

BIOPHARMACEUTIC RISK ASSESSMENT OF A NEUTRAL BCS CLASS IV DRUG: A GENERIC INDUSTRY PERSPECTIVE

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Outline

- Risk Classification & Complexity Scale
- Overview of Biopharmaceutics Risk Assessment (BRA) Cycle in Generic Development
- Role of Innovator Product Understanding
- Dissolution considerations
- Case study – BCS IV neutral in IR formulation

Biopharmaceuticals Risk Classification – general principles



Low/Very Low Risk

Dissolution unlikely rate limiting

- BCS1/ BCS3 in IR dosage form with rapid dissolution
- BCS2a in IR dosage form with rapid release in pH 4.5 and 6.8

Medium Risk

Dissolution may be rate limiting

- Drug substance properties control the dissolution of the API
- low soluble API in simple IR formulation

High/Very High Risk

Dissolution is rate limiting

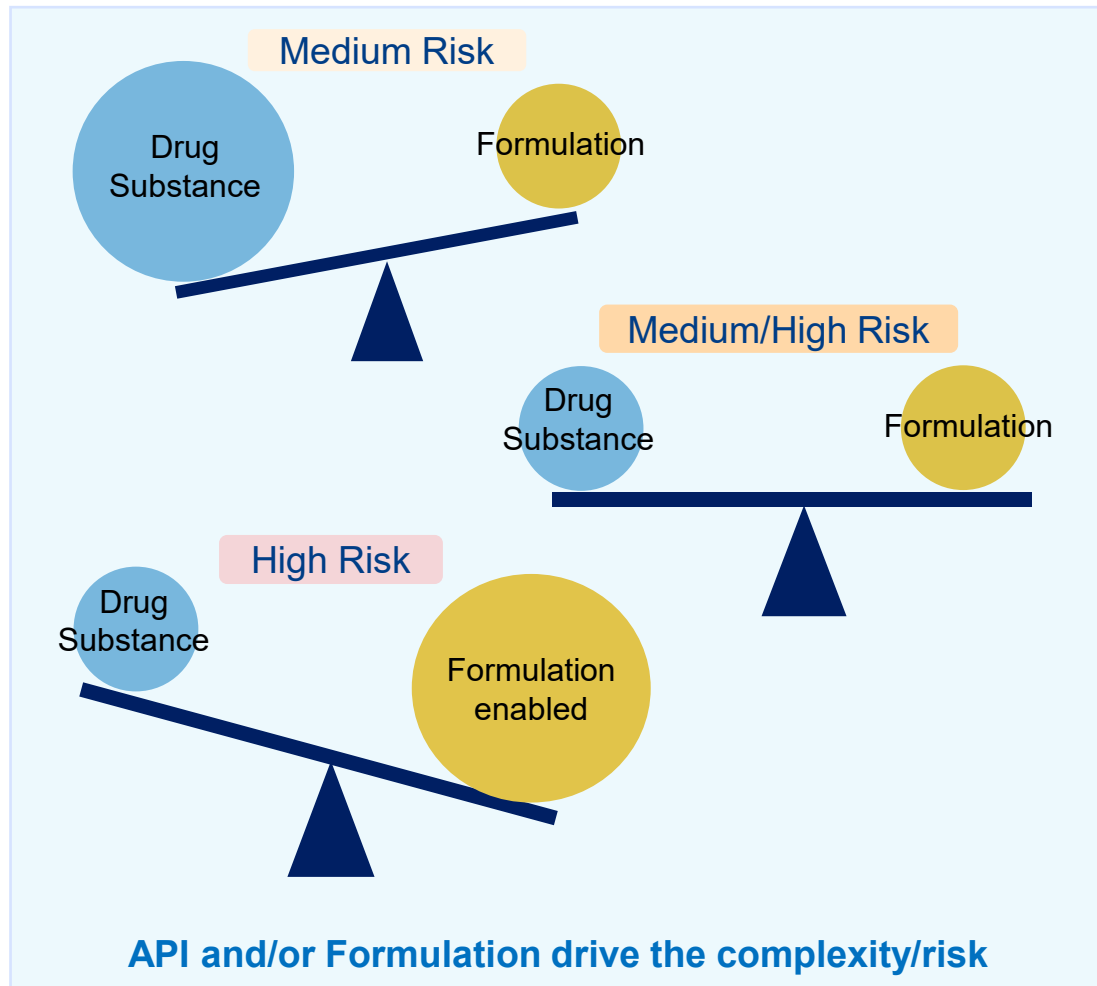
- Formulation/process modifies the dissolution of the API
 - IR enabled formulations (e.g. *ASD, lipid-based, nano-systems, surfactants*)
 - MR formulations

