

# Novel Approaches for Evaluating Bioavailability and Bioequivalence (BE) of Topical Drug Products

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**Tannaz Ramezanli, PharmD, PhD**

Senior Pharmacologist  
Office of Research and Standards  
Office of Generic Drugs | CDER | U.S. FDA

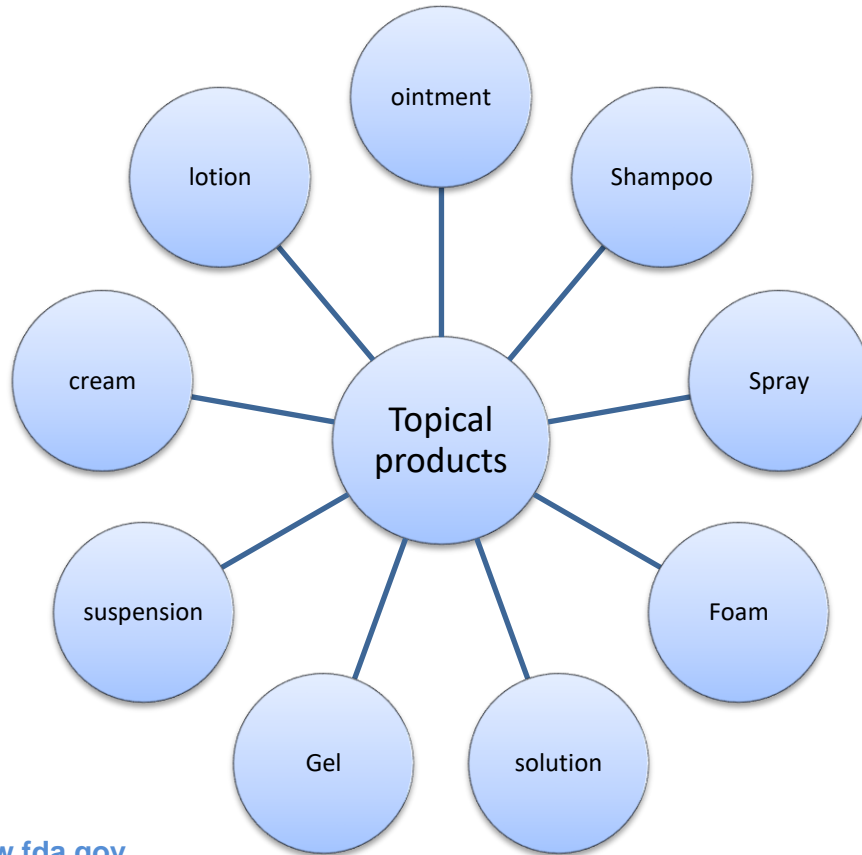
October 18, 2022



# Disclaimer

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# Topical Drug Products



# BE for Topical Drug Products

Current approaches for establishing BE for complex topicals in product-specific guidances (PSGs):

- Comparative in vivo BE studies
  - Clinical endpoint
  - Pharmacodynamic endpoint (e.g., vasoconstrictor (VC) studies)
- Efficient characterization-based BE studies
  - in vitro characterization and performance tests
  - in vivo pharmacokinetic (PK) studies

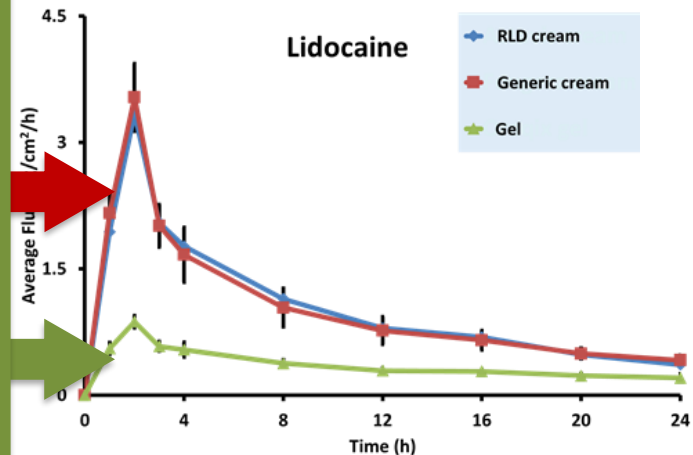
# Characterization-Based BE Approach

- The components and composition of a topical product (and how it is manufactured) can modulate its physicochemical and structural (Q3) arrangement of matter
- These Q3 characteristics influence molecular interactions that control the rate and extent of topical bioavailability
- One approach to developing generic topical products is to:
  - Characterize the complexity of the reference standard
  - Match the formulation and Q3 characteristics of the reference standard
  - Understand product performance compared to the reference standard

# In Vitro Characterization (Lidocaine)



Q3 Attribute	Lidocaine 2.5%, Prilocaine 2.5% RLD Cream	Lidocaine-2.5%, Prilocaine-2.5% Generic Cream	Lidocaine-2.5%, Prilocaine-2.5% Gel	
pH	9.22 ± 0.08	8.92 ± 0.03	7.76 ± 0.05	
Density (g/cc)	1.0142 ± 0.0002	1.0148 ± 0.0002	1.0374 ± 0.0001	
WOA (g.sec)	59.427 ± 0.338	65.893 ± 0.614	3.186 ± 0.207	
Particle Size of API (µm)	Lidocaine and Prilocaine completely dissolved in the formulation			
Globule Size, d50 (µm)	3.30	3.00		
Drug in Aqueous Phase (µg/g)	Lidocaine	1.64 ± 0.06	Lidocaine	1.74 ± 0.12
	Prilocaine	1.99 ± 0.06	Prilocaine	2.11 ± 0.15
Drug in Oil Phase (µg/g)	Lidocaine	23.45 ± 0.36	Lidocaine	23.21 ± 0.18
	Prilocaine	23.47 ± 0.18	Prilocaine	23.12 ± 0.21
Water Activity	1.003 ± 0.002	1.004 ± 0.007	1.002 ± 0.005	
Drying, T50 (min)	3.37 ± 0.15	3.82 ± 0.73	7.9 ± 0.46	
Rheology Yield Stress (Pa)	36.7 ± 1.2	35.7 ± 0.6	15.7 ± 2.3	

