	<QL	<0.5	<0.5	<QL
Lead	48	2	6	5.53	2.0	2	6	5.53
Mercury	29	<0.5	1	1.11	1.5	<0.5	1	1.01
Cadmium	19	<0.5	1	1.30	<QL	<0.5	2	1.30

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1706 25 °C/60 %RH		
		Time point (months)		
		12 INV	12 HOR	12 UP
Molybdenum	14537	0.4	0.4	0.4
Zinc	12598	3	6	8
Iron	12598	11	55	10
Chromium	10660	1	1	1
Barium	6784	0.4	0.6	0.4
Tin	5815	1	2	2
Copper	2907	1	0.2	<QL
Manganese	2423	0.1	0.6	0.2
Lithium	2423	0.03	0.03	0.04
Gold	969	0.2	0.2	0.3
Antimony	872	0.6	0.5	0.5
Selenium	775	0.4	<QL	0.4
Nickel	194	14	14	14
Arsenic	174	0.8	0.5	0.4
Aluminum	120	(5) <QL	(6) <QL	(1) <QL
Vanadium	97	<QL	<QL	<QL
Silver	97	<QL	<QL	<QL
Ruthenium	97	0.005	<QL	0.003
Rhodium	97	0.007	0.005	0.008
Platinum	97	<QL	<QL	<QL
Palladium	97	0.04	0.02	0.03
Osmium	97	<QL	<QL	<QL
Iridium	97	0.03	0.03	0.03
Thallium	78	<QL	<QL	<QL
Cobalt	48	<QL	<QL	<QL
Lead	48	2	2	2
Mercury	29	0.7	0.7	0.7
Cadmium	19	<QL	0.004	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1707 25 °C/60 %RH				XMHJ1707 40 °C/75 %RH		
		Time point (months)						
		1	3	6	9	1	3	6
Molybdenum	14537	<0.5	1	1.22	0.4	<0.5	2	1.21
Zinc	12598	10	4	4.28	22.7	11	38	3.91
Iron	12598	8	26	12.55	8.3	9	74	17.68
Chromium	10660	1	<QL	<QL	2.2	1	6	<QL
Barium	6784	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Tin	5815	1	2	2.13	3.2	1	3	2.22
Copper	2907	<0.5	<QL	<QL	<QL	<0.5	2	<QL
Manganese	2423	<0.5	<QL	<QL	0.1	<0.5	1	<QL
Lithium	2423	<0.5	3.86	3.86	0.2	<0.5	6	3.88
Gold	969	3	3	3.98	0.1	2	4	3.48
Antimony	872	1	1	1.01	<QL	1	2	1.06
Selenium	775	<0.5	<QL	<QL	0.1	<0.5	2	<QL
Nickel	194	11	8	7.71	7.4	10	8	7.82
Arsenic	174	1	<QL	<QL	0.4	1	2	<QL
Aluminum	120	<QL	<QL	<QL	<QL	<QL	<QL	<QL
Vanadium	97	<QL	<QL	<QL	<QL	<0.5	4	<QL
Silver	97	<0.5	<QL	<QL	<QL	<QL	17	<QL
Ruthenium	97	<0.5	1	0.73	<QL	<0.5	2	0.73
Rhodium	97	<0.5	4	4.29	<QL	<0.5	8	4.28
Platinum	97	<0.5	<0.5	<QL	<QL	<0.5	1	<QL
Palladium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Osmium	97	<0.5	<QL	<QL	<QL	<0.5	1	<QL
Iridium	97	<0.5	6	5.95	<QL	<0.5	7	5.94
Thallium	78	<0.5	4	3.59	<QL	<0.5	5	3.56
Cobalt	48	<0.5	<0.5	<QL	<QL	<0.5	<0.5	<QL
Lead	48	2	6	5.51	1.9	2	6	5.55
Mercury	29	<0.5	1	0.98	1.2	<0.5	1	0.89
Cadmium	19	<0.5	1.30	1.29	<QL	<0.5	2	1.29

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1707 25 °C/60 %RH		
		Time point (months)		
		12 INV	12 HOR	12 UP
Molybdenum	14537	0.4	0.4	0.4
Zinc	12598	7	4	6
Iron	12598	8	71	13
Chromium	10660	1	1	1
Barium	6784	0.6	0.5	0.6
Tin	5815	1	1	1
Copper	2907	0.2	0.2	0.1
Manganese	2423	0.2	1	0.3
Lithium	2423	0.03	0.03	0.06
Gold	969	0.1	0.1	0.2
Antimony	872	0.6	0.6	0.6
Selenium	775	0.4	<QL	<QL
Nickel	194	14	14	14
Arsenic	174	0.6	0.6	0.6
Aluminum	120	(5) <QL	(26) <QL	(39) <QL
Vanadium	97	<QL	<QL	<QL
Silver	97	<QL	<QL	<QL
Ruthenium	97	<QL	0.004	0.001
Rhodium	97	0.005	0.005	0.006
Platinum	97	<QL	<QL	<QL
Palladium	97	<QL	0.02	0.02
Osmium	97	<QL	<QL	<QL
Iridium	97	0.03	0.03	0.03
Thallium	78	<QL	<QL	<QL
Cobalt	48	<QL	<QL	<QL
Lead	48	2	2	2
Mercury	29	0.7	0.7	0.7
Cadmium	19	<QL	<QL	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1702A 25 °C/60 %RH	
		Time point (months)	
		9 INV	9 UP
Molybdenum	14537	1	0.5
Zinc	12598	17	17
Iron	12598	5	59
Chromium	10660	5	1
Barium	6784	1	0.4
Tin	5815	2	1
Copper	2907	1	0.4
Manganese	2423	2	1
Lithium	2423	8	0.1
Gold	969	7	1
Antimony	872	<QL	0.3
Selenium	775	<QL	<QL
Nickel	194	11	15
Arsenic	174	0.3	0.1
Aluminum	120	(9) <QL	(5) <QL
Vanadium	97	3	<QL
Silver	97	2	<QL
Ruthenium	97	0.9	<QL
Rhodium	97	8	0.01
Platinum	97	2	<QL
Palladium	97	1	0.1
Osmium	97	0.8	<QL
Iridium	97	10	0.04
Thallium	78	7	<QL
Cobalt	48	3	0.03
Lead	48	8	2
Mercury	29	1	0.6
Cadmium	19	0.5	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMHJ1702A 25 °C/60 %RH					XMHJ1702A 40 °C/75 %RH				
		Time point (months)									
		0	1	2	3	6	0	1	2	3	6
Molybdenum	14537	2	N/A	N/A	1.34	0.5	2	2	<QL	1	0.4
Zinc	12598	42	N/A	N/A	3.90	34.3	42	37	2	4	22.1
Iron	12598	284	N/A	N/A	15.31	7	284	27	<QL	35	11.2
Chromium	10660	14	N/A	N/A	<QL	2.1	14	4	<QL	<QL	2.1
Barium	6784	2	N/A	N/A	<QL	<QL	2	2	<QL	<QL	<QL
Tin	5815	3	N/A	N/A	1.82	3.8	3	3	2	2	1
Copper	2907	4	N/A	N/A	<QL	123.1	4	2	<QL	<QL	0.1
Manganese	2423	5	N/A	N/A	<QL	0.1	5	1	<QL	<QL	0.3
Lithium	2423	6	N/A	N/A	3.92	0.2	6	6	<QL	4	0.2
Gold	969	7	N/A	N/A	3.45	0.1	7	4	5	4	0.1
Antimony	872	2	N/A	N/A	1.08	<QL	2	2	1	1	<QL
Selenium	775	4	N/A	N/A	<QL	0.4	4	2	<QL	<QL	<QL
Nickel	194	11	N/A	N/A	8.93	8	11	9	4	8	8.1
Arsenic	174	2	N/A	N/A	<QL	0.3	2	1	<QL	<QL	0.3
Aluminum	120	<0.5	N/A	N/A	<QL	<QL	<QL	(3) <QL	(8) <QL	(7) <QL	<QL
Vanadium	97	4	N/A	N/A	<QL	<QL	4	3	<QL	<QL	<QL
Silver	97	17	N/A	N/A	<QL	<QL	17	17	17	<QL	<QL
Ruthenium	97	2	N/A	N/A	0.76	<QL	2	2	<QL	1	<QL
Rhodium	97	8	N/A	N/A	4.30	<QL	8	8	9	4	<QL
Platinum	97	1	N/A	N/A	<QL	0.1	1	1	<QL	<QL	0.1
Palladium	97	1	N/A	N/A	<QL	<QL	1	1	<QL	<QL	<QL
Osmium	97	1	N/A	N/A	<QL	<QL	1	1	1	<QL	<QL
Iridium	97	7	N/A	N/A	5.98	<QL	7	7	9	6	<QL
Thallium	78	5	N/A	N/A	3.59	<QL	5	5	6	4	<QL
Cobalt	48	<0.5	N/A	N/A	<QL	<QL	<0.5	<0.5	<QL	<0.5	<QL
Lead	48	6	N/A	N/A	5.01	1.6	6	6	6	5	1.5
Mercury	29	2	N/A	N/A	0.81	1	2	1	1	1	1.1
Cadmium	19	2	N/A	N/A	1.37	<QL	2	2	1	1	<QL

Table 22. (cont.) Elemental Impurity Leachables Results for L-Cysteine HCl Injection [X] (ppb)

Element	AEC (ppb)	XMJ1702B 25 °C/60 %RH				XMJ1702B 40 °C/75 %RH					
		Time point (months)									
		0	1	2	3	6	0	1	2	3	6
Molybdenum	14537	2	N/A	N/A	1	0.5	2	2	<QL	1	0.4
Zinc	12598	38	N/A	N/A	71	23.5	38	39	<QL	7	23.1
Iron	12598	166	N/A	N/A	31	7.9	166	35	<QL	16	12.3
Chromium	10660	9	N/A	N/A	<QL	2.1	9	6	<QL	<QL	1.9
Barium	6784	1	N/A	N/A	<QL	<QL	1	1	<QL	<QL	<QL
Tin	5815	3	N/A	N/A	21	1.5	3	4	3	3	1.3
Copper	2907	2	N/A	N/A	<QL	<QL	2	2	<QL	<QL	0.3
Manganese	2423	3	N/A	N/A	<QL	0.1	3	1	<QL	<QL	0.3
Lithium	2423	6	N/A	N/A	4	0.2	6	6	<QL	4	0.2
Gold	969	5	N/A	N/A	3	0.1	5	4	5	3	0.1
Antimony	872	2	N/A	N/A	1	<QL	2	2	1	1	<QL
Selenium	775	3	N/A	N/A	<QL	0.1	3	2	<QL	<QL	<QL
Nickel	194	10	N/A	N/A	9	8.2	10	8	4	8	8.2
Arsenic	174	2	N/A	N/A	<QL	0.3	2	2	<QL	<QL	0.1
Aluminum	120	<QL	N/A	N/A	(6) <QL	<QL	<QL	(10) <QL	(25) <QL	(6) <QL	<QL
Vanadium	97	4	N/A	N/A	<QL	<QL	4	4	<QL	<QL	<QL
Silver	97	17	N/A	N/A	<QL	<QL	17	17	17	<QL	<QL
Ruthenium	97	2	N/A	N/A	1	<QL	2	2	<0.5	1	<QL
Rhodium	97	8	N/A	N/A	4	<QL	8	8	9	4	<QL
Platinum	97	1	N/A	N/A	<0.5	0.1	1	1	<0.5	<0.5	0.1
Palladium	97	1	N/A	N/A	<QL	<QL	1	1	<QL	<QL	<QL
Osmium	97	1	N/A	N/A	<QL	<QL	1	1	1	<QL	<QL
Iridium	97	7	N/A	N/A	6	<QL	7	7	9	6	<QL
Thallium	78	5	N/A	N/A	4	<QL	5	5	6	4	<QL
Cobalt	48	<0.5	N/A	N/A	<0.5	<QL	<0.5	<0.5	<QL	<0.5	<QL
Lead	48	6	N/A	N/A	5	1.5	6	6	6	5	1.5
Mercury	29	2	N/A	N/A	1	0.5	2	1	1	1	0.4
Cadmium	19	2	N/A	N/A	1	<QL	2	2	1	1	<QL

5

Example 10

Visual Inspection of Filled Vials

The L-Cysteine product that was manufactured by the two methods (i.e., lyophilizer chamber method and high-speed filler method) were inspected at after 1 month after production for visible signs of degradation in the form of visible particulate matter. In the presence of oxygen, two L-Cysteine residues will form a disulfide covalent bond forming L-Cystine. L-Cystine has a lower solubility (0.112 mg/mL) than L-Cysteine (50 mg/mL), in some cases the degradant can be visually observed.

15

Table 23. Comparison of Particulate Matter

	PROT-000213	XMHJ1705	XMHJ1706	XMHJ1707
Total Vials	1918	3473	3473	3497
White PM	36	120	31	32
Overall %	1.88%	3.46%	0.89%	0.92%

As the data show, no confirmed degradation was observed by either method
 5 indicating that the head space oxygen reduction and dissolved oxygen levels achieved
 herein are successful in producing L-Cysteine injection of desirable quality attributes.

All documents cited or referenced in the application cited documents, and all
 documents cited or referenced herein (“herein cited documents”), and all documents cited
 or referenced in herein cited documents, together with any manufacturer’s instructions,
 10 descriptions, product specifications, and product sheets for any products mentioned herein
 or in any document incorporated by reference herein, are hereby incorporated herein by
 reference, and may be employed in the practice of the invention.

As used herein, “a,” “an,” or “the” can mean one or more than one. For example,
 “a” cell can mean a single cell or a multiplicity of cells.

15 Also as used herein, “and/or” refers to and encompasses any and all possible
 combinations of one or more of the associated listed items, as well as the lack of
 combinations when interpreted in the alternative (“or”).

The term “consists essentially of” (and grammatical variants), as applied to the
 compositions of this invention, means the composition can contain additional components
 20 as long as the additional components do not materially alter the composition.

As used herein, the term “about” is used to provide flexibility to a numerical range
 endpoint by providing that a given value may be “a little above” or “a little below” the
 endpoint. Unless otherwise stated, use of the term “about” in accordance with a specific
 number or numerical range should also be understood to provide support for such
 25 numerical terms or range without the term “about”. For example, for the sake of

convenience and brevity, a numerical range of “about 50 milligrams to about 80 milligrams” should also be understood to provide support for the range of “50 milligrams to 80 milligrams.” Furthermore, it is to be understood that in this written description support for actual numerical values is provided even when the term “about” is used

5 therewith. Furthermore, the term “about,” as used herein when referring to a measurable value such as an amount of a compound or agent of this invention, dose, time, temperature, and the like, is meant to encompass variations of $\pm 20\%$, $\pm 10\%$, $\pm 5\%$, $\pm 1\%$, $\pm 0.5\%$, or even $\pm 0.1\%$ of the specified amount. To be clear, the range encompassed by “about” will include all discrete values within that range, regardless of whether such discrete values are

10 explicitly specified and/or prefaced by “about.” Equivalents permissible for such discrete values as well as all ranges and subranges are within the scope of this disclosure.

Concentrations, amounts, and other numerical data may be expressed or presented herein in a range format. It is to be understood that such a range format is used merely for convenience and brevity and thus should be interpreted flexibly to include not only the

15 numerical values explicitly recited as the limits of the range, but also to include all the individual numerical values or sub-ranges encompassed within that range as if each numerical value and sub-range is explicitly recited. As an illustration, a numerical range of “about 1 to about 5” should be interpreted to include not only the explicitly recited values of about 1 to about 5, but also include individual values and sub-ranges within the indicated

20 range. Thus, included in this numerical range are individual values such as 2, 3, and 4 and sub-ranges such as from 1-3, from 2-4, and from 3-5, etc., as well as 1, 2, 3, 4, and 5, individually. This same principle applies to ranges reciting only one numerical value as a minimum or a maximum. Furthermore, such an interpretation should apply regardless of the breadth of the range or the characteristics being described.

25 Having thus described in detail preferred embodiments of the present invention, it is to be understood that the invention defined by the above paragraphs is not to be limited to particular details set forth in the above description as many apparent variations thereof are possible without departing from the spirit or scope of the present invention.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Exela Pharma Sciences, LLC
Appl No.: 16/248,460 Confirmation No.: 6641
Filed: January 15, 2019 Group Art Unit: 1615
For: STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION
AND METHODS OF USE

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**STATEMENT UNDER 37 C.F.R. §1.125
REGARDING SUBSTITUTE SPECIFICATION**

I hereby state that the Substitute Specification filed concurrently herewith is in compliance with 37 C.F.R. §1.125. In compliance with 37 C.F.R. §1.125(b), the substitute specification does not include the claims. The Substitute Specification corrects the purported deficiencies as set forth in the Notice to File Corrected Application Papers dated February 7, 2019, and contains no new matter. Enclosed is both a clean and a marked copy of the Substitute Specification in compliance with 37 C.F.R. §1.125(c). The Substitute Specification submitted herewith is believed to be fully compliant with 37 CFR §§ 1.52, 1.121(b)(3) and 1.125. Accordingly, this is a *bona fide* attempt to comply with the Notice.

It is not believed that extensions of time or fees for net addition of claims are required, beyond those that may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 CFR § 1.136(a), and any fee required therefor (including fees for net addition of claims) is hereby authorized to be charged to Deposit Account No. 16-0605.

Respectfully submitted,

/ Bryan L. Skelton /

Bryan L. Skelton
Registration No. 50,893

In re: Eronen et al.
Appl. No.: 13/222,708
Filed: 08/31/2011
Page 2

Customer No. 00826
ALSTON & BIRD LLP
Bank of America Plaza
101 South Tryon Street, Suite 4000
Charlotte, NC 28280-4000
Tel Raleigh Office (919) 862-2200
Fax Raleigh Office (919) 862-2260

ELECTRONICALLY FILED USING THE EFS-WEB ELECTRONIC FILING SYSTEM OF THE UNITED STATES PATENT & TRADEMARK OFFICE ON MARCH 4, 2019.

Electronic Acknowledgement Receipt

EFS ID:	35312163
Application Number:	16248460
International Application Number:	
Confirmation Number:	6641
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
First Named Inventor/Applicant Name:	John Maloney
Customer Number:	826
Filer:	Bryan Lee Skelton/Karen Trachtman
Filer Authorized By:	Bryan Lee Skelton
Attorney Docket Number:	066859/509450
Receipt Date:	04-MAR-2019
Filing Date:	15-JAN-2019
Time Stamp:	16:13:25
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	no
------------------------	----

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Applicant Response to Pre-Exam Formalities Notice	2019-03-04_Response_NTFCAP.pdf	64999 <small>eb484f626942770e8a6e3a3f59e2f63a15060020</small>	no	1

Warnings:

Information:					
2	Specification	2019-03-04_Substitute_Specification-MARKED.pdf	795305 81f1c777b7ddd795f201a3aa4e32711d9c f360	no	91
Warnings:					
Information:					
3	Specification	2019-03-04_Substitute_Specification-CLEAN.pdf	578475 889c5001948a58605b5033b0050ad61359c 5c33	no	86
Warnings:					
Information:					
4	Applicant Response to Pre-Exam Formalities Notice	2019-03-04_Stmt_37CFR1_125_re_Substitute_Specification.pdf	73611 ea88fbc94a8a4012b6e7cfe611483bbda0f0 57cc	no	2
Warnings:					
Information:					
Total Files Size (in bytes):			1512390		
<p>This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.</p> <p><u>New Applications Under 35 U.S.C. 111</u> If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.</p> <p><u>National Stage of an International Application under 35 U.S.C. 371</u> If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.</p> <p><u>New International Application Filed with the USPTO as a Receiving Office</u> If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.</p>					

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number
16/248,460

APPLICATION AS FILED - PART I

		(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR		NUMBER FILED	NUMBER EXTRA	RATE(\$)	FEE(\$)		RATE(\$)	FEE(\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		N/A	N/A	N/A			N/A	300
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		N/A	N/A	N/A			N/A	660
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		N/A	N/A	N/A			N/A	760
TOTAL CLAIMS (37 CFR 1.16(i))		22	minus 20 = *			OR	x 100 =	200
INDEPENDENT CLAIMS (37 CFR 1.16(h))		3	minus 3 = *			OR	x 460 =	0.00
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							0.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								
* If the difference in column 1 is less than zero, enter "0" in column 2.								
				TOTAL			TOTAL	1920

APPLICATION AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE(\$)	ADDITIONAL FEE(\$)		RATE(\$)	ADDITIONAL FEE(\$)
	Total (37 CFR 1.16(i))	*	Minus **	=	x	=	OR	x	=
	Independent (37 CFR 1.16(h))	*	Minus ***	=	x	=	OR	x	=
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE(\$)	ADDITIONAL FEE(\$)		RATE(\$)	ADDITIONAL FEE(\$)
	Total (37 CFR 1.16(i))	*	Minus **	=	x	=	OR	x	=
	Independent (37 CFR 1.16(h))	*	Minus ***	=	x	=	OR	x	=
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest found in the appropriate box in column 1.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

Table with 8 columns: APPLICATION NUMBER, FILING or 371(c) DATE, GRP ART UNIT, FIL FEE REC'D, ATTY. DOCKET NO, TOT CLAIMS, IND CLAIMS. Row 1: 16/248,460, 01/15/2019, 1615, 2080, 066859/509450, 22, 3

CONFIRMATION NO. 6641

UPDATED FILING RECEIPT



826
ALSTON & BIRD LLP
BANK OF AMERICA PLAZA
101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE, NC 28280-4000

Date Mailed: 03/07/2019

Receipt is acknowledged of this non-provisional patent application. The application will be taken up for examination in due course. Applicant will be notified as to the results of the examination. Any correspondence concerning the application must include the following identification information: the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please submit a written request for a Filing Receipt Correction. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections

Inventor(s)

John Maloney, Salisbury, NC;
Aruna Koganti, Lenoir, NC;
Phanesh Koneru, Waxhaw, NC;

Applicant(s)

Exela Pharma Sciences, LLC, Lenoir, NC

Power of Attorney: The patent practitioners associated with Customer Number 00826

Domestic Applications for which benefit is claimed - None.

A proper domestic benefit claim must be provided in an Application Data Sheet in order to constitute a claim for domestic benefit. See 37 CFR 1.76 and 1.78.

Foreign Applications for which priority is claimed (You may be eligible to benefit from the Patent Prosecution Highway program at the USPTO. Please see http://www.uspto.gov for more information.) - None.

Foreign application information must be provided in an Application Data Sheet in order to constitute a claim to foreign priority. See 37 CFR 1.55 and 1.76.

Permission to Access Application via Priority Document Exchange: Yes

Permission to Access Search Results: Yes

Applicant may provide or rescind an authorization for access using Form PTO/SB/39 or Form PTO/SB/69 as appropriate.

If Required, Foreign Filing License Granted: 02/06/2019

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US 16/248,460**

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No
Title

STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE

Preliminary Class

424

Statement under 37 CFR 1.55 or 1.78 for AIA (First Inventor to File) Transition Applications: No

PROTECTING YOUR INVENTION OUTSIDE THE UNITED STATES

Since the rights granted by a U.S. patent extend only throughout the territory of the United States and have no effect in a foreign country, an inventor who wishes patent protection in another country must apply for a patent in a specific country or in regional patent offices. Applicants may wish to consider the filing of an international application under the Patent Cooperation Treaty (PCT). An international (PCT) application generally has the same effect as a regular national patent application in each PCT-member country. The PCT process **simplifies** the filing of patent applications on the same invention in member countries, but **does not result** in a grant of "an international patent" and does not eliminate the need of applicants to file additional documents and fees in countries where patent protection is desired.

Almost every country has its own patent law, and a person desiring a patent in a particular country must make an application for patent in that country in accordance with its particular laws. Since the laws of many countries differ in various respects from the patent law of the United States, applicants are advised to seek guidance from specific foreign countries to ensure that patent rights are not lost prematurely.

Applicants also are advised that in the case of inventions made in the United States, the Director of the USPTO must issue a license before applicants can apply for a patent in a foreign country. The filing of a U.S. patent application serves as a request for a foreign filing license. The application's filing receipt contains further information and guidance as to the status of applicant's license for foreign filing.

Applicants may wish to consult the USPTO booklet, "General Information Concerning Patents" (specifically, the section entitled "Treaties and Foreign Patents") for more information on timeframes and deadlines for filing foreign patent applications. The guide is available either by contacting the USPTO Contact Center at 800-786-9199, or it can be viewed on the USPTO website at <http://www.uspto.gov/web/offices/pac/doc/general/index.html>.

For information on preventing theft of your intellectual property (patents, trademarks and copyrights), you may wish to consult the U.S. Government website, <http://www.stopfakes.gov>. Part of a Department of Commerce initiative, this website includes self-help "toolkits" giving innovators guidance on how to protect intellectual property in specific countries such as China, Korea and Mexico. For questions regarding patent enforcement issues, applicants may call the U.S. Government hotline at 1-866-999-HALT (1-866-999-4258).

LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15

GRANTED

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Bureau of Industry and Security, Department of Commerce (15 CFR parts 730-774); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

NOT GRANTED

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

SelectUSA

The United States represents the largest, most dynamic marketplace in the world and is an unparalleled location for business investment, innovation, and commercialization of new technologies. The U.S. offers tremendous resources and advantages for those who invest and manufacture goods here. Through SelectUSA, our nation works to promote and facilitate business investment. SelectUSA provides information assistance to the international investor community; serves as an ombudsman for existing and potential investors; advocates on behalf of U.S. cities, states, and regions competing for global investment; and counsels U.S. economic development organizations on investment attraction best practices. To learn more about why the United States is the best country in the world to develop technology, manufacture products, deliver services, and grow your business, visit <http://www.SelectUSA.gov> or call +1-202-482-6800.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
16/248,460	01/15/2019	John Maloney	066859/509450	6641
826	7590	03/15/2019	EXAMINER	
ALSTON & BIRD LLP BANK OF AMERICA PLAZA 101 SOUTH TRYON STREET, SUITE 4000 CHARLOTTE, NC 28280-4000			ART UNIT	PAPER NUMBER
			1615	
			NOTIFICATION DATE	DELIVERY MODE
			03/15/2019	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

usptomail@alston.com

<i>Decision Granting Request for Prioritized Examination (Track I)</i>	Application No. 16/248,460	Applicant(s) Maloney et al.	
	Examiner CHERYL P GIBSON BAYLOR	Art Unit OPET	AIA (First Inventor to File) Status Yes
<p>1. THE REQUEST FILED <u>15 January 2019</u> IS GRANTED .</p> <p>The above-identified application has met the requirements for prioritized examination</p> <p>A. <input checked="" type="checkbox"/> for an original nonprovisional application (Track I).</p> <p>B. <input type="checkbox"/> for an application undergoing continued examination (RCE).</p> <p>2. The above-identified application will undergo prioritized examination. The application will be accorded special status throughout its entire course of prosecution until one of the following occurs:</p> <p>A. filing a petition for extension of time to extend the time period for filing a reply;</p> <p>B. filing an amendment to amend the application to contain more than four independent claims, more than thirty total claims, or a multiple dependent claim;</p> <p>C. filing a request for continued examination ;</p> <p>D. filing a notice of appeal;</p> <p>E. filing a request for suspension of action;</p> <p>F. mailing of a notice of allowance;</p> <p>G. mailing of a final Office action;</p> <p>H. completion of examination as defined in 37 CFR 41.102; or</p> <p>I. abandonment of the application.</p> <p>Telephone inquiries with regard to this decision should be directed to CHERYL GIBSON BAYLOR at (571)272-3213. In his/her absence, calls may be directed to Petition Help Desk at (571) 272-3282.</p>			
/CHERYL GIBSON BAYLOR/ Paralegal Specialist, OPET			

Electronic Acknowledgement Receipt

EFS ID:	35966115
Application Number:	16248460
International Application Number:	
Confirmation Number:	6641
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
First Named Inventor/Applicant Name:	John Maloney
Customer Number:	826
Filer:	Bryan Lee Skelton/Laura Tremont
Filer Authorized By:	Bryan Lee Skelton
Attorney Docket Number:	066859/509450
Receipt Date:	10-MAY-2019
Filing Date:	15-JAN-2019
Time Stamp:	10:51:09
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	no
------------------------	----

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Non Patent Literature	061-El-Shenawy_2016.PDF	2337431 <small>53e90b76fb3055606b3557043576c99edc65efb5</small>	no	8

Warnings:

Information:					
2	Non Patent Literature	062-Fewtrell_2011.pdf	125399	no	6
			05808d5a2932bb3667339f340e9f8e4e25f8ae7		
Warnings:					
Information:					
3	Non Patent Literature	063-Flora_2010.pdf	805423	no	44
			0a14895ee683786a27c979d6292b23cfee8a3c7d		
Warnings:					
Information:					
4	Non Patent Literature	064-Fortenberry_2017.pdf	99566	no	6
			542eba0e2fe7464692833a613539845fd5955f6		
Warnings:					
Information:					
5	Non Patent Literature	065-Frey_2015.PDF	409218	no	5
			8658ca1d60c1785c82758e4cfc73dbd115fa265		
Warnings:					
Information:					
6	Non Patent Literature	066-Furst_1967.pdf	1234285	no	11
			bfa64da0ac625abde05d0ca7cc5b881360a49b33		
Warnings:					
Information:					
7	Non Patent Literature	067-Fusch_2009.pdf	1738089	no	23
			372da8a86233e56cc065dededa71ac966bf0f635		
Warnings:					
Information:					
8	Non Patent Literature	068-Ghirri_2014.pdf	192679	no	9
			28f996d46d3fee7e4a0a85e614d9c4092dcbb815b		
Warnings:					
Information:					

9	Non Patent Literature	069-Gura_2010.pdf	161339	no	10
			0cc5b95b6305cc0196ae5ced6b0f8e437135d3a		
Warnings:					
Information:					
10	Non Patent Literature	070-Gura_2006.pdf	168750	no	8
			711658aefb0d066d9be12cc99505ba441bd8b488		
Warnings:					
Information:					
11	Non Patent Literature	071-Hardy_2009.pdf	216767	no	10
			d7d6a76fc427d35d91e103eda4d43506c4d21510		
Warnings:					
Information:					
12	Non Patent Literature	072-Hardy_Abstract_1993.pdf	222056	no	1
			840dc599bcff159afc54a0e9b0704b630cd93421		
Warnings:					
Information:					
13	Non Patent Literature	073-Harman_1984.pdf	1461600	no	7
			71d415deb98ee036241050dc098e89dfa935824f		
Warnings:					
Information:					
14	Non Patent Literature	074-Heird_1988.pdf	2208076	no	12
			e7fd4a8198bac23c60af06c64b29c3af3a832eb		
Warnings:					
Information:					
15	Non Patent Literature	075-Hellstrom_2014.pdf	144873	no	1
			22bd926fb315f039b2ce348e98b0c1793cd885b6		
Warnings:					
Information:					

16	Non Patent Literature	076-Helms_1999.pdf	111326	no	4
			9e1c301d64e87fac1280196398840bedd01e6c6d		
Warnings:					
Information:					
17	Non Patent Literature	077-Hernandez-Sanchez_2013.pdf	330818	no	9
			c727c2c44f1466fd2b9644525034a50ac3b3da		
Warnings:					
Information:					
18	Non Patent Literature	078-Heyman_1986.pdf	440602	no	2
			d57a0c01e75f6c089e05a63f6ec3221e31f2683e		
Warnings:					
Information:					
19	Non Patent Literature	079-Ho_2016.pdf	261570	no	6
			cefcaae84e81fd4d3f16a3b2ff5a90a109a52a85		
Warnings:					
Information:					
20	Non Patent Literature	080-Hu_2015.pdf	967649	no	6
			5fbfe21c1a4d9f9016dda724664987bfa4bb3400		
Warnings:					
Information:					
21	Non Patent Literature	081-Hulst_2014.pdf	3575703	no	44
			fe11e36e44e52d2ee6d1c827d3ae5a46babbb4c0a		
Warnings:					
Information:					
22	Non Patent Literature	082-Huston_2015.PDF	450148	no	12
			f05da88fef5ac3514030bfabb00b2095d53016906		
Warnings:					
Information:					

23	Non Patent Literature	083-Huston_2017.pdf	106007	no	6
			bfc6e244da53eff1d2489f604d139df4e7ba c14b		
Warnings:					
Information:					
24	Non Patent Literature	084-Huston_2014.PDF	193792	no	6
			655beaf369a6c0178190b70fec1af11d82df a2d6		
Warnings:					
Information:					
25	Non Patent Literature	085-Ishii_1993.pdf	1151484	no	5
			a2de59afb615116f59bd6e06674f3721c23 0659		
Warnings:					
Information:					
26	Non Patent Literature	086-Ishii_2010.pdf	4283209	no	11
			3dafd51df4b2e6112647d51e055041bb7db 1a624		
Warnings:					
Information:					
27	Non Patent Literature	087-Jadhav_2007.pdf	184906	no	11
			5b7fe3169fe502249cad1a562d1649c5ef13 2d89		
Warnings:					
Information:					
28	Non Patent Literature	088-Janaky_2000.pdf	215258	no	9
			c5ae43598aae8f902b5aafcece5aa4e5a8d 5e9d		
Warnings:					
Information:					
29	Non Patent Literature	089-Ji_2015.PDF	1326354	no	8
			1a9f4b26574724a5adf3d14df04ce9b63e3e 8302		
Warnings:					
Information:					

30	Non Patent Literature	090-John_2017.pdf	228308	no	2
			541643f4797728da92ae85bdc8f3291056b076d8		
Warnings:					
Information:					
31	Non Patent Literature	091-Kartal_2008.pdf	597005	no	8
			f931d427e848531d8f2dc79f0ef5870112c58027		
Warnings:					
Information:					
32	Non Patent Literature	092-Kartal_2007.pdf	366139	no	6
			5cb2b38a404a546bee033e3471b0094d772a5f		
Warnings:					
Information:					
33	Non Patent Literature	093-Kartal-Hodzic_2012.pdf	319884	no	60
			841053a841cfba914f344cc063158b83ea44ca41		
Warnings:					
Information:					
34	Non Patent Literature	094-Klein_1989.pdf	2440008	no	4
			e0d5e6be540b478973e99b9772442d6ec07fe2		
Warnings:					
Information:					
35	Non Patent Literature	095-Klein_1989.pdf	1315427	no	155
			57d7cc300ee36f10b7eed8410d056e5f2f343754		
Warnings:					
Information:					
36	Non Patent Literature	096-Kolaric_2006.pdf	336831	no	7
			3b3eb3dc3b55a6d128d42777372c24e3fa221a63		
Warnings:					
Information:					

37	Non Patent Literature	097-Koletzko_2005.pdf	78316	no	7
			bbd276aba6856a9bde6b47dda7b1dbffe19cb9e5		
Warnings:					
Information:					
38	Non Patent Literature	098-Komura_1993.pdf	1168701	no	5
			cdce467e67a1cd79912bb7a21876edc68d926f9d		
Warnings:					
Information:					
39	Non Patent Literature	099-Koo_1986.pdf	1358398	no	7
			b8bd0d7279dd3ea57b61eaa4bb536c6b0c2d3d2c0		
Warnings:					
Information:					
40	Non Patent Literature	100-Laine_1991.pdf	2155910	no	3
			4cce1658d3f945879a8f14c0970fd0154490ee5c		
Warnings:					
Information:					
41	Non Patent Literature	101-Lapillonne_2013.pdf	1511314	no	8
			080d7ef622bc2a79237adb0e3fa445190610b72		
Warnings:					
Information:					
42	Non Patent Literature	102-Larchet_1990.pdf	830003	no	5
			e80a73f2a65e2b0245466487c04834f334b9b986		
Warnings:					
Information:					
43	Non Patent Literature	103-Lee_2011.pdf	353226	no	23
			16f8dde601a0fa8eb6489ba02f9ad5899ea1f		
Warnings:					
Information:					

44	Non Patent Literature	104-Lee_2012.pdf	732138	no	3
			104b10827ecc93b8af2d3be3d87e152c01e4479		
Warnings:					
Information:					
45	Non Patent Literature	105-Leung_2014.pdf	488869	no	14
			77a56e040f5a9889990ea4bd899594cdb5274039		
Warnings:					
Information:					
46	Non Patent Literature	106-Leyden_1967.pdf	759860	no	4
			b5288713c10cb904ef28f3af569f0278f899201		
Warnings:					
Information:					
47	Non Patent Literature	107-Li_2015.pdf	297659	no	6
			e4de5bccd87cf26b698cb7fa8403c52f0cd02d8		
Warnings:					
Information:					
48	Non Patent Literature	108-Look_2000.pdf	160612	no	7
			3a9cb211c5790d22e2b015ccc518ee0dda522746		
Warnings:					
Information:					
49	Non Patent Literature	109-MacKay_2014.pdf	240918	no	5
			437c5f53ce4f877743862426438682a5833d7de		
Warnings:					
Information:					
50	Non Patent Literature	110-MacKay_1996.pdf	1014025	no	4
			a0d5035030c2a21d912e208f3805b13e755ce6e8		
Warnings:					
Information:					

51	Non Patent Literature	111-Malloy_1983.pdf	1603871	no	4
			f18bc8d169317651856c6ed8943e21316c0c82ae		
Warnings:					
Information:					
52	Non Patent Literature	112-Malloy_1982.pdf	131721	no	1
			3cb4bde9f43786749f0030df1ac04a22a7abae214		
Warnings:					
Information:					
53	Non Patent Literature	113-Malloy_1984.pdf	7544367	no	5
			5b588a19f9c53b9a3f997c307ccf4310a3372ab8		
Warnings:					
Information:					
54	Non Patent Literature	114-Malloy_1984.pdf	1587573	no	6
			869ce9bcc4f1080a0e869ace2a35c3096558b568		
Warnings:					
Information:					
55	Non Patent Literature	115-Manz_1993.pdf	1299739	no	2
			9fe6a934d25d13f0115ed8801767d6d935b2369e		
Warnings:					
Information:					
56	Non Patent Literature	116-Mattox_2016_Part_1.pdf	14986676	no	19
			712a7c5204827b14a731d5abc8901d3886e01b7b		
Warnings:					
Information:					
57	Non Patent Literature	116-Mattox_2016_Part_2.pdf	14960171	no	19
			ef220db5029e0798061a83fd0a07ade01da3aa54		
Warnings:					
Information:					

58	Non Patent Literature	117-McCarthy_2016.pdf	268234	no	10
			1f4827d6307680ae6328c7fabd2bd395067807ae		
Warnings:					
Information:					
59	Non Patent Literature	118-McClave_2016.pdf	1584202	no	53
			adf6b82217739b8610840045748e7843a55a1fcd		
Warnings:					
Information:					
60	Non Patent Literature	119-MetabolicProcessesintheFoetusandNewbornInfant_1971.pdf	14170505	no	317
			56e75a91d00d2e387f946644b537d2a5f2e19d7c		
Warnings:					
Information:					
Total Files Size (in bytes):				100014987	
<p>This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.</p> <p><u>New Applications Under 35 U.S.C. 111</u> If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.</p> <p><u>National Stage of an International Application under 35 U.S.C. 371</u> If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.</p> <p><u>New International Application Filed with the USPTO as a Receiving Office</u> If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.</p>					

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	16/248,460
				Filing Date	January 15, 2019
				First Named Inventor	John Maloney
				Art Unit	1612
Examiner Name	Benjamin J. Packard				
Attorney Docket Number	066859/509450				
Sheet	1	of	14		

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)				
	209	US 6,992,218 B2		01-31-2006	Dietlin et al.	
	001	US 7,323,206 B1		01-29-2008	Driscoll et al.	
	002	US 9,220,700 B2		12-29-2015	Savarese et al.	

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	003	"Guidelines for the Use of Parenteral and Enteral Nutrition in Adult and Pediatric Patients," ASPEN Board of Directors and the Clinical Guidelines Task Force, Journal of Parenteral and Enteral Nutrition, 26(1 Suppl.):1SA-138SA, (2002).	
	004	"ACETADOTE (acetylcysteine) injection, for intravenous use: Prescribing Information [package insert]," Cumberland Pharmaceuticals Inc., 12 pages, (2017).	
	005	"AMINOSYN [prescribing information and label]," Hospira, Inc., 19 pages, (2012).	
	006	"ASHP Guidelines on the Safe Use of Automated Compounding Devices for the Preparation of Parenteral Nutrition Admixtures," Automation and Information Technology—Guidelines, 63–67, (2000).	
	007	"Chapter 18: Preparation of Parenteral Nutrition," Aseptic Processing Manual, NHS Technical Specialist Education and Training Group, 24 pages, (2018).	
	008	"Cysteine Hydrochloride Injection [Material Safety Data Sheet]," Hospira Inc., 6 pages, (2011).	
	009	"Cysteine Hydrochloride Injection [prescribing information]," Hospira, Inc., 4 pages, (2004). [Retrieved from the Internet December 28, 2016: <URL: https://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=113819 >].	
	010	"Cysteine," TOXNET: Toxicology Data Network, National Library of Medicine HSDB Database, 20 pages, (2016). [Retrieved from the Internet June 27, 2017: <URL: https://toxnet.nlm.nih.gov/cgi-bin/sis/search/a?dbs+hsdb:@term+@DOCNO+2109 >].	
	011	"Cysteine: Pediatric drug information," Lexicomp, Inc., 4 pages, (1978).	
	012	"Determination That Cysteine Hydrochloride Injection, USP, 7.25%, Was Not Withdrawn From Sale for Reasons of Safety or Effectiveness," Federal Register, 75(107):31790-31791, (2010).	
	013	"Effect of L-Cysteine (Acetium® Capsules) in Restoration of the Structure and Function of Gastric Mucosa After H. pylori Eradication in Patients with Atrophic Gastritis. A randomized, controlled trial." Study Protocol, BIOHIT HealthCare, 45 pages, (2016).	
	014	"Guideline on the Use of Parenteral Nutrition in Neonatal and Paediatric Units," Clinical Practice Guideline, Royal College of Physicians in Ireland, 46 pages, (2016).	

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
			Attorney Docket Number	066859/509450
Sheet	2	of	14	
<i>(Use as many sheets as necessary)</i>				

015	"L-Cysteine [product information]," Sigma-Aldrich, Inc., 2 pages, (2003).
016	"L-CYSTEINE HYDROCHLORIDE [prescribing information and label]", Sandoz Inc., 6 pages, (2010).
017	"L-Cysteine Hydrochloride Injection, USP [prescribing information]," American Regent, Inc., 2 pages, (2009).
018	"PROSOL [prescribing information and label]," Baxter Healthcare Corporation, 14 pages, (2014).
019	"Safe Practices for Parenteral Nutrition Formulations," National Advisory Group on Standards and Practice Guidelines for Parenteral Nutrition, Journal of Parenteral and Enteral Nutrition, 22(2):49-66, (1998). [Retrieved from the Internet March 12, 2015: <URL: https://onlinelibrary.wiley.com/doi/10.1177/014860719802200249 >].
020	"Scientific Opinion on the safety and efficacy of L-cysteine hydrochloride monohydrate as a flavouring additive for pets," European Food Safety Authority Journal, 11(10):3437, 13 pages, (2013).
021	"The Provision of Parenteral Nutrition within Neonatal Services - A Framework for Practice," British Association of Perinatal Medicine, 27 pages, (2016).
022	"TRAVASOL [prescribing information and label]," Baxter Healthcare Corporation, 19 pages, (2017).
023	"TROPHAMINE [prescribing information and label]," B. Braun Medical Inc., 21 pages, (2014).
024	"TROPHAMINE® (Amino Acid Injections) [package insert]," B. Braun Medical Inc., pp. 5-16, (2003).
025	ABDULRAZIK et al., "Formulation for Slow Release of Oral Radiation-Protection Drugs," Int. J. Nucl. Med. Biol., 11(1):53-54, (1984).
026	ADVENIER et al., "Aluminum Contamination of Parenteral Nutrition and Aluminum Loading in Children on Long-Term Parenteral Nutrition," Journal of Pediatric Gastroenterology and Nutrition, 36(4):448-453, (2003). [Retrieved from the Internet June 6, 2018: <URL: https://journals.lww.com/jpgn/Fulltext/2003/04000/Aluminum_Contamination_of_Parenteral_Nutrition_and.5.aspx#pdf-link >].
027	ALLEN, Jr., Loyd V., "L-Cysteine Hydrochloride 50 mg/mL Injection," U.S. Pharmacist, 36(9):41-42, (2011). [Retrieved from the Internet May 26, 2016: <URL: https://www.uspharmacist.com/article/cysteinehydrochloride50mgmlinjection >].
028	ALLEN, Loyd V., "Chapter 1: Guidelines for Compounding Practices," The Art, Science, and Technology of Pharmaceutical Compounding, 4th Ed.:1-18, (2012).
029	ALLWOOD et al., "Compatibility and Stability of Additives in Parenteral Nutrition Admixtures," Nutrition, 14(9):697-706, (1998).
030	ANDERSON et al., "Physical Compatibility of Calcium Chloride and Sodium Glycerophosphate in Pediatric Parenteral Nutrition Solutions," Journal of Parenteral and Enteral Nutrition, 40(8):1166-1169, (2016, Epub. 2015). [Retrieved from the Internet October 24, 2015: <URL: https://onlinelibrary.wiley.com/doi/epdf/10.1177/0148607115592673 >].
031	AYERS et al., "A.S.P.E.N. Parenteral Nutrition Safety Consensus Recommendations," Scholarship and Professional Work – COPHS, Butler University, 66 pages, (2014).

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>			Application Number	16/248,460	
			Filing Date	January 15, 2019	
			First Named Inventor	John Maloney	
			Art Unit	1612	
			Examiner Name	Benjamin J. Packard	
Sheet	3	of	14	Attorney Docket Number	066859/509450

032	BAINES et al., "The Association Between Cysteine, Bone Turnover, and Low Bone Mass," <i>Calcif Tissue Int</i> , 81(6):450-454, (2007).
033	BALOGH, Judit Kovácsné, "Preparation and examination of TPN systems for the individual clinical therapy," (Ph.D. Thesis), Semmelweis University, Hungary, 116 pages, (2007).
034	BENGOA et al., "Amino acid-induced hypercalciuria in patients on total parenteral nutrition," <i>The American Journal of Clinical Nutrition</i> , 38(2):264-269, (1983). [Retrieved from the Internet December 14, 2017: <URL: https://academic.oup.com/ajcn/article-abstract/38/2/264/4690894 >].
035	BETTNER et al., "Effects of pH, Temperature, Concentration, and Time on Particle Counts in Lipid-Containing Total Parenteral Nutrition Admixtures," <i>Journal of Parenteral and Enteral Nutrition</i> , 10(4):375-380, (1986). [Retrieved from the Internet March 10, 2015: <URL: https://onlinelibrary.wiley.com/doi/epdf/10.1177/0148607186010004375 >].
036	BISHOP et al., "Aluminum Neurotoxicity in Preterm Infants Receiving Intravenous-Feeding Solutions," <i>The New England Journal of Medicine</i> , 336(22):1557-1561, (1997). [Retrieved from the Internet June 5, 2018: <URL: https://www.nejm.org/doi/full/10.1056/NEJM199705293362203 >].
037	BISTRIAN, Bruce R., "Brief History of Parenteral and Enteral Nutrition in the Hospital in the USA," <i>Nestlé Nutr Inst Workshop Ser Clin Perform Program</i> , 12:127-136, (2009).
038	BJELTON et al., "Availability of Cysteine and of L-2-Oxo-Thiazolidine-4-Carboxylic Acid as a Source of Cysteine in Intravenous Nutrition," <i>Journal of Parenteral and Enteral Nutrition</i> , 14(2):177-182, (1990).
039	BOHRER et al., "Aluminum Loading in Preterm Neonates Revisited," <i>JPGN</i> , 51(2):237-241, (2010).
040	BORGES-SANTOS et al., "Plasma glutathione of HIV+ patients responded positively and differently to dietary supplementation with cysteine or glutamine," <i>Nutrition</i> , 28(7-8):753-756, (2012).
041	BOULLATA et al., "A.S.P.E.N. Clinical Guidelines: Parenteral Nutrition Ordering, Order Review, Compounding, Labeling, and Dispensing," <i>Journal of Parenteral and Enteral Nutrition</i> , 38(3):334-377, (2014).
042	BRIGHAM et al., "The Concentrations of Cysteine and Cystine in Human Blood Plasma," <i>J Clin Invest</i> , 39(11):1633-1638, (1960).
043	BROWN et al., "Potential Aluminum Exposure from Parenteral Nutrition in Patients with Acute Kidney Injury," <i>The Annals of Pharmacotherapy</i> , 42(10):1410-1415, (2008).
044	BULBUL et al., "Letter to the Editor: Nutritional support in preterm infants," <i>Pediatrics and Neonatology</i> , 58(6):562, (2017).
045	BULLOCK et al., "Emulsion Stability in Total Nutrient Admixtures Containing a Pediatric Amino Acid Formulation," <i>Journal of Parenteral and Enteral Nutrition</i> , 16(1):64-68, (1992). [Retrieved from the Internet February 10, 2015: <URL: https://onlinelibrary.wiley.com/doi/pdf/10.1177/014860719201600164 >].
046	CALKINS et al., "Effect of High-Dose Cysteine Supplementation on Erythrocyte Glutathione: a Double-Blinded, Randomized Placebo Controlled Pilot Study in Critically Ill Neonates," <i>JPEN J Parenter Enteral Nutr.</i> , 40(2):226-234, (2016).

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	4	of	14	

047	CARLSON et al., "Neonatal Parenteral and Enteral Nutrition: A Resource Guide for the Student and Novice Neonatal Nurse Practitioner," National Association of Neonatal Nurse Practitioners, 23 pages, (2010).
048	CONNELLY et al., "Congenital Hypothyroidism Caused by Excess Prenatal Maternal Iodine Ingestion," The Journal of Pediatrics, 161(4):760-762, (2012).
049	COURTNEY-MARTIN et al., "Plasma Aluminum Concentrations in Pediatric Patients Receiving Long-Term Parenteral Nutrition," Journal of Parenteral and Enteral Nutrition, 39(5):578-585, (2014).
050	COURTNEY-MARTIN et al., "The Addition of Cysteine to the Total Sulphur Amino Acid Requirement as Methionine Does Not Increase Erythrocytes Glutathione Synthesis in the Parenterally Fed Human Neonate," Pediatric Research, 67(3):320-324, (2010).
051	DARKWA et al., "Antioxidant Chemistry: Oxidation of L-Cysteine and Its Metabolites by Chlorite and Chlorine Dioxide," J. Phys. Chem. A., 108(26):5576-5587, (2004).
052	DE CLOET et al., "Physicochemical stable standard all-in-one parenteral nutrition admixtures for infants and children in accordance with the ESPGHAN/ESPEN guidelines," Nutrition, 49:41-47, (2018).
053	DELANGE, F., "Optimal Iodine Nutrition during Pregnancy, Lactation and the Neonatal Period," Int J Endocrinol Metab, 2(1):1-12, (2004).
054	DELANGE, Francois, "Iodine deficiency in Europe and its consequences: an update," Eur J Nucl Med, 29(Suppl. 2):S404-S416, (2002).
055	DELANGE, Francois, "Iodine requirements during pregnancy, lactation and the neonatal period and indicators of optimal iodine nutrition," Public Health Nutrition: 10(12A):1571-1580, (2007).
056	Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids, The National Academies Press, 1358 pages, (2002). [Retrieved from the Internet December 12, 2017: <URL: http://www.nap.edu/10490 >].
057	Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc, National Academy Press, 800 pages, (2000). [Retrieved from the Internet December 16, 2018: <URL: http://www.nap.edu/catalog/10026.html >].
058	DILGER et al., "Excess Dietary L-Cysteine, but Not L-Cystine, Is Lethal for Chicks but Not for Rats or Pigs," The Journal of Nutrition, 137(2):331-338, (2007). [Retrieved from the Internet June 28, 2017: <URL: https://academic.oup.com/jn/article/137/2/331/4664534 >].
059	DOMINGO et al., "Risks of aluminium exposure during pregnancy," Contributions to Science, 1(4):479-487, (2000).
060	DUMORTIER et al., "Development of a Thermogelling Ophthalmic Formulation of Cysteine," Drug Development and Industrial Pharmacy, 32(1):63-72, (2006). [Retrieved from the Internet May 12, 2015: <URL: https://www.tandfonline.com/doi/full/10.1080/03639040500390934 >].
061	EL-SHENAWY et al., "Nephrotoxicity of sodium valproate and protective role of L-cysteine in rats at biochemical and histological levels," J Basic Clin Physiol Pharmacol, 27(5):497-504, (2016). [Retrieved from the Internet May 4, 2016: <URL: https://www.degruyter.com/view/j/jbcpp.2016.27.issue-5/jbcpp-2015-0106/jbcpp-2015-0106.xml >].

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	5	of	14	

062	FEWTRELL et al., "Aluminium exposure from parenteral nutrition in preterm infants and later health outcomes during childhood and adolescence," Symposium 2: Micronutrients under the Microscope, Proceedings of the Nutrition Society, 70(3):299-304, (2011). [Retrieved from the Internet June 4, 2018: <URL: https://www.cambridge.org/core/journals/proceedings-of-the-nutrition-society/article/aluminium-exposure-from-parenteral-nutrition-in-preterm-infants-and-later-health-outcomes-during-childhood-and-adolescence/F5D0A6109616E8C9D7F8C2C707213860/core-reader >].
063	FLORA et al., "Chelation in Metal Intoxication," Int. J. Environ. Res. Public Health, 7(7):2745-2788, (2010).
064	FORTENBERRY et al., "Evaluating Differences in Aluminum Exposure through Parenteral Nutrition in Neonatal Morbidities," Nutrients, 9(11):E1249, 6 pages, (2017).
065	FREY et al., "Confirming the Causative Role of Acetaminophen in Indeterminate Acute Liver Failure Using Acetaminophen-Cysteine Adducts," J. Med. Toxicol., 11(2):218-222, (2015).
066	FURST et al., "Parenteral nutrition by a solution of crystalline amino acids," Acta Med Scand Suppl., 472:283-293, (1967).
067	FUSCH et al., "Neonatology/Paediatrics – Guidelines on Parenteral Nutrition, Chapter 13," GMS German Medical Science, 7(Doc15):23 pages, (2009).
068	GHIRRI et al., "Iodine Supplementation in the Newborn," Nutrients, 6(1):382-390, (2014).
069	GURA et al., "Aluminum contamination in products used in parenteral nutrition: Has anything changed?" Nutrition, 26(6):585-594, (2010).
070	GURA et al., "Recent developments in aluminium contamination of products used in parenteral nutrition," Curr Opin Clin Nutr Metab Care, 9(3):239-246, (2006).
071	HARDY et al., "Formulation, Stability, and Administration of Parenteral Nutrition With New Lipid Emulsions," Nutrition in Clinical Practice, 24(5):616-625, (2009).
072	HARDY et al., "P.83: Stability of aqueous cysteine solutions for TPN [Abstract]," Clinical Nutrition, 12(Suppl 2):61, (1993).
073	HARMAN et al., "Free Radical Metabolites of L-Cysteine Oxidation," The Journal of Biological Chemistry, 259(9):5606-5611, (1984). [Retrieved from the Internet February 6, 2017: <URL: http://www.jbc.org/content/259/9/5606.full.pdf >].
074	HEIRD et al., "Pediatric Parenteral Amino Acid Mixture in Low Birth Weight Infants," Pediatrics, 81(1):41-50, (1988). [Retrieved from the Internet December 8, 2017: <URL: http://pediatrics.aappublications.org/content/81/1/41 >].
075	HELLSTRÖM et al., "Sa1863. L-Cysteine Slow-Release Capsule Formulation in Prevention of Gastric Carcinogenesis Associated With Atrophic Gastritis," AGA Abstracts, 146(5, Suppl 1):S-315, (2014).
076	HELMS et al., "Cysteine supplementation results in normalization of plasma taurine concentrations in children receiving home parenteral nutrition," J Pediatr, 134(3):358-361, (1999).
077	HERNÁNDEZ-SÁNCHEZ et al., "Aluminium in parenteral nutrition: a systematic review," European Journal of Clinical Nutrition, 67(3):230-238, (2013).

