



Drug Repurposing: A Review

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Authors' contributions

This work was carried out in collaboration between both authors. Author RTB designed the study and wrote the protocol for preparing the manuscript. Author SRB remove grammatical mistake, check spacing of the manuscript. Both authors read and approved the final manuscript.

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ABSTRACT

The drug development is a very time consuming and complex process. Drug development Process is Expensive. Success rate for the new drug development is very small. In recent years, decreases the new drugs development. The powerful tools are developed to support the research and development (R&D) process is essential. The Drug repurposing are helpful for research and development process. The drug re-purposing as an approach finds new therapeutic uses for current candidates or existing candidates or approved drugs, different from its original application. The main aimed of Drug repurposing is to reduce costs and research time investments in Research & Development. It is used for the diagnosis and treatment of various diseases. Repositioning is important over traditional approaches and need for effective therapies. Drug re-purposing identifies new application for already banned or existing drugs from market. In drug design, drug repurposing plays important role, because it helps to preclinical development. It reducing time efforts, expenses and failures in drug discovery process. It is also called as drug repositioning, drug redirecting, drug reprofiling.

Keywords: Repurposing; drug discovery; research and development; treatment; clinical trial.

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1. INTRODUCTION

In Drug Repurposing process finding new application of current candidate or drug existing from market due to side effect. It refers to the detection of new application from existing drugs/current candidate [1-6]. The uses of the newly identified drugs to the various diagnosis and treatment of diseases. Drug repurposing study used for the Old/Banned/Withdrawn formulation, dosage, Combination, Delivery, Failed drug, Approved drug, Current Candidate. Reuse of any drug granted by the Food Drug Administration. It is effective for treating another disease. In this discovery of new uses for failed drug candidates [7-12]. It is also termed as Drug

re-positioning, re-purposing, re-profiling, re-directing or re-tasking.

The novel drugs development is a time consuming and complex process. In which investment rate is high and success rate being small [13-16]. In recent years, decreases the new drugs development or approved for the clinical use. Drug repurposing is powerful tools used to support the novel drug discovery process [17-21]. In genomics, bioinformatics and disease biology established clinical drug libraries availability and accelerated the both activity and in-silico based drug repurposing [22-24]. Drug repurposing is the process finding new uses of banned drugs from market [25-27].

(a) TRADITIONAL APPROACHES TO DRUG DEVELOPMENT	TARGET DISCOVERY	DISCOVERY & SCREENING	LEAD OPTIMIZATION	ADMET	DEVELOPMENT	REGISTRATION	MARKET
	2 – 3 years	0.5 – 1 years	1 – 3 years	1 – 2 years	5 – 6 years	1 – 2 years	
10-17 year process Small probability of success	Expression analysis; <i>In vitro</i> function; <i>In vivo</i> validation; Bioinformatics.	DISCOVERY Traditional Combinatorial chemistry Structure-based drug design SCREENING <i>In vitro</i> <i>Ex vivo</i> and <i>in vivo</i> HTS/HCS.	Traditional medicinal chemistry; Rational drug design.	Bioavailability and systemic exposure (absorption, clearance and distribution).	Must start clinical testing at Phase I.	United States (FDA) Europe (EMA) Japan (MHLW) Brazil (ANVISA) Rest of world.	
(b) DRUG REPOSITIONING	COMPOUND	COMPOUND ACQUISITION	DEVELOPMENT	REGISTRATION			MARKET
1 – 2 years	0 – 2 years	1 – 6 years	1 – 2 years				
3-12 year process Reduced safety and pharmacokinetic uncertainty	Targeted searches Novel insights Specialized screening platforms Serendipity.	Licensing Novel IP Both licensing and novel IP Internal sources.	May start at preclinical, Phase I or Phase II stages; Ability to leverage existing data packages.	United States (FDA) Europe (EMA) Japan (MHLW) Brazil (ANVISA) Rest of world.			

