

# *Prodrug Design*



Literature Talk

Sept 10<sup>th</sup>, 2025

Esther Kang

MacMillan Group

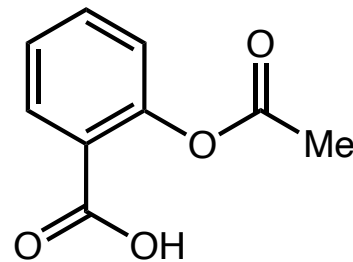
*One of the earliest blockbuster synthetic drugs*



**Aspirin™**

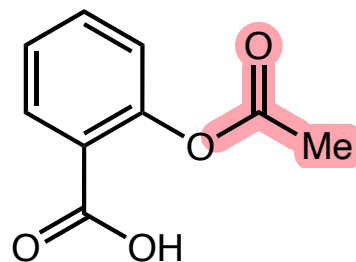
*(Approval in 1899)*

*One of the earliest blockbuster synthetic drugs*



***Aspirin™***

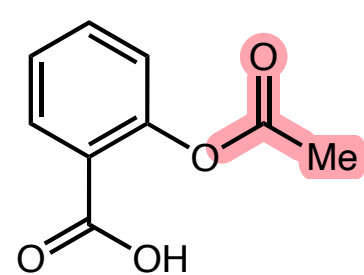
*One of the earliest blockbuster synthetic drugs*



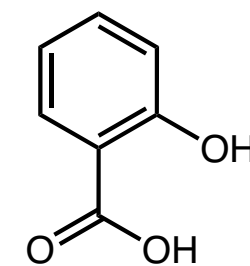
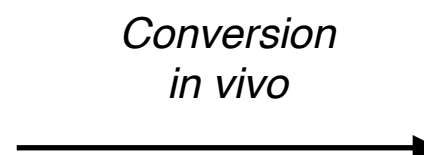
***Aspirin™***

***First prodrug by rational design***

*One of the earliest blockbuster synthetic drugs*



***Aspirin™***



***Salicylic acid***  
*(Active metabolite)*

***First prodrug by rational design***

***How are prodrugs designed?***

# *Overview*

- ***Introduction***

- ***Prodrug design to improve ADME properties***

- 'A' of ADME
- 'D' of ADME
- 'M' of ADME
- 'E' of ADME

- ***Prodrug beyond science***

- *patent*
- *regulatory*

- ***Conclusion and final thoughts***

# *What is prodrug?*

**Prodrug:** Drug substance that is inactive in the intended pharmacological actions and must be converted into the pharmacologically active agent by metabolic or physicochemical transformation

- *First coined the term 'prodrug' in 1958*
- *Later apologised for having invented an inaccurate term, because 'predrug' would have been a more descriptive term*



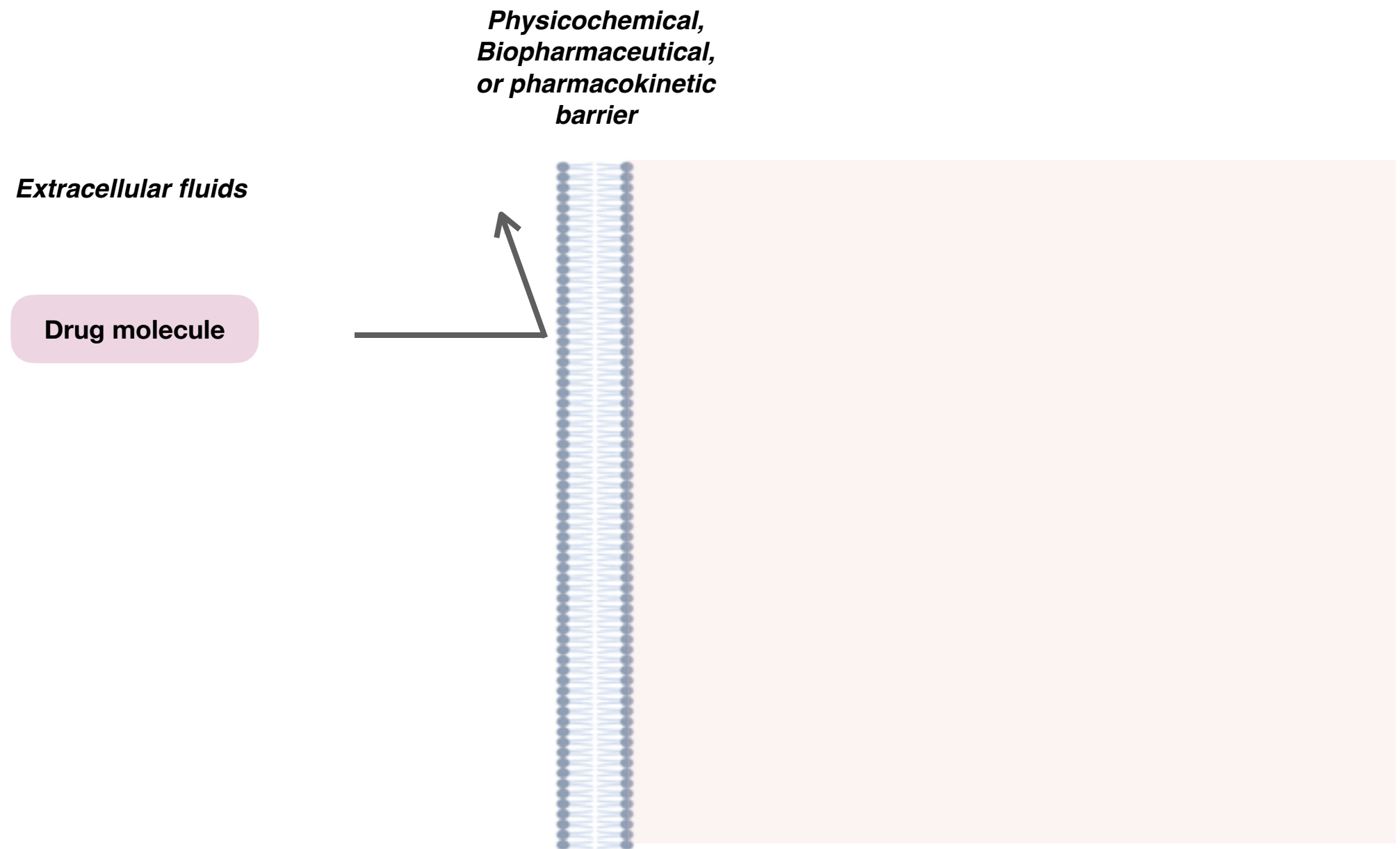
**Adrien Albert**

Australian medicinal chemist

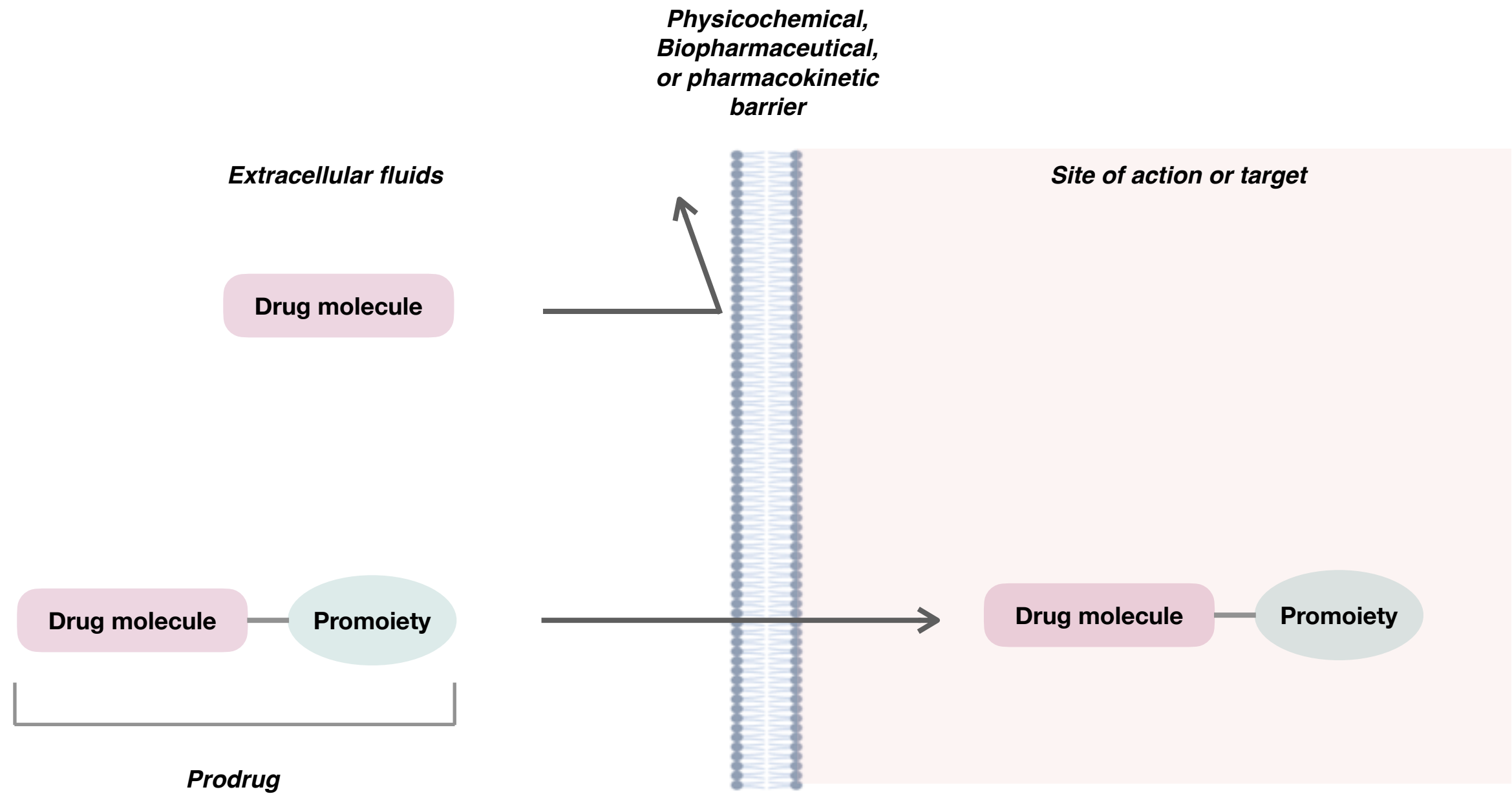
(1907 - 1989)



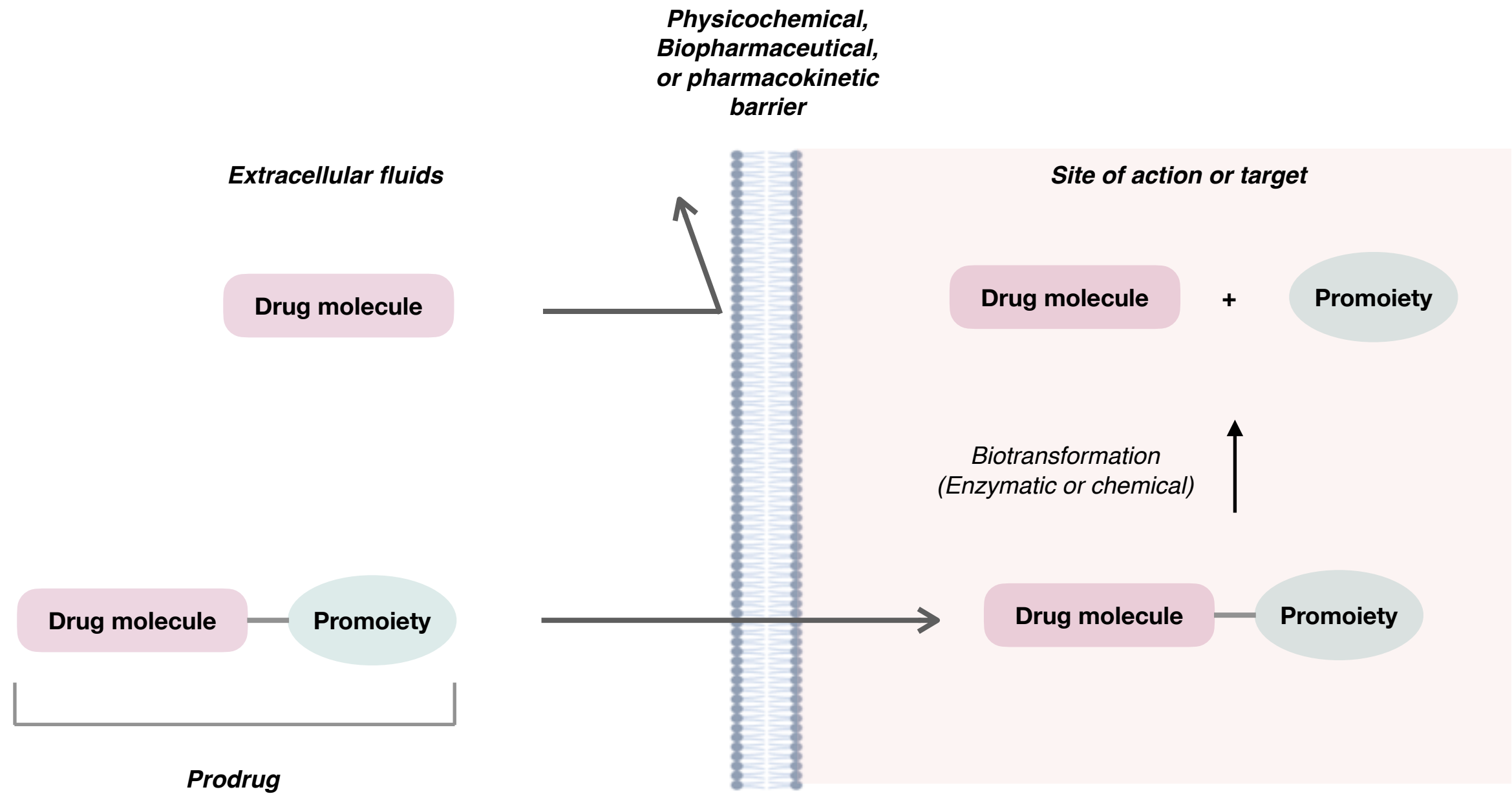
# *What is prodrug?*



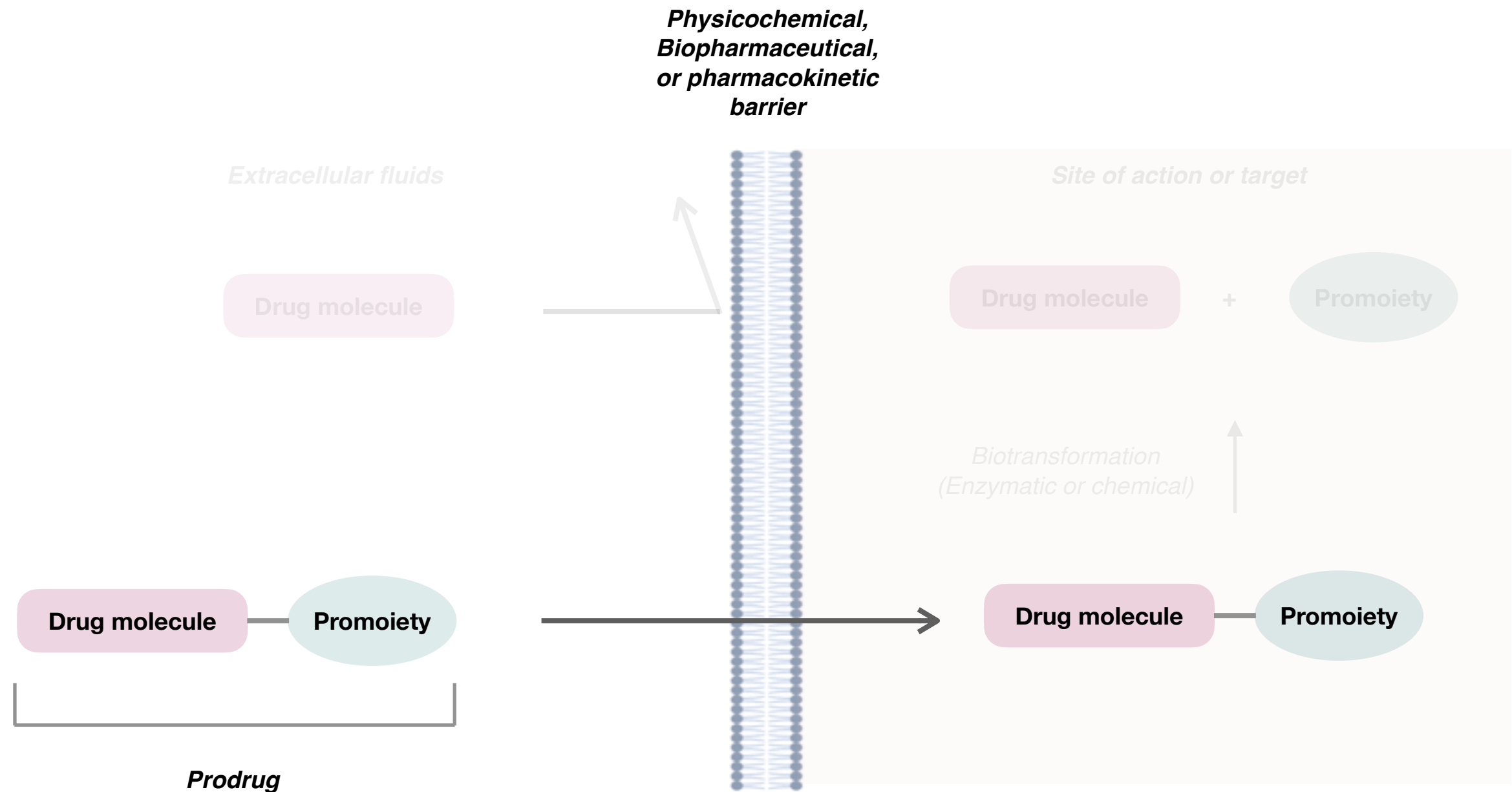
# *What is prodrug?*



# *What is prodrug?*



# Why prodrug?



*To optimize drug-like properties*

## *Classifications of prodrug*

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***Carrier-linked Prodrug***

***Bioprecursor Prodrug***

***Mutual Prodrug***

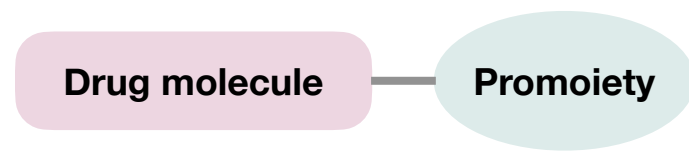
## *Classifications of prodrug*

***Carrier-linked Prodrug***

*Bioprecursor Prodrug*

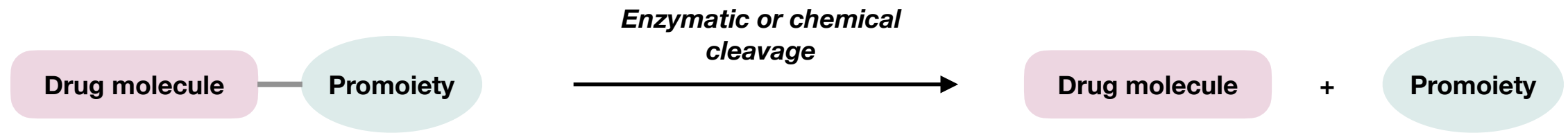
*Mutual Prodrug*

## *Carrier-linked prodrug*



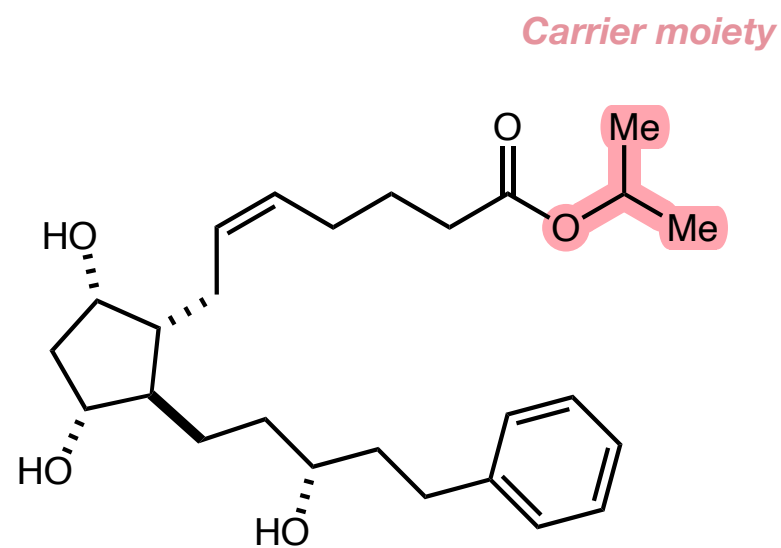
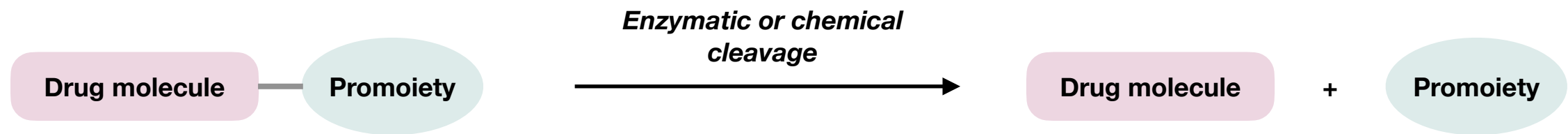


## *Carrier-linked prodrug*



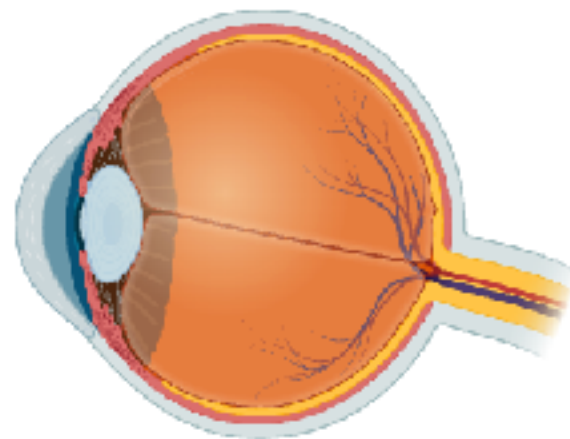
## Carrier-linked prodrug

### Latanoprost



**Latanoprost isopropyl ester**

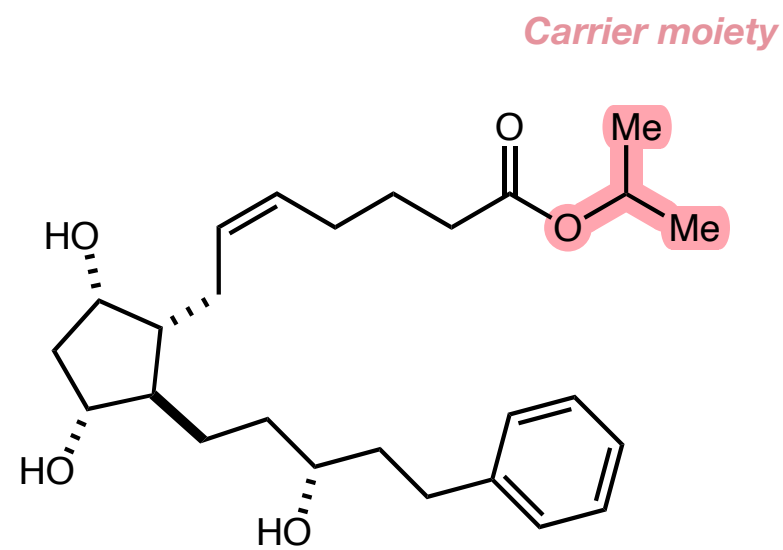
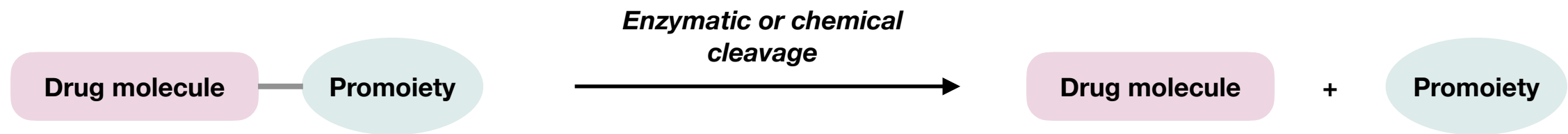
Treatment for glaucoma



With a **Lipophilic carrier**, latanoprost readily penetrates the cornea after ocular instillation

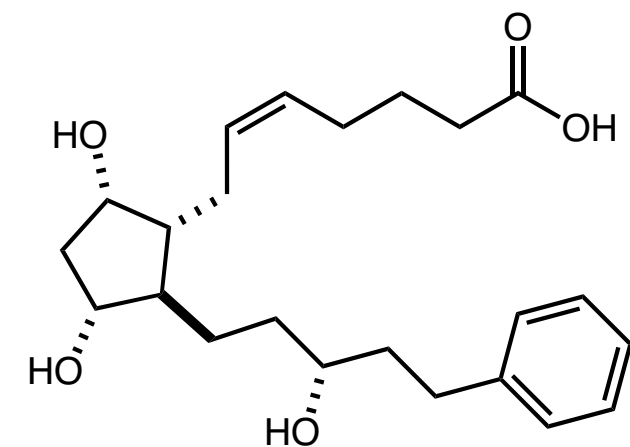
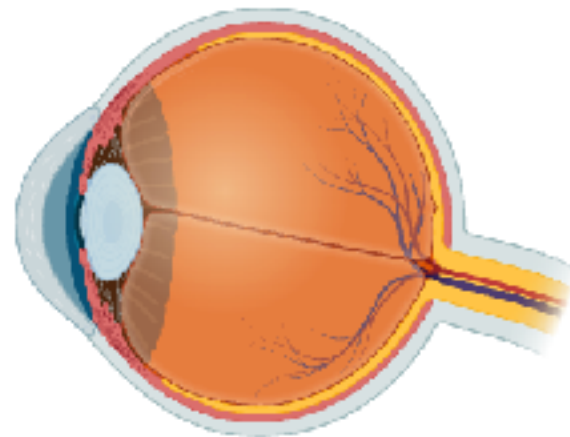
# Carrier-linked prodrug

## Latanoprost



*Latanoprost isopropyl ester*

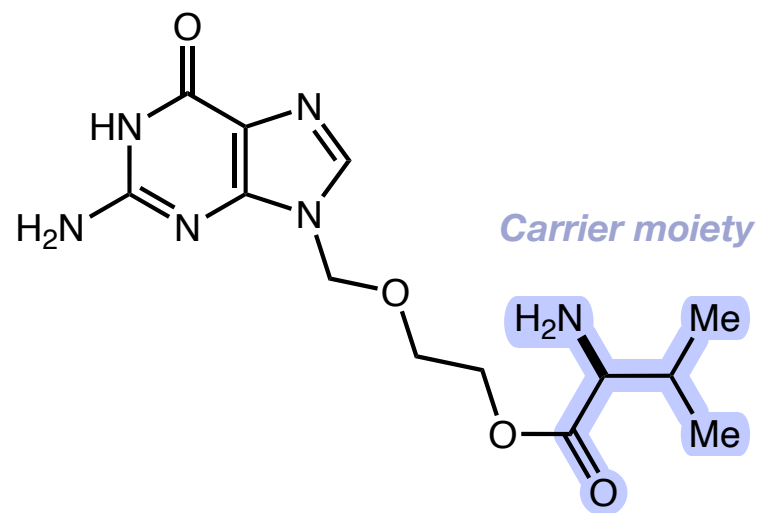
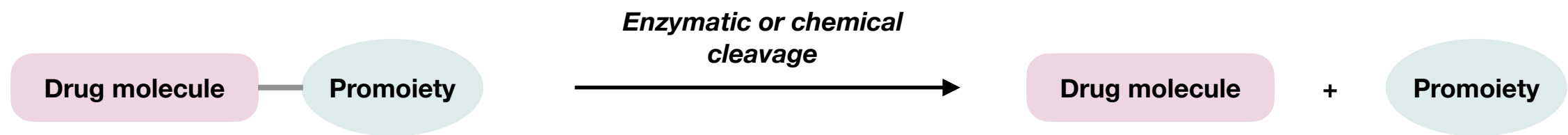
*Hydrolysis*  
*(by ocular esterase in cornea)*



*Latanoprost active form*

# Carrier-linked prodrug

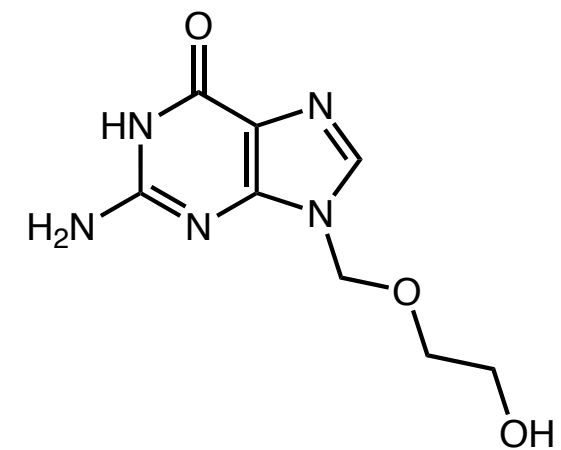
*Valtrex™*



**Valacyclovir (Valtrex™)**

*Treatment for herpes virus infection*

*Absorption by PEPT1  
(peptide transporter 1)*



**Active metabolite**

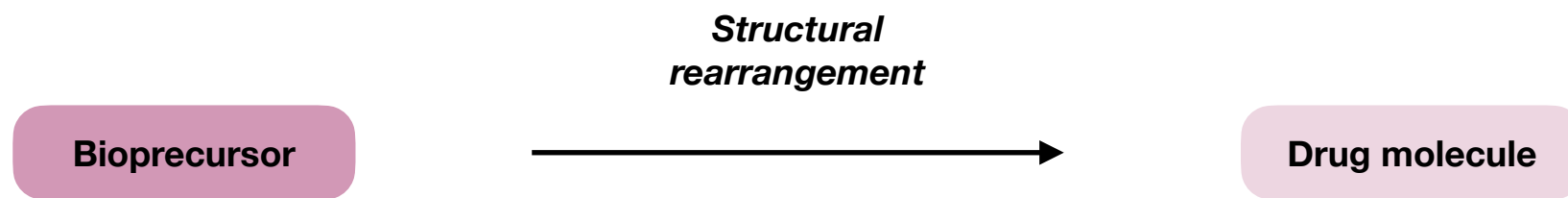
## *Classifications of prodrug*

*Carrier-linked Prodrug*

*Bioprecursor Prodrug*

*Mutual Prodrug*

# *Bioprecursor prodrug*

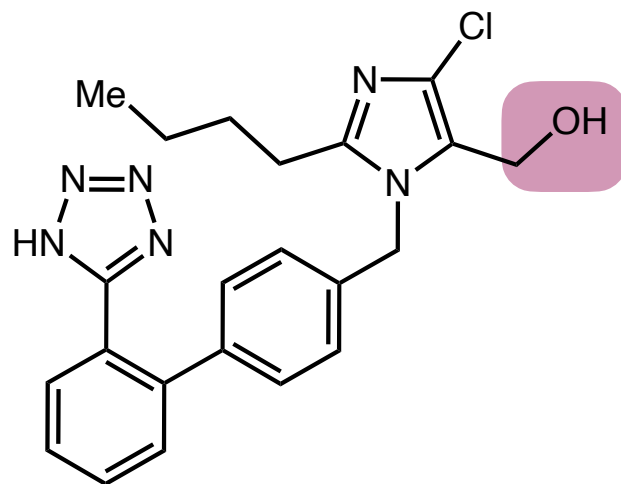


*Bioprecursor prodrug*  
*Cozaar™*

**Bioprecursor**

**Structural  
rearrangement**

**Drug molecule**



***Losartan (Cozaar™)***

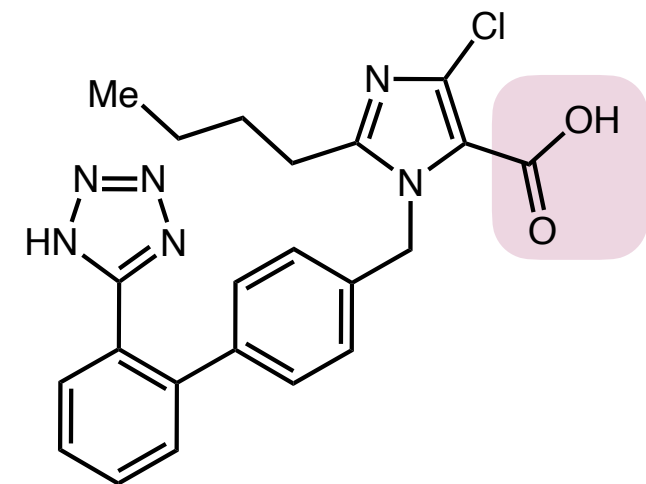
*Antihypertensive medication*

*Angiotensin II type 1 receptor  
antagonist*

**Oxidation**



*Cytochrome P450*



***Active metabolite***

*~10-40 fold more potent*

## *Classifications of prodrug*

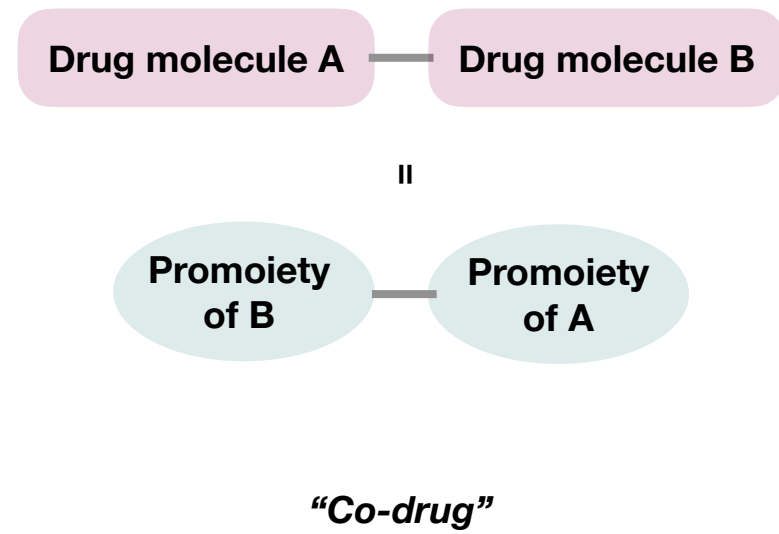
*Carrier-linked Prodrug*

*Bioprecursor Prodrug*

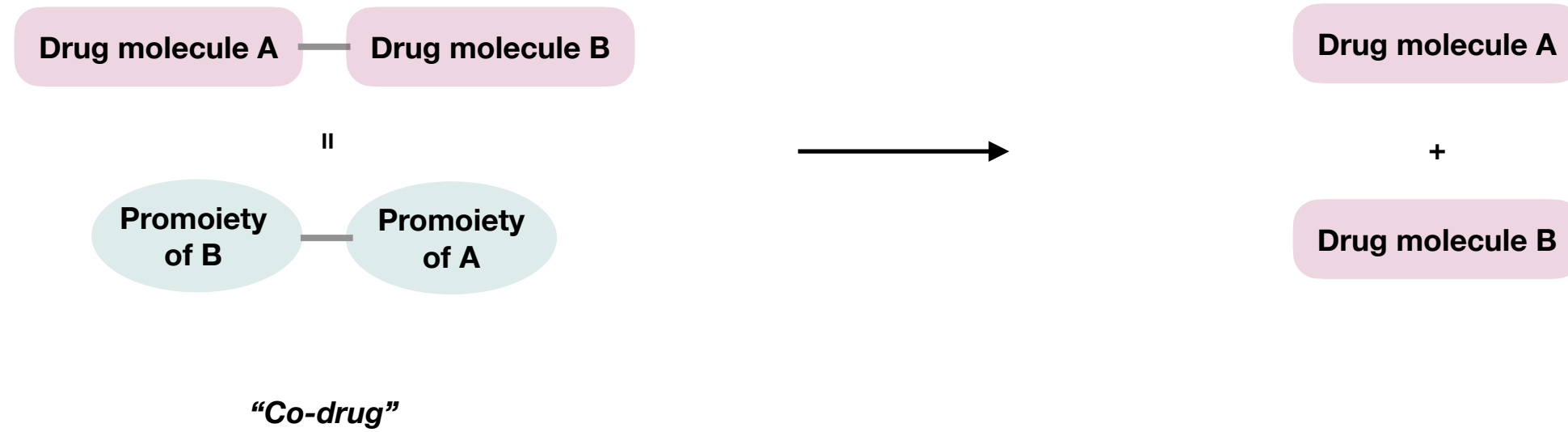
***Mutual Prodrug***



## *Mutual prodrug*



## *Mutual prodrug*



## Mutual prodrug

Drug molecule A — Drug molecule B

||

Promoiety  
of B — Promoiety  
of A

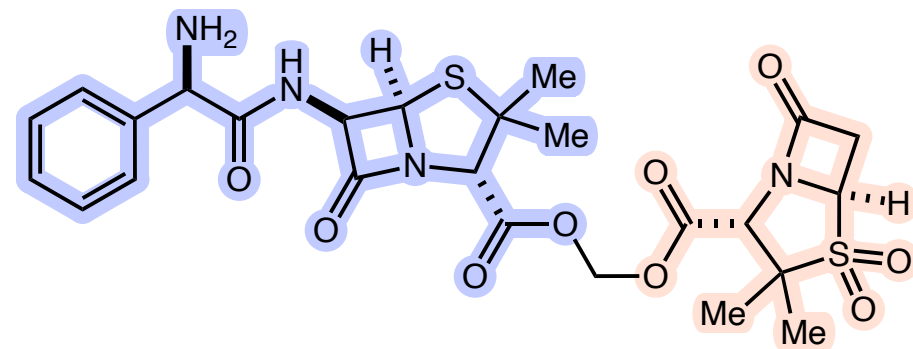
**“Co-drug”**



Drug molecule A

+

Drug molecule B

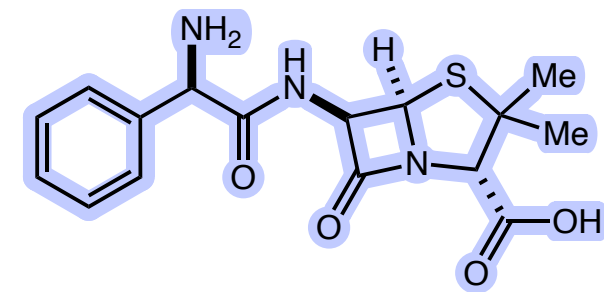


**Sultamicillin (Unasyn™)**

Antibiotics

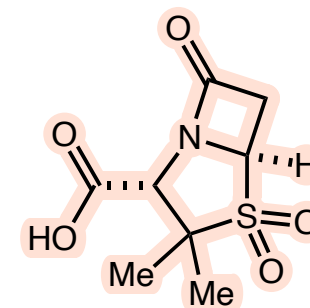
Treatment for gonorrhea

*Hydrolysis  
by esterase*



*Ampicillin (β-lactam antibiotic)*

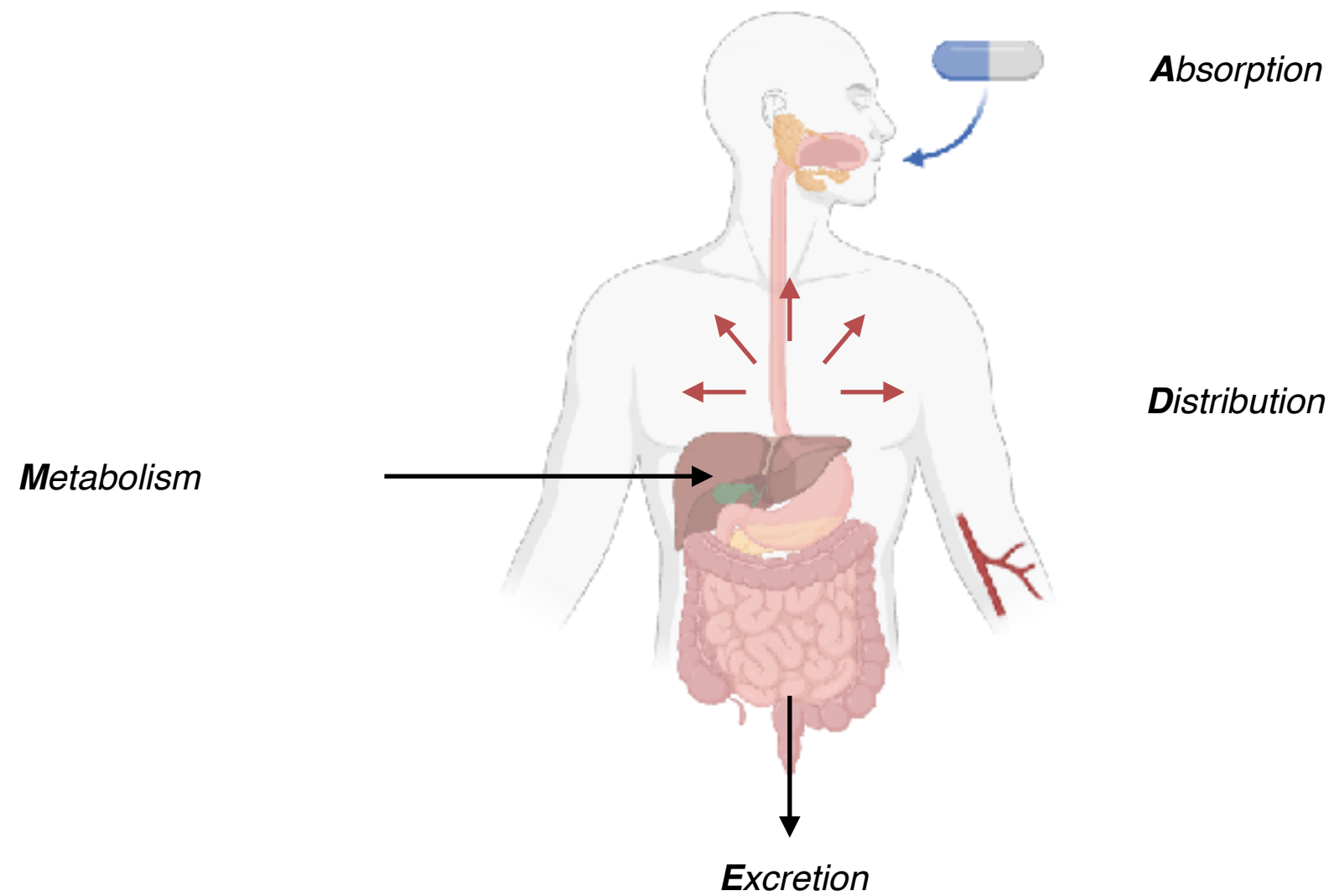
+



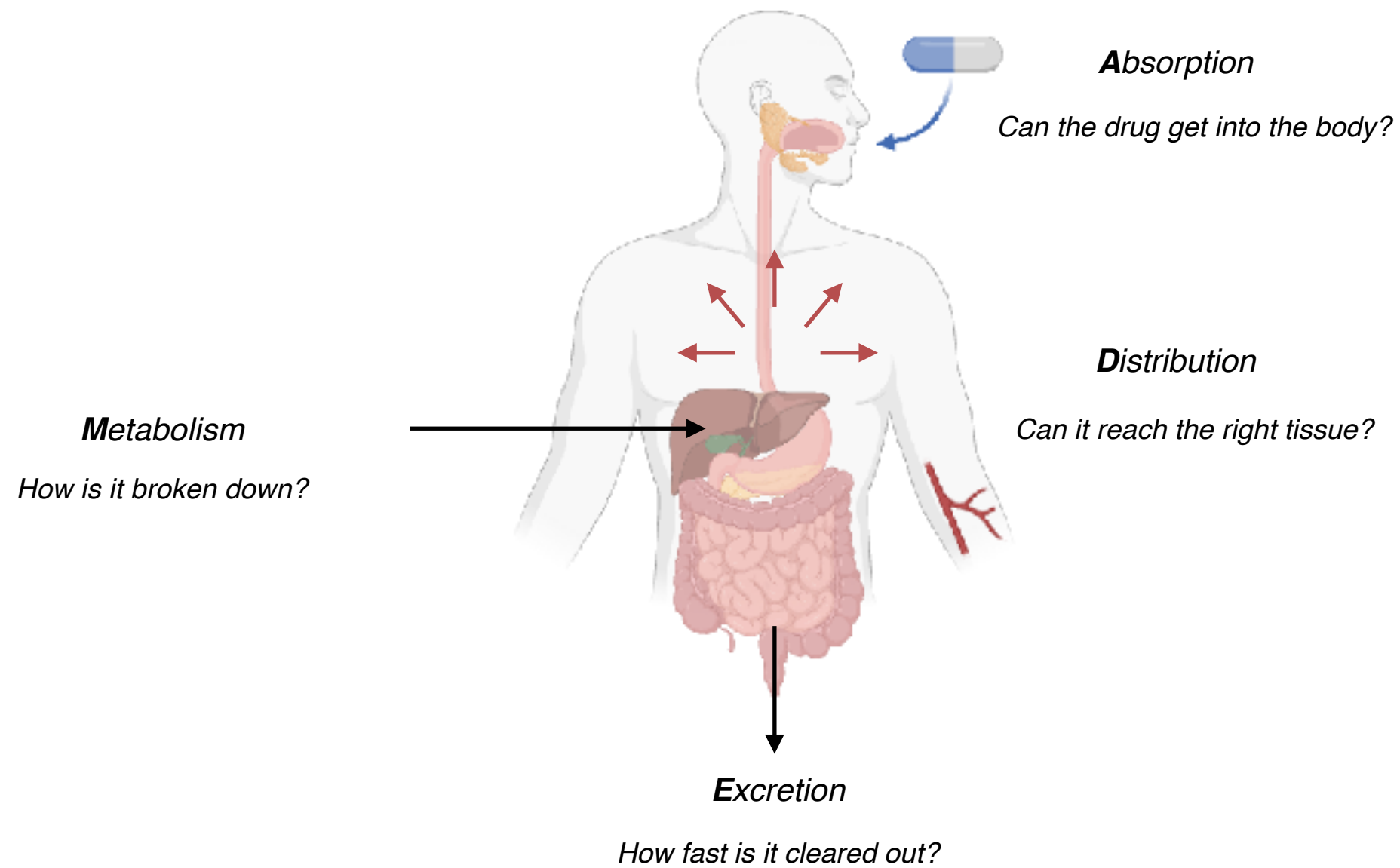
*Sulbactam (β-lactamase inhibitor)*

**Active metabolites liberated at the same target**

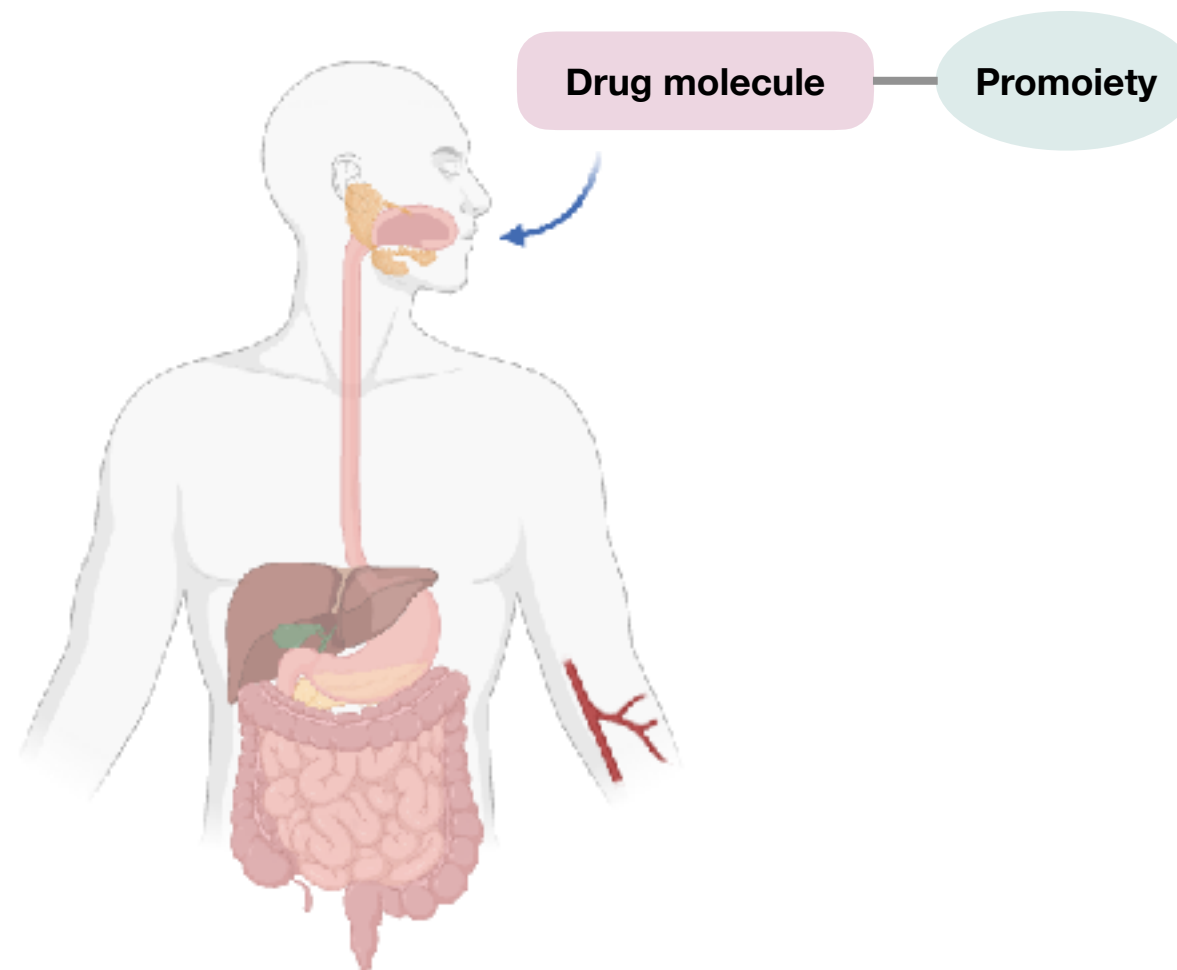
## *How do prodrugs improve drug-like properties?*



