



The 8th International Electronic Conference on Medicinal Chemistry (ECMC 2022)

01-30 NOVEMBER 2022 | ONLINE

Patient-centric drug product design: case studies for special populations

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pharmaceuticals



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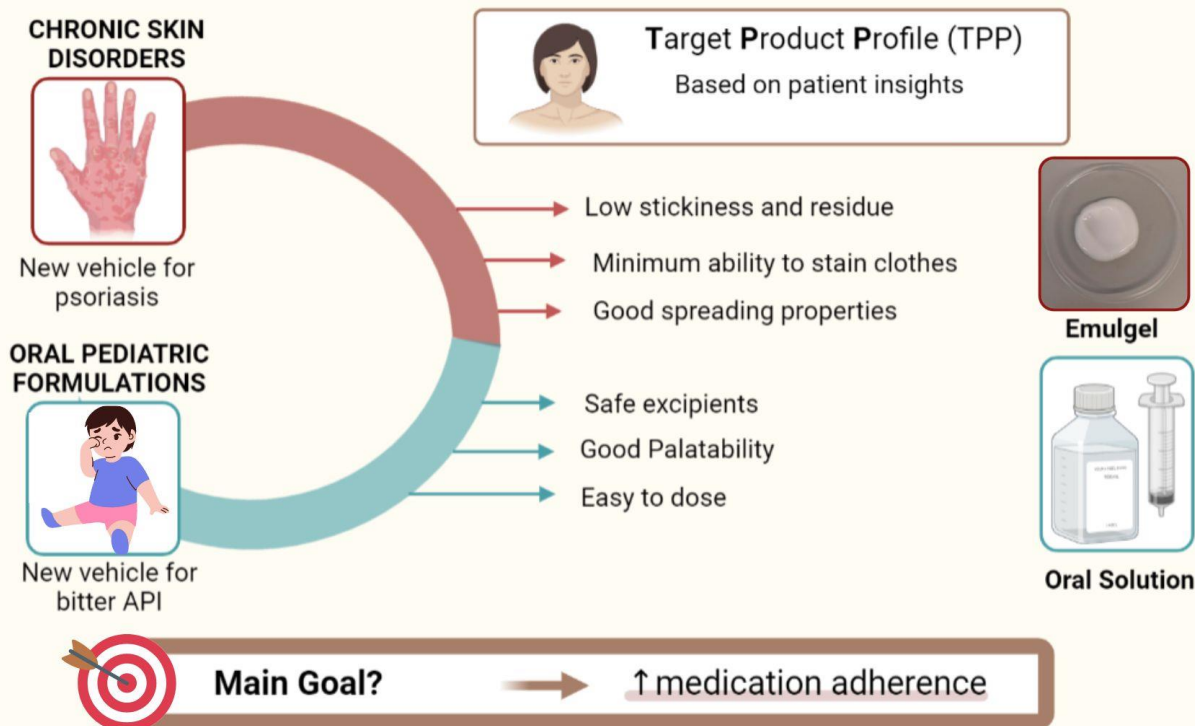
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Patient-centric drug product design: case studies for special populations

Graphical Abstract



Abstract:

Medication non-adherence poses considerable challenges in managing chronic diseases and is associated with almost 200,000 deaths and €80-125 billion of potentially preventable direct (e.g. hospitalizations, waste of medication) and indirect (e.g. work productivity losses) costs in the European Union alone. The increasing awareness of the contribution of the acceptability of drug products by the patient to medication adherence and clinical outcomes is driving the integration of Patient Centric drug Product Design (PCDPD) into the pharmaceutical development process.

Regulatory agencies have addressed the relevancy of placing the patient in the center of pharmaceutical development. EMA has issued guideline/reflection papers for pediatric and older populations while FDA has developed a series of guidance documents on patient focused drug development with the primary goal to better incorporate the patient's voice in drug development and evaluation. PCDDP can be defined as the process of identifying the comprehensive needs of the target patient population to support the design of drug products. Three major factors are analyzed in PCDDP, namely patient, drug and drug product characteristics. This systematic approach integrates this insight which is translated to a Target Product Profile (TPP) to drive the pharmaceutical product design process. Two case studies will be presented focused on the pediatric population and on patients with a chronic skin disorder (psoriasis) which will highlight the roadmap for a successful PCDDP.

Keywords: Patient-centric design, medication adherence, pediatric formulations, dermatological formulations

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Introduction

MEDICATION ADHERENCE

50 % adherence rate

Patients with chronic diseases in developed countries

up to 80 %

Topical treatments

200,000 Premature deaths annually EU

€80-125 billion

Potentially preventable and indirect costs EU

van Boven JF, et al. European Network to Advance Best Practices and Technology on Medication Adherence: Mission Statement. Front Pharmacol. 2021, 12:748702.

