

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



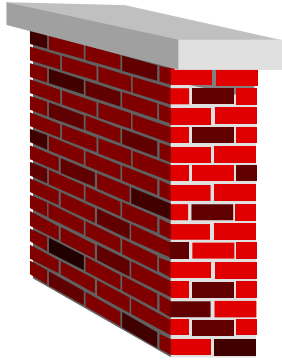
# دور التصنيف الصيدلاني الحيوي في تطوير الصناعة الصيدلانية

## Role of Biopharmaceutical Classification System BCS in Developing Industrial Pharmacy

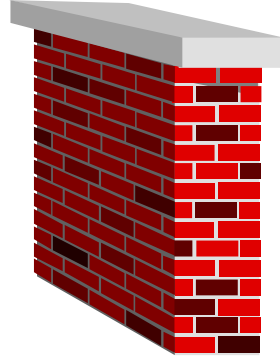
د. هند الزين  
قسم الصيدلانيات

# ركائز التصنيف الصيدلاني الحيوي

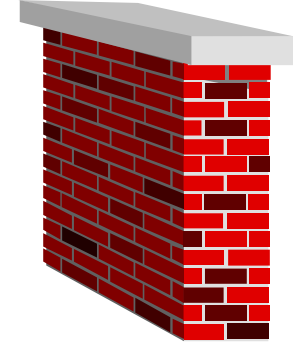
## Pillars of the BCS



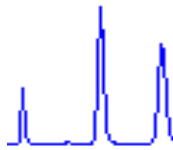
معدل الانحلال



النفوذية

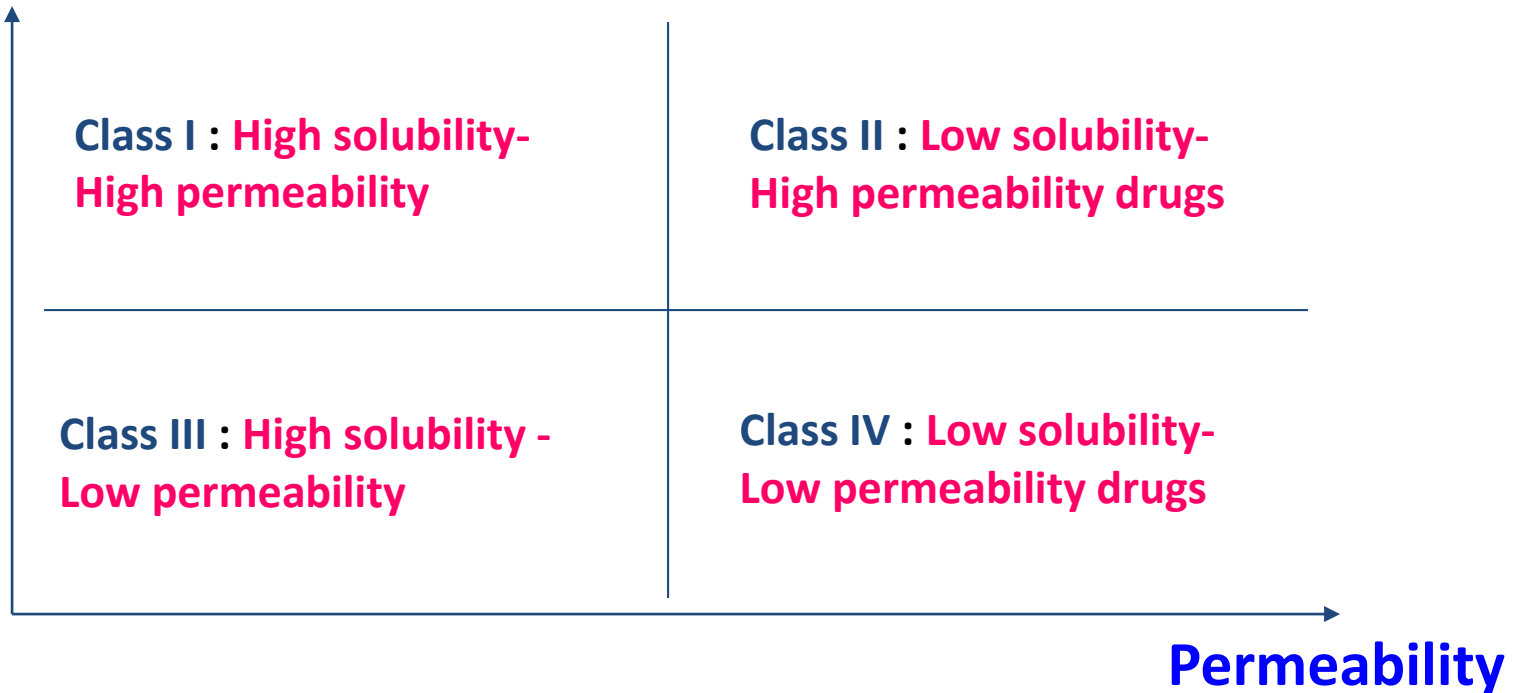


الذوبانية



# BIOPHARMACEUTICS CLASSIFICATION SYSTEM (BCS)

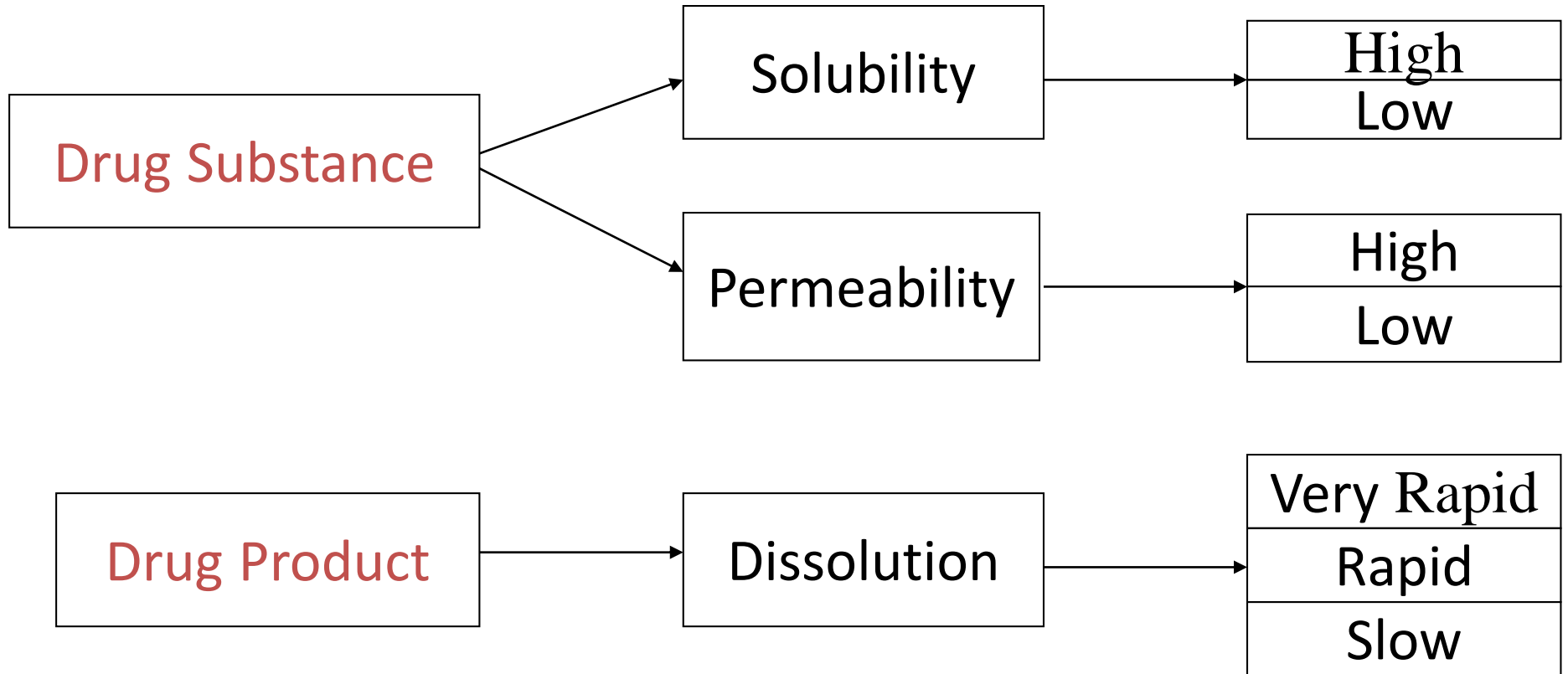
**Solubility**



# Biopharmaceutical Classification System

| Class   | solubility | permeability | comment   |
|---------|------------|--------------|---|
| Class 1 | High       | High         | Bioavailability problem is not expected for immediate release drug products   |
| Class 2 | Low        | High         | Bioavailability is controlled by the dosage form and rate of release of the drug substance.   |
| Class 3 | High       | Low          | Drug is permeability limited<br>Bioavailability may be incomplete if the drug is not released and dissolved within absorption window.           |
| Class 4 | Low        | Low          | Difficulty in formulating a drug product that will deliver consistent drug bioavailability. An alternate route of administration may be needed. |

# BIOPHARMACEUTICS CLASSIFICATION SYSTEM (BCS)



# FDA BCS-BIOWAIVER GUIDANCE

## Dissolution

- ▶ Very rapidly dissolving  $\geq 85\%$  within **15 min**
- ▶ Rapidly dissolving  $\geq 85\%$  within **30 min**
- ▶ Slowly dissolving – more than **30 min** for **85%** dissolution

