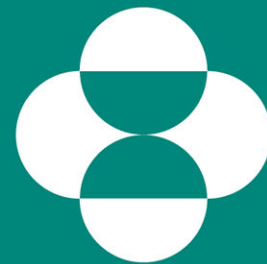


# APPROACHES FOR ENTERING DISSOLUTION INTO THE ABSORPTION MODEL

## REASONS FOR SELECTION, MODEL ASSUMPTIONS, AND PARAMETER ESTIMATION STRATEGIES

Current State and Future Expectations of Translational Modeling Strategies to Support Drug Product Development, Manufacturing Changes and Controls Workshop, College Park, MD

Filippos Kesisoglou, PhD, FAAPS  
Biopharmaceutics and Specialty Dosage Forms, Pharmaceutical Sciences  
Merck & Co., Inc., Kenilworth, NJ, USA



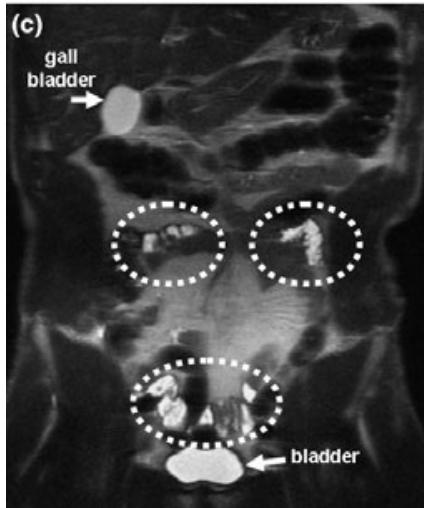
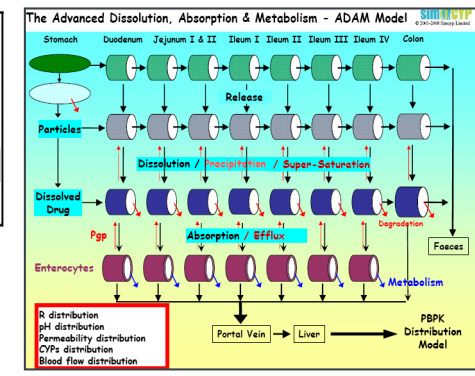
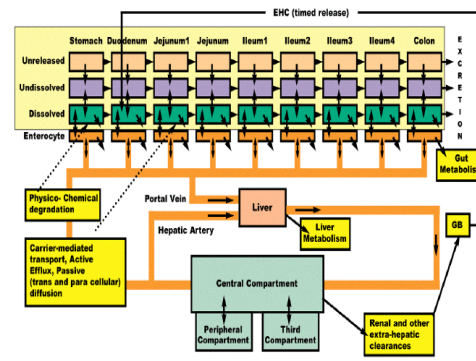
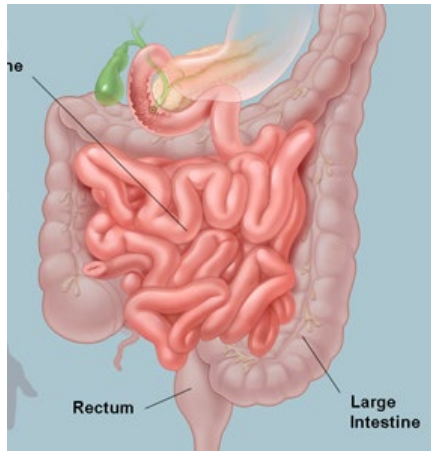
**MERCK**

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# Outline

1. What are the approximations/assumptions needed
2. Importance of dissolution input for PPBM models
3. Approaches to incorporate dissolution data for IR drug products
  - a. Approaches for IR products – Direct dissolution input, Empirical functions, “Semi-mechanistic” models
  - b. Pros and cons for each approach
  - c. Why it’s important to select dissolution model structure prior to validating the model - Can PK be really used to validate the dissolution model?
4. Approaches for ER products – towards IVIVCs
5. Summary

# Level Setting on Approximations



~

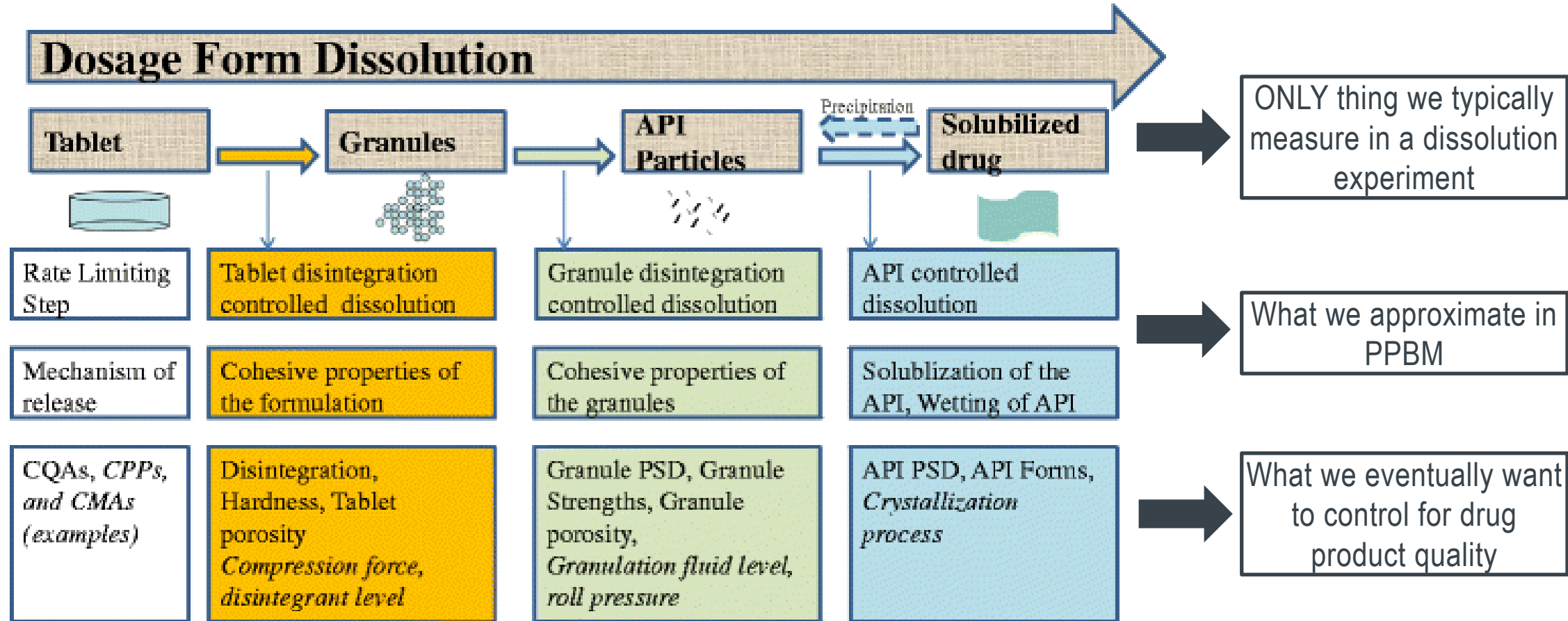


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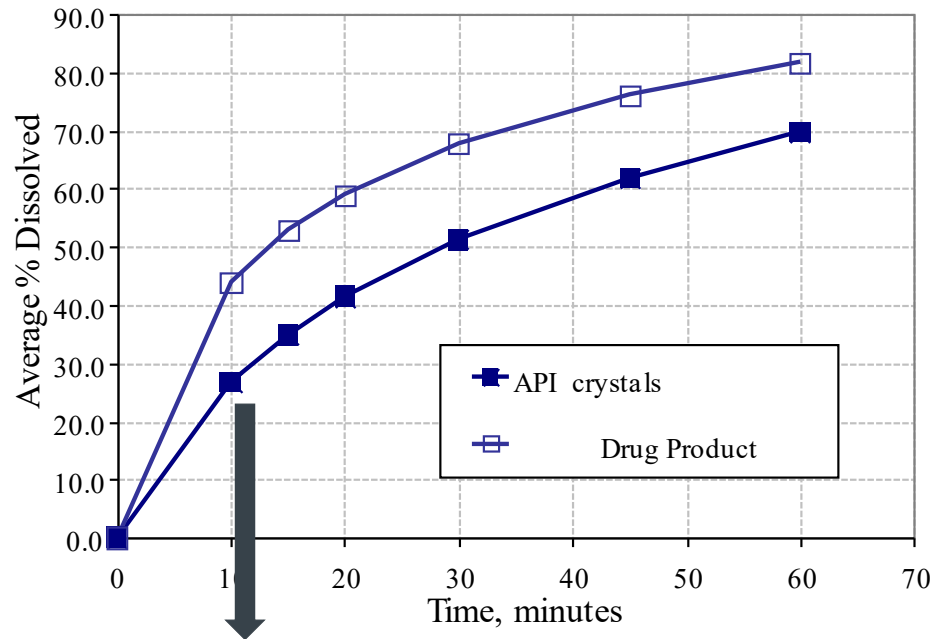
250 – 900 mL

