# **Predicting Food Effect**

Applications in Clinical Drug Development

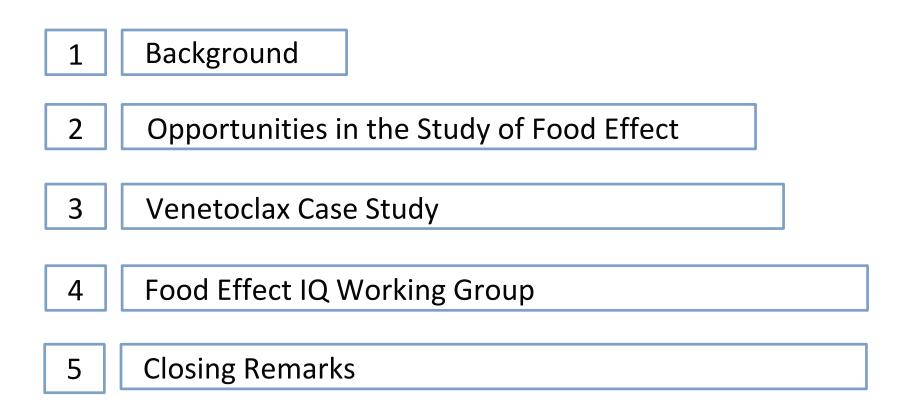
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FDA Campus, May 2019

Generic Drug Regulatory Science Initiatives Workshop

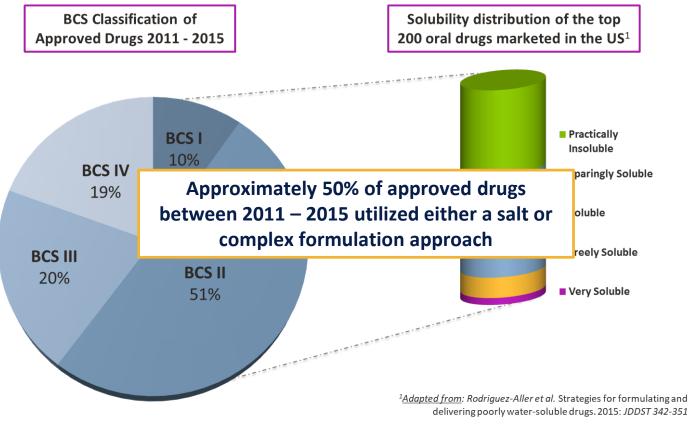


# Outline



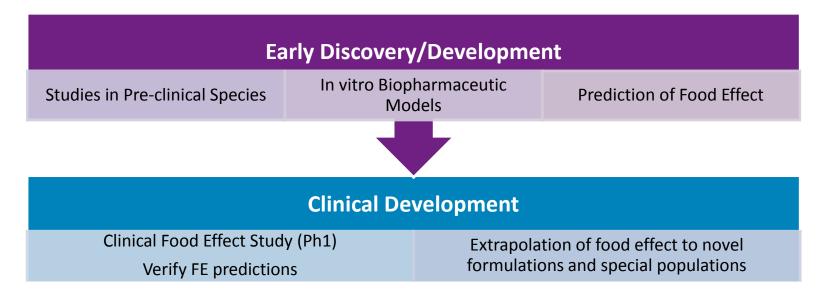
### **Novel Opportunities Have Introduced a New Oral Druggable Space** Review of Approved Drugs Indicates a Higher Distribution of Class II and IV Compounds

- R&D has been moving towards more complex and hard-to-treat diseases
- Lower tolerance to safety and drug interaction risk, especially for indications where safe drugs already exist
- Novel opportunities have moved the oral druggable space beyond 'rule of 5'



# Impact of Food Effect on Drug Development

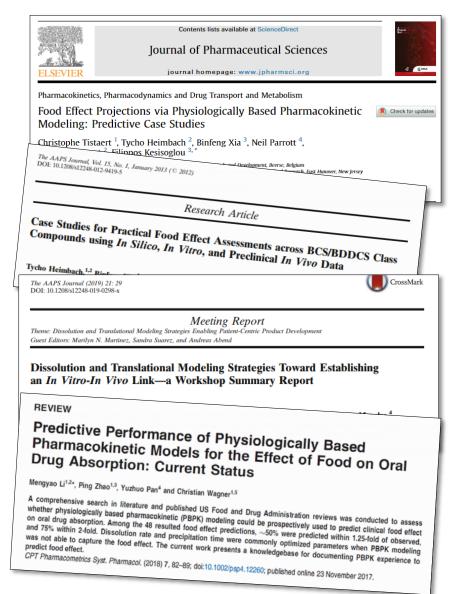
- Due to changes in GI physiology in the presence of food, absorption of orally administered drugs can be affected when taken with a meal
- Food effect and bioavailability studies usually conducted to support NDAs the label recommendations



