



Furosemide- How to Make a Leading Drug Better and its Use Wider

Pieter Muntendam, MD
President and CEO



9th American

DDF Summit

Drug Delivery & Formulation

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www.furosemide.com

Pieter Muntendam, MD – Founder and CEO

- 35+ year career in pharmaceutical and device industry
- Early career:
 - Senior management/executive career in leading companies
 - Johnson and Johnson, Glaxo, Organon (now Merck), Millennium
- Entrepreneurial career:
 - 20+ years as CEO
 - Raised >\$300M through private, public and strategic financing
 - Relevant predecessor companies
 - CEO SpringLeaf Therapeutics (Boston) –
 - Founder scPharmaceuticals – sc furosemide for worsening heart failure
 - CEO SQ Innovation AG (Zug, Switzerland)



scPharmaceuticals



About SQ Innovation AG

- Recently formed for the purpose of developing novel treatments for subcutaneous delivery
 - Leading Project:
 - Furosemide treatment for fluid overload in heart failure
 - Proprietary high-concentration neutral pH formulation
 - Other Projects:
 - To be announced in Q4 2019
- Fully capitalized through FDA & EU approval
- Partnership with Gerresheimer AG
 - Leading global supplier of primary packaging and drug delivery devices

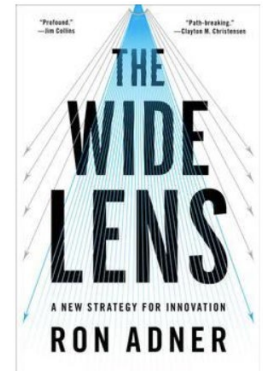
Our Fascination with Subcutaneous Drug Delivery

■ Our Fascination

- Subcutaneous delivery enables treatment where and when needed and by lay caregivers
- Subcutaneous delivery by wearable infusors creates a half-life independent pharmacology model
 - The Infusor can provide the desired systemic exposure profile regardless of the elimination half-life
- Large volume infusors eliminate the need to further concentrate biologicals
 - Reduced development time
 - Reduced pharmaceutical risk

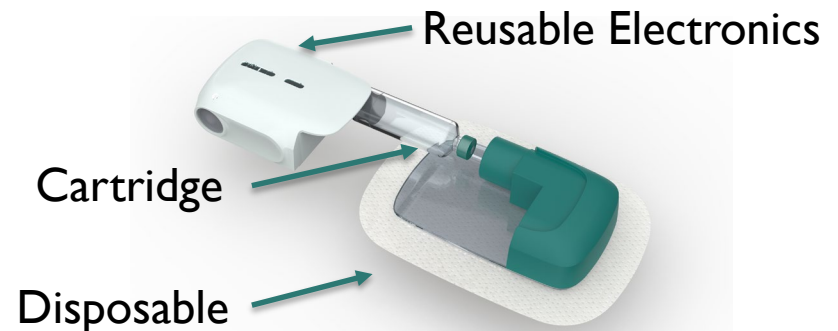
Consider the Eco System

- A drug delivery product requires an enabling ecosystem
 - Infusor
 - Primary container
 - Plunger
 - Accessories
 - Filling equipment
 - Labeling and handling
- Ron Adner book is circulating in our industry to make the point
 - Must read at some companies
 - Many examples in the drug delivery space where this has failed resulting in failures, delays, high cost.



Infusor Archetypes

- “It just needs to get in”
 - Repatha[©] type – does not matter how slow/fast as long as it is tolerated
- The delivery profile is critical
 - Requires controlled delivery
- Why did we pick the Sensile/Gerresheimer platform?
 - Controlled delivery
 - Cost-effective because of two component structure



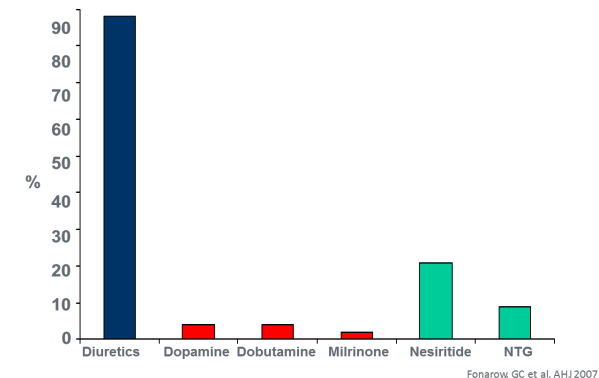
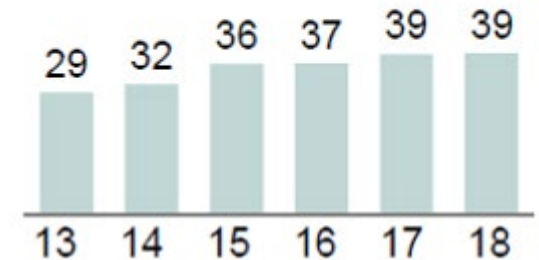
Electronic Controls vs Fluid Path Restriction

- Fluid path restriction has a dramatic effect on drug delivery times
 - Function of diameter and length
 - We were able to achieve a reproducible >2hr delivery time
 - Requires extremely tight (unrealistic) tolerances for the diameters since a slight increase will have dramatic effect on delivery volume
 - Major concern
 - Damage to biological through extreme shear stresses when fluid path restriction is used to slow delivery
- Electronics avoid the shear force concerns
 - Solution needs to be cost-effective which requires some way of re-using the electronic components

Why Furosemide?