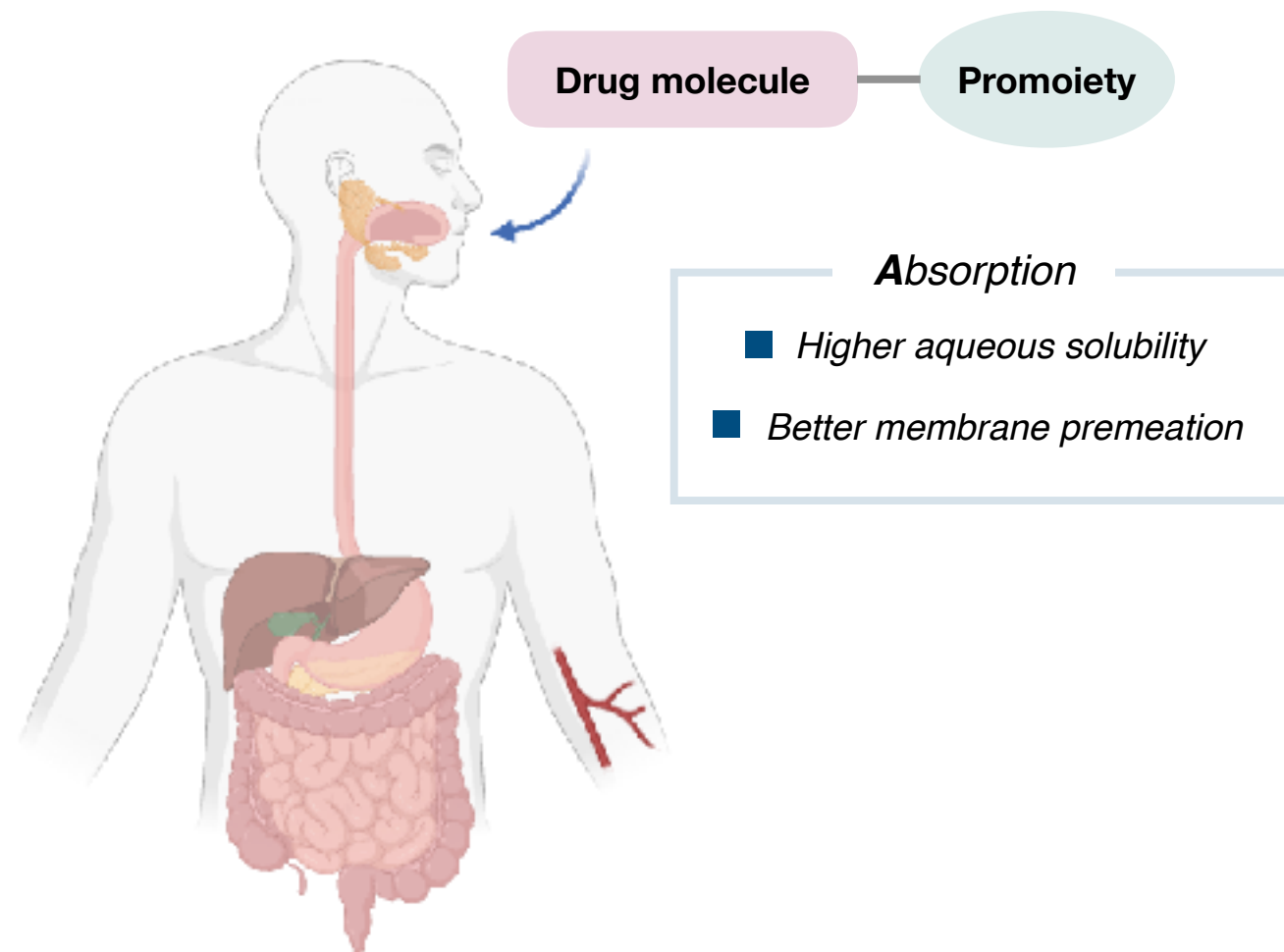
# *How do prodrugs improve drug-like properties?*



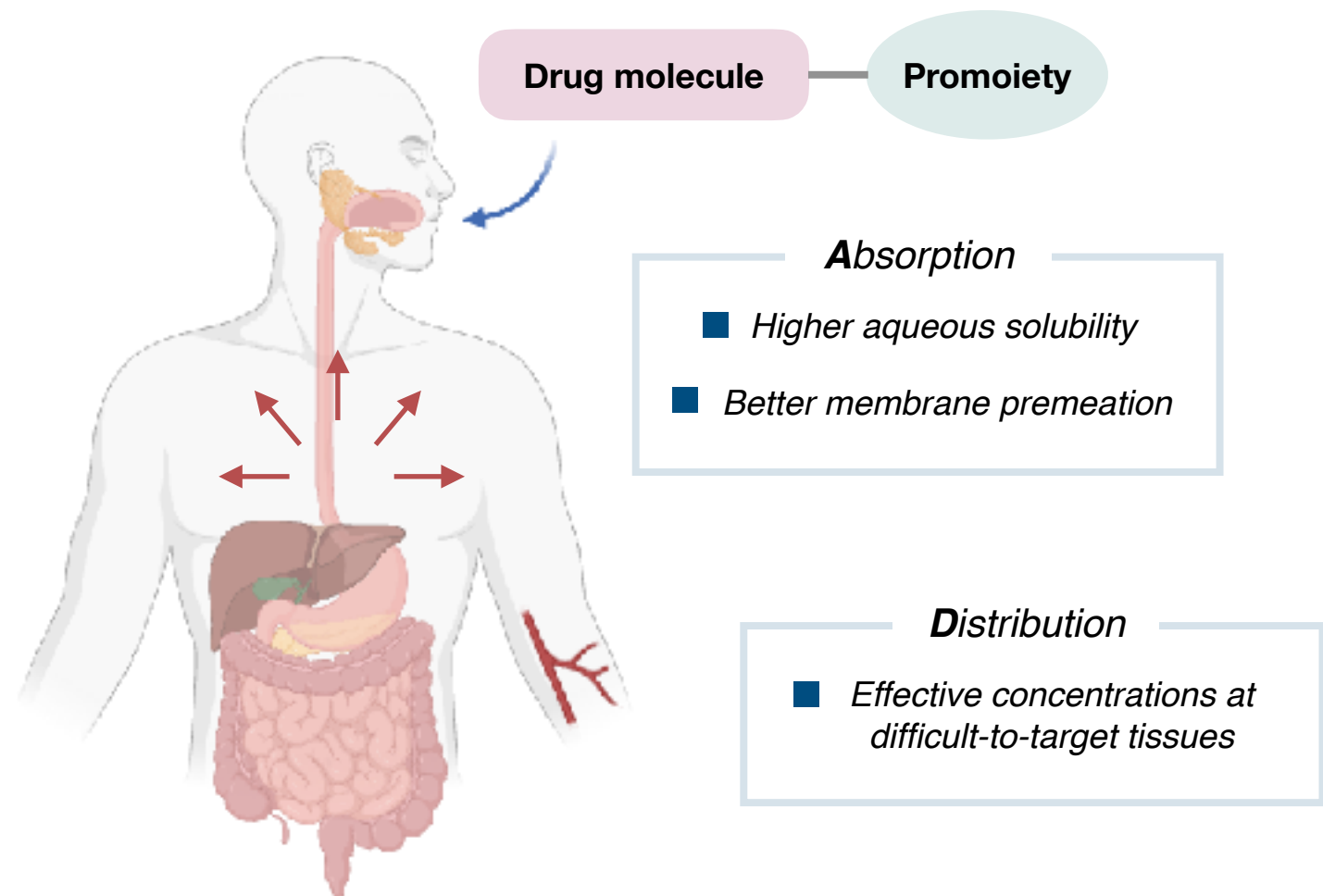
*How do prodrugs improve drug-like properties?*



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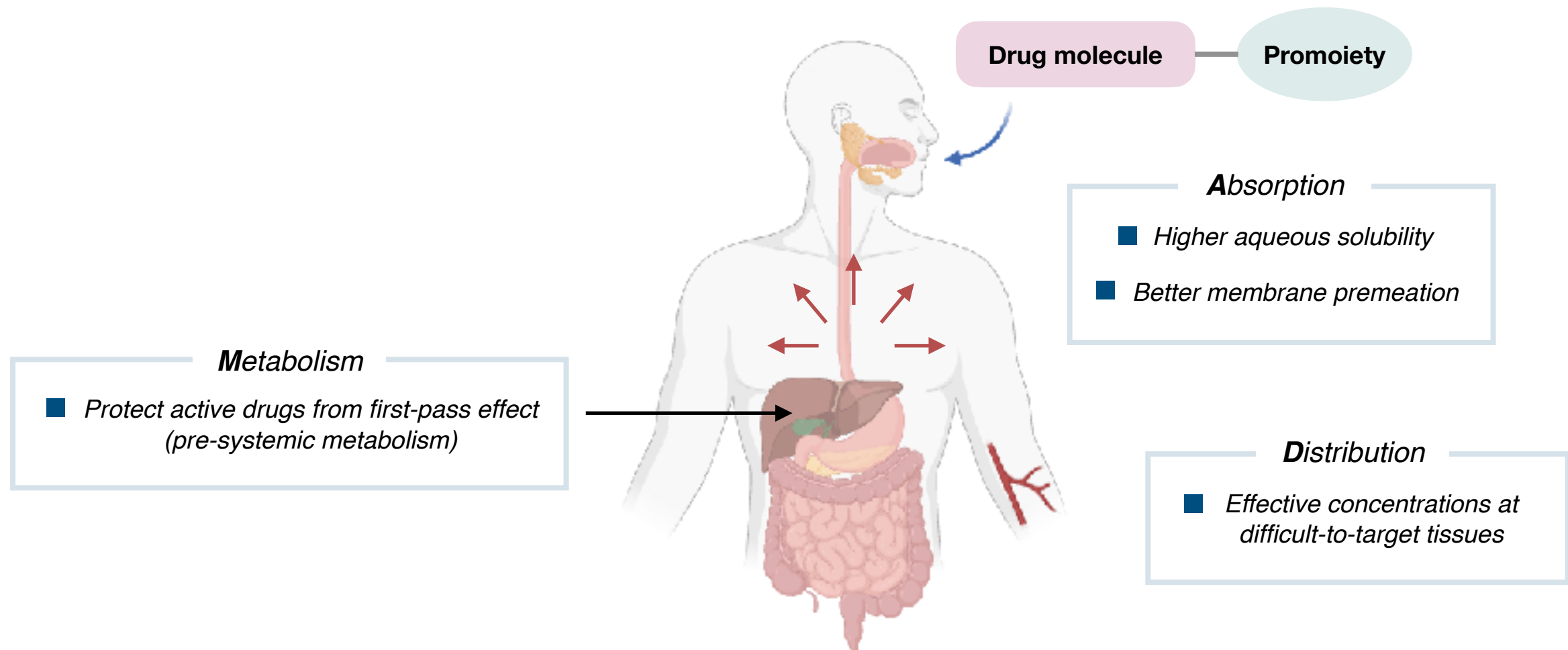


## *How do prodrugs improve drug-like properties?*

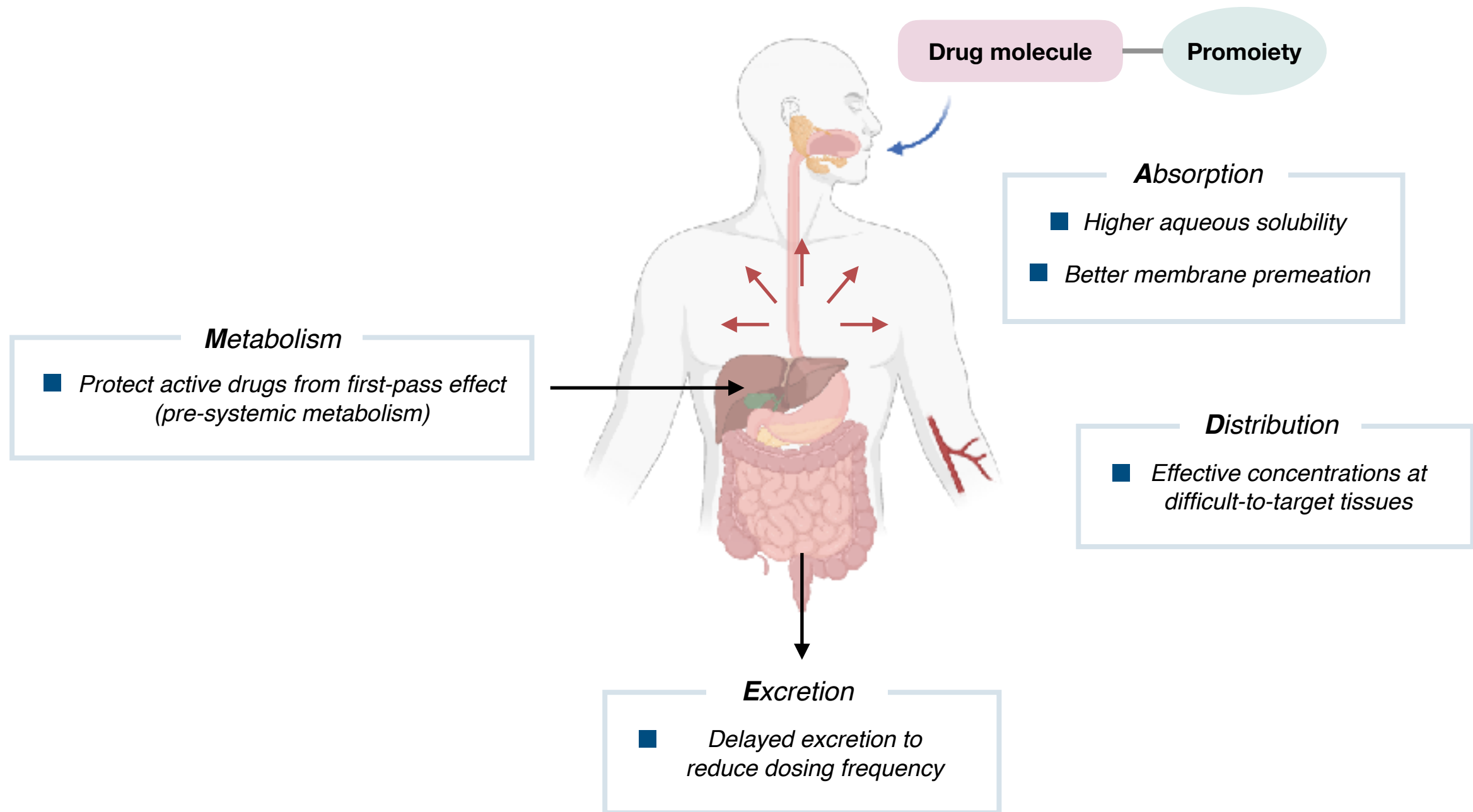




# How do prodrugs improve drug-like properties?

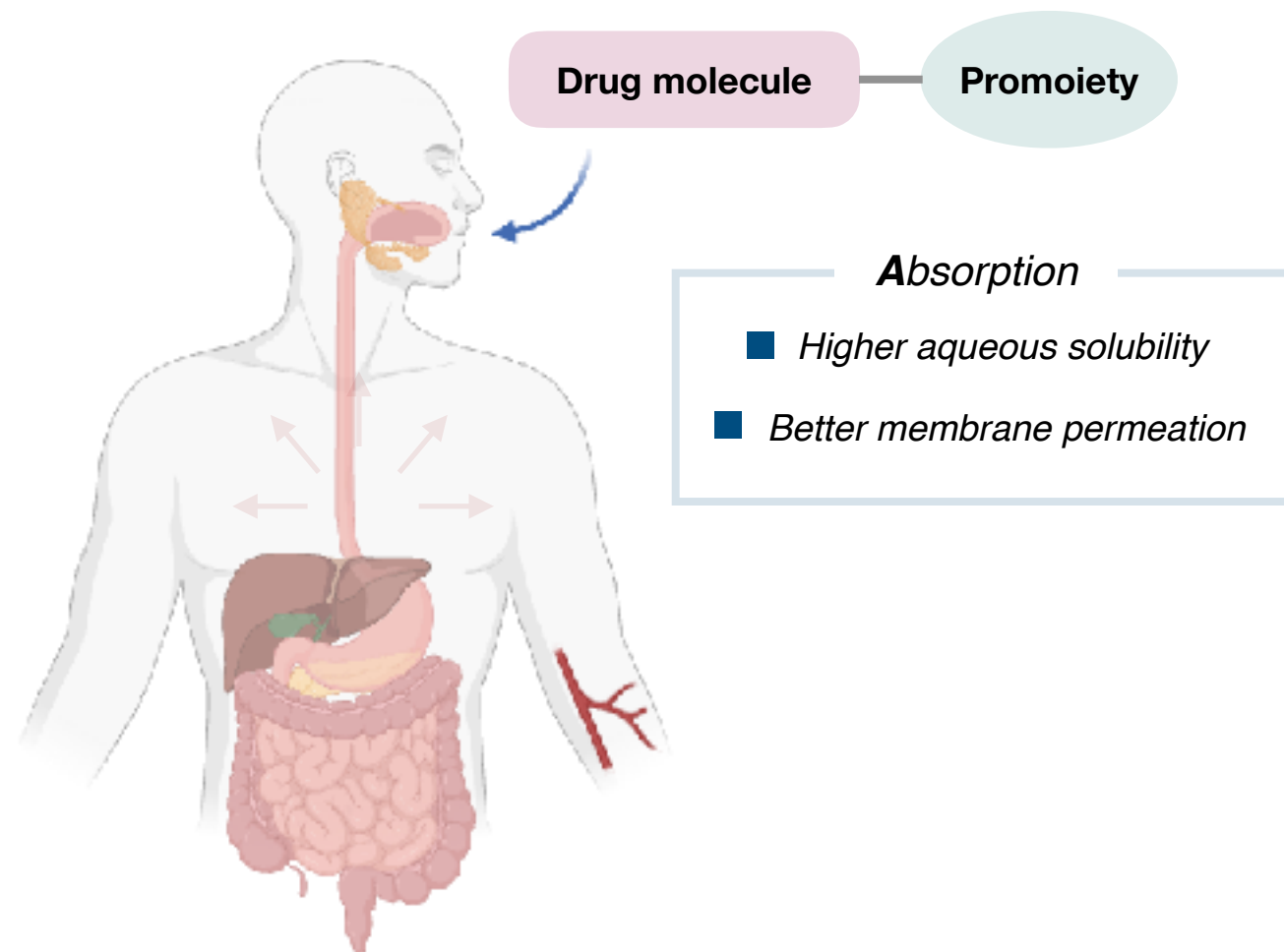


# How do prodrugs improve drug-like properties?



# *Prodrug design to improve 'A' in ADME*

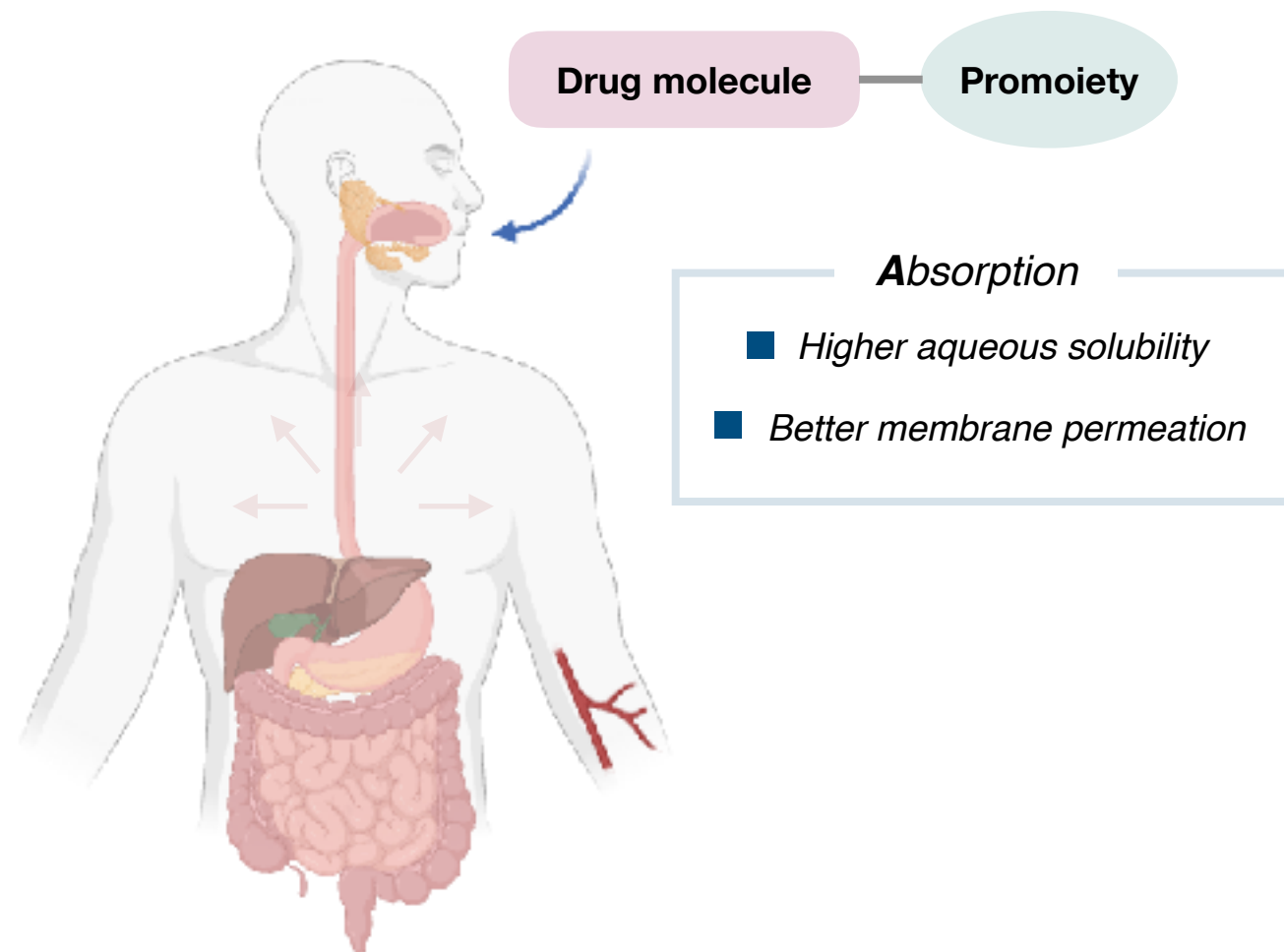
## *Absorption*



- ***Increasing aqueous solubility***
  - *phosphate*
  - *non-phosphate*
- ***Increasing membrane permeation***
  - *ester*

# *Prodrug design to improve 'A' in ADME*

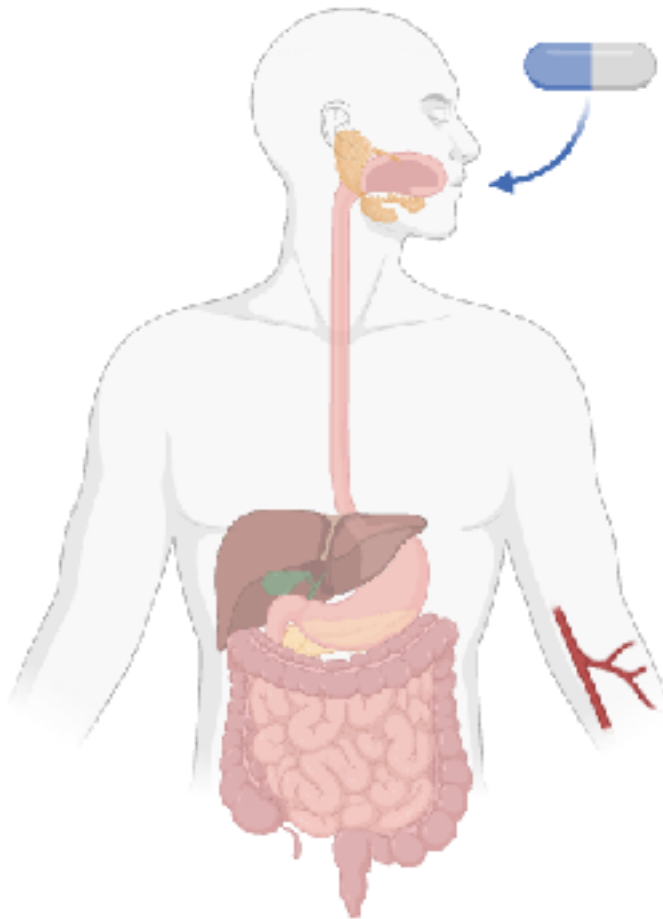
## *Absorption*



- ***Increasing aqueous solubility***
  - *phosphate*
  - *non-phosphate*
- ***Increasing membrane permeation***
  - *ester*

# *Prodrug design to increase aqueous solubility*

*Why should drug be water-soluble*

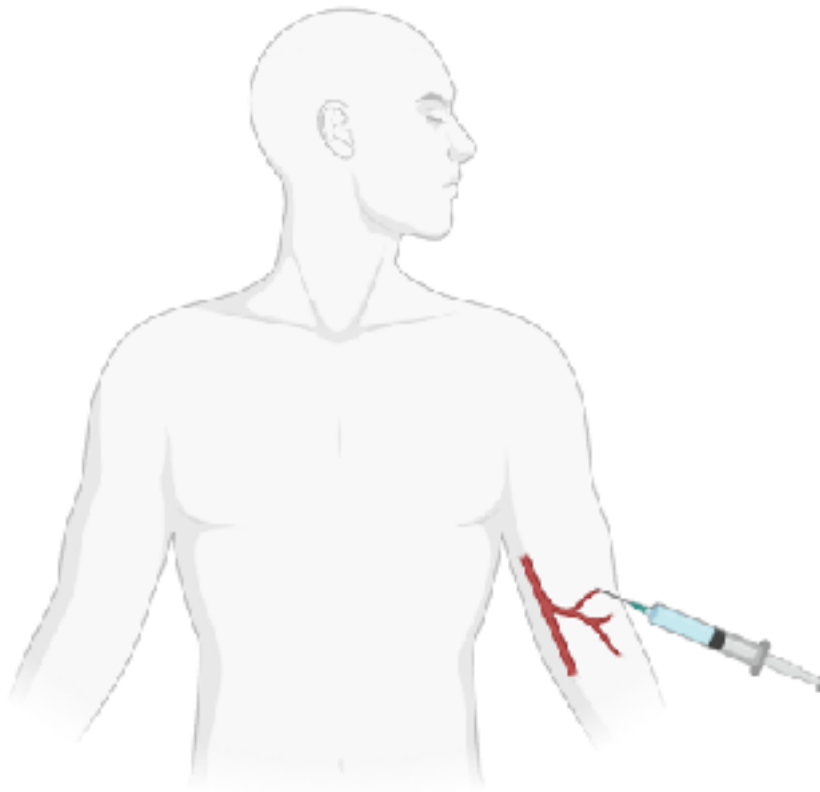


## **Oral intake**

*Aqueous solubility required to  
dissolve in GI fluids*

# *Prodrug design to increase aqueous solubility*

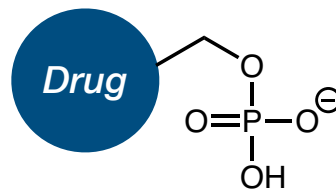
*Why should drug be water-soluble*



## ***Parenteral administration (injection)***

*Aqueous solubility required to be  
formulated for injection*

## *Phosphate prodrug design to increase aqueous solubility*



### ***Prodrug***

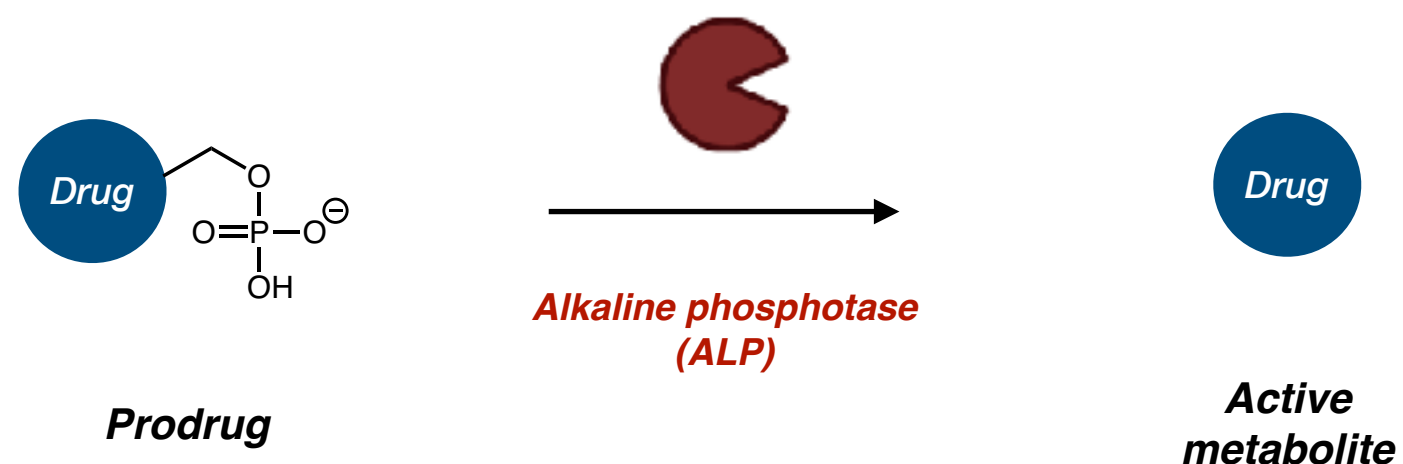
*(Phosphate linked via methylene bridge)*

✓ *Stable in solution*

✓ *Dianionic form at most physiological pH values → aqueous solubility*

✓ *Work well for both oral and IV drugs*

## Phosphate prodrug design to increase aqueous solubility



✓ Stable in solution

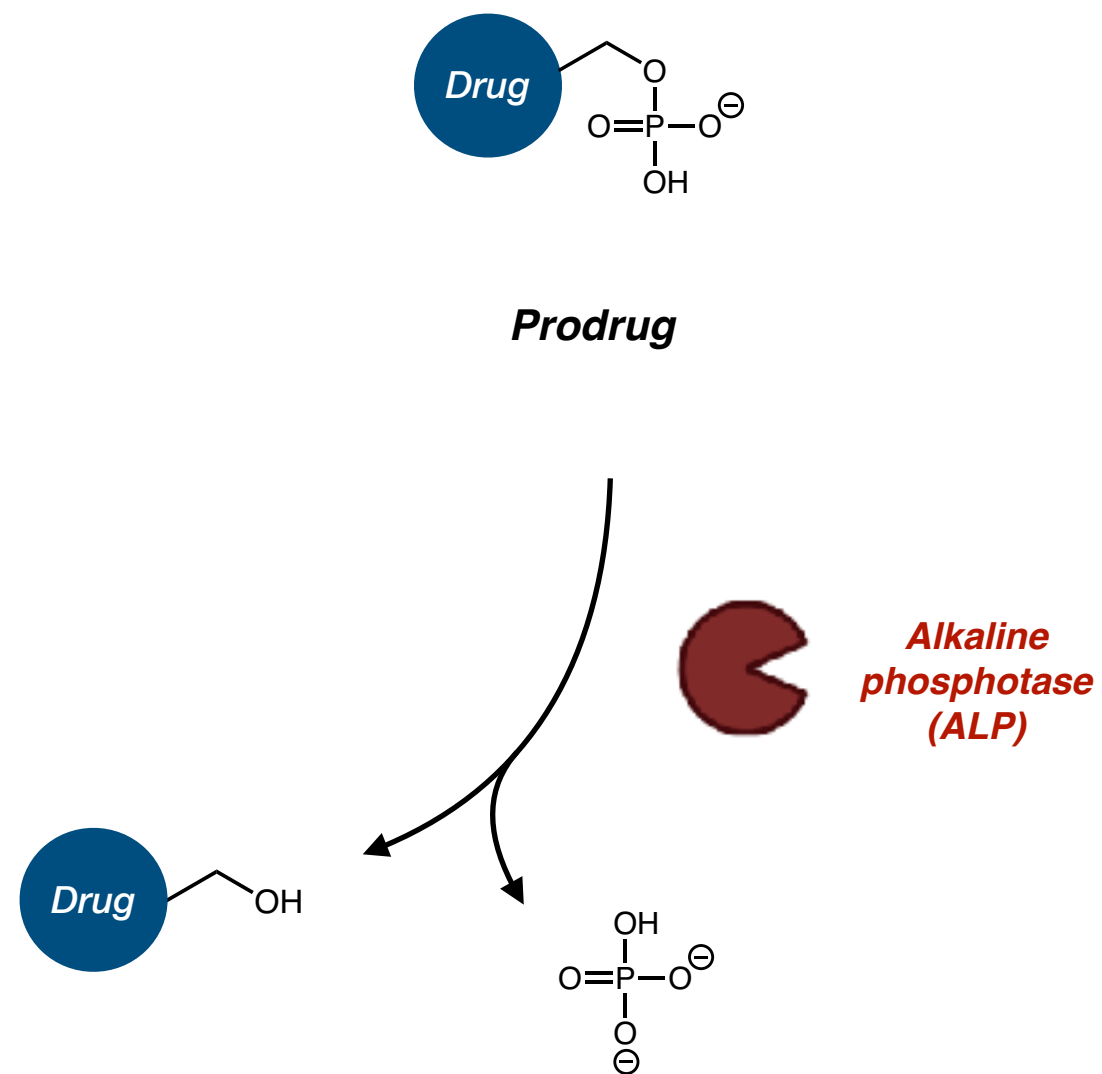
✓ Dianionic form at most physiological pH values → aqueous solubility

✓ Work well for both oral and IV drugs

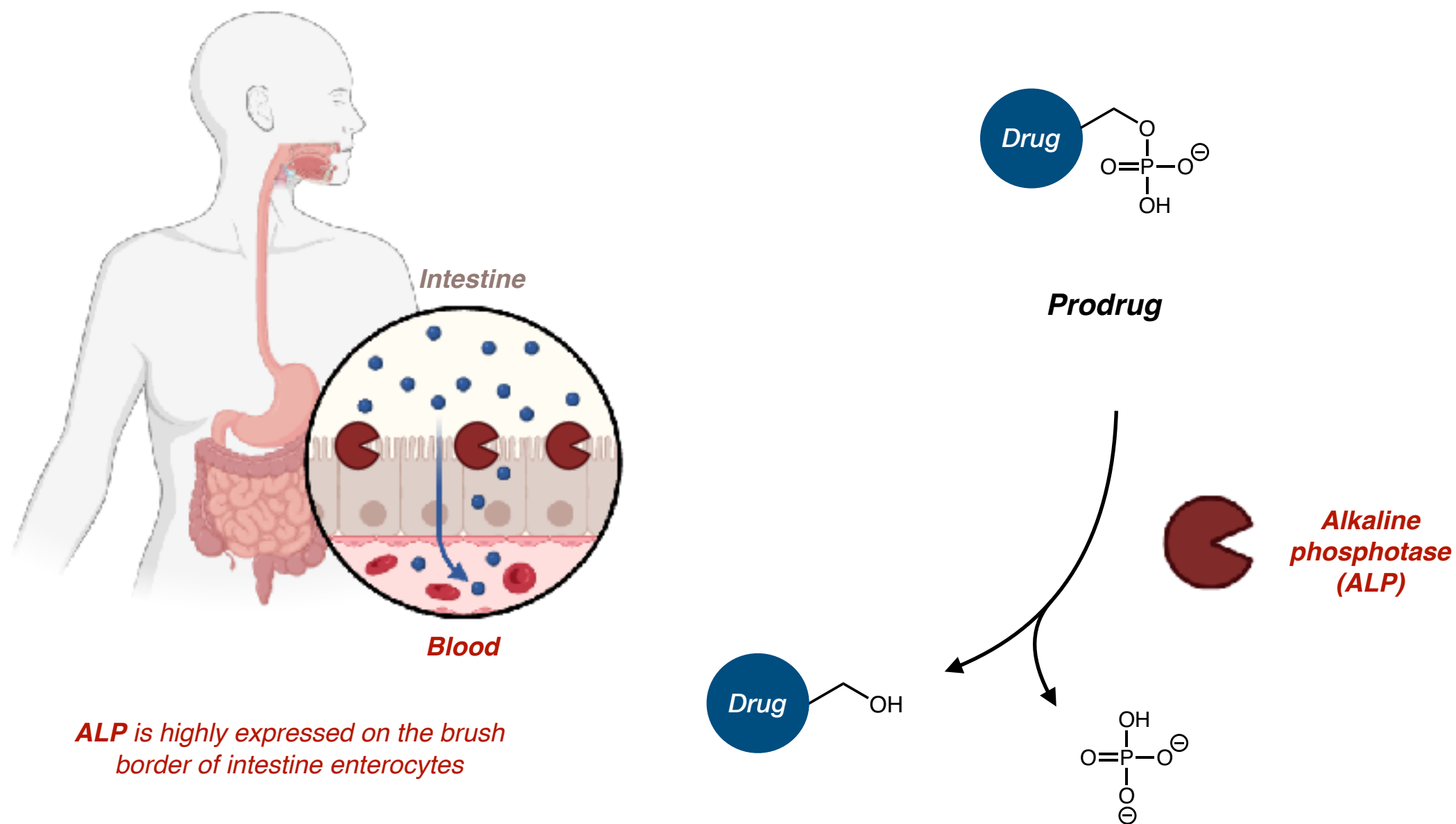
✓ Quantitative conversion in vivo by alkaline phosphatase (ALP)



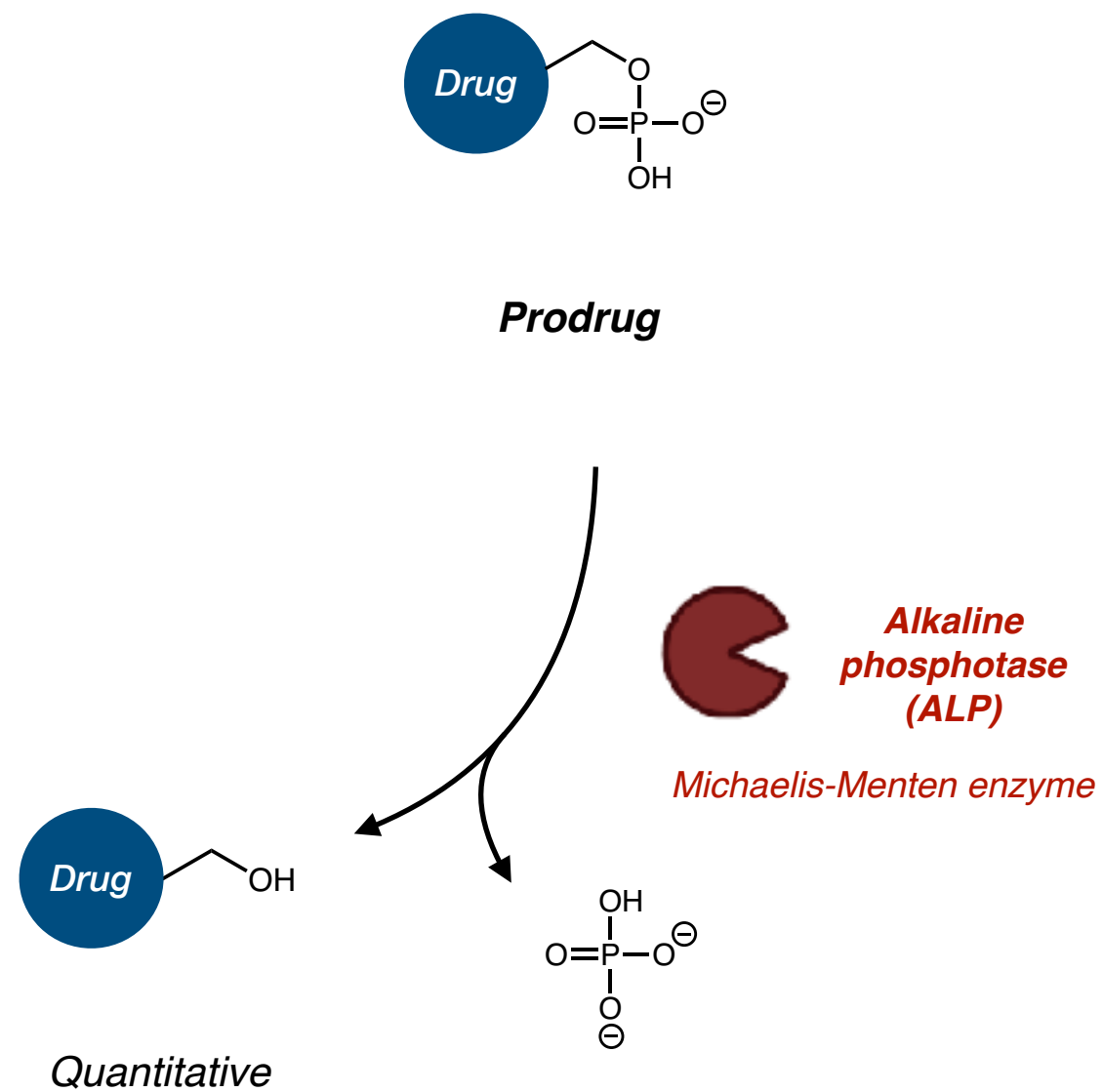
## Phosphate prodrug design to increase aqueous solubility



