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In vitro evaluation of drug presence
in the micellar phase of contents of upper small intestine:
Rationale, Challenges, Opportunities

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*Workshop on Drug Dissolution in Oral Drug Absorption
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In vitro evaluation of drug presence in the micellar phase of contents of upper small intestine: **Rationale**

After administration of *enabling drug products* or *conventional products of lipophilic weak bases*, drug concentrations in the micellar phase of contents of upper small intestine can be crucial for the overall luminal product performance

Drug concentrations in the micellar phase of contents of upper small intestine are highly sensitive to

- the “total drug” arrival and elimination (intestinal transit and epithelial transport) rates, and
- the physical state of the drug that enters the upper small intestine from the stomach

For enabling drug products or lipophilic weak bases, the usefulness of *in vitro* (or *in silico*) methodologies which do not take into account the above considerations is limited and data cannot be generalized.



In vitro evaluation of drug presence in the micellar phase of contents of upper small intestine: **Challenges**

1. Definition and understanding the system

The system

Healthy adults – disintegrating dose units

Operating conditions (“fasted state” – “fed state” / “modified fasted state conditions”)

Difficulties in understanding the system

Intrinsic variability of the system (number of individuals vs. ethical issues vs. costs)

Limitations of the applied experimental methodology (Direct sampling / imaging)

Knowledge gaps in understanding the system

- Drug presence in the micellar phase of contents at midgut / distal intestine
- Impact of gastric environment in the “fed state” on the disintegration of the dose unit
- The *drug* gastrointestinal transfer process in the “fed state”

Wagner et al. Use of Physiologically Based Pharmacokinetic Modeling for Predicting Drug-Food Interactions: Recommendations for Improving Predictive Performance of Low Confidence Food Effect Models. AAPS J. 2021 23(4):85

- No data after the recently proposed “low fat meal”



In vitro evaluation of drug presence in the micellar phase of contents of upper small intestine: **Challenges**

2. Required level of simulation of the system

Level II or Level III biorelevant media, and

Simulation of the “total drug” arrival and elimination (intestinal transit and epithelial transport) rates

3. Reliability of *in vitro* data

Concentrations *in vitro* vs. Concentrations in the lumen

In vitro precipitation rate constant vs. ?

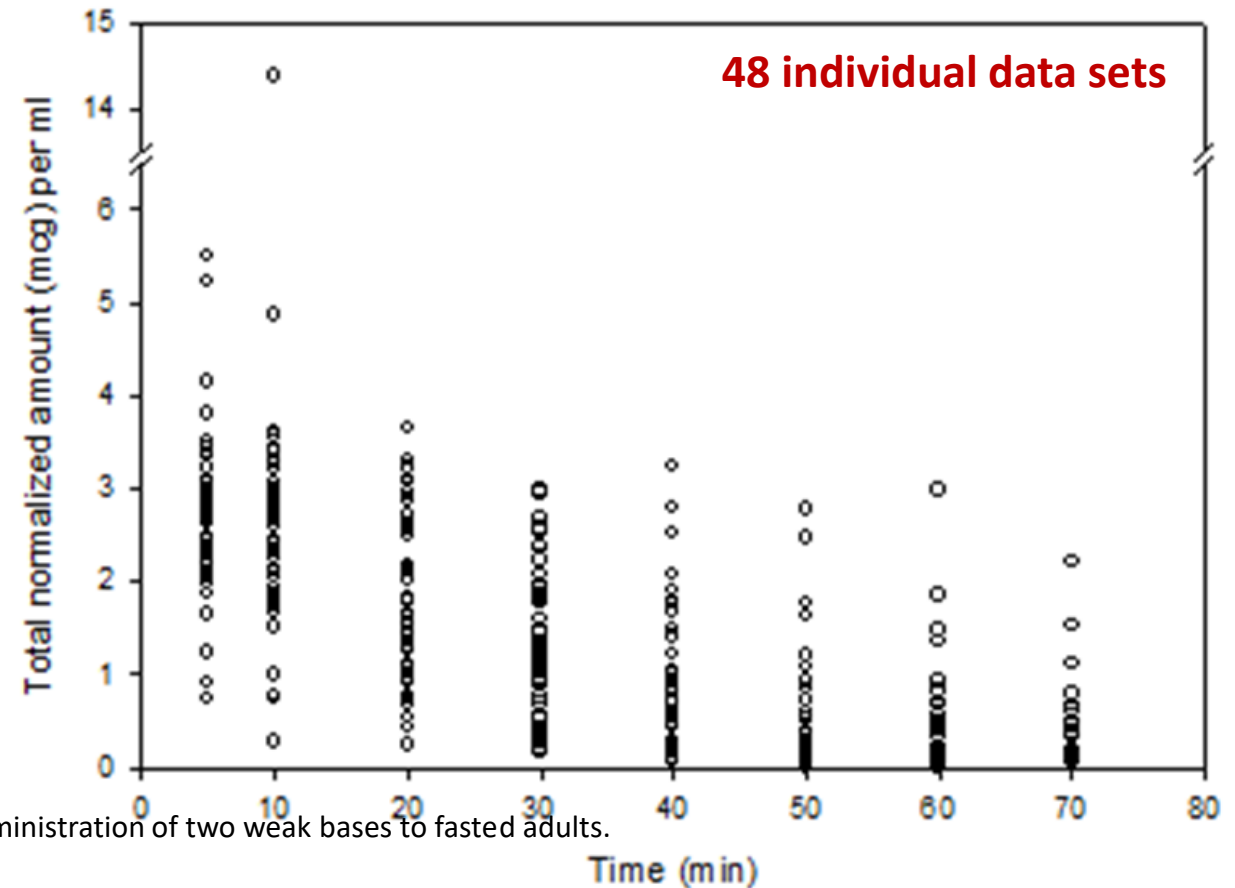
Supersaturation ratio based on *in vitro* data vs. ?

