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Cost of developing a new drug increases to about \$1.7 billion...



Wall Street Journal, December 8, 2003

High Gain

6.26



5.2



4.2



Pharmaceuticals are a high-gain enterprise. In the year 2000, the worldwide pharmaceutical market was about 325 billion dollars There were forty-four drugs with worldwide sales over 1 billion dollars —a general threshold for blockbuster status—from among which omeprazole (Prilosec™) was the top moneymaker, at 6.26 billion dollars.^a

Revenue in the year 2000 from this single drug exceeded the total cash intake from the top five-grossing movies of all time (Titanic, two Star Wars movies, Jurassic Park, and Independence Day)^b as well as the combined retail value of all the known paintings of the top ten grossing artists (Picasso, Monet, Renoir, Degas, Cézanne, Chagall, Matisse, Pissaro, van Gogh, and Modigliani)^b.

Finally, the combined value of the highest prices ever paid for the most expensive diamond, coin, clock, pen, piece of furniture, sculpture, book, baseball, manuscript, plus the biggest slot-machine and lottery jackpots is only about ten percent of the single-year revenue of omeprazole.c

0.6



Omeprazole

Hit Movie

Top Ten Artists

Jackpots & Valuables

^a Med Ad News 20 (5), 7 May 2001.

^b Ash, R. The Top 10 of Everything 2001, Dorling Kindersley, New York, 2000.

^c Guiness World Records 2001, Guinness World Records LTD, London, 2000.

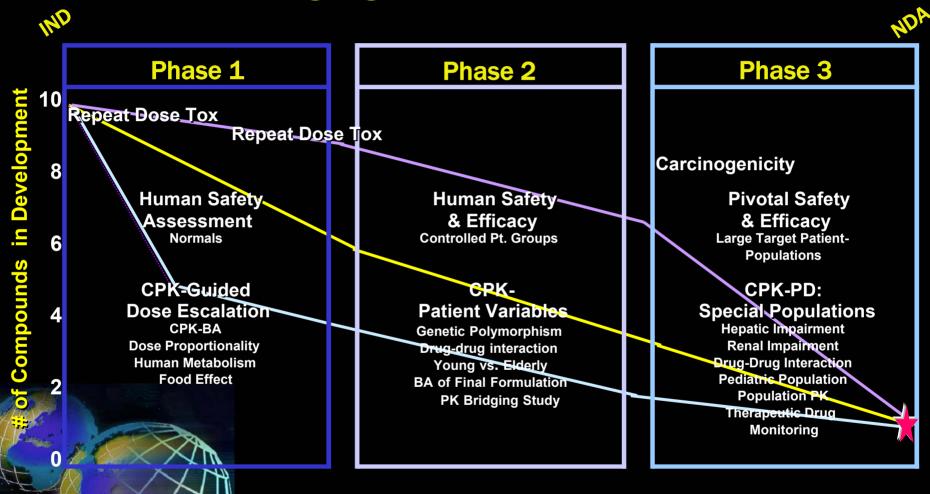


A new medical compound entering Phase 1 testing is estimated to have only 8% chance of reaching the

