

KU BIOPHARMACEUTICAL INNOVATION & OPTIMIZATION CENTER (BIOC)

~~ AND ~~

PHYSICAL PHARMACY & DRUG DELIVERY (P2D2) RESEARCH LABS



McCollum Laboratories (Office 1188)

Simons Laboratories (Office 274; Labs 275)

KU Medical Center Labs







Presentation to 2024 Drug Delivery Summit

Cyclodextrin-Facilitated Drug Delivery: Modulating Gelation of Peptides and Improving Dissolution of ASDs



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Valentino J. Stella Distinguished Professor

Department of Pharmaceutical Chemistry

Director of the Biopharmaceutical Innovation & Optimization Center

Kansas University Center for Research

16 September 2024 at 3:40 PM in Room 1





Rapidly Changing Landscape and Challenges In Drug Delivery with New Molecular Modalities

The Modalities

- Evolving Chemical Space in Discovery "Toto, I've a feeling we're not in Kansas anymore.
- Evolving Solubilization Technologies

Integrating Pharmaceutics into Decisions for Molecule Progression

- Pharmaceutics Enabling the Discovery Process with Line-of-Sight Strategies
- Expanding solubilization strategy solutions through coupling with cyclodextrins

Expanding Cyclodextrin Technologies to De-risk Progression

- Modulating cyclic peptide aggregation for SC delivery
- Expanding the limits of amorphous solid dispersions (ASD)
 - Physical form stabilization (in solid phase, during dissolution)
 - Facilitating supersaturation & preventing colloidal phase separation
- Enabling supersaturation upon dilution at site of drug delivery

Acknowledgements

- KU Negar Jafari, Indeewara Munasinghe, Kyle Gross, Jack Rider, Josephine Banks, Hao Lou
- Ligand Pharmaceuticals Lian Rajewski, Jo Krise, JD Pipkin
- Funding by Val Stella Endowment Fund & by Ligand Pharmaceuticals





Definitions of "Drug-Like" are Evolving with Advent of New Drug Modalities

Lipinski rule of 5

- Poor absorption and permeation are likely when
 - H-bond donorsMW > 500
 - logP > 5d Acceptors > 10

Veber Rules

- Good o ailability in rate
 - Roman onds ≤ 10
 - Polar Surface Area(PSA) ≤ 14 (acceptors+donors)

Pardridge Rules

- Good probability of p
 the blood-brain barrier(BBB)
 - H-bonds (accept rs) ≤8-10
 - MW < 400-500 ar idic

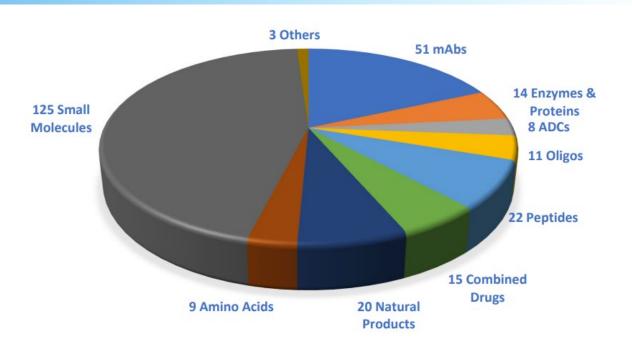
Spraklin

- Further states that
 I H-bonds for BBB permeation
 - H-bond donors bond acceptors < 6

Clark & Lobell

- For good BBB barrier permeability
 - MW < 450 logD = 1-3

 - Polar Surface Area (PSA) < 60-70 Å²



278 new drugs approved by FDA from 2016-2021

Shaer, Musaimi, Albericio, de la Torre, Pharmaceuticals 2022, 15(2),

222; https://doi.org/10.3390/ph15020222

Evolving Chemical Space -- the Present

Saxagliptin 315.4

GLP1 Analogs

Liraglutide

MW 3751

Daclatasvir

MW 738.9

Preparing for The Future - A Role for Cyclodextrins? -

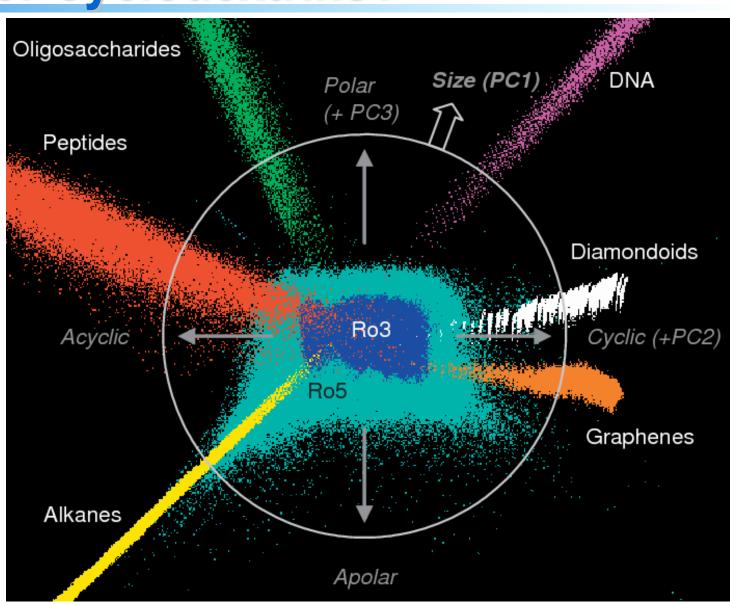
DOI:10.2533/chimia.2011.863

Exploring the chemical space of known and unknown organic small molecules at www.gdb.unibe.ch.

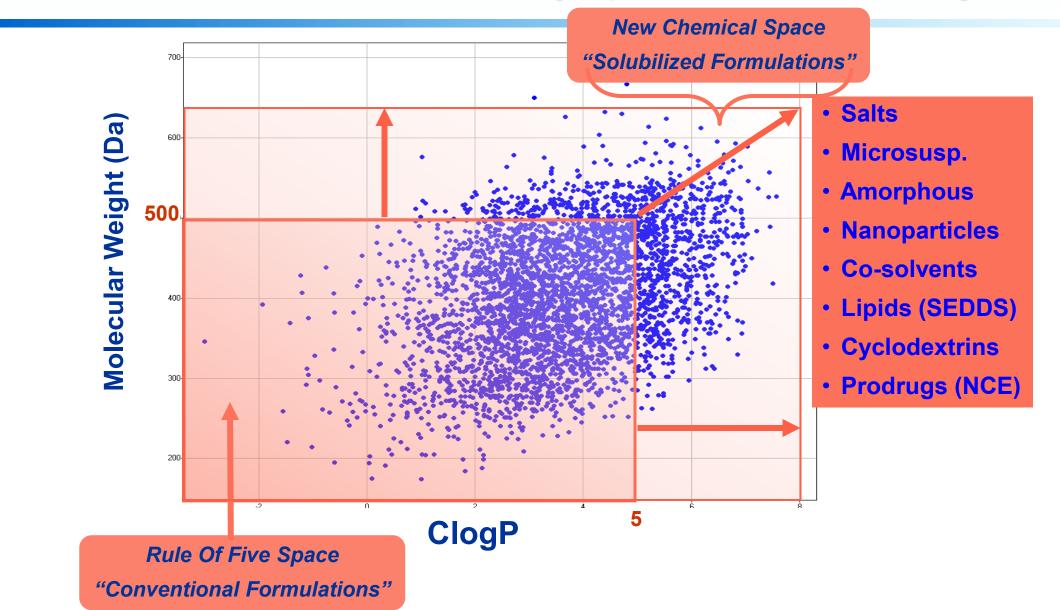
J. Reymond, Lorenz C. Blum, Ruud Van Deursen