Precipitation time based on *in vitro* data vs. ?



In vitro evaluation of drug presence in the micellar phase of contents of upper small intestine: **Characterization of the system in the “fasted state”**

Dose normalized total drug amount per volume of intestinal contents vs. time post-dosing



Dipyridamole | Two single doses: 30 mg and 90 mg
Ketoconazole | Two single doses: 100 mg and 300 mg

Each dose was administered to 12 healthy adults

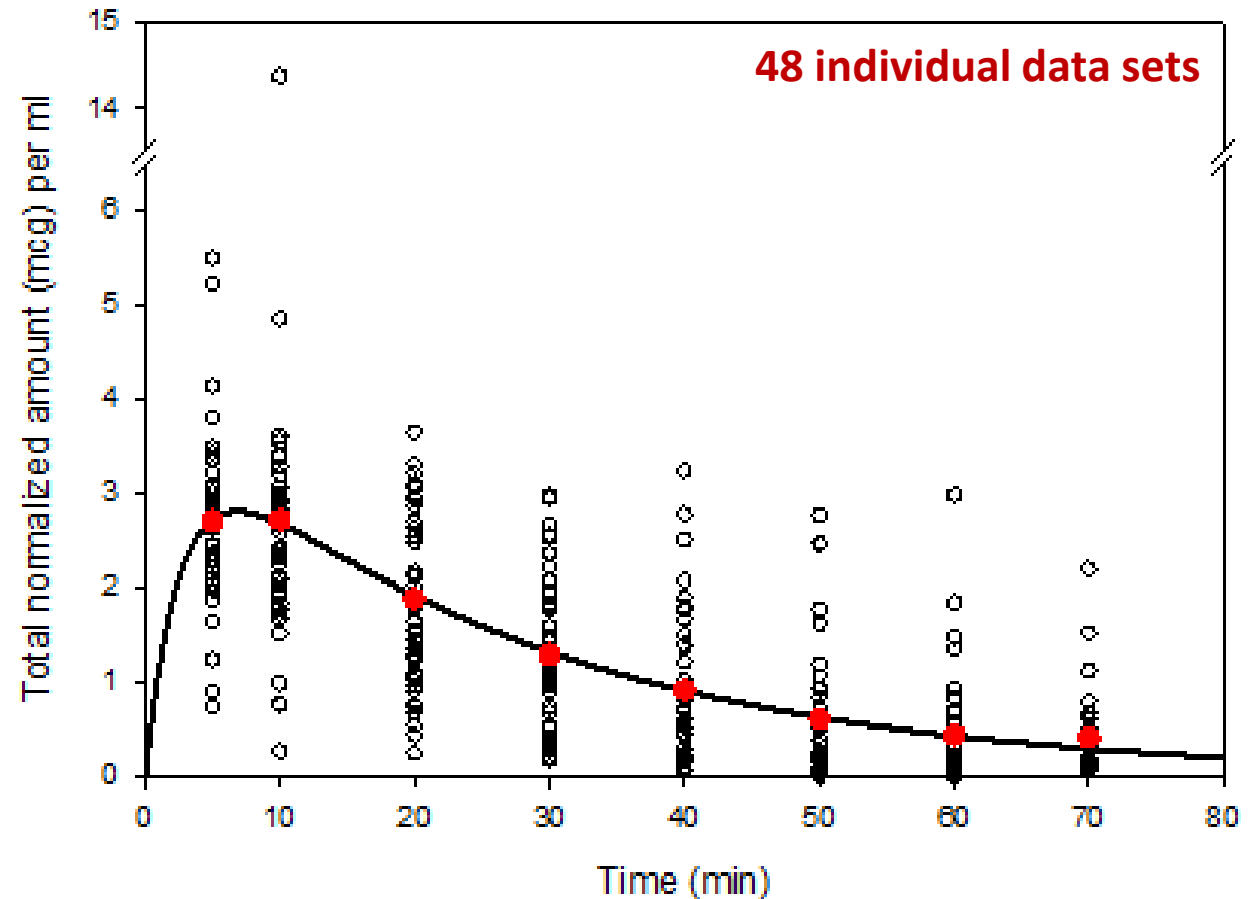
Psachoulias D, Vertzoni M, Goumas K, Kalioras V, Beato S, Butler J, Reppas C.
Precipitation in and supersaturation of contents of the upper small intestine after administration of two weak bases to fasted adults.
Pharm Res. 2011 28(12):3145-58.

