

In-Vivo Flux: A Breakthrough in IVIVC of Topical Dermatological Formulations

November 6th, 2019

Benjamin A. Kuzma

LIUPharmacy

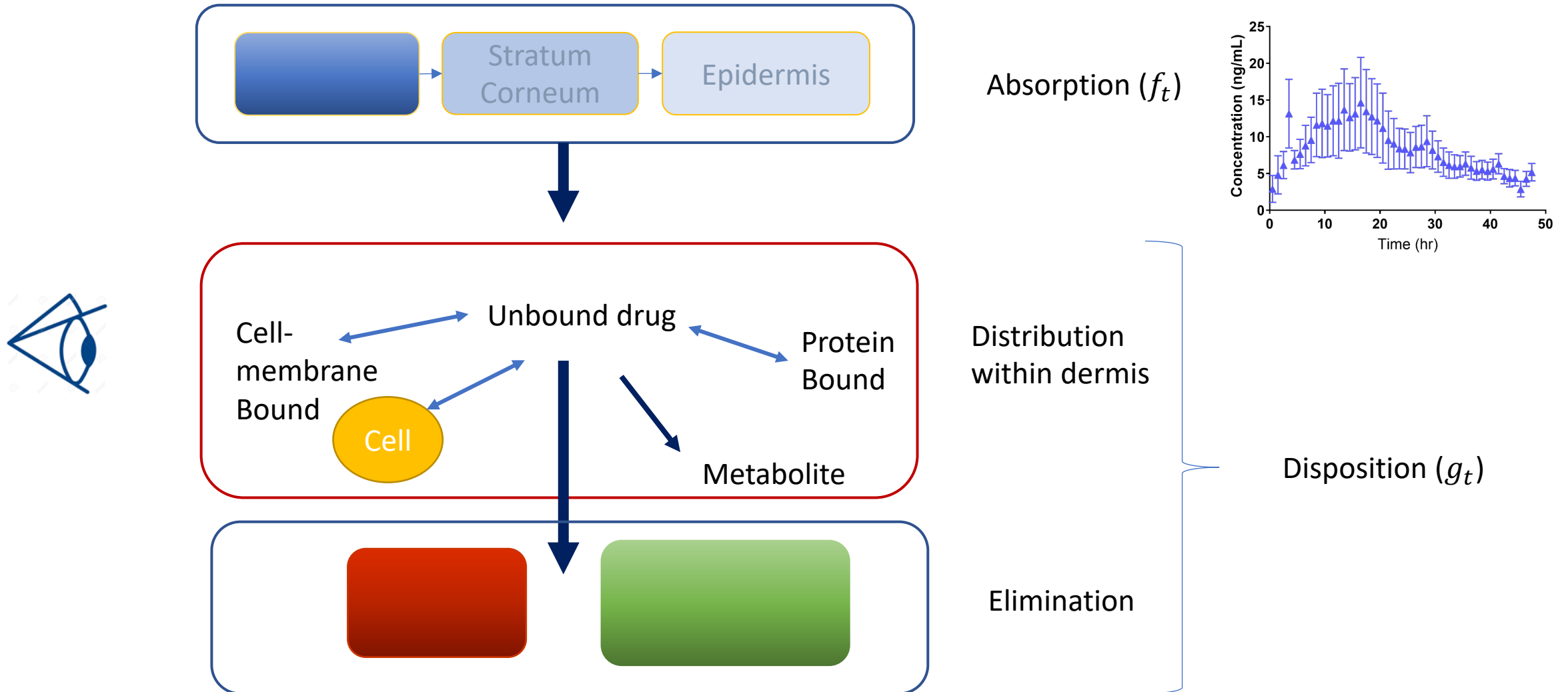
Disclaimer

- The views and opinions presented here represent those of the speaker and should not be considered to represent advice or guidance on behalf of the U.S. Food and Drug Administration.

Objectives

- Demonstrate the applicability of a retrodialysis/microdialysis approach to estimate the dermis unit impulse response (dUIR).
- Calculate MTZ flux and cumulative amount permeated.
- Development of IVIVR from in-vitro permeation testing data (IVPT) and dermal microdialysis (dMD) concentration data to predict dermis pharmacokinetics.