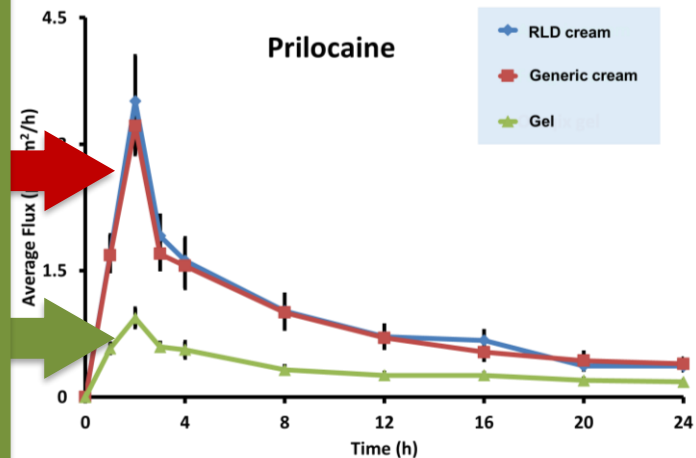


IVPT data suggested that bioavailability is correlated with Q3

# In Vitro Characterization (Prilocaine)



Q3 Attribute	Lidocaine 2.5%, Prilocaine 2.5% RLD Cream	Lidocaine 2.5%, Prilocaine 2.5% Generic Cream	Lidocaine 2.5%, Prilocaine 2.5% Gel		
pH	9.22 ± 0.08	8.92 ± 0.03	7.76 ± 0.05		
Density (g/cc)	1.0142 ± 0.0002	1.0148 ± 0.0002	1.0374 ± 0.0001		
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IVPT data suggested that bioavailability is correlated with Q3

# Characterization-Based BE Approach

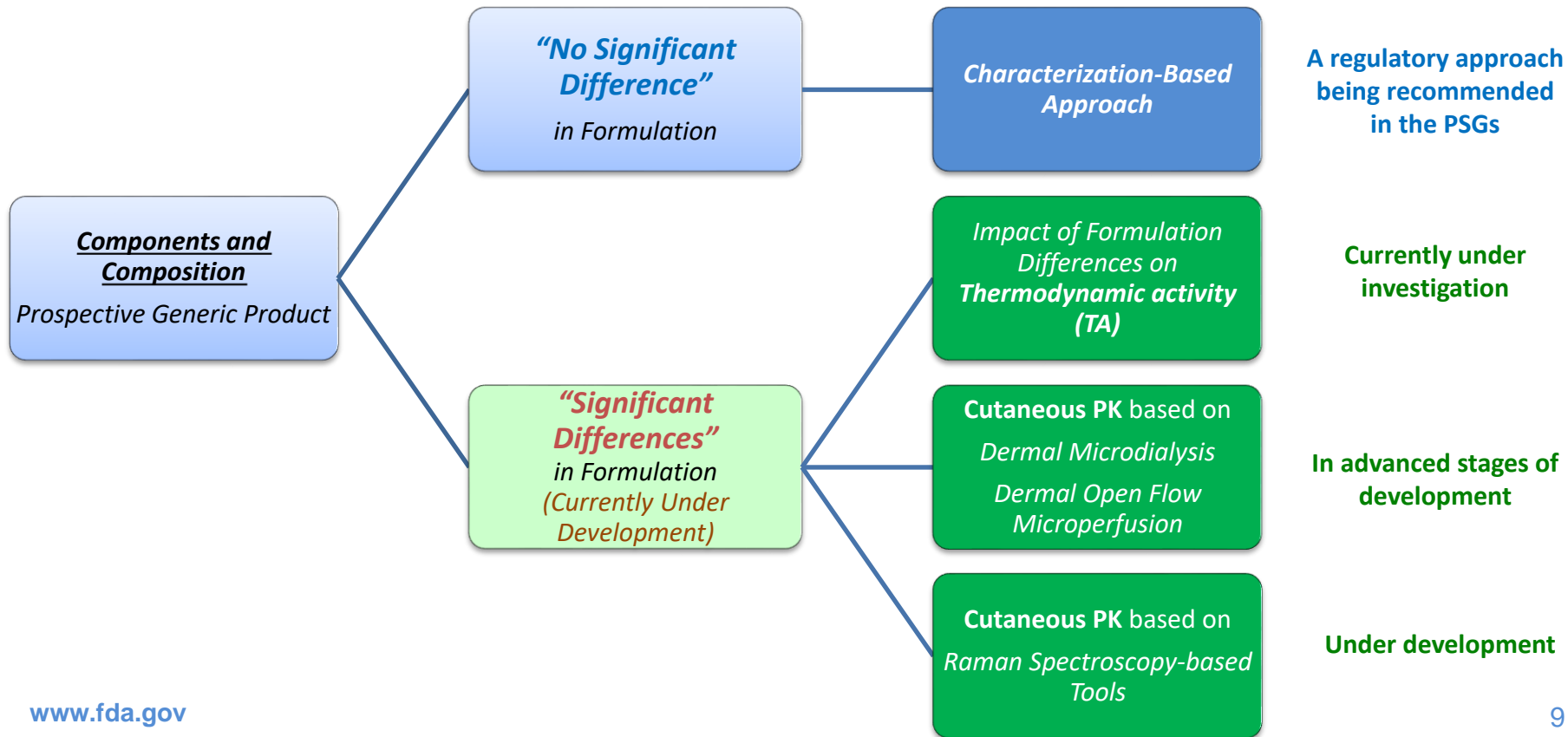


**A Modular and Scalable Approach to BE Evaluation** that can include the following criteria/studies:

- Sameness of inactive ingredient components and quantitative composition, e.g., qualitative (**Q1**) and quantitative (**Q2**) sameness
- **Q3** (Physicochemical & Structural Characterization) as relevant to the nature of the product
- **IVRT** (In Vitro Release Test)
- **IVPT** (In Vitro Permeation Test) or another bio-relevant performance test may be appropriate for some products
- In vivo systemic pharmacokinetics (**PK**) studies may be appropriate for some products