•Published in <u>Chimia</u> (Basel) 2011

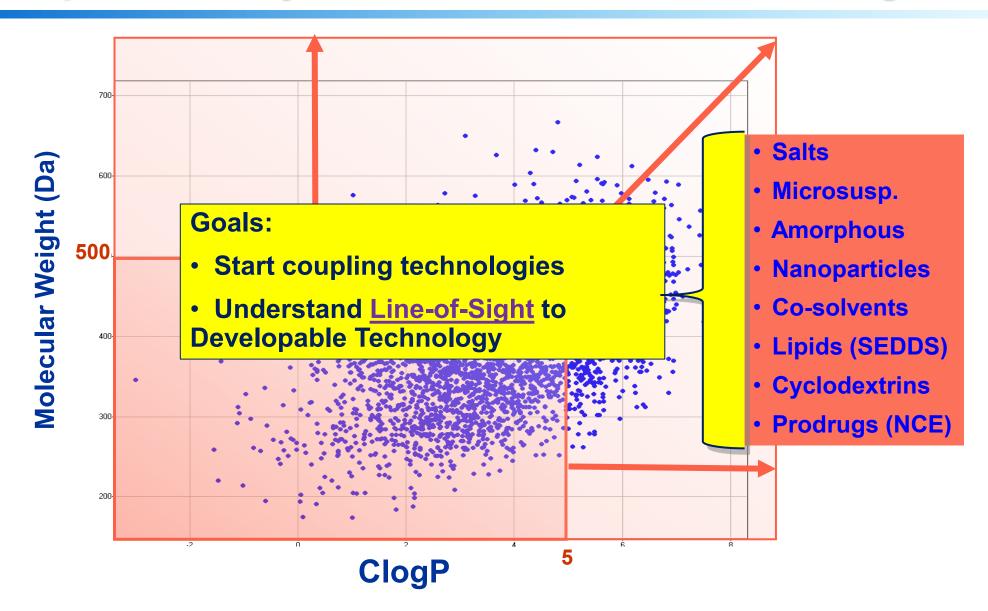




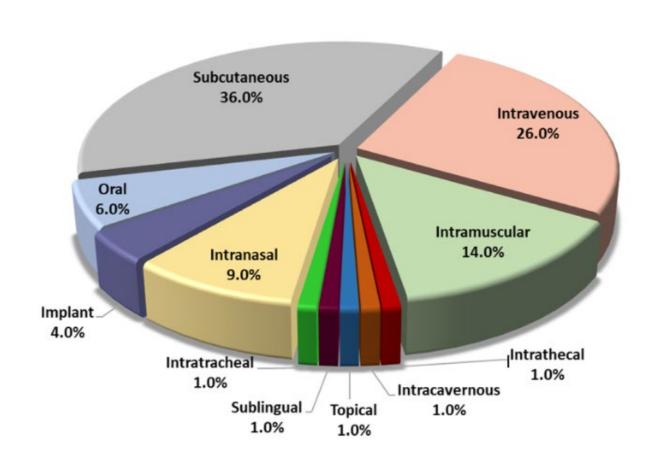
Typical Use of Formulation Technology to Expand Accessible Small Molecule Chemistry Space For Oral Delivery



Expanding Accessible Small Molecule Chemistry Space with Cyclodextrin-Enhanced Technologies



Parenteral Routes are Favored for Peptide Administration



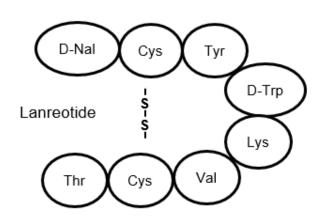
- ✓ Do not pass through the GI tract
- ✓ Protect peptide from degradation by pH changes and enzymatic digestion process
- ✓ Maintain improved bioavailability and efficacy
- ✓ Avoid limitation of biological membrane permeations

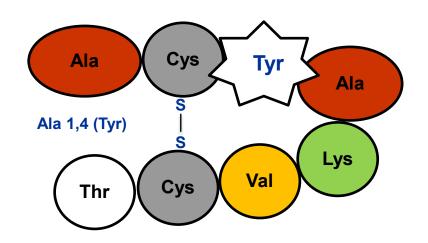
Why Cyclodextrins Might Help Formulation & Delivery of Peptides

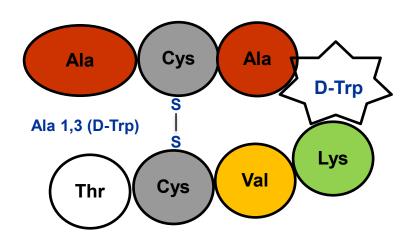
Cyclodextrin complexation with amino acid functional groups to modulate physicochemical properties.

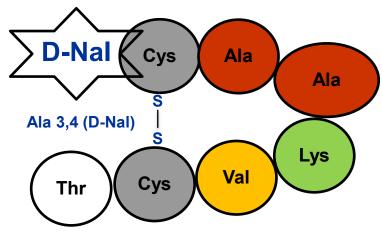
- Enhancing solubility of peptides, minimizing the impact of counter-ions and ionic strength?
- Providing an alternative equilibrium to prevent irreversible aggregation and to modulate peptide self-assembly or gelation?
- Minimize electrostatic peptide interactions with hyaluronic acid at subcutaneous site or bile acid mixed micelles orally? Facilitate lymphatic uptake of complex, especially higher order complexes?
- Modulate enzymatic liability of peptides either subcutaneously or orally?

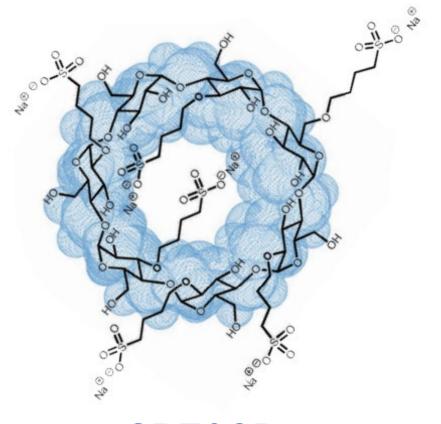
Alanine Analogs of Lanreotide used to Study the Side Chain Interactions with SBE_βCD





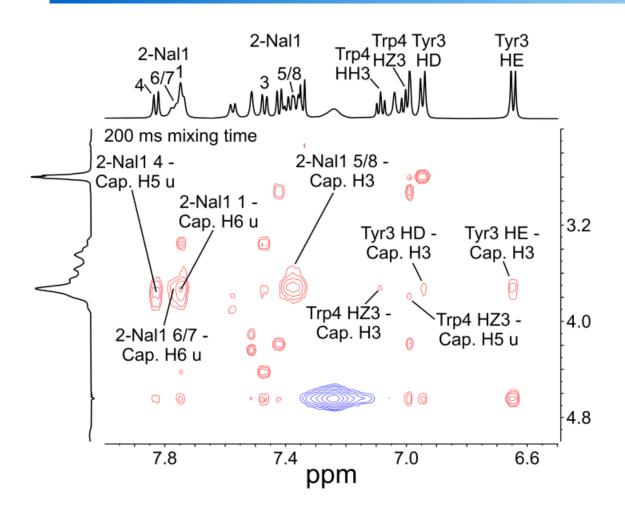


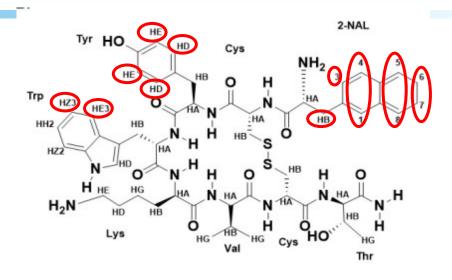






ROESY NMR of Lanreotide: SBEβCD



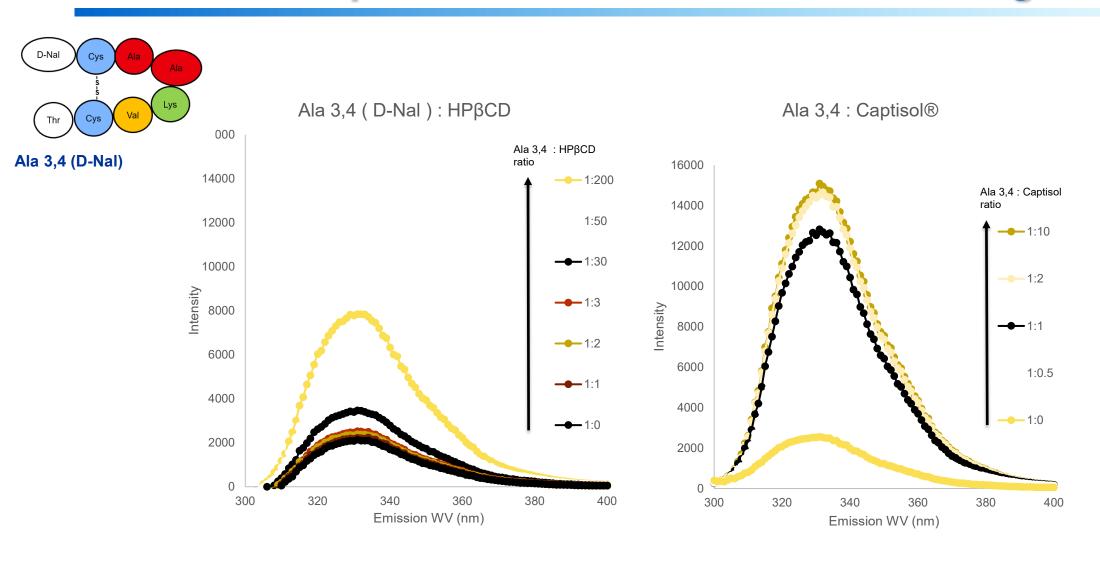


Lanreotide

The protons of aromatic side chains of lanreotide shows cross peaks with protons of SBEβCD reveals the complexation of Tyr, D-Trp and D-2NAL with SBEβCD.



