



## Dissolution Methodologies and IVIVC

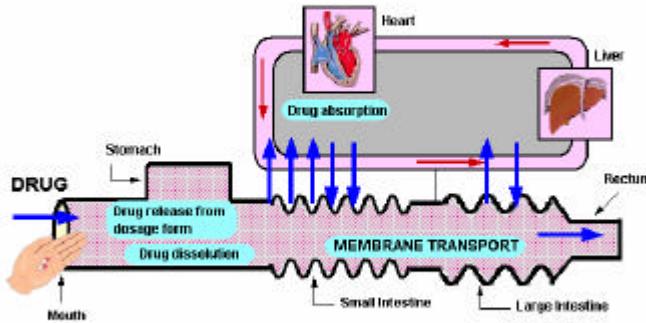
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## Dissolution Methodologies and IVIVC

- Dissolution testing and BCS
- IVIVC:
  - Definition and Levels
  - Development
    - Calculation of fraction absorbed
    - Mathematical modeling
  - Validation: predictability analysis
  - Approached to obtain IVIVC
    - Non linear Mathematical models
    - Biorelevant Dissolution media
- Curve comparison

### Movement of drug through the GI tract:



## Factors influencing dissolution rate

- Noyes Whitney equation

$$\frac{\partial Q}{\partial t} = \frac{A \cdot D}{h} \cdot (C_s - C_t)$$

## Factors influencing dissolution rate

Parameter	Physico-chemical characteristic	Physiological variable	In vitro factor
A	Particle size	Presence of surfactants	Presence of surfactants
h		GI motility	Stirring rate System hydrodynamics
D	Molecular size	Viscosity of GI fluids	Viscosity of medium
Cs	hydrophilicity	pH, surfactants	pH, surfactants
Ct		Volume of GI fluids: secretions	Volume of medium

## Dissolution test

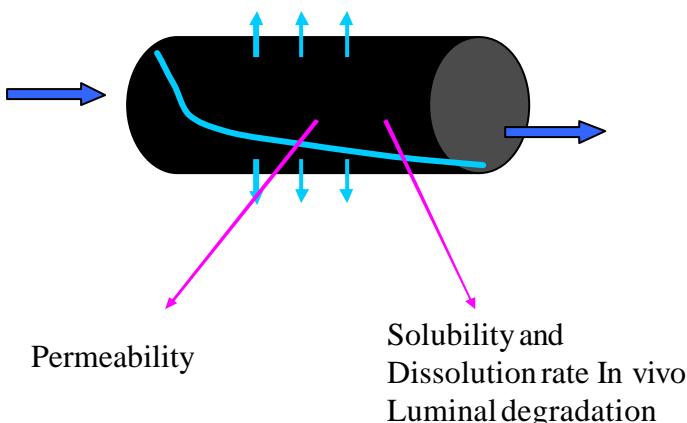
- Quality control:
  - Process control
  - Batch-to-batch quality
- Predictor of Product performance In vivo

BCS

## Dissolution test

Biowaiver: permission to use dissolution test as a surrogate of pharmacokinetic data:

- For accepting product sameness under SUPAC-related changes.
- To waive bioequivalence requirements for lower strengths of a dosage form.
- To support waivers for other bioequivalence requirements.



- Same dissolution profile
- Formulation components do not alter permeability or intestinal transit

Permeability	Class I:HS/HP  Verapamil, Propranolol Metoprolol	Class II:LS/HP  Carbamazepine, Ketoprofen, Naproxen
	Class III:HS/LP  Ranitidine, Cimetidine, Atenolol	Class IV: LS/LP  Furosemide, Hydrochlorothiazide

Volume of aqueous buffer to dissolve the highest dose

### BCS Classes

Dissolution Methodology for Immediate Release Products Based on  
Biopharmaceutics Classification System

Class	Solubility	Permeability	Dissolution Methodology
I	High	High	Single point if $NLT 85\% Q$ in 15 min Multiple point if $Q < 85\%$ in 15 min
II	Low	High	Multiple point
III	High	Low	Same as Class I
IV	Low	Low	Same as Class II

Multiple Point Test: 4 - 6 points each test

Test 1: pH=1, 2 hr., Volume=250 ml

Test 2: Media Change at 0.5, 1, 2 hr. to pH 4.5, 6.5, 8.0

Surfactant media when required to achieve

$Q=85\%$ , Volume=900 ml



## BCS Classes

**In Vitro-In Vivo (IVIV) Correlation Expectations for Immediate Release Products Based on Biopharmaceutics Classification System**

Class	Solubility	Permeability	IVIV Correlation Expectation
I	High	High	IVIV correlation if dissolution rate is slower than gastric emptying rate. Otherwise, limited or no correlation is expected.
II	Low	High	IVIV correlation expected if <i>in vitro</i> dissolution rate is similar to <i>in vivo</i> dissolution rate unless dose is very high.
III	High	Low	Absorption (permeability) is rate determining and limited, or no IVIV correlation with dissolution rate.
IV	Low	Low	Limited or no IVIV correlation expected.



## IVIVC Definition

- An *In-vitro in-vivo* correlation (IVIVC) has been defined by the Food and Drug Administration (FDA) as “a predictive mathematical model describing the relationship between an in-vitro property of a dosage form and an in-vivo response”.

- **Bioequivalent drug products:**

Pharmaceutical equivalents or pharmaceutical alternatives whose rate and extent of absorption do not show a significant difference when administered at the same molar dose of the therapeutic moiety under similar experimental conditions, either single dose or multiple dose. (27 CFR 320.1(e)).