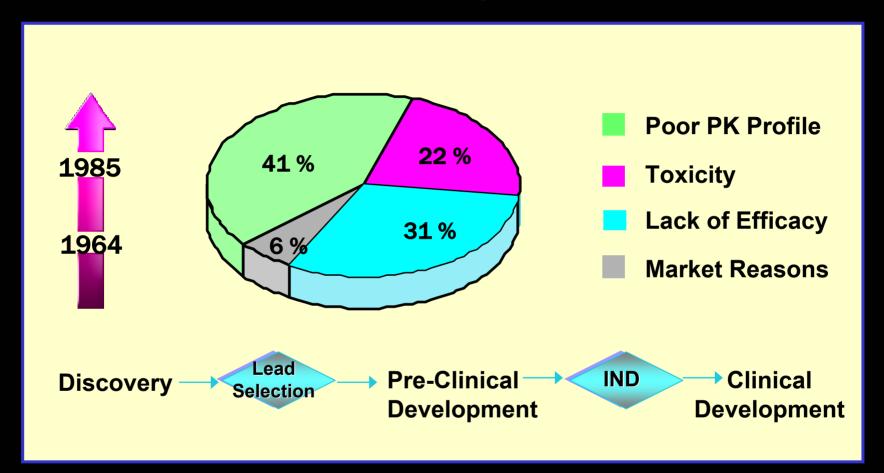


Critical Path Report, FDA, March 2004

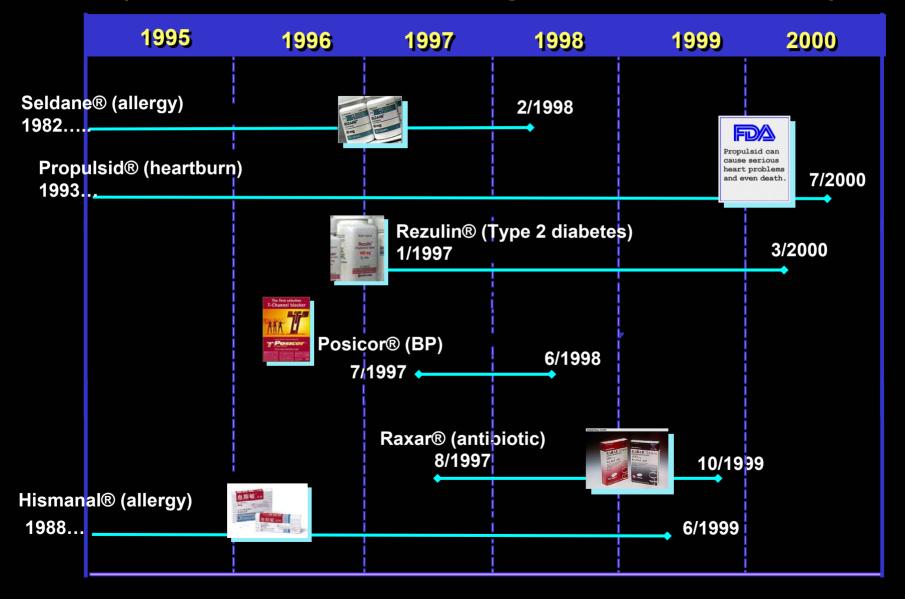
Managing the Attrition Curve

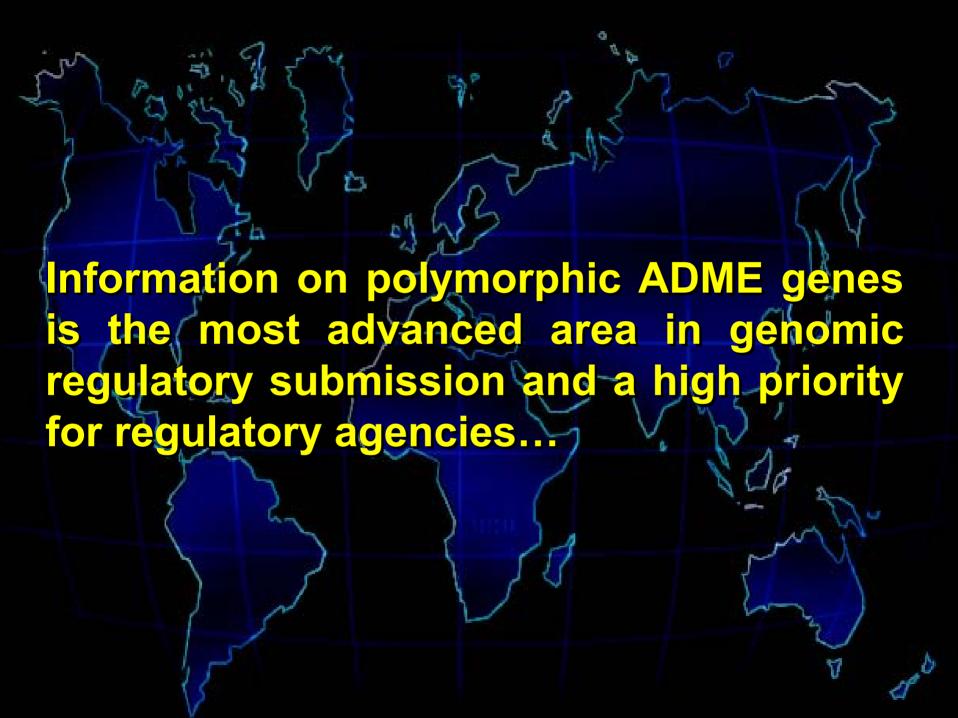


Reasons that Compounds Fail

