

**CERTARA**<sup>®</sup>

**Simcyp**

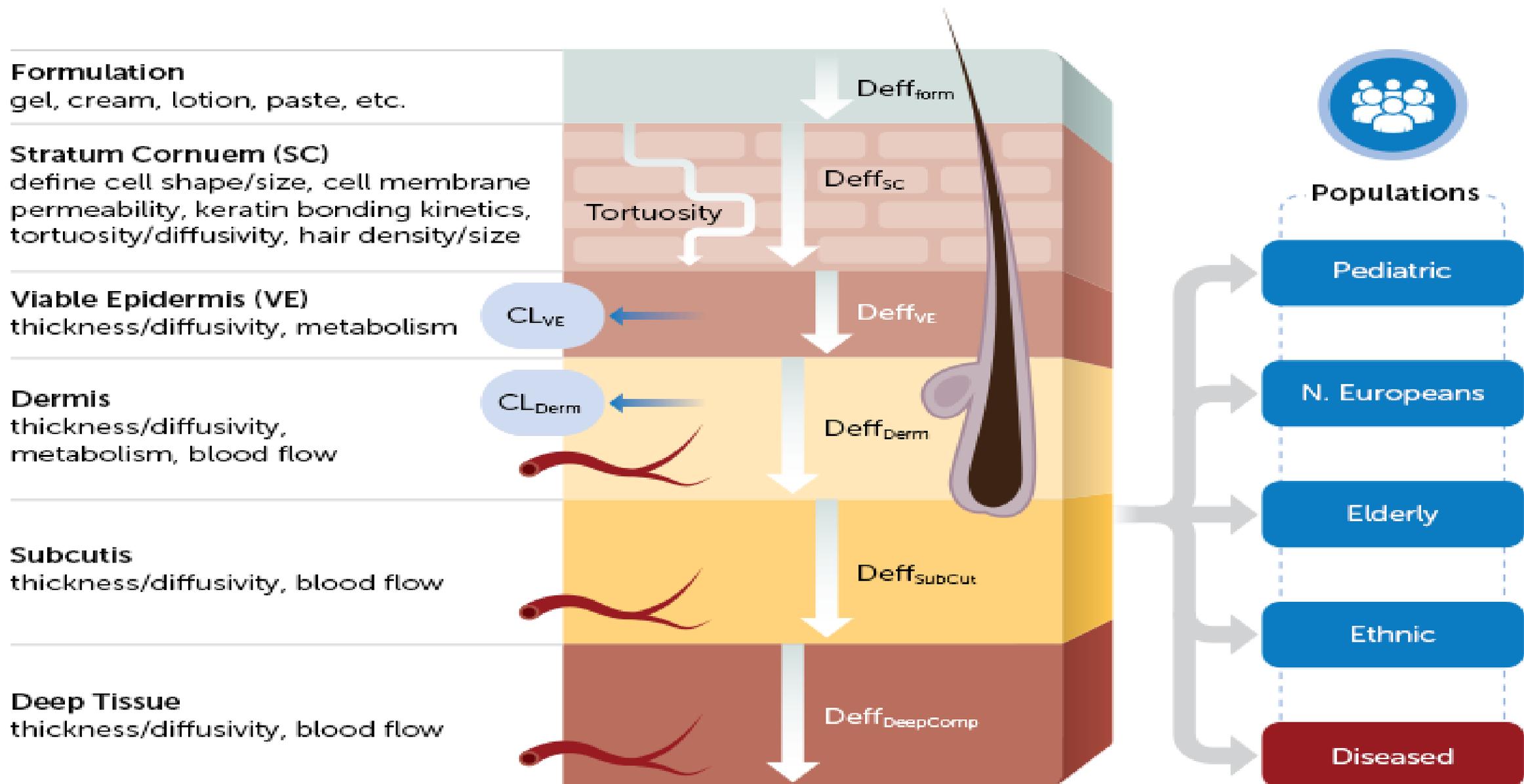
***PBPK Modeling of Dermally Applied  
Drug Products to Support Clinical  
Development and Regulatory  
Assessment***

**Nikunj Kumar Patel**

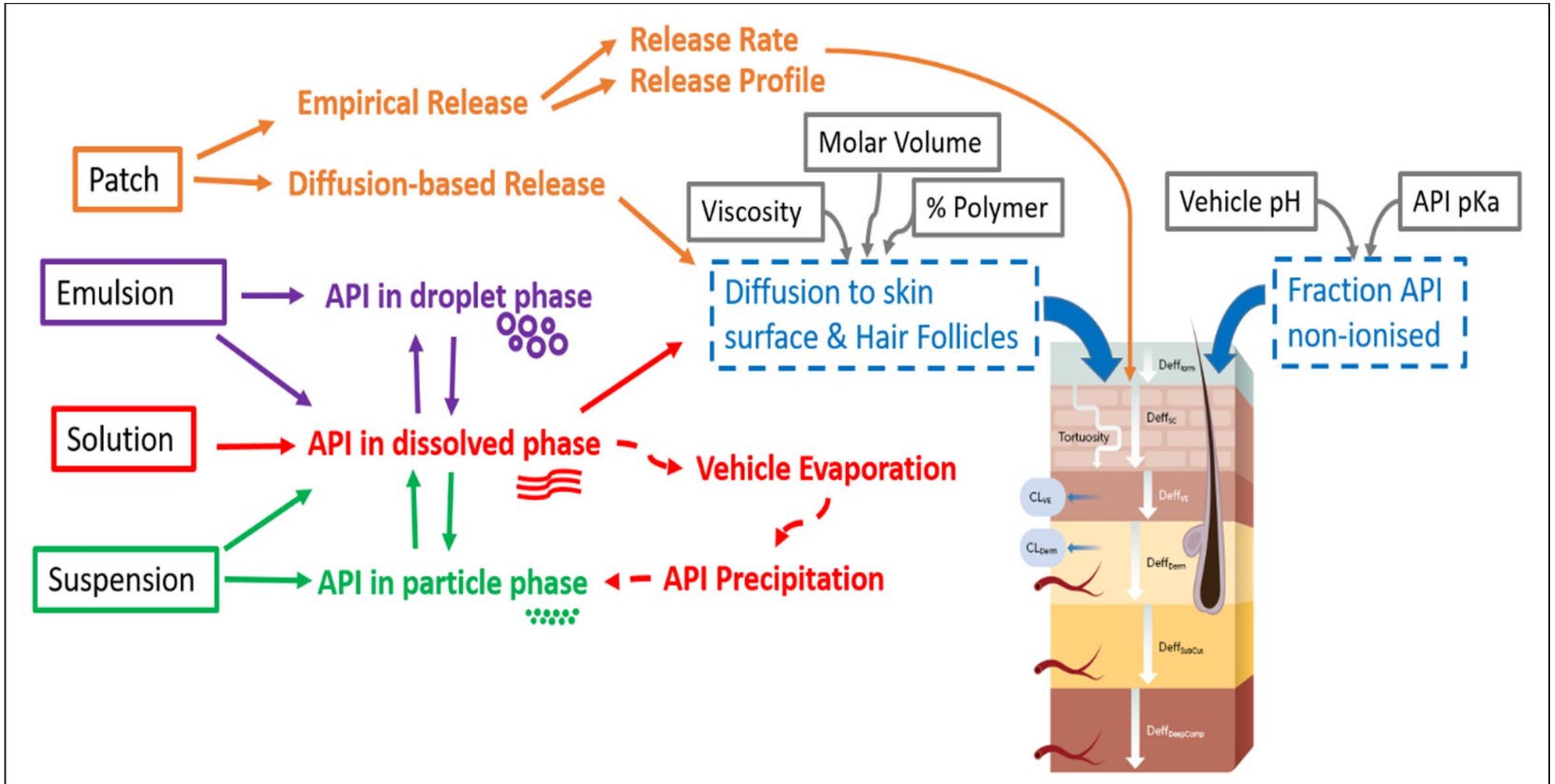
Certara UK Limited

ASCPT Preconference workshop on PBPK Modelling for the  
development and approval of locally acting drug products  
13 March 2019, Washington DC

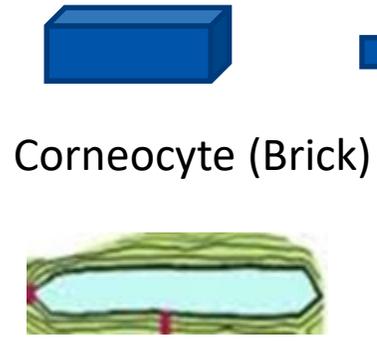
# MPML-MechDermA Model



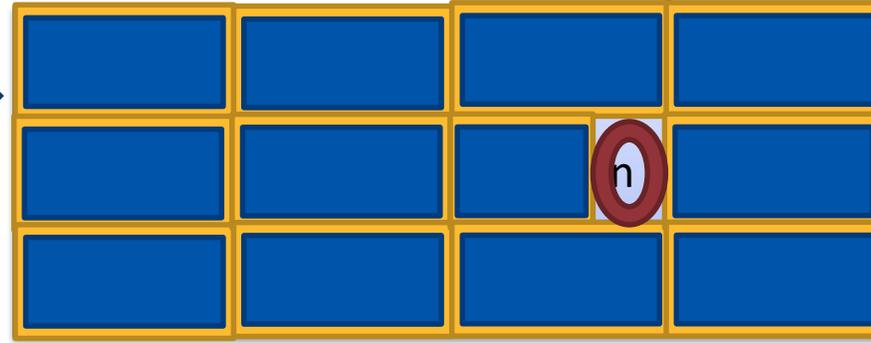
# MPML-MechDermA Formulation Models



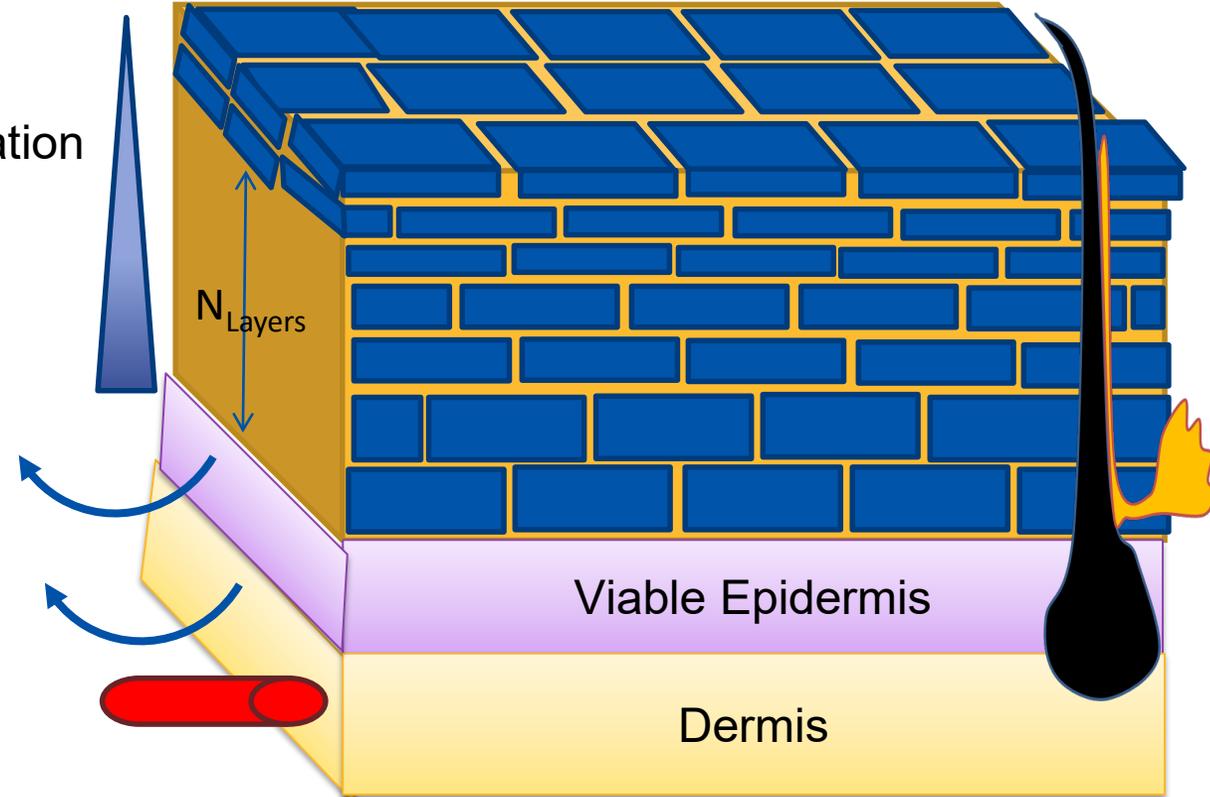
# MPML-MechDermA – Brick and Mortar Model for SC



(Brick in mortar around)



