

# High-Risk Drug Products and *In Vivo* Release: Defining the BE Safe Space Through IVIVC/IVIVR Development

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# Outline

- Definition/Classification of High-Risk Drug Products
- Regulatory Requirement/Evidence to support development of High-Risk Drug Products
- IVIVC – principles and utility
- Case studies:
  - Establishing clinically-relevant dissolution acceptance criteria for a high-risk IR product based on a Multiple Level C IVIVC model.
  - Biowaiver for a Level 3 manufacturing site change for a high-risk ER product based on a Level A IVIVC model.

# High-Risk Drug Products – Classification: What Defines High-Risk Products?

- Extended-Release (ER) Formulations:
  - Controlled-release mechanism is rate-limiting for absorption.
  - Small changes in formulation parameters (polymer levels, coating thickness, matrix composition) significantly impact PK.
  - Risk gradations exist: Matrix tablets (lower-risk) → Coated systems → Osmotic pumps/multi-layer systems (very-high risk).
  - Example: ER Nifedipine osmotic pump vs. matrix systems produce different PK profiles despite identical API and dose.
- Immediate-Release (IR) Products with Complex Solubilization Technologies:
  - Technologies: amorphous solid dispersions, nanoparticles, lipid-based formulations, SEDDS.
  - Designed to overcome poor aqueous solubility.
  - Create formulation-dependent bioavailability where dissolution advantage is critical for absorption.

# High-Risk Drug Products – Evidence Requirements: Regulatory Strategy

- Evidence Hierarchy:
  - IVIVC:
    - BCS Class 1/Class 3 ER products: Level A IVIVC preferred (point-to-point correlation via deconvolution).
    - When Level A IVIVC not feasible (BCS Class 2 ER, complex IR with supersaturation/precipitation): Multiple Level C correlations or PBBM-based approaches.
  - PBBM:
    - Provides mechanistic understanding of release and dissolution behavior.
    - Predicts performance outside tested range using biorelevant data and supersaturation/precipitation kinetics.
- Key Principles:
  - *In vivo* studies/PBBM/IVIVC define "Bioequivalence Safe Space" — the dissolution profile range ensuring bioequivalent performance.
  - Together, they enable science-based lifecycle management and regulatory flexibility for high-risk products.

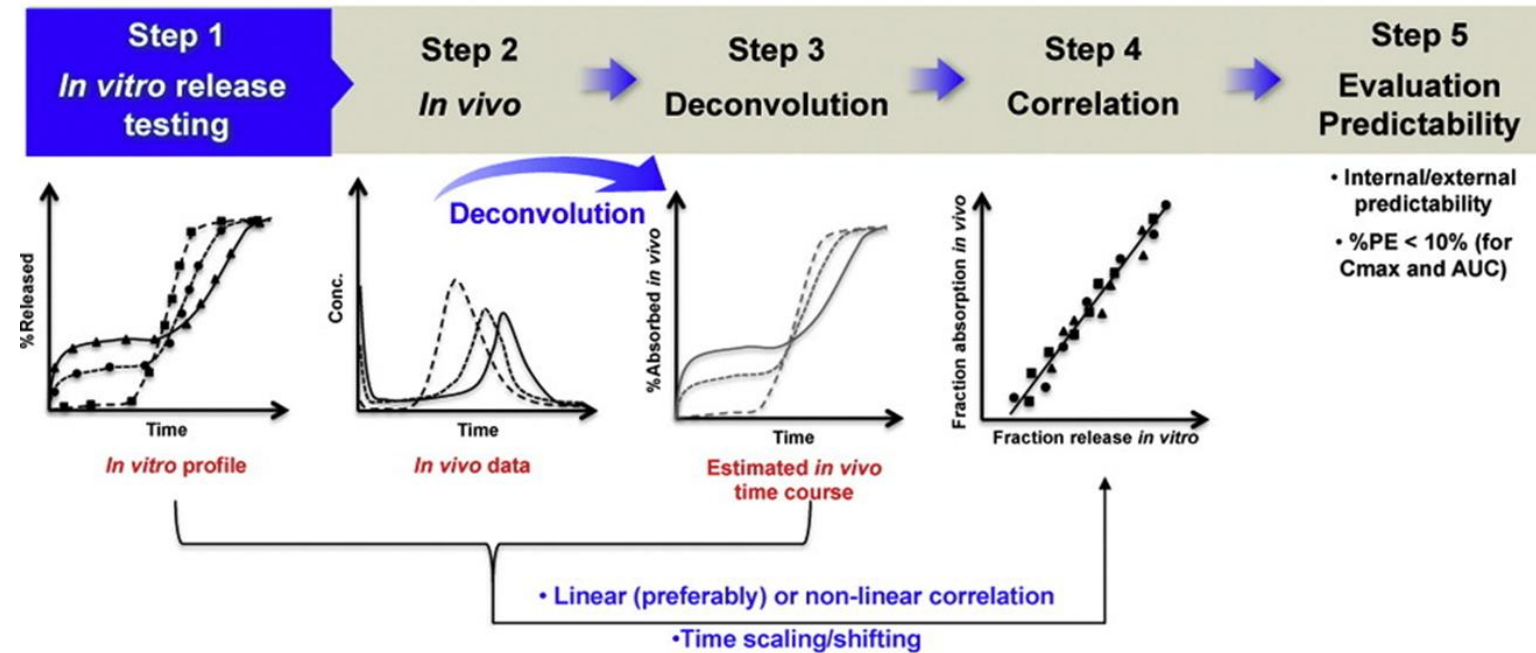
# Very High-Risk Drug Products – Classification: What Defines Very High-Risk Products?

