



U.S. FOOD & DRUG
ADMINISTRATION

Characterizing In Vivo Cutaneous Pharmacokinetics of Topical Lidocaine Prilocaine Cream Using Dermal Open Flow Microperfusion and Dermal Microdialysis

Session: Skin and Mucosal Delivery

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Office of Generic Drugs| CDER | U.S. FDA

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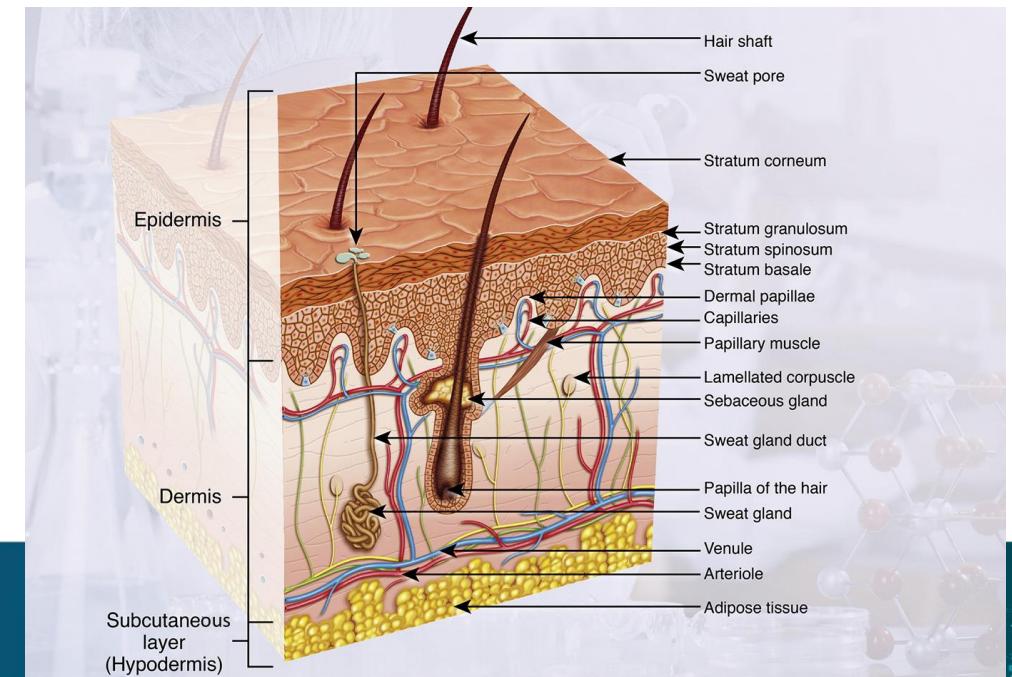
Cutaneous Pharmacokinetic Techniques