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	6	of	14	

078	HEYMAN et al., "Aluminum Does Not Accumulate in Teenagers and Adults on Prolonged Parenteral Nutrition Containing Free Amino Acids," Journal of Parenteral and Enteral Nutrition, 10(1):86-87, (1986).
079	HO et al., "Trend of Nutritional Support in Preterm Infants," Pediatrics and Neonatology, 57(5):365-370, (2016).
080	HU et al., "Efficacy and safety of acetylcysteine in "non-acetaminophen" acute liver failure: A meta-analysis of prospective clinical trials," Clin Res Hepatol Gastroenterol, 39(5):594-599, (2015).
081	HULST, Jessie, "Principles of feeding the preterm infant," 36th ESPEN Congress, Geneva, 44 pages, (2014).
082	HUSTON et al., "Calcium Chloride in Neonatal Parenteral Nutrition Solutions with and without Added Cysteine: Compatibility Studies Using Laser and Micro-Flow Imaging Methodology," PLoS ONE, 10(8):e0136894, (2015).
083	HUSTON et al., "Calcium chloride in neonatal parenteral nutrition: A 15 year experience," Journal of Neonatal-Perinatal Medicine, 10(1):33-38, (2017).
084	HUSTON et al., "Calcium Chloride in Neonatal Parenteral Nutrition: Compatibility Studies Using Laser Methodology," PLoS ONE, 9(9):e106825, (2014).
085	ISHII et al., "A case of drug-induced ductopenia resulting in fatal biliary cirrhosis," Liver, 13(4):227-231, (1993).
086	ISHII et al., "Cystathionine γ -Lyase-deficient Mice Require Dietary Cysteine to Protect against Acute Lethal Myopathy and Oxidative Injury," The Journal of Biological Chemistry, 285(34):26358-26368, (2010).
087	JADHAV et al., "Parenteral Amino Acid and Metabolic Acidosis in Premature Infants," JPEN J Parenter Enteral Nutr., 31(4):278-283, (2007).
088	JANAKY et al., "Mechanisms of L-Cysteine Neurotoxicity," Neurochemical Research, 25(9/10):1397-1405 (2000).
089	Jl et al., "Excessive L-cysteine induces vacuole-like cell death by activating endoplasmic reticulum stress and mitogen-activated protein kinase signaling in intestinal porcine epithelial cells," Amino Acids, 48(1):149-156, (2015).
090	JOHN et al., "Total parenteral nutrition usage trends in the United States," Journal of Critical Care, 40:312-313, (2017).
091	KARTAL et al., "Compatibility of chewing gum excipients with the amino acid L-cysteine and stability of the active substance in directly compressed chewing gum formulation," Journal of Pharmacy and Pharmacology, 60(9):1131-1138, (2008).
092	KARTAL et al., "Formulation and in-vivo evaluation of L-cysteine chewing gums for binding carcinogenic acetaldehyde in the saliva during smoking," Journal of Pharmacy and Pharmacology, 59(10):1353-1358, (2007).
093	KARTAL-HODZIC, Alma, "Formulation studies for eliminating saliva carcinogenic acetaldehyde with L-cysteine containing chewing gum," (Academic Dissertation), Division of Biopharmaceutics and Pharmacokinetics, University of Helsinki, Finland, 60 pages, (2012).

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	7	of	14	

094	KLEIN et al., "Hypocalcemia Complicating Deferoxamine Therapy in an Infant with Parenteral Nutrition-Associated Aluminum Overload: Evidence for a Role of Aluminum in the Bone Disease of Infants," Journal of Pediatric Gastroenterology and Nutrition, 9(3):400-403, (1989). [Retrieved from the Internet June 5, 2018: <URL: https://journals.lww.com/jpgn/Abstract/1989/10000/Hypocalcemia_Complicating_Deferoxamine_Therapy_in.24.aspx >].
095	KLEIN, Catherine J., "Nutrient Requirements For Preterm Infant Formulas," The Journal of Nutrition, 132(6 Suppl 1):1395S-1577S, (2002). [Retrieved from the Internet December 6, 2017: <URL: http://jn.nutrition.org >].
096	KOLARIC et al., "Solutions Preparing for Total Parenteral Nutrition for Children," Proceedings of the 7th WSEAS International Conference on Mathematics & Computers in Biology & Chemistry, Cavtat, Croatia, 6 pages, (2006).
097	KOLETZKO et al., "Guidelines on Paediatric Parenteral Nutrition: 3. Amino Acids," J. Pediatr. Gastroenterol. Nutr., 41(Suppl. 2):S12-S18, (2005).
098	KOMURA et al., "Increased Incidence of Cholestasis during Total Parenteral Nutrition in Children," The Kurume Medical Journal, 40(1):7-11, (1993).
099	KOO et al., "Response to aluminum in parenteral nutrition during infancy," The Journal of Pediatrics, 109(5):877-883, (1986).
100	LAINE et al., "Cysteine usage increases the need for acetate in neonates who receive total parenteral nutrition," The American Journal of Clinical Nutrition, 54(3):565-567, (1991). [Retrieved from the Internet April 14, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/54/3/565/4694399 >].
101	LAPILLONNE et al., "Quality of newborn care: adherence to guidelines for parenteral nutrition in preterm infants in four European countries," BMJ Open, 3(9):E003478, 8 pages, (2013). [Retrieved from the Internet June 6, 2018: <URL: https://bmjopen.bmj.com/content/3/9/e003478 >].
102	LARCHET et al., "Aluminium Loading in Children Receiving Long-term Parenteral Nutrition," Clinical Nutrition, 9(2):79-83, (1990).
103	LEE et al., "AASLD Position Paper: The Management of Acute Liver Failure: Update 2011," Hepatology, 1-22 and Corrections, (2011).
104	LEE et al., "Introduction to the Revised American Association for the Study of Liver Diseases Position Paper on Acute Liver Failure 2011," Hepatology, 55(3):965-967, (2012).
105	LEUNG et al., "Consequences of excess iodine," Nat Rev Endocrinol., 10(3):136-142, (2014).
106	LEYDEN et al., "Stabilization of Solutions of Cysteine and its Derivatives," Can. J. Biochem., 45(4):611-614, (1967). [Retrieved from the Internet November 12, 2014: <URL: https://www.nrcresearchpress.com/doi/pdf/10.1139/o67-071 >].
107	LI et al., "Acute and sub-chronic toxicity of glucose-cysteine Maillard reaction products in Sprague-Dawley rats," Food and Chemical Toxicology, 80:271-276, (2015).
108	LOOK et al., "Is the Increase in Serum Cystathionine Levels in Patients with Liver Cirrhosis a Consequence of Impaired Homocysteine Transsulfuration at the Level of γ -Cystathionase?," Scand J Gastroenterol, 35(8):866-872, (2000). [Retrieved from the Internet October 25, 2014: <URL: https://www.tandfonline.com/doi/abs/10.1080/003655200750023255 >].

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
			Attorney Docket Number	066859/509450
Sheet	8	of	14	
<i>(Use as many sheets as necessary)</i>				

109	MACKAY et al., "Physical Compatibility of Sodium Glycerophosphate and Calcium Gluconate in Pediatric Parenteral Nutrition Solutions," JPEN J Parenter Enteral Nutr, 39(6):725-728, (2015, Epub. 2014). [Retrieved from the Internet April 6, 2014: <URL: http://pen.sagepub.com/content/early/2014/03/31/0148607114528982 >].		
110	MACKAY et al., "The Solubility of Calcium and Phosphate in Two Specialty Amino Acid Solutions," Journal of Parenteral and Enteral Nutrition, 20(1):63-66, (1996). [Retrieved from the Internet April 17, 2015: <URL: https://onlinelibrary.wiley.com/doi/epdf/10.1177/014860719602000163 >].		
111	MALLOY et al., "Cyst(e)ine measurements during total parenteral nutrition," The American Journal of Clinical Nutrition, 37(2):188-191, (1983). [Retrieved from the Internet April 14, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/37/2/188/4690722 >].		
112	MALLOY et al., "Cysteine Supplementation During Total Parenteral Nutrition (TPN) [Abstract]," Clinical Nutrition, 1(Suppl.):49, (1982).		
113	MALLOY et al., "Cysteine Supplementation of Total Parenteral Nutrition: the Effect in Beagle Pups," Pediatric Research, 18(8):747-751, (1984).		
114	MALLOY et al., "Total Parenteral Nutrition in Sick Preterm Infants: Effects of Cysteine Supplementation with Nitrogen Intakes of 240 and 400 mg/kg/day," Journal of Pediatric Gastroenterology and Nutrition, 3(2):239-244, (1984).		
115	MANZ, Friedrich, "L-Cysteine in metabolic acidosis of low-birth-weight infants," Am J Clin Nutr, 57(3):455-456, (1993). [Retrieved from the Internet April 16, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/57/3/455/4715721 >].		
116	MATTOX et al., "Chapter 142: Parenteral Nutrition," Pharmacotherapy: A Pathophysiologic Approach, 10e, McGraw Hill, Ed. Joseph T. DiPiro et al., 38 pages, (2016). [Retrieved from the Internet December 5, 2017: <URL: https://accesspharmacy.mhmedical.com/content.aspx?bookid=1861&sectionid=146076679 >].		
117	MCCARTHY et al., "Standardised versus Individualized Parenteral Nutrition," Irish Medical Journal, 109(4):10 pages, (2016). [Retrieved from the Internet June 6, 2018: <URL: http://imj.ie/standardised-versus-individualised-parenteral-nutrition-further-food-for-thought/ >].		
118	MCCLAVE et al., "Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.)," Journal of Parenteral and Enteral Nutrition, 40(2):159-211, (2016).		
119	Metabolic Processes in the Foetus and Newborn Infant, Nutricia Symposium, Ed. J. H. P. Jonxis et al., H. E. Stenfert Kroese N.V., 317 pages, (1971).		
120	MILLER et al., "Decreased Cysteine and Proline Synthesis in Parenterally Fed, Premature Infants," Journal of Pediatric Surgery, 30(7):953-958, (1995).		
121	MILLER, Sarah J., "Parenteral Nutrition," U.S. Pharmacist, 7(HS10-HS20):31 pages, (2006). [Retrieved from the Internet September 26, 2018: <URL: https://www.uspharmacist.com/article/parenteral-nutrition >].		
122	MIRTALLO et al., "Safe Practices for Parenteral Nutrition," Journal of Parenteral and Enteral Nutrition, 28(6):S39-S70, (2004). [Retrieved from the Internet January 23, 2014: <URL: https://journals.sagepub.com/doi/abs/10.1177/0148607104028006s39 >].		
123	MORENO et al., "Aluminium in the neonate related to parenteral nutrition," Acta Paediatr, 83(1):25-29, (1994).		
Examiner Signature		Date Considered	

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	9	of	14	

	124	MORENO VILLARES et al., "Current use of parenteral nutrition in a pediatric hospital. Comparison to the practise 8 years ago," Nutr. Hosp., 20(1):46-51, (2005).	Yes
	125	MUHLEBACH, Stefan, "Parenteral Nutrition: The Role of the Pharmacist in the Era of 3-chamber Bags," 27th ESPEN Congress, Brussels, 49 pages, (2005).	
	126	MUNDI et al., "Prevalence of Home Parenteral and Enteral Nutrition in the United States [Abstract]," Nutr Clin Pract., 32(6):799-805, (2017). [Retrieved from the Internet June 6, 2018: <URL: http://journals.sagepub.com/doi/pdf/10.1177/0884533617718472 >].	
	127	MURPHY et al., "Annual Summary of Vital Statistics: 2013–2014," Pediatrics, 139(6):e20163239, (2017). [Retrieved from the Internet June 6, 2018: <URL: http://pediatrics.aapublications.org/content/139/6/e20163239 >].	
	128	NGUYEN et al., "Effect of Increasing Glutathione With Cysteine and Glycine Supplementation on Mitochondrial Fuel Oxidation, Insulin Sensitivity, and Body Composition in Older HIV-Infected Patients," J Clin Endocrinol Metab., 99(1):169-177, (2014). [Retrieved from the Internet December 12, 2017: <URL: https://academic.oup.com/jcem/article-abstract/99/1/169/2836223 >].	
	129	NIERMEYER et al., "Optimized calcium/phosphorus solubility in a parenteral nutrition solution containing dicarboxylic amino acids and cysteine," Journal of the American College of Nutrition, 5(5):459-466, (1986). [Retrieved from the Internet April 21, 2015: <URL: https://www.tandfonline.com/doi/pdf/10.1080/07315724.1986.10720149 >].	
	130	NISHIYAMA et al., "Transient Hypothyroidism or Persistent Hyperthyrotropinemia in Neonates Born to Mothers with Excessive Iodine Intake," Thyroid, 14(2):1077-1083, (2004).	
	131	OLNEY et al., "Brain Damage in Infant Mice following Oral Intake of Glutamate, Aspartate or Cysteine," Nature, 227(5258):609-611, (1970).	
	132	O'NEAL et al., "Compliance with safe practices for preparing parenteral nutrition formulations," Am J Health Syst Pharm, 59(3):264-269, (2002).	
	133	PARIKH et al., "Physical compatibility of neonatal total parenteral nutrient admixtures containing organic calcium and inorganic phosphate salts," Am J Health Syst Pharm, 62(11):1177-1183, (2005).	
	134	PATANWALA et al., "Antiemetic Therapy for Nausea and Vomiting in the Emergency Department," The Journal of Emergency Medicine, 39(3):330-336, (2010).	
	135	PATEL et al., "Total parenteral nutrition for premature infants: practice aspects," Journal of Nature and Science (JNSC), 3(1):e301, 6 pages, (2017).	
	136	PATT et al., "Cysteine Protection against X Irradiation," Science, 110(2852):213-214, (1949).	
	137	PAULIKOVA et al., "Iodine toxicity in ruminants," Vet. Med. - Czech, 47(12):343-350, (2002).	
	138	PERTKIEWICZ et al., "Basics in clinical nutrition: Stability of parenteral nutrition admixtures," e-SPEN, the European e-Journal of Clinical Nutrition and Metabolism, 4(3):e117-e119, (2009).	
	139	PLOGSTED et al., "Parenteral Nutrition L-Cysteine Product Shortage Considerations," Nutrition in Clinical Practice, 30(4):579-580, (2015).	
	140	POOLE et al., "Aluminum Exposure From Pediatric Parenteral Nutrition: Meeting the New FDA Regulation," Journal of Parenteral and Enteral Nutrition, 32(3):242-246, (2008).	

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>			Application Number	16/248,460	
			Filing Date	January 15, 2019	
			First Named Inventor	John Maloney	
			Art Unit	1612	
			Examiner Name	Benjamin J. Packard	
Sheet	10	of	14	Attorney Docket Number	066859/509450

141	POOLE et al., "Aluminum Exposure in Neonatal Patients Using the Least Contaminated Parenteral Nutrition Solution Products," <i>Nutrients</i> , 12(4):1566-1574, (2012).
142	PYATI et al., "Absorption of iodine in the neonate following topical use of povidone iodine," <i>The Journal of Pediatrics</i> , 91(5):825-828, (1977).
143	RABBANI et al., "Glycation research in amino acids: a place to call home," <i>Amino Acids</i> , 42:1087-1096, (2012). [Retrieved from the Internet May 10, 2016: <URL: https://www.researchgate.net/publication/47567399 >].
144	RASSIN, David Keith, "Essential and Non-essential Amino Acids in Neonatal Nutrition," <i>Protein Metabolism During Infancy</i> , 33:183-195, (1994).
146	RIEDIJK et al., "Cyst(e)ine Requirements in Enterally Fed Very Low Birth Weight Preterm Infants," <i>Pediatrics</i> , 121(3):e561-e567, (2008). [Retrieved from the Internet April 10, 2015: <URL: http://pediatrics.aappublications.org/content/121/3/e561.full.html >].
147	RIEDIJK et al., "Cysteine: a conditionally essential amino acid in low-birth-weight preterm infants?," <i>The American Journal of Clinical Nutrition</i> , 86(4):1120-1125, (2007). [Retrieved from the Internet April 13, 2015: <URL: https://academic.oup.com/ajcn/article/86/4/1120 >].
148	RIEDIJK, M.A., "Neonatal Sulfur Amino Acid Metabolism," (Thesis), Erasmus Universiteit Rotterdam, the Netherlands, 176 pages, (2008).
149	RIPPS et al., "Review: Taurine: A "very essential" amino acid," <i>Molecular Vision</i> , 18:2673-2686, (2012).
150	RUBALTELLI et al., "Parenteral Nutrition of the Newborn," <i>Feeding the Sick Infant</i> , Nestlé Nutrition Workshop Series, 11:241-255, (1987).
151	SALASPURO et al., "Eliminating Carcinogenic Acetaldehyde By Cysteine From Saliva During Smoking," <i>Cancer Epidemiol Biomarkers Prev</i> , 15(1):146-149, (2006). [Retrieved from the Internet May 26, 2016: <URL: http://cebp.aacrjournals.org/content/15/1/146 >].
152	SALASPURO et al., "Removal of Acetaldehyde 2from Saliva by a Slow-Release Buccal Tablet of L-Cysteine," <i>Int. J. Cancer</i> , 97(3):361-364, (2002).
153	SANDILANDS et al., "Adverse reactions associated with acetylcysteine," <i>Clinical Toxicology</i> , 47(2):81-88, (2009). [Retrieved from the Internet July 10, 2014: <URL: https://www.tandfonline.com/doi/full/10.1080/15563650802665587 >].
154	SAWAMOTO et al., "Development of Sperm Granulomas in the Epididymides of L-Cysteine-Treated Rats," <i>Toxicologic Pathology</i> , 31(3):281-289, (2003).
155	SAWAMOTO et al., "Four-Week Intravenous Repeated Dose Toxicity Study of L-Cysteine in Male Rats," <i>The Journal of Toxicological Sciences</i> , 28(2):95-107, (2003).
156	SAWAMOTO et al., "L-Cysteine-induced brain damage in adult rats," <i>Experimental and Toxicologic Pathology</i> , 56(1-2):45-52, (2004).
157	SCHANLER et al., "Parenteral nutrition in premature infants," <i>UptoDate</i> , 23 pages, (2014).
158	SCHMIDT et al., "Cost Containment Using Cysteine HCl Acidification to Increase Calcium/Phosphate Solubility in Hyperalimentation Solutions," <i>Journal of Parenteral and Enteral Nutrition</i> , 10(2):203-207, (1986). [Retrieved from the Internet April 2, 2015: <URL: https://onlinelibrary.wiley.com/doi/10.1177/0148607186010002203 >].

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
			Attorney Docket Number	066859/509450
Sheet	11	of	14	
<i>(Use as many sheets as necessary)</i>				

159	SCHULPIS et al., "L-Cysteine supplementation protects the erythrocyte glucose-6-phosphate dehydrogenase activity from reduction induced by forced training," <i>Clinical Biochemistry</i> , 39(10):1002-1006, (2006).
160	SEARS, Margaret E., "Chelation: Harnessing and Enhancing Heavy Metal Detoxification—A Review," <i>The Scientific World Journal</i> , 2013(219840):13 pages, (2013).
161	SEGAL et al., "Delineation of Cystine and Cysteine Transport Systems in Rat Kidney Cortex by Developmental Patterns," <i>Proc Natl Acad Sci USA</i> , 63(3):926-933, (1969).
162	SHELTON et al., "Plasma Amino Acid Concentrations in 108 Children Receiving a Pediatric Amino Acid Formulation as Part of Parenteral Nutrition," <i>J Pediatr Pharmacol Ther</i> , 15(2):110-118, (2010).
163	SHEW et al., "Assessment of cysteine synthesis in very low-birth weight neonates using a [¹³ C ₆]glucose tracer," <i>Journal of Pediatric Surgery</i> , 40(1):52-56, (2005).
164	SHEW et al., "Improved Protein Metabolism in Neonates Receiving Parenteral Cysteine Supplementation," <i>Pediatric Research</i> , 45(290A), 3 pages, (1999). [Retrieved from the Internet April 18, 2018: <URL: http://www.nature.com/articles/pr19991842 >].
165	SHULMAN et al., "Parenteral Nutrition in Infants and Children," <i>Journal of Pediatric Gastroenterology and Nutrition</i> , 36(5):587-607, (2003).
166	SHULMAN et al., "Reply to F Manz," <i>Am J Clin Nutr</i> , 57(3):456, (1993). [Retrieved from the Internet April 16, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/57/3/456/4715642 >].
167	SIDHU et al., "L-Cysteine and Sodium Hydrosulphide Inhibit Spontaneous Contractility in Isolated Pregnant Rat Uterine Strips in vitro," <i>Pharmacology & Toxicology</i> , 88(4):198-203, (2001).
168	SIMMER et al., "Standardised Parenteral Nutrition," <i>Nutrients</i> , 5(4):1058-1070, (2013).
169	SINGER et al., "ESPEN Guidelines on Parenteral Nutrition: Intensive care," <i>Clinical Nutrition</i> , 28(4):387-400, (2009).
170	SINGH et al., "Physical compatibility of neonatal total parenteral nutrition admixtures containing organic calcium and inorganic phosphate salts in a simulated infusion at 37°C," <i>Pediatr Crit Care Med</i> , 10(2):213-216, (2009).
171	SMITH et al., "Effect of additive selection on calculated aluminum content of parenteral nutrient solutions," <i>Am. J. Health Syst. Pharm.</i> , 64(7):730-739, (2007).
172	SOGHIER et al., "Cysteine, cystine or N-acetylcysteine supplementation in parenterally fed neonates (Updates)," <i>Cochrane Database of Systematic Reviews</i> , 4(CD004869):13 pages, (2009). [Retrieved from the Internet April 14, 2015: <URL: https://www.nichd.nih.gov/cochrane_data/brionl_07/brionl_07.html >].
173	SOGHIER et al., "Cysteine, cystine or N-acetylcysteine supplementation in parenterally fed neonates," <i>Cochrane Database of Systematic Reviews</i> , 4(CD004869):40 pages, (2006).
174	STAUN et al., "ESPEN Guidelines on Parenteral Nutrition: Home Parenteral Nutrition (HPN) in adult patients," <i>Clinical Nutrition</i> , 28(4):467-479, (2009).
175	STAWNY et al., "Pharmaceutical Point of View on Parenteral Nutrition," Hindawi Publishing Corporation, 2013(415310), 9 pages, (2013).

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	12	of	14	

176	STIPANUK et al., "Mammalian Cysteine Metabolism: New Insights into Regulation of Cysteine Metabolism," <i>The Journal of Nutrition</i> , 136(6 Suppl):1652S-1659S, (2006). [Retrieved from the Internet February 7, 2017: <URL: http://jn.nutrition.org >].
177	STORM et al., "Cysteine Supplementation Normalizes Plasma Taurine Concentrations in Low Birth Weight Premature Infants Requiring Parenteral Nutrition Support [Abstract]," <i>Nutrition Week 2003 Abstracts</i> , 27(1):S4-S5, (2003).
178	STURMAN et al., "Absence of Cystathionase in Human Fetal Liver: Is Cystine Essential?," <i>Science</i> , 169(3940):74-76, (1970). [Retrieved from the Internet December 5, 2017: <URL: https://science.sciencemag.org/content/169/3940/74/tab-pdf >].
179	SZWERGOLD et al., "Transglycation—A Potential New Mechanism for Deglycation of Schiff's Bases," <i>Ann. N.Y. Acad. Sci.</i> , 1043:845-864, (2005).
180	TE BRAAKE et al., "High-Dose Cysteine Administration Does Not Increase Synthesis of the Antioxidant Glutathione Preterm Infants," <i>Pediatrics</i> , 124(5):e978-e984, (2009). [Retrieved from the Internet May 29, 2015: <URL: http://pediatrics.aappublications.org/content/124/5/e978.full.html >].
181	TELESSY et al., "Kinetic stability of all-in-one parenteral nutrition admixtures in the presence of high dose Ca ²⁺ additive under clinical application circumstances," <i>Nutrition Journal</i> , 11(32):5 pages, (2012).
182	THIBAUT, Maxime, "Possible Incompatibility between Amino Acids and Copper in Solutions for Pediatric Parenteral Nutrition," <i>CJHP</i> , 67(2):160-164, (2014).
183	THOMAS, David L., "Recommended Pinnacle® Compounder Ingredient Mixing Sequence," LDT Health Solutions, Inc., 4 pages, (2012).
184	THOMOVSKY et al., "Parenteral Nutrition: Formulation, Monitoring, and Complications," <i>Compend Contin Educ Vet., VetFolio</i> , 29(2):88-102, (2007). [Retrieved from the Internet September 27, 2018: <URL: http://www.vetfolio.com/nutrition/parenteral-nutrition-formulation-monitoring-and-complications >].
185	THOR et al., "Metabolic Activation and Hepatotoxicity," <i>Archives of Biochemistry and Biophysics</i> , 192(2):405-413, (1979).
186	TRISSEL et al., "Use of Cysteine Hydrochloride Injection to Increase the Solubility of Calcium and Phosphates in FreAmine III-Containing Parenteral Nutrition Solutions," <i>International Journal of Pharmaceutical Compounding</i> , 7(1):71-77, (2003).
187	VAN GOUDOEVER et al., "Amino Acid Solutions for Premature Neonates During the First Week of Life: The Role of N-Acetyl-L-Cysteine and N-Acetyl-L-Tyrosine," <i>Journal of Parenteral and Enteral Nutrition</i> , 18(5):404-408, (1994). [Retrieved from the Internet October 28, 2014: <URL: http://pen.sagepub.com/content/18/5/404 >].
188	VENDEMIALE et al., "Effects of Oral S-Adenosyl-L-Methionine on Hepatic Glutathione in Patients with Liver Disease," <i>Scand J Gastroenterol</i> , 24(4):407-415, (1989). [Retrieved from the Internet September 7, 2013: <URL: https://www.tandfonline.com/doi/abs/10.3109/00365528909093067 >].
189	VINA et al., "L-Cysteine and glutathione metabolism are impaired in premature infants due to cystathionase deficiency," <i>Am J Clin Nutr</i> , 61(5):1067-1069, (1995).
190	VINTON et al., "Taurine Concentrations in Plasma, Blood Cells, and Urine of Children Undergoing Long-Term Total Parenteral Nutrition," <i>Pediatric Research</i> , 21(4):399-403, (1987).