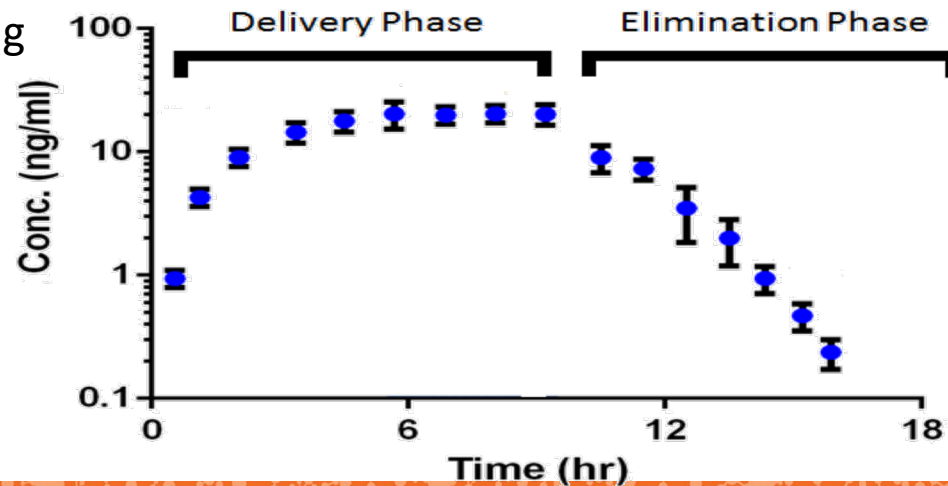
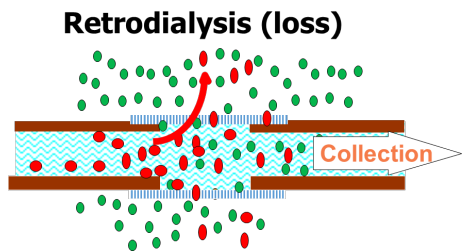
The observed dermis concentration profile results from:



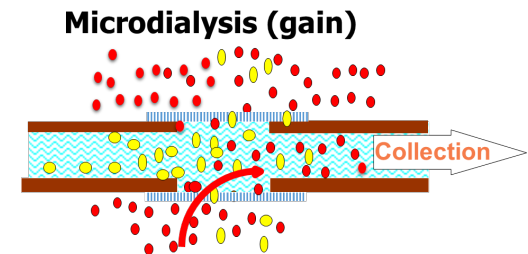
Dermis Disposition: Unit Impulse Response (dUIR)

- Disposition function (g_t) also known as “Unit Impulse Response” (UIR) is defined as:
The concentration deriving from the instantaneous administration of a unit amount of drug: it accounts only for the distribution and elimination processes
- How can we give an instantaneous administration directly in dermis?
- Idea: use a retrodialysis/microdialysis approach:

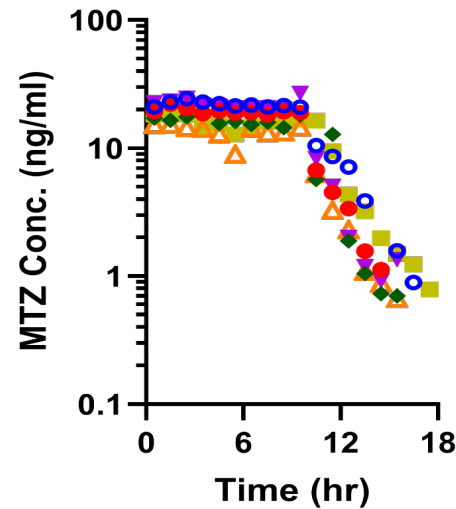
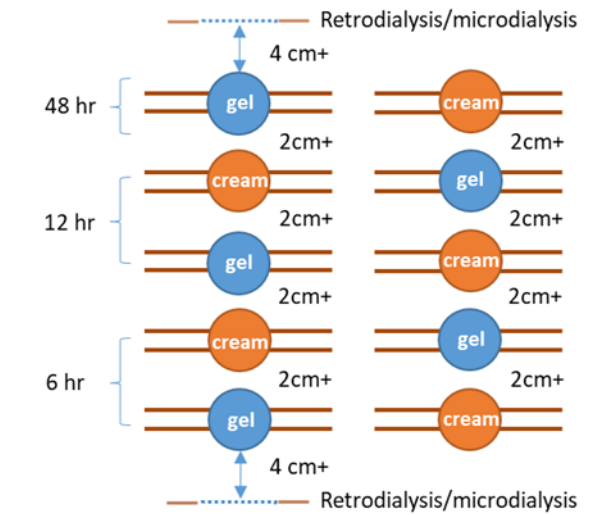
Retrodialysis (loss) to deliver drug



