

# Impact of Orally Inhaled and Nasal Drug Product PBPK Models on Product Development and Regulatory Decision Making

## **ASCPT 2019 Annual Meeting Pre-Conference: PBPK Modeling for the Development and Approval of Locally Acting Drug Products**

March 13, 2019

Session 1: Orally Inhaled and Nasal Drug Products

**Ross Walenga, Ph.D.**

Chemical Engineer

Division of Quantitative Methods and Modeling, Office of Research and Standards, Office of Generic Drugs

CDER | US FDA

# Regulatory Impacts/Applications of PBPK for OINDPs



- Generic Orally Inhaled and Nasal Drug Product (OINDP) Development
  - Inform product design and development
- Regulatory Utility
  - Product specific guidance (PSG) development
  - Potentially support alternative bioequivalence (BE) approaches including not conducting comparative clinical endpoint BE studies



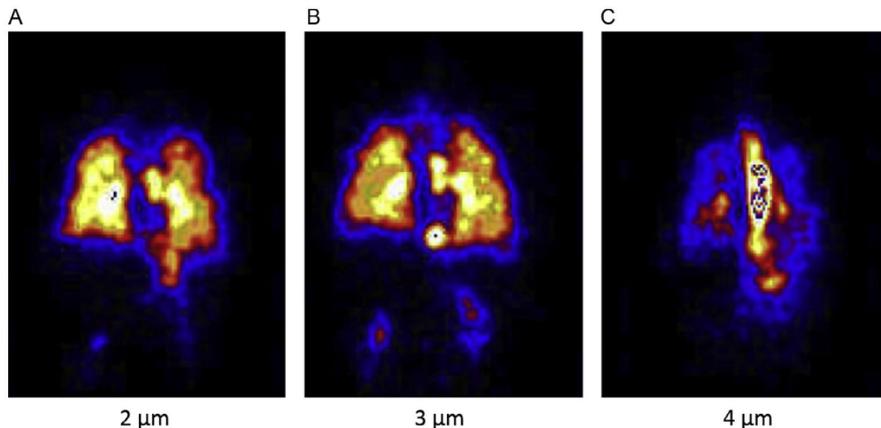
# Why PBPK for OINDP Development?

- Product Specific Guidance (PSG) documents for generic locally-acting OINDPs
  - Often recommend “weight of evidence” approach
  - May include pharmacodynamic or comparative clinical endpoint BE studies
- Model to integrate formulation development, device development, and increase chance of showing BE for multiple studies



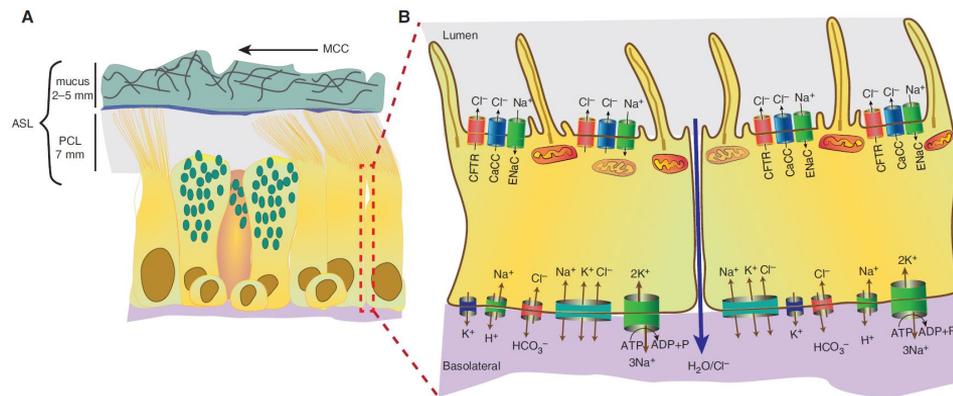
# Modeling Considerations for Locally-Acting OINDPs (Part 1)

## Regional Deposition



Single-photon emission computerized tomography (SPECT) images – Figure 1 of Kwok et al. (2019)

