



SBA Academy: Dosage Form Design: From Classical to “Right, First Time” Workflow

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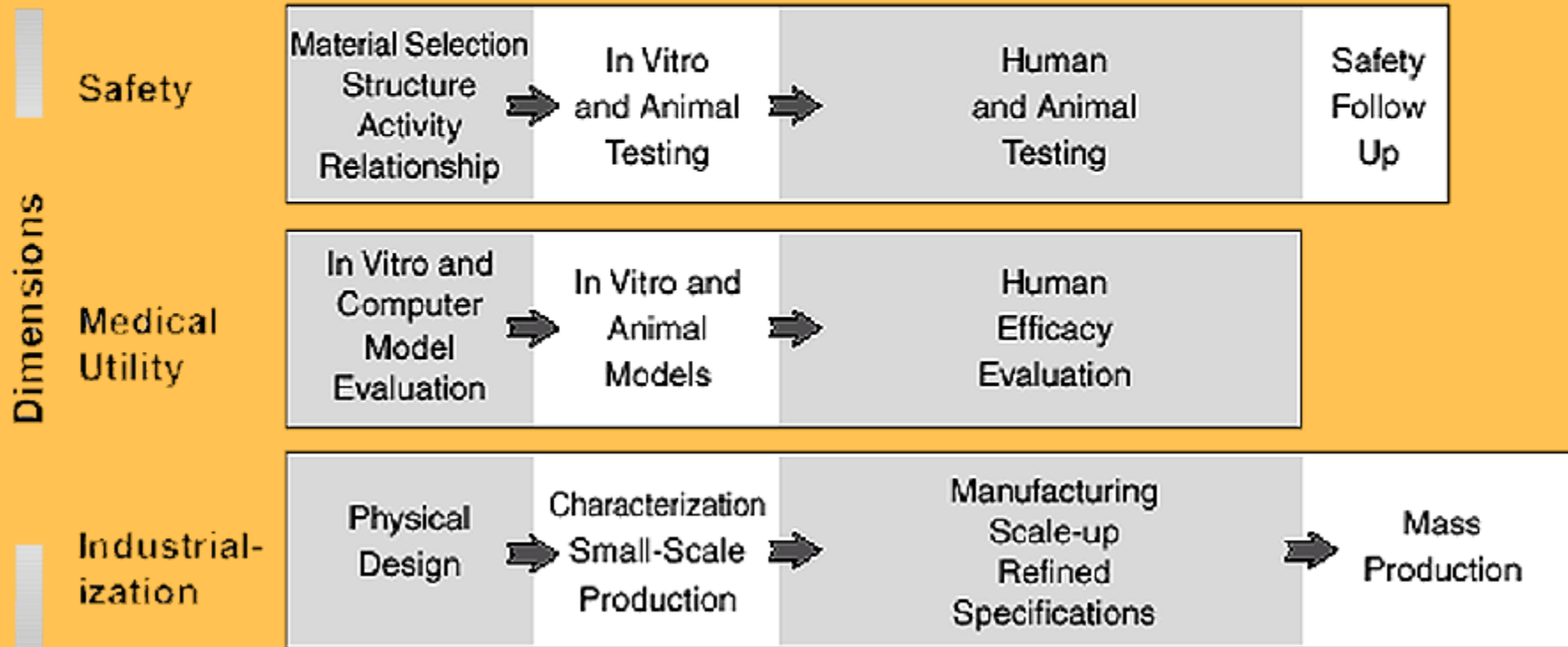
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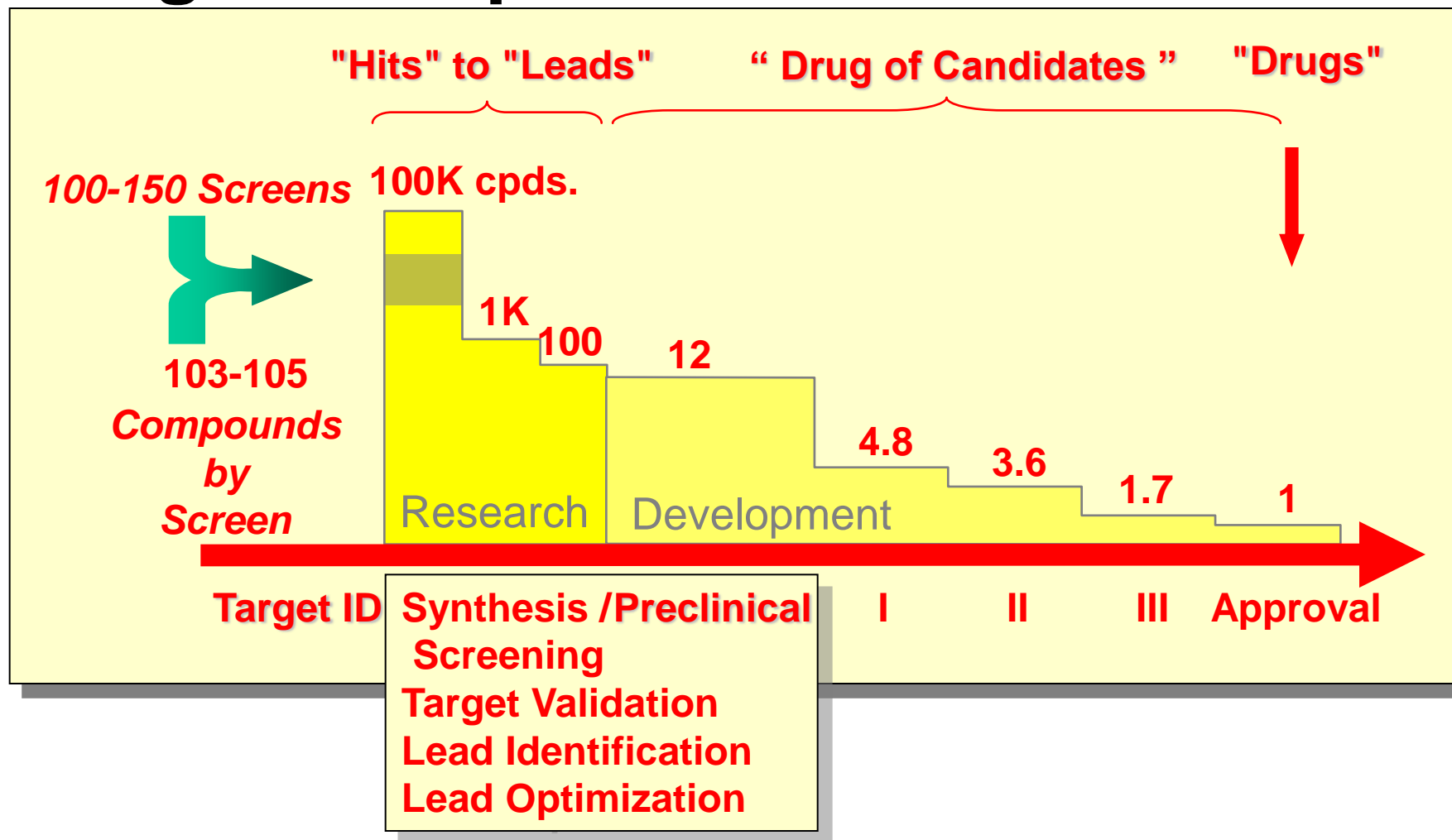


Drug Development: Critical Path Initiative (FDA)





