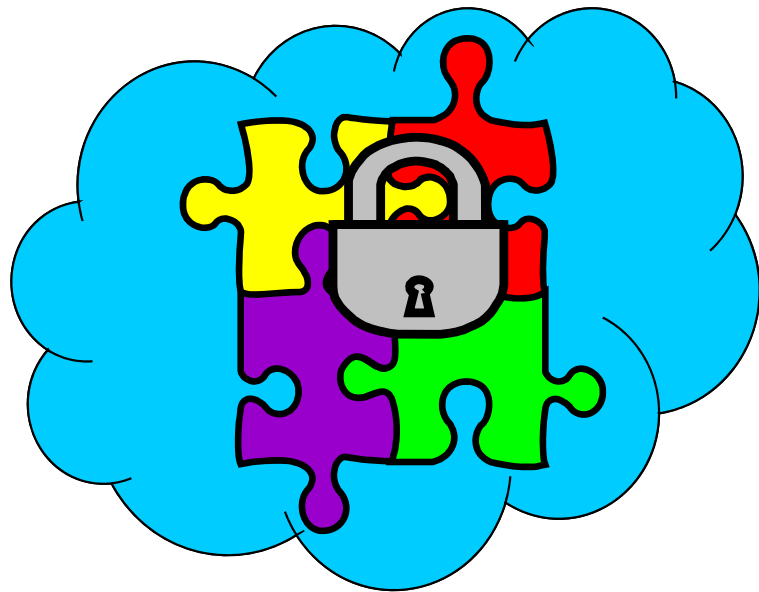


# Dissolution Testing and Isothermal Microcalorimetry in QbD



## Outline

- Quality by Design
- Product lifecycle
- Biowaivers
- **Process knowledge**
- **Predictive Model**
- Conclusions

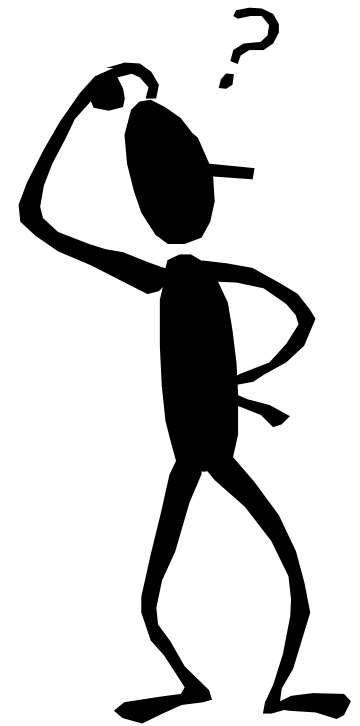
# Quality by Design

Product Quality Implementation Lifecycle Initiative (PQLI)

- **Quality by Design** is a systematic approach to development that begins with **predefined** objectives and emphasizes **product and process** understanding based on **sound science** and **quality risk management**.
  - ICH Q8 Pharmaceutical Development
  - ICH Q9 Quality Risk Management
  - ICH Q10 Quality Systems
  - FDA Pharmaceutical cGMPs for the 21st Century - A Risk-Based Approach. Final Report

# Design Space: ICH Q8

- **Multi-dimensional space** that encompasses combinations of **product design**, **manufacturing process design**, **manufacturing process parameters** and **raw material quality** that provide assurance of **suitable quality and performance**



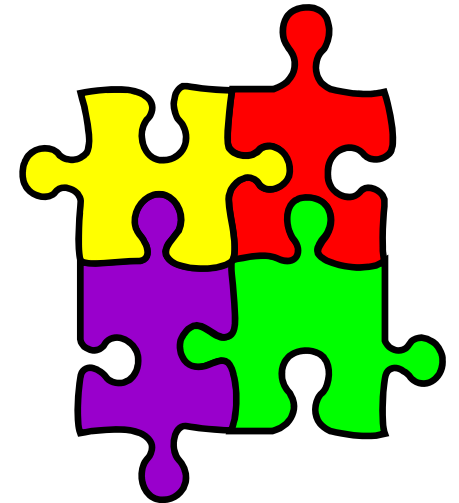
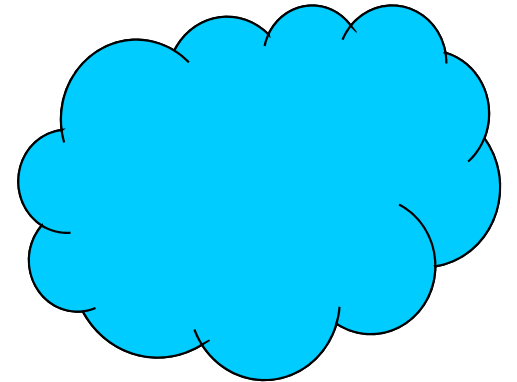
# Key Elements of QbD

- Define design space
  - Properties
- Risk assessment
  - Critical vs. Non-Critical Parameters
- Control strategy
  - Key raw material and excipient properties
  - Key processing parameters
    - Set points
    - Processing times
  - Process Analytical Technology (PAT)
  - Product testing requirements.



# Design Space (PQLI)

- Integration of prior **knowledge**
- Creation of a design space is to develop sufficient **process understanding** to describe the functional relationships between **Process Parameters** and **Critical Quality Attributes**.



# Design Space (PQLI)

- The functional relationships between **Process Parameters** and **CQAs** are best described with a **predictive model** based upon sound scientific principles, simulations, or **experimentation**.



# A Process is well understood when...

- All **critical sources of variability** are identified and explained;
- **Variability is managed by the process**; and,
- Product quality attributes can be accurately and **reliably predicted over the design space**
- An ability of **continuous improvements**
- **“Real Time”** assurance of quality

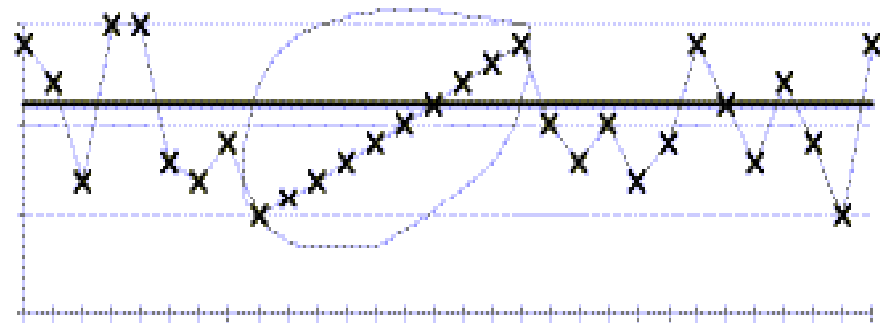
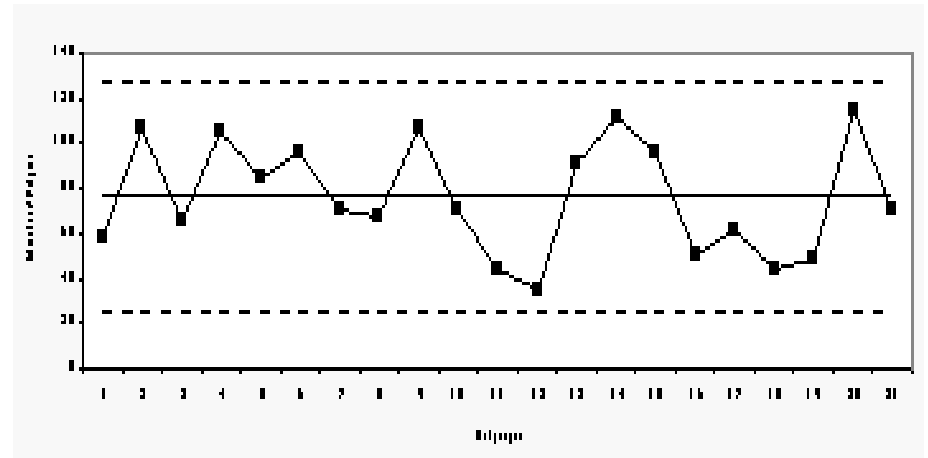


**CONTROL SPACE**



# Evaluating Variability

- Utilize Process capability analysis – reduce/control “common cause” variability
- Develop effective Corrective Action and Preventive Action will eliminate “special cause” variability



