Society for Pharmaceutical Dissolution Science (South Chapter) JSS University Mysore, Karnataka

> Winter Session on Dissolution Science & Drug Testing

# Scientific Principles and Advanced Concepts in Dissolution

Dr. Suresh Venkataram Chief Scientific Officer Semler Research Center Pvt. Ltd.

# Gastrointestinal Tract vs Dissolution Test









## **DISSOLUTION TESTING CONSIDERATIONS**



#### General Principles of Developing a Dissolution Method

- 1. Appropriate medium for dissolution testing
  - Multimedia testing
  - Discriminatory media
  - Volume of media
- 2. Apparatus type
  - Dosage form dependent
  - RPM selection
  - Time points for sampling
- 3. Drug is sufficiently stable in the medium/media
- 4. Sink conditions

### DISCRIMINATORY DISSOLUTION MEDIA

Dissolution medium or media that are able to pick out <u>REAL</u> differences between batches of a product.

- CAUTION: watch out for overly discriminating media
  - WHAT IF DISSOLUTION IS TOO FAST produces a profile that levels off too early to show discrimination between the formulations.
  - WHAT IF DISSOLUTION IS TOO SLOW the dissolution apparatus, rotational speed or dissolution medium may have to be changed to produce a discriminating dissolution profile.
  - TYPICALTARGET for IR products aim for a profile that approaches 100% drug dissolved in 45 to 60 minutes.

### DISCRIMINATORY DISSOLUTION MEDIA

Dissolution medium or media that are able to pick out <u>REAL</u> differences between batches of a product.

- CAUTION: watch out for overly discriminating media
- How do you find a discriminatory media?
  - From pH –solubility profile data, select least favourable medium
    - e.g medium with pH close to pKa of the molecule
  - 2. Dissolution test conditions for e.g.,
    - Low RPM should be more discriminating
    - No surfactant to gradual increase in surfactant concentration

#### DISCRIMINATORY DISSOLUTION MEDIA..(contd)

- How do you find a discriminatory media?
  - 3. Make deliberate process changes that you anticipate in manufacturing, for e.g.
    - Hardness effects
    - Granulation kneading effects
    - Lubricant mixing time changes
    - API particle size changes
    - Excipient changes fillers, binder concentration etc



# CONVENTIONAL VESSEL Vessel A (manufacturer A, Japan)

- exhibited distortion, and unevenness in various places.
- The vessel bottoms in particular deviated from the ideal hemispherical shape, and curvature among vessels differed widely.
- The inside of the cylinder of these two manufacturers' vessels also deviated from the ideal circular shape.

# PRECISION VESSEL

(Takao, Japan) was manufactured by a new glass processing technology and displayed an almost ideal inner shape consisting of a cylinder and hemisphere.





Figure 1. Inner Shape of Vessel A. The center of the three lines indicates the ideal shape of the cylinder and hemisphere. The two lines drawn on both sides represent  $\pm$  0.3 mm from the center line.

Figure 2. Inner Shape of the Precision Vessel. The center of the three lines indicates the ideal shape of the cylinder and hemisphere. The two lines drawn on both sides represent  $\pm 0.3$  mm from the center line.

Calibrator Tablets renamed Performance Verification Standard

4 CONVENTIONAL Vessels were tested in all 6 positions

4 PRECISION Vessels were tested in all 6 positions



Figure 5. Dissolution Results for Prednisone Tablet Obtained from Vessel A and the Precision Vessel. (A) vessel A, (B) the precision vessel. Dotted lines represent the acceptable ranges (27–48%) for prednisone tablets (Lot O0C056) specified by USP.



Figure 6. Mean Dissolution Data for Prednisone Tablets Obtained from Six Vessel Positions. (A) vessel A, (B) the precision vessel. \* p < 0.05 vs. C2. Dotted line represents the mean value of 24 results. Each point represents the mean  $\pm$  SD (vertical bar) of six determinations.  $\blacksquare$ , vessel A;  $\blacklozenge$ , the precision vessel.

