

# Building and Evaluation of a PBPK Model for Carbamazepine in Adults

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Version	1.1-OSP11.1
based on <i>Model Snapshot</i> and <i>Evaluation Plan</i>	1.1 ( <a href="https://github.com/Open-Systems-Pharmacology/Carbamazepine-Model/releases/tag/v1.1">https://github.com/Open-Systems-Pharmacology/Carbamazepine-Model/releases/tag/v1.1</a> )
OSP Version	11.1
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# Table of Contents

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- [1 Introduction](#)
- [2 Methods](#)
  - [2.1 Modeling Strategy](#)
  - [2.2 Data](#)
  - [2.3 Model Parameters and Assumptions](#)
- [3 Results and Discussion](#)
  - [3.1 Final input parameters](#)
  - [3.2 Diagnostics Plots](#)
  - [3.3 Concentration-Time Profiles](#)
- [4 Conclusion](#)
- [5 References](#)

# 1 Introduction

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Carbamazepine, sold under the trade name Tegretol® among others, is an anticonvulsant medication used primarily to treat epilepsy and neuropathic pain. Other indications include schizophrenia where it is used as an adjunctive treatment along with other medications, and bipolar disorder where it is used as a second-line agent. Carbamazepine is typically taken by mouth on empty stomach or together with meals, depending on the administered formulation.

Carbamazepine is extensively metabolized by various enzymes including CYP2B6, 2C8, 3A4, and UGT2B7 (Kerr 1994, Pelkonen 2001, Staines 2004). Following oral administration the major dose fraction (approx. ) is metabolized to carbamazepine-10,11-epoxide (Eichelbaum 1985, Tomson 1983). This reaction is mainly catalyzed by CYP3A4, with some contribution from CYP2C8 (Kerr 1994). After oral administration, a minor fraction of the dose (approximately 1 - 3%) is excreted unchanged in urine (Bernus 1994, Morselli 1975), while approximately 1% of the dose can be recovered as unchanged drug in the bile (Terhaag 1978).

Carbamazepine is classified by the U.S. Food and Drug Administration (FDA) as a strong CYP3A4 and CYP2B6 inducer (<https://www.fda.gov/drugs/drug-interactions-labeling/drug-development-and-drug-interactions>) and hence induces its own metabolism.

The herein presented model was developed independently of the model reported by Fuhr et al. (Fuhr 2021). The main difference between the two models pertains to the metabolite carbamazepine-10,11-epoxide, which is included as separate compound in the model by Fuhr et al. (Fuhr 2021), but not modeled in the herein presented model. Another structural model differences concerns the enzymatic elimination pathways of carbamazepine; the model by Fuhr et al. (Fuhr 2021) includes five different metabolism pathways, whereas the herein presented model includes three different metabolism pathways. Additionally, the parameterization of CYP2B6 and 3A4 induction differs between the two models.

## 2 Methods

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### 2.1 Modeling Strategy

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The general workflow for building an adult PBPK model has been described by Kuepfer et al. ([Kuepfer 2016](#)). Relevant information on the anthropometry (height, weight) was gathered from the respective clinical study, if reported. Information on physiological parameters (e.g. blood flows, organ volumes, hematocrit) in adults was gathered from the literature and has been incorporated in PK-Sim® as described previously ([Willmann 2007](#)). The applied activity and variability of plasma proteins and active processes that are integrated into PK-Sim® are described in the publicly available 'PK-Sim® Ontogeny Database Version 7.3' ([PK-Sim Ontogeny Database Version 7.3](#)).

The PBPK model was developed based on publicly available pharmacokinetic data of adult healthy subjects covering a carbamazepine dose range from 10 to 800 mg following intravenous administration or oral administration as liquid oral dosage form, immediate release (IR) tablet or extended release (XR) formulations in the fasted state. The carbamazepine PBPK model includes metabolism by CYP2B6, CYP3A4, and UGT2B7, unchanged renal excretion, and induction of CYP2B6 and 3A4 by carbamazepine. Pharmacokinetics of carbamazepine following administration in the fed state was not considered in the herein presented model. Furthermore, the metabolite carbamazepine-10,11-epoxide was not modeled as separate compound.

Unknown parameters (see below) were identified using the Parameter Identification module provided in PK-Sim®. Structural model selection was mainly guided by visual inspection of the resulting description of data and biological plausibility. Several parameter identifications were conducted to optimize unknown parameters. In a first step, lipophilicity and enzymatic clearances (catalyzed by CYP3A4, CYP2B6 and UGT2B7) were optimized using observed plasma concentration-time profile data following administration of carbamazepine intravenously or orally as syrup. In a second parameter identification, enzymatic clearances were refined and optimized together with the glomerular filtration rate fraction of carbamazepine and the dissolution kinetics of the IR tablet using observed plasma concentration-time profiles and the dose fraction excreted unchanged in urine after single dose administration of various doses as IR tablet. Subsequently, the EC<sub>50</sub> value of CYP3A4 induction was optimized using observed plasma concentration-time profile data after multiple dose administration of carbamazepine. In a final parameter identification, the dissolution kinetics and carbamazepine solubility of XR formulations were optimized.

Details about input data (physicochemical, *in vitro* and clinical) can be found in [Section 2.2](#).

Details about the structural model and its parameters can be found in [Section 2.3](#).

### 2.2 Data

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#### 2.2.1 In vitro / physicochemical Data

A literature search was performed to collect available information on physicochemical properties of carbamazepine and carbamazepine-10,11-epoxide. The information is summarized in the table below.

Parameter	Unit	Value	Source	Description
MW	g/mol	236.27	DrugBank DB00564	Molecular weight
logP (calculated)		1.54	Austin 2002	Partition coefficient between octanol and water
logP (calculated)		2.1	DrugBank DB00564	Partition coefficient between octanol and water
logP (calculated)		2.45	Fenet 2012	Partition coefficient between octanol and water
logP (calculated)		2.77	DrugBank DB00564	Partition coefficient between octanol and water
pK <sub>a</sub>		11.83		Logarithm of the acid dissociation constant
Solubility (pH)	µg/mL	336 (6.2)	Annaert 2010	Solubility in human intestinal fluid
Solubility (pH)	µg/mL	283 (7.0)	Söderlind 2010	Solubility in human intestinal fluid
Solubility (pH)	µg/mL	306 (6.9)	Clarysse 2011	Solubility in fasted human intestinal fluid
f <sub>u</sub>		0.25	Pynnonen 1977	Fraction unbound in plasma of healthy subjects
f <sub>u</sub>		0.243 ± 0.013 [0.225 - 0.258] <sup>a</sup>	Morselli 1975	Fraction unbound in plasma of healthy male subjects
f <sub>u</sub>		0.239	Di Salle 1974	Fraction unbound in plasma of normal subjects
f <sub>u</sub>		0.237 ± 0.031 <sup>b</sup>	Vinçon 1987	Fraction unbound in plasma of epileptic patients
f <sub>u</sub>		0.182 ± 0.05 [0.103 - 0.297] <sup>a</sup>	Hooper 1975	Fraction unbound in plasma of normal subjects
K <sub>m</sub> CYP2B6	µM	420	Pearce 2002	CYP2B6 Michaelis-Menten constant
V <sub>max</sub> CYP2B6	pmol/min/pmol rec enzyme	0.429	Pearce 2002	in vitro metabolic rate constant for recombinant CYP2B6
K <sub>m</sub> CYP2C8	µM	757	Cazali 2003	CYP2C8 Michaelis-Menten constant
V <sub>max</sub> CYP2C8	pmol/min/pmol rec enzyme	0.673	Cazali 2003	in vitro metabolic rate constant for recombinant CYP2C8
K <sub>m</sub> CYP3A4 <sup>c</sup>	µM	282	Pearce 2002	CYP3A4 Michaelis-Menten constant
K <sub>m</sub> CYP3A4 (→CBZE) <sup>d</sup>	µM	248	Huang 2004	CYP3A4 Michaelis-Menten constant
K <sub>m</sub> UGT2B7	µM	214	Staines 2004	UGT2B7 Michaelis-Menten constant
V <sub>max</sub> UGT2B7	pmol/min/mg mic enzyme	0.79	Staines 2004	in vitro metabolic rate constant for microsomal enzymes

Parameter	Unit	Value	Source	Description
Microsomal UGT2B7	pmol/mg mic protein	82.9	Achour 2014	Content of UGT2B7 proteins in liver microsomes
Intestinal permeability	cm/min	0.0258	Lennernäs 2007	Transcellular intestinal permeability

<sup>a</sup> denotes mean ± standard deviation [range]

<sup>b</sup> denotes mean ± standard deviation

<sup>c</sup> refers to CYP3A4-mediated reaction forming other metabolites than carbamazepine-10,11-epoxide

<sup>d</sup> refers to CYP3A4-mediated reaction forming carbamazepine-10,11-epoxide

## 2.2.2 Clinical Data

A literature search was conducted to collect available data on carbamazepine pharmacokinetics in healthy adult subjects after intravenous or oral administration in the fasted state.

The following studies were used for model building:

Publication	Arm / Treatment / Information used for model building
Bernus 1994	Healthy subjects receiving two oral doses of 600 mg carbamazepine as IR tablet (only pharmacokinetic data following the first dose were used for model building)
Gérardin 1976	Healthy subjects receiving a single oral dose of 100 mg carbamazepine as IR tablet
Gérardin 1990	Healthy subjects receiving a single oral dose of 100 mg [ <sup>15</sup> N]-carbamazepine as suspension concomitantly with a single intravenous dose of 10 mg carbamazepine
McLean 2001	Healthy subjects receiving a single oral dose of 400 mg carbamazepine as XR formulation in fasted state
Møller 2001	Healthy subjects receiving a multiple oral doses of carbamazepine, starting at 100 mg and escalating to 400 mg
Wada 1978	Healthy subjects receiving a single oral dose of 200 mg carbamazepine as syrup and IR tablet

The following studies were used for model evaluation:

<b>Publication</b>	<b>Arm / Treatment / Information used for model building</b>
Barzaghi 1987	Healthy subjects receiving a single oral dose of 400 mg carbamazepine
Bedada 2015	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
Bedada 2016	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
Bernus 1994	Healthy subjects receiving two oral doses of 600 mg carbamazepine (only pharmacokinetic data following the second were used for model evaluation)
Bianchetti 1987	Healthy subjects receiving a single oral dose of 400 mg carbamazepine
Burstein 2000	Healthy subjects receiving a multiple oral doses of carbamazepine, starting at 100 mg and escalating to 400 mg
Caraco 1995	Healthy lean subjects receiving a single oral dose of 200 mg carbamazepine
Cawello 2000	Healthy subjects receiving a multiple oral doses of carbamazepine, starting at 100 mg and escalating to 200 mg
Cotter 1977	Healthy subject receiving a single oral dose of 800 mg carbamazepine
Dalton 1985a	Healthy subjects receiving a single oral dose of 600 mg carbamazepine
Dalton 1985b	Healthy subjects receiving a single oral dose of 600 mg carbamazepine
Eichelbaum 1985	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
Elqidra 2004	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
European Patent Application EP 1044681 A2	Healthy subjects receiving a single oral dose of 400 and 600 mg carbamazepine
Gérardin 1976	Healthy subjects receiving a single oral dose of 200, and 600 mg carbamazepine
Ji 2008	Healthy subjects receiving a multiple oral doses of carbamazepine, starting at 200 mg and escalating to 400 mg
Kayali 1994	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
Kim 2005	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
Kovacević 2009	Healthy subjects receiving a single oral dose of 400 mg carbamazepine
Levy 1975	Healthy subjects receiving a single oral carbamazepine dose of 6 mg/kg body weight
Meyer 1996	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
Meyer 1998	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
Miles 1989	Healthy subjects receiving a multiple oral doses of 300 and 400 mg carbamazepine
Morselli 1975	Healthy subjects receiving a single oral dose of 400 mg carbamazepine
Pynnonen 1977	Healthy subjects receiving a single oral dose of 400 mg carbamazepine
Rawlins 1975	Healthy subject receiving a single oral dose of 50, 100, and 200 mg carbamazepine
Saint-Salvi 1987	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
Stevens 1998	Healthy subjects receiving multiple oral doses of 400 mg carbamazepine
Strandjord 1975	Healthy subjects receiving a single oral dose of 400 mg carbamazepine
Sumi 1987	Healthy subjects receiving a single oral dose of 200 mg carbamazepine
Tomson 1983	Healthy subject receiving a single oral doses of 200 mg carbamazepine

Publication	Arm / Treatment / Information used for model building
US Patent Application - US 2009/0169619 A1	Healthy subjects receiving a single oral dose of 300 mg carbamazepine
Wong 1983	Healthy subjects receiving a single oral dose of 400 mg carbamazepine

## 2.3 Model Parameters and Assumptions

### 2.3.1 Absorption

Absorption of carbamazepine from the gastrointestinal tract can be fully explained by passive diffusion; active uptake by drug transporters does not seem to play a role. Intestinal permeability was observed to be not a rate-limiting step in drug absorption. The solubility of carbamazepine following administration of the IR tablet was fixed to the mean value (308 mg/L at a pH of 6.7) reported by several studies in fasted human intestinal fluid ([Annaert 2010](#), [Söderlind 2010](#), [Clarysse 2011](#)).

### 2.3.2 Distribution

Plasma protein binding of carbamazepine was fixed to 75.7% as reported by Morselli et al. for healthy subjects ([Morselli 1975](#)). The distribution of carbamazepine throughout the body was found to be best described by the partition coefficient calculation by [Rodgers and Rowlands](#) and cellular permeability calculation by [PK-sim Standard](#).

### 2.3.3 Metabolism, Excretion and Induction

#### Metabolism

Carbamazepine metabolism is complex involving multiple enzymes with more than 30 metabolites identified ([Lertratanangkoon 1982](#)). Several *in vitro* studies suggest involvement of CYP1A2, 2A6, 2B6, 2C8, 2E1, 3A4, and UGT2B7 in carbamazepine metabolism ([Cazali 2003](#), [Kerr 1994](#), [Pearce 2002](#), [Pelkonen 2001](#), [Staines 2004](#)).

In various *in vitro* assays, the biotransformation to the main metabolite, carbamazepine-10,11-epoxide, appears to be mainly catalyzed by CYP3A4 with minimal contribution by CYP2C8 ([Cazali 2003](#), [Egnell 2003](#), [Kerr 1994](#)). For example, Egnell et al. report that, at equimolar amounts of recombinantly expressed CYP enzymes, the activity of CYP3A4 towards carbamazepine was more than 20-fold higher than that of CYP2C8 ([Egnell 2003](#)). Therefore, carbamazepine epoxidation was modeled via CYP3A4 only.

Further oxidative metabolism pathways include 2- and 3-hydroxylation. The formation of 2-hydroxycarbamazepine is mediated by several CYP enzymes *in vitro* (including CYP1A2, 2A6, 2B6, 2E1, and 3A4); though, the contribution of any of these isoforms does not exceed 50% of the total formation ([Pearce 2002](#)). In experiments with liver slices, 2-hydroxylation appears to be a minor elimination pathway (1-2 % of total clearance) as reported by Pelkonen et al. ([Pelkonen 2001](#)). Hence, 2-hydroxylation was not accounted for in the PBPK model.

The formation of 3-hydroxycarbamazepine also appears to constitute a minor metabolism pathway ([Pelkonen 2001](#)); still, in human liver microsomes, 3-hydroxycarbamazepine was formed at rates ~25 times greater than those of 2-hydroxycarbamazepine ([Pearce 2002](#)). The responsible enzyme for 3-hydroxylation *in vitro* seems to be CYP2B6, although a minor contribution by CYP1A2, 2A6, and 3A4 cannot be ruled out ([Pearce 2002](#)). In the PBPK model, 3-hydroxylation was implemented as CYP2B6-mediated reaction.

N-glucuronidation of carbamazepine in human liver microsomes and baculovirus-infected insect cells expressing human UGTs was also observed with UGT2B7 appearing to be the responsible enzyme for this reaction ([Staines 2004](#)). Thus, the PBPK model also includes UGT2B7-mediated N-glucuronidation of carbamazepine.

In summary, the following three metabolic pathways, each mediated by a specific enzyme, were implemented in the PBPK model:

- 10,11-epoxidation via CYP3A4
- 3-hydroxylation via CYP2B6
- N-glucuronidation via UGT2B7

Since no clinical mass balance data were found for these three pathways, the following clearance kinetics in human liver microsomes reported for each pathway were initially implemented in the PBPK model:

Biotransformation pathway	K <sub>m</sub> [μM]	V <sub>max</sub> [pmol/min/mg microsomal protein]	Source
10,11-epoxidation	808	726	<a href="#">Sakamoto 2013</a>
3-hydroxylation	235	49.0	<a href="#">Pearce 2002</a>
N-glucuronidation	234	3.5	<a href="#">Staines 2004</a>

The following enzymatic content in human liver microsomes was assumed:

Enzyme	Enzyme content [pmol/mg microsomal protein]	Source
CYP3A4	108	<a href="#">Rodrigues 1999</a>
CYP2B6	39	<a href="#">Rodrigues 1999</a>
UGT2B7	82.9	<a href="#">Achour 2014</a>

The expression profiles for these enzymes were loaded from the 'PK-Sim® Ontogeny Database Version 7.3' ([PK-Sim Ontogeny Database Version 7.3](#)) using RT-PCR as data source for each enzyme.

Upon implementation of these enzyme clearance pathways, it was seen that total clearance was slightly overestimated in the PBPK model. Therefore, the k<sub>cat</sub> values of each enzyme were optimized during parameter identification; to respect the initial mass balance of these biotransformation reactions as reported in human liver microsomes, the k<sub>cat</sub> values were not fitted independently but were varied together by the same factor.

## Excretion

A minor fraction of the carbamazepine dose (approximately 1%) is excreted unchanged in urine ([Bernus 1994](#), [Morselli 1975](#)). In the model, unchanged renal excretion was implemented as glomerular filtration with the parameter GFR fraction being fitted to the clinical excretion data reported by Bernus et al. ([Bernus 1994](#)).

## Induction

Carbamazepine induces CYP2B6 and 3A4 via the CAR- and PXR-pathway ([Faucette 2007](#), [Williamson 2016](#)). CYP2B6 induction was informed based on *in vitro* experiments conducted by Faucette et al. ([Faucette 2004](#)). These authors reported the induction of CYP2B6 activity at various carbamazepine concentrations in three preparations of primary human hepatocytes. The reported data suggest linear induction in the tested carbamazepine concentration range. A

linear-mixed effects model was fitted to the reported data; the fitted slope was 0.149. To implement a linear induction in the PBPK model, the EC<sub>50</sub> value of the E<sub>max</sub> model was set to an arbitrarily high value (1000 µM) and E<sub>max</sub> was then calculated as product of the fitted slope value and EC<sub>50</sub> resulting in a value of 149.

CYP3A4 induction was initially parameterized based on internal *in vitro* experiments and calibrated with rifampicin induction data as described by Almond et al. ([Almond 2016](#)). This resulted in an EC<sub>50</sub> of 63.0 µM and an E<sub>max</sub> of 5.39. Simulated carbamazepine plasma concentrations in steady-state indicated that the induction was underestimated; therefore, the calibrated EC<sub>50</sub> value was optimized during parameter identification, while the calibrated E<sub>max</sub> value was kept fixed.

### 2.3.4 Automated Parameter Identification

The parameter identification tool in PK-Sim® has been used to estimate the model parameters described above. The result of the parameter identifications is shown in the table below:

Model Parameter	Optimized Value	Unit
Lipophilicity	2.01	
kcat (CYP3A4)	5.01	1/min
kcat (CYP2B6)	0.936	1/min
kcat (UGT2B7)	0.0669	1/min
GFR fraction	0.0240	
EC50 (CYP3A4)	27.2	µM
Dissolution time (50% dissolved) (IR tablet, fasted)	109	min
Dissolution shape (IR tablet, fasted)	0.689	
Dissolution time (50% dissolved) (XR formulation, fasted)	315	min
Dissolution shape (XR formulation, fasted)	1.23	
Solubility at ref pH -- for XR formulations only	546	mg/L

# 3 Results and Discussion

The PBPK model for carbamazepine was developed and evaluated using publicly available clinical pharmacokinetic data from studies listed in [Section 2.2.2](#).

The next sections show:

1. the final model parameters for the building blocks: [Section 3.1](#).
2. the overall goodness of fit: [Section 3.2](#).
3. simulated vs. observed concentration-time profiles for the clinical studies used for model building and for model verification: [Section 3.3](#).

## 3.1 Final input parameters

The compound parameter values of the final PBPK model are illustrated below.

### Compound: Carbamazepine

#### Parameters

Name	Value	Value Origin	Alternative	Default
Solubility at reference pH	308.3333 mg/l	Publication-Mean value of the following FaHIF solubility data reported in the literature: 336 µg/mL, pH 6.2 (Annaert 2010; DOI: 10.1016/j.ejps.2009.10.005); 283 µg/mL, pH 7.0 (Söderlind 2010; DOI: 10.1021/mp100144v); 306 mg/mL, pH 6.9 (Clarysse 2011; DOI: 10.1016/j.ejps.2011.04.016)	IR tablet (FaHIF)	True
Reference pH	6.7	Publication-Mean value of the following FaHIF solubility data reported in the literature: 336 µg/mL, pH 6.2 (Annaert 2010; DOI: 10.1016/j.ejps.2009.10.005); 283 µg/mL, pH 7.0 (Söderlind 2010; DOI: 10.1021/mp100144v); 306 mg/mL, pH 6.9 (Clarysse 2011; DOI: 10.1016/j.ejps.2011.04.016)	IR tablet (FaHIF)	True
Solubility at reference pH	546.0199756643 mg/l	Parameter Identification-Parameter Identification-Value updated from '004-2_from-003-1_XRtablet_fasted_solubility_FINAL' on 2022-03-24 12:41	XR tablet (fitted)	False
Reference pH	6.7	Parameter Identification-Parameter Identification-Value updated from '004-2_from-003-1_XRtablet_fasted_solubility_FINAL' on 2022-03-16 18:25	XR tablet (fitted)	False
Lipophilicity	2.0067753065 Log Units	Parameter Identification-Parameter Identification-Value updated from '001-5-3_CYP3A4_MM-kinetics_WithoutTablet' on 2022-02-21 16:49	Optimized	True
Fraction unbound (plasma, reference value)	0.243	Publication-Morselli 1975 (DOI: 10.1007/978-3-642-85921-2_16)	Morselli 1975	True
Is small molecule	Yes			
Molecular weight	236.2686 g/mol	Internet-DrugBank ( <a href="https://go.drugbank.com/drugs/DB00564">https://go.drugbank.com/drugs/DB00564</a> )		
Plasma protein binding partner	Albumin			

#### Calculation methods

Name	Value
Partition coefficients	Rodgers and Rowland
Cellular permeabilities	PK-Sim Standard

## Processes

### Induction: CYP3A4-DMPK

Molecule: CYP3A4

#### Parameters

Name	Value	Value Origin
EC50	27.193363407 μmol/l	Parameter Identification-Parameter Identification-Value updated from '003-1_from002-3-6_EC50' on 2022-02-24 10:23
Emax	5.3929777775	Publication-In Vitro-DMPK measurement (internal data); the measured Emax was calibrated with rifampicin by using the Emax implemented in the rifampicin OSP model v1.2 according the the method described by Almond 2016 (DOI: 10.1124/dmd.115.066845)

### Systemic Process: Glomerular Filtration-Glomerular Filtration

Species: Human

#### Parameters

Name	Value	Value Origin
GFR fraction	0.0240108793	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18

### Metabolizing Enzyme: UGT2B7-N-Glucuronidation\_Staines2004

Molecule: UGT2B7

#### Parameters

Name	Value	Value Origin
In vitro Vmax for liver microsomes	3.5 pmol/min/mg mic. protein	Publication-In Vitro-Staines 2004 (DOI: 10.1124/jpet.104.073114)
Content of CYP proteins in liver microsomes	82.9 pmol/mg mic. protein	Publication-In Vitro-Achour 2014 (DOI: 10.1124/dmd.113.055632)
Km	234 μmol/l	Publication-In Vitro-Staines 2004 (DOI: 10.1124/jpet.104.073114)
kcat	0.0668699322 1/min	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18

### Metabolizing Enzyme: CYP2B6-3-Hydroxylation\_Pearce2002

Molecule: CYP2B6

#### Parameters

Name	Value	Value Origin
In vitro Vmax for liver microsomes	49 pmol/min/mg mic. protein	Publication-In Vitro-Pearce 2002 (DOI: 10.1124/dmd.30.11.1170)
Content of CYP proteins in liver microsomes	39 pmol/mg mic. protein	Publication-In Vitro-Rodrigues 1999 (DOI: 10.1016/s0006-2952(98)00268-8)
Km	235 μmol/l	Publication-Pearce 2002 (DOI: 10.1124/dmd.30.11.1170)
kcat	0.9361790504 1/min	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18

