

Novel Method to Determine Bioequivalence of Complex Drugs S.T. Stern, S. Skoczen, K.S. Snapp, R. Crist, S.E. McNeil Nanotechnology Characterization Laboratory, Leidos Biomedical Research, Inc., Frederick National Laboratory for Cancer Research, Frederick, Maryland

Summary

- A similar ~2% in vitro drug release was estimated for both formulations, with some instances of statistically significant differences.
- All PK parameters were found to be equivalent, except for unencapsulated AUC_{all}.
- Important differences were observed for this stable isotope tracer method study compared to a previous literature SPE method study in rats (3):
	- Unencapsulated drug concentrations were much lower for the stable isotope study, resulting in encapsulated/unencapsulated drug ratios of ~800 compared to ~60 for the previous SPE method study.
	- The terminal slope of the unencapsulated profile did not parallel the encapsulated profile, as it did for the previous SPE method study.
	- T_{max} is much later for the stable isotope study at ~33 h, compared to ~4 h for the SPE study.

Abstract

- %Bound = $[Reservoir D^*] [Ultrafilterable D^*]) *100$ [Reservoir D*]
- ii. [Unencapsulated D] = $[Ultrafilterable D]$ (1-(%Bound D*/100))
- iii. [Encapsulated D] = [Total D] [Released D]

An analytical challenge for complex drug bioequivalence is accurate measurement of encapsulated and unencapsulated drug (1). To overcome this analytical challenge, a novel ultrafiltration drug release method utilizing stable isotope tracers has been developed. Stable isotopically-labeled active pharmaceutical ingredient (API) is spiked into plasma containing the complex drug formulation (2). The isotopically-labeled API equilibrates with plasma protein and formulation components identical to the normoisotopic API released from the complex formulation. Therefore, the ultrafilterable fraction of the isotope-labeled API represents a reliable measure of free normoisotopic API fraction in plasma, and can be used to calculate encapsulated and unencapsulated API fractions. To demonstrate the utility of the stable isotope tracer method, we performed an in vitro drug release study in rat plasma, and in vivo bioequivalence study in rats, comparing Janssen's Doxil[®] and Sun Pharma's Doxorubicin HCl Liposome generic. Using the stable isotope tracer method, a comparable ~2% of both the liposomal doxorubicin (DXR) preparations were released in rat plasma over a 6h period. A parallel design bioequivalence study in rats demonstrated similar encapsulated and unencapsulated drug pharmacokinetic (PK) profiles for both liposomal preparations. Statistical analysis determined the formulations to be bioequivalent on the basis of T_{max} , encapsulated C_{max} , AUC_{all} and AUC_{inf}, and unencapsulated C_{max} , but not unencapsulated AUC_{all} . Notably, the estimated unencapsulated drug profiles in this study differed greatly from previously published rat bioequivalence studies utilizing solid phase extraction methods, with regard to unencapsulated drug concentrations, encapsulated to unencapsulated drug concentration ratio, and unencapsulated drug terminal half-life.

Blood pooled from 8 male Sprague Dawley rats was collected in K₂EDTA tubes, spun at 2500xg to collect plasma, and HEPES buffer added at 50 µL/2 mL plasma to control pH. Plasma samples in glass vials were spiked with liposomal formulations at final concentration of 0.5 μ g/mL, 1 μ g/mL, and 5 μ g/mL DXR in triplicate, and then spiked with 0.1 µg/mL DXR_C13 (stable isotope). Samples were then incubated at 37°C with agitation, and at time points 10 min, 2 h and 6 h, 25 µL of the sample was collected in Eppendorf tubes for analysis and 150 µL of the sample was transferred to a prewarmed ultrafiltration tube. The ultrafiltration tube was spun for 10 min at 12000xg at 37°C, and 50 µL of filtrate collected in Eppendorf tubes for analysis. 200 µL ACN/0.1% formic acid containing 25 ng/mL aclarubicin (ISTD) was added to plasma and filtrate samples, freeze-thawed to precipitate proteins, centrifuged, and supernatants dried in a vacuum centrifuge and the resulting residue reconstituted in 150 µL 25% ACN/0.1% formic acid. Samples were then analyzed on a Thermo Fisher Q Exactive OrbiTrap, using matrix matched standard curves and controls.

Fig. 1. Drug release assay using a stable isotope tracer ultrafiltration method. The stable isotopically labeled drug (D*) is spiked into nanomedicine (NM-D) in plasma. D* behaves identically to normoisotopic drug (D) with regard to protein binding (Pro-D/D*). After protein binding equilibrium is reached, the plasma sample is transferred to an ultrafiltration device and the filtrate is separated by centrifugation. The stable isotope tracer free fraction, represented as the ultrafilterable fraction, can be used to calculate protein bound, unencapsulated and encapsulated drug fractions, according to equations (i), (ii) and (iii), respectively:

Mobile Phase A: $H₂O$ with 0.1% Formic Acid Mobile Phase B: Acetonitrile with 0.1% Formic Acid Column: Zorbax SB C18, 2.1 x 100 mm, 1.8 µm Gradient: Hold at 25% B for 3 min, linear increase from 25% - 80% B in 4 min, linear increase to 95% B in 0.5 min, hold at 95% B for 0.5 min, linear decrease from 95% - 25% B in 0.1 min, column regeneration time of 4 min ESI Positive mode, PRM 544.18 \rightarrow 130.08, 379.07, 397.08 amu Plasma LLOQ = 10 ng/mL , Protein free plasma LLOQ = 100 pg/mL