Hydration



# Intra-individual Variability

- Eight different locations

1. Forehead
2. Face (cheek)
3. Volar Forearm
4. Dorsal Forearm
5. Upper Arm
6. Lower Leg
7. Thigh
8. Back



- Various structural elements

1. Skin surface
2. **Stratum corneum**
3. Viable epidermis
4. Dermis
5. Subcutis
6. Muscle
7. Hair



- Various parameters

1. **Number of layers**
2. Corneocyte pH
3. Corneocyte size
4. Fraction of p/w/l
5. Tortuosity
6. Lipids fluidity/th

# Inputs needed to run the model

## Drug Parameters

MW  
LogP  
pKa  
 $f_u$  (QSAR)  
Solubility (QSAR)

Skin Model Inputs

Ksc:vehicle (QSAR)  
Kdermis:blood (QSAR)  
Dsc (QSAR)  
Ddermis (QSAR)  
fuSC (QSAR)

## Systems Parameters

### *In vitro* Simulation

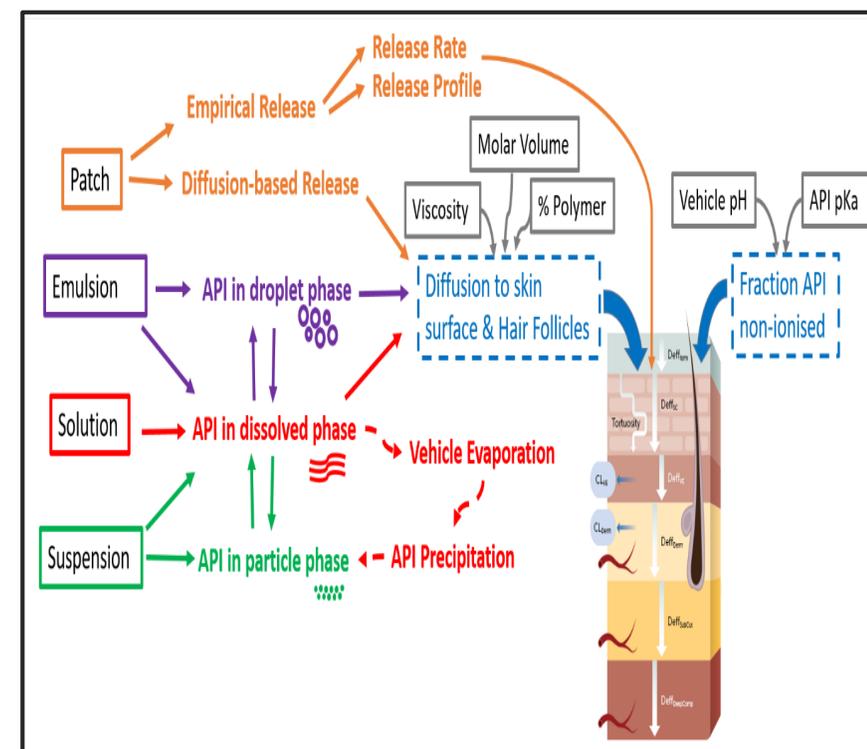
- Type of skin sample
- Thickness of skin sample
- Area of diffusion cell
- Volume and solubility in receptor fluid
- Static or flow through

### *In vivo* Simulation

- Area and Site of Application
- Number of subjects
- Demographics (age, gender)
- Physiology is then populated from database supporting the model or modified by the user

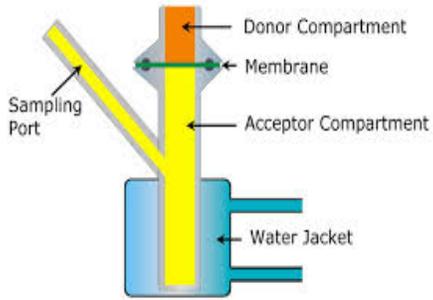
## Formulation Data

- Dose (drug and formulation)
- Type of Formulation
  - ✓ Solution
  - ✓ Emulsion
  - ✓ Particles present?
  - ✓ Patch



# Simcyp IVIVE: Translating *in vitro* permeability to clinical situations

Define Drug, Formulation and IVPT Set up to simulate

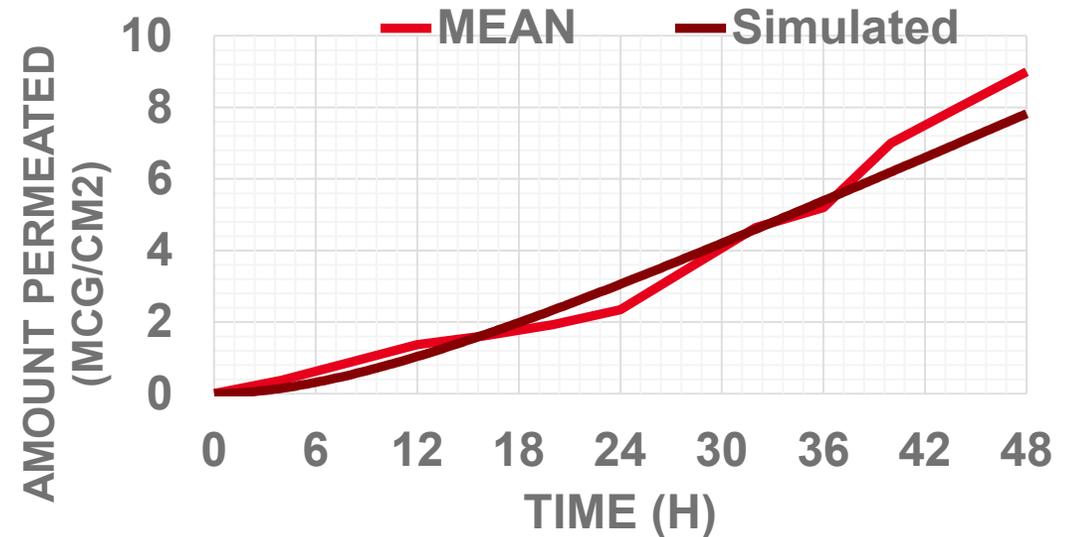


Simulate IVPT based on prior knowledge



Compare with Obs, if available

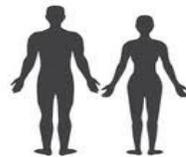
Run "what if" *in vitro* simulations



If needed, refine model parameters



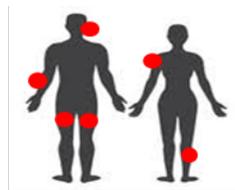
Elderly Subjects



Healthy NEurCaucasian

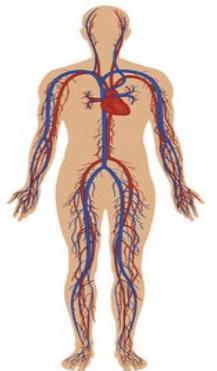


Paediatric Population

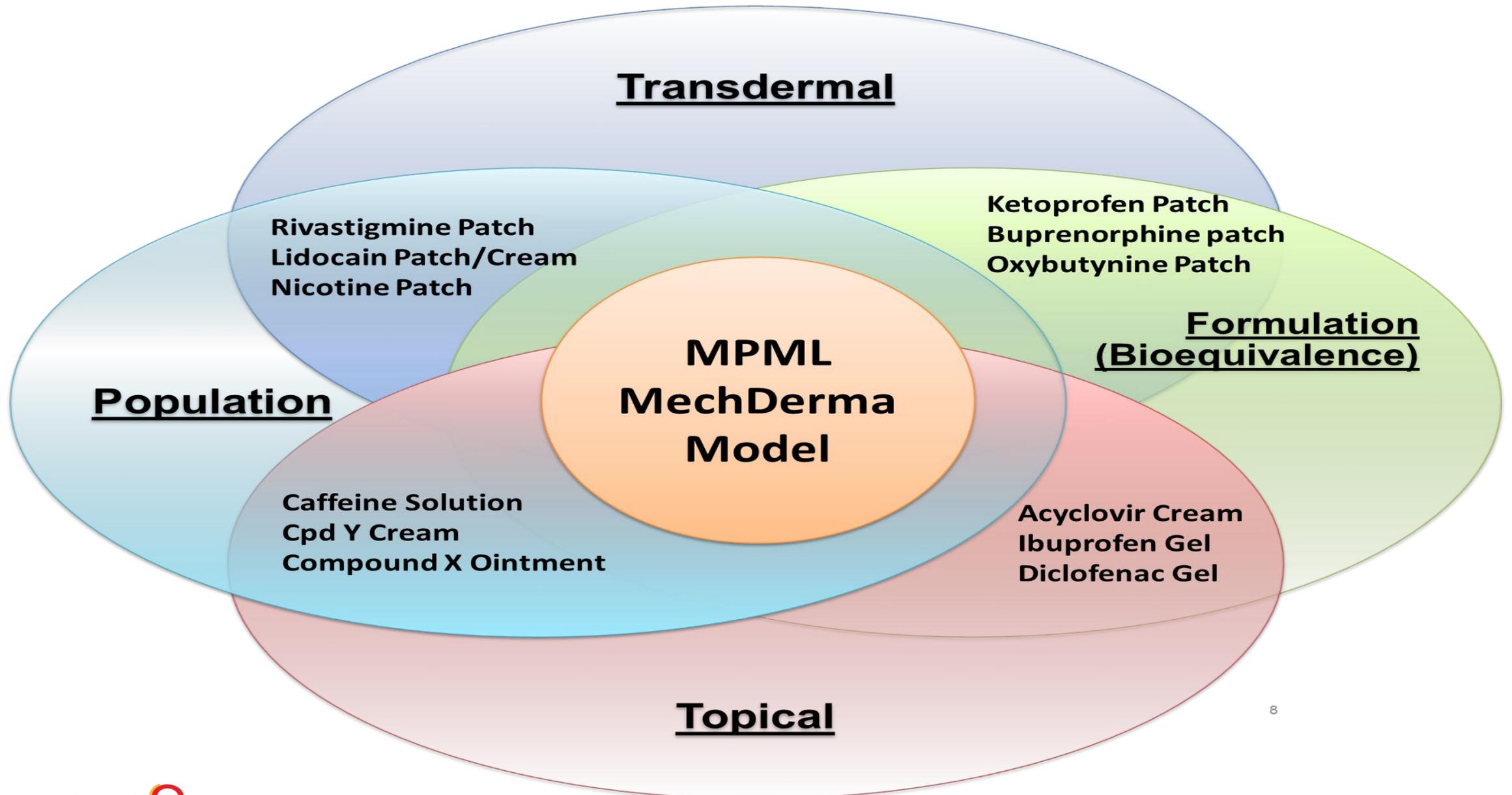


Diseased Population (psoriasis)

Take **Drug and Formulation** parameters and combine with *in vivo* physiology databased



