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# PHA 5127

# Second Exam Fall 2013

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

Question/Points
Set I 20 pts
Set II 20 pts
Set III 20 pts

Name

Set III 20 pts Set IV 20 pts

Set V 20 pts

Set VI 15 pts

Set VII 10 pts

Set VIII 15 pts

Set IX 5 pts

Total: 140 pts

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#### **Question Set I**

- Forced diuresis is likely to significantly enhance the clearance of which of the following drugs (5 points)
- a) a drug which is both polar and predominantly cleared by the kidney.
- b) a drug mainly cleared via liver metabolism.
- a drug predominantly cleared by the kidney, for which most of the filtered and secreted drug is reabsorbed
- d) a drug for which the renal clearance is close to fu\*GFR
- 2. Two patients receive the <u>high extraction drug A</u> which is mainly metabolized by the P450 system. One patient also took a drug which is an enzyme inducer of the P450 system. As a result, the intrinsic clearances between the patients differed by a factor of 10. Which of the following statements is/are correct (5 points).
- a) Differences in the total clearance observed for the two patients will be clinically relevant
- b) The oral bioavailability of this drug in the two patients will be of no clinical relevance.
- (c) Assume that the plasma protein binding in both patients increases, the t<sub>1/2</sub> of the drug will be reduced in both patients.
- d) Assuming that the plasma protein binding in both patients increases during treatment, the  $t_{1/2}$  of the drug will be increased in both patients.
- 3. (10 points) How will the increase in both tissue binding and liver blood flow, assuming that both increased by the same factor, affect the initial concentration

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(C<sub>0</sub>), clearance (CL), AUC, and half-life ( $t_{1/2}$ ) of a drug predominantly eliminated through liver metabolism (*low extraction drug*). Determining the resulting change in AUC, CL, AUC and  $t_{1/2}$ . Assume the drug is given as an iv bolus injection. Also determine the effect on oral bioavailability F when the drug is given as a tablet. (Please note that  $\leftrightarrow$  means no change)

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- A)  $\downarrow C_0$ ,  $\uparrow CL$ ,  $\downarrow F$ , AUC $\downarrow$ ,  $\downarrow t_{1/2}$
- B)  $\leftrightarrow$  C<sub>0</sub>,  $\leftrightarrow$  CL,  $\uparrow$ F, AUC  $\uparrow$ ,  $\leftrightarrow$   $t_{1/2}$
- $\bigcirc$   $\downarrow$ C<sub>0</sub>,  $\leftrightarrow$ CL,  $\leftrightarrow$  F, AUC $\leftrightarrow$ , $\uparrow$  t<sub>1/2</sub>
- D)  $\uparrow C_0$ ,  $\downarrow$  CL,  $\leftrightarrow$  F, AUC  $\uparrow$ ,  $\uparrow$   $t_{1/2}$
- E) none of above combinations.



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# Question Set II. (20 points)

For the physiological changes listed below, select the effect on the pharmacokinetic parameters for a lipophilic, protein bound, very weak acidic drug (pKa=13.8) that is only eliminated through renal elimination. Answers may be used more than once.

Select the effect on pharmacokinetic parameters

- (A) CI 1
- (B)  $CI \downarrow$  (C)  $V_D \downarrow$
- (D) F 

  (E) nothing happens or effect is not listed

cl = wine flow to

Physiological change

Decrease in plasma protein binding 4.

5. Increase in tissue binding E

pH adjustment of urine from 7.4 to 6.3 6.

7. Increase in GFR E

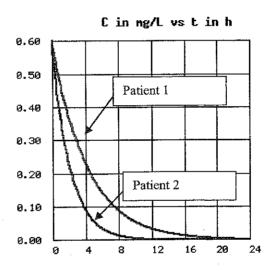
dry - unionized

PH + Pk+ log [im]
[unger]

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# Question set III (20 points):

Assume that drug A (cleared through hepatic metabolism) is given to patient s1 and 2. The graph depicts the concentration-time profiles for patient 1 and 2. Which of the following statements might explain (True) or not explain (False) the differences in the concentration-time profiles in the two patients after **iv bolus injection?** Only one parameter (CL, Dose, Vd) will differ between patient 1 and 2. **On the bubble sheet** mark *A for true* or *B for false* 



CL differs

- 8. T F Tissue binding of drug A differs in the two patients.
- 9. F If Clint is 0.08 L/h in both patients, plasma protein binding is higher in patient 1than in patient 2.
- 10. T (F) If Clint of drug A is 80,000 l/h in both patients, plasma protein binding in patient 1 has to be higher than in patient 2.
- 11. F If Clint of drug A is 80,000 I/h in both patients, liver blood is lower flow in Patient 1 than in patient 2.

