



**Track Title:** Emerging Technologies and Patient Centricity in Early Drug Development

**Session Title:** Designing for Delivery: Drug Discovery and the Early Development Interface

# Discovering and Developing Non-Traditional Drug Modality Molecules with Optimal Pharmaceutical Properties

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*UNIVERSITY OF KANSAS*

9 April 2019

# Outline of Topics

## - Developability of Nontraditional Molecules -

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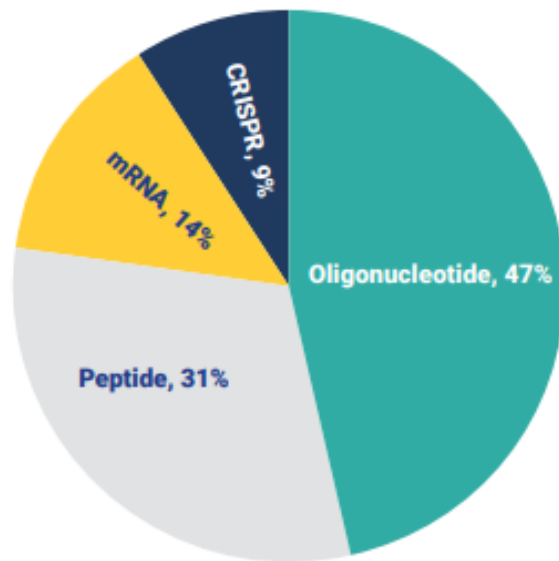
- ◆ **Increased Importance of New Modalities (TIDES)**
- ◆ **New Modalities and the ever Evolving Chemical Space**
  - Physiochemical Landscape and Drug Modality
  - Chemical Diversity and Drug Delivery
- ◆ **Defining a Preliminary Target Product Profile**
- ◆ **Physical Pharmacy & Drug Delivery**
  - Surrogates – Translation – Line-of-Sight
  - Drug Design with Delivery in Mind - A Marriage made in Discovery
  - The white elephant in the room -- TIDE Permeability
- ◆ **Discovery Mindset and Culture**
- ◆ **Acknowledgements**
  - Roy Haskell, Greg Amidon, Tom Raub
  - Arnold Repta, Takeru Higuchi, Val Stella, Ron Borchardt, Shri Valvani, Tony Sinkula, Walt Morozowich, Ev Hiestand, Chris Sinko, Steve Nail, Bob White, George Zografis, Ping Gao, Brian Rohrs, Randy Wald, Jim Freeman, John Skoug, Scott Grossman, Olafur Gudmundsson, Bruce Car, Ajit Narang, Rao Mantri
  - Many other colleagues in hallway discussions, coffee breaks, lunches and “Science at the Tavern”

# What TIDE Area has the Most Opportunity for Commercial Success and Growth?

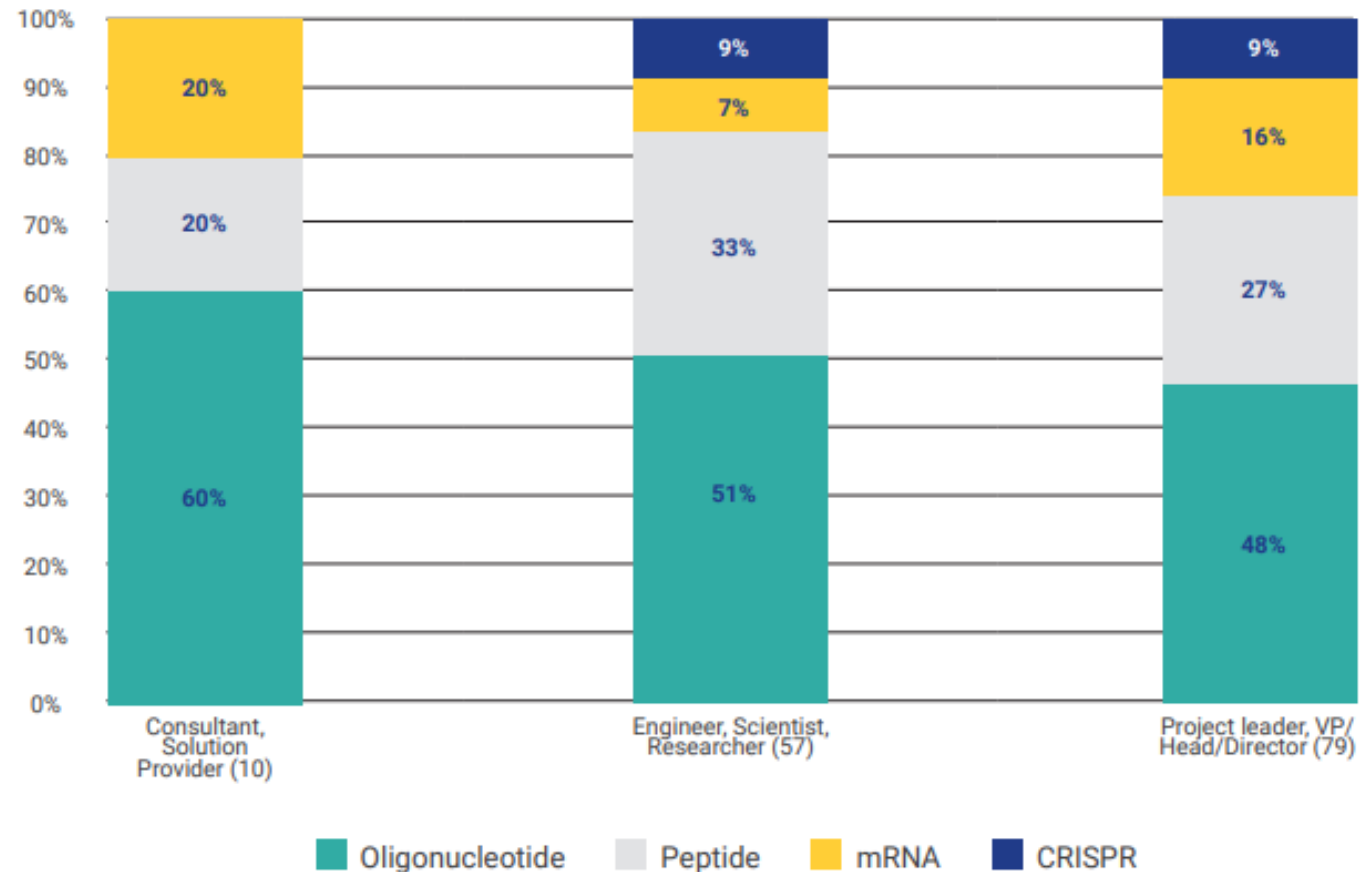
TIDES:  
Oligonucleotide and  
Peptide Therapeutics

OLIGO AND PEPTIDE THERAPEUTICS 2018: STATE OF THE INDUSTRY REPORT

Overall



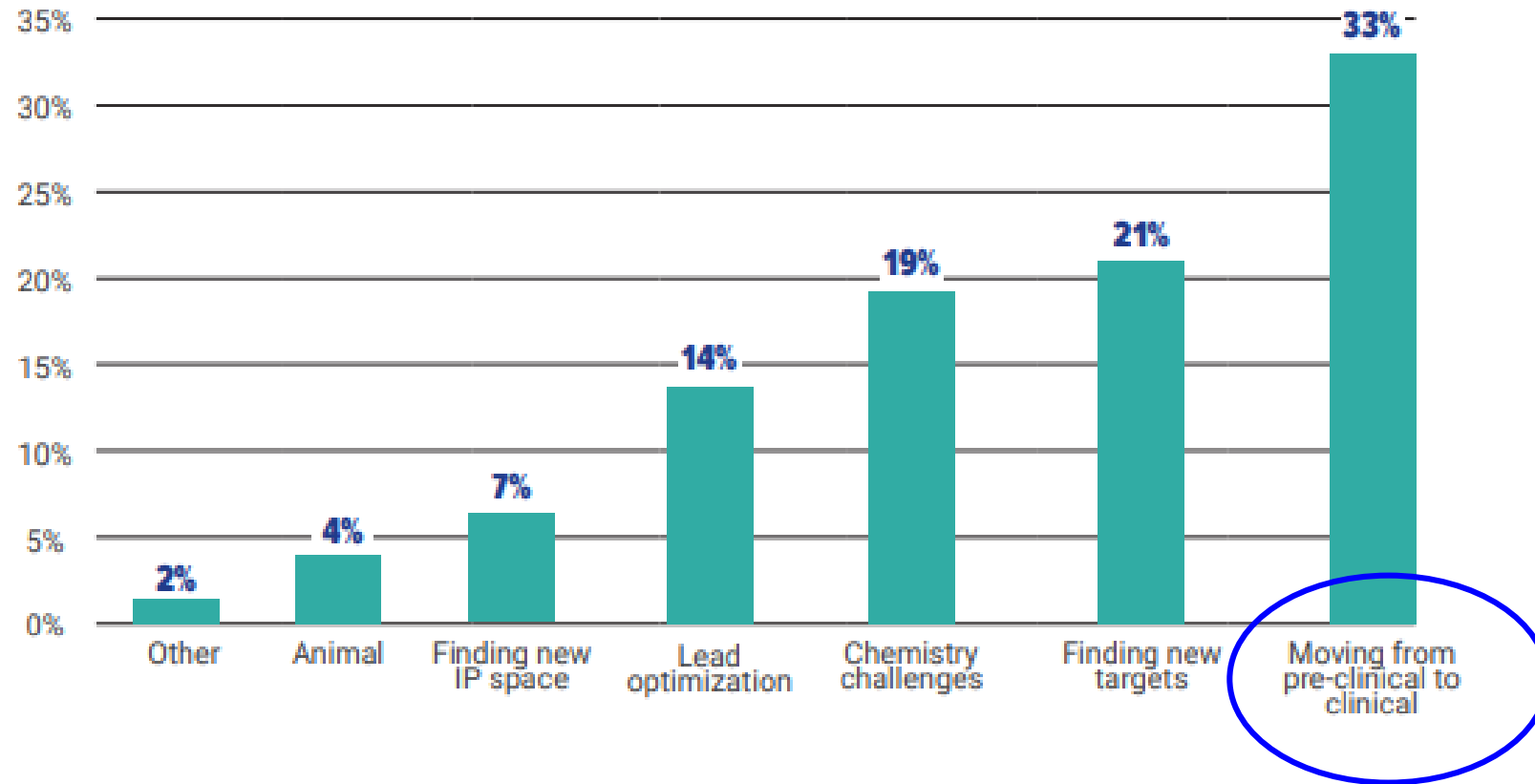
By Job Function



# What is your biggest challenge in the discovery / pre-clinical space for TIDEs?

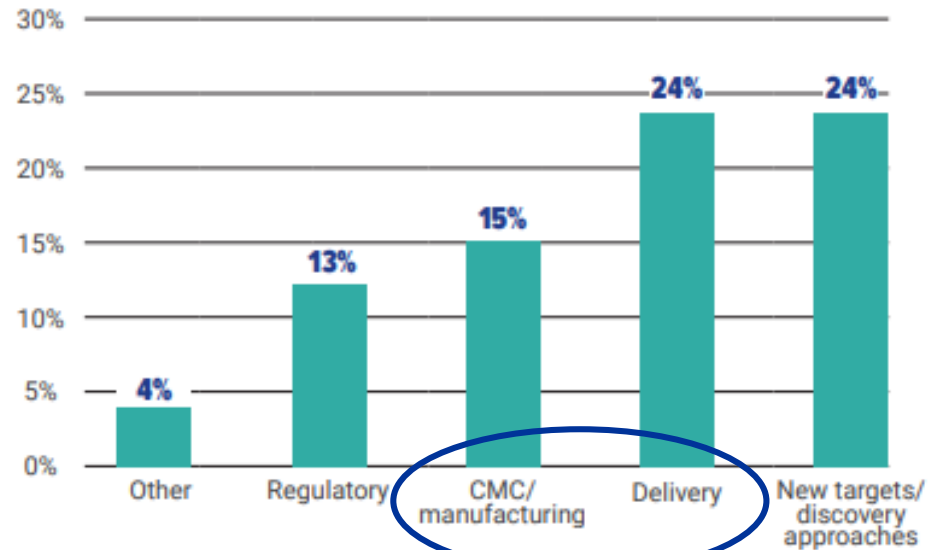
TIDES:  
Oligonucleotide and  
Peptide Therapeutics

