

Model-integrated bioequivalence method for highly variable drugs with long half-life:

A simulation study comparing complete washout and incomplete washout designs

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Introduction

Background

- The reference-scaled average bioequivalence approach (RSABE)^{1,2} may be used to evaluate highly variable drugs (HVDs)³, which recommends a replicate crossover design for comparison in absorption rate and extent by measuring C_{max} and AUC, respectively, with non-compartmental analysis (NCA).
- Bioequivalence (BE) studies using a replicate crossover design can be challenging for HVD with long half-lives, since a sufficient washout period (≥ 5 half-lives) between treatment periods is recommended for NCA analysis³. One possible solution is to use an incomplete washout design to achieve shorter study duration, and to analyze the results with a model-integrated BE approach.
- Our group previously developed a model-integrated BE method^{4,5} that shows controlled type I error and higher power compared to NCA-based BE analysis.

Aims

- Develop a model-integrated RSABE method to analyze BE data for HVD with a long half-life.
- Perform a simulation study to evaluate the method's performance to compare the complete washout and incomplete washout designs.

Methods

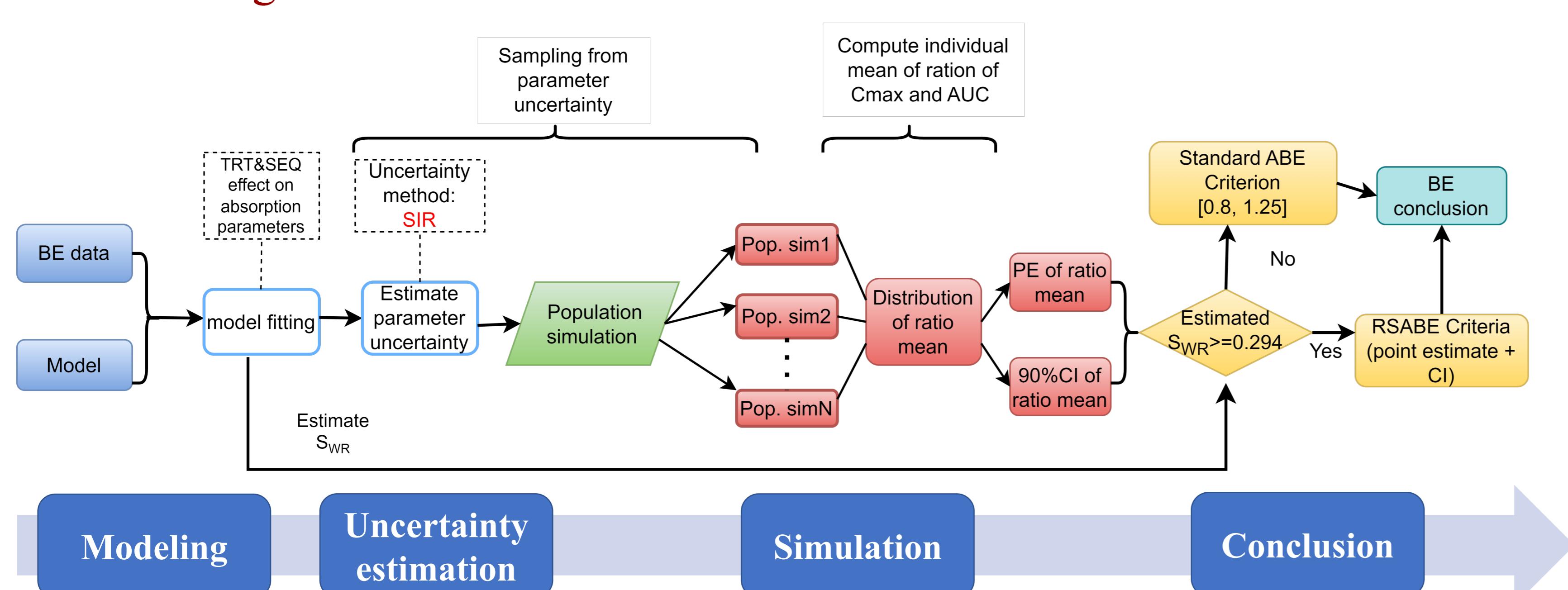
RSABE method

When within-subject variability of the reference standard (S_{WR}) ≥ 0.294 , both of the following BE criteria should be satisfied for each PK parameter:

- The 95% upper confidence bound for $(\bar{Y}_T - \bar{Y}_R)^2 - (\frac{\ln(1.25)}{0.25} * S_{WR})^2 \leq 0$.
- The point estimate of the test/reference geometric mean ratio is within [0.8, 1.25].

