



Advancing Generic MR Product Development Using Tiny-TIMsg to Predict *In Vivo* Performance

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Outline

- Background
- TIM Technology Platform
- Case Studies
 - Pediatrics
 - Coadministration Proton Pump Inhibitor
 - Food Effect
- TIM-PBBM
- Summary
- Concluding Remarks



Background

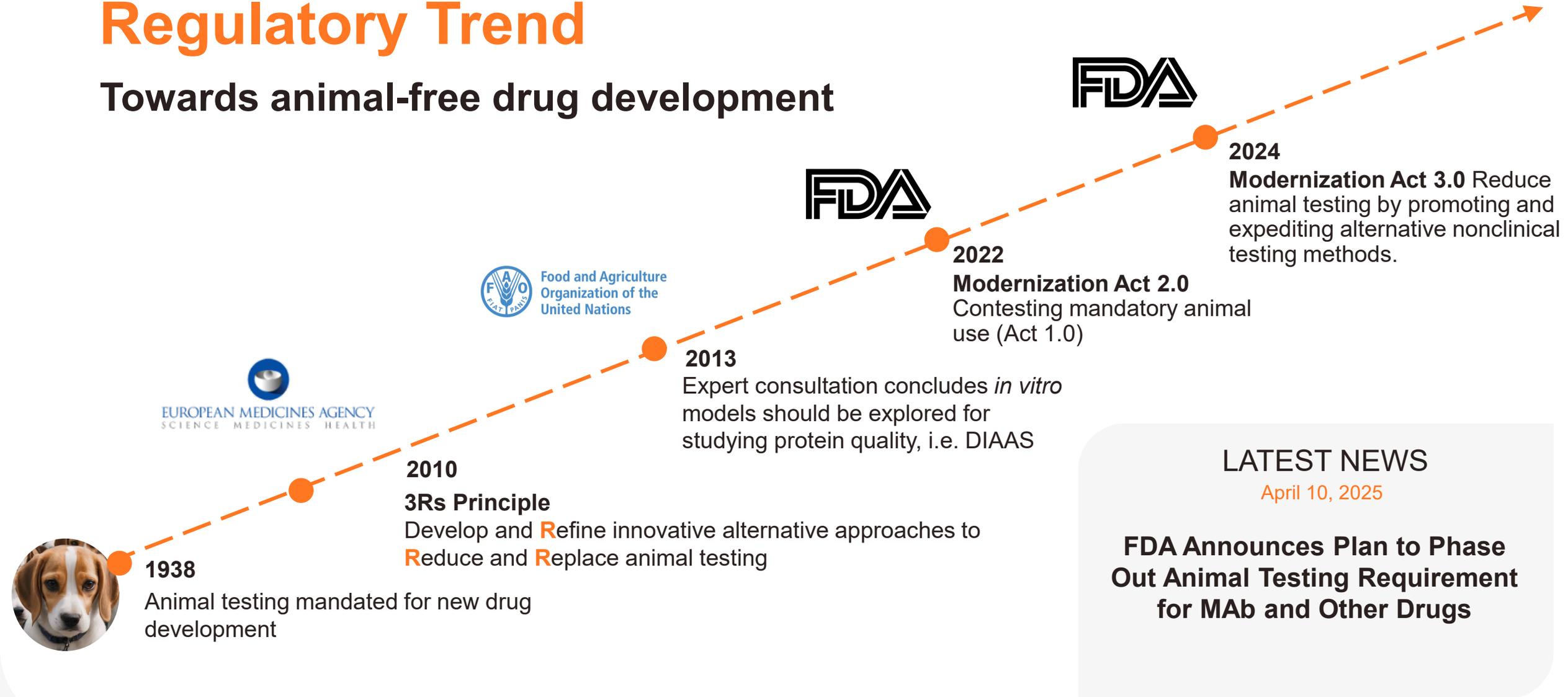
BONATE/PANCREATIN

PVP2.1 PVP2.2 PVP2.3



Regulatory Trend

Towards animal-free drug development

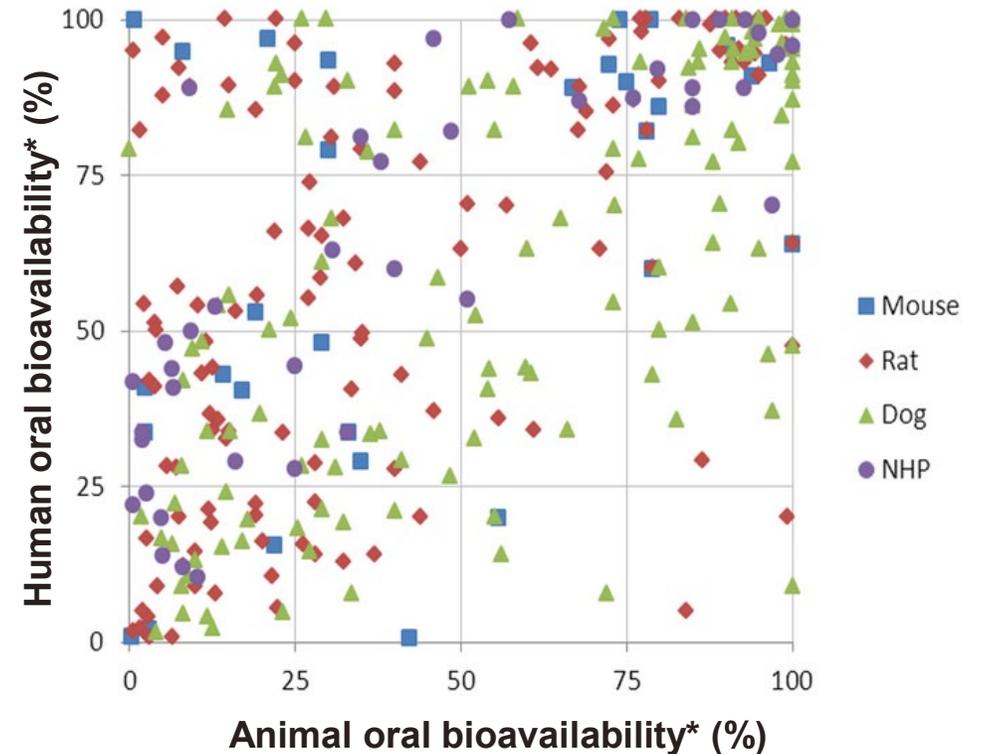


Animals offer a suboptimal “default”