World Health Organization. Adherence to long-term therapies: evidence for action. 2003. Available at: http://www.who.int/chronic_conditions/adherencereport/en/

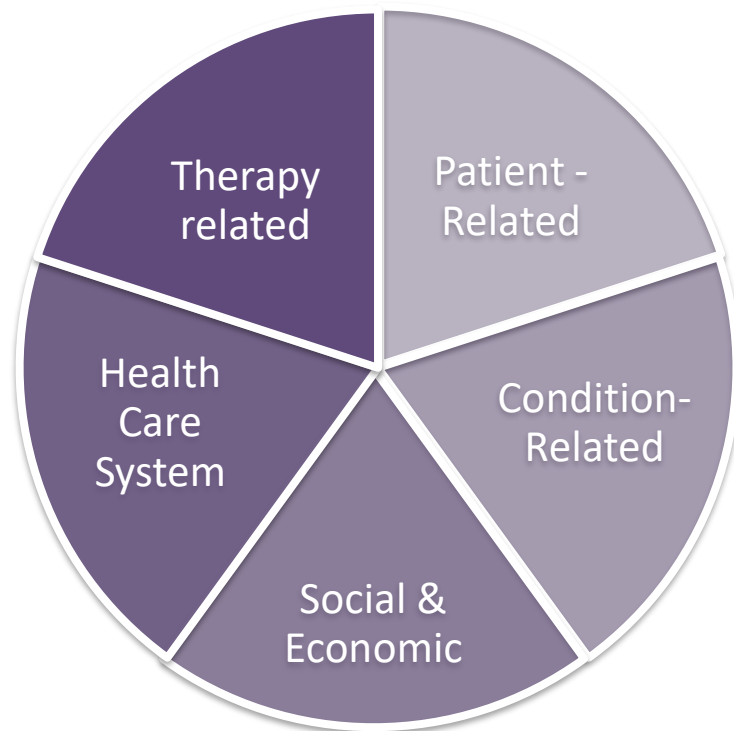
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Introduction

DETERMINANTS OF MEDICATION ADHERENCE



World Health Organization. Adherence to long-term therapies: evidence for action. 2003. Available at: http://www.who.int/chronic_conditions/adherencereport/en/

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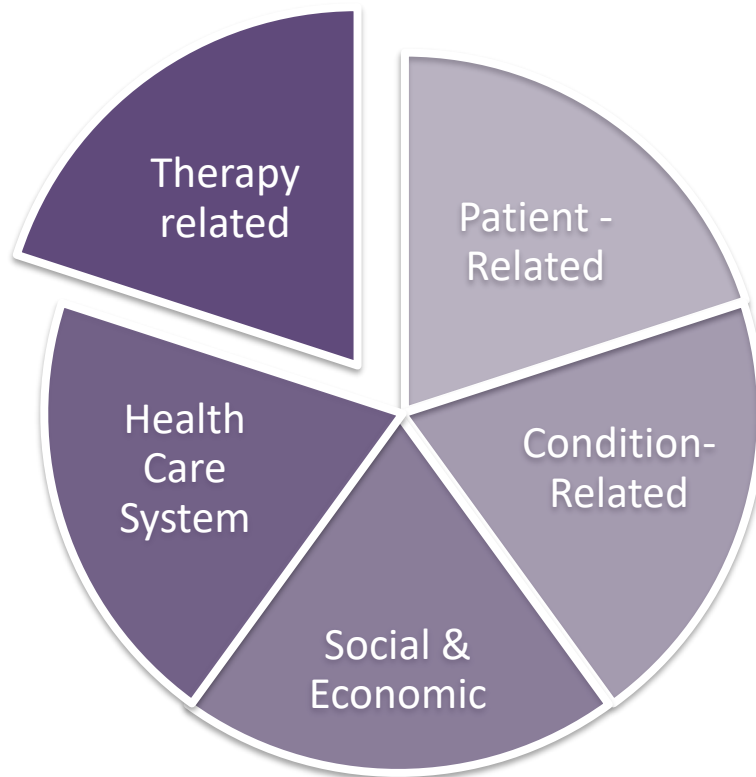
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Introduction

DETERMINANTS OF MEDICATION ADHERENCE

PATIENT CENTRIC DRUG
PRODUCT DESIGN



World Health Organization. Adherence to long-term therapies: evidence for action. 2003. Available at: http://www.who.int/chronic_conditions/adherencereport/en/

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Introduction

What does *Patient centric drug product design* means?

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Introduction

“The process of *identifying the comprehensive needs of individuals* or the target patient population and *utilizing the identified needs to design pharmaceutical drug products* that provide the best overall benefit to risk profile for that target patient population over the intended duration of treatment.”

Stegemann *et al.* Defining Patient Centric Pharmaceutical Drug Product Design. AAPS journal 18(5) 2016.

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Introduction

Patient

Medical condition
Patient conditions
Therapeutic conditions

Drug

Drug profile
Clinical efficacy
Drug safety

Drug product

Product requirements
Manufacturing requirements
Supply chain requisites
Market access criteria/regulatory



**TARGET PRODUCT PROFILE
(TPP)**

Stegemann *et al.* Rational and practical considerations to guide a target product profile for patient-centric drug product development with measurable patient outcomes – A proposed roadmap. AAPS journal 18(5) 2016.

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PATIENT-RELATED CHARACTERISTICS	EXAMPLES
Age	Organ and body functions, social-emotional development
Visual impairment	Blindness
Motoric impairment	Arm mobility, difficulty walking, manual dexterity
Swallowing impairment	Dysphagia
Cognitive impairment	Memory loss, dementia
Poor hand sensitivity	Control of movement and strenght
Loss of hearing	
Dentition	
Health literacy	
Psychological distress	Negative perception, depressive disorders
Disease state	Comorbidities, disease disability
PK/PD	Kidney clearance
Psychosocial issues	Way of living, Employment satus, access to caregivers

Stegemann *et al.* Defining Patient Centric Pharmaceutical Drug Product Design. AAPS journal 18(5) 2016.