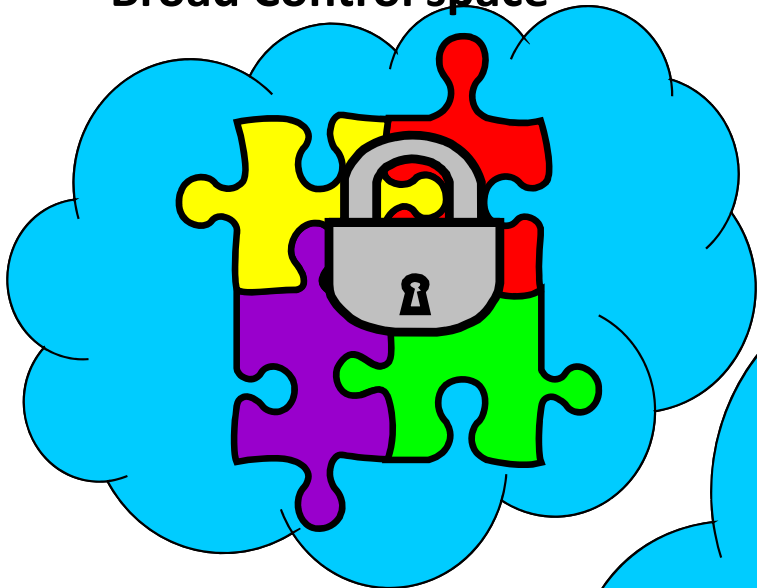


# Risk Assessment in QbD

- **Probability** – the likelihood of a consequence.
- **Severity** – the magnitude of the impact of a consequence.
- **Detectability** – the level or ability at which a consequence can be measured.
- **Sensitivity** – the attenuation of interactions between multivariate dimensions.

## Start of the project

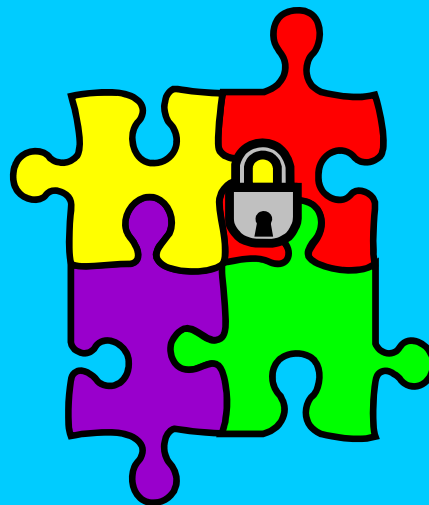
- Limited Knowledge
- Defined Designed space
- Broad Control space



# QbD & Lifecycle

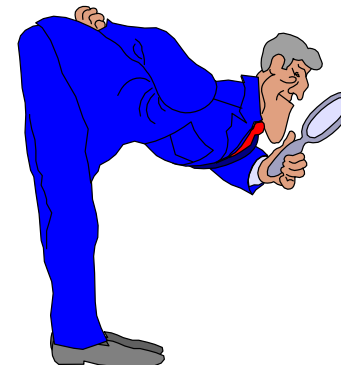
## End of the Lifecycle

- Large Knowledge
- Same Design Space
- Narrow Control space

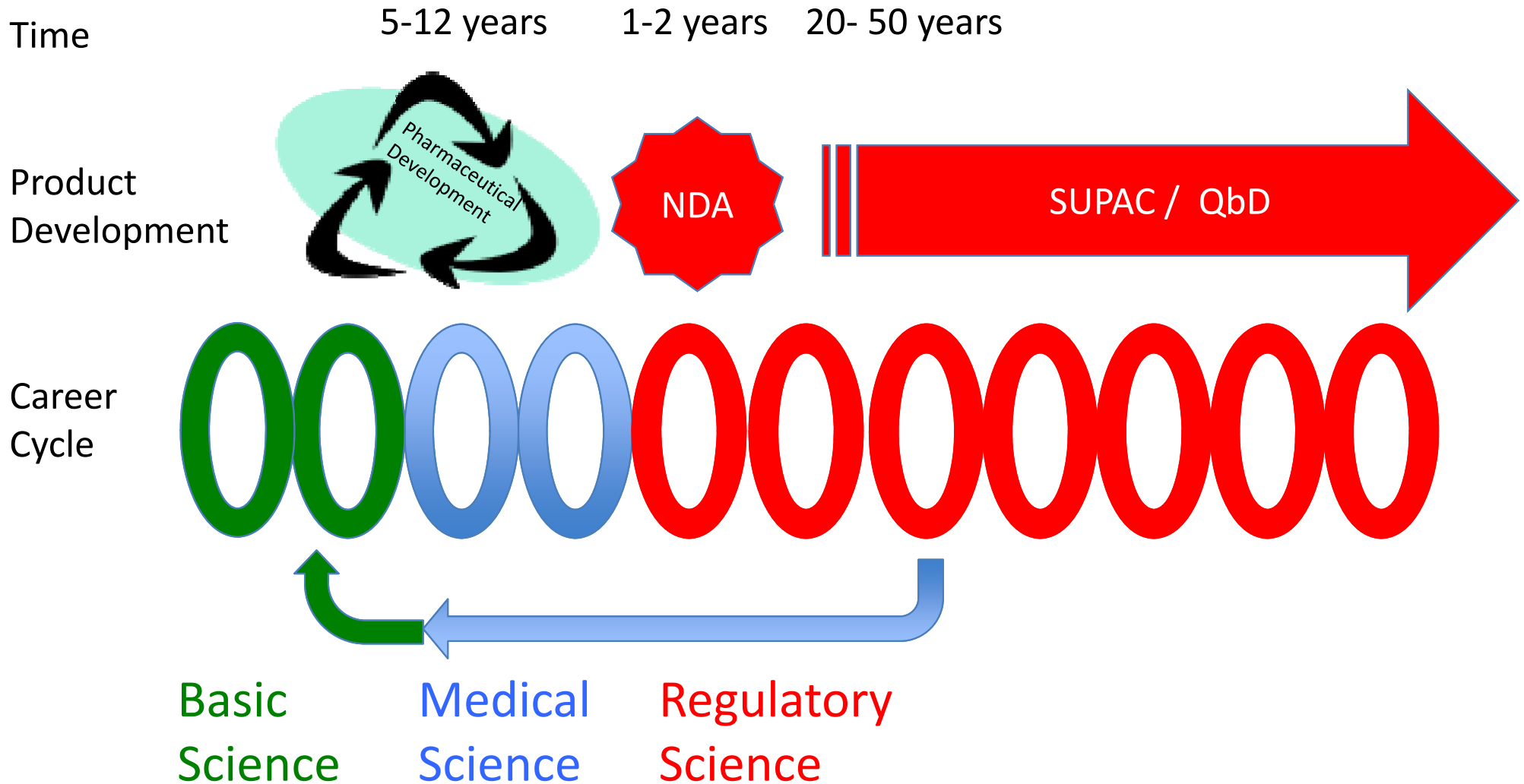


# The Six Things to Remember

- We know....
- We want to know...
- We learned .....
- We control .....
- We understand, agree & approve & revise
- We monitor and release!!!



