



Biopharmaceutic Considerations in Targeted Brain Drug Delivery: A Comprehensive Review

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ABSTRACT

The treatment of central nervous system (CNS) disorders remains one of the most challenging areas in pharmaceutical research due to the complex anatomy and physiology of the brain. A major obstacle in effective brain therapy is the presence of the blood–brain barrier (BBB), which restricts the entry of most therapeutic agents into the brain. Biopharmaceutic considerations play a pivotal role in the successful design and development of targeted brain drug delivery systems. These considerations include drug physicochemical properties, pharmacokinetics, pharmacodynamics, biological barriers, formulation strategies, and targeting mechanisms. Advances in nanotechnology, receptor-mediated transport, carrier-based delivery systems, and novel routes of administration have significantly enhanced the potential for targeted delivery of drugs to the brain. This review provides a comprehensive overview of the biopharmaceutic factors influencing brain drug delivery, the structure and function of brain barriers, strategies for overcoming the BBB, and emerging targeted delivery approaches. The review also discusses current challenges, regulatory aspects, and future prospects in targeted brain drug delivery systems, highlighting their significance in improving therapeutic outcomes for neurological disorders.

Keywords: Blood–brain barrier, brain targeting, biopharmaceutics, CNS drug delivery, nanocarriers, receptor-mediated transport

