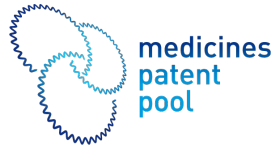
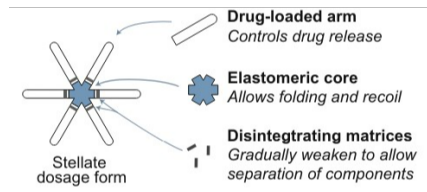


Developed by



Supported by



## LYNX

Based on public information

## Developer(s)

Lyndra Therapeutics

<https://lyndra.com/>

United States of America



In 2015, Lyndra Therapeutics was founded by Robert Langer to create a pipeline of long-acting drugs. Since its creation, Lyndra has made significant progress, developing 25 medicines in the lab, finishing 12 clinical studies, and establishing a proof of concept for weekly oral dosing in 5 therapeutic areas, all of which validate the viability of its platform with various APIs.

## Sponsor(s)

No sponsor indicated

## Partnerships

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National Institute of Health

<https://www.nih.gov>



Bill & Melinda Gates Foundation

<https://www.gatesfoundation.org>



Gilead Sciences, Inc.

<https://www.gilead.com>



Abbvie Pharmaceuticals

<https://www.abbvie.co.uk>

# Technology information

## Type of technology

Oral solid form

## Administration route

Oral

## Development state and regulatory approval

### Active Pharmaceutical Ingredient (API)

Risperidone

### Development Stage

Phase III

### Regulatory Approval

IND application was approved for LYN-005 by US FDA on 2020

## Description

Lynx is an oral drug delivery system that releases the API slowly over time. It has the potential to decrease the number of times a drug needs to be taken from once a day to once a week. This system consists of a standard size capsule (00EL) with a core elastomer and six drug arms folded inside like a stellate. When the capsule dissolves, this stellate structure extends and lodges in the stomach for a week. It is gastric-resistant system which contains a carrier polymer component linked with one or more coupling polymers. This polymer is responsible for the extended release of the API.

## Technology highlight

- LYNX consists of a central core attached with six polymer arms .
- Each arm contains a concentrated amount of the API.
- The capsule is coated with a proprietary material.
- This coating makes it easy to swallow and ensures the capsule remains intact in the oesophagus, preventing premature drug release.
- The elastomer material used in the arms of LYNX is porous.
- This porosity allows for a slow and steady release of the drug into the system.
- As a result, the therapeutic concentration of the API is maintained in the plasma for an extended period.
- Thus, LYNX helps reduce the peaks and troughs in drug plasma levels.
- The arms are connected to the core using biodegradable linkers.
- Once the drug release is complete, these linkers soften and disintegrate.

## Technology main components

(i) Carrier polymer (eg: polycaprolactone, polyanhydrides, polyphosphazenes, and polycyanoacrylates); (ii) API; (iii) Release enhancer; (iv) Dispersant (eg: carboxymethylcellulose, hypromellose, magnesium aluminum silicate, CABOSIL M-5P); (v) Solubilizer; (vi) Stabilizer (vii) Capsule coating (eg: Eudragit RS, Dichloromethane)

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

Not provided

## Delivery device(s)

No delivery device

# APIs compatibility profile

## API desired features

Not provided

## Additional solubility data

Not provided

## Additional stability data

Not provided

## API loading: Maximum drug quantity to be loaded

50wt%

## API co-administration

Not provided

## LogP

Not provided



# **Scale-up and manufacturing prospects**

## **Scale-up prospects**

In terms of scale up prospective, Lyndra has begun ramping up new manufacturing operations in Lexington, Massachusetts. The plant began producing materials in April in preparation for the company's Phase II clinical trials, which are slated to begin later this year. In order to meet the demands of both upcoming and ongoing clinical studies as well as potential commercialization, Lyndra keeps growing its manufacturing capacity.

## **Tentative equipment list for manufacturing**

Haake MiniCTW, Twin-screw extruders, triangular cross-section rods, coating pan and dip coater.

