

Developed by









Ultra-Long-Acting Multi-Purpose In-situ Forming Implant (ISFI)

Verified by the innovator, on Apr 2022

Supported by

Developer(s)



University of North Carolina at Chapel Hill https://benhabbour.web.unc.edu/

US

Harnessing engineering, chemistry, and pharmacology tools to design and engineer innovative drug delivery platform technologies for disease treatment and prevention.





NIH-NIAID https://www.niaid.nih.gov/

Partnerships

No partner indicated

Technology information

Type of technology

In-situ forming gel/implant

Administration route

Subcutaneous

Development state and regulatory approval

Active Pharmaceutical Ingredient (API)

Cabotegravir (CAB), Medroxyprogesterone acetate (MPA)

Development Stage

Pre-clinical

Regulatory Approval

Description

The in-situ forming implant (ISFI) consists of a liquid co-formulation utilizing excipients that form a biodegradable depot after subcutaneous injection for a controlled sustained release of active ingredients. It is based on a biodegradable polymer such as PLGA, a water miscible organic solvent such as NMP and the API or combination APIs of interest.

Technology highlight

First-in-line, ultra-long-acting injectable MPT that offers durable and sustained protection from HIV transmission, high efficacy of contraception, increased user compliance, and the ability to be removed if required. The ISFI offers at least 3 months sustained release after a single subcutaneous administration. It is biodegradable yet removable in case of adverse events or need for treatment reversibility.

Technology main components

poly(DL-lactide-co-glycolide) (PLGA), N-methyl-2-pyrrolidone (NMP), dimethyl sulfoxide (DMSO)

Information on the raw materials sourcing, availability and anticipated price

Polymers readily available on the market

Delivery device(s)

No delivery device

APIs compatibility profile

API desired features

Water-soluble molecules

Water-insoluble molecules

Small molecules

Dolutegravir (DTG), Cabotegravir (CAB), Rilpivirine (RPV)

Nucleic acids

Confidential

Proteins

Confidential

Additional solubility data

Not provided

Additional stability data

Not provided

API loading: Maximum drug quantity to be loaded

To be provided

API co-administration

2 different APIs : at least 2 different APIs

LogP

Scale-up and manufacturing prospects

Scale-up prospects

To be determined

Tentative equipment list for manufacturing

To be determined

Manufacturing

To be determined

Specific analytical instrument required for characterization of formulation

To be determined

Clinical trials

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
- Monolithic
- Removable
- Single-use
- Room temperature storage
- At least 1 year shelf life
- Needs insertion kit

Release properties

Zero order release

Injectability

26-16 gauge needles

Safety

Absence of adverse local or systemic inflammation when administered to mice or nonhuman primates

Stability

To be determined

Storage conditions and cold-chain related features

To be determined

Potential application(s)

Therapeutic area(s)

Contraception Multipurpose technology : "HIV PrEP and contraception" Diabetes HBV TB COVID 19 HIV Pain management Oncology

Use case(s)

Pre-Exposure Prophylaxis (PrEP) Treatment

Use of technology

Ease of administration

- Administered by a nurse
- Administered by a specialty health worker
- To be determined

Frequency of administration

To be determined

User acceptance

To be determined

Targeted user groups

Age Cohort

Adults

Genders

- All
- Male
- Female
- Cisgender female
- Cisgender male
- Transgender female
- Transgender male
- Intersex
- Gender non-binary

Pregnant individuals

Yes

Lactating individuals

Yes

Healthy individuals

Unspecified

Comment

Potential associated API(s)

Cabotegravir (CAB), Medroxyprogesterone acetate (MPA)

Class(es)

Not provided

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

Cabotegravir (CAB), Etonogestrel (ENG)

Class(es)

Not provided

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

Dolutegravir (DTG), Medroxyprogesterone acetate (MPA)

Class(es)

Not provided

Development stage

Pre-clinical

Clinical trial number(s)

Not provided

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Dolutegravir (DTG), Etonogestrel (ENG)

Class(es)

Not provided

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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

Patent info

Technology patent families

Patent informations

				Licence	
	Representative			with	Patent
Patent description	patent	Categories	8 Patent holder	MPP	source
Injectable, biodegradable and	W02023278695		The University Of	No	Company
romovable polymor based drug	1102023270033		North Carolina At	No	company
suspension for ultra-long-acting			Спареї Нії		
drug delivery					
Expiry date: 2042-06-30					
Injectable, biodegradable and					
removable polymer based drug					
suspension for ultra-long-acting					
drug delivery are disclosed. Ultra-					
long-acting in-situ forming implant					
(ISFI) drug suspension delivery					
systems as multipurpose prevention					
technologies for a multitude of					
applications are also provided.					
Methods of use, including treatment					
of subjects, using the disclosed					
compositions and ISFIs are also					
provided.					

