

# **Industry Perspective on Application of Physiologically based Absorption Modeling in Generic Drug Research**

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FDA

# Disclaimer

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*This presentation and the information herein are the opinions of the presenter, and not of the presenter's current and past employers*

# Use of PBPK Modeling in Drug Development

## Compound & Formulation properties –

Molecular weight  
Log P/Log D  
pKa  
Solubility (SGF, FaSSIF, FeSSIF, buffer)  
PSD  
Permeability ( $P_{eff}$ )  
Dose  
Dissolution

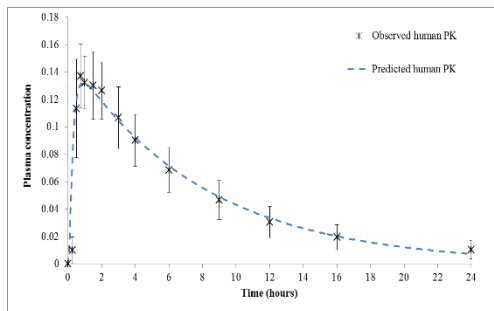
**Pharmacokinetics –**  
Compartmental  
PBPK

## GI Physiology –

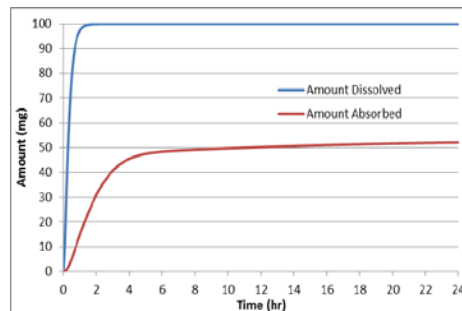
Human, preclinical species  
Fasted vs. fed  
Stomach & intestinal transit times  
Stomach & intestinal pH  
GI volumes  
Length & radius of each segment  
Bile salt concentration

