

# Building and evaluation of a PBPK model for moxidectin in healthy adults

|   |   |
|---|---|
| Version   | master-OSP12.1  |
| based on <i>Model Snapshot</i> and <i>Evaluation Plan</i> | <a href="https://github.com/Open-Systems-Pharmacology/Moxidectin-Model/releases/tag/vmaster">https://github.com/Open-Systems-Pharmacology/Moxidectin-Model/releases/tag/vmaster</a> |
| OSP Version   | 12.1  |
| Qualification Framework Version                           | 3.4   |

This evaluation report and the corresponding PK-Sim project file are filed at:

<https://github.com/Open-Systems-Pharmacology/OSP-PBPK-Model-Library/>

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# 1 Introduction

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Moxidectin is a potent, broad-spectrum endectocide (antiparasitic active against endo- and ectoparasites) ([Cotreau 2003](#), [Tan 2022](#)). It is used to in the treatment of river blindness (onchocerciasis). It selectively binds to parasite GABA-A and glutamate-gated chloride ion channels, causing paralysis of the parasite. Moxidectin shows potential for the treatment of tuberculosis, but is currently not used in clinical practice for this indication.

Moxidectin absorption reaches T<sub>max</sub> after 3-4h and shows a long half-life in humans ([Drugbank](#)). Oral bioavailability is enhanced by lipids, but does not result in a clinically relevant food-drug interaction. The volume of distribution is 1.2 L/kg. Moxidectin is lipophilic and highly protein bound. Metabolism is mediated via CYP3A and CYP2B. Moxidectin is eliminated mainly in feces, with negligible renal elimination.

The herein presented model building and evaluation report evaluates the performance of the PBPK model for moxidectin in (healthy) adults. The aim of this work was to establish a model that can be used to evaluate moxidectin use in tuberculosis.

The presented moxidectin PBPK model as well as the respective evaluation plan and evaluation report are provided open-source (<https://github.com/Open-Systems-Pharmacology/Moxidectin-Model>).

## 2 Methods

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### 2.1 Modeling Strategy

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The general concept of building a PBPK model has previously been described by Kuepfer et al. ([Kuepfer 2016](#)). Information regarding the relevant anthropometric (height, weight) and physiological parameters (e.g. blood flows, organ volumes, binding protein concentrations, hematocrit, cardiac output) in adults was gathered from the literature and has been previously published ([PK-Sim Ontogeny Database Version 7.3](#)). The information was incorporated into PK-Sim® and was used as default values for the simulations in adults.

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 ([Schlender 2016](#)) or otherwise referenced for the specific process.

First, a base mean model was built using clinical Phase I data including single dose oral administration of moxidectin solution in fasted and fed state, as well as single dose oral administration as solution or tablet was used to find an appropriate structure to describe the pharmacokinetics in plasma ([Korth-Bradley 2012b](#)). The mean PBPK model was developed using individuals matching the study demographics. The relative tissue specific expressions of CYP3A4 was considered. The aim of the current work was to establish a PBPK model of moxidectin for its use in tuberculosis. Although moxidectin is not approved yet for this indication, a daily dosing regimen is generally the standard for tuberculosis. Therefore, the model development prioritized prediction of the first day(s) compared to the terminal phase.

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.

Moxidectin is absorbed relatively quickly (T<sub>max</sub> after 3-4h) ([Drugbank](#)). For simplicity, a dissolved formulation was applied for both solution and tablet formulations.

The model was then verified by simulating ([Cotureau 2003](#), [Kinrade 2018](#)):

- a dose range between 3 mg and 36 mg
- fed and fasted state

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 / physico-chemical Data

A literature search was performed to collect available information on physicochemical properties of moxidectin. The obtained information from literature is summarized in the table below.

| Parameter                | Unit              | Value   | Source                                  | Description                                     |
|--------------------------|-------------------|---------|---|---|
| MW                       | g/mol             | 639.83  | <a href="#">Drugbank</a>                | Molecular weight                                |
| pK <sub>a</sub>          | - (neutral)       |         | <a href="#">Wood 2024</a>               | Acid dissociation constant                      |
| Solubility (pH 7)        | mg/mL             | 5.20E-3 | <a href="#">Drugbank</a>                | Aqueous Solubility, FaSSIF, ...                 |
| logP                     |                   | 6       | <a href="#">Drugbank</a> (experimental) | Partition coefficient between octanol and water |
| logP                     |                   | 5.3     | <a href="#">Drugbank</a> (predicted)    | Partition coefficient between octanol and water |
| logP                     |                   | 5.67    | <a href="#">Wood 2024</a> (predicted)   | Partition coefficient between octanol and water |
| logP                     |                   | 4.3     | <a href="#">Pubchem</a> (predicted)     | Partition coefficient between octanol and water |
| fu                       |                   | 0.00078 | <a href="#">Wood 2024</a>               | Fraction unbound in plasma                      |
| CL <sub>int</sub> CYP3A4 | μL/min/mg protein | 36      | <a href="#">Wood 2024</a> (predicted)   | Intrinsic clearance mediated by CYP3A4          |

### 2.2.2 Clinical Data

A literature search was performed to collect available clinical data on moxidectin in healthy adults.

#### 2.2.2.1 Model Building

The following studies were used for model building (training data):

| Publication                         | Arm / Treatment / Information used for model building                                  |
|-------------------------------------|--|
| <a href="#">Korth-Bradley 2012a</a> | Healthy Subjects with a single oral dose of 10 mg solution in fasted or fed conditions |
| <a href="#">Korth-Bradley 2012b</a> | Healthy Subjects with a single oral dose of 10 mg solution or tablet                   |

Data for [Korth-Bradley 2012a](#) and [Korth-Bradley 2012b](#) was extracted from the study reports S101 and S1005, respectively.

#### 2.2.2.2 Model Verification

The following studies were used for model verification:

| Publication                  | Arm / Treatment / Information used for model building  |
|------------------------------|--|
| <a href="#">Cotreau 2003</a> | Healthy Subjects with a single oral dose of 3 mg, 9 mg, 18 mg or 36 mg in fasted or fed conditions |
| <a href="#">Kinrade 2018</a> | Healthy Subjects with a single oral dose of 4 mg, 8 mg, 16 mg, 24 mg, 36 mg in fasted conditions   |

Data for [Kinrade 2018](#) was extracted from the study report S1008.

## 2.3 Model Parameters and Assumptions

## 2.3.1 Absorption

The model parameter `Specific intestinal permeability` was calculated by default based on the lipophilicity. Predicted aqueous solubility ([Drugbank](#), see [Section 2.2.1](#)) was set as default solubility. For simplicity, all oral administrations were modelled as solution. Food effects were not specifically evaluated, as they did not result in clinically significant effect. Nevertheless, data for fasted and fed conditions were used to develop and verify the PBPK model. For fed conditions, a standard high-fat breakfast event was implemented according to the study information.

## 2.3.2 Distribution

Fraction unbound was reported approximately 0.00078 ([Wood 2024](#), see [Section 2.2.1](#)). `Lipophilicity` was optimized within the range of measured values (4.30-6.00) to find a best match of simulated to observed moxidectin PK profile data ([Korth-Bradley 2012a](#), [Korth-Bradley 2012b](#)). After testing the available organ-plasma partition coefficient and cell permeability calculation methods built in PK-Sim®, observed clinical data was best described by choosing the partition coefficient calculation by `PK-Sim Standard` and cellular permeability calculation by `PK-Sim Standard` for moxidectin.

## 2.3.3 Metabolism and Elimination

Data regarding metabolism and elimination of moxidectin is limited. Retrograde calculation of clearance, assuming 7% of clearance is CYP3A4-mediated, resulted in an intrinsic clearance of 36  $\mu\text{L}/\text{min}/\text{mg}$  protein ([Wood 2024](#)). The majority of clearance (93%) was assumed to be biliary clearance. Retrograde calculation based on an apparent total clearance of 2760-3506 mL/h for healthy volunteers results in an estimated biliary clearance of 40 mL/h/kg ([FDA 2018](#)).

## 2.3.4 Automated Parameter Identification

This is the result of the final parameter identification.

| Model Parameter            | Optimized Value | Unit      |
|----------------------------|-----------------|-----------|
| <code>Lipophilicity</code> | 4.60            | Log units |

# 3 Results and Discussion

The PBPK model for moxidectin was developed and verified with clinical pharmacokinetic data.

The model was evaluated covering data from studies including in particular ([Korth-Bradley 2012a](#), [Korth-Bradley 2012b](#), [Cotreau 2003](#), [Kinrade 2018](#))

- oral administration (solution or tablet)
- a dose range between 3 mg and 36 mg
- fed and fasted state

The model quantifies metabolism via biliary clearance and CYP3A4.

The PBPK model was able to capture the PK of moxidectin over the first days, but not the late phase as indicated by the GMFE. As the standard dosing regimen for tuberculosis is once daily (i.e., based on dosing regimens of other tuberculosis medicines, since moxidectin is not approved for tuberculosis yet), the model is fit for purpose to evaluate moxidectin in treatment of tuberculosis. Nevertheless, further model refinement is required to describe the late phase.

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: Moxidectin

#### Parameters

| Name  | Value                     | Value Origin  | Alternative | Default |
|---|---------------------------|---|-------------|---------|
| Solubility at reference pH                    | 0.0052 mg/ml              | Unknown-Drugbank ALOGPS   | Measurement | True    |
| Reference pH                                  | 7                         | Unknown-Drugbank ALOGPS   | Measurement | True    |
| Lipophilicity                                 | 4.5953885122<br>Log Units | Parameter Identification-Parameter Identification-Value updated from 'Parameter Identification 1' on 2025-05-16 16:40 | Measurement | True    |
| Fraction unbound<br>(plasma, reference value) | 0.00078                   | Unknown-Woods 2024  | Measurement | True    |
| Is small molecule                             | Yes                       |   |             |         |
| Molecular weight                              | 639.83 g/mol              |   |             |         |
| Plasma protein binding<br>partner             | Albumin                   |   |             |         |

Calculation methods

| Name                    | Value           |
|-------------------------|-----------------|
| Partition coefficients  | PK-Sim Standard |
| Cellular permeabilities | PK-Sim Standard |

Processes

Metabolizing Enzyme: CYP3A4-Wood 2024

Molecule: CYP3A4

Parameters

| Name                             | Value                     | Value Origin      |
|----------------------------------|---------------------------|-------------------|
| In vitro CL for liver microsomes | 36 µl/min/mg mic. protein | Unknown-Wood 2024 |

Systemic Process: Biliary Clearance-Assumption

Species: Human

Parameters

| Name                          | Value       | Value Origin       |
|-------------------------------|-------------|--------------------|
| Fraction unbound (experiment) | 0.00078     |                    |
| Lipophilicity (experiment)    | 6 Log Units |                    |
| Plasma clearance              | 40 ml/h/kg  | Unknown-Assumption |

3.2 Diagnostics Plots

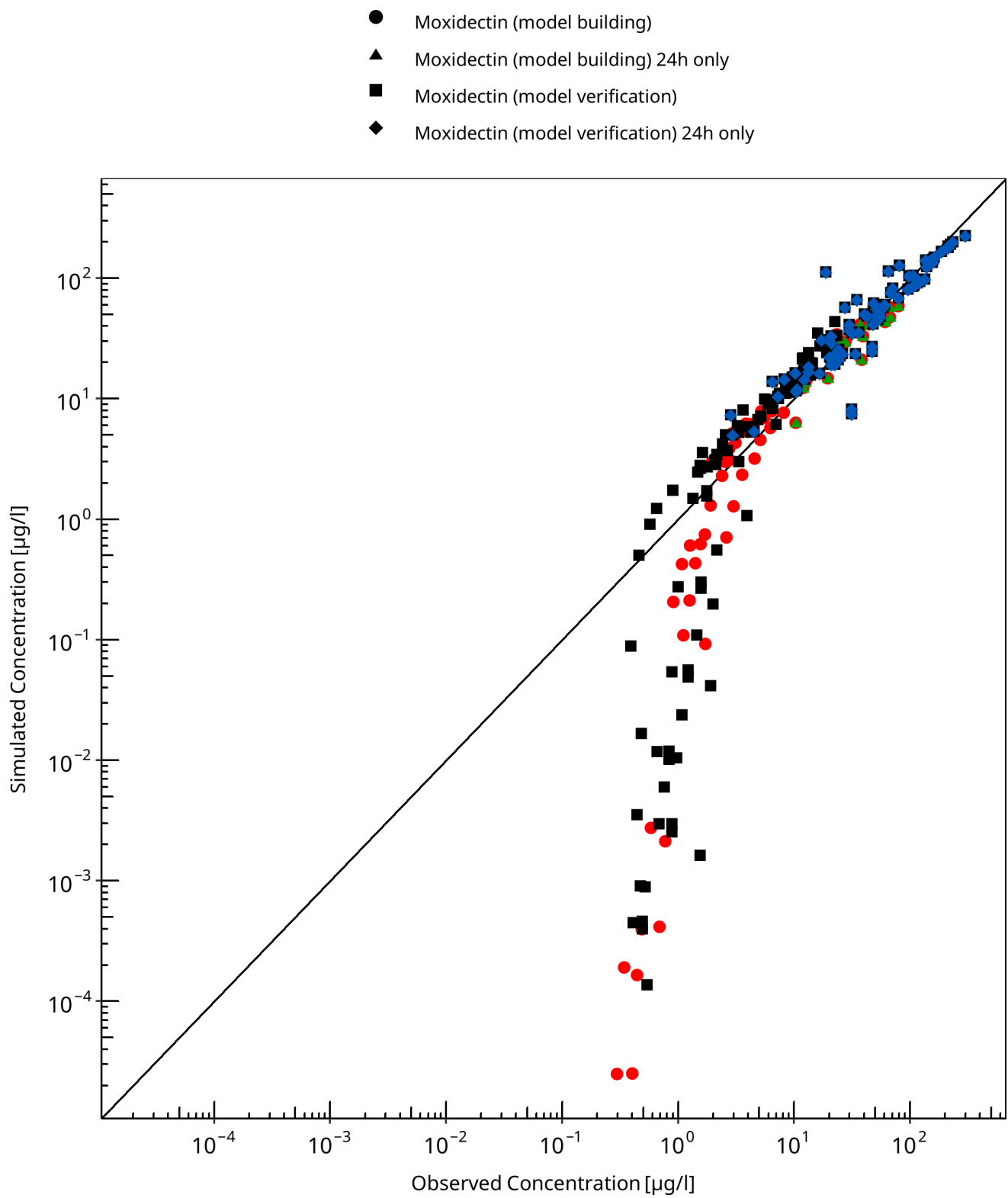
Below you find the goodness-of-fit visual diagnostic plots for the PBPK model performance of all data used presented in [Section 2.2.2](#).

