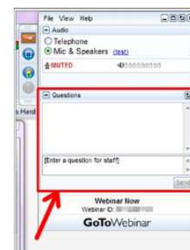
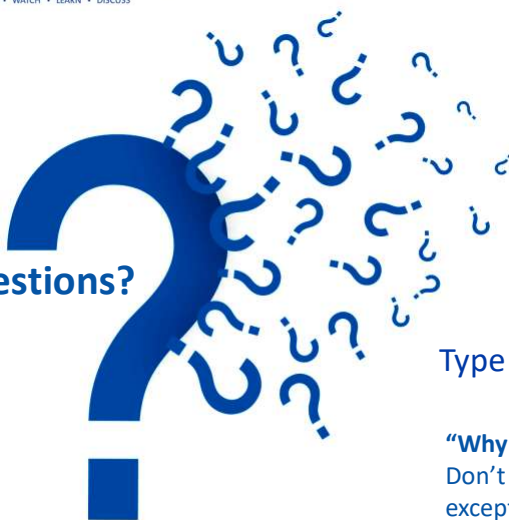


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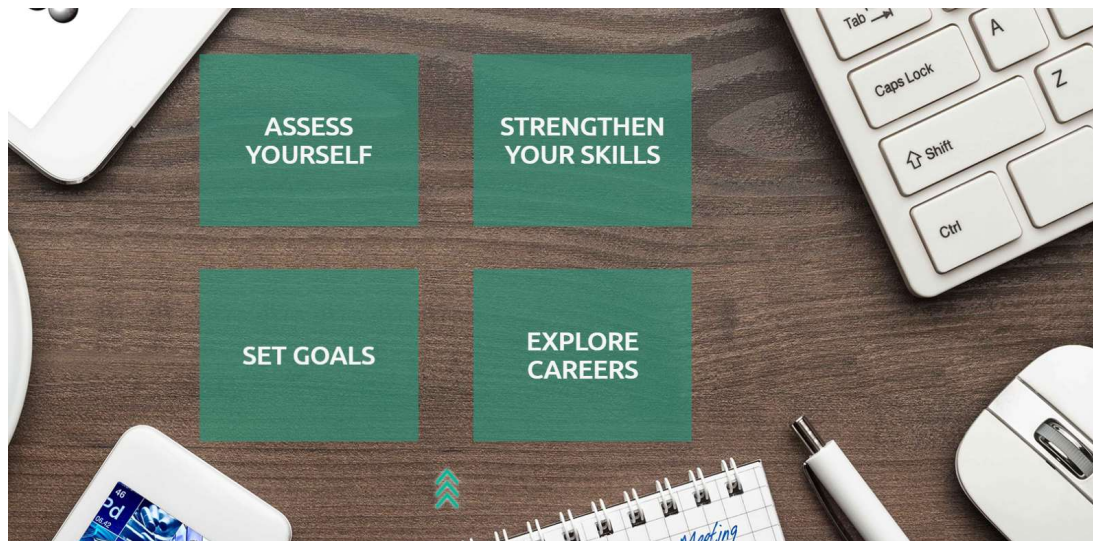
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What Is AAPS?

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WHO WE ARE

Founded in 1986, the American Association of Pharmaceutical Scientists (AAPS) is a professional, scientific organization of approximately 7,000 individual members and over 10,000 actively participating stakeholders employed in academia, industry, government, and other pharmaceutical science related research institutes worldwide.

Our mission:
 To advance the capacity of pharmaceutical scientists to develop products and therapies that improve global health

Our vision:
 Advancing the pharmaceutical sciences to drive prevention and cures.

Our five core values:
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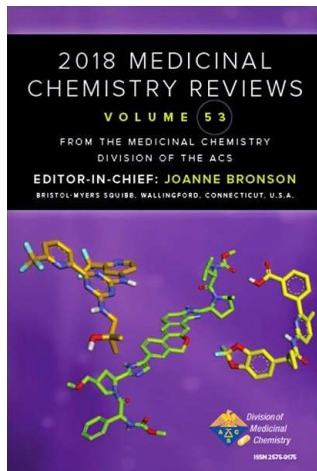
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Members of the American Association of Pharmaceutical Scientists (AAPS) gathered during the 2013 AAPS Annual Meeting and Exposition to discuss why they chose a career in pharmaceutical sciences and how AAPS has helped foster their journey. The I Am AAPS video series displays the diversity of AAPS membership while exhibiting one common goal: to impact global health.