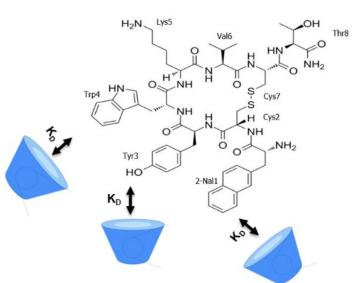
Example of Fluorscence Changes with β-Cyclodextrin Complexation with Lanreotide Analog



Summary of β-Cyclodextrin Complexation with Lanreotide

- ❖ DOSY NMR showed decrease in diffusion coefficient & increase in hydrodynamic radius, consistent with the complexation. ROESY NMR showed cross peaks of the cyclodextrin hydrogens with all three aromatic side chains indicating the potential complexation on more than one side chain, but not necessarily simultaneously.
- Fluorescence showed an increase in intensity and blue shift upon complexation. The binding constant of Captisol® to alanine analogs are 30-300 times greater than HPβCD. The D-Nal has the highest binding constant with HPβCD of the other 2 aromatic side chains. Whereas Captisol® binds slightly more tightly to Tyrosine. The binding constant of Captisol® to Lanreotide was 30-300 times greater than HPβCD.

Binding constant of three analogs with Cyclodextrins n=5				
Alanine substituent	HPβCD (M ⁻¹)	Captisol®(SBEβCD) (M ⁻¹)		
Ala 3,4 (2- Nal)	61.7 ± 20.7	1833.3 ± 830		
Ala 1,3 (Trp)	12.6 ± 4.2	2180 ± 800		
Ala 1,4 (Tyr)	10.4 ± 3.7	<u>3583 ± 510</u>		



Ways to Study the SC Route



Open the Blackbox?
No / Yes



Not Study Mechanism

Diffusion

Approach 1:

Machine
Learning: mAb SC
Bioavailability
Prediction

Lou H, Hageman MJ.
 Pharm Res. 2021;38(3).

Approach 2:

Protein Diffusion in SC Extracellular Matrix (ECM)

Lou H, Hageman MJ.
 Anal Methods. 2022;14.

Study Mechanism

Multiple Mechanisms in an Integrated System

In-Vitro Models to Simulate SC Site

Approach 3:

Evaluate/Apply a Commercial Model: SCISSOR® (SubCutaneous Injection Site Simulator)

Lou H, Berkland C, Hageman MJ. Int J Pharm. 2021;605.

ESCAR Applications

Molecule Screening

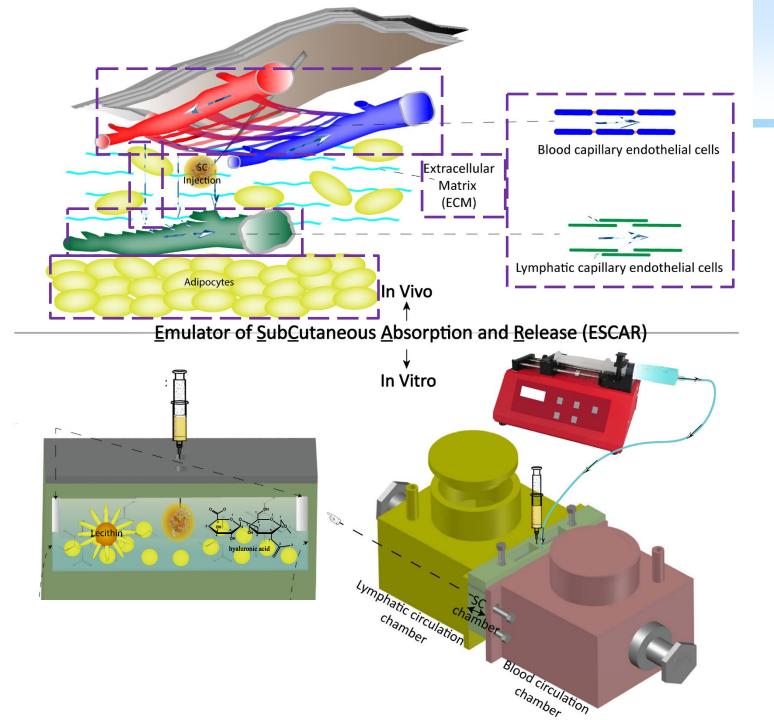
Small molecule: Griseofulvin & APAP Peptide: Lanreotide Protein: BSA

Formulation Screening
 Solution, Suspension, Complex, Emulsion,
 Gel, Nanoparticle, Microparticle, Depot, etc.

Approach 4: Develop a New Model

ESCAR (mulator of ub utaneous bsorption and elease)

- Design & Fabrication
- 2. Applications
- 3. Intellectual Property (IP) & Commercialization
- •Lou H, Hageman MJ. Mol Pharm 2022; 19(11)
- •Lou H, Hageman MJ. AAPS J. 2023; 25(23)



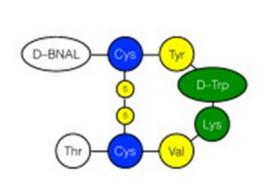
ESCAR Design

- Extracellular Matrix (hyaluronic acid)
- Fat Tissue/Lipids
- Drug Uptake
- Tight Junctions
- Convection/Liquid
 Flow
- pH & Temperature & Ionic Strength

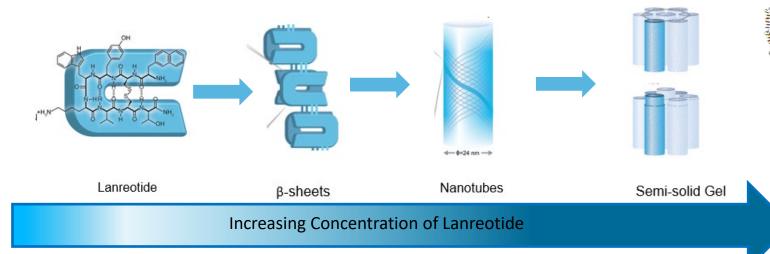
Development of an In Vitro System To
Emulate an In Vivo Subcutaneous
Environment: Small Molecule Drug
Assessment. Lou H, Hageman MJ. Mol
Pharm. 2022 Nov 7;19(11):4017-4025.

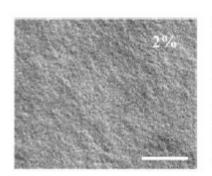
ESCAR Applications to Peptides & Proteins

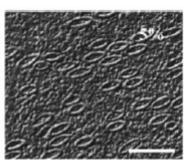
Can ESCAR be used to study peptide aggregation in SC Space? Lanreotide (3% w/v) aggregates in water.

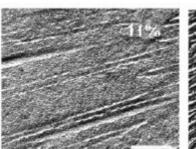


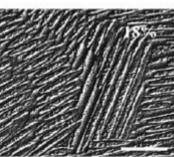




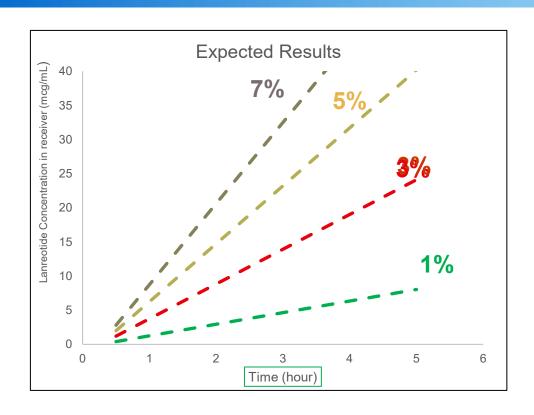








ESCAR Flux as a Function of Lanreotide Concentration

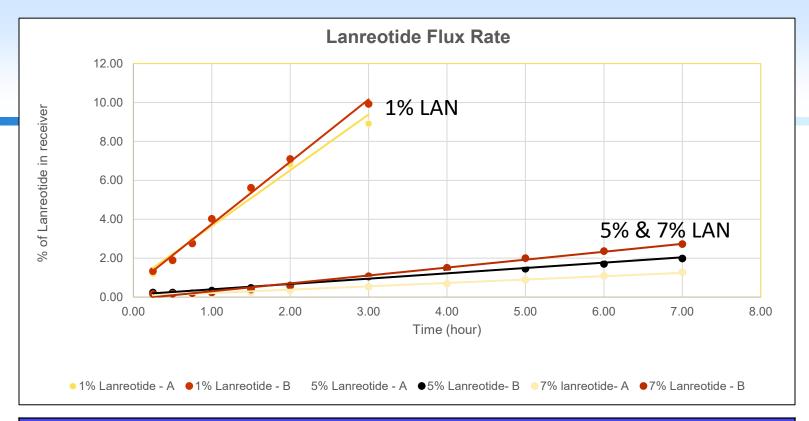


Observed Results receiver (mcg/mL) 35 30 3% 25 20 15 Lanreotide 10 5% 6 Time (Hour)

