

# Modeling for Success: A Case Example for Oseltamivir Phosphate

**2021 CRCG PBPK workshop:**

**Regulatory Utility of Mechanistic Modeling to Support Alternative Bioequivalence Approaches**

**Session 3: Challenges and Successful Cases for Oral PBPK**

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Office of Generic Drugs | CDER | U.S. FDA



# Disclaimer

*This presentation reflects the views of the presenter and should not be construed to represent FDA's views or policies*

# Objectives

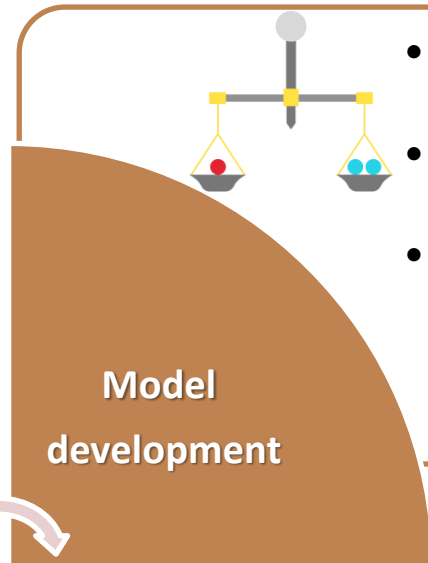
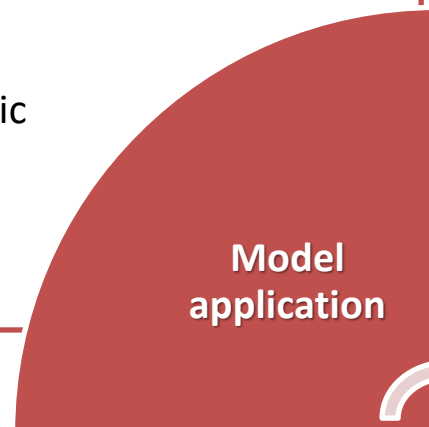
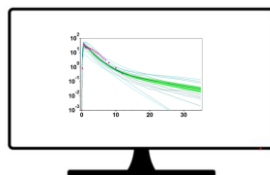
- I. Describe the challenges in developing PBPK model in pediatrics
- II. Describe a PBPK model for oseltamivir phosphate and its metabolite in both adults and pediatric to establish dissolution safe space using virtual bioequivalence (BE) simulations



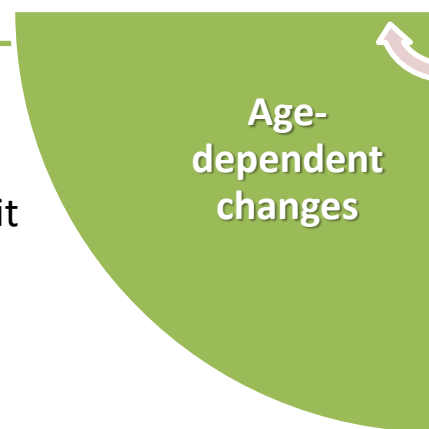
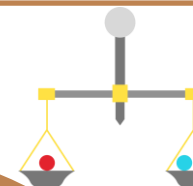
# Challenges with Developing Pediatric PBPK Model



- Some degree of model validation with pharmacokinetic data is required to support regulatory decisions
- Limited application of PBPK modeling, especially in a regulatory filing for pediatric indications



- Depends on the confidence of assumed processes
- No general guidance to choose appropriate variability in model parameters
- Simulations carry intrinsic error from reality



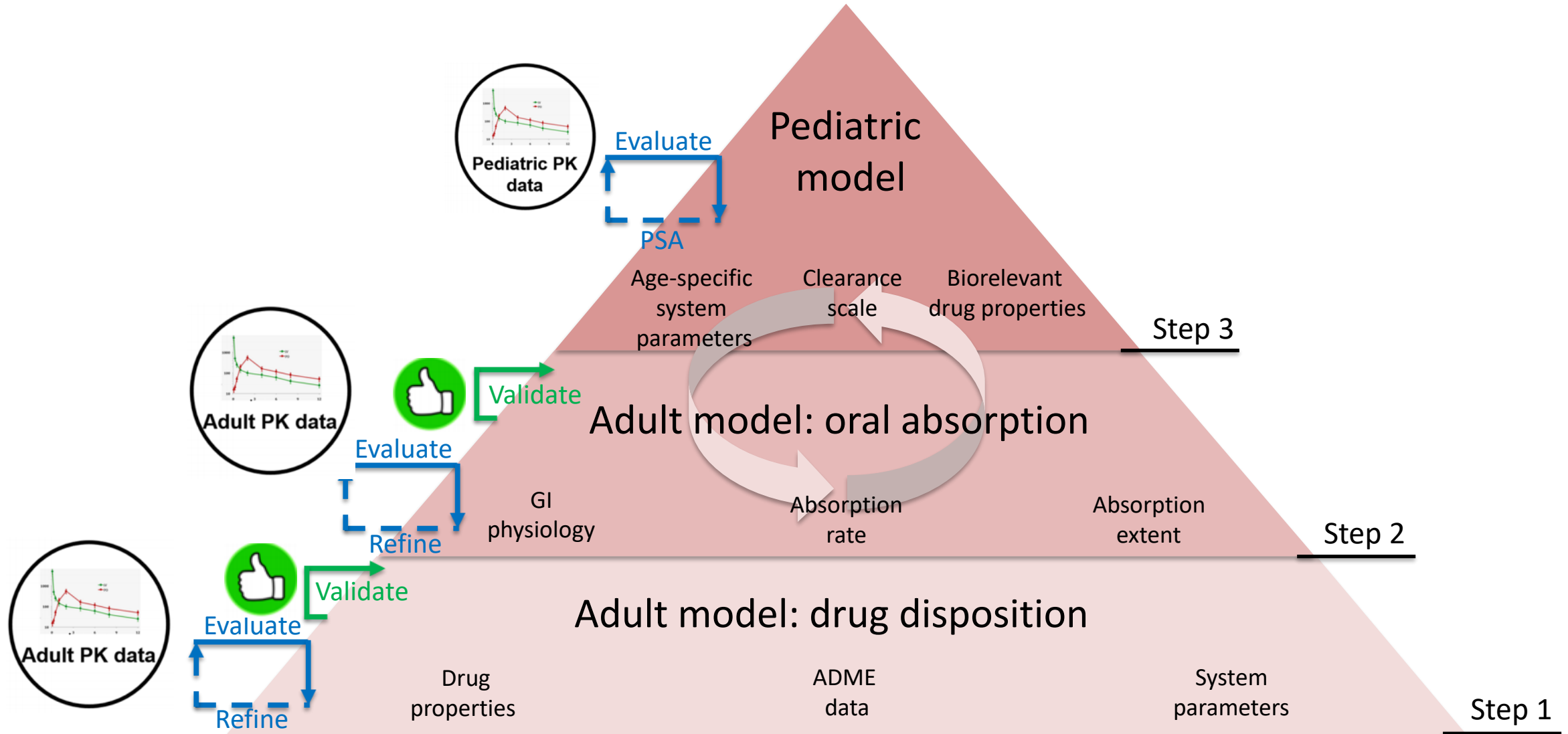
- Changes in gastrointestinal (GI) pH, transit times, fluid composition and volume, surface area and length, and enzyme/transporter localization and abundance
  - Impact on solubility and in vivo dissolution



