

## Dissolving microarray patches

Verified by the innovator, on Sep 2021

## Developer(s)

Queen's University Belfast

Originator

<https://www.qub.ac.uk/schools/SchoolofPharmacy/>

Ireland



Currently focusing on research in the field of microneedles/microarray patches, minimally-invasive patient monitoring/diagnosis, transdermal drug delivery, including biomolecules, vaccine delivery, photodynamic therapy, nanomedicine delivery, HIV treatment and prevention, delivery of therapeutics for tropical diseases and rare conditions.

## Sponsor(s)



Engineering and  
Physical Sciences  
Research Council

EPSRC

<https://epsrc.ukri.org/>



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USAID

<https://www.usaid.gov/>

## Partnerships

PATH

<https://www.path.org/>

# Technology information

## Type of technology

Polymer-based particles, In-situ forming gel/implant, Aqueous drug particle suspension, Transdermal patch

## Administration route

Intradermal delivery of long-acting drug formulations

## Development state and regulatory approval

### Active Pharmaceutical Ingredient (API)

Cabotegravir (CAB)

### Development Stage

Pre-clinical

### Regulatory Approval

N/A

## Description

Biocompatible polymeric microneedle system that painlessly and without drawing blood penetrates the skin's stratum corneum barrier and then dissolves to deposit long-acting drug formulations in the viable skin layers. This technology could be a replacement for long-acting intramuscular injections

## Technology highlight

Avoids needle stick injuries, no cold chain required, high-dose delivery system, easy to use by patients at home, self-disabling system, with specialist disposal not required

## Technology main components

Microneedles composed of FDA-approved biocompatible polymers

### **Information on the raw materials sourcing, availability and anticipated price**

PVA and PVP, the typical dissolving polymers, are inexpensive and can readily be obtained by pharmaceutical excipient manufacturers. Sometimes, PLGA will be required to sustain release of more water soluble molecules. PLGA is more expensive, but Ashland and Evonik offer many different products with controllable biodegradation properties that are suitable for injectable products.

## Delivery device(s)

No delivery device

# APIs compatibility profile

## API desired features

### Water-soluble molecules

Unit: mg/mL

Microneedles are suitable for a wide range of therapeutic classes. Formulation can be readily adjusted as required

### Water-insoluble molecules

Unit: mg/mL

Both soluble (e.g. tenofovir alafenamide fumarate) and poorly soluble (e.g. rilpivirine, cabotegravir) can be delivered. Formulations can be adjusted as needed to obtain the delivery rate desired

### Small molecules

Rilpivirine, cabotegravir, tenofovir alafenamide fumarate, etravirine

### Nucleic acids

DNA and RNA vaccines

### Proteins

Therapeutic antibodies and single domain antibodies, protein vaccines and peptides (e.g. insulin, exenatide)

### Additional solubility data

N/A



### **Additional stability data**

N/A

### **API loading: Maximum drug quantity to be loaded**

75-90 wt%

### **API co-administration**

2 different APIs : At least two

### **LogP**

Not provided

# **Scale-up and manufacturing prospects**

## **Scale-up prospects**

Microneedle products can now be made at scale by a number of manufacturers to GMP conditions - For example, by LTS Lohmann - <https://ltslohmann.de/en/micro-array-patches/>

## **Tentative equipment list for manufacturing**

Confidential. Each manufacturer is unlikely to disclose such details without a CDA

## **Manufacturing**

It is likely a low bioburden product will be required

## **Specific analytical instrument required for characterization of formulation**

HPLC-MS, XRD, DSC, TGA, FT-IR, texture profile analysis, optical coherence tomography

# Clinical trials

Not provided

# Excipients

## **Proprietary excipients used**

PVA, PVP and, when needed, PLGA

## **Novel excipients or existing excipients at a concentration above Inactive Ingredients Database (IID) for the specified route of administration**

No novel excipient or existing excipient used

## **Residual solvents used**

No residual solvent used

# **Additional features**

## **Other features of the technology**

- Drug-eluting
- At least 1 year shelf life

## **Release properties**

Sustained release enabled by the drug formulation - the microneedles act as a tool to place the long-acting system in the viable skin layers

## **Injectability**

Applied to the skin and the needles penetrate the stratum corneum, then dissolve and deposit the long-acting drug formulation in the viable skin layers

## **Safety**

No needle stick injuries. no specialised disposal required, as the microneedles dissolve in skin

## **Stability**

Not provided

## **Storage conditions and cold-chain related features**

No cold chain needed, as the system is dry-state and so very stable

## Potential application(s)

### Therapeutic area(s)

HIV

Disease agnostic

### Use case(s)

Pre-Exposure Prophylaxis (PrEP)

Post-Exposure Prophylaxis (PEP)

Treatment

### Use of technology

#### Ease of administration

- Self-administered

#### Frequency of administration

Weekly, Monthly

#### User acceptance

Many studies have been conducted in this area - Freely available in the literature

