

Integrating Biopharmaceutic Data and Gastrointestinal Physiology Using Mechanistic Modeling

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PBPK-IVIVE linked models

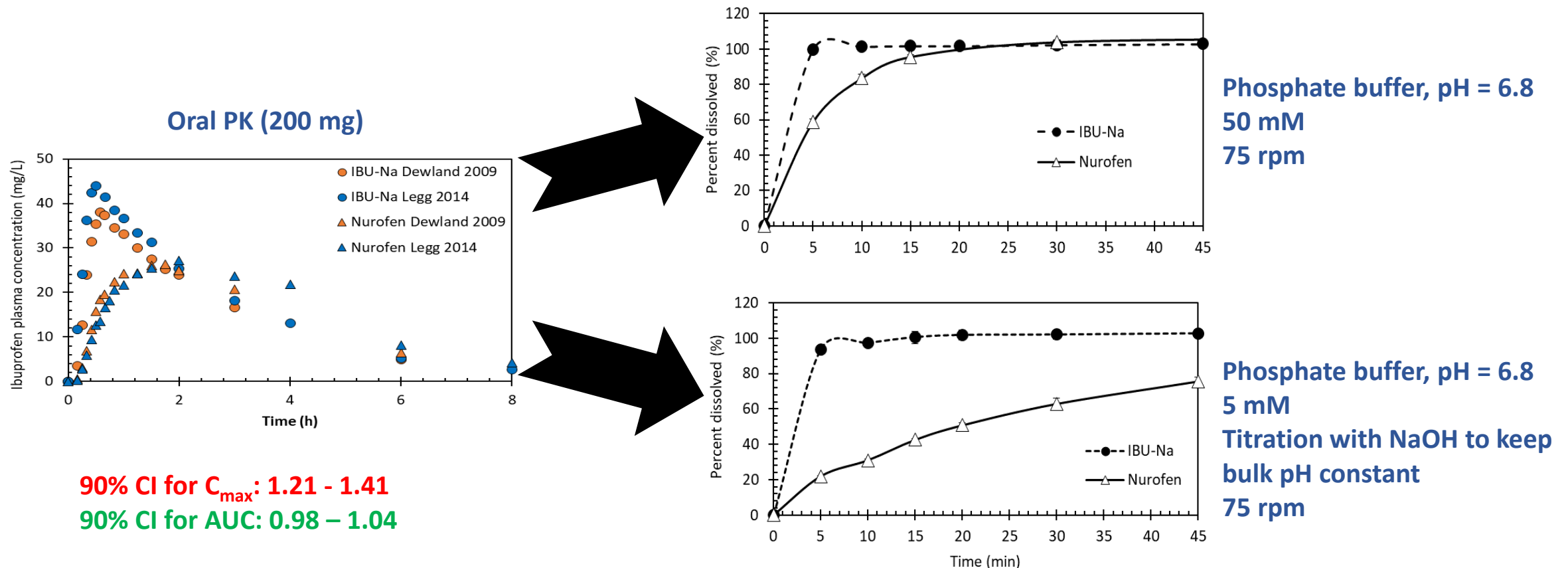
- Estimate fundamental parameters (deconvolution)

Process	<i>In vitro</i> system	Models	Fundamental parameters
Metabolism	Hepatocytes, human liver microsomes or recombinant enzymes	Michaelis-Menten model	K_m and V_{max}
Uptake Transport	Overexpressing cell lines suspended or plated	Mechanistic compartmental uptake models	CL_{diff} , $f_{u,cell}$, K_m and V_{max}
Dissolution / Precipitation	One- or multi-stage dissolution apparatuses	Diffusion layer models, Z-factor, Mooney model, biphasic dissolution model, transfer model, transmembrane flux model, etc.	Dependent on apparatus and model choice

- Reassemble the process using PBPK modeling (convolution)
 - *Integrate drug- and formulation-specific parameters with physiology*