# Dissolution Can Be Rate Limited at Different Steps



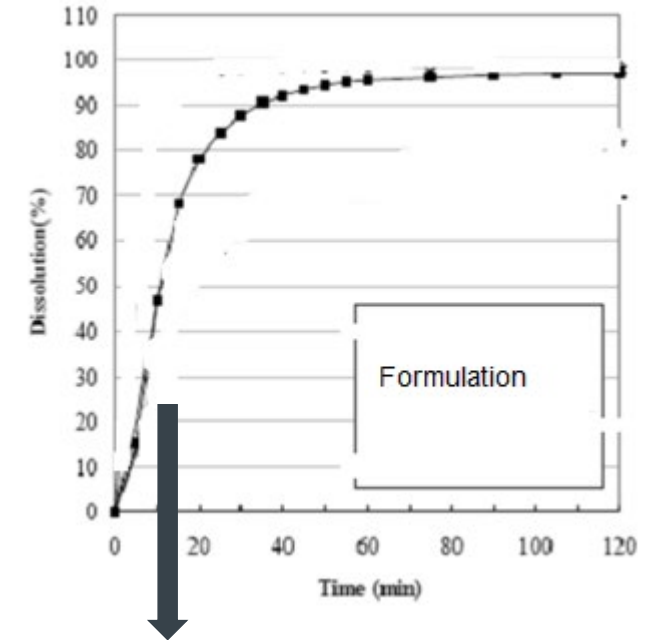
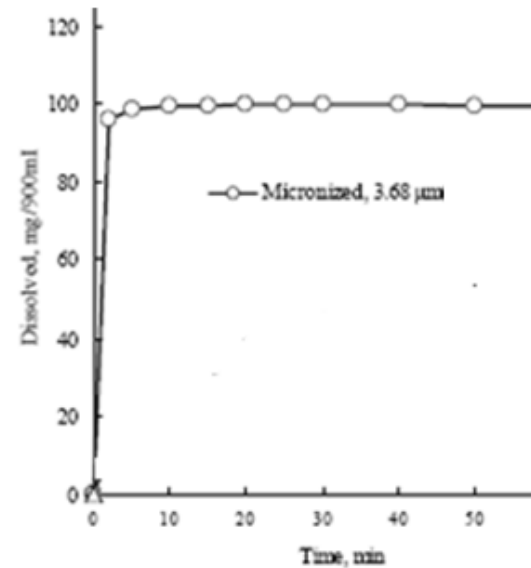
# Primary API PSD Seldomly Reflects Formulation Dissolution

Solubility ~ 135 µg/mL across physiologic pH range  
Formulation: API with “Standard” Excipients in Capsules



Crystal breakage during encapsulation results in faster dissolution profile

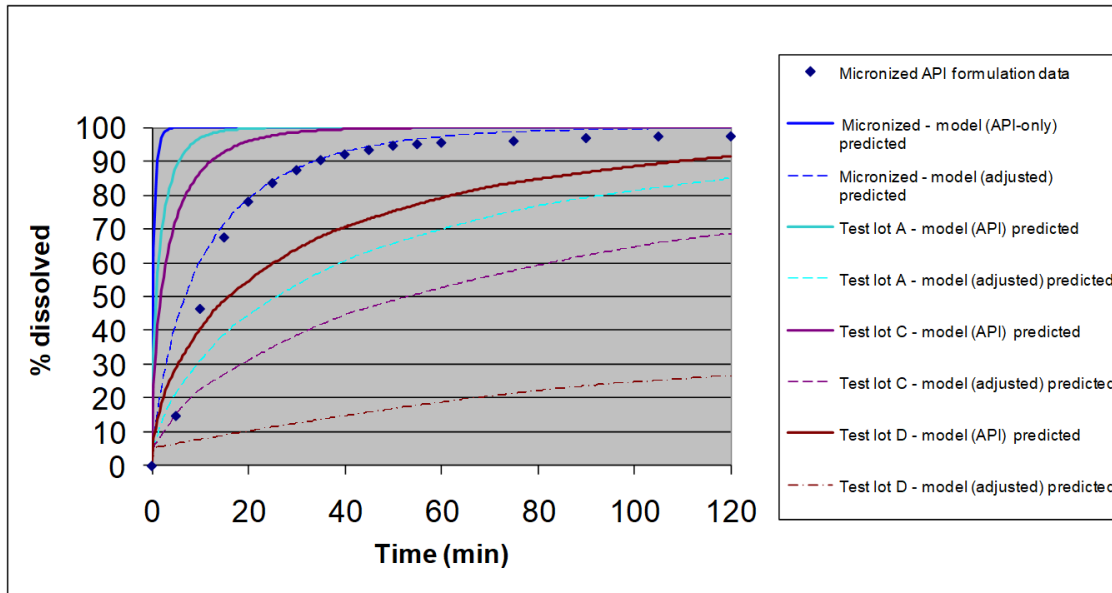
Solubility ~ 135 µg/mL across physiologic pH range  
Formulation: API with “Standard” Excipients in Capsules



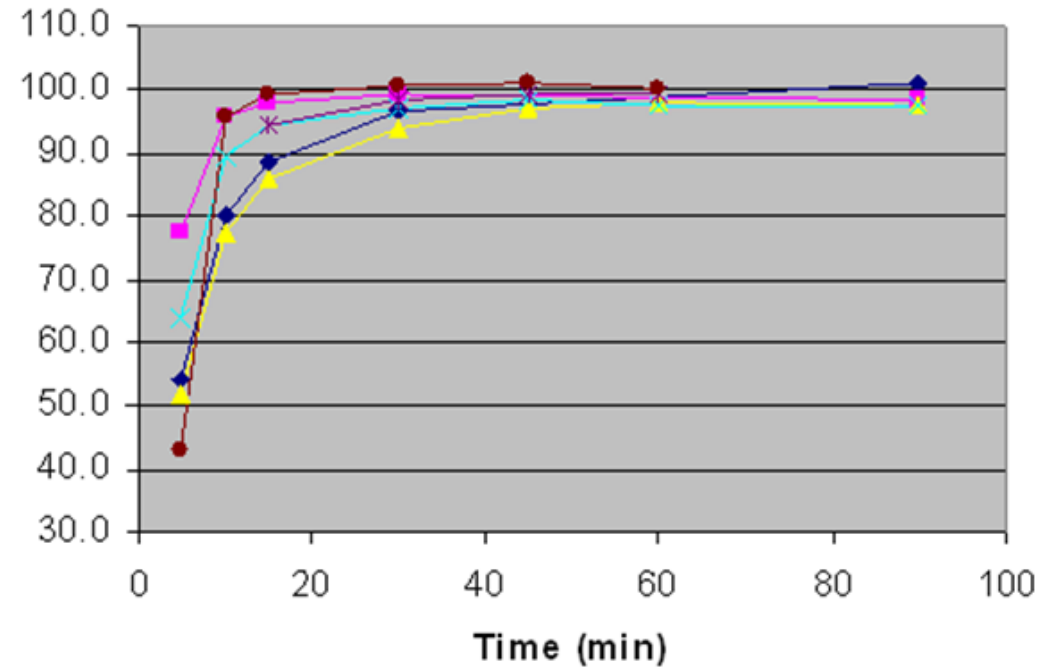
Tablet dissolution significantly slower than micronized API

**While many publications use primary API PSD as input, for the most part it is not meaningful for PBBM applications for drug product quality**

# Using Primary API PSD for Parameter Sensitivity Also May Not Be Meaningful



Model predicted dissolution as a function of increasing API PSD



Observed tablet dissolution across API PSD

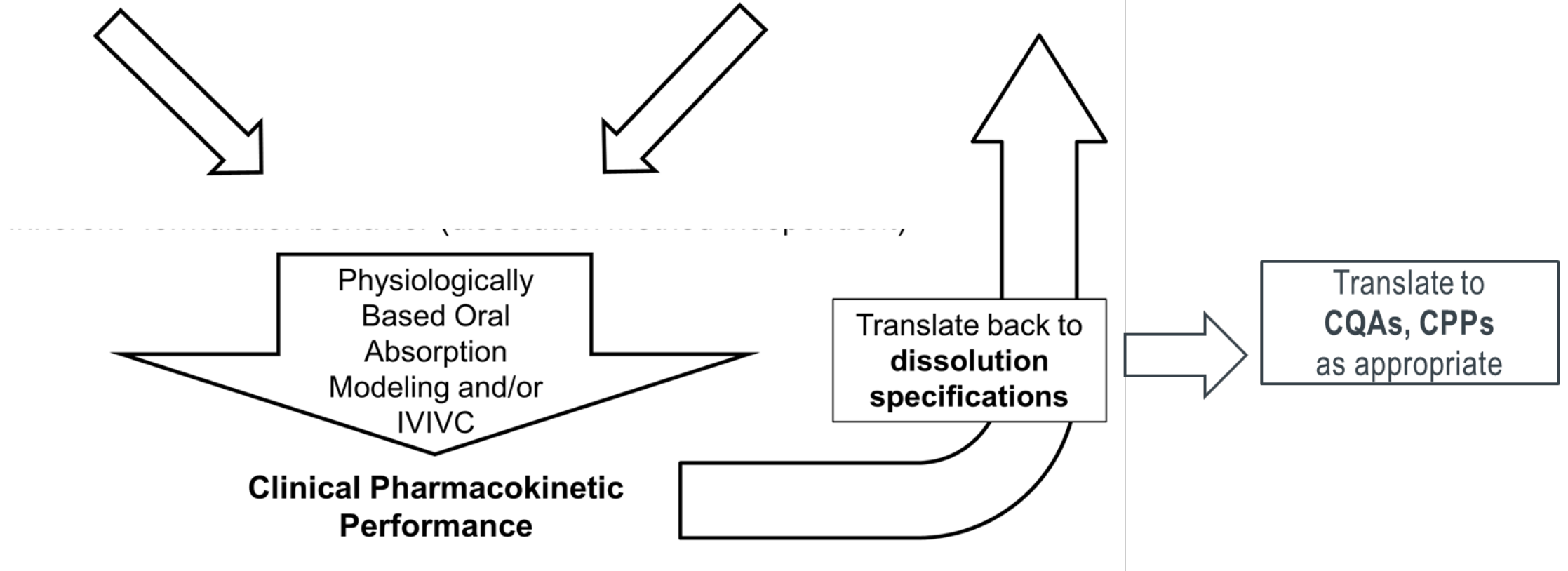
**Current “First Principle” Models Cannot Fully Mechanistically Account for Formulated API**