# Model Verification and Application – 11 Different Case Examples

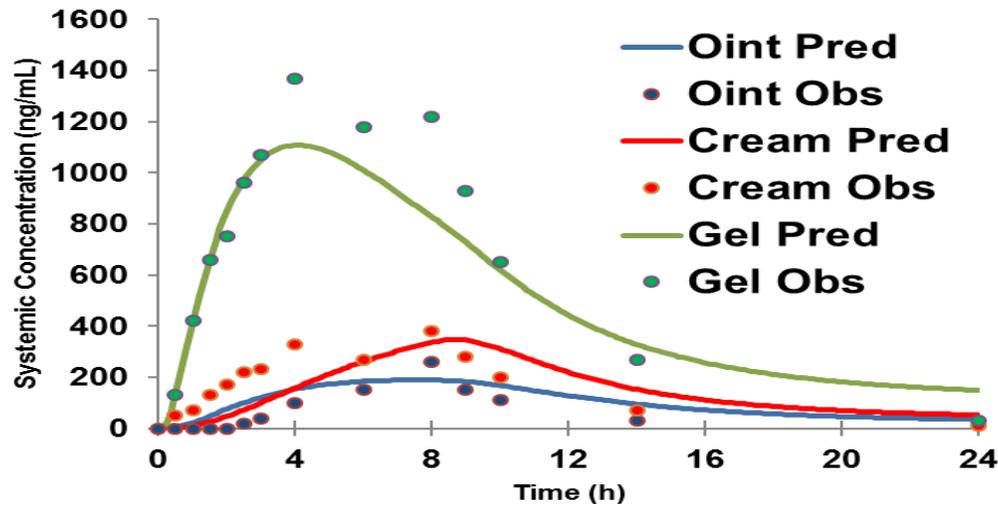


# Model Verification/Application Dataset Profile

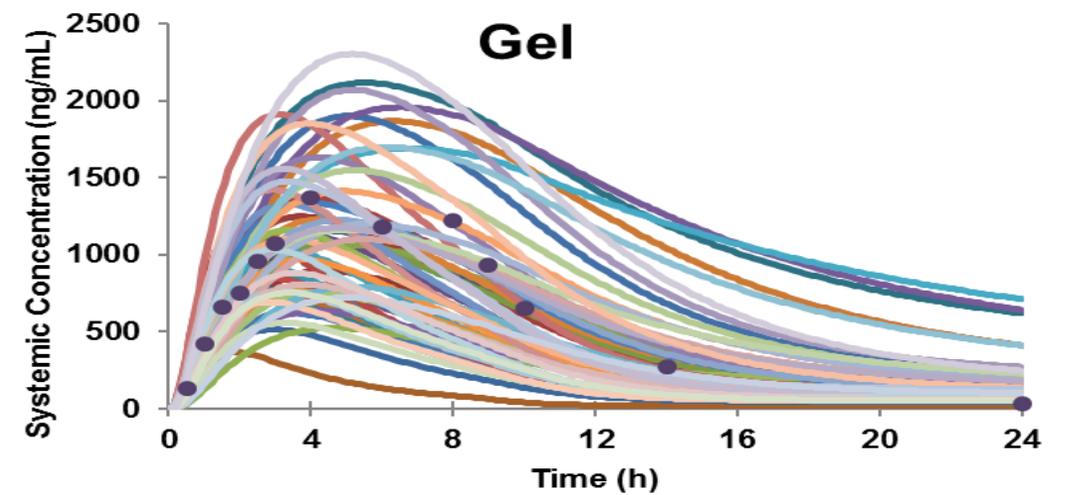
		1	2	3	4	5	6	7	8	9	10	11
	Compound											
Formulation type	solution		x		x	x				x	x	x
	emulsion					x		x (with particles)	x (paediatric)	x		
	paste										x	
	patch	x	x			x	x		x (adult)			x
Formulation reported	matrix patch	x				x	x				x	
	reservoir and other patches			x					x			
	gel				x	x				x		x
	cream		Not clear		x			x	x	x	x	
	ointment									x	x	
Place of application	forehead											
	inner forearm				x				x	x	x	
	outer forearm								x			
	upper arm	x					x		x			
	face				x			x		x	x	
	lower leg								x	x		
	upper leg						x		x		x	x
	back	x	x	x			x				x	x
Exposure data	plasma	x	x	x	x	x	x		x	x	x	x
	dermal flux and IVPT						x	x				x
	SC					x				x		
	subcutis					x						
	muscle					x					x	
	synovium fluid				x	x					x	
	synovium tissue					x					x	
	cerebrospinal fluid						x					
Chemical character	acid				x	x				x	x	
	ampholyte	x						x				
	base		x	x			x		x			x
	zwitterion											

# Studying Formulation Impact - Ibuprofen

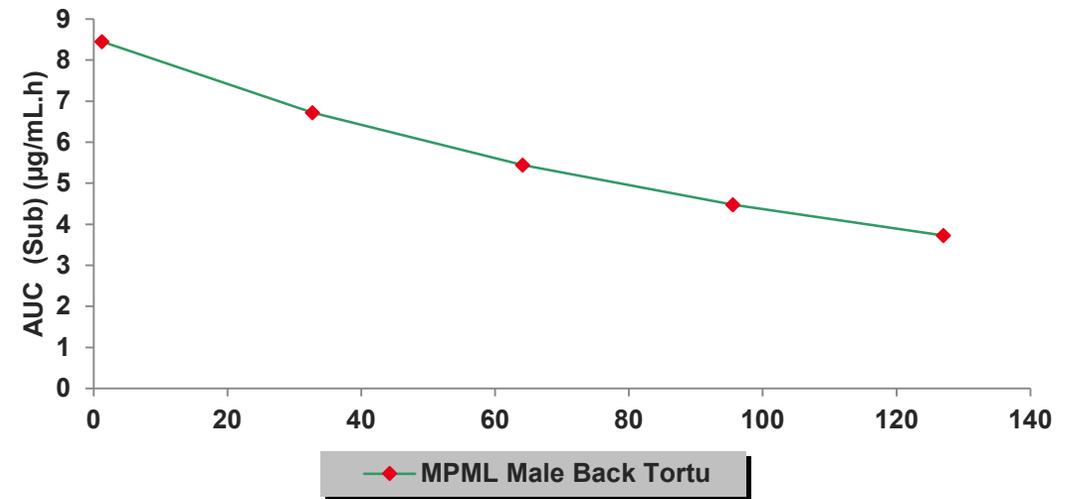
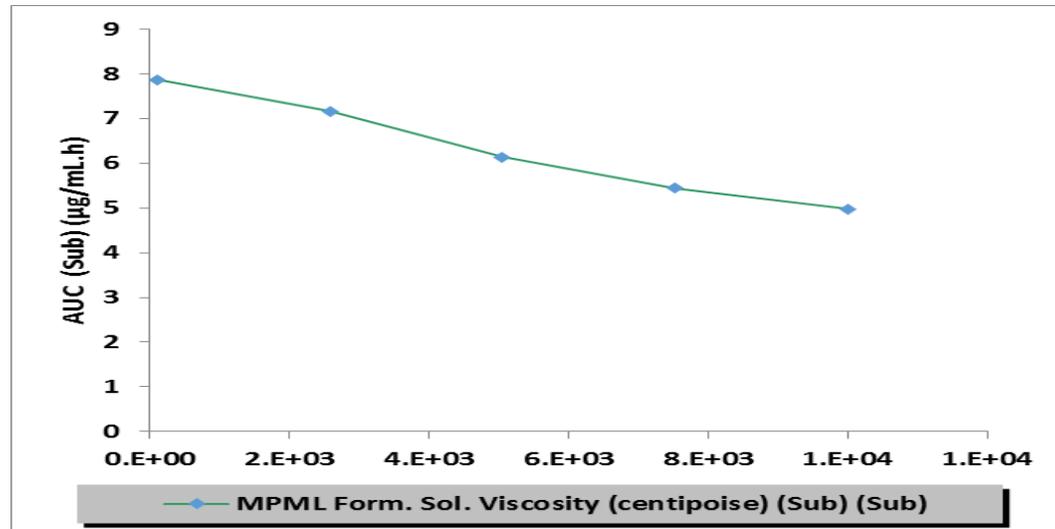
Compare Formulations



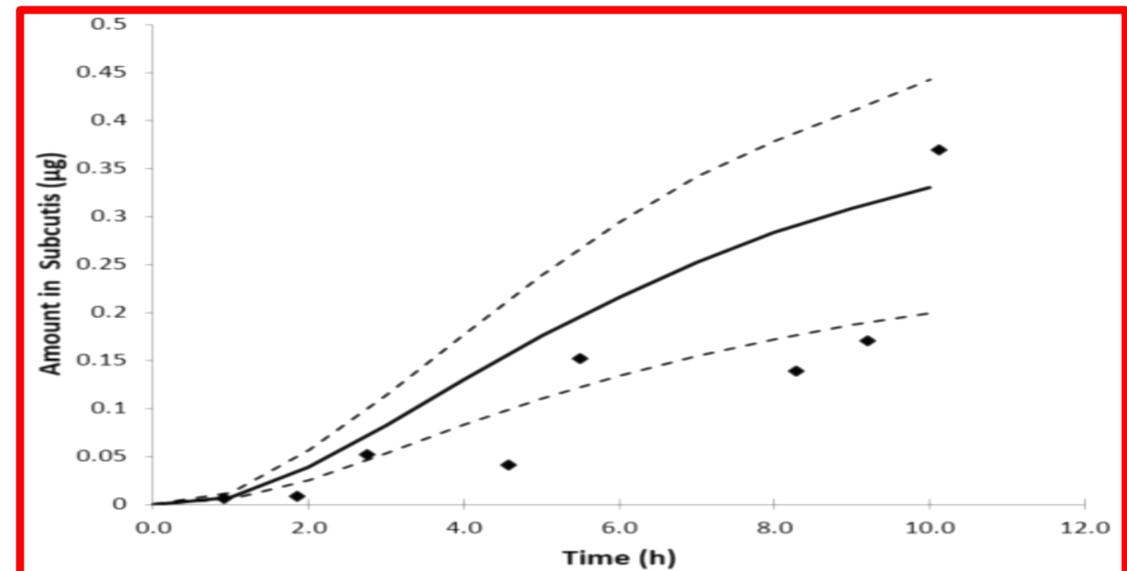
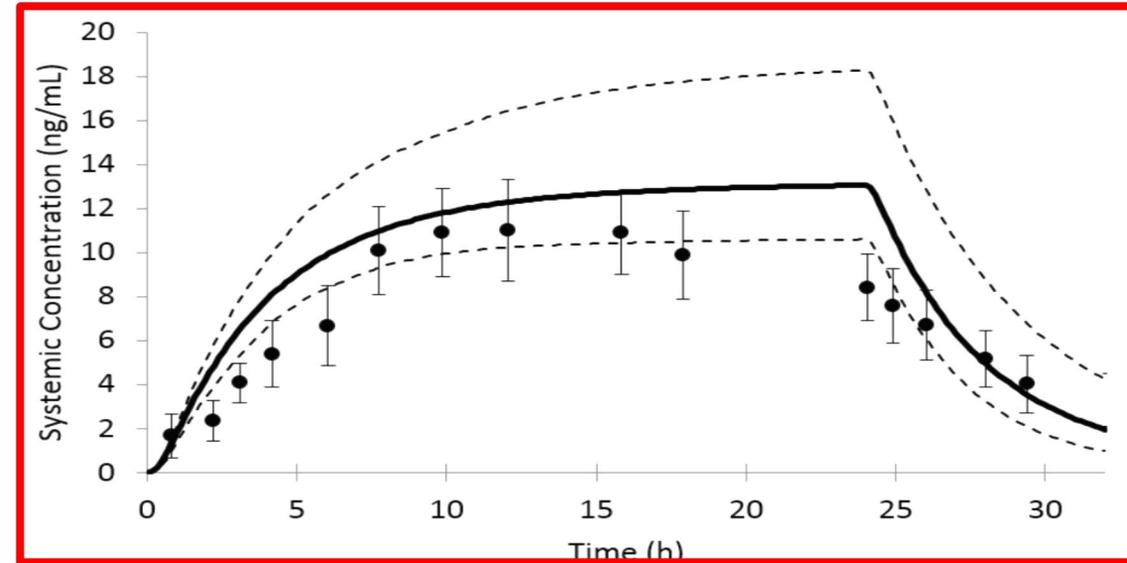
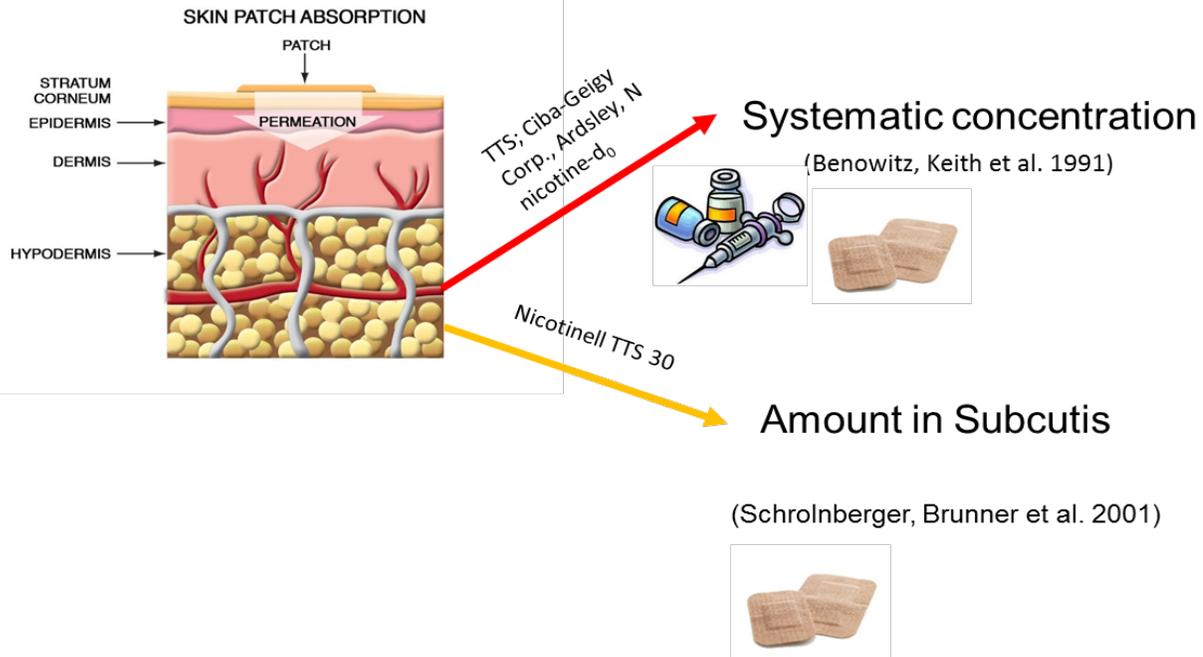
Simulate Population Variability