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Finding the right drug target is becoming increasingly difficult. Learn how focusing on the smaller picture can have big results.</p> <p>Screening Strategies What's? Learn the pros and cons of different screening strategies.</p> <p>Avoiding PAINS (pan assay interference compounds) Drug (interaction) based assay tips on how to avoid the hazard of drug discovery.</p> <p>Assessing Drug Protein-DNA Interactions (PDI) Using Circular Dichroism Synthesis of Drug is not just a set of defined parameters for which we have successful PDI agents and related resources and contacts.</p> <p>Key Considerations in Drug Discovery GDD #10: Learn how to describe what you're looking for in your research to you.</p> <p>Choices and Trends in Solid-Phase Selection Project: Discover the pros and cons of the different solid phase forms and what to consider when selecting.</p> <p>Delivery Challenges to Support Dose Reduction in Preclinical Pharmacokinetics and Pharmacodynamics Assays Slemon: Gain an understanding of accelerated drug delivery strategies to support high-dose reduction.</p> <p>Pharmacokinetic Considerations in Drug Design and Development Learn about the pharmacokinetic concepts including clearance, volume of distribution, half-life and protein binding.</p> <p>Principles of Drug Discovery How can you improve the utility of programs that generate candidates and preclinical to optimal performance.</p>	<p>I - Time: The Fourth Dimension in Drug Discovery</p> <p>The Importance of Drug Target Kinetics in Drug Design Robert Cooper - Epizyme, Inc. Dan Robinson - Carmot Therapeutics</p> <p>Long-Acting Injectable Medications - Strategies and Mechanistic Considerations Julia Renner - Valiant Arnette Bai - Merck</p> <p>Modified Release Formulations for Solubility Starved Compounds Mingqiang Hu - Merck John Harrison - BMS</p> <p>The Molecular Character of Tumor-Specific Targets Jill Barron - Actinium Ravi Venugopal - Merck Molly Dennis - Tech Coast Angels</p> <p>II - Beyond Traditional Small Molecules</p> <p>Design of Deliverable Microspheres Scott Leary - UC Santa Cruz Nicholas Meehan - BMS</p> <p>Dreaming Big and Thinking Small: Applying Medical Chemistry Strategy to Antibody-Drug Conjugates L. Napsa - Targovir - Pfizer Peter Sauer - Seattle Genetics</p> <p>Nucleic Acid Therapeutics: Making Sense of Antisense Oligonucleotides Amit Sethi - Ionis Richard Olson - BMS</p> <p>Cryobiography as a Drug Design and Delivery Tool (Special Topic) Robert Winters - Cytel Pharmacia Vincent Sisti - Abbvie Andrew Ruckelshaus - Merck</p> <p>III - Pharmacology Revisited</p> <p>Dealing with Reactive Drug Metabolites in Drug Discovery: Can We Predict Toxicities of Drug Candidates that form Reactive Oligonucleotides? Deepak Devar - Pfizer Pradeep Ravi-Gangaraj - Vanderbilt University</p> <p>Rational Design of Small Molecules Targeting RNA Matt O'Day - Scripps RI Florida Amara Garner - University of Michigan</p> <p>Cell Penetrating Peptides to Improve Cellular Drug Uptake Dehua Pei - The Ohio State University Luis Meli - Bristol-Myers Squibb</p>	<p>I - Fighting Cancer</p> <p>Fighting Cancer - Targeting CD133-Malignancy with Kinase Inhibitors Timothy D. McPherson - Genentech Mark Williams - Bristol-Myers Squibb</p> <p>Fighting Cancer: Epigenetic targets for Oncology Stuart Conway - Oxford Shawn Roper - AstraZeneca</p> <p>Fighting Cancer: Allosensory and Targeting Cancer Cell Metabolism Stefan Gross - Agilent Scott Eshmunson - AstraZeneca</p> <p>Special Broadcast</p> <p>Cystic Fibrosis: Discovery of CFTR Modulators Peter Groszmann - Vertex Nick Mearns - Bristol-Myers Squibb</p> <p>II - Anti-infectives</p> <p>Anti-infectives: Rational Approaches to the Design and Optimization Jason Sello - Brown University Courtney Addison - University of Minnesota</p> <p>Tuberculosis: An Introduction for Medicinal Chemists Carl Nathan - Wake Forest University Christopher Boyer - Merck</p> <p>Viral Hepatitis: The Search for a Cure Mika Sofka - Alkermes Biopharma Stephan Mader - Bristol-Myers Squibb</p> <p>Special Broadcast</p> <p>Stroke Molecular Insights Kevin Hodges - Harvard Medical School Alyson Weidmann - ACE Publications</p> <p>III - Immunology</p> <p>Splicein: Treatment and Novel Approaches Pavni Naras - AstraZeneca John Morrison - Bristol-Myers Squibb</p> <p>Lupus: Treatment and Novel Approaches Laurenna Menard - Bristol-Myers Squibb Mary Zouhar - Bristol-Myers Squibb</p>	<p>A New Strategy in Drug Discovery: Proteasome-Induced Protein Degradation Jan Churcher - Biogen/Idec Aaron Balogh - Bristol-Myers Squibb</p> <p>Women in Drug Discovery and Development: How to Succeed as a Female in Academia and Industry Arnette Bai - AstraZeneca Dorina Huryn - University of Pittsburgh Erica Arango - Bristol-Myers Squibb NurJain Zaveri - AstraZeneca Therapeutics</p> <p>A Nanomedicine Overview for mRNA Delivery: Innovative Methods Using Lipid Nanoparticles Marilena Viana Arfella - AstraZeneca Dennis Luong - Genentech</p> <p>Nanomaterials for Fighting Antibiotic-Resistant Bacteria Vincent Kolesko - University of Massachusetts at Amherst Christopher England - American Chemical Society</p> <p>Advanced Nano-Delivery Systems: Facilitating Tumor Delivery and Mitigating Resistance Marouf Amiji - Northeastern University Venkat Krishnamurthy - AstraZeneca</p> <p>Hitfalls and Promises of Central Nervous System Drug Discovery Nicholas Gribouff - Yale University Nicholas Meunwell - Bristol-Myers Squibb</p> <p>How to Optimize Central Nervous System Therapeutics: Med Chem Strategies, Tactics, and Workflows Craig Lindsey - Vanderbilt Center for Neuroscience Drug Discovery Amy Newman - Informa Research Programs, Inc.</p> <p>A Novel Strategy for the Treatment of Chronic Pain: Antagonizing PAR2 with a Monoclonal Antibody Pete Thomson - AstraZeneca NurJain Zaveri - AstraZeneca Therapeutics</p> <p>How to Predict Human CNS PK/PD: Preclinical Experiments and Advanced Mathematical Modeling Elizabeth de Lange - Leiden Academic Center for Drug Research Alexander Tropsha - University of North Carolina</p> <p>Human Enzymes: An Ideal Vehicle for Delivery of Therapeutic RNAs to Cells and Organs Hadi Vajabi - University of Gothenburg Alexander Kapustin - AstraZeneca</p>

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Jan 31 **How to Succeed in Drug Discovery: Insight from Medicinal Chemists (1.5 hrs.)**
John Lowe III - J3 Pharm
Mark Murcko - Relay Therapeutics
Ann Weber - Kallyope
William Greenlee - MedChem Discovery Consulting



Feb 28 **Cosolvent Molecular Dynamics: Mapping Protein Surfaces to Discover Allosteric Sites**
Heather Carlson - University of Michigan
Rommie Amaro - UC San Diego



Mar 28 **Women at the Interface of Computational Chemistry and Drug Discovery (1.5 hrs)**
Zoe Cournia - Biomedical Research Foundation and JCI
Kate Holloway - Gfree Bio
Yvonne C. Martin - Previously of Abbott Laboratories
Shana Posy - Bristol-Myers Squibb



Apr 18 **Effective Exploration of Chemical Space in Hit-Finding**
Hanneke Jansen - Novartis Institutes for BioMedical Research
Zoe Cournia - Biomedical Research Foundation and JCI



May 30 **Widening the Therapeutic Window: Kinetic Selectivity and Target Vulnerability**
Peter Tonge - Stony Brook University and ACS Infectious Diseases
Stewart Fisher - C4 Therapeutics



Jun 27 **Precision Control of CRISPR-Cas9**
Amit Choudhary - Broad Institute of Harvard and MIT
Venkat Krishnamurthy - AstraZeneca



Aug 8 **Transformation of Recombinant Cells to FDA Approved Products: Clinical Development to Marketplace (New Date)**
Rodney Ho - University of Washington
Venkat Krishnamurthy - AstraZeneca



Aug 22 **The Evolving Outsourcing Landscape in Pharma R&D: Pros and Cons of Different Models**
Bart DeCorte - Merck/Syncom
Allen Reitz - Fox Chase Chemical Diversity Center



Sep 19 **Thinking Outside the Pillbox: Lead Generation and Optimization in Crop Protection Research**
Fides Benfatti - Syngenta
Tejas Shah - Corteva Agriscience



Oct 24 **Treating Diabetes: Designing the Once-Weekly and Oral GLP-1 Semaglutide**
Jesper Lau - Novo Nordisk A/S
Punsee Tyagi - AstraZeneca



Nov 26 **Prodrug Strategies in Medicinal Chemistry**
Jarkko Reutio - University of Eastern Finland
Victor Guarino - Bristol-Myers Squibb