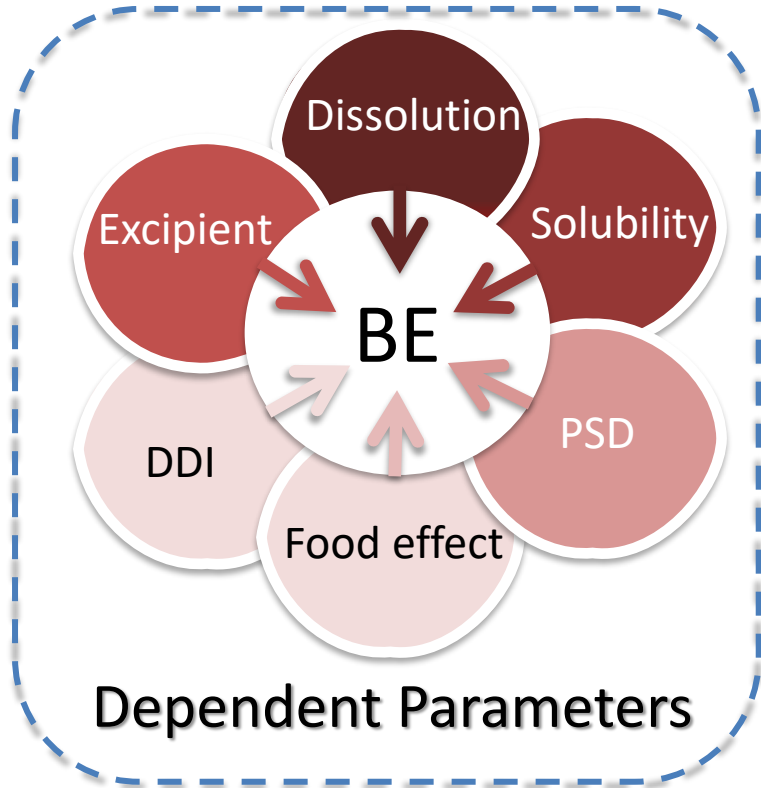
- Allometric scaling accounts for changes in body size
- Scaling from in vitro and preclinical in vivo data to human in vivo behavior



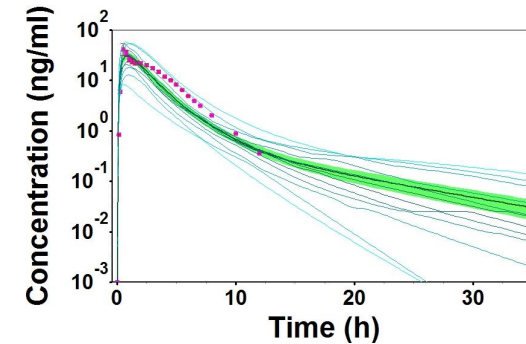
# General Approach for Developing PBPK Model



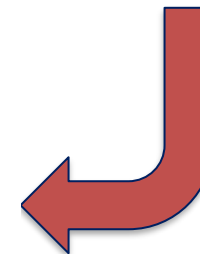
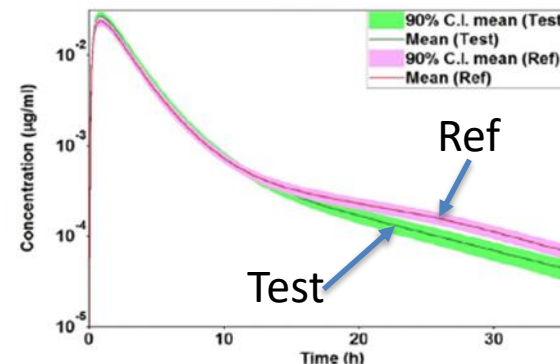
# Application of PBPK Modeling in Regulatory Submissions for Generic Drugs



PBPK absorption model

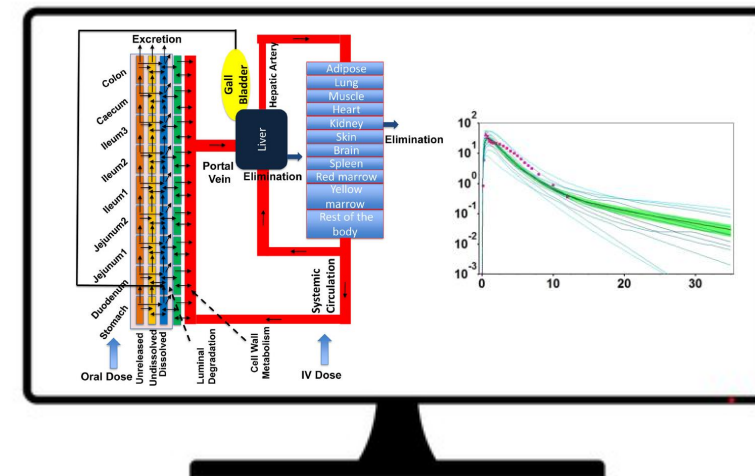
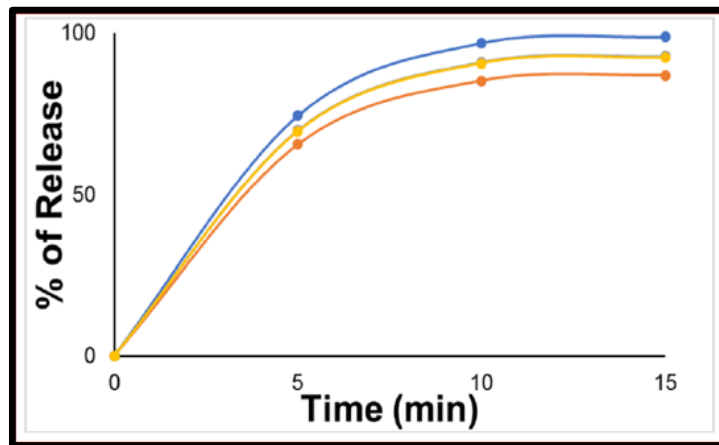