And that’s OK !!! We just need to model around this

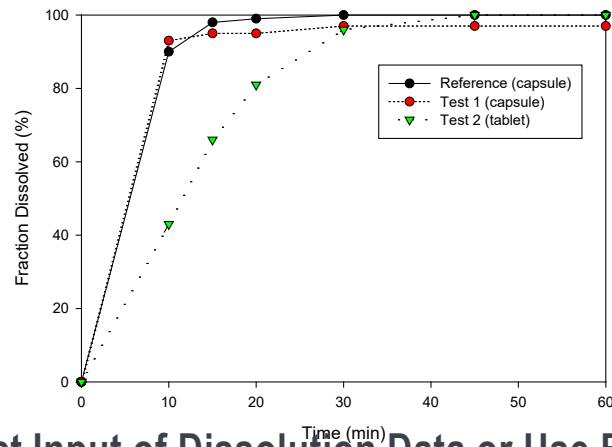
# Input of Dissolution Data is Only Meaningful Way to Setup Models for Drug Product Quality

**Biorelevant Dissolution Method**

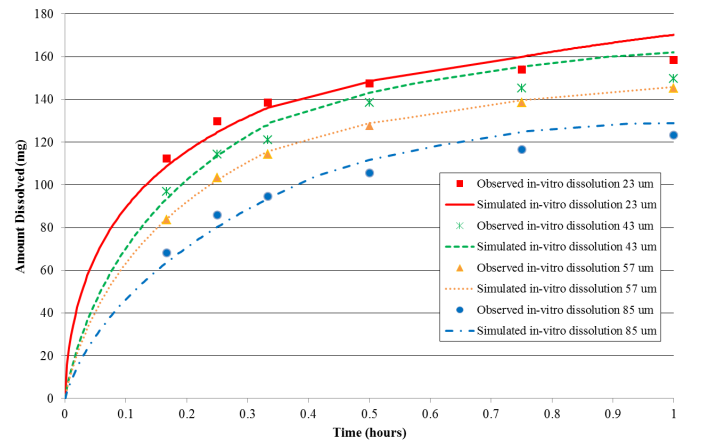
**QC Dissolution Method**



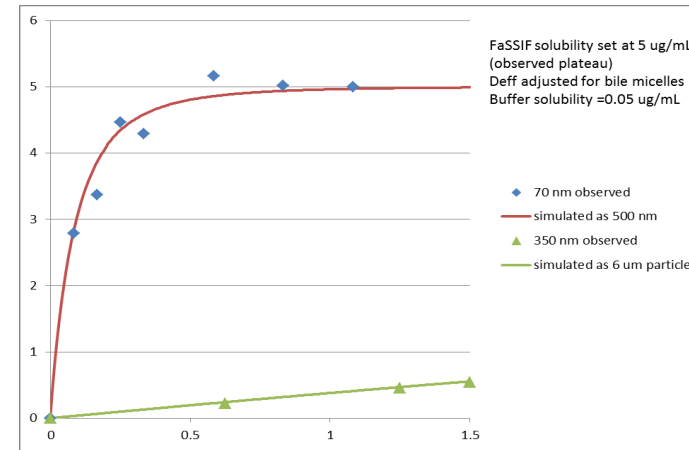
# There Is No One-Size-Fits-All Approach to Entering Dissolution Data



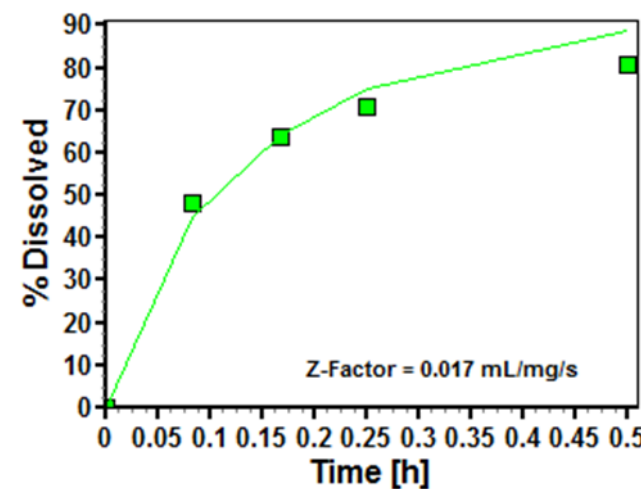
Direct Input of Dissolution Data or Use Empirical Function (i.e. 1-1 IVIVC)



Use API-PSD model incorporating a scaling correction factor



Estimate an "Effective" PSD from Dissolution Data

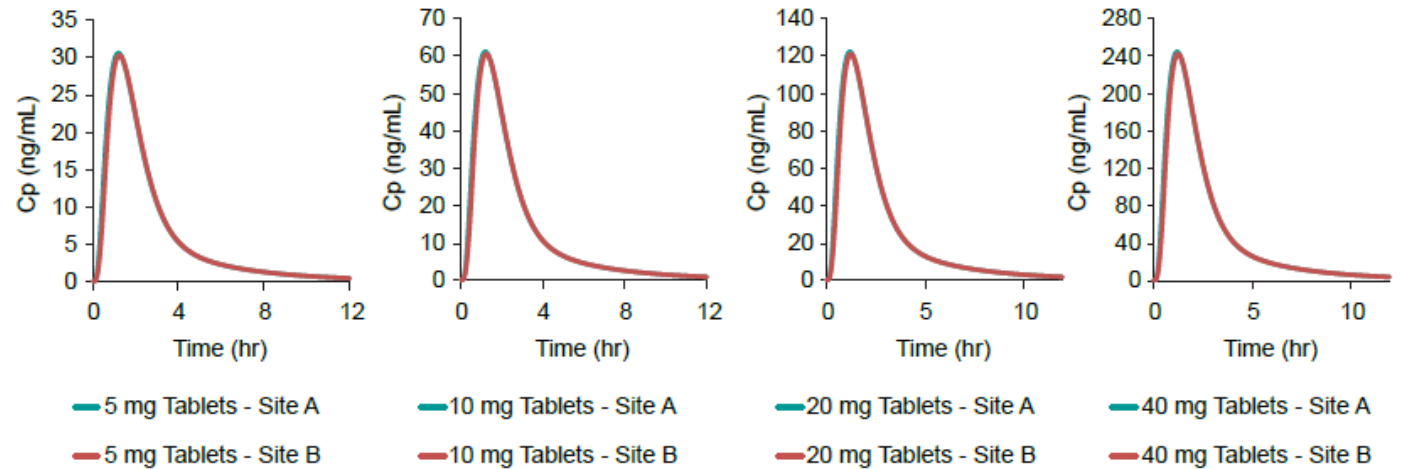
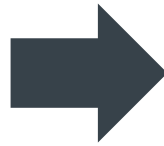
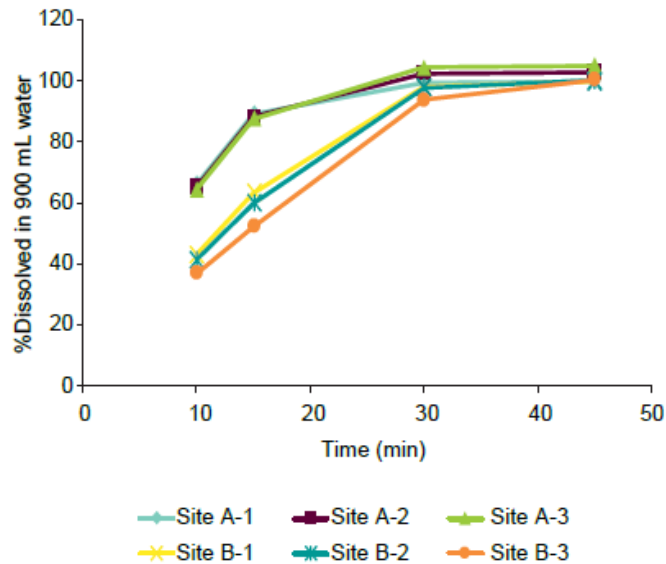


Use a composite dissolution parameter (z-factor)



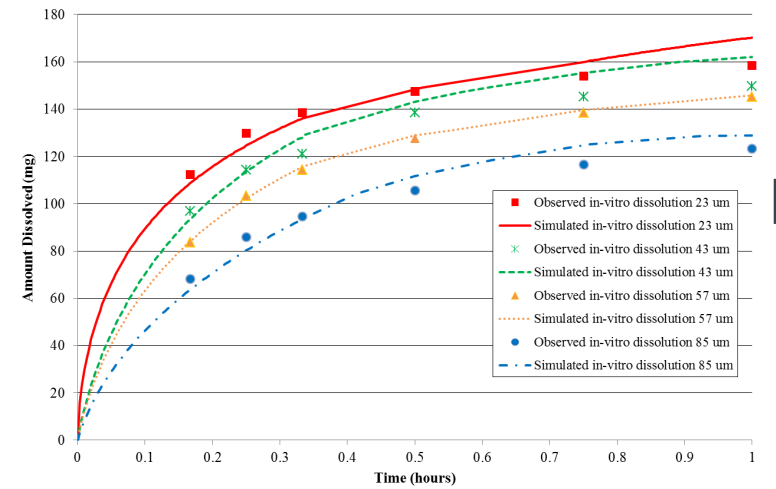
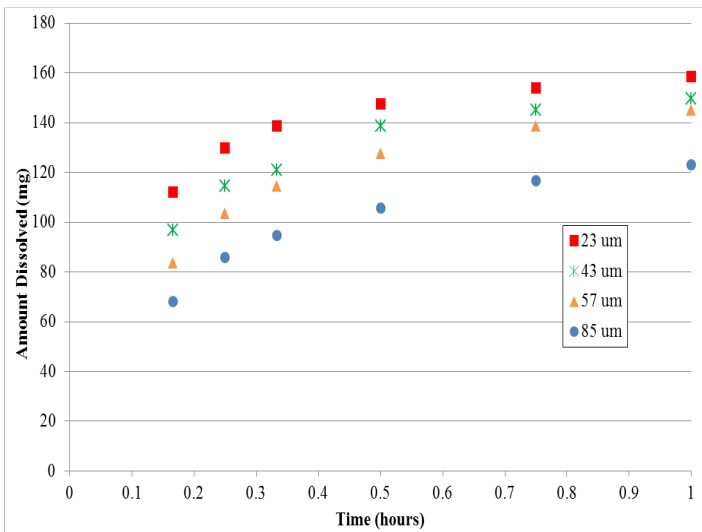
# Case Example: Direct Input for BE Projections for a BCS III API