# Product Lifecycle Challenge

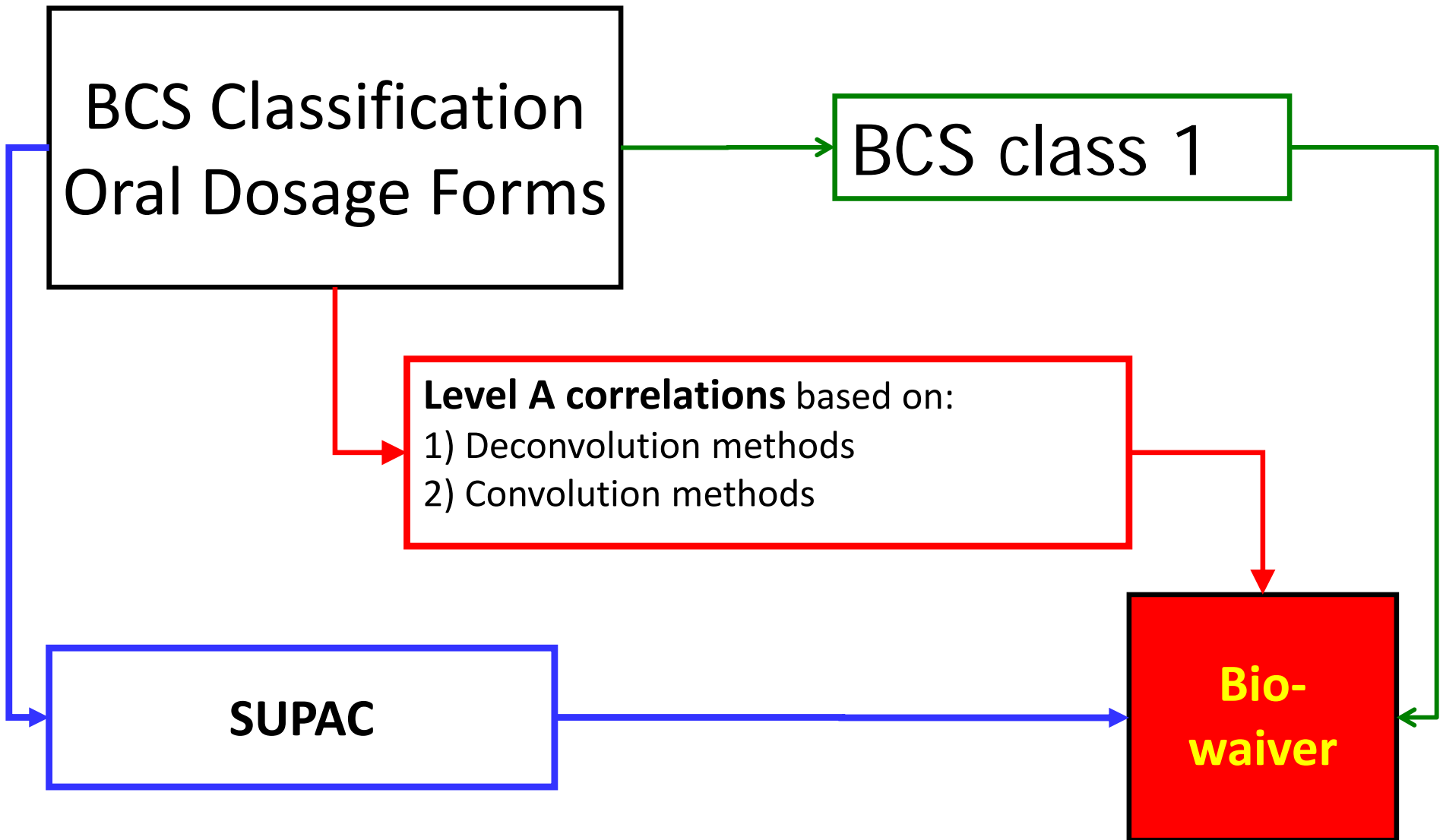


# Regulatory Lifecycle of a Product

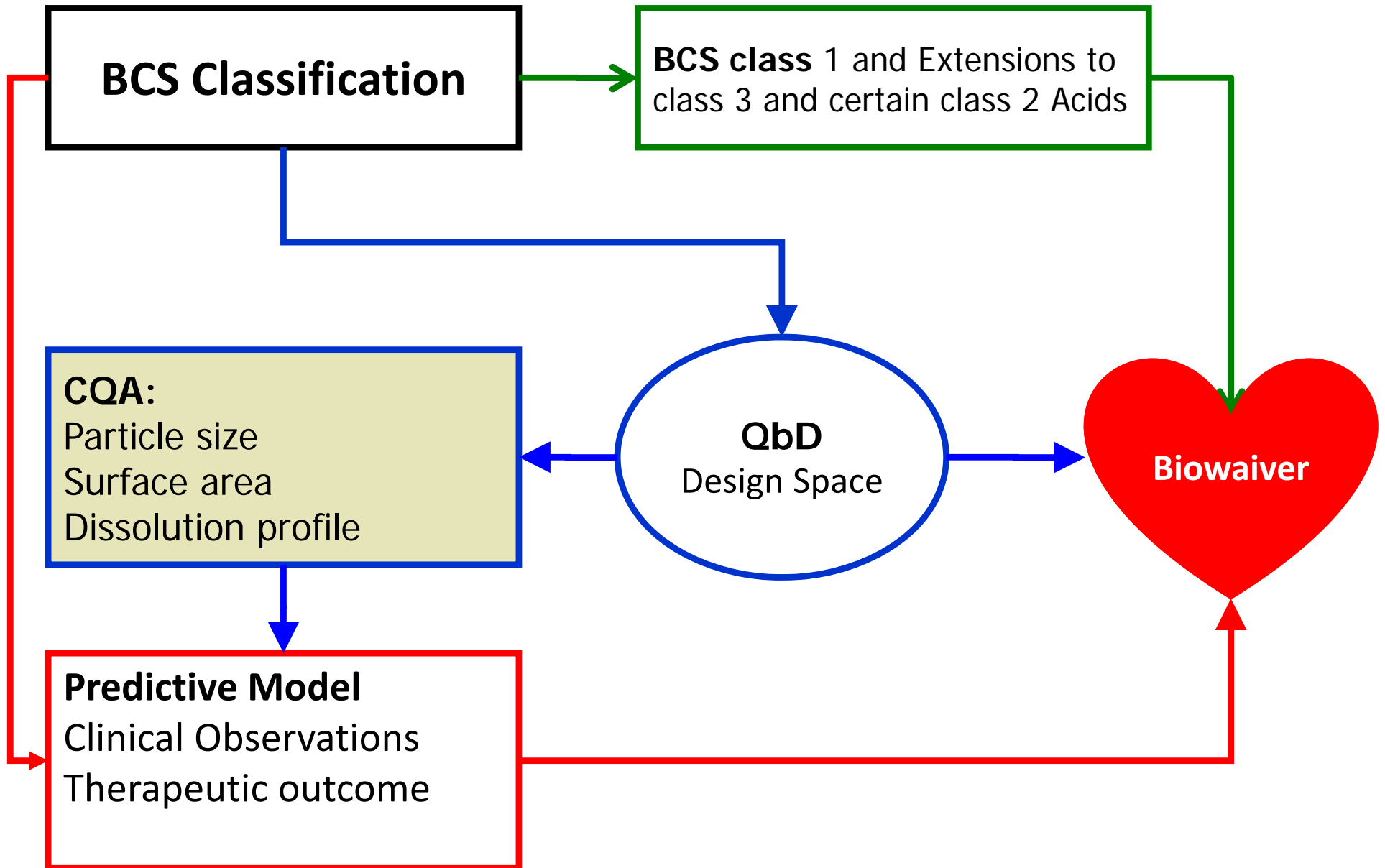
What do I have to do when a change is necessary?

- **SUPAC 1995**
  - ingredients, equipment – dissolution test as surrogate
  - Scale-Up and Postapproval Changes: Chemistry, Manufacturing, and Controls, In Vitro Dissolution Testing, and In Vivo Bioequivalence Documentation
- **IVIVC 1997 ER**
  - Modeling and dissolution as surrogate using a level A correlation
  - Extended Release Oral Dosage Forms: Development, Evaluation, and Application of In Vitro/In Vivo Correlations
- **Biowaiver 2000**
  - Drug classification as surrogate
  - Waiver of in vivo bio-equivalence studies for immediate release solid oral dosage forms containing certain active moieties/active ingredients based on a Biopharmaceutics Classification System”

# Biowaiver Today



# Biowaiver Tomorrow



# Example for an predictive model

## In vitro/in vivo Correlation

**USP:** *“the establishment of a **rational relationship** between a biological property, or a parameter derived from a biological property produced by a dosage form, and a physicochemical property of characteristic of the same dosage form” (USP 29)*

**FDA defines IVIVC as** *“A **predictive mathematical model** describing the **relationship** between an in vitro property of a dosage form (usually the rate and extent of drug dissolution or release) and a relevant in vivo response, e.g., plasma drug concentration or amount of drug absorbed” (FDA September 1997)*



# Deconvolution-based IVIVC methods

- These methods are **two-stage** modeling procedures
- In the first stage, a deconvolution method is used to estimate the time course of in-vivo absorption (**fraction absorbed  $f_{abs}$  vs. time  $t$** ).
- In the second stage, the in-vivo absorption (or release) time profile obtained in this first stage is plotted vs. the time course of the **in-vitro dissolution profile**.
- Usually a point-to-point relationship is established between the in-vivo and in-vitro parameters of the same time point (e.g., **in-vivo fraction absorbed  $f_{abs}$  vs in-vitro fraction dissolved  $f_{dis}$** );
- Linear or sigmoidal curves

