

*Supplementary Materials*

# Physiologically Based Pharmacokinetic Modeling to Describe the CYP2D6 Activity Score-Dependent Metabolism of Paroxetine, Atomoxetine and Risperidone

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# S1 Methods (Addendum)

## S1.1 Virtual Individuals

The PBPK model was built based on data from healthy individuals, using the reported sex, ethnicity and mean values for age, weight and height from each study protocol. If no demographic information was provided, the following default values were substituted: male, European, 30 years of age, 73 kg body weight and 176 cm body height (characteristics from the PK-Sim® population database [34, 48, 50]. CYP2D6 was implemented in accordance with literature, using the PK-Sim® expression database to define their relative expression in the different organs of the body [37]. Details on the implementation of CYP2D6 are summarized in Section S1.3.

## S1.2 Virtual Populations

For population simulations, virtual populations of 1000 individuals were created based on the population characteristics stated in the respective publication. If no information was provided in the publication, populations based on European male individuals aged 20–50 years were assumed. Metrics were generated (depending on ethnicity) from one of the following databases; American: NHANES [34] database, Asian: Tanaka model [48], European: ICRP database [50]. In the generated virtual populations, system-dependent parameters such as weight, height, organ volumes, blood flow rates, tissue compositions, etc. were varied by the implemented algorithm in PK-Sim® within the limits of the databases listed above [34, 48, 50]. Since study populations were grouped by their AS or phenotype, no variability in CYP2D6 reference concentrations was assumed for population simulations. Reference concentrations of implemented proteins as well as the relative expression are provided in Section S1.3.

### S1.3 System-Dependent Parameters

**Table S1.3.1:** System-dependent parameters

	Reference concentration			Localization	Half-life	
	Mean <sup>†</sup>	GSD <sup>*</sup>	Relative expression <sup>a</sup>		Liver [h]	Intestine [h]
<b>Enzymes</b>						
CYP2C19	0.76 [41]	1.79 [37]	RT-PCR [37]	Intracellular	26 [37]	23 [37]
CYP2D6	0.40 [41]	0 <sup>b</sup>	RT-PCR [37]	Intracellular	51 [37]	23 [37]
CYP3A4	4.32 [41]	1.18 [37]	RT-PCR [37]	Intracellular	36 [42]	23 [13]
<b>Transporters</b>						
P-gp	1.41[15]	1.60 [38]	RT-PCR [35]	Apical (Efflux)	36 [37]	23 [37]

<sup>†</sup>: μmol protein/l in the tissue of highest expression, <sup>\*</sup>: Geometric standard deviation of the reference concentration, <sup>a</sup>: In the different organs (PK-Sim expression database profile),

<sup>b</sup>: Variability for Cytochrome P450 2D6 (CYP2D6) was set to 0, as study populations were stratified by CYP2D6 activity,

### S1.4 PBPK Model Sensitivity Analysis

Sensitivity of the final models to single parameter changes (local sensitivity analysis) was calculated as relative change of the AUC<sub>0–24 h</sub>. Sensitivity analysis was carried out using a relative perturbation of 1000% (variation range 10.0, maximum number of 9 steps). Parameters were included into the analysis if they have been optimized, if they are associated with optimized parameters or if they might have a strong impact due to calculation methods used in the model. Sensitivity to a parameter was calculated as the ratio of the relative change of the simulated area under the plasma concentration-time curve (AUC) from the time of the drug administration extrapolated to infinity (AUC<sub>0–inf</sub>) to the relative variation of the parameter according to Eq. S1:

$$S = \frac{\Delta AUC_{0--inf}}{\Delta p} \times \frac{p}{AUC_{0--inf}} \quad (\text{S1})$$

where  $S$  = sensitivity of the  $AUC_{0–24 h}$  to the examined model parameter,  $\Delta AUC_{0--inf}$  = change of the  $AUC_{0–inf}$ ,  $AUC_{0–24 h}$  = simulated  $AUC_{0–inf}$  with the original parameter value,  $\Delta p$  = change of the examined parameter value,  $p$  = original parameter value.

A sensitivity of +0.5 signifies that a 100% increase of the examined parameter value causes a 50% increase of the simulated  $AUC_{0–24 h}$ .

## S2 Paroxetine

### S2.1 Paroxetine PBPK Base Model Building

#### S2.1.1 Paroxetine Drug-Dependent Parameters

**Table S2.1.1:** Drug-dependent parameters for the final paroxetine PBPK model

Parameter	Unit	Value	Source	Literature	Reference
MW	g/mol	329.37	Literature	329.37	[57]
pKa (base)	-	9.90	Literature	9.90	[1]
Solubility (pH 4.5)	mg/mL	7.31	Literature	7.31	[20]
logP	-	3.95	Literature	3.95	[1]
f <sub>u</sub>	%	5.00	Literature	5.00	[19]
CYP3A4 K <sub>M</sub>	μmol/L	4.70	Literature	4.70 <sup>†</sup>	[17]
CYP3A4 k <sub>cat</sub>	1/min	1.01	Optimized	5.32	[17]
CYP2D6 K <sub>M</sub>	μmol/L	0.03	Literature	0.03 <sup>†</sup>	[17]
CYP2D6 k <sub>cat</sub> <sup>EM</sup>	1/min	1.37	Optimized	9.70	[17]
CYP2D6 k <sub>cat</sub> <sup>PM</sup>	1/min	0.00	Assumed	-	[17]
Unspecific CL <sub>hep</sub>	1/min	1.37	Optimized	-	[17]
CYP2D6 K <sub>i</sub>	μmol/L	0.17	Optimized	0.32	[52]
CYP2D6 k <sub>inact</sub>	1/min	0.17	Literature	0.17	[52]
CYP3A4 K <sub>i</sub>	μmol/L	4.48	Literature	4.48 <sup>†</sup>	[5]
CYP3A4 k <sub>inact</sub>	1/min	0.01	Literature	0.01	[5]
GFR fraction	-	1.00	Assumed	-	-
CR Weibull shape	-	7.17	Optimized	-	-
CR Weibull time	min	276.35	Optimized	-	[9, 21]
Partition coefficients	-	Diverse	Calculated	R&R	[40]
Cellular permeabilities	cm/min	0.28	Calculated	PK-Sim	[18]
Specific intestinal perm.	cm/min	3.93E-05	Calculated	4.89E-04	[18]

-: not given, <sup>†</sup>: in vitro values corrected for binding in the assay f<sub>u,mic</sub> calculated according to [2].

## S2.1.2 Paroxetine Clinical Studies

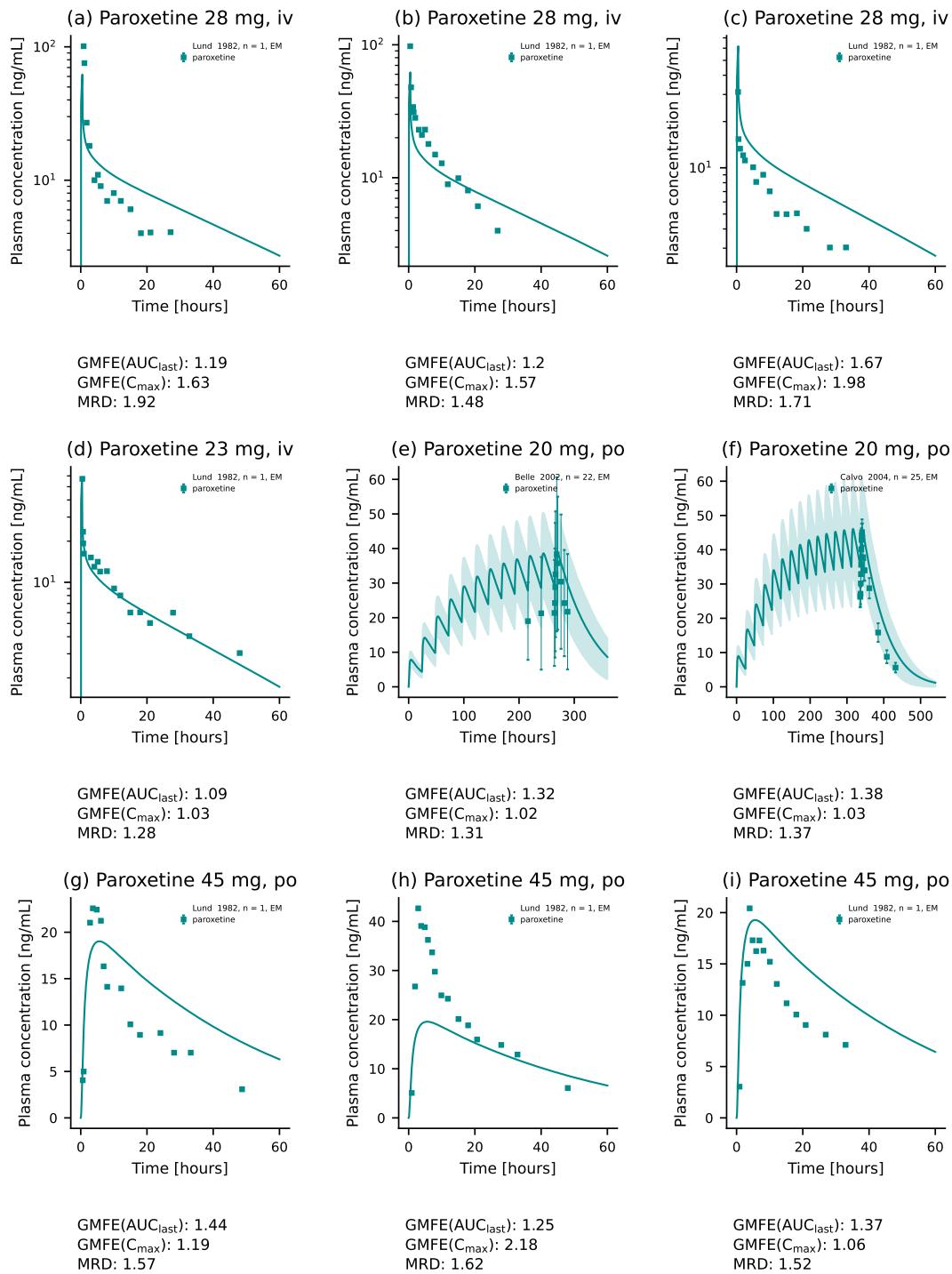
**Table S2.1.2:** Paroxetine study table

Route	Dose [mg]	n	Females [%]	Age [years]	Weight [kg]	CYP2D6 activity	Dataset	References
<b>PBPK base model building and evaluation</b>								
iv (inf, sd)	28	1	0	28	75	-	training	Lund 1982 [25]
iv (inf, sd)	28	1	0	24	66	-	training	Lund 1982 [25]
iv (inf, sd)	28	1	0	26	88	-	training	Lund 1982 [25]
iv (inf, sd)	23	1	0	29	72	-	training	Lund 1982 [25]
po (tab, qd)	20	22	23	38 (20-49)	-	g-EM	training	Belle 2002 [3]
po (-, qd)	20	25	64	26	64	-	test	Calvo 2004 [8]
po (po, sd)	45	1	0	28	75	-	training	Lund 1982 [25]
po (po, sd)	45	1	0	24	66	-	training	Lund 1982 [25]
po (po, sd)	45	1	0	26	88	-	training	Lund 1982 [25]
po (po, sd)	45	1	0	29	72	-	training	Lund 1982 [25]
po (tab, sd)	20	28	0	28 (18-42)	72 (57-87)	-	training	Massaroti 2005 [29]
po (-, sd)	70	5	0	31 (22-44)	-	-	test	McClelland 1984 [30]
po (-, qd)	20	14	14	34 (19-55)	75	-	test	Schoedel 2012 [44]
po (tab, qd)	20	7	0	23	65	p-EM	test	Segura 2005 [45]
po (tab, qd)	20	26	69	44 (18-64)	69 (51-89)	g-EM	test	van der Lee 2007 [51]
po (-, sd)	20	12	25	25 (20-35)	58 (46-75)	AS = 1.25*	test	Yasui-Furukori 2006 [54]
po (-, sd)	20	13	23	24 (21-35)	57 (45-67)	-	test	Yasui-Furukori 2007 [53]
<b>DGI model building and evaluation</b>								
po (CR, sd)	25	4	25	26 (19-45)	64	AS = 0.5*	test	Chen 2015 [9]
po (CR, sd)	25	11	45	26 (19-45)	61	AS = 1.0*	test	Chen 2015 [9]
po (CR, sd)	25	5	60	22 (19-45)	58	AS = 1.5*	test	Chen 2015 [9]
po (CR, sd)	25	4	25	28 (19-45)	61	AS = 2*	test	Chen 2015 [9]
po (tab, sd)	40	3	100	25 (22-26)	62 (50-70)	AS = 0*	test	Mürdter 2016 [12, 16, 31]
po (tab, sd)	40	4	100	24 (21-20)	59 (56-64)	AS = 0.5*	test	Mürdter 2016 [12, 16, 31]
po (tab, sd)	40	1	100	25	68	AS = 0.75*	test	Mürdter 2016 [12, 16, 31]
po (tab, sd)	40	2	100	26 (23-28)	67 (64-74)	AS = 1*	test	Mürdter 2016 [12, 16, 31]
po (tab, sd)	40	3	100	32 (26-43)	57 (48-64)	AS = 2*	training	Mürdter 2016 [12, 16, 31]
po (tab, sd)	40	3	100	26 (22-28)	62 (54-73)	AS = 3*	test	Mürdter 2016 [12, 16, 31]
po (tab, qd)	30	8	0	27 (23-39)	82 (68-95)	p-PM	training	Sindrup 1992 [46]
po (tab, qd)	30	9	0	24 (20-30)	73 (65-81)	p-EM	training	Sindrup 1992 [46]
po (tab, sd)	40	1	100	21	58	AS = 0*	test	Yoon 2000 [55]
po (tab, sd)	40	3	0	22	68	AS = 0.5*	test	Yoon 2000 [55]
po (tab, sd)	40	6	0	22	67	AS = 1.25*	test	Yoon 2000 [55]
po (tab, sd)	40	6	17	23	59	AS = 2*	training	Yoon 2000 [55]