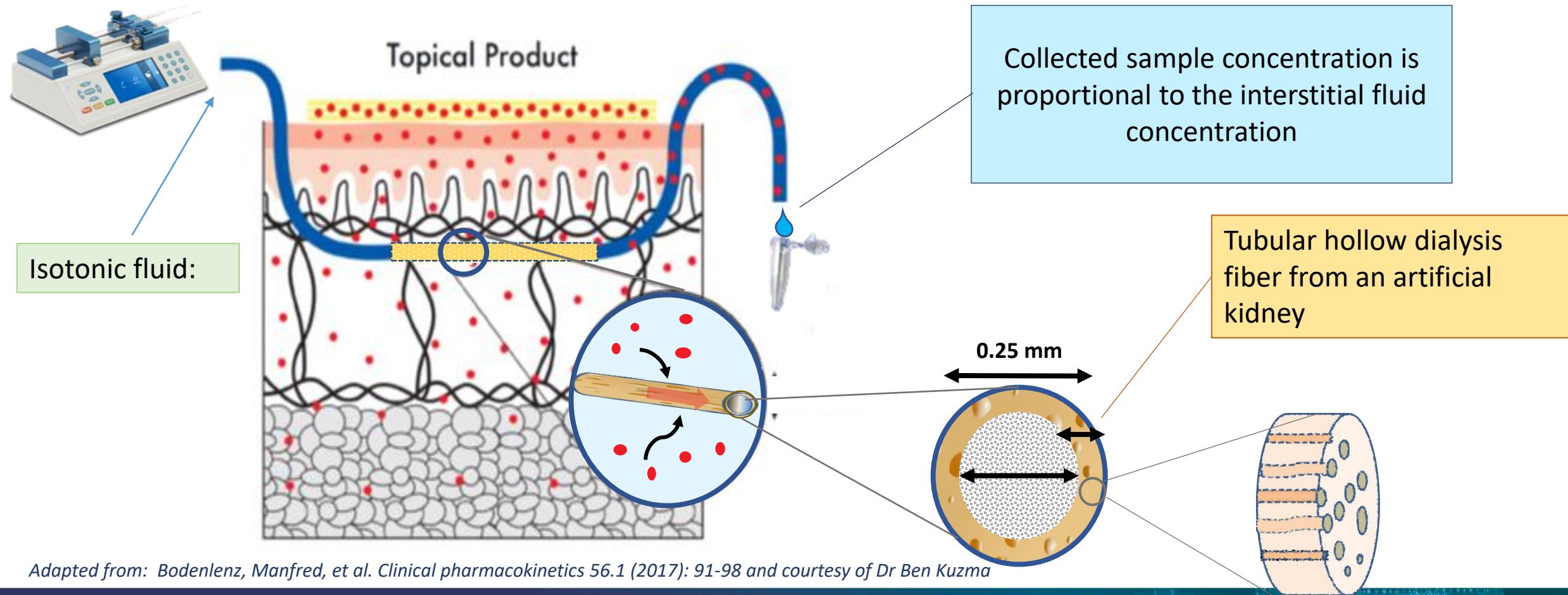
- **Epidermal pharmacokinetics (PK)**

- Tapestripping “Dermatopharmacokinetics” (DPK)
- Epidermal and/or Dermal Pharmacokinetic Tomography e.g., Raman based methods
- In vitro Permeation Testing (IVPT)

- **Dermal PK**

- Dermal Open Flow Microperfusion (dOFM)
- Dermal Microdialysis (dMD)





Adapted from: Bodenlenz, Manfred, et al. *Clinical pharmacokinetics* 56.1 (2017): 91-98 and courtesy of Dr Ben Kuzma