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PRODUCT-RELATED CHARACTERISTICS	EXAMPLES
Route of administration	Oral, inhalation, rectal, vaginal, dermal
Product strength concentration	
Type of dosage form	Tablet, oral solution, ointment
Site of dermal application	Arm, feet, back
Appearance	Product size, shape, colour, embossing
Swallowability	Related to tablet size, shape, coating/waxing, liquid viscosity, mouth feel
Dose to therapeutic effect	Number of tablets, total volume of liquid
Dosing regimen	Dosing frequency, duration of treatment
Packaging	Inner/outer, labelling
Container closure system	
Dosing and administration devices	Syringes, applicator
Any handlings to be conducted prior to use	Opening capsules, measuring liquids
Instructions for use	Complexity
Caregiver assistance	

Stegemann *et al.* Defining Patient Centric Pharmaceutical Drug Product Design. AAPS journal 18(5) 2016.

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Introduction



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

15 October 2020
EMA/CHMP/QWP/292439/2017
Committee for Medicinal Products for Human Use (CHMP)

Reflection paper on the pharmaceutical development of
medicines for use in the older population



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

1 August 2013
EMA/CHMP/QWP/805880/2012 Rev. 2
Committee for Medicinal Products for Human Use (CHMP)
Paediatric Committee (PDCO)

Guideline on pharmaceutical development of medicines
for paediatric use

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Introduction



Patient-Focused Drug Development: Collecting Comprehensive and Representative Input

Guidance for Industry, Food and Drug Administration Staff, and Other Stakeholders

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

June 2020

Patient-Focused Drug Development: Methods to Identify What Is Important to Patients

Guidance for Industry, Food and Drug Administration Staff, and Other Stakeholders

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

February 2022
Procedural

Patient-Focused Drug Development: Selecting, Developing, or Modifying Fit-for-Purpose Clinical Outcome Assessments

Guidance for Industry, Food and Drug Administration Staff, and Other Stakeholders

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 90 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <http://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Office of Communications, Division of Drug Information at druginfo@fda.hhs.gov, 855-543-3784 or 301-796-3400; or (CBER) Office of Communication, Outreach and Development at ocod@fda.hhs.gov, 800-835-4709 or 240-402-8010; or Office of Strategic Partnerships and Technology Innovation, Center for Devices and Radiological Health at cdrih-pro@fda.hhs.gov, 800-638-2041 or 301-796-7100.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)

