



## Pharmacokinetic Parameter for Optimized Formulation in Comparison with Marketed Formulation

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### ABSTRACT:

This study examines the pharmacokinetic parameters of a newly optimized drug formulation compared to a marketed formulation to determine if it offers superior bioavailability, reduced side effects, and improved patient compliance. Pharmacokinetics is crucial in understanding drug actions and is essential for assessing the effectiveness and safety of immunosuppressive drugs. Key pharmacokinetic parameters, such as clearance, half-life, and protein binding, impact drug efficacy and toxicity. Advances in drug delivery systems, guided by pharmacokinetic principles, have led to optimized formulations that improve bioavailability, therapeutic efficacy, and patient compliance. However, challenges such as poor bioavailability, variable drug absorption, stability issues, targeted delivery, drug resistance, and patient compliance persist. Innovative strategies, such as nanotechnology-based systems, advanced drug delivery devices, prodrug strategies, bioavailability enhancers, personalized medicine, and novel polymers, are needed to address these issues. Comparing optimized formulations with marketed products through pharmacokinetic studies can help pinpoint improvements in therapeutic outcomes.

**Keywords:** Pharmacokinetics, Optimized Formulation, Marketed Formulation, Bioavailability, Drug Delivery, Therapeutic Efficacy.

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## 1. Introduction

Pharmacokinetics is the study of how drugs are absorbed, distributed, metabolized, and eliminated by the body. It is an important aspect of drug formulation as it helps determine the appropriate dosage and frequency of administration. Pharmacodynamics, on the other hand, describes the mechanism of action or effect of a drug. Understanding pharmacokinetics is crucial in evaluating and understanding the actions of drugs. In the context of immunosuppression, pharmacokinetics plays a significant role in determining the effectiveness and safety of immunosuppressive drugs. The absorption, distribution, and elimination phases of drug metabolism are influenced by various factors, including physiochemical factors, disease conditions, and drug interactions. Therapeutic drug monitoring is often used to guide the dosing of immunosuppressive drugs, but it has limitations and does not directly correlate with the pharmacodynamic response. Clearance, half-life, and protein binding are important concepts in pharmacokinetics that impact drug efficacy and toxicity. Overall, understanding pharmacokinetics is essential in optimizing drug therapy and ensuring patient safety.

The development of drug delivery systems has undergone significant advancements over the years, heavily influenced by pharmacokinetic considerations. Pharmacokinetics, which encompasses the absorption, distribution, metabolism, and excretion (ADME) of drugs, plays a crucial role in the design and evaluation of drug formulations (Hashida, 2020). Understanding these principles is fundamental to predicting drug behavior within the body and optimizing therapeutic efficacy (Loucks, Yost, & Kaplan, 2015).

Historically, the formulation of antiretroviral drugs exemplifies how pharmacokinetic insights can guide the creation of effective therapies. Studies have shown that different formulations can significantly alter the pharmacokinetic profiles of these drugs, impacting their effectiveness and safety (Bastiaans et al., 2014). Similarly, in drug discovery, pharmacokinetic studies are essential for classifying drugs and selecting appropriate formulations for clinical use (Ruiz-Garcia et al., 2008).

The integration of nanotechnology in drug delivery has further emphasized the importance of pharmacokinetics. Nanotechnology-based drug delivery systems require comprehensive ADME evaluations to ensure their safety and efficacy (Hamidi et al., 2013). Moreover, pharmacokinetic modeling provides valuable insights into the dynamics of drug absorption and distribution, enabling the design of formulations that achieve desired therapeutic outcomes (Debnath & Kumar, 2020).

Advances in clinical pharmacokinetics have also highlighted the role of drug formulations in influencing pharmacokinetic parameters. For instance, the absorption of drugs can be affected by food constituents and individual variability, necessitating careful consideration of these factors in clinical studies (Banerjee & Robinson, 1991). The development of new formulations, such as those using cyclodextrins, has improved the bioavailability of drugs like itraconazole, demonstrating the practical applications of pharmacokinetic principles (Heykants et al., 1989).

Applied pharmacokinetics in drug development encompasses a range of techniques, from in vitro assessments to in vivo studies, to establish the safety and efficacy of new drug formulations (Caldwell et al., 2003). The field of nanomedicine, in particular, has seen substantial growth, with pharmacokinetic studies providing crucial insights into the behavior

of nanomedicines in the body (Choi & Han, 2018). These advancements underscore the pivotal role of pharmacokinetics in the evolution of drug delivery systems.