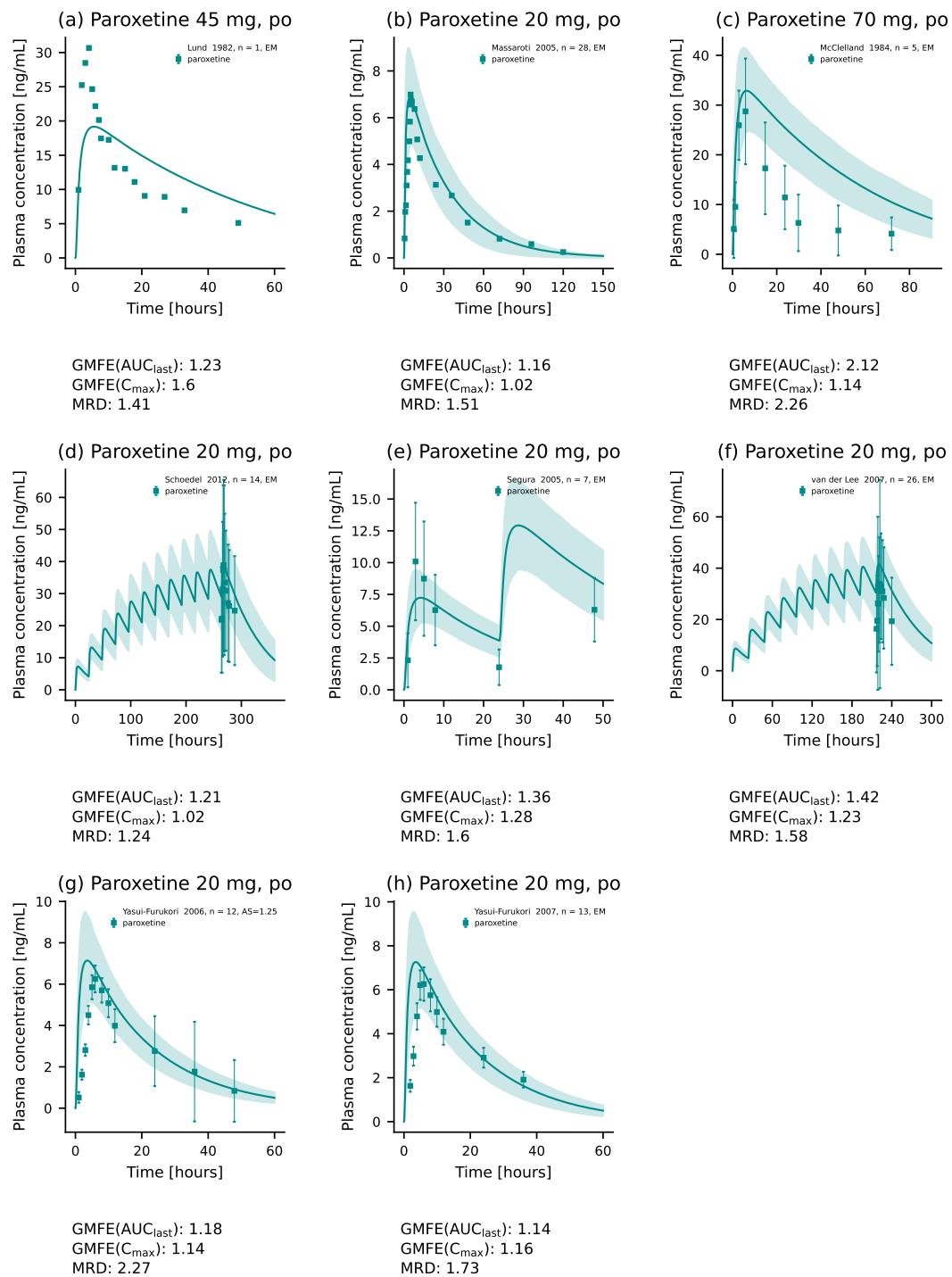
-: not given, \*: full genotype provided in publication.

## S2.2 Paroxetine PBPK Base Model Evaluation

### S2.2.1 Plasma Concentration-Time Profiles

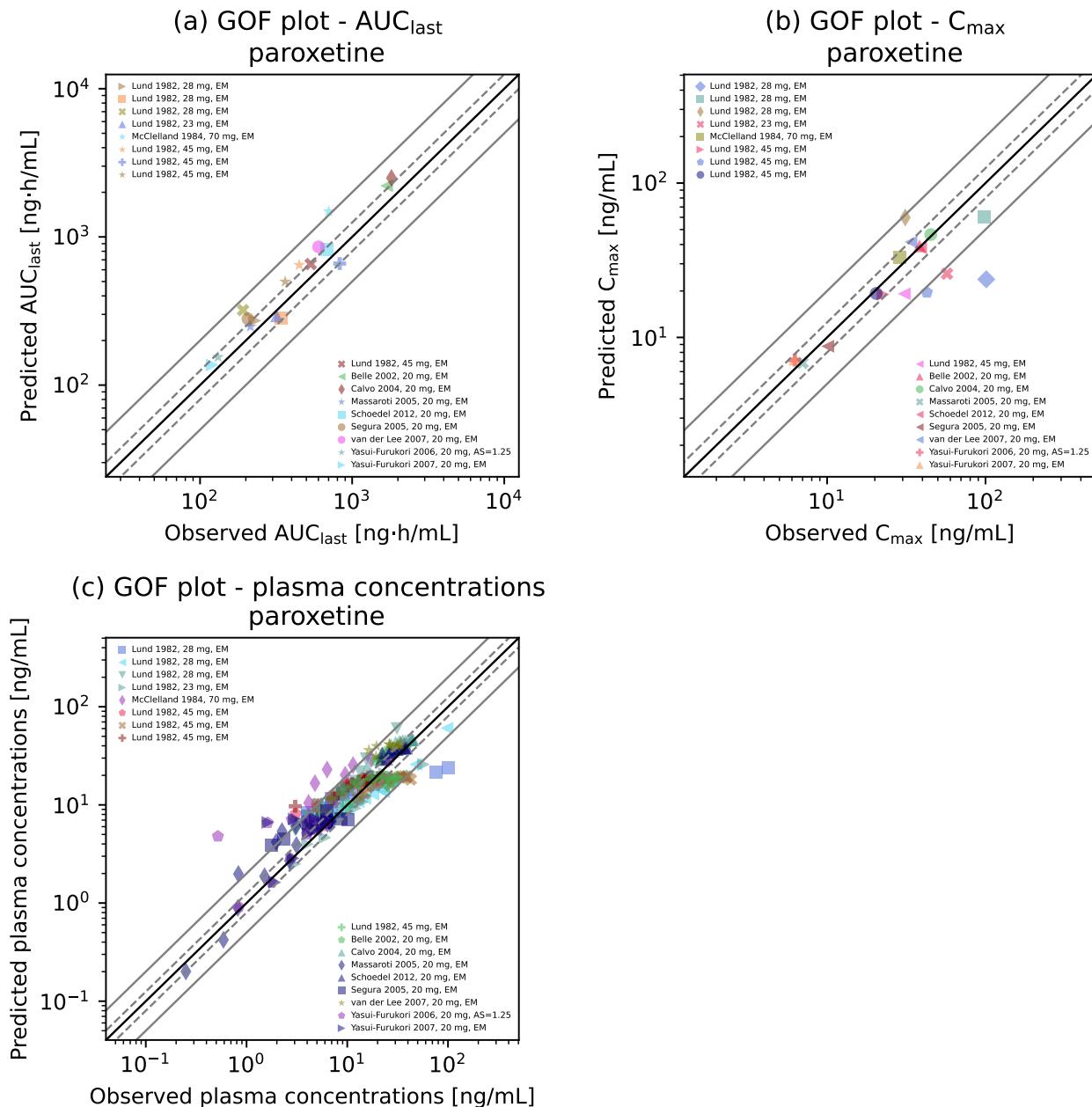


**Figure S2.2.1:** Paroxetine plasma concentration-time profiles. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Individual predictions ( $n=1$ ) are shown as lines. Symbols represent the corresponding observed data  $\pm$  SD if provided.



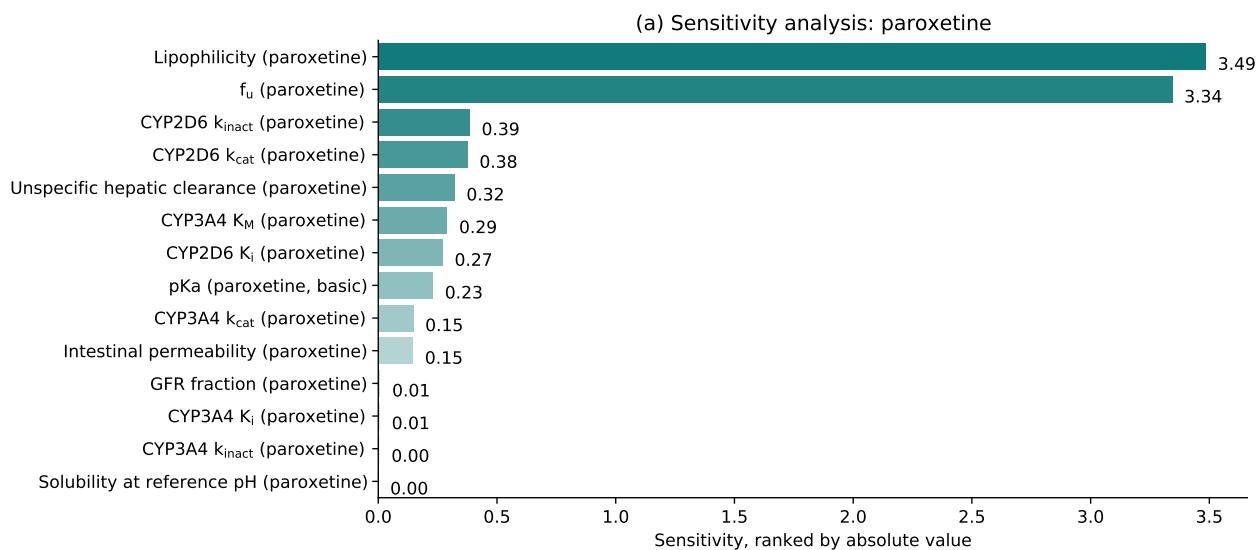
**Figure S2.2.2:** Paroxetine plasma concentration-time profiles. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Individual predictions ( $n=1$ ) are shown as lines. Symbols represent the corresponding observed data  $\pm$  SD if provided.

## S2.2.2 Goodness-of-Fit Plots



**Figure S2.2.3:** Goodness of fit plots. Predicted versus observed (a)  $AUC_{last}$ , (b)  $C_{max}$  and (c) plasma concentration values for all studies. The solid black line marks the line of identity, the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.