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

Table 3-1: GMFE for Goodness of fit plot for concentration in plasma



| Group                                    | GMFE |
|--|------|
| Moxidectin (model building)              | 3.69 |
| Moxidectin (model building) 24h only     | 1.20 |
| Moxidectin (model verification)          | 2.87 |
| Moxidectin (model verification) 24h only | 1.32 |
| All                                      | 2.36 |



**Figure 3-1: Goodness of fit plot for concentration in plasma**

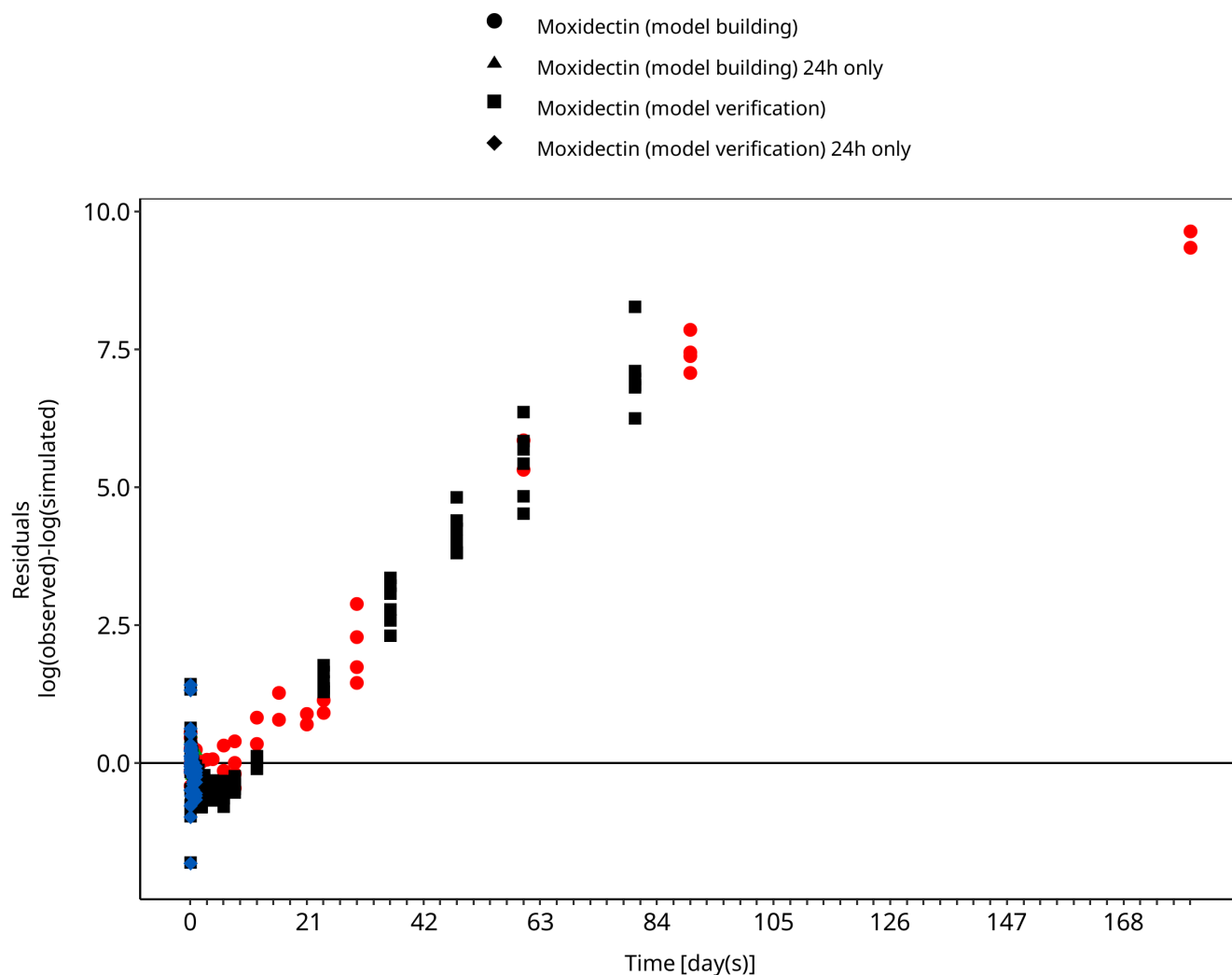


