

# 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**

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Session 1: Orally Inhaled and Nasal Drug Products

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# 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



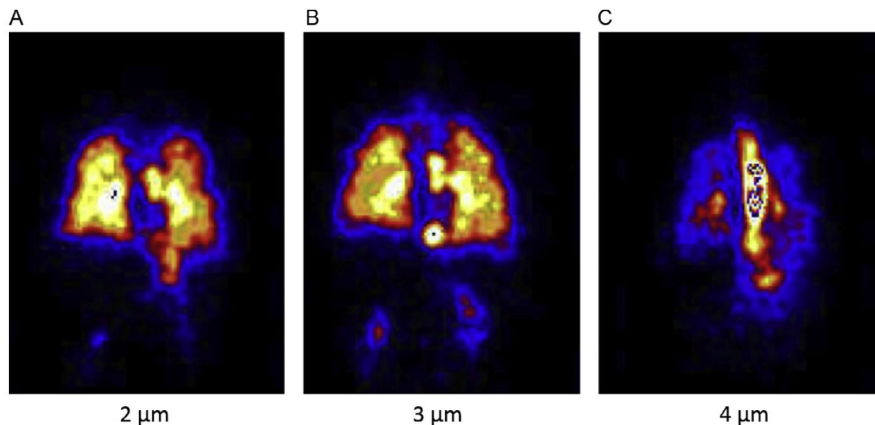
# Why PBPK for OINDP Development?

- 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



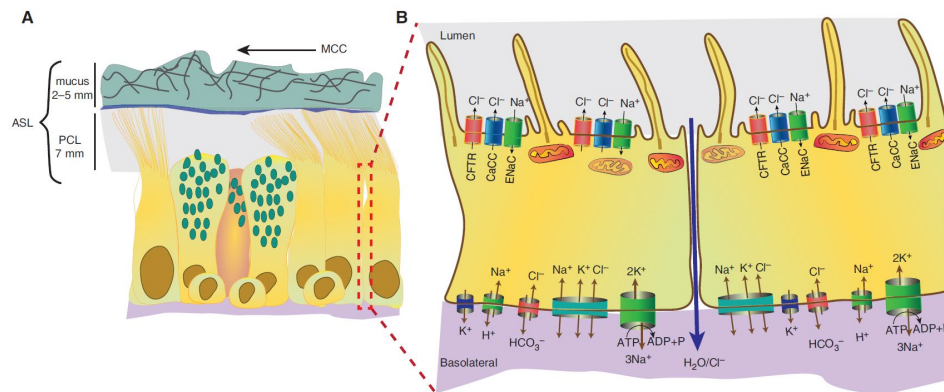
# Modeling Considerations for Locally-Acting OINDPs (Part 1)

## Regional Deposition



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

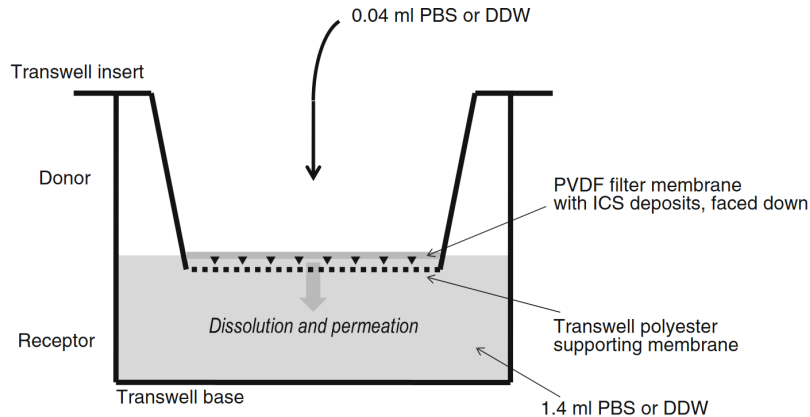
## Mucociliary Clearance



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

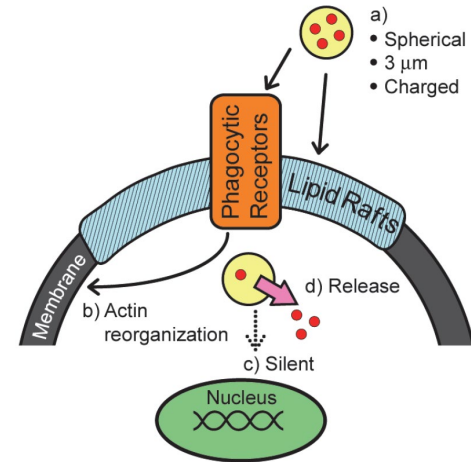
# Modeling Considerations for Locally-Acting OINDPs (Part 2)

