

# Developing Discriminatory IVRT Methods for Injectable Suspensions: Start with Why

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# **Challenge of Flocculated Suspensions**

• How is particle size related to clinical performance?

• What exactly are we trying to measure?

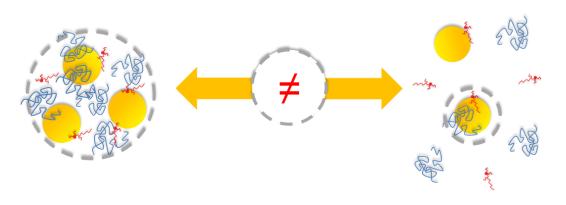
Is the method measuring what is intended?

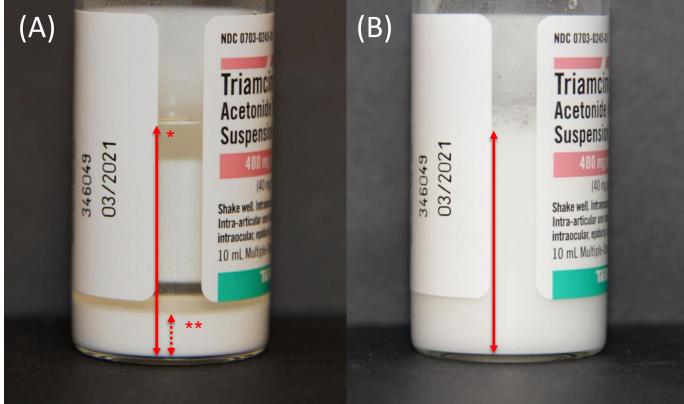
# **Impacts of Particle Flocculation**



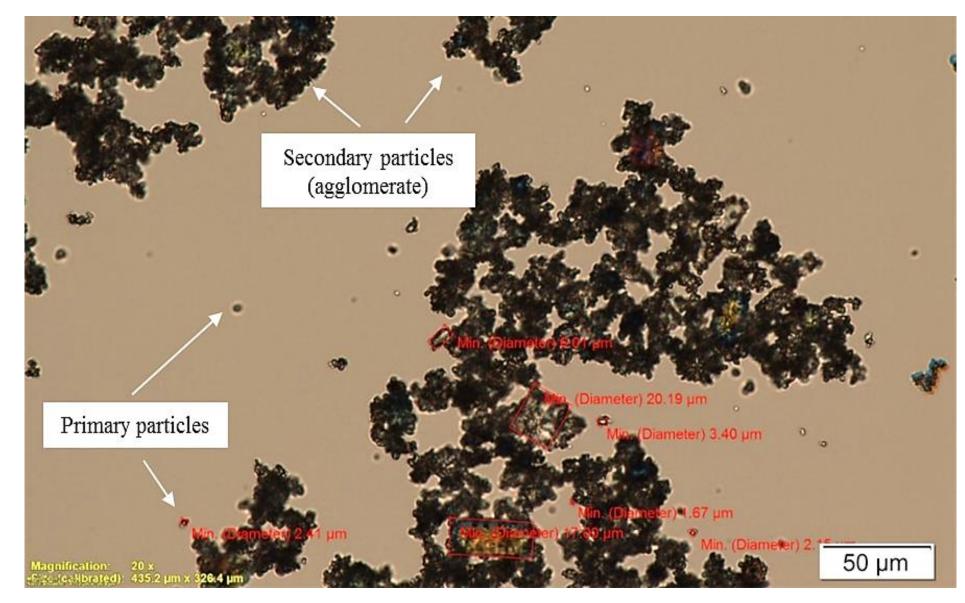
<u>Particle flocculation</u>, while imparting shelf stability, could potentially lead to variations in PK response for

injectable suspensions





### **Cause and Effect: Flocculation and PSD**



\*Particle flocculation is a common phenomenon in suspension product (i.e., primary and

secondary particles)

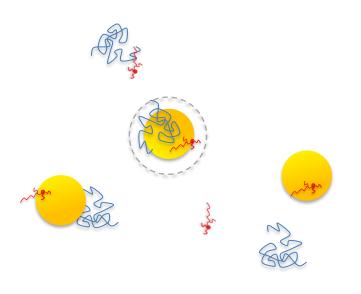
FDA

Smith, W.C., et al. "Impact of particle flocculation on the dissolution and bioavailability of injectable suspensions", Int. J. Pharm. 604 (2021), DOI:10.1016/j.ijpharm.2021.120767

