

Biopharmaceutics Classification System Class 3 Waiver

SBIA 2020: Advancing Innovative Science in Generic Drug Development Workshop

Session 4: Practical Considerations in the Study Design and Data Evaluation Recommended in PSGs

Topic 1: Oral Products

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Learning Objectives

- To elaborate the current Biopharmaceuticals Classification System (BCS) class 3 waiver as an alternative bioequivalence (BE) approach
- To discuss research related to future BCS class 3 waiver expansions

Guidance for BCS-based Waiver

- FDA Guidance for Industry: *Waiver of In Vivo Bioavailability and Bioequivalence Studies for Immediate-Release (IR) Solid Oral Dosage Forms Based on a Biopharmaceutics Classification System* (2017)
- The International Council of Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) M9 Guideline: *Biopharmaceutics Classification System-Based Biowaivers* (2019)

Scientific Basis for BCS

- A scientific framework for classifying drug substances based on

Aqueous
Solubility



Intestinal
Permeability



BCS Class Boundaries

Class	High Permeability ($\geq 85\%$)	Low Permeability ($< 85\%$)
High Solubility (BCS Volume ≤ 250 mL)	I	III
Low Solubility (BCS Volume > 250 mL)	II	IV

BCS Waiver and Product-Specific Guidance (PSG)



- General Practice for PSG
 - Add BCS waiver recommendation to the PSG when the drug is classified
 - BCS Class 1 drug substances
 - BCS Class 3 drug substances
- BCS Waiver Option not in PSG
 - Not classified
 - BCS waiver can be requested
- BCS Waiver in Future
 - Many drugs with high solubility are potentially eligible for BCS waiver
 - Applicants should show their due diligence

BCS Class 3-based Biowaiver



- For BCS class 3 drug products, the following should be demonstrated:
 - Highly soluble
 - Very rapidly dissolving (VRD) across multiple pH media
 - Determine VRD for the reference product
 - Demonstrate VRD for the test product
 - Qualitatively (Q1) the same and Quantitatively (Q2) very similar to the reference product

BCS 3 Formulation Similarity Assessment



- Allowable differences for Q2 very similar:
 - Changes in the technical grade of an excipient
 - Changes in excipients as %(w/w) within the following % ranges
 - Total additive effect of all excipients within 10%

- Filler ($\pm 10\%$)
- Disintegrant, Starch ($\pm 6\%$)
- Disintegrant, Other ($\pm 2\%$)
- Binder ($\pm 1\%$)
- Lubricant, Calcium or Magnesium Stearate ($\pm 0.5\%$)
- Lubricant, Other ($\pm 2\%$)
- Glidant, Talc ($\pm 2\%$)
- Glidant, Other ($\pm 0.2\%$)
- Film Coat ($\pm 2\%$)

Regulatory Route for BCS Class 3 Waiver



- Submit controlled correspondence for eligibility of BCS class 3 waiver
 - **Do:** request if your proposed formulation is eligible for BCS class 3 waiver
 - **Don't:** ask if your proposed formulation is Q1 the same/Q2 very similar to the reference product

Potential Challenges in Applying BCS Class 3 Waiver



- Two key limiting factors are subjects of research
 - Meet the criteria for very rapid dissolution
 - Solubility and multi-pH media dissolution testing data for IR drug products with BCS 3 potential
 - Meet the criteria for formulation similarities
 - Contract with Absorption Systems: Expanding BCS Class 3 Waivers for Generic Drugs to Non-Q1/Q2 Formulations
 - Physiologically Based Pharmacokinetic Absorption Modeling as an Alternative BE Approach to Support BCS Class 3 Waiver
 - Assessment on the Formulation Similarity of Approved Generic Drug Products with BCS Class 3 Potential

Excipients in BCS Class 3 Drugs

- Cimetidine and acyclovir were used as model BCS Class 3 drugs in four-way crossover BE studies in healthy subjects
 - 12 common excipients in large amounts do not impact BCS class 3 drug absorption in vivo
 - Hydroxypropyl methylcellulose and microcrystalline cellulose need to be Q1 the same and Q2 very similar to the reference product

