## **PIII-78**

ABSORPTION, METABOLISM AND EXCRETION OF A SIN-GLE ORAL DOSE OF <sup>14</sup>C-PALIPERIDONE 1 MG IN FIVE HEALTHY MALE SUBJECTS. <u>M. Vermeir, PhD</u>, S. Boom, I. Naessens, K. Talluri, M. Eerdekens, Johnson & Johnson Pharmaceutical Research and Development, Beerse, Belgium.

**OBJECTIVES:** To establish the absorption, metabolism and excretion of paliperidone, a potentially new psychotropic.

**METHODS:** Male subjects (n=5) received oral <sup>14</sup>C-paliperidone 1mg. Urine, feces and blood and plasma samples were collected pre-dose and  $\leq 1$  week post-dose, and levels of radioactive paliperidone and its metabolites were analysed.

**RESULTS:** One week post-dose, 88.4-93.8% of the administered radioactivity was excreted: 77.1-87.1% in urine; 6.8-14.4% in feces. Unchanged drug (UD) accounted for most of the total radioactivity (TR) in plasma  $\leq$ 24h post-dose (UD vs TD=97%). Total body clearance of TR and UD averaged 97.9 and 91.0mL/min, respectively. In urine, UD accounted for 51.4-67.5% of the dose, representing 65.5-82.1% of TR excreted into urine. Besides parent drug, four metabolites were identified in urine (Table), each accounting for  $\leq$ 6.5% of the dose. Two metabolites were identified in feces extracts (metabolite #16 and #9). Given the total excretion of radioactivity in feces (11.4% of the dose), fecal metabolites represented a minor fraction of the dose, each between 0.4-0.9%. No UD was found in fecal extracts.

**CONCLUSIONS:** Paliperidone was metabolized to a limited extent. No important metabolic interactions are expected for paliperidone.

Code	Biotransformation route	Metabolite	Mean ± SD (Expressed as % of dose)
#1	Oxidative N-dealkylation	Acid metabolite R093725	4.6 ± 1.4
#16	Benzisoxazole scission & glucuronidation	R084852-glucuronide	4.1 ± 1.0
#9	Alicyclic mono-hydroxylation	Monohydroxy-paliperidone	3.8 ± 1.4
UD	Unchanged drug	Paliperidone	$59.4 \pm 7.1$
#12	Alcohol dehydrogenation	Ketone metabolite R125239	2.7 ± 1.7

## **PIII-79**

EFFECTS OF VERAPAMIL PRE-TREATMENT ON THE DIS-TRIBUTION OF A P-GLYCOPROTEIN SUBSTRATE, <sup>3</sup>H-DOMPERIDONE, IN HEART AND WHOLE-BODY TISSUES OF HARTLEY GUINEA PIGS. <u>L. Couture, MSc</u>, J. A. Nash, PhD, L. Nguyen, PhD, J. Turgeon, PhD, Faculté de pharmacie, Université de Montreal, Charles River Laboratories, Preclinical Services - CTBR, Montreal, PQ, Canada.

**BACKGROUND:** P-glycoprotein (P-gp), an ABC transporter, is expressed in normal tissues such as the heart. Domperidone, a P-gp substrate, is associated with a block of voltage-gated cardiac  $K^+$ channels and drug-induced Long QT syndrome. The aim of our study was to determine effects of verapamil (also a P-gp substrate) pretreatment on distribution of <sup>3</sup>H-domperidone to the heart and other tissues.

**METHODS:** Male Hartley guinea pigs were pre-treated or not with a single intraperitoneal injection of verapamil (11.6 mg/kg) 2 h prior the intraperitoneal injection of <sup>3</sup>H-domperidone (2.5 mg/kg). Animals were sacrificed at 9 different timepoints up to 7 h after the administration of <sup>3</sup>H-domperidone. Tissues were excised and processed by liquid scintillation spectroscopy to determine radioactivity levels.

**RESULTS:** Higher AUC values were generally observed in heart structures (11 to 15%) and other tissues (up to 19%) of animals pre-treated with verapamil compared to control animals. The highest differences were observed in prostate gland, testes, heart and liver, tissues known to express P-gp.

**CONCLUSIONS:** The higher levels of <sup>3</sup>H-domperidone in heart from verapamil pre-treated guinea pigs would suggest a higher incidence of cardiotoxicities such as drug-induced Long QT syndrome when domperidone is co-administered with another P-gp substrate. The impairment of P-gp activities by verapamil pre-treatment suggests that caution is advisable when prescribing domperidone with another P-gp substrate.