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(54) Title: METHOD FOR ADMINISTERING GLP-1 MOLECULES

(57) Abstract: The invention encompasses formulations that demonstrate the feasibility of oral absorption comprising GLP-1 compounds and specified delivery agents.

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METHOD FOR ADMINISTERING GLP-1 MOLECULES

FIELD OF THE INVENTION

The present invention relates to a formulation useful for the oral administration comprising a glucagon-like peptide-1 (GLP-1) compound and a specified delivery agent. Oral administration of the formulations can be used to treat type 2 diabetes as well as a variety of other conditions.

BACKGROUND OF THE INVENTION

Over the past several decades, continuous strides have been made to improve the treatment of diabetes mellitus. Approximately 90% of people with diabetes have type 2 diabetes, also known as non-insulin dependent diabetes mellitus (NIDDM). Type 2 diabetics generally still make insulin, but the insulin cannot be used effectively by the body's cells. This is primarily because the amount of insulin produced in response to rising blood sugar levels is not sufficient to allow cells to efficiently take up glucose and thus, reduce blood sugar levels.

A large body of pre-clinical and clinical research data suggests that glucagon-like peptide-1 (GLP-1) compounds show great promise as a treatment for type 2 diabetes and other conditions. GLP-1 induces numerous biological effects such as stimulating insulin secretion, inhibiting glucagon secretion, inhibiting gastric emptying, enhancing glucose utilization, and inducing weight loss. Further, pre-clinical studies suggest that GLP-1 may also act to prevent the ß cell deterioration that occurs as the disease progresses. Perhaps the most salient characteristic of GLP-1 is its ability to stimulate insulin secretion without the associated risk of hypoglycemia that is seen when using insulin therapy or some types of oral therapies that act by increasing insulin expression.

However, development of a GLP-1 therapeutic has been extremely difficult. This is primarily due to the instability of the peptide during manufacturing processes, in solution formulations, and *in vivo*. The only published clinical studies employing GLP-1 compounds to treat hyperglycemia or other conditions involve formulating GLP-1 compounds such that they can be delivered by subcutaneous injection or through continuous subcutaneous infusion or continuous intravenous administration. Many type 2

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diabetics or obese patients desiring to lose weight will not be willing to undertake a treatment regimen that may involve several injections per day. Thus, there is a need to develop GLP-1 compound therapeutics that can be delivered by an alternative non-invasive means such as by oral delivery.

Unfortunately, there are numerous barriers to effective oral delivery of peptides. The high acid content and ubiquitous digestive enzymes of the digestive tract will often degrade proteins and peptides before they reach the site of absorption. Further, many peptides cannot effectively traverse the cells of the epithelial membrane in the small intestine to reach the bloodstream. Finally, many drugs become insoluble at the low pH levels encountered in the digestive tract and, thus, are not absorbed effectively.

The fact that GLP-1 compounds are relatively unstable in solution formulations, only remain in solution under a fairly narrow set of conditions, and have a relatively short *in vivo* half-life when administered as a solution formulation, suggested that these compounds could not be effectively delivered through the oral route. Thus, it was surprising that GLP-1 compounds could be formulated such that biologically active molecules were absorbed into the blood stream after oral administration.

The present invention involves the use of specific delivery agent molecules that interact with GLP-1 compounds in a non-covalent fashion to allow the compounds to cross gut membranes and yet remain therapeutically active. Although the delivery agents employed in the present invention have been disclosed in a series of U.S. Patents (*see* U.S. Patent Nos. 5,541,155; 5,693,338; 5,976,569; 5,643,957; 5,955,503; 6,100,298; 5,650,386; 5,866,536; 5,965,121; 5,989,539; 6,001,347; 6,071,510; 5,820,881; and 6,242,495; *see also* WO 02/02509; WO 01/51454; WO 01/44199; WO 01/32130; WO 00/59863; WO 00/50386; WO 00/47188; and WO 00/40203), oral administration of formulations comprising GLP-1 compounds with these delivery agents has not been disclosed or suggested. Further, numerous parameters impact whether a particular class of compounds can be effectively delivered in combination with one or more classes of delivery agents. For example, the conformation of the peptide, the surface charges on the molecule under certain formulation conditions, the solubility profile, the stability as a formulated component, as well as susceptibility to protease digestion and *in vivo* stability all influence the ability to deliver a compound orally.