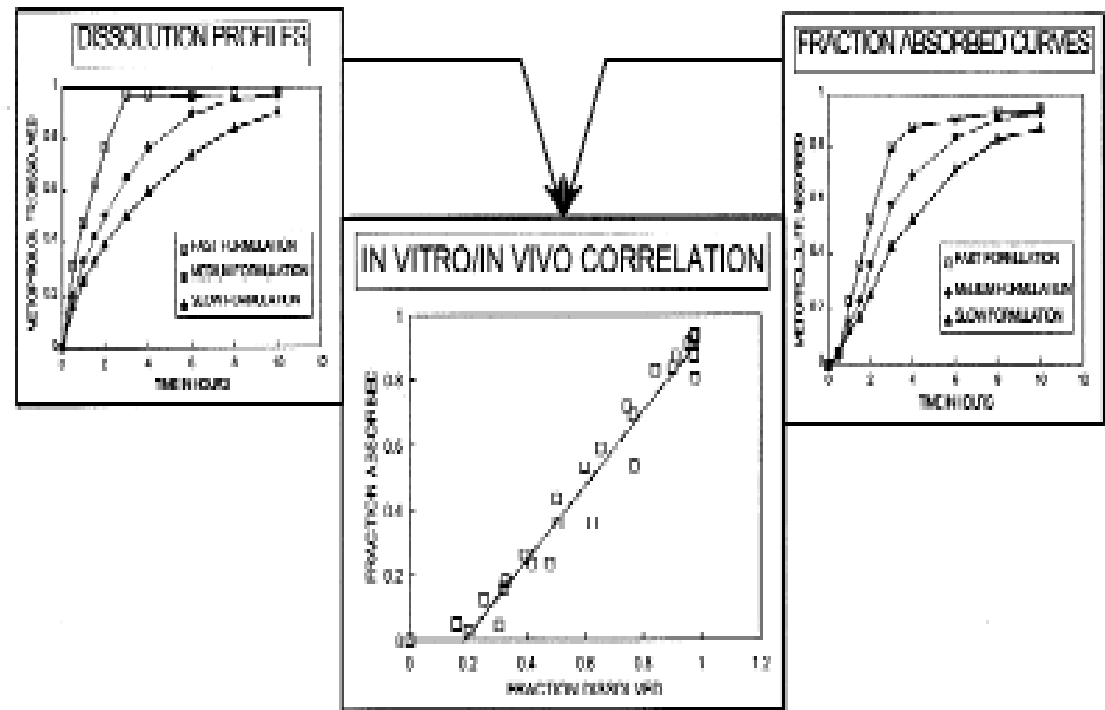


Fig. 2. Development of in vivo/in vitro correlation.

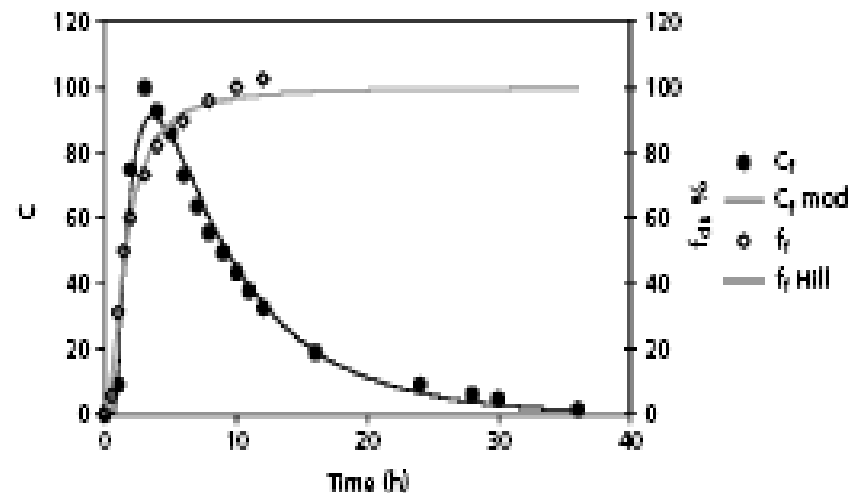
*Journal of Controlled Release 72 (2001) 127–132*  
*Regulatory perspectives on in vitro (dissolution) /*  
*in vivo (bioavailability) correlations*  
*Venkata Ramana S. Uppoor*

# Convolution-based IVIVC methods

- Convolution-based IVIVC methods are **one-stage** modeling approaches, and they directly relate the **time course** of the **in-vivo measured plasma concentration** to the time profile of the **in-vitro dissolution**.
- integral or differential equations

$$C(t) = r(t) * C_0(t) = \int_0^t C_0(t - \tau)r(\tau)d\tau$$

*Gillespie 1997; Modi et al 2000; Veng-Pedersen et al 2000; Balan et al 2001; O'Hara et al 2001; Pitsiu et al 2001; Gomeni et al 2002*



# GastroPlus Software

- Physicochemical Data as Input
- Dissolution Data as Input
- Permeability

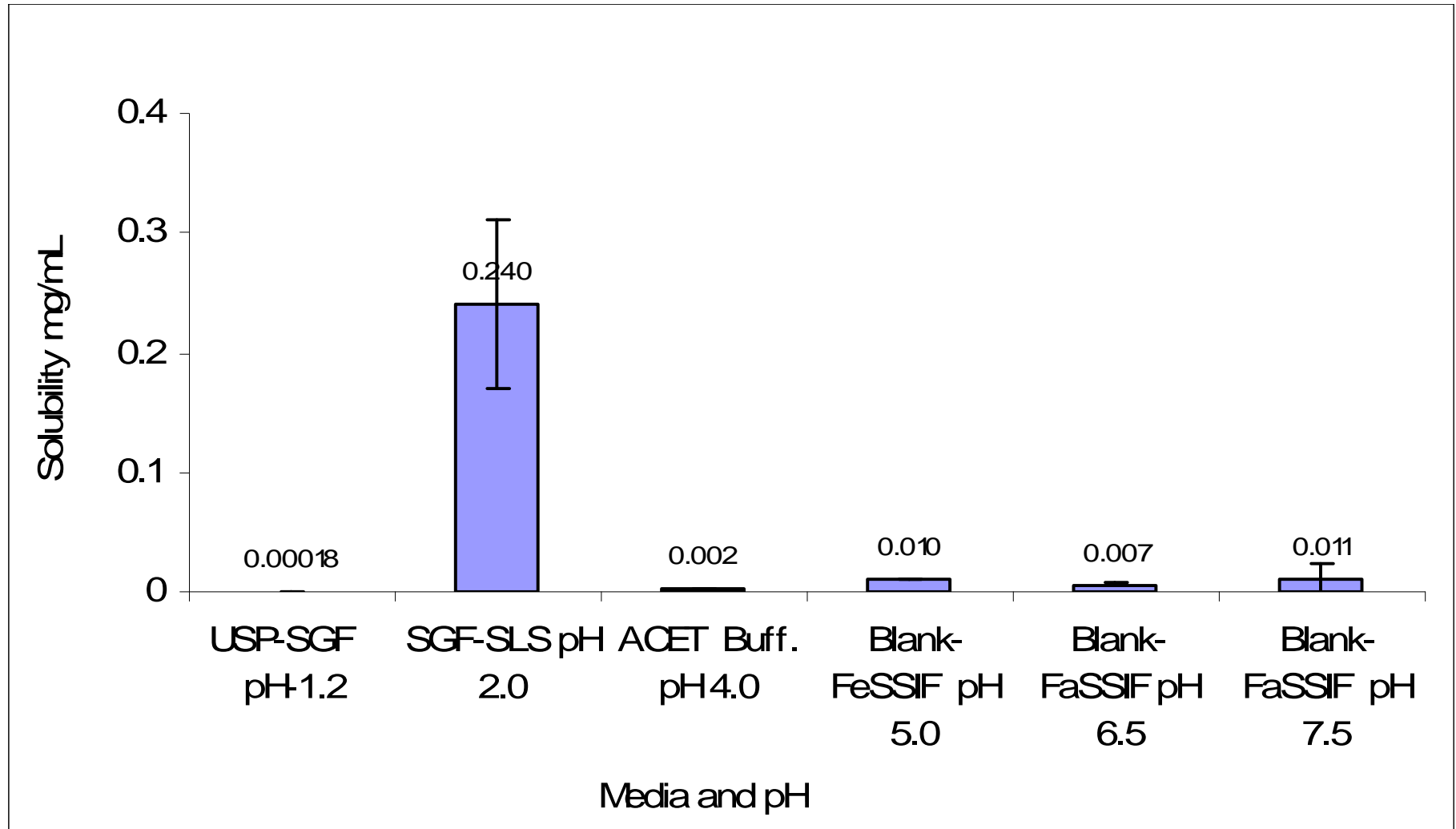
The screenshot displays the GastroPlus software interface for a simulation. The window title is "GastroPlus(TM): ~simulations\glyburide2COMP.mdb". The menu bar includes File, Edit, Database, Simulation Setup, Controlled Release, Modules (Optional), and Help. The main interface is divided into several sections:

