



Federal Institute  
for Drugs  
and Medical Devices



# BCS-Based Biowaiver Guideline ICH – M09 Comments

**Bio Bridges** Prague, September 26/27, 2019

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# Disclaimer

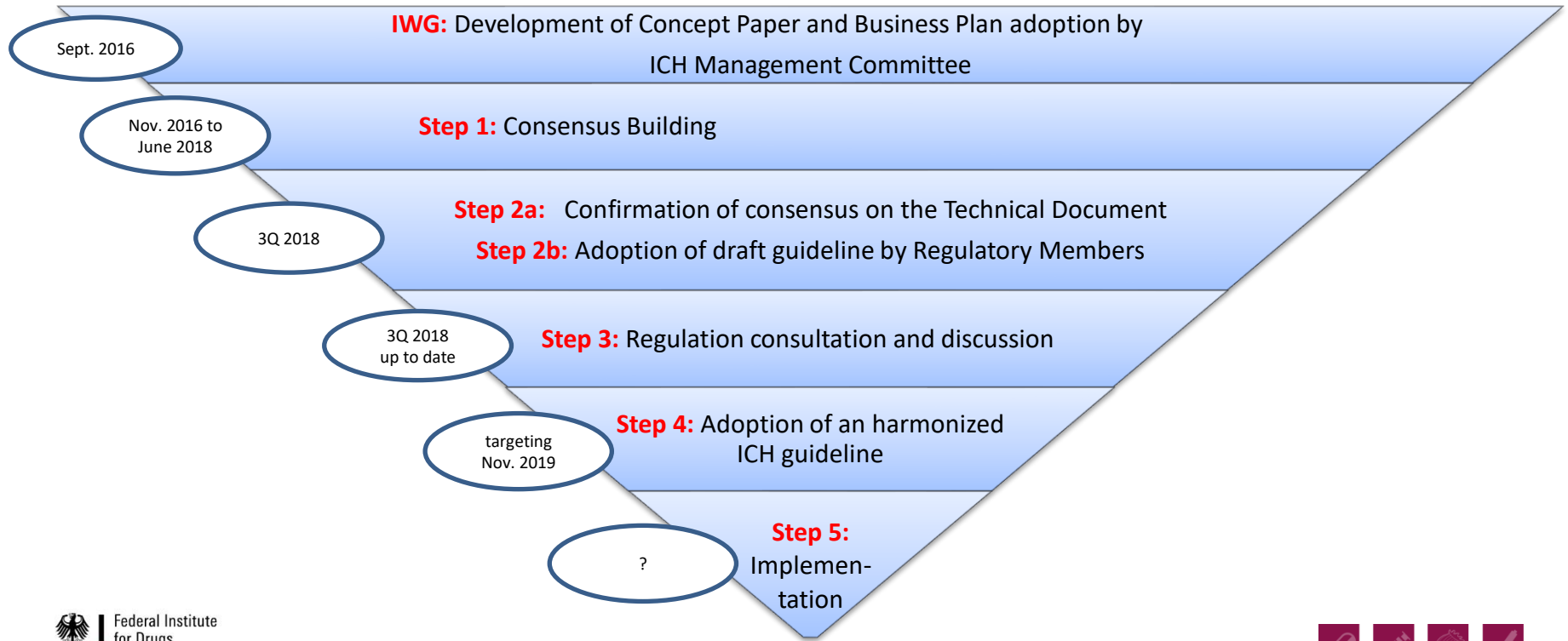
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# Timeline of Activities for ICH M09



# Conceptual Misunderstanding?

## Pro-Drugs vs Metabolite

- **Pro-drugs vs metabolite – how to classify**
  - Meaning of BCS classification
  - Link between drug substance and product

# Conceptual Misunderstanding?

## Case Study Example

- **Case study example**

*“It is very difficult to uniquely and unambiguously assign a Biopharmaceutical Classification System (BCS) classification for a pro-drug. The pro-drug (XY) is BCS class III, but it is rapidly converted into the drug (ZZ) by pre-systemic brush border metabolism and there are no reports of circulating levels of XY. ZZ is therefore classified as a BCS class I compound and due to the rapid metabolic clearance, XY can therefore be tentatively classified as a BCS class I/III compound.”*



# Conceptual Misunderstanding?

## Handling of ODTs

- **Handling of ODTs – Why to consider intake with water?**
  - Definition of BCS solubility
  - Meaning of multimedia testing vs GI transit and site of ‘transport’ vs the general intention to develop an ODT 😊

# Conceptual Misunderstanding?

## NTI Drugs

- **NTI drugs**
  - Meaning of narrowed BE acceptance limits vs...
  - ...BCS based biowaiver product comparison...





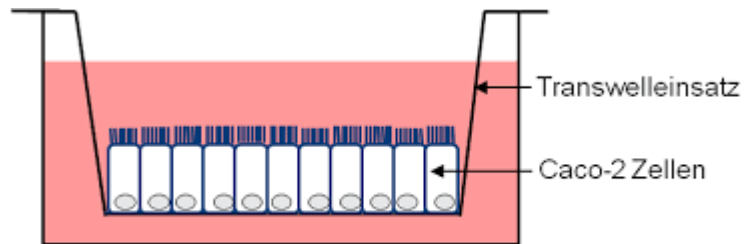
# Solubility

- **Experimental uncertainty**
  - How extensive
  - Handling of variability
  - Equilibrium solubility may not be required



# Permeability

- **'In-vitro/non-human' experiments**
  - Other cell lines than Caco-2
  - Too many 'model' drugs for validation purposes



# Excipients

- **Similarity of excipients in test and reference products**
  - Cut-off values too strict or too flexible?
  - Reversed engineering possible?
  - Definition of ‘critical’ excipients?
  - Possibility to “justify” deviation from requirements?



# *In-vitro* Dissolution

- **Meaningfulness of multimedia *in-vitro* investigations**
  - Use of f2 or other methods
  - Handling of variability
  - ‘Coning’ and agitation
  - Waiver of strengths based on a BCS-based biowaiver



# *In-vitro* Dissolution cont'd

- **Gentle reminder – the BCS based biowaiver dissolution...**
  - ...is kind of worst case investigation
  - ...is nothing about discriminatory experimental methods
  - ...is not using biorelevant methods
  - ...is for excluding risks based on *pre*-requisites



# Particular Comments

- “...the ICH M09 guideline appears very strict leaving almost no space for case-by-case justification...” 😊
  - The framework should be clear
  - Misuse of the concept will likely ‘kill’ it as it constitutes an *in-vivo* surrogate
  - Where to draw the line for so-called case-by-case decisions
  - Still quite some assumptions in the concept

# ... best possible 'risk assessment'...

- **...by means of BCS-based Biowaiver in order to minimize (if not exclude)**
  - possible product differences regarding
    - „... the physical-chemical principles that govern the preparation and behavior of the medicinal agent or drug product.“ \*
  - The BCS-based Biowaiver represents a rather simplified equivalence concept that works only based on particular prerequisites

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\* acc. to. Biopharmaceutics Applications in Drug Development R. Krishna and L. Yu ed.; Springer

# ... concluding thoughts

- **The BCS-based biowaiver**

- Does not have to meet acceptance criteria as with *in-vivo* BE
- Represents kind of “**black&white**” **BE surrogate** which may be sometimes over-discriminating
- Aim to exclude risks that could lead to formulation-related differences (drug substance and product) in terms of bioavailability, **but is not** a ‘bio-relevant’ investigation!



# AGAIN - Special Thanks to....

- **...all colleagues from the ICH-M09 working group!**



# Thank you very much for your attention!

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