OLIGO AND PEPTIDE THERAPEUTICS 2018: STATE OF THE INDUSTRY REPORT



**Recognized  
Stumbling Block**

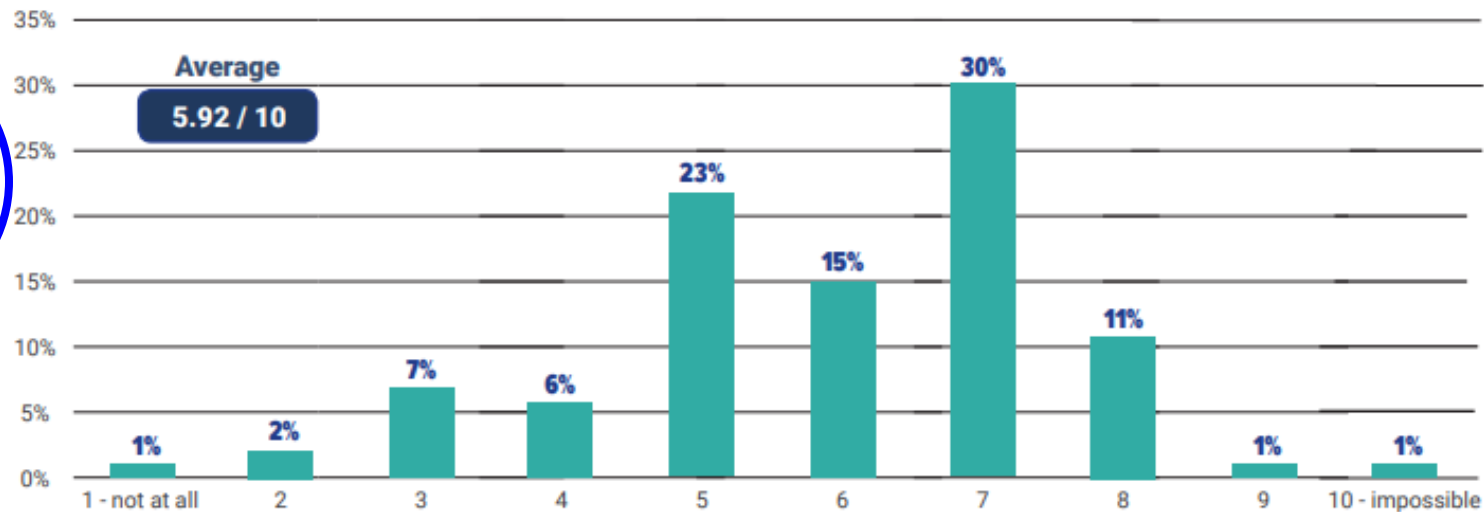
# What is the biggest challenge that you are currently Facing with Novel Therapeutics?



TIDES:  
Oligonucleotide and  
Peptide Therapeutics

OLIGO AND PEPTIDE THERAPEUTICS 2018: STATE OF THE INDUSTRY REPORT

How difficult will the delivery challenge for novel therapeutics be to overcome?



# Underlying Premise for Small Molecule NCEs

- Not all Molecules Come from a Haystack -

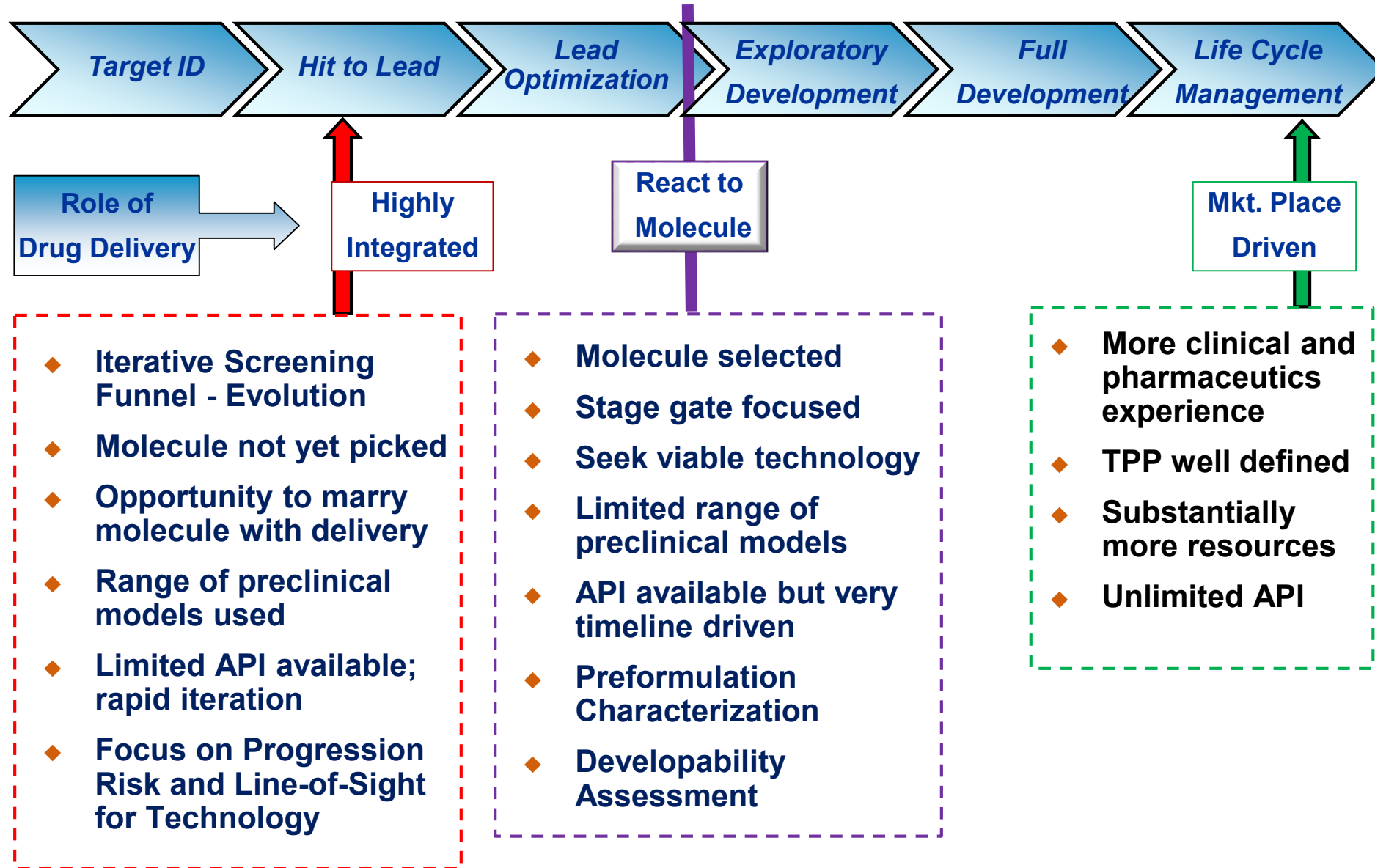


# Evolving Modalities Underlying Premise

- Not all Molecules Come from a Haystack -



# Increased Chemical Diversity Requires More Integrated Role of Drug Delivery During Lead Optimization





# Commonly Applied Rules for “Drug-Like”

## Lipinski rule of 5

- ◆ Poor absorption and permeation are likely when
  - H-bond donors > 5
  - $\log P > 5$
  - MW > 500
  - H-bond Acceptors > 10

## Veber Rules

- ◆ Good oral bioavailability in rats when
  - Rotatable bonds  $\leq 10$
  - Polar Surface Area (PSA)  $\leq 140 \text{ \AA}^2$  ; or  $\leq 12$  H-bonds (acceptors+donors)

## Pardridge Rules

- ◆ Good probability of penetrating the blood-brain barrier (BBB) when
  - H-bonds (acceptors+donors)  $\leq 8-10$
  - MW < 400-500 and not acidic

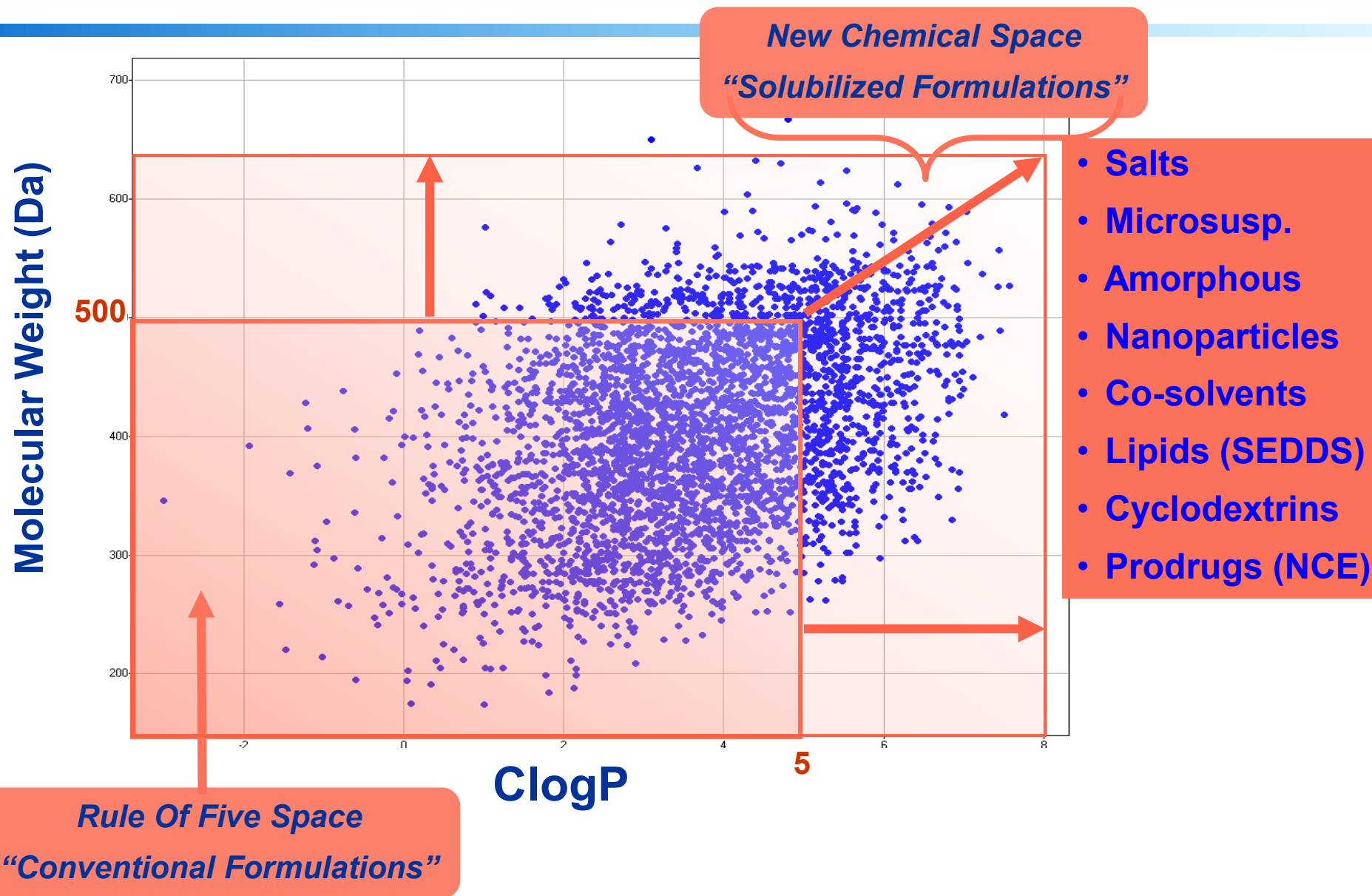
## Spraklin

- ◆ Further states that of 8 total H-bonds for BBB permeation
  - H-bond donors < 2 and H-bond acceptors < 6