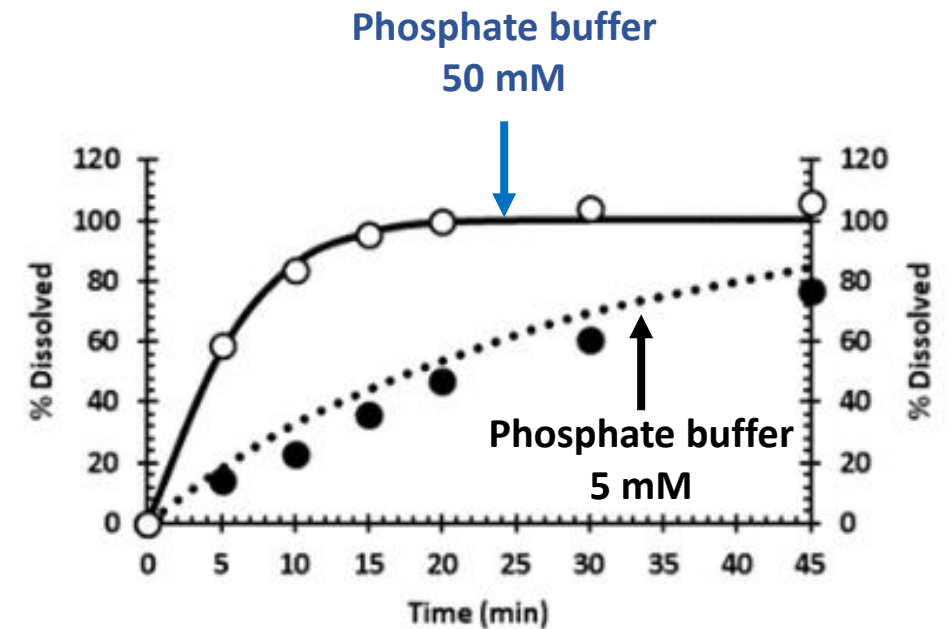
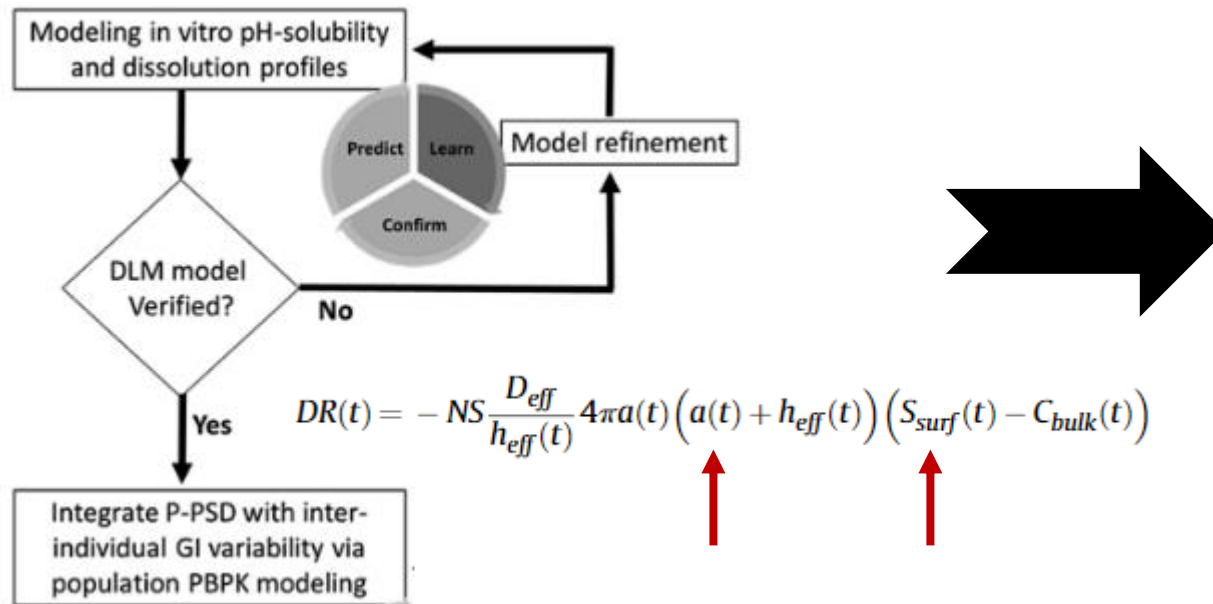
Oral PBPK modeling for poorly soluble weak acids