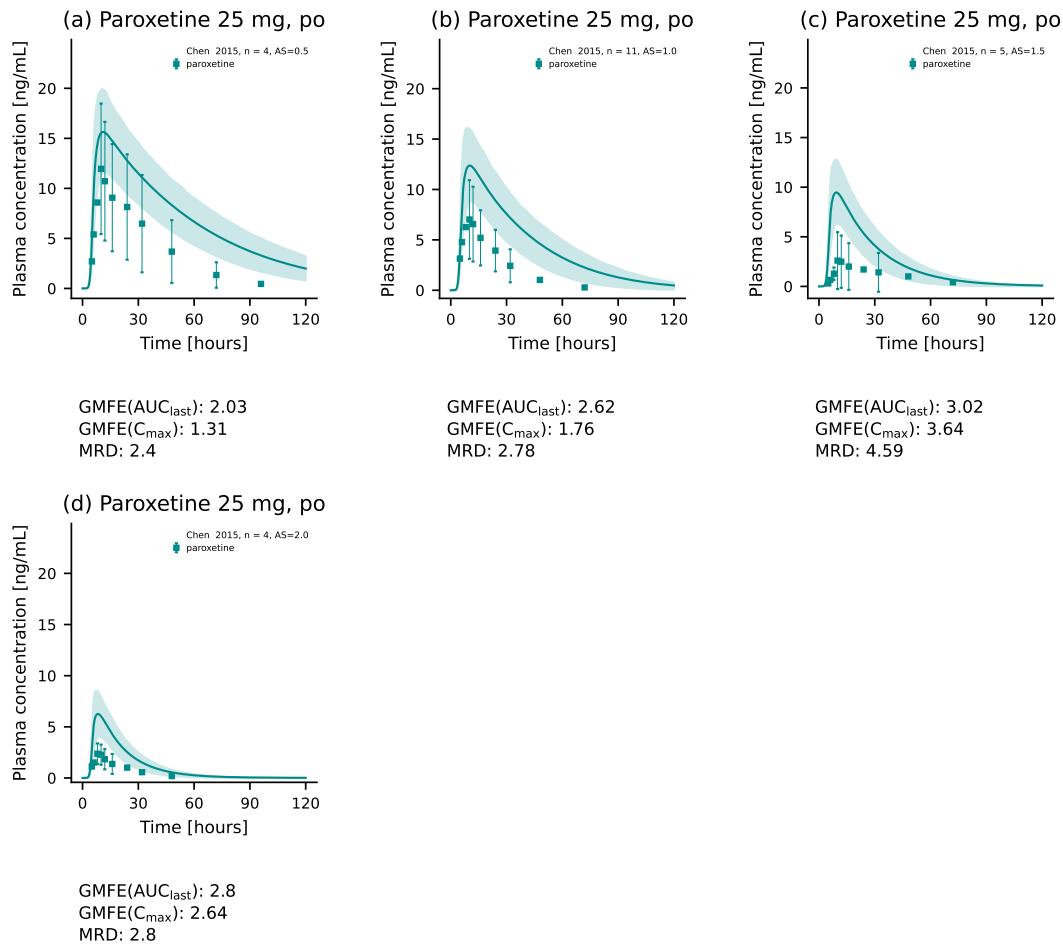
### S2.2.3 Sensitivity Analysis



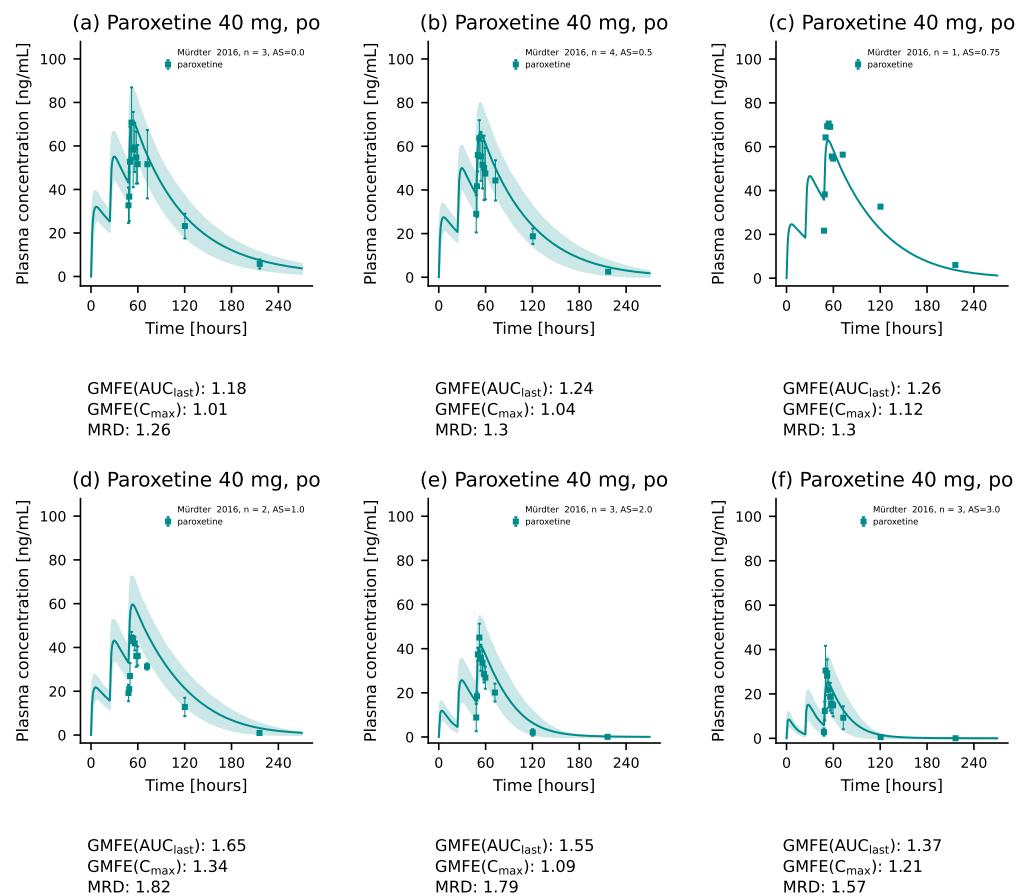
**Figure S2.2.4:** Sensitivity analysis of the paroxetine model. Sensitivity of the model to single parameters, determined as change of the simulated AUC from time of the administration extrapolated to infinity of a single oral administration of 20 mg paroxetine hydrochloride.

## S2.3 Paroxetine DGI Model Evaluation

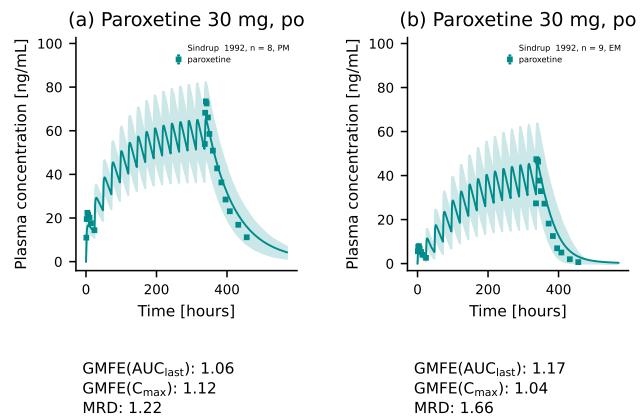
### S2.3.1 Plasma Concentration-Time Profiles



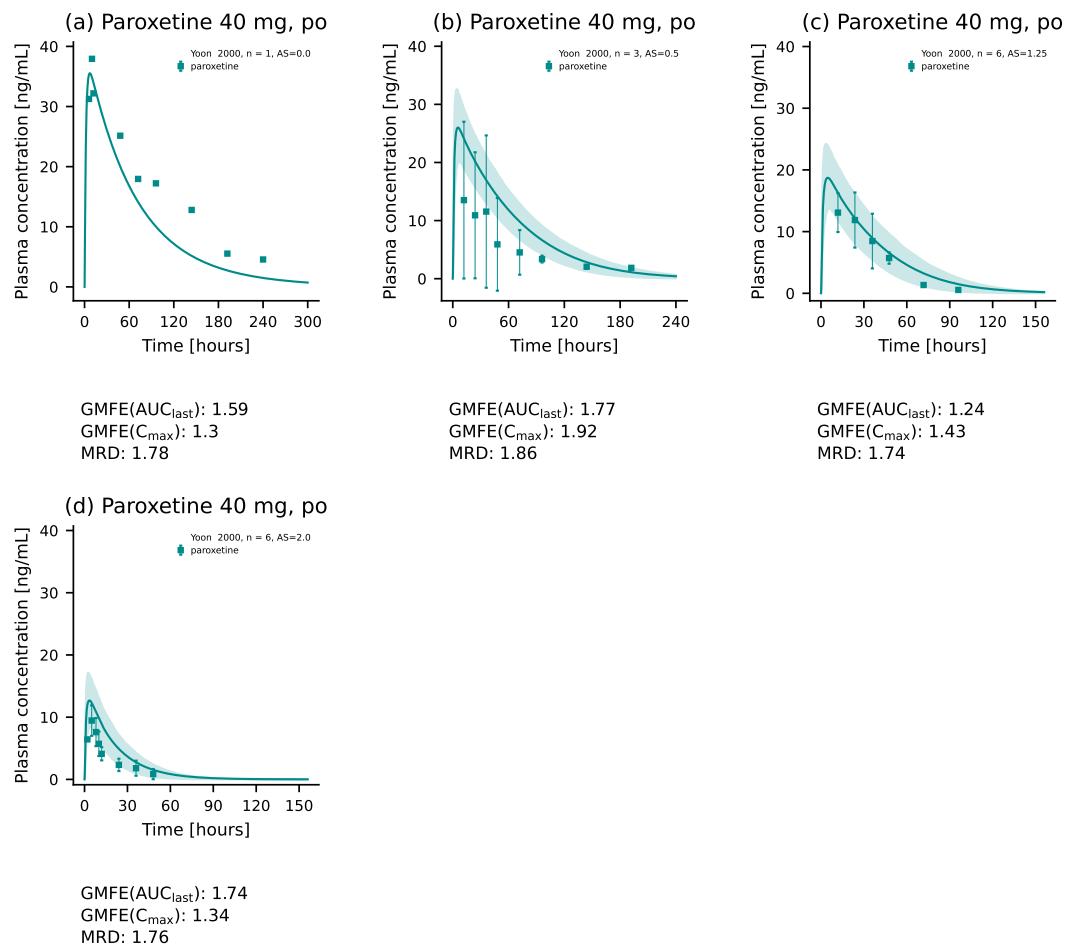
**Figure S2.3.5:** Paroxetine plasma concentration-time profiles [9]. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Symbols represent the corresponding observed data  $\pm$  SD if provided.



**Figure S2.3.6:** Paroxetine plasma concentration-time profiles [12]. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Individual predictions ( $n=1$ ) are shown as lines. Symbols represent the corresponding observed data  $\pm$  SD if provided.

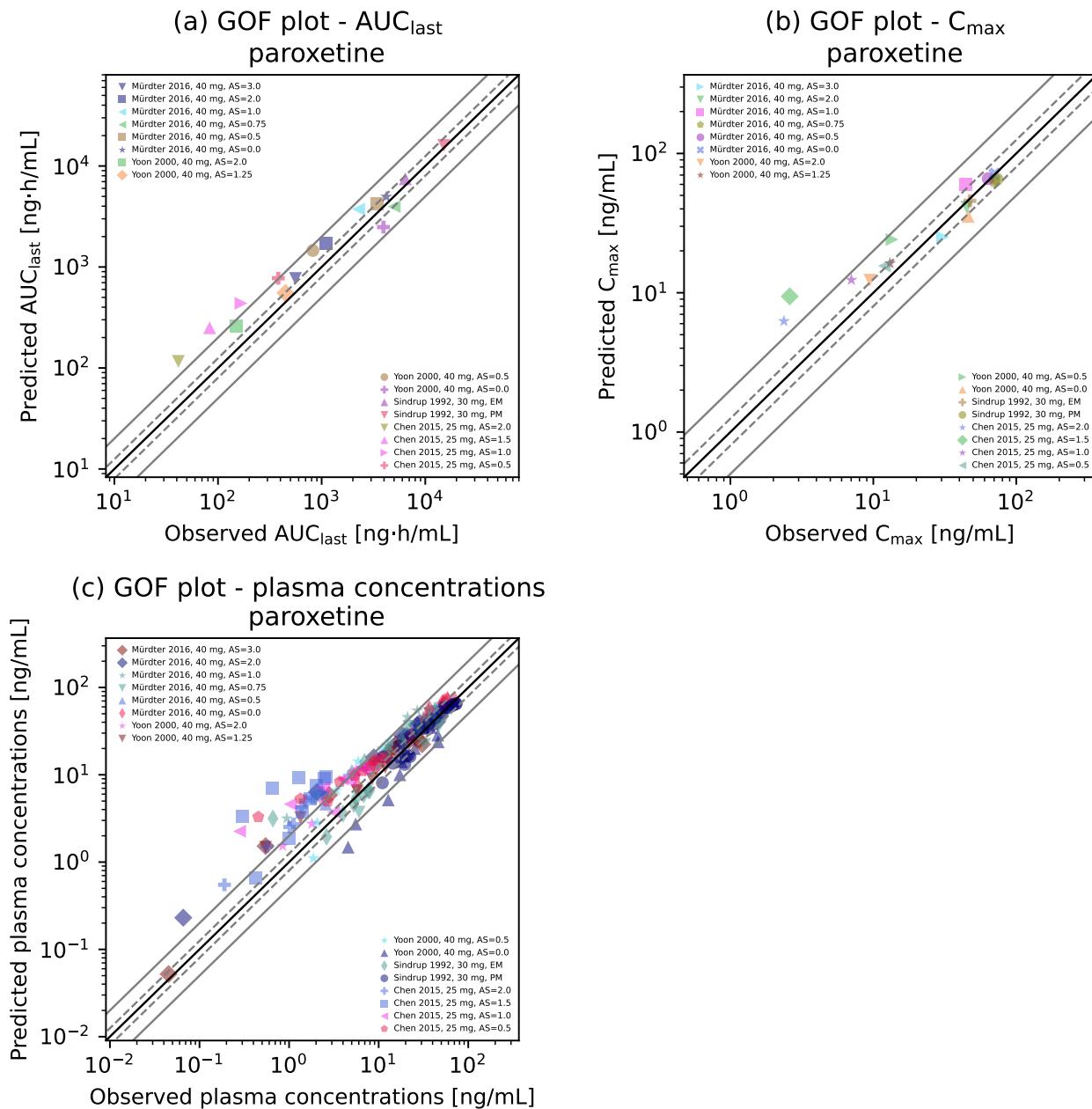


**Figure S2.3.7:** Paroxetine plasma concentration-time profiles [46]. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Symbols represent the corresponding observed data  $\pm$  SD if provided.