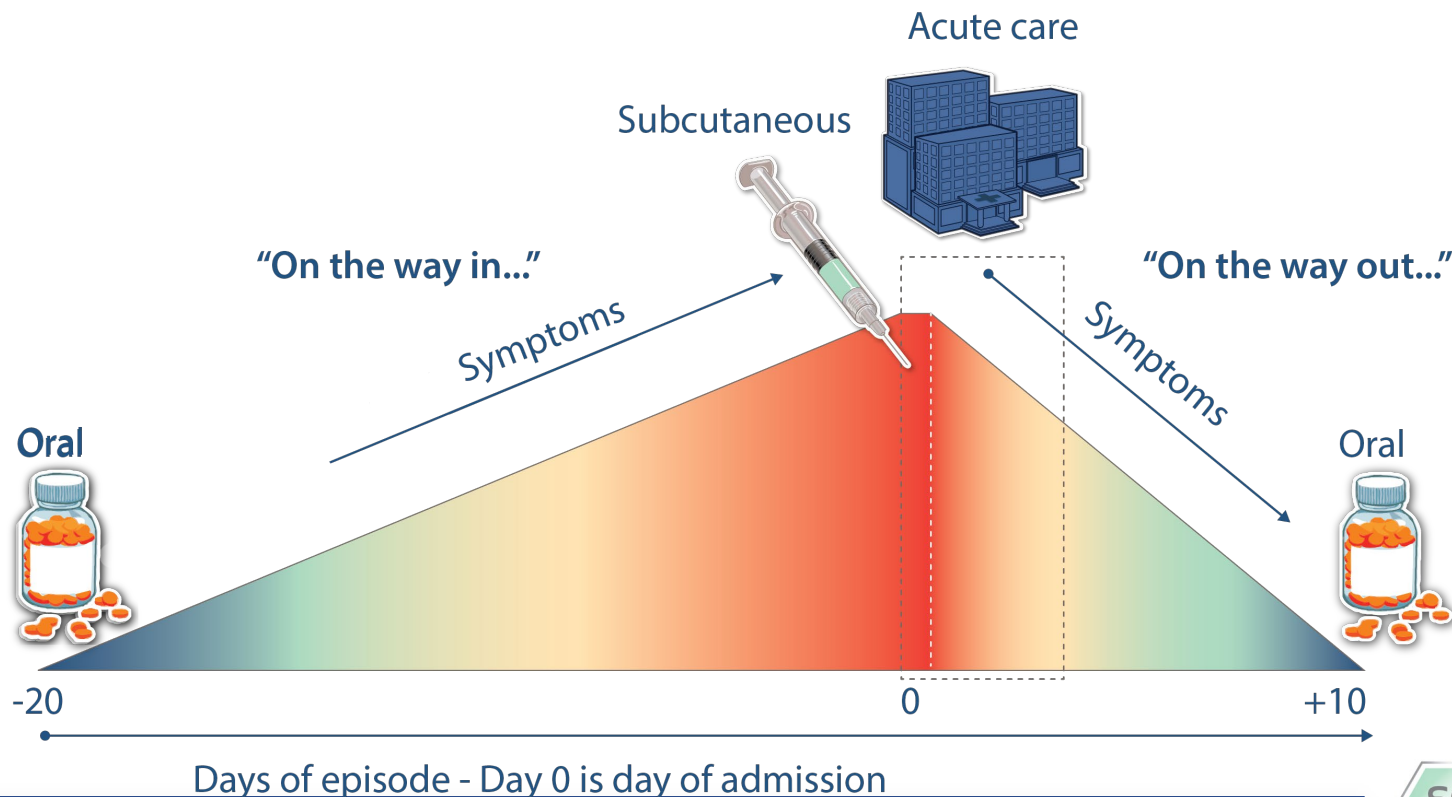
- Most widely-used cardiovascular injectable with approximately 40M units in the US alone
- IV furosemide treatment is often the sole treatment a HF patient gets when admitted
- Exceptional economic story
 - An inpatient episode of furosemide treatment costs approximately \$20,000 and removes 8.3L fluid (18 lbs)
 - Less than \$100 is the cost of the drug
 - Cost per liter of fluid removed is \$2,000+
 - Approximately \$14b or 3.9% of Medicare budget
- A subcutaneous self-administration of furosemide has the potential to radically change how edema/fluid overload in heart failure is managed.

