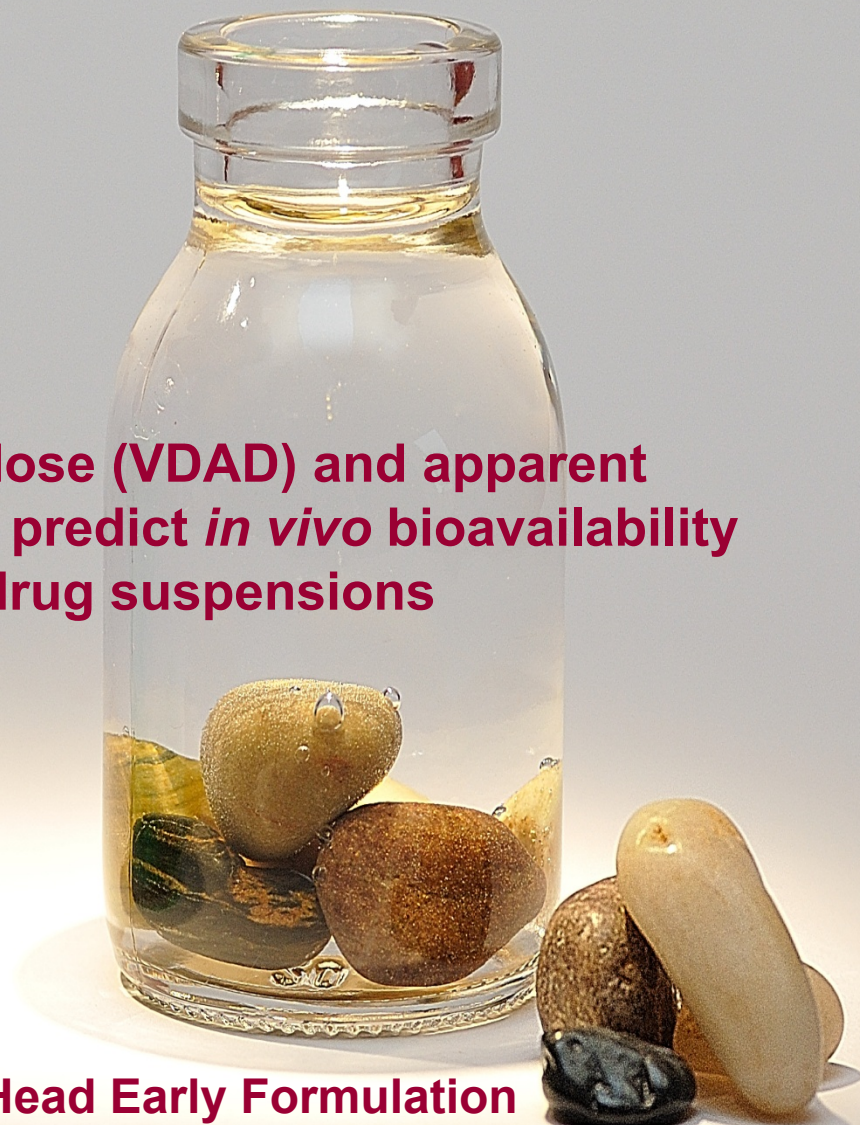


Volume to dissolve applied dose (VDAD) and apparent dissolution rate (ADR) – tools to predict *in vivo* bioavailability from orally applied drug suspensions



**Uwe Muenster PhD, Lab Head Early Formulation
Bayer Schering Pharma**

- Introduction
- **Methods and Materials**
- **Results**
- **Summary**

Stomach

pH: fasted, 1-3; fed, up to 7

(Dressman JB et al., Adv Drug Del Rev 59; 2007)

Half-life gastric emptying: ~ 20-40 min. (water)

(Lin HC et al. Digestive Diseases and Sciences 6; 2005)

**Liquid Volume: fasted, 25ml, secretion 1-2ml/min;
fed, secretion 10-50ml/min**

(Kong F et al., JFS 73; 2008)

Small Intestine

pH: fasted, 6 - 7.5, fed, 5 - 7.5

(Dressman JB et al., Adv Drug Del Rev 59; 2007)

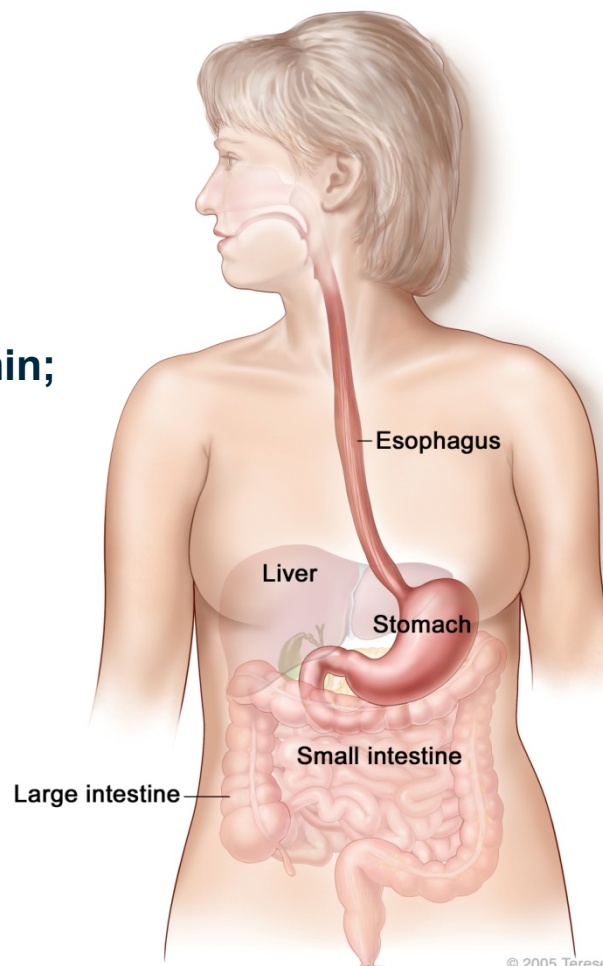
Transit Time: ~ 2 - 4 hours

(Maurer AH et al. Seminars in Nuclear Medicine 4; 1995)