- Reverse translation: identifying a biopredictive dissolution method
 - Ibuprofen (BCS II weak acid): free acid vs sodium salt



Oral PBPK modeling for poorly soluble weak acids

- Model-based analysis of *in vitro* dissolution data (deconvolution)
 - Simultaneous fitting of a DLM to multiple *in vitro* dissolution profiles
 - Deriving a product-specific particle size distribution (P-PSD)



Symbols: *in vitro* data for ibuprofen

Lines: predicted *in vitro* dissolution of ibuprofen

Oral PBPK modeling for poorly soluble weak acids

- Integration drug and formulation parameters with physiology (convolution)
 - Simulating *in vivo* dissolution profiles

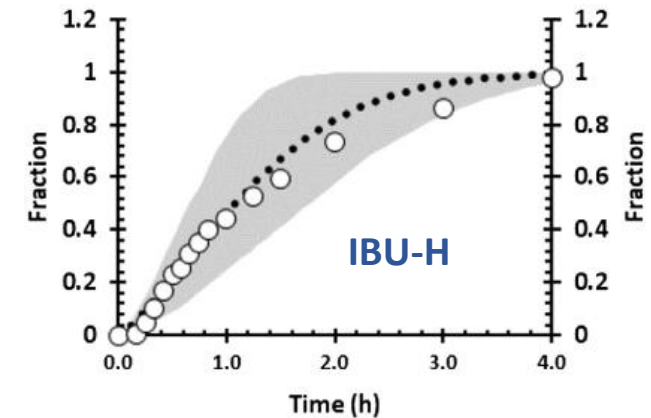
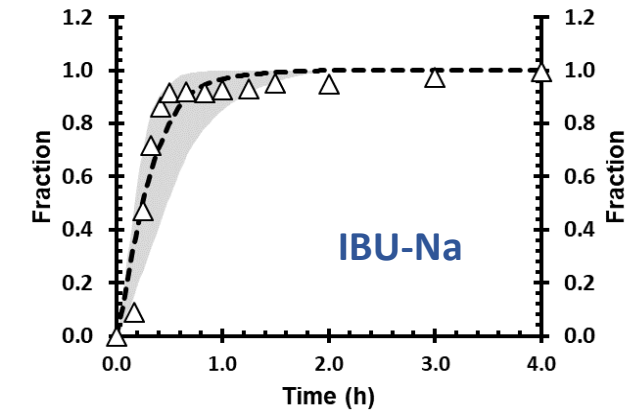
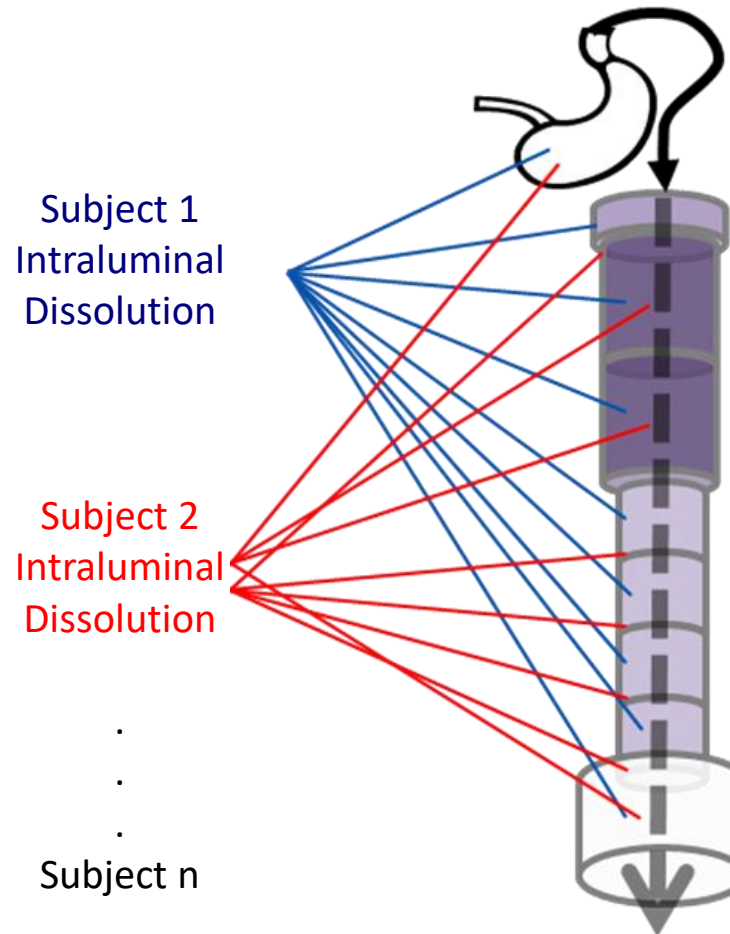
Drug and formulation parameters

