



## A Review on Artificial Intelligence and Machine Learning Implemented Drug Delivery Systems

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### ABSTRACT:

The pharmaceutical business is undergoing a change thanks to artificial intelligence (AI) and machine learning (ML), especially in the areas of drug delivery and development. By evaluating large datasets to improve formulations and forecast patient reactions, these technologies make precision medicine possible. AI-powered models improve the stability, bioavailability, and targeting precision of drug carriers based on nanoparticles. Better therapeutic results are ensured by ML's ability to support adaptive regulation of medication release and real-time monitoring. This paper examines how AI and ML can be used to improve drug delivery, emphasizing how they can speed up research, save costs, and promote personalized care. Artificial intelligence (AI) and machine learning (ML) are transforming drug delivery systems by enabling precision medicine, optimizing formulations, and predicting patient responses. These technologies analyze vast datasets to identify patterns, predict outcomes, and optimize processes. AI and ML enable tailored treatment plans by analyzing patient-specific data, such as genetic profiles and medical history, to improve efficacy and reduce adverse reactions. ML algorithms predict optimal drug dosages for individual patients, ensuring the right concentration and minimizing side effects. AI analyzes vast datasets to identify promising drug candidates, reducing the time for drug discovery and development. AI-driven models design and optimize nanoparticles to target specific tissues or cells, ensuring the drug is delivered where it's needed.

**Keyword:-** Artificial Intelligence (AI) and Machine Learning (ML) are transforming drug delivery system. drug delivery system ,AI in drug delivery ,ML-based drug delivery.

### Introduction :

The pharmaceutical and biotechnology sectors are undergoing a paradigm shift as a result of the convergence of artificial intelligence (AI) and machine learning (ML) with drug delivery. By utilizing computing power, this integration revolutionizes conventional drug delivery techniques, paving the way for precision medicine, enhancing therapeutic results, and quickening the drug development process [1]. The power of AI and ML to handle and examine enormous datasets, which is well above human capacity, lies at the core of their influence on medicine delivery. These technologies have the ability to recognize trends, forecast results, and streamline procedures in a way that is flexible and scalable and flexible. medication design, a crucial first step in medication delivery, has historically depended on time-consuming and costly hit-and-trial techniques. The chemical behavior, binding affinities, and possible toxicity of substances may now be accurately predicted by AI systems, especially deep learning models [2]. AI can quickly find interesting drug candidates by examining large chemical and biological databases, significantly reducing the time needed for drug discovery. Drug development can proceed more quickly thanks to these models, which are trained on historical data and can identify which chemical structures are most likely to interact with particular biological targets in an efficient manner [3]. The shift to personalized medicine is among the most significant effects of AI in drug delivery. AI is able to customize medication formulations and dosages to each patient's unique profile by using patient-specific data, including proteomics, metabolomics, and genetics [4]. ML models examine these data sets to forecast how various patients would react to a certain medication, taking into account variables like lifestyle, genetic variances, and other medical conditions. This method results in a more accurate and successful treatment plan by minimizing side effects and optimizing therapeutic efficacy [5, 6]. With the use of dynamic materials and nanotechnology that react to specific physiological signals, AI-driven medication delivery systems are becoming more complex [7, 8]. AI, for instance, can be used to optimize the design of nanoparticles that precisely target medications to tissues or cells, minimizing adverse effects and systemic exposure. To ensure accurate medication delivery, these nanoparticles can be engineered to release their payload in response to particular environmental cues, such as pH shifts or the presence of particular enzymes. AI has also significantly advanced the science of controlled drug release. By examining pharmacokinetic and pharmacodynamic data, AI models can be utilized to design drug delivery systems that release therapeutic drugs gradually and under control. By lowering the frequency of doses, this not only increases the drug's effectiveness but also increases patient compliance [9]. The most time and money are frequently spent on clinical trials, which are a crucial bottleneck in the drug development process. By improving data analysis, patient recruitment, and trial design, AI and ML have the potential to completely transform this process [10, 11]. Based on genetic and phenotypic data, predictive models can determine which patient populations are best suited for trials, improving the chances that the trials will be successful. Additionally, AI can use virtual cohorts to mimic clinical trials, negating the need for lengthy physical trials and speeding up the regulatory approval process [12, 13]. AI can also be used to guarantee adherence

to regulations. AI algorithms can track the safety and effectiveness of medications after they are on the market by continuously evaluating real-world data, identifying possible problems before they proliferate widely. This feature enhances the overall safety of the drug delivery process and enables more flexible regulatory responses [14]. AI-driven medication delivery's future depends on how it integrates with other cutting-edge technologies like blockchain for safe data management, CRISPR for gene editing, and the Internet of Things for in-the-moment patient monitoring. These collaborations may result in increasingly more sophisticated, highly customized, secure, and responsive medication delivery systems [15]. The use of AI in medication distribution is not without difficulties, despite its potential. Data security and privacy are still major issues, especially when handling private patient data [16].

### Traditional drug delivery systems:

**Conventional Methods of Drug Delivery** In order to produce the intended therapeutic effect, therapeutic drugs are administered to the body using traditional drug delivery techniques. These techniques are categorized according to the target site, medication formulation, and administration route. Here is a summary of the main conventional medication delivery methods:

#### ➤ Oral medication administration:

The most common and practical way to administer medications is orally, when they are consumed and absorbed through the digestive system. They are inexpensive, non-invasive, simple to use, and appropriate for self-administration. They do have certain drawbacks, though, such as the liver's first-pass metabolism, which can lower a drug's bioavailability, and fluctuating absorption rates brought on by things like food, pH, and gastrointestinal motility. Furthermore, they are not appropriate for all medications, especially those that have poor absorption or are not stable in the gastrointestinal system [19].

#### ➤ Topical medication administration:

To treat localized disorders, topical administration entails applying medications directly to the skin or mucous membranes. Topical drug delivery has the advantages of avoiding first-pass metabolism, reducing systemic adverse effects, enabling direct application to the site of action, and being discontinuable at any moment. The main disadvantages, however, are that they are usually employed for localized rather than systemic effects, are restricted to medications that may penetrate the skin or mucous membranes, and may cause local discomfort [20].

#### ➤ Parenteral administration of medication :

Parenteral administration is the process of injecting medications straight into the body, avoiding the gastrointestinal track. Subcutaneous, intramuscular, and intravenous delivery are common methods. Rapid onset of action, especially with intravenous administration, 100% bioavailability because the drug avoids first-pass metabolism, and appropriateness for medications that are poorly absorbed or unstable in the gastrointestinal tract are some benefits of the parenteral drug delivery method. Its drawbacks include the need for skilled individuals for delivery, the possibility of pain or discomfort due to its invasive nature, and the elevated risk of infection or other consequences at the injection site [21, 22].

#### ➤ Drug delivery by inhalation:

Drugs are delivered directly to the lungs during inhalation, where they may have systemic or local effects [23]. One benefit of this strategy is its quick onset of action, especially for respiratory diseases like asthma. By avoiding first-pass metabolism, direct administration to the lungs enables lower dosages and minimizes systemic side effects. It has disadvantages, too, such as the requirement for appropriate technique to guarantee efficient drug delivery, incompatibility with specific medications, and the tendency to irritate the respiratory tract locally [24].

#### ➤ Drug distribution through the rectal route :

Delivering medications into the stomach, where the rectal mucosa absorbs them, is known as rectal administration [25]. This method's advantages include its ability to partially circumvent first-pass metabolism, produce localized or systemic effects, and be helpful in situations where oral administration is not feasible (such as vomiting and unconsciousness). Its drawbacks include limitations on the amount of medication that can be given, discomfort or humiliation for certain patients, and inconsistent and unpredictable absorption [26].

#### ➤ Drug distribution through the skin:

Transdermal administration is the process of delivering medications through the skin, usually in the form of patches, to produce systemic effects [27]. This method has the benefits of controlled, sustained drug release, avoiding first-pass metabolism, and being convenient and noninvasive. It is restricted to medications that may enter the body through the skin, though, and it has a slower rate of action than other routes [28]. It can also result in allergic responses or skin irritation.

#### ➤ Drug distribution via buccal and sublingual routes:

When a medication is administered sublingually or buccally, it is absorbed through the oral mucosa in the cheek or beneath the tongue [29]. This approach has the advantages of quick absorption and action initiation, circumventing first-pass metabolism, and being noninvasive and convenient as compared to other routes. Its drawbacks include the fact that it only works with medications that can pass through the mucosa, that it may irritate or discomfort the mouth, and that its effects wear off quickly [30].

