

Use of Knowledge-Aided Assessment and Structured Application (KASA) in Biopharmaceutics Assessment

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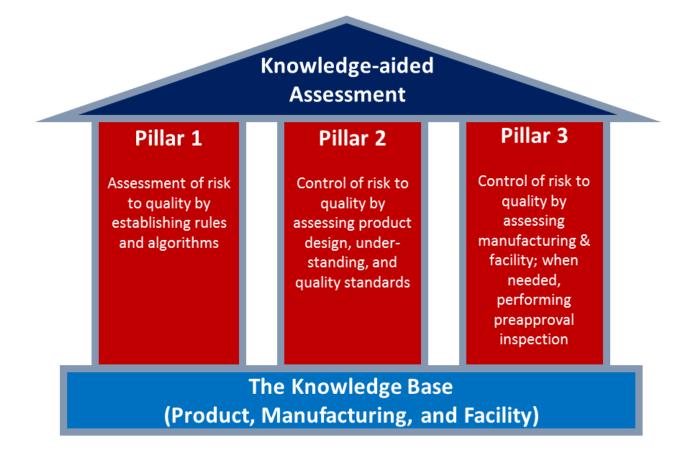
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Presentation Objectives



- ➤ Describe how KASA is used in the assessment of biopharmaceutics information submitted in Abbreviated New Drug Applications (ANDAs)
- Demonstrate the Biopharmaceutics risk assessment decision making process within KASA
- Provide the advantages of enhanced Risk-Based communication toward PCQS in the KASA interface

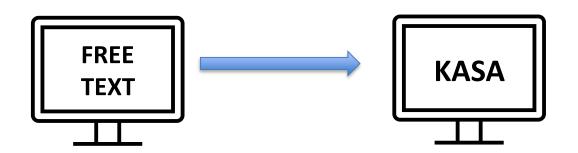




KASA for ANDA solid oral dosage forms (SODFs) provides transparency and consistency across applications for in vitro dissolution specification setting based on product understanding and biopharmaceutics risk to the drug product.

ANDA KASA Snapshot (Biopharm)

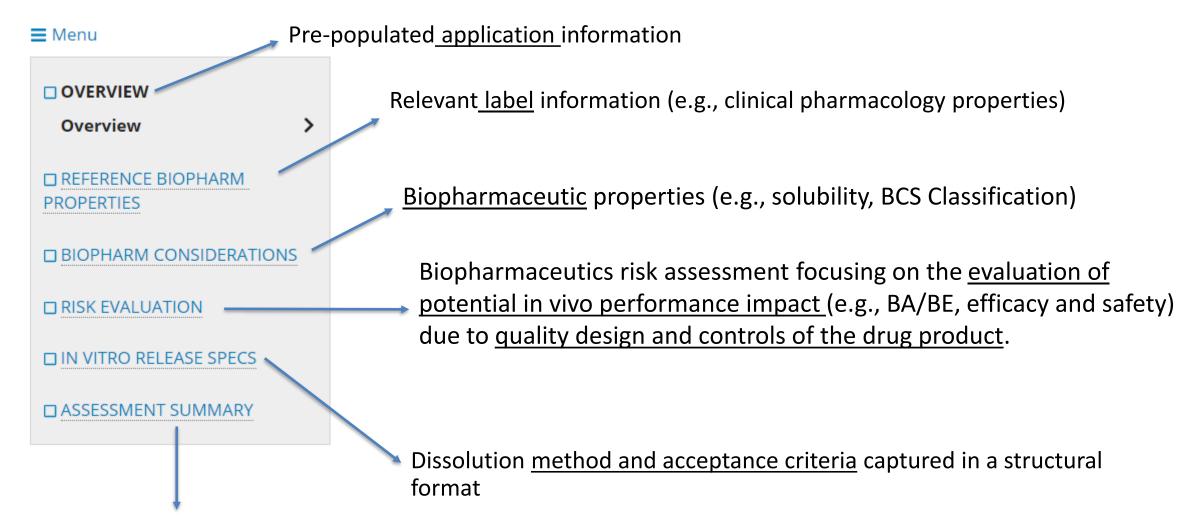




- Structured six Assessment Module Design
- Incorporation of comparative in vitro release profiles and PBPK/IVIVC Modeling Reports
- Question-Based Biopharmaceutics Risk Ranking
- Databased Lifecycle Management