Psachoulias D, Vertzoni M, Butler J, Busby D, Symillides M, Dressman J, Reppas C.
An *in vitro* methodology for forecasting luminal concentrations and precipitation of highly permeable lipophilic weak bases in the fasted upper small intestine.
Pharm Res. 2012 29(12):3486-98.



In vitro evaluation of drug presence in the micellar phase of contents of upper small intestine: **Characterization of the system in the “fasted state”**

$$y = Dose \frac{1}{V_I} \frac{k_G}{k_G - k_I} (e^{-k_I t} - e^{-k_G t})$$





In vitro evaluation of drug presence in the micellar phase of contents of upper small intestine: **Characterization of the system in the “fasted state”**

	Ketoconazole and Dipyridamole n=336, R=0.670, p<0.0001	
k_G (min ⁻¹)	0.0371 (0.0041)	→ Half life of gastric emptying ≈ 18 min
k_i (min ⁻¹)	0.372 (0.094)	→ Half life of duodenal emptying ≈ 1.9 min
$1/V_i$ (ml ⁻¹)	0.036 (0.010)	→ Volume of duodenal contents ≈ 28 ml

Kourentas A, Vertzoni M, Stavrinoudakis N, Symillidis A, Brouwers J, Augustijns P, Reppas C, Symillides M.



An in vitro biorelevant gastrointestinal transfer (BioGIT) system for forecasting concentrations in the fasted upper small intestine:

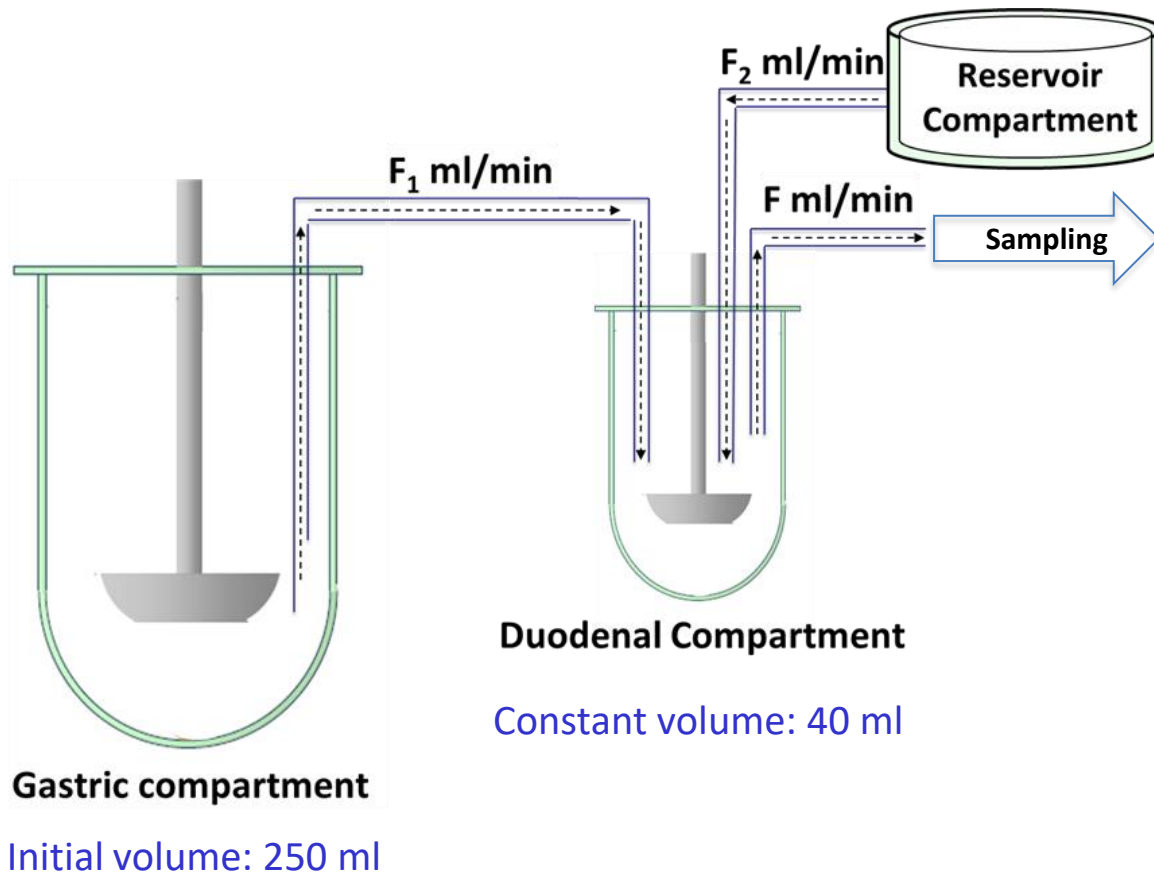
Design, implementation, and evaluation.