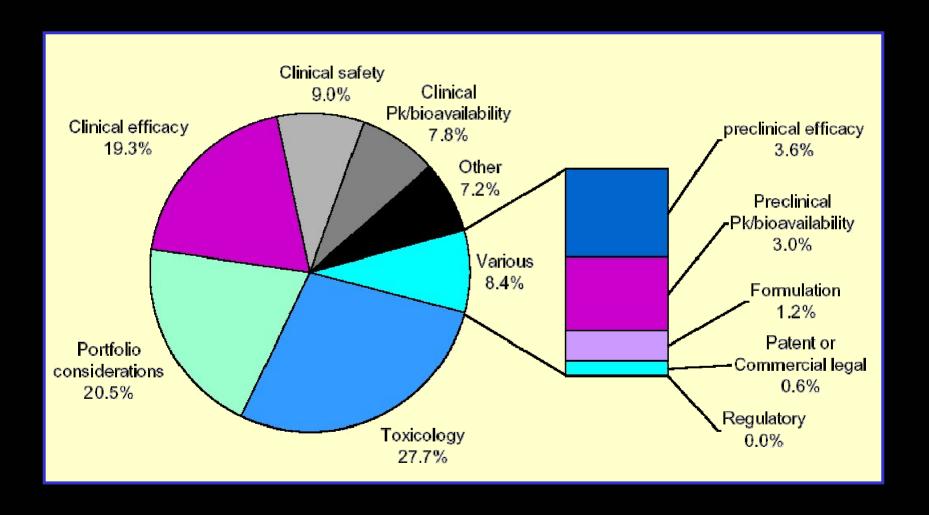


Drug Withdrawal from the U.S. Market (Due to Unfavorable Drug Metabolism Profile)





Reasons That Compounds Fail—2001



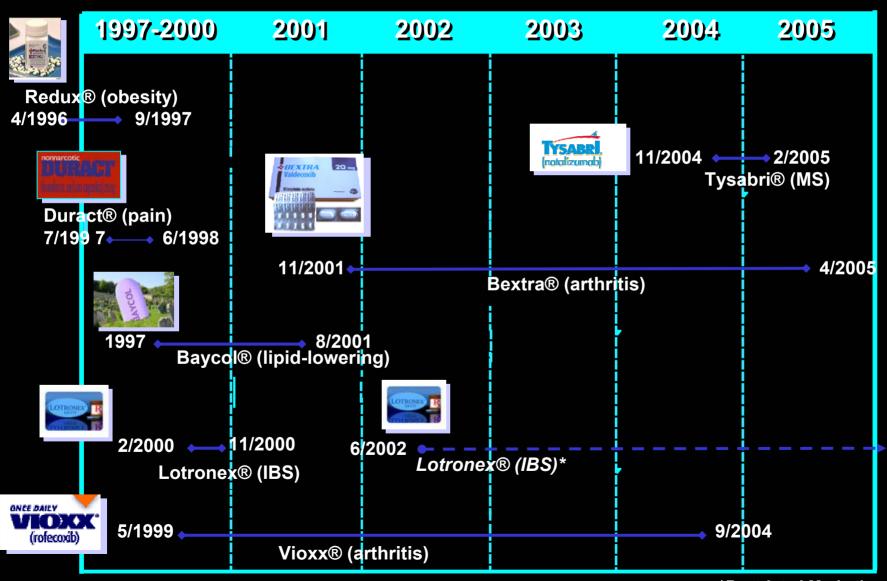
STRATTERA® (atomoxetine HCI)