Vol. of injectable diuretics market in North America (in M std. units)



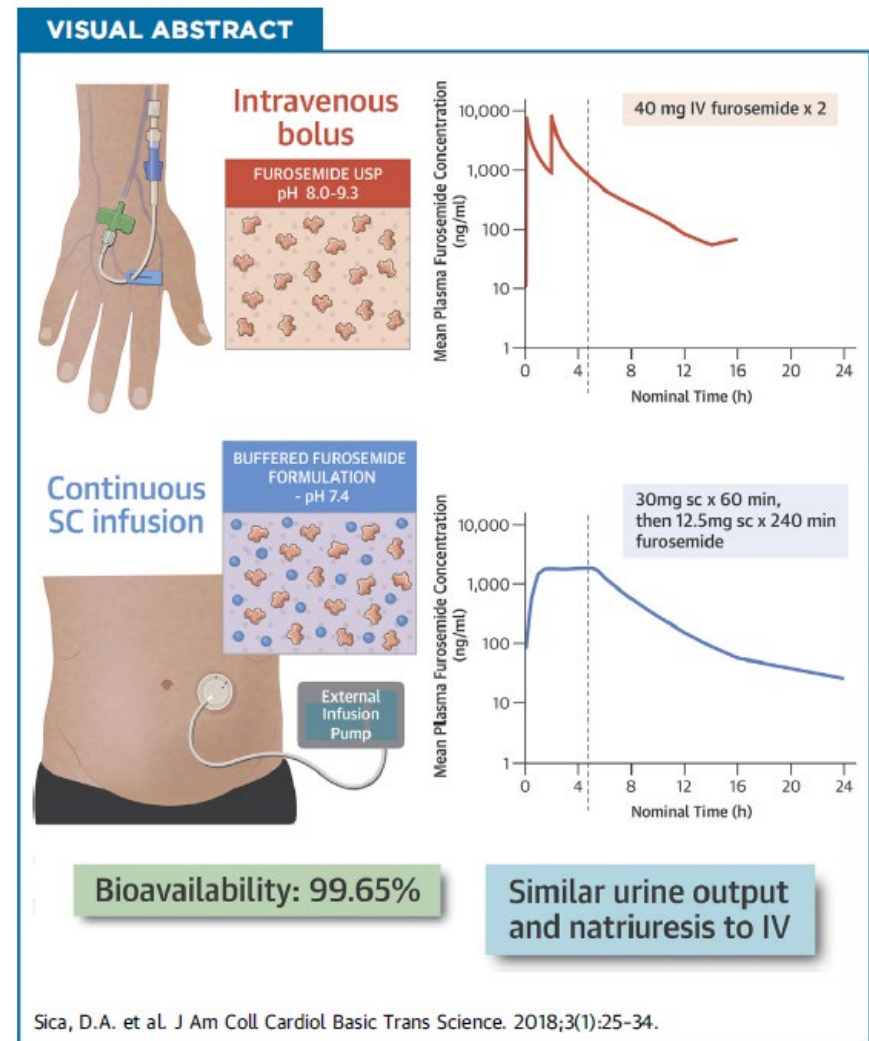
Episode of Worsening

- Now “Oral to IV to Oral”
 - IV almost invariably means in an Acute Care Hospital
- Subcutaneous offers an in-between solution for a patient who clinically does not need to be in an Acute Care setting



How well does this subcutaneous use work?

- Cross-over study using low concentration TRIS-based formulation
 - Complete bioavailability
 - 99.65% vs IV
 - Equivalent diuresis
 - 102%
 - Well-tolerated
- Conclusion: Complete bioavailability and equivalent diuresis



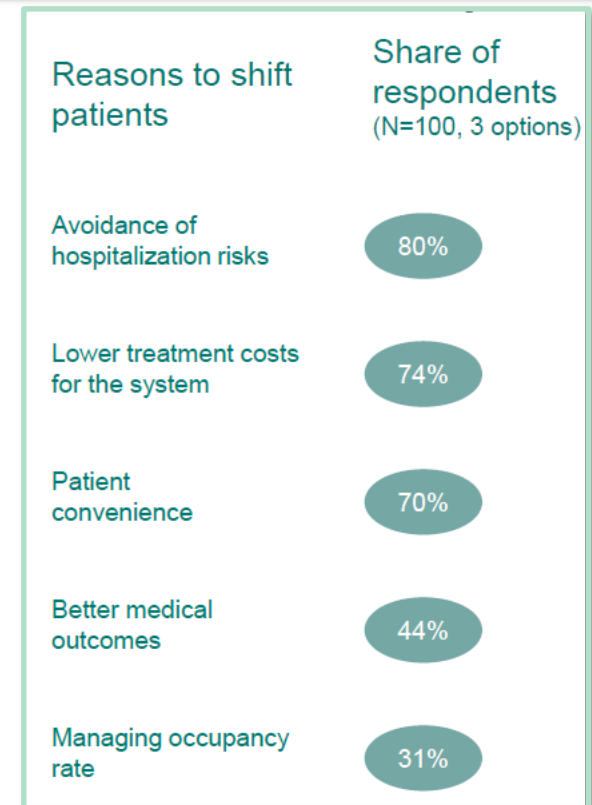
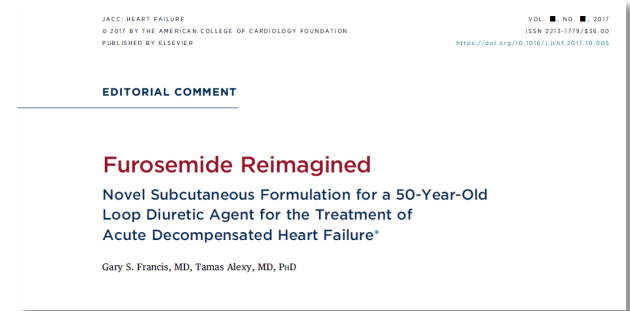
Broad Enthusiasm for the Concept

