Metabolism of Intravenous Methylnaltrexone in Mice, Rats, Dogs, and Humans

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Methylnaltrexone (MNTX), a selective μ-opioid receptor antagonist, functions as a peripherally acting receptor antagonist in tissues of the gastrointestinal tract. This report describes the metabolic fate of [3H]MNTX or [14C]MNTX bromide in mice, rats, dogs, and humans after intravenous administration. Separation and identification of plasma and urinary MNTX metabolites was achieved by high-performance liquid chromatography-radioactivity detection and liquid chromatography/mass spectrometry. Separation and identification of plasma and urinary MNTX metabolites was achieved by high-performance liquid chromatography-radioactivity detection and liquid chromatography/mass spectrometry. The structures of the most abundant human metabolites were confirmed by chemical synthesis and NMR spectroscopic analysis. Analysis of radioactivity in plasma and urine showed that MNTX underwent two major pathways of metabolism in humans: sulfation of the phenolic group to MNTX-3-sulfate (M2) and reduction of the carbonyl group to two epimeric alcohols, methyl-6α-naltrexol (M4) and methyl-6β-naltrexol (M5). Neither naltrexol nor its metabolite 6β-naltrexol were detected in human plasma after administration of MNTX, confirming an earlier observation that N-demethylation was not a metabolic pathway of MNTX in humans. The urinary metabolite profiles in humans were consistent with plasma profiles. In mice, the circulating and urinary metabolites included M5, MNTX-3-glucuronide (M9), 2-hydroxy-3-O-methyl MNTX (M6), and its glucuronide (M10). M2, M5, M6, and M9 were observed in rats. Dogs produced only one metabolite, M9. In conclusion, MNTX was not extensively metabolized in humans. Conversion to methyl-6-naltrexol isomers (M4 and M5) and M2 were the primary pathways of metabolism in humans. MNTX was metabolized to a higher extent in mice than in rats, dogs, and humans. Glucuronidation was a major metabolic pathway in mice, rats, and dogs, but not in humans. Overall, the data suggested species differences in the metabolism of MNTX.

Methylnaltrexone (MNTX) bromide [(5α)-17-(cyclopropylmethyl)-3,14-dihydroxy-17-methyl-4,5-epoxymorphinan-17-ium-6-one] is a selective peripherally acting μ-opioid receptor antagonist. In vitro testing shows that MNTX binds to μ receptors at 8-fold higher potency than to κ receptors, and it does not interact with δ receptors. MNTX is a quaternary derivative of the opioid antagonist naltrexone (Brown and Goldberg, 1985). The addition of the methyl group to naltrexone at the nitrogen atom forms MNTX, an inherently positively charged compound with greater polarity and lower lipid solubility than naltrexone. MNTX is restricted from crossing the blood-brain barrier in animals at pharmacologically relevant doses (Brown and Goldberg, 1985; Yuan et al., 1996, 1998). MNTX prevents the inhibition of opioid-induced gut contractions in guinea pig ileum (Chen and Rosow, 2007). Studies in a variety of animal species have shown that peripherally or systemically administered MNTX blocks the peripherally mediated side effects of opioids, particularly their inhibition of gastrointestinal motility, with no effect on centrally mediated analgesia or opioid tolerance.

MNTX reverses the opioid-induced delay in both gastric emptying and transit time without affecting analgesia in human volunteers (Yuan et al., 1996, 2002). In a randomized placebo-controlled study in long-term methadone users, MNTX was shown to induce laxation (Yuan et al., 2000). In a phase 3 clinical trial, subcutaneous injection of MNTX rapidly induced laxation in patients with advanced illness who were receiving opioid therapy for pain. In addition, MNTX treatment did not affect central analgesia or lead to opioid withdrawal (Thomas et al., 2008). Methylnaltrexone bromide (RELISTOR; Progenics Pharmaceuticals, Inc., Tarrytown, NY) is currently approved in the United States as an injectable medication for the treatment of opioid-induced constipation in patients with advanced illness who are receiving palliative care, when response to laxative therapy has not been sufficient, and is approved elsewhere around the world for similar indications.

