

GastroPlus®



Yujuan Zheng

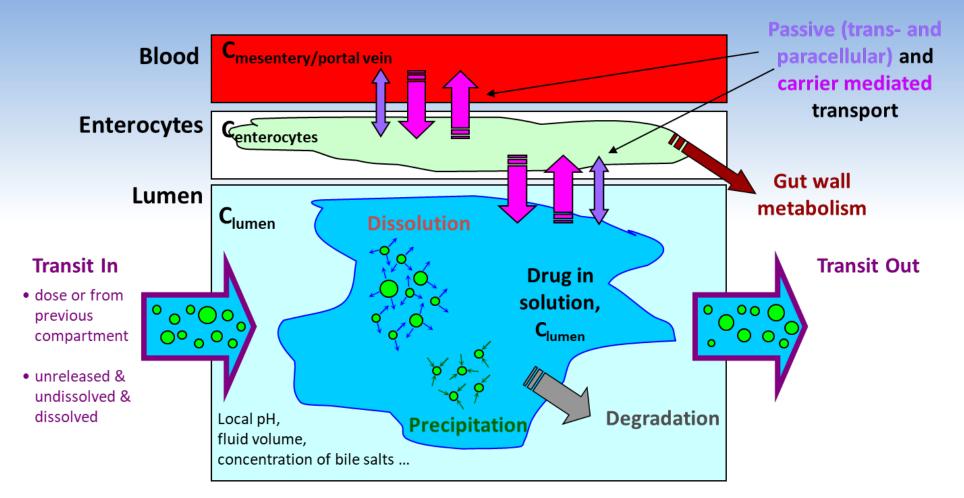
Viera Lukacova

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Part III: DDI Predictions

Let's not forget ...

In GastroPlus[®], the PBPK model is linked to the ACAT[™] physiological intestinal model

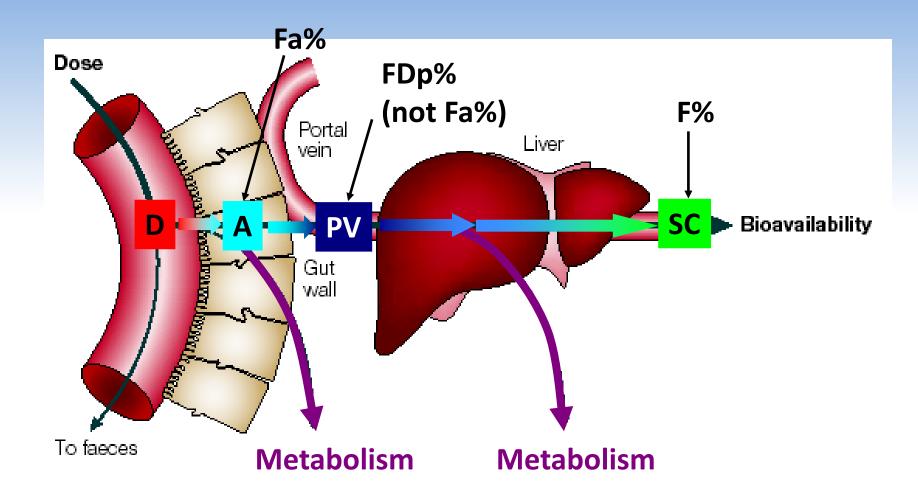


These phenomena:

- are happening simultaneously
- are repeated in each of the compartments of the gastrointestinal tract



... and getting the correct dissolution/absorption is the prerequisite for getting correct PBPK & DDI predictions for oral dosage forms!



* Modified from van de Waterbeemd, H, and Gifford, E. *ADMET In Silico Modelling: Towards Prediction Paradise?* Nat. Rev. Drug Disc. 2003, 2:192-204



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Interaction Types

- Steady-state competitive inhibition
- Steady-state time-dependent inhibition
- Steady-state induction

(may include metabolites effect with simulated perpetrator concentrations)

- Dynamic competitive inhibition
- Dynamic time-dependent inhibition
- Dynamic induction

(include effect of parent and/or metabolites; include enzymes and transporters)