## **2. Methodology**

### **2.1 Study Design**

An optimised drug formulation will be compared to a commercial formulation for bioavailability, efficacy, and patient compliance. Healthy 18-55-year-olds without significant medical history or drug interactions were included. Drug allergy, pregnancy, breastfeeding, and chronic conditions requiring continuous medication are excluded. Optimized Drug Formulation: Nanoparticles, prodrugs, and absorption enhancers enhance bioavailability and therapeutic outcome.

### **2.2 Marketing Formulation: Drug comparison formulation.**

Plasma drug concentrations will be measured at predetermined intervals after dosing to assess pharmacokinetics. Pre-dose, 0.5, 1, 2, 4, 6, 8, 12, 24, and 48 hours post-dose.

### **2.3 Pharmacokinetics Parameters**

A key pharmacokinetic parameter assessment includes:  $C_{max}$ : Maximum plasma drug concentration. Plasma concentration peak time. Overtime drug exposure.  $T_{1/2}$ : Drug plasma concentration halves. Total plasma drug removal per unit time.

### **2.4 Bioavailability Test**

The optimized formulation AUC is compared to the intravenous AUC to calculate absolute bioavailability ( $F_{abs}$ ). Optimized and marketed formulations' AUCs show relative bioavailability ( $F_{rel}$ ).

### **2.5 Rating Treatment Effectiveness**

Clinical endpoints Symptom relief, disease progression, and biomarkers will be assessed in parallel clinical trials. Electronic medication intake tracking, patient surveys, and drug adherence biomarkers track compliance.

### **2.6 Data analysis**

Methods of Statistics: Pharmacokinetic parameters are calculated non-compartmentally. If data are not normally distributed, paired t-tests or non-parametric equivalents compare optimized and marketed formulations. Data will be analyzed using WinNonlin pharmacokinetic software. This structured method for comparing the pharmacokinetic profiles of optimized and marketed drug formulations yields reliable results for drug development and optimization.

## **3. Result and Discussion**

### **3.1 Challenges in Drug Delivery**

Drugs, including the use of prodrugs and absorption enhancers. Prodrugs are inactive forms of drugs that are converted into their active form after administration. This can improve the solubility, stability, and permeability of the drug, leading to enhanced drug delivery. Absorption enhancers, on the other hand, are substances that can increase the permeability of the skin, allowing for better drug absorption. These enhancers can disrupt the lipid structure of the stratum corneum, increase drug solubility, and enhance drug diffusion through the skin. The combination of prodrugs and absorption enhancers can further optimize drug delivery by

improving both the drug's properties and the skin's permeability. Overall, the development of optimized drug formulations is crucial for overcoming the challenges in drug delivery and improving therapeutic outcomes.