BCS class	IR simple	IR enabling	MR
Class 1	Very Low risk	-	High risk
Class 2	Medium risk	High risk	Very High risk
Class 3	Low risk	-	High risk
Class 4	Medium risk	High risk	Very High risk

Complexity “scale”

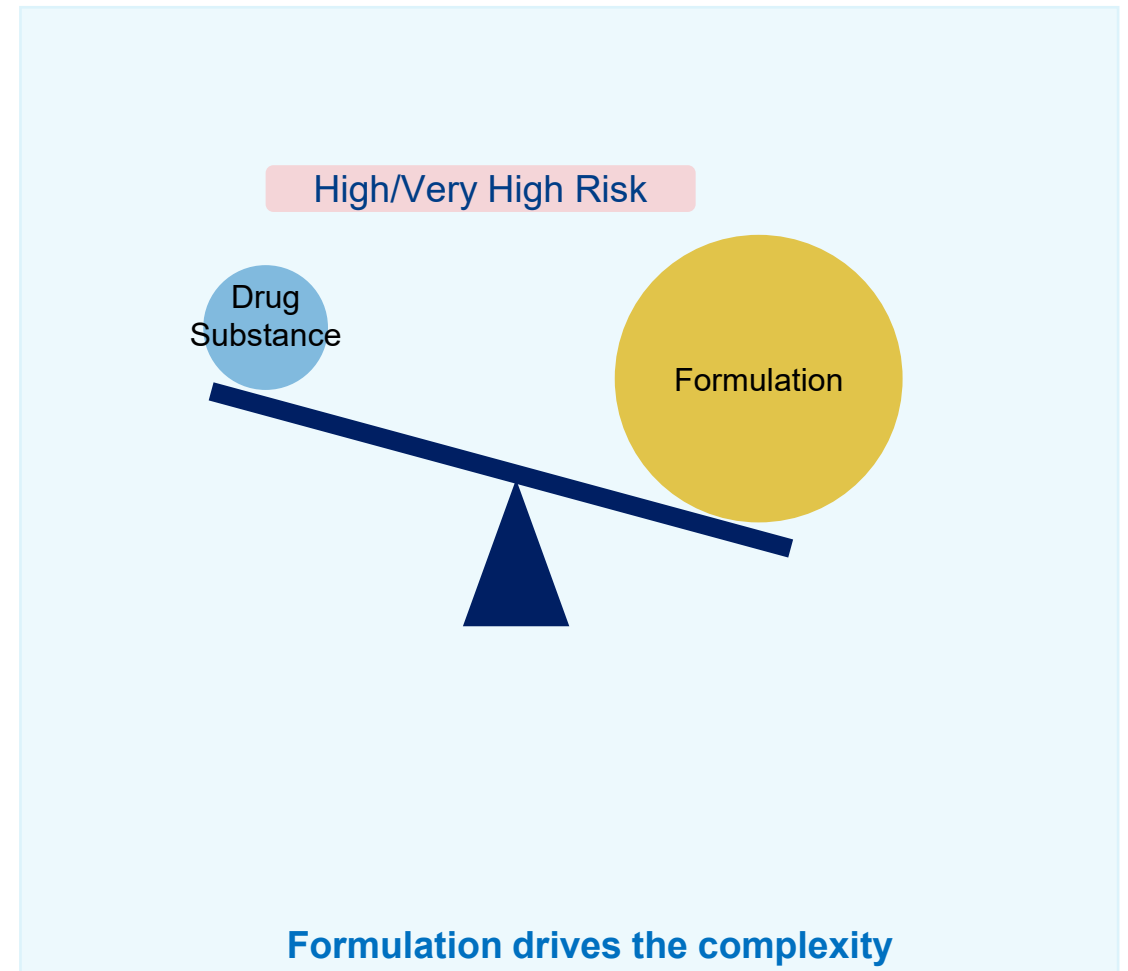


IR products



Excludes low risk

MR products



Overview of BRA cycle in Generic Product Development



Biopharmaceutics risk assessment is a continuous process
Complexity & Risk based determination/decision

Evaluation of the RLD

- Biopharmaceutics understanding and risk level
- Initial **BRA**:
 - *Identify potential CBA*
 - *Identify in-vitro dissolution media to guide formulation development*
- Preliminary IVIVR
- Assign complexity level

Development

- Prototype formulations (typically 2 variants)
- **BRA** before pilot
- Pilot BE for PK confirmation
- **BRA** after pilot:
