

# Comparison of the dissolution profile of Nefecon with three other commercially available oral formulations of budesonide: Implications for interchangeability

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## INTRODUCTION

- **Nefecon**, a novel oral formulation of the corticosteroid budesonide, is specifically designed to target release in the **Peyer's patch-rich distal ileum**, a major source of Gd-IgA1 overproduction<sup>1</sup>
- Nefecon has been approved by the FDA and EMA for adult patients with **primary IgAN** at risk of rapid disease progression<sup>2,3</sup>
- Three other **oral budesonide formulations** are available commercially: Entocort, Budenofalk, and Cortiment<sup>4-6</sup>
  - They are used for the treatment of **inflammatory bowel diseases** such as Crohn's disease and ulcerative colitis
  - Each formulation is designed to **selectively target** a specific disease and, hence, the relevant part of the gastrointestinal tract
- The **aim of this study** was to compare the dissolution of budesonide from the four formulations to ascertain their interchangeability

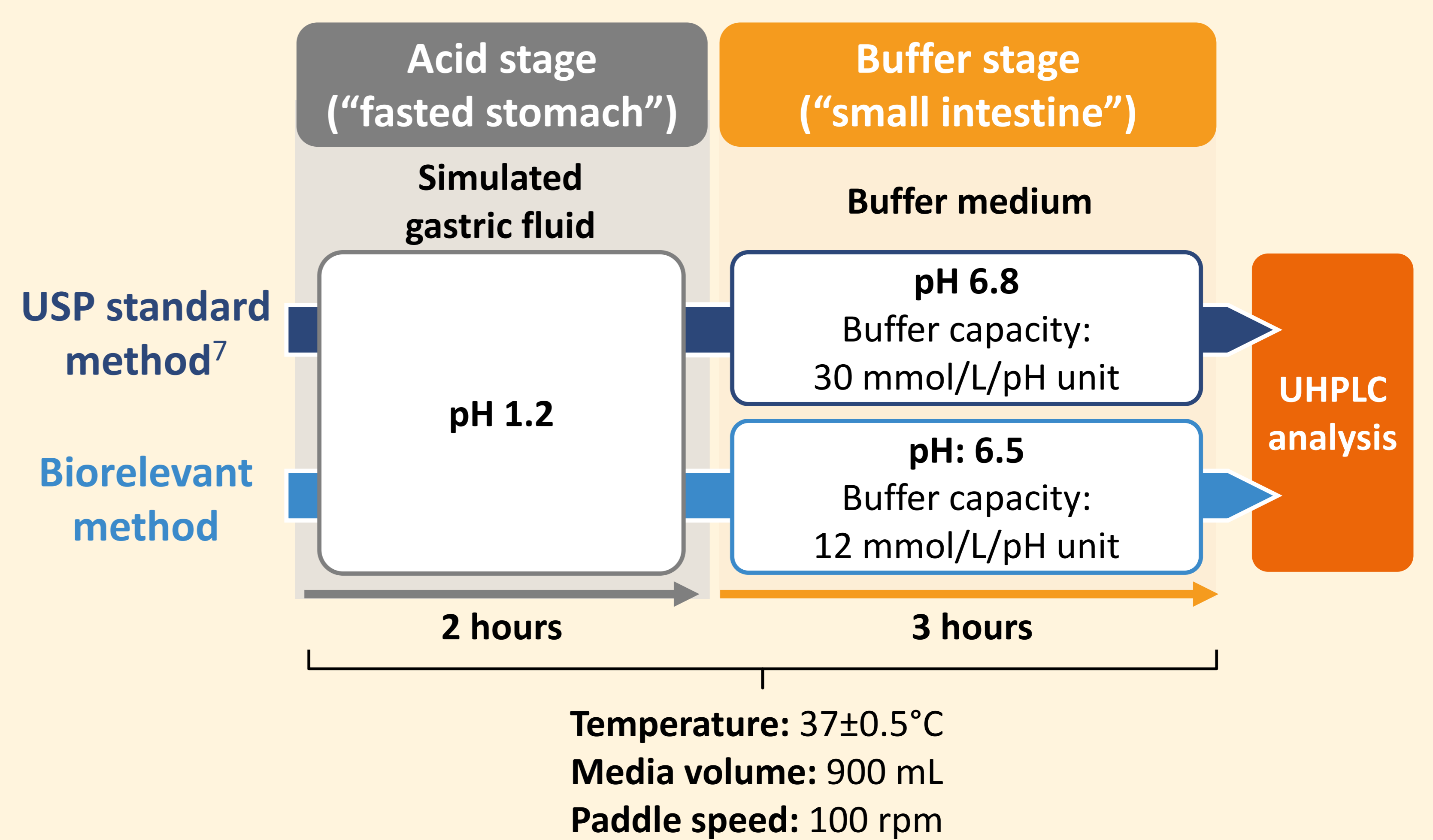
**Table 1: Summary of commercially available oral formulations of budesonide**

