

# Advancements in In Vitro Studies for Alternative Bioequivalence (BE) Approaches to Comparative Clinical Endpoint BE Studies

**SBIA 2020: Advancing Innovative Science in Generic Drug Development Workshop**

**Session 3: Future Directions, Emerging Technology, and Current Thinking on Alternative BE Approaches**

**Topic 1: Nasal and Inhalation Products**

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Office of Generic Drugs | CDER | U.S. FDA

September 30, 2020

# Learning Objectives



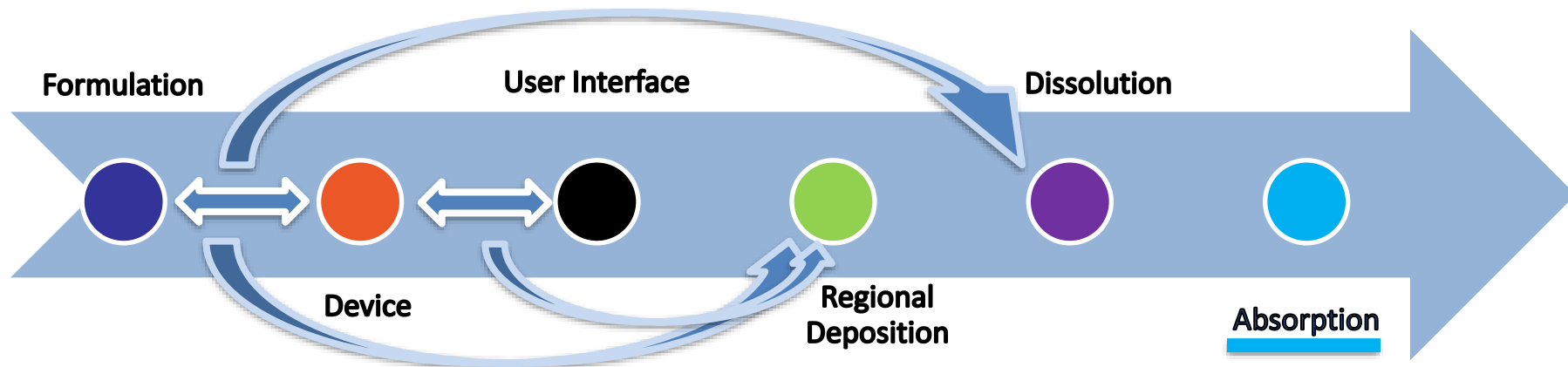
- Describe the approach to establish bioequivalence (BE) for OINDPs
- Understand and describe the alternative approaches to the Comparative Clinical Endpoint (CCEP) or Pharmacodynamic (PD) BE studies for OINDPs
- Understand and describe the role and importance of realistic APSD testing for OINDPs
- Understand and describe the role and importance of in vitro dissolution testing for OINDPs

OINDPs: Orally Inhaled and Nasal Drug products;  
OINDPs: Orally inhaled drug products;  
APSD: Aerodynamic Particle Size Distribution

# Locally-Acting OINDPs: Challenges for Establishing BE



- Developing generics for **locally-acting OINDPs** is challenging because of the *multiple factors that can influence drug delivery to the site of action*