Given the complex nature of food effect, an integrated approach is required: Physiologically-based absorption models have emerged as a key platform for the support of food effect predictions

# **Prediction of Food Effect** Industry and Regulatory Confidence

- Various publications from industry, including an IQ paper published in 2015 have demonstrated high to moderate confidence for predicting food effect of compounds where transporters do not play a key role
- Publications from the FDA based on retrospective analysis do not share the same confidence – bottom line: we are not there yet
- Recent FDA guidance on food effect suggests the possible consideration of BCS category (specifically BCS I) to waive FE studies
  - While BCS classification may serve as a generalization of drug property, appropriately verified, physiologically-relevant models can provide a more powerful assessment of drug properties in combination with pharmacokinetics and physiological considerations



# **Venetoclax Case Study**

Predicting the Absorption and Disposition of the BCS IV Compound

Venetoclax is a selective and orally bioavailable B-cell lymphoma-2 inhibitor developed for the treatment of chronic lymphocytic leukemia (CLL) and other hematological illnesses

BCS class IV compound

abbvie

- Large, lipophilic molecule, highly protein-bound ( $fu_p = 1.3 \times 10^{-5}$ )
- Poses large challenges to mechanistic modeling and formulation design



Source: Medscape

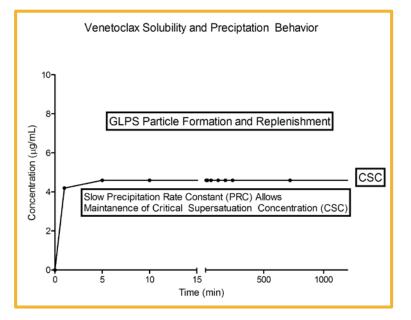
### For BCS class IV compounds, there is a tendency for the application of solubilityenabling formulations to enhance *in vivo* exposure

- Amorphous solid dispersions (ASDs) may offer significant advantages over crystalline formulations
- Tendency for high molecular weight drugs to be slow crystallizers, which can remain in the supersaturated state

# **Venetoclax Case Study**

### Predicting the Absorption and Disposition of the BCS IV Compound

- Initial rapid super-saturation of venetoclax to its amorphous solubility occurs at 4.6 µg/mL
- Above this concentration, drug-rich particles form and replenish amorphous drug to maintain concentrations at the amorphous solubility

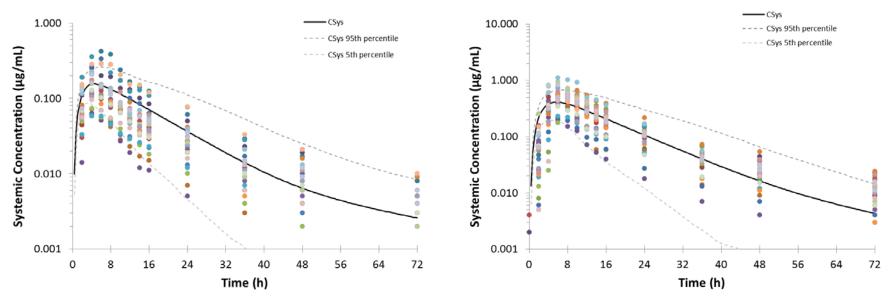


### Key assumptions made based on in vitro data generated within human biorelevant conditions

- Amorphous solubility measured in buffers was used instead of crystalline solubility
- Dissolution kinetics allowed:
  - o Super-saturation to be reached at the amorphous concentrations
  - o Precipitation to remain minimal
- Predicted concentrations along the GI tract verified with measured concentrations in simulated GI fluid using the pH dilution method1

