In vivo performance of fenofibrate formulated with ordered mesoporous silica versus 2-marketed formulations: a comparative bioavailability study in beagle dogs

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**In vivo** performance of fenofibrate formulated with ordered mesoporous silica versus two marketed formulations: A comparative bioavailability study in beagle dogs

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ABSTRACT

The present study aims to evaluate the in vitro and in vivo performance of ordered mesoporous silica (OMS) as a carrier for the poorly water soluble compound fenofibrate. Fenofibrate was loaded into OMS via incipient wetness impregnation to obtain a 29% drug load and formulated into capsules. Two capsule dosage forms (containing 33.5 mg and 16.75 mg fenofibrate) were compared to the commercially available forms - Lipanthyl® (fenofibrate microcrystals) and Tricor® (fenofibrate nanocrystals). In vitro dissolution tests showed that the amount of fenofibrate released from Lipanthyl® and Tricor® was approximately 30 %, whereas ca. 66 and 60% of the drug was released from OMS capsules containing 33.5 and 16.75 mg of fenofibrate, respectively. Storage of OMS capsules loaded with 33.5 mg of fenofibrate at 25°C/60% RH or 40°C/75% RH did not alter the release kinetics, nor the physical state of the compound, pointing the stability of the present formulation. The in vivo study in dogs confirmed satisfying level of safety and tolerability of fenofibrate-OMS formulation (eq. 33.5 mg) with the potential to improve the absorption of fenofibrate. Considering the large variability in the data, further examination is necessary and this formulation could be a good candidate for the future in vivo testing in humans.

KEY WORDS: Ordered mesoporous silica, fenofibrate, poor solubility, dissolution, oral bioavailability.
INTRODUCTION

Fenofibrate is a highly lipophilic drug used to normalize the plasma titer of low-density lipoproteins and cholesterol in patients with hypercholesterolemia and hypertriglyceridemia\textsuperscript{1,2}. As a typical Biopharmaceutical Classification System (BCS) class 2 compound (log P = 5.24), it is virtually insoluble in water and physiological fluids\textsuperscript{3}. Its insufficient absorption from the aqueous environment of the gastrointestinal tract results in very low systemic exposure after oral administration\textsuperscript{1}. Thus, oral bioavailability of fenofibrate may be improved by increasing its aqueous solubility\textsuperscript{4}. Even though over the past few years, several conventional formulation techniques, such as micro- and nanonization\textsuperscript{5}, formation of liposomes\textsuperscript{6}, various polymeric nanoparticulated systems\textsuperscript{4} and lipid based formulations\textsuperscript{7} have been employed to enhance the oral bioavailability of fenofibrate, the number of marketed applications of these technologies remains very limited.

Ordered mesoporous silica is a promising strategy to increase the apparent aqueous solubility, dissolution rate and dissolution rate of poorly water-soluble entities\textsuperscript{8}. Mellaerts et al. were the first to correlate the increased release rate of itraconazole from OMS with an increase in bioavailability and demonstrated a performance comparable to that of the marketed product sporanox\textsuperscript{9}. OMS with a pore size ranging from 4 to 10 nm in diameter, large specific pore volume (ca. 1 cm\textsuperscript{3}/g) and surface area (ca. 1000 m\textsuperscript{2}/g)\textsuperscript{10} provides high drug load and increase in dissolution rate of active pharmaceutical ingredients (API) to the highest possible level\textsuperscript{11}. The principle of the dissolution improvement is based on the adsorption of an API onto the surface of the carrier material in a molecular manner\textsuperscript{12}. Since the deposition of an API in the mesopores of the carrier is associated with the suppression of crystallization of the entrapped molecules, mesoporous silica materials are excellent stabilizers for amorphous APIs\textsuperscript{11}. When exposed to...
water, the adsorbed drug molecules compete for the hydrophilic silica surface and are released from the pores. Consequently, in this "dissolved" state they become available for absorption in the gastrointestinal tract\textsuperscript{13}.

The ability of mesoporous silica to improve the dissolution profile of fenofibrate in biorelevant media has already been described in literature\textsuperscript{14,15,16}. However, in this study, for the first time, the biopharmaceutical performance of OMS based formulations was determined in dogs by comparing the oral bioavailability of fenofibrate loaded onto OMS material with two marketed formulations Lipanthyl\textsuperscript{®} (microcrystals of fenofibrate) and Tricor\textsuperscript{®} (nanocrystals of fenofibrate). The results indicate that OMS could be a potential carrier to achieve enhanced oral bioavailability for fenofibrate. Moreover, it provides valuable information about formulation selection to be used for further \textit{in vivo} testing, in humans.