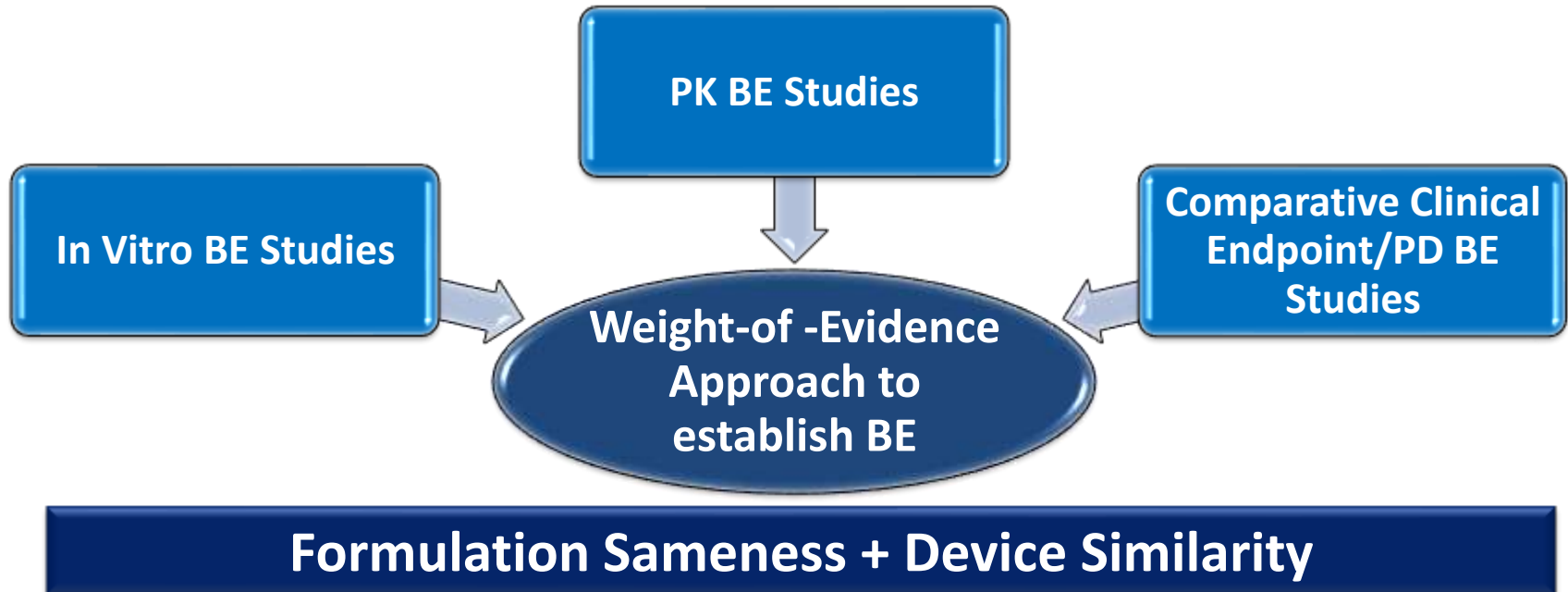


**In Vitro Product Performance + Patient Factors**

# Traditional Approach to Establishment of BE for OINDPs



- To address challenges for **locally-acting** OINDPs → *Weight-of-Evidence Approach*
  - *Locally-acting nasal suspensions, metered dose inhalers (MDIs), dry powder inhalers (DPIs)*



# Future Role of Comparative Clinical Study for MDIs/DPIs

A blue circular graphic with a white border and a slight 3D effect, containing the text "Comparative Clinical Endpoint/PD BE Studies" in white.

## Comparative Clinical Endpoint/PD BE Studies

- Challenges surrounding CCEP or PD BE studies in the weight-of-evidence approach for MDIs and DPIs
  - **Higher variability** of these studies can lead to **lower accuracy and reproducibility** for BE establishment → *Alternative approaches*
  - **Flat exposure-response** in these studies can lead to **lower sensitivity** for BE establishment → *Alternative approaches*
  - **FDA's regulations** direct us to the most accurate, sensitive, and reproducible BE methods → *Alternative approaches*
- Potential alternatives to the CCEP or PD study need to address:
  - The relationship of systemic PK data to local levels of drug within the lungs (site of action)
  - *The correlation between in vitro performance and in vivo drug deposition (IVIVCs)*
    - Relationship between in vitro performance (dependent on **formulation, device, formulation-device interactions**) to local lung deposition and clinical performance (dependent on **patient factors**)

# Alternative Approach: Solution MDIs



**Alternative Approaches to CCEP BE study: PSGs for *Beclomethasone Dipropionate Inhalation Aerosol, Metered* [RLD: QVAR Redihaler® (Posted May 2019); RLD: QVAR® (Posted Jan 2016; Revised Mar 2020)]**

- If a generic shows formulation sameness (Q1/Q2) and device similarity to the RLD, additional supportive information may provide a foundation to help ensure the ***equivalence to local site of action*** (lungs):

## **More Predictive APSD Testing (representative mouth-throat models and breathing profiles)**

- Understand impact of patient variability

## **Characterization of Emitted Sprays (velocity profiles and evaporation rates)**

- Understand droplet size and evaporation process of formulation emitted from the device

## **Morphology Imaging Comparisons (characterization of full range of residual drug particle sizes)**

- Understand residual particle morphology and size distribution of formulation emitted from the device

## **Dissolution**

- Understanding how API dissolved at site of action for absorption once deposited

## **Quantitative Methods and Modeling (e.g., physiologically-based PK; computational fluid dynamic studies)**

- In vitro-in vivo correlations (IVIVCs; bridge gap between in vitro product performance and regional drug deposition)