DDI Module – Validated PBPK Models: Probe Substrates, Inhibitors, and Inducers

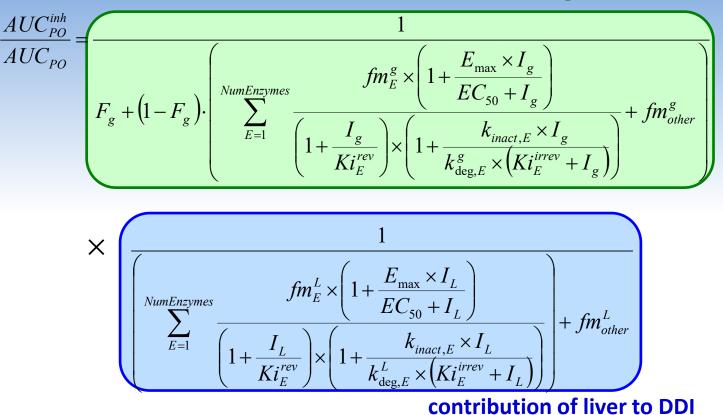
Alfentanil	Fluconazole	Ketoconazole	Rosiglitazone
Atomoxetine	Fluvoxamine	Midazolam	Theophylline
Atomoxetine	Gemfibrozil	Omeprazole	Tolbutamide
Caffeine	Gemfibrozil glucuronide	Phenytoin	Triazolam
Cyclosporine	Imipramine	Quinidine	Warfarin
Desipramine	Itraconazole	Rifampicin	Diltiazem
Raltegravir	Buproprion	Atazanavir	Dolutegravir



Steady-State Predictions



Steady-State Prediction - Equation



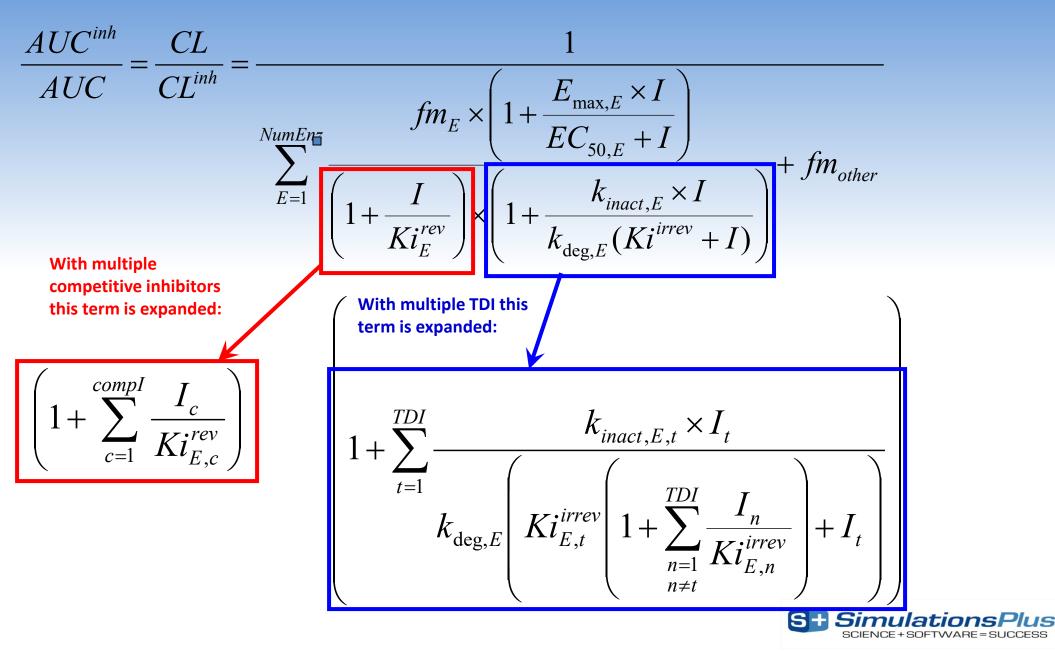
contribution of gut to DDI

For clarity, effect of only one inhibitor/inducer is shown in the equation, but with the use of *simulated* concentrations, the effects of parent compound as well as its metabolites (if they have an effect and their constants are specified) can be included.

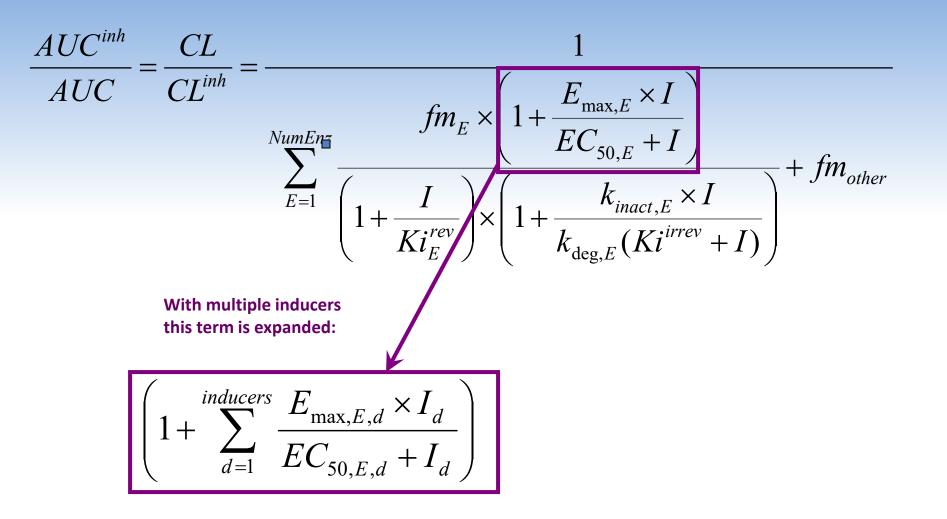
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Steady-State Prediction – Multiple Perpetrators