Microdialysis (gain) to sample drug



Estimation of MTZ dUIR in Yucatan mini-pig



- UIR for mono-exponential elimination:

$$UIR = \frac{1}{V_d} \times e^{-k_e t}$$

- Averaged dUIR for all probes and subjects:

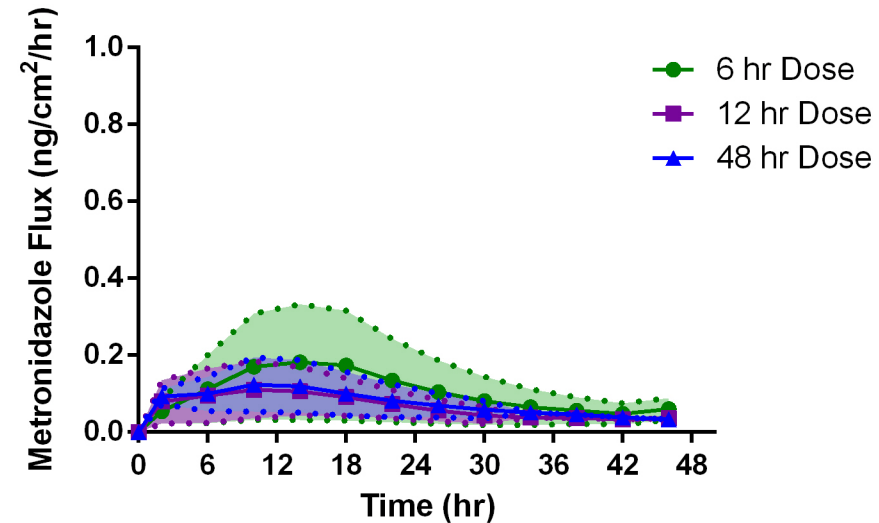
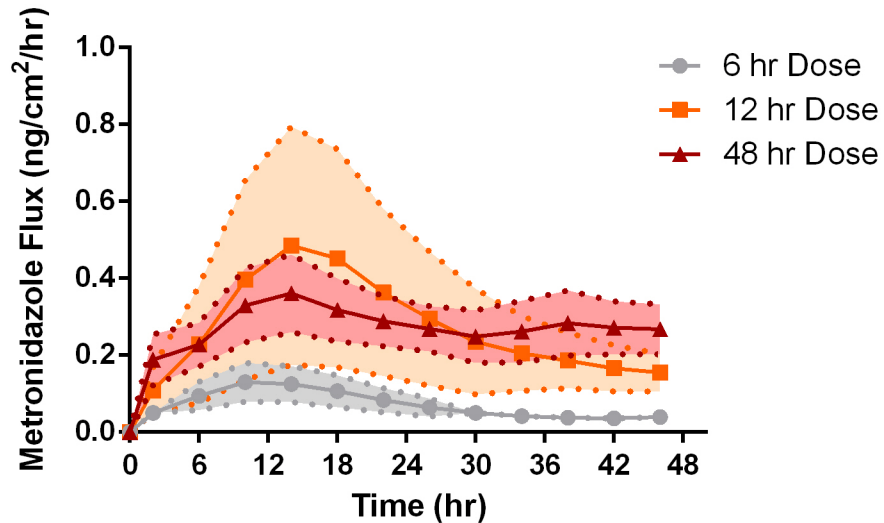
$$dUIR = 10.1 \times e^{-0.45t}$$

3 x



Where V_d has units of mL and K_e has units of hr^{-1}

Deconvolution^[1] of Dermis Concentrations: In-vivo Flux



CREAM: The log transform of maximum flux [$\ln(J_{\max})$] for the 6-hr dose was significantly different from the 12-hr dose ($p=0.019$) and 48-hr dose ($p=0.041$). The $\ln(\text{AUC})$ for the 6-hr dose was also significantly different from the 12-hr dose ($p=0.018$) and 48-hr dose ($p=0.013$).

