

In-vitro Permeation Test (IVPT) Method Development, Validation, and Transfer

Panel Discussion

In-vitro Release Test (IVRT) and *In-vitro* Permeation Test (IVPT) Methods
Best Practices and Scientific Considerations for ANDA Submissions
Virtual Public Workshop

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Disclaimer



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



Panelists

- Abhishek Juluri, PhD Staff Fellow, Division of Bioequivalence III, OB, OGD, FDA
- Audra Stinchcomb, PhD Professor of Pharmaceutical Sciences, University of Maryland, Baltimore
- Jon Lenn, PhD Chief Scientific Officer, MedPharm
- Leandro Santos, MS Director for Clinical Research, Incyte
- Narasimha Murthy, PhD Chief Scientific Officer, Topical Products Testing LLC
- Paul Lehman, MS Vice President and Head of Dermal and Transdermal Research, QPS, LLC
- Sam Raney, PhD Associate Director for Science, ORS, OGD, FDA
- Vijendra Nalamothu, PhD Chairman and Chief Executive Officer, Tergus Pharma

Considerations for the Apparatus



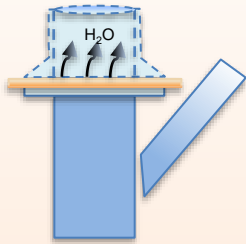
- What are different types of apparatus which can potentially be used to conduct IVPT studies?
- How to select appropriate apparatus to conduct IVPT studies?
- What is the difference between “selection of apparatus” and “qualification of the apparatus”?

Skin Selection, Preparation, and Storage

- Selection of the anatomical site for the IVPT studies
- Skin preparation in accordance with the drug product (e.g., type of skin, site of action, practical and logistical considerations, etc.)
- Criteria for skin thickness
- Number of freeze and thaw cycle(s) for the skin sections prior to conducting the IVPT studies
- Importance of using consistent skin anatomical sites and skin thickness across the studies

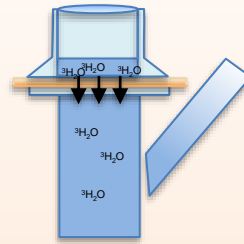
Skin Barrier Integrity Testing

Trans-Epidermal Water Loss (TEWL)



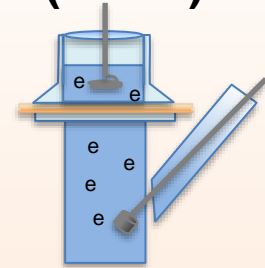
Test results reported as TEWL (g/m²/hr)

Tritiated Water (³H₂O)



Test results reported as permeated amount of tritiated water per skin area (eq. $\mu\text{L}/\text{cm}^2$)

Trans-Epidermal Electrical Resistance (TEER)



Test results reported as resistance (k Ω) or conductance (1/k Ω or mS). Units may also involve normalization of skin area.

Skin Barrier Integrity Testing



- What is the purpose of skin barrier integrity testing?
- What are the considerations to assure that the skin barrier is not compromised using respective approach of integrity testing?
- What is the impact of critical elements (e.g., adapter size for TEWL, test parameters and diffusion cell specifications, etc.) on testing procedure?
- How to determine the acceptance criteria and cutoff value to discriminate between competent (intact) and compromised skin barriers?

Receptor Solution Selection



- Selection of the composition and pH of the receptor solution
- Solubility considerations
 - Is it appropriate to use solubility enhancers in the receptor solution for hydrophobic drug products?
 - Example(s) of chemical agents that can be used or avoided for IVPT studies
- Stability considerations
- Importance for the use of selective anti-microbial agent and its strength/concentration
- Selection of analytical method in accordance with the receptor solution

Receptor Solution Sampling Qualification

- How to demonstrate qualification of receptor solution sampling?
 - Specific considerations for different types of diffusion cells
 - Flow-through diffusion cell Vs Vertical diffusion cell
 - Aliquot sampling Vs. Full replacement of samples
 - Automated Vs. Manual Sampling

Optimization of IVPT Parameters



➤ Selection of Dose

- How to select “target dose”?
- Does the selected “target dose” for IVPT studies need to be clinically relevant?
- How critical is the dosing procedure (e.g., dispensing and spreading) and its impact on permeation profiles?

➤ Selection of Sampling Intervals

- How to select sampling intervals to capture high (temporal) resolution of the permeation profile, mainly to adequately capture the J_{\max} ?

Optimization of Permeation Profiles



➤ Observations related to J_{\max}

- The first sampling time point provides J_{\max}
- The last sampling time point provides J_{\max}
- The corresponding sampling time (T_{\max}), that represent J_{\max} , may differ across donors

IVPT Sensitivity



- When should the IVPT sensitivity studies be conducted?
- What can be considered as an appropriate minimum number of donors and replicates for each treatment?
- Which drug product should be utilized to conduct IVPT sensitivity studies?

IVPT Sensitivity

➤ Approaches to demonstrate IVPT sensitivity

- Modulation of Dose amount
 - Factors to be considered on selecting the lower and higher dose amounts compared to the target/nominal dose amount
- Modulation of Dose duration
 - Factors to be considered for the study design (e.g., drug wipe-off procedure, selection of wipe-off time, sampling frequency, clinical relevance of the dose duration, etc.)
- Modulation of Product strength
 - Suitability of this approach compared to other approaches

IVPT Sensitivity

➤ Data Analysis

- What are the expectations to demonstrate adequate IVPT sensitivity using the selected approach?
- Is the interpretation of data qualitative or quantitative in nature?
 - For the qualitative approach, what would be considered adequate difference in permeation profiles with the selected approach, i.e., either different dose amounts or different dose durations?
 - For quantitative approach, which method of statistical analysis have the potential to assess the IVPT sensitivity data?

IVPT Selectivity/Pilot Studies



➤ Study design

- Parallel assessment of the reference product, the test product, and an altered formulation with same strength of the drug product (designed to be different from the reference product)
- What can be considered as an appropriate minimum number of donors and replicates for each treatment?
- Once the target dose amount or dose duration is determined during IVPT sensitivity studies, is it necessary to have the same target dose amount/duration for the conduct of IVPT selectivity/pilot studies?
- What are the considerations for altered formulation design?

IVPT Selectivity/Pilot Studies



➤ Data Analysis

- What are the expectations to demonstrate adequate IVPT selectivity, in terms of comparing permeation profiles between (i) test and reference products, (ii) reference product and altered formulations?
- When the statistical analysis is performed for potentially underpowered study, what are the expectations to demonstrate adequate IVPT selectivity?
- Is it appropriate to use qualitative analysis to interpret the IVPT selectivity data?

Reference Product's Variability



- Variability factors to be considered
 - Batch to batch variability
 - Type of dosage form (e.g., cream vs gel vs ointment vs suspension, etc.)
 - The age of the drug product during its shelf life

- What do you think about the impact of all these sources of variability on the IVPT study design to demonstrate bioequivalence?

Designing the Pivotal Study

- Power analysis for selecting the number of donors and replicates for each treatment
 - What are the considerations for theoretical T/R ratios and point estimate ranges?
 - Is it appropriate to use the variability of (i) reference product only or (ii) reference and test products from the results of pilot studies?
 - How consistent is the extrapolation of the data, in terms of variability, from the pilot studies, considering the number of donors/replicates?



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Thank you



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