- Compound Section:** Shows the "Selected Compound" as "Eu mean" with a current value of 1 and a total of 32. It displays three chemical structures: a benzamide derivative, a carbamate derivative, and a chlorophenyl ether derivative. Below the structures, the Molecular Formula is C<sub>23</sub>H<sub>28</sub>N<sub>3</sub>O<sub>5</sub>SCl, Molecular Weight is 493.5 g/mol, and Reference logD is 3.57 @pH 2. A red circle highlights the "pKa Table", "Enzyme Table", and "Transporter Table" buttons.
- Physiology Section:** Lists parameters such as Small Intestine Transit Time (h) = 3.3, Average Intestinal Absorption Time (h) = 0.476, and Longest Dissolution Time (h) at pH 1.0, 4.5, or 6.8 is @ pH 1.0 = 5.022 hours. It also shows approximate maximum absorbable doses.
- Pharmacokinetics Section:** Includes a dosage form dropdown set to "CR: Dispersed" (circled in purple), Initial Dose (mg) = 3.5, Subsequent Doses (mg) = 0, Dosing Interval (h) = 0, and Dose volume (mL) = 250. A red circle highlights the "pH for Reference Solubility" (7.5), Solubility (mg/mL @pH=7.5) (9), and Mean Precipitation time (s) (5) fields.
- Simulation Section:** Shows "Effective Permeability" (circled in green) with Source: Human and Permeability (cm/s x 10<sup>4</sup>) = 3.5. It includes a "Convert from User Data" button and a calculated "Simulation Peff x10<sup>4</sup> = 3.5".
- Results Section:** Displays three key metrics in colored boxes: "Dose No. = 0.2481" (green), "Absorption No. = 6.93" (green), and "Dissolution No. = 0.657" (red).

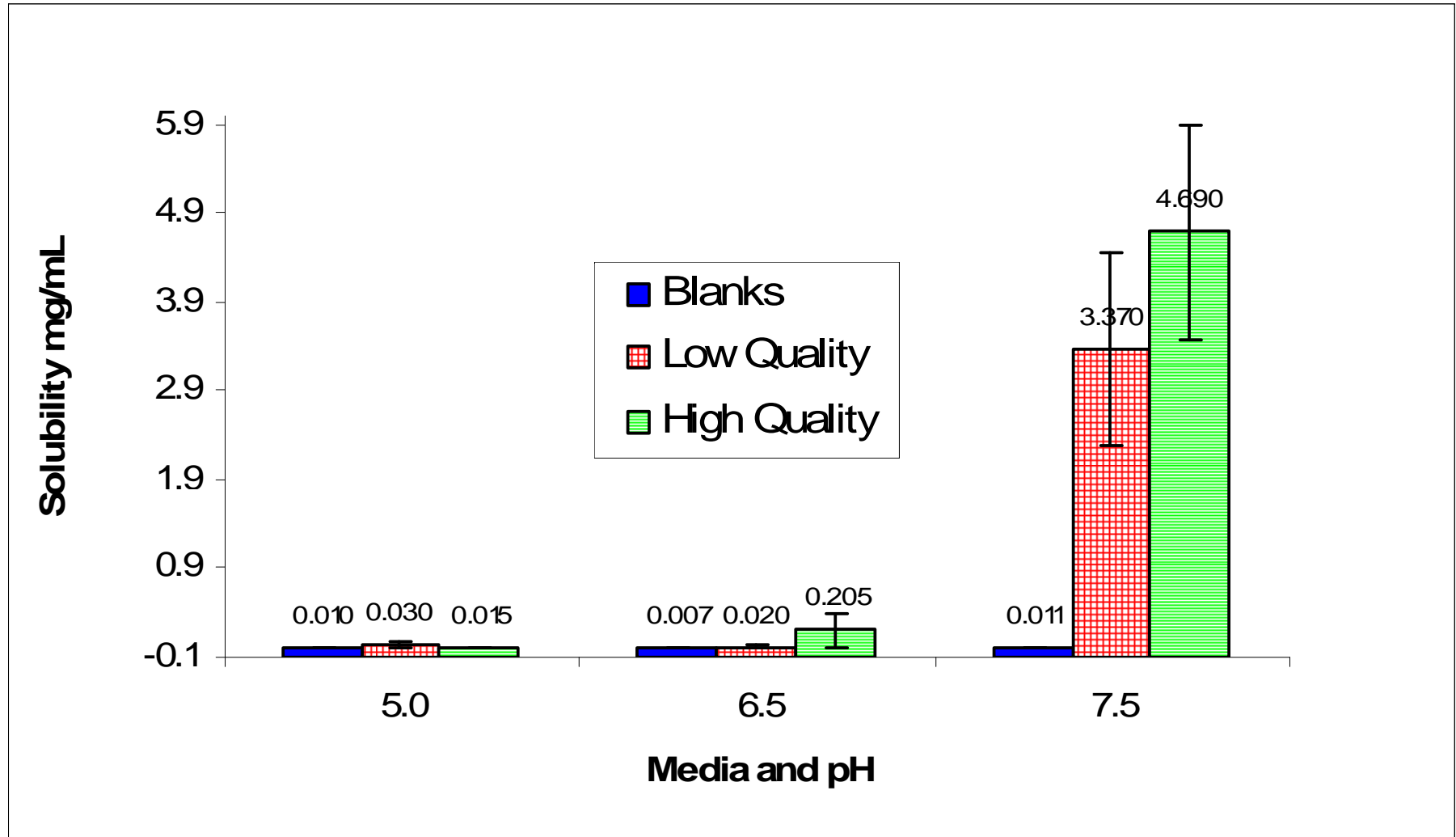
# Dynamic Dissolution of a Lipophilic Drug

- pKa = 2.8 and 5.7 Basic and Acetic
- logP = 7.01, highly lipophilic
- >99% bound to plasma proteins
- Oral bioavailability variable 58-70%  
(Cheng, et al 1996)