# BIOPHARMACEUTICS CLASSIFICATION SYSTEM (BCS)

- ❖ The successful development of medicinal products for oral use requires identification of the rate limiting step(s) of the intestinal absorption process of the active substance
- ❖ 3 major factors govern drug absorption:
  - Aqueous solubility                      **active substance**
  - Intestinal permeability                **active substance**
  - Dissolution                                **oral formulation**

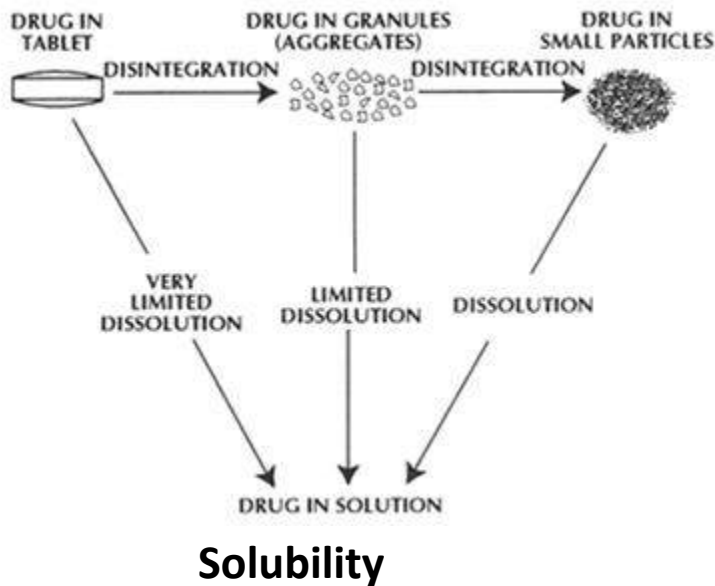


# Biopharmaceutics Classification System

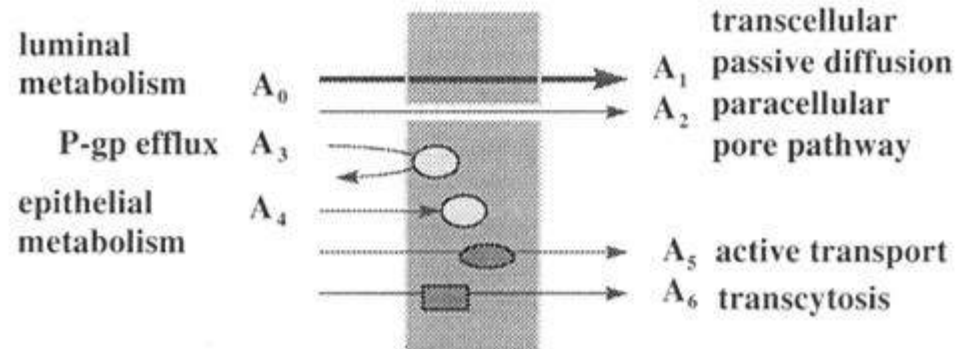
|   |   |  |
|---|---|--|
| Permeability: $P_{eff}$ ( $\times 10^{-4}$ ) cm/sec | <b>Class I: HS/HP</b><br>RLS: Gastric emptying<br>IVVC: No<br>When dissolution rate > gastric emptying, dissolution is not likely to be rate limiting<br>Examples: Verapamil, Propranolol, Metoprolol | <b>Class II: LS/HP</b><br>RLS: Dissolution<br>IVVC: Yes<br>Examples: Ketoprofen, Naproxen, Carbamazepine   |
|   | <b>Class III: HS/LP</b><br>RLS: Permeability<br>IVVC: No<br>Examples: Ranitidine, Cimetidine, Atenolol  | <b>Class IV: LS/LP</b><br>RLS: Various factors<br>in vitro dissolution may not be reliable<br>IVVC: May be.<br>Examples: Furosemide, Hydrochlorothiazide |
|   | 0      10      100      250      1000      10,000      ml   |  |
|   | Volume of aqueous buffer needed to dissolve the highest unit dose, pH 1-8 range.<br>RLS: Rate Limiting Step.  |  |

# BIOPHARMACEUTICS CLASSIFICATION SYSTEM (BCS)

**solubility, dissolution and permeability** are the 3 major factors controlling the oral absorption of drug substances from IR oral medicinal products