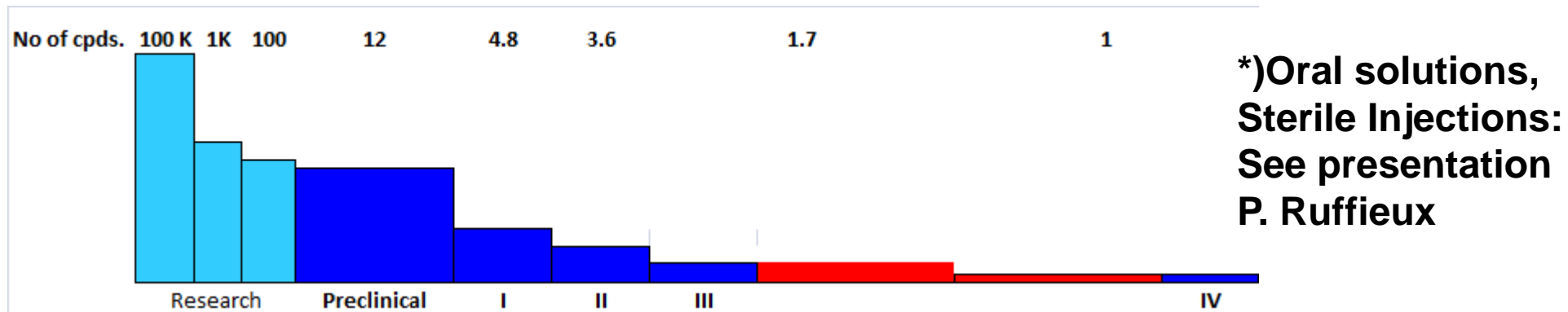
Drug Development





Drug Development

Conventional Workflow: Early development of a sterile dosage form for i.v. injection* -> Pharmacokinetic study, Bioavailability:



Change from a service dosage form, a capsule formulation to the final marketed dosage form, a tablet formulation at Phase II c → Bioequivalence Test is needed: Bioavailability of tablet and capsule should be identical



Drug Development

Conventional Workflow: Early development (Clinical Phase I) with a service dosage form, i.e. a „simple“ capsule formulation.

Early Phase: Service dosage form (in general capsules)



Change to tablets & Bioequivalence Testing



Scale-Up Exercise



Mass-production of final marketed form (*two-sigma* quality)



Drug Development

Conventional Workflow: Development time up to 12 years!

Goal: Maximum -> 6 years

«Right, First Time workflow»

Sterile i.v. Injection is as a reference for the bioavailability always needed (see presentation Dr. P. Ruffieux)

Difference to the conventional, classical workflow:

Adoption of the workflow of the automotive and aircraft industry:

Design and Test of the Vehicle (Drug Delivery System: Tablet)

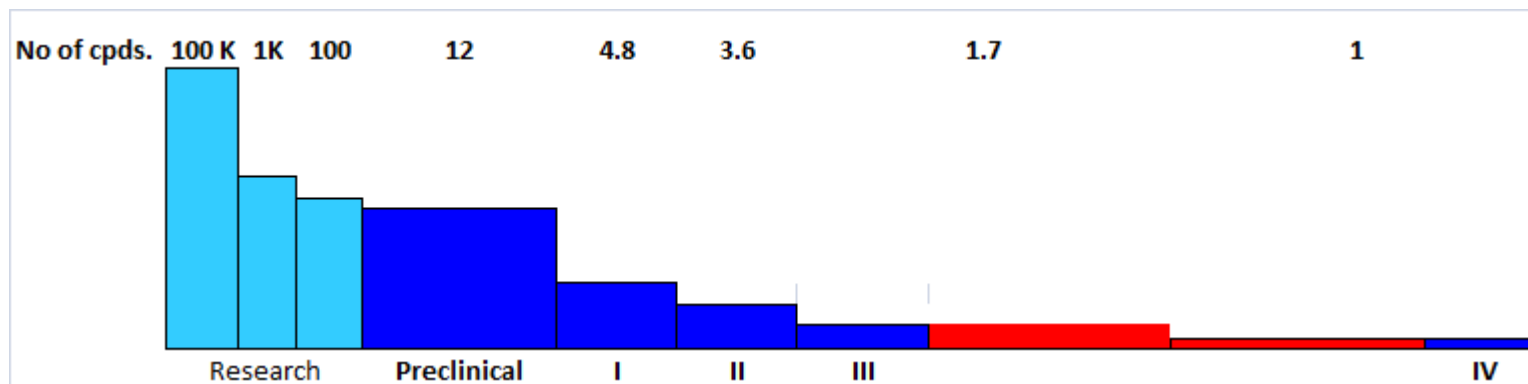
fully in-silico, i.e. computer-aided design and dissolution tests!

-> Save drug substance, laboratory work and optimize to Six-Sigma Quality -> reducing time to market!



Drug Development

Conventional Workflow: Late development of the final marketed dosage form -> Normally close to the end of phase II:



***Rescue & repair actions
for non robust formulations
at a late stage!***



Drug Development

Conventional Workflow: Early development (Clinical Phase I) with a service dosage form, i.e. a „simple“ capsule formulation.

Early Phase: Service dosage form (in general capsules)



Change to tablets & Bioequivalence Testing



Scale-Up Exercise

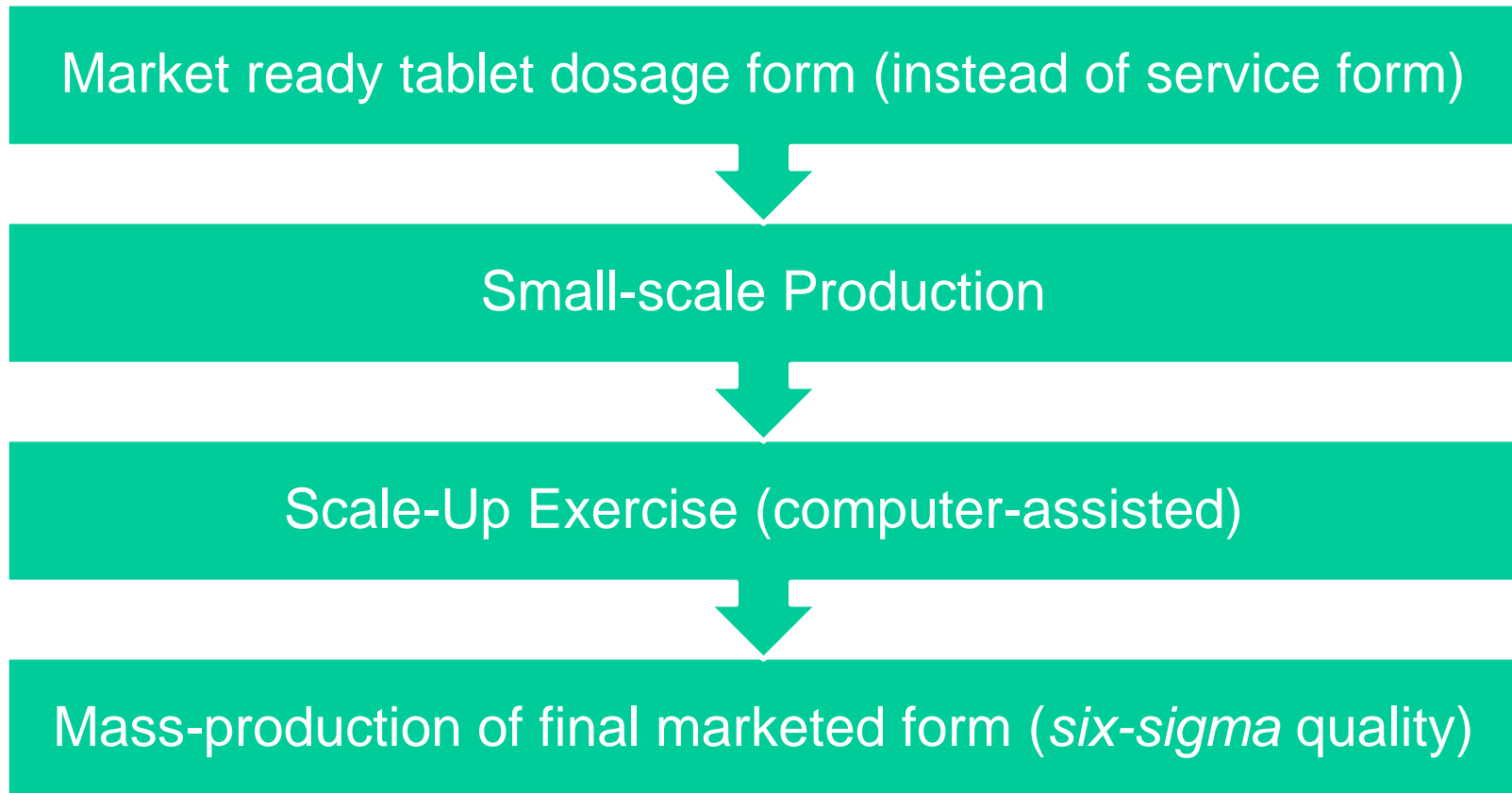


Mass-production of final marketed form (*two-sigma* quality)



Drug Development

Right First Time Workflow: Start with final marketed tablet formulation already at Clinical Phase I (!!!)