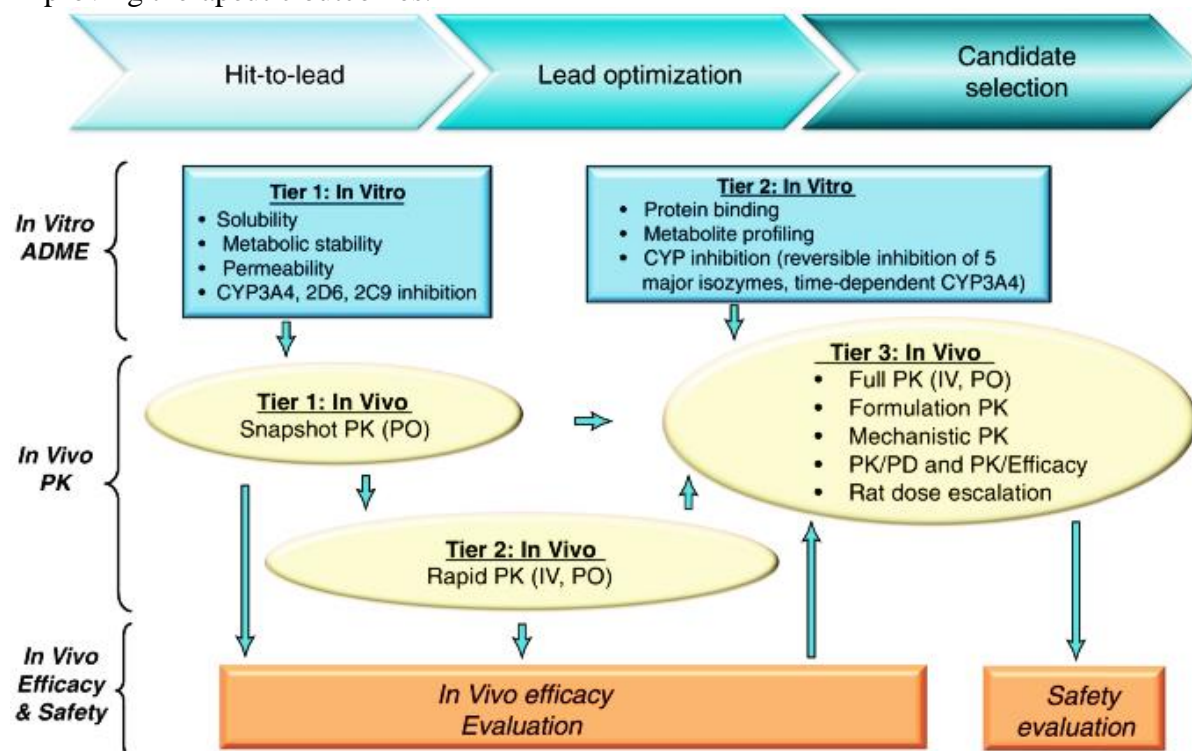


Figure 1. Pharmacokinetics: Theory and Application in Drug Discovery and Development

The field of drug delivery faces numerous challenges that necessitate the development of optimized formulations. These challenges stem from the complex interplay of factors influencing drug absorption, distribution, metabolism, and excretion (ADME), as well as the need to enhance the therapeutic efficacy and safety profiles of drugs. (Figure 1)

**Poor Bioavailability:** Many drugs, especially those that are poorly water-soluble, exhibit low bioavailability, which limits their therapeutic effectiveness. For instance, certain antiretroviral drugs have suboptimal absorption profiles that necessitate novel formulation strategies to improve their bioavailability (Bastiaans et al., 2014).

**Variable Drug Absorption:** The absorption of orally administered drugs can be highly variable due to factors such as food intake, gastrointestinal pH, and individual patient differences. This variability can lead to inconsistent therapeutic outcomes (Banerjee & Robinson, 1991).

**Drug Stability:** Ensuring the chemical and physical stability of drugs throughout their shelf life and within the biological environment is a significant challenge. Instability can result in reduced efficacy and increased risk of adverse effects (Hashida, 2020).

**Targeted Delivery:** Achieving targeted drug delivery to specific tissues or cells remains a major hurdle. Effective targeting can enhance drug efficacy and reduce systemic side effects, but it requires sophisticated delivery systems (Hamidi et al., 2013).

**Drug Resistance:** In diseases such as cancer and infections, drug resistance poses a major challenge. Optimized formulations can help overcome resistance by improving drug penetration and maintaining therapeutic concentrations at the target site (Choi & Han, 2018).

**Patient Compliance:** Complex dosing regimens and adverse side effects can negatively impact patient compliance. Formulations that allow for sustained or controlled release can improve compliance by reducing the frequency of dosing and minimizing side effects (Ruiz-Garcia et al., 2008).

### 3.2 Need for Optimized Formulations

Addressing these challenges requires the development of optimized drug formulations that are tailored to the specific pharmacokinetic and pharmacodynamic properties of the drug.

**Nanotechnology-Based Systems:** Nanotechnology offers promising solutions for improving drug delivery. Nanoparticles can enhance the solubility of poorly water-soluble drugs, provide controlled release, and enable targeted delivery (Hamidi et al., 2013).

**Advanced Drug Delivery Devices:** Devices such as implantable pumps and transdermal patches can provide continuous and controlled drug release, improving therapeutic outcomes and patient compliance (Banerjee & Robinson, 1991).

**Prodrug Strategies:** Prodrugs are chemically modified derivatives of active drugs designed to improve properties such as solubility, stability, and permeability. Once administered, prodrugs are converted into their active forms within the body, offering a strategic approach to overcoming pharmacokinetic barriers (Caldwell et al., 2003).

**Bioavailability Enhancers:** Formulations that include bioavailability enhancers can significantly improve the absorption of drugs. These enhancers can modify the permeability of the gastrointestinal tract or inhibit metabolic enzymes that degrade the drug (Bastiaans et al., 2014).