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in Medicinal Chemistry

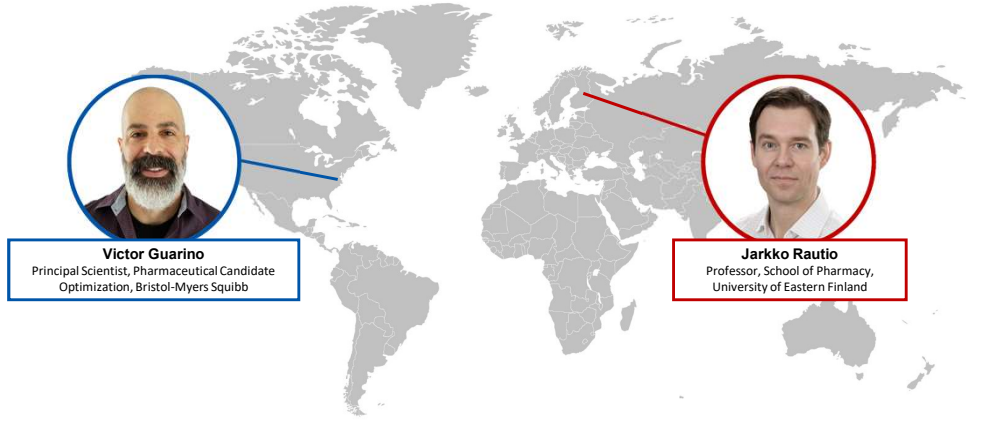
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Prodrug Strategies in Medicinal Chemistry



Victor Guarino
Principal Scientist, Pharmaceutical Candidate Optimization, Bristol-Myers Squibb

Jarkko Rautio
Professor, School of Pharmacy, University of Eastern Finland

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Prodrug Strategies in Medicinal Chemistry



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<https://www.linkedin.com/in/jarkko-rautio-95a991>
<https://orcid.org/0000-0003-2172-3980>

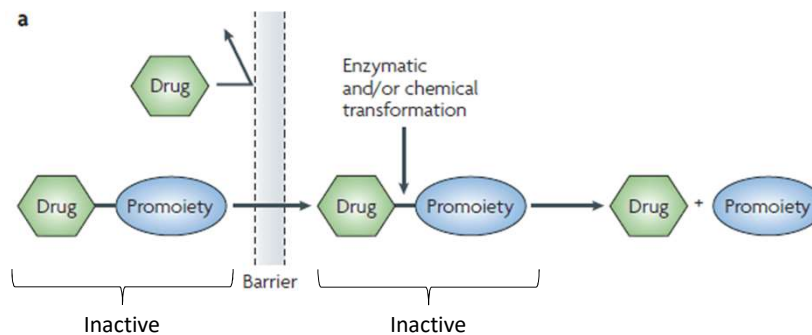
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What you will learn

- Introduction to the prodrug concept
- Prodrugs addressing ADMET issues
 - ✓ Improving solubility - formulation
 - ✓ Improving oral absorption - solubility, lipophilicity
 - ✓ Reducing toxicity (controlled release, site-selective conversion, targeted drug delivery)
- Prodrug prevalence
- Challenges and considerations using prodrugs



Simplified prodrug concept



Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT

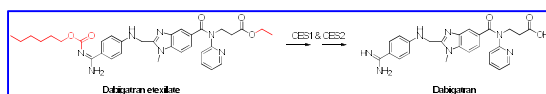


Which can be classified as prodrugs? (Select all the correct answers that apply)

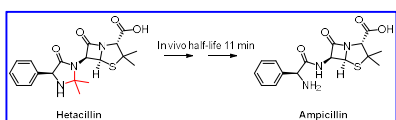
- Drugs having two or more similar promoieties
- Drugs having two or more different promoieties
- Lactone forms
- Drugs undergoing phosphorylation
- None of the above

** If your answer differs greatly from the choices above tell us in the chat!*

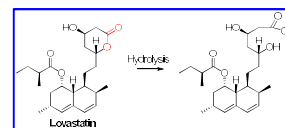
Broader space for prodrug design



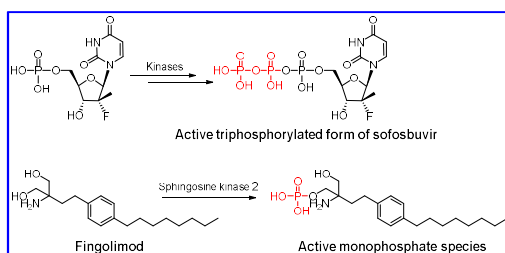
Addition of multiple promoieties (increase in MW)



Addition of promoiety through multiple attachments (increase in MW)



Rearrangement with no promoiety attachment (decrease in MW)



Subtraction of atoms – depends on later addition of groups (decrease in MW)



Prodrug strategies for common functional groups

a. Hydroxyl, carboxyl or amine groups

b. Phosphate or phosphonate groups

c. Amidine or guanidine groups

Consider these:

- **KNOW YOUR PARENT DRUG** - What is the purpose of prodrug derivatization?
- Which functional groups are amenable to derivatization?
- Can the prodrug be readily synthesized?
- The promoity should be safe and rapidly excreted from the body.
- Chemical modifications made must be reversible.
- Can bioavailability in humans predicted, with a high degree of certainty, using preclinical animal models?
- The absorption, distribution, metabolism, excretion (ADME) properties of parent drug and prodrug require a comprehensive understanding.

Rautio et al. Nature Reviews Drug Discovery 17: 559-587, 2018
Rautio & Laine. In: Textbook of Drug Design and Discovery, 5th Ed. 2017
Stella. J Pharm Sci 99: 4755-4765, 2010

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Rationale for prodrug design

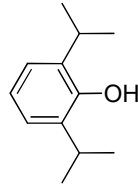
- **Better drug formulation and administration options**
 - ✓ Increased aqueous solubility for liquid dosage forms
 - ✓ Enabling new administration routes
- **Improved properties related to ADMET**
 - **Absorption ("A")**
 - ✓ Increased solubility
 - ✓ Improved permeability
 - **Distribution ("D")**
 - ✓ Enabling e.g. brain delivery
 - **Metabolism and excretion ("M" and "E")**
 - ✓ Decreased pre-systemic metabolism
 - **Toxicity ("T")**
 - ✓ Better targeting
 - ✓ Decrease in abuse potential
- **Life-cycle management**
 - ✓ Additional intellectual property (IP)



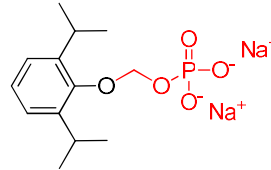
Increased solubility for better IV formulation

Addition of ionized phosphate promoity

Propofol (e.g., Diprivan)