Eur J Pharm Sci. 2016 82:106-14



In vitro evaluation of drug presence in the micellar phase of contents of the upper small intestine: Operating conditions of the BioGIT system

 37 °C
  75 rpm
 GE $t_{1/2}$: 15 min



$$F_1 + F_2 = F$$



$$\frac{A_I}{V_I} = Dose \frac{1}{V_I} \frac{k_G}{k_G - F/V_I} (e^{-(F/V_I)t} - e^{-k_G t})$$

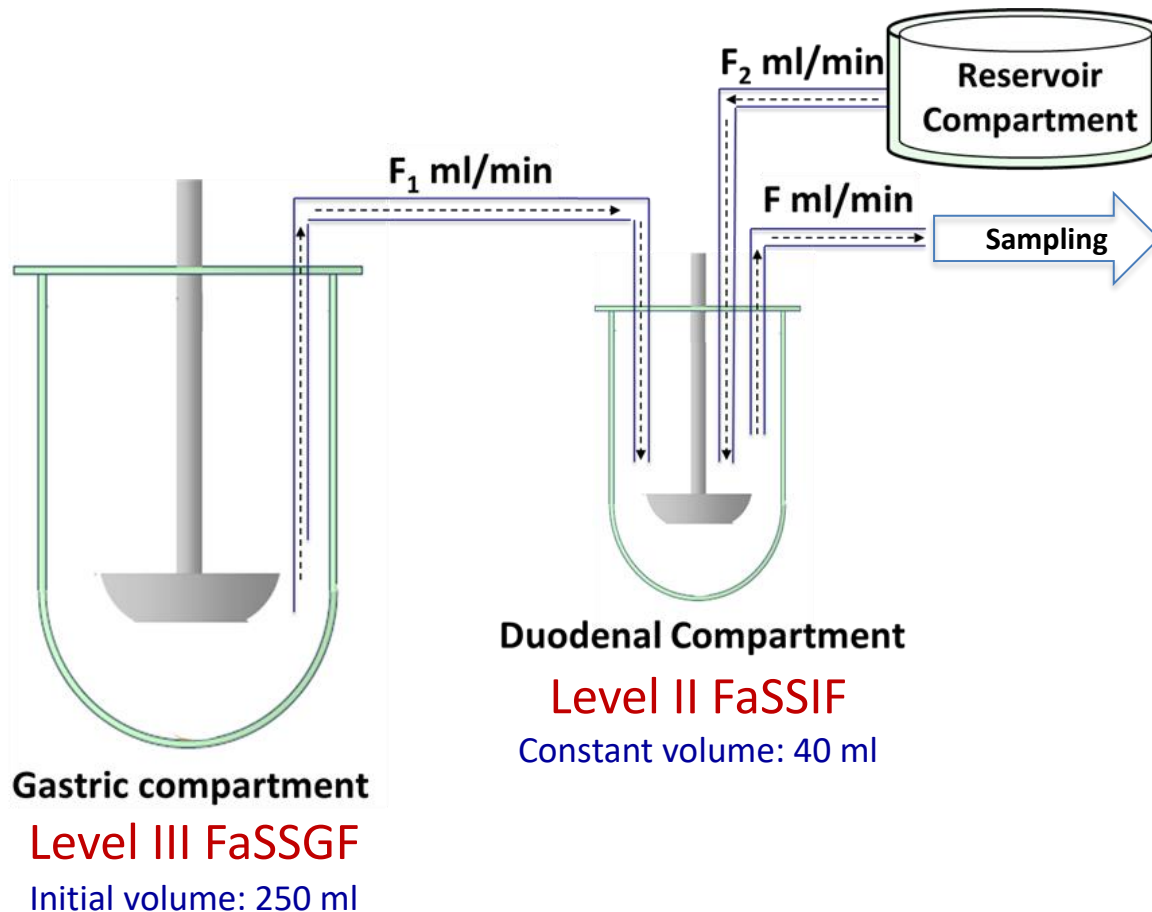
For practical reasons, incoming flow rates are changing every 10 min so that sampling is possible at midpoint

Time Interval (min)	F_1 (ml/min)	F_2 (ml/min)	F (ml/min)
0-10	9.3	2.3	11.6
10-20	5.9	5.7	
20-30	3.7	7.9	
30-40	2.3	9.3	
40-50	1.4	10.2	
50-60	0.9	10.7	



In vitro evaluation of drug presence in the micellar phase of contents of the upper small intestine: Operating conditions of the BioGIT system