 - *confirm the bioindicative media*
 - *refine the model & propose target profile for pivotal or return to development*

Pivotal batches

- Optimize the formulation
- **BRA** before pivotal
- Pivotal BE

- IVIVR/IVIVC
 - *BE safe space*
 - *CRDS*
 - *Biowaiver support*
 - *Specification support*

- Filing and approval

Lifecycle management

- **BRA** for biowaiver of the post approval changes supported with IVIVR/IVIVC

What is a Generic Drug Product ?



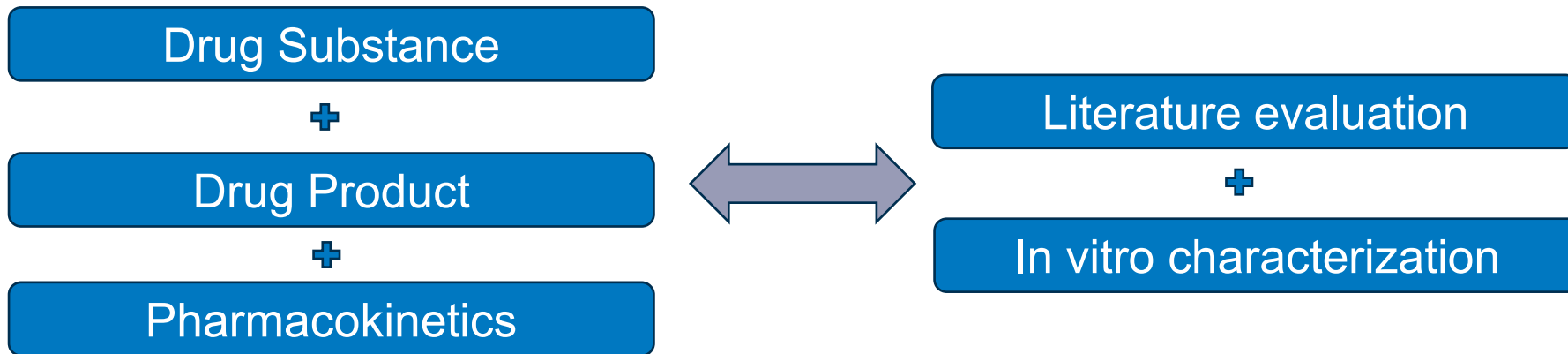
A generic drug is a medication created to be the same as an already marketed brand-name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use.

These similarities help to demonstrate bioequivalence, which means that a **generic medicine works in the same way and provides the same clinical benefit as the brand-name medicine.**

First things First...



