Letter to the editor:

ACENOCOUMAROL'S PHARMACOKINETIC: LINEAR OR NOT?

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Dear Editor,

Acenocoumarol, is a racemic mixture of the optical R (+) and S (-) enantiomers. R (+) enantiomer is several times more potent than the S (-) enantiomer (Godbillon et al., 1981). Acenocoumarol is rapidly absorbed following oral absorption with approximately 60 % of the dose available systemically (Trailokya, 2015). After a single dose of 10 mg, the peak plasma concentrations (C_{max}) of acenocoumarol are reached within 1-3 h and the area under the plasma concentration-time curve (AUC) values are proportional to the dose in the dosage range of 8 to 16 mg (Sasso et al., 2012). The protein binding of acenocoumarol is 98 % (Trailokya et al., 2016). Acenocoumarol is mainly metabolized by CYP2C9 (Trailokya, 2015); 6- and 7-hydroxylation of both enantiomers of acenocoumarol are the major metabolites (Thijssen et al., 2000). The elimination half-life of acenocoumarol is 8 to 11 h (Sánchez et al., 2013). Approximately, 29 % of acenocoumarol excrete in feces and 60 % in urine. The starting dose of acenocoumarol usually ranged from 2 to 4 mg. Based on the prothrombin time, subsequent loading doses may be recommended (Trailokya, 2015).

Acenocoumarol is reported to exhibit a dose-proportional pharmacokinetics for the 8 to 16 mg doses (Trailokya, 2015). However, no information is available for the dose-proportionality of lower doses of acenocoumarol (i.e. 1 to 4 mg doses). We aimed to evaluate the dose-proportionality of acenocoumarol by performing a literature search and plotting a linear curve for AUC vs. dose from the available information.

Literature related to pharmacokinetics of acenocoumarol was searched in PubMed. A total of 115 from 1618 articles were identified related to acenocoumarol's pharmacokinetics. From, 115 articles, 9 articles were identified as potentially relevant, as these articles reported the AUC values at different time points such as 24, 48, 72 h and at infinite time. These articles were finally considered for the evaluation of linearity of acenocoumarol pharmacokinetics. Various studies have reported the AUC₀₋₄₈ and AUC_{0- ∞} values of acenocoumarol for 1, 4, 10 and 12 mg dose (Table 1). No other information on AUC₀₋₄₈ and AUC_{0- ∞} were available with the 2, 8 and 16 mg dose. The pharmacokinetics data across these studies were used to generate a dose-proportionality curve (acenocoumarol dose vs. AUC₀₋₄₈ or acenocoumarol dose vs. AUC_{0- ∞}). The dose-proportionality curves between AUC and acenocoumarol doses (AUC₀₋₄₈ vs. dose, and AUC_{0- ∞} vs. dose) are presented in Figure 1.

An R^2 of 1 indicates that the regression predictions perfectly fit the data. Therefore, from the value of R^2 (0.9988 for AUC₀₋₄₈ vs. dose, and 0.9874 for AUC_{0-∞} vs. dose), it is clear that acenocoumarol exhibits a dose-proportional pharmacokinetics.

REFERENCES

Godbillon J, Richard J, Gerardin A, Meinertz T, Kasper W, Jahnnchen. Pharmacokinetics of the enantiomers of acenocoumarol in man. Br J Clin Pharmac. 1981;12:621-9.

Huang HL, Vaidyanathan S, Yeh CM, Bizot MN, Dieterich HA, Dole WP, et al. Effect of aliskiren, an oral direct renin inhibitor, on the pharmacokinetics and pharmacodynamics of a single dose of acenocoumarol in healthy volunteers. Curr Med Res Opin. 2008;24:2449-56.

Masche UP, Rentsch KM, von Felten A, Meier PJ, Fattinger KE. No clinically relevant effect of lornoxicam intake on acenocoumarol pharmacokinetics and pharmacodynamics. Eur J Clin Pharmacol. 1999;54:865-8.

Popovic J, Mikov M, Jakovljevic V. Pharmacokinetic analysis of a new acenocoumarol tablet formulation during a bioequivalence study. Eur J Drug Metab Pharmacokinet. 1994;19:85-9.

Public Assessment Report of the Medicines Evaluation Board in the Netherlands (RVG 113318). Acenocoumarol PharmaMatch 1 mg, tablets Pharmamatch B.V., the Netherlands, 2013. Available at: https://db.cbg-meb.nl/Pars/h113318.pdf

Rolan P, Terpstra IJ, Clarke C, Mullins F, Visser JN. A placebo-controlled pharmacodynamic and pharmacokinetic interaction study between tamsulosin and acenocoumarol. Br J Clin Pharmacol. 2003;55: 314-6.