Individual simulation  
Population simulation  
Parameter sensitivity analysis

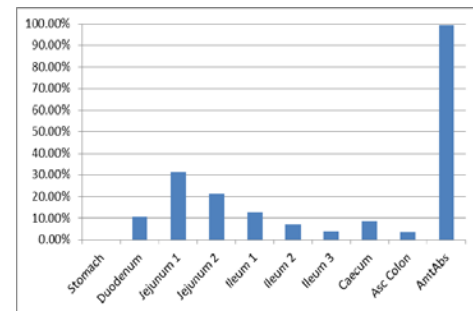
Plasma concentration vs. time profile



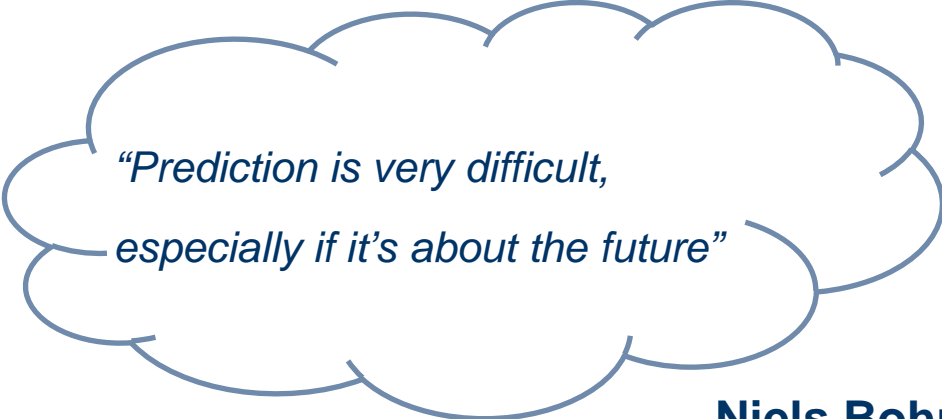
Fraction absorbed & fraction dissolved



Regional absorption

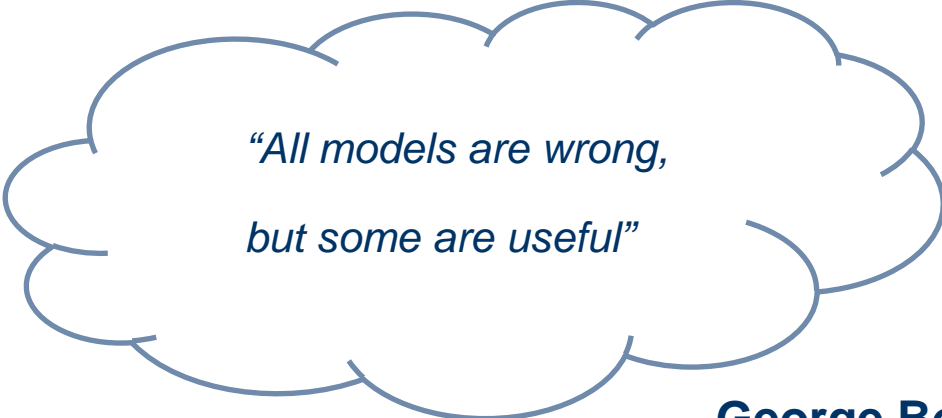


- Integration of all available *in vitro* and *in vivo* data to provide a more holistic view of formulation bioperformance
- Provides a more mechanistic understanding of *in vitro* formulation performance and bioperformance
- Allows exploration of multiple options in a much shorter timeframe and with fewer experiments



*“Prediction is very difficult,  
especially if it’s about the future”*

**Niels Bohr**



*“All models are wrong,  
but some are useful”*

**George Box**

# Application of Absorption Modeling in Development

Application of Absorption Modeling to Predict Bioequivalence Outcome of Two Batches of Etoricoxib Tablets

## BE Prediction

Amitava Mitra,<sup>1,3</sup> Filippou Kesisoglou,<sup>1</sup> and Peter Dogterom<sup>2</sup>

Mitra et al. *AAPS PharmSci Tech.* 16:76-84 (2015)

Application of Physiologically Based Absorption Modeling to Formulation Development of a Low Solubility, Low Permeability Weak Base: Mechanistic Investigation of Food Effect

## Food Effect Prediction

Hefei Zhang,<sup>1,2</sup> Binfeng Xia,<sup>1</sup> Jennifer Sheng,<sup>1</sup> Tycho Heimbach,<sup>1</sup> Tsu-Han Lin,<sup>1</sup> Handan He,<sup>1</sup> Yanfeng Wang,<sup>1</sup> Steven Novick,<sup>1</sup> and Ann Comfort<sup>1</sup>

Zhang et al. *AAPS PharmSciTech.* 15:400-406 (2014)

Physiologically Based Absorption Modelling to Predict the Properties on Pharmacokinetics of Bitopertin

## API Particle Size & Formulation Effect

Neil Parrott,<sup>1,4</sup> Dominik Hainzl,<sup>1</sup> Emmanuel Scheubel,<sup>2</sup> Siegfried Krimmer,<sup>2</sup> Christophe Boetsch,<sup>3</sup> Elena Guerini,<sup>3</sup> and Meret Martin-Facklam<sup>3</sup>

Parrott et al. *AAPS J.* 16:1077-1084 (2014)

Utilizing Physiologically Based Pharmacokinetic Modeling to Inform Formulation and Clinical Development for a Compound with pH-Dependent Solubility

## DDI with Stomach Acid Reducing Agents

JOHN CHUNG,<sup>1</sup> MAURICE EMERY,<sup>1</sup> ZHIGANG YU,<sup>2</sup> JAN WAHLSTROM<sup>2</sup>

Chung et al. *J Pharm Sci.* 104:1522-1532 (2015)

Application of Absorption Modeling in Rational Design of Drug Quality-by-Design Paradigm

## Qbd Application

Filippou Kesisoglou<sup>1,2</sup> and Amitava Mitra<sup>1,2</sup>

Kesisoglou & Mitra. *AAPS J.* 17:1224-1236 (2015)

Physiologically Based Absorption Modeling for Amorphous Solid Dispersion Formulations

## Amorphous Solid Dispersion

Amitava Mitra,\* Wei Zhu, and Filippou Kesisoglou

Mitra et al. *Mol. Pharm.* 13:3206-3215 (2016)

SIMULATION OF THE *IN VIVO* EXPOSURE OF IBUPROFEN BASED ON *IN VITRO* DISSOLUTION PROFILES FROM SOLID DOSAGE FORMS

DANIELA ELEN STĂNESCU<sup>2\*</sup>, MURIEL BURCEA DRĂGOMIR<sup>1</sup>, DALIA SIMONA MIRON<sup>1</sup>, TEODOR VIAN ȘTEFAN RĂDULESCU<sup>4</sup>

DREEA  
NDRU

Popa et al. *Farmacia.* 62:483-493 (2014)