Drug Development: Preformulation Activities

- 1) **Physico-chemical characterization of the API such as** solubility & chem. stability (different media, pH, ionic strength), light sensitivity, intrinsic dissolution rate, polymorphy, crystalline structure, salts, pseudopolymorphic forms, particle size distr. (psd), shape, true density (!) etc.
 - 2) **Drug-excipient chemical compatibility program** to select excipients for long term chemical stability of the API using a suitable **factorial design**, taking into account possible interactions between the API and excipients present in the formulation.
-



Drug Development: Preformulation Activities

Drug-excipient chemical compatibility program (Example)

Factorial design with 1% (w/w) API and functional excipients

<i>Factor</i>	<i>Level</i>		<i>Conc.(excipient)</i>
A (Filler)	- 1	Lactose	69 % (w/w)
	+1	Mannitol	69 % (w/w)
B (Lubricant)	- 1	Stearic Acid	5 % (w/w)
	+1	Magnesium Stearate	5 % (w/w)
C (Disintegrant)	- 1	Maize Starch	20 % (w/w)
	+1	MCC Sanaq burst*)	20 % (w/w)
D (Binder)	- 1	PVP	5 % (w/w)
	+1	HPC **)	5 % (w/w) ***) formerly: Gelatine
E (Storage Condition)	- 1	Dry (Dessicant added)	*) Polymorph of normal MCC, see RFT/Computer-Aided Scale- up SWISS PHARMA 32 (2010) 3-13
	+1	High Humidity	



Factorial Design: Confounding E = ABCD (Stress test, 4 weeks, 50 °C)

	A	B	C	D	E	50°C	4°C
1 = e	-	-	-	-	+	59.6	100
2 = a	+	-	-	-	-	86.4	98.3
3 = b	-	+	-	-	-	95.0	98.7
4 = abe	+	+	-	-	+	97.0	96.5
5 = c	-	-	+	-	-	83.4	96.6
6 = ace	+	-	+	-	+	53.8	96.7
7 = ce	-	+	+	-	+	93.7	98.5
8 = abc	+	+	+	-	-	99.7	96.9
9 = d	-	-	-	+	-	54.1	97.9
10 = ade	+	-	-	+	+	45.8	99.0
11 = bde	-	+	-	+	+	92.8	95.3
12 = abd	+	+	-	+	-	96.1	98.0
13 = cde	-	-	+	+	+	53.6	98.7
14 = acd	+	-	+	+	-	64.7	99.6
15 = bcd	-	+	+	+	-	94.0	96.4
16 = abcd	+	+	+	+	+	96.3	97.2



Important Conclusion I

API-Excipients chemical compatibility program

-> the importance has been recognised

-> to choose the right «robust material» to construct the «drug vehicle»

However, as literature shows, a corresponding

API-Excipients galenical compatibility program is not existing!

**-> The excipients are mostly chosen by the experienced formulator and
carry the «Signature» of the formulator
Is this a good choice?**

-> **Necessity for a galenical API-Excipients Screening Program:**



TECHNOLOGICAL (galenical) SCREENING PROGRAM -> Testing of API with appropriate amount of excipients -> Checking galenical performance with factorial design using PRESSTER equipment ->

Factor	Level		Conc.(excipient)	
A (Filler+Drug load)	- 1	Lactose	76 % (w/w)	with API *)
	+1	Mannitol	76 % (w/w)	with API *)
B (Lubricant)	- 1	Stearic Acid	1 % (w/w)	*) Recommended 2-3 drug (API) loads: Low dose & High dose
	+1	Magnesium Stearate	1 % (w/w)	
C (Disintegrant)	- 1	Maize Starch	20 % (w/w)	
	+1	MCC Sanaq burst	20 % (w/w)	
D (Binder)	- 1	PVP	3 % (w/w)	
	+1	HPC	3 % (w/w)	
E	- 1	Low speed (Presster)	Presster = Mechanical Simulator of Rotary High Speed Press	
	+1	High speed (Presster)		



Factor	Level	Conc.(excipient)	Drug Substance (API)		
			Low strength	Mid strength	High strength
A (% , w/w) (Filler + API)	- 1	Lactose (%)	71 + 10 API	41 + 40 API	11 + 70 API
	+1	Mannitol (%)	71 + 10 API	41 + 40 API	11 + 70 API
B (Lubricant)	- 1	Stearic Acid		1 % (w/w)	
	+1	Magnesium Stearate		1 % (w/w)	
C (Disintegrant)	- 1	Maize Starch		15 % (w/w)	
	+1	MCC Sanaq burst		15 % (w/w)	
D (Binder)	- 1	PVP		3 % (w/w)	
	+1	HPC		3 % (w/w)	

Factor E

-1 Low speed
+1 High speed

**Presster =
Mechan.
Simulator
of Rotary
High Speed
Press**

Example of a factorial design for a galenical drug-excipient screening program for the **best technological choice of the functional excipients.**



GALENICAL SCREENING PROGRAM -> Testing of API with appropriate amount of excipients -> Checking galenical performance with factorial design using PRESSTER equipment



