

ORIGINAL ARTICLE

Selection of the most suitable dissolution method for an extended release formulation based on IVIVC level A obtained on cynomolgus monkey

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Abstract

Objective: The purpose of this study is primarily to identify the most suitable in vitro dissolution method(s) for their ability to predict the in vivo performance of extended release prototype tablet formulations designed for a new chemical entity, Biopharmaceutic Classification System class II drug, weak base, based on the data collected in cynomolgus monkey. **Materials and methods:** Different types of buffer at different pH were selected as dissolution medium resulting in a broad variety of release patterns (slow to fast). The in vivo and in vitro data were put in relation. **Results:** As a consequence of the discrimination between both tested formulations, the in vitro–in vivo correlation (IVIVC) qualities and shapes changed significantly. The obtained level A showed that the simple HCl medium was superior to biorelevant media and media containing surfactant when investigating IVIVCs in cynomolgus monkey. In addition, the results of dissolution in HCl suggested rather a diffusion mechanism of the extended release matrix formulation as the main factor of the release. **Conclusion:** Adjusting dissolution testing conditions to match the behavior of the formulations in vitro with that in vivo by taking into account the properties of the drug and the formulation is a straightforward and useful approach in identifying a predictive method in the development of the IVIVC. These investigations will definitely help by derisking of new formulations as well as by rating changes in existing formulations with regard to their impact on bioavailability before entry into human.

Key words: BCS class II; dissolution; extended release; IVIVC

Introduction

A common challenge of all pharmaceutical companies is the development of new drugs, as fast as possible, to cover unmet medical needs and at the same time to ensure safety and efficacy. Many strategies exist and among them in vitro dissolution, animal experiment, and in vitro–in vivo correlation (IVIVC) can be used early in the development phase to minimize the risk before administration into man, to address the impact of changes in existing formulations with regard to bioavailability (BA), and to improve the development strategy leading to a faster time to market.

In this study, this approach was used to select an extended release (ER) formulation of a new chemical

entity, weak base classified as a poorly soluble and highly permeable drug [Biopharmaceutic Classification System (BCS) class II¹]. This drug, after oral administration of an immediate release (IR) capsule in human, exhibited side effects hypothetically because of high plasma concentration. To address this high concentration (C_{\max}), prototype formulations of ER hydrophilic matrix tablets were developed and optimized using dissolution techniques to sustain T_{\max} and lower C_{\max} . During this development, dissolution data were generated to assess the formulations performance throughout the optimization process. However, at this stage, the discriminative power and the effectiveness of the dissolution method as a predictive tool to derisk human in vivo study are unknown. Therefore, the development of

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the initial dissolution method for this poorly soluble compound included the assessment of relevant physical and chemical properties of the drug as well as the key factors of the drug product and formulation. The two optimal formulations, with regard to the dissolution performance observed in the simplest media achieving sink condition, were tested in animals before any new administration to humans to demonstrate its technical feasibility and efficacy. A systematic screening of various classical dissolution media keeping the apparatus and condition similar was realized to better understand the behavior of these two formulations, and a relationship between in vitro and in vivo animal data was assessed.

The combination of these tools (dissolution, animal data, and correlation as well as some weakness of in silico data) to develop and select the most suitable in vitro method is discussed in this article as a smart development tool to speed up the realization of new formulations and to ensure the best performance during future human trials.

Materials and methods

Materials

Egg lecithin (E PC S, purity >96%) was obtained from Lipoid (Ludwigshafen, Germany), and sodium taurocholate (NaTC, 97% pure) used was received from Pro-dotti Chimici e Alimentari SpA, Basaluzzo, Italy.

Phosphate buffer, sodium chloride, 37% hydrochloric acid (fuming), 85% ortho phosphoric acid, ethanol (99.9%) as well as high performance liquid chromatography (HPLC) grade methanol and acetonitrile were purchased from Merck (Darmstadt, Germany). Tris buffer was obtained from Applichem (Darmstadt, Germany) and water was obtained from Milli-Q (Millipore, Milford, MA, USA) water purification system.

The various surfactants, namely, sodium lauryl sulfate (SDS), hexadecyl-trimethyl-ammonium bromide (CTAB), and polysorbate 80 (Tween 80), were purchased from Sigma-Aldrich Chemie GmbH (Steinheim, Germany).

Model compound and solid formulations

The poorly soluble new chemical entity Roche compound (RO-X) is a small molecule, a weak base used in the form of hemisulfate salt. Only one polymorph form is known and is stable in water. Its main physicochemical properties are ClogP of 3.7 with pK_a 4.6. The experimental dose was set at 1 mg.

Experimental IR capsule formulation and ER tablet formulations were supplied by Roche Pharmaceutical Research Department. The ER formulations were produced by wet granulation using the same batch of active

pharmaceutical ingredient (API). Different amounts of hydroxypropylmethylcellulose (HPMC) were adjusted to decrease the C_{max} having a target of 85% release in vitro within 4 or 8 hours, respectively. The IR reference formulation exhibits a complete release within 0.5 hour. All formulations were designed and homotetically adjusted for administration in monkey.

Methods

Dissolution media preparation

Various media were tested from pH 1.1 to 6.5. Compensial media were prepared according to the US Pharmacopeia. Phosphate buffers with pH 4.0 and 6.0 were prepared from 0.05 M sodium dihydrogen phosphate. pH was adjusted using 0.2 M sodium hydroxide (NaOH) or phosphoric acid. The amount of surfactant was added accordingly. Because of the low solubility, addition of three types of surfactant (anionic, cationic, and nonionic) was tested at pH 6.0 to have (i) a pH close to neutrality, (ii) a pH more in accordance with gastrointestinal (GI) tract pH^{2,3}, (iii) a similar effectiveness of all the surfactants, and (iv) a reasonable stability of the solutions after filtration. Biorelevant media, fasting state simulated intestinal fluid (FaSSIF) and fed state simulated intestinal fluid (FeSSIF), were prepared according to current procedures⁴. Overall, the media were stable and present as a single phase. Two steps were included in the dissolution method: step 1 was handled in the selection of the best formulations to be tested in vivo on monkey and corresponded to acidic media alone; and step 2, after having the in vivo results, corresponded to the screening of various dissolution methods to seek for the most pertinent IVIVC.

