

# **Regulatory and scientific challenges in establishing bioequivalence for generic orally inhaled drug products**

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The following presentation reflects the opinions of the author and does not necessarily represent the official position of the US-FDA

# Complex Products

## GDUFA II (Generic User Fee Amendment II):

- Complex active ingredients
  - Complex mixtures of APIs, peptides
- Complex formulations
  - Liposomes
- Complex routes of delivery
- Complex dosage forms
  - Long acting injectables , transdermals
- Complex drug-device combinations

## Locally acting Orally Inhaled and Nasal Drug Products (OINDPs)

# Orally Inhaled and Nasal Drug Products

- OINDPs differ from the systemically acting traditional dosage forms in:
  - Most OINDPs are locally acting drugs exerting their therapeutic effects through reaching the sites of action, and their drug delivery does not directly rely on the systemic circulation

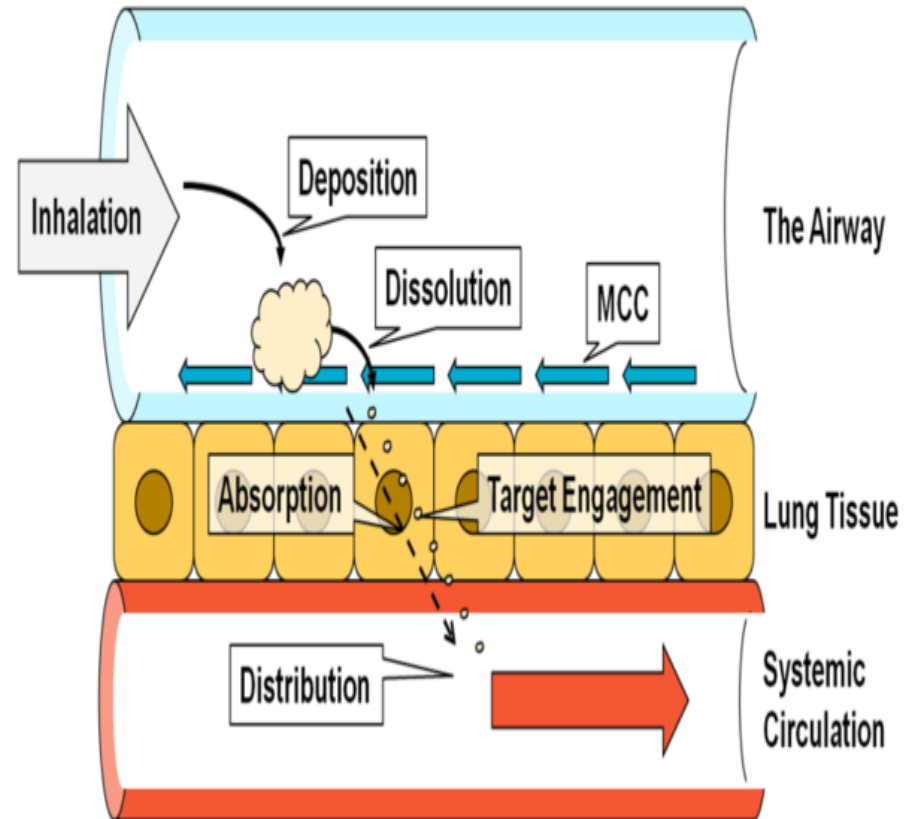


Diagram courtesy of Per Bäckman

# Orally Inhaled and Nasal Drug Products

- OINDPs differ from the systemically acting traditional dosage forms in:
  - OINDPs are drug-device combinations which include a formulation integrated with a device, therefore performance depends on the interaction between the formulation and the delivery device



Nasal Spray



Metered Dose Inhaler (MDI)

## Multidose dry powder inhalers



Accuhaler®



Turbuhaler®



Genuair®



Easyhaler®



Twisthaler®



Nexthaler®

**BE evaluation of OINDPs has been considered as one of the most challenging tasks**

# Considerations for Generic Locally Acting OINDPs to Demonstrate Therapeutic Equivalence

**Equivalent  
In Vitro  
Performance**

**Equivalent  
Systemic  
Exposure**

**Equivalent  
Local  
Delivery**

**Device and Formulation Similarity**

# Formulation Similarity

- Recommended Qualitatively (Q1) and quantitatively (Q2) the same
- PSG also indicates that Q2 differences may be justified
  - the level of excipient used in the test formulation should not exceed the levels used in the other FDA approved inhalation products
  - the Q2 difference has no impact on bioequivalence, through the in vitro and in vivo BE studies
  - submit pharmaceutical development data, to demonstrate the formulation understanding, and to support how the final test formulation is selected

# Device Similarity

## Locally acting MDI

- Similar size and shape
- Same basic operating principle
- Same number of doses
- Dose counter

## Locally acting DPI

- Similar size and shape
- Same basic operating principle
- Same number of doses
- Dose counter
- Same energy source
  - Passive (breath-actuated)
- Same metering principle
  - Pre-metered single unit-dose (e.g., HandiHaler, capsule),
  - Pre-metered multi-unit-dose (e.g., Diskus, blister strip)
  - Device-metered multi-dose (e.g., Turbuhaler, reservoir)