## **Alternative PK BE Studies**

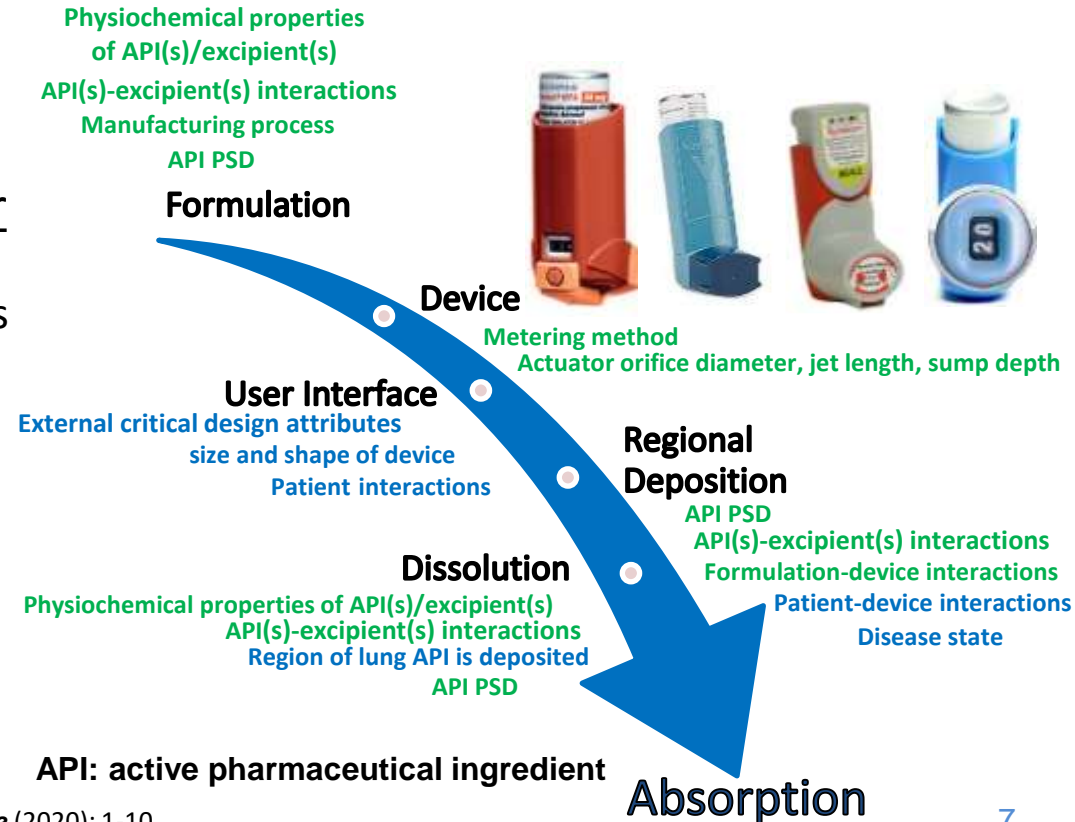
- Understanding how PK studies may correlate to in local deposition

**RLD: reference listed drug; PSGs: product-specific guidances**

# Alternative Approach: Suspension MDIs



- **Specific Additional Challenges for Suspension MDIs**
  - Understanding interaction of ***suspended API*** in the canister and emitted from the actuator
    - Formulation, device, formulation-device interactions that influence regional deposition and absorption of the API
      - Manufacturing process
      - Physiochemical properties of API(s)/excipient(s)
      - API particle size distribution (PSD)
      - Excipient(s) (type and amount)
      - Actuator design



# Alternative Approaches for ODPs



- Approaches should address sameness of delivery at the *site of action*
- Alternative approaches may be proposed
  - If scientific proposal is for a product that does not have a PSG, is outside what is issued in a PSG, or contains complex development issues, it is *highly encouraged* to the firm to submit a **pre-ANDA Product Development Meeting**
    - Refer to FDA guidance for *Formal Meetings Between FDA and ANDA Applicants of Complex Products Under GDUFA* (October 2017)
    - Approaches should be scientifically justified with a comprehensive, significant body of data, and evaluated as statistically meaningful as possible

Due to the complexity of many different factors that can affect generic product performance, critical key attributes for any MDI or DPI may be **product-specific**. It is vital to understand your generic product in comparison to the RLD that will influence in vivo BE as to establish an appropriate alternative BE approach to the CCEP or PD BE study.



# ORS Research Activities for ODPs

Formulation

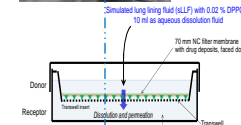
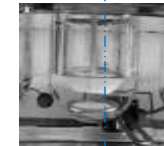
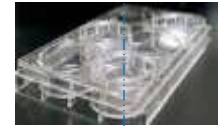
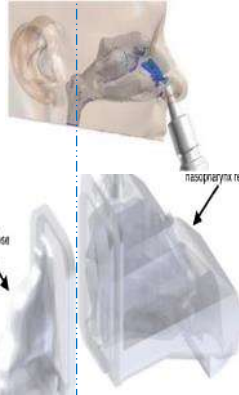
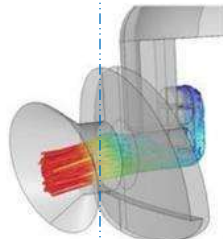
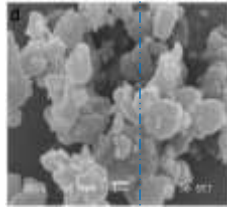
User Interface

Dissolution

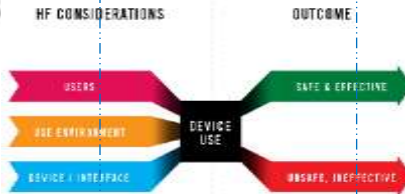
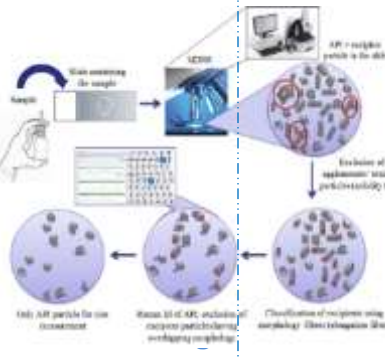
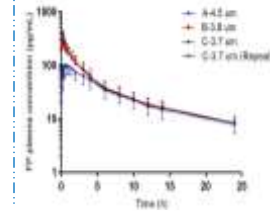
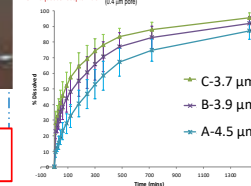
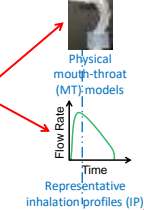
Device