# PBPK Models in Regulatory Submissions

## **The Utility of Modeling and Simulation in Drug Development and Regulatory Review**

SHIEW-MEI HUANG, DARRELL R. ABERNETHY, YANING WANG, PING ZHAO, ISSAM ZINEH

Office of Clinical Pharmacology, Office of Translational Sciences, Center for Drug Evaluation and Research, Food and Drug Administration, Silver Spring, Maryland

*Huang et al. J. Pharm Sci. 102(9):2912-23 (2013)*

## **Best Practice in the Use of Physiologically Based Pharmacokinetic Modeling and Simulation to Address Clinical Pharmacology Regulatory Questions**

P Zhao<sup>1</sup>, M Rowland<sup>2,3</sup> and S-M Huang<sup>1</sup>

*Zhao et al. Clin Pharm & Ther. 92:17-20 (2012)*

## **Application of Physiologically Based Absorption Modeling for Amphetamine Salts Drug Products in Generic Drug Evaluation**

ANDREW H. BABISKIN, XINYUAN ZHANG

*Babiskin & Zhang. J Pharm Sci. 104:3170-3182 (2015)*

# Virtual Bioequivalence

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- Use of physiological absorption model to predict the outcome of a BE study comparing test and reference formulations
  - Conduct “x” number of virtual trials in a model generated population in crossover manner to assess the outcome of a BE study
- Applications -
  - Predict outcome of formulation changes on BE outcome
  - Minimize the number of “pilot” PK studies
  - Provide more confidence in the outcome of a “pivotal” BE study

# Possible Improvements in Current Absorption Models (*not an exhaustive list...*)

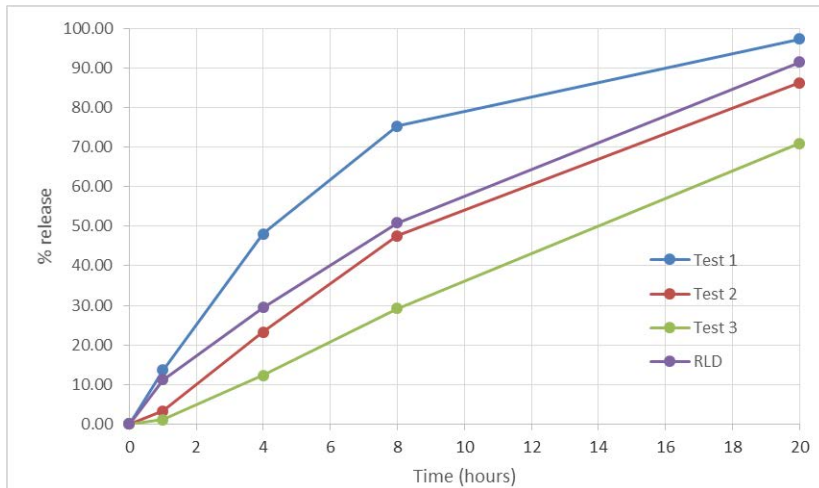
- Intra-individual variability in physiological parameters for accurate prediction of bioequivalence
- Better colonic absorption model (water volume & permeability) for accurate prediction of controlled release formulations
- Food effect - ability to assess impact of high, medium, low fat/calorie meals
- Simultaneous input of 2 solubilities e.g. crystalline/amorphous, salt/free form, 2 polymorphs
- Apriori prediction of precipitation for weak bases and amorphous formulations
- Addition of UWL/mucus layer and impact on permeability
- Availability of models for specific populations (e.g. oncology)
- Etc...



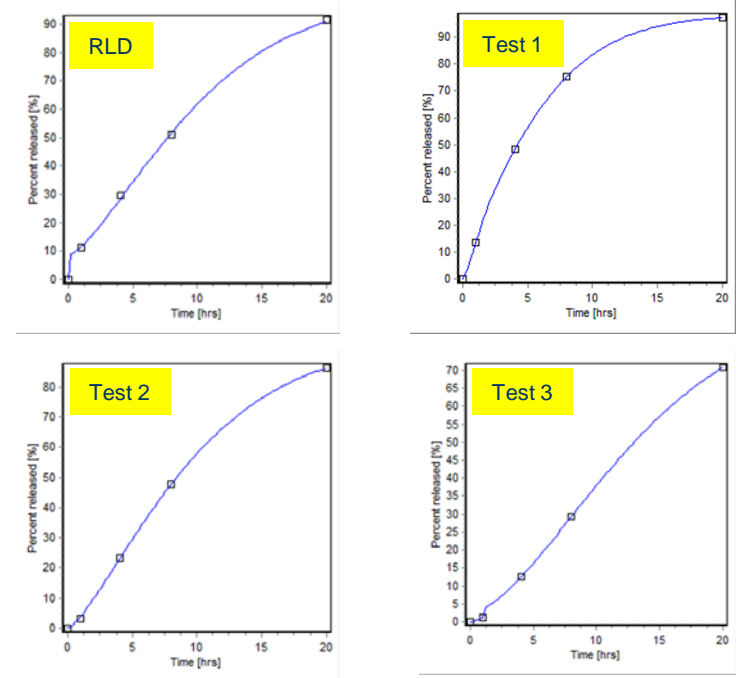
# Case Study 1: Virtual BE for Controlled Release Formulation

