

# Updates to the Simcyp Simulator's ADAM / M-ADAM Models

**David Turner**

**Jan 29<sup>th</sup> 2020**

This webinar is being recorded and will be made available to view on the Certara website in due course



Simcyp Industrial  
Consortium

FDA Grant 1U01FD005865

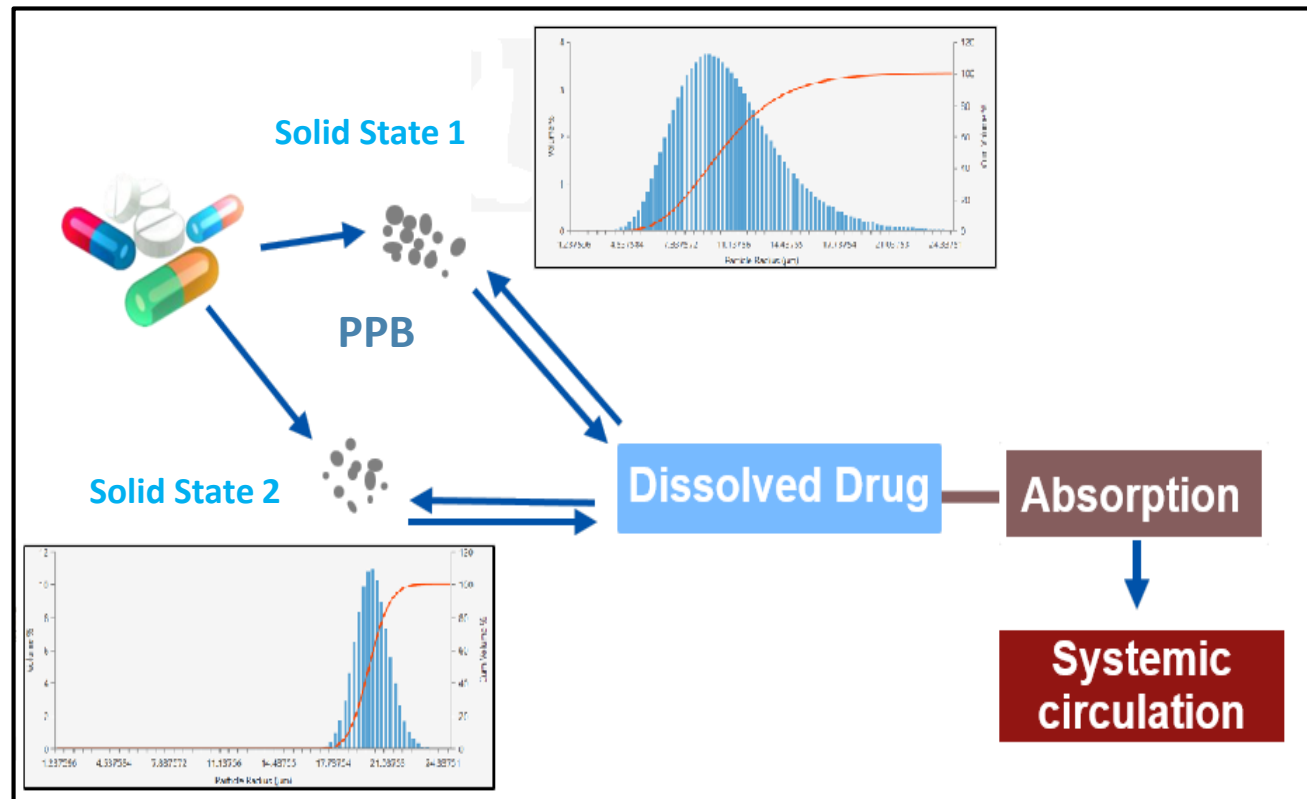
# Summary

This webinar is being recorded and will be made available on the Certara website in due course

- Recent Additions
  - New Models
  - Tools – “Wrappers” – IVIVC, VBE, GSA (Global Sensitivity Analysis)
- Modelling Strategy – Coupling in vitro experiments to PBPK modelling
- Case Studies / Examples
  - Tacrolimus ASD Formulation – VBE
    - What extent of crystallisation leads to bioinequivalence?
  - Excipient Solubilisation
    - Why does formulating with a cyclodextrin reduce exposure?
    - Assess the optimal amount of cyclodextrin to use in a formulation
- Salt and Surface pH Models
- Summary
- QA

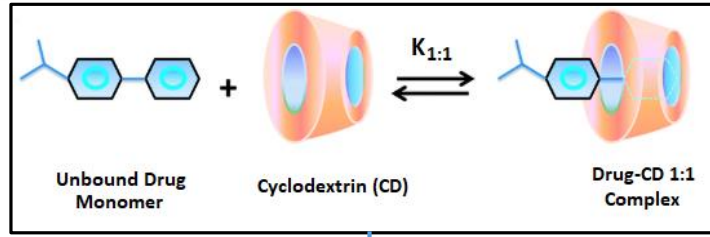
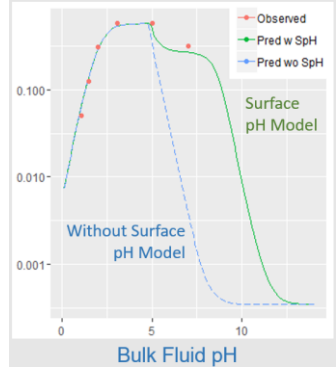
# Major Additions to the Simcyp Oral Absorption Models

## PPB – Particle Population Balance Model

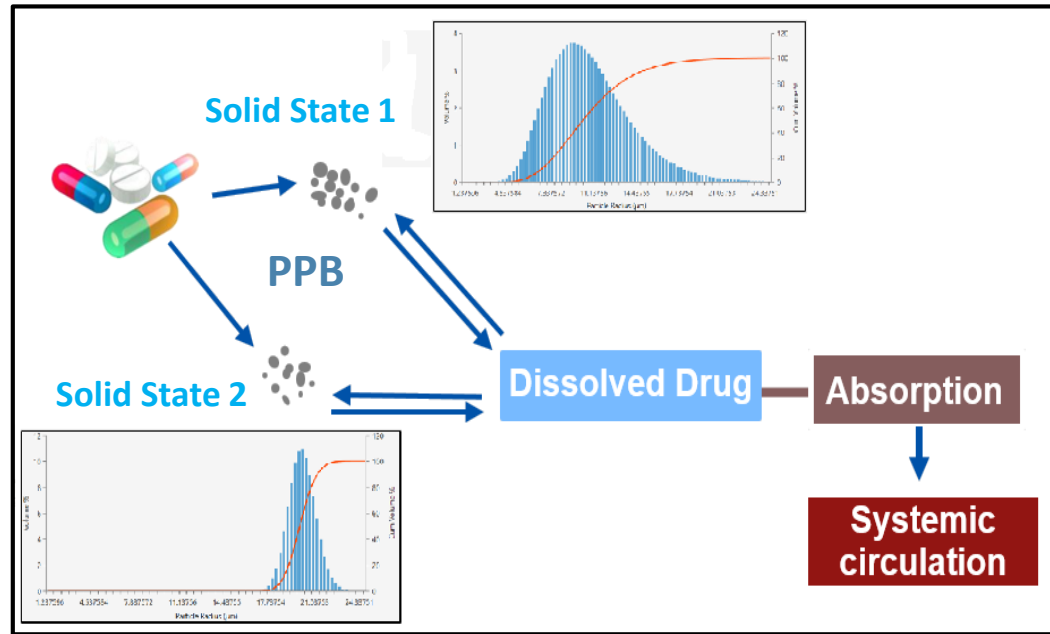


# Major Additions to the Simcyp Oral Absorption Models

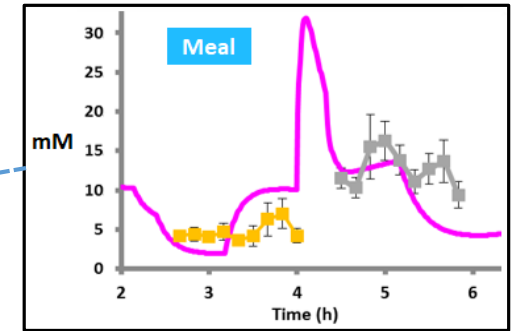
## 1. Salts / Surface pH



## 2. Cyclodextrin Binding Solubility-Permeability-Free Fraction Interplay

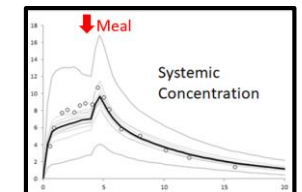


## 3. Dynamic Bile Salt Model\*

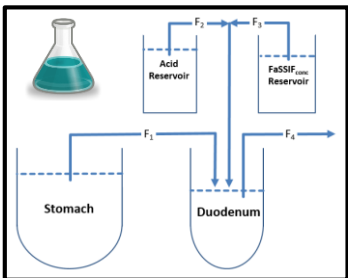


Duodenum average subject

## 4. Food Staggering/Custom Trial Design



KU LEUVEN



Dynamic *In Vitro* Precipitation Experiments



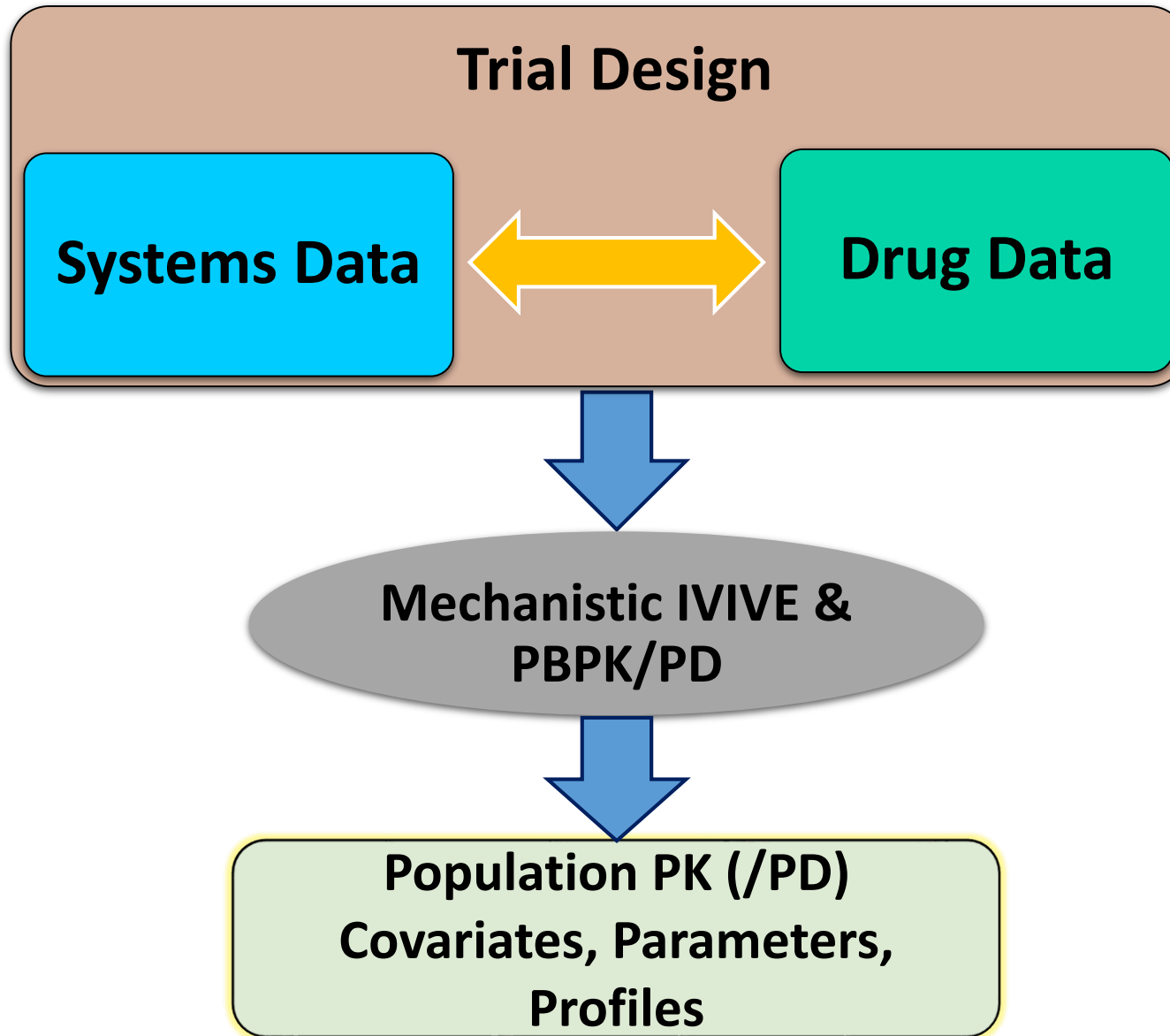
SIVA

## 5. Nucleation Model

Nucleation Rate (1/s/m<sup>3</sup>)

$$J(t) = Z(t) \cdot f^* \cdot C^*(t)$$

# Systems Pharmacology - Separating Systems & Drug Information



Input data:

- Compound file
- Population library
- Project (workspace)

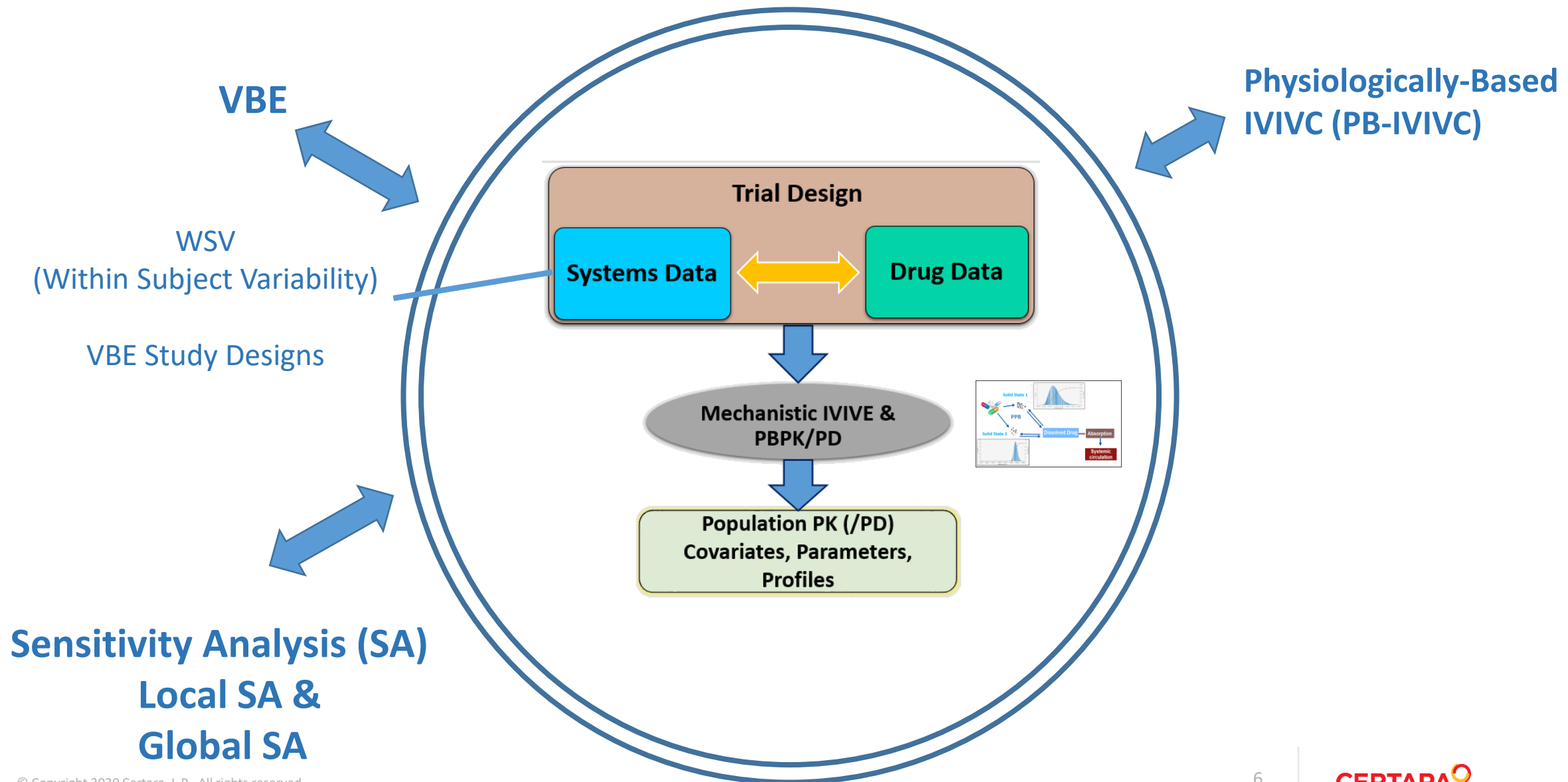
Integrated Models:

- Simulation environment
- Multi-dimensional models/algorithms

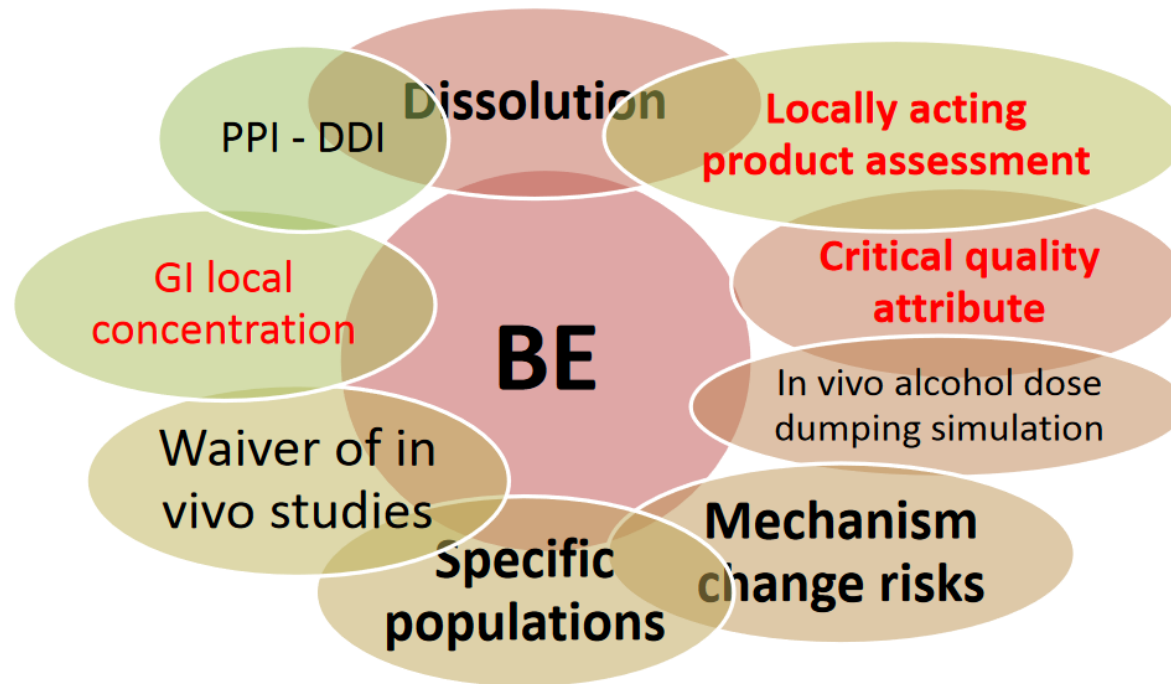
Output data:

- Raw output data
- Data analysis
- Post processing

# Mechanistic Models Form the Core – Various “Wrappers” are Available



## General PBPK Model Applications for Generic Products



Zhao, Generic Drug Research Public Workshop May 2017, MD, USA

**Increasing trends in using PBPK models to support regulatory decision making in the realm of generic drug development**

BE: bioequivalence; PPI : proton pump inhibitor; GI: gastrointestinal ; DDI: drug-drug interaction<sup>10</sup>

# Virtual Bioequivalence Module – Simcyp Version 20

- 1) VBE Trial Design - Most common designs available plus custom option
  - Crossover 2 Treatment, 2 Period, 2 Sequence (typical crossover BE)
  - Crossover 2T, 2P and 4S
  - Crossover partial replicate (2T, 3P, 4S)
  - Crossover full replicate (2T, 4P, 2S)
  - Crossover full replicate (2T, 4P, 4S)
  - Parallel (up to four treatments) – different population allowed per treatment
  - Crossover custom design
- 2) Within Subject Variability is Added to Physiological Parameters

Parameters Selected for Within Subject Variability

Parameters						
	Selected Parameter	Distribution	Variation (CV%)	Minimum Limit	Parameter Value	Maximum Limit
	Mean Gastric Emptying Time Fasted	LogNormal ▾	35	0.07	0.4	0.45
	Mean Small Intestinal Transit Time	LogNormal ▾	23	1	3.3	5