Fitting the model to reference PK data



Virtual BE between test and reference with cross-over population and incorporated variability

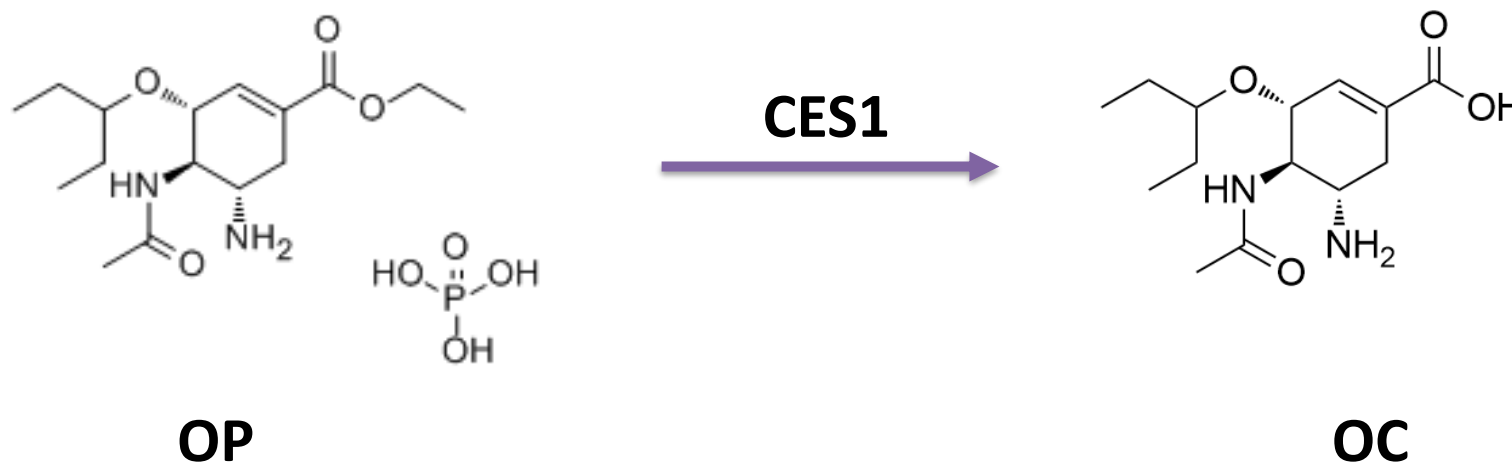
# Case Example: application of PBPK modeling to determine bioequivalent dissolution “Safe Space” for Oseltamivir Phosphate



# Background

## Oseltamivir Phosphate (OP)

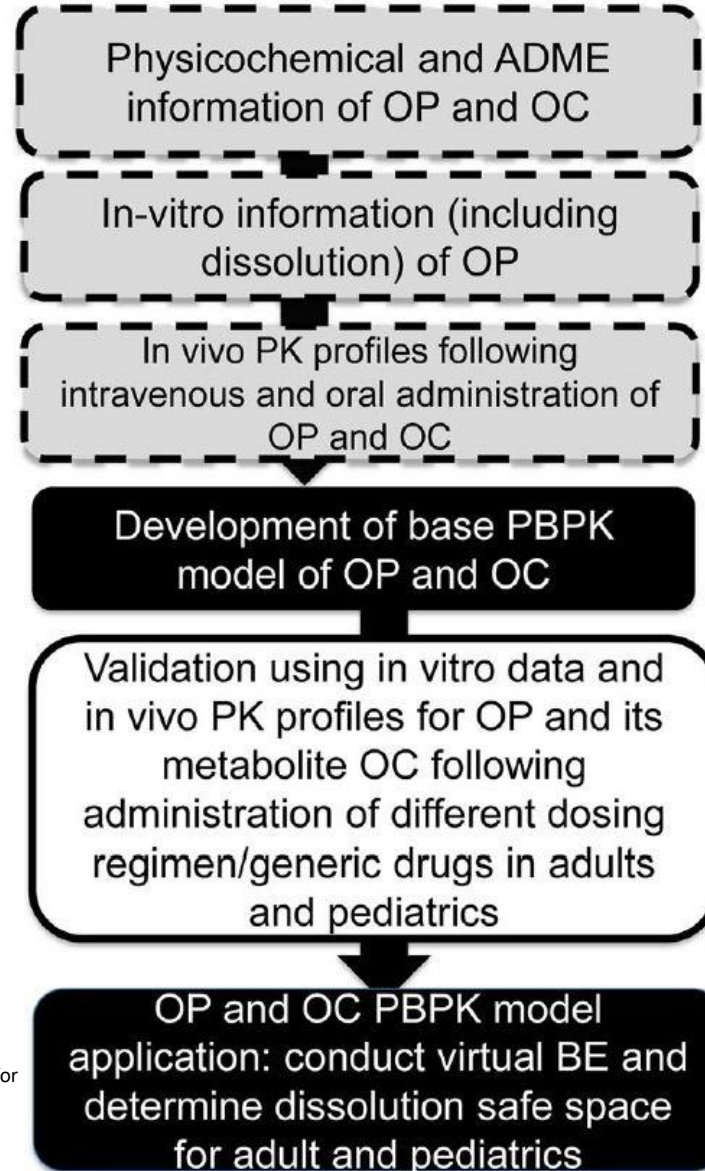
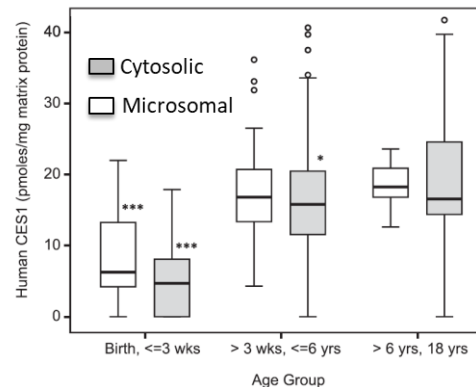
- Antiviral medication, for influenza A and B
- A pro-drug of the active metabolite Oseltamivir Carboxylate (OC)