Regional Deposition

Absorption



In vitro APSD test more predictive of in vivo deposition



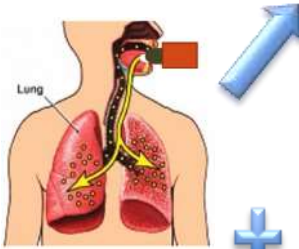
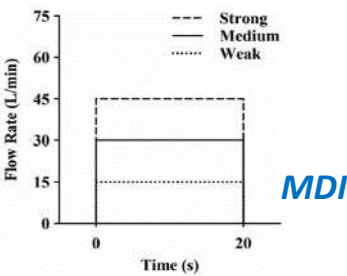
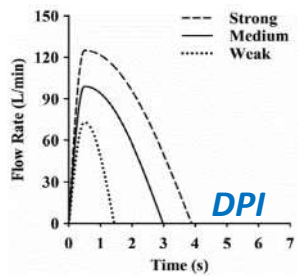
# Realistic APSD Testing: Overview

- A more realistic in vitro APSD method is important as part of alternative BE approach as to understand the *impact of patient variability*.

## Realistic mouth-throat (MT) models



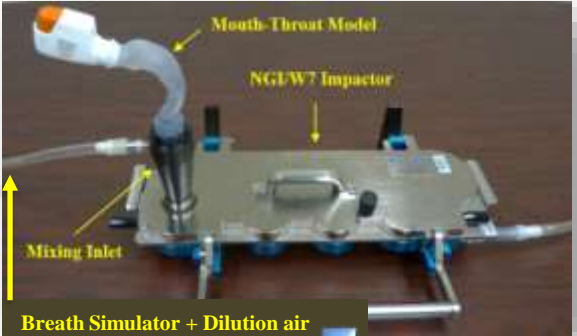
## Inhalation profiles (IPs)



[http://images.lifescrpt.com/images/ebSCO/images/inhaled\\_poison.jpg](http://images.lifescrpt.com/images/ebSCO/images/inhaled_poison.jpg)

VCU: Virginia Commonwealth University  
 OPC: Oropharyngeal Consortium  
 AIT: Alberta Idealized Throat  
 USP: United States Pharmacopeia  
[www.fda.gov](http://www.fda.gov)

NGI: next generation impactor

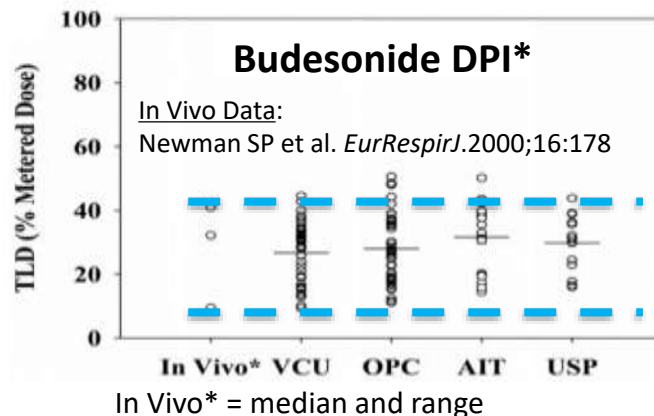
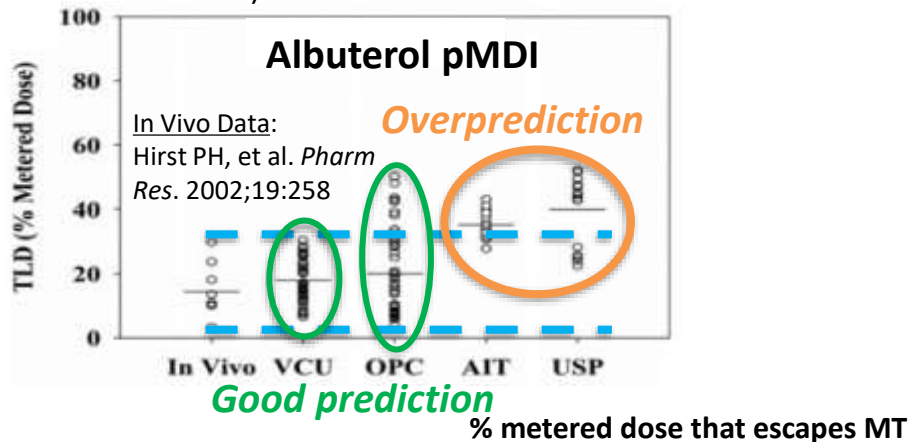


*In vitro APSD method more predictive of in vivo deposition*

Wei, Xiangyin, et al. *Journal of aerosol medicine and pulmonary drug delivery* 31.6 (2018): 358-371.  
<https://collaboration.fda.gov/p1qe3izohvy/>