■ Enthusiasm

- Editorials in leading journals
- Market research conducted over the past 7 years
- NICE review

■ Primary perceived benefits

- Avoidance of hospitalizations
- Reduced cost
- Reduced patient/family burden
- Improved medical outcomes

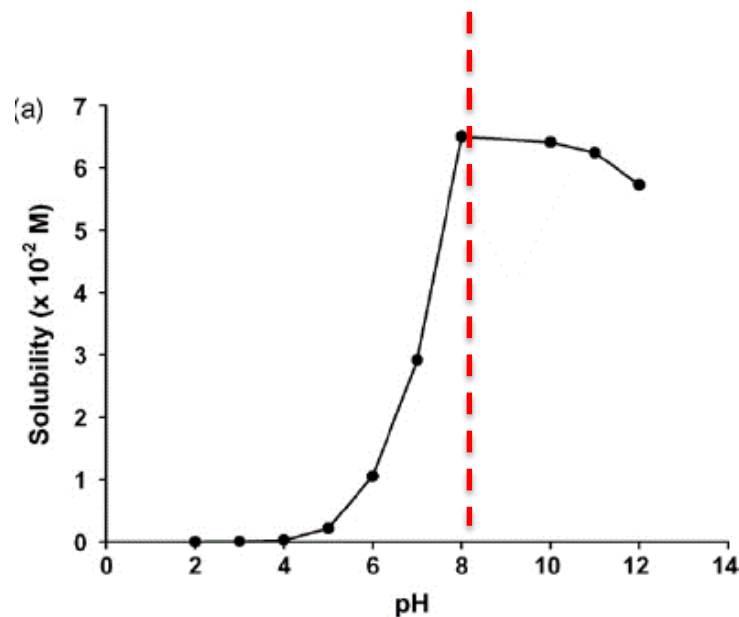


Rationale for New Product Design

- Elimination of need to fill the device from a vial
 - Removal of multiple critical steps, several of them were not intuitive and prone to human error and device failure.
- Work with reduced volume
 - Use of widely available 3 mL cartridges
 - Extensive manufacturing experience with 3mL primary container
 - Cost of goods
- Incorporate industry learnings
 - Several commercial products have become available since we first started in 2012

Requirements for the Pharmaceutical Product

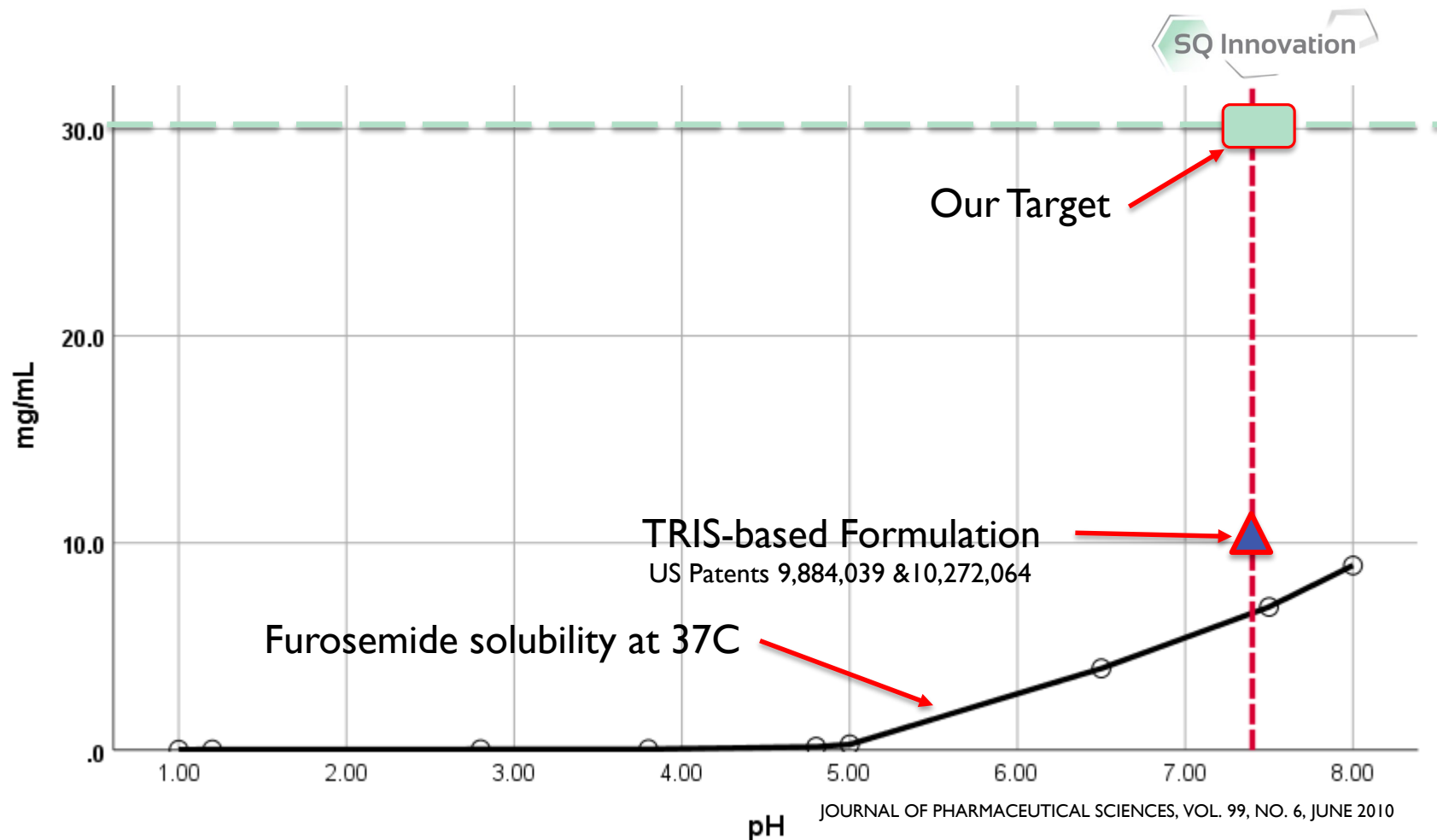
- Primary container:
 - 3mL cartridge to deliver 80mg dose
 - Target 30mg furosemide/mL
- pH: ~ 7.4
- Shelf-life: 24 months at RT
- Biggest challenge is concentration at neutral pH
- Furosemide Injection USP
 - pH 8.0-9.3 – typically formulated around pH 9.0