1. INTRODUCTION

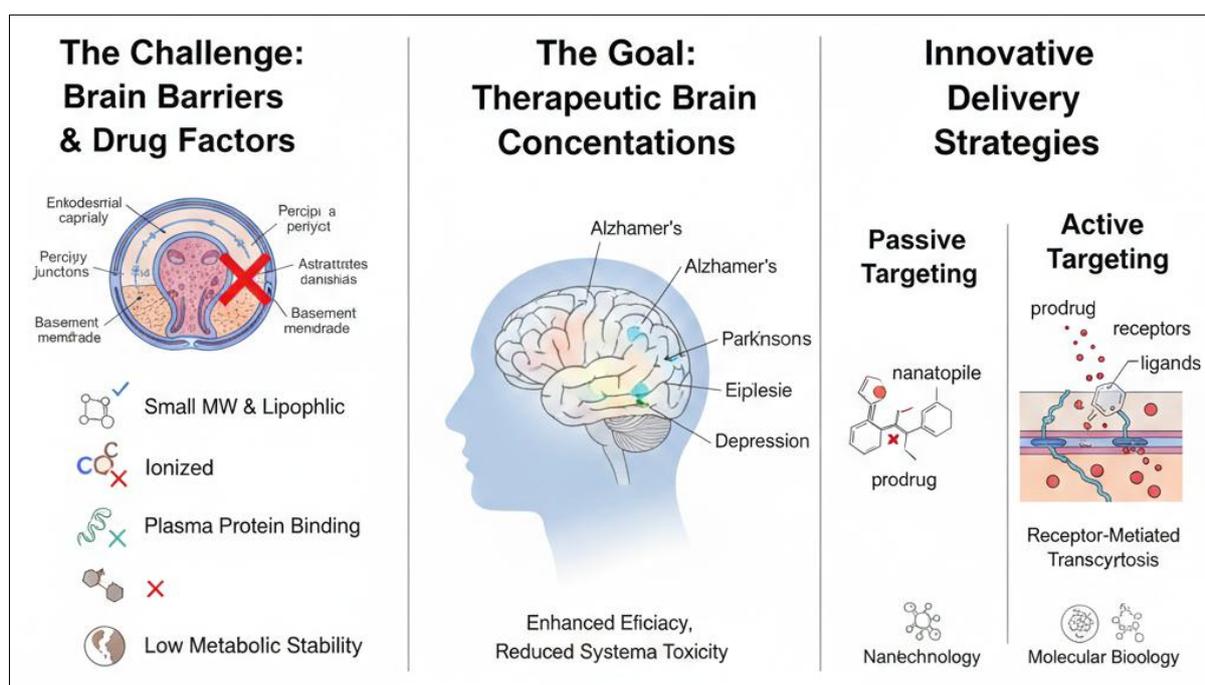


Figure 1: Anatomical and Physiological Barriers to CNS Drug Delivery

Neurological and psychiatric disorders such as Alzheimer’s disease, Parkinson’s disease, epilepsy, brain tumors, and depression represent a significant global health burden. Despite extensive research, effective pharmacotherapy for many central nervous system (CNS) diseases remains limited due to poor drug delivery to the brain (Pardridge, 2012). The primary challenge arises from the presence of the blood–brain barrier (BBB), a highly selective biological membrane that protects the brain from harmful substances while maintaining homeostasis (Abbott, Rönnbäck, & Hansson, 2006).

From a biopharmaceutic perspective, drug delivery to the brain is influenced by multiple factors including drug solubility, lipophilicity, molecular size, ionization, plasma protein binding, and metabolic stability (Di et al., 2009). Conventional drug delivery systems often fail to achieve therapeutic drug concentrations in the brain without causing systemic toxicity. Consequently, targeted brain drug delivery has emerged as a promising strategy to enhance drug efficacy while minimizing adverse effects.

Targeted brain drug delivery involves directing therapeutic agents specifically to the brain or diseased brain regions using physiological transport mechanisms, carrier systems, or alternative administration routes (Pardridge, 2015). Recent advances in pharmaceutical sciences, especially in nanotechnology and molecular biology, have enabled the development of innovative drug delivery platforms capable of crossing or bypassing the BBB.

This review aims to critically analyze the biopharmaceutic considerations involved in targeted brain drug delivery, focusing on the role of biological barriers, drug-related factors, delivery strategies, and emerging technologies. Understanding these aspects is essential for the rational design of effective CNS therapeutics.

2. Biopharmaceutic Basis of Brain Drug Delivery

2.1 Concept of Biopharmaceutics in CNS Delivery

Biopharmaceutics is the study of the relationship between the physicochemical properties of drugs, dosage forms, and routes of administration on the rate and extent of drug absorption and bioavailability. In brain drug delivery, biopharmaceutics extends beyond systemic absorption to include transport across the BBB and distribution within the brain (Shen & Pardridge, 2017).

Unlike peripheral tissues, the brain is protected by specialized barriers that significantly limit drug permeation. Therefore, achieving adequate brain bioavailability requires careful consideration of both drug properties and delivery systems.