- BCS 1 compound
- Controlled Release formulation

USP-2, pH 6.8

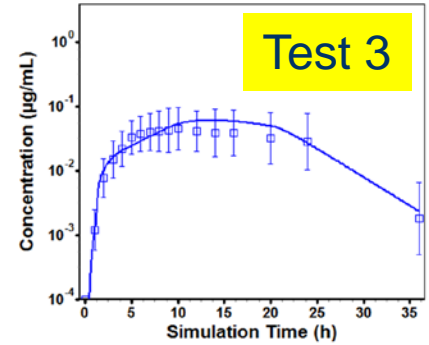
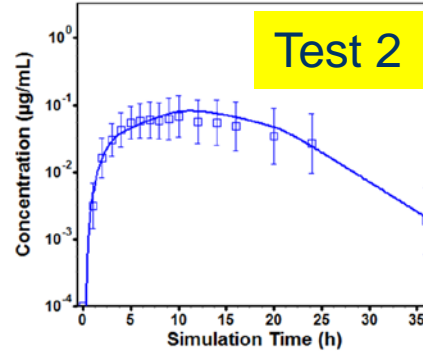
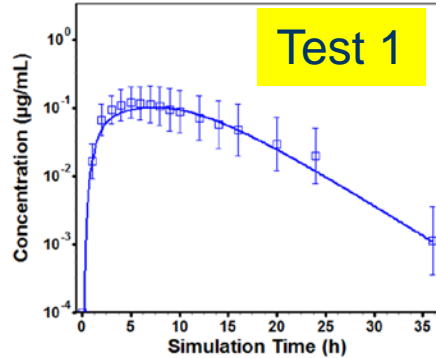
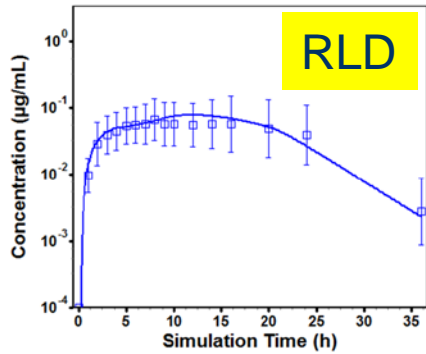


Dissolution data fitted to double Weibull function

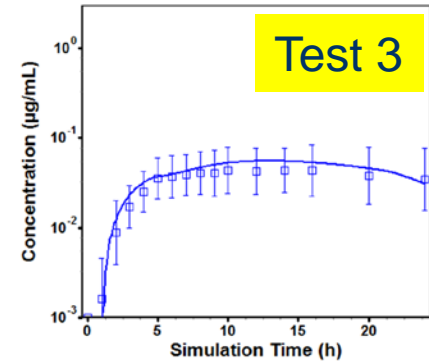
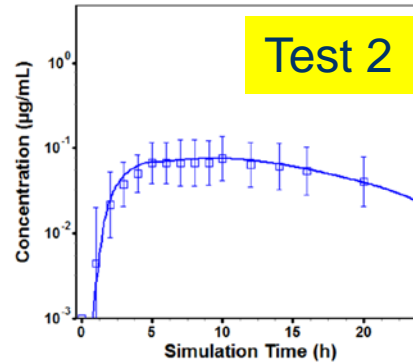
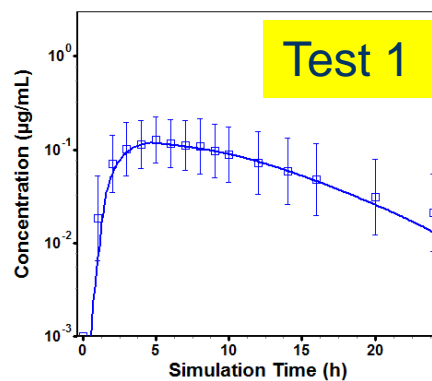
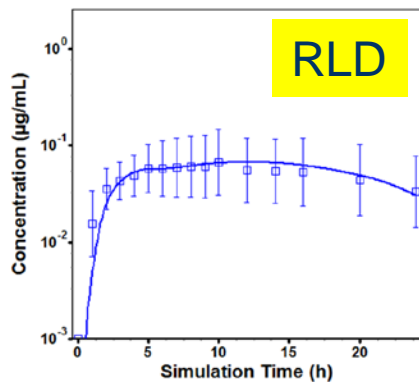