June 2022
Procedural

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Introduction

Special populations

Paediatrics

Geriatrics

Dermatological patients

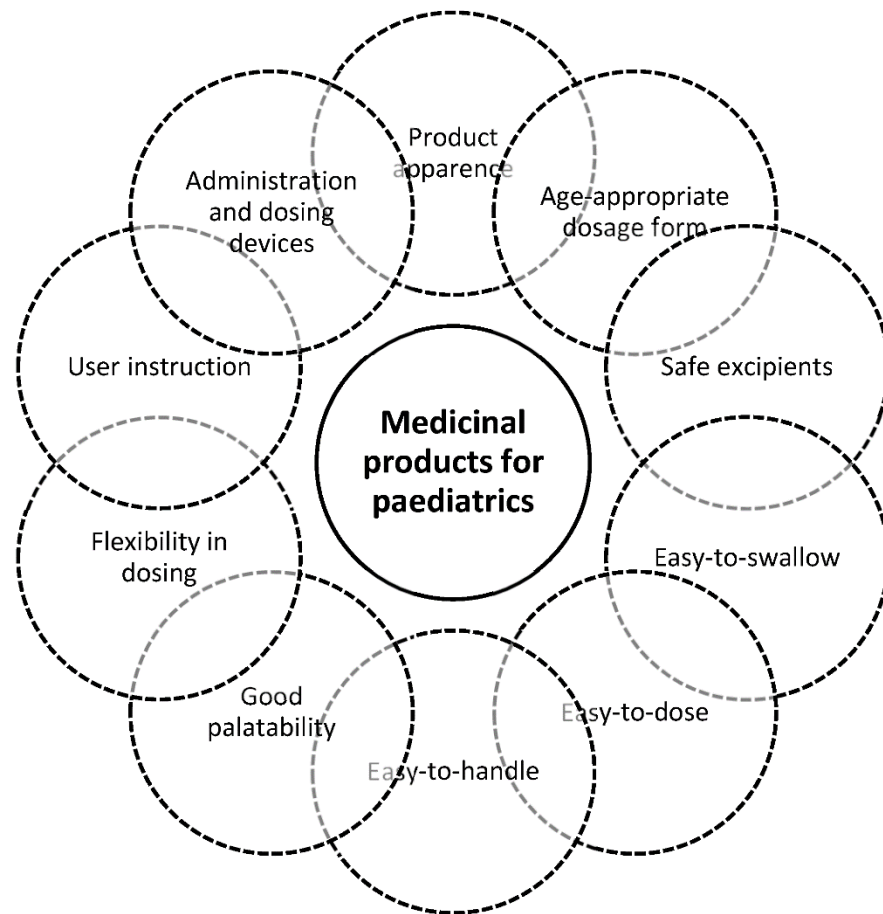
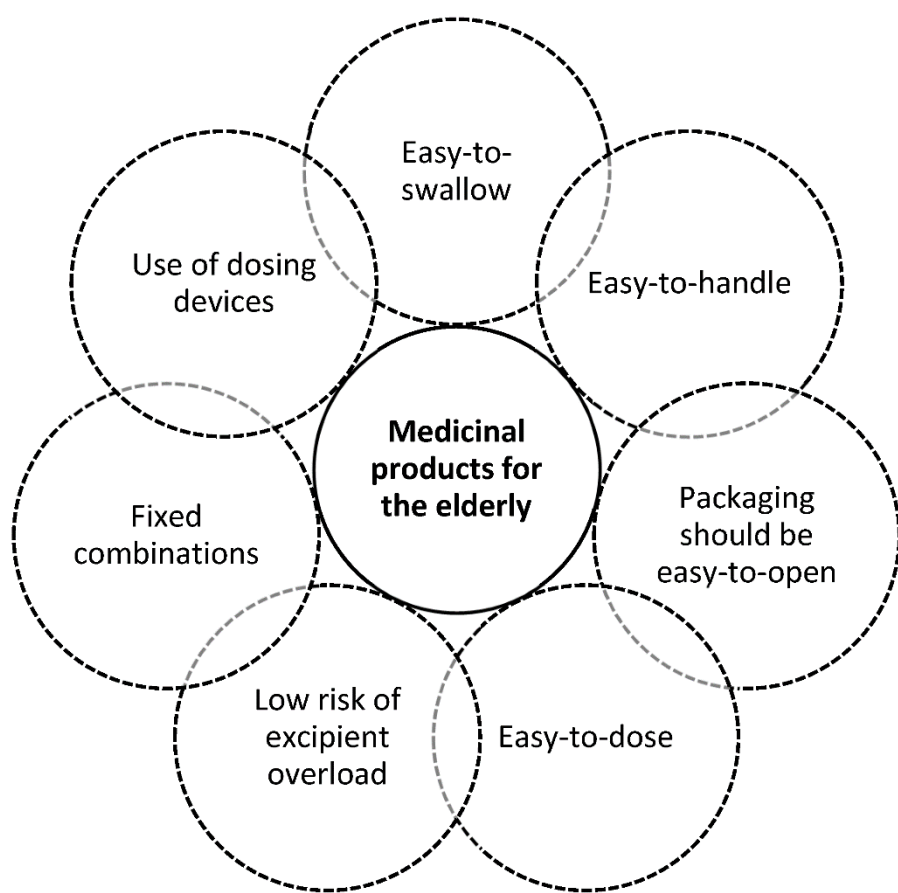
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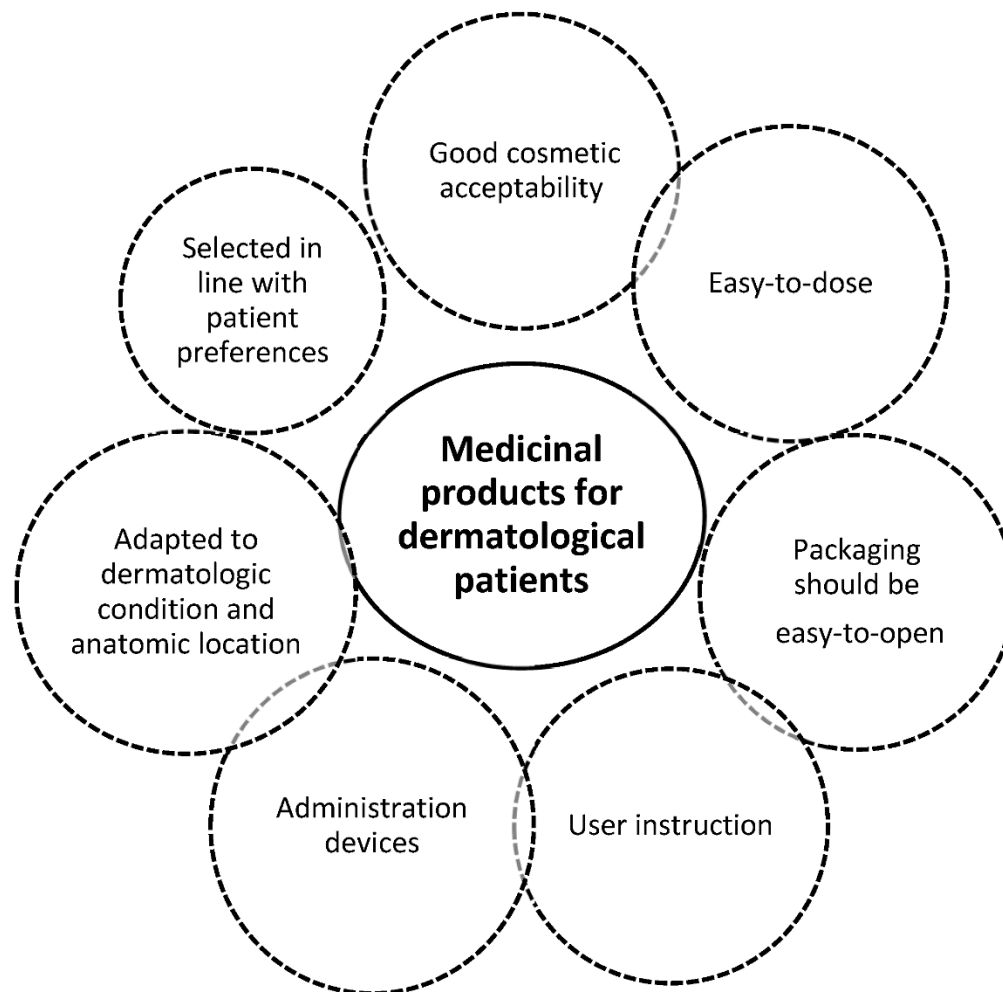
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Menditto E, Almeida IF et al. Patient centric pharmaceutical drug product design-the impact on medication adherence. *Pharmaceutics*. 2020; 12(1):44.



Introduction



Menditto E, Almeida IF et al. Patient centric pharmaceutical drug product design-the impact on medication adherence. *Pharmaceutics*. 2020; 12(1):44.