Figure 3-2: Goodness of fit plot for concentration in plasma

### 3.3 Concentration-Time Profiles

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

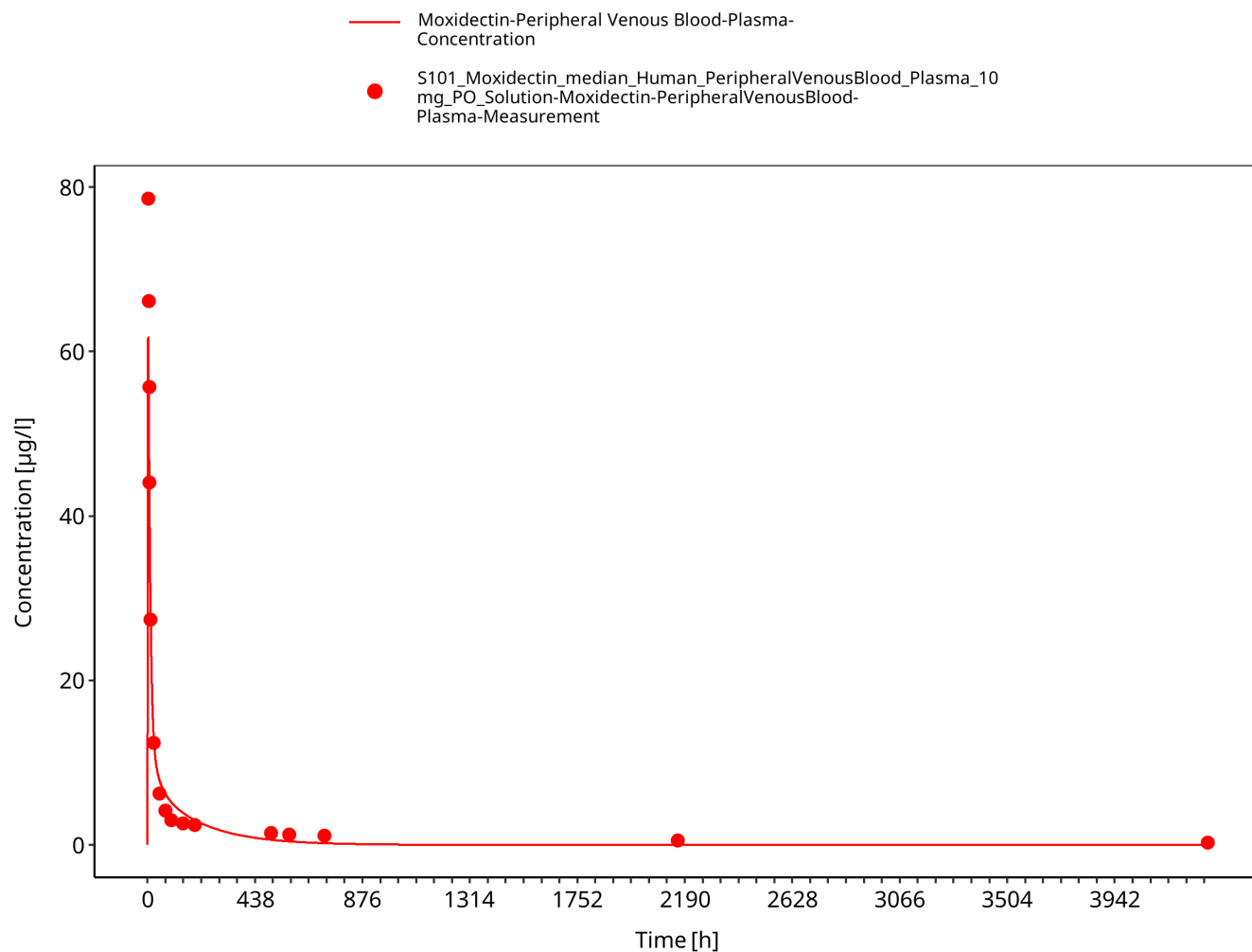


Figure 3-3: Korth-Bradley 2012\_PO\_10mg\_solution

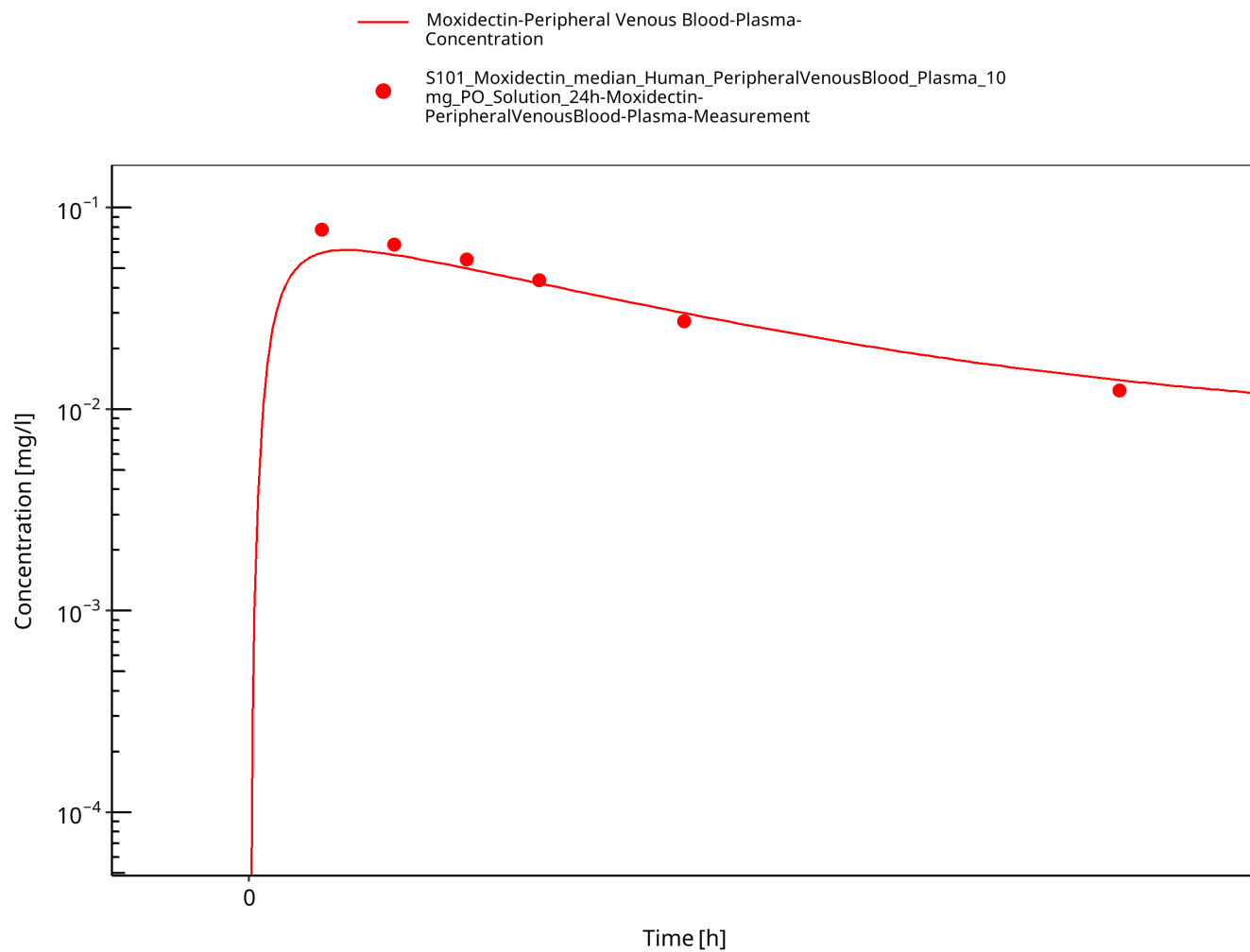


Figure 3-4: Korth-Bradley 2012\_PO\_10mg\_solution 24h



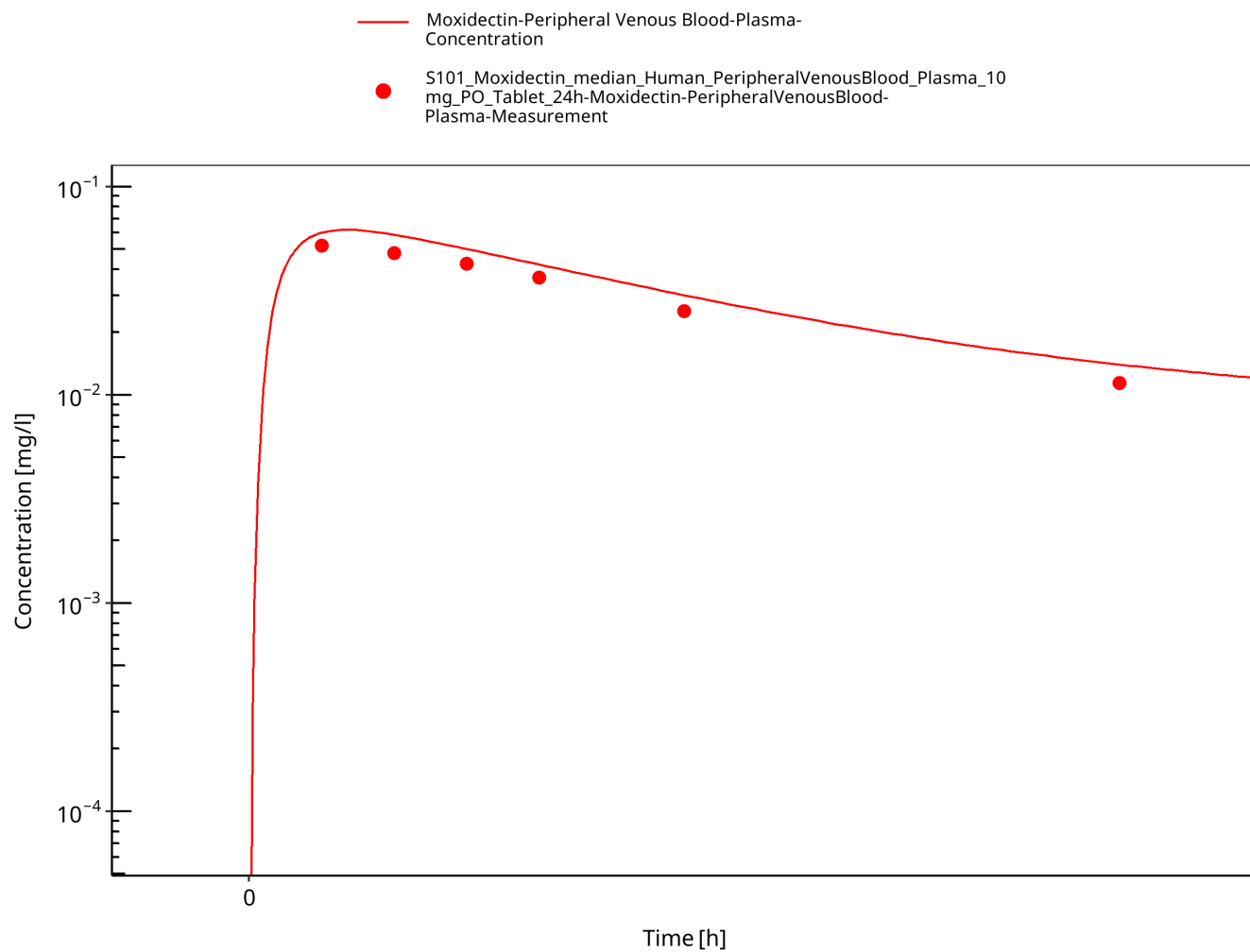


Figure 3-6: Korth-Bradley 2012\_PO\_10mg\_tablet 24h

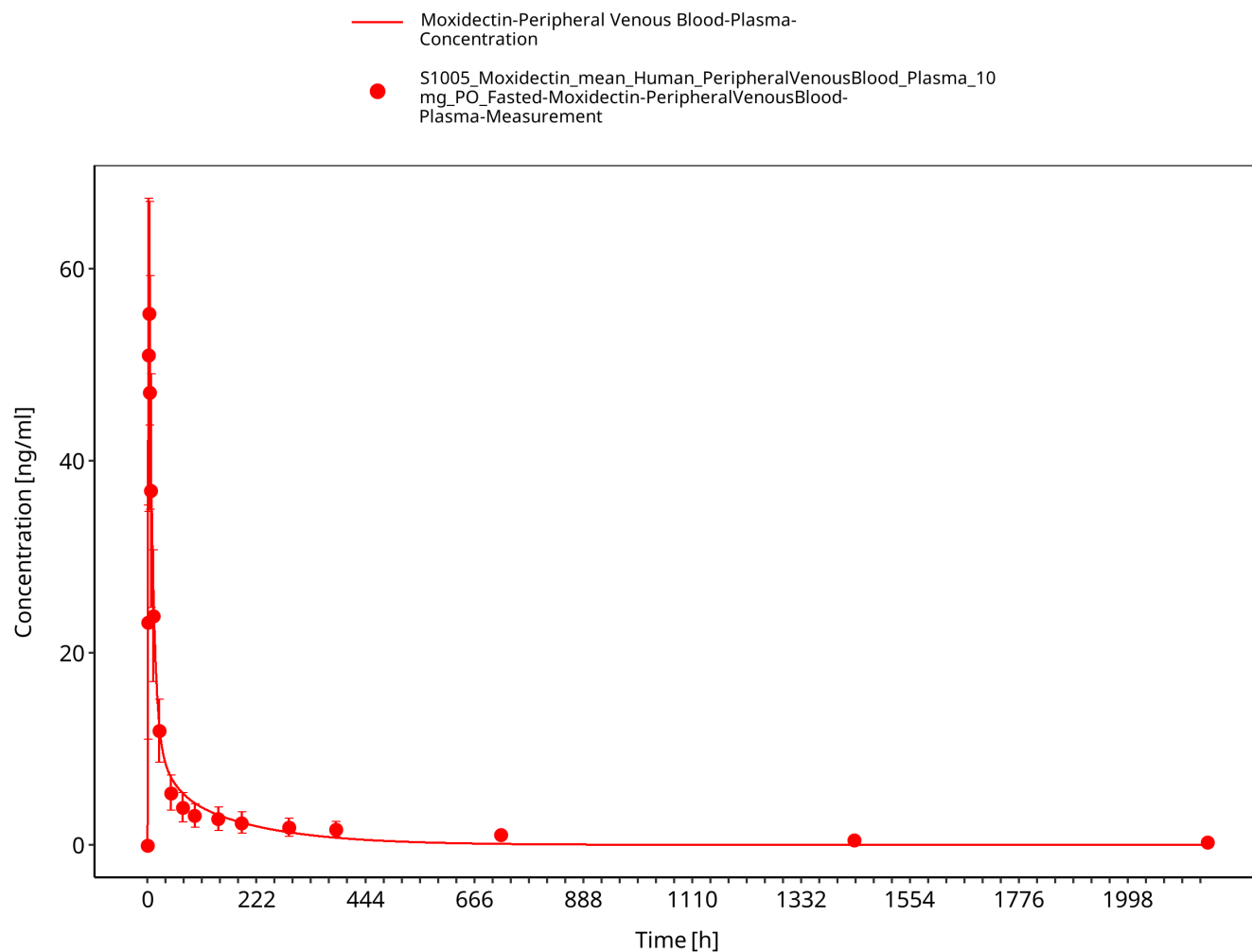


Figure 3-7: Korth-Bradley 2012\_PO\_8mg\_fasted



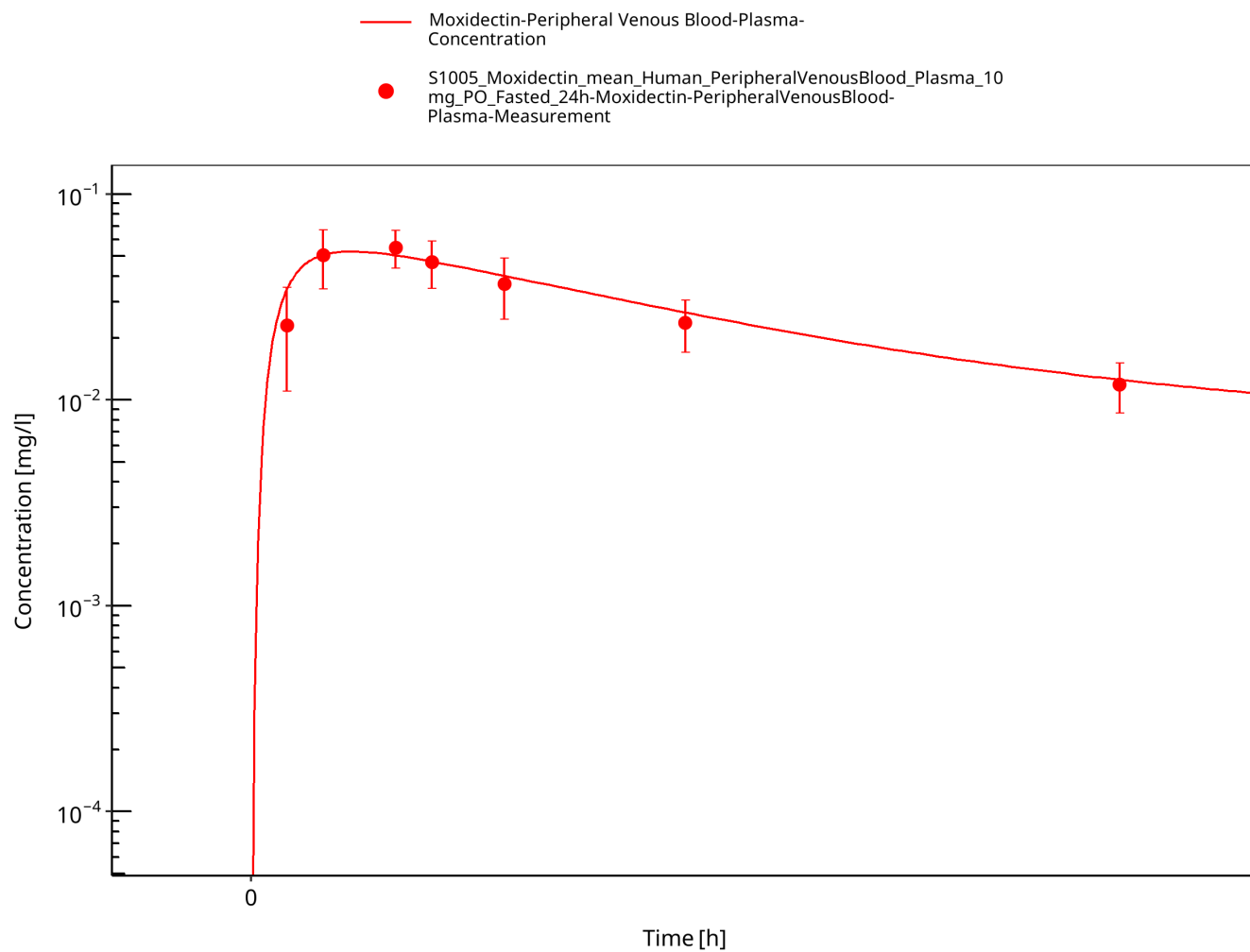