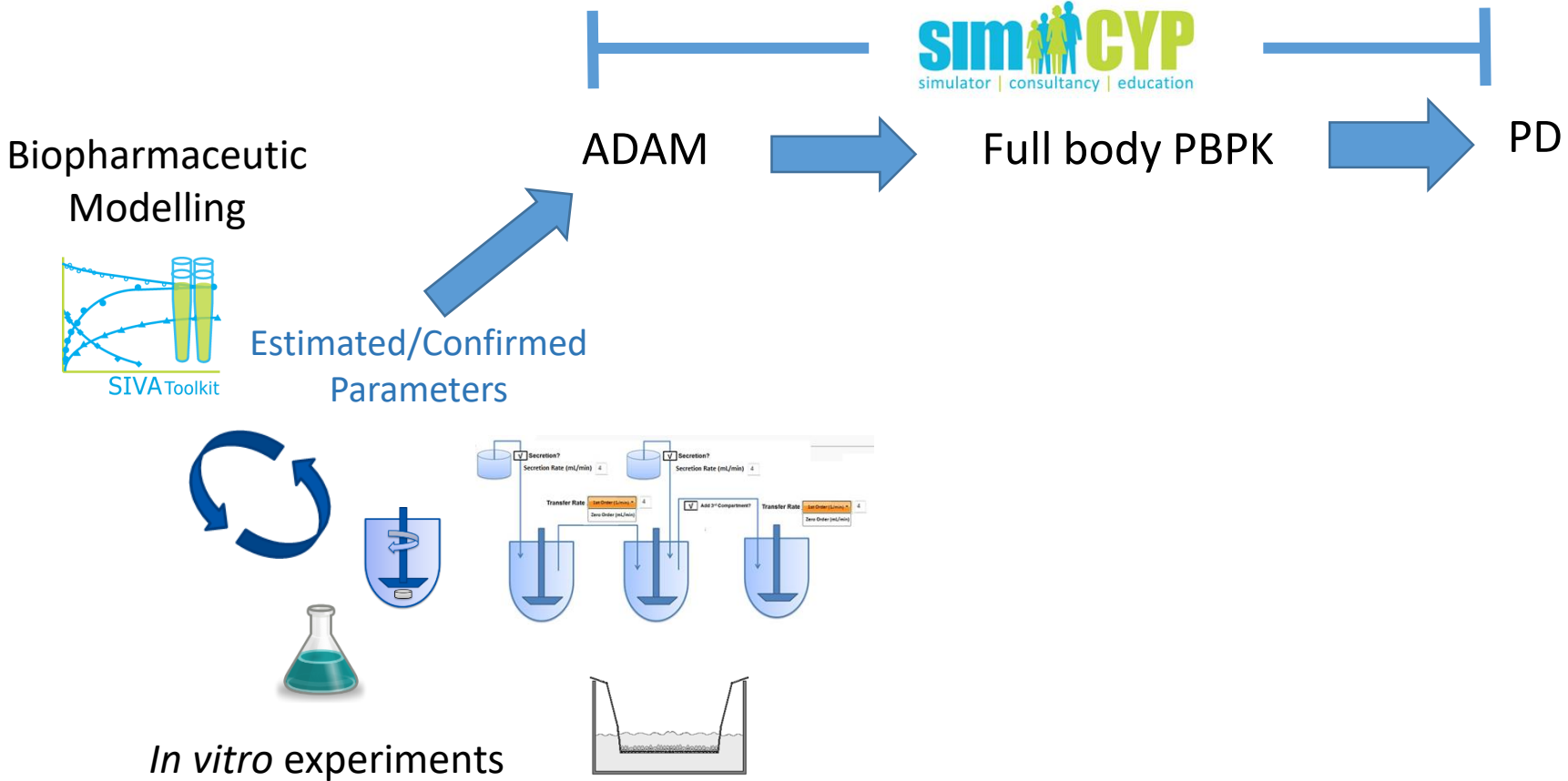
## 3) BE Analysis - Phoenix





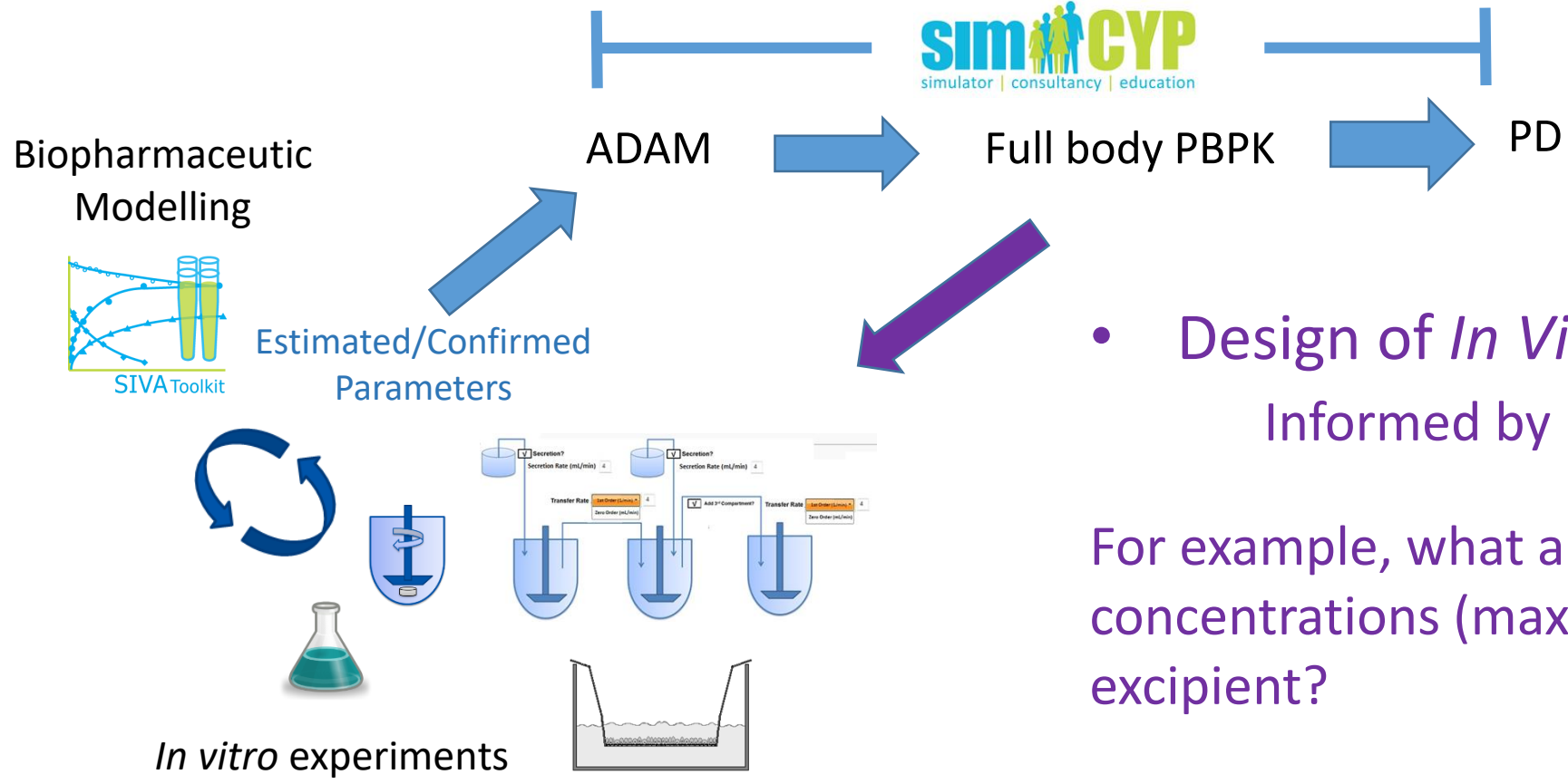
# Running Theme

- PBPK / PBBM modelling
  - Informed by *in vitro* experiments



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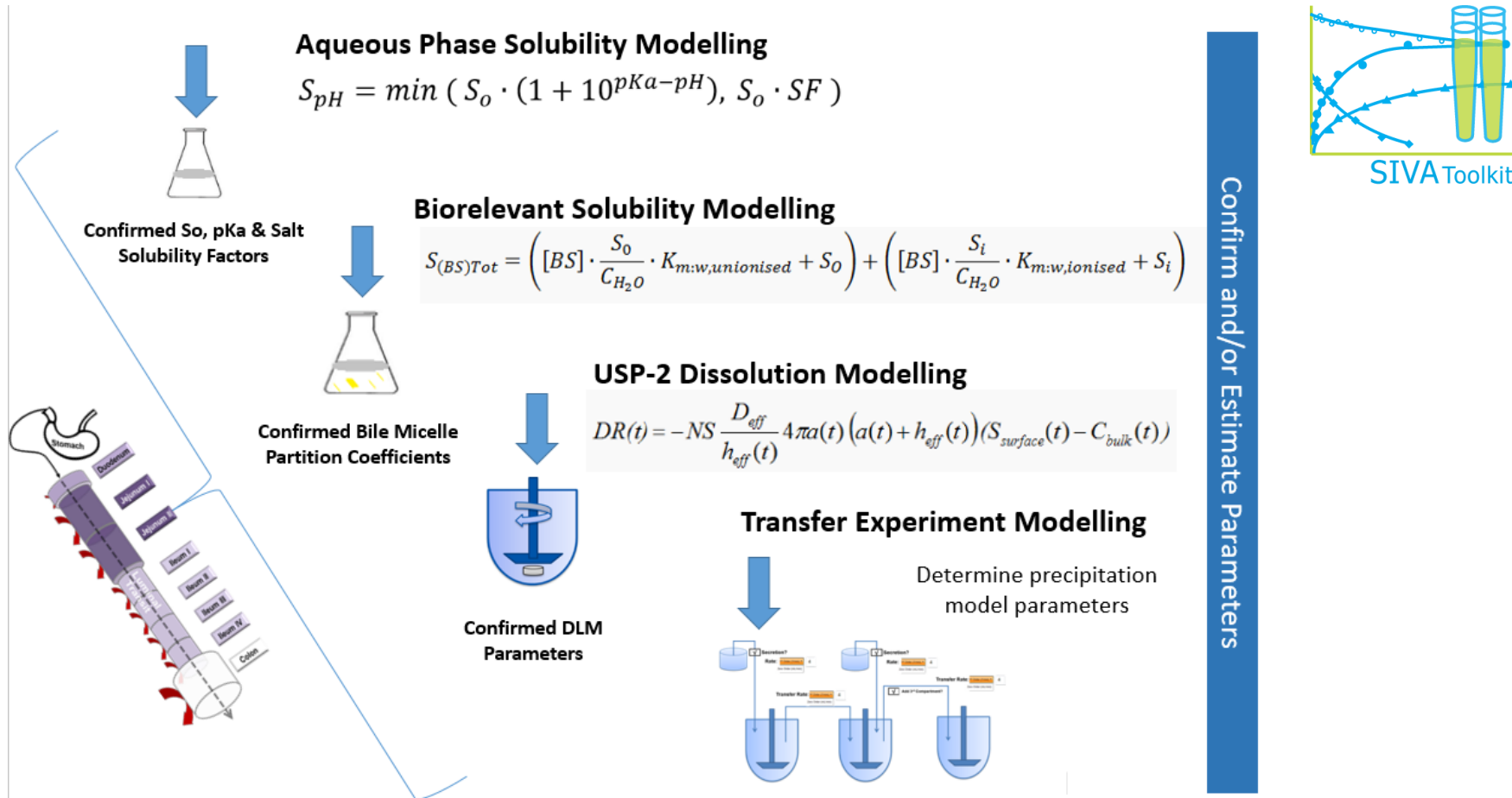
- PBPK / PBBM modelling
  - Informed by *in vitro* experiments



- Design of *In Vitro* Experiments  
Informed by PBPK / PBBM modelling
- For example, what are the expected *in vivo* concentrations (max, min) of my drug and/or excipient?

# Workflow SIVA-Simcyp

Modelling of *in vitro* experiments to inform PBPK simulations - learn confirm, QbD

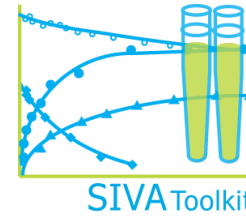
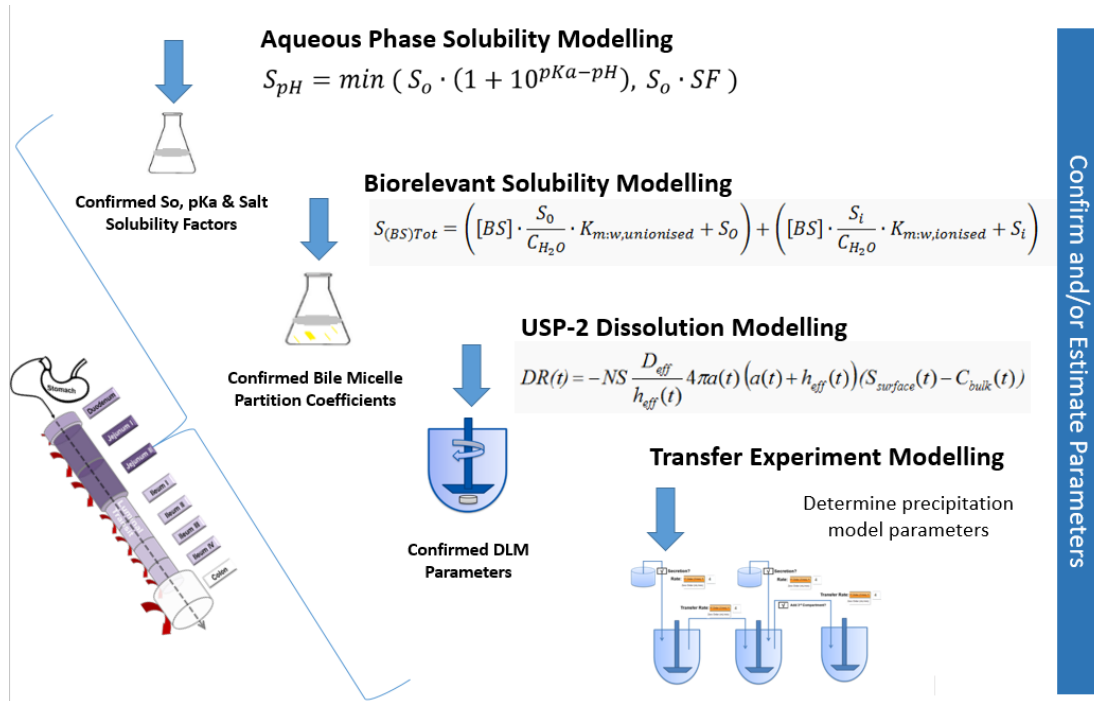


**Simcyp In Vitro data Analysis Toolkit**  
 A standalone software for modelling *in vitro* experiments

Pathak et al., 2017, 2019; Loisios-Konstantinidis et al., 2020; Hens et al., 2017.

# Workflow SIVA-Simcyp

Modelling of *in vitro* experiments to inform PBPK simulations - learn confirm



**Simcyp In Vitro data Analysis Toolkit**  
 A standalone software for modelling *in vitro* experiments

Model Category	
Please select a category	
Intrinsic Clearance	(Module 1)
Permeability / Transport	(Module 1)
Enzyme Inhibition	(Module 1)
Solubility	(Module 2)
<b>Dissolution</b>	<b>(Module 2)</b>
In Vitro Distribution	(Module 3)

- Add USP II/IV/ $\mu$ Diss Model
- Add Serial Dilution Model
- Add Transfer Model
- Add Two Phase Model

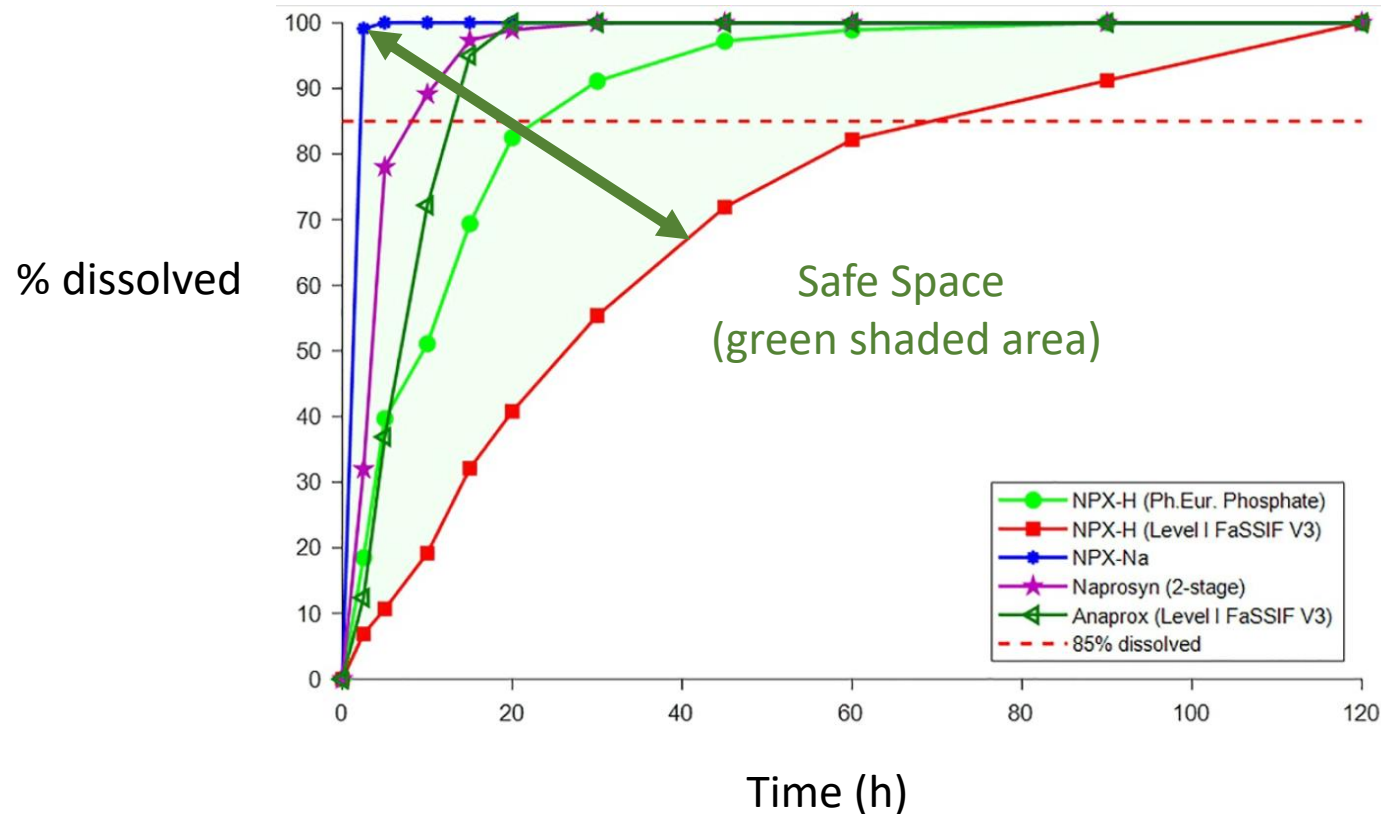
Pathak et al., 2017, 2019; Loiosio-Konstantinidis et al., 2020; Hens et al., 2017.