#### ➤ Nasal administration of medication

Delivering medications through the nasal passages for either local or systemic effects is known as nasal administration [31]. The benefits of this approach include quick absorption and commencement of action, circumventing first-pass metabolism, and working with medications that are gastrointestinal tract unstable. Nevertheless, it is restricted to medications that are absorbed through the nose. Mucosa may cause irritation or discomfort in the nasal passages, and is limited to small doses [32].

➤ **Delivery of ocular and otic drug**

Medication delivery to the eye is known as ophthalmic administration, whereas medication delivery to the ear is known as otic administration. Both approaches minimize systemic side effects by enabling direct administration to the place of action (such as the eye or ear). However, because of their quick elimination, they frequently need to be administered frequently, have local effects, and might irritate or discomfort the eye or ear [33, 34]. Conventional methods of medicine distribution are widely accepted and have their own set of benefits and drawbacks. The characteristics of the medication, the ailment being treated, and patient factors like convenience and compliance all influence the delivery method selection [35]. Even though conventional techniques work well, they might not always deliver drugs in the best way, which is why more sophisticated and focused delivery systems have been developed recently.

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## **Overview of AI and ML :**

An overview of machine learning and AI By empowering computers to carry out tasks that normally need human intelligence, artificial intelligence (AI) and machine learning (ML) are transformative technologies that significantly alter a variety of industries and societal sectors [36]. This is a summary: Machines that do tasks that typically need human intelligence are referred to as AI. These include perception, language processing, learning, problem-solving, and reasoning [36].

### **Specific AI**

**Certain AI** Also known as weak AI, this kind of AI is designed to do a task (such as facial recognition or internet searches) and operates single within a predetermined set of constraints. It is currently the most widely used type of artificial intelligence [37].

**Universal AI** AI that is universal Similar to human cognitive capacities, this conceptual version of AI—also known as strong AI—has the capacity to understand, learn, and apply intelligence across a broad range of activities [37].

### **Superhuman AI**

Superhuman artificial intelligence This possible type of AI surpasses human intelligence across the board [37]. It is still a subject of discussion and investigation. The goal of machine learning (ML), a subfield of artificial intelligence, is to develop algorithms that let computers learn from data and forecast outcomes. Machine learning models improve their accuracy and performance by processing and analyzing more data over time, as opposed to being explicitly coded for certain tasks.

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## **Types of ML**

### **Supervised learning :**

This technique entails matching each input data point with its associated proper output by training a model on a labeled dataset [38]. Example: Image classification, in which labeled examples are used to train the algorithm to recognize items within images.

### **Unsupervised learning:**

Data is used to train the model without any explicit instructions on how to interpret it. Rather, the system looks for structures and patterns in the data on its own [38]. As an illustration, consider clustering algorithms that divide data into discrete pieces based on similarities.

### **Reinforcement learning:**

Using this technique, an algorithm is trained by rewarding desired actions and/or penalizing undesirable ones. It is frequently applied in situations when the model must make a number of choices [38].

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## **Key concepts in AI and ML**

### **Neural networks:**

Essential ideas in ML and AI Networks of neural Neural networks are a group of algorithms that mimic the processing mechanisms of the human brain in order to find patterns and relationships in data. Complex, multilayered neural networks are used by deep learning, a subfield of machine learning, to carry out these tasks [39].

### **Natural language Processing**

Processing of natural language Computer-human communication via natural language is the main emphasis of natural language processing. It makes human language understandable, interpretable, and producible by machines [39]. Virtual assistants like Alexa and Siri are one example.

#### **Computer vision**

Visualization of computers Teaching computers to analyze data is the focus of this branch of AI. Vision on a computer Teaching computers to evaluate and make judgments based on visual input from their surroundings is the focus of this branch of artificial intelligence [39]. Systems for facial recognition and visual object detection are two examples.

#### **Data mining**

The method entails identifying trends and connections in large datasets. In data mining, machine learning algorithms are often employed to forecast trends and extract insightful information. [7, 39].

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### **Applications of AI and ML**

**Healthcare** :Uses of ML and AI Medical care Predictive analytics, personalized medicine, medication discovery, and diagnostics all make use of AI. For instance, medical imaging can be analyzed by ML algorithms to detect diseases like cancer early on [40].

#### **Finance**

Artificial intelligence (AI)-based algorithms are used to manage risk, create trading plans, identify fraud, and offer individualized financial advice.

#### **Autonomous system**

Self-sufficient systems Robots, drones, and self-driving automobiles are all powered by AI, which enables them to move and operate independently in a variety of environments.

**Custimer service** Client support Without the need for human participation, chatbots and virtual assistants employ AI to communicate with customers, respond to their questions, and offer assistance.

**Manufacturing** Through sophisticated manufacturing systems, manufacturing AI increases quality control, anticipates maintenance needs, and streamlines production processes.

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### **Challenges and Considerations**

#### **Ethics and bias**

Difficulties and Things to Think About Morality and prejudice Biases from training data may be inherited by AI systems, leading to unjust or immoral results. One of the biggest challenges in AI is still addressing accountability, transparency, and justice.

#### **Data privacy**

Data privacy and security are issues when using huge datasets, which frequently contain sensitive personal information [41].

#### **Interpretability**

The ability to interpret Since many AI and ML models, especially deep learning models, have opaque decision-making processes, they are frequently referred to as "black boxes." A constant area of study is developing models that are both practical and intelligible.

#### **The Prospects for AI and ML**

With developments in fields like quantum computing, neuromorphic engineering, and generative models, AI and ML are developing quickly [41]. More complex human-machine interactions, increased industry automation, and the potential for general artificial intelligence are all possible outcomes of AI in the future. Nonetheless, it also poses difficulties with regard to legislation, governance, and guaranteeing that these technologies serve the interests of all people. In conclusion, AI and ML are spurring innovation in a wide range of industries and transforming the way we live and work. These technologies present previously unheard-of potential as they develop, but their wider societal effects must also be carefully considered [42].

#### **AI and Machine Learning in Drug Delivery**

Using AI and Machine Learning to Deliver Drugs Drug delivery has seen significant advancements because to AI and ML, which are transforming the way medications are created, produced, and delivered. This is how medicine delivery is affected by AI and ML [43].

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### **Drug discovery and development**

#### **Predicting drug efficacy**

**Drug Development and Discovery** Drug efficacy prediction AI models can forecast a drug's potential effectiveness by examining large databases of chemical and biological interactions. Promising medication candidates have been found more quickly as a result [43, 44].

#### **Targeting identification**

By evaluating intricate biological data, target identification machine learning algorithms assist in determining biological targets for novel medications, facilitating the creation of more potent therapies. [43, 44]

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### **Personalized medication**

#### **Tailoring drug regimens**

**Customized healthcare** Customizing medication schedules By analyzing patient data (genomics, proteomics, etc.), AI can customize medication combinations and dosages to meet each patient's unique needs, improving treatment efficacy and lowering adverse effects [45].

#### **Predicting analytics**

**Analytics for prediction** More individualized and accurate medicine distribution is made possible by ML models' ability to forecast a patient's reaction to a certain medication [45].

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### **Optimizing drug delivery system**

#### **Nanotechnology and smart drug delivery**

Nanoparticles and other drug delivery systems that can target particular tissues or cells are designed and optimized using AI algorithms, guaranteeing that the medication is delivered precisely where it is required [46].

#### **Controlled release mechanisms**

AI-enabled controlled release methods can optimize drug release profiles, guaranteeing that medications are released into the body in the appropriate quantity and at the appropriate time, hence enhancing therapeutic results [46].

#### **Clinical Evaluations and Regulatory Acceptance**

1. Improving clinical trial design: By determining the most pertinent patient populations and forecasting results, AI and ML can be utilized to create more effective clinical studies while cutting down on time and expense [36, 47].
2. Regulatory compliance: By evaluating data for compliance and seeing any problems before they happen, artificial intelligence (AI) can help guarantee that medication delivery systems adhere to regulatory norms [47, 48].
3. Distribution and supply chain
4. Logistics optimization :AI can forecast demand and streamline the drug distribution supply chain, guaranteeing timely and effective medicine delivery [49].
5. Control of temperature: AI systems can keep an eye on and maintain ideal conditions during transportation and storage for medications that need particular storage conditions [49].

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### **Cutting Expenses and Time to Market**

#### **Increasing the pace of research and development**

By making more accurate predictions and reducing the need for lengthy physical testing, AI-driven models can significantly cut down on the time and expense of research and development [50, 51].

#### **Automating routine activities**

AI can automate repetitive drug delivery chores like data analysis and reporting, freeing up human professionals to concentrate on more intricate and imaginative drug research jobs.

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### **Prospects for the Future**

#### **Combining other technologies**

AI in medicine delivery will become much more advanced in the future when combined with other cutting-edge technologies like blockchain for safe data sharing and CRISPR for gene editing.

