

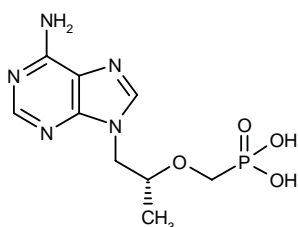
## (R)-PMPA and Bis(POC)PMPA

Anti-HIV

### (R)-PMPA

(R)-9-[2-(Phosphonomethoxy)propyl]adenine

(R)-[[2-(6-Amino-9H-purin-9-yl)-1-methylethoxy]methyl]-phosphonic acid



C<sub>9</sub>H<sub>14</sub>N<sub>5</sub>O<sub>4</sub>P

Mol wt: 287.2146

CAS: 147127-20-6

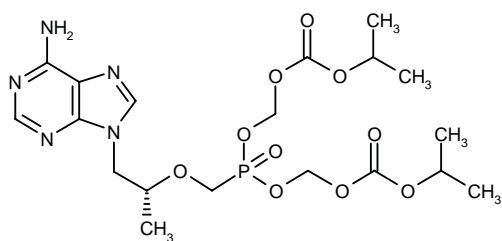
CAS: 147127-19-3 [as (S)-isomer]

EN: 224671

### Bis(POC)PMPA

(R)-[[2-(6-Amino-9H-purin-9-yl)-1-methylethoxy]-methyl]phosphonic acid bis(isopropoxycarbonyloxymethyl) ester

2-(Adenin-9-yl)-1(R)-methylethoxymethylphosphonic acid bis(isopropoxycarbonyloxymethyl) ester



C<sub>19</sub>H<sub>30</sub>N<sub>5</sub>O<sub>10</sub>P

Mol wt: 519.4450

CAS: 201341-05-1

CAS: 202138-50-9 [as fumarate salt (1:1)]

EN: 246665

### Synthesis of (R)-PMPA

(R)-PMPA has been obtained by three related ways:

1) The protection of isobutyl D-(+)-lactate (I) with dihydropyran (DHP)/HCl in DMF gives the tetrahydropyranyl-

oxy derivative (II), which is reduced with bis(2-methoxyethoxy)aluminum hydride in refluxing ether/toluene yielding 2(R)-(tetrahydropyranyloxy)-1-propanol (III). The tosylation of (III) with tosyl chloride as usual affords the expected tosylate (VI), which is condensed with adenine (V) by means of Cs<sub>2</sub>CO<sub>3</sub> in hot DMF, affording 9-[2(R)-(tetrahydropyranyloxy)propyl]adenine (VI). The deprotection of (VI) with sulfuric acid affords 9-[2(R)-hydroxypropyl]adenine (VII), which is N-benzoylated with benzoyl chloride/chlorotrimethylsilane in pyridine to give the benzamide (VIII), which is condensed with tosyloxymethylphosphonic acid diisopropyl ester (IX) by means of NaH in DMF to yield 9-[2(R)-(diisopropoxyphosphorylmethoxy)propyl]adenine (X). Finally, this compound is hydrolyzed by means of bromotrimethylsilane in acetonitrile (1, 2). Scheme 1.