## **Manufacturing**

- Initially, three 1-kg batches of a matrix formulation were produced and characterized for performance and stability.
- Blends of drug, polymer, and excipients blended by continuous twin screw compounding at 500 g/h.
- Blends are formed into triangular cross-section rods and cut to length to form drug arms.
- Analysis showed good uniformity in both intra-batch and inter-batch.
- The prepared formulation is dip-coated, assembled into stellate dosage forms, and analysed for storage stability.

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

HPLC with precolumn derivatization, NMR, X-ray diffraction and UV spectroscopy.

# Clinical trials

**LYN-014-C-101**

## Identifier

NCT05251376

## Link

<https://clinicaltrials.gov/study/NCT05251376>

## Phase

Phase I

## Status

Withdrawn

## Sponsor

Lyndra Inc.

## More details

A Phase 1, Single Dose, Open-label, Safety, Tolerability, and Pharmacokinetic Study of LYN-014 in Individuals with Opioid Use Disorder Who are Stable on Methadone Therapy

## Purpose

Study of LYN-014 in Individuals With Opioid Use Disorder Who Are Stable on Methadone Therapy

## Interventions

**Intervention 1**

Levomethadone HCl

**Intervention 2**

Methadone

**Intervention 3**

Morphine Sulfate

**Intervention 4**

x-ray

**Intervention 5**

blood tests

**Countries**

Not provided

**Sites / Institutions**

Not provided

**Trials dates****Anticipated Start Date**

Not provided

**Actual Start Date**

2022-02-28

**Anticipated Date of Last Follow-up**

2023-01-17

**Estimated Primary Completion Date**

Not provided

**Estimated Completion Date**

Not provided

**Actual Primary Completion Date**

2022-12-19

**Actual Completion Date**

2022-12-19

**Studied populations****Age Cohort**

- Adults

**Genders**

- All

**Accepts pregnant individuals**

Unspecified

**Accepts lactating individuals**

Unspecified

**Accepts healthy individuals**

No

**Comments about the studied populations**

Inclusion Criteria: To be eligible to participate in the study, individuals must meet all the following inclusion criteria at Screening (and at other timepoints, where specified): Male or female aged  $\geq 18$  and  $\leq 59$  years. Body mass index of  $\geq 18$  kg/m<sup>2</sup> and  $\leq 33$  kg/m<sup>2</sup>. Moderate or severe OUD according to the DSM-5 criteria. Clinically stable (for at least 6 months) on oral daily methadone therapy at a dose of 80 to 100 mg and have been taking the same dose for at least 3 months, and are stably engaged in a methadone program, confirmed by a methadone provider and defined as (1) demonstrates evidence of regular attendance, (2) has not had problems with missed visits, and (3) consistently demonstrates drug-negative urine samples (except for cannabis). Agree to provide the study site with contact

**Health status**

Not provided

**Study type**

Interventional (clinical trial)

**Enrollment**

Not provided

**Allocation**

Not provided

**Intervention model**

Single group assignment

**Intervention model description**

Not provided

**Masking**

Open label

**Masking description**

Not provided

**Frequency of administration**

Weekly

**Studied LA-formulation(s)**

Tablet

**Studied route(s) of administration**

Oral

**Use case**

Treatment

**Key results**

Not provided

# LYN-163-C-101

## Identifier

ACTRN12621001218886

## Link

<https://anzctr.org.au/Trial/Registration/TrialReview.aspx?id=381955&isReview=true>

## Phase

Phase I

## Status

Not provided

## Sponsor

Lyndra Therapeutics, Inc

## More details

This single ascending dose study will evaluate the safety, tolerability, pharmacokinetics (PK) of LYN-163 in healthy individuals. The PK of ivermectin will be assessed. Data from this study will be a key indicator of feasibility of the product concept and will inform formulation optimization and dose selection for further development. This study will enroll individuals who are in good health. Healthy volunteers are most suitable for providing the initial characterization of the LYN-163 safety and PK profile after a single dose.

