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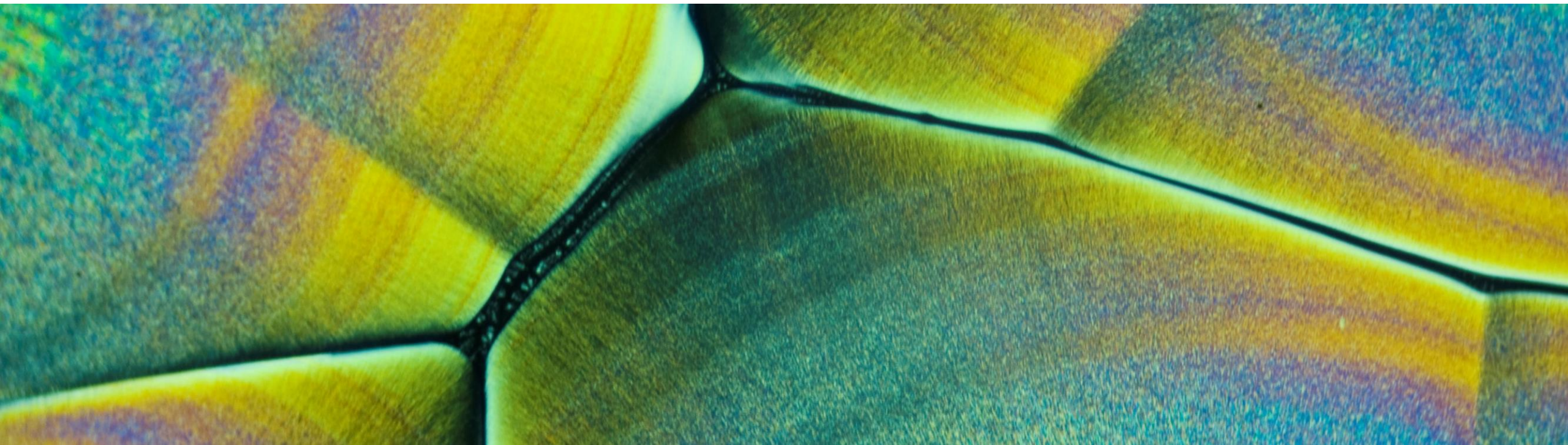
Enabling a Healthier World

**Lonza**  
Small Molecules

# Solubility: From in vitro best practices to in vivo relevance

Deanna Mudie | PBBM 2023 Workshop | 29 Aug 2023

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# Agenda



Factors impacting solubility and effects on bioperformance



3 Solubility Case Studies

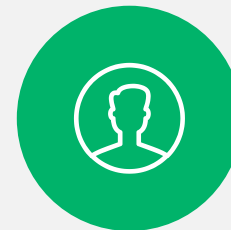


Summary - PBPK/PBBM + in vitro tools can drive understanding of solubility & bioperformance

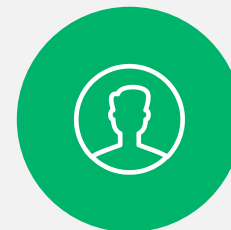
# Acknowledgments



**Aaron Stewart**



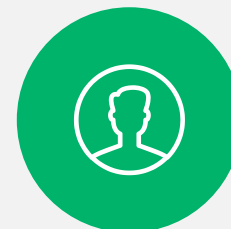
**Jesus Rosales**



**Michael Morgen**



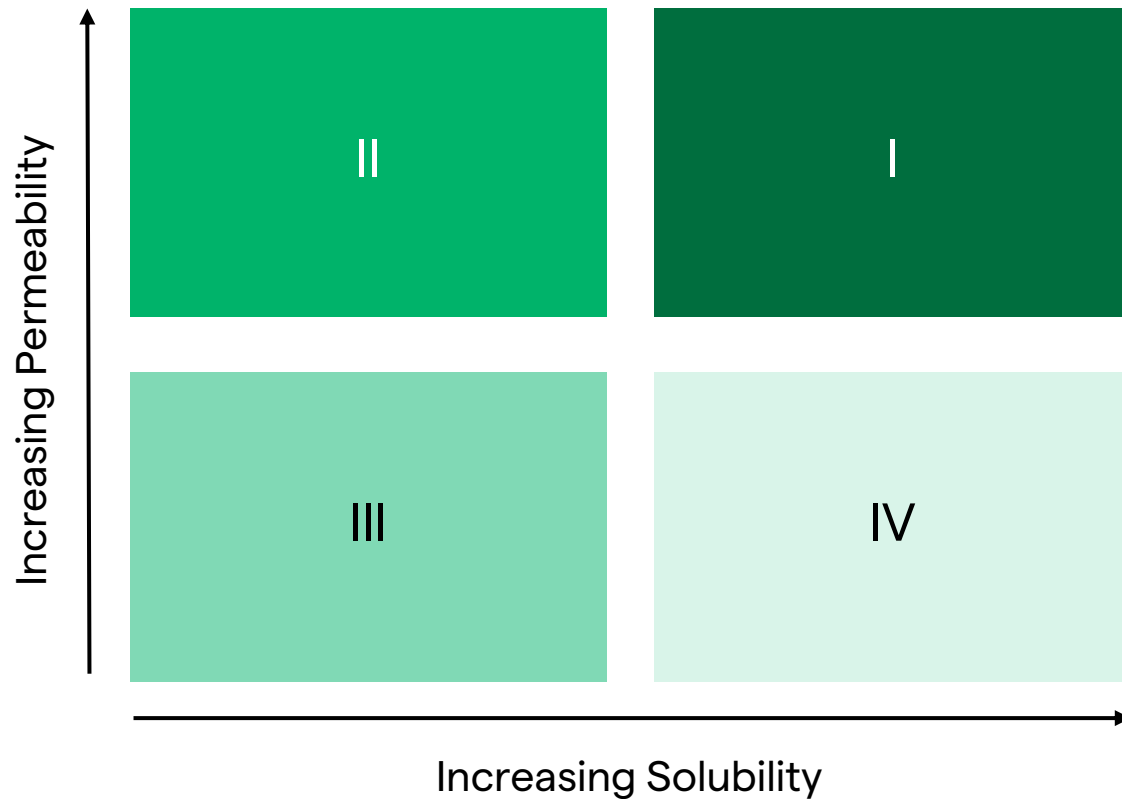
**Michael Grass**



**David Vodak**

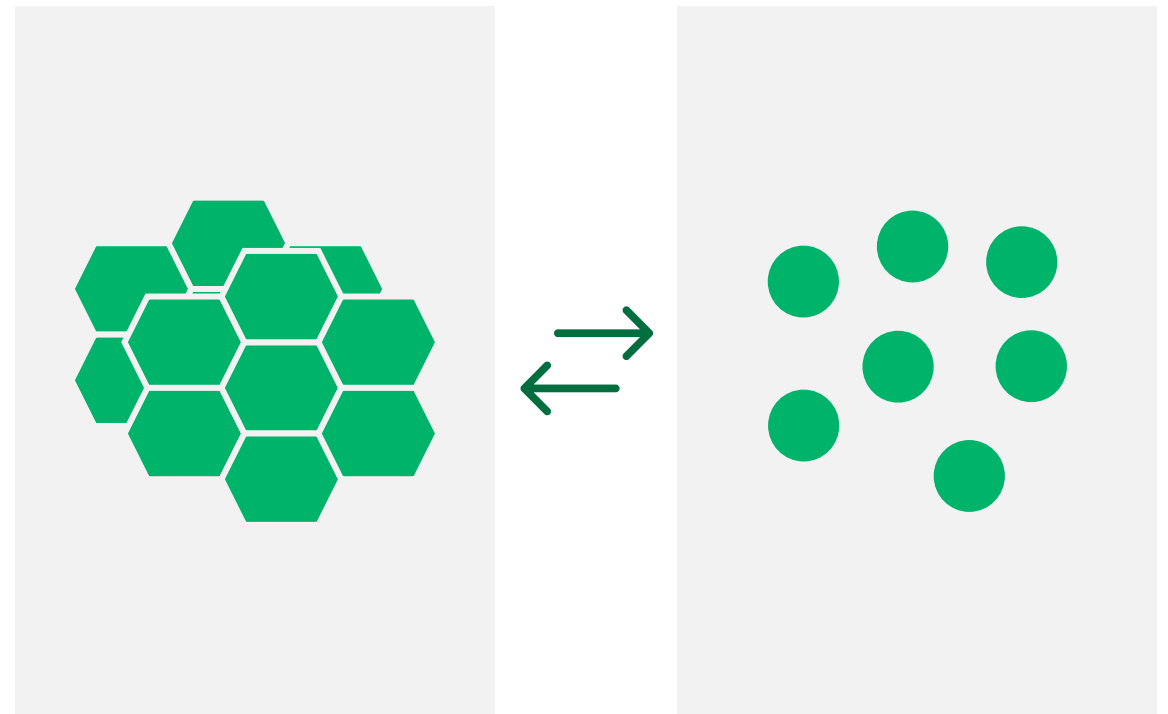
# Solubility – a fundamental driver of drug bioperformance

## Biopharmaceutics Classification System (BCS)

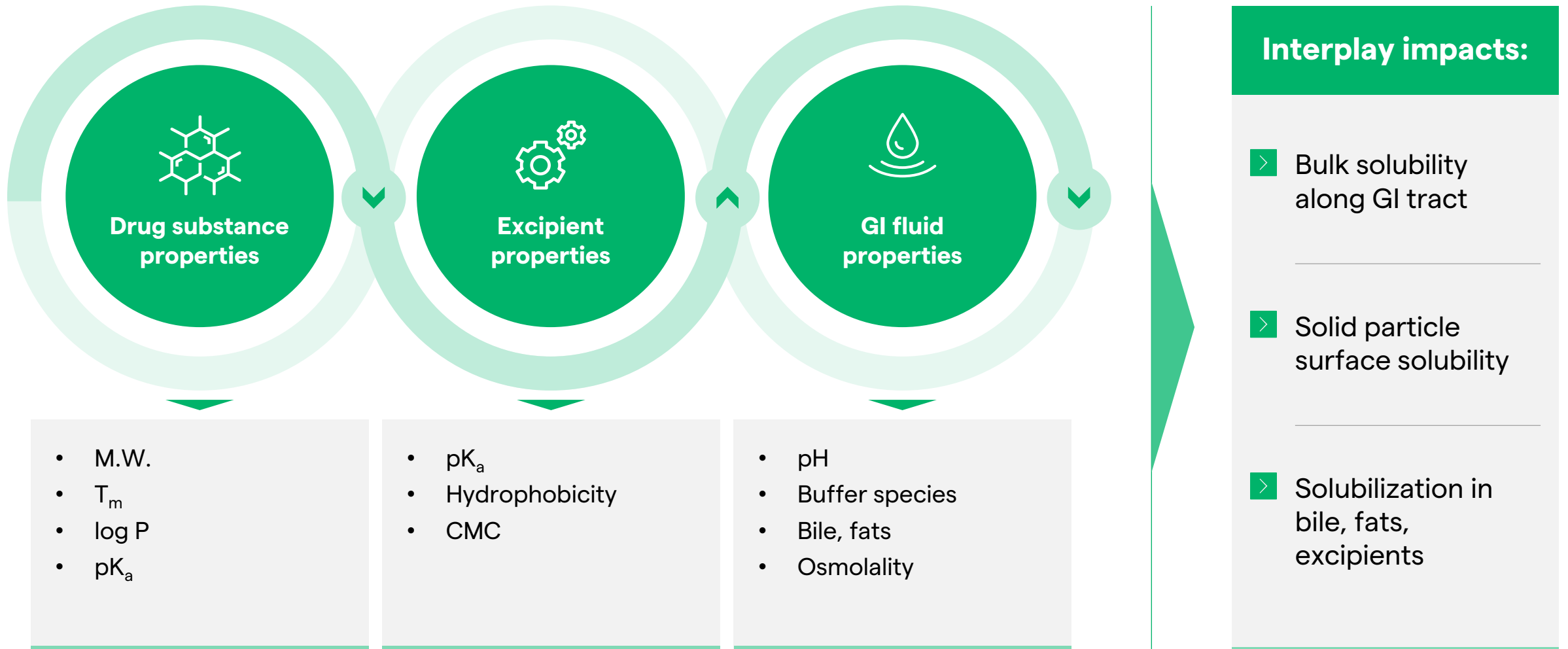


Solubility =

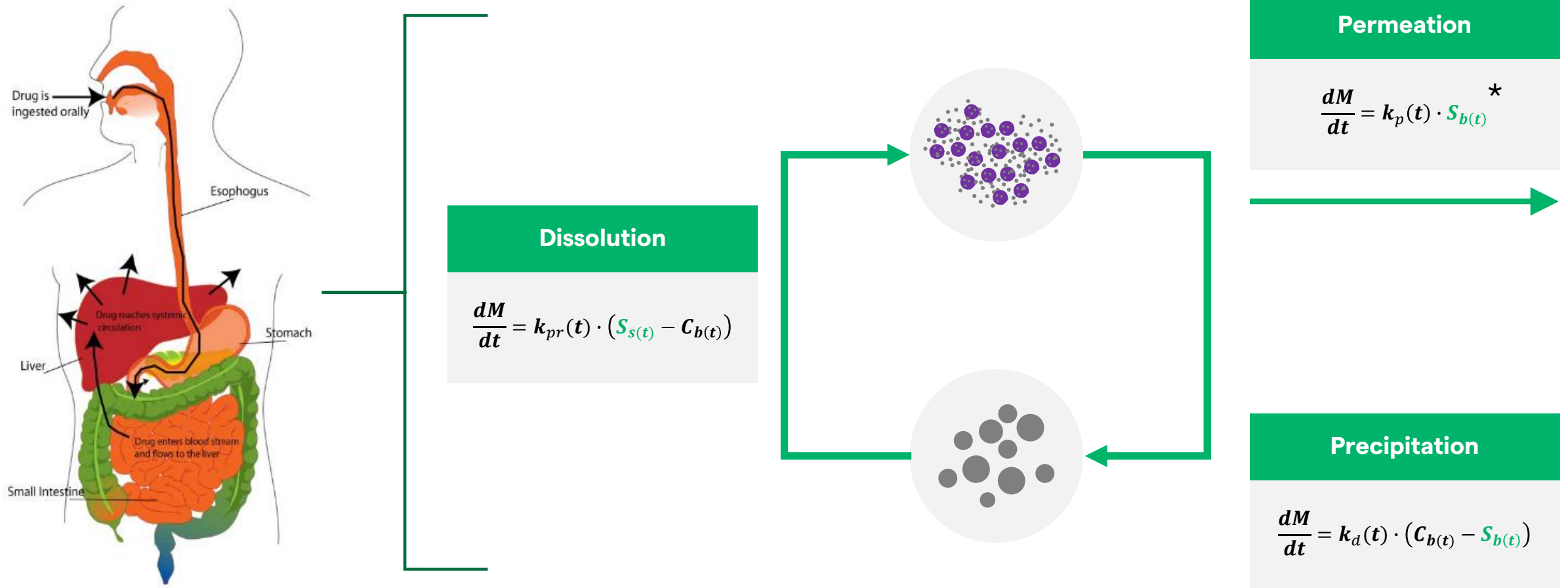
maximum concentration of drug in solution...