Solubility studies

The solubility of the RO-X was assessed in each dissolution medium. Duplicate samples were incubated with an excess of compound in a 10 mL volumetric flask at 37°C with constant rotation. Samples were collected after 4 and 24 hours, filtrated, and subsequently diluted with the HPLC mobile phase. The dissolved quantity was measured with a validated HPLC-ultraviolet (UV) detection method. The solubility studies were carried out with the same batch of API that was used for manufacturing of the tablets.

Dissolution studies

The dissolution profiles of the ER formulations were examined in different media, using a Sotax AT7 smart apparatus equipped with automated sampling (Sotax, Allschwil, Switzerland). In all cases, paddle speed and temperature were set at 50 rpm and 37°C, respectively, with $n = 3$ units. Because of the low dose of the tablets (1 mg) and sensitivity of the analytical method, the dissolution volume was held constant at 500 mL (minimal volume insuring a homogeneity and reproducibility of

the media). Ten 1 mL samples were withdrawn at pre-defined time intervals up to 8 hours from each vessel and not replaced. Test solution (20 mL) was pumped through the circuit before each sampling time to pre-rinse the sampling lines and filters. Sampling and filtration were automated and dissolution samples were directly filtered and subsequently measured by a validated HPLC–UV detection method.

In vivo bioavailability assessment

A pilot study based on a single dose, three arms simple study comparing the two ER tablet formulations (target 4 and 8 hours release) with the IR formulation (reference capsule) was performed on three cynomolgus monkeys in fasting conditions. Because of the animal's ethical limitations, only limited number of samples could be withdrawn, and particular attention was given to the early time points. The samples were collected at predefined time intervals (0, 0.5, 1, 2, 3, 4, 7, 24, 32 hours) and measured by a validated HPLC–MS method.

In vivo–in vitro correlation

For the in vivo data, in addition to the classical BA parameters C_{max} , T_{max} and AUC, the percentage of fraction of drug absorbed (%FD) was determined by deconvolution using the Wagner–Nelson (WN) method^{5,6}. In vitro the percentage of drug dissolved (%D) was obtained from the dissolution. Various approaches of relationship between in vitro and in vivo data were examined based either on values (IVIVC^{7,8}) or on rank (IVIVR^{9,10}). The in vivo and in vitro data were put in relation using a point-to-point relationship between the in vitro dissolution and the in vivo input of the drug (IVIVC level A). Linear regressions were primarily sought. In case of faster dissolution than input, a scaling factor from linear Levy plots¹¹ or from nonlinear scaling¹² was discussed.

Model predictability was estimated internally by comparison of prediction errors for pharmacokinetic parameters, C_{max} , T_{max} and AUC, derived from mean observed and predicted in vivo data obtained by using the inverse of WN method¹³. For a reasonable IVIVC, regulatory guidelines state prediction errors for C_{max} and AUC should not exceed 10%^{14,15}. All calculations were done using Microsoft Excel.

Results

Solubility studies

The equilibrium solubility at 37°C over the physiological pH range using classical dissolution media after 4 and 24 hours is presented in Table 1.

The molecule exhibits a typical pH depending solubility profile of a weak base with a low solubility at high

Table 1. Solubility of RO-X in the various dissolution media over the physiological pH after 4 and 24 hours at 37°C.

Medium	pH	mg/mL	
		After 4 hours	After 24 hours
HCl 0.1 N	1.1	13	13
Phosphate 0.05 M	4.0	1.4	1.4
Phosphate 0.05 M	6.0	0.0008	0.0008
FeSSIF	5.0	–	0.12
FaSSIF	6.5	–	0.025
Phosphate 0.05 M + 0.5% SDS	6.0	>7.5	>7.5
Phosphate 0.05 M + 1% CTAB	6.0	>7.5	>7.5
Phosphate 0.05 M + 1% Tween	6.0	>7.5	>7.5

pH. The solubility in the biorelevant media (FaSSIF and FeSSIF) was estimated to be 12.5 mg/500 mL and 60 mg/500 mL, respectively, denoting an improvement of roughly 30 times at pH 6.5 in FaSSIF and of around 140 times for FeSSIF compared to the classical pH 6.0 phosphate buffer. Addition of chemical surfactants of either nature between 0.5% and 1% in dissolution media at pH 6.0 led to solubility estimated to be greater than 7.5 mg/500 mL (increase of solubility more than 18 times). Acid pH, biorelevant media, and media with adjunction of surfactant exhibit sink conditions for the 1 mg dose, which is not the case for pure phosphate buffer pH 6.0. Overall, no shifts in pH or precipitation were observed during equilibrium solubility determinations.

Paddle dissolution studies

Six different ER tablets with different amounts of HPMC (formulations 1–6) were first measured by dissolution for prescreening using HCl 0.1 N (step 1). The IR formulation is presented on those curves as a reference in Figure 1. Formulations 2 and 4 exhibited profiles closer to the targets and were selected. Both tablets were further tested using the seven dissolution media (see Tables 2–4). The

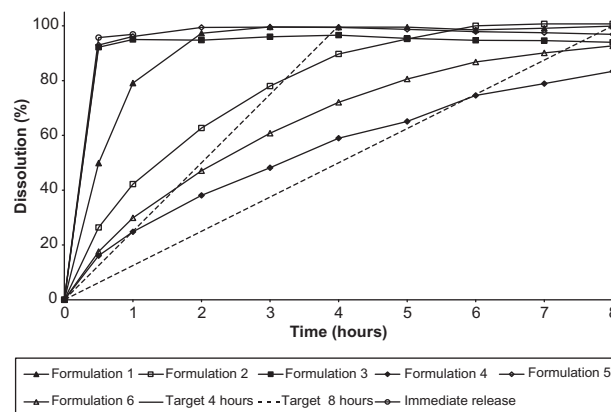


Figure 1. Dissolution profiles of different ER tablets versus IR formulation in HCl 0.1 N.