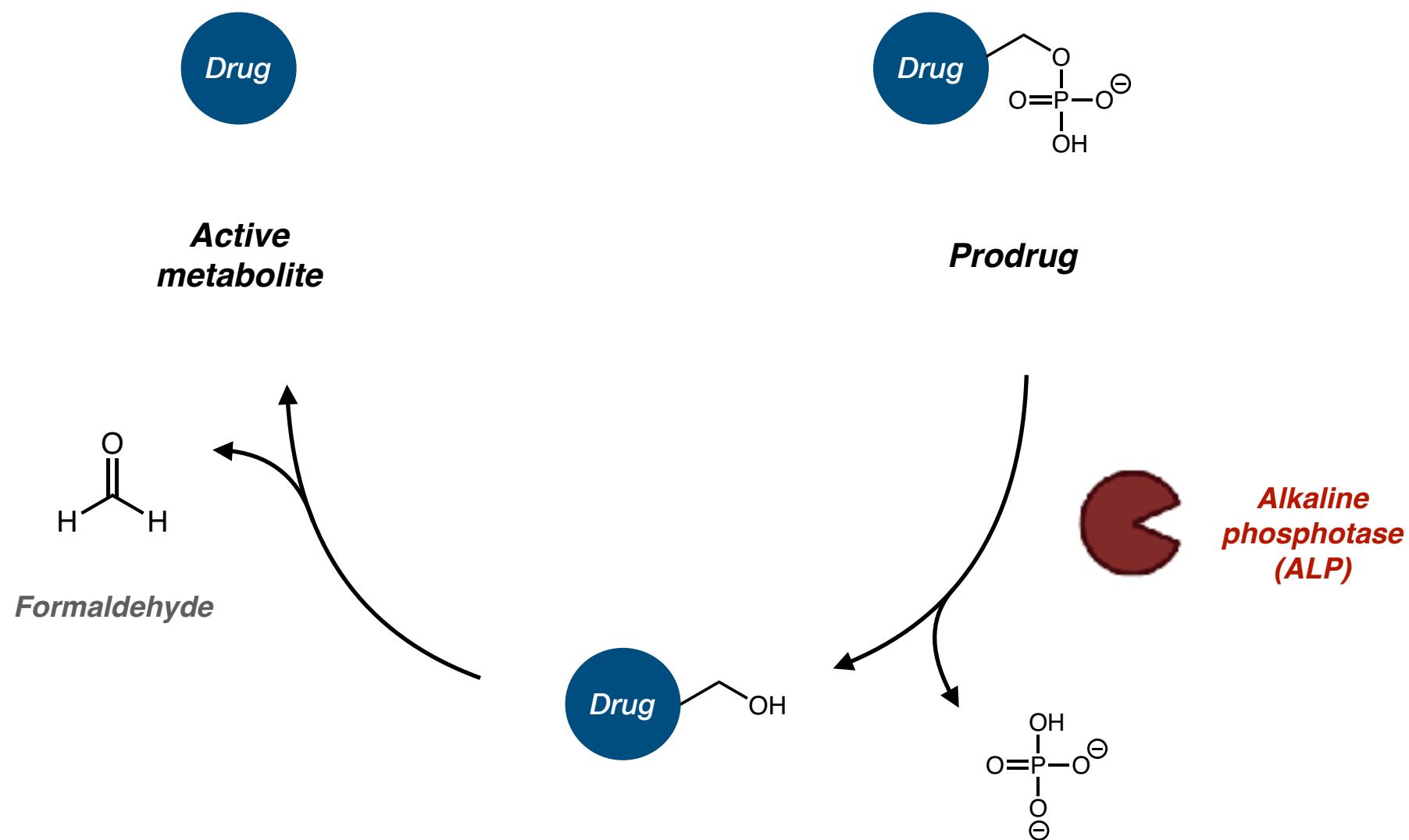
## Phosphate prodrug design to increase aqueous solubility



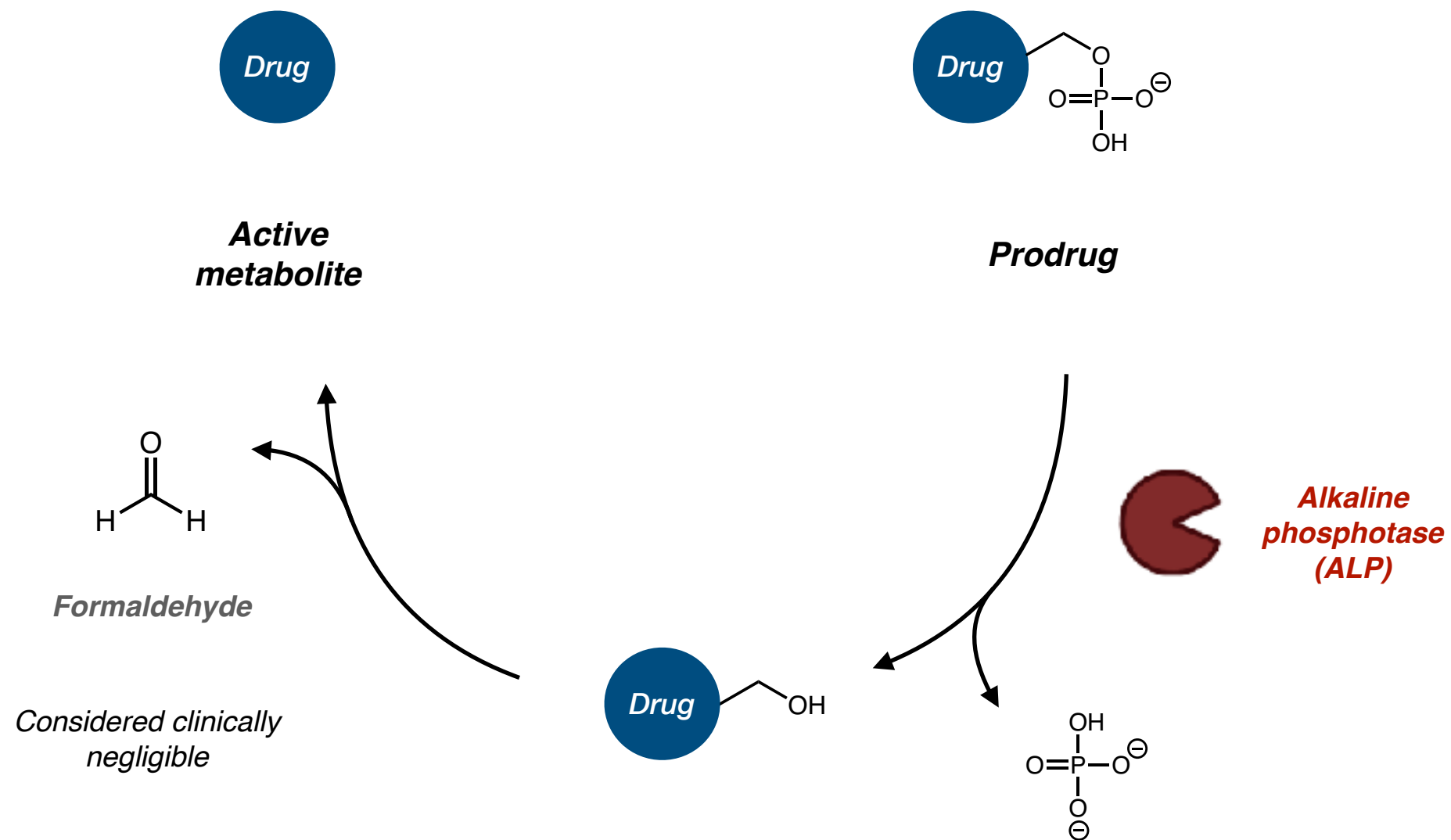
## Phosphate prodrug design to increase aqueous solubility



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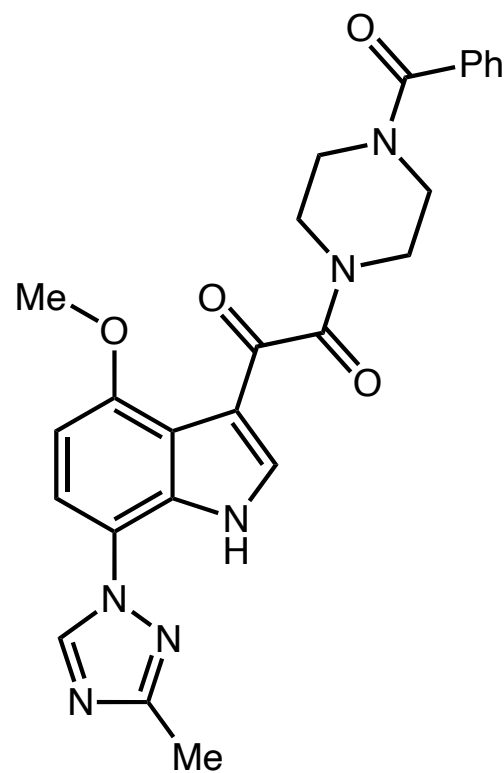
## *Phosphate prodrug design to increase aqueous solubility*

*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

# Phosphate prodrug design to increase aqueous solubility

*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

***Temsavir***



***HIV-1 attachment inhibitor***

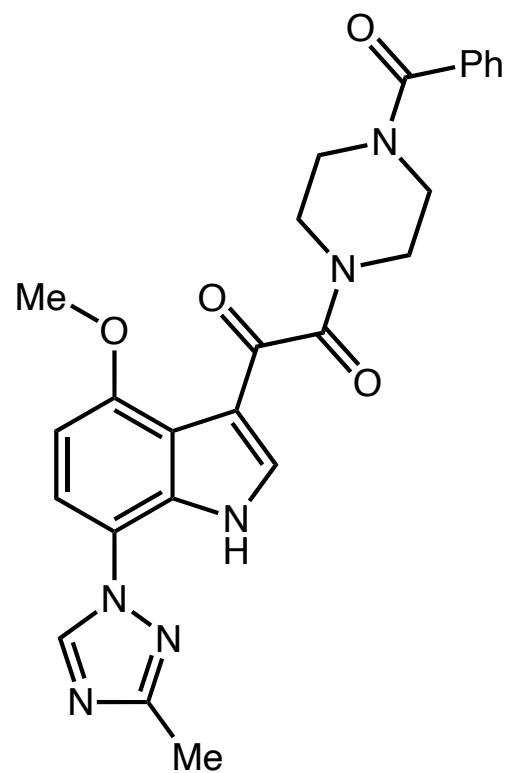


*(2005)*

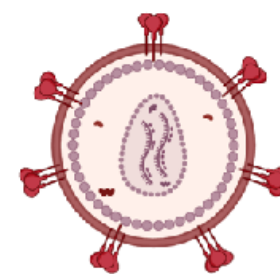
# Phosphate prodrug design to increase aqueous solubility

*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

## **Temsavir**

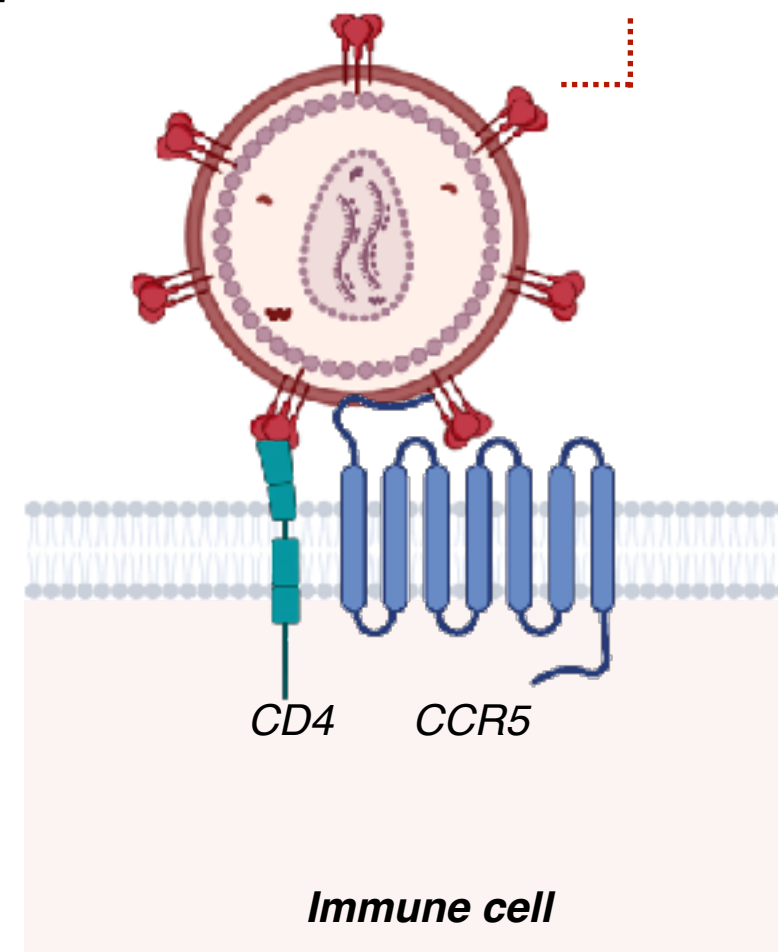


**HIV-1 attachment inhibitor**



**HIV particle**

**Viral coat protein:**  
*gp120*

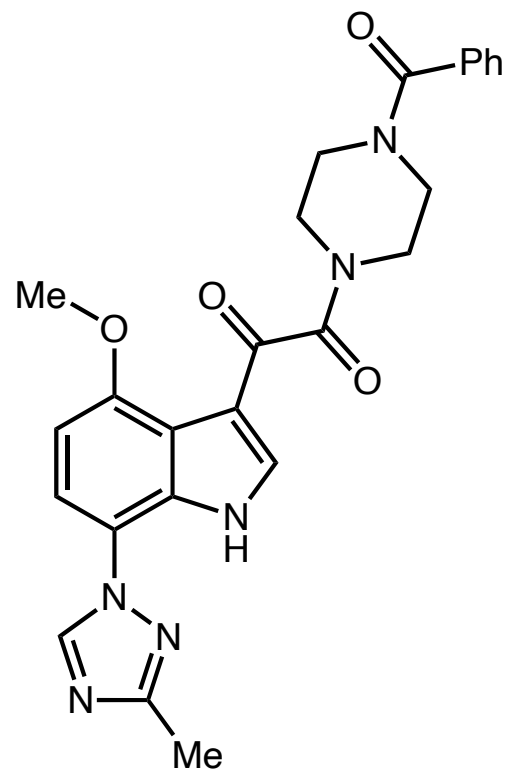




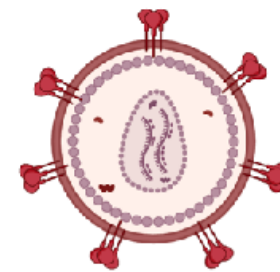
# Phosphate prodrug design to increase aqueous solubility

*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

***Temsavir***



***HIV-1 attachment inhibitor***

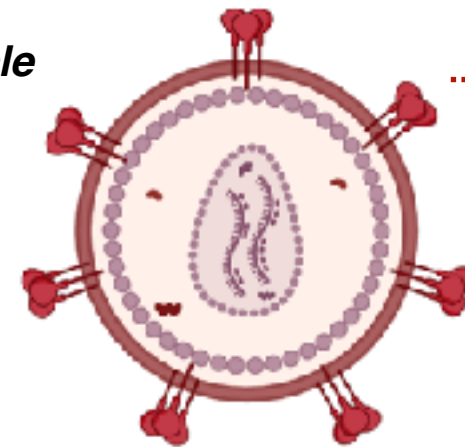


***HIV particle***

***Viral coat protein:  
gp120***



***Drug***



***CD4***

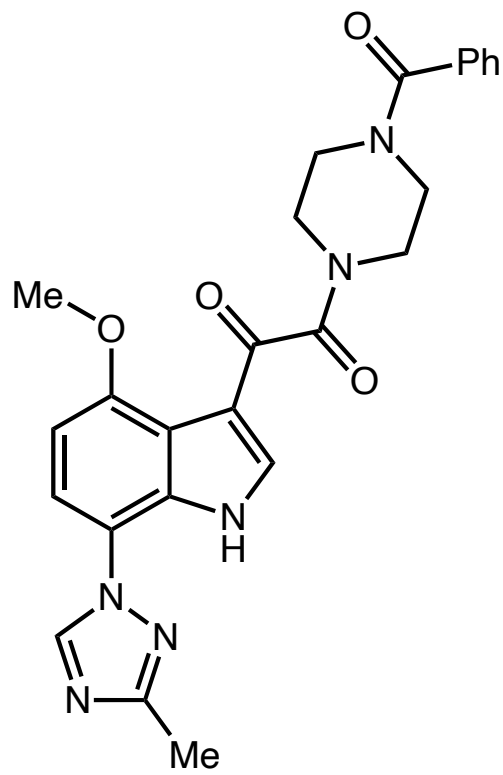
***CCR5***

***Immune cell***

*Phosphate prodrug design to increase aqueous solubility*

*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

***Temsavir***



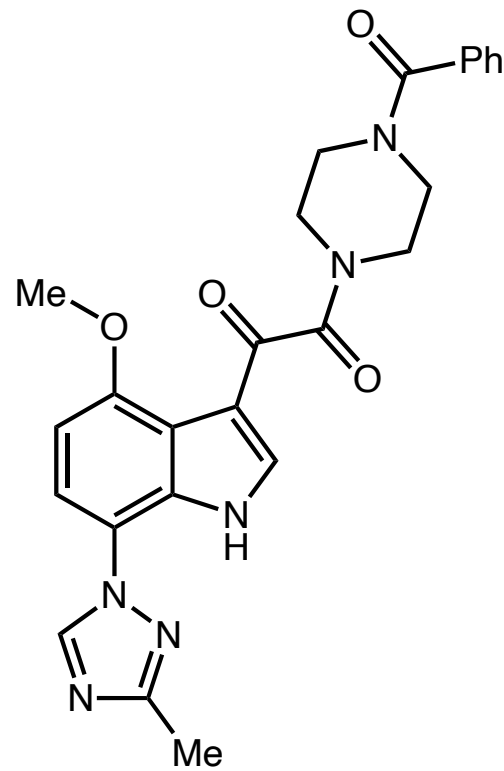
**Aqueous solubility: 0.022mg/mL (pH 7.4)**

**Poor 'A' of ADME**

# Phosphate prodrug design to increase aqueous solubility

*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

***Temsavir***



***Aqueous solubility: 0.022mg/mL (pH 7.4)***

***Poor 'A' of ADME***



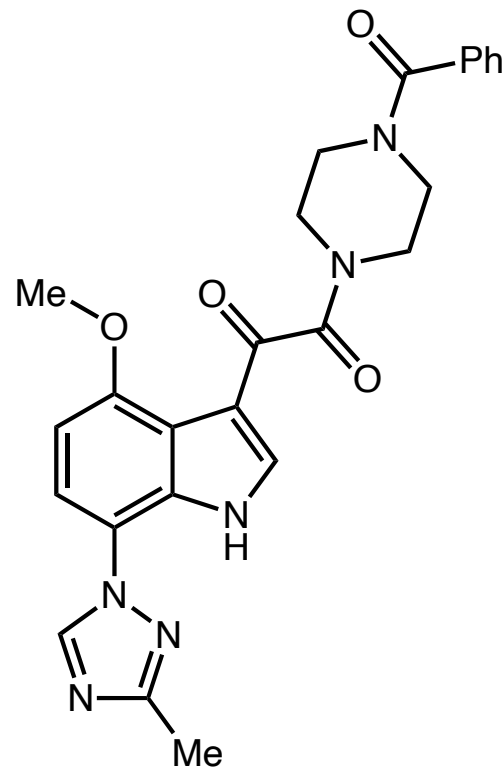
***Failed to show dose-proportionality in preclinical studies***

***Flip-flop pharmacokinetic (PK) profile***

# Phosphate prodrug design to increase aqueous solubility

*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

***Temsavir***



**Aqueous solubility: 0.022mg/mL (pH 7.4)**

**Poor 'A' of ADME**

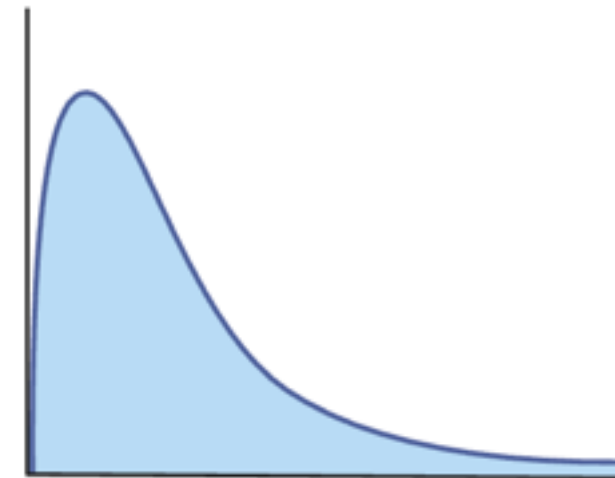


*Failed to show **dose-proportionality** in preclinical studies*

**Flip-flop** pharmacokinetic (PK) profile

*Normal PK profile (good absorption)*

**[Drug]  
in  
blood**

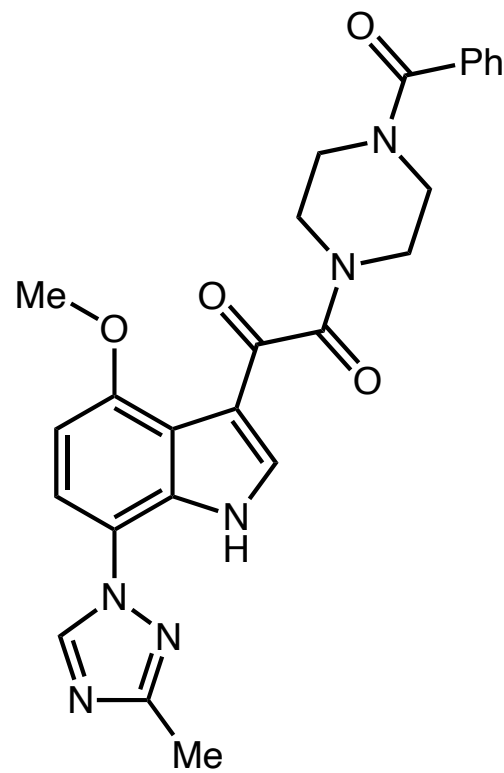


**Time after intake**

# Phosphate prodrug design to increase aqueous solubility

Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)

**Temsavir**



**Aqueous solubility: 0.022mg/mL (pH 7.4)**

**Poor 'A' of ADME**

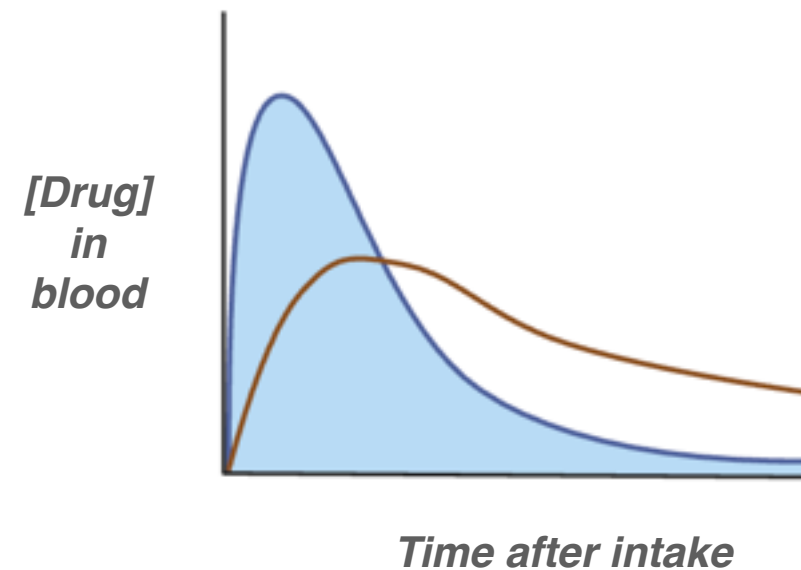


Failed to show **dose-proportionality** in preclinical studies

**Flip-flop** pharmacokinetic (PK) profile

Normal PK profile (good absorption)

**Flip-flop PK profile (bad absorption)**



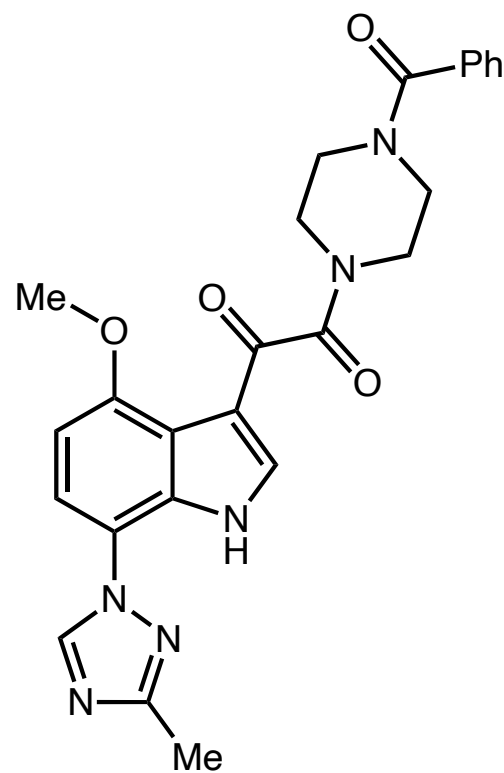
**$K_a$  (absorption constant)  $\lll K_e$  (elimination constant)**

Half-life misinterpretation

# Phosphate prodrug design to increase aqueous solubility

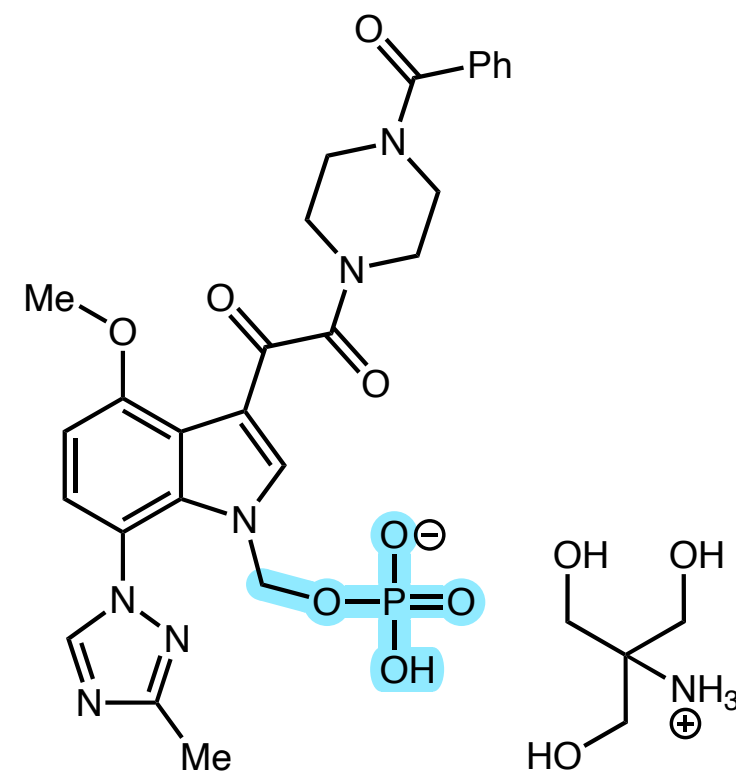
*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

***Temsavir***



**Aqueous solubility: 0.022 mg/mL (pH 7.4)**

***Rukobia™***

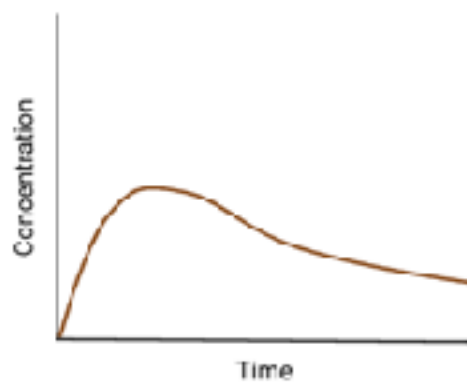
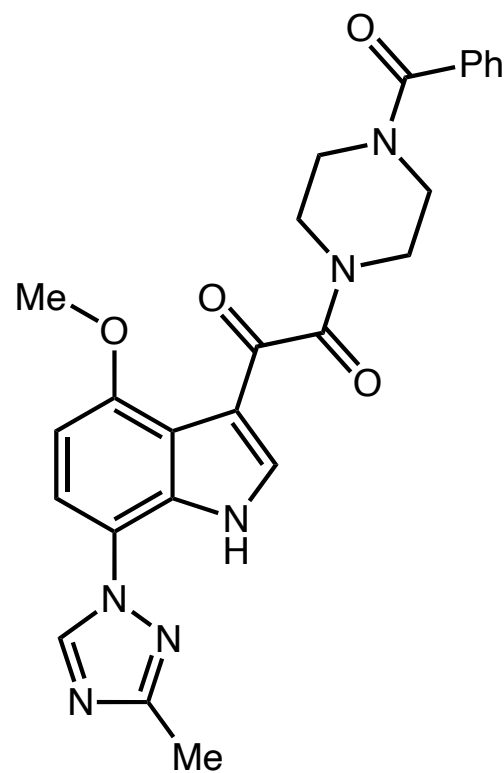


**Aqueous solubility: 11 mg/mL (pH 1.5-8.2)**

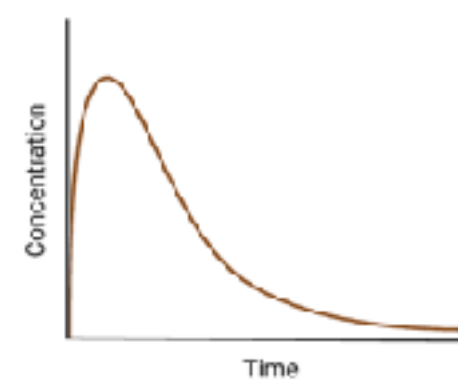
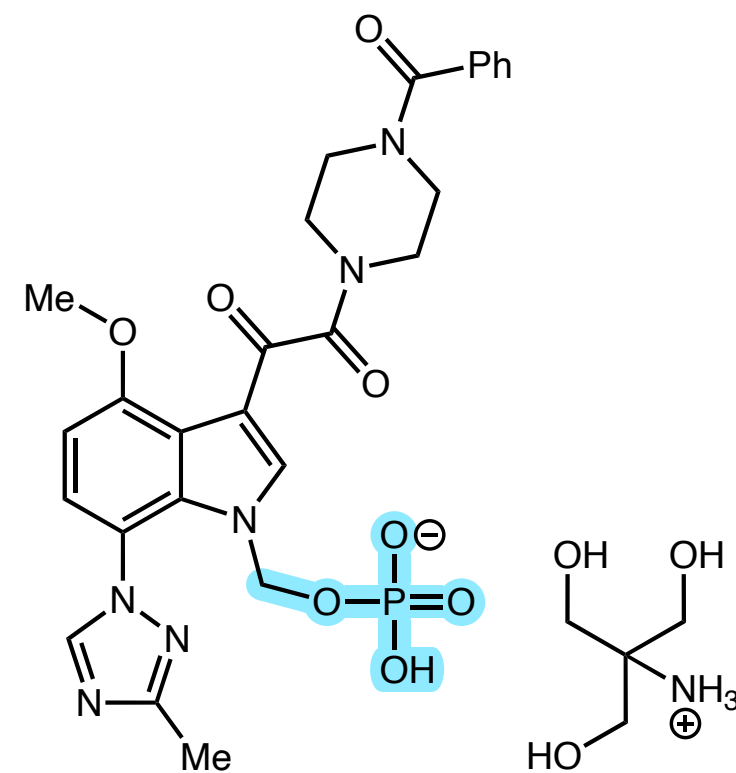
# Phosphate prodrug design to increase aqueous solubility

*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

**Temsavir**



**Rukobia™**

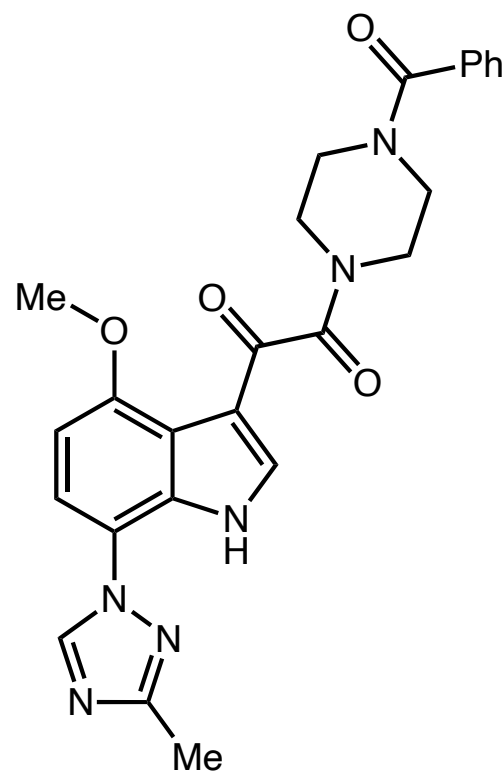


✓ Enabled dose-proportionality and correct interpretation of half-life

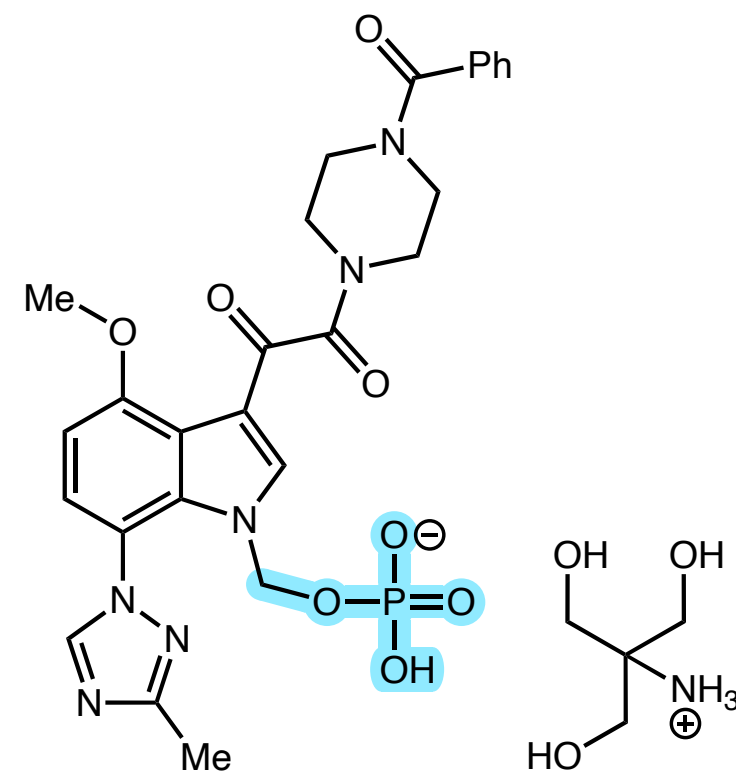
# Phosphate prodrug design to increase aqueous solubility

*Temsavir (Active metabolite) and Rukobia™ (phosphate prodrug)*

**Temsavir**



**Rukobia™**



**FDA approval in Jul 2020**



## *Phosphate prodrug design to increase aqueous solubility*

*Propofol (active metabolite) and Fospropofol (phosphate prodrug)*

*Propofol (active metabolite) and Fospropofol (phosphate prodrug)*

[illegible]

## Michael Jackson Had 'Lethal Levels' of Propofol Before Death

Jackson Doc Conrad Murray admits giving the singer several drugs prior to death.

# Phosphate prodrug design to increase aqueous solubility

## Propofol (active metabolite) and Fospropofol (phosphate prodrug)



“Milk of Amnesia”

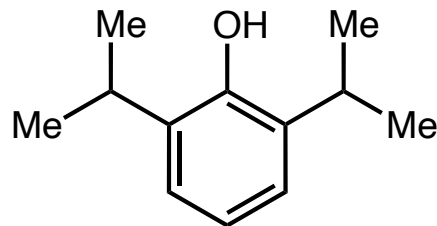
## Michael Jackson Had 'Lethal Levels' of Propofol Before Death

Jackson Doc Conrad Murray admits giving the singer several drugs prior to death.

# Phosphate prodrug design to increase aqueous solubility

*Propofol (active metabolite) and Fospropofol (phosphate prodrug)*

**Diprivan™**



**Propofol**

*Anesthetic*

*Approval in 1989*

**Aqueous solubility: 150 µg/mL**

*IV administration requires  
emulsion-based formulation*



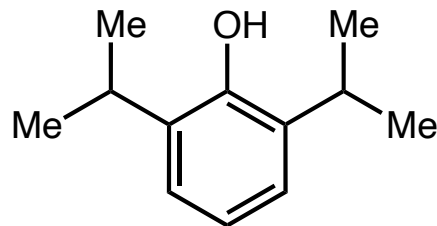
*Propofol*  
*Soybean oil (lipid base)*  
*Egg lecithin (emulsifier)*  
*Glycerol*

**“Milk of Amnesia”**

# Phosphate prodrug design to increase aqueous solubility

*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*

***Diprivan™***



***Propofol***

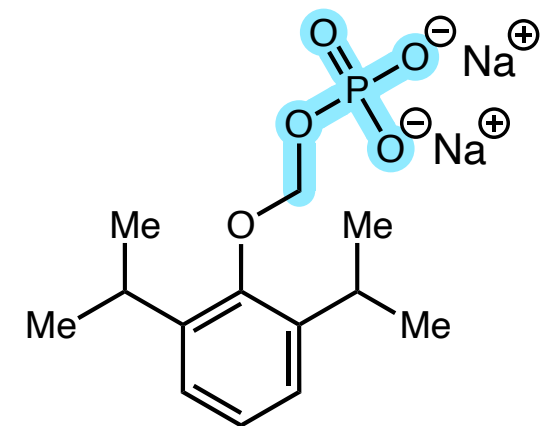
*Anesthetic*

*Approval in 1989*

***Aqueous solubility: 150 µg/mL***

*IV administration requires  
emulsion-based formulation*

***Lusedra™***



***Fospropofol disodium***

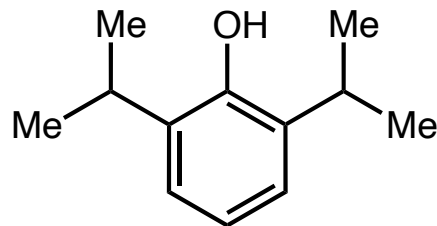




# Phosphate prodrug design to increase aqueous solubility

*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*

**Diprivan™**



**Propofol**

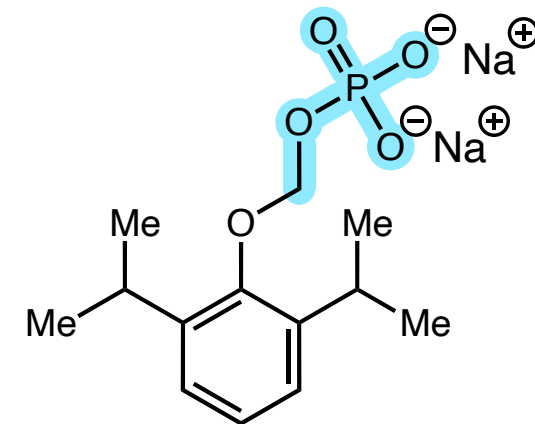
*Anesthetic*

*Approval in 1989*

**Aqueous solubility: 150 µg/mL**

*IV administration requires  
emulsion-based formulation*

**Lusedra™**



**Fospropofol disodium**

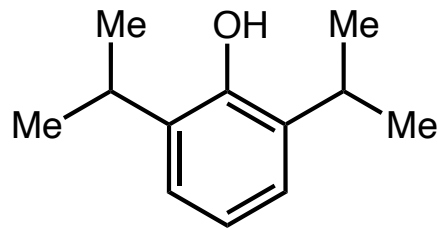


**Aqueous solubility: 500 mg/mL**

# Phosphate prodrug design to increase aqueous solubility

*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*

**Diprivan™**



**Propofol**

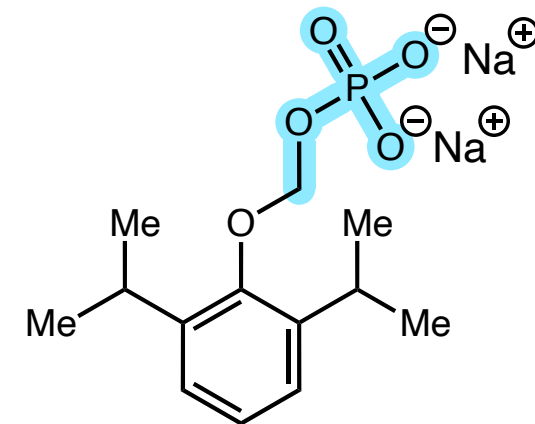
*Anesthetic*

*Approval in 1989*

**Aqueous solubility: 150 µg/mL**

*IV administration requires  
emulsion-based formulation*

**Lusedra™**



**Fospropofol disodium**



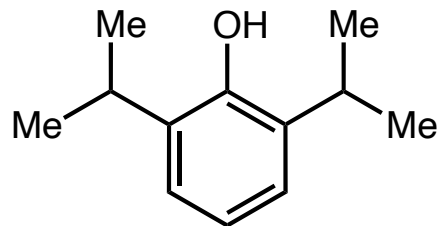
**Aqueous solubility: 500 mg/mL**

*Clear solution*

# Phosphate prodrug design to increase aqueous solubility

*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*

**Diprivan™**



**Propofol**

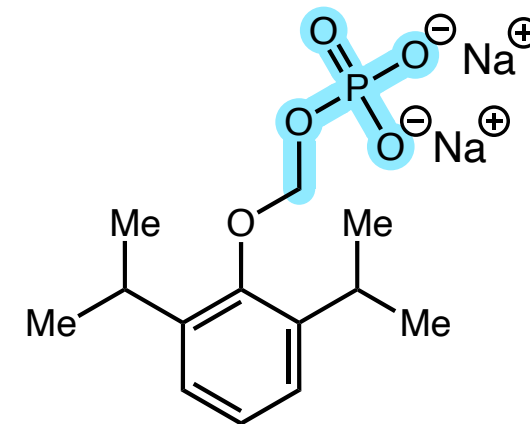


**Requires oil (lipid base) for emulsion formulation**

✓ Risk of contamination

✓ Risk of hyperlipidemia with prolonged use

**Lusedra™**



**Fospropofol disodium**



**Risk eliminated**

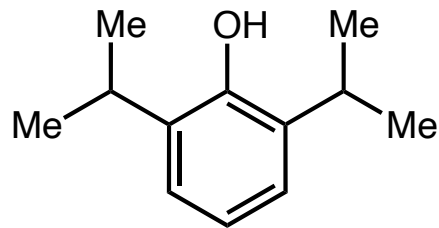




# Phosphate prodrug design to increase aqueous solubility

*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*

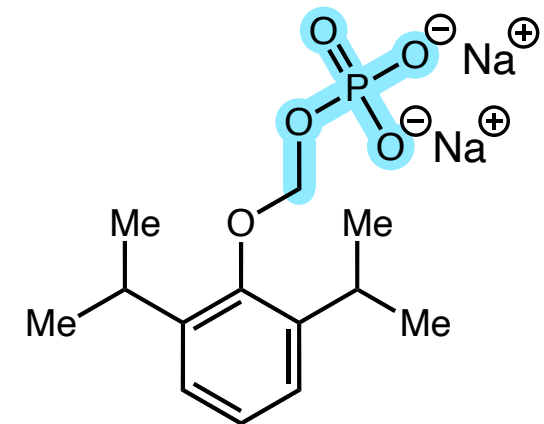
**Diprivan™**



**Propofol**



**Lusedra™**



**Fospropofol disodium**

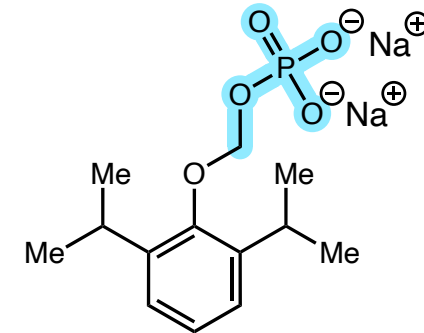
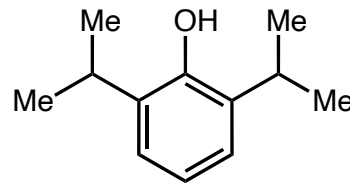