**MATERIALS AND METHODS**

**Ordered Mesoporous Silica**

Ordered mesoporous silica (OMS) material was synthesized according to the synthesis procedure described by Jammaer et al.\textsuperscript{17}. Briefly, a citric acid buffered solution Pluronic\textsuperscript{®} P123 (BASF, Ludwigshaven, Germany) was prepared overnight. To this surfactant solution, a sodium silicate (NaSi) solution was added and the mixture was stirred. The final synthesis mixture was kept nonstirred 24 h at room temperature followed by 48 h at 75 °C. The material is then filtered, washed with deionized water, and dried. Finally the OMS material was calcined under ambient conditions at 550 °C.

**Fenofibrate Loading Procedure**
Loading of fenofibrate into the OMS material was carried out with an automated granulator (Mipro 900, ProCepT, Zelzate, Belgium). Pure API (8.19 g) was dissolved in 80 mL of dichloromethane. The API solution was filtered through a 0.45 µm PTFE filter and added to the OMS in the granulator bowl in two steps using an atomization nozzle. Each dosing step was followed by a drying step (30°C) of 45 minutes. The loading of the OMS was 29% (w/w) of API. The loaded material was further dried for 3 days in circulating air oven at 25°C to remove residual dichloromethane.

**Drug Load Quantification**

In order to determine the amount of fenofibrate loaded into the OMS, approximately 7.5 mg of the loaded silica was weighed in a volumetric flask of 25.0 mL. Dimethyl sulfoxide (5.0 mL) was added and then filled up with acetonitrile. The suspension was sonicated for 30 minutes in a Branson 8200 ultra-sonic bath, filtered afterwards using a 0.45 µm PTFE membrane filter (VWR International, USA) and analyzed with high performance liquid chromatography (HPLC) with UV detection.

**Dosage Form**

The fenofibrate loaded OMS was blended with silicified microcrystalline cellulose (Prosolv® HD 90, JRS Pharma) and croscarmellose sodium (AcDiSol®, FMC Biopolymer, USA), see Table 1. Blending was performed in the MiPro Granulator. Two capsule formulations (eq. 33.5 mg fenofibrate and eq. 16.75 mg fenofibrate) were compared to the commercially available forms Lipanthyl® and Tricor®. All formulations were evaluated *in vitro* prior to the *in vivo* dog study.
Table 1. Compositions of Fenofibrate-Loaded OMS Capsules.

<table>
<thead>
<tr>
<th>Dosage Form</th>
<th>Formac OMS Capsules</th>
<th>Eq. 33.5 mg (%)</th>
<th>Eq. 16.75 mg (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fenofibrate loaded OMS</td>
<td></td>
<td>57.76</td>
<td>50.20</td>
</tr>
<tr>
<td>Acetone*</td>
<td></td>
<td>10.00</td>
<td>10.00</td>
</tr>
<tr>
<td>Sodium crosscaramelose</td>
<td></td>
<td>32.34</td>
<td>39.80</td>
</tr>
<tr>
<td>Silicified microcrystalline cellulose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Not present in the final formulation.

**In Vitro Dissolution Study**

To study the release of fenofibrate out of the OMS carrier, the loaded formulations were suspended in 900mL 0.1N HCl (VWR Prolabo, Belgium) + 0.1% Tween 80 (Acros Organics, Belgium). Dissolutions were performed using a Hanson Vision® Elite 8 dissolution apparatus (USP II – Paddle). The paddle speed was set at 50 rpm. The experiment was performed at 37°C. Samples of 1.0 mL were taken at 5, 10, 15, 30, 60 and 120 minutes and filtered over a 0.45µm PTFE membrane filter (VWR International, USA). The volume withdrawn is replaced by the same amount of fresh medium. The samples were diluted and analyzed using HPLC with UV detection (see below).

