

PRESCRIPTION DIVISION

# Inhalation & Nasal Device Overview

**September 29, 2015** 



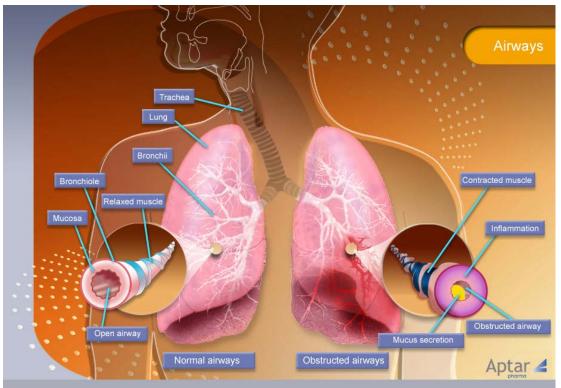
Delivering solutions, shaping the future.



#### Learning Objectives

- To understand rationale for nasal and pulmonary drug delivery
- To differentiate between device attributes for inhalation and nasal platforms
- **To list the important components of a MDI**
- **To describe the metering mechanisms for DPIs**
- To understand effects of formulation on nasal spray performance

#### Aptar A Rationale for Pulmonary Drug Delivery

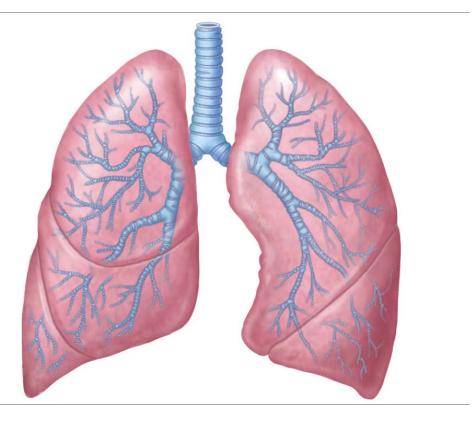


- Large surface area
- Gas exchange
- **Blood** supply
- Particle trapping and removal



# Targeting the Lung

- Upper Respiratory Tract
  - Bronchodilators
  - Corticosteroids
  - Anti-infectives
- Lower Respiratory Tract
  - Surfactant Replacement
  - Systemic Drug Delivery
    - Insulin
- Size Matters!
  - Particle size



### Aptar 🚄 Inhalation **Delivery Platforms**

- Metered Dose Inhalers (MDI)
- Soft Mist Inhalers (SMI)
- Nebulizers
- Dry Powder Inhalers (DPI)

















# Aptar Metered Dose Inhalers (MDIs)

- Solution or suspension
- Propellant (HFA-134a or HFA 227)
  - All US drug products will use HFA propellants
  - CFC's lagging in developing markets
- Excipients
  - Co-solvent (ethanol)
  - Surfactant
  - Taste masking
  - Moisture control



ProAir HFA

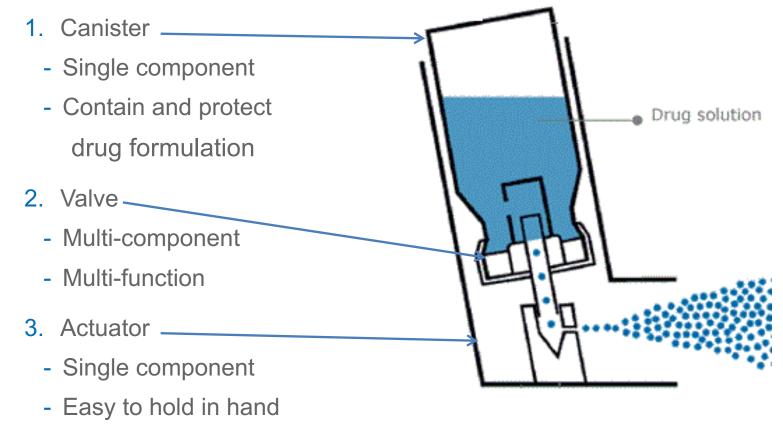


#### Ventolin HFA



#### pMDI - Basic Design & Function

Standard pMDIs include three fundamental components:

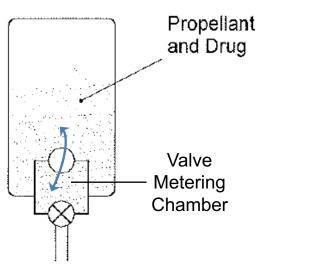


 Direct drug product spray to patient's mouth



#### Dose Delivery from the Valve

Basic principle :



#### <u>At rest</u>

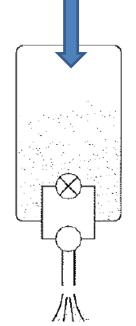
Free flow of drug formulation between the bulk contents in the can and the Valve Metering Chamber. The drug product formulation is a pressurised liquid.

