

Clinical Ocular Exposure Extrapolation Using PBPK Modeling and Simulation: Besifloxacin Suspension Case Study



Maxime Le Merdy, Farah AlQaraghuli, Viera Lukacova
Simulations Plus, Inc. Lancaster, CA. USA

SimulationsPlus

CONTACT INFORMATION: maxime.lemerdy@simulations-plus.com

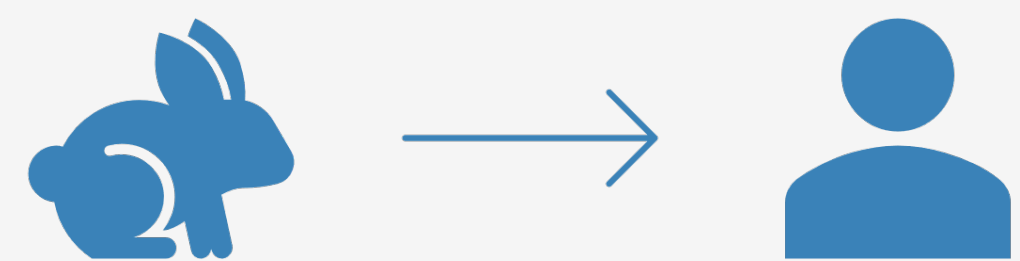
PURPOSE

- Development of generic ophthalmic drug products is challenging due to the complexity of the ocular system and a lack of sensitive testing tools to evaluate its interplay with ophthalmic formulations
- Due to their poor sensitivity, and associated costs, comparative clinical endpoint bioequivalence (BE) studies for a generic ocular drug product are a significant challenge to the pharmaceutical industry
- Ocular physiologically based pharmacokinetic (O-PBPK) modeling is an alternative to support regulatory assessment of ophthalmic drug products
- O-PBPK models have already demonstrated their value to predict clinical pharmacokinetics (PK) for ophthalmic solutions¹
- The purpose of this research is to demonstrate the ability of O-PBPK models, validated against rabbit PK data, to predict clinical ocular exposure, following topical administration of ophthalmic suspensions

OBJECTIVES

- Validate an O-PBPK model for besifloxacin (Bes) administered as an ophthalmic suspension in rabbits
- Predict Bes clinical ocular exposure following topical administration in healthy subjects and patients undergoing cataract surgery

METHODS



- All simulations were performed using GastroPlus® version 9.8.3 (Simulation Plus Inc., Lancaster, CA, USA)
- Ocular Compartmental Absorption and Transit (OCAT™) model was used to build an O-PBPK for Bes ophthalmic suspension (Besivance® 0.6%). The OCAT accounts for tear drainage, ocular absorption, and distribution
- Besivance was modeled as a control release formulation due to the presence of Durasite® in the formulation
- Cornea epithelium and conjunctiva permeabilities, and iris ciliary body systemic absorption rate were optimized to capture rabbit data. Bes release profile was also fitted
- External validations were performed using three additional ocular PK datasets in rabbits
- The OCAT model was subsequently used to predict Bes exposure in humans by adjusting the physiological parameters to match human ocular physiology. All of Bes specific parameters, including the release rate, were kept constant between rabbit and human simulations