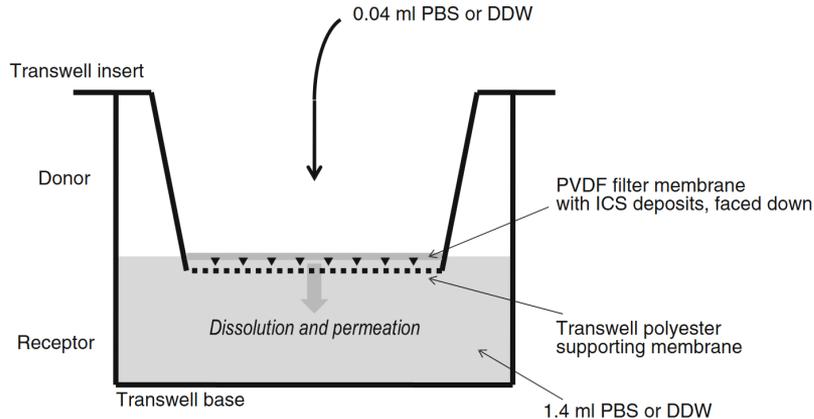
## Mucociliary Clearance



Mucociliary clearance mechanisms – Figure 2 of Bustamante-Marin and Ostrowski (2017)

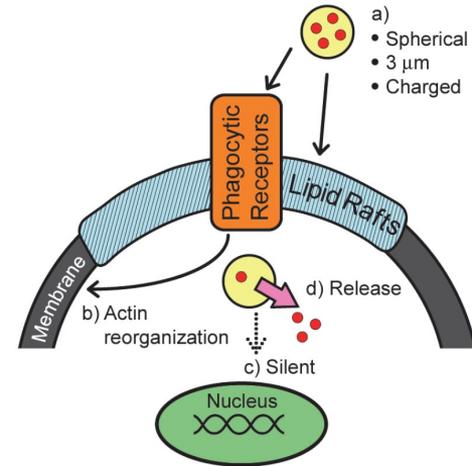
# Modeling Considerations for Locally-Acting OINDPs (Part 2)

## Dissolution and Permeation



Transwell volume-limited dissolution apparatus – Figure 2 of Arora et al. (2010)

## Macrophage Uptake



Macrophage uptake – Figure 2 of Hirota and Terada (2012)

# PBPK Modeling for Locally-Acting OINDPs – Case Studies



- Poorly soluble compounds
  - Regional transit due to mucociliary clearance
- Formulation changes for dry powder inhalers (DPIs)
  - Carrier particle modification



# Case Study 1: Poorly Soluble OIDP Compound



- This case study describes work by Bäckman et al. (2017)
- New selective glucocorticoid receptor modulator, AZD5423
- Poorly soluble in water, highly lipophilic
- PK data available for model building
  - Study 1: Intravenous (IV), oral, two different nebulizers
  - Study 2: IV, oral, two different nebulizers, two different DPIs
- PBPK: Relationship between in vitro parameters and PK exposure
  - GastroPlus 9.0
- In vitro parameters: delivered dose, ex-mouth throat model (ex-MTM) dose, particle size distribution