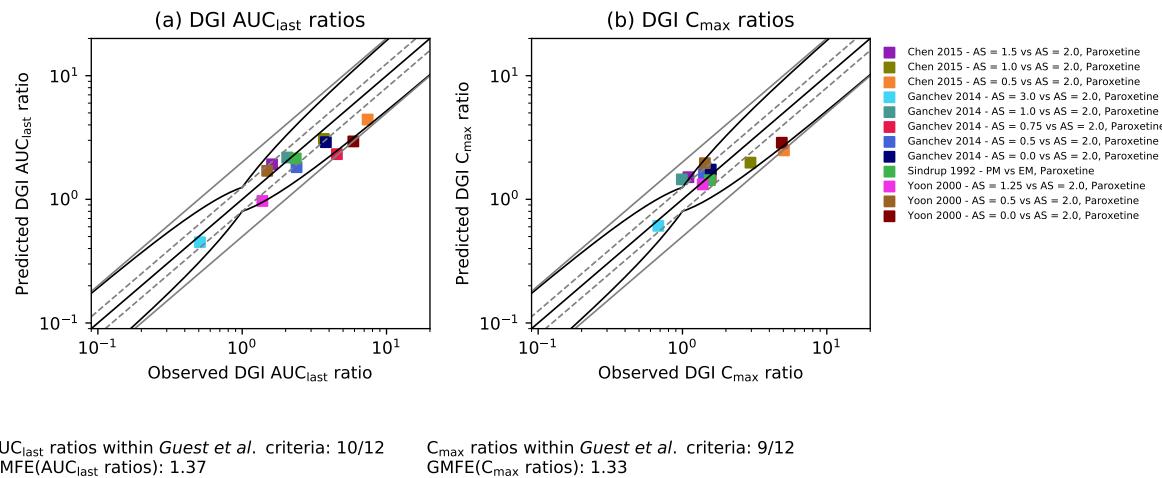
**Figure S2.3.8:** Paroxetine plasma concentration-time profiles [55]. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Individual predictions ( $n=1$ ) are shown as lines. Symbols represent the corresponding observed data  $\pm$  SD if provided.

### S2.3.2 Goodness-of-Fit Plots



**Figure S2.3.9:** Goodness of fit plots. Predicted versus observed (a)  $AUC_{last}$ , (b)  $C_{max}$  and (c) plasma concentration values for all DGI studies. The solid black line marks the line of identity, the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.

### S2.3.3 DGI Ratios



**Figure S2.3.10:** DGI ratio plot. Predicted versus observed (a) DGI  $AUC_{last}$  and (b)  $C_{max}$  ratios for all DGI studies. The solid straight black line marks the line of identity, the solid curved black line shows the prediction success limits proposed by Guest et al. [14], the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.

## S3 Atomoxetine

### S3.1 Atomoxetine PBPK Base Model Building

#### S3.1.1 Drug-dependent Parameters

**Table S3.1.1:** Drug-dependent parameters for the final atomoxetine PBPK model

Parameter	Unit	Value	Source	Literature	Reference
MW	g/mol	255.35	Literature	255.35	[57]
pKa (base)	-	9.80	Literature	9.80	[47]
Solubility (pH 7.4)	mg/mL	10.29	Literature	10.29	[47]
logP	-	3.49	Optimized	3.81	[47]
f <sub>u</sub>	%	1.30	Literature	1.30	[56]
CYP2C19 K <sub>M</sub>	μmol/L	83.00	Literature	83.00	[39]
CYP2C19 k <sub>cat</sub>	1/min	165.23	Optimized	5.11	[39]
CYP2D6 K <sub>M</sub>	μmol/L	2.30	Literature	2.30	[39]
CYP2D6 k <sub>cat</sub> <sup>EM</sup>	1/min	37.44	Optimized	11.50	[39]
CYP2D6 k <sub>cat</sub> <sup>PM</sup>	1/min	0.00	Assumed	-	[39]
GFR fraction	-	1.00	Assumed	-	-
EHC continuous fraction	-	1.00	Assumed	-	-
Partition coefficients	-	Diverse	Calculated	Be	[4]
Cellular permeabilities	-	0.32	Calculated	PK-Sim	[18]
Specific intestinal perm.	cm/min	5.23E-5	Optimized	7.23E-04	[18]

-: not given, perm.: permeability.

### S3.1.2 Clinical studies

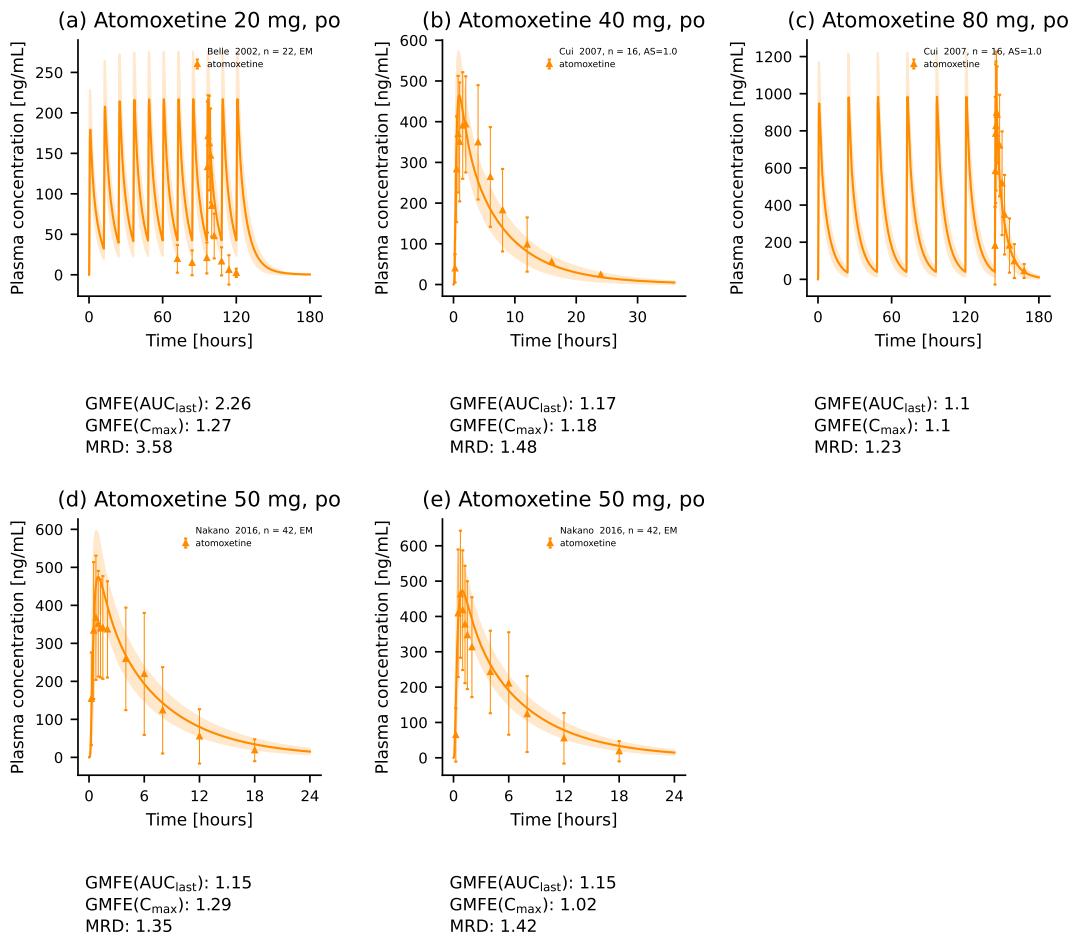
**Table S3.1.2:** Atomoxetine study table

Route	Dose [mg]	n	Females [%]	Age [years]	Weight [kg]	CYP2D6 activity	Dataset	References
<b>PBPK base model building and evaluation</b>								
po (tab, qd)	20	22	23	38 (20-49)	-	g-EM	test	Belle 2002 [3]
po (cap, sd)	40	16	33	(20-29)	(53-72)	AS = 1*	test	Cui 2007 [10]
po (cap, qd)	80	16	33	(20-29)	(53-72)	AS = 1*	test	Cui 2007 [10]
po (sol, sd)	50	42	0	23 (20-37)	62 (52-76)	g-EM	training	Nakano 2016 [33]
po (cap, sd)	50	42	0	23 (20-37)	62 (52-76)	g-EM	training	Nakano 2016 [33]
<b>DGI model building and evaluation</b>								
po (cap, sd)	40	18	0	23	68	AS = 0.5*	test	Byeon 2015 [7]
po (cap, sd)	40	22	0	23	65	AS = 1.25*	test	Byeon 2015 [7]
po (cap, sd)	40	22	0	23	67	AS = 2*	training	Byeon 2015 [7]
po (cap, sd)	20	8	0	(19-25)	(52-72)	AS = 0.5*	test	Kim 2018 [23]
po (cap, sd)	20	11	0	(19-25)	(49-73)	AS = 2*	training	Kim 2018 [23]
po (cap, qd)	20	3	0	35 (19-49)	-	g-PM	training	Sauer 2003 [43]
po (cap, qd)	20	4	0	45 (38-54)	-	g-EM	training	Sauer 2003 [43]
po (cap, sd)	40	12	0	(18-55)	-	g-PM	test	Todor 2016 [49]
po (cap, sd)	40	18	0	(18-55)	-	g-EM	test	Todor 2016 [49]

-: not given, \*: full genotype provided in publication.

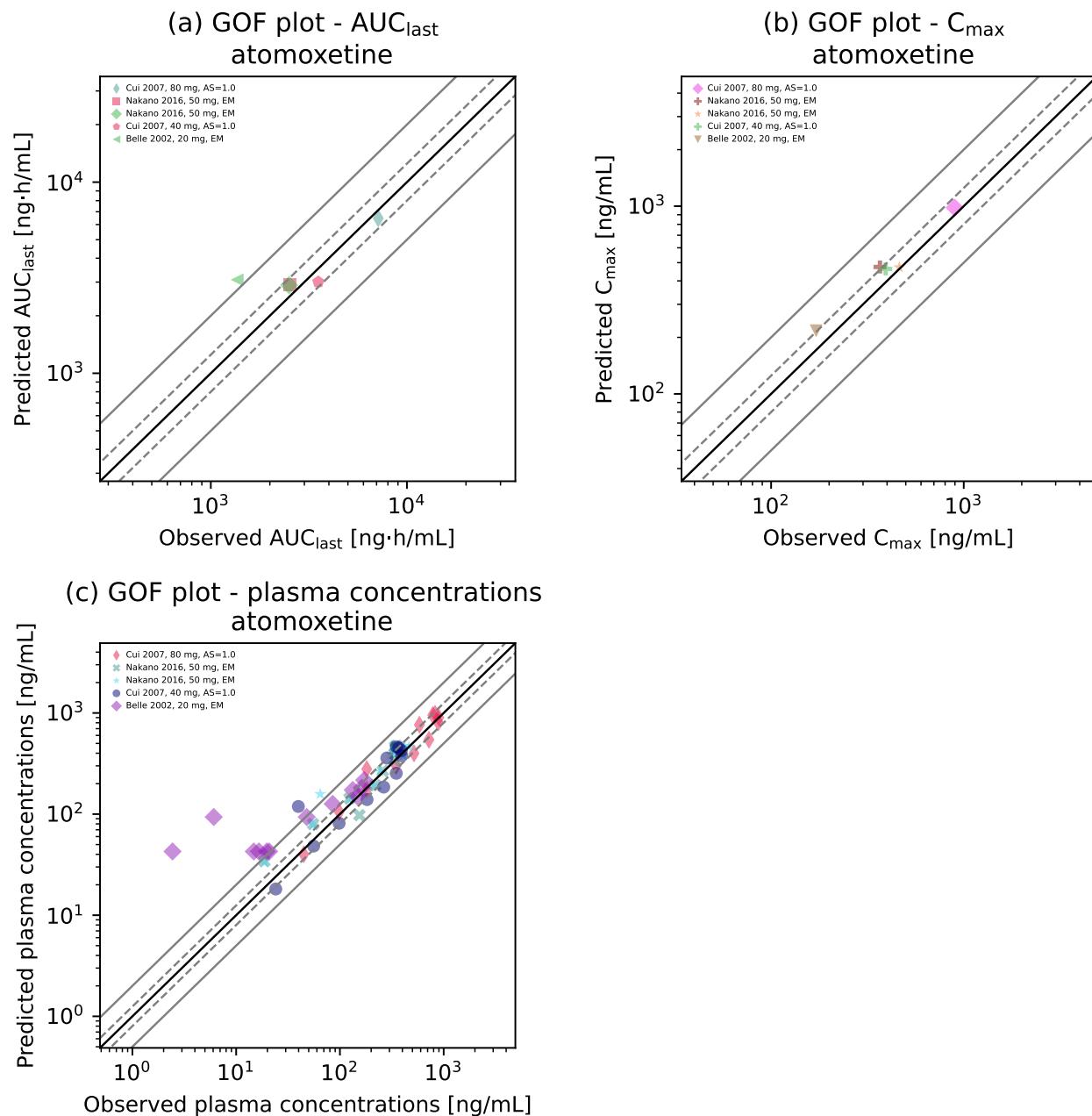
## S3.2 Atomoxetine PBPK Base Model Evaluation