 37 °C  75 rpm GE $t_{1/2}$: 15 min

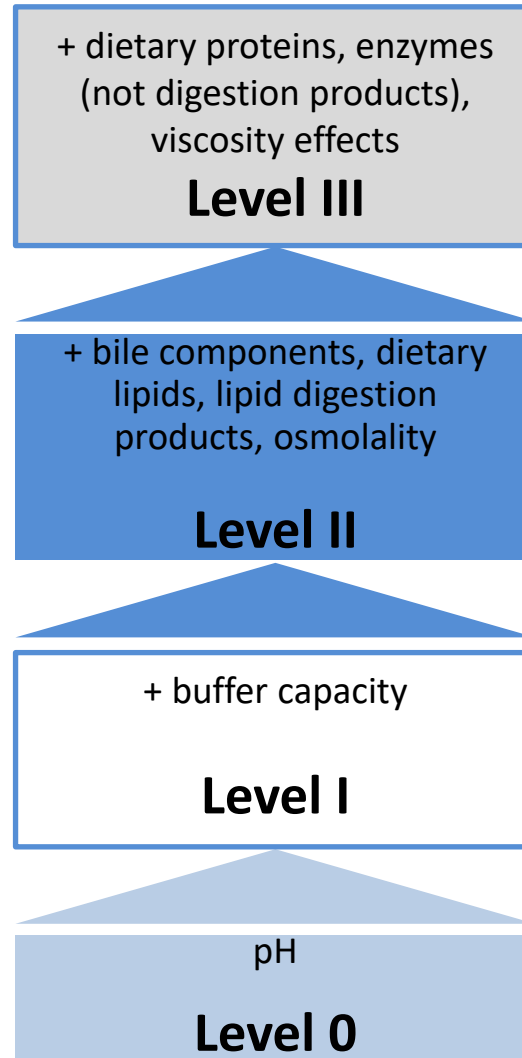


A series of phosphate buffer solutions containing sodium chloride, bile salt and lecithin are pumped from the reservoir compartment into the duodenal compartment

Composition of simulated duodenal contents (pH, buffer capacity, osmolality, bile salt and lecithin concentration) remains unaltered during the experiment



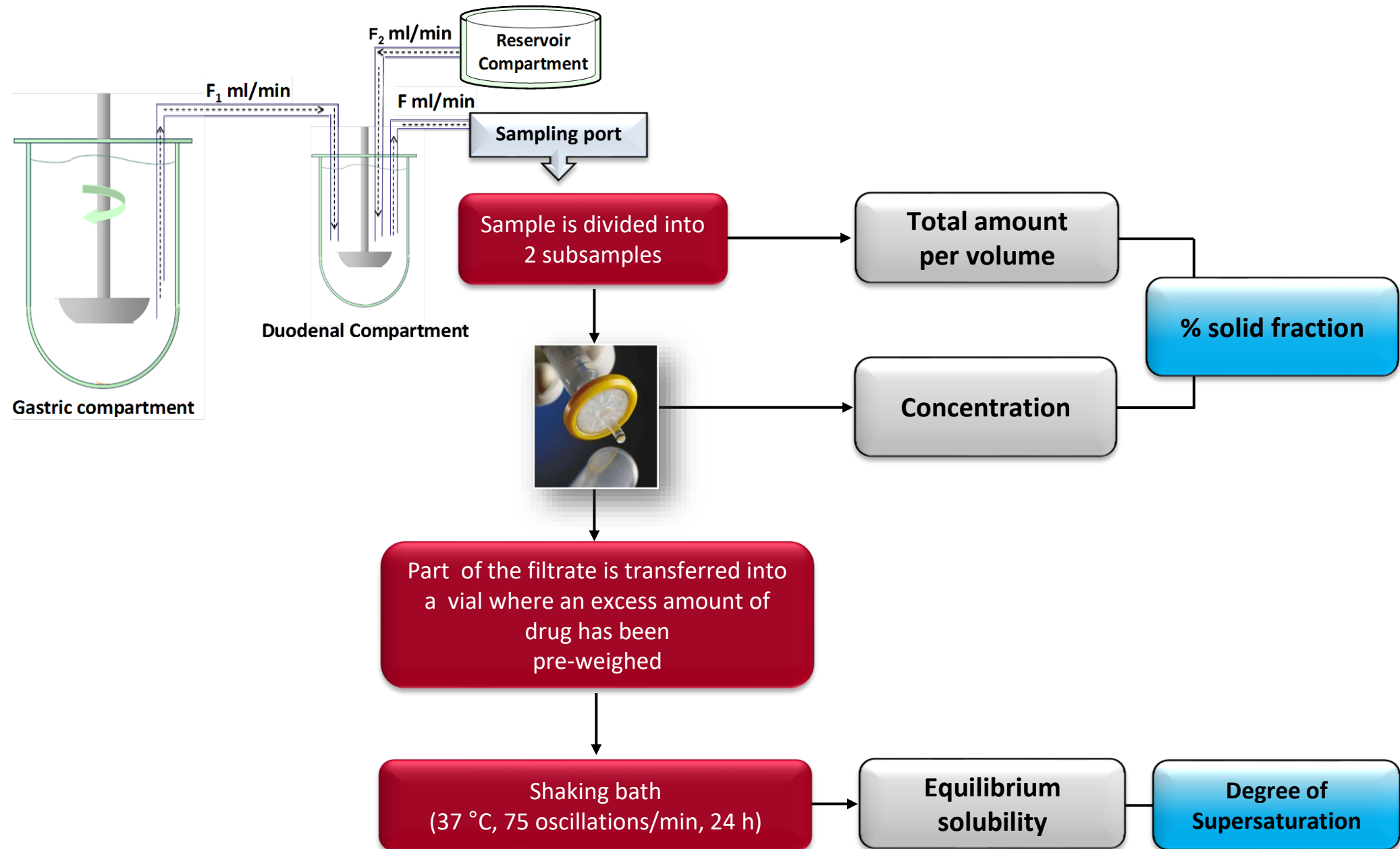
Levels of simulation of luminal contents characteristics



Markopoulos C, Andreas CJ, Vertzoni M, Dressman J, Reppas C.