# Delivered Dose and Ex-MTMM

## Dose do not Predict AUC

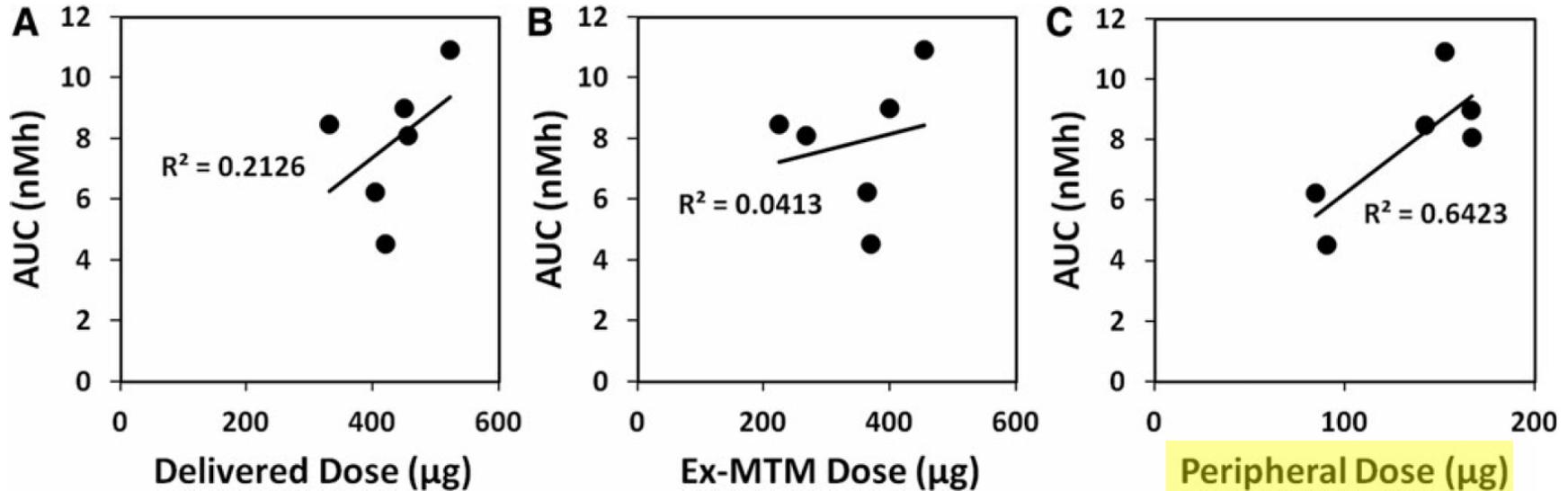


Figure 3 from Bäckman et al. (2017): For ODP-delivered drug, correlations between area under the curve (AUC) and A) delivered dose to the lung, B) ex-mouth-throat-model (ex-MTMM) dose, and C) peripheral dose computed using semi-empirical model.