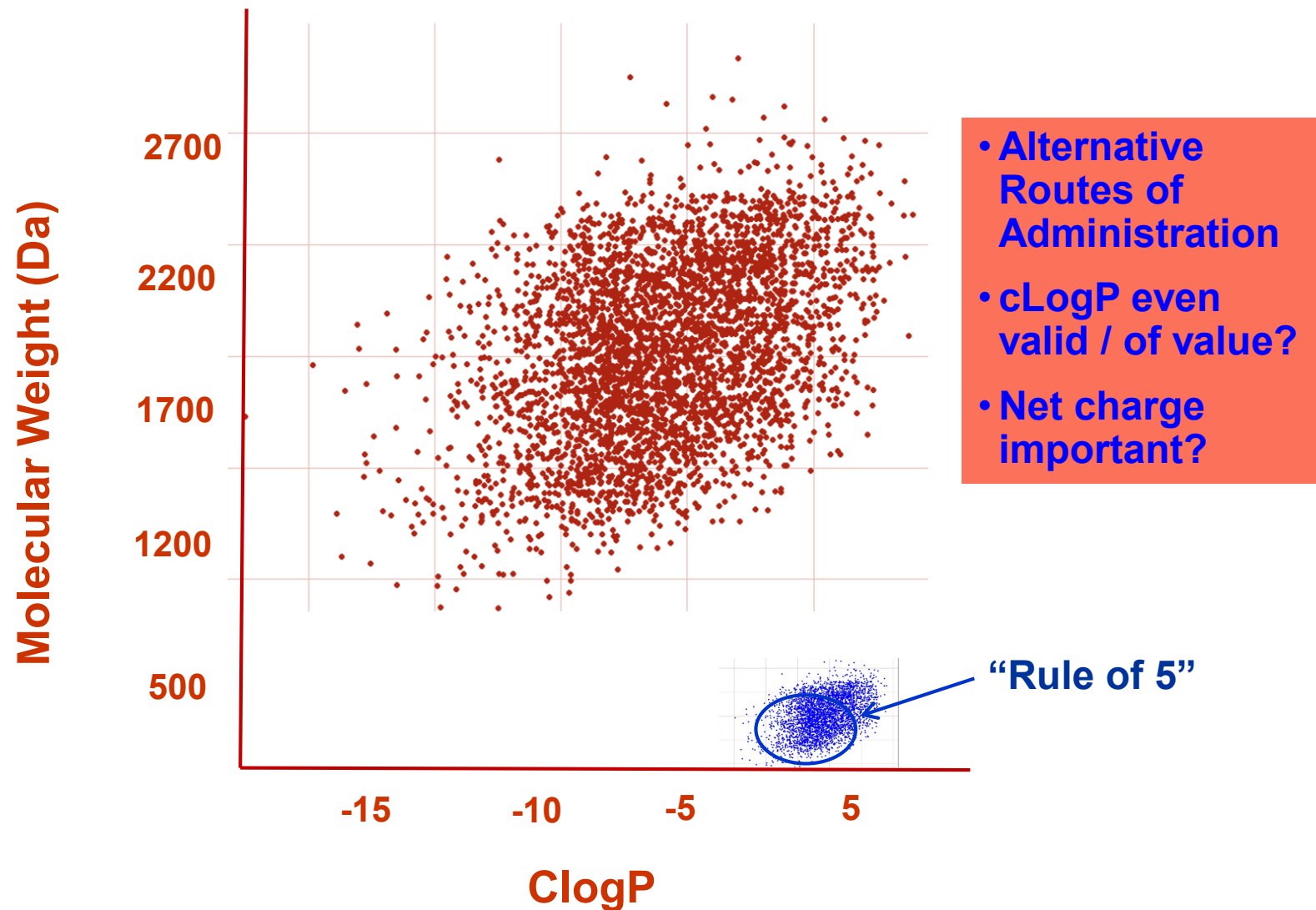
## Clark & Lobell

- ◆ For good BBB barrier permeability
  - MW < 450
  - $\#N + \#O < 6$
  - Polar Surface Area (PSA) < 60-70  $\text{\AA}^2$
  - $\log D = 1-3$
  - $c\log P - (\#N - \#O) > 0$

# Contrasting to our Typical Use of Formulation to Expand Accessible Small Molecule Chemistry Space For Oral Delivery

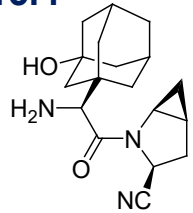


# Moving Into Nontraditional Chemical Space – Alternative Delivery Strategies are Required

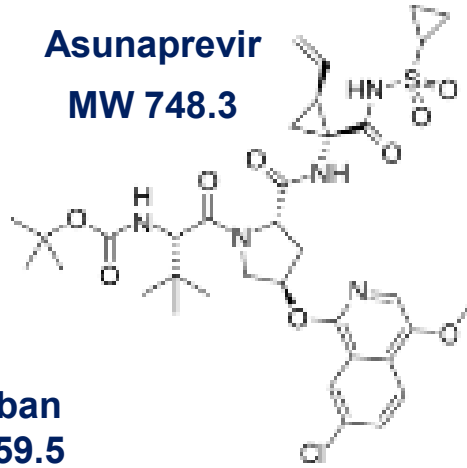


# Evolving Chemical Space >>>> New Ball Game

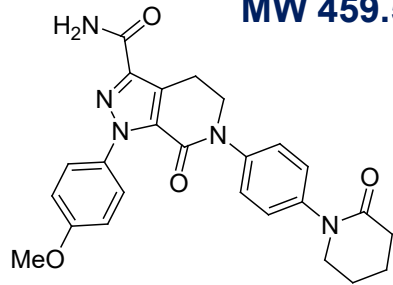
**Saxagliptin**  
315.4



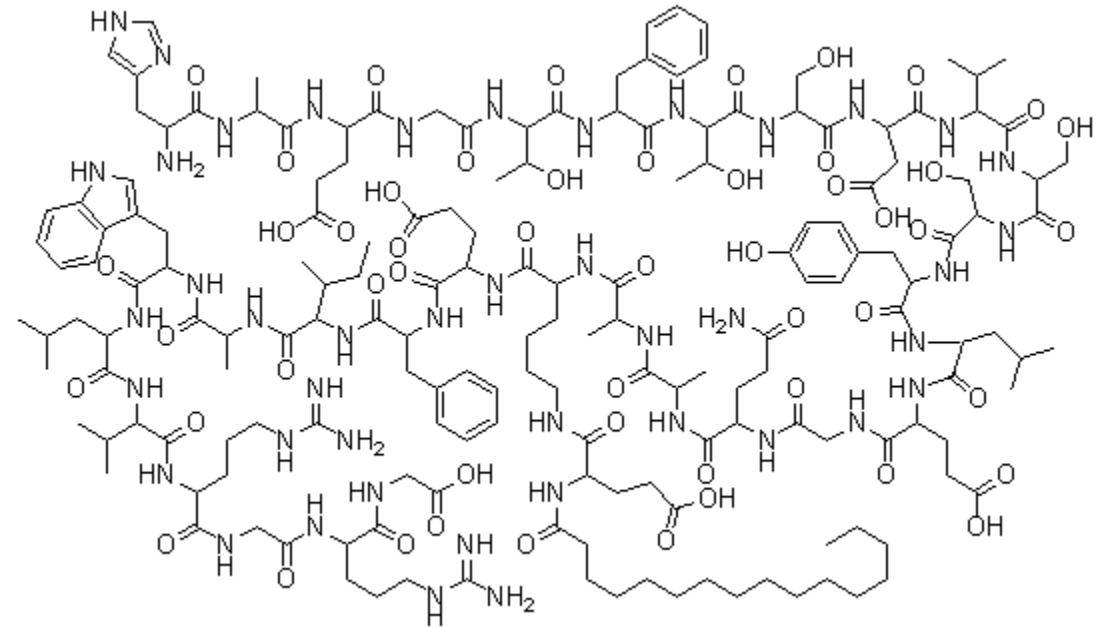
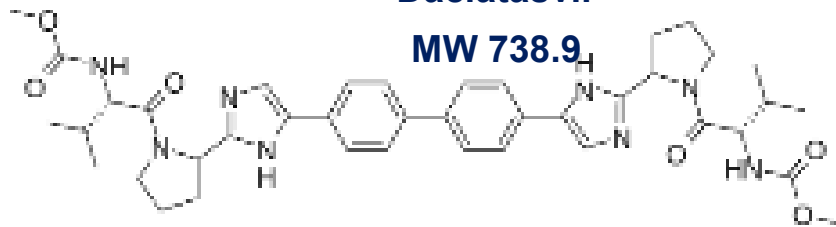
**Asunaprevir**  
MW 748.3