**Discontinued in 2012 due to poor sales**

**Why?**

# Phosphate prodrug design to increase aqueous solubility

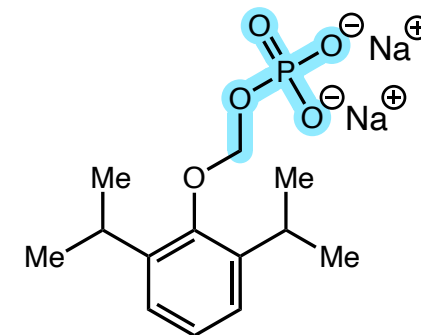
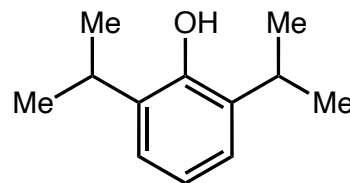
*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*



| MAC sedation                  | Propofol   | Fospropofol   |
|-------------------------------|--|---|
| Dosing <sup>a,b</sup>         | 1–2 mg/kg <sup>b</sup>   | 6.5 mg/kg <sup>a</sup>  |
| Formulation                   | Lipid Emulsion   | Aqueous   |
| Pharmacokinetics              | Propofol C <sub>max</sub> following 2 mg/kg dose = 2.023 ± 0.516 mcg/mL at 2 min<br>Multiple elimination half-lives<br>Distribution half-life = 1–4 min<br>First elimination half-life = 30–60 min<br>Terminal half-life = 1.5–11 hrs<br>Vd = variable (3–60 L/kg) | Propofol C <sub>max</sub> following 6 mg/kg FP dose = 1.08 ± 0.33 mcg/mL at 12 min<br>FP hydrolysis half-life = 7.2 min<br>FP terminal half-life = 0.81 hrs |
| Pharmacodynamics              | Onset: seconds to 1 min <sup>c</sup><br>Duration: 3–10 min <sup>c</sup>  | FP Vd = 0.33 ± 0.069 L/kg<br>Onset: 4–8 min <sup>c</sup><br>Duration: 5–18 min <sup>c</sup>   |
| Current Clinical Applications | MAC sedation, short-term procedural sedation, <sup>d</sup> sedation of mechanically ventilated patient, general anesthesia   | MAC sedation, short-term procedural sedation <sup>d</sup>   |
| Common adverse effects        | Injection site pain  | Pruritus, paresthesia   |
| Serious adverse effects       | Hypoxemia, apnea, hypotension, bradycardia   | Hypoxemia, apnea, hypotension   |

# Phosphate prodrug design to increase aqueous solubility

*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*

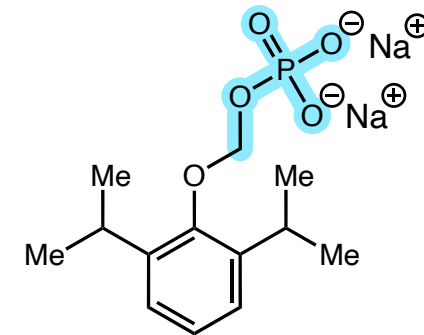
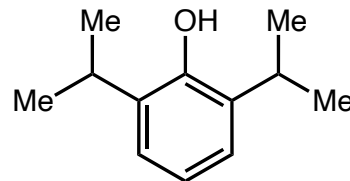


| MAC sedation                  | Propofol   | Fospropofol   |
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| Common adverse effects        | Injection site pain  | Pruritus, paresthesia   |
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***Slower onset of sedation limits appeal for rapid procedure (ex. endoscopy)***

# Phosphate prodrug design to increase aqueous solubility

*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*

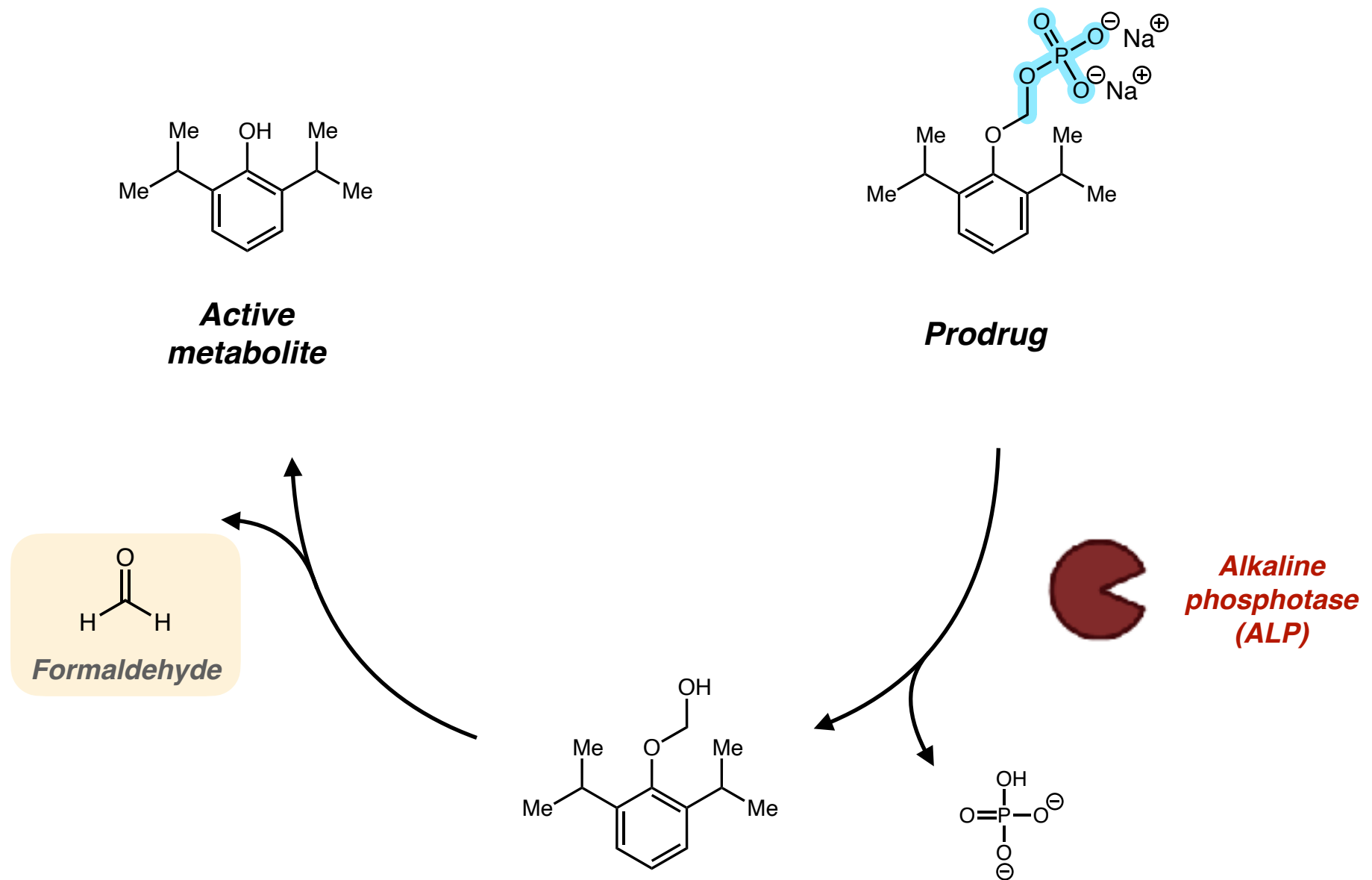


| MAC sedation                  | Propofol   | Fospropofol   |
|-------------------------------|--|---|
| Dosing <sup>a,b</sup>         | 1–2 mg/kg <sup>b</sup>   | 6.5 mg/kg <sup>a</sup>  |
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| Common adverse effects        | Injection site pain  | Pruritus, paresthesia   |
| Serious adverse effects       | Hypoxemia, apnea, hypotension, bradycardia   | Hypoxemia, apnea, hypotension   |

***Lusedra™ (fospropofol): Severe itching/burning (pruritus) in perineal region***

# Phosphate prodrug design to increase aqueous solubility

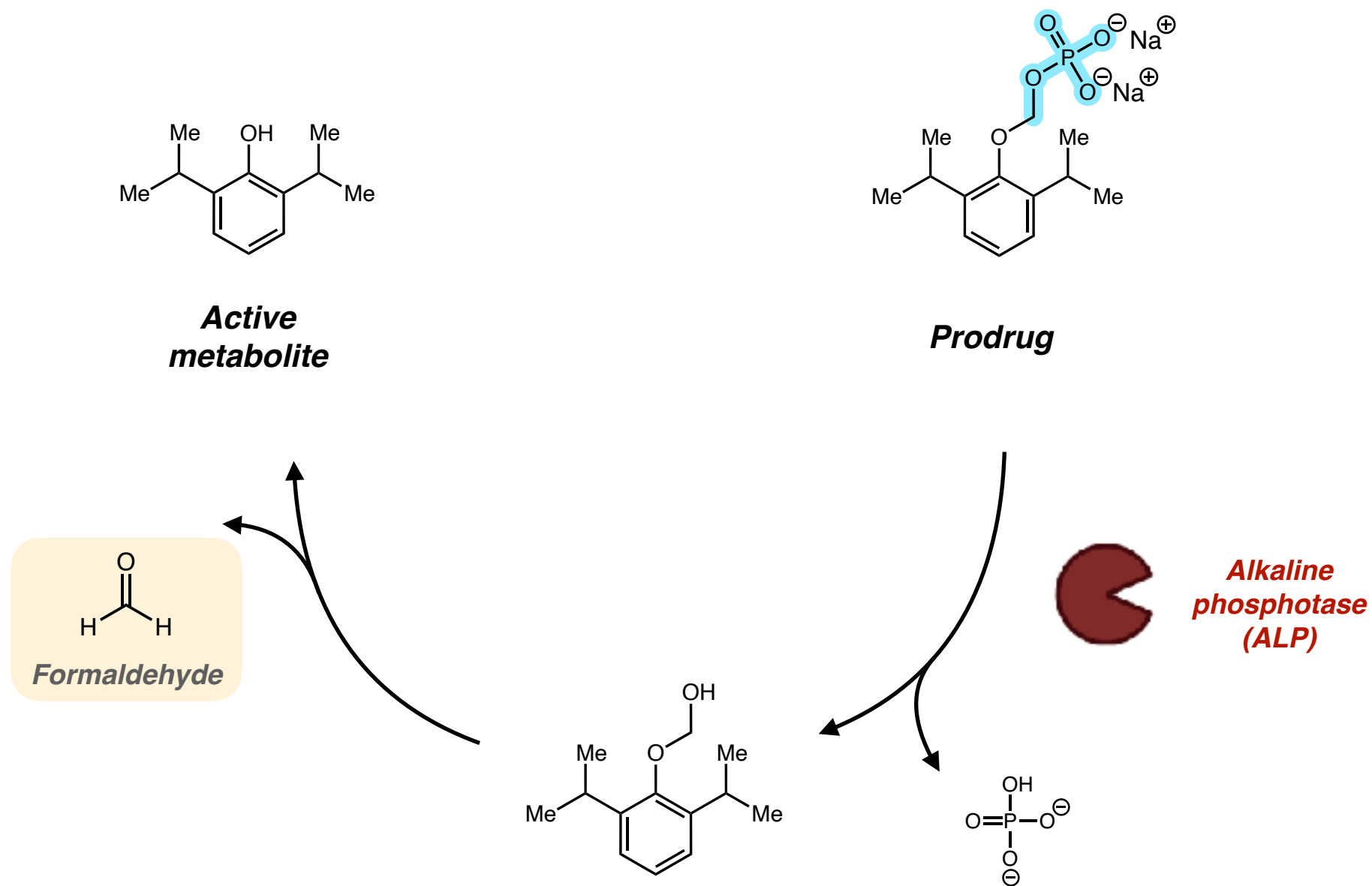
*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*



*Formaldehyde suspected, though not clinically confirmed*

# Phosphate prodrug design to increase aqueous solubility

*Diprivan™ (Active metabolite) and Lusedra™ (phosphate prodrug)*



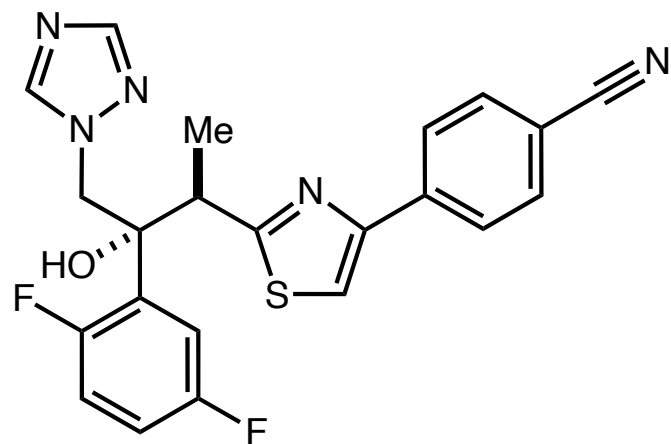
**Phosphate prodrug can improve 'A' in ADME, but success depends on clinical context**

*Non-phosphate prodrug design to increase aqueous solubility*

*Acyloxyalkyl triazolium salt*

*Non-phosphate prodrug design to increase aqueous solubility*  
*Acyloxyalkyl triazolium salt*

***Isavuconazole***



*Anti-fungal agent*  
*(Lung infection treatment)*

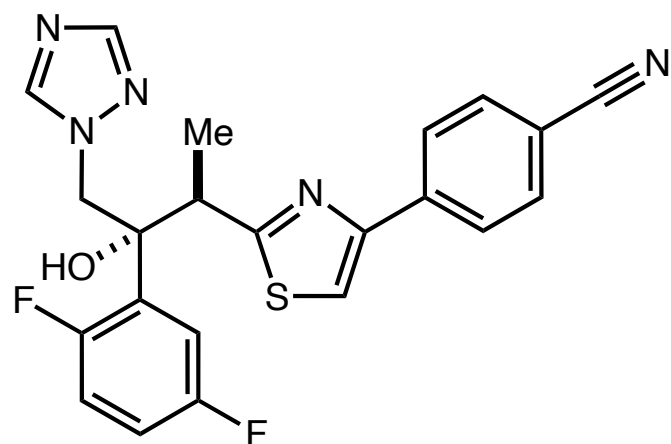
**basilea**



# *Non-phosphate prodrug design to increase aqueous solubility*

*Acyloxyalkyl triazolium salt*

***Isavuconazole***



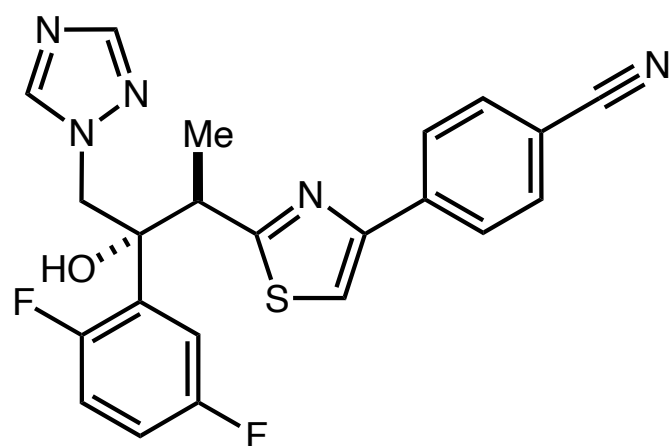
*Anti-fungal agent*

***Aqueous solubility: 0.25 mg/mL***

# Non-phosphate prodrug design to increase aqueous solubility

Acyloxyalkyl triazolium salt

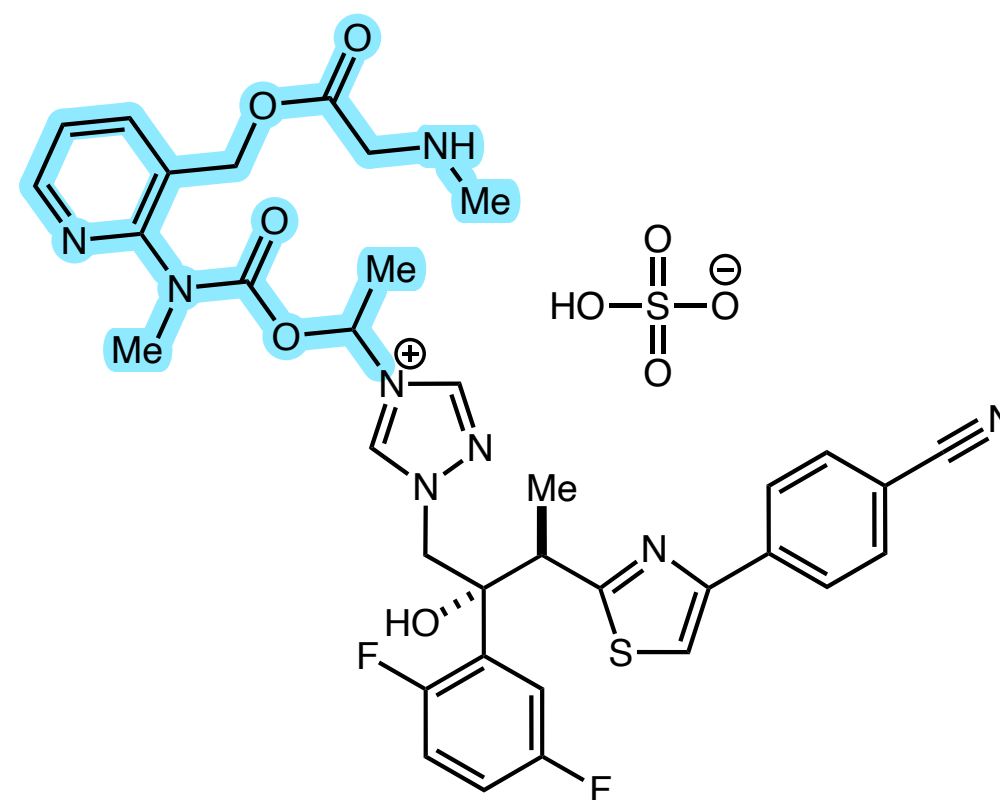
*Isavuconazole*



*Anti-fungal agent*

*Aqueous solubility: 0.25 mg/mL*

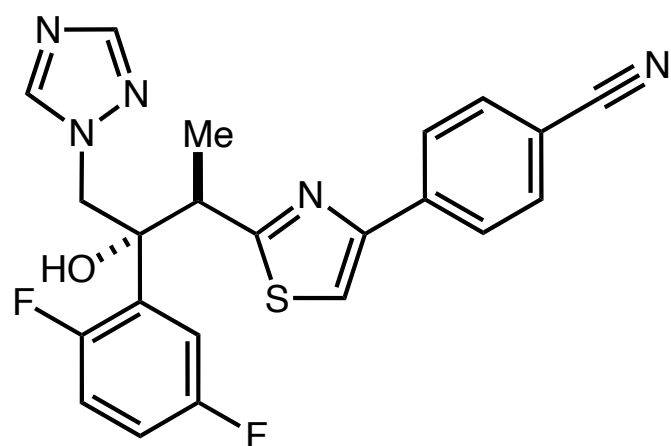
*Cresemba™*



# Non-phosphate prodrug design to increase aqueous solubility

Acyloxyalkyl triazolium salt

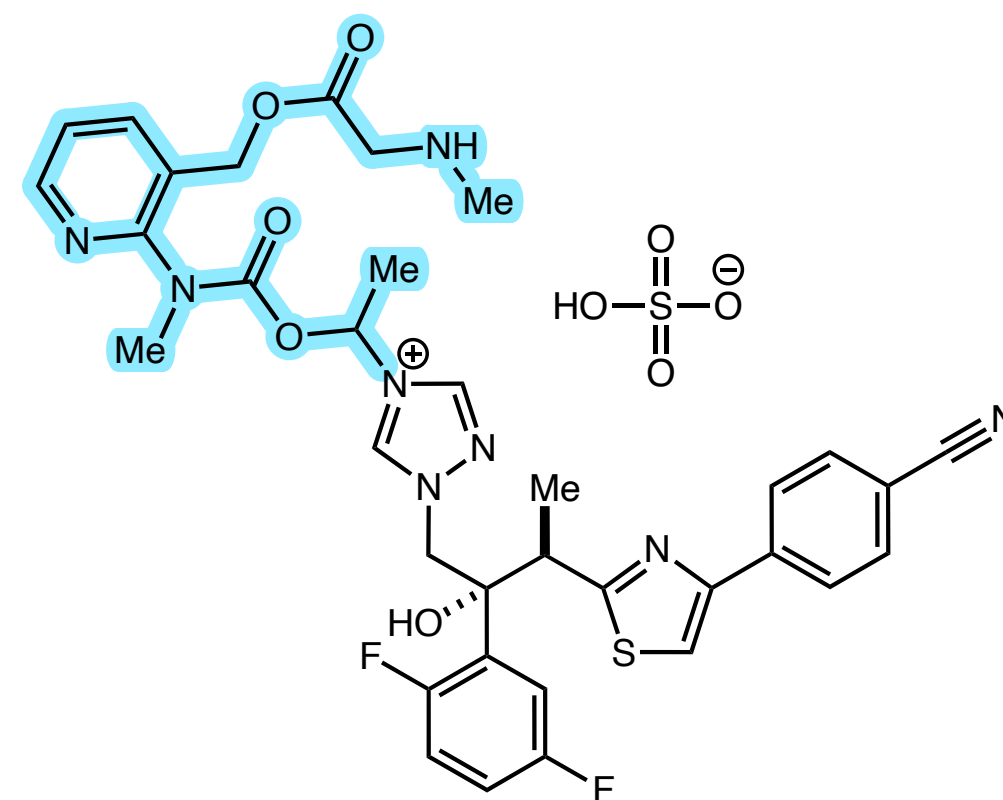
**Isavuconazole**



*Anti-fungal agent*

**Aqueous solubility: 0.25 mg/mL**

**Cresemba™**

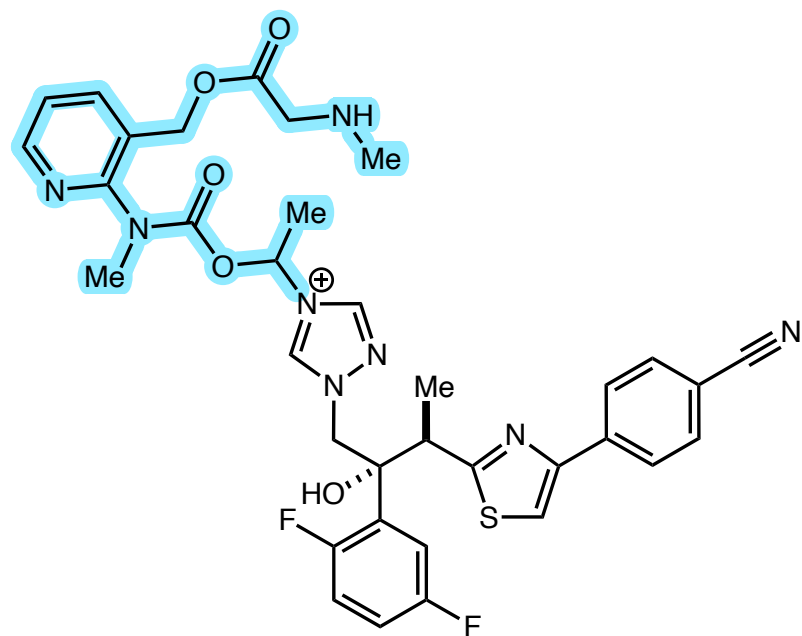


**Aqueous solubility: >100 mg/mL**

**Salt-based prodrug**

## *Non-phosphate prodrug design to increase aqueous solubility*

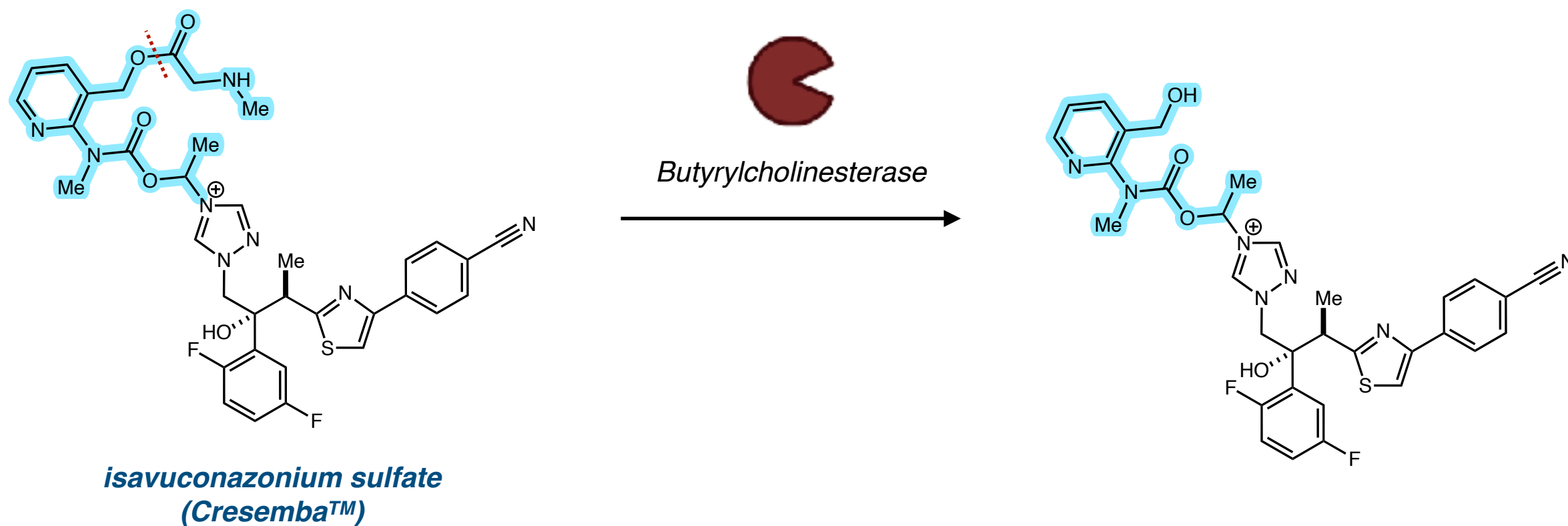
*Isavuconazole (active metabolite) and Cresemba™ (salt-based prodrug)*



***isavuconazonium sulfate***  
***(Cresemba™)***

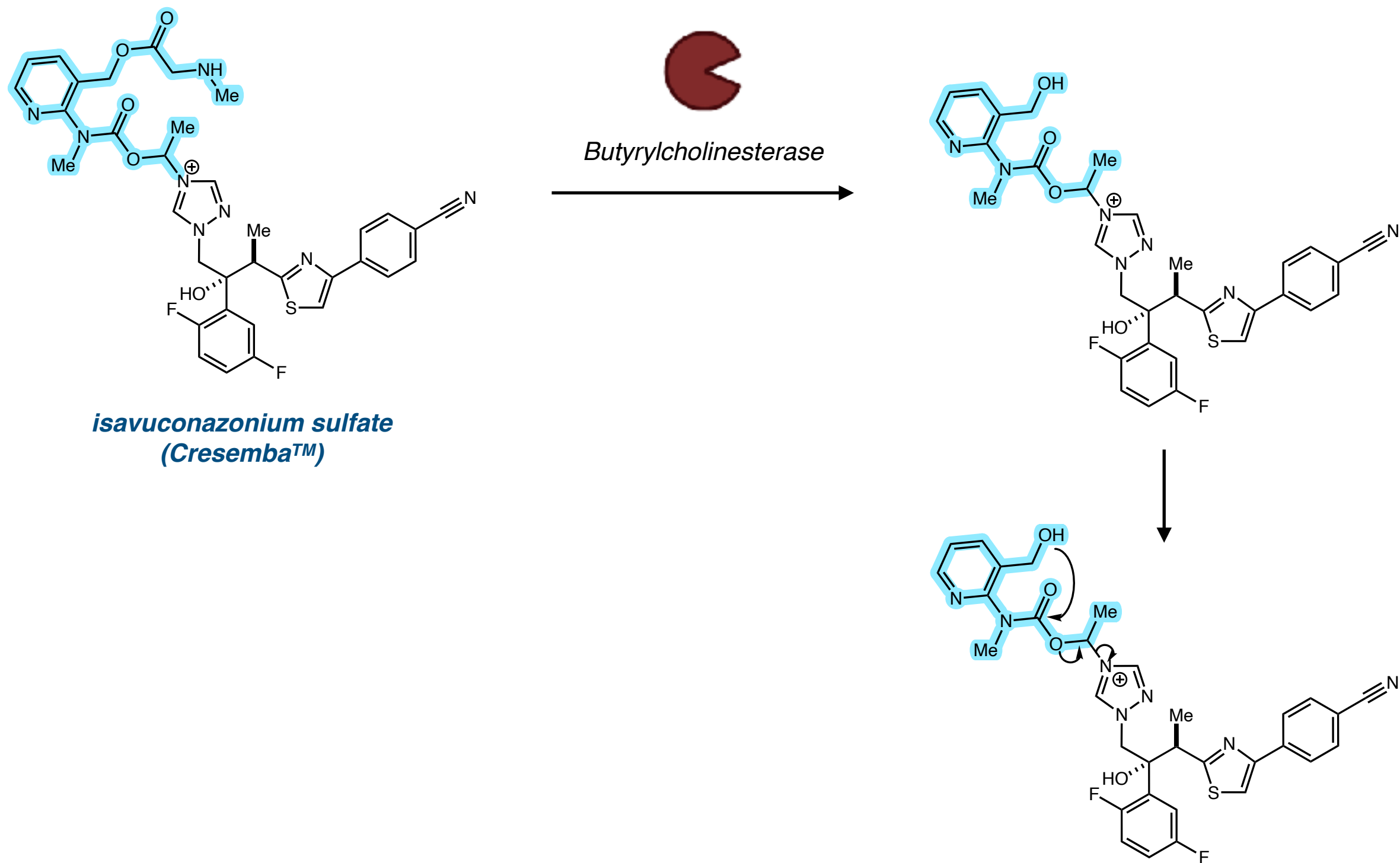
# Non-phosphate prodrug design to increase aqueous solubility

*Isavuconazole* (active metabolite) and *Cresemba™* (salt-based prodrug)



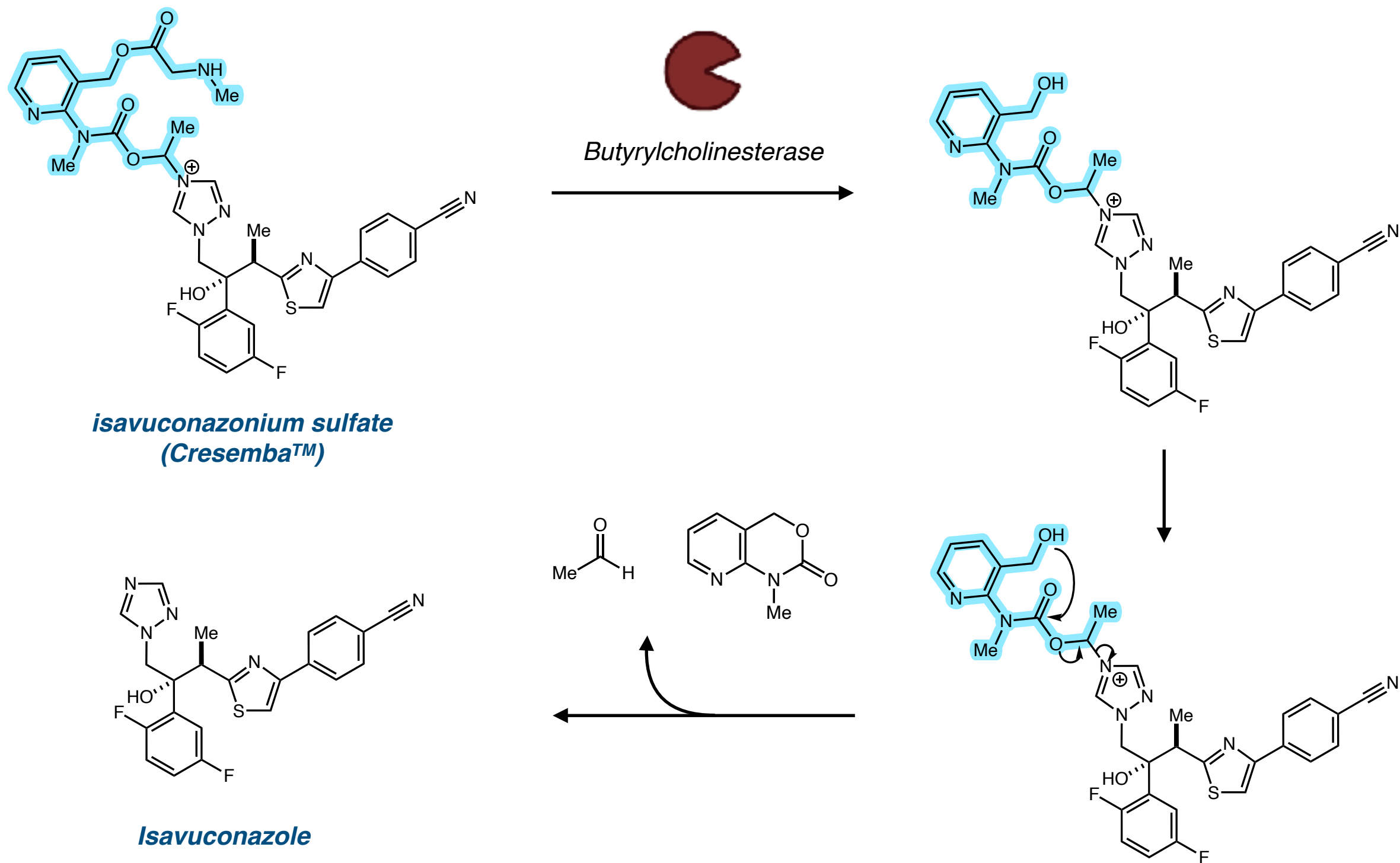
# Non-phosphate prodrug design to increase aqueous solubility

*Isavuconazole* (active metabolite) and *Cresemba™* (salt-based prodrug)



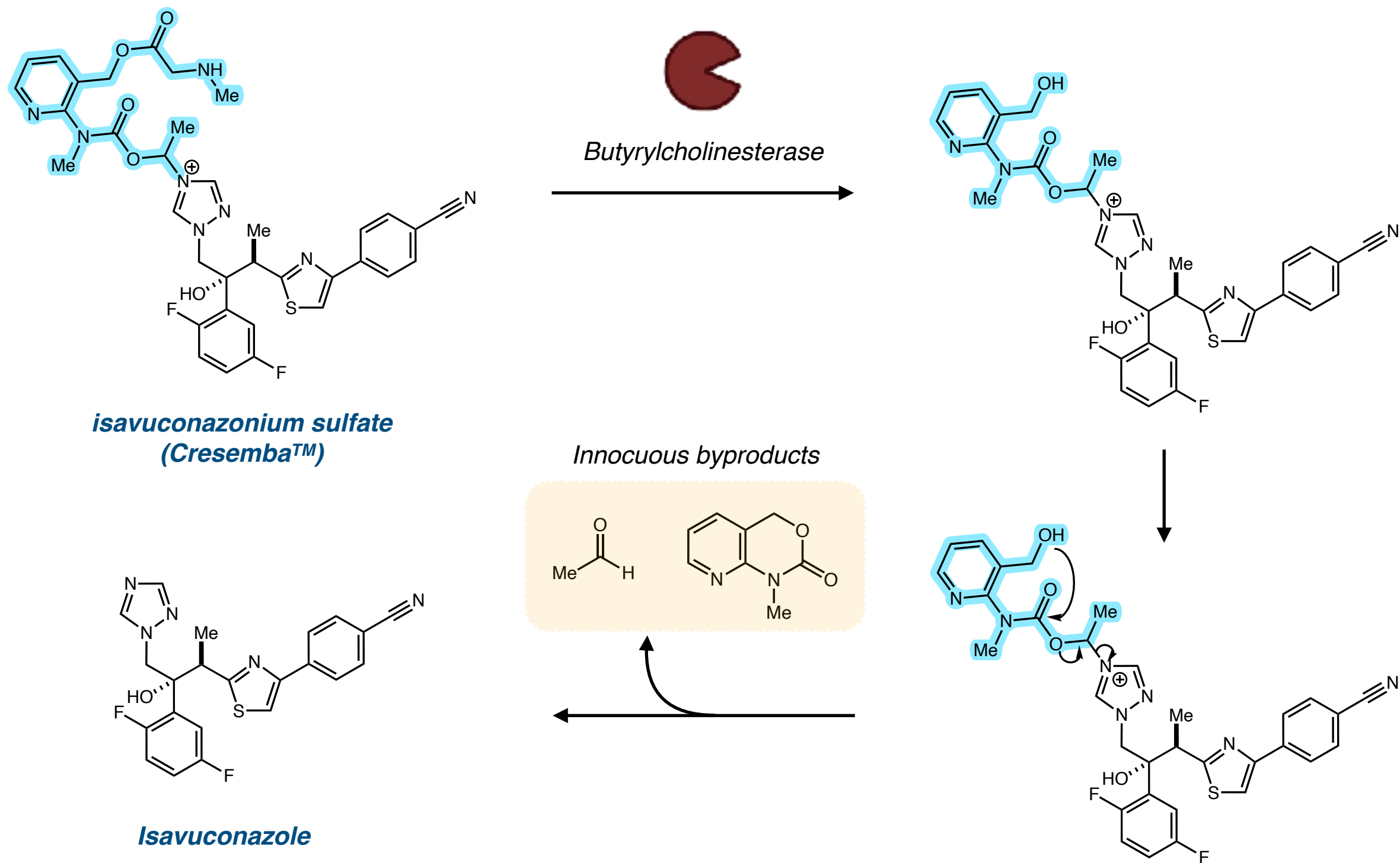
# Non-phosphate prodrug design to increase aqueous solubility

*Isavuconazole* (active metabolite) and *Cresemba™* (salt-based prodrug)



# Non-phosphate prodrug design to increase aqueous solubility

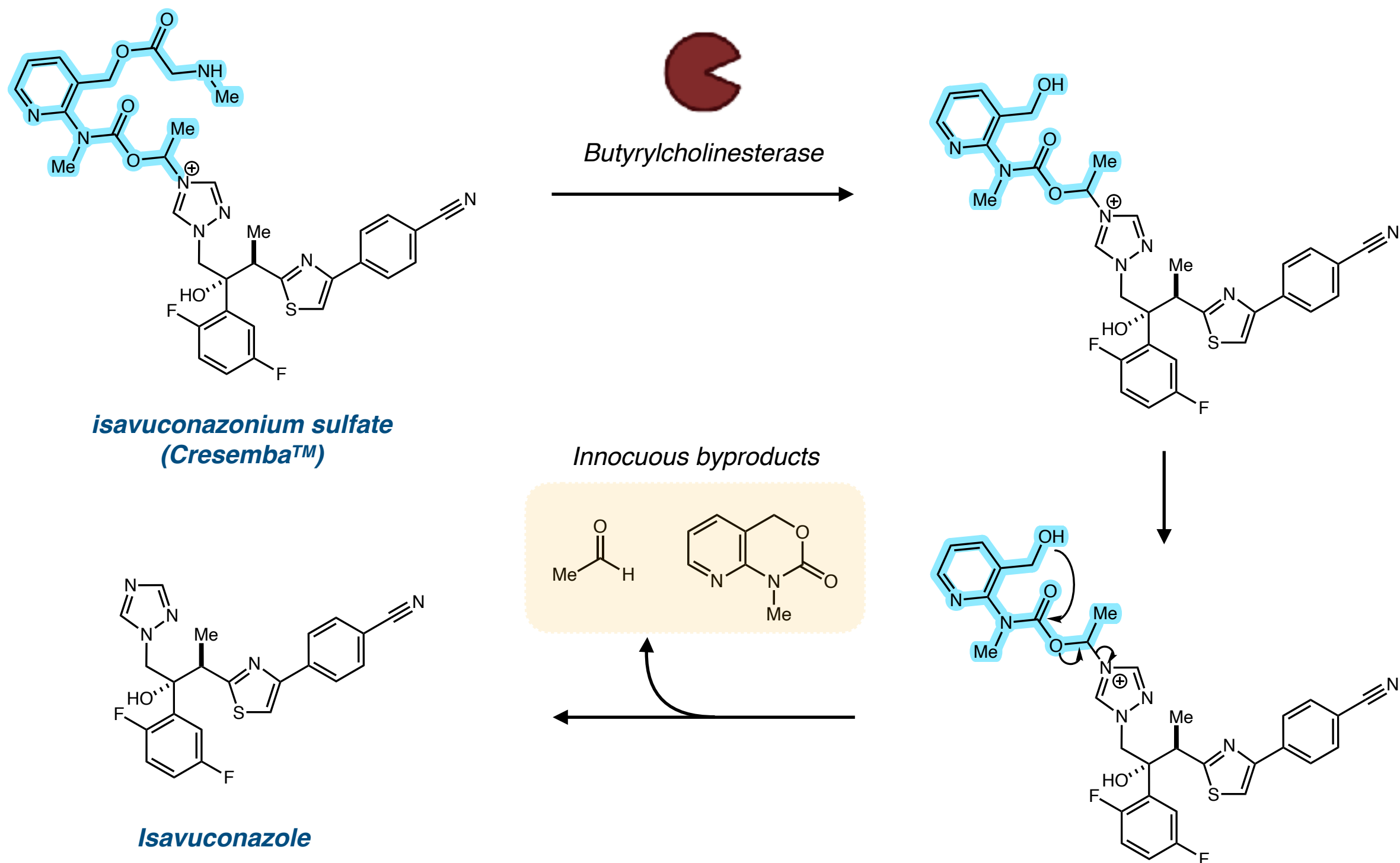
*Isavuconazole* (active metabolite) and *Cresembra™* (salt-based prodrug)