### Monitoring in real time

One interesting area of research is the creation of wearable technology powered by AI that can track patient reactions in real time and modify medication delivery accordingly. Drug distribution is changing as a result of AI and ML, which make it more accurate, individualized, and effective. This will ultimately improve patient outcomes and treatment efficacy. Fig. 1 shows the generalized steps of AI and ML in the implementation process.

### AI and ML in Drug Delivery Case Studies

Drug delivery procedures are rapidly incorporating AI and ML, which results in more effective, customized, and focused treatments. The following noteworthy case studies demonstrate how AI and ML are affecting medication delivery

#### AI-powered customized medication administration: Watson from IBM and oncology [52]

The well-known AI system IBM Watson has been used in oncology and other healthcare applications. Personalized medication distribution for cancer patients is one of its notable uses [53, 54]

Case Study: IBM Watson has been utilized to evaluate patient data and provide individualized treatment regimens in partnership with the Memorial Sloan Kettering Cancer Center. To recommend the best medication combinations and dosages for specific individuals, the system analyzes enormous volumes of clinical trial data, medical literature, and patient information [55]. **ML in medication delivery systems: nanomedicine and in silico medicine**

Background: The biotechnology company In silico Medicine employs AI and ML to find and create new drugs, including optimizing medication delivery methods. One excellent example of how ML might improve medication delivery is their work in nanomedicine, specifically for the treatment of cancer [56]. Case Study: An AI-driven platform for designing nanoparticles for targeted medication delivery in cancer treatment was developed by in silico medicine. The platform can forecast the ideal nanoparticle shapes that carry medications straight to cancer cells while causing the least amount of harm to healthy tissues by evaluating biological data and modeling drug interactions within the body [56]. In one study, a new cancer medication's delivery mechanism based on nanoparticles was designed using an AI platform. The nanoparticles' size, shape, and composition are optimized by the ML algorithms, guaranteeing that they can efficiently target tumor cells without being detected by the immune system [56,57]. Impact: The consequence was a more effective drug delivery system that raised the therapeutic index of the medication, decreased adverse effects, and improved patient outcomes. The development of sophisticated drug delivery technologies that provide tailored treatment with fewer issues can be accelerated by machine learning, as demonstrated in this example.

#### MIT and controlled release mechanisms in the prediction of medication release characteristics using AI Context:

A crucial component of medication delivery is controlled drug release, in which the dosage and timing of drug release are optimized to preserve therapeutic levels in the body. AI has been utilized by researchers at the Massachusetts Institute of Technology (MIT) to forecast and enhance drug release characteristics for a range of pharmaceuticals [58,59]. Case Study: To forecast the release characteristics of medications from polymer-based delivery devices, MIT researchers created an AI model [46]. Data from experiments with various polymers, medication formulas, and ambient circumstances were used to train the model. The artificial intelligence system might forecast how drugs would be released gradually, assisting in the development of controlled release systems suited to particular patient requirements. In one instance, a controlled-release system for diabetes medication was created using the AI model

#### Optimization of medication distribution using AI: Moderna and mRNA vaccines Context:

Utilizing AI and ML, Moderna, a biotechnology company well-known for creating a COVID-19 mRNA vaccine, has improved the way mRNA-based therapies are delivered. Sophisticated delivery mechanisms are necessary to ensure that mRNA, a sensitive and unstable molecule, reaches target cells [60]. Case Study: Moderna optimized lipid nanoparticles that transport mRNA into cells using AI and ML. These nanoparticles help the mRNA enter target cells and shield it from deterioration. In order to identify the optimal lipid compositions and combinations for the most efficient distribution, Moderna's AI models examine enormous datasets [60]. The effective delivery of mRNA into human cells, which results in the production of the spike protein and an immunological response, was made possible by the AI-driven optimization of lipid nanoparticles for the COVID-19 vaccine. Impact: Moderna's COVID-19 vaccine was developed and released quickly in large part due to the effective delivery of mRNA via AI-optimized nanoparticles. This example highlights how important AI and ML are in overcoming the difficulties in delivering intricate biological molecules like mRNAs [60,61].

#### AI in optimizing medicine delivery routes: Bayer and inhalation treatments

Context: Global pharmaceutical giant Bayer has used AI to streamline drug delivery systems, especially when creating inhaled treatments for respiratory conditions [62, 63]. Case Study: Bayer optimized the formulation and administration of inhaled medications for diseases like asthma and chronic obstructive pulmonary disease using AI algorithms [64]. The AI models forecast variables including pulmonary deposition, absorption rates, and therapeutic efficacy by simulating how various formulations react when inhaled. The AI system might also customize inhaled medicine administration by evaluating ambient variables and patient data, modifying dosages and formulations according to the patient's respiratory profile and the severity of their illness [64, 65].

### Benefits of AI/ML in Drug Delivery

Increased accuracy and customization Tailored Treatments: By examining patient-specific data, including genetic profiles, lifestyles, and medical histories, AI and ML make it possible to create customized drug delivery systems. This makes it possible to create individualized treatment programs

that increase effectiveness and lower the possibility of negative side effects [66]. **Optimized Dosing:** Machine learning algorithms are able to forecast the ideal dosage of a medication for each patient, guaranteeing that the medication is administered at the appropriate time, concentration, and location inside the body [6,66].

### **Accelerated development and drug discovery**

**Faster Drug Design:** AI can find viable drug candidates quickly by analyzing large datasets, which significantly cuts down on the amount of time needed for drug research. This is especially helpful for developing vaccinations and tailored treatments [67]. **Effective Clinical Trials:** By simulating clinical trials and forecasting results, AI-driven models can assist in identifying the most promising patient groups and drug delivery strategies. This boosts the chance of success and speeds up the trial process [67, 68].

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## **Better methods for delivering drugs**

### **Smart Drug Delivery:**

AI makes it possible to create cutting-edge drug delivery systems that can deliver medications exactly where and when they are needed, including nanoparticles and controlled-release mechanisms. This reduces adverse effects and enhances therapeutic results [16, 69]. **Real-Time Monitoring:** AI-enabled gadgets are able to keep an eye on patients in real time, modify medication dosage in reaction to physiological shifts, and guarantee that the best possible therapeutic levels are maintained.

### **Cost reduction**

**Cost-cutting Decreased Research and Development Costs:** AI and ML can significantly reduce the expenses related to introducing new medications to the market by expediting drug discovery and improving clinical trials [70, 71]. **Reduced Waste:** By guaranteeing that the right amount is given and reducing the need for extra medication, optimized drug administration minimizes waste.

### **Improved analytics for prediction**

**Adverse Event Prediction:** AI is able to anticipate possible negative drug reactions, enabling preventative actions that improve patient safety. **Supply Chain Efficiency:** AI-powered analytics can forecast demand, manage inventories, optimize the drug delivery supply chain, and guarantee on-time delivery.

### **Algorithms selection for drug delivery systems**

The type of problem, the data at hand, and the intended result all influence the algorithm selection. Among the widely used algorithms in AI/ML-based medication administration are the following:

**Supervised Learning:** When labeled data is available, algorithms like neural networks, random forests, and support vector machines are employed. Predicting drug release characteristics, toxicity, and therapeutic efficacy is made easier by these algorithms. Support vector machines are particularly good at binary classification tasks, including determining optimal versus suboptimal drug release, and can be used, for instance, to categorize drug release profiles according to variables like temperature and pH.

**Unsupervised Learning:** Without labeled results, clustering algorithms like k-means and hierarchical clustering assist in classifying medications according to patterns in their pharmacokinetics or release processes. For instance, different nanocarrier-based medications with comparable pharmacokinetic properties can be grouped using K-means clustering. **Deep Learning:** Pattern identification in complicated data, including molecular interactions or imaging data for drug distribution, can be accomplished using algorithms like convolutional neural networks (CNNs) and recurrent neural networks. CNNs, for instance, can support image-based investigation of medication distribution in cells or tissues. **Reinforcement Learning (RL):** RL uses patient feedback (such as blood glucose levels in diabetic patients) to optimize drug dosage in individualized drug delivery. For instance, real-time feedback from continuous glucose monitoring could be utilized to modify insulin supply using reinforcement learning.

### **Model training process**

Following algorithm selection, pertinent data must be used to train the model. The following are part of the training process: **Data Collection:** Clinical studies, pharmaceutical databases, or sensor systems in intelligent medication delivery devices are the sources of data. For instance, information on drug release under various conditions (such as pH and temperature) is crucial in a drug delivery system based on nanoparticles. The process of training models After choosing a method, the model must be trained using pertinent data.