Poor correlation between animal models and humans

- Animals are not strong predictors of human results
- Comparison of 184 compounds between humans and animal models oral bioavailability

Model	Correlation [%] with human bioavailability
Mouse	25
Rat	29 – 46
Pig	36
Dog	37
Coin flip	50
Non-human primate (NHP)	69
TIM Technology	84 – 99



* % of dose found in bloodstream

Predicting *in vivo* behavior of MR formulations is challenging

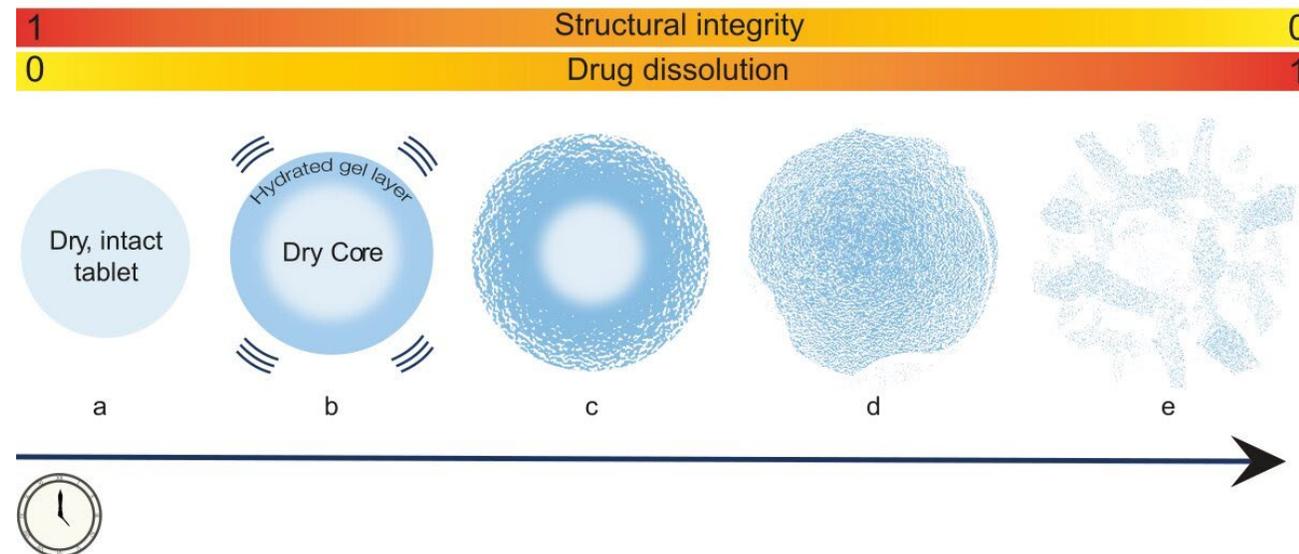
Significant impacts of:

Excipients (polymeric or other)

Interplay of entire formulation with dynamic GI lumen conditions

Hydrodynamics (mixing, shear and normal forces acting on the formulation)

Exposure to most diverse GI conditions (stomach to caecum / colon)





The **TIM** Technology Platform

The TIM Technology Platform

1 The Intestinal Models

Drug release & dissolution

- *In-vitro* stomach + small intestinal model
- *In-vitro* large intestinal model

1

2 Biological Twin of Gut Wall

Drug Permeability & Absorption

2

3

Digital Twin of Human

Distribution Metabolism Excretion

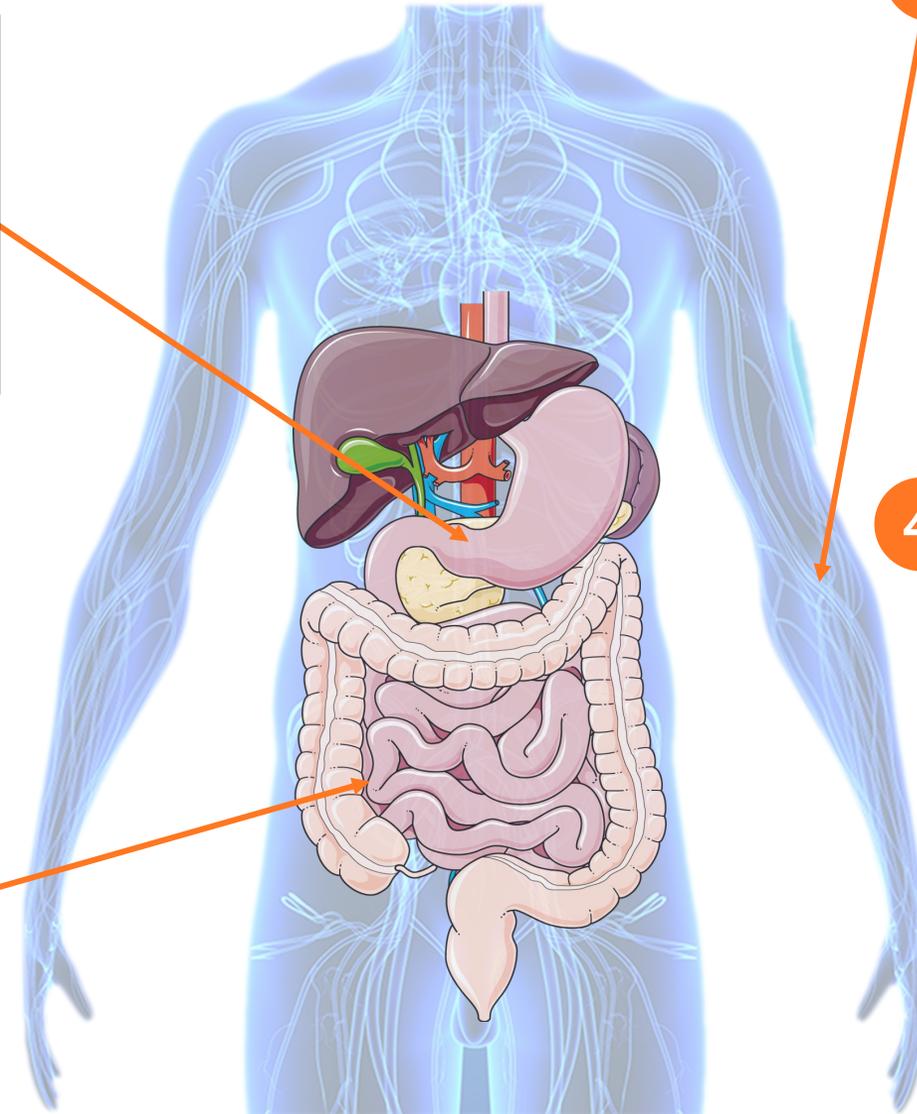
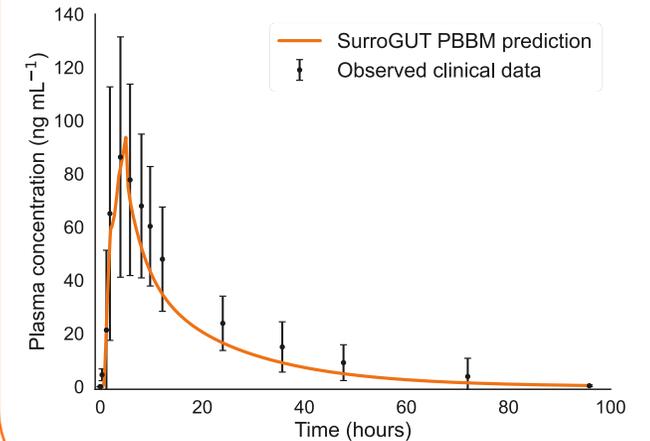
Pharmacokinetic modeling

