

The Prodrug Naming Dilemma

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According to Albert's definition, "a prodrug is the inactive form of its parent drug [1]." However, there are few prodrugs that are active before undergoing enzymatic or chemical interconversion themselves. For example, aspirin, acetylsalicylic acid, first made by Felix Hoffmann at Bayer in 1897, is a synthetic prodrug of salicylic acid, however, it was proven that aspirin inhibits Cyclooxygenase (COX-1) via binding to its serine to exert a direct anti-inflammatory activity [2]. This terminology has created widespread confusion among many who study prodrugs. The following discussion aims to clarify the terms associated with prodrugs, understand the history in which the terms came about, and suggest clearer terminology that can be used.

Prodrug is a term that was first introduced in 1958 by Albert in his article in *Nature* to signify a pharmacologically inactive chemical moiety that can be used to temporarily alter the physicochemical properties of a drug to increase its usefulness and decrease its associated toxicity. Others such as Harper also promoted the concept but used the term drug latention. The use of the term generally implies a chemical device by which a drug is linked to a chemical promoiety via a covalent bond. Prodrugs can be enzymatically or chemically converted to the parent drug once their goal is achieved, followed by rapid excretion of the released promoiety group. A prodrug is designed to overcome the barriers to utility through a chemical approach rather than a formulation approach. Thus, it is an alternative to the redesign of the drug molecule or what is commonly called an analog approach [1-8].

Prodrug design can be exploited to: (1) improve active drug solubility and consequently bioavailability; dissolution of the drug molecule from the dosage form may be a rate-limiting step to absorption, (2) increase permeability and absorption; membrane permeability has a significant effect on drug efficacy, and (3) modify the distribution profile; before the drug reaches its physiological target and exerts the desired effect. The rationale behind the use of prodrugs is to optimize the Absorption, Distribution, Metabolism, and Excretion Properties (ADME). In addition, the prodrug strategy has been used to increase the selectivity of drugs for their intended target [9-13]. Many prodrugs discovered a long time ago are still in clinical use.

Methenamine was discovered in 1899 by Schering as a prodrug that delivers the antibacterial formaldehyde to treat urinary tract infections. Acetylsalicylic acid (aspirin) was marketed in 1899 as a less irritating replacement of sodium salicylate to treat inflammation. Prontosil was discovered in 1935 as the first sulfa drug and a prodrug of sulfanilamide which ushered in the era of sulfonamide antibiotics. Diacetylmorphine was synthesized in 1874 and subsequently marketed as an over-the-counter drug in 1895 under the name heroin and was used as a morphine substitute for treating coughs and for the treatment of cocaine and morphine addictions. It is still available by prescription in the United Kingdom and other European countries. However, the discovery of the rapid metabolism of heroin into morphine eventually became a historic blunder for Bayer. Acetanilide was used as early as 1886 as a pain killer, but its activity was a result of its metabolism to acetaminophen (paracetamol). Phenacetin, which was removed from the market due to renal toxicity, exhibited its activity due to O-dealkylation to acetaminophen. Acetanilide and

phenacetin were originally not designed as prodrugs, but their nature as prodrugs was determined in hindsight. Other such examples include codeine being partially metabolized to morphine, phenylbutazone to oxyphenylbutazone, primadone to phenobarbitone, and diazepam to desmethyl diazepam and oxazepam. More examples of such hindsight recognition are the prodrugs of morphine, heroin and codeine [14].

In these examples such as codeine, phenylbutazone and etc., the prodrugs and their metabolites are active drugs. Albert states in the 1985 edition of his *Selective Toxicity book*, "I apologize for having invented the term, now too widely used to alter, for literary purists tell me they would have preferred 'pre-drug' [13]." Albert essentially gave the prodrug concept legitimacy as a tool to be used in drug discovery to solve issues with problematic drugs. One of the first examples of the application of a prodrug solution to a problematic drug was the work performed at Parke-Davis in the 1950s with the antibiotic chloramphenicol. Chloramphenicol is sparingly water-soluble and has a bitter taste. Parke-Davis developed, after launching chloramphenicol, two prodrugs chloramphenicol hemisuccinate sodium salt for IV, IM, and ophthalmic administration and chloramphenicol palmitate as a suspension for pediatric oral use [15,16]. Paul Ehrlich, in 1908 coined the term "magic bullet" to describe drugs or therapies that selectively acted at their site of action with minimal exposure to the rest of the body. In addition, he also studied the role of drug metabolism in activating drugs in his seminal work on arsenicals. Effectively, Ehrlich's magic bullet concept and his work on arsenicals were the precursors to today's ADEPT, GDEPT, and prodrugs in general [17-21].

In our lab, we have studied a large number of novel prodrugs that were designed based on enzyme models. Some of these prodrugs such as amoxicillin and cephalixin prodrugs were found to be active before interconversion to their parent drugs. Among those are azanucleoside derivatives for the treatment of myelodysplastic syndromes, paracetamol as a pain killer, anti-malarial atovaquone, anti-Parkinson dopamine, anti-viral acyclovir, antihypertensive atenolol, antibacterial cefuroxime, anti-psoriasis monomethyl maleate, and phenylephrine as decongestant. In vitro kinetic results at a wide pH range have shown promising results for obtaining novel prodrugs that may have enhanced dissolution, membrane penetration, and thus better bioavailability than their corresponding parent drugs [22-56]. In conclusion, based on the examples discussed, precise terminology can be drawn as follows: inactive prodrugs should be named predrugs and active prodrugs should be named drug-predrugs.

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