Dissolution of Enalapril Maleate for 20 mg/12.5 mg Co-Renitec Tablets



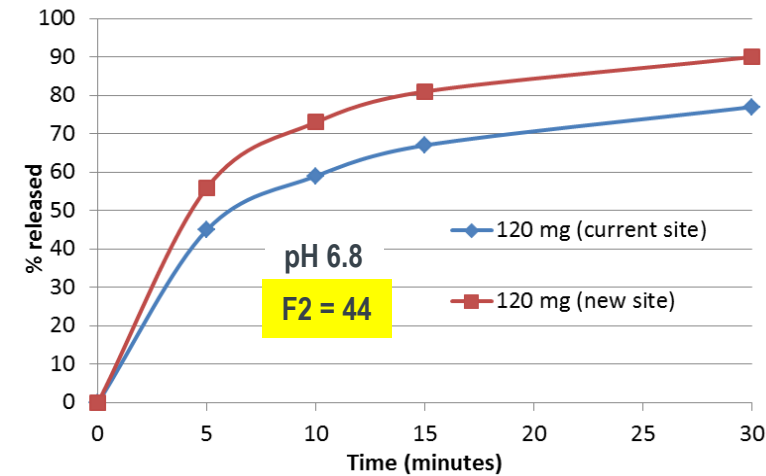
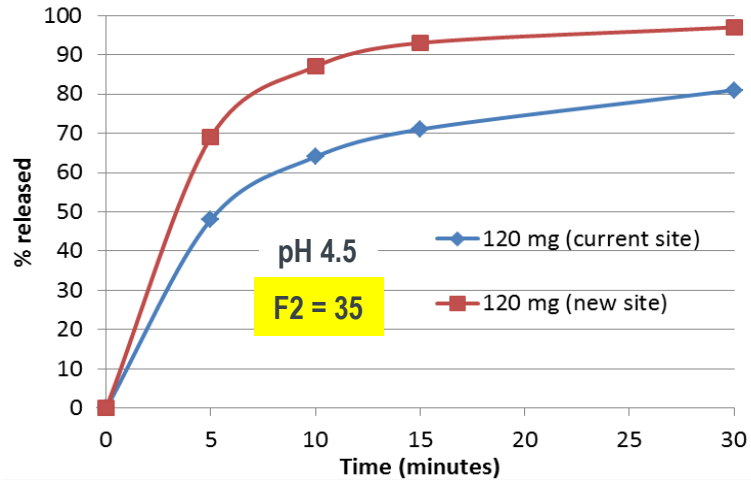
Note: F2 values of 34, 32, 28, 36, 33, 29, 36, 34, 29 in 3 versus 3 batches comparison between the formulations of these two sites.

# Case Example: Dissolution Scalar(s) to Study API PSD PK Impact

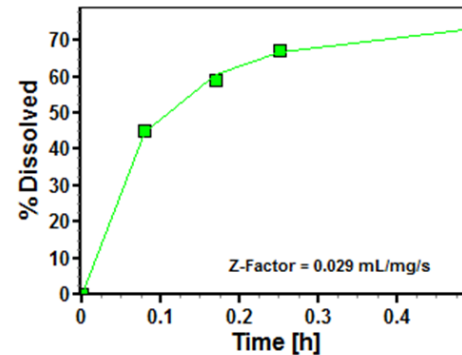
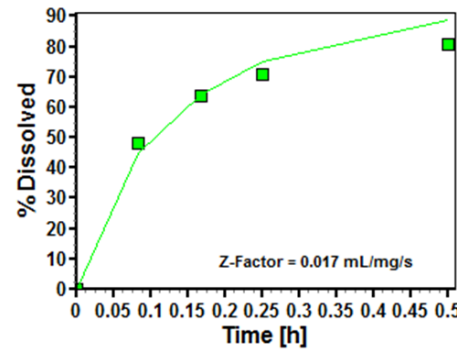


	200 mg			400 mg			800 mg		
	AUC ( $\mu\text{g}\cdot\text{h/mL}$ )	$C_{\text{max}}$ ( $\mu\text{g/mL}$ )	$C_{12\text{h}}$ ( $\mu\text{g/mL}$ )	AUC ( $\mu\text{g}\cdot\text{h/mL}$ )	$C_{\text{max}}$ ( $\mu\text{g/mL}$ )	$C_{12\text{h}}$ ( $\mu\text{g/mL}$ )	AUC ( $\mu\text{g}\cdot\text{h/mL}$ )	$C_{\text{max}}$ ( $\mu\text{g/mL}$ )	$C_{12\text{h}}$ ( $\mu\text{g/mL}$ )
Phase I suspension (35 $\mu\text{m}$ )	2.12	0.87	0.011	6.26	1.49	0.018	9.32	2.79	0.026
23 $\mu\text{m}$	3.18 (1.5)	0.98 (1.1)	0.012 (1.1)	6.39 (1.0)	1.67 (1.1)	0.019 (1.1)	12.00 (1.3)	2.75 (0.9)	0.028 (1.1)
43 $\mu\text{m}$	2.91 (1.4)	0.90 (1.0)	0.011 (1.0)	5.76 (0.9)	1.54 (1.0)	0.019 (1.1)	10.40 (1.1)	2.39 (0.9)	0.028 (1.1)
57 $\mu\text{m}$	2.83 (1.3)	0.88 (1.0)	0.010 (0.9)	5.62 (0.9)	1.50 (1.0)	0.018 (1.0)	9.72 (1.0)	2.21 (0.8)	0.027 (1.0)
85 $\mu\text{m}$	2.32 (1.1)	0.76 (0.9)	0.010 (0.9)	4.97 (0.8)	1.25 (0.8)	0.016 (0.9)	7.29 (0.8)	1.64 (0.6)	0.025 (0.9)

# Case Example: Z-factor for a Site Change for a BCS II API



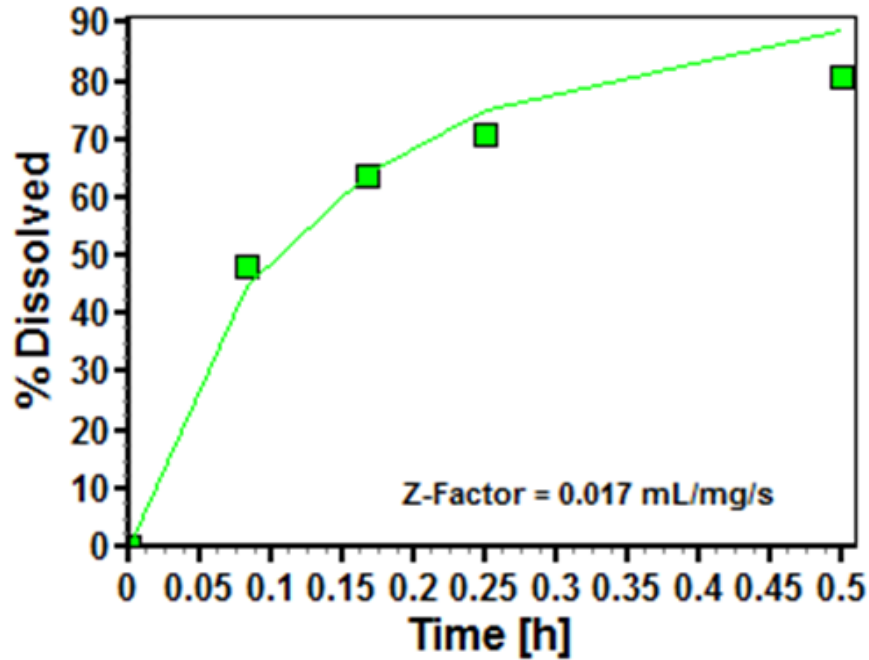
Observed Multimedia Dissolution Data (pH 2.0 Not Shown As Profiles Superimposable)