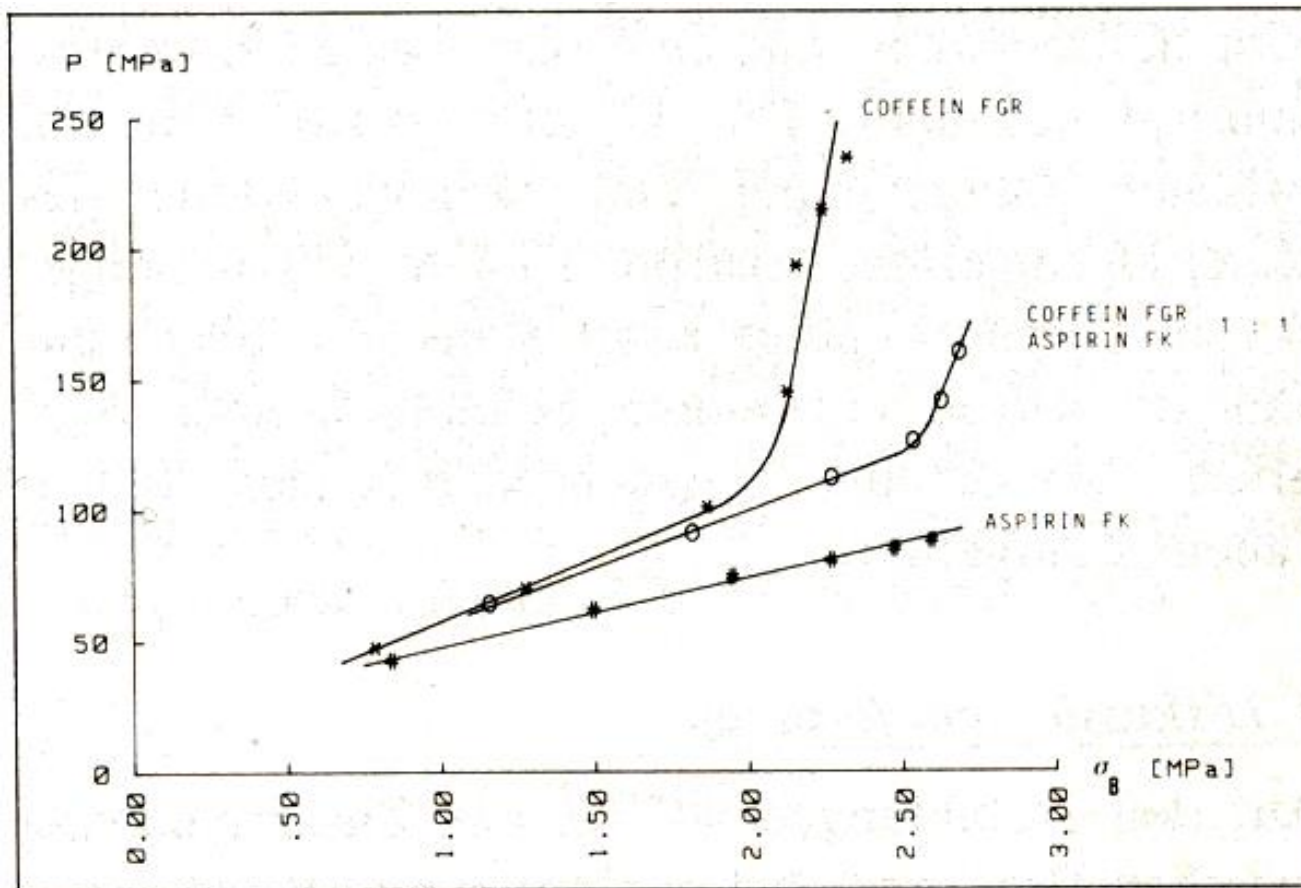


GALENICAL SCREENING PROGRAM -> Testing of API with appropriate amount of excipients -> Checking galenical performance with factorial design using PRESSTER equipment

Result	D1.2	D1.3	D1.4	D2.2	D2.3	D2.4
UCPeak (kN)	58.9	37.1	13.1	39.7	19.1	5.5
LCPeak (kN)	55.5	37	14.1	39	19.8	6.2
Peak Ejecti (N)	134.2	78.8	121	2095.7	1306.3	493.8
Take-Off (N)	2.1	1.6	1.3	1.1	0.9	0.8
Weight (mg)	504.9	506.2	506.4	504.7	505.2	504.3
Thickness (mm)	4.52	4.58	4.8	3.64	3.82	4.27
Hardness (N)	>300	>300	>300	144	91	19
Disint. time (sec)	454	426	174	35	12	6



- Prediction of Capping Tendency Before Capping Really Occurs?
→ See paper Jetzer & Leuenberger Pharm. Acta Helv. 59, Nr.1(1984) 2-7



Ratio:
Indentation hardness
Tensile Strength

→ streight line
For no Capping Tendency

→ slope not constant
For Capping Tendency



Summary: Results of Presster

Typical Tableting Problems & Results of Presster:

- Lubrication problems -> High ejection force
- Sticking of tablets -> High take – off force
- Capping of tablets -> % of elastic energy high?
- Prediction of Capping Tendency Before Capping Really Occurs?
 - See paper Jetzer & Leuenberger Pharm. Acta Helv. 59, Nr.1(1984)
- ->download at www.ifiip.ch
 - Ratio Indentation Hardness/Tensile Strength not constant

Next Slide: Effect of tableting speed

Slow: 10 800 TPH

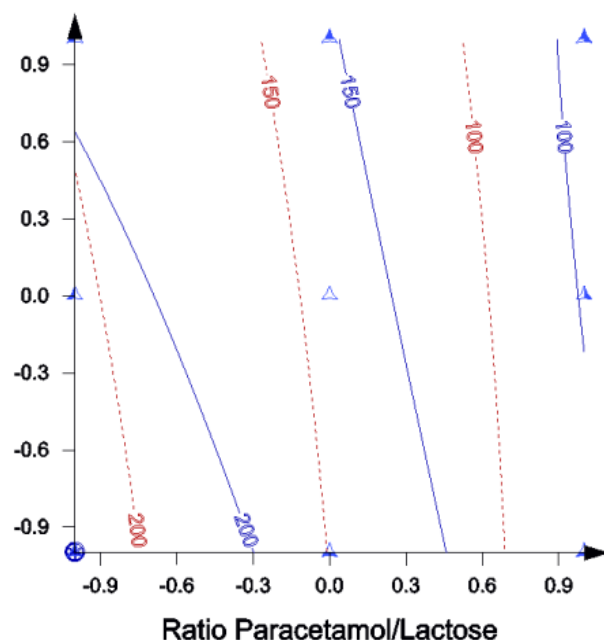
Fast: 108 000 TPH



A (API/Filler) API/Lactose 3 Levels (-1,0,+1)
C&D (Disintegrant & Binder) MCC Sanaq burst (incl. PVP) 3 Levels (-1,0,+1)
B (Lubricant) Magnesium Stearate 0.5 % (w/w) = const

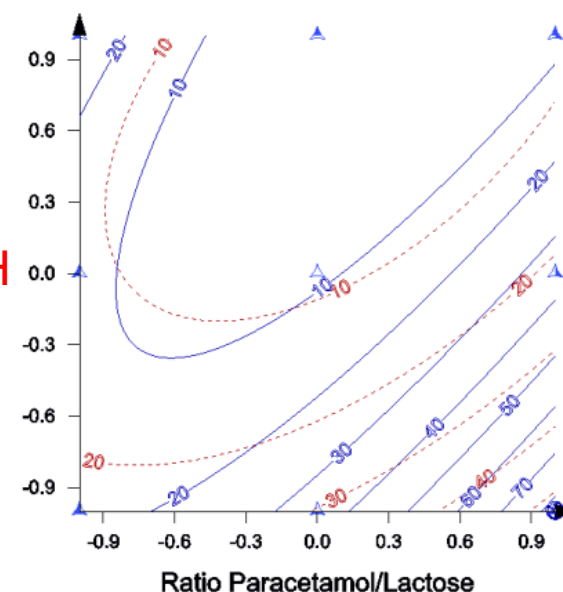
E Effect of type of Press (Speed) 2 Levels (-1,+1)

Ratio MCC B 100 with 3% PVP/MCC normal



Tablet «Hardness» [N]