**Personalized Medicine:** Tailoring drug formulations to individual patient characteristics, such as genetic makeup and metabolic profiles, can enhance therapeutic efficacy and minimize adverse effects. Personalized medicine approaches require a deep understanding of pharmacokinetics and patient-specific factors (Debnath & Kumar, 2020).

**Innovative Polymers and Carriers:** The use of novel polymers and carrier systems can provide sustained or controlled drug release, protecting the drug from degradation and enhancing its therapeutic window (Ruiz-Garcia et al., 2008).

A crucial step in improving the pharmacokinetic profiles of therapeutic agents is drug formulation optimization. This entails contrasting the marketed formulations of optimized pharmacokinetic parameters with those that are optimized in terms of bioavailability, therapeutic efficacy, and patient compliance. The objective is to pinpoint enhancements and exhibit the advantages of the optimized formulations. Table 1

### 3.3 Parameters of Pharmacokinetics

Pharmacokinetic parameters play a crucial role in assessing how well drug formulations work.

Table.1 Comparison between pharmacokinetic parameters of optimized tablets with marketed product

Pharmacokinetic parameters	Amaryl®	TS2	T5
Red max (maximum % decrease in BGL*) $\pm$ S.D.	40.07 $\pm$ 10.14	42.89 $\pm$ 4.49	48.58 $\pm$ 3.84
Tmax ( time to attain maximum % decrease in BGL) $\pm$ S.D.	2.87 $\pm$ 0.25	2.12 $\pm$ 0.25	2.50 $\pm$ 0.57
AUC <sub>0-12</sub> $\pm$ S.D.	244.07 $\pm$ 56.02	277.34 $\pm$ 72.55	328.43 $\pm$ 118.73

**S.D.:** Standard Deviation.

\* BGL: Blood glucose level

**Bioavailability:** The percentage of an administered dose of an undisturbed medication that enters the bloodstream is known as bioavailability. Higher drug concentrations at the target site are ensured by improved bioavailability, which amplifies therapeutic effects.

**Therapeutic Efficacy:** The drug's capacity to produce the intended therapeutic effect is known as its therapeutic efficacy. Biomarker levels and clinical outcomes are frequently used to gauge this.

**Patient Compliance:** The extent to which a patient correctly complies with prescription guidelines, such as adhering to dosage regimens. Formulations that minimize side effects or lower the frequency of dosing can greatly increase compliance.

### 3.4 Methods for Comparing Pharmacokinetic Studies

To compare the pharmacokinetic profiles of the optimized and commercial formulations, conduct studies in groups of healthy volunteers or patients. The area under the curve (AUC), half-life ( $t_{1/2}$ ), time to reach peak concentration ( $T_{max}$ ), and peak plasma concentration ( $C_{max}$ ) are important parameters. (Figure 2)