Where \bar{Y}_T and \bar{Y}_R are the means of ln-transformed PK parameter for the test product and reference standard, respectively.

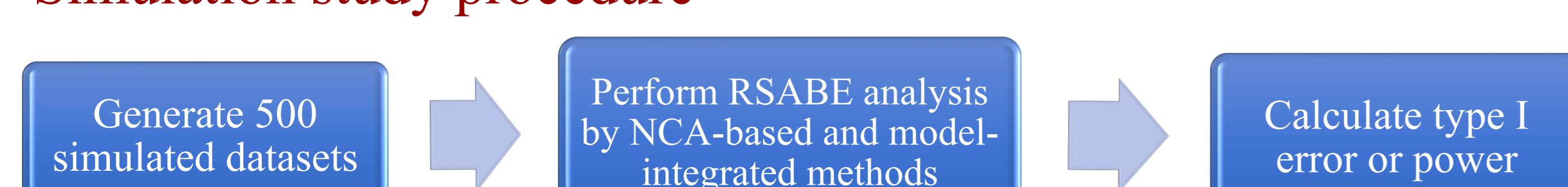
Model-integrated RSABE method workflow



Simulation settings

- Study design:
 - 4-way, fully-replicate crossover study with rich sampling points: 18 points per each period
 - Complete washout or incomplete washout (dosing interval of 72hrs)
- Model for generating simulated datasets:
 - One compartment model with first-order absorption and first-order elimination
 - Typical half-life: 55.5 hr (≈ 2.3 days)
 - Two levels of within-subject variability: coefficient of variation of 30% (CV30) & 50%
- Treatment effect (test/reference ratio) on F (FTRT) settings:
 - FTRT is set to the expanded limit $\exp(\frac{\ln(1.25)}{0.25} * S_{WR})$ for type I error evaluation
 - In current study, FTRT = 1.3 for CV30 and FTRT=1.53 for CV50
 - FTRT = 0.9 for power evaluation

Simulation study procedure



Results

- Both methods control type I error with a complete washout design. The model-integrated BE method trends towards higher power at higher variability and in the overall assessment.