## 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

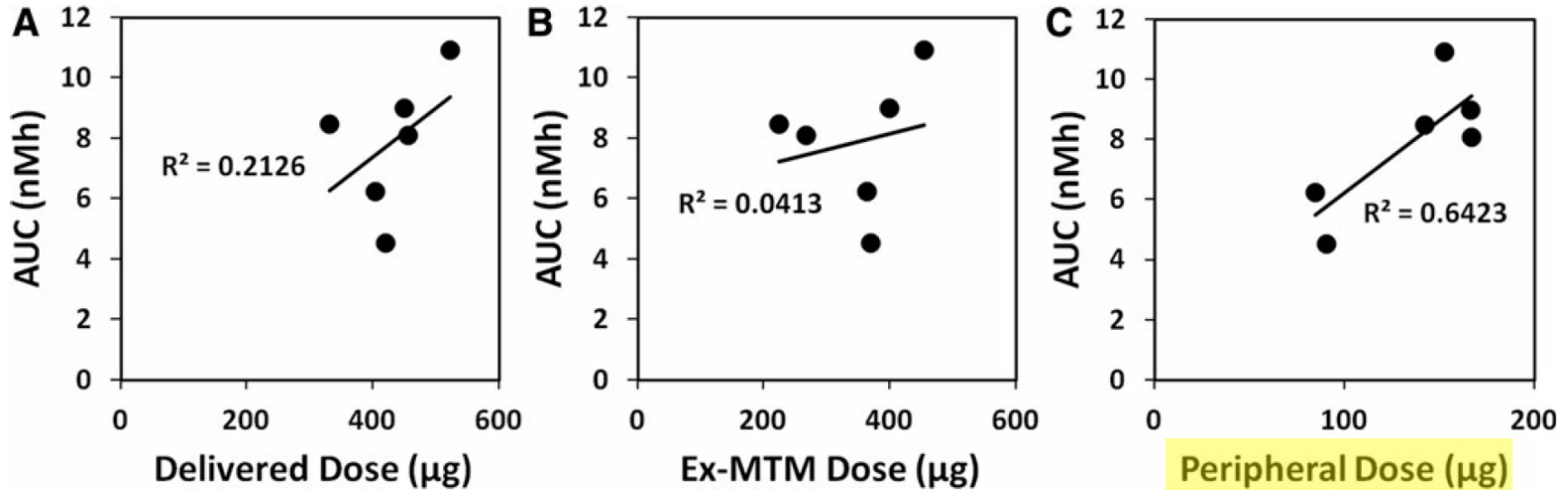


Figure 3 from Bäckman et al. (2017): For ODP-delivered drug, correlations between area under the curve (AUC) and A) delivered dose to the lung, B) ex-mouth-throat-model (ex-MTMM) dose, and C) peripheral dose computed using semi-empirical model.



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

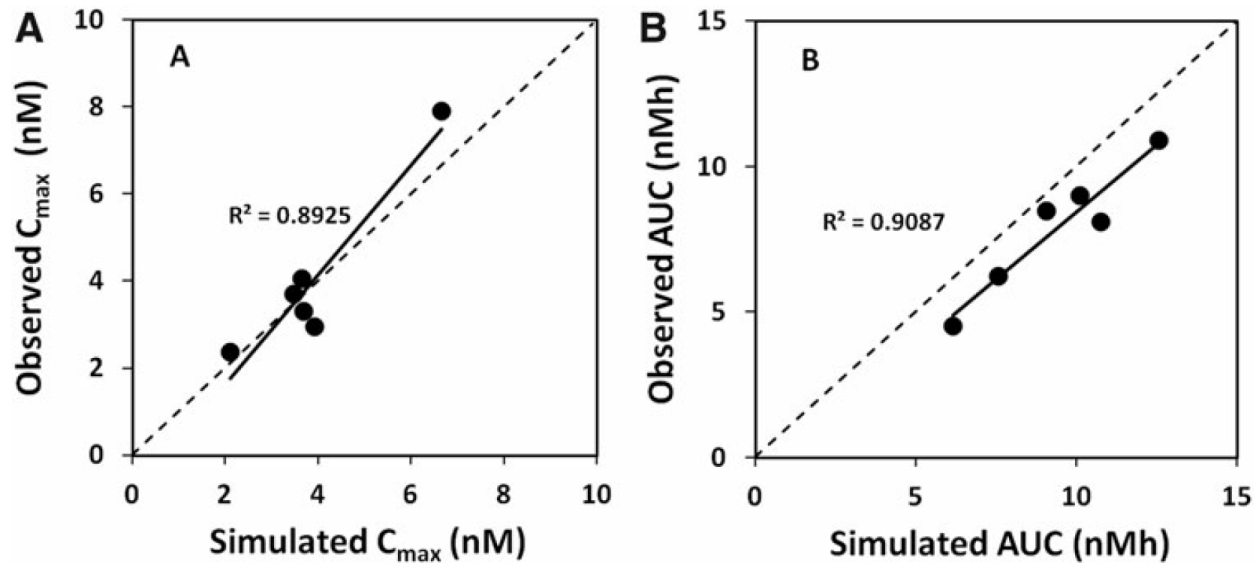


Figure 4 from Bäckman et al. (2017): For ODP-delivered drug, correlations between observed and simulated A) maximum plasma concentration ( $C_{max}$ ) and B) area under the curve (AUC).