# Solubility in Blank Buffers



# Solubility in Biorelevant media.

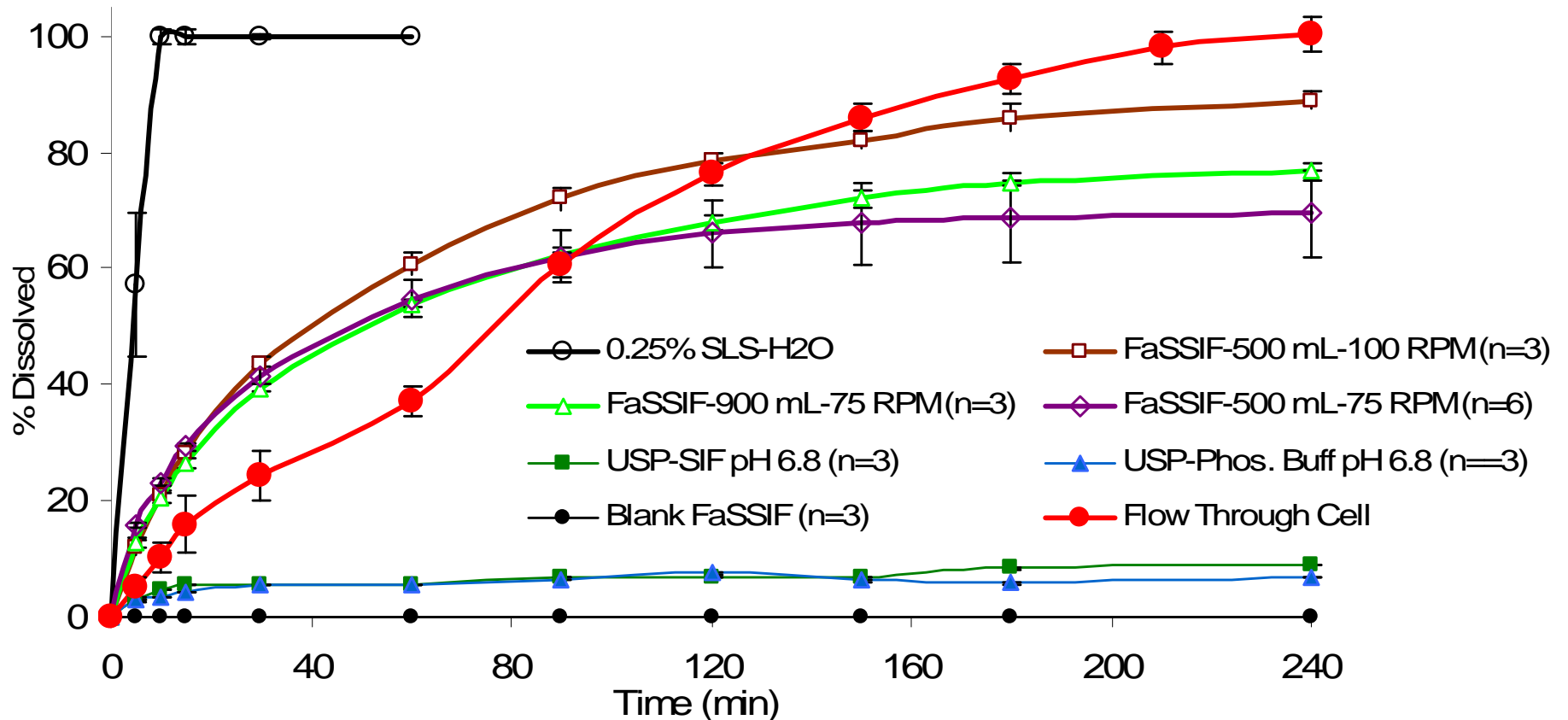


# Dose/Solubility Ratio

			Dose (mg)	
			4	10
	pH	Solubility (mg/mL)	Dose/solubility ratio	
<b>SGF (without enzymes)</b>	<b>1.2</b>	<b>0.00018</b>	<b>27777.8</b>	<b>55555.6</b>
<b>SGF-0.25% SLS</b>	<b>2.0</b>	<b>0.240</b>	<b>16.7</b>	<b>41.7</b>
<b>Acetate Buffer</b>	<b>4.1</b>	<b>0.002</b>	<b>2500.0</b>	<b>5000.0</b>
<b>LQ-FeSSIF</b>	<b>5.0</b>	<b>0.030</b>	<b>133.3</b>	<b>333.3</b>
<b>HQ-FeSSIF</b>	<b>5.0</b>	<b>0.015</b>	<b>266.7</b>	<b>666.7</b>
<b>LQ-FaSSIF</b>	<b>6.5</b>	<b>0.020</b>	<b>200.0</b>	<b>500.0</b>
<b>HQ-FaSSIF</b>	<b>6.5</b>	<b>0.205</b>	<b>19.5</b>	<b>48.8</b>
<b>LQ-FaSSIF</b>	<b>7.5</b>	<b>3.370</b>	<b>1.2</b>	<b>3.0</b>
<b>HQ-FaSSIF</b>	<b>7.5</b>	<b>4.690</b>	<b>0.9</b>	<b>2.1</b>

According to BCS, this drug is a poorly soluble drug

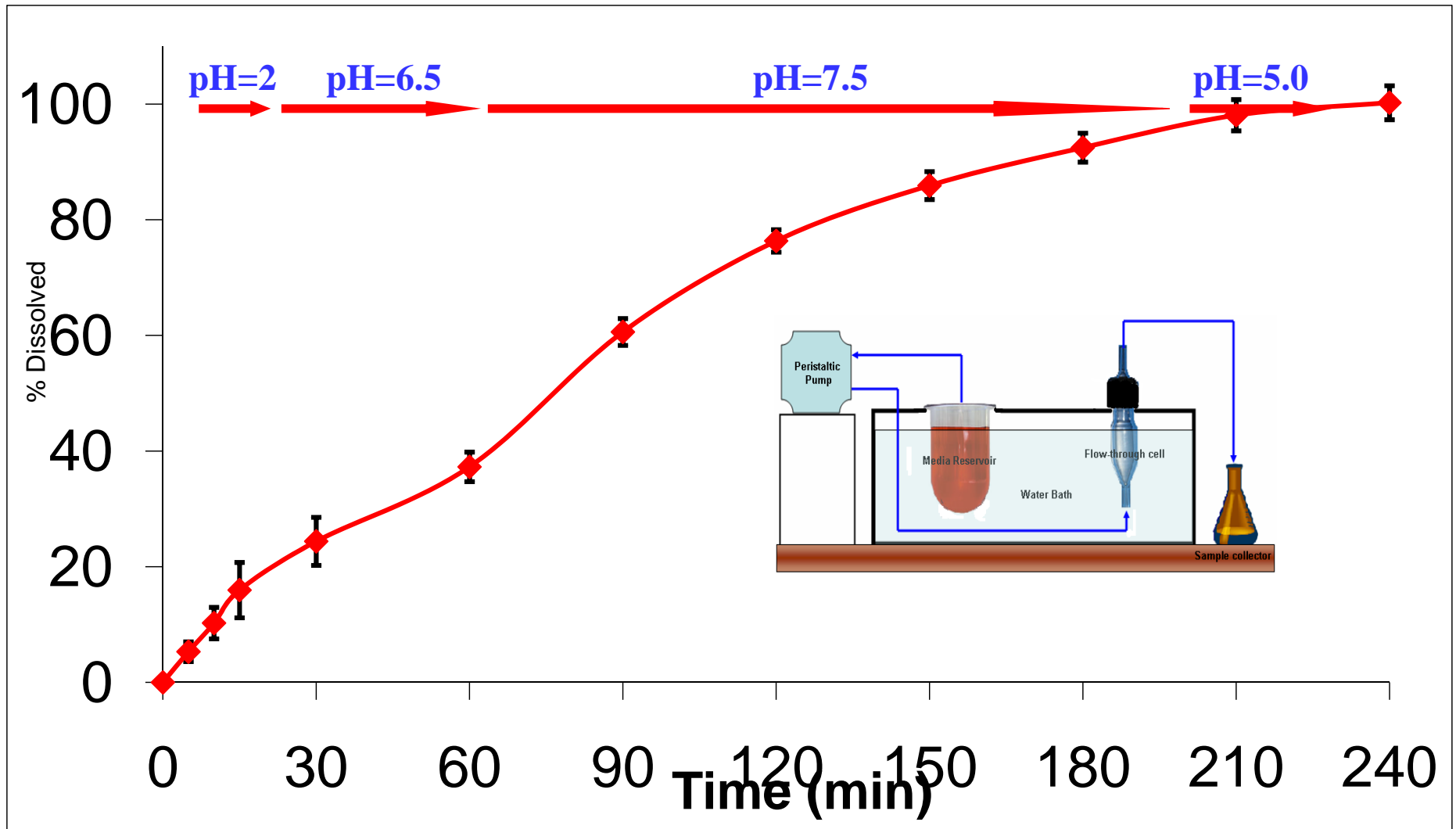
# Dissolution Profiles



1. Fast and complete dissolution in 10 min H<sub>2</sub>O-0.25% SLS.
2. Incomplete dissolution in biorelevant media (89, 77 and 69%) in FaSSIF 500-100 RPM, FaSSIF-900 & FaSSIF-500-75 RPM
3. SIF and Phosphate buffer <10%, and insignificant in blank FaSSIF
4. Insignificant difference between 500 and 900 mL at 75 RPM