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SUMMARY OF THE INVENTION

The present invention encompasses the development of novel formulations comprising GLP-1 compounds and delivery agents that can be administered orally. The present invention provides a formulation which can be administered orally comprising a GLP-1 compound and a specified delivery agent. The GLP-1 compound can be native GLP-1; GLP-1 fragments; GLP-1 analogs; GLP-1 derivatives of native, fragments, or analogs of GLP-1; and Exendin-3 and Exendin-4. The delivery agent is selected from delivery agents described in U.S. Patents 5,541,155; 5,693,338; 5,976,569; 5,643,957; 5,955,503; 6,100,298; 5,650,386; 5,866,536; 5,965,121; 5,989,539, 6,001,347; 6,071,510; 5,820,881; and 6,242,495; and WO 02/02509; WO 01/51454; WO 01/44199; WO 01/32130; WO 00/59863; WO 00/50386; WO 00/47188; and WO 00/40203.

Preferred GLP-1 compounds are analogs or derivatives of analogs having modifications at one or more of the following positions: 8, 12, 16, 18, 19, 20, 22, 25, 27, 30, 33, and 37 and show increased potency compared with Val^8-GLP-1(7-37)OH. Preferred GLP-1 compounds are also described in SEQ ID NO:1, SEQ ID NO:2, SEQ ID NO:3, SEQ ID NO:4, SEQ ID NO:5, SEQ ID NO:6, SEQ ID NO:7, SEQ ID NO:8, SEQ ID NO:9, SEQ ID NO:10, SEQ ID NO:11, SEQ ID NO:12, SEQ ID NO:13, or SEQ ID NO:14. More preferred GLP-1 compounds are described in compounds of SEQ ID NO:2, SEQ ID NO:12, SEQ ID NO:13, and SEQ ID NO:14.

Preferred delivery agents are described in Table 1. More preferred delivery agents are delivery agents corresponding to numbers of Table 1 selected from the group consisting of 1, 2, 4, 5, 6, 9, 10, 11, 13, 14, 15, 20, 21, 22, 23, 24, 26, 28, 30, 31, 35, 36, 38, 39, 40, 41, 42, 43, 44, 46, 51, 52, and 54.

The present invention also encompasses a method of stimulating the GLP-1 receptor in a subject in need of such stimulation, said method comprising the step of administering to the subject an effective amount of the oral formulation described herein. Subjects in need of GLP-1 receptor stimulation include those with non-insulin dependent diabetes and obesity.

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DETAILED DESCRIPTION OF THE INVENTION

The three-letter abbreviation code for amino acids used in this specification conforms with the list contained in Table 3 of Annex C, Appendix 2 of the PCT Administrative Instructions and with 37 C.F.R. § 1.822(d)(1)(2000).

For purposes of the present invention as disclosed and described herein, the following terms and abbreviations are defined as follows.

The term "formulation" as used herein refers to a GLP-1 compound and a specified delivery agent combined together which can be administered orally such that GLP-1 compound passes through the gut into the systemic circulation and has the ability to bind to the GLP-1 receptor and initiate a signal transduction pathway resulting in insulinotropic activity. The formulation can optionally comprise other agents so long as the GLP-1 retains the ability to bind the GLP-1 receptor.

The term "oral" as used herein refers to delivery of a compound by mouth such that the compound passes through the stomach, small intestine, or large intestine into the systemic circulation.

The term "GLP-1 compound" as used herein refers to polypeptides that include naturally occurring GLP-1 polypeptides (GLP-1(7-37)OH and GLP-1(7-36)NH_2), GLP-1 fragments, GLP-1 analogs, GLP-1 derivatives of naturally occurring GLP-1 polypeptides, GLP-1 fragments, or GLP-1 analogs, and Exendin-3 and Exendin-4 that have the ability to bind to the GLP-1 receptor and initiate a signal transduction pathway resulting in insulinotropic activity.

The term "insulinotropic activity" refers to the ability to stimulate insulin secretion in response to elevated glucose levels, thereby causing glucose uptake by cells and decreased plasma glucose levels. For example, insulinotropic activity can be determined using the method described in Example 1. A GLP-1 molecule has insulinotropic activity if islet cells secrete insulin levels in the presence of the GLP-1 molecule above background levels.

The term "DPP IV resistant" refers to GLP-1 molecules that have extended metabolic stability and improved biological activity. For example, DPP IV resistance can be determined using the method described in Example 2. A GLP-1 molecule is DPP IV resistant if in the presence of DPP IV the GLP-1 molecule has extended metabolic

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