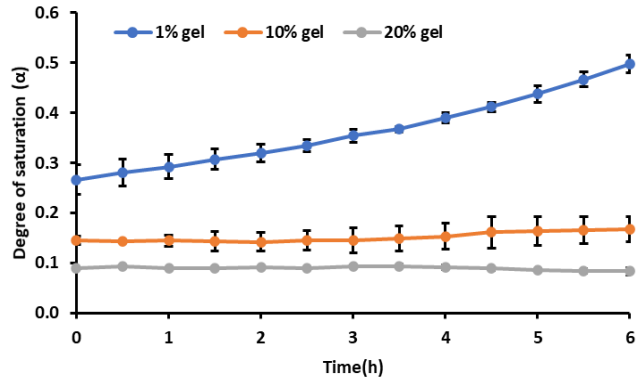
# Potential Efficient Strategies for BE



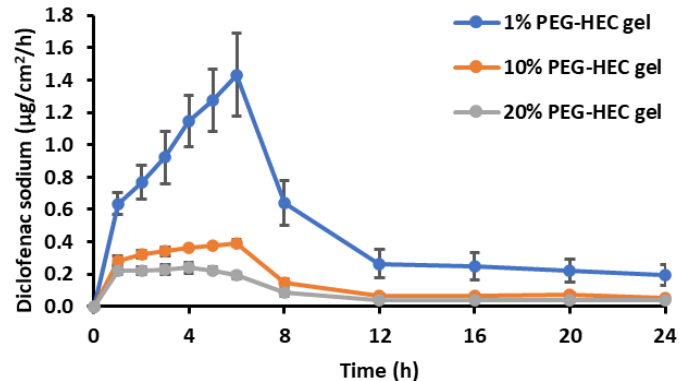
# Compositional Differences and TA

Understanding the function of excipients and their impact on thermodynamic activity of the drug in the topical formulations.

Diclofenac sodium gels with different amounts of polyethylene glycol (PEG) 200



Change in DS of the diclofenac sodium in the gels over time



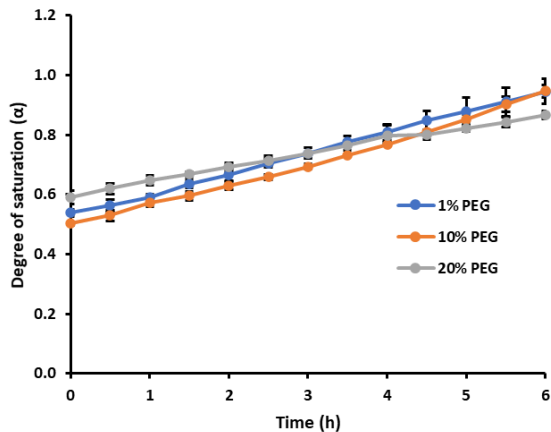
Permeation profile of diclofenac from diclofenac sodium gels

# Compositional Differences & Bioavailability

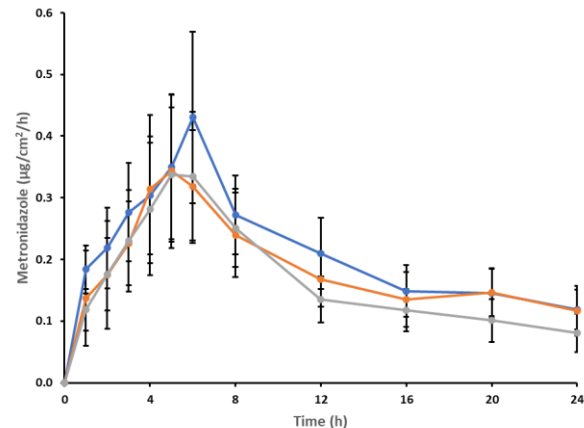


Understanding the function of excipients and their impact on thermodynamic activity of the drug in the topical formulations.