- Anesthetic
- Aq. sol. = 0.13 mg/ml at pH 7.4
- Formulation: O/W emulsion
- Pain at the injection site
- Prone to bacterial contamination
- High lipid content can result in hyperlipidemia with long-term administration
- Onset of action 40 s – 1 min
- Duration of action after bolus 3-10 min

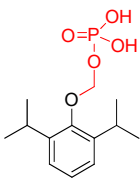


Fospropofol (Lusedra)

- Approved by FDA in 2008
- Aq. sol. ~500 mg/ml at pH 7.4
- Ready-to-use aqueous solution
- Causes no pain on injection
- Excellent substrate for enzymatic cleavage → onset of action 4-8 min
- Duration of action after bolus 5-18 min
- Excellent synthesis yields

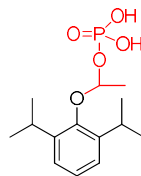


Phosphate esters for alcohols and phenols



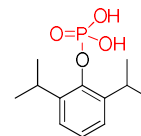
Phosphonooxymethyl propofol (Aquavan®)

- Converted by alkaline phosphatases and chemically
- Releases **formaldehyde** as a byproduct
- Chemically stable
- T_{max} in rats after IV dose is 3.7 min
- Half-life in humans ~5 min



Ethylidene phosphate prodrug of propofol

- Converted by alkaline phosphatases and chemically
- Releases **acetaldehyde** as a byproduct
- Introduces a **chiral center**
- *In vitro* half-life in alkaline phosphate solution is ca. 20 s.
- Stability in borate buffer at room temperature is 5.2 days – **stability problems with some “oxoethylphosphates”**
- T_{max} in rats after IV dose is 2.1 min

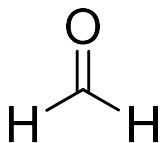


Propofol phosphate

- Converted by alkaline phosphatases
- **Delayed** T_{max} in rats after IV dose is 7.3 min



You should NOT be concerned about formaldehyde!



- Exposure to large amounts of formaldehyde vapor can irritate the nasal mucosa and may potentially be carcinogenic
- Gives a positive Ames test
- FDA requires own safety for drugs/prodrugs generating formaldehyde and that cannot be related on historical precedence (tenofovir disoproxil, fosphenytoin, fospropofol etc.)
- Compared to the total amount of daily endogenous formaldehyde production from metabolism, and exogenous exposure from food and the environment (30-60 g/day), the amount generated by prodrugs is minute and is unlikely to cause any systemic toxicity in humans (fospropofol generates 0.050 g/dose formaldehyde – two glasses of red wine generate 0.040 g/day methanol/formaldehyde)



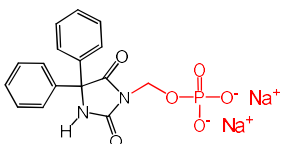
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Dhareshwar & Stella. J Pharm Sci 97: 4184-4193, 2008

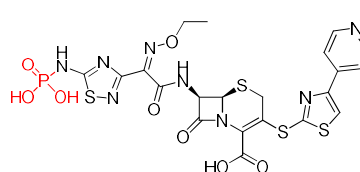
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Phosph(on)ates for other functional groups

Fosphenytoin (Cerebyx)

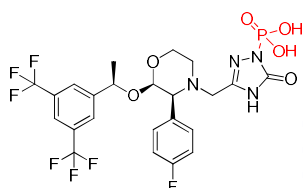


- Increased aqueous solubility from 20-25 µg/mL of phenytoin to 140 mg/mL of fosphenytoin



Cefaroline fosamil (Teflaro)

- N-phosphono prodrug
- Increased aqueous solubility from 2.3 mg/mL to >100 mg/mL
- Conversion in plasma at a rate that allows detection of intact prodrug
- FDA approval in 2010



Fosaprepitant (Emend)

- N-phosphonoamino prodrug
- Increased solubility from 0.2 µg/mL to 12 mg/mL
- Rapid conversion in the liver
- An antiemetic drug
- FDA approval in 2008

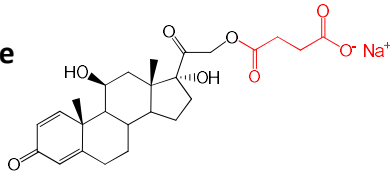


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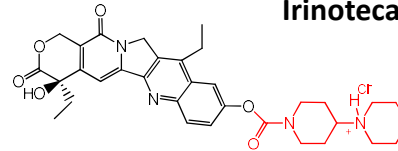
Other solubilizing promoieties for IV use

Prednisolone succinate

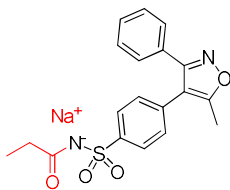


- Succinates are reasonable chemically unstable → must be powders for reconstitution
- Do not convert rapidly and completely *in vivo* → as much as 15% can be excreted unchanged in the urine after iv dose
- Limited solubility in the pH range of optimal ester stability → stability best at low pH values (3-4)
- Also chloramphenicol and methylprednisolone succinates in clinic

Irinotecan



- Dipiperidino carbamate prodrug for IV administration
- Increased aqueous solubility from 2-3 µg/mL (in water) of camptothecin derivative (SN-38) to 20 mg/mL (at pH 3-4)
- Hydrolysis by CESs and butyrylcholinesterase



Parecoxib

(Dynastat in Europe)

pK_a drops from 9.8 to 4.9

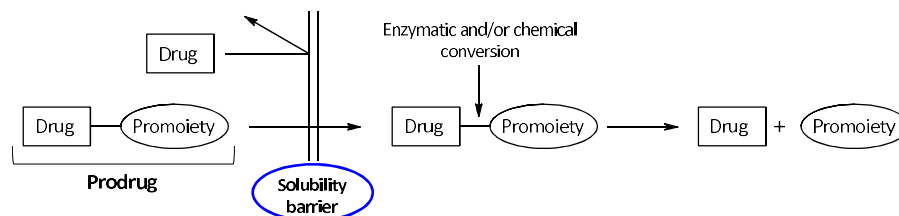
- First injectable selective COX-2 inhibitor
- Soluble as a sodium form (22 mg/ml)
- Undergoes rapid enzymatic hydrolysis by liver esterases
- Lyophilized powder for reconstitution



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Solubility / dissolution barrier for oral delivery



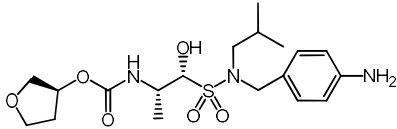
Only dissolved drug can be absorbed!



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Overcoming solubility problems for oral delivery



Amprenavir 150 mg soft-gel capsules

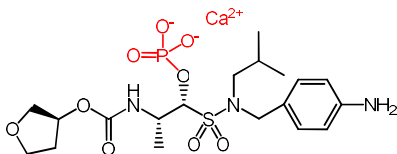
Amprenavir

- For the treatment of HIV infection
- Aqueous solubility in water is 0.041 mg/ml
- Good bioavailability ($\approx 80\%$)
- High percentage of excipients (TPGS, PEG-400, PG etc.) due to low solubility requiring 8 capsules two times daily

Only dissolved drug can be absorbed!