- The dissolution results of USP Prednisone Calibrator tablets were compared for the precision vessel and vessel A.
- Variability in test results was markedly lower when the PRECISION VESSEL was used.
- For CONVENTIONAL VESSEL, however, test results varied widely between vessels used and between positions in the dissolution tester.
- In addition, the mean values of prednisone dissolution percentages obtained from six positions differed significantly (p < 0.05) among vessels.
- These results suggest that the shape of a glass vessel is critical to obtaining unvarying and reproducible dissolution test results.



# **Biorelevant Media**

Oral administration of rolon targeted ducage form.

Renain intert in stomach

Results intact in mult intertine

Drug release in colon.

\*High intractionic drug const. \*Dose reduction \*Improved efficacy \*High therapeutic index. Oral administration of conventional docage form

Release of drug in stomach

Absorption of drug sides in stoppach/mull intertine

\*Low intracolonic deug consta \*Lurge door required \*Poor efficacy \*Low therapeutic index \*Side effects.

## PHYSIOLOGICAL VARIABLES

STOMACH pH	1 to 3 Fasting	3 to 7 fed
Gastric Emptying	0.5 to 2 h Fasting	Several hours Fed
Duodenum: pH = 4-6 • bile- and pancreatic secretion • short passage time (< 10 min)	Jejunum: pH = 6-7 lleum: pH = 7-7.5 • quantitative absorption of bile salts (active transport)	Colon: pH = 5-7 • great number and variety of bacteria • individual passage times differ largely

Relationship - Ionization and Absorption

#### **From Henderson Hasselbach equation,**

weak acids =  $[HA \leftrightarrow H^+ + A^-]$  Acid is a proton donor  $pH = pKa + log [A^-] / [HA]$ 

weak bases =  $[B + H^+ \leftrightarrow BH^+]$  Base is a proton acceptor pH = pKa + log [B] / [BH+]

- Equation is used to calculate the percent ionization of a drug in cellular compartments of different pH.
- Understanding how changes in pH alter the ionization of drugs is very important since unionized drugs cross membranes.

# Percent Ionization of Drugs

рН	Weak A % ioniz	cids ation of aspirin	Weak Bases % ionization of codeine		
3 units > pKa	99.9%	log [A <sup>-</sup> /HA = 1000/1]	0.1%	log [B/BH <sup>+</sup> = 1000/1]	
2 units > pKa	99%	log [A <sup>-</sup> /HA = 100/1]	1%	log [B/BH <sup>+</sup> = 100/1]	
1 unit > pKa	90.9%	log [A <sup>-</sup> /HA = 10/1]	9%	log [B/BH <sup>+</sup> = 10/1]	
pH = pKa	50%	log [A <sup>-</sup> /HA = 1/1]	50%	log [B/BH <sup>+</sup> = 1/1]	
1 unit < pKa	9%	log [A <sup>-</sup> /HA = 1/10]	90.9%	log [B/BH <sup>+</sup> = 1/10]	
2 units < pKa	1%	log [A <sup>-</sup> /HA = 1/100]	99%	log [B/BH <sup>+</sup> = 1/100]	
3 units < pKa	0.1%	log [A <sup>-</sup> /HA = 1/1000]	99.9%	log [B/BH <sup>+</sup> = 1/1000]	

#### NEW DRUG DEVELOPMENT vs. GENERIC PRODUCT DEVELOPMENT

Most Dissolution specifications are set based on brand product

#### • But in generics,

- excipients could be different
- Manufacturing processes may also differ significantly.
- Hence, dissolution methods and specifications that are appropriate for the brand product may not be suitable for the generic product
- tests and specifications have been unilaterally imposed in cases for which those tests and specifications are not appropriate.
- Therefore, moving to a regulatory process that encourages quality by design principles and dissolution methods and specifications that are based on product relevant characteristics