## Permeability

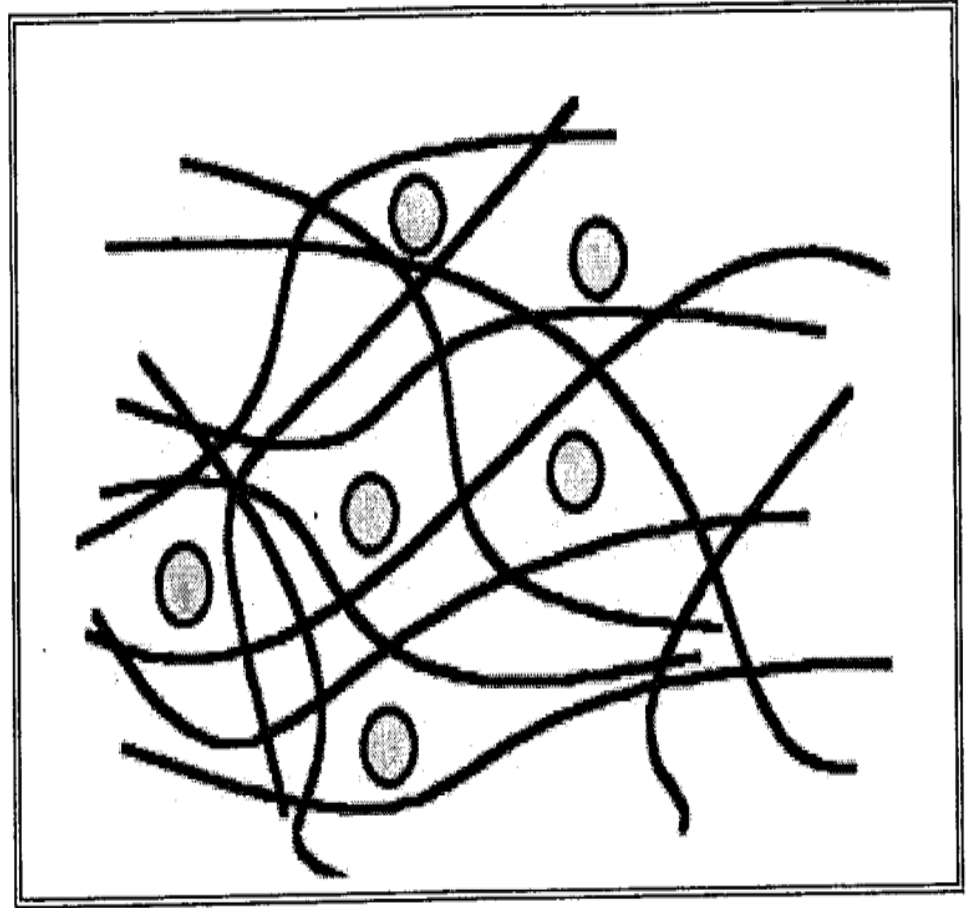


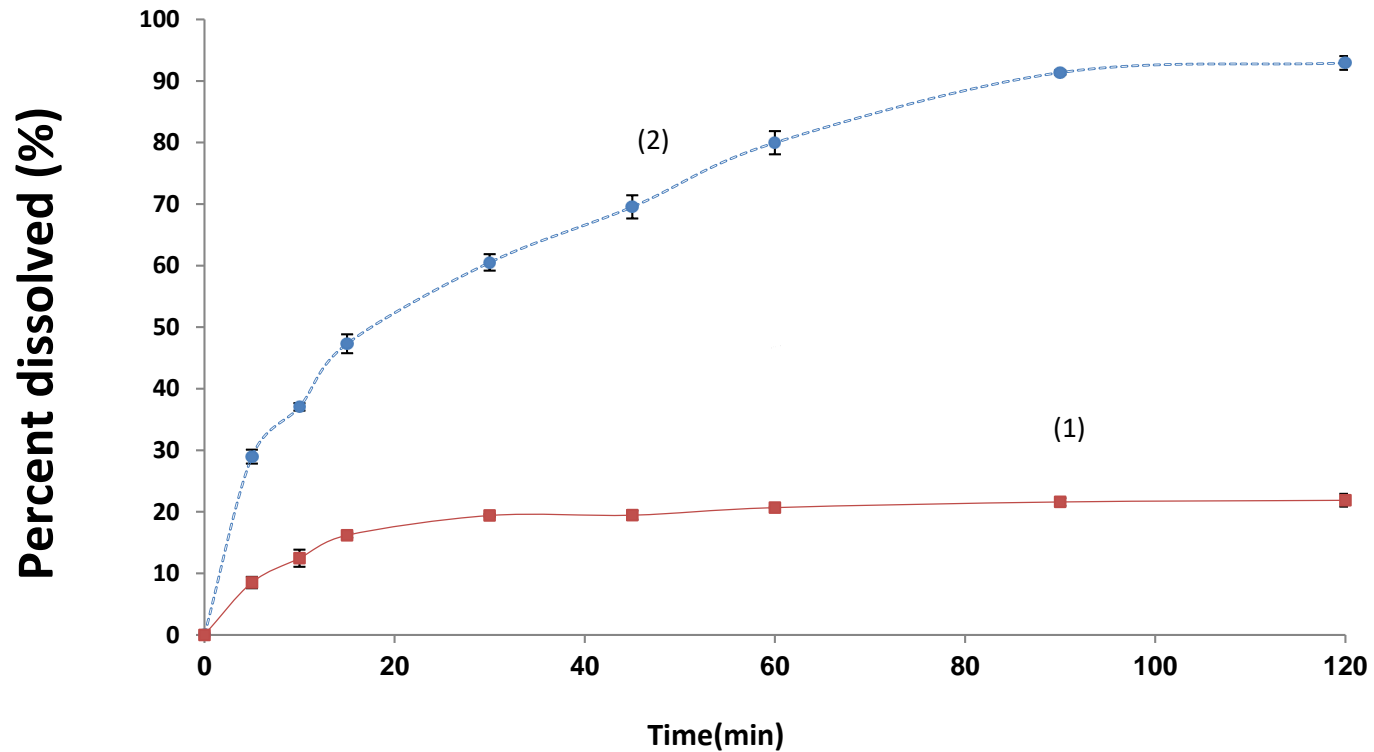
# Enhancing dissolution profile

تحسين مرتسم الانحلال

المبعثرات الصلبة

solid dispersion



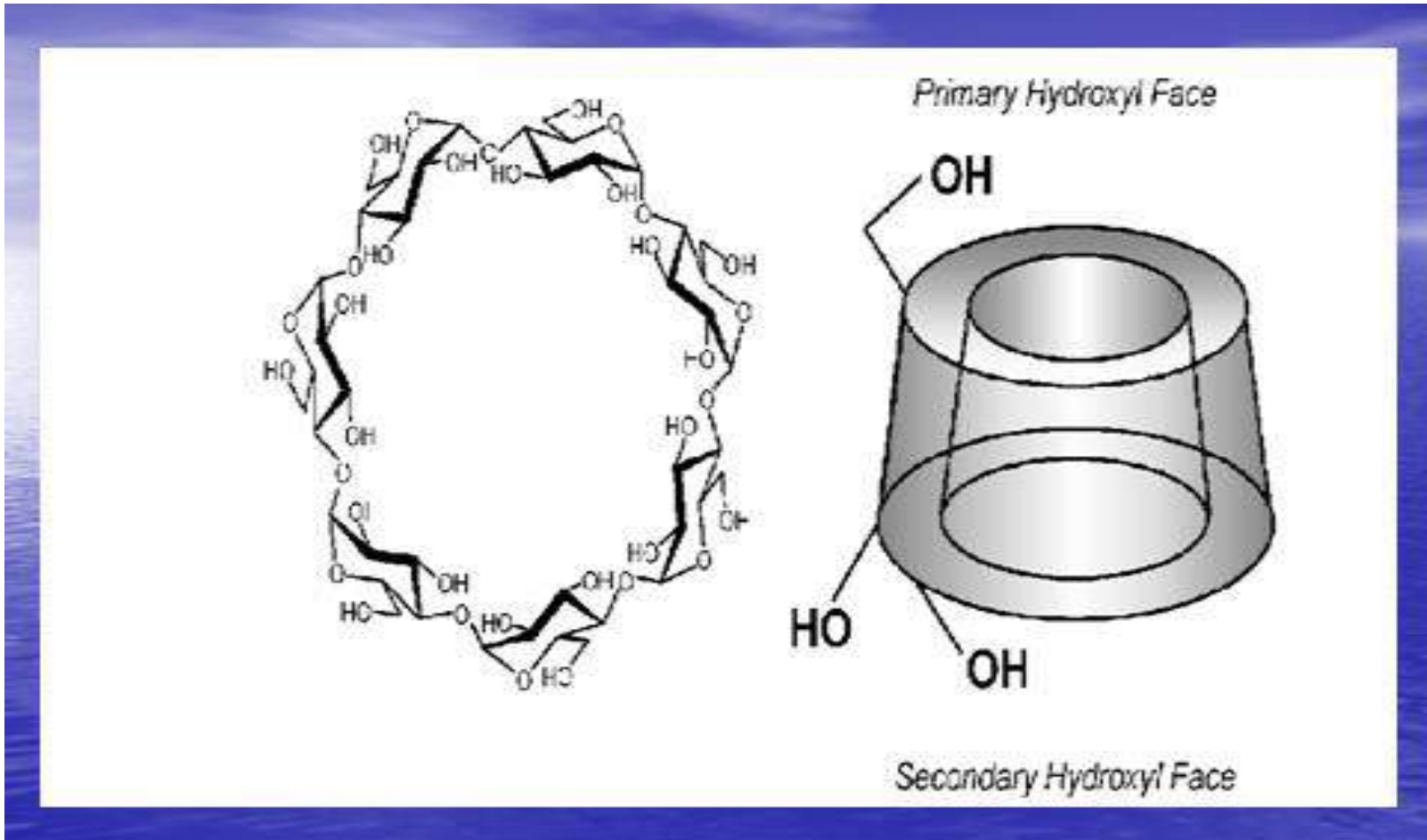


fig(12): percentage of nystatin released from tablets containing (1) nystatin plain powder, (2)nystatin :PEG6000 solid dispersion

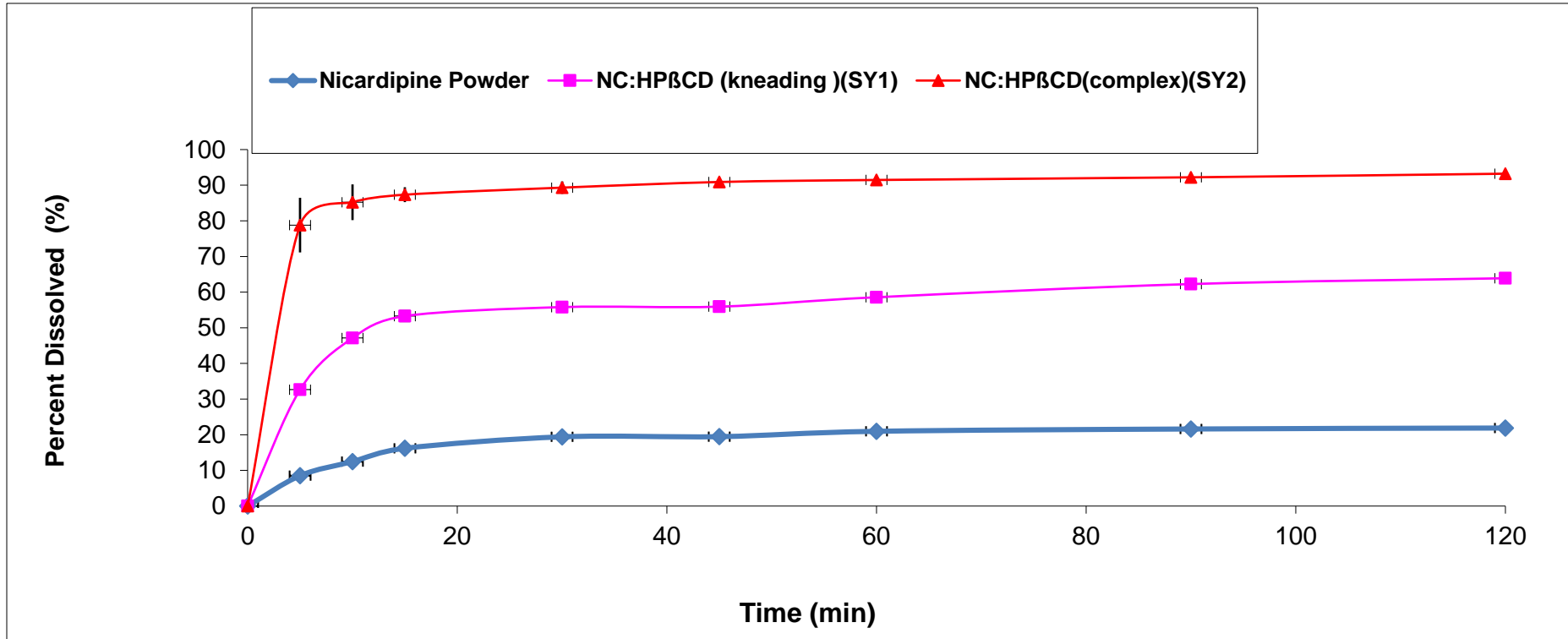
K. Sakeer, H. Al-Zein, I. Hassn, G. P. Martin, and A. Nokhodachi.  
Pharmaceutical Development and Technology 2010,15(4) 360-368

# تشكيل معقدات مع مشتقات السيكلو ديكسترين

Complexation with cyclodextrin derivatives



# تشكيل معقدات مع مشتقات السيكلوديسترين



**Figure (2): Percent dissolved of nicardipine as powder and inclusion complex with (HBβCD) prepared by kneading and rotatory evaporation in pH:6.8**

النسبة المئوية المتحررة من الكانديزارتان سيلكسيتيل من أقراص :