# PBPK Predictions of AUC and $C_{max}$ Correlate Well with PK Data

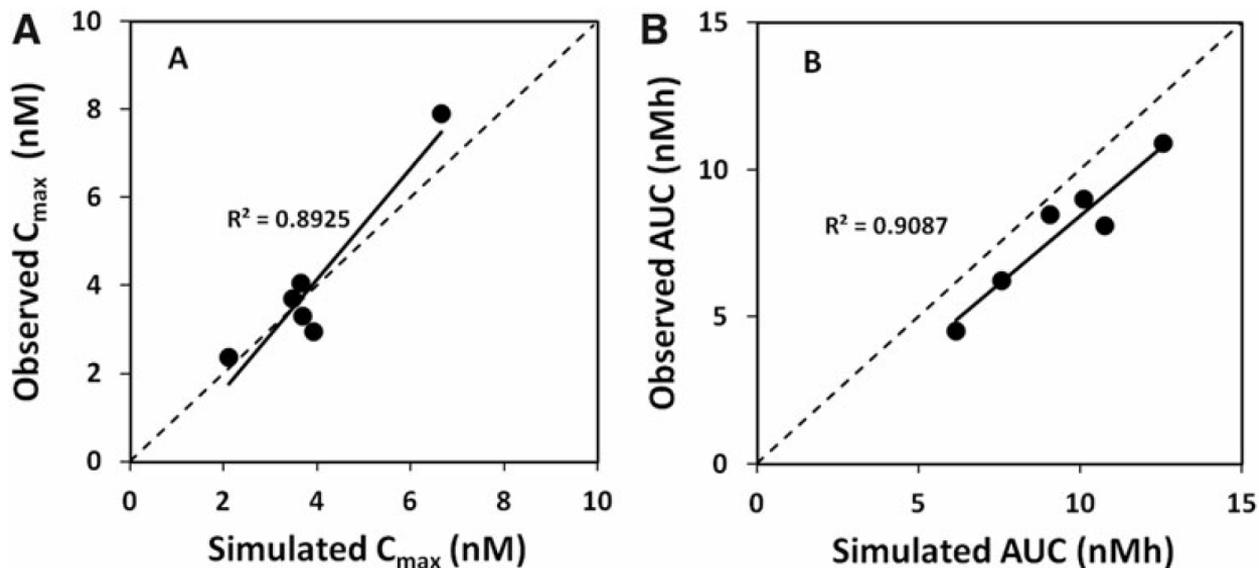


Figure 4 from Bäckman et al. (2017): For ODP-delivered drug, correlations between observed and simulated A) maximum plasma concentration ( $C_{max}$ ) and B) area under the curve (AUC).



# Case Study 2: Carrier Surface Modification for DPI Development



- This case study describes work by Wu et al. (2016)
- Albuterol sulfate delivered from Cyclocaps®
- Carrier particle surface modification
  - Glass beads as carrier particle substitutes
- Particle size characterized using Next Generation Impactor
- PBPK model: Relationship between particle size and PK exposure
  - GastroPlus 8.6

# PK Data Available for Model Building



- IV data from Goldstein et al. (1987) used to parameterize two compartment PK model
- Oral solution data and Ventolin® MDI data (Du et al. (2002) used to validate model
  - No Cyclocaps® PK data available

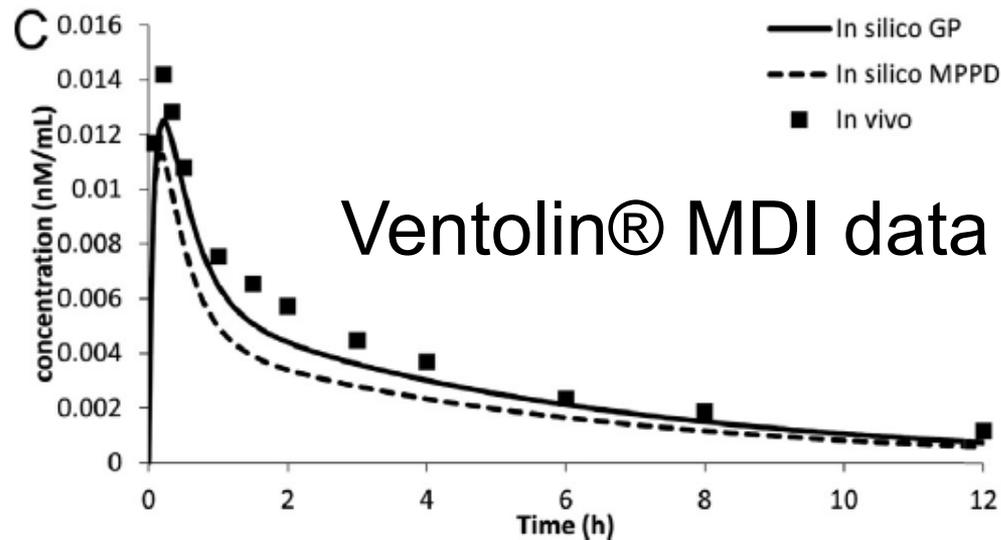


Figure 4C from Wu et al. (2016): Comparison of model Ventolin® MDI data from Du et al. (2002), where the built-in GastroPlus regional deposition predictor was used as well as the Multiple-Path Particle Dosimetry (MPPD) for regional deposition estimates.