# Solubility is Impacted by Drug Formulation – GI Fluid Property interplay



# Solubility Impacts on Oral Bioperformance



\* at saturation, e.g. maximum absorbable dose



# Belinostat Case Study

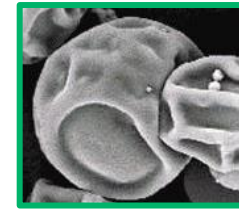
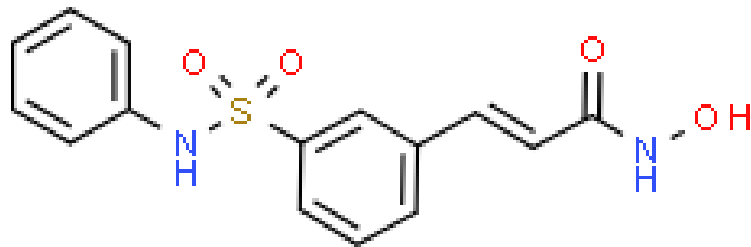
Amorphous solubility in presence of excipients and influence on rate and extent of dissolution of ASDs



# Belinostat is a BCS 2 Drug Formulated as Amorphous Solid Dispersions (ASDs) with 3 Different Dispersion Polymers

## Belinostat

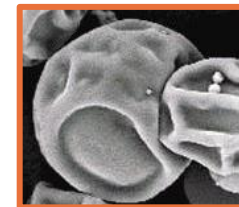
- BCS 2
- $pK_a = \geq 8$  (acidic)
- $\text{Log } P < 2$



**25% active**  
**HPMCAS-M ASD**



**25% active**  
**PVP K30 ASD**



**25% active**  
**PVP VA64 ASD**

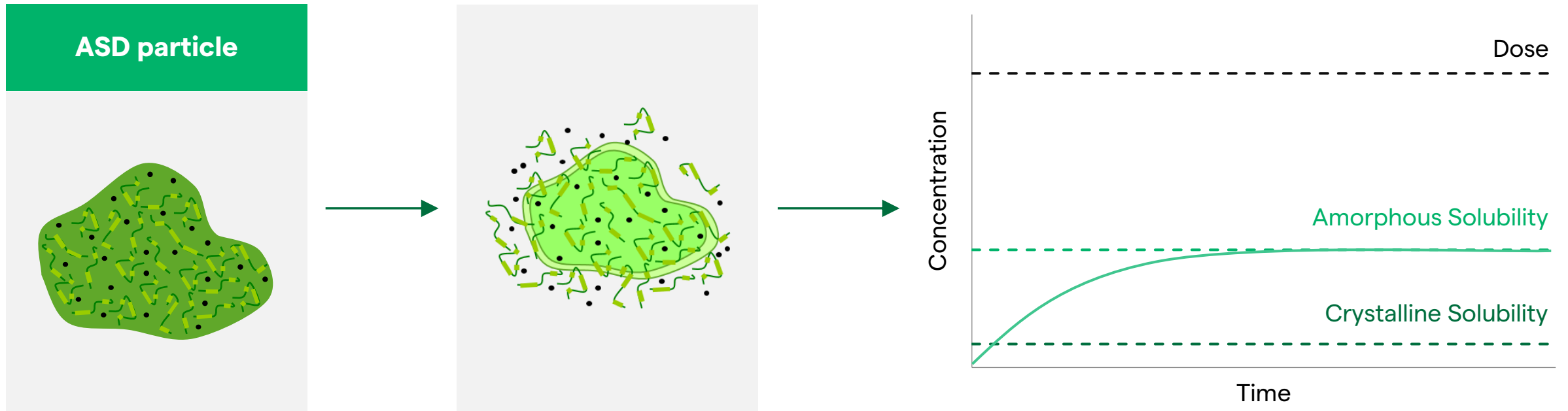


**Goal:**

**match performance of oral solution in dog study**

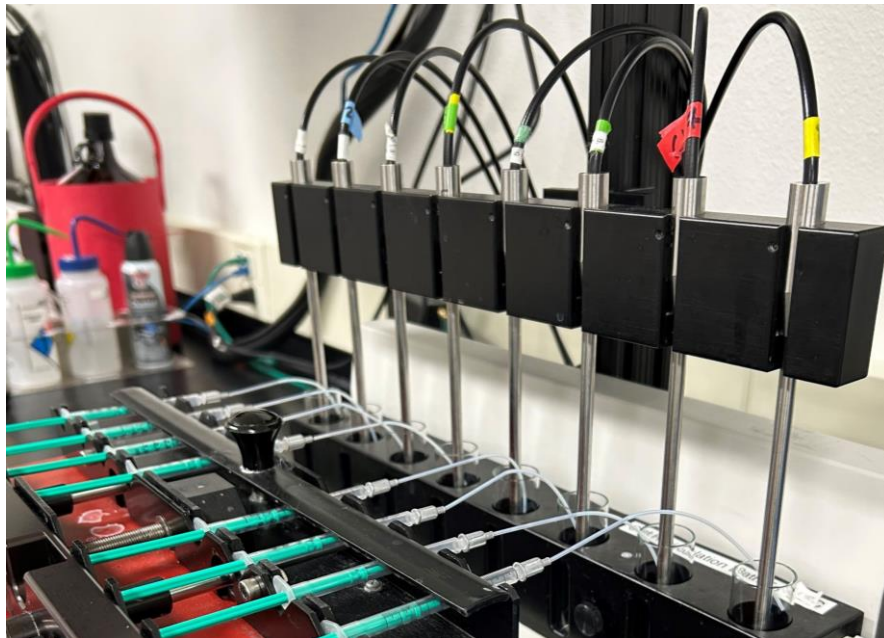
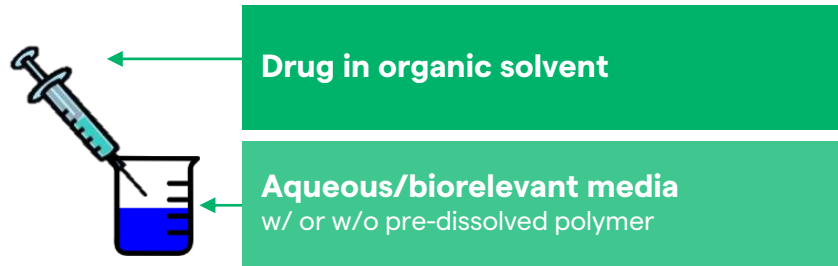


# Belinostat ASDs Dissolve to the Amorphous Solubility



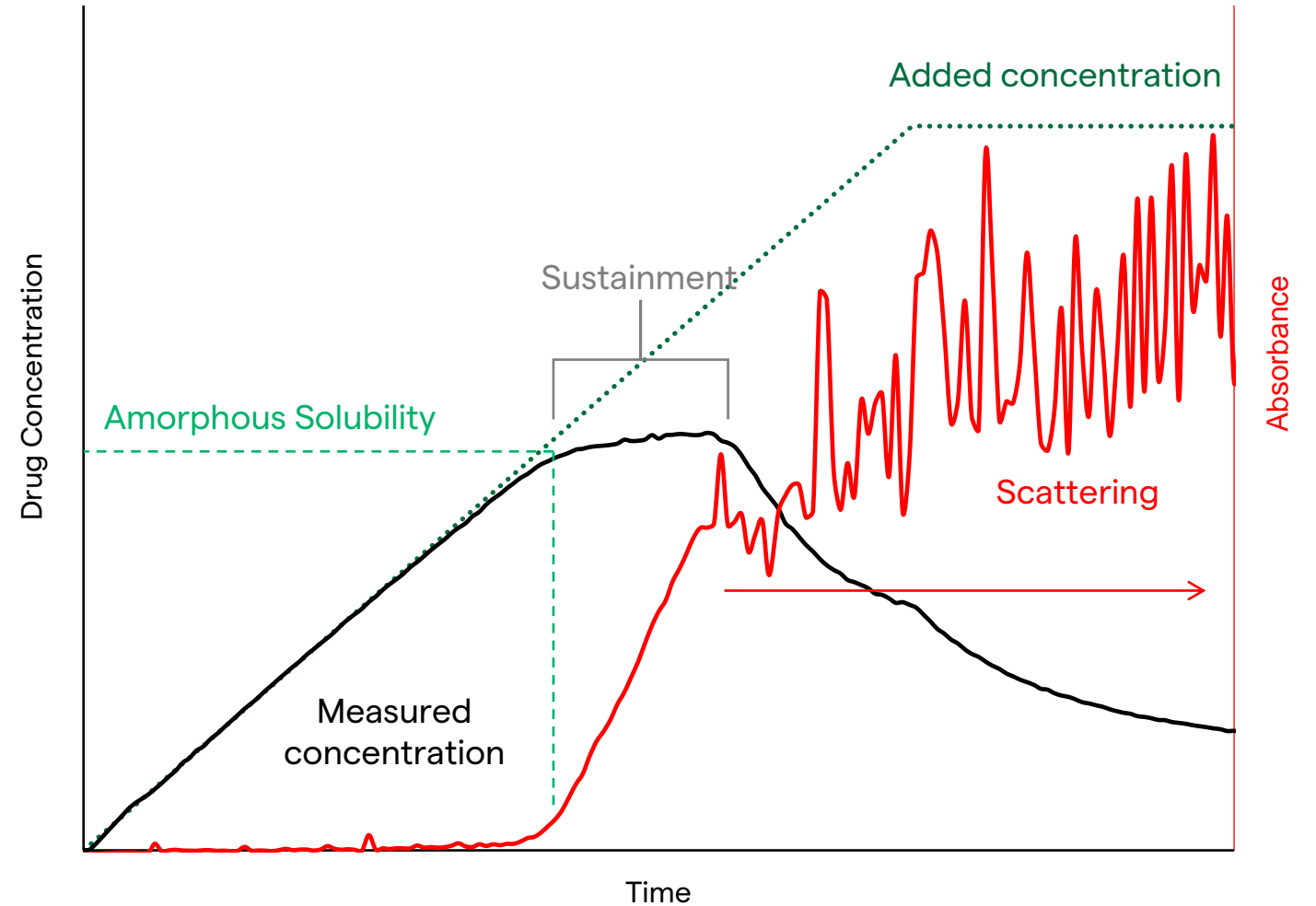
**Amorphous solubility can depend on dispersion polymer**

# Amorphous Solubility can be Measured using a Solvent-Shift Test



Ref: Murdande et al. *J Pharm Sci.* 99 (2010), 1254

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# Belinostat Amorphous Solubility is Depressed in the Presence of Polymer and Depends on Polymer Type

## Belinostat dissolved in ethanol



1 pH 2 HCl or

2 pH 6.5 phosphate buffer +  
6.7 mM SIF

## w/300 µg/ml pre-dissolved:

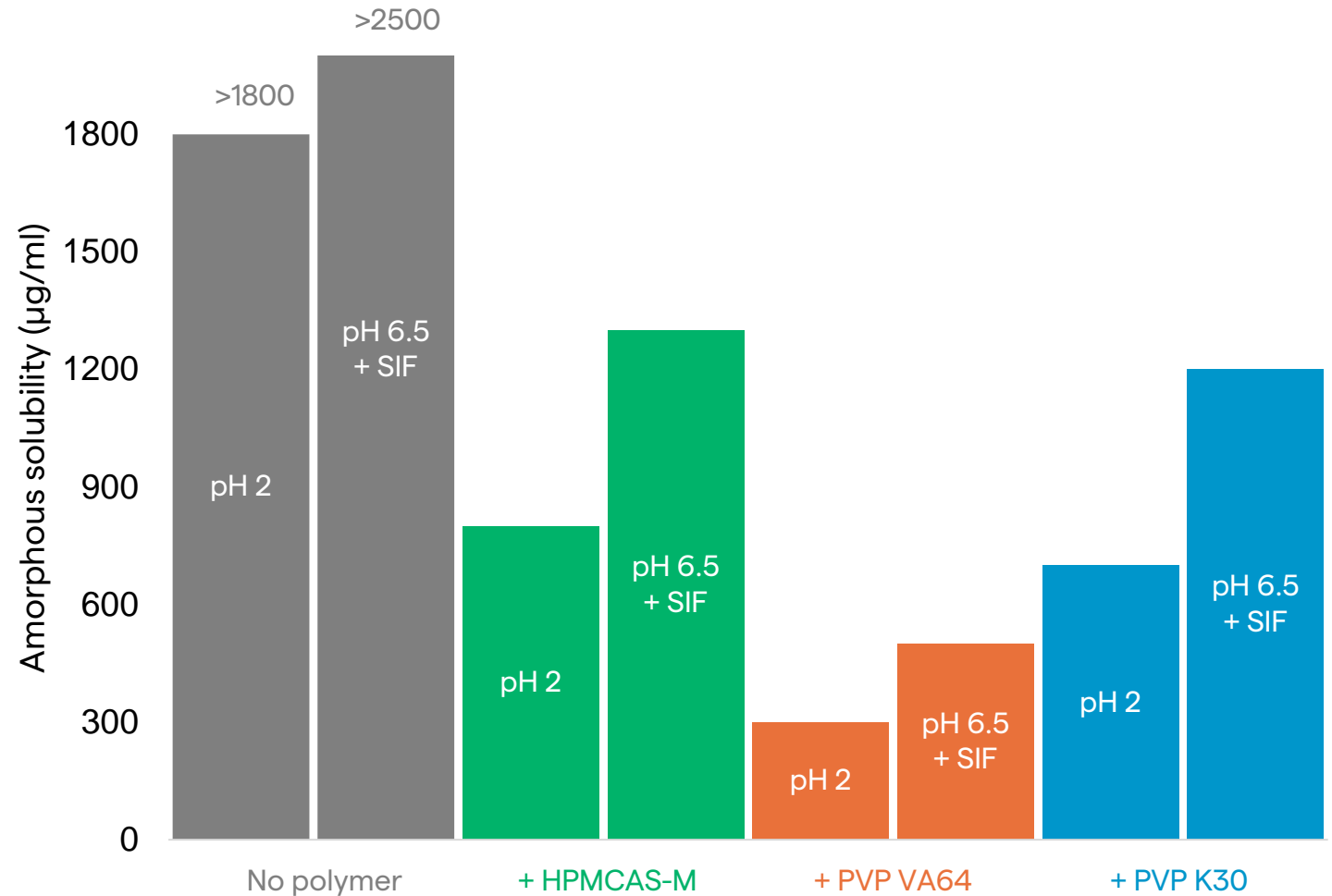


1 PVP K30

2 PVP VA64

3 HPMCAS-M

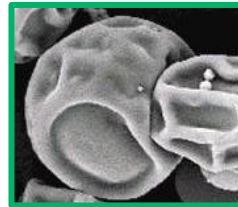
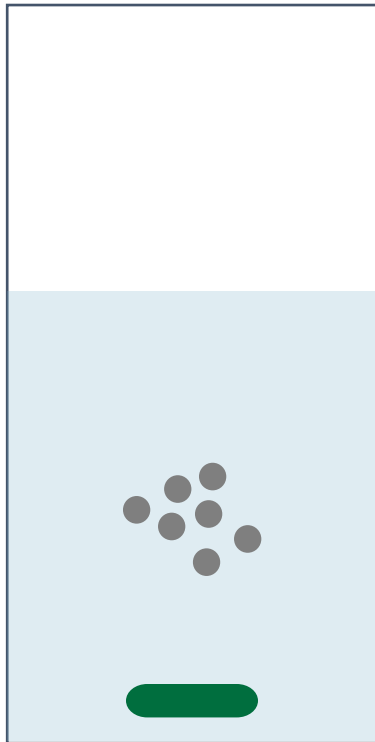
4 No polymer