Transporter Interactions with Excipients

- Screening of excipients that are potential inhibitors for intestinal transporters in membrane vesicles and cells
 - P-glycoprotein (P-gp)
 - Breast Cancer Resistance Protein (BCRP)
 - Organic Anion Transporting Polypeptide 2B1 (OATP2B1)

Reference: Grant on Effects of Excipients in Generic Drug Products on Intestinal Drug Transporters

Formulation Assessment Research Project



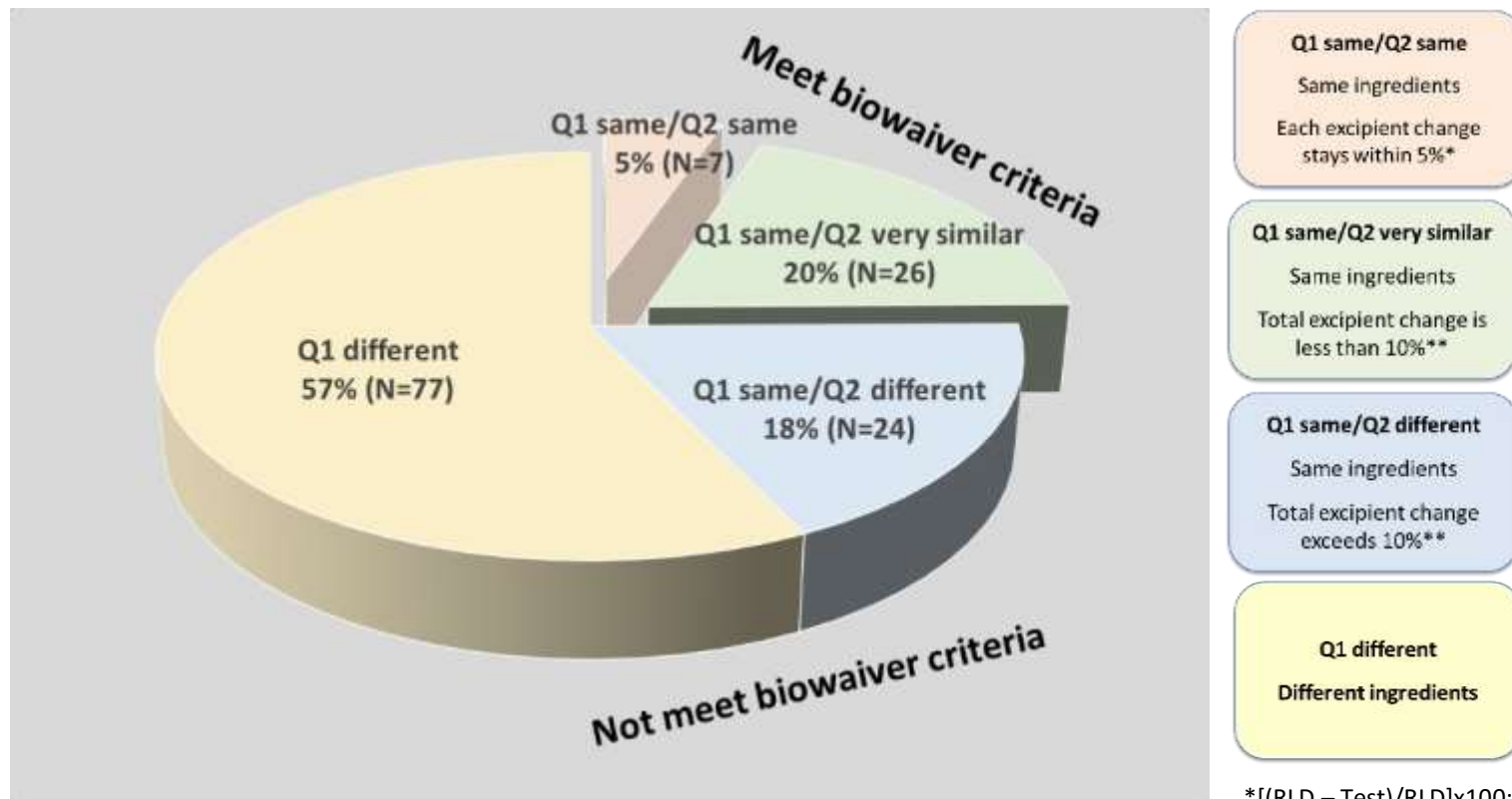
- Collected formulation data in approved generic products that successfully demonstrated vivo BE (potential BCS class 3 drugs)
- Compared compositions between generic and reference drug products
- Explored impact of excipient changes on in vivo BE outcome