Fig. 1. Differentiate between traditional drug development and drug repurposing

Table 1. Important examples for drug repurposing

Drug Name	Category	Action	Repurpose
Aspirin	Analgesic & Antipyretic	Pain killer	Thrombosis
Sildenafil	Phosphodiesterase inhibitor	Erectile dysfunction	Angina pectories
Thalidomide	Sedative	Morning Sickness	Erectile dysfunction
Cyclosporine	Immunosuppressant	Suppress immune response	Antifungal
Itraconazole	Antifungal	Fungal infection	Anticancer
Nelfinavir	Antiviral	Viral infection	Anticancer
Nitroxoline	Antibiotic	Bacterial infection	Anticancer

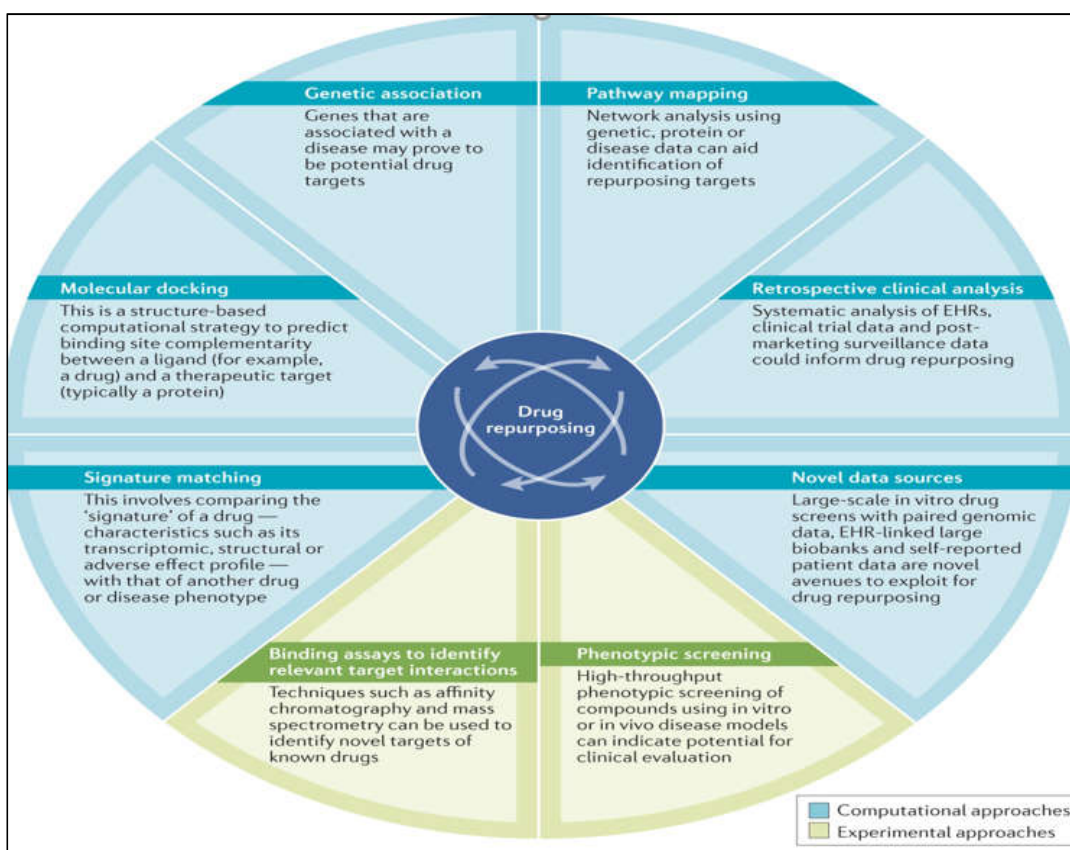


Fig. 2. Drug Repurposing

There are two major steps of traditional research and drug development process:

1. Preclinical drug development.
2. Clinical drug development.

The basically research is developed on the validation of a specific molecular target, new drug identification, new drug optimization, new drug determination [28-34]. The information about biological and toxicological Properties by using in-vitro and in- vivo model.

