PQRI Workshop: Managing Excipient and API Impact on Continuous Manufacturing May 17 – 18, 2022



### Impact of process selection on potential for failure – how to reduce the potential for failure due to special-cause variation

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# Learning objectives

➢On completion of this presentation, you should be able to demonstrate an understanding of:

o Variability

- The perils of oversimplification
- Rational formulation and process design and development and BioRAM
- Key questions to be answered
- Possible solutions to allow more robust formulations and processes in continuous manufacturing



## **Presentation outline**

>Introduction

○ Variation

Continuous manufacturing and trends

≻Oversimplification

• An example and the lessons learned

Rational formulation and process design and development



# What does the patient expect from their medicine?

- 1. Efficacy effective treatment of the disease or condition.
- 2. Convenience as convenient as possible.
- 3. Consistent performance from dose to dose, and from supply to supply.
- 4. Continuity of supply no disruptions in supply.



## Variation

### ➢Common cause variation

- Routine (random) variation in materials and processes
- ➤Special cause variation
  - Can impact product and/or process variation in a non-random way:
    - Unanticipated!
    - Unpredictable!



# Continuous manufacturing (CM)

System of manufacturing whereby starting components are continually fed into, and finished product is continually removed from, the manufacturing operation.

Constraints on continuous manufacturing include:

 No (or reduced) opportunity for operator intervention to compensate for material and process variability.

Requires consistent starting components (both API and excipients), or

Weaknesses have to be engineered out of the system.

 Number of starting components that can be fed into the line (due to restrictions on space).

Favors the use of simpler formulations (fewer components).

 Requires integration of appropriate analytical and monitoring technologies to provide for an acceptable control strategy.



# Trends in continuous manufacturing of oral solid dosage forms

#### > Much interest in direct compression.

- Simplest to implement (maybe).
- Simple formulation and processing.
  - Fewer excipients.
  - Fewer unit operations.
  - Reduced inventory complexity.

#### Dry granulation

• More complex, but may be more robust.

#### ➢ Wet granulation

- o Most complex.
- Effects of long run time and the presence of water (in aqueous granulation) on microbial quality of the product may be unknown.
  - ◆ Do we need to consider including antimicrobial preservatives in the formulation?



# Direct compression is not suitable for all APIs

- ➢ Digoxin example:
  - In the early 1970s, in the UK, there were problems related to the bioavailability of a leading brand of Digoxin Tablets.
    - Change in wet granulation mixer caused a ca. 3.5-fold increase in bioavailability – patients, previously stabilized, were hospitalized with symptoms of digoxin poisoning.
    - ◆Dissolution requirement established by MCA (now MHRA) for all marketed Digoxin Tablets ≥80% in 30 minutes.



Direct compression is not suitable for all APIs (continued)

Comparison of three different manufacturing methods for Digoxin Tablets:

- Direct compression did not meet the dissolution requirements.
- Aqueous wet granulation met the dissolution requirements.
- Solvent wet granulation met the dissolution requirements within 5 – 10 minutes.



# The perils of (over)simplification in CM

"Things should be kept as simple as possible – but not simpler!"

(Einstein ca. 1950 quoted in NY Times)

If we make things too simple, are we putting the product (and the patient) at risk due a lack of robustness in the product formulation and/or process?



# Oversimplification - an example

### ≻A formulation comprising:

- Drug
- Microcrystalline cellulose
- o Magnesium stearate
- Marketed for several years with no problems;
- Unanticipated change to a more stable drug polymorph.
  - Dissolution failures
  - Unable to obtain the original polymorph
- ≻What to do?



## The remedy

➤There was a higher strength tablet.

Because of the dose and potential size of tablet, this higher strength had less microcrystalline cellulose relative to the amount of API, but did include a superdisintegrant.

 $\odot$  No dissolution failures with the new polymorph.



### Lessons from this example

Oversimplification produced a formulation which was not robust enough.

Microcrystalline cellulose does not have great disintegration properties.

Always include a recognized disintegrant in an immediate release tablet (and powder-filled hardgel capsule).



### Two questions for you!

Can over-simplification and lack of robustness negate the benefits of continuous manufacturing for pharmaceuticals?

Can Quality-by-Design compensate for oversimplification?

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# Rational formulation and process design (and development)

- Look at the properties of the API and what you want to achieve (QTPP).
  - Better understanding of the properties of the API that impact processing and finished product performance.

Is API stability affected by the necessary processing?

- >Work out how to achieve the objective
- Carry out a risk assessment on the formulation and process.
  - o e.g., using an Ishikawa diagram

Determine the potential weak points and design them out (if possible).



# Biopharmaceutics Risk Assessment Roadmap (BioRAM)

Integrating biopharmaceutics into QbD

Assessment and scoring

- Box 1 Starting point: QTPP and API properties
- o Box 2 Formulation strategy
- Box 3 First feasibility assessment
- Box 4 Second feasibility assessment
- Box 5 Third feasibility assessment
- Box 6 Confirmatory studies and methods identified.

Dickinson PA, et al., (2016) J. Pharm Sci., <u>105</u>, 3243-3255.



# The key questions to be answered (1/2)

- What do I need to do with this API to get it in a form whereby it has consistent bioavailability, and is stable?
- ➢How can I process the modified API, and maintain performance?
  - Direct compression
  - o Dry granulation?
  - Wet granulation?



# The key questions to be answered (2/2)

- >What are the potential weaknesses in the:
  - o API (before and after modification if needed)?
    - Physical form and characteristics?
    - Physical and chemical stability (degradation)?
  - Formulation?
  - Processing?
- ≻How can we design out the weaknesses?
  - o Formulation improvements?
  - o Processing improvements?
  - o Packaging options?

# API (lack of) understanding: An example



Poorly water soluble development candidate

Forced degradation studies showed potential for oxidation:

o 3 years' stability on crystalline API @ 25°C/60% RH

Eventual formulation was an amorphous solid dispersion in a polymer.

 After 5 days @ ambient conditions >10% degradation (oxidation).



### Investigation and remedy

- Investigated including antioxidants in the formulation
  - Sodium metabisulfite stabilized the API against oxidation
  - O Unfortunately, sodium metabisulfite induced crystallization of the API.
- Adopted bottle with reduced oxygen permeability and included an oxygen scavenger sachet (together with a desiccant sachet) in the bottle.
  - Achieved acceptable stability (>2 years @ 25°C/60% RH)



# Rational design vs. limited number of components

- The restriction on the number of feeders is an issue but can we get round it?
  - Use a pre-blending arrangement (two (or more) inline mixers in series) to allow more materials to be added?
  - Use of co-processed excipients comprising e.g. filler and superdisintegrant to reduce the number of feeders required?
- Do we need to add stabilizers to the API at the final API production stage?



### In conclusion

- Continuous manufacturing can provide significant benefits to the pharmaceutical industry, and on to the patient.
- Over-simplification has the potential to negate those benefits.
- Rational formulation and process design and development <u>must</u> take precedence over engineering expediency to preserve formulation and process robustness, and product availability.



# Thank you! Any questions?

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