# Application of SIVA-Simcyp for Safe Space Identification

Establishing virtual bioequivalence and clinically relevant specifications using *in vitro* biorelevant dissolution testing and physiologically-based population pharmacokinetic modeling. case example: Naproxen

Ioannis Loisos-Konstantinidis<sup>a</sup>, Rodrigo Cristofolletti<sup>b</sup>, Nikoletta Fotaki<sup>c</sup>, David B. Turner<sup>e</sup>, Jennifer Dressman<sup>a,d,\*</sup>

2020 *Eur J Pharm Sci*



Naproxen PBPK Model built  
Middle out approach\*  
Verified against clinical data\*



Dissolution Scenarios  
Model-based analysis of In Vitro Dissolution  
Further Clinical trial simulations

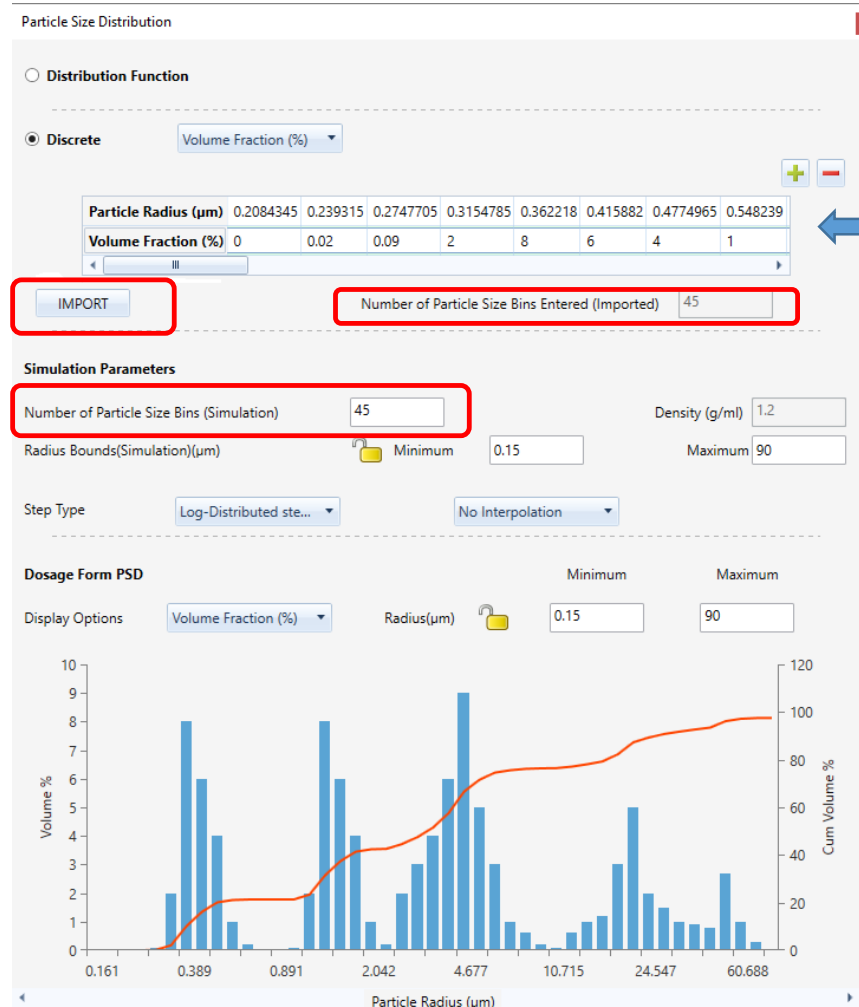


VBE Trials 2S 2T 2P Crossover  
IOV added to Critical Physiological  
Parameters

\* Shebley *et al.*, 2018 *CPT* 104 88-110

# Particle Population Balance Model: PSD Import and Mapping Tools

- New PSD Tools including IMPORT from (e.g.) a Mastersizer instrument – no need for d10,d50,d90
- Automatically map from raw Mastersizer data to user-defined number of PSD bins

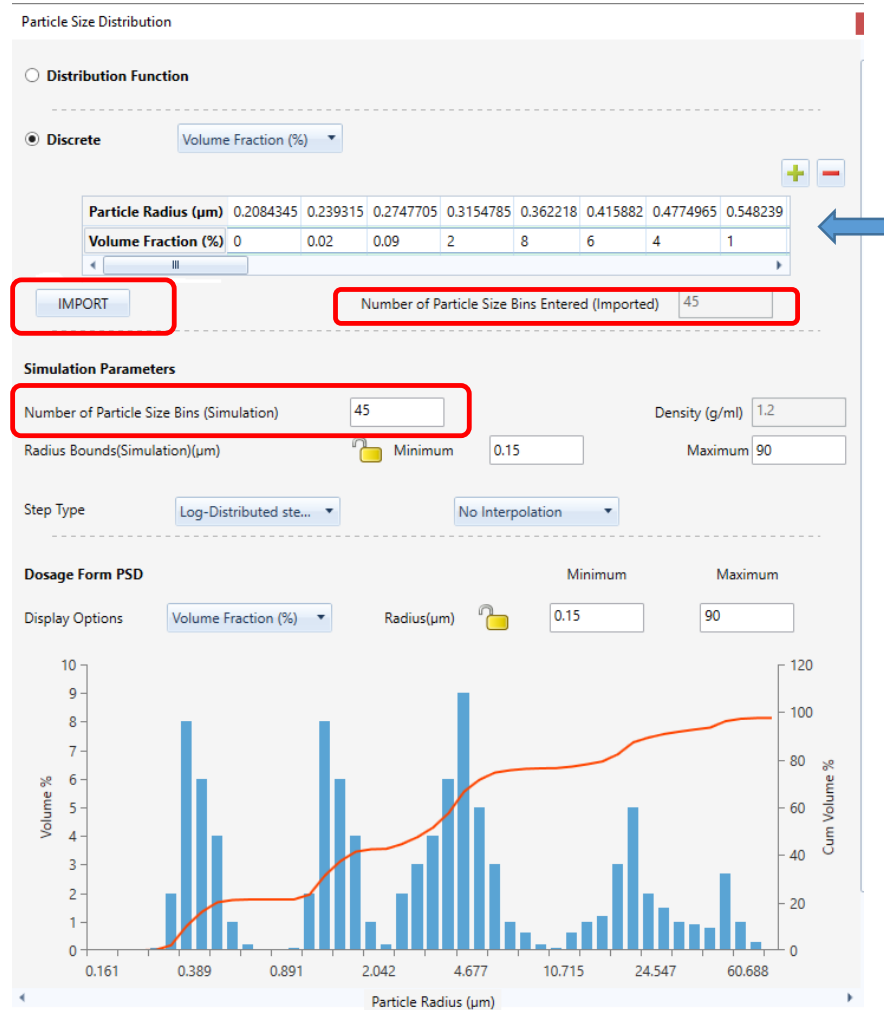


IMPORTED  
Raw Data

- Switch between %volume and %count
- Interpolate or without interpolation

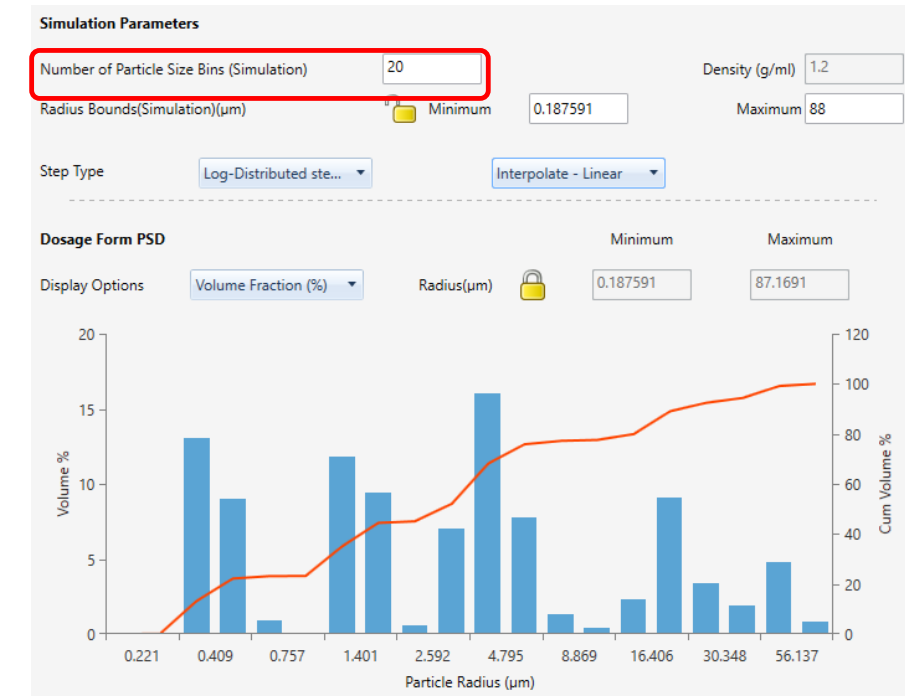
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IMPORTED  
Raw Data

- Switch between %volume and %count
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# PPB: Two Solid State Tools

Dissolution Rate

$$DR(t) = \sum_{SS2}^{SS1} \sum_{NBINs}^{i=1} -N_i S_{DR} \frac{D_{eff}(t)}{h_{eff,i}(t)} 4\pi a_i(t) (a_i(t) + h_{eff,i}(t)) (S_{surface}(t) - C_{bulk}(t))$$

Solid State 1 Solid State 2

**Particle Size Distribution**

Monodispersed Radius (µm)

Polydispersed

PSD

Solid State 1 Solid State 2

**Particle Size Distribution**

Monodispersed Radius (µm)

Polydispersed

Separate PSD specification for each solid state



# PPB: Two Solid State Tools

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Solid State 1 Solid State 2

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Monodispersed Radius (µm)

Polydispersed

PSD

Solid State 1 Solid State 2

**Particle Size Distribution**

Monodispersed Radius (µm)

Polydispersed

Separate PSD specification and dissolution (precipitation) modelling for each solid state

## Solubility

Model Two Solid States Fraction in Dose (%)

General Aqueous Phase Solubility Bile Micelle Mediated Solubility Supersaturation and Precipitation

Equation Solid State 1 Solid State 2

**Solid State 1**  
Solid State 1 is the Solid State of the Dosage Form unless a Dual Solid State Formulation is selected (Form

**Aqueous Phase Solubility (mg/mL)**

Intrinsic Solubility (S<sub>0</sub>)  User Input   Predicted

Solubility at pH  pH  Intrinsic \*

User Solubility-pH Profile

**Particle Surface Solubility**

## Precipitation

Model Two Solid States Fraction in Dose (%)

General Aqueous Phase Solubility Bile Micelle Mediated Solubility Supersaturation and Precipitation

Precipitation to Solid State 1  Precipitation to Solid State 2

Solid State 1 Solid State 2

**First Order Models**

# Tacrolimus ASD – Potential Impact of Crystallisation During Storage

## An Application of the PPB/Two Solid State Models

Tacrolimus an immunosuppressant was first approved in 1994  
– Innovator Product Prograf®

Tacrolimus is a poorly water-soluble, neutral (non-ionizing) BCS 2 compound

Commercially formulated as an Amorphous Solid Dispersion (ASD)

# Tacrolimus ASD – Potential Impact of Crystallisation During Storage

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Tacrolimus is a poorly water-soluble, neutral (non-ionizing) BCS 2 compound  
Commercially formulated as an Amorphous Solid Dispersion (ASD)

There are a number of generic formulations containing amorphous drug

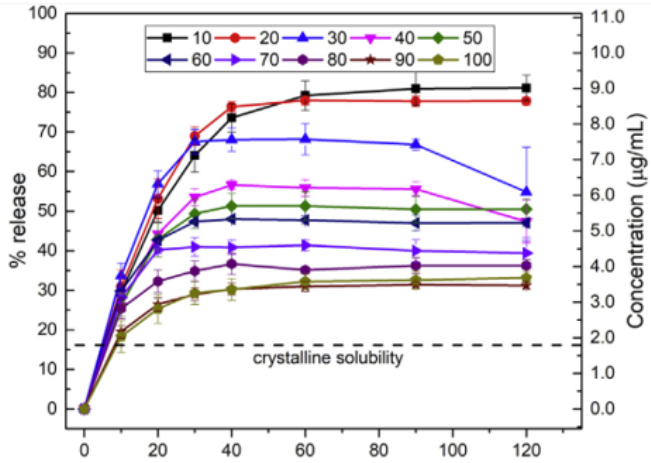
The Accord formulation is susceptible to crystallisation over time during storage under stress conditions.

**Q:** What degree of crystallinity renders the formulation bioinequivalent to the fully amorphous (intended) formulation?

# Is Precipitation Expected *In Vivo*?

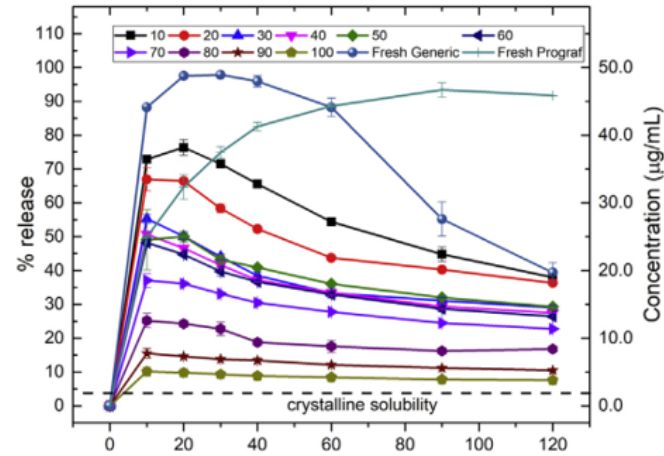
## Tacrolimus *In Vitro* Dissolution Data

V = 450 mL

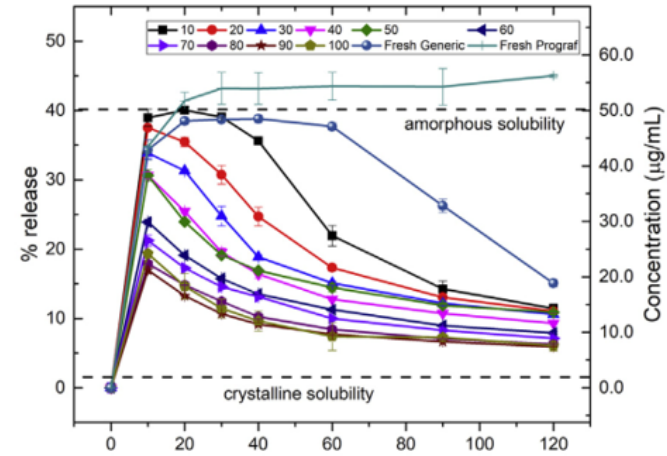


USP 1, Non-micellar buffer

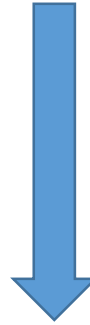
V = 100 mL



V = 40 mL



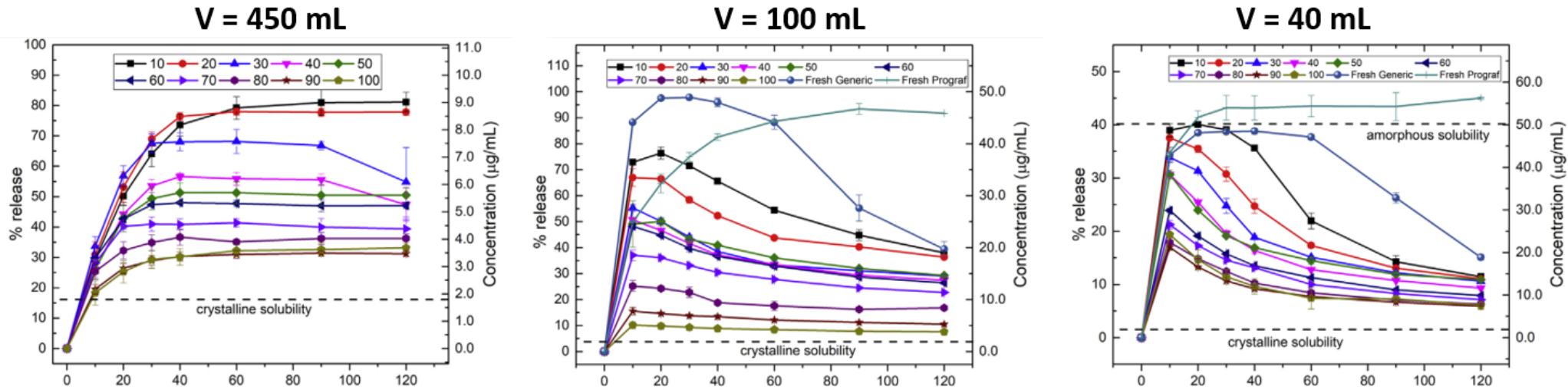
In Vitro data: Purohit et al, 2018



Increasing extent of crystallinity in formulation

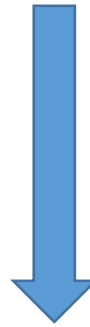
# Is Precipitation Expected *In Vivo*?

## Tacrolimus *In Vitro* Dissolution Data



USP 1, Non-micellar buffer

In Vitro data: Purohit et al, 2018



Increasing extent of crystallinity in formulation

Which *in vitro* experiment (condition) is relevant to *in vivo*?

Which *in vitro* dissolution profiles should be directly input to a PBPK model?

Is there an alternative approach?

# Tacrolimus ASD – Potential Impact of Crystallisation During Storage

Formulation Type Transit Times Diffusion Layer Model Luminal Degradation

Model Two Solid States
 Fraction in Dose (%)
 Solid State 1: 
 Solid State 2:

General Aqueous Phase Solubility Bile Micelle Mediated Solubility Supersaturation and Precipitation

Equation **Solid State 1** Solid State 2

**Solid State 1**

Solid State 1 is the Solid State of the Dosage Form unless a Dual Solid State Formulation is selected

---

**Aqueous Phase Solubility (mg/mL)**

Intrinsic Solubility ( $S_0$ )  User Input   Predicted

Salt Limited Solubility

Particle Surface Solubility

Intrinsic Solubility,  $S_0$  ( $\mu\text{g/mL}$ )

Amorphous form	50	Solid State 1
Crystalline (monohydrate)	1.8	Solid State 2

Formulated with 5.5 mg HPMC

General Aqueous Phase Solubility Bile Micelle Mediated Solubility Supersaturation and Precipitation

Equation Solid State 1 **Solid State 2**

**Solid State 2**

Solid State 2 can be used where a precipitate is a different solid state to the dosage form and/or where a

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Intrinsic Solubility, $S_0$ ( $\mu\text{g/mL}$ )		
Amorphous form	50	“Solid State 1”
Crystalline (monohydrate)	1.8	“Solid State 2”

Formulated with 5.5 mg HPMC

## Stepwise Building of PBPK Model

- IV data are available
  - Very high, conc-dependent red blood cell binding
- Oral solution clinical study available to verify models prior to application to ASD modelling
  - High first pass GUT metabolism,  $F_g \sim 0.4$
  - Mechanistic dissolution model (DLM) applied

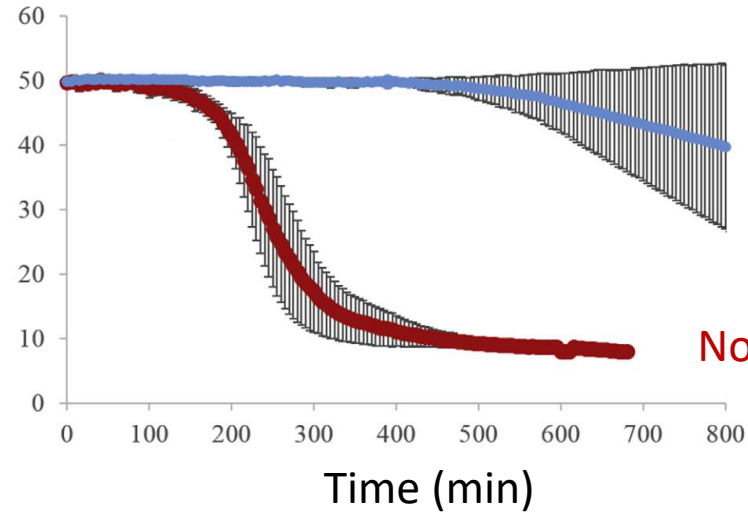
# HPMC Impact and Anticipated HPMC In Vivo Concentrations

## Induction Time for Tacrolimus Crystallisation

So,amorphous  
= 50  $\mu\text{g}/\text{mL}$



Conc.  
( $\mu\text{g}/\text{mL}$ )



No HPMC

With HPMC  
[HPMC] = 50  $\mu\text{g}/\text{mL}$

Trasi et al., 2017 *J Pharm Sci*



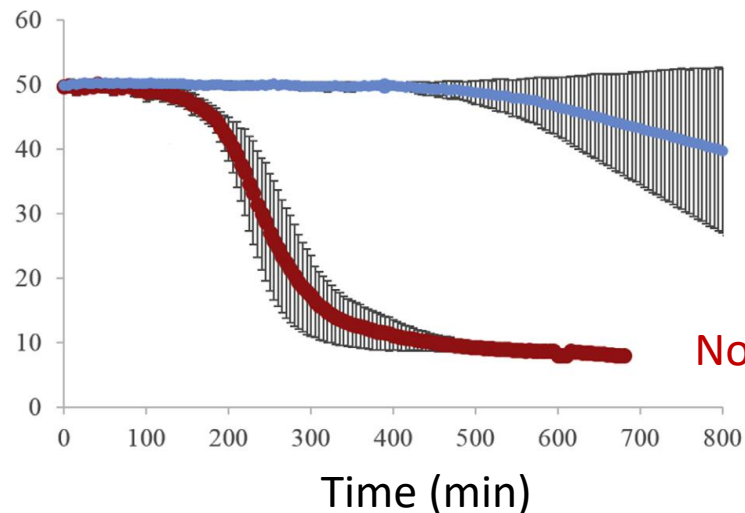
# HPMC Impact and Anticipated HPMC In Vivo Concentrations

## In Vitro Induction Time for Tacrolimus Crystallisation

So, amorphous  
= 50 µg/mL



Conc.  
(µg/mL)



With HPMC  
[HPMC] = 50 µg/mL

No HPMC

Trasi et al., 2017 *J Pharm Sci*

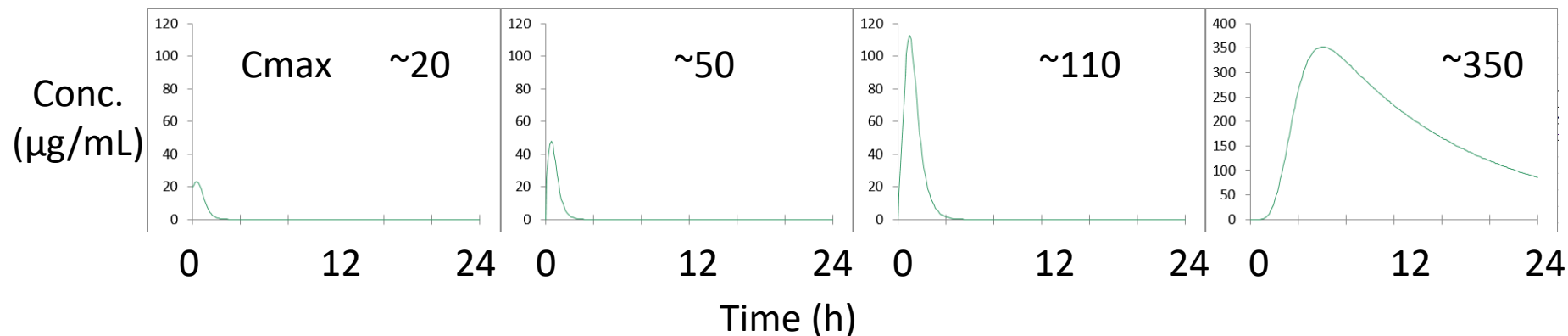
## PBPK Simulated In Vivo **HPMC** Concentrations – 5.5 mg HPMC, 240 mL drink