Metronidazole gels with different amounts of PEG 200



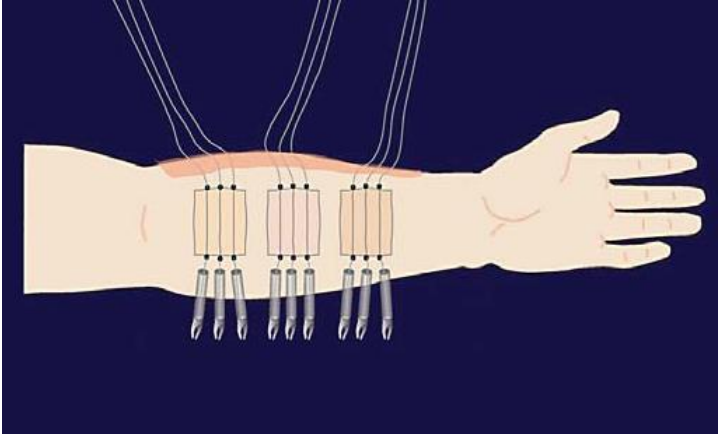
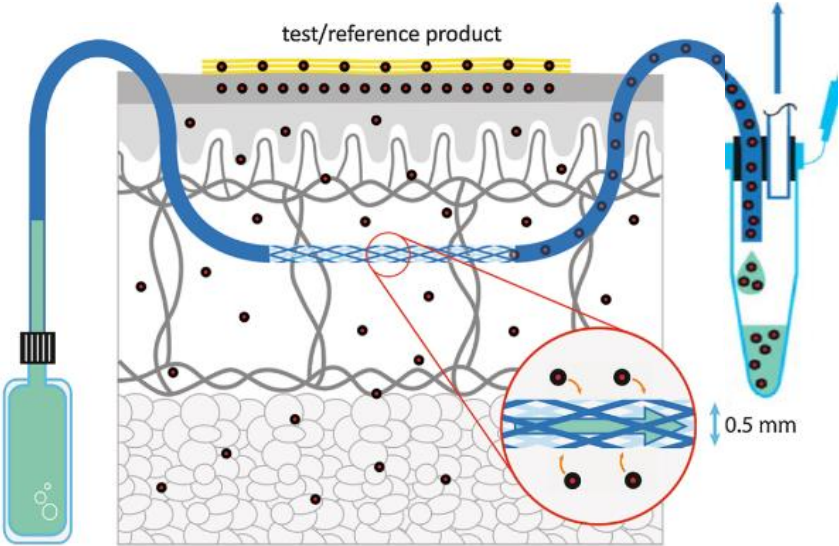
Fractional solubility of metronidazole gels



: Flux profiles of metronidazole gels using a semi-infinite dose (n=6 replicates per skin donor; 3 skin donors; data presented as mean of 3 donor data  $\pm$  SEM)

# Cutaneous PK: Dermal Sampling Techniques

- Microdialysis (dMD) and Open Flow Microperfusion (dOFM) directly measure the in vivo rate and extent of drug bioavailability at/near the site of action in the skin.