pH-solubility profile of furosemide in TRIS buffers (0.5M) at 30 ± 1°C.

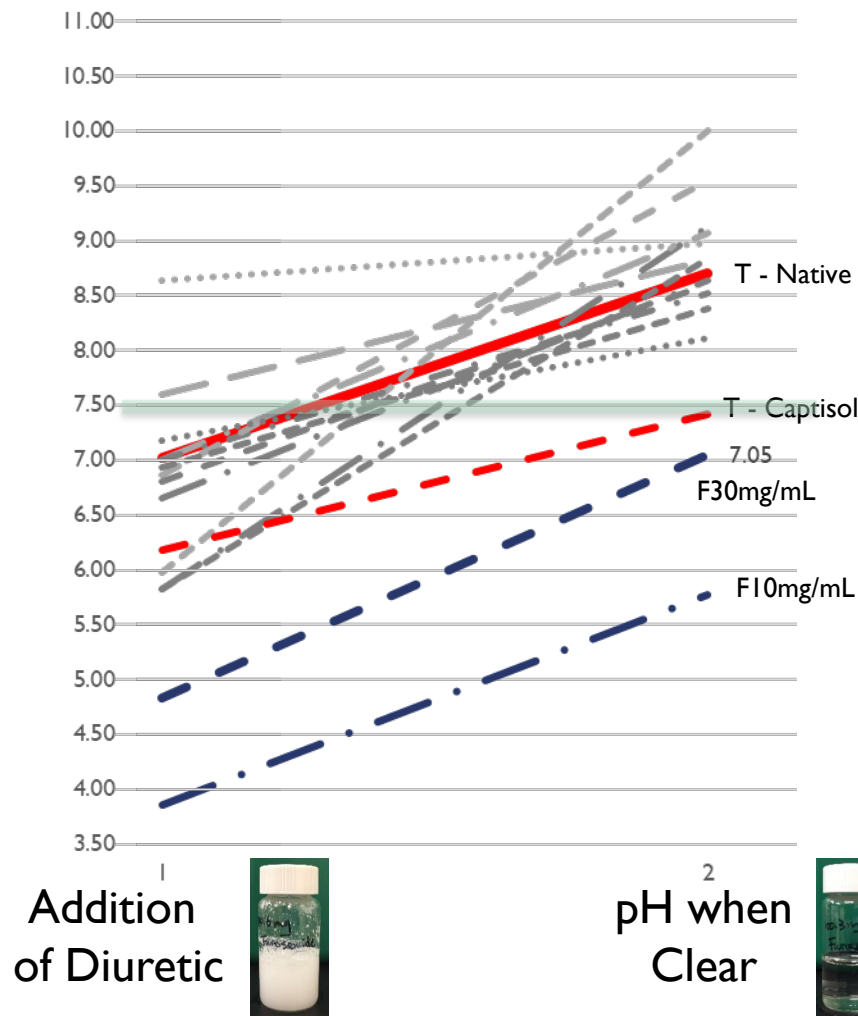
International Journal of Pharmaceutics 345 (2007) 142–153

