Effect of Food on the Pharmacokinetics of Ulifloxacin, a Fluoroquinolone for Bacterial Gastroenteritis Treatment, in Healthy Subjects After Oral Dosing of the Prodrug Prulifloxacin

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ABSTRACT

Purpose:

To investigate the effect of food on the pharmacokinetics (PK) of ulifloxacin in healthy individuals following a single oral dosing of the Results: prodrug prulifloxacin at 600 mg.

Forty-two subjects were randomized to receive one 600 mg prulifloxacin tablet during either fasting or 30 minutes of a high-fat breakfast in 2 sequences with at least a 72-hour washout period. The plasma and the urine samples were collected over 48 hours and were analyzed for ulifloxacin using a validated HPLC-MS/MS assay. The PK parameters were determined by standard model independent methods. Analysis of variance was carried out using log transformed plasma C_{max} , $AUC_{(O-T)}$ and $AUC_{(O-inf)}$. The effect of food was assessed by examining the 90% confidence interval (CI) for the ratios of the test group means (fed) relative to the reference group means (fasted) for Conclusions: C_{max} , $AUC_{(O-T)}$ and $AUC_{(O-inf)}$. The K_{elim} was statistically evaluated by the paired t-test and T_{max} was evaluated by the Wilcoxon signed rank test. Food ingestion delayed and reduced C_{max} of ulifloxacin, but did not with significance set at ≤ 0.05 for both tests.

The amount and percent excreted in urine and renal clearance were evaluated by the paired t-test.

Ulifloxacin median T_{max} values were 1.50 (range 0.5 to 3) hours and 2.52 (range 1 to 10.5). LSGM for ulifloxacin C_{max} , AUC_(O-T) and AUC_(O-inf) were 1200 and 1840 ng/mL, 9690 and 10400 ng•h/mL and 9830 and 10500 ng•h/mL for the fed and fasted state, respectively. The %Ratio of test-to-reference LSGM was 65.02% for the C_{max} , 93.21% for $AUC_{(O-T)}$ and 93.25% for $AUC_{(O-inf)}$. The corresponding 90% CI for those ratios were 57.75% to 73.20% for C_{max} 85.00% to 102.22% for $AUC_{(0-1)}$ and 85.14% to 102.14% for $AUC_{(0-inf)}$. The AUC ratios are within the 80 to 125% CI limit of the fasted state. The C_{max} ratios are not within 80 to 125% CI limit of the fasted state. There were no statistical significant differences (p \geq 0.05) for K_{elim} or the urine parameters between fed

affect AUC. Ulifloxacin K_{elim} and urine PK parameters did not change as result of food ingestion

Results

PK of Ulifloxacin in Plasma:

1). Corresponding harmonic $T_{1/2}$ mean values were 8.42 \pm 1.22 \pm 28.1 \pm 7.09% and 29.6 \pm 9.38% in the fed and fasted states 11100 ± 3500 and 10100 ± 2130 ng•h/mL, respectively.

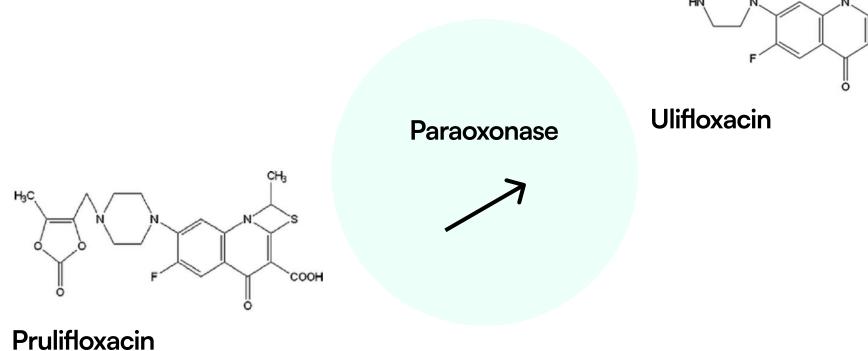
The C_{max}, AUC_(O-T) and AUC_(O-inf) Least Squares Geometric There were no statistical significant differences for ulifloxacin Means (LSGM) are presented in Table 2. The %Ratio of test-to- Ae(O-48), %Excreted and CLR between the fed and fasted reference LSGM was 65.02% for the C_{max} , 93.21% for $AUC_{(0-T)}$ state (p \geq 0.05) (Table 5). and 93.25% for AUC_(O-inf). The corresponding 90% CI for those ratios were 57.75% to 73.20% for C_{max} , 85.00% to 102.22% The 48 hour urine collection period accounted for the for $AUC_{(0-7)}$ and 85.14% to 102.14% for $AUC_{(0-inf)}$. The AUC majority of the ulifloxacin renal elimination as evidenced from ratios are within the 80 to 125% CI limit of the fasted state. The the fact that the cumulative excretion approached an C_{max} ratios are not within 80 to 125% CI limit of the fasted state. apparent plateau by that time (Figure 3). Ulifloxacin Tmax was statistically significant between the two treatments while the Kelim was not (p \leq 0.05) (Table 3).