# Device Comparison



- FDA may accept certain design differences if they are adequately analyzed, scientifically justified
  - Threshold Analyses
    - *Labeling Comparison*
    - *Comparative Task Analysis*
    - *Physical Comparison of Delivery Device Constituent Part*
    - Outcomes:
      - No difference
      - Minor Design Differences
      - Other Design Differences

Draft Guidance for Industry : Comparative Analyses and Related Comparative Use Human Factors Studies for a Drug-Device Combination Product Submitted in an ANDA, January 2017

# Device Comparison



- In instances when *other than minor* differences are identified:
  - Consider re-design of the device to minimize differences from the RLD
  - Potential need for additional information and/or data to support the ANDA submission
  - Contact FDA through a pre-ANDA submission/controlled correspondence *before* conducting comparative use human factors studies
- There may be some differences in the **internal design**, such as the air channel geometry and dimension. These internal differences should not affect bioequivalence, through the in vitro and in vivo BE studies

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# Equivalent In Vitro Performance

## Locally acting MDI

- Equivalent Emitted Dose
- Equivalent APSD
- Equivalent Spray Pattern
- Equivalent Plume Geometry
- Equivalent Priming and Re-priming

## Locally acting DPI

- Equivalent Emitted Dose
- Equivalent APSD
- Comparable device resistance

# Equivalent In Vitro Performance

- Method validation
  - Complete validation package
  - Validation criteria pre-defined in SOP
  - Use the method that is representative of the method used in the pivotal study
  - Use unexpired reference product

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# Equivalent Systemic Exposure

## Locally acting MDI

- Based on PK (AUC and Cmax) data
- PK study conducted on **ALL** strengths

## Locally acting DPI

- Based on PK (AUC and Cmax) data
- PK study conducted on **ALL** strengths

PK study serves two purposes:

- 1) Rate and extent of the drug getting into the systemic circulation - systemic toxicity
- 2) Evidence to support bioequivalence

# Equivalent Systemic Exposure

- Drug level in the systemic circulation may difficult to be detectable or maybe highly variable
  - Validated analytical method with adequate sensitivity
- Early onset of the PK profile
  - Study design should be robust to quantify the early onset and Cmax
- RLD batch-to-batch PK variability
  - Has been observed
  - Contact FDA for guidance to discuss alternative approaches before conducting study
  - Possible contributing factors:
    - API/Product storage condition and stability
    - Inactive ingredients: source and quality
    - Aging of the batches
  - Rule out other sources of the intrinsic PK variabilities
    - Sensitive analytical method
    - Robust study design
    - Adequate user training



# Considerations for Generic Locally Acting OINDPs to Demonstrate Therapeutic Equivalence

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# Equivalent Local Delivery

## Locally acting MDI

- PD endpoint study or comparative clinical endpoint study

## Locally acting DPI

- PD endpoint study or comparative clinical endpoint study

# Equivalent Local Delivery: PD study

- For short acting beta-agonists (i.e., albuterol) MDI
  - Bronchodilatation – direct measure of lung function
    - High variability in response data
    - Depending on the study proposal and data, dose-scale approach for bronchodilatation studies may be insensitive to difference in relative bioavailability
  - Bronchoprovocation – measure lung function after exposure to challenge agent (i.e., methacholine)
    - may provide more sensitive means of demonstrating BE between a test and reference albuterol MDI product
  - Modeling/simulation approach could help to identify the most sensitive approach demonstrating dose-response

# Equivalent Local Delivery

## PD/Comparative Clinical endpoint BE studies

- Changes in formulation, manufacturing, and device often occur during drug development process
  - Recommend to use the to-be-marketed drug product in the comparative clinical endpoint study
  - Have a plan for bridging study if the comparative clinical endpoint study is not conducted on the to-be-marketed drug product

# Conclusions

- Establishing bioequivalence for OINDPs is considered as one of the most challenging tasks for generic products
- BE assessment of OINDPs takes into account
  - Device and formulation
  - In vitro drug product performance
  - in vivo studies of systemic exposure
  - in vivo studies of local delivery
- Opportunities are available for communications with FDA on innovative technologies in OINDP area

#FDAapproves first generic version of Advair Diskus (fluticasone propionate and salmeterol inhalation powder): [go.usa.gov/xE87m](http://go.usa.gov/xE87m).



1:21 PM - 30 Jan 2019



FDA Approves Generic Inhalation Treatment for Asthma, COPD

JANUARY 30, 2019

The FDA has approved the first generic version of Advair Diskus (GlaxoSmithKline), a fluticasone propionate and salmeterol inhalation powder product.



Janet Woodcock, MD, director of the FDA's Center for Drug Evaluation and Research, announced in a press release:

“Today's approval of the first generic drug product for one of the most commonly prescribed asthma and COPD inhalers in the US is part of our longstanding commitment to advance access to lower cost, high-quality generic alternatives.”

Jan 31, 2019 APPROVAL FDA Approves Wixela Inhub (fluticasone propionate and salmeterol inhalation powder, USP), First Generic of Advair Diskus

From: xxxx  
Sent: Saturday, March 23, 2019 3:06 PM  
To: CDER DRUG INFO <[DRUGINFO@fda.hhs.gov](mailto:DRUGINFO@fda.hhs.gov)>  
Subject: One Million Thanks!!!

Re: FDA approves first generic Advair Diskus

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