#### **Beginning of Actuation**

The patient pushes on the bottom of the can.

The Valve Stem is pushed into the Valve.

The drug formulation in the Metering Chamber is isolated. This is the dose that will be delivered to the patient.



#### End of actuation

The patient continues pushing until the Stem is fully pushed into the Valve.

The drug formulation in the Metering Chamber is exposed to exterior (ambient) pressure and changes from liquid to gas vapour.

The vapour exits the Valve.

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#### **MDI** Features

- Dose counters\*
  - New drug products in US must utilize dose counters
- Spacers
  - Add on device
  - Marketed separately from MDI
  - Common use in pediatric and geriatric populations
  - Sometimes specified or listed in product labeling in US
    - Required to be described and tested in EU



Landmark Dose Counter courtesy Aptar Pharma



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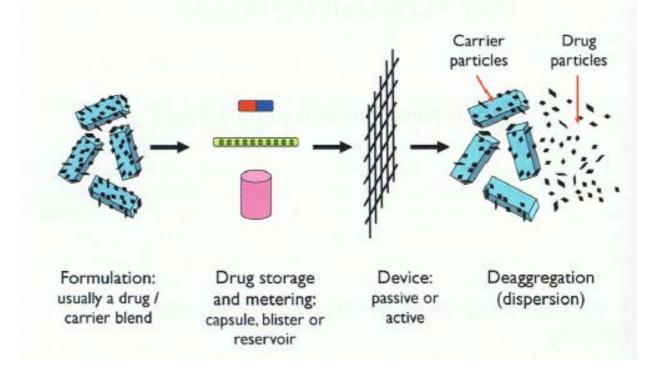
# Dry Powder Inhalers (DPIs)

- **Drug** 
  - Micronized or spray dried
- Carrier
  - Lactose
- **Additional excipients** 
  - Taste masking
  - Stability
- Dose counter often present





# Dry Powder Inhaler (DPI)

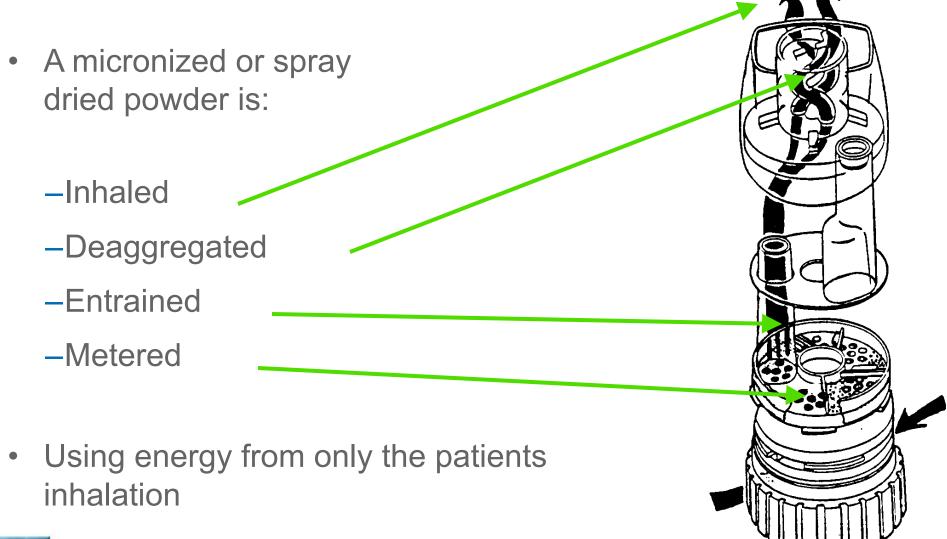


- DPI schematic adapted from Telko and Hickey, 2005
- Drug Micronized or spray dried
- Carrier Lactose