PK of Ulifloxacin in Urine:

Ulifloxacin median T_{max} values were 1.50 (range 0.5 to 3) hours Ulifloxacin mean Ae(0-48) values were 127 ± 32.1 and 134 ± for fasted and 2.52 (range 1 to 10.5) hours for fed state (Table 42.4 mg which correspond to percent urinary excretion of hours and 8.20 ± 1.15 hours. Mean C_{max} values were $2000 \pm respectively$ (Table 4). Corresponding mean CLR values were 856 and 1260 \pm 443 ng/mL, AUC_(0-T) values were 10900 \pm 216 \pm 40.3 and 208 \pm 40.5 mL/min. The CLR values 3500 and 9920 ± 2140 ng•h/mL and AUC_(0-inf) values were exceeded the glomerular filtration rate (GFR) of 100 mL/min and indicate that tubular secretion markedly contributes to the renal elimination of ulifloxacin.

Figure 1

Chemical Structure of the Prodrug Prulifloxacin and its Active Metabolite, Ulifloxacin



* T1/2 is expressed as a harmonic mean and pseudo SD Four subjects did not receive both treatments and were excluded from the assessments of the food effects

Summary of Ulifloxacin Plasma PK Parameters in Human Subjects Following a Single 600 mg Oral Dose of Prulifloxacin in the Fasted and Fed States

reatment Group	Statistic	C _{max} (ng/mL)	T _{max} (h)	AUC _(0-T) (ng•h/mL)	AUC _(O-inf) (ng•h/mL)	K _{elim} (h-1)	T _{1/2} (h-1)
Fasted	Ν	38	38	38	38	38	38
	Mean	2,000	1.45	10,900	11,100	0.0823	8.42*
	SD	856	0.676	3,500	3,500	0.0119	1.22*
	Min	712	0.500	5,320	5,430	0.0603	6.18
	Median	1,720	1.50	10,900	11,100	0.0797	8.70
	Max	3,960	3.00	20,000	20,100	0.112	11.5
	CV%	42.7	46.7	32.0	31.6	14.5	13.9
Fed	Ν	38	38	38	38	38	38
	Mean	1,260	2.98	9,920	10,100	0.0845	8.20*
	SD	443	1.80	2,140	2,130	0.0118	1.15*
	Min	706	1.00	5,450	5,660	0.0638	6.23
	Median	1,080	2.52	10,000	10,200	0.0827	8.39
	Max	2,920	10.5	15,400	15,400	0.111	10.9
	CV%	35.2	60.6	21.5	21.2	14.0	13.5

Objective

To investigate the effect of food on the pharmacokinetics (PK) of ulifloxacin in healthy individuals following a single oral dosing of the prodrug prulifloxacin at 600 mg.

Introduction

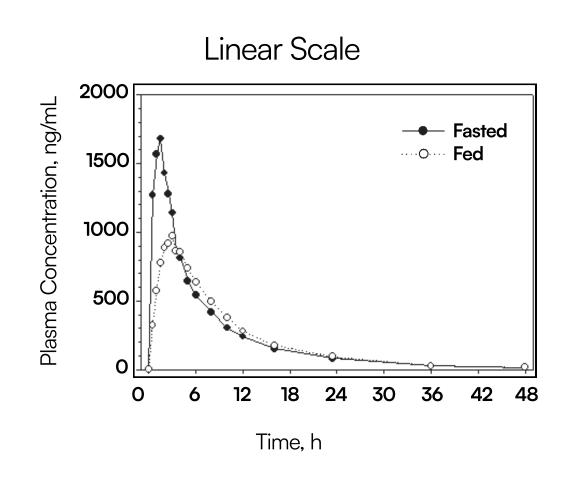
Prulifloxacin, a new broad-spectrum fluoroquinolone antibacterial agent, is Prulifloxacin has been approved for the treatment of gastroenteritis including being developed by Optimer Pharmaceuticals to treat bacterial gastroenteritis. infectious diarrheas in Japan at therapeutic dose of 600 mg once daily. Prulifloxacin is orally absorbed and metabolized in the liver by an α -esterase (paraoxonase) to the active form, ulifloxacin (Tougou et, al., 1998; Keam This poster presents the PK of ulifloxacin in a study that evaluated the effect of and Perry. 2004; Prats et, al., 2006).