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	13	of	14	

191	WARSHAWSKY, Kathleen Young, "Intravenous Fat Emulsions in Clinical Practice," NCP, 7(4):187-196, (1992). [Retrieved from the Internet March 18, 2015: <URL: https://onlinelibrary.wiley.com/doi/epdf/10.1177/0115426592007004187x >].
192	WATROBSKA-SWIETLIKOWSKA et al., "Evaluation of physical stability of all in one parenteral admixtures for pediatric home care with high electrolytes concentrations," Nutr Hosp., 31(1):236-243, (2015).
193	WEINSTEIN et al., "In Vivo Studies of Cysteine Metabolism: Use of D-cysteinesulfinate, a novel cysteinesulfinate decarboxylase inhibitor, to probe taurine and pyruvate synthesis," The Journal of Biological Chemistry, 263(32):16568-16579, (1988).
194	WHYTE et al., "Safety and Effectiveness of Acetadote for Acetaminophen Toxicity," The Journal of Emergency Medicine, 39(5):607-611, (2010).
195	WILHELM et al., "Aluminum balance in intensive care patients," J. Trace Elements Med. Biol., 14(4):223-227, (2001).
196	WILLIAMS et al., "Supplemental Iodide for Preterm Infants and Developmental Outcomes at 2 Years: An RCT," Pediatrics, 139(5):e20163703, 14 pages, (2017). [Retrieved from the Internet December 12, 2018: <URL: http://pediatrics.aappublications.org/content/139/5/e20163703 >].
197	WLODEK, Lidia, "The Reaction of Sulfhydryl Groups with Carbonyl Compounds," Acta Biochimica Polonica, 35(4):307-317, (1988).
198	WOOLSEY, Patricia B.E., "Cysteine, Sulfite, and Glutamate Toxicity: A Cause of ALS?," The Journal of Alternative and Complementary Medicine, 14(9):1159-1164, (2008).
199	YAMAGUCHI et al., "Induction and Activation of Cysteine Oxidase of Rat Liver. II. The Measurement of Cysteine Metabolism in vivo and the Activation of in vivo Activity of Cysteine Oxidase," Biochimica et Biophysica Acta, 297(1):48-59, (1973).
200	YAO et al., "Effect of glucose-cysteine adduct as a cysteine prodrug in rats," Amino Acids, 12(1):85-94, (1997).
201	YAO et al., "Protective effect of glucose-cysteine adduct on the in situ perfused rat liver," Amino Acids, 12(1):33-40, (1997).
202	YARANDI et al., "Amino acid composition in parenteral nutrition: what is the evidence?," Curr Opin Clin Nutr Metab Care, 14(1):75-82, (2011).
203	YBARRA, Joseph V., "Calcium and Phosphate Solubility in Neonatal Parenteral Nutrient Solutions Containing TrophAmine," Nutrition in Clinical Practice, 25(4):353-356, (2010).
204	YIN et al., "L-Cysteine metabolism and its nutritional implications," Mol. Nutr. Food Res., 0:1-13, (2015).
205	ZERANGUE et al., "Interaction of L-cysteine with a human excitatory amino acid transporter," Journal of Physiology, 493(2):419-423, (1996).
206	ZHANG et al., "A Perspective on the Maillard Reaction and the Analysis of Protein Glycation by Mass Spectrometry: Probing the Pathogenesis of Chronic Disease," J Proteome Res., 8(2):754-769, (2009).
207	ZLOTKIN et al., "Cysteine supplementation to cysteine-free intravenous feeding regimens in newborn infants," The American Journal of Clinical Nutrition, 34(5):914-923, (1981). [Retrieved from the Internet April 14, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/34/5/914/4431066 >].

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	16/248,460
				Filing Date	January 15, 2019
				First Named Inventor	John Maloney
				Art Unit	1612
				Examiner Name	Benjamin J. Packard
Sheet	14	of	14	Attorney Docket Number	066859/509450

	208	ZLOTKIN et al., "The Development of Cystathionase Activity During the First Year of Life," <i>Pediatr. Res.</i> , 16(1):65-68, (1982).	
--	-----	--	--

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Exela Pharma Sciences, LLC Confirmation No.: 6641
Appl. No.: 16/248,460 Group Art Unit: 1612
Filed: January 15, 2019 Examiner: Benjamin J. Packard
For: Stable, Highly Pure L-Cysteine Compositions For Injection And Methods Of Use

Submitted via EFS-Web
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT
CITATION UNDER 37 C.F.R. § 1.97**

Attached is a list of documents on form PTO-SB08 along with a copy of all listed documents (other than U.S. patents, U.S. patent application publications, or patents or publications otherwise determined cumulative) in accordance with 37 CFR 1.98(a)(2).

It is requested that the Examiner consider these documents and officially make them of record in accordance with the provisions of 37 C.F.R. § 1.97 and Section 609 of the MPEP. By identifying the listed documents, Applicant in no way makes any admission as to the prior art status of the listed documents, but is instead identifying the listed documents for the sake of full disclosure.

Respectfully submitted,

/bryan l. skelton/

Bryan L. Skelton
Registration No. 50,893

Customer No. 00826
ALSTON & BIRD LLP
Bank of America Plaza
101 South Tryon Street, Suite 4000
Charlotte, NC 28280-4000
Tel Research Triangle Area Office (919) 862-2200
Fax Research Triangle Area Office (919) 862-2260

ELECTRONICALLY FILED USING THE EFS-WEB ELECTRONIC FILING SYSTEM OF THE UNITED STATES PATENT & TRADEMARK OFFICE ON May 10, 2019.

Electronic Acknowledgement Receipt

EFS ID:	35964085
Application Number:	16248460
International Application Number:	
Confirmation Number:	6641
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
First Named Inventor/Applicant Name:	John Maloney
Customer Number:	826
Filer:	Bryan Lee Skelton/Laura Tremont
Filer Authorized By:	Bryan Lee Skelton
Attorney Docket Number:	066859/509450
Receipt Date:	10-MAY-2019
Filing Date:	15-JAN-2019
Time Stamp:	10:49:31
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	no
------------------------	----

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Information Disclosure Statement (IDS) Form (SB08)	509450_IDS_SB08.pdf	835368 <small>4de87c40bc7f1a4ab59c493082a6edac06a13517</small>	no	14

Warnings:

Information:					
This is not an USPTO supplied IDS fillable form					
2	Non Patent Literature	003- GuidelinesForTheUseOfParenteralAndEnteralNutrition_2002.pdf	19300545	no	138
			d0d2512e4729e1b1579a43700b82602ae24467c26		
Warnings:					
Information:					
3	Non Patent Literature	004-ACETADOTEPI_2017.pdf	278473	no	12
			78770524ebae00993e0ece96aeb1e8fd63f0dc2		
Warnings:					
Information:					
4	Non Patent Literature	005-AMINOSYN_2012.pdf	861328	no	19
			340e0582ba7fc539e54b6482c26905950e5c9357		
Warnings:					
Information:					
5	Non Patent Literature	006-ASHPGuidelines_2000.pdf	110380	no	5
			766be7dd2f5c66b3166a174755012bca0b52bb30		
Warnings:					
Information:					
6	Non Patent Literature	007- PreparationofParenteralNutrition_APM_chapter_18_2018.pdf	687092	no	24
			2b1477f0899a3532f1f7d5642a327a7b9504ad8		
Warnings:					
Information:					
7	Non Patent Literature	008- Cysteine_Hydrochloride_MSDS_2011.pdf	131921	no	6
			1216e2e9fd57b2eb86e14849f45279a689324ce3		
Warnings:					
Information:					
8	Non Patent Literature	009- CYSTEINEHYDROCHLORIDEPI-Hospira_2004.pdf	107748	no	4
			7cec7e2aedff886ef3d9e7dfb7dea6ca79427c5		
Warnings:					
Information:					

9	Non Patent Literature	010-TOXNET_Cysteine_2016.pdf	337354	no	20
			67e07459ca047f983cda3db439c3c1cc806fe0c5		
Warnings:					
Information:					
10	Non Patent Literature	011-Cysteine_PDI_1978.pdf	120838	no	4
			5e52625666aa8dce48003bfa237e6a7c120d2647		
Warnings:					
Information:					
11	Non Patent Literature	012-FederalRegister_2010.PDF	149130	no	2
			88c9d681e0fa0fd0b473cc319d241ca17f34e4		
Warnings:					
The PDF file has been signed with a digital signature and the legal effect of the document will be based on the contents of the file not the digital signature.					
Information:					
12	Non Patent Literature	013-BIOHIT_2016.pdf	776894	no	45
			931563e72110cbbab9b753022cefad462d7b56c0d		
Warnings:					
Information:					
13	Non Patent Literature	014-GuidelineOnTheUseOfParenteralNutrition_Ireland_2016.pdf	712687	no	46
			52af8a7981eaabe429f65f00c660f274366ffe83		
Warnings:					
Information:					
14	Non Patent Literature	015-L-Cysteine_PI_Sigma-Aldrich_2003.pdf	72858	no	2
			76815b0f8afa588240729361de57adda11f5bc87		
Warnings:					
Information:					
15	Non Patent Literature	016-L-Cysteine-Hydrochloride-PI_2010.pdf	169791	no	6
			9650353a93cb93c50f84ae62cf88282cc0b26f20		
Warnings:					
Information:					

16	Non Patent Literature	017- LCysteineHydrochloridelnjectio nPI_2009.pdf	42215	no	2
			6cd8773f1d2ae7356a4a59c60286d5bc6a87e804		
Warnings:					
Information:					
17	Non Patent Literature	018-PROSOL-PI_2014.pdf	488477	no	14
			55ec7fa6fe24da46efa1be0647aac5bc91670d99		
Warnings:					
Information:					
18	Non Patent Literature	019-ASPEN_1998.pdf	4690987	no	18
			3139c816ae553634f7934b60b660d6952c59ac19		
Warnings:					
Information:					
19	Non Patent Literature	020-EFSA_2013.pdf	263758	no	13
			523e5d23b1ecd0d0ef286156ec210bb0c58bea78		
Warnings:					
Information:					
20	Non Patent Literature	021-BAPM_2016.pdf	432581	no	27
			796cec51368f69c646755deb2ca974418521b4f		
Warnings:					
Information:					
21	Non Patent Literature	022-TRAVASOL-PI_2017.pdf	368524	no	19
			fd45d86ea6cf7d4b19f277e4b707337ad1414c6		
Warnings:					
Information:					
22	Non Patent Literature	023-TROPHAMINE-PI_2014.pdf	942268	no	21
			da4be58c9418aaa922a8a4f34b6609a7c63ea001		
Warnings:					
Information:					

23	Non Patent Literature	024-TrophaminePI_2003.pdf	219096	no	12
			69e58d674b07b87c4132ac459350b046a1bfb52e		
Warnings:					
Information:					
24	Non Patent Literature	025-Abdulrazik_1984.pdf	403676	no	2
			e8c23e8b1479a539f1f6599da92c6f0bd86d222		
Warnings:					
Information:					
25	Non Patent Literature	026-Advenier_2003.pdf	1152366	no	6
			567b14c00ed2a914d1a02098752d064ebee703761		
Warnings:					
Information:					
26	Non Patent Literature	027-Allen_2011.pdf	97343	no	6
			4f9ea4abd2f75cf202c90e074c440cd2122c15d1		
Warnings:					
Information:					
27	Non Patent Literature	028-Allen_2012.pdf	494670	no	18
			c8462f5bcacf02ed6848819cf6ef1cfadceebfd		
Warnings:					
Information:					
28	Non Patent Literature	029-Allwood_1998.pdf	202552	no	10
			db37bb418726799be783e2b7ace6ea4020021227		
Warnings:					
Information:					
29	Non Patent Literature	030-Anderson_2015.pdf	122954	no	4
			6128fc17ac8be268bd47dbd426d67b56129d2437		
Warnings:					
Information:					

30	Non Patent Literature	031-Ayers_2014.pdf	3008087	no	66
			d6faca6c8ed5175c4058960b1558185b555067671		
Warnings:					
Information:					
31	Non Patent Literature	032-Baines_2007.PDF	164601	no	5
			3b9efea574a596a23058b072e3faebced73f1c1eb		
Warnings:					
Information:					
32	Non Patent Literature	033-Balogh_2007.pdf	1389489	no	116
			ee290e1676ec09a0bd0be3fd3ea6fb6034718ec9		
Warnings:					
Information:					
33	Non Patent Literature	034-Bengoa_1983.pdf	2811692	no	6
			7e883c365b2123b41ec340e4f0c0fd650fb383d3		
Warnings:					
Information:					
34	Non Patent Literature	035-Bettner_1986.pdf	1573880	no	6
			e19e5c373a83221032edd9b54fddcd69ab51f91c		
Warnings:					
Information:					
35	Non Patent Literature	036-Bishop_1997.pdf	122409	no	5
			b5d338c8285877ac2b5d2205b35b23df6f76b55		
Warnings:					
Information:					
36	Non Patent Literature	037-Bistrián_2009.pdf	54143	no	10
			4c81d8217a9ec2b2fb8576fb56a77a3f798a7b0c		
Warnings:					
Information:					

37	Non Patent Literature	038-Bjelton_1990.pdf	1609545	no	6
			068d2468549dfddf23e5729e1f8efcd0c5fee734		
Warnings:					
Information:					
38	Non Patent Literature	039-Bohrer_2010.pdf	142312	no	5
			f6218c9a9631f6be96f9e7b1d3ee97df794905ae		
Warnings:					
Information:					
39	Non Patent Literature	040-Borges-Santos_2012.pdf	165306	no	4
			4d66585915c62644b579fec8d5c51d83dbfd193		
Warnings:					
Information:					
40	Non Patent Literature	041-Boullata_2014.pdf	482317	no	44
			d199217c9e1223a6938b31a4ddebfc42648cda		
Warnings:					
Information:					
41	Non Patent Literature	042-Brigham_1960.pdf	3028460	no	6
			ad62261bc5ae63a9fa0d9f155a581eb4caffa34		
Warnings:					
Information:					
42	Non Patent Literature	043-Brown_2008.pdf	1665308	no	6
			25c7060feca3125932480c23e022896bbe8d087c		
Warnings:					
Information:					
43	Non Patent Literature	044-Bulbul_2017.pdf	160040	no	1
			dc61be52141e5cde058cb3eac43f99332f2457c2		
Warnings:					
Information:					

44	Non Patent Literature	045-Bullock_1992.pdf	1209258	no	5
			fb768ad516f4915a731f9981547f3ffc443e91b0		
Warnings:					
Information:					
45	Non Patent Literature	046-Calkins_2016.pdf	336150	no	20
			dcfbfec4927faaa74d8fe3c24665523b80d9c5fd8		
Warnings:					
Information:					
46	Non Patent Literature	047-Carlson_2010.pdf	362422	no	23
			a7a8e41a18acf5f39ed614c3c0d1b4abd842ff1		
Warnings:					
Information:					
47	Non Patent Literature	048-Connolly_2012.pdf	176975	no	3
			6d544bb67ad371da2bf34bdcc7acef228e36c1b3		
Warnings:					
Information:					
48	Non Patent Literature	049-Courtney-Martin_2014.pdf	406686	no	8
			abc5ece7bda4dd071c318fdcd80d9e404f3c41c		
Warnings:					
Information:					
49	Non Patent Literature	050-Courtney-Martin_2010.pdf	237955	no	5
			4d4d7a0e639db7e144b0d8cd1a4884ddc2973d7a		
Warnings:					
Information:					
50	Non Patent Literature	051-Darkwa_2004.pdf	330416	no	12
			47a8135e7304747844e9ce02f15bdf7eb4a7d3a6		
Warnings:					
Information:					

51	Non Patent Literature	052-De_Cloet_2018.pdf	682250	no	8
			9700d0de3ceba922da400944b6effa371093bf98		
Warnings:					
Information:					
52	Non Patent Literature	053-Delange_2004.pdf	322187	no	12
			8c7d857922d13f79a468055381d4b134a332fbc		
Warnings:					
Information:					
53	Non Patent Literature	054-Delange_2002.pdf	259262	no	13
			fa1f39fd07180e285957c625bc375712e0ef264		
Warnings:					
Information:					
54	Non Patent Literature	055-Delange_2007.pdf	160236	no	11
			fb4a1ea8821e36685f135436ce7b27f40bd82dc0		
Warnings:					
Information:					
55	Non Patent Literature	056-DietaryReferenceIntakesforEnergy_2002.pdf	5983873	no	1359
			5bbd0b27223b0c91d8e83a64cd463cc9aa698d4		
Warnings:					
Information:					
56	Non Patent Literature	057-Dietary_Reference_Intakes_2000.pdf	12457500	no	797
			278946f969fb9d9d0d08ca536e03c5e81b80214e		
Warnings:					
Information:					
57	Non Patent Literature	058-Dilger_2007.pdf	208354	no	8
			4df532929e73a2c2c905e2847d19a9f69bd00d46		
Warnings:					
Information:					

58	Non Patent Literature	059-Domingo_2000.pdf	134944	no	9
			c94e3d8a5dbda0ce22d2c1669f2a0541ee3c617a		
Warnings:					
Information:					
59	Non Patent Literature	060-Dumortier_2006.pdf	635067	no	10
			270ad78a5ad41bfac39d1902863b289794f828ba		
Warnings:					
Information:					
60	Transmittal Letter	509450_IDS_Transmittal.pdf	64238	no	1
			381e4eb5e0f5ce8697892870de5f548493e57536		
Warnings:					
Information:					
Total Files Size (in bytes):				74919236	
<p>This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.</p> <p><u>New Applications Under 35 U.S.C. 111</u> If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.</p> <p><u>National Stage of an International Application under 35 U.S.C. 371</u> If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.</p> <p><u>New International Application Filed with the USPTO as a Receiving Office</u> If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.</p>					

Electronic Acknowledgement Receipt

EFS ID:	35966809
Application Number:	16248460
International Application Number:	
Confirmation Number:	6641
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
First Named Inventor/Applicant Name:	John Maloney
Customer Number:	826
Filer:	Bryan Lee Skelton/Laura Tremont
Filer Authorized By:	Bryan Lee Skelton
Attorney Docket Number:	066859/509450
Receipt Date:	10-MAY-2019
Filing Date:	15-JAN-2019
Time Stamp:	10:53:23
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	no
------------------------	----

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Non Patent Literature	120-Miller_1995.pdf	1447434 <small>57031d2f26185ab7754fb49a2953ee7376fd4ac</small>	no	6

Warnings:

Information:					
2	Non Patent Literature	121-Miller_2006.pdf	621012	no	31
			339ea7a280fa10a25340b0ce07c4ec2a6742e40f		
Warnings:					
Information:					
3	Non Patent Literature	122-Mirtallo_2014.pdf	702847	no	34
			af2497f95ebb015f7010481025b8408c4fca600e		
Warnings:					
Information:					
4	Non Patent Literature	123-Moreno_1994.pdf	1062655	no	5
			8a4cce85432bb0063a5f5757d2d20ac82ff49ed		
Warnings:					
Information:					
5	Non Patent Literature	124-Moreno_Villares_2005.pdf	142864	no	6
			0fc9a5ac850e490c2c29ce2cc923c9f07143716f		
Warnings:					
Information:					
6	Non Patent Literature	125-Muehlebach_2005.pdf	1700085	no	49
			7624fb8d590fb94b812e54bd7b55b0cfd62267fb		
Warnings:					
Information:					
7	Non Patent Literature	126-Mundi-Abstract_2017.pdf	149070	no	3
			4b85ff9bd17373a6a1f69059c504c1d72faed16e		
Warnings:					
Information:					
8	Non Patent Literature	127-Murphy_2017.pdf	905644	no	14
			c4f9da2f874f11433ad56c99db915e61759727d4		
Warnings:					
Information:					

9	Non Patent Literature	128-Nguyen_2014.pdf	342838	no	9
			5d0f83432754d5e80b55f28070e37aa18fad00b3		
Warnings:					
Information:					
10	Non Patent Literature	129-Niermeyer_1986.pdf	1056557	no	9
			f34c42a0d7ebc5a58236b3188639122c6957257a		
Warnings:					
Information:					
11	Non Patent Literature	130-Nishiyama_2004.pdf	192203	no	7
			f61cf2d339122f5799b93a31caf41e058343b4		
Warnings:					
Information:					
12	Non Patent Literature	131-Olney_1970.pdf	436529	no	3
			4340ab339e8865c7161f62b7283a5573a63629e0		
Warnings:					
Information:					
13	Non Patent Literature	132-ONeal_2002.pdf	372819	no	6
			c6d0a9733042f3c003a06ae610cabe90eadfd18		
Warnings:					
Information:					
14	Non Patent Literature	134-Patanwala_2010.pdf	113850	no	7
			ad822ea7eacceaf5f6e2eae441539998acc507		
Warnings:					
Information:					
15	Non Patent Literature	136-Patt_1949.pdf	995413	no	2
			ee1b4d2acc357ef1ba942b9d7f67a7a850a3a27f		
Warnings:					
Information:					

16	Non Patent Literature	137-Paulikova_2002.pdf	293592	no	8
			b1398d7d6fe9f006e66601d4243f44ea0a888b8b		
Warnings:					
Information:					
17	Non Patent Literature	138-Pertkiewicz_2009.pdf	345910	no	3
			ad2e68a42fecb5b89fe329318d8e212676bd6c7f		
Warnings:					
Information:					
18	Non Patent Literature	139-Plogsted_2015.pdf	237760	no	2
			4d781776d477945d1967c1d5d00dc174617ffa67		
Warnings:					
Information:					
19	Non Patent Literature	140-Poole_2008.pdf	57887	no	5
			980a332f26643593c73a0ba7848cef7b635af134		
Warnings:					
Information:					
20	Non Patent Literature	133-Parikh_2005.pdf	250752	no	7
			6fee32f9bc8e7305dfa1d726250f993a472da63f		
Warnings:					
Information:					
21	Non Patent Literature	135-Patel_2017.pdf	229274	no	6
			026b1c381e2384597dcd21d811ef224c62f8071c		
Warnings:					
Information:					
22	Non Patent Literature	141-Poole_2012.pdf	213088	no	9
			46beef4298c04803e389e33c8a504103759d3245		
Warnings:					
Information:					

23	Non Patent Literature	142-Pyati_1977.pdf	600570	no	4
			994a69feb930e5cfe6f6e526c21a9aff5c1a2ee3		
Warnings:					
Information:					
24	Non Patent Literature	144-Rassin_1994.pdf	1950142	no	13
			635570d7a0e1177986b89bdd013f98d9c8bc5f53		
Warnings:					
Information:					
25	Non Patent Literature	146-Riedijk_2008.pdf	250288	no	9
			d7b934b75d867fd343ab0d3cc55f3ae7c84f0fec		
Warnings:					
Information:					
26	Non Patent Literature	147-Riedijk_2007.pdf	167973	no	6
			f06d1e21234d48b0f09d7f95992f46c5680e823d		
Warnings:					
Information:					
27	Non Patent Literature	148-Riedijk_Thesis_2008.pdf	6191795	no	176
			2b55a2819e341d7369025c44b04121f961216ea3		
Warnings:					
Information:					
28	Non Patent Literature	149-Ripps_2012.pdf	808618	no	14
			5a09cd8cee22a596d962d17aeb96e7182691cd8c		
Warnings:					
Information:					
29	Non Patent Literature	150-Rubaltelli_1987.pdf	2050089	no	15
			224d0b674afeb073ed0bc8715e13f8596ac67d6e		
Warnings:					
Information:					

30	Non Patent Literature	151-Salaspuro_2006.pdf	262339	no	5
			bc911f0b5d9e587186fa335b0b15a585061c440d		
Warnings:					
Information:					
31	Non Patent Literature	152-Salaspuro_2002.pdf	77861	no	4
			d00a67d8dbf04c61d3cad8338804c68cc0a15378		
Warnings:					
Information:					
32	Non Patent Literature	153-Sandilands_2009.pdf	176169	no	8
			a9611a0a01f0006552b8afba0a07f32a26759947		
Warnings:					
Information:					
33	Non Patent Literature	143-Rabbani_2012.pdf	359256	no	11
			83d6b243f250db795da4d5df29f75aec936b27a8		
Warnings:					
Information:					
34	Non Patent Literature	154_Sawamoto_2003.pdf	519455	no	9
			ff6691625cda9794a60693440111f631c4bd a4ac		
Warnings:					
Information:					
35	Non Patent Literature	156-Sawamoto_2004.PDF	812560	no	8
			e44ede7abae3e4eb27662e7e24e5fc36fcea1792		
Warnings:					
Information:					
36	Non Patent Literature	157-Schanler_2014.pdf	246261	no	23
			f359bc3fe55f182e20b5618d5e313673e9bdc231b		
Warnings:					
Information:					

37	Non Patent Literature	158-Schmidt_1986.pdf	1253134	no	5
			28f3a0d6823a8dd2a8e92a32482b34c476f4ce65		
Warnings:					
Information:					
38	Non Patent Literature	159-Schulpis_2006.PDF	130522	no	5
			4436ed51adff5d869af3e7c505b69fe0a8dd98875		
Warnings:					
Information:					
39	Non Patent Literature	160-Sears_2013.pdf	866912	no	13
			d2314b85c8d6822997fcbef0a9c444d3ff9451f1		
Warnings:					
Information:					
40	Non Patent Literature	161-Segal_1969.pdf	2999931	no	8
			ba6d0ba9972f29453603623bad3403e9607da6b5		
Warnings:					
Information:					
41	Non Patent Literature	162-Shelton_2010.pdf	122687	no	9
			431d0129b234eb018c2fdffbcfd8f7fe14bfcf834		
Warnings:					
Information:					
42	Non Patent Literature	163-Shew_2005.pdf	659989	no	5
			5f4949667b20330ee47d7dc8ce9d1733b26551f5		
Warnings:					
Information:					
43	Non Patent Literature	164-Shew_1999.pdf	729155	no	3
			09931a2f0256421bb030564c74619944ccb0ca37		
Warnings:					
Information:					

44	Non Patent Literature	155-Sawamoto_2003.pdf	471448	no	13
			5161bf16dc4e230c3ee097b9bb165611a400e522		
Warnings:					
Information:					
45	Non Patent Literature	165-Shulman_2003.pdf	962801	no	21
			2c17329b3bc14f1095cf08d696753a31726381c2		
Warnings:					
Information:					
46	Non Patent Literature	166-Shulman_ReplytoFManz_1993.pdf	672645	no	1
			4ad41a5cee58417ae92495c290a52ba2e6e3149c		
Warnings:					
Information:					
47	Non Patent Literature	167-Sidhu_2001.pdf	220667	no	6
			cc5a35b86940fd54bcc40201c310c40f17af6785		
Warnings:					
Information:					
48	Non Patent Literature	168-Simmer_2013.pdf	391670	no	13
			368096ca999a9f18f7e713df7532d77f32de3e1		
Warnings:					
Information:					
49	Non Patent Literature	169-Singer_2009.pdf	272750	no	14
			517478062bb3d22bcd998f5058ecb7fd550173e8		
Warnings:					
Information:					
50	Non Patent Literature	170-Singh_2009.pdf	82316	no	4
			0452bccb99f5bee6abb9bb48b4fb8dcfe896d0f		
Warnings:					
Information:					

51	Non Patent Literature	171-Smith_2007.pdf	149750	no	10
			c3c647e2df1191ddf6e34621604583bfb07e0f7		
Warnings:					
Information:					
52	Non Patent Literature	173-Soghier_2006.pdf	335871	no	40
			630008477df26764c644bf35f4cf91e54e82346d		
Warnings:					
Information:					
53	Non Patent Literature	174-Staun_2009.pdf	241878	no	13
			da4025d967589565560dd1e8c5c4dcccfd0496c9a		
Warnings:					
Information:					
54	Non Patent Literature	175-Stawny_2013.pdf	1142656	no	10
			2fcb0d4a90ceb91f6d32c58ecc6eda8a512be573d		
Warnings:					
Information:					
55	Non Patent Literature	176-Stipanuk_2006.pdf	270793	no	8
			c0550d562e1705fbfd210fc6411a01a51711bb8ed		
Warnings:					
Information:					
56	Non Patent Literature	177-Storm_2003.pdf	950928	no	2
			cfab146c1951fe3bdd1f04b01453b29ac7e1ab85		
Warnings:					
Information:					
57	Non Patent Literature	178-Sturman_1970.pdf	2133230	no	4
			c51ce209ebc6f6e6e407a005e7820cef7d185e66		
Warnings:					
Information:					