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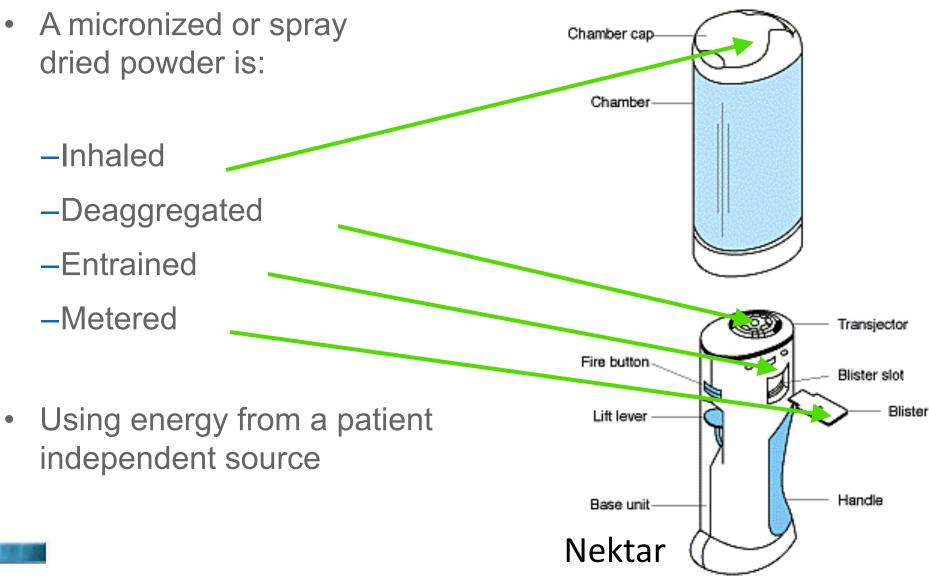


# Passive Dry Powder Inhalers



Astra Turbuhaler

# Aptar Active Dry Powder Inhalers

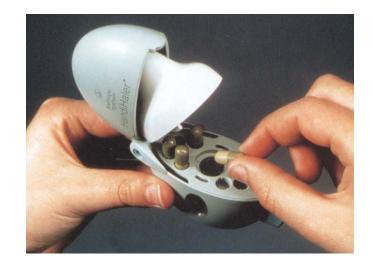


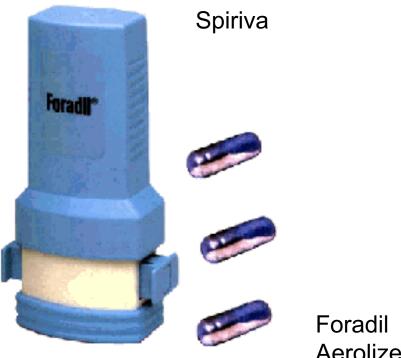


# **DPI Device Metering** Capsule

Blister

# Reservoir







# **Capsule Selection**

- Size 3 is a standard capsule format suitable for high speed filling technology
- Size 3 capsule can be easily filled for development & clinical purposes
- **HPMC** or gelatin
- Filling range between typically between 5-30mg
- Cff the shelf solutions available
  - Customization may be required









### **Capsule Considerations**

- Should not fragment if pierced
- Shell should be retained in device during use
- Capsule should be easily inserted and removed
- Capsules from other devices should not be usable
- Capsule should be protected from high and low humidity during storage e.g. capsules in blister packs