**High Performance Liquid Chromatography (HPLC)**

Measurements of the assay and in vitro dissolution samples were performed using an isocratic HPLC method. The HPLC system was a VWR Hitachi Elite LaChrom with a L-2200 UV detector set at 287 nm. The analytical column used is a Lichrospher 60 (125mm – 4.6mm; 5µm). A mobile phase made up of 25mM ammonium acetate buffer pH 3.5 / acetonitrile (30:70; v:v)
with a flow rate of 1mL/min was used. The column temperature was set at 30°C and the injection volume was 20µL.

**Analysis of plasma samples**

A bioanalytical method was used for the quantification of fenofibrate and fenofibric acid in the dog oxalate plasma in the range of 0.02 – 4.00 ng/mL and of 10.00- 2000.00 ng/mL, respectively. The dog plasma samples were thawed at room temperature, homogenized and centrifuged. 50 µL of supernatant was mixed with 450 µL of a solution of the internal standard (fenofibrate-d6 (0.05 ng/mL) and fenofibric acid-d6 (1250 ng/mL)) in acetonitrile and subsequently centrifuged at high speed. For the analysis of fenofibric acid, 50 µL of the elution was then transferred to a 96-well plate, mixed with acetonitrile/water (90:10 v/v), shaken for 5 minutes and then 6.0 µL was injected into UPLC-MSMS system. For the analysis of fenofibrate, the rest of the elution was evaporated at 50 °C, dissolved in 50 µL acetonitrile/water (90:10 v/v), shaken for 5 minutes and then 10.0 µL was injected into UPLC-MSMS system. The targeted compounds were analyzed on Acquity UPLC BEH C18 column (50*2.1mm, dp = 1.7µm), applying acetonitrile:water:ammonium acetate (10:85:5, v/v/v) and (90:5:5, v/v/v) in the linear gradient mode as mobile phase. Quantitation method was based on peak area ratio and the response versus concentration data were fitted using quadratic regression with 1/x² weighting.

**In Vivo Studies**

Pharmacokinetic (PK) parameters were evaluated after single oral administration in 4 male Beagle dogs (31 – 36 months old, body weight range 10.8 – 11.8 kg; Marshall BioResources, Italy).
From all animals approximately 4 mL blood samples were taken from the jugular vein using vacutainers and potassium oxalate/sodium fluoride (Greiner Bio-One, Bad Haller, Austria) as anticoagulant. Blood was sampled at predose and 0.5, 1, 1.5, 2, 4, 6, 8, 12 and 24 h after dosing. Within 30 minutes after sampling, blood was centrifuged at 5 ºC. Immediately after centrifugation, plasma was stored in labeled polypropylene tubes at – 75 ºC prior to analysis.

This study protocol was reviewed and agreed by the Animal Welfare Officer and the ethical Committee of NOTOX (00 – 34) as required by the Dutch Act on Animal Experimentation (February 1997). The animals were treated in accordance with the Directive 2010/63/EU.

The study procedures were based on the following guidelines, recommendations and requirements:


All PK parameters were calculated from the curves constructed from individual animals, using the WinnonLin 5.2 program. Noncompartmental analysis was applied using the extravascular model. The lower limit of quantification (LLOQ) of fenofibrate was 0.020 ng/mL and for fenofibrate acid the LLOQ was 10.00 ng/mL. All values below the LLOQ after C\text{max} were excluded from the pharmacokinetic evaluation. If a value was below the LLOQ prior to C\text{max}, than this value was set to 0 ng/mL. In case several intermediate not quantifiable concentrations were present, all not quantifiable concentrations and all following time points were excluded.
from the kinetic evaluation. In case one intermediate not quantifiable concentration was present, this time point was excluded from the kinetic evaluation. Nominal sampling times were used (deviations were less than 20%).

The following pharmacokinetic parameters were calculated:

- $C_{\text{max}}$ – maximum observed plasma concentration.
- $C_{\text{last}}$ – last measurable plasma concentration.
- $t_{\text{max}}$ – time point at which maximum plasma concentration was reached, assessed directly from the data.
- $t_{\text{last}}$ – time point of last measurable plasma concentration.
- $AUC_{\text{last}}$ – area under the plasma concentration-time curve from time of administration until the last measurable plasma concentration ($t_{\text{last}}$), calculated using the linear trapezoidal rule (for both parent and metabolite).
- $AUC_{\infty}$ – area under the curve after a single dose from time of administration until infinity, calculated as $AUC_{\text{last}} + C_{\text{last}}/\lambda_z$ where $C_{\text{last}}$ is the last measurable concentration. If the data set did not allow extrapolation to infinity, then the AUC up to the last measurable time point was calculated. Extrapolations of more than 15% of the total AUC were reported as approximation.
- $\lambda_z$ – elimination rate constant, determined by linear regression of the terminal points of the In-linear concentration-time curve.
- $t_{1/2}$ – elimination half-life, calculated as $\ln(2)/\lambda_z$. The following requirements had to be met for an acceptable calculation of $t_{1/2}$:
  1. at least three time points had to be available to be used in the calculation
  2. correlation coefficient ($r^2$) was at least 0.9
3. span of time points used in \( t_{1/2} \) was at least twice the calculated value of \( t_{1/2} \)

Values that did not meet these criteria were reported as approximations. \( C_{\text{max}} \) and AUC values were also normalized to a dose of 1 mg/kg.

A descriptive statistical analysis was performed (mean values and standard deviations). A one-way ANOVA was performed for the dose-normalized values of \( C_{\text{max}} \) and area under the curve (AUC\text{\textsubscript{last}}) for each compound to determine a possible statistical difference between the various compounds.

**Stability program**

OMS capsules containing fenofibrate (33.5 mg) were stored at 25 °C/60% relative humidity (RH) and 40 °C/75% RH in both open and closed conditions. After 1, 2 and 6 months of storage, the formulation was evaluated for *in vitro* release (Hanson Vision® Elite 8) and the absence of crystallinity (DSC, Mettler-Toledo DSC 822e; Mettler-Toledo, Zaventem, Belgium). For the purpose of the thermal analysis, about 3 - 4 mg of the sample was placed in DSC aluminum pans and heated from -30 to 150 °C with constant heating rate of 10 °C/min.

**RESULTS AND DISCUSSION**

In this study, two OMS formulations - Formac capsules, with different content of fenofibrate (33.5 and 16.75 mg) were compared with two referent systems Lypanthil® and Tricor® in terms of *in vitro* release and systemic exposure of fenofibrate and its metabolite when administered orally to dogs. The release profiles of the examined concepts are presented in Figure 1. The amount released of fenofibrate from the nanosized product Tricor® was 7.50 mg after 5 min. After 15 min, a steady-state was reached and lasted to the end of the experiment. The microsized product Lipanthylo® showed initial burst release with only 0.40 mg released after 5 minutes,
reflecting very low solubility of the drug. It reached its maximum release after 120 min. On the other hand, OMS capsule containing the same amount of fenofibrate (33.5 mg), had higher initial burst release (0.72 mg after 5 min). The progress of the OMS capsule (eq. 16.75 mg) followed OMS capsule (eq. 33.5 mg) but with approximately twofold lower concentrations at each time point. At the end of the experiment the amount of fenofibrate released from Lipanthyl® and Tricor® was approximately 30 % from the initial dose. Both OMS capsules containing 33.5 and 16.75 mg of fenofibrate attained a relatively high release of 66 and 60 % of their dose, respectively. These data clearly illustrate that the slow dissolution kinetics and low water solubility of fenofibrate from the marketed products could be overcome by loading it into OMS.
Figure 1. Dissolution/release experiments of Lipanthyl®, Tricor® and two OMS capsules in 900 mL 0.1 N HCl + 0.1 % Tween 80: (A) released amounts in milligrams and (B) percent of the original form released. Results are mean ± SD of three experiments.
Beagle dogs were selected to examine whether the fast *in vitro* release kinetics can be translated into an increased bioavailability of the drug. The animals were dosed orally with fenofibrate at a dose level of 33.5 (Lipanthyl®), 16.75 (OMS based formulation), 33.5 (OMS based formulation) and 48 (Tricor®) mg/animal in respectively period 1, 2, 3 and 4 (Table 2). During the study period no mortality occurred. Body weight of the beagle dogs was not significantly changed. There were no clinical signs noted during the observation period. Single doses of Fenofibrate-OMS were safe and well tolerated. No relevant differences in safety and tolerability profile were observed when comparing a single dose of Fenofibrate-OMS with Lipanthyl® and Tricor®.