1. **Preclinical Trial:** It involves determination of pharmacological action of new chemical entity. It is Animal study. After the Preclinical trial on animal drug goes to Investigational New Drug (IND) and then goes to clinical trial.
2. **Clinical Trial:** It can be further subdivided into 4 phases.

Phase I: It is conducted in human volunteers. The sufferance of the new drug candidate is observed. In Phase I safe dosages measuring.

It is Human Pharmacology phase. Up to 100 Healthy Volunteers used for phase I. It required one month time period. In this phase determine the Adverse effect and risk benefit ratio.

Phase II: In this evaluating efficacy and safety for the treatment of a specific disease. It is required for the drug development. It is Therapeutic Exploratory Phase. 100-1000 healthy as well as diseased Volunteers used for phase II. It required Several months for study. In this phase determine the pharmacokinetic data.

Phase III: It provide the toxicological properties and safety study of drug. In this the comparison between the existing standard treatment and new treatment of drug molecule. It is therapeutic Confirmatory phase. More than 1000 Diseased Volunteers used for phase III. It required Several years for study. It is used to comparison between drug under study and standard drug available in market.

After phase III drug goes to New Drug Application (NDA) and after NDA goes to Phase IV.

Phase IV: It is also termed as Pharmacovigilance. In this phase new drug is approved already in market. The long-term evaluation of some parameters is main objective of this phase such as mechanism of action and drawbacks of drug molecule. It is post marketing survey process [35-38]. It is ongoing phase. In this all type of diseased and healthy patient used.

The more investment and more efforts of some molecules achieve the promising results. In Phase II and III clinical stage the main developmental failure is occurs. It is mainly

associated with safety and efficacy of drug. Drug repurposing is simple, rapid process play an important role for rapid drug discovery.

2. CLASSIFICATION

2.1 According to Its Targets

1) On target repurposing: If a mechanism of a drug is known that time finding new indications. If one molecule acts on the same target and they produce two dissimilar therapeutic action.

