# IMPLEMENTATION OF CONCENTRATION DEPENDENT 'FIRST-PASS' MODELS USING NONMEM.

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# **ABSTRACT**

The development of drugs extensively metabolized by the P450 enzyme system may require the need to model concentration dependent 'first-pass' effects. This simulation study, performed using NONMEM, presents two types of concentration dependent 'first-pass' models that might be used for drugs extensively metabolized by P450 enzymes located in the intestine. As shown in Figure 1, both models assume a non-linear concentration dependent 'first-pass' effect coupled with linear absorption and a combination of Michaelis-Menten (M-M) and linear elimination. The first model incorporates the 'first-pass' effect as a loss from the dose compartment and is implemented using equations specified in the \$DES block in the control stream. The second model assumes the 'first-pass' effect occurs instantaneously by making bioavailability a non-linear function of concentration. This model is implemented in NONMEM with verbatim code in the \$ERROR block of the control stream and by modifying the dosing record structure of the database. The behavior of the two models was simulated over several days of dosing using a range of values for Ka, Ke, and Vm, Km (M-M parameters). The simulations showed the most notable difference in the behavior of the two models to be in the relative approach of Cmax and Cmin to steady-state. The control streams for model implementation in NONMEM will be presented.

# INTRODUCTION

The development of drugs extensively metabolized by the P450 enzyme system may require the need to model non-linear concentration dependent processes. Depending on the class of P450 enzymes and their location, non-linear concentration dependent processes may need to be incorporated as part of the pre-absorption, absorption, disposition, and/or elimination model. For example, drugs extensively metabolized by P450 enzymes located in the liver and intestine may require a non-linear concentration dependent 'first-pass' effect in addition to Michaelis-Menten elimination. Figure 1 shows two types of models that might be used to empirically describe the behavior of the above system. The first model incorporates the 'first-pass' effect as a non-linear loss from the depot (or dose) compartment. The second model assumes that the 'first-pass' effect occurs instantaneously by making bioavailability a non-linear function of concentration.

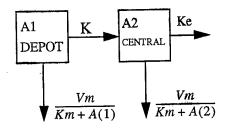
# **OBJECTIVE**

The objective of the current simulation study is two-fold:

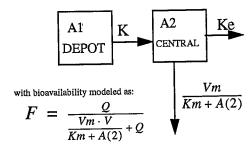
- (1) to explore the implementation of the two models within NONMEM; and
- (2) to explore differences in the behavior of the concentration-time profiles for the two models.

# FIGURE 1

# MODEL 1



# MODEL 2



where Q = hepatic blood flow

# **METHODS**

The following steps were followed for each model:

- (1) NONMEM Control Stream was generated.
- (2) NONMEM (Version IV) was used to simulate concentration data using the following set of conditions:

Dose Groups: 150, 300, 600, 1200 mg

administered in three equal doses

Duration of Dosing: 8 days

Sampling Times: Every 15 minutes for 4 hours,

followed by every 30 minutes until 8 hours after each dose

# Pharmacokinetic Parameters

Parameter Description	Parameter (units)	Values	
Absorption Rate Constant	Ka (1/hr)	1.5 or 3.0	
Maximum Rate of Metabolism	Vm (mg/hr)	50 or 100	
Amount to reach 50% of Vm	Km (mg)	50 or 100	
Hepatic blood flow	Q (L/hr)	90	
Volume of central compartment	Vc (L)	50	
Elimination rate from Vc	(1/hr)	0.01	

(3) SAS (Version 6.07) was used to calculate the following after each dose:

Cmin, Cmax, Tmax, Cdif = Cmax-Cmin

To compare the behavior of the concentration-time profiles of the two models, the following plots were compared for each dose group and each set of pharmacokinetic parameters.

•Cmin vs. Time Since First Dose

- •Cmax vs. Time Since First Dose
- •Tmax vs. Time Since First Dose
- •Cdif vs. Time Since First Dose
- Plots of the full sampling profile for the first and last dose of each model were also compared.