Stomach

Duodenum

Prox. Jejunum

Colon



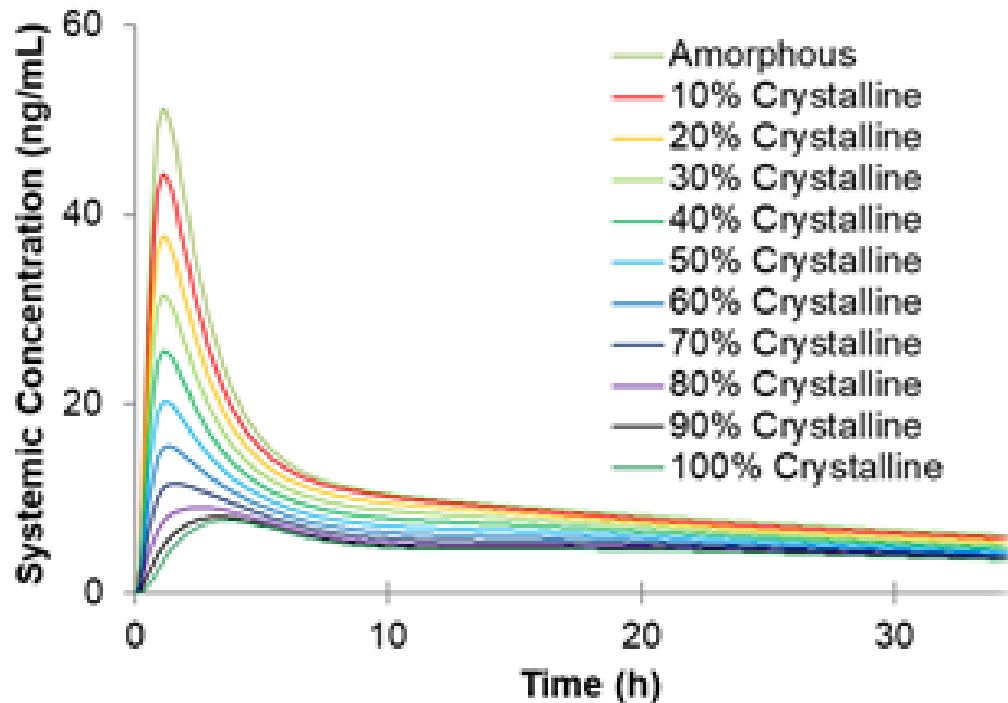
*In vivo*,  
precipitation is not  
expected

# Tacrolimus ASD – Potential Impact of Crystallisation During Storage

Mechanistic dissolution model with two solid states applied

## PBPK Simulation Results 50 subjects HVs, NEC Mean Profiles

(A) Mean Values of Systemic concentration in blood of RV-Tacrolimus over Time



Degree of crystallinity has significant impact on simulated PK

# Tacrolimus ASD – Potential Impact of Crystallisation During Storage

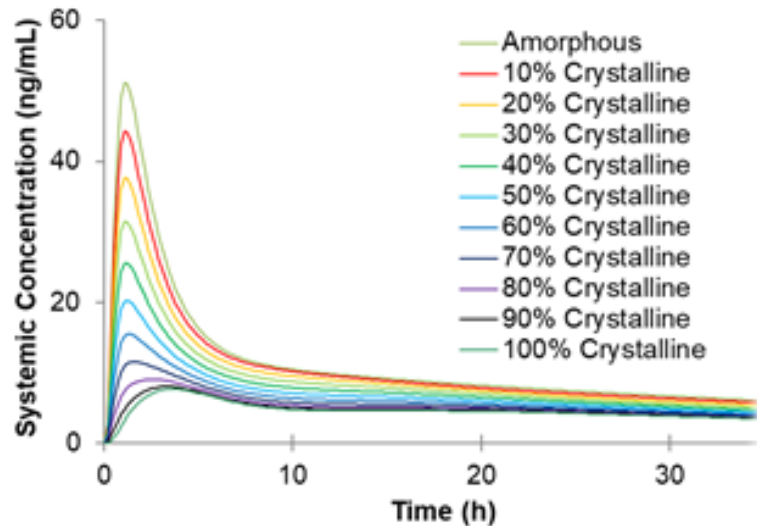
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Degree of crystallinity has significant impact on PK

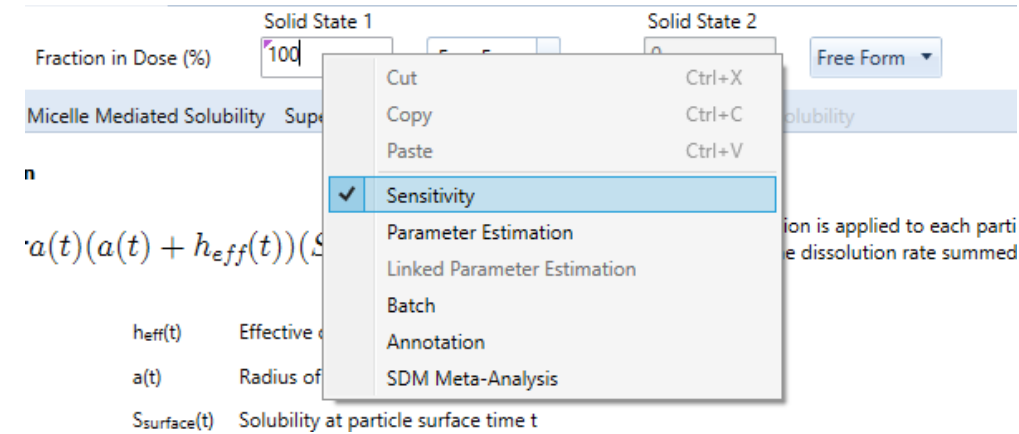
PBPK Simulation Results 50 subjects HVs, NEC

Mean Profiles

(A) Mean Values of Systemic concentration in blood of RV-Tacrolimus over Time



## Alternative Approach for an Average Subject: Sensitivity Analysis on “Fraction”



Rapid assessment of potential impact of increasing degree of crystallinity

# Tacrolimus VBE

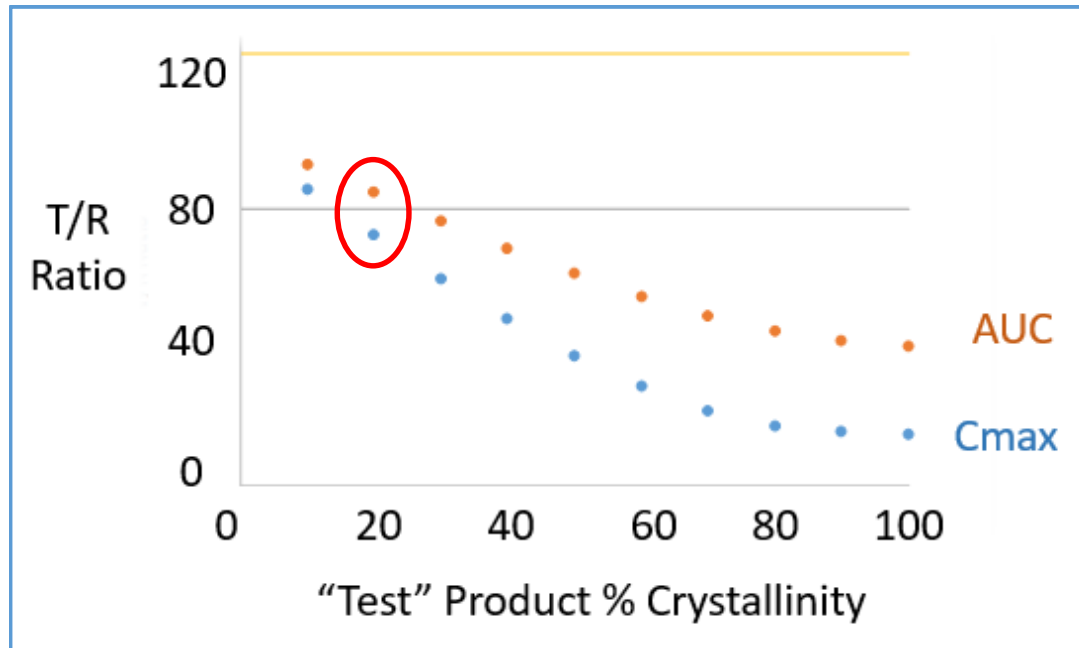
## 2-way Crossover VBE evaluating the PK metrics $C_{max}$ and $AUC_{0-t}$ of 50 Healthy Volunteers

Mechanistic  
Dissolution Model  
with two solid states

T/R Ratio

Ref - Fully amorphous form

Test – a partially crystallised form

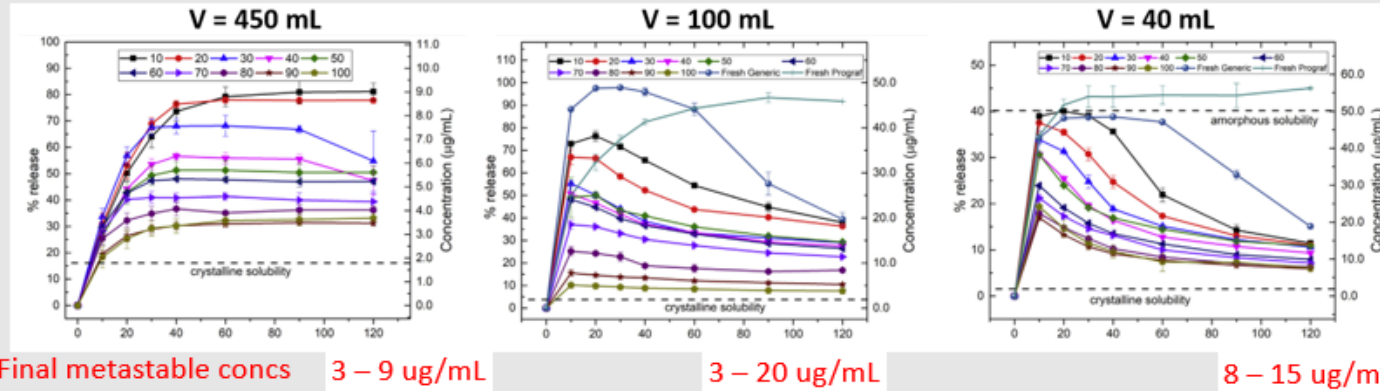


VBE performed in R  
in this example

Mechanistic modelling, in this case, removed the need for potentially complex *in vitro* dissolution experiments with an absorptive phase/component.

# In Vivo Relevance of In Vitro Conditions: Tacrolimus BCS 2

## Tacrolimus In Vitro Dissolution Data

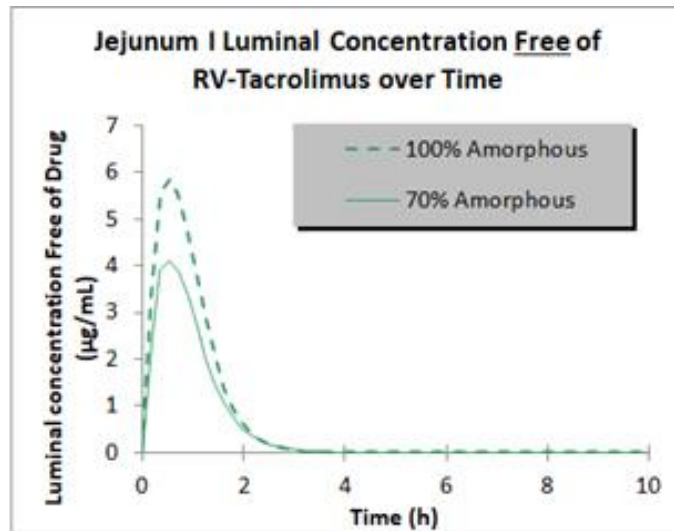


Final metastable concs 3 – 9 µg/mL

3 – 20 µg/mL

8 – 15 µg/mL

## Jejunum I is the Site with Maximum Simulated Luminal Fluid Concentration of Tacrolimus



Even with precipitation blocked, simulated *in vivo* luminal concentrations are very low compared to *in vitro* concentrations

High permeability drug ...

# Excipient Binding Case Study

Drug X – Simcyp Consortium Member (Pharma) Compound

BCS 2

Low intrinsic solubility (  $<1 \mu\text{g/mL}$ ), high  $P_{eff}$ ,  $\log P_{ow}$  3 - 4

Low basic pKa

Precipitation risk

# Cyclodextrin Binding Case Study

Drug X – Simcyp Consortium Member (Pharma) Compound

BCS 2

Low intrinsic solubility ( $<1 \mu\text{g/mL}$ ), high  $P_{eff}$ ,  $\log P_{ow}$  3 - 4

Low basic pKa

Precipitation risk

Drug X was formulated with 8 g Cyclodextrin with the aim to increase solubility, reduce precipitation risk

Clinical study: AUC,  $C_{max}$  reduced significantly,  
 $t_{max}$  increased significantly

Explanation? PBPK Modelling ...

# Drug X – Setting up the CD Binding Model

## Substrate – Drug X

## Inhibitor 1 – HP $\beta$ CD

**Dosing** sim#CYP

**Substrate**  Fasted  Fed  Food Staggering

Oral  Dose (mg) 100

Single Dose Start at 9:00 AM on day 1

Multiple Dose Number of Doses   $\tau$  (h)

Fluid intake with dose (mL)  CV (%)

**Inhibitor 1** Oral  Dose (mg) 8000  Excipient

Single Dose Start at 9:00 AM on day 1

Multiple Dose Number of Doses   $\tau$  (h)

Fluid intake with dose (mL)  CV (%)

Absorption Model: ADAM

Absorption Model: ADAM



# Drug X – Setting up the CD Binding Model

## Substrate – Drug X

## Inhibitor 1 – HPβCD

Dosing
simCYP

**Substrate**

Fasted  Fed  Food Staggering

Oral  Dose (mg) 100

Single Dose Start at 9:00 AM on day 1

Multiple Dose Number of Doses 1  $\tau$  (h) 24

Fluid intake with dose (mL) 250 CV (%) 0

**Inhibitor 1**

Oral  Dose (mg) 8000

Single Dose Start at 9:00 AM on day 1  Excipient

Multiple Dose Number of Doses 1  $\tau$  (h) 12

Fluid intake with dose (mL) 250 CV (%) 0

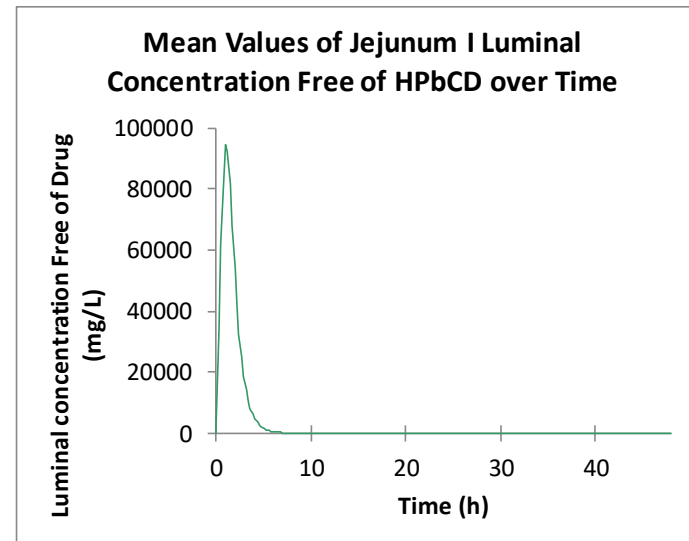
Absorption Model: ADAM

Absorption Model: ADAM

Decomposition of solubility to its contributory factors is essential

$$S_{Tot}(t) = S_0 \cdot S_{0\_scalar}(t) \cdot \left( 1 + \frac{[BS](t)}{C_{H_2O}} \cdot K_{m:w,unionised}(t) \right) + S_i(t) \cdot \left( 1 + \frac{[BS](t)}{C_{H_2O}} \cdot K_{m:w,ionised}(t) \right) + S_{bound,excip}(t)$$

Substrate Solubility at time t



# Drug X – Setting up the CD Binding Model

## Substrate (Drug X)

### Permeability Model: MechPeff

Permeability Formulation

$P_{eff,man}$  ( $10^{-4}$  cm/s)

User Input

Predicted

ADAM Model Regional Permeability ( $10^{-4}$  cm/s)

Region	Value
Duodenum	3.17
Jejunum I	8.61
Jejunum II	6.03
Ileum I	1.24
Ileum II	1.24
Ileum III	1.21
Ileum IV	1.17
Colon	0.63

MechPeff model: Mechanistic Passive Regional Permeability Predictor \*

$P_{trans,0}$  ( $10^{-6}$  cm/s)

Mechanistic Peff Model Options

Effective Concentration at Epithelial Surface

Total Concentration (Bound + Unbound)

Free aqueous concentration (Unbound Only)

Transcellular Permeability

Membrane Passive Ionised Species Transcellular Permeability

Include transcellular ion permeation

MechPeff with free conc. selected (default) required to capture free fraction effect on permeation rate

$$P_{eff} = \left( \left( (P_{Trans,0} \cdot f_{neutral,pH} + P_{para}) \cdot ACC \cdot MVE \cdot fu_{UBL} \right)^{-1} + (P_{UBL})^{-1} \right)^{-1} \cdot FE_p$$

UBL = unstirred boundary (mucus/water) layer, local pH buffered to narrow range

Pade *et al.*, 2018 BDD

# Drug X – Setting up the CD Binding Model

## Permeability Model: MechPeff

Permeability Formulation

$P_{eff,man}$  ( $10^{-4}$  cm/s)

User Input 1

Predicted 8.61

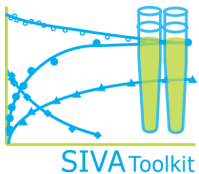
ADAM Model Regional Permeability ( $10^{-4}$  cm/s)

Duodenum	Jejunum I	Jejunum II	Ileum I	Ileum II	Ileum III	Ileum IV	Colon
3.17	8.61	6.03	1.24	1.24	1.21	1.17	0.63

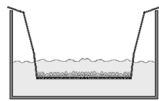
MechPeff model: Mechanistic Passive Regional Permeability Predictor \*

$P_{trans,0}$  ( $10^{-6}$  cm/s)  18000

MechPeff  $P_{trans,0}$  is **best obtained** via modelling of *in vitro* cell line experiments

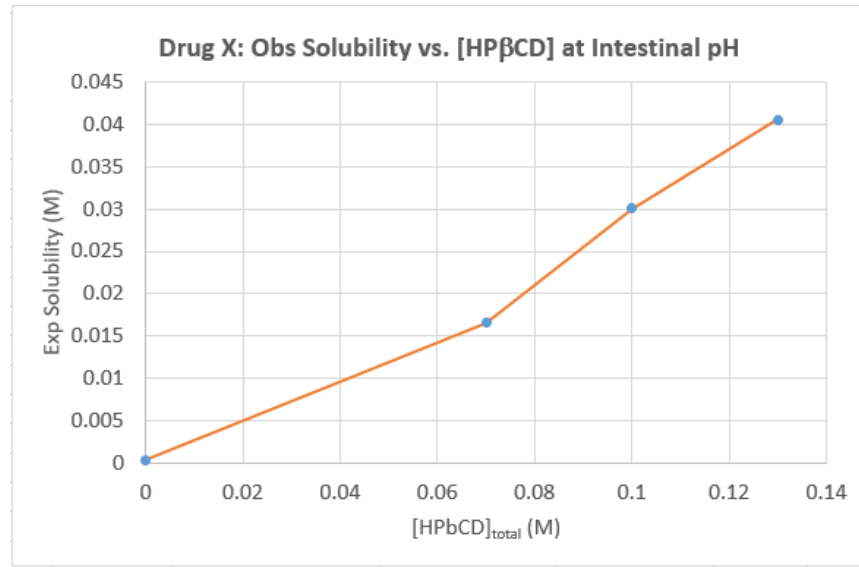


SIVA 4



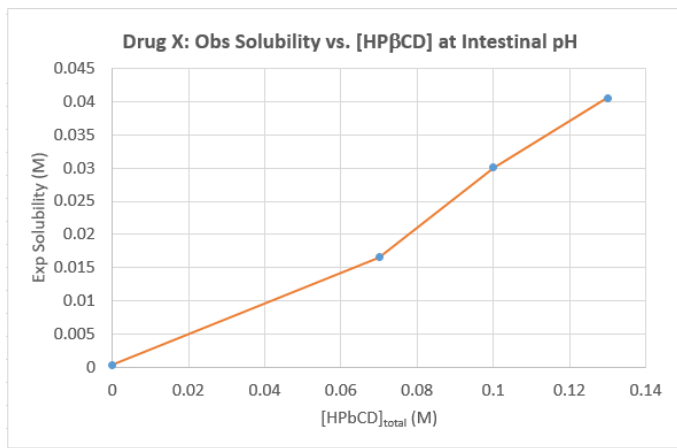
$$P_{eff} = \left( \left( P_{Trans,0} \cdot f_{neutral,pH} + P_{para} \right) \cdot ACC \cdot MVE \cdot fu_{UBL} \right)^{-1} + (P_{UBL})^{-1} \right)^{-1} \cdot FE_p$$