Steady-State Prediction – Multiple Perpetrators





Steady-State Prediction - Required Inputs

- 1. f_m and F_g values for substrate
- 2. K_i (or IC₅₀) for inhibitor
- 3. K_{inact} [min⁻¹] for inhibitor for time-dependent inhibition
- 4. EC_{50} and E_{max} for inducer
- 5. Enzyme turnover rate (k_{deg} [min⁻¹]) for time-dependent inhibition and induction
- 6. Inhibitor/inducer concentration:
 - a. Number of different calculated and simulated inhibitor/inducer concentration estimates are available
 - b. Full PK model is required for simulated inhibitor/inducer concentration
 - c. Additional inputs required for calculated inhibitor/inducer concentrations (Fa, FDp, F, k_a, k_{el}, etc.)

fm - fraction of total gut or total systemic clearance attributed to given enzyme

Fg – fraction of the dose that escapes gut metabolism

Default k_{deg} values for CYPs are included in program



Example: Steady-state DDI predictions

fm calculation from in vitro data in human liver microsomes

- Create a new database under File/New Drug Database menu (name it "Drug1234") Name the 1st record "Drug1234-DDI-HLM"
- Open the DDI Module by going to the Modules (Optional)/8 DDI menu
- Click the Calculate *fm* values button to launch the *fm* calculation tool Select the tab "microsomes (HLM)"
- Enter the measured un-inhibited CLint of 269 uL/min/mg MP and assume that 10% of the clearance is "non-CYP"
- Enter the information in the table below onto the grid:

Inhibitor	Inhibited Enzyme	HLM CL (μL/min/mg MP)	CYP Abundance in HLM (pmol CYP/mg MP)
alpha-naphthoflavone	1A2	240	42
Fluconazole	2C9	250	32
Quinidine	2D6	200	9.1
Ketoconazole	3A4	100	78

- Once finished, click the Export fm values button
- Let's predict steady-state DDIs with fluconazole



Steady-State Prediction - Required Inputs

- **1.** f_m and F_g values for substrate
- 2. K_i (or IC₅₀) for inhibitor
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fm - fraction of total gut or total systemic clearance attributed to given enzyme

Fg – fraction of the dose that escapes gut metabolism

Default k_{deg} values for CYPs are included in program



Estimating *fm* values from *in vitro* measurements

Calculate substrate's fm values from in vitro measurements in rCYP

- User will enter *in vitro* intrinsic clearances for individual enzymes measured in recombinant system and corresponding ISEFs
- If ISEFs are not available, they may be calculated directly in this tool after entering clearances of standard compound measured in HLM, rCYP and entering the abundance of each CYP in HLM used in the *in vitro* assay:

 $ISEF^{rCYP} = \frac{\langle \text{Standard CLint HLM} \rangle}{\langle \text{Standard CLint rCYP} \rangle \times \langle \text{Micros CYP expr [pmol/mg MP]} \rangle}$

• *in vivo* intrinsic clearance for each enzyme is calculated as:

 $CL_{int}^{CYP} = ISEF^{rCYP} \times \langle Compound \ CLint \ rCYP \rangle \times \langle In \ Vivo \ CYP \ Expr [pmol/mg \ MP] \rangle$ $\times \langle mg \ protein/g \ tissue \rangle \times \langle Tissue \ Weight \rangle$

• *fm* value for each enzyme *i* is calculated as:

$$fm^{CYP} = \frac{CL_{\text{int}}^{CYP}}{\sum_{CYP} CL_{\text{int}}^{CYP}} \times (100 - \langle \text{Percent non - CYP CL [\%]} \rangle)$$



Estimating fm values from in vitro measurements

Calculate substrate's fm values from in vitro measurements in HLM

- User will enter *in vitro* intrinsic clearances measured in HLM without any inhibitors and in the presence of inhibitors specific for individual enzymes and the abundance of each CYP in HLM used in the *in vitro* assay
- *in vivo* intrinsic clearance for each enzyme is calculated as:

$$CL_{\text{int}}^{CYP} = \frac{CL_{\text{int}}^{HLM} \times \left(1 - \frac{CL_{\text{int}}^{CYP-\text{inhib}}}{CL_{\text{int}}^{HLM}}\right) \times \left\langle \text{In Vivo CYP Expr [pmol /mg MP]} \right\rangle}{\left\langle \text{Micros CYP Expr [pmol /mg MP]} \right\rangle}$$