## Purpose

Prevention

## Interventions

**Intervention 1**

Ivermectin 28mg

**Intervention 2**

Ivermectin 56mg

**Countries**

Australia

**Sites / Institutions**

Not provided

**Trials dates****Anticipated Start Date**

2021-10-15

**Actual Start Date**

2022-05-26

**Anticipated Date of Last Follow-up**

2023-11-16

**Estimated Primary Completion Date**

Not provided

**Estimated Completion Date**

2023-04-15

**Actual Primary Completion Date**

2023-02-14

**Actual Completion Date**

Not provided

**Studied populations**



## **Age Cohort**

- Adults
- Adolescents

## **Genders**

- All

## **Accepts pregnant individuals**

Unspecified

## **Accepts lactating individuals**

No

## **Accepts healthy individuals**

Yes

## **Comments about the studied populations**

Not provided

## **Health status**

Not provided

Other health status: Malaria

## **Study type**

Interventional (clinical trial)

## **Enrollment**

15

## **Allocation**

Not provided

## **Intervention model**

Parallel Assignment

**Intervention model description**

Not provided

**Masking**

Open label

**Masking description**

Not provided

**Frequency of administration**

Weekly

**Studied LA-formulation(s)**

Tablet

**Studied route(s) of administration**

Not provided

**Use case**

Treatment

**Key results**

Not provided

# LYN 005-C-301

## Identifier

NCT05779241

## Link

<https://clinicaltrials.gov/study/NCT05779241>

## Phase

Phase III

## Status

Completed

## Sponsor

Lyndra Inc.

## More details

Lyndra Therapeutics, Inc. is developing LYN-005, a long-acting oral (LAO) capsule (LYNX™ dosage form) of risperidone. This pivotal study (LYN-005-C-301) will evaluate the PK as well as safety and tolerability of multiple administrations of the LYN-005 formulation at two dose levels.

## Purpose

Study to Evaluate the Pharmacokinetics (PK) and Safety/Tolerability of Long-Acting Oral LYN-005

## Interventions

### Intervention 1

LYN-005

## **Intervention 2**

Risperidone immediate release (IR)

## **Countries**

United States of America

## **Sites / Institutions**

Not provided

## **Trials dates**

### **Anticipated Start Date**

Not provided

### **Actual Start Date**

2023-04-13

### **Anticipated Date of Last Follow-up**

2024-03-11

### **Estimated Primary Completion Date**

Not provided

### **Estimated Completion Date**

Not provided

### **Actual Primary Completion Date**

2023-11-03

### **Actual Completion Date**

2023-12-01

## **Studied populations**

### **Age Cohort**

- Adults

## **Genders**

- All

## **Accepts pregnant individuals**

Unspecified

## **Accepts lactating individuals**

Unspecified

## **Accepts healthy individuals**

No

## **Comments about the studied populations**

Inclusion Criteria: 1. Male or female aged  $\geq 18$  and  $\leq 64$  years. 2. Current diagnosis of schizophrenia or schizoaffective disorder according to Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria as confirmed by the Mini International Neuropsychiatric Interview for Psychotic Disorder Studies (MINI) version 7.0.2. 3. The following psychiatric criteria are to be used to determine participant eligibility: 1. Duration of diagnosis of schizophrenia or schizoaffective disorder of  $\geq 2$  years. 2. Outpatient; not hospitalized for worsening of schizophrenia within the last 6 months (partial hospitalization for social management within this time period is acceptable). 3. Medically stable over the last month and psychiatrically stable without significant symptom exacerbation o

## **Health status**

Not provided

## **Study type**

Interventional (clinical trial)