A limited number of studies have examined the metabolism of MNTX in animals and humans (Misra et al., 1987; Kim et al., 1989; Kotake et al., 1989; Murphy et al., 2001). The focus of those studies was to evaluate the potential uptake into the brain in rats and the

ABBREVIATIONS: MNTX, methylnaltrexone; HPLC, high-performance liquid chromatography; M2, MNTX-3-sulfate; LC/MS, liquid chromatography/mass spectrometry; M4, methyl-6α-naltrexol; M5, methyl-6β-naltrexol; AUC, area under curve; MS/MS, tandem mass spectrometry; 2D, two dimensional; M6, 2-hydroxy-3-O-methyl MNTX; M9, MNTX-3-glucuronide; M10, and 2-hydroxy-3-O-methyl MNTX glucuronide.
extent of demethylation in laboratory animals and humans. The data showed that the penetration of MNTX into the rat brain was restricted. MNTX was not demethylated to any significant extent in humans. Mice and rats had a slightly higher ability to N-demethylate MNTX than dogs or humans. The present studies were performed to determine the metabolism of radiolabeled MNTX in mice, rats, dogs, and humans after intravenous administration.

Materials and Methods

Materials. [3H]MNTX bromide salt (lot number SEL/1674) and [14C]MNTX bromide salt (lot number 2108DCR005-1) were synthesized by Selcia Limited (Essex, UK). The radiochemical purity and the chemical purity (by UV detection) of the radiolabeled MNTX bromide were greater than 97%. The specific activity was 129.4 μCi/μg (158.4 μCi/mg as the free base) for [3H]MNTX bromide and 125.1 μCi/μg (153.0 μCi/mg as the free base) for [14C]MNTX bromide. Nonradiolabeled MNTX bromide salt (lot number H10207) was synthesized by Mallinkrodt Baker, Inc. (Phillipsburg, NJ) and had a chemical purity of 100%. The structure of MNTX including the sites of demethylation in laboratory animals and humans. The data showed that the penetration of MNTX into the rat brain was restricted. The extent of demethylation in laboratory animals and humans. Mice and rats had a slightly higher ability to N-demethylate MNTX than dogs or humans. The present studies were performed to determine the metabolism of radiolabeled MNTX in mice, rats, dogs, and humans after intravenous administration.

Synthesis of MNTX Metabolites. MNTX-3-sulfate, the reference standard for MNTX metabolite M2, was synthesized according to the method of Jones et al. (2005). In brief, MNTX bromide (74 mg) was dissolved in dioxane (20 ml) in a water bath (50°C). Sulfur trioxide-N-triethylamine complex, sodium borohydride, naltrexol, 6β-naltrexol hydrate, glucose 6-phosphate, NADP+, glucose-6-phosphate dehydrogenase, and β-glucuronidase (10,100 units/mg, type B-10 from bovine liver) were obtained from Sigma-Aldrich (Milwaukee, WI), Ultima Gold and Ultima Flo M scintillation cocktails were purchased from PerkinElmer Life and Analytical Sciences (Waltham, MA). Solvents used for extraction and for chromatographic analysis were of high-performance liquid chromatography (HPLC) or reagent grade and were purchased from EMD Chemicals (Gibbstown, NJ). Deuterium oxide (D2O) and D2-methanol (CD3OD) were obtained from Cambridge Isotope Laboratories, Inc. (Andover, MA).

Synthesis of MNTX Metabolites. MNTX-3-sulfate, the reference standard for MNTX metabolite M2, was synthesized according to the method of Jones et al. (2005). In brief, MNTX bromide (74 mg) was dissolved in dioxane (20 ml) in a water bath (50°C). Sulfur trioxide-N-triethylamine complex (310 mg) was added to the solution, and the mixture was maintained at 50°C for 2 h. The dioxane was decanted, and the precipitate on the glass was dissolved in 1 ml of a mixture of water and methanol (1:1, v/v). Purification was accomplished by UV detection by using a HPLC method described later. The purified fraction was analyzed by liquid chromatography/mass spectrometry (LC/MS), dried under a nitrogen stream in a TurboVap LV evaporator (Caliper Life Sciences, Hopkinton, MA), and reconstituted in CD3OD for NMR spectroscopic analysis. Methyl-6α-naltrexol and methyl-6β-naltrexol, the reference standards for MNTX metabolites M4 and M5, respectively, were synthesized by the method of Malspeis et al. (1975) for naltrexone. In brief, MNTX (100 mg) was dissolved in 95% ethanol (5 ml), and the alcoholic solution was cooled in an ice bath. Sodium borohydride (25 mg) was slowly added with stirring, and the mixture was brought to room temperature and stirred for an additional 2 h. The solvent was evaporated under a nitrogen stream in a TurboVap LV evaporator (Caliper Life Sciences), and the residue was dissolved in water (2 ml). After acidification with 1N HCl, aliquots of the solution were injected onto an HPLC column and the products were isolated after UV detection by using the HPLC method described later. The purified fraction was analyzed by LC/MS, dried under a nitrogen stream in a TurboVap LV evaporator (Caliper Life Sciences), and reconstituted in CD3OD for NMR spectroscopic analysis.