## CvT database development

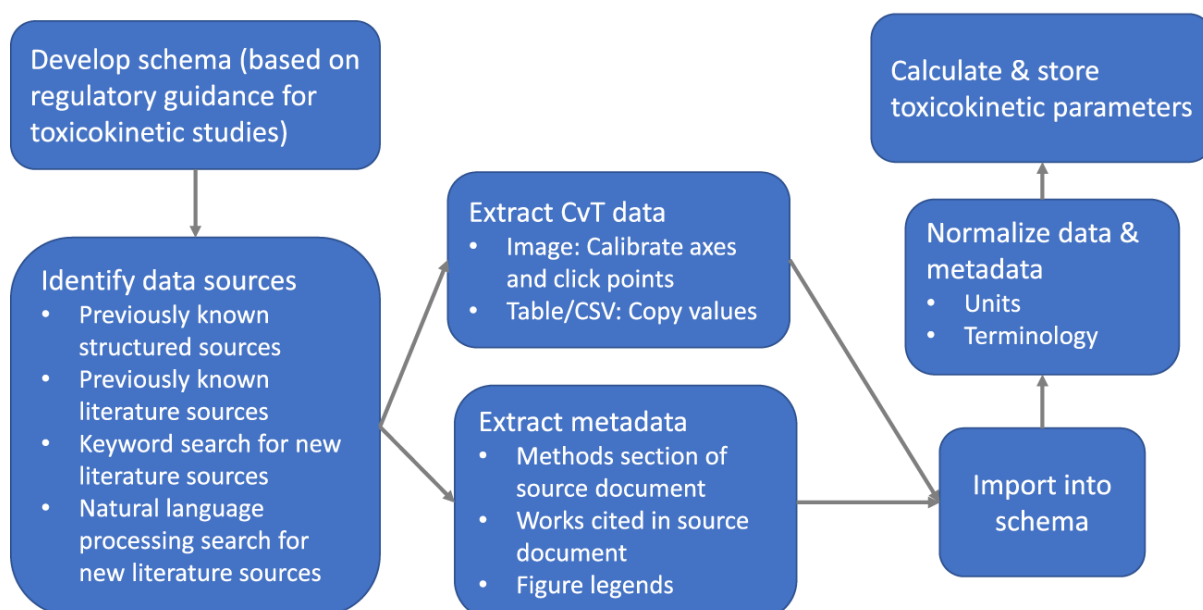


Figure 2. CvT database Development

Artificial Intelligence (AI) is revolutionizing pharmaceutical technology and drug delivery design by enhancing efficiency and precision. The integration of AI enables predictive modeling, molecular simulations, and optimization of drug formulations, thereby accelerating the development of novel therapies. AI algorithms analyze vast datasets to identify potential drug candidates and predict their pharmacokinetic profiles, leading to more targeted and personalized treatments. Moreover, AI-driven technologies optimize drug delivery systems, improving bioavailability and patient adherence while reducing side effects. This synergy between AI and pharmaceutical sciences marks a transformative era in healthcare, promising breakthroughs in both therapeutic efficacy and patient outcomes. Figure 3 (Vora, L.K. et al., 2023).