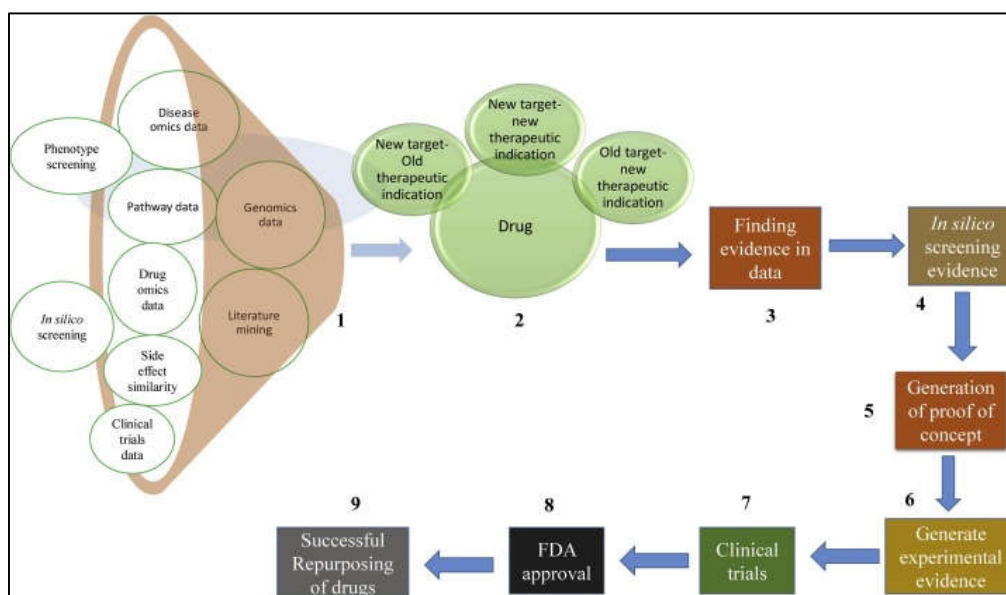


Fig. 3. Process drug repurposing

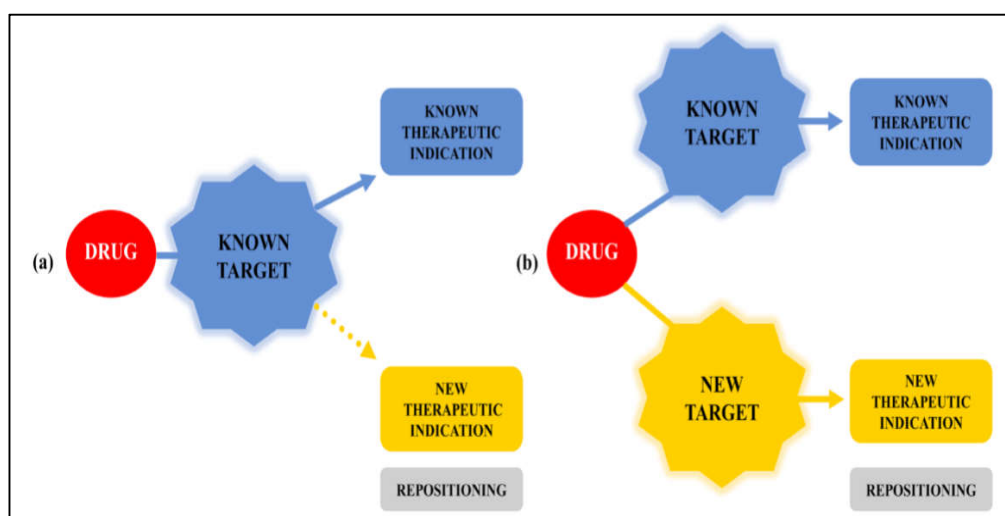


Fig. 4. a) On target repurposing, b) Off target repurposing

2) Off target repurposing: In this studying the chemical structure Finding new indications for a drug. In this repositioning the unknown Pharmacological mechanism. For finding the new therapeutic indications, Drug's act on another new targets, other than its actual use.

2.2 According to the Type of Approaches

- 1) Accidental and systemic approach.
- 2) Accidental approach: If new indication is accidentally discovered for banned or existing drug.
- 3) There are four type drugs can be repurposed by accident approach:
- 4) If the Molecule is used for a different disease.
- 5) It Dependent on the Target: In a disease is under investigation just imagine that a protein's role, but known drug for its own indication is accidently realized. It is affecting this protein molecule.
- 6) In development of a disease if another pathway is found to play a role that time researchers realize the drug molecule is able to increase that pathway or desirable action of drug.
- 7) A drug can be reused due to its side or adverse effects that time this drug adverse effect can be used for the treatment of another disease.

3. DRUG REPURPOSING TYPES

1. Drug Repurposing Based on Activity
2. Drug Repurposing Based on In-silico

3.1 Drug Repurposing Based on Activity

Advantage:

- a) For target and cell- based no limitation for any screening assay
- b) Validation of screening hits is Easy.
- c) At that time of screening the false positive hits rate is lower.

Disadvantage:

- a) It is Time and Labour consuming.
- b) It Require the entire collection of previously existing drugs.
- c) Screening assay development is necessary.

3.2 Drug Repurposing Based on In-silico

Advantage: It is time and Labour efficient process.

- a) The entire collection of existing drugs is not necessary.
- b) The screening assay development is not necessary.

Disadvantage:

- a) For the screening assay of target and cell-based it produces drawbacks.
- b) Require structure information
- c) During screening false positive hits rate is high.