Liquid Volume: fasted, ~ 90 - 165 ml

Fed, up to ~ 400 ml

(Sutton SC, AAPS 11; 2009, Marciani L et al., Gastroenterology 138; 2010)



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→ Orally applied compounds have to face varying conditions

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pH: fasted, 1-3; fed, up to 7

(Dressman JB et al., Adv Drug Del Rev 59; 2007)

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*Review: Mudie DM et al.,
Molecular Pharmaceutics
Sep 2010; ePub ahead of print*

Small Intestine

pH: fasted, 6 - 7.5, fed, 5 - 7.5

(Dressman JB et al., Adv Drug Del Rev 59; 2007)

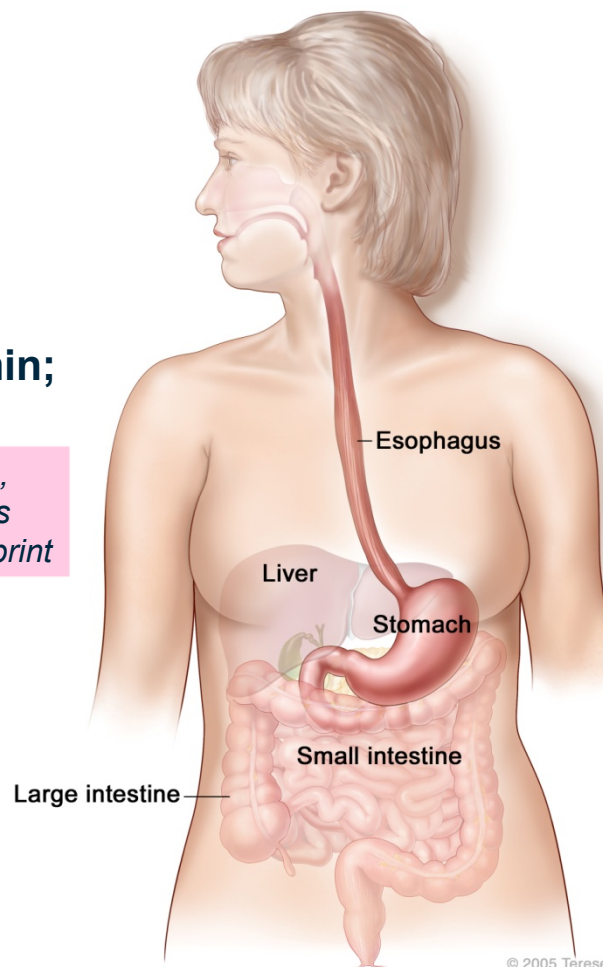
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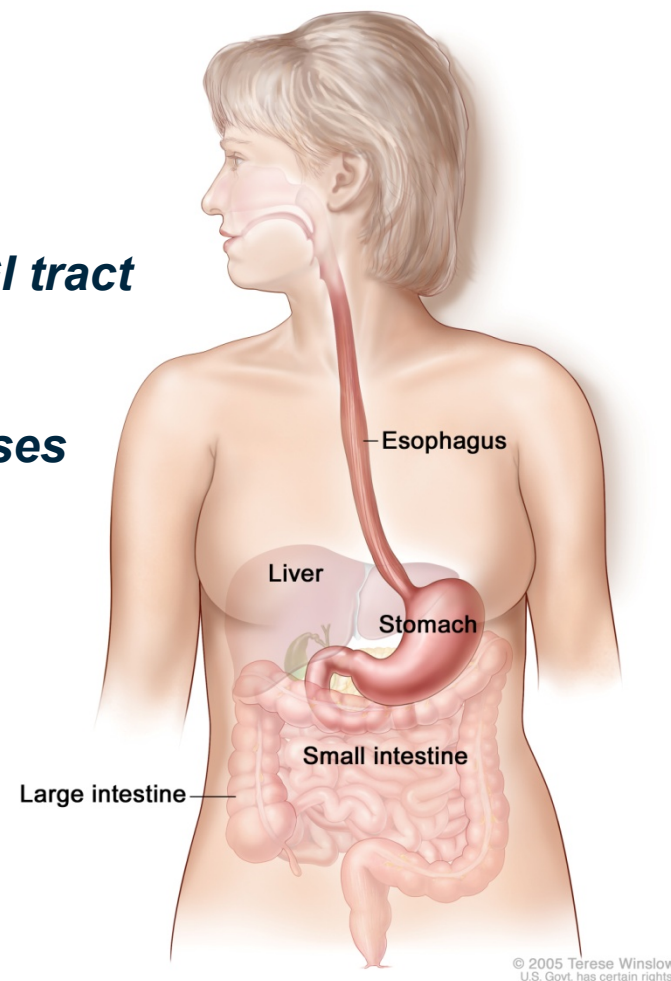


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→ Orally applied compounds have to face varying conditions