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Que	stion set IV (20 point)				
A lip	ophilic drug (not an aci	l, not a base) is cleare	ed through renal and	hepatic (	clearance
(Cl <sub>rer</sub>	n=0.75 mL/min; Cl <sub>hep</sub> = 8	mL/min). Plasma pro	tein binding suddenl	y doubles	s. fut
Indic	ate for this situation wh	ether the following pa	rameters would		
	(A) increase				
	(B) decrease			Lop	extraction drug
	(C) stay unchanged				
	(D) insufficient inform	ation is provided			
12.	oral bioavailability	C			· '
13.	hepatic clearance	B	•		
14.	renal clearance	В			

15.

Clint

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#### Question Set V (True or False)

(20 points)

# True (A) or False (B). On the bubble sheet mark A for true or B for false

Mark whether the following statements are true (A) or False (B) for a drug given as iv bolus

- 16. T (F) The renal clearance of a drug is always smaller than the drugs hepatic clearance.
- 17. The clearance = elimination rate/Cp. TRUE

  18. The clearance = ke\*dose/Cpo.
  - 19. T F Assume that an acidic drug whose unionized form is lipophilic and whose pka is 7.0. The drug is predominantly cleared by renal elimination. Adjustment of the urine pH within physiological ranges will significantly change the renal clearance.
  - 20. T F Assume that an acidic drug whose unionized form is lipophilic and whose pka is 13.0. The drug is predominantly cleared by renal elimination. Adjustment of the urine pH within physiological ranges will significantly change the renal clearance.

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# Question Set VI (15pts)

- 21. Which of the following are correct statements for an IV bolus dosing regimen. (t<sub>1/2</sub>=24 h, once daily dosing regimen)
  - 1) Peak and trough concentrations are the same after the first dose and at steady state
  - 2) The accumulation factor is the same after 2 doses and at steady state
  - 3) The higher the elimination rate constant of a drug, the longer it will reside in the body
  - 4) The AUC<sub>0-infinity</sub> following a single dose and the AUC<sub>0-tau</sub> at steady state are the same for the same drug, assuming linear pharmacokinetics
  - (A) 1 & 3
  - (B) 1, 2 & 3
  - (C) 4
  - (D) 2,4
  - (E) 3, 4

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# Question Set VII 10 pts

- 22. A 55-year male patient (80 kg, 5'6" height) was given multiple IV bolus injections of 1000 mg of drug Z every 8 hours. His serum creatinine level was determined to be 1.3 mg/dL. Given that drug Z is completely eliminated via the kidneys and that its volume of distribution is 50L please compute the respective average steady-state concentration for this patient. (10 points)
- (A) 32.6 µg/mL
- (B) 35.9 mg/L
- (C)  $287 \mu g/mL$
- (D) 35.9 mg/mL
- (E) 38.3 mg/L

$$18M = 50 + 2.3 \times 6 = 63.8$$

$$120-1. = 76.56$$

$$ABM = 63.8 + 0.4 (80 - 63.8)$$

$$= 70.28$$

$$CL = (140 - 55) \times 70.28$$

$$= 72.(1-3)$$

$$= 63.82 \times 1000 \times 10000 \times 10000 \times 100$$

CL- 2 63.82460 ml 481

= 32.64 kg/ml

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#### **Question Set VIII**

Mark whether the following statements are true (A) or false (B) for a drug that is given as an i.v. bolus to a patient. Note that the drug follows linear kinetics and its concentration-time profile is best described by a one-compartment body model. (15 points)

23. It is assumed that membranes do represent significant barriers  $(\hat{\tau})$ 24. 25.

The rate of elimination is described by a first-order rate constant Drug metabolism is saturable

The amount of drug eliminated per unit time is constant 26. It is assumed that the drug distributes instantly throughout the body 27.