# PBPK Model Development

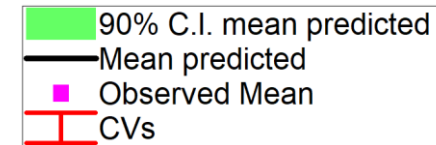
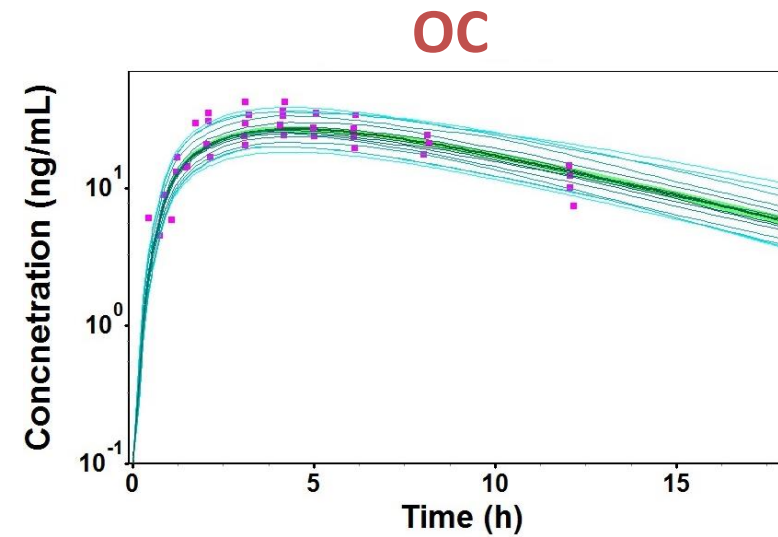
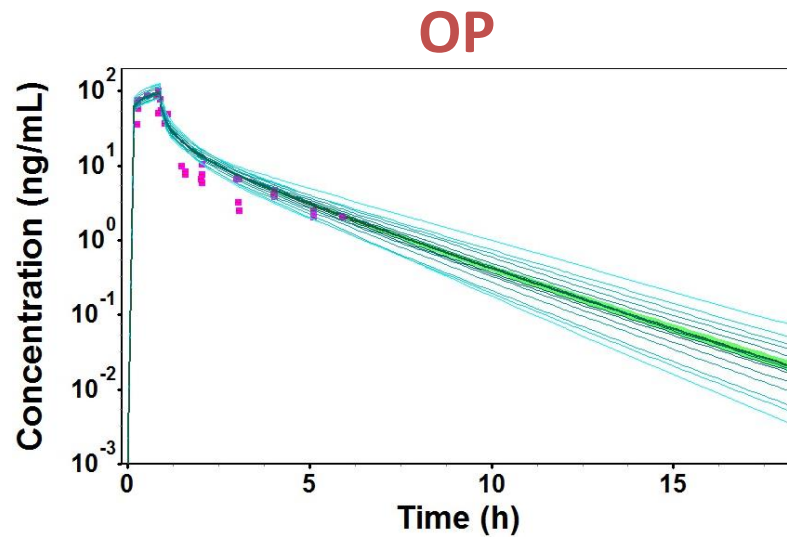
Properties	Value
LogP (OP/OC)	0.36–2.1
Molecular weight (OP/OC)	312/284
pKa (OP/OC)	7.70/8.2
Distribution	
Human blood to plasma ratio (OP/OC)	1/0.6
Fraction unbound in plasma (OP/OC)	58%/97%
Elimination	
CL <sub>renal</sub> (L/h) (OP/OC)	4.2/18.8 (adults, for i.v. and oral)
V <sub>max</sub> (mg/s/mg-CES1)*	0.52 (adults, for i.v. and oral) 0.53 (9–18 years, 1–5 years, 3–9 months, 0–2 months)
K <sub>m</sub> (mg/L)*	599 (adults, for i.v. and oral) 431.4 (3–9 months, 1–5 years, and 9–18 years) 331.1 (0–2 months)
CES1 (mg/g tissue)	0.12 (adult) 0.04 (0–2 months) 0.06 (3–6 months) 0.09 (1–18 years)
Aqueous solubility (mg/mL)	250/15.79
Dissolution	Direct input of dissolution profiles for oral solid dosage forms
Absorption	
Effective permeability ( $P_{eff}$ ) (cm/s)	$1.01 \times 10^{-4}$



– Miao L, Mousa YM, Zhao L, Raines K, Seo P, Wu F. Using a Physiologically Based Pharmacokinetic Absorption Model to Establish Dissolution Bioequivalence Safe Space for Oseltamivir in Adult and Pediatric Populations. AAPS J. 2020 Aug 10;22(5):107.  
 – Drug Metab Dispos 44:959–966, July 2016