RESULTS

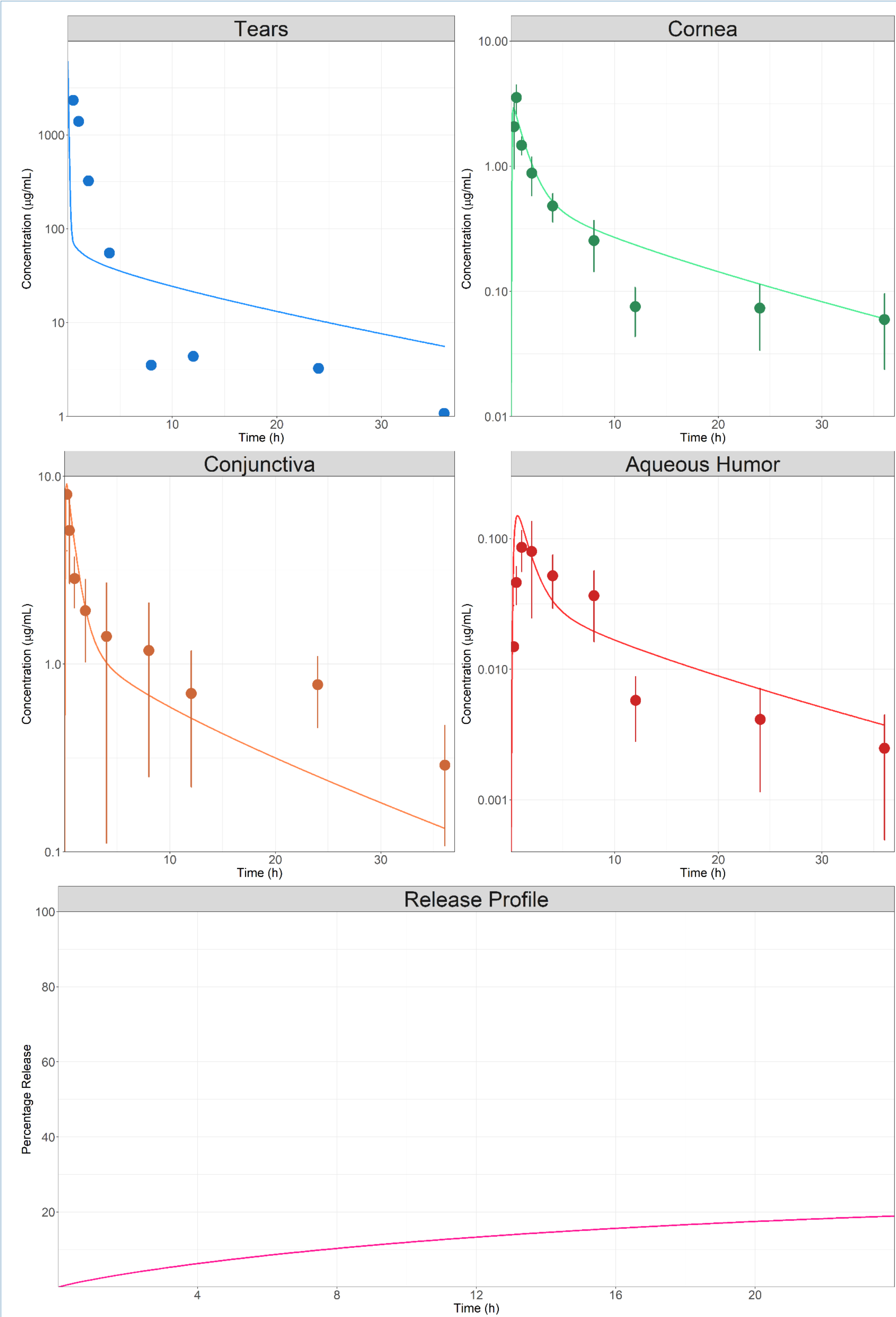


Figure 1: OCAT model development in New Zealand rabbits: Top and Middle rows: concentration time course following the unilateral administration of Bes suspension in a rabbit eye². Bottom row: fitted release profile for Besivance 0.6 %. Circles are observed data and lines are simulated concentrations.