**Apixaban**  
MW 459.5



**Daclatasvir**  
MW 738.9



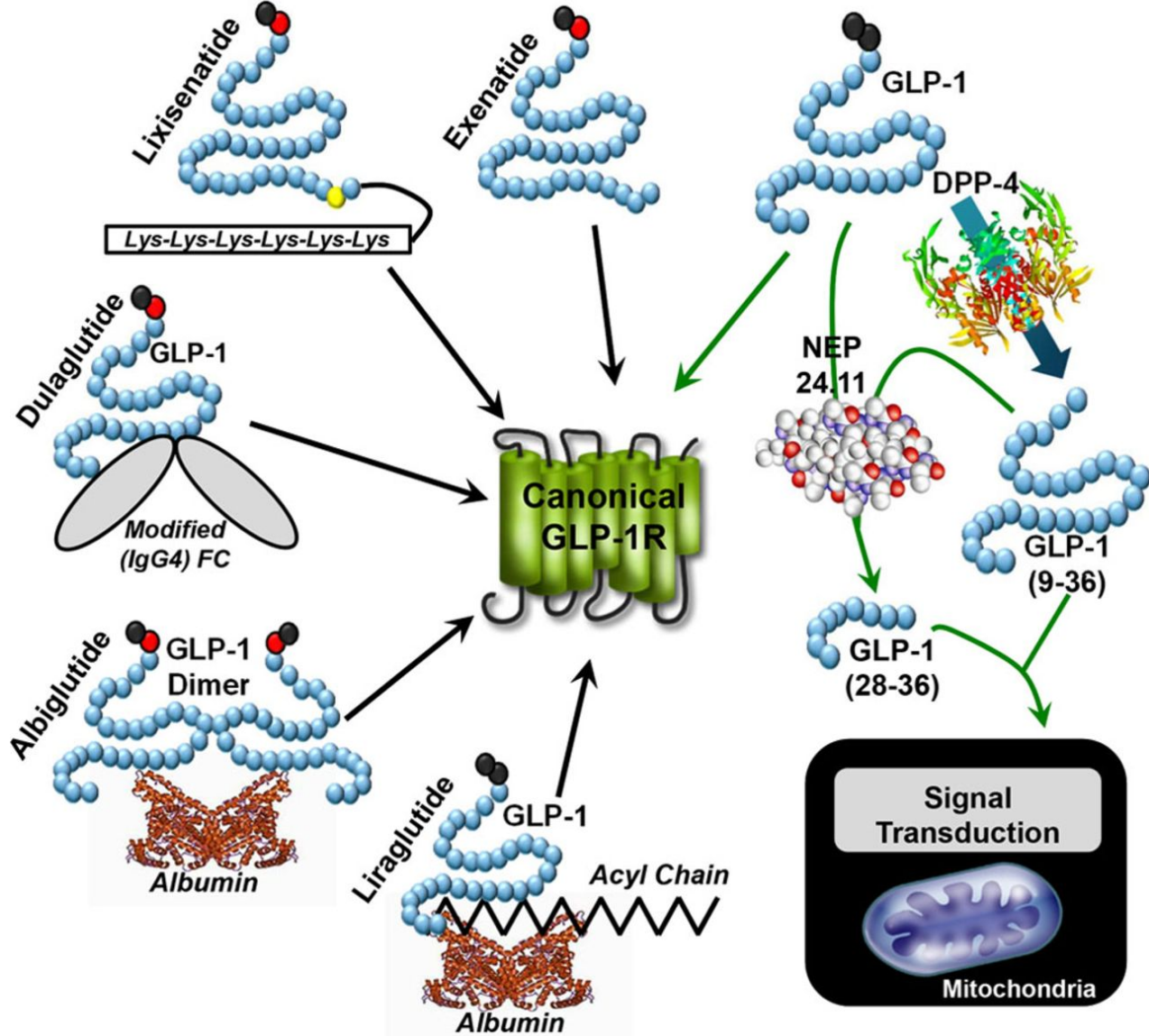
**GLP1 Analogs**

**Liraglutide**

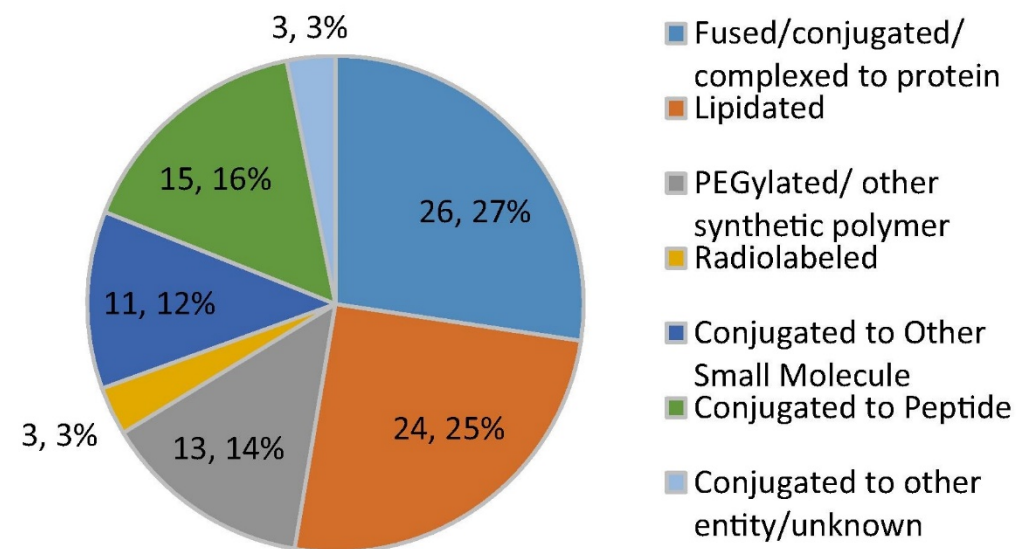
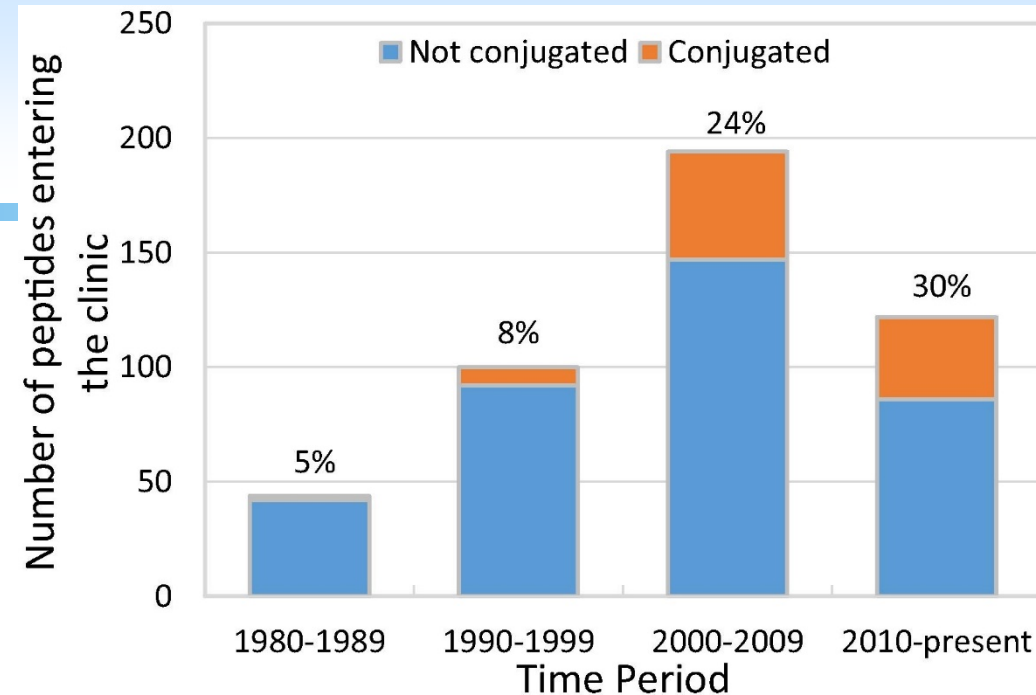
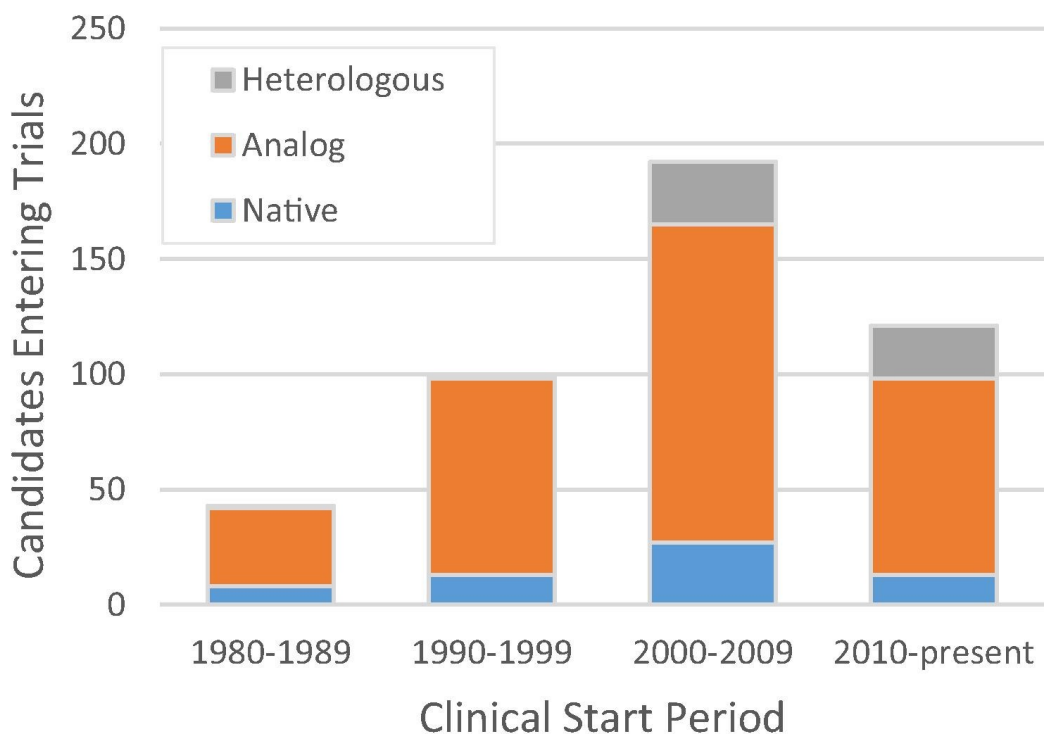
**MW 3751**

**What are the physicochemical and formulation requirements of a molecule for delivery?**

# Structural Variety in Marketed GLP-1 Analogs



# Incidence of Conjugated Peptides in the Clinic



# Generate a Preliminary Target Product Profile (PTPP) Early in the Process

- Provides basis on which developability hinges
- Initiated with target identification & based on business needs

<i>Element</i>	<i>Commercial Design Target</i>
Therapeutic Indication	<i>Alz, CHF, RA, UC, Crohn's Disease, I-O, etc.</i>
<i>Route of administration</i>	<i>Oral, Subcutaneous Injection, IV injection, other?</i>
<i>Projected Efficacious Dose</i>	<i>X mg per dose (this will be refined with time, early on need to know are we at 1, 10, 100 or 1000 mg)</i>
<i>Product</i>	<i>Ready to use solution, lyophilize for reconstitution,</i>
<i>Delivery system/Device</i>	<i>Immediate release, Pre-filled syringe, small volume parenteral (&lt;100ml), large volume parenteral, autoinjector pens, pump systems</i>
<i>Dosing frequency</i>	<i>Once a month, once a week, daily (may be coupled with device)</i>
<i>Stability</i>	<i>E.g. ≥24-month shelf life at 2-8°C with protection from light or do you require room temperature storage</i>

# Discovery Enablement vs Candidate Enablement

***Developability: The potential ability to carry an asset through its timeline with known risks and predictable, “reasonable”, resource consumption.***

## Discovery Enablement and Tools

- ◆ Permits studies using suboptimal compounds
  - Must not compromise outcome of intended (bio)assays
- ◆ Really has no bearing on candidate enablement per se
  - Requirements are completely different
- ◆ Surrogate assays must be linked to
  - the desired molecular and product attributes
  - a “Line-of-sight” to Clinical, preferably Development

## Candidate Enablement

- ◆ Verifies progression plausibility of approach(es) at point of selection
  - Avoids subsequent “no-go” decisions
- ◆ Estimate levels of risk/resource consumption likely with progression
- ◆ Different from life-cycle management

