

MELT-EXTRUDED DEXAMETHASONE OPHTHALMIC IMPLANTS: PROCESS, STRUCTURE AND IN VITRO DRUG RELEASE

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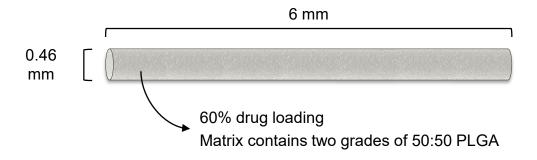
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Dexamethasone (DEX) Ophthalmic Implant



Component	% wt	wt. (mcg)/implant
Dexamethasone, Form B (micronized)	60	700
50:50 PLGA ester with acid end group	30	350
50:50 PLGA ester with ester end group	10	116



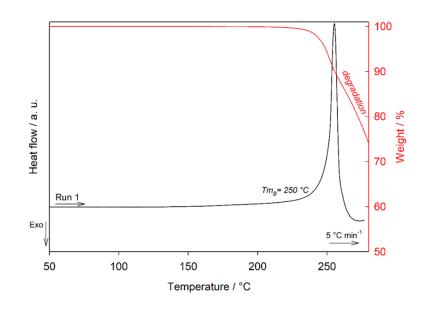
Dexamethasone

- Anti-inflammatory corticosteroid
- Poor aqueous solubility: 90 μg/mL
- LogP: 1.83
- Non-ionizable
- $T_m = 265 \, ^{\circ}C$
- Two crystalline forms: A and B



DEX degrades upon melting

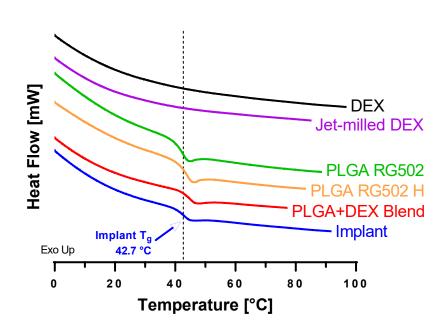
- TGA shows significant degradation of DEX occurs once it melts
- No weight loss below 150°C
- Melt temp for melt extrusion of ophthalmic implant: 100-110°C



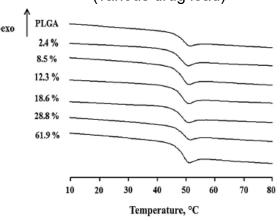


Little interaction between DEX and PLGA

DEX does not depress PLGA T_g



DEX + PLGA microspheres (various drug load)

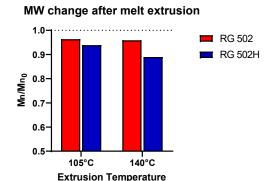


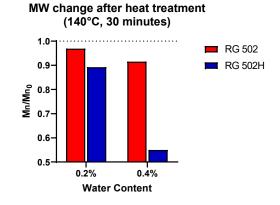
Gasmi H, Siepmann F, Hamoudi MC, Danede F, Verin J, Willart JF, et al. Towards a better understanding of the different release phases from PLGA microparticles: Dexamethasone-loaded systems. Int J Pharm. 2016;514(1):189-99.



PLGA thermally stable below 140°C

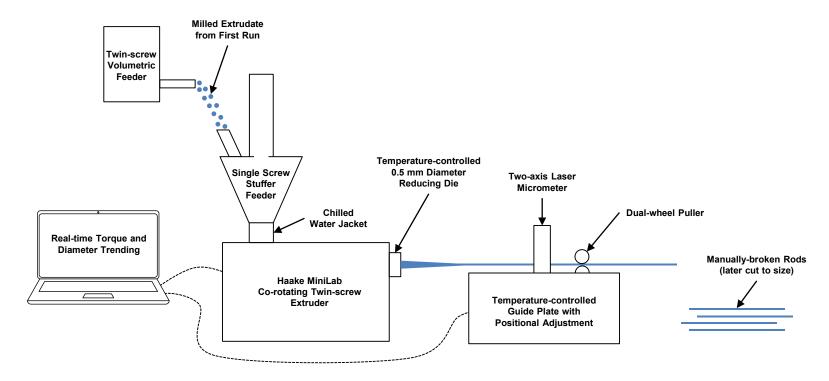
- PLGA can degrade by hydrolysis and thermal mechanisms
- TGA shows thermal degradation is not significant below 200°C
- RG502 and RG502 H PLGAs were demonstrated to be stable below 140°C during HME
- Adsorbed moisture accelerates degradation of RG502 H > 30% RH





