

# ***Mechanistic Understanding of Subject-by-Formulation Interactions***

---

**Lawrence J. Lesko, Ph.D.  
Office of Clinical Pharmacology and  
Biopharmaceutics  
CDER/FDA**

**Advisory Committee for Pharmaceutical Science  
September 23-24, 1999  
Rockville, Maryland**

## ***Outline***

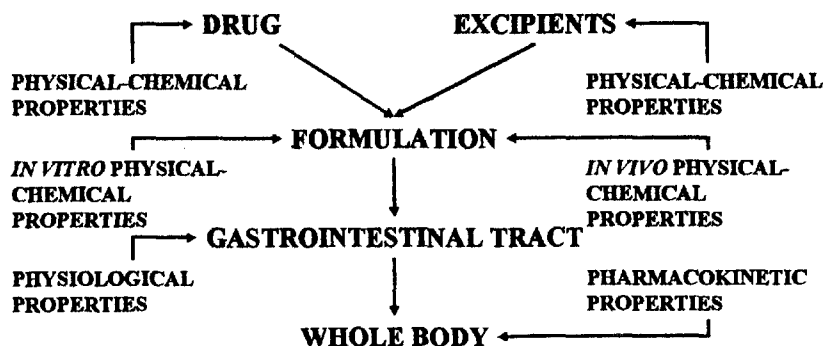
- 
- **Mechanistic Definition**
  - **General Paradigm**
  - **Case Study**
  - **Analysis**
  - **Conclusions**

354751e<sup>1</sup>

## *Mechanistic Definition of SxF*

- When the *in vivo* dissolution of a formulation, and absorption of its drug, display sensitivity to physiological variables in the GIT *within the range* found in healthy and/or patient volunteers, and/or
- When the excipients in a formulation influence physiological variables, or the physical-chemical properties of a formulation and/or its drug, in the GIT

## *General Paradigm*



## ***Risk Factors: Drug Properties***

- **SxF Unlikely**
  - HS/HP (BCS I Class)
  - rapid intrinsic dissolution
  - site- and transit time-independent absorption
  - no physical or chemical incompatibilities
  - achiral
  - uncomplicated PK
  - no regional pharmacological effects
- **SxF Likely**
  - LS/LP (IV), LS/HP (II) and HS/LP (III)
  - slow intrinsic dissolution
  - site- and transit time-dependent absorption
  - physical or chemical incompatibilities
  - complicated PK
  - pharmacological effects on GIT

## ***Risk Factors: Excipient Properties***

- **Unlikely**
  - no effects on GIT pH
  - no effects on permeability
  - no effects on transit time
  - no physical or chemical interactions
  - no effects on presystemic CYP 3A4 metabolism
  - no effects on PGP and other transport processes
- **Likely**
  - alters local GIT pH
  - promotes permeability
  - pharmacological effect on GIT motility
  - physical or chemical interactions
  - inhibits presystemic CYP 3A4 metabolism
  - reduces PGP and other efflux systems

## ***Risk Factors: Formulation Properties***

- **Unlikely**
  - pharmaceutical equivalents
  - simple formulations
    - solutions
    - solid, oral IR
  - low excipient/drug ratio
  - uncomplicated manufacturing
  - rapid and pH-independent dissolution
- **Likely**
  - not pharmaceutical equivalent
  - complex formulations
    - transdermal
    - MR
  - high excipient/drug ratio
  - complicated manufacturing
  - slow and pH-dependent dissolution

## ***Risk Factors: GIT Properties of Subjects***

- **Physiological Variables**
  - pH gradient
  - gastric emptying time
  - SITT
  - colonic residence time
  - intestinal permeability gradient
  - activity and capacity of enterocyte CYP 3A4
  - activity and capacity of intestinal transport processes
- **Physiological Range**
  - genetic or environmental control
  - gender
  - age
  - race
  - disease states
  - diet
  - co-administered drugs

## *Case Method Approach*

---

- **Stepwise analysis of actual examples of SxF**
  - **determine risk factors of drug, excipients, formulation and subjects**
  - **obtain insight into mechanism**
- **When multiple risk factors are present at the same time, a SxF is most likely to occur**