Reference: American College of Clinical Pharmacology (ACCP) Poster on Assessment on the Formulation Similarity of Approved Generic Drug Products and their Respective Reference Products Which are Considered as Potential BCS Class 3 Drugs

Drug Products Used in Project

Permeability Class	Drug	Absorption	Efflux Transporter (P-gp (P-glycoprotein), BCRP (Breast Cancer Resistance Protein))	Method for Permeability Determination	Permeability
Low	A	Slow, variable, incomplete	Not a substrate	Absolute Bioavailability (BA)	10-30%
	B	Rapid but incompletely absorbed	Not a substrate	Absolute BA	~17-34%
	C	--	A substrate of P-gp and BCRP	Absolute BA	~25%
	D	--	Not a substrate	Absolute BA	35%
	E	Rapid	Not a substrate	Absolute BA	36%
	F	Rapid	Not a substrate	Absolute BA	40-70%
	G	Rapid	Substrate of P-gp	Absolute BA	45%
Moderate	H	Rapid and consistent	Substrate of P-gp	Absolute BA	50%
	I	Rapid	Substrate of P-gp	Absolute BA	50%
	J	Rapid	Not a substrate	Absolute BA	50-60%
	K		Not a substrate	Absolute BA	67-74%
	L	Rapid	Not a substrate	Absolute BA	~80%
	M	Rapid	Not a substrate	Absolute BA	~83%

Result for Formulation Analysis



Reference: ACCP Poster

(Total No. of ANDAs=134; Total No. of APIs=13)

* $[(RLD - Test)/RLD] \times 100$;

**Based on Scale Up Post Approval Change definition of total excipient change

Common Excipients

Subcategory	Excipients	No. of ANDA	% of Total ANDAs	% Range (w/w)
Filler	Microcrystalline Cellulose	77	57.89	1.83 - 58.22
	Lactose	51	38.35	2.40 - 85.31
	Dibasic Calcium Phosphate	7	5.26	11.53 - 34.29
	Dihydrate			
	Mannitol	4	3.01	8.94 - 52.00
Disintegrant	Sodium Starch Glycolate	45	33.83	1.00 - 10.00
	Starch	43	32.33	0.30 - 40.87
	Croscarmellose Sodium	34	25.56	1.36 - 10.00
	Crospovidone	13	9.77	0.20 - 15.93
Binder	Povidone	52	39.1	0.27 - 25.81
	Pregelatinized Starch	33	24.81	2.46 - 57.02
	Hypromellose	6	4.51	0.50 - 6.25
Lubricant	Magnesium Stearate	115	86.47	0.25 - 2.82
	Sodium Lauryl Sulfate	20	15.04	0.10 - 1.67
	Sodium Stearyl Fumarate	9	6.77	0.24 - 3.00
	Stearic Acid	8	6.02	0.81 - 3.50
Glidant	Colloidal Silicon Dioxide	44	33.08	0.16 - 3.50
	Talc	14	10.53	0.15 - 3.50
Stabilizer	Magnesium Oxide	4	3.01	2.50 - 3.38
Buffer agent	Citric Acid	6	4.51	1.08 - 4.76

Preliminary Assessment



- Meeting the criteria for BCS class 3-based waiver does ensure bioequivalent performance in vivo
- An observation of changes in excipients is based upon the approved generic drug product formulations
- Not mean these excipients in the stated amounts can be used in all BCS class 3 drug products
- Ongoing project to determine if more general conclusions could be drawn from this dataset

Summary



- BCS Guidance should be referred to assess if the drug may be eligible for BCS class 3 waiver
- BCS class 3 waiver can be requested even though the current PSG does not include such recommendation
- Controlled Correspondences can be submitted to request if the proposed test formulation is eligible for BCS class 3 waiver
- Research on dissolution, modeling, and excipients continues to provide more opportunities in the future for using BCS class 3 waiver as an alternative BE approach

Challenge Question

If the current PSG does not include the recommendation on BCS class 3 waiver, can the generic firm submit its waiver request?

- A. Yes
- B. No



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