Identify clinically-relevant Critical Product Quality/Physiology Attributes



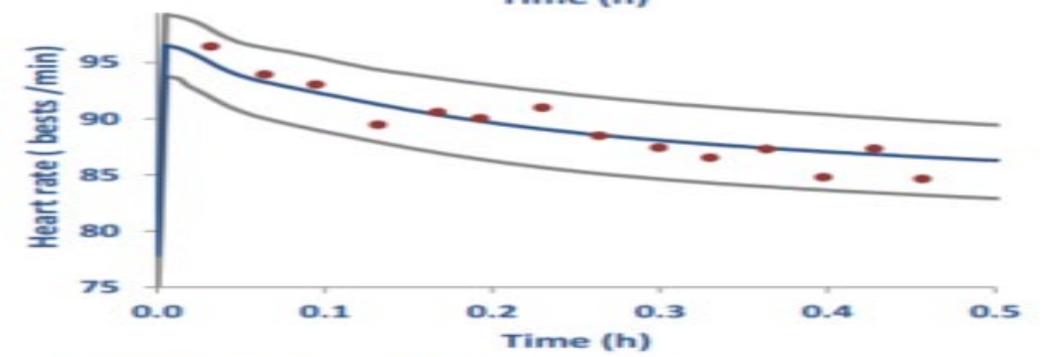
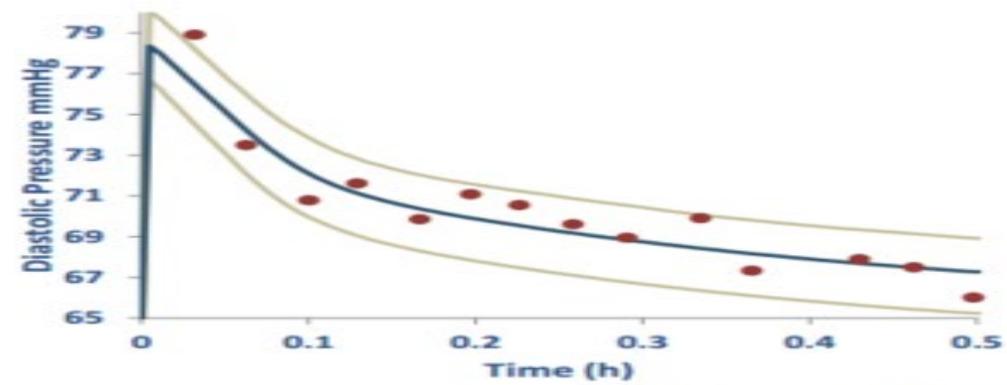
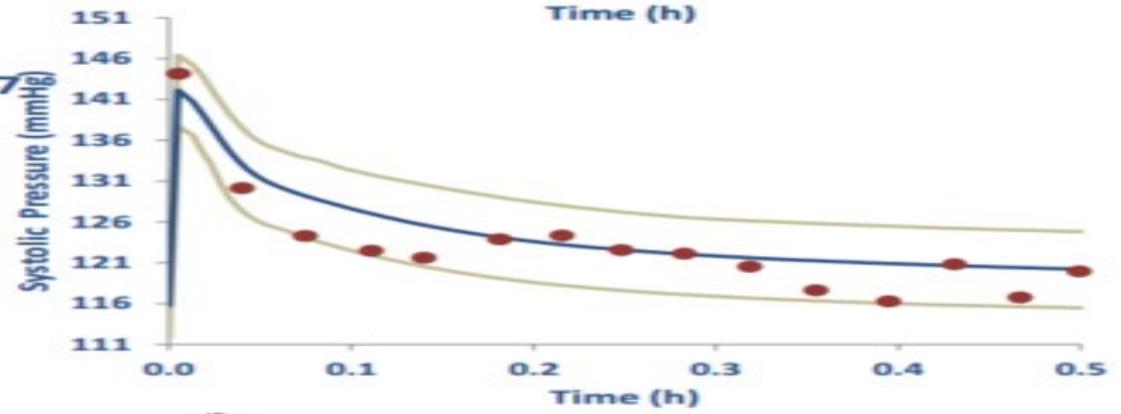
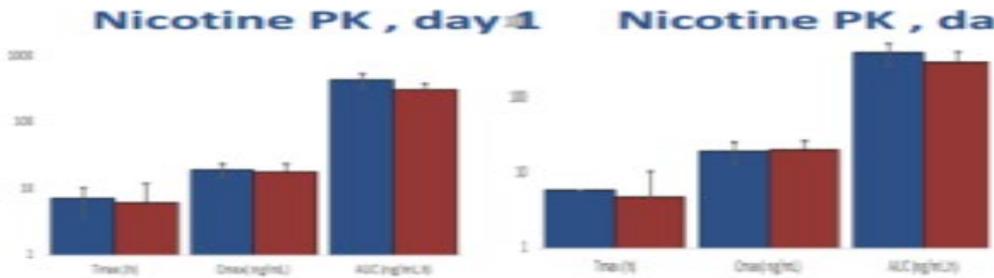
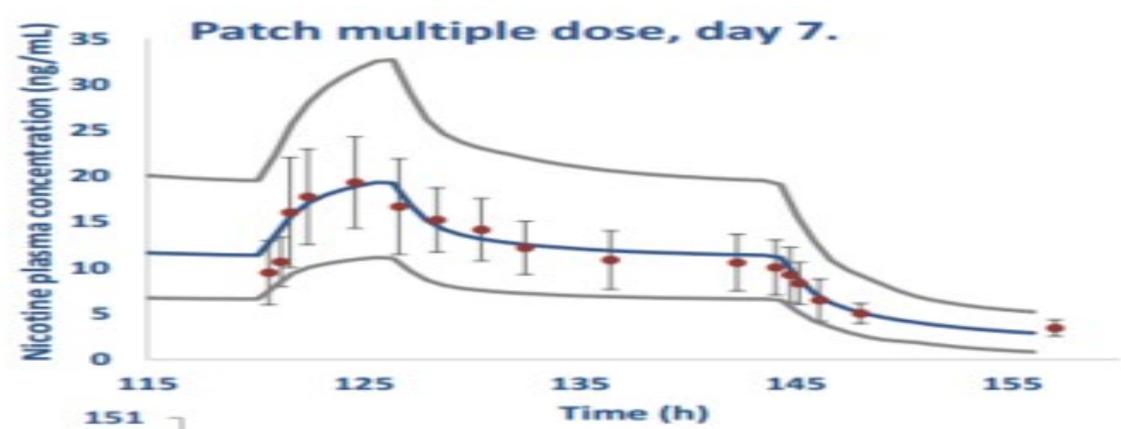
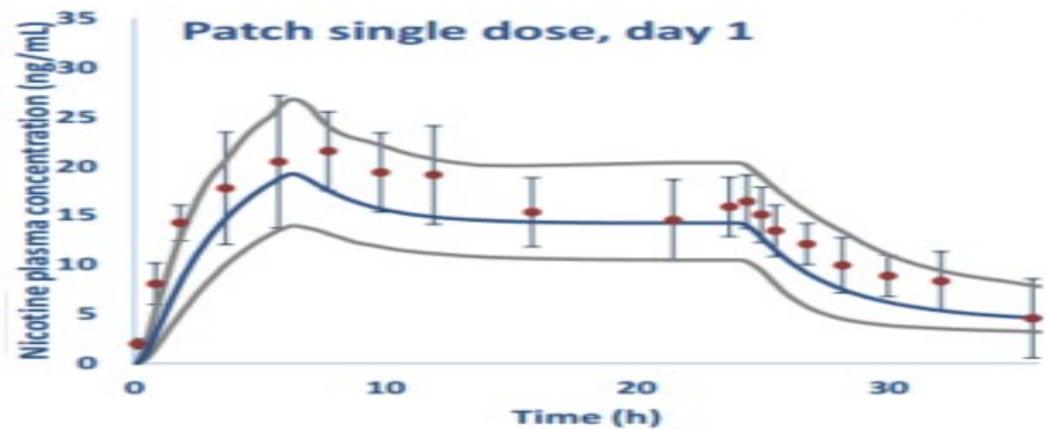
# Predicting local and systemic exposure after nicotine patch



Patch order		Predicted		Observed data	
		Mean	SD	Mean	SD
	$T_{max}$ (h)	23.9	0	12.06	4.8
zero release	$C_{max}$ (ng/mL)	12.6	0.9	11.1	3.8
	AUC (ng/mL×h)	300	23.1	245.7	125

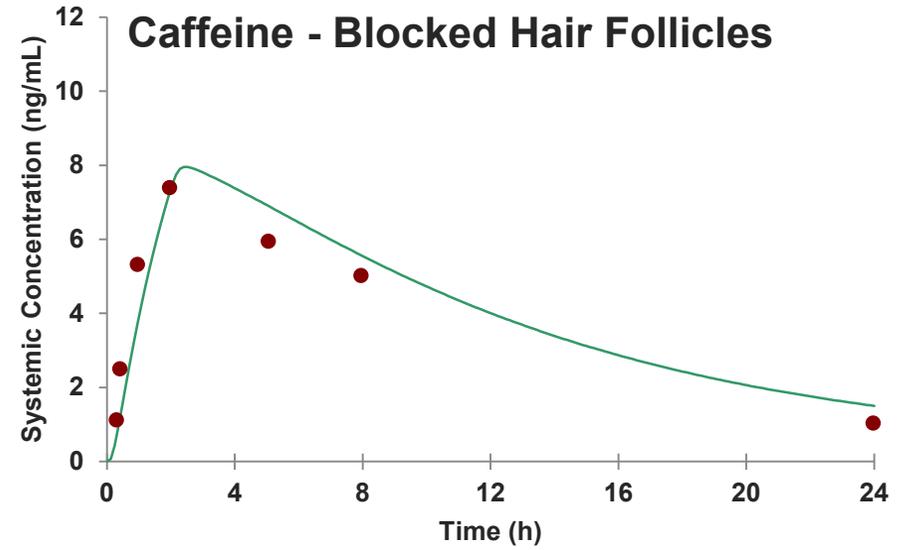
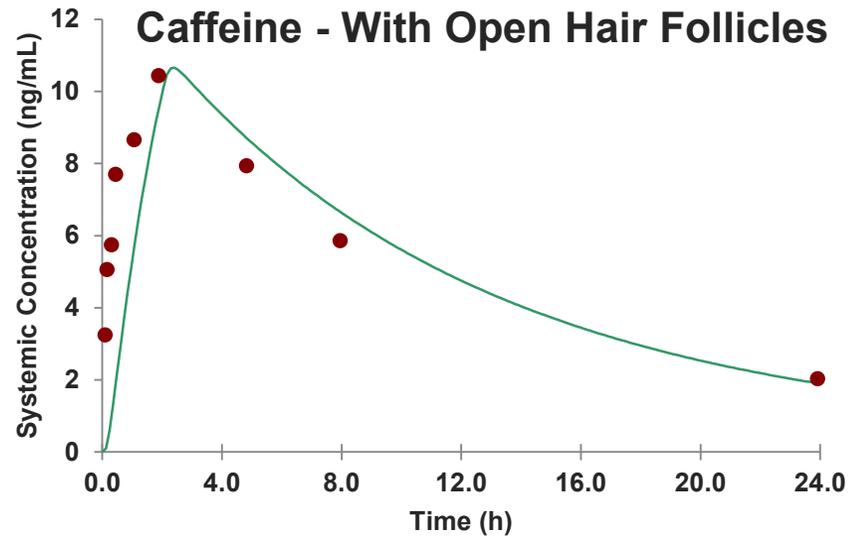
Martins *et al.* 2018

# PBPK-PD Model for Therapeutic Equivalence



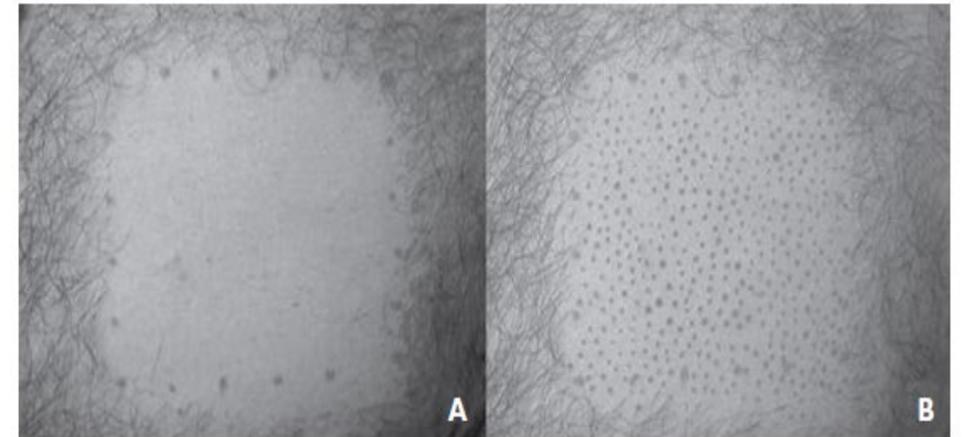
— 95th percentile      — 5th percentile      — Predicted      ● Observed data