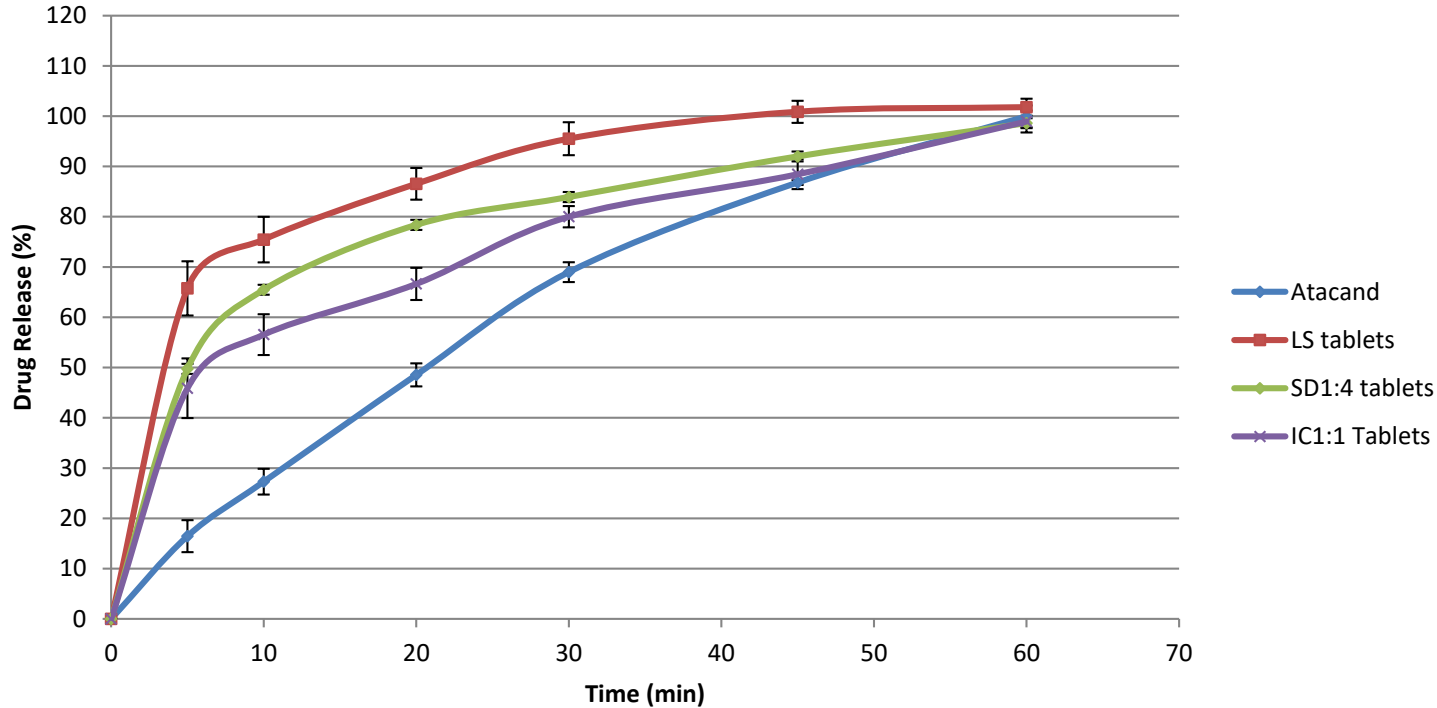
- المبعثرات الصلبة (SD1:4)
- المعقدات الانضمامية (IC1:1)
- الأنظمة السائلة الصلبة (LS) باستخدام محلول دوائي بتركيز (8%)
- المستحضر التجاري العالمي (Atacand®)

| IC1:1       | SD1:4       | LS           | Atacand®    | الزمن<br>(دقيقة) |
|-------------|-------------|--------------|-------------|------------------|
| 45.88±5.94% | 49.74±4.91% | 65.75±5.40%  | 16.46±3.18% | 5                |
| 56.55±4.05% | 65.47±3.55% | 75.44±4.53%  | 27.30±2.55% | 10               |
| 66.64±3.19% | 78.37±3.10% | 86.54±3.15%  | 48.54±2.30% | 20               |
| 80.00±2.11% | 83.91±2.33% | 95.51±3.27%  | 68.98±1.97% | 30               |
| 88.54±2.97% | 91.98±1.57% | 100.87±2.20% | 86.80±0.50% | 45               |
| 98.94±2.18% | 98.60±0.81% | 101.78±1.70% | 99.94±2.18% | 60               |

# تحسين معدل ذوبان الكانديسارتان

مرتسمات تحرر الكانديسارتان سيلكسيتيل من أقراص :

- المبعثرات الصلبة (SD1:4)
- المعقدات الانضمامية (IC1:1)
- الأنظمة السائلة الصلبة (LS) باستخدام محلول دوائي بتركيز (8%)
- المستحضر التجاري العالمي (Atacand®)





# BIOPHARMACEUTICS CLASSIFICATION SYSTEM

| API                          | BCS            | API                        | BCS       | API                | BCS       |
|------------------------------|----------------|----------------------------|-----------|--------------------|-----------|
| Alprazolam                   | Class I        | Clarithromycin             | LS        | Nimesulide         | Class II  |
| Amlodipine                   | Class I        | Doxazocin                  | Class I   | Nitrofurantoin     | Class IV  |
| Ascorbic Acid                | Class III      | Flurbiprofen               | Class II  | Penicilamine       | Class III |
| <a href="#">Atorvastatin</a> | Class II       | <a href="#">Folic Acid</a> | Class IV* | Simvastatin        | Class II  |
| Azithromycin                 | LS - Class II  | Glipizide                  | Class II* | Terazocin          | Class III |
| Celecoxib                    | Class II       | Ibuprofen                  | Class II  | Terbinafine        | Class I   |
| <u>Cetirizine</u>            | <u>Class I</u> | Montelukast                | Class I   | Valsartan          | Class II  |
| <u>Levocetirizine</u>        | <u>Class I</u> | Lomefloxacin               | Class I   | Lidocaine          | Class I   |
| Minocycline                  | Class I        | Niacin                     | Class III | Pravastatin sodium | Class I   |

الاعفاء الحيوي المستند الى التصنيف الصيدلاني الحيوي

**BCS BASED BIOWAIVERS**

# BIOPHARMACEUTICS CLASSIFICATION SYSTEM (BCS)

- FDA Guidance for Industry: Immediate Release Solid Oral Dosage Forms: Scale-Up and Post-Approval Changes, November 1995.
- FDA Guidance for Industry: Waiver of In Vivo Bioavailability and Bioequivalence Studies for Immediate-Release Solid Oral Dosage Forms Based on a Bio pharmaceuticals Classification System, FDA, August 2000.

<http://www.fda.gov/cder/guidance/cmc5.pdf>  
<http://www.fda.gov/cder/guidance/3618f1.pdf>