# Non-phosphate prodrug design to increase aqueous solubility

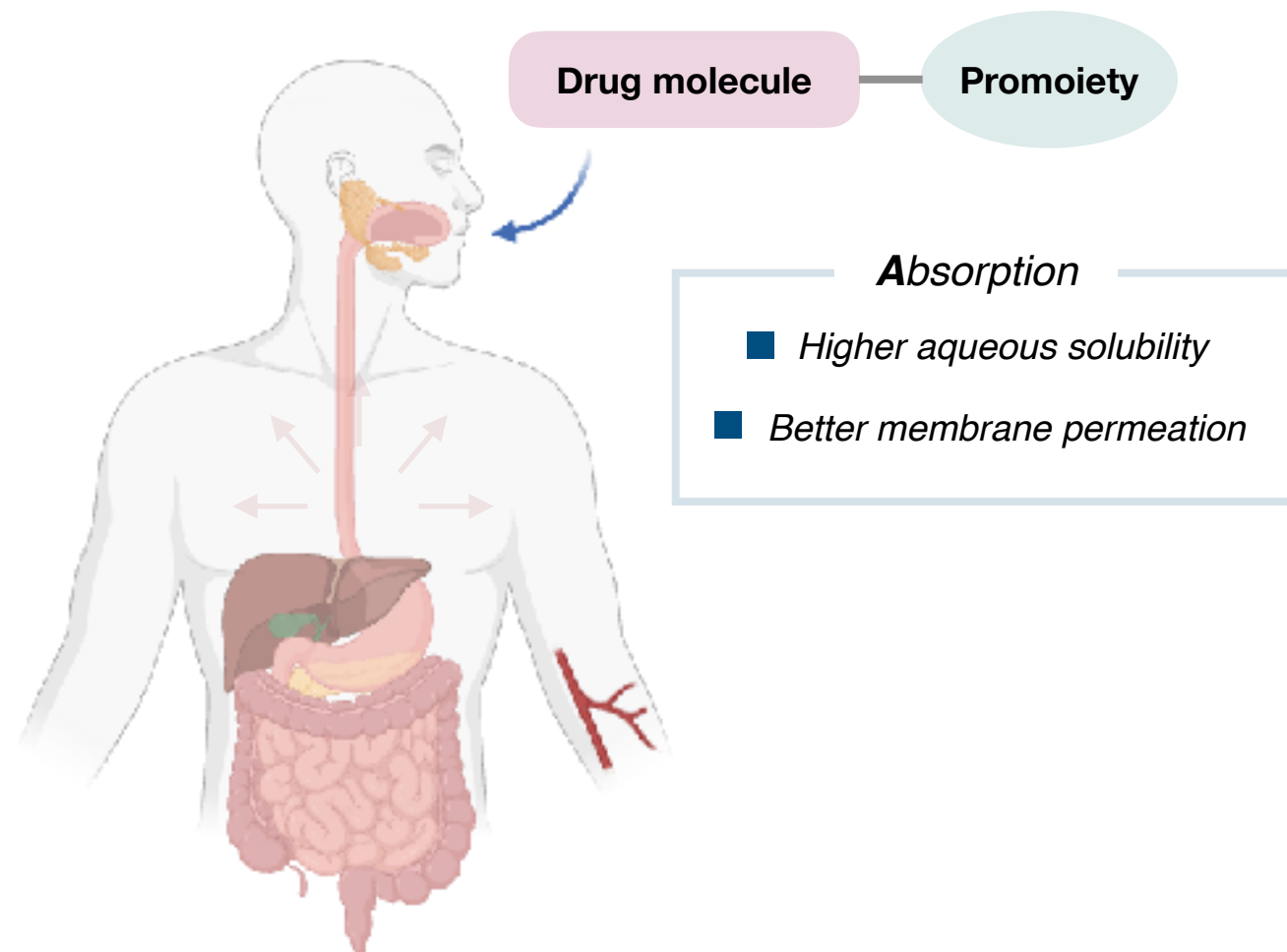
*Isavuconazole (active metabolite) and Cresemba™ (salt-based prodrug)*



**Unprecedented prodrug strategy for improved aqueous solubility: potential alternative to direct phosphorylation**

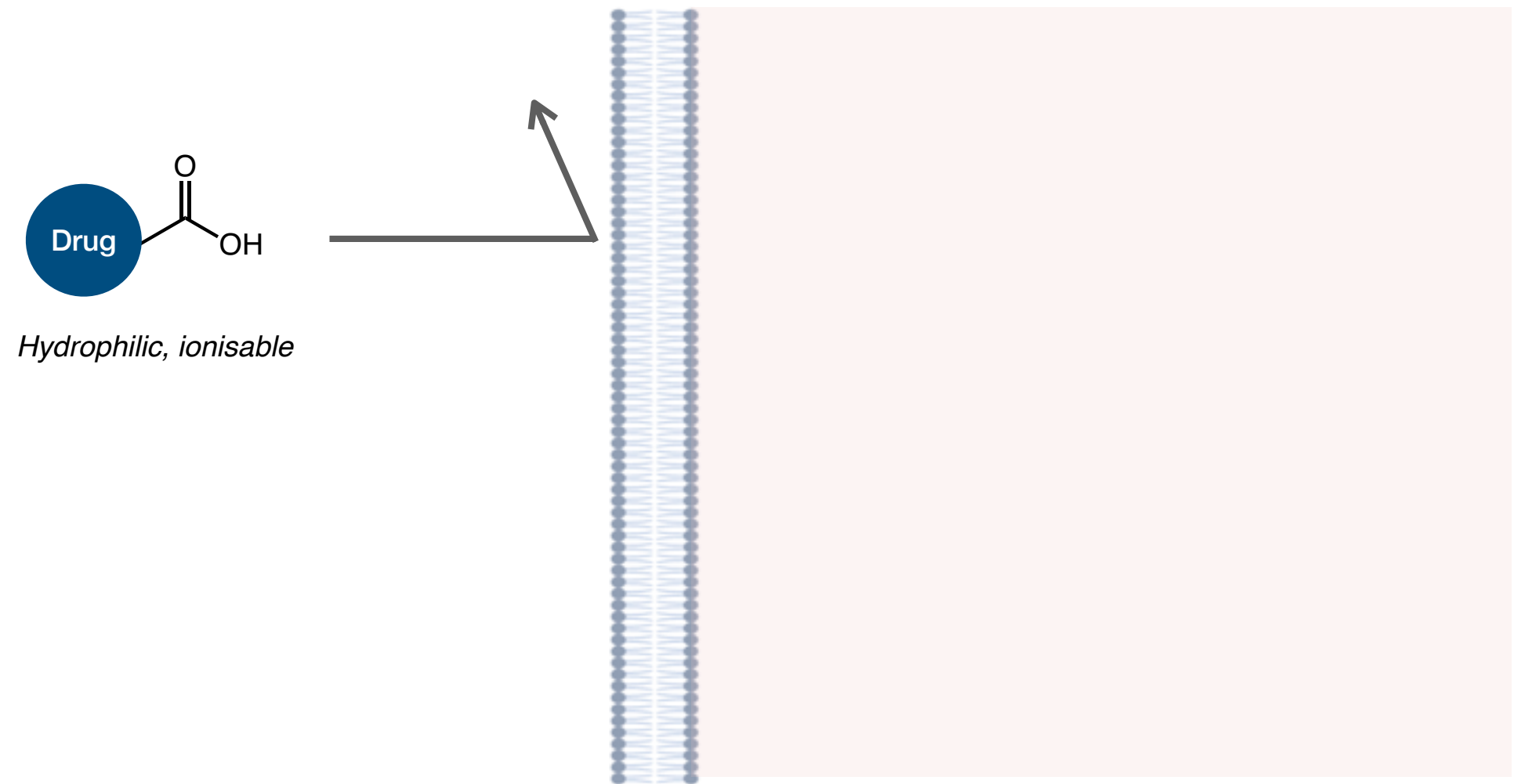
# *Prodrug design to improve 'A' in ADME*

## *Absorption*



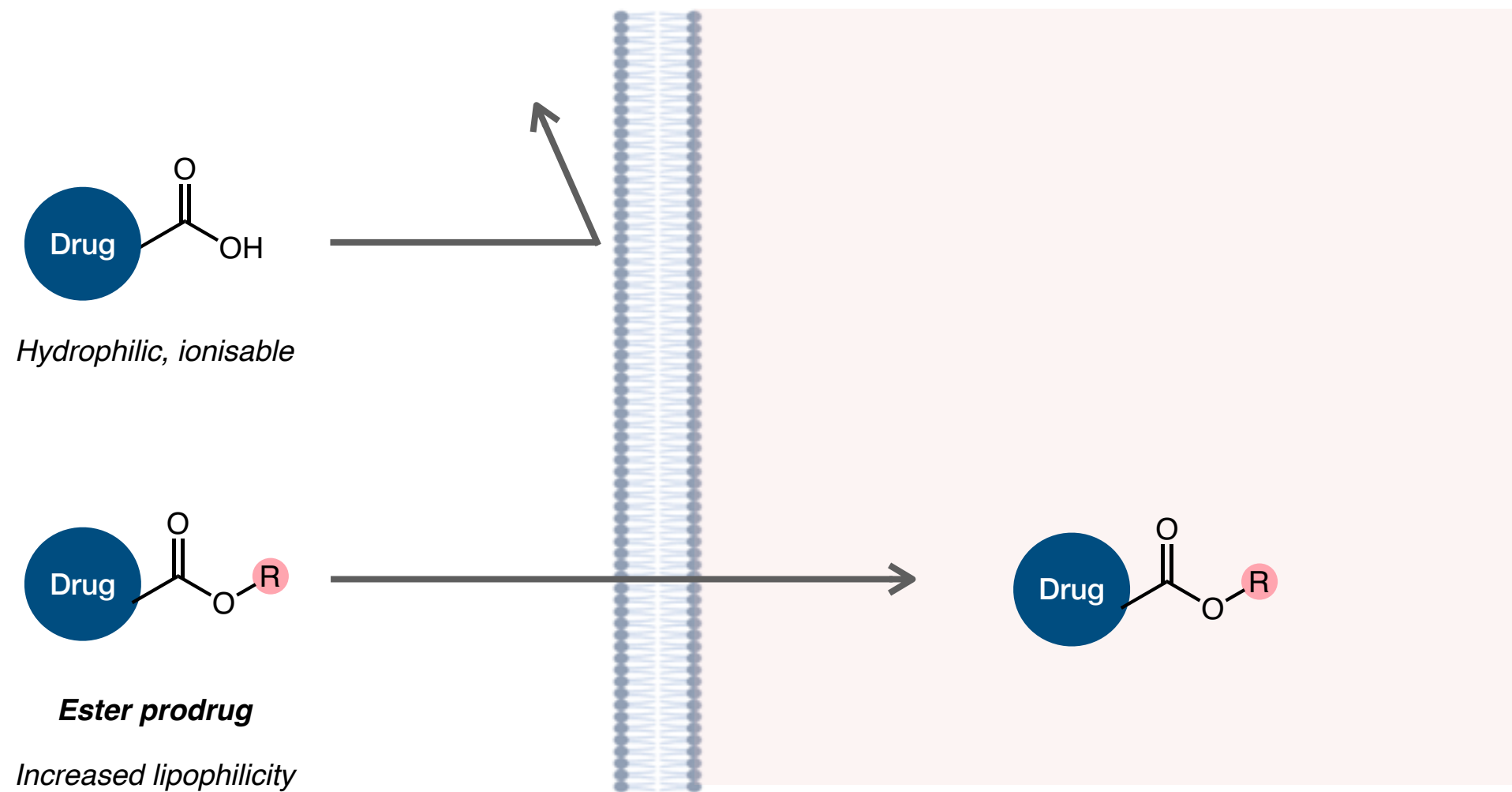
- ***Increasing aqueous solubility***
  - *phosphate*
  - *non-phosphate*
- ***Increasing membrane permeation***
  - *ester*

## *Ester prodrug design to increase membrane permeation*



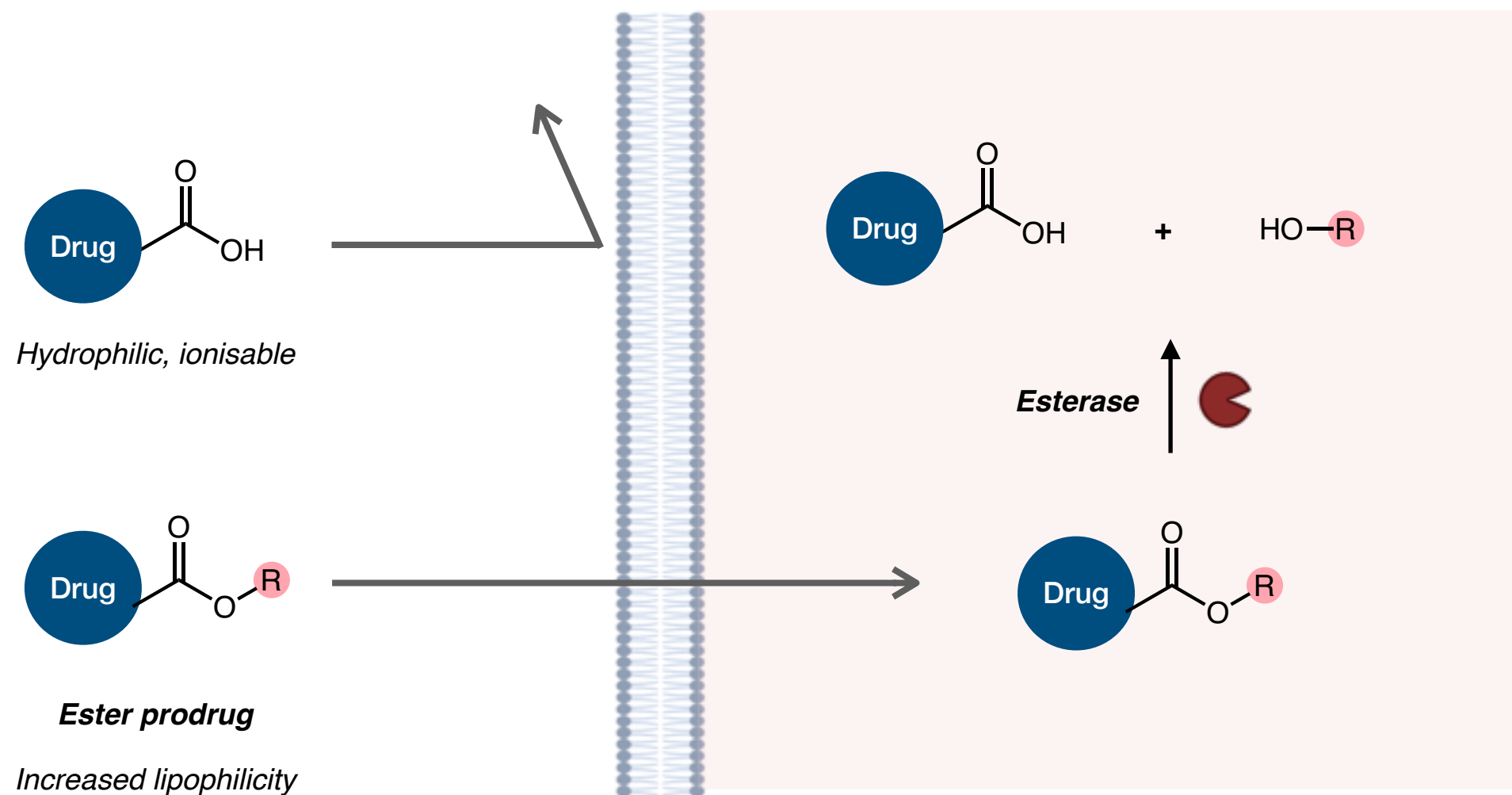
# *Ester prodrug design to increase membrane permeation*

*Membrane permeation enabled by increased lipophilicity*



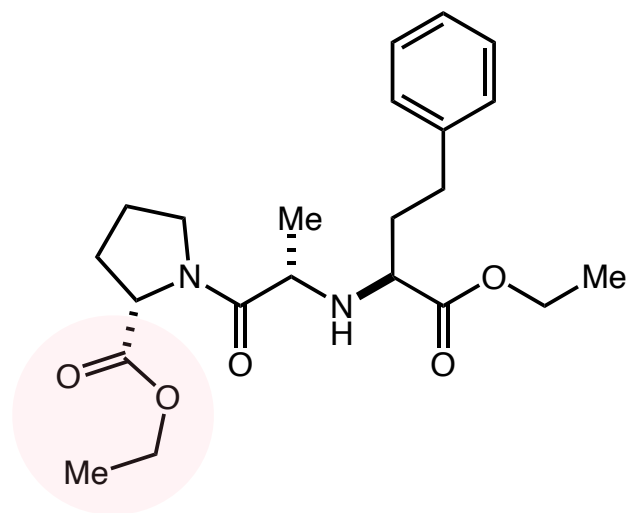
# *Ester prodrug design to increase membrane permeation*

*Membrane permeation enabled by increased lipophilicity*

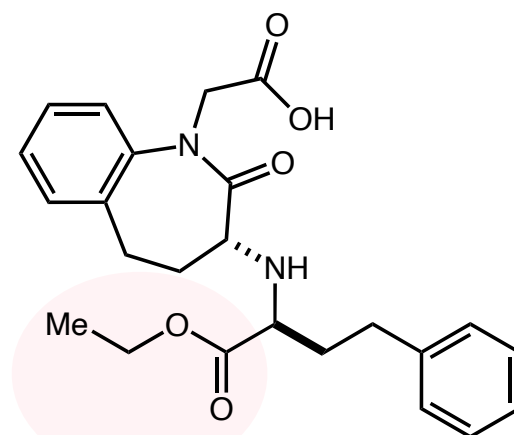


# Ester prodrug design to increase membrane permeation

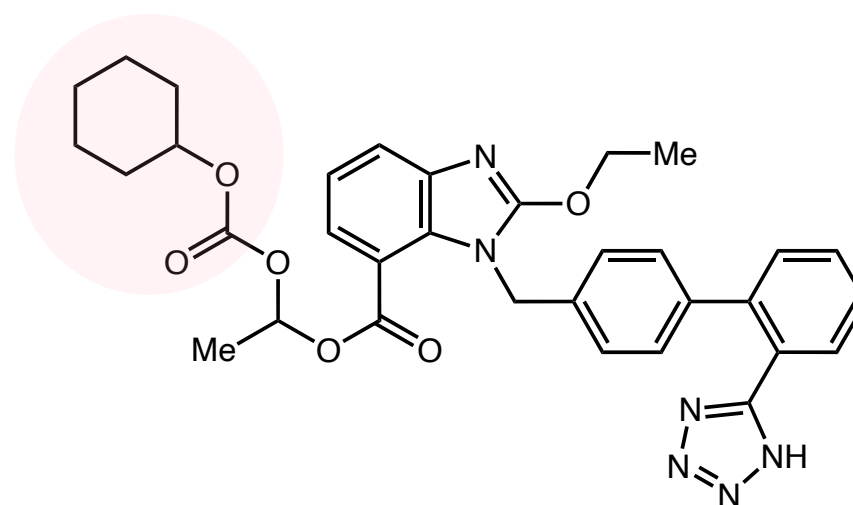
## Ester prodrugs in market



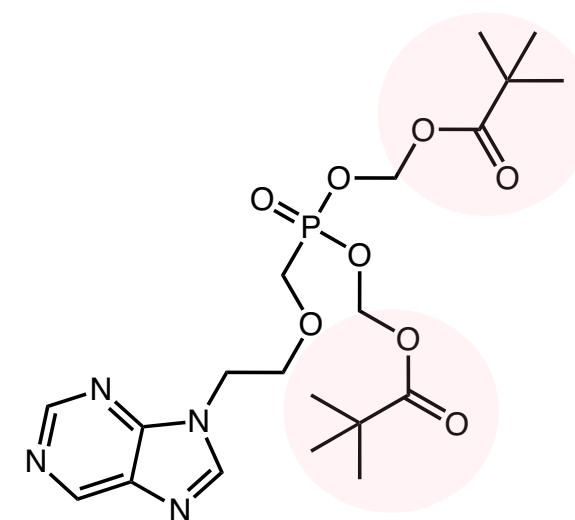
**Vasotec™**  
Hypertension  
 **MERCK**



**Lotensin™**  
Hypertension  
 **NOVARTIS**



**Atacand™**  
Hypertension  
 **Takeda**

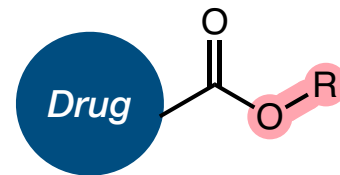


**Hepsera™**  
Hepatitis B  
 **GILEAD**

**Ester prodrugs constitute a large percentage (almost 50%) of marketed prodrugs**

# *Ester prodrug design to increase membrane permeation*

*Why ester prodrugs are popular*



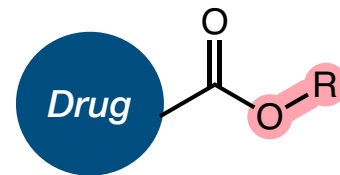
## ***Ubiquitous nature of esterase***

✓ *Reliable activation*

✓ *Broad substrate scope*

# *Ester prodrug design to increase membrane permeation*

*Why ester prodrugs are popular*

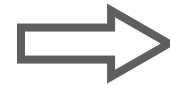


## ***Ubiquitous nature of esterase***

✓ *Reliable activation*

✓ *Broad substrate scope*

*also translate to...*



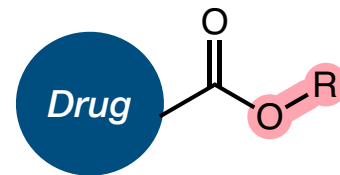
✓ *Lack of selectivity*

✓ *Inter-individual variability*



# *Ester prodrug design to increase membrane permeation*

*Why ester prodrugs are popular*



## *Ubiquitous nature of esterase*

✓ *Reliable activation*

✓ *Broad substrate scope*

*also translate to...*

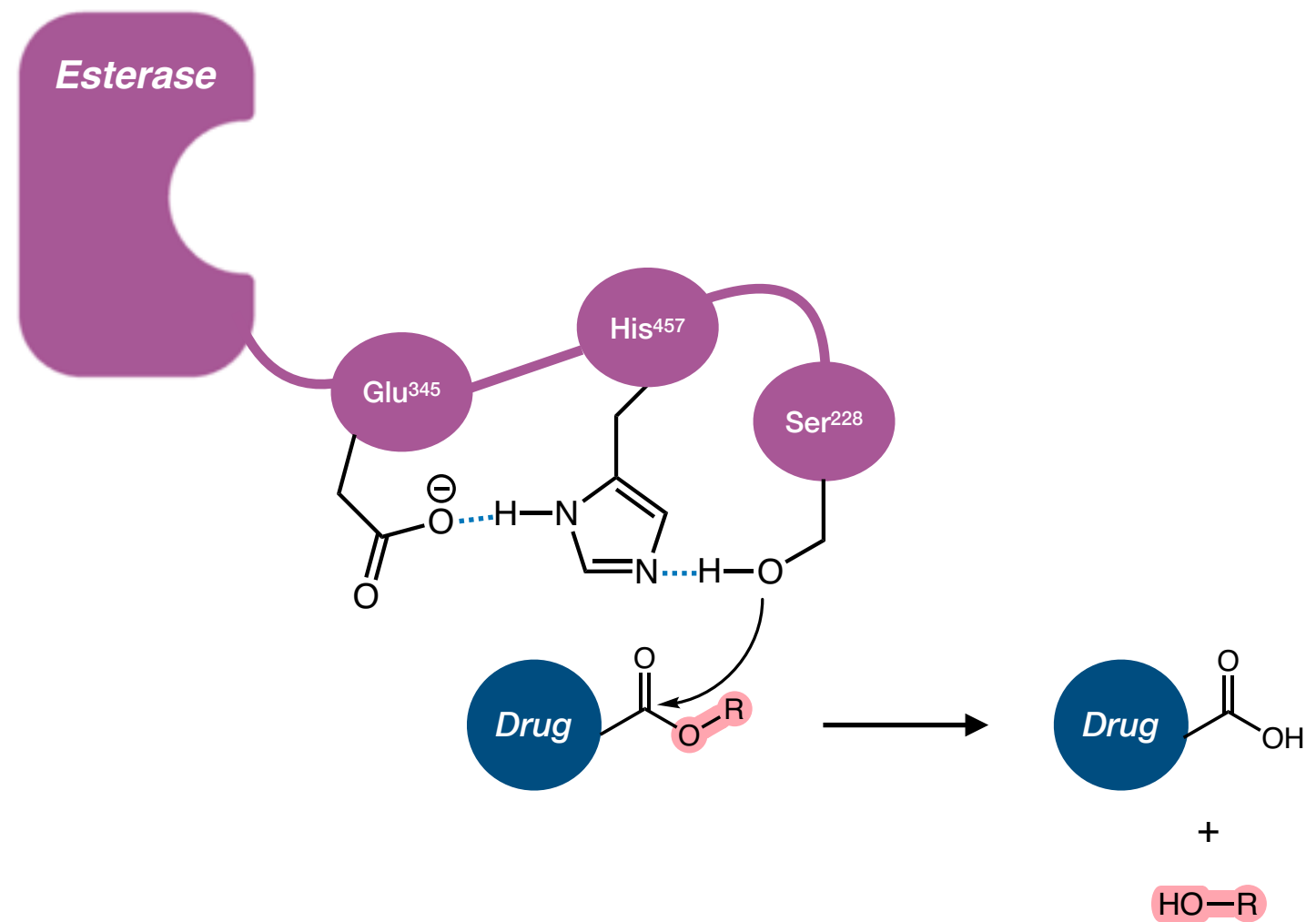


✓ ***Lack of selectivity***

✓ *Inter-individual variability*

# *Ester prodrug design to increase membrane permeation*

## *Esterase selectivity*

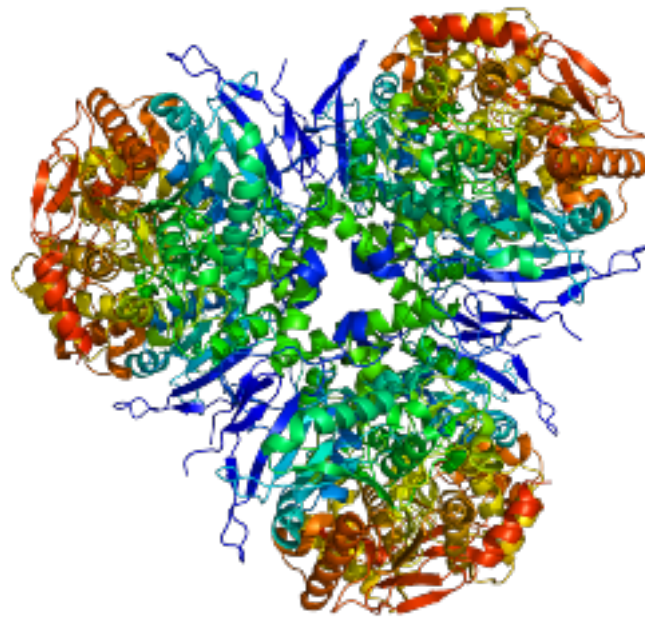


***$\alpha/\beta$  hydrolase superfamily***

# *Ester prodrug design to increase membrane permeation*

## *Esterase selectivity*

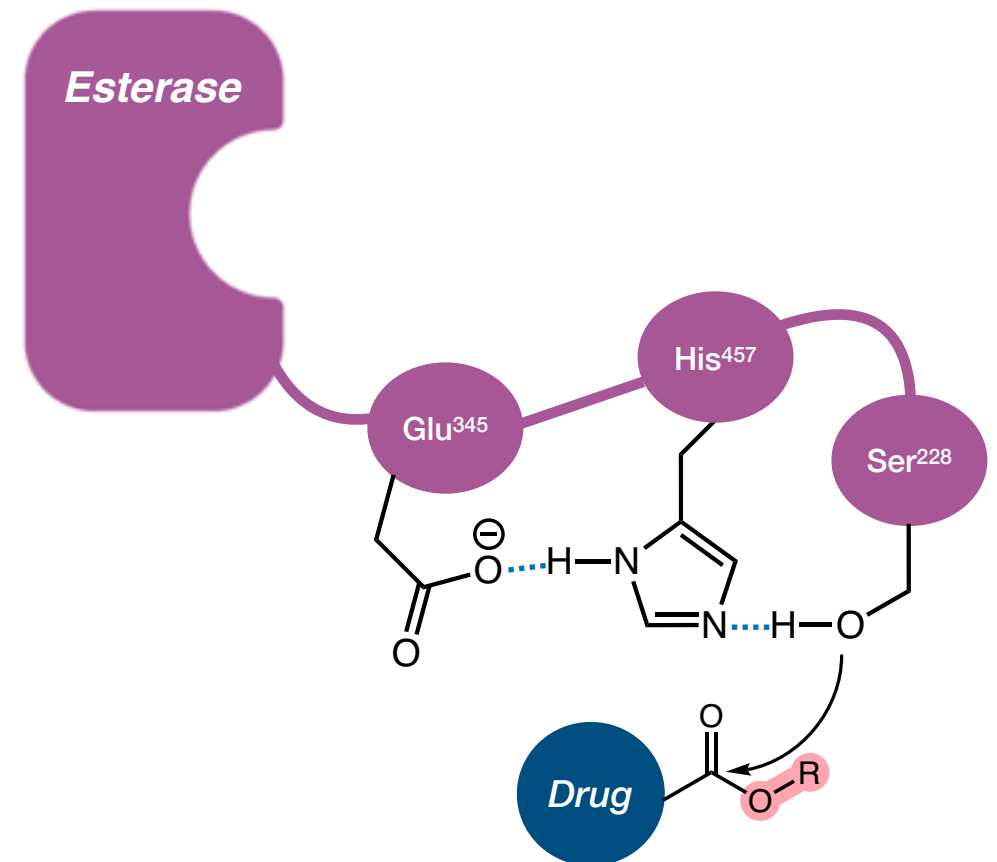
*Carboxylesterase 1*



PDB 1MX5

*180 kD (Trimer)*

*Carboxylesterase 2*



*60 kDa (Monomer)*

# *Ester prodrug design to increase membrane permeation*

## *Esterase selectivity*

### ***Carboxylesterase 1***

*Highly expressed in liver*



### ***Carboxylesterase 2***

*Enriched in small intestine*

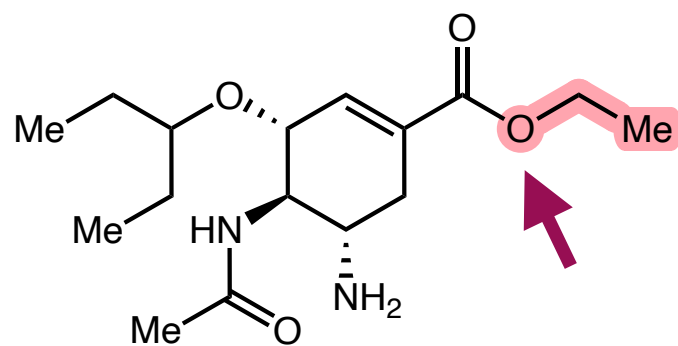
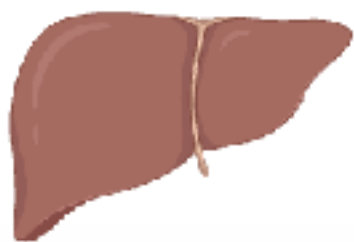


# Ester prodrug design to increase membrane permeation

## Esterase selectivity

### Carboxylesterase 1

Highly expressed in liver

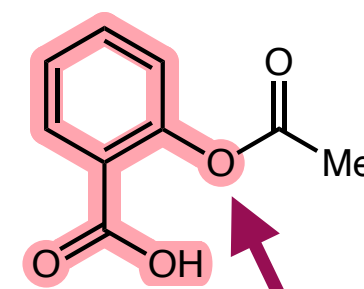


Oseltamivir

Prefers  
**Small alcohols**  
**Large carboxylic acid**

### Carboxylesterase 2

Enriched in small intestine

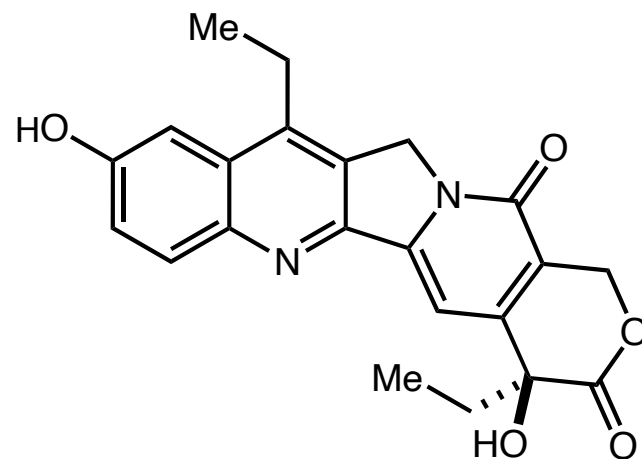


Aspirin

Prefers  
**Large alcohols**  
**Small carboxylic acid**

# *Ester prodrug design to increase membrane permeation*

*Esterase selectivity and prodrug design*



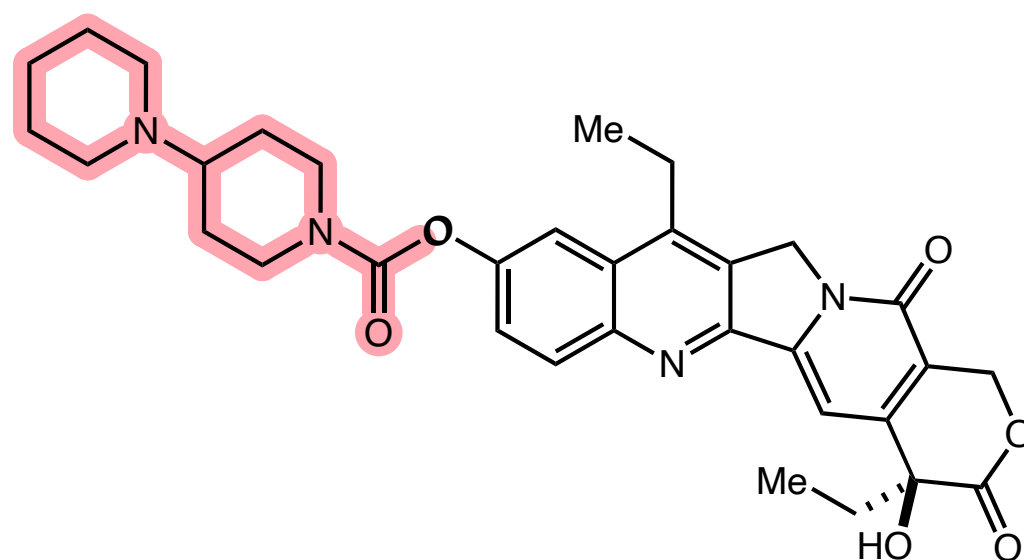
**SN-38**

*Topoisomerase I inhibitor*

*Anticancer drug*

# *Ester prodrug design to increase membrane permeation*

## *Esterase selectivity and prodrug design*

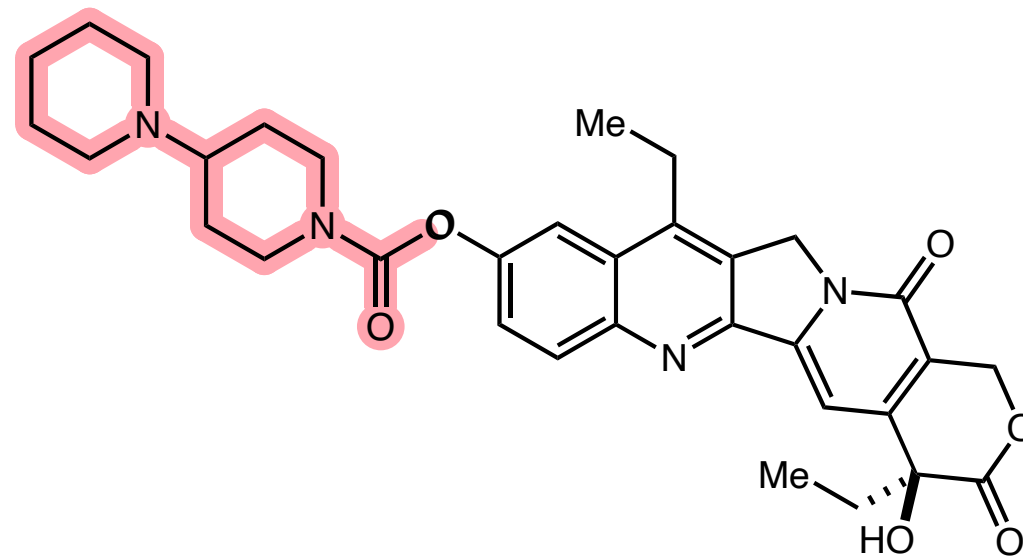


***Irinotecan (Camptosar™)***



# *Ester prodrug design to increase membrane permeation*

## *Esterase selectivity and prodrug design*



***Irinotecan (Camptosar™)***

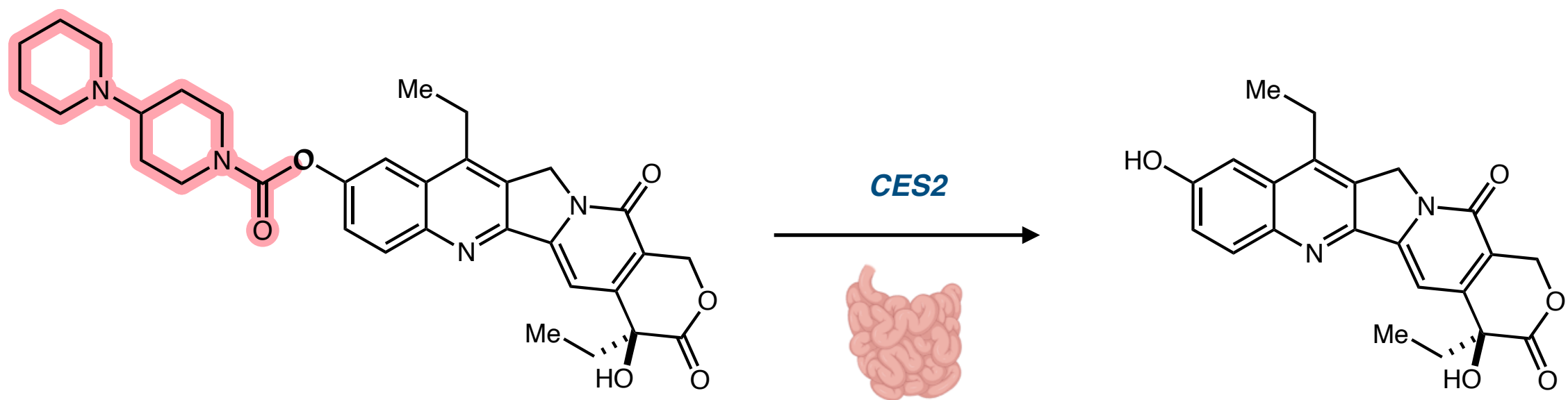
*Lack of esterase selectivity in design resulted in dose-limiting toxicity*

*Relatively large alcohol and small carboxylic acid → good substrate for **CES2** (abundant in small intestine)*



# *Ester prodrug design to increase membrane permeation*

## *Esterase selectivity and prodrug design*



*Irinotecan (Camptosar™)*

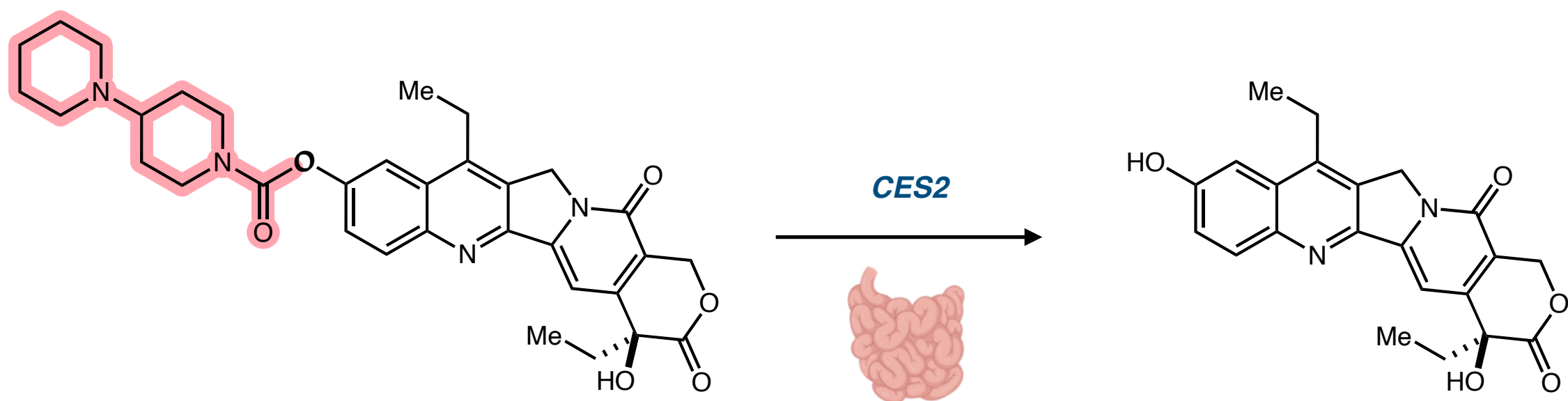
*SN-38 built up in small intestine*

***Common adverse event: severe diarrhea (kidney injury, dehydration)***

*(30-40% experience grade 3-4 episodes)*

# Ester prodrug design to increase membrane permeation

## Esterase selectivity and prodrug design



***Irinotecan (Camptosar™)***

***SN-38 built up in small intestine***

***Common adverse event: severe diarrhea (kidney injury, dehydration)***

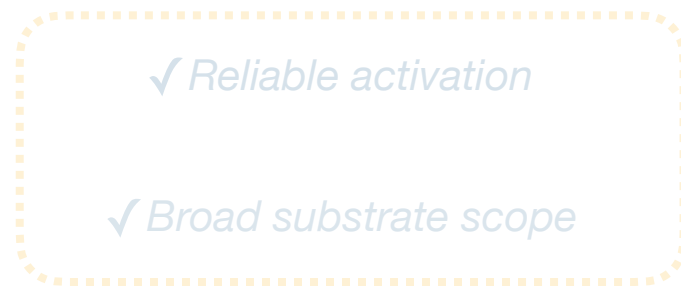
***(30-40% experience grade 3-4 episodes)***

***Could the toxicity of irinotecan be designed out by choosing an ester that is a poor substrate of CES2?***

# *Ester prodrug design to increase membrane permeation*

*Inter-individual variability*

*Ubiquitous nature of esterase*



*also translate to...*



✓ *Lack of selectivity*

✓ *Inter-individual variability*



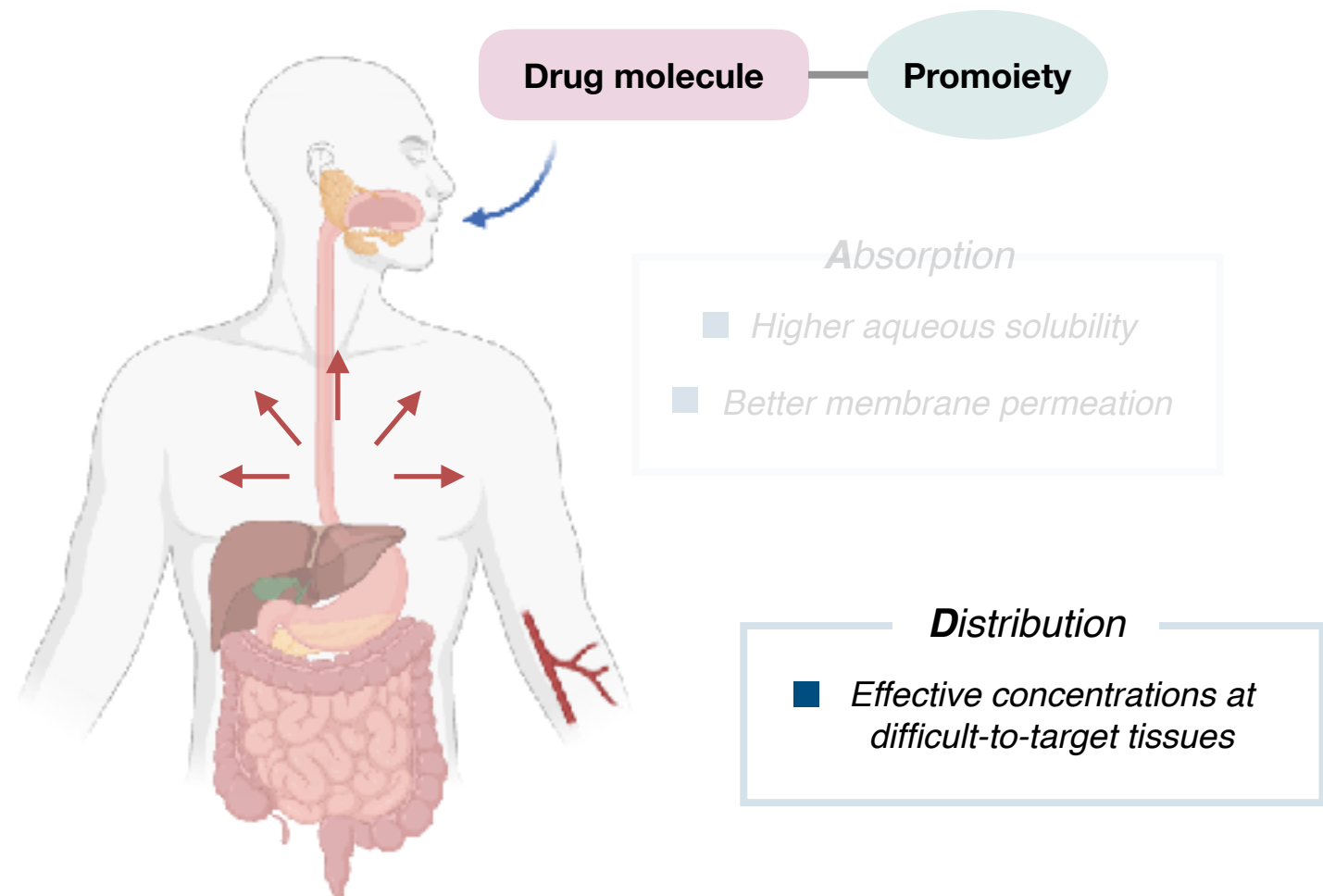
***CES1/CES2 genetic variability can markedly influence efficacy and safety of ester prodrugs***

