# Prodrugs

2018

**Prodrug** – compound that is metabolised into pharmacologically active drug

**IUPAC** definition:

Compound that undergoes biotransformation before exhibiting pharmacological effect.

### Drug development barriers that can be overcome by prodrugs

Barriers	Issues	
Permeability	Not absorbed from GI tract because of polarity	
-	Low brain permeation	
	Poor skin penetration	
Solubility	Poor absorption and low oral bioavailability	
•	IV formulation cannot be developed	
Metabolism	Vulnerable drug metabolized at absorption site	
	Half-life is too short	
	Sustained release is desired	
Stability	Chemically unstable	
•	Better shelf life is needed	
Transporter	Lack of specificity	
-	Selective delivery is desired	
Safety	Intolerance/irritation	
Pharmaceutics	Poor patient/doctor/nurse acceptance	
	Bad taste or odor problems	
	Painful injection	
	Incompatibility (tablet desired but liquid is active	

Name	Solubility in water (mg/mL)
Clindamycin	0.2
Clindamycin-2-PO <sub>4</sub>	150
Chloramphenicol	2.5
Succinate sodium	500
Metronidazole	10
<i>N</i> , <i>N</i> -dimethylglycinate	200
Phenytoin	0.02
Phosphate	142
Paclitaxel I	0.025
PEG-paclitaxel I	666
Celexicoxib	0.05
Parecoxib sodium	15

Amino-acid Type

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Phosphate Type

$$\begin{array}{c|c}
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 & N \\
 & O \\$$

#### Loxapine

pKa<sub>2</sub> = 7.5 Free base solubility = 13 μg/mL IM: 70% PG / 5% Tween 80

#### Cinnarizine

pKa = 1.95, 7.47 poor solubility erratic oral bioavailability

glucosides

deoxycorticosterone  $\beta$ -maltoside

Deoxycorticosterone glycoside	Solubility in water	
Glucoside	1.2‰	
Galactoside	$2.2\%_{o}$	
Lactoside	$3.4\%_{o}$	
Lactosidoglucoside	Unlimited	

Polyethyleneglycol antibiotic roxithromycin, topic NSA Etofenamate

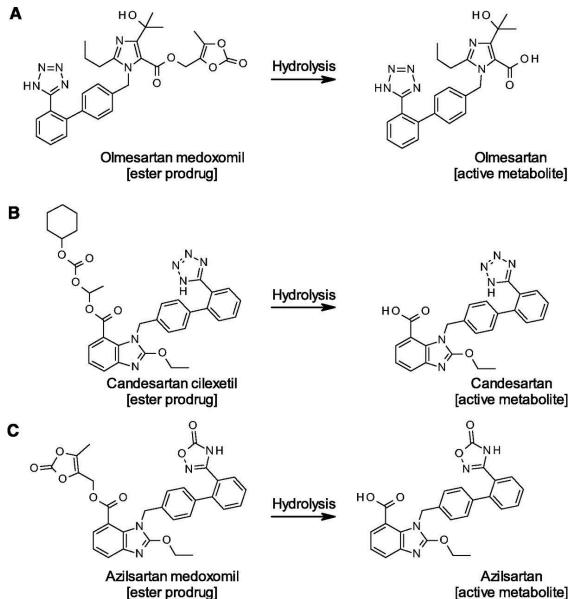
### Ideal ester/amide prodrug properties:

- ► Weak or no activity against any pharmacological target
- ► Good chemical stability at physiological pHs
- ► Sufficient aqueous solubility
- ► High passive permeability
- ► Resistance to hydrolysis during absorption
- ► Hydrolyzed to parent rapidly and quantitatively after absorption
- ► The released pro-moiety has no toxicity or unwanted pharmacological effects

carboxylic acid esters

double esters are cleavaged more rapidly

carboxylic acid esters - sartans



### carboxylic acid esters

Carbinicillin indanyl ester, aryl ester

Pivampicillin, double ester

$$H_2N$$
 $H_2N$ 
 $H_3N$ 
 $H_4N$ 
 $H_4N$ 

Lenampicillin, cyclic carbonate

Lovastatin, lactone

carboxylic acid esters – bacampicillin, pivampicillin 98-99% peroral absorption compared to 40% of ampicillin

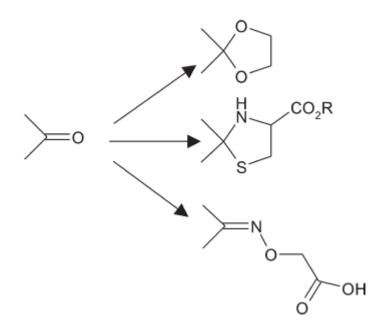
carboxylic acid esters levodopa methylester,

enenalapril = ethylester

carboxylic acid anhydrides clodronate anhydride

	Prodrugs	Limitations of parent	Benefits of prodrug
Improving permeability Alcohol and phenol esters	OH H N Dipivaloyl-epinephrine	Log P = -0.04 Low corneal penetration	Log P = 2.08 Four- to six-fold increase in corneal penetration
	Dibenzoyl-Amino-Dihydroxy-tetrahydronaphthalene (ADTN)	No CNS penetration	Reaches CNS
	Butyryl-Timolol	Low oral exposure	High oral exposure Enable IV formulation