## Metabolizing Enzyme: CYP3A4-Epoxidation\_Sakamoto2013

Molecule: CYP3A4

### Parameters

Name	Value	Value Origin
In vitro Vmax for liver microsomes	726 pmol/min/mg mic. protein	Publication-In Vitro-Sakamoto 2013 (DOI: 10.1248/bpb.b13-00569)
Km	808 μmol/l	Publication-In Vitro-Sakamoto 2013 (DOI: 10.1248/bpb.b13-00569)
kcat	5.0088763476 1/min	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18

## Induction: CYP2B6-Faucette2004

Molecule: CYP2B6

### Parameters

Name	Value	Value Origin
EC50	1000 μmol/l	Publication-Set to an arbitrarily high value to enable linear induction as suggested by Faucette 2004 (DOI: 10.1124/dmd.32.3.348); see evaluation report for details
Emax	148.7284	Publication-Linear-mixed effects model fitted to reported data by Faucette 2004 (DOI: 10.1124/dmd.32.3.348); see evaluation report for details

## Formulation: CBZ\_capsuleXR\_fasted (Carbatrol)

Type: Weibull

### Parameters

Name	Value	Value Origin
Dissolution time (50% dissolved)	315.2431776804 min	Parameter Identification-Parameter Identification-Value updated from '004-2_from-003-1_XRtablet_fasted_solubility_FINAL' on 2022-03-24 12:41
Lag time	0 min	
Dissolution shape	1.2290186648	Parameter Identification-Parameter Identification-Value updated from '004-2_from-003-1_XRtablet_fasted_solubility_FINAL' on 2022-03-24 12:41
Use as suspension	Yes	

## Formulation: CBZ\_tabletIR\_fasted (Tegretol)

Type: Weibull

### Parameters

Name	Value	Value Origin
Dissolution time (50% dissolved)	109.3089775422 min	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18
Lag time	0 min	
Dissolution shape	0.6890123758	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18
Use as suspension	Yes	

## Formulation: Solution

Type: Dissolved

### Compound: [15N]-Carbamazepine

### Parameters

Name	Value	Value Origin	Alternative	Default
Solubility at reference pH	308.3333 mg/l	Publication-Mean value of the following FaHIF solubility data reported in the literature: 336 µg/mL, pH 6.2 (Annaert 2010; DOI: 10.1016/j.ejps.2009.10.005); 283 µg/mL, pH 7.0 (Söderlind 2010; DOI: 10.1021/mp100144v); 306 mg/mL, pH 6.9 (Clarysse 2011; DOI: 10.1016/j.ejps.2011.04.016)	IR tablet (FaHIF)	True
Reference pH	6.7	Publication-Mean value of the following FaHIF solubility data reported in the literature: 336 µg/mL, pH 6.2 (Annaert 2010; DOI: 10.1016/j.ejps.2009.10.005); 283 µg/mL, pH 7.0 (Söderlind 2010; DOI: 10.1021/mp100144v); 306 mg/mL, pH 6.9 (Clarysse 2011; DOI: 10.1016/j.ejps.2011.04.016)	IR tablet (FaHIF)	True
Solubility at reference pH	546.0199756643 mg/l	Parameter Identification-Parameter Identification-Value updated from '004-2_from-003-1_XRtablet_fasted_solubility_FINAL' on 2022-03-24 12:41	XR tablet (fitted)	False
Reference pH	6.7	Parameter Identification-Parameter Identification-Value updated from '004-2_from-003-1_XRtablet_fasted_solubility_FINAL' on 2022-03-16 18:25	XR tablet (fitted)	False
Lipophilicity	2.0067753065 Log Units	Parameter Identification-Parameter Identification-Value updated from '001-5-3_CYP3A4_MM-kinetics_WithoutTablet' on 2022-02-21 16:49	Optimized	True
Fraction unbound (plasma, reference value)	0.243	Publication-Morselli 1975 (DOI: 10.1007/978-3-642-85921-2_16)	Morselli 1975	True
Is small molecule	Yes			
Molecular weight	236.2686 g/mol	Internet-DrugBank ( <a href="https://go.drugbank.com/drugs/DB00564">https://go.drugbank.com/drugs/DB00564</a> )		
Plasma protein binding partner	Albumin			

## Calculation methods

Name	Value
Partition coefficients	Rodgers and Rowland
Cellular permeabilities	PK-Sim Standard

## Processes

### Induction: CYP3A4-DMPK

Molecule: CYP3A4

### Parameters

Name	Value	Value Origin
EC50	27.193363407 µmol/l	Parameter Identification-Parameter Identification-Value updated from '003-1_from002-3-6_EC50' on 2022-02-24 10:23
Emax	5.3929777775	Publication-In Vitro-DMPK measurement (internal data); the measured Emax was calibrated with rifampicin by using the Emax implemented in the rifampicin OSP model v1.2 according the method described by Almond 2016 (DOI: 10.1124/dmd.115.066845)

## Systemic Process: Glomerular Filtration-Glomerular Filtration

Species: Human

### Parameters

Name	Value	Value Origin
GFR fraction	0.0240108793	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18

## Metabolizing Enzyme: UGT2B7-N-Glucuronidation\_Staines2004

Molecule: UGT2B7

### Parameters

Name	Value	Value Origin
In vitro Vmax for liver microsomes	3.5 pmol/min/mg mic. protein	Publication-In Vitro-Staines 2004 (DOI: 10.1124/jpet.104.073114)
Content of CYP proteins in liver microsomes	82.9 pmol/mg mic. protein	Publication-In Vitro-Achour 2014 (DOI: 10.1124/dmd.113.055632)
Km	234 μmol/l	Publication-In Vitro-Staines 2004 (DOI: 10.1124/jpet.104.073114)
kcat	0.0668699322 1/min	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18

## Metabolizing Enzyme: CYP2B6-3-Hydroxylation\_Pearce2002

Molecule: CYP2B6

### Parameters

Name	Value	Value Origin
In vitro Vmax for liver microsomes	49 pmol/min/mg mic. protein	Publication-In Vitro-Pearce 2002 (DOI: 10.1124/dmd.30.11.1170)
Content of CYP proteins in liver microsomes	39 pmol/mg mic. protein	Publication-In Vitro-Rodrigues 1999 (DOI: 10.1016/s0006-2952(98)00268-8)
Km	235 μmol/l	Publication-Pearce 2002 (DOI: 10.1124/dmd.30.11.1170)
kcat	0.9361790504 1/min	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18

## Metabolizing Enzyme: CYP3A4-Epoxidation\_Sakamoto2013

Molecule: CYP3A4

### Parameters

Name	Value	Value Origin
In vitro Vmax for liver microsomes	726 pmol/min/mg mic. protein	Publication-In Vitro-Sakamoto 2013 (DOI: 10.1248/bpb.b13-00569)
Km	808 µmol/l	Publication-In Vitro-Sakamoto 2013 (DOI: 10.1248/bpb.b13-00569)
kcat	5.0088763476 1/min	Parameter Identification-Parameter Identification-Value updated from '002-3-6_from001-5-3_IRtablet-sd_Pint-FIX_FINAL' on 2022-02-23 17:18

## Induction: CYP2B6-Faucette2004

Molecule: CYP2B6

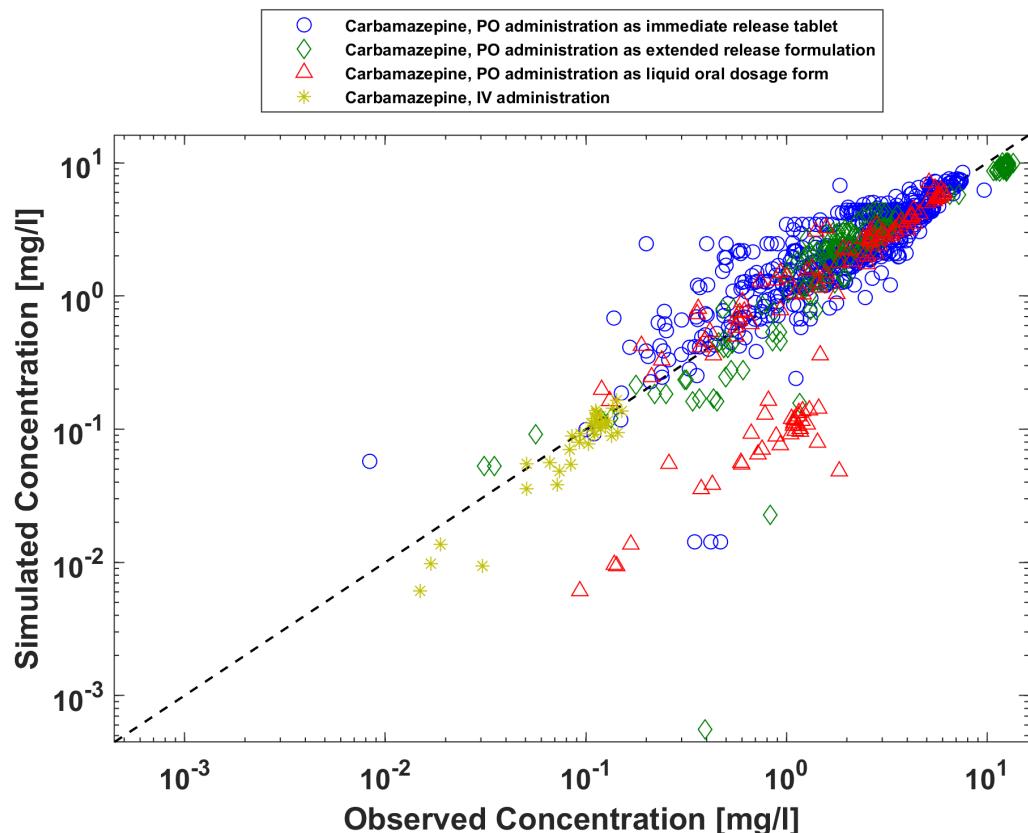
### Parameters

Name	Value	Value Origin
EC50	1000 µmol/l	Publication-Set to an arbitrarily high value to enable linear induction as suggested by Faucette 2004 (DOI: 10.1124/dmd.32.3.348); see evaluation report for details
Emax	148.7284	Publication-Linear-mixed effects model fitted to reported data by Faucette 2004 (DOI: 10.1124/dmd.32.3.348); see evaluation report for details

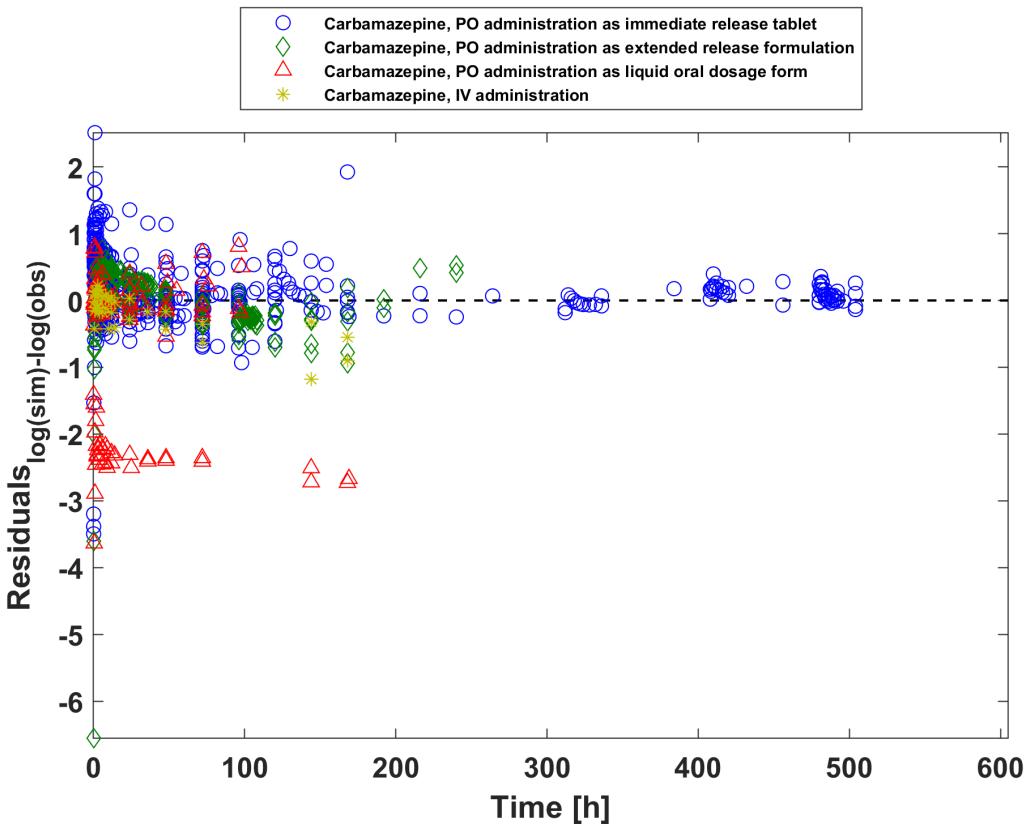
## 3.2 Diagnostics Plots

Below you find the goodness-of-fit visual diagnostic plots for the PBPK model performance of all data used presented in [Section 2.2.2](#).

The first plot shows simulated versus observed plasma concentration, the second weighted residuals versus time.



Goodness of fit plot for concentration in plasma

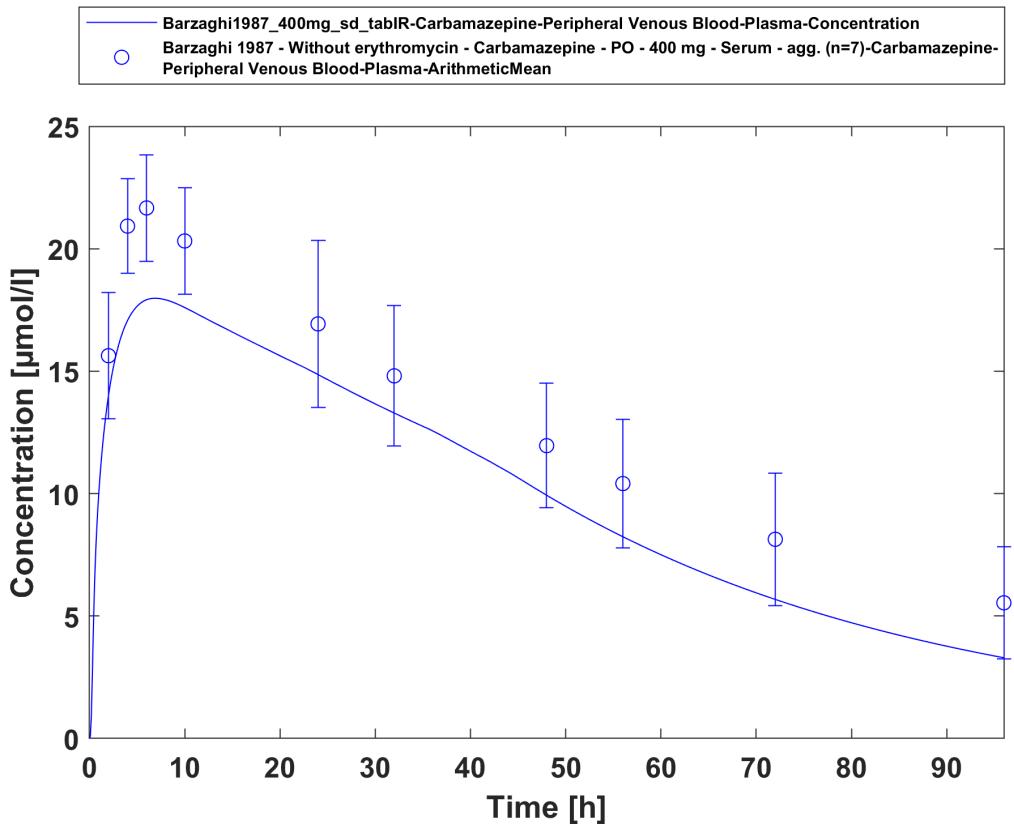


Goodness of fit plot for concentration in plasma

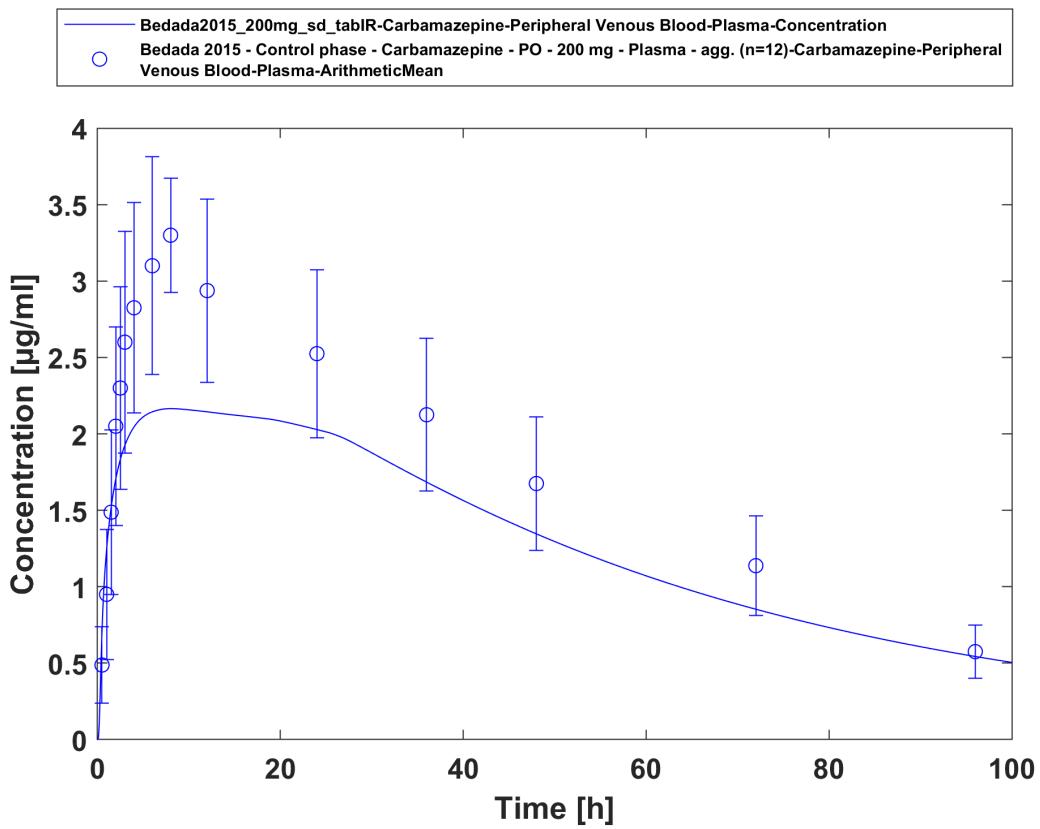
GMFE = 1.486311

### 3.3 Concentration-Time Profiles

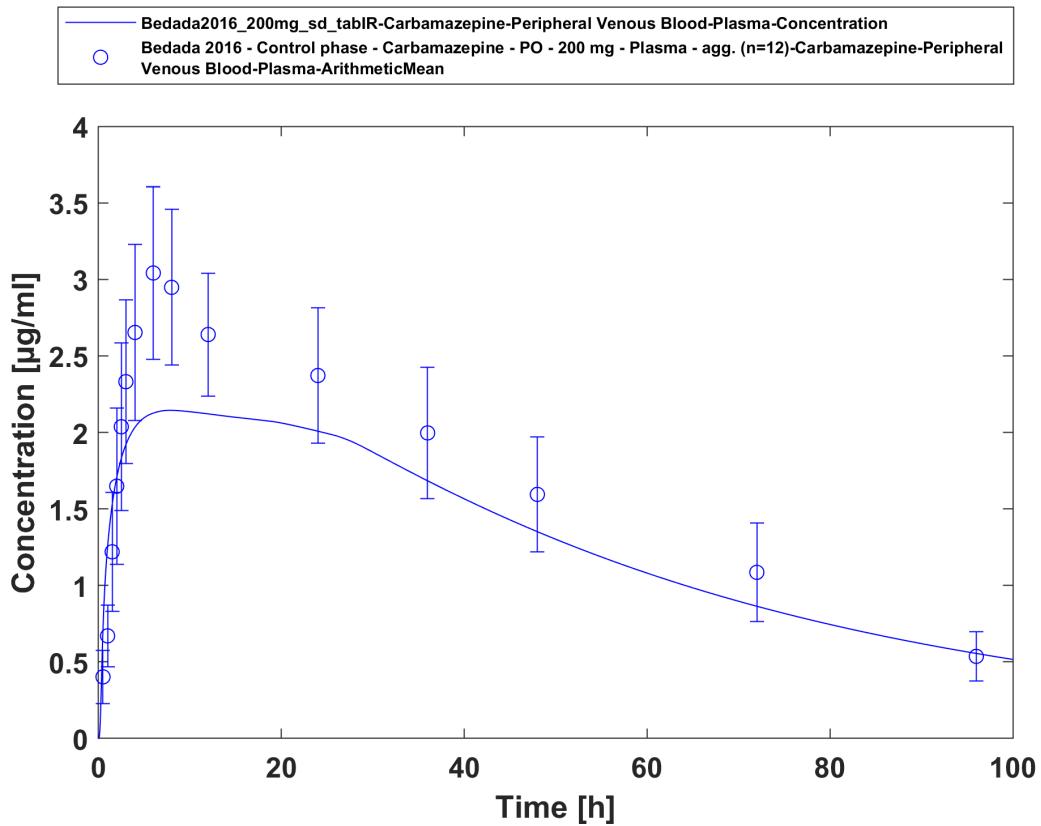
Simulated versus observed concentration-time profiles of all data listed in [Section 2.2.2](#) are presented below.