# Caffeine Case Study – Predicting Contribution of Hair Follicle



*Clinical data and trial design from Liu et al. BJCP, 2011, 72, 768*

- When just the hair follicles are closed in model, predictions were higher than clinical measurement
- With reduction in area of block around the hair follicle by wax, the model predicted clinical observation

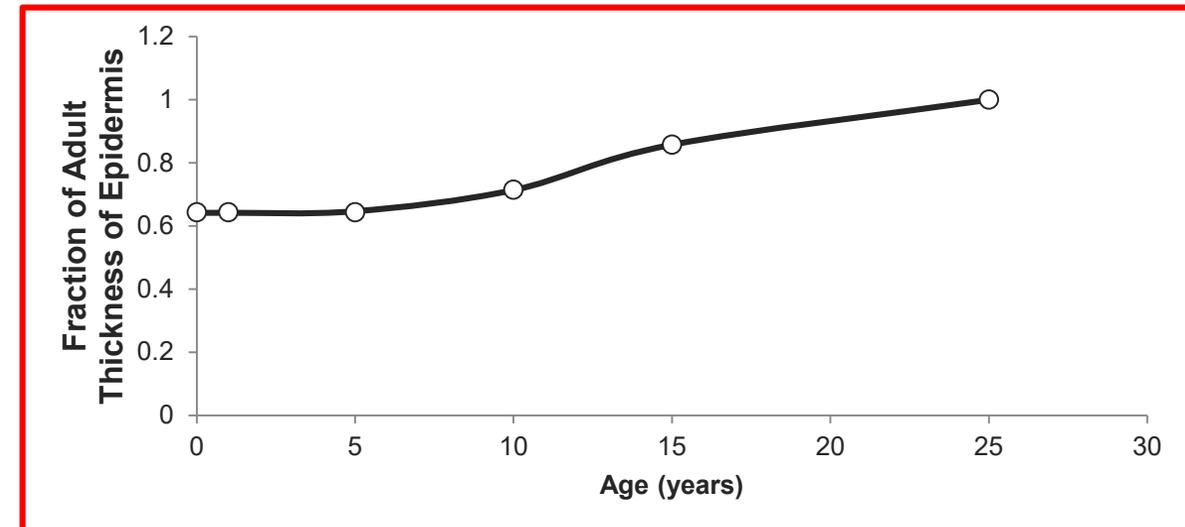
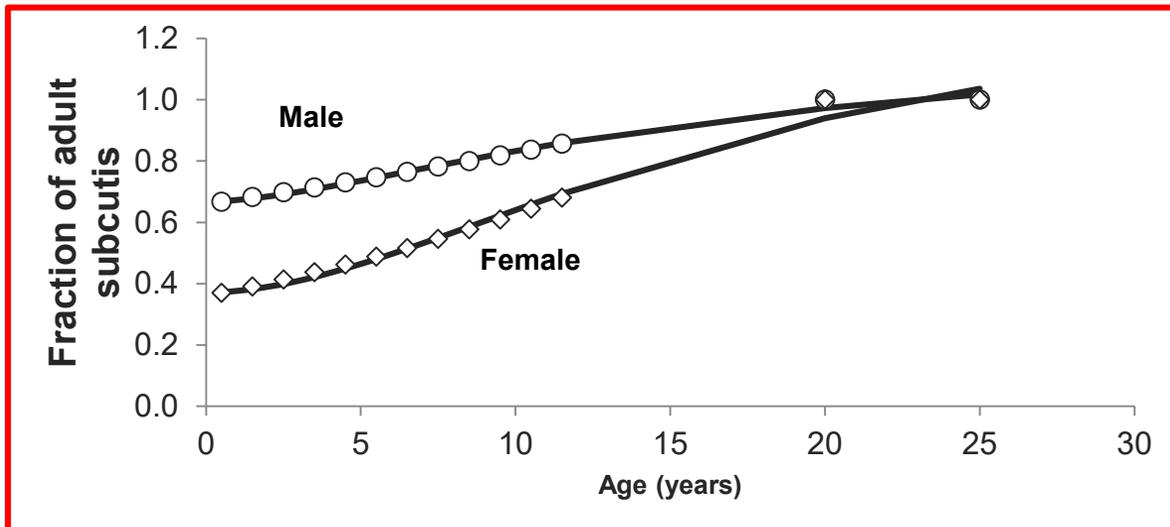
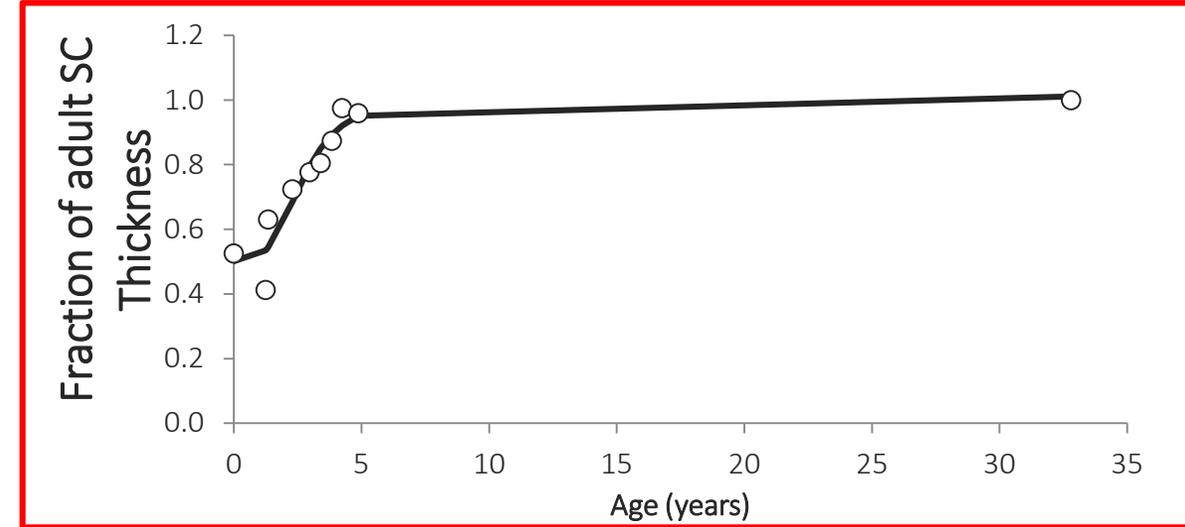
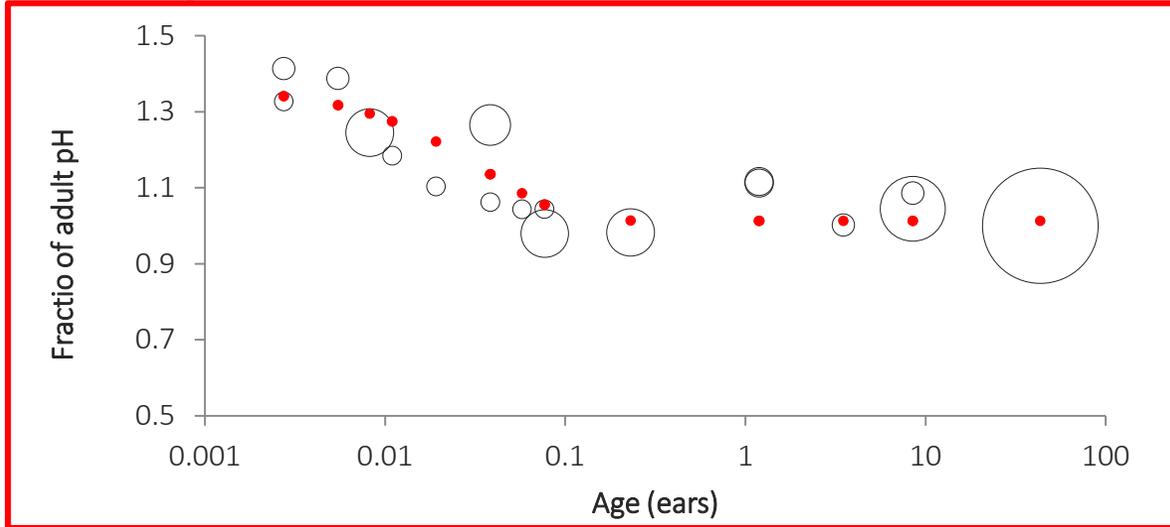


*Otberg et al. 2007*

Martins et al. 2017 ISSX Meeting

# Age-related Changes in System Parameters

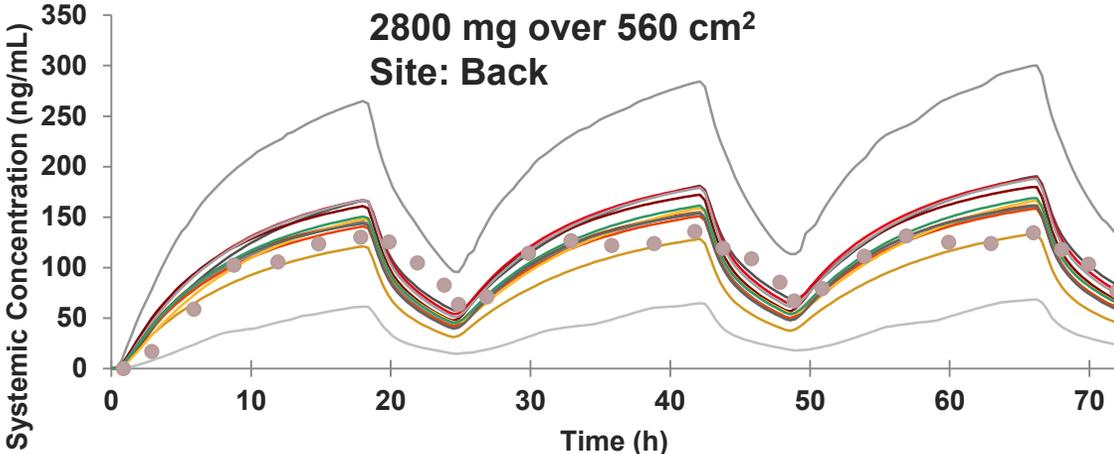
Age-related changes to system parameters (ontogeny) are introduced as a fraction of adult parameters.



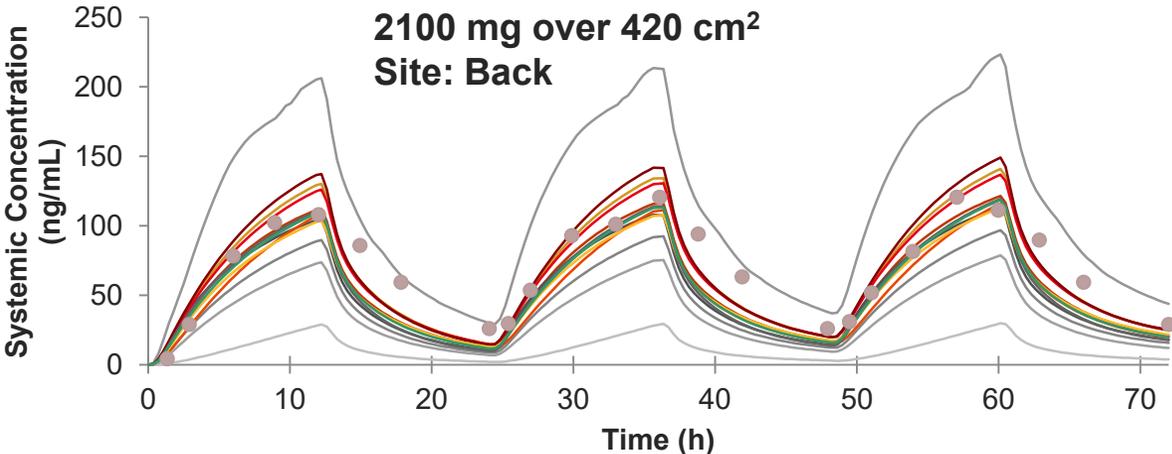
# Special populations (geriatric and paediatric)