- PBPK/PBBM
 - With or without TIM data
- IVIVC



4

Outcome



Advanced stomach and small intestine model

Physiologically relevant simulation of the upper GI tract



Tiny-TIMsg

[Watch here](#)

Dynamic secretion of GI fluids

Peristaltic motility

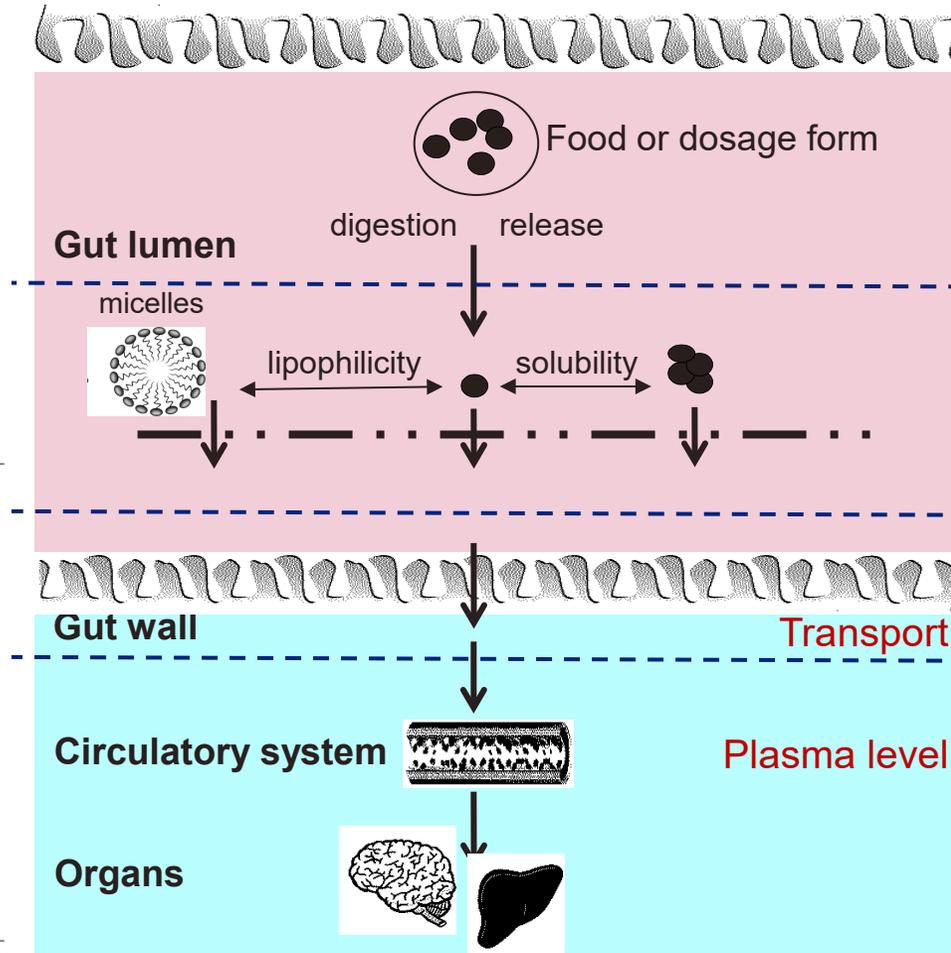
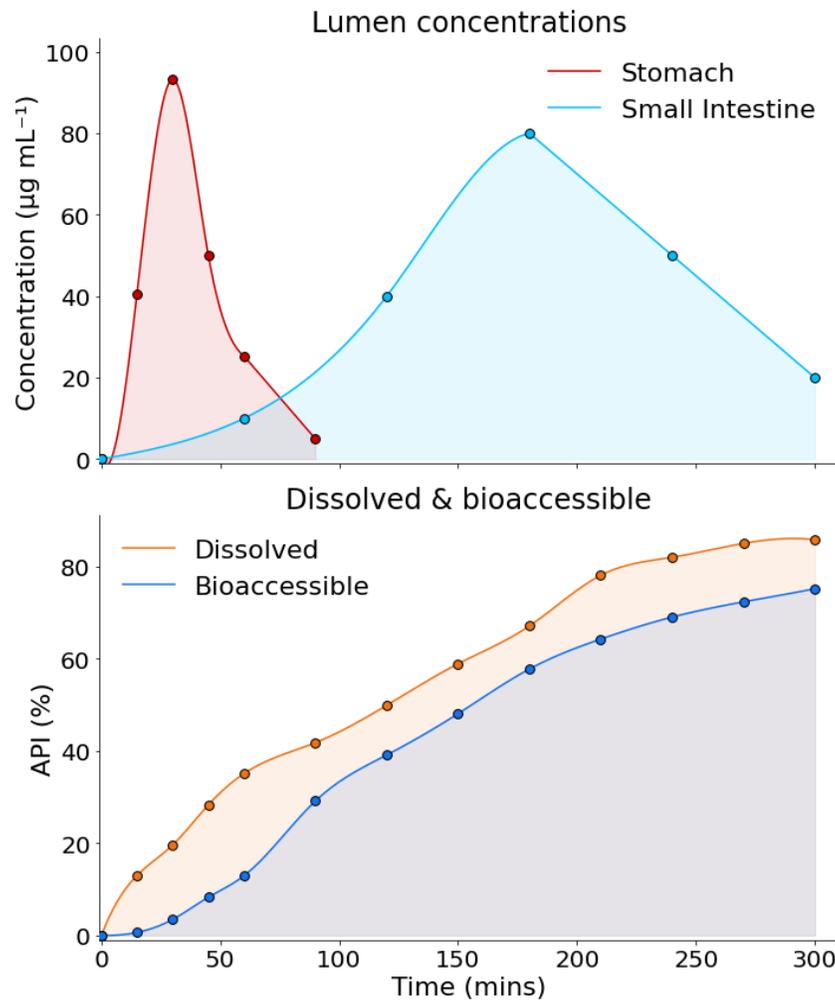
In situ digestion of real food