# ASDs Reach Amorphous Solubilities Measured by Solvent-Shift in Non-Sink In Vitro Dissolution Test

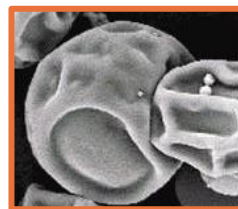
**Intestinal pH test (pH 6.5, 6.7 mM SIF)**  
Non-sink test ('Do' > 1.5)



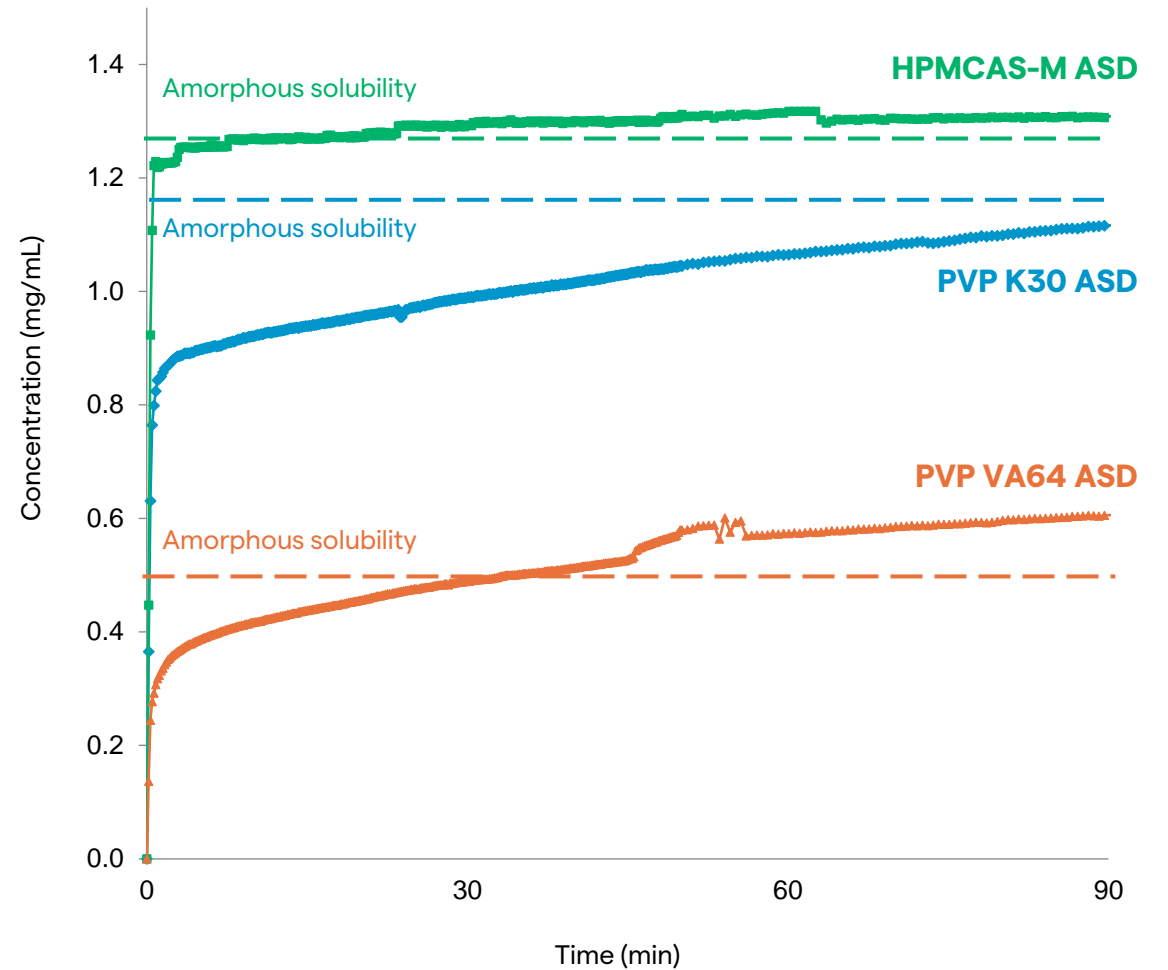
**25% active  
HPMCAS-M ASD**



**25% active  
PVP K30 ASD**

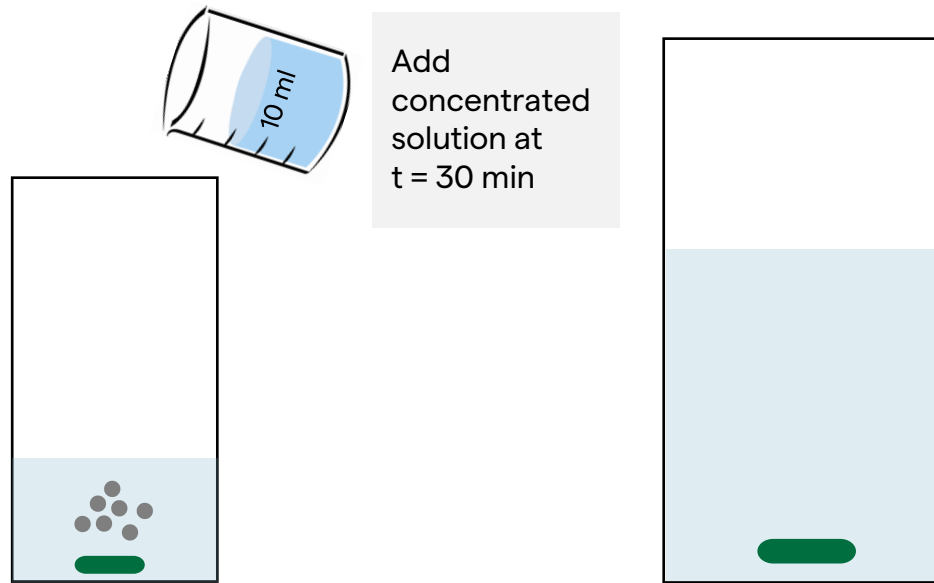


**25% active  
PVP VA64 ASD**



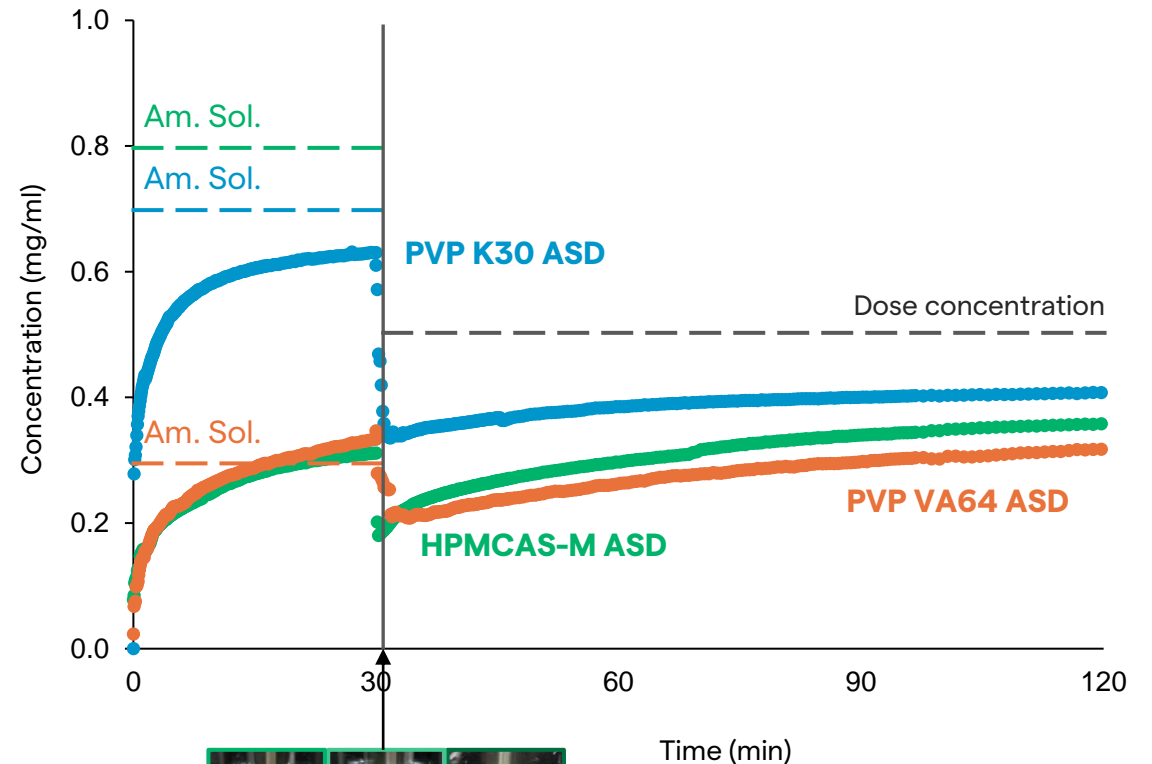
# HPMCAS-M ASD does not Reach Amorphous Solubility in Gastric Medium due to Aggregation

**Gastric transfer test (pH 2 → 6.5, 6.7 mM SIF)**  
Gastric non-sink ('Do' > 1.3 → 'Do' ≤ 1)



**pH 2**  
30 min

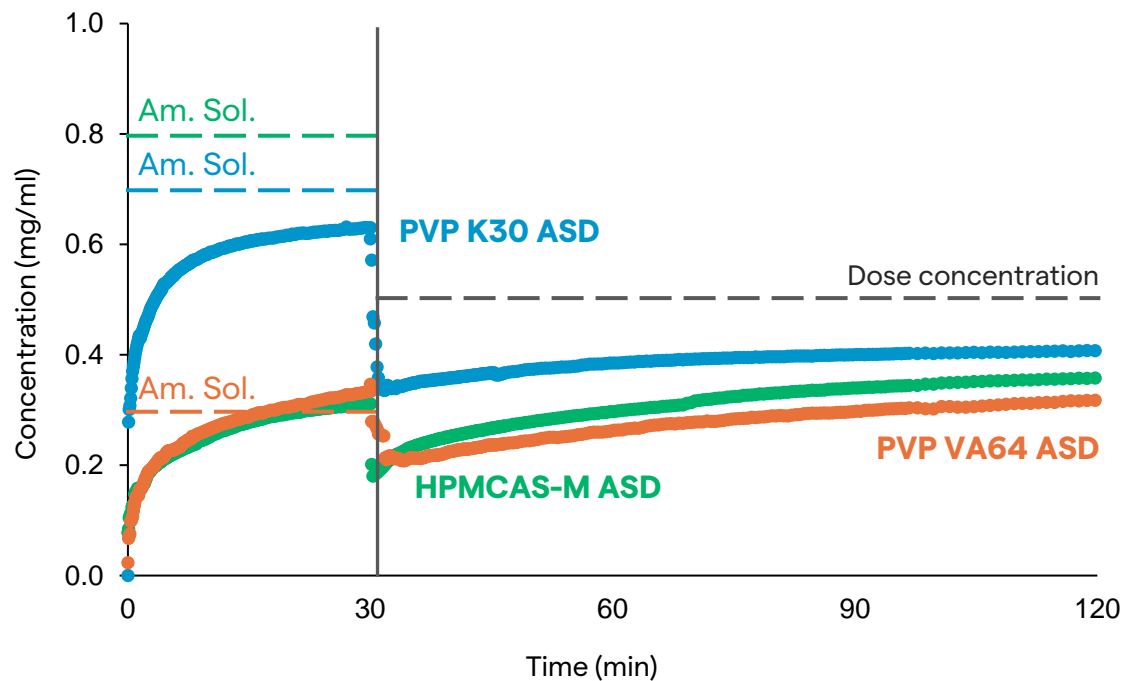
**pH 6.5 +  
6.7 mM SIF**



# Modeling Strategy – Extract Z-Factor from In Vitro Dissolution Profiles and Amorphous Solubilities

$$\frac{dM}{dt} = z \cdot M_{u,0} \left( \frac{M_{u,t}}{M_{u,0}} \right)^{2/3} (S_s - C_b)$$

$$z = \frac{3 \cdot D}{\rho \cdot r^2}$$



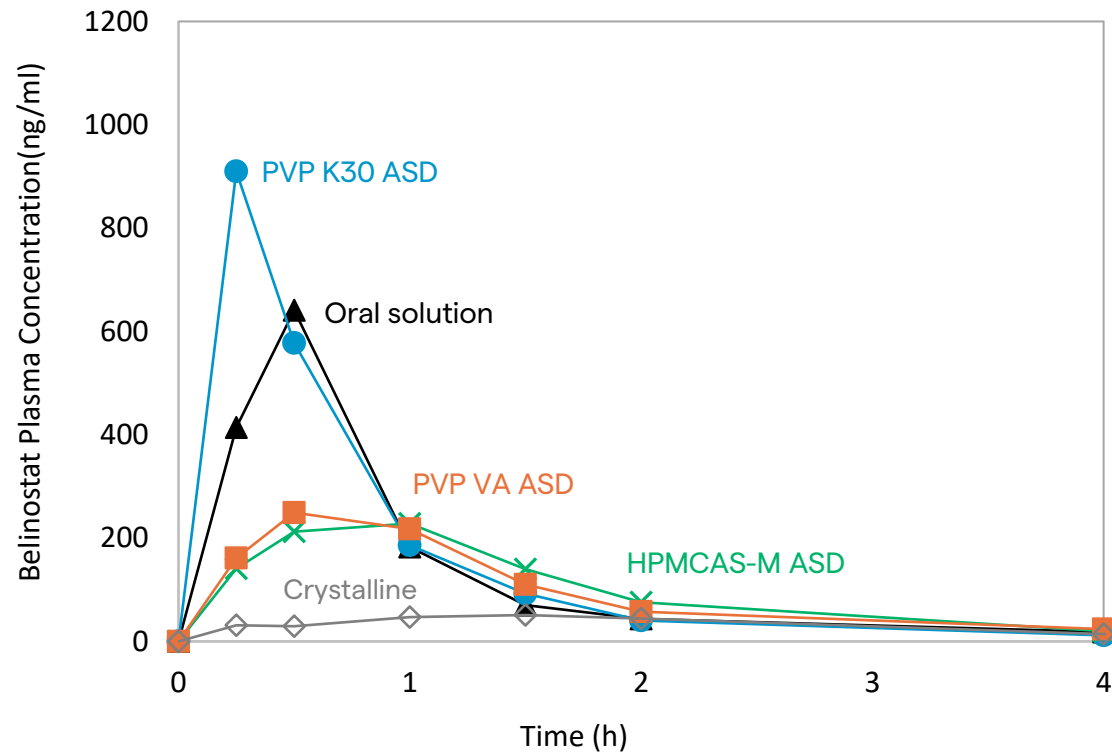
Ref: Stewart et al., J Pharm Sci 108 (2019) 326-336, Takano et al. Pharm Res, 2006