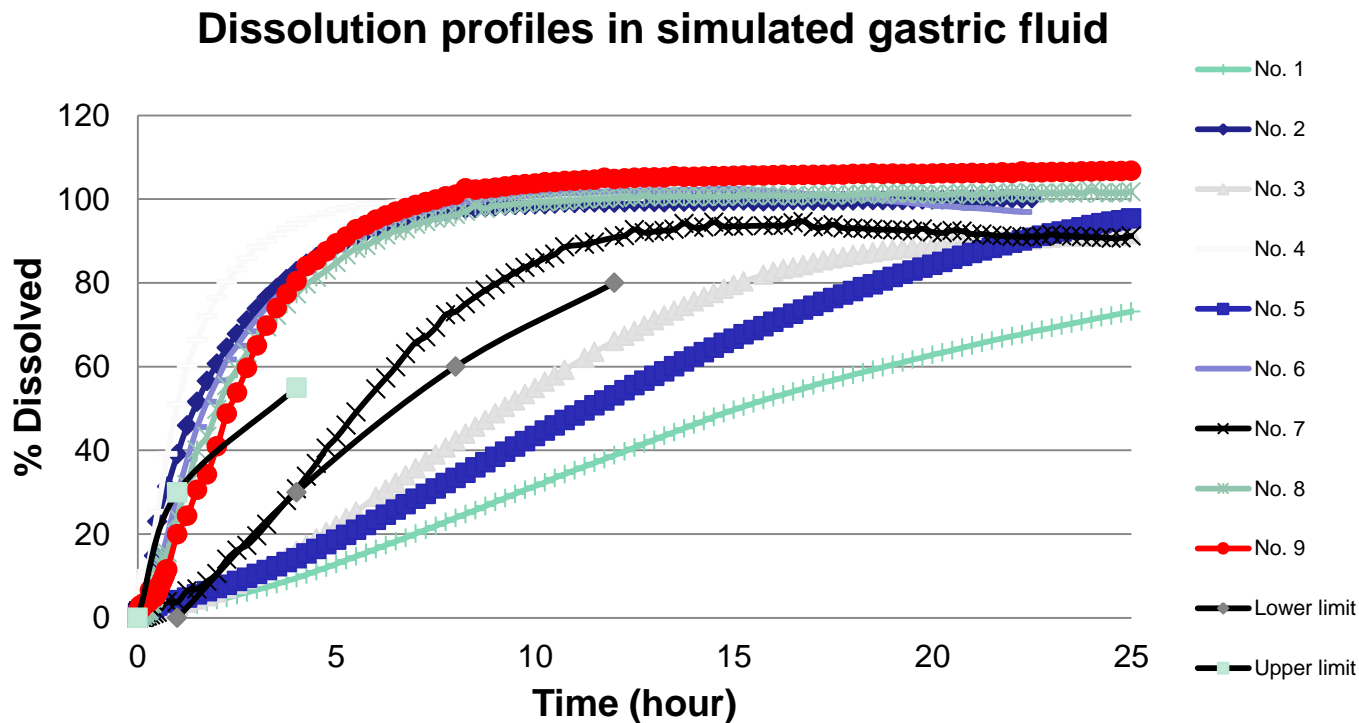
Ratio MCC B 100 with 3% PVP/MCC normal



Tablet «disintegration time» [s]



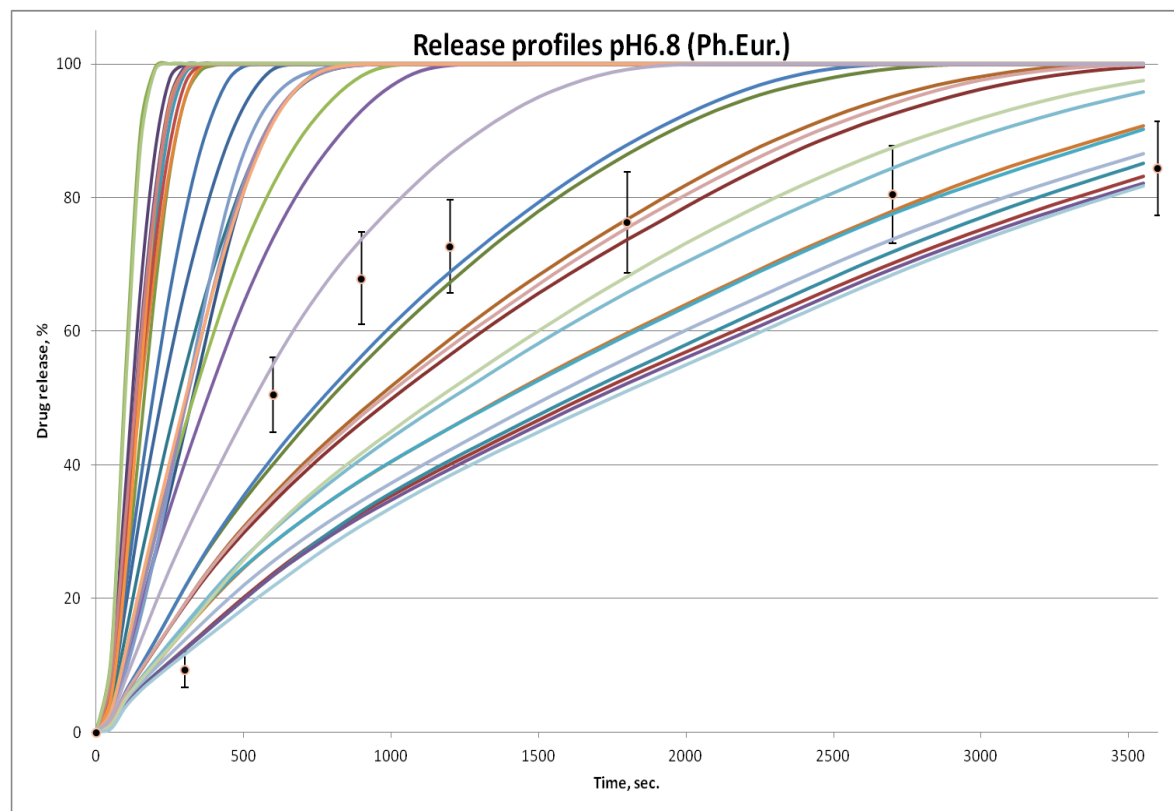
9 Nifedipine 80 mg Extended Release Formulations: In-vitro Dissolution Rate (Design Space Exploration according to ICH Q8 R2, tablets prepared with Presster)



Lower and upper limit: USP Specifications for a 60 mg Nifedipine
Extended Release Formulation



Dissolution Rate (Goal: same profile of simple capsule and final tablet form.) In silico Design Space Exploration according to ICH Q8 R2 for 35 Formulations



In-vitro Dissolution rate profile with error bars: Capsule Service Dosage Form (poor Quality) to be changed to a tablet: 35 F-CAD in-silico tablet Formulations -> search for the same profile at pH 1.2, pH 4.5. and at pH 6.8 for sufficient Bioequivalence !



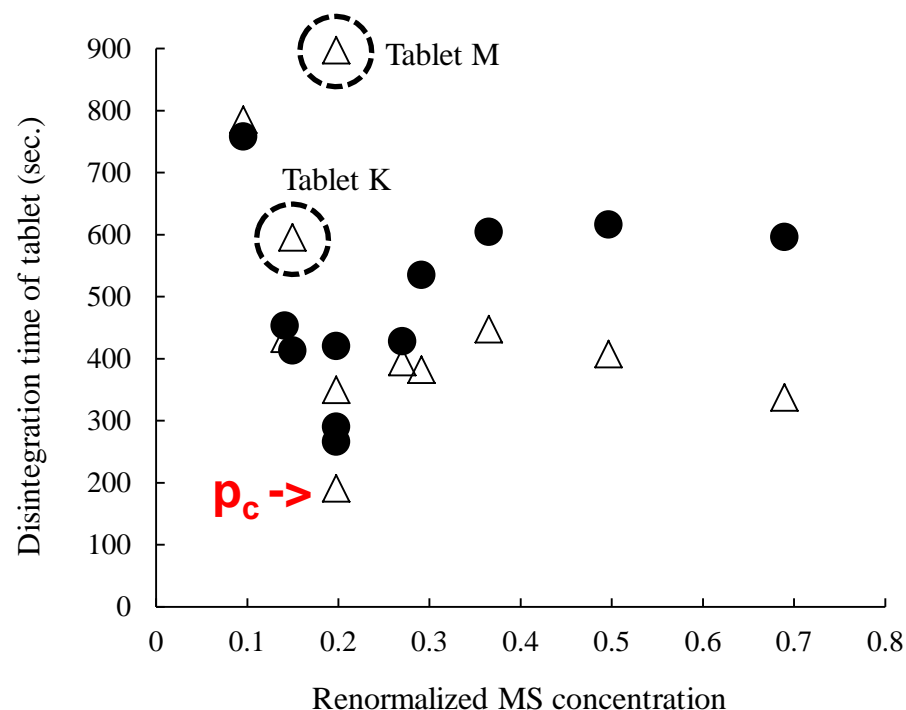
Percolation Theory and F-CAD:

F-CAD is capable to detect Percolation Threshold p_c in a tablet formulation, which can be the source of the variability of a tablet property such as the disintegration time ,

see PhD Thesis Go Kimura ,eLink:

at http://edoc.unibas.ch/diss/DissB_9886

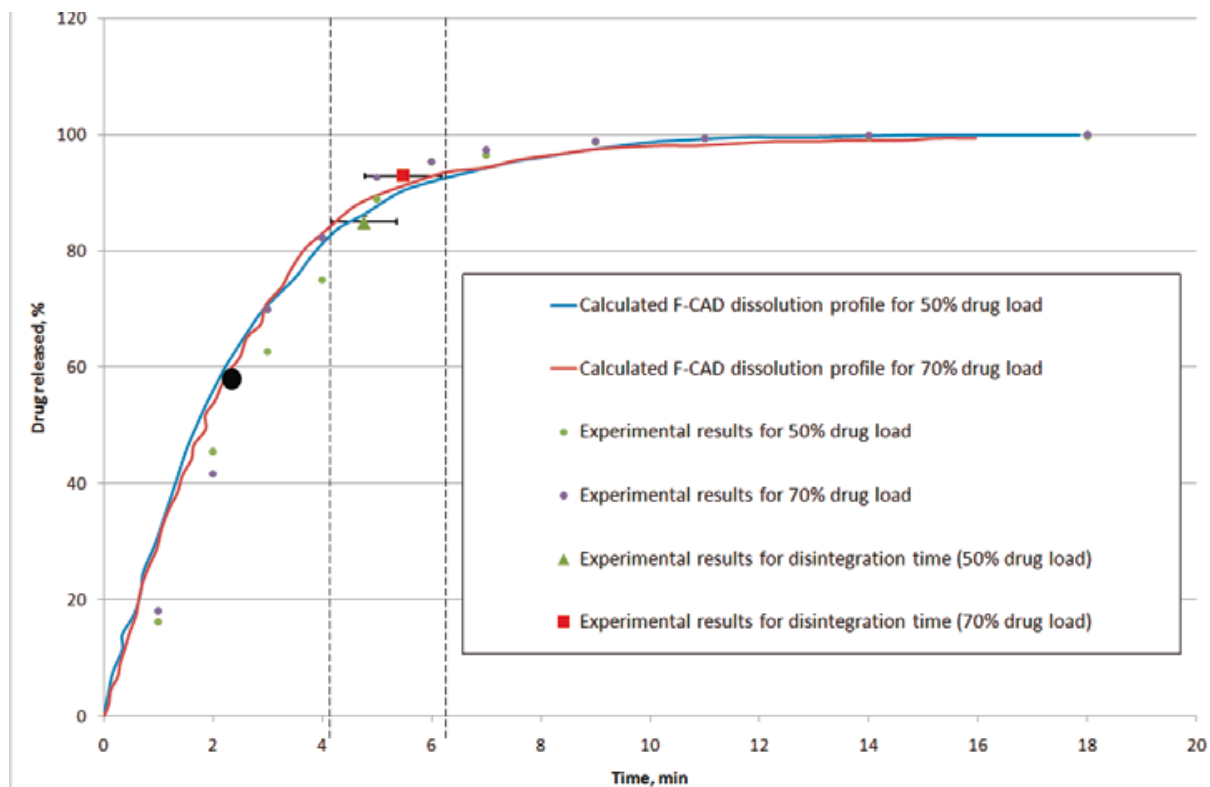
Experimental disintegration time (●) and F-CAD values (Δ) as a function of the renormalized MS (= Maize starch as disintegrant) concentration.



The above «canyon» in the response surface is Difficult to detect with a classical experimental design without taking into account the power equation : $X = S (p - p_c)^q$



«Time elapsed» till the water molecules have reached the center of the tablet



● «Time elapsed» as surrogate for the **disintegration time**



Computer-Aided Formulation Design developed by Dr. Maxim Puchkov (CINCAP GmbH)

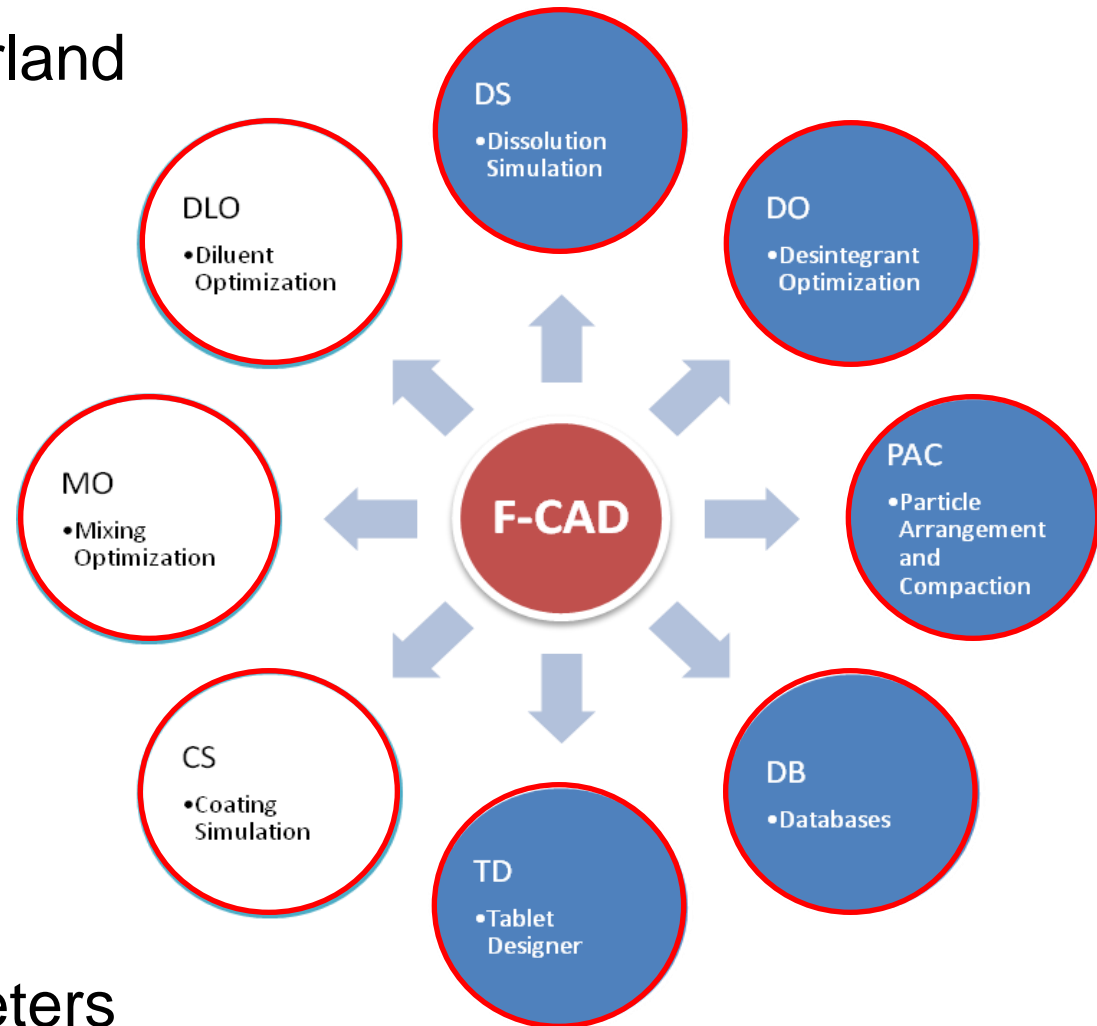


F-CAD is the ultimate set of modeling and computational tools to assist in formulation design of pharmaceutical solid dosage forms with the goal to save money by replacing lab work with “in-silico” experiments