## Methods for assessing BE<sup>1</sup>

- **Pharmacokinetic study**
- **Pharmacodynamic study**
- **Comparative clinical study**
- **In vitro study**

### 1.GUIDANCE FOR INDUSTRY

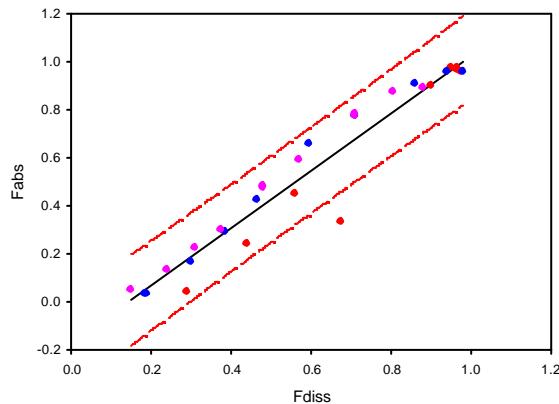
Bioavailability and Bioequivalence Studies for Orally Administered Drug Products  
— General Considerations

- The main objective of developing and evaluating an IVIVC is to establish the **dissolution test as a surrogate** for human bioequivalence studies, which may reduce the number of bioequivalence studies performed during the initial approval process as well as with certain scale-up and post approval changes.

## IVIVC Levels

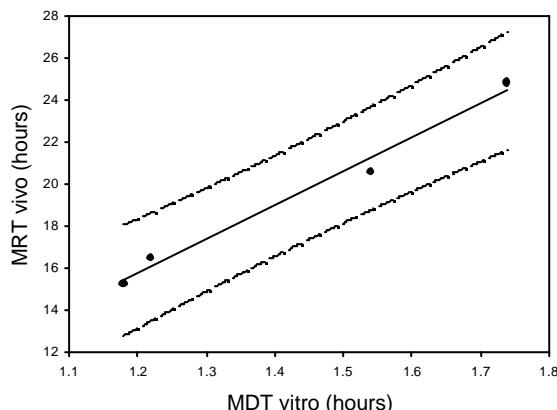
- Level A correlation is a point to point relationship between *in vitro* dissolution and the *in vivo* absorption rate of a drug from the dosage form.
- Level B compares the mean *in vitro* dissolution time (MDT<sub>vitro</sub>) to the mean *in vivo* dissolution time (MDT<sub>vivo</sub>).
- Level C is a single point comparison of the amount of drug dissolved at one dissolution time point to one pharmacokinetic parameter.
- Multiple Level C is a correlation involving one or several pharmacokinetic parameters to the amount of drug dissolved at various time points.

## Level A correlation



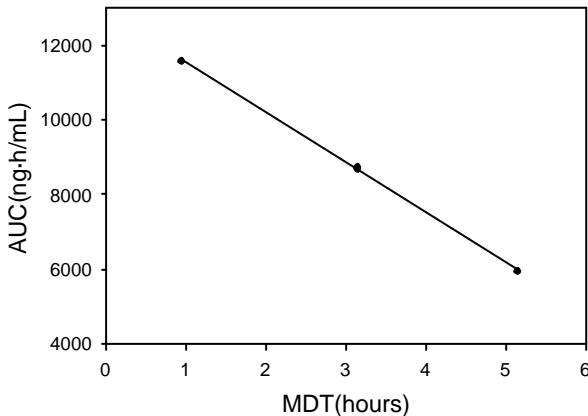
Adapted from Sirisuth N and Eddington N.  
*Int. J. Generic Drugs (IVIVC series part III)*

## Level B correlation



Adapted from Sirisuth N and Eddington N.  
*Int. J. Generic Drugs (IVIVC series part III)*

### Level C correlation



Adapted from Balan G *et al.* *J.Pharm Sci* **90**(8)1176-1185.(2001)

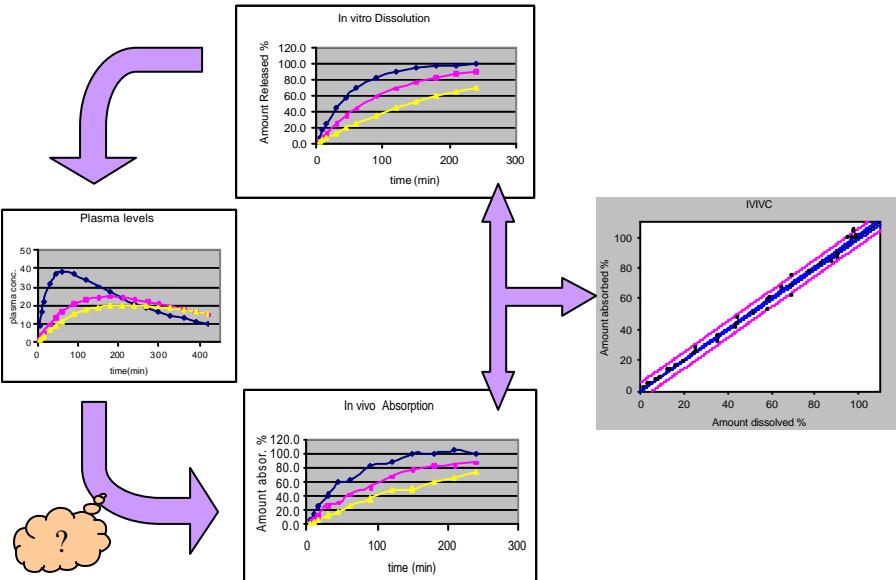
### Development of IVIVC: level A

#### Two steps approach

#### One step approach

- develop formulations with different release rates, such as slow, medium, fast;
- obtain in vitro dissolution profiles and in vivo plasma concentration profiles for these formulations

Step 1	<ul style="list-style-type: none"> <li>▪ estimate the <i>in vivo absorption or dissolution time course</i> using an appropriate technique for each formulation and subject.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Predict plasma concentration from in vitro profile using a LINK model whose parameters are fitted in one step</li> </ul>
Step 2	<ul style="list-style-type: none"> <li>▪ Establish the Link model between in vivo and in vitro variable</li> <li>▪ Predict plasma concentration from in vitro data using the Link model</li> </ul>	<ul style="list-style-type: none"> <li>• Do not involve deconvolution</li> <li>• Link model is not determined separately</li> <li>• Can be done without a reference (IV bolus, oral solution or IR form)</li> </ul>