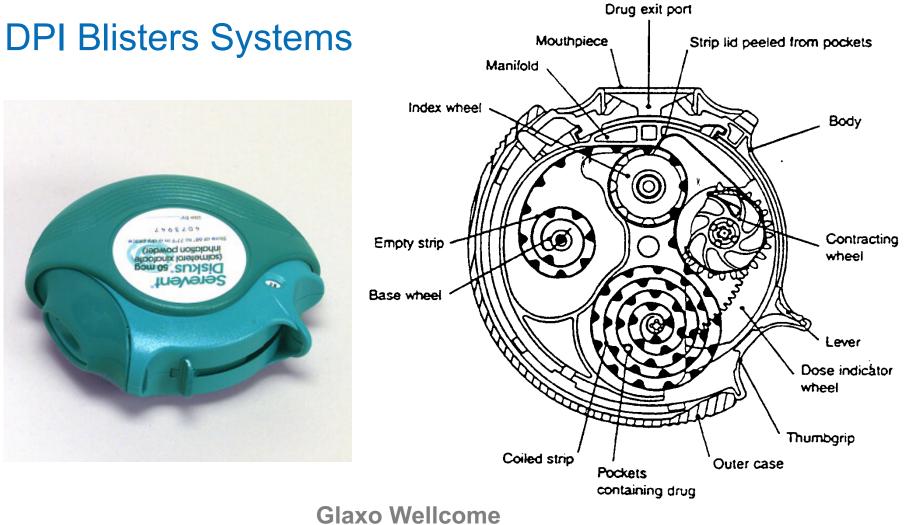






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Accuhaler / Diskus

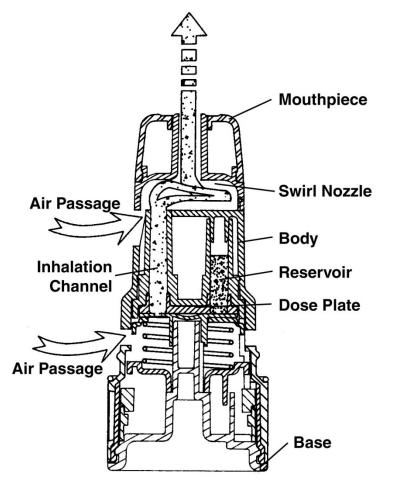


### **Blister Considerations**

- **Advantages** 
  - Protect powder formulation from humidity
  - Multiple dose pack possible
  - Less chance to inhale fragments from blister
- **Disadvantages** 
  - Non-conventional filling
  - Double dosing potential
  - Difficult for patient to clean



# **DPI Reservoir Systems**





Asmanex Twisthaler Mometasone furoate (Merck)



# **Reservoir Considerations**

- Non-conventional filling and assembly
- Protection of reservoirs against environment and exhalation by patient into reservoir itself
- Dose variance between batches, users, modes of use, and through device lifetime
- Effects of transport



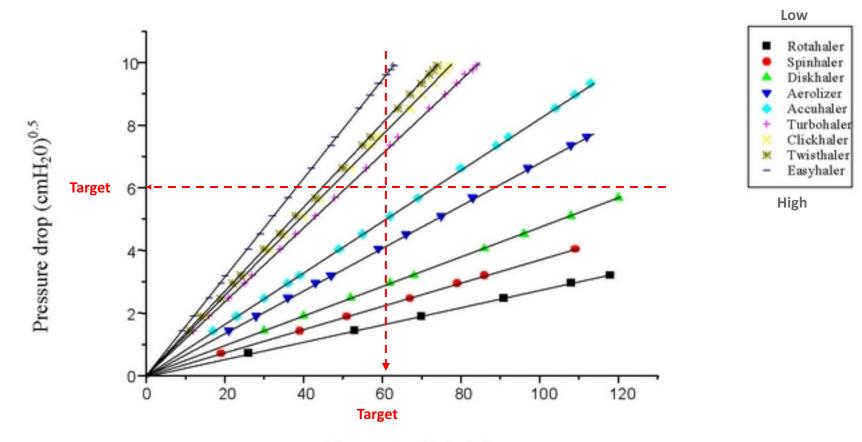
# **Device Resistance**



**Increasing Resistance** 



## **Device Resistance**

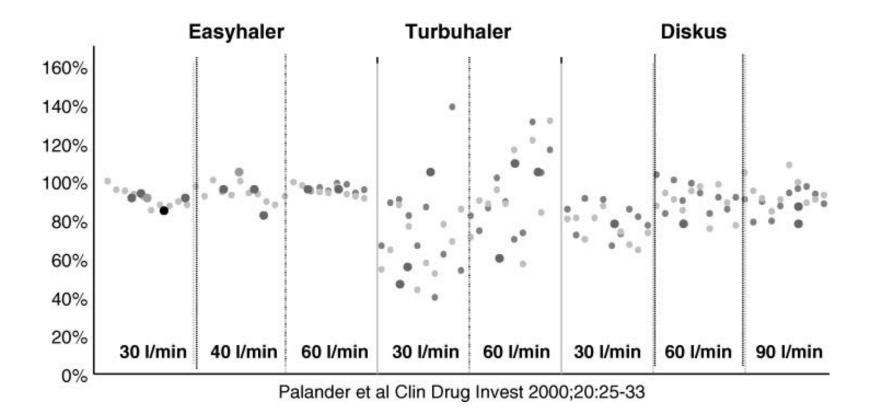


Flow rate (L/min)

Complexities of DPI testing, Mark Copley, Manufacturing Chemist, July, 2009.