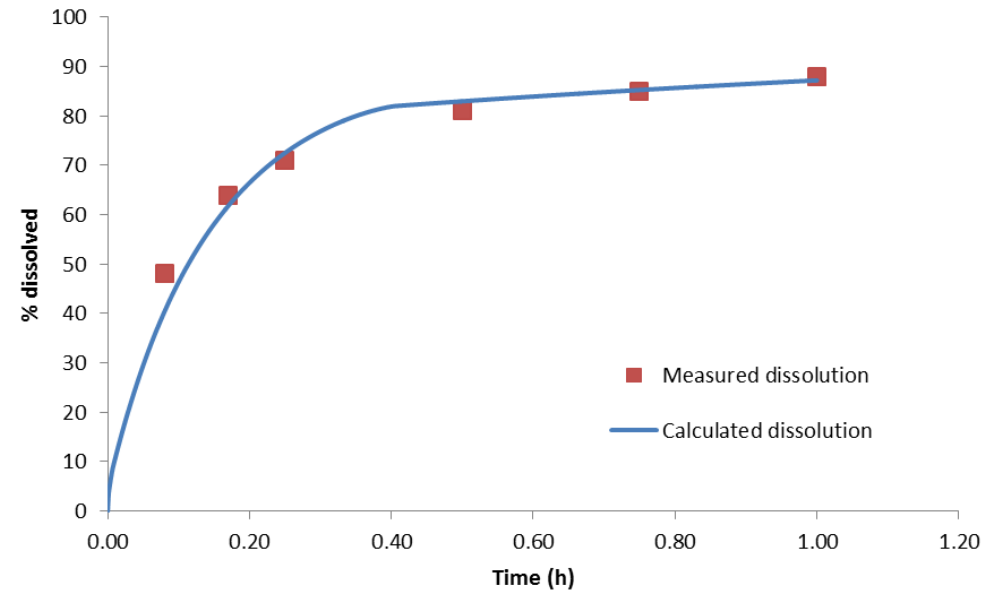
	AUC <sub>0-120hr</sub> (%CV)	C <sub>max</sub> (%CV)	Relative AUC <sub>0-120hr</sub>	Relative C <sub>max</sub>
<b>Dissolution in pH 4.5</b>				
120 mg (current site)	34.4 (16.3%)	1.65 (15.3%)	--	--
120 mg (new site)	35.8 (15.3%)	1.82 (14.4%)	1.04	1.10
<b>Dissolution in pH 6.8</b>				
120 mg (current site)	30.8 (17.2%)	1.50 (18.6%)	--	--
120 mg (new site)	34.1 (15.1%)	1.71 (19.1%)	1.11	1.14

Similar Dissolution Fit and BE Predictions Obtained if a Scalar (Deff multiplier) is Used

# “Effective” PSD Improves Fitting of Dissolution Profile



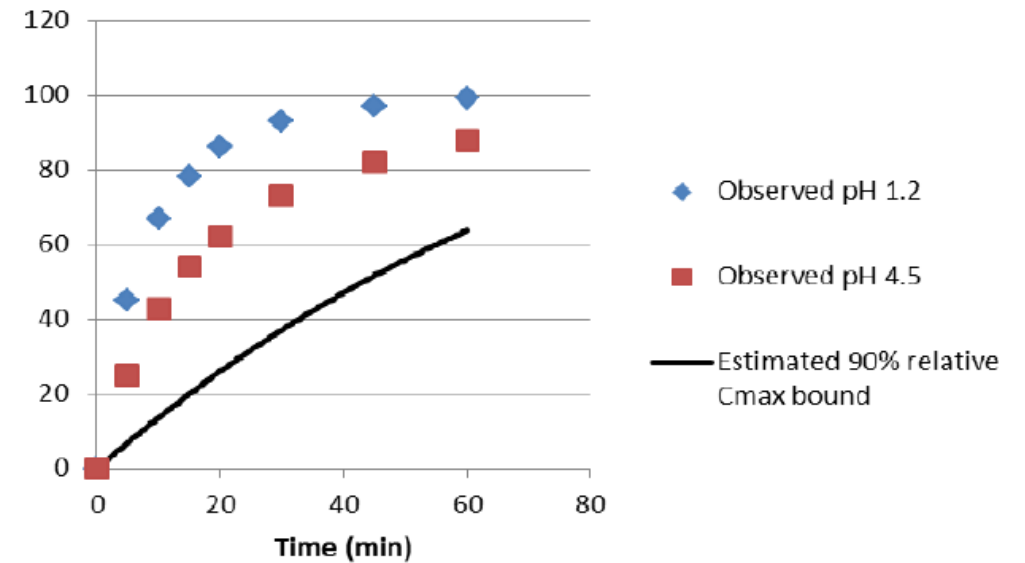
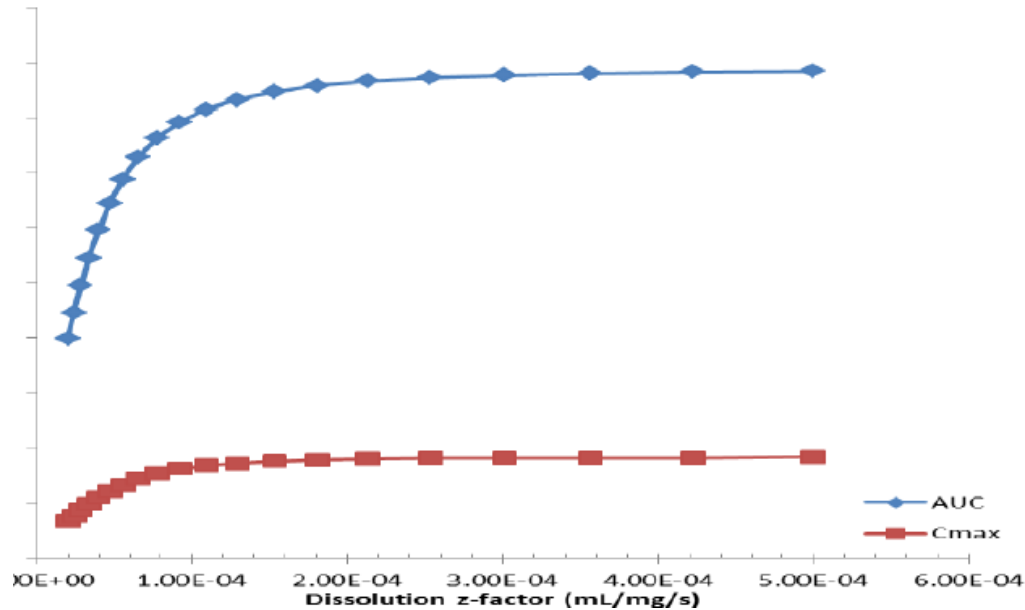
Z-factor Fit



“Effective” PSD\*

\* Based on model by Pepin XJH, Sanderson NJ, Blanazs A, Grover S, Ingallinera TG, Mann JC. Bridging in vitro dissolution and in vivo exposure for acalabrutinib. Part I. Mechanistic modelling of drug product dissolution to derive a P-PSD for PBPK model input. Eur J Pharm Biopharm. 2019 Jul 12.

# Case Example - Assessing Dissolution Safe Space for a Highly Soluble API

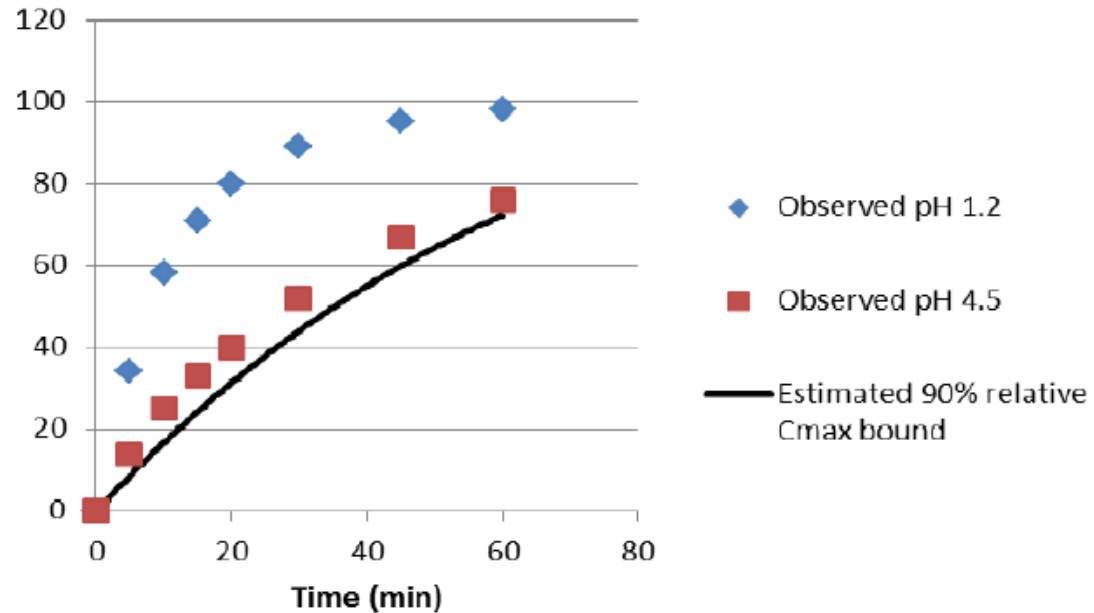


Sensitivity of AUC and Cmax to dissolution rate (z-factor)

Estimated dissolution safe space

**Z-factor allows for efficient exploration of “safe space”**

# Direct Input vs. Using a Dissolution Model May Not Be Very Different for Highly Soluble APIs



pH 4.5 Test	AUC ratio	Cmax ratio
Direct Input	0.99	0.93

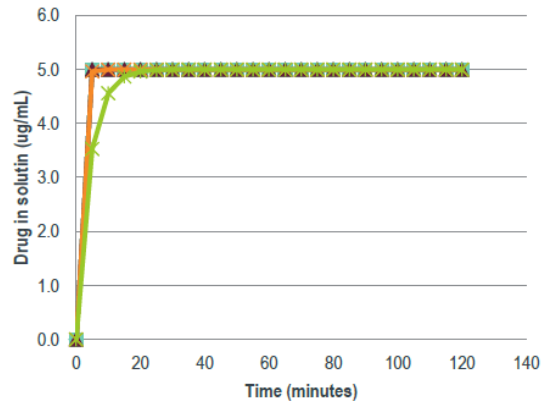
# What Are the Pros/Cons of Each Input Method?