Our Challenge



Our Formulation Research

- We screened a long list of buffers and solubilizers (grey lines)
- None had noticeable effect except 40% Captisol which reduced pH at solubility from 8.7 to 7.4
- The Furosemide line was even more dramatic with solubility of 10mg at pH 5.8
- Additional experiments confirmed stability of solution at 30mg/mL with pH of 7.4
- Multiple IP filings

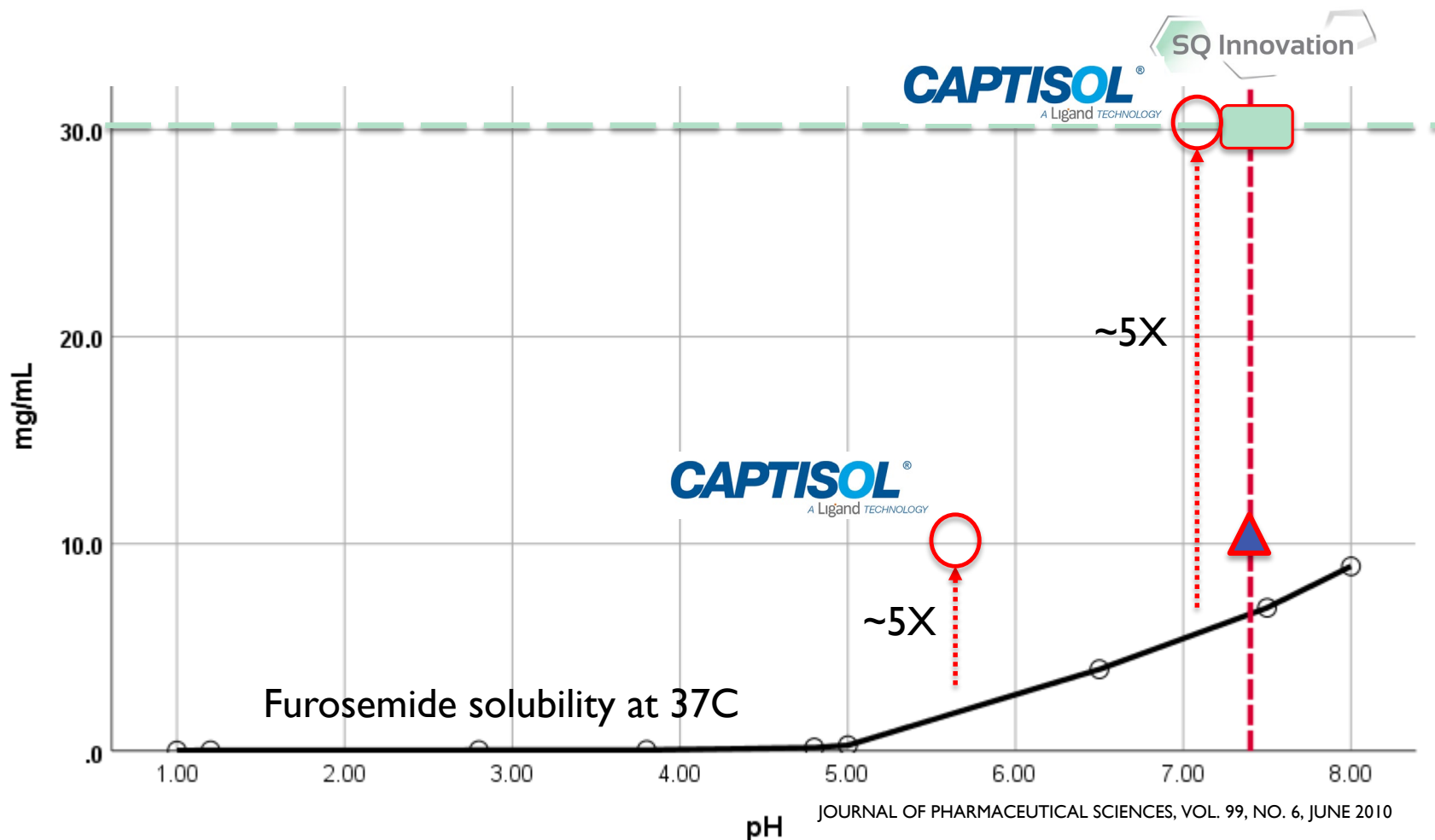


Requirements for Solubility Enhancements

- Non-toxic
- Previously used in FDA approved products

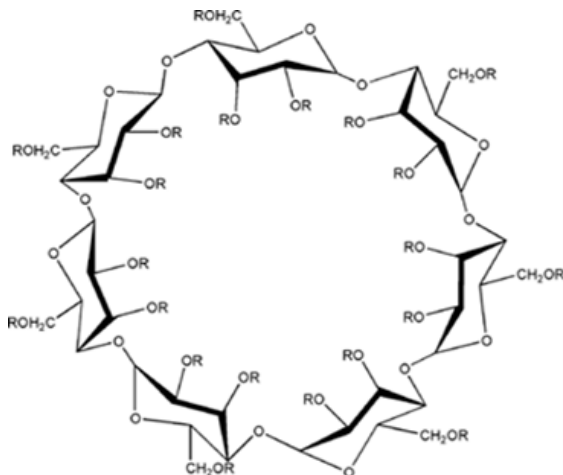
Our Solution

- Captisol gave us approximately a 5X increase in solubility

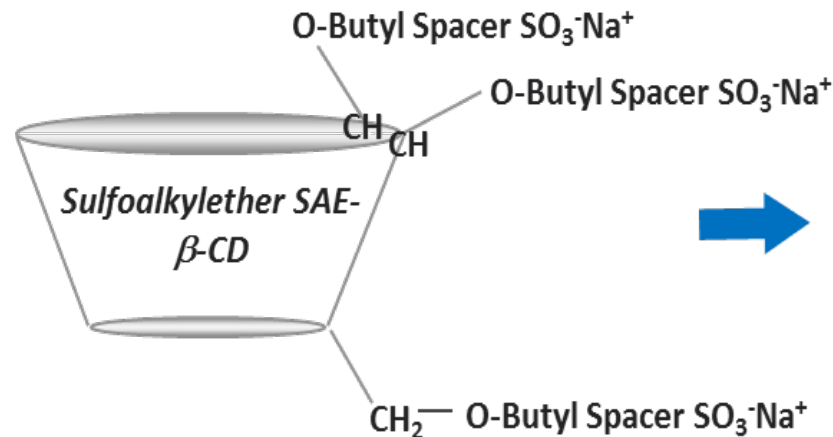