Human Study. This study was an open-label, phase I, single-dose study of the pharmacokinetics, mass balance, and disposition of intravenously administered [14C]methyltrexone in normal, healthy volunteers. Six healthy male human subjects were administered a single 0.3 mg/kg (100 μCi/subject) i.v. dose of [14C]MNTX. Samples of expired CO2 for the determination of radioactivity were collected every 15 min between 0 and 4 h postdosing and every 30 min between 4 and 8 h postdosing. Plasma samples were collected predose and at 2, 5, 15, 30, and 45 min, and 1, 1.5, 2, 3, 4, 5, 6, 8, 10, 12, 16, 24, 36, 48, 72, 96, and 120 h postdose. Urine samples were collected at 0 to 24 h postdose. All biological specimens were stored at approximately –70°C until analysis.

Sample Preparation. Animal plasma samples collected at 0.25, 1, and 4 h and human plasma samples collected at 2, 5, 15, 30, and 45 min, and 1, 1.5, 2, and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point. Aliquots (3.0 ml) of the pooled plasma were mixed and 4 h postdose were pooled across individuals by combining an equal volume for each time point.
with 3.0 ml of methanol, placed on ice for approximately 10 min and then centrifuged at 4°C. The supernatant was transferred to a clean tube. The protein pellets were extracted twice with 3.0 ml of methanol. The supernatants from precipitation and extraction were pooled, mixed, and evaporated at 22°C under nitrogen in a TurboVap LV evaporator (Caliper Life Sciences) to approximately 0.8 ml. The concentrated extract was centrifuged, the supernatant volume was measured, and the extraction efficiency was determined by analyzing duplicate 10-μl aliquots for radioactivity concentrations. The extraction method recovered greater than 80% of plasma radioactivity. An aliquot (200 μl) of the supernatant was injected onto the HPLC column, and fractions were collected for determination of radioactivity as described above. The 24-h plasma samples collected from animals and the human plasma samples collected after 4 h postdose were not analyzed for metabolite profiles due to low radioactivity concentrations. Urine samples were analyzed by direct injection into the HPLC system.

**High-Performance Liquid Chromatography.** A Waters model 2695 HPLC system (Waters) with a built-in autosampler was used for analysis. Separations were accomplished on a Luna C18(2) column (250 × 4.6 mm, 5 μm) (Phenomenex, Torrance, CA). The sample chamber in the autosampler was maintained at 4°C, while the column was at 40°C. The mobile phase consisted of 0.05% trifluoroacetic acid in water (A, v/v) and 0.05% trifluoroacetic acid in methanol (B, v/v) and was delivered at 0.6 ml/min. The linear HPLC gradient started at 10% B and increased to 20% over 25 min and then increased to 30% over 5 min. Flo-One analytical software (version 3.65; PerkinElmer Life and Analytical Sciences) was used to integrate the radioactive peaks. DataFlo software utility (beta version 0.55; PerkinElmer Life and Analytical Sciences) was used to convert ASCII files from the TopCount NXT microplate counter into the required format for processing in Flo-One analysis software.

**Mass Spectrometry.** Plasma extracts and urine samples were analyzed by LC/MS for metabolite characterization. Potential N-demethylation of MNTX in humans was investigated by analyzing plasma samples for naltrexone and 6β-naltrexol. The limit of detection was 6 ng/ml for naltrexone and 3 ng/ml for 6β-naltrexol. An Agilent model 1100 HPLC system including a binary pump and diode array UV detector (Agilent Technologies, Santa Clara, CA) was used with the mass spectrometer described below. The HPLC conditions were the same as described above except that a Luna C18(2) column (250 × 2.0 mm, 5 μm) was used and the mobile phase was delivered at 0.3 ml/min. For hydrogen-deuterium exchange experiments, D2O was substituted for water in mobile phase A and CD3OD was substituted for methanol in mobile phase B. During LC/MS sample analysis, up to 10 min of the initial flow was diverted away from the mass spectrometer before evaluation of metabolites. For some LC/MS

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**FIG. 2.** Metabolite profiles of MNTX in plasma of mice, rats, dogs, and humans 1 h after a single bolus intravenous administration.
analyses, radioactivity was simultaneously monitored with a Radiomatic 150TR radioactivity flow detector (PerkinElmer Life and Analytical Sciences) to estimate retention times of radiolabeled metabolites in LC/MS data. Flow from the HPLC was split between the mass spectrometer and radioactivity detector such that the flow rate to the mass spectrometer was approximately 100 µl/min.