dOFM

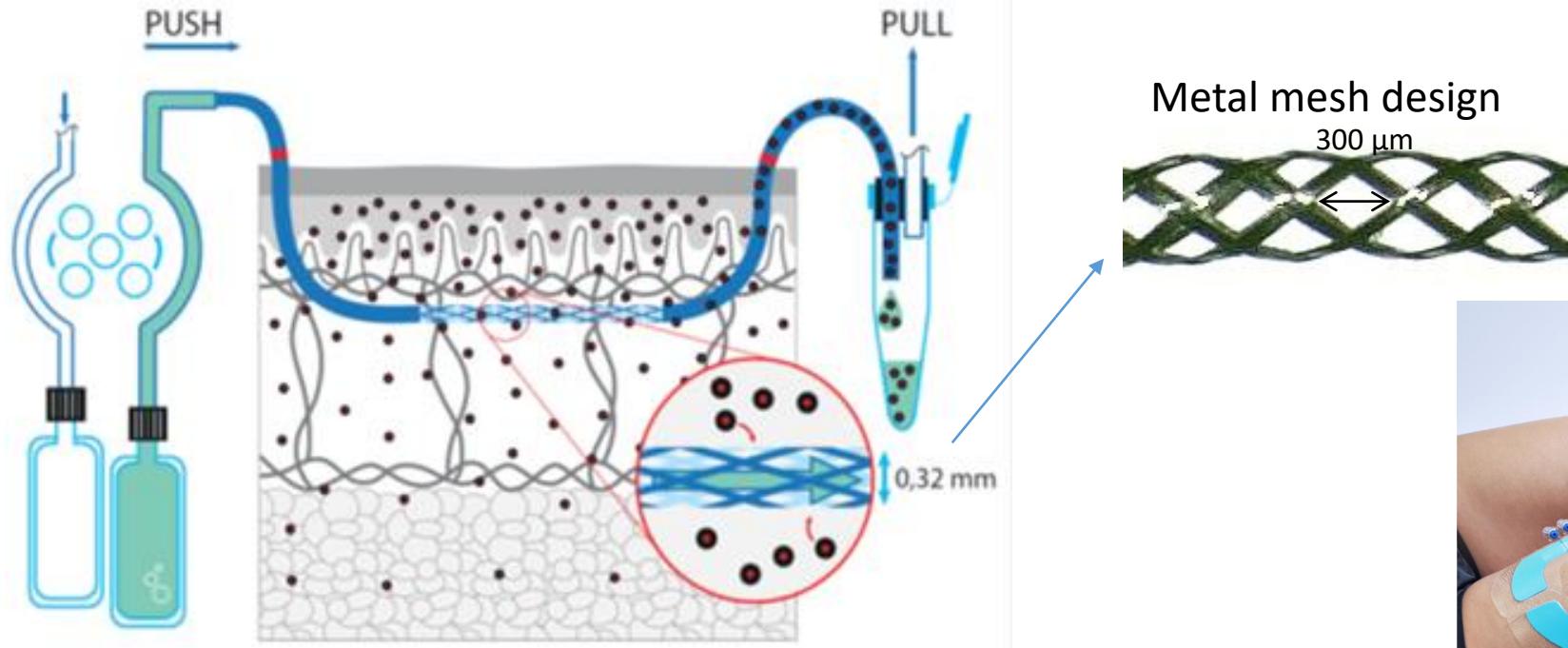


Image provided courtesy of Dr. Frank Sinner, Joanneum Research



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Traditional Limitations and Challenges

- Limited utility for certain classes of drugs
- High variability in the data
- Immobilization of study participants while connected to pumps and tubing during the study
- Study duration too brief (e.g., 4-5h) for adequate comparison of the products

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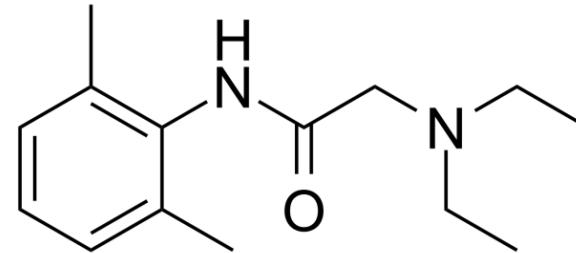
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Goals of the Study



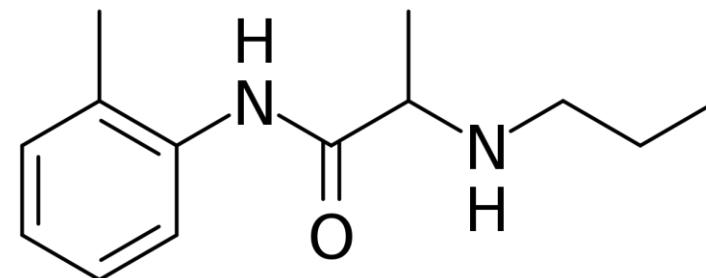
- Can dMD be used for lipophilic drug molecules?
- Can dMD and dOFM measure and distinguish bioavailability (BA) of two similarly structured drug molecules?
- Can these techniques demonstrate bioequivalence (BE) of a topical cream to itself?

Lidocaine



C₁₄H₂₂N₂O molecular weight 234.3

Prilocaine



C₁₃H₂₀N₂O molecular weight 220.3



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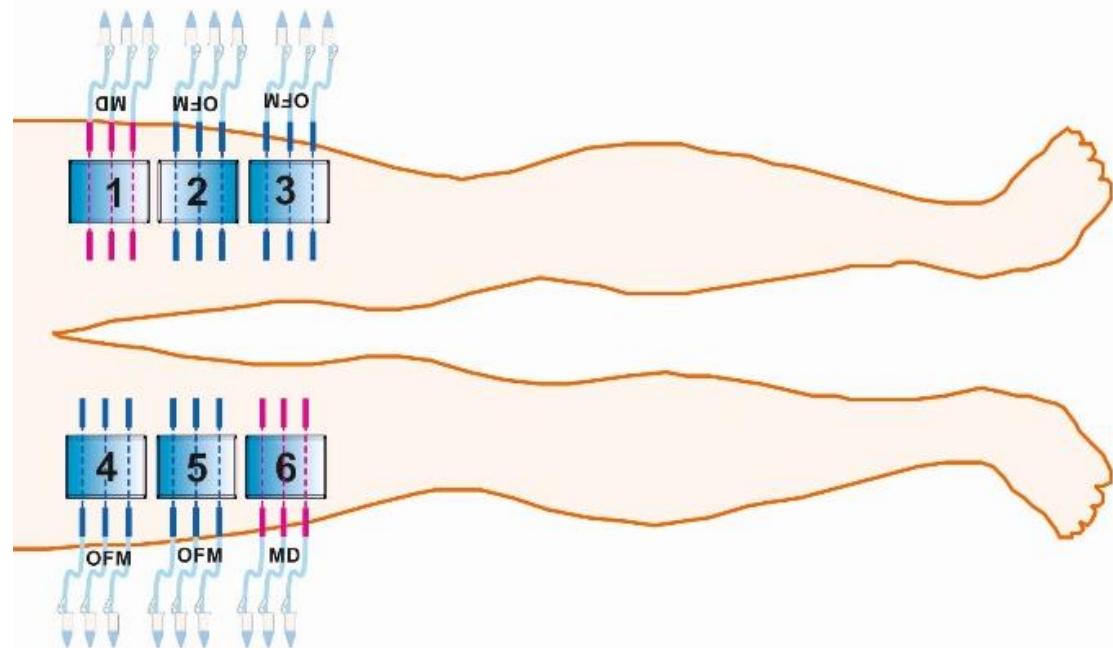
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Clinical Study Design



