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Drug repurposing

- Drug repurposing (also known as drug repositioning) is a process of identifying new therapeutic use(s) for old/ existing/ available drugs.
- It involves establishing new therapeutic uses for already known drugs, including approved, discontinued, abandoned and experimental drugs establishing new therapeutic uses for already known drugs.
- Discovering new uses of approved drugs can provide the quickest possible transition from bench to bedside.¹



Examples of the drug repurposing²

Name of Drug	Original Indication	New Indication	
Amphotericin B	Fungal infection	Leishmaniasis	
Amantadine	Influenza	Parkinson's disease	
Allopurinol	Cancer	Gout	
Atomoxetine	Depression	Attention deficit hyperactivity disorder	
Bromocriptine	Parkinson's disease	Diabetes mellitus	
Bupropion	Depression Smoking cessation		
Cycloserine	Urinary tract infection	Tuberculosis	
Finasteride	Benign prostatic hyperplasia	Male pattern blindness (MPB)	
Gemcitabine	Viral infection	Bladder cancer, breast cancer	
Interferon- α	Hepatitis B and C	As immunotherapy in pancreatic and bladder cancers	
Minoxidil	Hypertension	Hair loss	
Raloxifene	Osteoporosis	Postmenopausal breast cancer	
Retinoic acid	Acne	Promyelocytic Leukemia	
Thalidomide	Morning sickness	Multiple myeloma / leprosy	
Tranexamic acid	Hemorrhage Melasma		

Methods of drug repurposing³

Drug Oriented

1

The structural characteristics of drug molecules, biological activities, adverse effects and toxicities are evaluated Through **serendipity or clinical observation**, if follows traditional pharmacology and drug discovery principles. E.g. **Minoxidil** used for hypertension – repurposed for hair growth

2

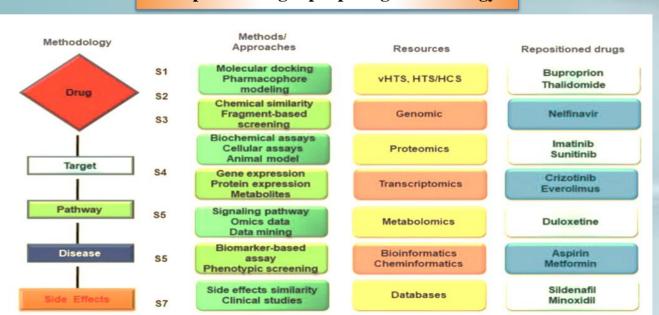
Target Oriented

"*In silico*" screening or "virtual high-throughput screening (vHTS)" of drugs or compounds from drug libraries/compounddatabases Most biological targets directly represent the disease pathways/ mechanisms method -**Significant success rate** as compare to drug-oriented discovery e.g. **anticancer drugs**

Disease/therapy-oriented

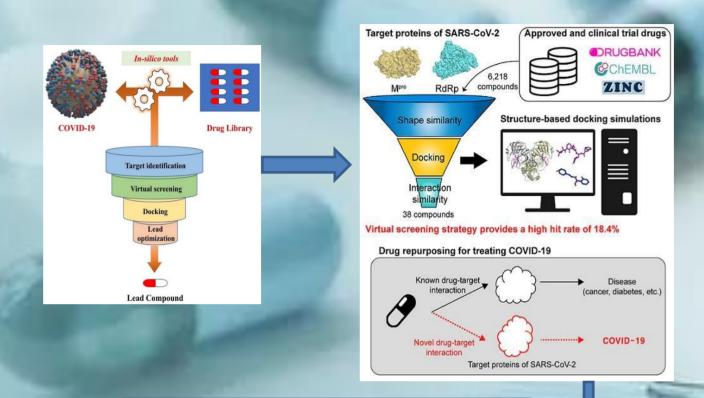
3

Based upon availability of information given by proteomics, genomics, metabolomics (disease specific metabolic pathways/profile) and phenotypic data (off-target mechanism, pharmacological targets, disease pathways, pathological conditions, adverse and side effects) Requires **construction of specific disease networks**, recognizing genetic expression, key targets, protein molecules for metabolic pathways of interest in the disease model. e.g. **Drugs used in Alzheimer disease**