	Pros	Cons
Direct Input	No additional fitting required	Likely not physiologically meaningful with potential exception of BCS I/III
Empirical functions (e.g. Weibull)	Could be used for sensitivity analysis assuming 1:1 IVIVC	Likely not physiologically meaningful with potential exception of BCS I/III
API PSD with Single Correction Scalar	Can allow for linking back to API PSD for specifications if single scalar used across different API PSD profiles	Limited flexibility in fitting different shapes of dissolution profiles
Composite parameter (e.g. Z-factor)	Very flexible for parameter sensitivity analysis and to explore hypothetical dissolution space	Limited flexibility in fitting different shapes of dissolution profiles – often challenging to capture both rise and plateau of dissolution
Fit dissolution data to “effective” PSD	Very flexible to fit different shapes of dissolution profiles	Likely not a unique solution (not a major concern if used for BE projection of specific batch)

# Use of Biorelevant Dissolution Data for BCS II/IV Compounds

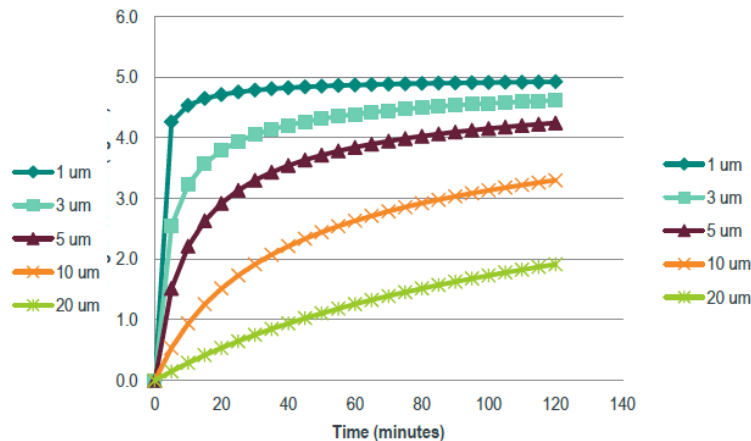
- There is no doubt that biorelevant solubilities are absolutely needed for PBBM
- However incorporation of biorelevant dissolution data may require additional experimentation
- For majority of BCS II/IV compounds, biorelevant dissolution is not adequate to capture behavior of full dosage form

Calculated Dissolution at Dose Relevant (40X) - 5 ug/mL Drug Solubility, Varying PSD



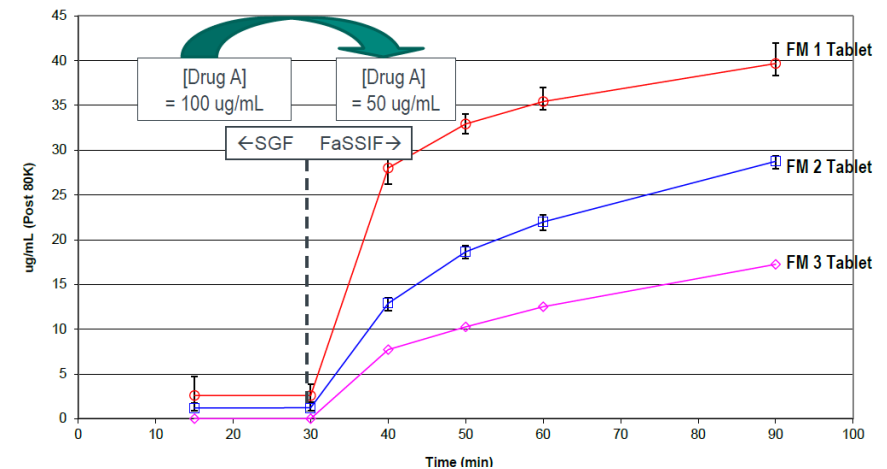
Dosage Form Dissolution Only Reflects Behavior of Very Small Portion of Total Dose

Calculated Dissolution at 1X - 5 ug/mL Drug Solubility, Varying PSD



Additional experimentation needed to capture behavior of entire formulation

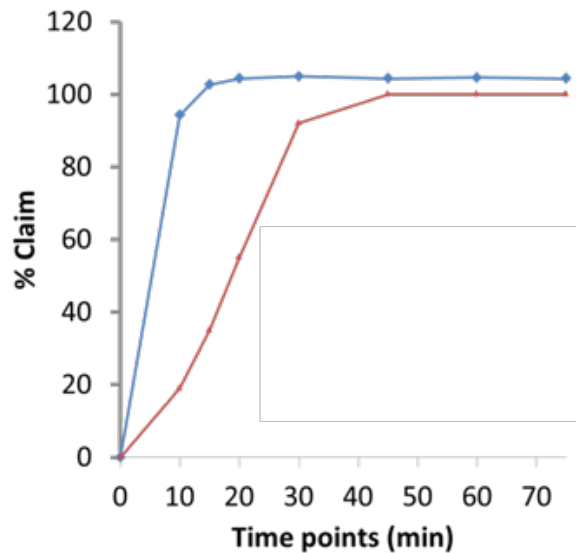
Drug A - 1x Sink Biorelevant Dissolution - First BC Study, Clinical Tablets and Capsules - SGF/FaSSIF 100 RPM USP II



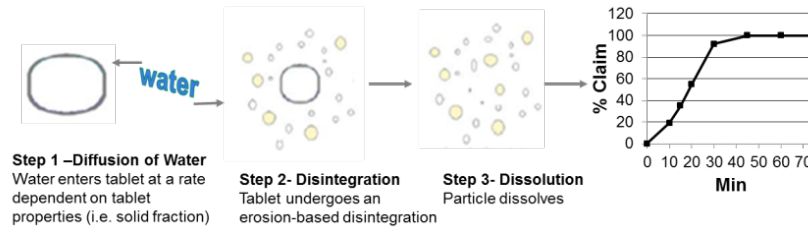
All three formulations are superimposable if full tablet is used. Human exposure is 6-fold different.



# May Also Need to Account for Tablet Erosion

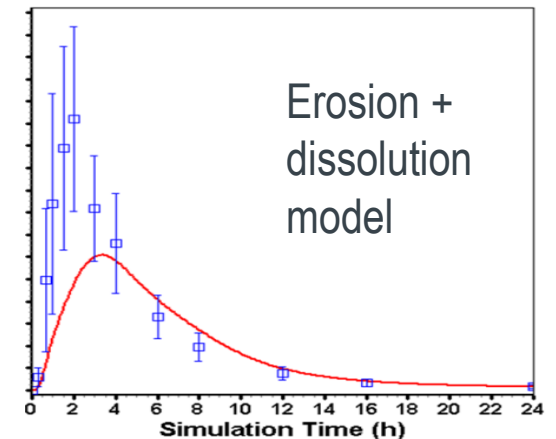
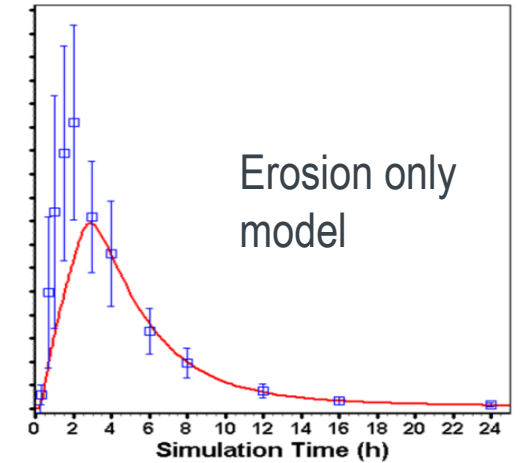


Translation of Disintegration/Dissolution in M&S



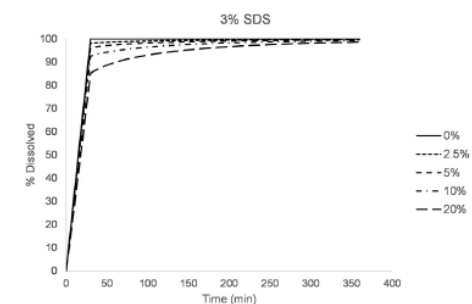
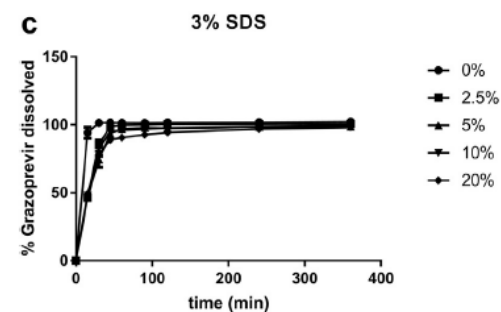
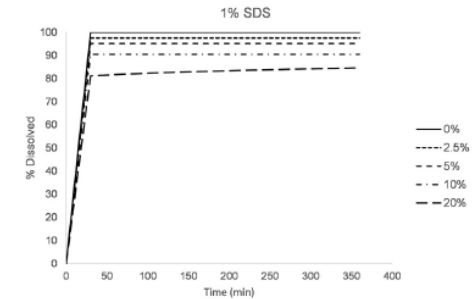
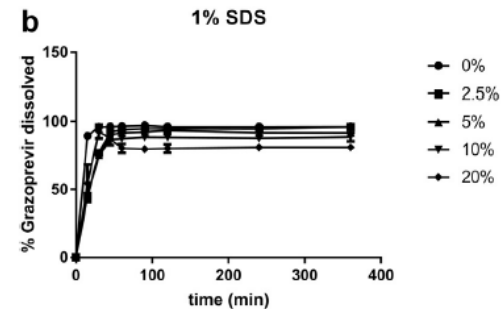
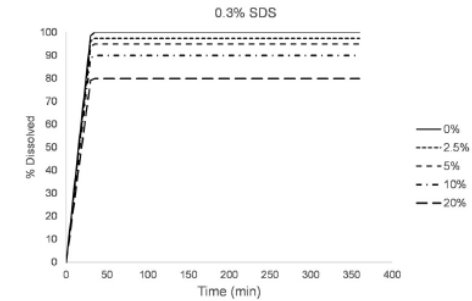
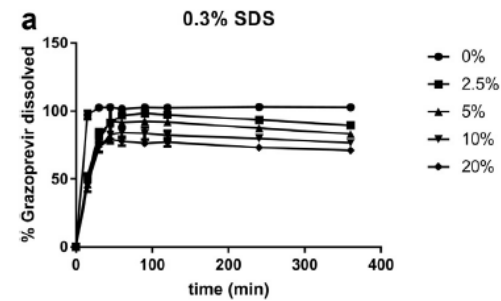
Model 1: Dissolution curve reflects erosion. At each point small particles (2um) generated that dissolve based on solubility