A Micromass Q-TOF API-US mass spectrometer (Waters) equipped with an electrospray ionization source and operated in the positive ionization mode was used for metabolite identification. The capillary voltage was 2.0 kV and the cone voltage was 30 V. The collision offset for tandem mass spectrometry (MS/MS) analysis was 20 to 30 eV. The source block temperature and the desolvation gas temperature were set at 120 and 350°C, respectively. The desolvation gas flow and the cone gas flow were 950 and 50 l/h, respectively. The collision gas pressure setting was 13 psig. Time-of-flight mass spectrometry resolution (m/Δm) was approximately 8000, and the radio frequency setting was 0.2. Micromass MassLynx software (version 4.0; Waters Corp.) was used for analysis of LC/MS data. Microsoft Excel 2000 (Microsoft, Redmond, WA) was used for calculations.

NMR Spectroscopy. Synthetic MNTX metabolites were dissolved in CD$_3$OD (160 µl) and transferred to an NMR tube (3 mm OD). For purpose of comparison, a saturated MNTX solution was also prepared in CD$_3$OD. Data were collected on Varian Inova 500 MHz (Varian, Inc., Palo Alto, CA) and Bruker Avance 600 MHz spectrometers (Bruker, Newark, DE) each equipped with a 3-mm z-gradient indirect detection probe. One-dimensional proton (1H) NMR data and two-dimensional (2D) gCOSY, TOSY, 1H-13C gHSQC, and 1H-13C gHMBC NMR data were acquired. All spectra were referenced to the signal of CHD$_2$OD at 3.32 ppm in the 1H spectra and 48.1 ppm in the 13C spectra. All spectra were measured at room temperature.

Results

Human Study. Six male subjects were enrolled in this study to evaluate the pharmacokinetics of MNTX, total radioactivity in plasma, determine the urinary and fecal recovery of radioactivity, and characterize the metabolite profiles of MNTX. Each subject was administered a single 0.3 mg/kg (100 µCi) dose of [14C]MNTX as a 1-min i.v. infusion, and all six subjects completed the study. Renal excretion was the primary route of elimination of total radioactivity, with mean total percent excretion of 53.6. Fecal recovery in the 0 to 168-h collection period was 17.3%. Exhaled 14CO$_2$ accounted for less than 0.06% of administered radioactivity in all subjects.

Metabolite Profiles in Plasma. Metabolite profiles of extracts of plasma samples obtained from mice, rats, dogs, and humans at 1 h after a single bolus intravenous dose of radiolabeled MNTX are shown in Fig. 2. The recovery of radioactivity into methanol was greater than 80% for all four species. The metabolites in plasma were identified based on the retention times of the synthetic reference standards, where available, and liquid chromatography MS/MS fragmentation patterns.

After a single 0.3 mg/kg i.v. administration of [14C]MNTX to healthy human volunteers, unchanged MNTX was the major drug-related component in pooled plasma, representing 90.3, 79.2, 67.2, and 33.0% of plasma radioactivity at 0.25, 0.5, 2, and 4 h postdose, respectively. Plasma metabolites included M2 (0.7–25.0% of total plasma radioactivity), M4 (0.6–11.9% of total plasma radioactivity), and M5 (0.5–7.0% of total plasma radioactivity). Other minor (each less than 6% of plasma radioactivity) radioactive peaks observed in plasma extracts were not characterized due to low concentrations. Profiles determined in samples collected after 4 h are not reported due to low levels of radioactivity. Naltrexone, the N-demethylation product, and its metabolite 6β-naltrexol were not detected in plasma of humans, as determined by an LC/MS method. The limit of detection was estimated to be approximately 6 ng/ml for naltrexone and 3 ng/ml for 6β-naltrexol.

After a single 5 mg/kg i.v. dose of [14C]MNTX to mice, the parent compound represented 40.8, 20.2, and 25.7% of total plasma radioactivity at 0.25, 1, and 4 h postdose, respectively. MNTX metabolites

![Fig. 3. Hydrolysis of 1-h mouse plasma sample by β-glucuronidase.](https://example.com/fig3.png)
in pooled mouse plasma included methyl-6β-naltrexol (M5), 2-hydroxy-3-O-methyl MNTX (M6), MNTX-3-glucuronide (M9) and 2-hydroxy-3-O-methyl MNTX glucuronide (M10). These metabolites were characterized by LC/MS as described below. M9 and M10 were the most abundant plasma metabolites, representing 30.2 to 43.5 and 6.6 to 24.6% of the total radioactivity, respectively, between 0.25 and 4 h postdose. After hydrolysis with β-glucuronidase, M9 and M10 were almost completely converted to MNTX and M6, respectively (Fig. 3). Other metabolites observed in plasma were not characterized due to low concentrations.