What is Captisol?

- Captisol
 - A patent protected modified cyclodextrin,
 - Optimized for solubility, stability and bioavailability
 - Excellent safety record



$\text{R} = \text{H}_{21-n}$ or $(\text{CH}_2\text{CH}_2\text{CH}_2\text{CH}_2\text{SO}_3^- \text{Na}^+)_n$
where $n = 6.2 - 6.9$



Patented

Approved in Diverse Therapeutic Areas

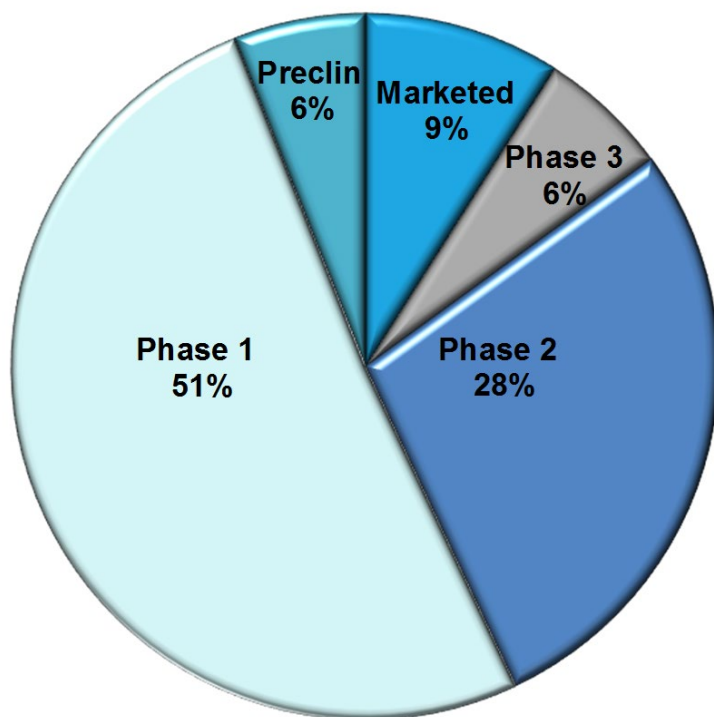
- Captisol® has enabled the development of 11 approved drugs
- Drugs produced by Amgen, Merck, Pfizer, Baxter, BMS, Lundbeck, Melinta and Sage



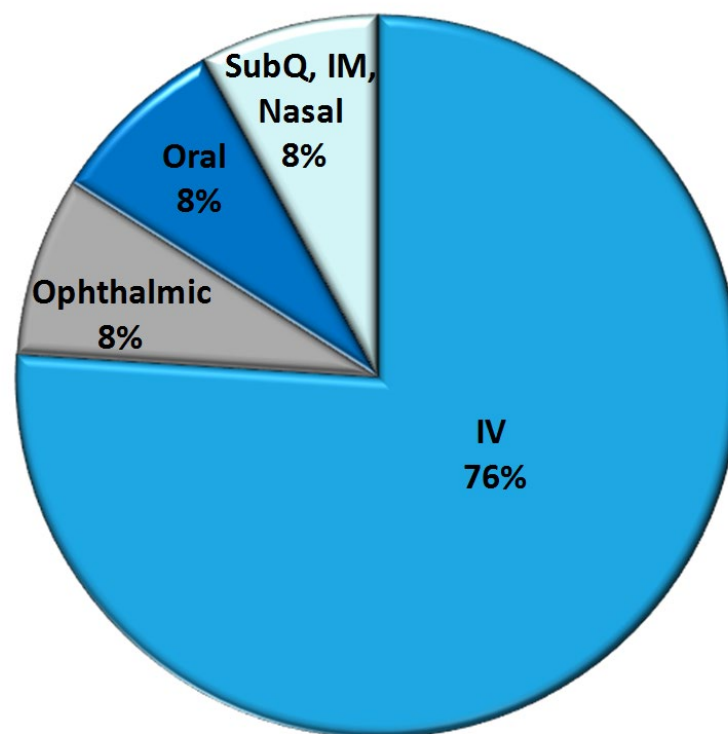
- Extensive history: Millions of Patients in 60+ Countries have been treated with Captisol containing products since 2001