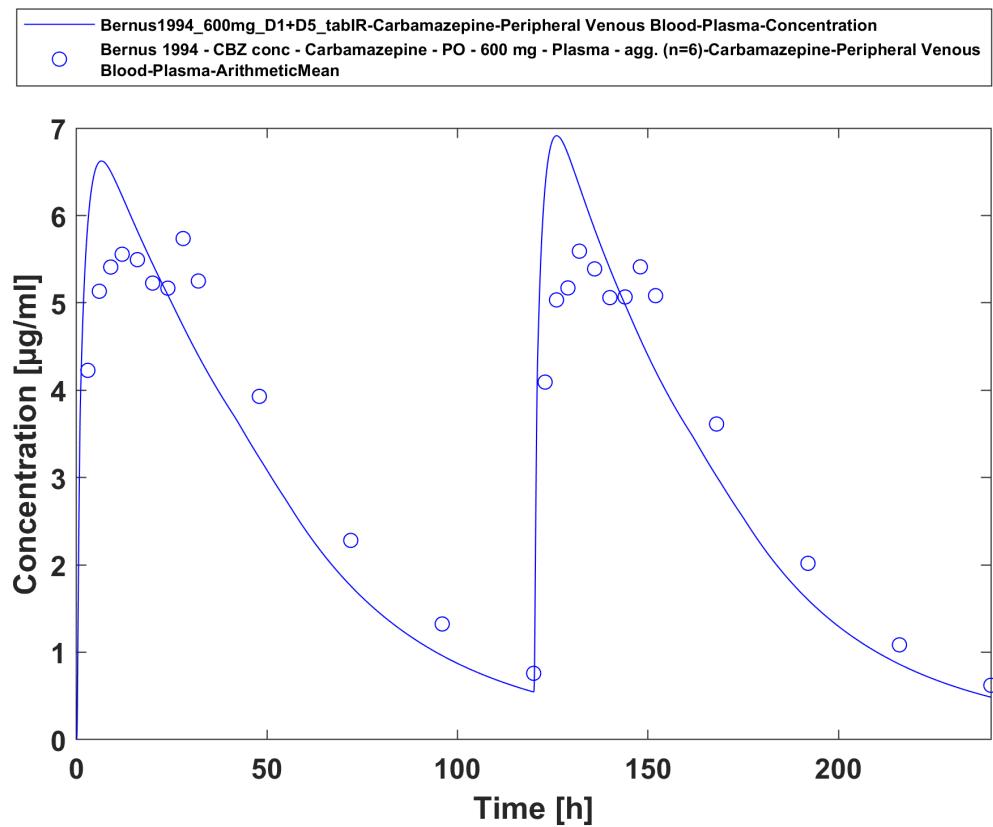
Barzaghi1987\_400mg\_sd\_tablR\_fed



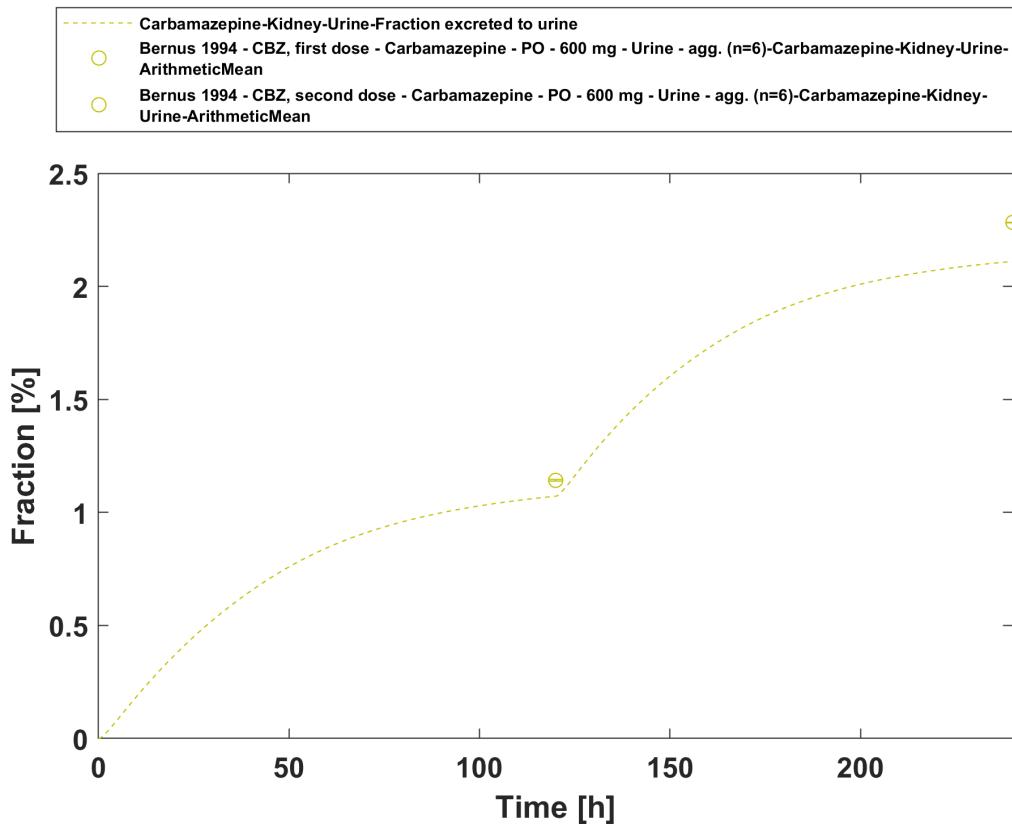
Bedada2015\_200mg\_sd\_tablR



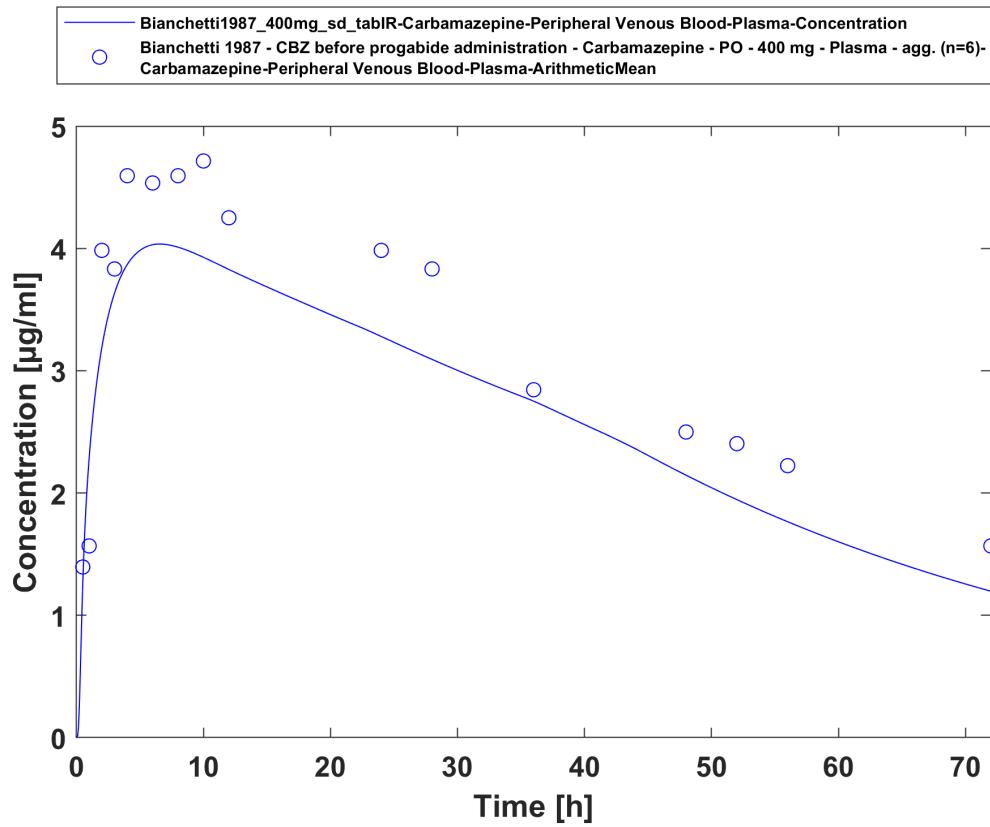
Bedada2016\_200mg\_sd\_tabIR



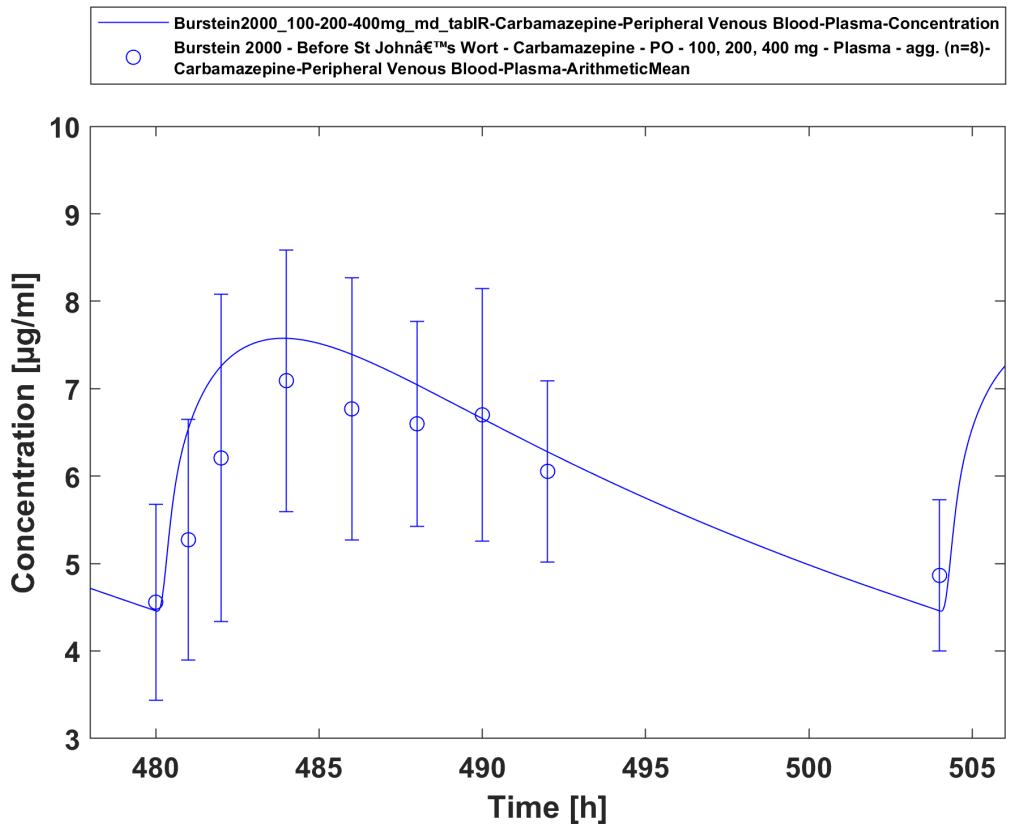
Bernus1994\_600mg\_D1+D5\_tabIR - plasma



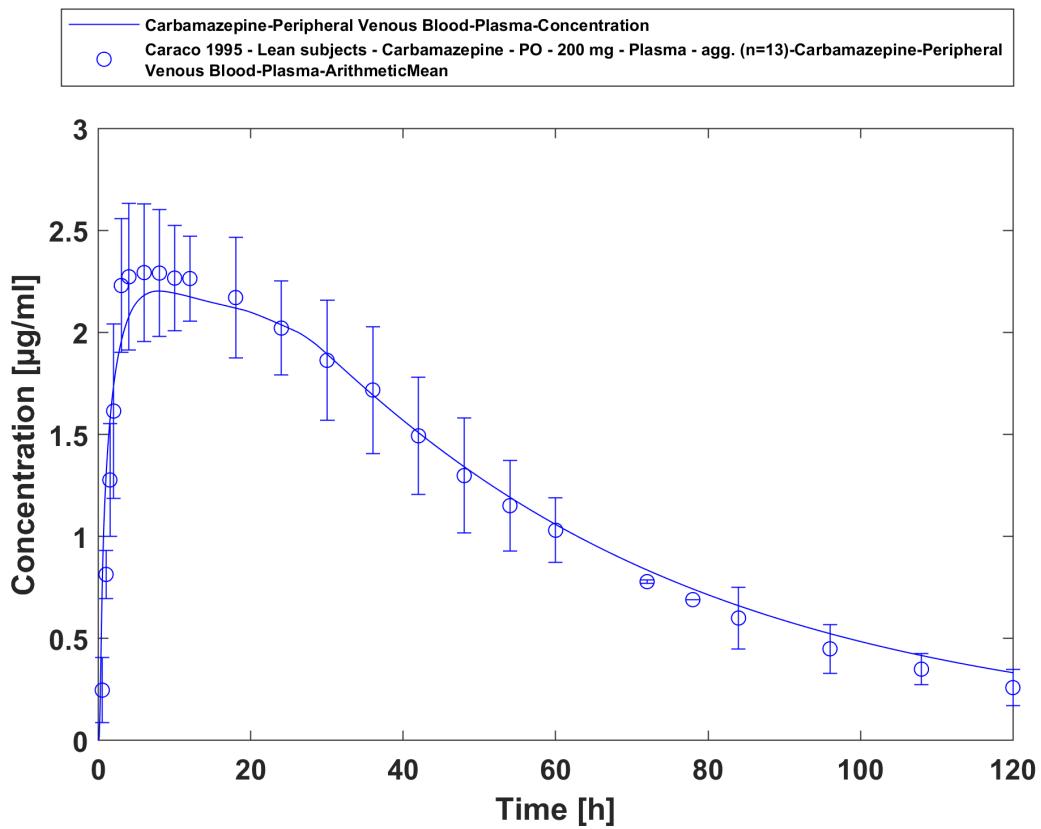
Bernus1994\_600mg\_D1+D5\_tablR - urine



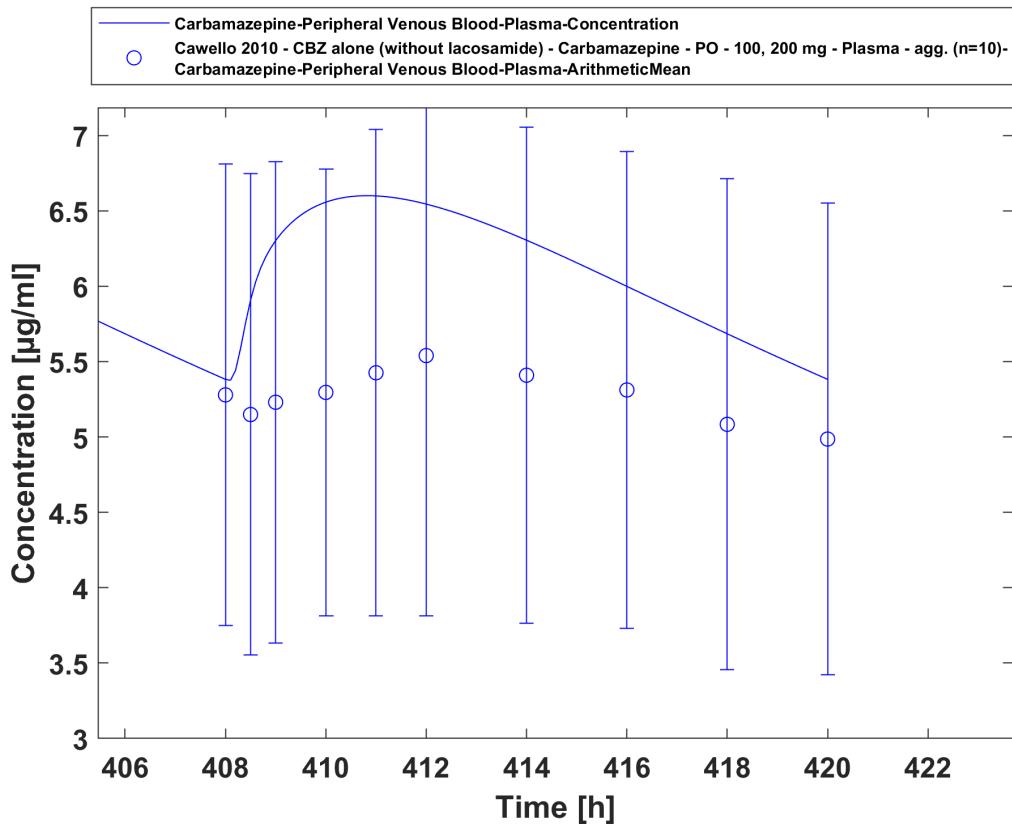
Bianchetti1987\_400mg\_sd\_tablR\_fed



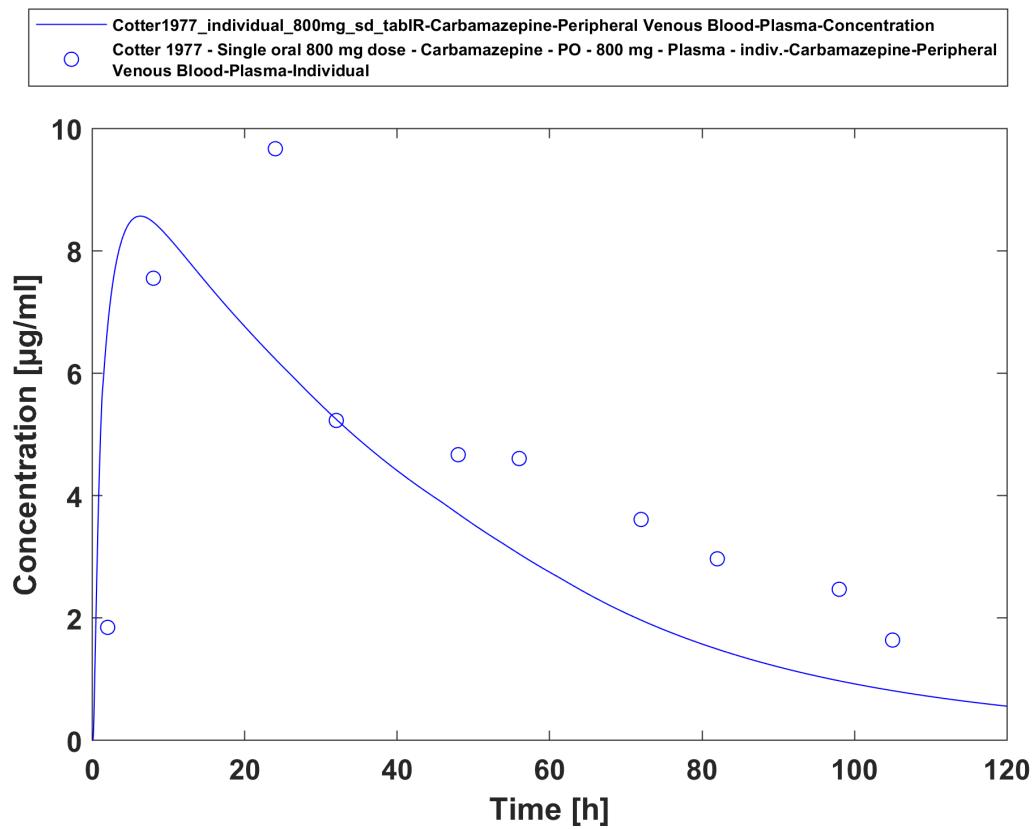
Burstein2000\_100-200-400mg\_md\_tabIR



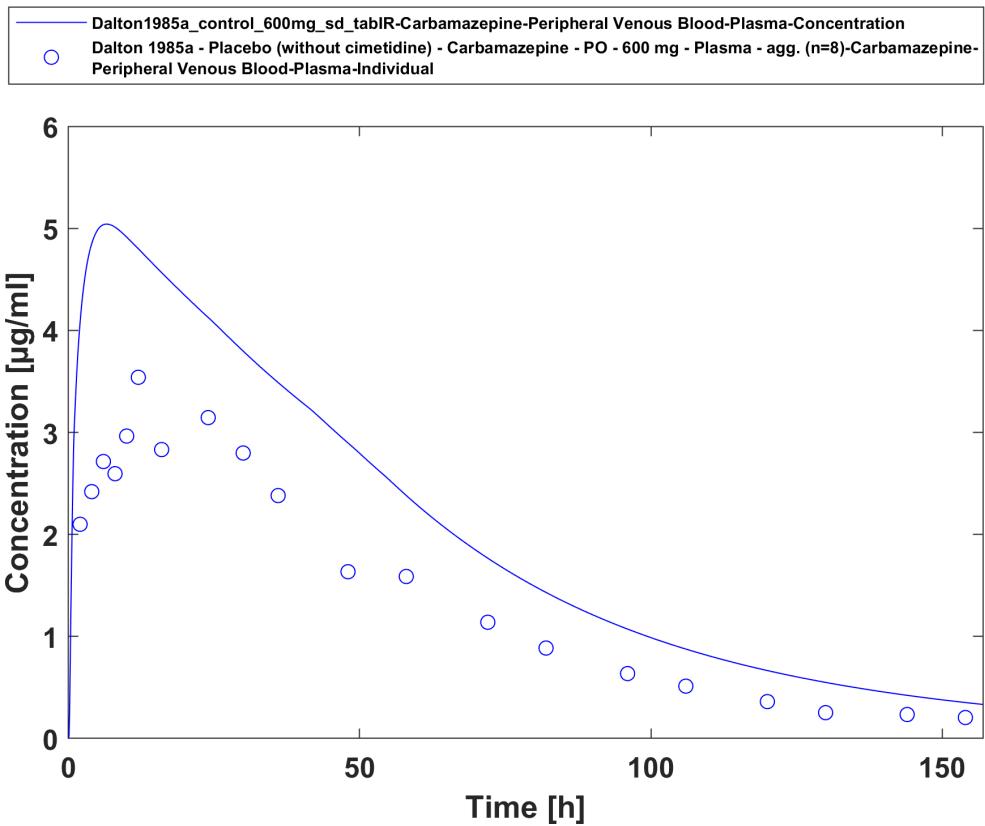
Time Profile Analysis



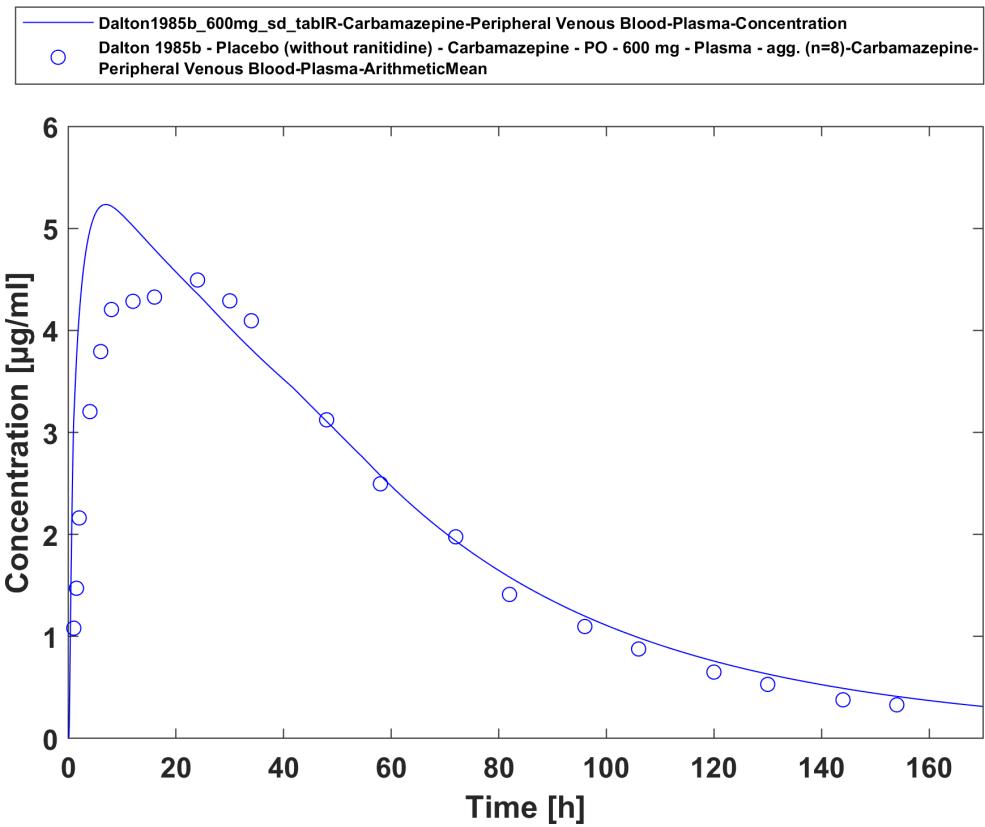
Time Profile Analysis



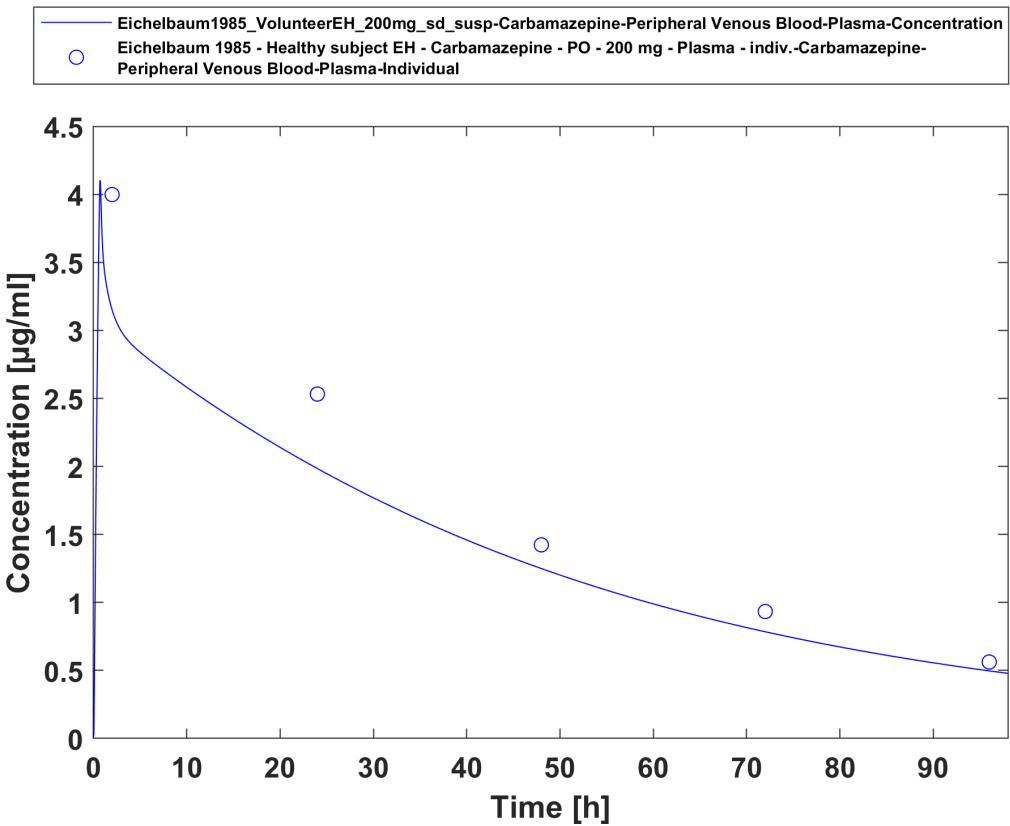
Cotter1977\_individual\_800mg\_sd\_tabIR