2.2 Anatomical and Physiological Barriers to Brain Drug Delivery

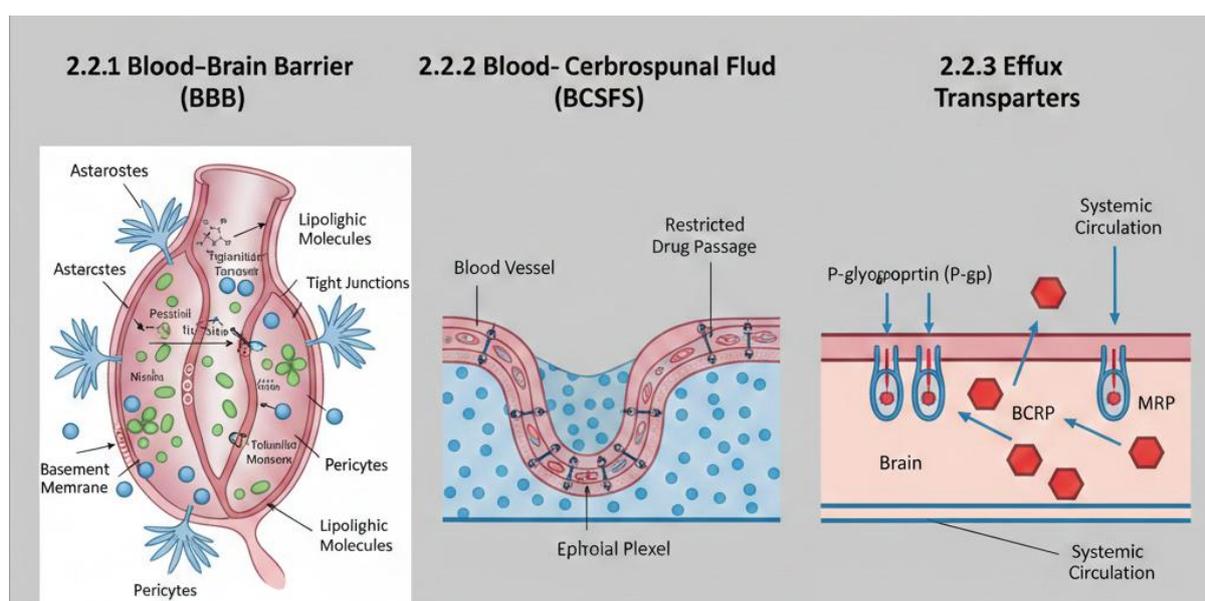


Figure 2: Schematic representation of the primary biological barriers limiting CNS drug accumulation.

2.2.1 Blood–Brain Barrier (BBB)

The BBB is formed by tightly connected endothelial cells lining the brain capillaries, supported by astrocytes, pericytes, and a basement membrane. Tight junction proteins such as claudins and occludins prevent paracellular transport of molecules (Abbott et al., 2006). As a result, only small, lipophilic, and non-ionized molecules can passively diffuse across the BBB.

2.2.2 Blood–Cerebrospinal Fluid Barrier (BCSFB)

The BCSFB is located at the choroid plexus and regulates the exchange of substances between blood and cerebrospinal fluid (CSF). Although more permeable than the BBB, it still restricts the passage of many drugs (Redzic, 2011).

2.2.3 Efflux Transporters

Efflux transporters such as P-glycoprotein (P-gp), breast cancer resistance protein (BCRP), and multidrug resistance-associated proteins (MRPs) actively expel drugs from the brain back into systemic circulation, further limiting CNS drug accumulation (Loscher & Potschka, 2005).