# CONTROL STREAMS FOR NONMEM VERSION (IV)

# MODEL 1

SPROB - MODEL 1

- (1) Can be implemented with ADVANS 6, 8, or 9
- (2) Requires \$SUBROUTINE TOL, \$MODEL, and \$DES

```
$INPUT ID TIME AMT DV CMT EVID MDV
SDATA /data/model.nmdat
$SUBROUTINES ADVAN6 TRANS1 TOL=5
SMODEL
COMP=(DEPOT, DEFDOSE, INITIALOFF)
 COMP=(CENTRAL, NODOSE, DEFOBS)
  KA=THETA(1)*(1+ETA(1))
  KM=THETA(2)*(1+ETA(2))
  VM=THETA(3)
  V = THETA(4)*(1+ETA(3))
  KE=THETA(5)
  S2=V/1000
$DES
  DEN1=KM+A(1)
  FR1=VM/DEN1
  DEN2=KM+A(2)
  FR2=VM/DEN2
  DADT(1) = -(KA + FR1) *A(1)
  DADT(2) = KA*A(1) - (FR2+KE)*A(2)
$ERROR
  Y = F * (1 + EPS(1))
 $THETA (0 , 1.5) (0 , 50) (0 , 100) (5 , 50)
(0, 0.01)
 $OMEGA 0.3 0.3 0.3
 $SIGMA 0.3
 $ESTIMATION MAXEVAL=5000 PRINT=10
 STABLE ID TIME CMT NOPRINT FILE= ../
model1.tbl NOHEADER
```

# MODEL 2

- (1) Requires a modified database structure
  - NONMEM generally introduces dose to the PK system using the following DATA items:

AMT - dose amount

CMT - dose compartment number

EVID - indicator variable describing type of observation

- Bioavailability is typically defined in the \$PK block.
- Bioavailability in this model is dependent upon the current amount in the central compartment, therefore must be defined in the \$ERROR block.
- The default dosing mechanisms can not apply an \$ERROR block defined bioavailability.
- (2) Can be implemented using ADVANS 6, 8, or 9
- (3) Requires \$SUBROUTINE TOL, \$MODEL, \$DES, and verbatim code
- (4) Modified Database Structure

ID	TIME	DOSE	DV	CMT	EVID	MDV	TYP
11	0	50	•	1	2	1	1
11	0.75		307.5	2	0	0	0
11	8		•	2	2	1	2
11	8	50	•	1	2	1	1
11	8.25		189.6	2	0	0	0

DOSE- dose amount (AMT can not be used)

EVID- =2 specifies an "other" event

=0 specifies a concentration event

TYPE- =1 specifies a dosing event

=2 specifies an update of the PK system to obtain the predicted current amount in the central compartment

```
=0 specifies a concentration event
$PROB - MODEL 2
$INPUT ID TIME DOSE DV CMT EVID MDV TYPE
$DATA /data/model2.nmdat
SSUBROUTINES ADVAN6 TRANS1 TOL=5
SMODEL
  COMP=(DEPOT, DEFDOSE, INITIALOFF)
  COMP=(CENTRAL, NODOSE, DEFOBS)
   KA=THETA(1)*(1+ETA(1))
   KM=THETA(2)*(1+ETA(2))
   VM=THETA(3)
   V=THETA(4)*(1+ETA(3))
   KE=THETA(5) * (1+ETA(4))
   O=THETA(6)
   S2=V
$DES
   NUM=VM
   DEN=KM+A(2)
   DADT(1) = -KA*A(1)
   DADT(2)=KA*A(1) - (NUM/DEN+KE)*A(2)
```

# \$ERROR R=(VM\*V)/(KM+A(2))BF=1-R/(R+Q)2 A1=BF\*DOSE+A(1)" IF (EVID.EQ.2.AND.TYPE.EQ.1) THEN " A(1) = A15 " DAETA(1,1)=D00085 " DAETA(1,2)=D00084 " DAETA(1,3)=D00083 "-DAETA (1,4)-=D00082 ENDIF 10 Y=F \* (1+EPS(1))11 \$THETA (0,1.5) (0,50) (0, 100) (5,50) (0, 0.01) (90 FIXED) SOMEGA 0.3 0.3 0.3 0.3 \$SIGMA 0.3 \$EST MAXEVAL=5000 PRINT=10 SCOV STABLE ID TIME DOSE CMT TYPE NOPRINT FILE= ../model2.tbl NOHEADER

# (5) \$ERROR block

- Lines 1 and 2 calculate bioavailability
- Line 3 adds the dose to the amount remaining in the depot compartment
- Line 4 determines if the record is a dose event
  - If the record is a dose event, Line 5 transfers the value of A1 into the depot compartment A(1).
  - Lines 6-9 provide the partial derivatives of A(1) with respect to each n contained in \$PK.
  - If the record is not a dose event, Lines 5 9 are skipped.

#### (6) Obtaining partial derivatives of A(1)

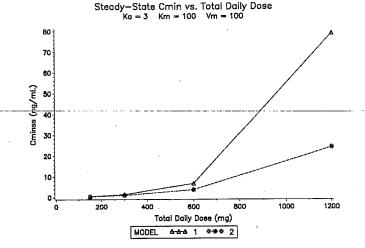
- Remove all DAETA (A,B) lines from the control stream.
- Process control stream using NM-TRAN only.
- Review the FSUBS output file for the variable names of the partial derivatives.