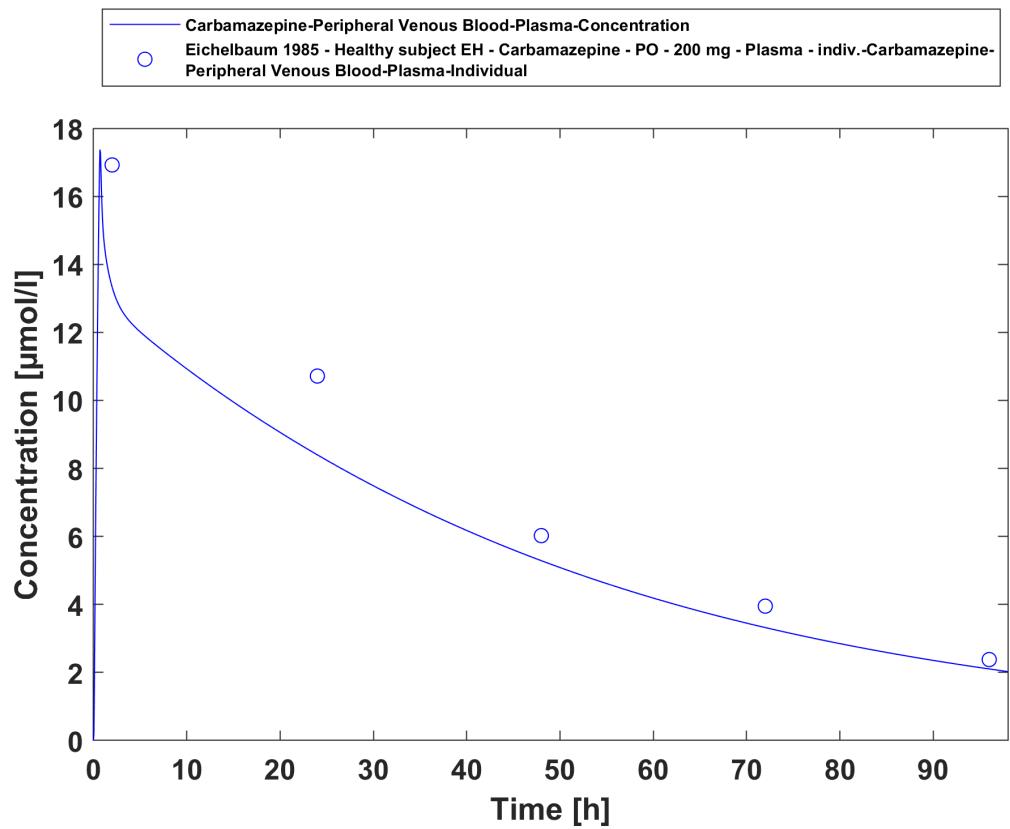
Dalton1985\_control\_600mg\_sd\_tabIR



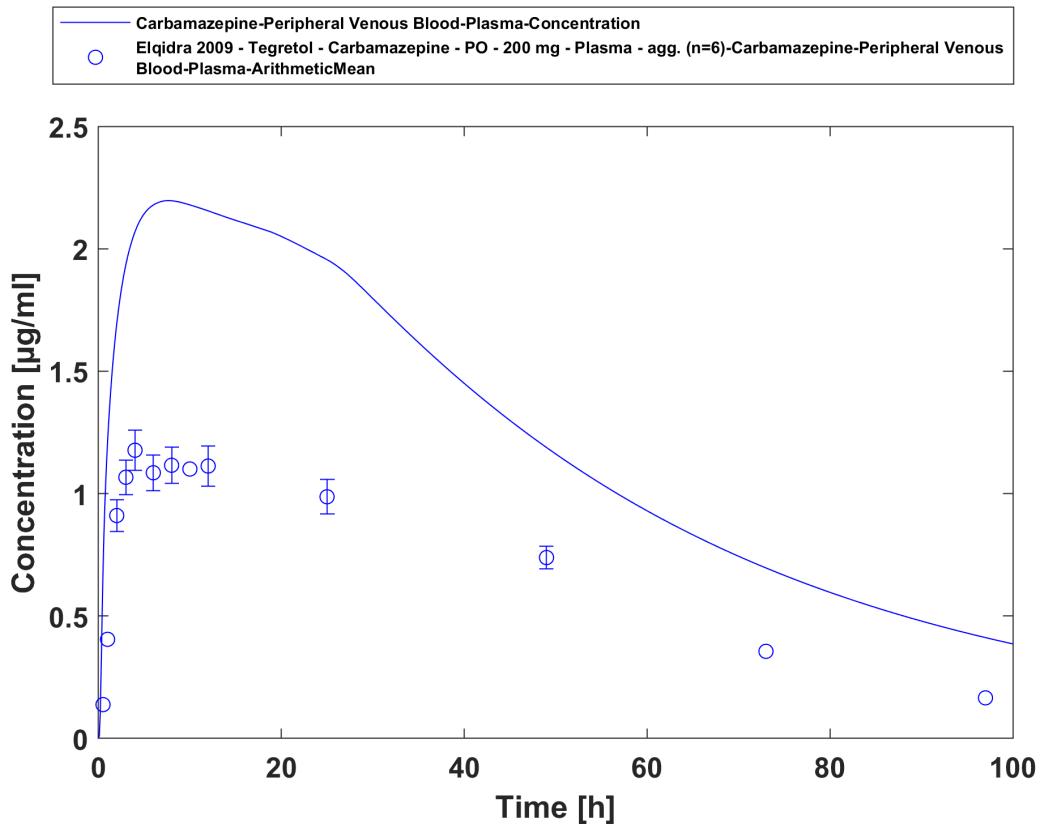
Dalton1985a\_600mg\_sd\_tabIR



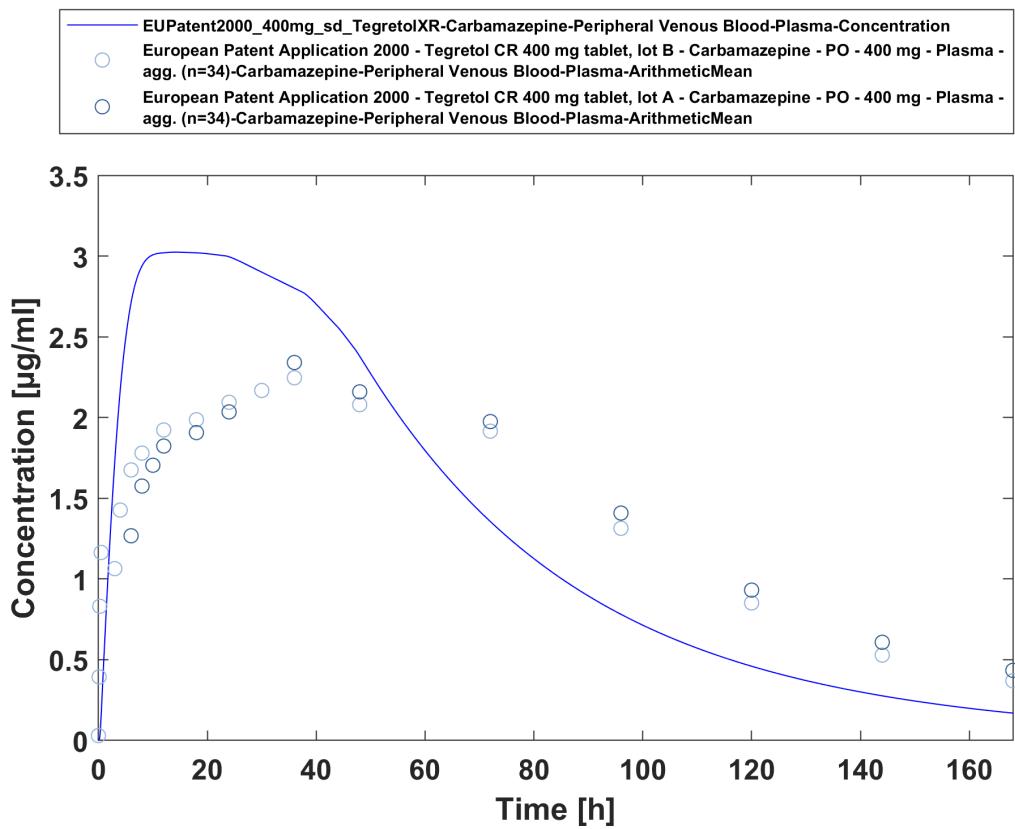
Time Profile Analysis



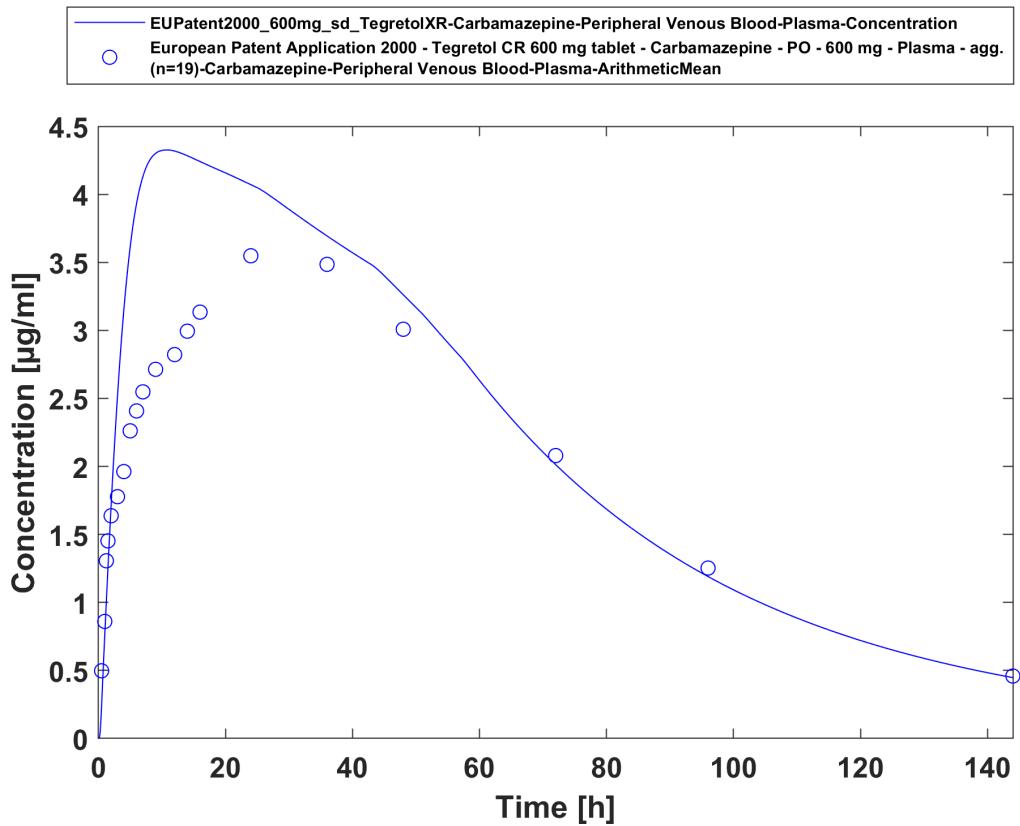
Time Profile Analysis 1



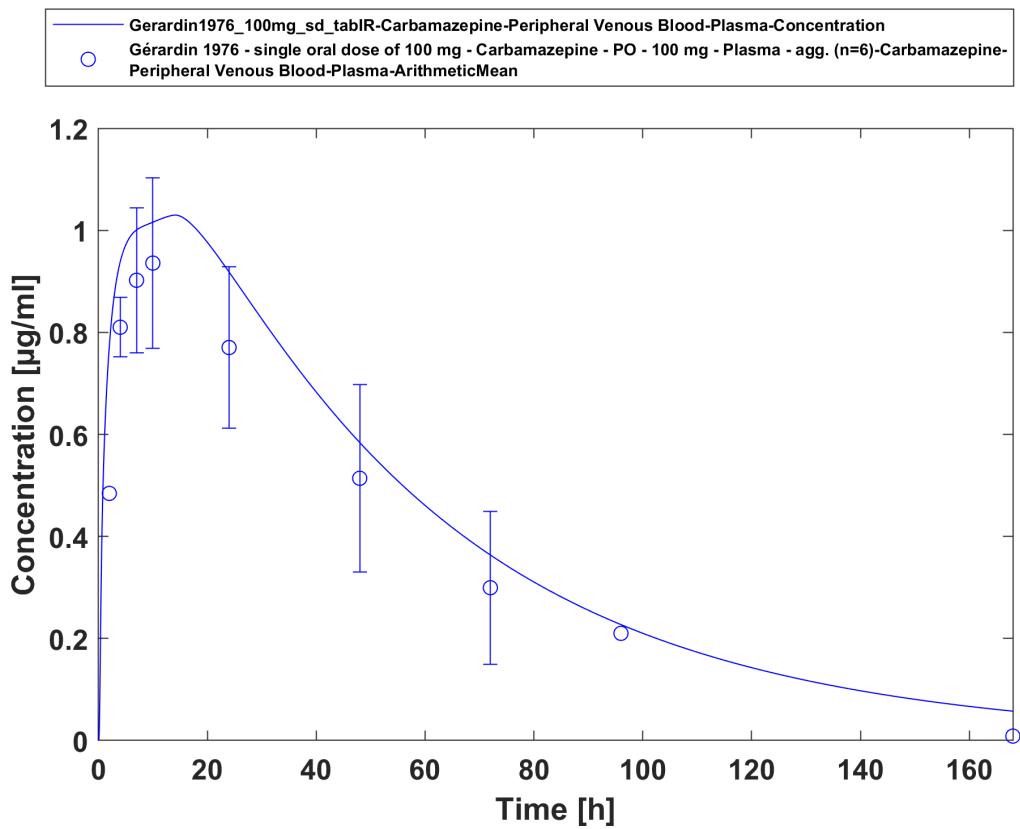
Time Profile Analysis



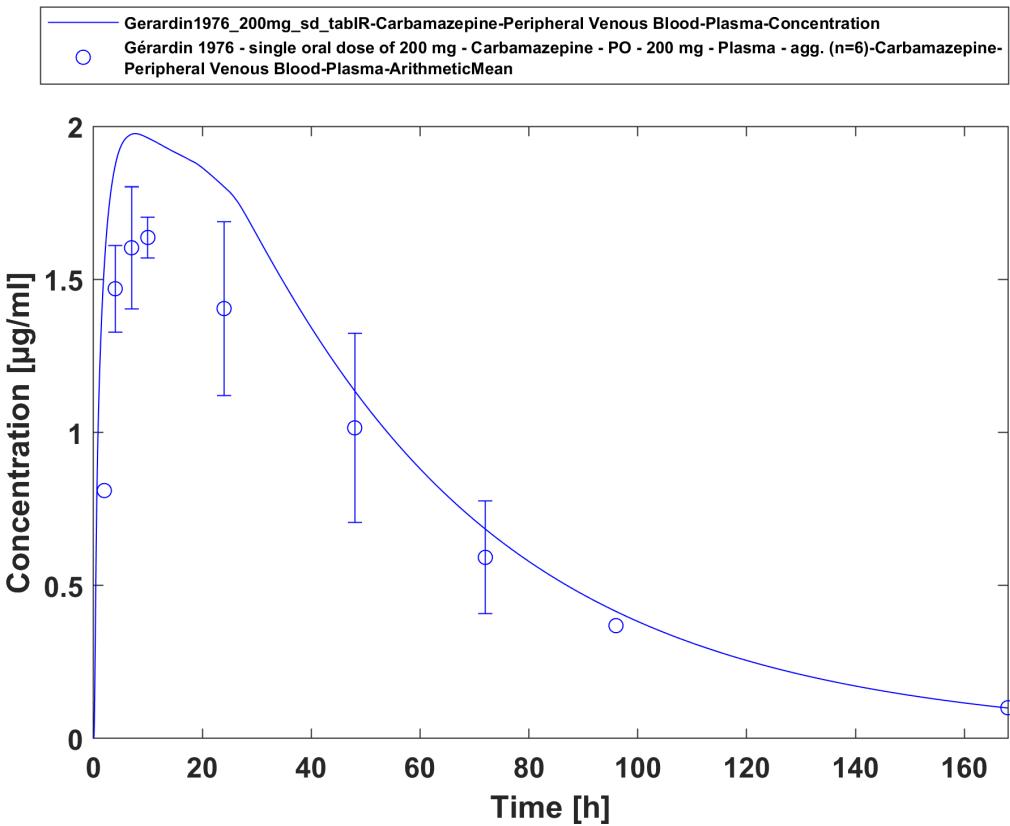
EUPatent2005\_400mg\_sd\_TegretolXR



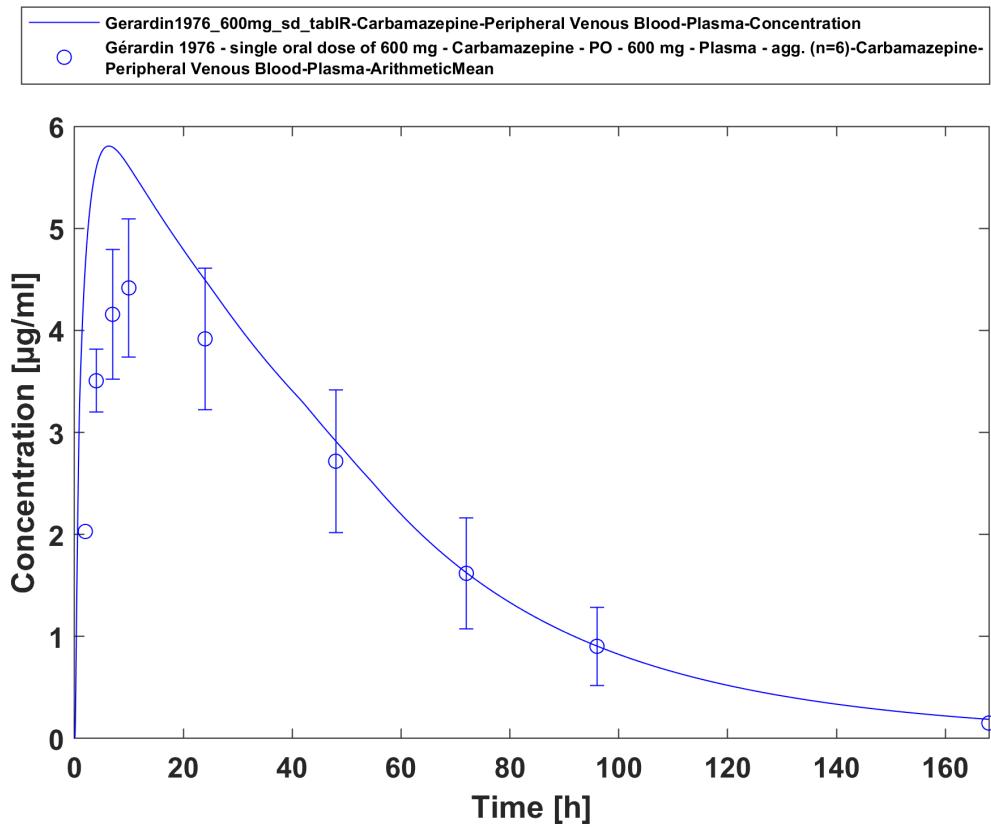
EUPatent2005\_600mg\_sd\_TegretolXR



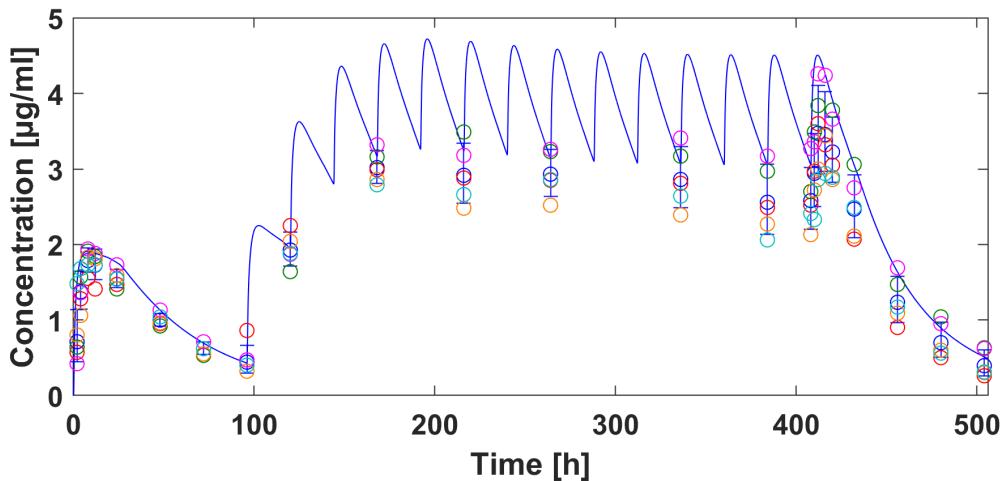
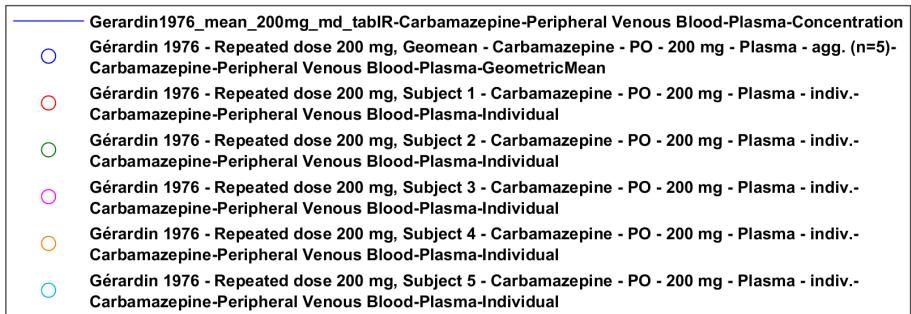
Time Profile Analysis



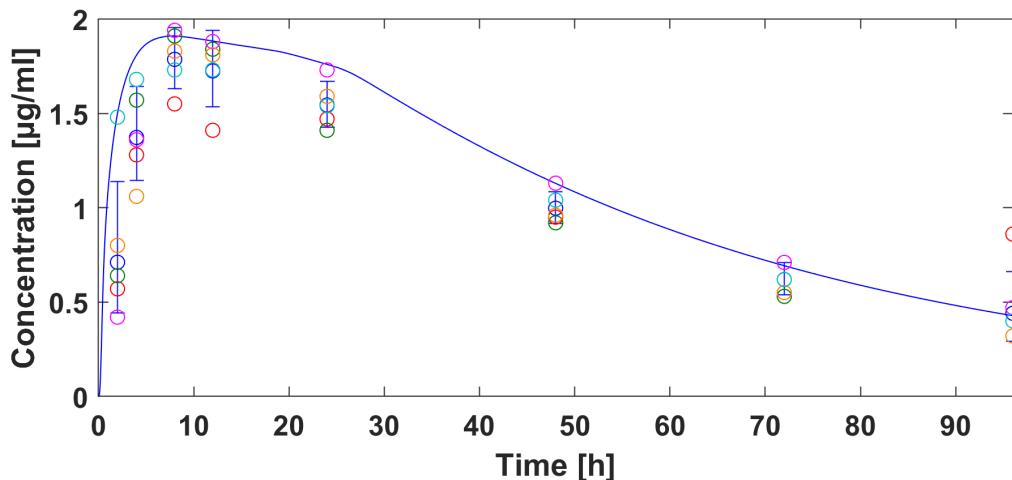
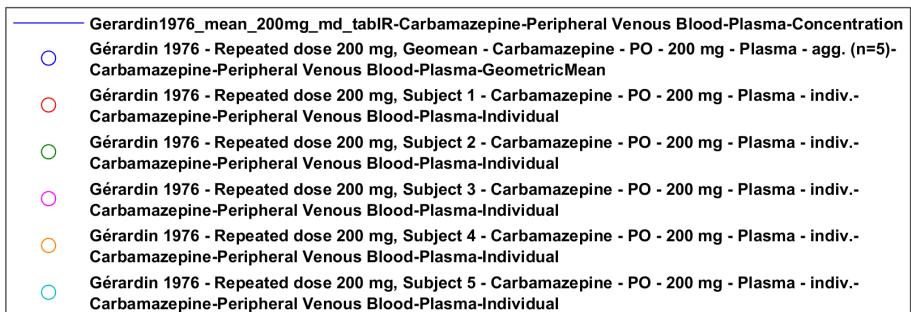
Geradin1976\_200mg\_sd\_tabIR