Gastric emptying & pH profile

Absorption of drug-saturated media



TIM allows for bioaccessibility assessment

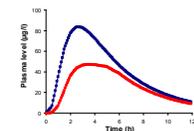


TIM

Intestinal cells



PBPK modeling



TIM Applications

Extensive experience across pharma and food research



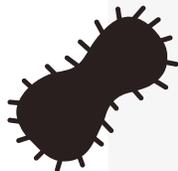
Formulation
Comparisons &
Bioequivalence
(Schilderink et al; 2020)



PPI, ARA,
Food Effect &
Drug-Drug Interaction
(Lui et al 2021;2024,
Piscitelli *et al.*,2023)



Disease & Age
Group Modeling
Chronic pancreatitis
(Effinger *et al.*, 2021)



Microbiome & Survival
Studies
(with or without mucus)



Digestibility & Protein
Quality
(Chiang *et al.*, 2022)



Case studies

PVP2.1 PVP2.2 PVP2.3

BONATE/PANCREATIN

TIM supports development of novel pediatric formulations (I)

Predictive power for pediatric patients

Aim:

- Validation of the predictive quality of tiny-TIMsg for three age groups (neonates, infant & toddlers)

Test products:

- Paracetamol (syrup) with age-relevant food matrices in tiny-TIMsg

Age groups (maturation, food matrice):

- Neonates: 0-1 month; 3.6 kg; formula milk
- Infants: 1-6 months; 5.9 kg; formula milk, mixed fruit sauce
- Toddlers: 6–24 months; 10kg; milk+cereals, juice+cookie

Parameters	Neonate	Infant	Toddler
Gastric volume	107 mL	148 mL	172 mL
Meal 0/3h	90/90 mL	125/50 mL	142/94 mL
Gastric emptying	T _{1/2} = 60 min	T _{1/2} = 60 min	T _{1/2} = 70 min
Gastric pH 0 – 3h	6.7 → 4.0	6.7 → 3.2	6.7 → 2.4
Gastric pH 3 – 6h	6.7 → 4.0	3.8 → 3.2	3.7 → 2.4
Intestinal secretions 0 – 3h	50%	75%	100%
Intestinal secretions 3 – 6h	50%	50%	50%

TIM supports development of novel pediatric formulations (II)

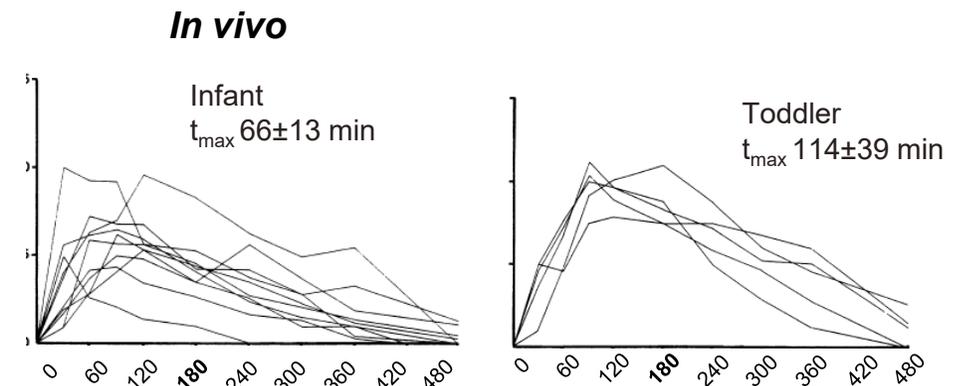
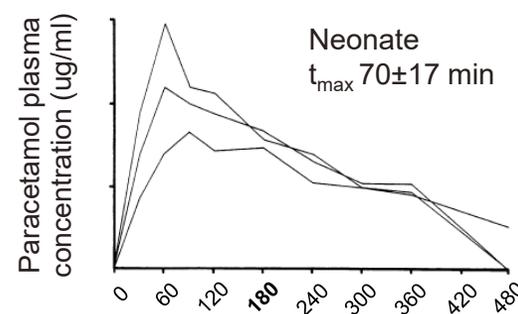
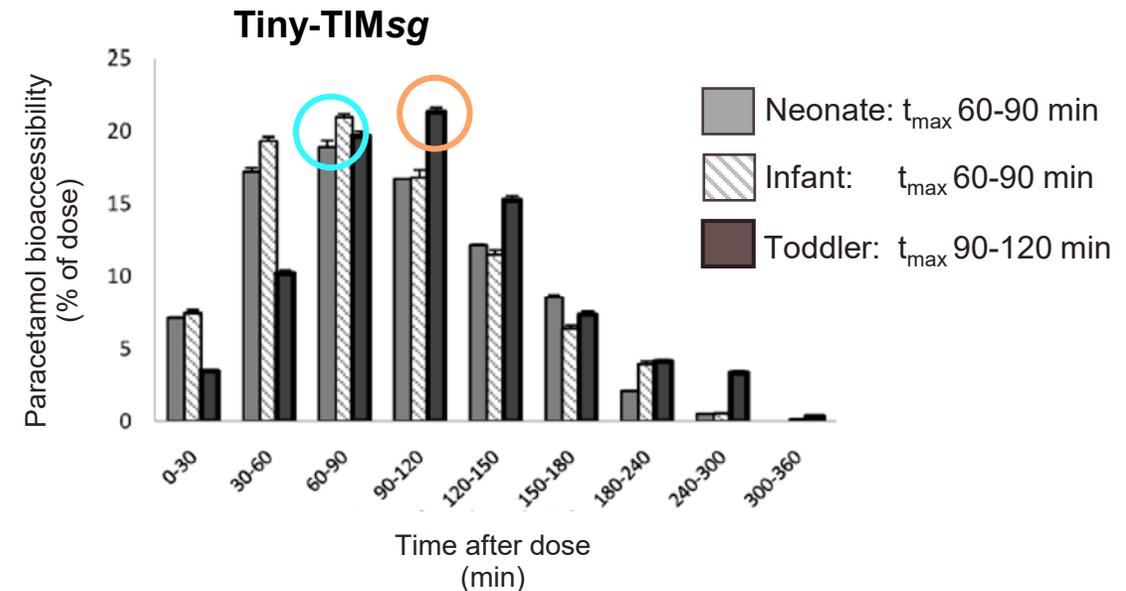
Predictive power for pediatric patients