# 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

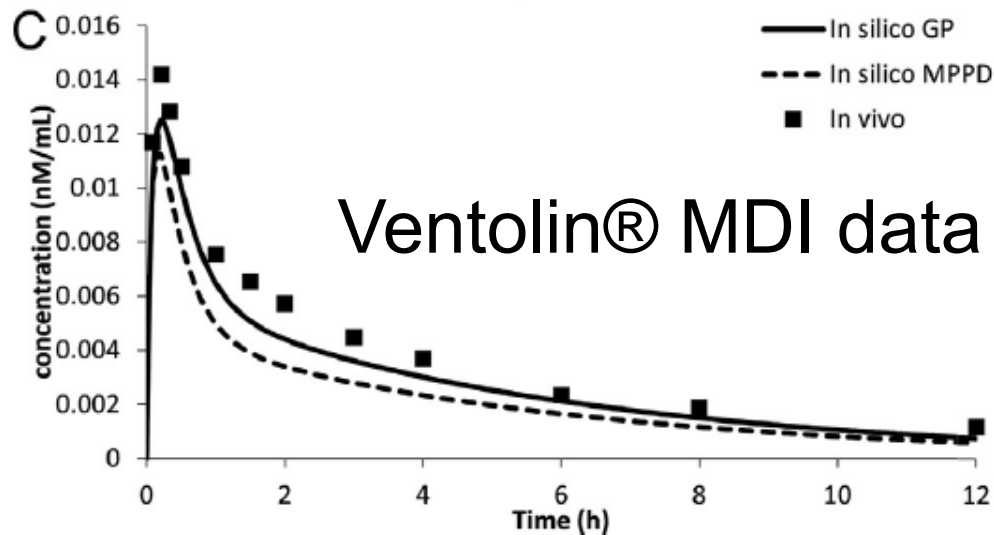


Figure 4C from Wu et al. (2016): Comparison of model Ventolin® MDI data from Du et al. (2002), where the built-in GastroPlus regional deposition predictor was used as well as the Multiple-Path Particle Dosimetry (MPPD) for regional deposition estimates.

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

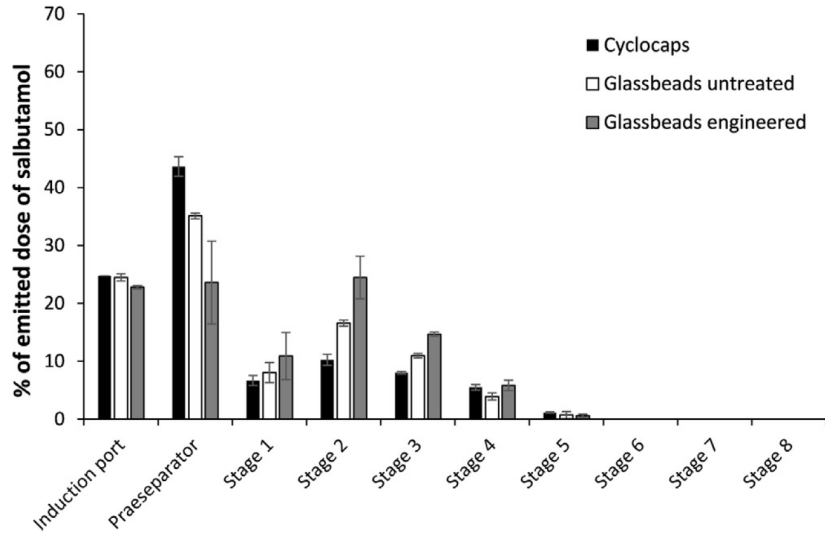


Figure 3 from Wu et al. (2016): Particle size distribution data for Cyclocaps®, formulation with untreated glass beads, and formulation with treated glass beads, where standard deviation bars are given for each stage (n = 3) and results are presented with respect to emitted dose.

