Topical Products: When Does a Difference Matter?

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Topical Products: When Does a Difference Matter?

How do topical products differ?

- Can also include preservatives, fragrances, propellants and other excipients to give us the variety of solutions, lotions, pastes, gels, emulsions, creams, foams and so on that we see on our pharmacy shelves today.
- Clearly, in terms of feel, smell, look, taste and spreadability, and how the these products feel after being rubbed into the skin, each will be different.
- But, do these differences matter and when?

Can one apply a generic product as easily as the innovator? When do measurable rheological differences translate to perceptible differences for patients?
How easily can we substitute an excipient?

*Nitroglycerin ointment for anal fissures*

- Topical nitrates have been shown to have initial efficacy in the treatment of anal fissures – 56% for 0.3% nitroglycerin ointment BUT *(in the author’s experience)* nitroglycerin more often causes a headache than treats the symptoms of anal fissure.

- A surgeon at my hospital therefore asks the pharmacy to dilute the ointment.

- **Catastrophic result! Patient had the worst ever headache! Why?**

- **Reason:** Pharmacy diluted the 0.3% nitroglycerin ointment with petrolatum!

- **But**, nitroglycerin ointment has excipients in addition to petrolatum
  - Lactose, which adsorbs nitroglycerin
  - Lanolin, a waxy ester in which nitroglycerin is soluble. By contrast, nitroglycerin is poorly soluble in hexadecane – somewhat similar to petrolatum in polarity

- **Take home message - choice of excipient is important in topical formulations**

Behaviour of topical acyclovir products is another example of excipients making a difference

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Zovirax (U.S.)</th>
<th>Aciclovir 1A Pharma (Austria)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acyclovir concentration</td>
<td>5% w/w</td>
<td>5% w/w</td>
</tr>
<tr>
<td>Propylene glycol (PG)</td>
<td>40% w/w</td>
<td>15% w/w *1</td>
</tr>
<tr>
<td>Water Content</td>
<td>≈ 1/3 w/w</td>
<td>≈ 2/3 w/w</td>
</tr>
</tbody>
</table>

**Other Ingredients:**

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Zovirax (U.S.)</th>
<th>Aciclovir 1A Pharma (Austria)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cetostearyl alcohol</td>
<td>Mineral oil</td>
<td>Poloxamer 407</td>
</tr>
<tr>
<td>Sodium lauryl sulfate</td>
<td>Viscous paraffin</td>
<td>Glycerol</td>
</tr>
<tr>
<td>Water</td>
<td>White Vaseline</td>
<td>Monostearate</td>
</tr>
<tr>
<td>White petrolatum</td>
<td>Polyoxyethylene</td>
<td>Stearate</td>
</tr>
<tr>
<td></td>
<td>Dimethicone</td>
<td>Purified water</td>
</tr>
</tbody>
</table>

In *vitro* permeation test - IVPT

Product metamorphosis when applied to skin - slower evaporation of water in Zovirax due to PG

Prospective generic product formulation

Rate of Release Assay: First test of new generic Diprolene

Evaluate different petrolatum sources to improve generic

Now obtain rate of release

Let us now apply to human excised skin

Although same rate of release, different absorption!

courtesy Tom Franz & Paul Lehmann
Principles in developing innovator products also apply to generics

Inflammatory acne vulgaris:

1. Age related difference > age related therapeutic response
2. Lesser effect as condition worsens

Note significance of placebo effect

* p<0.0001; † p=0.0002 vs Clin-RA

Dreno Eur J Dermatol 2014; 24(2): 201-9
Life cycles in both innovator & generic transdermal patch development

- Lifecycle changes in innovator
- Reduced complexity
- Ease of manufacture
- Less chance of failure
- Easier to use
- Lower cost

Skin is a heterogeneous organ

Impact of furrows not well understood

Appendageal pathway often ignored in product evaluation

Shelley and Melton (1949) observed perifollicular wheals 5 min after the application of 10% histamine free base in water.