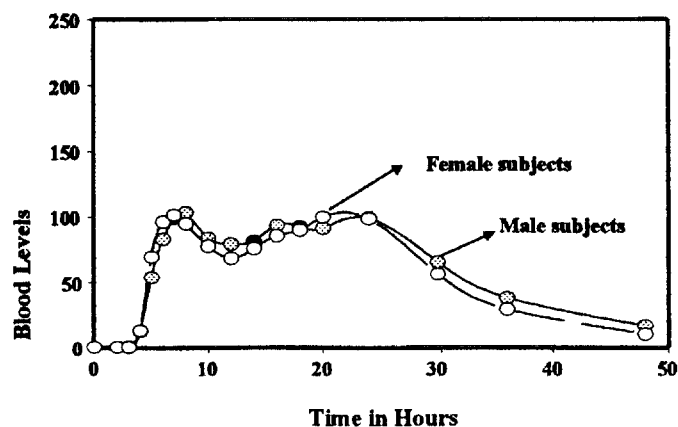
---

### **CASE STUDY: CALCIUM-CHANNEL BLOCKER (DRUG X)**

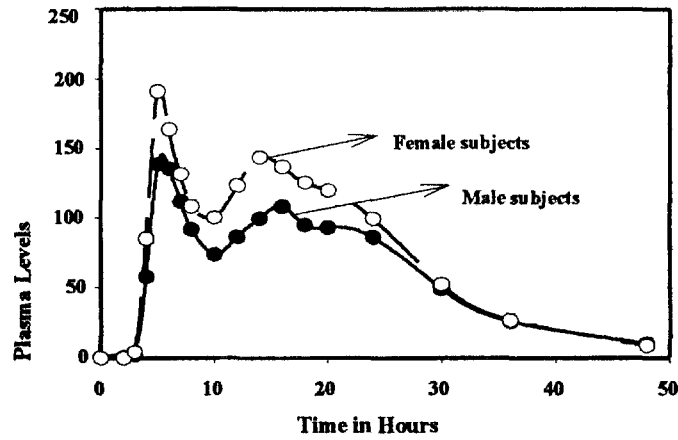
## *Clinical Study Summary*

- Two-way crossover, non-replicated, single dose, fasting BE study
- Healthy, young males (n = 12) and females (n = 13)
- Oral capsules
- Plasma levels of parent (P) and metabolite (M)
- Standard ANOVA analysis of [S(G) x F]

## *PK Data for Parent: Product A*



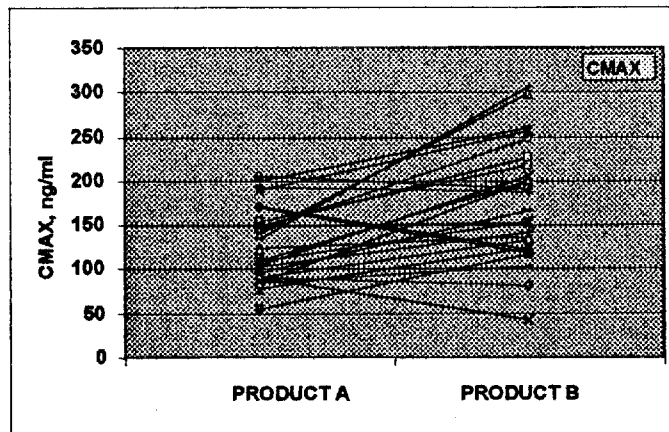
## PK Data for Parent: Product B



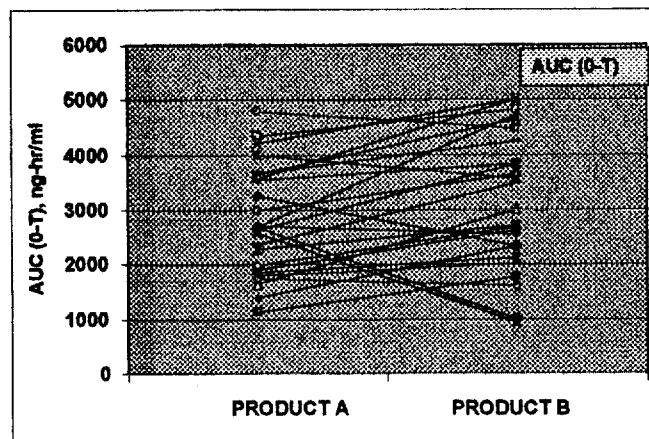
## BE Data

	Mean Cmax (%CV)	Mean AUC (%CV)
<b>Males</b>		
Product A	129 ng/ml	3102 ngxh/ml
Product B	147	2953
Overall % CV	32.1	34.5
A/B Ratio	0.92	1.11
<b>Females</b>		
Product A	129 ng/ml	2785 ngxh/ml
Product B	201	3549
Overall % CV	19.8	14.4
A/B Ratio	0.62	0.77