## **Enrollment**

83

**Allocation**

Non-randomized

**Intervention model**

Parallel Assignment

**Intervention model description**

Not provided

**Masking**

Open label

**Masking description**

Not provided

**Frequency of administration**

Weekly

**Studied LA-formulation(s)**

Tablet

**Studied route(s) of administration**

Not provided

**Use case**

Treatment

**Key results**

Not provided

# Excipients

## **Proprietary excipients used**

No proprietary excipient used

## **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

- Biodegradable
- Drug-eluting
- Room temperature storage
- At least 1 year shelf life

## Release properties

• The LYNX gastric residence system can release the API for a cumulative four to ten days, achieving near-zero-order drug release over a week. • The release characteristics are mainly based on the eudragit & dichloromethane-coated polymer matrix, which tends to release the API linearly over the first 24h once the surface drug is dissolved. • The dispersant added to the formulation also controls the initial burst release and maintains the percentage of drug release over a week. In addition to that, burst release and release rate can be modified by using varied concentrations of dispersants.

## Injectability

Not applicable

## Safety

Interim analysis of ongoing clinical trials of LYN-005 (Oral Weekly Risperidone) shows positive results based on the PANSS score in schizophrenia. LYN-005 is generally safe and well-tolerated.

## Stability

LYNX gastric resistance system has an extended shelf life of three years



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

LYN-005 is meant to be stored at 15–25 °C. The capsules are to be handled carefully to avoid squeezing or crushing.

## Potential application(s)

### Therapeutic area(s)

Malaria

Contraception

Other(s) : "Hyperlipidaemia and Pain Management"