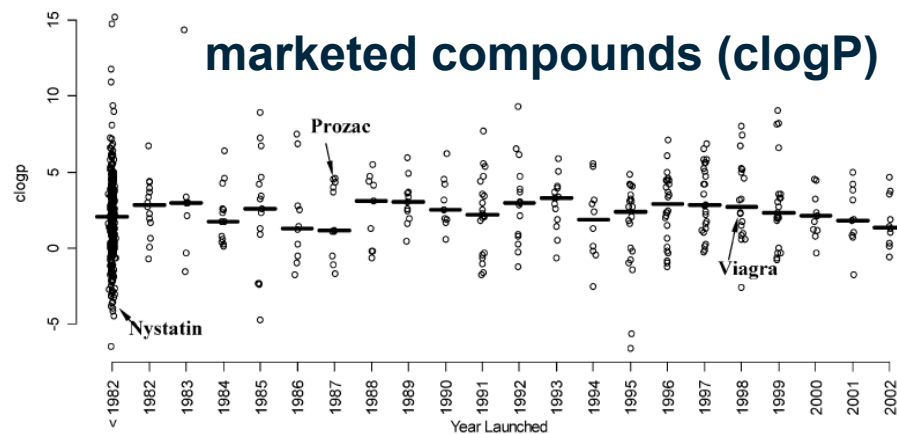
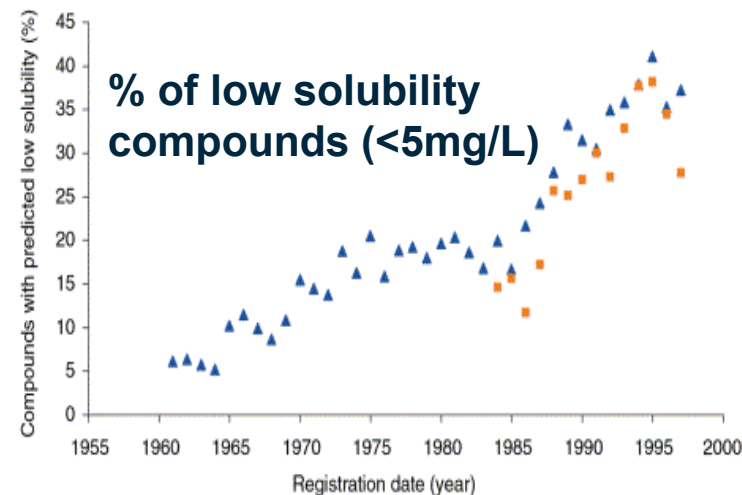
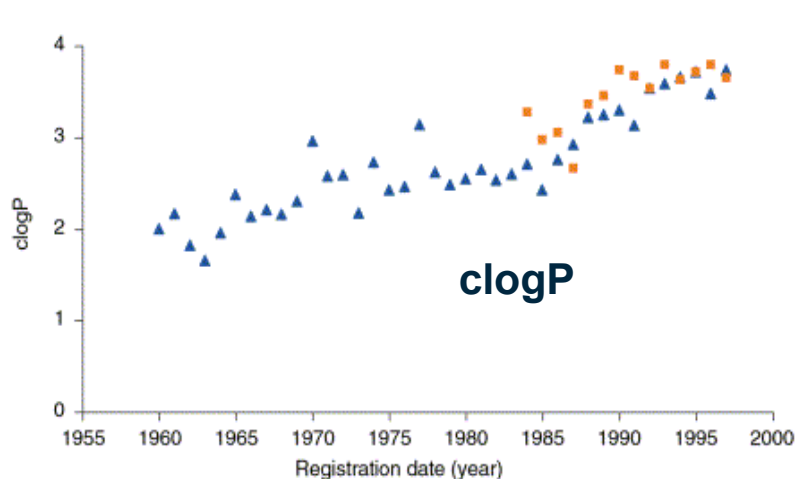
Various scenarios possible

- *Compound not dissolving throughout entire GI tract*
- *Compound dissolves in stomach, precipitates in intestine (crystalline?amorphous?), e.g. bases*
- *Compound not dissolving in stomach, but dissolves in intestine; e.g. acids*
- *Compound soluble throughout entire GI tract*



→ Varying conditions may influence dissolution, thus bioavailability

Pfizer compound file (Gribbon P et al., DDT 10; 2005)

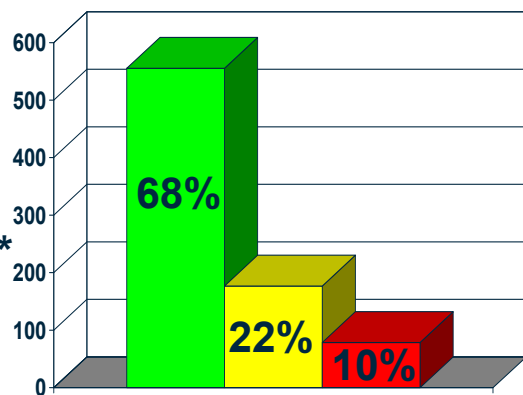


*(Vieth M et al.,
J Med Chem 47; 2004)*

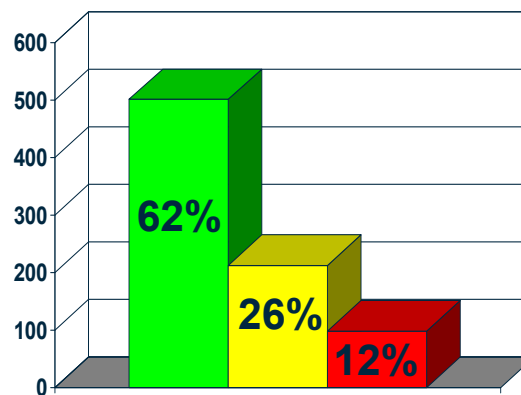
→ PhysChem selection pressure increased with time

812
marketed
oral drugs*

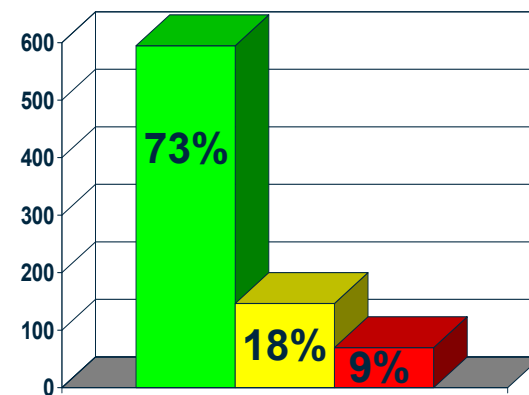
Solubility (in silico)