Sánchez M, Escolar G, Reverter JC. Bleeding in patients on anticoagulant therapy: the real utility of antidotes and how to manage bleeding in patients on new-generation oral anticoagulant. Emergencias. 2013;25:482-90. Sasso J, Carmona P, Quiñones L, Ortiz M, Tamayo E, Varela N, et al. Bioequivalence of acenocoumarol in chilean volunteers: an open, randomized, doubleblind, single-dose, 2-period, and 2-sequence crossover study for 2 oral formulations. Arzneimittel-forschung. 2012;62:395-9.

Sunkara G, Bigler H, Wang Y, Smith H, Prasad P, McLeod J, et al. The effect of nateglinide on the pharmacokinetics and pharmacodynamics of acenocoumarol. Curr Med Res Opin. 2004;20:41-8.

Thijssen HH, Baars LG. Active metabolites of acenocoumarol: do they contribute to the therapeutic effect? Br J Clin Pharmacol. 1983;16:491-6.

Thijssen HH, Hamulyàk K. The interaction of the prostaglandin E derivative rioprostil with oral anticoagulant agents. Clin Pharmacol Ther. 1989;46: 110-6.

Thijssen HH, Flinois JP, Beaune PH. Cytochrome P4502C9 is the principal catalyst of racemic acenocoumarol hydroxylation reactions in human liver microsomes. Drug Metab Dispos. 2000;28:1284-90.

Trailokya A. Acenocoumarol in thromboembolic disorders. Cardiovasc Pharm Open Access. 2015;4 (4):1-4.

Trailokya A, Hiremath JS, Sawhney J, Mishra YK, Kanhere V, Srinivasa R, et al. Acenocoumarol: a review of anticoagulant efficacy and safety. J Assoc Physicians India. 2016;64(2):88-93.

Dose (mg)	Subject (n)	AUC								
		0-24		0-48		0-72		0-∞		Reference
		R-AC	S-AC	R-AC	S-AC	R-AC	S-AC	R-AC	S-AC	
1	28	-	-	107	-	-	-	126	-	Public Assessment Re- port, Acenocoumarol, 2013
4	24	1364.38	-	-	-	-	-	1786	-	Sasso et al., 2012
10	12	-	-	3315	289	-	-	3807	361	Rolan et al., 2003
10	18	-	-	-	-	2529	169	-	-	Huang et al., 2008
10	12	-	-	-	-	3831	382.4	3962	387.3	Sunkara et al., 2004
10	6	-	-	3458	479	-	-	-	-	Masche et al., 1999
10	7	-	-	3400	-	-	-	-	-	Thijssen and Hamulyàk, 1989
10	5	-	-	-	-	-	-	3900	-	Thijssen and Baars, 1983
12	8	-	-	3866.36	-	-	-	-	-	Popovic et al., 1994

Table 1: AUC₀₋₄₈ and AUC_{0-∞} values of acenocoumarol from literature search

Abbreviation denotes - AUC: area under the plasma concentration curve; R-AC: (R)-enantiomer of acenocoumarol; S-AC: (S)-enantiomer of acenocoumarol

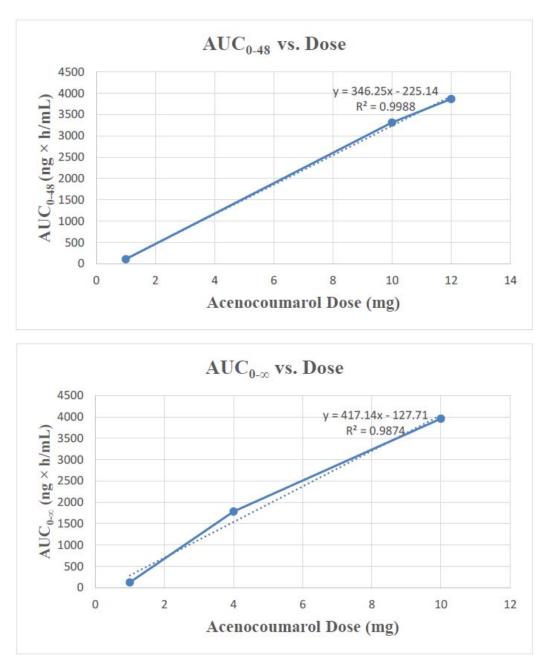


Figure 1: Dose-proportionality curves between AUC and acenocoumarol doses (AUC₀₋₄₈ vs. dose, and AUC_{0- ∞} vs. dose)