MNTX was metabolized to a lesser extent in rats compared with mice after a single 5 mg/kg i.v. administration of [14C]MNTX. The parent drug represented 93.2, 69.3, and 49.8% of total radioactivity at 0.25, 1, and 4 h postdose, respectively. M2 and M9 were the most abundant metabolites in pooled plasma, and the percentage of radioactivity attributed to these metabolites increased over time between 0.25 and 4 h, representing 1.1 to 18.3 and 2.5 to 16.9% of total radioactivity, respectively. Small amounts (each ≤6% of plasma radioactivity) of M5 and M6 were also observed in plasma. Trace amounts of other metabolites observed in plasma were not characterized due to low concentrations.

After a single 5 mg/kg i.v. administration of [3H]MNTX to dogs, MNTX was the major radioactive component in pooled plasma, representing 98.6, 77.2, and 66.4% of total radioactivity at 0.25, 1, and 4 h postdose, respectively. M9 was the only major metabolite in plasma, increasing over time, and represented 0 to 18.5% of total radioactivity in the 0.25 to 4-h period. Several other radioactive peaks (each ≤9% of plasma radioactivity) observed in dog plasma were not characterized due to low concentrations.

**Metabolite Profiles in Urine.** An average of 49.8% of the administered dose was recovered in 0 to 24-h human urine. The metabolite profile (Fig. 4) of the pooled 0 to 24-h urine was similar to the plasma profiles in humans. MNTX represented approximately 82% of urinary radioactivity, whereas M2, M4, and M5 represented 4.3, 9.4 and 2.6% radioactivity, respectively. Small amounts (each ≤6% of plasma radioactivity) of M5 and M6 were also observed in plasma. Trace amounts of other metabolites observed in plasma were not characterized due to low concentrations.

**FIG. 4.** Metabolite profiles of MNTX in pooled 0 to 24-h urine of mice, rats, dogs, and humans.
of urinary radioactivity, respectively. Radioactivity concentrations were too low to determine accurate metabolic profiles in samples after 24 h.

In mice, a mean of 56.4% of the administered intravenous dose was excreted in 0 to 24-h urine. The parent drug represented 83.4% of total radioactivity in the pooled 0 to 24-h urine sample, and the urinary metabolite profile (Fig. 4) was qualitatively similar to plasma profiles. Urinary metabolites included M5 (2.3% of total radioactivity), M6 (3.9%), M9 (6.5%), and M10 (2.7%). M9 and M10 isolated from mouse urine were also completely hydrolyzed by β-glucuronidase to MNTX and M6, respectively (data not shown).

A mean of 56.8% of the administered dose was excreted in 0 to 24-h rat urine. The parent drug represented 92.4% of total radioactivity in the pooled 0 to 24-h urine sample, and the urinary metabolite

| Metabolite | $t_R$ (min) | Molecular Ion ($M^+$) | Relevant Product Ions | $m/z$
|------------|-------------|----------------------|----------------------|------
| MNTX      | 23.0        | 356 358              | 338, 302, 284, 227, 199, 112, 55 |
| M2        | 14.0        | 436 438              | 418, 382, 356, 302, 284, 227, 199, 112, 55 |
| M4        | 20.5        | 358 361              | 340, 304, 286, 229, 201, 112, 55 |
| M5        | 25.5        | 358 361              | 340, 304, 286, 229, 201, 112, 55 |
| M6        | 24.5        | 386 388              | 368, 332, 314, 257, 229, 112, 55 |
| M9        | 12.0        | 532 537              | 356, 302, 284, 227, 199, 113, 55 |
| M10       | 14.1        | 562 567              | 386, 332, 314, 257, 229, 113, 55 |

**FIG. 5.** Product ion mass spectra of MNTX (a), M2 (b), and M4 (c).
profile (Fig. 4) was also qualitatively similar to plasma profiles. Urinary metabolites included M2, M9, M5, and M6 (each ≤3% of urine radioactivity).