4. NEED OF DRUG REPURPOSING

1. Repurposing with Purpose
2. Repurposing with Strategy
3. Repurposing with Confidence

1. Repurposing with Purpose: The molecule used in drug repurposing is marketed drug discontinued in clinical trial due to reason other than protection concern.

- a) Drug Centric repurposing
- b) Disease centric repurposing

a) **Drug centric repurposing:** The discovering another indication for an existing drug. Pharmaceutical companies focused.

b) **Disease centric repurposing:** Identifying effective drug molecule for a disease.

2. Repurposing with Strategy: In this known safety profile of drugs and clinical trial for alternatives indication are cheaper. It is potentially faster process. It carries less risk than denovo drug discovery and development.

3. Repurposing with Confidence: The current success in drug repurposing has primary results of observed usefulness of repurposing.

Table 2. Subtypes of drug repurposing

Subtypes of drug repurposing	Examples
Prediction of Drug combination in repurposing	For block cancer survival pathways Target Inhibition networks were designed.
Electronic Health Record based drug repurposing	Electronic Health Record Data utilized for off-label drug uses drug repositioning trials and in clinical setting.
Fragment-based drug repurposing	Celecoxib is Nonsteroidal anti-inflammatory drug (NSAIDs) indicated as STAT3 inhibitors.
Genome-based drug repurposing	In drug repositioning it is used to prioritize targets for Data from genome-scale network.
Network-based drug repurposing	The networks of proteins like Knowledge of genes or co-expression networks and graph based or topological analyses. The small molecules evaluation done by this repurposing.
Neural network-based drug repurposing	The sensitivity prediction of chemogenomic drug by Neural network-based.
Off-targeting data driven repurposing	Nelfinavir is Antiretroviral drug. It is repositioned as anticancer molecule. It is based on molecule against Epidermal Growth Factor receptor by off-targeting mechanism.
Pathway based repurposing	It is based on gene expression analysis of human host in multiple respiratory viruses and Pathway based used for Drug targets were identified.
Driven prioritization of Protein-protein interaction repurposing	The pathophysiological mechanisms of syndrome elucidation are based on Protein-network.
Small Protein molecule interactions repurposing	In chemogenomic analyses De-novo target discovery and small Protein molecule interaction.
Drug repurposing based on Structure	Structure based used for the chemogenomic screening and polypharmacology indications are analyzing for drug scaffold refinement.
Systematic drug repurposing	For small cell lung cancer Tricyclic antidepressants were repositioned as inhibitors neuroendocrine tumors.
Text-mining driven drug repurposing	The drug repositioning for common properties of target proteins or drug molecule.
Topic modeling repurposing	Drug labels were analyzed by using Food Drug Administration to find drug pairs for common indications by Topic modeling.

5. METHODOLOGY

It is further classified into three types:

1. Drug-Oriented,
2. Target-Oriented,
3. Disease/Therapy-Oriented

1. Drug-Oriented: In drug-oriented mechanism the structural characteristics, adverse effect, side effect, phenotypic screening of drug molecule is evaluated. In this if the drug compound causes some desirable changes that time particular phenotype screening is used for identifying drugs with biological action in cell or animal [39-48]. It is based on traditional pharmacology. The new uses of drug discovered randomly, especially during the clinical Research and Development trials.

2. Target-Oriented: In target oriented the in vitro and in vivo high-throughput and high-content

screening (HTS/ HCS) of molecule. It is used in In-silico screening of drugs and protein or a biomarker. It is ligand-based screening or molecular docking of drug molecule by drug libraries. The Comparison of drug-oriented methods over the targeted-based methods.

3. Disease/ Therapy oriented: In Drug Repurposing any diseases or treatments if there is more disease information available. In phenotypes diseases for information of how drugs modulate proteomics, genomics, metabolomics or data concerning. e.g., Proper information with possible off-target mechanisms about adverse and side effects [49-52]. In computational the network and pathway analysis methods are applied. It is construction of metabolic pathways, networks of various disease, targets key and recognize various protein molecule related to cell. These methods help to understand pharmacological targets.