ANDA KASA (Biopharm) Structure



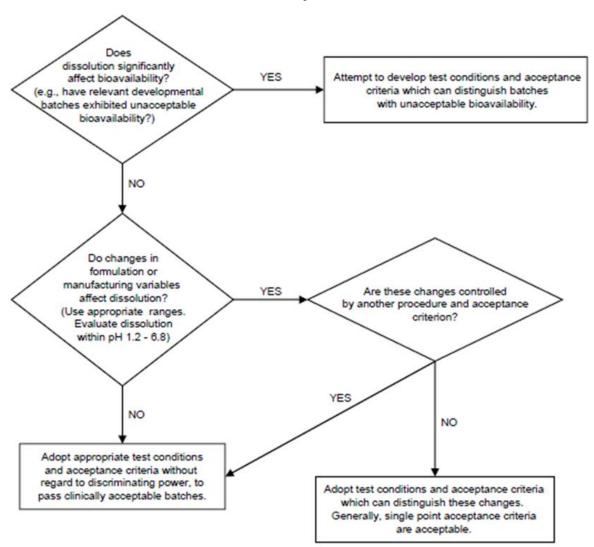


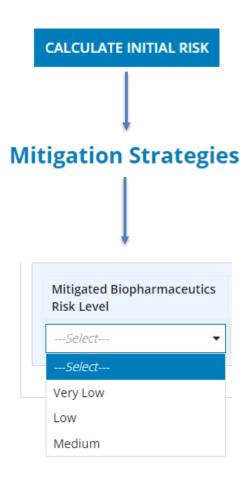
Concise summary and communication for life-cycle management

Risk Evaluation



ICH Q6A Specifications

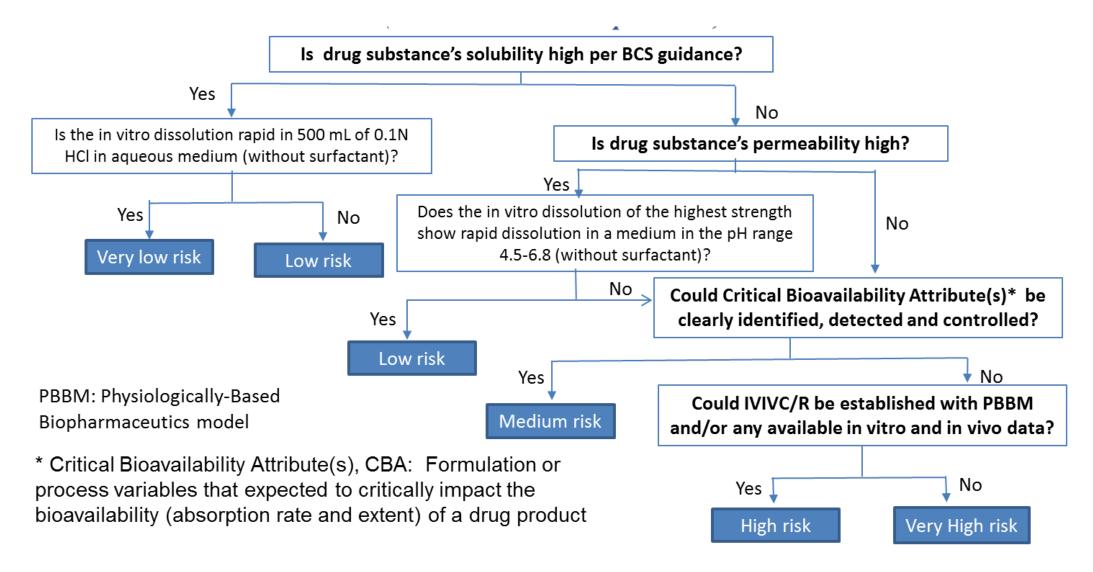






Initial Risk Assessment





Initial Biopharmaceutics Risk Categories



Biopharmaceutics Risk Level	Examples of Biopharmaceutics Risk Mitigation Approaches					
Very Low	Standardized dissolution test					
Low	Adequate method development to justify dissolution method and acceptance criterion					
Medium	In vitro approach is used to mitigate the biopharmaceutics risk. Dissolution test should target to detect meaningful changes in identified critical bioavailability attributes to provide insight into the in vivo performance					
High	IVIVR is used to support patient-centric dissolution test (Based on available in vitro/in vivo data and/or PBBM)					
Very High	In vivo studies are used to develop IVIVC/R to support patient-centric dissolution test					

Regulatory flexibility Based on Risk rather than Manufacturing Capability



DEFICIENCY CASE EXAMPLES

Comment: Provide justification to support a wider dissolution specification (than Q=80% in minutes) for IR drug product containing highly soluble drug substance.

Response: Scientifically-sound explanation for root cause of slower dissolution e.g.,

- Borderline BCS solubility/sink conditions
- Tablet surface properties/wetting issues
- Cone formation due to excipients, or granules
- Drug-excipient interactions

Comment: Provide evidence/information to demonstrate no impact on in vivo BA/BE and/or safety/efficacy.