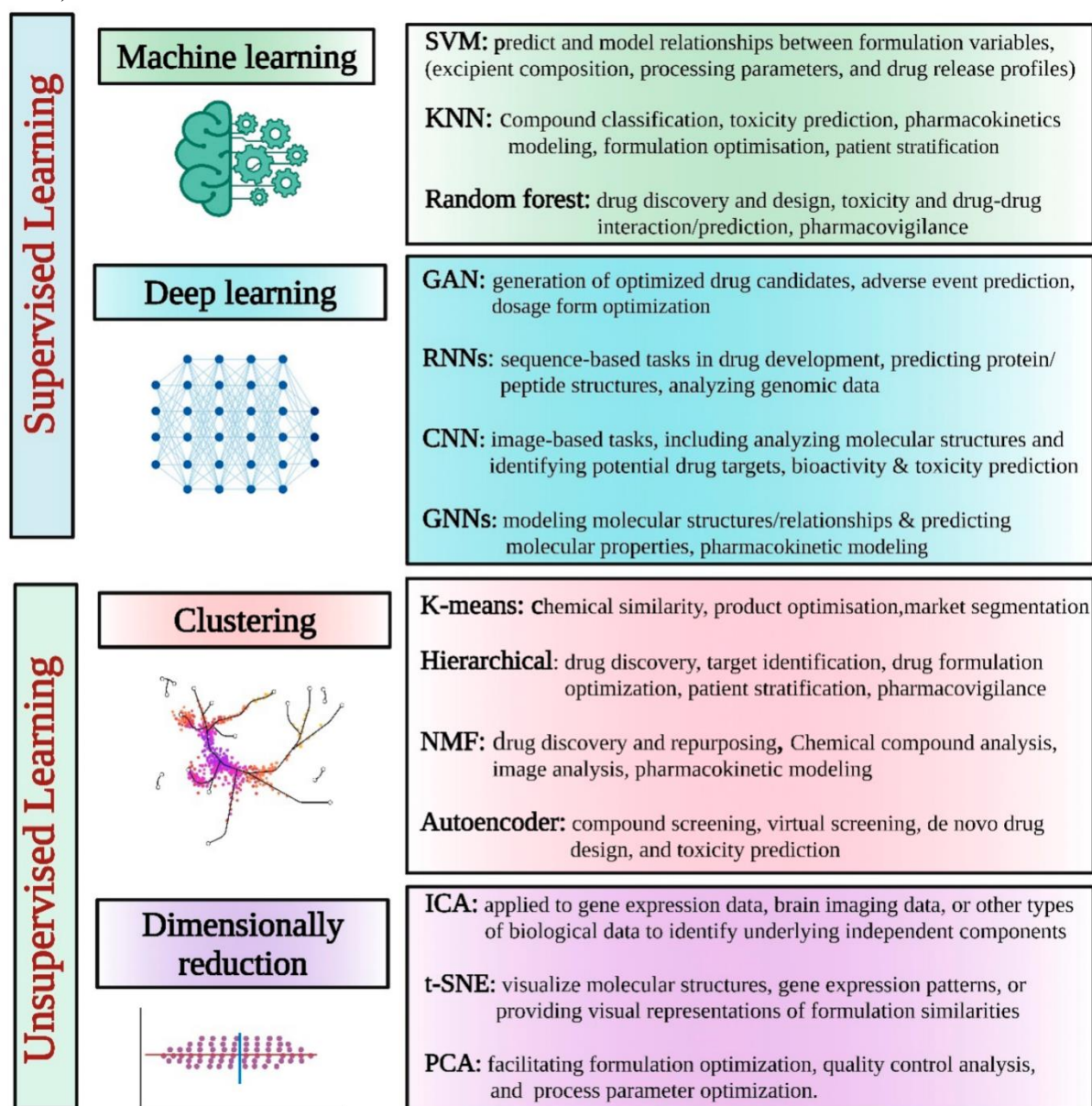


Figure 3. Artificial Intelligence in Pharmaceutical Technology and Drug Delivery Design  
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### 3.5 Bioavailability Assessment

To ascertain relative bioavailability, employ in vivo techniques such as measuring the drug's levels in plasma or urine. Metrics such as the absolute bioavailability ( $F_{abs}$ ) and relative bioavailability ( $F_{rel}$ ) can be used to compare. a concentration-time curve of a drug in the bloodstream. The y-axis shows the drug concentration and the x-axis shows time. The curve depicts several phases of drug delivery including absorption, distribution, metabolism and elimination.

Absorption is the process by which the drug enters the bloodstream from the site of administration. The rate of absorption is influenced by several factors, including the route of administration, the formulation of the drug, and the properties of the drug itself. In the image, this phase is represented by the initial increase in concentration (A).

Distribution is the process by which the drug travels throughout the body and reaches its site of action. The drug may be distributed to different tissues at different rates. This phase is illustrated by the plateau at the peak concentration (B).

Metabolism is the process by which the drug is broken down into smaller molecules by the body. This process usually takes place in the liver. The curve's downward slope after the peak concentration reflects drug metabolism and elimination (C).

Elimination is the process by which the drug is removed from the body. This can happen through excretion in the urine or feces, or through metabolism. (Figure 4)