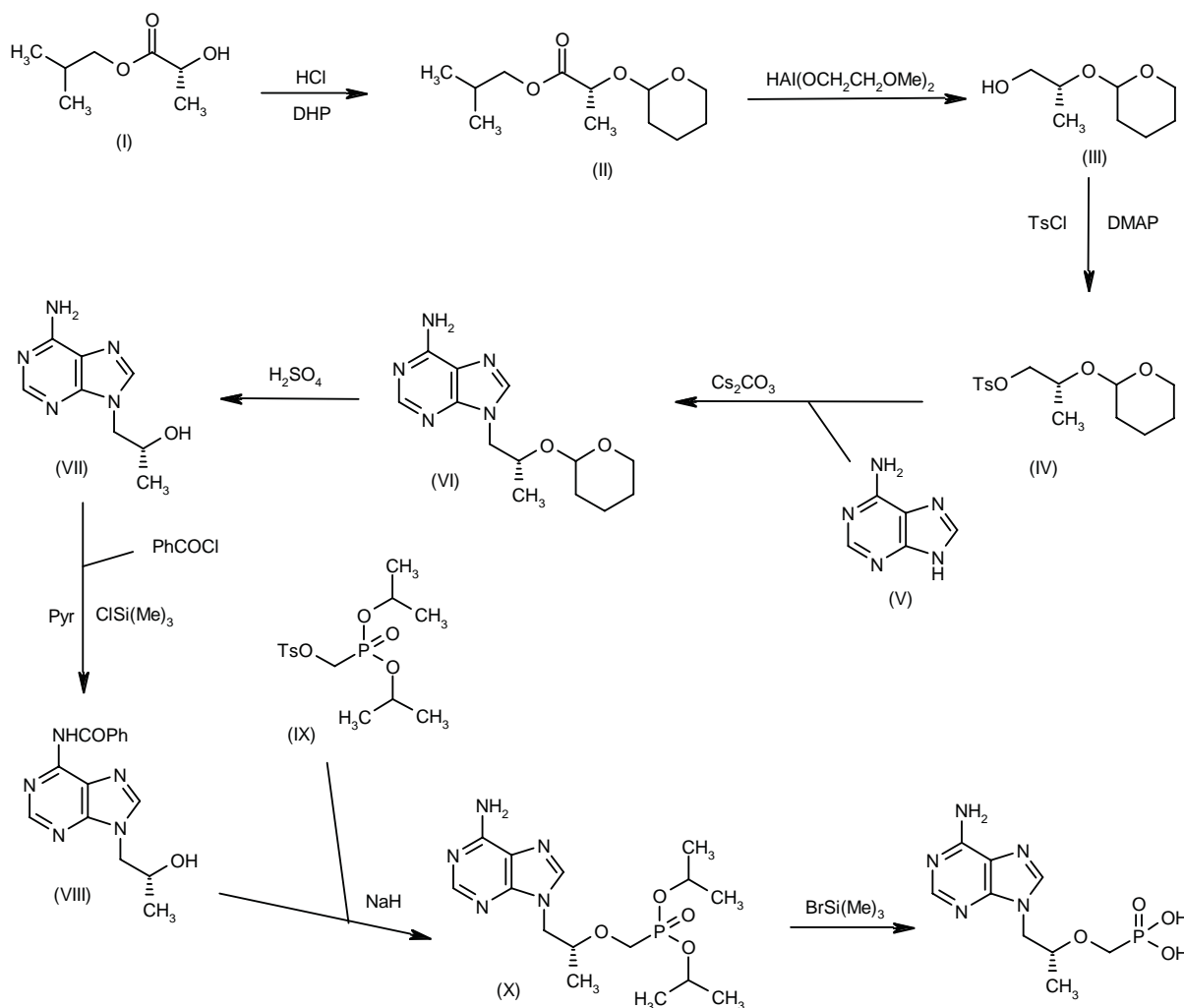
2) The reaction of the previously described (R)-2-(2-tetrahydropyranyloxy)-1-propanol (III) with benzyl bromide (XI) by means of NaH in DMF, followed by a treatment with Dowex 50X, gives 1-benzoyloxy-2(R)-propanol (XII), which is condensed with tosyloxymethylphosphonic acid diisopropyl ester (IX) by means of NaH in THF, yielding 2-benzoyloxy-1(R)-methylethoxymethylphosphonic acid diisopropyl ester (XIII). The hydrogenolysis of (XIII) over Pd/C in methanol affords 2-hydroxy-1(R)-methylethoxymethylphosphonic acid diisopropyl ester (XIV), which is tosylated with tosyl chloride/dimethylaminopyridine in pyridine to give the expected tosylate (XV). The condensation of (XV) with adenine (VI) by means of Cs<sub>2</sub>CO<sub>3</sub> in hot DMF yields 9-[2(R)-(diisopropoxyphosphorylmethoxy)propyl]adenine (X), which is finally hydrolyzed as before (3). Scheme 2.

3) The catalytic hydrogenation of (S)-glycidol (XVI) over Pd/C gives the (R)-1,2-propanediol (XVII), which is esterified with diethyl carbonate (XVIII)/NaOEt, yielding the cyclic carbonate (XIX). The reaction of (XIX) with adenine (V) by means of NaOH in DMF affords 9-[2(R)-hydroxypropyl]adenine (VII), which is condensed with tosyloxymethylphosphonic acid diethyl ester (XX) by means of lithium *tert*-butoxide in THF, giving 9-[2(R)-(diethoxyphosphorylmethoxy)propyl]adenine (XXI). Finally, this compound is hydrolyzed with bromotrimethylsilane as before (4, 5). Scheme 3.

