Introduction

- Usage of population-based approach gained acceptance by the US Food and Drug Administration (FDA) in assessing drug-drug interactions (DDIs)
- Population-based approach can detect clinical effects in target patient populations and confirm DDI assessments from dedicated studies in healthy volunteers
- FDA Clinical DDI guidelines value the use of prospective nested studies to evaluate DDI in patient populations alongside population pharmacokinetic (popPK), which can yield informative and sometimes conclusive analyses

Objectives

• To evaluate the utilization of population pharmacokinetic analysis or trough concentration analysis in nested drug-drug interaction studies from FDA drug approvals

Methods

FDA approved drug since 1965

FDA Clinical Pharmacology Review PubMed Search Terms: [(population pharmacokinetic) AND (drug drug interaction)] OR [(trough concentration analysis) AND (drug drug interaction)]

Key word search was used to identify both FDA-approved small molecules and Therapeutic proteins

Inclusion

Conducted DDI assessment(s) in targeted patient population using popPK analysis Conducted DDI assessment(s) in targeted patient population using TCA Approved by FDA

Investigation

Drug-interaction profiles, therapeutic areas (TAs), PK profiles, co-medications, patient sample size, and covariates in nested DDI studies Label claim based on PK results of the DDI assessment and reviewer's comments PK results of dedicated DDI studies in healthy volunteer (HV) PK results of patient population in nested DDI study in small molecules

Conclusion

- popPK analysis is commonly used to support DDI assessment in targeted patient populations

- Co-medication DDI assessment with popPK analysis alone may support label claims in submissions

Evaluation of Drug-Drug Interaction in Nested Patient Studies Cheuk Fung Chan¹, Young Sun Scaringella¹, Fenglei Huang¹

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In small molecules, popPK analyses are frequently utilized to confirm the known DDI risk in CYP-mediated DDI assessments Therapeutic protein submissions use popPK approach to confirm the absence of DDI liability complying with FDA guidelines

Reasons for failure in label claims included inappropriate assumption of PK parameters for simulation, inadequate popPK-based evaluation, and insufficient data and sampling



| Table 1. Summary of patient sample size parame | ters |
|--|------|
| in TPs | |

| Parameters | Total patients | Sample size detecting DDI effect | |
|------------|----------------|-------------------------------------|--|
| Median | 447 | 218 | |
| Q1, Q3 | 235, 719 | 95, 393 | |
| Min, Max | 60, 1093 | 45, 548 | |
| | | | |



| Parameters | Total patients | Sample size detecting DDI effect |
|------------|----------------|-------------------------------------|
| Median | 511 | 69 |
| Q1, Q3 | 290, 625 | 22, 117 |
| Min, Max | 32, 1937 | 9, 1139 |

Acknowledgement

I would like to express my gratitude to the clinical pharmacology team, and especially to my mentor, Fenglei, who has been an invaluable support throughout this project.

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