58	Non Patent Literature	179-Szwergold_2005.pdf	11900009	no	20
			08f96653e181d844e9315bbd4bb8e137500631ae		
Warnings:					
Information:					
59	Non Patent Literature	180-TeBraake_2009.pdf	196236	no	9
			ea36670844df20ea91608f0d7df640efa6fcd204		
Warnings:					
Information:					
60	Non Patent Literature	172-Soghier_Updates_2009.pdf	350195	no	13
			7d881b83698b9a6a8b2cf587c4885ca170d07e59		
Warnings:					
Information:					
Total Files Size (in bytes):				53851632	
<p>This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.</p> <p><u>New Applications Under 35 U.S.C. 111</u> If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.</p> <p><u>National Stage of an International Application under 35 U.S.C. 371</u> If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.</p> <p><u>New International Application Filed with the USPTO as a Receiving Office</u> If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.</p>					

Electronic Acknowledgement Receipt

EFS ID:	35966973
Application Number:	16248460
International Application Number:	
Confirmation Number:	6641
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
First Named Inventor/Applicant Name:	John Maloney
Customer Number:	826
Filer:	Bryan Lee Skelton/Laura Tremont
Filer Authorized By:	Bryan Lee Skelton
Attorney Docket Number:	066859/509450
Receipt Date:	10-MAY-2019
Filing Date:	15-JAN-2019
Time Stamp:	10:54:49
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	no
------------------------	----

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Non Patent Literature	181-Telessy_2012.pdf	267230 e64e76d6ebfefe6787ec189e3cf0452c3967b6e4	no	5

Warnings:

Information:					
2	Non Patent Literature	182-Thibault_2014.pdf	1251721	no	5
			ded2d6f8c33d05d0458a6659641ba1f552bbdoffb		
Warnings:					
Information:					
3	Non Patent Literature	183-Thomas_2012.pdf	135063	no	4
			d16cf18771a242889018c62a236e59c585fd423b		
Warnings:					
Information:					
4	Non Patent Literature	184_Thomovsky_2007.pdf	1263223	no	14
			39432815a53fb630418221bfa6b06a458aa29762		
Warnings:					
Information:					
5	Non Patent Literature	185-Thor_1979.pdf	1467175	no	9
			1eaae7363363afffd5d808e6306476a6f3d8370c		
Warnings:					
Information:					
6	Non Patent Literature	186-Trissel_2003.pdf	2470069	no	7
			0b42e2a9822626941d7c5c4c56331db7ad3784d5		
Warnings:					
Information:					
7	Non Patent Literature	187-Van_Goudoever_1994.pdf	1454238	no	6
			4700d2b9a4e047cc65c5eb0708577863a1b84671		
Warnings:					
Information:					
8	Non Patent Literature	188-Vendemiale_1989.pdf	1387174	no	9
			82099e09d780cfc8657abef88f17b2c050b450dc		
Warnings:					
Information:					

9	Non Patent Literature	189-Vina_1995.pdf	2048670	no	3
			965d8536e10402b1efbdd836c1bf15dd106d41f0		
Warnings:					
Information:					
10	Non Patent Literature	190-Vinton_1987.pdf	1301991	no	5
			7fcbcd97c7953df15bdbbc39fd6fe712677a0771c		
Warnings:					
Information:					
11	Non Patent Literature	191-Warshawsky_1992.pdf	2896843	no	10
			3f582d851d0bd27b5cc39ed1d81ecca1e6c44b24		
Warnings:					
Information:					
12	Non Patent Literature	192-Watrowska-Swietlikowska_2015.pdf	349498	no	9
			d8544d8aee71eac8763bf86d62ae2d2692bd03824		
Warnings:					
Information:					
13	Non Patent Literature	193-Weinstein_1988.pdf	3102186	no	12
			ab06f929da80594f34ecf9f69396f113b33392c9		
Warnings:					
Information:					
14	Non Patent Literature	194-Whyte_2010.pdf	85497	no	5
			af579b62678840e11429a8261873d2694a8c1914		
Warnings:					
Information:					
15	Non Patent Literature	195-Wilhelm_2001.pdf	880896	no	5
			70d7ad3f5a5d44800965e4367054c59888fc675c		
Warnings:					
Information:					

16	Non Patent Literature	196-Williams_2017.pdf	1455717	no	14
			236d696f848f6f01f00431793f91a089adbe3cb		
Warnings:					
Information:					
17	Non Patent Literature	197-Wlodek_1988.pdf	1972573	no	11
			314c4241c5363955e8ee2154297c8daa3ff0890f		
Warnings:					
Information:					
18	Non Patent Literature	198-Woolsey_2008.PDF	205965	no	6
			73198819f98b842827889b96c3b4f80db662e8d4		
Warnings:					
Information:					
19	Non Patent Literature	199-Yamaguchi_1973.pdf	1678760	no	12
			d0a1b0162de680071c2dd8b857291ad4597b7f57		
Warnings:					
Information:					
20	Non Patent Literature	200-Yao_1997.pdf	1417674	no	10
			073f551249363c8b6dc8161706a1a461e6b333f2		
Warnings:					
Information:					
21	Non Patent Literature	201-Yao_perfusedratliver_1997.pdf	1165863	no	8
			7e402cebbafa4f6287a06d3a3d94da3f411bcf12		
Warnings:					
Information:					
22	Non Patent Literature	202-Yarandi_2011.pdf	175892	no	14
			ae8fd93dee02f73bf5edae244d1efeade1e53244		
Warnings:					
Information:					

23	Non Patent Literature	203-Ybarra_2010.pdf	378485	no	4
			5d223d2edbc40704b62b48ddf19768eeef f703c		
Warnings:					
Information:					
24	Non Patent Literature	204-Yin_2015.PDF	774708	no	13
			f480cd1e712dd75497e426b63525a99a6ed f8e19		
Warnings:					
Information:					
25	Non Patent Literature	205-Zerangue_1996.pdf	2962123	no	5
			e2e7d59fccffb57862e9bab665of8d1601bd 6ae7		
Warnings:					
Information:					
26	Non Patent Literature	206-Zhang_2009.pdf	1733117	no	33
			c1a38f1545eb0e2c9795a5cc9e41f208c435 e616		
Warnings:					
Information:					
27	Non Patent Literature	207-Zlotkin_1981.pdf	4965968	no	10
			00f99f0b47c2e40d550015d89b0d8885da8 c3b15		
Warnings:					
Information:					
28	Non Patent Literature	208-Zlotkin_1982.pdf	348432	no	4
			4ac1ff64b7547c0fa6e6596efb18325e3afe0 2a6		
Warnings:					
Information:					
Total Files Size (in bytes):			39596751		

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
16/248,460	01/15/2019	John Maloney	066859/509450	6641
826	7590	06/19/2019	EXAMINER	
ALSTON & BIRD LLP BANK OF AMERICA PLAZA 101 SOUTH TRYON STREET, SUITE 4000 CHARLOTTE, NC 28280-4000			PACKARD, BENJAMIN J	
			ART UNIT	PAPER NUMBER
			1612	
			NOTIFICATION DATE	DELIVERY MODE
			06/19/2019	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

usptomail@alston.com

DETAILED ACTION

Notice of Pre-AIA or AIA Status

The present application, filed on or after March 16, 2013, is being examined under the first inventor to file provisions of the AIA.

Claim Rejections - 35 USC § 112 - Enablement

The following is a quotation of the first paragraph of 35 U.S.C. 112(a):

(a) IN GENERAL.—The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same, and shall set forth the best mode contemplated by the inventor or joint inventor of carrying out the invention.

The following is a quotation of the first paragraph of pre-AIA 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same, and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 1-22 are rejected under 35 U.S.C. 112(a) or 35 U.S.C. 112 (pre-AIA), first paragraph, as failing to comply with the enablement requirement. The claim(s) contains subject matter which was not described in the specification in such a way as to enable one skilled in the art to which it pertains, or with which it is most nearly connected, to make and/or use the invention.

To be enabling, the specification of the patent must teach those skilled in the art how to make and use the full scope of the claimed invention without undue experimentation. In re Wright, 999 F.2d 1557, 1561 (Fed. Cir. 1993). Explaining what is meant by “undue experimentation,” the Federal Circuit has stated:

The test is not merely quantitative, since a considerable amount of experimentation is permissible, if it is merely routine, or if the specification in question provides a

reasonable amount of guidance with respect to the direction in which the experimentation should proceed to enable the determination of how to practice a desired embodiment of the claimed invention. PPG v. Guardian, 75 F.3d 1558, 1564 (Fed. Cir. 1996).¹

The factors that may be considered in determining whether a disclosure would require undue experimentation are set forth by In re Wands, 8 USPQ2d 1400 (CAFC 1988) at 1404 where the court set forth the eight factors to consider when assessing if a disclosure would have required undue experimentation. Citing Ex parte Forman, 230 USPQ 546 (BdApls 1986) at 547 the court recited eight factors:

- 1) the quantity of experimentation necessary,
- 2) the amount of direction or guidance provided,
- 3) the presence or absence of working examples,
- 4) the nature of the invention,
- 5) the state of the prior art,
- 6) the relative skill of those in the art,
- 7) the predictability of the art, and
- 8) the breadth of the claims.

These factors are always applied against the background understanding that scope of enablement varies inversely with the degree of unpredictability involved. In re Fisher, 57 CCPA 1099, 1108, 427 F.2d 833, 839, 166 USPQ 18, 24 (1970). Keeping that in mind, the Wands factors are relevant to the instant fact situation for the following reasons:

1. The nature of the invention, state and predictability of the art, and relative skill level

The invention relates to chemical synthesis and purification. The relative skill of those in the art is high, that of an MD or PHD. That factor is outweighed, however, by the unpredictable nature of the

¹ As pointed out by the court in In re Angstadt, 537 F.2d 498 at 504 (CCPA 1976), the key word is “undue”, not “experimentation”.

art. As illustrative of the state of the art, the examiner cites Lima-Rogel et al ((2016), Aluminum Contamination in Parenteral Nutrition Admixtures for Low-Birth-Weight Preterm Infants in Mexico. Journal of Parenteral and Enteral Nutrition, 40: 1014-1020) and Hintz, et al ((2008), Aluminum Exposure From Pediatric Parenteral Nutrition: Meeting the New FDA Regulation. JPEN J Parenter Enteral Nutr, 32: 242-246) which disclose while aluminum contamination is a known problem, it is unknown how to reduce the aluminum content of formulations.

2. The breadth of the claims

The claims are broadly drawn to a composition having claimed properties, but with no disclosure or limitations as to how those properties are achieved.

3. The amount of direction or guidance provided and the presence or absence of working examples

The specification provides no direction or guidance for practicing the claimed invention in its "full scope". No reasonably specific guidance is provided concerning useful protocols for carrying out the invention as claimed, other than the prophetic process at pg 51, which does not provide an explanation or evidence that the contamination content will be lower than already commonly present. The latter is corroborated by the working examples.

4. The quantity of experimentation necessary

Because of the known unpredictability of the art, and in the absence of experimental evidence, no one skilled in the art would accept the assertion that the instantly claimed agents could be predictably used as inferred by the claim and contemplated by the specification. Accordingly, the instant

claims do not comply with the enablement requirement of §112, since to practice the claimed invention in its "full scope" a person of ordinary skill in the art would have to engage in undue experimentation, with no reasonable expectation of success. Specifically, the only disclosure appears to be mixing L-cysteine with minimum contaminants (see ex claim 22) but there is no disclosure how the compound is made pure or avoid impurities known in the art. Instant claim 21 suggests using reduced head space oxygen, but it is unclear how that will reduce contaminants already present.

Claim Rejections - 35 USC § 103

In the event the determination of the status of the application as subject to AIA 35 U.S.C. 102 and 103 (or as subject to pre-AIA 35 U.S.C. 102 and 103) is incorrect, any correction of the statutory basis for the rejection will not be considered a new ground of rejection if the prior art relied upon, and the rationale supporting the rejection, would be the same under either status.

The following is a quotation of 35 U.S.C. 103 which forms the basis for all obviousness rejections set forth in this Office action:

A patent for a claimed invention may not be obtained, notwithstanding that the claimed invention is not identically disclosed as set forth in section 102, if the differences between the claimed invention and the prior art are such that the claimed invention as a whole would have been obvious before the effective filing date of the claimed invention to a person having ordinary skill in the art to which the claimed invention pertains. Patentability shall not be negated by the manner in which the invention was made.

The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103 are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.

4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

While it is unclear how the invention is enabled as discussed above, it appears the two clear limitations are L-cysteine and low oxygen head space. As such, the following rejection is made of record to further prosecution.

Claims 1-13 and 15-22 is/are rejected under 35 U.S.C. 103 as being unpatentable over Sigma-Aldrich product information, L-cysteine hydrochloride monohydrate (05/06) in view of Whiting et al (Journal of Food Protection, Vol. 55, No. 1, Pages 23-27, January 1992).

Sigma-Aldrich discloses L-cysteine is soluble in water at 100 mg/ml.

Whiting et al discloses it was known that oxygen in the headspace can allow outgrowth and toxin production.

It would have been obvious to one of ordinary skill in the art to store the solution of Sigma-Aldrich in an oxygen reduced atmosphere to reduce the chances of undesired reactions causing side products.

While the references do not disclose the impurity content, given the disclosure is for the compound per se, it is reasonably expected that the impurity content is below the claimed amount where the disclosures above suggest the impurities come from combination products.

With regards to the steps of claim 21, where the end result is reduced oxygen exposure, it would have been obvious to use an alternate gas when mixing to reduce the oxygen absorption during formulation.

Claims 1 and 14 is/are rejected under 35 U.S.C. 103 as being unpatentable over Jalilehvand et al (Inorg. Chem., 2015, 54 (5), pp 2160–2170).

Jalilehvand et al discloses lead in aqueous solution with L-cysteine (abstract).

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to BENJAMIN J PACKARD whose telephone number is (571)270-3440. The examiner can normally be reached on Mon and Wed-Fri (8am-6pm).

Examiner interviews are available via telephone, in-person, and video conferencing using a USPTO supplied web-based collaboration tool. To schedule an interview, applicant is encouraged to use the USPTO Automated Interview Request (AIR) at <http://www.uspto.gov/interviewpractice>.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Frederick Krass can be reached on (571)272-0580. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/BENJAMIN J PACKARD/
Primary Examiner, Art Unit 1612

Notice of References Cited	Application/Control No. 16/248,460	Applicant(s)/Patent Under Reexamination Maloney et al.	
	Examiner BENJAMIN J PACKARD	Art Unit 1612	Page 1 of 2

U.S. PATENT DOCUMENTS

*	Document Number Country Code-Number-Kind Code	Date MM-YYYY	Name	CPC Classification	US Classification
	A				
	B				
	C				
	D				
	E				
	F				
	G				
	H				
	I				
	J				
	K				
	L				
	M				

FOREIGN PATENT DOCUMENTS

*	Document Number Country Code-Number-Kind Code	Date MM-YYYY	Country	Name	CPC Classification
	N				
	O				
	P				
	Q				
	R				
	S				
	T				

NON-PATENT DOCUMENTS

*	Include as applicable: Author, Title Date, Publisher, Edition or Volume, Pertinent Pages)
U	Jalilehvand et al (Inorg. Chem., 2015, 54 (5), pp 2160–2170). (Year: 2015)
V	Sigma-Aldrich product information, L-cysteine hydrochloride mononyhydrate (05/06). (Year: 2006)
W	Whiting et al (Journal of Food Protection, Vol. 55, No. 1, Pages 23-27, January 1992). (Year: 1992)
X	Lima-Rogel et al ((2016), Aluminum Contamination in Parenteral Nutrition Admixtures for Low-Birth-Weight Preterm Infants in Mexico. Journal of Parenteral and Enteral Nutrition, 40: 1014-1020) (Year: 2016)

*A copy of this reference is not being furnished with this Office action. (See MPEP § 707.05(a).)
Dates in MM-YYYY format are publication dates. Classifications may be US or foreign.

Notice of References Cited	Application/Control No. 16/248,460	Applicant(s)/Patent Under Reexamination Maloney et al.	
	Examiner BENJAMIN J PACKARD	Art Unit 1612	Page 2 of 2

U.S. PATENT DOCUMENTS

*	Document Number Country Code-Number-Kind Code	Date MM-YYYY	Name	CPC Classification	US Classification
	A				
	B				
	C				
	D				
	E				
	F				
	G				
	H				
	I				
	J				
	K				
	L				
	M				


FOREIGN PATENT DOCUMENTS

*	Document Number Country Code-Number-Kind Code	Date MM-YYYY	Country	Name	CPC Classification
	N				
	O				
	P				
	Q				
	R				
	S				
	T				

NON-PATENT DOCUMENTS

*	Include as applicable: Author, Title Date, Publisher, Edition or Volume, Pertinent Pages)	
U	Hintz, et al ((2008), Aluminum Exposure From Pediatric Parenteral Nutrition: Meeting the New FDA Regulation. JPEN J Parenter Enteral Nutr, 32: 242-246). (Year: 2008)	
V		
W		
X		

*A copy of this reference is not being furnished with this Office action. (See MPEP § 707.05(a).)
Dates in MM-YYYY format are publication dates. Classifications may be US or foreign.

Search Notes 	Application/Control No. 16/248,460	Applicant(s)/Patent Under Reexamination Maloney et al.
	Examiner BENJAMIN J PACKARD	Art Unit 1612

CPC - Searched*		
Symbol	Date	Examiner

CPC Combination Sets - Searched*		
Symbol	Date	Examiner

US Classification - Searched*			
Class	Subclass	Date	Examiner

* See search history printout included with this form or the SEARCH NOTES box below to determine the scope of the search.

Search Notes		
Search Notes	Date	Examiner
Palm inventor search	05/13/2019	BP
East search	05/13/2019	BP
CAPlus search- L-cysteine, impurities, aluminum, lead	05/13/2019	BP

Interference Search			
US Class/CPC Symbol	US Subclass/CPC Group	Date	Examiner

--	--

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	16/248,460
				Filing Date	January 15, 2019
				First Named Inventor	John Maloney
				Art Unit	1612
Examiner Name	Benjamin J. Packard				
Attorney Docket Number	066859/509450				
Sheet	1	of	14		

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)				
	209	US 6,992,218 B2		01-31-2006	Dietlin et al.	
	001	US 7,323,206 B1		01-29-2008	Driscoll et al.	
	002	US 9,220,700 B2		12-29-2015	Savarese et al.	

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	003	"Guidelines for the Use of Parenteral and Enteral Nutrition in Adult and Pediatric Patients," ASPEN Board of Directors and the Clinical Guidelines Task Force, Journal of Parenteral and Enteral Nutrition, 26(1 Suppl.):1SA-138SA, (2002).	
	004	"ACETADOTE (acetylcysteine) injection, for intravenous use: Prescribing Information [package insert]," Cumberland Pharmaceuticals Inc., 12 pages, (2017).	
	005	"AMINOSYN [prescribing information and label]," Hospira, Inc., 19 pages, (2012).	
	006	"ASHP Guidelines on the Safe Use of Automated Compounding Devices for the Preparation of Parenteral Nutrition Admixtures," Automation and Information Technology-Guidelines, 63-67, (2000).	
	007	"Chapter 18: Preparation of Parenteral Nutrition," Aseptic Processing Manual, NHS Technical Specialist Education and Training Group, 24 pages, (2018).	
	008	"Cysteine Hydrochloride Injection [Material Safety Data Sheet]," Hospira Inc., 6 pages, (2011).	
	009	"Cysteine Hydrochloride Injection [prescribing information]," Hospira, Inc., 4 pages, (2004). [Retrieved from the Internet December 28, 2016: <URL: https://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=113819 >].	
	010	"Cysteine," TOXNET: Toxicology Data Network, National Library of Medicine HSDB Database, 20 pages, (2016). [Retrieved from the Internet June 27, 2017: <URL: https://toxnet.nlm.nih.gov/cgi-bin/sis/search/a?dbs+hsdb:@term+@DOCNO+2109 >].	
	011	"Cysteine: Pediatric drug information," Lexicomp, Inc., 4 pages, (1978).	
	012	"Determination That Cysteine Hydrochloride Injection, USP, 7.25%, Was Not Withdrawn From Sale for Reasons of Safety or Effectiveness," Federal Register, 75(107):31790-31791, (2010).	
	013	"Effect of L-Cysteine (Acetium® Capsules) in Restoration of the Structure and Function of Gastric Mucosa After H. pylori Eradication in Patients with Atrophic Gastritis. A randomized, controlled trial." Study Protocol, BIOHIT HealthCare, 45 pages, (2016).	
	014	"Guideline on the Use of Parenteral Nutrition in Neonatal and Paediatric Units," Clinical Practice Guideline, Royal College of Physicians in Ireland, 46 pages, (2016).	

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	05/13/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	2	of	14	

015	"L-Cysteine [product information]," Sigma-Aldrich, Inc., 2 pages, (2003).
016	"L-CYSTEINE HYDROCHLORIDE [prescribing information and label]", Sandoz Inc., 6 pages, (2010).
017	"L-Cysteine Hydrochloride Injection, USP [prescribing information]," American Regent, Inc., 2 pages, (2009).
018	"PROSOL [prescribing information and label]," Baxter Healthcare Corporation, 14 pages, (2014).
019	"Safe Practices for Parenteral Nutrition Formulations," National Advisory Group on Standards and Practice Guidelines for Parenteral Nutrition, Journal of Parenteral and Enteral Nutrition, 22(2):49-66, (1998). [Retrieved from the Internet March 12, 2015: <URL: https://onlinelibrary.wiley.com/doi/10.1177/014860719802200249 >].
020	"Scientific Opinion on the safety and efficacy of L-cysteine hydrochloride monohydrate as a flavouring additive for pets," European Food Safety Authority Journal, 11(10):3437, 13 pages, (2013).
021	"The Provision of Parenteral Nutrition within Neonatal Services - A Framework for Practice," British Association of Perinatal Medicine, 27 pages, (2016).
022	"TRAVASOL [prescribing information and label]," Baxter Healthcare Corporation, 19 pages, (2017).
023	"TROPHAMINE [prescribing information and label]," B. Braun Medical Inc., 21 pages, (2014).
024	"TROPHAMINE® (Amino Acid Injections) [package insert]," B. Braun Medical Inc., pp. 5-16, (2003).
025	ABDULRAZIK et al., "Formulation for Slow Release of Oral Radiation-Protection Drugs," Int. J. Nucl. Med. Biol., 11(1):53-54, (1984).
026	ADVENIER et al., "Aluminum Contamination of Parenteral Nutrition and Aluminum Loading in Children on Long-Term Parenteral Nutrition," Journal of Pediatric Gastroenterology and Nutrition, 36(4):448-453, (2003). [Retrieved from the Internet June 6, 2018: <URL: https://journals.lww.com/jpgn/Fulltext/2003/04000/Aluminum_Contamination_of_Parenteral_Nutrition_and.5.aspx#pdf-link >].
027	ALLEN, Jr., Loyd V., "L-Cysteine Hydrochloride 50 mg/mL Injection," U.S. Pharmacist, 36(9):41-42, (2011). [Retrieved from the Internet May 26, 2016: <URL: https://www.uspharmacist.com/article/cysteinehydrochloride50mgmlinjection >].
028	ALLEN, Loyd V., "Chapter 1: Guidelines for Compounding Practices," The Art, Science, and Technology of Pharmaceutical Compounding, 4th Ed.:1-18, (2012).
029	ALLWOOD et al., "Compatibility and Stability of Additives in Parenteral Nutrition Admixtures," Nutrition, 14(9):697-706, (1998).
030	ANDERSON et al., "Physical Compatibility of Calcium Chloride and Sodium Glycerophosphate in Pediatric Parenteral Nutrition Solutions," Journal of Parenteral and Enteral Nutrition, 40(8):1166-1169, (2016, Epub. 2015). [Retrieved from the Internet October 24, 2015: <URL: https://onlinelibrary.wiley.com/doi/epdf/10.1177/0148607115592673 >].
031	AYERS et al., "A.S.P.E.N. Parenteral Nutrition Safety Consensus Recommendations," Scholarship and Professional Work – COPHS, Butler University, 66 pages, (2014).

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P./

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	3	of	14	

032	BAINES et al., "The Association Between Cysteine, Bone Turnover, and Low Bone Mass," <i>Calcif Tissue Int</i> , 81(6):450-454, (2007).
033	BALOGH, Judit Kovácsné, "Preparation and examination of TPN systems for the individual clinical therapy," (Ph.D. Thesis), Semmelweis University, Hungary, 116 pages, (2007).
034	BENGOA et al., "Amino acid-induced hypercalciuria in patients on total parenteral nutrition," <i>The American Journal of Clinical Nutrition</i> , 38(2):264-269, (1983). [Retrieved from the Internet December 14, 2017: <URL: https://academic.oup.com/ajcn/article-abstract/38/2/264/4690894 >].
035	BETTNER et al., "Effects of pH, Temperature, Concentration, and Time on Particle Counts in Lipid-Containing Total Parenteral Nutrition Admixtures," <i>Journal of Parenteral and Enteral Nutrition</i> , 10(4):375-380, (1986). [Retrieved from the Internet March 10, 2015: <URL: https://onlinelibrary.wiley.com/doi/epdf/10.1177/0148607186010004375 >].
036	BISHOP et al., "Aluminum Neurotoxicity in Preterm Infants Receiving Intravenous-Feeding Solutions," <i>The New England Journal of Medicine</i> , 336(22):1557-1561, (1997). [Retrieved from the Internet June 5, 2018: <URL: https://www.nejm.org/doi/full/10.1056/NEJM199705293362203 >].
037	BISTRIAN, Bruce R., "Brief History of Parenteral and Enteral Nutrition in the Hospital in the USA," <i>Nestlé Nutr Inst Workshop Ser Clin Perform Program</i> , 12:127-136, (2009).
038	BJELTON et al., "Availability of Cysteine and of L-2-Oxo-Thiazolidine-4-Carboxylic Acid as a Source of Cysteine in Intravenous Nutrition," <i>Journal of Parenteral and Enteral Nutrition</i> , 14(2):177-182, (1990).
039	BOHRER et al., "Aluminum Loading in Preterm Neonates Revisited," <i>JPGN</i> , 51(2):237-241, (2010).
040	BORGES-SANTOS et al., "Plasma glutathione of HIV+ patients responded positively and differently to dietary supplementation with cysteine or glutamine," <i>Nutrition</i> , 28(7-8):753-756, (2012).
041	BOULLATA et al., "A.S.P.E.N. Clinical Guidelines: Parenteral Nutrition Ordering, Order Review, Compounding, Labeling, and Dispensing," <i>Journal of Parenteral and Enteral Nutrition</i> , 38(3):334-377, (2014).
042	BRIGHAM et al., "The Concentrations of Cysteine and Cystine in Human Blood Plasma," <i>J Clin Invest</i> , 39(11):1633-1638, (1960).
043	BROWN et al., "Potential Aluminum Exposure from Parenteral Nutrition in Patients with Acute Kidney Injury," <i>The Annals of Pharmacotherapy</i> , 42(10):1410-1415, (2008).
044	BULBUL et al., "Letter to the Editor: Nutritional support in preterm infants," <i>Pediatrics and Neonatology</i> , 58(6):562, (2017).
045	BULLOCK et al., "Emulsion Stability in Total Nutrient Admixtures Containing a Pediatric Amino Acid Formulation," <i>Journal of Parenteral and Enteral Nutrition</i> , 16(1):64-68, (1992). [Retrieved from the Internet February 10, 2015: <URL: https://onlinelibrary.wiley.com/doi/pdf/10.1177/014860719201600164 >].
046	CALKINS et al., "Effect of High-Dose Cysteine Supplementation on Erythrocyte Glutathione: a Double-Blinded, Randomized Placebo Controlled Pilot Study in Critically Ill Neonates," <i>JPEN J Parenter Enteral Nutr.</i> , 40(2):226-234, (2016).