Figure 3-8: Korth-Bradley 2012\_PO\_8mg\_fasted 24h

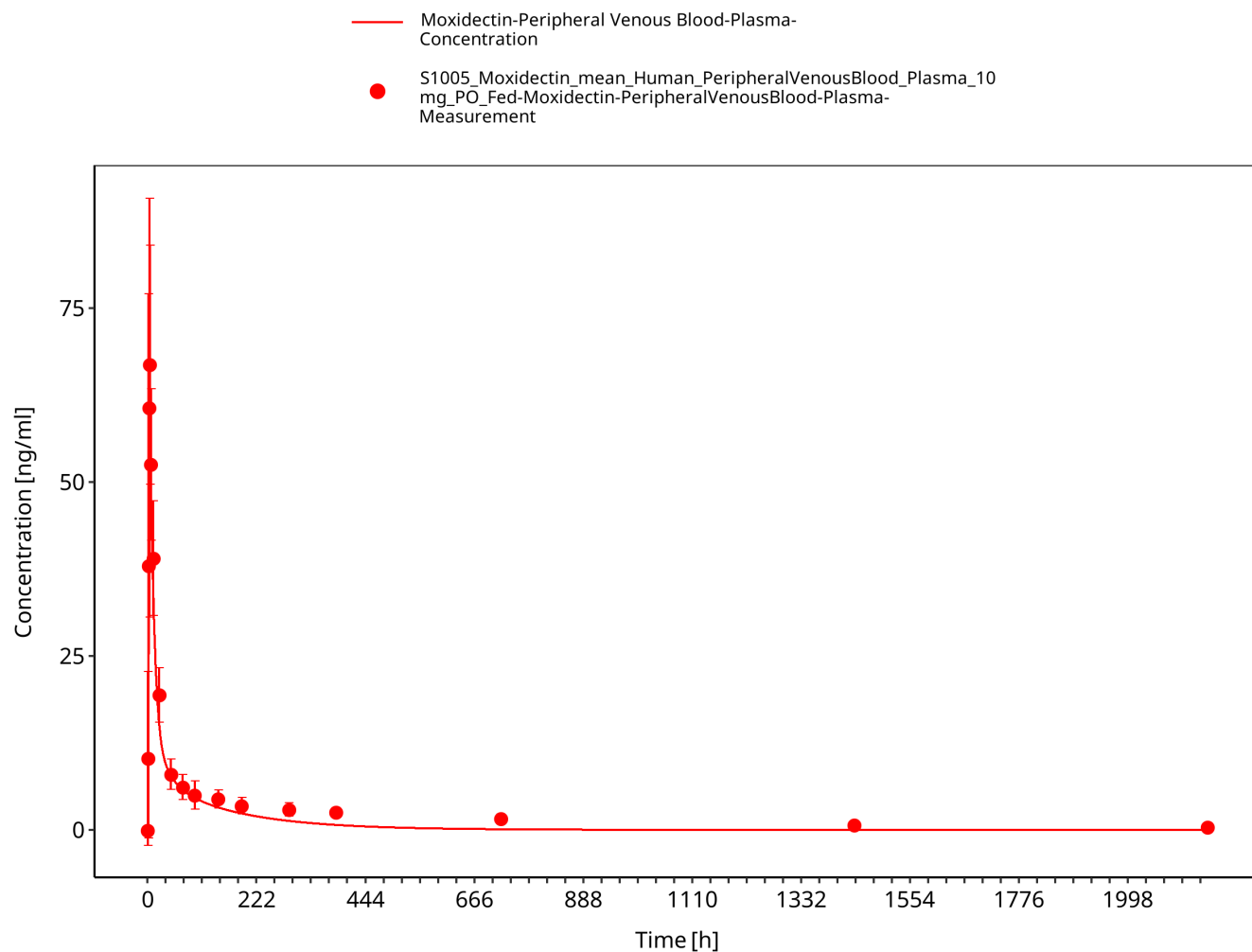


Figure 3-9: Korth-Bradley 2012\_PO\_8mg\_fed

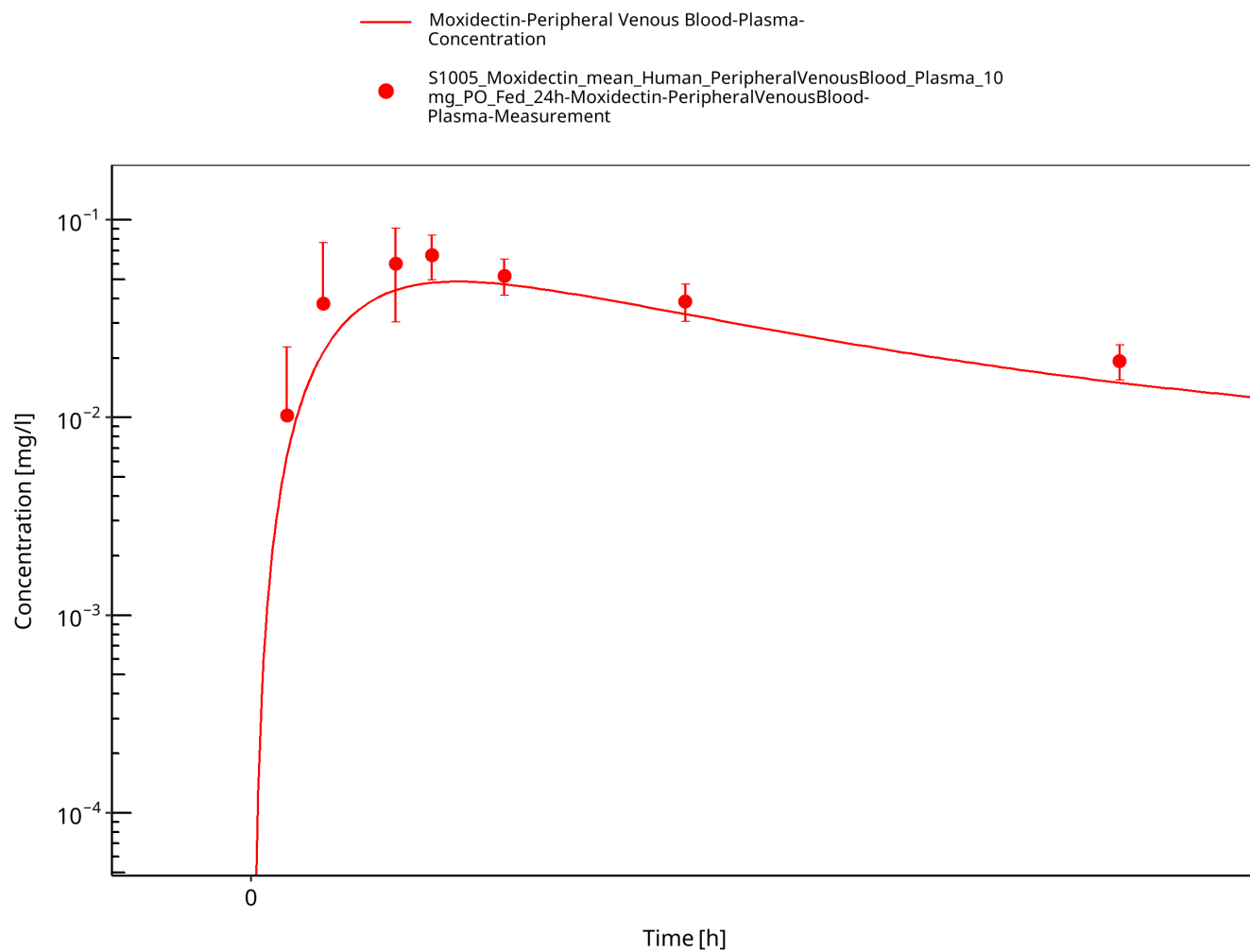


Figure 3-10: Korth-Bradley 2012\_PO\_8mg\_fed 24h

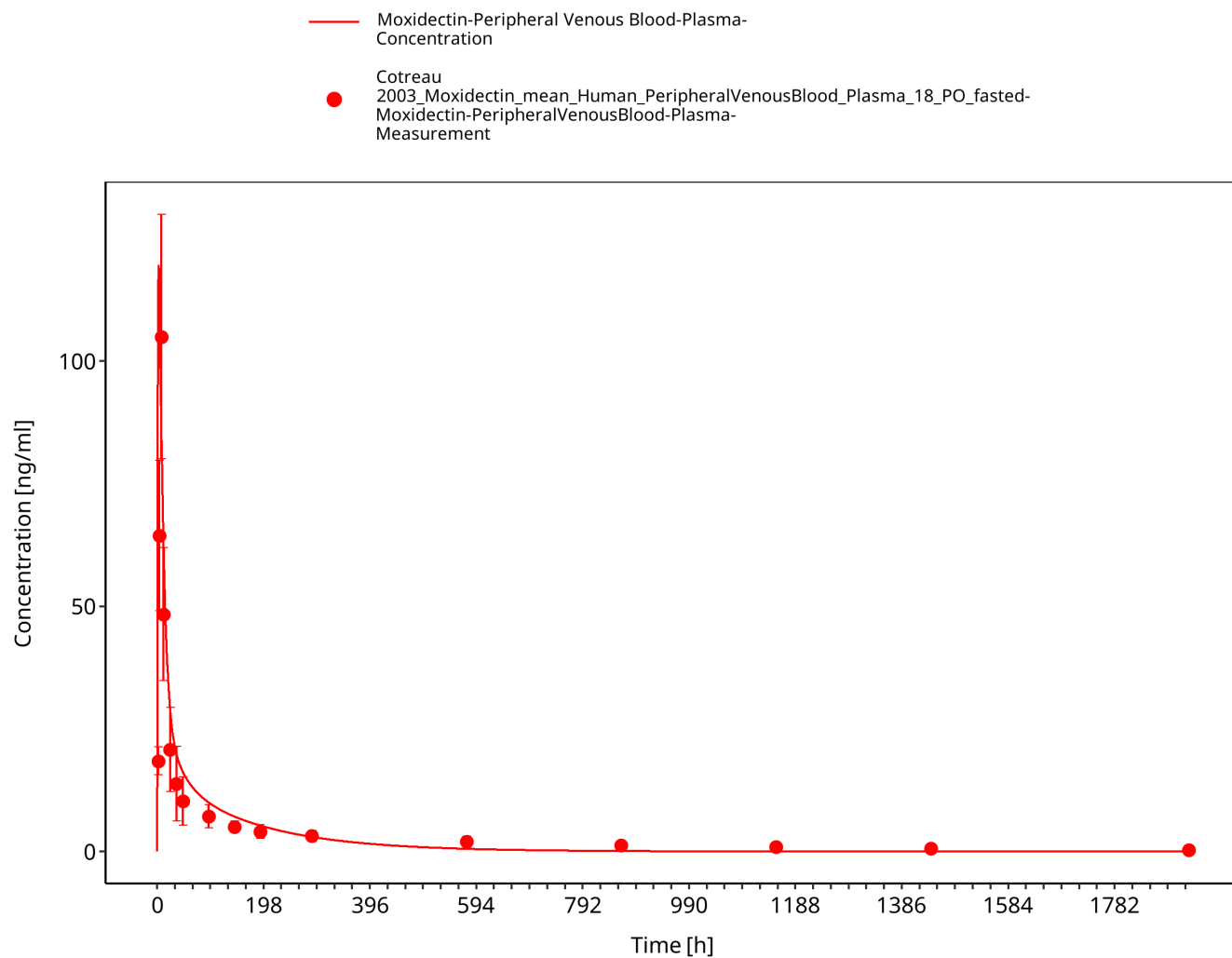


Figure 3-11: Cotreau 2003\_PO\_18mg\_solution\_fasted

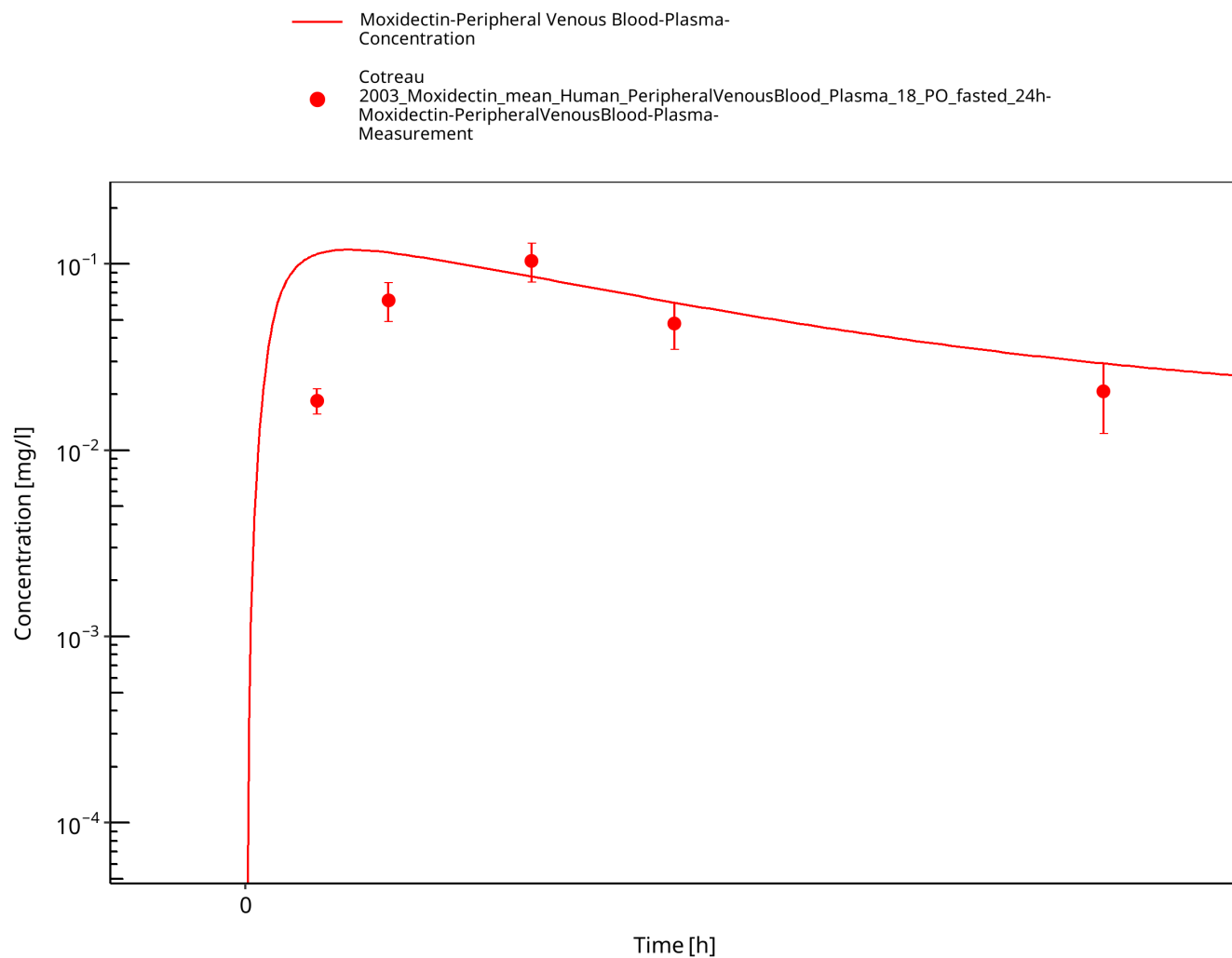


Figure 3-12: Cotreau 2003\_PO\_18mg\_solution\_fasted 24h

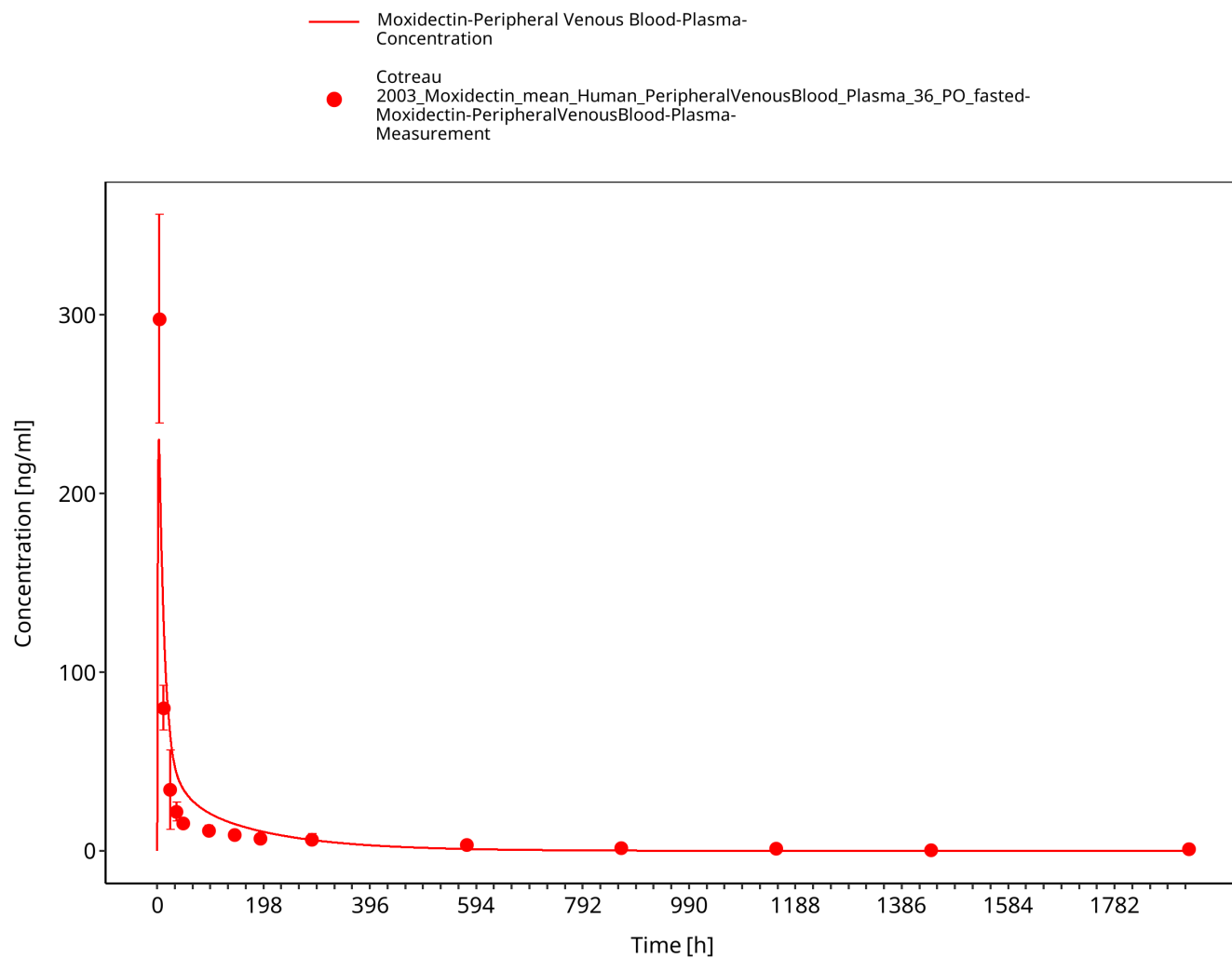


Figure 3-13: Cotreau 2003\_PO\_36mg\_solution\_fasted

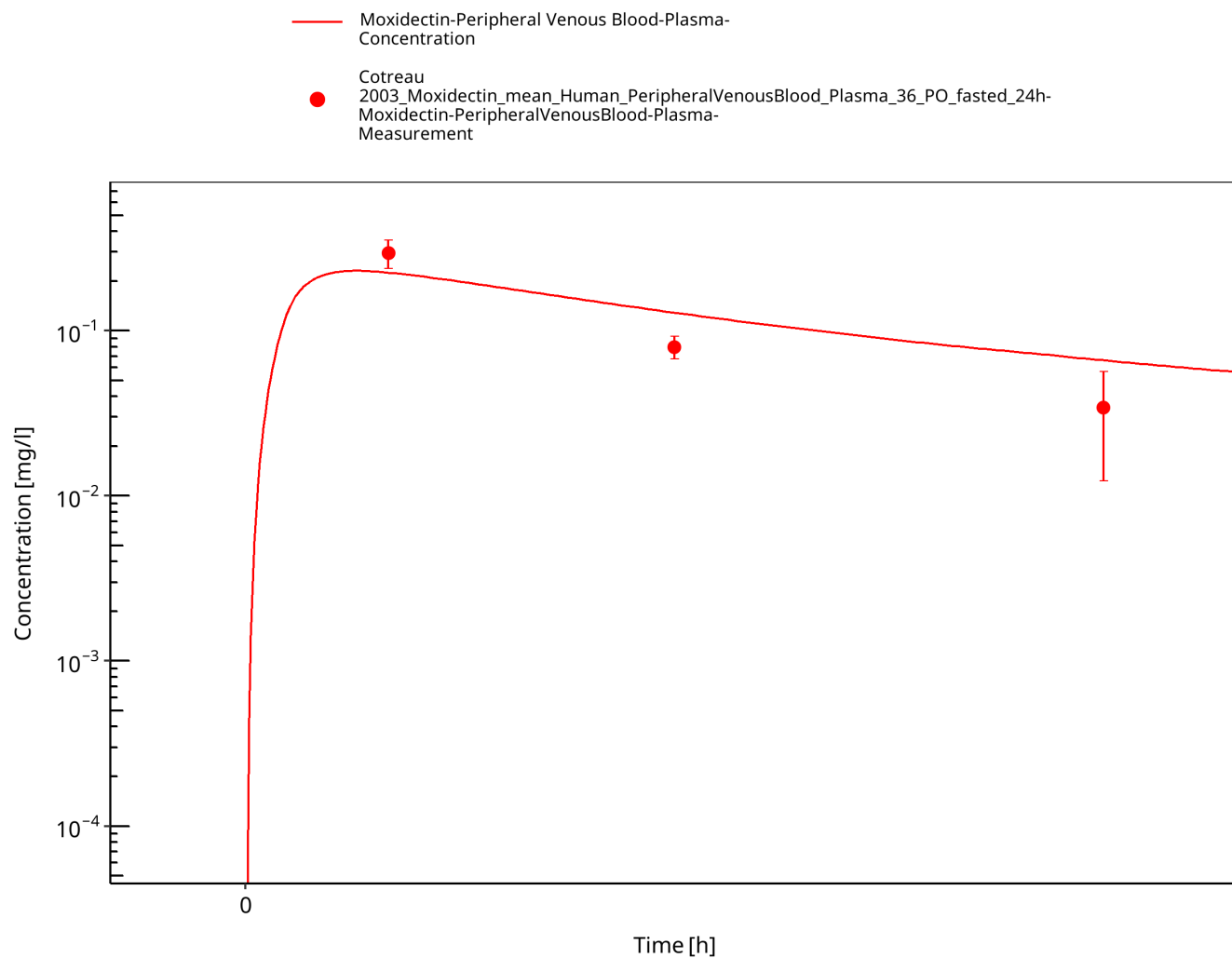