Delivery of Captisol-enabled® Pipeline

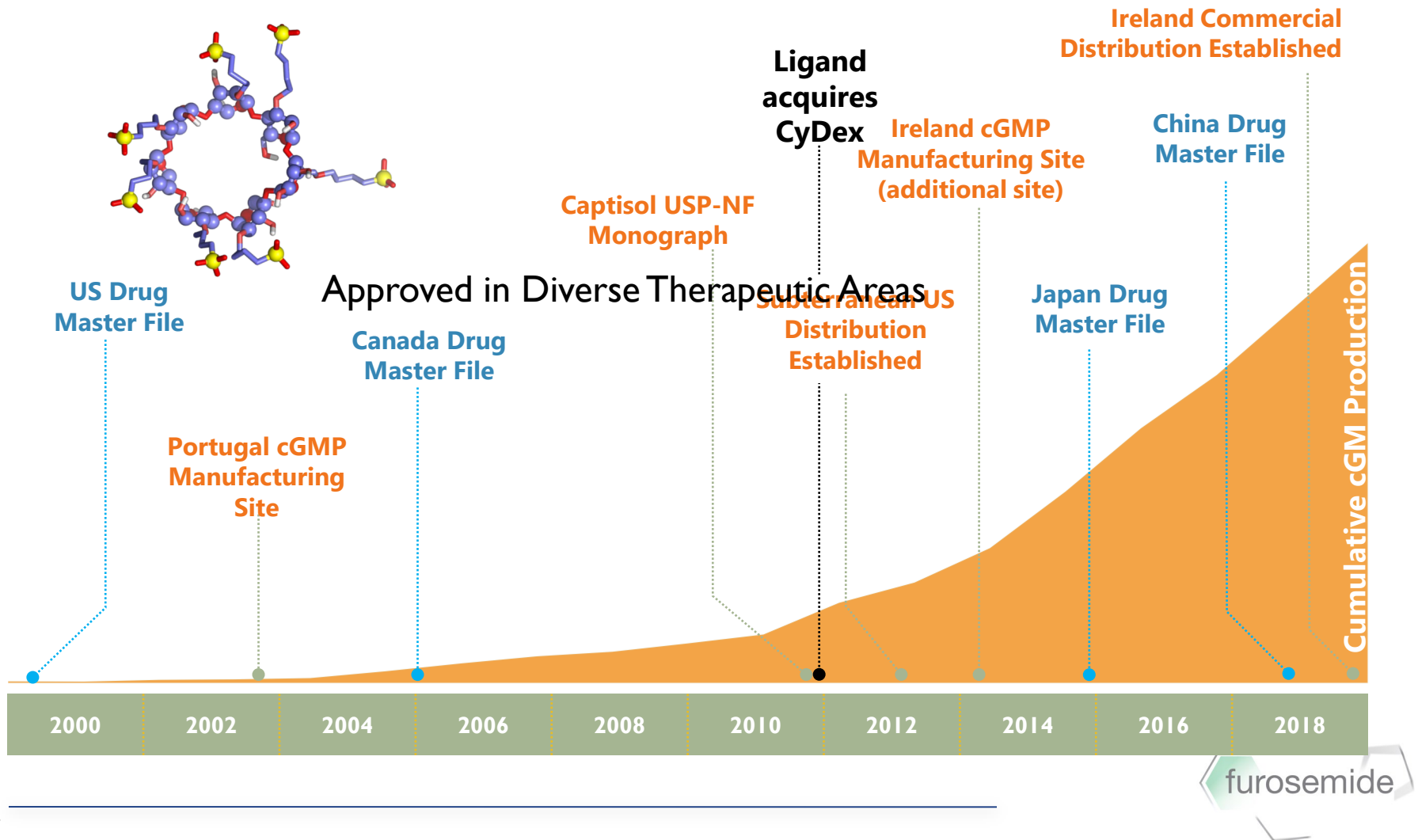
Stage of Development



Routes of Administration



Captisol History



Summary

- The subcutaneous space is open for business.
 - It offers many advantages over IV, but requires a suitable infusion/injection device
 - There are no approved drugs in primary containers of 5mL or greater
 - For poorly soluble compounds beta-cyclodextrins offer an attractive option to enable subcutaneous delivery
 - The proprietary Captisol offers a number of attractive benefits:
 - Proven FDA inspected supply chain
 - Robust tox/information package
 - Additional IP

CAPTISOL[®]
A Ligand TECHNOLOGY

Thank You

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Our Challenge