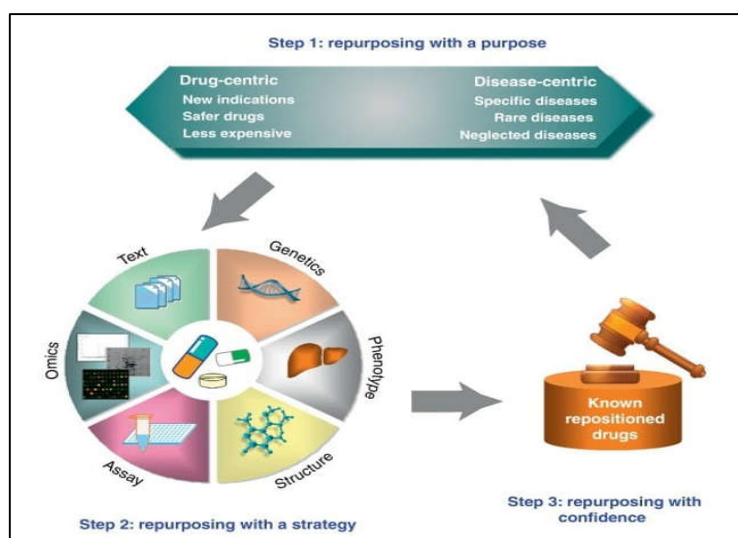


Fig. 5. Need of drug repurposing

6. CONCLUSION

In this review conclude that the knowledge about drug repurposing. The old/banned/existing drug repurposing that has been many advantages in educational and research. It is mostly cost-effective method for repurpose the old drug for new uses. We believe that Insilco approach is the most helpful in drug discovery. The drug repurposing studies must define by research centers, universities and pharmaceutical companies. The new indications for the known drugs are discovered. Traditional or denovo drug development strategies are expensive ventures. Drug re-purposing is powerful tool in drug discovery.

CONSENT

It's not applicable.

ETHICAL APPROVAL

It's not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Barratt MJ, Frail DE. Drug repositioning bringing new life to shelved assets and existing drugs. Hoboken, United States: John Wiley and Sons; 2012.
2. Belomor F, Medina DL, De Leo E, Panatela A, Emma F. High-content drug screening for rare diseases. *J Inherit Metal Dis.* 2017;40(4):601-607.
3. Li YY, Jones SJ. Drug repositioning for personalized medicine. *Genome Med.* 2012;4(3):27-40.
4. Liu Z, Fang H, Reagan K, Xu X, Hendrick DL, Slicker W Jr, Tong W. In silico drug repositioning: what we need to know. *Drug Discov Today.* 2013;18(3-4):110-115.
5. Lombardino JG, Lowe JA. A guide to drug discovery: The role of the medicinal chemist in drug discovery—then and now. *Nat Rev Drug Discov.* 2004;3(10):853-862.
6. Moffatt JG, Vicenta F, Lee JA, Eder J, Pronto M. Opportunities and challenges in phenotypic drug discovery: an industry perspective. *Nat Rev Drug Discov.* 2017;16(8):531-543.
7. Moreira S, Gemayel Z, Karey S, Lamare M. Drug reformulations and repositioning in pharmaceutical industry and its impact on market access: reassessment of