# **Formulation for Flocculation**

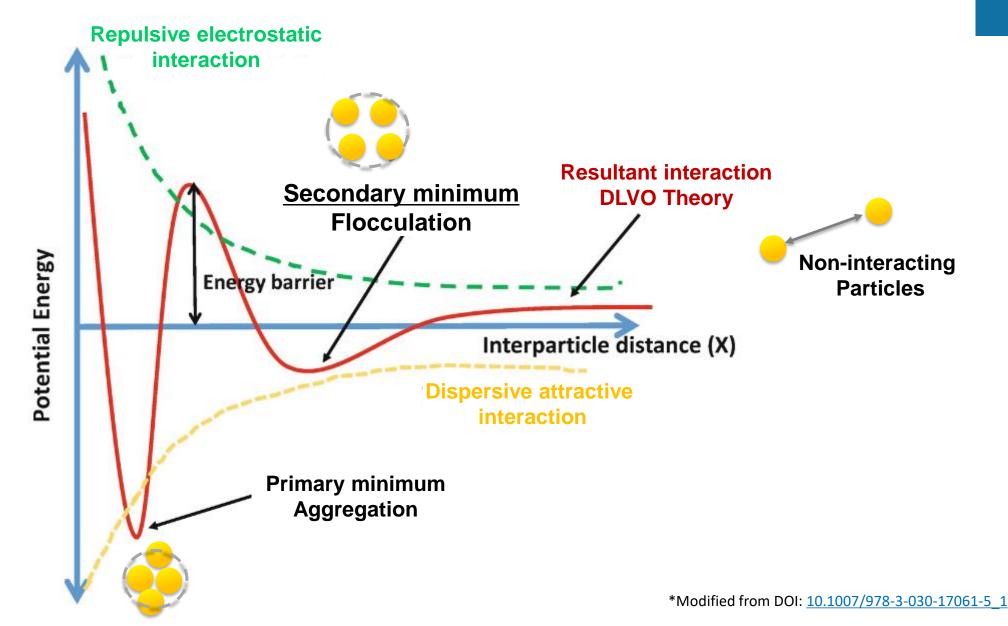


### **Controlled Flocculation**



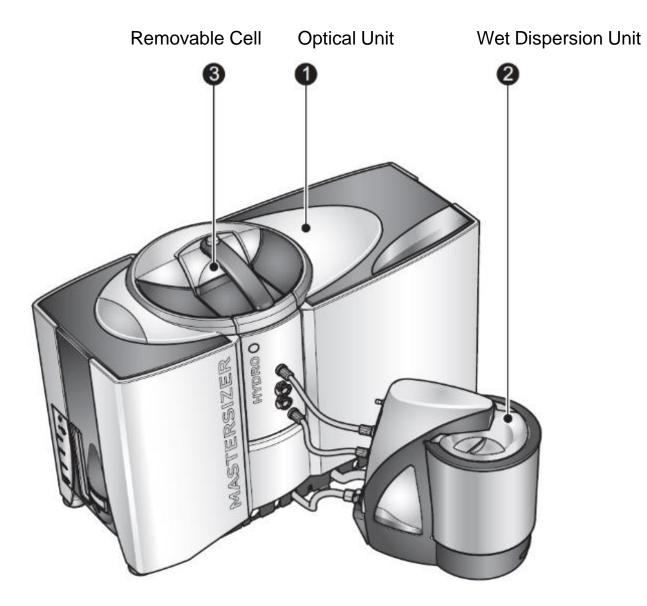
- Polymers
  - Suspending Agents, Sterics, and Electrostatics
- Surfactants
  - Wetting Agents, Hydrophobicity, and Electrostatics
- Electrolytes
  - Valency, Ionic Strength, and Electrostatics

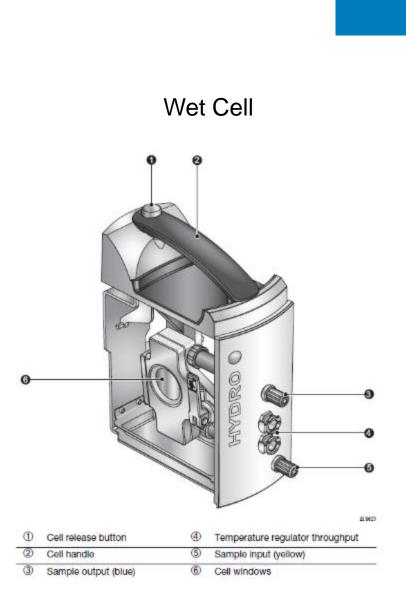
# Flocculation: Particle Interactions and DLVO Theory