#### FDA DATABASE EXAMPLES of DISSOLUTION MEDIA

Drug	y Name	Dosage Form	USP Apparatus	Speed (RPMs)	Medium	Volume (mL)	Recomme nded Sampling Times (minutes)	Date Updated
Abacavir	Sulfate	Tablet	II (Paddle)	75	0.1 N HCl	900	5, 10, 15, and 30	03/22/2006
Abacavir Sulfate/L	amivudine	Tablet	II (Paddle)	75	0.1 N HCI	900	10, 20, 30, and 45	01/03/2007
Abacavir Sulfate/L Zidovudiı	amivudine/ ne	Tablet	II (Paddle)	75	0.1 N HCl	900	5, 10, 15, 30, and 45	01/03/2007
Acampro Calcium	sate	Tablet (Delayed Release)	I (Basket)	180	Acid Stage: 0.1 N HCl Buffer Stage: "Citrate- sodium hydroxide" buffer pH 6.8 (150 ml of 2N NaOH, 21.014 gm of citric acid and ultra-pure water to 1000 ml) (Method B)	1000	120 (Acid) 30, 60, 90, 120, and 180 (buffer)	12/20/2005
Acarbose		Tablet	II (Paddle)	75	Water (deaerated)	900	10, 15, 20, 30 and 45	3/22/2006

Drug Name	Dosage Form	USP Apparatus	Speed (RPMs)	Medium	Volume (mL)	Recommen ded Sampling Times (minutes)	Date Updated
Triptorelin Pamoate	Injectable Suspension	ll (Paddle)	200	Water-Methanol (95:5); Reconstitute vial in 2 mL Water for Injection, add to 500 mL medium at 37°C	500	1, 6, 12, 24, 48 and 72 hours	07/14/2008
Trospium Chloride	Tablet	ll (Paddle)	50	0.1 N HCI	1000	10, 20, 30 and 45	12/03/2007
Trospium Chloride	Capsule (Extended Release)	ll (Paddle) with sinker	50	0.1 N HCl, pH 1.1 for 2 hrs and then add 200 mL of 0.1 N NaOH in 200 mM Phosphate Buffer. Adjust pH to 7.5 using 2 N HCl and/or 2N NaOH	0-2 hrs: 750 ml, After 2 hrs: 950 ml.	2, 3, 4, 6, 8, 12 and 16 hours	07/15/2010
Vorinostat	Capsule	II (Paddle) with sinker	100	2% Tween 80 in Water	900	5, 15, 30, 45 and 60	09/03/2008
Theophylline (600 mg and 400 mg)	Tablet (Extended Release)	I (Basket)	100	SGF without enzyme, pH 1.2 during 1st hour. SIF without enzyme from end of hour 1 through the duration of the testing	900	1, 2, 4, 8, 12 and 24 hours	10/06/2008

#### • PHARMACOPOEIAL MEDIA

- Simulated Gastric Fluid EP
  - NaCl
  - HCI
  - Without Pepsin or with Pepsin
- Simulated Intestinal Fluid EP pH 6.8
  - NaOH
  - Pot dihydrogen phosphate
  - Pancreas powder
- Do they have physiological relevance?

- BIORELEVANT MEDIA
- Many media can be recognized based on
  - Fed state
  - Fasting state
  - Type of dosage form
  - Regional differences in GIT

 Is this more appropriate for NDA rather than ANDA

## **DISSOLUTION MEDIA**

- I. Compendial buffers Simulation of the pH conditions in the GI tract
- 2. Biorelevant media Simulation of the physiological GI milieu

#### Fasted state

Stomach: FaSSGF Small intestine: FaSSIF  $\rightarrow$  FaSSIF–Gradient Colon: SCoF

#### Fed State

Stomach: Milk / Ensure® Plus Small intestine: FeSSIF  $\rightarrow$  FeSSIF–Gradient Colon: SCoF