- pH-solubility profile
- P-PSD
- P_{app}



Gastrointestinal physiology

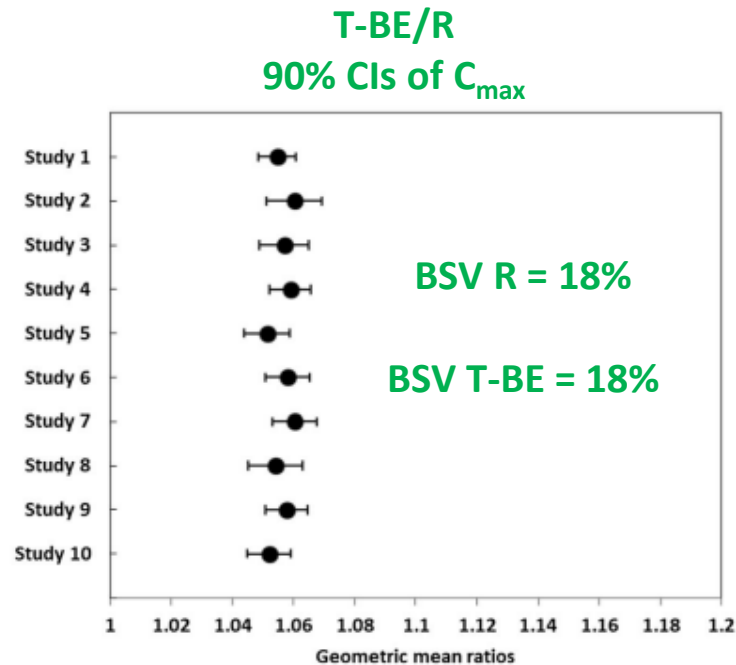
- Intraluminal pH
- Buffer capacity
- Intestinal fluid volume



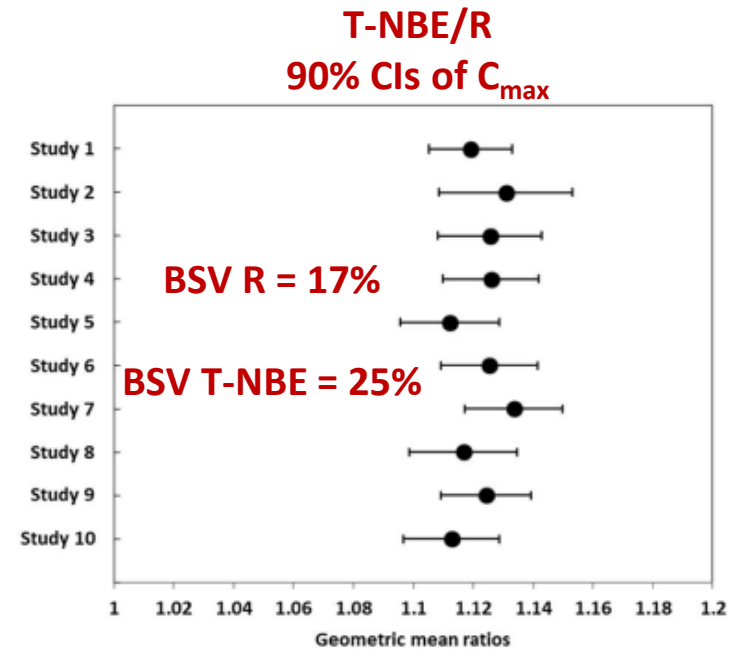
Symbols: deconvoluted *in vivo* dissolution
Lines: simulated *in vivo* dissolution