In dogs, approximately 66.0% of the administered dose was excreted in 0 to 24-h urine. The metabolite profile (Fig. 4) of the pooled 0 to 24-h urine was similar to the plasma profiles, and M9 was the only metabolite in urine, representing 3.2% of total radioactivity.

Metabolite Synthesis and Characterization. MNTX. MNTX eluted at approximately 23 min. Mass spectral data for MNTX were obtained for comparison with its metabolites, and these data are summarized in Table 1. For MNTX, a molecular ion, [M]+, was observed at m/z 356. LC/MS with deuterated solvents in the mobile phase generated an [M]+ at m/z 358 (data not shown). This finding was consistent with the two exchangeable protons of MNTX present on each of the two hydroxyl groups. The MS/MS spectrum obtained from collision-activated dissociation of m/z 356 from MNTX with the proposed fragmentation scheme is shown in Fig. 5A. Loss of H2O from [M]+ generated m/z 338 and indicated the presence of an aliphatic hydroxyl group. Loss of the three atoms of the bridging unit (i.e., carbon-carbon-nitrogen) produced a methyl-ethyl-cyclopropylmethylamine ion at m/z 112. Cleavage of the cyclopropylmethylene carbon-nitrogen bond with charge retention on the carbon or nitrogen gave m/z 55, representing the cyclopropylmethylene group, and m/z 302, respectively. Subsequent loss of H2O from m/z 302 yielded m/z 284, which further expelled methylvinylamine (CH2=CHNHCH3) to give m/z 227. Loss of a molecule of CO from m/z 227 generated m/z 199.

MNTX-3-Sulfate (M2). Metabolite M2 eluted at approximately 14 min. The [M]+ for M2 was observed at m/z 436, which was 80 Da larger than MNTX. LC/MS conducted with deuterated solvents in the mobile phase produced [M]+ at m/z 438 (data not shown). This finding was consistent with two exchangeable hydrogens for M2, the same as for MNTX. The proposed fragmentation scheme and product ions of m/z 436 mass spectrum for M2 are shown in Fig. 5B.

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![FIG. 6. Formation of methyl-6α-naltrexol epimers by reduction of MNTX with sodium borohydride.](image-url)
loss of 80 Da from [M]$^+$ produced $m/z$ 356, the [M]$^+$ for MNTX, indicating that M2 was an MNTX-3-sulfate. Product ions at $m/z$ 338, 302, 284, and 55 were also observed for MNTX, which indicated an otherwise unchanged MNTX molecule. The product ion at $m/z$ 382 was 80 Da larger than the corresponding ion at $m/z$ 302 for MNTX, which was consistent with sulfation of either hydroxyl group of MNTX. Based on observation of neutral loss of H$_2$O from [M]$^+$ to generate $m/z$ 418, consistent with a free aliphatic hydroxyl group, it was proposed that M2 was an aromatic sulfate. Assignment of the protons in the $^1$H NMR spectrum of synthetic MNTX-3-sulfate are summarized in Table 2. The key protons H-1 and H-2, with chemical shifts far apart in comparison with MNTX, where they are overlapped, and a J coupling of 8.36 Hz suggest sulfation at the 3-hydroxyl group instead of the 14-hydroxyl group (Table 2). The HPLC retention time and LC/MS spectra of the synthetic MNTX-3-sulfate matched that for M2 observed in human plasma after intravenous administration. Therefore, M2 was identified as MNTX-3-sulfate.

M4 and M5. Carbonyl reduction metabolites M4 and M5 eluted at approximately 20.5 and 25.5 min, respectively. The [M]$^+$ for both M4 and M5 were observed at $m/z$ 358, which was 2 Da larger than the [M]$^+$ for MNTX. LC/MS conducted with deuterated solvents in the mobile phase produced [M]$^+$ at $m/z$ 361 (data not shown). This finding was consistent with three exchangeable hydrogens for M4 and M5, one more than for MNTX, and was consistent with the introduction of an additional hydroxyl group. The proposed fragmentation scheme and product ions of $m/z$ 358 mass spectrum for M4 are shown in Fig. 5C. The fragmentation of M5 (data not shown) was identical to M4. Product ions at $m/z$ 112 and 55 were also present for MNTX and indicated unchanged methyl-ethyl amine and cyclopropylmethylen groups. The product ions at $m/z$ 304, 286, and 229 were 2 Da larger than the corresponding ions for MNTX, and together with the absence of a loss of CO from $m/z$ 229 they indicated that the carbonyl group had been reduced. In a chemical reaction, MNTX completely disappeared after reduction by sodium borohydride, and two products were formed in a ratio of approximately 90:10 (Fig. 6). $^1$H NMR analysis indicated the reduction of the carbonyl group (Table 2). These two synthetic epimers were differentiated by 2D NOESY spectra, which demonstrated key cross-peaks between protons H-5 and H-6 with a coupling constant of 4.9 Hz for the α-epimer (Fig. 7), but much weaker cross-peaks between protons H-5 and H-6 with a
coupling constant of 6.5 Hz for the β-epimer (data not shown). HPLC retention time and mass spectral data for synthetic methyl-6α-naltrexol and methyl-6β-naltrexol matched that for M4 and M5, respectively. Therefore, M4 and M5 were identified as the α- and β-epimer of reduced MNTX, respectively.

