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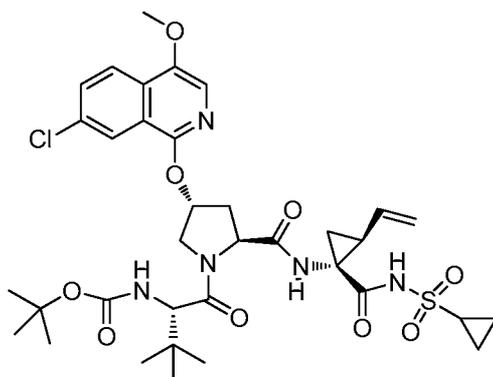
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(54) Title: ORAL SOLID DOSAGE FORMULATION OF 1,1-DIMETHYLETHYL [(1S)-1-[(2S,4R)-4-(7-CHLORO-4-METHOXY-ISOQUINOLIN-1-YLOXY)-2-((1R,2S)-1-[(CYCLOPROPYLSULFONYL)CARBAMOYL]-2-ETHENYLCYCLOPROPYL)CARBAMOYL]PYRROLIDIN-1-YL]CARBONYL]-2,2-DIMETHYLPROPYL]CARBAMATE

(57) Abstract: The present invention is directed to an oral solid dosage formulation of Asunaprevir, 1,1-dimethylethyl [(1S)-1-[(2S,4R)-4-(7-chloro-4-methoxyisoquinolin-1-yloxy)-2-((1R,2S)-1-[(cyclopropylsulfonyl)carbamoyle]-2-ethenylcyclopropyl)carbamoyle]pyrrolidin-1-yl]carbonyl]-2,2-dimethylpropyl]carbamate, and to methods of using the formulation in the treatment and/or inhibition of the hepatitis C virus and infections caused thereby.



WO 2013/169577 A1



(I).

[0003] The compound of formula (I) and its preparation has been previously
5 described in U.S. Patent No. 6,995,174, issued February 7, 2006, U.S. Patent No.
7,449,479, issued November 11, 1988, and U.S. Patent No. 7,915,291 which issued
March 29, 2011.

[0004] Asunaprevir is a poorly water soluble compound that in various formulations
has exhibited a significant food effect. The present invention provides an oral solid
10 dosage formulation that can be manufactured through conventional wet granulation
technology, is amenable to fixed dose combinations, mitigates the food effect, and
increases the bioavailability of the compound in the fasted state.

[0005] Clinical studies of Asunaprevir have shown that the current formulation needs
to be improved due to both low bioavailability and food effects observed in the trials. It
15 has surprisingly been found that an oral solid dosage formulation employing d-alpha
tocopheryl polyethylene glycol 1000 succinate (Vitamin ETPGS) results in enhanced
bioavailability as well as mitigation of the food effects observed in the current clinical
formulation as well as other proposed formulations.

[0006] Vitamin E TPGS is well known as a bioavailability enhancer. Due to its low
20 melting point, there is limited publication with it being used in solid dosage formulations.
For this formulation, Vitamin E TPGS is used as a binder, surfactant, solubilizer,
lubricant, and bioavailability enhancer. While not surmising the mechanism involved, it
was surprisingly and unexpectedly found that when Vitamin E TPGS is combined with
the other surfactant(s) used in the formulation, such as poloxamer and sodium lauryl
25 sulfate, that the formulation was able to mitigate the food effect observed with other

formulations. Vitamin E TPGS administered by itself or in combination with other surfactants is not known to mitigate a food effect.

[0007] Thus, it was observed that using only about 4-5% Vitamin E TPGS resulted in a threefold increase in bioavailability as well as significant mitigation of the food effect.

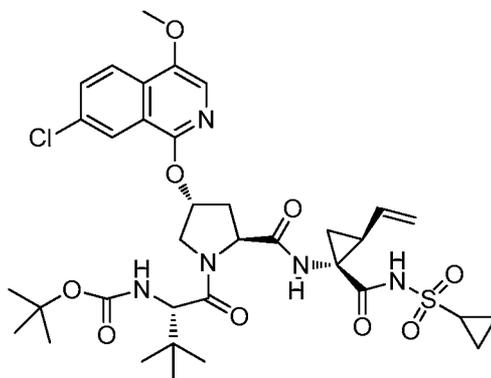
5 [0008] Thus, it is an object of the invention to prepare oral solid dosage formulations that will increase the bioavailability of an API with low solubility, such as Asunaprevir, and mitigate any observed food effects.

SUMMARY OF THE INVENTION

10 [0009] The present invention is directed to an oral solid dosage formulation of the compound of formula (I), to methods of administering the formulation comprising the compound to provide a total blood plasma concentration profile that is greater than the total blood plasma concentration of an orally administered solution comprising the compound, and to methods of treating and/or inhibiting the hepatitis C virus using said
15 formulation.

DETAILED DESCRIPTION OF THE INVENTION

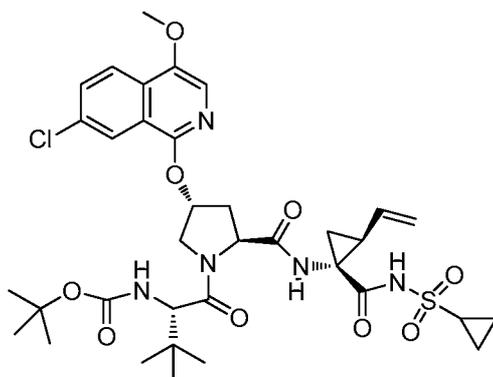
[0010] In a first aspect, the present invention is directed to an oral solid dosage formulation of the compound I of the formula



20

(I).