Compound (XX) is obtained by reaction of diethyl phosphite (XXII) with paraformaldehyde, yielding hydroxymethylphosphonic acid diethyl ester (XXIII), which is finally tosylated as usual (4). Scheme 3.

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Scheme 1: Synthesis of (R)-PMPA



### Synthesis of Bis(POC)PMPA

The reaction of chloromethyl chloroformate (I) with isopropyl alcohol (II) by means of pyridine or triethylamine in ether gives the mixed carbonate (III), which is then condensed with (R)-PMPA (IV) by means of diisopropyl ethylamine in DMF (4, 6). Scheme 4.

### Introduction

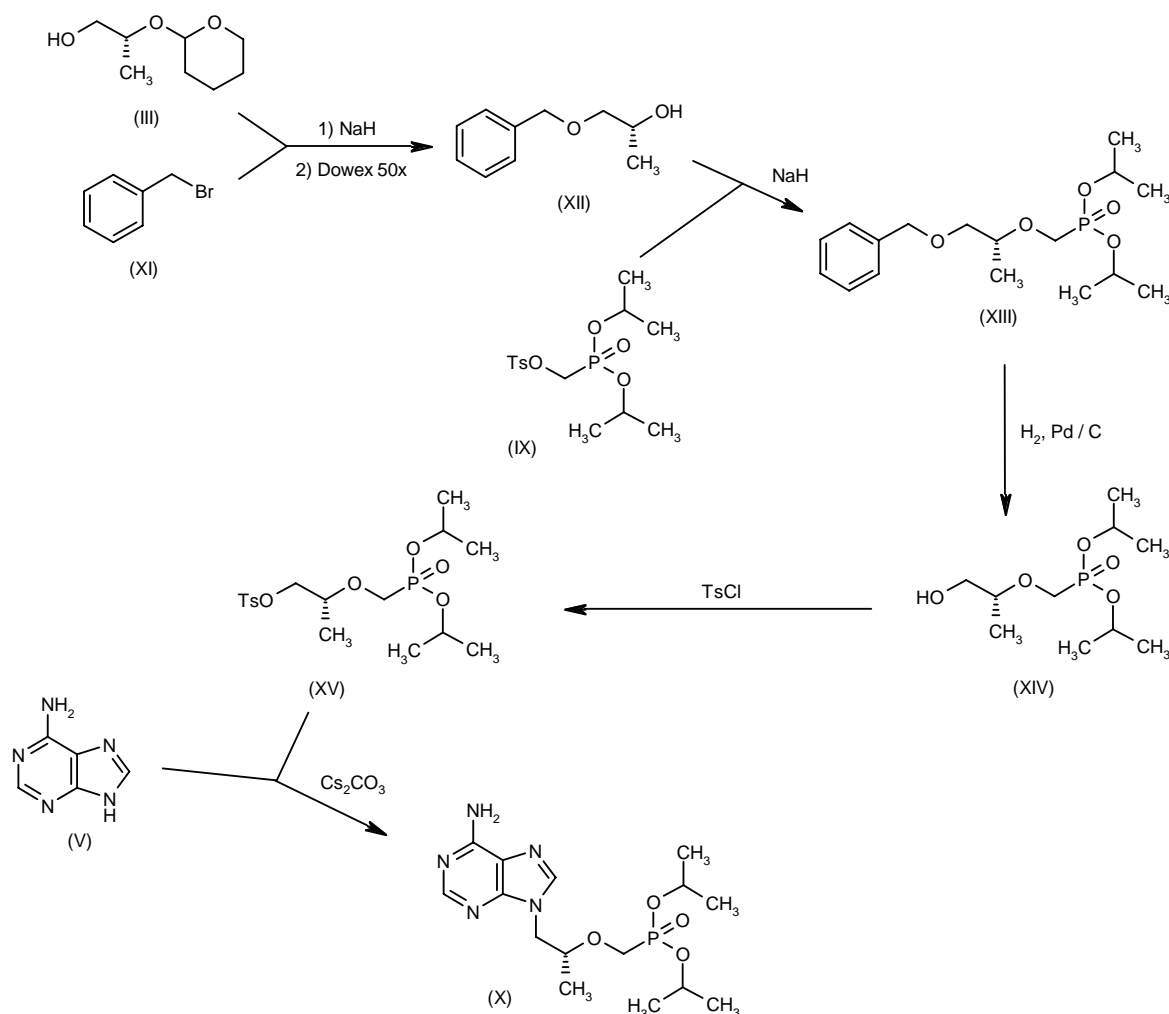
A new class of compounds with significant antiviral activity were discovered during the course of structure-activity studies with acyclic phosphonate analogs of nucleotides. These compounds are *N*-(2-phosphonomethoxypropyl) derivatives of the heterocyclic base adenine (PMPA) and possess a phosphonomethylether