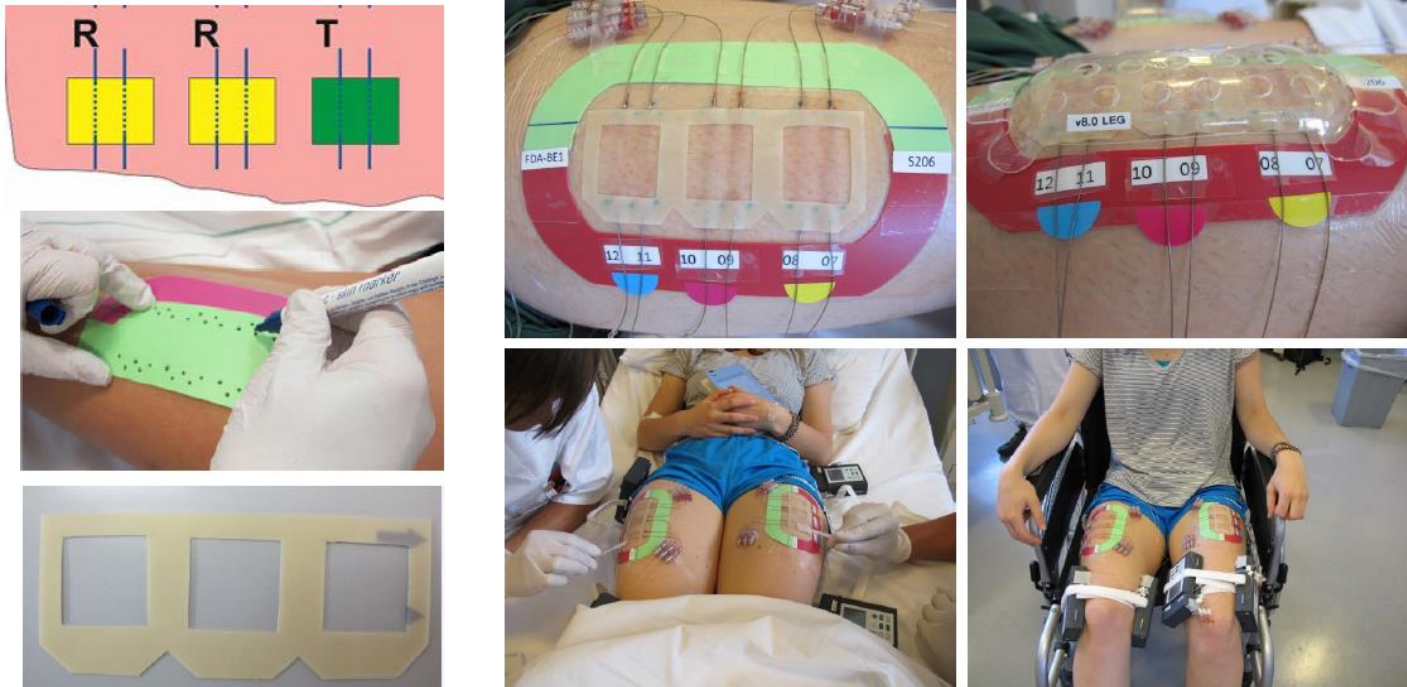
# Dermal Sampling Techniques



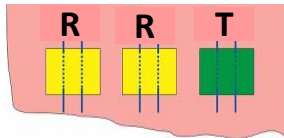
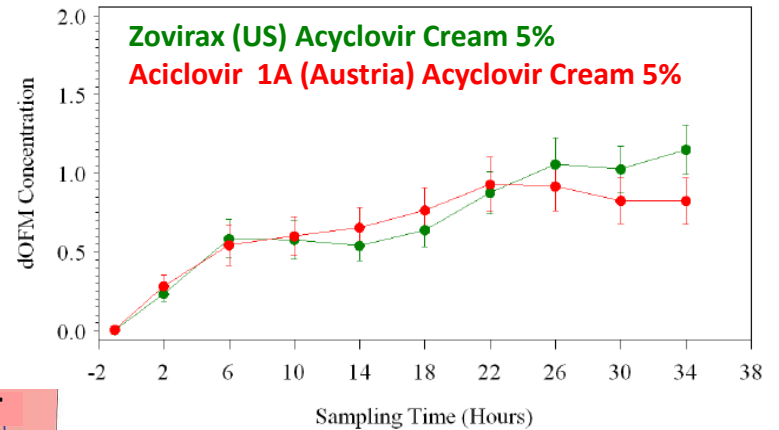
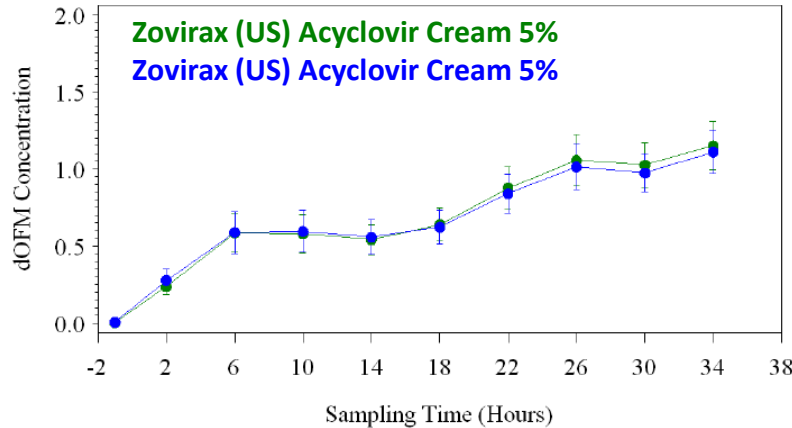
Examples of Traditional limitations and challenges:

- Limited utility for certain classes of drugs
- High variability in the data
- Immobilization of study participants while connected to pumps and tubing
- Study durations too brief (e.g., 4-5h) for adequate comparison of the products
- Establishing BE criteria

# dOFM Study Set UP



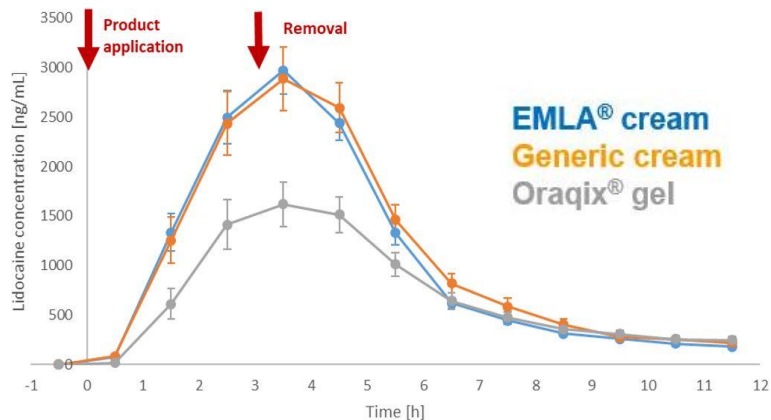
# BE Study for Acyclovir Cream



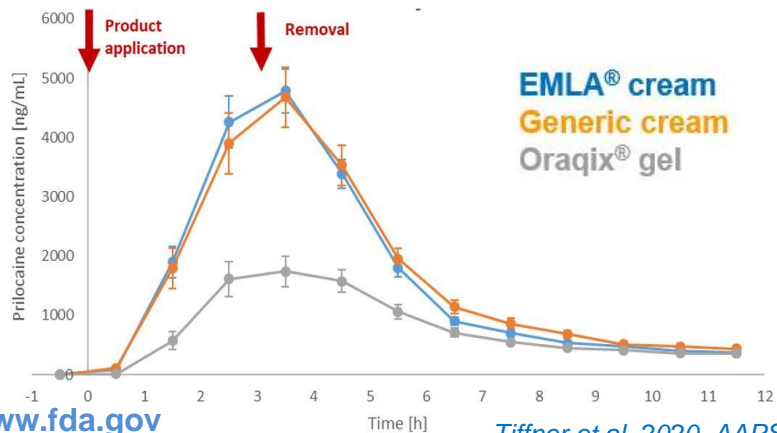
Outcome variable	CI <sub>90%</sub>	BE-limits	BE
log(AUC <sub>0-36h</sub> )	[-0.148 ; 0.162] or [86.2 % ; 117.5 %]	[-0.223 ; 0.223]	passed
log(C <sub>max</sub> )	[-0.155 ; 0.190] or [85.7 % ; 120.9%]	[80% ; 125%]	passed

Outcome variable	CI <sub>90%</sub>	BE-limits	BE
log(AUC <sub>0-36h</sub> )	[-0.369 ; 0.050] or [69.1 % ; 105.2 %]	[-0.223 ; 0.223]	x Failed
log(C <sub>max</sub> )	[-0.498 ; 0.022] or [60.8 % ; 102.2%]	[80% ; 125%]	x Failed

# BE Study for Lidocaine Prilocaine Cream



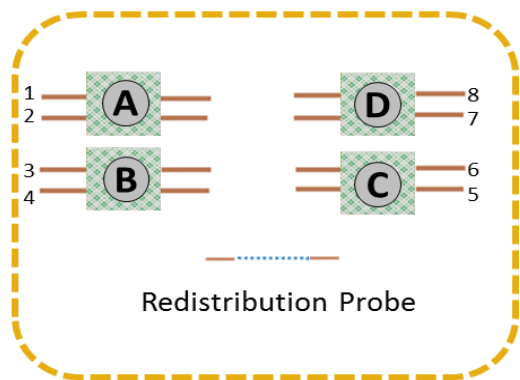
R: EMLA<sup>®</sup> (lidocaine; prilocaine) topical cream, 2.5%; 2.5 %  
 $T_{\text{generic}}$  : generic lidocaine; prilocaine cream, 2.5%; 2.5%  
 $T_{\text{non-equ}}$  : Oraqix<sup>®</sup> (lidocaine; prilocaine) dental gel, 2.5%; 2.5%