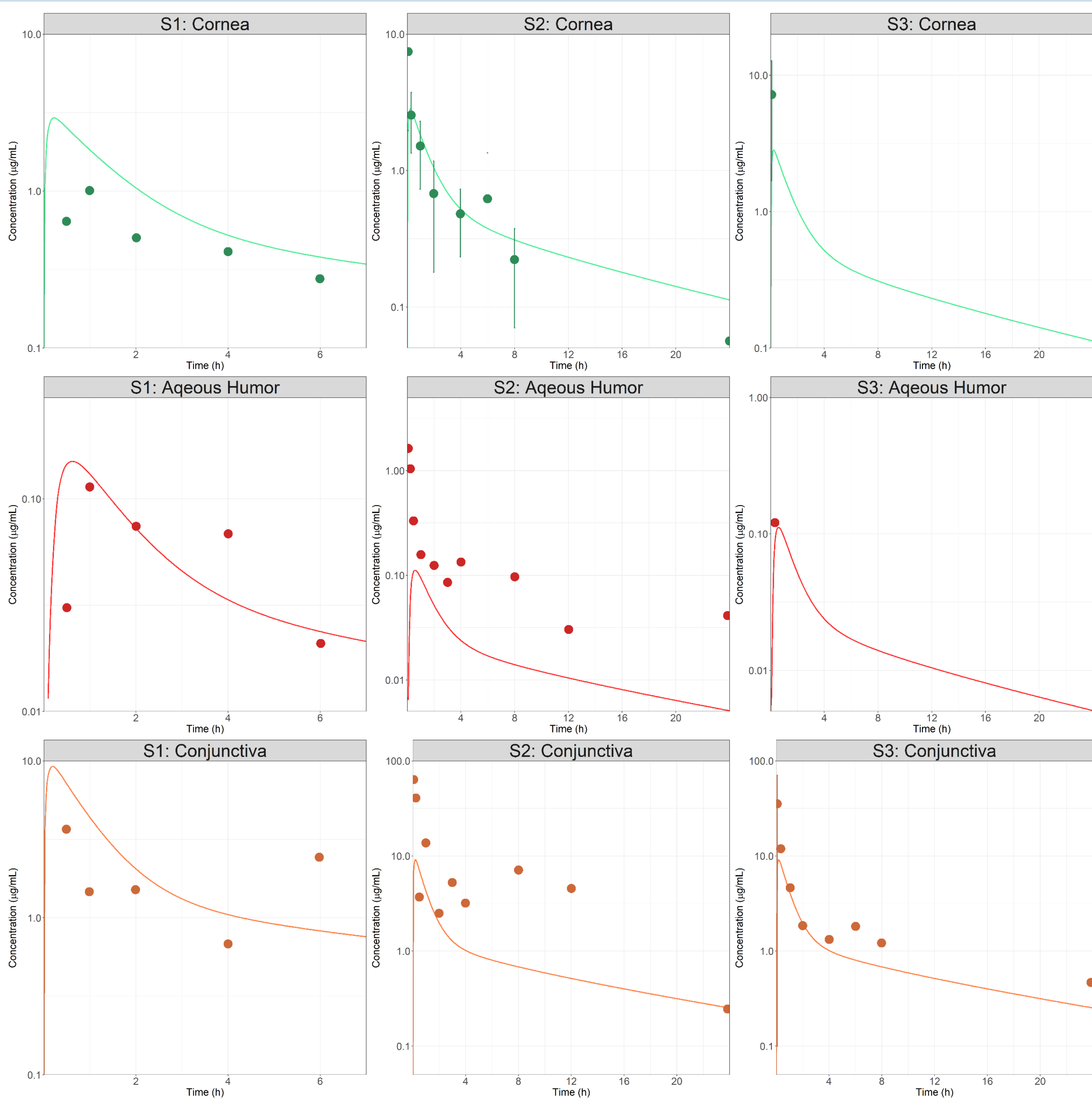


Figure 2: OCAT model validation: cornea (top row), aqueous humor (middle row), and conjunctiva (bottom row) concentration-time courses following the single administration of Bes suspension 0.6 % in New Zealand rabbits³ (S1) and Dutch Belted rabbits^{4,5} (S2 & S3)