# Single Simulations to Assess Formulation Performance

## Fasted State

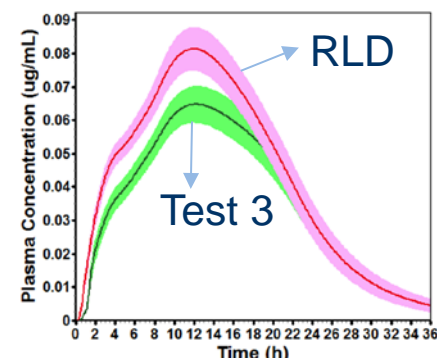
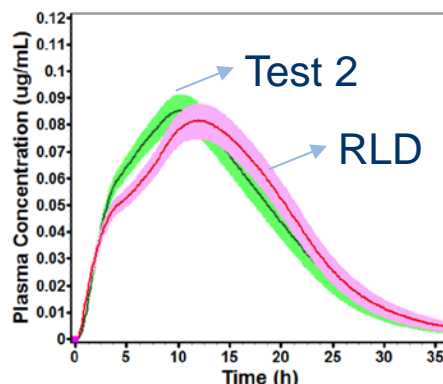
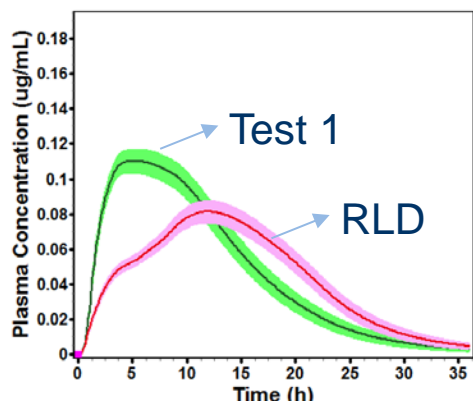


## Fed State



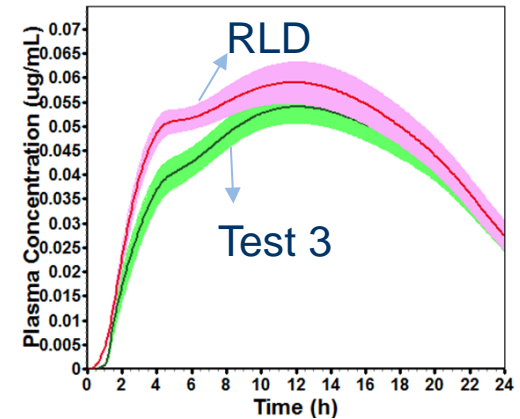
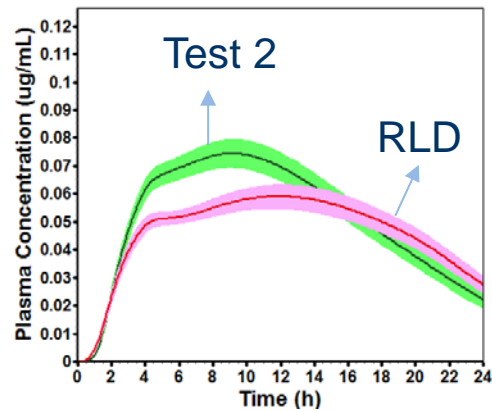
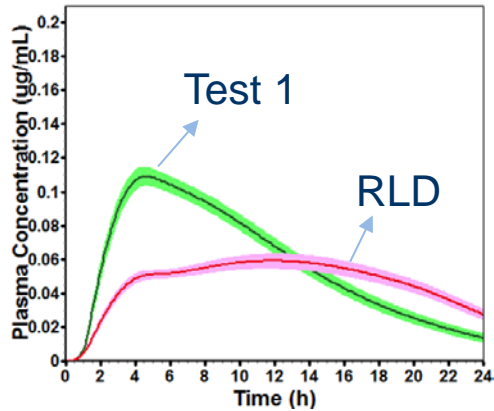
# Population Simulations to Assess Fasted BE Study between RLD and Test Tablets