Table 2. Overview of the obtained R^2 after IVIVC level A attempts.

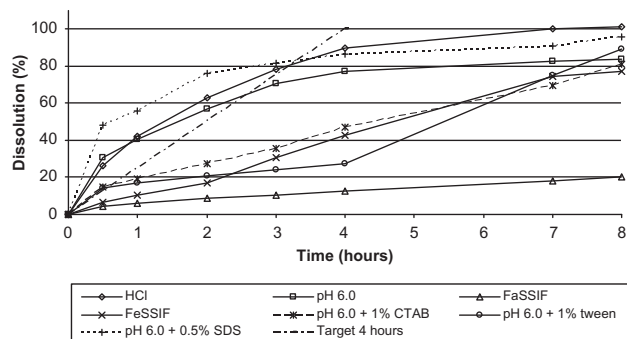
R^2	HCl 0.1 N	pH 6.0	FaSSiF	FeSSiF	pH 6.0 + CTAB 1%	pH 6.0 + Tween 80 1%	pH 6.0 + SDS 0.5%
Form. No. 2	0.97	0.96	0.96	0.93	0.95	0.73 (0.99) ^a	0.98
Form. No. 4	1.00	0.99	0.96	0.99	0.94	0.89	0.90
Form. Nos. 2 + 4	0.90	0.67	0.87	0.63	0.64	0.48	0.24

^aValue without burst effect after 4 hours $R^2 = 0.99$.**Table 3.** Overview of the obtained slope after IVIVC level A attempts.

Slope	HCl 0.1 N	pH 6.0	FaSSiF	FeSSiF	pH 6.0 + CTAB 1%	pH 6.0 + Tween 80 1%	pH 6.0 + SDS 0.5%
Form. No. 2	1.051	1.411	5.967	1.136	1.449	1.125	1.651
Form. No. 4	0.960	1.506	6.215	7.431	2.770	4.819	5.081
Form. Nos. 2 + 4	0.885	0.802	5.135	0.958	0.997	0.879	0.720

Table 4. Overview of the obtained intercept after IVIVC level A attempts.

Intercept	HCl 0.1 N	pH 6.0	FaSSiF	FeSSiF	pH 6.0 + CTAB 1%	pH 6.0 + Tween 80 1%	pH 6.0 + SDS 0.5%
Form. No. 2	-33.32	-47.74	-23.55	2.15	-15.06	2.61	-84.32
Form. No. 4	-13.47	-10.52	-7.81	-7.96	5.72	9.45	3.40
Form. Nos. 2 + 4	-16.28	-1.63	9.02	+13.40	10.05	16.54	14.34

**Figure 2.** Dissolution profiles of formulation 2 (ER4H) within all tested media.

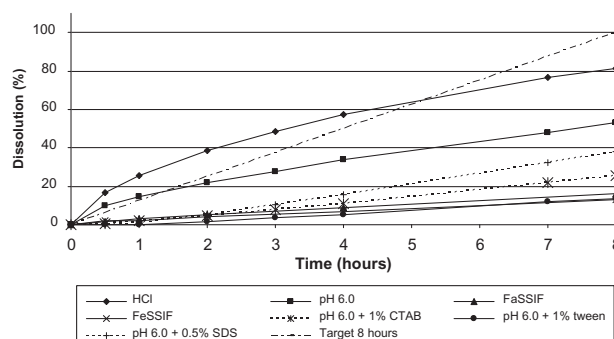
results of the dissolution tests performed with various media (step 2) on formulations 2 and 4 are presented in Figures 2 and 3.

Dissolution of both chosen formulations (2 and 4) exhibited the expected rank order, irrespective of which medium was employed. Standard deviations were observed in the range of 3–5%. No coning or mounting was observed during the dissolution tests.

In vivo data

The in vivo cynomolgus monkey results are presented in Figure 4 and in Table 5 for pharmacokinetic parameters (PK) parameters.

The in vivo release data demonstrated that compared to the reference (IR capsule), a lower C_{\max} and a

**Figure 3.** Dissolution profiles of formulation 4 (ER8H) within all tested media.

prolonged T_{\max} can be observed with the ER tablets indicating a slower absorption and an impact of the composition of the tablets on the global performance. The two slow release formulations exhibited a monophasic decline indicating an apparent one-compartment model. In this case, the Wagner⁶ method can be used for deconvolution and the results are presented in Figure 5 up to 7 hours (100% of absorption being reached later). Figure 6 presented the percent remaining to be absorbed denoting an apparent first-order kinetic for both ER formulations.

In vitro-in vivo correlation

The basic comparison of the dissolution data and the in vivo data indicated a correct ranking of both formulations independently of the media used.

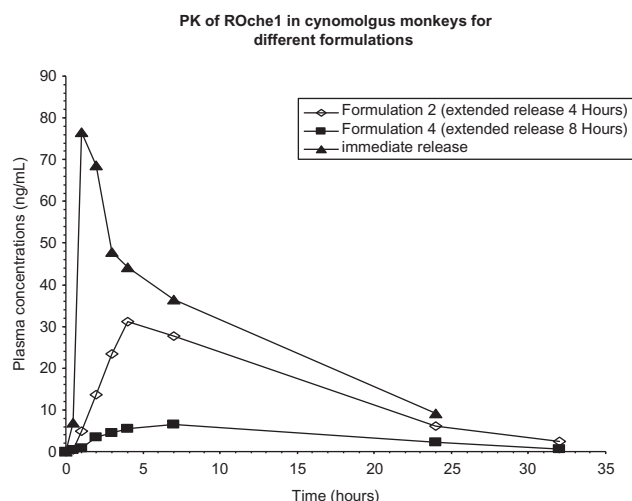


Figure 4. PK mean profiles of RO-X in cynomolgus monkeys for the three tested formulations (ER formulations 2 and 4 versus reference IR formulation).

The various level A IVIVCs attempted with the different media tested are presented in Figure 7a–g and in Tables 2–4.