Temperature 37°C, 50 kDa MWCO, Hyaluronic acid 5%, PBS pH 7.4



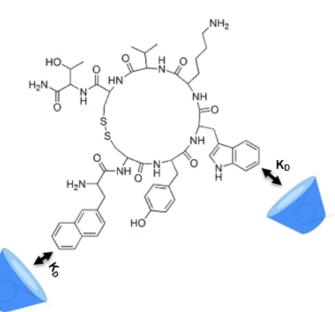
Obvious reduction in absolute amount (flux) when concentration exceeds 3% and reversible gelation plays a role

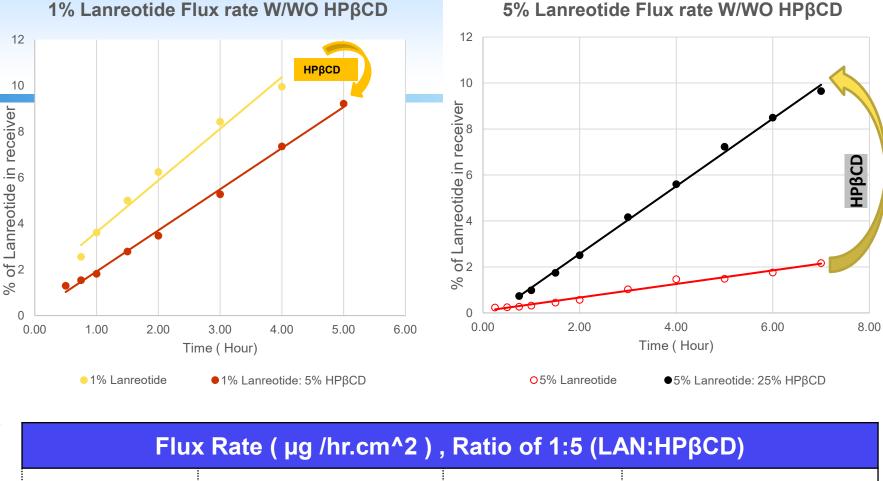


Same Injection Volume / Different concentration / Different Dose				
Flux Rate (μg /hr.cm^2)				
1 % Lanreotide (80 μg dose)	5% Lanreotide (400 μg dose)	7% Lanreotide (560 μg dose)		
75.90	7.32	7.24		

Temperature 34 $^{\circ}$ C , 50 kDa MWCO , HLA 5% , PBS pH 7.4

• LAN binding with HPβCD to inhibit aggregation





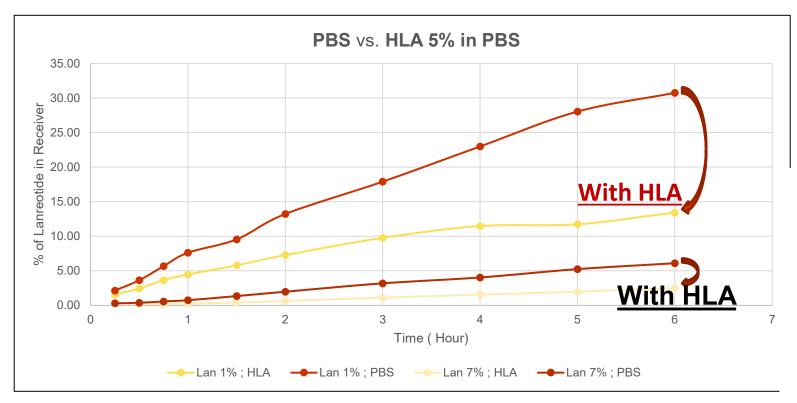
 Flux Rate (μg /hr.cm^2) , Ratio of 1:5 (LAN:HPβCD)

 1% Lanreotide
 1% Lanreotide:5% HPβCD
 5% Lanreotide
 5% Lanreotide:25% HPβCD

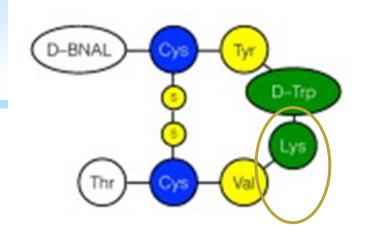
 56.17
 44.7
 7.375
 36.775

Temperature 34°C, 50 kDa MWCO, HLA 5%, PBS pH 7.4

Hyaluronic Acid Electrostatic Interactions

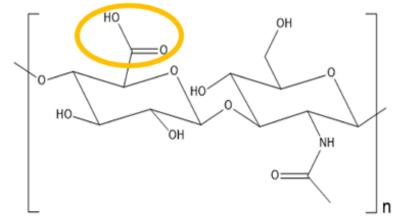


Temperature 34°C, 50 kDa MWCO, HLA 5%, PBS pH 7.4

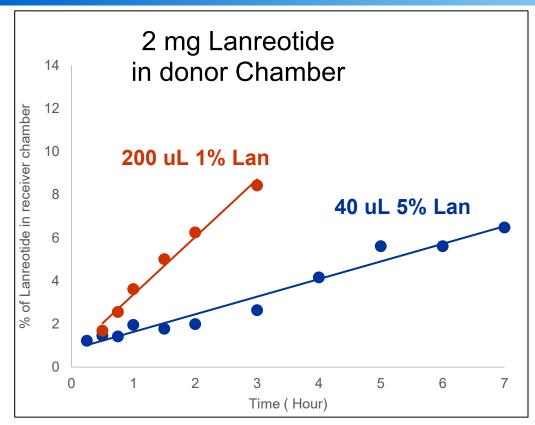


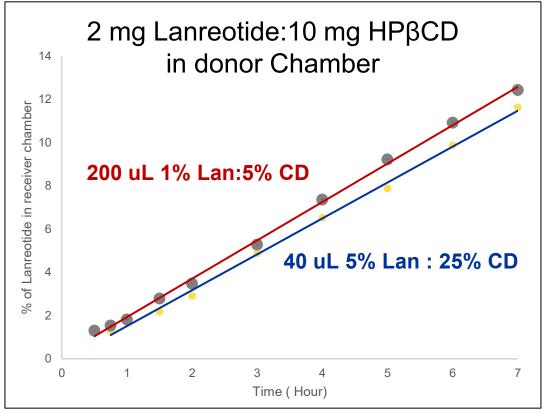
Lanreotide

Hyaluronic Acid



The HPBCD Formulation Mitigates the Gelation and Flux Rate Differences

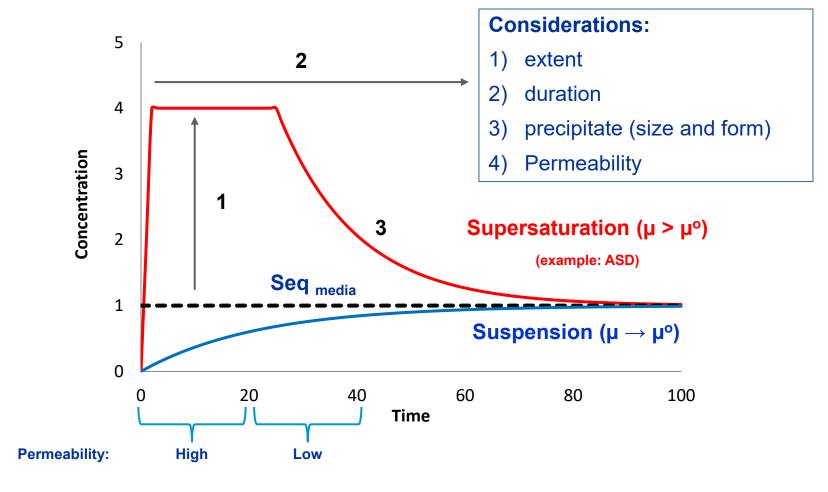




Injection Volume	% Lanreotide	% НРβСD	n Lanreotide : m HPβCD	Flux Rate mcg/hr.cm^2
200 uL	1%	5%	1:5	44.35
40 uL	5%	25%	1:5	41.47