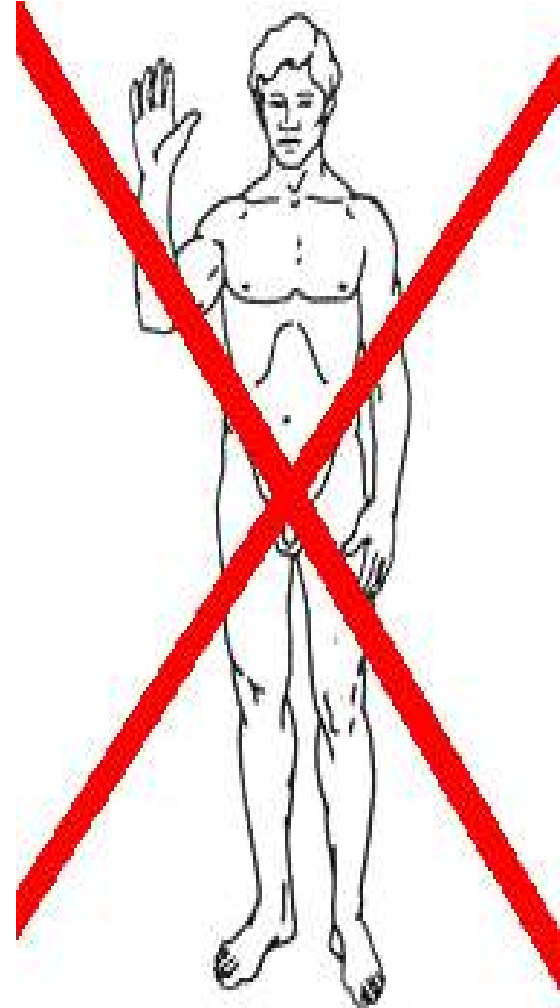
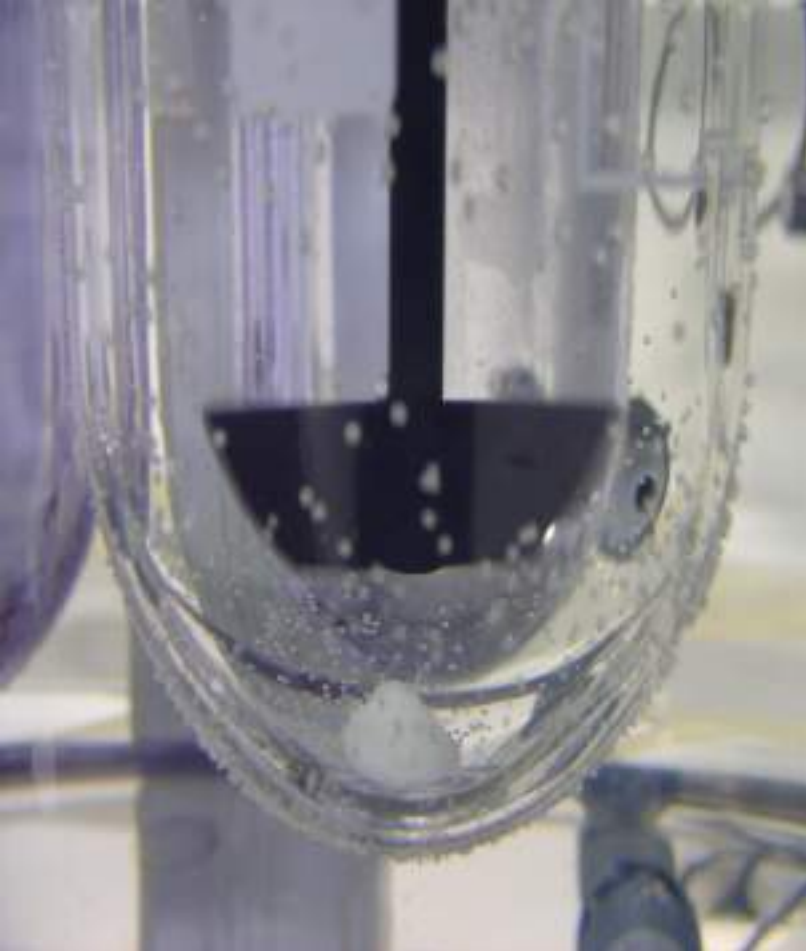
# Biowaiver الاعفاء الحيوي

الاعفاء الحيوي هو قبول استبدال دراسات التكافؤ الحيوي في المختبر بالدراسات في الانسان.

Biowaiver is in vitro instead of in vivo  
'bioequivalence' testing



# الاعفاء الحيوي



# FDA BCS-BIOWAIVER GUIDANCE

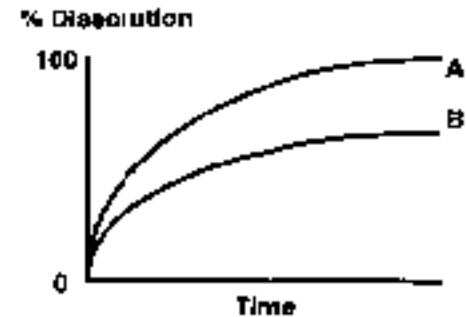
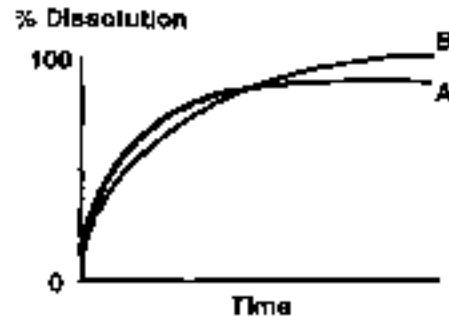
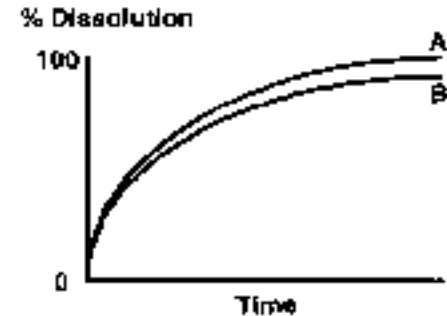
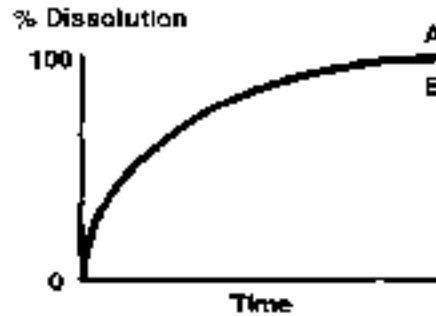
## Dissolution

- FDA criteria for BCS-based biowaiver:
  - **BCS class I** drug substances
  - Oral IR solid dosage form
  - Rapid in vitro dissolution and similar to **REFERENCE** product
  - Wide therapeutic window
  - Excipients should be FDA approved for IR solid dosage forms

# مقارنة مرتسمات الانحلال

## Dissolution Profile Comparison

**Are These Profiles Similar?**



# USP Chapters <711>, <724>

## USP apparatus

|                                |                               |   |
|--------------------------------|-------------------------------|---|
| <b>Apparatus 1</b>             | <b>Rotating Basket</b>        | <b>Capsules,Tablets</b>                                       |
| <b>Apparatus 2</b>             | <b>Paddle</b>                 | <b>Tablets, Capsules, modified drug products, suspensions</b> |
| <b>Apparatus 3</b>             | <b>Reciprocating cylinder</b> | <b>Extended release drug products</b>                         |
| <b>Apparatus 4</b>             | <b>Flow cell</b>              | <b>Drug products containing low-water-soluble drugs</b>       |
| <b>Apparatus 5</b>             | <b>Paddle over disk</b>       | <b>Transdermal drug products</b>                              |
| <b>Apparatus 6</b>             | <b>Cylinder</b>               | <b>Transdermal drug products</b>                              |
| <b>Apparatus 7</b>             | <b>Reciprocating disk</b>     | <b>Transdermal drug products</b>                              |
| <b>Diffusion Cells (Franz)</b> | <b>(Non-USP-NF)</b>           | <b>Ointments, Creams, transdermal drug products</b>           |