Figure 3-14: Cotreau 2003\_PO\_36mg\_solution\_fasted 24h

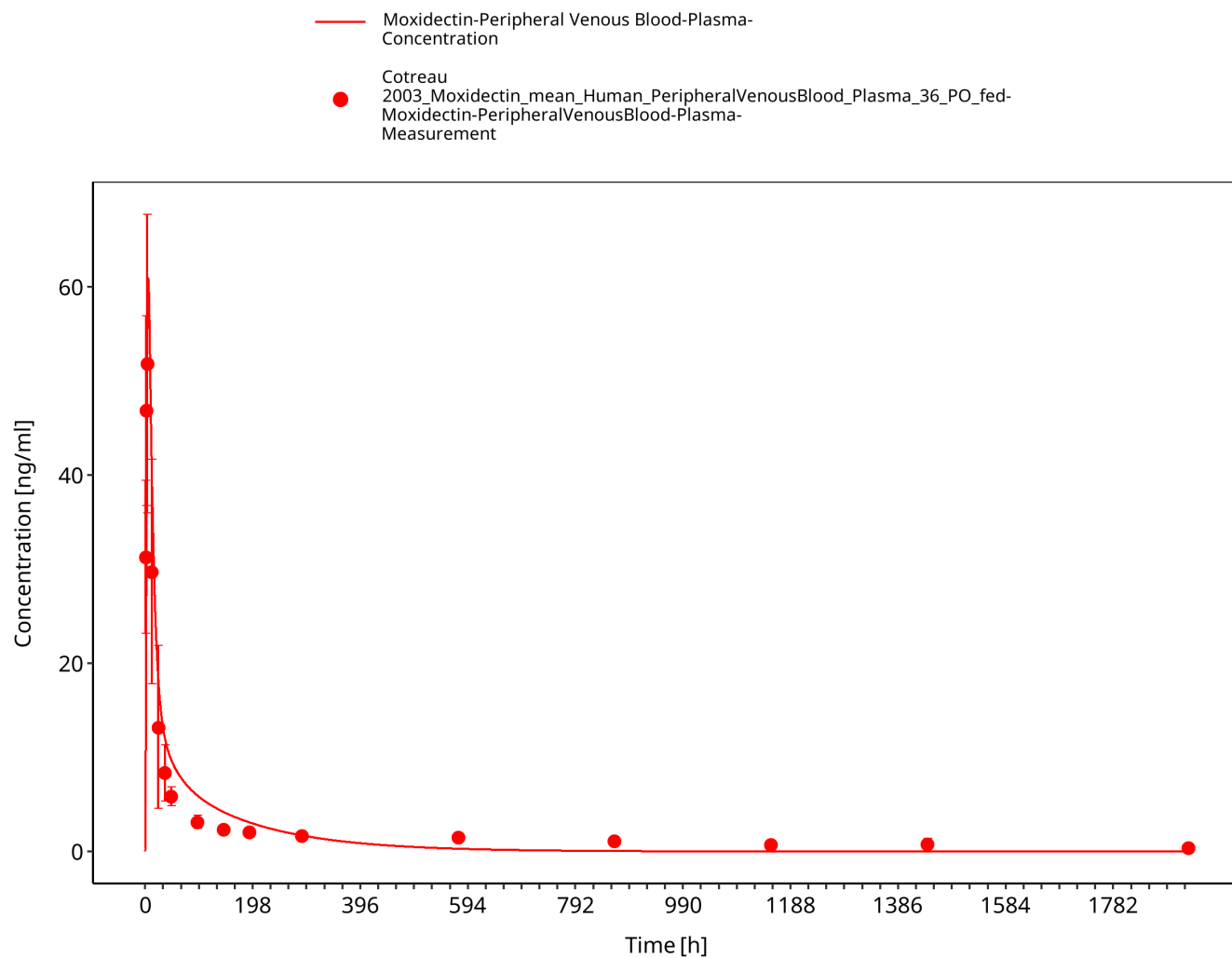


Figure 3-15: Cotreau 2003\_PO\_36mg\_solution\_fed



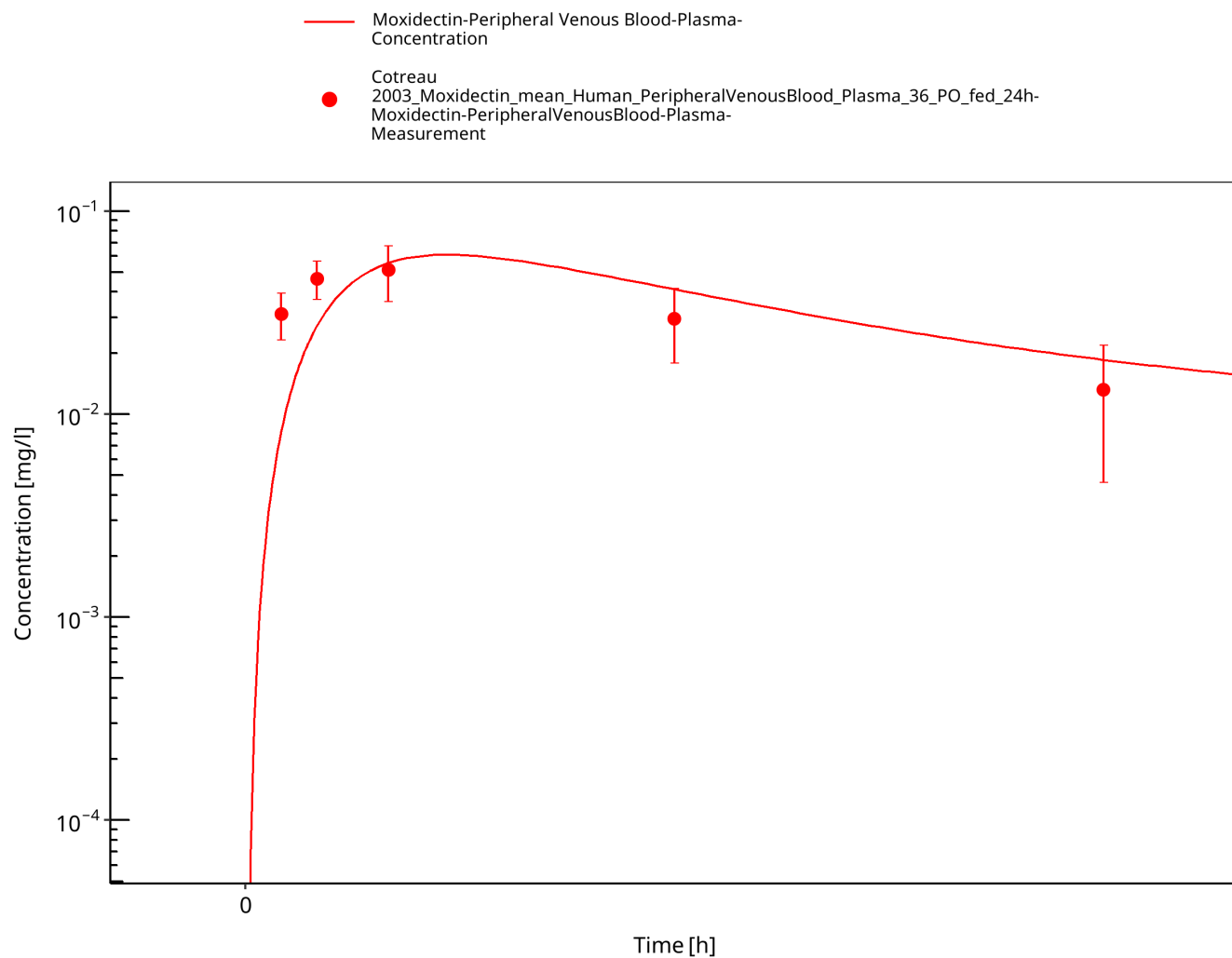


Figure 3-16: Cotreau 2003\_PO\_36mg\_solution\_fed 24h

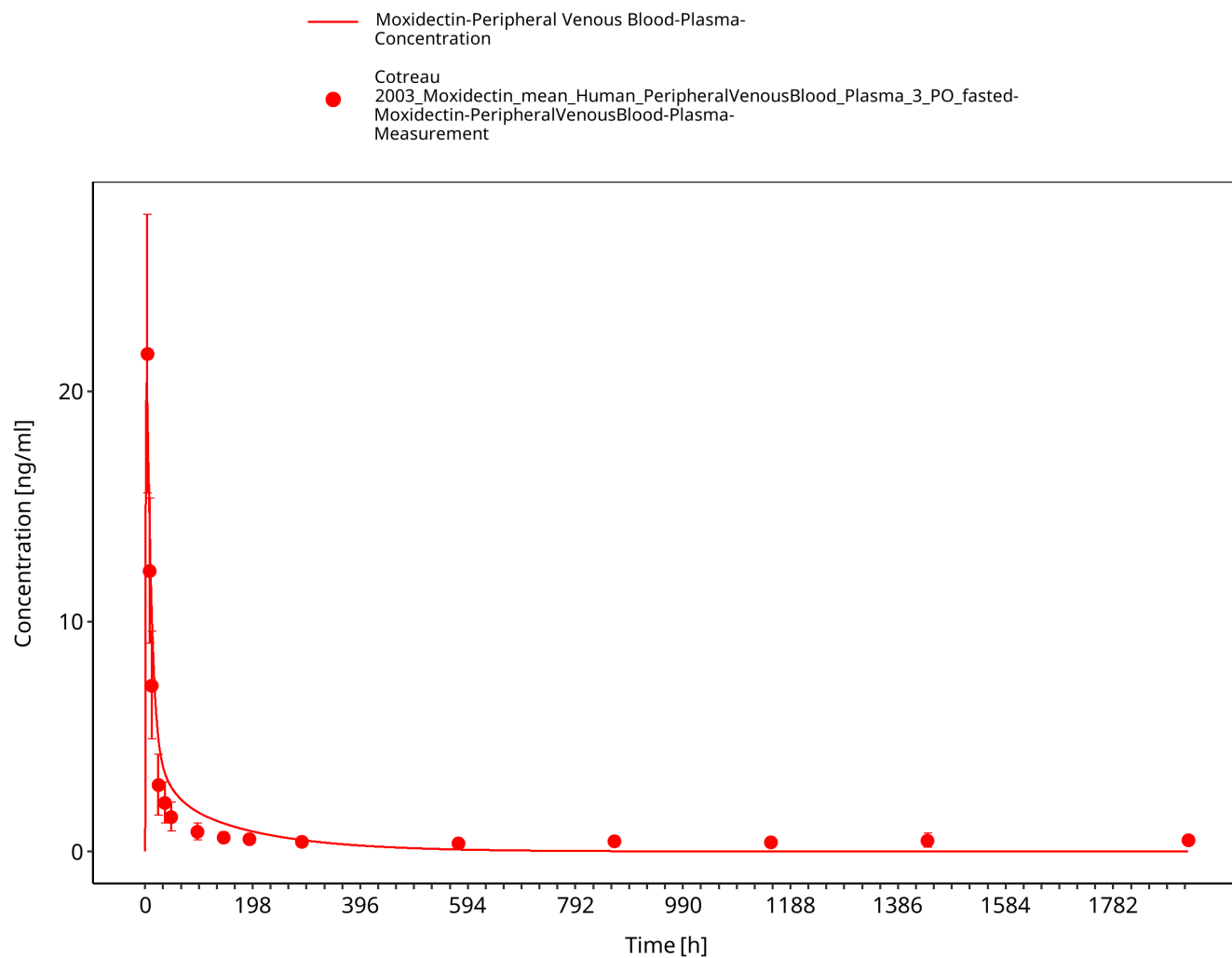


Figure 3-17: Cotreau 2003\_PO\_3mg\_solution\_fasted

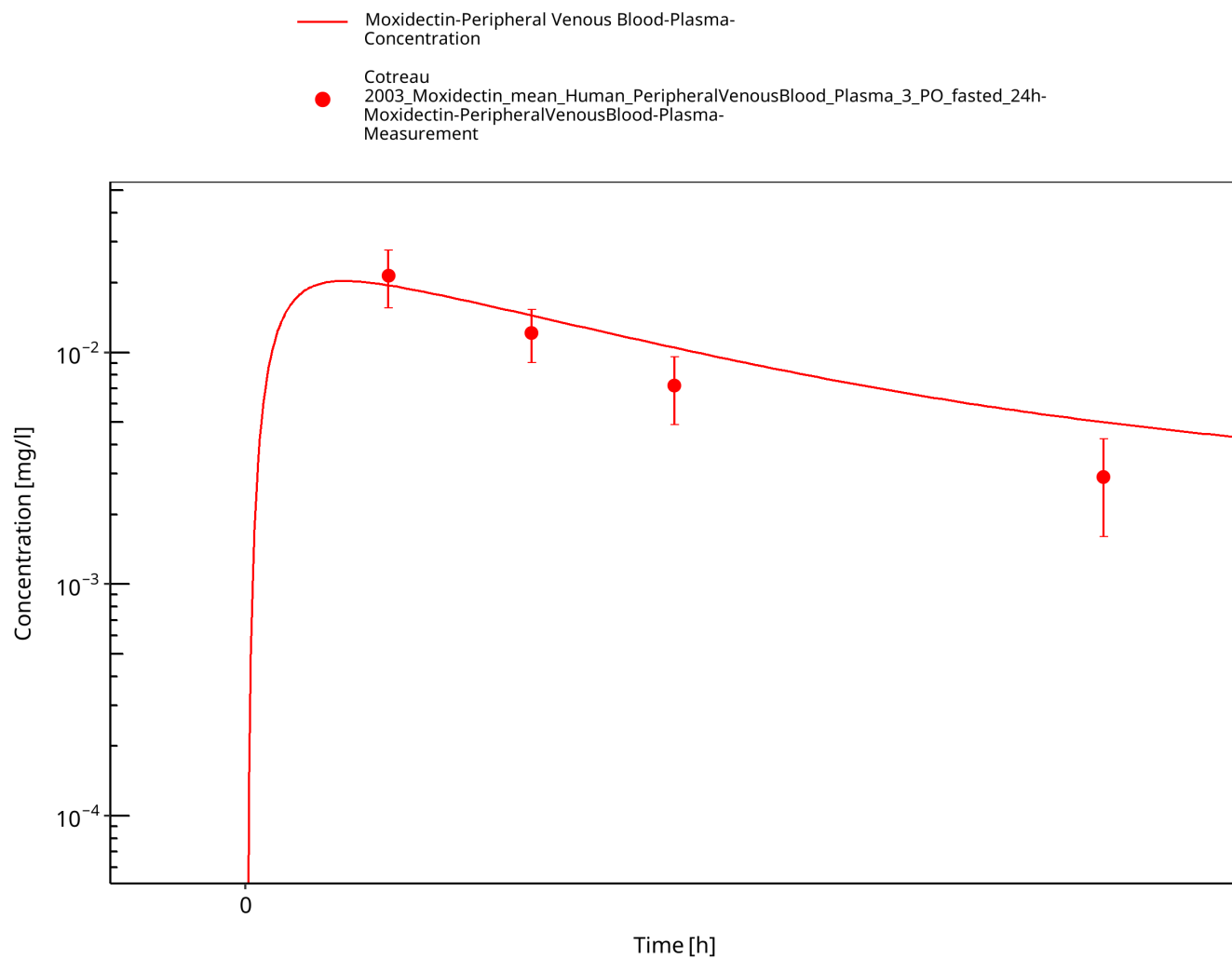


Figure 3-18: Cotreau 2003\_PO\_3mg\_solution\_fasted 24h

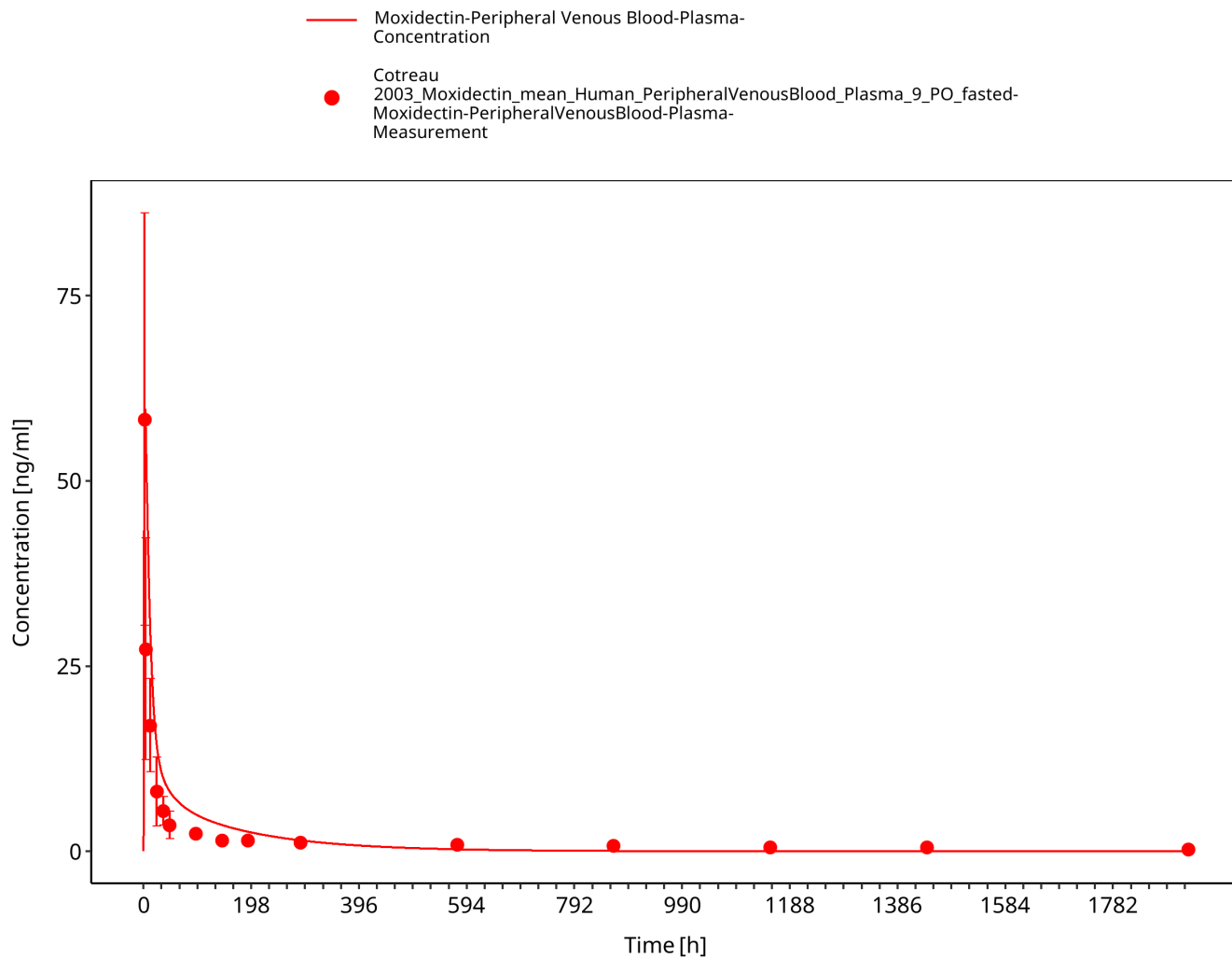


Figure 3-19: Cotreau 2003\_PO\_9mg\_solution\_fasted

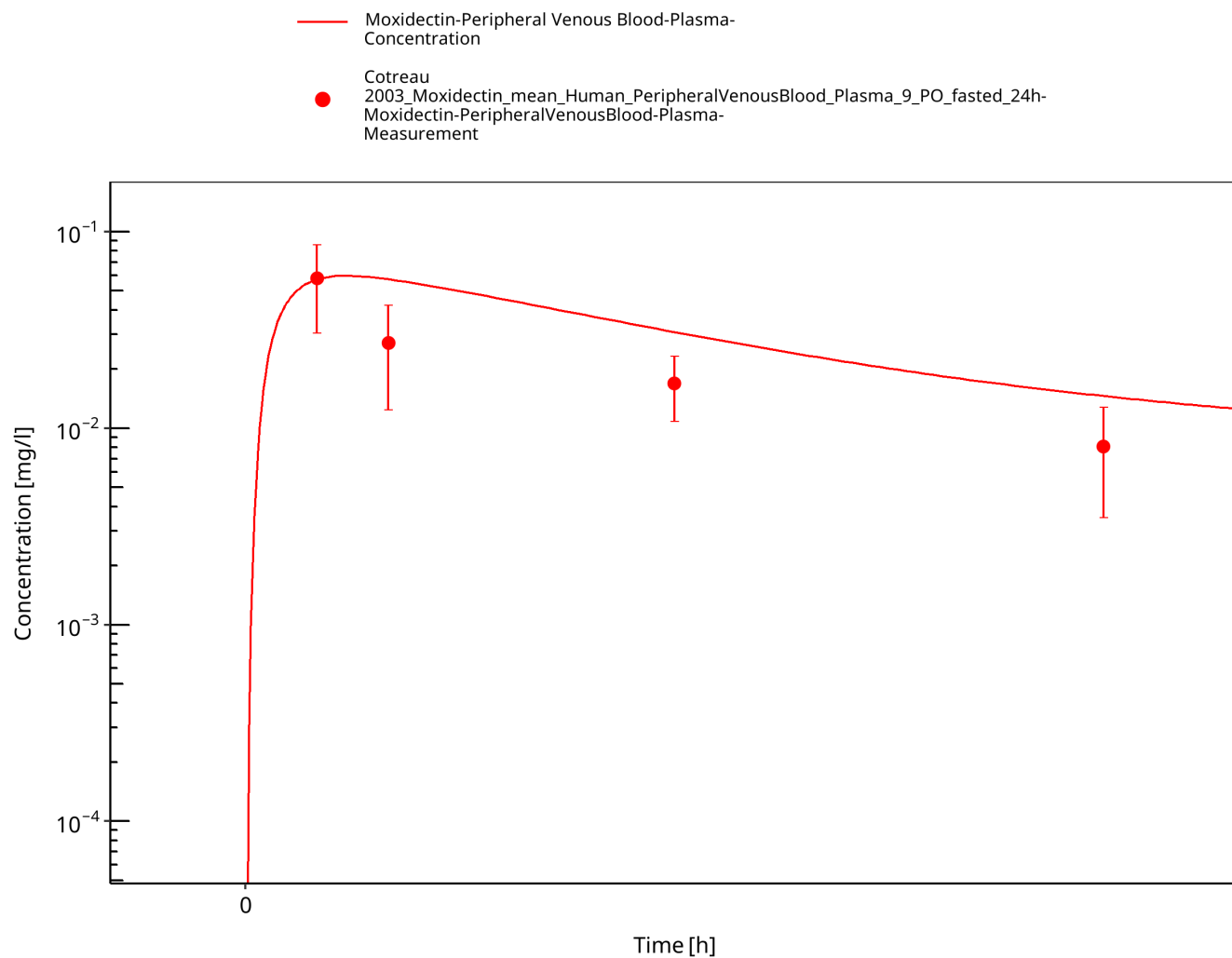