### S3.2.1 Plasma Concentration-Time Profiles



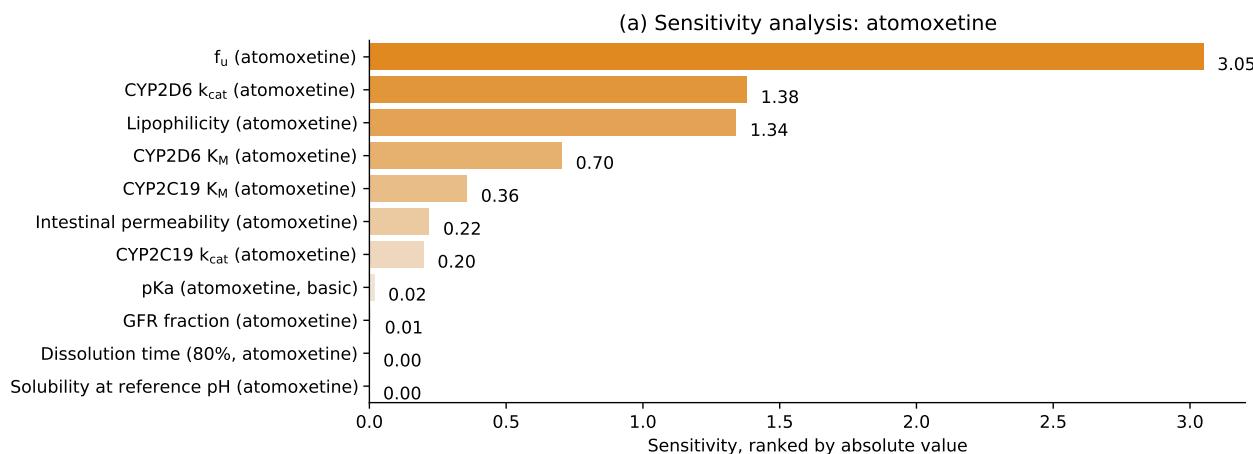
**Figure S3.2.1:** Atomoxetine plasma concentration-time profiles. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  standard deviation (SD)). Symbols represent the corresponding observed data  $\pm$  SD if provided.

### S3.2.2 Goodness-of-Fit Plots



**Figure S3.2.2:** Goodness of fit plots. Predicted versus observed (a)  $AUC_{last}$ , (b)  $C_{max}$  and (c) plasma concentration values for all studies. The solid black line marks the line of identity, the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.

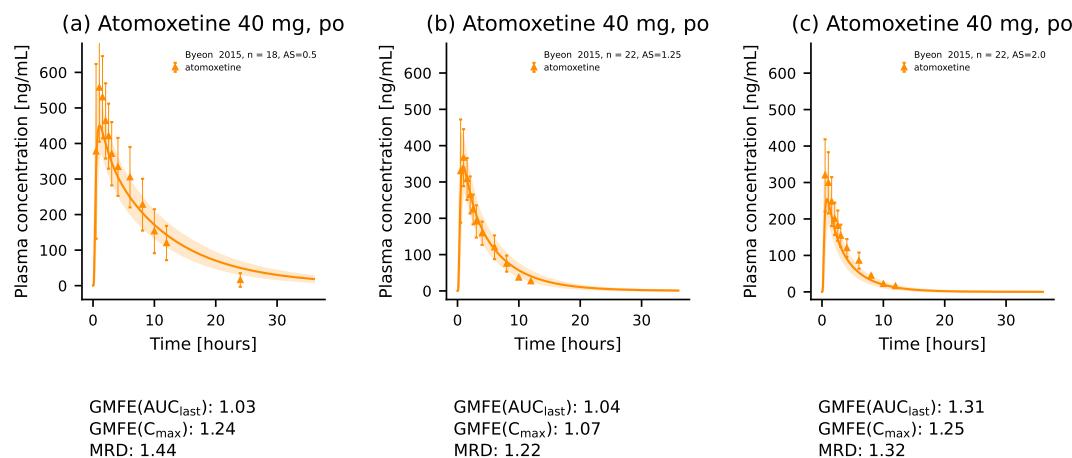
### S3.2.3 Sensitivity Analysis



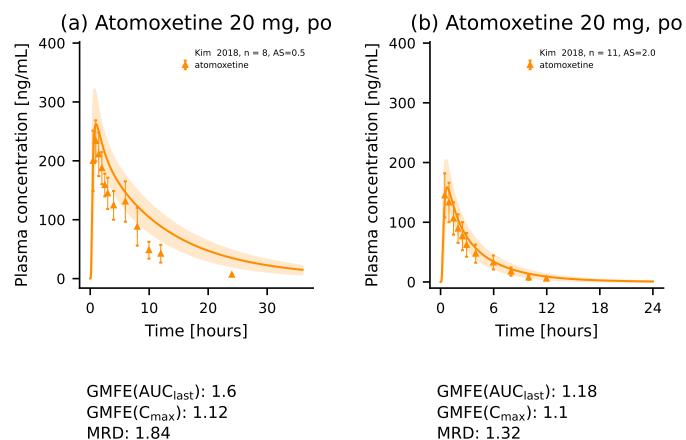
**Figure S3.2.3:** Sensitivity analysis of the atomoxetine model. Sensitivity of the model to single parameters, determined as change of the simulated AUC from time of the drug administration extrapolated to infinity of a single oral administration of 20 mg atomoxetine.

## S3.3 Atomoxetine DGI Model Evaluation

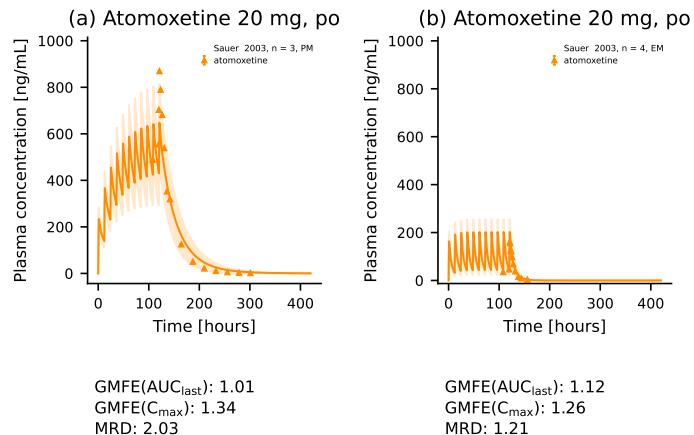
### S3.3.1 Plasma Concentration-Time Profiles



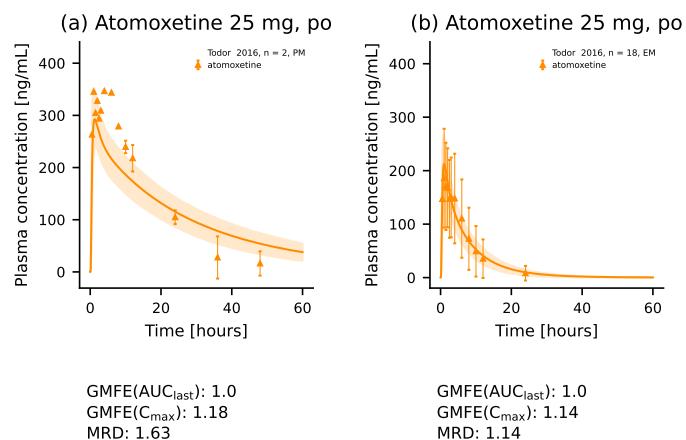
**Figure S3.3.4:** Atomoxetine plasma concentration-time profiles. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Symbols represent the corresponding observed data  $\pm$  SD if provided.



**Figure S3.3.5:** Atomoxetine plasma concentration-time profiles. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Symbols represent the corresponding observed data  $\pm$  SD if provided.

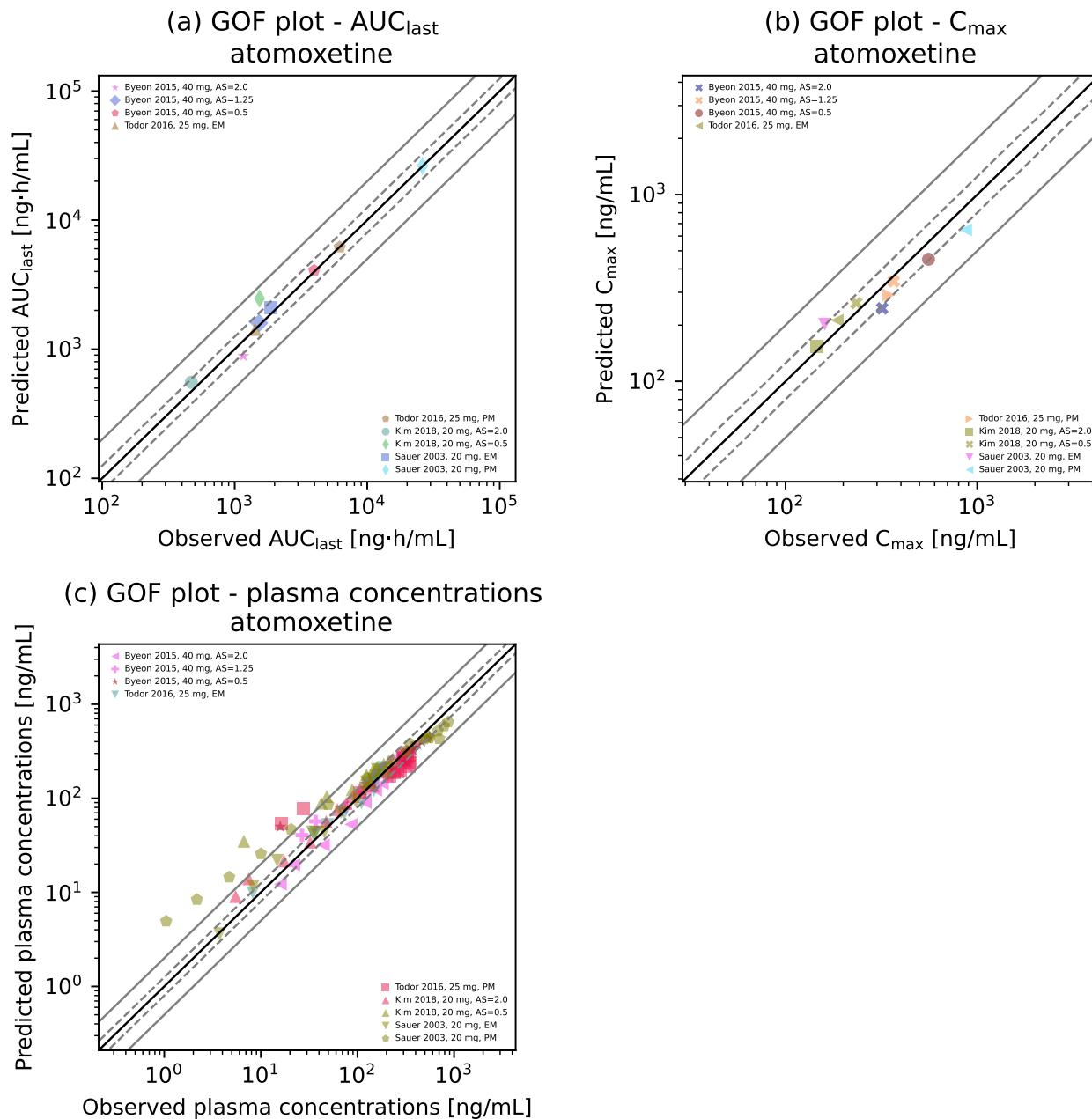


**Figure S3.3.6:** Atomoxetine plasma concentration-time profiles. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Symbols represent the corresponding observed data  $\pm$  SD if provided.



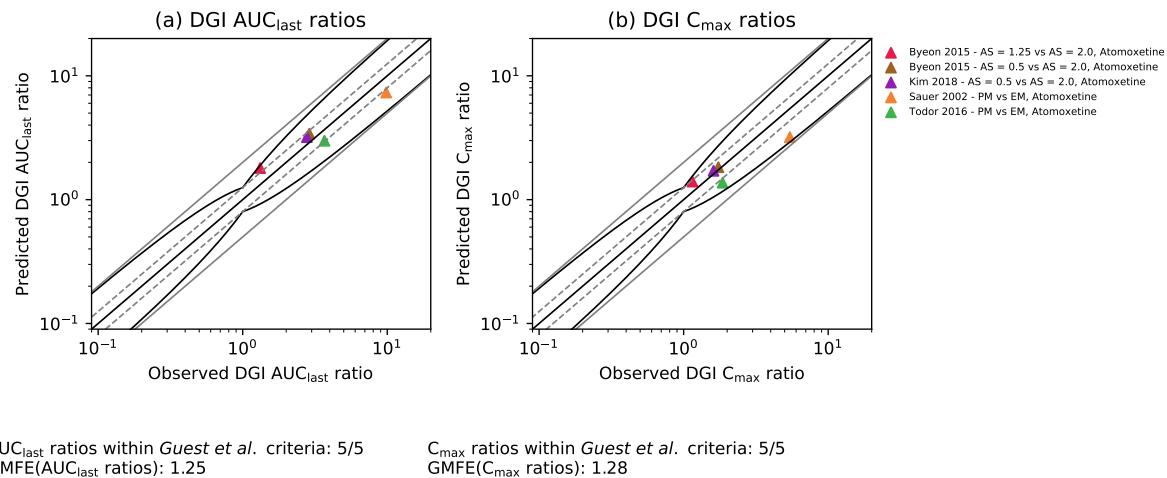
**Figure S3.3.7:** Atomoxetine plasma concentration-time profiles. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Symbols represent the corresponding observed data  $\pm$  SD if provided.