***No FDA-cleared clinical tests exist for CES1 or CES2 activity***

***No drug labels currently recommend CES genotyping for treatment decisions***

# *Prodrug design to improve 'D' in ADME*

## *Distribution*

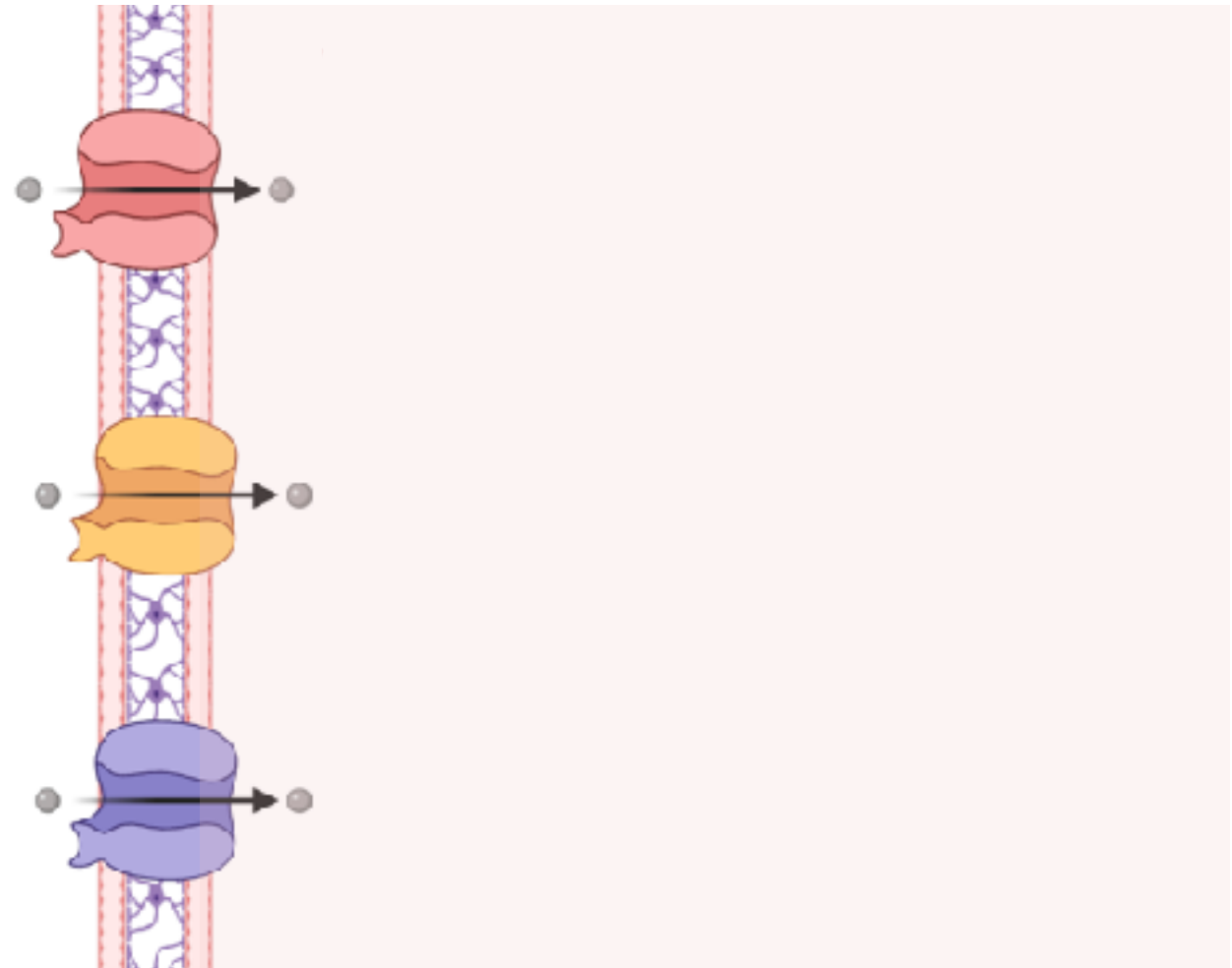


- **Prodrug design to deliver drugs into the central nervous system (CNS)**

# *Prodrug design to deliver drugs into the central nervous system*

## *Passing through the blood-brain barrier (BBB)*

### **Blood brain barrier (BBB)**



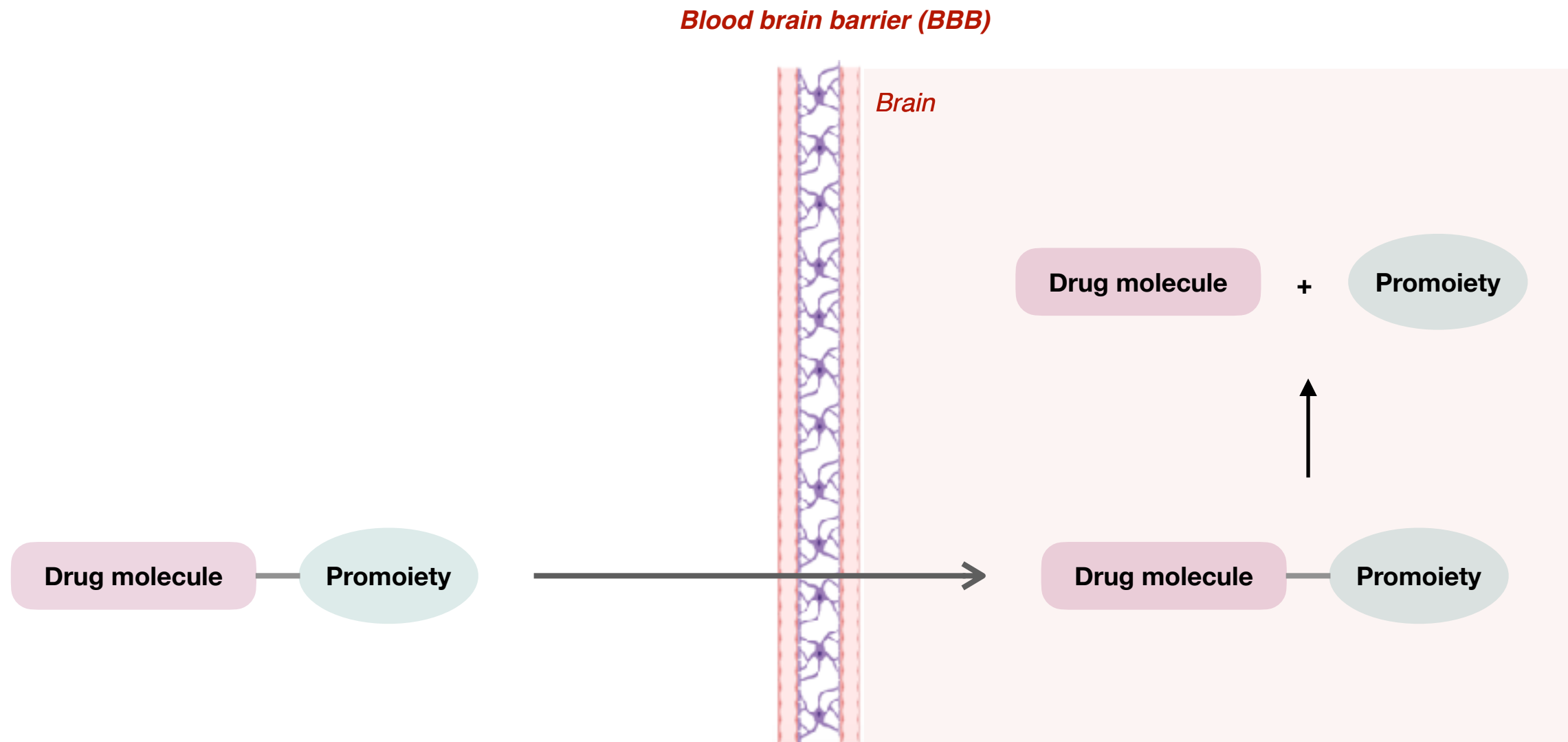
✓ *Tight junctions*

✓ *Apically directed efflux transporters*

✓ *Various drug-metabolising enzymes*

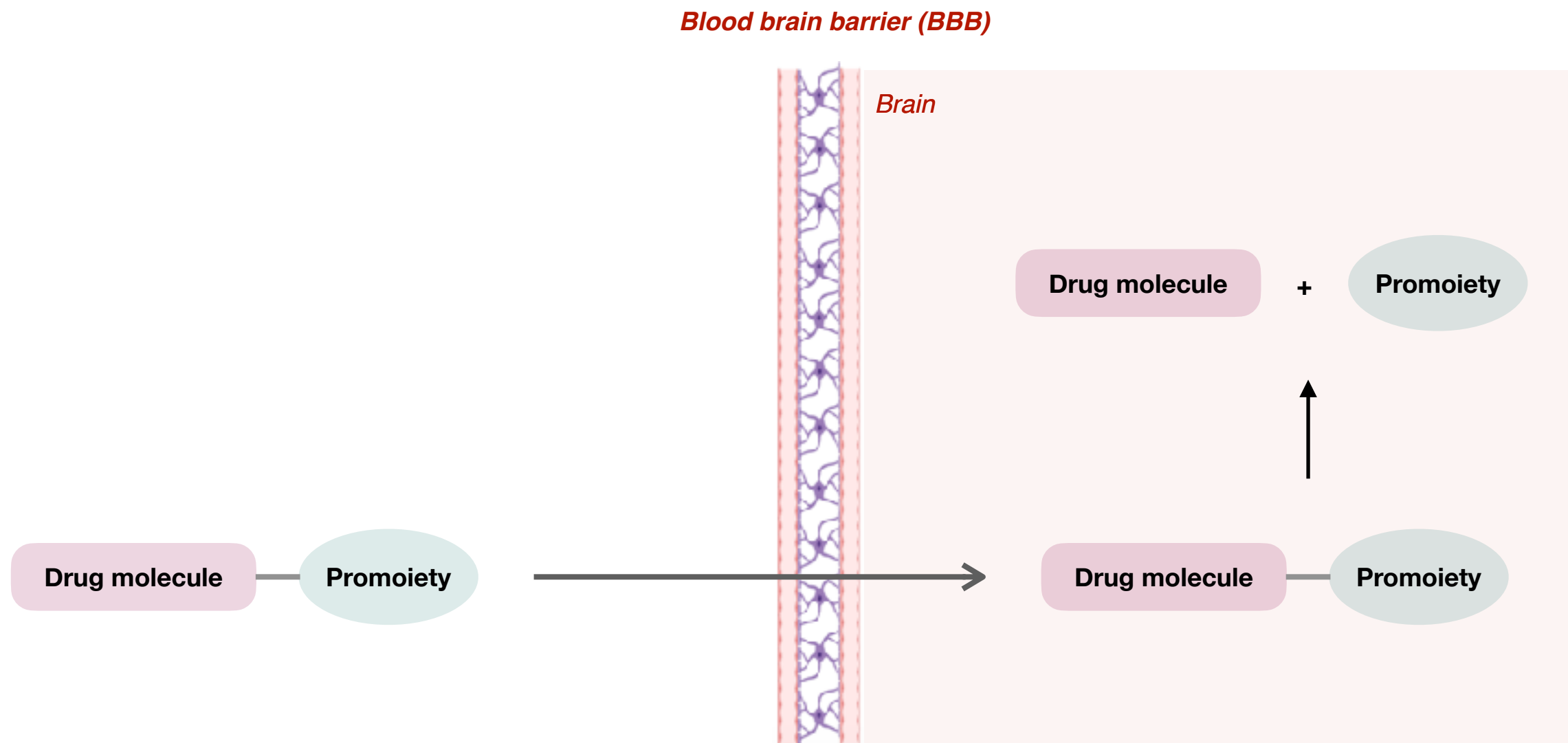
# *Prodrug design to deliver drugs into the central nervous system*

## *Passing through the blood-brain barrier (BBB)*



# *Prodrug design to deliver drugs into the central nervous system*

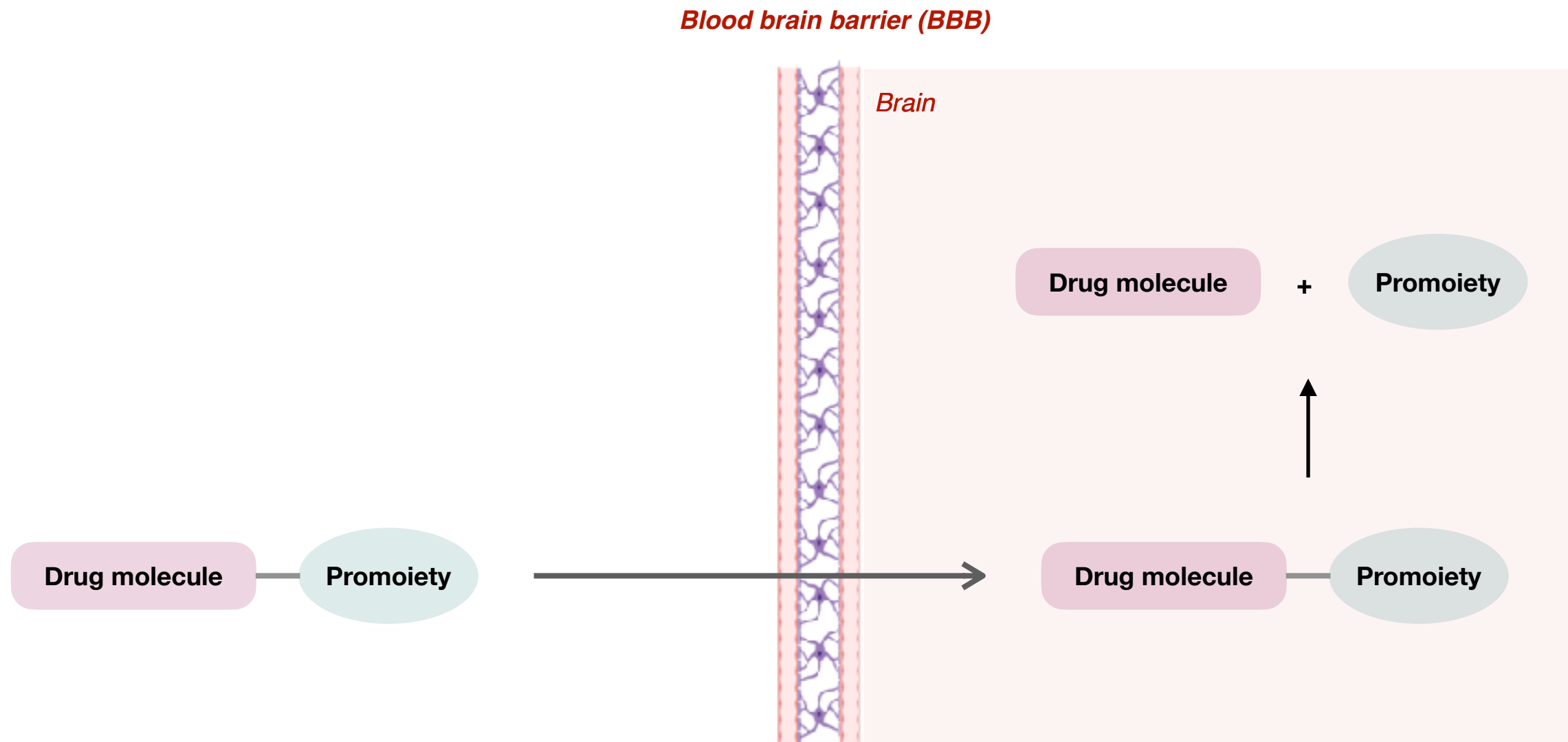
*Passing through the blood-brain barrier (BBB)*



✓ *Improving lipophilicity is not enough*

# *Prodrug design to deliver drugs into the central nervous system*

*Passing through the blood-brain barrier (BBB)*



✓ *Improving lipophilicity is not enough*

✓ *Bioconversion should be brain-specific*

✓ *Active metabolite should be trapped in the brain*



# Prodrug design to deliver drugs into the central nervous system

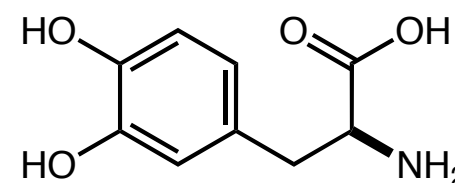
Passing through the blood-brain barrier (BBB)



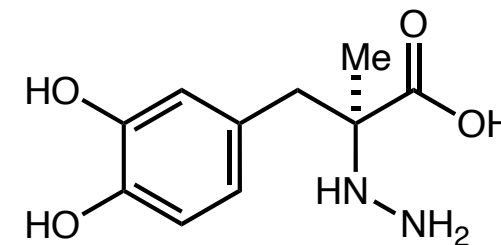
*Treatment for Parkinson's disease*

*Successful prodrug design for CNS distribution*

**L-DOPA**

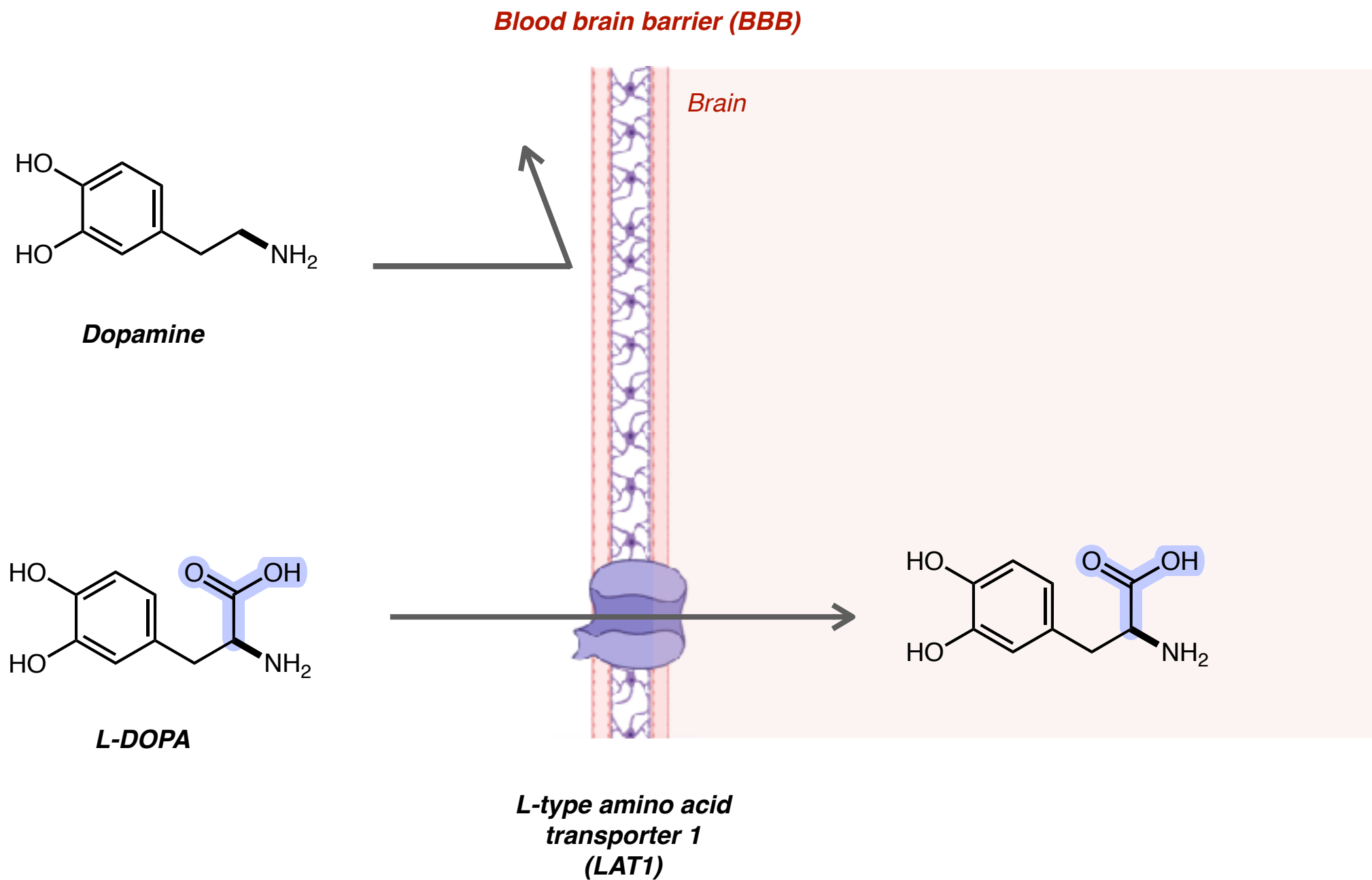


**Carbidopa**



# Prodrug design to deliver drugs into the central nervous system

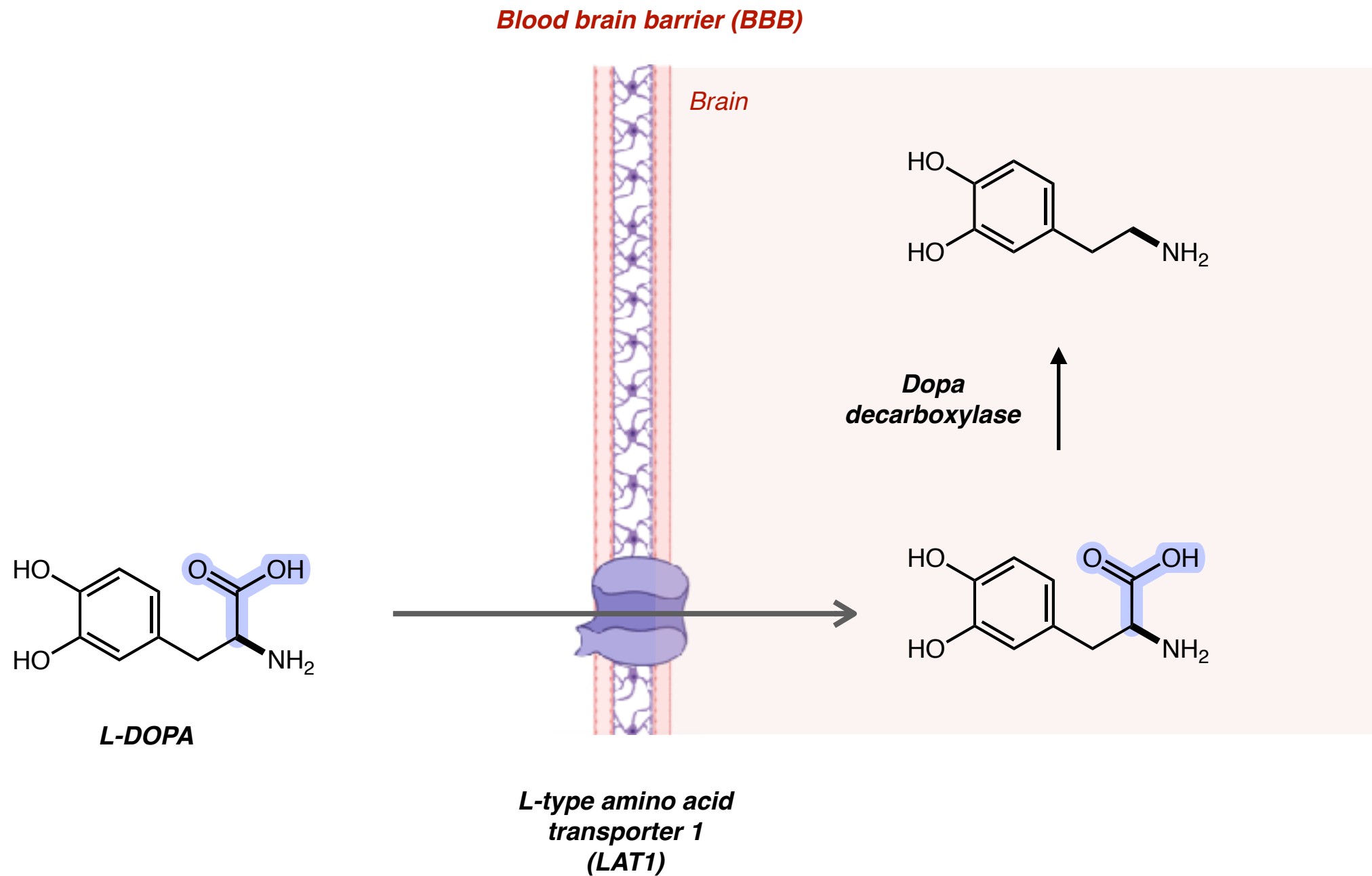
Passing through the blood-brain barrier (BBB)



Large neutral amino acid transporters present in the BBB

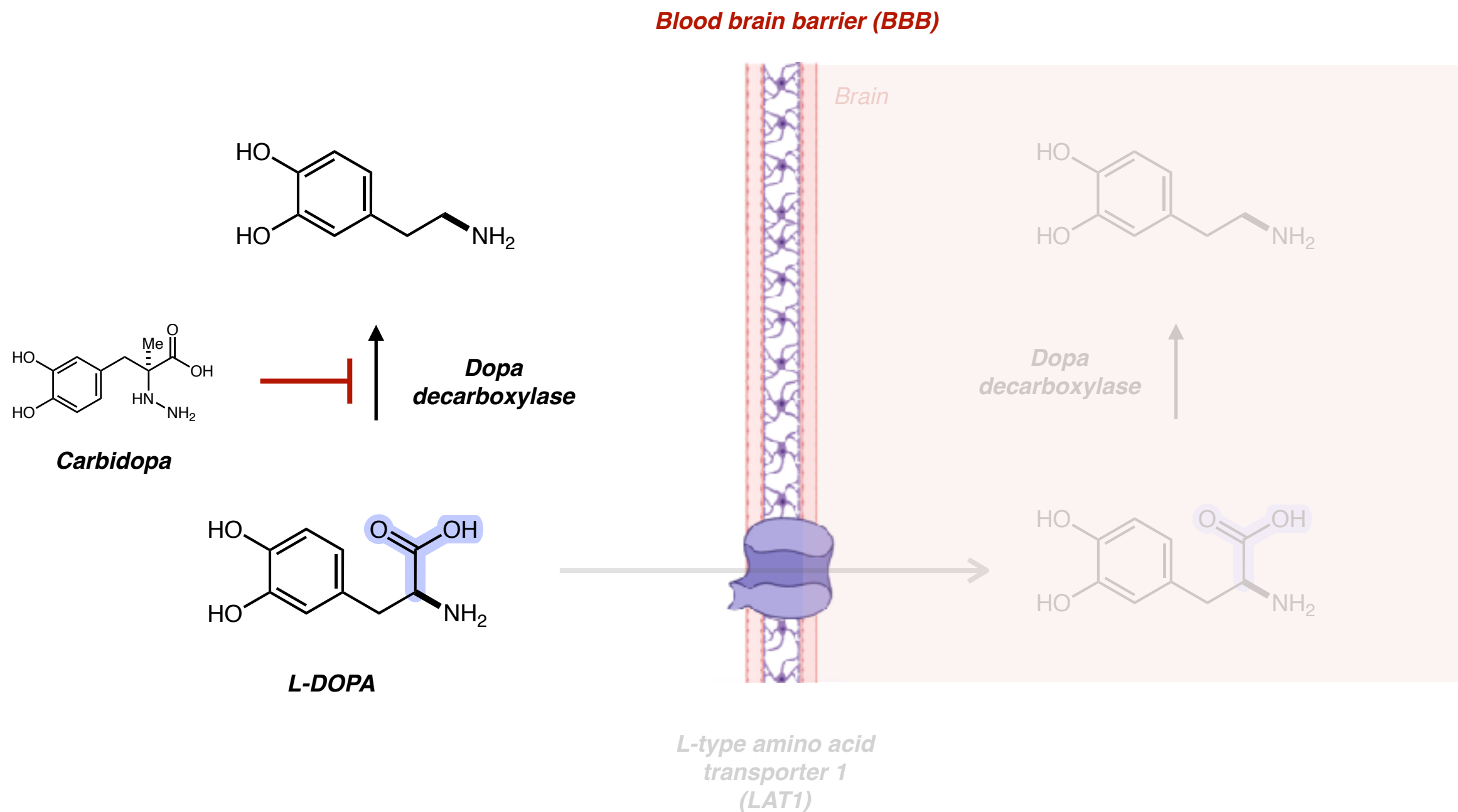
# Prodrug design to deliver drugs into the central nervous system

Passing through the blood-brain barrier (BBB)



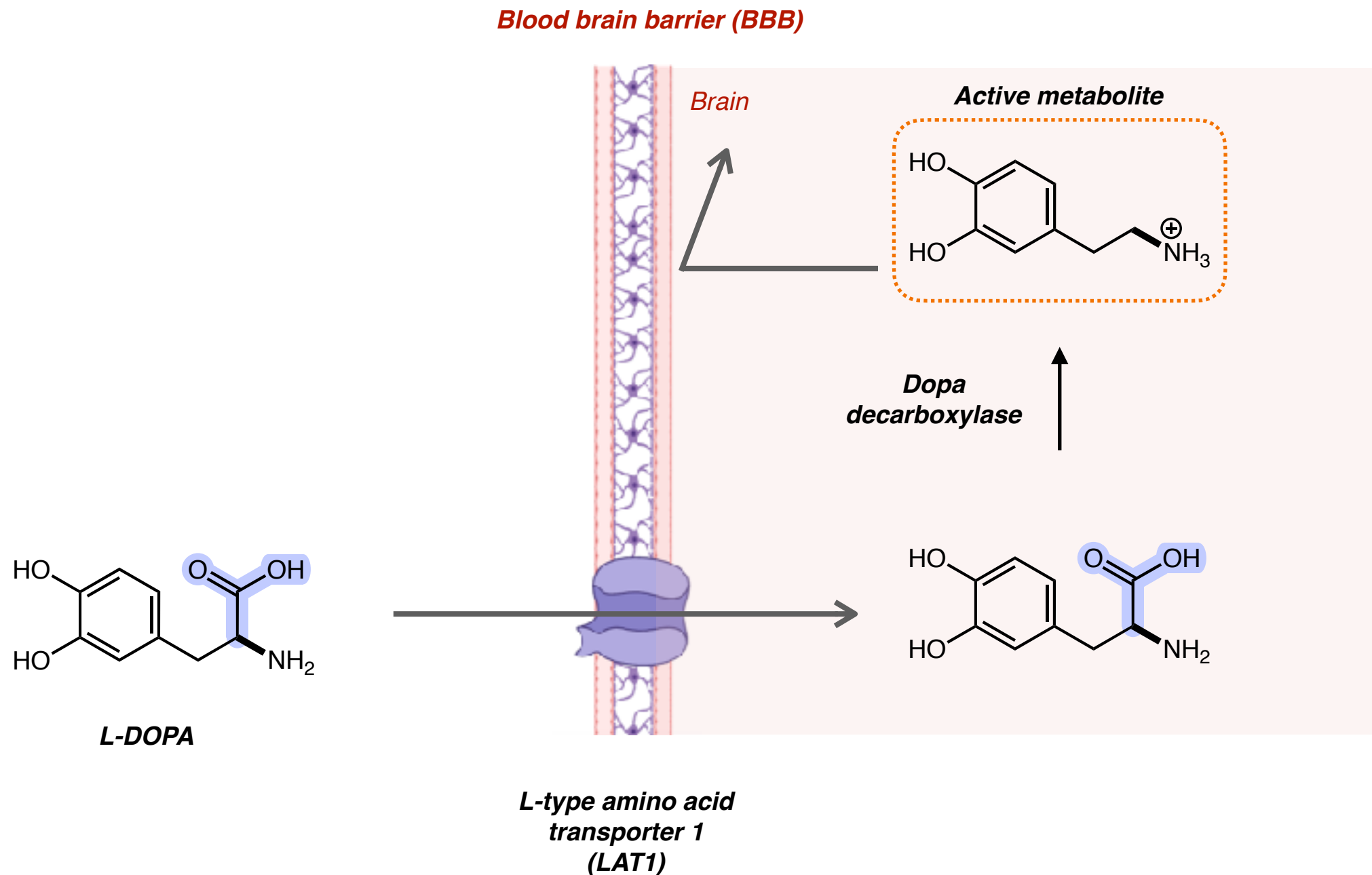
# Prodrug design to deliver drugs into the central nervous system

Passing through the blood-brain barrier (BBB)



# Prodrug design to deliver drugs into the central nervous system

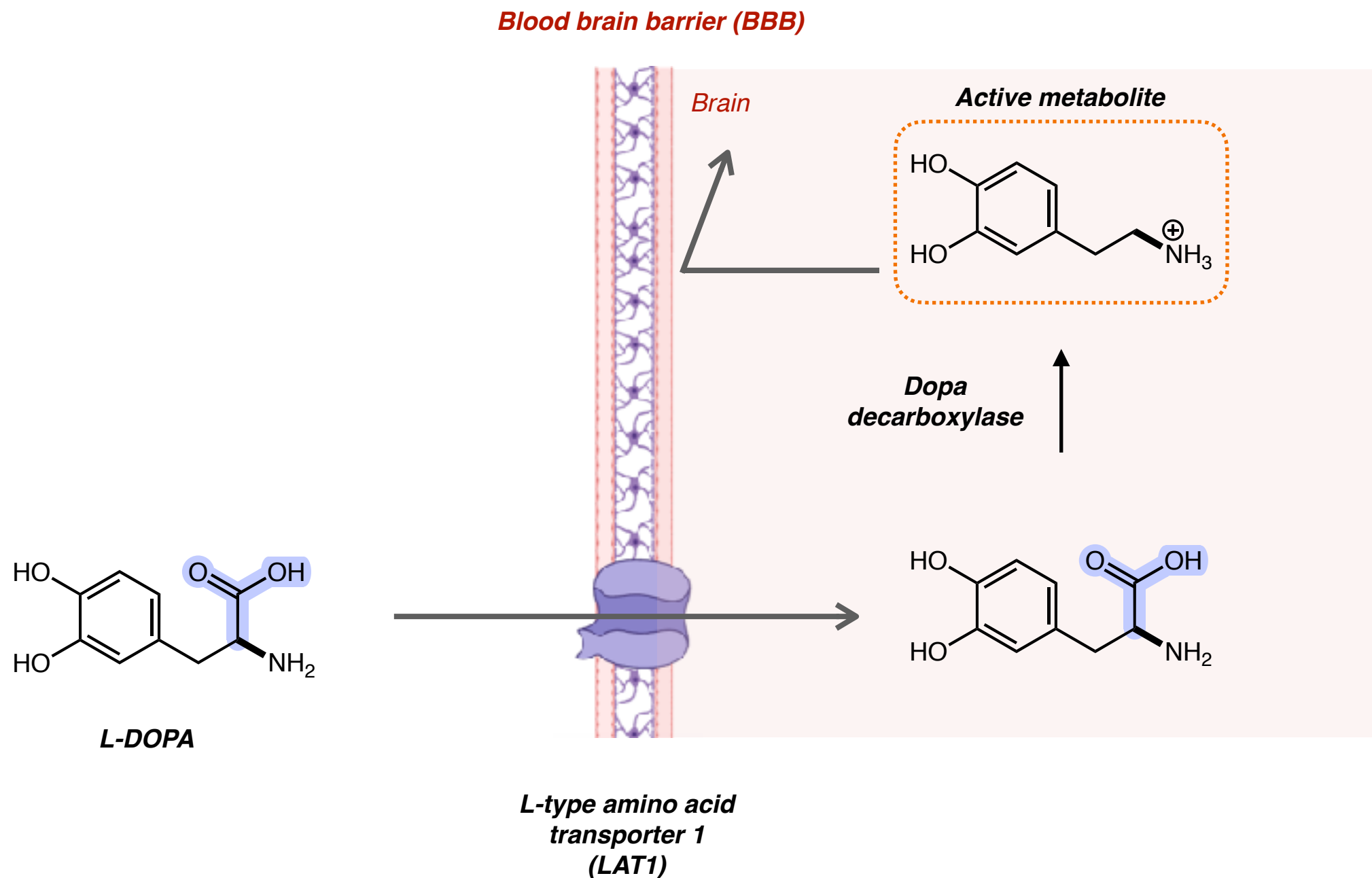
Passing through the blood-brain barrier (BBB)



Large neutral amino acid transporters present in the BBB  
Active metabolite (dopamine) is unable to diffuse out into the systemic circulation

# Prodrug design to deliver drugs into the central nervous system

Passing through the blood-brain barrier (BBB)



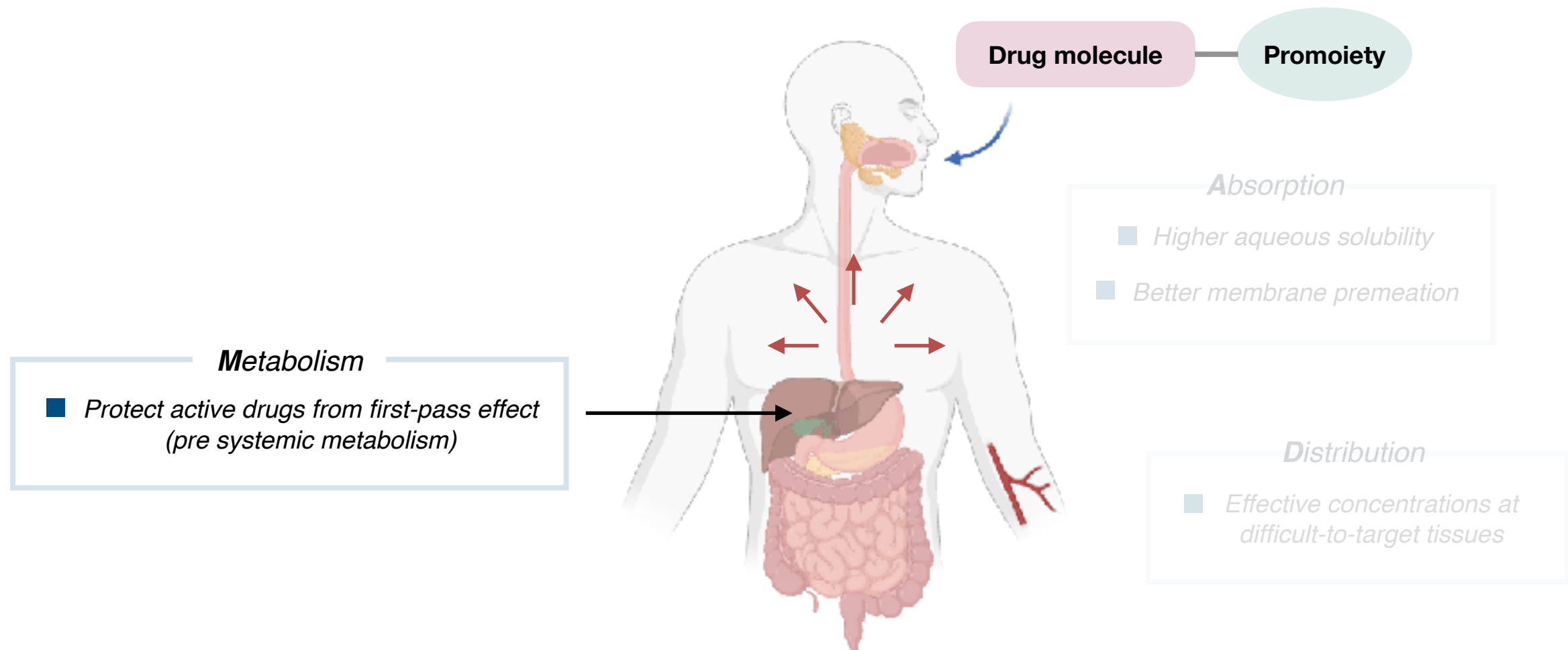
Large neutral amino acid transporters present in the BBB  
Active metabolite (dopamine) is unable to diffuse out into the systemic circulation



**Effective concentrations  
at the target tissue (brain)**

# Prodrug design to improve 'M' in ADME

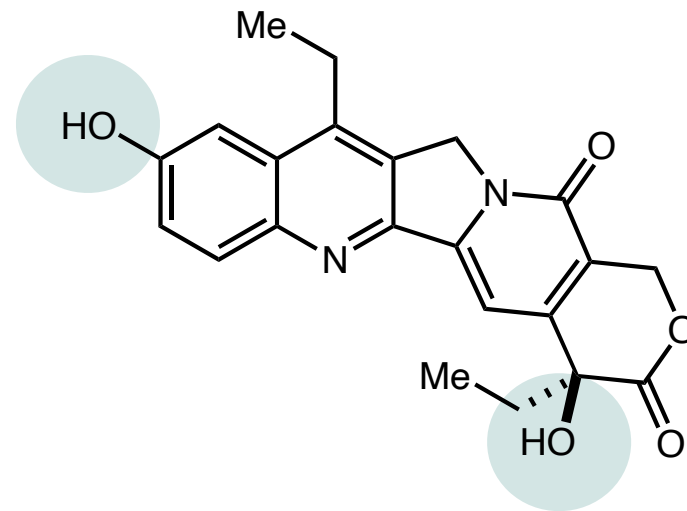
## Metabolism



**Prodrug design to protect metabolically labile group**

## *Prodrug design to protect metabolically labile group*

*Why SN-38 (active metabolite) cannot be used directly*



**SN-38**

*Topoisomerase I inhibitor*

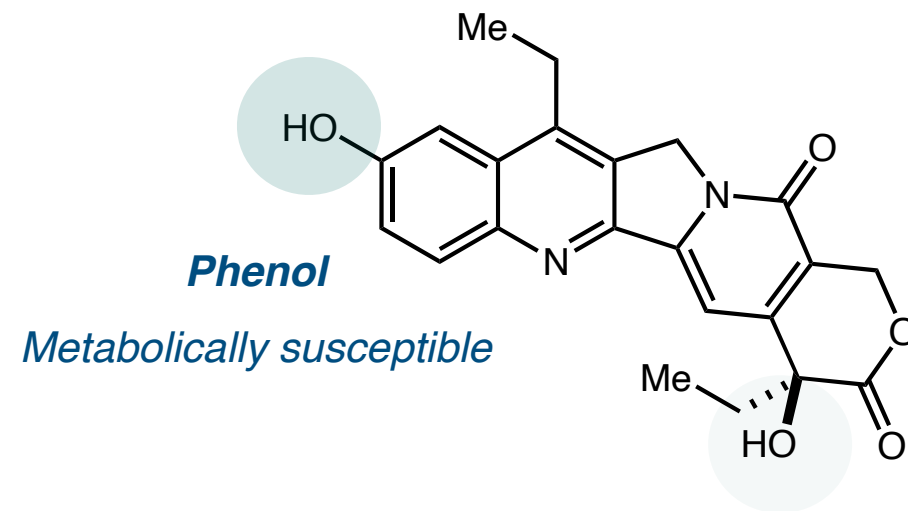
*Anticancer drug*

***Which site to esterify?***



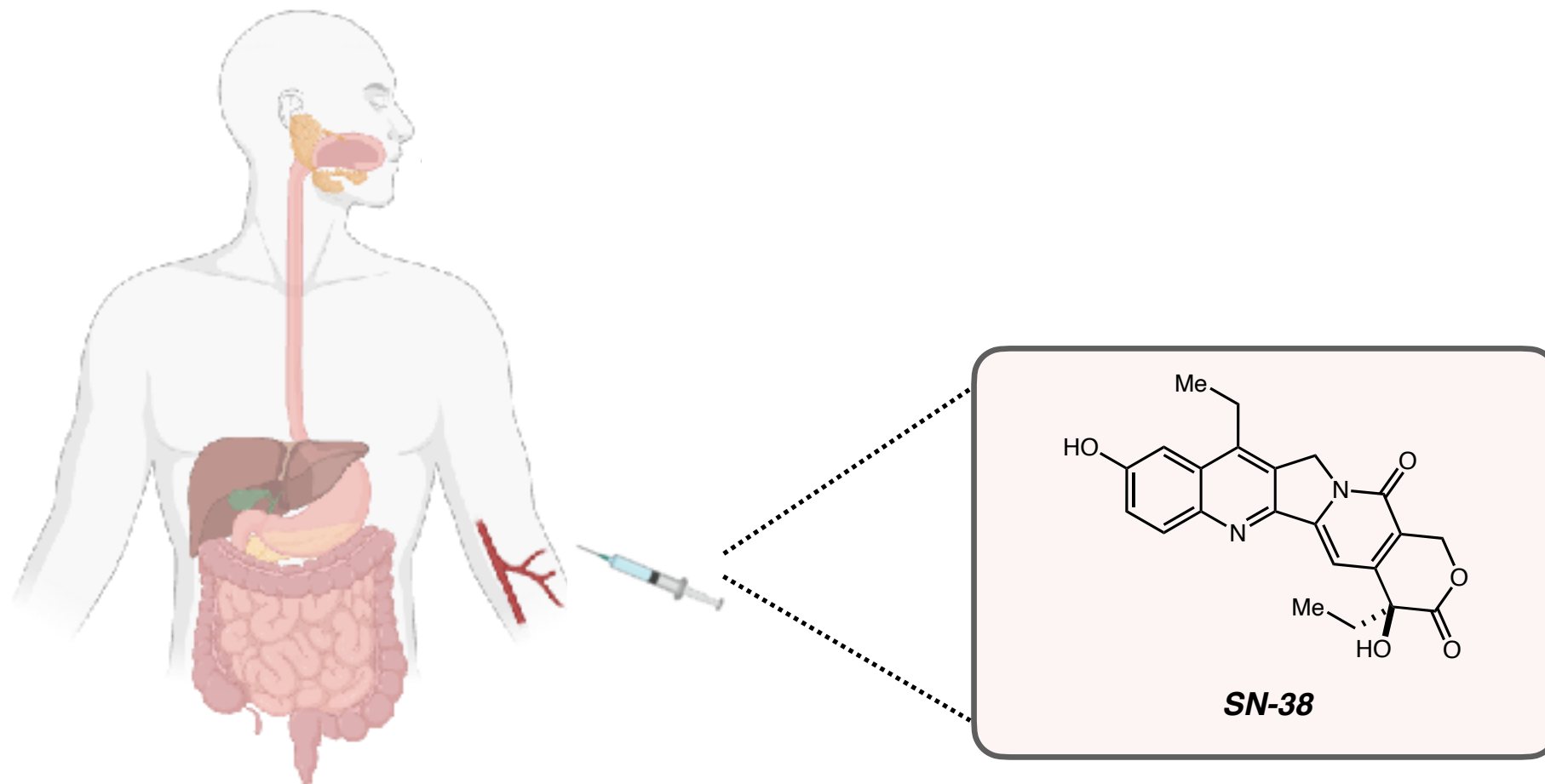
## *Prodrug design to protect metabolically labile group*