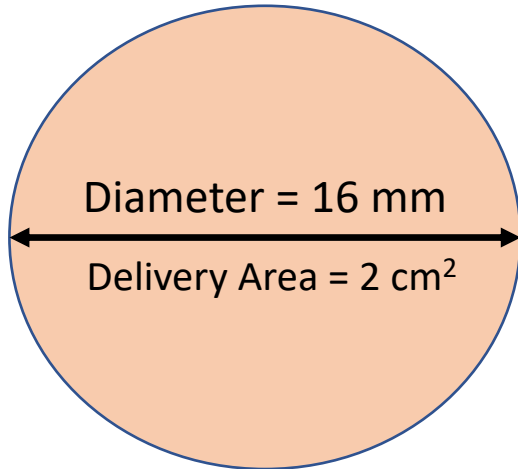
GEL: There was no significant difference amongst the different formulation wipe off schemes for $\ln(J_{\max})$ ($p>0.739$) and $\ln(\text{AUC})$ ($p>0.833$)

CREAM/GEL: Comparison between the cream and the gel at the different dose schemes indicated that both $\ln(J_{\max})$ and $\ln(\text{AUC})$ for the 48-hr dose were significantly different, $p=0.010$ and $p=0.005$, respectively; also at the 12-hr dose scheme the $\ln(J_{\max})$ and $\ln(\text{AUC})$ were significantly different between the formulations, $p=0.02$ and $p=0.02$, respectively; whereas at the 6-hr dose scheme there was no difference between the two formulations.

[1] Numerical Deconvolution performed with Phoenix®, Certara, Princeton, NJ

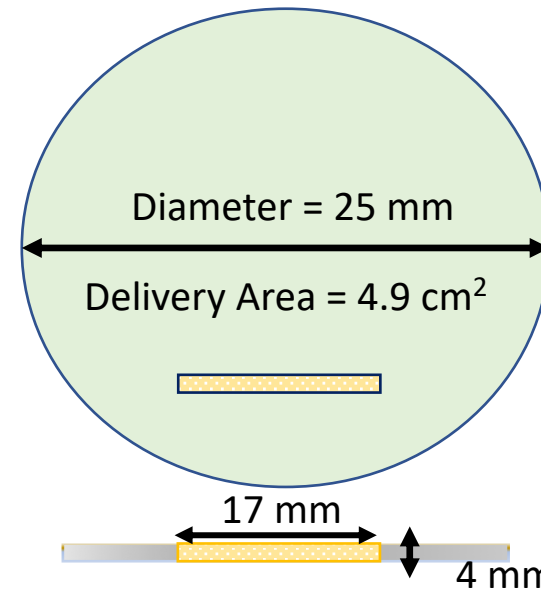
How can we relate IVPT and dMD?

Dose applied: 10 mg/cm²



Area in contact with formulation = 2 cm²

Dose applied: 10 mg/cm²



Area on top of sampling dMD membrane = 0.0068 cm²

Levy Plot: Non-linear Time scaling

Is time scaling required?



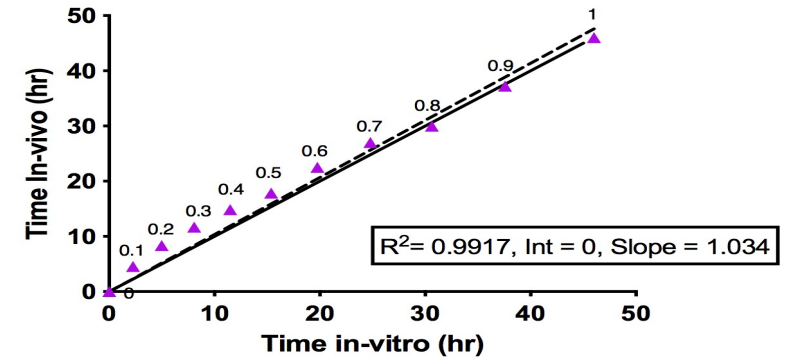
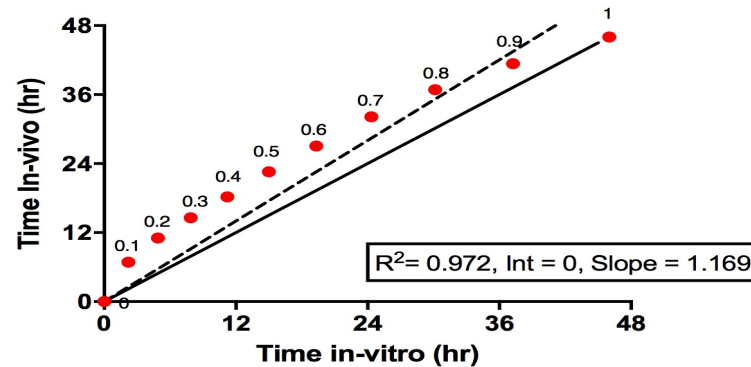
YES