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Results and discussion

CASE STUDIES

CHRONIC SKIN DISORDERS



Article

Design of an Emulgel for Psoriasis Focused on Patient Preferences

Rita Sanches Oliveira ¹, Diva Ferraz da Silva ², Sandra Mota ^{2,3}, Jorge Garrido ^{4,*}, Emelinda Manuela Garrido ⁴, José Manuel Sousa Lobo ^{2,3} and Isabel Filipa Almeida ^{2,3,*}

ORAL PEDIATRIC FORMULATION FOR BITTER API

Article

Overcoming challenges in pediatric formulation with a patient-centric design approach

John Dike N. Ogbonna ^{1,2}, E. Cunha ^{3*}, Anthony A. Attama ¹, Kenneth C. Ofokansi ¹, H Ferreira ⁴, S Pinto ⁵, J Gomes ⁵, Ítala M.G. Marx ^{6,7}, António M. Peres ^{6,7}, JM Sousa Lobo ^{8,9} and Isabel Martins de Almeida ^{8,9*}

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Results and discussion

CHRONIC SKIN DISORDERS



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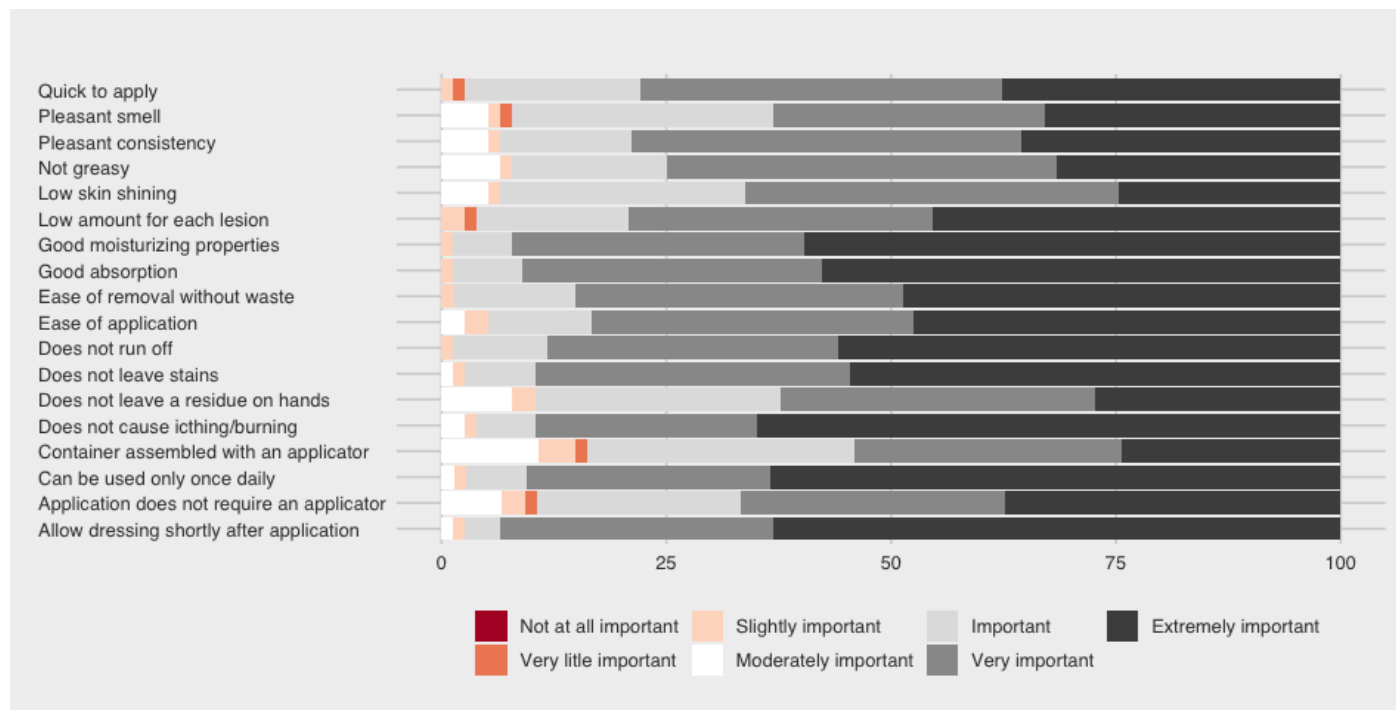
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Results and discussion

Patient preferences for topical attributes of anti-psoriatic medicines N= 79



Vasconcelos V, Almeida IF et al. Patient preferences for attributes of topical anti-psoriatic medicines. *J Dermatolog Treat.* 2019; 30(7):659-663.

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Results and discussion

Frequency of patients that rated the attribute at least as very important

DOMAIN	ATTRIBUTE	%
Formulation	Allow dressing shortly after application	93
Formulation	Good moisturizing properties	92
Application	Once daily regimen	91
Formulation	Good absorption	91
Formulation	Does not leave stains	90
Formulation	Does not cause itching/burning	90
Application	Does not run off	88
Container	Ease of removal without waste	85
Application	Ease of application	83
Formulation	Pleasant consistency	79
Application	Low amount for each lesion	79
Application	Quick to apply	78
Formulation	Not greasy	75
Formulation	Low skin shining	67
Container	Application does not require an applicator	66
Formulation	Pleasant smell	63
Formulation	Does not leave a residue on hands	62
Container	Container assembled with an applicator	51

Vasconcelos V, Almeida IF et al. Patient preferences for attributes of topical anti-psoriatic medicines. *J Dermatolog Treat.* 2019; 30(7):659-663.

