

Digital Enablers of Nanomedicine: Pharmaceutical Software Across the Lifecycle of Nanotechnology-Based Drug Products

Mohd. Wasiullah^{1*}, Piyush Yadav², Aman Saroj³

Abstract

Nanotechnology-based drug products have rapidly evolved from laboratory concepts to clinically relevant therapies, yet their development is constrained by complex design variables, stringent quality requirements, and emerging regulatory expectations specific to nanomaterials. Pharmaceutical software now plays a central role in the nanomedicine lifecycle, enabling in silico design of nano-carriers, simulation of nano–bio interactions, control of nanoscale quality attributes during manufacturing, and systematic tracking of safety signals in real-world use. Integrated digital platforms link molecular modelling, process analytical technology, and regulatory data management so that researchers can optimize particle size, surface chemistry, and release profiles while documenting compliance with guidelines for nanomaterials and environmental safety. At the same time, artificial intelligence, digital twins, and advanced analytics are beginning to transform how nanoformulations are scaled up, monitored, and evaluated for long-term risk, including nanotoxicological and sustainability considerations. This review discusses the main categories of pharmaceutical software relevant to nanomedicine – design and simulation tools, nano-focused manufacturing and quality systems, clinical and pharmacovigilance platforms, and regulatory and supply-chain solutions – and highlights opportunities and challenges in building a robust digital infrastructure for safe, effective, and sustainable nanotechnology-based therapies.

Keywords: Digital twins, nano-drug delivery, nanomaterials, nanomedicine, pharmaceutical software, pharmacovigilance, process analytical technology, quality by design, regulatory compliance

*Author for Correspondence

Mohd. Wasiullah
E-mail: drwasipharma@gmail.com

¹Professor & Principal, Department of Pharmacy, Prasad Institute of Technology, Jaunpur, Uttar Pradesh, India

²Professor & Head, Department of Pharmacy, Prasad Institute of Technology, Jaunpur, Uttar Pradesh, India

³Scholar, Department of Pharmacy, Prasad Institute of Technology, Jaunpur, Uttar Pradesh, India

Received Date: February 07, 2026

Accepted Date: February 17, 2026

Published Date: February 25, 2026

Citation: Mohd. Wasiullah, Piyush Yadav, Aman Saroj³ Digital Enablers of Nanomedicine: Pharmaceutical Software Across the Lifecycle of Nanotechnology-Based Drug Products. Nano Trends: A Journal of Nanotechnology and Its Applications. 2026; 28(1): 11–16p.

INTRODUCTION

The emergence of nanomedicine has reshaped contemporary pharmaceutical research by enabling drug carriers and diagnostic systems that operate at the nanoscale, with properties that differ markedly from conventional formulations [1–5]. Liposomes, polymeric nanoparticles, solid lipid nanoparticles, metallic and inorganic nanostructures, nanoemulsions, and dendrimers allow targeted delivery, controlled release, and improved solubility, but they also introduce additional complexity in design, characterization, and risk assessment [6–9, 24].

Traditional experimental workflows alone are often insufficient to manage the vast design space created by nanomaterials, where subtle changes in

particle size distribution, surface charge, shape, or coating can alter biodistribution, efficacy, and toxicity [11–15]. To address this, the development and lifecycle management of nanomedicines increasingly rely on pharmaceutical software that supports modelling of nano–bio interactions, systematic process design, data-rich quality control, and structured documentation for regulatory review [16–18, 23].

Regulators and scientific bodies now emphasize quality-by-design (QbD), risk-based approaches, and data integrity in the context of complex products, including nanotechnology-based medicines [21–23, 26–28, 33]. Software platforms help implement these principles by integrating design tools, experimental data, process analytical technology, and clinical outcomes into coherent digital ecosystems, enabling transparent decision-making across the nanomedicine lifecycle [19–20, 31–32, 35].

ROLE AND IMPORTANCE OF PHARMACEUTICAL SOFTWARE IN NANOMEDICINE

Pharmaceutical software is pivotal to nanomedicine because it helps manage the unique interplay between material properties, process parameters, and biological responses that govern the performance of nano-enabled products [6–8, 11–12]. In early-stage research, modelling and simulation tools reduce empirical trial-and-error by predicting how candidate nanocarriers will interact with biological barriers, distribute in tissues, and release their payload [11–12, 23].