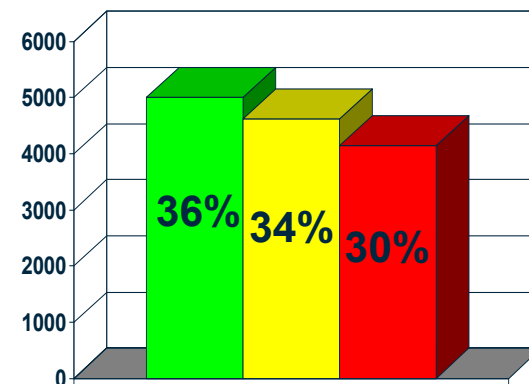
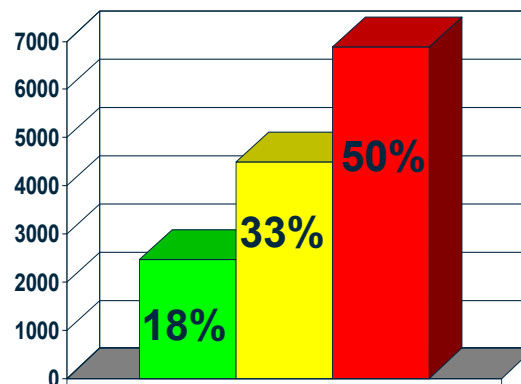
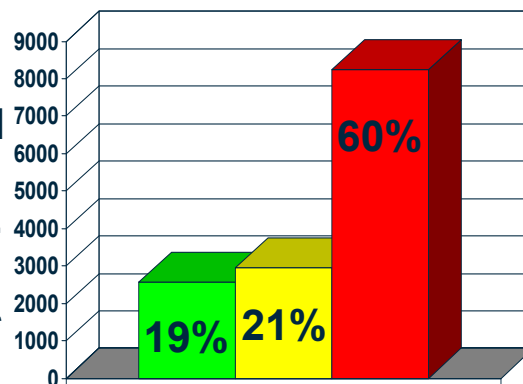
clogP



clogD_{7.5}



13774
confirmed
Bayer-
Schering-
Pharma
HTS hits*



■ ≥ 50mg/L
■ 10mg/L - 50mg/L
■ < 10mg/L

■ ≤ 3
■ 3 - 5
■ > 5

■ ≤ 3
■ 3 - 4
■ > 4

→ Confirmed HTS hits at BSP show lower solubility, higher clogP, and higher clogD_{7.5} when compared to oral market drugs (< Dec. 2004)

Reasons

HTS Assays performed from DMSO stock solutions

→ *concentration in assay is reflected by kinetic solubility*

Broadening of chemical space

→ *supported by launch of combinatorial chemistry*

→ *increased ligand-receptor affinity often achieved by addition of lipophilic residues*

→ *occasionally IP status*

Indication (e.g. Cancer)

→ **Various matters of modern drug discovery contribute to an increase of low-solubility compounds**

Problems

Difficulties in reaching sufficient multiples of exposure during animal toxicology testing

Poor absorption in humans

- *lack of efficacy*
- *increased risk of absorption variability (often supported by increased food effect)*
- *increased risk of side effects with compounds of low safety window*
- *increased cost for development of drug product (e.g. solubilization technologies)*
- *increased cost due to respective clinical trials*

→ Solubility related absorption limitation may lead to an unacceptable risk for the patient
→ Attrition risk increased due to increased cost and decreased probability of success

Typical project team conversation

PK scientist: The oral bioavailability of solid compound in rat is really low...

Chemist: Oh no, that sucks!

PK scientist: Indeed, maybe formulation development can save the compound?

Chemist: Yeah, that sounds like a really great idea!

Form.Scient.: No way, make the compound more soluble!

Chemist (a bit displeased since he already spent 3 years on lead optimization):

‘So then, how soluble do you want it?’



→ How soluble must a compound be at a given dose to ensure complete *in vivo* dissolution?

Correlation of thermodynamic solubility or dissolution with oral relative bioavailability (BA suspension vs. BA solution) reveals thermodynamic solubility and *in vitro* dissolution data that indicate sufficient *in vivo* dissolution.

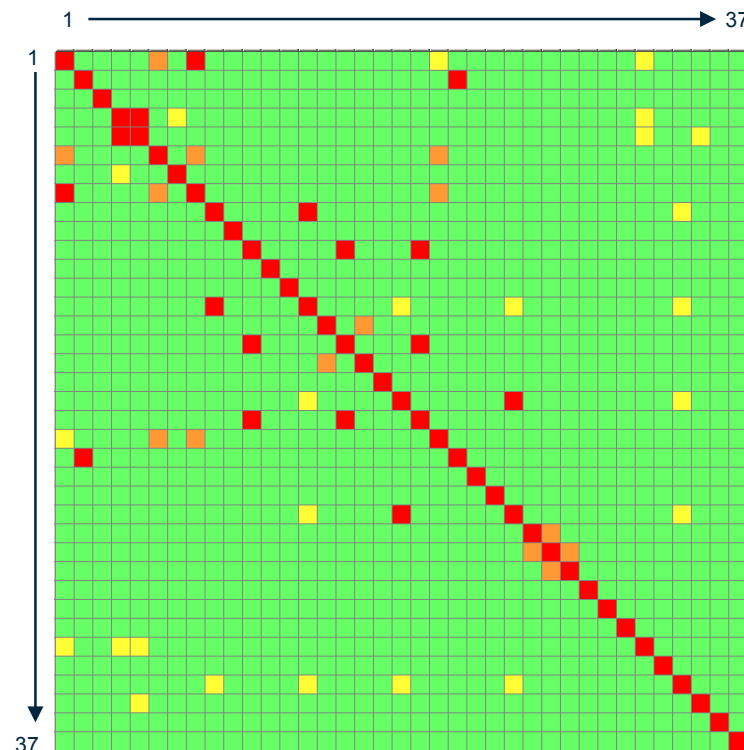
- **Introduction**
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Heatmap for the structural similarity calculated as pair-wise-Tanimoto coefficient