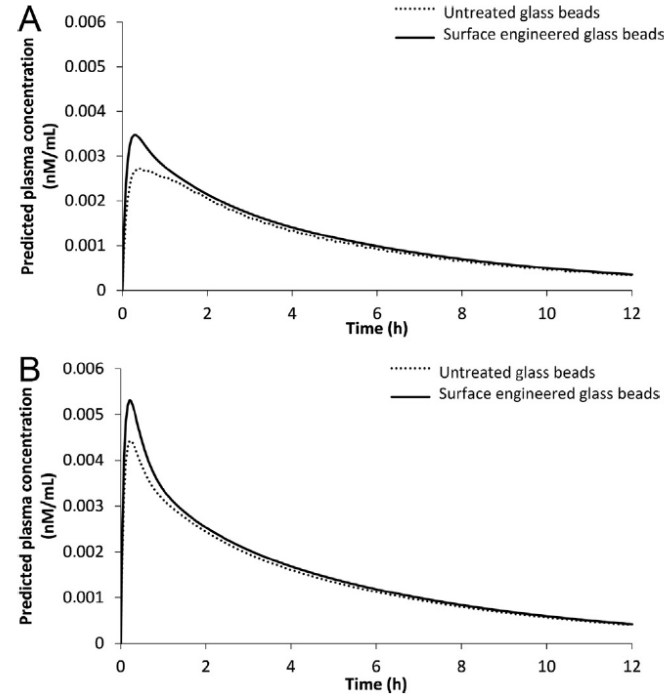


Figure 6 from Wu et al. (2016): Predicted plasma concentration for formulations with untreated and surface engineered glass beads using A) GastroPlus built-in regional deposition predictor and B) MPPD model.

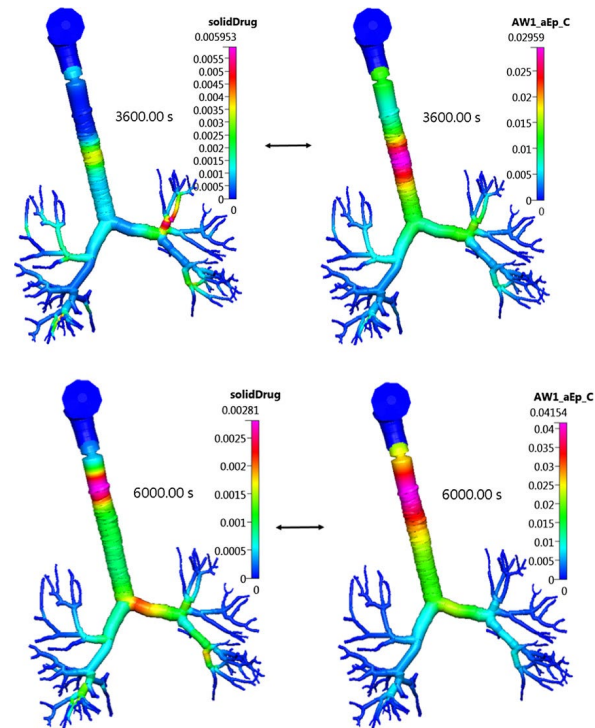
# Enhancement for PBPK Models of OINDPs Using CFD

- 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



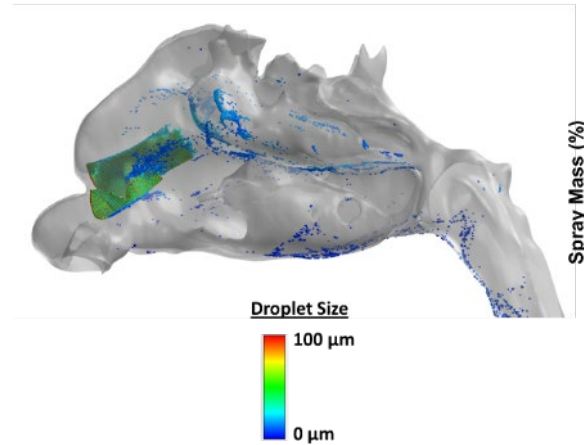
- Computational fluid dynamics (CFD)
  - Regional deposition estimates
  - Quasi-3D absorption model
- FDA Grant #1U01FD005214
  - Generic Drug User Fee Amendments (GDUFA)
- New GDUFA-funded contract (#HHS223201810182C) based on same model



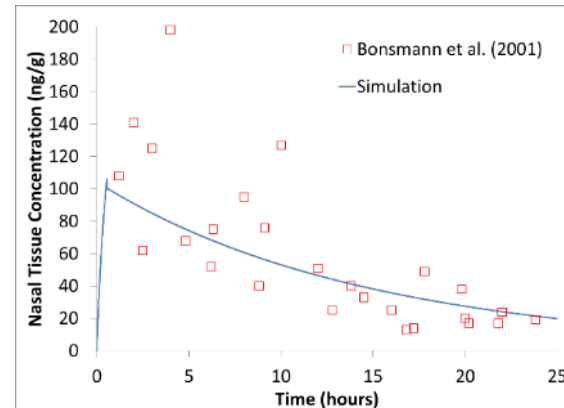
Local drug concentration predictions of solid and dissolved fluticasone propionate Fig. 15 from Kannan et al. (2018)

# 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.



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ADMINISTRATION

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