### S3.3.2 Goodness-of-Fit Plots



**Figure S3.3.8:** Goodness of fit plots. Predicted versus observed (a)  $AUC_{last}$ , (b)  $C_{max}$  and (c) plasma concentration values for all DGI studies. The solid black line marks the line of identity, the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.

### S3.3.3 DGI ratios



**Figure S3.3.9:** DGI ratio plot. Predicted versus observed DGI (a)  $AUC_{last}$  and (b)  $C_{max}$  ratios for all DGI studies. The solid straight black line marks the line of identity, the solid curved black line shows the prediction success limits proposed by Guest et al. [14], the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.

## S4 Risperidone

For the risperidone PBPK model, a published model by Kneller et al. [24] was used. Here, most model parameters were used unchanged from the initial model. However, as the intestinal permeability for risperidone as well as system-dependent parameters were not reported in the article, and the model could not be reproduced entirely from the reported values, minor refinements were made.

### S4.1 Risperidone PBPK Base Model Building

#### S4.1.1 Drug-dependent parameters

**Table S4.1.1:** Drug-dependent parameters for the final risperidone PBPK model

Parameter	Unit	Value	Source	Literature	Reference
<b>Risperidone</b>					
MW	g/mol	410.48	Literature	410.48	[24]
pKa (base)	-	8.76	Literature	8.76	[24]
pKa (acid)	-	3.11	Literature	3.11	[24]
Solubility (pH 7.3)	mg/mL	0.17	Literature	0.17	[24]
logP	-	2.40	Literature	2.40	[24]
f <sub>u</sub>	%	17.50	Literature	17.50	[24]
CYP3A4 K <sub>M</sub> → 9-HR	μmol/L	61.00	Literature	61.00	[24]
CYP3A4 k <sub>cat</sub> → 9-HR	1/min	0.70	Literature	0.70	[24]
CYP3A4 K <sub>M</sub> → sink	μmol/L	61.00	Literature	61.00	[24]
CYP3A4 k <sub>cat</sub> → sink	1/min	0.15	Literature	0.15	[24]
CYP2D6 K <sub>M</sub> → 9-HR	μmol/L	1.10	Literature	1.10	[24]
CYP2D6 k <sub>cat</sub> <sup>EM</sup> → 9-HR	1/min	1.07	Optimized	2.30	[24]
CYP2D6 k <sub>cat</sub> <sup>PM</sup> → 9-HR	1/min	0.00	Literature	0.00	[24]
CYP2D6 K <sub>M</sub> → sink	μmol/L	1.10	Literature	1.10	[24]
CYP2D6 k <sub>cat</sub> <sup>EM</sup> → sink	1/min	0.67	Optimized	1.40	[24]
CYP2D6 k <sub>cat</sub> <sup>PM</sup> → sink	1/min	0.00	Literature	0.00	[24]
P-gp K <sub>M</sub>	μmol/L	26.30	Literature	26.30	[24]
P-gp k <sub>cat</sub>	1/min	12.72	Optimized	0.20	[24]
GFR fraction	-	1.00	Assumed	-	-
Partition coefficients	-	Diverse	Calculated	R&R	[40]
Cell permeabilities	cm/min	1.95E-03	Calculated	PK-Sim	[18]
Specific intestinal perm.	cm/min	8.04E-06	Optimized	-	[18]
<b>9-Hydroxyrisperidone</b>					
MW	g/mol	426.48	Literature	426.48	[24]
pKa (base)	-	8.76	Literature	8.76	[24]
pKa (acid)	-	3.11	Literature	3.11	[24]
Solubility (pH 6.5)	mg/mL	0.17	Literature	0.17	[24]

-: not available, 9-HR: 9-hydroxyrisperidone, perm.: permeabilities.

**Table S4.1.1:** Drug-dependent parameters for the final risperidone PBPK model

Parameter	Unit	Value	Source	Literature	Reference
logP	-	2.10	Literature	2.10	[24]
f <sub>u</sub>	%	29.00	Literature	29.00	[24]
Unspecific CL <sub>hep</sub>	1/min	0.08	Optimized	0.04	[24]
P-gp K <sub>M</sub>	μmol/L	26.30	Literature	26.30	[24]
P-gp k <sub>cat</sub>	1/min	5.70E-03	Optimized	9.64E-03	[24]
GFR fraction	-	1.00	Assumed	-	-
Partition coefficients	-	Diverse	Calculated	R&R	[40]
Cell permeabilities	cm/min	7.69E-04	Calculated	PK-Sim	[18]
Specific intestinal perm.	cm/min	3.53E-06	Calculated	3.53E-06	[18]

-: not available, 9-HR: 9-hydroxyrisperidone, perm.: permeabilities.

#### S4.1.2 Clinical studies

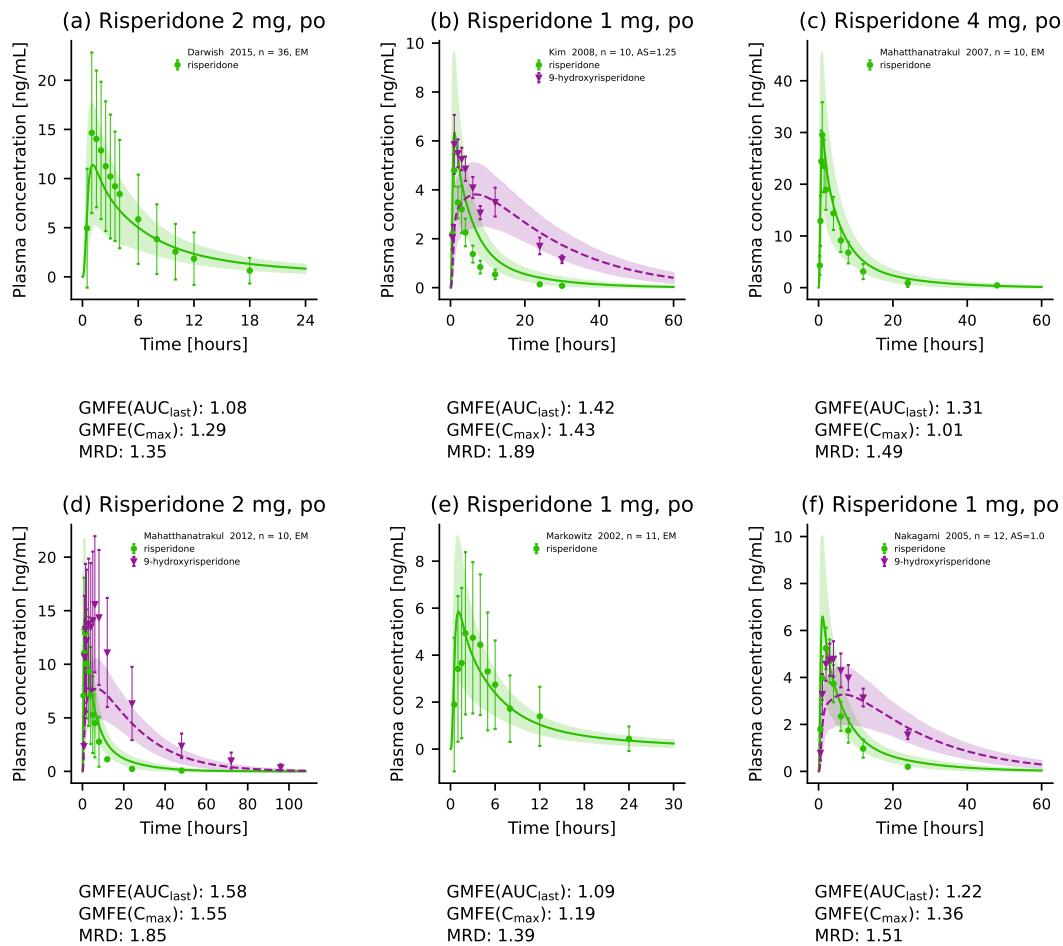
**Table S4.1.2:** Risperidone study table

Route	Dose [mg]	n	Females [%]	Age [years]	Weight [kg]	CYP2D6 activity	Metabolite measured	Dataset	References
<b>PBPK base model building and evaluation</b>									
po (tab sd)	2	36	33	32	79	-	no	training	Darwish 2015 [11]
po (tab, sd)	1	10	0	(23-38)	(65-80)	AS = 1.25*	yes	test	Kim 2008 [22]
po (tab, sd)	1	11	21	28 (22-42)	-	-	no	training	Markowitz 2002 [28]
po (tab, sd)	2	10	0	33 (23-44)	64 (55-76)	-	yes	training	Mahatthanatrakul 2012 [27]
po (tab, sd)	4	10	0	31	(55-76)	-	no	test	Mahatthanatrakul 2007 [26]
po (tab, sd)	1	12	0	24 (20-28)	65 (53-86)	AS = 1*	yes	test	Nakagami 2005 [32]
<b>DGI model building and evaluation</b>									
po (tab, qd)	2	8	27	43 (18-63)	-	g-EM	no	training	Bondolfi 2001 [6]
po (tab, qd)	2	3	27	43 (18-63)	-	g-PM	no	training	Bondolfi 2001 [6]
po (tab, sd)	1	6	33	24 (19-27)	67 (51-86)	AS = 0*	yes	test	Novalbos 2010 [36]
po (tab, sd)	1	26	58	23 (19-27)	65 (43-106)	AS = 1*	yes	test	Novalbos 2010 [36]
po (tab, sd)	1	33	55	23 (19-27)	66 (46-89)	AS = 2*	yes	training	Novalbos 2010 [36]
po (tab, sd)	1	6	17	23 (19-34)	73 (56-81)	AS = 3*	yes	test	Novalbos 2010 [36]

-: not given, \*: full genotype provided in publication.

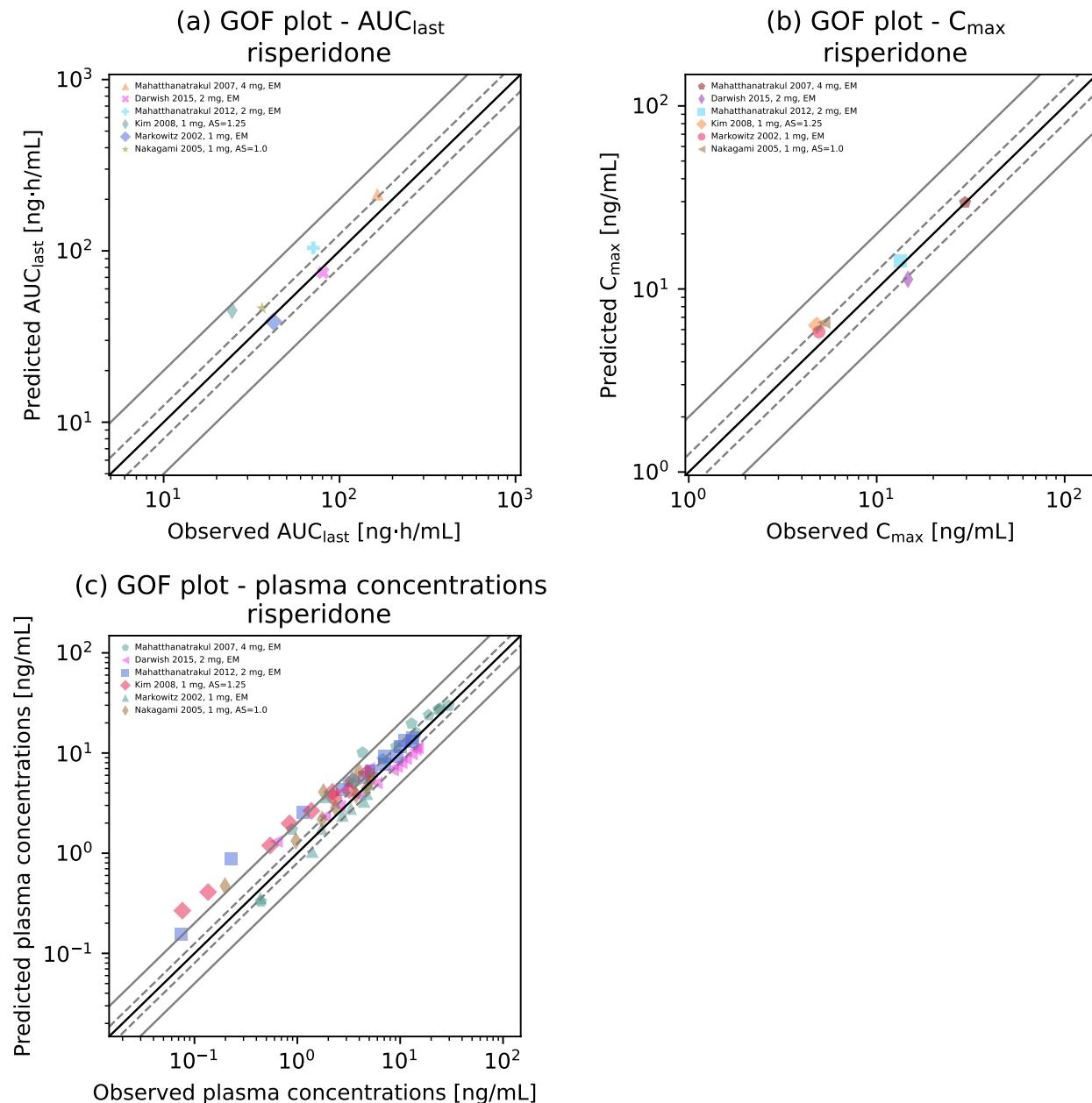
## S4.2 Risperidone PBPK Base Model Evaluation