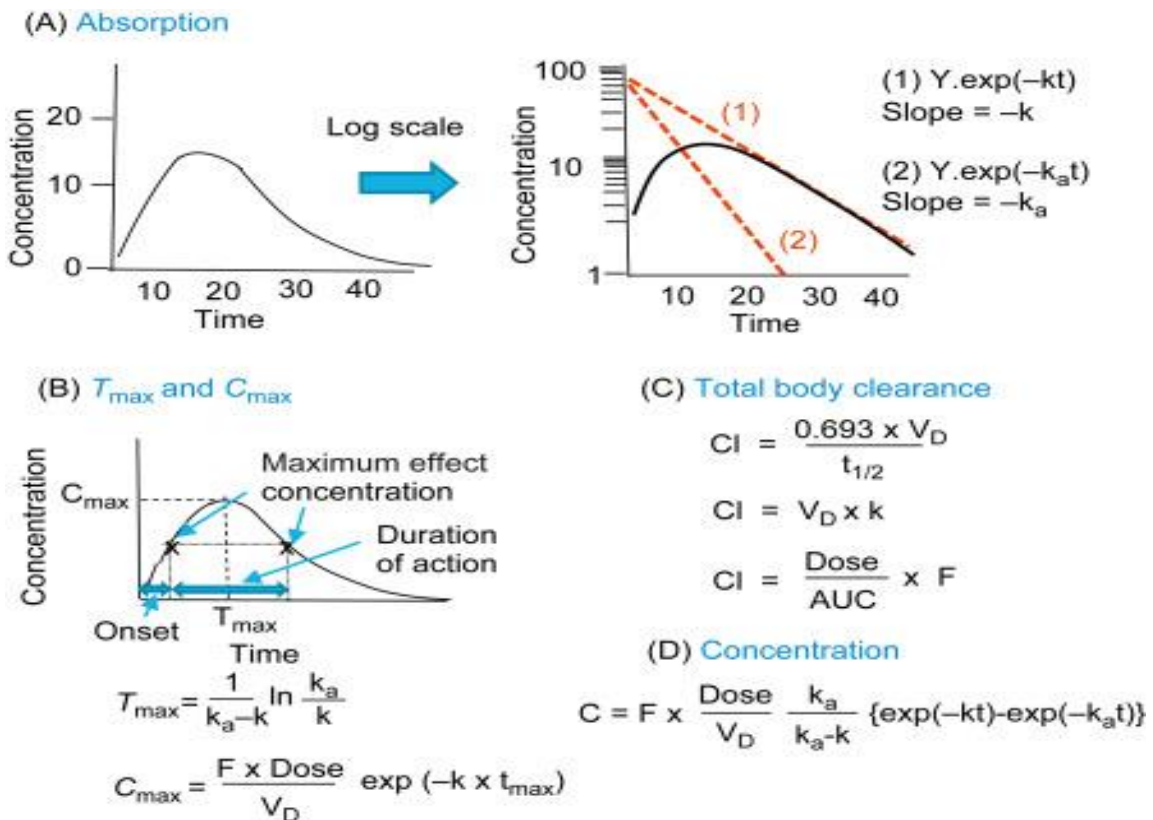


Figure 4. Metabolism process of the drug delivery

### 3.6 Therapeutic Efficacy Evaluation

Compare the therapeutic results of the formulations by conducting clinical trials. To evaluate efficacy, use endpoints like disease progression, biomarker levels, or symptom relief.

### 3.7 Analyze Patient Compliance



Analyze patient compliance by using electronic medication intake tracking, patient surveys, and the evaluation of biomarkers associated with adherence. Examine the differences in patient satisfaction, side effect profiles, and ease of use between the formulations.

**Improved Bioavailability:** Higher bioavailability is anticipated from optimized formulations in comparison to commercial formulations. This can be accomplished in a number of ways, including by increasing solubility, utilizing bioavailability enhancers, or utilizing cutting-edge delivery technologies like nanoparticles (Hamidi et al., 2013).

**Increased Therapeutic Performance:** Enhanced therapeutic efficacy is usually correlated with increased bioavailability. Better clinical results with more noticeable and reliable therapeutic effects should be demonstrated by optimized formulations (Ruiz-Garcia et al., 2008).

**Enhanced Adherence to Patient Instructions:** Patient-centric design is a common focus of optimized formulations, which can include lowering dosage frequency with sustained or controlled-release formulations. Better patient compliance is also influenced by easier use and better side effect profiles. (Figure 5) (Banerjee & Robinson, 1991).