< 0.85 considered dissimilar

- 37 structurally diverse compounds
- molecular weight: 289 to 676 g/mol
- clogP values (BioByte™): -0.49 to 6.93
- topological polar surface areas (TPSA): 49.3 to 162 Å²
- calculated pKa values for strongest acid: -2.23 to no deprotonation
- calculated pKa values for strongest base: 12.4 to no protonation

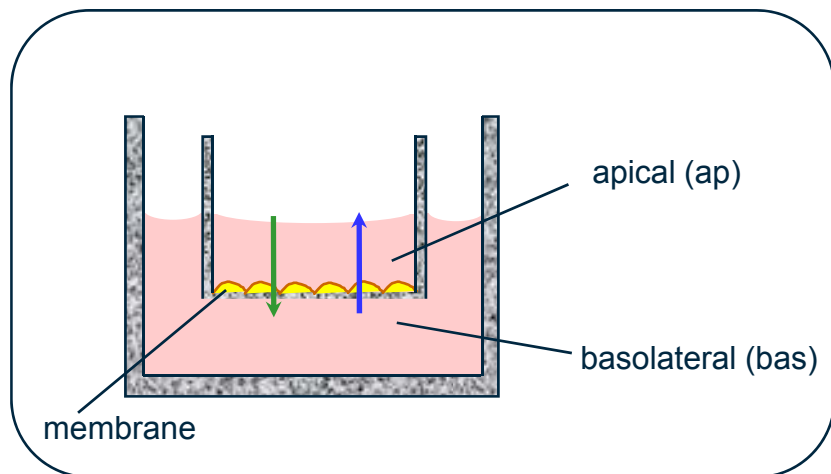


→ Structurally diverse compound set was used for studies

Caco-2 transport assay

Validated using 20 market compounds (fraction dose absorbed in humans (F_{abs}) known)

Permeability BCS classification	Fraction dose absorbed human [%]	Papp values in Caco-2 assay [nm/s]
High	≥ 90	≥ 70
Moderate	50-90	10-70
Low	< 50	< 10

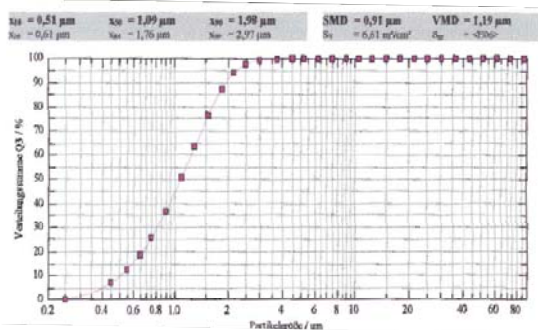


$$P_{app} = \frac{V(\text{receiver}) * \text{conc. (receiver @ 2h)}}{\text{conc. (donor @ 0h)} * \text{surface area} * \text{time}}$$

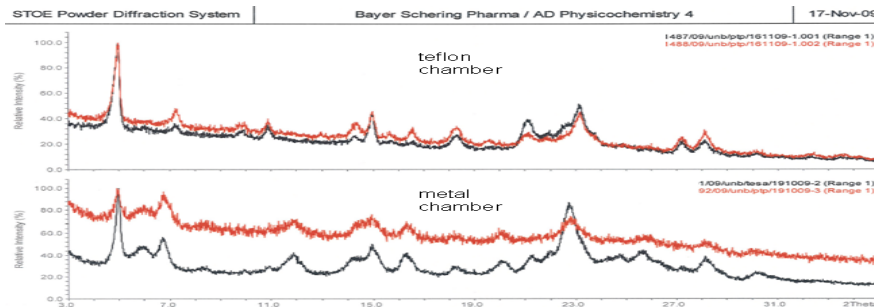
$$\text{Efflux Ratio: } P_{app \text{ bas}} / P_{app \text{ ap}}$$

- Compounds exhibit Papp values > 10nm/s, indicating moderate to high permeability
- Compounds exhibit absolute bioavailabilities (solution, p.o. rat) of > 20%

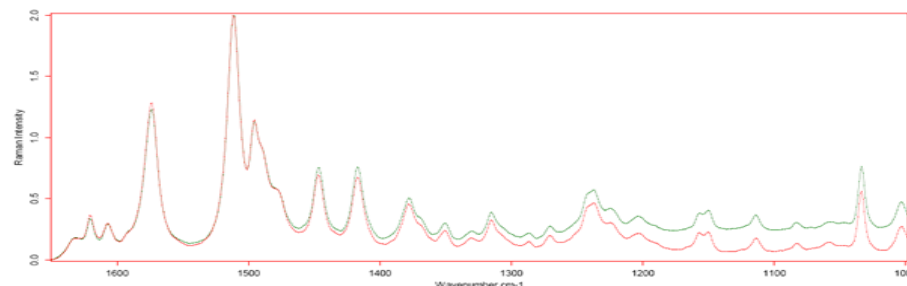
Micronization (Air Jet Mill)



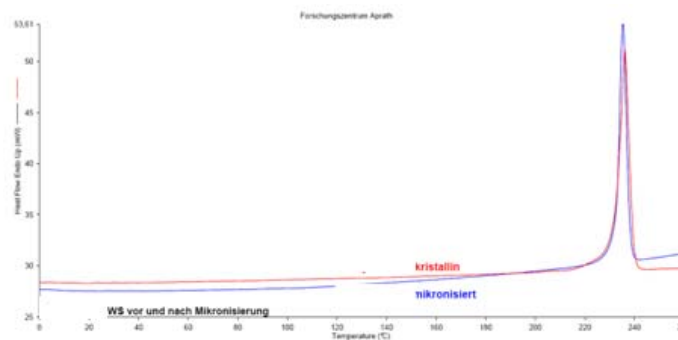
Particle Size
 $\text{Ø } x_{10}, 0.7 \mu\text{m}$
 $\text{Ø } x_{50}, 2.1 \mu\text{m}; \text{Ø } x_{90}, 5.2 \mu\text{m}$



XRPD



FT-Raman Spec.



