A Bayesian Population Compartmental Absorption and Transit Modeling Approach to Support Generic Drug **Development and Regulation - Application to Bupropion**

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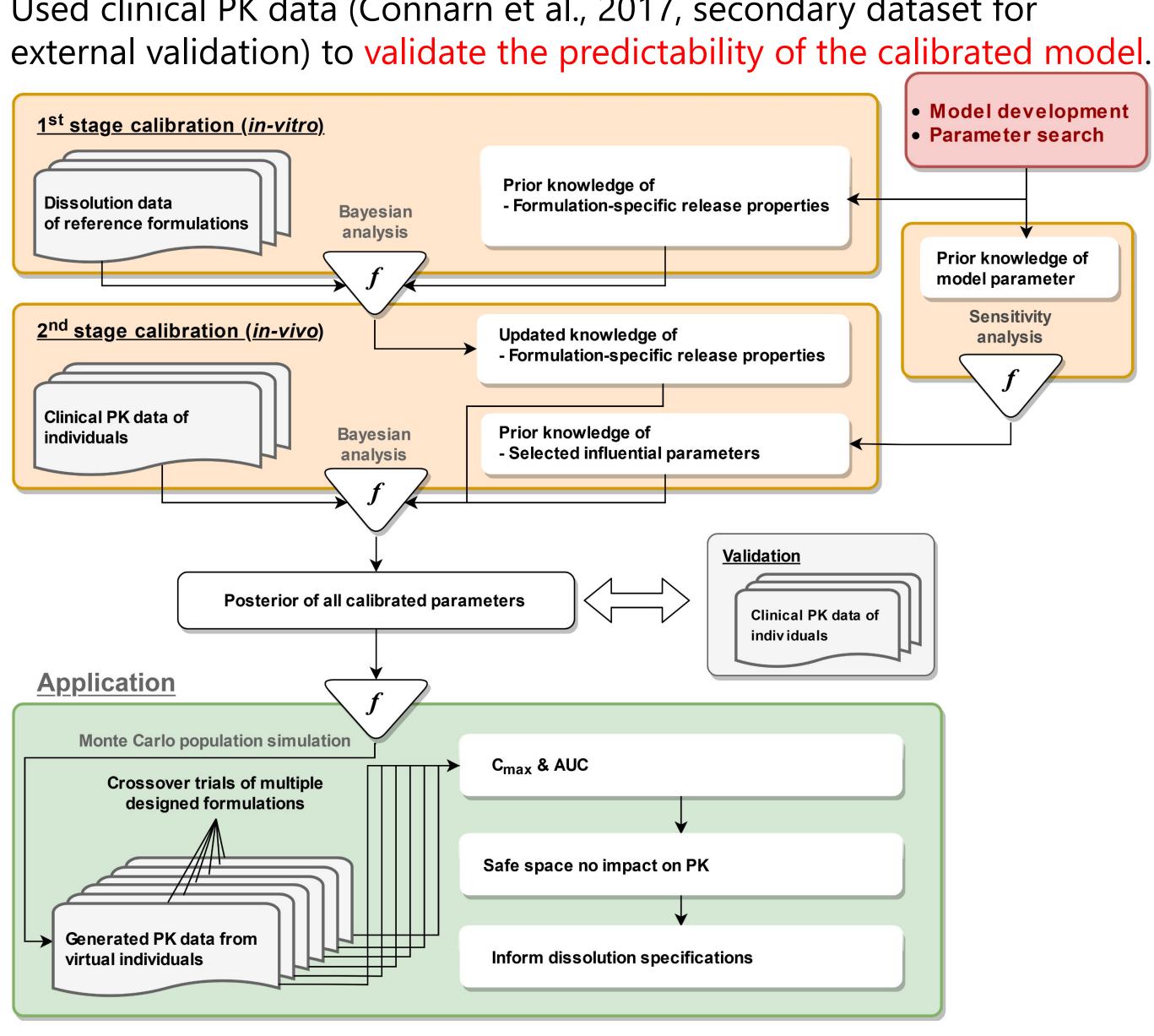
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MOTIVATION

- To support decision-making in drug development by:
- Developing a compartmental absorption and transit model for bupropion hydrochloride in oral dosage forms including immediate release, sustained release and extended release formulations. The model integrates information on gut physiology, *in vitro* dissolution and systemic pharmacokinetics (PK).
- 2. Conducting a Bayesian calibration of the model, using *in vitro* dissolution data and clinical PK data.
- 3. Applying the calibrated model to define a dissolution "safe space" for bupropion hydrochloride.