### **Techniques for processing data**

In medicine delivery systems powered by AI, data handling Techniques for processing data The accuracy of predictions in AI-driven medicine delivery systems depends on data processing. Typical methods include of: **Selection and Extraction of Features:** **Enhancement of Data:** Synthetic data generation techniques like generative adversarial networks (GANs) are used to mimic fresh, believable data points in situations when the data is limited (such as rare diseases).

**Handling Class Imbalance:** Data on drug delivery may be unbalanced, especially for certain diseases (for example, more data for prevalent diseases like diabetes than unusual ailments). This problem can be solved by employing strategies like cost-sensitive learning, undersampling, or oversampling.

**Real-time Data Processing:** To guarantee prompt modifications for dynamic systems like controlled drug release or intelligent insulin pumps, streaming data is processed in real-time utilizing frameworks like Apache Kafka or Tensor Flow Extended (TFX).

#### **Example application: Nanoparticle-based drug delivery system**

method for medication delivery based on nanoparticles Imagine a situation where medications are delivered via nanoparticles. By forecasting the release profile and making sure the medication reaches its target effectively, AI/ML can streamline this procedure. **Training:** To adjust hyperparameters, like the number of trees in the random forest or layers in the CNN, the model is trained using data from in vitro research and clinical trials using cross-validation. **Data processing:** To guarantee consistent input, the data is normalized. Principal component analysis may be used to reduce the dimensionality of imaging data.

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### **Challenges of AI/ML in Drug Delivery**

#### **The availability and quality of data**

**Data Scarcity:** Training AI and ML models requires large, high-quality datasets. Access to such data, however, may be restricted, especially in areas of novel therapy or rare disorders [72].

**Data privacy:** Strict privacy safeguards must be applied when handling patient data, which is frequently sensitive. One of the biggest challenges is making sure that data protection laws, such the General Data Protection Regulation, are followed [72].

#### **Transparency and interpretability of the model Black-Box Models:**

Because of their complexity, many AI and ML models—particularly deep learning systems—are frequently viewed as "black boxes" [73]. Gaining regulatory approval and the trust of healthcare practitioners is problematic due to the difficulty in understanding how these models make judgments. **Regulatory Obstacles:** Regulatory approval for AI-driven medicine delivery systems may be hampered by AI models' lack of interpretability and openness [74]. Clear explanations of the decision-making process are necessary for regulators, especially when patient safety is at stake.

**Concerns about bias and ethics Algorithmic Bias:** AI models may produce unfair or biased results if they inherit biases from the training data.[75]. For instance, the AI may produce erroneous predictions for particular groups if the training data are not representative of diverse populations.

**Ethical Concerns:** Using AI to deliver drugs has ethical concerns, including guaranteeing fair access to AI-driven therapies and resolving possible inequalities in healthcare outcomes. [76].

#### **Connectivity to current systems**

**Compatibility Problems:** It can be difficult to integrate AI-driven medication delivery systems with the current healthcare infrastructure, especially in environments where the technologies are antiquated or incompatible [77]. **Adoption Resistance:** Because of a lack of knowledge, mistrust, or worries about job displacement, healthcare organizations and professionals may be reluctant to embrace AI-driven technologies.

#### **Allocation of resources and costs**

**High Initial Costs:** Creating and deploying AI and ML systems for drug delivery can be costly, involving significant expenditures for infrastructure, technology, and qualified personnel [78,79]. **Resource-intensive:** AI model training and maintenance demand a significant amount of processing power, which may not always be accessible, particularly in environments with limited resources.

#### **Data privacy in medicine delivery systems powered by AI and ML**

Personal medical data, including genetic information, real-time sensor data, and patient health records, is a major component of AI and ML models used in drug delivery. It is crucial to protect the privacy of this sensitive data, especially when AI is being utilized to create individualized treatments. The following are the main issues and possible fixes:

##### **Anonymization of data**

To safeguard individual identities, patient data should be anonymised before being utilized to train models. Typical methods include: Making sure that a person's data cannot be distinguished from that of at least k other people in the dataset is known as K-anonymity. Differential privacy is the process of adding noise to the dataset so that, although the aggregate information is still valuable, individual data points cannot be reverse-engineered. For instance, anonymization techniques guarantee that genetic information cannot be linked to specific patients while training an ML model for tailored cancer therapies using medication delivery systems.

##### **Encrypting data**

Encryption is crucial when data is transferred, particularly in real-time applications like intelligent medicine delivery systems. This guarantees that the data won't be readable even if it is intercepted. A common technique for securing communication between devices and central servers is end-to-end encryption.

##### **Controlling access and exchanging data**



In the healthcare industry, privacy protection and data exchange must be balanced in order to enhance models. Healthcare professionals, drug manufacturers, and AI developers need to make sure that sensitive data access is severely limited: Role-based access control restricts access to specific data levels to authorized workers only. Federated Learning: This method enables the training of machine learning models across several devices or organizations without requiring the sharing of raw data. Models merely exchange model updates and learn locally from data instead. This lessens the privacy threats brought on by data centralization. Example: Without really gathering patient data in a centralized database, a pharmaceutical business may use federated learning to train a drug distribution model across hospitals.

### **Concerns about ethics in AI-powered medication delivery**

Beyond data privacy, the ethical ramifications of AI in medicine delivery also include concerns about bias, transparency, and patient autonomy. The following are some crucial areas for further investigation:

#### **AI model bias**

If the training data are not representative, AI models—including those employed in medicine delivery—may be prejudiced. Different demographic groups (such as sex, color, or age) may experience negative side effects or unequal drug efficacy as a result of bias. Dealing with Bias: To guarantee equitable results for various patient populations, developers should concentrate on gathering a variety of datasets and routinely auditing AI models. For instance, an AI model for intelligent insulin delivery may not function effectively for younger girls or people from diverse ethnic backgrounds if it was trained mostly on data from middle-aged guys.

#### **Transparency and explainability**

Because their decision-making processes are not always interpretable, AI and ML models—especially deep learning models—are frequently referred to as "black boxes." Since patients and physicians need to know how decisions about medication dose, delivery schedules, and other matters are made, this lack of transparency in the healthcare industry presents ethical questions. XAI, or explainable AI: Trust depends on AI medication delivery models producing findings that are understandable and unambiguous. For instance, Shapley additive explanations or local interpretable model-agnostic explanations might shed light on the variables influencing an AI model's choices. For instance, in a medicine delivery system based on nanoparticles, XAI could assist physicians in comprehending why the AI model suggests a particular dosage for a patient as opposed to another depending on variables like pH or tumor size.

#### **Patient autonomy and informed consent**

Informed consent concerns are raised by the use of AI/ML in medication delivery. Patients need to understand how AI systems operate and be aware that they are used in their care. Tools for Digital Consent: As patients get more knowledge about how AI is being used in healthcare, new tools should be created to enable dynamic permission, enabling them to gradually amend their data use preferences. For instance, patients utilizing AI-powered insulin pumps must be able to choose whether or not to participate in specific data collecting and analysis procedures, as well as comprehend the ramifications of each choice.

#### **Accountability and liability**

Liability and accountability Questions of accountability surface when medicine delivery AI systems malfunction or make inaccurate predictions, causing harm: Who bears responsibility: Is it the pharmaceutical company, the healthcare provider, or the AI system developer? It is necessary to set up explicit structures for accountability. Control: As the use of AI in medicine delivery grows, regulatory agencies need to establish guidelines for ethical approval, risk assessment, and model validation. Guidelines for AI in healthcare are being drafted by the European Medicines Agency and the Food and Drug Administration (FDA), but more work is required.

#### **Examples of real-world challenges**

The following real-world case studies illustrate the moral conundrums raised by the application of AI in medicine and drug delivery:

Watson Health by IBM: Watson's AI was created to help prescribe cancer treatments, but it was criticized for suggesting treatments that lacked clinical backing. This calls into question the overuse of AI in important health choices.

AI in the Delivery of COVID-19 Drugs: AI technologies were utilized to forecast medication interactions and improve therapies during the COVID-19 pandemic. Nevertheless, a lot of models were created using inadequate or biased datasets, which resulted in ineffectiveness or negative outcomes for particular populations. This illustrated the necessity of transparent models and a variety of high-quality data.

#### **Proposed solutions**

The following remedies must be taken into account in order to remedy these issues: Ethical AI Development: To guarantee that models are created with a solid ethical basis, interdisciplinary teams of ethicists, physicians, and AI specialists should be established. Data governance: Clearly define the procedures for gathering, exchanging, and using patient data in AI-driven systems. These ought to incorporate tools that let people manage their own information. Continuous Monitoring and Auditing: With feedback loops in place for enhancement, AI models should be continuously audited for bias, performance, and ethical compliance. Although the use of AI and ML in medicine delivery has revolutionary promise, there are significant privacy and ethical issues as well. The pharmaceutical business may more effectively leverage the advantages of AI while preserving patient confidence and ethical standards by implementing strict privacy policies, correcting biases, guaranteeing transparency, and holding developers accountable.