Overcoming Poor Solubility / Permeability

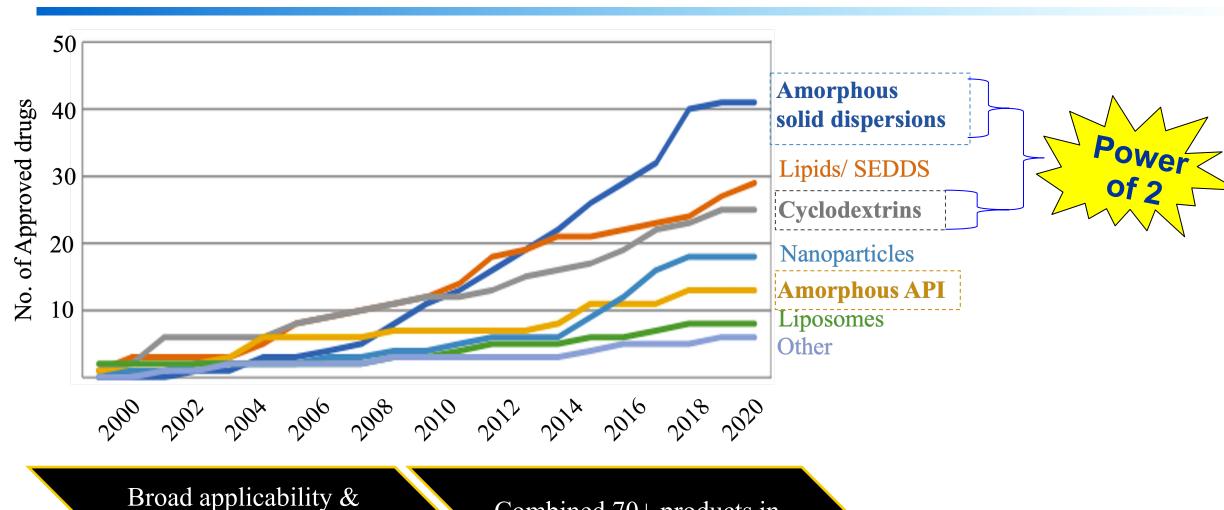
(The Advantages of Supersaturation in Oral Bioperformance)



 μ - chemical potential μ - chemical potential @ Seq Seq - equilibrium solubility ASD - amorphous solid dispersion

Supersaturation stages: generation and maintenance

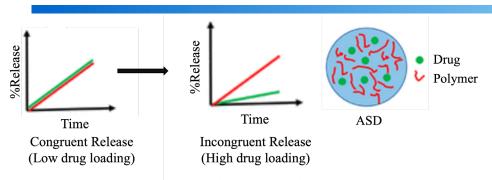
Increasingly Broad Applicability of Solid Dispersions



Broad applicability & technological advances in preparation

Combined 70+ products in the last two decades

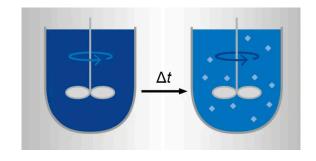
Limitations of ASDs



Drug loading threshold

(<20-30%)

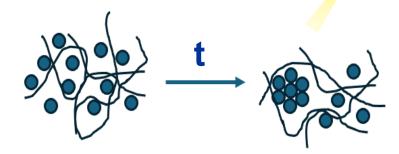
Limitations of ASDs



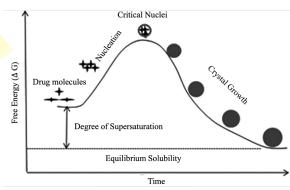
Crystallization during dissolution

Saboo et al., *Molecular Pharmaceutics* 2020, *17* (4), 1261-1275

https://microporetech.com/making-productsbetter/active-pharmaceutical-ingredient-apicrystallization; accessed on 05/01/2024



Recrystallization or/and drug degradation during storage

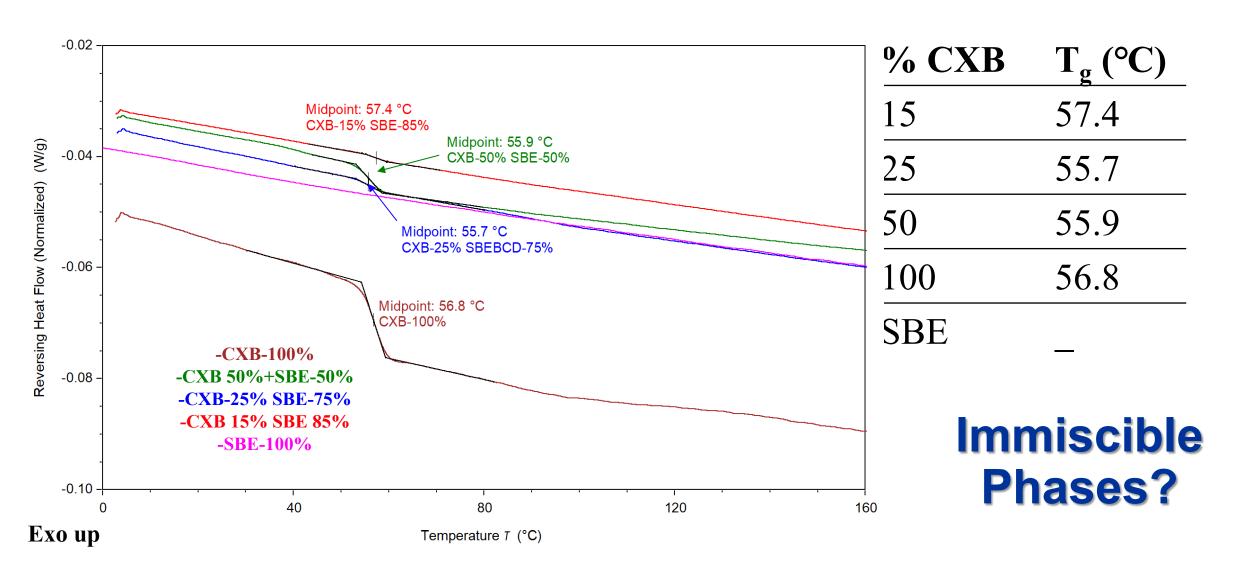


Supersaturation leads to drug precipitation

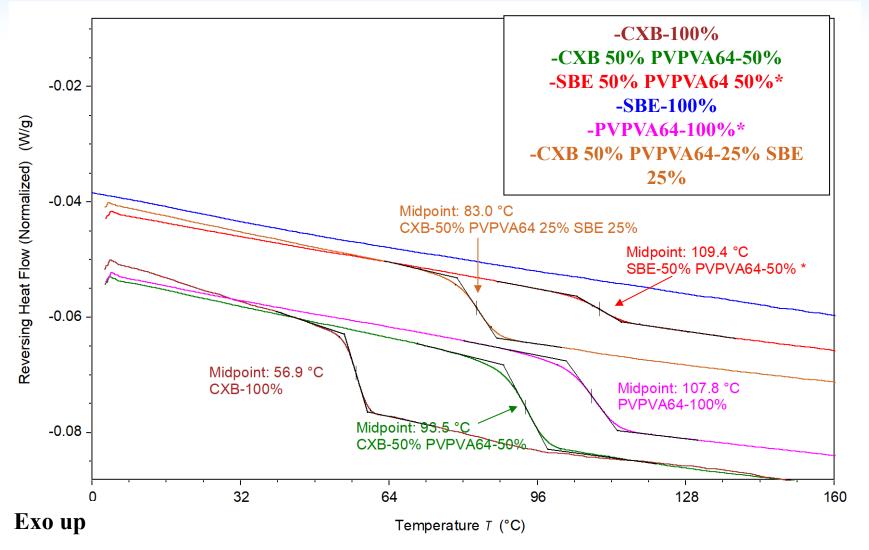
Why Cyclodextrins Might Help ASD Performance

- The accessible free drug in the solid state to recrystallize is decreased because some fraction of the drug is bound to CD? As solvent evaporates complexation increases?
- Increase the apparent solubility at the dissolving surface and the gradient in the aqueous solubility diffusion layer (ADL) to enhance dissolution and limit precipitation or crystallization during dissolution?
- Provide alternative equilibria for drugs in the ADL and in bulk solution to limit phase separation and precipitation, yet provide a rapidly (relative to API dissolution) accessible source for free drug?
- Allows the ASD to perform while tolerating the presence of small amounts of crystallization which occur on manufacturing or storage.

