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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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CRS 2023 ANNUAL MEETING & EXPOSITION
JULY 24-28, 2023 **Paris Hotel** » **Las Vegas, NV, USA**

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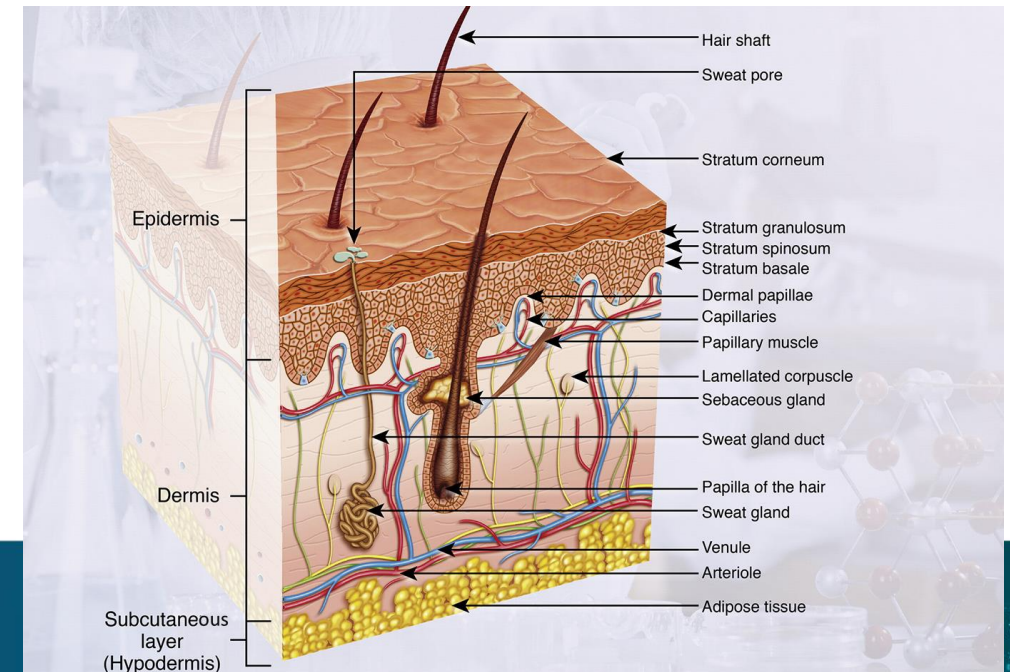
Cutaneous Pharmacokinetic Techniques

• Epidermal pharmacokinetics (PK)