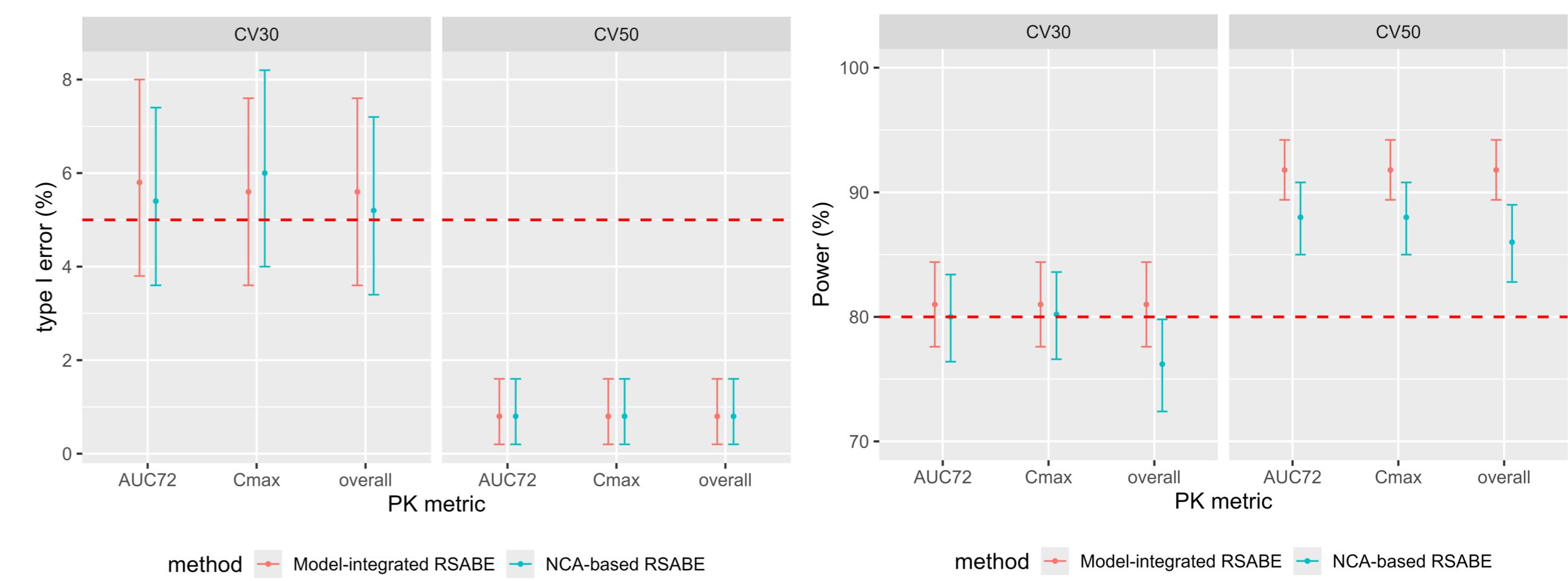


Figure 1 : Type I error and power results with 95% CIs for the complete washout design

- The model-integrated BE method with an incomplete washout design can control type I error and obtain sufficient power. The conventional NCA-based BE method should not be used to analyze this study design.

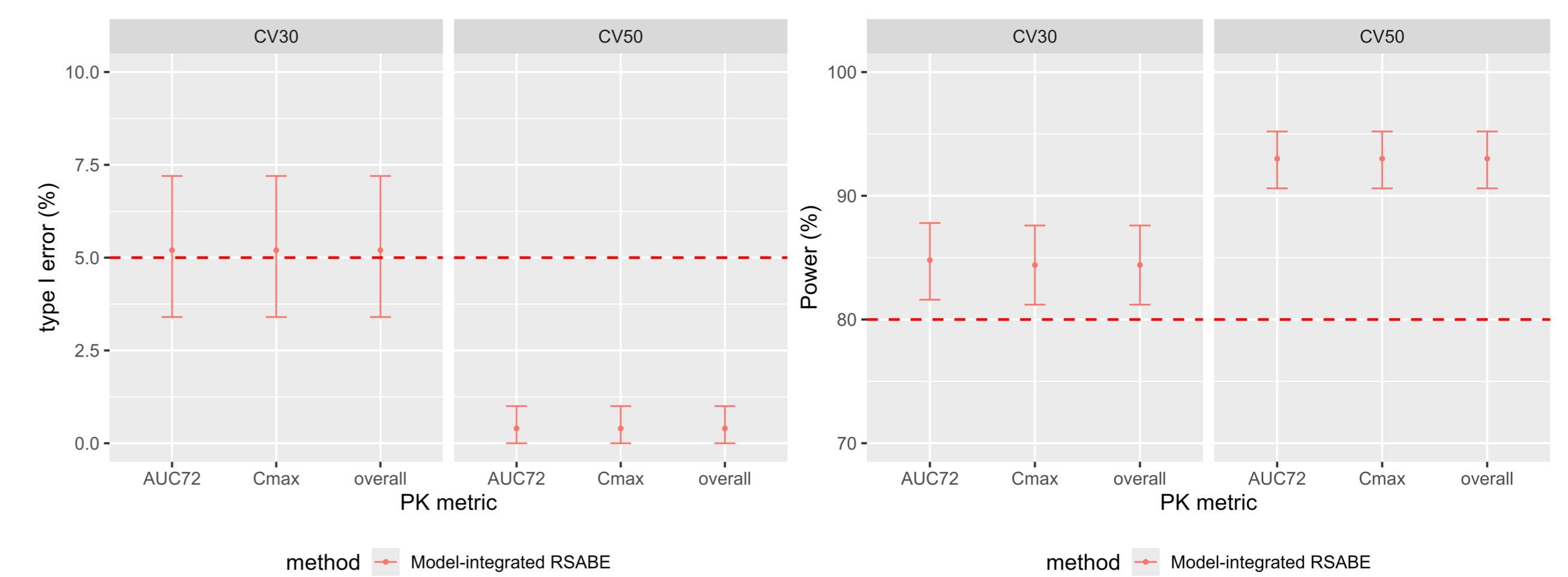


Figure 2 : Type I error and power results with 95% CIs for the incomplete washout design

- Incomplete washout design can reduce the overall study duration by 68% : 37.5 days versus 12 days.