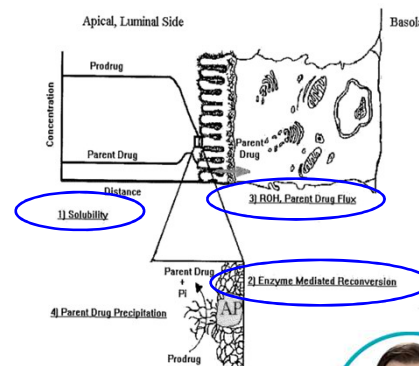
Overcoming solubility problems for oral delivery



Fosamprenavir 700 mg tablets

Fosamprenavir (Lexiva®)

- Aqueous solubility in water 0.31 mg/ml (max solubility of calcium salt >100 mg/ml at pH 3-4)
- Biological transformation by brush border gut phosphatase
- Equal bioavailability with amprenavir
- Due to better solubility requires only 2 tablets two times daily
- Patent protection continues longer



Development of fosamprenavir

Pros

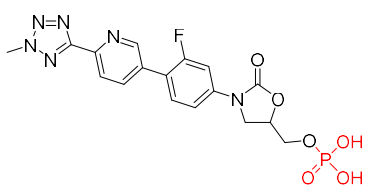
- Omission of high amount of excipients which reduced pill size and burden
- Fosamprenavir is a NCE – patent expiration later (generic since 2016)
- Previous amprenavir clinical data aided the development and approval of fosamprenavir

Cons

- Full toxicology program completed because small amounts of fosamprenavir enters systemic circulation and new impurities
- PK differences (C_{max} 27% lower), even slight ones, extended clinical development plan from a 1.5-year initial plan to a 3.5-year revised plan

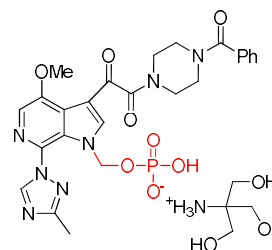


Recent phosphate prodrugs for oral delivery



Tedizolid phosphate (Sivextro)

- FDA approval in 2014
- Oral and IV formulation for acute bacterial and skin structure infections

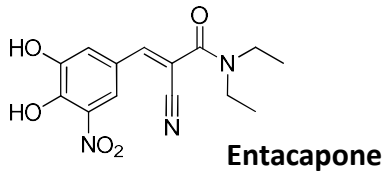


Fostemsavir

- Completed phase III studies
- Release of the prodrug and subsequent prodrug conversion takes place in the colon

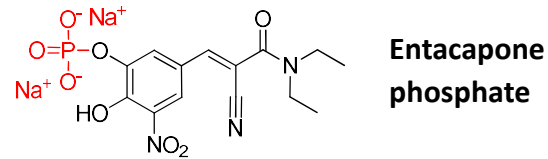


Unsuccessful phosphate prodrugs for oral delivery



- Oral bioavailability ~25-46 %
- Aq. sol. = 17 mg/ml (pH 1.2); 1.75 mg/ml (pH 7.4)
- Assumption was that poor dissolution rate in the pH range of stomach and upper small intestine resulted in low and variable bioavailability

Leppänen et al. Bioorg Med Chem Lett 10: 1967-1969, 2000
Heimbach et al. Pharm Res 20: 848-856, 2003



- Aq. sol. ≥ 30 mg/ml at pH 7.4
- Chemically stable
- Rapidly cleaved by alkaline phosphatases
- Bioavailability of prodrug less than that of entacapone suspension (pH 7.4)
- Reason for low and variable bioavailability was later discovered to be high presystemic metabolism

Phosphate prodrug strategy is a potential solution to BCS class II drugs

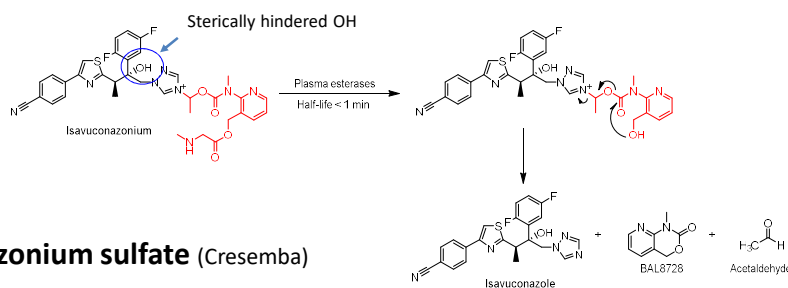


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Novel ionized promoiety to increase solubility



Isavuconazonium sulfate (Cresemba)

- FDA approval on March 2015
- Treatment of invasive aspergillosis and invasive mucormycosis (IV and oral)
- F_{abs} oral is 98% (C_{max} 2-3 hours after single and multiple doses)
- IV prodrug rapidly hydrolyzed in blood to isavuconazole by esterases, predominately by butylcholinesterase
- No circulating prodrug after po dose
- Solubility in water over 100 mg/ml



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Cresemba prescribing information. Retrieved on 5 May, 2015
Ohwada et al. Bioorg Med Chem Lett 13: 191-196, 2003



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Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT

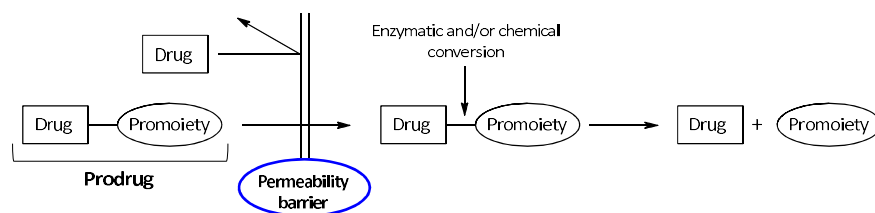


Which barrier can NOT be overcome by a lipophilic prodrug?

