

CRITICAL IMPORTANCE OF EXCIPIENTS IN GENERIC PRODUCT DEVELOPMENT-NOW AND IN THE FUTURE

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This session will describe how emerging technologies and innovative approaches in FDA-funded research have informed our understanding of excipients in orally inhaled and nasal drug products (OINDPs), which support FDA guidance development and regulatory decision-making for generic drug products.

Outline



- FDA GDUFA Research Program
- Excipient Differences in MDIs Affect in vitro Performance Characteristics
- Excipient Differences Affect in vivo Bioequivalence
- Manufacturing Differences Can Affect in vitro Bioequivalence
- Conclusions

Generic Drug User Fee Amendments (GDUFA)



- Passed in July 2012 to speed access to safe and effective generic drugs to the public, reauthorized in 2017
- Requires user fees to supplement costs of reviewing generic drug applications and provides additional resources, including support for regulatory science research
- User fee program which directly supports regulatory science research activities

GDUFA Regulatory Science Program



- Competitive research grants and contracts are awarded yearly
- GDUFA funds are specifically allocated to stimulate innovation and growth in the generic drug field
 - Identify, study, and implement new methodologies and tools
 - Development and evaluation of quality and equivalence of new generic drug products
 - All therapeutic areas and product categories
- FDA annual public meeting provides stakeholder input on research priorities for generic drug development and regulation
 - Industry, Academia
 - Patient advocates, Professional societies

Locally-Acting Orally-Inhaled and Nasal Drug Products (OINDPs)



- Performance is governed by complex interactions between formulation, device, and patient factors
 - In vitro methods have limited predictability
 - Bioequivalence (BE) demonstration is very challenging
 - In vivo studies are time-consuming and expensive
- Current regulatory pathway for BE demonstration utilizes the weight-of-evidence approach
- The Office of Generic Drugs continues to explore new methods to make development and BE demonstration more cost- and time-effective

Research Initiatives for OINDPs



- Identification of formulation and device variables
- Development of clinically relevant in vitro methods for prediction of in vivo drug deposition and dissolution
- Development of computational fluid dynamic (CFD) and physiology-based pharmacokinetic (PBPK) models for prediction of the fate of drugs
- Identification, validation, and standardization of novel techniques that may have the potential to reduce the burden of current BE requirements

Comprehensive Evaluation of Formulation FDA Effects on MDI Performance

- FY-13 grant # U01FD004943
 - Awarded to Cirrus Pharmaceuticals (Recipharm)
 - Expanded to University of Florida
- This project investigated the effect of excipient concentrations on aerosol performance of HFA-based MDI formulations and evaluated sensitivity of in vitro methods to detect excipient concentration changes

Overview of the Systematic Approach



Selection of commercial MDIs

Type of formulation (suspension and solution)

· Drug class (bronchodilator and corticosteroid)

Excipients concentrations to be varied around central targets

Execution of DOE plan, statistical analysis, and determination of design spaces

- DD
- FPD<5 (at B lifestage)



Batch manufacturing plan using statistical DOE

- AS suspension = 18 batches
- MF suspension = 9 batches
- BDP solution = 9 batches



Establishment of model system MDIs

Development of analytical methods



- Total content per canister
- Drug PSD
- DDU
- APSD using NGI and USP induction port

Reverse engineering and characterization



Similar to the commercial MDIs with respect to formulation composition and key aerosol performance parameters (no in vitro BE)

MDI Batch Manufacturing Plan

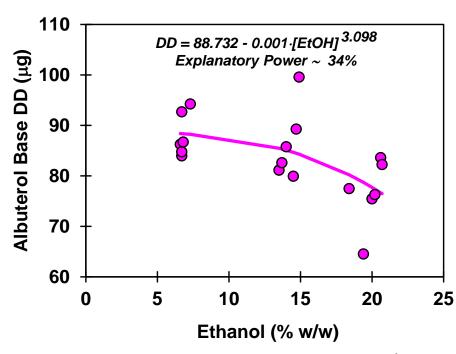


The levels of excipients [ethanol (EtOH) and oleic acid (OA)] and drug PSD D50 were varied according to a reduced factorial statistical design of experiments (DOE) approach. The following ranges were studied:

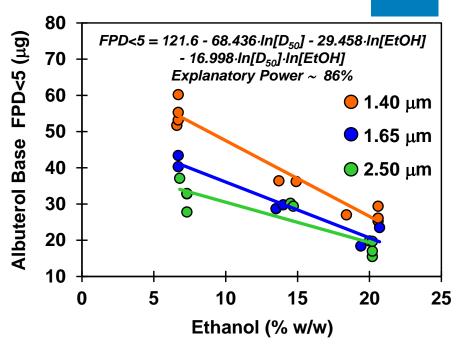
MDI Formulation	PSD D50 (μm)	EtOH (% w/w)	OA (% w/w)
AS suspension	1.4 – 2.5	7 – 20	0.005 - 0.1
MF suspension	1.1 – 2.0	0.45 - 3.6	0.001 - 0.025
BDP solution	N/A	7 – 9	0 – 2

Albuterol Sulfate Suspension





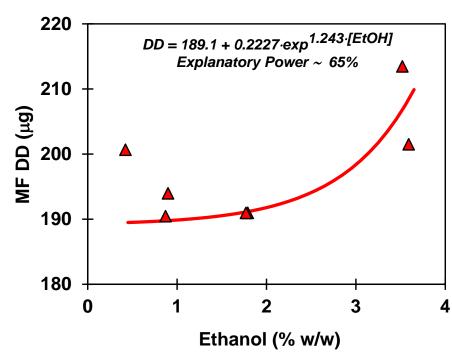
As the level of ethanol increased from 7% to 20% w/w, the DD of albuterol decreased by 13%.



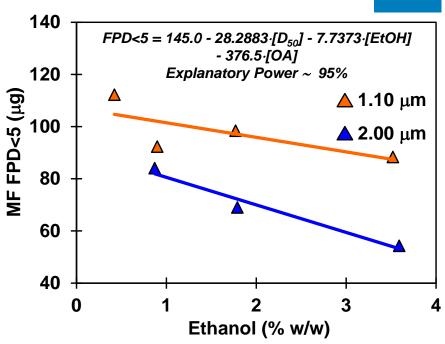
As the level of ethanol increased from 7% to 20% w/w, the FPD<5 of albuterol decreased by 51% (1.40 μ m), 50% (1.65 μ m) and 45% (2.50 μ m).

Mometasone Furoate Suspension





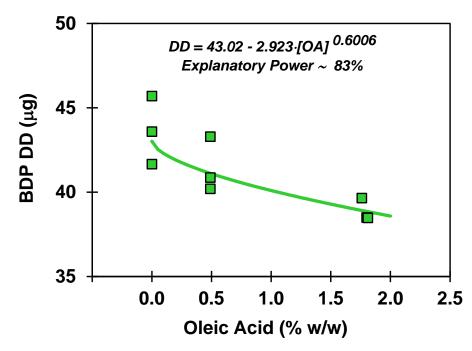
As the level of ethanol increased from 1.8% to 3.6% w/w, the DD of MF increased by 9%.



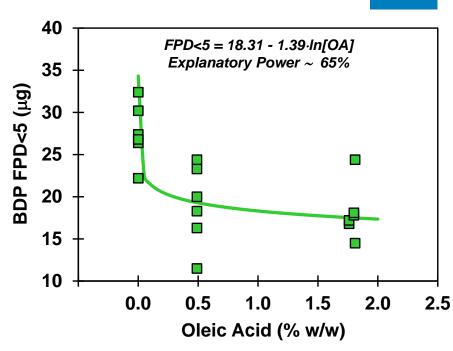
As the level of ethanol increased from 0.45% to 3.6% w/w (1.1 μ m) and from 0.90% to 3.6% (2.0 μ m), the FPD<5 of MF decreased by 21% and 35%.

Beclomethasone Dipropionate Solution





As the level of oleic acid increased from 0% to 2% w/w, the DD of BDP decreased by 11%.



As the level of oleic acid increased from 0% to 2% w/w, the FPD<5 of BDP decreased by 34%.

Research Conclusions



- The changes in API PSD had statistically significant effects on the APSD performance of suspension MDI formulations studied, but not on DD.
- The changes in concentrations of excipients (ethanol and oleic acid) showed, in some cases, statistically significant effects on DD and APSD performance of suspension and solution MDI formulations studied. However, several cases without effects were also found, despite some large changes in concentrations of inactive ingredients studied.
- The possible effects of varying these characteristics must be studied on a case-by-case basis.