WORKFLOW

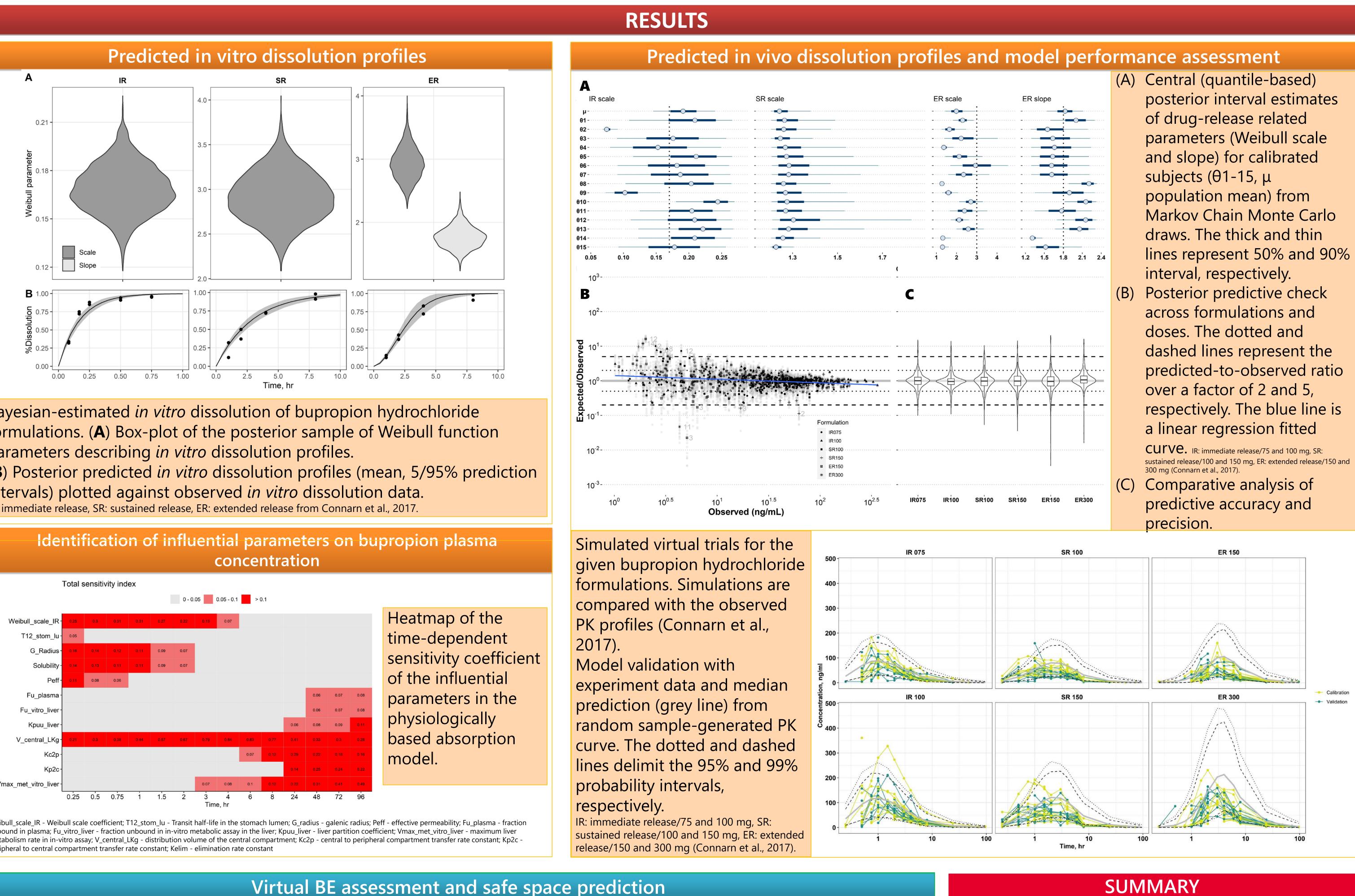
- 1) We developed a physiologically-based absorption model based on the well-known compartmental absorption and transit (CAT) framework to describe absorption and disposition for oral dosage forms of bupropion hydrochloride including immediate release, sustained release and extended release formulations.
- 2) Informed parameter values from previous publications were used for the development of the CAT model.
- 3) Applied global sensitivity analysis to find the parameters that have a relatively high impact on plasma concentration, to focus parameter estimation and to improve computational efficiency (Hsieh et al., 2018).
- 4) Performed two-stage Bayesian model calibration (using *in vitro* and *in vivo* data from Connarn et al., 2017) to determine the posterior distribution of the model parameters (Smith et al., 2008).
- 5) Used clinical PK data (Connarn et al., 2017, secondary dataset for