Examples of drug repurposing methodology

Drug repurposing for Covid 19^{4,5}



Repurposed drug in COVID-19 treatment⁶

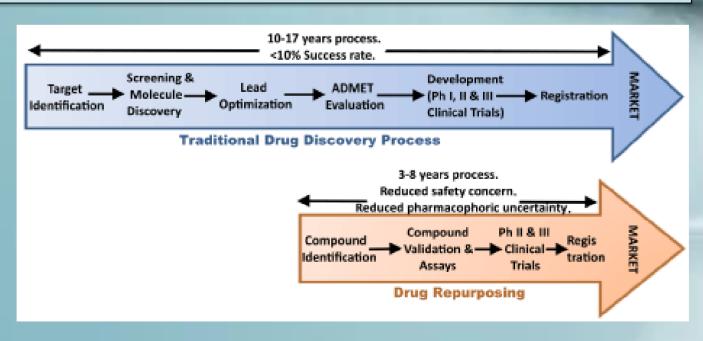
Repurposed Drug/Molecule	Original Approved Therapeutic Use	Probable Mechanism of Action against COVID-19	
Baricitinib	Rheumatoid arthritis	Modulates cytokine production.	
Chloroquine and Hydroxychloroquine	Malaria, chronic inflammatory diseases.	Prevents virus entry and decapsidation. Modulates the host immune system.	
Dexamethasone	Inflammatory conditions (e.g., bronchial asthma, endocrine and rheumatic disorders).		
Favipiravir	Influenza virus	Inhibits virus RNA synthesis.	
Ivermectin	Anti-parasitic. Intestinal strongyloidiasis and onchocerciasis, pediculosis and rosacea.		
Lopinavir-Ritonavir	HIV/AIDS	Inhibits the virus 3CL protease.	
Masitinib	Cancer, asthma, Alzheimer's disease, multiple sclerosis, amyotrophic lateral sclerosis.	Inhibits the virus 3CL protease.	
Molnupiravir	Influenza viruses and encephalitic alphaviruses.	Inhibits virus RNA synthesis.	
Remdesivir	Ebola virus	Inhibits virus RNA synthesis.	
Tocilizumab	Rheumatoid arthritis, other autoimmune rheumatic diseases.	Inhibits IL-6 activity.	
Umifenovir	Influenza and other respiratory viruses.	Blocks virus attachment and entry. Modulates immune response and interferon production.	

Drug repurposing evidence level ⁷

Drug	
repurposing	Quality of scientific level
evidence level	
0	No evidence; includes in silico prediction without confirmation
1	In vitro studies with limited value for predicting in vivo/ human
	situation
2	Animal studies with hypothetical relevance in man
3	Incomplete studies in man at the appropriate dose e.g. proof of
	concept; very few cases or inference for the medical records;
	some clinical effects observed
4	Well documented clinical end points observed for the repurposed
	drug at doses within safety limits.

Traditional drug discovery verses drug repurposing⁸

- The traditional drug discovery involves de novo identification to FDA approval & marketing and takes 10-17 years (with 10% success rate).
- Drug repurposing takes 3-8 years from compound identification to FDA approval as pharmacogical data already known.



Advantages of drug repurposing³



Regulatory pathway for drug repurposing⁷

Pre-Entry	Scientific Advice through FDA or EMA or National Authority	Dossier Development /Clinical Phase	Regulatory Submission/Licens ing Route	Post Approval Phase
 New Indication Interest Using Identified resources and data submit the proposal to enter the pathway to regulatory authority 	• Suitability will be reviewed by HA , conduct meetings, Provide recommendations , added clinical benefits could be debated	Company follows advice from HA and develop Quality and additional Clinical Evidence	 Safety, Efficacy, Quality data demonstrated and submit to authority for approval; Abridged application process in most cases. (No hurdle of full dossier review) 	 Life Cycle Post Authorisation Studies/monitoring





Identify the repurposed drug?



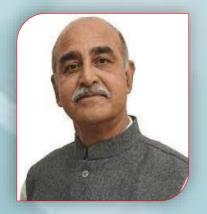
Identify the repurposed drug?



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Answers: 1. Minoxidil, 2. Bromocriptine



Message from Executive Director.....

"I heartily congratulate the department of pharmacology for bringing this informative newsletter on clinical pharmacology and therapeutics- repurposing of drugs. My best wishes to the entire team......

Dr. (Col) CDS Katoch, Executive Director, AIIMS, Rajkot.

Team Pharmacology

This is an effort to bring forward important information on Clinical Pharmacology and Therapeutic advances related to repurposing of drugs. This initiative will be useful for medical practitioners and all readers for rational use of medicines. We hope you enjoy reading this e-bulletin!

- Dr. Rima Shah (Associate professor, Department of Pharmacology)



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