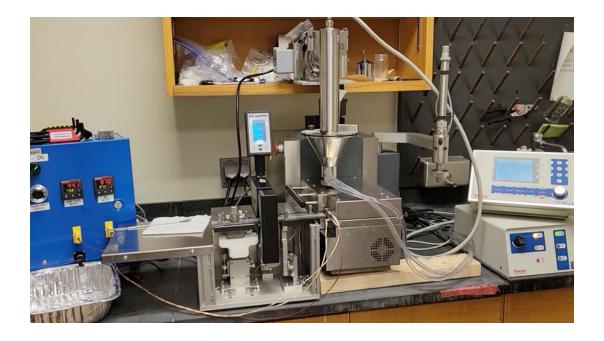


In-house DEX implant manufacturing process



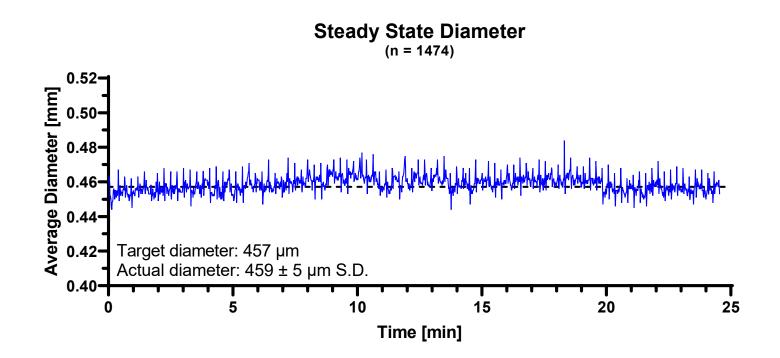


In-house ocular implant manufacturing process *Video*





Accurate diameter control achieved with 2-stage feeding





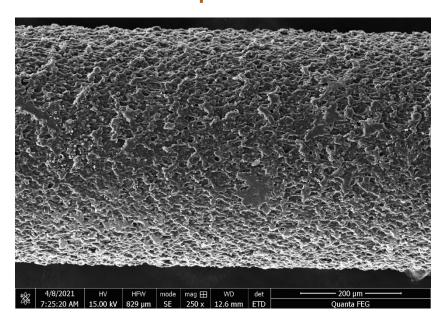
Structural analysis of DEX implant

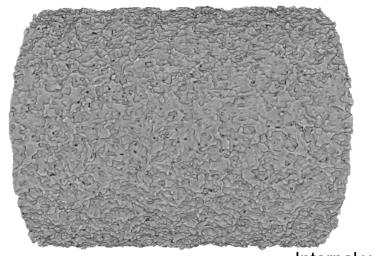
SEM and MicroCT reveal irregular surface and 6% internal porosity