Inverse Release Function

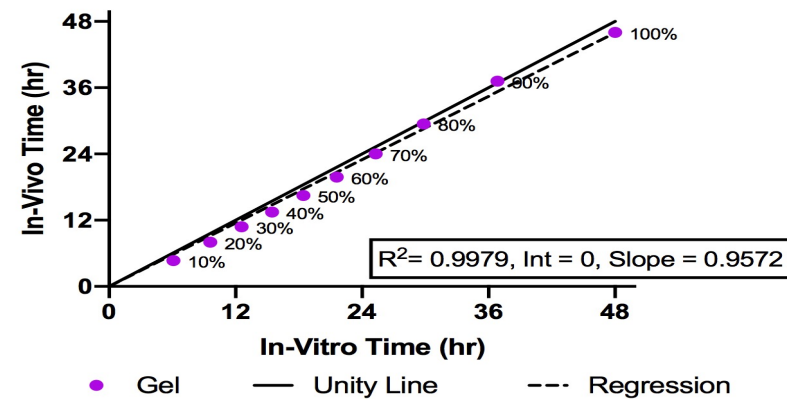
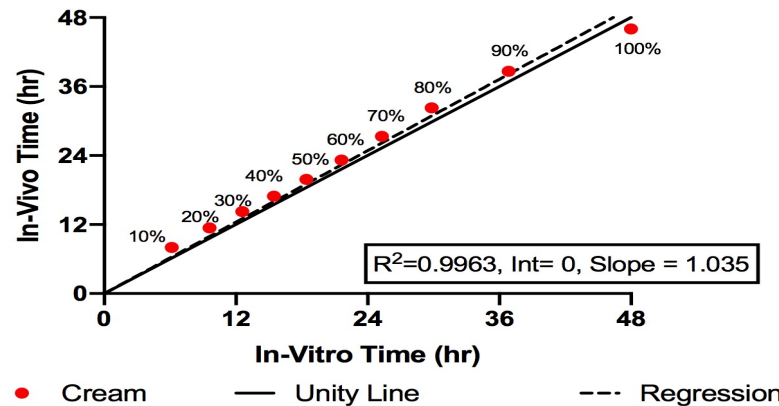
$$TS = \left(-\ln \left(\frac{-\text{absorb}}{F_{inf}} + 1 \right)^{\frac{1}{b}} \right) \times MDT$$

Cardot et al. AAPS J. (2018)