Oral PBPK modeling for poorly soluble weak acids

- Virtual BE trials
 - Reference, test BE and test non-BE formulations containing ibuprofen free acid
 - *Post-hoc* assignment of WSV to BE metrics (“Fixed subjects”)



OBS 90% CI of C_{max} : 1.06 – 1.21
Post-hoc 90% CI of C_{max} : 0.97 – 1.13

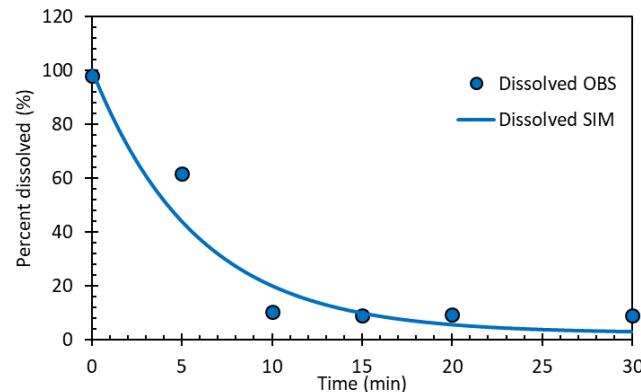
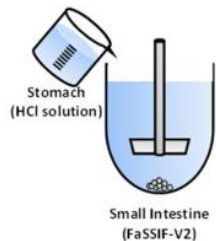


OBS 90% CI of C_{max} : 1.18 – 1.35
Post-hoc 90% CI of C_{max} : 1.04 – 1.26

Oral PBPK modeling for poorly soluble weak bases

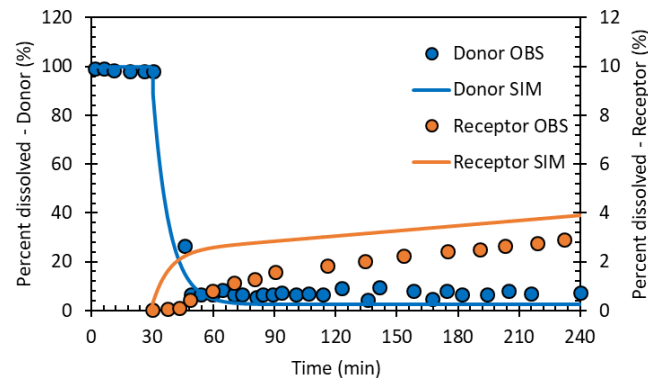
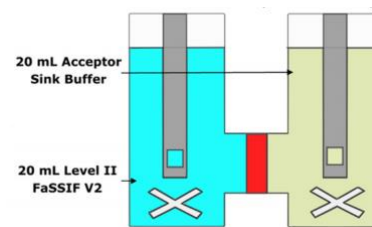
- Model-based analysis of *in vitro* precipitation data from different systems
 - Ketoconazole (BCS II weak base)