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Results and discussion

Target Product Profile (TPP)

Low skin residue
Quick absorption
Minimum clothes staining
Moisturizing properties

EMULGEL

Benchmarking

Ointment, Cream, Solution

Anti-inflammatory drug: Bethametasone dipropionate

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Results and discussion

TPP

Low skin residue

Minimum clothes staining

Quick absorption

Moisturizing

Low amount of lipophilic ingredients

Non petrolatum-derived ingredients
Aqueous external phase

Humectants
Hyaluronic acid



COMPOUND	wt %
Betamethasone dipropionate	0,064
Almond oil	9.0
Tween® 80	1.0
Glycerin	7.5
Sodium hyaluronate	1.0
Carbopol® 980	0.7
Methylparaben solution	3.0
Triethanolamine	qs pH 6
Water	qs 100



Results and discussion

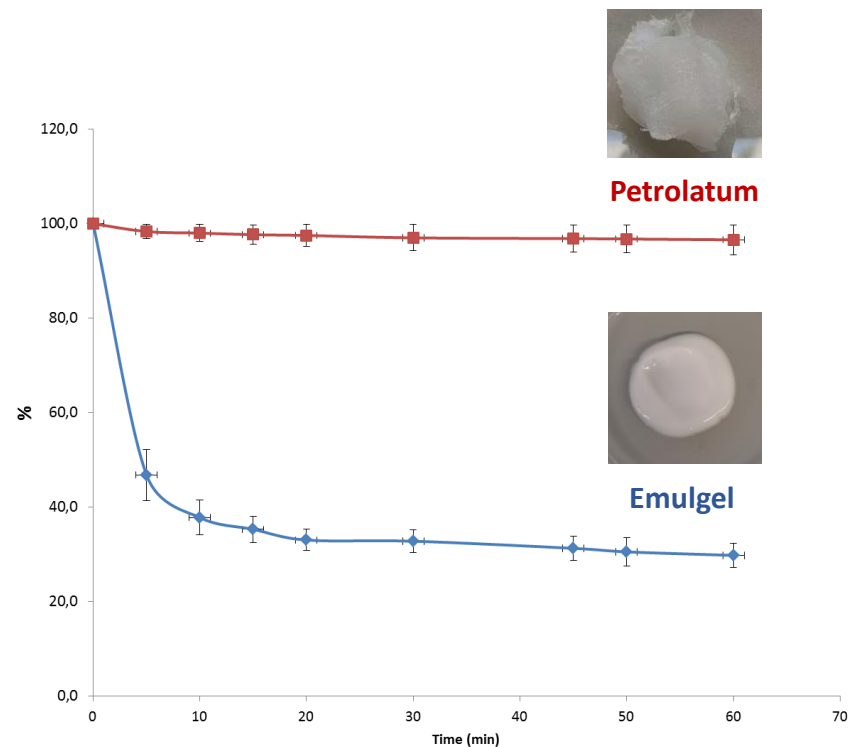
Fabric

Petrolatum

Emulgel



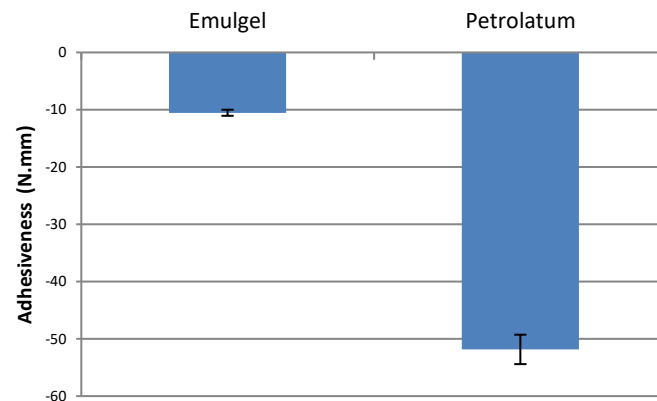
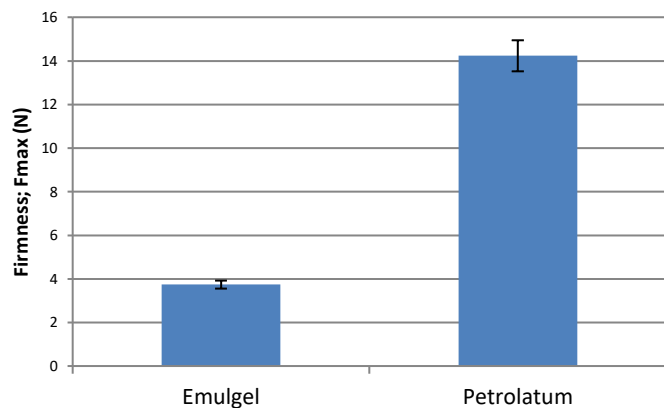
FABRIC STAINING