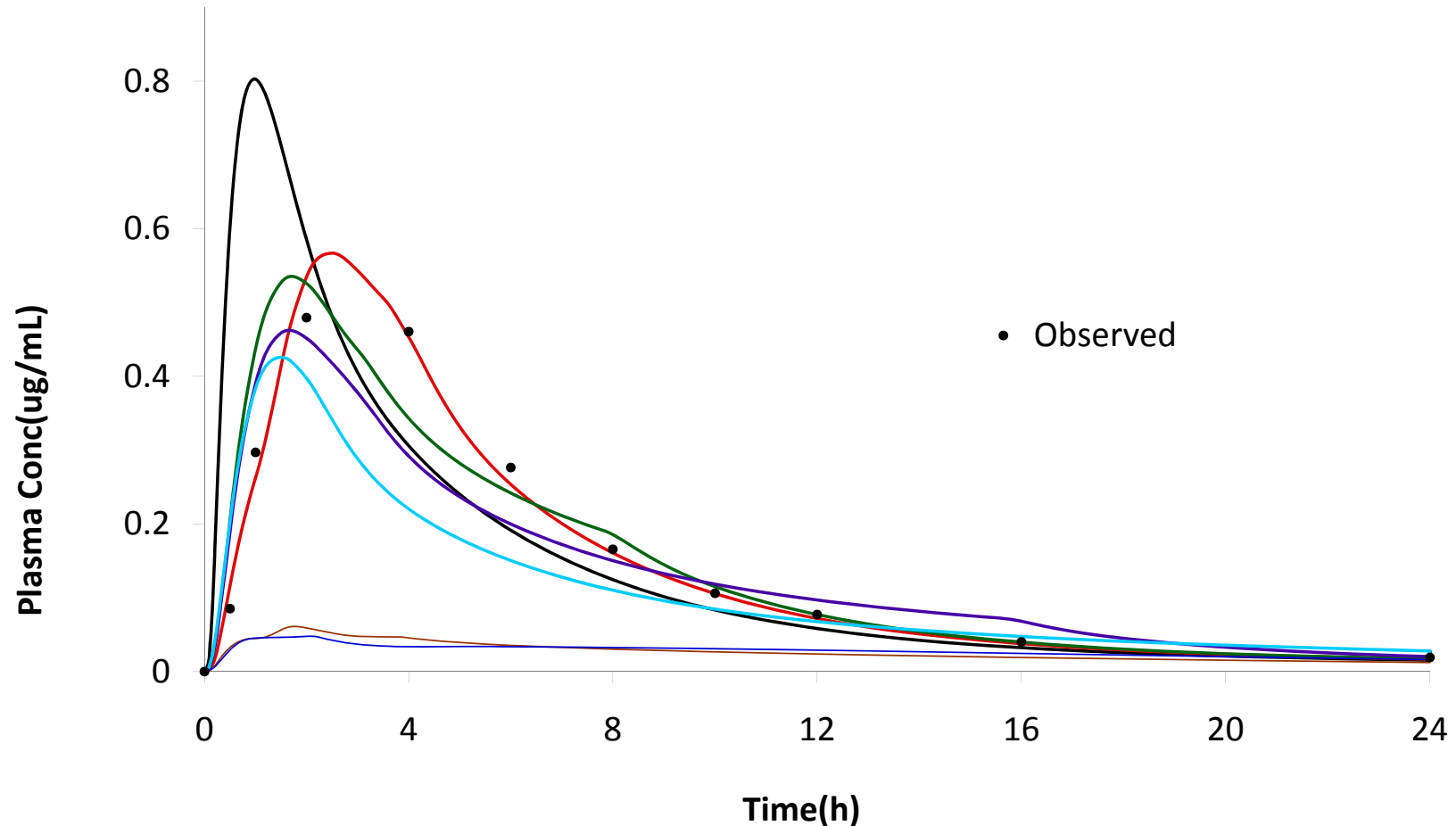


# Dynamic Dissolution



Dissolution rate relatively fast in **SGF-SLS**, **slows** down at **pH 6.5**, then increases when **pH** is Changed to **7.5**

# Simulations Results



1. **AUC** from Flow through, FaSSIF-500 mL-100 RPM, FaSSIF-900 ml, 75 RPM and H<sub>2</sub>O-0.25% SLS are **not significantly different** from observed mean value ( $p > 0.05$ )
2. **C<sub>max</sub>** from **H<sub>2</sub>O-0.25% SLS** is **significantly different** from observed mean value ( $p < 0.05$ )

# Prediction error statistics

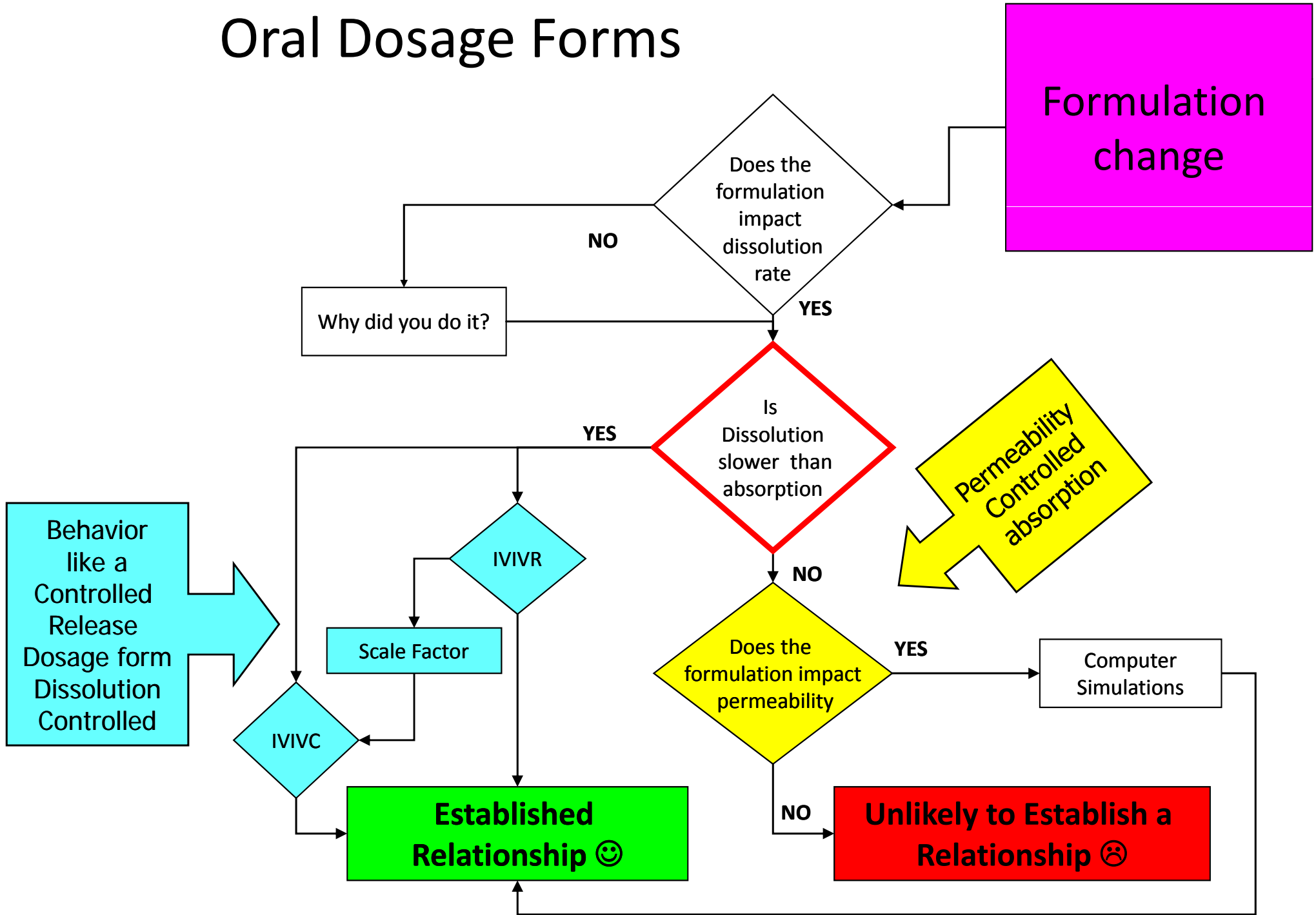
Observed values	$AUC=3.552 \mu\text{g.h/mL}$		$C_{max}=0.4796 \mu\text{g/mL}$	
	Predicted Values		AUC	$C_{max}$
Media	AUC ( $\mu\text{g.h/mL}$ )	$C_{max}$ ( $\mu\text{g/mL}$ )	%PE	%PE
Flow through cells	3.52	0.567	1.0 <sup>+</sup>	18.2*
FaSSIF-500 mL-100 RPM	3.49	0.535	1.7 <sup>+</sup>	11.6*
FaSSIF-900 mL-75 RPM	3.31	0.462	6.9 <sup>+</sup>	3.6 <sup>+</sup>
FaSSIF-500 mL-75 RPM	2.68	0.426	24.5 <sup>+</sup>	11.2 <sup>+</sup>
USP-SIF	0.64	0.061	81.9 <sup>+</sup>	87.3 <sup>+</sup>
H2O-0.25% SLS	3.54	0.803	0.4*	67.4 <sup>+</sup>
Flow thru-No FPE	5.67	0.913	59.6*	90.3*