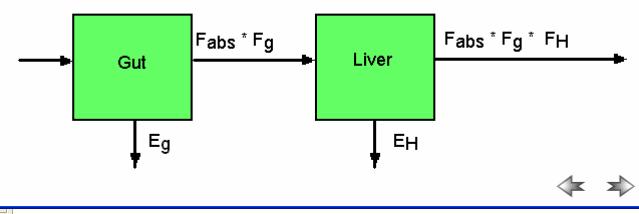


Bioavailability after oral administration can be expressed as follows:

$$F_{sys} = F_{abs} * F_g * F_H = F_{abs} * (1 - E_g) * (1 - E_H)$$

where  $F_{abs}$  is the fraction of the drug absorbed into the portal system;  $F_g$  is the fraction of the absorbed dose that is not eliminated by the gut, and  $F_H$  is the fraction escaping first pass metabolism.

Assumptions:  
 Linear disposition  
 Linear first pass  
 Linear absorption



## Determining the fraction of dose absorbed

- Model dependent methods
  - Wagner Nelson Equation
  - Loo-Riegelman Method
- Model independent methods
  - Deconvolution

- Wagner Nelson: Mass balance

$$\begin{aligned} Q_{at} &= Q_{ct} + Q_{et} \\ Q_{ct} &= C \cdot V_d \quad Q_{et} = k_{el} \cdot V_d \cdot AUC_0^t \end{aligned}$$

$$\begin{aligned} Q_{at} &= C_t \cdot V_d + k_{el} \cdot V_d \cdot AUC_0^t \\ Q_{a\infty} &= k_{el} \cdot V_d \cdot AUC_0^\infty \end{aligned}$$

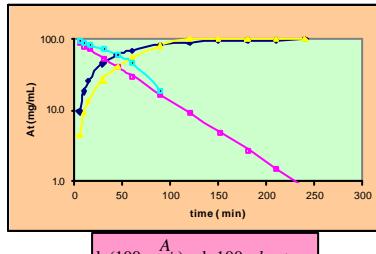
$$\begin{aligned} \frac{Q_t}{Q_\infty} &= \frac{C_t \cdot V_d + k_{el} \cdot V_d \cdot AUC_0^t}{k_{el} \cdot V_d \cdot AUC_0^\infty} \\ Q_{at}/V_d &= Q_{ct}/V_d + Q_{et}/V_d \end{aligned}$$

■ Wagner Nelson: Mass balance

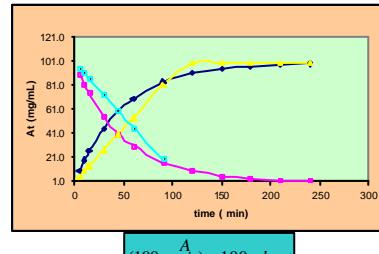
$$A_t = A_c + A_e$$

$$\frac{A_t}{A_\infty} = \frac{C_t + k_{el} \cdot AUC_0^t}{k_{el} \cdot AUC_0^\infty}$$

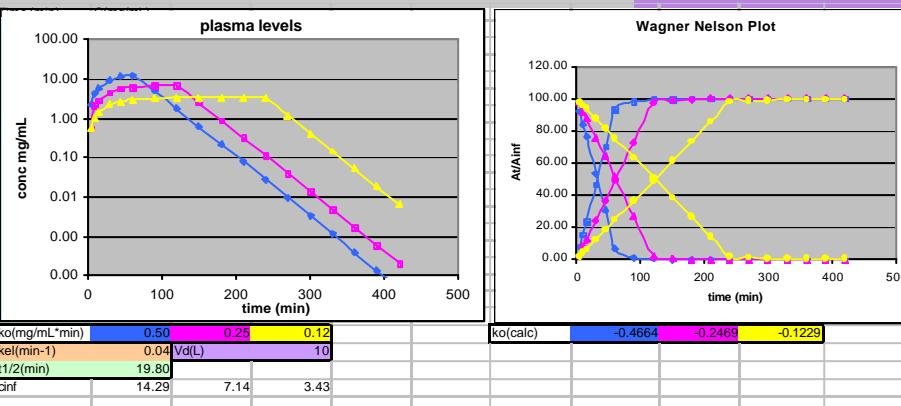
$$1 - \frac{A_t}{A_\infty} = \text{fraction remaining to be absorbed}$$



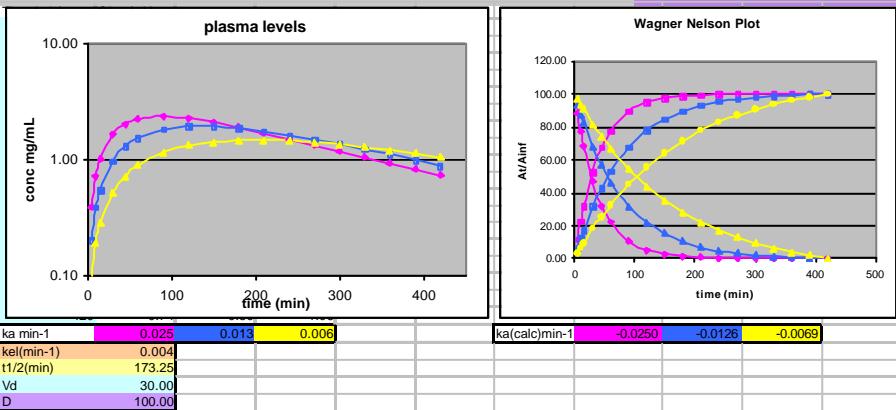
$$\ln\left(100 - \frac{A_t}{A_\infty}\right) = \ln 100 - k_a \cdot t$$