# Cyclodextrin Binding Constants

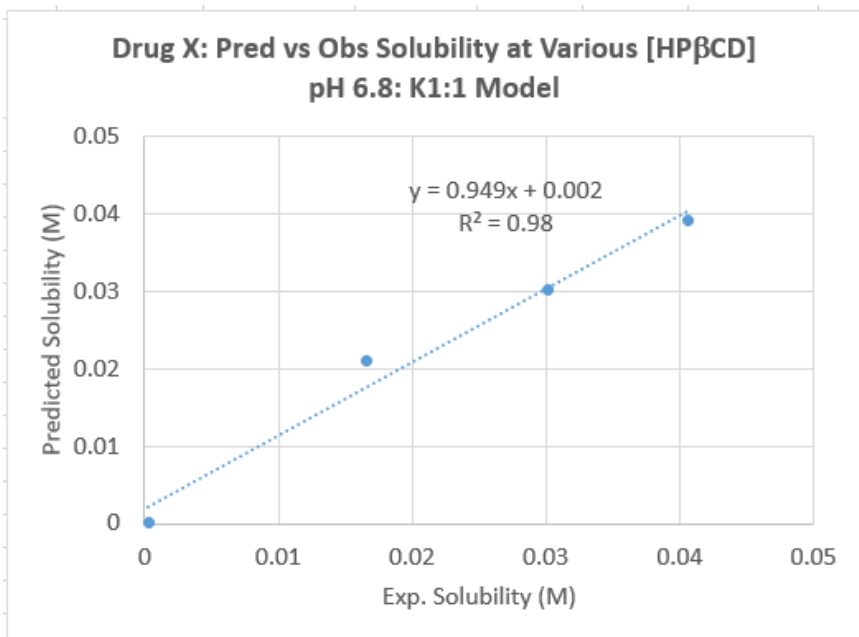


*In vitro* solubility available (in house) over a range of HP $\beta$ CD concentrations

# Cyclodextrin Binding Constants



*In vitro* solubility available (in house) at a range of HPβCD concentrations



1:1 binding constant model fitted the data well

Permeability Formulation

Formulation Type Transit Times Diffusion Layer Model Luminal Degradation

Model Two Solid States Fraction in Dose (%) Solid State 1 Solid State 2

0 100 Free Form 0 Free Form

General Aqueous Phase Solubility Bile Micelle Mediated Solubility Supersaturation and Precipitation Excipient-Mediated Solubility

✓ Reversible Excipient Binding

Binding Constant Model

Binding of Dissolved Drug to Dissolved Excipient in the Luminal Fluids<sup>1</sup>

$S_{bound,excip} = S_o \cdot S_{osolubil} \cdot K_{1:1}[CD]_{free}$

$S_{bound,excip} = S_o \cdot S_{osolubil} \cdot (K_{1:1}[CD]_{free} + K_{1:1}K_{1:2}[CD]_{free}^2)$

View overall solubility equation

Binding constant (M<sup>-1</sup>)

Stoichiometry (API:Excipient)

K1:1 K1:2

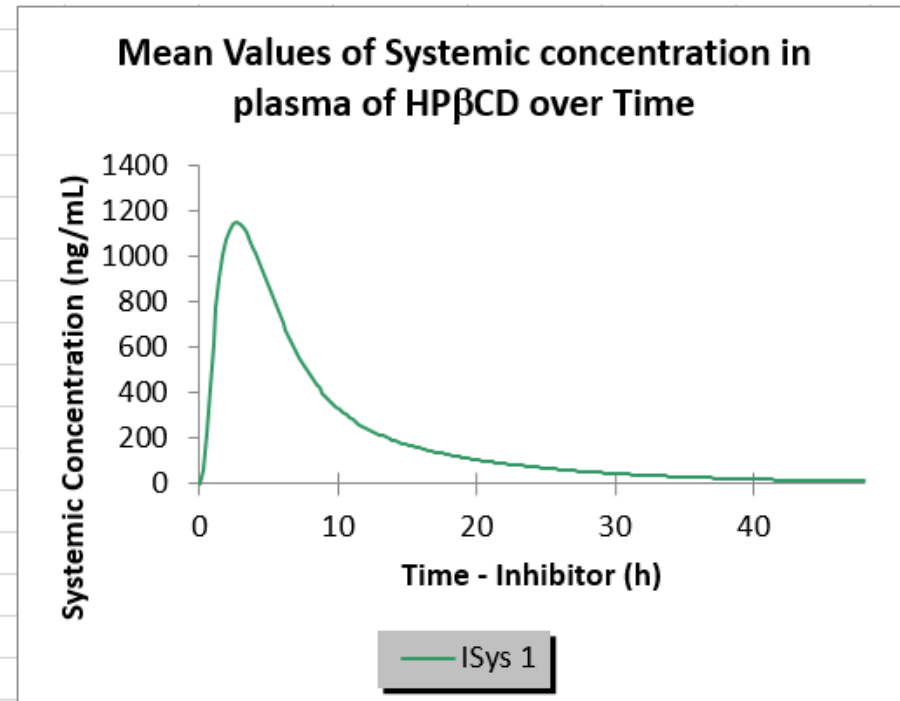
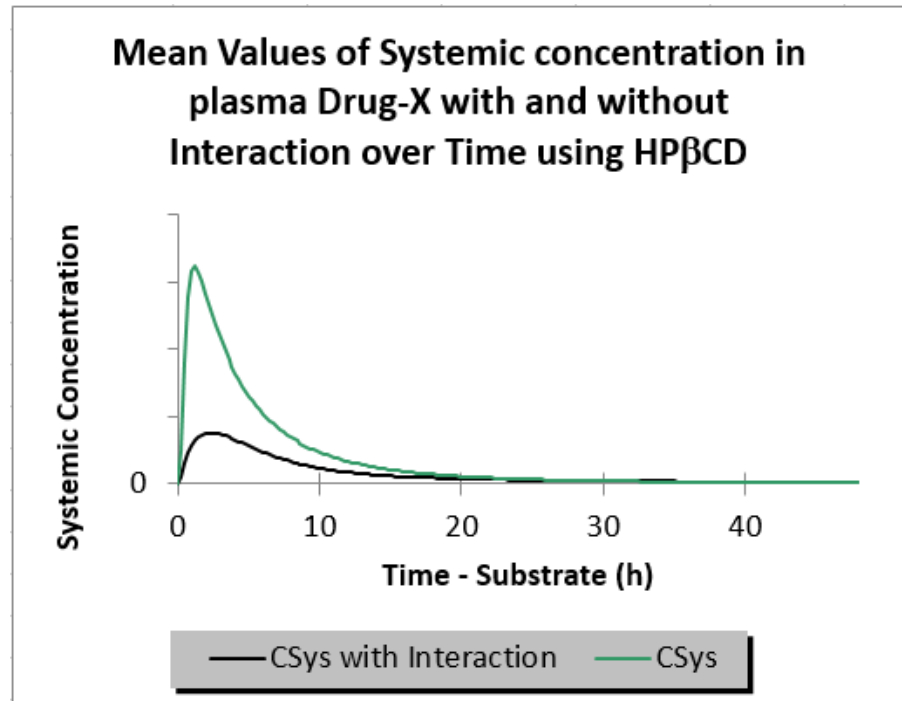
268450 1000

K1:1 K1:2

Stomach<sup>2</sup> 1000 1000

# Simulation Results

Simulations Predict that Binding to HP $\beta$ CD significantly reduces C<sub>max</sub> and AUC  
This could have been anticipated prior to the clinical study

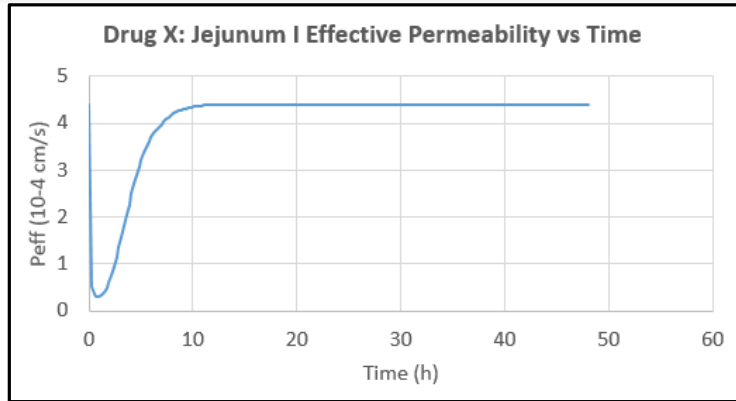


8 g HP $\beta$ CD

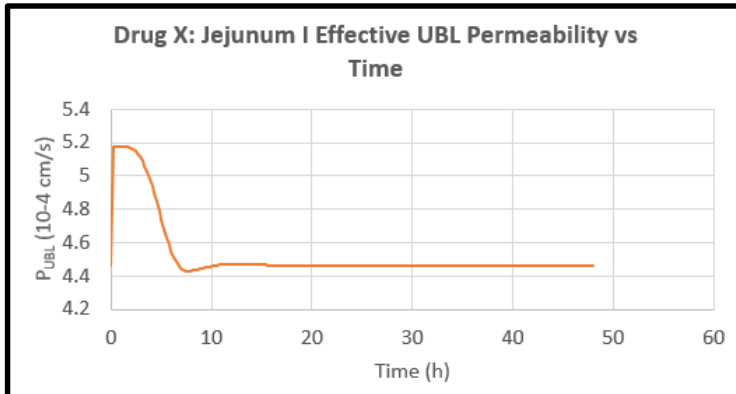
Mean Profiles (100 simulated HVs)

ms. to be submitted by Simcyp Industrial Consortium Member

# Time-Variant Effective Gut Wall Permeability



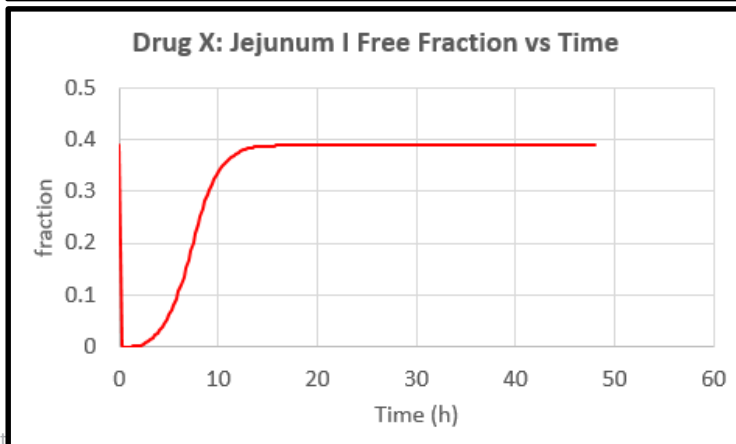
$P_{eff}$  is dramatically decreased at peak HP $\beta$ CD concentration



Flux across the UBL (mucus/water layer) is increased

$$P_{UBL}(t) = D_{eff,UBL}(t) / UBL \text{ thickness}$$

$$\begin{aligned} D_{eff,UBL}(t) &= f_{ionised,UBL}(t) \cdot D_{ionised} \\ &+ f_{neutral,UBL}(t) \cdot D_{neutral} \\ &+ f_{micelle,UBL}(t) \cdot D_{micelle} \\ &+ f_{excip,UBL}(t) \cdot D_{excip\_eff} \end{aligned}$$



Free fraction decreases significantly

- this is the dominant effect of CD binding in this example ...
- model could be applied to other excipients

# Evidence for Cyclodextrin Binding Impact Upon Peff

molecular  
pharmaceutics

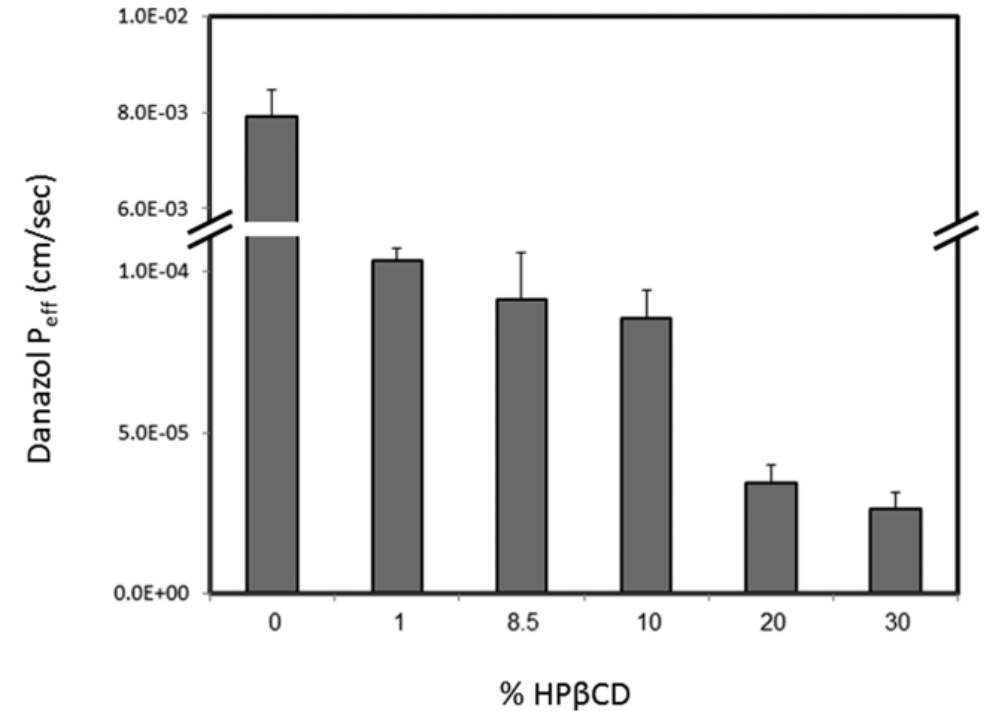
Article

[pubs.acs.org/molecularpharmaceutics](https://pubs.acs.org/molecularpharmaceutics)

**Toward Successful Cyclodextrin Based Solubility-Enabling Formulations for Oral Delivery of Lipophilic Drugs: Solubility–Permeability Trade-Off, Biorelevant Dissolution, and the Unstirred Water Layer**

Noa Fine-Shamir,<sup>‡</sup> Avital Beig,<sup>‡</sup> Moran Zur,<sup>‡</sup> David Lindley,<sup>†</sup> Jonathan M. Miller,<sup>†,§</sup> and Arik Dahan<sup>\*,‡,§</sup>

## In Vivo Rat Perfusion Studies: Danazol Peff vs HPβCD Concentration



Fine-Shamir et al 2017 *Mol Pharm* 14:2138



# Automated Sensitivity Analysis on CD Dose

Substrate – Drug X

Inhibitor 1 – HP $\beta$ CD

**Dosing** simCYP

**Substrate**  Fasted  Fed  Food Staggering

Oral  Dose (mg) 100

Single Dose Start at 9:00 AM on day 1

Multiple Dose Number of Doses 1  $\tau$  (h) 24

Fluid intake with dose (mL) 250 CV (%) 30

**Inhibitor 1**

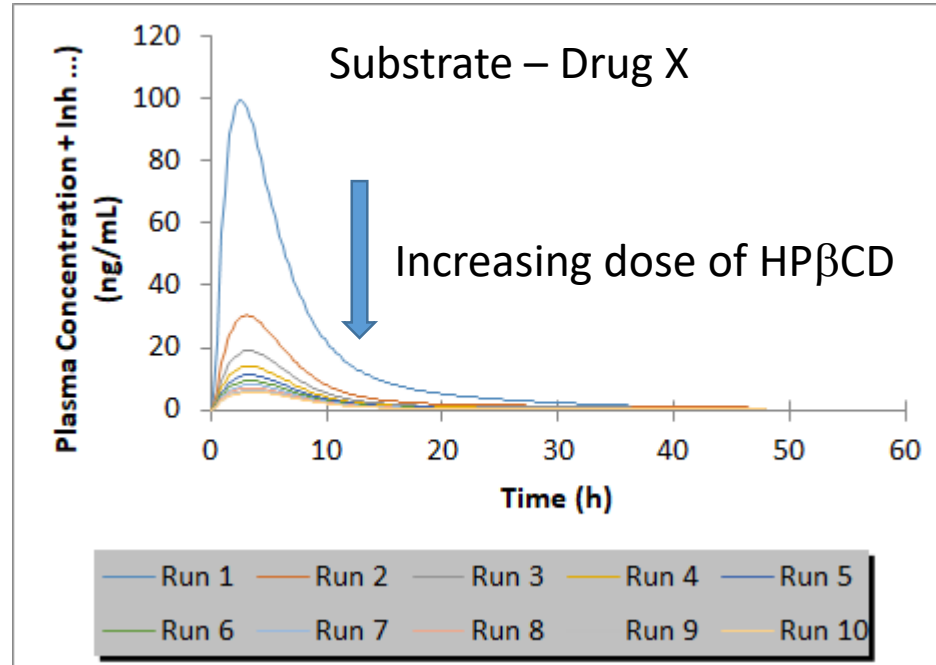
Oral  Dose (mg) 8000  Excipient

Single Dose Start at 9:00 AM on day 1

Multiple Dose Number of Doses 1  $\tau$  (h) 12

Fluid intake with dose (mL) 250 CV (%) 30

- Cut Ctrl+X
- Copy Ctrl+C
- Paste Ctrl+V
- Sensitivity
- Parameter Estimation
- Batch
- Annotation



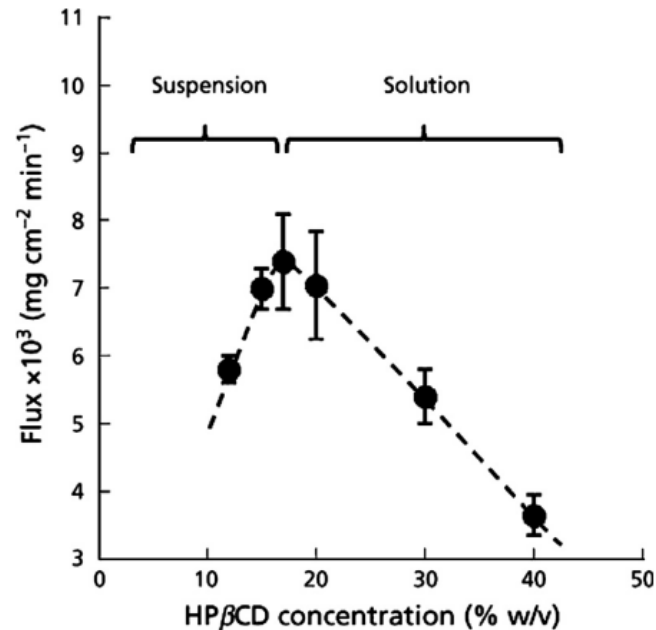
# Estimation of Optimal Excipient Amount in a Formulation

## Estimation of Optimal Excipient “Dose”

Too much CD can inhibit absorption, very low free fraction

Too little CD, insufficient solubilisation

### In Vitro: Acetazolamide Flux vs HP $\beta$ CD Concentration



Loftsson et al 2011 *J Pharm Pharmacol* 63:1119

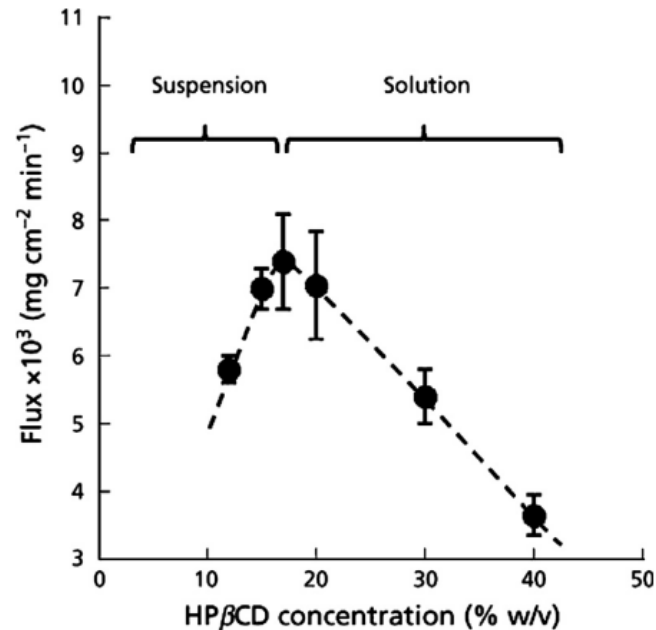
# Estimation of Optimal Excipient Amount in a Formulation

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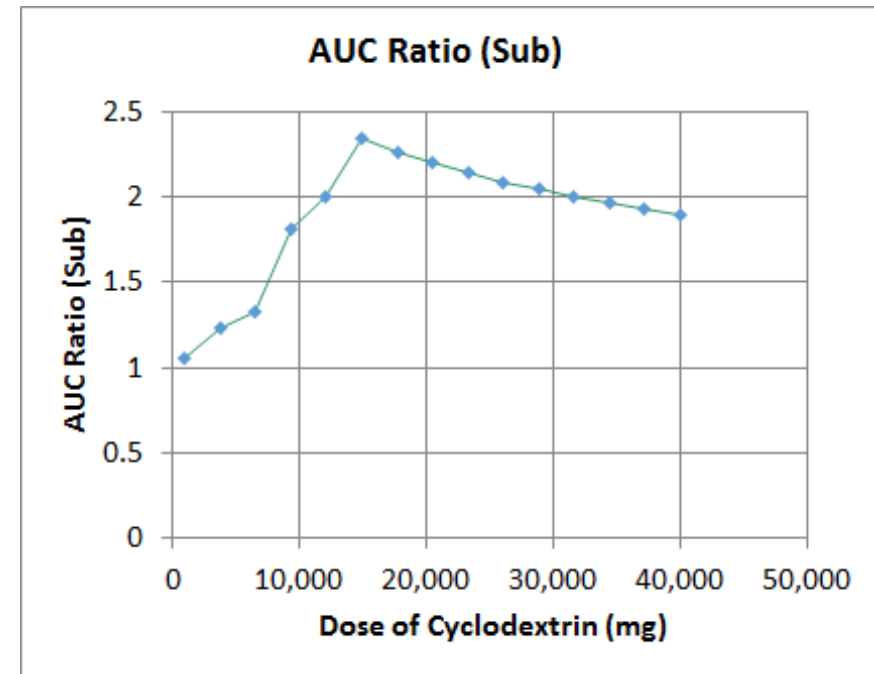
Too little CD, insufficient solubilisation