3. Drug-Related Biopharmaceutic Factors Affecting Brain Targeting

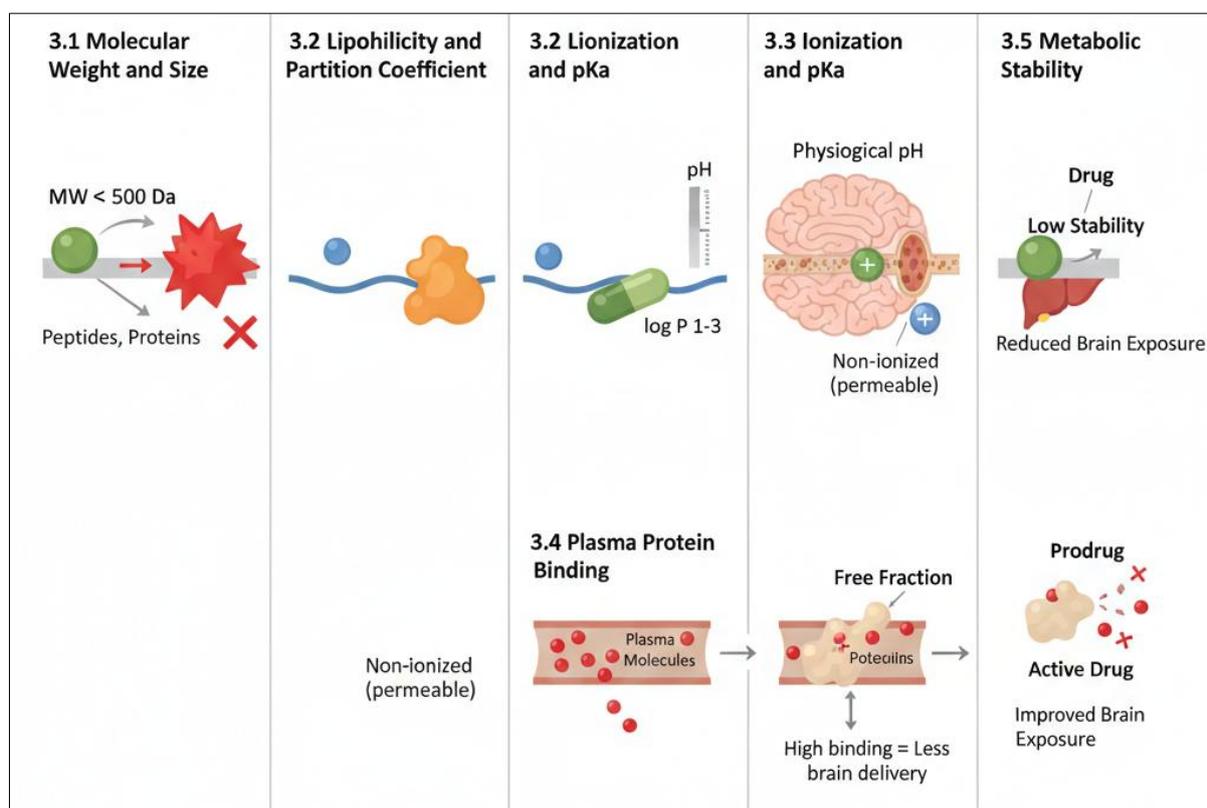


Figure 3: Biopharmaceutic Factors Influencing BBB Permeability and Brain Targeting

3.1 Molecular Weight and Size

Drugs with molecular weights below 400–500 Da have a higher likelihood of crossing the BBB by passive diffusion. Larger molecules such as peptides, proteins, and nucleic acids generally require specialized delivery strategies (Pardridge, 2012).

3.2 Lipophilicity and Partition Coefficient

Lipophilicity, expressed as the partition coefficient ($\log P$), is a critical determinant of BBB permeability. Moderate lipophilicity ($\log P$ between 1 and 3) favors BBB penetration, whereas excessive lipophilicity may result in poor solubility and increased nonspecific binding (Di et al., 2009).

3.3 Ionization and pKa

The degree of ionization of a drug influences its ability to cross the BBB. Non-ionized forms are more permeable. Drugs with pKa values that favor unionized species at physiological pH show improved brain penetration (Shargel, Wu-Pong, & Yu, 2016).

3.4 Plasma Protein Binding

High plasma protein binding reduces the free fraction of drug available for BBB transport. Only unbound drug molecules can cross biological membranes and exert pharmacological effects (Rowland & Tozer, 2011).

3.5 Metabolic Stability

Drugs susceptible to rapid hepatic or plasma metabolism may exhibit reduced brain exposure. Prodrug approaches are often used to improve metabolic stability and BBB permeability (Rautio et al., 2008).