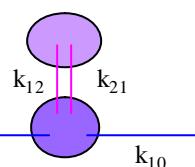
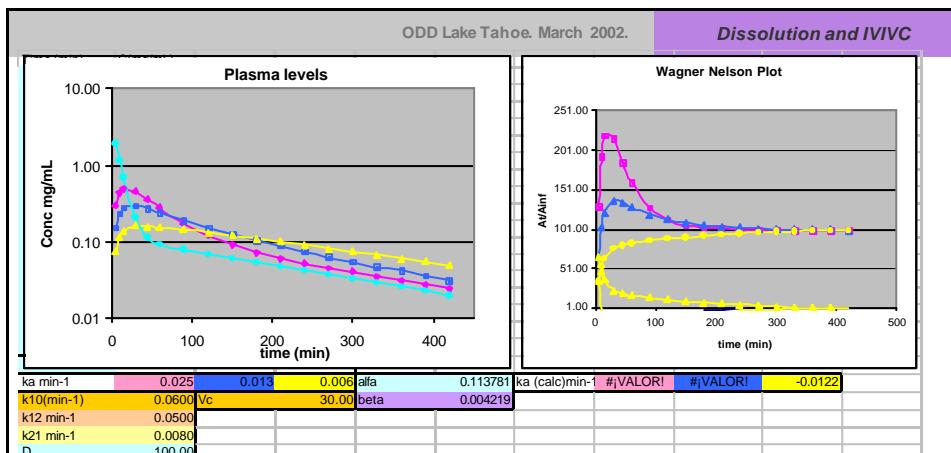
$$(100 - \frac{A_t}{A_\infty}) = 100 - k_a \cdot t$$



$$(100 - \frac{A_t}{A_\infty}) = 100 - k_a \cdot t$$



$$\ln\left(100 - \frac{A_t}{A_\infty}\right) = \ln 100 - k_a \cdot t$$



$$A = C + E$$

- Loo-Riegelman: Mass balance

$$\frac{Q_a}{V_c} = \frac{Q_c + Q_e + Q_p}{V_c}$$

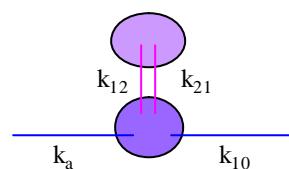
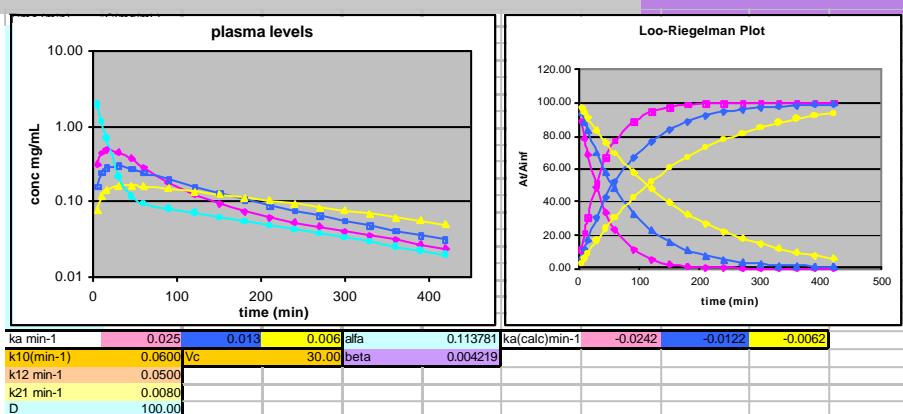
$$A_t = C_t + E_t + P_t$$

Parameters obtained from IV data  
IV and oral administration with the same subjects

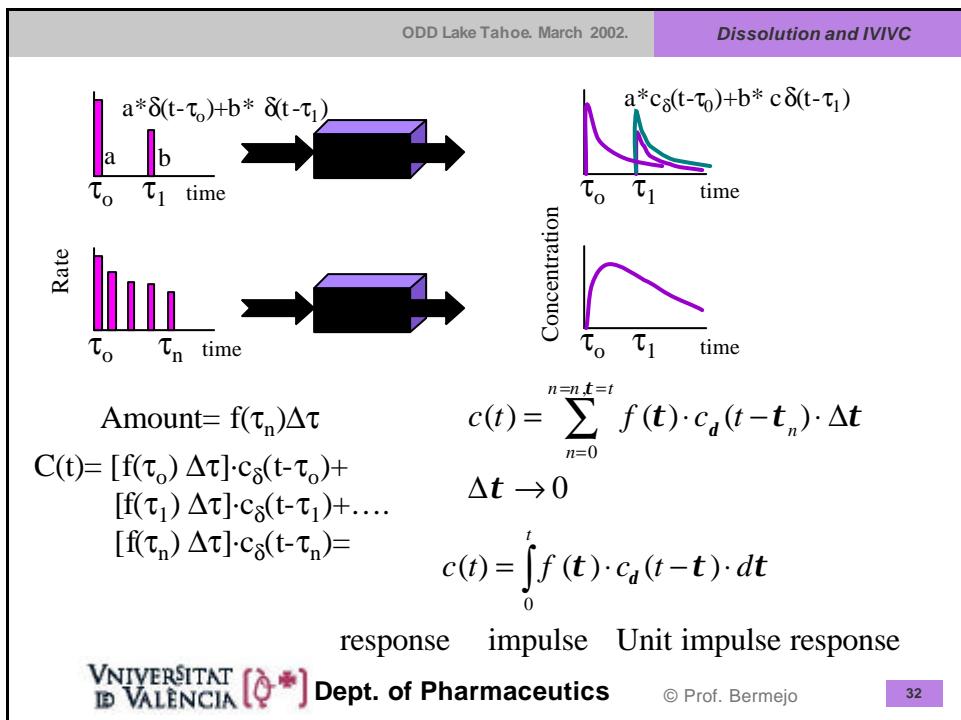
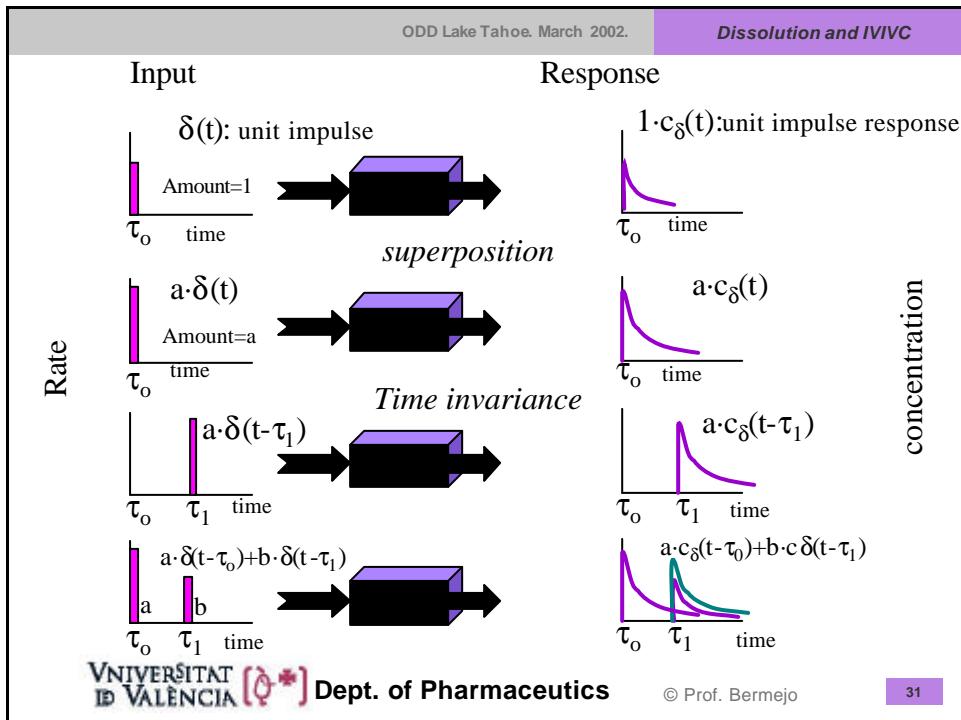
$$A_t = C_t + k_{10} \cdot AUC_0^t + P_t$$