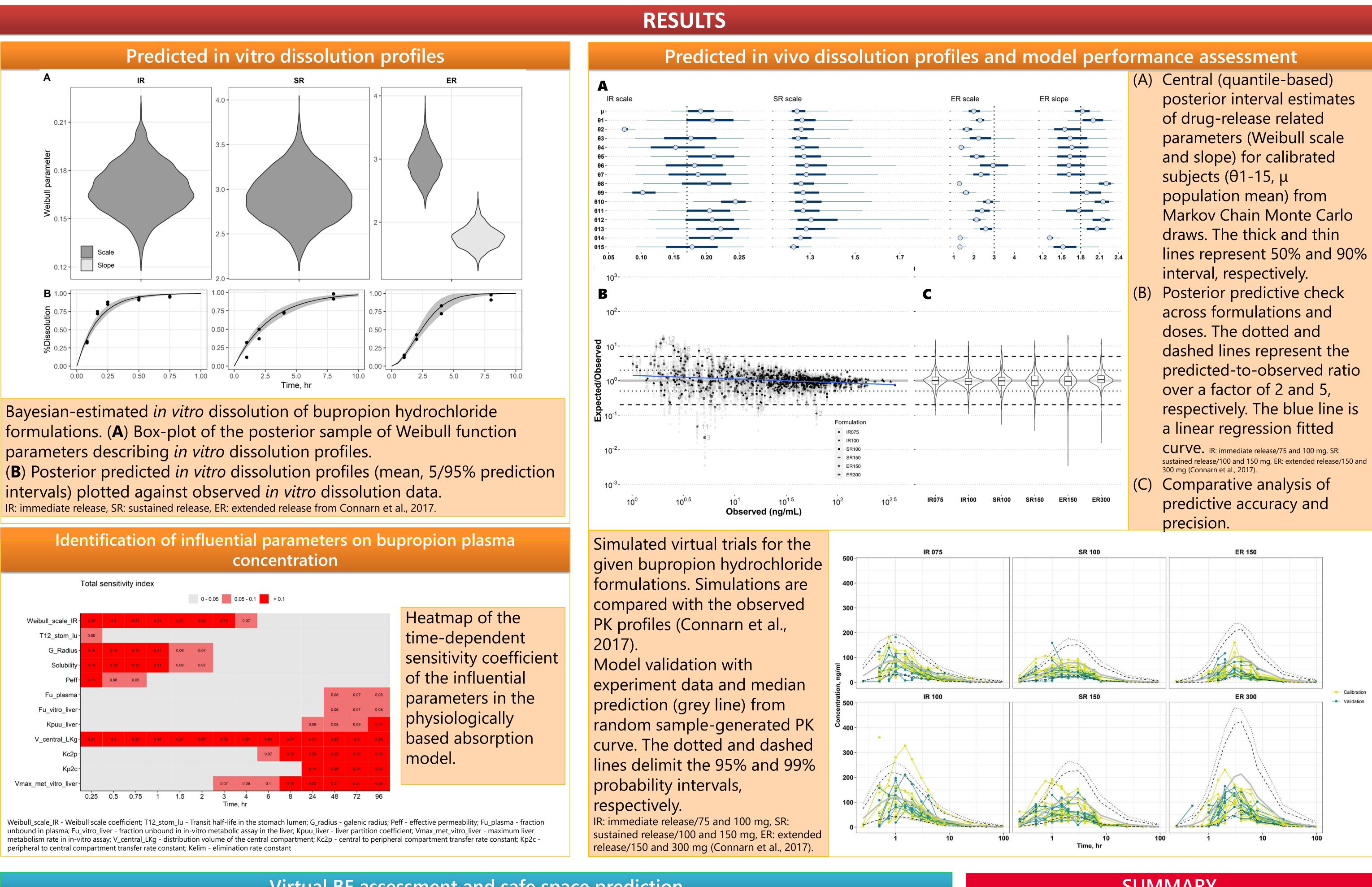
- 6) Conducted virtual bioequivalence (BE) trials with the calibrated model, varying the drug in vitro dissolution-related parameters.

7) We finally determined the "safe space" for *in vitro* dissolution profiles for bupropion hydrochloride; a space where BE is anticipated. Model building and calculations were performed with GNU MCSim (Bois, 2009).