Dumping test



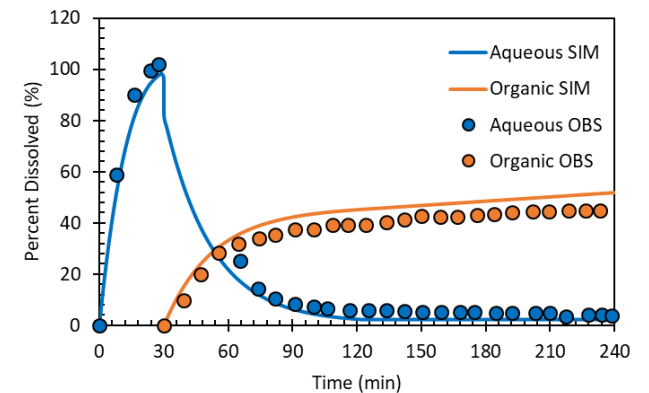
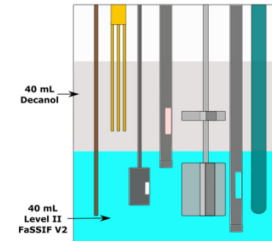
Mean precipitation time = 350 s

Transmembrane flux



Mean precipitation time = 500 s
Surface area = 1.54 cm²

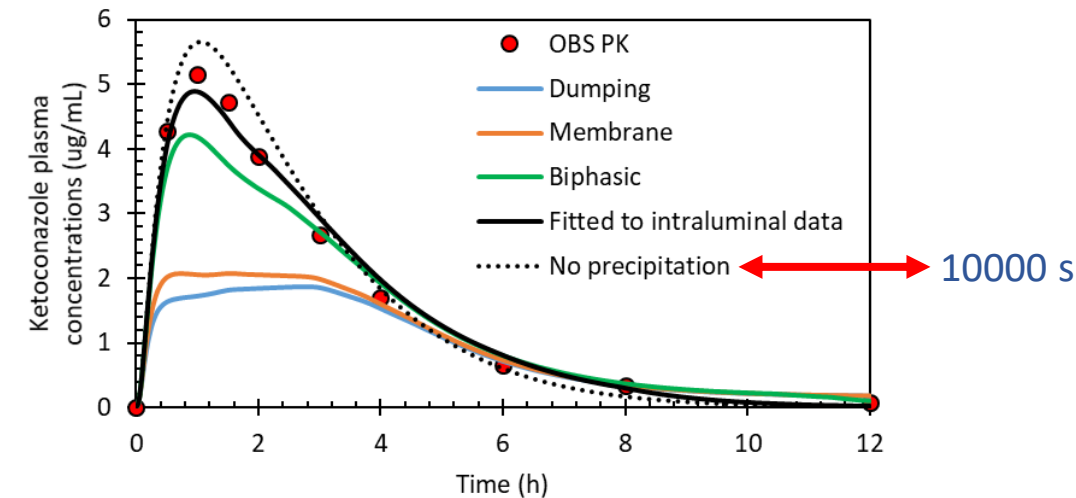
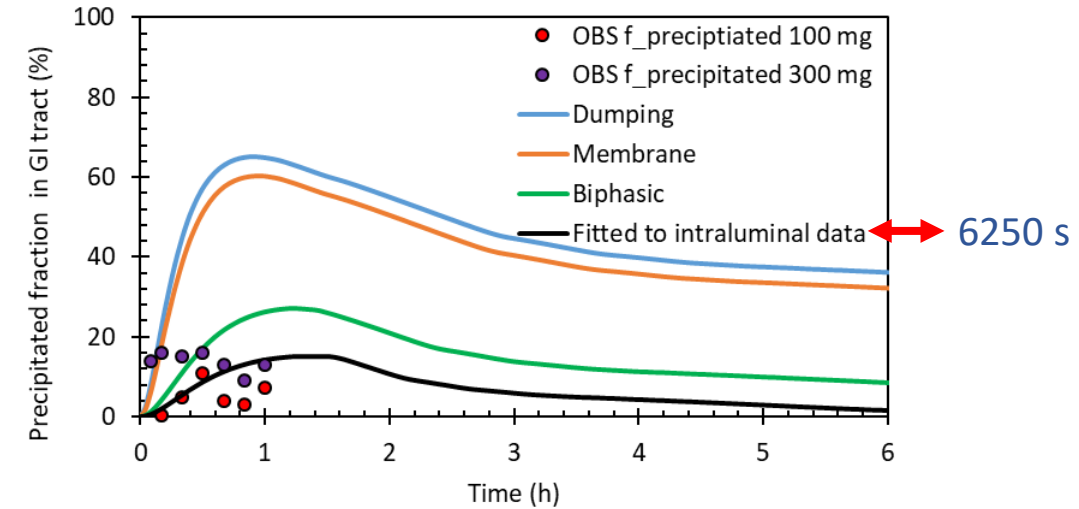
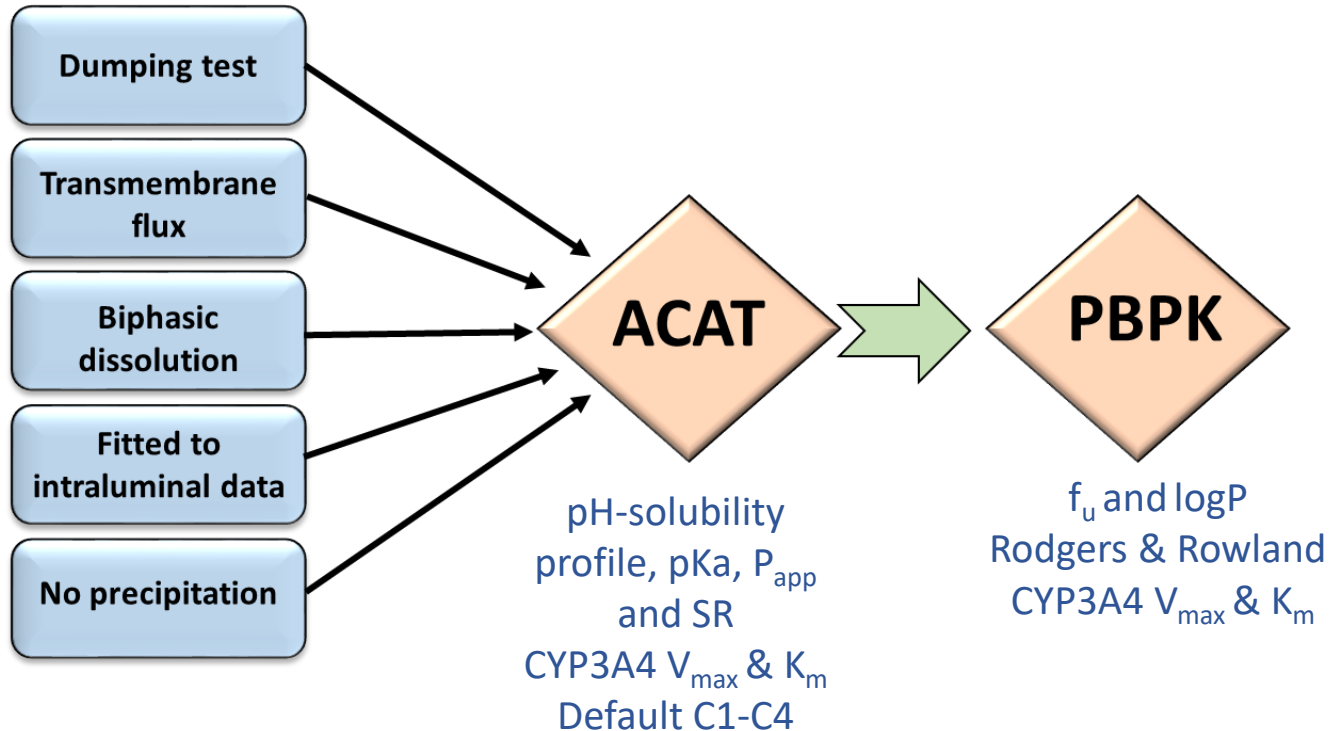
Biphasic dissolution