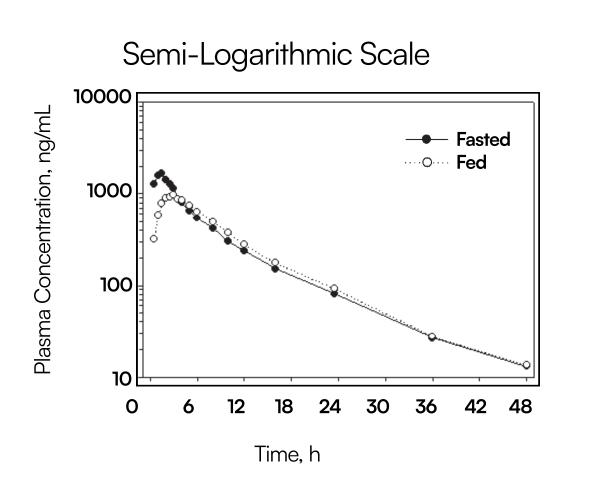
Ulifloxacin, displayed a potent in vitro activity against the most commonly gastroenteritis producing bacterial pathogens with an antibacterial activity 2-4x more potent than ciprofloxacin (Fritsche et, al., 2009).

food on ulifloxacin PK following a single oral dosing of the prodrug prulifloxacin at 600 mg to healthy individuals.

Figure 2

Mean Plasma Concentration-Time Profiles of Ulifloxacin in Human Subjects Following a Single 600 mg Oral Dose of Prulifloxacin in the Fasted and Fed States





* Geometric mean ratio of PK parameter in fed/fasted; expressed as a percent Table 3

Bioequivalence Evaluation of Ulifloxacin C_{max} and AUC in Human Subjects

Parameter	Treatment	Geometric Least	GMR*	90% CI for GMR	
Parameter	rrealment	Squares Means	GIVIK	Lower	Upper
C_{max}	Fasted	1,840	65.02	57.75	73.20
	Fed	1,200			
$AUC_{(O-T)}$	Fasted	10,400	93.21	85.00	102.22
	Fed	9,690			
$AUC_{(O-inf)}$	Fasted	10,500	93.25	85.14	102.14
	Fed	9,830			

Table 3

^a Statistical significance set at ≤ 0.05 for both tests ^b T_{max} value is expressed as median and range

Statistical significance set at ≤ 0.05

Statistical Evaluation of Ulifloxacin T_{max} and K_{elim} in Human Subjects Following a Single 600 mg Oral Dose of Prulifloxacin in the Fasted and Fed States

Parameter	N	Treatment	Mean	SD	Statistical Test	p-valueª
K _{elim} , h ⁻¹	38	Fasted	0.0823	0.0119	5	0.0701
	38	Fed	0.0845	0.0118	Paired t-test	0.2391
T_{max} , h^{b}	38	Fasted	1.50	0.5-3	Wilcoxon Signed	
	38	Fed	2.52	1-10.5	Rank Test	0.0001

Table 4

* Geometric mean ratio of PK parameter in fed/fasted; expressed as a percent

Summary of Ulifloxacin Urine PK Parameters in Human Subjects Following a Single 600 mg Oral Dose of Prulifloxacin in the Fasted and Fed States

	Fasted		Fed			
Ae ₍₀₋₄₈₎ mg	%Total Excretion	CL _R mL/min	AE ₍₀₋₄₈₎ mg	%Total Excretion	CL _R mL/min	
38	38	38	38	38	38	
134	29.6	208	127	28.1	216	
42.4	9.38	40.5	32.1	7.09	40.3	
61.7	13.6	101	64.1	14.2	107	
139	30.7	204	127	28.1	215	
212	46.8	311	216	47.7	301	
31.6	31.6	19.5	25.2	25.2	18.7	
	38 134 42.4 61.7 139 212	Ae ₍₀₋₄₈₎ mg %Total Excretion 38 38 134 29.6 42.4 9.38 61.7 13.6 139 30.7 212 46.8	Ae ₍₀₋₄₈₎ mg %Total Excretion CL _R mL/min 38 38 38 134 29.6 208 42.4 9.38 40.5 61.7 13.6 101 139 30.7 204 212 46.8 311	Ae ₍₀₋₄₈₎ mg %Total Excretion CL _R mL/min AE ₍₀₋₄₈₎ mg 38 38 38 38 134 29.6 208 127 42.4 9.38 40.5 32.1 61.7 13.6 101 64.1 139 30.7 204 127 212 46.8 311 216	Ae ₍₀₋₄₈₎ mg %Total Excretion CL _R mL/min AE ₍₀₋₄₈₎ mg %Total Excretion 38 38 38 38 38 134 29.6 208 127 28.1 42.4 9.38 40.5 32.1 7.09 61.7 13.6 101 64.1 14.2 139 30.7 204 127 28.1 212 46.8 311 216 47.7	