In-vitro simulation of luminal conditions for evaluation of performance of oral drug products: Choosing the appropriate test media.

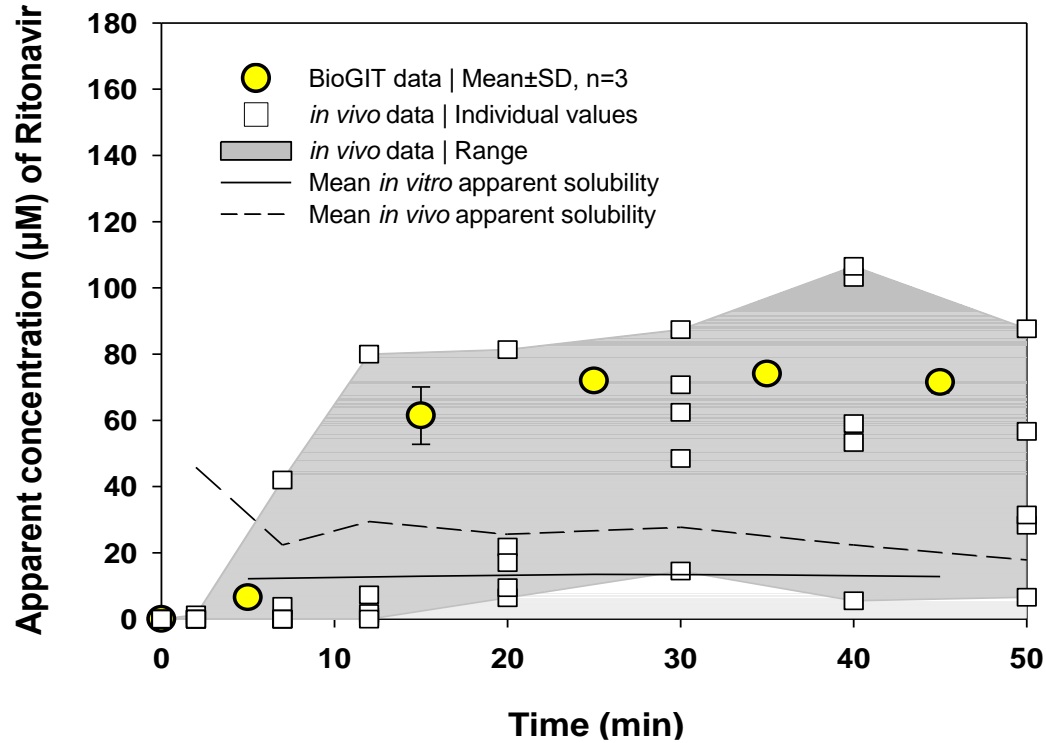
Eur J Pharm Biopharm. 2015 93:173-82.



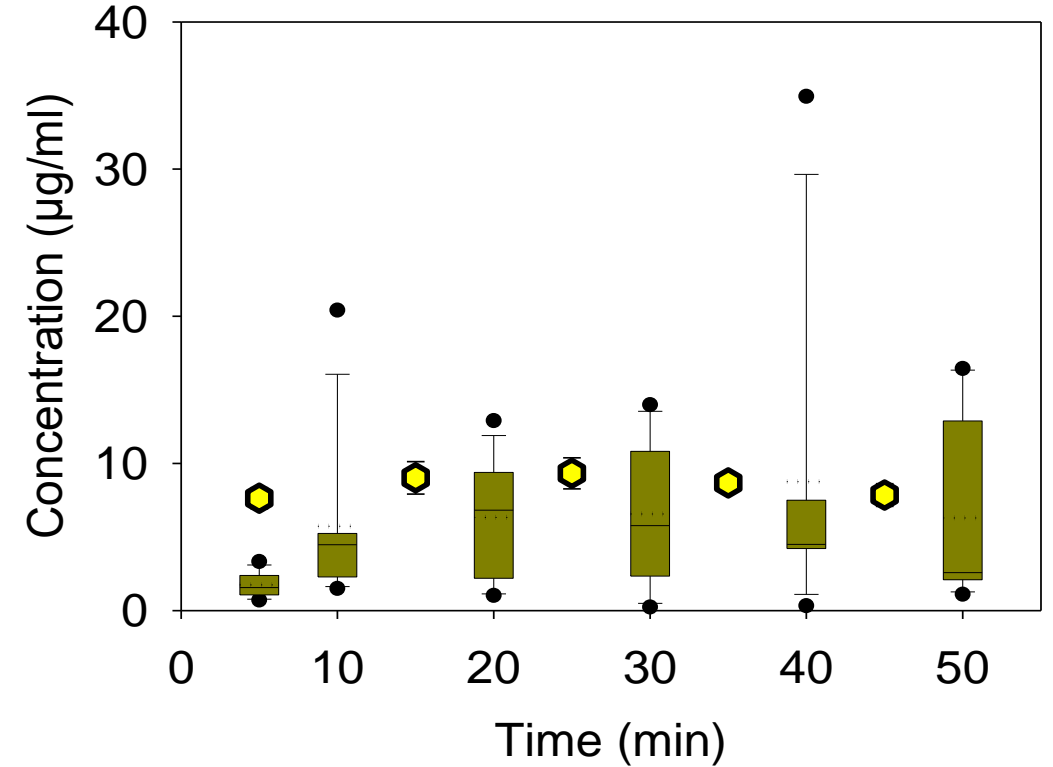


Micellar drug concentrations in the duodenal compartment of the BioGIT system are in line with micellar drug concentrations in the upper small intestine