PK Comparison of Locally-Acting DPI Products



- FY-13 contract # HHSF223201110117A
- FY-16 contract # HHSF223201610099C
 - Awarded to University of Florida
- The objective of this project was to evaluate whether PK profiles are sensitive to DPI formulations that differ in the central to peripheral (C/P) lung deposition ratio. A clinical study was conducted to evaluate the PK profiles of healthy adult subjects after a single-dose of different orally inhaled formulations is administered using a DPI.

Formulation Development



- In collaboration with University of Bath
- Three DPI formulations only differing in lactose fines

Product Name	Formulation (% w/w)	Formulation # MMAD	
Elutiograpa Propionato	FP: 0.80		
Fluticasone Propionate	Respitose SV003: 96.72	C-3.7μm	
DPI (Active)	Lactohale LH300: 2.48		
Fl. fl David	FP: 0.80		
Fluticasone Propionate	Respitose SV003: 79.36	A-4.5μm	
DPI (Active)	Lactohale LH201: 19.84	3	
F	FP: 0.80		
Fluticasone Propionate	Respitose SV003: 89.28	B-3.8μm	
DPI (Active)	Lactohale LH230: 9.92	900 to 1000 to 1000 to	

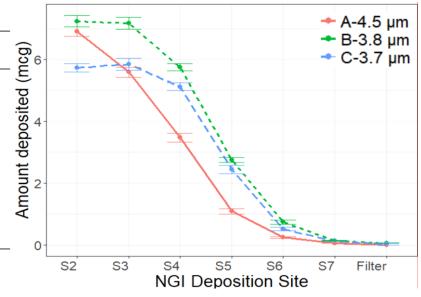
MMAD= Mass Median Aerodynamic Diameter

In Vitro Characterization



 Cascade impaction performance of formulations (compendial NGI at flow rate of 60 L/min)

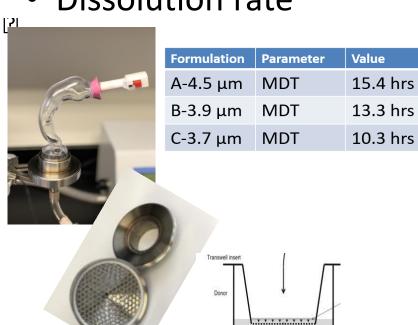
	A-4.5 μm	B-3.8 μm	C-3.7 μm
MMAD (μm)	4.5	3.8	3.7
GSD	1.9	2.0	2.1
FPD < 5μm (μg)	12.2	18.7	15.8
FPD < 3μm (μg)	5.3	10.0	8.6
Stage 2 to 3 (µg)	12.5	14.4	11.5
Stage 4 to 7 (μg)	4.8	9.4	8.1



In Vitro Characterization

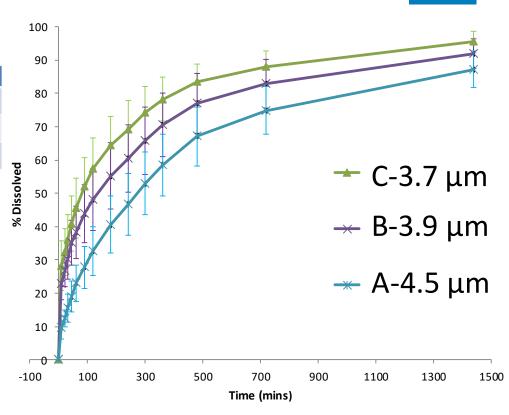


Dissolution rate



Receptor

Dissolution and permeation



PK Study Design



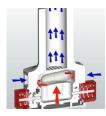
- 4-way, double blind cross-over in 24 healthy volunteers (informs intra-subject variability)
- DPI formulations with Plastiape











• Dose: 5 x 100 μg

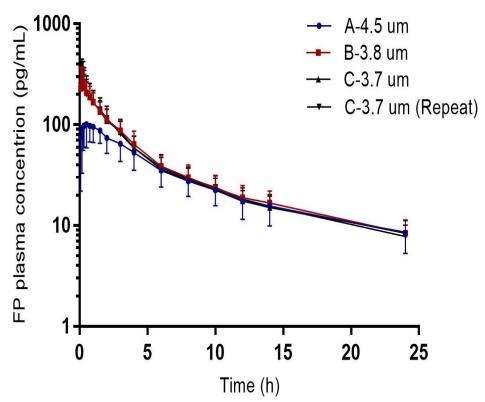
http://plastiape.com/en/content/1635/dry-powder-inhaler-rs01-how-use