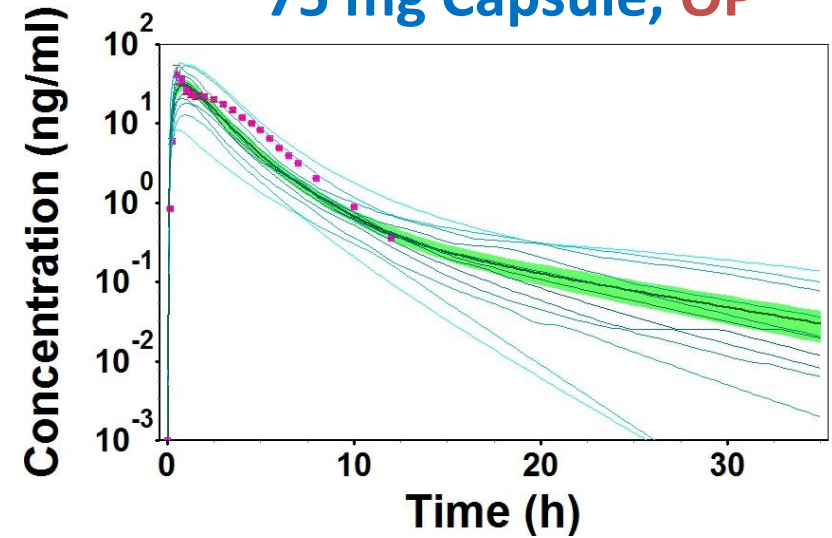
# PBPK Model for Intravenous OP

- GastroPlus™ with PBPKPlus™ module was used for modeling and simulation
- **15 mg intravenous OP**