Ritonavir | ASD | Norvir® tablets (100 mg)



Albendazole | Suspension



Kourentas et al. Int. J. Pharm. 515:352-358 (2016) – **Posaconazole and Itraconazole**

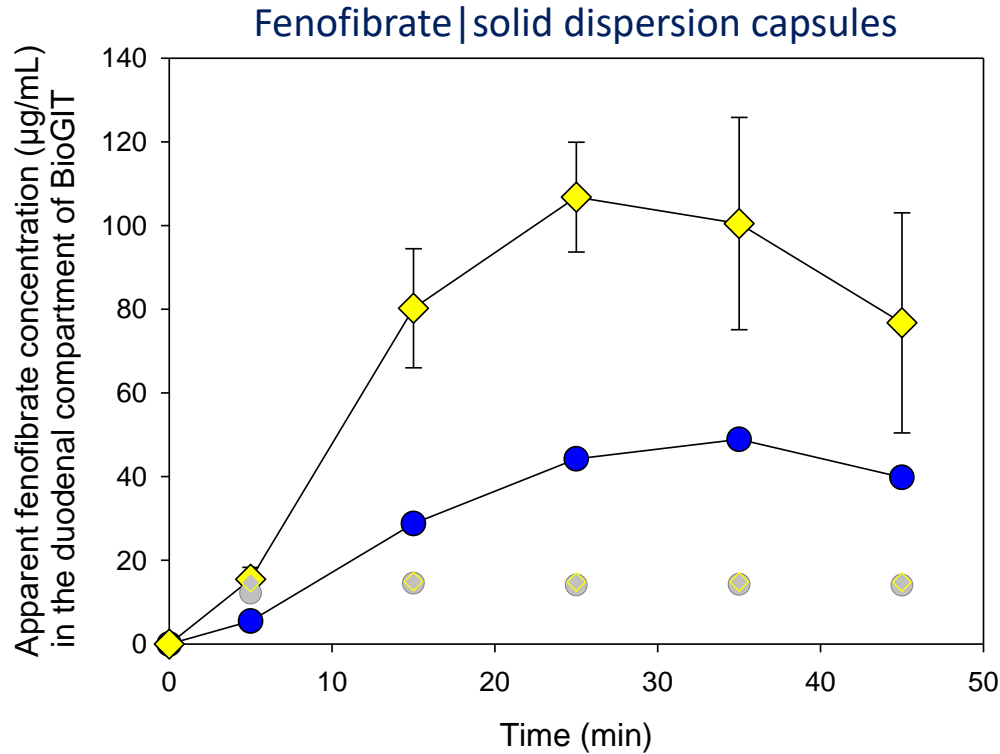
Van Den Abeele et al. Eur J Pharm Sci. 2020 Aug 1;151:105377 – **Ritonavir ASD**

Kourentas et al. J. Pharm. Sci. 105:2896-2903 (2016) – **Albendazole**

Hens et al. Eur. J. Pharm. Sci. 15:63:233-42 (2014) – **Paromomycin**



The BioGIT system for evaluating the impact of dose on early exposure, after oral administration of *disintegrating solid dose units of enabling drug products to fasted adults with a glass of water*



160 mg/tab

- ◆ Mean(SD) concentrations in the contents of the duodenal compartment
- ◆ Mean equilibrium solubility values in the contents of the duodenal compartment

54 mg/tab

- Mean(SD) concentrations in the contents of the duodenal compartment
- Mean equilibrium solubility values in the contents of the duodenal compartment

