



**SB-1171**  
**Fourth Year B. Pharm. Examination**  
**March/April – 2011**  
**PH-401 : Pharmaceutics - V**  
*(Biopharmaceutics, Pharmacokinetic & Dosage Form Design)*

Time : 3 Hours]

[Total Marks : 70

**Instructions :**

(1)

<p>नीचे दर्शावेल निशानीवाणी विगतो उत्तरवडी पर अवश्य कपवी. Fillup strictly the details of signs on your answer book.</p> <p>Name of the Examination : <b>Fourth Year B. Pharm.</b></p> <p>Name of the Subject : <b>Pharmaceutics - 5</b></p> <p>Subject Code No. : <b>1 1 7 1</b> Section No. (1, 2,.....) : <b>1&amp;2</b></p>	<p>Seat No. :</p> <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table> <div style="border: 1px solid black; border-radius: 15px; height: 60px; margin-top: 10px; display: flex; align-items: center; justify-content: center; padding: 10px;">Student's Signature</div>						

- (2) There are two sections each of 35 marks.
- (3) Each section having three questions.
- (4) Answer and submit both the sections separately.

**SECTION - I**

- 1 Attempt any **five** from the following : **10**
- (a) Write the characteristic of passive diffusion.
  - (b) Why is the placental barrier not effective as BBB ?
  - (c) Why HSA considered a versatile protein for drug distribution ?
  - (d) Phase II reactions are called as true detoxification reaction. Explain.
  - (e) What is sink condition and how is it maintained and why it is needed ?
  - (f) List the various pharmaceutical and pharmacokinetic application of prodrug.
  - (g) What factors determine the pulmonary excretion of drug ?

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2 Attempt any **four** from the following :

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- (a) Explain BBB (Blood brain barrier)  
 (b) Discuss drug metabolizing enzyme.  
 (c) Following data is obtained for 4 formulation of a drug in patients of average weight 50 kg.

Drug Product	Dose (mg/kg)	AUC (mcg.hr/l)
I.V. solution	1.2	450
Oral solution	4.0	822
Oral capsule	4.0	736
Oral S.R tablet	8.0	1040

- (i) What is the absolute bioavailability from capsule and S.R. tablet ?  
 (ii) What is the relative bioavailability of capsule and S.R. tablet against oral solution ?  
 (iii) Which solid formulation shows better bioavailability?  
 (iv) Are the two solid formulation shows bioequivalent ?
- (d) A new antibiotic drug was given in a single intravenous bolus of 4 mg/kg to five healthy male adults ranging in age from 23 to 38 years (average weight 75 kg). The pharmacokinetics of the plasma drug concentration-time curve for this drug fits a one-compartment model. The equation of the curve that best fits the data is
- $$C_p = 78 e^{-0.46t}$$
- Determine the following (Assuming units of  $\mu$  g/ml for  $C_p$  and hr for t)
- (i) What is the  $t_{1/2}$  ?  
 (ii) What is the  $V_D$  ?  
 (iii) What is the plasma level of the drug after 4 hours ?  
 (iv) How much drug is left in the body after 4 hours ?
- (e) Explain cross over study and Balance incomplete block design.
- (f) What are the two methods of calculating  $K_E$  from urinary excretion data ? Compare their merits and demerits.

- 3** Attempt any **three** from the following : **9**
- (a) Define dose ratio. Why is it always smaller for extra vascularly administered drug in comparison to intravenously administered drug ?
  - (b) Discuss diffusion controlled release system.
  - (c) Define preformulation and write about solubility studies.
  - (d) Write the limitation and significance of  $P^H$  partition hypothesis.
  - (e) Estimate the creatinine clearance of a 30 year old, 70 kg man with serum creatinine value 2.0 mg%. What is renal function value of such a patient ?

## SECTION - II

- 4** Attempt any eleven from the following : **11**
- (a) Define extraction ratio.
  - (b) Enlist all official apparatus of dissolution.
  - (c) Why buffered tablet are more soluble than salt form of aspirin ?
  - (d) Name the three approaches by which a polar drug can be targeted to brain.
  - (e) Define intrinsic solubility.
  - (f) Define fluctuation and accumulation index.
  - (g) Delayed intestinal transit time is some time desirable. Why ?
  - (h) Define prospective validation.
  - (i) What is stress testing ?
  - (j) Comment - Micronization of hydrophobic drug is not advisable.
  - (k) Define MRT.
  - (l) Why are reservoir devices susceptible to dose dumping ?
  - (m) What is dose dependent kinetics and write the name of tests by which it can detect ?
  - (n) Comment - Can a drug have two or more than  $V_d$  ?
  - (o) Define IVIVC.

**5** Attempt any **three** from the following : **12**

- (a) Write the name of non renal methods of drug excretions and discuss in detail biliary excretion.
- (b) Discuss in detail process variable of tables.
- (c) Write in brief the effects of urine P<sup>H</sup>, drug PKa and lipid solubility on re-absorption of drug.
- (d) Discuss BCS (Biopharmaceutical Classification System).
- (e) How a dosage regimen will design. Explain every step in detail.

**6** Attempt any two from the following : **12**

- (a) Calculate the absorption rate constant using wagner-nelson method of following given data.  $K_e = .086 \text{ hr}^{-1}$ .

Time (hr)	0	1	2	3	5	7	9	12	18	24	36	48
Drug Concentration ( $\mu \text{ g/ml}$ )	0	1.88	3.05	3.74	4.21	4.08	3.70	3.02	1.86	1.12	0.40	0.14

- (b) Explain all methods to increase bioavailability in detail.
- (c) Atenolol is to be administered orally to a 50 kg patient suffering from hypertension. The typical parameter of the drug on population basis are :

F	$V_d$	$CL_T$	Therapeutics range
0.4	1.23 l/kg	118.4 ml/min	0.2 - 1.3 mcg/ml

Design a dosage regimen to attain and maintain the plasma concentration within the therapeutics range. Assume rapid absorption.