- 10 population simulations were conducted in a cross-over manner with 25 subjects in each study
- The GMR & 90%CI were calculated separately



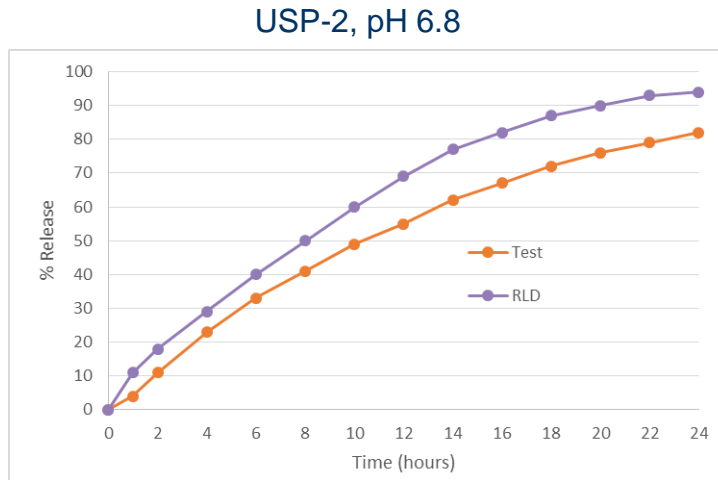
	<b>AUC<sub>0-t</sub> GMR (90% CI)</b>	<b>C<sub>max</sub> GMR (90% CI)</b>	<b>AUC<sub>0-t</sub> GMR (90% CI)</b>	<b>C<sub>max</sub> GMR (90% CI)</b>
	Observed		Predicted	
Test 1 vs. RLD	1.11 (0.99-1.23)	1.83 (1.67-1.98)	1.09 (0.91-1.18)	1.54 (1.23-1.77)
Test 2 vs. RLD	0.86 (0.74-0.98)	1.02 (0.87-1.17)	0.95 (0.89-1.01)	1.10 (0.88-1.02)
Test 3 vs. RLD	0.75 (0.63-0.87)	0.75 (0.59-0.91)	0.84 (0.77-0.99)	0.84 (0.70-0.95)

# Population Simulations to Assess Fed BE between RLD and the Test Tablets



	<b>AUC<sub>0-t</sub></b> <b>GMR (90% CI)</b>	<b>C<sub>max</sub></b> <b>GMR (90% CI)</b>	<b>AUC<sub>0-t</sub></b> <b>GMR (90% CI)</b>	<b>C<sub>max</sub></b> <b>GMR (90% CI)</b>
	Observed		Predicted	
Test 1 vs. RLD	1.29 (1.18-1.39)	2.07 (1.88-2.27)	1.20 (1.01-1.27)	1.85 (1.71-2.01)
Test 2 vs. RLD	1.06 (0.95-1.17)	1.15 (0.96-1.35)	0.95 (0.89-1.19)	1.21 (1.05-1.41)
Test 3 vs. RLD	0.82 (0.70-0.92)	0.72 (0.52-0.91)	0.88 (0.71-1.01)	0.92 (0.81-1.05)

# Projection of Pivotal BE Study in Fasted and Fed States



Outcome of 10 Virtual Trials for Each Formulation in Fasted State

		Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6	Trial 7	Trial 8	Trial 9	Trial 10	Average
RLD	AUC											
	C <sub>max</sub>											
Test	AUC	Red	Green	Red	Green	Green	Green	Green	Red	Green	Green	Green
	C <sub>max</sub>	Red	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green

# Projection of Pivotal BE Study in Fasted and Fed States

## M&S Projections

	AUC <sub>0-t</sub> GMR (90% CI)	Cmax GMR (90% CI)
Test vs. RLD ( <i>fasted</i> )	0.86 (0.82-0.92)	0.88 (0.83-0.95)
Test vs. RLD ( <i>fed</i> )	0.99 (0.95-1.04)	1.01 (0.97-1.06)