Figure 3-20: Cotreau 2003\_PO\_9mg\_solution\_fasted 24h

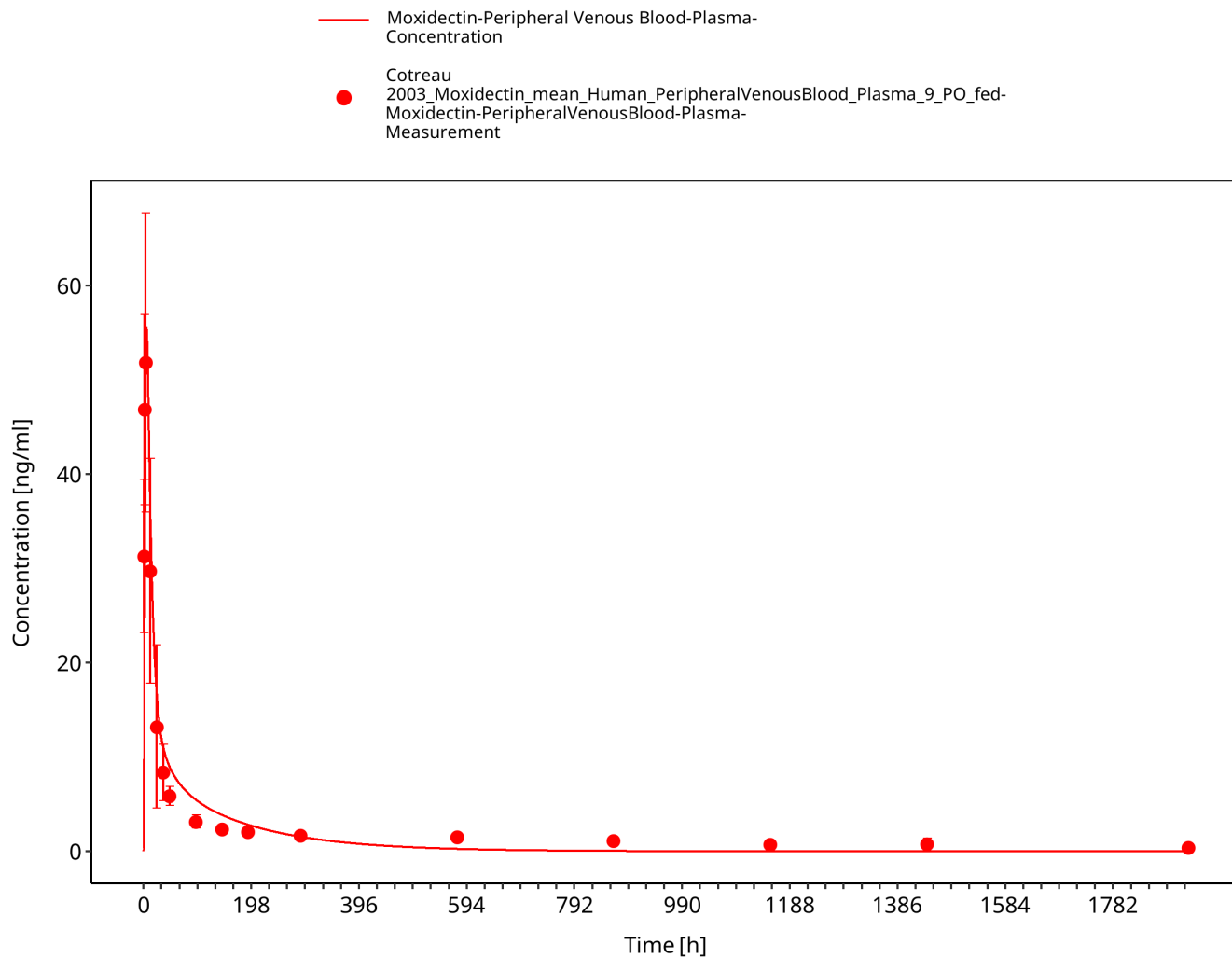


Figure 3-21: Cotreau 2003\_PO\_9mg\_solution\_fed

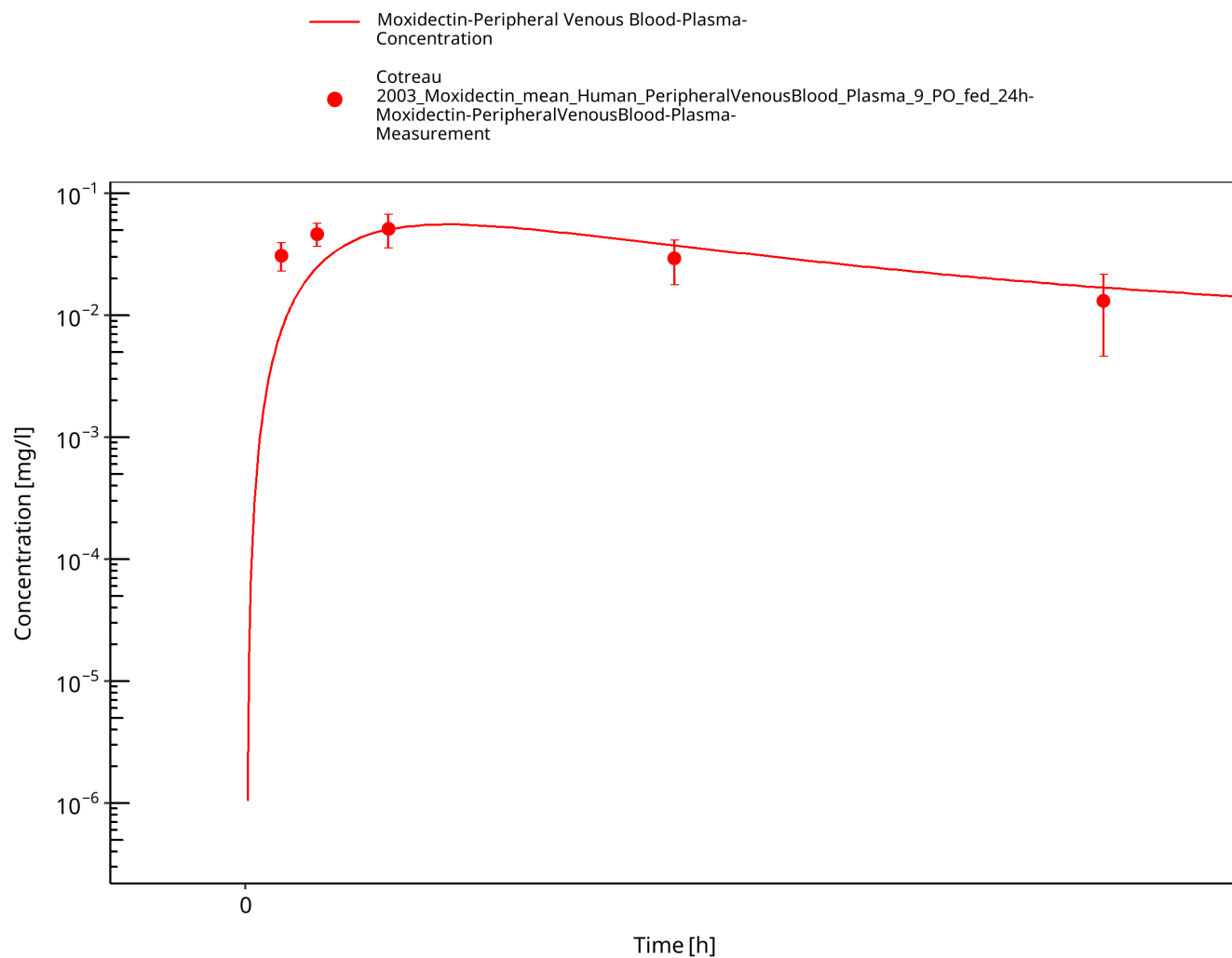


Figure 3-22: Cotreau 2003\_PO\_9mg\_solution\_fed 24h

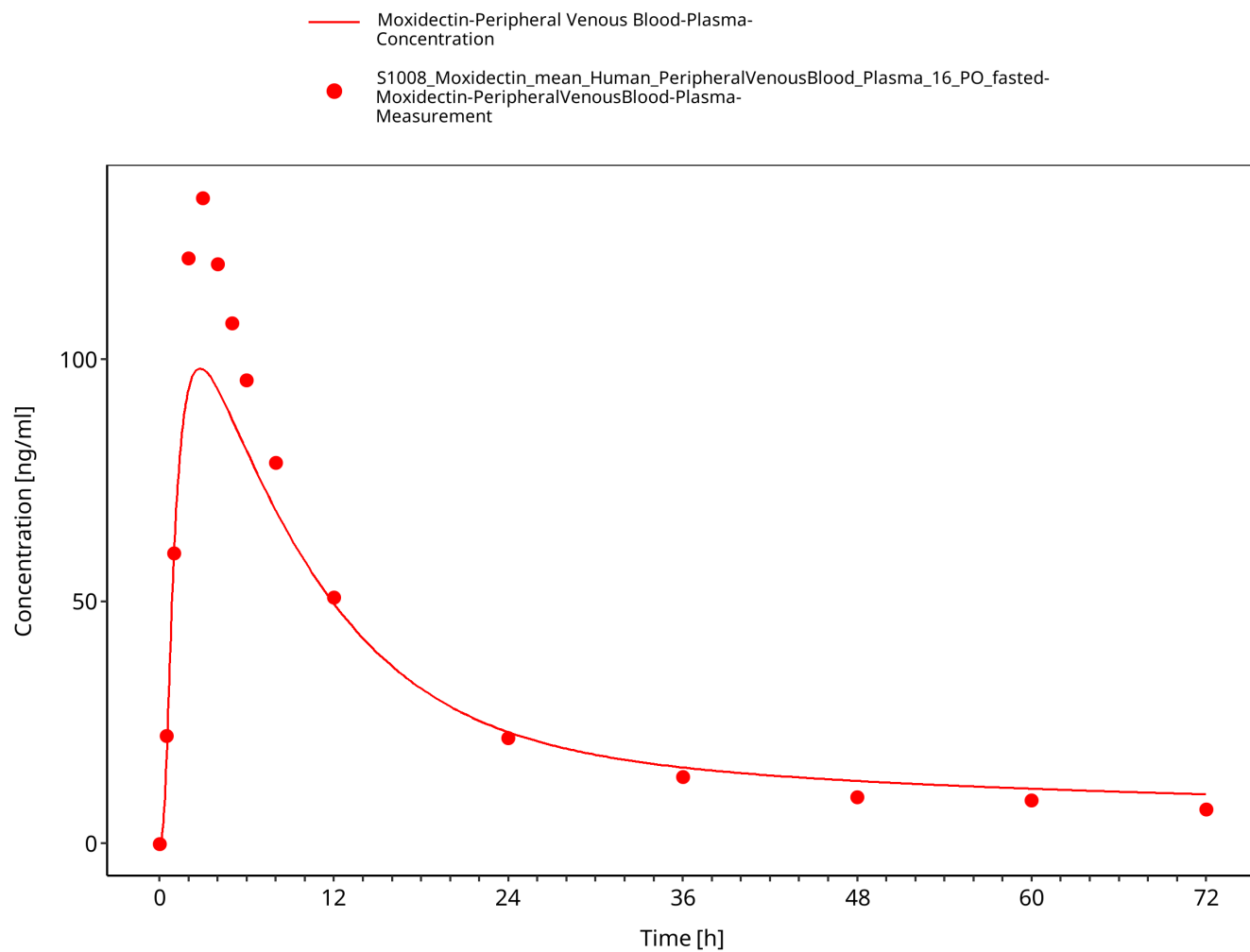


Figure 3-23: Kinrade 2018\_PO\_16 mg



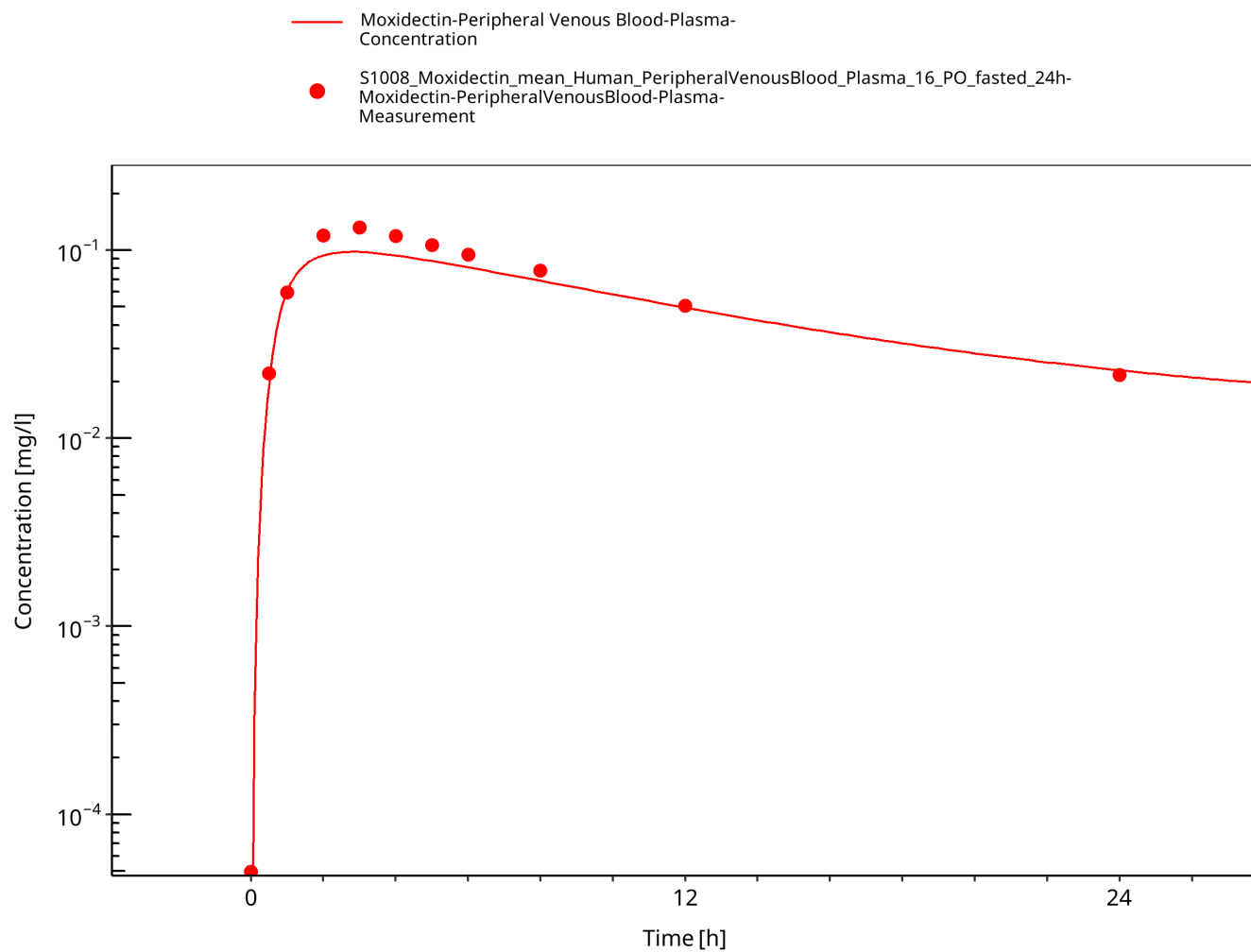


Figure 3-24: Kinrade 2018\_PO\_16 mg 24h

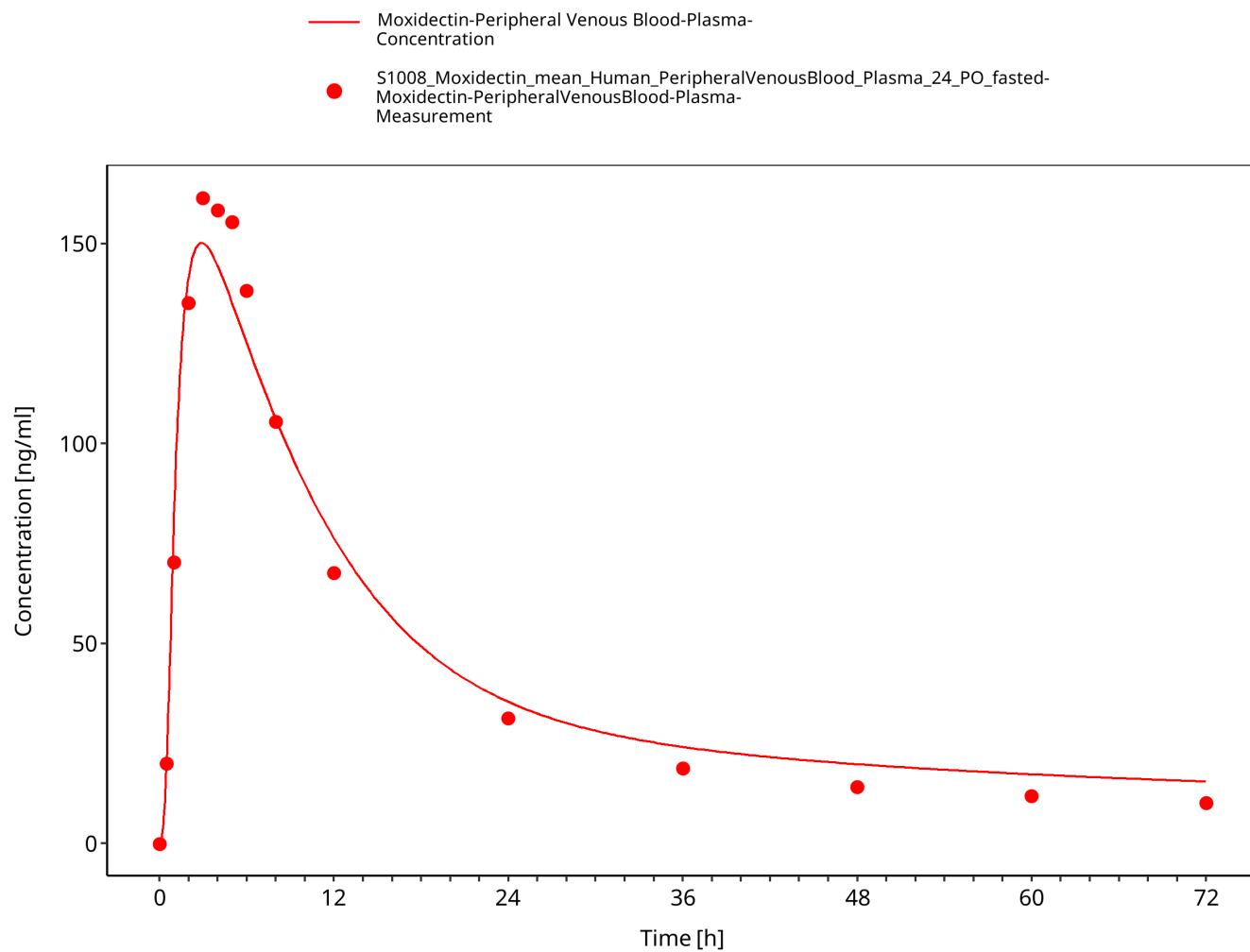


Figure 3-25: Kinrade 2018\_PO\_24 mg

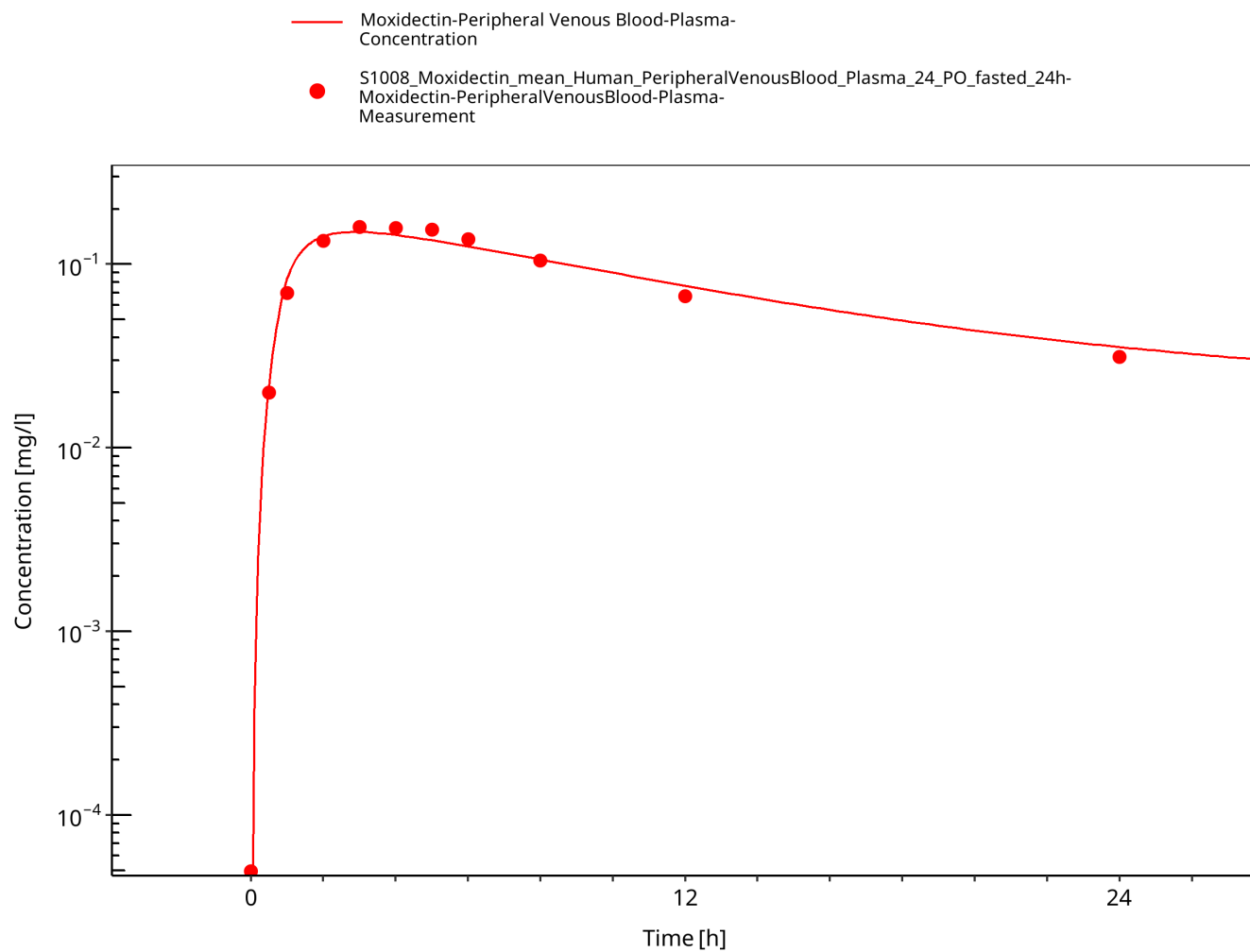


Figure 3-26: Kinrade 2018\_PO\_24 mg 24h