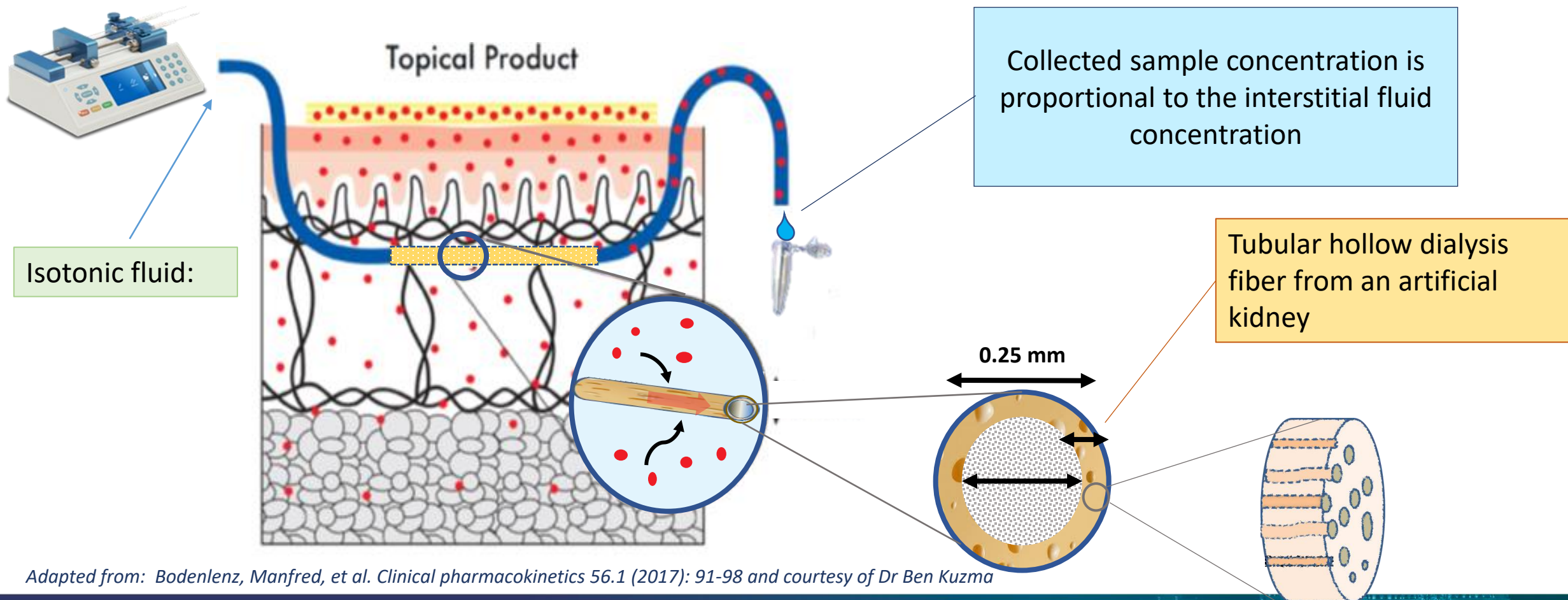
- Tapestripping “Dermatopharmacokinetics” (DPK)
- Epidermal and/or Dermal Pharmacokinetic Tomography e.g., Raman based methods
- In vitro Permeation Testing (IVPT)