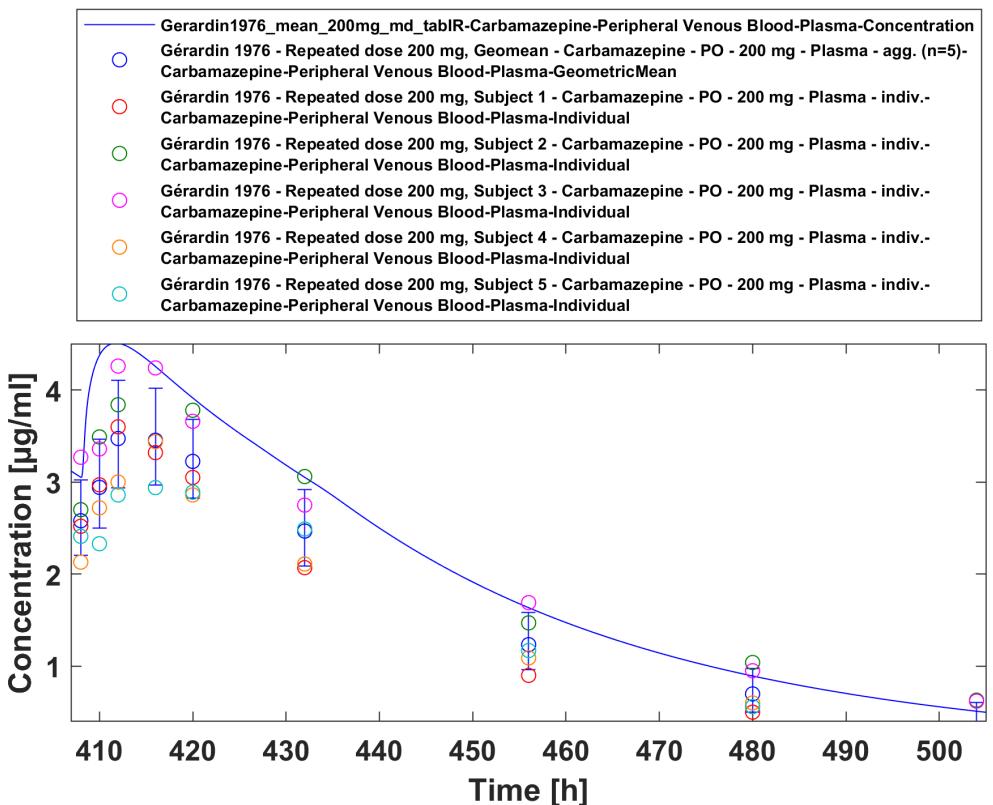
Time Profile Analysis



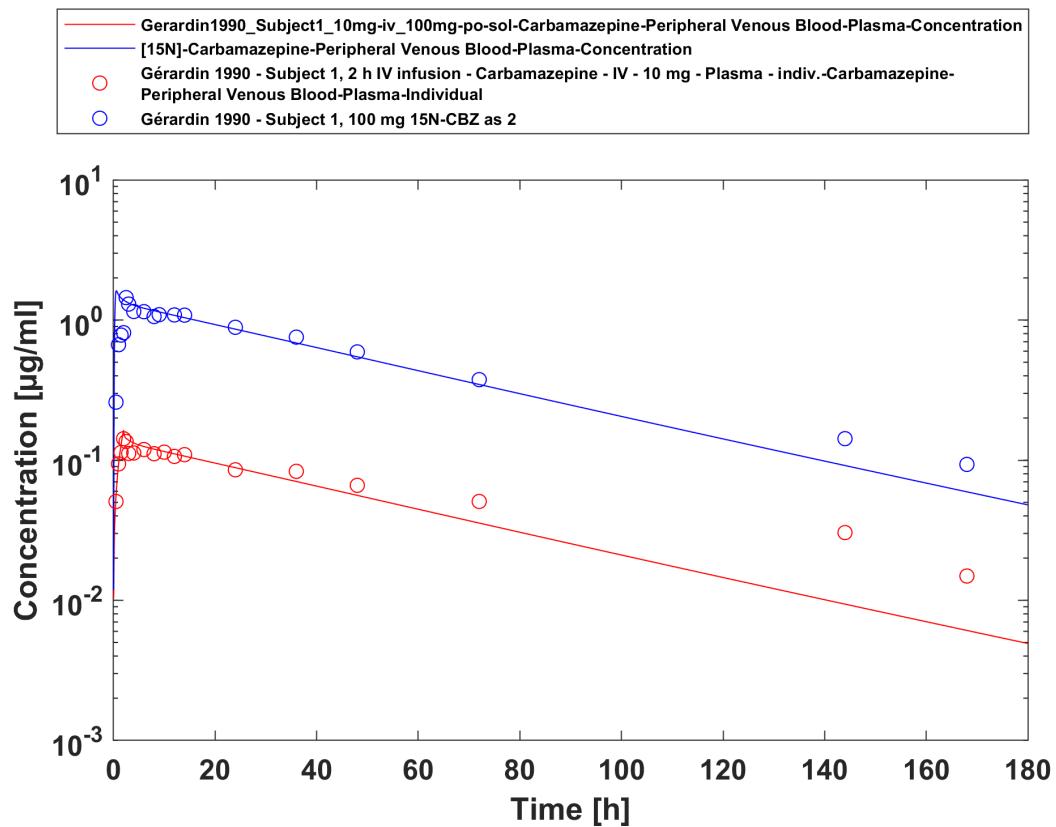
Gerardin1976\_mean\_200mg\_md\_tabIR



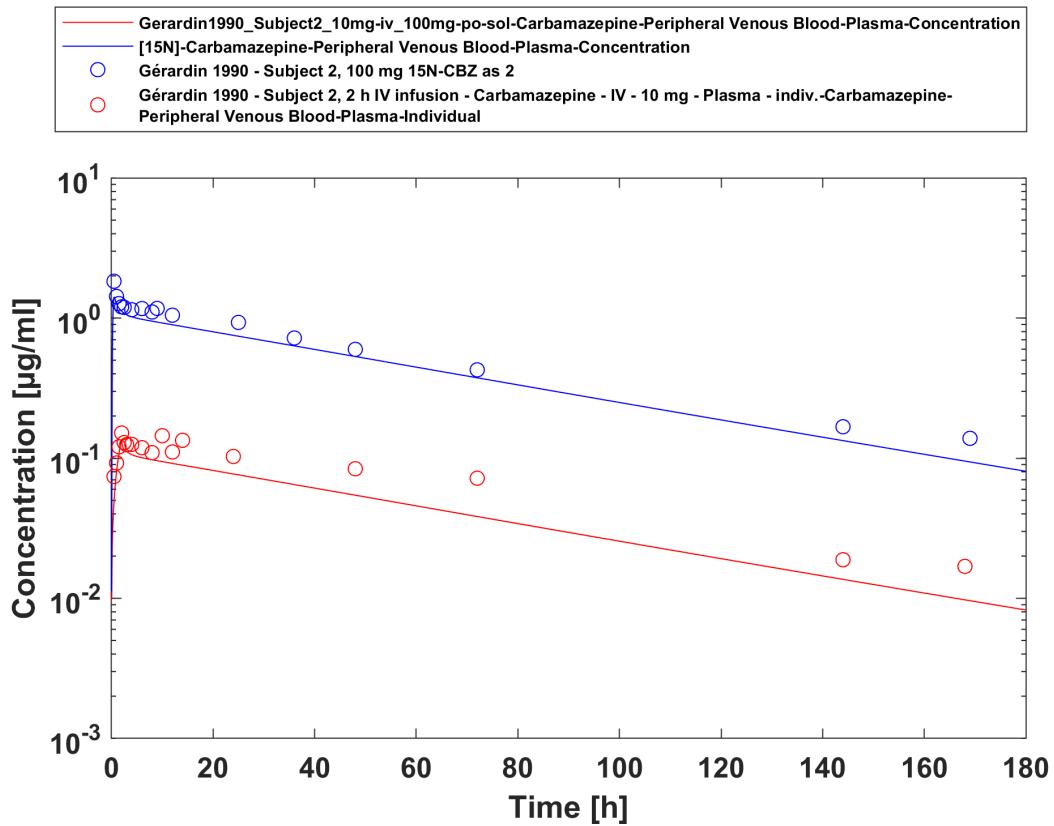
Gerardin1976\_mean\_200mg\_md\_tabIR - first dose



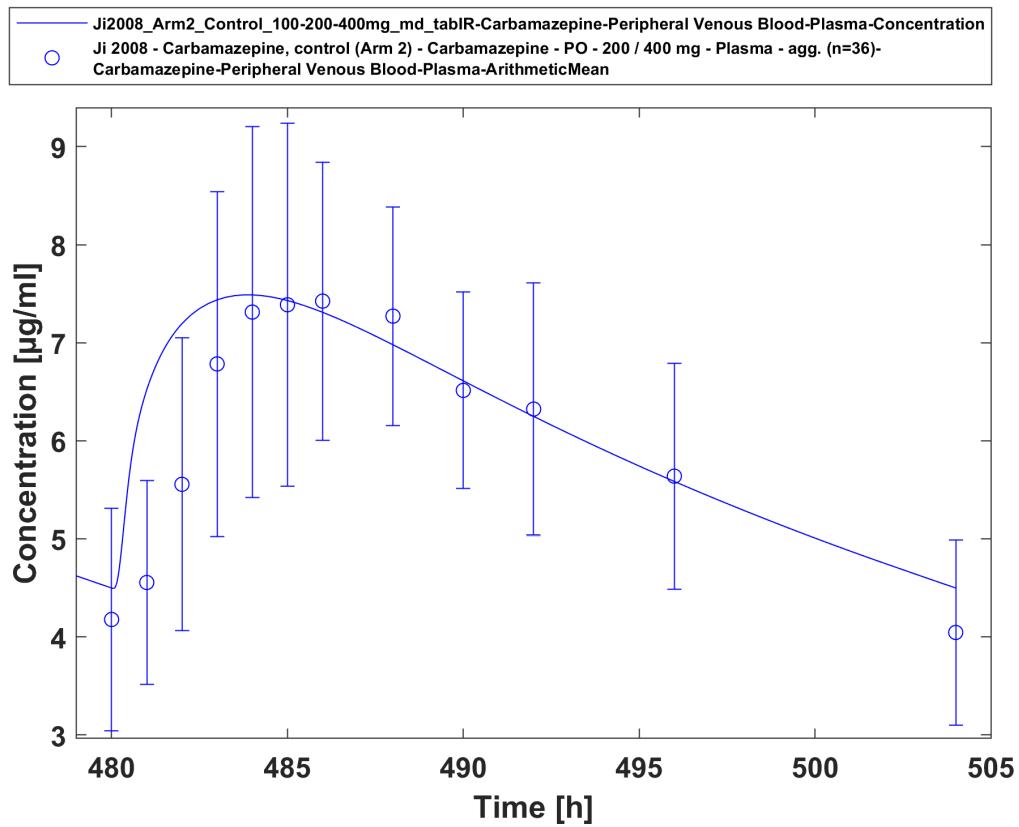
Gerardin1976\_mean\_200mg\_md\_tablR - last dose



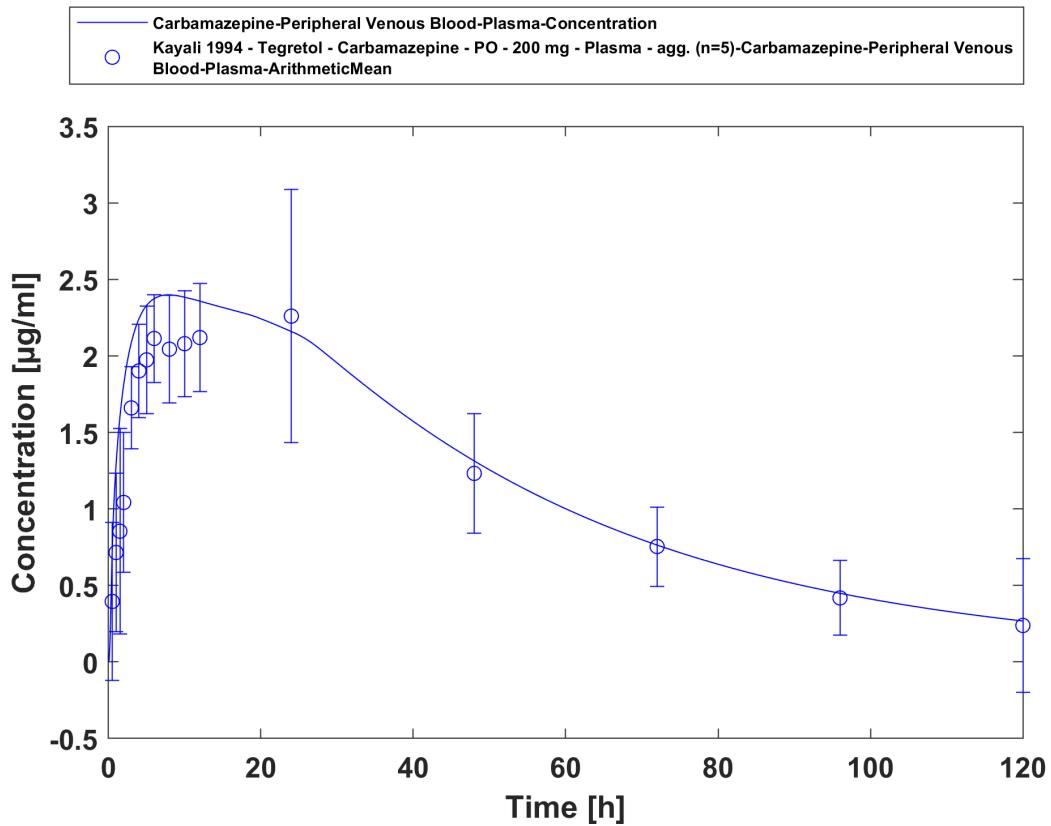
Gerardin1990\_Subject1\_100mg-iv\_100mg-po-sol



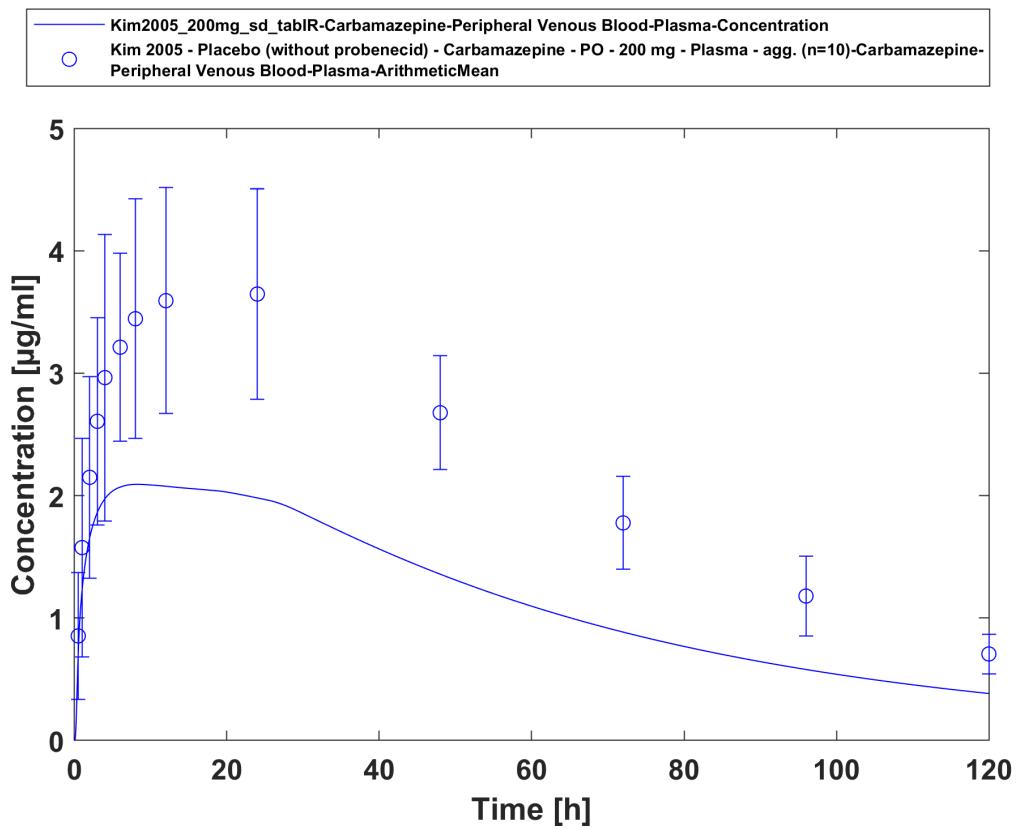
Gerardin1990\_Subject2\_100mg-iv\_100mg-po-sol