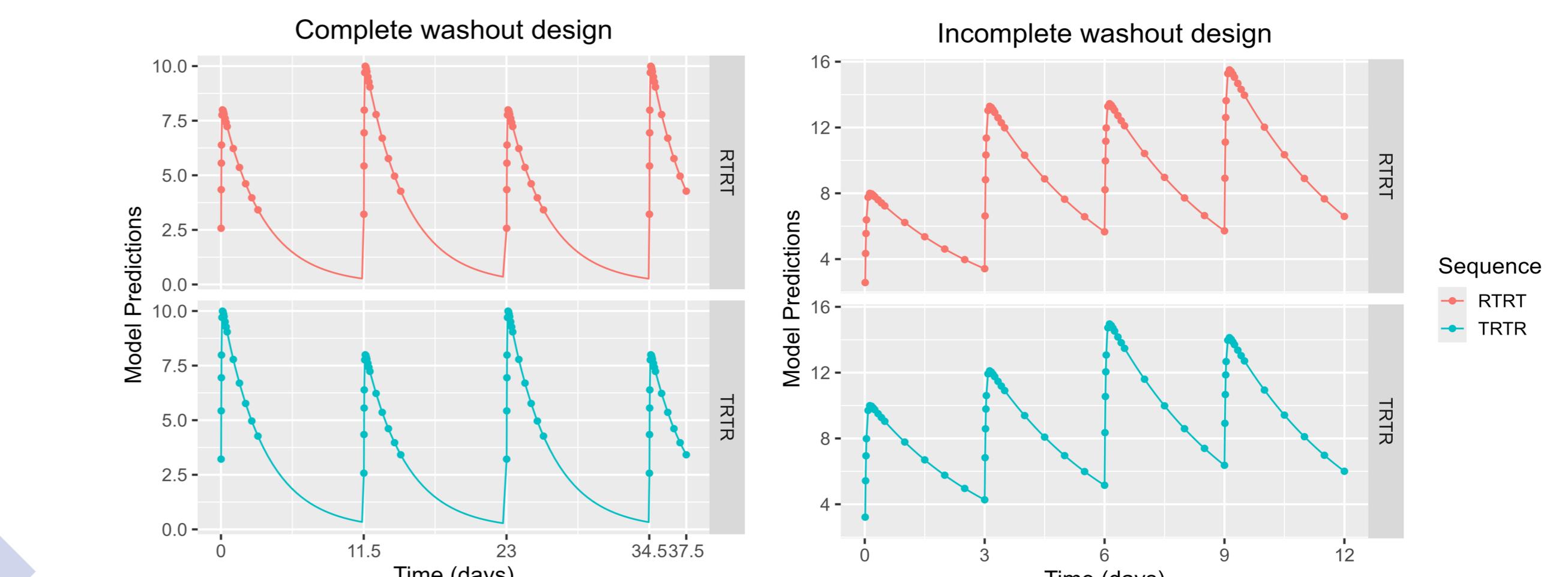


Figure 3 : Study durations for two different washout designs with the 4-way, fully-replicate crossover study

Conclusions

The model-integrated RSABE method serves as a promising tool for HVDs with a long half-life:

- ✓ is flexible enough to analyze data from both conventional BE designs with a complete washout and novel BE designs with an incomplete washout
- ✓ demonstrates comparable power and controlled type I error
- ✓ reduces the overall study duration substantially

References

1. FDA Guidance for Industry: Statistical Approaches to Establishing Bioequivalence. (2022).
2. Davit, B. M. et al. Implementation of a reference-scaled average bioequivalence approach for highly variable generic drug products by the US Food and Drug Administration. *AAPS J* 14, 915-924 (2012).
3. FDA Draft guidance: Bioequivalence Studies With Pharmacokinetic Endpoints for Drugs Submitted Under an ANDA Guidance for Industry. (2021).
4. Chen, X. et al. Development and comparison of model-integrated evidence approaches for bioequivalence studies with pharmacokinetic endpoints. Preprint at <https://urn.kb.se/resolve?urn=urn:nbn:se:uu:diva-517824> (2023).
5. Bjugård Nyberg, H. et al. Evaluation of model-integrated evidence approaches for pharmacokinetic bioequivalence studies using model averaging methods. Preprint at <https://urn.kb.se/resolve?urn=urn:nbn:se:uu:diva-517823> (2023).

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