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#### **Question Set IX**

- 28. Which of the following statements are correct. (5 points)
  - 1) Following multiple IV injections, maximum concentrations in plasma depend only on dose and volume of distribution
  - 2) The extraction ratio changes significantly for high extraction drugs once liver blood flow changes
  - 3) Renal clearance can exceed the glomerular filtration rate
  - 4) The Cockroft-Gault equation is used to compute hepatic clearance
  - 5) Highly ionized substances tend to remain in the urine, unless substrate of a transport system.
  - (A) 1,2,3
  - (B) 2,3,5
  - (C) 2,3,4
  - ((D)) 3,5
  - (E) None of the above

# **Useful Pharmacokinetic Equations**

# **Symbols**

D = dose

 $\tau$  = dosing interval

CL = clearance

Vd = volume of distribution

k<sub>e</sub> = elimination rate constant

k<sub>a</sub> = absorption rate constant

F = fraction absorbed (bioavailability)

 $K_0$  = infusion rate

T = duration of infusion

C = plasma concentration

# **General**

#### Elimination rate constant

$$k_e = \frac{CL}{Vd} = \frac{\ln\left(\frac{C_1}{C_2}\right)}{(t_2 - t_1)} = \frac{\ln C_1 - \ln C_2}{(t_2 - t_1)}$$

#### Half-life

$$t_{1/2} = \frac{0.693 \cdot Vd}{CL} = \frac{In(2)}{k_e} = \frac{0.693}{k_e}$$

# Intravenous bolus

#### Initial concentration

$$C_0 = \frac{D}{Vd}$$

# Plasma concentration (single dose)

$$C = C_0 \cdot e^{-k_e \cdot t}$$

# Plasma concentration (multiple dose)

$$C = \frac{C_0 \cdot e^{-k_e \cdot t}}{\left(1 - e^{-k_c \cdot \tau}\right)}$$

# Peak (multiple dose)

$$C_{\text{max}} = \frac{C_0}{\left(1 - e^{-k_e \cdot \tau}\right)}$$

Trough (multiple dose)

$$C_{min} = \frac{C_0 \cdot e^{-k_e \cdot \tau}}{\left(1 - e^{-k_c \cdot \tau}\right)}$$

# Average concentration (steady state)

$$\overline{C}p_{ss} = \frac{D}{CL \cdot \tau}$$

# **Oral administration**

# Plasma concentration (single dose)

$$C = \frac{F \cdot D \cdot k_a}{V d \left(k_a - k_e\right)} \cdot \left(e^{-k_e \cdot t} - e^{-k_a \cdot t}\right)$$

# Time of maximum concentration (single dose)

$$t_{max} = \frac{\ln\left(\frac{k_a}{k_e}\right)}{\left(k_a - k_e\right)}$$

# Plasma concentration (multiple dose)

$$C = \frac{F \cdot D \cdot k_a}{Vd(k_a - k_e)} \cdot \left( \frac{e^{-k_e \cdot t}}{\left(1 - e^{-k_e \cdot \tau}\right)} - \frac{e^{-k_a \cdot t}}{\left(1 - e^{-k_a \cdot \tau}\right)} \right)$$

# Time of maximum concentration (multiple dose)

$$t_{max} = \frac{ln \left(\frac{k_{a} \cdot \left(1 - e^{-k_{e} \cdot \tau}\right)}{k_{e} \cdot \left(1 - e^{-k_{a} \cdot \tau}\right)}\right)}{\left(k_{a} - k_{e}\right)}$$

# Average concentration (steady state)

$$\overline{\mathbf{C}} = \frac{\mathbf{F} \cdot \mathbf{D}}{\mathbf{CL} \cdot \tau}$$