### In Vitro: Acetazolamide Flux vs HP $\beta$ CD Concentration



Loftsson et al 2011 *J Pharm Pharmacol* 63:1119

### Sensitivity Analysis on CD Dose: Hypothetical Drug



# V19 Additions: Salt Model and Surface Solubility

1. Tools for Handling Salts of API and Salt limited Solubility (Ksp Model)

2. Surface Solubility Models for acids, bases, ampholytes including Salts

Particle (surface) microenvironment pH and solubility

# V19 Additions: Salt Model

## 1. Tools for Handling Salts of API and Salt limited Solubility (Ksp Model)

- Drug product
  - Formulated as a salt (~50% of top 200 US prescription drugs Prohotsky 2012)
  - Formulated as free acid/base/ampholyte with solubility limited by endogenous ions
- Common ion effect (e.g., HCl salt drug product + endogenous chloride ion)



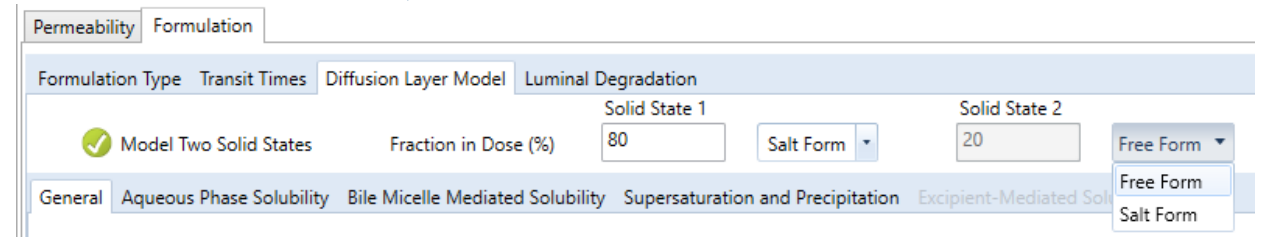
- Precipitation to salt or free acid/base

# V19 Additions: Salt Model

## 1. Tools for Handling Salts of API and Salt limited Solubility (Ksp Model)

- Drug product formulated as a salt (~50% of top 200 US prescription drugs Prohotsky 2012)
- Free acid/base/ampholyte API with solubility limited by endogenous ions
- Common ion effect (e.g., HCl salt drug product + endogenous chloride ion)
- Precipitation to salt or free acid/base
- **Disproportionation during storage (e.g., 80% salt, 20% free form)**

Sensitivity analysis can be performed on fraction disproportionated



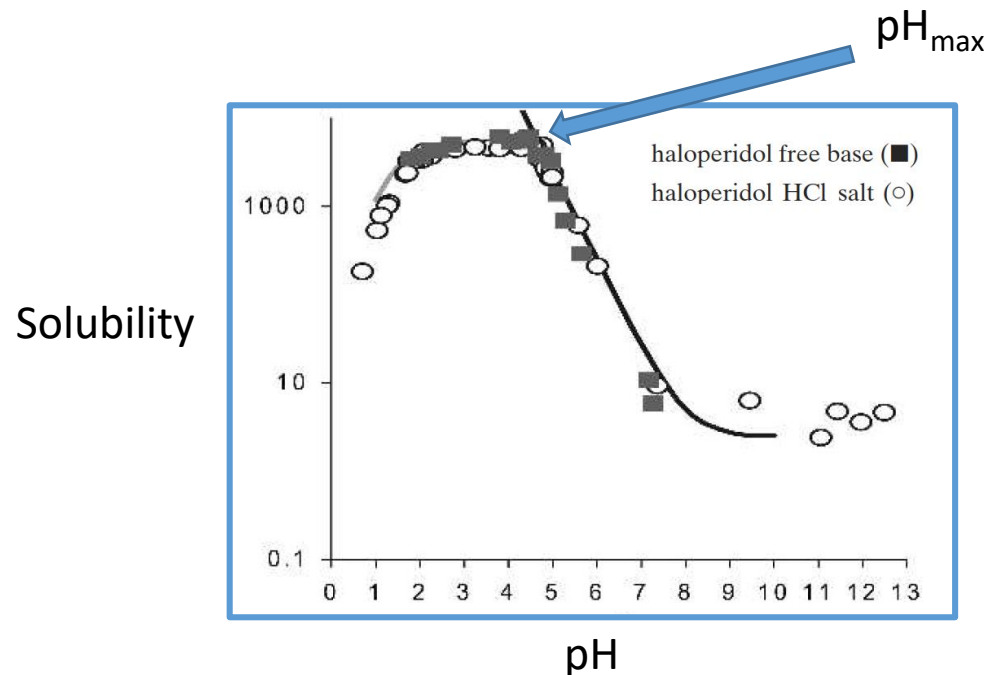
The screenshot shows a software interface with the following elements:

- Permeability** and **Formulation** tabs at the top.
- Formulation Type** sub-tab selected, showing a green checkmark and the text "Model Two Solid States".
- Diffusion Layer Model** and **Luminal Degradation** sub-tabs are also visible.
- Fraction in Dose (%)** section with two input fields: "Solid State 1" (value: 80) and "Solid State 2" (value: 20).
- A **Salt Form** dropdown menu is open, showing "Free Form" and "Salt Form" options.
- Bottom navigation tabs: **General**, **Aqueous Phase Solubility**, **Bile Micelle Mediated Solubility**, **Supersaturation and Precipitation**, and **Excipient-Mediated Solubility**.

# V19 Additions: Salt Model

## 1. Tools for Handling Salts of API and Salt limited Solubility (Ksp Model)

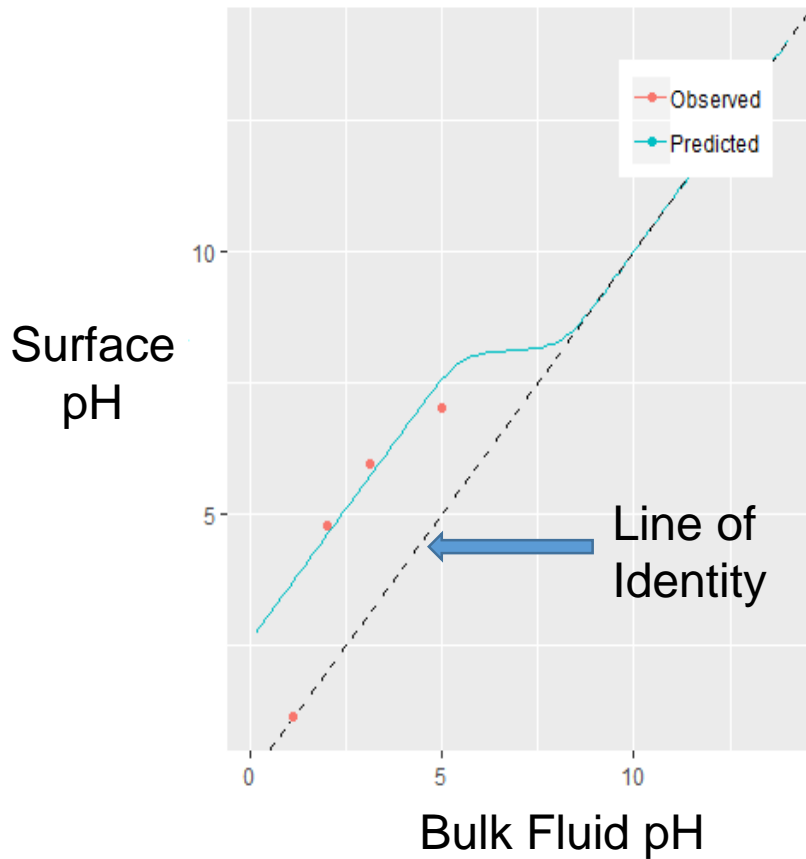
- Drug product formulated as a salt (~50% of top 200 US prescription drugs Prohotsky 2012)
- Free acid/base/ampholyte API with solubility limited by endogenous ions
- Common ion effect (e.g., HCl salt drug product + endogenous chloride ion)
- Precipitation to salt or free acid/base
- Disproportionation during storage (e.g., 80% salt, 20% free form)
- Ksp limited solubility



Haloperidol Experimental  
Solubility-pH Profile  
(basic pKa ~8.5)

# Verification of Models through Modelling of In Vitro Experiments

## 1. Advantages of Surface pH Model: Haloperidol Free Base (Non-Salt)

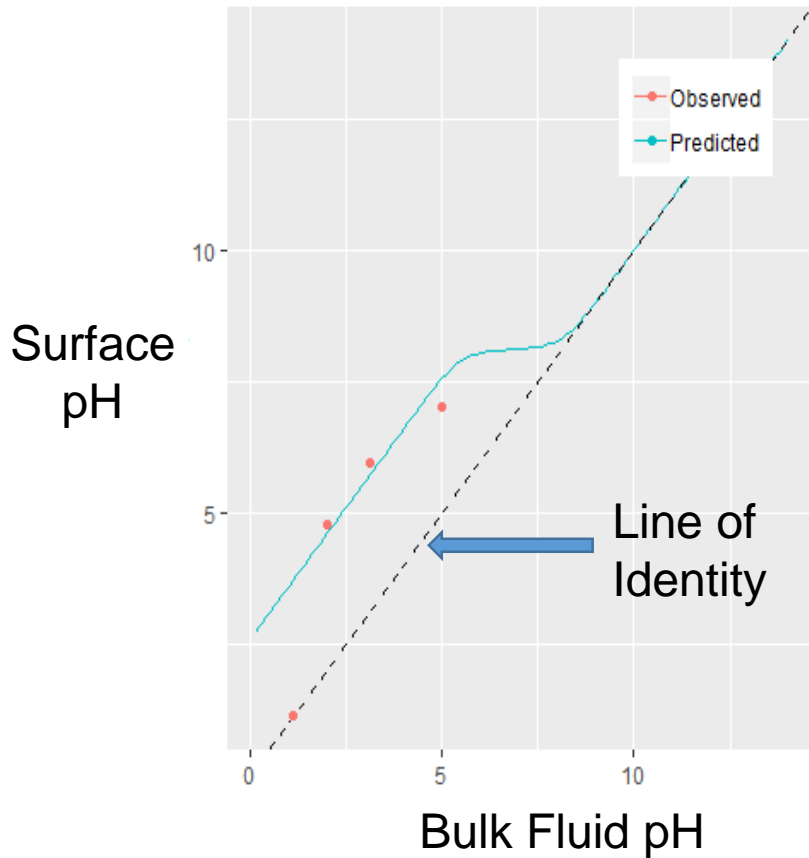


*In vitro* data: Li et al., 2005 *Pharm Res*

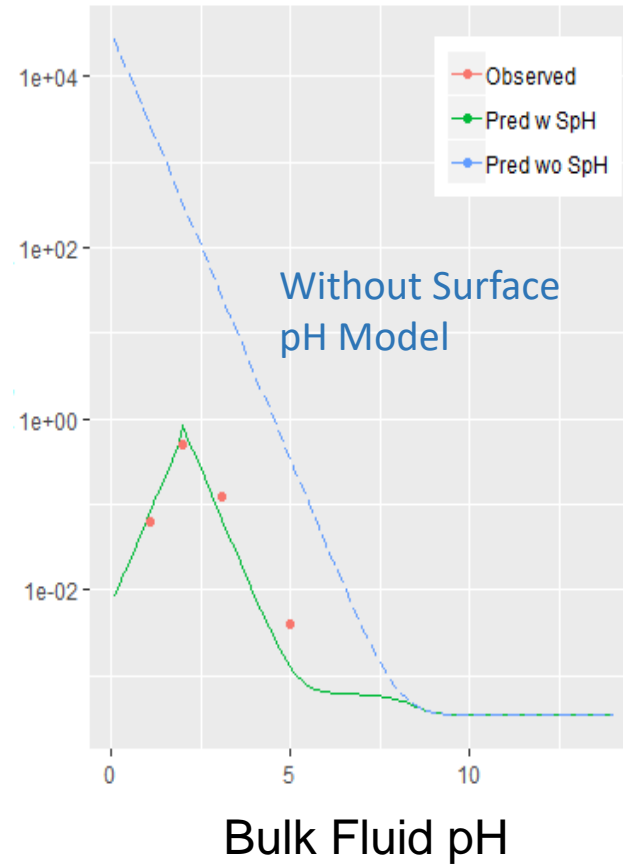


# Verification of Models through Modelling of In Vitro Experiments

## 1. Advantages of Surface pH Model: Haloperidol Free Base (Non-Salt)



Dissolution Rate  
(mg/cm<sup>2</sup>/min)

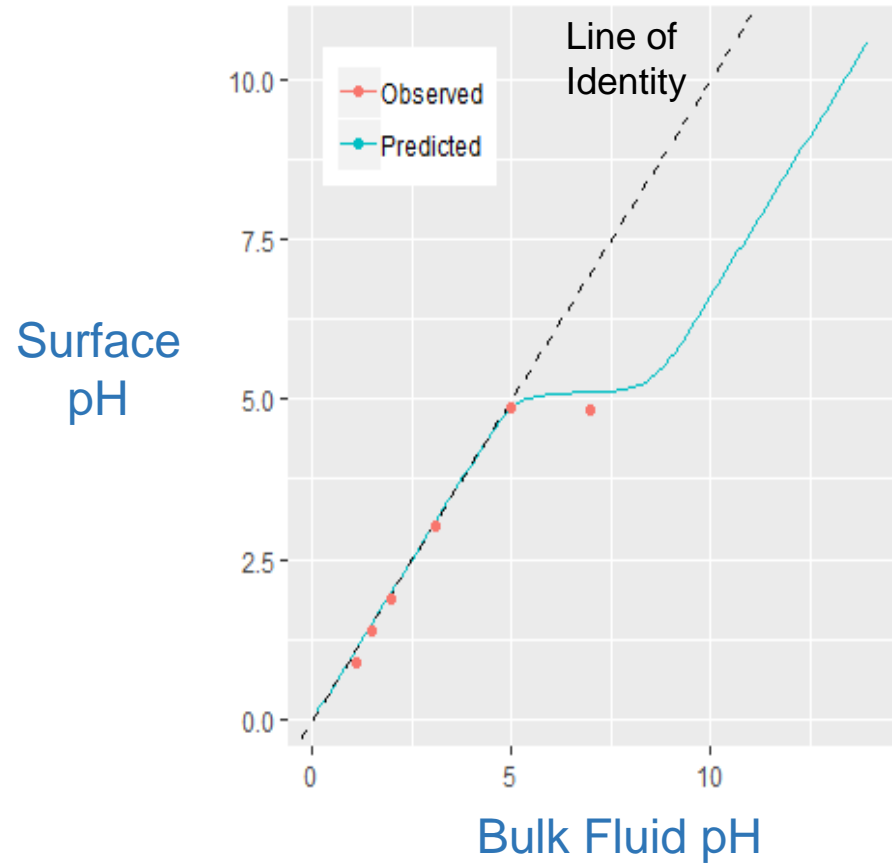


*In vitro* data: Li et al., 2005 *Pharm Res*

Rotating Disk Dissolution

# Verification of Models through Modelling of In Vitro Experiments

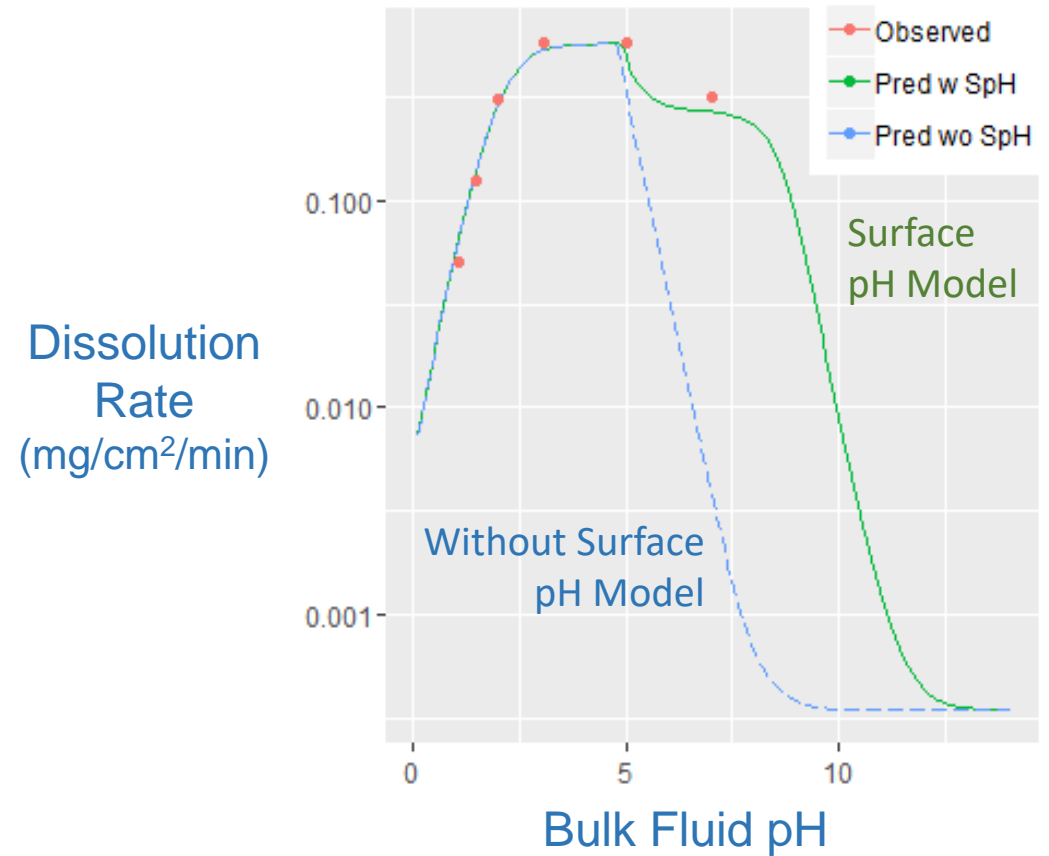
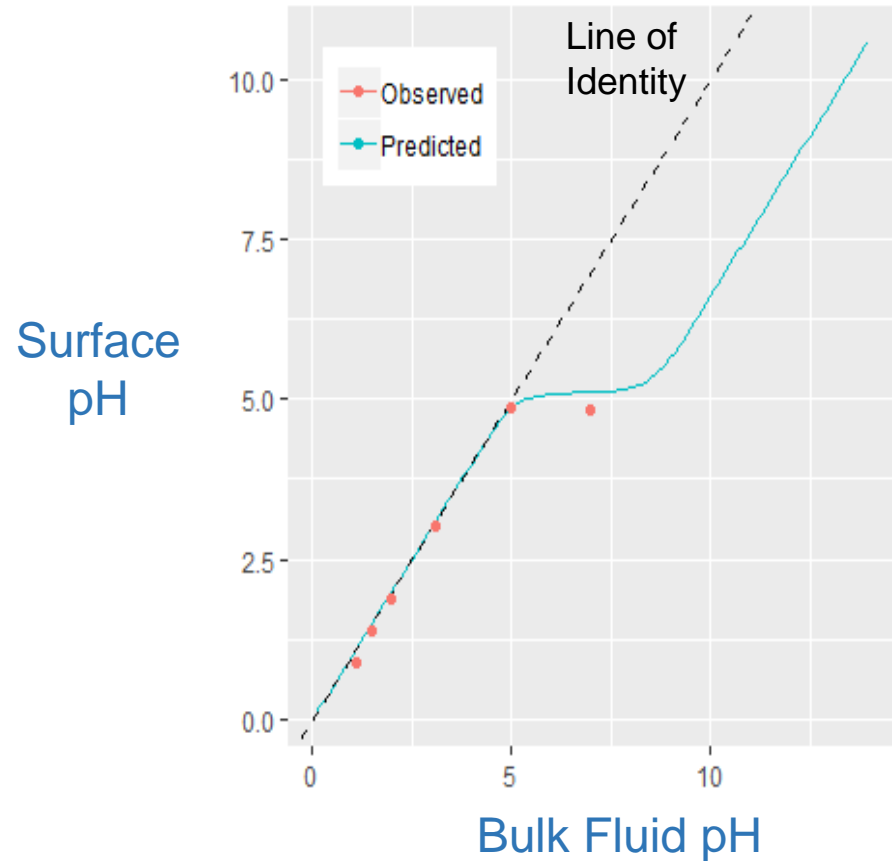
## 2. Advantages of Salt + Salt Surface pH Model: Haloperidol Salt