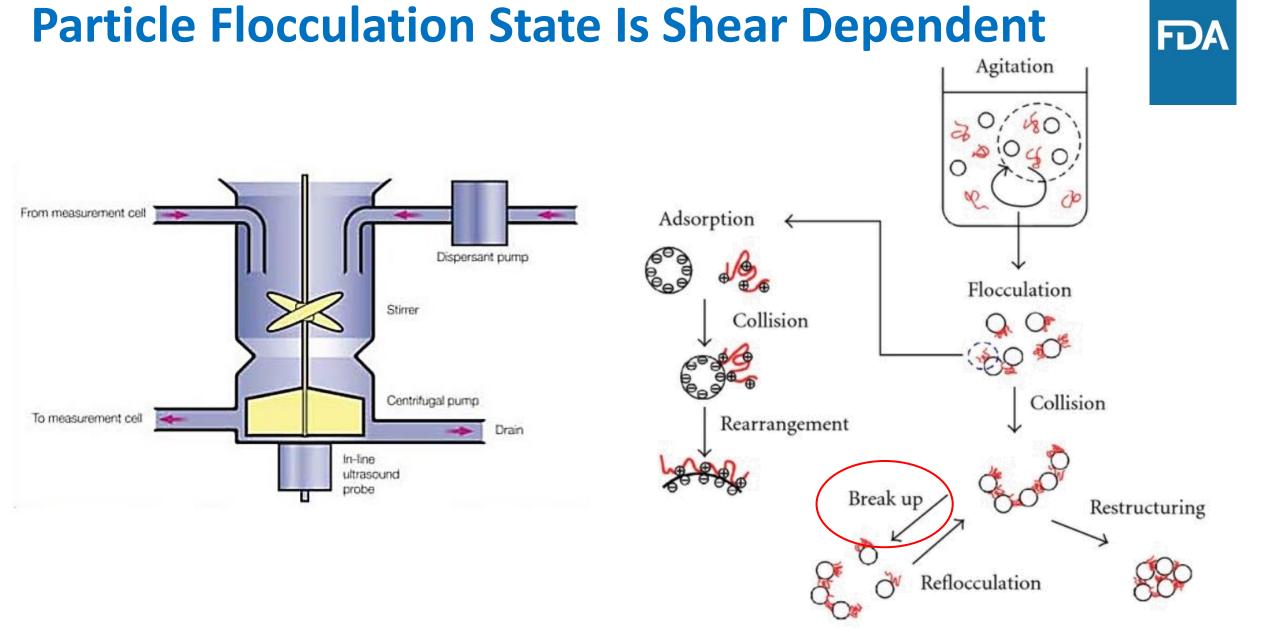


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# Laser Diffraction: Components and Setup



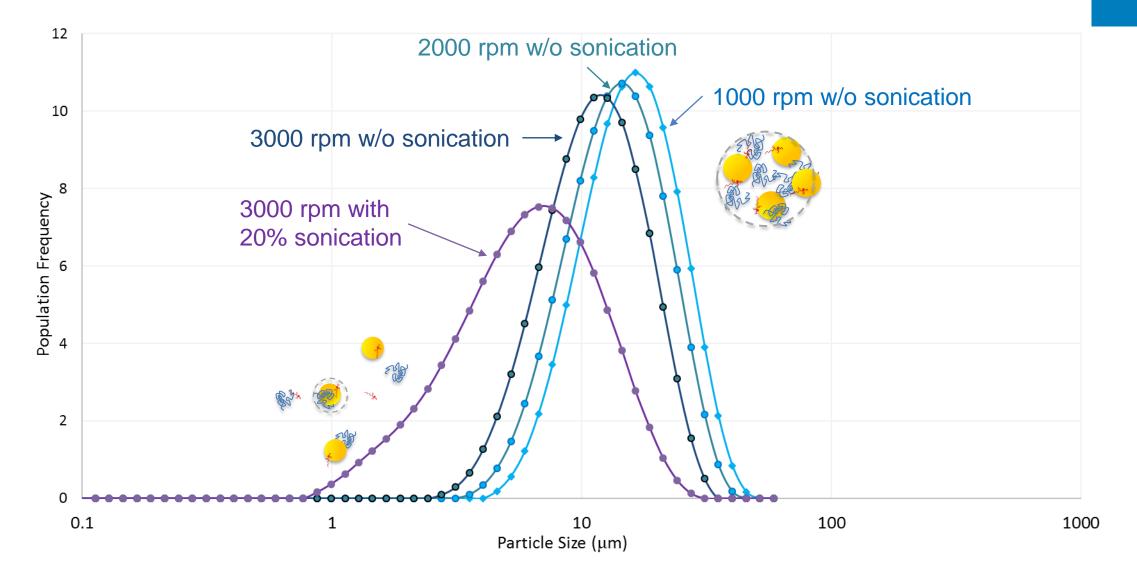




https://www.malvernpanalytical.com/en/products/product-range/mastersizerrange/mastersizer-3000e/accessories/hydro-lv#specs

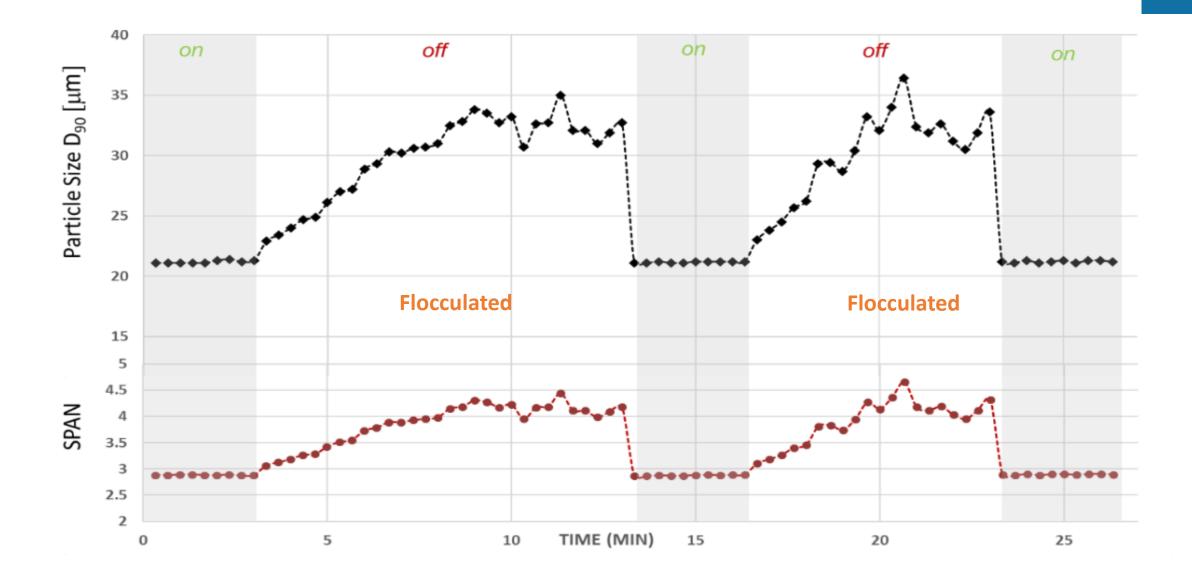
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## **Shear Induced De-flocculation**