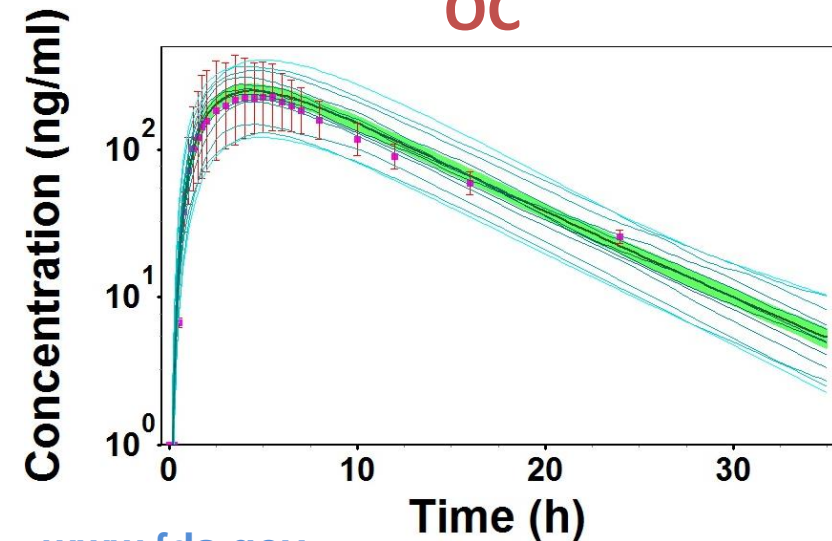


# PBPK Model for Oral OP

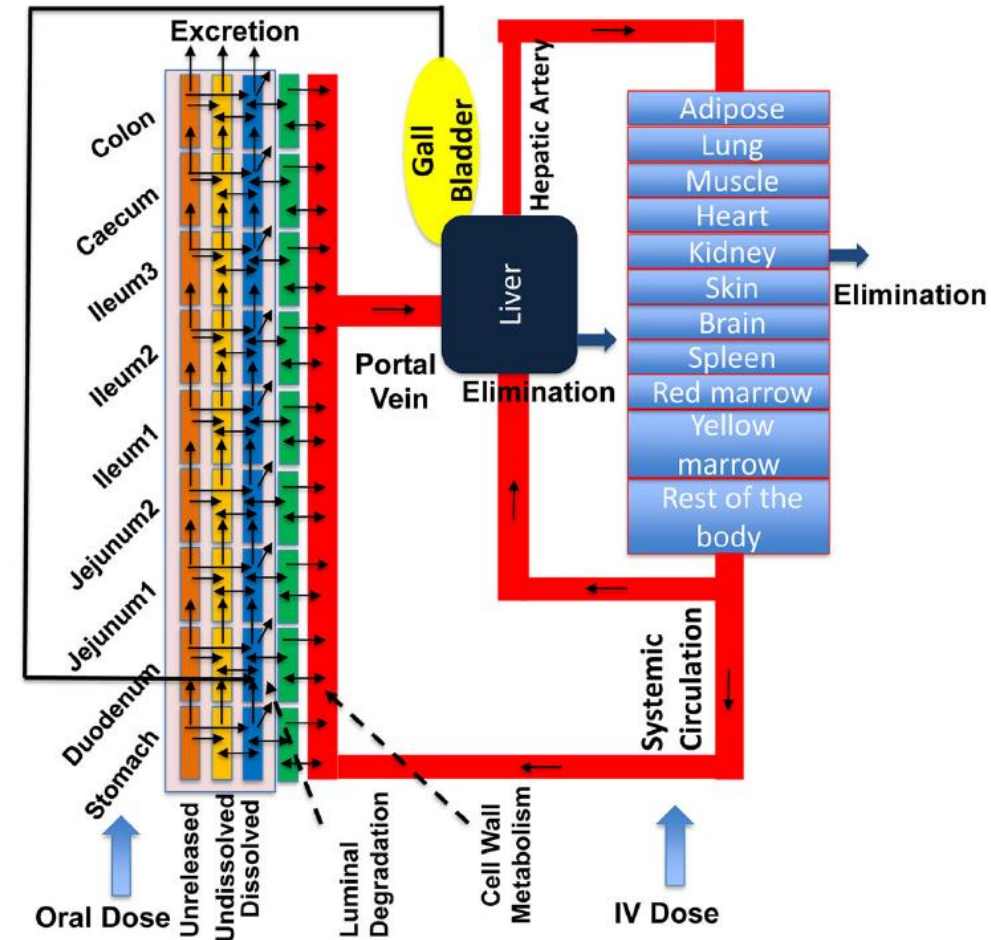
75 mg Capsule, OP



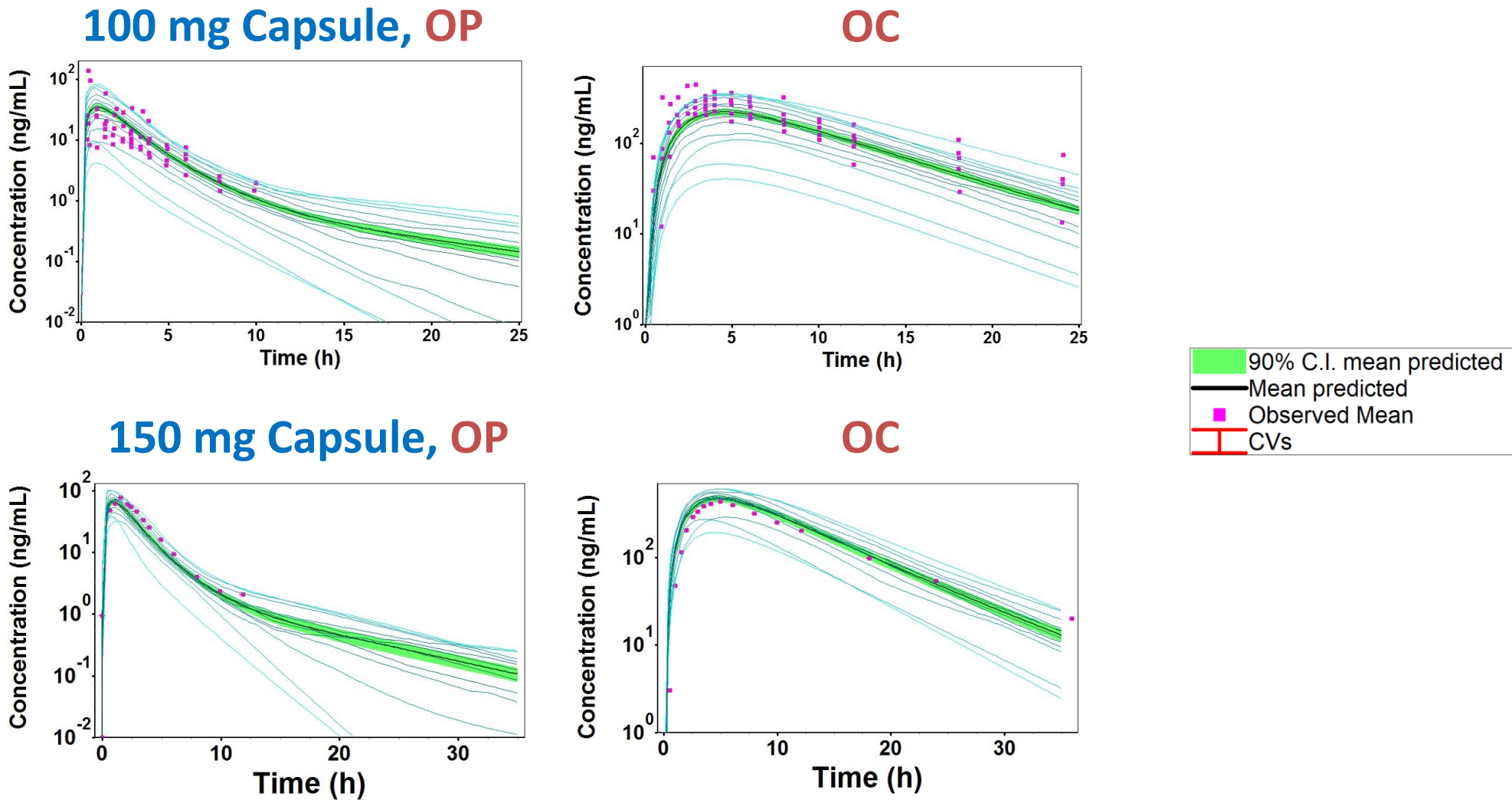
OC



90% C.I. mean predicted  
 Mean predicted  
 Observed Mean  
 CVs

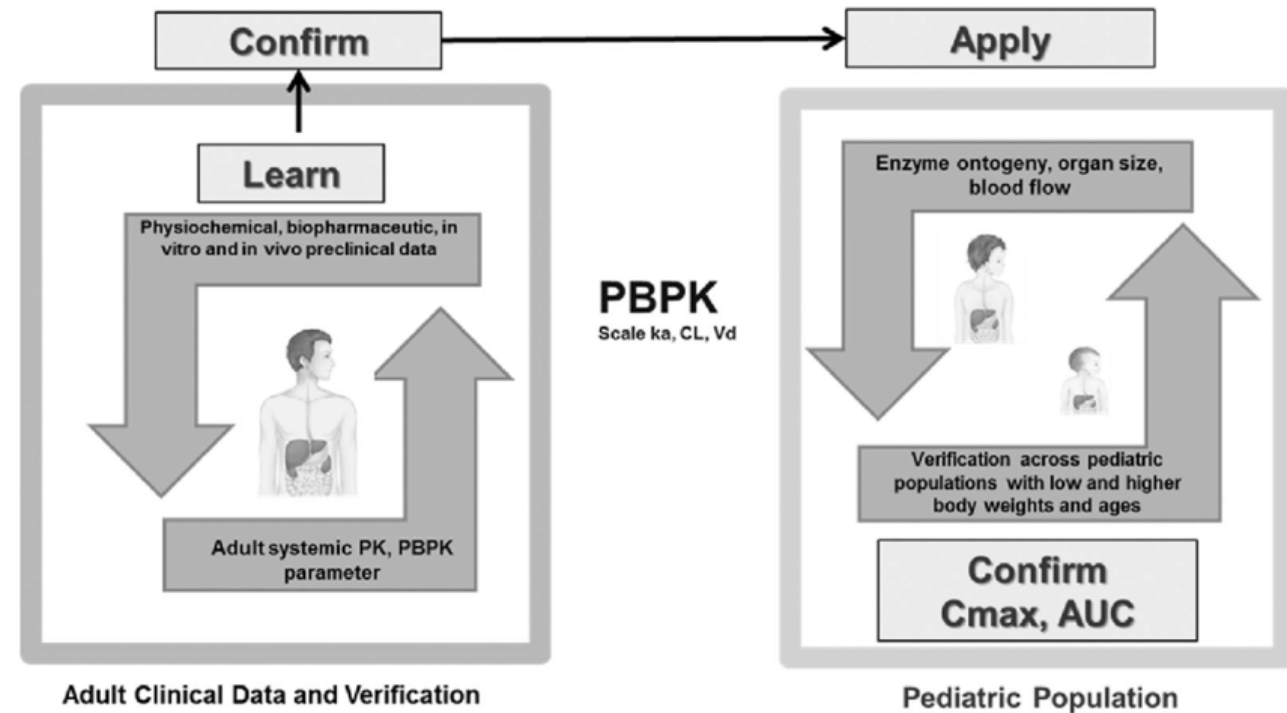


# Validation of PBPK Model for Oral OP



# Pediatric PBPK Model Extrapolation

- The pediatric PBPK model was established from the adult PBPK by changing the physiological parameters, predicted using population estimates of age-related physiology (PEAR™) and ACAT™ module
- The pediatric PBPK was developed for four different pediatric age groups: 0–2 months, 3–9 months, 1–5 years, and 9–18 years