Metabolite M6. Metabolite M6 eluted at approximately 24.5 min. The [M]+ for M6 was observed at m/z 386, 30 Da larger than the [M]+ for MNTX. LC/MS conducted with deuterated solvents in the mobile phase produced [M]+ at m/z 388 (data not shown), indicating two exchangeable hydrogens for M6, identical to MNTX. The proposed fragmentation scheme and product ions of m/z 386 mass spectrum for M6 are shown in Fig. 8A. Product ions at m/z 112 and 55 were also present for MNTX and indicated unchanged methyl-ethyl amine and cyclopropylmethylene groups. Loss of H₂O from [M]+ produced m/z 368, which was consistent with an aliphatic hydroxyl group. The product ions at m/z 332, 314, 257, and 229 were 30 Da larger than the corresponding ions for MNTX, and together with the absence of loss of methanol from [M]+ they indicated that hydroxylation and methylation of a hydroxyl group had occurred on the phenyl moiety. Therefore, M6 was tentatively identified as 2-hydroxy-3-O-methyl MNTX.

Metabolite M9. Metabolite M9 eluted at approximately 12 min. The [M]+ for M9 was observed at m/z 532, 176 Da larger than the [M]+ for MNTX, indicating that M9 was a conjugate. LC/MS conducted with deuterated solvents in the mobile phase produced [M]+ at m/z 537 (data not shown), indicating five exchangeable hydrogens for M9, consistent with a glucuronide. The proposed fragmentation scheme and product ions of m/z 532 mass spectrum for M9 are shown in Fig. 8B. Neutral loss of 176 Da from [M]+ produced m/z 356, identical to the [M]+ for MNTX, indicating that M9 was a glucuronide. The product ions at m/z 302, 284, and 55 were also observed for MNTX and indicated an otherwise unchanged MNTX molecule. Therefore, M9 was identified as MNTX-3-glucuronide.

Metabolite M10. Metabolite M10 eluted at approximately 14.1 min. The [M]+ for M10 was observed at m/z 562, 190 Da larger than the [M]+ for MNTX and also 176 Da larger than the [M]+ for M6,

![Diagram of metabolites M6, M9, and M10](image-url)

Fig. 8. Product ion mass spectra of M6 (a), M9 (b), and M10 (c).
described above. LC/MS conducted with deuterated solvents in the mobile phase produced [M\(^+\)]\(^+\) at \(m/z\) 567 (data not shown), indicating five exchangeable hydrogens for M10. The proposed fragmentation scheme and product ions of \(m/z\) 562 mass spectrum for M10 are shown in Fig. 8C. Neutral loss of 176 Da from [M\(^+\)]\(^+\) produced \(m/z\) 386, identical to the [M\(^+\)]\(^+\) for M6, indicating that M10 was a glucuronide conjugate. The product ion at \(m/z\) 55 was also observed for MNTX, indicating an unchanged cyclopropylmethylene group. The product ions at \(m/z\) 332 and 314 were 30 Da larger than the corresponding ions for MNTX, consistent with methylation and hydroxylation as was observed for M6. Enzymatic hydrolysis with \(\beta\)-glucuronidase converted M9 and M10 to MNTX and M6, respectively, indicating the M10 was a glucuronide of M6 (data not shown). Therefore, M10 was tentatively identified as 2-hydroxy-3-\(\text{O}\)-methyl MNTX glucuronide.