• Dermal PK

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

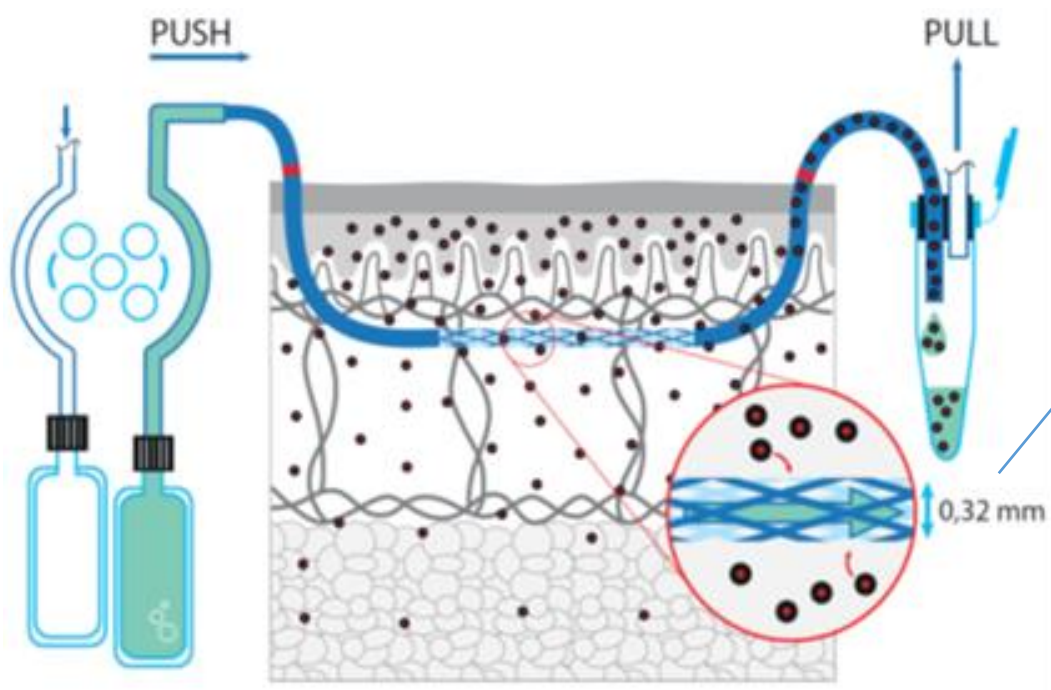


dMD



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

dOFM



Metal mesh design

300 μm

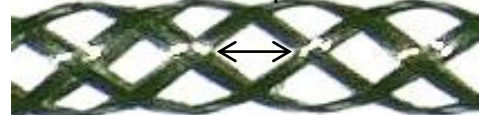


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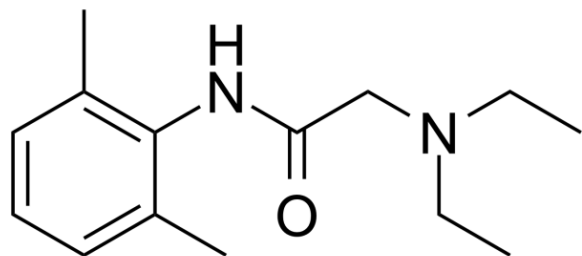
Traditional Limitations and Challenges

- 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

Goals of the Study

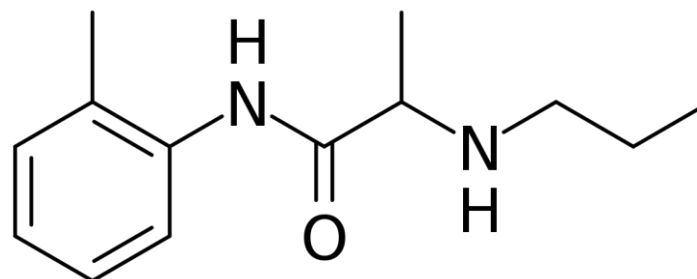
- Can dMD be used for lipophilic drug molecules?
- Can dMD and dOFM measure and distinguish bioavailability (BA) of two similarly structured drug molecules?
- Can these techniques demonstrate bioequivalence (BE) of a topical cream to itself?