- High-Risk elevated by formulation/process complexity and/or clinical factors:
  - Formulation/Process Complexity:
    - Sensitive ER release mechanisms (coated multi-particulates, osmotic pumps, multi-layer systems).
    - Poorly understood or difficult-to-control interacting release mechanisms.
    - Novel technologies without an established precedent.
  - Clinical Risk Factors (independent of biopharmaceutical complexity):
    - Narrow Therapeutic Index (NTI) drugs.
    - Black box warnings or serious safety concerns.

## Evidence Requirements: Regulatory Strategy

- *In vivo* studies are the default for development and significant post-approval changes.
- PBBM-IVIVC may be acceptable – only a case-by-case basis

# IVIVC – Introduction and Principles



## What is an IVIVC?

A mathematical relationship between an *in vitro* property of a dosage form (e.g., dissolution) and its *in vivo* performance (e.g., concentration-time profiles), with the goal to accurately predict the *in vivo* plasma concentration-time profile of a drug formulation.

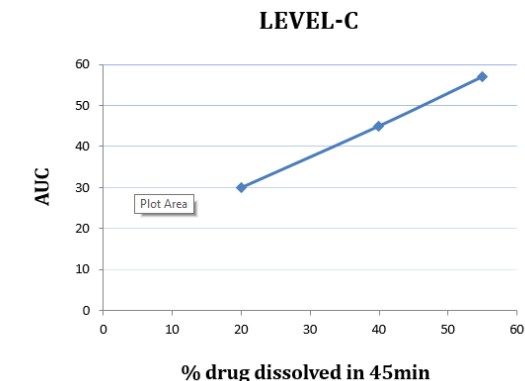
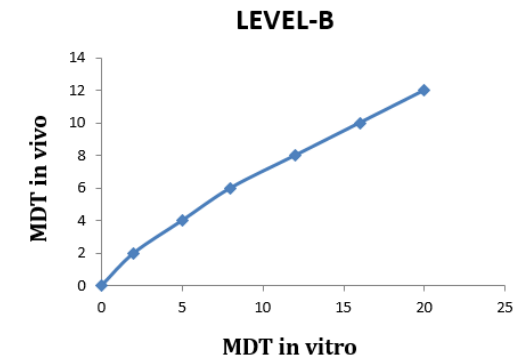
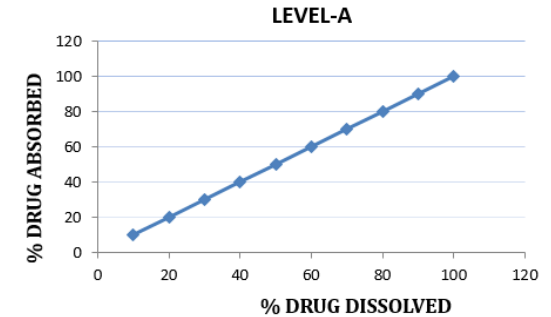
J. Shen, D.J. Burgess / Journal of Controlled Release 219 (2015) 644–651