 $\times \langle mg protein/g tissue \rangle \times \langle Tissue Weight \rangle$

• *fm* value for each enzyme *i* is calculated as:

$$fm^{CYP} = \frac{CL_{\text{int}}^{CYP}}{\sum_{CYP} CL_{\text{int}}^{CYP}} \times (100 - \langle \text{Percent non - CYP CL [\%]} \rangle)$$



Steady-State Prediction - Required Inputs

- 1. f_m and F_g values for substrate
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fm - fraction of total gut or total systemic clearance attributed to given enzyme

Fg – fraction of the dose that escapes gut metabolism

Default k_{deg} values for CYPs are included in program



How to Specify the Type of Interaction

Perpetrator Param	eters —					
Perpetrator	Enz / Trans	Inh/Ind Const Type	Inh/Ind Const Value	Inh/Ind Const Units	kinact [min-1] /Emax	S€
Fluconazole-PBPI 🚽	2C9 🤇	Ki-rev-in vitro, U	9.5	uM	0	E —
Fluconazole-PBPK-1	2C9	Ki-rev-in vivo, 1	22.5	uM	0	
Fluconazole-PBPK-1	2C19	Ki-rev-in vitro, U	3.5	uM	0	
Fluconazole-PBPK-1	3A4	Ki-rev-in vitro, T	9.21	uM	0	
		· · · ·	· -		-	F

In **Perpetrator Parameters** table select **Inhibition/Induction Constant Type**. The type names consist of 4 parts:

- 1. Ki, IC50 or EC50 select Ki or IC50 for inhibition; select EC50 for induction
- 2. rev or irr select rev for reversible or competitive inhibition; select irr for irreversible or time-dependent inhibition (this selection is applicable only for inhibition and will be available only with Ki and IC50 entries)
- **3.** in vitro or in vivo was the value obtained *in vitro* (e.g. microsomes) or *in vivo* (and is calculated based on measured concentration in plasma)
- 4. U or T select U for unbound or T for total



Steady-State Prediction - Required Inputs

- 1. f_m and F_q values for substrate
- 2. K_i (or IC₅₀) for inhibitor
- 3. K_{inact} [min⁻¹] for inhibitor for time-dependent inhibition
- 4. EC_{50} and E_{max} for inducer
- 5. Enzyme turnover rate (k_{deg} [min⁻¹]) for time-dependent inhibition and induction
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 - c. Additional inputs required for calculated inhibitor/inducer concentrations (Fa, FDp, F, k_a, k_{el}, etc.)

fm - fraction of total gut or total systemic clearance attributed to given enzyme

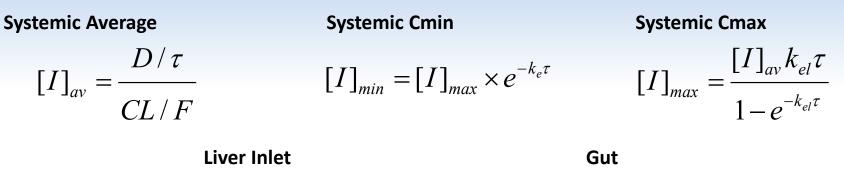
Fg – fraction of the dose that escapes gut metabolism

Default $k_{\rm deg}$ values for CYPs are included in program



DDI Module within GastroPlus offers number of ways to obtain 'effective' perpetrator concentration for prediction under steady-state assumptions

Calculated perpetrator concentrations are obtained from standard equations:



$$[I]_{in} = [I]_{av} + \frac{k_a \times FDp \times D}{Q_h} \qquad [I]_g = \frac{k_a \times F_a \times D}{Q_e}$$

Corresponding unbound concentrations are calculated as:

 $[I]_U = [I] \times \frac{F_{up}[\%]}{100}$

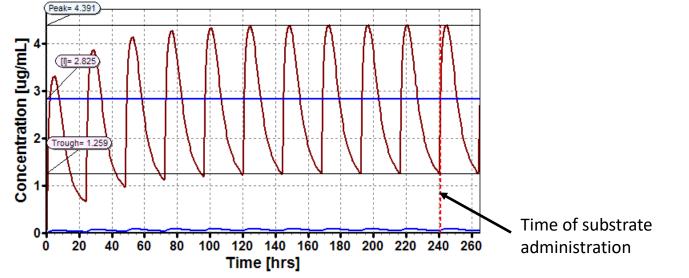
D-dose, τ -dosing interval, *CL*-clearance, k_{el} -elimination rate constant, k_a -absorption rate constant, *Fa*-fraction absorbed, *FDp*-fraction of dose getting to portal vein, *F*-bioavailability, Q_h -liver blood flow, Q_e -enterocytic blood flow, $F_{up}[\%]$ – percent of drug unbound in plasma