### S4.2.1 Plasma Concentration-Time Profiles

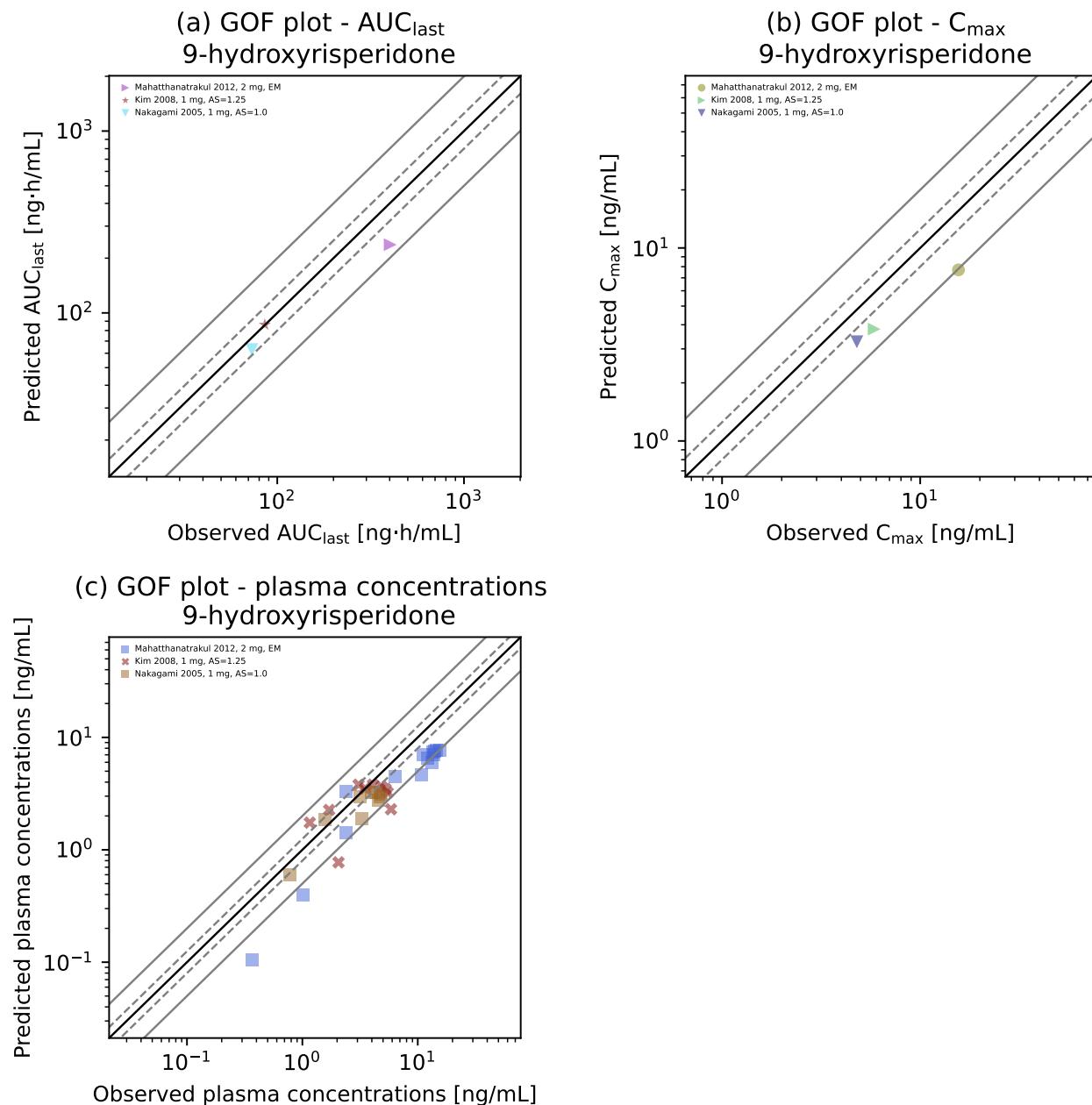


**Figure S4.2.1:** Risperidone and 9-hydroxyrisperidone plasma concentration-time profiles. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Individual predictions ( $n=1$ ) are shown as lines. Symbols represent the corresponding observed data  $\pm$  SD if provided.

#### S4.2.2 Goodness-of-Fit Plots

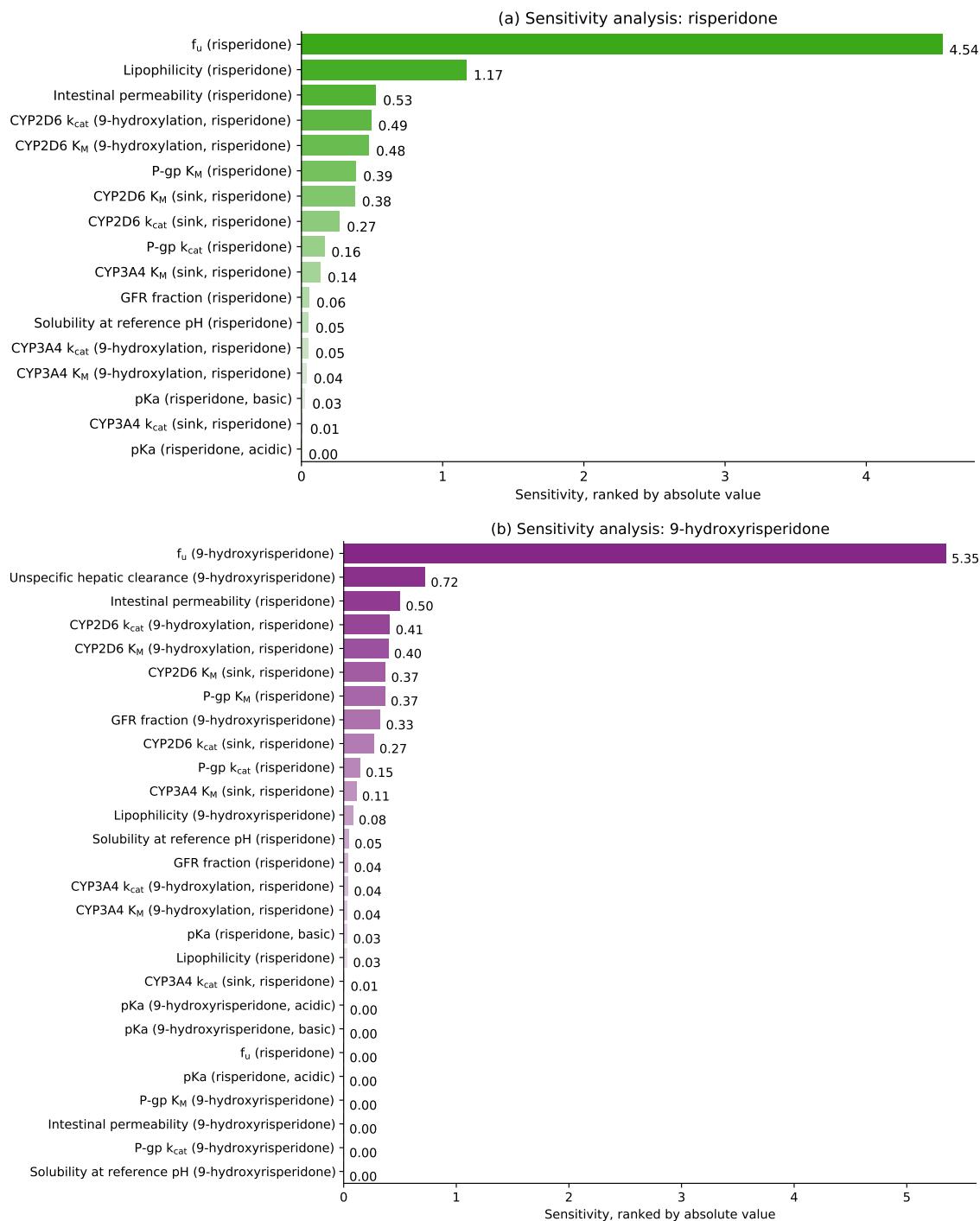


**Figure S4.2.2:** Goodness of fit plots. Predicted versus observed (a)  $AUC_{last}$ , (b)  $C_{max}$  and (c) plasma concentration values for all studies. The solid black line marks the line of identity, the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.



**Figure S4.2.3:** Goodness of fit plots. Predicted versus observed (a)  $AUC_{last}$ , (b)  $C_{max}$  and (c) plasma concentration values for all studies. The solid black line marks the line of identity, the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.

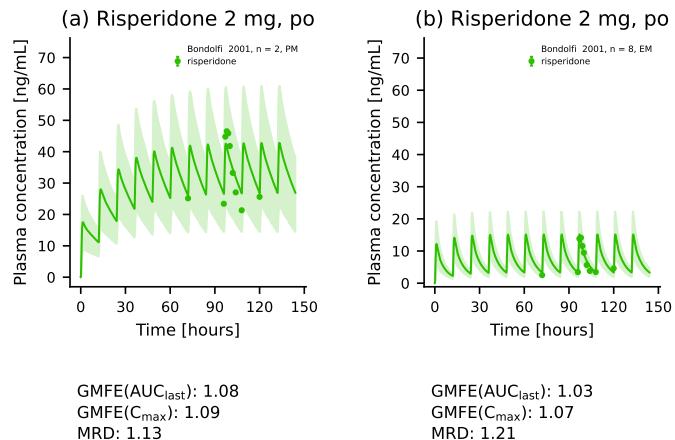
### S4.2.3 Sensitivity Analysis



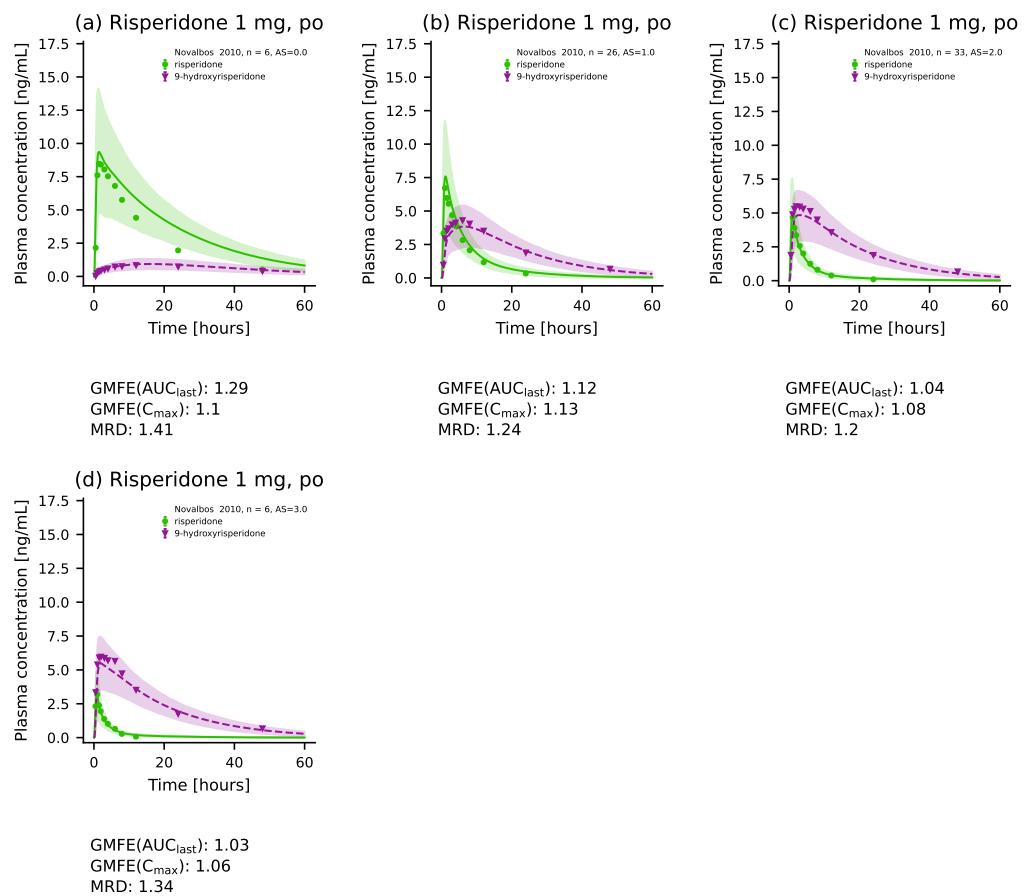
**Figure S4.2.4:** Sensitivity analysis of the risperidone (a) and 9-hydroxyrisperidone (b) model. Sensitivity of the model to single parameters, determined as change of the simulated AUC from time of the drug administration extrapolated to infinity of a single oral administration of 2 mg risperidone.