# IVIVC – Types and Utility



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Category	Description	Graphical representation	Applicability/Utility
<b>Level A</b>	A point-point relationship between in vitro dissolution and in vivo drug absorbed	% dissolved in vitro vs. % absorbed in vivo	Most informative and useful; applicable for setting dissolution specifications and supporting biowaivers
<b>Level B</b>	A usage of the principles of statistical moment analysis	Mean in vitro dissolution time vs. mean residence time in vivo	Least useful; not applicable for setting dissolution specifications and supporting biowaivers
<b>Level C</b>	A single point relationship between a dissolution parameter and a PK parameter	% dissolved at specific time-point vs. AUC and/or $C_{max}$	Very limited usage for justifying dissolution specifications
<b>Multiple Level C</b>	Correlation relates to one or several PK parameters of interest to the amount of drug dissolved at several time-points of the dissolution profile	% dissolved (at 10, 30, 60 min) vs. AUC and/or $C_{max}$	Can be as useful as a Level A correlation



[www.fda.gov](http://www.fda.gov): Guidance for Industry: Extended-Release Oral Dosage Forms: Development, Evaluation, and Application of In Vitro/In Vivo Correlations, September 1997

# Mechanism Absorption-based IVIVC/R

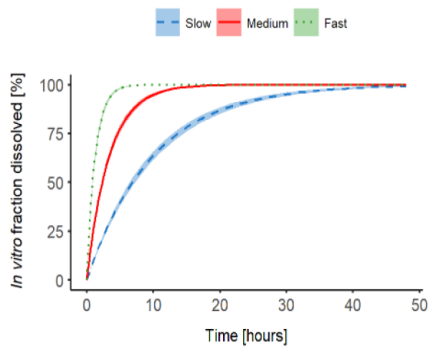


Drug Substance/formulation properties (e.g., solubility, pKa, LogP, particle size, permeability, etc.)

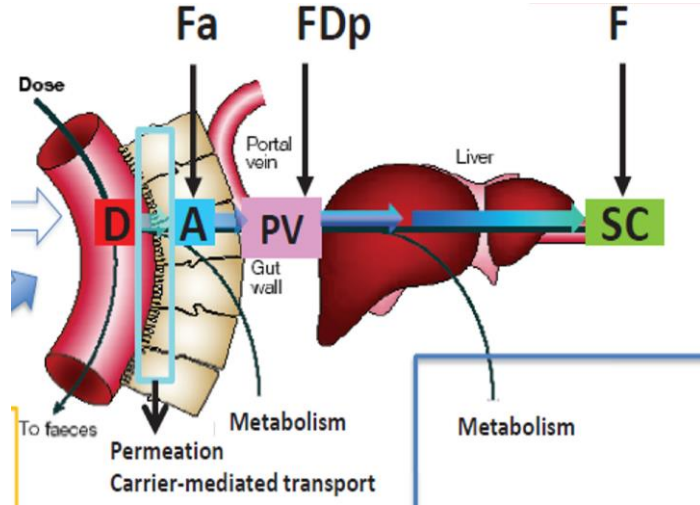
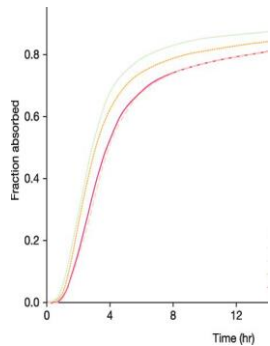
*In vivo* performance absorption, bioavailability, blood concentration profiles



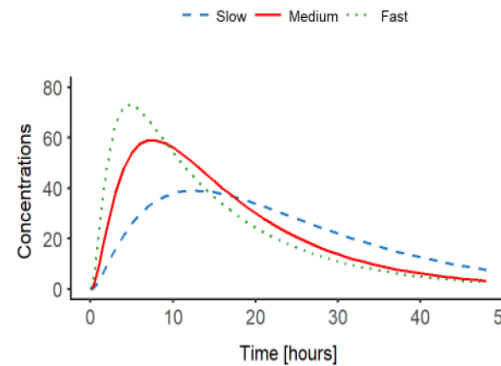
## *In vitro* Dissolution



## *In vivo* Dissolution



## *In vivo* PK profiles



**Mechanistic Deconvolution**

- Mechanism absorption-based IVIVC/R (e.g., PBBM-IVIVC) combines the physicochemical characteristics of the API and/or formulation of the drug product (PBBM component) to develop the IVIVC model.
- PBBM-IVIVC can be used to simulate and predict drug behavior across a wider range of scenarios, including different formulations, doses, food effects, and special populations (e.g., pediatrics, elderly, patients with GI disorders).



