

## **Routes of administration**

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## Learning outcomes

- Protein delivery
- Alternative routes of administration
- Rate-controlled and site-specific delivery
- Issues with biosimilars









www.chemischereaktionen.de/einf02.html



#### G-CSF = Filgrastim PEG-Filgrastim

## Facing the problem: drug delivery



## The oral route of administration

Low bioavailability:

– Protein degradation

 Poor permeability of the wall of the GI tract



## The parenteral routes of administration

- Intravenous
- Intramuscular
- Subcutaneous
- Intraperitoneal

## Short half-life proteins

- Prolongation of their action by site-specific application
- Differences in disposition

## Alternative routes of administration

- Nasal (Edman and Bjork, 1992)
- Pulmonary (Patton and Platz, 1992)
- Buccal (Zhou and Li Wan Po, 1991)
- Rectal (Zhou and Li Wan Po, 1991)
- Transdermal (Cullander and Guy, 1992)

## Enhancement of drug absorption

- Increase permeability
- Decrease degradation at adsorption site
- Enhance resistance against degradation
- Prolonged exposure

# Example: iontophoretic drug delivery



#### Open loop systems: mechanical pumps



 Open loop systems: osmotical pumps



#### Open loop systems: microspheres



 Closed loop systems: biosensor-pump combinations



#### Self-regulating systems



## Site-specific (targeted) delivery

- Why is this difficult?
- Possibility: the use of antibodies!



## Site-specific (targeted) delivery

 Second possibility: transporters/carrier proteins deliver



## **Issues with biosimilars**

- Differences between originator biological product and biosimilar and/or different biological product
- → Potential problems

## **Conclusion slide**

- Protein delivery
  - How can we get the product to its site of action?
- Alternative routes of administration
  - Nasal, buccal, rectal, transdermal
- Rate-controlled and site-specific delivery

   Possible improvements on their way
- Issues with biosimilars
  - What can go wrong?