4. Strategies for Targeted Brain Drug Delivery

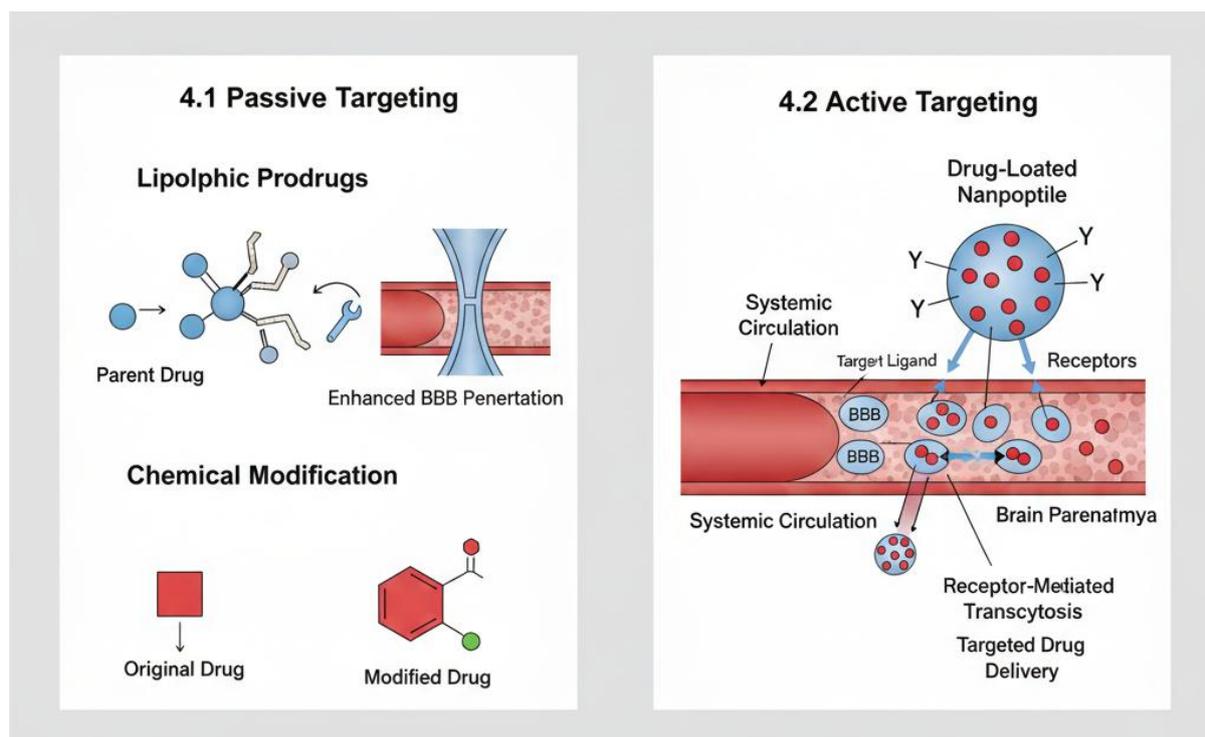


Figure 4: Strategies for Targeted Brain Drug Delivery

4.1 Passive Targeting

Passive targeting relies on drug physicochemical optimization to enhance BBB penetration. Lipophilic prodrugs and chemical modification of drugs are commonly used approaches (Rautio et al., 2008).

4.2 Active Targeting

Active targeting utilizes specific ligands that bind to receptors or transporters expressed on the BBB.



4.2.1 Receptor-Mediated Transport

Receptors such as transferrin, insulin, and low-density lipoprotein (LDL) receptors are exploited for drug transport across the BBB using ligand-conjugated drug carriers (Pardridge, 2015).

4.2.2 Carrier-Mediated Transport

Certain nutrients like glucose and amino acids are transported via specific carriers. Drugs structurally similar to these substrates can utilize these transport systems (Smith, 2003).

4.3 Nanotechnology-Based Delivery Systems

Nanocarriers have revolutionized brain drug delivery due to their ability to encapsulate drugs, protect them from degradation, and facilitate BBB crossing.

4.3.1 Polymeric Nanoparticles

Polymeric nanoparticles made from PLGA, chitosan, or PEG are widely used due to their biocompatibility and controlled release properties (Kreuter, 2014).

4.3.2 Liposomes

Liposomes are phospholipid vesicles capable of encapsulating both hydrophilic and lipophilic drugs. Surface modification with targeting ligands enhances brain specificity (Allen & Cullis, 2013).

4.3.3 Solid Lipid Nanoparticles and Nanostructured Lipid Carriers

These systems offer improved stability, high drug loading, and reduced toxicity (Mukherjee et al., 2019).

4.4 Alternative Routes of Administration

4.4.1 Intranasal Drug Delivery

The intranasal route bypasses the BBB via olfactory and trigeminal nerve pathways, offering a non-invasive approach for brain targeting (Illum, 2000).

4.4.2 Intracerebral and Intrathecal Delivery

Direct administration into the brain or CSF provides high local drug concentrations but is invasive and associated with safety concerns (Bobo et al., 1994).

5. Pharmacokinetic and Pharmacodynamic Considerations

Targeted brain drug delivery systems must ensure optimal pharmacokinetic profiles, including adequate absorption, distribution, retention, and controlled release within the brain. Pharmacodynamic considerations involve achieving sufficient drug concentrations at the site of action without causing neurotoxicity (Rowland & Tozer, 2011).