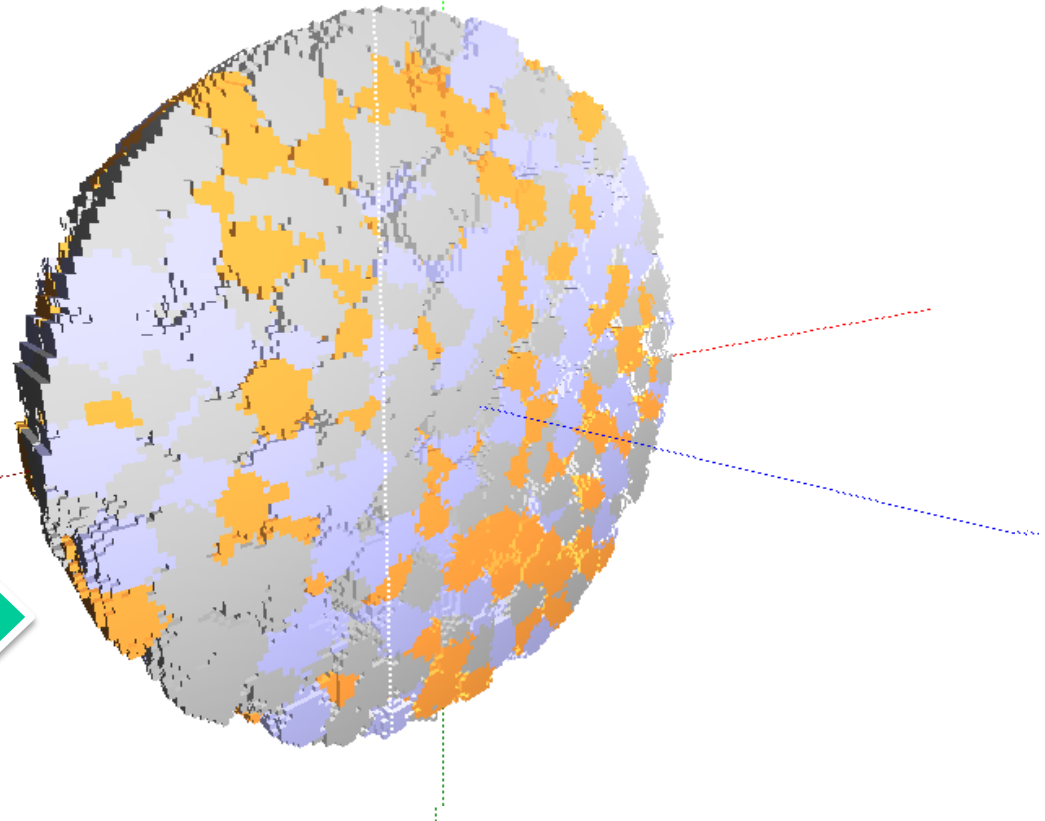
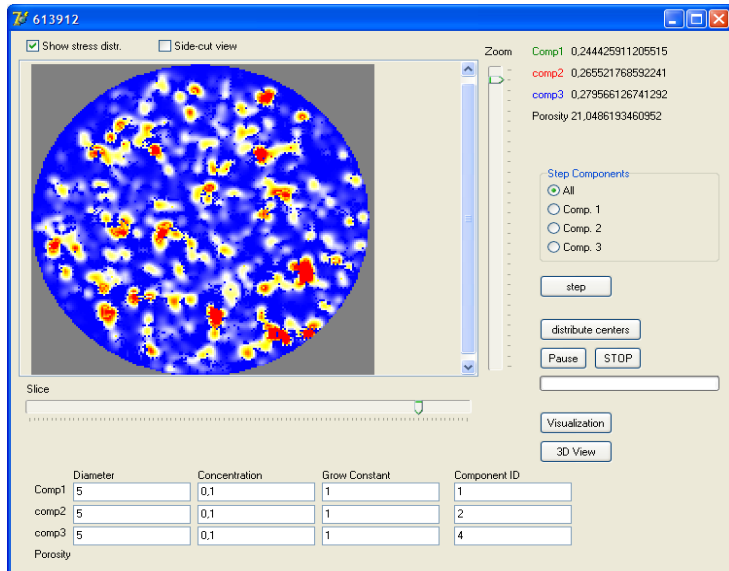
F-CAD by CINCAP, Switzerland

- Dissolution simulation
- Desintegration simulation
- Particle arrangement
- Tablet design
- Coating simulation
- Mixing optimization
- Diluent optimization
- Storage of data and parameters