$$P_t = k_{12} \cdot e^{-k_{21} \cdot t} \cdot \int_0^t C \cdot e^{k_{21} \cdot \tau} d\tau$$

$$P_t = P_{t-1} \cdot e^{-k_{21} \cdot \Delta t} + \frac{k_{12}}{k_{21}} \cdot C_{t-1} (1 - e^{-k_{21} \cdot \Delta t}) + \frac{k_{12}}{2} \cdot \Delta C \cdot \Delta t$$



$$A = C + E + P$$



## Methods of Deconvolution

Convolution: solving  $c(t)$  given  $f(t)$  and  $c_\delta(t)$

Deconvolution: solving  $f(t)$  given  $c_\delta(t)$  and  $c(t)$   
or solving  $c_\delta(t)$  given  $f(t)$  and  $c(t)$

- Analytic: Laplace transforms
- Implicit: deconvolution by curve fitting
- Numeric: point-area

## Laplace transform

$$\ell\{f(t)\} = F(s) = \int_0^{\infty} e^{-st} \cdot f(t) \cdot dt$$

■ Analytic: Laplace transforms

$$c(t) = \int_0^t f(t) \cdot c_d(t-t) \cdot dt$$

response      input      Unit impulse response

$$c(t) = \ell^{-1} [\ell[f(t)] \cdot \ell[c_d(t)]] \quad f(t) = F \cdot D \cdot k_a \cdot e^{-k_a \cdot t} \quad \ell[f(t)] = \frac{F \cdot D \cdot k_a}{(s + k_a)}$$

$$\ell[c_d(t)] = \ell[f(t)] \cdot \ell[c_d(t)] \quad c_d(t) = \frac{1}{D} \cdot (\frac{D}{V_d} \cdot e^{-k_a \cdot t}) \quad \ell[c_d(t)] = \frac{1}{V_d \cdot (s + k_{el})}$$

$$C(s) = F(s) \cdot C_d(s)$$

$$\ell[f(t)] \cdot \ell[c_d(t)] = \frac{F \cdot D \cdot k_a}{V_d \cdot (s + k_a) \cdot (s + k_{el})}$$

$$\ell^{-1} \left[ \frac{F \cdot D \cdot k_a}{V_d \cdot (s + k_a) \cdot (s + k_{el})} \right] = \frac{F \cdot D \cdot k_a}{V_d \cdot (k_a - k_{el})} \cdot (e^{-k_d \cdot t} - e^{-k_a \cdot t})$$

### Implicit: deconvolution by curve fitting

$$c_d(t) = \frac{1}{D} \cdot \left( \frac{D}{\bullet} \cdot e^{\bullet \cdot t} \right)$$

$$c(t) = \bullet \cdot \bullet \cdot (e^{-k_a \cdot t} - e^{\bullet \cdot t})$$

$$f(t) = \bullet \cdot D \cdot k_a \cdot e^{-k_a \cdot t}$$

Simultaneous fit

Numeric: point-area

$$c(t) = \int_0^t f(t) \cdot c_d(t-t) \cdot dt$$

Assuming  $f(\tau) = R = \text{constant}$  in an interval:  $T_{i-1} < \tau < T_i$

$$c(Tn) = \sum_{i=1}^n R_i \int_{T_{i-1}}^{T_i} c_d(Tn-t) \cdot dt$$

By substitution of variables, solving for  $R_n$ , if  $\Delta\tau$  is constant

$$R_n = \frac{c_n - \sum_{i=2}^n R_{i-1} \cdot AUC_{d_{n-i+1}}^{n-i+2}}{AUC_0^1}$$

$$R_1 = \frac{c_1}{AUC_0^1}$$

$$R_2 = \frac{c_2 - (R_1 \cdot AUC_1^2)}{AUC_0^1}$$

$$R_3 = \frac{c_3 - (R_1 \cdot AUC_2^3 + R_2 \cdot AUC_1^2)}{AUC_0^1}$$

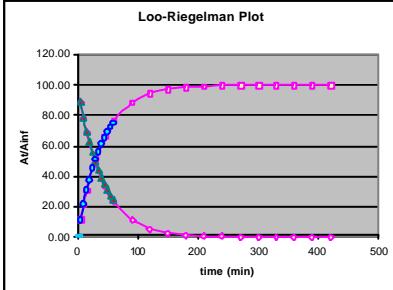
$$R_4 = \frac{c_4 - (R_1 \cdot AUC_3^4 + R_2 \cdot AUC_2^3 + R_3 \cdot AUC_1^2)}{AUC_0^1}$$