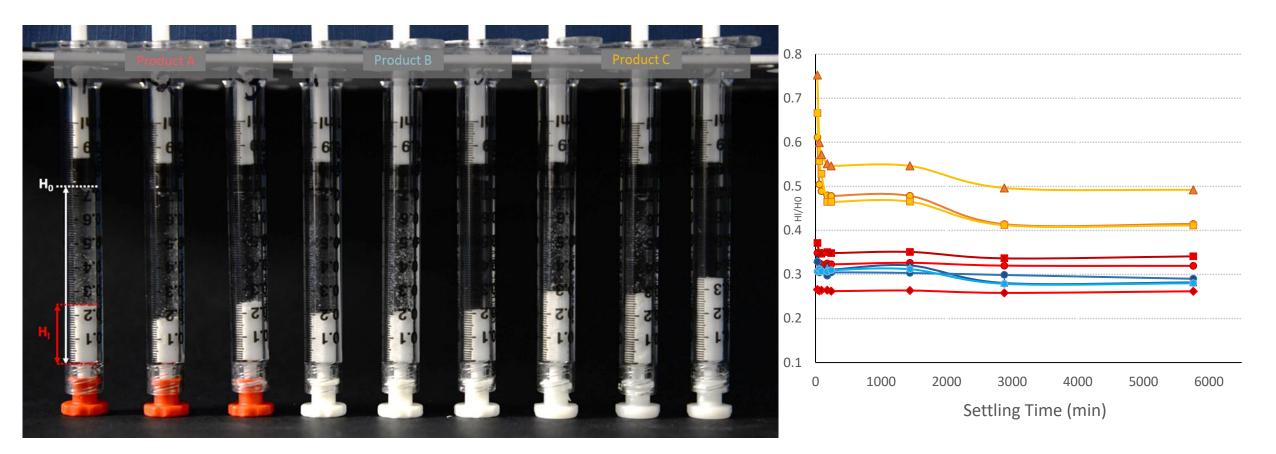


PSD becomes more broad and mean size decreases with increased stir rate and sonication

## **Flocculation of TA Suspension Is Reversible**



# **Sedimentation as a Surrogate for PSD**

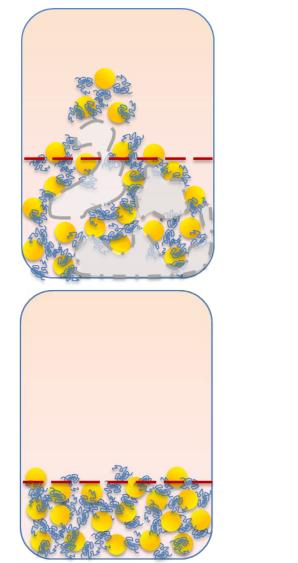


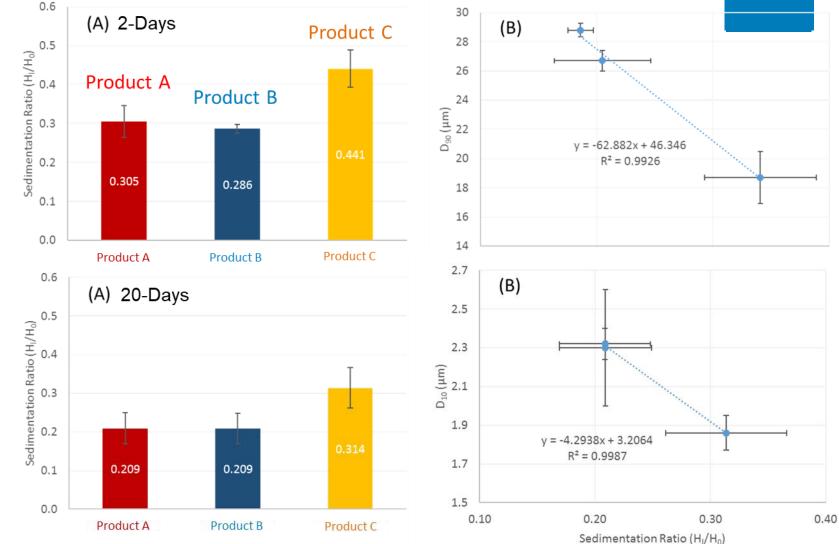
Flocculation → Sedimentation → Improved Long Term Stability

Sedimentation Ratios: B < A < C

\*Sedimentation Ratios can be a useful surrogate for PSD

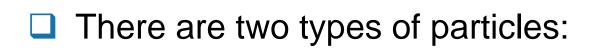
## Sedimentation of TA Injectable Suspension Products





Sedimentation correlates with:  $PSD D_{90}$  under gentle shear conditions " " PSD  $D_{10}$  under high shear conditions

# **PSD and Sedimentation Take-Aways**



Primary (Deflocculated) particles observable under aggressive dispersion conditions correlate to long term Sed. Ratios

Secondary (Flocculated) particles observable under gentle dispersion (low shear) conditions correlate to short term Sed. Ratios