# Case study 1: Establishing clinically-relevant dissolution acceptance criteria based on a ‘Multiple-Level C IVIVC’-design-space model for an IR product

## Drug Product: Characteristics

- Drug Product: Immediate Release tablet
- Route: Oral
- $T_{max}$ : 1–2 hours

## Drug Substance: Characteristics

- BCS: Class 2/Class 4
- Solubility: Low solubility of the crystalline form across the pH range of 2 to 8.  
The crystalline form is converted to a more soluble and more bioavailable amorphous form using the Hot Melt Extrusion technology.  
This amorphous form is blended with excipients, compressed into a core tablet, and film-coated to form the final tablet.

- Satisfies the definition/classification of a High-risk product

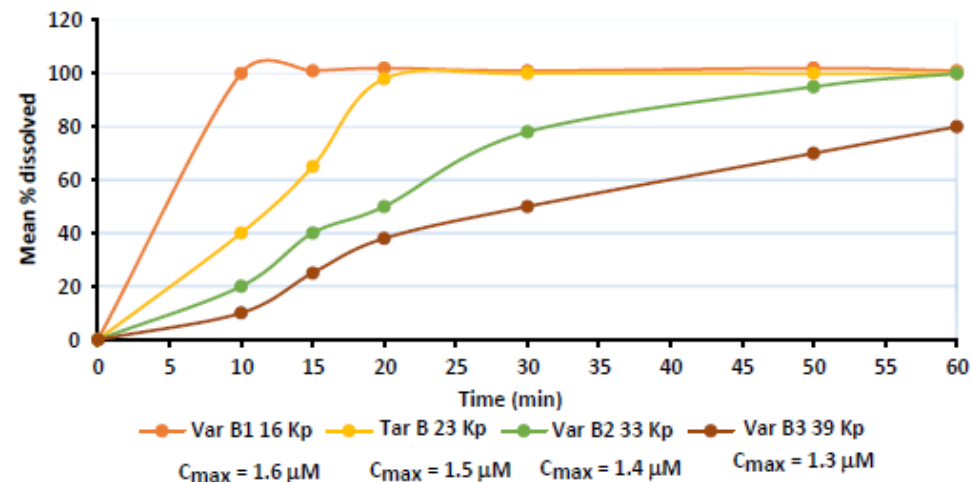
# Case study 1 (cont'd):



## In vitro dissolution method/acceptance criterion

Originally proposed in vitro dissolution method			Originally proposed in vitro dissolution acceptance criterion
Apparatus	Medium/ Volume	Agitation speed/ Temperature	Q = 75% in 30 minutes
USP apparatus 2	<u>Medium:</u> 0.2% Surfactant  <u>Volume:</u> 900 mL	<u>Speed:</u> 100 rpm  <u>Temp:</u> 37 °C	

## Tablet hardness – In vitro dissolution



## List of potential CQAs

### ➤ CMA

- Crystalline content of the API.
- Tablet tensile strength/tablet hardness.
- A relationship among the four IR batches varying in tablet hardness for C<sub>max</sub> was seen.
- There were no significant changes in AUC<sub>inf</sub>.