- Histologic studies by Mackee et al. (1945) demonstrated follicular diffusion occurring within 5 min.
- Rubbing in of nanoparticles facilitates follicular deposition


Rubbing in of products can also affect product performance (measured by IVPT)

Rubbing reduces particle size & may also put more product into furrows
How products are dispensed or applied does matter!

- Acyclovir packaged in tube and pump dispenser has the same composition

- But, IVPT profiles differ!

Estimated Human Epidermal Flux (µg/hr/cm²)

Formulation Viscosity (cps)

Epidermal flux of oxybenzone depends on the thickness of the applied product

Yield stress from strain sweep (Pa)

- 78 ± 1.3
- 182 ± 0.6
- 70 ± 10

Cross et al, JID, 2001
Characterising skin permeation

**Top - down**

*In vivo* human exposure & response data

- Plasma concentration (ng/mL)
- Patient, volunteer data
- Statistical analysis
- Covariates, bioequivalence
- Use recommendations
- SC Flux, lag time
- IV PK model
- Convolution
- Predict

MW, MV, log P, MP, solubility parameters, PSA, H bonding,

**Bottom - up**

Scale-up IVPT to *in vivo*

- Extraordinary detail on stratum corneum architecture but complicated models unverifiable


Scheuplein Skin Pharmacol Physiol 2013; 26:199–212
Key messages 1

- Do products feel, smell, look, behave on the skin the same, as well as acting the same? Excipients can make a real difference to both placebo and actual effects!!

- Excipients can have a complex impact on product metamorphosis, drug solubility in the skin and diffusivity in the skin

- Products are in a continuous process of life cycle development that includes generic products seeking to match the efficacy of the newest reference listed drug.

- How much we apply, which dispenser we use and how we apply the product matters

- In silico models offer a lot of promise but as Brian Barry said: Better to be approximately right than precisely wrong! - Verification of findings with in vitro (Q1/Q2/Q3, IVRT, IVPT) and, if available, in vivo (clinical) data is vital

- Quality by design QbD concepts dictates comparability of a prospective generic not only in formulation design but also in in silico, in vitro and/or in vivo testing.

- Lastly, we must be critical in reviewing & adopting findings

For instance, how does the formulation affect SC transport? Does choice of IVPT skin matter?

**Propylene glycol (PG) increases β-Naphthol solubility in SC lipids; β-Naphthol moves into corneocyte interior after solvent delipidisation**

In vitro Open Hair Follicle

In vitro Closed Hair Follicle

In vivo Open Hair Follicle

In vivo Closed Hair Follicle

*Trauer et al BJCP 2009, 68(2), 181-186*
Key messages 2 – what are the differences?

How do we translate data from site of measurement to that at site of action?

Can we use skin physiology data?

Data for a 20 year old male

<table>
<thead>
<tr>
<th>Body site</th>
<th>Forearm</th>
<th>Palm</th>
<th>Leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC thickness µm</td>
<td>26</td>
<td>74</td>
<td>20</td>
</tr>
<tr>
<td>Corneocyte Size H µm</td>
<td>23</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Corneocyte Size W µm</td>
<td>20</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>TEWL g m$^{-2}$ h$^{-1}$</td>
<td>6.42</td>
<td>77.68</td>
<td>6.46</td>
</tr>
</tbody>
</table>

What about responses at the different skin target sites, noting also varying clearance?

Can such data be use to predict *in vivo* absorption?

And can we adjust for individual variability?

![Graphs showing skin physiology data](image)
Key messages 3 – what are the differences?

Measure at sites of action better than we do now?

- What is the impact of local events (e.g. binding that can prolong effects, active transport by transporters & metabolism) in both viable epidermis and dermis?
- What is the clearance? Steady state levels at site of action depend on both skin flux to site and clearance from site – important to have realistic in vitro and in silico models of clearance!!

In my view, the holy grail in topical product development is unchanged, i.e. to maximise its effectiveness by understanding and applying drug - product - skin & skin sensorial interactions at the affected skin site for the person being treated.

Schaefer et al, 1996

Typical dermal OFM depths
Thank you

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