- A selective norepinephrine reuptake inhibitor
- Attention-Deficit/Hyperactivity Disorder
- Atomoxetine is well-absorbed after oral administration and is minimally affected by food. It is eliminated primarily by oxidative metabolism through the cytochrome P450 2D6 (CYP2D6) enzymatic pathway and subsequent glucuronidation. Atomoxetine has a half-life of about 5 hours. A fraction of the population (about 7% of Caucasians and 2% of **African Americans**) are poor metabolizers (PMs) of CYP2D6 metabolized drugs. These individuals have reduced activity in this pathway resulting in 10-fold higher AUCs, 5-fold higher peak plasma concentrations, and slower elimination (plasma half-life of about 24 hours) of atomoxetine compared with people with normal activity [extensive metabolizers (EMs)]. Drugs that inhibit CYP2D6, such as fluoxetine, paroxetine, and quinidine, cause similar increases in exposure.

Laboratory tests are available to identify CYP2D6 PMs.

The major oxidative metabolite formed, regardless of CYP2D6 status, is 4hydroxyatomoxetine, which is glucuronidated. 4-Hydroxyatomoxetine is equipotent to atomoxetine as an inhibitor of the norepinephrine transporter but circulates in plasma at much lower concentrations (1% of atomoxetine concentration in EMs and 0.1% of atomoxetine concentration in PMs). 4-Hydroxyatomoxetine is primarily formed by CYP2D6, but in PMs, 4hydroxyatomoxetine is formed at a slower rate by several other cytochrome P450 enzymes. N-Desmethylatomoxetine is formed by CYP2C19 and other cytochrome P450 enzymes, but has substantially less pharmacological activity compared with atomoxetine and circulates in plasma at lower concentrations (5% of atomoxetine concentration in EMs and 45% of atomoxetine concentration in PMs).

Drug Withdrawal from the U.S. Market (Due to "Safety" Issues)



Health Canada

- Clinical Trial Applications
- 30-day default review period



The Investigational Medicinal Product Dossier (IMPD)

- IMPD, IB, and the Clinical Protocol
- The aim of this information is not the registration of the drug but rather its use in a particular clinical trial about which the EC/CA will give an opinion