Sedimentation Ratio may be a useful surrogate for PSD

# Kenalog-40 Package Insert and Guidelines

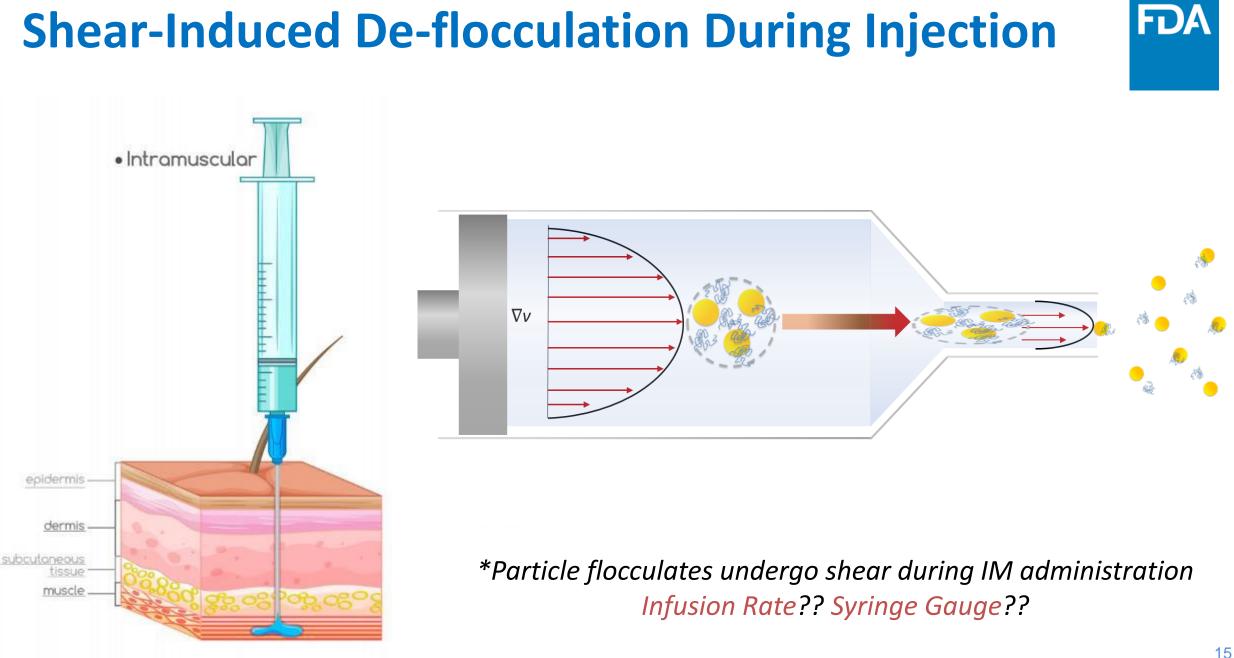
### Administration

### GENERAL

**STRICT ASEPTIC TECHNIQUE IS MANDATORY.** The vial should be shaken before use to ensure a uniform suspension. Prior to withdrawal, the suspension should be inspected for clumping or granular appearance (agglomeration). An agglomerated product results from exposure to freezing temperatures and should not be used. After withdrawal, Kenalog-40 Injection should be injected without delay to prevent settling in the syringe. Careful technique should be employed to avoid the possibility of entering a blood vessel or introducing infection.

### SYSTEMIC

For systemic therapy, injection should be made deeply into the gluteal muscle (see WARNINGS). For adults, a minimum needle length of  $1\frac{1}{2}$  inches is recommended. In obese patients, a longer needle may be required. Use alternative sites for subsequent injections.



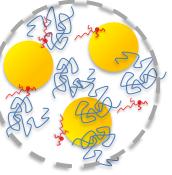
# **Impact of Flocculation on Dissolution?**

#### Deflocculated

#### Does Flocculation Impact the Rate of Dissolution???

\*According to Noyes-Whitney Equation, rate of dissolution depends on the specific surface area (i.e., particle size).