DDI module within GastroPlus offers number of ways to obtain 'effective' perpetrator concentration for prediction under steady-state assumptions

Simulated perpetrator concentrations are obtained from simulated profile for perpetrator using full absorption and PK model saved in the database:

• If perpetrator **reached steady-state** before substrate administration, the **plasma** or **liver** effective perpetrator concentration is estimated as an average of simulated peak and trough concentrations

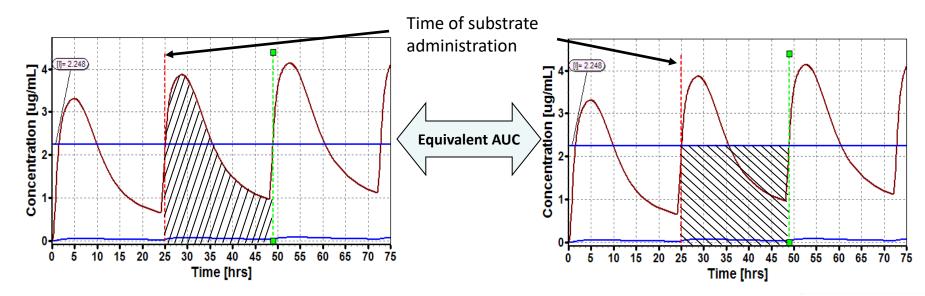




DDI module within GastroPlus offers number of ways to obtain 'effective' perpetrator concentration for prediction under steady-state assumptions

Simulated perpetrator concentrations are obtained from simulated profile for perpetrator using full absorption and PK model saved in the database:

• If perpetrator **did not reach steady-state** before substrate administration, the **plasma** or **liver** effective perpetrator concentration is estimated an AUC-driven average concentration across the dosing interval from the time of substrate administration

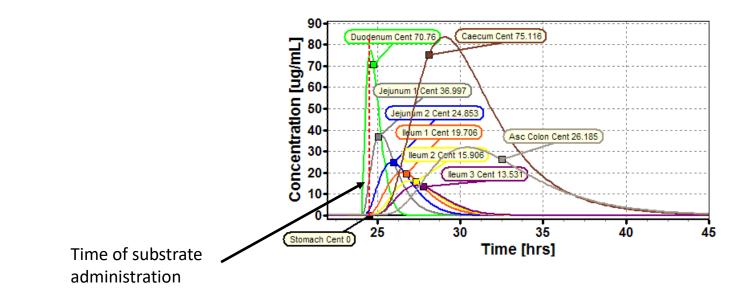




DDI module within GastroPlus offers number of ways to obtain 'effective' perpetrator concentration for prediction under steady-state assumptions

Simulated perpetrator concentrations are obtained from simulated profile for perpetrator using full absorption and PK model saved in the database:

• **Gut** effective perpetrator concentration is estimated as an average enterocyte concentration across all compartments - for each compartment, the perpetrator concentration is calculated at the time of substrate transit into the compartment based on substrate administration time and compartment transit times





Questions & Answers



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Dynamic Simulations



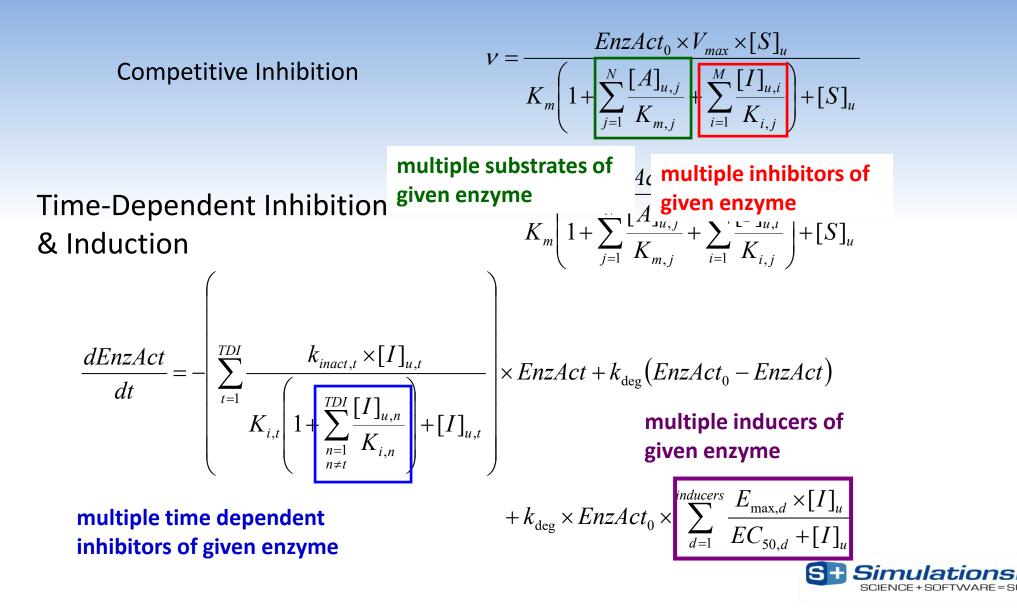
Dynamic DDI Simulations

Dynamic simulation makes no assumptions or simplifications beyond those already included in the PK models of interacting compounds:

- Accounts for interaction in **any tissue**
- Accounts for competition between multiple substrates of the same enzyme/transporter and for a possible effect of 'substrate' on 'inhibitor'/'inducer'
 - NOTE: if multiple compounds in the system have specified K_m and V_{max} values for the same enzyme/transporter, their competition for the binding sites of that enzyme/transporter will be accounted for using K_i = K_m
- Accounts for competition between multiple irreversible inhibitors for the binding to enzyme
- Accounts for possibility of perpetrator acting as inhibitor and inducer at the same time
- Accounts for auto-induction and auto-inhibition
- Default physiological parameters (expression levels, turnover rates) are available for CYP enzymes, but any enzyme/transporter may be included if user knows relevant parameter values



Dynamic Simulation – Equations



Dynamic DDI Simulations – Required Inputs

$1, f_m$ and F_q values for substrate

- 2. K_i (or IC₅₀) for inhibitor
- 3. K_{inact} [min⁻¹] for inhibitor for time-dependent inhibition
- 4. EC_{50} and E_{max} for inducer
- 5. Enzyme turnover rate (k_{deg} [min⁻¹]) for time-dependent inhibition and induction
- 6. Inhibitor/inducer concentration:
 - a. Number of different calculated and simulated inhibitor/inducer concentration estimates are available
 - b. Full PK model is required for simulated inhibitor/inducer concentration
 - c. Additional inputs required for calculated inhibitor/inducer concentrations (Fa, FDp, F, ka, kel, etc.)

Full PK models for perpetrator and victim by themselves (compartmental or PBPK, the same type of model required for both)

NOTE: The physiology for the current record will be used for both compounds



Example: Midazolam - Ketoconazole

Predict DDI interaction between Midazolam and Ketoconazole with the following dosing scheme:

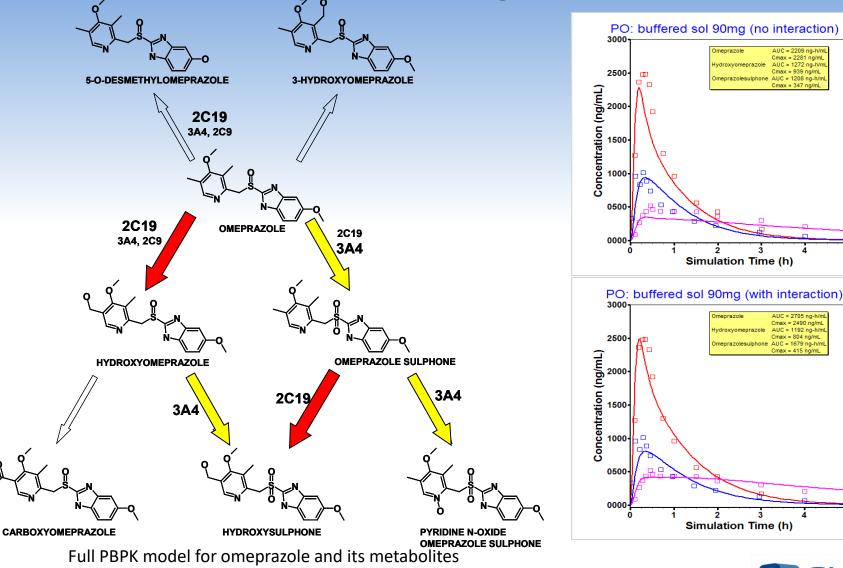
Ketoconazole: 400 mg PO dosed once a day (after lunch)

Midazolam: 7.5 mg PO dosed 1hr after Ketoconazole on 4th day of Ketoconazole dosing

Gueorguieva I, J Pharmacokinet Pharmacodyn 2004, 31: 269-298 Bjorkman S, J Pharm Sci 1996, 85: 887-889 Lu Ch, Drug Metab Dispos 2006, 34: 1600-1605, Poulin P, J Pharm Sci 2002, 91: 129-156