- nomenclature. *Journal of Market Access & Health Policy*. 2013;1:21131.
8. Saraiya A, Biedenbach A, Berlinda A, Eyraud J. Examination of clinical trial costs and barriers for drug development. US Department of health and human services, office of the assistant secretary for planning and evaluation report. 2014;1:1-92.
 9. Yue Y, Yoon Y, Park S. Protein localization vector propagation: a method for improving the accuracy of drug repositioning. *Mol Biosystem*. 2015;11(7):2096-102.
 10. [Internet] Pharmaceutical Research and Manufacturers of America; 2015. http://www.phrma.org/sites/default/files/pdf/2015_phrma_profile.pdf.2015.
 11. [Internet] Drug development process; 2018. Available:<https://www.fda.gov/Drugs/default.htm>.
 12. [Internet] Drug approval process;2018. Available:<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/default.htm>.
 13. Brown AS, Patel CJ. A standard database for drug repositioning. *Sci Data*. 2017;4:170029.
 14. Sardana D, Zhu C, Zhang M, Gudivada RC, Yang L, Jagg AG. Drug repositioning for orphan diseases. *Brief Bio informs*. 2011;12(4):346-356.
 15. Gaul AI, Cruces E. The year's new drugs & biologics, 2010. *Drugs Today (BARC)*. 2011;47(1):27-51.
 16. Quinone CC, Cheikh IE. History of current non-insulin medications for diabetes mellitus. *J Community Hosp Intern Med Percept*. 2012;2(3).
 17. Miguel DC, Yokoyama-Yabunaka JK, Juliana SR. Tamoxifen is effective in the treatment of *Leishmaniaamazonensis* infections in mice. *PLoS Negl Trop Dis*. 2008;2(6): e249.
 18. Moncada S. Adventures in vascular biology: a tale of two mediators. *Philos Trans R Soc Lond B Boil Sci*. 2006;361(1469):735-759.
 19. Ashburn TT, Thor KB. Drug repositioning: identifying and developing new uses for existing drugs. *Nat Rev Drug Discov*. 2004;3(8):673-683.
 20. Boral JF, Kiss ZL. The discovery and development of cyclosporine (Sandimmune). *Transplant Proc*. 1991;23(2):1867-1874.
 21. Shorter E. The history of lithium therapy. *Bipolar Discord*. 2009;11Suppl 2:4-9.
 22. Levine R. Sulfonylureas: background and development of the field. *Diabetes Care*. 1984;7Suppl 1:3-7.
 23. Cha Y, Eres T, Reynolds IJ, Kumar D, Ross J, Kentigern G, et al. Drug repurposing from the perspective of pharmaceutical companies. *Br J Pharmacol*. 2018;175(2):168-180.
 24. Ahmed K, Shaw HV, Kaval A, Catenae VL. A second WNT for old drugs: drug repositioning against Independent cancers. *Cancers (Basel)*. 2016;8(7). pie: E66.
 25. Zou J, Zheng MW, Li G, Su ZG. Advanced systems biology methods in drug discovery and translational biomedicine. *Biomed Res Int*. 2013;2013:742835.
 26. Gonne M. Predicting drug-target interactions from chemical and genomic kernels using Bayesian matrix factorization. *Bioinformatics*. 2012;28:2304-10.
 27. Wu H, Gao L, Dong J, Yang X. Detecting overlapping protein complexes by rough-fuzzy clustering in protein-protein interaction networks. *PLoS ONE*. 2014;9(3): e91856.
 28. Logging W, Rodriguez-Esteban R, Hill J, Freeman T, Migita J. Cheminformatic/bioinformatic analysis of large corporate databases: Application to drug repurposing. *Drug Discov Today Ther Strategy*. 2011;8(3):109-116.
 29. Haddadi NS, Stashed S, Shakib S, Afsharid K, Rahimi N, Fortran A, et al. Pharmacological evidence of involvement of nitric oxide pathway in anti-pruritic effects of sumatriptan in chloroquine-induced scratching in mice. *Fund am Clin Pharmacol*. 2018;32(1):69-76.
 30. Alex A, Harris CJ, Smith DA. Attrition in the pharmaceutical industry: Reasons, Implications, and Pathways Forward. Hoboken, United States: John Wiley and Sons; 2016.
 31. Larakia M. Open-source approaches for the repurposing of existing or failed candidate drugs: learning from and applying the lessons across diseases. *Drug Des Devil Ther*. 2013;7:753-766.
 32. Arrowsmith J. Trial watch: Phase II failures: 2008–2010. *Nat Rev Drug Discov*. 2011a;10(5):328-329.
 33. Arrowsmith J. Trial watch: Phase III and submission failures: 2007–2010. *Nat Rev Drug Discov*. 2011b;10(2):87.