CXB-SBE Binary Solid Dispersion: Effect on T_g



CXB-SBE-PVPVA64 Ternary SD: Effects on T_g



PVPVA64 and Celecoxib
Appear
Miscible

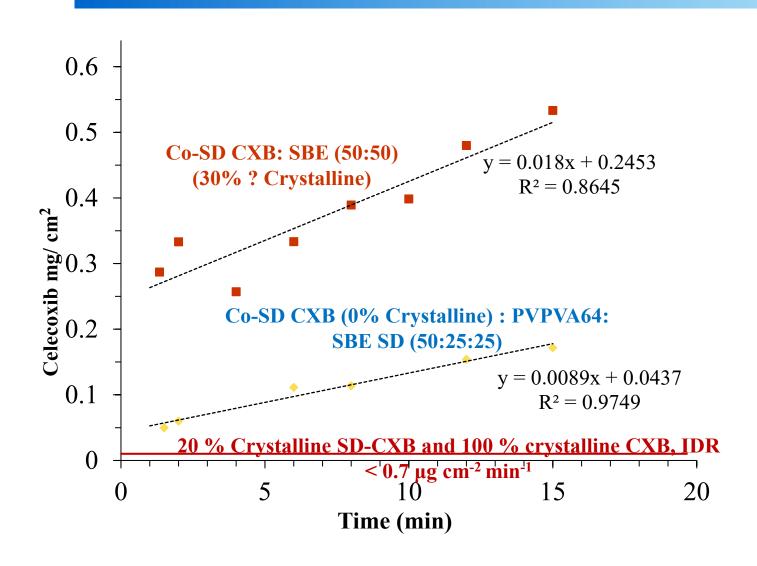
SBERCD
doesn't appear
to be miscible
with either
celecoxib or
PVPVA64?

Gordon Taylor equation predictions

CXB 50% PVPVA64-50% 78 °C (Exp 93.5 °C)

CXB 50% PVPVA64-25% SBE 25% (SBE excluded) 69.5 °C (Exp 83.0 °C)

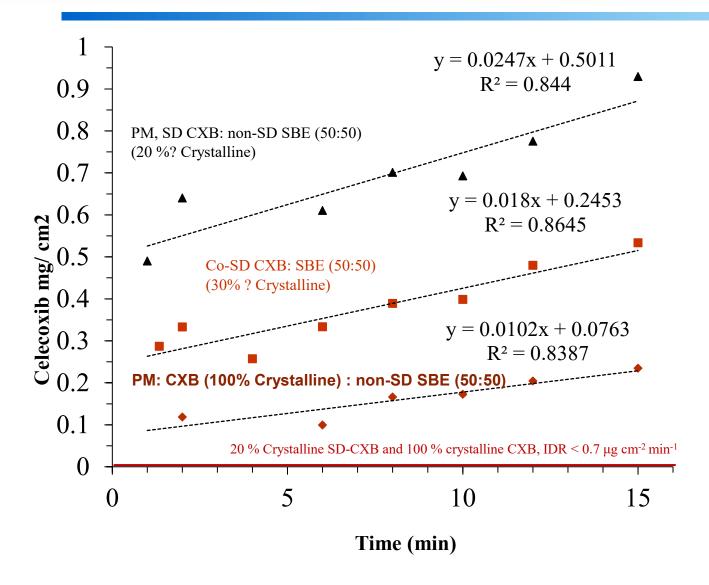
Intrinsic Dissolution Rate (IDR) Binary & Ternary "Amorphous" ASD



Ternary ASD
(drug:Captisol®:polymer) is amorphous and provides enhanced dissolution over both amorphous and crystalline drug alone.

Binary ASD (drug:Captisol®) containing residual crystalline material dissolves as well as or better than the ternary amorphous system.

IDR of Physical Mix vs Co-Spraydried Celecoxib and SBE



Both co-spray dried and Physical Mixture of SBE with celecoxib aids in enhanced dissolution similarly, helping to tolerate the presence of crystalline material.

Summary Of IDR for Celecoxib and Captisol®

Solid Dispersion	Normalized by CXB% IDR=(dm/dt)/A µg/cm²/min
50% CXB (31% Crystalline): 50% SBE mixture spray- dried (SD) from MeOH	36.0
50% SD CXB (20% Crystalline): 50% non-SD SBE (physically mixed)	49.4
50% Non-SD CXB (100% Crystalline): 50% Non-SD SBE (physically mixed)	20.4
50% CXB (0% Crystalline): 25% PVP: 25% SBE mixture SD	17.9
Pure CXB (SD 20% Crystalline and non-SD 100% Crystalline)	< 0.7 (Calculated)

Background: Intraperitoneal Administration (IP)

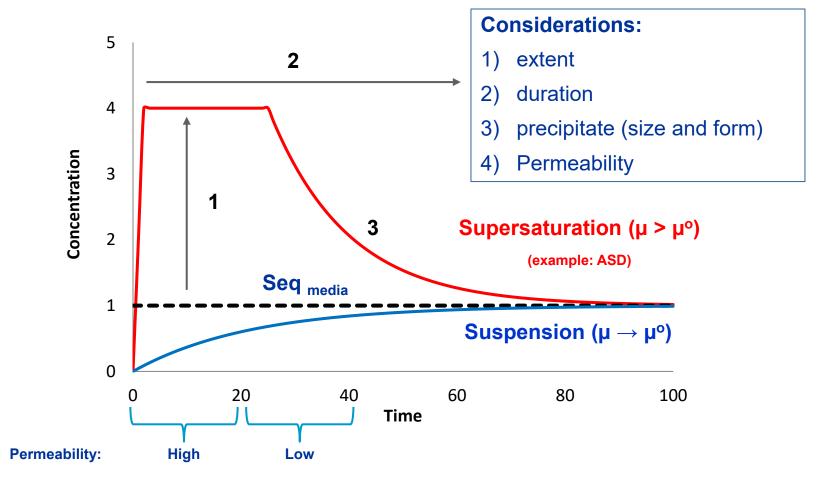


- Rarely used in humans
- Commonly used in laboratory animals for preclinical "proof-of concept" studies where drug formulation and PK profile isn't translated to later clinical studies?
- **❖** Valuable in the preclinical space for a variety of reasons:
 - -Large volumes of solution (10 ml/kg) can be safely administered
 - -Allows for repetitive chronic administration which is challenging for the IV route?
 - -Avoids potential degradation or modification in the in IP cavity or in GI tract common in the oral route?
 - -Drug Absorption is very quick (slightly slower but similar to IV)?
 - -Facilitates absorption of both small and large molecules well?



Overcoming Poor Solubility / Permeability

(The Advantages of Supersaturation in Intraperitoneal Bioperformance)

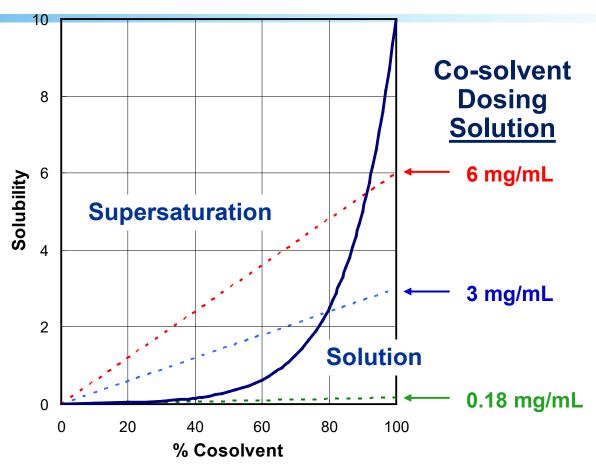


 μ - chemical potential μ - chemical potential @ Seq Seq - equilibrium solubility ASD - amorphous solid dispersion

Supersaturation stages: generation and maintenance

Co-solvent Formulations Tend to Select For Propensity to Supersaturate as Well as Solubilization in Co-solvent