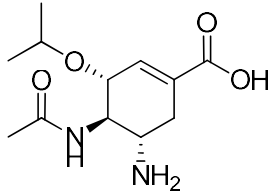
- Intestinal
- Cornea in the eye
- Stratum corneum in the skin
- Blood-brain barrier
- None of the above

** If your answer differs greatly from the choices above tell us in the chat!*

Permeability barrier for oral delivery

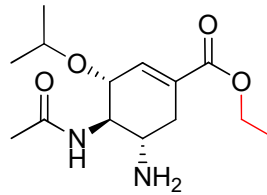


Overcoming poor permeability



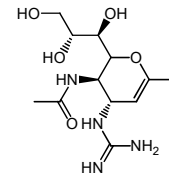
Oseltamivir carboxylate

- Neuramidase inhibitor for influenza A and B
- Exists as a poorly lipophilic zwitterionic amino acid
- Oral bioavailability less than 5 % in preclinical species



Oseltamivir ethyl ester* (Tamiflu)

- Oral bioavailability in humans 80 %
- Bioconverted by carboxylesterases (CES1) in the liver
- Oseltamivir carboxylate is detectable in plasma within 30 min with T_{max} at 3-4 h
- Tamiflu was outselling inhaled zanamivir – the first neuramidase inhibitor on the market – immediately



Zanamivir



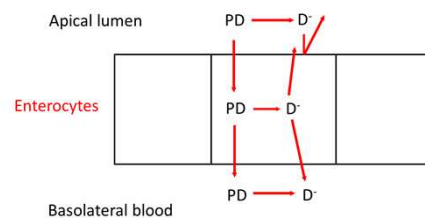
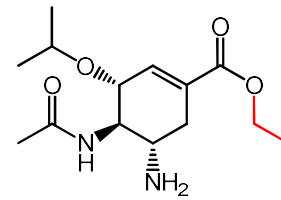
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Species difference in bioconversion rate

Animal species	Compound	Oseltamivir carboxylate % bioavailability
Mouse	Prodrug	30
Rat	Prodrug	35
Dog	Prodrug	73
Human	Oseltamivir carboxylate	4.3
Human	Prodrug	80



Human GI tract has lower CES activity compared to rodents!



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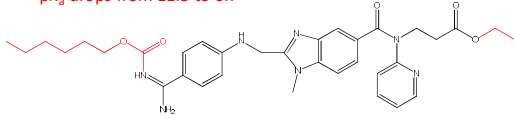
Li et al. Antimicrob Agents Chemother 42: 647-653, 1998



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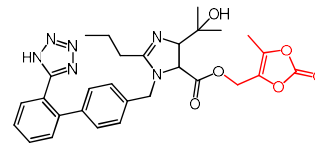
Lipophilic prodrugs for oral administration

pK_s drops from 11.5 to 6.7



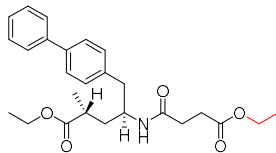
Dabigatran etexilate

- The oral bioavailability is 3-7% as such but can be increased up to 5-12% by formulation



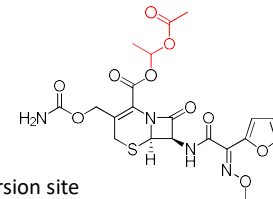
Olmesartan medoxomil

- The oral bioavailability in humans is 26%
- Completely bioactivated during absorption (designed for paraoxonases)



Sacubitril (Entresto)

- The oral bioavailability of released sacubitrilat is 41% in monkey, 72% in rat, 77% in dog, and < 50% in humans
- Bioconversion predominantly by CES1



Cefuroxime axetil

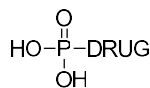
- Steric alleviation of conversion site
- Bioconversion in both intestine and liver
- The oral bioavailability of 36% (fasted) and 52% (fed) in humans



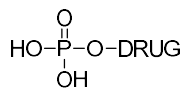
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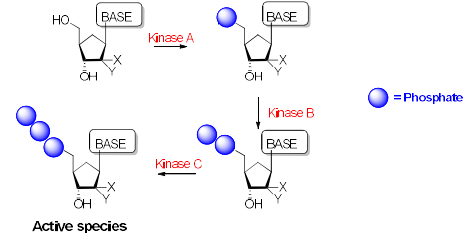
Prodrugs for phosphates/phosphonates



Phosphonate



Phosphate



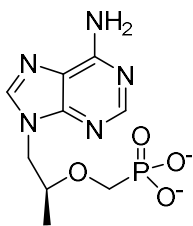
- Nucleoside triphosphate is the active species of nucleoside-based drugs
- Nucleoside phosphorylation to form monophosphate often rate limiting
- Nucleoside analogues are frequently administered as their monophosphorylated forms or configured to include a phosphonate moiety
- Phosphonates and phosphates typically have poor passive permeability - oral bioavailability and intracellular access can be limited
- Can directly form an ester linkage or amidate linkage to attach promoity
- Can directly attach spacer groups for steric alleviation or adding a conversion trigger
- Four nucleoside monophosphate and monophosphonate prodrugs approved: adefovir dipivoxil, tenofovir disoproxil, tenofovir alafenamide and sofosbuvir



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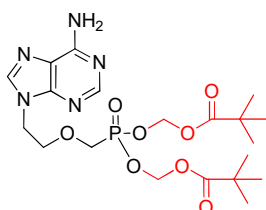
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Lipophilic prodrugs of tenofovir



Tenofovir

- Acyclic nucleoside phosphonate
- Tenofovir diphosphate is a potent and selective inhibitor of viral reverse transcriptase and effectively blocks viral replication
- Exist as a dianion at physiological pH
- The log P is less than -3 at pH 6.5
- Demonstrates low and erratic oral bioavailability in animal studies (mice 1.9%, rat 6.0%, monkey 2.7, dog 17.7)
- Adefovir dipivoxil undergoing clinical development was used as a starting point in prodrug discovery project



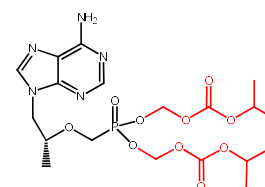
Adefovir dipivoxil (Hepsera®)



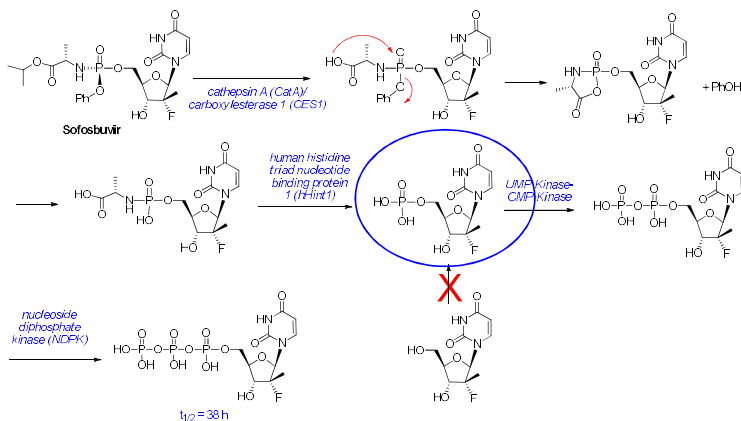
How to select a candidate

Cmpd	Log P pH 6.5	t _{1/2} (hr) pH 7.4	t _{1/2} (min) dog intestinal homog.	t _{1/2} (min) dog plasma	t _{1/2} (min) dog liver homog.	% F in dogs
	1.3	9.2	52.6	20.5	<5	30.1
	2.1	14	10.4	35.5	<5	37.8
	0.6	7.0	23.3	16.6	<5	24.5
	2.7	6.0	<5	<5	<5	18.0
	2.0	9.0	15	<5	<5	20.8
	1.9	0.4	26.6	21.2	14.9	30.7
	>3.0	6.0	<5	<5	<5	16.0
	>3.9	8.0	30	15	<5	28.8