- Product used: Emla (lidocaine;prilocaine) topical cream, 2.5%;2.5%
- 20 healthy subjects
- Dose: 150 mg/cm²
- Continuous sampling for 12 hours



The blue and purple lines represent dOFM and dMD probes, respectively.



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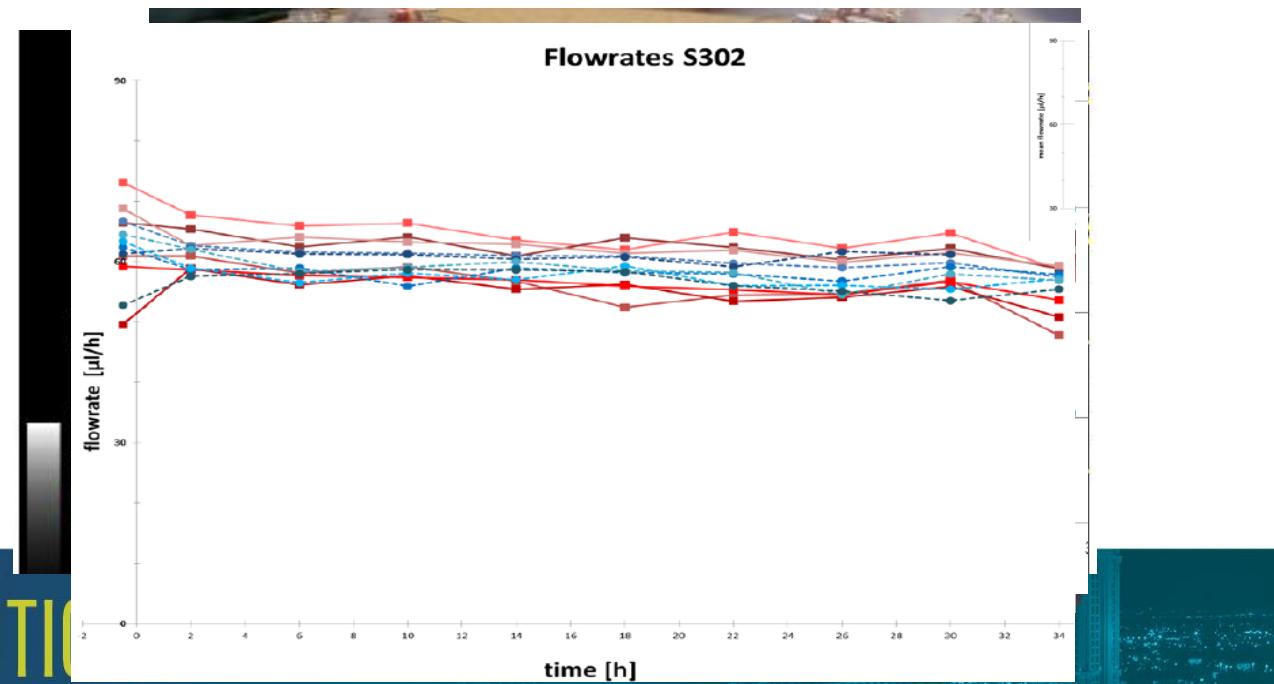
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Study Controls



- Application site: controlled by application template
- Probe depth: monitored by ultrasound
- Barrier integrity test: transepidermal water loss (TEWL)
- Local blood flow
- Flow rates