Gastric medium				
	S <sub>s</sub> (mg/ml)	z (mL/g/s)	S <sub>s</sub> · z (h <sup>-1</sup> )	r (μm)
PVP K30	0.7	32	80.6	8
PVP VA64	0.3	0.2	0.2	104
HPMCAS-M	0.8	0.06	0.2	169
Intestinal medium				
	S <sub>s</sub> (mg/ml)	z (mL/g/s)	S <sub>s</sub> · z (h <sup>-1</sup> )	r (μm)
PVP K30	1.1	3	11.6	25
PVP VA64	0.5	0.3	0.6	73
HPMCAS-M	1.2	0.7	3.1	50

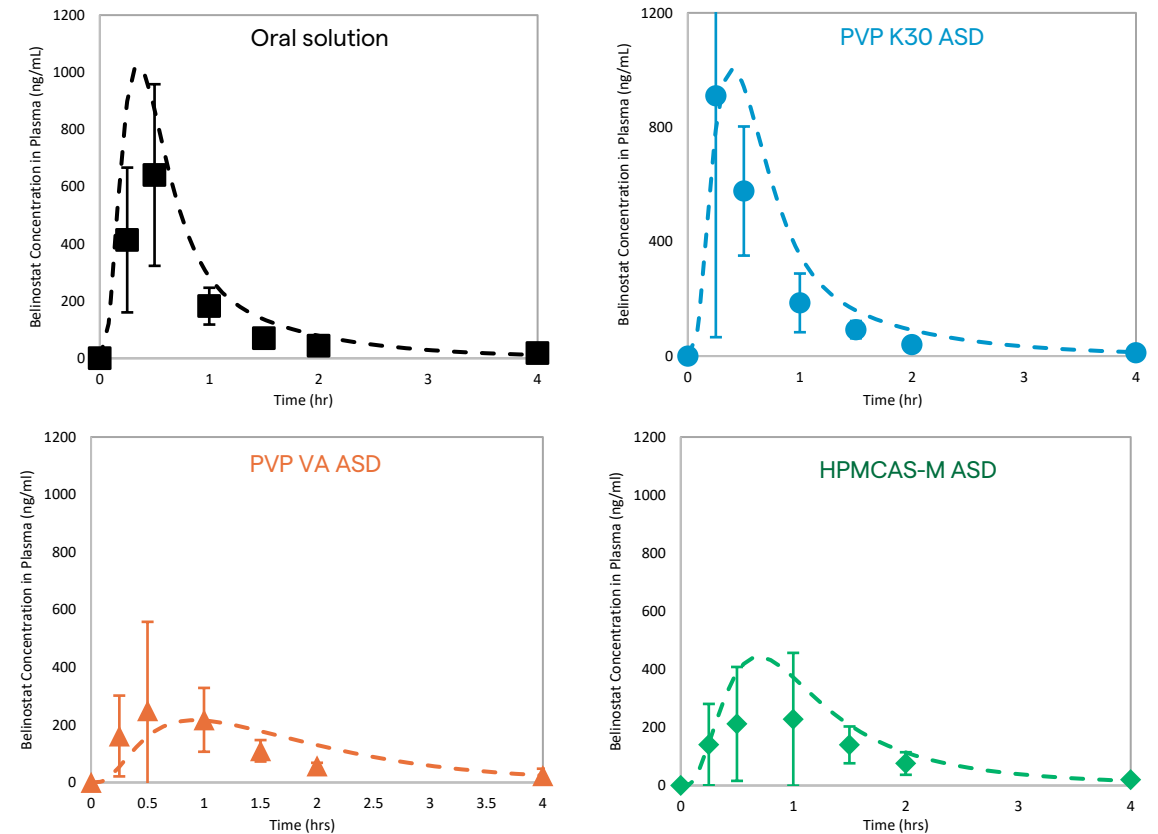


# PVP K30 ASD Performed Best In Vivo and Model Predictive of Average Plasma Profiles

## Fasted beagle dogs (n=4), 50 mg dose



## Modeled using GastroPlus® version 9.0



# Belinostat Case Study Conclusions



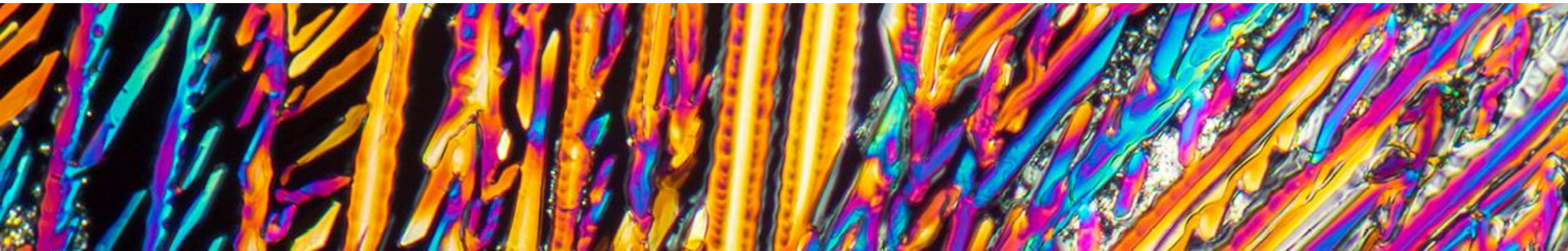
Amorphous solubility and effective particle size drive Belinostat ASD dissolution



Amorphous solubility can be effectively measured using a pH-shift test



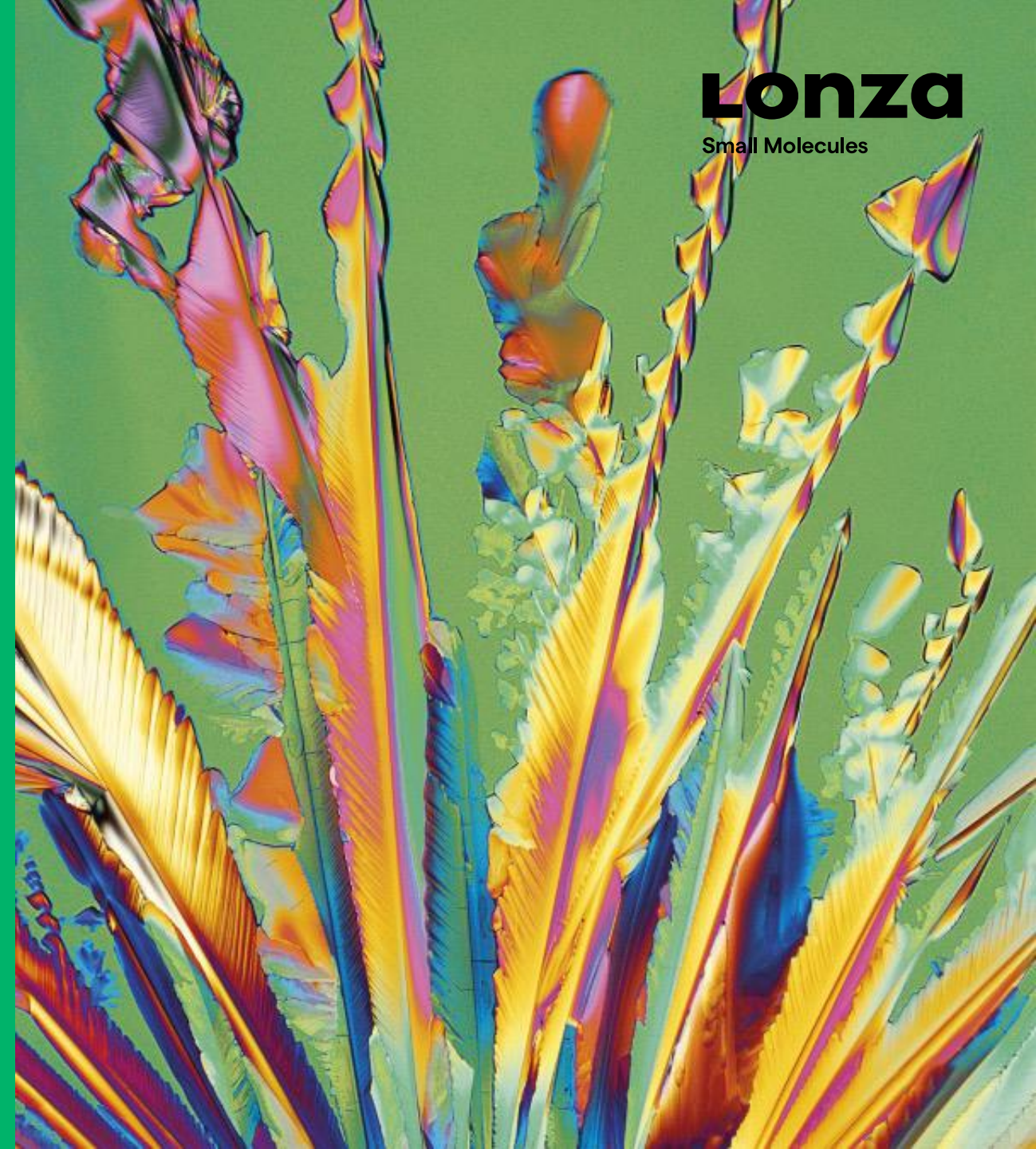
It's important to test solubility in the presence and absence of formulation excipients





# Itraconazole Case Study

Drug-polymer colloids drives performance by impacting maximum concentration driving force for absorption

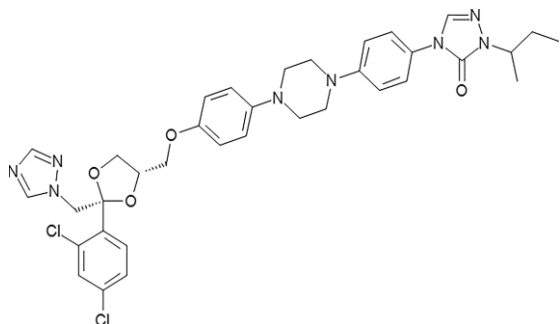




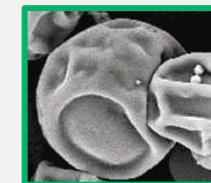
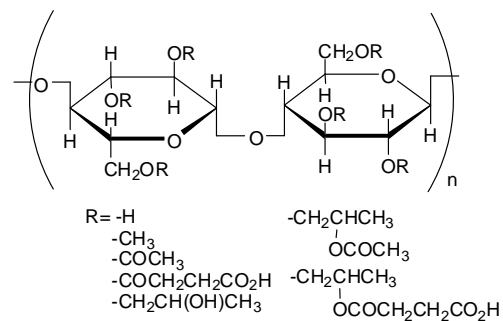
# Itraconazole is a BCS 2 Drug Formulated as ASDs using Different Grades of HPMCAS

## Itraconazole

- BCS 2
- $pK_a = 3.7$
- $\log P = 6.3$

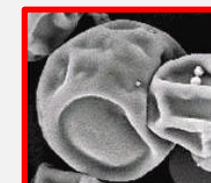


## Hydroxypropyl Methylcellulose Acetate Succinate (HPMCAS)



**25% active**  
**Hydrophilic SDD**  
Affinisol 716HP ('L grade')

or



**25% active**  
**Hydrophobic SDD**  
Affinisol 126HP ('H grade')

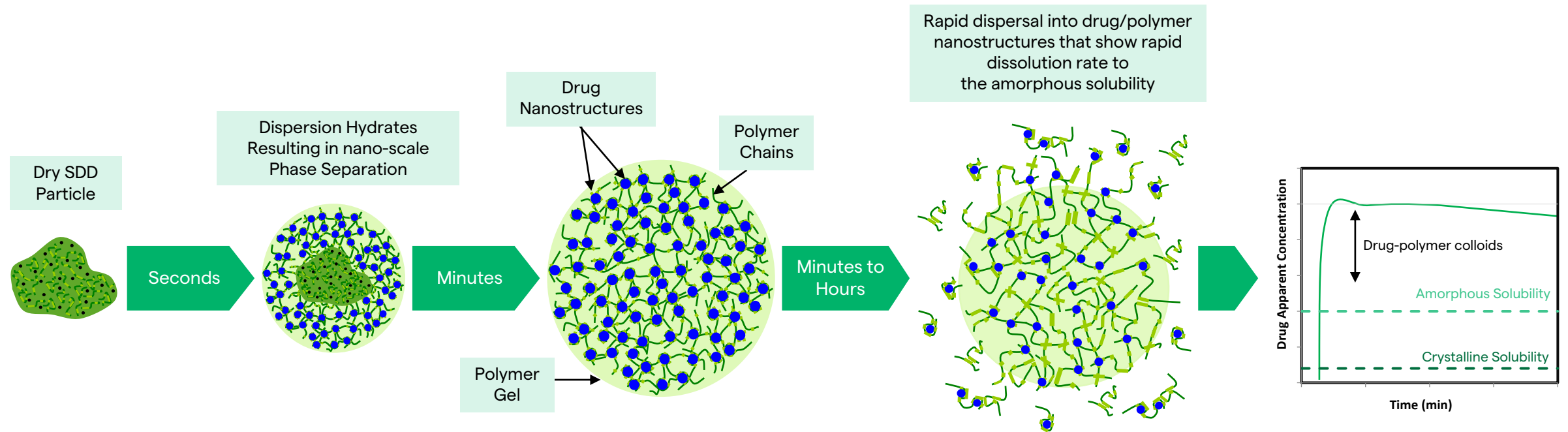


**Goal:**

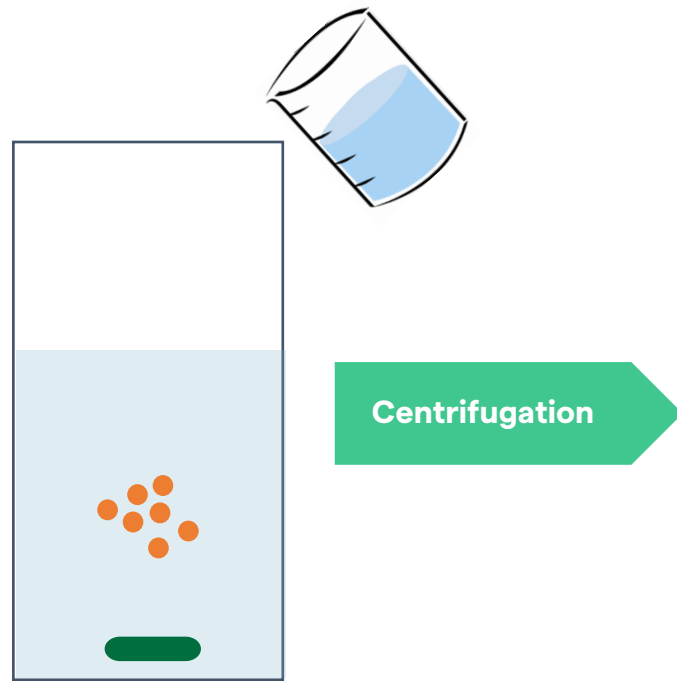
**exceed performance of marketed formulation\* in rat study**