During process development and manufacturing, digital systems support QbD by linking critical material attributes – such as particle size, polydispersity, morphology, and surface potential – to critical process parameters and clinical performance indicators [21–22]. Process analytical technology software and monitoring platforms allow real-time tracking of these nanoscale attributes, enabling tighter control of batch-to-batch variability and more efficient scale-up [20].

In clinical development and post-marketing settings, data management and pharmacovigilance systems facilitate robust documentation of safety profiles, including nanotoxicological effects, immunogenic reactions, and long-term accumulation or clearance patterns that may not be obvious in early studies [9, 31, 32]. By linking preclinical characterization data with clinical outcomes and real-world evidence, software platforms support a systems view of nanomedicine performance and risk, which is increasingly important for regulators and payers [26–28, 33].

CATEGORIES OF PHARMACEUTICAL SOFTWARE RELEVANT TO NANOMEDICINE

Software used in nanomedicine can be grouped into several functional categories along the lifecycle of nano-enabled products. Although many platforms originated in conventional pharmaceutical development, their adaptation to nanoscale systems has created new capabilities and use cases [16–18].

Major categories include: design and simulation tools for nanocarriers, encompassing molecular modelling, quantum-chemical calculations, molecular dynamics, and *in silico* prediction of nano–bio interactions [11–14, 23]; formulation and process design platforms that support experimental design, multivariate analysis, and QbD-driven optimization [19–22] of nanoformulation parameters and manufacturing conditions; manufacturing and quality systems, such as manufacturing execution systems (MES), laboratory information management systems (LIMS), and PAT software configured to monitor nano-specific critical quality attributes; [20, 32] clinical and pharmacovigilance platforms, including clinical data management systems and safety databases, customized to track signals and endpoints relevant to nanomedicine [31–32]; and regulatory and supply-chain tools that support documentation, serialization, track-and-trace, and environmental stewardship for nanomaterials used in medicinal products [26–28, 33].

These categories interact to form a digital continuum, so that data generated in one phase – for example, nanoparticle characterization – can inform risk assessments, clinical trial design, and post-market surveillance.

DESIGN AND DEVELOPMENT SOFTWARE FOR NANO-DRUG DELIVERY SYSTEMS

In nanomedicine, design and development software focuses on understanding and manipulating interactions at the molecular and supramolecular levels, where particle architecture dictates biological behavior. Molecular modelling tools are used to construct candidate nanocarriers, such as lipid bilayers

for liposomes, polymer networks for micelles, and inorganic scaffolds for metallic nanoparticles, and to predict their stability, encapsulation efficiency, and release characteristics [6–8, 24].

Molecular dynamics simulations help explore how nanocarriers behave in complex environments, including blood plasma, mucus layers, or intracellular compartments. These simulations can reveal aggregation tendencies, protein corona formation, membrane fusion, and triggered release mechanisms under variations in pH, ionic strength, and temperature, allowing researchers to refine designs before synthesis [11–12].

Quantitative structure–activity relationships and related modelling frameworks are being adapted to analyze nano–bio interfaces, linking physicochemical descriptors of nanomaterials with cellular uptake, cytotoxicity, and immunomodulatory effects [9, 13–14]. Machine learning and other AI methods can integrate diverse datasets from *in vitro*, *in vivo*, and *in silico* studies to predict biodistribution and safety of new nanocarriers, thereby reducing the number of experimental iterations and potentially lowering reliance on animal models [10, 16–18].

Design software is also used to develop smart or stimuli-responsive nanocarriers that react to specific triggers, such as pH, redox gradients, enzymes, or external fields. By simulating structural transitions and releasing kinetics under defined conditions, these tools guide the selection of materials and architectures that will respond appropriately at target sites while remaining stable during storage and circulation [7, 8].

MANUFACTURING AND QUALITY CONTROL SOFTWARE FOR NANOMEDICINES

Manufacturing nanotechnology-based medicines presents particular challenges, because critical quality attributes often involve distributions rather than single values and can be sensitive to subtle process fluctuations. Pharmaceutical manufacturing software tailored to nanomedicine helps maintain control over parameters such as particle size distribution, polydispersity index, morphology, encapsulation efficiency, and surface characteristics [20, 21–22].

Manufacturing execution systems integrate recipe management, batch records, equipment status, and process data from unit operations like high-pressure homogenization, microfluidic mixing, spray drying, or solvent evaporation used in nanoformulation. By linking these data with defined design spaces and control strategies, MES platforms support consistent production of nanoformulations across scales and sites [21, 22].