EVAPORATION RATE



Results and discussion

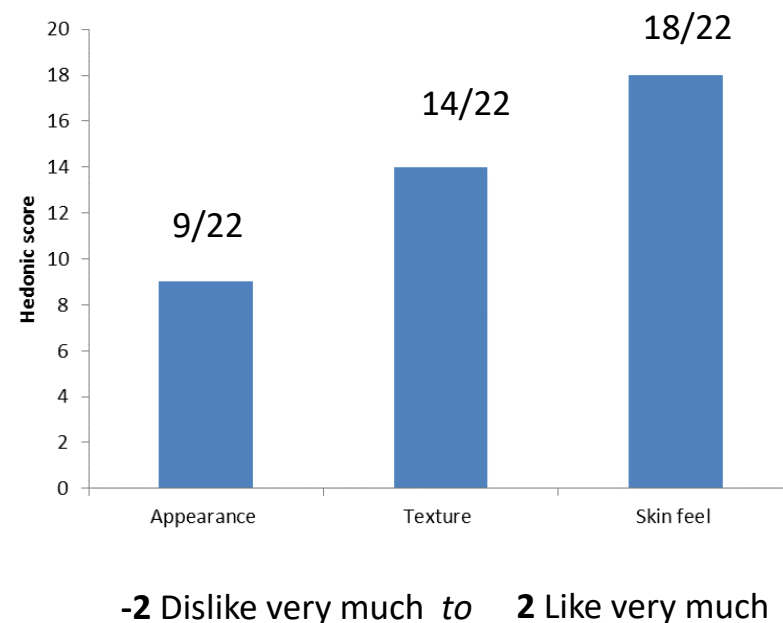
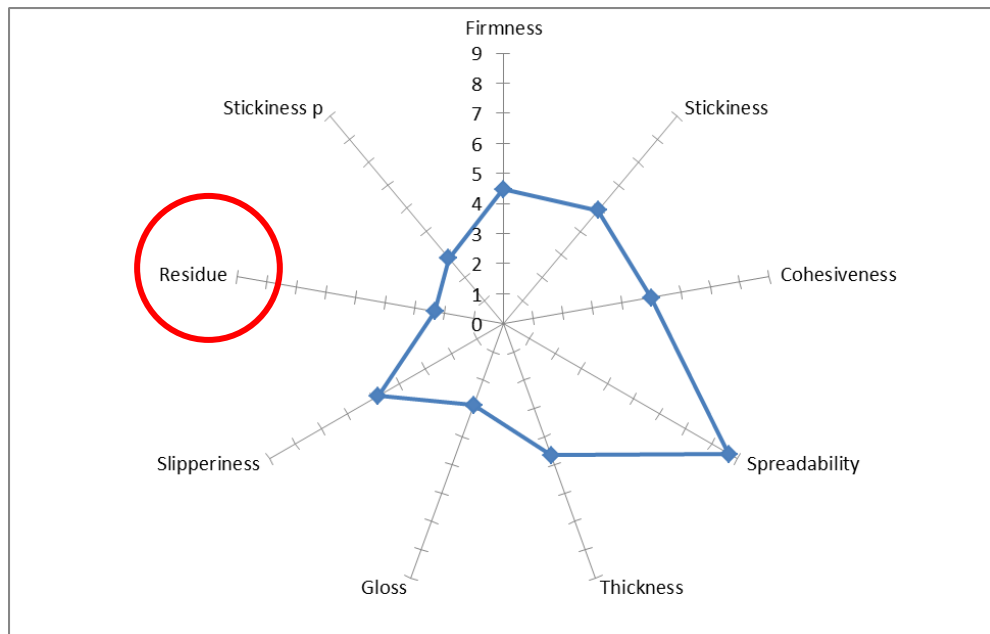


Firmness and adhesiveness (20°C, mean values \pm SD, n = 3)

TEXTURAL PROPERTIES



Results and discussion



EXPLORATORY SENSORY ANALYSIS N=11

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Results and discussion

CASE STUDIES

ORAL PEDIATRIC FORMULATION FOR BITTER API

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Overcoming challenges in pediatric formulation with a patient-centric design approach

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Results and discussion

ORAL PEDIATRIC FORMULATION FOR BITTER DRUGS (Ranitidine as model of bitter API)

Target Product Profile (TPP)

Good palatability (sugar-free)

Easy to dose

Dosing flexibility

Safe excipients

Easy preparation in a hospital setting

ORAL SOLUTION WITH A
SUITABLE TASTE-MASKING
STRATEGY



Results and discussion

ORAL PEDIATRIC SOLUTION

CHARACTERISTIC	TARGET	COMMENT
Concentration	25 mg/mL	Allows a low administration volume
pH	4.5-5.5	pH of maximum stability of Ra-HCl
Chemical and microbiological stability	At least 30 days	Comparison between solution in closed recipient and solution with once daily sample removal (in-use stability)
Flavor	Bubble gum	One of the preferred flavors for children
Taste masking strategy	Sweeteners and sodium chloride	Synergistic effect of aspartame and sodium saccharine Sodium chloride affords bitterness masking
Viscosity	Very fluid	Appropriated for administration with a syringe
Excluded excipients	Sugar-free, alcohol-free and paraben free	Parabens and alcohol are not recommended for pediatric formulations. Sugar-free formulation is non-cariogenic and suitable for children with diabetes and hereditary fructose intolerance
Preparation	Simple, with low energy consumption	Feasible in a hospital pharmacy setting



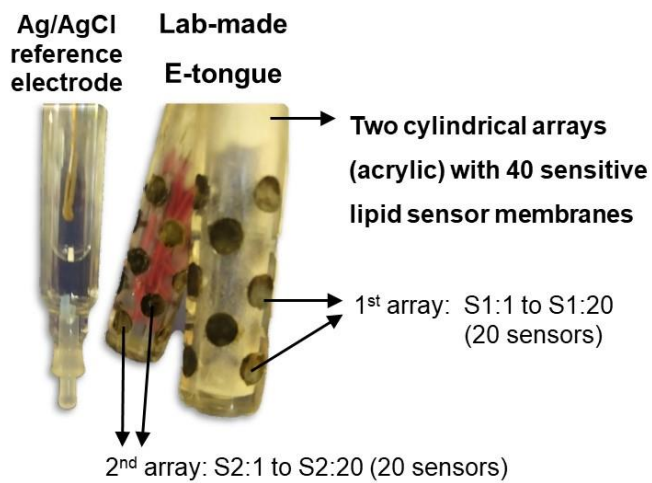
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ORAL PEDIATRIC SOLUTION