MicroCT profile

MicroCT Cross-section

SEM profile

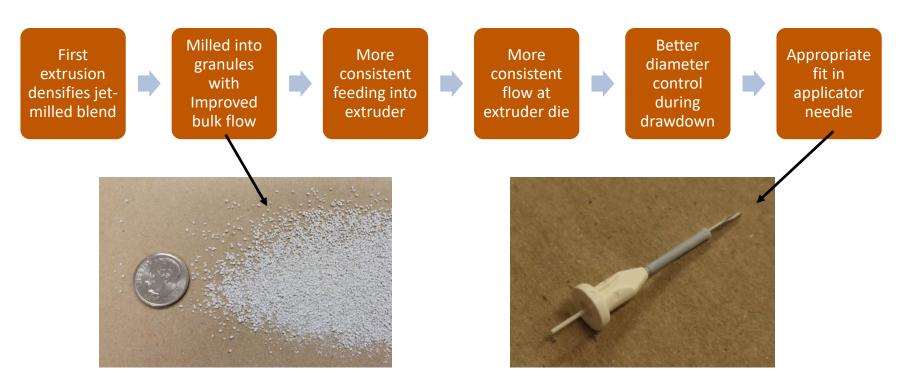




Internal voids seen as dark spots



2-step extrusion process for implant structure control





2-stage feeding process to achieve consistent feed rate (8-10 g/hr)

Possible solutions to improve feeding performance of Haake force feeder

- Volumetric/gravimetric feeder → granules bridge over screws, need stuffer feeder
- 2. Force feeder with more powerful motor
- 3. Combination of volumetric (Brabender) and stuffer feeding (Haake)

Stage 1: Brabender twin-screw volumetric feeder

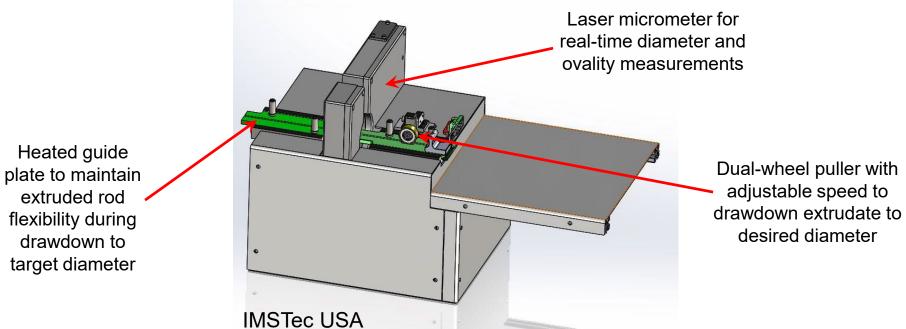


Stage 2: Haake force feeder (water-cooled jacket to just above dew point)



Puller for controlled drawdown to target diameter

Purpose-built unit for fine adjustment of drawdown parameters

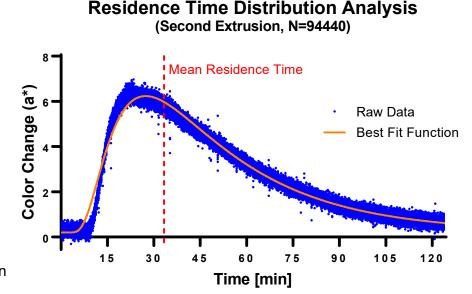


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Long residence time observed due to need for slow and steady feeding (8-10 g/hr)

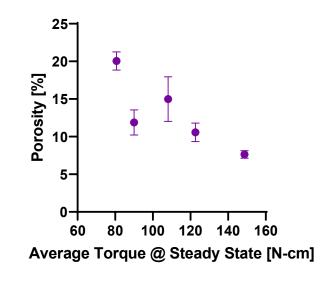
- Mean residence time = 33 min
 - Used tracer dye and laboratory camera to detect color change
 - In-house software developed for data acquisition and analysis
- Assay confirms DEX stability and uniformity
 - Potency: 100.1 ± 0.2% SD (N=6)
- GPC data shows 7% reduction in M_n