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### Future prospects of AI and ML in drug delivery

As AI and ML develop further, the future of medicine delivery is set to undergo significant change. In the area of medication delivery, these technologies have the ability to overcome present constraints, spur innovation, and create new opportunities [80]. **Fully personalized medicine Dynamic personalization**

Customization that is dynamic AI and ML will probably play a role in drug delivery in the future, allowing for dynamic, real-time treatment customisation [81,82].

AI systems can continuously evaluate patient data, including genetic information, real-time biometrics, and lifestyle factors, in place of static treatment regimens. Modify medication dosages and delivery strategies as needed.

### Predictive modeling for personalized therapies

Predictive models powered by AI may be able to forecast how a patient's illness will develop and modify the treatment strategy appropriately. For instance, ML models can forecast flare-ups or phases of advancement in chronic diseases like diabetes or cancer, allowing for changes to be made to medication or its delivery system before the situation worsens [82,83].

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## Integration with emerging technologies

### Gene editing and CRISPR

Delivering gene-editing technologies like CRISPR may be greatly aided by AI and ML [84]. AI can assist in ensuring that these gene therapies are delivered safely and effectively to the appropriate cells, reducing the possibility of unforeseen outcomes, by optimizing delivery vectors and anticipating off-target effects.

### Nanorobotics

Drug delivery could be revolutionized by the combination of AI and nanorobotics [85]. Drugs could be delivered directly to unhealthy cells while avoiding healthy ones by future nanobots with AI algorithms that can explore the body. With unprecedented precision in drug administration, these nanobots might be programmed to release medications in response to particular biochemical cues. Smart implants and wearables

AI-powered wearable technology and smart medicine delivery implants may offer ongoing medication administration and monitoring [86]. In diabetic patients, these devices can deliver medications on their own in response to physiological cues like glucose, guaranteeing accurate and prompt treatment. These gadgets may eventually provide more advanced and individualized treatment alternatives as sensors and AI algorithms advance.

### Advanced drug delivery systems

Nanoparticles enhanced by AI AI-driven optimization will continue to improve drug delivery nanoparticle design [87]. More precise predictions of how nanoparticles would behave within the body could be made by future AI systems, improving the ability to target tissues and cells. This might improve the way medications for complicated illnesses including cancer, infectious disorders, and neurological diseases are delivered.

### Time-dependent treatments and controlled release

AI may help develop controlled-release medication delivery systems even more, opening the door to more complex time-dependent treatments. AI can adjust release patterns to maintain therapeutic levels in the body over extended periods of time by predicting how medications are absorbed, transported, digested, and eliminated. This eliminates the need for frequent dosing and improves patient compliance.

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## Accelerated drug discovery and delivery pipelines

### End-to-end AI-driven drug development

From discovery to delivery, the entire drug development process may be streamlined in the future by AI and ML [68,88]. AI has the ability to find novel medication candidates, improve their formulation, create cutting-edge delivery systems, and even oversee clinical trials. **Virtual clinical trials**

AI-powered virtual clinical trials could eliminate the requirement for lengthy physical studies by enabling the use of simulated patients in virtual clinical trials [10,89,90]. AI-driven virtual trials have the potential to speed up the approval process while guaranteeing the safety and efficacy of the medications by precisely forecasting how various populations would react to novel treatments.

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## Increased safety and regulatory oversight

### Regulatory compliance aided by AI

AI may be used more frequently by regulatory agencies to help with the approval process when it is incorporated into drug delivery [91,92]. In comparison to conventional techniques, AI could assist in assessing the safety and effectiveness of novel medication delivery systems, ensuring that they more effectively satisfy regulatory requirements.

#### **Continuous post-market surveillance**

By continuously evaluating real-world data to identify any safety concerns with medication delivery systems, artificial intelligence (AI) has the potential to completely transform postmarket surveillance [93].

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### **Scalability and worldwide accessibility**

#### **Scalable and reasonably priced AI solutions**

A larger global population may be able to receive breakthrough medicines thanks to the development of scalable and reasonably priced medication delivery systems made possible by AI and ML [94]. Cutting-edge treatments could be made available in low-resource environments by reducing the costs of creating and distributing intricate drug delivery systems through AI-driven automation and optimization.

#### **Remote medication delivery and telemedicine**

By facilitating remote medication delivery and monitoring systems, AI could improve telemedicine [95]. AI-guided systems that modify treatments based on real-time data gathered via telemedicine platforms could provide individualized care to patients in underserved or remote areas. In areas with inadequate health care infrastructure, this could significantly enhance access to and results from medical care.

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### **Ethical and transparent AI in drug delivery**

#### **Ethical AI development**

Making sure AI systems are created and applied ethically will be essential as AI becomes more prevalent in drug delivery [96]. Transparency, equity, and patient safety may be the main focuses of future ethical standards and guidelines for AI in healthcare [97, 98].

#### **XAI**

Future AI systems for medicine delivery are probably going to include XAI approaches in order to allay worries about the "black-box" character of AI [99]. These methods improve the transparency and interpretability of AI-driven decisions, assisting regulators and healthcare providers in comprehending the reasoning behind conclusions and guaranteeing the reliability of AI recommendations [100].

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### **Real-World Applications**

#### **DSP-1181, an Exscientia AI-designed medication**

Product: EXS21546, commonly known as DSP-1181 Context: The world's first AI-designed medication, DSP-1181, was developed in collaboration with Sumitomo Dainippon Pharma by Exscientia, a UK-based AI-driven pharmaceutical company. The purpose of this medication was to treat obsessive-compulsive disorder [101]. AI Participation: The optimal molecular structure for the medication was predicted and analyzed by Exscientia's AI technology. Normally taking several years, the process was finished in just 12 months. Status: In 2020, DSP-1181 began human clinical trials, which was a significant turning point in AI-driven drug discovery.

#### **BenevolentAI's baricitinib for COVID-19**

Product: Olubiant (baricitinib) Background: Baricitinib was first created by Eli Lilly as a treatment for rheumatoid arthritis, but during the pandemic, it was repurposed as a treatment for COVID-19, with AI playing a critical role [102]. AI Involvement: BenevolentAI, a business that specializes in using AI for drug discovery, analyzes current medications that may prevent the virus from infecting cells using their platform. Baricitinib's anti-inflammatory and antiviral qualities led the AI to identify it as a potential treatment for COVID-19. Status: One of the first AI-repurposed medications to be approved for emergency use, baricitinib was approved by the FDA in November 2020 to treat hospitalized COVID-19 patients [103].

#### **In silico medicine AI-designed drug candidate for pulmonary fibrosis**

ISM001-055 is the product. Background: Using an AI platform, In silico Medicine, a biotech business that specializes in using AI for drug discovery, created a novel therapeutic candidate for the chronic lung illness known as idiopathic pulmonary fibrosis (IPF) [104–106]. AI Involvement: Insilico Medicine's AI system identified and created the preclinical candidate ISM001-055. The effectiveness of AI-driven drug development was demonstrated by the medication's discovery, synthesis, and testing in under 18 months [106]. Status: Insilico stated plans to move therapeutic candidates to clinical trials in 2021 after ISM001-055 advanced through preclinical testing.