#### **Output Is Dependent On Air Flow Rate?**

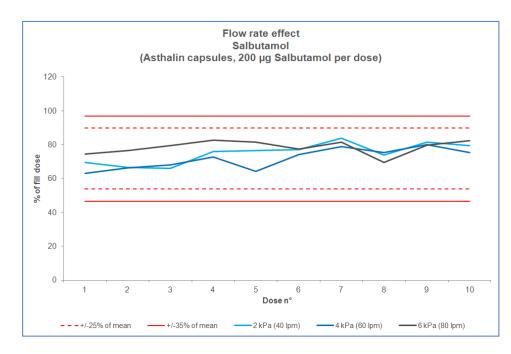


Chrystyn, H. Intl. J. Clin. Pract, June 2007, 61, 6, 1022-1036.



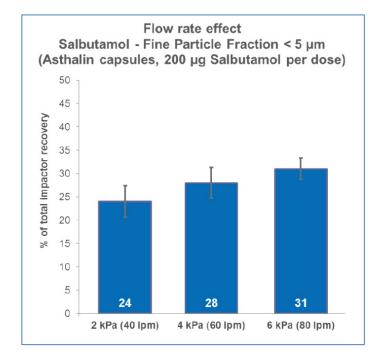
## Effect of Flow Rate

#### Flow rate: effect on Delivered Dose



Flow Rate has minimal impact on delivered dose values.

 Flow rate: effect on Fine Particle Fraction (FPF)



FPF values increase with increased flow rate.

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# Single Breath Atomizers

Cap (A)

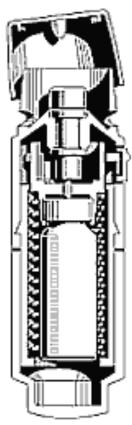
Mouthpiece (B)-Air vent (C) -

Dose release button (D)

- "Soft Mist Inhalers"
- Solution based
- Drug delivered in a single inhalation
- Example: Respimat
  - Reservoir holds up to
    200 doses in a hand-held unit
  - -Drug solution specific to device



Cartridge (H)





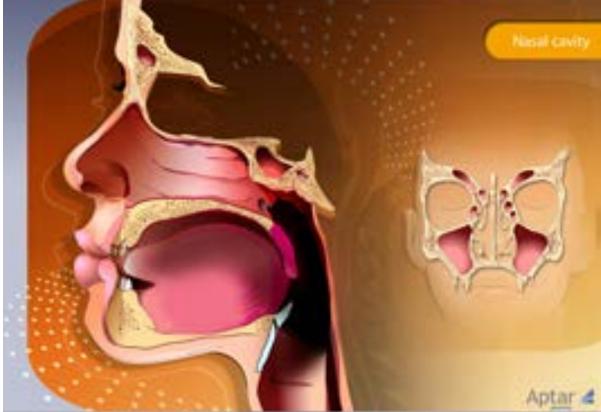
- Inhalation Solutions and Suspensions
  - Ampoules or vials marketed independent of device
- Mechanisms
  - Compressed air
  - Ultrasonic
  - Vibrating membrane
- Device typically approved by 510(k) FDA application



MicroAir by Omron



### Rationale for Nasal Drug Delivery



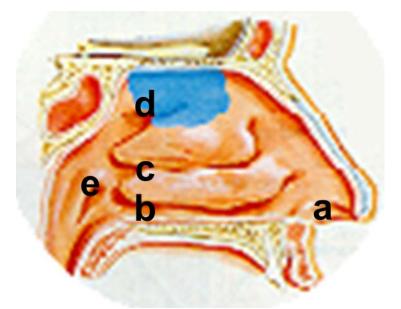
- Large surface area
- Highly vascularized
- High permeability limits effect of high enzymatic activity
- Enables immunization (NALT-nasal associated lymphoid tissue)
  - Traps particles as a defense mechanism



# Targeting the Nose

- Local Indications
  - -Allergic rhinitis
  - -Sinusitis
  - -Polyps
- Systemic Indications
  - -Pain
  - -Migraine
  - -Osteoporosis
- Immunization
  - -FluMist



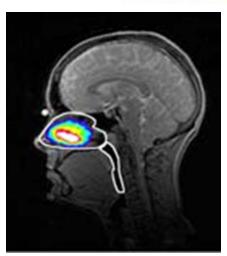


Side View of Nasal Cavity: Nostril (a), Turbinates (b-d), Olfactory region (blue area), Nasopharnyx (e)