No IVIVC of level C or IVIVR was further investigated as the level A IVIVC can be established.

Discussion

The IR formulation exhibited a fast absorption ($T_{\max} = 1$ hour) and a high peak followed by a biphasic decline denoting a two-compartment model. This biphasic decline was not observed for both ER formulations confirming, as they behaved as a one-compartment model, the possibility to use WN equation.

For ER formulations, the observed T_{\max} are close to the forecasted time of release. It has to be noted that the lack of sampling time points between 7 and 24 hours, because of limited blood volumes permitted in monkey, might underestimate the T_{\max} value of formulation 4 as well as C_{\max} and AUC. AUC decreased when absorption was slower (lower C_{\max} and increased T_{\max}). The decrease of AUC was, as a mean, lower than the C_{\max} decrease but of a similar magnitude. For formulations 2

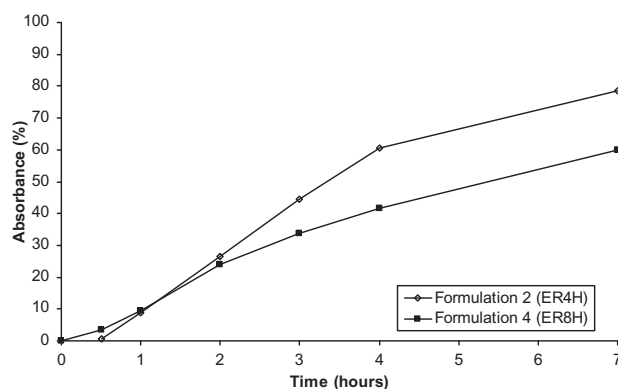


Figure 5. Percentage of fraction absorbed as function of time according to Wagner-Nelson.

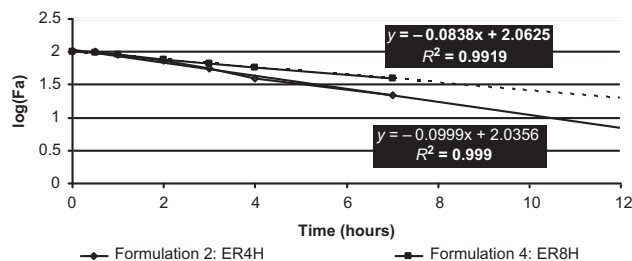


Figure 6. Logarithm scale of Wagner-Nelson.

and 4, the diminution of C_{\max} was, respectively, 48% and 91% and of 38% and 85% for AUC. The GI transit time of the monkey being shorter than man¹⁶, incomplete absorption because of the slow release was anticipated, in particular for formulation 4. Because of the longer residence time in man, the decrease in exposure is expected to be lower. If high initial C_{\max} values are related to the observed clinical side effects, then the modified release formulation meets the target, and technical feasibility and efficacy are validated.

Seven different dissolution media at various pHs from HCl 0.1 N pH 1.1 to phosphate buffers pH 6.0, from a FaSSIF without lipid components of pH 6.5 to a FeSSIF of pH 5.0, were employed in the dissolution USP 2 apparatus. All the media studied were capable to some extent of differentiating between both formulations and the expected rank order was found for formulations 2

Table 5. Arithmetic means (\pm SD) of PK parameters of the RO-X on cynomolgus monkeys for the three tested formulations (ER formulations 2 and 4 versus reference IR formulation).

Parameter	Unit	Formulation 2 ER4H	Formulation 4 ER8H	IR formulation
C_{\max}	ng/mL	36.4 (\pm 17.6)	6.47 (\pm 5.2)	79.1 (\pm 9.0)
T_{\max}^a	hours	4	7	1
AUC(0-inf)	(ng·h)/mL	464 (\pm 145)	114 (\pm 80)	847 (\pm 218)

^aMedian.