# Predictions Show Greater $C_{max}$ with Surface Engineered Glass Beads

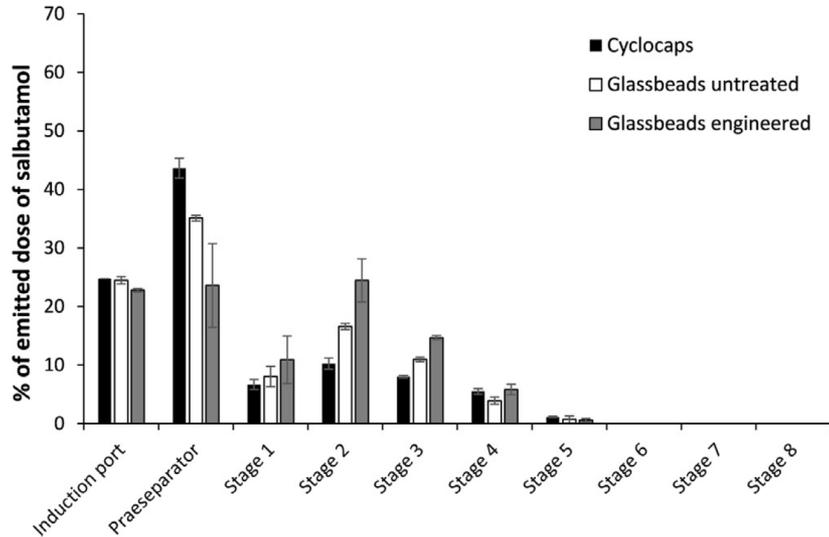


Figure 3 from Wu et al. (2016): Particle size distribution data for Cyclocaps®, formulation with untreated glass beads, and formulation with treated glass beads, where standard deviation bars are given for each stage (n = 3) and results are presented with respect to emitted dose.

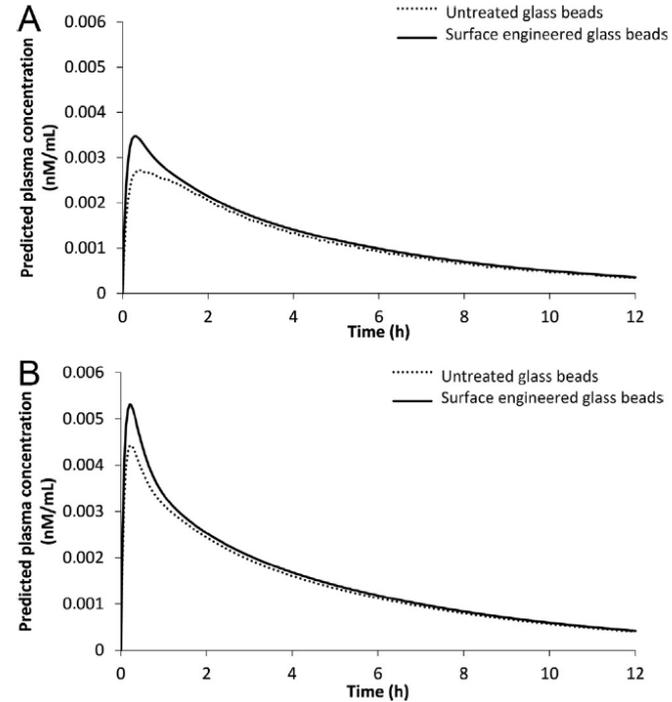


Figure 6 from Wu et al. (2016): Predicted plasma concentration for formulations with untreated and surface engineered glass beads using A) GastroPlus built-in regional deposition predictor and B) MPPD model.