## Goals:

**Lead Optimization: Develop in vivo models, formulations, & tools; assess compatibility with program compounds**

**Candidate Selection: Explore behavior with candidate; assess specific clinical options; understand risk of progression**

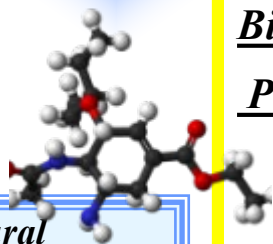


# Translation of Molecular Properties Into Preclinical and Clinical Attributes



## Molecular / Structural Properties

**Polarizability**  
**Electronic Factors**  
 resonance, dipole  
 charge transfer  
 ionization constants (pKa)  
**Topological / Steric**  
 surface areas  
 volume  
 connectivity  
**Molecular Weight**  
**Hydrophobicity**  
**Hydrogen Bonding**  
**Reactivity**



## Biochemical Properties

Target Binding  
 Nontarget Binding  
 Protein Binding  
 Tissue Partitioning  
 Membrane Partitioning  
 Enzyme Binding  
 Transporter Binding

## Physicochemical Properties

Solubility  
 Permeability  
 Diffusion Coefficient  
 Chemical Stability  
 Partition Coefficients  
 Cohesive Energy  
 Density

## ADME Properties

### Clearance

hepatic, renal, gut

### Fraction Absorbed (%F)

### Rate of Absorption ( $k_a$ )

### Drug-Drug Interactions

### Volume of Distribution

organ & tissue distribution

### Metabolism

phase 1 & 2

### Transporters

efflux & uptake



## Pharmacol. & Tox. Properties

### On-Target Binding

IC50, IC90, ED50

### Off-Target Binding

hERG Binding

### Toxicity

LD50

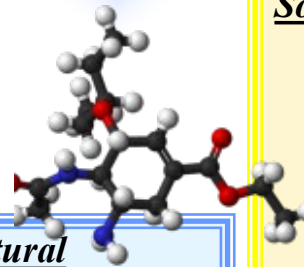
acute, chronic

# Translation of Molecular Properties Toward Pharmaceutical Developability Properties



## Molecular / Structural Properties

Polarizability  
 Electronic Factors  
     resonance, dipole  
     charge transfer  
     ionization constants (pKa)  
 Topological / Steric  
     surface areas  
     volume  
     connectivity  
 Molecular Weight  
 Hydrophobicity  
 Hydrogen Bonding  
 Reactivity



## Solid Form Properties

Hygroscopicity  
 Polymorphs / Solvates  
 Salts, Co-crystals  
 Crystallinity (Tm)  
 Amorphous (Tg)  
 Particle Size / Shape  
 Dissolution  
 Physical Stability  
 Physicomechanical

## Physicochemical Properties

Solubility  
 Permeability  
 Diffusion Coefficient  
 Chemical Stability  
 Partition Coefficients  
 Cohesive Energy  
 Density

## Formulation / Manufacturing Properties

Filter, Isolate, Size  
 Impurities control  
 Particle size reduction  
 Powder flow, compactable  
 Device Compatibility  
 Excipient Compatibility  
 Process Stability  
     chemical & physical  
 Formulation Strategy  
     salt, free base/acid,  
     amorphous, crystalline  
     liquid fill, semi-solid  
     solubilizers  
     solid dispersion

## Shelf-life Properties

Chemical Stability  
 Physical Stability  
 Maintain  
 Bioperformance  
 Packagable  
 Marketable



# “Surrogate Measure” is Really Fit for Purposes and Translation Makes it of Value

Choice of Surrogate Measure Depends on the Decisions Desired and Confidence in the Inter-Relationship of Data for the Desired Attribute

In Vivo Behavior,  
Bioavailability, Variability,  
ADME, Safety / Tox,  
5 yr API Storage Stability,  
3 yr DP Storage Stability,  
Device Compatability,  
Interfacial interactions,  
Underwrite Screening,  
Underwrite GLP & POC studies,  
Processability,  
Manufacturability,  
Formulation Strategy,  
Analytical Strategy

**“Surrogate Measure”**  
*(can/should include computational)*



Kinetic  
or  
Thermodynamic



“We tend to overvalue the things we can measure and undervalue the things we cannot.”

— [John Hayes](#)

# The Problems of Peptide Oral Absorption

## Enzymatic/Chemical stability

- ◆ Enteric coating/inhibitors
- ◆ Drives modified animal models

## Solubility

## Permeability

- ◆ Transient tight junction modulators
  - Specific vs nonspecific
- ◆ Membrane fluidizers (transcellular)
- ◆ Coordinated exposure (paracellular)

## Multifunctional Excipients

- ◆ Fatty acids, EDTA, citric acid  
acyl carnitines, bile salts

## Specific modulators

- ◆ Cadherin inhibitors

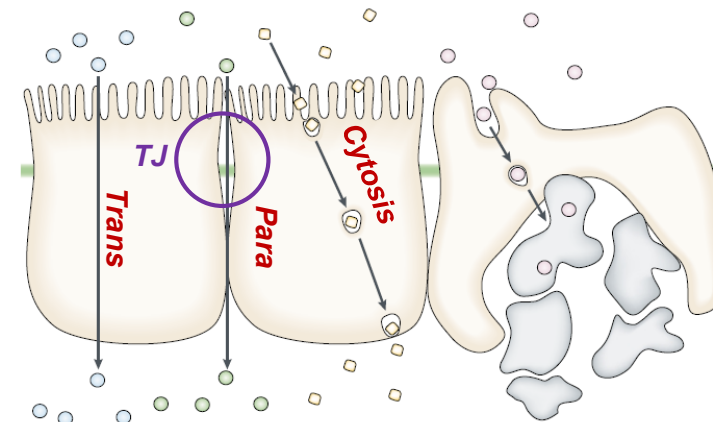
**Stomach**

•Enzymatic &  
pH degradation



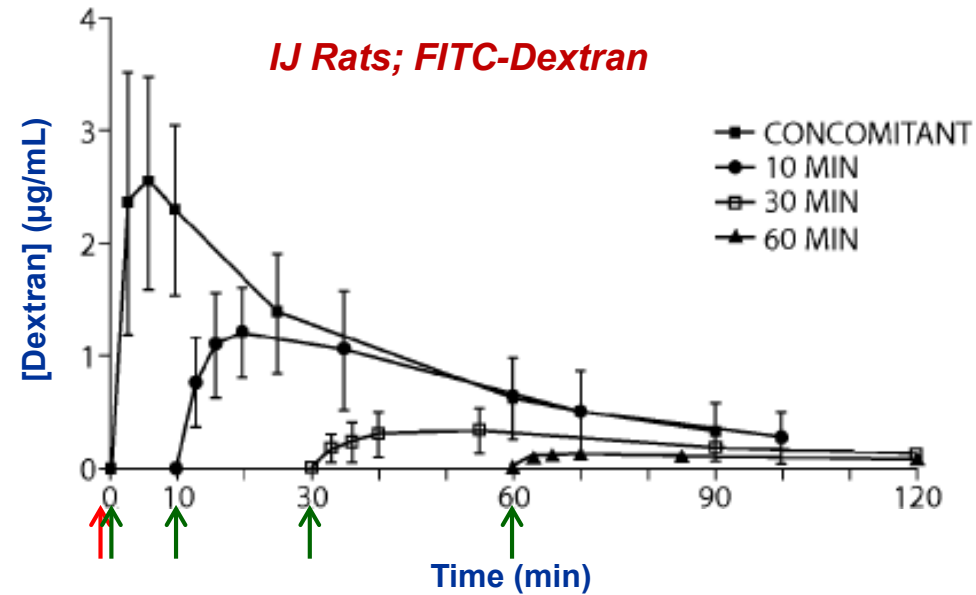
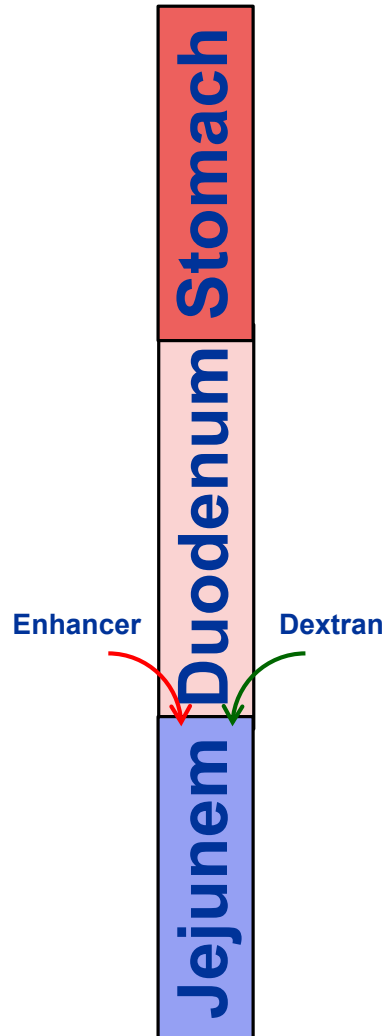
**Intestine**

•Enzymatic  
degradation  
•Solubility  
•Permeability

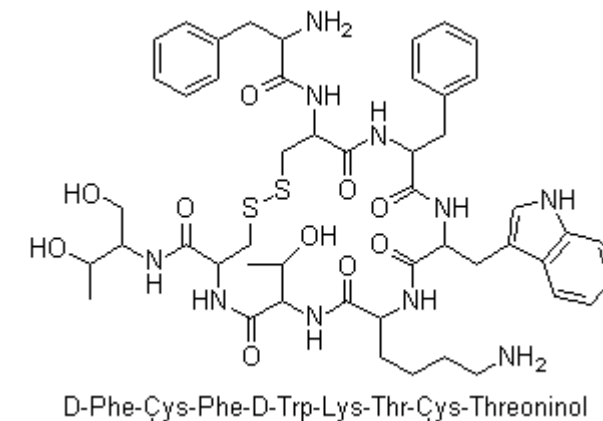
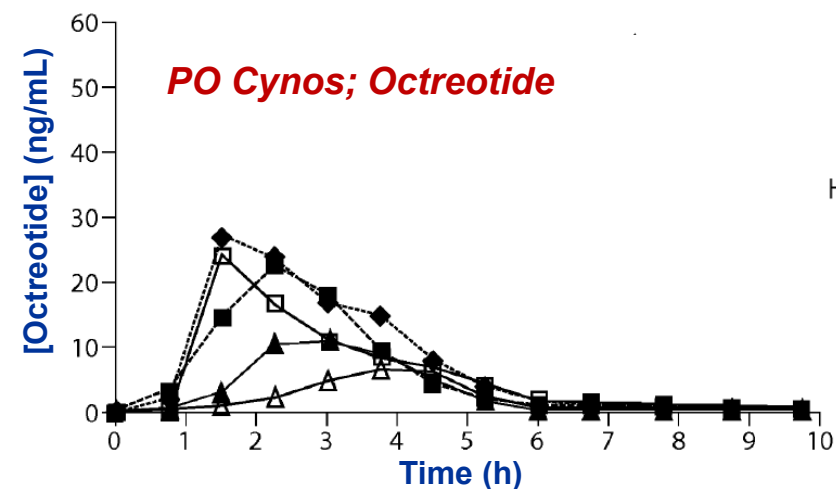