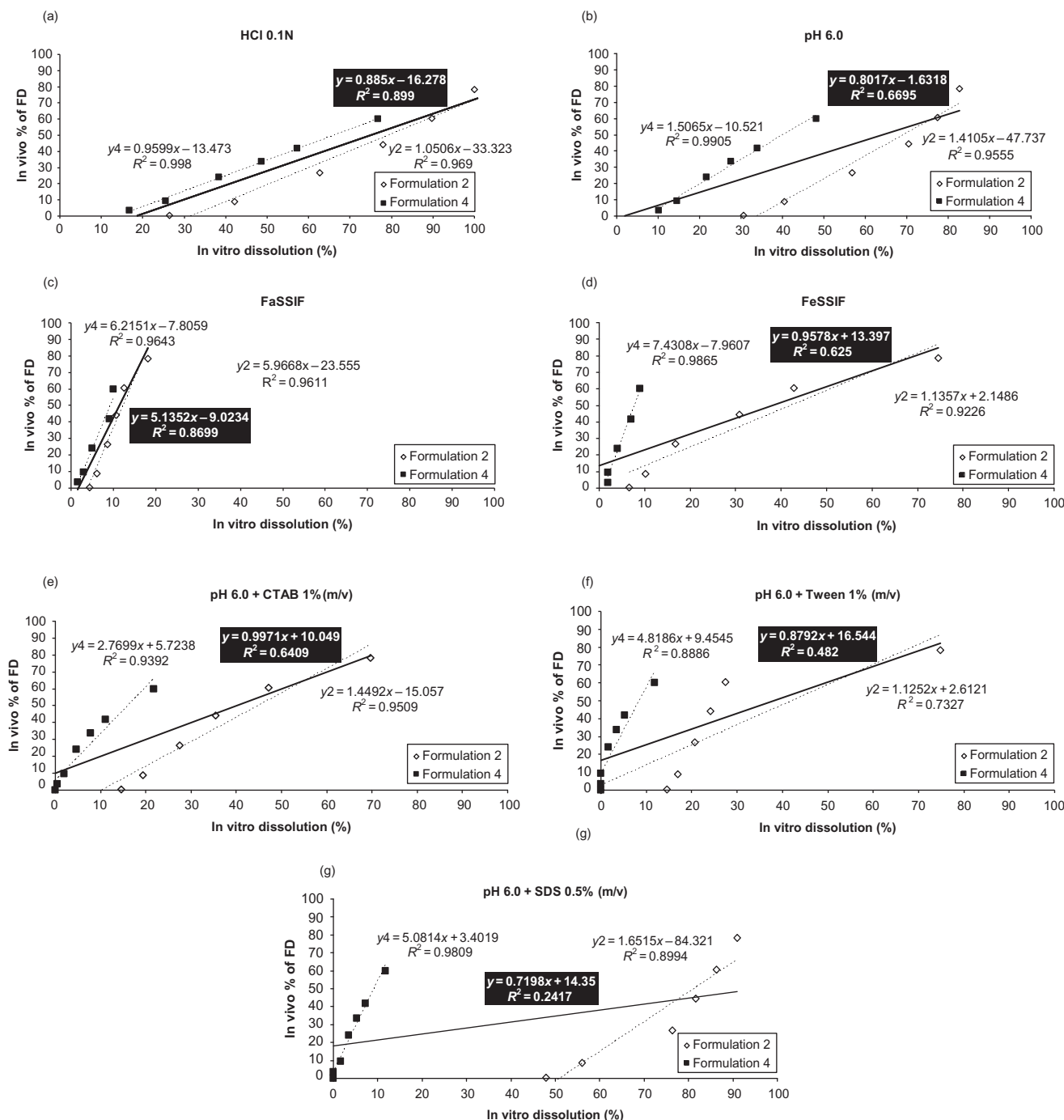


Figure 7. IVIVC attempt for both formulations 2 and 4 in different media: (a) HCl 0.1 N, (b) buffer pH 6.0, (c) FaSSiF, (d) FeSSiF, (e) buffer pH 6.0 with CTAB 1% (m/v), (f) buffer pH 6.0 with Tween 1% (m/v), (g) buffer pH 6.0 with SDS 0.5% (m/v). Full line indicates the overall correlation for formulations 2 and 4, open symbols indicate formulation 2 and full symbols formulation 4. Corresponding equations are identified with y2 and y4, and y for overall correlations.

and 4 (ER4H and ER8H), respectively. Despite the fact that based on the measured solubility, the entire drug should be freely dissolved into the volume tested, huge differences in dissolution rate as well as very poor recovery were found for some profiles. Profiles obtained

in HCl and phosphate pH 6.0 exhibited the highest performance for both formulations. The dissolution profiles are faster than all the others in HCl 0.1 N (pH 1.1). Because HPMC is a polymer with a release behavior independent of the pH¹⁷ and because sink condition

can be easily reached at pH 1.1 (see Table 1), the phenomenon observed in dissolution was the sole reflect of the influence of the excipients on the release of the drug. The improvement of the apparent solubility at pH 6.0 by the addition of surfactant of either nature did not improve the dissolution and led to worst results than those observed at pH 6.0. Surprisingly good dissolution up to 80% was observed in phosphate buffer at pH 6.0 (at pH 6.0 sink condition was not reached). The good pH 6.0 results were not expected because the drug is a weak base with pK_a of 4.6 and solubility decreases with increasing pH. The increase in solubility between FaSSiF and FeSSiF was only reflected slightly in the dissolution of formulation 2. By contrast no significant difference can be observed for formulation 4. The release in FaSSiF medium is much slower than in any of the other media examined. This is not expected in view of the high solubility measured in this medium but can be explained to some extent by the low buffer capacity of such a medium as already reported in the literature¹⁸. It appears to be clear that using biorelevant media and media containing surfactant, the release mechanisms which generally control hydrophilic matrix tablets by diffusion, swelling, and/or erosion^{17,19,20} are strongly impacted depending on the HPMC ratio used in the ER formulations. Therefore, the observed in vitro performances seem to be controlled not by the solubility of the API but rather by the release mechanism. The RO-X molecule behaves in this environment presumably more likely as a BCS class I than like a classical weak base, BCS class II. The dissolution limiting step is controlled solely by the formulation^{21,22}.

By applying IVIVC, in vitro release profiles were compared to the corresponding in vivo input profiles. For most of the media a linear response (R^2 close to 1) for solely formulation 2 or 4 (ER4H or ER8H) can be achieved (see Table 2). Depending on the medium used, similar slopes for ER4H or ER8H can be observed (see Table 3). The use of various in vitro working conditions improved differentiation between formulations but did not necessarily lead to an acceptable and useful correlation, with in vivo absorption rates having both formulations 2 and 4 fitted simultaneously. The systematic shift of the correlation shape underlines the sensitivity of the IVIV relationship to medium composition and release mechanism.

Because the release mechanism changes depending on the medium used (but should be similar within the same medium for both formulations), the observed difference in slope can highlight that the dissolution rate is different between in vivo and in vitro, which indicates rather a nonsuitable dissolution.

In case of strong positive intercept (Table 4), the relationship is considered as not of a good quality as a certain percent is supposed to be absorbed when no part is

dissolved in vitro (e.g., in medium with surfactant). Similarly, a slope markedly greater than 1 could indicate that a great part (even 100%) is absorbed when only a small fraction is dissolved (e.g., FaSSiF). In case of a slope lower than 1, a time scaling factor (e.g., Levy plotting) could be investigated but as the low percentage dissolved that is observed should correlate to a high quantity absorbed, the conclusion would be that the dissolution test did not adequately reflect the in vivo behavior. Thus, it is obvious that the observed relationships denote that some media are not adequate to perform IVIVC. The correlations resulting from the media containing surfactant are the most weak and might be due to interaction between the surfactants and the excipients leading to similar in vitro dissolutions, hiding differences in release, even if differences between the release rates existed in vivo. Both ER formulations exhibited similar apparent absorption mechanism (see Figure 6); the first choice for the level A correlation focused on the media where each tested formulation resulted as well in a similar behavior with regard to release rate. The aim was to obtain the simplest model possible. With this consideration in mind, the only apparent IVIVC that showed similar drug release mechanism and that was linear and resulted in similar slope for both ER variants was obtained using FaSSiF, pH 6.0 buffer, and HCl 0.1 N. For these three media, release did not start at a similar time; formulation 2 is faster than 4, which is in line with the expectations. However for FaSSiF, the slope is largely greater than 1 indicating that for a small amount dissolved (e.g., only 20% dissolved after 7 hours for formulation 2), a large amount was absorbed leading to the conclusion that this medium is not optimal. For pH 6.0 buffer, a great difference in intercept was observed for formulation 2 compared to formulation 4, leading to a poor overall coefficient of correlation ($R^2 = 0.67$). The negative intercept was always longer for formulation 2 compared to formulation 4 (Table 4), indicating that in vitro the dissolution was slightly faster than the absorption for formulation 2 compared to 4. The best level A correlation observed was obtained using HCl 0.1 N. The overall linear regression yielded a regression coefficient R^2 of 0.90.