\*means %Higher, and + means %Lower than mean observed value

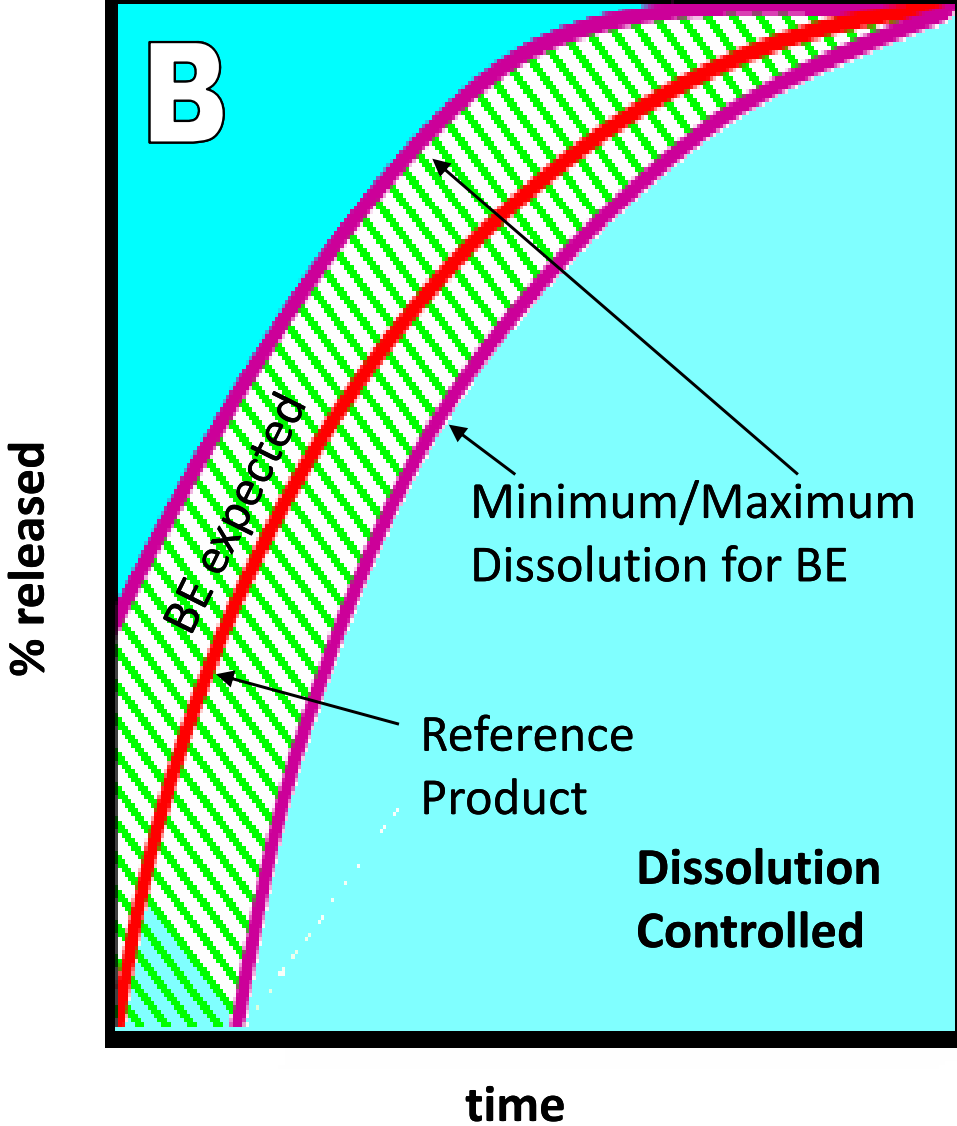
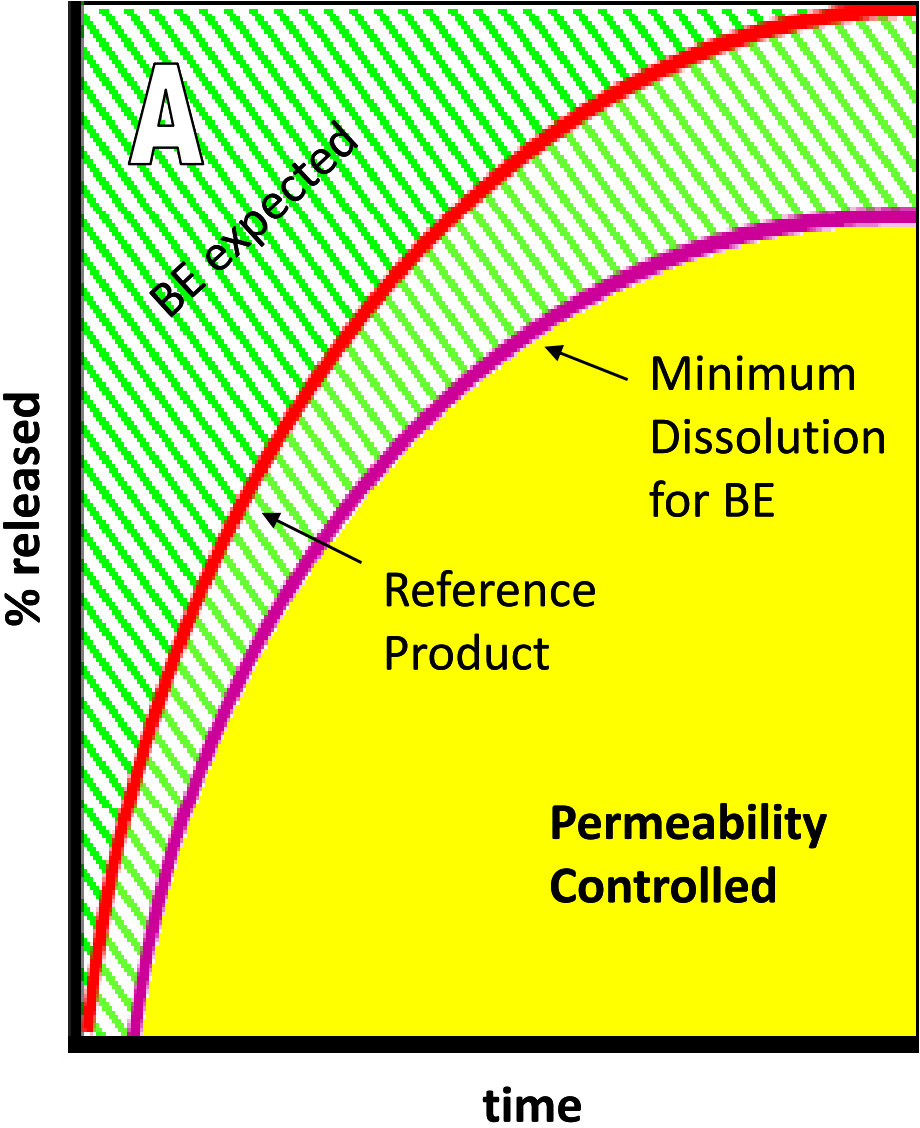
# Example Conclusions

- Simulations showed that the drug is **completely absorbed** and **throughout the GIT**.
- Its **bioavailability** appears to be **dissolution rate controlled**.
- **Level A IVIVC** can best be established using the **flow through cell** dissolution
- The drug appears to be a BCS class 2 drug.

# Oral Dosage Forms



# Dissolution Requirements



# Conclusions

- The BCS has **changed the way we look at drugs and the drug development process**
- The BCS is the **mechanistic foundation** for Biowaivers
- BCS is a **risk management tool**
- BCS allows us to ask the **right questions** to find the **solutions** in drug development
- **Software** can assist to estimate critical formulations variables
- Fewer **in vivo** studies
- QbD is a product specific **extension of SUPAC**
- **Need to educate students in QbD**

# Acknowledgements

- Faculty of Pharmacy University of Alberta
  - SimulationsPlus
  - NSERC
  - Merck Frosst
  - USP
- 
- Dr. M. Di Maso
  - Arthur Okumo