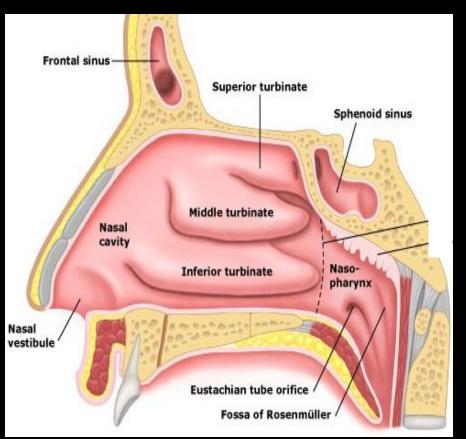
Virginia Commonwealth University

Clinically Relevant *In Vitro* Tests for the Assessment of Innovator and Generic Nasal Spray Products

Mandana Azimi¹, P. Worth Longest^{1, 2}, Jag Shur³, Robert Price³ & Michael Hindle¹ ¹Department of Pharmaceutics, Virginia Commonwealth University, USA ²Department of Mechanical and Nuclear Engineering, Virginia Commonwealth University, USA ³Department of Pharmacy and Pharmacology, University of Bath, UK

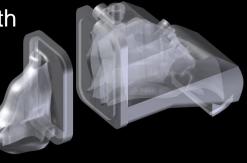
Nasal drug delivery

- Can be used for local or systemic delivery
- Metered dose nasal sprays are the most commonly used devices
- Drug delivery efficiency depends on:
 - Nasal geometry
 - Patient use
 - Formulation and device combination



In vitro testing: quality control vs clinically relevant methods

- Currently in vitro QC methods focus on device and formulation performance including methods to characterize spray plume and droplet size.
- □ The bio-relevance of these methods remains unclear.
- Nasal drug delivery efficiency and assessments of bioequivalence may be aided by the use of more clinically relevant *in vitro* testing using
 - physically realistic nasal airway models combined with
 - simulated patient use parameters.



6 cm

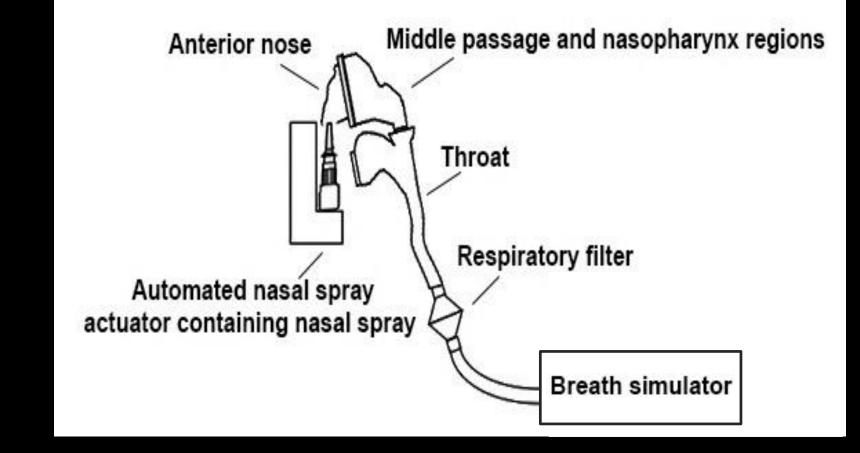
Objective

To test the utility of a potential clinically relevant *in vitro* nasal deposition method and assess the effects of varying:

- Nasal geometry
- Patient use
- Formulation and device combination

Nasal geometry							
Data set	Guilmette data, MRI scan of an individual - VCU Model 1	VCU Medical Center, CT scan of an individual - VCU Model 2					
Dh, nostril and nasopharynx	12.1 mm, 5.9 mm	10.6 mm, 4.5 mm					
Surface area (SA)	8024.2 mm ²	6802.3 mm ²					
Volume (V)	10832mm ³	5118 mm ³					
SA/V	0.7 mm ⁻¹	1.3 mm ⁻¹					
SA of the nasal valve	1156 mm ²	1493 mm ²					
Anterior nose volume	3.2 ml	2.2 ml					