Lidocaine



$C_{14}H_{22}N_2O$ molecular weight 234.3

Prilocaine

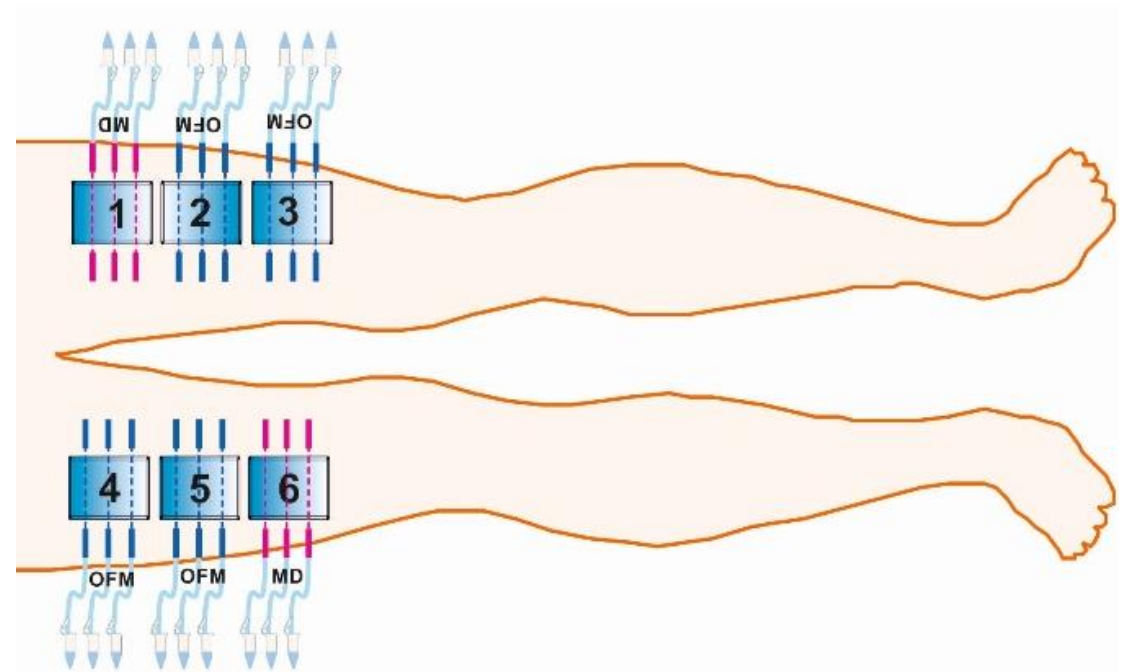


$C_{13}H_{20}N_2O$ molecular weight 220.3

Clinical Study Design



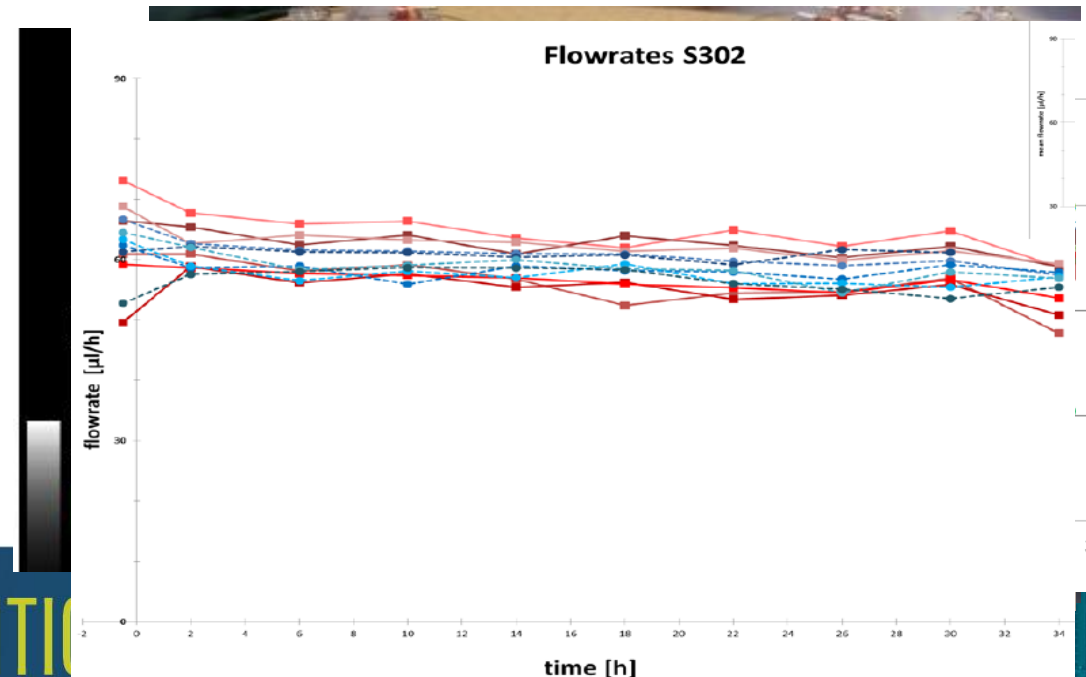
- Product used: Emla (lidocaine;prilocaine) topical cream, 2.5%;2.5%
- 20 healthy subjects
- Dose: 150 mg/cm²
- Continuous sampling for 12 hours