#### **Amgen's AI-optimized drug AMG 510 (sotorasib)-**

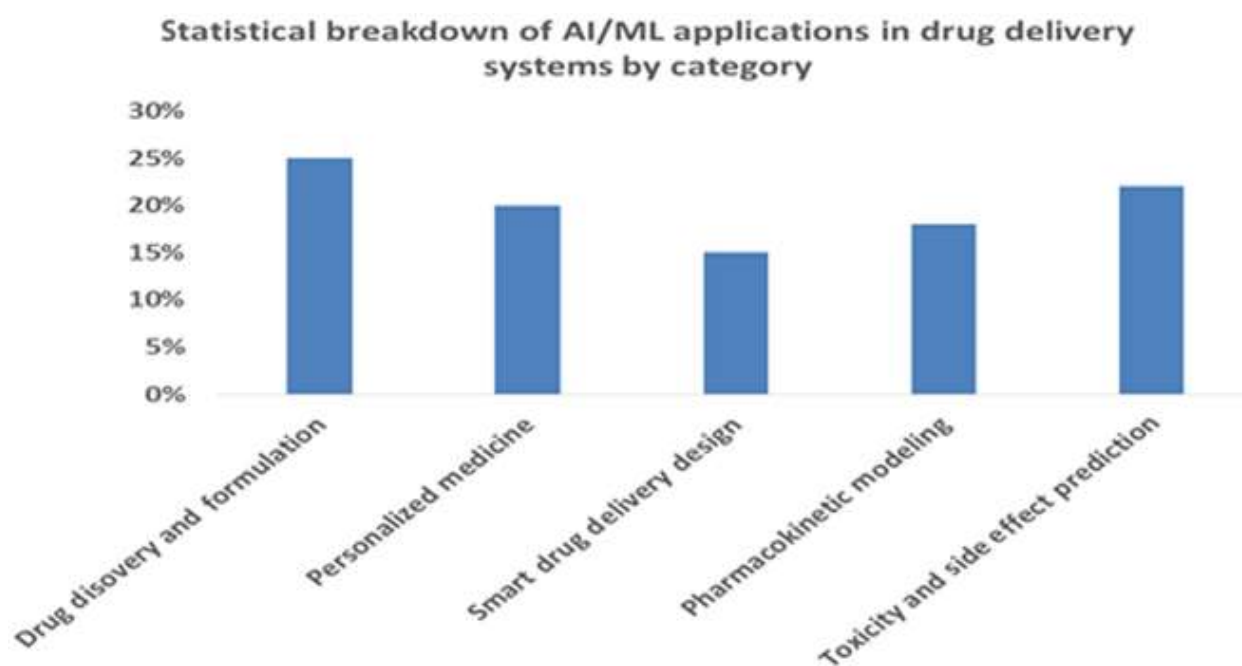
Product: sotorasib (AMG 510) Background: Amgen created sotorasib, a first-in-class KRAS inhibitor, to treat certain malignancies that have the KRAS G12C mutation, including non-small cell lung cancer [107].

**GlaxoSmithKline's AI-discovered drug-AI-designed vaccine adjuvant** The item is Shingrix. Background: Shingrix, a shingles vaccine developed by GlaxoSmithKline using artificial intelligence, incorporates an adjuvant system that boosts the body's immunological response. AI Involvement: The best adjuvant combination for boosting vaccine efficacy has been found by using AI models to examine possible adjuvant combinations [108]. Status: Shingrix is now a well-known shingles vaccination with great effectiveness rates and extensive use throughout the world [109]. Recursion pharmaceuticals' AI-powered drug repurposing-REC-994 is the product. Background: Recursion Pharmaceuticals specializes in using artificial intelligence (AI) to repurpose current medications for novel uses. In order to treat cerebral cavernous malformation, a rare hereditary condition, REC-994 was created [110]. AI Involvement: Recursion's AI platform examined millions of compounds and predicted that REC-994 would be effective in changing disease pathways, making it a potential treatment for cerebral cavernous malformation [111]. Status: REC-994 has advanced to clinical trials, demonstrating AI's capacity to discover novel applications for currently available medications [111, 112].

## Conclusion

A revolutionary development in contemporary medicine, the incorporation of AI and ML in drug administration is revolutionizing the way medications are created, delivered, and tailored for each patient. A new era of healthcare is being ushered in by these technologies, which present unmatched chances to improve treatment precision, effectiveness, and personalization. By making it possible to create complex delivery systems, optimize dosage schedules, and speed up medication discovery and development, AI and ML have already started to completely transform drug delivery. Because tailored medicines address the demands of each patient, improve therapeutic outcomes, and lessen side effects, the potential for these technologies to further advance personalized medicine is very encouraging.

By making it possible to create complex delivery systems, optimize dosage schedules, and speed up medication discovery and development, AI and ML have already started to completely transform drug delivery. Since tailored medicines address the demands of each patient, improve therapeutic outcomes, and lessen side effects, the potential for these technologies to further progress personalized medicine is very encouraging. To ensure that these technologies are safe and effective, however, there are significant obstacles to overcome in the application of AI and ML in drug delivery, including problems with data quality, model transparency, ethical issues, and regulatory compliance.



**Fig2.**Statistical breakdown of AI/ML applications in drug delivery system by category

## References

1. Vora LK, Gholap AD, Jetha K, Thakur RRS, Solanki HK, Chavda VP. Artificial intelligence in pharmaceutical technology and drug delivery design. *Pharmaceutics*. 2023;15(7):1916.
2. Gupta R, Srivastava D, Sahu M, Tiwari S, Ambasta RK, Kumar P. Artificial intelligence to deep learning: Machine intelligence approach for drug discovery. *Mol Divers*. 2021;25:1315–1360.
3. He S, Leanse LG, Feng Y. Artificial intelligence and machine learning assisted drug delivery for effective treatment of infectious diseases. *Adv Drug Deliv Rev*. 2021;178: Article 113922.

4. Awwalu J, Garba AG, Ghazvini A, Atuah R. Artificial intelligence in personalized medicine application of AI algorithms in solving personalized medicine problems. *Int J Comput Theory Eng.* 2015;7(6):439–443.
5. Habebh H, Gohel S. Machine learning in healthcare. *Curr Genomics.* 2021;22(4):291–300.
6. Bannigan P, Aldeghi M, Bao Z, Häse F, Aspuru-Guzik A, Allen C. Machine learning directed drug formulation development. *Adv Drug Deliv Rev.* 2021;175:Article 113806.
7. Gormley AJ. Machine learning in drug delivery. *J Control Release.* 2024;373:23–30.
8. Castro BM, Elbadawi M, Ong JJ, Pollard T, Song Z, Gaisford S, et al. Machine learning predicts 3D printing performance of over 900 drug delivery systems. *J Control Release.* 2021;337:530–545.
9. Boso DP, Di Mascolo D, Santagiuliana R, Decuzzi P, Schrefler BA. Drug delivery: Experiments, mathematical modelling and machine learning. *Comput Biol Med.* 2020;123:Article 103820.
10. Askin S, Burkhalter D, Calado G, El Dakrouni S. Artificial intelligence applied to clinical trials: Opportunities and challenges. *Health Technol.* 2023;13(2):203–213.
11. Mayorga-Ruiz I, Jiménez-Pastor A, Fos-Guarinos B, López-González R, García-Castro F, Alberich-Bayarri Á. The role of AI in clinical trials. In: Ranschaert ER, Algra PR, Morozov S, editors. *Artificial intelligence in medical imaging: Opportunities, applications and risks.* Springer; 2019. p. 231–243.
12. Go JM, Lee JY, Song Y-K, Kim JH. Trends in artificial intelligence applications in clinical trials: An analysis of ClinicalTrials.gov. *Korean J Clin Pharm.* 2024;34(2):134–139.
13. Plana D, Shung DL, Grimshaw AA, Saraf A, Sung JJ, Kann BH. Randomized clinical trials of machine learning interventions in health care: A systematic review. *JAMA Netw Open.* 2022;5(9):e2233946.
14. Kang J, Chowdhry AK, Pugh SL, Park JH. Integrating artificial intelligence and machine learning into cancer clinical trials. *Semin Radiat Oncol.* 2023;33(4):386–394.
15. Prajapati JB, Paliwal H, Saikia S, Prajapati BG, Prajapati DN, Philip AK, Faiyazuddin M. Impact of AI on drug delivery and pharmacokinetics: The present scenario and future prospects. In: Shahiwal A, Philip A, Rashid M, Faiyazuddin M, editors. *A handbook of artificial intelligence in drug delivery.* Elsevier; 2023. p. 443–465.
16. Hassanzadeh P, Atyabi F, Dinarvand R. The significance of artificial intelligence in drug delivery system design. *Adv Drug Deliv Rev.* 2019;151:169–190.
17. Lou J, Duan H, Qin Q, Teng Z, Gan F, Zhou X, Zhou X. Advances in oral drug delivery systems: Challenges and opportunities. *Pharmaceutics.* 2023;15(2):484.
20. Singh Malik D, Mital N, Kaur G. Topical drug delivery systems: A patent review. *Expert Opin Ther Pat.* 2016;26(2):213–228.
21. Vieira CC, Peltonen L, Karttunen A, Ribeiro A. Is it advantageous to use quality by design (QbD) to develop nanoparticle-based dosage forms for parenteral drug administration? *Int J Pharm.* 2024;657:124163.
22. Aneja P, Guleria R, Garad S, Aneja S, Thakur Y, Thakur S, Sharma P. A REVIEW ON ADVANCED PARENTERAL DRUG DELIVERY AND MANUFACTURING TECHNOLOGY. 2024.
23. Yang M-S, Kang J-H, Kim D-W, Park C-W. Recent developments in dry powder inhalation (DPI) formulations for lung-targeted drug delivery. *J Pharm Investig.* 2024;54(2):113–130.
24. Azimi S, Arzanpour S. Enhancing inhalation drug delivery: A comparative study and design optimization of a novel valved holding chamber. *J Biomech Eng.* 2024;146(4):041002.
25. Zhao S, Zhang J, Qiu M, Hou Y, Li X, Zhong G, Gou K, Li J, Zhang C, Qu Y, et al. Mucoadhesive and thermosensitive Bletilla striata polysaccharide/chitosan hydrogel loaded nanoparticles for rectal drug delivery in ulcerative colitis. *Int J Biol Macromol.* 2024;254:Article 127761.
26. Eissa EM, El Sisi AM, Bekhet MA, El-Ela FIA, Kharshoum RM, Ali AA, Alrobaian M, Ali Abdelhaleem AM. pH-sensitive in situ gel of mirtazapine Invasomes for rectal drug delivery: Protruded bioavailability and anti-depressant efficacy. *Pharmaceutics.* 2024;17(8):978.
27. Khan SU, Ullah M, Saeed S, Saleh EAM, Kassem AF, Arbi FM, Wahab A, Rehman M, ur Rehman K, Khan D, et al. Nanotherapeutic approaches for transdermal drug delivery systems and their biomedical applications. *Eur Polym J.* 2024;207:112819.
28. Matharoo N, Mohd H, Michniak-Kohn B. Transferosomes as a transdermal drug delivery system: Dermal kinetics and recent developments. *Wiley Interdiscip Rev Nanomed Nanobiotechnol.* 2024;16(1):Article e1918.