### S4.3 Risperidone DGI Model Evaluation

#### S4.3.1 Plasma Concentration-Time Profiles

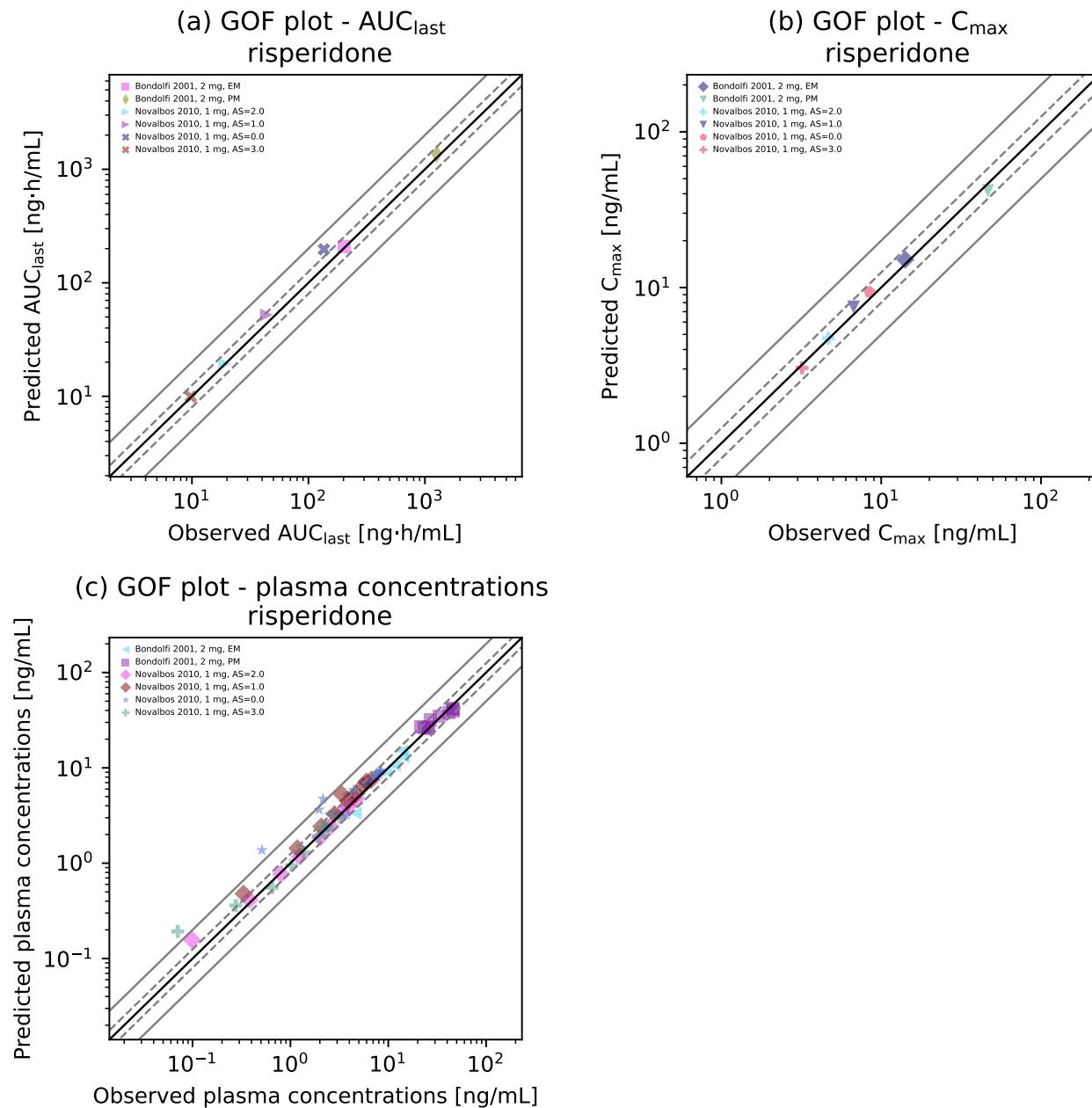


**Figure S4.3.5:** Risperidone plasma concentration-time profiles [9]. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD) Symbols represent the corresponding observed data  $\pm$  SD if provided.

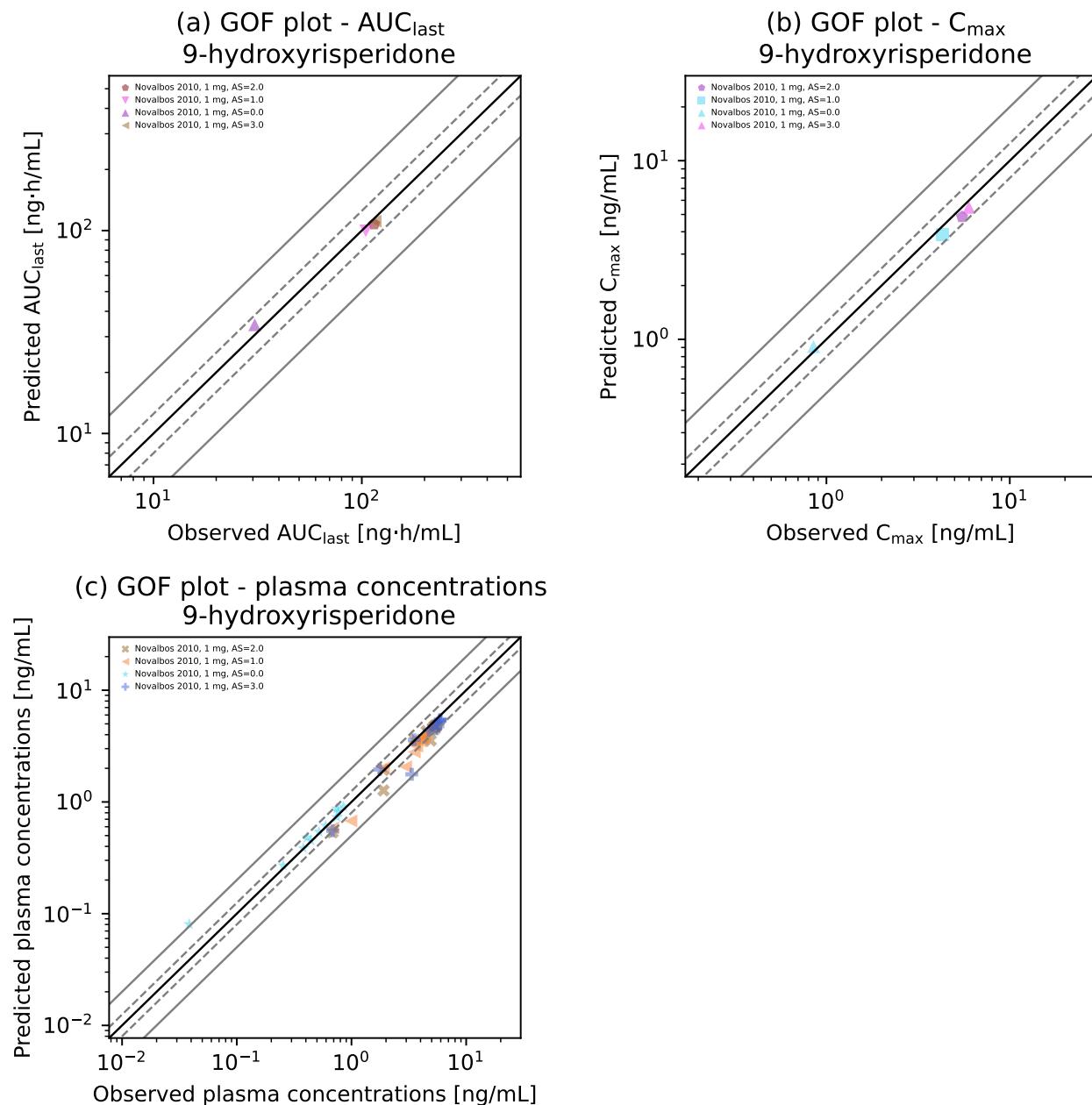


**Figure S4.3.6:** Risperidone plasma concentration-time profiles [12]. Population predictions ( $n=1000$ ) are shown as lines with ribbons (arithmetic mean  $\pm$  SD). Individual predictions ( $n=1$ ) are shown as lines. Symbols represent the corresponding observed data  $\pm$  SD if provided.

### S4.3.2 Goodness-of-Fit Plots

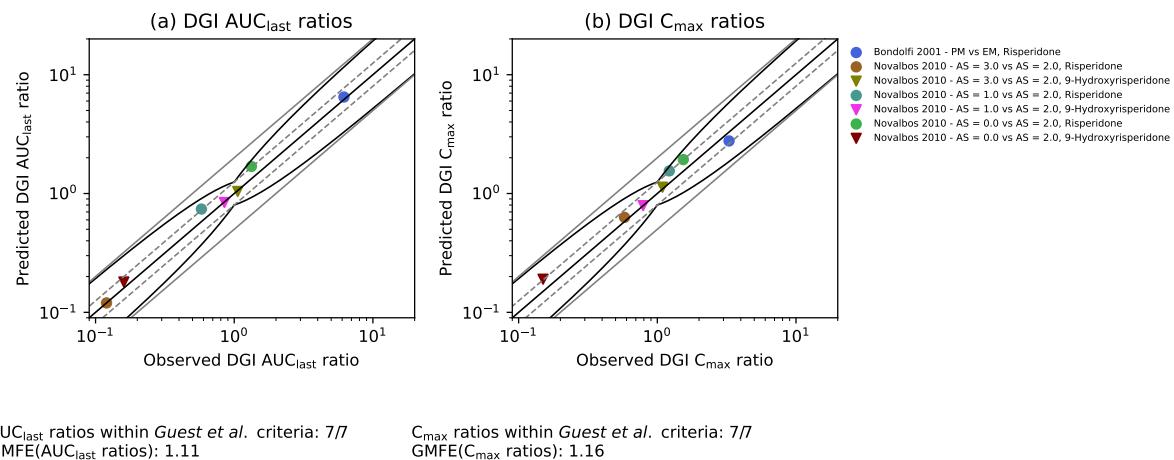


**Figure S4.3.7:** Goodness of fit plots. Predicted versus observed (a)  $AUC_{last}$ , (b)  $C_{max}$  and (c) plasma concentration values for all DGI studies. The solid black line marks the line of identity, the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.



**Figure S4.3.8:** Goodness of fit plots. Predicted versus observed (a)  $AUC_{last}$ , (b)  $C_{max}$  and (c) plasma concentration values for all DGI studies. The solid black line marks the line of identity, the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.

### S4.3.3 DGI Ratios



**Figure S4.3.9:** DGI ratio plot. Predicted versus observed (a) AUC<sub>last</sub> and (b) C<sub>max</sub> DGI ratios for all DGI studies. The solid straight black line marks the line of identity, the solid curved black line shows the prediction success limits proposed by *Guest et al.* [14], the dashed grey lines mark the 0.8- to 1.25-fold range, the solid grey lines indicate the 0.5- to 2-fold range. Colored symbols represent the study population given in the legend.

## S5 Abbreviations

<b>AS</b>	CYP2D6 activity score
<b>AUC</b>	Area under the plasma concentration-time curve
<b>AUC<sub>last</sub></b>	AUC from the time of the first concentration measurement to the last time point of concentration measurement
<b>Be</b>	Berezhkovskiy calculation method [4]
<b>cap</b>	Capsule
<b>CL<sub>hep</sub></b>	Hepatic clearance
<b>C<sub>max</sub></b>	Peak plasma concentration
<b>CR</b>	Controlled release
<b>CYP2C19</b>	Cytochrome P450 2C19
<b>CYP2D6</b>	Cytochrome P450 2D6
<b>CYP3A4</b>	Cytochrome P450 3A4
<b>DGI</b>	Drug-gene interaction
<b>EHC</b>	Enterohepatic circulation
<b>EM</b>	Extensive metabolizer
<b>fu<sub>mic</sub></b>	Free fraction of compound in microsomal incubation
<b>f<sub>u</sub></b>	Fraction unbound
<b>g-</b>	Genotyped
<b>GFR</b>	Glomerular filtration rate
<b>ICRP</b>	International Commission on Radiological Protection
<b>inf</b>	Infusion
<b>iv</b>	Intravenous
<b>k<sub>cat</sub></b>	Catalytic rate constant
<b>K<sub>i</sub></b>	Dissociation constant of the inhibitor-enzyme complex
<b>k<sub>inact</sub></b>	Maximum inactivation rate constant
<b>K<sub>M</sub></b>	Michaelis-Menten constant
<b>logP</b>	Partition coefficient
<b>MW</b>	Molecular weight
<b>NHANES</b>	Third National Health and Nutrition Examination Survey
<b>p-</b>	Phenotyped
<b>P-gp</b>	P-glycoprotein
<b>PBPK</b>	Physiologically based pharmacokinetic
<b>pKa</b>	Acid dissociation constant
<b>perm.</b>	Permeability
<b>PM</b>	Poor metabolizer
<b>po</b>	Oral

<b>qd</b>	Once daily
<b>R&amp;R</b>	Rodgers and Rowland calculation method [40]
<b>RT-PCR</b>	Reverse transcription polymerase chain reaction
<b>sd</b>	Single dose
<b>SD</b>	Standard deviation
<b>sol</b>	Oral solution
<b>tab</b>	Tablet

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