By applying the IVIVC equation obtained with HCl, a prediction according to the inverse of WN method¹³ and based on the observed in vitro dissolution was tried and the results are presented in Figure 8.

The prediction resulted in an error of +13% and -7% for C_{max} for ER4H and ER8H, respectively, and a negligible error for AUC and T_{max} (less than 1%) denoting a rather good predictability. Based on this correlation, dissolution in HCl 0.1 N medium can adequately support the development and improvement of further formulation.

Among the methods in the literature to ascertain the kinetic modeling of drug release, for example, zero-order,

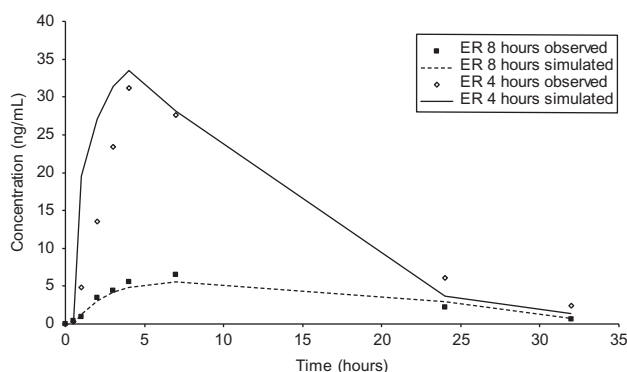


Figure 8. Prediction of absorbance profiles based on HCl 0.1 N dissolution data and IVIVC.

first-order²³, Higuchi²⁴, Hixon-Crowell²⁵, and Weibull models^{26,27}, the exponential equation of Korsmeyer and Peppas²⁸ and that of Harland²⁹⁻³¹ are used to describe the drug release behavior from polymeric systems. These models are generally used to analyze the release of pharmaceutical polymeric dosage forms, when the release mechanism is not well known or when more than one type of release phenomenon could be involved. As the equation of Korsmeyer and Peppas can only be used to fit 60% release, the best fit was obtained by using the equation of Harland et al. Thus, the dissolution profiles can be fitted to Equation (1):

$$\frac{M_t}{M_\infty} = A\sqrt[t]{t} + Bt \quad (1).$$

In the above equation, A and B are diffusion and erosion terms. When $A > B$, the diffusion factor prevails in the release system. When $A < B$, erosion predominates. If $A = B$, the release mechanism includes both diffusion and erosion equally³².

The dissolution profiles in HCl fitted by Equation (1) suggested clearly an apparent diffusion mechanism associated to the *in vitro* release for both formulations (ER4H $A = 0.38$, $B = 0$; and ER8H $A = 0.25$, $B = 0.02$) and confirmed that both formulations behave similarly in this medium. Controlling of the diffusion behavior can then be an additional monitoring parameter to support new formulations or change during further development.

In comparison to more complex approaches using simulated intestinal fluids as often seen in literature reports³³⁻³⁵, the use of this simple dissolution method is advantageous because it has the potential to serve both as a robust quality control method and as a biorelevant method with discrimination power.

Attention has to be paid to the fact that the present observed correlation is valid only for an apparent one-compartment model *in vivo* absorption using a

hydrophilic matrix. Overestimation of these criteria can lead to misinterpretation even if the mathematical correlation seems to suggest a reliable prediction of the *in vivo* performance^{36,37}.

Additionally, it is important at this stage of the development to note that this animal approach using IVIVC has a number of limitations, the major one being the GI capacity and transit time of monkey compared to humans. Monkeys are closer to humans in terms of evolutionary development than all other commonly used laboratory animals such as rodents or dog³⁸. As a model for oral drug absorption, cynomolgus monkeys can be used to address intra- and interindividual physiological variability³⁹. Apart from species differences in intestinal physiology, erroneous assumptions can also be made with regard to scaling of dosage. In our case, the drug was tested in animals as side effects were observed in humans and a new *in vivo* study in humans could not be proposed before the safety of the drug was assessed in animals. Rodents cannot be used because of the size of the tablet; using dogs was not possible because of constriction force of their stomach that is known to destroy HPMC matrix⁴⁰; and therefore monkey was the only practicable species. The large variability observed between animals implied difficulties in predicting small variations and limiting the discriminative power the IVIVC linked to minor changes of the formulation. However, the aim of this work was to be able to discriminate formulations with a large release difference to insure the best selection before human study and to check which dissolution test was the most appropriate based on the mean curve which is an unbiased estimation.

In silico estimation was evaluated as well but it exhibited some limitations. Nowadays, several computational simulation programs are available⁴¹⁻⁴³ and are offering specific modules (e.g., IVIVC Toolkit). However, computational simulation is not always accurate because it is based on many assumptions like numeric integration of the Noyes-Whitney equation for the dissolution or the membrane permeation equation. Incorporation in the simulation of factors like the relationship between disintegration, dissolution, and erosion-diffusion mechanism or furthermore the increase of solubility because of addition of surfactant but leading to slower dissolution as observed within this investigation cannot be easily set up using the current version of these software^{44,45}. In most of the cases, a model can only be adequately set up after a first comparison with real experimental data and some adjustments⁴⁶. Thus, until these criteria can be adequately modeled, generation of the appropriate *in vitro* data to try to approximate the *in vivo* behavior and use as input to establish a correlation will remain more accurate. However, the data generated within this study

to demonstrate its technical feasibility for the ER formulation enable now a better basis for further in silico projection, in particular for simulating human behavior based on animal data.