- Record individual inhalation profiles
- LC-MS/MS Assay sensitivity: 1 pg/mL
- Non-compartmental Analysis + Compartmental Analysis (population-PK)

PK Profiles

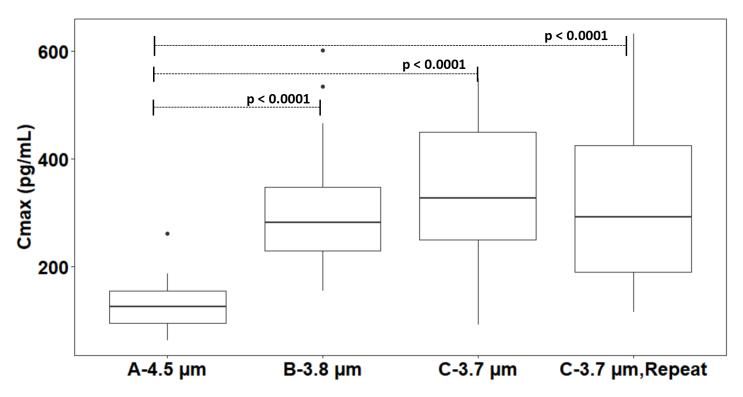
FDA

Before dose normalization



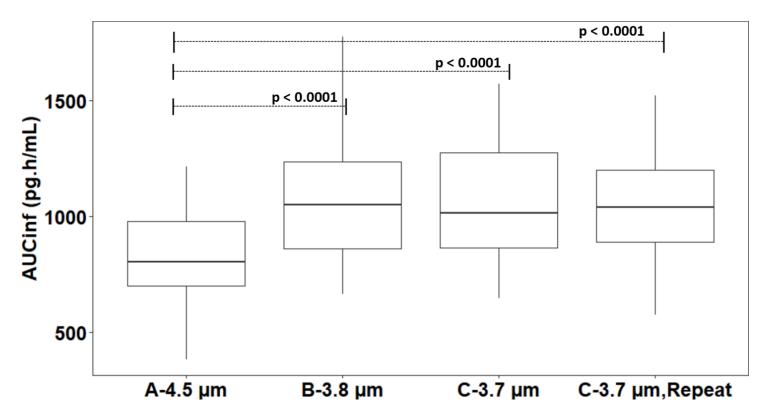












Research Conclusions



- Given the same qualitative and quantitative excipient (lactose) concentrations, differences in lactose fines which impacted the MMADs were able to alter *in vitro* performance parameters and *in vitro* dissolution results.
- These differences in performance characteristics were measurable within *in vivo* PK profiles (Cmax and AUC).

Microstructure of DPIs Using Orthogonal Analytical Approaches



- FY-17 contract # HHSF223201710116C
 - Awarded to University of Bath
- The objective of this project is to evaluate a range of orthogonal analytical techniques and utilize a combination of them to support the development and validation of methods in characterizing microstructures of an array of reference listed drug (RLD) dry powder inhaler (DPI) formulations.

Methods

- FDA
- <u>Product selection</u>: all products were commercially manufactured by the same pharmaceutical company
- <u>Aerosolized fraction collection</u> (impactor-sized mass, ISM):
 Unidose® aerosol collection system via USP inlet port at a fixed flow rate of 60 L/min for 4 seconds
- Morphologically Directed Raman Spectroscopy (MDRS): filter substrate with ISM from one actuation mounted on the sample stage of a Morphologi G3-ID®
- <u>In vitro dissolution</u>: modified USP Apparatus V, samples taken at 2.5, 5, 10, 15, 25, 30, 60, 120, 180, 240 min, ISM collected from equivalent 500mcg fluticasone

Results – Same DPI product, but different FP fractions



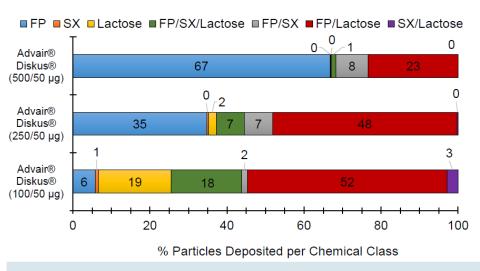


Figure 1: Particles deposited per chemical class (%) of the ISM of Advair® Diskus® (FP/SX; $100/50~\mu g$), Advair® Diskus® (FP/SX; $250/50~\mu g$), and Advair® Diskus® (FP/SX; $500/50~\mu g$). These are presented as mean \pm standard deviation (n=5).