*In vitro* data: Li et al., 2005 *Pharm Res*

# Verification of Models through Modelling of In Vitro Experiments

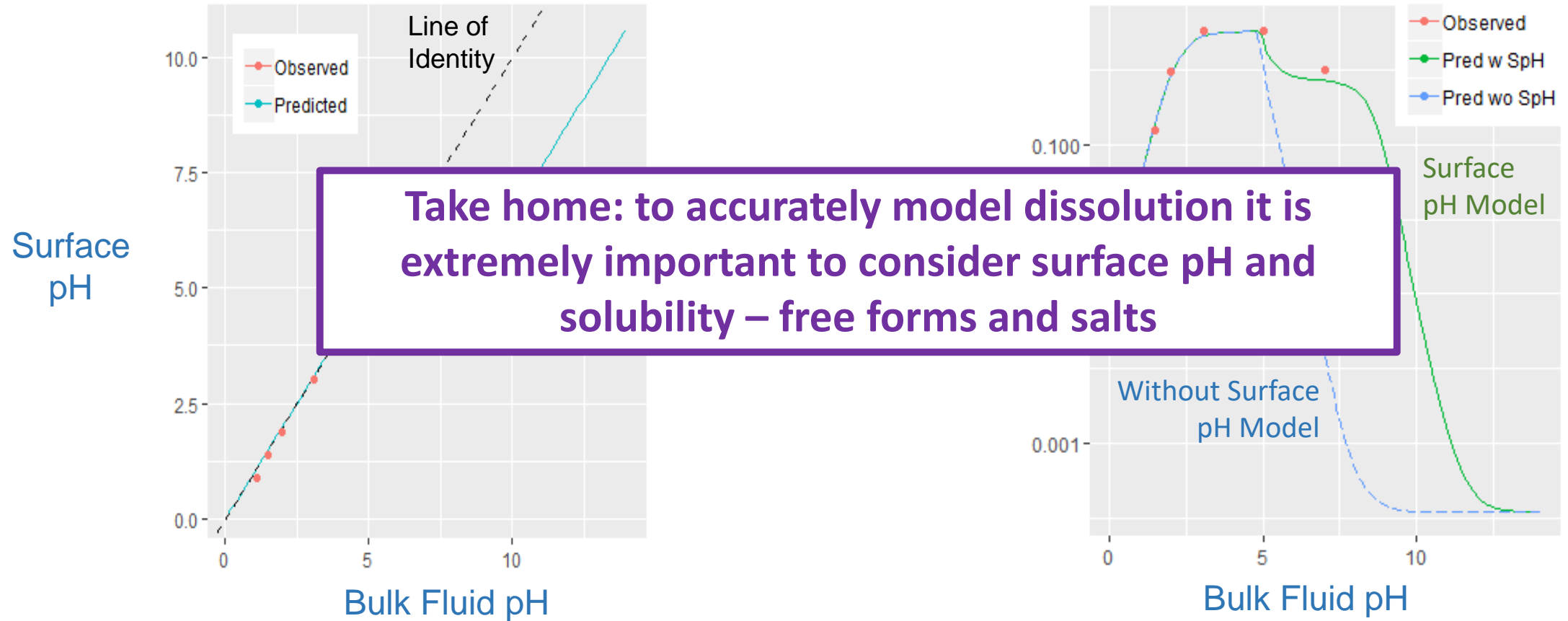
## 2. Salt + Salt Surface pH Model: Haloperidol Salt



*In vitro* data: Li et al., 2005 *Pharm Res*

# Verification of Models through Modelling of In Vitro Experiments

## 2. Salt + Salt Surface pH Model: Haloperidol Salt



*In vitro* data: Li et al., 2005 *Pharm Res*

# Summary

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## Recent Additions

New Models

Tools – “Wrappers” – IVIVC, VBE

GSA - Global Sensitivity Analysis

Coupling in vitro experiments with PBPK Modelling

## Case Studies / Examples

Cyclodextrin (Excipient Binding/Solubilisation/Permeability interplay)

Tacrolimus (VBE, formulation BE)

Salt and Surface pH Models





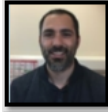



# Acknowledgments

Funding Simcyp Consortium



FDA Grant 1U01FD005865

## Team

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 <p><b>Venkatesh Teja Banala</b> <a href="mailto:VenkateshTeja.Banala@certara.com">VenkateshTeja.Banala@certara.com</a></p>	 <p><b>Sumit Arora</b> <a href="mailto:Sumit.Arora@certara.com">Sumit.Arora@certara.com</a></p>
 <p><b>Konstantinos Stamatopoulos</b> <a href="mailto:Konstantinos.Stamatopoulos@certara.com">Konstantinos.Stamatopoulos@certara.com</a></p>	 <p><b>Ali Nimavardi</b> <a href="mailto:Ali.Nimavardi@Certara.com">Ali.Nimavardi@Certara.com</a></p>
 <p><b>David Turner</b> <a href="mailto:David.Turner@certara.com">David.Turner@certara.com</a></p>	 <p><b>Masoud Jamei</b> <a href="mailto:Masoud.Jamei@certara.com">Masoud.Jamei@certara.com</a></p>

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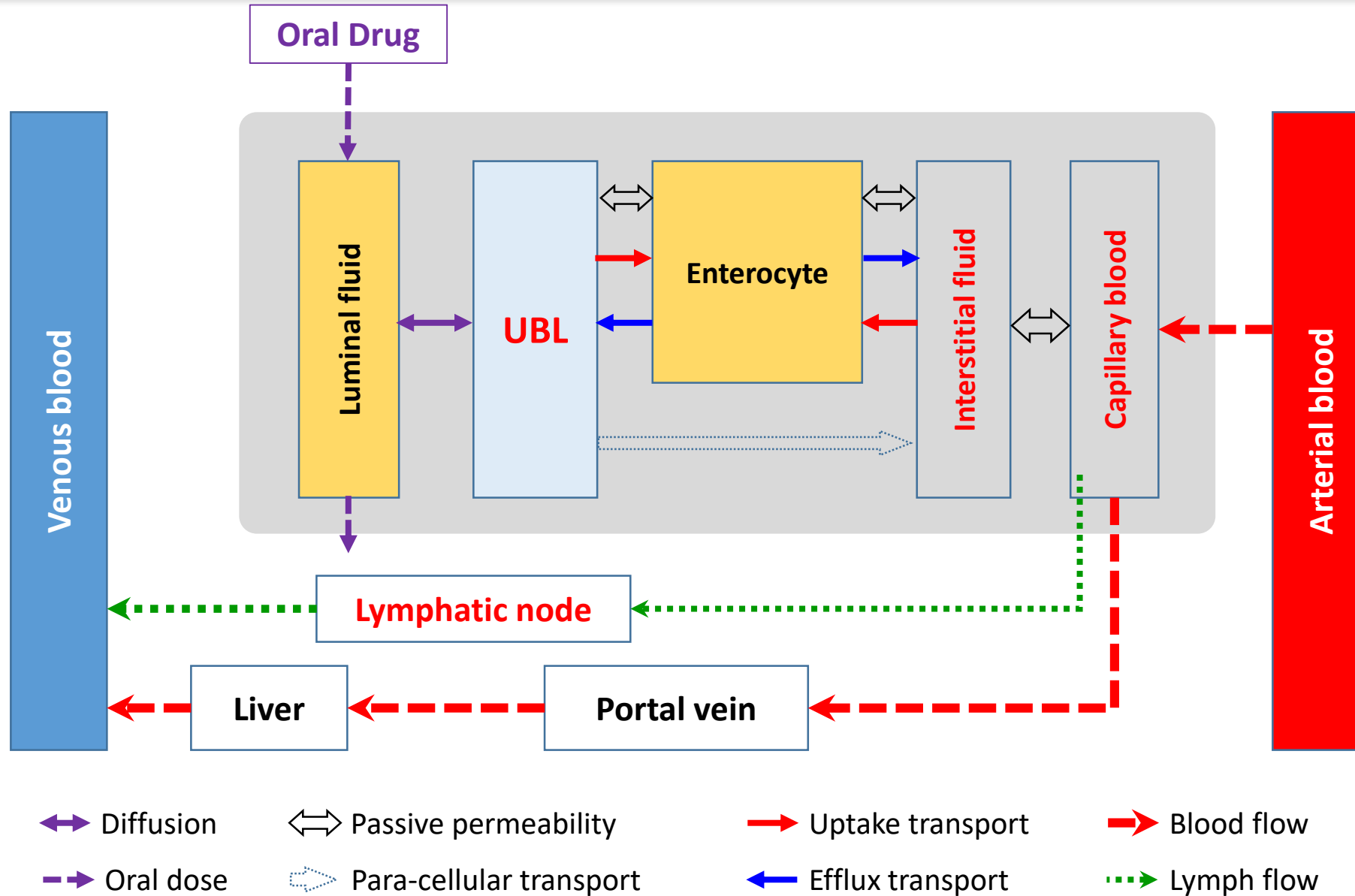
Questions?



# Extra Slides



# The Multi-compartment Gut Wall ADAM (M-ADAM) Model



# Applying Knowledge Gained from In Vitro Experiments

Obtain Model settings for PBPK simulations?

Do we need to model precipitation?

15% drug load

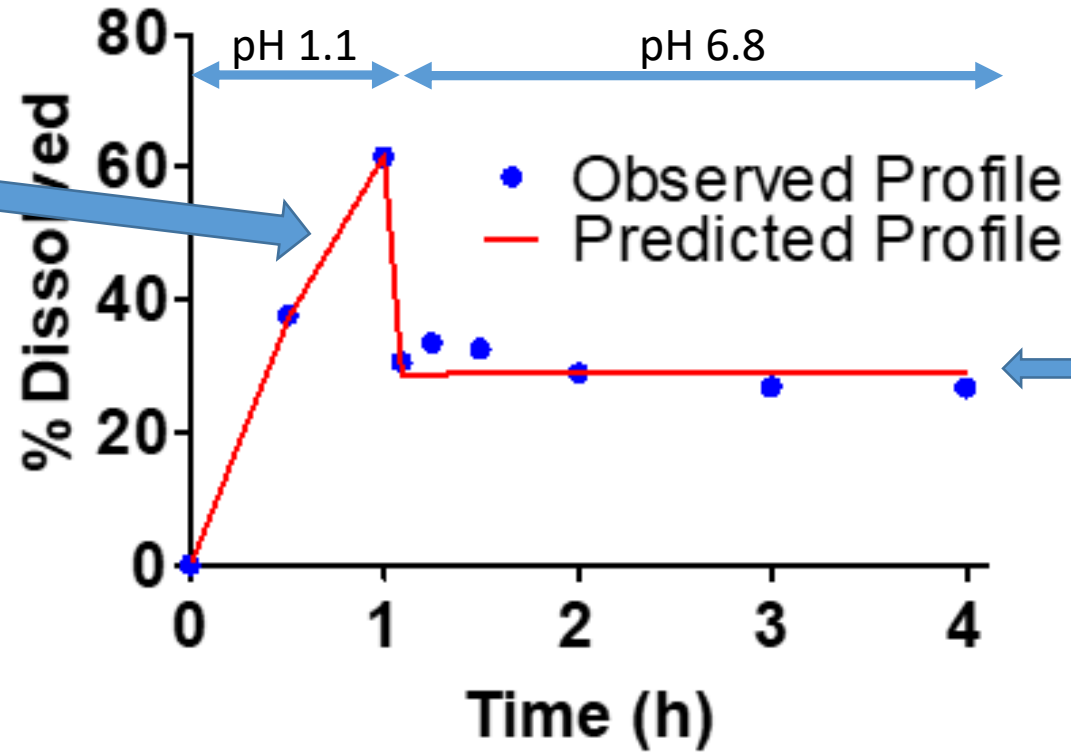
Hot Melt Extrusion

Polymer-controlled dissolution

(this is also the case at pH 6.8)

(Indulkar et al., 2019)

*Simulated and Observed in vitro pH Shift  
Dissolution Profile of Ritonavir Norvir® ASD*



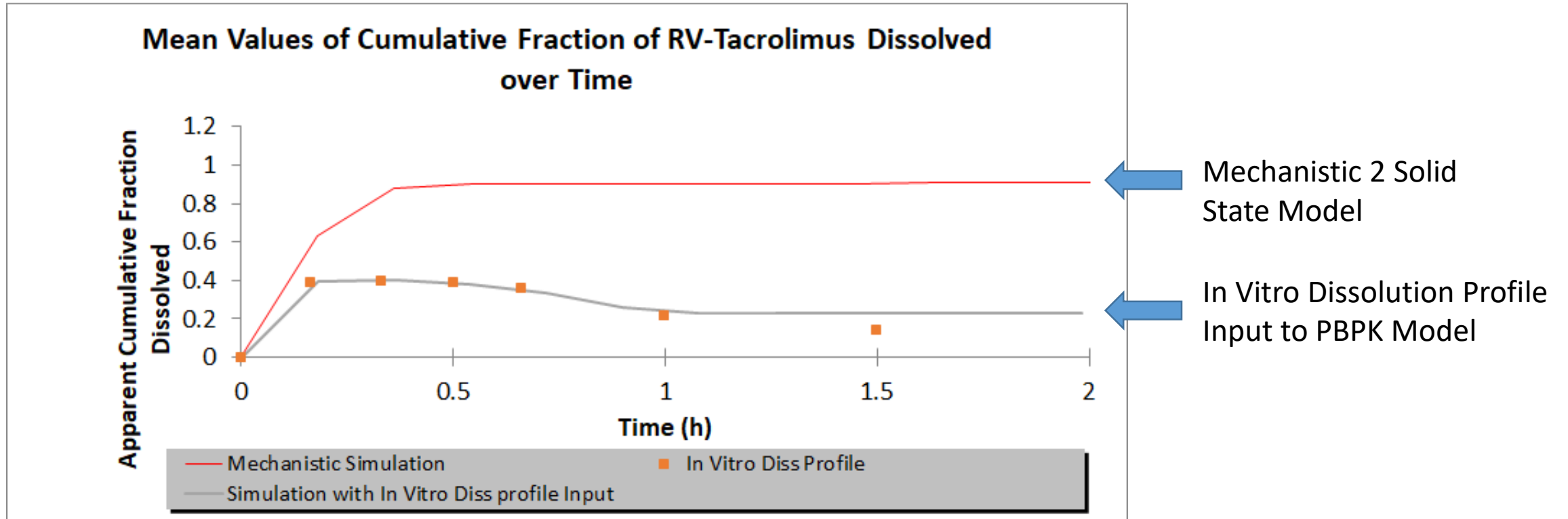
Amorphous  
"solubility"  
 $S_{amorphous}$

*Ellenberger et al., 2018*

Ritonavir modelling  
Arora et al ms. submitted

See also Venetoclax - Emami Riedmaier (2018, J Pharm Sci)

# Mechanistic Model vs. In Vitro Dissolution Input



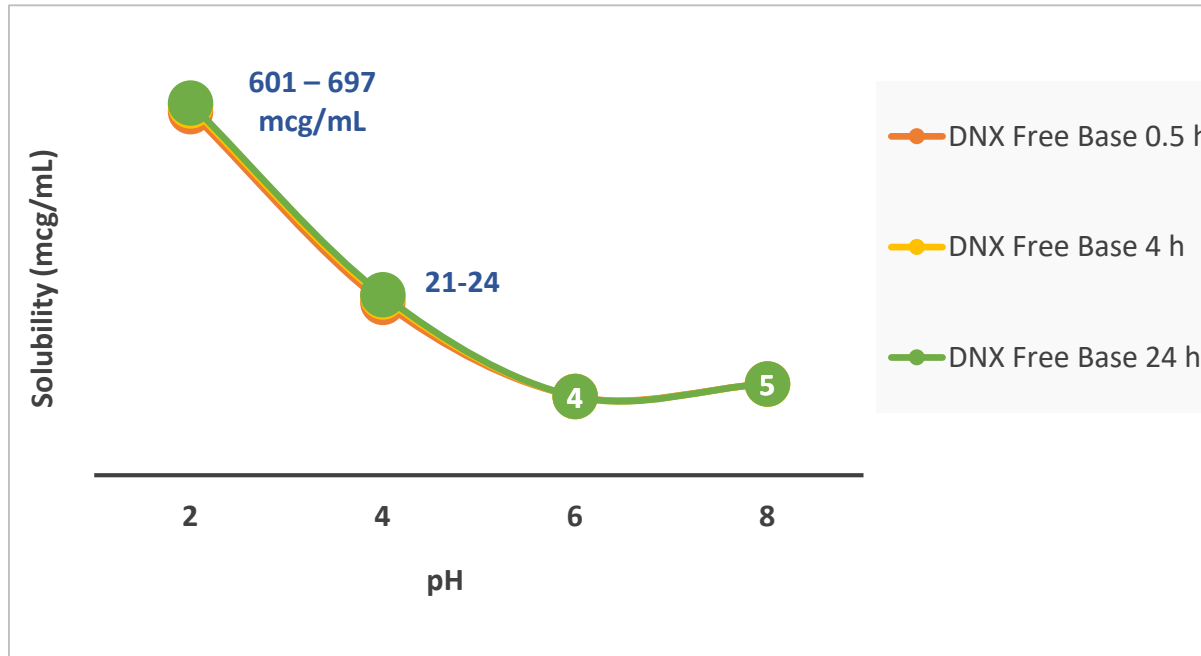
Mechanistic modelling, in this case, removed the need for potentially complex *in vitro* dissolution experiments with an absorptive phase/component.

# Danirixin Hydrobromide (DNX HBr) Case Study

Compared to “Free” API forms salts can provide

- Dissolution rate advantage
- “Solubility” advantage provided there is not precipitation to the free form (DNX is an ampholyte >99% ionised in physiological pH range)

## pH Solubility Profiles of Free Ampholyte DNX Measured at 3 Time Points up to 24 h



XXX

Solubility at given time and pH

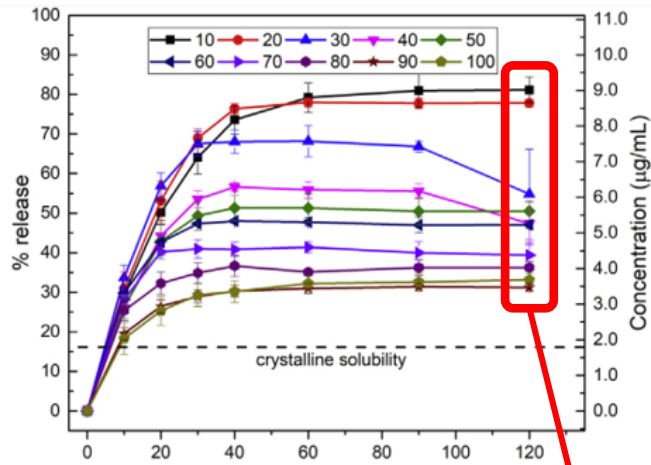
NB It is assumed that the reported pH values are the final pH values

Refs: 1) GSK patent WO 2015/071235 A1  
2) Bloomer et al., 2017

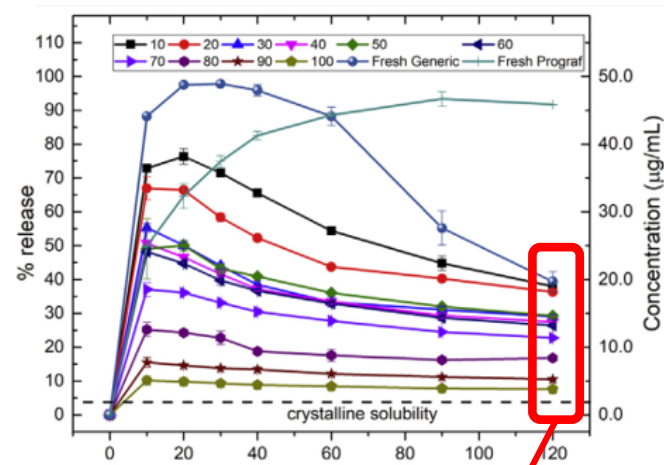
# In Vivo Relevance of In Vitro Conditions: Tacrolimus BCS 2

## Tacrolimus In Vitro Dissolution Data

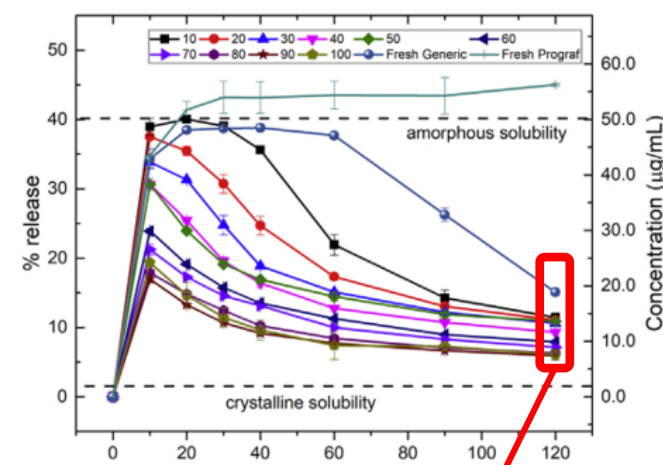
V = 450 mL



V = 100 mL



V = 40 mL



Non-micellar  
buffer *in vitro*

Final metastable  
concs @ 2 hours

3 – 9 µg/mL

3 – 20 µg/mL

8 – 15 µg/mL

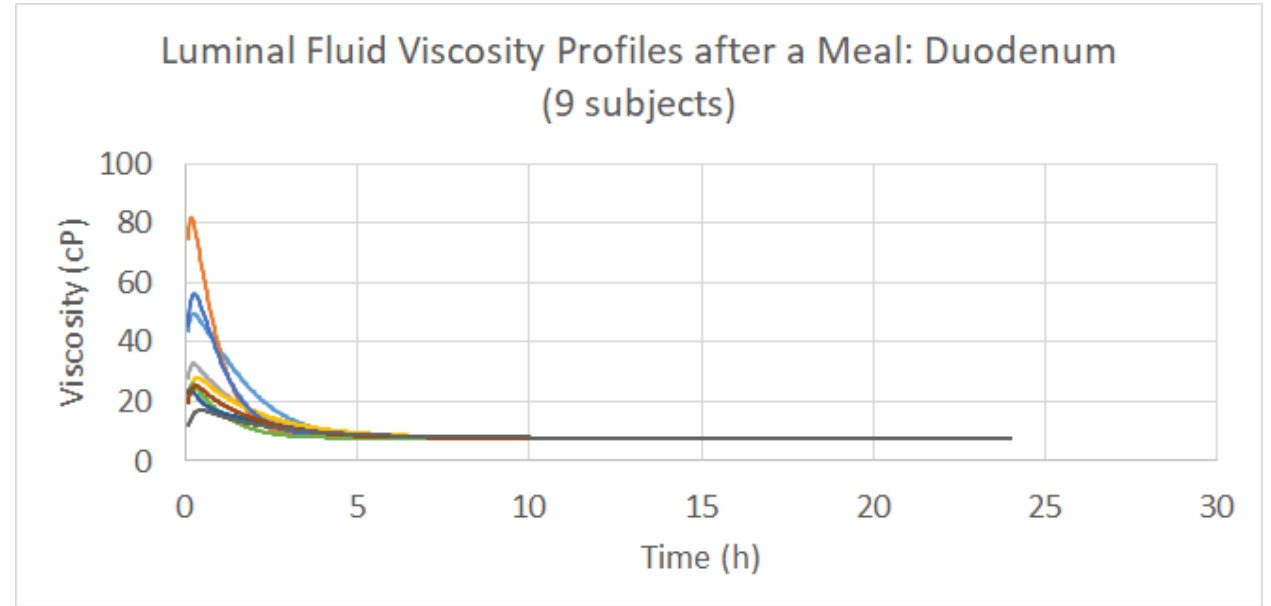
What (maximum) luminal concentrations of tacrolimus do we expect in vivo?