Experimental setup



- Two actuations of Nasonex delivered into a single nostril
- Regional drug deposition was measured on:
 - i) Nasal spray device

iii) Middle passages + nasopharynx

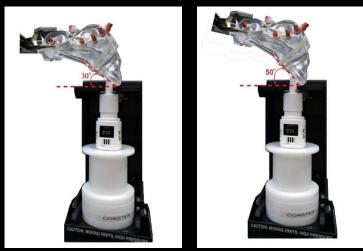
ii) Anterior nose region + drip

iv) Throat + filter

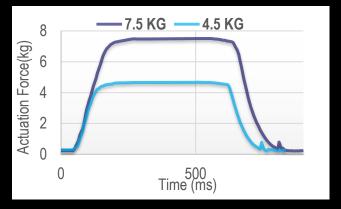


Patient use

Head angle: 30° or 50°

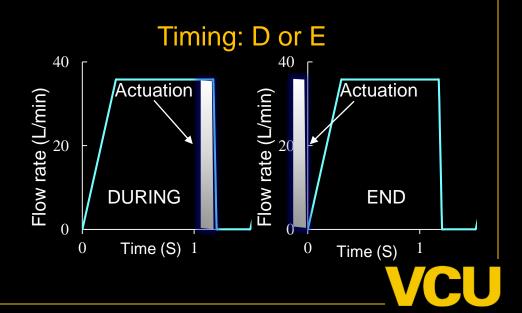


Actuation force: 4.5 or 7.5 kg

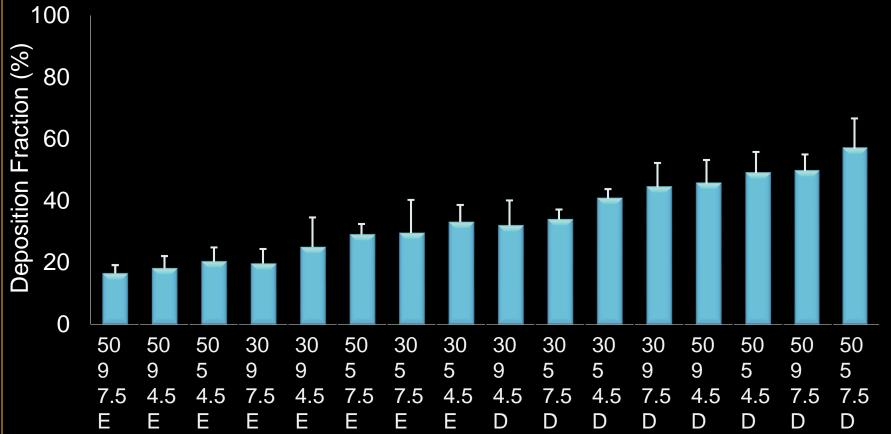


Position: 9 or 5 mm



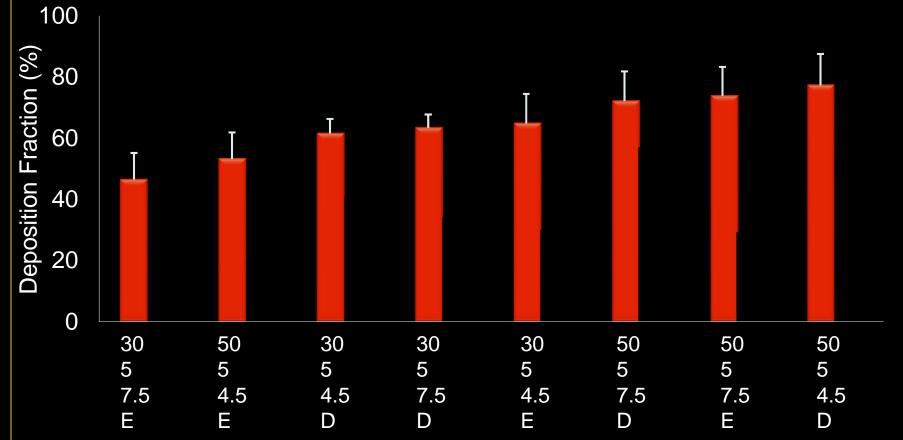


Nasonex middle passage deposition VCU nasal model 1



- Nasal deposition varied significantly with changing patient use factors
- Coordinating inhalation with actuation increased middle passage deposition