Ethics Committee/Competent Authority

Compound A: FIM Dose Selection

■ NOAEL, Rat _____ 1000 mg/kg/d X 28 d

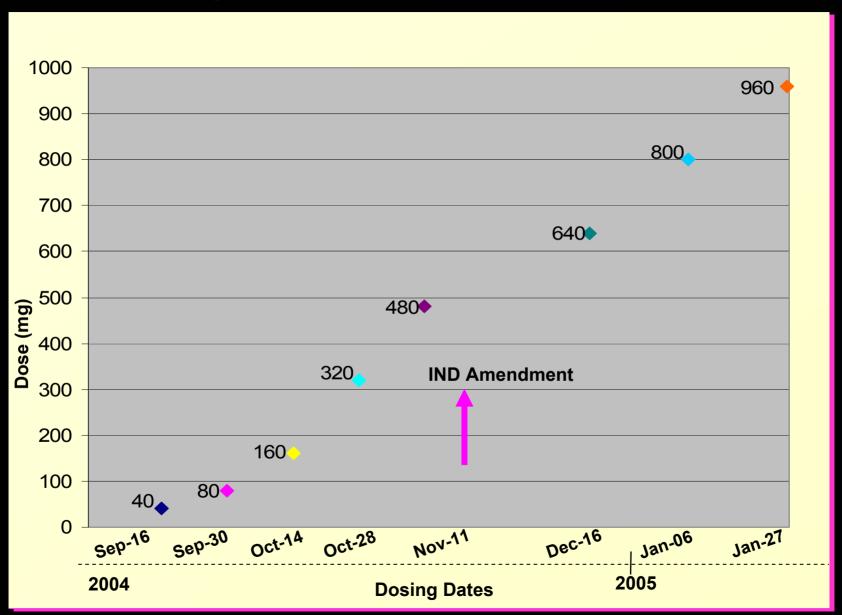
NOAEL, Dog 500 mg/kg/d X 28 d

FIM Dose per Guidance...... 1620 mg

Actual FIM Dose 40 mg



Compound A: Dose Escalation

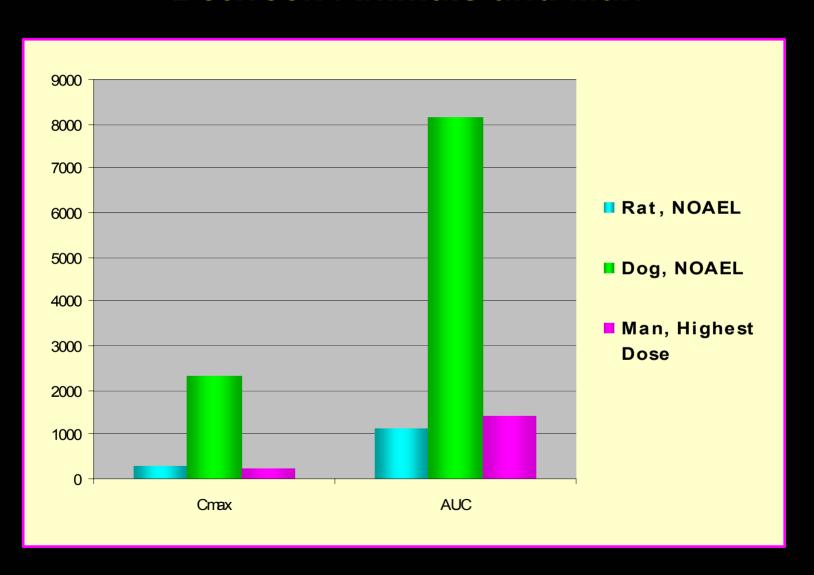


Compound A: FIM Doses

- NOAEL, Rat...... 1000 mg/kg/d X 28 d
- NOAEL, Dog 500 mg/kg/d X 28 d
- FIM Dose per Guidance...... 1620 mg
- Actual FIM Dose 40 mg