# Realistic APSD Testing: In Vitro-In Vivo Comparisons

- **Albuterol (100 µg as sulfate) pMDI; 15-45 L/min**
  - *Variance of TLD<sub>in vitro</sub> mostly due to MT model*
    - MT selection essential (test across S and L MT models)
- **Budesonide (200 µg) DPI; weak-strong realistic IPs**
  - *Variance in TLD<sub>in vitro</sub> mostly due to flow conditions (IPs); MT model less important*



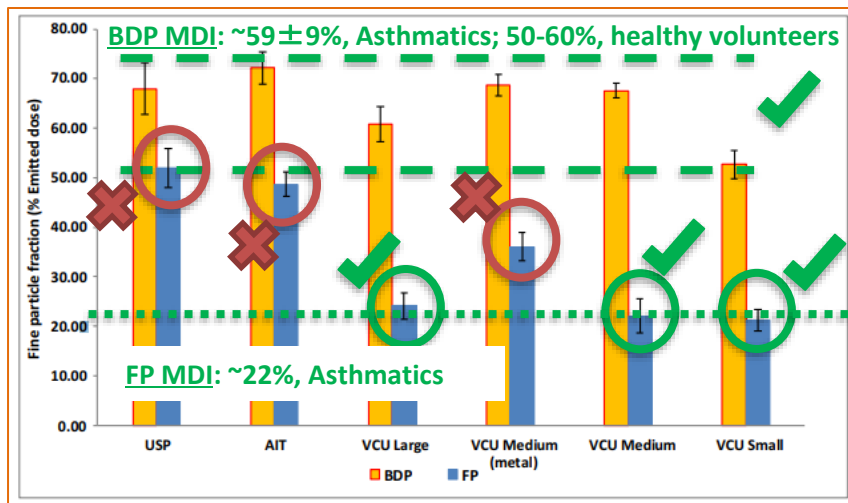
**Product-specific results: To capture patient variability – include various MT models and IPs**

# Realistic APSD Testing: Solution vs. Suspension MDIs



BDP: Beclomethasone Dipropionate; FP: Fluticasone Propionate

PPF<5μm: Fine particle fraction less than 5 μm



PPF<5μm (% emitted dose) of BDP and FP MDIs (n=5, mean + SD)

- Suspension FP MDIs much more sensitive to variations in MT model vs. solution BDP MDIs
- “In vitro characterization of MDI products could be influenced by many factors, such as the **type of formulation**, the **geometry**, **shape**, **internal space volume**, and the **material** used to make the MT models.”
- “bio-relevant MT models can provide important insight about in **vivo performance of MDI products** and could be useful tools to assist...**BE assessments of generic MDI products**”

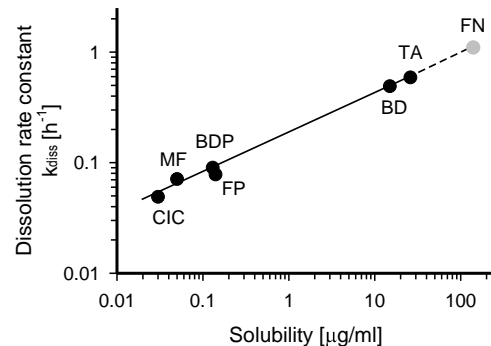
# Realistic APSD: Summary



- Realistic APSD as part of alternative BE approach can provide a *better prediction of deposition of inhaled particles in the lungs and capture patient variability* compared to current compendial methods of innovator products and generics
- Realistic APSD is currently part of alternative approach for solution MDIs (e.g., BDP MDI)
  - Research demonstrates importance of extension of realistic APSD for suspension MDIs and DPIs, and be evaluated specifically for each generic drug product in comparison to the RLD.
    - Results dependent on *methodology, dosage form, MT models chosen, and IPs*
  - *MT models* and a *realistic range of inhalation profiles* can be used to compare the likely aerosol performance properties of ODPs in the clinic
    - *MDIs – selection of MT models (include small and large models) is critical*
    - *Suspension MDIs may be more sensitive to variations in MT models compared to solution MDIs*
    - *DPIs – IPs appear to be critical*
  - Firms should submit pre-ANDA product development meeting to discuss scientifically justified realistic APSD proposals specific to the generic drug product of interest in comparison to the RLD

# Dissolution: Overview

- **Dissolution as part of the alternative BE approach:**
  - Understanding how API dissolves at site of action for absorption once deposited
  - Predictive in vitro drug dissolution tests may provide a link between *regional drug deposition and local/systemic pharmacokinetics* for ODPs
  - *in vitro-in vivo relationships* of ODPs
    - formulation changes impact BA at site of action
- **Dissolution method is recommended to be:**
  - *validated, discriminatory, and reproducible*



# Dissolution of ODPs: Key Features

## Sample Collection

- Aerosolized Fraction
  - DUSA
  - Ex-throat fraction (using MT model and filter)
  - Cascade impactors (NGI, FSA, ACI)
  - ADC system
- Dosing (# actuations)

DUSA: Dosage Unit Sampling Apparatus  
 FSA: Fast Screening Anderson  
 ACI: Anderson Cascade Impactor  
 ADC: Aerosol Dose Collection  
 SDS: sodium dodecyl sulfate

## Dissolution Apparatus

- USP Apparatus V (Paddle-over-disk)
- Diffusion-controlled apparatus
  - Transwell® insert/dish
- Flow through system
  - Flow through cell
  - Franz® diffusion cell