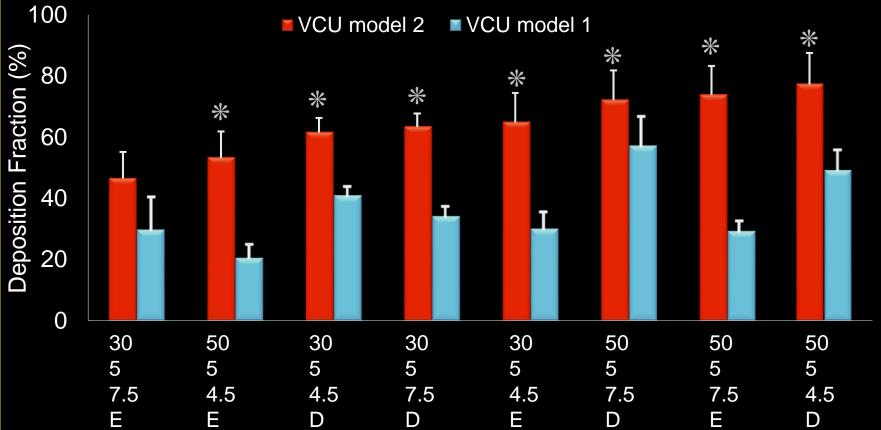
Nasonex middle passage deposition VCU nasal model 2



• Low impact of patient use factors on nasal deposition in model 2



Nasonex middle passage deposition VCU nasal model 1 and 2

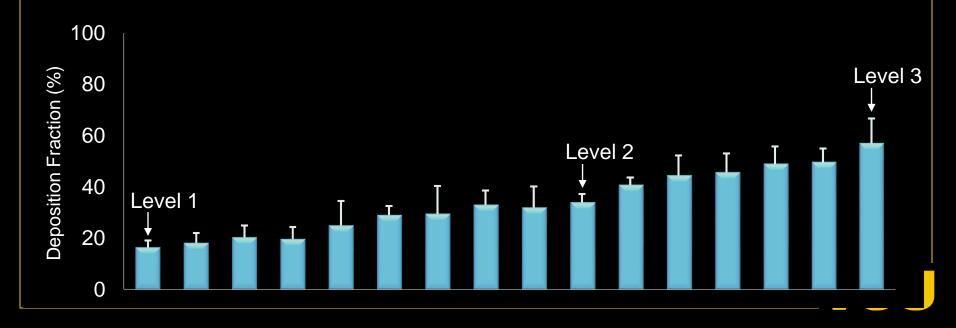


High middle passage deposition in model 2 compared to model 1

Mean regional deposition (% recovered dose) and standard deviation (n= 4). * - p<0.05 paired t-test

Evaluation of realistic in vitro test method

- □ Formulation and device
 - Mometasone furoate: Nasonex vs "in house"
 - Fluticasone propionate: Flonase vs generic
- □ Nasal Geometry: VCU models 1 & 2
- Patient Use
 - Patient use conditions producing "low level 1", "intermediate level 2" and "high - level 3" Nasonex middle passage deposition



Patient use factors

Expected middle passage drug deposition	Angle	Position (mm)	Force (kg)	Timing
VCU Model 1				
Level 1 ~ 20%	50°	9	7.5	E
Level 2 ~ 40%	30°	5	7.5	D
Level 3 ~ 60%	50°	5	7.5	D
VCU Model 2				
Level 1 ~ 50%	30°	5	7.5	E
Level 2 ~ 60%	30°	5	4.5	D
Level 3 ~ 77%	50°	5	4.5	D