Oral bioavailability of tenofovir in dogs is 17.7%



Phosphoramidate prodrugs for phosphate monoesters



- Phosphoramidate prodrug allows passage across cell membranes
- Enzymatic activity and polarity resulting nucleotide allows intracellular trapping
- Sofosbuvir showed advantageous stability profile for delivery goal:
 - Good stability in simulated gastric and intestinal fluids as well as human plasma
- Sales in 2014 \$10.3 billion (initial price tag at \$84,000 for a course of Hep-C treatment)

Gilead acquires Pharmasset for \$11bn
FINANCIAL TIMES

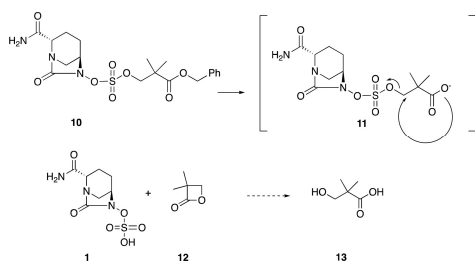


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Sofia et al. J Med Chem 53: 7202-7218, 2010
Furman et al. Antiviral Res 120-132, 2011
Chang et al. ACS Med Chem Lett 2: 130-135, 2011

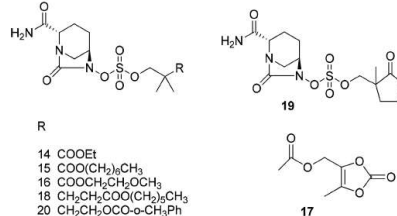
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Novel prodrugs of sulfate containing drugs



- The first strategy to prepare prodrugs of sulfate containing drugs
- β -lactamase inhibitor avibactam used as an example
 - the oral bioavailability of avibactam was ~1% rat, 15% dog, 3% monkey
- O-neopentyl group and an enzyme triggered nucleophile allow the intramolecular displacement and release of sulfate

Table 1. Bioavailability (F , %) of Prodrugs in Rat, Monkey, and Dog



	rat	monkey	dog
14	36	80	100
15	29	60	66
16	37	72	95
17	33	51	86
18	23	33	62
19	36	52	44
20	24	46	34

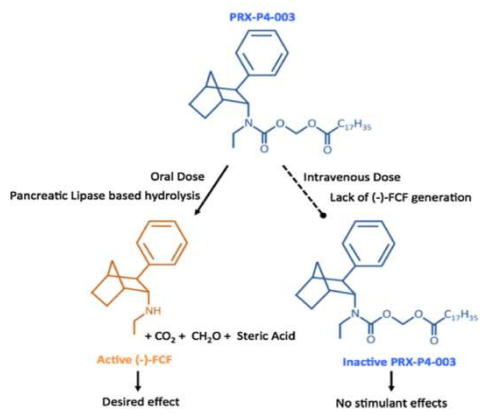


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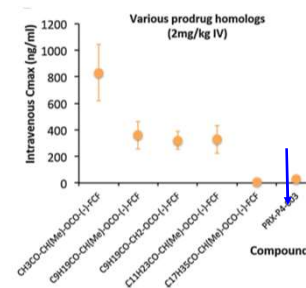
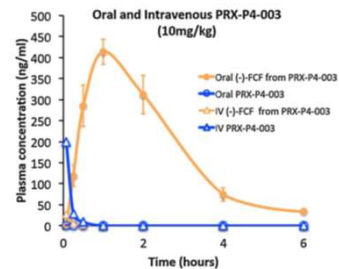
Gordon et al. J Med Chem 61: 10340-10344, 2018

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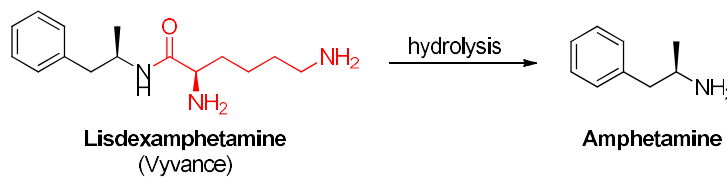
Site-selective release of an active drug to prevent abuse potential



- Fencamfamine is a stimulant having abuse potential if used intravenously
- PRX-P4-003 is a prodrug that is activated in the gut by pancreatic lipases but NOT in plasma



Controlled release of an active drug to prolong duration of action



- Lisdexamfetamine was developed with the goal of providing a long duration of effect that is consistent throughout the day, with reduced potential for abuse
- Rapidly absorbed after oral administration - substrate for PepT1
- Converted to dextroamphetamine and L-lysine primarily in blood due to the hydrolytic activity of red blood cells
- Plasma concentrations of unconverted lisdexamfetamine are low and transient, generally becoming non-quantifiable by 8 hours after administration.



Prolonged duration of action - selexipag

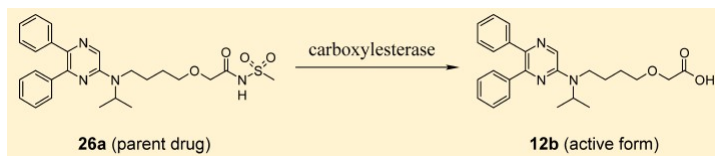


Table 6. Pharmacokinetic Parameters for 12b after Oral Administration of 12b, the Sulfonamides 26a–c, or the Sulfonyleurea 26f (1 mg/kg) to Monkeys^{a,c}

compd administered	compd measured	n	T _{max} (h)	C _{max} (ng/mL)	AUC _{0–24} (ng·h/mL)	t _{1/2} (h)
12b ^b	12b	3	2.3	105	652	5.6
26a	12b	3	14.0	35	859	10.7
	26a	3	6.7	47	384	4.9
26b	12b	2	10	13	170	14.5
	26b	2	10	17	128	2.3
26c ^c	12b	3	4	31	308	8.5
26f ^c	12b	3	6	20	374	^d

- Oral **selexipag** was approved in 2015 by the FDA for the treatment of pulmonary arterial hypertension
- *N*-acetylsulfonamide prodrug is slowly bioconverted by hepatic CES1
- Dose-proportional PK with C_{max} of the parent at 3–4 h after prodrug dose

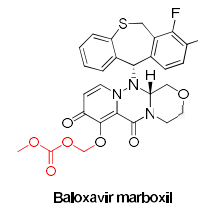
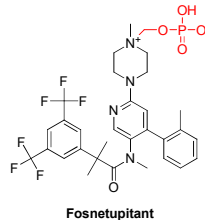
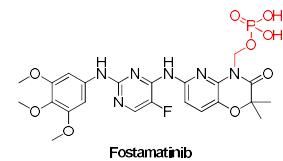
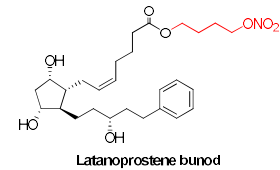
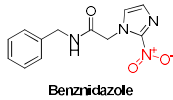
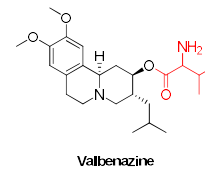
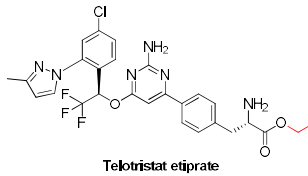
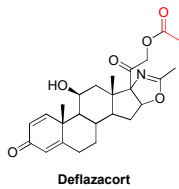


Prodrugs are surprisingly common!