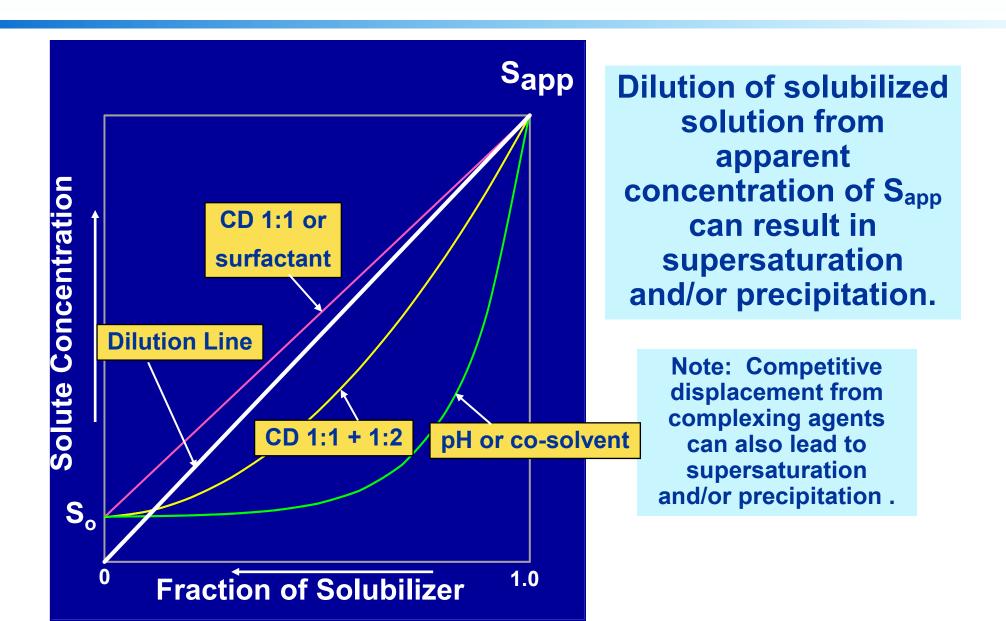
%Cosovent	Sol/(mg/mL)
0	0.01
20	0.04
40	0.16
50	0.32
60	0.63
70	1.26
80	2.51
90	5.01
100	10.00



<u>Precipitation from Supersaturated Solution depends on:</u>

- Time spent in supersaturated state
- Extent of supersaturation (vertical distance above solubility curve)
- Ability of solute to nucleate/grow in the medium (use of precipitation inhibitors)

Behavior of Solubilized Formulations on Dilution



Solubility enhancement from increasing cosolvent ratio

Increasing the amount of PEG 400 in our formulation should improve solubility in a Log-Linear fashion

Solubility is theoretically defined by the equation below

$$\log S_T = \log S_0 + \sigma * f$$

 S_T =Total solubility S_0 =Intrinsic solubility σ =Solubilization
power f=Fraction cosolvent

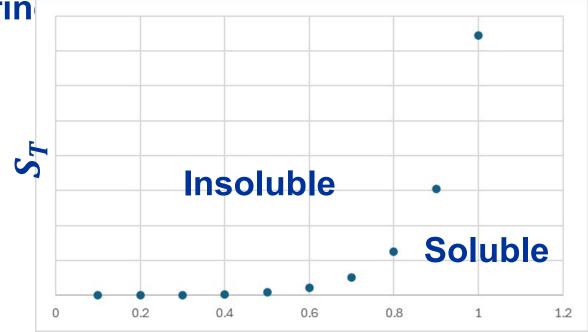
Solubilization power of cosolvent is defin

$$\sigma = M * \log k_{ow} + N$$

M=0.74 and N=1.26 for PEG 400

LogP of Celecoxib is 3.53

M and N are cosolvent constants $log k_{ow}$ =Partition coefficient

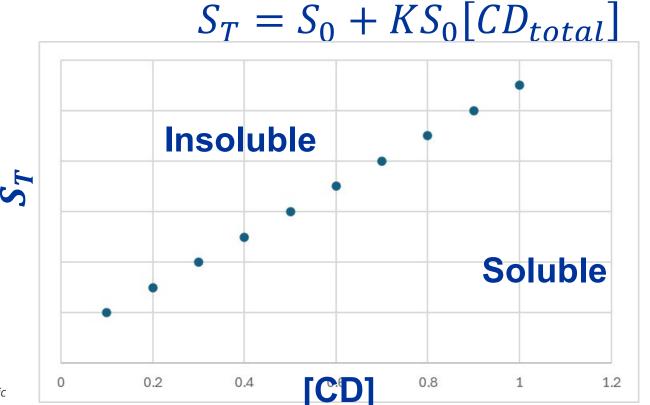


Fraction coslovent

Solubility Enhancement from Increasing Captisol® Concentration

Increasing concentration of SBE&CD in our formulation should increase solubility in a linear fashion

Solubility is theoretically defined by the equation below



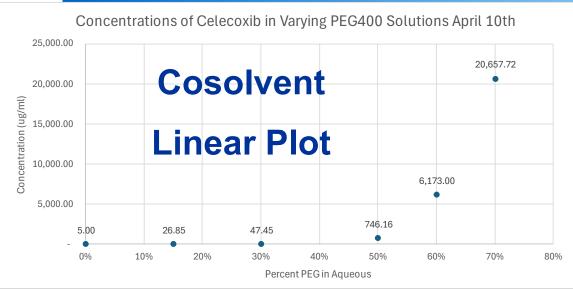
 S_T =Total solubility S_0 =Intrinsic solubility K=1:1 binding constant

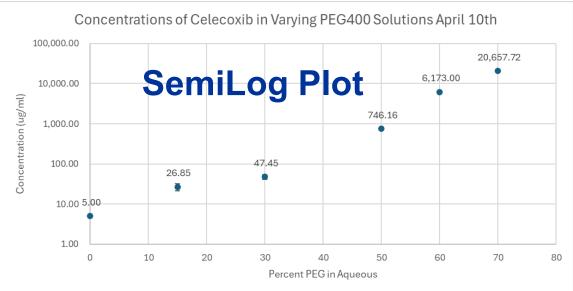
Stella VJ, He Q. Cyclodextrins. *Toxicologic Pathology*. 2008;36(1):30-42.

Why Cyclodextrins Might Help Intraperitoneal Delivery for Longterm Efficacy or Toxicology Studies

- Cyclodextrin-induced solubilization tends to be more linear upon dilution and can help mitigate the exponential drops incurred by pH or cosolvents?
- As solubilizing effect of pH or cosolvent is either diluted or moved toward physiological conditions the complexation constant will increase?
- The accessible free drug available to phase separate, precipitate and crystallize is decreased while still providing a rapidly accessible source of drug for absorption?
- Increase in apparent solubility gradient in the aqueous solubility diffusion layer (ADL) to facilitate the dissolution of any drug that has precipitated?
- Putatively, an excipient with reduced clearance from intraperitoneal cavity, to maintain it's solubilization effect longer? Relative to cosolvent?

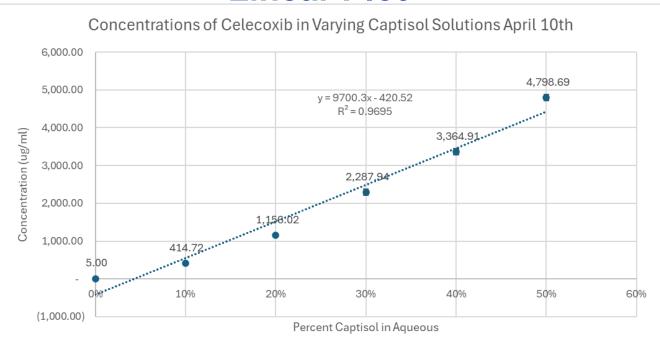
Celecoxib Solubility in Single Component Systems