**Noyes-Whitney Equation** 

 $dm - \frac{D \times A}{\Delta C}$ 

dt

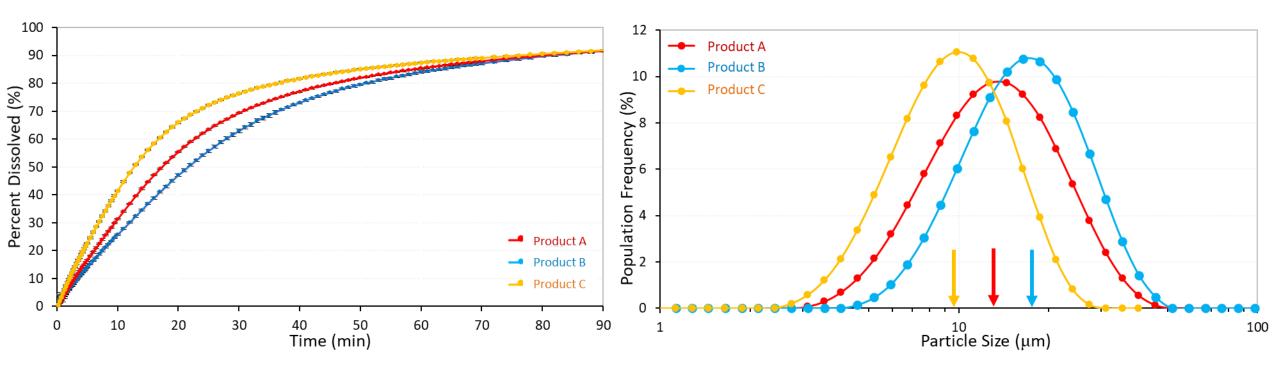


Flocculated

# Impact of Suspension PSD on Drug Dissolution



PSD directly impacts dissolution rates: Larger particles dissolve slower

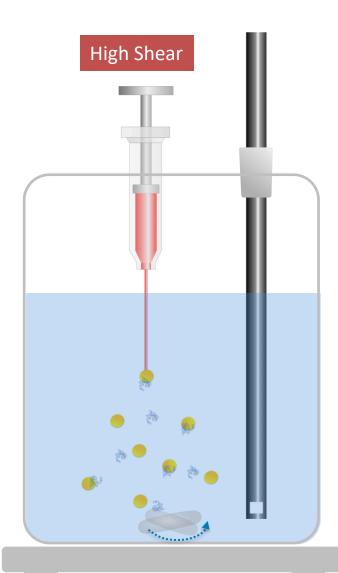


\*According to Noyes-Whitney Equation, rate of dissolution depends on the specific surface area (i.e., particle size).

Noyes-Whitney Equation

$$\frac{dm}{dt} = \frac{D \times A}{h} \Delta C$$

# **Shear-induced Deflocculation on Dissolution**



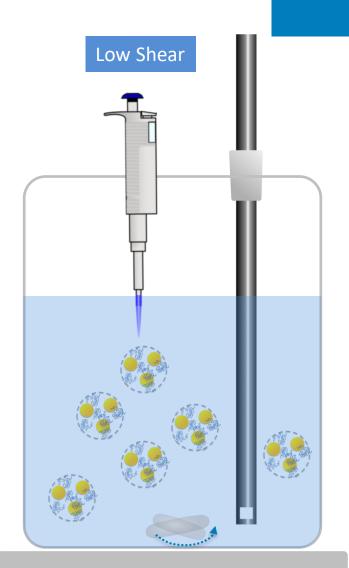
Deflocculated

### **Controlling Shear:**

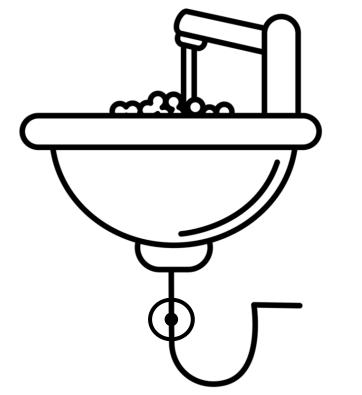
High vs. Low Shear

- Sample Introduction
  - 25G Syringe
  - Micro-pipet
- Stir Rate
  - 300 vs. 800 rpm





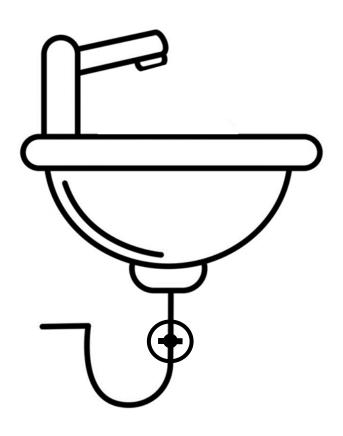
# **Choosing Sink or Non-Sink Conditions?**



• Discrimination

Relevance to In Vivo

- Release Rates
  - Zero Vs. First Order

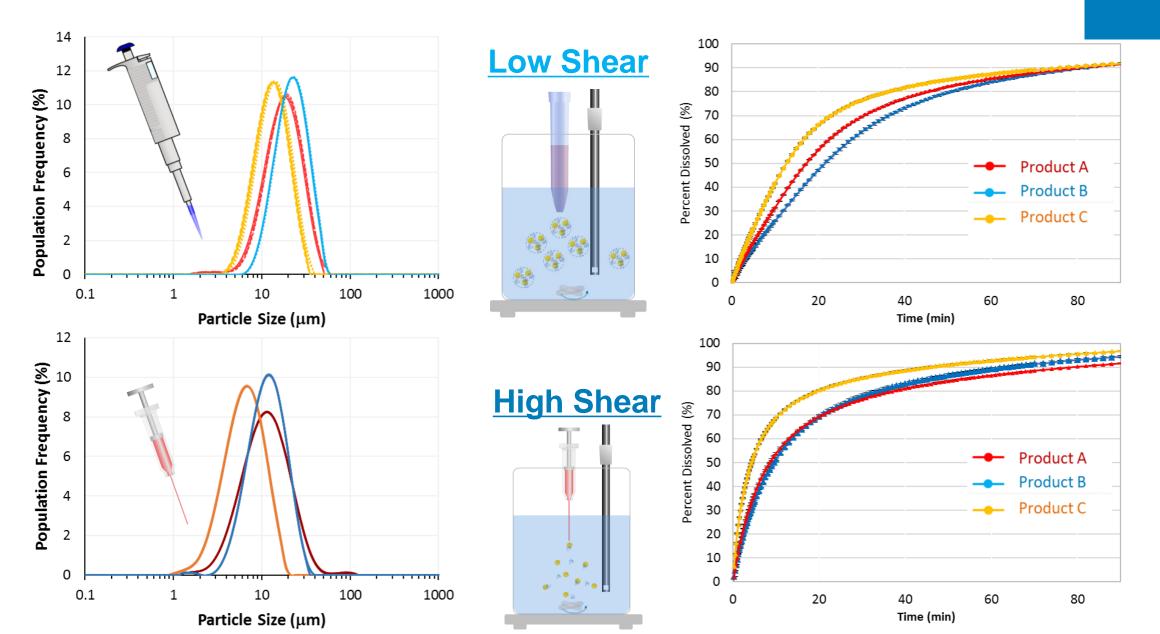




#### FDA **Impact of Suspension PSD on Drug Dissolution High Shear** High Shear \_ow Shear Low Shear Population Frequency (%) Percent Dissolved (%) Δ n Particle Size (µm) 0.1 Time (min) Shear-rate **PSD** Dissolution **BA or BE**