	Nefecon	Budenofalk	Entocort	Cortiment
<b>Indication</b> <sup>2-6</sup>	IgAN	Crohn's disease; autoimmune hepatitis; microscopic colitis	Crohn's disease; microscopic colitis	UC; microscopic colitis
<b>Target tissue</b> <sup>2-6</sup>	Peyer's patch-rich distal ileum	Ileum and ascending colon	Ileum and ascending colon	Colon
<b>Enteric coat</b>	Eudragit L&S	Eudragit L&S	Eudragit L55	Eudragit L55 & S
<b>What is enteric coated?</b>	Capsule shell	Beads	Beads	Tablet
<b>Nominal pH of enteric coating</b>	Proprietary information*	6.4 (RMS AR)	5.5 (FDA)	7 (FDA)
<b>Capsule material</b>	HPMC	Gelatin	Gelatin	Not applicable
<b>What sustains release?</b>	Ethylcellulose-based coating on beads	Eudragit RS	Ethylcellulose	MMX (stearic acid/HPC matrix)

## METHODS

- **Dissolution experiments** were performed to compare the release of budesonide from each formulation
- Products were subjected to an **acidic environment** for 2 hours, representing maximum residence time in a fasted stomach
  - This was followed by exposure for 3 hours to a **buffer environment**, representing passage through the small intestine
- Two sets of experiments were performed:
  - **Standard USP** quality control design conditions (Method B),<sup>7</sup> with a pH of 6.8 in the intestinal phase
  - A **biorelevant method**, with a pH of 6.5 in the intestinal phase and using a lower concentration of buffer to better reflect the *in vivo* intestinal environment
- Samples were analyzed using **ultra-high-performance liquid chromatography**
- The **f<sub>2</sub> statistic**, which tests for similarity between dissolution profiles, was calculated using Nefecon as the reference product