29. Bahrami K, Lee E, Morse B, Lanier OL, Peppas NA. Design of nanoparticle-based systems for the systemic delivery of chemotherapeutics: Alternative potential routes via sublingual and buccal administration for systemic drug delivery. *Drug Deliv Transl Res.* 2024;14(5):1173–1188.
30. Kumar A, Kumar A. Smart pharmaceutical formulations of biopolymeric materials in buccal drug delivery. *Biomed Mater Devices.* 2024; 10.1007/s44174-024-00223-y.
31. Huang Q, Chen X, Yu S, Gong G, Shu H. Research progress in brain-targeted nasal drug delivery. *Front Aging Neurosci.* 2024;15:1341295.
32. Chen J, Finlay WH, Vehring R, Martin AR. Characterizing regional drug delivery within the nasal airways. *Expert Opin Drug Deliv.* 2024;21(4):537–551.
33. Brunaugh AD, Moraga-Espinoza D, Bahamondez-Canas T, Smyth HD, Williams RO. Ophthalmic and otic drug delivery. In: *Essential pharmaceutics.* Springer; 2024. p. 141–149.
34. Manrique-Huarte R, Álvarez de Linera-Alperi M, Pérez-Fernández N, Manrique M. Acute histological reactions in the otolith organs to inner ear drug delivery through a cochlear implant. *Front Neurol.* 2024;15:1363481.
35. Das S, Das MK, Jamatia T, Bhattacharya B, Mazumder R, Yadav PK, Bishwas NRG, Deka T, Roy D, Sinha B, et al. Advances of cassava starch-based composites in novel and conventional drug delivery systems: A state-of-the-art review. *RSC Pharmaceutics.* 2024;1(2):182–203.
36. Joshi G, Jain A, Araveeti SR, Adhikari S, Garg H, Bhandari M. FDA-approved artificial intelligence and machine learning (AI/ML)-enabled medical devices: An updated landscape. *Electronics.* 2024;13(3):498.
37. Strange M. Three different types of AI hype in healthcare. *AI Ethics.* 2024;4:833–840.
38. Mesgari E, Mahmoudi P, Kord Tamandani Y, Tavousi T, Amir Jahanshahi SM. A comparative assessment of the ability of different types of machine learning in short-term predictions of nocturnal frosts. *Acta Geophys.* 2024;72:2955–2973.
39. Abass T, Itua EO, Bature T, Eruaga MA. Concept paper: Innovative approaches to food quality control: AI and machine learning for predictive analysis. *World J Adv Res Rev.* 2024;21(3):823–828.
40. Konya A, Nematzadeh P. Recent applications of AI to environmental disciplines: A review. *Sci Total Environ.* 2024;906:Article 167705.
41. Yalamati S, Vaddy RK. Algorithmic Insights: Exploring AI and ML in Practical applications. In: Whig P, Sharma S, Sharma S, editors. *Practical applications of data processing, algorithms and modeling.* IGI Global; 2024. p. 30–43.
42. Nozari H, Ghahremani-Nahr J, Szmelter-Jarosz A. AI and machine learning for real-world problems. In: Kim S, Deka GC, editors. *Advances In computers.* Elsevier; 2024. vol. 134. p. 1–12.
43. Visan AI, Negut I. Integrating artificial intelligence for drug discovery in the context of revolutionizing drug delivery. *Life.* 2024;14(2):233.
44. Qi X, Zhao Y, Qi Z, Hou S, Chen J. Machine learning empowering drug discovery: Applications, opportunities and challenges. *Molecules.* 2024;29(4):903.
45. Okolo CA, Olorunsogo T, Babawarun O. A comprehensive review of AI applications in personalized medicine. *Int J Sci Res Arch.* 2024;11(1):2544–2549.
46. Aundhia C, Parmar G, Talele C, Shah N, Talele D. Impact of artificial intelligence on drug development and delivery. *Curr Top Med Chem.* 2024; 10.2174/0115680266324522240725053634.
47. Ryan DK, Maclean RH, Balston A, Scourfield A, Shah AD, Ross J. Artificial intelligence and machine learning for clinical pharmacology. *Br J Clin Pharmacol.* 2024;90(3):629–639.
48. Nene L, Flepisi BT, Brand SJ, Basson C, Balmith M. Evolution of drug development and regulatory affairs: The demonstrated power of artificial intelligence. *Clin Ther.* 2024;46(8):e6–e14.
49. Singh S, Rawat J, Mittal M, Kumar I, Bhatt C. Application of AI in SCM or Supply Chain 4.0. In: Fernandes SL, Sharma TK, editors. *Artificial intelligence in industrial applications: Approaches to solve the intrinsic industrial optimization problems.* Springer; 2022 25. p. 51–66.
50. Kobayashi K, Kuromatsu N, Kobashi H, Ueda H. Platform to accelerate utilization and R&D of AI technologies. *Fujitsu Sci Tech J.* 2020;56(1):97–102.
51. McCausland T. *Accelerating innovation.* Taylor & Francis; 2024. p. 87–90.
52. Park T, Gu P, Kim C-H, Kim KT, Chung KJ, Kim TB, Jung H, Yoon SJ, Oh JK. Artificial intelligence in urologic oncology: The actual clinical practice results of IBM Watson for oncology in South Korea. *Prostate Int.* 2023;11(4):218–221.
53. Strickland E. IBM Watson, heal thyself: How IBM overpromised and underdelivered on AI health care. *IEEE Spectr.* 2019;56(4):24–31.