## Tablet hardness – In vitro dissolution and PK comparison

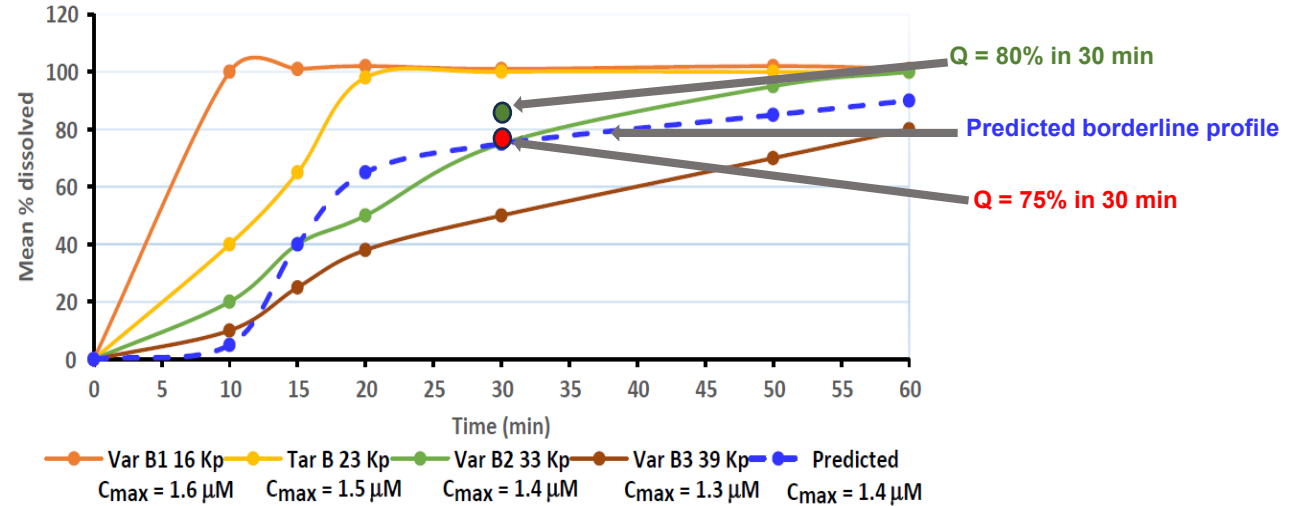
Parameter		Tar B vs Var B1	Tar B vs Var B2	Tar B vs Var B3
In vitro dissolution	<i>f</i> <sub>2</sub>	<50	<50	<50
In vivo PK	C <sub>max</sub>	Not BE	Not BE	Not BE
	AUC <sub>inf</sub>	BE	BE	BE

# Case study 1 (cont'd):



## Establishing *in vitro* dissolution specifications based on a Multiple Level C IVIVC model

## Predicted *in vitro* dissolution profile based on a Multiple Level C IVIVC model against $C_{max}$



- A Multiple Level C IVIVC model was constructed using the dissolution profiles of the batches and PK data ( $C_{max}$ ) of the batches.
- Based on the IVIVC model, a dissolution profile (**Blue dashed line**) was generated representing the border-line for bioequivalence to the target formulation (within 10% of mean  $C_{max}$  relative to target).
- Originally-proposed dissolution specification of 'Q = 75% (i.e., 80% dissolution) in 30 min' would result in a product that would be bio-inequivalent to the target.
- A dissolution specification of 'Q = 80% (i.e., 85% dissolution) in 30 min' would yield a product that would be bioequivalent to the target.

## *In vitro* dissolution method/acceptance criterion

Final <i>in vitro</i> dissolution method			Final <i>in vitro</i> dissolution acceptance criterion
Apparatus	Medium/ Volume	Agitation speed/ Temperature	Q = 80% in 30 minutes
USP apparatus 2	Medium: 0.2% Surfactant  Volume: 900 mL	Speed: 100 rpm  Temp: 37 °C	



# Case study 2: Application of a 'Level A IVIVC model-based biowaiver' for a Level 3 manufacturing site change for an ER product

## Drug Product: Characteristics

- Drug Product: Extended Release tablet
- Route: Oral
- $T_{max}$ : 2–4 hours

## Drug Substance: Characteristics

- BCS: Class 1 (no formal claim)
- Solubility: High solubility across the pH range of 1.2 to 7.

The API is combined with the excipients including the Release Controlling Polymer (RCP) and film-coated to form the final tablet.

- **Satisfies the definition/classification of a High-risk product**

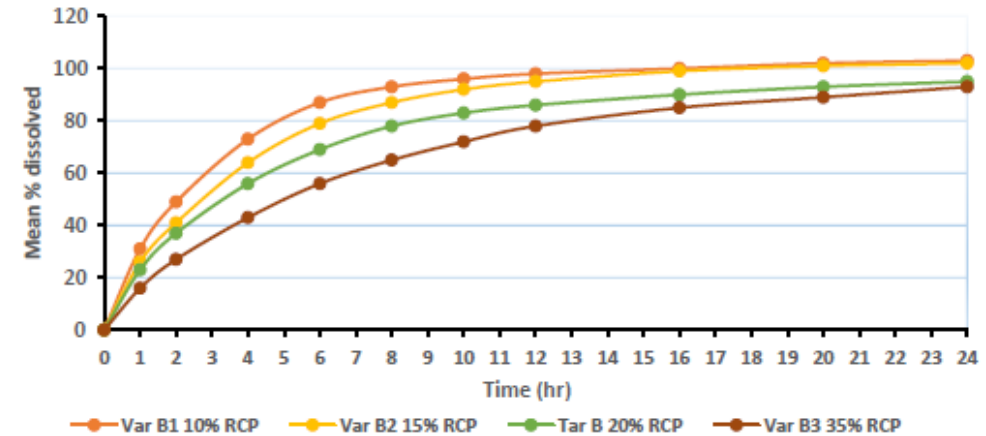
# Case study 2 (cont'd):