\*Deflocculated suspension exhibits >4x higher dissolution rate than flocculated suspension

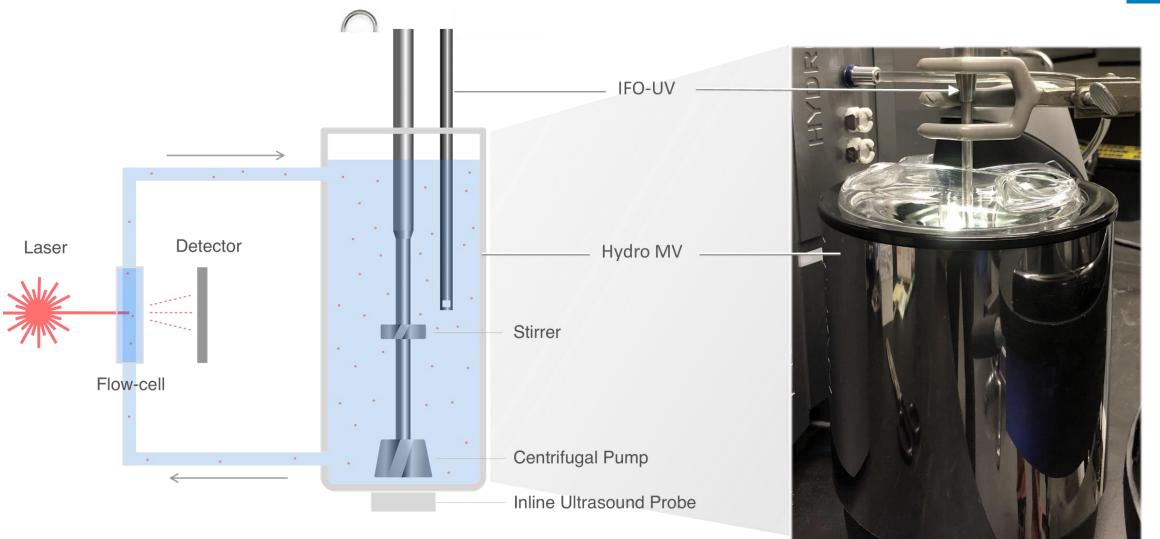
### **PSD and Dissolution at Shear Extremes**



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# **Tandem Particle Sizing and Dissolution Setup**