54. Chen Y, Argentinis JE, Weber G. IBM Watson: How cognitive computing can be applied to big data challenges in life sciences research. *Clin Ther.* 2016;38(4):688–701.
55. Hamilton JG, Genoff Garzon M, Westerman JS, Shuk E, Hay JL, Walters C, Elkin E, Bertelsen C, Cho J, Daly B, et al. “A tool, not a crutch”: Patient perspectives about IBM Watson for oncology trained by memorial Sloan Kettering. *J Oncol Pract.* 2019;15(4):e277–e288.
56. Bouzo B, Calvelo M, Martín-Pastor M, García-Fandiño R, de la Fuente M. In vitro–in silico modeling approach to rationally designed simple and versatile drug delivery systems. *J Phys Chem B.* 2020;124(28):5788–5800.
57. Mascheroni P, Schrefler BA. In silico models for nanomedicine: Recent developments. *Curr Med Chem.* 2018;25(34):4192–4207.
58. Sun Y, Peng Y, Chen Y, Shukla AJ. Application of artificial neural networks in the design of controlled release drug delivery systems. *Adv Drug Deliv Rev.* 2003;55(9):1201–1215.
59. Lim CP, San Quek S, Peh KK. Prediction of drug release profiles using an intelligent learning system: An experimental study in transdermal iontophoresis. *J Pharm Biomed Anal.* 2003;31(1):159–168.
60. Arora G, Joshi J, Mandal RS, Shrivastava N, Virmani R, Sethi T. Artificial intelligence in surveillance, diagnosis, drug discovery and vaccine development against COVID-19. *Pathogens.* 2021;10(8):1048.
61. Ghosh A, Larrondo-Petrie MM, Pavlovic M. Revolutionizing vaccine development for COVID-19: A review of AI-based approaches. *Information.* 2023;14(12):665.
62. Thakur AK, Chellappan DK, Dua K, Mehta M, Satija S, Singh I. Patented therapeutic drug delivery strategies for targeting pulmonary diseases. *Expert Opin Ther Pat.* 2020;30(5):375–387.
63. Anderson S, Atkins P, Bäckman P, Cipolla D, Clark A, Daviskas E, Disse B, Entcheva-Dimitrov P, Fuller R, Gonda I, et al. Inhaled medicines: Past, present, and future. *Pharmacol Rev.* 2022;74(1):48–118.
64. Franssen FM, Alter P, Bar N, Benedikter BJ, Iurato S, Maier D, Maxheim M, Roessler FK, Spruit MA, Vogelmeier CF, et al. Personalized medicine for patients with COPD: Where are we? *Int J Chron Obstruct Pulmon Dis.* 2019;14:1465–1484.
65. Bateman ED, Mahler DA, Vogelmeier CF, Wedzicha JA, Patalano F, Banerji D. Recent advances in COPD disease management with fixed-dose long-acting combination therapies. *Expert Rev Respir Med.* 2014;8(3):357–379.
66. Johnson KB, Wei WQ, Weeraratne D, Frisse ME, Misulis K, Rhee K, Zhao J, Snowdon JL. Precision medicine, AI, and the future of personalized health care. *Clin Transl Sci.* 2021;14(1):86–93.
67. Raparathi M. AI assisted drug discovery: Emphasizing its role in accelerating precision medicine initiatives and improving treatment outcomes. *Human Comput Interact Perspect.* 2022;2(2):1–10.
68. Mak K-K, Wong Y-H, Pichika MR. Artificial intelligence in drug discovery and development. *Drug discovery and evaluation: Safety and pharmacokinetic assays.* 2023. p. 1–38.
69. Serov N, Vinogradov V. Artificial intelligence to bring nanomedicine to life. *Adv Drug Deliv Rev.* 2022;184 Article 114194.
70. Wamba-Taguimdje S-L, Wamba SF, Kamdjoug JRK, Wanko CET. Influence of artificial intelligence (AI) on firm performance: The business value of AI-based transformation projects. *Bus Process Manag J.* 2020;26(7):1893–1924.
71. Ahmed O. AI-enhanced clinical trials for streamlined drug discovery and development processes. *J AI Health Med.* 2024;4(1):152–159.
72. Gangwal A, Ansari A, Ahmad I, Azad AK, Sulaiman WMAW. Current strategies to address data scarcity in artificial intelligence-based drug discovery: A comprehensive review. *Comput Biol Med.* 2024;179:Article 108734.
73. Buhrmester V, Münch D, Arens M. Analysis of explainers of black box deep neural networks for computer vision: A survey. *Mach Learn Knowl Extr.* 2021;3(4):966–989.
74. Tummala SR, Gorrepati N. AI-driven predictive analytics for drug stability studies. *J Pharma Insight Res.* 2024;2(2):188–198.
75. González-Sendino R, Serrano E, Bajo J, Novais P. A review of bias and fairness in artificial intelligence. *Int J Interact Multimed Artif Intell.* 2023;10.9781/ijimai.2023.11.001.
76. Chinta SV, Wang Z, Zhang X, Viet TD, Kashif A, Smith MA, Zhang W. Ai-driven healthcare: A survey on ensuring fairness and mitigating bias. *arXiv.* 2024. <https://doi.org/10.48550/arXiv.2407.19655>
77. Li Y-H, Li Y-L, Wei M-Y, Li G-Y. Innovation and challenges of artificial intelligence technology in personalized healthcare. *Sci Rep.* 2024;14(1):18994.
78. Kumar K, Kumar P, Deb D, Unguresan M-L, Muresan V. Artificial intelligence and machine learning based intervention in medical infrastructure: A review and future trends. *Healthcare.* 2023;11(2):207.

79. Singh RP, Hom GL, Abramoff MD, Campbell JP, Chiang MF, AAO Task Force on Artificial Intelligence. Current challenges and barriers to real-world artificial intelligence adoption for the healthcare system, provider, and the patient. *Transl Vis Sci Technol*. 2020;9(2):45.
80. Srivastava V, Parveen B, Parveen R. Artificial intelligence in drug formulation and development: Applications and future prospects. *Curr Drug Metab*. 2023;24(9):622–634.
81. Schork NJ. Artificial intelligence and personalized medicine. *Cancer Treat Res*. 2019;178:265–283.
82. Sahu M, Gupta R, Ambasta RK, Kumar P. Artificial intelligence and machine learning in precision medicine: A paradigm shift in big data analysis. *Prog Mol Biol Transl Sci*. 2022;190(1):57–100.
83. Ma J, Stingo FC, Hobbs BP. Bayesian predictive modeling for genomic based personalized treatment selection. *Biometrics*. 2016;72(2):575–583.
84. Dixit S, Kumar A, Srinivasan K, Vincent PDR, Ramu KN. Advancing genome editing with artificial intelligence: Opportunities, challenges, and future directions. *Front Bioeng Biotechnol*. 2024;11:1335901.
85. Rai A, Shah K, Dewangan HK. Review on the artificial intelligence-based nanorobotics targeted drug delivery system for brain-specific targeting. *Curr Pharm Des*. 2023;29(44):3519–3531.
86. Xie Y, Lu L, Gao F, He S-j, Zhao H-j, Fang Y, Yang JM, An Y, Ye ZW, Dong Z. Integration of artificial intelligence, blockchain, and wearable technology for chronic disease management: A new paradigm in smart healthcare. *Curr Med Sci*. 2021;41(6):1123–1133.
87. Zohuri B, Behgounia F. Application of artificial intelligence driving nano-based drug delivery system. In: *A Handbook of artificial intelligence in drug delivery*. Elsevier; 2023. p. 145–212.
88. Tiwari PC, Pal R, Chaudhary MJ, Nath R. Artificial intelligence revolutionizing drug development: Exploring opportunities and challenges. *Drug Dev Res*. 2023;84(8):1652–1663.
89. Abadi E, Segars WP, Tsui BM, Kinahan PE, Bottenus N, Frangi AF, Maidment A, Lo J, Samei E. Virtual clinical trials in medical imaging: A review. *J Med Imaging*. 2020;7(4):042805.
90. Rosa C, Marsch LA, Winstanley EL, Brunner M, Campbell AN. Using digital technologies in clinical trials: Current and future applications. *Contemp Clin Trials*. 2021;100:Article 106219.
91. Palaniappan K, Lin EYT, Vogel S. Global regulatory frameworks for the use of artificial intelligence (AI) in the healthcare services sector. *Healthcare*. 2024;12(5):562.
92. Reddy S, Fox J, Purohit MP. Artificial intelligence-enabled healthcare delivery. *J R Soc Med*. 2019;112(1):22–28.
93. Khinvasara T, Tzenios N, Shanker A. Post-market surveillance of medical devices using AI. *J Complement Altern Med Res*. 2024;25(7):108–122.
94. Thethi SK. Machine learning models for cost-effective healthcare delivery systems: A global perspective. *Digital Transformation in Healthcare 50: Volume 1: IoT, AI and Digital Twin*. 2024:199.
95. Edrees H, Song W, Syrowatka A, Simona A, Amato MG, Bates DW. Intelligent telehealth in pharmacovigilance: A future perspective. *Drug Saf*. 2022;45(5):449–458.
96. Olorunsogo T, Adeniyi AO, Okolo CA, Babawarun O. Ethical considerations in AI-enhanced medical decision support systems: A review. *World J Adv Eng Technol Sci*. 2024;11(1):329–336.
97. Morley J, Machado CC, Burr C, Cows J, Joshi I, Taddeo M, Floridi L. The ethics of AI in health care: A mapping review. *Soc Sci Med*. 2020;260:Article 113172.
98. Alizadehsani R, Oyelere SS, Hussain S, Jagatheesaperumal SK, Calixto RR, Rahouti M, Roshanzamir M, de Albuquerque VHC. Explainable artificial intelligence for drug discovery and development—a comprehensive survey. *IEEE Access*. 2024;12:35796–35812.
99. Adadi A, Berrada M. Peeking inside the black-box: A survey on explainable artificial intelligence (XAI). *IEEE Access*. 2018;6:52138–52160.
100. Albahri AS, Duhaime AM, Fadhel MA, Alnoor A, Baqer NS, Alzubaidi L, Albahri OS, Alamoodi AH, Bai J, Salhi A, et al. A systematic review of trustworthy and explainable artificial intelligence in healthcare: Assessment of quality, bias risk, and data fusion. *Inf Fusion*. 2023;96: 156–191.
101. Yingngam B, Sethabouppha B. Advanced AI Applications for Drug Discovery. *Advances in Computational Intelligence for the Healthcare Industry 40: IGI Global*; 2024. p. 42–86.
102. Richardson PJ, Robinson BW, Smith DP, Stebbing J. The AI-assisted identification and clinical efficacy of baricitinib in the treatment of COVID-19. *Vaccines*. 2022;10(6):951.