### **Venetoclax Case Study**

### Verification of fasted and fed profiles in humans



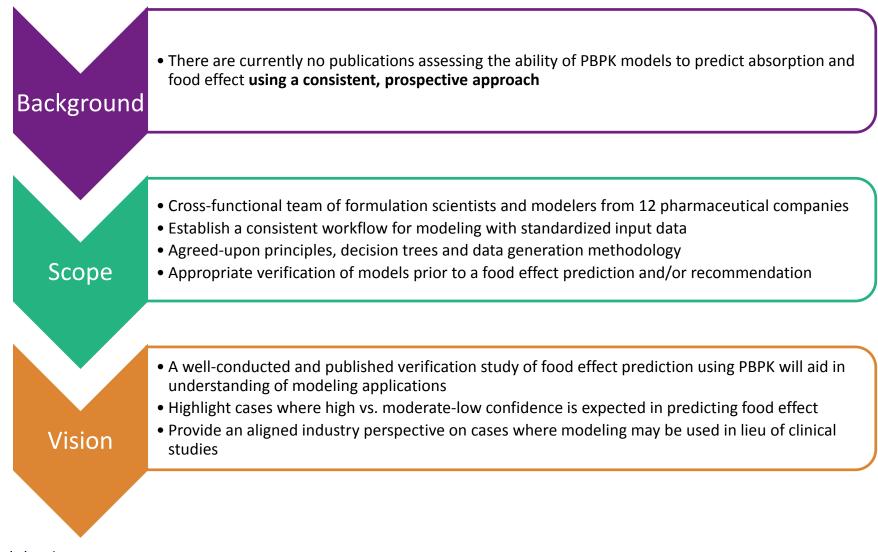
#### **Concentration-time profiles (fasted)**

**Concentration-time profiles (fed)** 

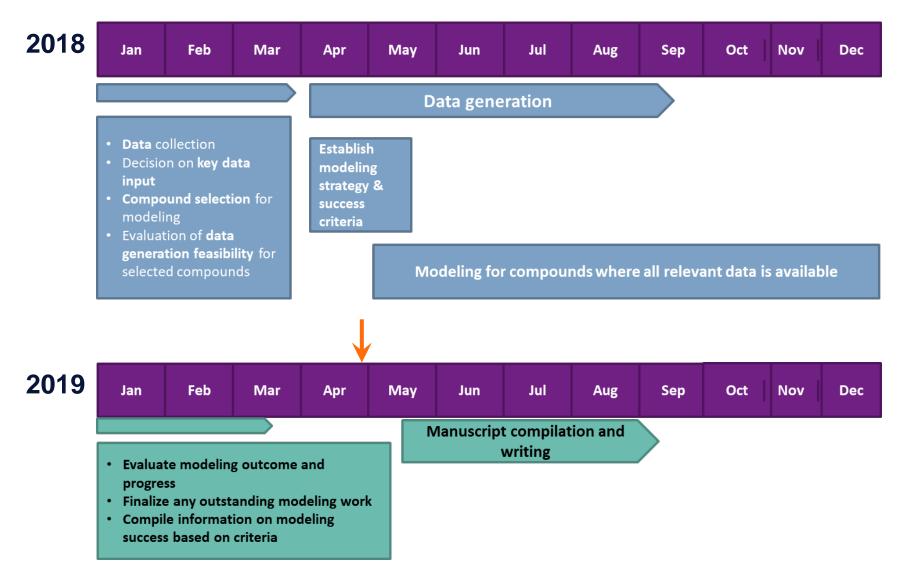
Parameter	Fasted	Fed
	Ratio (Predicted:Observed)	Ratio (Predicted:Observed)
AUC <sub>0-∞</sub> (µg/mL∙ hr)	1.10	0.86
C <sub>max</sub> (μg/mL)	1.01	0.81
T <sub>max</sub> (hours)	1.02	0.92
Predicted Bioavailability (fasted) = 6%		

Predicted Bioavailability (fasted) = 6% Observed Absolute bioavailability (fasted) = 5.4% Predicted Bioavailability (fed) = 15%

# 2018 IQ Food Effect Working



# 2018 IQ Food Effect Working - Timeline



# **Summary and Closing Thoughts**

- Mechanistic, physiologically-based pharmacokinetic models provide an exciting opportunity to utilize an integrated approach for understanding food effect in humans
- Proposal for increased confidence in these models:
  - Application of a consistent workflow with standardized inputs
  - Defined common strategy based on verified models
  - Cross-industry recommendation on best practice based on prospective approach
- Where models have been verified with clinical food effect data, opportunities exist to utilize PBPK models in the understanding of food effect in:
  - o Early (Ph1) vs. late formulation
  - Different meal types
  - o Special populations

# **IQ Food Effect Working Group Members**

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- Filippos Kesisoglou (Merck)
- Sumit Basu (Merck)
- Yuan Chen (Genentech)
- Thuy Tran (GSK)
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- Kevin DeMent (Takeda)
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