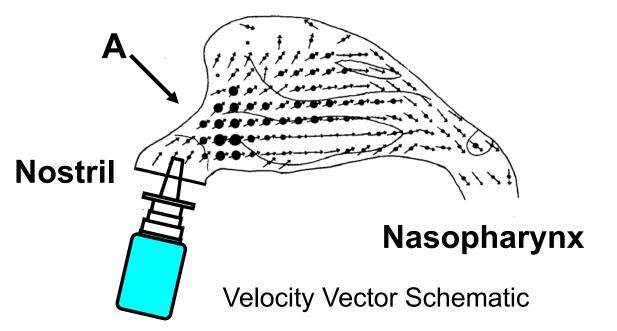


## **Deposition Mechanisms**

- Impaction (primary factor)
- Sedimentation
- Diffusion (related to olfaction)



Droplet size and velocity of droplets key factors





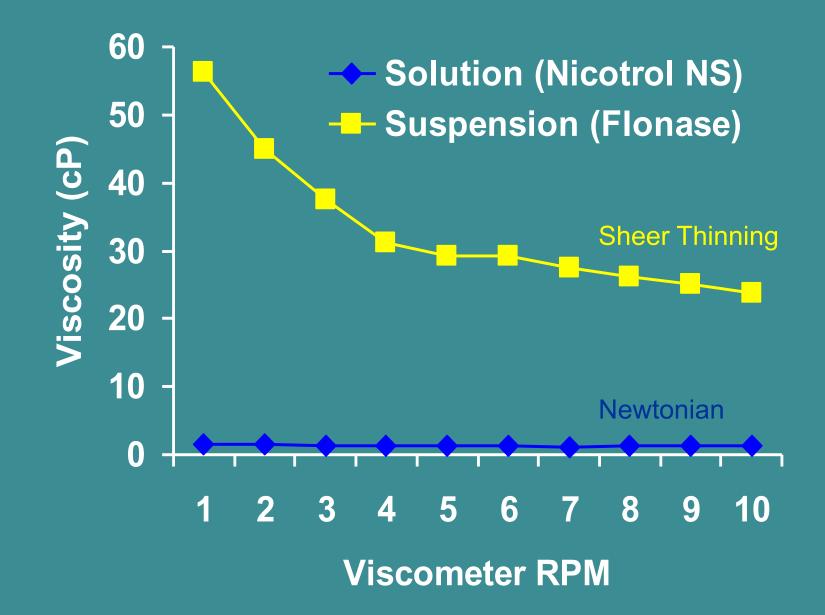
# **Intranasal Formulations**

- **Solutions** 
  - Buffered
  - Isotonic
- Suspensions
  - Polymers
- Gels
- Powders
- HFA Nasal Aerosols

Product	Reported pH		
Beconase	4.5 - 7.0		
Flonase	5.0 - 7.0		
Nasacort	4.5 - 6.0		
Nicotrol NS	7.0		
Desmopressin	3.5 - 6.0		

Product	Viscosity Increasing Agents					
	СМС	MCC	HPMC	GYL	MC	
Beconase AQ, Nasacort AQ, Rhinocort Aqua, Flonase	X	X				
Astelin Nasal Spray			X			
Nasonex	X	X		X		
Nascobal Nasal Gel				X	X	
Zicam Nasal Gel				X		

CMC = Carboxymethyl cellulose MCC = Microcrystalline cellulose HPMC = Hydroxypropylmethyl cellulose Gly = Glycerin MC = Methyl cellulose



Next Breath, LLC



#### **Preservatives**

Benzalkonium Chloride (BKC), EDTA, phenylethylalcohol, potassium sorbate, benzyl alcohol

BKC

 $R = C_8 H_{17} - C_{18} H_{37}$ 

- Possible changes to ciliary beat frequency, ciliary morphology, mucociliary clearance, epithelial thinning and/or destruction
- Marple, et. al. conclude safe and well tolerated for both long- and short-term clinical use
- FDA still approving nasal spray products with BKC
- People still ask if BKC is safe → popularity of preservative free systems



#### **Formulation Effects**

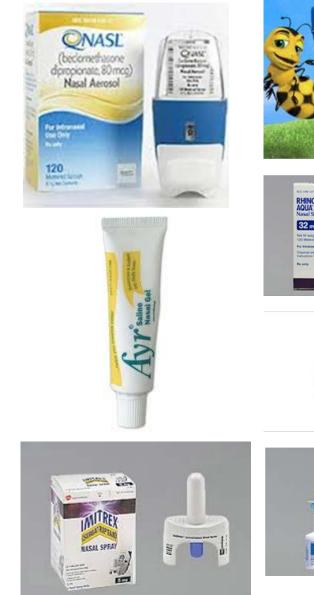
- Viscosity
  - Direct correlation to droplet size
  - Inverse correlation to plume geometry
- Surface tension
  - Affects droplet size
- Thixotropic suspensions
  - Extent of shaking affects viscosity

What does this mean for Bioequivalence (Reference = Generic)?