## Lidocaine – simulating various formulation and populations

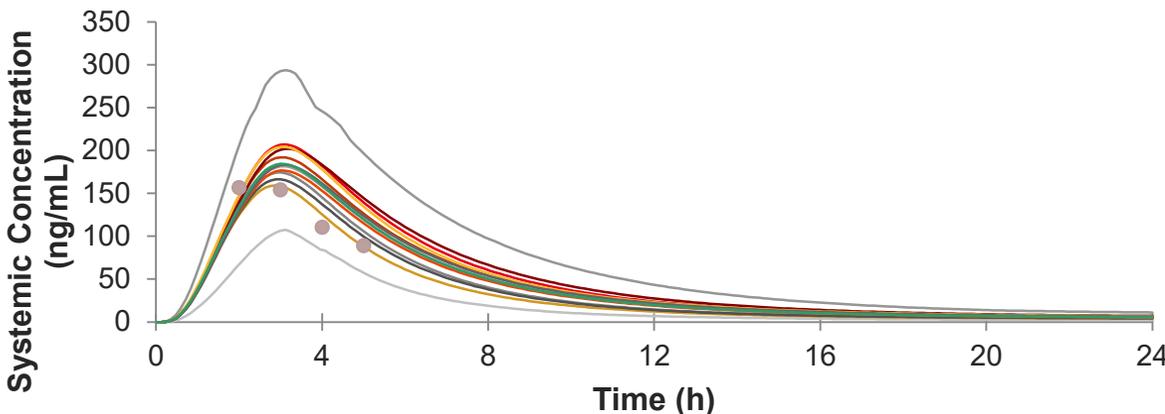
Lidoderm Patch Geriatric 50-79 years



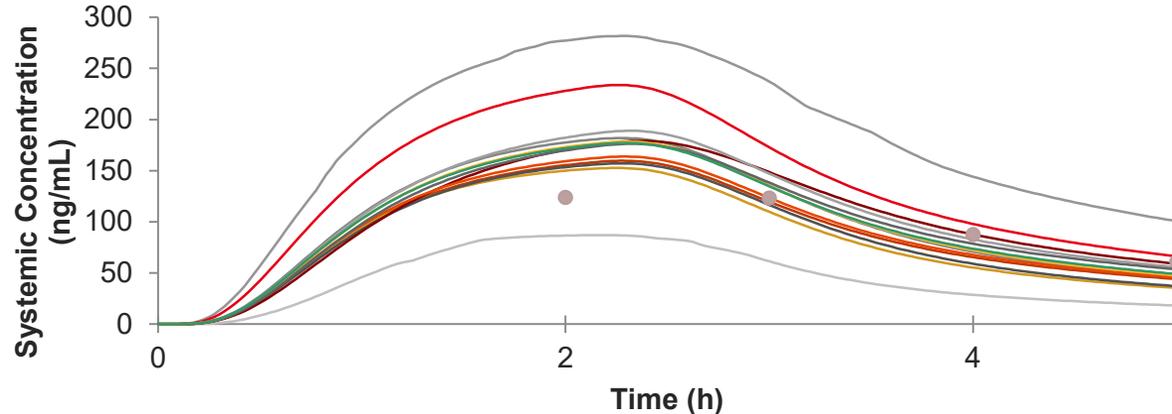
Lidoderm Patch Healthy Volunteers



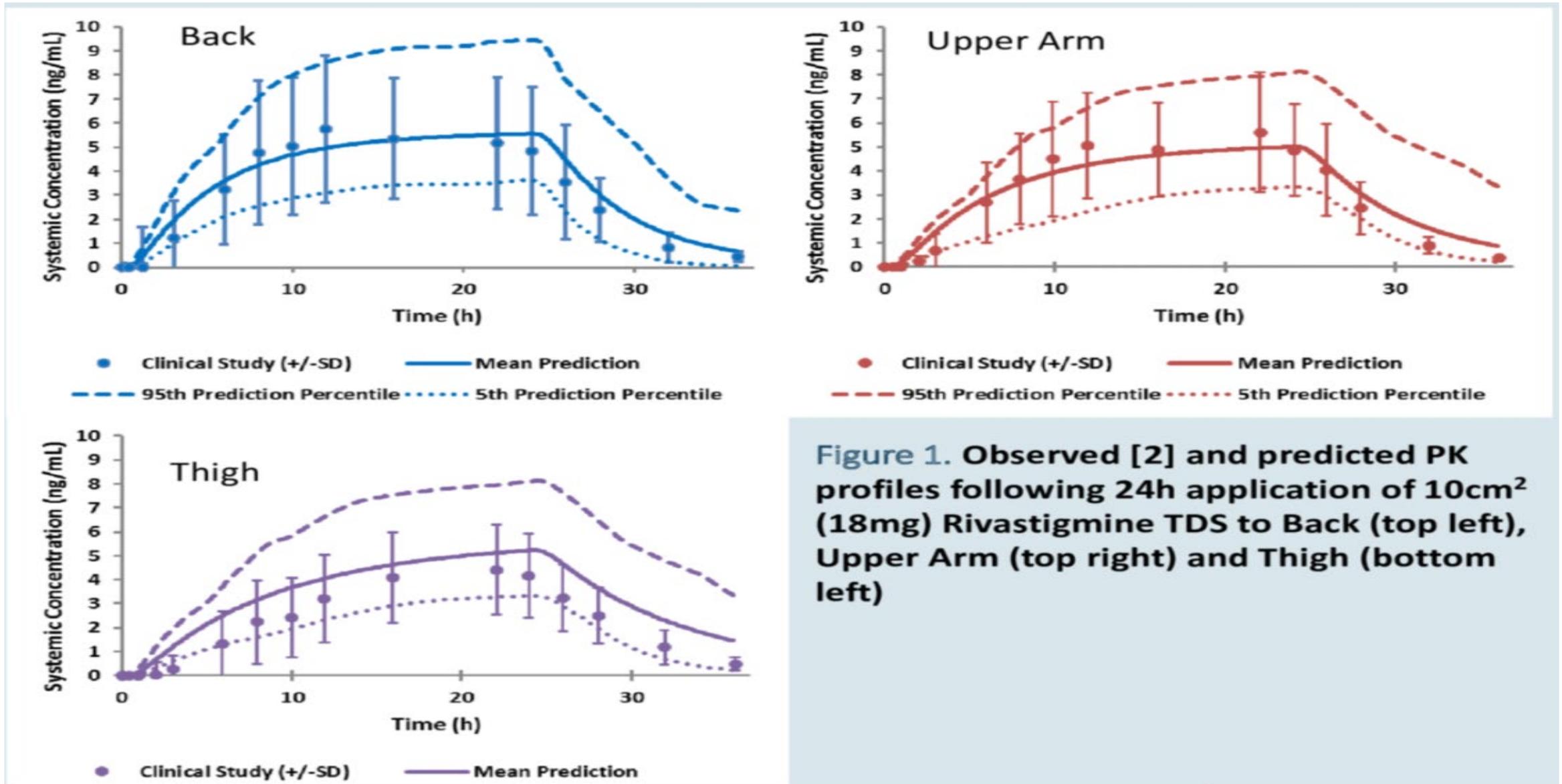
Paediatric (2-3 y) EMLA Cream



Paediatric (6-8 y) EMLA Cream



# Impact of site of application: Rivastigmine patch



**Figure 1. Observed [2] and predicted PK profiles following 24h application of 10cm<sup>2</sup> (18mg) Rivastigmine TDS to Back (top left), Upper Arm (top right) and Thigh (bottom left)**

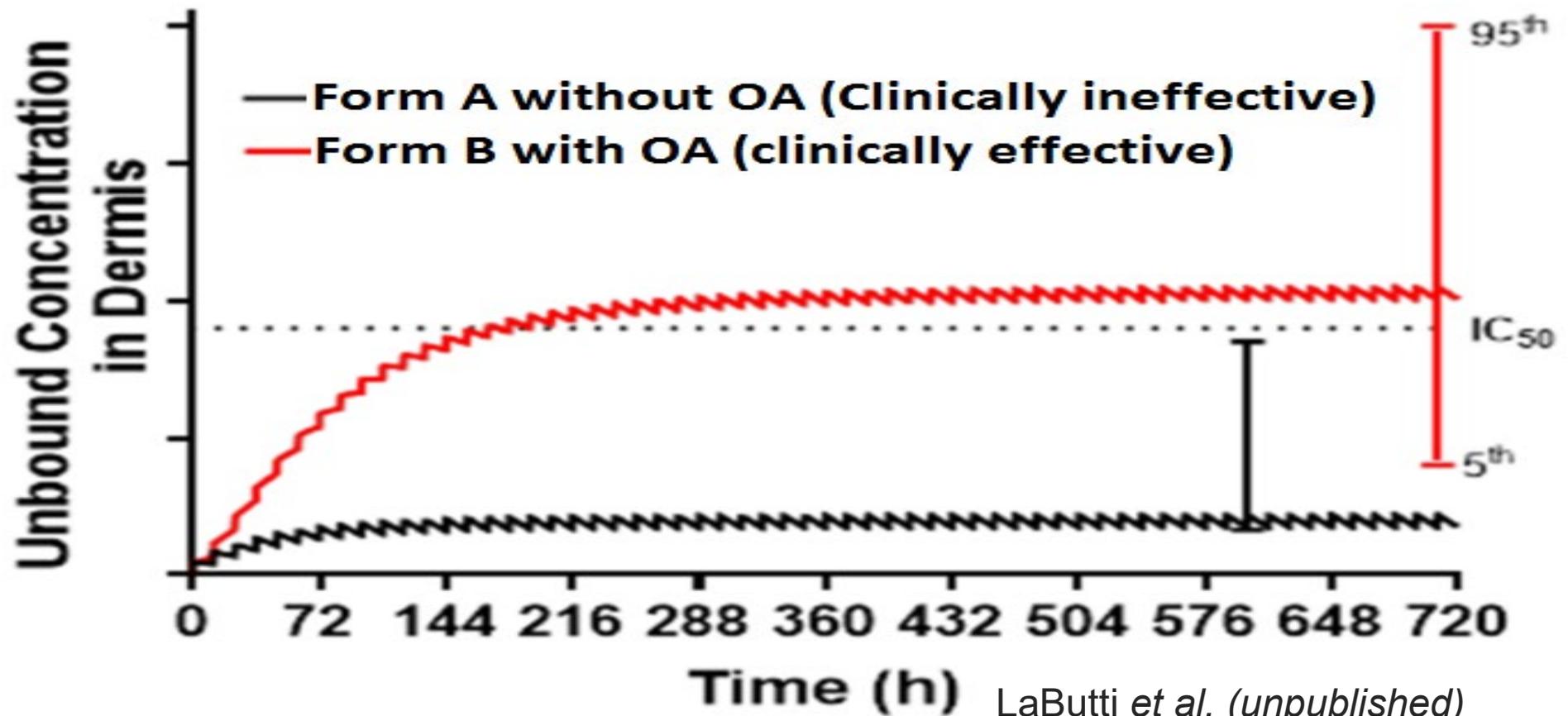
# Pharma Case 1: Support First In Human Exposure Prediction

- Neutral moderately lipophilic small (MW <500) drug formulated as oil in water emulsion with volatile components (~50%) in vehicle
- Animal studies (minipig) performed for topical cream formulation and systemic exposure measured after repeat dose
- PBPK Model developed based on Simcyp in-built QSAR to predict dermal absorption parameters
- PBPK simulated exposure level for high dose simulation was within 2-fold of empirical in-house animal to human extrapolation approach
- Building confidence in FIH dose exposure and formulation impact