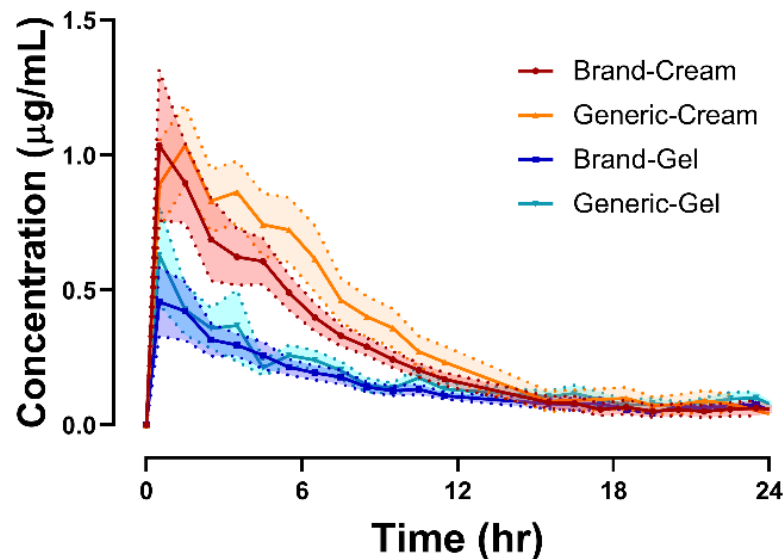
	PK endpoint	Drug	95% upper confidence bound	BE - criterion satisfied	Result
$T_{\text{gen vs. R}_1}$	AUC <sub>0-12</sub>	lidocaine	-0.053	Yes	The generic cream is <b>bioequivalent</b> to the reference cream.
	C <sub>MAX</sub>		-0.055	Yes	
	AUC <sub>0-12</sub>	prilocaine	-0.051	Yes	
	C <sub>MAX</sub>		-0.043	Yes	
$T_{\text{non-equ vs. R}_2}$	AUC <sub>0-12</sub>	lidocaine	0.330	No	The gel is <b>not bioequivalent</b> to the reference cream.
	C <sub>MAX</sub>		0.623	No	
	AUC <sub>0-12</sub>	prilocaine	0.703	No	
	C <sub>MAX</sub>		1.174	No	



# Cutaneous PK of Metronidazole Products



- MetroGel® topical gel, 0.75% “Brand Gel”
- Metronidazole topical gel, 0.75% “Generic Gel”
- MetroCream® topical cream, 0.75% “Brand Cream”
- Metronidazole topical cream, 0.75% “Generic Cream”



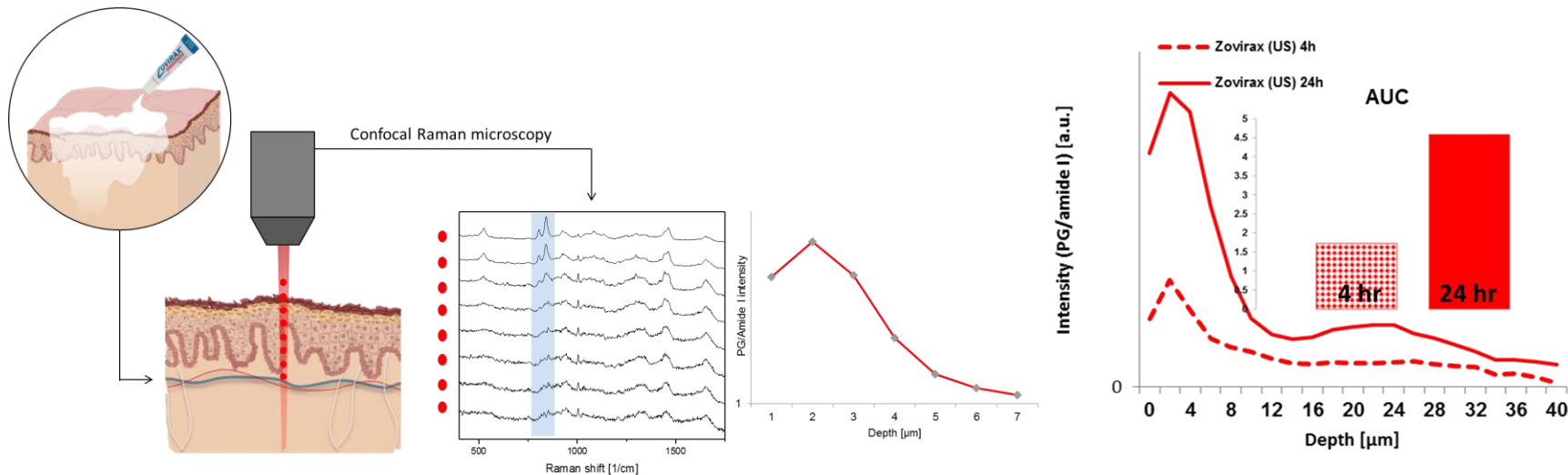
Average dermal concentration profiles using **dMD**,  
(mean  $\pm$  SEM, n=7), in rabbits



# Overcoming the Limitations

- Use of portable pumps
- Control and reduce the variabilities:
  - Study controls: application site, dose, application technique, probe depth, barrier integrity, flow rates
- Development of data analysis strategies
- Method development and validation strategies