aldehydes and ketones: ethylene ketals spirothiazolidines oxime derivatives



Nitrogen containing compounds imides, peptides

DOPA enamine

Nitrogen containing compounds peptide prodrug of alpha adrenergic agonist Midodrine

desglymidodrine = active metabolite

$$OH$$
 $OH$ 
 $NH_2$ 

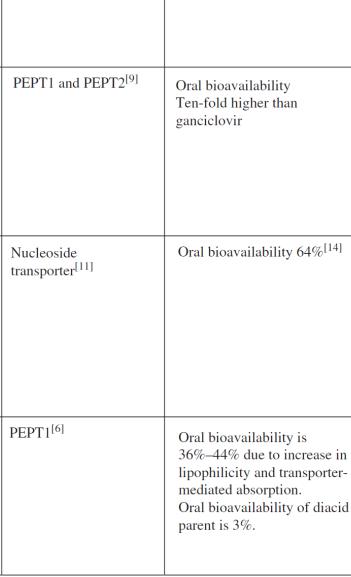
- Nitrogen containing compounds acidic nitrogen
- unstable amides of fluorouracil and sulfonamides

cyclic protection of neighbouring functional groups

piroxicam droxicam

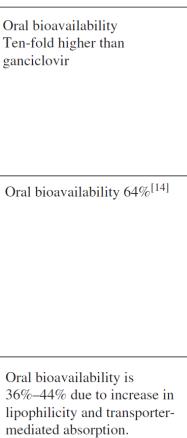
Improving
permeability
targeting transporters

	Prodrugs
S	(H <sub>3</sub> C) <sub>2</sub> HC (H <sub>3</sub> C) <sub>2</sub> HC (Valtrex)
	$H_3C)_2HC$ $H_2$ $H_2$ $H_2$ $H_2$ $H_3C)_2HC$ $H_4$ $H_5$ $H_5$ $H_5$ $H_5$ $H_5$ $H_6$ $H_7$ $H_8$ $H_8$ $H_8$ $H_9$
	OH ON NT NT Zidovudine (AZT, Retrovir)
	Enalapril



Transporters

PEPT1 and PEPT2<sup>[10]</sup>



Benefits of prodrug

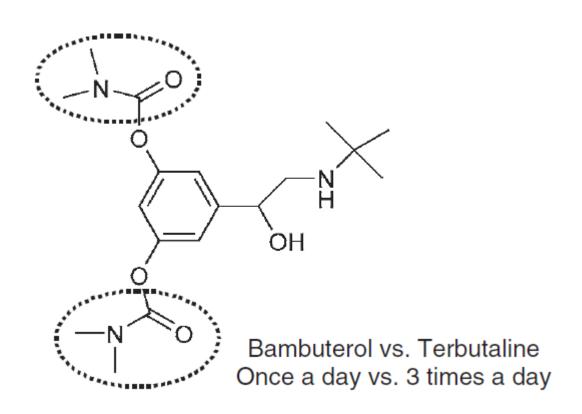
Oral bioavailability

acyclovir

Three- to five-fold higher than

#### **Prodrugs reducing metabolism**

carbamates of bambuterol are slowly hydrolyzed to terbutaline



### **Prodrugs reducing metabolism**

docarpamine – orally available dopamine supply activated in liver

### **Prodrugs reducing metabolism**

levormeloxifene is demetylated to active estrogen receptor modulator

#### **Prodrugs targeting tissue**

capecitabine predominantly metabolized in tumor cells 16x higher tumor concentration of 5-FU compared to plasma

### **Prodrugs targeting tissue**

kidney-selective release of sulfamethoxazole peptide selective cleavaged by kidney enzymes

inactive molecules metabolised to active drug of different structure

oxidative bioactivation of sulindac

oxidative bioactivation of provitamines provitamins are more stable and better orally absorbed

### oxidative bioactivation of losartan

Lozartan

Active metabolite

oxidative bioactivation of acyclovir precursor 6-deoxyacyclovir posses 6x better oral biovailability

oxidative activation of cyclophosphamide — active metabolites are reactive phosphamide and acrolein

reductive bioactivation of omeprazole in acidic environment

$$H_3C$$
 $OCH_3$ 
 $H_3C$ 
 $OCH_3$ 
 $OCH_3$ 

molsidomine is oxidatively deesterificated in liver to linsidomine.

Linsidomine is plasma sensitive and releases NO

nitrates are converted by N-acetylcystein and glutathion to nitrites, nitrites are reduced and binds to nitrosothiols

### Soft drugs

- "antiprodrugs"
- Metabolically unstable functionality is introduced to shorten biological half-time
- protects from system effect (and connected side effects)
- controlled site of effect and time of duration

### Soft drugs

locally administrated corticosteroids are destroyed in plasma

Soft drugs: drugs for local delivery (skin, eyes, lungs), active locally and readily inactivated systemically.

Loteprednol Etabonate (eye)

### **Soft drugs**

Esmolol administred by infusion. Inactivated in plasma within 15 min.