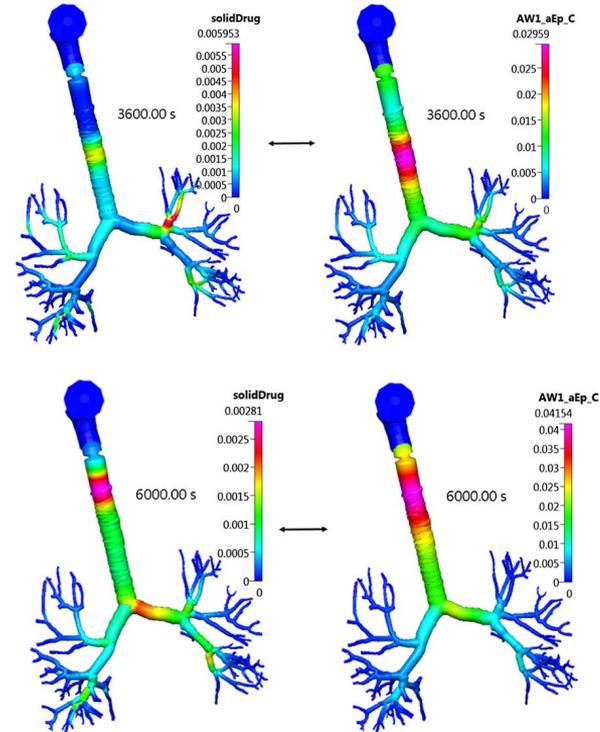
# Enhancement for PBPK Models of OINDPs Using CFD

- Many PBPK models use semi-empirical models
  - Cannot consider formulation and device differences on regional deposition
- Computational fluid dynamics (CFD)
  - Capable of modeling product differences
  - More precise mucociliary clearance modeling

# Quasi-3D CFD Model for Lung Absorption



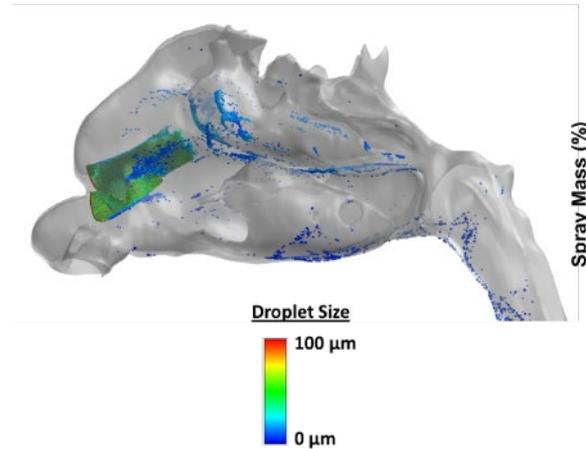
- Computational fluid dynamics (CFD)
  - Regional deposition estimates
  - Quasi-3D absorption model
- FDA Grant #1U01FD005214
  - Generic Drug User Fee Amendments (GDUFA)
- New GDUFA-funded contract (#HHS223201810182C) based on same model



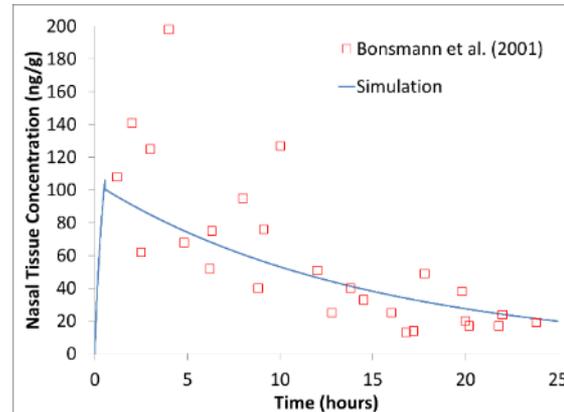
Local drug concentration predictions of solid and dissolved fluticasone propionate  
Fig. 15 from Kannan et al. (2018)

# CFD and PBPK for Nasal Products

- PBPK model for nasal absorption
- Fully 3D CFD model predicts deposition
- FDA Grant #1U01FD005201  
– GDUFA



CFD predictions for deposition locations of fluticasone propionate droplets, from Kimbell et al. (2017)



Pharmacokinetic (PK) predictions of fluticasone propionate nasal spray, from of Schroeter et al. (2017)



# Support Alternative Bioequivalence (BE) Approaches

- Local concentration predictions may identify more precise in vitro and/or PK studies
- Evidentiary burden would be much higher than for product development
- Pre-ANDA meeting

# Conclusions

- PBPK models can be used to inform product design and development of locally-acting OINDPs.
- Practical applications of PBPK for locally-acting OINDPs have considered a poorly soluble compound and a carrier particle modification.
- Computational fluid dynamics (CFD) is capable of predicting regional deposition while considering product differences.
- Alternative bioequivalence (BE) approaches for locally-acting OINDPs may be potentially supported by PBPK.