Results:

- Total bioaccessibility (BA) ~85% for all age groups
- T_{max} of toddler was delayed compared to younger children
- BA was in line with clinical pediatric plasma concentration curves

Conclusion:

- Validation showed the potential predictive quality of the tiny-TIMsg for three pediatric age groups



Co-administration of oral drugs with acid-reducing agent (I)

TIM predictions matched *in vivo* performance

Aim:

- Predict effect of co-administration of drugs with acid-reducing (ARA) on oral absorption

Test products:

- 12 compounds: mostly basic, several salt forms

Test conditions:

- Fasted: Glass of water with gastric juice, pH 3.0
Secretion of HCl dropped pH to 1.5 in 30mins
- Fasted ARA: Glass of water, neutral pH
No simulated secretion of HCl

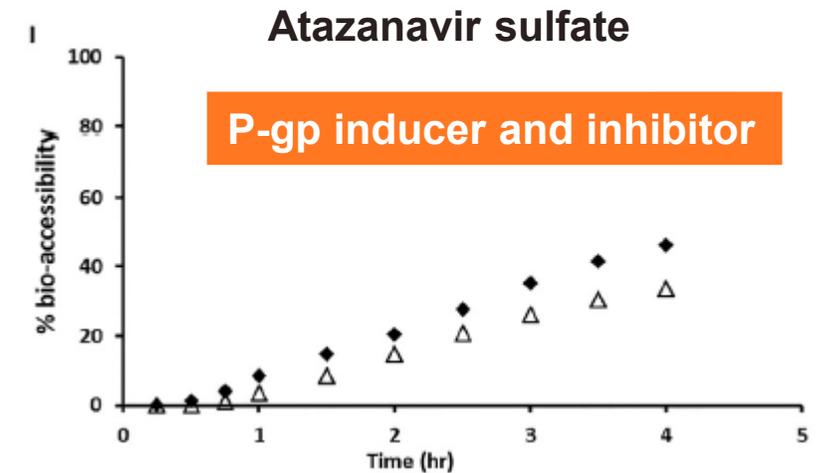
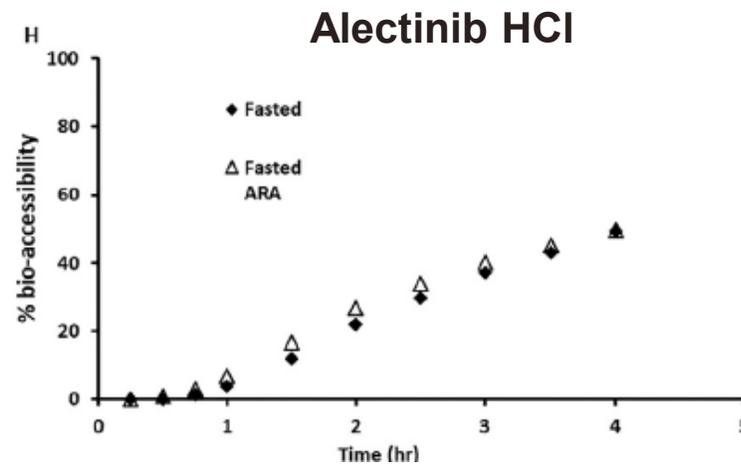
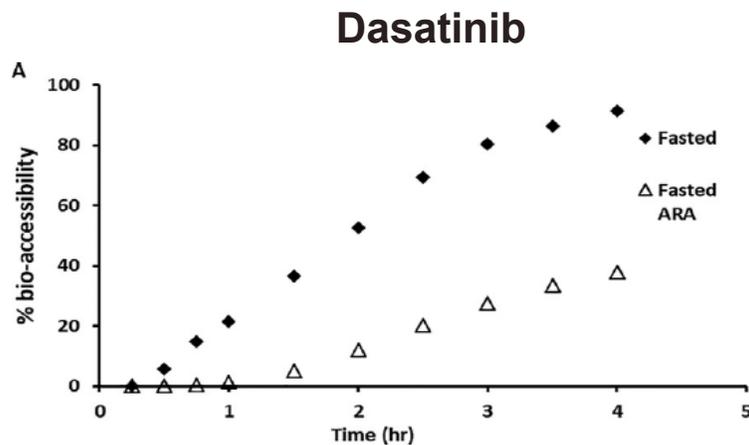
Drug	pKa	Form	ARA effect
Dasatinib	6.8	Free base	Negative ²⁹
Dipyridamole	6.2	Free base	Negative ²⁹
GDC-A	3.19	Free base	No
GDC-B	2.8, 5.4	Free base	Negative
GDC-C	3.7, 5	Free base	Negative
GDC-E	8.55	Free base	No
GDC-F	3.1, 4.8	Free base	No
Alectinib	7.1	HCl Salt	No ³³
Atazanavir	4.3	Sulfate Salt	Negative ³²
Erlotinib	5.6	HCl Salt	Negative ²⁹
GDC-D	8.6	Dimesylate Salt	Negative
Ketoconazole	2.9, 6.5	Free base	Negative ²⁹