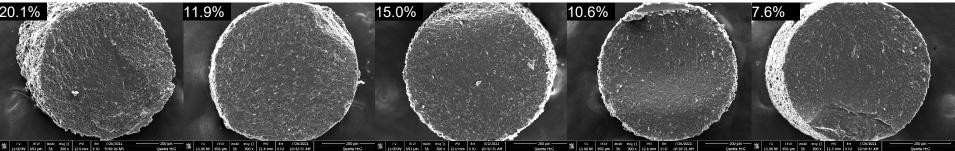




Steady-state torque correlates with implant porosity

Steady-state torque can be thought of as extruder back-pressure







DEX Ophthalmic Implant – Process and Structure

- Low glass transition temperature of PLGA enables the extrusion at relatively low temperature to maintain the chemical stabilities of dexamethasone
- Accurate diameter control was achieved with a two-step extrusion process using twostage feeding design and a purpose-built downstream puller
- Various features of implant structure identified are:
 - diameter
 - pore size/distribution
 - surface roughness
- Preliminary data indicates that:
 - DEX does not dissolve in PLGA melt during extrusion and is dispersed in PLGA matrix as crystalline particles
 - DEX is stable during the current melt extrusion process

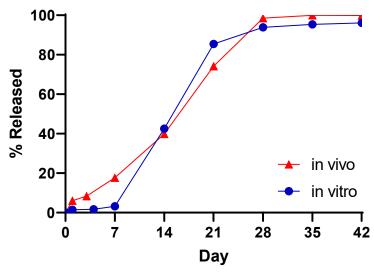


Dissolution testing of dexamethasone implant

Excerpt from patent

FIGS. 2 and 10 also demonstrate that after 28 days in vivo in rabbit eyes, or in vitro in a saline solution at 37°C., respectively, almost all of the active agent has been released from the implants. Furthermore, FIGS. 2 and 10 show that the active agent release profiles for the extruded implants in vivo (from the time of implantation) and in vitro (from the time of placement into a saline solution at 37°C.) are substantially similar and follow approximately a sigmoidal curve, releasing substantially all of the active agent over 28 days.

in vitro / in vivo release from Ozurdex patent data

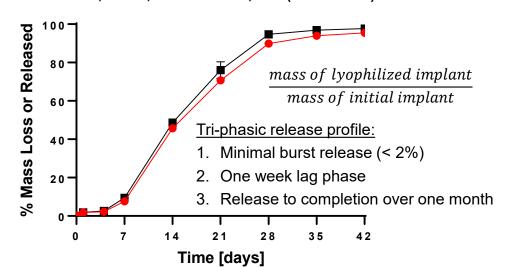


Replotted based on the data (Figs 2 and 10) in the patent

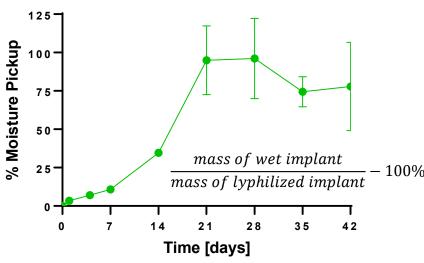


Tri-phasic release profile aligns with published data

Dexamethasone Intravitreal Implant Dissolution 37°C, 30 mL, Normal Saline, N=6 (mean ± S.D.)



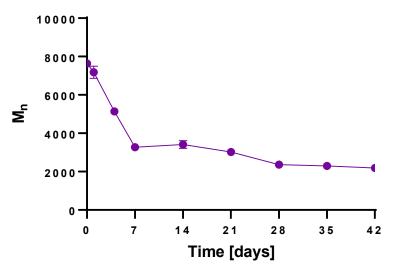
Moisture Pickup during Dissolution 37°C, 30 mL, Normal Saline, N=6 (mean ± S.D.)



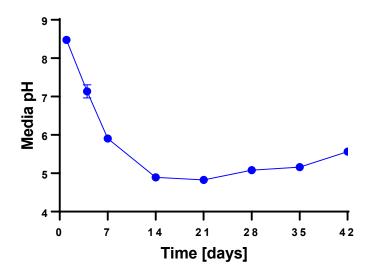


Limited drug release in first week despite substantial changes to the implant

GPC - Change in PLGA Molecular Weight 37°C, 30 mL, Normal Saline, N=3 (mean ± S.D.)