# Cutaneous PK- Confocal Raman



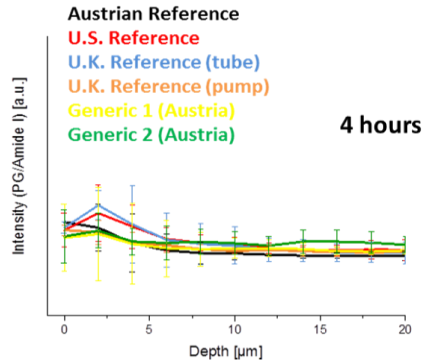
**Characterizing drug concentration gradient in upper layers of skin (epidermis)**

# Challenges with Imaging-Based Tools

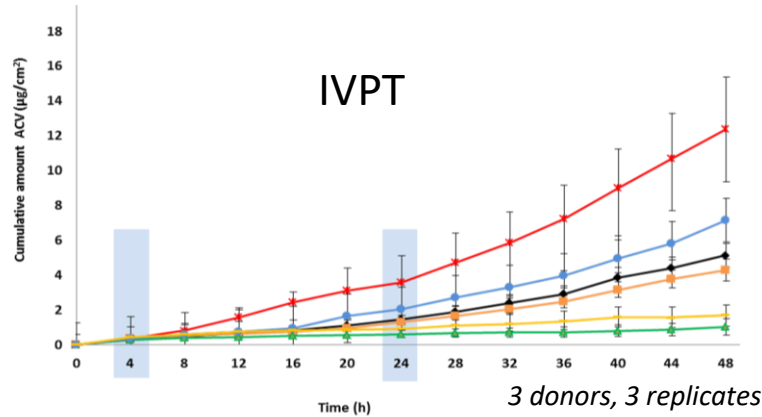
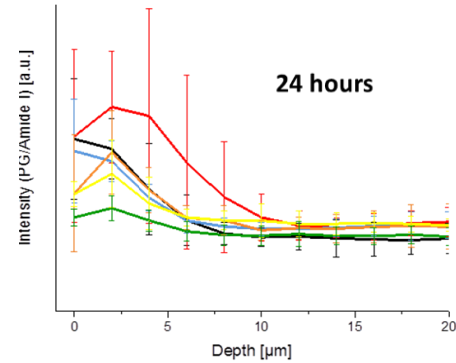
## Examples of historical limitations

- Challenges with detection of molecule in the skin
- Challenges related to signal attenuation within the skin
- Challenges related to utility of tool as a semi-quantitative evaluation technique
- Challenges associated with limited utility, applicable for molecules with unique Raman signal
- Challenges related to data collection and data analysis of spectroscopic data
- Development of validation strategies for utilization of method in a regulatory setting

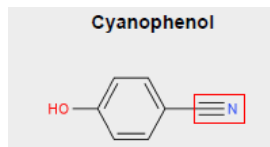
# Cutaneous PK of Acyclovir Creams



Raman

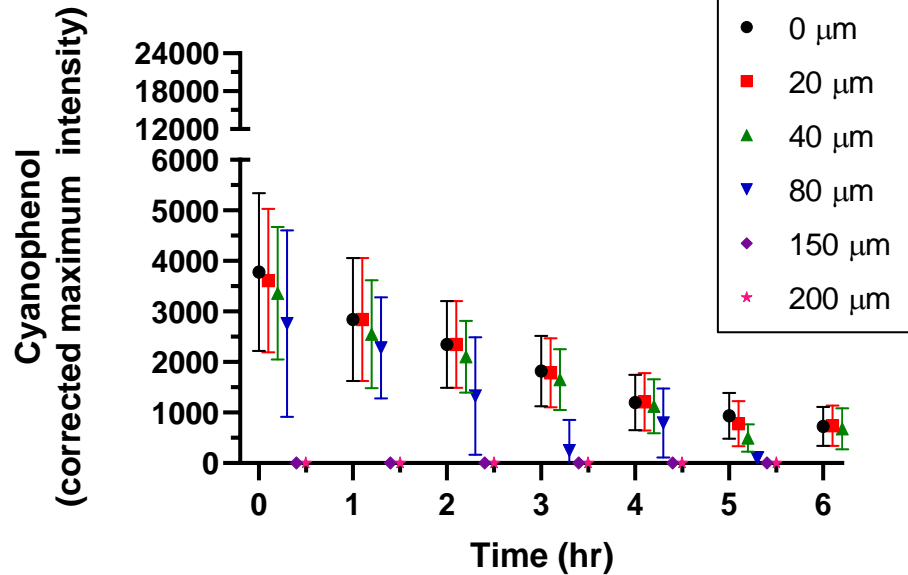
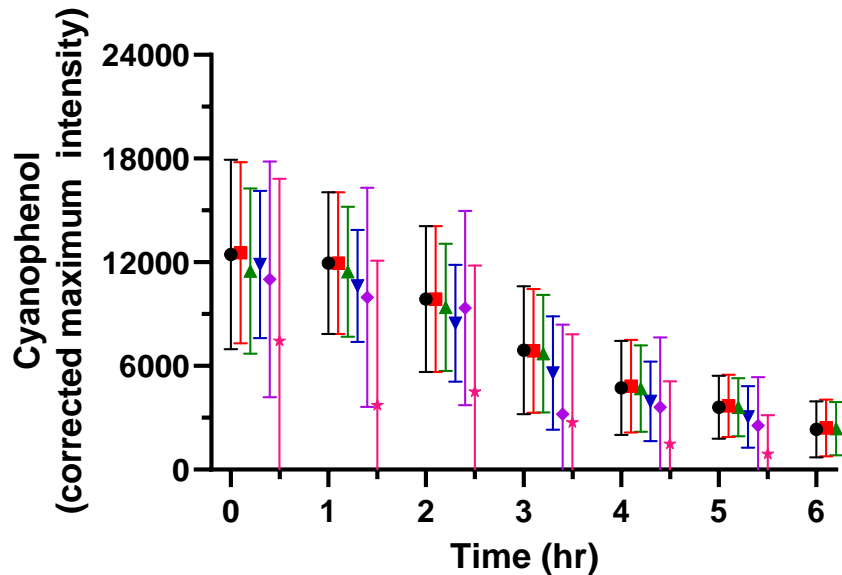