# عامل التشابه Similarity Factor

$$f_2 = 50 \cdot \log \left\{ \left[ 1 + (1/n) \sum_{t=1}^n (R_t - T_t)^2 \right]^{-0.5} \cdot 100 \right\}$$

n = عدد النقاط الزمنية

R<sub>t</sub>= x النسبة المئوية الذائبة من المستحضر المرجعي عند النقطة الزمنية

T<sub>t</sub>= x النسبة المئوية الذائبة من المستحضر المرجعي عند النقطة الزمنية

- ثلاث نقاط زمنية على الأقل
- 12 يجب العمل على 12 وحدة من المستحضرين
- قياس واحد فقط بعد الوصول الى 85% نويان
- RSD: ≤ 20% at early time point & ≤ 10% at higher time points

# EMA BE GUIDELINE 2010

## APPENDIX III BCS-BASED BIOWAIVER



European Medicines Agency

London, 20 January 2010

Doc. Ref.: CPMP/EWP/QWP/1401/98 Rev. 1/ Corr \*\*

**COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE  
(CHMP)**

**GUIDELINE ON THE INVESTIGATION OF BIOEQUIVALENCE**

[http://www.ema.europa.eu/docs/en\\_GB/document\\_library/Scientific\\_guideline/2010/01/WC500070039.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2010/01/WC500070039.pdf)

# EMA BIOEQUIVALENCE GUIDELINE - 2010

## solubility drug substance

- The pH-solubility profile of the drug substance should be determined and discussed.
- The drug substance is considered highly soluble if the highest single dose administered as immediate release formulation(s) is completely dissolved in 250 ml of buffers within the range of pH 1 – 6.8 at  $37 \pm 1$  °C.

This demonstration requires the investigation in at least three buffers within this pH range (preferably at pH 1.2, 4.5 and 6.8)

# EMA BIOEQUIVALENCE GUIDELINE - 2010

## drug substance

- BCS-based biowaivers are applicable for IR drug products if:
  1. The drug substance has been proven to exhibit high solubility and complete absorption: **BCS-class I**,
  2. Either very rapid (>85% within 15 min) or similarly rapid (85% within 30 min) *in vitro dissolution characteristics of the test and the reference product* has been demonstrated considering specific requirements,
  3. Excipients that might affect bioavailability are qualitatively and quantitatively the same; in general the use of the same excipients in similar amounts is preferred.

# EMA BIOEQUIVALENCE GUIDELINE - 2010

## drug substance

- BCS-based biowaivers are also applicable for IR drug products if:
  1. The drug substance has been proven to exhibit high solubility and limited absorption: **BCS-class III**,
  2. Very rapid (>85% within 15 min) *in vitro dissolution* characteristics of the test and the reference product has been demonstrated considering specific requirements,
  3. Excipients that might affect bioavailability are qualitatively and quantitatively the same and other excipients are qualitatively the same and quantitatively very similar.

# WHO BIOWAVIER GUIDELINES

© World Health Organization

WHO Technical Report Series, No. 937, 2006

## Annex 7

**Multisource (generic) pharmaceutical products:  
guidelines on registration requirements to establish  
interchangeability**

## Annex 8

**Proposal to waive in vivo bioequivalence  
requirements for *WHO Model List of Essential  
Medicines* immediate-release, solid oral dosage forms**

[http://healthtech.who.int/pq/info\\_general/documents/TRS937/WHO\\_TRS\\_937\\_\\_annex7\\_eng.pdf](http://healthtech.who.int/pq/info_general/documents/TRS937/WHO_TRS_937__annex7_eng.pdf)

[http://healthtech.who.int/pq/info\\_general/documents/TRS937/WHO\\_TRS\\_937\\_\\_annex8\\_eng.pdf](http://healthtech.who.int/pq/info_general/documents/TRS937/WHO_TRS_937__annex8_eng.pdf)

# BIOPHARMACEUTICS CLASSIFICATION SYSTEM (BCS)\*

- ▶ BCS Class 1: HS/HP
  - VRD or RD in pH 1.2, 4.5 and 6.8
- ▶ BCS Class 2: LS/HP/Weak Acids
  - Rapid dissolution in pH 6.8 and similar dissolution profile in pH 1.2, 4.5 and 6.8
- ▶ BCS Class 3: HS/LP/VRD

**For biowaivers Test (multisource) and Reference (comparator) products must have similar dissolution profile ( $f_2$ ) in all 3 media**

**\*Ref: WHO Technical Report Series, No. 937, 2006, Annex 7: Page: 347-390 and Annex 8: Page 391-438.**

# EMA BE guideline - 2010

## المقادير الجرعية المختلفة

يجرى التكافؤ الحيوي على أعلى جرعة اذا كانت حركية الدواء خطية على أن تتوافر الشروط التالية:

- 1- طريقة التحضير واحدة
- 2- السواغات المستخدمة نفسها
- 3- يوجد تناسب كمي بين مكونات الصيغة
- 4- نتائج مرتسمات الانحلال متشابهة



# MULTIPLE DOSE STRENGTHS

## EMA BE guideline - 2010

- If several strengths of a test product are applied for, it may be sufficient to establish BE at only the highest strength,
- 
- The strength(s) to evaluate depends on the linearity in pharmacokinetics of the active substance.

# Comparative dissolution testing

## Similarity factor f2

$$f_2 = 50 \cdot \log \left\{ \left[ 1 + (1/n) \sum_{t=1}^n (R_t - T_t)^2 \right]^{-0.5} \cdot 100 \right\}$$

n = number of time points

R<sub>t</sub> = % API dissolved of reference product at time point x

T<sub>t</sub> = % API dissolved of test product at time point x

- **Minimum of 3 time points** (zero excluded)
- **12 units** (one / vessel) for each batch (for “official” purposes)
- **Only one measurement should be considered after the reference product has reached 85 % dissolution.**
- **RSD: ≤ 20% at early time point & ≤ 10% at higher time points**

# Dissolution Profile Comparison

$$f_1 = \{ [\sum_{t=1}^n |R_t - T_t|] / [\sum_{t=1}^n R_t] \} \cdot 100$$

$$f_2 = 50 \cdot \log \{ [1 + (1/n) \sum_{t=1}^n (R_t - T_t)^2]^{0.5} \cdot 100 \}$$

- $R_t$  and  $T_t$  are the cumulative % dissolved at each of the selected  $n$  time points
- $f_1$  is proportional to the average difference between the two profiles (difference factor)
- $f_2$  is inversely proportional to the average squared difference between the two profiles and measures the closeness between the two profiles (similarity factor).