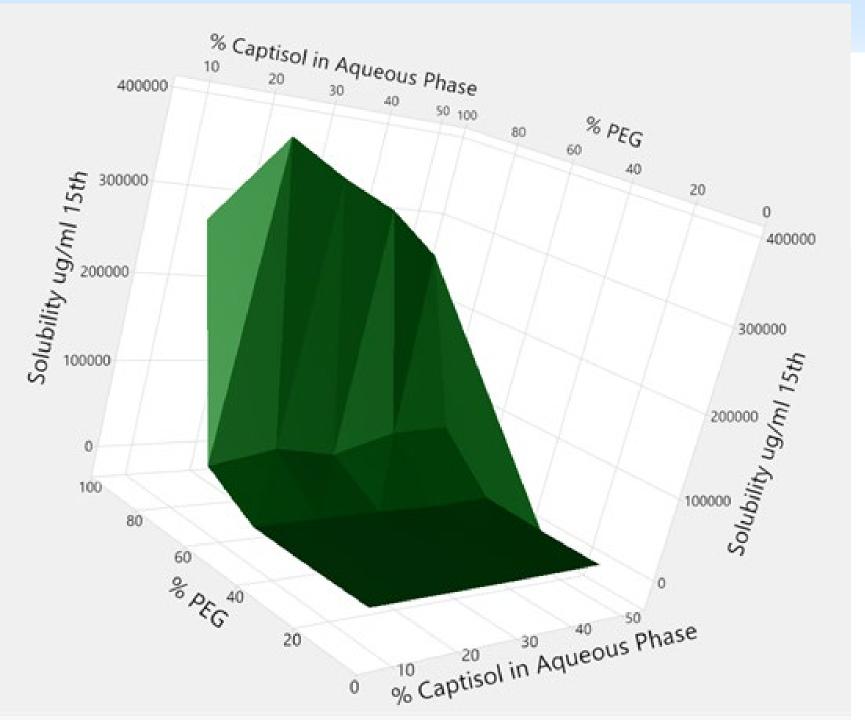


Captisol®

Linear Plot







Celecoxib Solubility in Two Component Systems

For Precipitation Studies

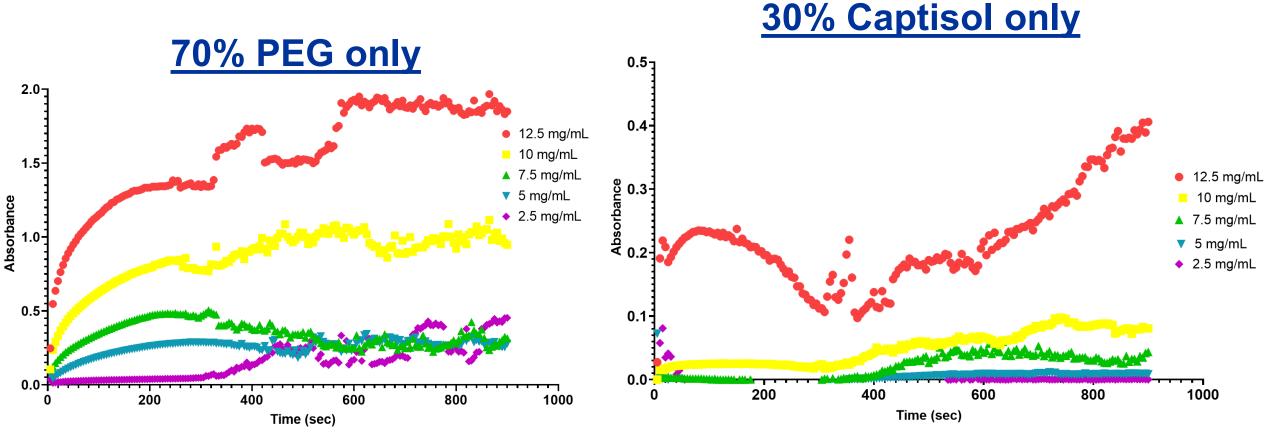
Drug Dissolved in PEG

SBERCD in water at various concentrations mixed with PEG drug containing solution

Resulting solutions diluted 1:100 with water

Precipitation (450 nm) Upon 100 fold Dilution of Designated Solution Concentrations in Water

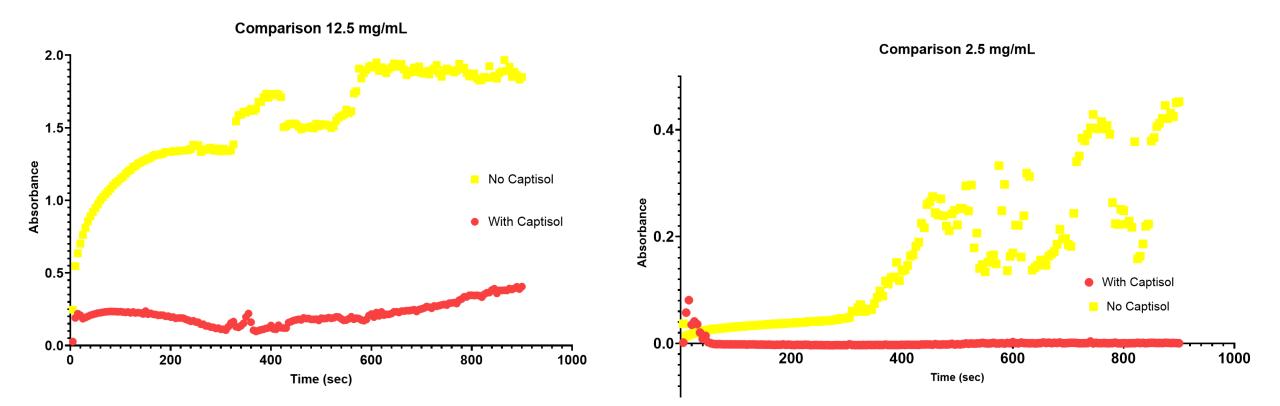
(note: Solubility of celecoxib is about 5 mcg/ml in dilution media; i.e. dilution of 2.5 mg/ml would give 25 mcg/ml; dilution of 12.5 mg/ml would give 125 mcg/ml; i.e ~ 5-25 times saturation solubility)



Precipitation (450 nm) Upon 100 fold Dilution of Designated Solution Concentrations in Water

(note: Solubility of celecoxib is about 5 mcg/ml in dilution media; i.e. dilution of 2.5 mg/ml would give 25 mcg/ml; dilution of 12.5 mg/ml would give 125 mcg/ml; i.e ~ 5-25 times saturation solubility)

(70% PEG:30% Captisol)



Cyclodextrin-Facilitated Drug Delivery: Modulating Gelation of Peptides and Improving Dissolution of ASDs

- New Challenging Modalities requiring Advanced Delivery Technology – Advantages of Coupling Technologies
- Integrating Pharmaceutics and Delivery into Decisions for Molecule Progression
- Expanding Cyclodextrin Technologies to De-risk and Enable Molecule Progression
 - Modulating cyclic peptide aggregation for SC delivery
 - Expanding the limits of amorphous solid dispersions (ASD)
 - Physical form stabilization (in solid phase, during dissolution)
 - Facilitating supersaturation & preventing colloidal phase separation
 - Enabling supersaturation upon dilution at site of drug delivery

Posters with more detail presented at DDF Summit

Impact of Sulfobutylether-β-Cyclodextrin in Preparation and Dissolution of Celecoxib ASDs



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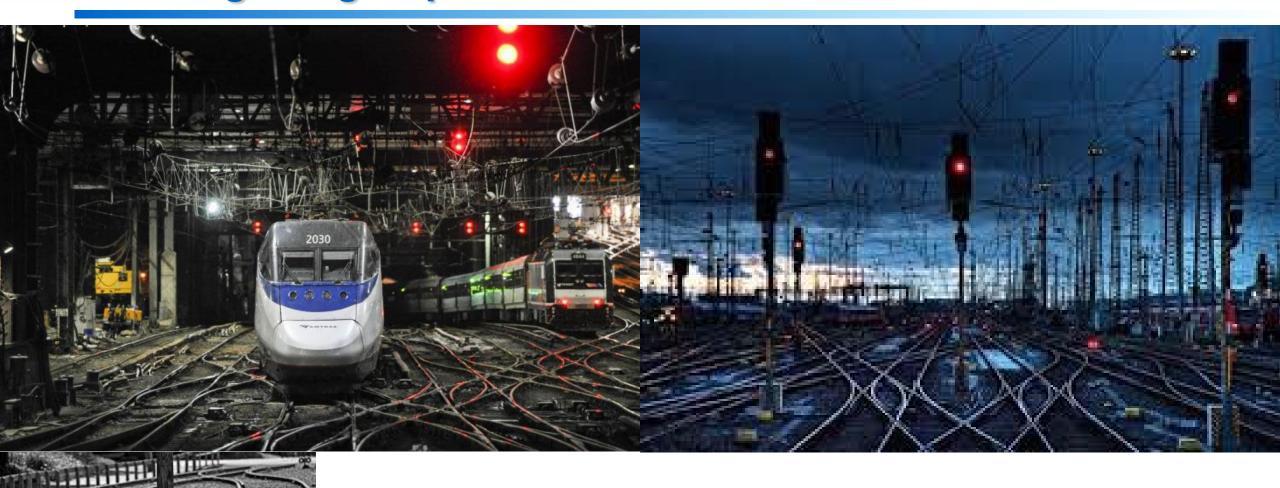


Self-assembly of Cyclic Peptide, Lanreotide Acetate:
Impact of βCyclodextrins on the Subsequent
Diffusional Release from an *in vitro* Emulator of
Subcutaneous Absorption



Negar Jafari, Camille Addison, Hao Luo, Michael J. Hageman *Pharmaceutical Chemistry, University of Kansas, USA*

Builiding a High Speed Trains is Fine But



The Infrastructure and Technology Supporting the Chemical Entities Will Dictate the Pathways and the Probabilities of Success