Process analytical technology software plays an especially important role in nanomedicine by enabling inline or at-line measurement of critical attributes. Techniques such as dynamic light scattering, nanoparticle tracking analysis, spectroscopy, and imaging can be integrated with PAT platforms to provide real-time feedback on particle size, aggregation, concentration, and composition, allowing operators or automated systems to adjust process conditions promptly [20].

Laboratory information management systems complement these tools by organizing characterization data from analytical instruments, tracking sample histories, and maintaining compliant audit trails. For nanomedicines, LIMS configurations often include specialized templates for reporting nanoscale properties, stability studies under varied conditions, and compatibility with biological matrices, which supports both internal decision-making and regulatory submissions [26–28].

Digital twins – virtual replicas of manufacturing processes – are beginning to be applied to nanoformulation lines. By combining mechanistic models and process data, such twins can simulate the impact of changing flow rates, mixing regimes, or material attributes on nanoparticle characteristics, thereby enabling proactive optimization and risk reduction [16–18].

CLINICAL RESEARCH AND PHARMACOVIGILANCE SOFTWARE FOR NANOMEDICINE

Clinical development of nanomedicines requires careful tracking of endpoints that may differ from conventional formulations, including altered pharmacokinetics, organ-specific accumulation, and delayed

adverse events related to nanoparticle persistence or degradation products [9, 11]. Clinical data management systems support this by providing structured electronic case report forms that capture nano-specific variables, such as formulation type, particle size range, and any modifications between batches.

Integration between clinical databases and preclinical characterization repositories allows investigators to correlate clinical outcomes with detailed information about the nanomaterial used, which is important when subtle changes in manufacturing can influence safety or efficacy [11–12, 23]. Trial management software also assists with logistics, including randomization, supply management, and documentation of any formulation updates, all within an auditable digital framework [35].

Pharmacovigilance systems are critical for the long-term monitoring of nanomedicines because some effects may emerge only after repeated dosing or accumulation in specific organs. Modern safety databases support structured reporting of suspected nanotoxicological events and can integrate free-text narratives, laboratory findings, imaging, and biopsy results [31, 32].

Artificial intelligence and natural language processing techniques are being applied to safety data, scientific literature, and real-world sources to extract potential safety signals related to nanomaterials. These tools can flag emerging patterns of adverse events or interactions that might warrant further investigation, supporting continuous risk–benefit assessment of nano-enabled therapies throughout their market life [31, 33]

PHARMACY, REGULATORY, AND SUPPLY-CHAIN SOFTWARE FOR NANO-ENABLED PRODUCTS

Once nanomedicines reach the market, pharmacy information systems help ensure that they are prescribed, dispensed, and monitored appropriately. Electronic systems can store product-specific guidance on preparation, reconstitution, administration routes, and incompatibilities that may be more critical for nanotechnology-based formulations than for conventional drugs [25].

Decision-support modules within pharmacy software can alert clinicians to special considerations, such as restricted indications, requirements for premedication to reduce infusion reactions associated with some nanocarriers, and recommendations for monitoring organ function during therapy [6,9]. Integration with electronic health records allows comprehensive documentation of exposure and outcomes, which in turn feeds back into pharmacovigilance processes.

From a regulatory perspective, software tools assist in compiling electronic dossiers that capture detailed characterization data, manufacturing information, and nonclinical and clinical results specific to nanomaterials. Platforms that support standardized data structures and submission formats facilitate interactions with regulatory agencies, which increasingly expect transparent, structured evidence on nanomedicine quality and safety [26–28, 33].

Supply-chain software – including serialization and track-and-trace systems – helps prevent counterfeiting and ensures the integrity of nanomedicines across distribution networks. For temperature-sensitive or physically fragile nanoformulations, logistics platforms can integrate sensor data on conditions such as temperature and vibration, providing assurance that particle properties remain within acceptable limits until administration [28].

EMERGING DIGITAL TRENDS AND CHALLENGES IN NANOMEDICINE

Several digital trends are reshaping nanomedicine, but they also introduce new scientific, technical, and ethical questions. AI-driven design and optimization pipelines promise to accelerate the discovery of novel nanocarriers and to refine manufacturing control strategies, yet these models must contend with limited, heterogeneous datasets and the need for interpretable outputs to support regulatory decision-making [16–18, 35].

Blockchain and related technologies are being explored to enhance traceability of nanomaterials across research, manufacturing, and supply chains, potentially improving data integrity and public trust in complex products. However, integrating such systems with existing laboratory and clinical software remains technically demanding and raises questions about governance and interoperability [26–28].