# Measuring Permeation Enhancement

Pharm Res (2014) 31:2010–2021



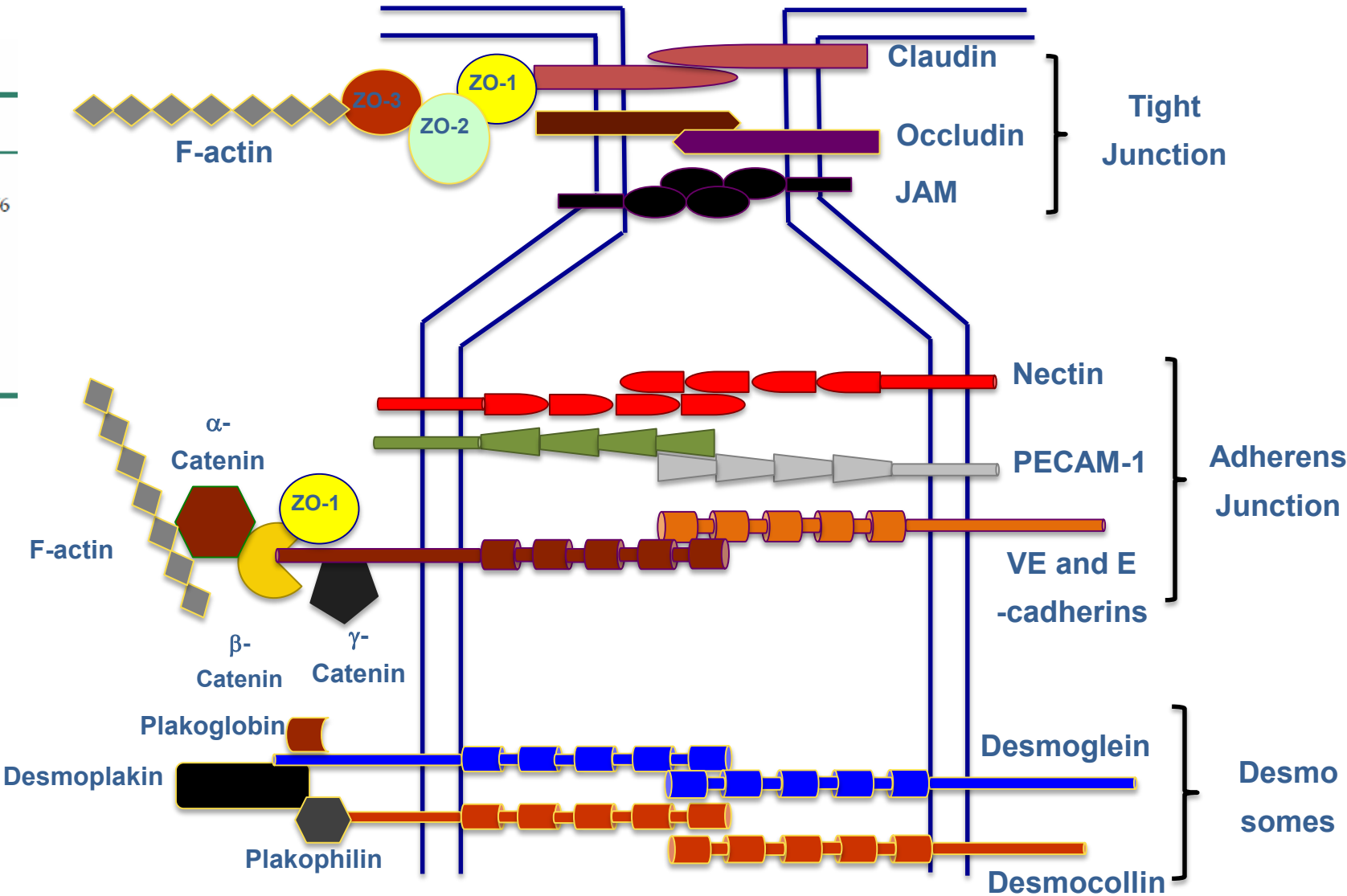
- ◆ Maximizes interpretability of results
- ◆ Avoid proteolysis
- ◆ Avoid hydrolysis
- ◆ High concentration
- ◆ Temporal control



# Structure of Intercellular Junctions

**Table I. Peptide Names and Peptide Sequences**

Peptide Name	Sequence	Peptide Origin
HAV6	Ac-SHAVSS-NH <sub>2</sub>	EC1 of E-cadherin
HAV4	Ac-SHAVAS-NH <sub>2</sub>	Ala5 mutant of HAV6
cHAVc3	Cyclo(1,6)Ac-CSHAVC-NH <sub>2</sub>	EC1 of E-cadherin
ADTC5	Cyclo(1,7)Ac-CDTPPVC-NH <sub>2</sub>	EC1 of E-cadherin
cLABL	Cyclo(1,12)PenITDGEATDSGC	I-domain of LFA-1
cIBR7	Cyclo(1,8)CPRGG SVC	D1 of ICAM-1
IS	Cyclo(1,8)CPRGG SIC	Ile7 mutant of cIBR7



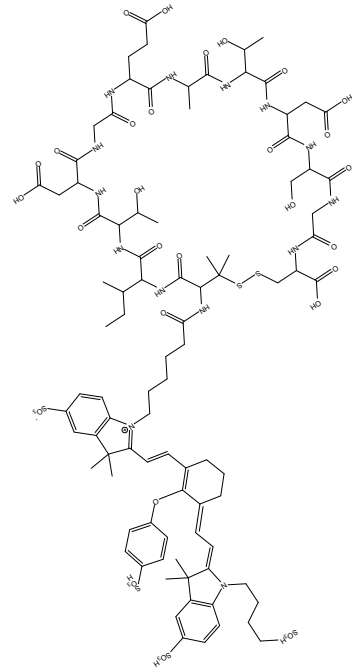
Dr. Teruna J. Siahaan

Aya & Takeru Higuchi Distinguished Professor  
 Department of Pharmaceutical Chemistry, The  
 University of Kansas, Lawrence, Kansas 66047,  
 USA.

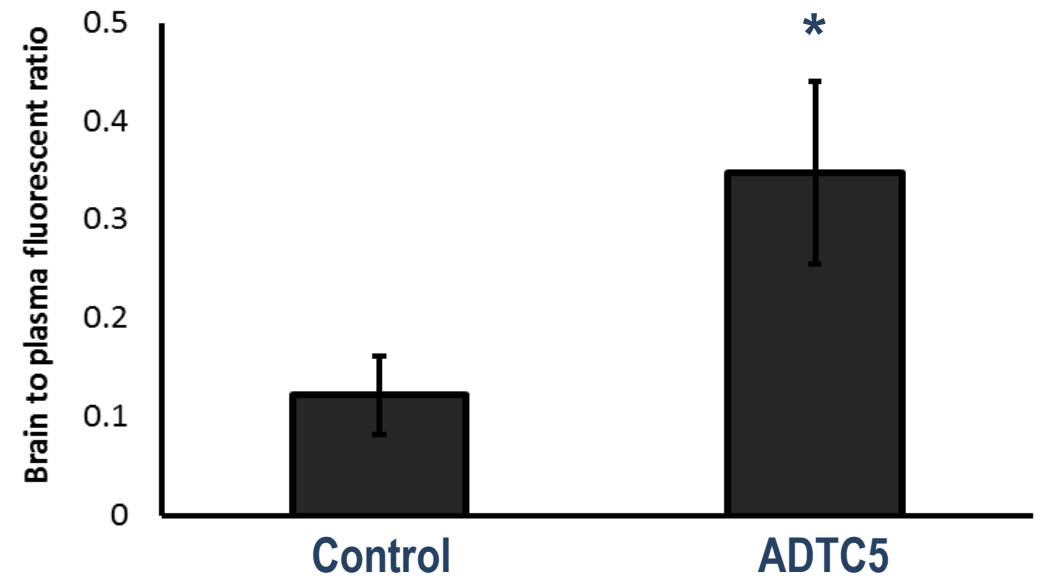
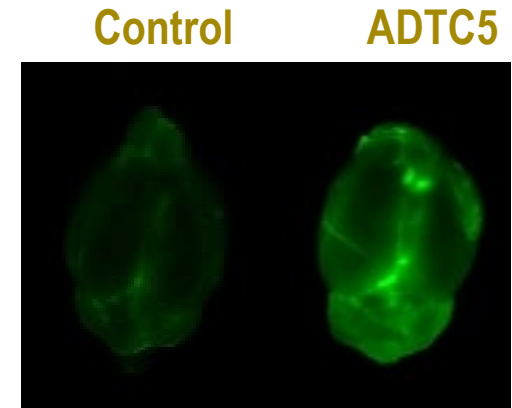
Email: siahaan@ku.edu

# Peptide Brain Delivery: IRdye800-cLABL

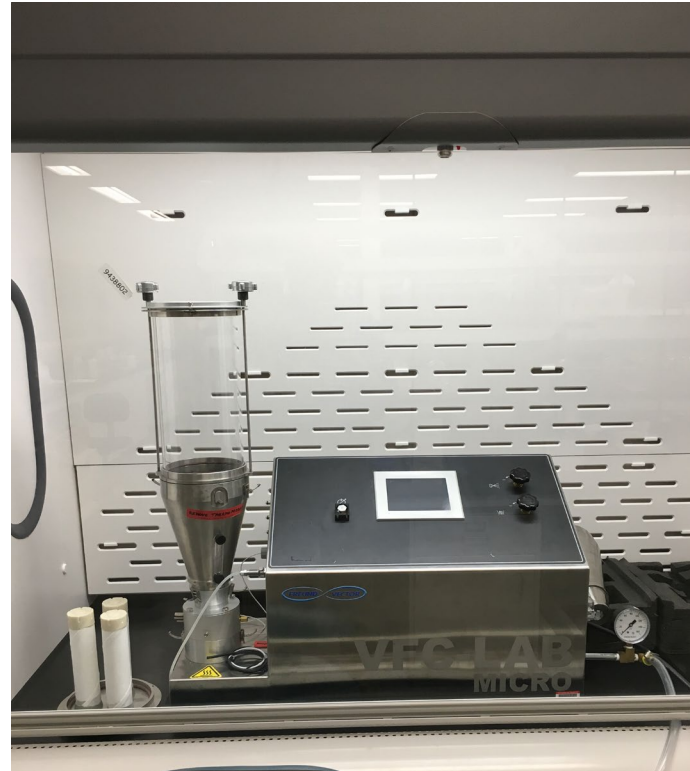
**Translating Blood  
Brain Barrier  
Knowledge to Oral  
Absorption Barrier?**



**IRdye800-cLABL**



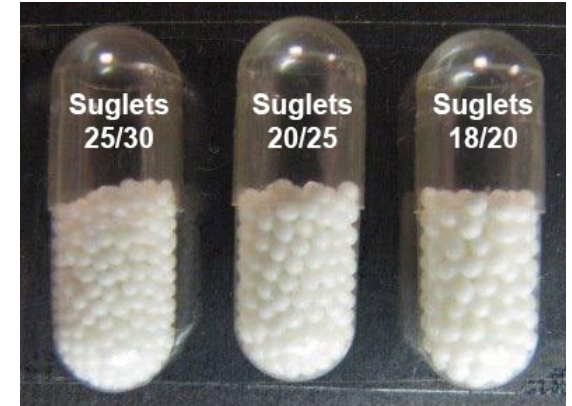
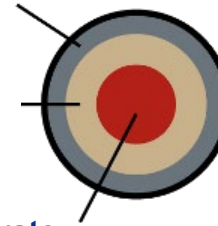
# Co-Delivery of Enhancers and Peptides via Multiparticulates and Spray-Coating (200-1200 $\mu\text{M}$ Multiparticulates)