Figure 2 shows the average plasma concentrations versus time curves of fenofibrate and the active metabolite fenofibric acid after dosing. Low concentrations of fenofibrate were measured in plasma, with several peaks. Statistical analysis on the rate and extent of absorption were performed on the dose-normalised data. This dose-normalisation was justifiable due to the demonstrated dose proportionality in the present study between a 16.5 mg and 33.5 mg fenofibrate following oral administration. The mean systemic exposure for fenofibrate expressed as dose normalized AUC$_{\text{last}}$ was 0.04, 0.39, 1.03 and 0.88 h*ng/mL for the consecutive periods after oral dosing of fenofibrate. Mean dose normalized C$_{\text{max}}$ was respectively 0.056, 0.399, 0.249 and 0.477 ng/mL for period 1 to 4. The mean systematic exposure for fenofibric acid expressed as dose normalized AUC$_{\text{last}}$ was 736, 2440, 2780 and 2750 h*ng/mL for the consecutive periods after oral dosing of fenofibrate. After oral dosing t$_{\text{max}}$ was fast, varying between 0.5 and 2.0 hours after dosing. Mean dose normalized C$_{\text{max}}$ was respectively 145, 623, 524 and 562 ng/mL for period 1 to 4. After oral dosing of fenofibrate the interindividual variation in the PK parameters,
as evaluated by % CV, was low to moderate: 38-67%, 25-31%, 31-62% and 10-43% for respectively period 1 to 4.

Table 2. Plasma concentrations of fenofibrate and fenofibric acid of the different concepts.

<table>
<thead>
<tr>
<th></th>
<th>Lipanthyl®</th>
<th>OMS capsule 16.75 mg</th>
<th>OMS capsule 33.5 mg</th>
<th>Tricor®</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Fenofibrate pharmacokinetic data</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dose level</strong></td>
<td>mg/kg</td>
<td>2.96 ± 0.119</td>
<td>1.48 ± 0.064</td>
<td>2.97 ± 0.105</td>
</tr>
<tr>
<td><strong>t_last</strong></td>
<td>h</td>
<td>1.5 - 2.0(^a)</td>
<td>1.5 - 6.0(^a)</td>
<td>4.0 - 12.0(^a)</td>
</tr>
<tr>
<td><strong>t_max</strong></td>
<td>h</td>
<td>1.0 - 2.0(^a)</td>
<td>1.0 - 1.5(^a)</td>
<td>1.0 - 8.0(^a)</td>
</tr>
<tr>
<td><strong>C(_{max})</strong></td>
<td>ng/mL</td>
<td>0.163 ± 0.092</td>
<td>0.591 ± 0.393</td>
<td>0.733 ± 0.476</td>
</tr>
<tr>
<td><strong>C(_{max})(b)</strong></td>
<td>(kg ng)/(mL mg)</td>
<td>0.056 ± 0.033</td>
<td>0.399 ± 0.242</td>
<td>0.249 ± 0.162</td>
</tr>
<tr>
<td><strong>C(_{last})</strong></td>
<td>ng/mL</td>
<td>0.098 ± 0.099</td>
<td>0.048 ± 0.024</td>
<td>0.111 ± 0.104</td>
</tr>
<tr>
<td><strong>AUC(_{last})(b)</strong></td>
<td>h ng/mL</td>
<td>0.117 ± 0.065</td>
<td>0.58 ± 0.38</td>
<td>3.0 ± 2.52</td>
</tr>
<tr>
<td><strong>AUC(_{last})</strong></td>
<td>h kg ng/mL/mg</td>
<td>0.04 ± 0.023</td>
<td>0.39±0.26</td>
<td>1.03 ± 0.873</td>
</tr>
</tbody>
</table>