## In vitro dissolution method

Final in vitro dissolution method (Lower and Higher strengths)		
Apparatus	Medium/ Volume	Agitation speed/ Temperature
USP apparatus 1	<u>Medium:</u> 50 mM Phosphate buffer, pH 6.8  <u>Volume:</u> 900 mL	<u>Speed:</u> 100 rpm  <u>Temp:</u> 37 °C

## Concentration of RCP – In vitro dissolution



## List of potential CQAs

### ➤ CFV

- Concentration of the RCP was considered a CQA.
- A rank-order relationship among the four ER formulations varying in the concentration of the RCP for  $C_{max}$  was seen.
- There were no significant changes in  $AUC_{inf}$ .

## Concentration of RCP – In vitro dissolution and PK comparison

Parameter		Tar B vs Var B1	Tar B vs Var B2	Tar B vs Var B3
In vitro dissolution	$f_2$	<50	>50	<50
In vivo PK	$C_{max}$	Not BE	Not BE	Not BE
	$AUC_{inf}$	BE	BE	BE

# Case study 2 (cont'd):

## ***In vitro* dissolution profile comparison (f2) pre- vs. post-change batches**



Lower strength Pre-change batch	Lower strength Post-change batches (Level 3 change in manufacturing site)		
	B1	B2	B3
B1	82.53	89.35	90.05

## **Constructing a Level A IVIVC model**

- Using the higher strength, a 2-stage procedure was used to construct the Level A IVIVC model
  - Deconvolution of plasma conc vs. time profiles.
  - Comparison of  $F_{abs}$  vs.  $F_{diss}$ .
- There existed a rank-order correlation between the *in vitro* dissolution profiles and the *in vivo* absorption profiles.
- The IVIVC model met the acceptability criteria for validation and predictability.

## **Predicted PK comparison pre- vs. post-change batches**

Lower strength Post-change batches	PK Parameter	Reviewer's Evaluation		
		Lower strength Post-change batches Predicted	Lower strength Pre-change batch (B1) Predicted	% Difference in Predicted PK parameters
B1	AUC <sub>inf</sub>	253.5	249.4	1.6
	C <sub>max</sub>	25.9	25.2	2.7
B2	AUC <sub>inf</sub>	254.2	249.4	1.9
	C <sub>max</sub>	25.3	25.2	0.4
B3	AUC <sub>inf</sub>	251.9	249.4	1.0
	C <sub>max</sub>	24.9	25.2	1.2

## **Biowaiver for the Lower strength post-change product**

- % Difference in predicted PK values between the pre- vs. post-change batches complied with the acceptability criteria of  $\leq 20\%$ .
- Dissolution profile comparison (f2) between the pre- vs. post-change batches  $> 50$ .
- Post-change batches complied with the dissolution acceptance criteria.
- Pre- and post-change products are similar. BE study to support the Level 3 change in manufacturing site is not required.

# Regulatory Applications of IVIVC

- Support dissolution specifications.
- Support biowaivers – during drug product development and life-cycle management (e.g., site changes, changes in non-release controlling excipients, process changes as defined in the *Guidance*, addition of lower strengths).
- Alternate BE approach.
- Aid clinically-relevant manufacturing design space and product specification (e.g., establishing API-PSD).



# High-Risk Drug Products, BE Safe Space, and IVIVC/R Development – Take Home Message

- High-Risk Drug Products:
  - ER products – the release mechanism is rate-limiting for absorption, and small changes in the formulation significantly impact the dissolution and the PK of the drug product.
  - IR products – complex solubilization technologies such as ASD, nanoparticles, lipid-based formulations impact the dissolution and the PK of the drug product.
- IVIVC/R – principles and utility:
  - IVIVC/R aid in establishing a BE safe-space, setting dissolution specifications, and supporting biowaivers.
  - IVIVC/R enable science-based lifecycle management and regulatory flexibility for high-risk products.
- Case studies:
  - High-risk IR product where the low-solubility API is formulated as an ASD in the drug product. Clinically-relevant dissolution acceptance criteria were established based on a Multiple Level C IVIVC model.
  - High-risk ER product where the *in vivo* absorption is controlled by the RCP. A biowaiver for a Level 3 manufacturing site change was granted based on a Level A IVIVC model.



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