functional group (1, 2, 7). The active enantiomer (*R*)-PMPA, distinguished from these studies, was found to have potent and selective activity against HIV and other retroviruses (1). In view of this agent's poor oral bioavailability in animals, several prodrugs of (*R*)-PMPA were prepared. One such prodrug, bis(POC)PMPA, a lipophilic ester derivative in an oral formulation, was chosen for further evaluation (6).

### Pharmacological Actions

The *in vitro* antiviral activity of (*R*)-enantiomer of PMPA was found to be approximately 10-100 fold more potent than the (*S*)-enantiomer against HIV-1 (strains IIIb, Ba-L or HE) or HIV-2 (ROD) in Molt 4/clone 8 cells, human lymphocytes (MT-4), human monocytes,

Scheme 2: Synthesis of Intermediate (X)



macrophages and peripheral blood mononuclear cells (PBMCs) (8). (*R*)-PMPA also displayed more selective antiviral effects in cell cultures infected with HIV-1 and HIV-2, feline immunodeficiency virus and Moloney murine sarcoma virus than MDL-74968 and 9-(2-phosphonyl-methoxyethyl) derivatives of adenine (PMEA) and guanine (PMEG) (9). Moreover, when the antiviral activity against HIV-1/IIIB of (*R*)-PMPA and bis(POC)PMPA were compared *in vitro* in an infected T-lymphocytic MT-2 cell line, results showed that bis(POC)PMPA exhibited increased cytotoxicity with an  $\text{IC}_{50}$  of 0.0003  $\mu\text{M}$  and a  $\text{CC}_{50}$  of 50  $\mu\text{M}$  as compared to 0.5 and 250  $\mu\text{M}$ , respectively, for (*R*)-PMPA. In addition to an enhanced selectivity index, bis(POC)PMPA also displayed improved chemical and enzymatic stability as compared to (*R*)-PMPA (6).

The improved efficacy of bis(POC)PMPA as compared to (*R*)-PMPA was further demonstrated in a recent *in vitro* study using MT-2 cells and PBMCs infected with

HIV-1/IIIB; antiviral  $\text{EC}_{50}$ s of 0.63 and 0.18  $\mu\text{M}$  for (*R*)-PMPA and 0.007 and 0.005  $\mu\text{M}$  for bis(POC)PMPA were found in infected MT-2 cells and PBMCs, respectively. The greater than 100-fold antiviral activity exhibited by bis(POC)PMPA was shown to be due to rapid intracellular uptake producing a more than 1000-fold increase in intracellular accumulation of the active metabolite, PMPA diphosphate (PMPApp) (10).

Investigation of the antiviral activities of (*R*)-PMPA and bis(POC)PMPA against several drug-resistant HIV strains was performed *in vitro* using PBMCs and MT-2 cells. Results indicated that only the K65R strain was resistant to (*R*)-PMPA. K65R exhibited a reduced susceptibility to bis(POC)PMPA with inhibition still occurring at submicro-molar, nontoxic concentrations of the prodrug (11).