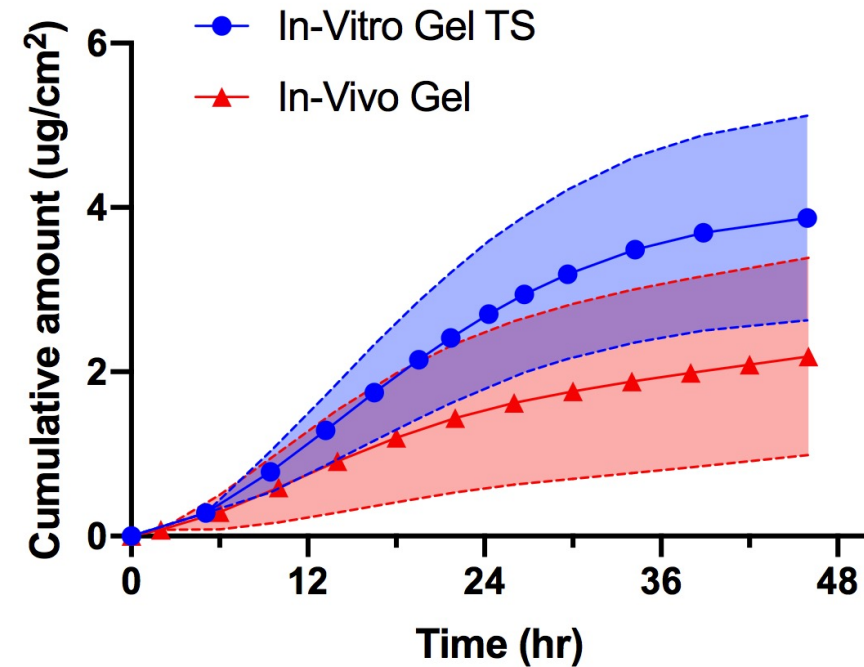
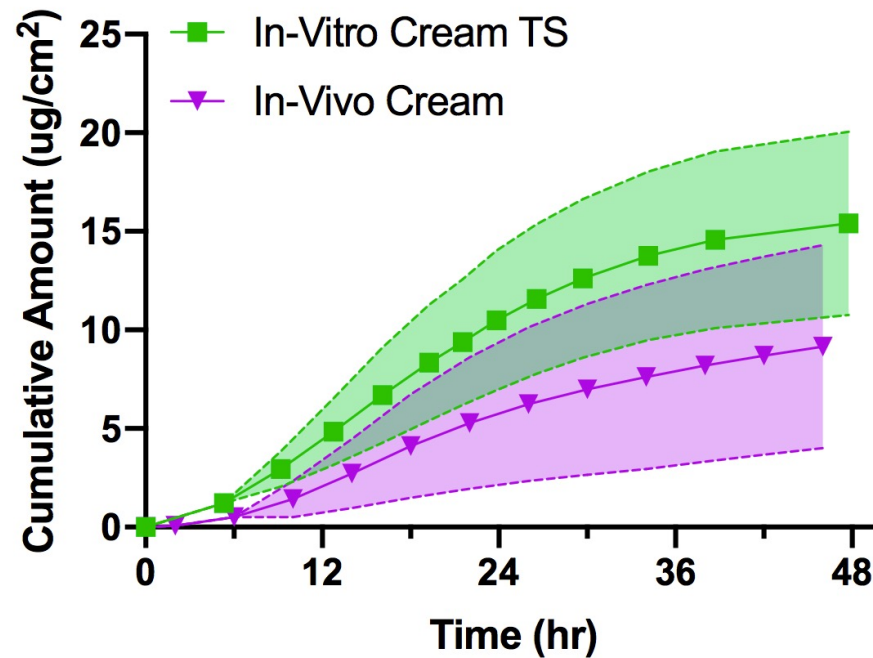
Before Time-Scaling



After Time-Scaling

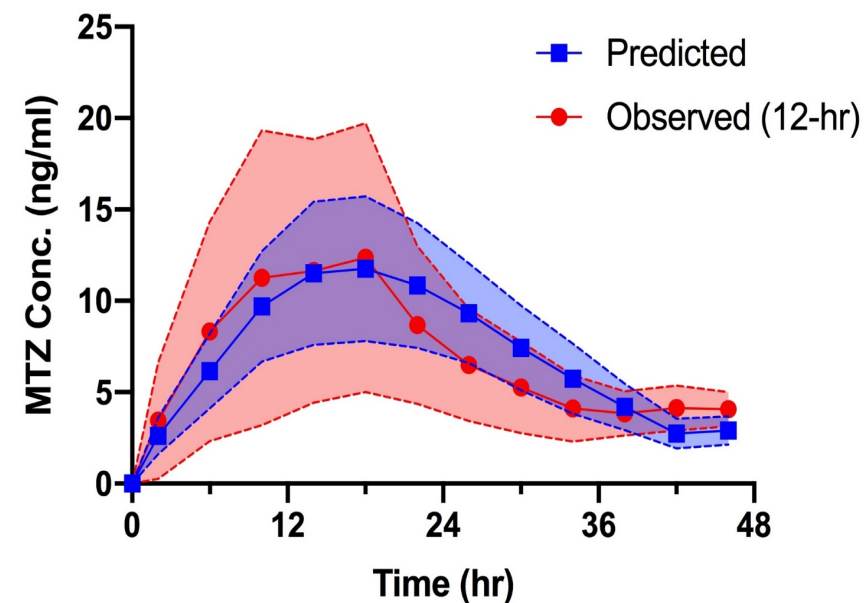
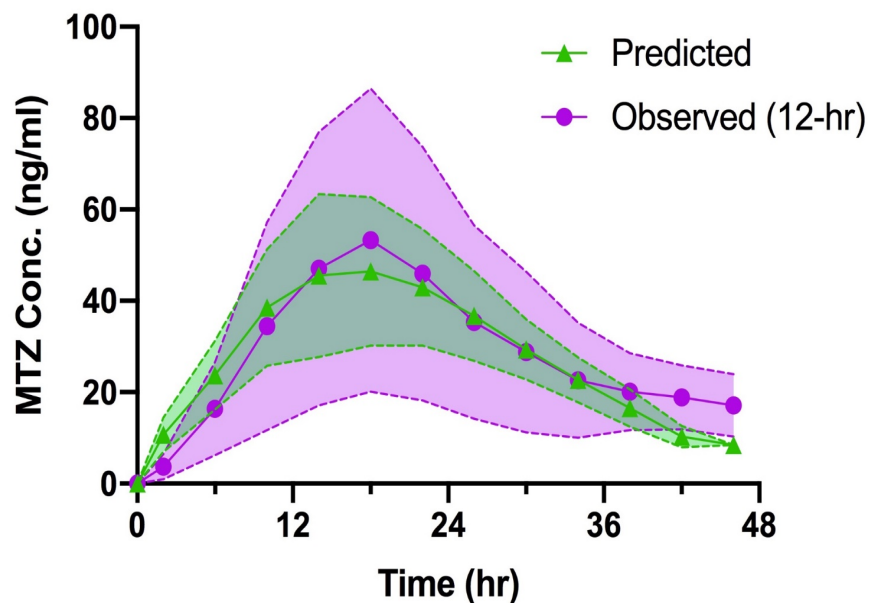