# Simulated Gastric Fluid Fasted: FaSSGF Fed: FeSSGF

"Biorelevant" conditions in the fasted stomach

e 80 µmol/L
20 µmol/L
0.1 mg/mL
34.2 mmol/L
ad <i>pH 1.6</i>
water ad 1000 mL

pH 1.6 Surface tension 42.6 mN/m Osmolality 121 mOsm/kg "Biorelevant" conditions in the fed stomach some time after a meal

NaCl237.02 mmol/LAcetic acid17.12 mmol/LSodium acetate29.75 mmol/LDemineralized water ad 1000 mL

Milk:acetate buffer 1:1 HCl conc. ad *pH 5.0* 

pH 5.0 Osmolality 400 mOsm/kg Buffer capacity 25 mEq/L/pH

M Vertzoni et al. *Eur J Pharm Biopharm.* 60:413-417 (2005)

E Jantratid et al. Pharm Res. 25 (7):1663-76 (2008)

# Simulated Intestinal Fluid

#### Fasted: FaSSIF

NaH2PO43.438 gNa taurocholate3 mmol/LLecithin0.75 mmol/LNaCl6.186 gNaOHad pH 6.5Demineralized water ad 1 Liter

pH 6.5 Osmolality Buffer capacity

270 + 10 mOsm/kg 10 + 2 mEq/L/pH

#### Fed: FeSSIF

Glacial acetic acid 8.65 gNa taurocholate15 mmol/LLecithin3.75 mmol/LNaCl11.874 gNaOHad pH 5.0Demineralized water ad 1 Liter

pH 5.0 Osmolality 635 + 10 mOsm/kg Buffer capacity 76 + 2 mEq/L/pH

# SIMULATED COLONIC FLUID (SCoF)

Simulation of the pH-values and ions in the proximal colon

molar acetic acid solution
molar NaOH solution
Demineralized water

*170 mL* 157 mL ad 1 Liter

pH 5.8 Osmolality 295 mOsm/kg Buffer capacity 29 mEq/L/pH

## CONCEPT OF GRADIENT DISSOLUTION MEDIA

#### Concentration of bile components: FaSSIF gradient

GI-section	рΗ	Biorelevant media	Sodium taurocholate	Lecithin	
Proximal Jejunum	6.5	FaSSIF	3 mmol/l	0.75 mmol/l	
Distal Jejunum	6.8	FaSSIF <sup>a,b</sup>	3 mmol/l	0.75 mmol/l	
Proximal Ileum	7.2	FaSSIF <sup>a,b</sup>	1.5 mmol/l	0.375 mmol/l	
Distal Ileum	7.5	Blank FaSSIF			
<sup>a</sup> pH modified, <sup>b</sup> Concentration of bile components modified					

#### Concentration of bile components: FeSSIF gradient

GI-section	рН	Biorelevant media	Sodium taurocholate	Lecithin
Proximal Jejunum	5.0	FeSSIF	15 mmol/l	3.75 mmol/l
Distal Jejunum	6.5	FeSSIF <sup>a,b</sup>	15 mmol/l	3.75 mmol/l
Proximal Ileum	6.5	FeSSIF <sup>a,b</sup>	7.5 mmol/l	1.875 mmol/l
Distal lleum	7.5	Blank FaSSIF		
<sup>a</sup> pH modified, <sup>b</sup> Concentration of bile components modified,			ed, <sup>c</sup> Phosphate buffe	er



Fig. 1. Mean dissolution profiles of acetaminophen from Panadol<sup>®</sup> tablets in various media at 100 rpm.

Pharmaceutical Research, Vol. 15, No. 5, 1998



Time (min)

Fig. 3. Mean dissolution profiles of danazol from Danatrol<sup>®</sup> capsules in various media at 100 rpm.



Time (min)

Fig. 4. Mean dissolution profiles of mefenamic acid from Parkemed<sup>®</sup> capsules in various media at 100 rpm.



Fig. 5. Mean dissolution profiles of ketoconazole from Nizoral<sup>®</sup> tablets in various media at 100 rpm.

)

