#### Complex Drug-Device Generic Combination Products

October 9-10 Sheraton Silver Spring, MD

Scientific Challenges for Generic Transdermal Products: Recent Advances and Future Research

Audra L Stinchcomb, PhD Professor, Pharmaceutical Sciences University of Maryland School of Pharmacy



### Disclaimer

The views and opinions expressed in the following PowerPoint slides are those of the individual presenter and should not be attributed to DIA, its directors, officers, employees, volunteers, members, chapters, councils, Communities or affiliates, or any organization with which the presenter is employed or affiliated.

These PowerPoint slides are the intellectual property of the individual presenter and are protected under the copyright laws of the United States of America and other countries. Used by permission. All rights reserved. DIA and the DIA logo are registered trademarks or trademarks of Drug Information Association Inc. All other trademarks are the property of their respective owners.

### Disclaimer #2

The views expressed in this presentation do not reflect the official policies of the U.S. Food and Drug Administration or the U.S. Department of Health and Human Services; nor does any mention of trade names, commercial practices, or organization imply endorsement by the United States Government.

# Factors Affecting Percutaneous Absorption

#### Drug

- M.W. < 500 Dalton
- Suitable log Poil/water
  - High log P (very lipophilic) -> too much retention in the skin
  - Low log P (very hydrophilic) -> difficult to cross the SC
- Unionized molecules cross SC at faster rate

#### <u>Vehicle/Formulation</u> (Inactive Ingredients)

- Partition coefficient, k<sub>membrane/vehicle</sub>
- pH
- Chemical Penetration Enhancers (CPEs)
- Adhesion/Removal
- Backing layer (occlusivity)
- Shape

#### <u>Skin</u>

- Hydration level
- Age
- Gender
- Tattoos
- Disease state
- Anatomical location/Follicles
- Irritation

#### **Environmental Factors**

- Humidity
- Occlusion
- Heat (high temperature)

Flynn G.L. (2002). Cutaneous and Transdermal Delivery – Processes and Systems of Delivery. In *Modern Pharmaceutics* (pp. 187-235).

Barry B.W. (2007). Transdermal Drug Delivery. In *Aulton's Pharmaceutics: The Design and Manufacture of Medicines* (pp. 565-597).



# 



© 2018 DIA, Inc. All rights reserved.

Page 5

### Human Skin Factors Contributing to Product Failure



# Our Research Focus: Methods of Assessment of Bioavailability



# **In-Line Diffusion Cells**









http://permegear.com/in-line-cells/



# IVPT: In vitro permeation test





# IVIVC: In Vitro In Vivo Correlation

### Value of IVIVC

- Facilitate testing of drug candidates and optimization of formulation
- Assist in quality control
- Serve as a surrogate for bioequivalence studies, scale-up and postapproval changes
- $\rightarrow$  Minimize/Reduce in vivo clinical studies (Save  $(s) \otimes (s)$ )

# IVIVC: In Vitro In Vivo Correlation

- Definition<sup>1</sup>: "a predictive mathematical model describing the relationship between an *in-vitro* property of a dosage form and an *in-vivo* response"
- Level A: a point-to-point correlation between in vitro and in vivo profiles
- Level B: comparison between in vitro dissolution time and in vivo residence time
- Level C: a single point correlation between in vitro and in vivo parameters

#### Level A is most informative and useful

<sup>1</sup> FDA Guidance for Industry: extended release oral dosage forms: development, evaluation and application of in vitro/in vivo correlations

#### TDS Strength/Dose Study IVIVC without Heat Effect: Fentanyl TDS, 25 µg/h

	Duragesic®	Mylan
Drug Load (mg)	4.20	2.55
Size (cm <sup>2</sup> )	10.50	6.25
Thickness (µm)	110	190
Adhesive	Polyacrylate	Silicone
Other Inactive Ingredients	Polyester/ ethyl vinyl acetate backing film, copovidone	Dimethicone NF, polyolefin film backing
Appearance	DURAGESIC 25 mcg/h (fentanyl transdermal)	25 mcg/hr 25 mcg/hr 2 Fentanyi Fentanyi Fent 15 mcg/hr 25 mcg/hr 25 m entanyi Fentanyi Fenta co/hr 25 mcg/hr 25 m



# Study Designs

In Vitro (IVPT)	In Vivo (Human PK Studies)
<ul> <li>Two-way crossover study</li> <li>Duragesic® fentanyl TDS</li> <li>Mylan fentanyl TDS</li> </ul>	<ul> <li>Three-way crossover study</li> <li>Intravenous (IV) fentanyl citrate</li> <li>Duragesic® fentanyl TDS</li> <li>Mylan fentanyl TDS</li> </ul>
<ul> <li>3 donors with 3-4 replicates per donor</li> </ul>	<ul> <li>16 healthy adults completed</li> </ul>
<ul> <li>TDS applied for 72 h; IVPT sampling up to 72 h</li> </ul>	<ul> <li>TDS applied for 72 h; PK sampling up to 192 h (8 days)</li> </ul>