Model 2: Release of API particles is captured by erosion process (% eroded vs. time). Particles generated subsequently dissolve to give the resulting dissolution curve (probably more mechanistically correct model)



# Dissolution Input to Study Multiple API Forms (e.g. crystallinity in ASDs)

- Dissolution modeling can capture dissolution behavior of some systems (IVIVE is still a challenge if presence of crystals results in additional crystallization)
- Commercially software recently added more flexibility to interrogate this
- Best practices will need to evolve



Observed Dissolution

Simulated Dissolution

# Agreement Between Simulated and Observed Data Doesn't "Validate" the Dissolution Model

BCS II Weak Acid (pKa 4.7)

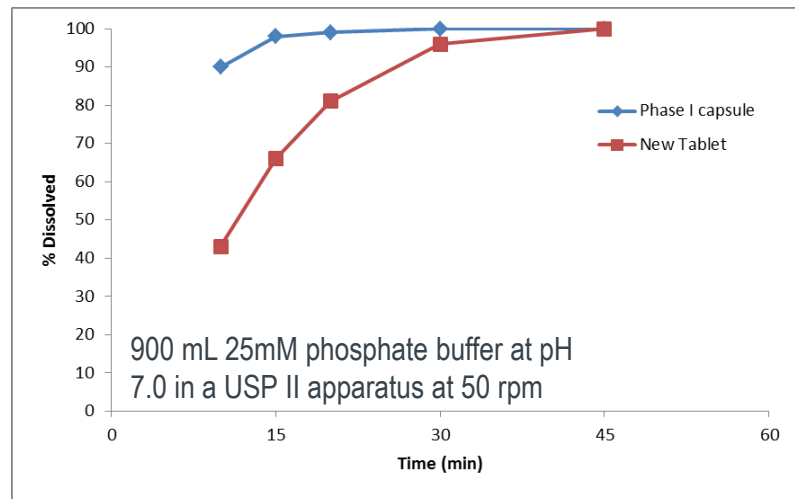
0.48 µg/mL @ pH 2.2, 0.92 mg/mL @ pH 7.8

Sodium salt solubility > 50 mg/mL (native pH 9.9)

Particle size of API < 10 µm

Linear PK in the dose range 2-300 mg

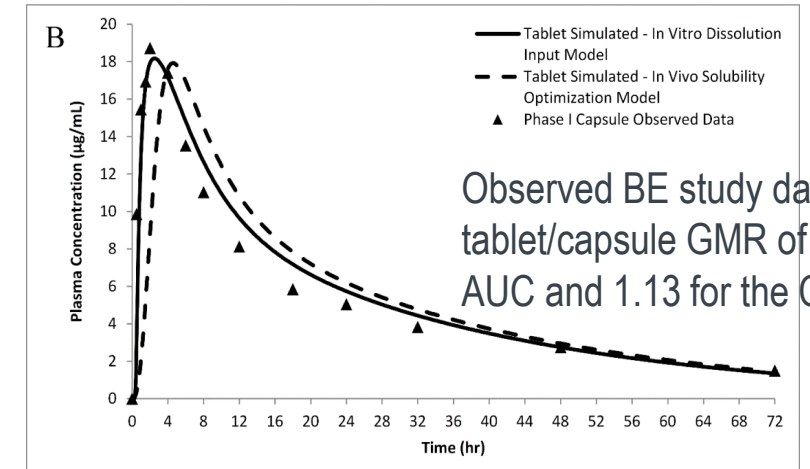
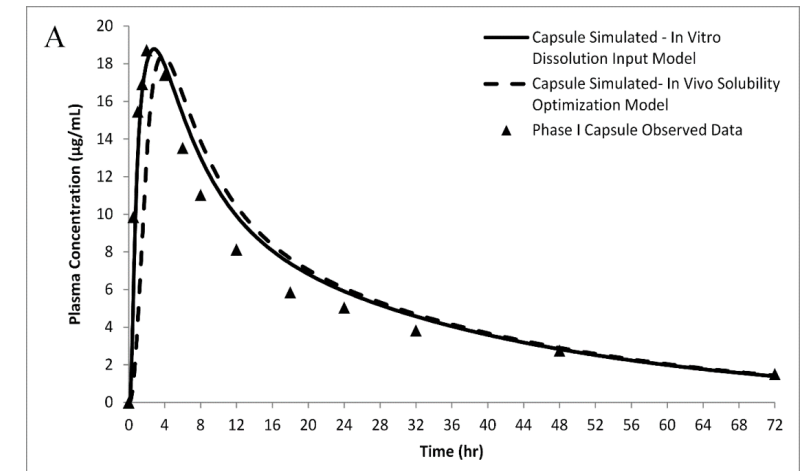
Capsule = 200 mg Free Acid, Tablet = 300 mg Na Salt



MODEL A: Direct Input Model – assumes 1:1 IVIVC; profile shifted by 15 min to capture lack of stomach solubility

MODEL B: In vivo solubility enhancement factor model – an in vivo solubility enhancement factor estimated based on fitting Phase I PK data for capsule (this may not represent a unique solution)

- To simulate tablets, dissolution fit to a hypothetical particle size (using the in vivo solubility value)



BOTH MODELS ARE SIGNIFICANT APPROXIMATIONS AND LIKELY NEITHER IS CORRECT – BOTH SUCCESSFULLY CAPTURE THE PK PROFILE

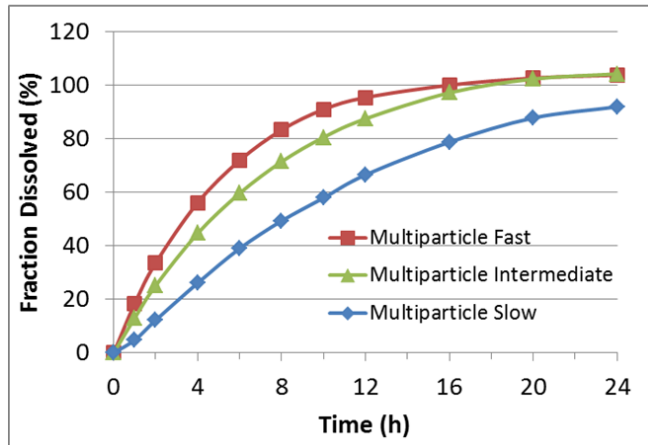
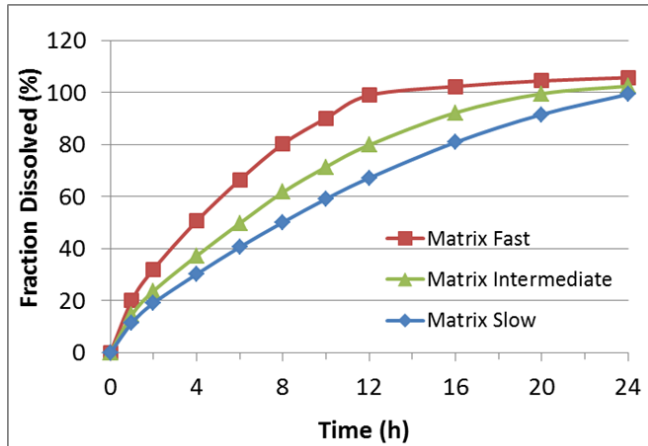


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# How Should One Select Dissolution Model for PPBM Input for IR Products

- Based on Understanding of Rate Limiting Steps to Formulation Dissolution
- Based on Physiological Plausibility
  - Direct Input Likely Only Meaningful for BCS I/III Compounds
- Based on Best Fit of Dissolution Data
  - Important to Capture Dissolution Behavior of Entire Dosage Form
  - For Biorelevant Dissolution Data for BCS II/IV May Require Additional Experimentation
- NOT Retrospectively Based on “Validation” Against Clinical Data
  - For IR dosage forms, a large range of dissolution profiles would result in similar prediction

# MR Formulations – PBBM Based IVIVC with Empirical Function for and ER formulation



- Fit Disso to Weibull
- Optimize Regional Permeability to Achieve an IVIVC
- Models Separately Established for Matrix and Multiparticulate Formulations
- Assess Prediction Errors