For drugs like RO-X associated as low dose with hydrophilic matrixes, first attempts can be done in classical acidic media (pH 1.1–2.5) and neutral media (pH 5.5–7.0). In case of similar and conclusive results between the two dissolution tests, animal models can be used to confirm the ranking of the formulations and the expected results. In this case an IVIVC/IVIVR investigation can be much easily set up. As general rule for IVIVC investigation, the correlation is more realistic if the release mechanism and rate observed in vivo are reflected in vitro. In vitro working condition can be adapted consequently in case of poor relationship. The information likely to be gained is worthwhile and in this way, efforts to achieve a correlation facilitate formulation screening at the early development stage by the better understanding of key parameters that are likely to impact the drug product performance. Additionally, the use of IVIVC based on animal species in early stage potentially reduce the number of animal studies, that are typically done for formulation screening, that being in line with current recommendations. Anyhow these investigations provide valuable information to better streamline the drug development process and offer help in evaluating manufacturing process parameters at later stages.

Conclusion

The in vitro release from the developed formulations was found to be independent of solubility and pH but dependent mainly on the composition of the dissolution media. This investigation shows that the simple HCl medium was superior to a biorelevant medium and medium containing surfactant when investigating the drug in cynomolgus monkey and establishing IVIVC. The results of the dissolution in HCl have helped to identify the diffusion mechanism, from a HPMC-based ER formulation, as the apparent key parameter of the release mechanism.

The significance of this study may be applicable to other ionizable weak base drugs with high permeability. For this BCS class II compound (weak base, low drug load), the dissolution rate of this ER form is limited not by the solubility over GI tract pH but mostly by the release mechanism. During early drug development, it is extremely useful to have a predictive in vitro dissolution test that correlates with in vivo absorption. Such a test helps in the screening of new formulations as well as evaluating changes in existing formulations with regard to their impact on BA. In this case, further research has to be conducted to confirm this outcome

in man. In conclusion, adjusting dissolution testing conditions to match the behavior of the formulations in vitro with that in vivo is a simple and useful approach in identifying a predictive method for the development of IVIVC and allows clearly decreasing the risk before first entry into human.

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Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

References

1. Yu LX, Amidon GL, Polli JE, Zhao H, Mehta MU, Conner DP, et al. (2002). Biopharmaceutics classification system: The scientific basis for biowaiver extensions. *Pharm Res*, 19(7):921–5.
2. Dressman JB, Berardi RR, Dermentzoglou LC, Russell TL, Schmaltz SP, Barnett JL, et al. (1990). Upper gastrointestinal (GI) pH in young, healthy men and women. *Pharm Res*, 7(7):756–61.
3. Kalantzi L, Goumas K, Albery T, Laitmer D, Abrahamsson B, Dressman JB, et al. (2006). Characterization of the human upper gastrointestinal contents under conditions simulating bioavailability/bioequivalence studies. *Pharm Res*, 23(1):165–76.
4. Galia E, Nicolaides E, Horter D, Lobenberg R, Reppas C, Dressman JB. (1998). Evaluation of various dissolution media for predicting in vivo performance of class I and II drugs. *Pharm Res*, 15(5):698–705.
5. Dressman JB, Lennernäs H. (2000). Oral drug absorption. Prediction and assessment, vol 106. New York: Marcel Dekker, 259.
6. Wagner J, Nelson E. (1964). Kinetic analysis of blood levels and urinary excretion in the absorptive phase after single dose of drug. *J Pharm Sci*, 53: 1392–1403.
7. EMEA. (1999). Note for guidance on modified release oral and transdermal dosage forms: Section II (pharmacokinetic and clinical evaluation). London, UK: European Agency for the Evaluation of Medicinal Products, Human Medicines Evaluation Unit, Committee for Proprietary Medicinal Products, CPMP/EWP/280/96 (July).
8. FDA. (2002). In vitro and in vivo evaluation of dosage forms. <1088>. United States Pharmacopeia and National Formulary USP 26-NF 21. Rockville, MD: United States Pharmacopeial Convention, Inc.
9. Cardot J-M, Beyssac E. (2006). In vitro/in vivo correlations. Encyclopedia of pharmaceutical technology. Swarbrick J, Boylan JC, eds. vol. 1, 3rd ed. Informa Healthcare, 1062–72.
10. Emami J. (2006). In vitro - in vivo correlation: From theory to applications. *J Pharm Pharm Sci*, 9(2):169–89.
11. Levy G. (1964). Effect of dosage form on drug absorption - a frequent variable in clinical pharmacology. *Arch Int Pharmacodyn*, 152(1–2):59–68.