Compound	wt %
Sodium saccharin	0.6
Sorbic acid	0.1
Potassium sorbate	0.1
Sorbitol 70%	5
Citric acid	0.1
Aspartame	0.3
Sodium chloride	0.1
Sodium citrate	0.5

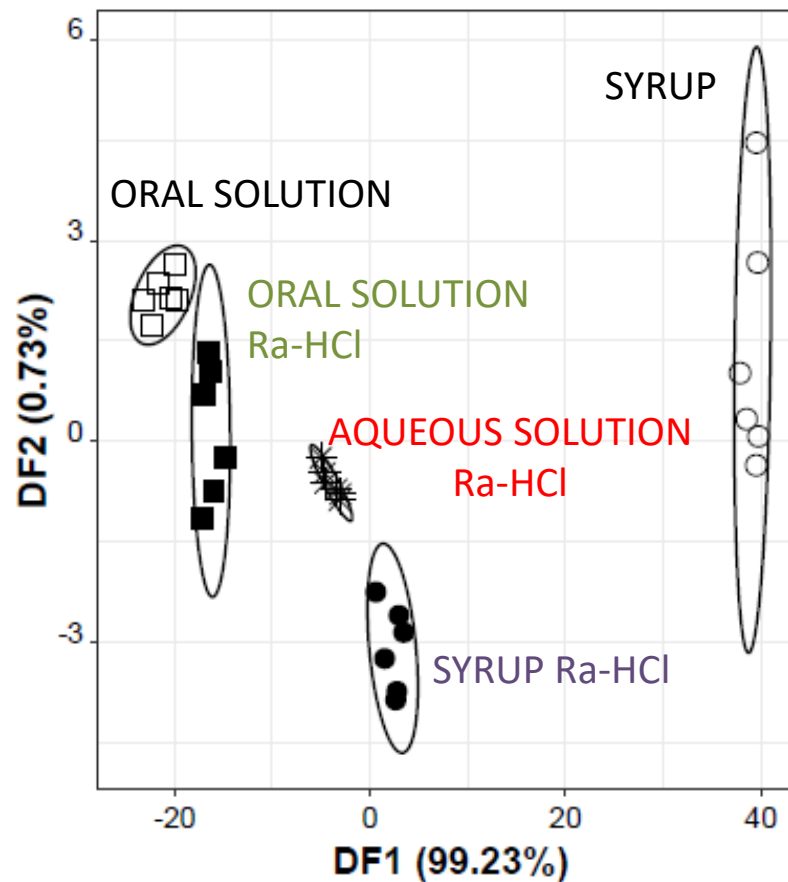


Results and discussion



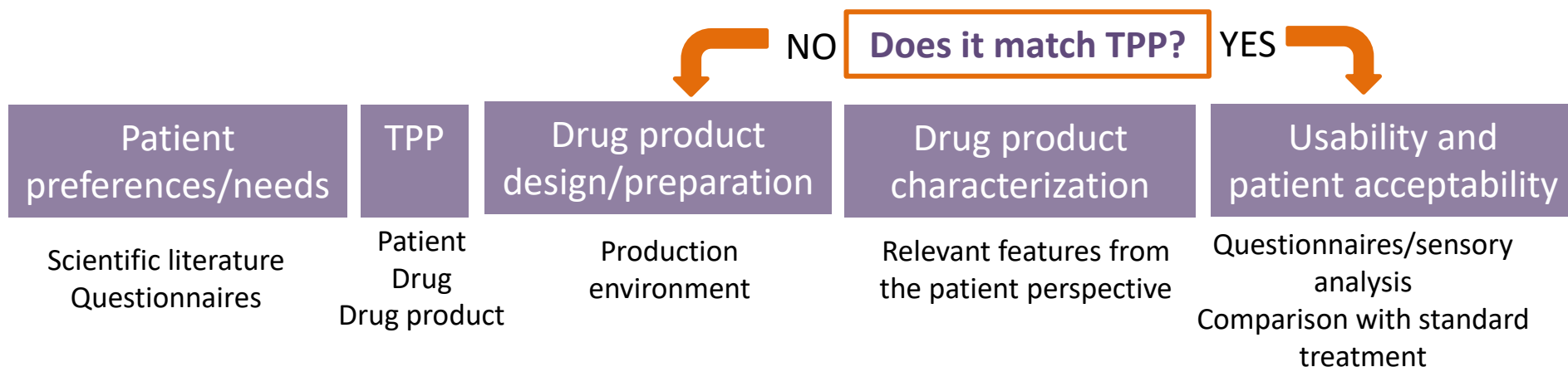
E-tongue

ORAL PEDIATRIC SOLUTION



Conclusions

ROADMAP



Does the use of medicines designed to match patient preferences and needs translate into higher treatment adherence?

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PATIENT CENTRIC ANTI-PSORIATIC TOPICAL FORMULATION DESIGN

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Sandra Mota

Marta Pedroso

Diva Silva

Isabel Almeida

José Manuel Sousa Lobo



Rita Oliveira



PATIENT CENTRIC PEDIATRIC ORAL FORMULATION DESIGN

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