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	4	of	14	

047	CARLSON et al., "Neonatal Parenteral and Enteral Nutrition: A Resource Guide for the Student and Novice Neonatal Nurse Practitioner," National Association of Neonatal Nurse Practitioners, 23 pages, (2010).
048	CONNELLY et al., "Congenital Hypothyroidism Caused by Excess Prenatal Maternal Iodine Ingestion," The Journal of Pediatrics, 161(4):760-762, (2012).
049	COURTNEY-MARTIN et al., "Plasma Aluminum Concentrations in Pediatric Patients Receiving Long-Term Parenteral Nutrition," Journal of Parenteral and Enteral Nutrition, 39(5):578-585, (2014).
050	COURTNEY-MARTIN et al., "The Addition of Cysteine to the Total Sulphur Amino Acid Requirement as Methionine Does Not Increase Erythrocytes Glutathione Synthesis in the Parenterally Fed Human Neonate," Pediatric Research, 67(3):320-324, (2010).
051	DARKWA et al., "Antioxidant Chemistry: Oxidation of L-Cysteine and Its Metabolites by Chlorite and Chlorine Dioxide," J. Phys. Chem. A., 108(26):5576-5587, (2004).
052	DE CLOET et al., "Physicochemical stable standard all-in-one parenteral nutrition admixtures for infants and children in accordance with the ESPGHAN/ESPEN guidelines," Nutrition, 49:41-47, (2018).
053	DELANGE, F., "Optimal Iodine Nutrition during Pregnancy, Lactation and the Neonatal Period," Int J Endocrinol Metab, 2(1):1-12, (2004).
054	DELANGE, Francois, "Iodine deficiency in Europe and its consequences: an update," Eur J Nucl Med, 29(Suppl. 2):S404-S416, (2002).
055	DELANGE, Francois, "Iodine requirements during pregnancy, lactation and the neonatal period and indicators of optimal iodine nutrition," Public Health Nutrition: 10(12A):1571-1580, (2007).
056	Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids, The National Academies Press, 1358 pages, (2002). [Retrieved from the Internet December 12, 2017: <URL: http://www.nap.edu/10490 >].
057	Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc, National Academy Press, 800 pages, (2000). [Retrieved from the Internet December 16, 2018: <URL: http://www.nap.edu/catalog/10026.html >].
058	DILGER et al., "Excess Dietary L-Cysteine, but Not L-Cystine, Is Lethal for Chicks but Not for Rats or Pigs," The Journal of Nutrition, 137(2):331-338, (2007). [Retrieved from the Internet June 28, 2017: <URL: https://academic.oup.com/jn/article/137/2/331/4664534 >].
059	DOMINGO et al., "Risks of aluminium exposure during pregnancy," Contributions to Science, 1(4):479-487, (2000).
060	DUMORTIER et al., "Development of a Thermogelling Ophthalmic Formulation of Cysteine," Drug Development and Industrial Pharmacy, 32(1):63-72, (2006). [Retrieved from the Internet May 12, 2015: <URL: https://www.tandfonline.com/doi/full/10.1080/03639040500390934 >].
061	EL-SHENAWY et al., "Nephrotoxicity of sodium valproate and protective role of L-cysteine in rats at biochemical and histological levels," J Basic Clin Physiol Pharmacol, 27(5):497-504, (2016). [Retrieved from the Internet May 4, 2016: <URL: https://www.degruyter.com/view/j/jbcpp.2016.27.issue-5/jbcpp-2015-0106/jbcpp-2015-0106.xml >].

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	5	of	14	

062	FEWTRELL et al., "Aluminium exposure from parenteral nutrition in preterm infants and later health outcomes during childhood and adolescence," Symposium 2: Micronutrients under the Microscope, Proceedings of the Nutrition Society, 70(3):299-304, (2011). [Retrieved from the Internet June 4, 2018: <URL: https://www.cambridge.org/core/journals/proceedings-of-the-nutrition-society/article/aluminium-exposure-from-parenteral-nutrition-in-preterm-infants-and-later-health-outcomes-during-childhood-and-adolescence/F5D0A6109616E8C9D7F8C2C707213860/core-reader >].
063	FLORA et al., "Chelation in Metal Intoxication," Int. J. Environ. Res. Public Health, 7(7):2745-2788, (2010).
064	FORTENBERRY et al., "Evaluating Differences in Aluminum Exposure through Parenteral Nutrition in Neonatal Morbidities," Nutrients, 9(11):E1249, 6 pages, (2017).
065	FREY et al., "Confirming the Causative Role of Acetaminophen in Indeterminate Acute Liver Failure Using Acetaminophen-Cysteine Adducts," J. Med. Toxicol., 11(2):218-222, (2015).
066	FURST et al., "Parenteral nutrition by a solution of crystalline amino acids," Acta Med Scand Suppl., 472:283-293, (1967).
067	FUSCH et al., "Neonatology/Paediatrics – Guidelines on Parenteral Nutrition, Chapter 13," GMS German Medical Science, 7(Doc15):23 pages, (2009).
068	GHIRRI et al., "Iodine Supplementation in the Newborn," Nutrients, 6(1):382-390, (2014).
069	GURA et al., "Aluminum contamination in products used in parenteral nutrition: Has anything changed?," Nutrition, 26(6):585-594, (2010).
070	GURA et al., "Recent developments in aluminium contamination of products used in parenteral nutrition," Curr Opin Clin Nutr Metab Care, 9(3):239-246, (2006).
071	HARDY et al., "Formulation, Stability, and Administration of Parenteral Nutrition With New Lipid Emulsions," Nutrition in Clinical Practice, 24(5):616-625, (2009).
072	HARDY et al., "P.83: Stability of aqueous cysteine solutions for TPN [Abstract]," Clinical Nutrition, 12(Suppl 2):61, (1993).
073	HARMAN et al., "Free Radical Metabolites of L-Cysteine Oxidation," The Journal of Biological Chemistry, 259(9):5606-5611, (1984). [Retrieved from the Internet February 6, 2017: <URL: http://www.jbc.org/content/259/9/5606.full.pdf >].
074	HEIRD et al., "Pediatric Parenteral Amino Acid Mixture in Low Birth Weight Infants," Pediatrics, 81(1):41-50, (1988). [Retrieved from the Internet December 8, 2017: <URL: http://pediatrics.aappublications.org/content/81/1/41 >].
075	HELLSTRÖM et al., "Sa1863. L-Cysteine Slow-Release Capsule Formulation in Prevention of Gastric Carcinogenesis Associated With Atrophic Gastritis," AGA Abstracts, 146(5, Suppl 1):S-315, (2014).
076	HELMS et al., "Cysteine supplementation results in normalization of plasma taurine concentrations in children receiving home parenteral nutrition," J Pediatr, 134(3):358-361, (1999).
077	HERNÁNDEZ-SÁNCHEZ et al., "Aluminium in parenteral nutrition: a systematic review," European Journal of Clinical Nutrition, 67(3):230-238, (2013).

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	6	of	14	

078	HEYMAN et al., "Aluminum Does Not Accumulate in Teenagers and Adults on Prolonged Parenteral Nutrition Containing Free Amino Acids," Journal of Parenteral and Enteral Nutrition, 10(1):86-87, (1986).
079	HO et al., "Trend of Nutritional Support in Preterm Infants," Pediatrics and Neonatology, 57(5):365-370, (2016).
080	HU et al., "Efficacy and safety of acetylcysteine in "non-acetaminophen" acute liver failure: A meta-analysis of prospective clinical trials," Clin Res Hepatol Gastroenterol, 39(5):594-599, (2015).
081	HULST, Jessie, "Principles of feeding the preterm infant," 36th ESPEN Congress, Geneva, 44 pages, (2014).
082	HUSTON et al., "Calcium Chloride in Neonatal Parenteral Nutrition Solutions with and without Added Cysteine: Compatibility Studies Using Laser and Micro-Flow Imaging Methodology," PLoS ONE, 10(8):e0136894, (2015).
083	HUSTON et al., "Calcium chloride in neonatal parenteral nutrition: A 15 year experience," Journal of Neonatal-Perinatal Medicine, 10(1):33-38, (2017).
084	HUSTON et al., "Calcium Chloride in Neonatal Parenteral Nutrition: Compatibility Studies Using Laser Methodology," PLoS ONE, 9(9):e106825, (2014).
085	ISHII et al., "A case of drug-induced ductopenia resulting in fatal biliary cirrhosis," Liver, 13(4):227-231, (1993).
086	ISHII et al., "Cystathionine γ -Lyase-deficient Mice Require Dietary Cysteine to Protect against Acute Lethal Myopathy and Oxidative Injury," The Journal of Biological Chemistry, 285(34):26358-26368, (2010).
087	JADHAV et al., "Parenteral Amino Acid and Metabolic Acidosis in Premature Infants," JPEN J Parenter Enteral Nutr., 31(4):278-283, (2007).
088	JANAKY et al., "Mechanisms of L-Cysteine Neurotoxicity," Neurochemical Research, 25(9/10):1397-1405 (2000).
089	Jl et al., "Excessive L-cysteine induces vacuole-like cell death by activating endoplasmic reticulum stress and mitogen-activated protein kinase signaling in intestinal porcine epithelial cells," Amino Acids, 48(1):149-156, (2015).
090	JOHN et al., "Total parenteral nutrition usage trends in the United States," Journal of Critical Care, 40:312-313, (2017).
091	KARTAL et al., "Compatibility of chewing gum excipients with the amino acid L-cysteine and stability of the active substance in directly compressed chewing gum formulation," Journal of Pharmacy and Pharmacology, 60(9):1131-1138, (2008).
092	KARTAL et al., "Formulation and in-vivo evaluation of L-cysteine chewing gums for binding carcinogenic acetaldehyde in the saliva during smoking," Journal of Pharmacy and Pharmacology, 59(10):1353-1358, (2007).
093	KARTAL-HODZIC, Alma, "Formulation studies for eliminating saliva carcinogenic acetaldehyde with L-cysteine containing chewing gum," (Academic Dissertation), Division of Biopharmaceutics and Pharmacokinetics, University of Helsinki, Finland, 60 pages, (2012).

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	7	of	14	

094	KLEIN et al., "Hypocalcemia Complicating Deferoxamine Therapy in an Infant with Parenteral Nutrition-Associated Aluminum Overload: Evidence for a Role of Aluminum in the Bone Disease of Infants," <i>Journal of Pediatric Gastroenterology and Nutrition</i> , 9(3):400-403, (1989). [Retrieved from the Internet June 5, 2018: <URL: https://journals.lww.com/jpgn/Abstract/1989/10000/Hypocalcemia_Complicating_Deferoxamine_Therapy_in.24.aspx >].
095	KLEIN, Catherine J., "Nutrient Requirements For Preterm Infant Formulas," <i>The Journal of Nutrition</i> , 132(6 Suppl 1):1395S-1577S, (2002). [Retrieved from the Internet December 6, 2017: <URL: http://jn.nutrition.org >].
096	KOLARIC et al., "Solutions Preparing for Total Parenteral Nutrition for Children," <i>Proceedings of the 7th WSEAS International Conference on Mathematics & Computers in Biology & Chemistry</i> , Cavtat, Croatia, 6 pages, (2006).
097	KOLETZKO et al., "Guidelines on Paediatric Parenteral Nutrition: 3. Amino Acids," <i>J. Pediatr. Gastroenterol. Nutr.</i> , 41(Suppl. 2):S12-S18, (2005).
098	KOMURA et al., "Increased Incidence of Cholestasis during Total Parenteral Nutrition in Children," <i>The Kurume Medical Journal</i> , 40(1):7-11, (1993).
099	KOO et al., "Response to aluminum in parenteral nutrition during infancy," <i>The Journal of Pediatrics</i> , 109(5):877-883, (1986).
100	LAINE et al., "Cysteine usage increases the need for acetate in neonates who receive total parenteral nutrition," <i>The American Journal of Clinical Nutrition</i> , 54(3):565-567, (1991). [Retrieved from the Internet April 14, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/54/3/565/4694399 >].
101	LAPILLONNE et al., "Quality of newborn care: adherence to guidelines for parenteral nutrition in preterm infants in four European countries," <i>BMJ Open</i> , 3(9):E003478, 8 pages, (2013). [Retrieved from the Internet June 6, 2018: <URL: https://bmjopen.bmj.com/content/3/9/e003478 >].
102	LARCHET et al., "Aluminium Loading in Children Receiving Long-term Parenteral Nutrition," <i>Clinical Nutrition</i> , 9(2):79-83, (1990).
103	LEE et al., "AASLD Position Paper: The Management of Acute Liver Failure: Update 2011," <i>Hepatology</i> , 1-22 and Corrections, (2011).
104	LEE et al., "Introduction to the Revised American Association for the Study of Liver Diseases Position Paper on Acute Liver Failure 2011," <i>Hepatology</i> , 55(3):965-967, (2012).
105	LEUNG et al., "Consequences of excess iodine," <i>Nat Rev Endocrinol.</i> , 10(3):136-142, (2014).
106	LEYDEN et al., "Stabilization of Solutions of Cysteine and its Derivatives," <i>Can. J. Biochem.</i> , 45(4):611-614, (1967). [Retrieved from the Internet November 12, 2014: <URL: https://www.nrcresearchpress.com/doi/pdf/10.1139/o67-071 >].
107	LI et al., "Acute and sub-chronic toxicity of glucose-cysteine Maillard reaction products in Sprague-Dawley rats," <i>Food and Chemical Toxicology</i> , 80:271-276, (2015).
108	LOOK et al., "Is the Increase in Serum Cystathionine Levels in Patients with Liver Cirrhosis a Consequence of Impaired Homocysteine Transsulfuration at the Level of γ -Cystathionase?," <i>Scand J Gastroenterol</i> , 35(8):866-872, (2000). [Retrieved from the Internet October 25, 2014: <URL: https://www.tandfonline.com/doi/abs/10.1080/003655200750023255 >].

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
			Attorney Docket Number	066859/509450
Sheet	8	of	14	
<i>(Use as many sheets as necessary)</i>				

	109	MACKAY et al., "Physical Compatibility of Sodium Glycerophosphate and Calcium Gluconate in Pediatric Parenteral Nutrition Solutions," JPEN J Parenter Enteral Nutr, 39(6):725-728, (2015, Epub. 2014). [Retrieved from the Internet April 6, 2014: <URL: http://pen.sagepub.com/content/early/2014/03/31/0148607114528982 >].		
	110	MACKAY et al., "The Solubility of Calcium and Phosphate in Two Specialty Amino Acid Solutions," Journal of Parenteral and Enteral Nutrition, 20(1):63-66, (1996). [Retrieved from the Internet April 17, 2015: <URL: https://onlinelibrary.wiley.com/doi/epdf/10.1177/014860719602000163 >].		
	111	MALLOY et al., "Cyst(e)ine measurements during total parenteral nutrition," The American Journal of Clinical Nutrition, 37(2):188-191, (1983). [Retrieved from the Internet April 14, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/37/2/188/4690722 >].		
	112	MALLOY et al., "Cysteine Supplementation During Total Parenteral Nutrition (TPN) [Abstract]," Clinical Nutrition, 1(Suppl.):49, (1982).		
	113	MALLOY et al., "Cysteine Supplementation of Total Parenteral Nutrition: the Effect in Beagle Pups," Pediatric Research, 18(8):747-751, (1984).		
	114	MALLOY et al., "Total Parenteral Nutrition in Sick Preterm Infants: Effects of Cysteine Supplementation with Nitrogen Intakes of 240 and 400 mg/kg/day," Journal of Pediatric Gastroenterology and Nutrition, 3(2):239-244, (1984).		
	115	MANZ, Friedrich, "L-Cysteine in metabolic acidosis of low-birth-weight infants," Am J Clin Nutr, 57(3):455-456, (1993). [Retrieved from the Internet April 16, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/57/3/455/4715721 >].		
	116	MATTOX et al., "Chapter 142: Parenteral Nutrition," Pharmacotherapy: A Pathophysiologic Approach, 10e, McGraw Hill, Ed. Joseph T. DiPiro et al., 38 pages, (2016). [Retrieved from the Internet December 5, 2017: <URL: https://accesspharmacy.mhmedical.com/content.aspx?bookid=1861&sectionid=146076679 >].		
	117	MCCARTHY et al., "Standardised versus Individualized Parenteral Nutrition," Irish Medical Journal, 109(4):10 pages, (2016). [Retrieved from the Internet June 6, 2018: <URL: http://imj.ie/standardised-versus-individualised-parenteral-nutrition-further-food-for-thought/ >].		
	118	MCCLAVE et al., "Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.)," Journal of Parenteral and Enteral Nutrition, 40(2):159-211, (2016).		
	119	Metabolic Processes in the Foetus and Newborn Infant, Nutricia Symposium, Ed. J. H. P. Jonxis et al., H. E. Stenfert Kroese N.V., 317 pages, (1971).		
	120	MILLER et al., "Decreased Cysteine and Proline Synthesis in Parenterally Fed, Premature Infants," Journal of Pediatric Surgery, 30(7):953-958, (1995).		
	121	MILLER, Sarah J., "Parenteral Nutrition," U.S. Pharmacist, 7(HS10-HS20):31 pages, (2006). [Retrieved from the Internet September 26, 2018: <URL: https://www.uspharmacist.com/article/parenteral-nutrition >].		
	122	MIRTALLO et al., "Safe Practices for Parenteral Nutrition," Journal of Parenteral and Enteral Nutrition, 28(6):S39-S70, (2004). [Retrieved from the Internet January 23, 2014: <URL: https://journals.sagepub.com/doi/abs/10.1177/0148607104028006s39 >].		
	123	MORENO et al., "Aluminium in the neonate related to parenteral nutrition," Acta Paediatr, 83(1):25-29, (1994).		
Examiner Signature	/BENJAMIN J PACKARD/		Date Considered	06/14/2019

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	9	of	14	

	124	MORENO VILLARES et al., "Current use of parenteral nutrition in a pediatric hospital. Comparison to the practise 8 years ago," <i>Nutr. Hosp.</i> , 20(1):46-51, (2005).	Yes
	125	MUHLEBACH, Stefan, "Parenteral Nutrition: The Role of the Pharmacist in the Era of 3-chamber Bags," 27th ESPEN Congress, Brussels, 49 pages, (2005).	
	126	MUNDI et al., "Prevalence of Home Parenteral and Enteral Nutrition in the United States [Abstract]," <i>Nutr Clin Pract.</i> , 32(6):799-805, (2017). [Retrieved from the Internet June 6, 2018: <URL: http://journals.sagepub.com/doi/pdf/10.1177/0884533617718472 >].	
	127	MURPHY et al., "Annual Summary of Vital Statistics: 2013–2014," <i>Pediatrics</i> , 139(6):e20163239, (2017). [Retrieved from the Internet June 6, 2018: <URL: http://pediatrics.aapublications.org/content/139/6/e20163239 >].	
	128	NGUYEN et al., "Effect of Increasing Glutathione With Cysteine and Glycine Supplementation on Mitochondrial Fuel Oxidation, Insulin Sensitivity, and Body Composition in Older HIV-Infected Patients," <i>J Clin Endocrinol Metab.</i> , 99(1):169-177, (2014). [Retrieved from the Internet December 12, 2017: <URL: https://academic.oup.com/jcem/article-abstract/99/1/169/2836223 >].	
	129	NIERMEYER et al., "Optimized calcium/phosphorus solubility in a parenteral nutrition solution containing dicarboxylic amino acids and cysteine," <i>Journal of the American College of Nutrition</i> , 5(5):459-466, (1986). [Retrieved from the Internet April 21, 2015: <URL: https://www.tandfonline.com/doi/pdf/10.1080/07315724.1986.10720149 >].	
	130	NISHIYAMA et al., "Transient Hypothyroidism or Persistent Hyperthyrotropinemia in Neonates Born to Mothers with Excessive Iodine Intake," <i>Thyroid</i> , 14(2):1077-1083, (2004).	
	131	OLNEY et al., "Brain Damage in Infant Mice following Oral Intake of Glutamate, Aspartate or Cysteine," <i>Nature</i> , 227(5258):609-611, (1970).	
	132	O'NEAL et al., "Compliance with safe practices for preparing parenteral nutrition formulations," <i>Am J Health Syst Pharm</i> , 59(3):264-269, (2002).	
	133	PARIKH et al., "Physical compatibility of neonatal total parenteral nutrient admixtures containing organic calcium and inorganic phosphate salts," <i>Am J Health Syst Pharm</i> , 62(11):1177-1183, (2005).	
	134	PATANWALA et al., "Antiemetic Therapy for Nausea and Vomiting in the Emergency Department," <i>The Journal of Emergency Medicine</i> , 39(3):330-336, (2010).	
	135	PATEL et al., "Total parenteral nutrition for premature infants: practice aspects," <i>Journal of Nature and Science (JNSC)</i> , 3(1):e301, 6 pages, (2017).	
	136	PATT et al., "Cysteine Protection against X Irradiation," <i>Science</i> , 110(2852):213-214, (1949).	
	137	PAULIKOVA et al., "Iodine toxicity in ruminants," <i>Vet. Med. - Czech</i> , 47(12):343-350, (2002).	
	138	PERTKIEWICZ et al., "Basics in clinical nutrition: Stability of parenteral nutrition admixtures," <i>e-SPEN, the European e-Journal of Clinical Nutrition and Metabolism</i> , 4(3):e117-e119, (2009).	
	139	PLOGSTED et al., "Parenteral Nutrition L-Cysteine Product Shortage Considerations," <i>Nutrition in Clinical Practice</i> , 30(4):579-580, (2015).	
	140	POOLE et al., "Aluminum Exposure From Pediatric Parenteral Nutrition: Meeting the New FDA Regulation," <i>Journal of Parenteral and Enteral Nutrition</i> , 32(3):242-246, (2008).	

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P./

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
			Attorney Docket Number	066859/509450
Sheet	10	of	14	

	141	POOLE et al., "Aluminum Exposure in Neonatal Patients Using the Least Contaminated Parenteral Nutrition Solution Products," <i>Nutrients</i> , 12(4):1566-1574, (2012).	
	142	PYATI et al., "Absorption of iodine in the neonate following topical use of povidone iodine," <i>The Journal of Pediatrics</i> , 91(5):825-828, (1977).	
	143	RABBANI et al., "Glycation research in amino acids: a place to call home," <i>Amino Acids</i> , 42:1087-1096, (2012). [Retrieved from the Internet May 10, 2016: <URL: https://www.researchgate.net/publication/47567399 >].	
	144	RASSIN, David Keith, "Essential and Non-essential Amino Acids in Neonatal Nutrition," <i>Protein Metabolism During Infancy</i> , 33:183-195, (1994).	
	146	RIEDIJK et al., "Cyst(e)ine Requirements in Enterally Fed Very Low Birth Weight Preterm Infants," <i>Pediatrics</i> , 121(3):e561-e567, (2008). [Retrieved from the Internet April 10, 2015: <URL: http://pediatrics.aappublications.org/content/121/3/e561.full.html >].	
	147	RIEDIJK et al., "Cysteine: a conditionally essential amino acid in low-birth-weight preterm infants?," <i>The American Journal of Clinical Nutrition</i> , 86(4):1120-1125, (2007). [Retrieved from the Internet April 13, 2015: <URL: https://academic.oup.com/ajcn/article/86/4/1120 >].	
	148	RIEDIJK, M.A., "Neonatal Sulfur Amino Acid Metabolism," (Thesis), Erasmus Universiteit Rotterdam, the Netherlands, 176 pages, (2008).	
	149	RIPPS et al., "Review: Taurine: A "very essential" amino acid," <i>Molecular Vision</i> , 18:2673-2686, (2012).	
	150	RUBALTELLI et al., "Parenteral Nutrition of the Newborn," <i>Feeding the Sick Infant, Nestlé Nutrition Workshop Series</i> , 11:241-255, (1987).	
	151	SALASPURO et al., "Eliminating Carcinogenic Acetaldehyde By Cysteine From Saliva During Smoking," <i>Cancer Epidemiol Biomarkers Prev</i> , 15(1):146-149, (2006). [Retrieved from the Internet May 26, 2016: <URL: http://cebp.aacrjournals.org/content/15/1/146 >].	
	152	SALASPURO et al., "Removal of Acetaldehyde 2from Saliva by a Slow-Release Buccal Tablet of L-Cysteine," <i>Int. J. Cancer</i> , 97(3):361-364, (2002).	
	153	SANDILANDS et al., "Adverse reactions associated with acetylcysteine," <i>Clinical Toxicology</i> , 47(2):81-88, (2009). [Retrieved from the Internet July 10, 2014: <URL: https://www.tandfonline.com/doi/full/10.1080/15563650802665587 >].	
	154	SAWAMOTO et al., "Development of Sperm Granulomas in the Epididymides of L-Cysteine-Treated Rats," <i>Toxicologic Pathology</i> , 31(3):281-289, (2003).	
	155	SAWAMOTO et al., "Four-Week Intravenous Repeated Dose Toxicity Study of L-Cysteine in Male Rats," <i>The Journal of Toxicological Sciences</i> , 28(2):95-107, (2003).	
	156	SAWAMOTO et al., "L-Cysteine-induced brain damage in adult rats," <i>Experimental and Toxicologic Pathology</i> , 56(1-2):45-52, (2004).	
	157	SCHANLER et al., "Parenteral nutrition in premature infants," <i>UptoDate</i> , 23 pages, (2014).	
	158	SCHMIDT et al., "Cost Containment Using Cysteine HCl Acidification to Increase Calcium/Phosphate Solubility in Hyperalimentation Solutions," <i>Journal of Parenteral and Enteral Nutrition</i> , 10(2):203-207, (1986). [Retrieved from the Internet April 2, 2015: <URL: https://onlinelibrary.wiley.com/doi/10.1177/0148607186010002203 >].	

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	11	of	14	

159	SCHULPIS et al., "L-Cysteine supplementation protects the erythrocyte glucose-6-phosphate dehydrogenase activity from reduction induced by forced training," <i>Clinical Biochemistry</i> , 39(10):1002-1006, (2006).
160	SEARS, Margaret E., "Chelation: Harnessing and Enhancing Heavy Metal Detoxification—A Review," <i>The Scientific World Journal</i> , 2013(219840):13 pages, (2013).
161	SEGAL et al., "Delineation of Cystine and Cysteine Transport Systems in Rat Kidney Cortex by Developmental Patterns," <i>Proc Natl Acad Sci USA</i> , 63(3):926-933, (1969).
162	SHELTON et al., "Plasma Amino Acid Concentrations in 108 Children Receiving a Pediatric Amino Acid Formulation as Part of Parenteral Nutrition," <i>J Pediatr Pharmacol Ther</i> , 15(2):110-118, (2010).
163	SHEW et al., "Assessment of cysteine synthesis in very low-birth weight neonates using a [13C6]glucose tracer," <i>Journal of Pediatric Surgery</i> , 40(1):52-56, (2005).
164	SHEW et al., "Improved Protein Metabolism in Neonates Receiving Parenteral Cysteine Supplementation," <i>Pediatric Research</i> , 45(290A), 3 pages, (1999). [Retrieved from the Internet April 18, 2018: <URL: http://www.nature.com/articles/pr19991842 >].
165	SHULMAN et al., "Parenteral Nutrition in Infants and Children," <i>Journal of Pediatric Gastroenterology and Nutrition</i> , 36(5):587-607, (2003).
166	SHULMAN et al., "Reply to F Manz," <i>Am J Clin Nutr</i> , 57(3):456, (1993). [Retrieved from the Internet April 16, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/57/3/456/4715642 >].
167	SIDHU et al., "L-Cysteine and Sodium Hydrosulphide Inhibit Spontaneous Contractility in Isolated Pregnant Rat Uterine Strips in vitro," <i>Pharmacology & Toxicology</i> , 88(4):198-203, (2001).
168	SIMMER et al., "Standardised Parenteral Nutrition," <i>Nutrients</i> , 5(4):1058-1070, (2013).
169	SINGER et al., "ESPEN Guidelines on Parenteral Nutrition: Intensive care," <i>Clinical Nutrition</i> , 28(4):387-400, (2009).
170	SINGH et al., "Physical compatibility of neonatal total parenteral nutrition admixtures containing organic calcium and inorganic phosphate salts in a simulated infusion at 37°C," <i>Pediatr Crit Care Med</i> , 10(2):213-216, (2009).
171	SMITH et al., "Effect of additive selection on calculated aluminum content of parenteral nutrient solutions," <i>Am. J. Health Syst. Pharm.</i> , 64(7):730-739, (2007).
172	SOGHIER et al., "Cysteine, cystine or N-acetylcysteine supplementation in parenterally fed neonates (Updates)," <i>Cochrane Database of Systematic Reviews</i> , 4(CD004869):13 pages, (2009). [Retrieved from the Internet April 14, 2015: <URL: https://www.nichd.nih.gov/cochrane_data/brionl_07/brionl_07.html >].
173	SOGHIER et al., "Cysteine, cystine or N-acetylcysteine supplementation in parenterally fed neonates," <i>Cochrane Database of Systematic Reviews</i> , 4(CD004869):40 pages, (2006).
174	STAUN et al., "ESPEN Guidelines on Parenteral Nutrition: Home Parenteral Nutrition (HPN) in adult patients," <i>Clinical Nutrition</i> , 28(4):467-479, (2009).
175	STAWNY et al., "Pharmaceutical Point of View on Parenteral Nutrition," Hindawi Publishing Corporation, 2013(415310), 9 pages, (2013).