Mean precipitation time = 2850 s
Surface area = 19.63 cm²

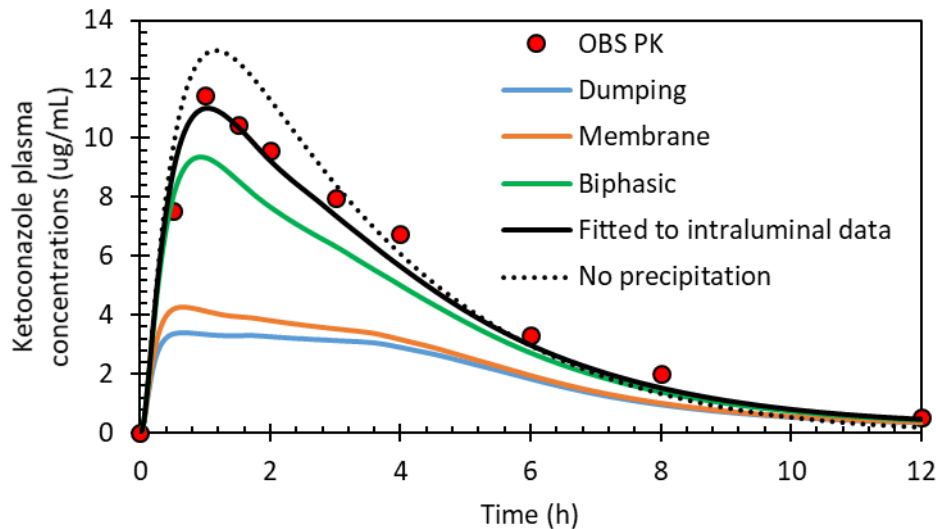
Oral PBPK modeling for poorly soluble weak bases

- IVIVE-PBPK modeling
 - Ketoconazole solution 200 mg – fasted
 - Different *in vitro* systems, different results



Oral PBPK modeling for poorly soluble weak bases

- IVIVE-PBPK modeling
 - Ketoconazole solution 400 and 800 mg – fasted
 - Dose-dependent first-order precipitation rate

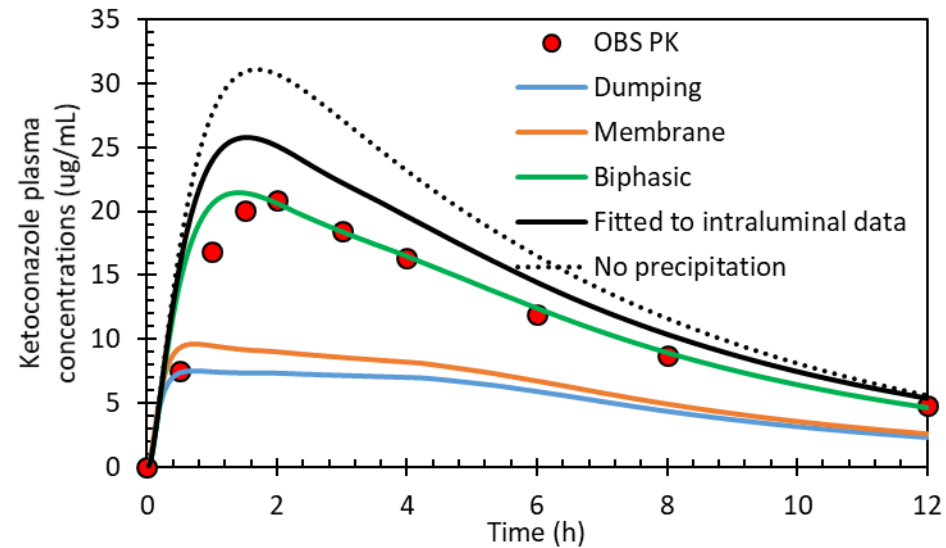


400 mg

OBS AUC_{0-inf} = 55 ug.h/mL

SIM AUC_{0-inf} = 50 ug.h/mL

CL/F = 7.3 L/h



800 mg

OBS AUC_{0-inf} = 170 ug.h/mL

SIM AUC_{0-inf} = 176 ug.h/mL

CL/F = 4.5 L/h

Summary

- Model-based analysis of *in vitro* data is helpful to derive fundamental input parameters for PBPK models, however navigating between different *in vitro* models might be challenging;
- Generalization of first-order precipitation rate across different doses is not straightforward;
- Further research is needed to optimize propagation of WSV through simulations.

Thank you!

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