#### A1=BF\*DOSE+A(1) D00078 = DERIVATIVE OF A1 W.R.T. ETA(04) $^{\circ}$ D00078=DOSE\*D00063 C D00079 = DERIVATIVE OF A1 W.R.T. ETA(03) D00079=DOSE\*D00062 С D00080 = DERIVATIVE OF A1 W.R.T. ETA(02) D00080=DOSE\*D00061 C D00081 = DERIVATIVE OF A1 W.R.T. ETA(01) D00081=DOSE\*D00060 С D00082 = DERIVATIVE OF A1 W.R.T. ETA(04) D00082=DAETA(01,04)+D00078 D00083 = DERIVATIVE OF A1 W.R.T. ETA(03) C. D00083=DAETA(01,03)+D00079 C D00084 = DERIVATIVE OF A1 W.R.T. ETA(02) D00084=DAETA(01,02)+D00080 С D00085 = DERIVATIVE OF A1 W.R.T. ETA(01)

• Add the DAETA (A, B) lines to the control stream.

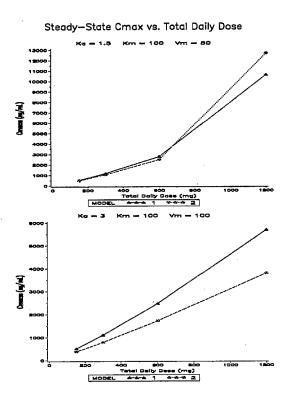
D00085=DAETA(01,01)+D00081

# **GENERAL MODEL BEHAVIORS**



# STEADY-STATE Cmin (Cminss)

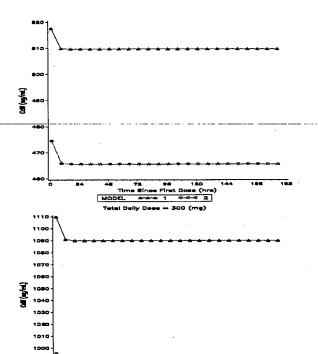
- The proportional change in Cminss values increased with dose and ranged from 2-79%.
- The proportional change in Cminss for the 600 and 1200 mg doses was 2-13 times larger than the proportional change in Cminss for the 300 and 600 mg dose groups.

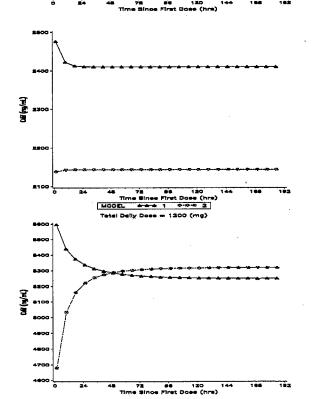


# **STEADY-STATE Cmax (Cmaxss)**

- The proportional change in Cmaxss values was fairly constant across dose (2.1 2.4%) except when Vm=50mg/hr (2.1 5.1%).
- Vm = 50 mg/hr and Doses = 600 mg and 1200 mg
  - Proportional changes in Cmaxss were higher than for other doses.
  - Proportional change in Cmaxss for Model 1 < Model 2.</li>

# Cdif vs. Time Since First Dose Ka = 1.5 Km = 100 Vm = 50





# STEADY-STATE Cdif (Cdifss)

- Model 1
  - Cdif was larger for first dose and declined to the Cdifss value.
- Model 2
  - For doses < 300 mg, Cdif was slightly larger for the first dose and declined to the Cdifss value.
  - For doses > 600 mg, Cdif was usually smaller after the first dose and increased to the Cdifss value.

# DISCUSSION/CONCLUSION

#### CONTROL STREAMS

- NONMEM Version IV allows for the implementation of a variety of nonlinear PK models.
- Models with concentration dependent bioavailability require a special dataset structure.
- NONMEM steady-state and additional dosing structures are not available for use with Model 2.

#### MODEL BEHAVIOR

- Nonlinearity of the two systems is much more evident in Cminss vs. Dose than Cmaxss vs. Dose.
- The change in the peak-trough difference (Cdif) from first dose to steady-state demonstrates the most apparent difference between the two models.

#### MODEL SELECTION

- Drug specific simulations of a variety of models will elucidate the differences in model behaviors for varying parameter values and dosing regimens.
- Simulation results can be an important mechanism for model selection during data analysis.

# **ACKNOWLEDGEMENTS**

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#### REFERENCES

NONMEM Users Guides, 1992, Beal, SL and Sheiner, LB (Eds.) NONMEM Project Group, University of California at San Francisco, San Francisco.