Regional GI Targeting Layer  
(enteric, biodeg polymer)

Peptide Stabilizing  
Dispersion with Enhancer

Bead Substrate



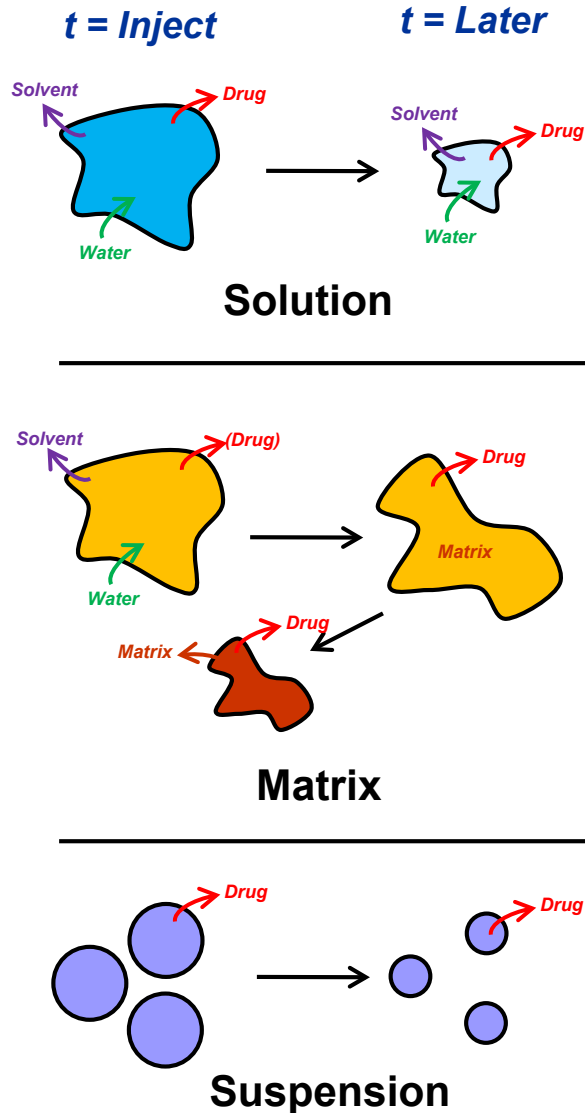
Suglets Range of Particle Sizes

Mesh	Size ( $\mu\text{m}$ )
12/14	1400-1700
14/18	1000-1400
16/18	1000-1180
16/20	850-1180
18/20	850-1000
20/25	710-850
25/30	600-710
30/35	500-600
45/60	250-355
60/80	180-250

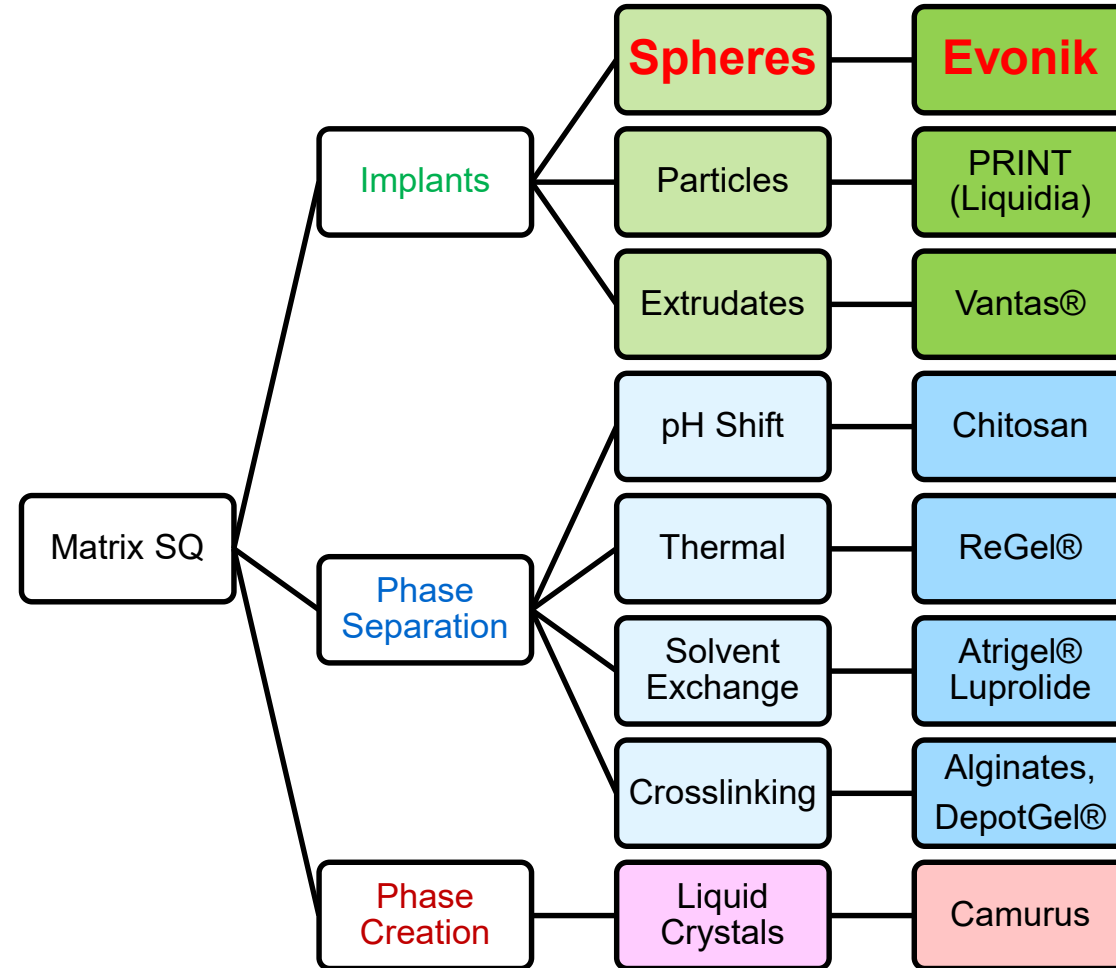
\* other sizes available on request



# “Line-of-Sight” to Available Technologies



## Subcutaneous: Lots of Options



# Desirable Characteristics of SC Formulation

Extended release: 1 week

Low initial (“burst”) release

- ◆ Depends on TI

Consistent exposure: Low  $C_{max}/C_{24h}$

- ◆ Preserve exposure for later

Non-irritating

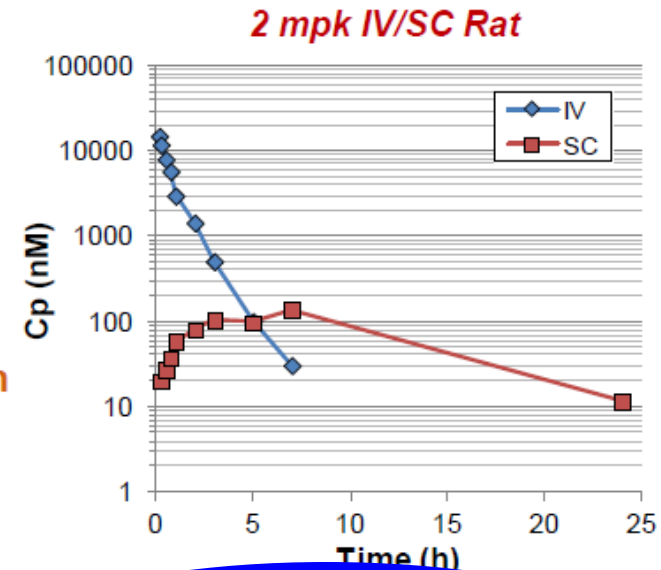
Chemically stable

- ◆ In formulation & in vivo

Zero-order release: Constant rate

- ◆ Implies not simple diffusion

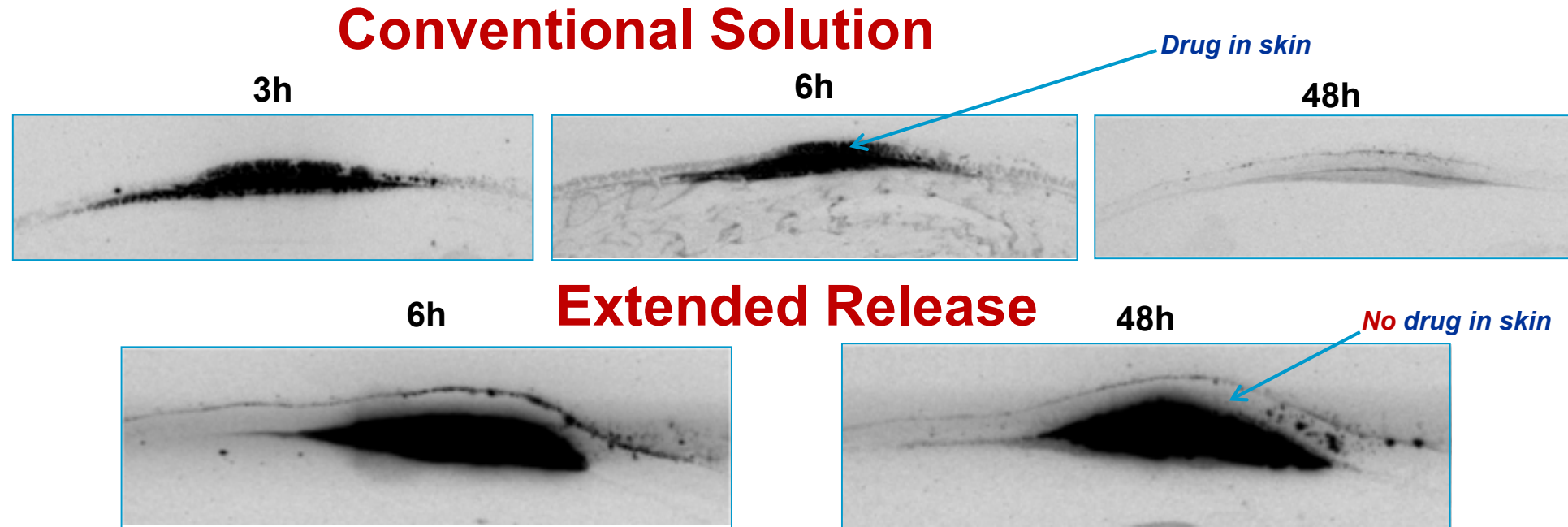
Volume less than 1-1.5 mL



Species	Dose (mpk)	Total Volume (mL)	Dosing Volume (mL/kg)	Conc. (mg/mL)
Rat	2	0.8	2	1
Human	2	1.0	0.014	140

Translation  
Issue

# Diagnostic Measurements: Quantitative Whole-Body Autoradiography



- ◆  $^{14}\text{C}$  radio-labeled compound
- ◆ Extra legs in biodistribution study
  - Two formulations; multiple time points
- ◆ Frozen tissue sectioned for 2D imaging
- ◆ Decomposition of compound within site of injection
- ◆ Presumed to be driven by formulation depot