Highest Dose in FIM Study: 960 mg

Compound A: Comparative Exposure Between Animals and Man



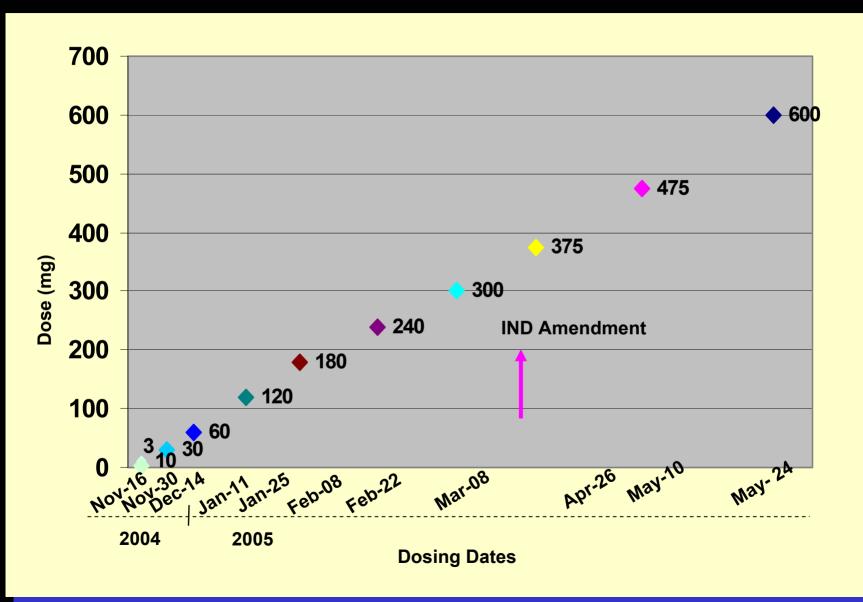
Compound B: FIM Dose Selection

	NOAEL, Rat	60	mg/kg
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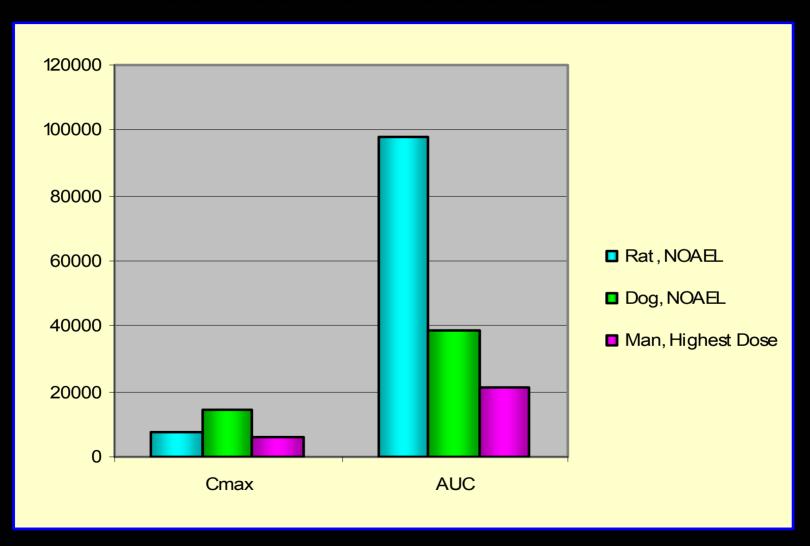
- NOAEL, Dog 30 mg/kg
- FIM Dose per Guidance 3 mg
- Actual FIM Dose...... 3 mg