\*Sporanox<sup>®</sup> spray-layered amorphous dispersion

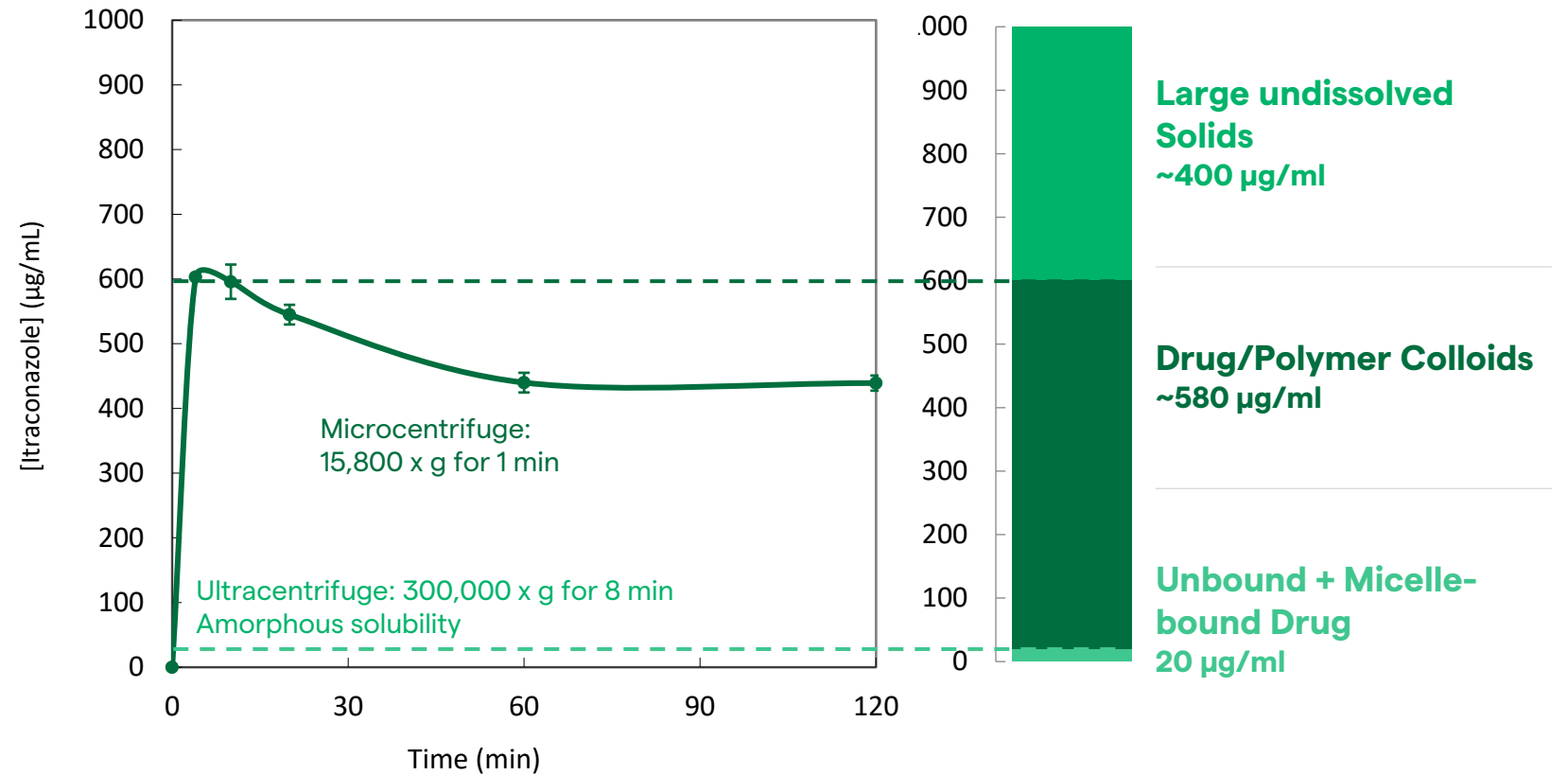
# Itraconazole ASDs Form Drug-Polymer Colloids in Aqueous Media



# Colloids and Drug Speciation can be Measured using Non-Sink In Vitro Test



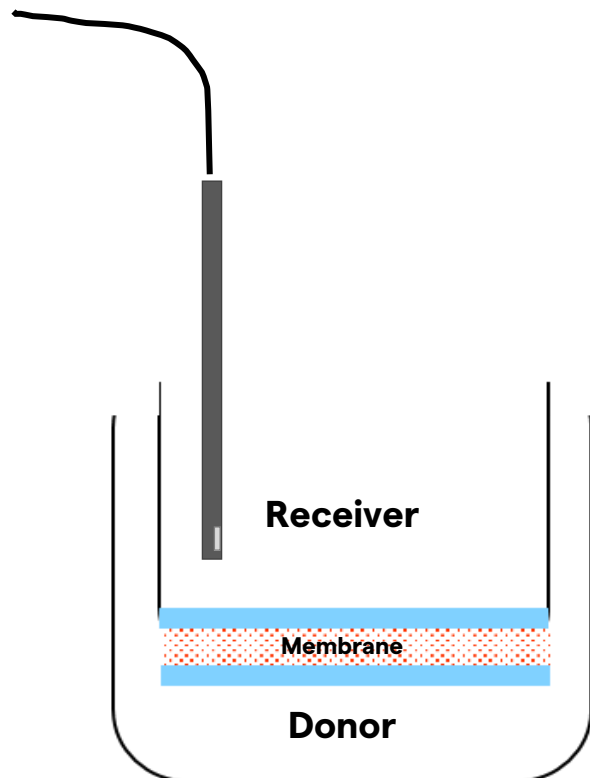
**25% Itraconazole:HPMCAS-L ASD**  
pH 6.5, 27 mM bile salts



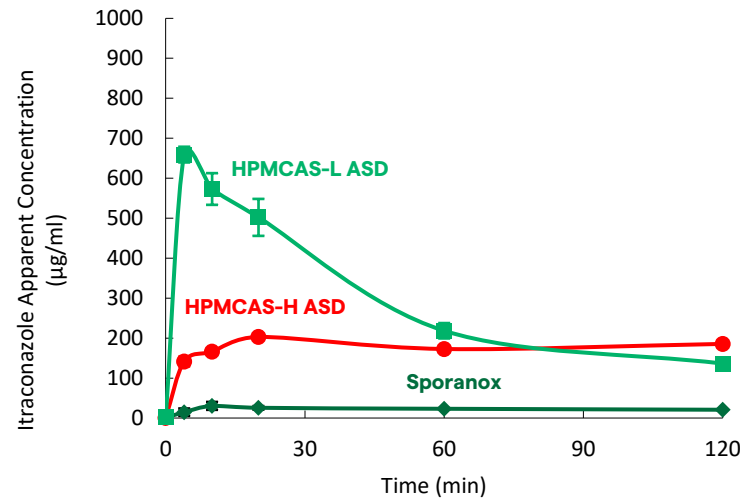
**+ Dynamic Light Scattering (DLS) to confirm/determine size of species**

# Colloid Concentration is Influenced by Polymer Type and Impacts Permeation Rate in a Membrane Flux Assay

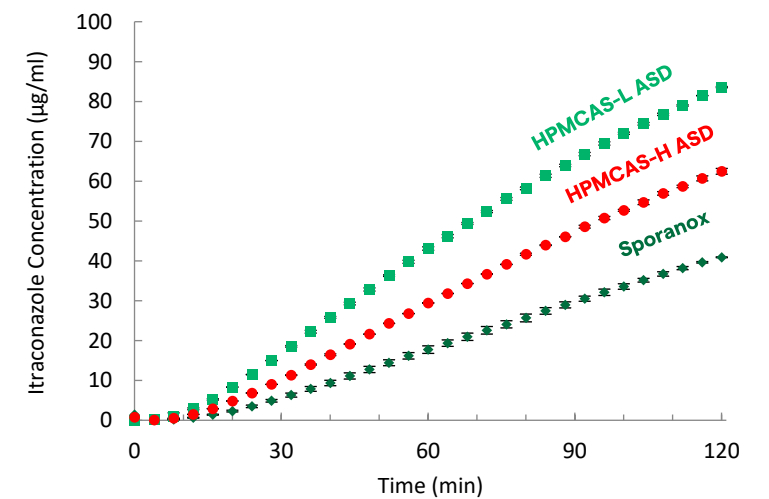
## Membrane Flux Assay



## Donor



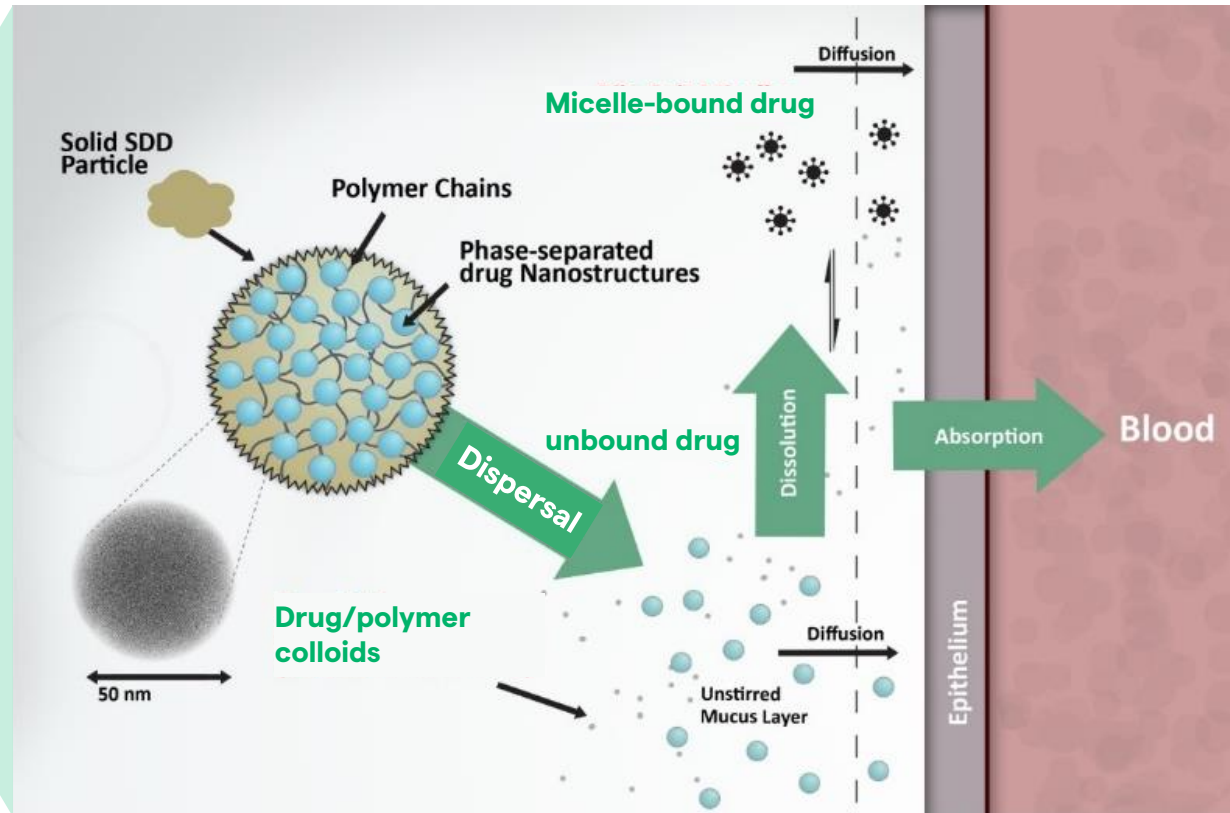
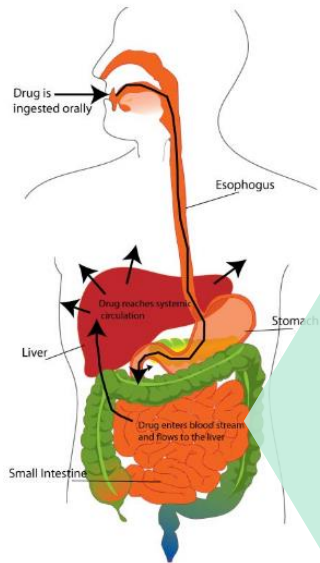
## Receiver



No.	Formulation	Flux (µg/min/cm <sup>2</sup> )	Colloid (µg/ml)
1	25% ITZ/75% HPMCAS-L SDD	1.18	602
2	25% ITZ/75% HPMCAS-H SDD	0.85	150
3	Sporanox <sup>®</sup> spray layered dispersion	0.53	0



# Increased Flux Mechanism – Colloids Help Shuttle Drug Across the Unstirred Water Layer (UWL)



○ ○ ○  
○ ○  
○ ○

Unbound drug  
~1 nm

⊗ ⊗  
⊗

Micelle-bound drug (5-500 nm)

● ●  
●

Drug/Polymer colloids (10 - 400 nm)

Undissolved solids (10-100 μm)

Contribution to absorption

# Modeling Strategy – Modify $P_{eff}$ to Account for Increased Permeation Rate for Colloid-Forming Formulations

$$P_{eff,nano} = P_{eff} \left( 1 + \frac{D_{nano}}{D_{SIF}} \cdot \frac{c_{nano}}{c_{SIF}} \right)$$

## Solubility model inputs:

- > Amorphous solubility of free drug

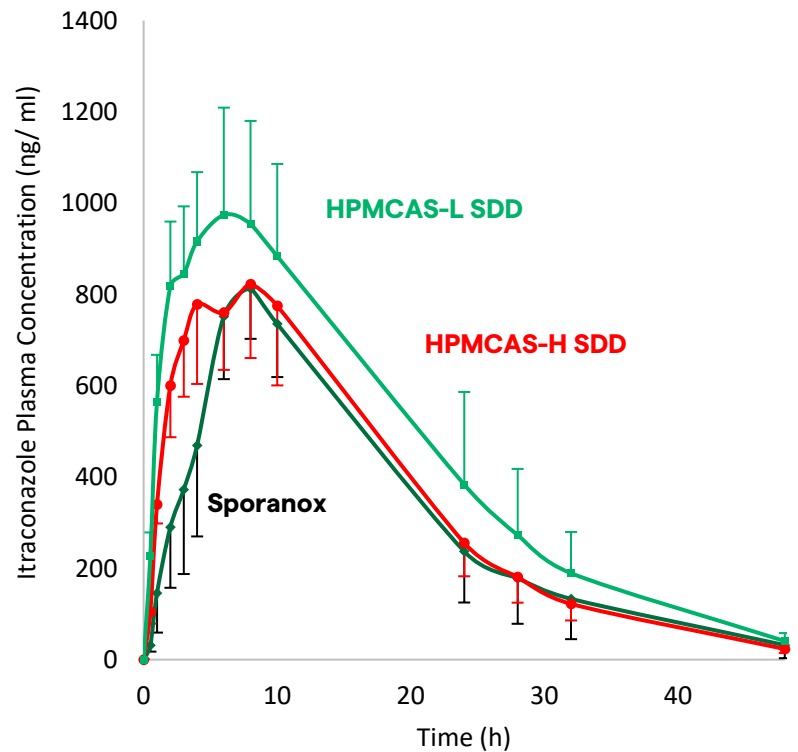
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- > Biorelevant solubility