### Sanofi-Aventis



### Dongbao



### Novo Nordisk



### B. Braun



### Eli Lilly and Company



### Ypsomed



### Amylin / Eli Lilly & Company



### Pfizer



### F. Hoffmann - La Roche



### Berlin Chemie



### Owen Mumford



### Pharmastandard



### Genetech



### Nycomed



### Merck

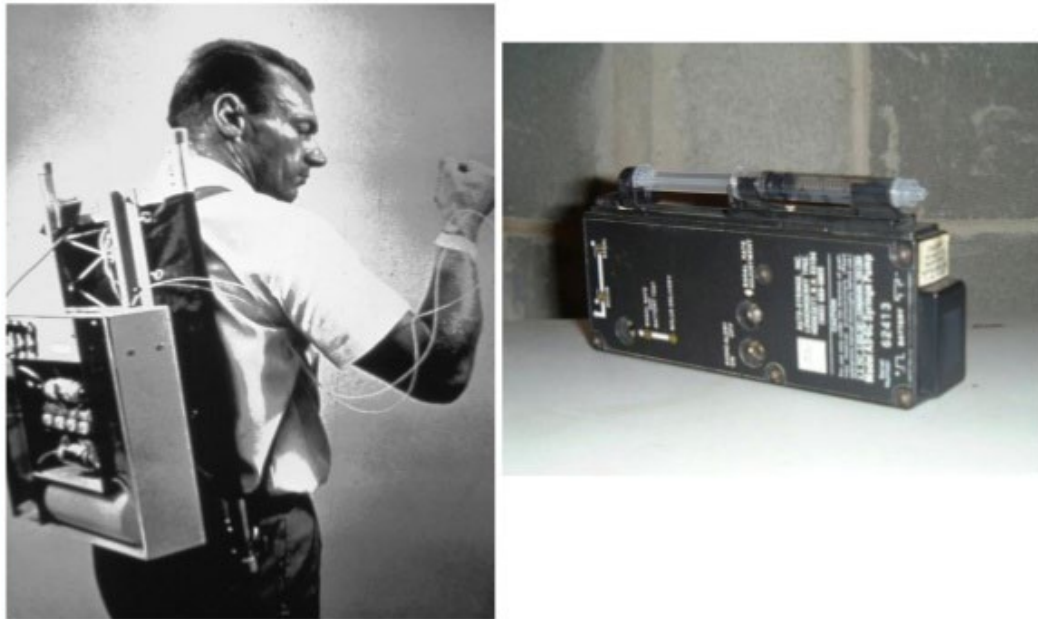


# Large Expansion of Injector Pen Devices to Manage The Growth in Specialty Product Portfolios

What are the physicochemical and formulation requirements of a molecule for such systems?

# The Ever Changing Device Market Driven by Needs -- Or -- By Technology Availability?

Early Insulin Pumps  
(early 1970s)



Today's Insulin Pumps

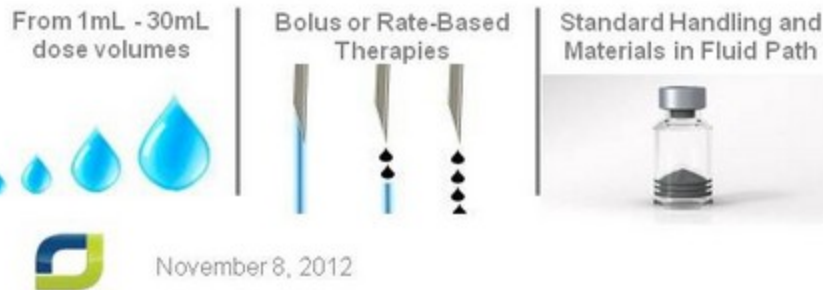


**The need was there, but the solution tends to be limited by the technology and the culture it must penetrate.**

# Large Dose Volume Bolus Injection Systems

*A flexible, scalable platform of wearable, disposable devices for the subcutaneous delivery of large-dose volume therapies with optimal patient comfort and convenience*

UNILIFE®



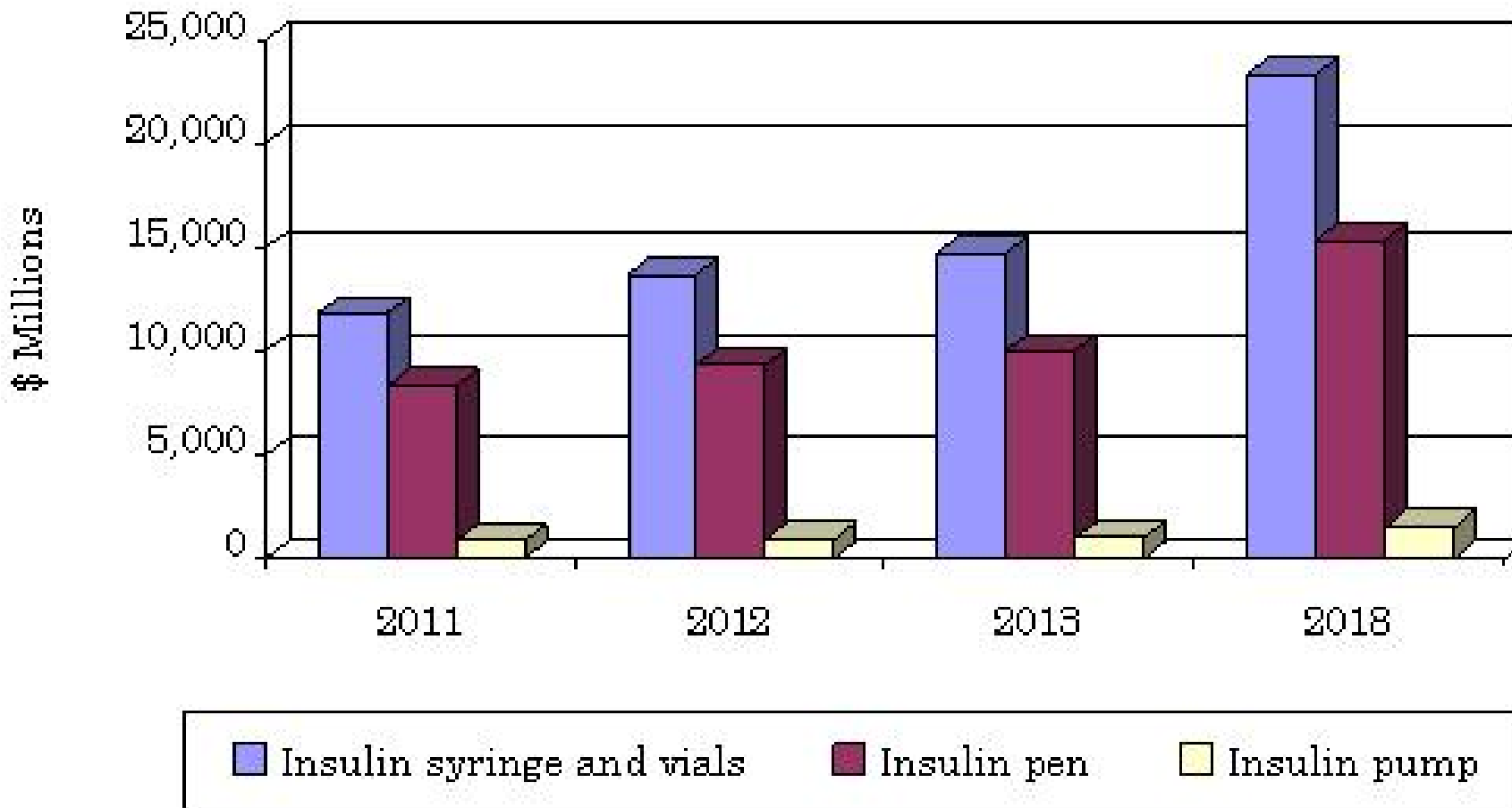
## AutoInfusors



- Wearable, disposable devices for subcutaneous self-administration of large volume doses (i.e. 2mL to 15mL)
- Platform expanding rapidly in response to customer demands
  - Supplied to multiple parties for evaluations and user studies
- Expect to enter commercial partnerships for human clinical drug trials

**What are the physicochemical and formulation requirements of a molecule for such systems?**

# Don't Forget the Simpler Technologies Though



■ Insulin syringe and wials   ■ Insulin pen   ■ Insulin pump

**57%**

**38%**

**5%**

Joe Jancsurak, Sep 19, 2013 Medical Design

# Preclinical Molecular Optimization

*Challenges of Designing a Better Train While it is Moving*

**Discovery Culture will be integral to establish a way of thinking, a way of action, which can manage the dynamic tensions of speed and quality**



**Progressability & Developability**

*Measurable risk is preferred over  
unmeasurable uncertainty.*



# Now that we have a High Speed Train ... A Highly Evolved Modality

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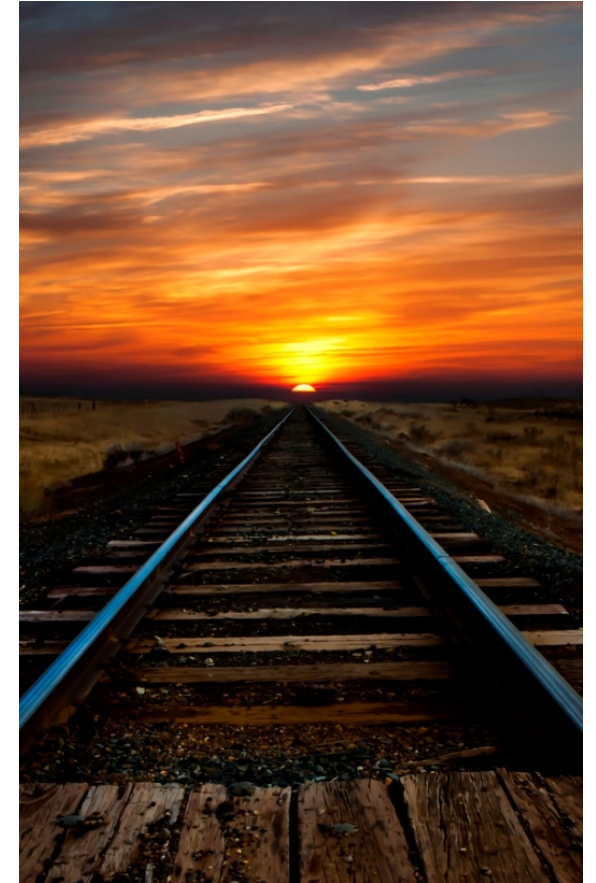
Can we Keep it on the Tracks?



**“Good”**



**“Better”**



**“Best”**

# Building a High Speed Trains is Fine But ....



**The Infrastructure Supporting the System Will Often Dictate the Pathways and the Probabilities of Success**

# Take Away Messages in Today's Presentation

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- ◆ **Complexity of new modalities (TIDES) will require us to go Beyond a Stage-Gate Mentality for Transition into Development**
  - Influence Molecular Structure Design and Selection
  - Obtain appropriate marriage of delivery technology and molecular entity selected
- ◆ **Ability to Produce Material and Data when Eliminative or Selective Decisions are being made is Paramount to Successful Integration**
- ◆ **Pharmaceuticals has to be an Enabling Function for the Discovery Process Intended to Discover New Treatment Options as Opposed to Presenting a Gauntlet for Molecular Selection**
- ◆ **Surrogate Measurements & Technologies are Necessary to Derisk Progression**
  - Require implementation consistent with timelines and API availability within Discovery
  - We need better predictive models based on structure
- ◆ **Drug Delivery and Line-of-Sight Strategies or Technology Options are Critical to De-risk Progressability and Developability**
- ◆ **The culture and work process has to evolve with the evolving modalities**