- Currently about 10% of all world-wide approved drugs are prodrugs
- 11% of new small molecular entities approved by FDA in 2008–2018 are prodrugs (33/287)
- Recently FDA approved prodrugs are:
 - **2010:** ceftaroline fosamil, dabigatran etexilate, fingolimod
 - **2011:** abiraterone acetate, azilsartan medoximil, gabapentin enacarbil
 - **2012:** tafluprost
 - **2013:** sofosbuvir, dimethyl fumarate, eslicarbazepine acetate
 - **2014:** droxidopa, tedizolid phosphate
 - **2015:** isavuconazonium, sacubitril, uridine triacetate, aripiprazole lauroxil, tenofovir alafenamide, ixazomid, selexipag
 - **2017:** deflazacort, telotristat etiprate, valbenazine, benznidazole, secnidazole, latanoprostene
 - **2018:** fostamatinib, fosnetupitant, baloxavir marboxil



FDA approvals in 2017-2018



Best selling prodrugs

- Tenofovir alafenamide (Genvoya and other combinations), HIV, increased permeation & enhanced intracellular targeting
- Dimethyl fumarate (Tecfidera), multiple sclerosis, increased permeation
- Abiraterone acetate (Zytiga), prostate cancer, increased permeation
- Fingolimod (Gilenya), multiple sclerosis, undergoes in vivo phosphorylation → hydroxy form more lipophilic
- Paliperidone palmitate (e.g., Invega Sustenna), mental disorders
- Lamivudine (Trimeq), HIV, hepatitis, undergoes in vivo triphosphorylation → hydroxy form more lipophilic
- Sofosbuvir (Eplclusa and other combinations), HCV, increased permeation & enhanced intracellular targeting
- Esomeprazole (Nexium), proton pump inhibitor, masking reactive thiol group
- Dabigatran etexilate (Pradaxa), thrombin inhibitor, increase permeation



Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT



What can be the challenges in prodrug discovery and development?

(Select all the correct answers that apply)

- Analytical profiling
- Bioconversion
- Safety of promoieties
- Regulatory control
- None of the above

** If your answer differs greatly from the choices above tell us in the chat!*

Challenges and considerations in prodrug discovery & development

1. Synthesis difficulties
2. More complex analytical profiling
3. Controlling bioconversion and further metabolism
4. Pharmacokinetic studies requiring the analysis of both the prodrug and parent drug
5. Species differences in prodrug conversion
6. Genetic polymorphism and drug-drug interactions regarding prodrug converting enzymes
7. Concerns about the toxicity of not only the prodrug and drug but also the released promoieties or byproducts
8. Navigation of the regulatory environment with prodrugs is far from straightforward, particularly when prodrugs of already marketed active drugs are developed.



What has changed in the past years?

Prodrug intervention has become an integral part of the drug design and discovery strategy!

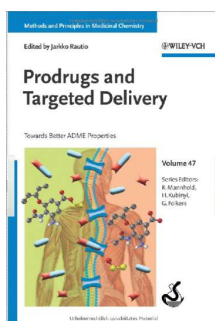


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Further reading



Other excellent reviews on prodrugs:

- Beaumont et al. *Curr Drug Metab* 4: 461-485, 2003
- Clas et al. *Drug Disc Today* 19: 79-87, 2014
- Erion et al. *Curr Opin Invest Drugs* 7: 109-, 2006
- Ettmayer et al. *J Med Chem* 47: 1-12, 2004
- Huttunen et al. *Curr Med Chem* 15: 2346-2365, 2008
- Jana et al. *Curr Med Chem* 17: 3874-3908, 2010
- Maag. *Drug Disc Today: Technol* 9: 121-130, 2012
- Pradere et al. *Chem Rev* 114: 9154-9218, 2014
- Stella. *J Pharm Sci* 99: 4755-4764, 2010
- Stella & Nt-Addae. *Adv Drug Deliv Rev* 59: 677-694, 2007
- Vig et al. *Adv Drug Deliv Rev* 65: 1370-1385, 2013

REVIEWS

The expanding role of prodrugs in contemporary drug design and development

Jarkko Rautio¹, Nicholas A. Meanwell², Li Di¹ and Michael J. Hageman¹

NATURE REVIEWS | DRUG DISCOVERY

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Kristina M. Hultinen, Hanna Reunanen and Jarkko Rautio
School of Pharmacy, Faculty of Health Sciences, University of Eastern Finland, Kuopio, Finland

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Jarkko Rautio¹, Hanna Kampulainen², Tycho Heimbach¹, Reza Oliya², Dooman Oh¹, Tomi Järvinen² and Jouko Savolainen¹

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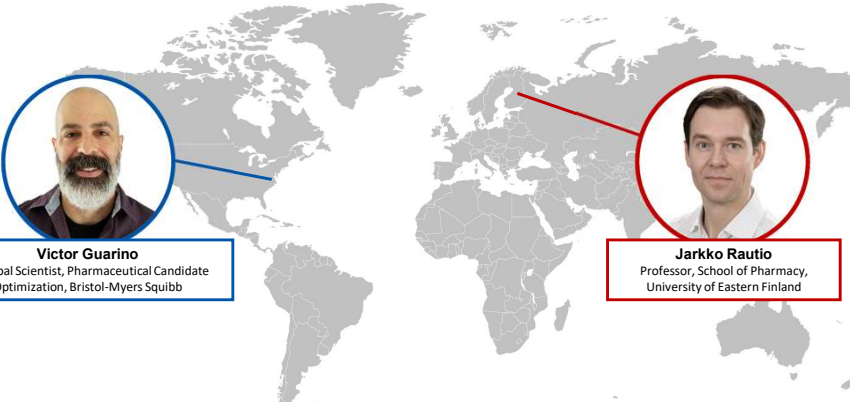
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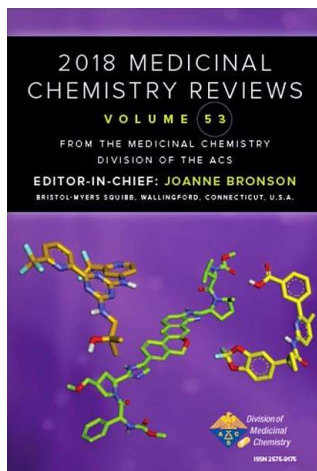
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