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

Study Controls

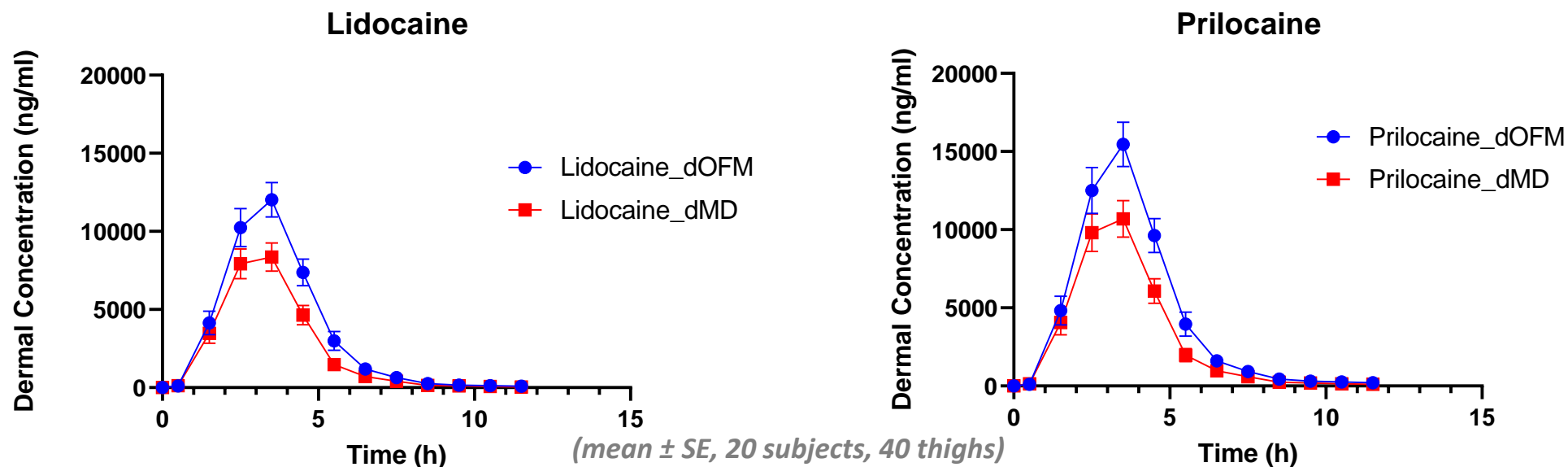
- Application site: controlled by application template
- Probe depth: monitored by ultrasound
- Barrier integrity test: transepidermal water loss (TEWL)
- Local blood flow
- Flow rates



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

dOFM vs dMD

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



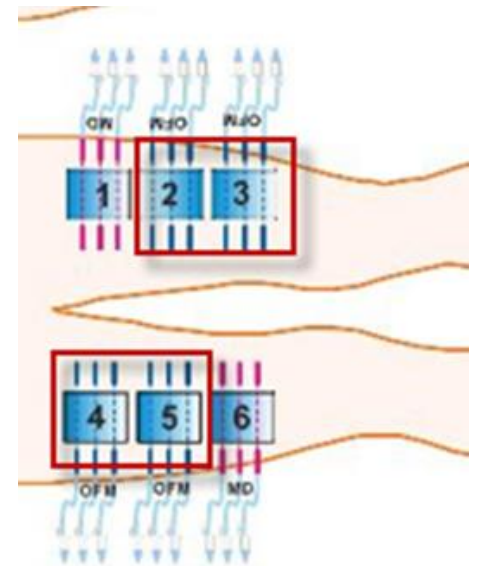
Data provided courtesy of Dr. Frank Sinner, Joanneum Research

BE Verification



- 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



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.

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.

Acknowledgments

U.S. Food & Drug Administration

- Sam Raney, PhD
- Priyanka Ghosh, PhD
- Sagar Shukla, PharmD, PhD
- Markham Luke, MD PhD
- Robert Lionberger, PhD

Research Collaborators

Funding for this research project was made possible, in part, by the U.S. FDA through:

GDUFA Award U01FD005861

- **Dr. Frank Sinner (Joanneum Research)**

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