*Why SN-38 (active metabolite) cannot be used directly*



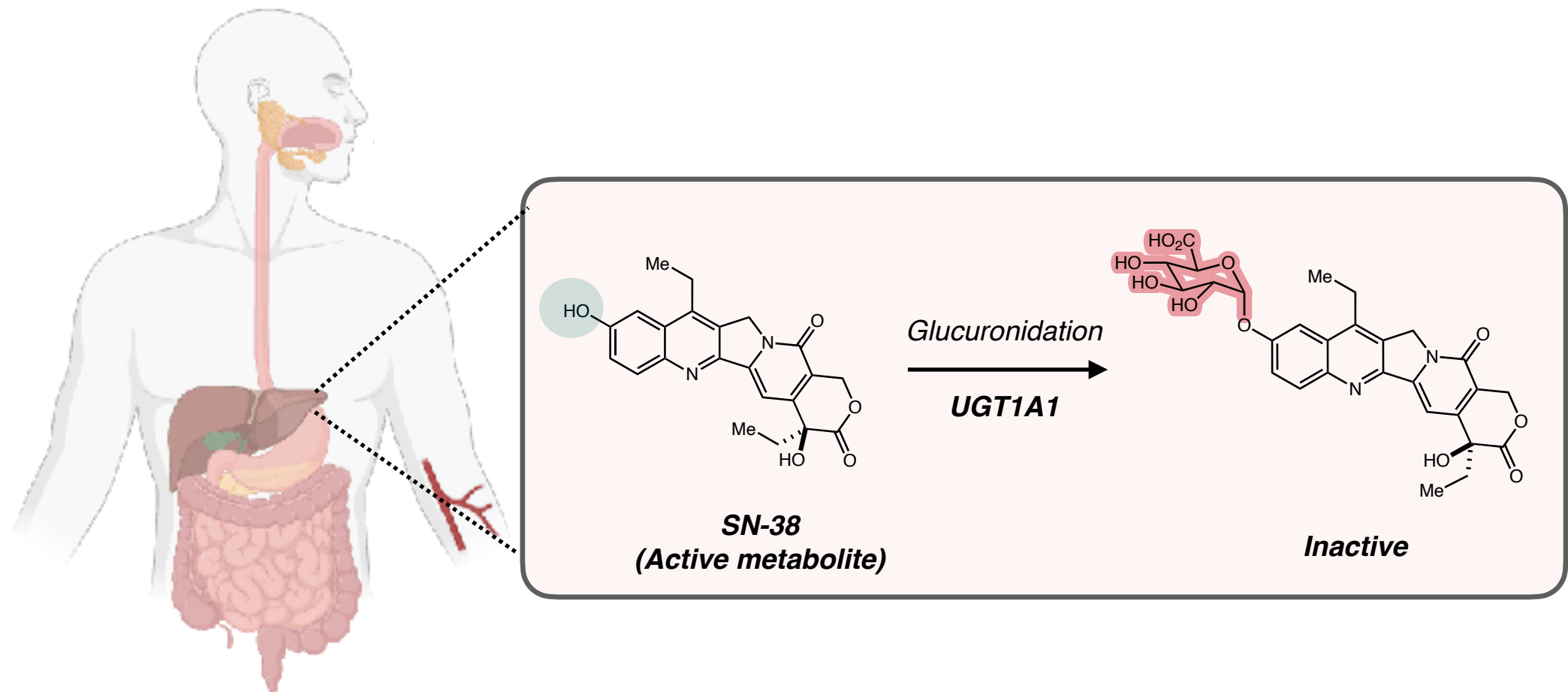
## *Prodrug design to protect metabolically labile group*

*Why SN-38 (active metabolite) cannot be used directly*



# *Prodrug design to improve 'M' in ADME*

*Why SN-38 (active metabolite) cannot be used directly*

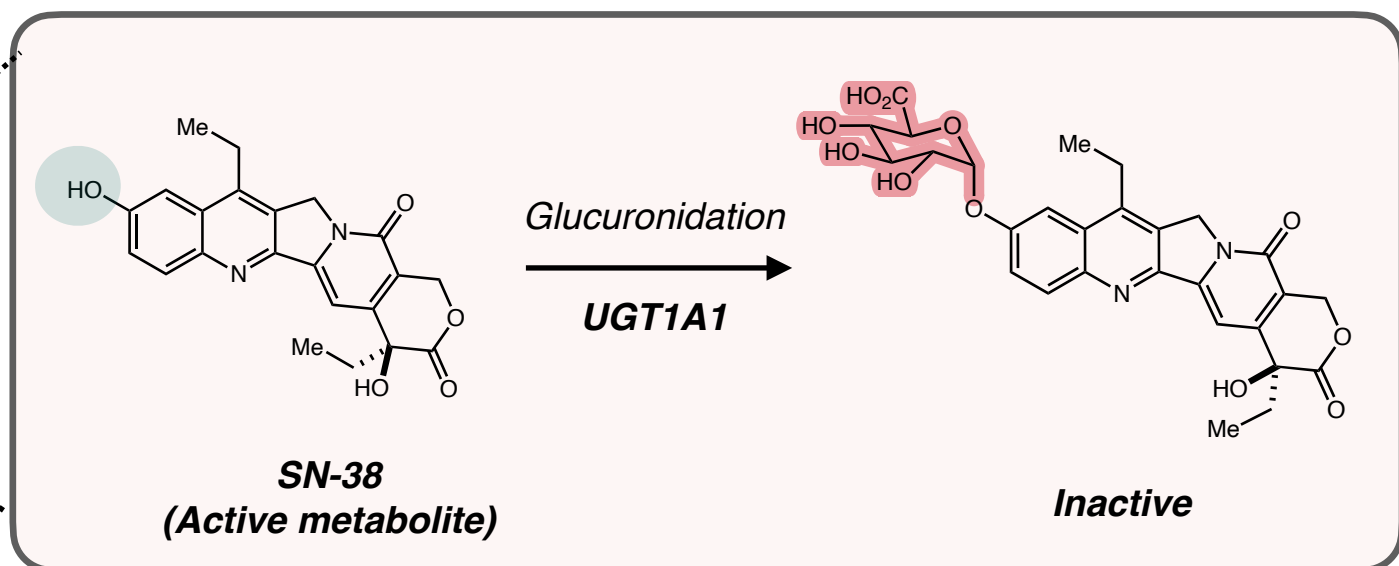
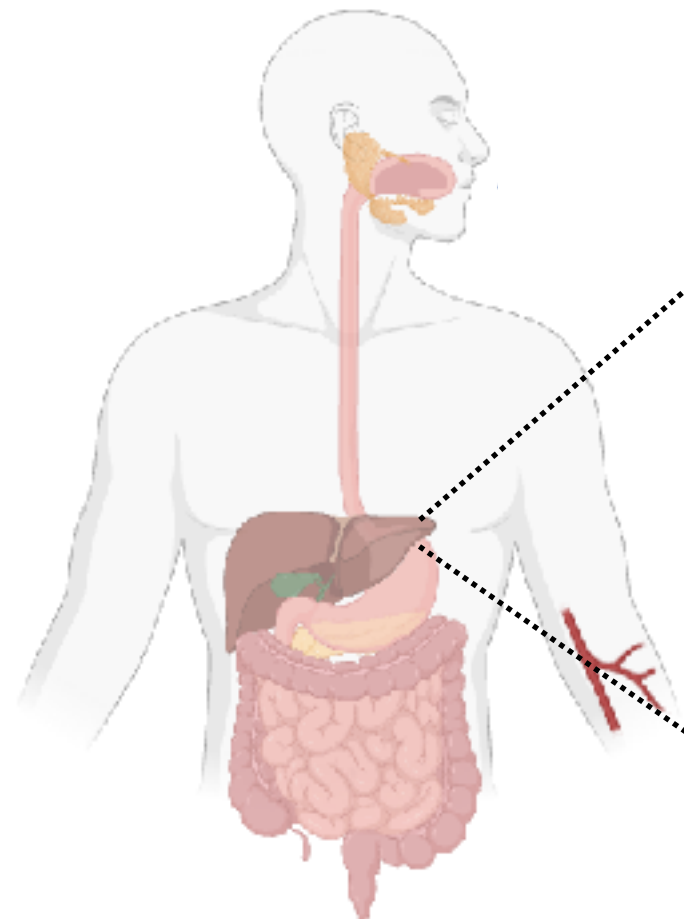


# *Prodrug design to improve 'M' in ADME*

*Why SN-38 (active metabolite) cannot be used directly*

## **Phase II metabolism**

**Attachment of bulky, polar groups to drug metabolites to make them more water-soluble and easier to excrete**

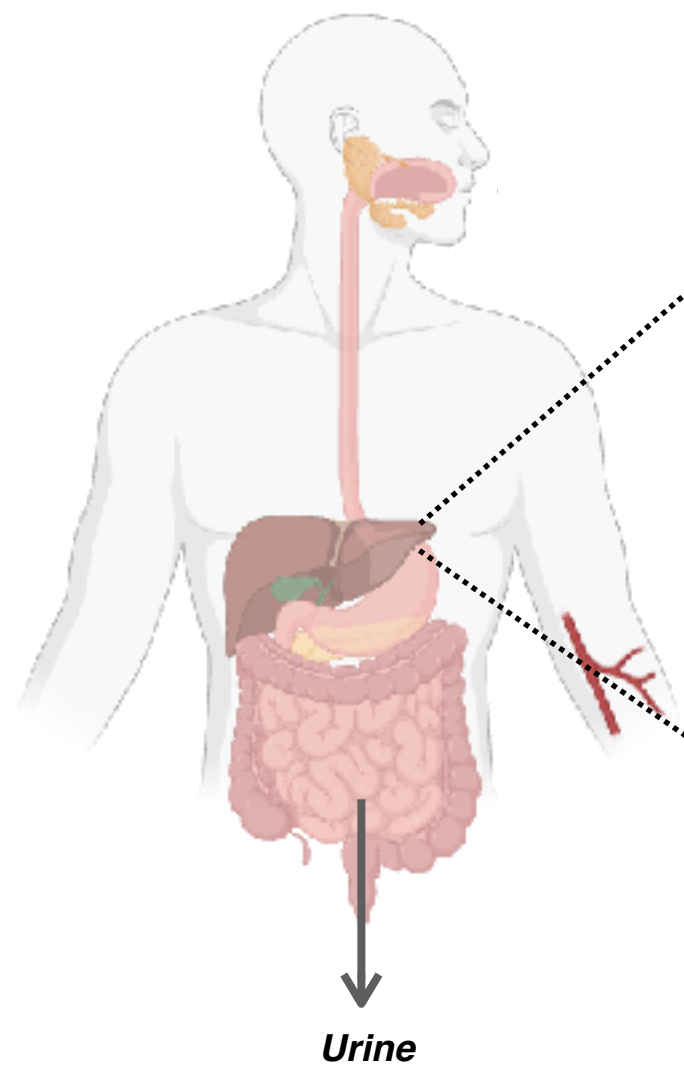


# *Prodrug design to improve 'M' in ADME*

*Why SN-38 (active metabolite) cannot be used directly*

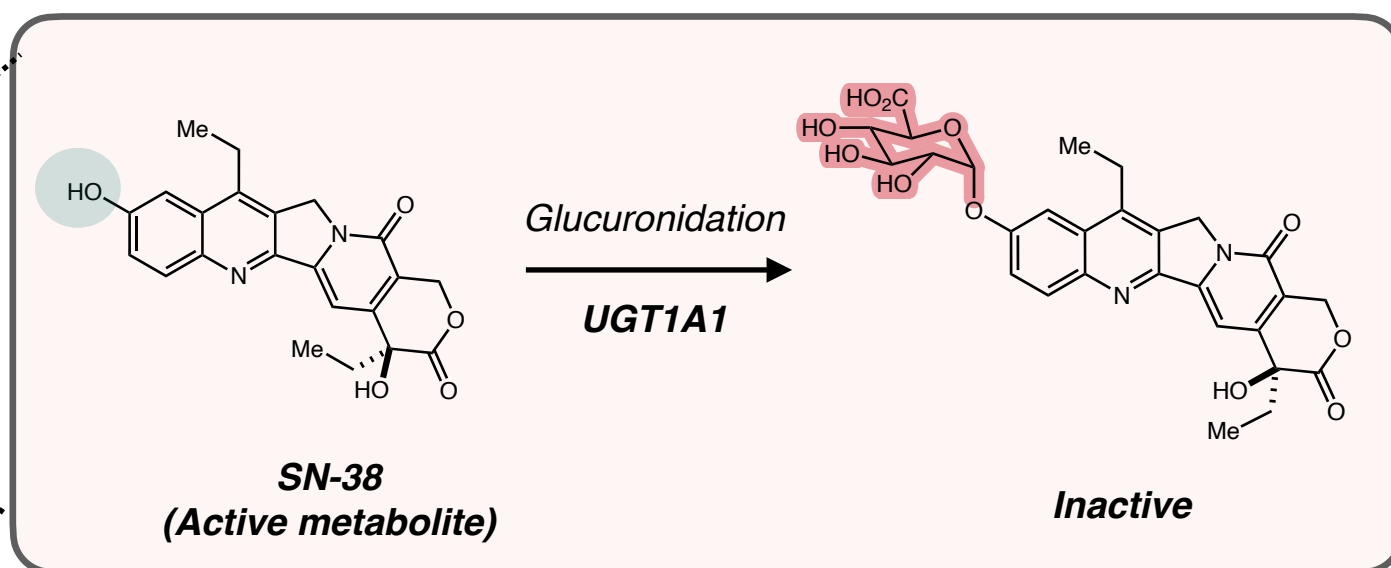
## *Phase II metabolism*

*Attachment of bulky, polar groups to drug metabolites to make them more water-soluble and easier to excrete*



**Urine**

*Glucuronidated SN-38*

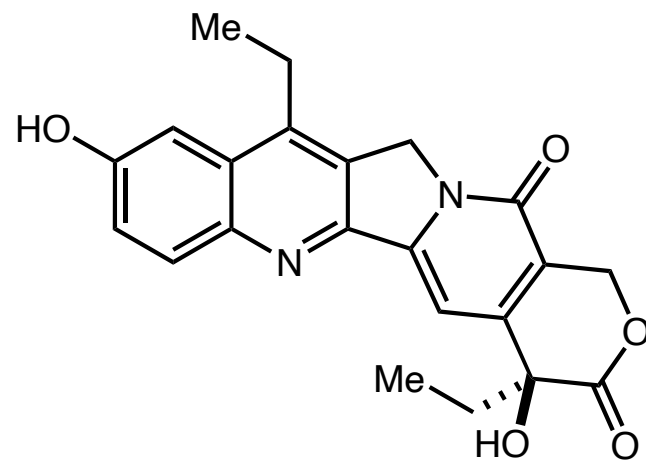


## *First-pass effect*

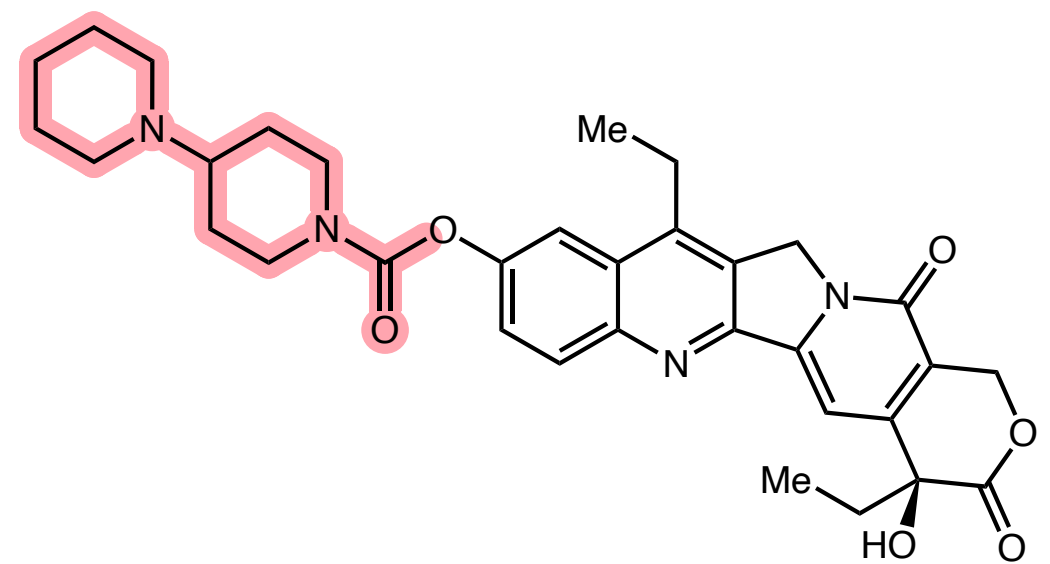
*Glucuronidated SN-38 is highly water-soluble and gets excreted before systemic circulation*

*Prodrug design to improve 'M' in ADME*  
*Why SN-38 (active metabolite) cannot be used directly*

**SN-38**



**Camptosar™**

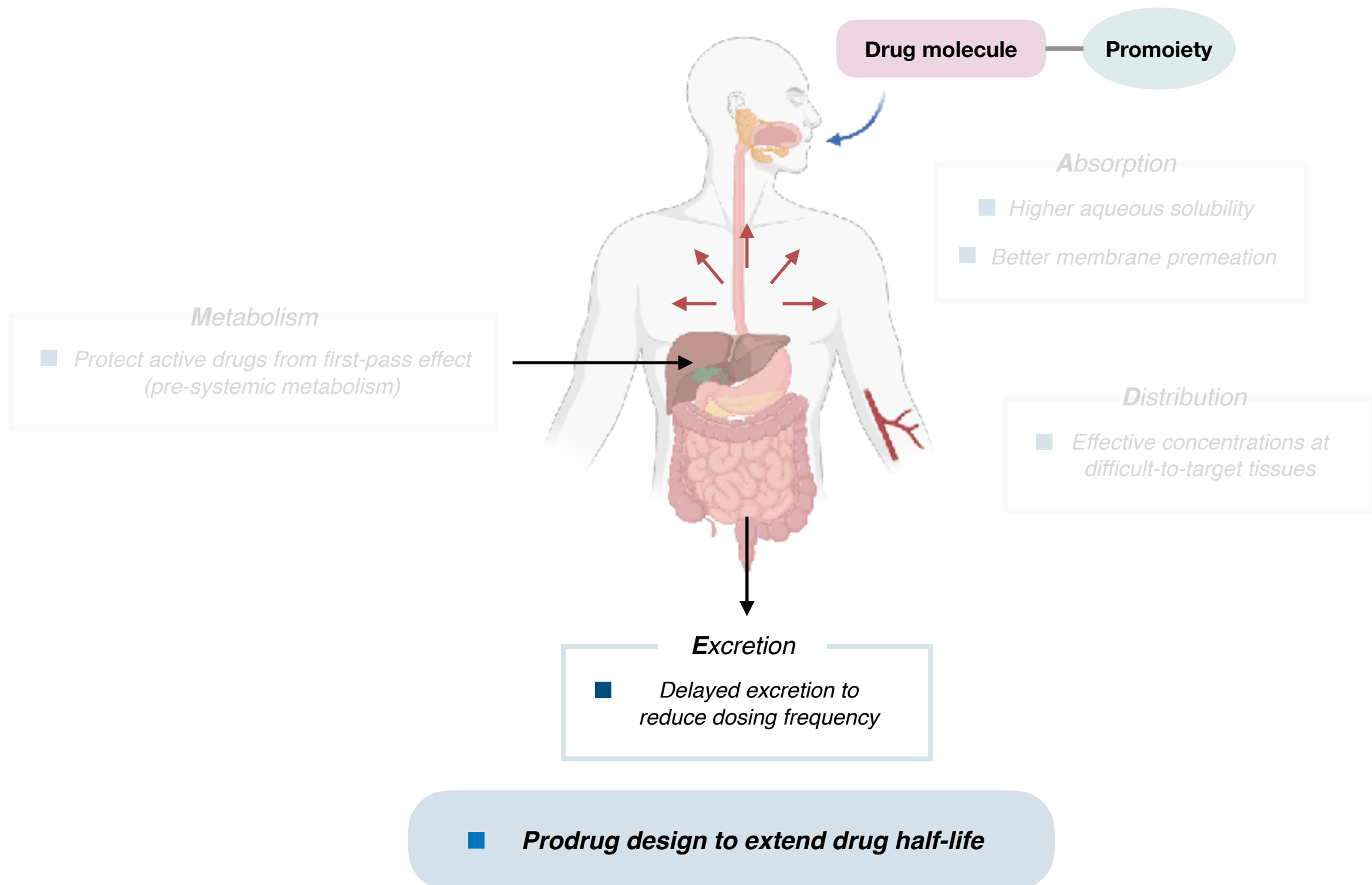


**Irinotecan (Camptosar™)**



# Prodrug design to control 'E' in ADME

## Excretion



*Why would you want to delay excretion of a drug?*



*Why would you want to delay excretion of a drug?*



***Mental illness patients***

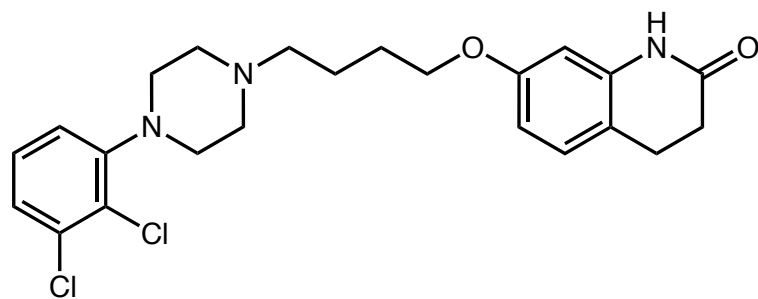
*Difficulty managing daily pills*

*Poor adherence*

# Prodrug design to delay 'E' in ADME

*Abilify™ and Aristada™*

**Abilify™**

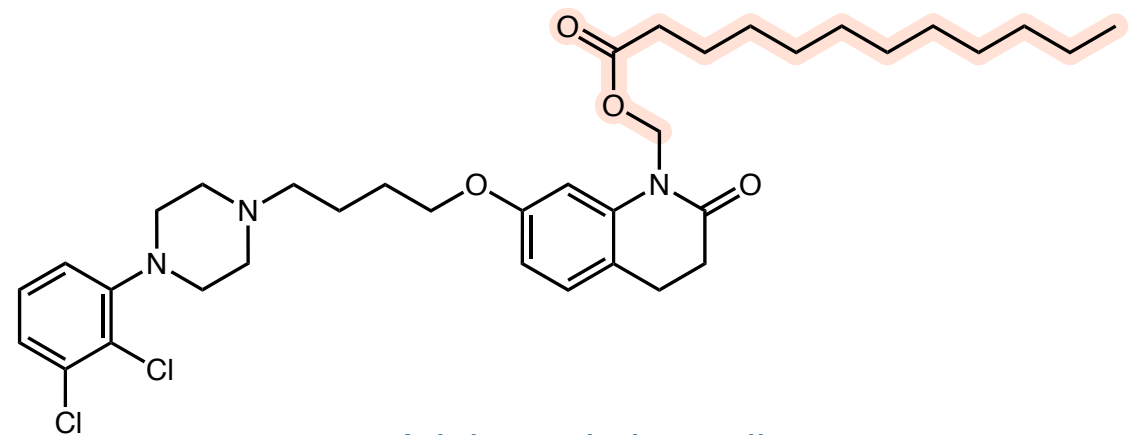


*Aripiprazole*

*Dopamine-serotonin system stabiliser*



**Aristada™**



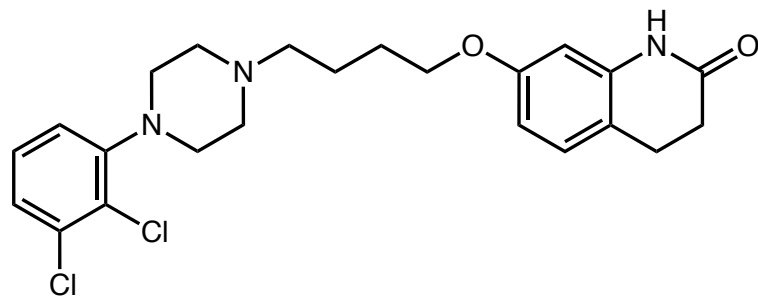
*Aripiprazole lauroxil*



# Prodrug design to delay 'E' in ADME

Abilify™ and Aristada™

**Abilify™**



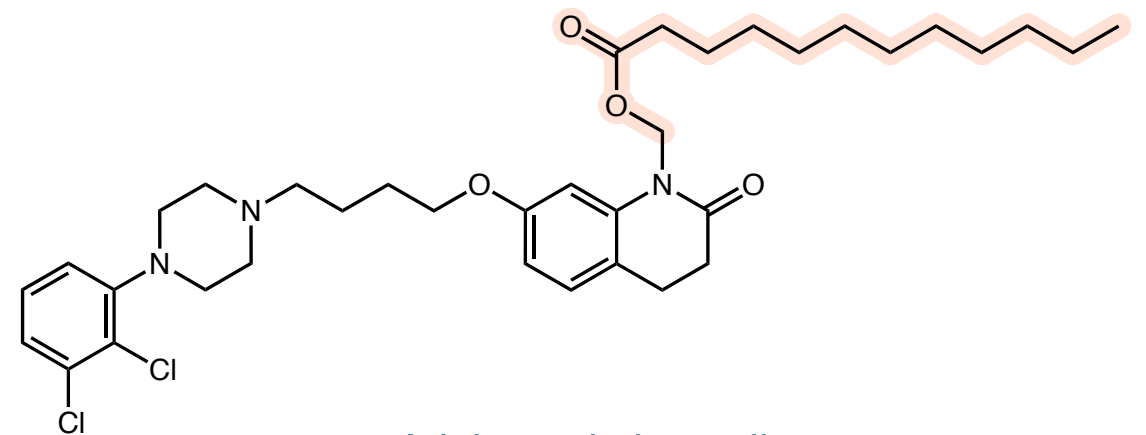
*Aripiprazole*



**Oral intake**

**Once (10-15 mg)/ day**

**Aristada™**



*Aripiprazole lauroxil*



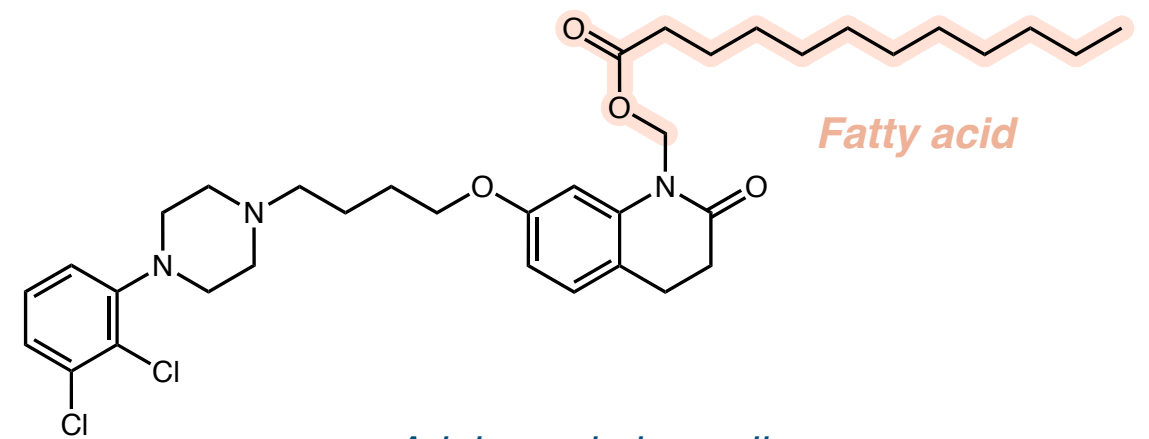
**Long-acting injectable**

**Once/ 4-8 weeks**

# Prodrug design to delay 'E' in ADME

Abilify™ and Aristada™

**Aristada™**



*Aripiprazole lauroxil*



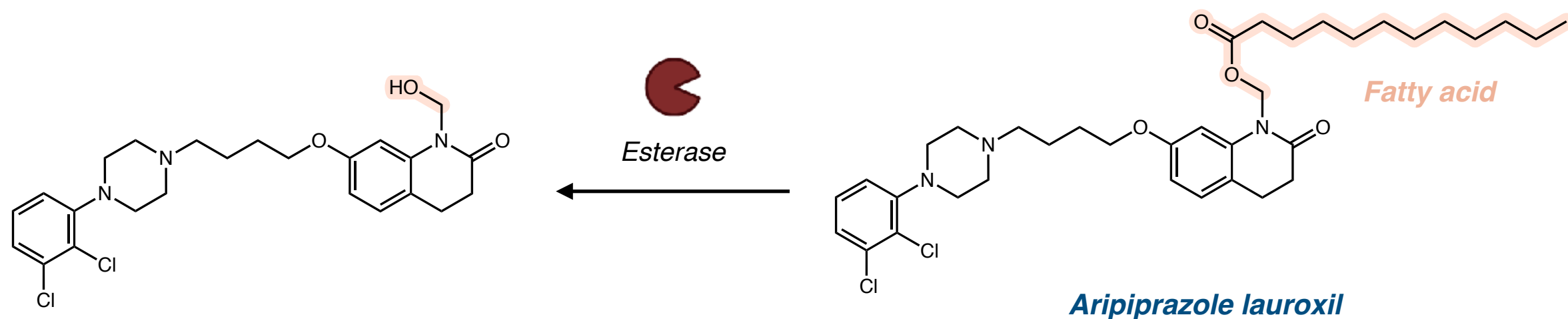
**Long-acting injectable**

**Once/ 4-8 weeks**

# Prodrug design to delay 'E' in ADME

Abilify™ and Aristada™

**Aristada™**



**Long-acting injectable**

**Once/ 4-8 weeks**

# Prodrug design to delay 'E' in ADME

*Abilify™ and Aristada™*

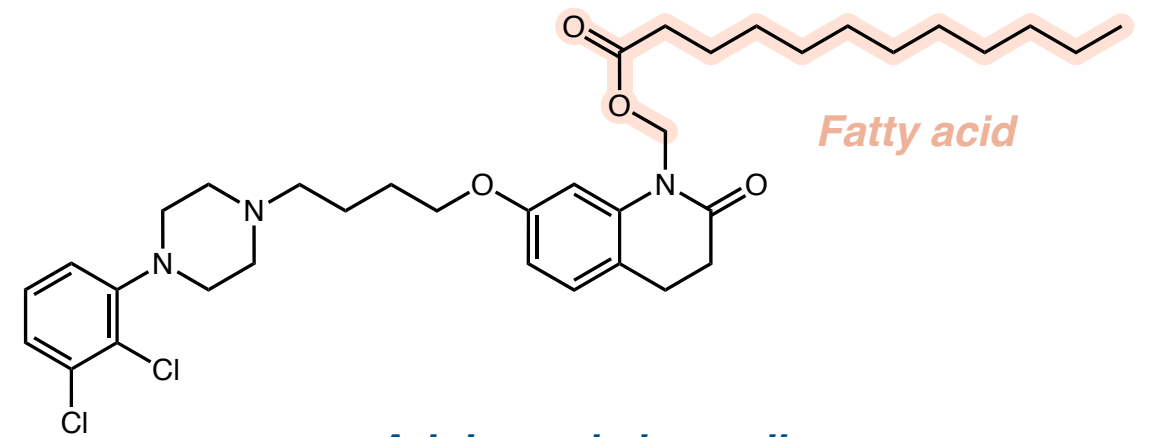
*Albumin-fatty acid complex*



PDB: 1E7E

*7 binding sites for fatty acid*

**Aristada™**



**Aripiprazole lauroxil**



**Long-acting injectable**

**Once/ 4-8 weeks**

# Prodrug design to delay 'E' in ADME

Abilify™ and Aristada™

Albumin-fatty acid complex



PDB: 1E7E

7 binding sites for fatty acid

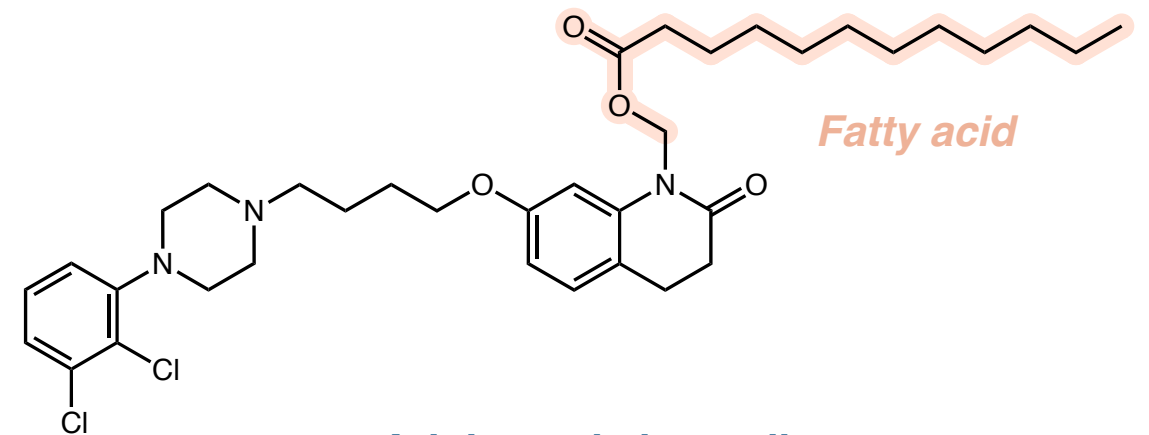
Albumin's naturally long half-life

~ 19 days



**Reduced excretion rate of fatty acid-functionalized drugs**

**Aristada™**



**Aripiprazole lauroxil**



**Long-acting injectable**

**Once/ 4-8 weeks**

## *Prodrug design to delay 'E' in ADME*

*Patient and caregiver experiences with long-acting injectable antipsychotic drugs*

*"[After injection], at least you wouldn't become others' burden, you could gain more self-control.  
(Like who?) Mother, my family, or my boss."*

*Participant F14 (female, 52 years old, schizophrenia)*

*"I hope to totally replace oral pills. I don't know how to explain if others ask me about what pills I take at my workplace. I am afraid to tell them I have mental illness."*

*Participant M06 (male, 39 years old, schizophrenia)*

***Avoiding daily oral medication increased patients' sense of independence and shielded them from social stigma***



## *Prodrug design to delay 'E' in ADME*

### *Patient and caregiver experiences with long-acting injectable antipsychotic drugs*

*"[After injection], at least you wouldn't become others' burden, you could gain more self-control.  
(Like who?) Mother, my family, or my boss."*

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*"I hope to totally replace oral pills. I don't know how to explain if others ask me about what pills I take at my workplace. I am afraid to tell them I have mental illness."*

*Participant M06 (male, 39 years old, schizophrenia)*

*"Before my son's disease, I liked going to the gym, walking in the park, and riding a bike. I absolutely couldn't do it anymore because I must take care of my son...  
[with once-monthly LAI], life became more comfortable and balanced"*

*Caregiver of schizophrenic son*

***Reducing dosing frequency lessened caregiver burden***

## *Prodrug design to delay 'E' in ADME*

*Patient and caregiver experiences with long-acting injectable antipsychotic drugs*

*"[After injection], at least you wouldn't become others' burden, you could gain more self-control.  
(Like who?) Mother, my family, or my boss."*

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[with once-monthly LAI], life became more comfortable and balanced"*

*Caregiver of schizophrenic son*

***Prodrug design can extend drug half-life by harnessing biological carriers***

## *Prodrugs beyond science: business & regulatory strategy*



- *Prodrug: patent evergreening strategy*
- *Prodrug: built-in shortcut to FDA approval*



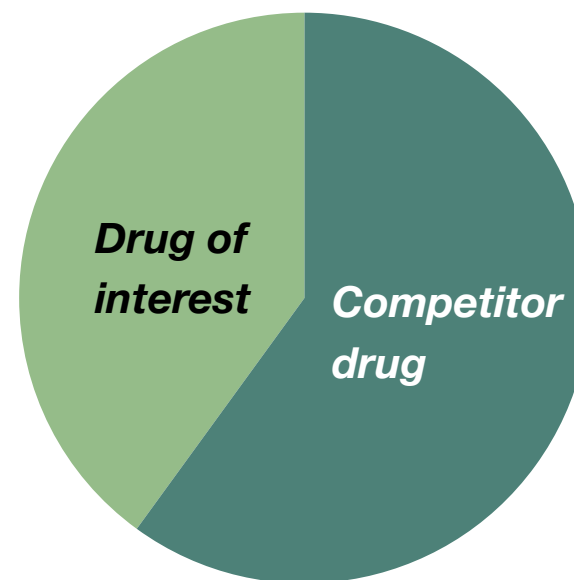
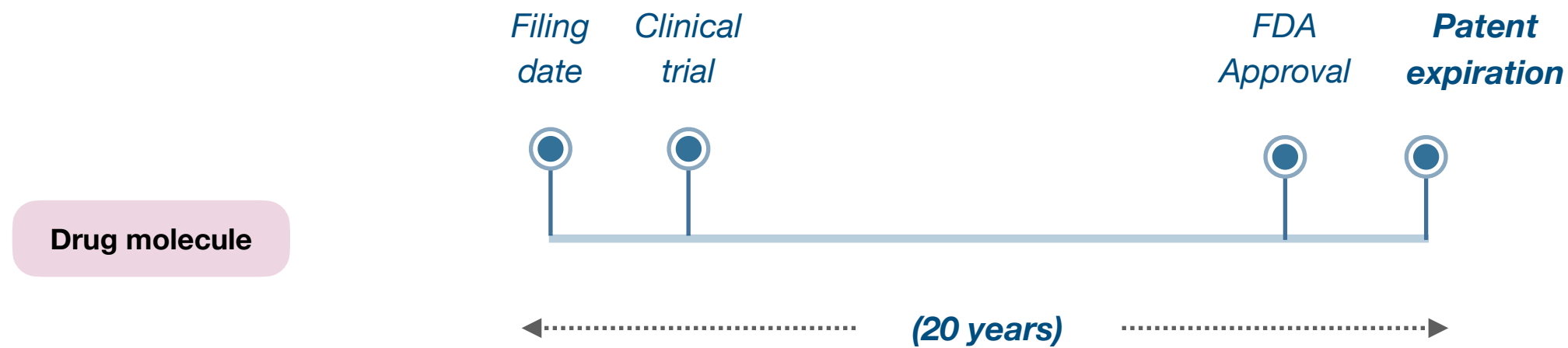
## *Prodrugs beyond science: business & regulatory strategy*



- ***Prodrug: patent evergreening strategy***
- *Prodrug: built-in shortcut to FDA approval*

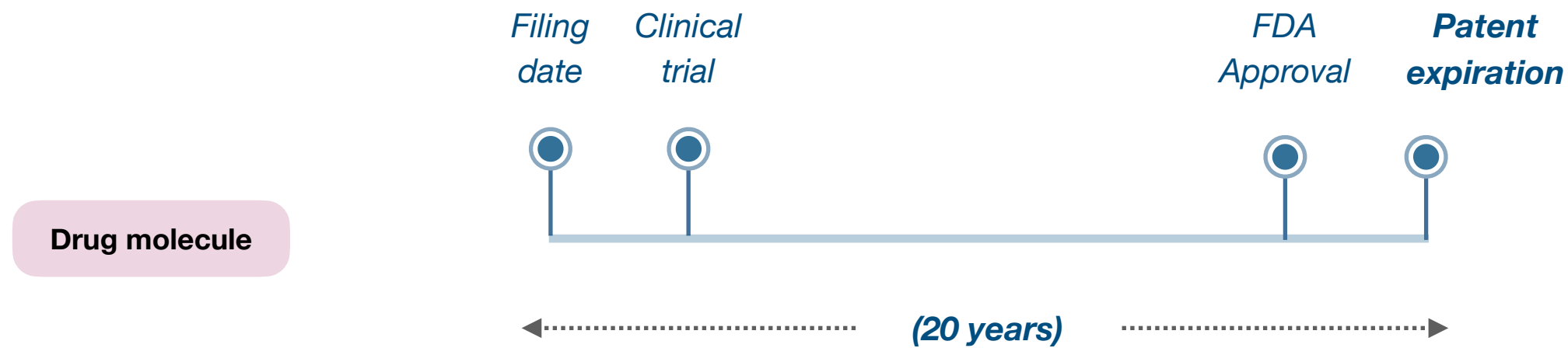
# *Prodrug: patent evergreening strategy*

*Patent lifecycle*



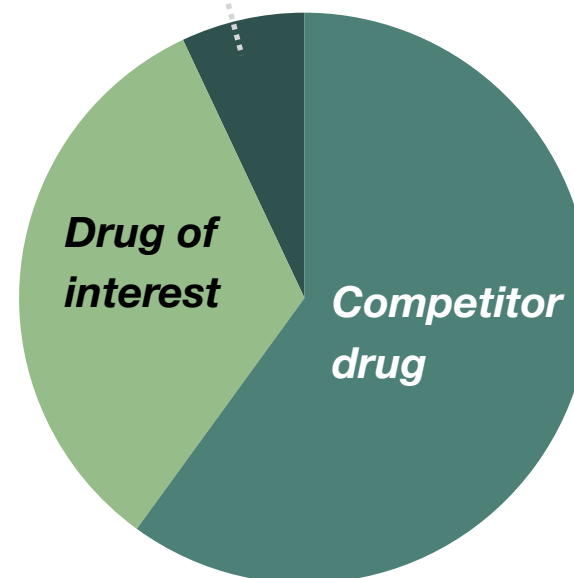
# *Prodrug: patent evergreening strategy*