Co-administration of oral drugs with acid-reducing agent (II)

TIM predictions matched *in vivo* performance

Results:

Ratio ARA/Non-ARA	Dasatinib	Alectinib HCl	Atazanavir sulfate
Tiny-TIMsg bioaccessibility	0.4	1	0.7
Clinical studies AUC	0.4	1	0.06 – 0.41



Co-administration of oral drugs with acid-reducing agent (III)

TIM predictions matched *in vivo* performance

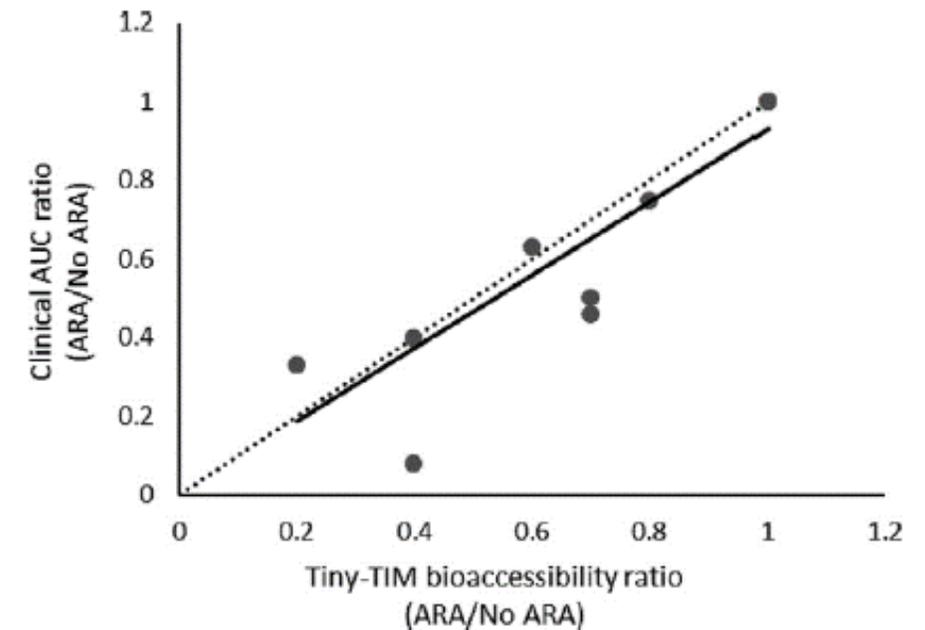
Results (cont.):

- 8/12 drugs showed high* predictivity, 4/12 moderate** predictivity
- Transporters and intestinal metabolism contribute to difference between BA and AUC ratio

Conclusion:

Tiny-TIMsg

- successfully predicted the effect of co-dosing ARA on oral absorption qualitatively and quantitatively.
- is a very reliable GI model for predicting ARA effect



Food effect assessment in tiny-TIMsg (I)

Successful prediction for 20 drugs across all BCS classes

Aim:

- Assess the ability of tiny-TIMsg to predict the effect of food on the absorption of oral drugs

Test products:

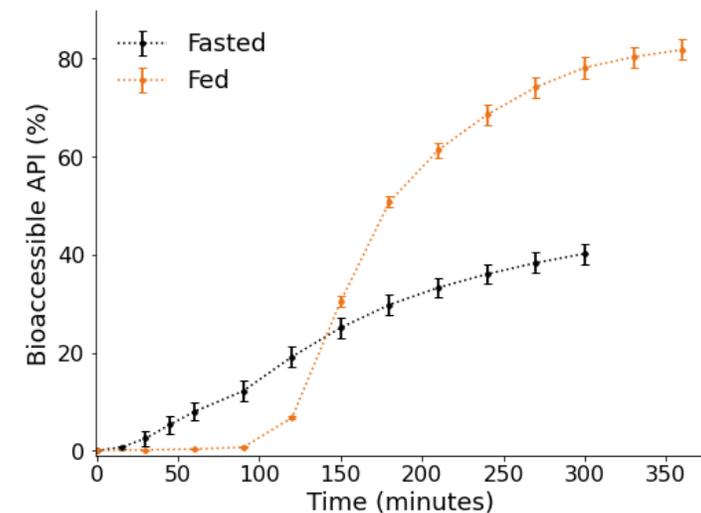
- 20 compounds covering all BCS classes
- Neutral, acidic, salt of acid, basic, and salt of basic drugs
- Different formulations

Test conditions:

- Fasted state: glass of water
- High fat meal
- Low fat meal

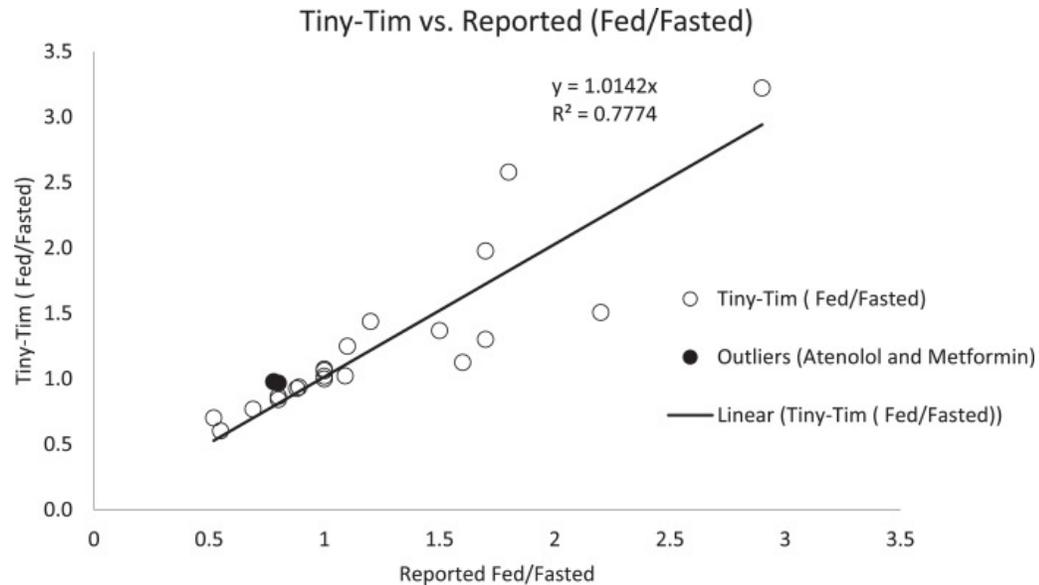
Food ingestion can change

- Intra-gastric pH
- Gastric transit time
- Secretion digestive enzymes
- Bile secretion
- Motility
- Viscosity



Food effect assessment in tiny-TIMsg (II)

Successful prediction for 20 drugs across all BCS classes



Results:

Tiny-TIMsg

- predicted food effect ratios were in good agreement with the reported data in humans
- predicted no food effect for atenolol and metformin

Conclusion:

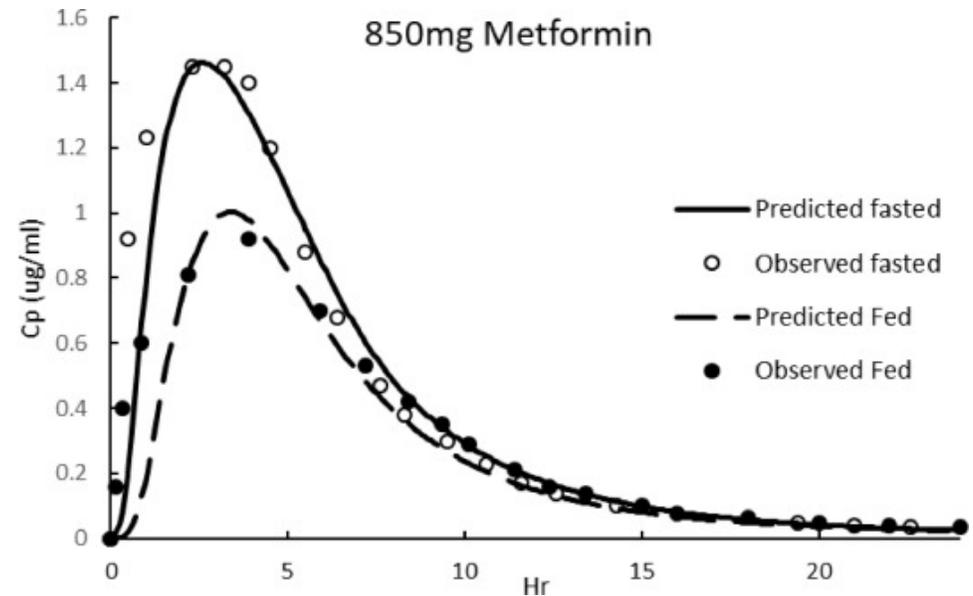
- Tiny-TIMsg can successfully capture the effect of food on oral absorption that is related to the physicochemical properties of the drug.

Food effect assessment in tiny-TIMsg (III)

Using tiny-TIMsg dissolution data as modeling input

Modeling for metformin

- Metformin (BCS Class III) *in vivo* absorption involves multiple transporters.
- Tiny-TIMsg dissolution data for metformin were imported into GastroPlus®.
- Strong prediction of human PK profile and negative food effect (C_{max} and T_{max} in agreement with *in vivo* data).



TIM-PBBM

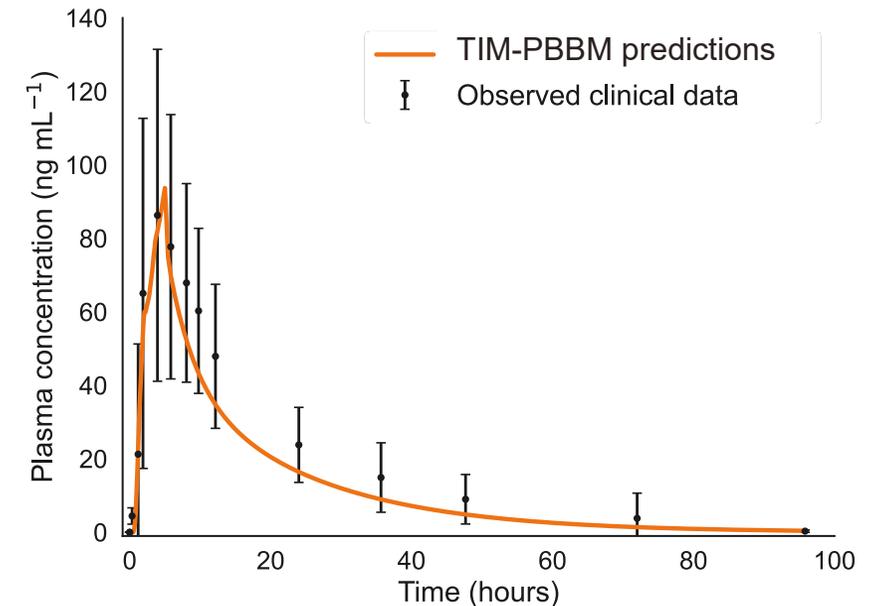
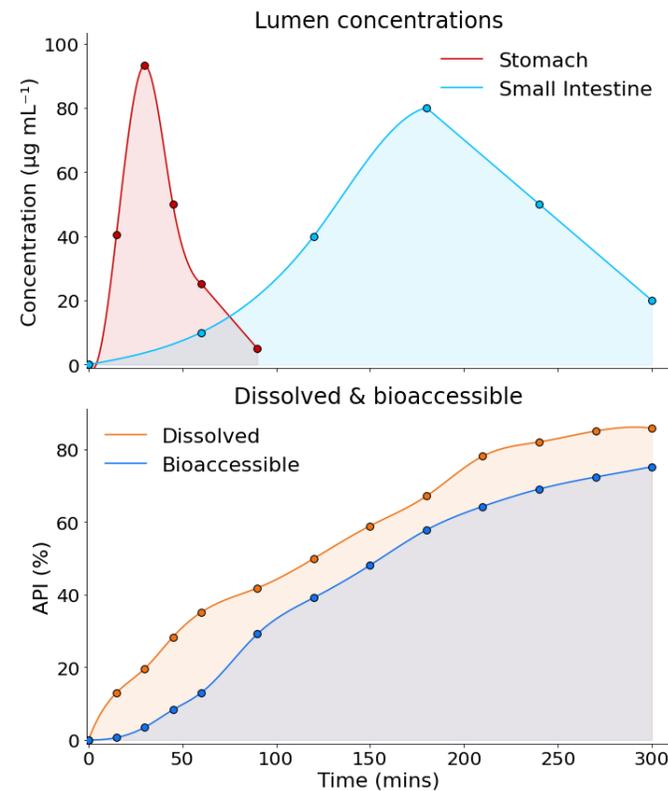
PVP2.1 PVP2.2 PVP2.3