✓ Contents of the duodenal compartment are supersaturated with fenofibrate

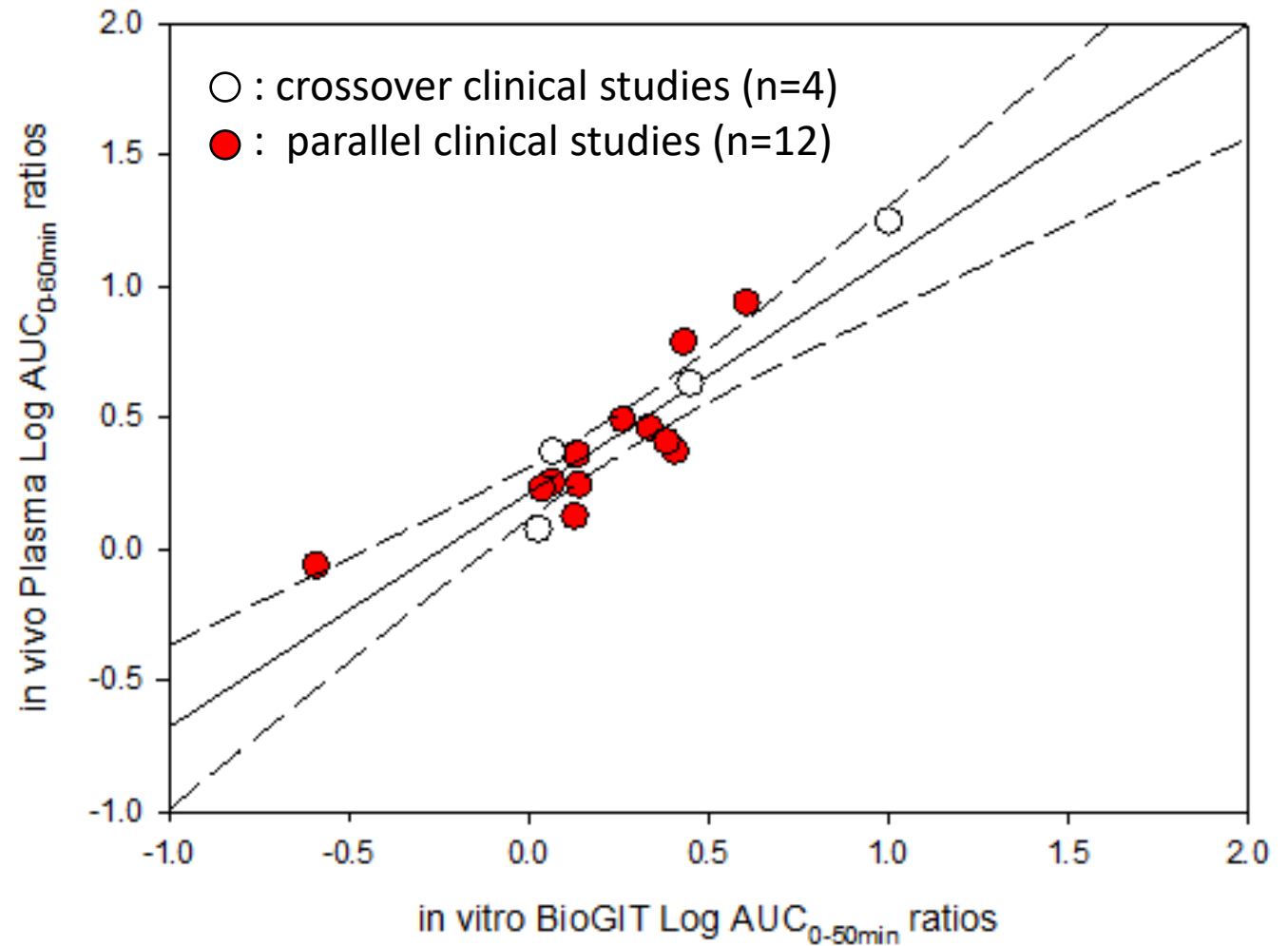
AUC (ng/ml)×min	54 mg/tab	160 mg/tab	$\frac{AUC_{1h}^{160mg}}{AUC_{1h}^{54mg}}$
AUC _{plasma data} ^{0-60min}	1.31(0.62)	3.1(2.0)	2.4
AUC _{BioGIT data} ^{0-50min}	21.9(3.5)	56.2(8.1)	2.6



The BioGIT system for evaluating the impact of dose and/or formulation on early exposure, after oral administration of *disintegrating solid dose units* to fasted adults with a glass of water

n=16
Slope = 0.89 (0.11)
Intercept = 0.211 (0.046)
R = 0.90

Kostantini C, Spilioti E, Bevernage J, Ceulemans J, Hansmann S, Hellemans K, Jede C, Kourentas A, Reggane M, Shah L, Wagner C, Reppas C, Vertzoni M.
Usefulness of the BioGIT system in screening for differences in early exposure in the fasted state on an a priori basis.
Int J Pharm. 2023 634:122670.



Could facilitate formulation and dose selection, and could support regulatory decisions



Screening for differences in early exposure in the fasted state with *in vitro* methodologies can be challenging: Experience with the BioGIT system

Slight elevation of the pH in the gastric compartment of BioGIT system may be needed when nanocrystals of weak bases are under investigation

BioGIT data may be inconclusive or misleading in the evaluation of differences in early exposure

- when the product(s) under investigation are *not disintegrating*
- when dealing with ingested *aqueous drug solutions*
- when the *volume of co-administered water* is not controlled in the clinical study



In vitro evaluation of drug presence in the micellar phase of contents of the upper small intestine: Characterization of the system in the “fed state”

PEARRL 



www.inpharma-network.eu

Understand key characteristics of gastric contents that control disintegration of dose units

Dietrich S., Bakolia A., Chorianopoulou C., Ceulemans J., Vertzoni M., Reppas C.

Proposing *in vitro* testing conditions for the evaluation of intragastric disintegration of solid dose units in the fed state

EUFEPS Annual Meeting, May 31 – June 2, 2023, Lisbon, Portugal

Characterize the *drug* GI transfer process after disintegration in stomach

Abstract submitted to AAPS Pharm Sci 360, AAPS annual meeting, Orlando, USA 2023

Evaluate drug presence in the micellar vs. colloidal (non-droplet) phase

Thank you



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