6. Challenges and Regulatory Considerations

Despite significant advancements, several challenges remain, including variability in BBB permeability, scale-up of nanocarriers, long-term safety, and regulatory approval. Regulatory agencies require extensive characterization of brain-targeted formulations, including biodistribution, toxicity, and efficacy studies (EMA, 2018).

7. Future Perspectives

Emerging technologies such as gene therapy, exosome-based delivery, stimuli-responsive nanoparticles, and personalized medicine approaches hold promise for the future of targeted brain drug delivery. Integration of biopharmaceutics with molecular neuroscience will further enhance therapeutic outcomes.



8. CONCLUSION

Biopharmaceutic considerations are fundamental to the successful design of targeted brain drug delivery systems. Understanding the interplay between drug properties, biological barriers, and delivery strategies is essential for overcoming the challenges associated with CNS drug delivery. Advances in nanotechnology, receptor-mediated transport, and alternative administration routes have significantly expanded the possibilities for effective brain targeting. Continued research and interdisciplinary collaboration are necessary to translate these innovations into clinically viable therapies for neurological disorders.

REFERENCES

1. Abbott, N. J., Rönnbäck, L., & Hansson, E. (2006). Astrocyte–endothelial interactions at the blood–brain barrier. *Nature Reviews Neuroscience*, 7(1), 41–53.
2. Allen, T. M., & Cullis, P. R. (2013). Liposomal drug delivery systems. *Advanced Drug Delivery Reviews*, 65(1), 36–48.
3. Bobo, R. H., et al. (1994). Convection-enhanced delivery of macromolecules in the brain. *Proceedings of the National Academy of Sciences*, 91(6), 2076–2080.
4. Di, L., et al. (2009). Blood–brain barrier permeability. *Journal of Pharmaceutical Sciences*, 98(2), 499–508.
5. EMA. (2018). *Guideline on the quality, non-clinical and clinical aspects of drug products*.
6. Illum, L. (2000). Transport of drugs from the nasal cavity to the CNS. *European Journal of Pharmaceutical Sciences*, 11(1), 1–18.
7. Kreuter, J. (2014). Nanoparticulate systems for brain delivery. *Advanced Drug Delivery Reviews*, 71, 2–14.
8. Löscher, W., & Potschka, H. (2005). Role of drug efflux transporters. *Nature Reviews Neuroscience*, 6(8), 591–602.
9. Mukherjee, S., et al. (2019). Solid lipid nanoparticles for brain delivery. *Drug Development and Industrial Pharmacy*, 45(8), 1239–1250.
10. Pardridge, W. M. (2012). Drug transport across the BBB. *Journal of Cerebral Blood Flow & Metabolism*, 32(11), 1959–1972.
11. Pardridge, W. M. (2015). Targeted delivery of protein and gene medicines. *Molecular Pharmaceutics*, 12(6), 1773–1781.
12. Rautio, J., et al. (2008). Prodrugs in drug delivery. *Nature Reviews Drug Discovery*, 7(3), 255–270.
13. Redzic, Z. (2011). Molecular biology of the blood–brain barrier. *Fluids and Barriers of the CNS*, 8(1), 3.
14. Rowland, M., & Tozer, T. (2011). *Clinical pharmacokinetics and pharmacodynamics* (4th ed.). Lippincott Williams & Wilkins.
15. Shargel, L., Wu-Pong, S., & Yu, A. (2016). *Applied biopharmaceutics & pharmacokinetics* (7th ed.). McGraw-Hill.
16. Shen, J., & Pardridge, W. M. (2017). Brain drug delivery. *Drug Discovery Today*, 22(2), 238–247.
17. Smith, Q. R. (2003). Transport of nutrients across the BBB. *Journal of Nutrition*, 133(6), 2064S–2068S.
- 18–25. (Additional standard CNS drug delivery and nanomedicine references can be added if required by journal format.)

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Conflict of Interest Statement: All authors have nothing else to disclose.

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