#### Clearance

$$Cl = \frac{Dose \cdot F}{AUC}$$

$$Cl = k_a \cdot V_d$$

# **Constant rate infusion**

Plasma concentration (during infusion)

$$C = \frac{k_0}{CL} \cdot \left(1 - e^{-k_e \cdot t}\right)$$

Plasma concentration (steady state)

$$C = \frac{k_0}{CL}$$

Calculated clearance (Chiou equation)

$$CL = \frac{2 \cdot k_0}{(C_1 + C_2)} + \frac{2 \cdot Vd \cdot (C_1 - C_2)}{(C_1 + C_2) \cdot (t_2 - t_1)}$$

# **Short-term infusion**

Peak (single dose)

$$C_{\max(1)} = \frac{D}{CL \cdot T} \cdot \left(1 - e^{-k_e \cdot T}\right)$$

Trough (single dose)

$$C_{\text{min}(1)} = C_{\text{max}(1)} \cdot e^{-k_e(\tau - T)}$$

Peak (multiple dose)

$$C_{\text{max}} = \frac{D}{CL \cdot T} \cdot \frac{\left(1 - e^{-k_e \cdot T}\right)}{\left(1 - e^{-k_e \cdot \tau}\right)}$$

Trough (multiple dose)

$$C_{min} = C_{max} \cdot e^{-k_e(\tau - T)}$$

Calculated elimination rate constant

$$k_e = \frac{ln\left(\frac{C_{max}^*}{C_{min}^*}\right)}{\Delta t}$$

with  $C_{\text{max}}^*$  = measured peak and  $C_{\text{min}}^*$  = measured trough,

measured over the time interval Δt

#### Calculated peak

$$C_{\text{max}} = \frac{C_{\text{max}}^*}{e^{-k_e \cdot t^*}}$$

with  $C_{max}^{\ \ \ }$  = measured peak, measured at time  $t^{\ \ \ }$  after the end of the infusion

# Calculated trough

$$C_{min} = C_{min}^* \cdot e^{-k_e \cdot t^*}$$

with  $C_{min}^*$  = measured trough, measured at time  $t^*$  before the start of the next infusion

#### Calculated volume of distribution

$$Vd = \frac{D}{k_e \cdot T} \cdot \frac{\left(1 - e^{-k_e \cdot T}\right)}{\left[C_{\text{max}} - \left(C_{\text{min}} \cdot e^{-k_e \cdot T}\right)\right]}$$

# Calculated recommended dosing interval

$$\tau = \frac{ln\left(\frac{C_{\text{max(desired)}}}{C_{\text{min(desired)}}}\right)}{k_e} + T$$

#### Calculated recommended dose

$$D = C_{\text{max(desired)}} \cdot k_e \cdot V \cdot T \cdot \frac{\left(1 - e^{-k_e \cdot r}\right)}{\left(1 - e^{-k_e \cdot T}\right)}$$

# **Two-Compartment-Body Model**

$$C = a \bullet e^{-\alpha t} + b \bullet e^{-\beta t}$$

$$AUC_{\infty} = a / \alpha + b / \beta$$

$$Vd_{area} > Vd_{ss} > Vc$$

#### **Creatinine Clearance**

$$CL_{creat}(male) = \frac{(140 - age) \cdot weight}{72 \cdot Cp_{creat}}$$

$$CL_{creat}(female) = \frac{(140 - age) \cdot weight}{85 \cdot Cp_{creat}}$$

With weight in kg, age in years, creatinine plasma conc. in mg/dl and CL<sub>creat</sub> in ml/min

# Ke for aminoglycosides

 $K_e = 0.00293(CrCL) + 0.014$ 

# **Metabolic and Renal Clearance**

$$\mathsf{E}_\mathsf{H} = \frac{Cl_\mathsf{int} \cdot fu_b}{Q_{\mathcal{H}} + Cl_\mathsf{int} \cdot fu_b}$$

$$Cl_H = E_H \cdot Q_H = \frac{Q_H \cdot Cl_{int} \cdot fu_b}{Q_H + Cl_{int} \cdot fu_b}$$

$$\mathsf{F}_{\mathsf{H}} = \frac{Q_{\mathsf{H}}}{Q_{\mathsf{H}} + Cl_{\mathsf{int}} \cdot fu_{\mathsf{b}}}$$

$$Cl_{ren} = RBF \cdot E = GFR \cdot \frac{C_{in} - C_{out}}{C_{in}}$$

$$Cl_{ren} = \frac{\text{rate of excretion}}{\text{plasma concentration}}$$

$$Cl_{ren} = fu \cdot GFR + \left[ \frac{\text{Rate of secretion - Rate of reabsorption}}{\text{Plasma concentration}} \right]$$

