



Modeling to Support Regulatory Needs of Orally Inhaled Drug Products (OIDPs)

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Content

- Absorption of OIDPs
- FDA's weight of evidence approach & challenges
- Modeling as alternative & critical factors for modeling OIDPs
- In-vitro based in-silico modeling approaches
- PBPK & semi mechanistic modeling for internal decisions
 > In-vitro in-silico approach, MPPD + Gastroplus
 > Identification of suitable prototype & RLD batch
- Deposition modeling to understand formulation differences
- Dissolution modeling for local and systemic exposure
- Conclusions



Drug Absorption via Inhalation Route



Adapted from Hatipoglu et al, Int J Pharm 2018, 549, 306-316

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FDA's Weight of Evidence Approach





Challenges with Weight of Evidence Approach

Mainly with clinical endpoint BE studies:

Large sample size due to high variability

High cost & longer time

Less sensitivity to formulation differences



Kerwin et al, J Aero Med and Pulm Drug Delivery, 2020, 33(2), 99-107 Longphre et al, An ATS, 2017,14 (2), 182-189



Guidance where FDA Recommends Modeling as one of the Alternate Route

Beclomethasone Dipropionate HFA MDI, 2020

Additional supportive in vitro studies may include, but are not limited to, (i) more predictive APSD testing using representative mouth-throat models and breathing profiles, (ii) characterization of emitted aerosol sprays with respect to velocity profiles and evaporation rates, (iii) dissolution, and (iv) morphology imaging comparisons, including characterization of the full range of residual drug particle sizes. Prospective applicants may also consider the use of quantitative methods and modeling (for example, physiologically-based PK and computational fluid dynamic studies) and alternative in vivo PK BE studies.

Momentasone Furoate & Fluticasone Furoate Nasal spray, 2020

(PSD) in aerosols and sprays using commonly used analytical methods. Drug PSD in suspension formulations has the potential to influence the rate and extent of drug availability to nasal sites of action and to systemic circulation. If drug PSD in the T and R products can be accurately measured using a validated analytical method such as morphology-directed Raman spectroscopy or any other advanced methodology, prospective applicants may submit comparative particle size distribution data as part of their drug characterization within their ANDA application. In such

... Some more products

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https://www.fda.gov/drugs/guidances-drugs/product-specific-guidances-generic-drug-development

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Critical Factors for Modeling OIPs

Modeling: Mechanistic and biophysical modeling must take Device, Formulation and Patient Characteristics into consideration





In-vitro Based In-Silico Modeling Approaches – Separated Model

Processes

Characterization



PBS: phosphate-buffered saline; SLF: simulated lung fluids

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Separated Models

In-vitro Based In-Silico Modeling Approaches – Integrated Model

Processes

Characterization



PBS: phosphate-buffered saline; SLF: simulated lung fluids

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In-vitro In-Silico Approach to Achieve PK-BE

- PBPK model MPPD coupled with Gastroplus
- MMAD & GSD to predict deposition & plasma profile of RLD Diskus
- Impact of different carrier (lactose) on PK is predicted. Applicable for soluble drugs



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Identification of Suitable Prototype & RLD Batch

 Semi mechanistic model using APSD data



More suitable prototype (1) against RLD batch 1,3 & 5

More suitable prototypes (2 & 3) against RLD batch 4, 6 & 7



Deposition Models – Examples

Modeling sensitive enough to predict formulation difference and reflect it to clinical objectives for PK-BE

| Delivery Predicted for 90 L/min | | | | | |
|---------------------------------|---------|---------|--|--|--|
| Simulation | Maleate | Acetate | | | |
| Capsule & Device | 25.3 | 24.9 | | | |
| Mouth-Throat | 57.6 | 53.7 | | | |
| Bronchial Model | 7.6 | 7.3 | | | |
| Deep Lung (< 2mm) | 12.8 | 11.3 | | | |
| | | | | | |



Predicted vs Observed Ratios



Observed (Clinical) Data

| Study | Maleate | Acetate | Acetate/Maleate (simulation) | | Acetate/Maleate (clinical study) |
|---------------------|---------|---------|---------------------------------|------|-------------------------------------|
| T max (h) | 0.25 | 0.47 | | | |
| Cmax (pg/ml) | 264 | 236 | C _{max} ,ss | 0.9 | 0.89 |
| AUC 0-24h (h*pg/ml) | 2300 | 2050 | AUC,ss | 0.92 | 0.89 |
| | | | | | |

Jauernig et al, Respiratory Drug Delivery Europe, 2019, 1-4.



Deposition Models - Examples







Regional lung dose is the foundation for PD-BE assessment and is probably sufficient for soluble drugs

Figure 4. Particle deposition analysis for IND/GLY in the bronchial tree



Wei et al, J Aer Med and Pulm Drug Delivery, 2018, 31 (6), 358-371 Dolovich et al, Int J Pharm, 2019, X1, 100018 Kuttler et al, 2015, European Respiratory Society International Congress Delvadia et al, J Aer Med and Pulm Drug Delivery, 2016, 29 (2), 196-206



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Dissolution Modeling for Local & Systemic Exposure of Poorly Soluble Drug



- Absorption rate into the blood depends on solubility & dissolution rate
- Relationships between dissolution/release rate and local and systemic exposure

Carry Home Message

 Complement to and potentially alternate to PK & PD studies

Bäckman et al, Resp Drug Delivery, 2020,113-122



Take Home Message (Conclusions)

- Modeling helps to identify in-vitro characteristics reflecting in-vivo
- Today, modeling plays a key role in drug product design and internal decision making processes

 Biophysical deposition model has capacity to integrate multiple experimental, device and formulation characteristics

 Modeling of local and systemic concentration has a huge potential to alternate some clinical studies in the future



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- Sandoz Development Center, Hyderabad



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Thank you