In Vitro Data	Notation	Analytical
Concentration of colloids	$c_{nano}$	Centrifuge + HPLC in media of interest
Concentration of bile micelle-bound drug	$c_{SIF}$	Ultracentrifuge + HPLC in biorelevant media
Concentration of free drug	$c_u$	Ultracentrifuge + HPLC in blank buffer
Size of colloids	$d_{nano}$	Dynamic Light Scattering
Size of bile salt micelles	$d_{SIF}$	

# Colloids Influence In Vivo Absorption and Nano-Modified Peff Strategy Predicted Exposure in Rats

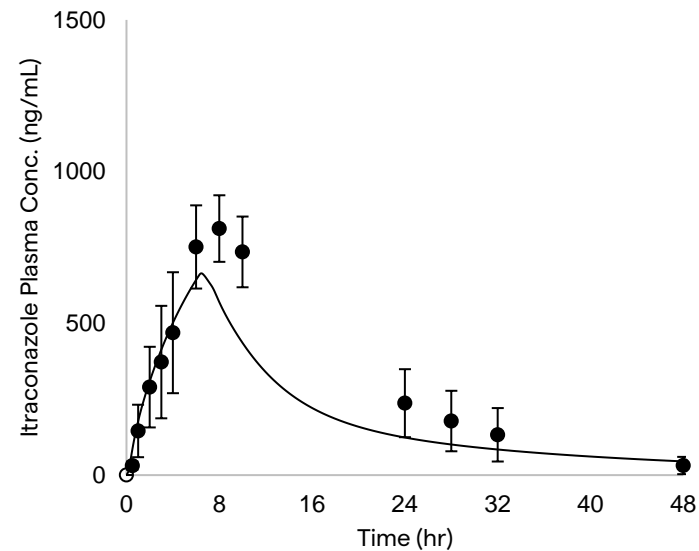
Fasted Sprague-Dawley rats  
(n=6), 50 mg/kg



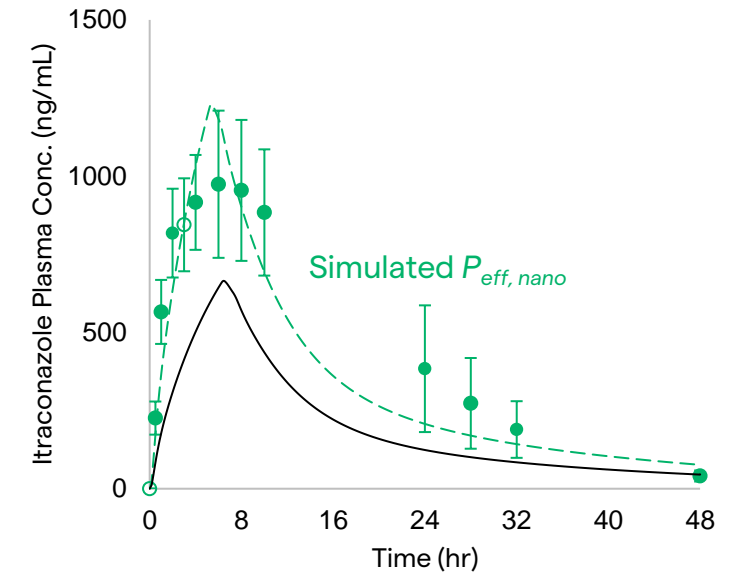
Stewart et al. Mol. Pharm. 14, 2437-2449 (2017), Stewart & Grass, Mol. Pharm. 17, 1, 180-189 (2019)

Modeled using GastroPlus version 9.6

Sporanax – No colloids



HPMCAS-L ASD



# When do Drug-Polymer Colloids Tend to Improve Absorption?

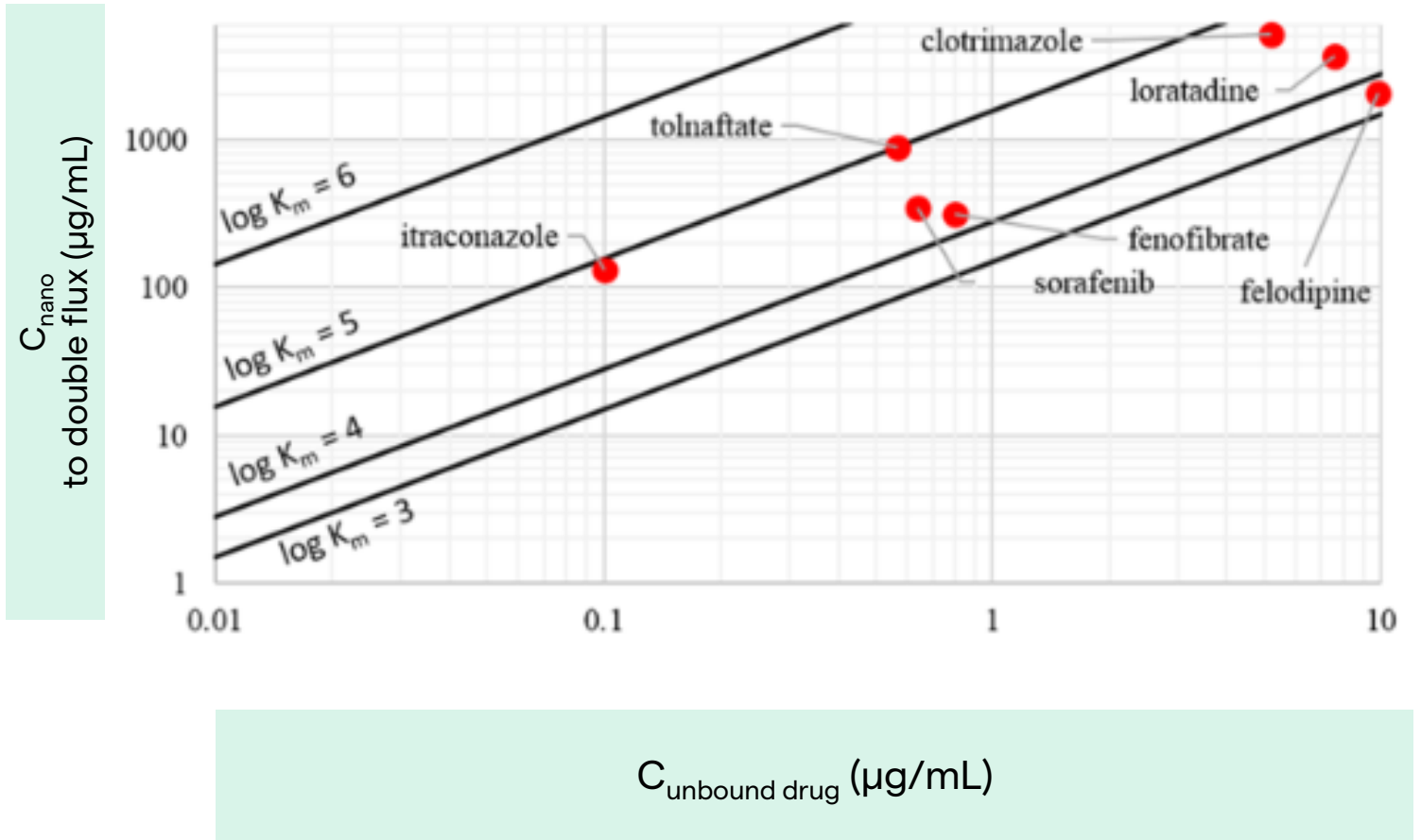
> Solubility-permeability limited absorption

> Permeation is UWL limited

>  $C_{\text{nano}} \gg C_{\text{unbound}} + C_{\text{SIF}}$

- As bile micelles ↓
- As  $K_{\text{bm}}$  ↓

> Calculate  $P_{\text{eff, nano}}$  vs.  $P_{\text{eff}}$  & run PSA

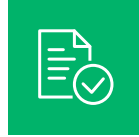




# Itraconazole Case Study Conclusions



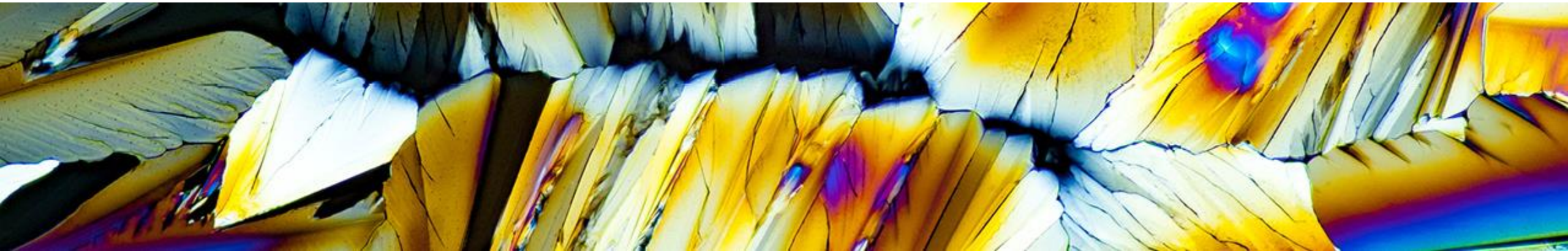
Drug-polymer colloids drive absorption of itraconazole ASDs



Colloid concentration and drug 'speciation' can be measured in vitro

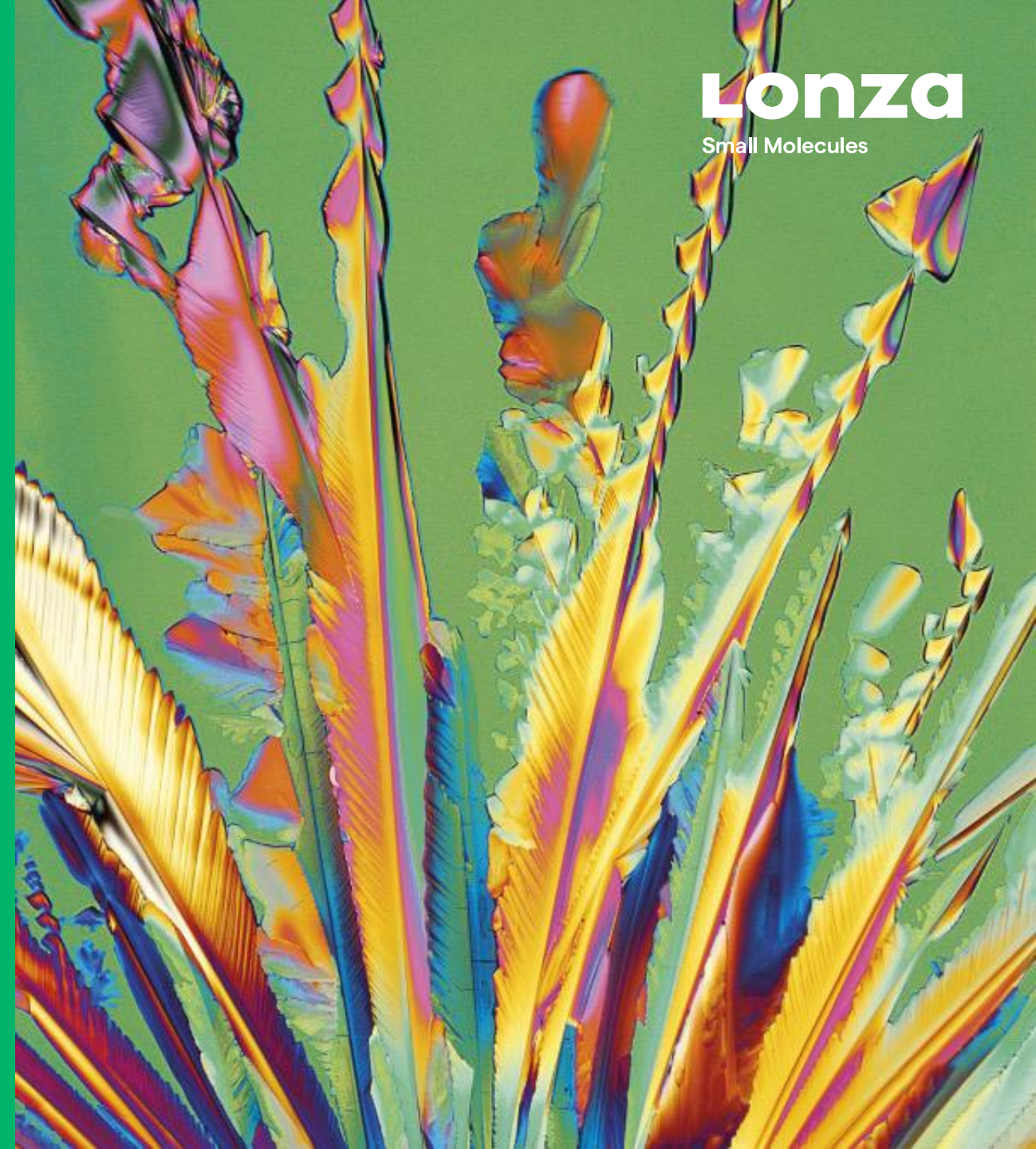


'Nano-modified  $P_{eff}$ ' can model influence on in vivo performance



# Acalabrutinib Case Study

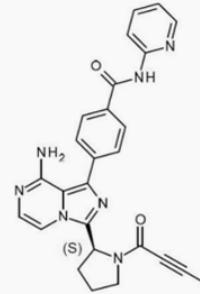
Solubility at solid particle surface drives performance by impacting dissolution rate