## Dissolution Media

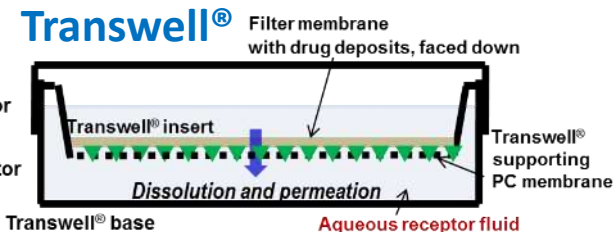
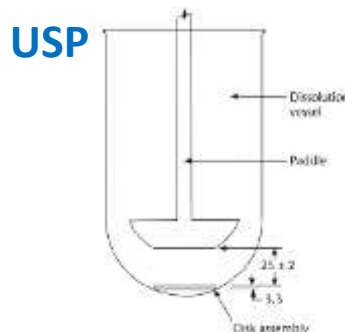
- Simulated lung fluid (SLF)
- Buffer
- Amount/type of surfactants
  - SDS
  - Tween

## Method Validation

- Predictability
  - Correlation between formulation factors, dissolution, in vivo performance
- Discriminatory capability

## BE assessment

- Model entire dissolution profile
- Choose appropriate statistical analysis
  - Model independent or dependent

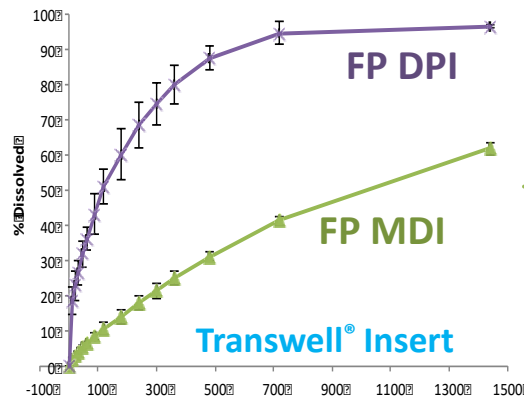




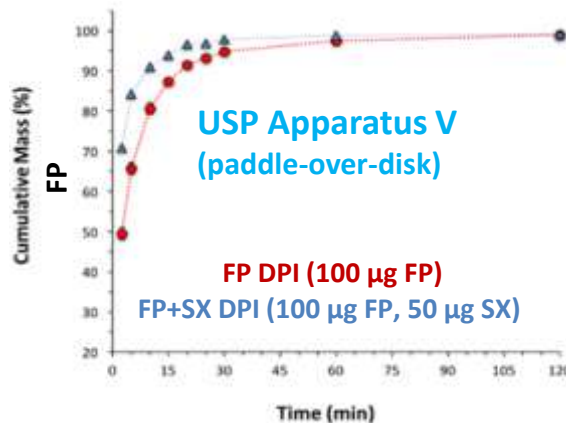
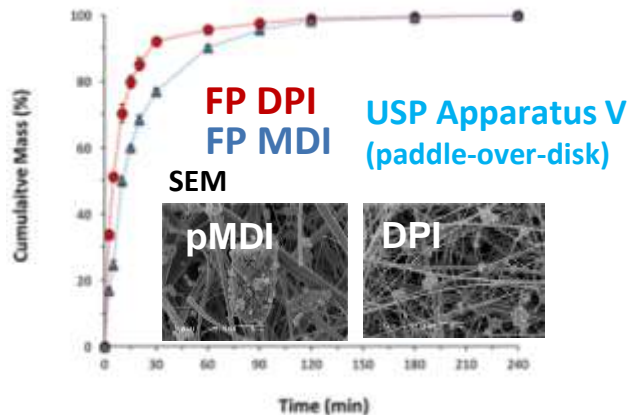
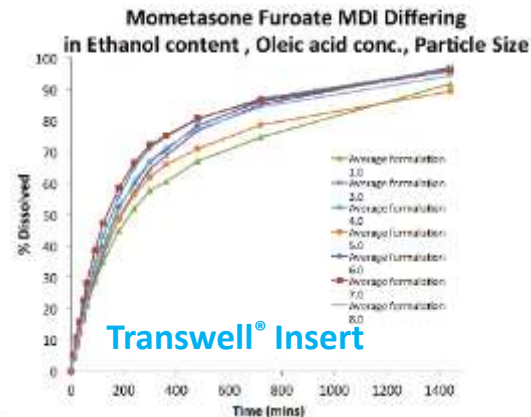
# Dissolution and Formulation Differences



- In vitro* dissolution is able to capture differences in formulations



- MDI vs DPI*
- API particle size and excipient differences*
- Absence/presence of API*



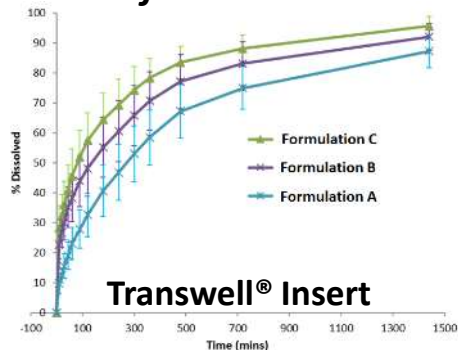
FP: Fluticasone Propionate,  
SX: Salmeterol Xinafoate

Grants: 1U01FD004953 [FDA]; 1U01FD004950-01 [FDA]; 5U01FD004943 [FDA]  
<https://collaboration.fda.gov/p4x8n2ijonv/> -  
 Günther Hochhaus, PhD.  
 Price, Robert, et al. *The AAPS Journal* 22.2 (2020): 1-9.