## Point area

Time (min)	C(mg/mL)	25	AUC(Tn-1-Tn)	
5	2.250	14.51	98.77	AUC(T0-T1)
10	3.302	8.56	57.68	AUC(T1-T2)
15	3.699	5.19	34.38	AUC(T2-T3)
20	3.749	3.27	21.16	AUC(T3-T4)
25	3.621	2.18	13.63	AUC(T4-T5)
30	3.411	1.56	9.34	AUC(T5-T6)
35	3.169	1.19	6.87	AUC(T6-T7)
40	2.924	0.98	5.44	AUC(T7-T8)
45	2.688	0.86	4.60	AUC(T8-T9)
50	2.468	0.78	4.10	AUC(T9-T10)
55	2.266	0.73	3.78	AUC(T10-T11)
60	2.083	0.70	3.57	AUC(T11-T12)

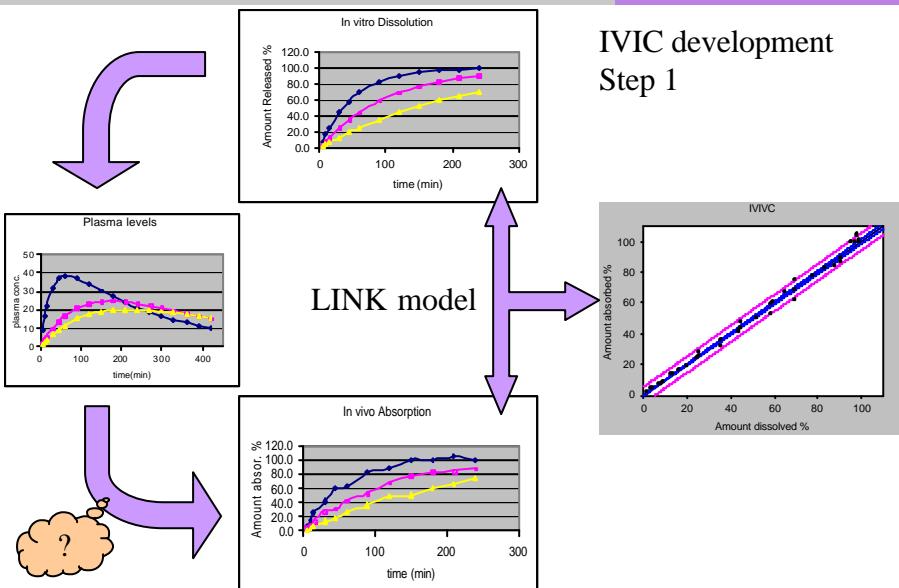
  

	R' * dt	Suma(R' * dt) * 100	100-A
R1	0.02278	0.11392	0.1139
R2	0.02012	0.10060	0.2145
R3	0.01777	0.08884	0.3034
R4	0.01384	0.06918	0.3725
R5	0.01494	0.07471	0.4473
R6	0.01225	0.06127	0.5085
R7	0.01083	0.05413	0.5627
R8	0.00956	0.04782	0.6105
R9	0.00845	0.04226	0.6527
R10	0.00747	0.03734	0.6901
R11	0.00660	0.03300	0.7231
R12	0.00583	0.02917	0.7523



$$R_n = \frac{c_n - \sum_{i=2}^n R_{i-1} \cdot AUC_{d_{n-i+1}}}{AUC_0^1}$$

## IVIC development Step 1



Dual Step method:

**Step1:**

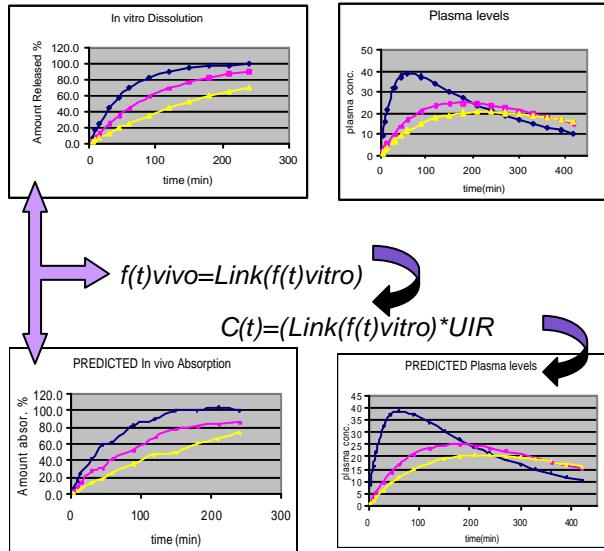
1. IV bolus: Obtain Unit Impulse Response (UIR)
2. Oral administration
3. Deconvolution of oral curve using UIR to obtain Input function in vivo  $f(t)_{vivo}$
4. Dissolution In vitro:  $f(t)_{vitro}$
5. LINK model: relationship between in vitro variable and in vivo  
 $f(t)_{vivo} = \text{Link}(f(t)_{vitro})$

**Step 2:**

1. Predict plasma concentration from in vitro data using link model  
 $C(t) = (\text{Link}(f(t)_{vitro}) * \text{UIR})$

### References to obtain UIR. Input function

- IV bolus,
  - UIR: disp;
  - Input function: diss+abs+1st pass: availability rate
- Oral Solution,
  - UIR (abs +1st pass)
  - Input function: release rate
- IR dosage form,
  - UIR (diss from IR+ abs + 1st pass)
  - Input function: release rate from MR