## Targeted user groups

### Age Cohort

- Children
- Adolescents
- Adults
- Older Adults
- Neonates

### Genders

- All

### Pregnant individuals

Unspecified

### Lactating individuals

Unspecified

### Healthy individuals

Unspecified

### Comment

People in their own homes, including children

## Potential associated API(s)

### Rilpivirine (RPV)

#### Class(es)

anti-retroviral

#### Development stage

Pre-clinical

#### Clinical trial number(s)

N/A

#### Foreseen/approved indication(s)

HIV prevention and treatment

#### Foreseen user group

HIV patients and PreP patients

#### Foreseen duration between application(s)

1 week to 1 month

#### Applications to Stringent Regulatory Authorities (SRA) / regulatory approvals

N/A



## **Cabotegravir (CAB)**

### **Class(es)**

anti-retroviral

### **Development stage**

Pre-clinical

### **Clinical trial number(s)**

N/A

### **Foreseen/approved indication(s)**

HIV treatment and prevention

### **Foreseen user group**

HIV patients and PreP patients

### **Foreseen duration between application(s)**

1 week to 1 month

### **Applications to Stringent Regulatory Authorities (SRA) / regulatory approvals**

N/A

## Tenofovir alafenamide (TAF)

### Class(es)

Antiviral (NRTI)

### Development stage

Pre-clinical

### Clinical trial number(s)

Not provided

### Foreseen/approved indication(s)

Not provided

### Foreseen user group

Not provided

### Foreseen duration between application(s)

Not provided

### Applications to Stringent Regulatory Authorities (SRA) / regulatory approvals

Not provided



## Patent info

There are either no relevant patents or these were not yet submitted to LAPaL

# Supporting material

## Publications

There are no publication

## Additional documents

No documents were uploaded

## Useful links

- [Link to QUB Microneedles publications](#)

# Access principles

## Collaborate for development



Consider on a case by case basis, collaborating on developing long acting products with potential significant public health impact, especially for low- and middle-income countries (LMICs), utilising the referred to long-acting technology

Not provided

## Share technical information for match-making assessment



Provide necessary technical information to a potential partner, under confidentiality agreement, to enable preliminary assessment of whether specific medicines of public health importance in LMICs might be compatible with the referred to long-acting technology to achieve a public health benefit

Not provided

## Work with MPP to expand access in LMICs



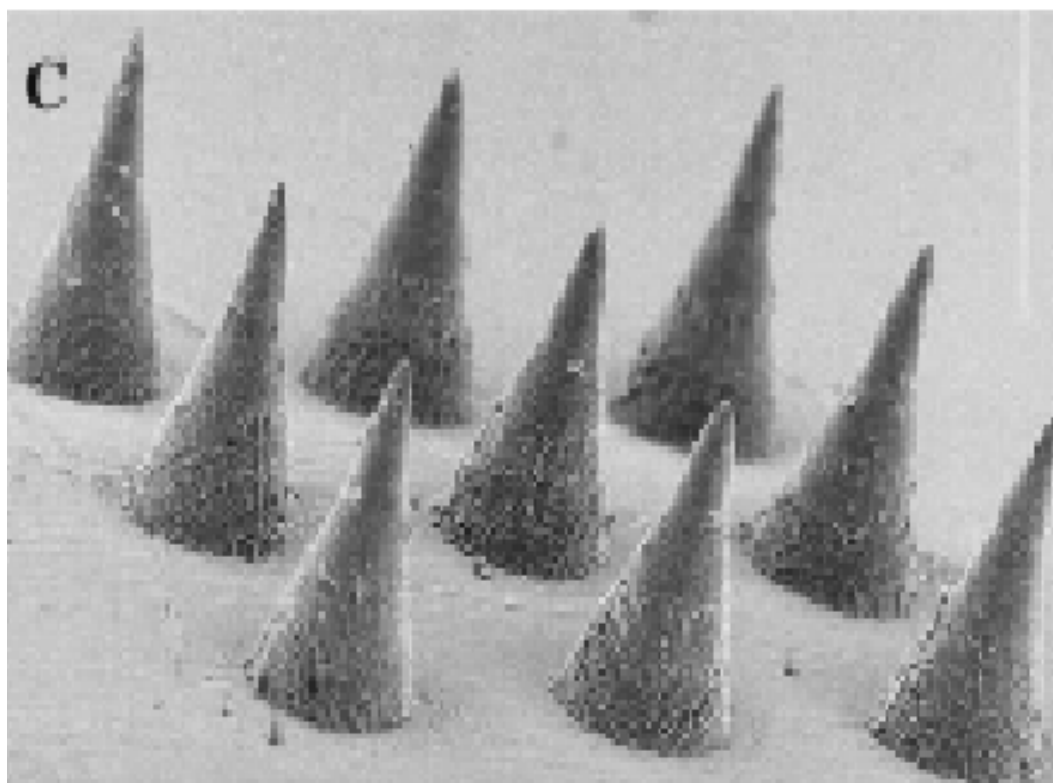
In the event that a product using the referred to long-acting technology is successfully developed, the technology IP holder(s) will work with the Medicines Patent Pool towards putting in place the most appropriate strategy for timely and affordable access in low and middle-income countries, including through licensing

Not provided

## **Comment & Information**

Microneedles aim to take the hypodermic needle out of the equation in the delivery of high-dose, long-acting drug formulations. Conditions to be managed include HIV, malaria, tuberculosis, schizophrenia and many others

## Illustrations



Microneedles

Queen's University Belfast