## *Stick Plot: All Subjects*



## *Stick Plot: All Subjects*





## *Step-Wise Analysis*

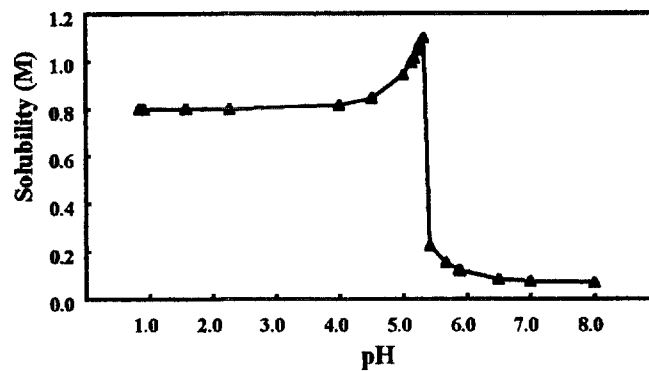
---

- **Risk Factors**

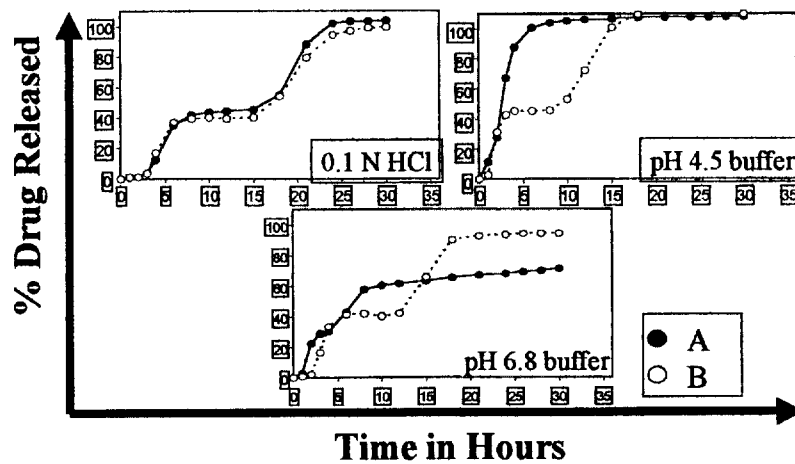
- “Class II” (LS/HP) drug
- pH- sensitive excipients
- complex formulation (ER)
- overlapping CYP 3A4/PGP substrate
- significant, saturable first pass effect
- $F < 50\%$
- female and male subjects

## *Drug Solubility*

---



## *Formulation Dissolution*



## *Role of Excipients*

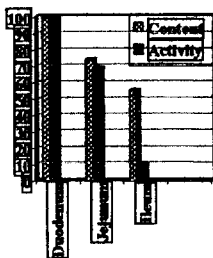
- Rate-limiting step in absorption is *in vivo* dissolution
- Control release rate
- Different mechanisms for each Product
- Excipient effects in Product A  
pH-sensitive

## *Contributions of Subjects*

- **Gender differences between males and females?**
  - **focus on physiological variables**
    - under genetic and/or environmental control
    - subpopulation differences in distribution
    - gastric/intestinal transit times, membrane permeability, luminal pH, mucosal blood flow
    - intestinal metabolism by CYP 3A4
    - enterocyte PGP transport

## *Intestinal CYP 3A4*

- **Large intersubject variability in substrate clearances**
- **Intrasubject < intersubject (30X) variability**
  - influence of genetic factors > environmental factors
- **Content and expression is site-dependent, saturable**



- **Gender differences**
  - oral clearance < F
  - FPE < F
  - BA > F
  - less CYP 3A4 or homeostatic mechanism?

## *Intestinal PGP*

---

- **More limited data, particularly, gender differences**
  - increasing gradient in content/activity from proximal segment to distal segment of gut
  - saturable
  - dose-dependent effective permeability
  - activity in M > F

## *Mechanistic Hypothesis*

---

- **SxF with Product B**
  - slower dissolution at pH 4.5
  - faster & more complete dissolution at pH 6.8
  - larger fraction of dose released in ileum
    - lower CYP 3A4 content & activity
      - readily saturable
    - gender differences in PGP efflux (F < M)
  - greater absorption, higher C<sub>max</sub> & AUC
    - [concentration x residence time]

## *Supportive Evidence*

---

- **[M/P] AUC ratio for Product B**
  - 10/13 F had lower ratio
  - 2/12 M had lower ratio
- **Similar SxF observed in multiple dose BE study**
  - higher AUC & Cmax for Product B in F
- **Literature**
  - lower oral clearance of CYP 3A4 substrates in F

## *Conclusions*

---

- **Need to collect more data to understand the mechanistic basis of SxF**
- **Additional experience with replicate BE study designs in subject subgroups will provide data sets relevant to SxF**
- **Stepwise analysis of drug, excipient, formulation and subject factors will lead to better understanding of SxF**

## *Acknowledgements*

---

**Ajaz Hussain, Ph.D.**

**Mei-Ling Chen, Ph.D.**

**Rabi Patnaik, Ph.D.**