## Observed BE Data

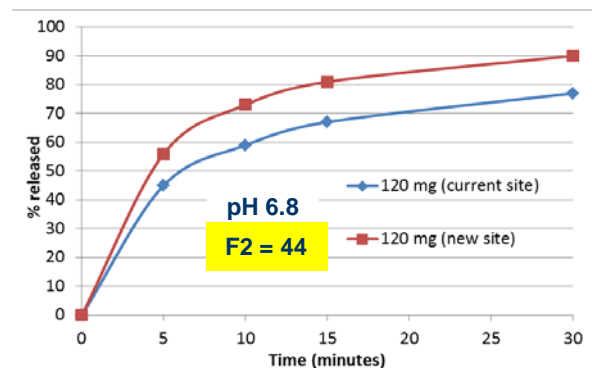
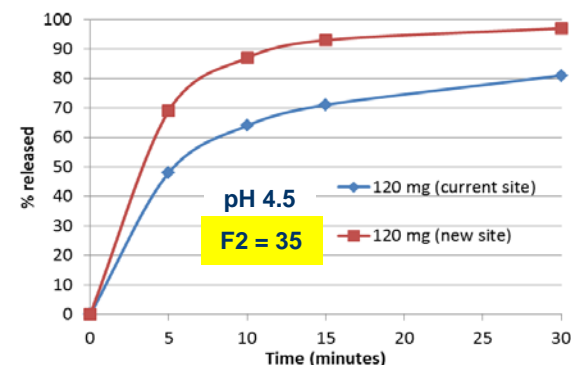
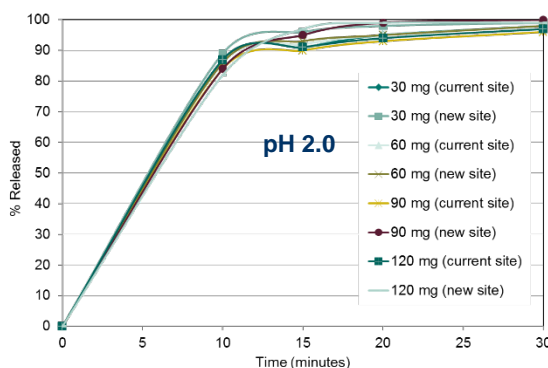
	AUC <sub>0-t</sub> GMR (90% CI)	Cmax GMR (90% CI)
Test vs. RLD ( <i>fasted</i> )	0.89 (0.85-0.99)	0.90 (0.86-0.95)
Test vs. RLD ( <i>fed</i> )	1.00 (0.94-1.07)	0.99 (0.93-1.08)