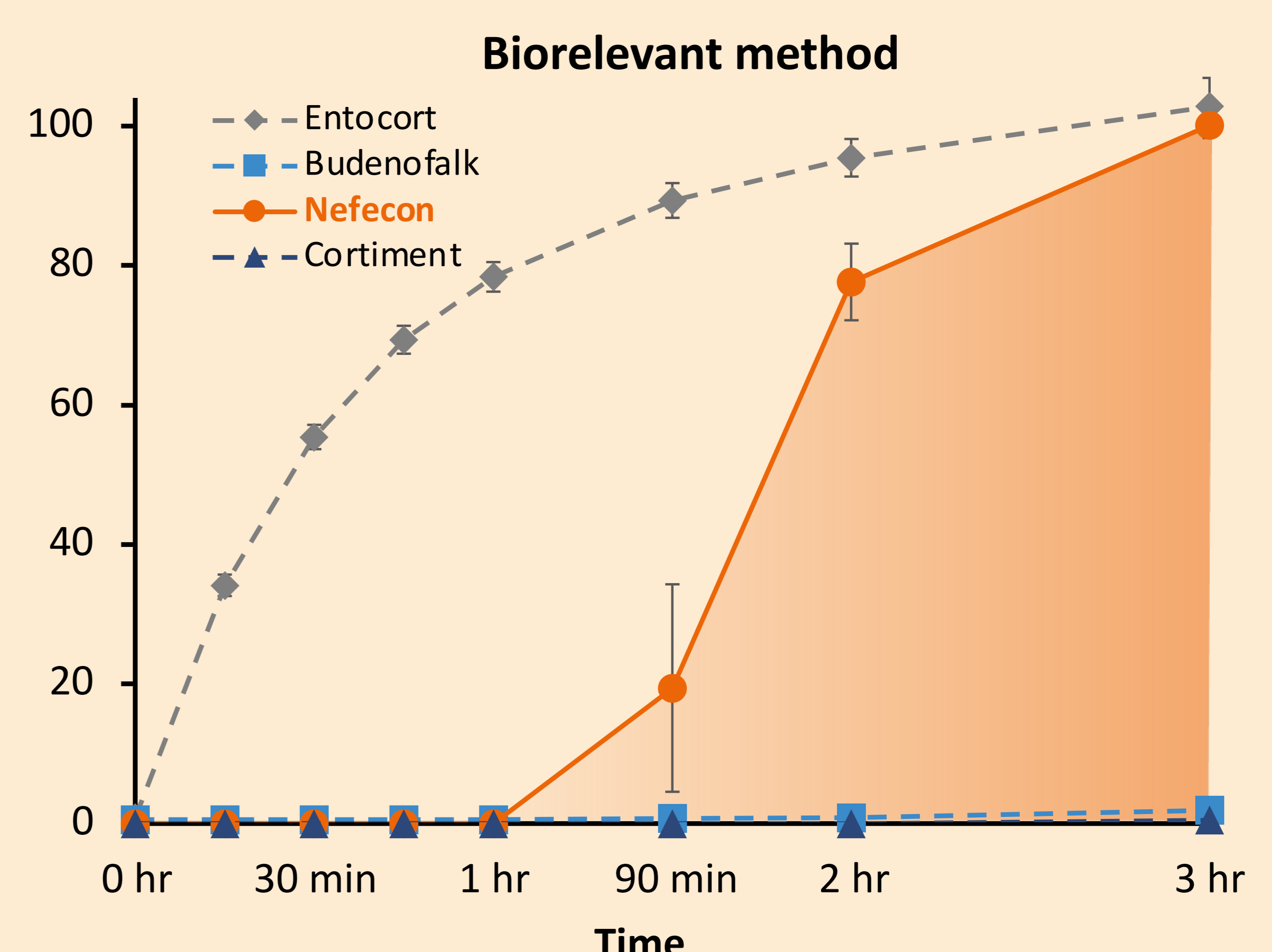
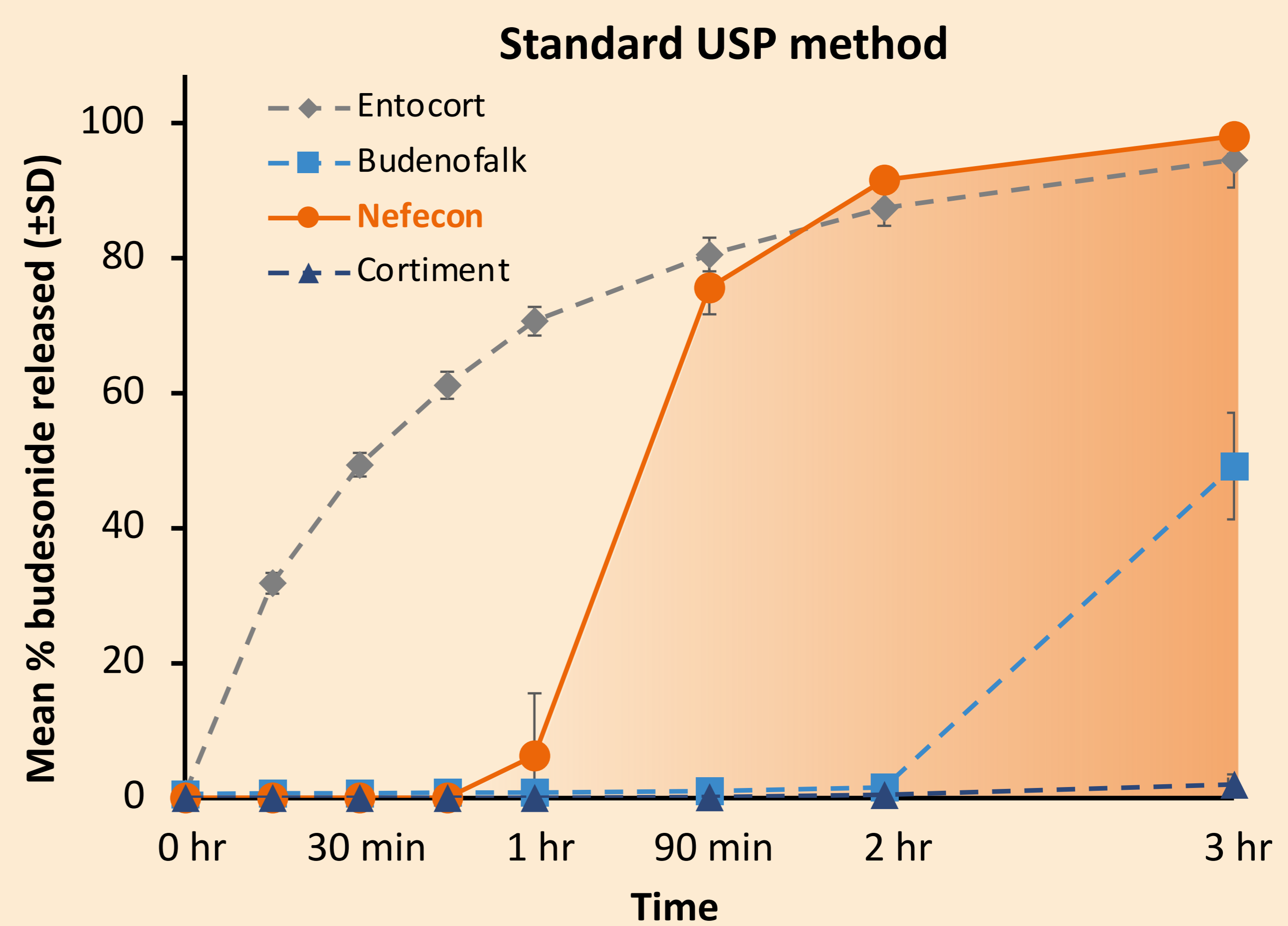
**Figure 1: Summary of standard USP and biorelevant methods**