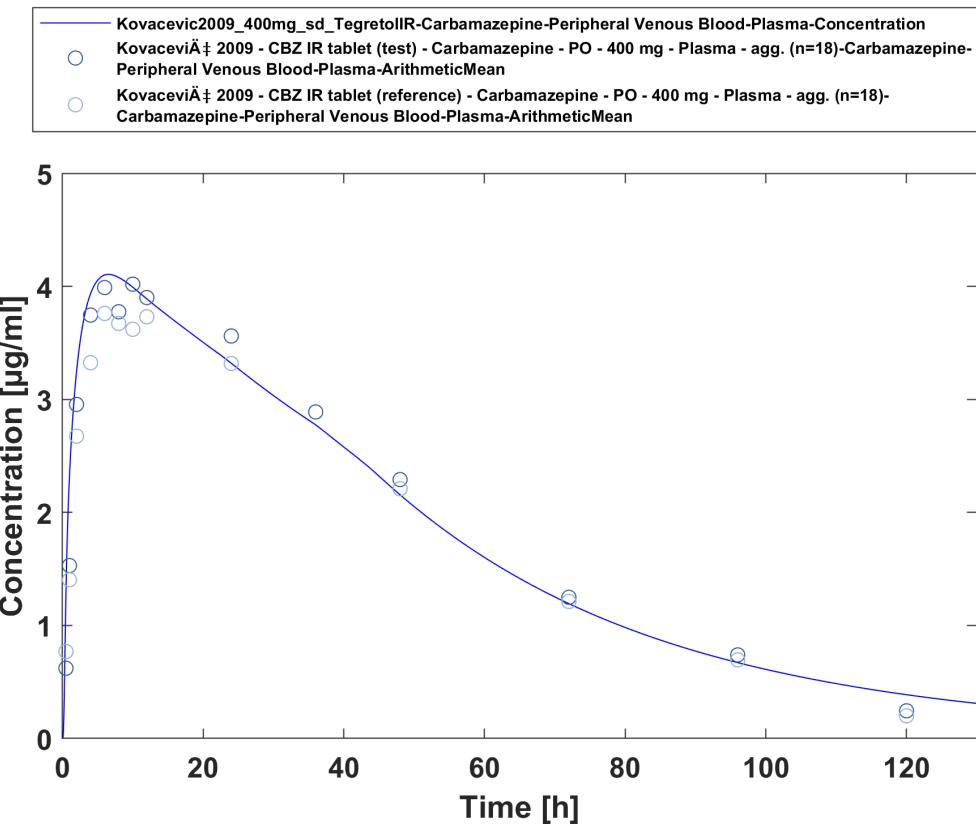
Ji2008\_100-200-400mg\_md\_tabIR



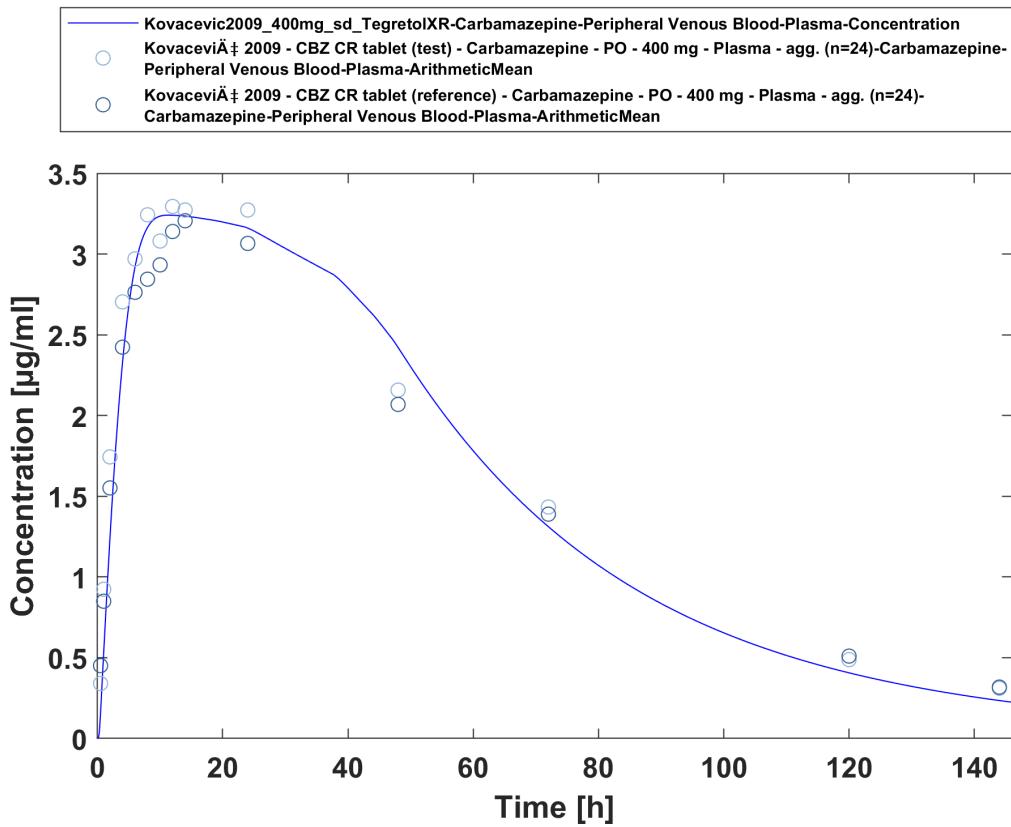
Time Profile Analysis



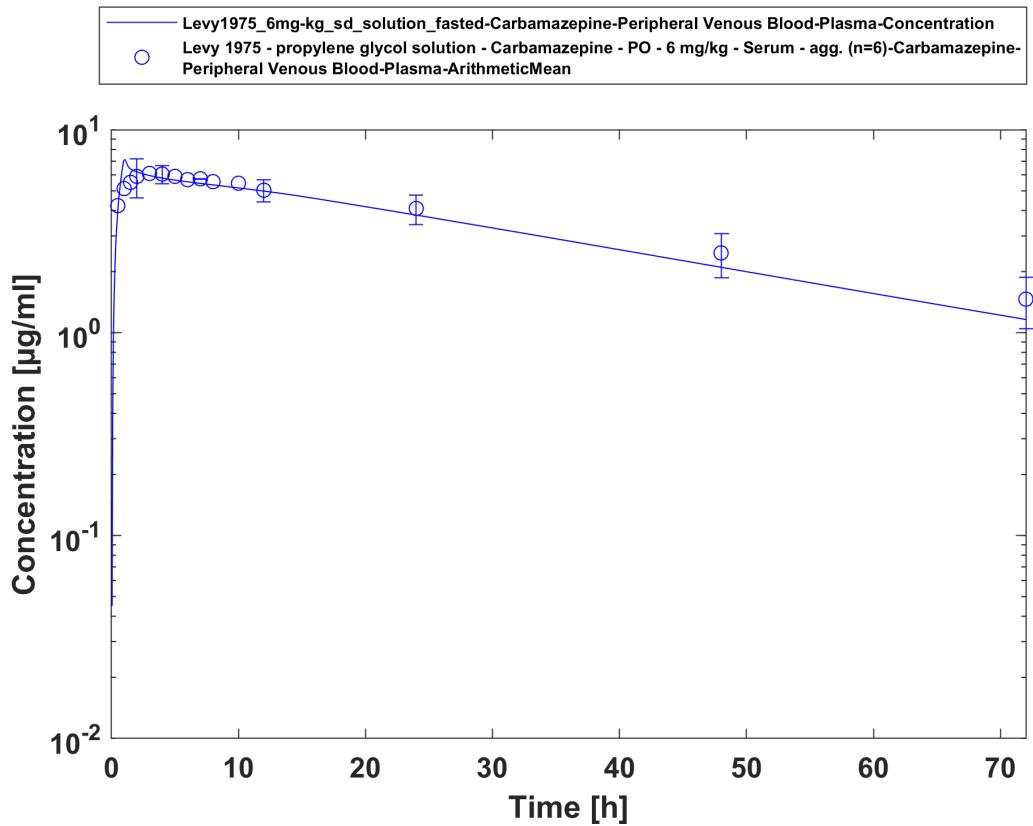
Kim2005\_200mg\_sd\_tablR



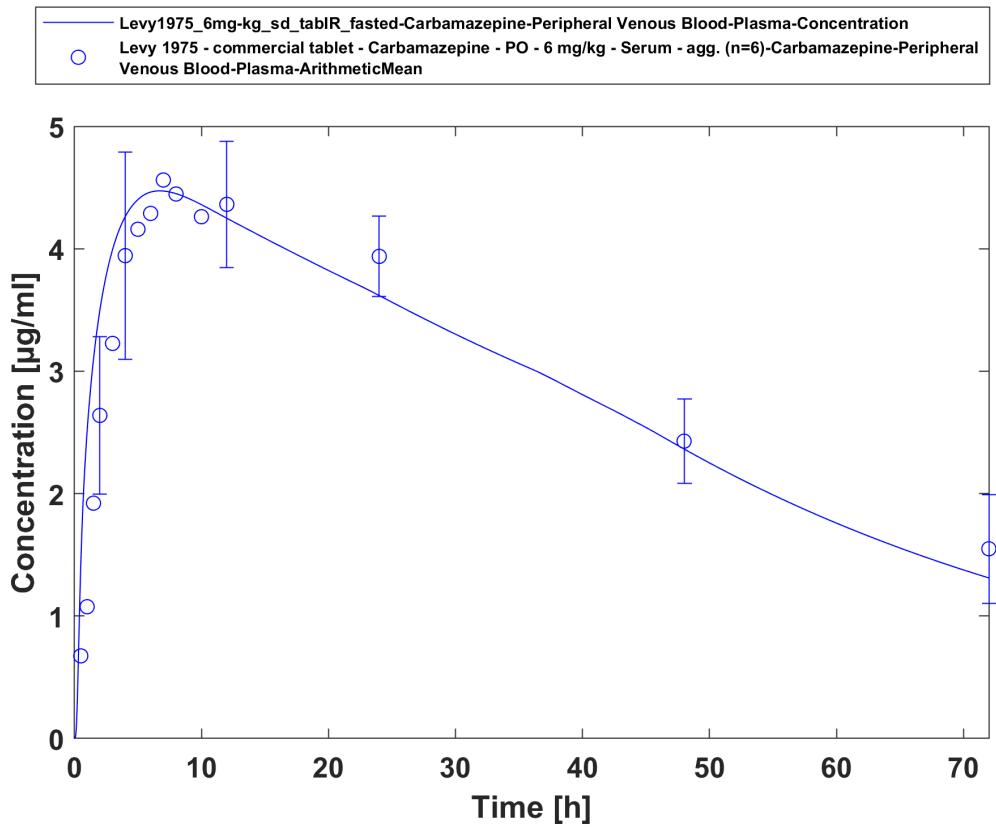
Kovacevic2009\_400mg\_sd\_TegretolIR



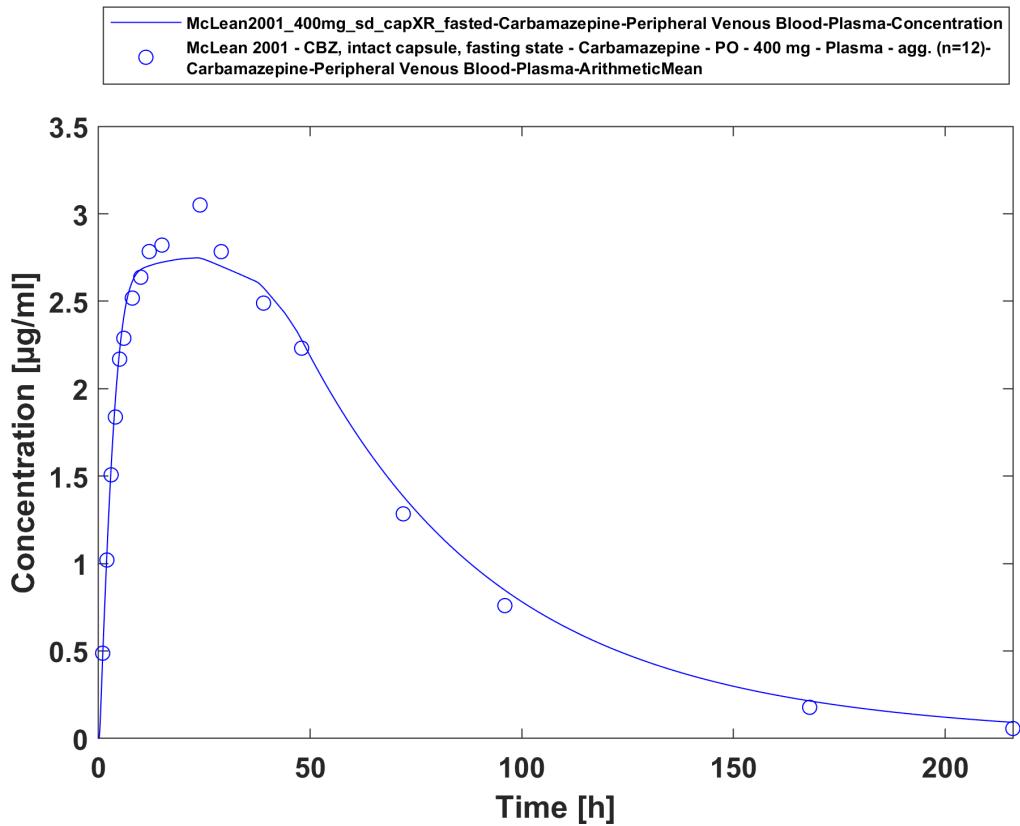
Kovacevic2009\_400mg\_sd\_TegretolXR



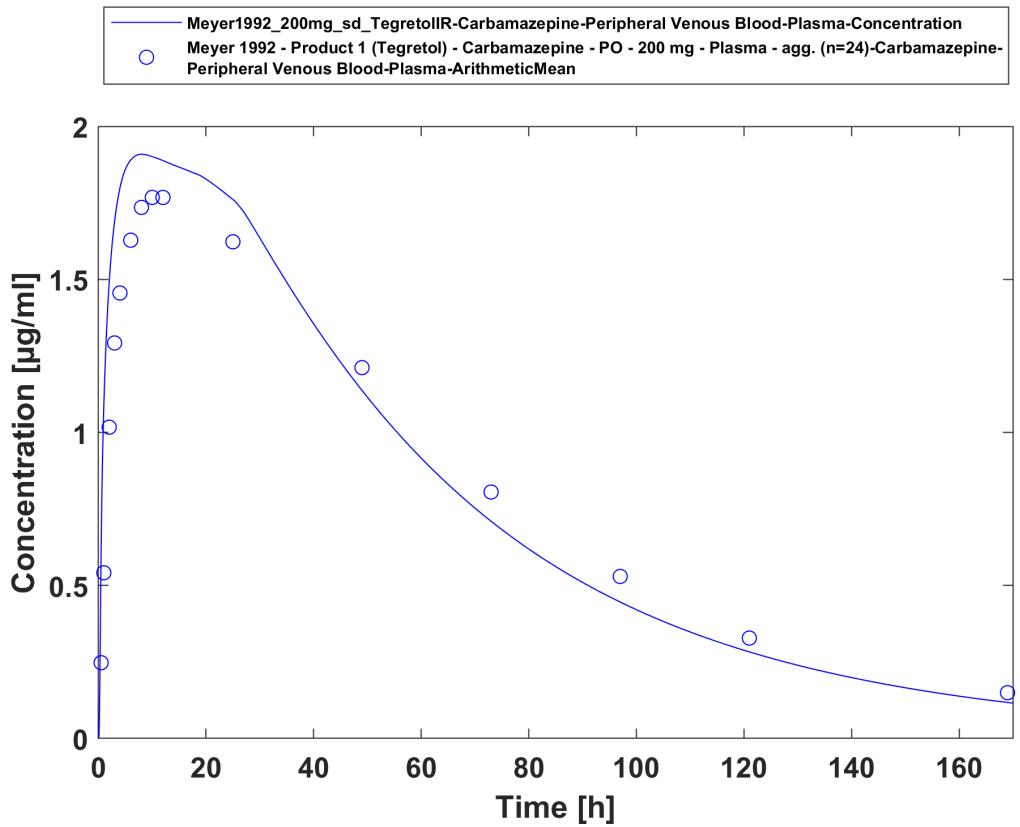
Levy1975\_6mg-kg\_sd\_solution\_fasted



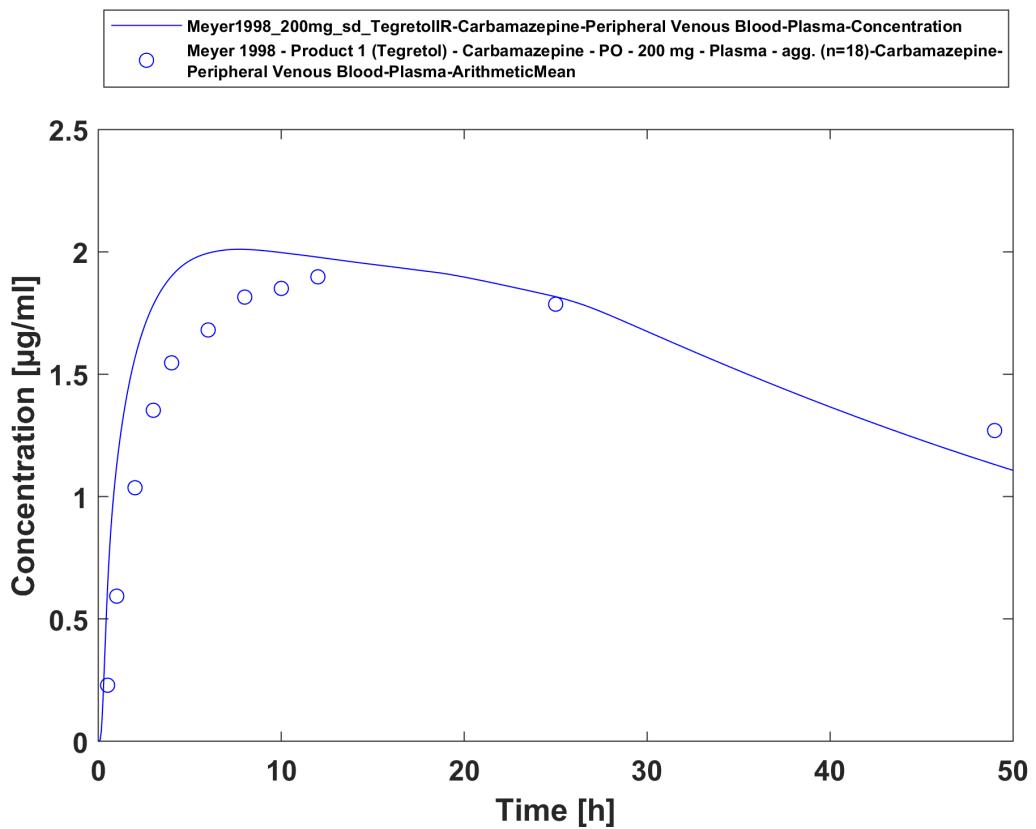
Levy1975\_6mg-kg\_sd\_tablR\_fasted



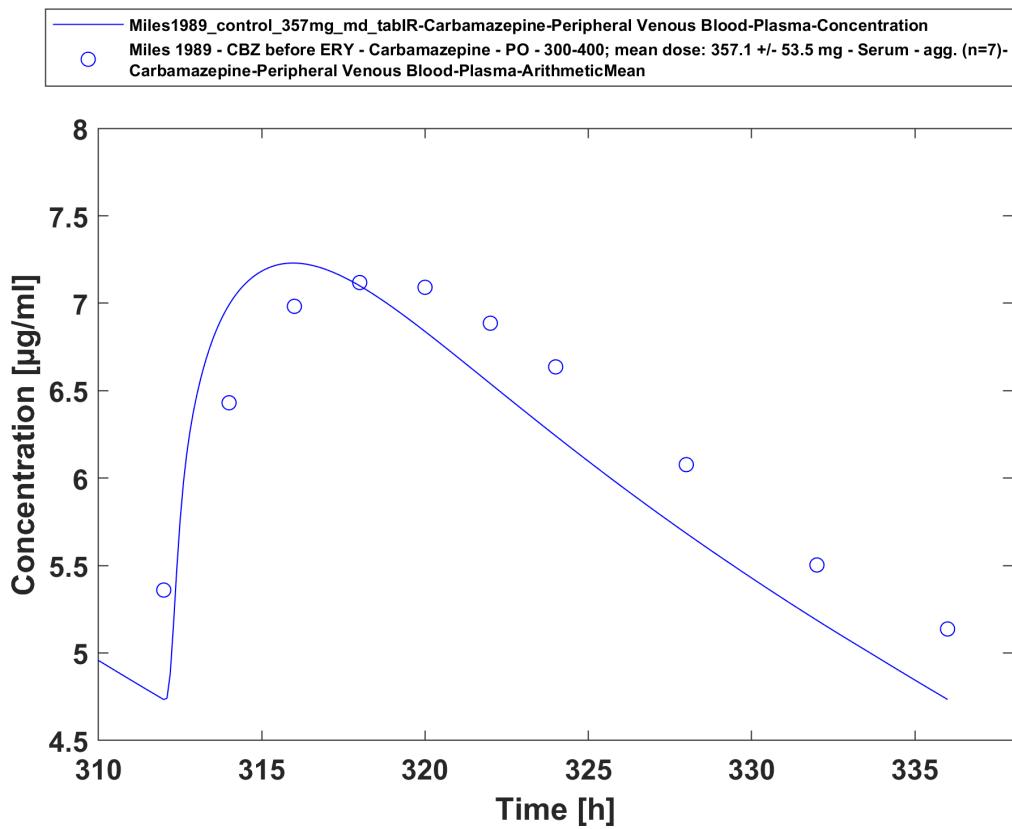
McLean2001\_400mg\_sd\_capXR\_fasted



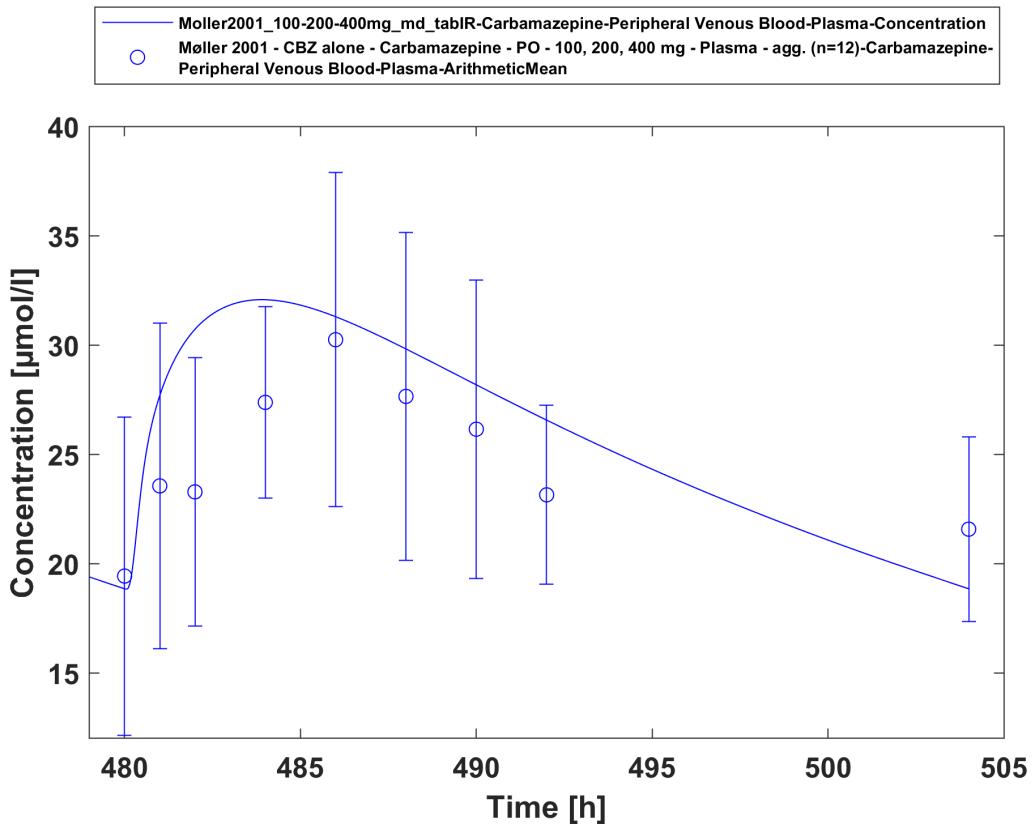
Time Profile Analysis



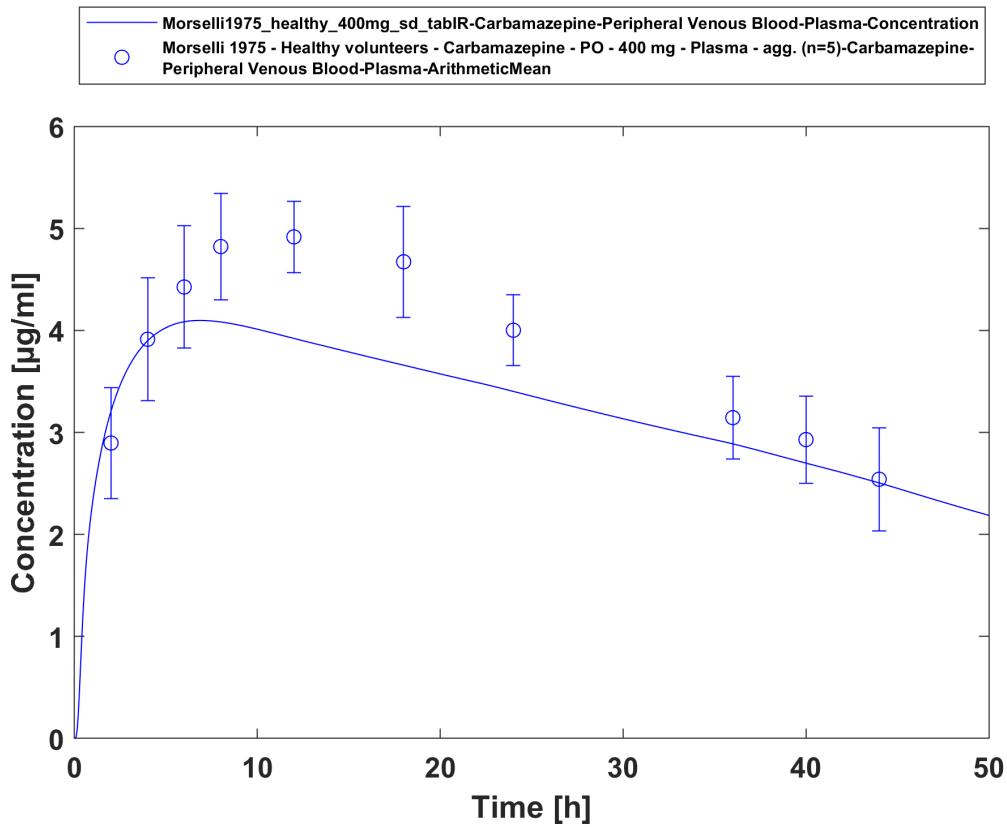
Time Profile Analysis



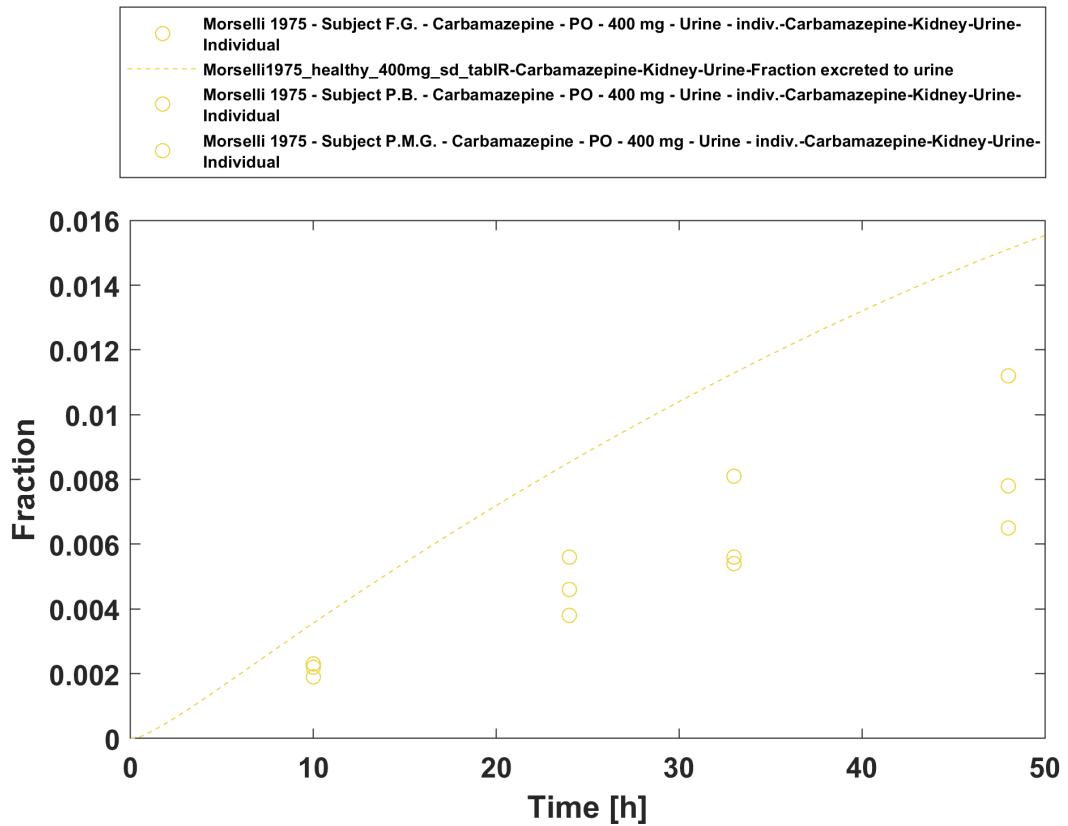
Miles1989\_control\_357\_md\_tabIR



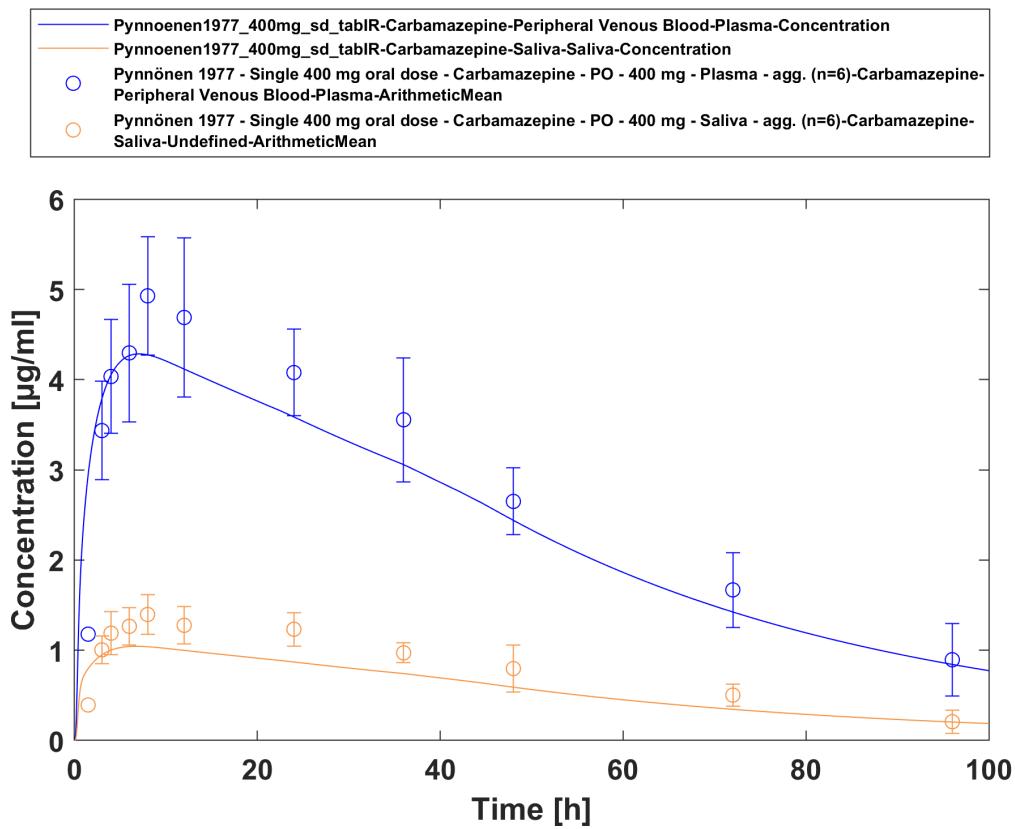
Moller2001\_100-200-400mg\_md\_tabIR



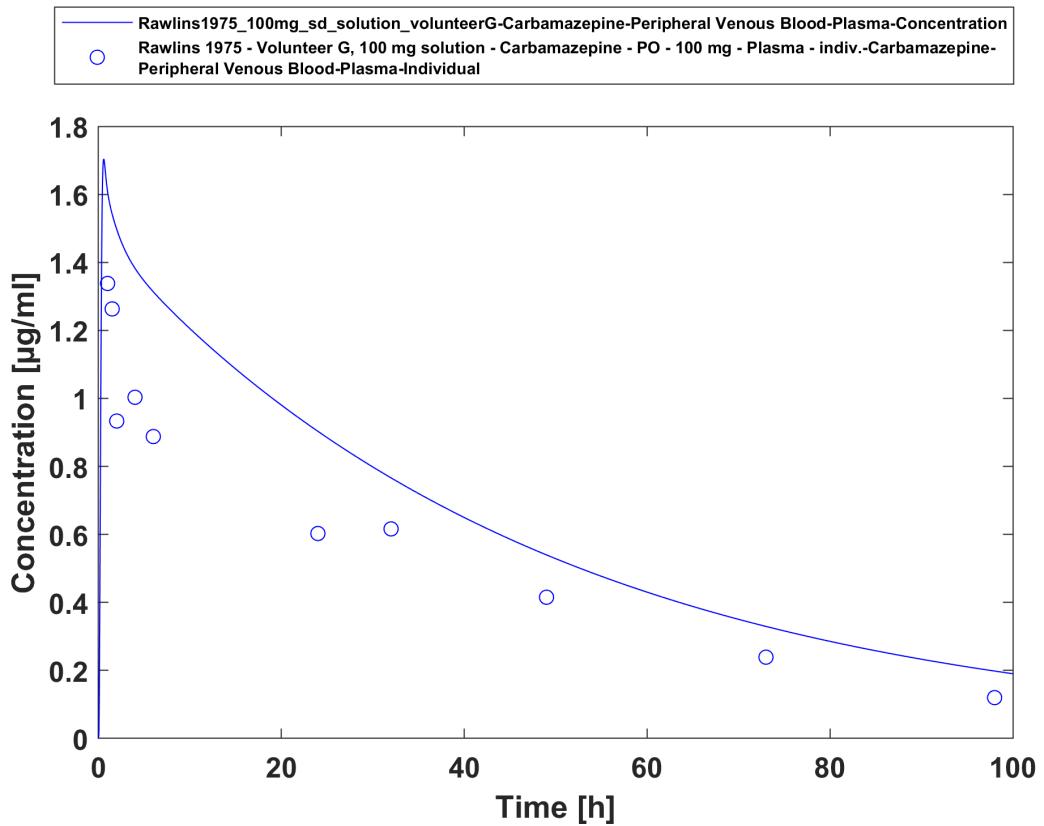
Morselli1975\_healthy\_400mg\_sd\_tabIR\_plasma