Run simulations with precipitation prevented – this can give estimates of maximum conc.

In Vitro data Purohit et al, 2018

# LUA Scripting Tools – Custom Models – Research Tool

```
Substrate: PD Basic 1
File Edit Options Tools Functions
25
26 function popSimSetup(...)
27     --set the number of differential equations used in the model
28     sc:setUserOdes(27);
29     -- assign names to user state variables (for output on "PD Custome ODE" WS
30     local SEG_names = { "Stomach", "Duodenum", "Jejunum 1", "Jejunum 2", "Ileum 1
31     local su_nname = {};
32     for i=1,9 do
33         su_nname[i] = tostring("Vfood " ..SEG_names[i] .." (mL)");
34         sc:setUserStateName(i,su_nname[i]);
35     end
36     for i=10,18 do
37         su_nname[i] = tostring("Fdil " ..SEG_names[i-9]);
38         sc:setUserStateName(i,su_nname[i]);
39         --sc:setUserStateName(index, name)
40     end
41     for i=19,27 do
42         su_nname[i] = tostring("Viscosity " ..SEG_names[i-18] .." (cP)");
43         sc:setUserStateName(i,su_nname[i]);
44         --sc:setUserStateName(index, name)
45     end
46 end
47 function individualSetup(...)
48     --get transit rate constants, ids from AB 9/4/2019 v18
49     -- idSITransitTime, -- idGastricET, -- idColonTransitTime
50     -- idFluidIntakeSub, idFluidIntakeInh1 - these two NOT available in v18
51     MRT_stomach = sc:GetIndividualValueByID("idGastricET");
52     kt_seg[1] = 1 / MRT_stomach;
53     MRT_SI = sc:GetIndividualValueByID("idSITransitTime");
54     --assign kt_SI
55     for i=2,8 do
56         kt_seg[i] = 1 / (MRT_SI * SI_fractions[i-1]);
57     end
58     MRT_Colon = sc:GetIndividualValueByID("idColonTransitTime")
59     kt_seg[9] = 1 / MRT_Colon;
60 end
61 function compoundSetup(...) -- this assigns values to array P
62     -- assign some parameters to P[]
63     sc:setParameter(1, 531) --Vfood initial stomach
64     sc:setParameter(2, 0) --Vfood initial duo
65     sc:setParameter(3, 0.1) --Vfood base line or minimum global
66     sc:setParameterName(1,"Vfood_init");
67     sc:setParameterName(2,"Vfood_initial_duo");
68     sc:setParameterName(3,"Vfood base line or minimum global");
69 end
70 --function individualCompoundSetup(...)
71     --assign individualised parameter values from distribution
```

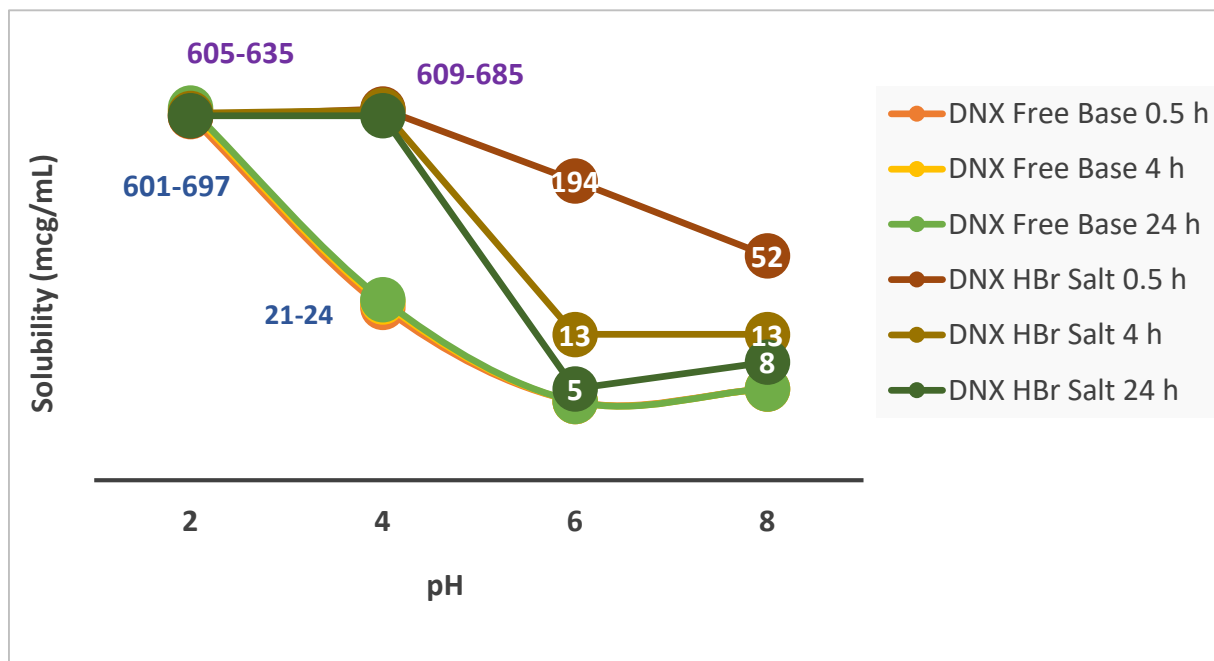


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XXX

Solubility at given time and pH

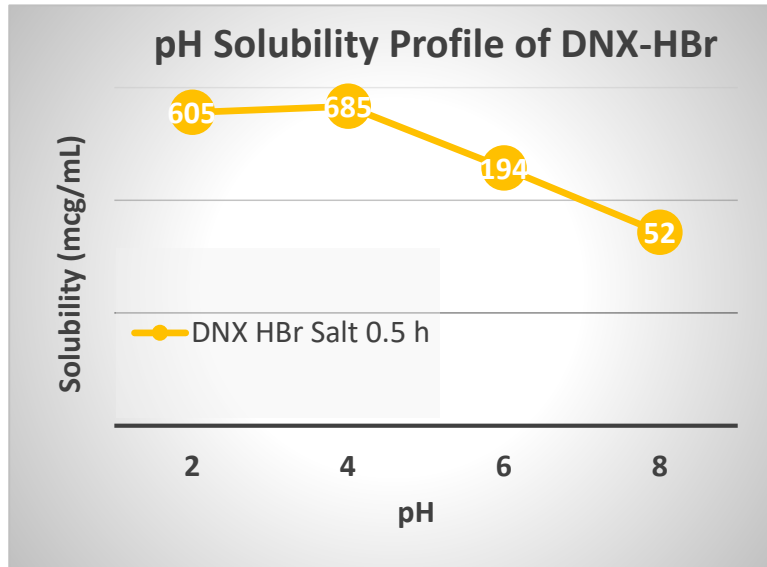
The HBr salt

- Creates solutions that are supersaturated with respect free ampholyte
- That is quite stable up to 24 h (very stable at pH 4)

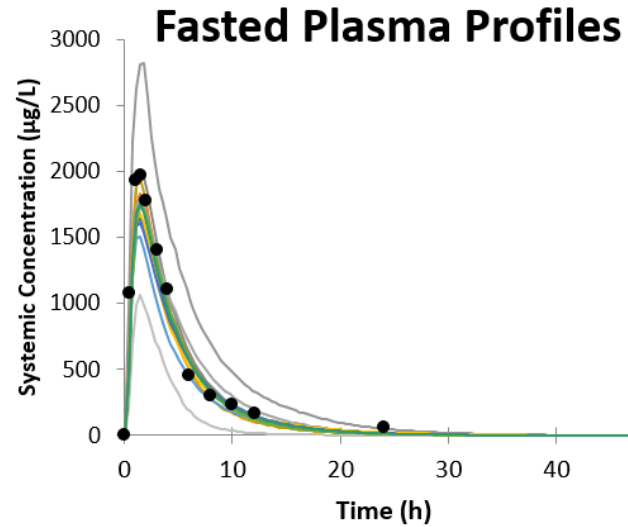
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Refs: 1) GSK patent WO 2015/071235 A1  
2) Bloomer et al., 2017

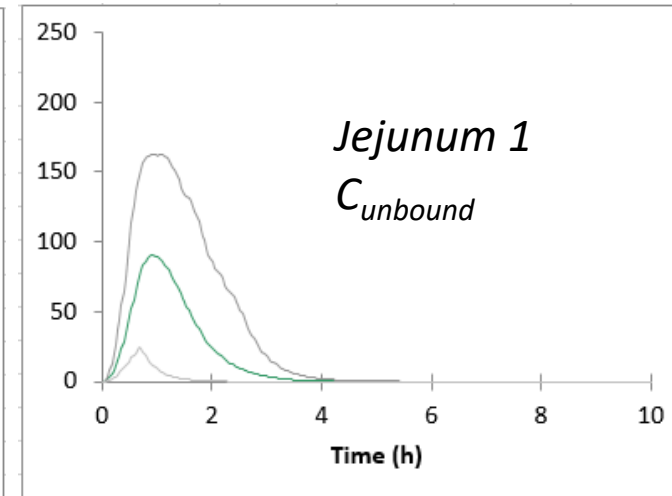
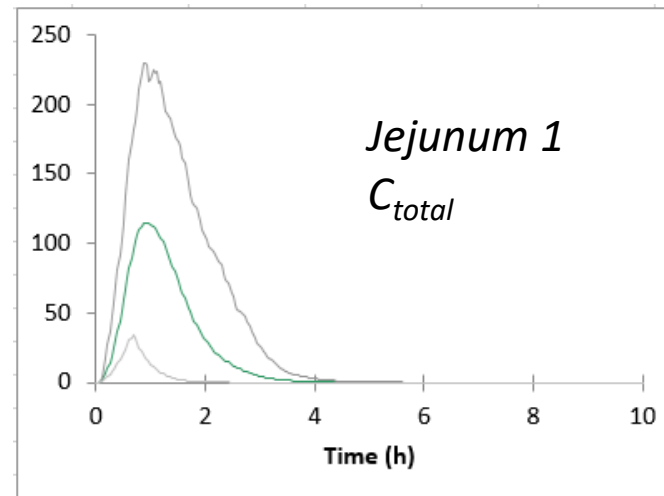
# Salt Model Danirixin Case Study



Additional bile micelle-mediated solubilisation is added where relevant



[DNX] (mcg/mL)



Mean and 5<sup>th</sup> and 95<sup>th</sup> percentiles

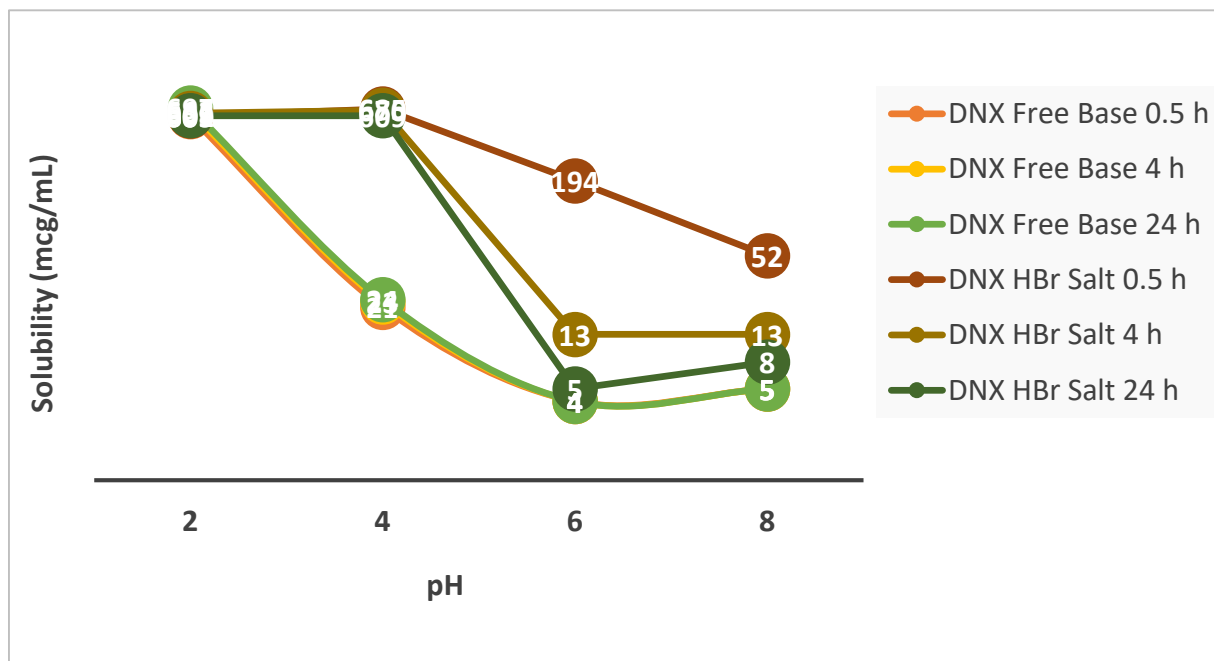


# Danirixin Hydrobromide (DNX HBr) Case Study

Compared to “Free” API forms salts can provide

- Dissolution rate advantage
- “Solubility” advantage provided there is not precipitation to the free form (DNX is an ampholyte >99% ionised in physiological pH range)

## pH Solubility Profiles of Free Ampholyte DNX and DNX HBr Salt Measured at 3 Time Points up to 24 h



XXX

Solubility at given time and pH

The HBr salt

- Creates solutions that are supersaturated with respect free ampholyte
- That is quite stable up to 24 h (very stable at pH 4)

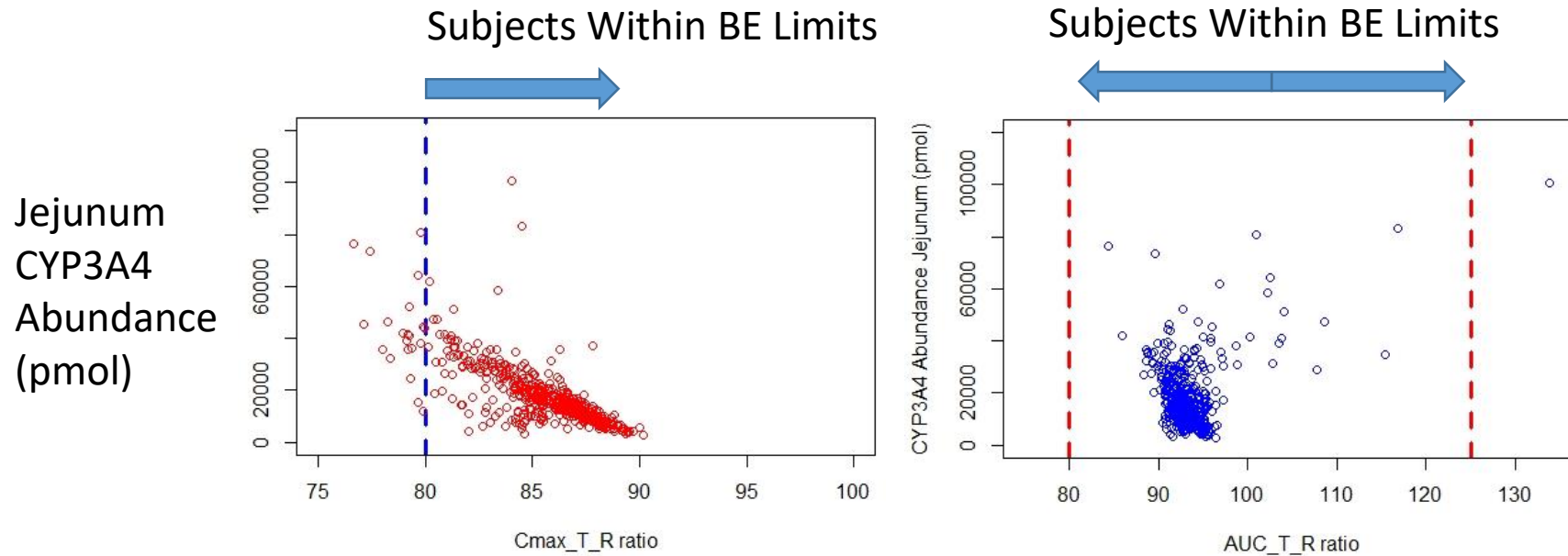
NB It is assumed that the stated pH values are the final pH values

Refs: 1) GSK patent WO 2015/071235 A1  
2) Bloomer et al., 2017

# VBE Covariate Analysis – example

Simulation

- Reference – Amorphous (100%)
- Test – Amorphous (90%) + Crystalline (10%)



Each marker point relates to a single subject

Residence time in the gut lumen is also a key covariate

# In Vivo Relevance of *In Vitro* Conditions: 2. Excipient Effects on Solubility and Dissolution

Clinical Example: Tween 80 (T80) was used to solubilise an extremely lipophilic BCS 2 compound, low basic pKa – Drug “Y”

$S_o$ , API alone <10 ng/mL (predicted)

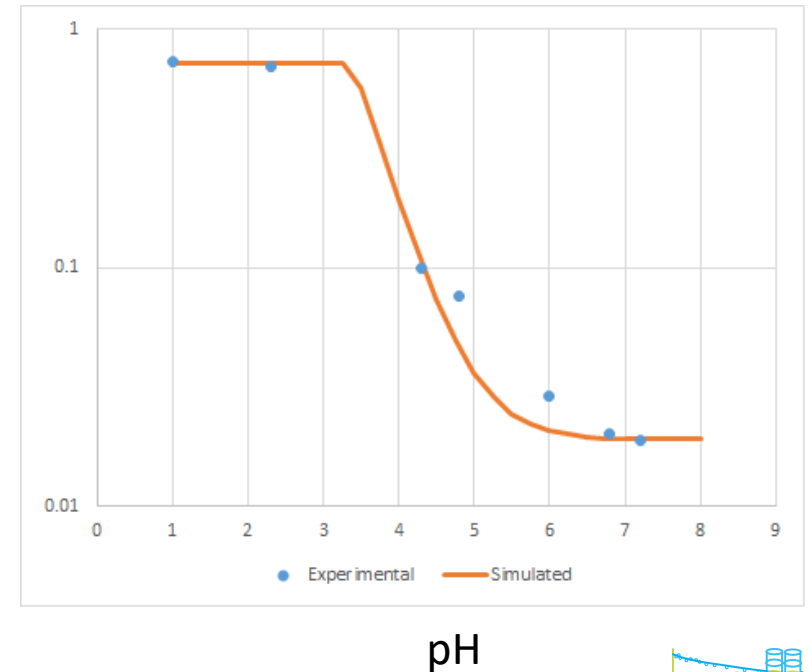
T80 self-associates to form micelles (CMC 0.012 mM)

## Available In Vitro Data in the Presence of Tween 80

Scenario	Final Vol (mL)	Final Conc T80 (mM)	$S_{o,app}$ (mg/mL)
In Vitro Solubility	129	1.71	0.019
In Vitro Dissolution	500	0.44	0.005
In Vivo Dispersion (suspension)	160	1.29	0.0143

Solubility (mg/mL)

**Figure 1:** Aqueous phase equilibrium solubility of Drug Y in the presence of 1.7 mM Tween 80 (no bile salts).



Analogous data following the same pattern were available for a TPGS formulation and a “Quotient” Formulation containing another solubiliser

# Importance of Dissecting the Components of Solubility – free fraction

$$S_{Tot}(t) = S_0 \cdot S_{0\_scalar}(t) \cdot \left( 1 + \frac{[BS](t)}{C_{H_2O}} \cdot K_{m:w,unionised}(t) \right) + S_i(t) \cdot \left( 1 + \frac{[BS](t)}{C_{H_2O}} \cdot K_{m:w,ionised}(t) \right) + S_{bound,excip}(t)$$

Equation 1



Diffusion coefficients  
Luminal fluids – dissolution  
UBL/Mucus/water – permeability  
(ADAM/MechPeff model or M-ADAM only)



Free concentration at UBL-  
membrane interface

Identifiability of  $K_{m:w}$  values?  
Please do measurements in  
more than 2 biorelevant media!

$$P_{eff} = \left( \left( (P_{trans,0} \cdot f_{neutral,pH} + P_{para}) \cdot ACC \cdot MVE \cdot f_{u,UBL} \right)^{-1} + (P_{UBL})^{-1} \right)^{-1} \cdot FE_p$$

$$P_{UBL} = \frac{D_{eff,UBL}}{h_{eff,UBL}}$$