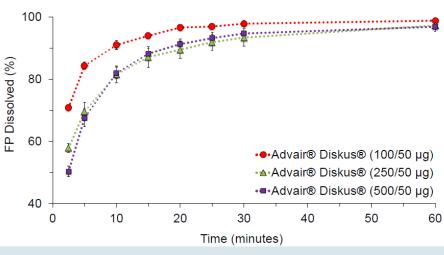


Figure 2: FP dissolved (%) from the ISM of Advair® Diskus® (100/50 μ g) as Red Circle, Advair® Diskus® (250/50 μ g) as Green Triangle, and Advair® Diskus® (500/50 μ g) as Purple Square. These are presented as mean \pm standard deviation (n=2).

Results – FP fractions across DPI products



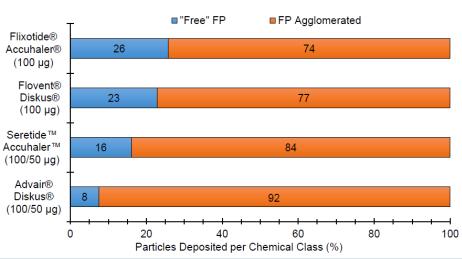


Figure 3: Particles deposited per chemical class (%) of the ISM of Advair® Diskus® (FP/SX; 100/50 μg), Flixotide® Accuhaler® (FP; 100 μg), Flovent® Diskus® (FP; 100 μg), and Seretide® Accuhaler® (FP/SX; 100/50 μg). These are presented as mean ± standard deviation (n=5).

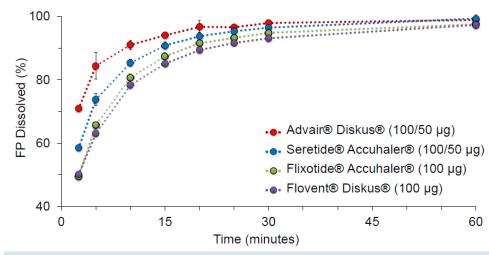


Figure 4: FP dissolved (%) from the ISM of Advair® Diskus® (100/50 μg), Flixotide® Accuhaler® (100 μg), Flovent® Diskus® (100 μg), and Seretide® Accuhaler® (100/50 μg). These are presented as mean ± standard deviation (n=2).

Results – FP in different DPI products



FP microstructure vs. FP dissolved – good correlation

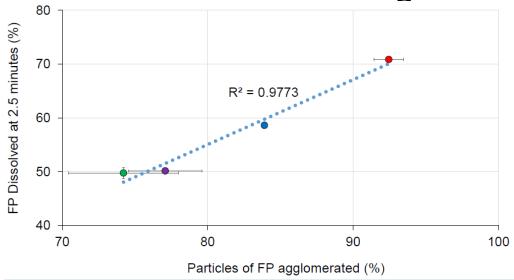


Figure 5: FP dissolved at 2.5 minutes (%) as a function of FP-lactose agglomerates (%) for Advair® Diskus® (100/50 μ g, red circle); Flixotide® Accuhaler® (100 μ g, green circle); Flovent® Diskus® (100 μ g, purple circle); and Seretide® Accuhaler® (100/50 μ g, blue circle).

Research Conclusions



- The collected aerosolized fraction of DPI products were analyzed using MDRS and found to have different microstructures, despite formulation similarities.
- This may help to explain differences in dissolution performance between products.
- MDRS has the potential to serve as a new analytical tool to provide information on formulation and/or microstructure differences between DPI products.

Conclusions



- Small changes in excipient concentrations can lead to changes in in vitro characteristics
- Modifying excipient grade even while retaining Q1/Q2 can lead to product performance changes, as reflected in both in vitro and in vivo characterizations
- Similar formulations can have differing microstructural (drug-drug and drug-excipient) interactions, which may lead to differences in performance characteristics and dissolution rates
- Understanding Q1/Q2 excipients for inhalation is critical, but we need to understand the interactions within OINDPs as well
- FDA GDUFA research will continue to explore excipient interactions for their impact on complex generic OINDPs