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	16/248,460
			Filing Date	January 15, 2019
			First Named Inventor	John Maloney
			Art Unit	1612
			Examiner Name	Benjamin J. Packard
<i>(Use as many sheets as necessary)</i>			Attorney Docket Number	066859/509450
Sheet	12	of	14	

176	STIPANUK et al., "Mammalian Cysteine Metabolism: New Insights into Regulation of Cysteine Metabolism," <i>The Journal of Nutrition</i> , 136(6 Suppl):1652S-1659S, (2006). [Retrieved from the Internet February 7, 2017: <URL: http://jn.nutrition.org >].
177	STORM et al., "Cysteine Supplementation Normalizes Plasma Taurine Concentrations in Low Birth Weight Premature Infants Requiring Parenteral Nutrition Support [Abstract]," <i>Nutrition Week 2003 Abstracts</i> , 27(1):S4-S5, (2003).
178	STURMAN et al., "Absence of Cystathionase in Human Fetal Liver: Is Cystine Essential?," <i>Science</i> , 169(3940):74-76, (1970). [Retrieved from the Internet December 5, 2017: <URL: https://science.sciencemag.org/content/169/3940/74/tab-pdf >].
179	SZWERGOLD et al., "Transglycation—A Potential New Mechanism for Deglycation of Schiff's Bases," <i>Ann. N.Y. Acad. Sci.</i> , 1043:845-864, (2005).
180	TE BRAAKE et al., "High-Dose Cysteine Administration Does Not Increase Synthesis of the Antioxidant Glutathione Preterm Infants," <i>Pediatrics</i> , 124(5):e978-e984, (2009). [Retrieved from the Internet May 29, 2015: <URL: http://pediatrics.aappublications.org/content/124/5/e978.full.html >].
181	TELESSY et al., "Kinetic stability of all-in-one parenteral nutrition admixtures in the presence of high dose Ca ²⁺ additive under clinical application circumstances," <i>Nutrition Journal</i> , 11(32):5 pages, (2012).
182	THIBAUT, Maxime, "Possible Incompatibility between Amino Acids and Copper in Solutions for Pediatric Parenteral Nutrition," <i>CJHP</i> , 67(2):160-164, (2014).
183	THOMAS, David L., "Recommended Pinnacle® Compounder Ingredient Mixing Sequence," LDT Health Solutions, Inc., 4 pages, (2012).
184	THOMOVSKY et al., "Parenteral Nutrition: Formulation, Monitoring, and Complications," <i>Compend Contin Educ Vet., VetFolio</i> , 29(2):88-102, (2007). [Retrieved from the Internet September 27, 2018: <URL: http://www.vetfolio.com/nutrition/parenteral-nutrition-formulation-monitoring-and-complications >].
185	THOR et al., "Metabolic Activation and Hepatotoxicity," <i>Archives of Biochemistry and Biophysics</i> , 192(2):405-413, (1979).
186	TRISSEL et al., "Use of Cysteine Hydrochloride Injection to Increase the Solubility of Calcium and Phosphates in FreAmine III-Containing Parenteral Nutrition Solutions," <i>International Journal of Pharmaceutical Compounding</i> , 7(1):71-77, (2003).
187	VAN GOUDOEVER et al., "Amino Acid Solutions for Premature Neonates During the First Week of Life: The Role of N-Acetyl-L-Cysteine and N-Acetyl-L-Tyrosine," <i>Journal of Parenteral and Enteral Nutrition</i> , 18(5):404-408, (1994). [Retrieved from the Internet October 28, 2014: <URL: http://pen.sagepub.com/content/18/5/404 >].
188	VENDEMIALE et al., "Effects of Oral S-Adenosyl-L-Methionine on Hepatic Glutathione in Patients with Liver Disease," <i>Scand J Gastroenterol</i> , 24(4):407-415, (1989). [Retrieved from the Internet September 7, 2013: <URL: https://www.tandfonline.com/doi/abs/10.3109/00365528909093067 >].
189	VINA et al., "L-Cysteine and glutathione metabolism are impaired in premature infants due to cystathionase deficiency," <i>Am J Clin Nutr</i> , 61(5):1067-1069, (1995).
190	VINTON et al., "Taurine Concentrations in Plasma, Blood Cells, and Urine of Children Undergoing Long-Term Total Parenteral Nutrition," <i>Pediatric Research</i> , 21(4):399-403, (1987).

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO			Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>			Application Number	16/248,460	
			Filing Date	January 15, 2019	
			First Named Inventor	John Maloney	
			Art Unit	1612	
			Examiner Name	Benjamin J. Packard	
Sheet	13	of	14	Attorney Docket Number	066859/509450

191	WARSHAWSKY, Kathleen Young, "Intravenous Fat Emulsions in Clinical Practice," NCP, 7(4):187-196, (1992). [Retrieved from the Internet March 18, 2015: <URL: https://onlinelibrary.wiley.com/doi/epdf/10.1177/0115426592007004187x >].
192	WATROBSKA-SWIETLIKOWSKA et al., "Evaluation of physical stability of all in one parenteral admixtures for pediatric home care with high electrolytes concentrations," Nutr Hosp., 31(1):236-243, (2015).
193	WEINSTEIN et al., "In Vivo Studies of Cysteine Metabolism: Use of D-cysteinesulfinate, a novel cysteinesulfinate decarboxylase inhibitor, to probe taurine and pyruvate synthesis," The Journal of Biological Chemistry, 263(32):16568-16579, (1988).
194	WHYTE et al., "Safety and Effectiveness of Acetadote for Acetaminophen Toxicity," The Journal of Emergency Medicine, 39(5):607-611, (2010).
195	WILHELM et al., "Aluminum balance in intensive care patients," J. Trace Elements Med. Biol., 14(4):223-227, (2001).
196	WILLIAMS et al., "Supplemental Iodide for Preterm Infants and Developmental Outcomes at 2 Years: An RCT," Pediatrics, 139(5):e20163703, 14 pages, (2017). [Retrieved from the Internet December 12, 2018: <URL: http://pediatrics.aappublications.org/content/139/5/e20163703 >].
197	WLODEK, Lidia, "The Reaction of Sulfhydryl Groups with Carbonyl Compounds," Acta Biochimica Polonica, 35(4):307-317, (1988).
198	WOOLSEY, Patricia B.E., "Cysteine, Sulfite, and Glutamate Toxicity: A Cause of ALS?," The Journal of Alternative and Complementary Medicine, 14(9):1159-1164, (2008).
199	YAMAGUCHI et al., "Induction and Activation of Cysteine Oxidase of Rat Liver. II. The Measurement of Cysteine Metabolism in vivo and the Activation of in vivo Activity of Cysteine Oxidase," Biochimica et Biophysica Acta, 297(1):48-59, (1973).
200	YAO et al., "Effect of glucose-cysteine adduct as a cysteine prodrug in rats," Amino Acids, 12(1):85-94, (1997).
201	YAO et al., "Protective effect of glucose-cysteine adduct on the in situ perfused rat liver," Amino Acids, 12(1):33-40, (1997).
202	YARANDI et al., "Amino acid composition in parenteral nutrition: what is the evidence?," Curr Opin Clin Nutr Metab Care, 14(1):75-82, (2011).
203	YBARRA, Joseph V., "Calcium and Phosphate Solubility in Neonatal Parenteral Nutrient Solutions Containing TrophAmine," Nutrition in Clinical Practice, 25(4):353-356, (2010).
204	YIN et al., "L-Cysteine metabolism and its nutritional implications," Mol. Nutr. Food Res., 0:1-13, (2015).
205	ZERANGUE et al., "Interaction of L-cysteine with a human excitatory amino acid transporter," Journal of Physiology, 493(2):419-423, (1996).
206	ZHANG et al., "A Perspective on the Maillard Reaction and the Analysis of Protein Glycation by Mass Spectrometry: Probing the Pathogenesis of Chronic Disease," J Proteome Res., 8(2):754-769, (2009).
207	ZLOTKIN et al., "Cysteine supplementation to cysteine-free intravenous feeding regimens in newborn infants," The American Journal of Clinical Nutrition, 34(5):914-923, (1981). [Retrieved from the Internet April 14, 2015: <URL: https://academic.oup.com/ajcn/article-abstract/34/5/914/4431066 >].

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

Substitute for form 1449B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number	16/248,460
				Filing Date	January 15, 2019
				First Named Inventor	John Maloney
				Art Unit	1612
				Examiner Name	Benjamin J. Packard
Sheet	14	of	14	Attorney Docket Number	066859/509450

	208	ZLOTKIN et al., "The Development of Cystathionase Activity During the First Year of Life," <i>Pediatr. Res.</i> , 16(1):65-68, (1982).	
--	-----	--	--

Examiner Signature	/BENJAMIN J PACKARD/	Date Considered	06/14/2019
--------------------	----------------------	-----------------	------------

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.J.P/

EAST Search History

EAST Search History (Prior Art)

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	563	"l-cysteine" aluminum "pyruvic acid"	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/05/13 20:28
L3	4	"l-cysteine".clm. aluminum cystine pyruvic acid	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/05/13 20:29
S2	98	"l-cysteine" aluminum cystine pyruvic acid	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/05/13 16:16
S3	129	"l-cysteine" aluminum contaminate	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/05/13 16:53
S4	38	"l-cysteine" aluminum contaminate parenteral	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/05/13 16:53

5/ 13/ 2019 8:30:55 PM

C:\Users\bpackard\Documents\EAST\Workspaces\16248460.wsp

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 16/248,460 Confirmation No.: 6641
Applicant(s): Exela Pharma Sciences, LLC
Filed: January 15, 2019
Art Unit: 1612
Examiner: Packard, Benjamin J.
Title: STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR
INJECTION AND METHODS OF USE

Docket No.: 066859/509450
Customer No.: 826

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION UNDER 37 C.F.R. 1.111

In response to the Office Action dated June 19, 2019 (“Office Action”), Applicant respectfully submits:

A **Listing of the Claims** beginning on page 2 of this paper; and

Remarks beginning on page 7 of this paper.

LEGAL02/39175276v1
LEGAL02/39219792v1

Listing of the Claims:

1. (Original) A stable L-cysteine composition for parenteral administration, comprising:
L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;
Aluminum (Al) in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;
L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;
a pharmaceutically acceptable carrier, comprising water;
headspace oxygen that is from about 0.5% v/v to 4.0% v/v from the time of manufacture to about 1 month from manufacture when stored at room temperature;
dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,
wherein the composition is enclosed in a single-use container having a volume of from about 10 mL to about 100 mL.
2. (Original) The composition of claim 1, wherein the composition is essentially free of an antioxidant.
3. (Original) The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 200 ppb.
4. (Original) The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 150 ppb.
5. (Original) The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 100 ppb.

Appl. No.: 16/248,460
Amdt. dated September 6, 2019
Reply to Office Action of June 19, 2019

6. (Original) The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 50 ppb.
7. (Original) The composition of claim 1, wherein said Aluminum is present in an amount from about 1.0 ppb to about 20 ppb.
8. (Original) The composition of claim 1, wherein the composition comprises, from about 1.0 ppb to about 100 ppb of Aluminum from the container, from about 1.0 ppb to about 100 ppb of Aluminum from a cap of the container, from about 1.0 ppb to about 100 ppm of Aluminum from the L-cysteine, and from about 1.0 ppb to about 20 ppb of Aluminum from the water, wherein the total amount of Aluminum is from about 4.0 ppb to about 250 ppb.
9. (Original) The composition of claim 1, wherein said L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in an amount from about 20 mg/mL to about 70 mg/mL.
10. (Original) The composition of claim 1, wherein said L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in an amount from about 30 mg/mL to about 70 mg/mL.
11. (Original) The composition of claim 1, wherein said L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof is present in an amount of about 37.5 mg/mL.
12. (Original) The composition of claim 1, wherein said headspace oxygen is from about 2.0% v/v to about 4.0% v/v.
13. (Original) The composition of claim 1, wherein said headspace oxygen is from about 3.0% v/v to about 4.0% v/v.

Appl. No.: 16/248,460
Amdt. dated September 6, 2019
Reply to Office Action of June 19, 2019

14. (Original) The composition of claim 1, further comprising one or more heavy metals selected from the group consisting of Lead, Nickel, Arsenic and Mercury.

15. (Original) A total parenteral nutrition composition for parenteral administration, comprising an admixture of:

about 0.5 mL to about 10 mL an L-cysteine composition comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

Aluminum (Al) in an amount from about 10 ppb to about 80 ppb;

L-cystine in an amount from about 0.0.1 wt% to about 2.0 wt% relative to L-cysteine;

pyruvic acid in an amount from about 0.0.1 wt% to about 2.0 wt% relative to L-cysteine;

a pharmaceutically acceptable carrier, comprising water;

headspace oxygen that is from about 0.5% v/v to 4.0% v/v from the time of manufacture to about 1 month from manufacture when stored at room temperature;

dissolved oxygen present in the carrier in an amount from about 0.1 parts per million (ppm) to about 5 ppm from the time of manufacture to about 1 month from manufacture when stored at room temperature,

and, about 1 gram to 200 grams of an amino acid composition comprising:

one or more amino acids selected from the group consisting of leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine.

16. (Original) The composition of claim 15, where said L-cysteine composition and said amino acid composition are present in the admixture at a ratio of from about 1:50 to 1:1000.

17. (Original) The composition of claim 15, comprising:

L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof in an amount from about 10 mg/mL to about 100 mg/mL;

From about 10 mg/g amino acid to about 80 mg/g of one or more amino acids selected from the group consisting of leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and Aluminum (Al) in an amount from about 10 parts per billion (ppb) to about 80 ppb.

18. (Original) The composition of claim 17, wherein said L-cysteine is present at about 30 mg/g to about 50 mg/g of total amino acid content.
19. (Original) The composition of claim 17, wherein said L-cysteine is present at about 40 mg/g of total amino acid content.
20. (Original) The composition of claim 15, having a volume of about 100 mL to about 1000 mL for infusion within about 24 hours to about 48 hours of admixture.
21. (Currently amended) A method of preparing the composition of claim 1, comprising:
 - Stirring Water for Injection, USP (WFI) in a vessel at a temperature of NMT about 60°C;
 - Contacting the stirring WFI with Argon until the dissolved oxygen is NMT 1 ppm;
 - Allowing the vessel to cool to a temperature of NMT 30°C;
 - Contacting under the Argon the WFI with L-Cysteine Hydrochloride, Monohydrate, USP (L-Cysteine) for ~~[[NLT]]~~ NLT about 15 mins;
 - Continuing the mixing under Argon until the dissolved oxygen is NMT 1 ppm;
 - Adjusting the pH to about 1.8 with concentrated Hydrochloric Acid, NF and/or 5.0 N Sodium Hydroxide, NF;
 - Mixing for a minimum of about 10 minutes;
 - Capping the vessel under Argon and allowing to stand;
 - Filling said mixture into containers of use;
 - Reducing head space oxygen in said containers of use; and
 - Sealing said containers of use, wherein the dissolved oxygen in said containers of use is about 0.1 ppm to about 5 ppm.

Appl. No.: 16/248,460
Amdt. dated September 6, 2019
Reply to Office Action of June 19, 2019

22. (Original) A method of preparing a reduced Aluminum composition for a total parenteral nutrition regimen comprising L-cysteine, the method comprising:

mixing a composition comprising L-cysteine or a pharmaceutically acceptable salt thereof and/or hydrate thereof comprising:

Aluminum in an amount from about 1.0 parts per billion (ppb) to about 250 ppb;

L-cystine in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine; and

pyruvic acid in an amount from about 0.001 wt% to about 2.0 wt% relative to L-cysteine;

with a composition comprising one or more amino acids selected from the group consisting of: leucine, isoleucine, lysine, valine, phenylalanine, histidine, threonine, methionine, tryptophan, alanine, arginine, glycine, proline, serine, and tyrosine; and a pharmaceutically acceptable carrier, comprising water, to form a composition for infusion having a volume of about 100 mL to about 1000 mL,

wherein the Aluminum provided in said parenteral nutrition regimen is from about 1-2 to about 4-5 micrograms/kg/day.

REMARKS/ARGUMENTS

Upon entry of the foregoing amendments, Claims 1-22 are pending and under examination in this application.

Claim 21 is being amended to correct a minor clerical error where two letters were inadvertently transposed. The term “NTL” has been replaced with the term “NLT,” which is a term of art used as an abbreviation for “not less than.” No new matter is being added by this amendment. Applicant respectfully requests its entry.

Based on the following remarks, Applicant submits that all of the claims are in condition for allowance. Accordingly, Applicant respectfully requests favorable reconsideration and issuance of a Notice of Allowance.

I. Statement of the Substance of the Interview

A web-based interview was conducted on August 28, 2019, in which Examiner Benjamin Packard, co-inventors Drs. Phanesh Koneru, John Maloney and Aruna Koganti, and Applicant’s undersigned attorney Bryan Skelton participated. Applicant sincerely thanks Examiner Packard for taking time to discuss the issues. During the interview, the rejections set forth in the Office Action dated June 19, 2019, and the pending claims were discussed. Applicant explained some of the unexpected technical hurdles that it had to overcome, including the reduction of Aluminum levels, and having reached acceptable Aluminum levels, the identification of the problems of oxygen-susceptibility and stability. Applicant described the support for the claims as provided in the present specification, including the Examples. Examiner Packard and Applicant discussed the cited art and its reporting of the problem of Aluminum levels in known L-cysteine products. Examiner Packard and Applicant discussed potential allowability of the subject matter of the present claims after Applicant herein files its formal response to the Office Action.

II. Response to Rejections Under § 112(a)

Claims 1-22 stand rejected for allegedly failing to comply with the enablement requirement. *Office Action, page 2*. In the Office Action, several *Wands* factors are discussed. *Office Action, beginning at page 3*. Applicant respectfully traverses the rejection for the following reasons.

The Office Action cites several art references and avers that while “aluminum contamination is a known problem, it is unknown how to reduce the aluminum content of the

formulations.” *Id. at page 4*. In this aspect, during the interview, Applicant discussed with Examiner Packard that the cited art reports on the problem at hand, which after many years was still unsolved prior to the present inventors’ solution as described in the present application. However, turning to the text throughout the present specification, it sets forth that the present inventors addressed many variables and describes the factors that the present inventors used to overcome the Aluminum safety issues at hand, for example: “the problems of safety, purity and stability are results not simply or directly from the level of Aluminum, but are also intertwined with dissolved oxygen levels in the composition and oxygen in the headspace” *Present Specification, page 6, lines 25-28*.

The Office Action alleges that there is no disclosure or guidance to arrive at the claimed compositions. See, *Office Action, pages 4-5, Items, 2, 3 and 4*. The Office Action alleges that there is only “the prophetic process at pg 51, which does not provide an explanation or evidence that the contamination content will be lower than already commonly present.” *Office Action, page 4*. The Office Action alleges that experimental evidence is absent. *Id., at page 4*.

Turning again to the present specification, the variables to be addressed and the factors used are described, *inter alia*, in the Examples beginning on page 61. Here, it is described to the person of ordinary skill how to make the claimed compositions as well as how unexpected technical issues and product failures were overcome. The Examples disclose at the very least: how to compound and fill representative L-cysteine compositions (Example 1, page 61); how lack of control for Aluminum leaching ultimately results in Aluminum levels that while lower than known products, are still deemed unacceptably high (levels that are outside the scope of the present claims)(Example 2, page 62); how plastic vials while achieving exceedingly low Aluminum levels unexpectedly result in unacceptable precipitate formation within one month (Example 3, pages 62-63); and how to accomplish head space oxygen reduction using a lyophilizer (Example 4, pages 63-68) or automated filling equipment (Example 5, pages 69-72). Further, in Example 6, the present specification provides additional experimental evidence in Table 18 on page 72, in the form of test data for purity and long-term stability of three batches compounded and filled by the processes taught in the present specification. The data in Table 18 and the Figures show that controlling for Aluminum and oxygen by the processes described in the present specification result in the lowest impurity profile obtained for the claimed compositions.

Having set forth how to make the claimed compositions through processes described in the present specification, Applicant has met the burden for enablement—whether any experimentation needed to practice the invention would be undue or unreasonable. *In re Wands*, 858 F.2d 731, 737 (Fed. Cir. 1988); M.P.E.P. § 2164.01. In the present case, Applicant has done more than is required by actually performing the described processes and providing data, *inter alia*, in the Examples and Figures evincing the reduction to practice of the resulting compositions. As such, all of the present claims are enabled. Accordingly, Applicant respectfully requests withdrawal of the rejection.

III. Response to Rejections Under § 103(a)

i. Claims 1-13 and 15-22

Claims 1-13 and 15-22 stand rejected as allegedly being obvious over “Sigma-Aldrich product information” in view of Whiting, et al., *Journal of Food Protection*, 55, 1, pp. 23-27 (January 1992). *Office Action*, page 6. Applicant respectfully traverses the rejection for the following reasons.

The Office Action acknowledges that “the references do not disclose the impurity content . . .” and avers that “it is reasonably expected that the impurity content is below the claimed amount where the disclosures above suggest the impurities come from the combination products.” *Office Action*, page 6. At the outset, Applicant respectfully disagrees that combining L-cysteine reagent grade as disclosed in Sigma-Aldrich product information with the teachings of Whiting, which discloses the effects of oxygen on formation of *Clostridium botulinum* toxin in a soy broth, would suggest (or even implicitly disclose) a reasonably reliable or reproducible impurity content, let alone, each element of the present claims. Moreover, there is no evidence that prior to the present application, the person of ordinary skill would have looked at the Office Action’s combination of references to achieve the claimed invention described, let alone, with a reasonable expectation of success. As discussed above in Section II, and for brevity not repeated entirely here, it was only after the present inventors addressed and overcame the problem of Aluminum that they were confronted with the problems of stability and precipitate formation. Put another way, the art did not know about the additional problems. As set forth in the present specification, the present inventors addressed and overcame those problems as well to arrive at the presently claimed subject matter.

Appl. No.: 16/248,460
Amdt. dated September 6, 2019
Reply to Office Action of June 19, 2019

For at least this reason a *prima facie* case of obviousness has not been established. Accordingly, Applicant respectfully requests reconsideration and withdrawal of the rejection.

ii. Claims 1 and 14

Claims 1 and 14 stand rejected as allegedly being obvious over Jalilehvand, et al., *Inorg. Chem.*, 54, 5, pp. 2160-2170 (2015). *Office Action, page 6*. Applicant respectfully traverses the rejection for the following reasons.

The Office Action states that “Jalilehvand et al discloses lead in aqueous solution with L-cysteine.” *Office Action, page 6*. Applicant respectfully points out that according to MPEP § 2143.03: “All claim limitations must be considered in judging the patentability of that claim against the prior art.” (citing *In re Wilson*, 424 F.2d 1382, 1385 (CCPA 1970)). No evidence has been provided that the composition of Jalilehvand et al describes or suggests the pharmaceutically acceptable L-cysteine compositions presently claimed.

For at least this reason a *prima facie* case of obviousness has not been established. Accordingly, Applicant respectfully requests reconsideration and withdrawal of the rejection.

CONCLUSION

For all the reasons above, each of the presently pending claims is in condition for allowance. Applicant respectfully requests favorable reconsideration. Should there be any issue that impedes allowance of a claim, the Examiner is invited to telephone the undersigned attorney so that the issue can be expeditiously resolved.

It is not believed that extensions of time or fees for net addition of claims are required, beyond those that may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 CFR § 1.136(a), and any fee required therefor (including fees for net addition of claims) is hereby authorized to be charged to Deposit Account No. 16-0605.

Respectfully submitted,

/bryan l. skelton/

Bryan L. Skelton
Registration No. 50,893

Appl. No.: 16/248,460
Amdt. dated September 6, 2019
Reply to Office Action of June 19, 2019

Customer No. 826
ALSTON & BIRD LLP
Bank of America Plaza
101 South Tryon Street, Suite 4000
Charlotte, NC 28280-4000
Tel Raleigh Office (919) 862-2200
Fax Raleigh Office (919) 862-2260

ELECTRONICALLY FILED USING THE EFS-WEB ELECTRONIC FILING SYSTEM OF THE UNITED STATES PATENT & TRADEMARK OFFICE ON SEPTEMBER 6, 2019.

Electronic Acknowledgement Receipt

EFS ID:	37085106
Application Number:	16248460
International Application Number:	
Confirmation Number:	6641
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
First Named Inventor/Applicant Name:	John Maloney
Customer Number:	826
Filer:	Bryan Lee Skelton/Karen Trachtman
Filer Authorized By:	Bryan Lee Skelton
Attorney Docket Number:	066859/509450
Receipt Date:	06-SEP-2019
Filing Date:	15-JAN-2019
Time Stamp:	11:12:27
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	no
------------------------	----

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1		2019-09-06_509450_NF_OAR.pdf	174123 <small>67ab80cda0324d49036a24d739efdcfaf699e6d6</small>	yes	11

Multipart Description/PDF files in .zip description		
Document Description	Start	End
Amendment/Req. Reconsideration-After Non-Final Reject	1	1
Claims	2	6
Applicant Arguments/Remarks Made in an Amendment	7	11

Warnings:

Information:

Total Files Size (in bytes):	174123
-------------------------------------	--------

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875		Application or Docket Number 16/248,460	Filing Date 01/15/2019	<input type="checkbox"/> To be Mailed
ENTITY: <input checked="" type="checkbox"/> LARGE <input type="checkbox"/> SMALL <input type="checkbox"/> MICRO				
APPLICATION AS FILED - PART I				
	(Column 1)	(Column 2)		
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)
<input type="checkbox"/> BASIC FEE <small>(37 CFR 1.16(a), (b), or (c))</small>	N/A	N/A	N/A	
<input type="checkbox"/> SEARCH FEE <small>(37 CFR 1.16(k), (l), or (m))</small>	N/A	N/A	N/A	
<input type="checkbox"/> EXAMINATION FEE <small>(37 CFR 1.16(o), (p), or (q))</small>	N/A	N/A	N/A	
TOTAL CLAIMS <small>(37 CFR 1.16(i))</small>	minus 20 = *		x \$100 =	
INDEPENDENT CLAIMS <small>(37 CFR 1.16(h))</small>	minus 3 = *		x \$460 =	
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))				
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	
APPLICATION AS AMENDED - PART II				
	(Column 1)	(Column 2)	(Column 3)	
AMENDMENT	09/06/2019	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				RATE (\$)
				ADDITIONAL FEE (\$)
Total <small>(37 CFR 1.16(i))</small>	* 22	Minus	** 22	= 0
Independent <small>(37 CFR 1.16(h))</small>	* 3	Minus	*** 3	= 0
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))				
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				
				TOTAL ADD'L FEE
				0
	(Column 1)	(Column 2)	(Column 3)	
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				RATE (\$)
				ADDITIONAL FEE (\$)
Total <small>(37 CFR 1.16(i))</small>	*	Minus	**	= 0
Independent <small>(37 CFR 1.16(h))</small>	*	Minus	***	= 0
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))				
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				
				TOTAL ADD'L FEE
				SLIE
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".				/APRIL L. WALKER/
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".				
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**
 If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

NOTICE OF ALLOWANCE AND FEE(S) DUE

826 7590 10/03/2019
ALSTON & BIRD LLP
BANK OF AMERICA PLAZA
101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE, NC 28280-4000

EXAMINER
PACKARD, BENJAMIN J

ART UNIT PAPER NUMBER
1612

DATE MAILED: 10/03/2019

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO.
16/248,460 01/15/2019 John Maloney 066859/509450 6641

TITLE OF INVENTION: STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE

Table with 7 columns: APPLN. TYPE, ENTITY STATUS, ISSUE FEE DUE, PUBLICATION FEE DUE, PREV. PAID ISSUE FEE, TOTAL FEE(S) DUE, DATE DUE
nonprovisional UNDISCOUNTED \$1000 \$0.00 \$0.00 \$1000 01/03/2020

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

HOW TO REPLY TO THIS NOTICE:

I. Review the ENTITY STATUS shown above. If the ENTITY STATUS is shown as SMALL or MICRO, verify whether entitlement to that entity status still applies.