- Understand the target - Innovator's product



- Identify the CBAs for the innovator's product
- Determine the **complexity**
- Determine the **initial biopharmaceutics risk**
- **Establish dissolution condition (s) that correlate with in vivo (to be used in the development)**

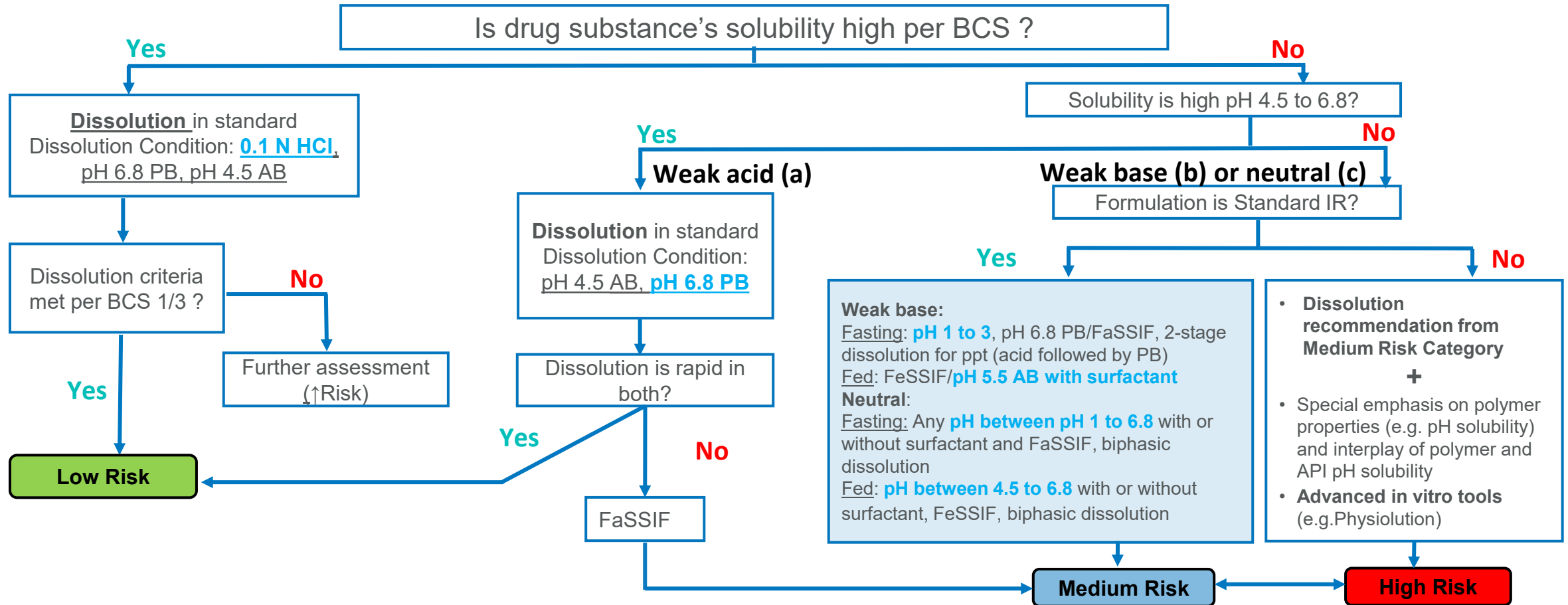


Dissolution considerations (IR)



Select **meaningful dissolution condition** considering:

- **Formulation attributes** – Drug Substance and formulation performance across GIT environment
- **GIT** - site of release, pH



Case study – medium risk



IR product
BCS4c (neutral)
Simple formulation and process

Literature
evaluation

RLD facts

- BCS4 neutral compound & simple formulation
- Moderate In vitro (Caco-2) permeability
- T_{max} ~2h
- Absolute BA ~40%
- Hepatic metabolism and elimination
- T/2 moderate ~7h
- Food effect - minor ↑AUC, no effect on C_{max}
- Crushed tab vs. whole tab are BE
- Low PK variability both C_{max} and AUC

