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Sandoz Development Center Clinical development



PKPB Modeling for Different Locally-Administered Drug Products

Rebeka Jereb, PhD

Regulatory Utility of Mechanistic Modeling to Support Alternative Bioequivalence Approaches, online workshop, Sep 30 2021

Disclaimer

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Non-oral administration routes

Inhalation Transdermal Ocular Intranasal Buccal/Sublingual Intramuscular



Intravenous Subcutaneous Intraarticular Intrathecal Rectal Vaginal

Formulation – solution, suspension, LAI (micro/nanoparticles, implants, in situ forming depos, oil-based formulations)

PBPK model

- One compartment with specified drug-dependent and physiological parameters
 - Absorption into the lymph or systemic circulation
 - Drug binding
 - Local clearance
- Dissolution and absorption
- Immune response inflammation additional barrier





Case study – oily solution of API

Goal → predict in vivo behavior and BE of test formulation and RLD



Collect literature data on API properties, c_p profiles



Develop model in GastroPlus

Which dosage form to select? Solution, suspension, controlled release?

What is affecting in vivo behavior of oily solutions?1

- API concentration in the oil
- Diffusion layer thickness and diffusion coefficient in the oil and aqueous phase
- Depot surface area (injection volume, absorption and distribution of the oil vehicle, extent of spreading of the depot)
- Partition coefficient between oil and tissue fluid

What can be measured and used as a model input to evaluate the difference between test and RLD?

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Reimagining Medicine

Controlled release formulation

 \rightarrow *in vitro* release test to include differences between test and RLD

Deconvolution – absorption > 3 months

Challenge – no in vitro test long enough

 \rightarrow time scaling (3 days *in vitro* = 18 days *in vivo*)



Model was used for:

- Estimation of time when AUC_t > 80% of AUC_{inf} (last sampling time in the study)
- Making BE predictions based on performed in vitro tests



Formulation – eye drops (solution/suspension), ointment, gel, intravitreal injection, intravitreal/subconjunctival implants

PBPK model (GastroPlus OCAT)²

- 13 compartments
- Nasolacrimal drainage
- Clearance systemic absorption, metabolism
- Distribution permeability, melanin binding



Literature case studies^{3,4,5}
OCAT model

The AADS Learner (2010) 21, (5	
1 ne AAPS Journal (2019) 21: 05	
DOI: 10.1208/s12248-019-0334-x	

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Research Article

Application of Mechanistic Ocular Absorption Modeling and Simulation to Understand the Impact of Formulation Properties on Ophthalmic Bioavailability in Rabbits: a Case Study Using Dexamethasone Suspension

Maxime Le Merdy,¹ Jianghong Fan,^{1,6} Michael B. Bolger,² Viera Lukacova,² Jessica Spires,² Eleftheria Tsakalozou,¹ Vikram Patel,³ Lin Xu,³ Sharron Stewart,³ Ashok Chockalingam,³ Suresh Narayanasamy,³ Rodney Rouse,³ Murali Matta,³ Andrew Babiskin,¹ Darby Kozak,⁴ Stephanie Choi,⁵ Lei Zhang,⁵ Robert Lionberger,⁵ and Liang Zhao¹ The AAPS Journal (2020) 22: 26 DOI: 10.1208/s12248-019-0408-9

Research Article

Physiologically Based Pharmacokinetic Model to Support Ophthalmic Suspension Product Development

Maxime Le Merdy,¹ Ming-Liang Tan,¹ Andrew Babiskin,^{1,2} and Liang Zhao¹

Pharm Res (2020) 37: 245 https://doi.org/10.1007/s11095-020-02965-y

RESEARCH PAPER

Ocular Physiologically Based Pharmacokinetic Modeling for Ointment Formulations

Maxime Le Merdy ¹ • Jessica Spires ¹ • Viera Lukacova ¹ • Ming-Liang Tan ² • Andrew Babiskin² • Xiaoming Xu³ • Liang Zhao² • Michael B. Bolger ¹

Case study – eye ointment

Goal \rightarrow evaluate the impact of API particle size on drug *in vivo* behavior and predict BE of test formulation and RLD

Collect literature data on API properties, concentration profiles

_	Scarce	data i	n	humans,	more	data	for	rabbits
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- Data for different compartments (AH, conjunctiva, ICB, tear)
- Inconsistent data from different studies

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- Develop model in GastroPlus
- Which dosage form to select solution, suspension, ointment?

Suspension

- To evaluate the effect of API particle size
- Lower nasolacrimal drainage rate to account for gel (higher viscosity)

Challenges

- Many unknown parameters fitted/optimized (permeability, SAR, CL)
- Translation from rabbit to human
- Which literature data to use
- Poor validation due to scarce human data (only AH data)

Results:

PSA for C_{max} and AUC in AH



Regulatory utility of PBPK models for other locally-acting drug products

PBPK models for non-oral routes are available and can be used for making decisions during drug development.

For the models to be used **for regulatory purposes** (e.g., to support alternative BE approaches), generic industry has to be pay attention to:

- Selection of model parameters (many unknown and difficult to determine)
- Proper model development and validation (scarce and inconsistent literature)

Acknowledgement

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Thank you