Competition of Parent and Metabolites for Enzyme Binding Sites

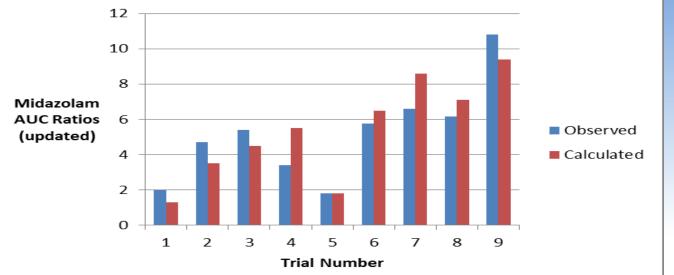




Lukacova V. poster ADMET Europe 2010

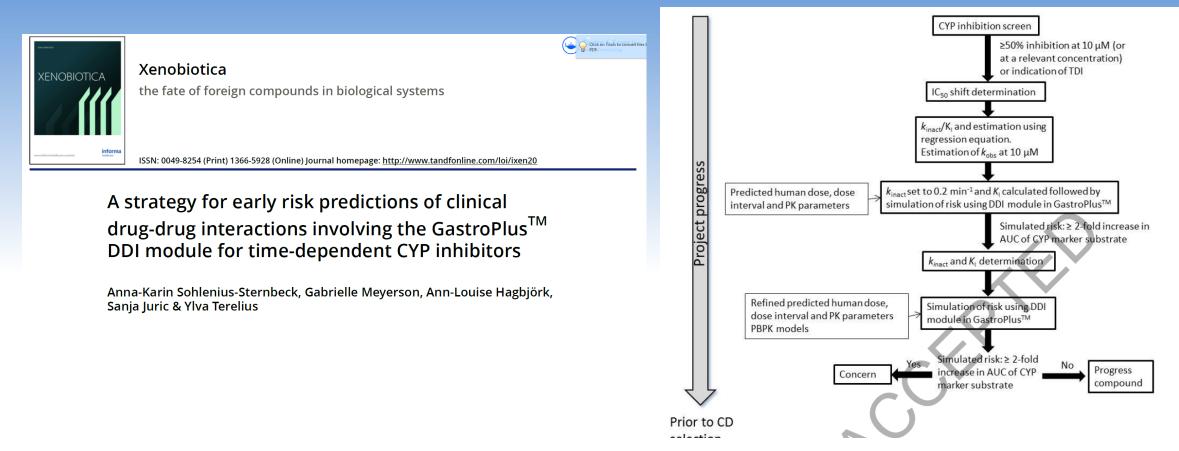
Itraconazole – Midazolam DDI

(includes inhibitory effect of itraconazole and 3 metabolites)



Trial No.	1	2	3	4	5	6	7	8	9
ITZ	50 mg SD	200 mg SD	400 mg SD	200 mg SD	200 mg QD for 6 days	100 mg QD for 4 days	200 mg QD for 6 days	200 mg QD for 4 days	200 mg QD for 4 days
MID	2 mg PO taken 4 hrs after ITZ	2 mg PO taken 4 hrs after ITZ	2 mg PO taken 4 hrs after ITZ	7.5 mg PO taken 2 hrs after ITZ	0.05 mg/kg IV over 2 min given 2 hrs after ITZ on day 4	7.5 mg PO taken 2 hrs after ITZ on day 4	7.5 mg PO taken 2 hrs after ITZ on day 6	15 mg PO taken 2 hrs after ITZ on day 4	7.5 mg PO taken 1 hr after ITZ on day 4
Demog (M:F)	n=6 (5:1); 22-42 yrs	n=6 (5:1); 22-42 yrs	n=6 (5:1); 22-42 yrs	n=12 (7:5); 19- 25 yrs; 57-95 kg	n=12 (7:5); 19-25 yrs; 57-95 kg	n=12 (4:8); 19-30 yrs; 54-98 kg	n=12 (7:5); 19- 25 yrs; 57-95 kg	n=9 (4:5); 22-34 yrs; 55-78 kg	n=9 (2:7); 19-26 yrs; 52-85 kg
Study Protocol	Not defined - assumed fasted state	Not defined - assumed fasted state	Not defined - assumed fasted state	The volunteers fasted for 3 hrs before MID administration and had a standard meal 4 hrs afterwards	The volunteers fasted for 3 hrs before MID administration and had a standard meal 4 hrs afterwards	The volunteers fasted for 3 hrs before MID administration and had a light standard meal 4 hrs afterwards	The volunteers fasted for 3 hrs before MID administration and had a standard meal 4 hrs afterwards	The volunteers fasted for 2 hrs before MID administration and had light standard meals 4 hrs and 7 hrs after MID	The volunteers fasted for 3 hrs before MID administration and had a standard meal 4 hrs afterwards
Ref	Templeton et al. 2010	Templeton et al. 2010	Templeton et al. 2010	Olkkola et al. 1996	Olkkola et al. 1996	Ahonen et al. 1995	Olkkola et al. 1996	Backman et al. 1998	Olkkola et al. 1994