In addition to potentially inhibiting retroviruses, (*R*)-PMPA was found to have other effects *in vitro*. A study has described the efficacy of the agent against human

The reaction scheme illustrates the synthesis of compound (XXI) from (XVI) through several intermediate steps:

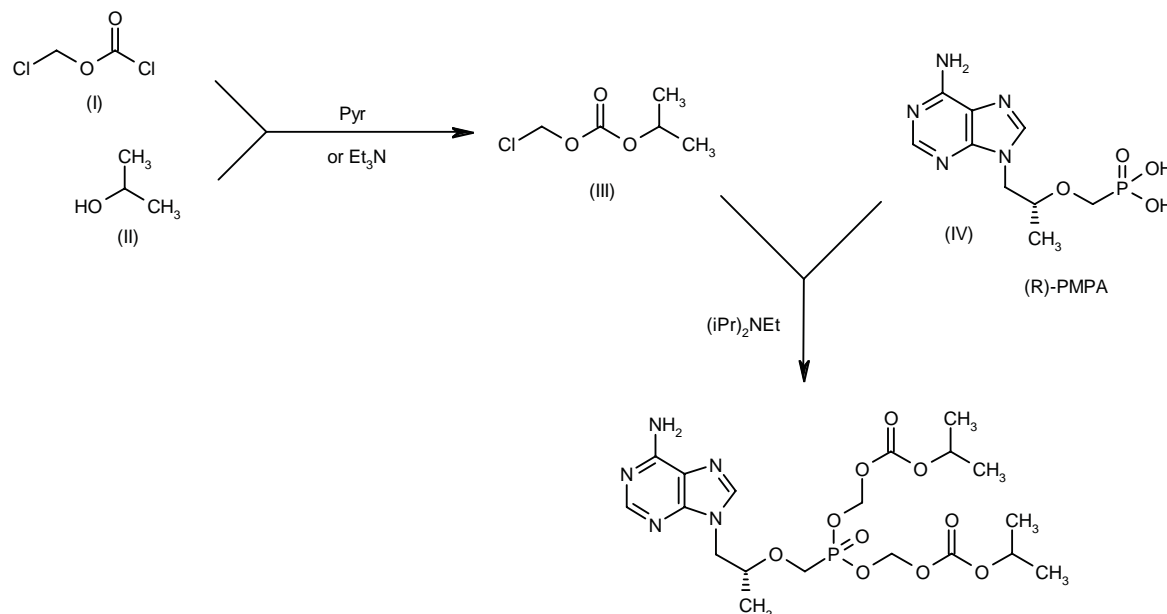
- (XVI)** (trans-2-methyl-2-oxiranol) is hydrogenated ( $\text{H}_2$ , Pd/C) to form **(XVII)** (trans-2-methyl-1,2-ethanediol).
- (XVII)** reacts with sodium ethoxide ( $\text{NaOEt}$ ) to form **(XIX)** (2-methyloxirane-2-carboxylic acid ethyl ester).
- (XIX)** is treated with sodium hydroxide ( $\text{NaOH}$ ) to form **(VII)** (2-amino-9-(1-hydroxy-2-methylpropyl)-9H-purin-6-amine).
- (VII)** is deprotected using  $t\text{-BuOLi}$  to yield **(XXI)** (2-amino-9-(1-(diethoxyphosphoryl)ethoxy)-9H-purin-6-amine).
- (XXI)** is converted to **(XX)** (2-amino-9-(1-(diethoxyphosphoryl)ethoxy)-9H-purin-6-amine) using  $\text{TsCl}$ .
- (XX)** is converted to **(XXIII)** (2-amino-9-(1-(diethoxyphosphoryl)ethoxy)-9H-purin-6-amine) using  $\text{BrSi}(\text{Me})_3$ .
- (XXIII)** is converted to **(XXII)** (2-amino-9-(1-(diethoxyphosphoryl)ethoxy)-9H-purin-6-amine) using  $\text{HCHO}$ .
- (XXII)** is converted to **(XXI)** using  $\text{TsCl}$ .

(R)-PMPA also displays immunomodulatory effects influencing the secretion of cytokines and production of nitric oxide (NO) in murine peritoneal macrophages *in vitro*. (R)-PMPA significantly stimulated secretion of IL-10 and TNF- $\alpha$  in a dose- and time-dependent manner with no effects on IFN- $\gamma$  and IL-2 expression. In addition, IFN-

The potent antiretroviral properties of (*R*)-PMPA shown *in vitro* have been confirmed *in vivo*. Five weeks following infection with the LP-BM5 murine leukemia virus known to progress to severe murine immunodeficiency (MAIDS), mice were administered (*R*)-PMPA (5 or 25 mg/kg i.p.). Progression to disease was prevented so that at 9 weeks none of the mice treated with 25 mg/kg (*R*)-PMPA developed severe MAIDS; only 1 animal was determined to have mild MAIDS (15).