# Pharma Case 2: Clinically Relevant Product Assessment

## MechDermA Simulation of 'Drug X' Concentrations in Dermis After Topical Administration

30 Psoriasis Patients, 300 cm<sup>2</sup>, 0.9g ointment



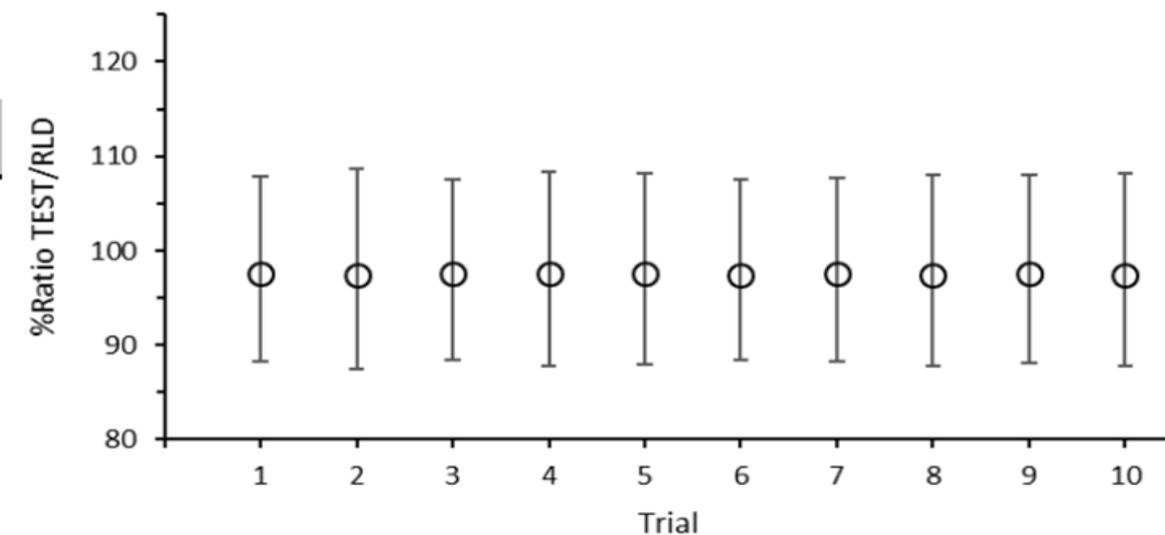
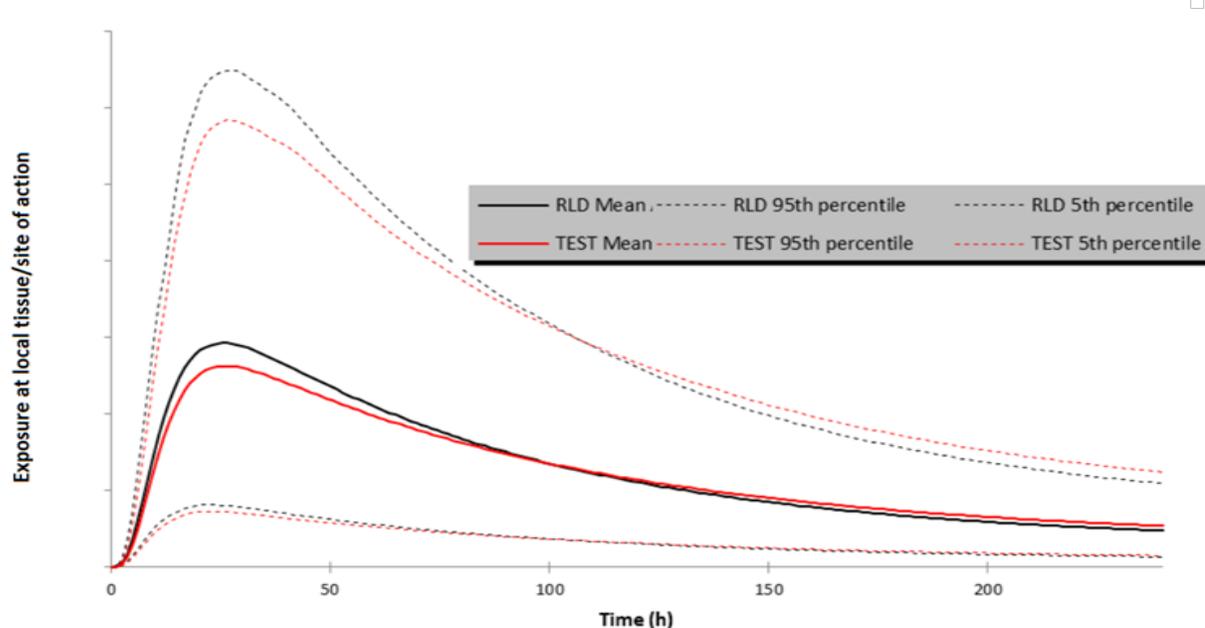
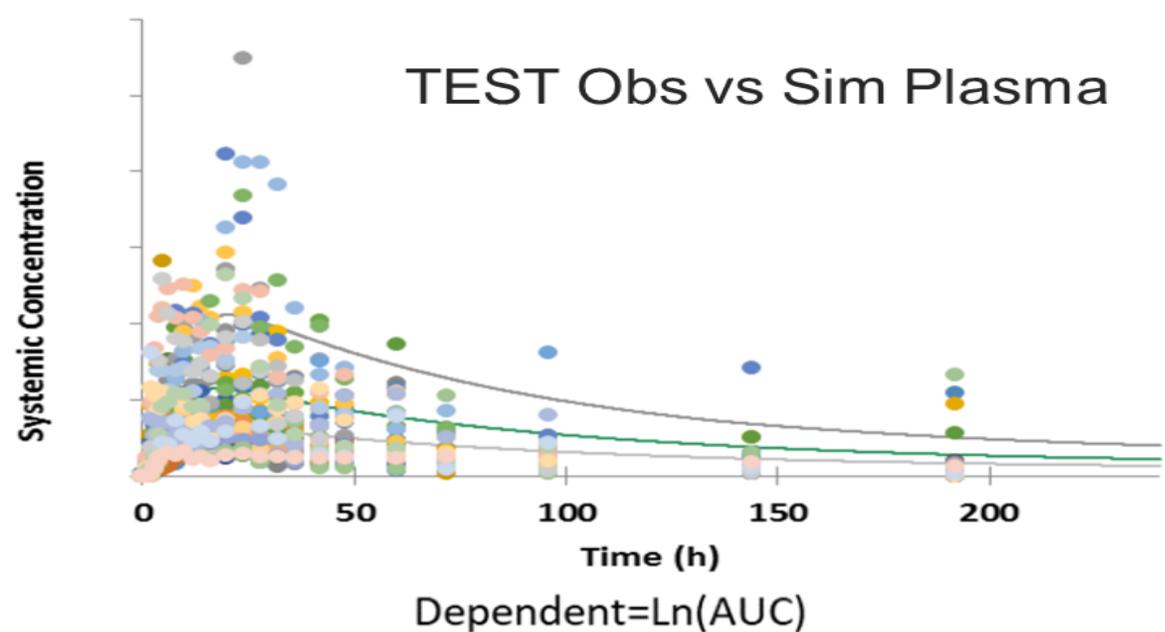
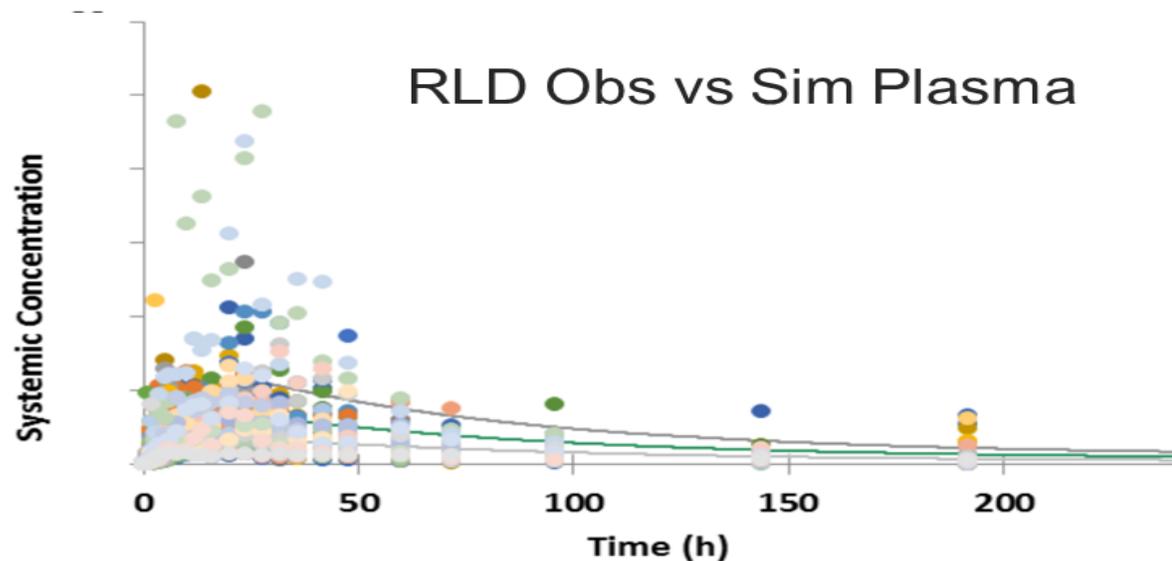
LaButti *et al.* (unpublished)

# Pharma Case 3: DDI risk for safety of topical cream product

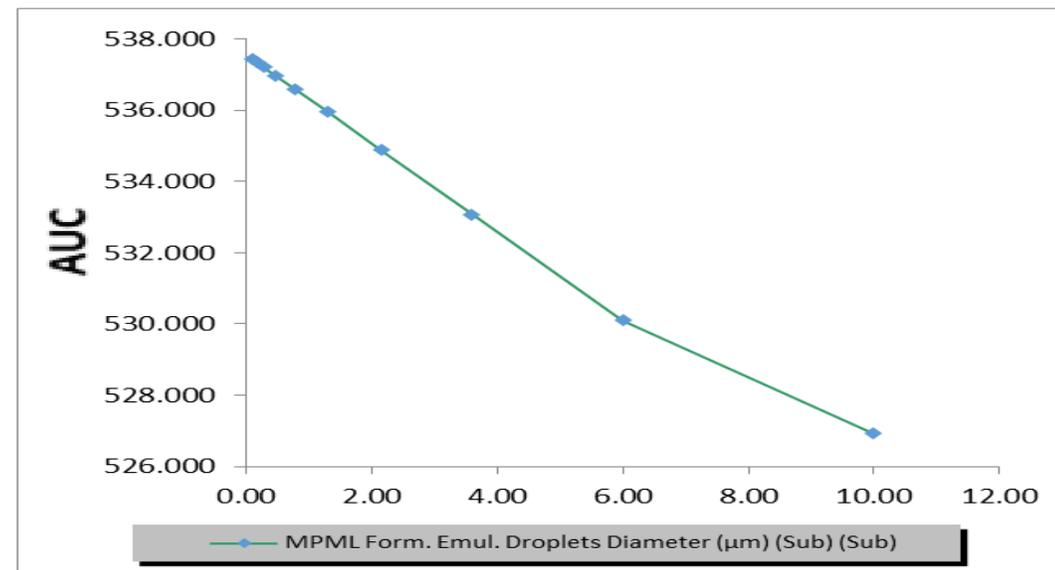
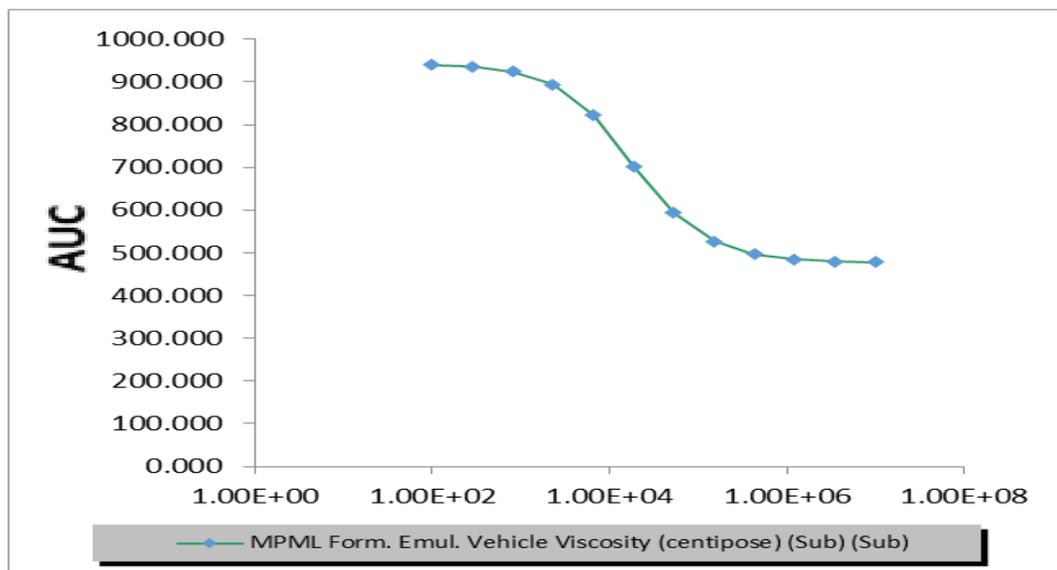
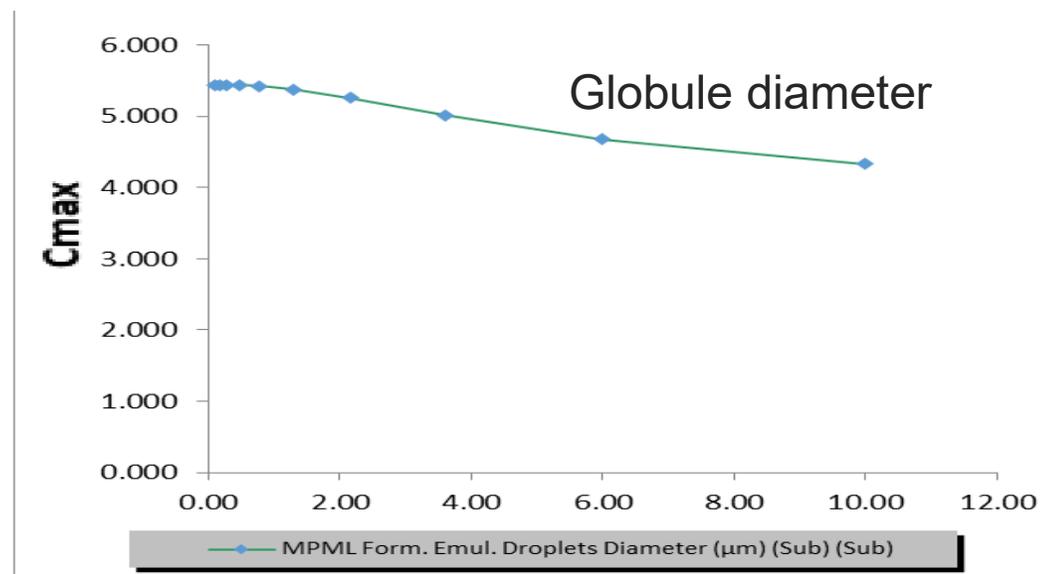
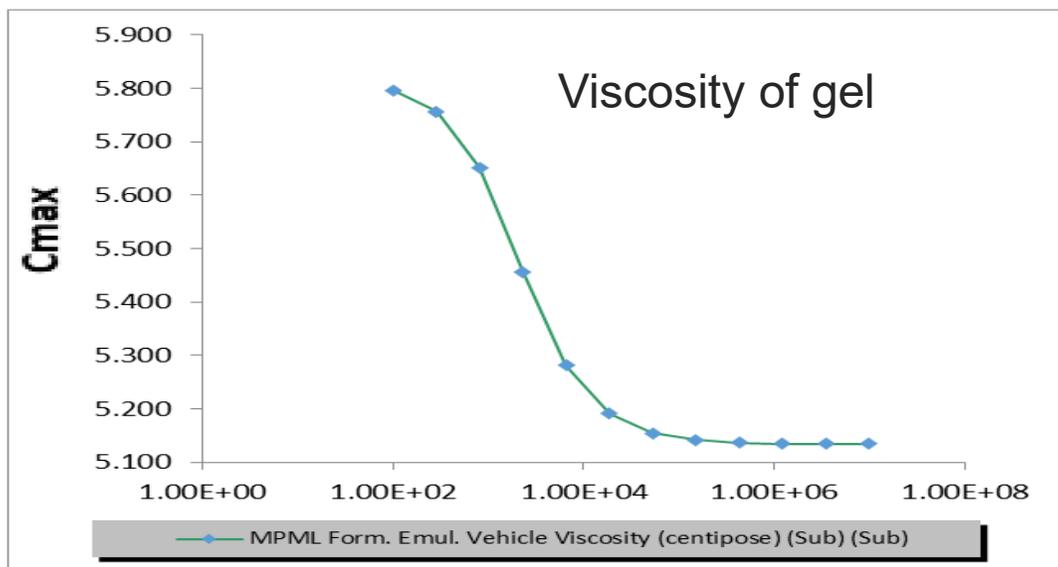
- Drug Z is metabolised by CYP2C19, 2C9 and 3A4 with systemic exposure below LOQ (pg/mL) for 80% subjects as drug is locally acting hence by design systemic exposure is minimal
- There was a concern what would be exposure levels in presence of metabolic inhibitors as compared to safety margin of the drug
- PBPK model was developed and verified for two dose levels at single dose and steady state and predictive performance assessed at local tissue exposure level (SC and dermis) and systemic circulation
- The model was used to simulate DDI with metabolic inhibitors as well as worst case scenario where metabolism via CYP2C19 was completely blocked.