Response:

- In vivo BA/BE study
- IVIVR
- PBPK modeling and simulation/sensitivity analysis
- Exposure-response relationship (e.g., Cmax is not critical for efficacy)
- No change of Cmax/Cmin for chronic use

In Vitro Release Specifications

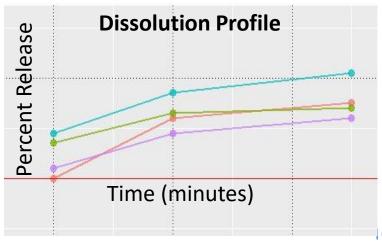


Iteration 1 - Original Review

No	Strength	Apparatus	Rotation Speed	Unit	Temp (C)	Medium/Volume (mL)	Acceptance Criteria
1	All Strengths	2-Paddle w/sinker	75	rpm	37	Phosphate buffer pH 6.8 with 3% Tween 20 - Volume: 900 ml	45 min, Q - 80%

Iteration 2 - IR Response

No	Strength	Apparatus	Rotation Speed	Unit	Temp (C)	Medium/Volume (mL)	Acceptance Criteria
1	All Strengths	2-Paddle w/sinker	100	rpm	37	Phosphate Buffer - Volume: 500 ml	30 min, Q - 80%



Key Considerations for Selecting an Appropriate Dissolution Specification



- Therapeutic use of the drug product
 - Narrow Therapeutic Index Drug Product/High Risk Drug Substance
 - Onset of action
 - Efficacy and safety profiles
- Drug release/absorption timeframe (IR/ER/DR)
- Rate limiting step for drug absorption
 - BCS classification
 - MR formulation design
- Predictive performance of the dissolution method
- The capability of dissolution specification to reject batches with unsatisfactory product quality

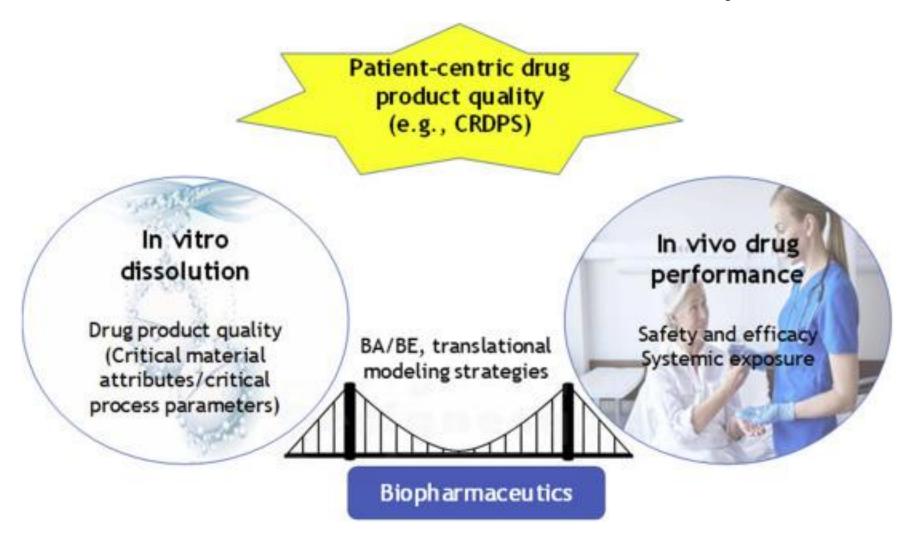


Dissolution Informed Quality and Lifecycle Management



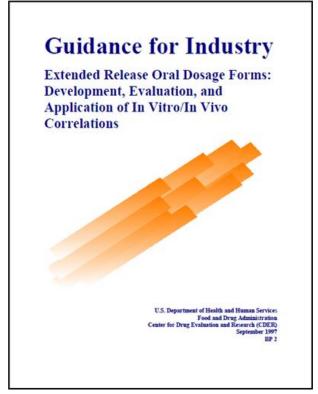


Role of Biopharmaceutics in Patient-Centric Assessment of Quality



Implementation of Current Guidance Toward PCQS





Dissolution Testing and Acceptance Criteria for Immediate-Release Solid Oral Dosage Form Drug Products Containing High Solubility Drug Substances

Guidance for Industry

U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER)

> August 2018 Biopharmaceutics

The Use of Physiologically Based
Pharmacokinetic Analyses —
Biopharmaceutics Applications for Oral
Drug Product Development,
Manufacturing Changes, and Controls
Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the Federal Register of the notice announcing the availability of the draft guidance. Submit electronic comments to thinsy-lower-gendations, gov. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the Federal Register.

For questions regarding this draft document, contact Paul Seo at 301-796-4874

U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER)

> October 2020 Pharmaceutical Quality/CMC

CHALLENGE QUESTION What Does KASA provide for the ANDA Biopharmaceutics Assessment?



- ☐ Structured knowledge to facilitate biopharmaceutics risk assessment
- ☐ Scientifically-sound biopharmaceutics risk assessment focusing on clinical performance
- ☐ Enhanced risk communication toward PCQS
- ☐ Improved assessment efficiency and consistency
- ☐ ALL OF THE ABOVE



CHALLENGE QUESTION What Does KASA provide for the ANDA Biopharmaceutics Assessment?

- ☐ Structured knowledge to facilitate biopharmaceutics risk assessment
- ☐ Scientifically-sound biopharmaceutics risk assessment focusing on clinical performance
- ☐ Enhanced risk communication toward PCQS
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- ✓ ALL OF THE ABOVE





Development and Implementation of KASA is a GROUP effort. I would like to highlight the contributions provided by the following members:

- Colleagues and Staff in Office of New Drug Products
- Division of Biopharmaceutics KASA WG Members and User Acceptance Testers
- Office of Pharmaceutical Quality KASA Steering Committee





THANK YOU