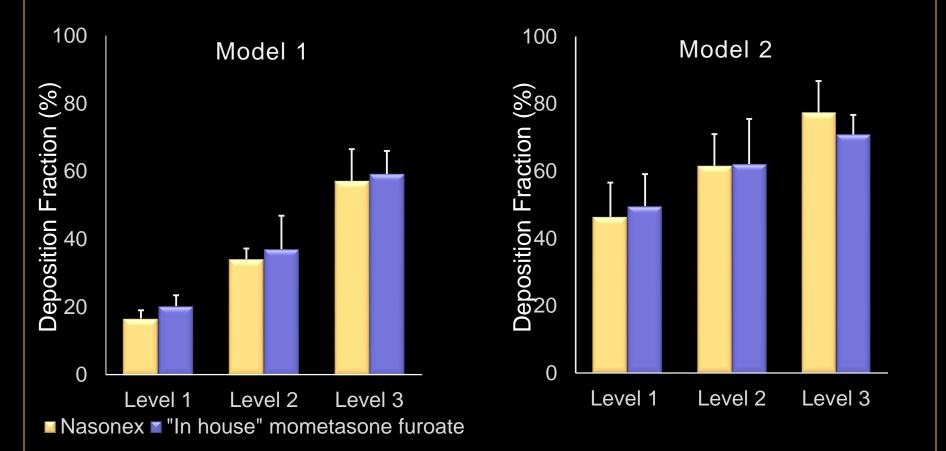


Droplet size distributions

	Actuation force of 7.5 kg				
	Dv10 (μm)	Dv50 (μm)	Dv90 (μm)	Span	
Nasonex 50 µg (Merck & Co., USA)	16.1 (0.6)	44.5 (2.7)	107.0 (5.4)	1.4	
"In house" mometasone furoate 50 µg (University of Bath, UK)	16.1 (0.7)	47.2 (1.7)	91.2 (1.7)	1.6	
Actuation force of 5.8 kg					
	Dv10 (μm)	Dv50 (μm)	Dv90 (µm)	Span	
Flonase 50 μg (GlaxoSmithKline, USA)	20.9 (1.1)	70.8 (1.4)	120.3 (1.6)	1.4	
Generic fluticasone propionate 50 µg (Roxane Laboratory, USA)	21.9 (0.2)	69.4 (2.1)	119.6 (0.9)	1.4	

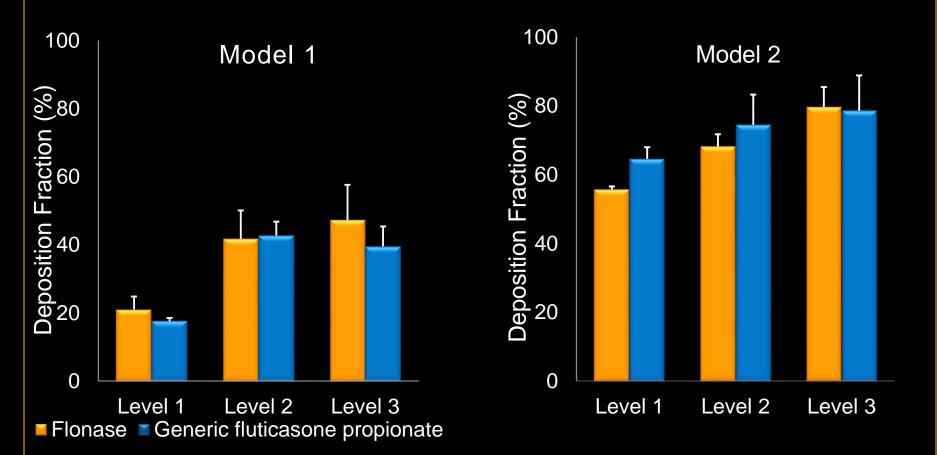


Mometasone furoate middle passage drug deposition



 No statistical difference in the middle passage drug deposition for the two nasal spray products at each respective level

Fluticasone propionate middle passage deposition



 No statistical difference in the middle passage drug deposition for the two nasal spray products at each respective level

Conclusions

- Realistic *in vitro* test methods could have utility as an inexpensive tool for early evaluation of regional nasal deposition
- *In vivo* validation will be needed before this method will be accepted as a technique for evaluating bioequivalence of nasal spray products
- The effects of patient use factors and geometry of the nasal cavity were found to have significant effects on middle passage drug delivery



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