PK parameters from each study subject were used for IVIVC evaluations





Mean  $\pm$  SEM from 3 donors with n=3-4 per donor





### In Vivo Results



# Absolute Bioavailability (F)

 $\frac{AUC_{0-\infty,TDS} \times Dose_{IV}}{AUC_{0-\infty,IV} \times Dose_{TDS}}$ 

1) Dose determined from residual TDS analysis ( $X_{DELIVERED}$ )  $X_{DELIVERED} = X_{Control (unused)} - X_{Remaining after 72 h of wear$ 

2) Label Dose (25  $\mu$ g/h × 72 h = 1800  $\mu$ g)



# Level C IVIVC: Steady-state Concentration (C<sub>ss</sub>)

$$C_{ss} = \frac{J_{ss} \times F \times A}{CL}$$

C<sub>ss</sub>: Predicted steady-state concentration
 J<sub>ss</sub>: Steady-state flux obtained from IVPT
 F: Absolute bioavailability for TDS
 A: area (size) of TDS
 CL: Total body clearance obtained from study subjects

	Observed C <sub>ss</sub> in vivo (ng/mL)	Predicted C <sub>ss</sub> from IVPT (ng/mL)	p-value (significance)
<b>Duragesic</b> ®	$0.76 \pm 0.27$	$0.65 \pm 0.07$	>0.5146 (ns)
Mylan	$0.87 \pm 0.34$	$0.80 \pm 0.10$	>0.7550 (ns)

# Level A IVIVC: Method I example

	Prediction while TDS was worn	Prediction after TDS removal
Method I	$C_{s} = \frac{F \cdot R_{in}}{CL} \cdot \left(1 - e^{-kt}\right)$	$C_s = C_0 \cdot e^{-\left(\frac{\ln 2}{t_{1/2}, TDS}\right)t}$

- C<sub>s</sub>: Predicted in vivo serum concentration
- *F*: Absolute bioavailability for TDS
- *R<sub>in</sub>*: Rate of input (mean flux during steady-state in IVPT experiments)
- CL: Total body clearance
- k: Elimination rate constant
- t: Time after administration of TDS
- C<sub>0</sub>: Predicted initial concentration after TDS removal
- $V_d$ : Volume of distribution

# Level A IVIVC: Example Method I



# Summary of Recent Work

Bioavailability and IVIVC for Fentanyl TDS Under the Normal Temperature Condition



- Residual TDS analysis was shown to provide useful information in addition to PK data in characterizing the extent of drug delivery and absorption from TDS
- Good IVIVC results for fentanyl TDS
  - IVPT is useful in predicting in vivo performance of TDS
  - Normal temperature conditions
  - PK parameters directly obtained from study subjects
- Further work studying IVIVC between IVPT and in vivo PK data for a diverse set of drug molecules would help to better understand the usefulness and limitations of IVPT



### Factors Contributing to Adhesion Failure — Product Failure Humidity Backing Device Environment Causes Causes Occlusivity Shape Adhesive Adhesion Heat Formulation or Overlay

© 2018 DIA, Inc. All rights reserved.



# Human Skin Factors Contributing to Product Failure



# Acknowledgments

#### <u>**Co-Pls</u>** Dr. Hazem Hassan (UMB)</u>



#### <u>U01FD004947</u> Dr. Annette L. Bunge Dr. Richard H. Guy Dr. Tom Franz

#### **Clinical Study Team**

Dr. Samer El-Kamary Dr. Wilbur Chen Dr. Jeff Fink Melissa Billington UMB GCRC nurses Clinical Study Participants

#### Past & Current Lab Members Contributors to the work presented:

- Dr. Soo Hyeon Shin (Fentanyl, nicotine, acyclovir, diclofenac)
- Dr. Mingming Yu (LC/MS/MS)
- Sherin Thomas (Lidocaine, buprenorphine, diclofenac)
- Dana Hammell, MS (Lab Manager and Document Control)
- Dani Fox (Clinical Coordinator)
- Sagar Shukla (Lidocaine)
- Paige Zambrana (Sunscreens & glucose monitoring, fentanyl)
- Qingzhao Zhang (Metronidazole & rivastigmine)
- Past: Juliana Quarterman
- Dr. Inas Abdallah

#### U.S. FDA

- Dr. Caroline Strasinger TDS Strength/Dose Study
- Dr. Sam Raney, OGD TDS Heat Effects & IVIVC



• Dr. Priyanka Ghosh, OGD TDS Heat Effects & IVIVC

#### Funding

- NIPTE-U01-MD-2015 U01FD004275
- NIPTE-U01-MD-2016-003 + MCERSI
- U01FD004947
- U01FD004955

Funding for this project was made possible, in part, by the Food and Drug Administration through the grants above. The views expressed in this presentation do not reflect the official policies of the Department of Health and Human Services; nor does any mention of trade names, commercial practices, or organization imply endorsement by the United States Government.



Page 23