A study has demonstrated that (*R*)-PMPA has potent inhibitory activity *in vivo* against acute and established feline immunodeficiency (FIV) with less toxicity than AZT or PMEA. Cats infected with FIV-B-2542 were treated with (*R*)-PMPA (30 mg/kg/day s.c. or 60 mg/kg/day p.o.) at the time of infection or 8 weeks after infection ensuring established FIV. FIV did not develop in any cats injected with (*R*)-PMPA at the time of infection and no hematologic or other toxicities were observed. In contrast, 100% of the placebo-treated cats developed FIV. Oral administration of (*R*)-PMPA was less effective, although a 40% pro-

Scheme 4: Synthesis of Bis(POC)PMPA



tection against progression of disease was afforded at the time of infection. In cats with established infections, (*R*)-PMPA treatment decreased plasma viral RNA levels although no significant effect was observed in viral levels from PBMC co-cultures from these animals (16).

Several preclinical studies have described the efficacy of (*R*)-PMPA *in vivo* against simian immunodeficiency virus (SIV) in adult and newborn macaques. Within less than 2 weeks of (*R*)-PMPA treatment (30 or 75 mg/kg/day s.c. for 28 days), SIV plasma and PBMC levels were reduced by more than 99% in adult chronically (for at least 19 weeks) SIV-infected cynomolgus macaques. (*R*)-PMPA at a dose of 30 mg/kg was well tolerated and increased CD4<sup>+</sup> counts without any observed adverse effects (17, 18). (*R*)-PMPA (20 or 30 mg/kg s.c. for 4 weeks) was also effective when administered 48 h prior to infection and 4 or 24 h after infection in adult macaques. SIV infection was prevented throughout the 56-week experimental period without adverse effects (19).

Preclinical studies have demonstrated that inoculation of newborn SIV-infected rhesus macaques with (*R*)-PMPA reduced the incidence of perinatal SIV infection. Newborns infected within 3 days after birth with oral SIVmac251 and/or SHIV-SF33 (i.v.) developed fatal immunodeficiency within 7 months of age, regardless of whether the pregnant mother had been administered a single injection of (*R*)-PMPA (30 mg/kg s.c.) 2 h prior to cesarean section. However, although 3/4 newborns infected within 2 h of delivery and immediately administered (*R*)-PMPA (30/kg/day s.c.) for 2 weeks displayed

initial transient disease, animals were healthy and seronegative by 8 months of age (20).

The long-term therapeutic and toxic effects of (*R*)-PMPA were also evaluated in SIV-infected newborn rhesus macaques. Reduction of viremia was observed in 4 macaques administered (*R*)-PMPA (30 mg/kg/day s.c.) beginning 3 weeks after infection; disease-free states were observed for more than 13 months and no adverse effects were noted. However, a virus with a 5-fold attenuated susceptibility to (*R*)-PMPA and associated with a K65R mutation emerged in all treated animals (21).

### Pharmacokinetics and Metabolism

The pharmacokinetics of (*R*)-PMPA and the orally formulated prodrug, bis(POC)PMPA, have been described in several studies. Results using the human intestinal mucosal Caco-2 cell monolayer model show that the total transport of bis(POC)PMPA was 2.7% as compared to less than 0.1% for (*R*)-PMPA. The majority of metabolism of bis(POC)PMPA occurred within the epithelial cells with a relative resistance to degradation observed at the luminal side of the cells (22).

In PBMCs, bis(POC)PMPA displayed enhanced membrane permeability and rapid intracellular anabolism to PMPApp; accumulation of the active metabolite was observed in both resting and activated PBMCs. The half-life for accumulated intracellular PMPApp for both agents was 12-15 h and 33-50 h in activated and resting lym-

phocytes, respectively (10, 23). After incubation of PBMCs with 1  $\mu$ M [ $^3$ H]bis(POC)PMPA for 1 h, the concentrations of PMPA, PMPApp and PMPA monophosphate (PMPAp) were 28, 1.9 and 6.3  $\mu$ M, respectively (24).