Noncompartmental pharmacokinetic parameters were determined using Phoenix WinNonlin version 6.3 software (Pharsight Corporation, Mountain View, CA): the area under the time concentration curve (AUC_{inf}) was calculated using the linear trapezoidal rule with extrapolation to time infinity; terminal half-life (t_{1/2}) was calculated from 0.693/slope of the terminal elimination phase; the $\mathsf{C}_{\mathsf{max}}$ term is the maximum concentration; the $T_{\sf max}$ term is the time of maximum concentration.

References

- 1. Ambardekar, V.V. & Stern, S.T. *NBCD Pharmacokinetics and Bioanalytical Methods to Measure Drug Release*, In: Non-Biological Complex Drugs; The Science and the Regulatory Landscape, Ed. D.J.A. Crommelin and J.S.B. de Vlieger, Springer International Publishing, Switzerland, 2015, pp. 261-287.
- 2. Skoczen S, McNeil SE, Stern ST (2015). Stable Isotope Method to Measure Drug Release from Nanomedicines. *J. Control Release.* 220(Pt A):169-74.
- 3. Caeylx study in rats at 6 mg/kg i.v. bolus, Azaya Therapeutics, AAPS abstract 2013.

In vitro data were evaluated by a two-sided Student's t-test, with α =0.05 . In Vivo PK parameters were evaluated by two one-sided t-tests, with α =0.05 and θ =0.2, to determine the 90% CI of the geometric mean of log transformed T/R ratio.

Table 1. Individual animal pharmacokinetic parameters. Individual PK parameters are presented for the Sun Pharma and Doxil, encapsulated and unencapsualted, DXR plasma profiles: area under the time concentration curve extrapolated to infinity (AUC_{inf}); area under the time concentration curve all time points (AUC_{all}); time of maximum concentration (T_{max}); maximum concentration (C_{max}).

Fig. 3. DXR pharmacokinetics in SD rats. Displayed are the average encapsulated and unencapsulated DXR concentrations for each formulation expressed as ng/mL at each time point *(N*=8)*.*

Design and methods

In Vitro Drug Release in SD Rat Plasma

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Animal Study Design

A parallel design bioequivalence study was conducted in double jugular catheterized 15-week-old male Spargue Dawley rats (approx. weight of 400 grams, Charles River Laboratories, Raleigh, N.C.). Rats were treated intravenously by left catheter with 5 mg DXR/5 mL/kg of Janssen's Doxil ® or Sun Pharma's Doxorubicin HCl Liposome generic (8/treatment group). Blood samples (400 µL) were collected in K₂EDTA tubes by the right jugular catheter at 0.25, 0.5, 1, 4, 8, 24, 48 and 96 h. Blood was spun at 2500xg for 10 min and plasma collected in a glass vial. DXR_C13 stable isotope was spiked into the plasma at approximately 50 ng/mL. Samples were vortexed and incubated for 10 min at 37°C with agitation. 25 µL plasma was removed to Eppendorf tubes containing 200 µL ACN/0.1% formic acid with 25 ng/mL Aclarubicin (ISTD). The remainder of plasma was transferred to a prewarmed 10 kDa MWCO filter tube and spun at 12,000xg for 10 min at 37°C. 50 µL of the filtrate was transferred to an Eppendorf tube containing 200 µL ACN/0.1% formic acid with 25 ng/mL aclarubicin (ISTD). Samples were frozen at -80°C until analysis. Samples were then thawed, centrifuged, and supernatants dried in a vacuum centrifuge and the resulting residue reconstituted in 150 µL 25% ACN/0.1% formic acid. Samples were then analyzed on a Thermo Fisher Q Exactive OrbiTrap, using matrix matched standard curves and controls.

Validated Q-OrbiTrap Analysis of DXR

Noncompartmental Pharmacokinetic Analysis

Statistics

Fig. 2. DXR release in rat plasma at 37°C. Displayed is the % DXR release at each concentration and time point, for the Sun Pharma and Doxil formulations (Mean + SD, *N*=3). (*p<0.05, Students t-test)

Fig. 4. TOST bioequivalence analysis. All PK parameters found to be equivalent, with 90%CI of the test (Sun Pharma)/reference (Doxil) ratio within 80-125% by TOST, except for unencapsulated AUCall (orange circle). 75 85 95 105 115 125

The Frederick National Laboratory for Cancer Research is accredited by AAALAC International and follows the Public Health Service *Policy for the Care and Use of Laboratory Animals* (Health Research Extension Act of 1985, Public Law 99- 158, 1986). Animal care was provided in accordance with the procedures outlined in the *Guide for Care and Use of Laboratory Animals* (National Research Council, 1996; National Academy Press, Washington, D.C.). All animal protocols were approved by the NCI-Fredrick institutional Animal Care and Use Committee. The experiments outlined herein are scientifically justified and do not represent an unnecessary duplication of previous work by the sponsor.