## RESULTS

- **No formulation** released significant amounts of budesonide in the **acid (gastric) phase** of the experiment; therefore, only data for the buffer (intestinal) phase are shown
- For **Nefecon**, capsule disintegration and onset of budesonide release occurred **1 hour** after entering the buffer phase
  - Budesonide was **released over a relatively short period**, starting at ~1 hour and completing by 3 hours
  - This release pattern corresponds to a **localized release** of budesonide to the **Peyer's patch-rich ileum**
- **Entocort** started releasing budesonide **almost immediately** upon entering the buffer phase due to the low nominal pH of its enteric coating
  - Its release lasted over 3 hours, with almost 80% released in the first hour, indicating it would mostly be released in the **proximal small intestine**
- **Budenofalk did not release budesonide** in the biorelevant method medium over the 3-hour test period
  - In the higher pH standard USP buffer, Budenofalk released budesonide after a **2-hour delay**
  - This would be consistent with some budesonide release in the terminal ileum, but with **transfer of a substantial amount to the colon**
- **Cortiment failed to release budesonide** in the intestinal phase with either method, suggesting that release starts in the colon in accordance with its UC indication
- All **f<sub>2</sub> values were <50**, failing to meet the criterion for similarity between dissolution profiles by a wide margin

**Figure 2: Budesonide release profiles in the buffer (intestinal) phase according to standard USP and biorelevant methods**



**Table 2: f<sub>2</sub> values comparing the dissolution profiles of Entocort, Budenofalk, and Cortiment with Nefecon**

	Entocort	Budenofalk	Cortiment
<b>f<sub>2</sub> value (standard USP method)</b>	18.1	16.0	15.8
<b>f<sub>2</sub> value (biorelevant method)</b>	11.7	16.1	15.8

## CONCLUSIONS

- The doses, dosing conditions, and approved indications of the four budesonide products differ widely, and this study demonstrates that each formulation has a distinct dissolution profile consistent with its individual therapeutic goals
  - The rapid release of budesonide from Nefecon after 1 hour in intestinal conditions is expected to result in a localized release of budesonide to the Peyer's patch-rich ileum, the target tissue for downregulation of Gd-IgA1 production
- The **f<sub>2</sub> analysis** demonstrates strongly dissimilar release profiles, showing that there is no basis for the budesonide formulations to be considered pharmaceutically or therapeutically interchangeable

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## REFERENCES

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## ABBREVIATIONS

EMA, European Medicines Agency; FDA, US Food and Drug Administration; Gd-IgA1, galactose-deficient immunoglobulin A1; GI, gastrointestinal; HPC, hydroxypropyl cellulose; HPMC, hydroxypropyl methylcellulose; IgAN, immunoglobulin A nephropathy; pH, potential of hydrogen; RMS AR, Reference Member State Assessment Report; rpm, revolutions per minute; SD, standard deviation; UC, ulcerative colitis; UHPLC, ultra-high-performance liquid chromatography; USP, US Pharmacopeia.

## DISCLOSURES

JD reports no disclosures. RP is an employee of Calliditas Therapeutics. JB is a consultant to Calliditas Therapeutics and reports grants, consultancy, and personal fees from STADA Arzneimittel AG, Everest Medicines, and Calliditas Therapeutics.