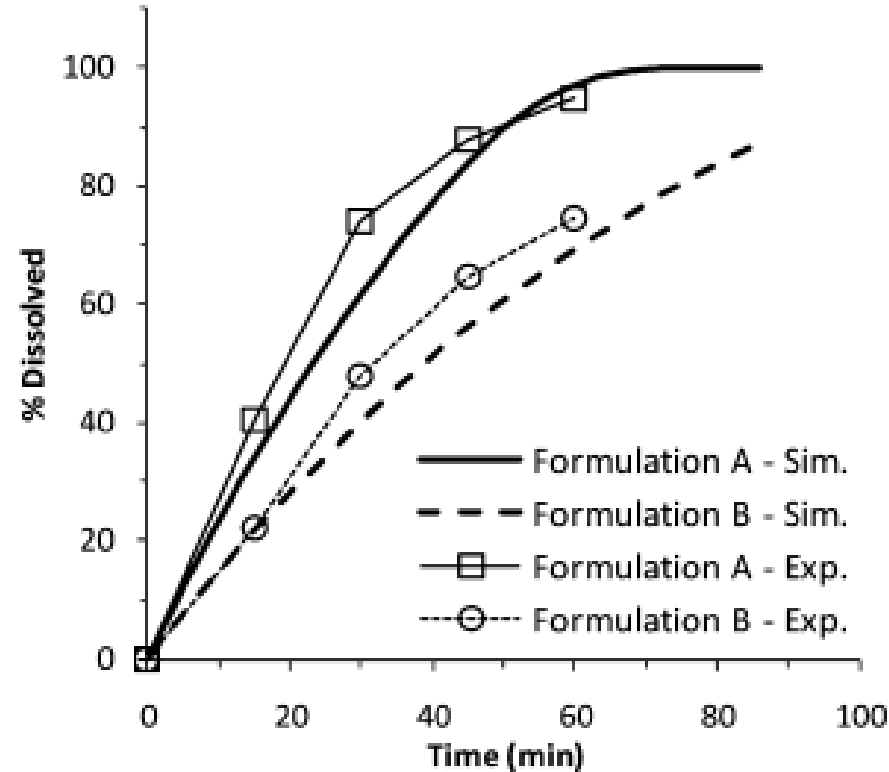
Formulations	C <sub>max</sub> (ng/mL)			AUC <sub>0-last</sub> (ng·h/ml)		
	Observed	Predicted	PE(%)	Observed	Predicted	PE(%)
Matrix 8 hr	8.40	8.17	-2.7	81.01	74.72	-7.8
Matrix 12hr	4.69	5.36	14.3	70.14	60.45	-13.8
Matrix 16 hr	3.40	3.94	15.9	48.84	51.64	5.7
<b>Matrix Average</b>	<b>NA</b>	<b>NA</b>	<b>11.0</b>	<b>NA</b>	<b>NA</b>	<b>9.1</b>
Multiparticulate 8 hr	8.63	8.32	-3.6	92.12	87.67	-4.8
Multiparticulate 12 hr	5.52	6.15	11.4	70.11	77.41	10.4
Multiparticulate 16 hr	3.27	3.33	1.8	58.34	58.16	-0.31
<b>Multiparticulate Average</b>	<b>NA</b>	<b>NA</b>	<b>3.2</b>	<b>NA</b>	<b>NA</b>	<b>1.8</b>

Generally Acceptable Prediction Errors

High Soluble Compound, known to have regional absorption preclinically

# MR Formulations – PBBM Based on “Mechanistic” Model for DR system

BCS I compound  
 Enteric coated beads formulation  
 to protect from stomach acid  
 instability  
 Standard USP 2-stage acid-  
 challenge dissolution method



$$-\frac{dX_s}{dt} = \frac{DS}{h} \left( C_s - \frac{X_d}{V} \right) \quad \longrightarrow \quad -\frac{dX_s}{dt} = \frac{3DX_0}{\rho f h (r_0^3 - r_c^3)} \left[ \frac{X_s}{X_0} (r_0^3 - r_c^3) + r_c^3 \right]^{2/3} \left( C_s - \frac{X_d}{V} \right)$$

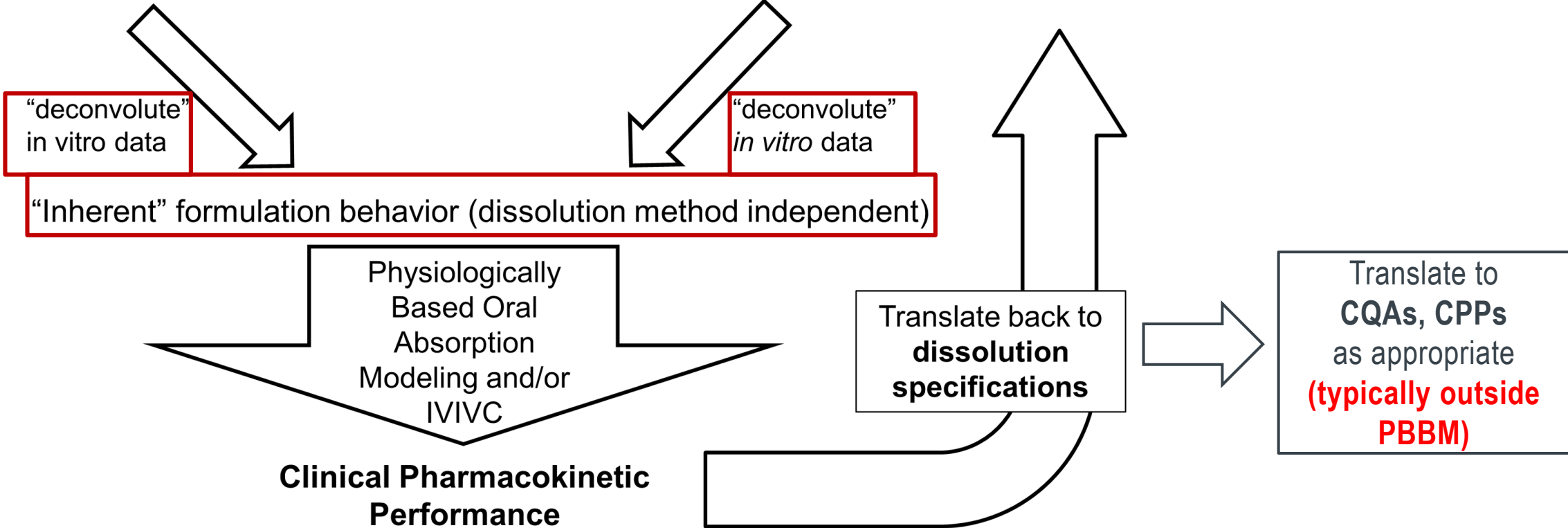
# MR Formulations – PBBM Based IVIVC

- For most MR formulations (other than some osmotic systems) unlikely the IVIVC is really 1:1
- However unless very detailed measurements available clinically (e.g. local dosing at different areas) – identifiability issues will exist between dissolution and regional absorption
- Likely multiple combinations of dissolution/permeability can explain the data
- Thus generally OK to input release data using an empirical function

# Input of Dissolution Data is Only Meaningful Way to Setup Models for Drug Product Quality

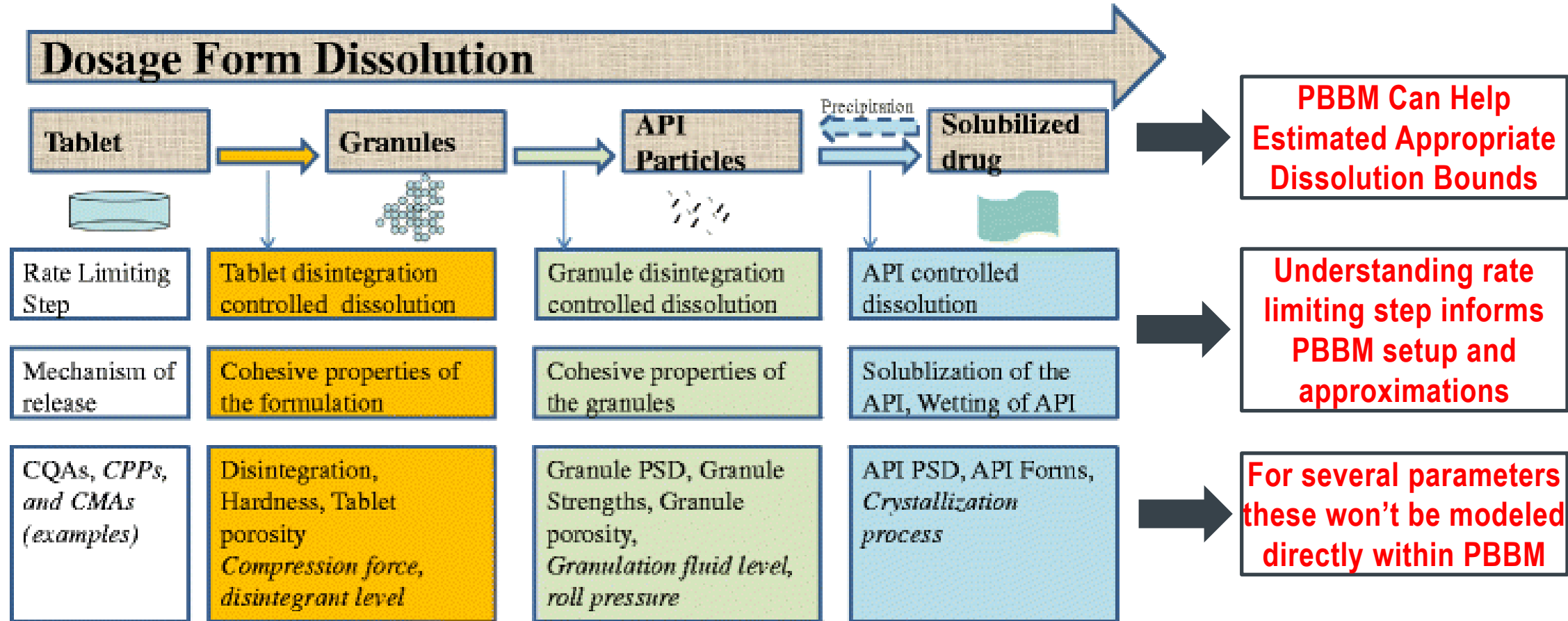
**Biorelevant Dissolution Method**

**QC Dissolution Method**





# Clinically Relevant Specifications



# Summary

- Dissolution input in PPBM is the ONLY way to link to drug product quality
- There is no one-size-fits all approach to input of dissolution data
- Selection of input method should be based on understanding of formulation behavior – not on “validation” of model against clinical data
- With the potential exception of BCS I/III compounds, use of direct input and/or empirical functions should be avoided
- For MR formulations, use of empirical functions is appropriate

# Acknowledgements

- Wei Zhu
- Jesse Kuiper
- Andre Hermans
- Multiple Merck Drug Product Development Teams