

Name: _____

SS#: _____

PHA 5127

**First Exam
Fall 2002**

On my honor, I have neither given nor received unauthorized aid in doing this assignment.

Name _____

Question/Points

1. _____/15 pts

2. _____/15 pts

3. _____/15 pts

4. _____/15 pts

5. _____/25 pts

6. _____/15pts

TOTAL _____/100 pts

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1. True or False The oral bioavailability of a drug whose clearance is close to the liver blood flow (15 points)

- T F will be small
- T F will depend on liver blood flow
- T F will depend on plasma protein binding
- T F will be close to 100%.
- T F will be affected by the GFR

T, T, T, F, F

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3. For the physiological changes listed below, select the induced changes on the pharmacokinetic parameters for a lipophilic, unionizable (no acid or basic group in the molecule), protein bound drug that shows **extensive liver** metabolism ($E=1$) and renal elimination. (some answers may be used more than once). (15 points)

Physiological change	Effect on kinetics
1.) Increase in metabolic enzymes_____	a. $Cl_{REN} \downarrow$
2.) Decrease in urine flow_____	b. $Cl_{HEP} \downarrow$
3.) Increase in liver blood flow_____	c. oral bioavailability \downarrow
4.) Decrease in number of fat cells_____	d. $V_D \uparrow$
5.) Decrease in creatinine clearance_____	e. oral bioavailability $F \uparrow$
	f. $V_D \downarrow$
	g. none of the above

C, A, E, F, G

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4. For the following situations, indicate whether the drug is *filtered*, *reabsorbed* or *actively secreted* (Assume GFR is 130 mL min^{-1} , urine flow is 1.5 ml min^{-1}) (15 points)

- A drug with $f_u = 0.02$ and a $Cl_{REN} = 20 \text{ mL min}^{-1}$ is _____
- A drug with $f_u = 0.40$ and a $Cl_{REN} = 52 \text{ mL min}^{-1}$ is _____
- A drug with $f_u = 0.30$ and a $Cl_{REN} = 0.45 \text{ mL min}^{-1}$ is _____

$GFR \cdot f_u = 2.6 < Cl_{REN}$, Secreted

$GFR \cdot f_u = 52 = Cl_{REN}$, Filtered

$GFR \cdot f_u = 39 > Cl_{REN}$, Reabsorbed

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5. A drug is eliminated through glomerular filtration and hepatic metabolism (no other clearance mechanisms are observed). **It does not bind to plasma proteins**. Glomerular filtration rate is normal (**130 ml/min**). No active renal secretion and passive or active reabsorption after renal filtration is observed. The volume of distribution is **50 L**. When given as an i.v. bolus, plasma concentrations **one** hour after administration were **5.2 mg/L**. **3 hours** after administration the concentration was **2.6 mg/L**. (25 pts)

- a. $k_e = (\ln 5.2 - \ln 2.6) / (3 - 1) = 0.3465 \text{ hr}^{-1}$
- b. $CL_{\text{tot}} = V_d * k_e = 0.3465 * 50 = 17.325 \text{ L/hr}$
- c. $CL_{\text{ren}} = 130 \text{ ml/min} = 7.8 \text{ L/hr}$
- d. $CL_{\text{hep}} = 17.325 - 7.8 = 9.525 \text{ L/hr}$
- e. $C = 3.67 e^{-0.3465 * 10} = 0.115 \text{ mg/L}$

5a. What is k_e ?

5b. What is the total clearance of the drug.

5c. What is the renal clearance of the drug?

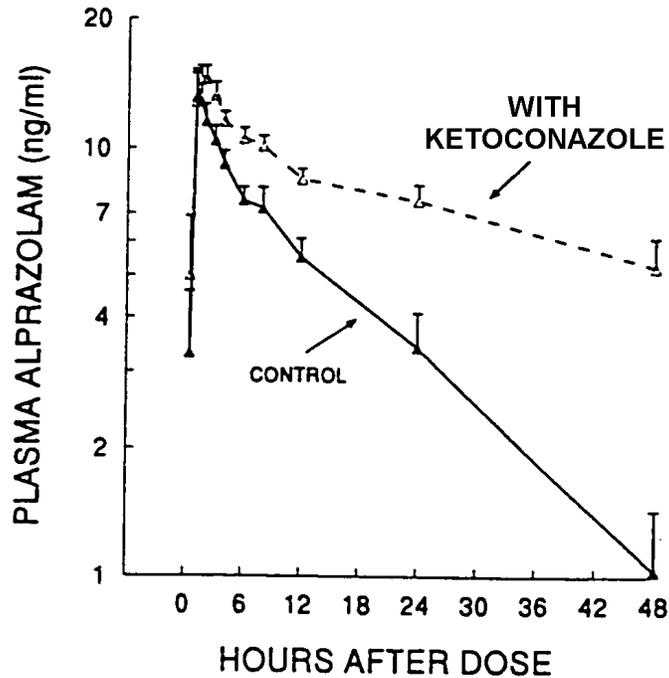
5d. What is the hepatic clearance of the drug?

5e. After 10 doses of this drug (given once a day) the concentration two hours after the last dose is 3.67 mg/L. What will be the concentration 10 hours later (12 hours after the last injection)

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6. The same dose of Alprazolam was given either alone or with ketoconazole. Explain what is going on. (15 points)



Greenblatt, 26 September 1998

Ketoconazole is an enzyme inhibitor. Therefore, Ketoconazole inhibited the enzyme that is responsible for the metabolism of Alprazolam and increased the half-life of Alprazolam. There has to be a difference in clearance, since a change in V_d would not explain the difference in AUC.,