12. Sirisuth N, Augsburger LL, Eddington ND. (2002). Development and validation of a non-linear IVIVC model for a diltiazem extended release formulation. *Biopharm Drug Dispos*, 23:1-8.
13. Gohel M, Delvadia RR, Parikh DC, Zinzuwadia MM, Soni CD, Sarvaiya KG, et al. (2005) Simplified mathematical approach for back calculation in Wagner-Nelson method. *Pharm Rev*, 3(2) <http://www.pharmainfo.net/reviews/simplified-mathematical-approach-back-calculation-wagner-nelson-method> [accessed April 15, 2010].
14. Eddington ND, Marroum P, Uppoor R, Hussain A, Augsburger L. (1998). Development and internal validation of an in vitro-in vivo correlation for a hydrophilic metoprolol tartrate extended release tablet formulation. *Pharm Res*, 15(3):466-73.
15. Sunkara G., Chilukuri DM. (2003). IVIVC: An important tool in the development of drug delivery. *Drug Deliv Technol*, 3(4). <http://www.drugdeliverytech.com/ME2/dirmod.asp?sid=&nm=&type=Publishing&mod=Publications%3A%3AArticle&mid=8F3A7027421841978F18BE895F87F791&tier=4&id=B240FEB1DF9D435BA313EFF2E91F5AD7> [accessed April 15, 2010].
16. Masayuki T, Washio T, Suzuki N, Geta K, Fujii Y, Hayashi M, et al. (2008). Characterization of gastrointestinal drug absorption in cynomolgus monkeys. *Mol Pharm*, 5(2):340-348.
17. Royce A, Li S, Weaver M, Shah U. (2004). In vivo and in vitro evaluation of three controlled release principles of 6-N-cyclohexyl-2'-O-methyladenosine. *J Control Release*, 97(1):79-90.
18. Corrigan OI, Devlin Y, Butler J. (2003). Influence of dissolution medium buffer composition on ketoprofen release from ER products and in vitro-in vivo correlation. *Int J Pharm*, 254(2):147-54.
19. Conti S, Maggi L, Segale L, Ochoa Machiste E, Conte U, Grenier P, (2007). Matrices containing NaCMC and HPMC 1. Dissolution performance characterization. *Int J Pharm*, 333(1-2):136-42.
20. Conti S, Maggi L, Segale L, Ochoa Machiste E, Conte U, Grenier P, (2007). Matrices containing NaCMC and HPMC 2. Swelling and release mechanism study. *Int J Pharm*, 333(1-2):143-51.
21. Costa P, Sousa Lobo JM. (2001). Modeling and comparison of dissolution profiles. *Eur J Pharm Sci*, 13(2):123-33.
22. Sriamornsak P, Thirawong N, Weerapol Y, Nunthanid J, Sungthongjeen S. (2007). Swelling and erosion of pectin matrix tablets and their impact on drug release behavior. *Eur J Pharm Biopharm*, 67(1):211-19.
23. Gibaldi M, Feldman S. (1967). Establishment of sink conditions in dissolution rate determinations. Theoretical considerations and application to nondisintegrating dosage forms. *J Pharm Sci*, 56(10):1238-42.
24. Higuchi T. (1963). Mechanism of sustained-action medication. Theoretical analysis of rate of release of solid drugs dispersed in solid matrices. *J Pharm Sci*, 52:1145-9.
25. Hixson A, Crowell J. (1931). Dependence of reaction velocity upon surface and agitation. *Ind Eng Chem*, 23:923.
26. Langenbucher F. (1972). Linearization of dissolution rate curves by the Weibull distribution. *J Pharm Pharmacol*, 24(12):979-81.
27. Papadopoulou V, Kosmidis K, Vlachou M, Macheras P. (2006). On the use of the Weibull function for the discernment of drug release mechanisms. *Int J Pharm*, 309(1-2):44-50.
28. Peppas NA. (1985). Analysis of Fickian and non-Fickian drug release from polymers. *Pharm Acta Helv*, 60(4):110-1.
29. Harland RS, Gazzaniga A, Sangalli ME, Colombo P, Peppas NA. (1988). Drug/polymer matrix swelling and dissolution. *Pharm Res*, 5(8):488-94.
30. Kim H, Fassihi R. (1997). Application of a binary polymer system in drug release rate modulation. 1. Characterization of release mechanism. *J Pharm Sci*, 86(3):316-22.
31. Kim H, Fassihi R. (1997). Application of binary polymer system in drug release rate modulation. 2. Influence of formulation variables and hydrodynamic conditions on release kinetics. *J Pharm Sci*, 86(3):323-8.
32. Ratsimbazafy V, Bourret E, Brosard C. (1996). Drug release from matrix tablets and minitables containing glycerides. *Pharm Ind*, 58:442-6.
33. Dressman JB, Amidon GL, Reppas C, Shah V. (1998). Dissolution testing as a prognostic tool for oral drug absorption: Immediate release dosage forms. *Pharm Res*, 15(1):11-22.
34. Jantratid E, Janssen N, Prakongpan S, Amidon GL, Dressman JB. (2008). Dissolution media simulating conditions in the proximal human gastrointestinal tract: An update. *Pharm Res*, 25(7):1663-76.
35. Lu B. (2008). Using biorelevant dissolution to obtain IVIVC of solid dosage forms containing a poorly-soluble model compound. *Eur J Pharm Biopharm*, 69:648-57.
36. Dokoumetzidis A. (2008). IVIVC reasons for failure. *J Control Release*, 129:76-8.
37. Rettig H, Mysicka J. (2008). IVIVC: Methods and applications in modified-release product development. *Dissolution Technol*, 15(1):6-9.
38. Kararli TT. (1995). Comparison of the gastrointestinal anatomy, physiology, and biochemistry of humans and commonly used laboratory animals. *Biopharm Drug Dispos*, 16(5):351-80.
39. Willmann S, Edginton AN, Dressman JB. (2007). Development and validation of a physiology-based model for the prediction of oral absorption in monkeys. *Pharm Res*, 24(7):1275-82.
40. Kamba M, Seta Y, Kusai A, Nishimura K. (2002). Comparison of the mechanical destructive force in the small intestine of dog and human. *Int J Pharm*, 237(1):139-49.
41. GastroPlusTM. Lancaster, CA: Simulations Plus Inc.
42. Parrott N, Lave T. (2002). Prediction of intestinal absorption: Comparative assessment of GASTROPLUS and IDEA. *Eur J Pharm Sci*, 17(1-2):51-61.
43. WinNonLin[®]. Mountain View, CA: Pharsight[®] Corporation.
44. Kesisoglou F, Wu Y. (2008). Understanding the effect of API properties on bioavailability through absorption modeling. *AAPS J*, 10 (4): 516-25.
45. Okazaki A, Mano T, Sugano K. (2008). Theoretical dissolution model of poly-disperse drug particles in biorelevant media. *J Pharm Sci*, 97:1843-52.
46. Sugano K. (2007). Solubility and dissolution profile assessment in drug discovery. *Drug Metab Pharmacokinet*, 22(4):225-54.

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