After non-linear time scaling data with Inverse Release Function and correcting the in-vivo dMD data by the area of **0.0068cm²**, we arrive here:



An 'absorption scaling factor' is required to relate IVPT and dMD

Convolution of Time Scaled and Absorption Scaled IVPT data:



Absolute Prediction Errors:

AUC_{all} – 3.4% ✓

AUC_{0-36} – 5.1% ✓

C_{max} – 15.1% ✓

Conclusions

- The deconvolution of the PK profiles utilizing the dermal disposition of MTZ allowed for the characterization of the absorption process in vivo: **in-vivo flux** and **cumulative amount input**.
- Accounting for the sampling area allows for the comparison of drug permeation between IVPT data and dMD data
- Comparison of the in-vitro and in-vivo cumulative amount plots clearly shows a consistent higher MTZ permeation from the cream compared to the gel and the **non-linear time-scale** helped to account for the differences between the in-vitro and in- vivo cumulative amounts.
- The comparison of the observed and predicted in vivo concentration profiles after convolution with the dUIR demonstrates that a **reasonable IVIVR has been established**.
- These results offer a **promising starting point** for further exploration of the microdialysis/retrodialysis approach to study the disposition of drug molecules in the dermis, which can be useful for the development of a quantitative IVIVR for topical dermatological products. Additional research studies are warranted to **further evaluate** the utility of this **approach**, its **assumptions**, and **outcomes**.

Acknowledgments

Long Island University

- Dr. Grazia Stagni
- Sharareh Senemar
- Morasa Sheiky
- Md Asif Ali
- Andrew Litovsky
- Darshil Shah
- Rucha Pathak

The University of Mississippi

Dr. S. Narasimha Murthy

FDA – Office of Generic Drugs (OGD)/ Office of Research and Standards (ORS)

- Dr. Sam Raney
- Dr. Tannaz Ramezanli
- Dr. Priyanka Ghosh

Grant Support - USFDA U01FD005862

Questions

Email: Benjamin.Kuzma@my.liu.edu

LinkedIn: www.linkedin.com/in/benjaminkuzma/

- **Dr. Grazia Stagni Lab Posters:**

- **Sharareh Senemar** – M1430-09-57 - Evaluating the Bioequivalence of Topical Dermatological Drug Products containing Metronidazole using Dermal Microdialysis: Preliminary Studies in Rabbits.
- **Benjamin A. Kuzma** – T1130-09-59 - Estimation of in-vivo percutaneous permeation (flux) and cumulative amount input of metronidazole formulations in mini-pigs' dermis

LIUPharmacy