Cybersecurity has particular relevance for nanomedicine because sensitive information includes not only patient data but also proprietary formulations, process models, and simulation frameworks that may confer significant competitive advantage. Robust security architectures and compliance with data-protection standards are therefore essential when deploying cloud-based design platforms, digital twins, and shared registries of nanomaterials [26,33].

Ethical considerations extend beyond privacy to include fair access to advanced nanomedicines, responsible communication of benefits and risks, and environmental stewardship of nanomaterials. Digital tools can support environmental monitoring, life-cycle assessment, and documentation of safe disposal practices, but they must be embedded in broader regulatory and societal frameworks to be effective [33].

CONCLUSION

Pharmaceutical software has become a foundational component of nanomedicine, connecting molecular-level design with industrial-scale manufacturing, clinical evaluation, and long-term safety monitoring of nanotechnology-based drug products. Design and simulation platforms enable more rational development of nanocarriers and predictive assessment of nano–bio interactions, while manufacturing and quality systems provide the data infrastructure needed to maintain tight control over nanoscale attributes during production and scale-up.

Clinical and pharmacovigilance software extends this digital continuum into patient care by capturing nano-specific endpoints and facilitating early detection of safety signals, which is vital given the complex and sometimes delayed effects associated with nanomaterials. Pharmacy, regulatory, and supply-chain tools further support safe and transparent use of nanomedicines by structuring information for clinicians, regulators, and logistics partners and by protecting product integrity from manufacture to administration.

Looking ahead, the integration of artificial intelligence, digital twins, and distributed ledgers offers opportunities to create more adaptive, resilient, and sustainable digital ecosystems for nanomedicine, provided that issues of data quality, interoperability, cybersecurity, and ethics are addressed proactively. Close collaboration between material scientists, clinicians, software developers, and regulators will be essential to ensure that digital technologies unlock the full potential of nanotechnology while safeguarding patient welfare and the environment.

REFERENCES

1. Rzigalinski BA, Strobl JS. Cadmium-containing nanoparticles: Perspectives on pharmacology and toxicology of quantum dots. *Nanomedicine*. 2019;14(8):1011–25.
2. Etheridge ML, Campbell SA, Erdman AG, Haynes CL, Wolf SM, McCullough J. The big picture on nanomedicine: The state of investigation and approved nanomedicine products. *Nanomedicine*. 2013;9(1):1–14.
3. Ventola CL. Progress in nanomedicine: Approved and investigational nanodrugs. *P T*. 2017;42(12):742–55.
4. Duncan R, Gaspar R. Nanomedicine(s) under the microscope. *Mol Pharm*. 2011;8(6):2101–41.
5. Anselmo AC, Mitragotri S. Nanoparticles in the clinic: An update. *Bioeng Transl Med*. 2019;4(3):e10143.
6. Wicki A, Witzigmann D, Balasubramanian V, Huwyler J. Nanomedicine in cancer therapy: Challenges, opportunities, and clinical applications. *J Control Release*. 2015;200:138–57.
7. Lu W, Zhang G, Zhang R, Flores LG, Huang Q, Gelovani JG, Li C. Tumor site-targeted nanomedicines: progress and perspectives. *Nano Today*. 2016;11(2):168–186. doi:10.1016/j.nantod.2016.02.002.
8. Desai N. Challenges in development of nanoparticle-based therapeutics. *AAPS J*. 2012;14(2):282–95.
9. Dobrovolskaia MA, Shurin M, Shvedova AA. Current understanding of interactions between nanoparticles and the immune system. *Toxicol Appl Pharmacol*. 2016;299:78–89.