BONATE/PANCREATIN

TIM provides predictive input for PBBM

Predicting *in vivo* behavior of MR formulations

- Build & validate PBPK model
- Perform TIM experiments as most physiologically relevant *in vitro* dissolution
- Convert luminal and BA data into TIM dissolution profile
- Predict PK profile
- Assess bioequivalence

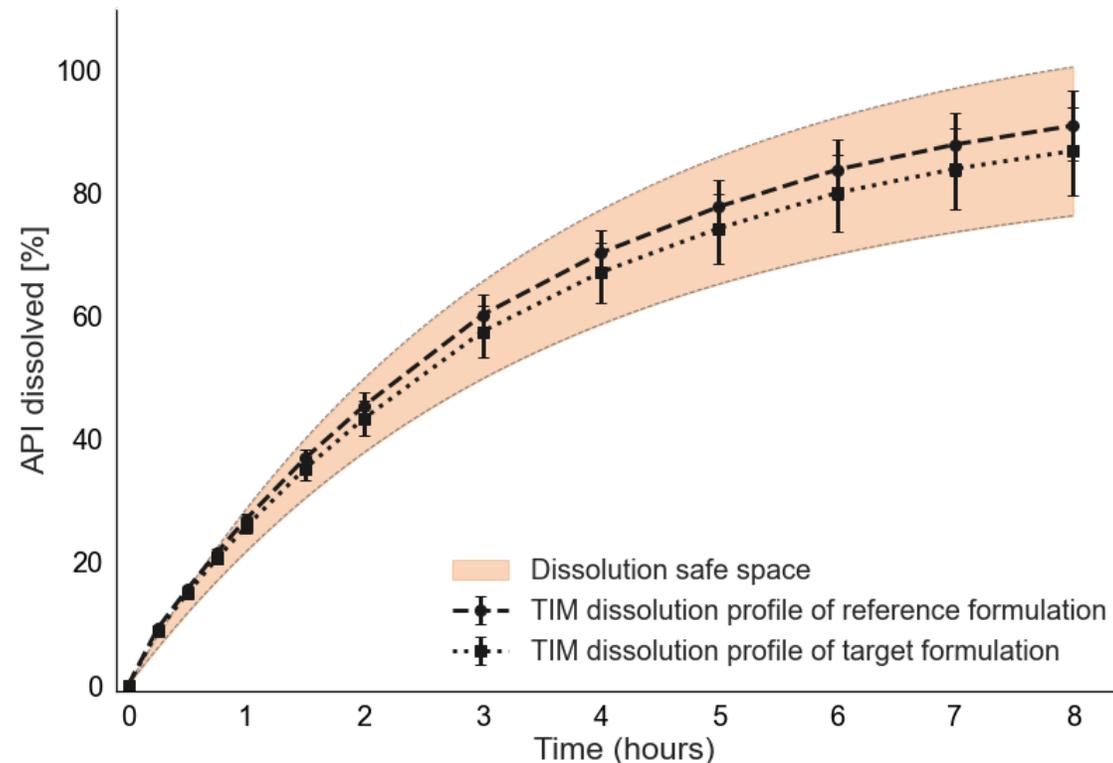


TIM-PBBM to support virtual bioequivalence testing

TIM dissolution safe space for complex formulations

TIM biopredictive dissolution testing at extremes of physiological and formulation parameter space

- pH range (incl. ARAs)
- Motility / hydrodynamics
- Gastric emptying rate
- Dose volume (mL drink)
- Meal type (fed state)



Summary & Conclusions

Summary

One tool, multiple solutions

The TIM Technology platform

- Closely mimics the full dynamic, physical and biochemical complexity of the GI tract
- Provides strong predictions of luminal conditions and human bioavailability, also in combination with food, PPI or for specific (age) populations

Tiny-TIMsg proven to be

- Physiologically-relevant tool for testing complex formulations and poorly soluble API
- Able to establish BE between different strengths and dosage forms
- Improve PBPK/PBBM predictions using high quality TIM data

Concluding Remarks

Considerations

- Define critical parameters for additional strengths of MR products Grant 1U01FD007959-01 PI Dr Jie Shen Northeastern University
- TIM studies could replace clinical BE studies in certain circumstances
 - e.g. BCS-based biowaivers; SUPAC; food effect, PPI & pediatric biowaivers; locally-acting API
 - Guidance requested to harmonize use of advanced dissolution methods for these cases
- Added value of including the TIM-2 colon model for evaluation of MR formulations



Thank you for your attention!

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