Compound B: Dose Escalation



Compound B: Comparative Exposure Between Animals and Man



Compound B: FIM Doses

g/kg

- FIM Dose per Guidance...... 3 mg
- Actual FIM Dose...... 3 mg



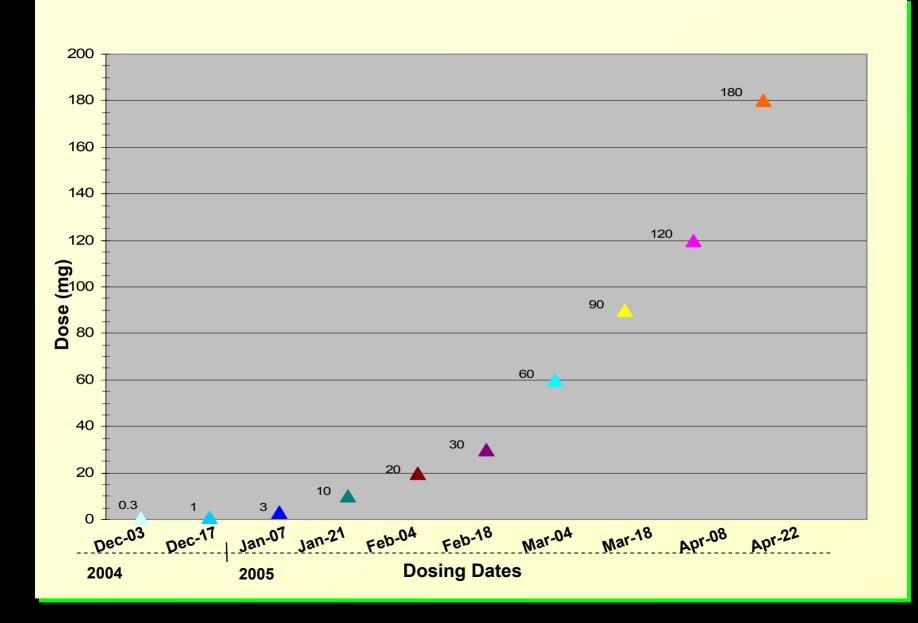
Highest Dose in FIM Study: 600 mg

Compound C: FIM Dose Selection

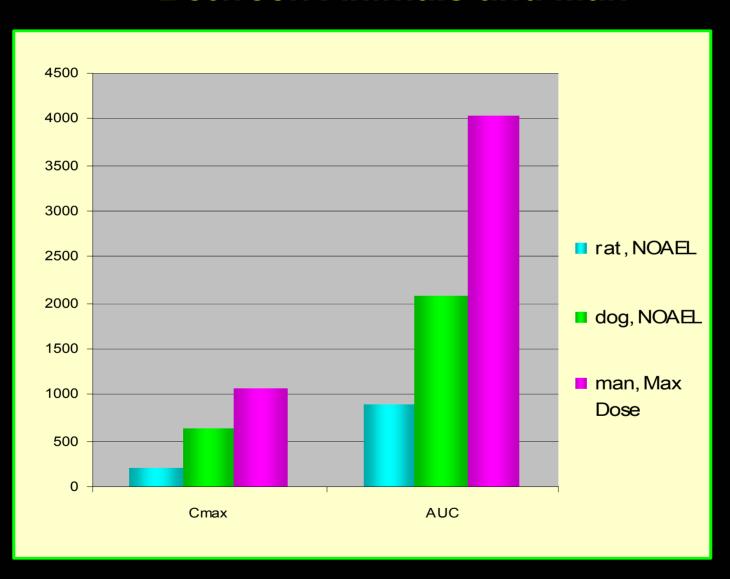
- NOAEL, Rat ______ 1 mg/kg/d X 28 d
- NOAEL, Dog10 mg/kg/d X 28d
- FIM Dose per Guidance 1 mg
- Actual FIM Dose 0.3 mg



Compound C: Dose Escalation



Compound C: Comparative Exposure Between Animals and Man



Compound C: FIM Doses

NOAEL, Rat 1 mg/kg/d X 28 d

NOAEL, Dog 10 mg/kg/d X 28d

FIM Dose per Guidance 1 mg

Actual FIM Dose 0.3 mg



MTD Dose: 180 mg

Compound D: FIM Doses

STD, Rat	 590	mg/m ² /d	X30) d
,				

- STD, Dog 540 mg/m²/d X 30d
- FIM Dose 60 mg/m²/d up to 99d



MTD Dose: $< 30 \text{ mg/m}^2/d$

Exploratory IND

- "The agency believes that sponsors have not taken full advantage of that flexibility and often provide more supporting information in their INDs than is required by regulations"
- Clarifies preclinical/clinical/ CMC approaches for expIND for
 - Clinical pharmacokinetic or imaging
 - Human pharmacological studies
 - Human mechanisms of action studies
- Duration of dosing in man: no more than 7 days

Exploratory IND Studies:

- For investigational new drugs and biological products
 - Including recombinant therapeutic proteins and monoclonal antibodies
 - Does not apply to human cell or tissue products, blood and blood proteins, vaccines or devices
- Very early Phase 1 studies
 - Typically prior to traditional dose escalation, safety, and tolerance studies
- Very limited human exposure
 - No therapeutic intent
 - Limited dose range and limited period of time
- Assess feasibility for further development

For Human Pharmacokinetics

■ A microdose: < 1/100th of a pharmacologic effect dose and < 100 ug



For Pharmacologic Effect Studies

A starting dose no greater than 1/50 of the NOAEL from 2 week tox in a sensitive species on mg/m



Traditional vs. Exploratory IND

Traditional IND

A Single NME

- Nonclinical Safety to Address
 - Selection of FIM dose
 - Target organ toxicity
 - **Pharmacodynamics**

Provide Justification to Address

- Proposed clinical program and potential outcome
 - Maximal tolerated dose

CMC:

Graded nature as needed

Exploratory IND

One or More Related NMEs

- Nonclinical Safety under GLP in general for microdosing in man:
 - Extended, single-dose toxicity, one species, using intended clinical route
- For human pharmacology:
 - 2-week tox in rat and a non-rodent
 - Safety pharmacology
 - Genotoxicity
- For human MOA:
 - Pharmacologic endpoints
- Address
 - Rationale of compound selection and investigation endpoint
 - Sub-therapeutic or pharmacologic dose, thus lower risk to subjects
- CMC:
 - Guidance in development for cGMP