RLD understanding

- Moderate in vivo dissolution
- Moderate permeability/absorption
- Not sensitive to in vivo tablet disintegration / formulation variables
- API properties likely most critical for solubility/bioavailability

In vitro
characterization

DS solubility

Physical characterization

In vitro dissolution

Complexity,
potential CBA

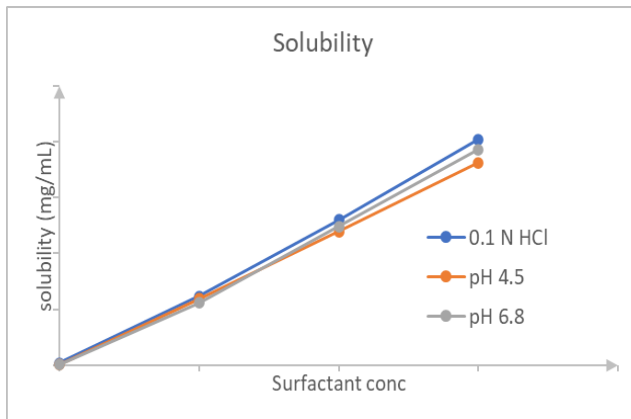
Initial Risk – **Medium**, potential CBA – **API Particle size** (variants to study)

Case study (ctn'd)



DS solubility

BCS4c (neutral)
pH independent
Very low solubility w/o surfactant
Moderate in biorelevant
(D/V<1000ml)



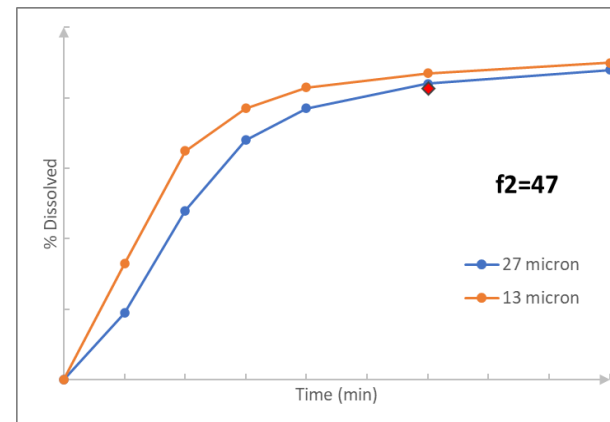
In vitro dissolution

Dissolution condition selection:

- Dissolution pH independent
- Surfactant required

Dissolution condition optimization:

- DoE 2²
- Factors: **surfactant conc** & **agitation**
- Assess discrimination toward **API PS** (+CFV, CPP)



Variants

CBA – API PS range to be studied
~10-30µm

	API PS (D90)	T/R Cmax FA	T/R AUCt FA
Variant 1	13 µm	90	97
Variant 2	27 µm	81	93
PS spec (3 tier)	D90 NMT 18 µm		

- Dissolution condition is discriminatory to API PS
- API PS is controlled with tighter limits

Case study (ctn'd)



Agency's ask - API PS specification to be supported with:

- in vivo/in vitro results and their correlation
- Comparative dissolution of batch at high end of spec with $f_2 < 50$

Model development (Johnson)