HIV

Substance use disorders

Mental health

### Use case(s)

Treatment

### Use of technology

#### Ease of administration

- Self-administered

#### Frequency of administration

Weekly, Monthly

#### User acceptance

Not provided

## **Targeted user groups**

### **Age Cohort**

- Adults
- Older Adults

### **Genders**

- All

### **Pregnant individuals**

Unspecified

### **Lactating individuals**

Unspecified

### **Healthy individuals**

Yes

### **Comment**

Not provided

# Potential associated API(s)

## Risperidone

### Class(es)

Antipsychotic

### Development stage

Phase III

### Clinical trial number(s)

NCT04567524

### Foreseen/approved indication(s)

Antipsychotic

### Foreseen user group

Not provided

### Foreseen duration between application(s)

Once weekly

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

IND application was approved for LYN-005 by US FDA on 2020

## rosuvastatin

### **Class(es)**

HMG-CoA reductase inhibitor

### **Development stage**

Phase I

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

ACTRN12621000101886

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

Hyperlipidemia

### **Foreseen user group**

Not provided

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

Once weekly

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

Not provided

## levomethadone

### **Class(es)**

Drug Abuse

### **Development stage**

Phase I

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

NCT05251376

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

Opioid Use Disorder

### **Foreseen user group**

Not provided

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

Once weekly

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

Received IND on May 2021 and Fast Track designation from FDA

# Ivermectin

## **Class(es)**

Antimalarial

## **Development stage**

Phase I

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

ACTRN12621001218886

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

Malaria infection

## **Foreseen user group**

Not provided

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

Once every two weeks

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

Not provided

## memantine

### **Class(es)**

NMDAR antagonist

### **Development stage**

Pre-clinical

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

Not provided

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

Alzheimer's disease

### **Foreseen user group**

Not provided

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

Once weekly

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

Not provided



## **Dolutegravir (DTG)**

### **Class(es)**

HIV integrase inhibitor

### **Development stage**

Pre-clinical

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

Not provided

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

HIV

### **Foreseen user group**

Not provided

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

Once a week

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

Not provided

## Rilpivirine (RPV)

### **Class(es)**

Non-nucleoside reverse transcriptase inhibitors

### **Development stage**

Pre-clinical

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

Not provided

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

HIV

### **Foreseen user group**

Not provided

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

Once a week

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

Not provided

## **Cabotegravir (CAB)**

### **Class(es)**

HIV integrase inhibitors

### **Development stage**

Pre-clinical

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

Not provided

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

HIV

### **Foreseen user group**

Not provided

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

Once a week

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

Not provided

## Opioids

### **Class(es)**

Narcotic analgesic

### **Development stage**

Pre-clinical

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

Not provided

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

Pain Management

### **Foreseen user group**

Not provided

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

Once a week

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

Not provided

## **naloxone**

### **Class(es)**

Drug Abuse

### **Development stage**

Pre-clinical

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

Not provided

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

Opioid dependence

### **Foreseen user group**

Not provided

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

Once a week

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

Not provided



# Patent info

## Description

Gastric Residence Systems with Release rate-modulating Films

## Brief description

The gastric resistance system relates to systems which remain in the stomach for extended period for sustained release of pharmaceuticals and methods of use thereof.

## Representative patent

WO2018227147

## Category

formulation

## Patent holder

Lyndra Therapeutics

## Exclusivity

Not provided

## Expiration date

June 8, 2038

## Status

Not provided

## **Description**

Gastric Residence Systems for Sustained Release of Therapeutics Agents and Methods of use thereof

## **Brief description**

Gastric residence systems comprise therapeutic agent formulations for sustained gastric release of therapeutic agents as well as methods for using such systems. The systems are by using a dispersant in the formulations, which improves the burst release characteristics and long-term release rate characteristics of the systems. Milling of the therapeutic agent can be performed to prepare agent particles of the desired size.

## **Representative patent**

US11576859

## **Category**

formulation

## **Patent holder**

Lyndra Therapeutics

## **Exclusivity**

Not provided

## **Expiration date**

October 21, 2036

## **Status**

Not provided



## **Supporting material**

## Publications

**Kanasty, R., Low, S., Bhise, N., Yang, J., Peeke, E., Schwarz, M., ... & Bellinger, A. M. (2019). A pharmaceutical answer to nonadherence: Once weekly oral memantine for Alzheimer's disease. *Journal of controlled release* 303, 34-41. <https://doi.org/10.1016/j.jconrel.2019.03.022>**

The formulation of memantine hydrochloride is the first oral dosage form to achieve sustained drug release for a week with near zero-order kinetics and efficient delivery. In the dog model, relative memantine bioavailability approaches 100%, with sustained plasma levels over seven days. A single gastric resistant dosage form achieves an AUC equivalent to seven daily treatments with the marketed daily capsule, with a Cmax no higher than the daily product. This formulation methodology is applicable to many water-soluble drugs and may enable the development of long-acting oral therapies for various conditions.

**Kirtane AR, Abouzid O, Minahan D, Bense T, Hill AL, Selinger C, Bershteyn A, Craig M, Mo SS, Mazdiyasni H, Cleveland C, Rogner J, Lee YL, Booth L, Javid F, Wu SJ, Grant T, Bellinger AM, Nikolic B, Hayward A, Wood L, Eckhoff PA, Nowak MA, Langer R, Traverso G. Development of an oral once-weekly drug delivery system for HIV antiretroviral therapy. *Nat Commun.* 2018 Jan 9;9(1):2. doi: [10.1038/s41467-017-02294-6](https://www.nature.com/articles/s41467-017-02294-6).**

The efficacy of antiretroviral therapy is significantly compromised by medication non-

adherence. Long-acting enteral systems that can ease the burden of daily adherence have not yet been developed. Here we describe an oral dosage form composed of distinct drug-polymer matrices which achieved week-long systemic drug levels of the antiretrovirals dolutegravir, rilpivirine and cabotegravir in a pig. Simulations of viral dynamics and patient adherence patterns indicate that such systems would significantly reduce therapeutic failures and epidemiological modelling suggests that using such an intervention prophylactically could avert hundreds of thousands of new HIV cases. In sum, weekly administration of long-acting antiretrovirals via a novel oral dosage form is a promising intervention to help control the HIV epidemic worldwide.