Table 5

Statistical Evaluation of Ulifloxacin Urine PK Parameters in Human Subjects Following a Single 600 mg Oral Dose of Prulifloxacin in the Fasted and Fed

Parameter	N	Treatment	Mean	SD	Statistical Test	p-value ^a
Ae ₍₀₋₄₈₎ mg	38	Fasted	134	42.4		
	38	Fed	127	32.1	Paired t-test	0.4194
%Total Excretion	38	Fasted	29.6	9.38		0.4100
	38	Fed	28.1	7.09	Paired t-test	0.4198
CL _R mL/min	38	Fasted	208	40.5		
	38	Fed	216	40.3	Paired t-test	0.2664

Materials and Methods

A. Study

fasted of fed states.

B. Dose

Forty-two subjects were randomized to receive one 600 mg prulifloxacin tablet during either fasting or 30 minutes of a high-fat breakfast in 2 sequences with at least a 72-hour washout period.

C. Analytical Method

The plasma and the urine samples were collected over 48 hours and were analyzed for ulifloxacin using validated HPLC-MS/MS assays.

D. PK Analysis

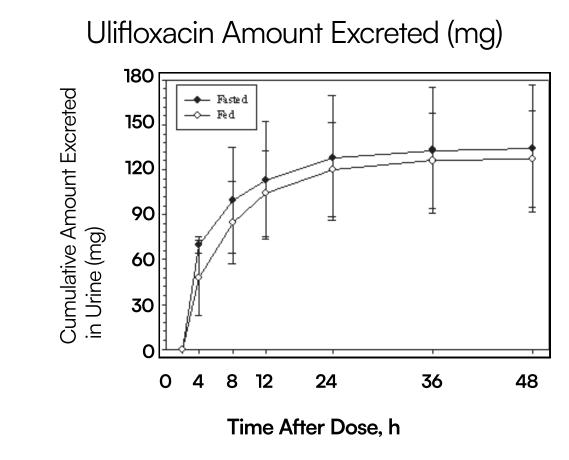
A Randomized, single-dose, two-period, crossover study that assesses Plasma PK parameters (C_{max}, T_{max}, K_{alim}, T_{1/2}, AUC_(O-T) and AUC_(O-inf)) and urine PK safety and PK of ulifloxacin following a single oral dosing of the parameters (the cumulative amount of ulifloxacin excreted in the urine over 48 prodrug prulifloxacin at 600 mg to healthy volunteers during either hours (Ae_{0-48}), % ulifloxacin excreted in the urine in 48 hours relative to ulifloxacin-equivalent dose and the ulifloxacin renal clearance (CLR) were determined using WinNonlin Professional 5.2.1 (Pharsight Corp., Mountain View,

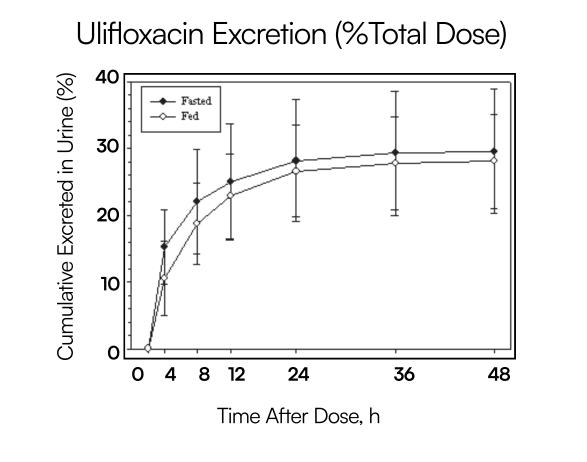
> Analysis of variance was carried out using log-transformed plasma C_{max} , $AUC_{(0-T)}$ and AUC_(0 inf). The effect of food was assessed by examining the 90% confidence interval (CI) for the ratios of the test group means (fed) relative to the reference group means (fasted) for C_{max} , $AUC_{(0-T)}$ and $AUC_{(0-inf)}$.

> The K_{elim} was statistically evaluated by the paired t-test and T_{max} was evaluated by the Wilcoxon signed rank test with significance set at ≤ 0.05 for both tests. The amount (Ae₍₀₋₄₈₎) and percent excreted in urine and CLR of ulifloxacin were evaluated by the paired t-test.

Figure 3

Mean Cumulative Urinary Excretion (mg or % Ulifloxacin-equivalent Dose) of Ulifloxacin in Human Subjects Following a Single 600 mg Oral Dose of Prulifloxacin in the Fasted and Fed States





Conclusions

Food ingestion delayed and reduced C_{max} of ulifloxacin, but did not affect AUC. Ulifloxacin Kalim, Ae₍₀₋₄₈₎, percent urinary excretion and CLR parameters did not change as result of food ingestion.



References

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