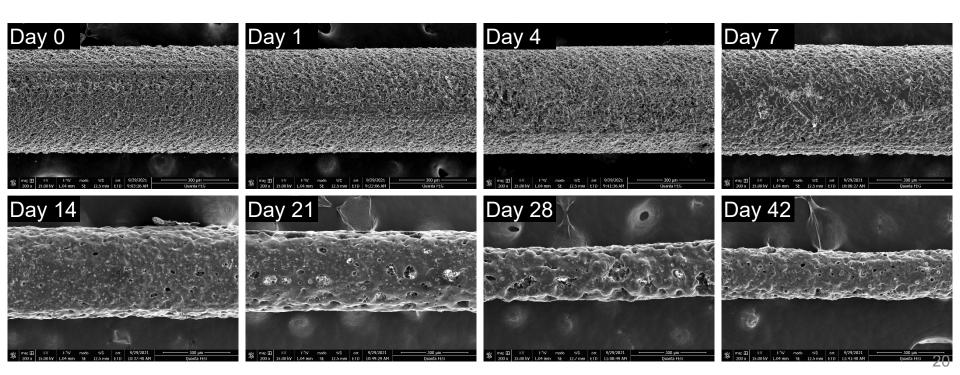


Change in Media pH 37°C, 30 mL, Normal Saline, N=6 (mean ± S.D.)



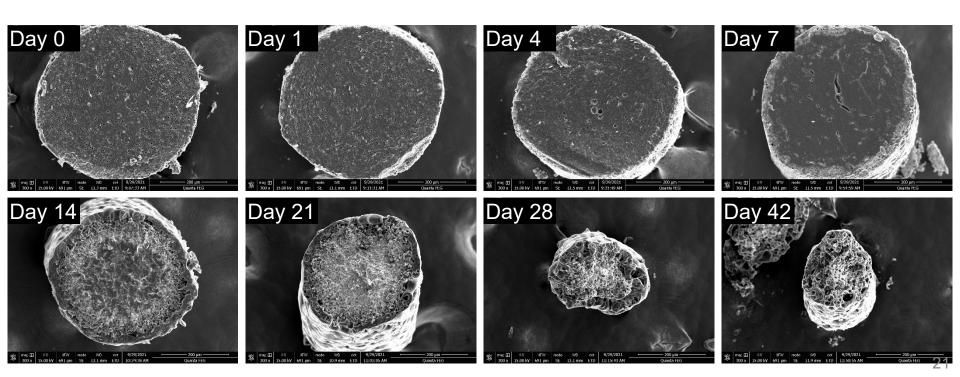


SEM shows significant structural changes to implant after day 7





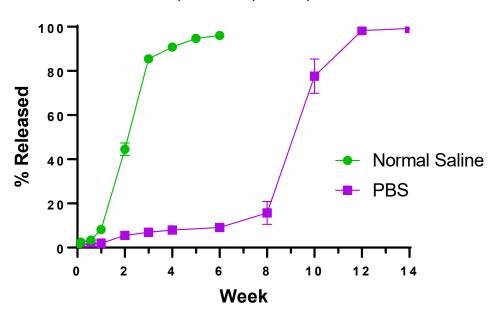
SEM shows significant structural changes to implant after day 7





Similar tri-phasic release profile with slower release rate in phosphate buffer pH 7.4

Dexamethasone Intravitreal Implant Dissolution 37°C, 100 RPM, 30 mL, N=3





DEX Ophthalmic Implant – Drug Release

- Tri-phasic profile derives from both implant structure and physicochemical interactions between DEX and PLGA
- Limited solubility of DEX in PLGA results in DEX crystals uniformly dispersed throughout the PLGA matrix after melt extrusion
- Burst release at the onset was not observed, due to inaccessibility of DEX crystals coated with PLGA on implant surface
- In the initial lag phase, significant PLGA undergoes significant hydrolysis even though less than 10% drug is released
- Dexamethasone release is controlled by the erosion of the implant matrix



Acknowledgements

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