**Foltin, R. W., Zale, S., Sykes, K. A., Nagaraj, N., Scranton, R. E., & Comer, S. D. (2022). A novel long-acting formulation of oral buprenorphine/naloxone produces prolonged decreases in fentanyl self-administration by rhesus monkeys. *Drug and alcohol dependence*, 239, 109599. <https://doi.org/10.1016/j.drugalcdep.2022.109599>**

We evaluated the efficacy of this formulation in reducing intravenous (i.v.) fentanyl self-administration by three male and three female rhesus monkeys. Buprenorphine HCl and naloxone HCl were co-formulated using an 11:1 ratio of buprenorphine:naloxone in a controlled-release gastric residence formulation administered in an oral capsule (LYN-013). Naloxone was included to determine the feasibility of combining naloxone with buprenorphine in the formulation as an abuse deterrent. Complete fentanyl dose-response functions were determined during each session. The efficacy of single doses of 56/5, 112/10 and 168/15 mg buprenorphine/naloxone in reducing fentanyl self-administration was examined over 13 days. LYN-013 significantly decreased the rate of responding for fentanyl for 3 days and significantly reduced total intake of fentanyl for 8 days. Time to maximal buprenorphine levels (T<sub>max</sub>) ranged between 56 and 68 h for all 3 doses. The maximal buprenorphine level (C<sub>max</sub>) following 168 mg was 2.3 ng/ml which was significantly greater than those observed for 56 mg (1.22 ng/ml) and 112 mg (1.35 ng/ml). Finally,

the area-under-curves (AUC<sub>tau</sub>) were buprenorphine dose-dependently increased from 88 to 127-265 h\*ng/ml. There were no signs of non-specific changes in behavior.

## **Additional documents**

No documents were uploaded

## **Useful links**

There are no additional links

# 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

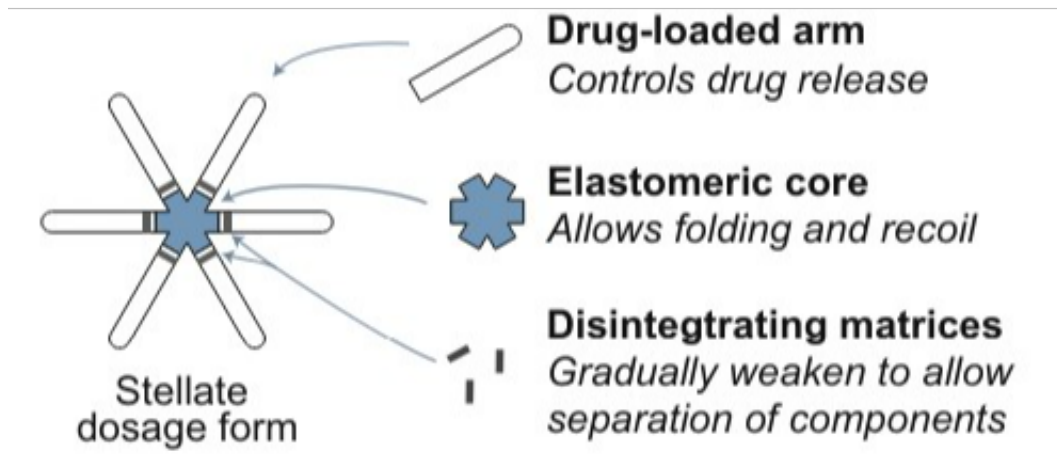


In the event that a product using the referred to long-acting technology is successfully developed, the technology IP holder(s) will work with the Medicines Patent Pool towards putting in place the most appropriate strategy for timely and affordable access in low and middle-income countries, including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

Not provided

## **Comment & Information**

## Illustrations



Drug-loaded arms control drug release, flexible elastomeric cores allow folding into a capsule and deployment in the stomach, disintegrating matrices control breakdown and passage out of the stomach

Kanasty, R., Low, S., Bhise, N., Yang, J., Peeke, E., Schwarz, M., ... & Bellinger, A. M. (2019). A pharmaceutical answer to nonadherence: Once weekly oral memantine for Alzheimer's disease.