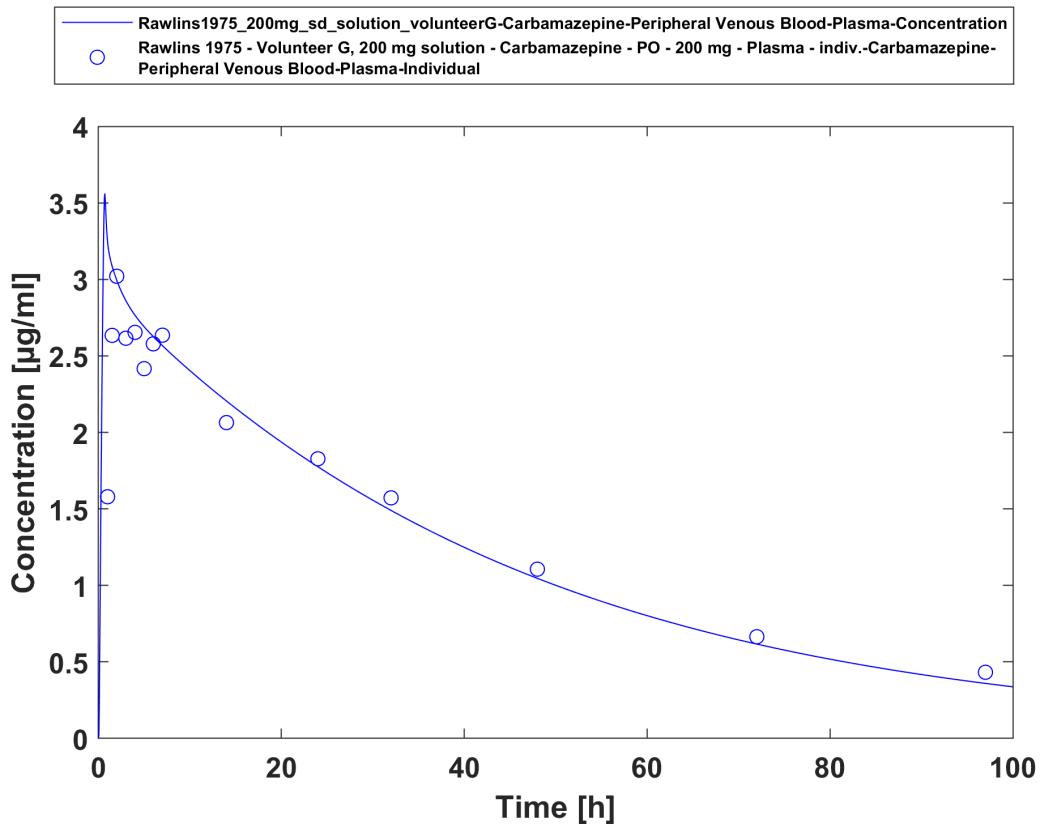
Morselli1975\_healthy\_400mg\_sd\_tabIR\_urine



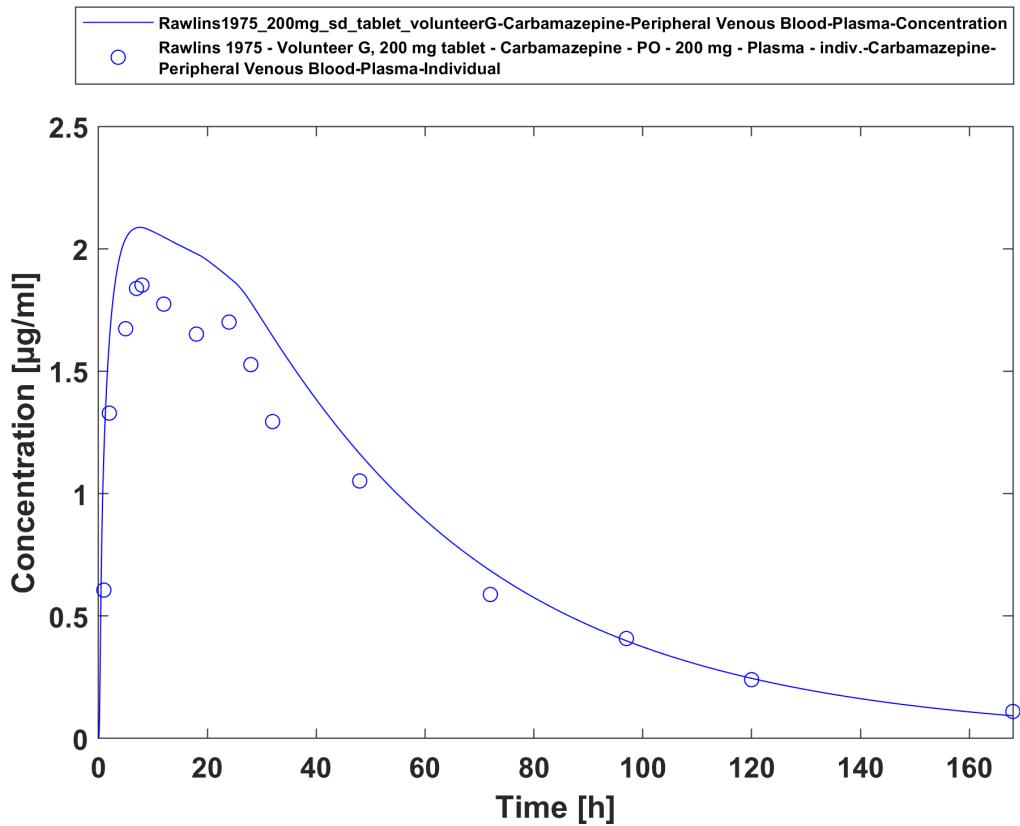
Pynnoenen1977\_400mg\_sd\_tabIR



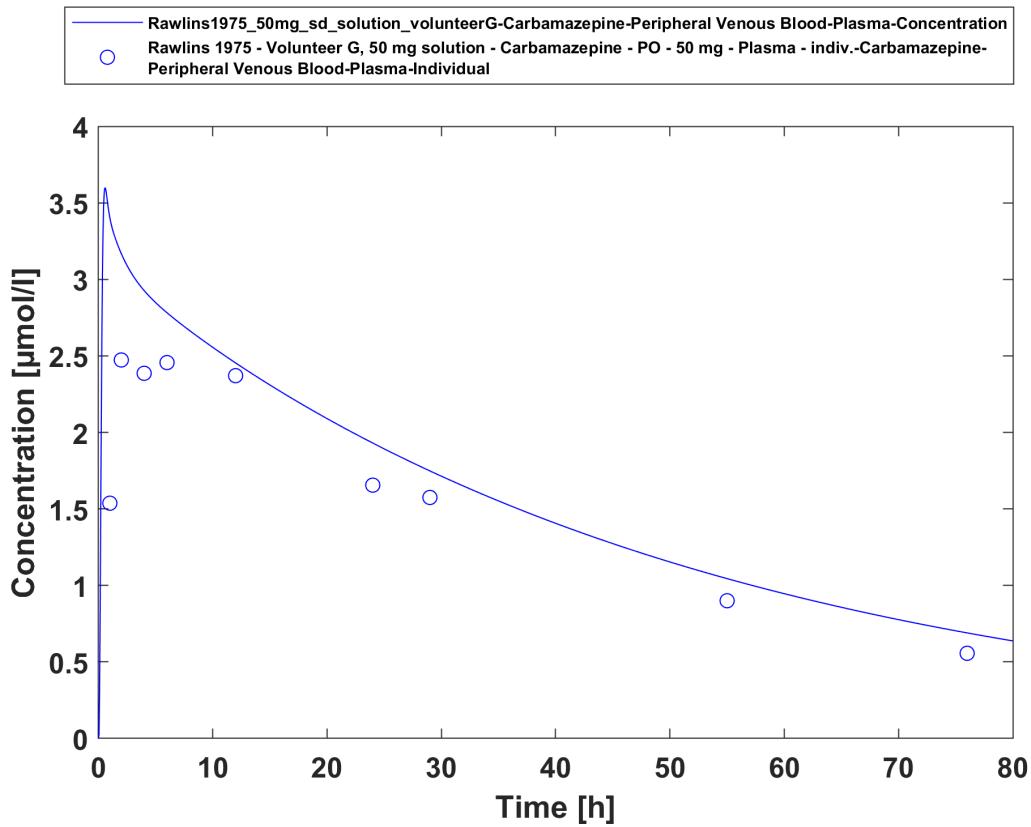
Rawlins1975\_100mg\_sd\_sol



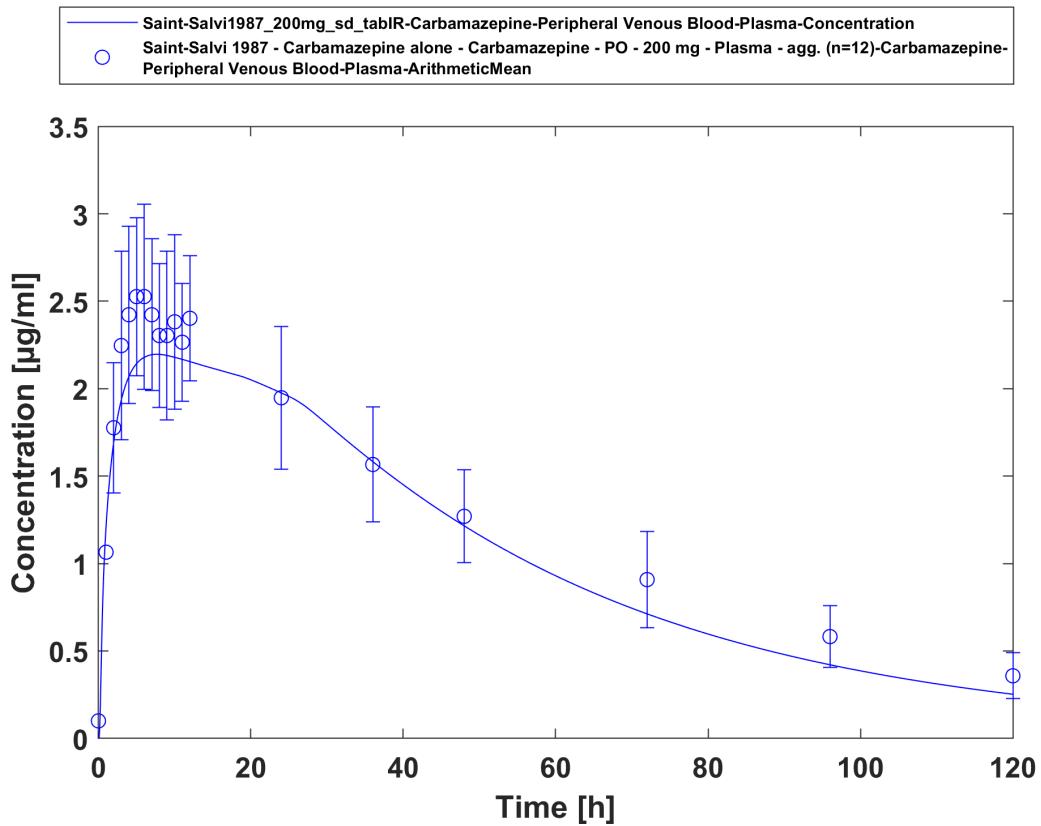
Rawlins1975\_200mg\_sd\_sol



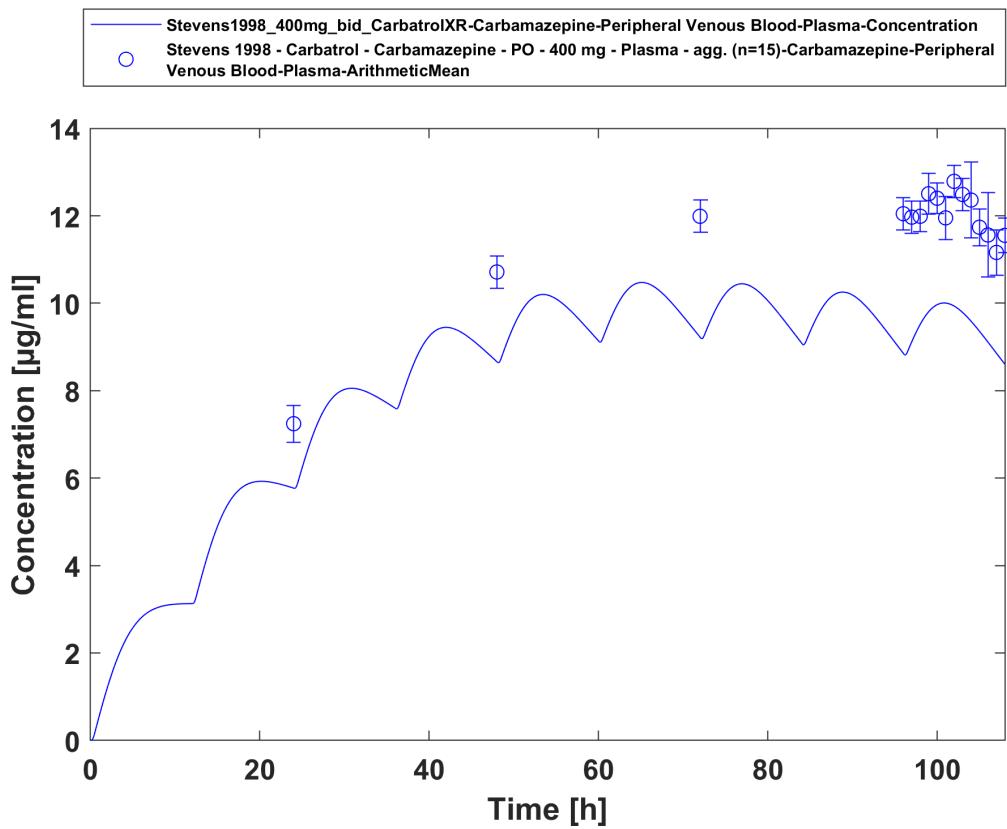
Rawlins1975\_200mg\_sd\_sol



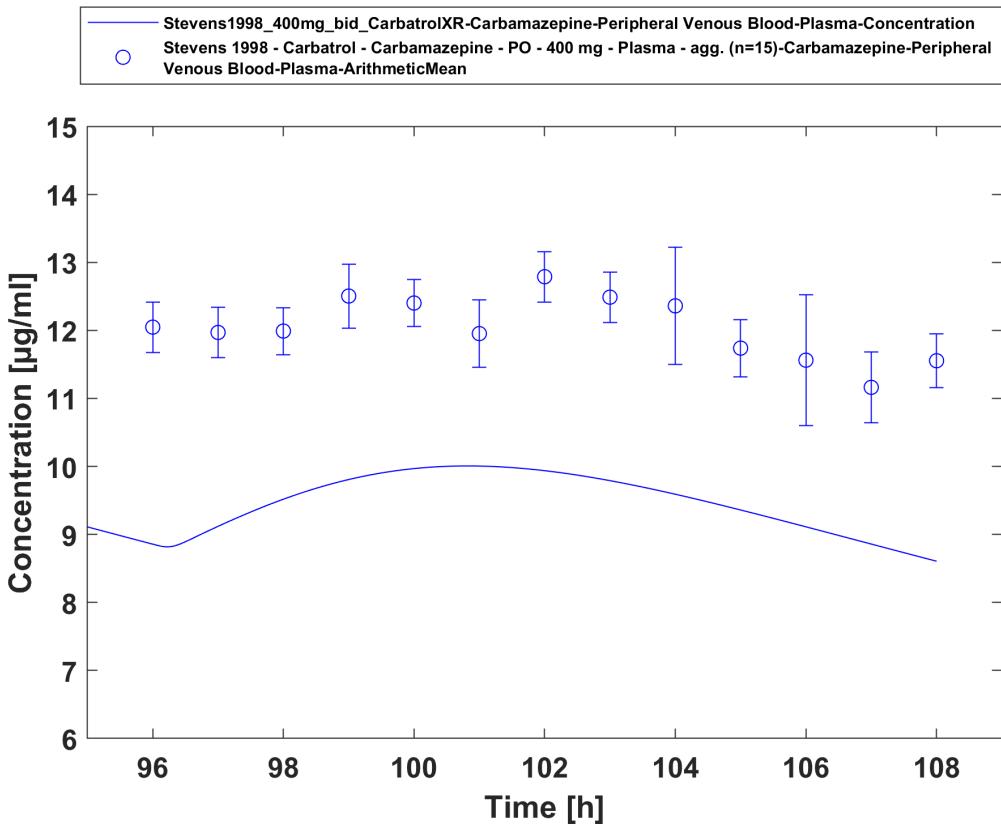
Rawlins1975\_50mg\_sd\_sol



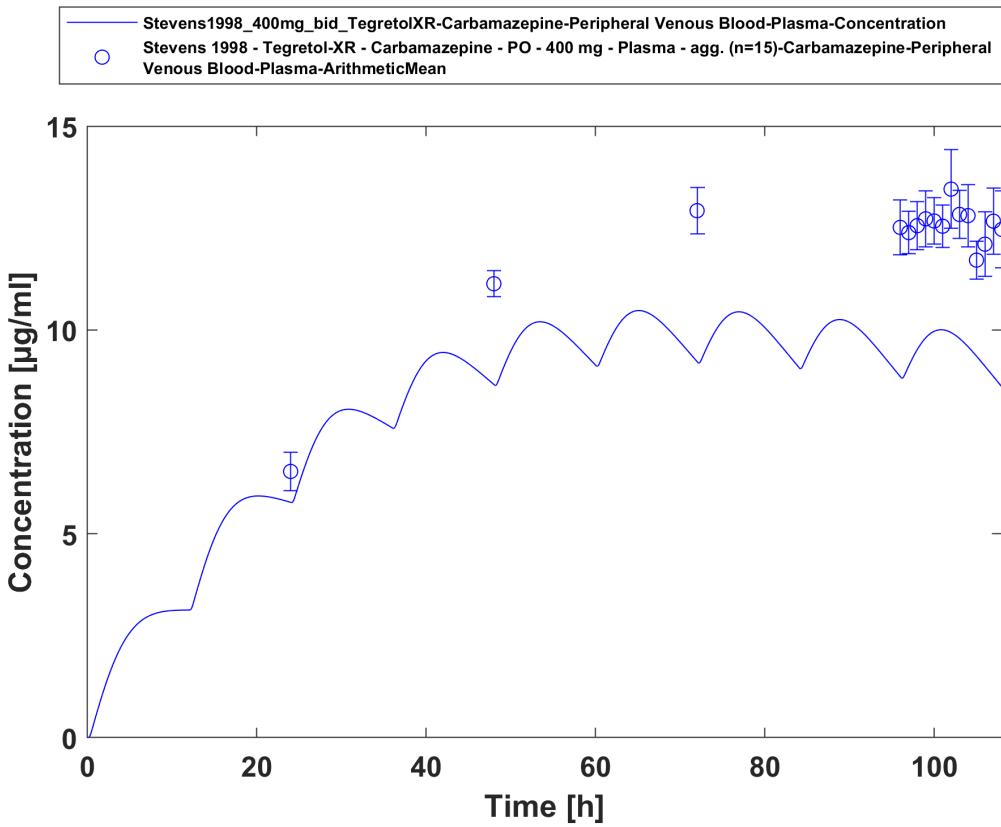
SaintSalvi1987\_200mg\_sd\_tabIR



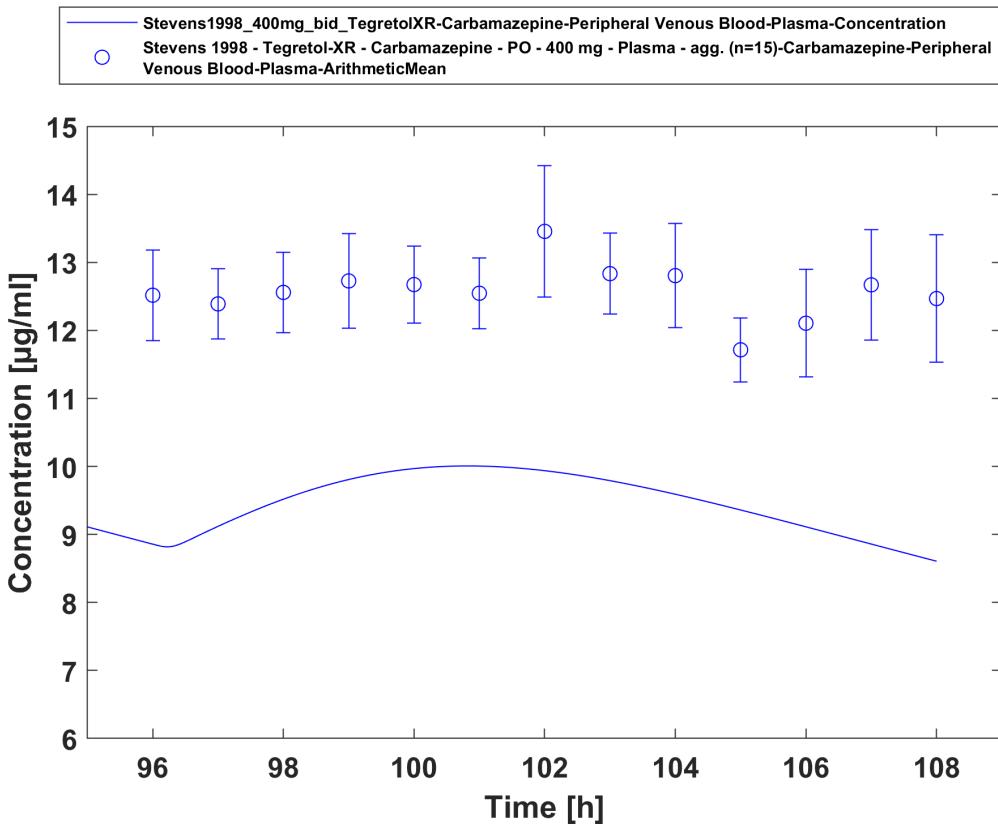
Stevens1998\_400mg\_bid\_CarbatrolXR



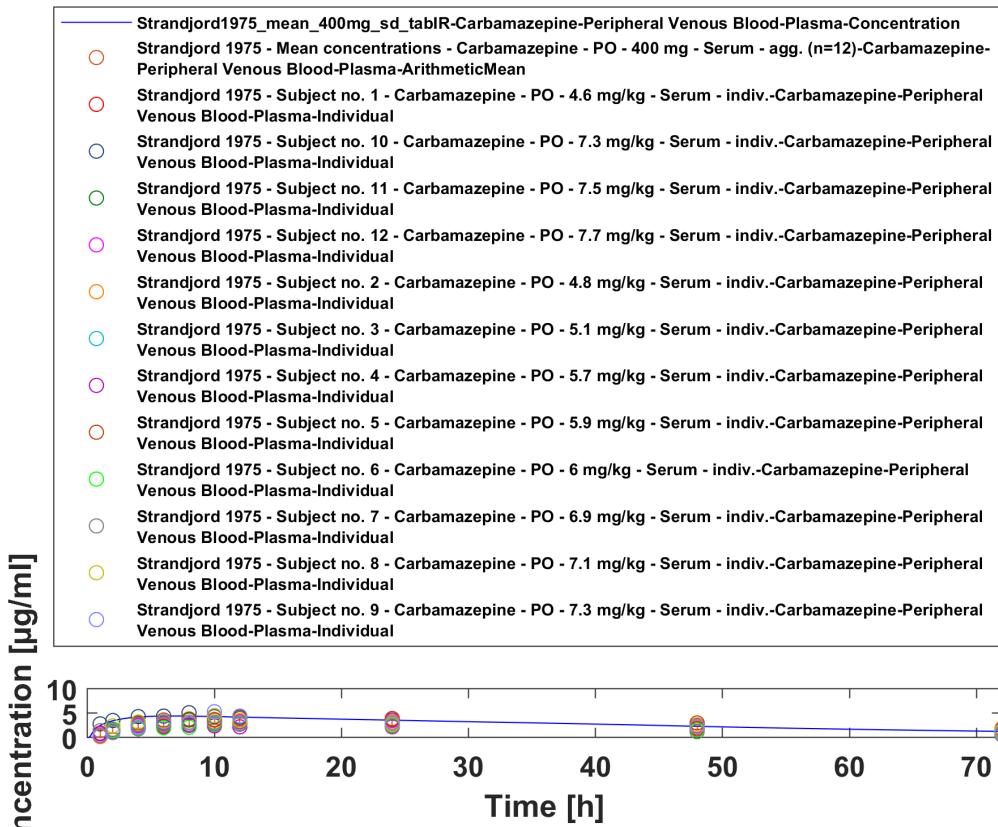
Stevens1998\_400mg\_bid\_Carbamazepine-Peripheral Venous Blood-Plasma-Concentration 1 - last dose