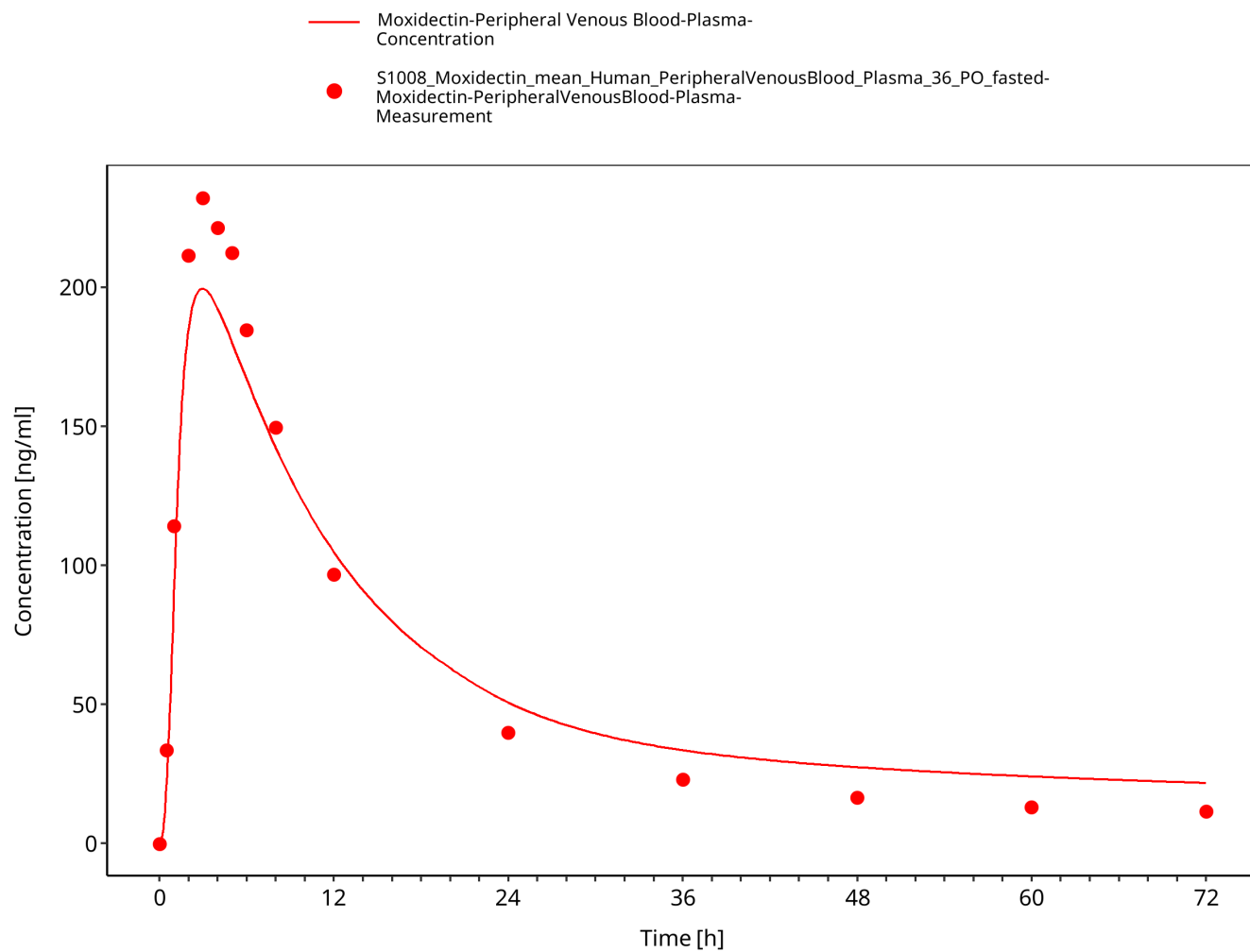


Figure 3-27: Kinrade 2018\_PO\_36 mg

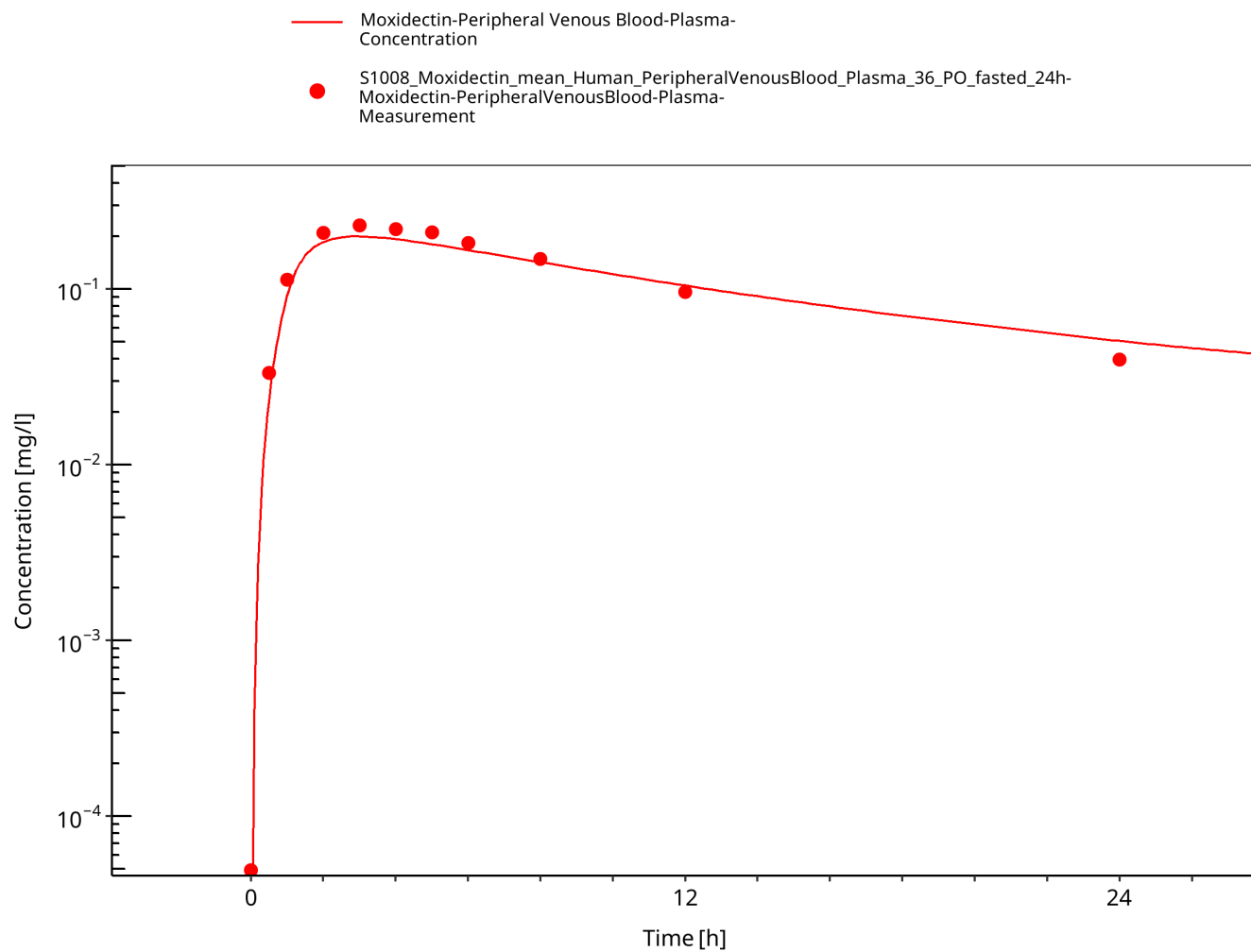


Figure 3-28: Kinrade 2018\_PO\_36 mg 24h

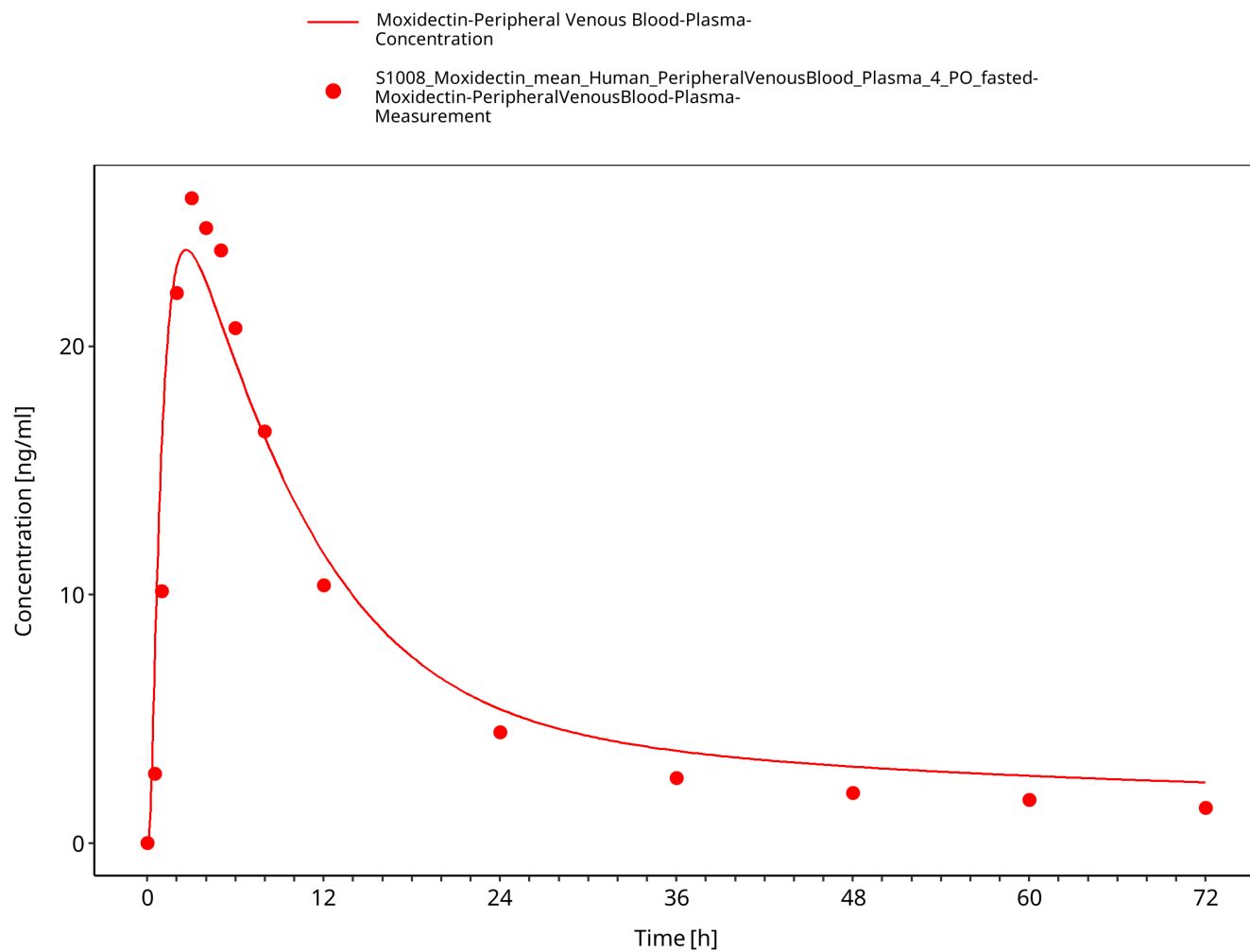


Figure 3-29: Kinrade 2018\_PO\_4 mg

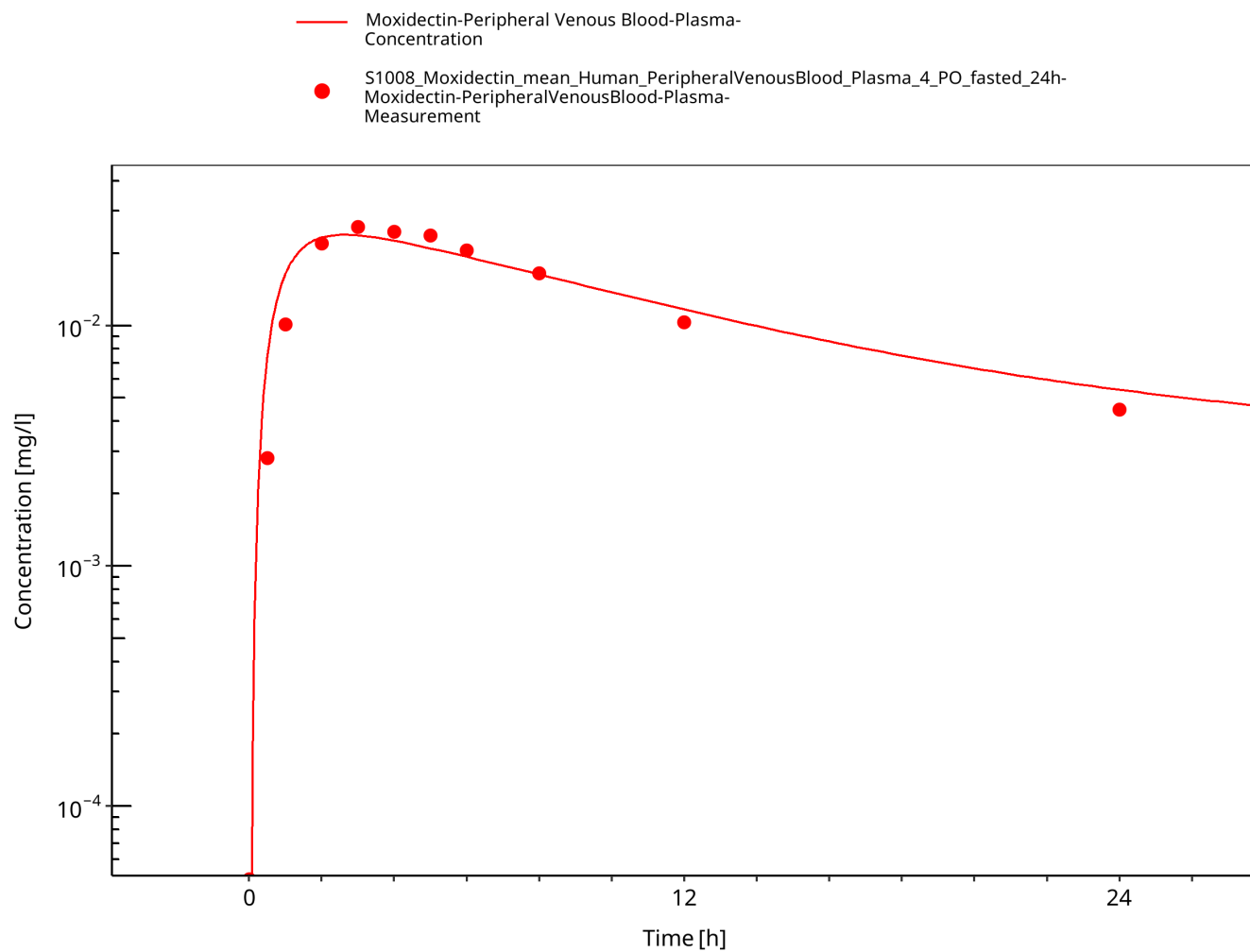


Figure 3-30: Kinrade 2018\_PO\_4 mg 24h

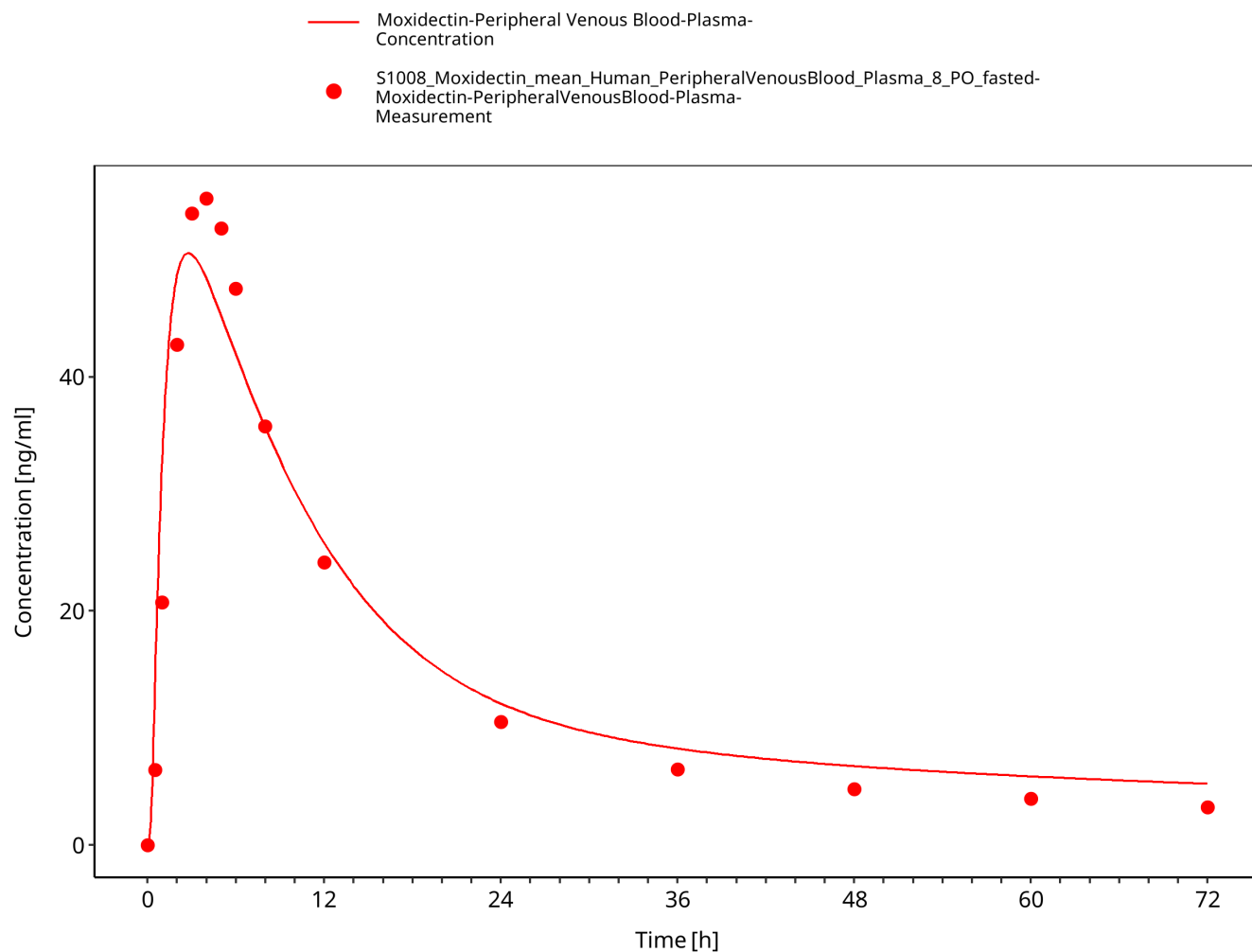


Figure 3-31: Kinrade 2018\_PO\_8 mg



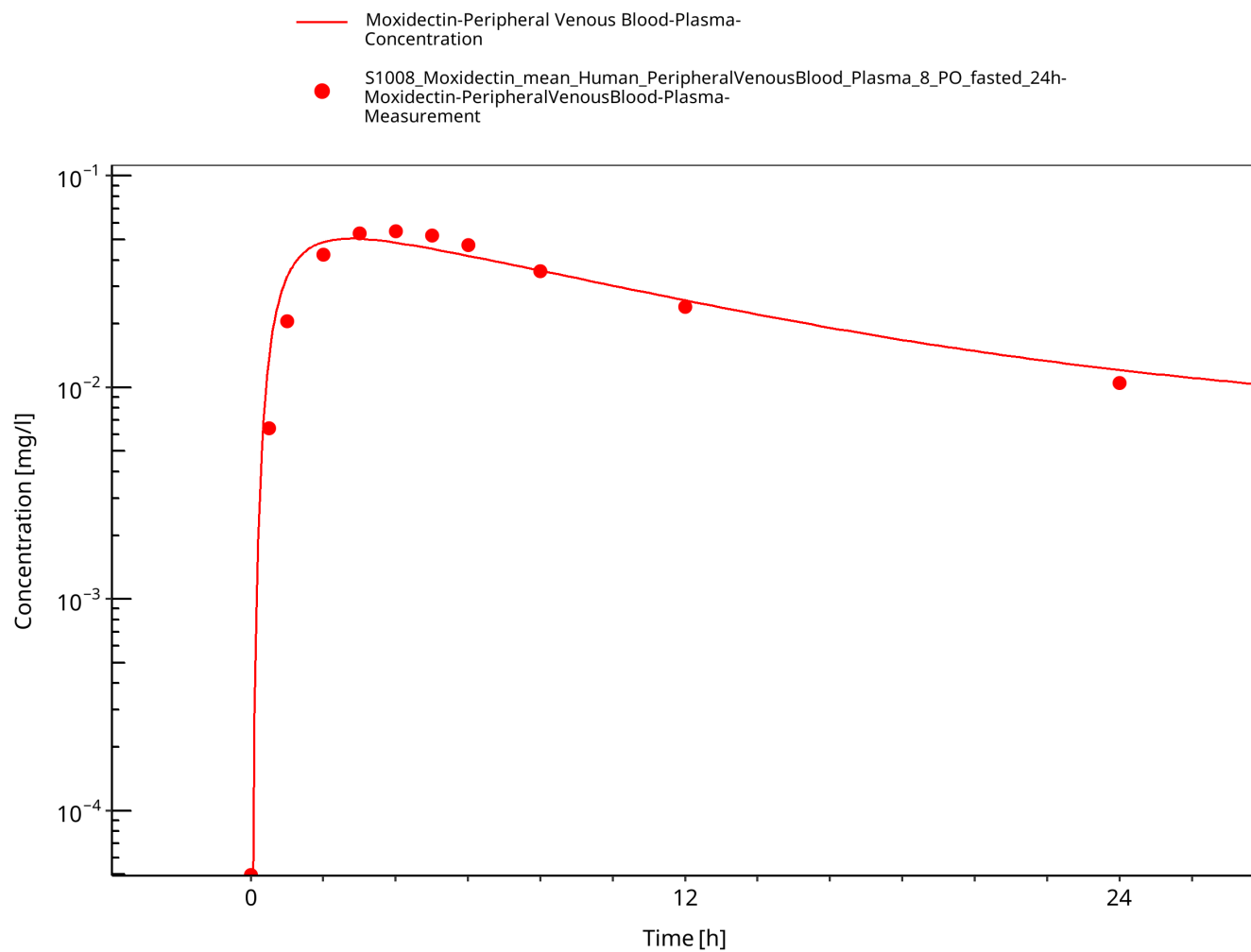


Figure 3-32: Kinrade 2018\_PO\_8 mg 24h

# 4 Conclusion

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The herein presented PBPK model adequately describes the pharmacokinetics of moxidectin in adults.

In particular, it applies metabolism and elimination via biliary clearance and CYP3A4-mediated metabolism. The PBPK model is verified for the first day(s) after administration. Thus, the model is fit for purpose to be applied for predictions of AUC and C<sub>max</sub> in the first days (e.g. in application such as tuberculosis), but further refinement is suggested for evaluation of the terminal half-life.

## 5 References

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