Discussion

In this study, comparative metabolism of MNTX was established in humans and the nonclinical safety models used for the development of this drug, which included mice, rats, and dogs. The proposed metabolic pathways of MNTX in mice, rats, dogs, and humans are shown in Fig. 9. The pathways are based on the metabolite profiles observed in plasma and urine. Metabolite profiles of MNTX appeared to be qualitatively similar in plasma and urine for each of the species examined. The primary pathways of metabolism in humans include sulfation at the phenolic group and carbonyl reduction. The mean plasma AUC\(_{(0–12)}\) ratio of unchanged MNTX, as measured by a validated bioanalytical method, to total radioactivity was 0.59. This observation along with the urinary and fecal metabolite profiles has suggested the pharmacokinetic differences between the parent compound and metabolites. The overall recovery of the radioactivity in urine and feces accounted for 70.9% of the administered radioactive dose. Urinary recovery in the 0 to 24-h period was 43.9%. In this collection interval, MNTX accounted for 37.1% of the administered dose; M2, M4, and M5 represented 1.26, 4.25, and 0.74%, respectively, indicating the M10 was a glucuronide of M6 (data not shown). Therefore, M10 was tentatively identified as 2-hydroxy-3-\(\text{O}\)-methyl MNTX glucuronide.

![Figure 9: Metabolic pathways of MNTX in mice, rats, dogs, and humans.](fig9.png)
reduction product 6β-naltrexol did not appear to be a significant pathway of metabolism for MNTX in humans, because these metabolites were not observed in plasma or urine. Trace amounts of radioactivity excreted in exhaled CO₂ (<0.06% of a total dose) provided a strong indication that N-demethylation represents a negligible metabolic pathway of MNTX in humans. These results confirmed an earlier observation that N-demethylation was not a major metabolic pathway of MNTX in cancer patients (Kotake et al., 1989). Thus, potential impairment of analgesic effects of opioids through N-demethylation of MNTX in humans can be ruled out. In male rats, the metabolic pathways of MNTX were sulfation, glucuronidation, hydroxylation, and methylation. MNTX was more extensively metabolized in mice than in rats, dogs, and humans via glucuronidation, reduction, hydroxylation, and methylation. MNTX was metabolized in dogs primarily via glucuronidation of the phenol. There appeared to be some major differences between MNTX and naltrexone in terms of metabolism in humans and laboratory animals. In humans, in addition to the presence of 6β-naltrexol in conjugated and nonconjugated forms and conjugated naltrexone as the major metabolites, 2-hydroxy-3-O-methyl-naltrexone, 3-O-methyl-6β-naltrexol, and 2-hydroxy-3-O-methyl-6β-naltrexol were reported as minor or trace metabolites of naltrexone (Cone et al., 1978; Wall et al., 1981). These metabolites were also detected in animal species along with 6α-naltrexol, 3-O-methyl-naltrexone, and some dealkylation products (Misra et al., 1976; Rodgers et al., 1980; Misra, 1981), which were not observed in humans. A study in dogs showed that naltrexone was predominantly excreted as the 3-glucuronide. MNTX was metabolized via glucuronidation, hydroxylation, methylation, sulfation, and carboxylic reduction in nonclinical species. Although both drugs appeared to be primarily metabolized via conjugation of the phenolic group and reduction of the ketone in humans, both 6α- and 6β-epimers of the reduced MNTX isomers were observed for MNTX only in human plasma. In addition, the extent of metabolism was much higher for naltrexone than for MNTX in humans. For example, after a subcutaneous administration of naltrexone, 6β-naltrexol represented approximately 40% of the administered dose, whereas the parent drug represented only approximately 10% of the administered dose (Wall et al., 1984), based on AUC values. In contrast to naltrexone, the carboxyl reduction metabolites M4 and M5 of MNTX represented less than 10% of total plasma radioactivity, based on AUC values after a single intravenous administration of MNTX at 0.3 mg/kg. In summary, MNTX was not extensively metabolized in humans after a single intravenous administration. Conversion to methyl-6β-naltrexol isomers (M4 and M5) and M2 were the primary pathways of metabolism. MNTX was more extensively metabolized in mice compared with rats, dogs, and humans through glucuronidation, reduction, hydroxylation, and methylation. M9 was a major metabolite in plasma of mice, rats, and dogs, but was not observed in human plasma. M10 was a major metabolite in mouse plasma, but it was absent in circulation of other species. M2 was the major metabolite in rat and human plasma. However, this metabolite was not observed in other species. M6 was observed in the circulation of mice and rats, but it was not detected in the circulation of dogs and humans. M4 and M5, the reduced MNTX isomers, were both observed in human plasma. However, only M5 was observed in the plasma of mice and rats, and neither isomer was present in dog plasma. N-Demethylation resulting in naltrexone formation was not observed in humans. These data suggested species differences in the metabolism of MNTX.

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References

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