# Cutaneous PK of Cyanophenol

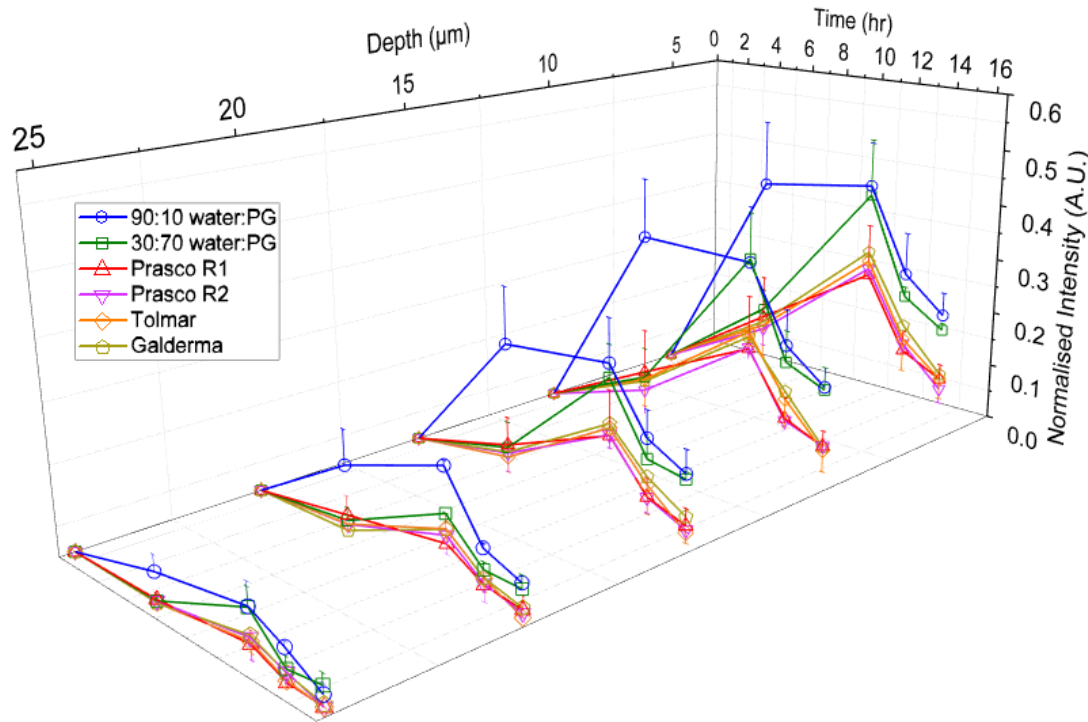


**Saturated solution**  
(50:50 Propylene glycol : water)

**25% Saturated solution**  
(50:50 Propylene glycol : water)



# Cutaneous PK of Metronidazole



**Normalized Metronidazole Raman signal intensities, as functions of depth and time following 6 and 12 hr application of three commercial gels and two laboratory-made (solution) formulations on pig skin. Experiments with the reference gel Data plotted as Mean  $\pm$  SD (n = 12)**

# Overcoming the Limitations

- Detection of molecule in the skin
  - *We can detect certain active ingredients in formulations; however, we are exploring advanced techniques e.g., Sparse Spectral Sampling Stimulated Raman Scattering*
- Utility of tool as a semi-quantitative evaluation technique
  - *Preliminary in vitro data with multiple molecules suggests that comparison of cutaneous PK is feasible using the technique*
- Data collection and data analysis of spectroscopic data
  - *Multiple approaches including Deep Learning utilized to automate data collection and processing*



# Summary and Conclusions

- FDA is investigating novel alternative, scientifically valid methods, including in vitro and in vivo approaches, to support the assessment of BE for topical drug products that have compositional differences compared to the reference standard.
- Research is ongoing to understand the influence of compositional differences on drug thermodynamic activity and bioavailability in complex topical formulations.
- Cutaneous PK-based approaches using dOFM and dMD have the potential to support a demonstration of BE when the proposed method is optimized and controlled to be adequately discriminating and reproducible.
- Cutaneous PK-based approaches using the spectroscopic and imaging-based techniques appear to be promising; however, these are currently in the early stages of development.

VIRTUAL  
WORKSHOP

NOVEMBER 3  
2022

Formulation  
Characterization and  
Cutaneous  
Pharmacokinetics to  
Facilitate Generic Topical  
Product Development

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<https://complexgenerics.org/topical-formulation-characterization-cutaneous-PK>

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Looking for a post-doctoral opportunity?

<https://www.zintellect.com/Opportunity/Details/FDA-CDER-2022-0791>



Looking for funding for generic drug research?

<https://www.fda.gov/drugs/generic-drugs/generic-drug-research-collaboration-opportunities>



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- **Dr. Michael Roberts**

GDUFA Award U01FD005862, Long Island University

GDUFA Award U01FD006930, Long Island University

- **Dr. Grazia Stagni**

GDUFA Award U01FD006533, University of Bath

- **Dr. Richard Guy**



**Tannaz Ramezanli, PharmD, PhD**

**[tannaz.ramezanli@fda.hhs.gov](mailto:tannaz.ramezanli@fda.hhs.gov)**