Data/images provided courtesy of Dr. Frank Sinner, Joanneum Research



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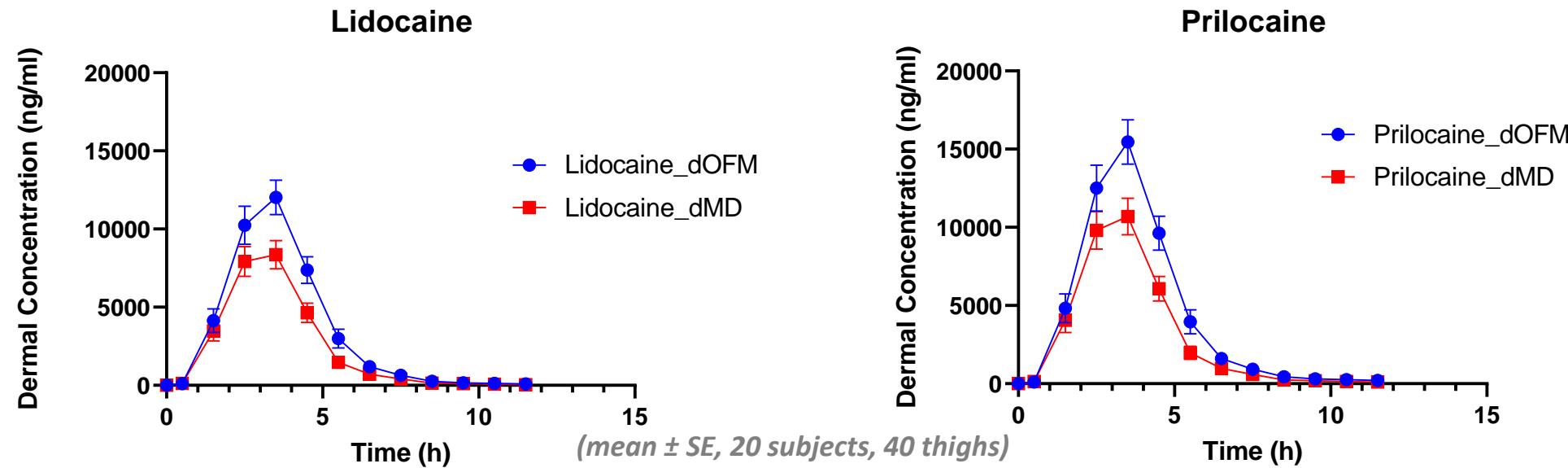
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dOFM vs dMD

- Despite moderate lipophilicity of both drugs, the dermal concentration profiles of lidocaine and prilocaine were nicely captured using dMD and dOFM.



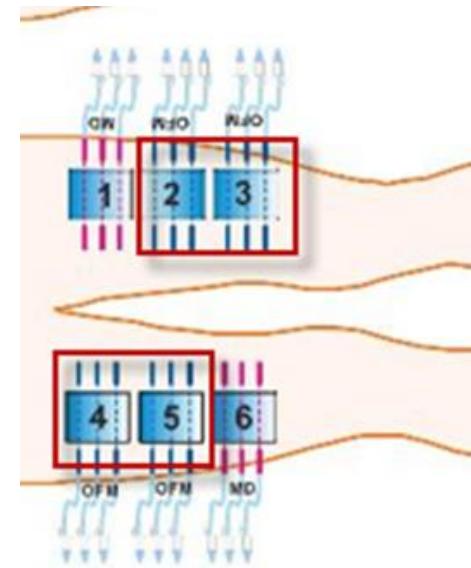
Data provided courtesy of Dr. Frank Sinner, Joanneum Research

BE Verification

FDA

- The BE of Emla cream to itself was established at dOFM application sites, for 40 thighs in 20 subjects.

| Parameter | Analysis variable | Point Estimator (Test/Reference) | Upper bound of the 95% scaled confidence interval | Scaled average BE-criterion satisfied |
|------------|-------------------|----------------------------------|---|---------------------------------------|
| Lidocaine | LogAUC | 1.20 | -0.0440 | Yes |
| Prilocaine | LogAUC | 1.18 | -0.0476 | Yes |
| Lidocaine | LogCmax | 1.15 | -0.0498 | Yes |
| Prilocaine | LogCmax | 1.15 | -0.0593 | Yes |



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Outcome Summary



- Both dMD and dOFM collected higher levels of prilocaine compared to lidocaine in the dermis, which can be due to differences in either the permeation or protein/tissue binding between the two drugs.
- On average, lidocaine and prilocaine levels and their BA measured by dOFM were higher than those from dMD. This observation could be potentially attributed to differences in recovery of protein-bound drug between the two techniques.
- The T_{max} and shape of the PK profiles were very similar for both drugs measured by dMD vs dOFM.
- Both techniques can be used to compare and characterize the cutaneous PK of topically applied lidocaine and prilocaine.



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Conclusions



- With adequate study controls and suitable perfusate(s) and equipment, both dMD and dOFM can reliably evaluate cutaneous BA of moderately lipophilic drugs like lidocaine and prilocaine.
- dMD and dOFM have both the potential to be used as a tool for BE assessment of topical drug products applied to the skin.



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