FDA

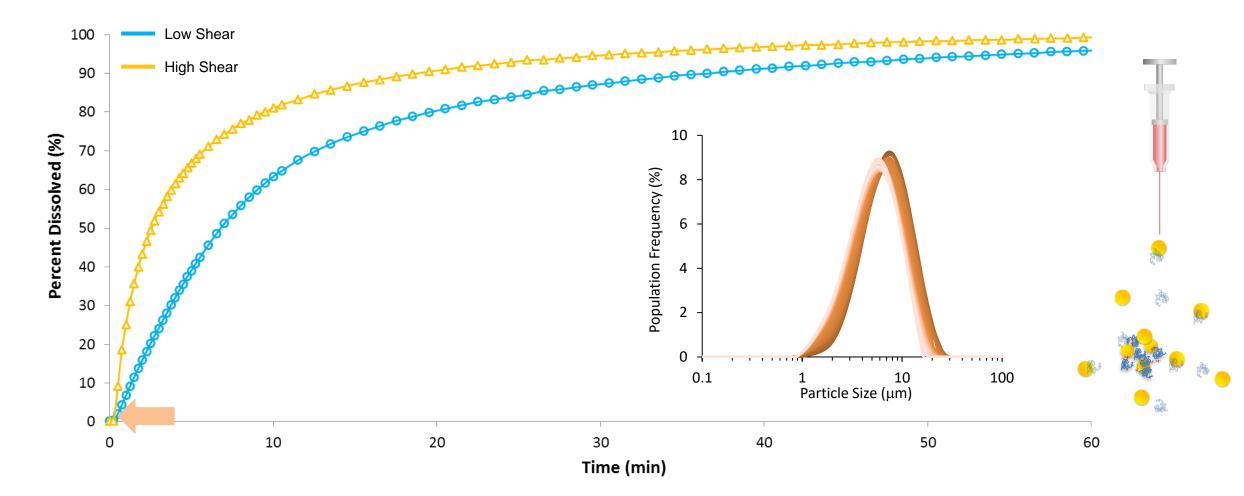


**Dispersion Unit** 

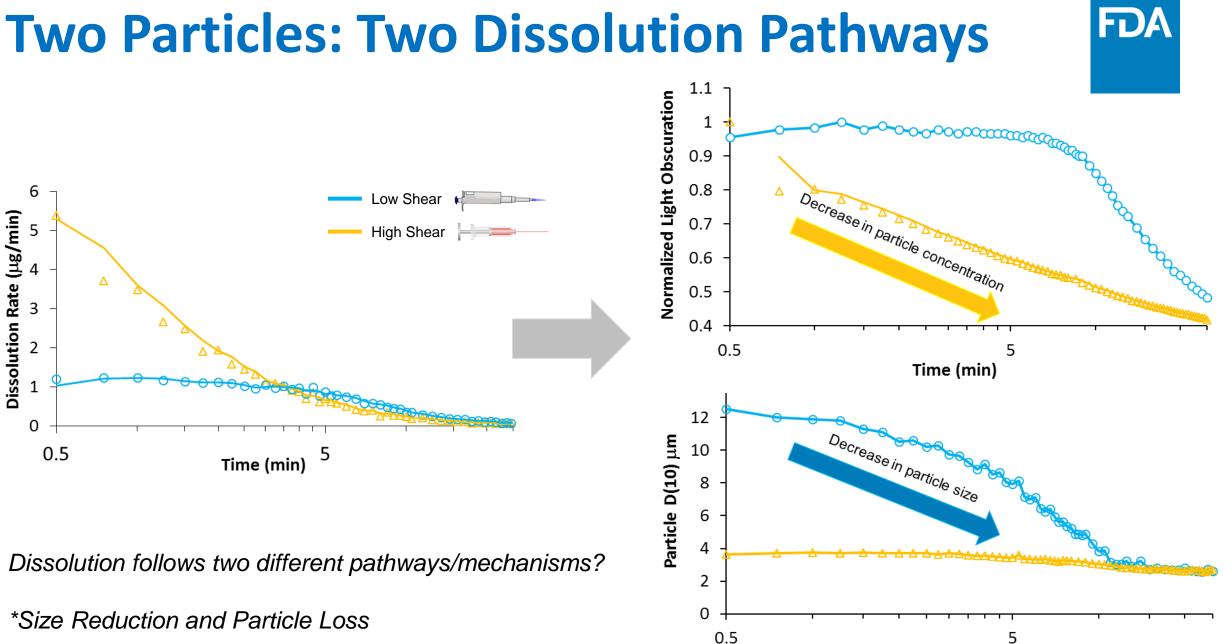
#### FDA **Simultaneous Particle Sizing and Dissolution** Low Shear High Shear Percent Dissolved (%) Population Frequency (%) ... 0.1 Particle Size (µm) Time (min)

\*Flocculated suspension exhibits large shift in Particle Size Distribution during dissolution

# Simultaneous Particle Sizing and Dissolution



\*Deflocculated suspension exhibits minimal change in Particle Size Distribution during dissolution



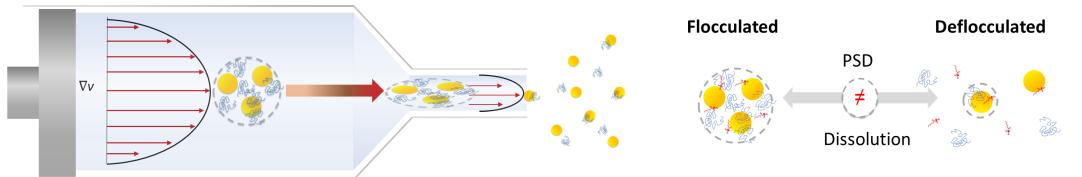
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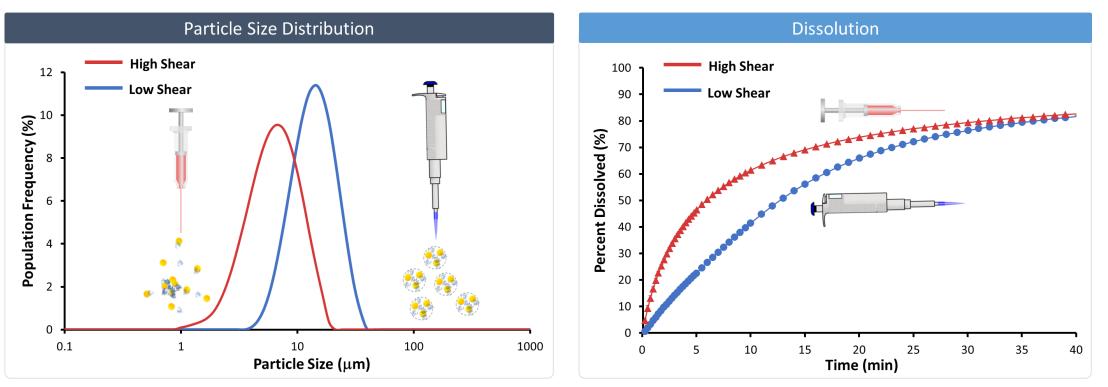
Time (min)

# **Two Particles: Two Dissolution Pathways**

# Syringe Induced Deflocculation: PSD and Dissolution FDA

Syringe Induced Shear





\*Particle shear via syringe leads to smaller PSD and faster dissolution (2-6x)

# **Flocculation and Dissolution Take-Aways**



- The flocculated state of particles is highly dependent on shear
- Flocculated and de-flocculated particles follow different dissolution pathways
- Choose dissolution methods that are dosage form appropriate
- Bottom line: PK variability can be caused by changes in dissolution rate of suspension particles, which may be introduced during I.M. injection. This type of variability could possibly be preventable, if properly controlled.

FDA

# Acknowledgements

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