DSC

- Particle size in the single digit micrometer range
- Micronization had no significant influence on solid state characteristics

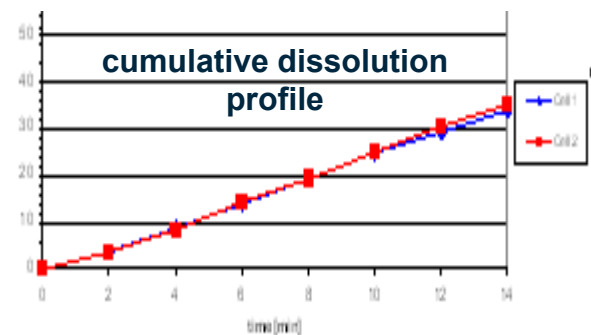
Apparent Dissolution Rate



Mini-Flow-Thru Cell (USP apparatus IV)



- 1 mg micronized API per cell
- Flow Rate 2 ml / min
- pH 1, 4.5, 6.8
- 2 minute fractions collected over 14 minutes
- HPLC Analytics



→ Apparent dissolution rate was determined using the Mini-Flow-Thru Cell
→ Thermodynamic Solubility was determined using the Shake Flask Method

Relative Bioavailability

Micronized API
suspension



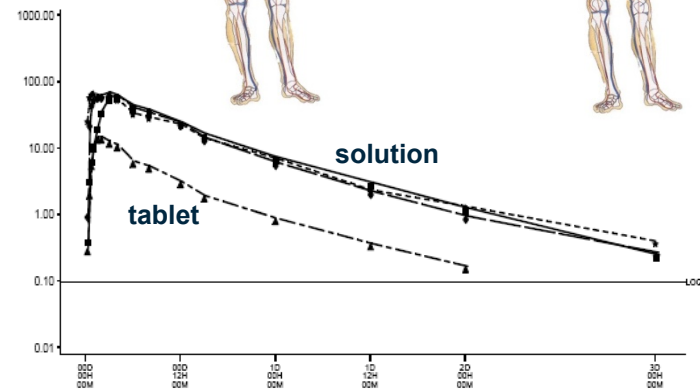
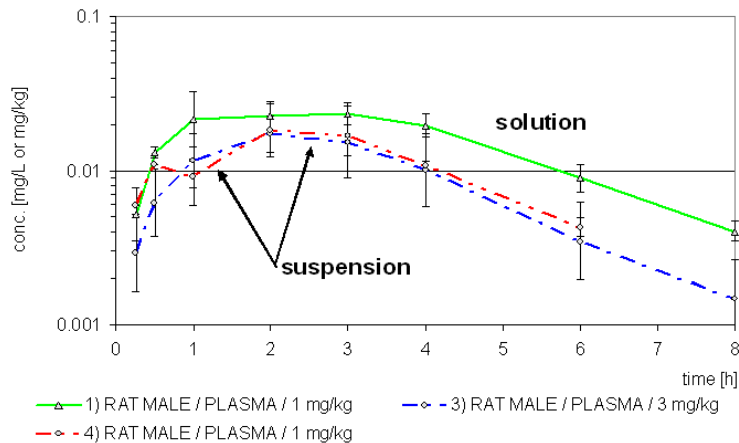
API solution
(e.g. PEG/EtOH/H2O)



Immediate
release tablet
(micronized API)



API solution
(e.g. PEG 400)

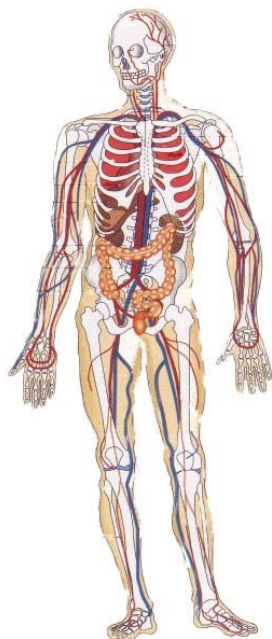


$$\frac{AUC_{\text{norm}}(\text{suspension/tablet})}{AUC_{\text{norm}}(\text{solution})} = \text{relative bioavailability}$$

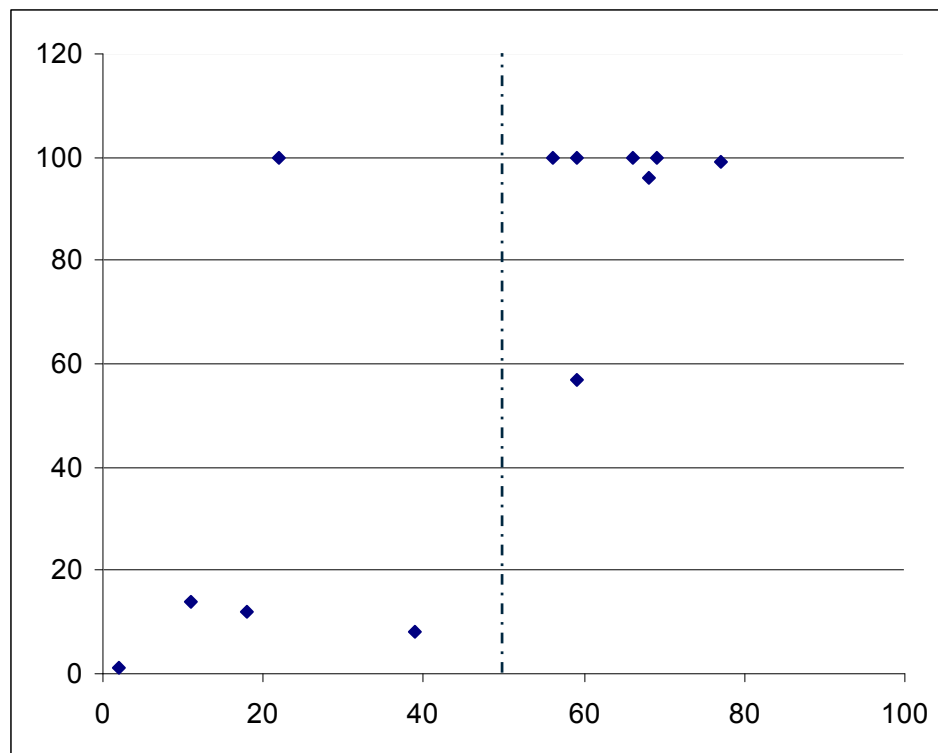
→ Relative bioavailability is postulated to represent *in vivo* dissolution