If the ENTITY STATUS is the same as shown above, pay the TOTAL FEE(S) DUE shown above.

If the ENTITY STATUS is changed from that shown above, on PART B - FEE(S) TRANSMITTAL, complete section number 5 titled "Change in Entity Status (from status indicated above)".

For purposes of this notice, small entity fees are 1/2 the amount of undiscounted fees, and micro entity fees are 1/2 the amount of small entity fees.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Maintenance fees are due in utility patents issuing on applications filed on or after Dec. 12, 1980. It is patentee's responsibility to ensure timely payment of maintenance fees when due. More information is available at www.uspto.gov/PatentMaintenanceFees.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), by mail or fax, or via EFS-Web.

By mail, send to: Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

By fax, send to: (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

826 7590 10/03/2019
ALSTON & BIRD LLP
BANK OF AMERICA PLAZA
101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE, NC 28280-4000

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO via EFS-Web or by facsimile to (571) 273-2885, on the date below.

_____	(Typed or printed name)
_____	(Signature)
_____	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
16/248,460	01/15/2019	John Maloney	066859/509450	6641

TITLE OF INVENTION: STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE

APPLN. TYPE	ENTITY STATUS	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	UNDISCOUNTED	\$1000	\$0.00	\$0.00	\$1000	01/03/2020

EXAMINER	ART UNIT	CLASS-SUBCLASS
PACKARD, BENJAMIN J	1612	424-621000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-09 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) The names of up to 3 registered patent attorneys or agents OR, alternatively, 1 _____
- (2) The name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 _____
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document must have been previously recorded, or filed for recordation, as set forth in 37 CFR 3.11 and 37 CFR 3.81(a). Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. Fees submitted: Issue Fee Publication Fee (if required) Advance Order - # of Copies _____

4b. Method of Payment: (Please first reapply any previously paid fee shown above)

- Electronic Payment via EFS-Web Enclosed check Non-electronic payment by credit card (Attach form PTO-2038)
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account No. _____

5. Change in Entity Status (from status indicated above)

- Applicant certifying micro entity status. See 37 CFR 1.29
- Applicant asserting small entity status. See 37 CFR 1.27
- Applicant changing to regular undiscounted fee status.

NOTE: Absent a valid certification of Micro Entity Status (see forms PTO/SB/15A and 15B), issue fee payment in the micro entity amount will not be accepted at the risk of application abandonment.
NOTE: If the application was previously under micro entity status, checking this box will be taken to be a notification of loss of entitlement to micro entity status.
NOTE: Checking this box will be taken to be a notification of loss of entitlement to small or micro entity status, as applicable.

NOTE: This form must be signed in accordance with 37 CFR 1.31 and 1.33. See 37 CFR 1.4 for signature requirements and certifications.

Authorized Signature _____ Date _____
 Typed or printed name _____ Registration No. _____



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO. Includes details for application 16/248,460 filed 01/15/2019 by John Maloney.

DATE MAILED: 10/03/2019

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)
(Applications filed on or after May 29, 2000)

The Office has discontinued providing a Patent Term Adjustment (PTA) calculation with the Notice of Allowance.

Section 1(h)(2) of the AIA Technical Corrections Act amended 35 U.S.C. 154(b)(3)(B)(i) to eliminate the requirement that the Office provide a patent term adjustment determination with the notice of allowance.

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702.

OMB Clearance and PRA Burden Statement for PTOL-85 Part B

The Paperwork Reduction Act (PRA) of 1995 requires Federal agencies to obtain Office of Management and Budget approval before requesting most types of information from the public. When OMB approves an agency request to collect information from the public, OMB (i) provides a valid OMB Control Number and expiration date for the agency to display on the instrument that will be used to collect the information and (ii) requires the agency to inform the public about the OMB Control Number's legal significance in accordance with 5 CFR 1320.5(b).

The information collected by PTOL-85 Part B is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

Notice of Allowability	Application No. 16/248,460	Applicant(s) Maloney et al.	
	Examiner BENJAMIN J PACKARD	Art Unit 1612	AIA (FITF) Status Yes

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--

All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. **THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS.** This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.

1. This communication is responsive to response filed 9/6/19.
 A declaration(s)/affidavit(s) under **37 CFR 1.130(b)** was/were filed on _____.

2. An election was made by the applicant in response to a restriction requirement set forth during the interview on _____; the restriction requirement and election have been incorporated into this action.

3. The allowed claim(s) is/are 1-22. As a result of the allowed claim(s), you may be eligible to benefit from the **Patent Prosecution Highway** program at a participating intellectual property office for the corresponding application. For more information, please see http://www.uspto.gov/patents/init_events/pph/index.jsp or send an inquiry to PPHfeedback@uspto.gov.

4. Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
Certified copies:
a) All b) Some *c) None of the:
1. Certified copies of the priority documents have been received.
2. Certified copies of the priority documents have been received in Application No. _____.
3. Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)).
* Certified copies not received: _____.

Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application.
THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.

5. CORRECTED DRAWINGS (as "replacement sheets") must be submitted.
 including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date _____.
Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d).

6. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.

Attachment(s)

1. <input type="checkbox"/> Notice of References Cited (PTO-892)	5. <input type="checkbox"/> Examiner's Amendment/Comment
2. <input type="checkbox"/> Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date _____.	6. <input checked="" type="checkbox"/> Examiner's Statement of Reasons for Allowance
3. <input type="checkbox"/> Examiner's Comment Regarding Requirement for Deposit of Biological Material _____.	7. <input type="checkbox"/> Other _____.
4. <input checked="" type="checkbox"/> Interview Summary (PTO-413), Paper No./Mail Date. <u>1pg (attached)</u> .	

/BENJAMIN J PACKARD/ Primary Examiner, Art Unit 1612	
---	--

Reasons for Allowance

The following is an examiner's statement of reasons for allowance:

As noted by Applicants, while compositions with L-cysteine have been known in the art, the contaminant of aluminum hinders the further use of the product, especially for certain patient populations where the contaminant is beyond what is allowable for FDA approval. As such, Applicants have used multiple means disclosed in the specification and in the claims to achieve a composition which is far below the FDA demand, filling an unmet need which has been present for quite a number of years. Because each step taken independently did not demonstrate the desired result and there was no obvious reason to combine the steps actually taken, the product as claimed cannot be viewed as obvious. Instead the unexpected result is due to the Applicants unexpected findings resulting from testing combinations of theories with no expectation of success.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to BENJAMIN J PACKARD whose telephone number is (571)270-3440. The examiner can normally be reached on Mon and Wed-Fri (8am-6pm).

Examiner interviews are available via telephone, in-person, and video conferencing using a USPTO supplied web-based collaboration tool. To schedule an interview, applicant is encouraged to use the USPTO Automated Interview Request (AIR) at <http://www.uspto.gov/interviewpractice>.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Frederick Krass can be reached on (571)272-0580. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/BENJAMIN J PACKARD/
Primary Examiner, Art Unit 1612

<i>Applicant-Initiated Interview Summary</i>	Application No. 16/248,460	Applicant(s) Maloney et al.	
	Examiner BENJAMIN J PACKARD	Art Unit 1612	AIA (FITF) Status Yes

All participants (applicant, applicants representative, PTO personnel):

(1) BENJAMIN J. PACKARD. (3) John Maloney.
(2) Bryan Skelton. (4) Aruna Koganti and Phanesh Konery.

Date of Interview: 28 August 2019.

Type: Telephonic Video Conference
 Personal [copy given to: applicant applicant's representative]

Exhibit shown or demonstration conducted: Yes No.
If Yes, brief description: Showed slides of the development process.

Issues Discussed 101 112 102 103 Others
(For each of the checked box(es) above, please describe below the issue and detailed description of the discussion)

Claim(s) discussed: 1-22.

Identification of prior art discussed: art of record.

Substance of Interview
(For each issue discussed, provide a detailed description and indicate if agreement was reached. Some topics may include: identification or clarification of a reference or a portion thereof, claim interpretation, proposed amendments, arguments of any applied references etc...)

We discussed the criticality of the aluminum impurity and what was required to lower the amount to the claimed range. We also discussed which steps were expected to reduce the contaminate, yet didn't, leading to unpredictability in the art.

Applicant recordation instructions: The formal written reply to the last Office action must include the substance of the interview. (See MPEP section 713.04). If a reply to the last Office action has already been filed, applicant is given a non-extendable period of the longer of one month or thirty days from this interview date, or the mailing date of this interview summary form, whichever is later, to file a statement of the substance of the interview.

Examiner recordation instructions: Examiners must summarize the substance of any interview of record. A complete and proper recordation of the substance of an interview should include the items listed in MPEP 713.04 for complete and proper recordation including the identification of the general thrust of each argument or issue discussed, a general indication of any other pertinent matters discussed regarding patentability and the general results or outcome of the interview, to include an indication as to whether or not agreement was reached on the issues raised.

Attachment

/BENJAMIN J PACKARD/ Primary Examiner, Art Unit 1612	
---	--

Summary of Record of Interview Requirements

Manual of Patent Examining Procedure (MPEP), Section 713.04, Substance of Interview Must be Made of Record

A complete written statement as to the substance of any face-to-face, video conference, or telephone interview with regard to an application must be made of record in the application whether or not an agreement with the examiner was reached at the interview.

Title 37 Code of Federal Regulations (CFR) 1.133 Interviews

Paragraph (b)

In every instance where reconsideration is requested in view of an interview with an examiner, a complete written statement of the reasons presented at the interview as warranting favorable action must be filed by the applicant. An interview does not remove the necessity for reply to Office action as specified in §§ 1.111, 1.135. (35 U.S.C. 132)

37 CFR §1.2 Business to be transacted in writing.

All business with the Patent or Trademark Office should be transacted in writing. The personal attendance of applicants or their attorneys or agents at the Patent and Trademark Office is unnecessary. The action of the Patent and Trademark Office will be based exclusively on the written record in the Office. No attention will be paid to any alleged oral promise, stipulation, or understanding in relation to which there is disagreement or doubt.

The action of the Patent and Trademark Office cannot be based exclusively on the written record in the Office if that record is itself incomplete through the failure to record the substance of interviews.

It is the responsibility of the applicant or the attorney or agent to make the substance of an interview of record in the application file, unless the examiner indicates he or she will do so. It is the examiners responsibility to see that such a record is made and to correct material inaccuracies which bear directly on the question of patentability.

Examiners must complete an Interview Summary Form for each interview held where a matter of substance has been discussed during the interview by checking the appropriate boxes and filling in the blanks. Discussions regarding only procedural matters, directed solely to restriction requirements for which interview recordation is otherwise provided for in Section 812.01 of the Manual of Patent Examining Procedure, or pointing out typographical errors or unreadable script in Office actions or the like, are excluded from the interview recordation procedures below. Where the substance of an interview is completely recorded in an Examiners Amendment, no separate Interview Summary Record is required.

The Interview Summary Form shall be given an appropriate Paper No., placed in the right hand portion of the file, and listed on the "Contents" section of the file wrapper. In a personal interview, a duplicate of the Form is given to the applicant (or attorney or agent) at the conclusion of the interview. In the case of a telephone or video-conference interview, the copy is mailed to the applicants correspondence address either with or prior to the next official communication. If additional correspondence from the examiner is not likely before an allowance or if other circumstances dictate, the Form should be mailed promptly after the interview rather than with the next official communication.

The Form provides for recordation of the following information:

- Application Number (Series Code and Serial Number)
- Name of applicant
- Name of examiner
- Date of interview
- Type of interview (telephonic, video-conference, or personal)
- Name of participant(s) (applicant, attorney or agent, examiner, other PTO personnel, etc.)
- An indication whether or not an exhibit was shown or a demonstration conducted
- An identification of the specific prior art discussed
- An indication whether an agreement was reached and if so, a description of the general nature of the agreement (may be by attachment of a copy of amendments or claims agreed as being allowable). Note: Agreement as to allowability is tentative and does not restrict further action by the examiner to the contrary.
- The signature of the examiner who conducted the interview (if Form is not an attachment to a signed Office action)

It is desirable that the examiner orally remind the applicant of his or her obligation to record the substance of the interview of each case. It should be noted, however, that the Interview Summary Form will not normally be considered a complete and proper recordation of the interview unless it includes, or is supplemented by the applicant or the examiner to include, all of the applicable items required below concerning the substance of the interview.


A complete and proper recordation of the substance of any interview should include at least the following applicable items:

- 1) A brief description of the nature of any exhibit shown or any demonstration conducted, -
- 2) an identification of the claims discussed,
- 3) an identification of the specific prior art discussed,
- 4) an identification of the principal proposed amendments of a substantive nature discussed, unless these are already described on the Interview Summary Form completed by the Examiner,
- 5) a brief identification of the general thrust of the principal arguments presented to the examiner,
(The identification of arguments need not be lengthy or elaborate. A verbatim or highly detailed description of the arguments is not required. The identification of the arguments is sufficient if the general nature or thrust of the principal arguments made to the examiner can be understood in the context of the application file. Of course, the applicant may desire to emphasize and fully describe those arguments which he or she feels were or might be persuasive to the examiner.)
- 6) a general indication of any other pertinent matters discussed, and
- 7) if appropriate, the general results or outcome of the interview unless already described in the Interview Summary Form completed by the examiner.

Examiners are expected to carefully review the applicants record of the substance of an interview. If the record is not complete and accurate, the examiner will give the applicant an extendable one month time period to correct the record.


Examiner to Check for Accuracy

If the claims are allowable for other reasons of record, the examiner should send a letter setting forth the examiners version of the statement attributed to him or her. If the record is complete and accurate, the examiner should place the indication, Interview Record OK on the paper recording the substance of the interview along with the date and the examiners initials.

<i>Index of Claims</i> 	Application/Control No. 16/248,460	Applicant(s)/Patent Under Reexamination Maloney et al.
	Examiner BENJAMIN J PACKARD	Art Unit 1612

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected


CLAIMS									
<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47									
CLAIM		DATE							
Final	Original	09/28/2019							
	1	=							
	2	=							
	3	=							
	4	=							
	5	=							
	6	=							
	7	=							
	8	=							
	9	=							
	10	=							
	11	=							
	12	=							
	13	=							
	14	=							
	15	=							
	16	=							
	17	=							
	18	=							
	19	=							
	20	=							
	21	=							
	22	=							

Issue Classification 	Application/Control No. 16/248,460	Applicant(s)/Patent Under Reexamination Maloney et al.
	Examiner BENJAMIN J PACKARD	Art Unit 1612

CPC						
Symbol					Type	Version
A61K	/	33	/	06	F	2013-01-01
A61K	/	31	/	191	I	2013-01-01
A61K	/	47	/	02	I	2013-01-01
A61K	/	33	/	36	I	2013-01-01
A61K	/	33	/	241	I	2019-01-01
A61K	/	33	/	28	I	2013-01-01
A61K	/	33	/	00	I	2013-01-01
A61K	/	31	/	405	I	2013-01-01
A61K	/	31	/	401	I	2013-01-01
A61K	/	31	/	4172	I	2013-01-01
A61K	/	9	/	0029	I	2013-01-01
A23L	/	33	/	175	I	2016-08-01
A23L	/	33	/	16	I	2016-08-01
A61K	/	31	/	198	I	2013-01-01
A61K	/	31	/	095	I	2013-01-01
A23V	/	2002	/	00	A	2013-01-01
A61J	/	1	/	1412	A	2013-01-01

CPC Combination Sets				
Symbol	Type	Set	Ranking	Version
/				

NONE			Total Claims Allowed:	
(Assistant Examiner)	(Date)	22		
/BENJAMIN J PACKARD/ Primary Examiner, Art Unit 1612	28 September 2019	O.G. Print Claim(s)	O.G. Print Figure	
(Primary Examiner)	(Date)	1	1	


Issue Classification 	Application/Control No. 16/248,460	Applicant(s)/Patent Under Reexamination Maloney et al.
	Examiner BENJAMIN J PACKARD	Art Unit 1612

INTERNATIONAL CLASSIFICATION	
CLAIMED	
A61K	9 00
NON-CLAIMED	

US ORIGINAL CLASSIFICATION	
CLASS	SUBCLASS

CROSS REFERENCES(S)					
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				


NONE			Total Claims Allowed:	
(Assistant Examiner)	(Date)	22		
/BENJAMIN J PACKARD/ Primary Examiner, Art Unit 1612 (Primary Examiner)	28 September 2019 (Date)	O.G. Print Claim(s) 1	O.G. Print Figure 1	

Issue Classification 	Application/Control No. 16/248,460	Applicant(s)/Patent Under Reexamination Maloney et al.
	Examiner BENJAMIN J PACKARD	Art Unit 1612

Claims renumbered in the same order as presented by applicant
 CPA
 T.D.
 R.1.47

CLAIMS															
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original

NONE			Total Claims Allowed:
(Assistant Examiner)	(Date)	22	
/BENJAMIN J PACKARD/ Primary Examiner, Art Unit 1612 (Primary Examiner)	28 September 2019 (Date)	O.G. Print Claim(s) 1	O.G. Print Figure 1

Search Notes 	Application/Control No. 16/248,460	Applicant(s)/Patent Under Reexamination Maloney et al.
	Examiner BENJAMIN J PACKARD	Art Unit 1612

CPC - Searched*		
Symbol	Date	Examiner
A61K 9/0029	09/28/2019	BP
A61K 31/095	09/28/2019	BP
A61K 47/02	09/28/2019	BP

CPC Combination Sets - Searched*		
Symbol	Date	Examiner

US Classification - Searched*			
Class	Subclass	Date	Examiner

* See search history printout included with this form or the SEARCH NOTES box below to determine the scope of the search.

Search Notes		
Search Notes	Date	Examiner
Palm inventor search	05/13/2019	BP
East search	05/13/2019	BP
CAPlus search- L-cysteine, impurities, aluminum, lead	05/13/2019	BP
East search	09/28/2019	BP
CA Plus search	09/28/2019	BP

Interference Search			
US Class/CPC Symbol	US Subclass/CPC Group	Date	Examiner
A61K	9/0029, 31/095, 47/02	09/28/2019	BP

/BENJAMIN J PACKARD/ Primary Examiner, Art Unit 1612	/BENJAMIN J PACKARD/ Primary Examiner, Art Unit 1612
---	---

Bibliographic Data

Application No: 16/248,460

Foreign Priority claimed: Yes No

35 USC 119 (a-d) conditions met: Yes No Met After Allowance

Verified and Acknowledged:

/BENJAMIN J PACKARD/

Examiner's Signature

Initials

Title:

STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE

FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
01/15/2019	424	1612	066859/509450
RULE			

APPLICANTS

Exela Pharma Sciences, LLC, Lenoir, NC,

INVENTORS

John Maloney Salisbury, NC, UNITED STATES

Aruna Koganti Lenoir, NC, UNITED STATES

Phanesh Koneru Waxhaw, NC, UNITED STATES

CONTINUING DATA

FOREIGN APPLICATIONS

IF REQUIRED, FOREIGN LICENSE GRANTED**

02/06/2019

STATE OR COUNTRY

UNITED STATES

ADDRESS

ALSTON & BIRD LLP
BANK OF AMERICA PLAZA
101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE, NC 28280-4000
UNITED STATES

FILING FEE RECEIVED

\$6,060

EAST Search History**EAST Search History (Prior Art)**

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	1133	A61K9/0029.cpc.	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/09/28 08:53
L2	3000	A61K31/095.cpc.	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/09/28 08:53
L3	34989	A61K47/02.cpc.	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/09/28 08:53
L8	39064	l1 or l2 or l3	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/09/28 08:54
L9	2283	l8 and cysteine	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/09/28 08:54
L10	845	l9 and aluminum	US-PGPUB; USPAT; USOCR; FPRS; EPO; JPO; DERWENT; IBM_TDB	AND	ON	2019/09/28 08:54

EAST Search History (Interference)

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L11	93	A61K9/0029.cpc.	USPAT	AND	ON	2019/09/28 08:54
L12	280	A61K31/095.cpc.	USPAT	AND	ON	2019/09/28 08:54
L13	2728	A61K47/02.cpc.	USPAT	AND	ON	2019/09/28 08:55
L14	3090	l11 or l12 or l13	USPAT	AND	ON	2019/09/28 08:55
L15	102	l14 and cysteine.clm.	USPAT	AND	ON	2019/09/28 08:55
L16	7	l15 and aluminum.clm.	USPAT	AND	ON	2019/09/28 08:55

9/ 28/ 2019 8:55:58 AM

C:\Users\bpackard\Documents\EAST\Workspaces\16248460-2.wsp

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), by mail or fax, or via EFS-Web.

By mail, send to: Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

By fax, send to: (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

826 7590 10/03/2019
ALSTON & BIRD LLP
 BANK OF AMERICA PLAZA
 101 SOUTH TRYON STREET, SUITE 4000
 CHARLOTTE, NC 28280-4000

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO via EFS-Web or by facsimile to (571) 273-2885, on the date below.

Bryan L. Skelton	(Typed or printed name)
/bryan l. skelton/	(Signature)
October 4, 2019	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
16/248,460	01/15/2019	John Maloney	066859/509450	6641

TITLE OF INVENTION: STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE

APPLN. TYPE	ENTITY STATUS	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	UNDISCOUNTED	\$1000	\$0.00	\$0.00	\$1000	01/03/2020

EXAMINER	ART UNIT	CLASS-SUBCLASS
PACKARD, BENJAMIN J	1612	424-621000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-09 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list
 (1) The names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) The name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Alston & Bird LLP
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document must have been previously recorded, or filed for recordation, as set forth in 37 CFR 3.11 and 37 CFR 3.81(a). Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Exela Pharma Sciences, LLC

Lenoir, NC

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. Fees submitted: Issue Fee Publication Fee (if required) Advance Order - # of Copies _____

4b. Method of Payment: (Please first reapply any previously paid fee shown above)

Electronic Payment via EFS-Web Enclosed check Non-electronic payment by credit card (Attach form PTO-2038)

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account No. 16-0605

5. Change in Entity Status (from status indicated above)

- Applicant certifying micro entity status. See 37 CFR 1.29
- Applicant asserting small entity status. See 37 CFR 1.27
- Applicant changing to regular undiscounted fee status.

NOTE: Absent a valid certification of Micro Entity Status (see forms PTO/SB/15A and 15B), issue fee payment in the micro entity amount will not be accepted at the risk of application abandonment.
 NOTE: If the application was previously under micro entity status, checking this box will be taken to be a notification of loss of entitlement to micro entity status.
 NOTE: Checking this box will be taken to be a notification of loss of entitlement to small or micro entity status, as applicable.

NOTE: This form must be signed in accordance with 37 CFR 1.31 and 1.33. See 37 CFR 1.4 for signature requirements and certifications.

Authorized Signature /bryan l. skelton/

Date October 4, 2019

Typed or printed name Bryan L. Skelton

Registration No. 50,893

Electronic Patent Application Fee Transmittal

Application Number:	16248460			
Filing Date:	15-Jan-2019			
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE			
First Named Inventor/Applicant Name:	John Maloney			
Filer:	Bryan Lee Skelton/Laura Tremont			
Attorney Docket Number:	066859/509450			
Filed as Large Entity				
Filing Fees for Utility under 35 USC 111(a)				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
Pages:				
Claims:				
Miscellaneous-Filing:				
Petition:				
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				
UTILITY APPL ISSUE FEE	1501	1	1000	1000

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension-of-Time:				
Miscellaneous:				
Total in USD (\$)				1000

Electronic Acknowledgement Receipt

EFS ID:	37365858
Application Number:	16248460
International Application Number:	
Confirmation Number:	6641
Title of Invention:	STABLE, HIGHLY PURE L-CYSTEINE COMPOSITIONS FOR INJECTION AND METHODS OF USE
First Named Inventor/Applicant Name:	John Maloney
Customer Number:	826
Filer:	Bryan Lee Skelton/Laura Tremont
Filer Authorized By:	Bryan Lee Skelton
Attorney Docket Number:	066859/509450
Receipt Date:	04-OCT-2019
Filing Date:	15-JAN-2019
Time Stamp:	10:51:11
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	yes
Payment Type	DA
Payment was successfully received in RAM	\$1000
RAM confirmation Number	E201904A53212644
Deposit Account	160605
Authorized User	Laura Tremont

The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:

37 CFR 1.16 (National application filing, search, and examination fees)

37 CFR 1.17 (Patent application and reexamination processing fees)

37 CFR 1.19 (Document supply fees)
 37 CFR 1.20 (Post Issuance fees)
 37 CFR 1.21 (Miscellaneous fees and charges)

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Issue Fee Payment (PTO-85B)	509450_Issue_Fee_Transmittal.pdf	118893 8a161e7ec9d5e7454f3caa447190633cdc64b6d2	no	1

Warnings:

Information:

2	Fee Worksheet (SB06)	fee-info.pdf	30329 78de0ca5f6aad7129ba980823154ebc3eb0987a8	no	2
---	----------------------	--------------	---	----	---

Warnings:

Information:

Total Files Size (in bytes): 149222

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

Table with 5 columns: APPLICATION NO., ISSUE DATE, PATENT NO., ATTORNEY DOCKET NO., CONFIRMATION NO.
16/248,460 11/19/2019 10478453 066859/509450 6641

826 7590 10/30/2019
ALSTON & BIRD LLP
BANK OF AMERICA PLAZA
101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE, NC 28280-4000

ISSUE NOTIFICATION

The projected patent number and issue date are specified above.

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)
(application filed on or after May 29, 2000)

The Patent Term Adjustment is 0 day(s). Any patent to issue from the above-identified application will include an indication of the adjustment on the front page.

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Application Assistance Unit (AAU) of the Office of Data Management (ODM) at (571)-272-4200.

APPLICANT(s) (Please see PAIR WEB site http://pair.uspto.gov for additional applicants):

- John Maloney, Salisbury, NC;
Exela Pharma Sciences, LLC, Lenoir, NC
Aruna Koganti, Lenoir, NC;
Phanesh Koneru, Waxhaw, NC;

The United States represents the largest, most dynamic marketplace in the world and is an unparalleled location for business investment, innovation, and commercialization of new technologies. The USA offers tremendous resources and advantages for those who invest and manufacture goods here. Through SelectUSA, our nation works to encourage and facilitate business investment. To learn more about why the USA is the best country in the world to develop technology, manufacture products, and grow your business, visit SelectUSA.gov.