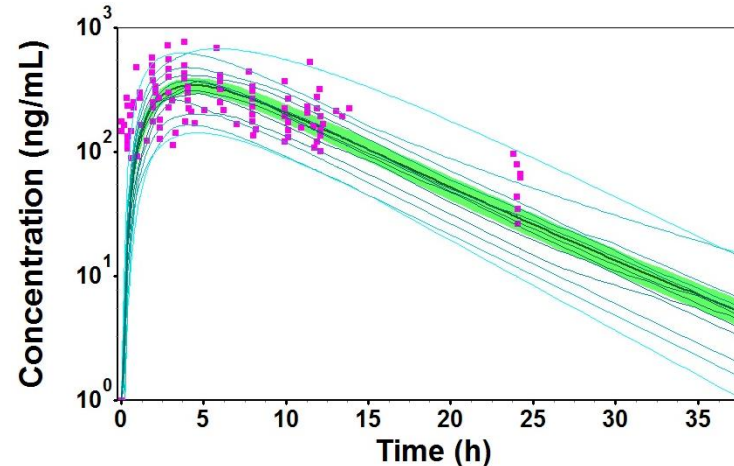
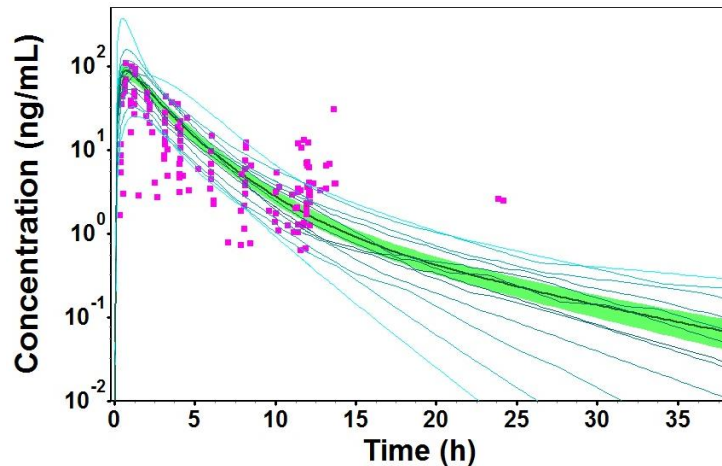
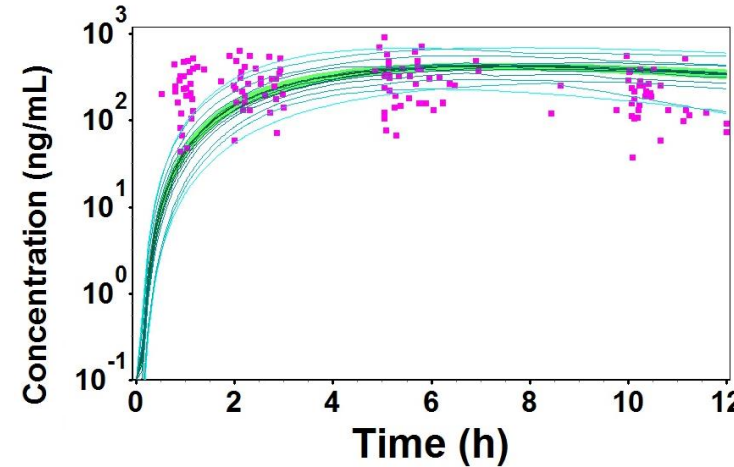
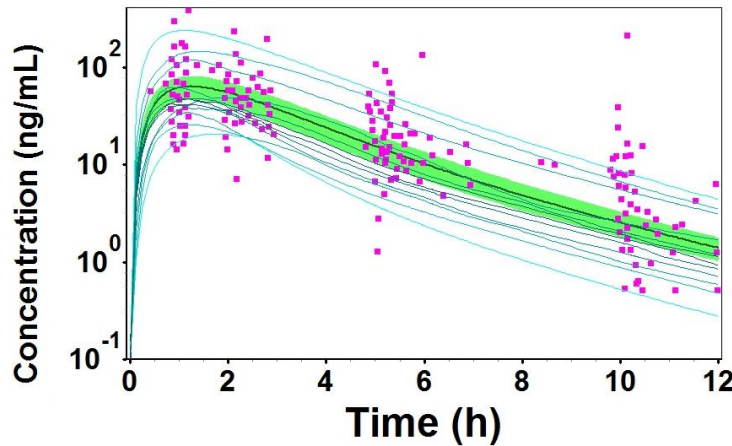
# Predicting the PK Profiles in Pediatric

0 – 2 months

9 – 18 years

2 mg/Kg, OP

OC

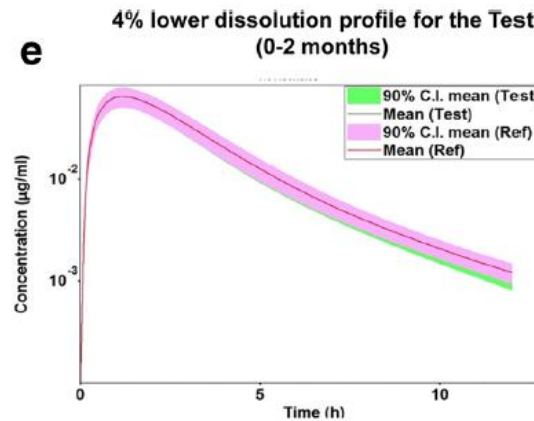
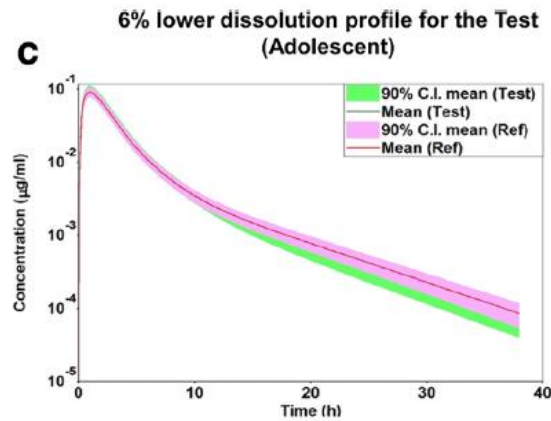
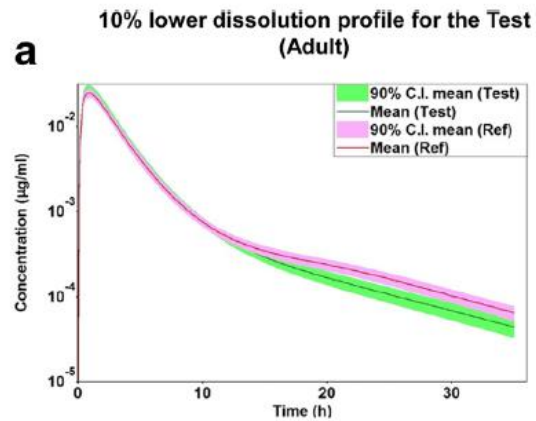