# Ideal Body Weight

# Male

IBW = 50 kg + 2.3 kg for each inch over 5ft in height

#### Female

IBW = 45.5 kg + 2.3 kg for each inch over 5ft in height

#### Obese

ABW = IBW + 0.4\*(TBW-IBW)

# Volume of Distribution $V=V_p + V_T \cdot K_p$

$$V = V_{p} + V_{T} \cdot K_{p}$$

$$V = V_{p} + V_{T} \cdot \frac{fu}{fu}$$

# Clearance

$$Cl = \frac{Dose}{AUC}$$

$$Cl = k_e \cdot V_d$$

# For One Compartment Body Model

-	For a single I.V. bolus administration:	For multiple I.V. bolus administration:
If the dosing involves the use of I.V. bolus administration:	$C_0 = \frac{D}{V}$ $C = C_0 \cdot e^{-ket}$	$Cn(t) = \frac{D}{V} \cdot \frac{\left(1 - e^{-nk}e^{\tau}\right)}{\left(1 - e^{-k}e^{\tau}\right)} \cdot e^{-k}e^{t}$ at peak: $t = 0$ ; at steady state $n \to \infty$ at trough: $t = \tau$ $C_{\text{max }ss} = \frac{D}{V} \cdot \frac{1}{\left(1 - e^{-k}e^{\tau}\right)}$
		$C_{\min ss} = C_{\max ss} \cdot e^{-k_e t}$
If the dosing involves the use	For a single short-term I.V. infusion: Since $\tau$ = $t$ for $c_{\max}$ $C_{\max} = \frac{D}{Vk_oT} \cdot \left(1 - e^{-k_eT}\right)$	For multiple short-term I.V. infusion at steady state: $C_{\max} = \frac{D}{Vk_eT} \cdot \underbrace{\begin{pmatrix} 1 - e^{-k_eT} \\ 1 - e^{-k_eT} \end{pmatrix}}_{\text{1-e}-k_eT}$
of I.V. infusion:	$C_{\min} = C_{\max} \cdot e^{-k_e(\tau - T)}$	$C_{\min} = C_{\max} \cdot e^{-k_e(\tau - T)}$

	$C_t = rac{D}{V k_e T} \cdot \left( e^{k_e T} - 1  ight) \cdot e^{-k_e t}$ (most general eq.) during infusion t = T so,
If the dosing involves a I.V.	$C_t = rac{D}{V k_e T} \cdot \left(1 - e^{-k_e t} ight)$ (during infusion) at steady state $ ext{t}  o \infty$ , $ ext{e}^{+k_e t}$ , $t  o 0$ so,
equations):	$Cpss = \frac{D}{Vk_e T} = \frac{k_0}{Vk_e} = \frac{k_0}{CL}$ (steady state) remembering $k_0 = \frac{D}{T}$ and
	$CL = V \cdot k_e$
	For a single oral dose:
If the dosing	$C = \frac{F \cdot D \cdot k_a}{V(k_a - k_e)} \cdot \left( e^{-k_e t} - e^{-k_a t} \right) \cdot C = \frac{F \cdot D \cdot k_a}{V(k_a - k_e)} \cdot \left[ \frac{e^{-k_e t}}{\left( 1 - e^{-k_e t} \right)} - \frac{e^{-k_a t}}{\left( 1 - e^{-k_e t} \right)} \right]$
involves oral administration:	$t_{\text{max}} = \ln \left[ \frac{k_a}{k_e} \right] \cdot \frac{1}{(k_a - k_e)} \qquad t_{\text{max}} = \ln \left[ \frac{k_a \cdot (1 - e^{-k_e \tau})}{k_e \cdot (1 - e^{-k_a \tau})} \right] \cdot \frac{1}{(k_a - k_e)}$