34. Augustine EF, Adams HR, Mink JW. Clinical trials in rare disease: Challenges and opportunities. *J Child Neurol.* 2013;28(9):1142-1150.
35. Benson DA, Cavanaugh M, Clark K, Kirsch-Mizrachi I, Lipman DJ, Estell J, et al. GenBank. *Nucleic Acids Res.* 2012;41:36-42.
36. Opera TI, Overington JP. Computational and practical aspects of drug repositioning. *Assay Drug Dev Technol.* 2015;13:299-306.
37. Napolitano F, Zhao Y, Moreira VM, et al. Drug repositioning: a machine-learning approach through data integration. *J Cheminform.* 2013;5:30.
38. Lutfi Shahrazad M, Ghaderi N, Mousavi SR, Verzosa J, Green JR. A review of network-based approaches to drug repositioning. *Brief Bioinformatics;* 2017.
39. Deodars PP1, Jain AS1, Bailee MB, et al. Drug repositioning: a review. *Int J Pharma Res Rev.* 2015;4:51-58.
40. Ashburn TT, Thor KB. Drug repositioning: identifying and developing new uses for existing drugs. *Nat Rev Drug Discov.* 2004;3:673-83.
41. Wishart DS, Knox C, Guo AC, et al. Drug Bank: a comprehensive resource for in silico drug discovery and exploration. *Nucleic Acids Res.* 2006;34:668-72.
42. Seiler KP, George GA, Hap MP, et al. ChEBI: a small-molecule screening and cheminformatics resource database. *Nucleic Acids Res.* 2008; 36:351-9.
43. Hamish A, Scott AF, Bamberger JS, Boschini CA, McKissick VA. Online Mendelian Inheritance in Man (OMIM), a knowledgebase of human genes and genetic disorders. *Nucleic Acids Res.* 2005;33:D514-7.
44. Ogata H, Got S, Sato K, Fibich W, Bono H, Kaneria M. KEGG: Kyoto Encyclopaedia of Genes and Genomes. *Nucleic Acids Res.* 1999;27:29-34.
45. [Internet]PubMed: US National Library of Medicine National Institutes of Health; 2021. Available: <https://www.ncbi.nlm.nih.gov/pubmed/>
46. Mews HW, Hani J, Pfeiffer F, Freshman D. MIPS: a database for protein sequences and complete genomes. *Nucleic Acids Res.* 1998;26:33-7.
47. Bernstein FC, Kettle TF, Williams GJ, et al. The Protein Data Bank: a computer-based archival file for macromolecular structures. *J Mol Biol.* 1977;112:535-42.
48. Barrett T, Wilhite SE, Ledoux P, et al. NCBI GEO: Archive for functional genomics data sets--update. *Nucleic Acids Res.* 2013;41:D991-5.
49. Yu L, Huang J, Ma Z, Zhang J, Zou Y, Gao L. Inferring drug-disease associations based on known protein complexes. *BMC Med Genomics.* 2015;8(Suppl 2):S2.
50. Wu C, Gudivada RC, Gronow BJ, Jagg AG. Computational drug repositioning through heterogeneous network clustering. *BMC Syst Biol.* 2013;7(Suppl 5):S6.
51. Sublet L, Bajer M. Unfolding communities in large complex networks: combining defensive and offensive label propagation for core extraction. *Phys Rev E Stat Nonlin Soft Matter Phys.* 2011;83:036103.
52. Luo H, Wang J, Li M, et al. Drug repositioning based on comprehensive similarity measures and Bi-Random walk algorithm. *Bioinformatics.* 2016;32:2664-71.

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