# Case Study 2: Dissolution Input for Prediction of BE for IR Product

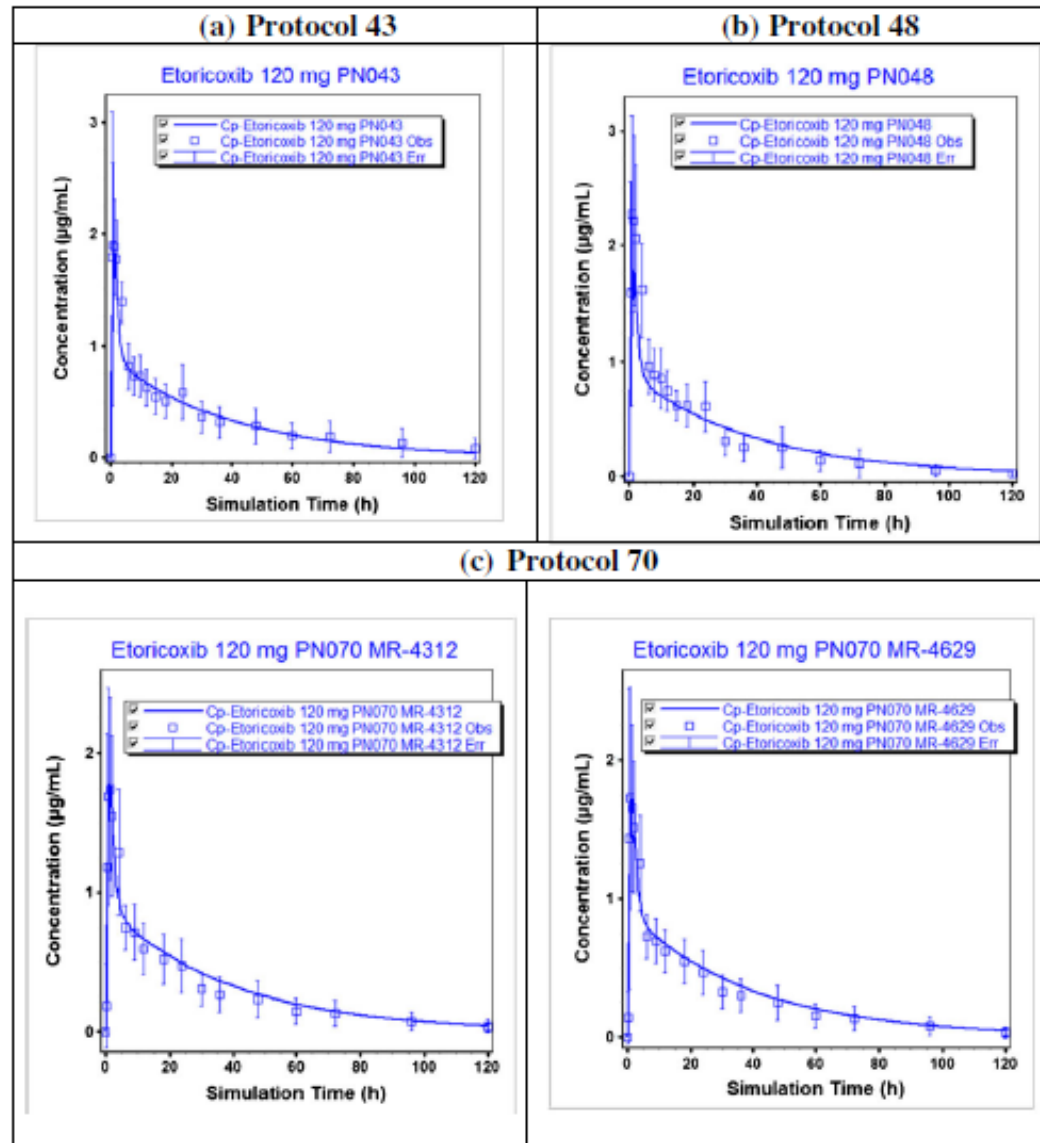
Etoricoxib  
BCS II compound

pH 2.0 = 25.1 mg/mL  
pH 3.07 = 2.01 mg/mL  
pH 4.01 = 0.3 mg/mL  
pH 5.03 = 0.09 mg/mL  
pH 6.9 = 0.05 mg/mL

### Dissolution of etoricoxib tablets at three pH conditions



# Assessment of the Model Performance against the Observed Clinical Data





# Predicted Human PK & BE Study Outcome

## M&S Projections

	AUC <sub>0-120 hr</sub> (%CV)	C <sub>max</sub> (%CV)	Relative AUC <sub>0-120 hr</sub>	Relative C <sub>max</sub>
<b>pH 2.0 dissolution</b>				
120 mg (current site)	35.9 (15.8%)	1.81 (14.8%)	--	--
120 mg (new site)	37.1 (15.3%)	1.85 (14.4%)	1.03	1.02
<b>pH 4.5 dissolution</b>				
120 mg (current site)	34.4 (16.3%)	1.65 (18.6%)	--	--
120 mg (new site)	35.8 (15.3%)	1.82 (14.4%)	1.04	1.10
<b>pH 6.8 dissolution</b>				
120 mg (current site)	30.8 (17.2%)	1.50 (18.6%)	--	--
120 mg (new site)	34.1 (15.1%)	1.71 (19.1%)	1.11	1.14

## Observed BE Results

PK Parameters	Treatment		Geometric Mean Ratio (A vs. B)	90% Confidence Interval (A vs. B)
	New Site	Current Site		
AUC <sub>0-∞</sub> (µg*hr/mL)	32.3 ± 13.1	32.1 ± 14.6	1.01	0.97, 1.06
C <sub>max</sub> (µg/mL)	1.94 ± 0.47	1.98 ± 0.41	0.97	0.89, 1.06
T <sub>max</sub> (hr)	1.25 (0.5-2.0)	1.00 (0.5-4.0)	–	–

*Dissolution at pH 2.0 is the most clinically relevant in this specific case*

# Conclusion

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- Current industry experiences highlight the increasing value of PBPK modeling applications in drug development
- Use of PBPK modeling and simulation has been recommended and accepted by regulatory agencies
- There is tremendous potential for application of modeling tools in generic drug development
  - More publications are needed with examples of where it works & where it doesn't
  - An area to explore bioperformance of formulations that are not Q1/Q2 to RLD or get around formulations
  - Develop knowledge base of models that may be suitable for virtual BE trials
  - Complex dosage forms such as long acting injectables (suspension, implant)



## Future Use of Virtual BE

- Expand BCS class waivers
- Do we do too many fed BE studies?
- Describe what happens in steady state BE study
- Describe what would happen in a steady state BE study in patients
- Conclude risk in patient population that are not studied

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**Slide courtesy of Rob Lionberger (FDA/CDER/OGD)**

Presented at 2016 AAPS Annual Meeting (*Role of PBPK based virtual trials modeling in generic product development and regulation*)