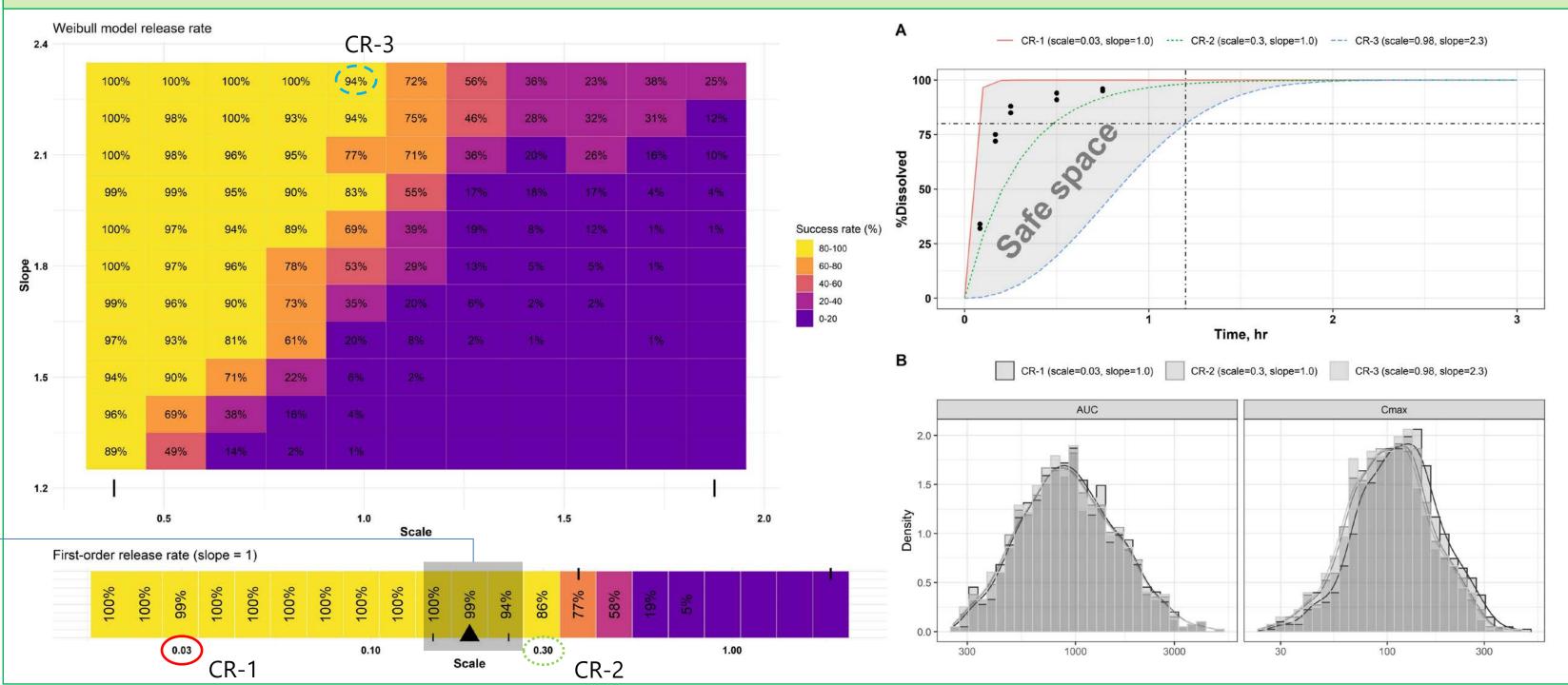
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parameters describing *in vitro* dissolution profiles.



BE assessment of designed test formulations of bupropion hydrochloride with first-order and Weibull released patterns. The black triangle and bars represent the maximum a posterior and 90% credible interval of the immediate-release formulation. A successful trial was declared when both C_{max} and AUC fell within the 80-125% BE limits.







- (A) In vitro dissolution "safe space" prediction. The dissolution profile of three hypothetical controlled release formulations, CR1, 2 and (B) The histogram of
- simulated AUC and C_{max} for 900 virtual subjects obtained for three hypothetical controlled release formulations, CR1, 2 and 3.

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SUMMARY

	 A Bayesian-based population modeling- workflow was developed and evaluated for various bupropion hydrochloride oral formulations.
	 The workflow was used to integrate in vitro dissolution and clinical PK data to predict dissolution "safe space" for each formulation. The developed Bayesian workflow demonstrated its potential to integrate all available data and to support decision making in generic drug product development.
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	REFERENCES
	 Hsieh N-H, Reisfeld B, Bois FY, Chiu WA. 2018. Frontiers in Pharmacology 9, doi:10.3389/fphar.2018.00588 Smith TJ, Bois FY, Lin YS, et al. 2008. Journal of breath research. 8;2(3):037018, doi: 10.1088/1752-7155/2/3/037018 Connarn JN, Flowers S, Kelly M, et al. 2017. The AAPS Journal. 1;19(5):1513-22, doi:10.1208/s12248-017-0102-8 Bois FY. 2009. Bioinformatics, 25:1453-1454, doi: 10.1093/bioinformatics/btp162.

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