The pharmacokinetics of both agents have been examined in mice and dogs. In one study, dogs were pretreated with pentagastrin and administered (R)-PMPA (10 mg/kg i.v. or p.o. or 1 mg/kg i.v. and 10 mg/kg i.p.); to determine metabolism and excretion of (R)-PMPA, 1 dog was injected with [ $^{14}$ C]-PMPA (10 mg/kg i.v.). The concentrations of plasma PMPA after i.v. injection had a terminal half-life of 10 h, and 70% of unchanged PMPA was excreted in urine; recovery from feces and bile was negligible. Active tubular secretion of PMPA was suggested to occur since the plasma clearance rate of the agent ( $0.28 \pm 0.05$  l/h/kg) was faster than the glomerular filtration rate for dogs. The bioavailability following oral and i.p. administration of 10 mg/kg was determined in this particular study to be approximately 17 and 74%, respectively (25). Other studies have reported that the oral bioavailability of (R)-PMPA in mice and dogs was < 3% (24). On the other hand, the oral bioavailability of bis(POC)PMPA in mice was determined to be 20-30% with efficient release of the active PMPA indicated, since neither the prodrug nor its monoester metabolite, mono(POC)PMPA, could be recovered in plasma after oral administration (22). Similarly, a bioavailability of 25-30% was found in dogs administered 60 mg/kg/day bis(POC)PMPA with marginal toxicity observed when administered for 5 days (24, 26). Further pharmacokinetic studies reported that bis(POC)PMPA had good chemical and intestinal stability when examined *in vitro* in dog intestinal, plasma and liver homogenates (27).

## Clinical Studies

A randomized, placebo-controlled phase I/II study to evaluate the tolerability and efficacy of intravenously administered (R)-PMPA has shown that HIV RNA levels decreased continuously during dosing with final reductions of 0.6 and 1.1 log observed in HIV-infected patients receiving doses of 1 and 3 mg/kg, respectively; the reductions observed in the group receiving the higher dose were sustained for up to 1 week after treatment (28). Other phase I/II studies are in progress to assess the intravenous formulation of (R)-PMPA as a potential therapy for prevention of maternal/fetal HIV transmission and phase I trials are planned for evaluation of a topical formulation of (R)-PMPA (29).

Preliminary results have been reported from a phase I/II randomized, double-blind, placebo-controlled, dose-escalation study evaluating the safety and efficacy of oral bis(POC)PMPA monotherapy. Thirty-six fasted HIV-infected adults were administered a single dose of the prodrug (75, 150 or 300 mg/day p.o.) followed by a 7-day washout period and a subsequent 28-day dosing period. Bioavailability was found to increase with food intake from

approximately 27% to 41%. The estimated serum half-life was equal to or greater than 17 h and systemic exposure was dose-dependent. After 28 days of treatment, dose-dependent reductions in HIV RNA levels from baseline were observed, with median log<sub>10</sub> decreases of 0.32, 0.44, 1.22 and 0.06 for patients receiving 75, 150, 300 mg of bis(POC)PMPA and the placebo, respectively. Serious adverse effects included reversible elevations of creatine kinase in 18% and 14% of the prodrug- and placebo-treated patients, respectively, and 2 individuals experienced exacerbation of preexisting sensory neuropathies (30).

A phase I/II study is currently under way to evaluate whether the antiviral activity of oral bis(POC)PMPA therapy is enhanced in HIV-infected patients when administered in combination with hydroxyurea (31).

In addition, a phase II randomized, double-blind, crossover, dose-escalation study has been initiated to determine the efficacy of oral bis(POC)PMPA therapy in combination with other antiretroviral regimens. HIV-infected patients (n = 175) receiving a stable antiretroviral therapy of not more than three antiretroviral agents will be administered either a placebo or one of three oral doses of the prodrug for 48 weeks. After 24 weeks, those patients receiving the placebo will be eligible to cross over to open-label oral bis(POC)PMPA therapy (31).

## Manufacturer

Gilead Sciences, Inc. (US).

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