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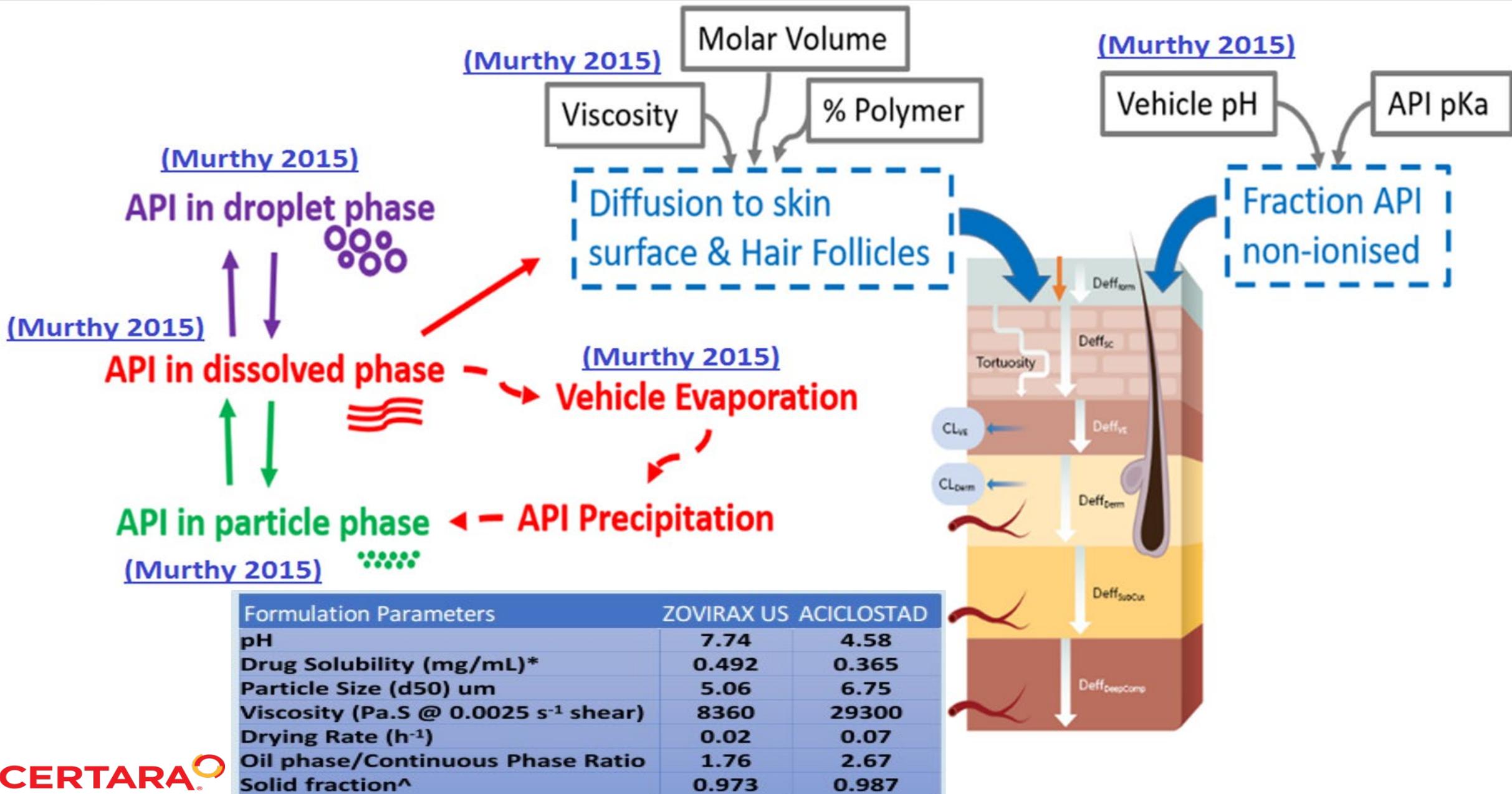
# Pharma Case 4: Virtual BE assessment of locally acting drug product



# Identify clinically relevant critical product attributes – Sensitivity Analysis



# Acyclovir Products – Simulating Q3 Product Attributes



# Acyclovir VBE Results and Future Direction

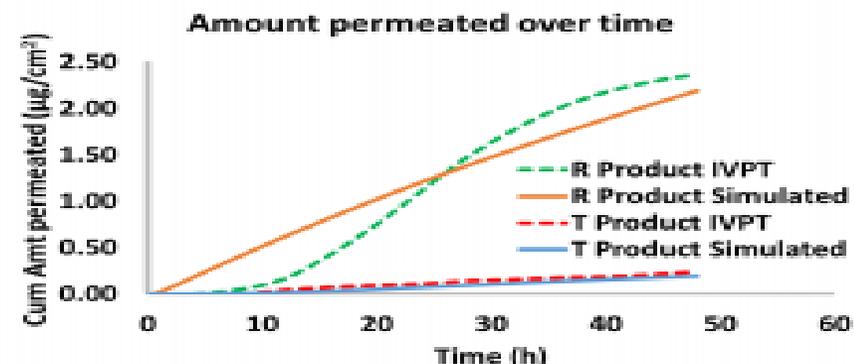


Figure 2. Cumulative amount permeated over time plots

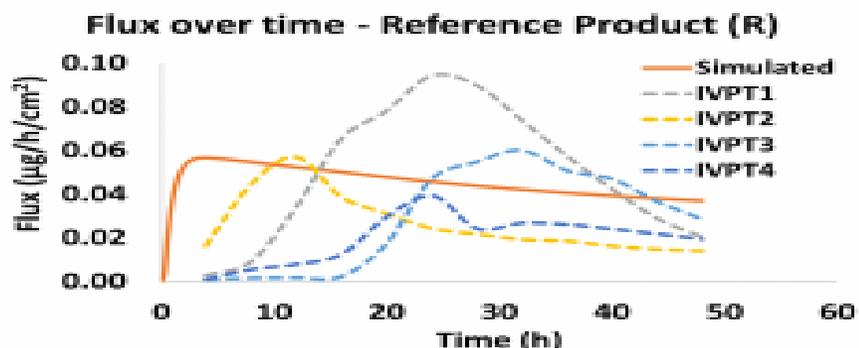


Figure 3. Permeation flux over time for the R Cream

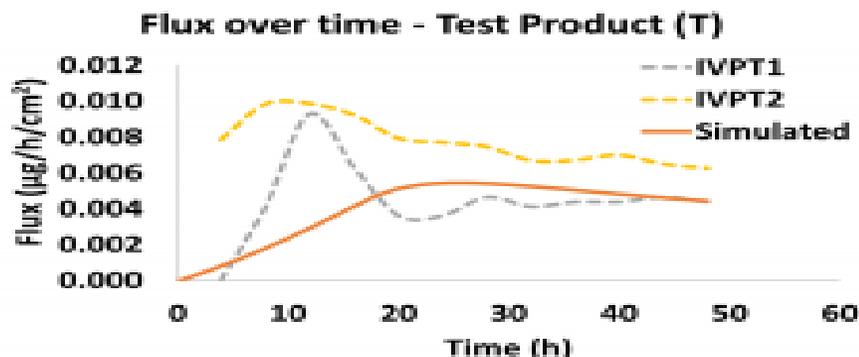
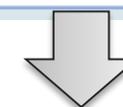


Figure 4. Permeation flux over time for the T Cream

## Key Findings

1. PBPK modeling allows to translate the *in vitro* product characterization to *in vivo* situations in terms of local and/or systemic PK and identify impact of formulation differences on exposure
2. We assumed static maximal and minimal effect of PG on R and T formulations throughout the simulation period which lead to good prediction of steady state flux (establishes importance of excipient) but over- and under- estimates initial transient permeation flux for R and T products, respectively [Figs 2 -4].
3. More mechanistic dynamic modelling of excipient is needed in future as to mimic realistic time-varying impact of excipient rather than static effect from time zero onwards.
4. Kinetic modelling of super-saturation and precipitation is desirable to accurately model the formulations with significant vehicle evaporation leading to structural changes to the formulation.



Patel et al. 2017 AAPS

**Collaboration with Uni of Queensland AUS**  
**Formulation Meta-morphosis and Dermal**  
**Products CQA assessment**

# Conclusions

- PBPK Modelling can be/has been used to support dermal drug product development from early discovery to late clinical stages
- Integrated *in vitro* (Q2/Q3 characterization, IVPT) - *in silico* PBPK modelling paradigm can bridge the gap between *in vitro* and *in vivo* BE assessment of dermal drug products
- More case examples are needed to establish utility of PBPK and identify the gaps in current models
- Mechanistic and dynamic modelling of excipient-skin interactions and formulation metamorphosis are needed to better differentiate and simulate dermal drug products

**Note: The Simcyp Simulator is freely available, following completion of the relevant workshop, to approved members of academic institutions and other not for -profit organizations for research and teaching purposes.**

# Acknowledgement

## Simcyp

- Sebastian Polak
- Frederico Martins
- Farzaneh Salem
- Sumit Arora
- Tariq Abdulla
- James Clarke
- Masoud Jamei

## Pfizer

- Jason LaButti
- Theunis C. Goosen

## US FDA (Grant #1U01FD005225-01)

- Eleftheria Tsakalozou
- Priyanka Ghosh
- Sam Raney
- Xinyuan Zhang
- Zhanglin Ni

## University of Queensland

- Mike Roberts
- Jeff Grice
- Yousuf Mohammed

## Many pharma collaborators

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