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Relative bioavailability rat vs. human (p.o.)



Relative bioavailability (human p.o.)

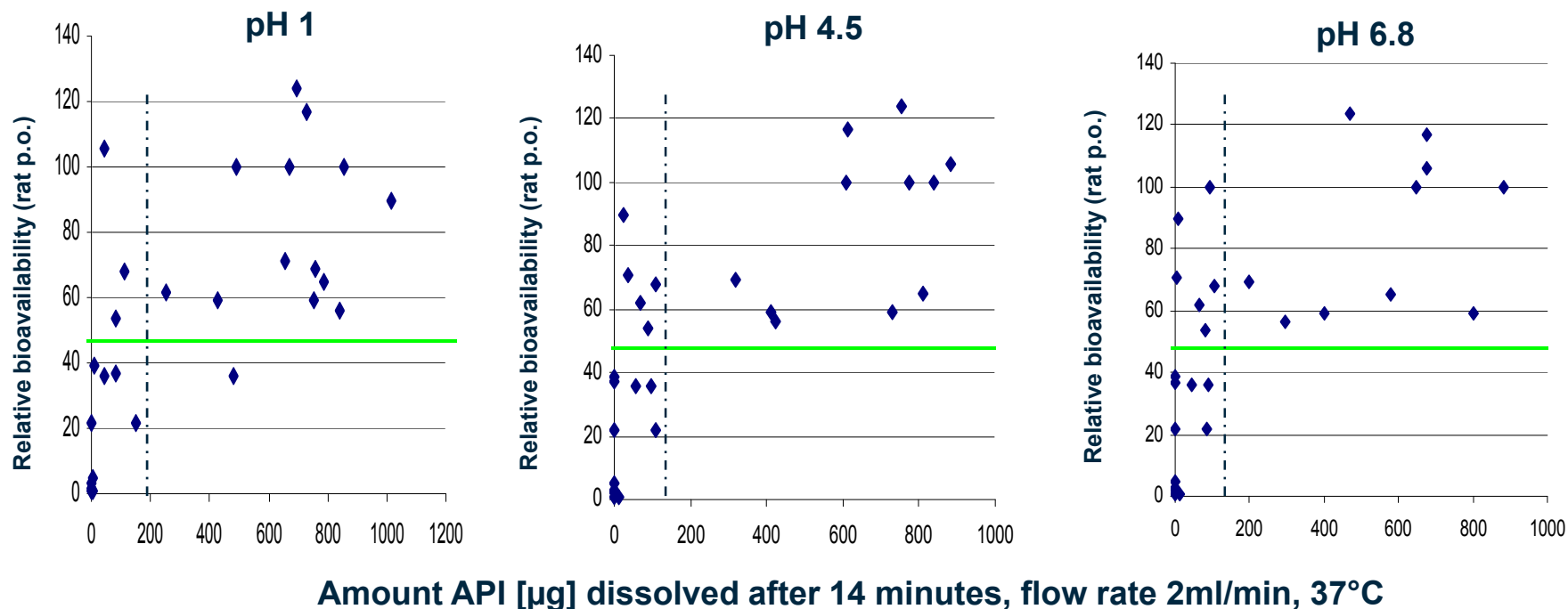


Relative bioavailability (rat p.o.)



~ 50% relative bioavailability in rat is considered uncritical with respect to in vivo dissolution in human

Rel. BA > 50% considered uncritical



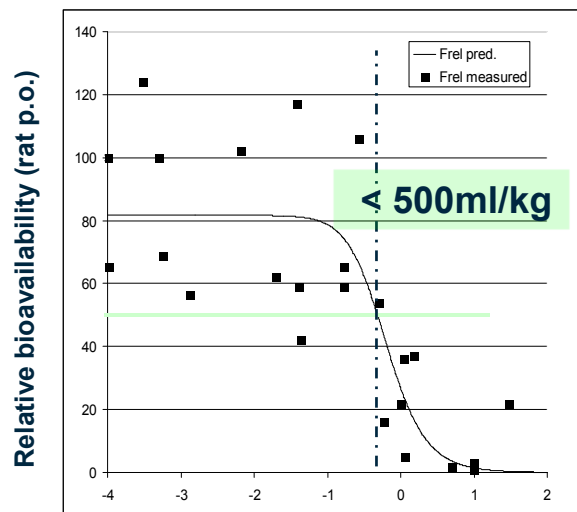
→ Relative bioavailability (rat p.o.) increases with increasing in vitro dissolution
→ Relative bioavailability (rat p.o.) > 50% is reached with ~ 150 – 200 µg API dissolved



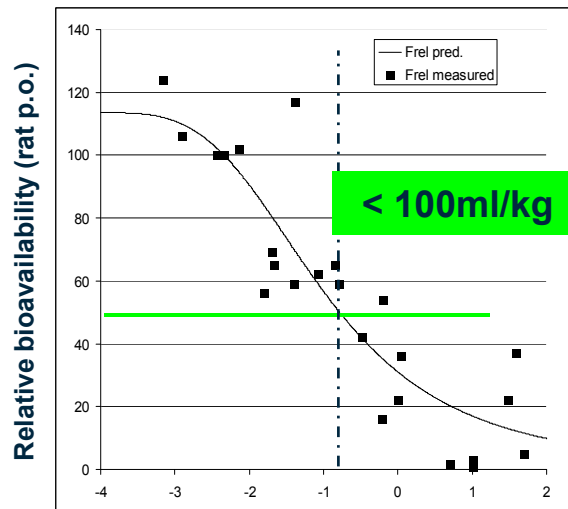
Log Volume to dissolve applied dose vs. rel. BA (rat p.o.)