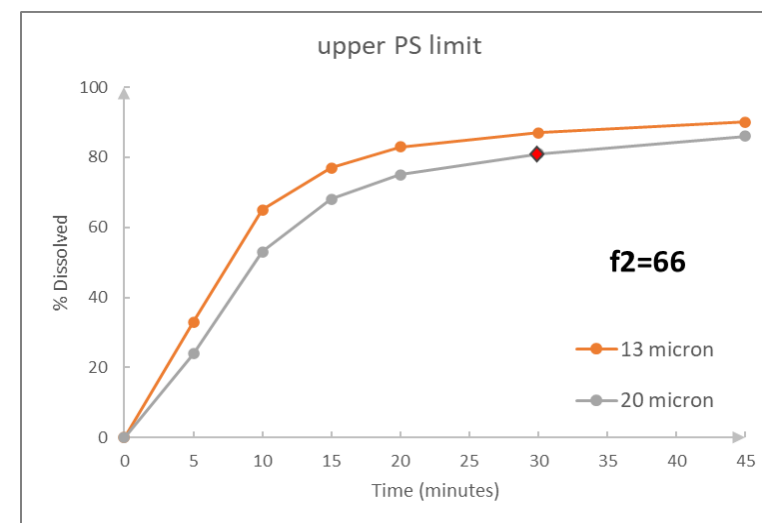
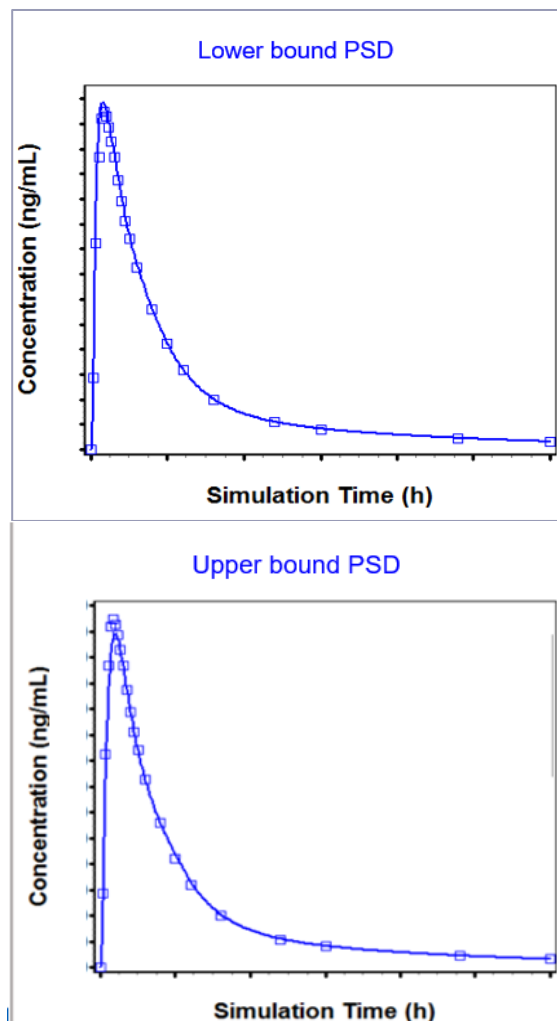
- IV profile literature
- BE batch

Model validation

- Non-BE batch

Model application: - simulate PSD impact on PK

- Virtual Lower bound PS
- Virtual Upper bound PS



PK Parameter	Bio Batch vs Lower Bound PSD spec	Bio Batch vs Upper Bound PSD spec
Cmax	103%	95%
AUCt	101%	98%

- Dissolution is bio indicative
- API PS specification supported by PBBM
- Totality of evidence used for biopharmaceutics risk mitigation



Biopharmaceutics risk assessment - mitigation

Initial stage: Identify Initial Critical Bioavailability Attributes (iCBA)

- Knowledge base
- Complexity factors identified
- Similarity of approach

Confirm the iCBA

- In vitro studies
- In vivo pilot studies
- In silico studies

Control Strategy

- Determined acceptable ranges for CBA
- *Control strategy based on dissolution and API PS specification*

Development





BRA in generic development

- Understand the **innovator (target)** and key pCBA
- Identify pCBA for the **generic product** (API, formulation)
- Continuously refine **biopharmaceutics risk** (literature, in vitro, pilot BE)
- Dissolution should reflect the **physiological relevance**
- Integrate **multiple evidence streams**:
 - Combine dissolution, additional controls on CBA, in vivo data, in silico
- **Control strategy** should be risk-driven and clinically relevant
- **Dissolution is one tool – not the entire control strategy**



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