IVIC : step 2 and predictability analysis

% Prediction error		
	Cmax	AUC
Fast	<15%	<15%
Med	<15%	<15%
Slow	<15%	<15%
Average	<10%	<10%

- Internal validation
- External validation

### Approaches to obtain an IVIVC

1. Look for an appropriate mathematical model to describe the relationship between in vitro-in vivo dissolution
2. Choose different dissolution conditions to match in vivo dissolution profile

## Level A correlation: Approach 1. Example of non linear relationships

Proportional Odds models

$T_{vit \ or \ viv}$ : Time to go into solution → Random variable

$F_{(t)vit \ or \ viv}$ : Distribution function=fraction of dose dissolved at time t

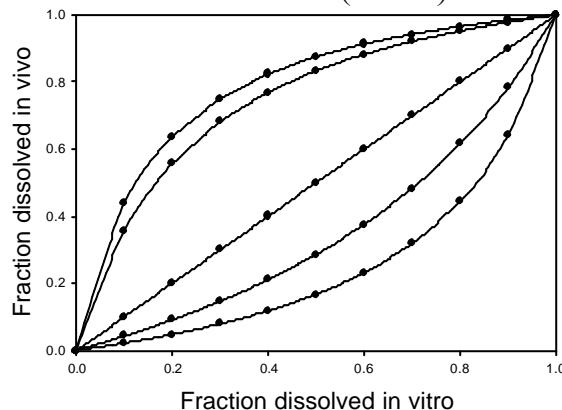
$$\log\left(\frac{F_{(t)viv}}{1-F_{(t)viv}}\right) = \log(a) + \log\left(\frac{F_{(t)vit}}{1-F_{(t)vit}}\right)$$

Adapted from Dunne A. et al. J Pharm Sci. 86(11)1245-1249(1997)

## Level A correlation: Approach 1. Example of non linear relationships

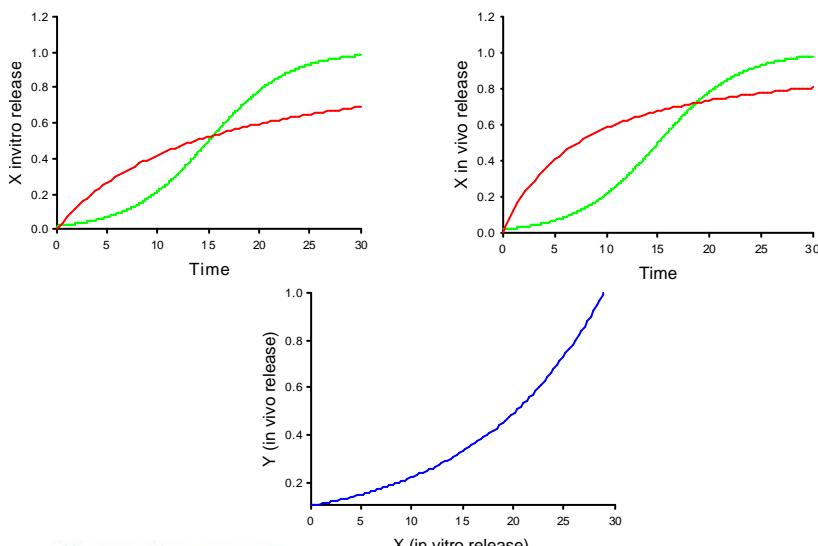
Proportional Odds models

$$\log\left(\frac{F_{(t)viv}}{1-F_{(t)viv}}\right) = \log(a) + \log\left(\frac{F_{(t)vit}}{1-F_{(t)vit}}\right)$$



Adapted from Dunne A. et al. J Pharm Sci. 86(11)1245-1249(1997)

## Autonomic vs non autonomic relationships



## Biorelevant Dissolution Media: Approach 2

Fasted State simulated intestinal Fluids		Fed State simulated intestinal Fluid		
pH	6.8	6.5	pH	5.0
Osmolality (mOsmol)	280-310±10	270±10	Osmolality(mOsmol)	635±10
Na Taurocholate	5 mM	3 mM	Na Taurocholate	15 mM
Lecithin	1.5 mM	0.75 mM	Lecithin	3.75 mM
KH <sub>2</sub> PO <sub>4</sub>	0.029 mM	3.9 g	Acetic Acid	8.65 g
KCl	0.22M	7.7 g	KCl	15.2 g
NaOH	qs pH 6.8	qs pH 6.5	NaOH	Qs pH 5.0
Deionized Water	qs 1 liter	qs 1 liter	Deionized Water	Qs 1 liter

- From Galia E et al. *Pharm Res* 15(5) 698-705 (1998)

- From Dressman J et al. *Pharm Res* 15(1) 11-22 (1998)

Component	Concentration (mM)				
	FaSIMS	FESIMS	FeSIES	FaSSIF	FeSSIF
Taurodeoxycholate	5	10	10	-	-
Taurocholate	-	-	-	3	15
KH <sub>2</sub> PO <sub>4</sub>	-	-	-	29	-
CH <sub>3</sub> COOH	-	-	-	-	144
Dodecanoic Acid	0.25	10	20	-	-
Monocaprin	-	3	10	-	-
Sesame oil	-	-	70	-	-
Lecithin	0.25	0.6	3	0.75	3.75
Lysolecithin	0.75	2.4	3	-	-
NaCl	142	85	85	-	-
KCl	-	-	-	103	204
pH	5 to 7.5	5 to 7.5	5	6.5	5
Visual description	Clear	Pearlescent at pH 5; Clear at pH 7.5	Pearlescent w/TG; Cloudy without TG	Slightly cloudy	Clear

Adapted from Luner P. and Vander Kamp D. et al. J. Pharm Sci 90(3) 348-359(2001)