|                  |            |                      |                     |         |
| **Fenofibric acid pharmacokinetic data** |            |                      |                     |         |
| **Dose level**   | mg/kg      | 2.96 ± 0.119         | 1.48 ± 0.064        | 2.97 ± 0.105 | 4.28 ± 0.131 |
| **t_last**       | h          | 12 - 24\(^a\)       | 24.0                | 24.0     | 24.0       |
| **t_max**        | h          | 1.0 – 1.5\(^a\)     | 0.5 – 1.5\(^a\)     | 1.0 – 1.5\(^a\) | 0.5 – 2.0\(^a\) |
| **C\(_{max}\)**  | ng/mL      | 433 ± 169            | 922 ± 283           | 1560 ± 892 | 2410 ± 1030 |
| **C\(_{max}\)\(b\)** | (kg ng)/(mL mg) | 145 ± 54.6           | 623 ± 190           | 524 ± 294 | 562 ± 233 |
| **C\(_{last}\)** | ng/mL      | 86.7 ± 107           | 64 ± 25             | 154 ± 74.3 | 233 ± 152 |
| **AUC\(_{last}\)\(b\)** | h ng/mL | 2200 ± 1460          | 3600 ± 905          | 8210 ± 2490 | 11 800 ± 1170 |
| **AUC\(_{last}\)** | h kg ng/mL/mg | 736 ± 482           | 2440±629          | 2780 ± 854 | 2750 ± 278 |
| **AUC\(_{∞}\)**  | h ng/mL    | 1550*                | 5190*               | 13000*   | 13400     |
| **AUC\(_{∞}\)\(b\)** | h kg ng/mL/kg | 512*               | 3450*               | 4440*    | 3110*     |
| **t\(_{1/2}\)**  | h          | 10.9*                | 14.1*               | 18.2*    | 8.71*     |

As it may be observed from the presented data, the total exposure to fenofibrate and fenofibric acid, expressed as AUC\(_{last}\) values, between the four different compounds was comparable between fenofibrate loaded OMS capsules (16.75 and 33.5 mg) and Tricor® (period 2, 3 and 4) and was approximately a factor 3.5 higher in comparison with Lipanthyl® (period 1). The extent of absorption expressed as the dose normalized AUC\(_{last}\) was higher for fenofibrate-OMS (eq 33.5 mg) than for the marketed formulations Lipanthyl® and Tricor®. Taking into account large variability in the presented in vivo data, fenofibrate-OMS formulations show potential to improve bioavailability of fenofibrate, however further examination is needed. In such a way,
fenofibrate-OMS formulation (eq. 33.5 mg) whose pharmacokinetic profile of fenofibrate and its active metabolite fenofibric acid is now well known (Figure 2A and 2B), with proven safety and satisfying tolerability represents a good candidate for the future testing in order to gain deeper insight into the in vivo dissolution enhancement achieved when OMS is used as a carrier for fenofibrate.
Figure 2. (A) Average plasma concentration versus time curves of fenofibrate after single dosing in male Beagle dog. (B) Average plasma concentration versus time curves of fenofibric acid after metabolization of fenofibrate. (The concentrations are normalized to 33.5 mg). Results are mean ± SD obtained from four animals.

Figure 3, which represents the release rate during stability testing (all conditions, 1, 2 and 6 month time points), shows that the release profiles of OMS based formulation remained unchanged in all the examined conditions within 6 months. Results from the DSC measurements showed absence of any crystallinity during the whole stability period. These results, that support the unique stability properties of the silica technology, are in accordance with the previously reported findings regarding ezetimibe-loaded OMS.
CONCLUSION

In the present study, the ability of ordered mesoporous silica material (OMS) to improve biopharmaceutical performance of poorly soluble compound fenofibrate, was confirmed in vitro. In vivo study in dogs revealed pharmacokinetic profile of fenofibrate and its active metabolite fenofibric acid after oral administration of fenofibrate-OMS formulations. This study indicative of the potential of OMS-based formulations to improve bioavailability of fenofibrate, revealed
good tolerability and satisfying safety level of the used dose (eq. 33.5 mg) of fenofibrate in this highly stable formulation and opened the possibility for its further in vivo testing in humans.

ACKNOWLEDGMENTS

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REFERENCES


Legend of Figures
**Figure 1.** Dissolution/release experiments of Lipanthyl®, Tricor® and two OMS capsules in 900 mL 0.1 N HCl + 0.1 % Tween 80: (A) released amounts in milligrams and (B) percent of the original form released. Results are mean ± SD of three experiments.

**Figure 2.** (A) Average plasma concentration versus time curves of fenofibrate after single dosing in male Beagle dog. (B) Average plasma concentration versus time curves of fenofibric acid after metabolization of fenofibrate. (The concentrations are normalized to 33.5 mg).

**Figure 3.** Dissolution/release experiments of stability samples of ordered mesoporous silica (OMS) powder (n = 3; eq. 33.5 mg fenofibrate) in 900 mL simulated gastric fluid + Tween 80. Results are mean ± SD of three experiments.