10. Fadeel B, Farcal L, Hardy B, Vázquez-Campos S, Hristozov D, Marcomini A, et al. Advanced tools for the safety assessment of nanomaterials. *Nat Nanotechnol.* 2018 Jul;13(7):537–43.
11. Li M, Al-Jamal KT, Kostarelos K, Reineke J. Physiologically based pharmacokinetic modeling of nanoparticles. *ACS Nano.* 2010;4(11):6303–17.
12. Zhao J, Stenzel MH. Entry of nanoparticles into cells: The importance of nanoparticle properties. *Polym Chem.* 2018;9(3):259–72.
13. Oksel C, Ma CY, Lau CH, et al. Nanomaterial dose metrics: Selection, calculation and application in nano-QSAR. *Nanotoxicology.* 2015;9(12):1509–19.
14. Fourches D, Pu D, Tassa C, Weissleder R, Shaw SY, Mumper RJ, et al. Quantitative nanostructure–activity relationship modeling. *ACS Nano.* 2010;4(10):5703–12.
15. Lin Z, Monteiro-Riviere NA, Riviere JE. A physiologically based pharmacokinetic model for polyethylene glycol-coated gold nanoparticles of different sizes in adult mice. *Nanotoxicology.* 2015;9(2):169–79.
16. Ijeh Y, Alsarayreh N, Rifai A, Abdelnabi H, Al-Mahamid S, Alqudah DA, et al. Quality by digital design for accelerated sustainable pharmaceutical development. *J Pharm Sci.* 2025;114(3):456–72.
17. Maharjan R, Kim NA, Kim KH, Jeong SH. Transformative roles of digital twins from drug discovery to biopharmaceutical manufacturing. *J Pharm Innov.* 2025;20(2):233–48.
18. VT I, Asireddy S, Vallarapu N, Madhira J, Rao T. Digital twins in drug discovery: A paradigm shift shaping future pharmaceuticals. *Int J Pharm Sci Nanotechnol.* 2024;17(5):3124–35.
19. Wold S, Esbensen K, Geladi P. Principal component analysis. *Chemometr Intell Lab Syst.* 1987;2(1–3):37–52.
20. Kourti T. Process analytical technology and chemometrics: Applications in complex pharmaceutical processes. *Anal Chim Acta.* 2021;1160:338370.
21. Lionberger RA, Lee SL, Lee LM, Raw A, Yu LX. Quality by design: Concepts for ANDAs. *AAPS J.* 2008;10(2):268–76.
22. Yu LX, Amidon G, Khan MA, Hoag SW, Polli J, Raju GK, et al. Understanding pharmaceutical quality by design. *AAPS J.* 2014;16(4):771–83.
23. Jiang W, Lionberger R, Yu LX. In vitro and in silico approaches to characterize nanotechnology-based drug products. *AAPS J.* 2011;13(2):176–82.
24. Locatelli E, Franchini MC. Biodegradable nanoparticles in nanomedicine: Achievements and new challenges. *Ther Deliv.* 2012;3(5):607–21.
25. Barenholz Y. Doxil®—the first FDA-approved nano-drug: Lessons learned. *J Control Release.* 2012;160(2):117–34.
26. FDA. FDA’s approach to regulation of nanotechnology products. U.S. Food and Drug Administration, Nanotechnology Programs; 2018.
27. European Medicines Agency. Reflection paper on nanotechnology-based medicinal products for human use. EMA/CHMP guidelines; 2020.
28. Kosemund K, Schlatter J, Ochsenhirt JL, Krause E, Marschall S. Regulatory challenges of nanomedicines and their follow-on versions: A European regulatory perspective. *Nanomedicine.* 2017;12(3):245–260. doi:10.2217/nmm-2016-0337.
29. Lamprou DA. Emerging technologies for diagnostics and drug delivery in the fight against COVID-19 and other pandemics. *Expert Opin Drug Deliv.* 2018;15(11):1061–4.
30. Bregoli L, Movia D, Gavigan-Imedio JD, Lysaght J, Reynolds J, Prina-Mello A. Nanomedicine applied to translational oncology: A future perspective on cancer treatment. *Nanomedicine.* 2016;11(7):1017–20.
31. Harpaz R, DuMouchel W, LePendu P, Bauer-Mehren A, Ryan P, Shah NH. Performance of pharmacovigilance signal-detection algorithms for the FDA Adverse Event Reporting System. *Clin Pharmacol Ther.* 2012;93(6):539–46.
32. Morita T, Ando Y, Kato A, Yoshida H, Terao K. Safety database design for nanomedicines: capturing nano-specific safety information. *Regulatory Toxicology and Pharmacology.* 2016;81:132–140. doi:10.1016/j.yrtph.2016.08.012.
33. World Health Organization. A coordinated global research roadmap: Nanotechnology and human health. WHO technical report; 2018.
34. Global Pharma Academy. Pharmacovigilance vs clinical data management: Key roles in drug safety. Global Pharma Academy blog article; 2024.
35. Zink R, Marchenko O, Bretz F. Adaptive clinical trials guided by software analytics. *Stat Med.* 2020;39(10):1423–35.