Patent status

Patent status/countries	Low, Low- middle and upper-middle	High income
Granted		
Filed	Albania, North Macedonia, Serbia,	Canada, Austria, Belgium, Switzerland,
	Türkiye	Cyprus, Czechia, Germany, Denmark,
		Estonia, Spain, Finland, France, United
		Kingdom, Greece, Croatia, Hungary,
		Ireland, Iceland, Italy, Liechtenstein,
		Lithuania, Luxembourg, Latvia, Monaco,
		Malta, Netherlands, Norway, Poland,
		Portugal, Sweden, Slovenia, Slovakia,
		San Marino, Japan, United States of
		America, Bulgaria, Romania

Not in force

World Intellectual Property OrganizationWorld Intellectual Property Organization(WIPO)(WIPO)

MPP Licence(s)

Supporting material

Publications

Effects of Injection Volume and Route of Administration on Dolutegravir In Situ Forming Implant Pharmacokinetics.
Joiner, J. B., King, J. L., Shrivastava, R., Howard, S. A., Cottrell, M. L., Kashuba, A., Dayton, P. A., & Benhabbour, S. R. (2022).

<em style="color: rgb(48, 48, 48);">?Pharmaceutics, em style="color: rgb(48, 48, 48);">14(3), 615.

https://doi.org/10.3390/pharmaceutics14030615

Due to the versatility of the in situ forming implant (ISFI) drug delivery system, it is crucial to understand the effects of formulation parameters for clinical translation. We utilized ultrasound imaging and pharmacokinetics (PK) in mice to understand the impact of administration route, injection volume, and drug loading on ISFI formation, degradation, and drug release in mice. Placebo ISFIs injected subcutaneously (SQ) with smaller volumes (40 µL) exhibited complete degradation within 30–45 days, compared to larger volumes (80 µL), which completely degraded within 45–60 days. However, all dolutegravir (DTG)-loaded ISFIs along the range of injection volumes tested (20–80 µL) were present at 90 days post-injection, suggesting that DTG can prolong ISFI degradation. Ultrasound imaging showed that intramuscular (IM) ISFIs flattened rapidly post administration compared to SQ, which coincides with the earlier Tmax for drugloaded IM ISFIs. All mice exhibited DTG plasma concentrations above four times the protein-adjusted 90% inhibitory concentration (PA-IC90) throughout the entire 90 days of the study. ISFI release kinetics best fit to zero order or diffusion-controlled models. When total administered dose was held constant, there was no statistical difference in drug exposure regardless of the route of administration or number of injections.

Keywords: long-acting, in situ, injectable, biodegradable, implants, PLGA, controlled release, drug delivery, ultrasound, pharmacokinetics

Multipurpose Prevention Technologies: Oral, Parenteral, and Vaginal Dosage Forms for Prevention of HIV/STIs and Unplanned Pregnancy. span style="color: rgb(34, 34, 34);">Young IC, Benhabbour SR. <em style="color: rgb(34, 34, 34);">?Polymers. 2021; 13(15):2450. https://doi.org/10.3390/polym13152450

There is a high global prevalence of HIV, sexually transmitted infections (STIs), and unplanned pregnancies. Current preventative daily oral dosing regimens can be ineffective due to low patient adherence. Sustained release delivery systems in conjunction with multipurpose prevention technologies (MPTs) can reduce high rates of HIV/STIs and unplanned pregnancies in an all-in-one efficacious, acceptable, and easily accessible technology to allow for prolonged release of antivirals and contraceptives. The concept and development of MPTs have greatly progressed over the past decade and demonstrate efficacious technologies that are user-accepted with potentially high adherence. This review gives a comprehensive overview of the latest oral, parenteral, and vaginally delivered MPTs in development as well as drug delivery formulations with the potential to advance as an MPT, and implementation studies regarding MPT user acceptability and adherence. Furthermore, there is a focus on MPT intravaginal rings emphasizing injection molding and hot-melt extrusion manufacturing limitations and emerging fabrication advancements. Lastly, formulation development considerations and limitations are discussed, such as nonhormonal contraceptive considerations, challenges with achieving a stable coformulation of multiple drugs, achieving sustained and controlled drug release, limiting drug-drug interactions, and advancing past preclinical development stages. Despite the challenges in the MPT landscape, these technologies demonstrate the potential to bridge gaps in preventative sexual and reproductive health care.

Additional documents

No documents were uploaded

Useful links

• LAI for prevention of HIV and unplanned pregnancy, I. Young, CROI2022

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

Comment & Information

Illustrations



ISFI mechanism and drug release. A liquid solution incorporating a biodegradable polymer, water-miscible organic solvent, and APIs is subcutaneously administered and undergoes a phase inversion

Young I, Benhabbour SR et al. CROI, 2022



Depots retrieved 90 days post subcutaneous administration in mice model to quantify residual drug and polymer degradation

Young I, Benhabbour SR et al. CROI 2022