

The background of the entire image is a complex financial chart. It features a grid of blue bars, some of which are candlesticks, and several glowing blue lines that represent trends or moving averages. The chart is overlaid with various numerical values, including percentages and decimal numbers, in a light blue font. The overall aesthetic is high-tech and data-driven.

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# Innovative Approaches for Complex Generics

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# What is Bioequivalence?

- ▶ Approved generic drug products are therapeutic equivalents
  - They can be substituted for the brand product
- ▶ FDA ensures generic drugs are pharmaceutical equivalents
  - Same active ingredient, Same dosage form, Same strength
  - We generally do not use statistics for this
- ▶ FDA ensures generic drugs are bioequivalent
  - No significant difference in rate and extent of drug at **site of action**
  - We do use statistical analysis for bioequivalence (BE) studies

# What are Complex Generics?

- ▶ “Complex Product” is a defined term in the GDUFA II Commitment Letter.
  - products with complex active ingredients, formulations, routes of delivery or dosage forms
  - complex drug-device combinations
  - other products where complexity or uncertainty concerning the approval pathway or other alternative approach would benefit from early scientific engagement

# What are Complex Generics?

## ▶ Non complex

- Tablets, capsules, solutions and suspension for oral administration and systemic delivery
  - Solid oral MR dosage forms are non-complex
- Solutions for topical or parenteral administration

## ▶ Complex

- Complex actives including larger peptides
- Other dosage forms
- All locally acting drugs
- Drug device combinations with user interface considerations
- Abuse deterrent formulations

# Key Issue for Access to Complex Generics

- ▶ When the “site of drug action” is systemic we use pharmacokinetic studies to establish BE
- ▶ When drugs are delivered directly to the site of action we need to develop new methods
  - Comparative clinical endpoint bioequivalence studies
  - Characterization-based approaches (Q3)
  - Weight of evidence
    - Combined in vitro and in vivo performance measures

# Innovative Approaches to BE with Statistical Components

- ▶ Reference product batch to batch variability
- ▶ Statistical methods for profile comparisons (EMD, PBE)
- ▶ Statistical methods for in vitro comparisons (IVPT, PBE)
- ▶ Adhesion and irritation analysis for transdermal products
- ▶ Sparse sample BE studies
- ▶ Dose scale analysis
- ▶ Model based BE designs



# What is the Role of Statistical Analysis for Complex Generics?

- ▶ Develop new statistical methods that are appropriate to new problems
- ▶ Evaluate new approaches by quantitative analysis of the proposed new approach
  - This includes but is not limited to the statistical analysis

# Interface Between Statistics and Equivalence Decisions

- ▶ Generic drug program is based on the idea that the generic drug is the same as the reference product
  - The generic drug evaluation is done in the context of information about the reference product
  - We don't repeat safety and efficacy studies but we conclude that generic products are safe and effective
  - How do we incorporate this idea into our thinking about complex generics?

# Batch to Batch Variability

- ▶ Most bioequivalence studies are conducted on a single batch of test and reference products
  - Statistical analysis (90% CI of T/R within 80-125%) is very useful in drawing a conclusion about the significance of the result of this study
- ▶ What if different batches of the reference product will give different results in the BE study?

# Batch to Batch Variability: Possible Approaches

## ▶ Statistical Perspective

- Include many batches in the BE study and try to conclude that the means over all batches are the same

## ▶ Pharmaceutical Perspective

- Ensure through pharmaceutical science that the batches in the BE study are representative

## ▶ Clinical Perspective

- Widen BE acceptance limits to recognize that larger variations are not clinically significant

# Model-Based Bioequivalence

- ▶ Traditional approach to analyzing bioequivalence studies is to use Non-compartment analysis (NCA)
  - Calculate AUC and C<sub>max</sub> based only on observed data
- ▶ Model-Based Bioequivalence
  - Fit observed data to a pre-specified model
  - Perform BE analysis on the model output
- ▶ Considerations (Topics of current OGD research)
  - Can amplify the decisional power
  - Introduces the potential for bias

# Applications of Model-Based Bioequivalence

- ▶ Cases where current designs are not optimal
  - Sparse sample PK studies, Long-acting injectable, PD studies
- ▶ Ongoing research collaborations
  - HHSF223201610110C with France Metre
  - HHSF223201710015C with Andrew Hooker

# Conclusion

- ▶ There is the opportunity to develop innovative bioequivalence methods that address some of the challenges related to complex generics
- ▶ Efficient decision making is essential to the success of the generic drug program
  - Any time proposed equivalence studies are larger than the original safety and efficacy studies is an opportunity for a multi-disciplinary collaboration to understand where we are not leveraging prior knowledge



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