Early DDI Risk Assessment – TDIs



- Set of reference drugs for time-dependent inhibition (TDI) of CYP enzymes
 - Literature kinact and Ki used as inputs
- Predicted AUC ratio changes were correctly classified for >80% of drugs
- Have implemented a TDI DDI risk assessment decision tree for drug discovery projects



Regulatory Applications



FDA U.S. FOOD & DRUG ADMINISTRATION CENTER FOR DRUG EVALUATION & RESEARCH DEFICE OF CLINICAL PHARMACOLOGY

Updates on FDA's Drug-Drug Interaction (DDI) Final Guidances

Kellie S. Reynolds, Pharm.D. Director, Division of Infectious Disease Pharmacology

> Xinning Yang, Ph.D. Policy Lead, Guidance & Policy Team

Office of Clinical Pharmacology (OCP) Office of Translational Sciences (OTS) CDER | FDA

April 24, 2020

The views expressed in this presentation are that of the speaker and do not reflect the official policy of the No official endorsement by the FDA is intended nor should be inferred.

In silico DDI studies

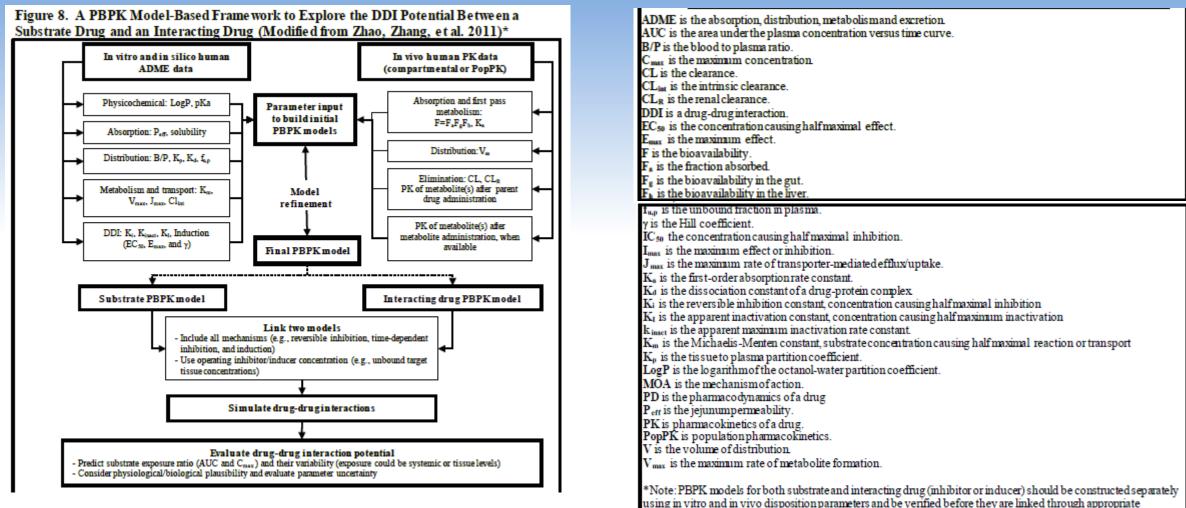
- Physiologically based pharmacokinetic (PBPK) models can replace some clinical studies
- Examples:
 - Impact of weak and moderate CYP2D 6 and 3A4 inhibitors
 - Impact of weak and moderate CYP3A4 inducers
- Verify model by comparing clinical and PBPK evaluation: effect of strong perpetrator
- An evolving science
 - New uses are being considered



FDA

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Regulatory Applications



mechanisms to predict the degree of DDI.

In vitro Drug Interaction Studies – Cytochrome P450 Enzyme- and Transporter-Mediated Drug Interactions Guidance for Industry, FDA CDER, January 2020



Recent Approved Drug Product Applications Supported by GastroPlus Simulations

- ALECENSA[®] (absorption/PPI DDI informing drug labeling)
- BRAFTOVI[®] (metabolism DDI accepted by regulatory agencies)
- CALQUENCE[®] (particle size specs accepted by regulatory agencies)
- FARYDAK[®] (food effect/PPI predictions informing drug labeling)
- INLYTA[®] (transporter DDI accepted by regulatory agencies)
- KISQALI[®] (gastric pH predictions accepted by regulatory agencies)
- MEKINIST[®] (transporter DDI accepted by regulatory agencies)
- MEKTOVI[®] (metabolism DDI accepted by regulatory agencies)
- OPSUMIT[®] (particle size specs accepted by regulatory agencies)
- TAMIFLU[®] (pediatric PBPK predictions informing dose selection)
- ZURAMPIC[®] (wider product specs accepted by regulatory agencies)
- ... and more!

No other PBBM/PBPK platform has the diversity in applications!



Questions & Answers



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