F-CAD PAC – Particle Arrangement and Compaction

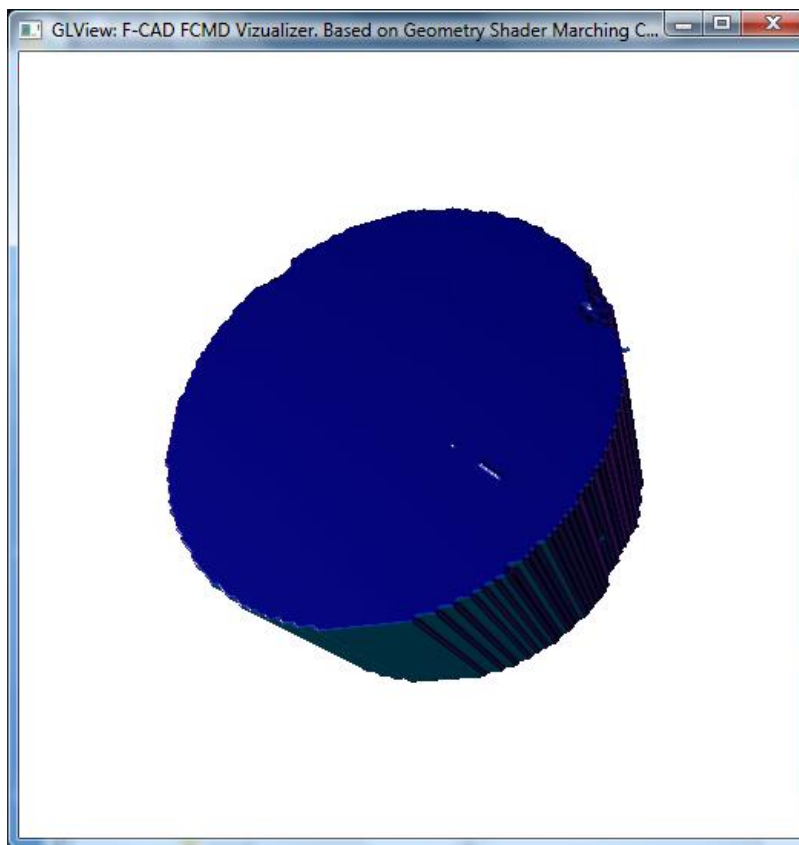




Example: Development of a new formulation

RFT workflow

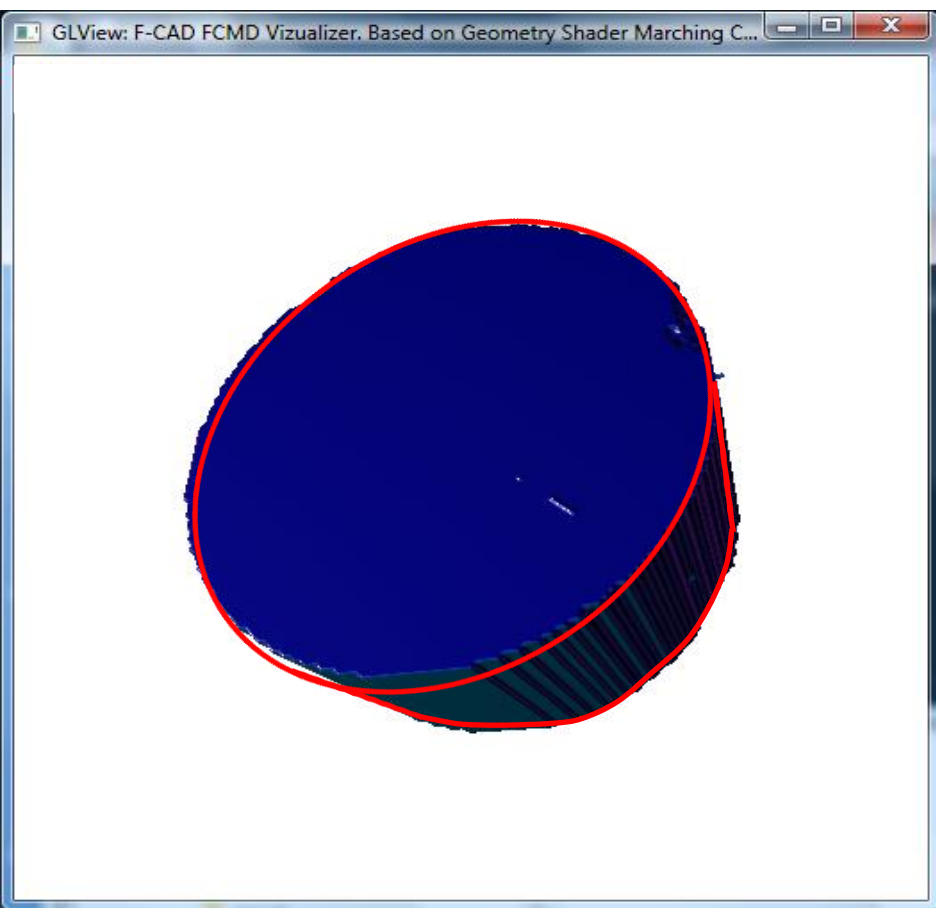
N in-silico
formulations



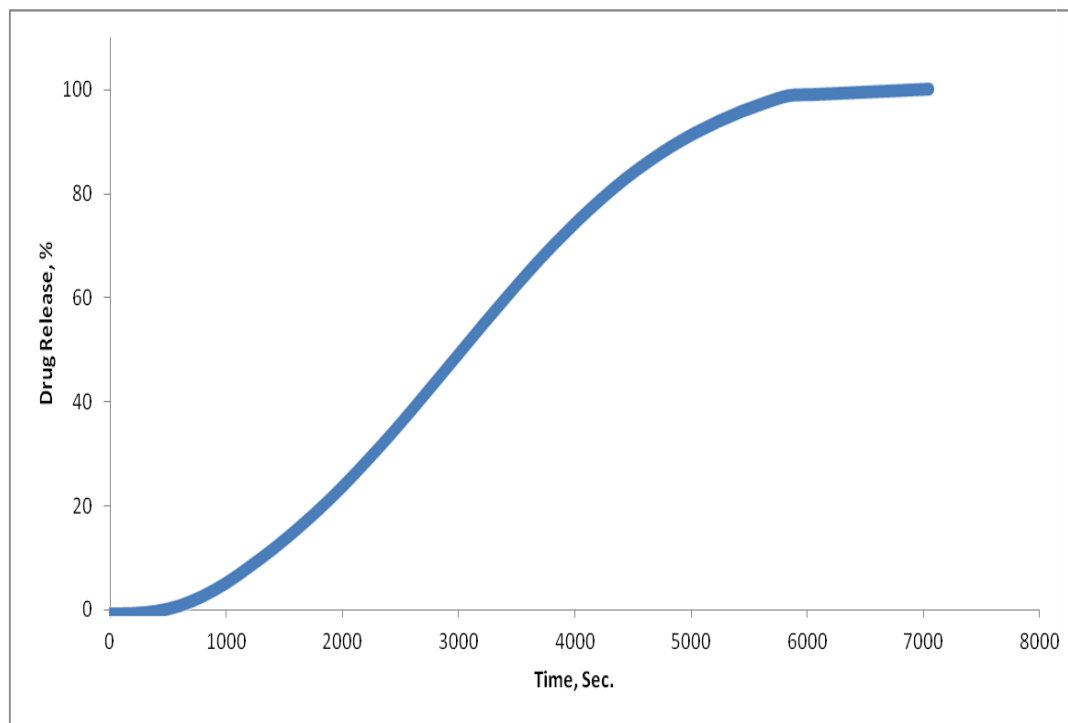


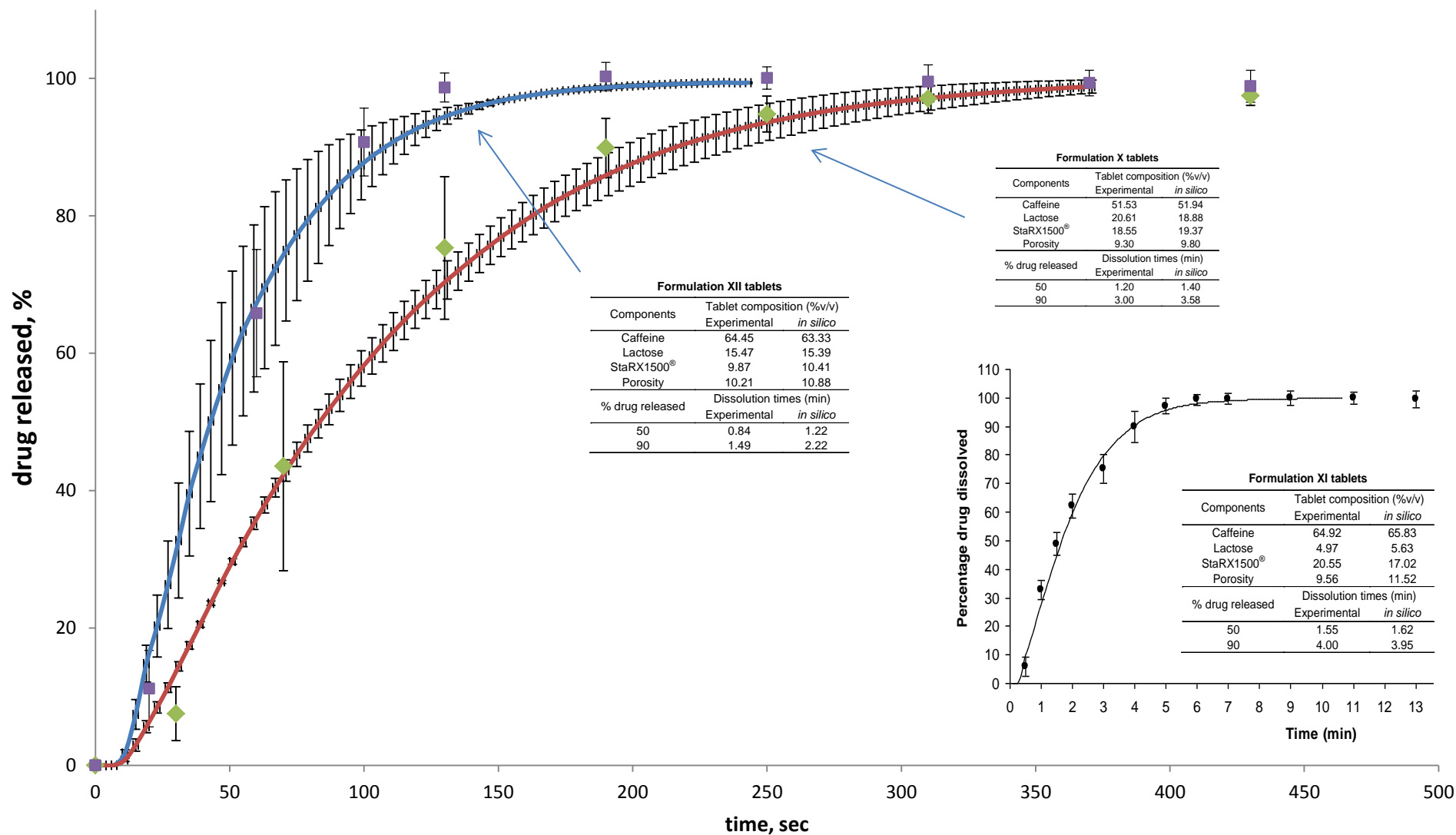
Example: Development of a new formulation

In silico development: Calculation of a set of N formulation prototypes



● Calculation of dissolution profile







- Audience Q&A

Thank you for your attention!

Footnote:

«Right, First Time» Concept and Workflow – A paradigm shift for a lean & smart *six-sigma* development will be published as an article, resp. invited contribution by PHARM TECH JAPAN in Japanese and in English by SWISS PHARMA 3/2013
See also: www.pharmatrans-sanaq.com – *Scientific Forum 2013, May 23/24, Basel*