Rel. BA > 50% considered uncritical

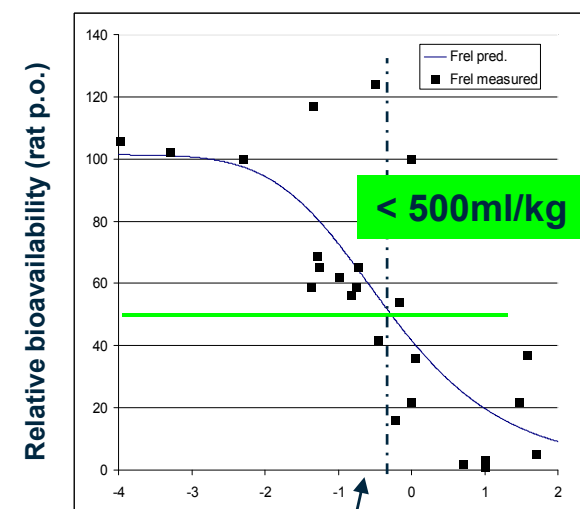
pH 1



pH 4.5



pH 7



Log (Volume to dissolve applied dose [L/kg]) @ 25°C

- Relative bioavailability (rat p.o.) > 50% is reached with 'volumes to dissolve the applied dose' of < 100 ml/kg (pH 4.5) and < 500 ml/kg (pH 7)
- Correlation @ pH 1 is of limited predictive value: gastric pH in rat is 3.8 - 5

Example: dose 10mg/kg; solubility @ pH 7: 40 mg/L

$$\text{Lg VDAD} = \text{lg} \frac{\text{dose}}{\text{solubility}} = \text{lg} \frac{10 \text{ mg/kg}}{40 \text{ mg/L}} = \text{lg} 0.25 \text{ L/kg} = -0.60 = \sim \underline{\underline{60\% \text{ rel. BA}}}$$

Example: dose 10mg/kg;
solubility @ pH 7: 40 mg/L

‘When the dose/solubility ratio is ≥ 1000 ml, even in the presence of favourable physiological factors (pH, bile salts), the solubility is likely to cause problems with bioavailability.’

(Dressman JB et al., *Clin Pharmacokinet* 47; 2008)

Dose/solubility ratio:
17.5L

‘Compounds with aqueous solubilities of < 100 mg/L often present dissolution limitations to absorption.’

(Hörter D et al., *Adv Drug Del Rev* 46; 2001)

Solubility of 40 mg/L

A solubility of 10 - 100 mg/L received a medium risk (‘0’, on a ‘+, 0, -’ scale) in the Aventis PhysChem Score card

(Balbach S et al., *Journal of Pharmaceutics* 275; 2004)

+ (low risk)

→ Current estimates of critical solubility values that would dictate absorption limitation appear to be rather conservative

Data in view of BCS classification

Biopharmaceutics Classification System (BCS):

'A drug substance is considered highly soluble when the highest dose strength is soluble in 250 ml or less of aqueous media over the pH range of 1-7.5'

Class 1: High Solubility – High Permeability

Class 2: Low Solubility – High Permeability

Class 3: High Solubility – Low Permeability

Class 4: Low Solubility – Low Permeability

Compound	Thermodynamic Solubility [mg/L] @ 25°C			Daily dose [mg]	Volume to dissolve daily dose at worst case pH [L]	P _{app} A-B Caco-2	Prelim. BCS classification	Rel. BA
	pH 1	pH 4.5	pH 7					
1	>10000	4466	9.4	210	22.3	22	4	124
2	26	24	22	70	3.18	55	4	117
3	1.1	250.6	2547	21	19.1	429	2	106
4	> 10000	215	< 1	70	> 70	42	4	100

→ Complete in vivo dissolution despite 'class 2/4' according to BCS classification
 → BSC classification might be too strict

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- **In vivo dissolution was described by means of relative bioavailability (solution vs. suspension, p.o.)**
- **A diverse set of 37 compounds with $P_{app} > 10$ nm/s and $> 20\%$ F (rat) was used to perform in vitro/in vivo correlation of dissolution**
- **A relative bioavailability in rat (p.o.) of 50% was assumed to be rather uncritical with respect to in vivo dissolution in humans**
- **Apparent dissolution rates of ~ 150 - 200 $\mu\text{g}/14$ minutes (under respective assay conditions) result in relative bioavailability $> 50\%$ (rat p.o.)**
- **Volumes to dissolve applied dose of ~ 100 ml/kg (pH 4.5) – 500 ml/kg (pH 7) result in relative bioavailability $> 50\%$ (rat p.o.)**
- **Data provide guidance for medicinal chemists during the lead optimization phase**

Thanks to all my dear colleagues!



Bayer HealthCare
Bayer Schering Pharma

Pharmaceutical Development

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G. Winter

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Chemical Development

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A. Grunenberg

Clinical Pharmacokinetics

G. Ahr, W. Mück

Computational Chemistry

A. H. Göller, M. Lobell

Thanks for your kind attention!



Bayer HealthCare
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Volume to dissolve applied dose (VDAD) and apparent dissolution rate (ADR) – tools to predict *in vivo* bioavailability from orally applied drug suspensions



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Bayer Schering Pharma**