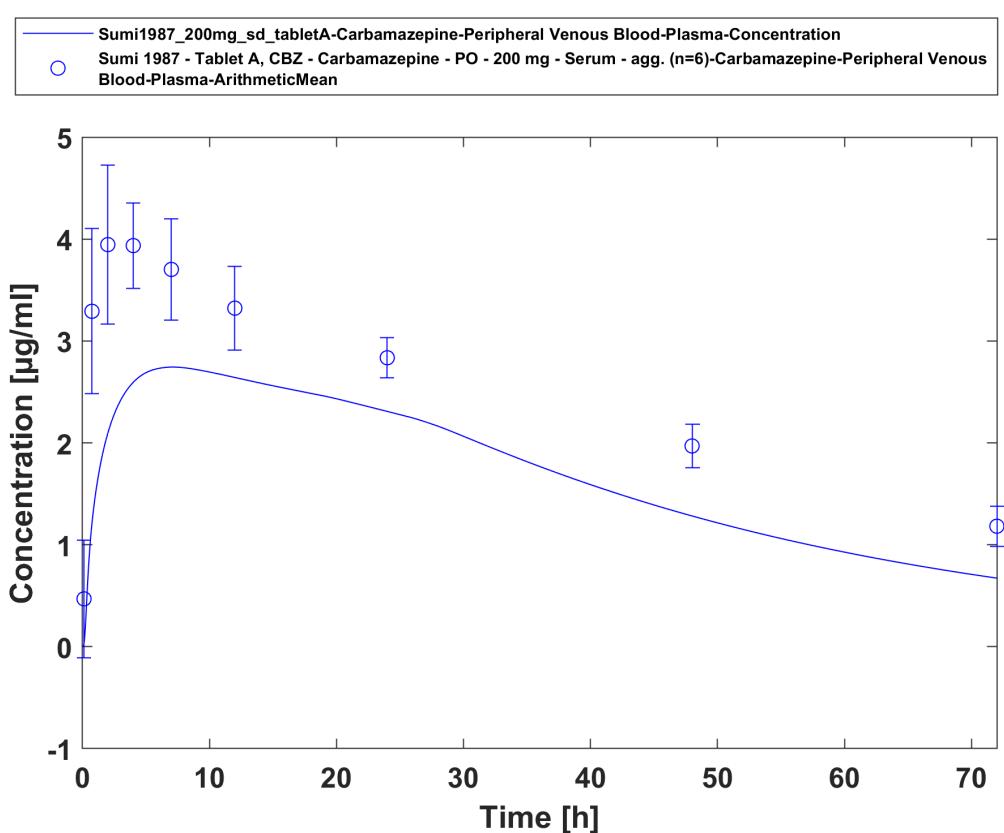
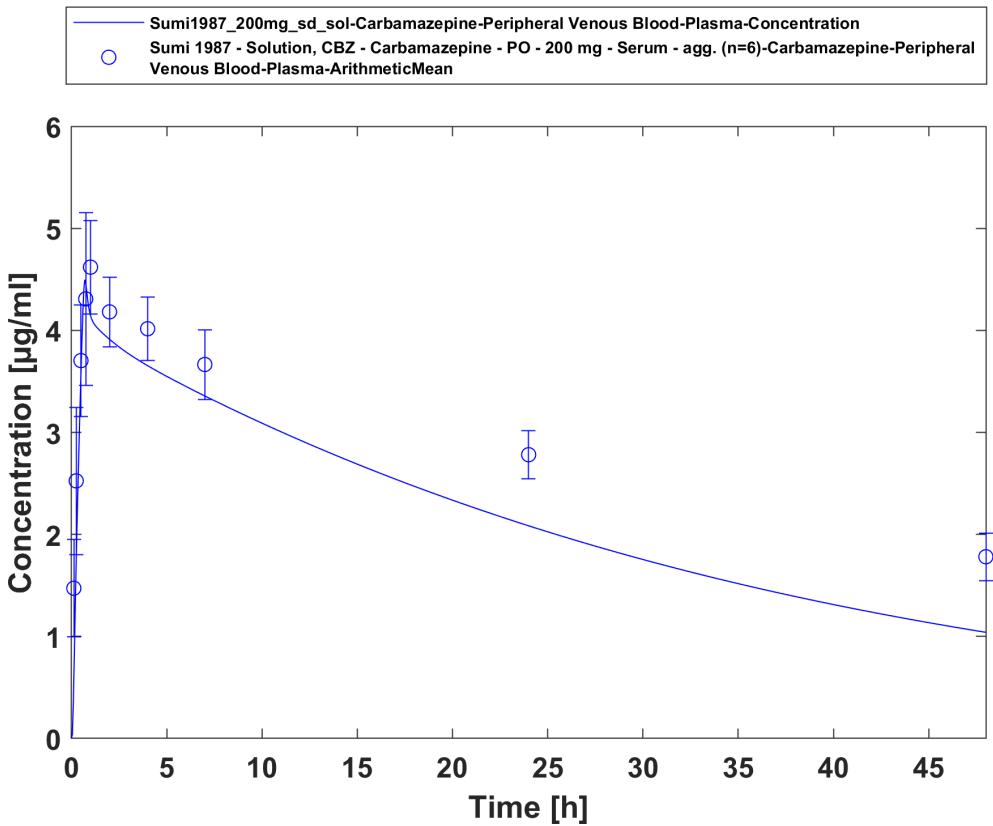
Stevens1998\_400mg\_bid\_TegretolXR

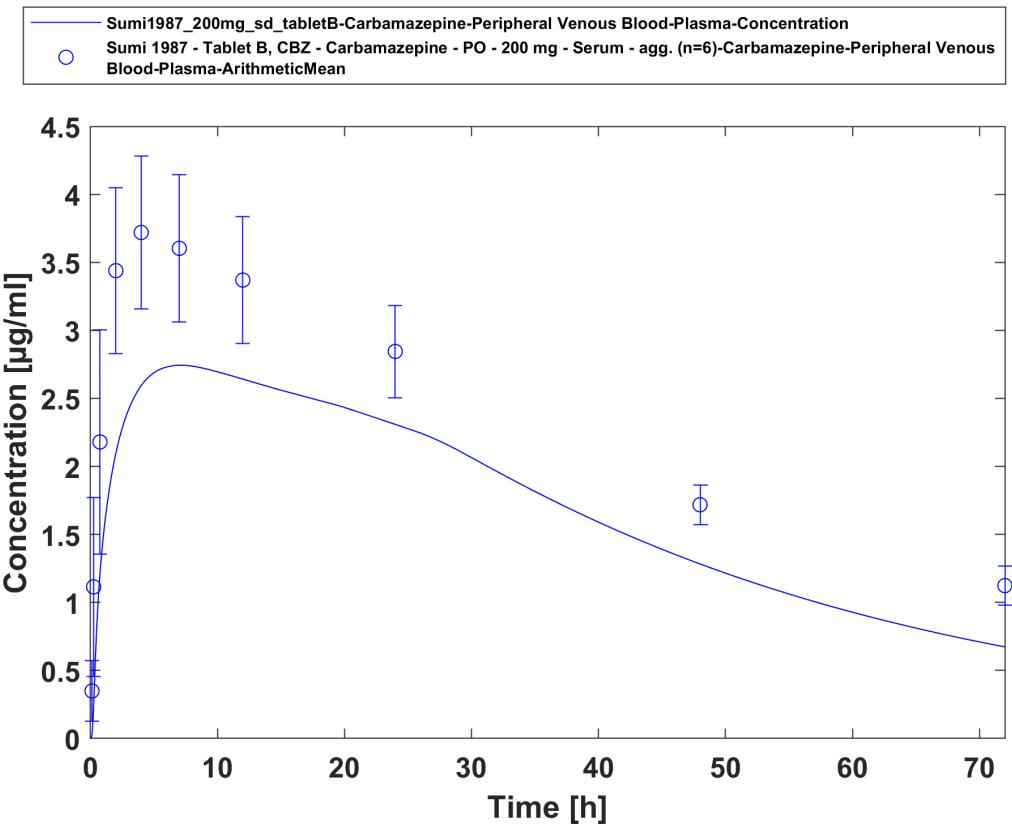


Stevens1998\_400mg\_bid\_TegretolXR 1 - last dose

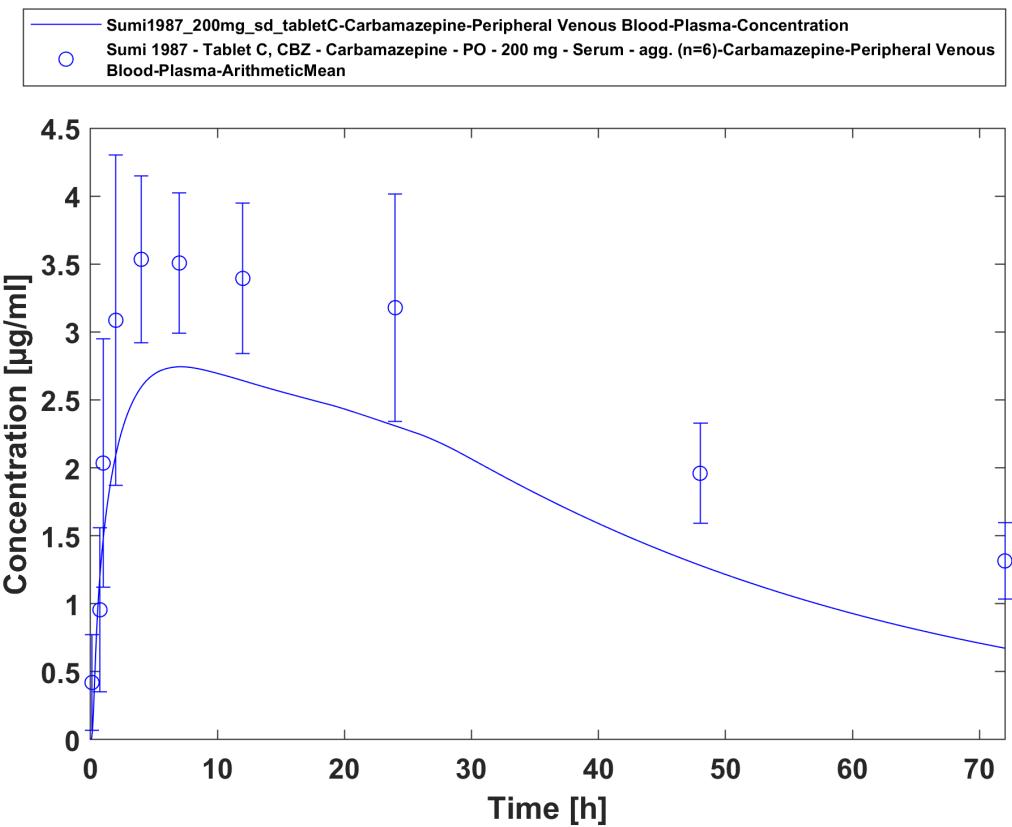


Strandjord1975\_mean\_400mg\_sd\_tablR

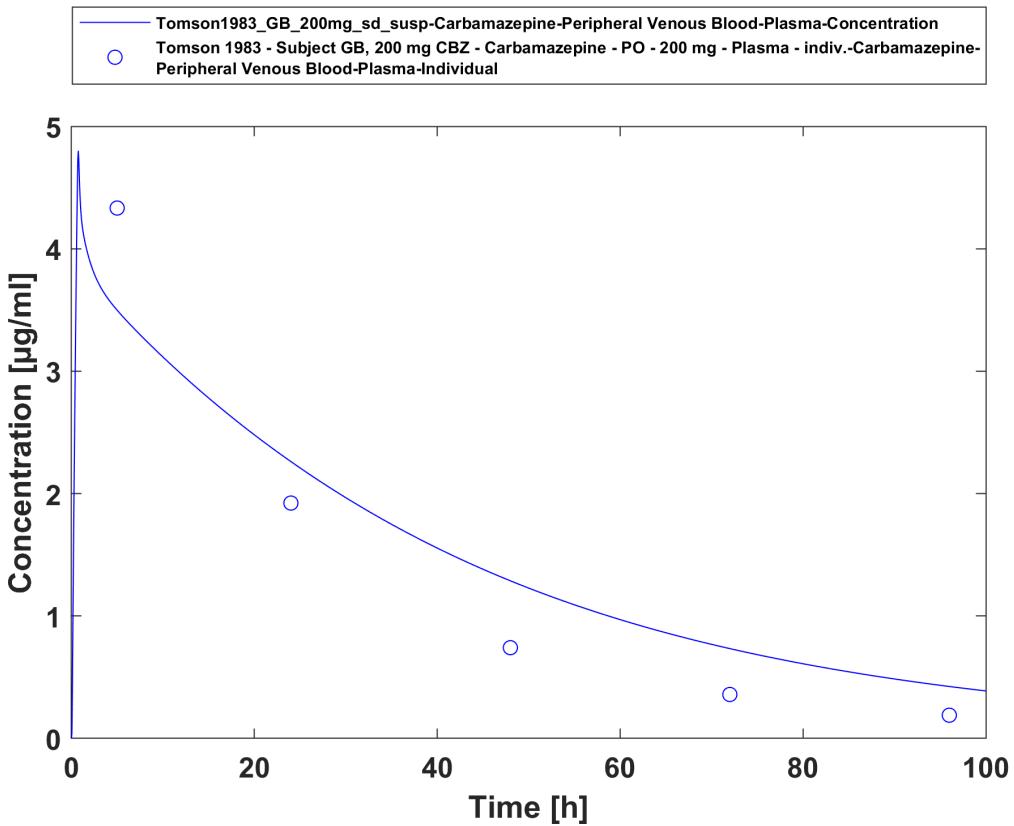




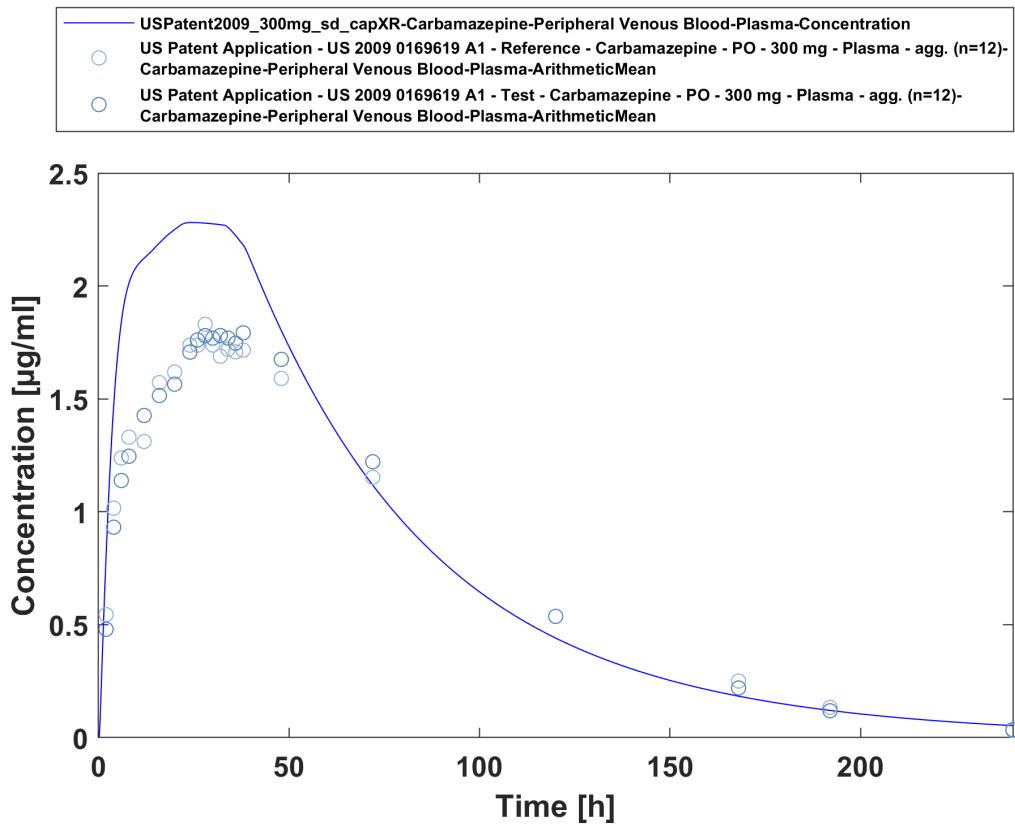
Time Profile Analysis



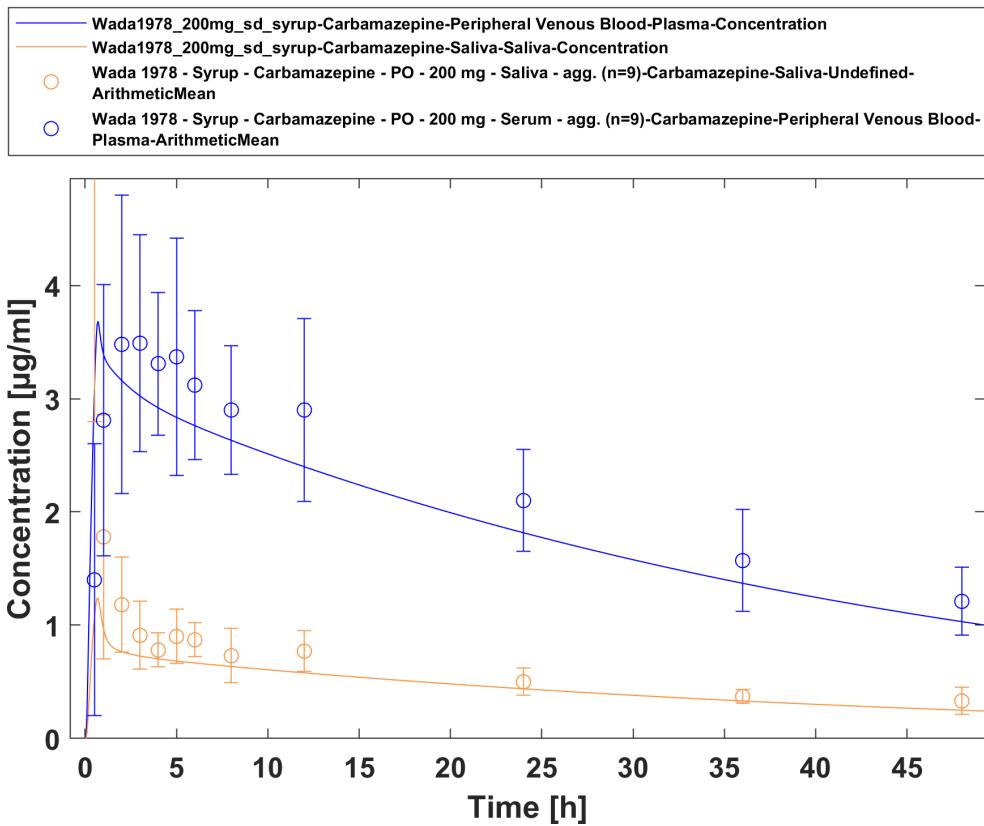
Time Profile Analysis



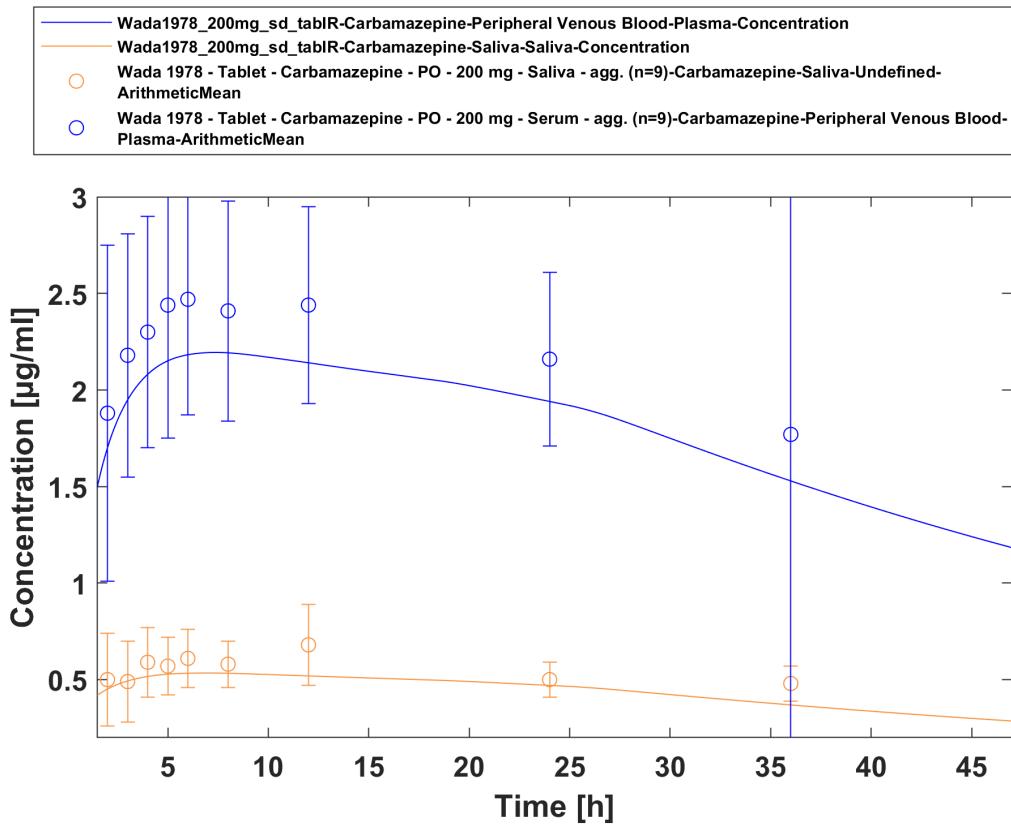
Tomson1983\_GB\_200mg\_sd\_susp



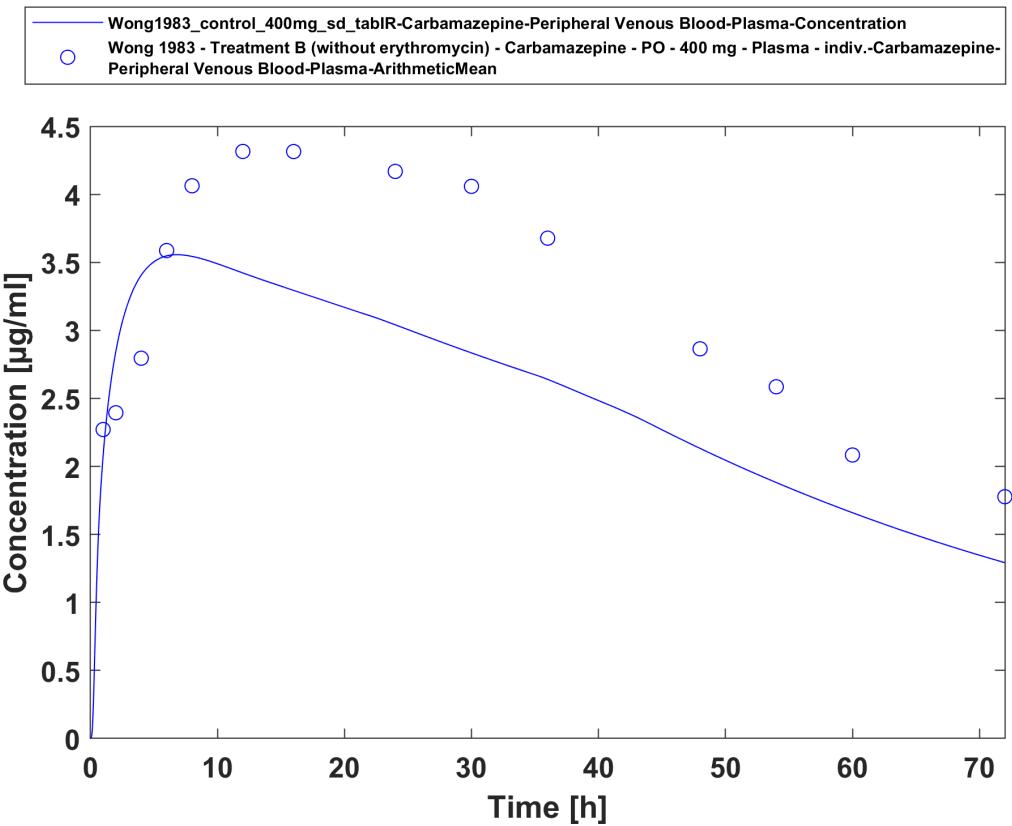
USPatent2009\_300mg\_sd\_capXR



Wada1987\_200mg\_sd\_syrup



Wada1978\_200mg\_sd\_tabIR



Wong1983\_control\_400mg\_sd\_tablR

## 4 Conclusion

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The herein presented PBPK model adequately describes the pharmacokinetics of carbamazepine after single and multiple oral administration of various doses to healthy adults.

In conclusion, the presented carbamazepine PBPK model is well-suited to be applied in drug-drug-interaction scenarios.

# 5 References

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- Achour 2014** Achour, B., Russell, M. R., Barber, J., & Rostami-Hodjegan, A. (2014). Simultaneous quantification of the abundance of several cytochrome P450 and uridine 5'-diphospho-glucuronosyltransferase enzymes in human liver microsomes using multiplexed targeted proteomics. *Drug metabolism and disposition*, 42(4), 500-510.
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