- 90% C.I. mean OP Pred.
- Mean OP Pred.
- OP Obs.
- CVs

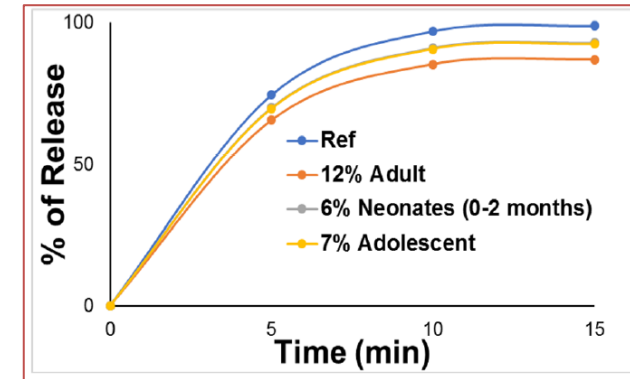
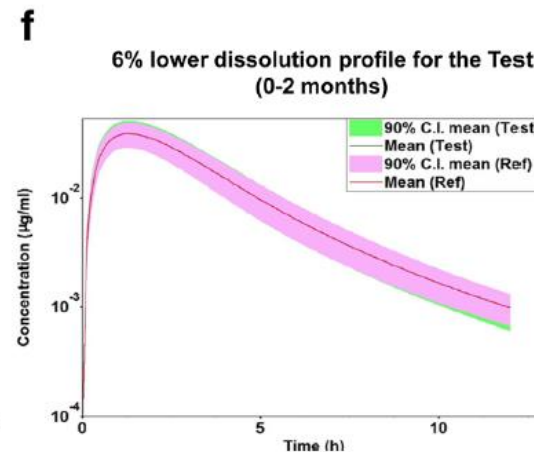
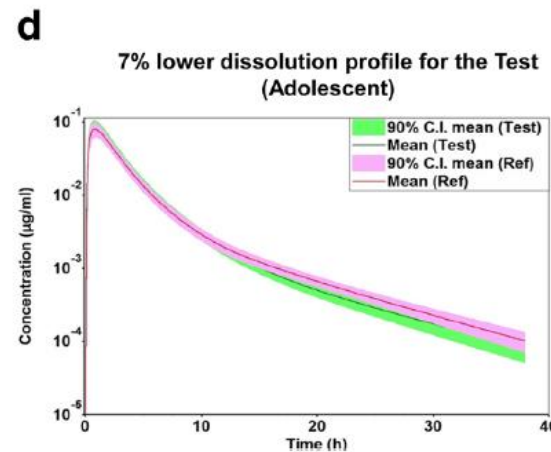
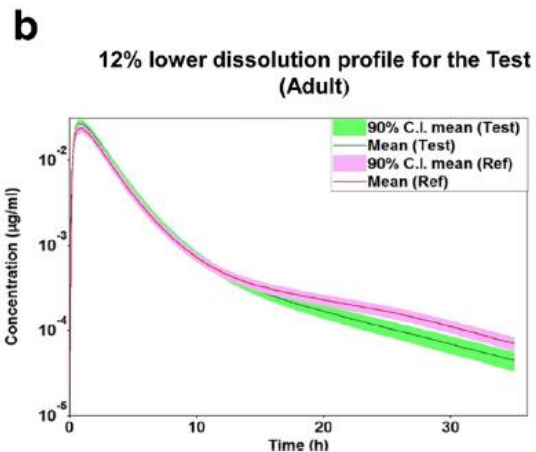
The pediatric model was also validated in age groups 3- 9 months and 1 – 5 years

# Virtual BE Simulation and Analysis for the Reference and Test OP Products in Adults and Pediatrics to Determine BE Dissolution Safe Space for OP

Pass



Fail



GMR% (T/R) (90% CI)		
Low dissolution profiles	$C_{max}$	AUC
Adults		
10%	91.4 (80.7–103.5)	93.8 (83.8–105.1)
12%	88.2 (78.1–99.7)	90.7 (81.1–101.4)
Adolescent		
6%	93.7 (81.9–107.2)	95.8 (83.1–110.4)
7%	92.1 (75.3–112.6)	94.3 (79.2–112.2)
0–2 months		
4%	98.3 (80.2–120.6)	100.1 (82.4–121.5)
6%	94.9 (75.7–118.9)	96.4 (77.3–120.2)

*GMR, geometric mean ratio; 90% CI, 90% confidence interval*

# Generalizing the Approach

- Developing an absorption PBPK model can be utilized to support Critical Quality Attributes (e.g., dissolution) for different orally administered drug products.
- This approach provides more confidence for decision making in accepting dissolution limits and mitigating the risk for non-BE products.



# Conclusion

- Establishing the confidence in PBPK model is pivotal for effective application
- Several challenges are associated with developing PBPK model and its extrapolation
- A verified model with high confidence can be used to aid regulatory decision-making and to support generic drug development, for example:
  - Dissolution safe space
  - Product quality
  - pH-DDI
  - Food effect
  - Particle size distribution
  - Virtual simulations



# Acknowledgement

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