**F1 between ( 0 – 15 )**

**F2 between (50 – 100)**

# Comparative dissolution testing

## Dissolution conditions (study design)

|  |  |
|--|--|
| Apparatus<br>(choice)  | <ul style="list-style-type: none"> <li>USP 2 - Paddle, 50 (75) rpm <u>or</u></li> <li>USP 1 - Basket, 100 rpm</li> </ul>   |
| Dissolution media<br><br>All three media for full comparison | <ol style="list-style-type: none"> <li>Phosphate Buffer pH 6.8 <u>or</u> simulated intestinal fluid without enzymes</li> <li>Acetate Buffer pH 4.5</li> <li>0.1 M HCl <u>or</u> buffer pH 1.2 <u>or</u> simulated gastric fluid without enzymes</li> </ol> |
| Volume of media  | 900 ml or less   |
| Temperature  | 37°C ± 0.5°C   |
| Sampling points  | 10, 15, 20, 30, 45, (60, 120) min. (typical)   |
| Units (individual)   | 12 for “official” studies  |

# Example

## Ciprofloxacin: two batches of same product

| Product   | Manufacturer | Batch Nr | Expiry date | Status    |
|-----------|--------------|----------|-------------|-----------|
| Cipro 500 | ABC Ltd      | xxx      | 06/2007     | Test      |
| Cipro 500 | ABC Ltd      | zzz      | 07/2007     | Reference |

Apparatus paddle at 50 rpm

Medium 1: simulated gastric fluid without pepsin (SGF) (900 ml)

Medium 2: acetate buffer pH 4.5 (900 ml)

Medium 3: phosphate buffer pH 6.8 (900 ml)

Temp.:  $37^{\circ}\text{C} \pm 0.5^{\circ}\text{C}$  (start, middle, end)

Units: Twelve tablets per medium, each batch

Sampling: Manual, through in-line filter (0.45  $\mu\text{m}$  PVDF unit)  
at 10, 15, 20, 30 and 45 minutes

Analysis: HPLC analysis for ciprofloxacin

# Example .Cont....

Ciprofloxacin: two batches of same product

| Medium ▶                                   | SGF, pH 1.16 |         | Buffer pH 4.5 |         | Buffer pH 6.8 |         |
|--|--------------|---------|---------------|---------|---------------|---------|
|  | % dissolved  |         | % dissolved   |         | % dissolved   |         |
| Time (min)                                 | b/n xxx      | b/n zzz | b/n xxx       | b/n zzz | b/n xxx       | b/n zzz |
| 10   | 83           | 80      | 93            | 96      | 28            | 31      |
| 15   | 95           | 92      | 97            | 99      | 34            | 36      |
| 20   | 99           | 97      | 99            | 100     | 38            | 39      |
| 30   | 102          | 101     | 100           | 100     | 39            | 40      |
| 45   | 102          | 102     | 102           | 101     | 39            | 41      |
| similarity ?<br>n = <input type="text"/> ? |              |         |               |         |               |         |

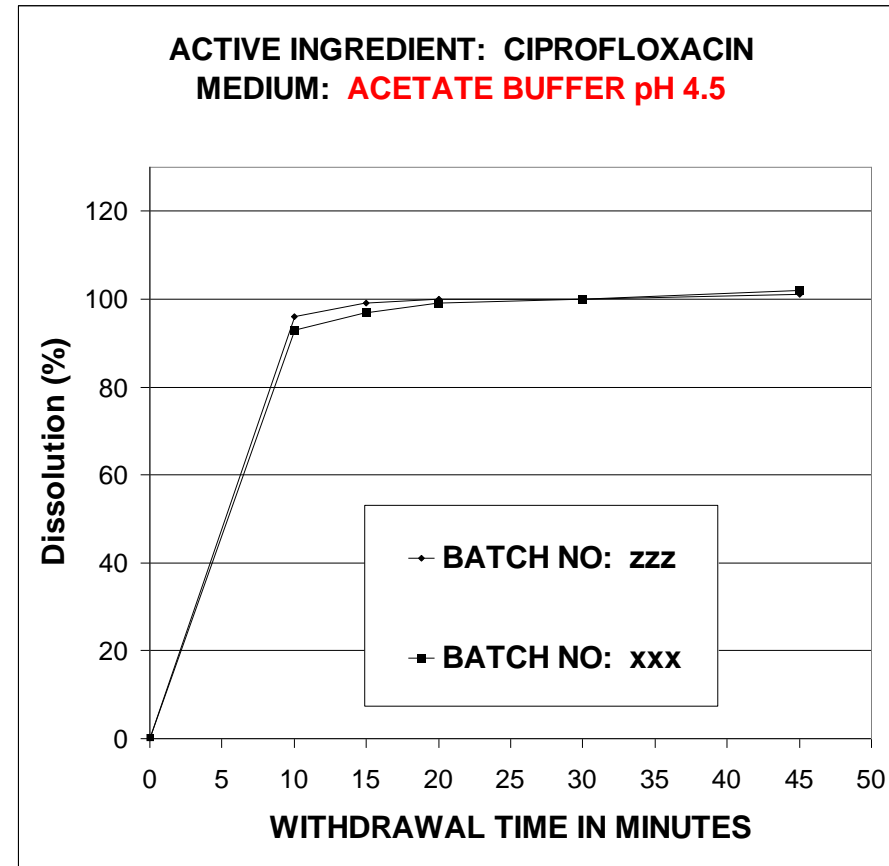
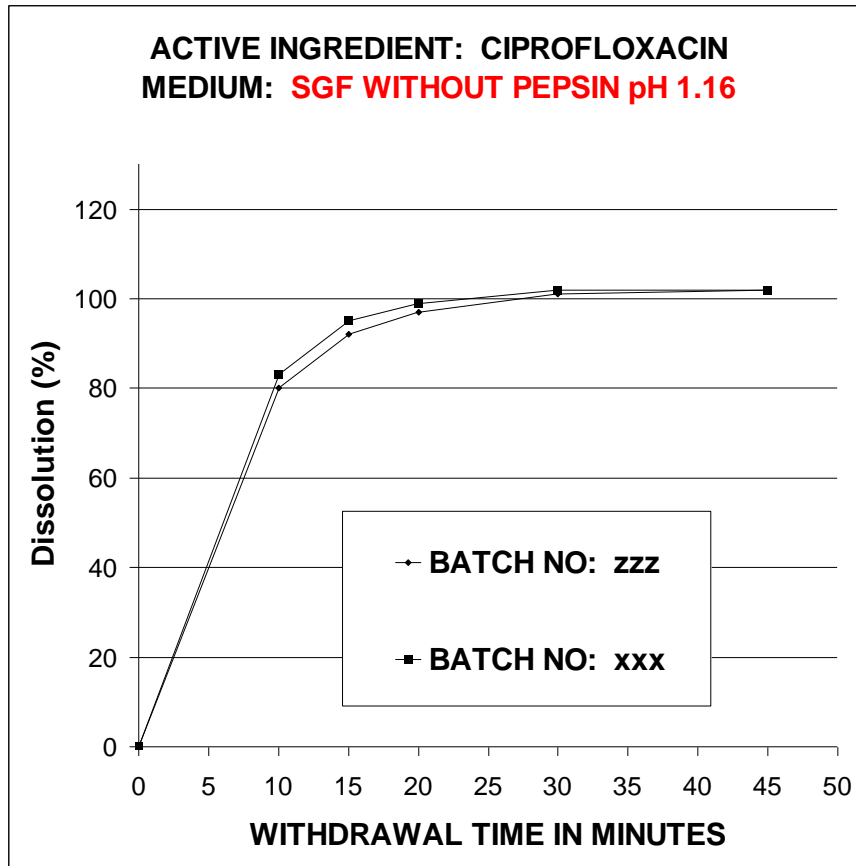
Conclusion: The profiles in all three media can be regarded similar / not similar.

# Example .Cont....

Ciprofloxacin: two batches of same product

SGF without pepsin, pH 1.16

Acetate buffer pH 4.5



# Example .Cont....

Ciprofloxacin: two batches of same product

Phosphate buffer pH 6.8