# Acknowledgements

- FDA/CDER/OGD/ORS
  - Andrew Babiskin
  - Kimberly Witzmann
  - Myong-Jin Kim
  - Liang Zhao
  - Lei Zhang
  - Robert Lionberger
- FDA/CDER/OPQ/ONDP
  - Renishkumar Delvadia
- FDA/CDER/OPQ/SS
  - Geng Tian
- FDA/CDER/OTS/OCP
  - Bhawana Saluja
- Applied Research Associates, Inc.
  - Jeffrey Schroeter
- CFD Research Corporation
  - Narender Singh
  - Ravi Kannan
  - Andrzej Przekwas
- University of North Carolina
  - Julie Kimbell



**U.S. FOOD & DRUG**  
ADMINISTRATION

# References

- Kwok PC, Wallin M, Dolovich MB, Chan HK. Studies of Radioaerosol Deposition in the Respiratory Tract. In Seminars in nuclear medicine 2019 (Vol. 49, No. 1, pp. 62-70). WB Saunders.
- Bustamante-Marin XM, Ostrowski LE. Cilia and mucociliary clearance. Cold Spring Harbor perspectives in biology. 2017;9(4):a028241.
- Arora D, Shah KA, Halquist MS, Sakagami M. In vitro aqueous fluid-capacity-limited dissolution testing of respirable aerosol drug particles generated from inhaler products. Pharmaceutical research. 2010;27(5):786-95.
- Hirota K, Terada H. Endocytosis of particle formulations by macrophages and its application to clinical treatment. In Molecular regulation of endocytosis 2012. InTech.
- Bäckman P, Tehler U, Olsson B. Predicting exposure after oral inhalation of the selective glucocorticoid receptor modulator, AZD5423, based on dose, deposition pattern, and mechanistic modeling of pulmonary disposition. J Aerosol Med Pulm Drug Deliv. 2017;30(2):108-17.
- Wu S, Zellnitz S, Mercuri A, Salar-Behzadi S, Bresciani M, Fröhlich E. An in vitro and in silico study of the impact of engineered surface modifications on drug detachment from model carriers. International journal of pharmaceutics. 2016;513(1-2):109-17.

# References

- Goldstein DA, Tan YK, Soldin SJ. Pharmacokinetics and absolute bioavailability of salbutamol in healthy adult volunteers. *European journal of clinical pharmacology*. 1987;32(6):631-4.
- Du XL, Zhu Z, Fu Q, Li DK, Xu WB. Pharmacokinetics and relative bioavailability of salbutamol metered-dose inhaler in healthy volunteers. *Acta Pharmacologica Sinica*. 2002;23(7):663-6.
- Kannan RR, Singh N, Przekwas A. A Compartment-Quasi3D multiscale approach for drug absorption, transport, and retention in the human lungs. *International journal for numerical methods in biomedical engineering*. 2018;34(5):e2955.
- Kimbell J, Schroeter J, Tian G, Walenga R, Babiskin A, Delvadia R. Estimating size-specific numbers of active pharmaceutical ingredient particles in the regional deposition of a nasal spray. *J Aerosol Med Pulm Drug Deliv*. 2017;30(3):18-19.
- Schroeter J, Kimbell J, Walenga R, Babiskin A, Delvadia R. A CFD-PBPK model to simulate nasal absorption and systemic bioavailability of intranasal fluticasone propionate. *J Aerosol Med Pulm Drug Deliv*. 2017;30(3):13-14
- Bonsmann U, Bachert C, Delank KW, Rohdewald P. Presence of fluticasone propionate on human nasal mucosal surface and in human nasal tissue over a period of 24 h after intranasal application. *Allergy*. 2001;56(6):532-5.