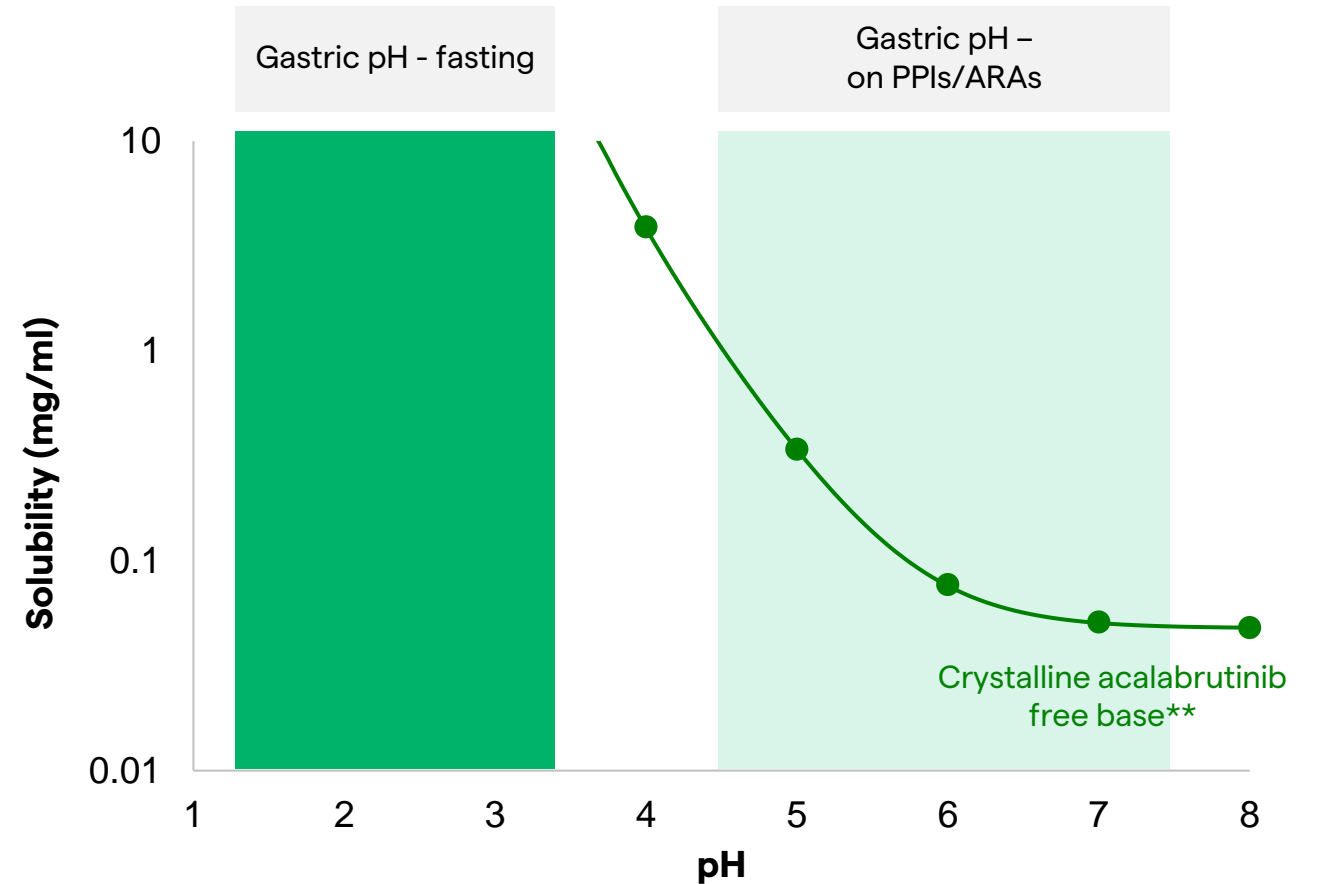
# Acalabrutinib is a BCS 2 Drug Formulated as Crystalline Drug in Capsule or Tablet (CALQUENCE®)

## Acalabrutinib

- BCS 2b
- $pK_a = 3.5, 5.8$
- $\log P = 2$



- > Plasma AUC of free base  $\downarrow$  43% with PPI\*
- > Acalabrutinib maleate overcomes PPI effect
- > Current case study evaluates ASD tablet



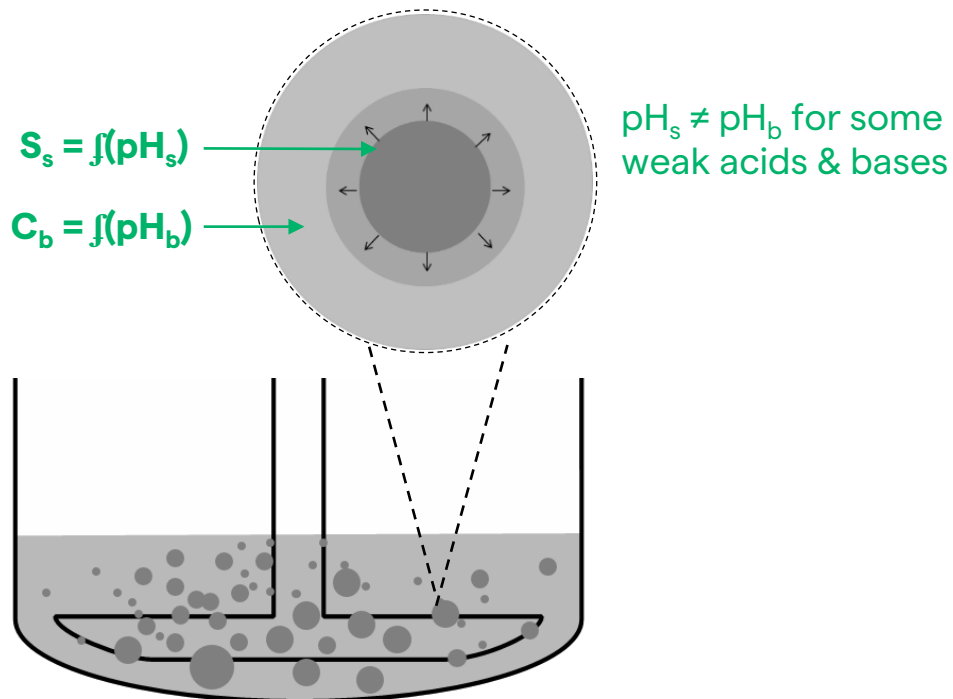
\*Calquence FDA label

\*\*Pepin et al. Eur J Pharm Biopharm. 2019 Sep;142



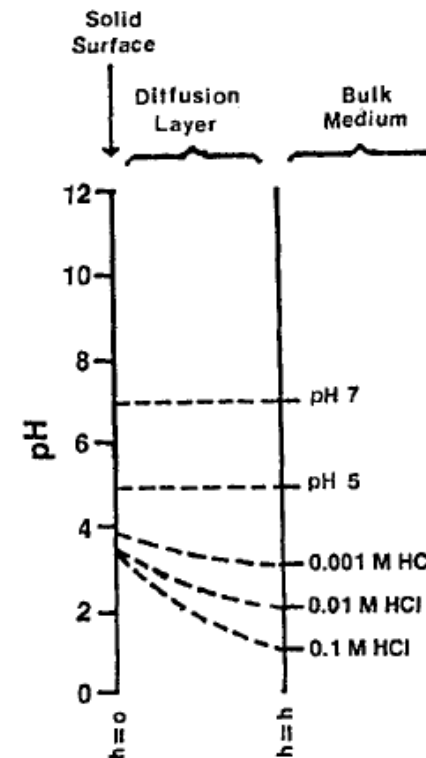
# Modeling Rate and Extent of Gastric Release Relies On Estimating Surface Solubility

$$\frac{dM_{diss}}{dt} = k_{pr}(t) \cdot (S_s(t) - C_b(t))$$



Mudie et al. AAPS J. 2020 Jan 27;22(2):34

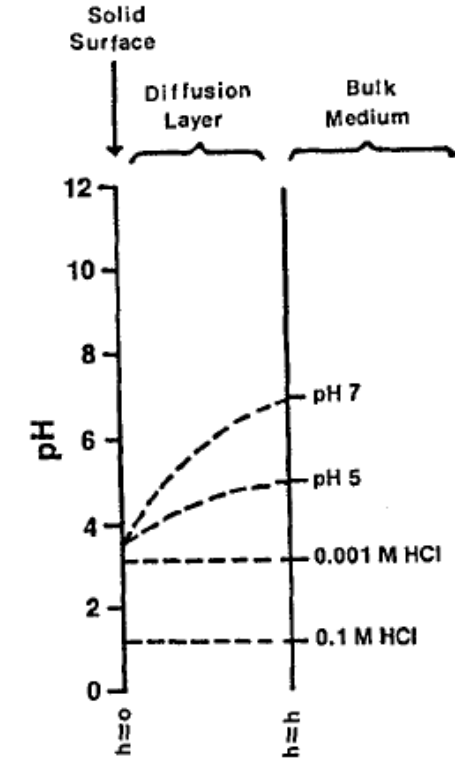
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Phenazopyridine (weak base)

Example from Serajuddin & Jarowski, J Pharm Sci, 1985, 74, 2

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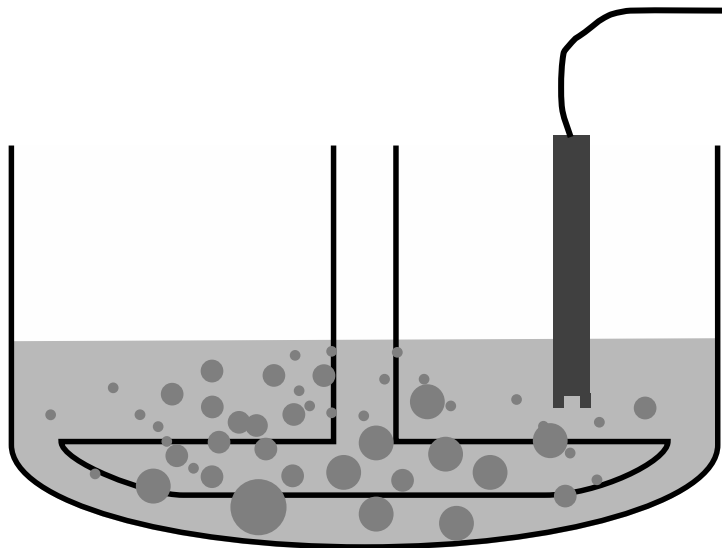


Phenazopyridine HCl

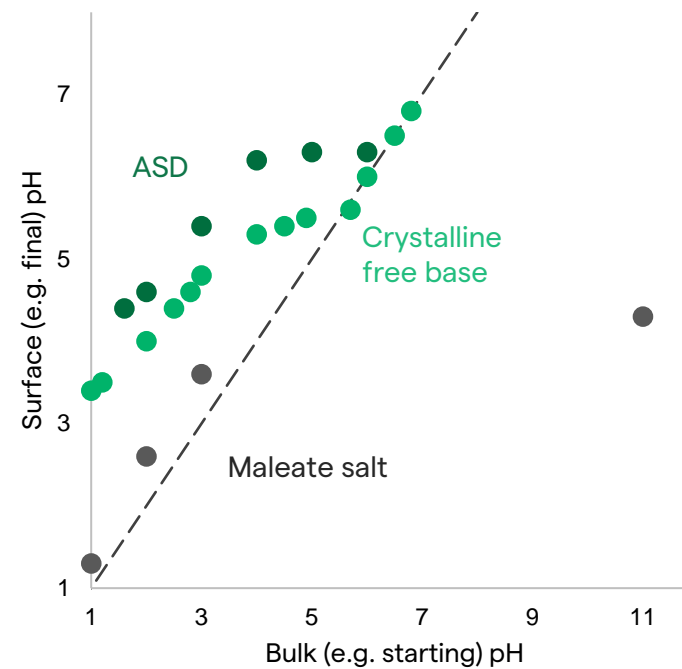


# Measured Surface pH by Measuring pH of a Saturated Solution

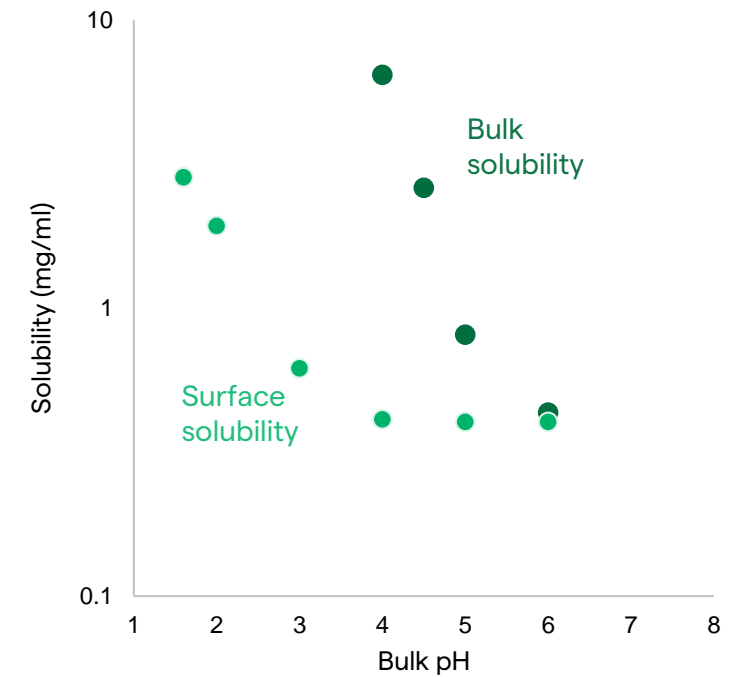
Measure pH of a saturated solution of drug in e.g. HCl



Results for acalabrutinib in HCl or NaOH



Bulk vs. Surface Solubility for ASD



# Modeling Strategy – Adjust Bulk pH to Surface pH and Extract Z-Factor from In Vitro Dissolution Profiles

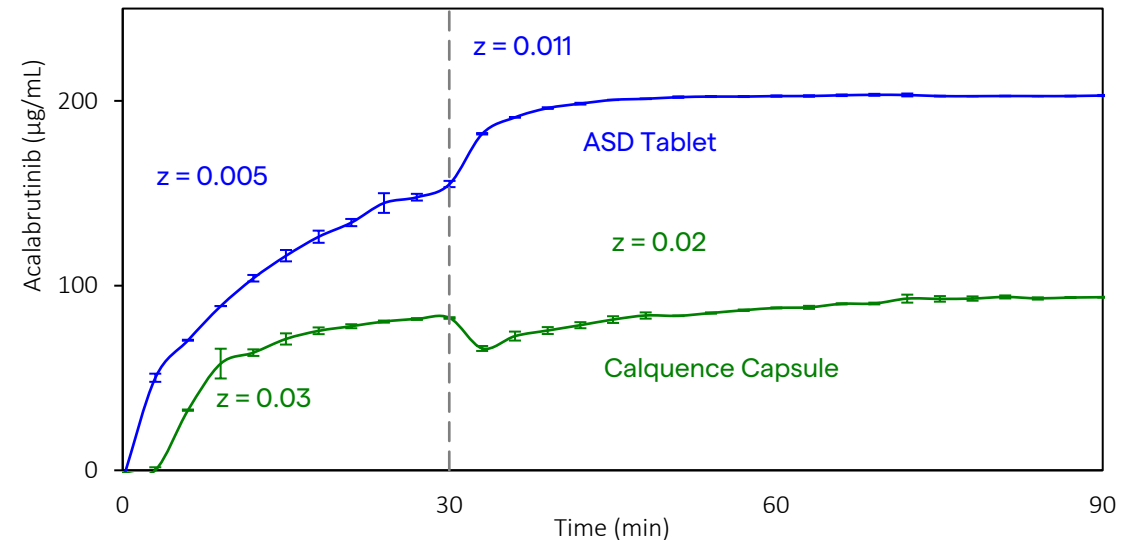
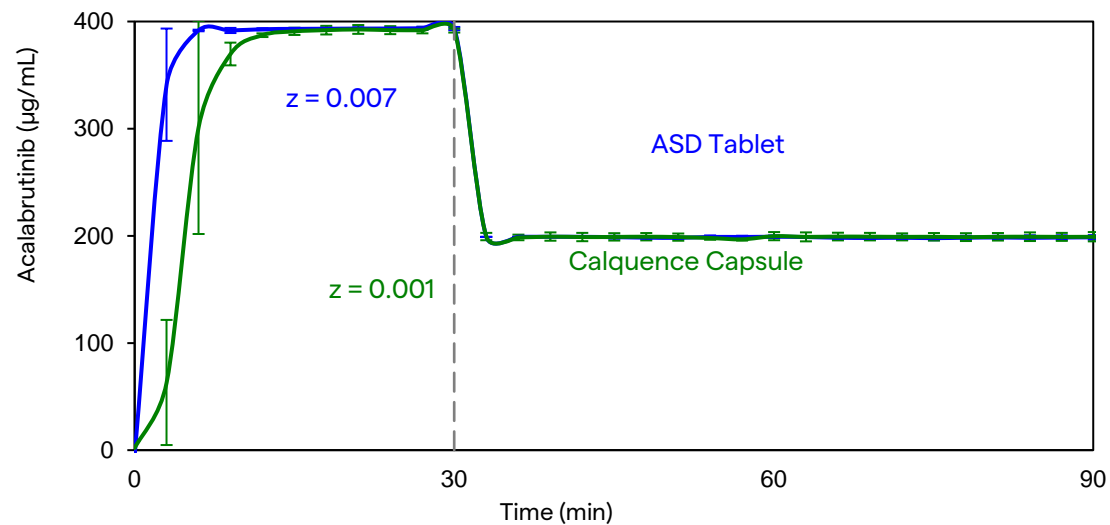
	Simulated bulk pH	Adjusted (surface) pH ASD Tablet	Adjusted (surface) pH Calquence capsule
Dog stomach Low pH (e.g. pentagastrin)	<b>2.0</b>	<b>4.6</b>	<b>4.0</b>
Dog stomach High pH (e.g. famotidine)	<b>6.0</b>	<b>6.3</b>	<b>6.0</b>

$$\frac{dM}{dt} = z \cdot M_{u,o} \left( \frac{M_{u,t}}{M_{u,o}} \right)^{2/3} (C_s - C_b)$$