## Biorelevant Dissolution Media: Approach 2

Fasted State simulated Gastric Fluid	
HCl	0.01-0.05 N6.5
Na Lauryl sulfate	2.5 g
NaCl	2 g
Distilled Water	qs 1 liter

From Dressman J et al. Pharm Res 15(1) 11-22 (1998)

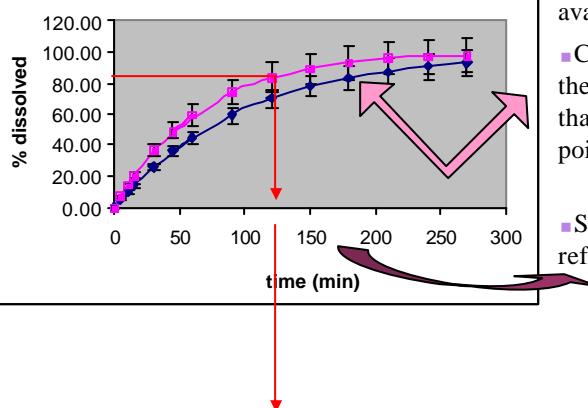
## Dissolution curve comparison

- Model independent approach:
  - $f_1$ : difference factor
  - $f_2$  similarity factor

$$f_2 = 50 \cdot \log \left\{ 1 + \frac{1}{n} \cdot \sum_{t=1}^n (R_t - T_t)^{-0.5} \right\} \cdot 100$$

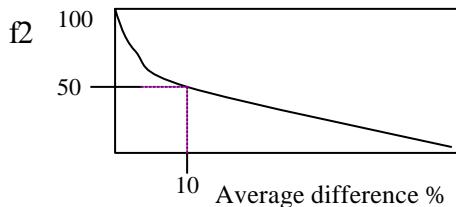
$$f_1 = \left\{ \frac{\sum_{t=1}^n |R_t - T_t|}{\sum_{t=1}^n R_t} \right\} \cdot 100$$

**Curve comparison**



- Three to four or more dissolution data point availables
- Coefficient of variation of the earlier data points less than 20% and in later data points not more of 10%
- Same data points for reference and test
- Only one data point after 85% dissolution of one of the products

- A f<sub>2</sub> value =50 ensures sameness of the two curves. (An average difference between two profiles of 10% at all sampling data points corresponds to an f<sub>2</sub> value of 50)

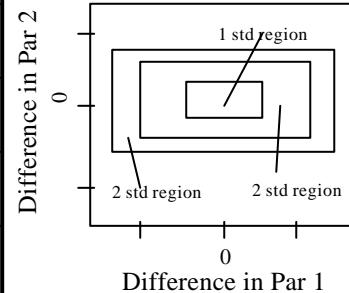


## Dissolution curve comparison

- Model dependent approach.
  - Select the most appropriate model for the dissolution profiles from the reference batches.
  - A similarity region is set based on variation of parameters of the fitted model from the reference batches.
  - Calculate the MSD in model parameters between test and reference batches.
  - Estimate the 90% confidence region of the true difference between the two batches.
  - Compare the limits of the confidence region with the similarity region.

## Reference batches

Batch <sub>1</sub>	Par1	Par2	Batch <sub>2</sub>	Par 1	Par2
Unit <sub>1</sub> 1	Par <sub>1</sub> 11	Par <sub>1</sub> 21	Unit <sub>2</sub> 1	Par <sub>2</sub> 11	Par <sub>2</sub> 21
Unit <sub>1</sub> 2	Par <sub>1</sub> 12	Par <sub>1</sub> 22	Unit <sub>2</sub> 2	Par <sub>2</sub> 12	Par <sub>2</sub> 22
...	...	...	...	...	...
Unit <sub>1</sub> n	Par <sub>1</sub> 1n	Par <sub>1</sub> 2n	Unit <sub>2</sub> n	Par <sub>2</sub> 1n	Par <sub>2</sub> 2n
Average ± SD					



Pooled SD=Sqrt((var 1+var2/2)+var(interbatch))

Construct similarity region

Batch <sub>Test</sub>	Par1	Par2	Batch <sub>Ref</sub>	Par 1	Par2
Unit <sub>1</sub> 1	Par <sub>1</sub> 11	Par <sub>1</sub> 21	Unit <sub>2</sub> 1	Par <sub>2</sub> 11	Par <sub>2</sub> 21
Unit <sub>1</sub> 2	Par <sub>1</sub> 12	Par <sub>1</sub> 22	Unit <sub>2</sub> 2	Par <sub>2</sub> 12	Par <sub>2</sub> 22
...	...	...	...	...	...
Unit <sub>1</sub> n	Par <sub>1</sub> 1n	Par <sub>1</sub> 2n	Unit <sub>2</sub> n	Par <sub>2</sub> 1n	Par <sub>2</sub> 2n
Average ± SD					

$$D^2 = \left[ (X_T - X_R)^t \cdot S_{pooled}^{-1} \cdot (X_T - X_R) \right]$$

$$T^2 = K \cdot D^2$$

$$K = \left( \frac{N1 + N2 - P - 1}{(N1 + N2 - 2) \cdot P} \right) \cdot \left( \frac{N1 \cdot N2}{N1 + N2 - P} \right)$$

$$CR = \left\{ K \cdot \left[ (Y - (X_T - X_R))^t \cdot S_{pooled}^{-1} \cdot (Y - (X_T - X_R)) \right] \right\}$$

$$CR \leq F_{(P, N1 + N2 - P - 1, 0.90)}$$

D<sup>2</sup>= squared Mahalanobis distance (M)

T<sup>2</sup>=Scaled M distance (Hotelling T<sup>2</sup>)

K= scaling factor

Nn=number units of lot n

P= number of parameters

CR= confidence region

Xn= vectors of mean parameters of test and ref.

S<sup>-1</sup>pooled=inverse of pooled sample variance-covariance matrix

### Contrast CR with similarity region