# Aptar Nasal Delivery Platforms

- Multi-dose Metered Spray
- Unit Dose Spray
- Bi-Dose Spray
- Pressurized Aerosol
- Gels

(US Market)



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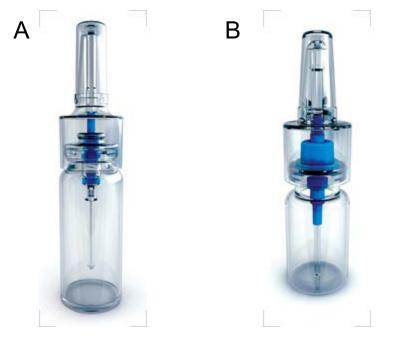




#### Mechanical Nasal Sprays

#### Multi-dose

- Up to 240 doses
- Mechanical metering by volume
- **50** to 100 ul per actuation
- Glass or plastic containers
- **Require priming / Assembly**
- **Solutions or suspensions**
- Preservative free formulations popular for OTC applications and some countries



Multi-dose Systems for A) Preserved & B) Preservative Free Nasal Sprays. Device images courtesy of Aptar Pharma.

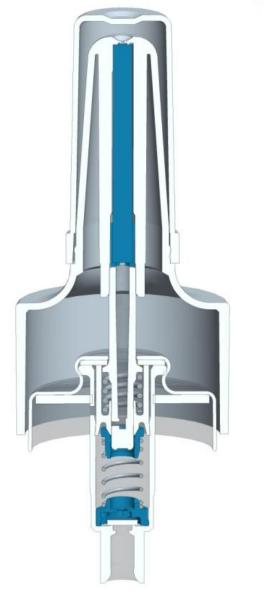


## Multidose Pumps & Actuators

Actuator:



- Spray/atomize the liquid
- Essential to ensure the Droplet size Distribution (DSD) & Spray Pattern (SP)
- Pump function:
  - Meter the dose to be delivered in the nasal cavity of the patient
  - Seal the container

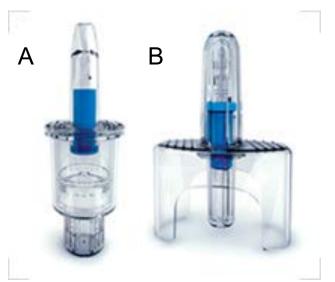




#### Mechanical Nasal Sprays

#### **Unit Dose**

- Single spray (on market, examples Imitrex or FluMist)
- Bi-dose (two doses)
- Mechanical metering by volume
- **No priming or repriming**
- Not for suspensions



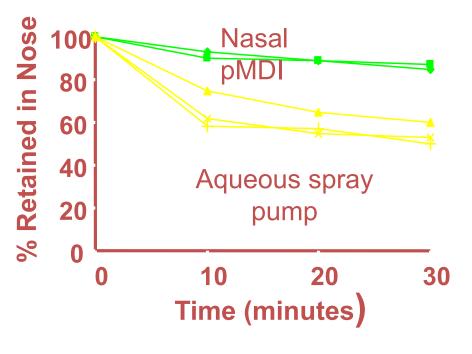
Unit Dose Systems for A) Powders & B) Aqueous Sprays





#### **Pressurized Nasal Sprays**

- Utilize HFA-134a
  propellants
- Use in patients with runny nose
- Slower clearance
- Deposition primarily in anterior regions of nose (front of nose)



Redrawn from Newman, S.P. et al., *J. Laryngol. Otol.*, 1987



# Nasal Powders-In Development

#### **Applications**

- Capable of delivering large doses
- Good for drugs with limited solubility or aqueous instability
- Platform for vaccines
- **Example** 
  - Sumatriptan powder
    - Phase III clinical trials
  - Locemia



Opt-Powder Device by Optinose