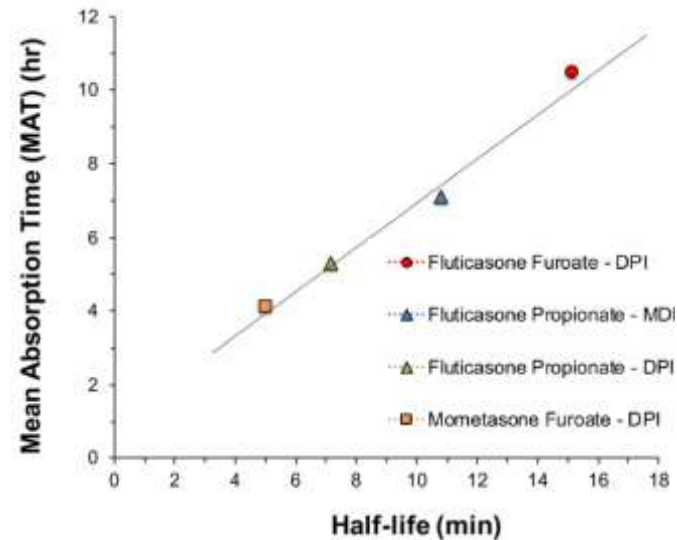
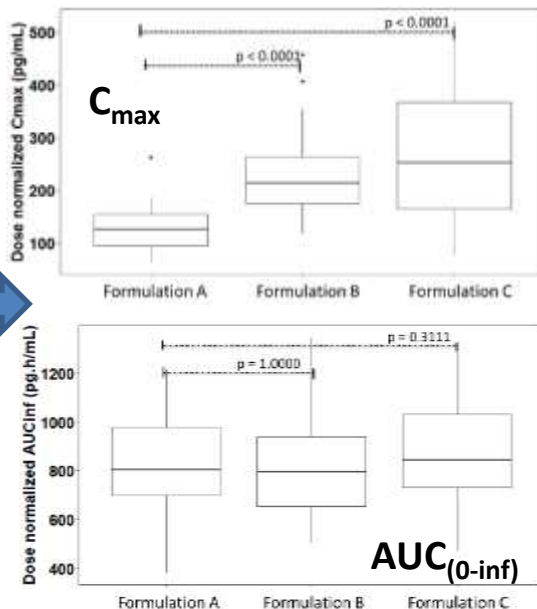
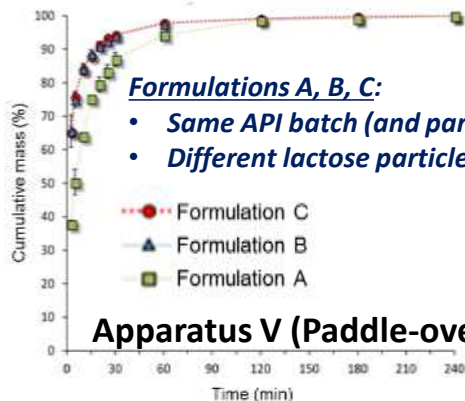


# Dissolution and PK

## FP DPI formulations



- *Potential for correlating dissolution to systemic PK*



- *Link between dissolution and systemic PK  $C_{max}$  and  $AUC_{(0-inf)}$*

- *Link mean absorption time (MAT) from PK measurements and dissolution half-life ( $t_{0.5}$ )*

# Dissolution: Summary

- **Dissolution as part of the alternative BE approach for OIDPs:**
  - Understand how API dissolves at site of action for absorption once deposited
  - Provides a link between regional drug deposition and local/systemic PK for OIDPs
  - *in vitro-in vivo relationships* of OIDPS (formulation changes impact BA at site of action)
    - Discriminating between differences in formulation
    - Potential to correlate to PK parameters ( $C_{\max}$ ,  $AUC_{(0-\text{inf})}$ ); link between MAT from PK measurements and  $t_{0.5}$
- **When developing dissolution methods, the key features to consider:**
  - *Sample collection, dissolution apparatus, dissolution media, method validation, BE assessment*
  - Method is recommended to be *validated, discriminatory*, and *reproducible*
  - **Recommend firms submit pre-ANDA product development meeting to discuss scientifically justified dissolution proposals specific to the generic drug product of interest in comparison to the RLD**