## *Patent lifecycle*

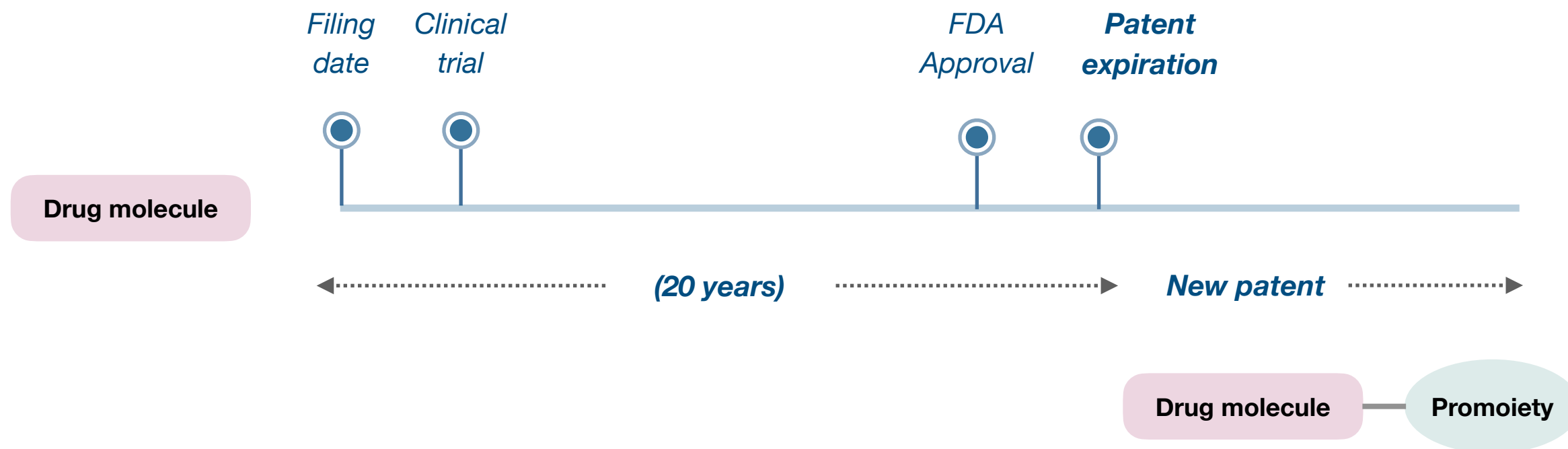


*[After patent expiration]*

**Generic  
(copy) drug**



## *Prodrug: patent evergreening strategy*

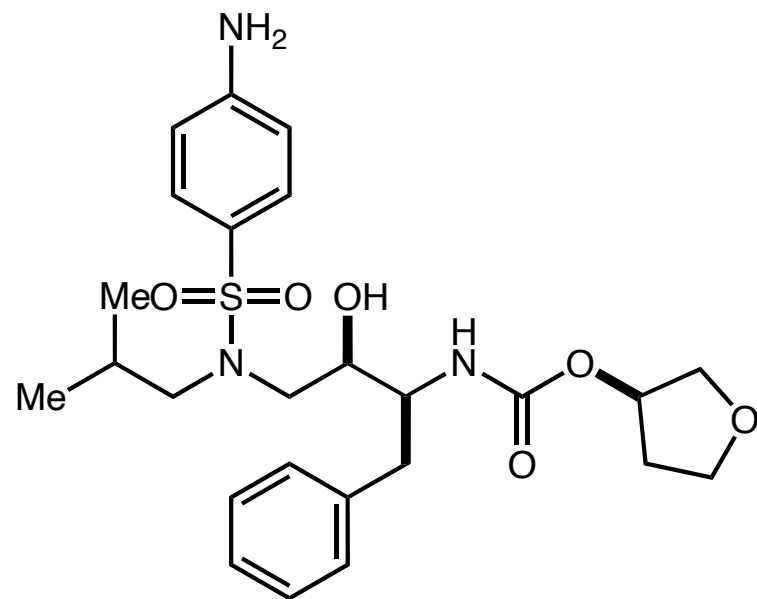


*Developing a prodrug creates a new patentable molecule*

# Prodrug: patent evergreening strategy

Extending market exclusivity

**Agenerase™**



*Amprenavir*

*HIV-1 protease inhibitor*

**Lexiva™**

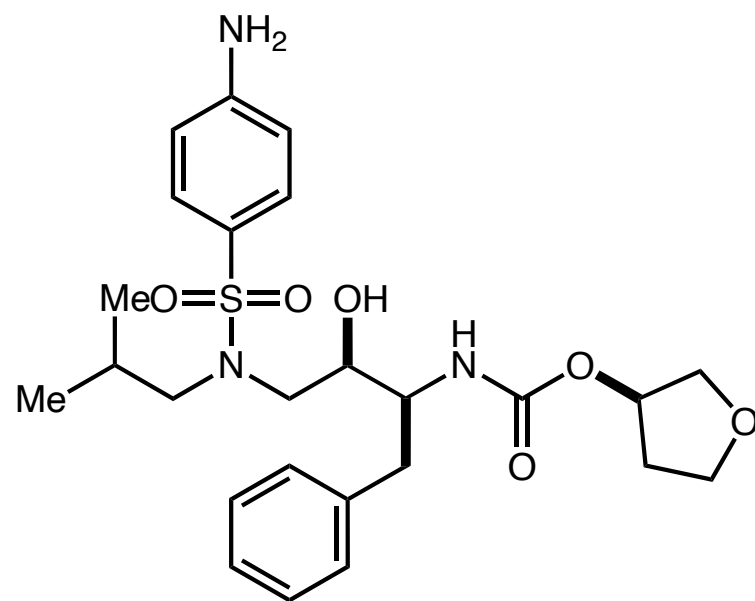




# Prodrug: patent evergreening strategy

Extending market exclusivity

**Agenerase™**



*Amprenavir*

*HIV-1 protease inhibitor*

**Patent valid until 2013**

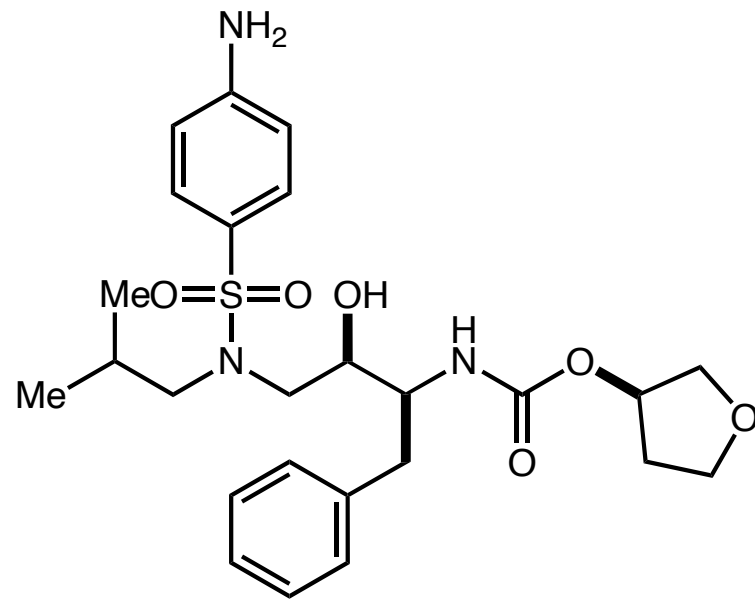
**Lexiva™**



# Prodrug: patent evergreening strategy

Extending market exclusivity

**Agenerase™**

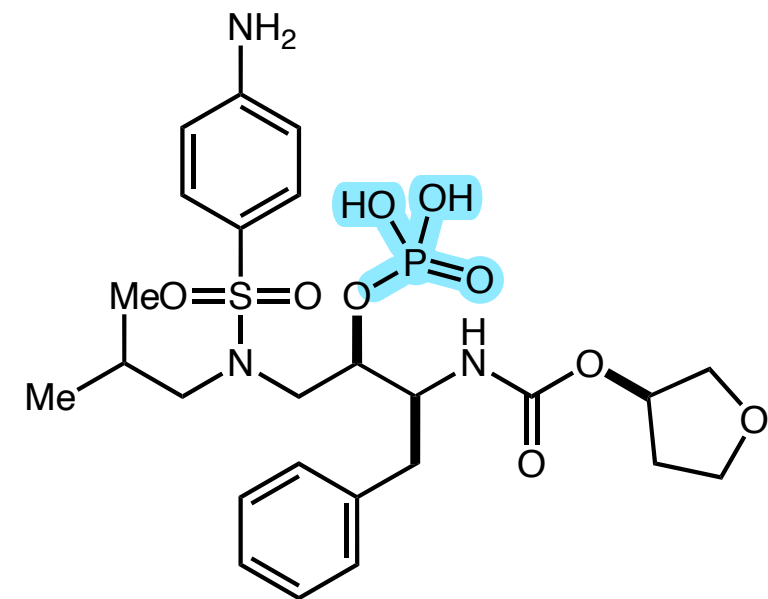


*Amprenavir*

*HIV-1 protease inhibitor*

**Patent valid until 2013**

**Lexiva™**



*Fosamprenavir*

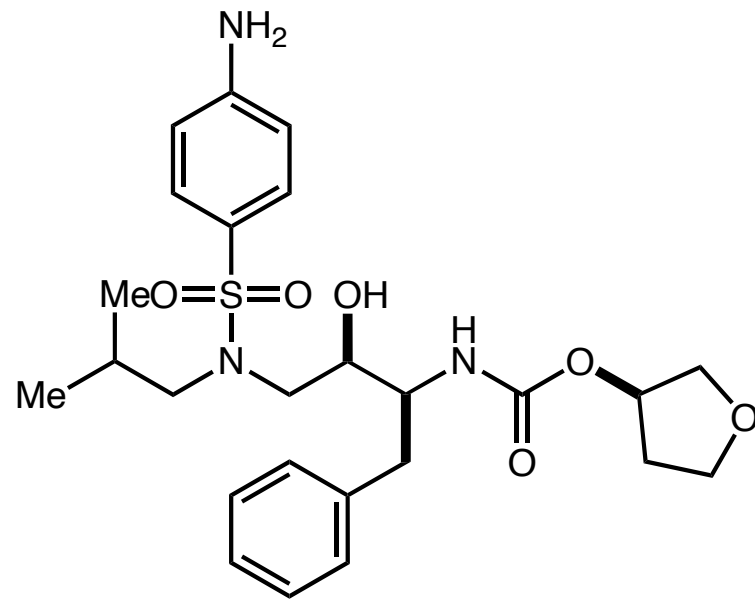
**Patent valid until 2017**



# Prodrug: patent evergreening strategy

Extending market exclusivity

**Agenerase™**

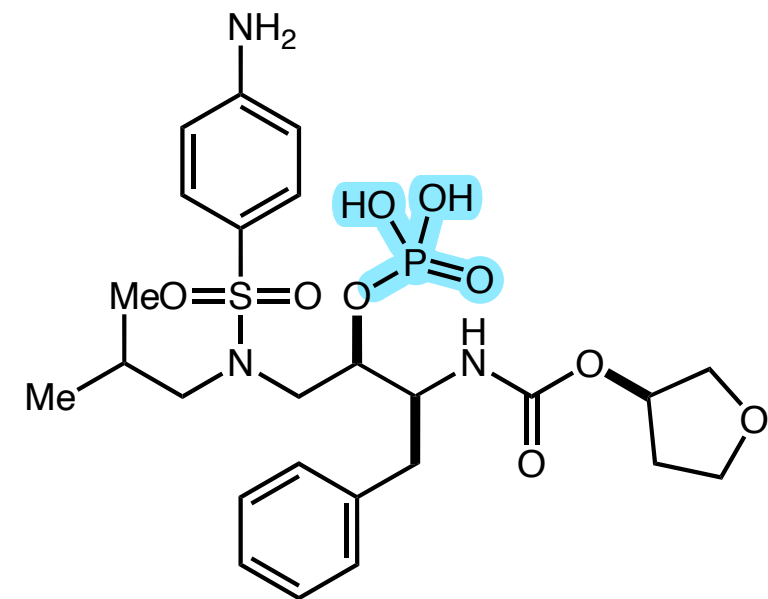


*Amprenavir*

*HIV-1 protease inhibitor*

**Patent valid until 2013**

**Lexiva™**



*Fosamprenavir*

**Patent valid until 2017**



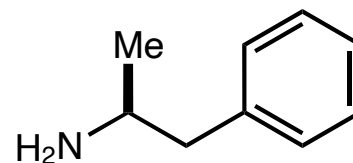
**Prodrug design had extended the patent duration**

# *Prodrug: patent evergreening strategy*

*Case of Vyvanse™*

## *Prodrug: patent evergreening strategy*

*ADHD drug Dexedrine™*



*Dexedrin™*

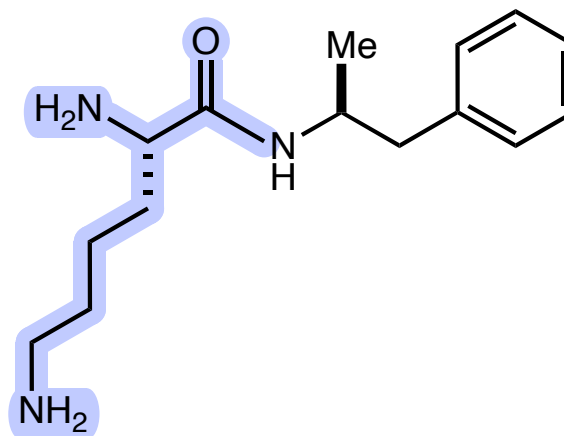
*(d-amphetamine)*

*Treatment for ADHD*

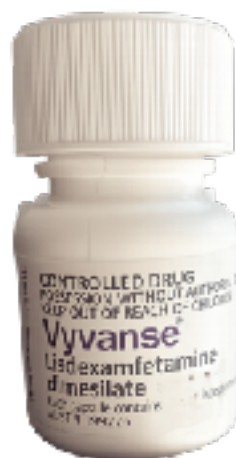
***Initial approval in 1976***

## *Prodrug: patent evergreening strategy*

*Vyvanse™: Prodrug of Dexedrine™*



**Pro-moiety:** *L-Lysine*



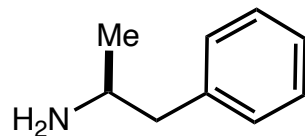
  
NEW RIVER  
PHARMACEUTICALS



## Prodrug: patent evergreening strategy

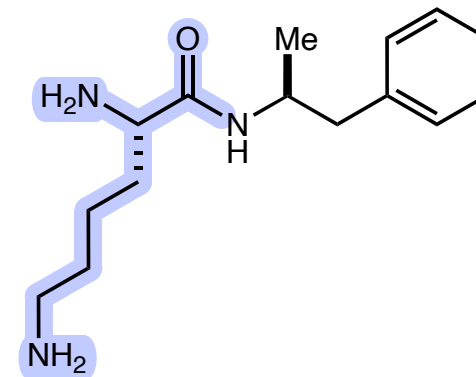
Advantages of Vyvanse™ (prodrug) over Dexedrine™ (active metabolite)

**Dexedrine™**



**No patent protection**

**Vyvanse™**



Patent filing date: **Dec 2005**

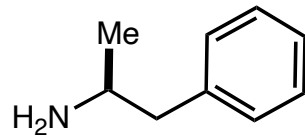
Main patent expiry: **Feb 2023**

**Pediatric exclusivity granted until Aug 2023**

## Prodrug: patent evergreening strategy

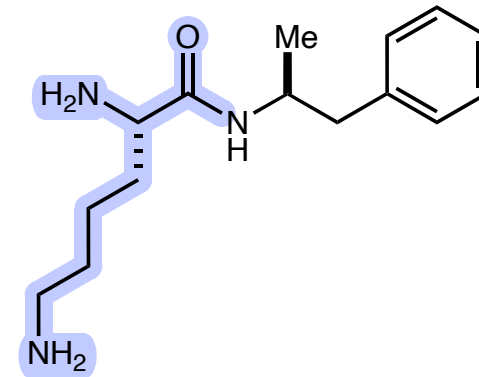
Advantages of Vyvanse™ (prodrug) over Dexedrine™ (active metabolite)

**Dexedrine™**



**\$ 15-30/month**

**Vyvanse™**



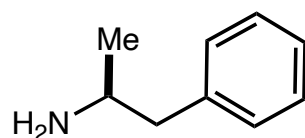
**\$ 300-375/month**



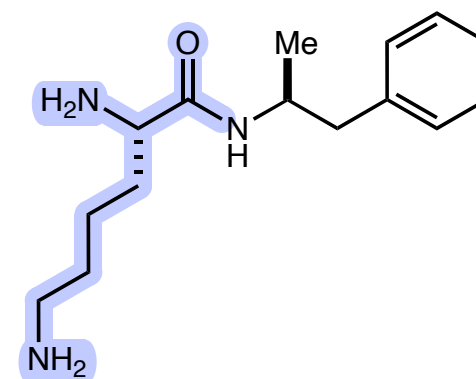
## *Prodrug: patent evergreening strategy*

*Advantages of Vyvanse™ (prodrug) over Dexedrine™ (active metabolite)*

***Dexedrine™***



***Vyvanse™***



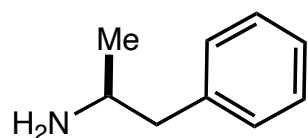
***Cumulative global revenues  
\$ 30 billion***

***Peak annual sales (2022)  
\$ 4.3 billion***

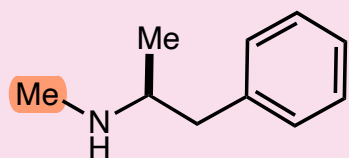
## *Prodrug: patent evergreening strategy*

*Advantages of Vyvanse™ (prodrug) over Dexedrine™ (active metabolite)*

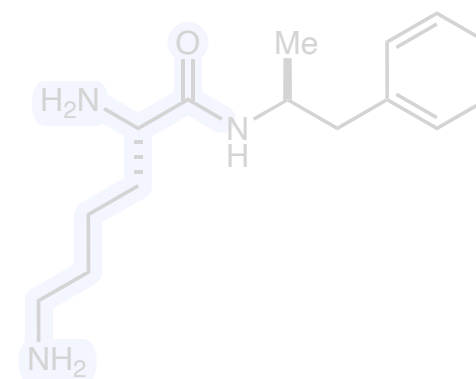
**Dexedrine™**



*(c.f. Methamphetamine “Meth”)*



**Vyvanse™**

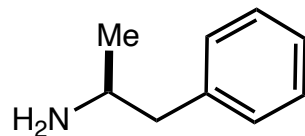


**Dexedrine™ (active metabolite): significant abuse potential**

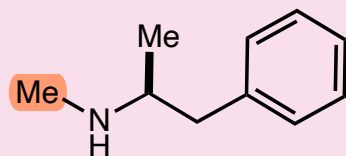
# Prodrug: patent evergreening strategy

Advantages of Vyvanse™ (prodrug) over Dexedrine™ (active metabolite)

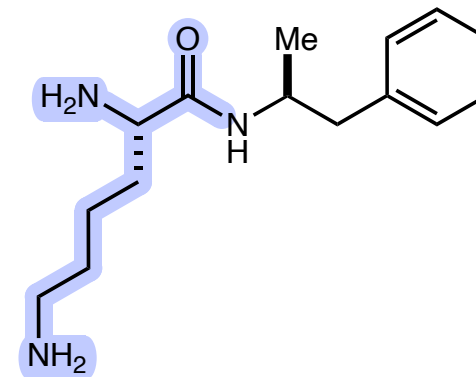
**Dexedrine™**



(c.f. Methamphetamine “Meth”)



**Vyvanse™**



**No intrinsic activity**

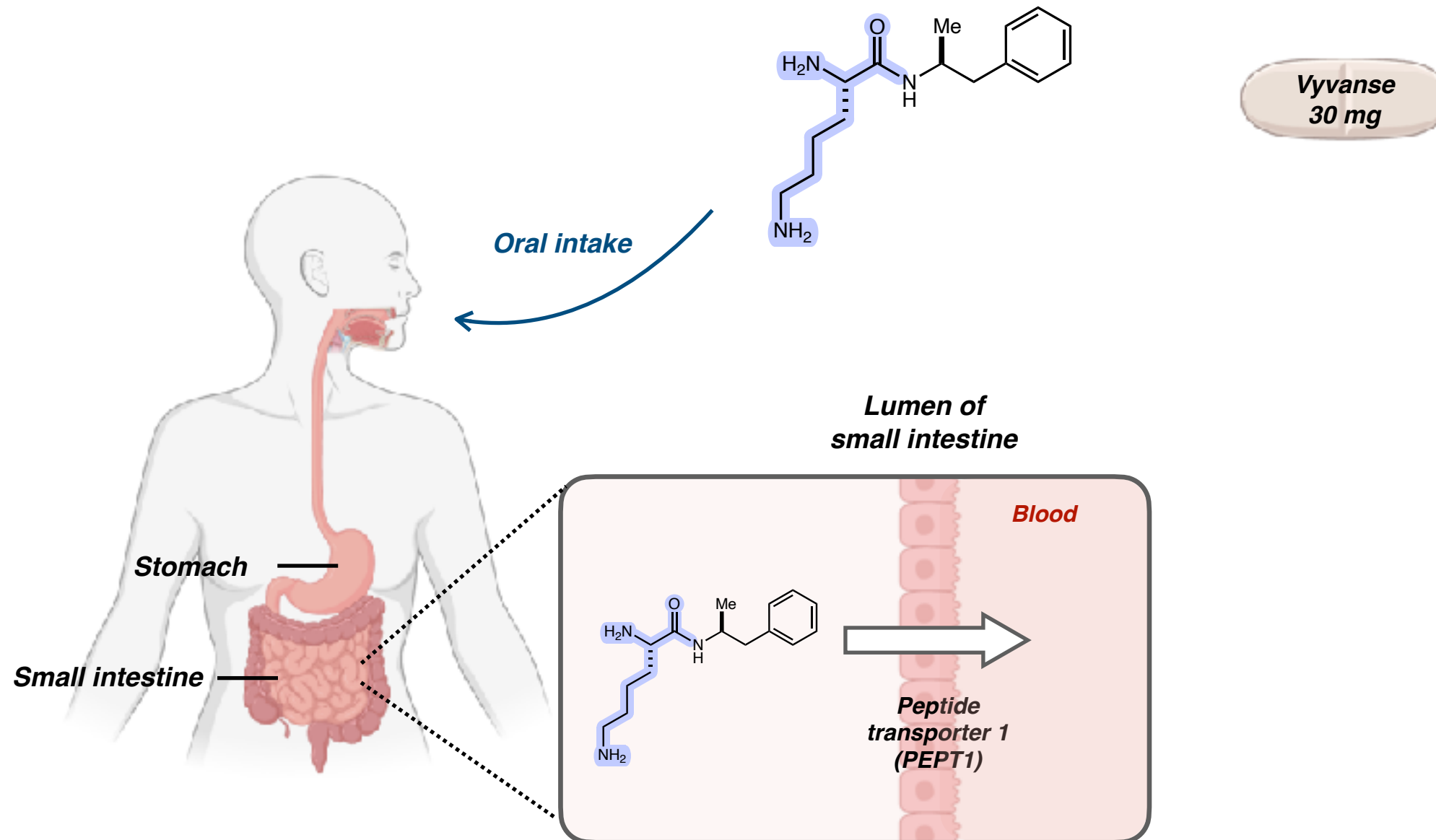
Hydrolysis to release the active metabolite is rate-limited

- Cannot produce a rapid CNS spike
- Snorting/injecting ineffective

**Vyvanse™ (prodrug): lower abuse potential**

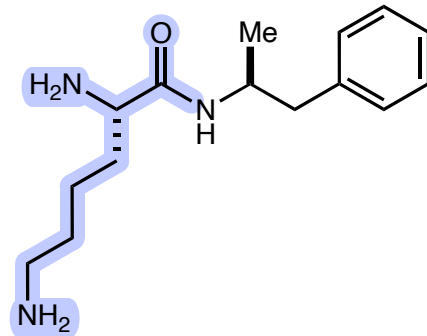
# *Prodrugs: Patent evergreening strategy*

## *Case of Vyvanse™*



*Prodrugs: Patent evergreening strategy*

## Case of Vyvanse™



**Vyvanse**  
**30 mg**

### Oral intake

***Lumen of  
small intestine***

## Stomach

### ***Small intestine***

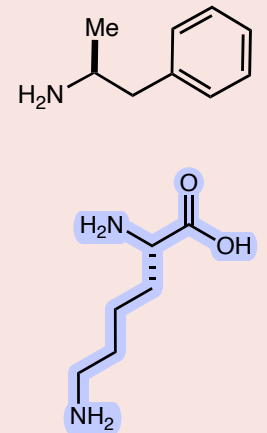
## Blood

**Peptide transporter 1 (PEPT1)**

## Hydrolysis

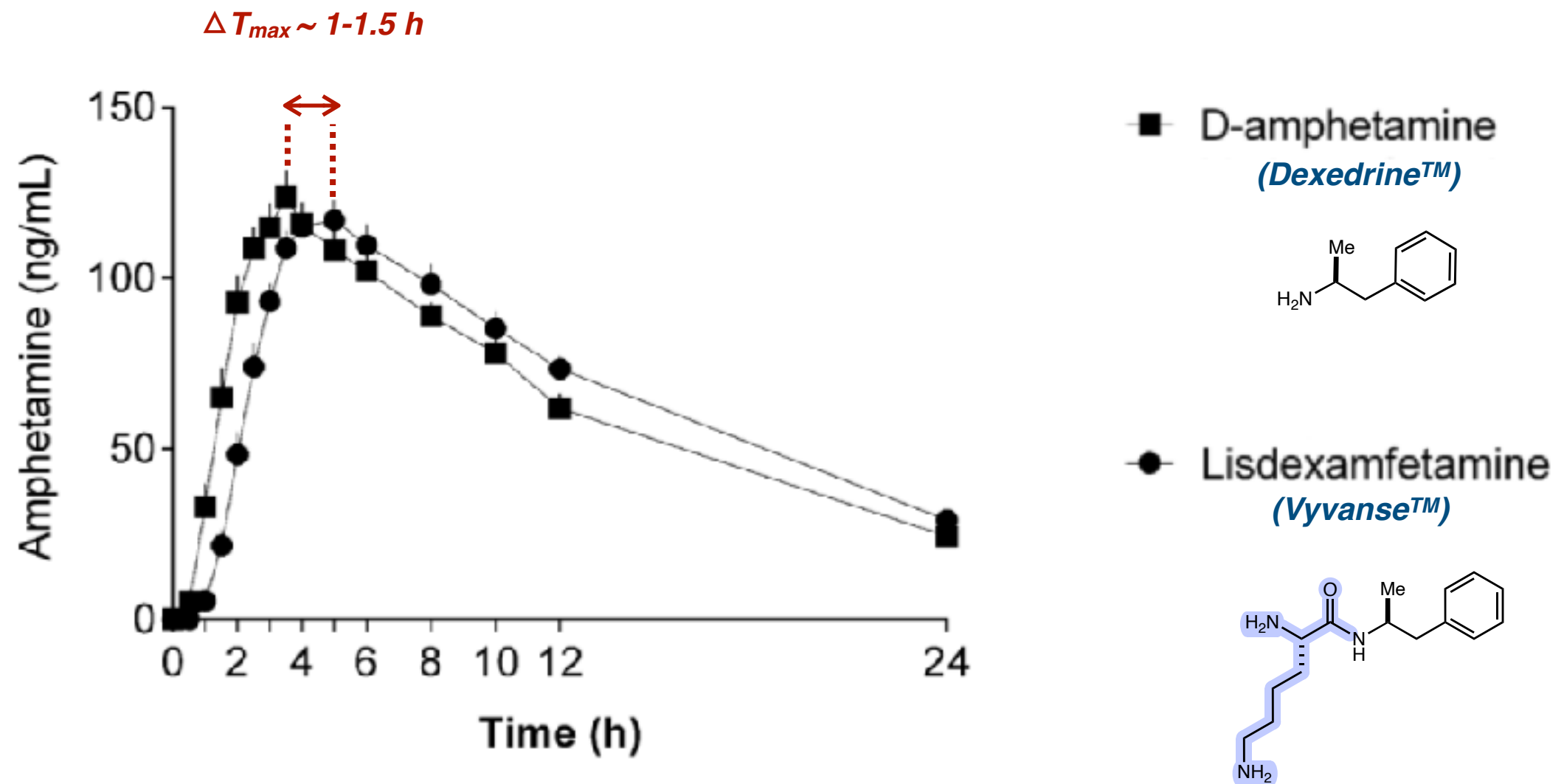
**Erythrocyte  
peptidase**

(rate-limiting)



## Prodrugs: Patent evergreening strategy

Advantages of Vyvanse<sup>TM</sup> (prodrug) over Dexedrine<sup>TM</sup> (active metabolite)

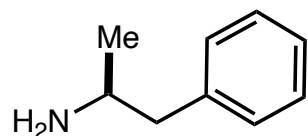


**Vyvanse<sup>TM</sup> (prodrug): delayed  $T_{max}$  → longer-lasting effect**

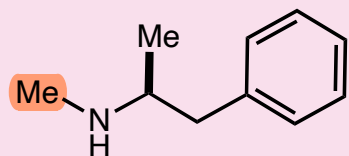
# Prodrug: patent evergreening strategy

Advantages of Vyvanse™ (prodrug) over Dexedrine™ (active metabolite)

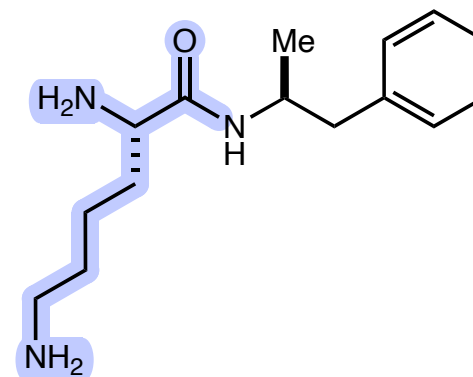
**Dexedrine™**



(c.f. Methamphetamine “Meth”)



**Vyvanse™**



**Cumulative global revenues**  
**\$ 30 billion**

**Peak annual sales (2022)**  
**\$ 4.3 billion**

**Beyond novel patent space, prodrug design enables safer prescriptions**



## *Prodrugs beyond science: business & regulatory strategy*



- *Prodrug: patent evergreening strategy*
- ***Prodrug: built-in shortcut to FDA approval***



## *Prodrug: built-in shortcut to FDA approval*

### *Section 505(b)(2) of FDA guideline*

*Section 505 of the Act describes three types of new drug applications: (1) an application that contains full reports of investigations of safety and effectiveness (section 505(b)(1)); (2) an application that contains full reports of investigations of safety and effectiveness but where at least some of the information required for approval comes from studies not conducted by or for the applicant and for which the applicant has not obtained a right of reference (section 505(b)(2)); and (3) an application that contains information to show that the proposed product is identical in active ingredient, dosage form, strength, route of administration, labeling, quality, performance characteristics, and intended use, among other things, to a previously approved product (section 505(j)). Note that a supplement to an application is a new drug application.*



# *Prodrug: built-in shortcut to FDA approval*

## *Section 505(b)(2) of FDA guideline*

Section 505 of the Act describes three types of new drug applications: (1) an application that contains full reports of investigations of safety and effectiveness (section 505(b)(1)); **(2) an application that contains full reports of investigations of safety and effectiveness but where at least some of the information required for approval comes from studies not conducted by or for the applicant and for which the applicant has not obtained a right of reference** (section 505(b)(2)); and (3) an application that contains information to show that the proposed product is identical in active ingredient, dosage form, strength, route of administration, labeling, quality, performance characteristics, and intended use, among other things, to a previously approved product (section 505(j)). Note that a supplement to an application is a new drug application.



### ***What this means:***

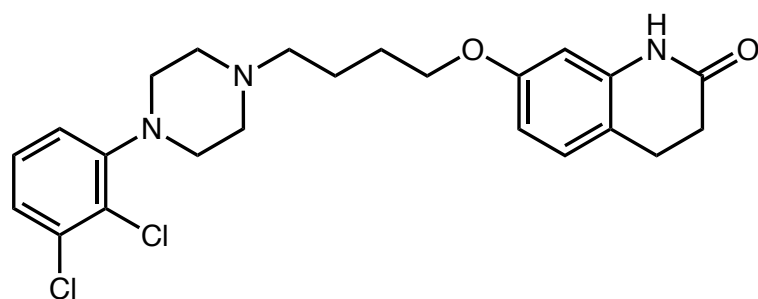
*If active metabolite is already FDA-approved,  
prodrug can reference existing data without right of access*

***→ shortens approval path***

## *Prodrug: built-in shortcut to FDA approval*

*Aristada™: prodrug approved via 505(b)(2)*

**Abilify™**

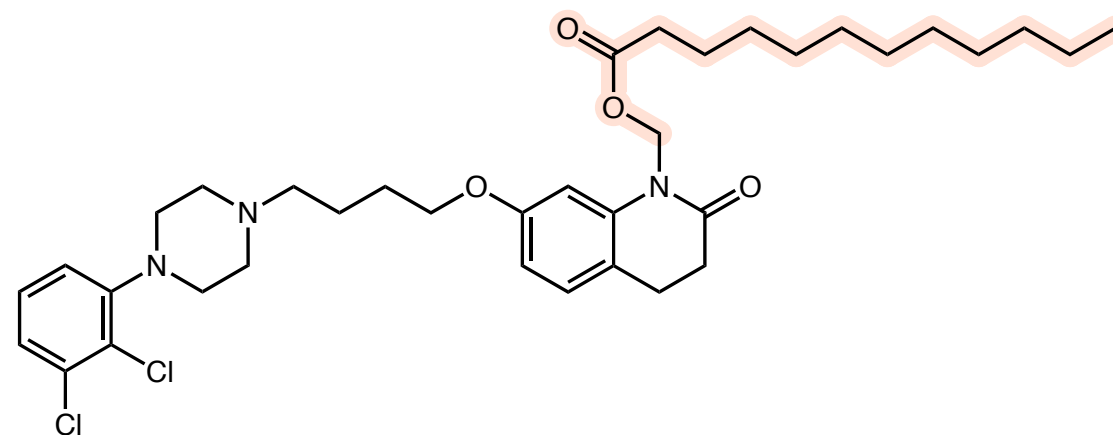


***FDA approval in 2002***

***Patent expiry in 2015***



**Aristada™**



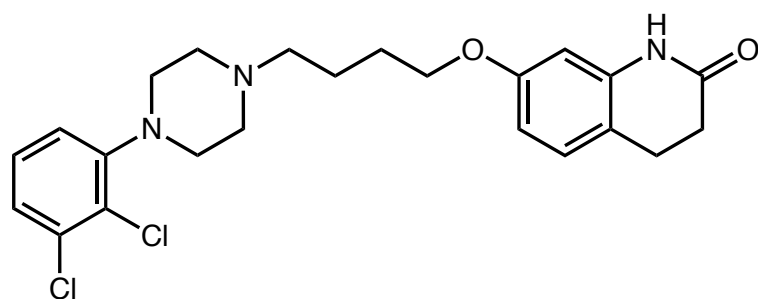
***FDA approval in 2015***



# Prodrug: built-in shortcut to FDA approval

*Aristada™: prodrug approved via 505(b)(2)*

**Abilify™**

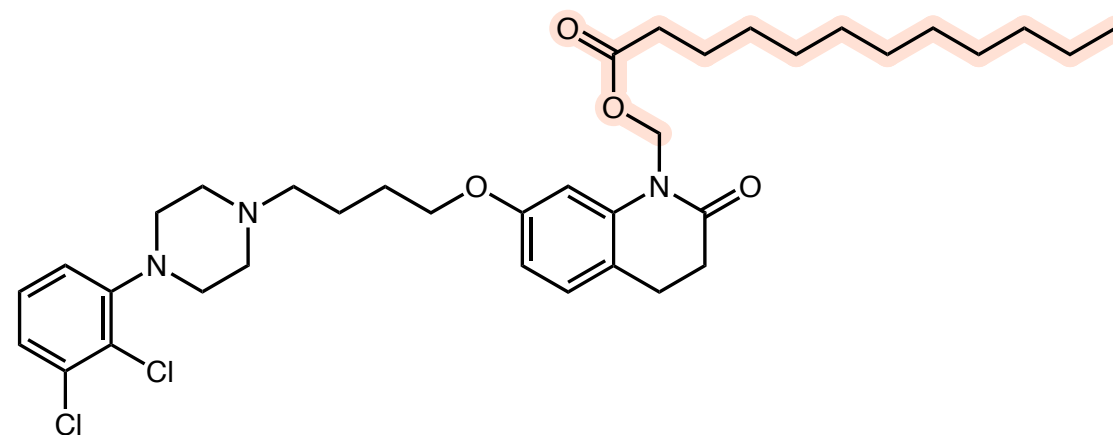


**FDA approval in 2002**

*Pivotal Phase 2,3 efficacy studies in schizophrenia*

*Large-scale preclinical and toxicology studies*

**Aristada™**



**Leveraged the existing data**

*Pivotal Phase 2,3 efficacy studies in schizophrenia*

*Large-scale preclinical and toxicology studies*

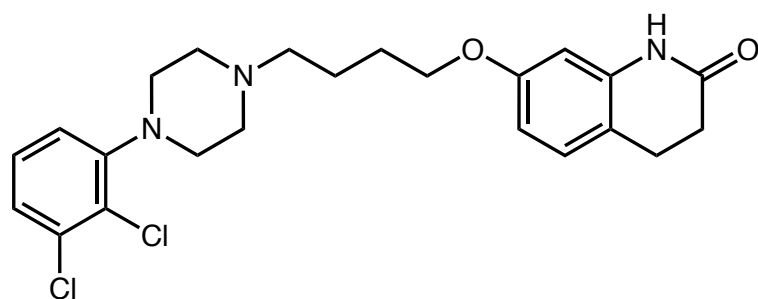
**Newly carried out studies**

*Bridging clinical work to show that Aristada™ does not introduce unexpected risks*

## Prodrug: built-in shortcut to FDA approval

*Aristada™: prodrug approved via 505(b)(2)*

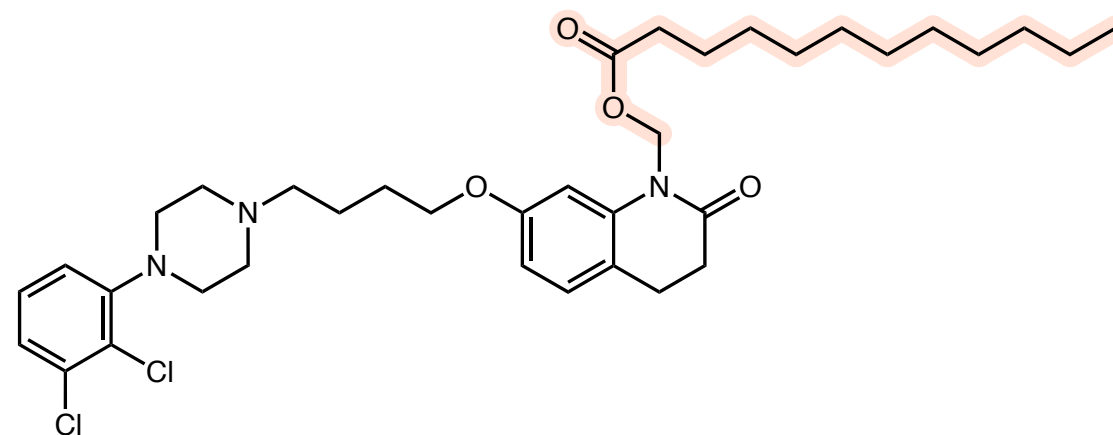
**Abilify™**



*~10 years from clinical entry to market*



**Aristada™**



**Phase 1 start: 2012**

**FDA approval: 2015**

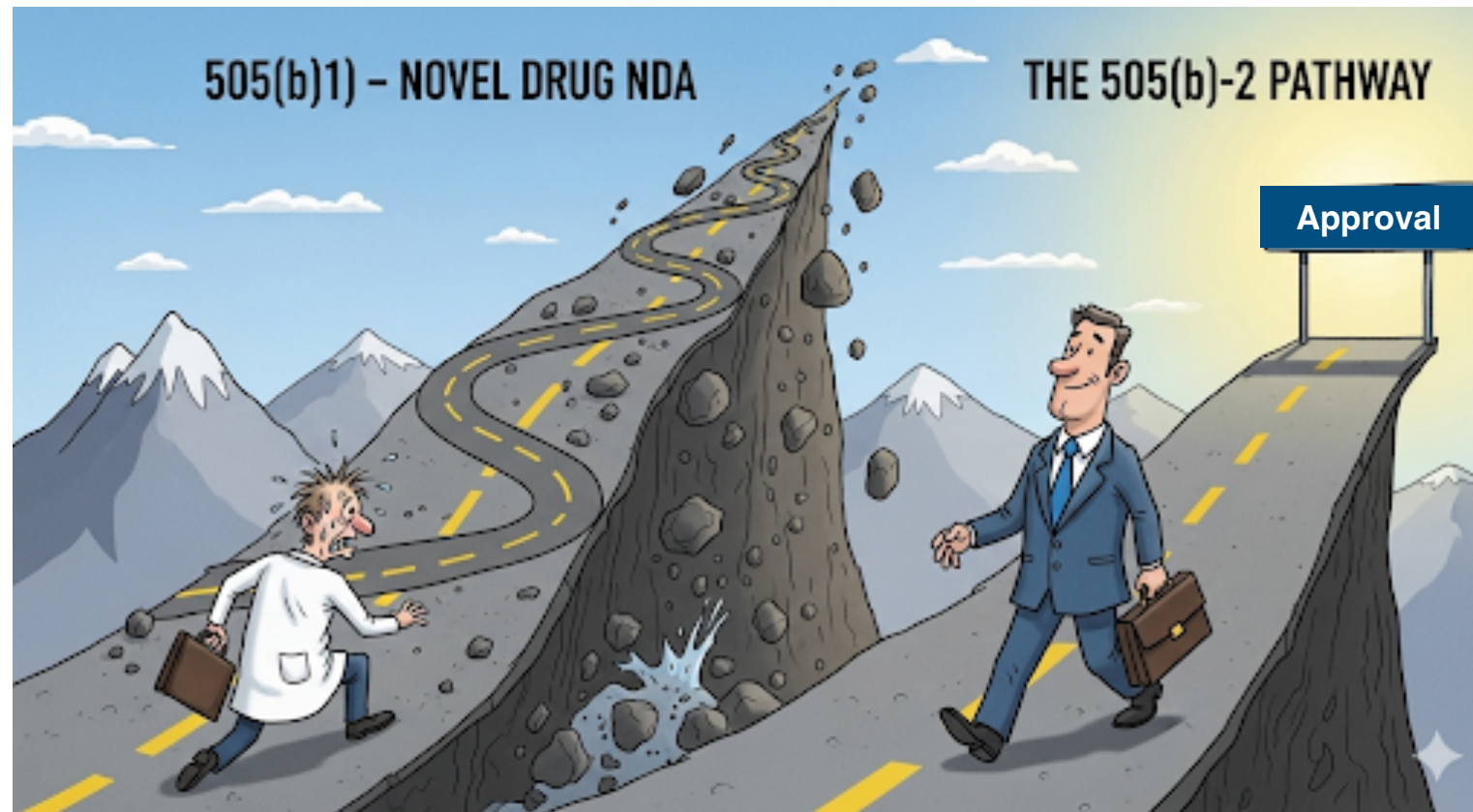
*~3 years from clinical entry to market*





## *Prodrug: built-in shortcut to FDA approval*

*Section 505(b)(2) of FDA guideline*



***Prodrug design leverages the 505(b)(2) pathway, enabling faster approval***

# *Conclusion and outlooks*

## *Final thoughts*

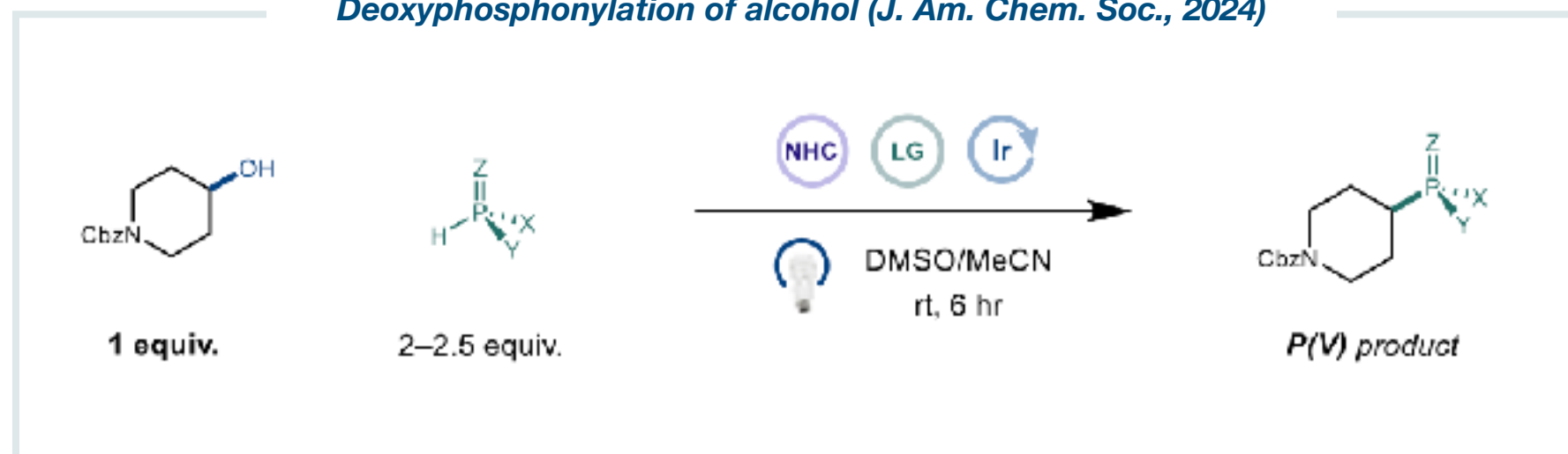
- *Prodrug = pre-drug*
- *Balancing lipophilicity and solubility is a core challenge in drug design, prodrugs can provide a solution where appropriate*
- *Practical advantages in industry: patent evasion, faster approval, safer prescriptions, and the long-acting injectable formulation*
- *Not the 'last resort' of drug development, but a strategic choice that must be considered in discovery*

# Conclusion and outlooks

## Final thoughts

- ***A wider toolbox of synthetic methods to covalently attach promoiety will enable translation of more drug candidates into the clinic***

### *Deoxyphosphonylation of alcohol (J. Am. Chem. Soc., 2024)*





# Acknowledgements



***Prof. David W. C. MacMillan***

**The MacMillan Group**



## Questions?