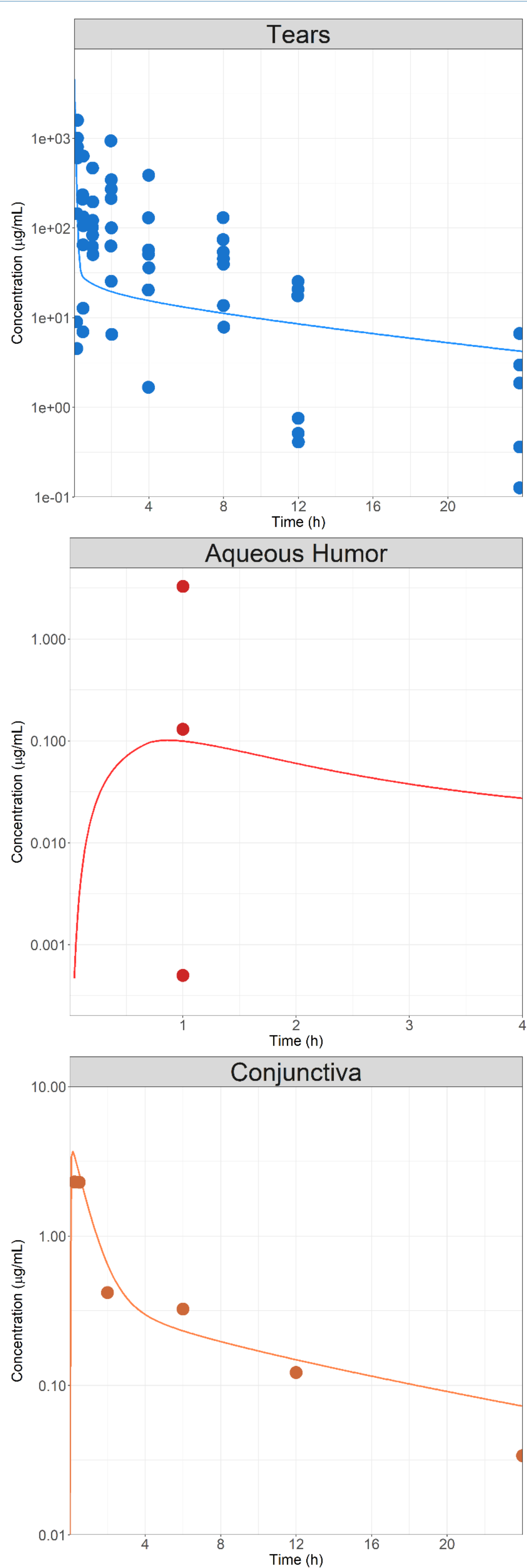
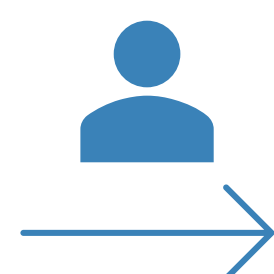


Figure 3: Human extrapolation for healthy subjects^{4,6} and patients⁷ undergoing cataract surgery receiving a single administration of Besivance 0.6 %.

CONCLUSION

- Preliminary data suggest that the OCAT model reasonably predicts human ocular exposure once validated with rabbit ocular PK data for Bes ophthalmic suspension
- The model reasonably predicts observations sampled from healthy subjects and patients undergoing cataract surgery
- Due to the significant intersubject and interstudy variability in observed human ocular exposure, extrapolation from more case studies is necessary to validate the O-PBPK extrapolation method
- Successful clinical extrapolation of Bes ophthalmic suspension represents an important step in validating the use of O-PBPK models for the prediction of human ocular exposure following topical administration of ophthalmic suspension drug products

REFERENCES

This project is funded by the U.S. Food and Drug Administration: grant number: 1U01FD006927.

1. Le Merdy M, AlQaraghuli F, Tan ML, Walenga R, Babiskin A, Zhao L, et al. Clinical Ocular Exposure Extrapolation for Ophthalmic Solutions Using PBPK Modeling and Simulation. Pharm Res. 2022 Sep 23;
2. Gu XF, Mao BY, Xia M, Yang Y, Zhang JL, Yang DS, et al. Rapid, sensitive and selective HPLC-MS/MS method for the quantification of topically applied besifloxacin in rabbit plasma and ocular tissues: Application to a pharmacokinetic study. J Pharm Biomed Anal. 2016 Jan 5;117:37–46.
3. Chung JL, Lim EH, Song SW, Kim BY, Lee JH, Mah FS, et al. Comparative intraocular penetration of 4 fluoroquinolones after topical instillation. Cornea. 2013 Jul;32(7):1046–51.
4. Proksch JW, Granvil CP, Siou-Mermet R, Comstock TL, Paterno MR, Ward KW. Ocular pharmacokinetics of besifloxacin following topical administration to rabbits, monkeys, and humans. J Ocul Pharmacol Ther. 2009 Aug;25(4):335–44.
5. Proksch JW, Ward KW. Ocular pharmacokinetics/pharmacodynamics of besifloxacin, moxifloxacin, and gatifloxacin following topical administration to pigmented rabbits. J Ocul Pharmacol Ther. 2010 Oct;26(5):449–58.
6. Torkildsen G, Proksch JW, Shapiro A, Lynch SK, Comstock TL. Concentrations of besifloxacin, gatifloxacin, and moxifloxacin in human conjunctiva after topical ocular administration. Clin Ophthalmol. 2010;4:331–41.
7. Donnenfeld ED, Comstock TL, Proksch JW. Human aqueous humor concentrations of besifloxacin, moxifloxacin, and gatifloxacin after topical ocular application. J Cataract Refract Surg. 2011 Jun;37(6):1082–9.