# Conclusions

- Establishment of BE for locally-acting OIDs occurs through *weight-of-evidence approach*
- Comparative CCEP, PK and in vitro BE all provide indirect evidence of equivalent local delivery
- Alternative Approaches to comparative CCEP or PD BE studies for OIDs need to address:
  - The *relationship of systemic PK data to local levels of drug within the lung* (at site of action)
  - *In vitro-in vivo correlations*: Relationship between in vitro product performance to local lung deposition and absorption (clinical performance)
- As part of the alternative BE approach, realistic APSD may provide a *better prediction of deposition of inhaled particles in the lungs* and *capture patient variability* for OIDs
  - Consider *methodology, dosage form, MT models chosen, and IPs*
- As part of the alternative BE approach dissolution methods may provide understanding on how API dissolves at site of action for absorption once deposited, and potentially build towards *in vitro-in vivo relationships* of OIDs
  - Consider *sample collection, dissolution apparatus, dissolution media, method validation, and BE assessment*
- Firms are highly encouraged to submit a pre-ANDA Product Development Meeting
  - Approaches should be scientifically justified with a comprehensive, significant body of data, and evaluated as statistically meaningful as possible

# Challenge Question #1

**Which of the following statements is NOT true?**

- A. A weight-of-evidence approach to establish BE for OINDPs is comprised of in vitro BE studies, a PK BE study, and a CCEP/PD BE study, in addition to formulation sameness and device similarity
- B. Quantitative methods and modeling are not applicable for alternative BE approaches to the CCEP/PD BE study
- C. To capture patient variability, mouth-throat model selection (inclusion of S and L models) is important when characterizing MDIs by realistic APSD methods
- D. Dissolution may be able capture differences in formulations and connect to differences seen in systemic PK parameters

# Acknowledgements

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  - Robert Lionberger, PhD
- FDA/CDER/OPQ/OTR/DCDA
  - Jason Rodriguez, PhD
  - Changning Guo, PhD
  - Nathan Reed, PhD
  - Anubhav Kaviratna, PhD
- FDA/CDER/OGD/OB
  - Kimberly Witzmann, MD
- FDA/CDER/OPQ/ONDPII/NDPB3
  - Renishkumar Delvadia, PhD

# Questions?

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Chemist

Division of Therapeutic Performance, Office of Research and Standards

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# Resources

- [21 CFR §320.23 Basis for measuring in vivo bioavailability \(BA\) or demonstrating bioequivalence \(BE\).](#)
- [Newman, Bryan, and Kimberly Witzmann. "Addressing the Regulatory and Scientific Challenges with Generic Orally Inhaled Drug Products." \*Pharmaceutical Medicine\* \(2020\): 1-10.](#)
- [FDA product-specific guidance for Beclomethasone Dipropionate Inhalation Aerosol, Metered \[RLD: QVAR Redihaler® \(Posted May 2019\)\].](#)
- [FDA product-specific guidance for Beclomethasone Dipropionate Inhalation Aerosol, Metered \[RLD: QVAR® \(Posted Jan 2016; Revised Mar 2020\).](#)
- [FDA draft guidance for industry: Formal Meetings Between FDA and ANDA Applicants of Complex Products under GDUFA.](#)
- [Delvadia, Renishkumar R., et al. "In vitro tests for aerosol deposition. IV: Simulating variations in human breath profiles for realistic DPI testing." \*Journal of aerosol medicine and pulmonary drug delivery\* 29.2 \(2016\): 196-206.](#)
- [Wei, Xiangyin, et al. "In vitro tests for aerosol deposition. V: Using realistic testing to estimate variations in aerosol properties at the trachea." \*Journal of Aerosol Medicine and Pulmonary Drug Delivery\* 30.5 \(2017\): 339-348.](#)
- [Wei, Xiangyin, et al. "In vitro tests for aerosol deposition. VI: realistic testing with different mouth–throat models and in vitro—in vivo correlations for a dry powder inhaler, metered dose inhaler, and soft mist inhaler." \*Journal of aerosol medicine and pulmonary drug delivery\* 31.6 \(2018\): 358-371.](#)
- [Kaviratna, Anubhav, et al. "Evaluation of Bio-relevant Mouth-Throat Models for Characterization of Metered Dose Inhalers." \*AAPS PharmSciTech\* 20.3 \(2019\): 130.](#)
- [Rohrschneider, Marc, et al. "Evaluation of the transwell system for characterization of dissolution behavior of inhalation drugs: effects of membrane and surfactant." \*Molecular pharmaceuticals\* 12.8 \(2015\): 2618-2624.](#)
- [Sakagami, Masahiro, Hua Li, and Jürgen Venitz. "In Vivo-Relevant Transwell Dish-Based Dissolution Testing for Orally Inhaled Corticosteroid Products." \*Pharmaceutical research\* 36.7 \(2019\): 95.](#)
- [Price, Robert, et al. "Development of an Aerosol Dose Collection Apparatus for In Vitro Dissolution Measurements of Orally Inhaled Drug Products." \*The AAPS Journal\* 22.2 \(2020\): 1-9.](#)
- [Susan Boc, et al. Investigation of Pharmacokinetic Sensitivity to Lung Deposition of Locally-Acting Orally Inhaled Drug Products 2019 APPS PharmSci 360 Annual Meeting. AAPS ePoster Library. Boc S. 11/04/19; 280582; M0930-01-02.](#)
- [New Insights for Product Development and Bioequivalence Assessments of Generic Orally Inhaled and Nasal Drug Products.](#)