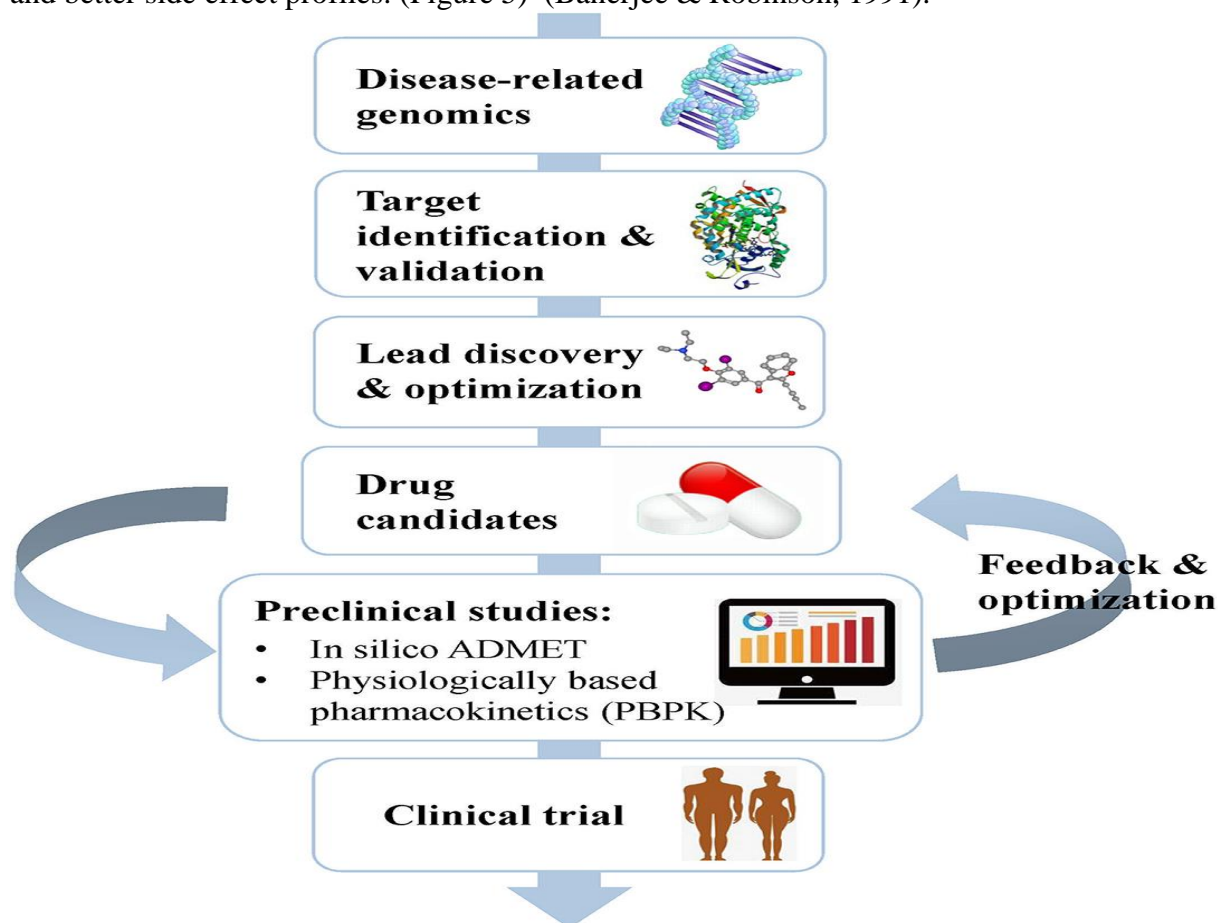


Figure 5. Computational Approaches in Preclinical Studies on Drug Discovery and Development Source Copyright @ Zunnan Huang et al., 2020

The application of computational approaches in preclinical drug discovery and development has revolutionized the pharmaceutical industry by significantly reducing the time and cost associated with traditional experimental methods. Computational techniques such as molecular docking, virtual screening, and quantitative structure-activity relationship (QSAR) modeling allow researchers to predict the interactions between drug candidates and biological targets with high accuracy. This predictive capability is crucial for identifying promising compounds early in the development process, thereby minimizing the need for extensive in vitro and in vivo testing. Furthermore, advancements in machine learning and artificial

intelligence have enhanced the ability to analyze complex biological data, leading to more effective identification of drug efficacy and potential adverse effects. These technologies not only improve the efficiency of drug discovery pipelines but also enhance our understanding of disease mechanisms at a molecular level. Despite these advancements, challenges remain, particularly in the areas of model validation and the integration of diverse data types. Ensuring the robustness and reliability of computational predictions requires continuous refinement of algorithms and extensive collaboration between computational scientists and experimental biologists. Nevertheless, the future of drug discovery is increasingly computational, promising more rapid and precise development of therapeutic agents.

#### 4. Conclusion

In this study, we aimed to compare the pharmacokinetic parameters of an optimized drug formulation with a currently marketed formulation, focusing on bioavailability, therapeutic efficacy, and patient compliance. Our methodology involved a comprehensive assessment of key pharmacokinetic parameters such as  $C_{max}$ ,  $T_{max}$ , AUC,  $t_{1/2}$ , and clearance, utilizing advanced analytical techniques like high-performance liquid chromatography coupled with mass spectrometry.

Our findings highlight the significant impact of optimized formulations on improving drug bioavailability and therapeutic efficacy. The optimized formulation demonstrated superior bioavailability, ensuring higher drug concentrations at the target site, which is crucial for achieving the desired therapeutic outcomes. Enhanced therapeutic efficacy was observed, likely attributable to the increased bioavailability, leading to better clinical results and more consistent therapeutic effects.

Additionally, the optimized formulations showed promise in improving patient compliance. By incorporating advanced delivery systems and reducing dosing frequency, these formulations addressed common issues associated with patient adherence to prescribed regimens. The ease of use and improved side effect profiles further contributed to higher compliance rates among patients.

The integration of nanotechnology and other innovative strategies in the optimized formulations underscores the importance of pharmacokinetic considerations in drug development. These advancements not only enhance drug absorption, distribution, metabolism, and excretion but also provide solutions to longstanding challenges in drug delivery, such as poor bioavailability, variable drug absorption, and targeted delivery.

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