**pH 2 gastric test**

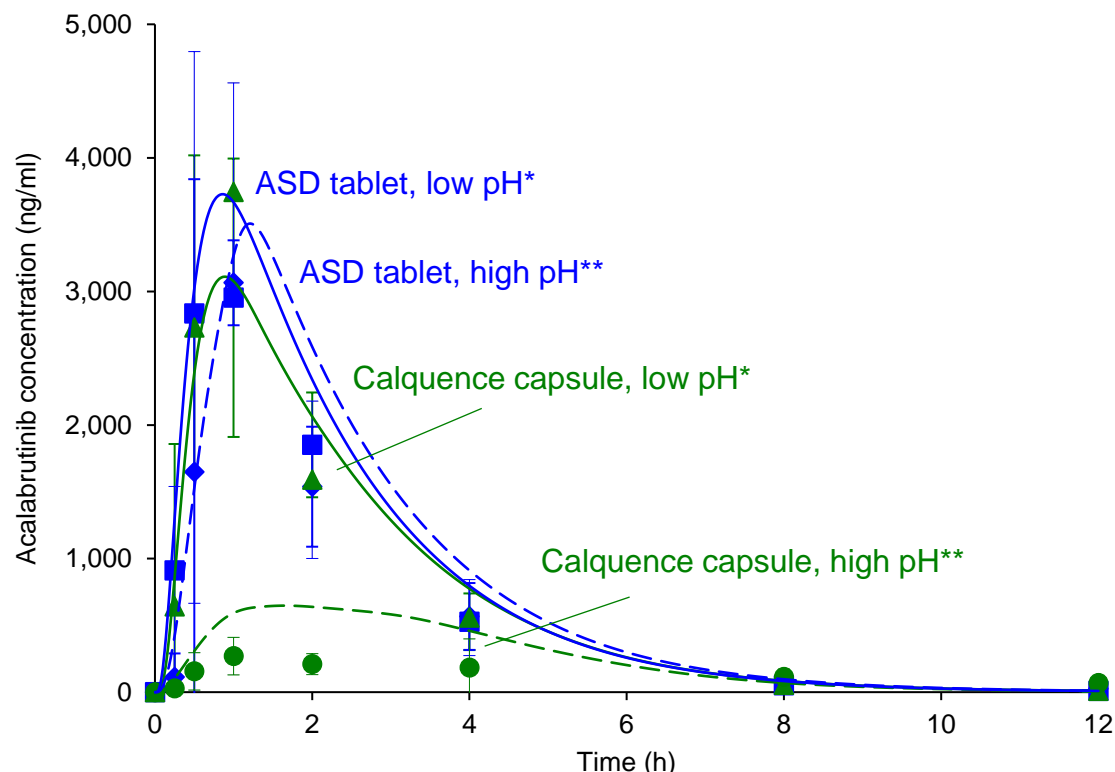
$$\frac{dM}{dt} = z \cdot M_{u,o} \left( \frac{M_{u,t}}{M_{u,o}} \right)^{2/3} (C_s - C_b)$$

**pH 6 gastric test**



# Bottom-Up Model was Predictive of In Vivo Dog Study Results

Fasted Beagle dogs (n=6), 100 mg



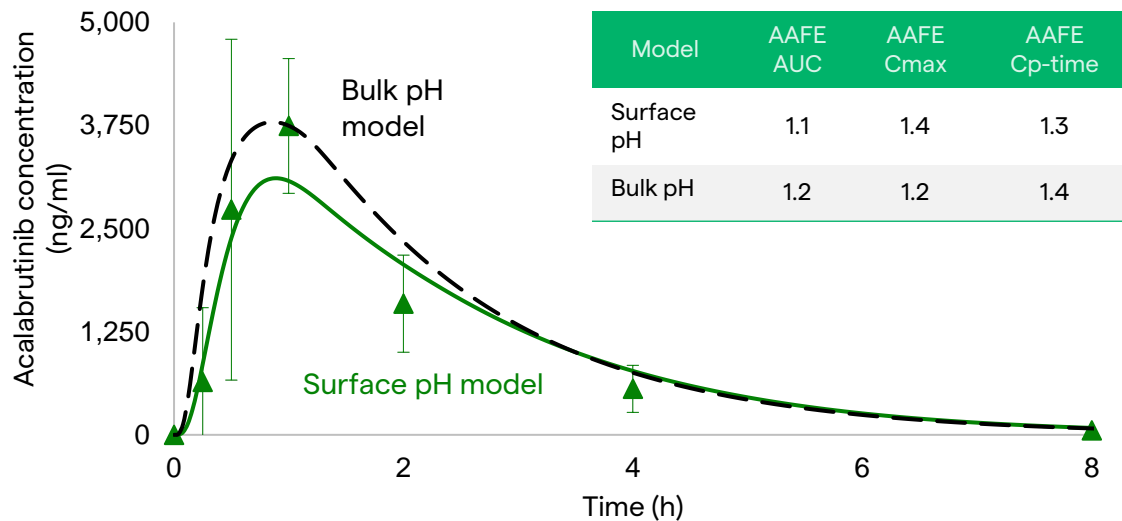
Mudie et al. *Pharmaceutics* 2021, 13(4), 557 & Mudie et al. *Pharmaceutics* 2021, 13, 1257

Modeled using GastroPlus version 9.8

	AUC <sub>0-inf</sub> (ng h/mL)		Absolute average fold error (AAFE)	
	Obs	Sim	AUC <sub>0-inf</sub>	C <sub>p</sub> vs. time
ASD tablet, low pH	8161	9766	1.2	1.3
ASD tablet, high pH	7579	9555	1.3	1.6
Calquence capsule, low pH	8365	8607	1.1	1.3
Calquence capsule, high pH	3112	3096	1.6	3.0

# Not Accounting for Surface pH Has Modest Impact on Predictions for Current Model

> 15% ↑ AUC & 22% ↑ Cmax Calquence capsule (bulk pH 2)



> ↔ ASD tablet (bulk pH 2 & 6)

> ↔ Calquence capsule (bulk pH 6)

> Why???

- Dissolution rate is already fast at bulk pH 2
- Surface = bulk pH at pH 6

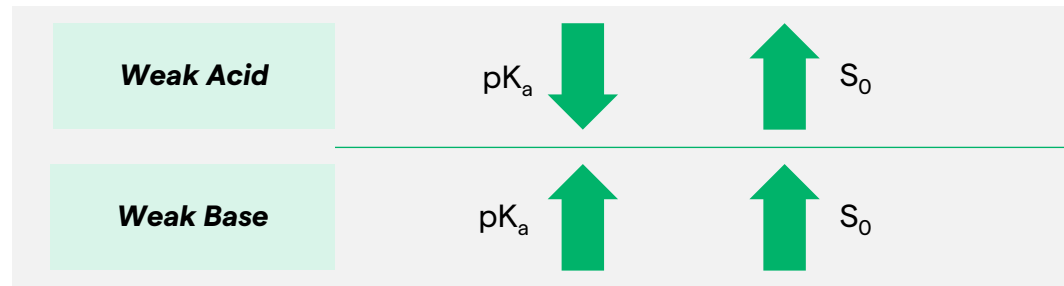
> Large overprediction of dissolution data for Pepin et al. model

- “Use of bulk solubility instead of surface solubility led to an overall 48% overprediction...”
- Prediction error highest at pH 4.5 (up to 250%)



# When does Drug/Formulation Impact Surface pH & Dissolution?

- > Some weak acids & bases



- > Rule of thumb when surface pH  $\neq$  bulk pH\*

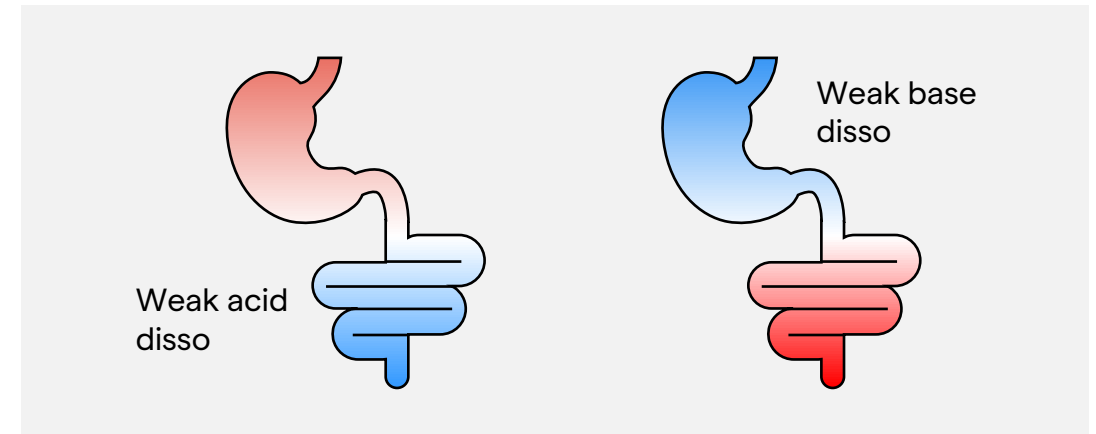
Weak acids  
 $pK_a < 6$  &  
 $pK_a - \log S_o < 10$

Weak bases  
 $pK_a > 7$  &  
 $pK_w - pK_a - \log S_o < 11$

Free form, sink conditions buffered media pH 5-7

- > Predict using published calculations/software‡

- > Most relevant for weak acids in intestine & weak bases in stomach



- > Potential impact on absorption when dissolution is rate-limiting

- > Conduct PSA

\*Mudie et al. AAPS J. 2020 Jan 27;22(2):34 † Mooney et al. J Pharm Sci, 1981, 70  
‡ Ozturk et al. Pharm Res. 1998, 5, † Al-Gousous et al. Mol Pharm. 2019, 16  
‡ Pepin et al. Eur J Pharm Biopharm. 2019, 142 † Pepin et al. Mol Pharm. 2023, 20



Acalabrutinib dissolution impacted by surface pH & surface solubility ( $\neq$  bulk solubility)

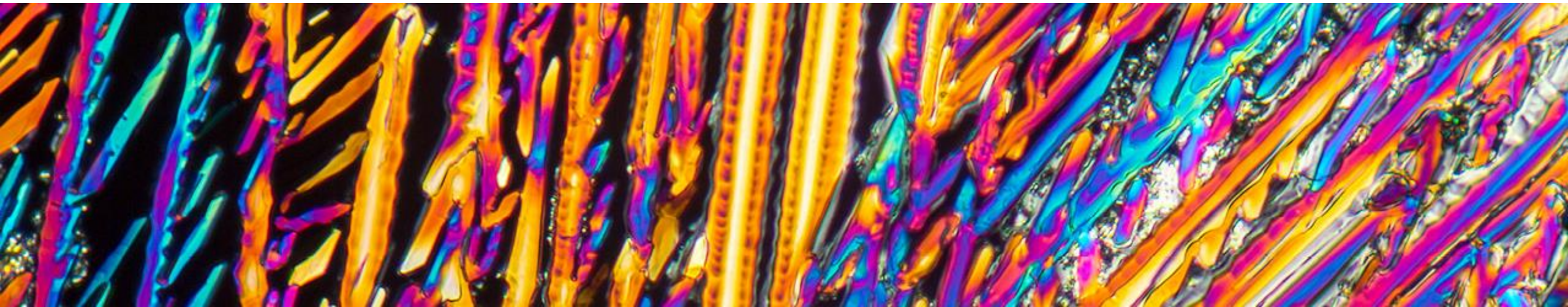


Surface pH can be estimated in vitro or predicted in silico



Importance of accounting for surface pH depends on

- Rate-determining step to absorption
- Drug, formulation, and GI fluid properties







Solubility drives oral bioperformance through:

- Dissolution
- Precipitation
- Permeation



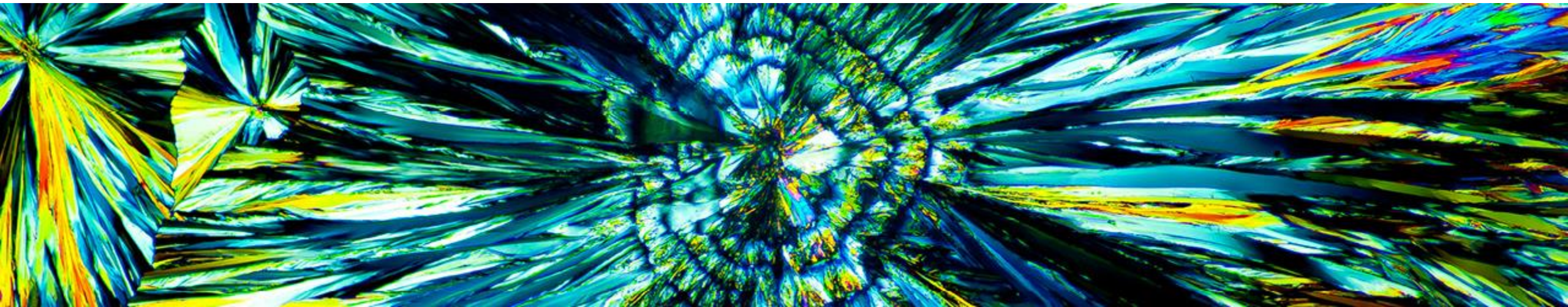
Solubility is influenced by interplay between:

- Drug
- Formulation
- GI fluids



Solubility & bioperformance can be understood/predicted using

- Targeted in vitro tools
- PBPK/PBBM





Mechanistic Study of Belinostat Oral Absorption From Spray-Dried Dispersions



Practical Approach to Modeling the Impact of Amorphous Drug Nanoparticles on the Oral Absorption of Poorly Soluble Drugs



Impact of Drug-Rich Colloids of Itraconazole and HPMCAS on Membrane Flux in Vitro and Oral Bioavailability in Rats



In Vitro-In Silico Tools for Streamlined Development of Acabrutinib Amorphous Solid Dispersion Tablets



Selection of In Vivo Predictive Dissolution Media Using Drug Substance and Physiological Properties

Thanks!