[0011] In a second aspect of the invention, there is disclosed an oral solid dosage formulation comprising at least one pharmaceutical agent comprising Compound I of the
25 formula



(I)

in the range of 30-80% w/w and a bioavailability enhancer is included in the range of 2-20% w/w of the total formulation.

5

[0012] In an embodiment of the second aspect of the invention, there is disclosed the oral solid dosage formulation wherein a surfactant is included in the range of 2-10%.

[0013] In another embodiment of the second aspect of the invention, there is disclosed the oral solid dosage formulation wherein the active pharmaceutical agent is

10 included in the formulation in an amount of at least about 40% w/w.

[0014] In another embodiment of the second aspect of the invention, there is disclosed the oral solid dosage formulation wherein the active pharmaceutical agent is included in the formulation in an amount of at least about 50% w/w.

[0015] In another embodiment of the second aspect of the invention, there is disclosed the oral solid dosage formulation wherein the active pharmaceutical agent is

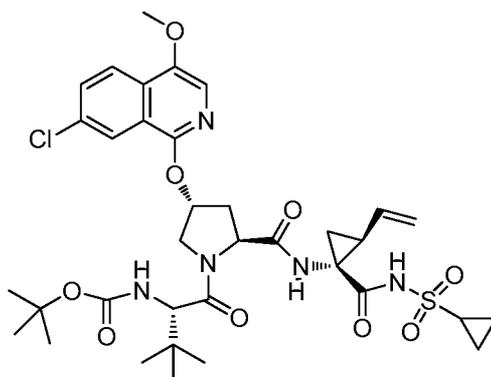
15 included in the formulation in an amount of at least about 60% w/w.

[0016] In another embodiment of the second aspect of the invention, there is disclosed the oral solid dosage formulation wherein the formulation is a tablet.

[0017] In another embodiment of the second aspect of the invention, there is

20 disclosed the oral solid dosage formulation wherein the formulation is a wet granulated tablet.

[0018] In a third aspect of the invention, there is disclosed a method of administering an oral solid dosage formulation comprising orally administering to a fasted mammalian subject the formulation comprising Compound I having the formula



(I)

to provide a blood plasma concentration profile after an initial dose of the formulation with a C_{max} of Compound I after an initial dose of the formulation that is at least greater than about 25% of the C_{max} of an orally administered solution comprising Compound I.

[0019] In an embodiment of the third aspect of the invention, there is disclosed the method wherein the C_{max} of the formulation is at least or greater than about 30% of the C_{max} of an orally administered solution.

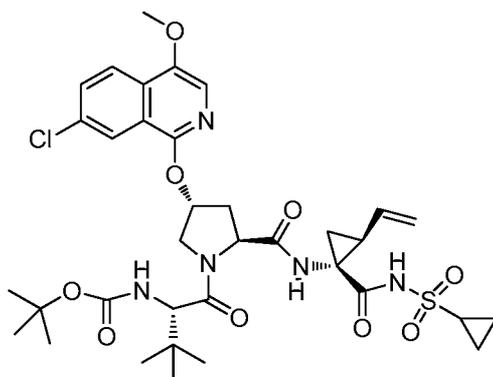
10 [0020] In another embodiment of the third aspect of the invention, there is disclosed the method wherein the C_{max} of the formulation is at least or greater than about 35% of the C_{max} of an orally administered solution.

[0021] In another embodiment of the third aspect of the invention, there is disclosed the method wherein the T_{max} is at least about 3 hours.

15 [0022] In another embodiment of the third aspect of the invention, there is disclosed the method wherein the formulation is a tablet.

[0023] In another embodiment of the third aspect of the invention, there is disclosed the method wherein the formulation is a wet granulated tablet.

[0024] In a fourth aspect of the invention, there is disclosed an oral solid dosage formulation of Compound I of the formula



(I)

which comprises the active pharmaceutical ingredient and optionally one or more
 bioavailability enhancer/solubilizer, filler, binder, surfactant, disintegrant, glidant and/or
 5 lubricant.

[0025] In an embodiment of the fourth aspect of the invention, there is disclosed the
 formulation wherein the active pharmaceutical ingredient (API) (Compound I) is included
 in the range of 30-80% w/w, the filler is included in the range of 15-65% w/w, the binder
 10 is included in the range of 0-10% w/w, the disintegrant is included in the range of 1-20%
 w/w, the surfactant is included in the range of 2-10%, the glidant is included in the range
 of 0-10%, the bioavailability enhancer is included in the range of 2-20% and the lubricant
 is included in the range of 0.25-2.0% w/w..

[0026] In another embodiment of the fourth aspect of the invention, there is disclosed
 15 the formulation wherein the API is included in the range of 40-70% w/w, the filler is
 included in the range of 20-50% w/w, the binder is included in the range of 0-5% w/w,
 the disintegrant is included in the range of 5-15% w/w, the surfactant is included in the
 range of 3-6%, the glidant is included in the range of 0-5%, the bioavailability enhancer is
 included in the range of 4-6% and the lubricant is included in the range of 0.35-1.0%
 20 w/w.

[0027] In another embodiment of the fourth aspect of the invention, there is disclosed
 the formulation wherein the API is included in about 50% w/w, the filler is included in
 about 25-35% w/w, the binder is included in the range of 0-2% w/w, the disintegrant is
 included in the range of 10-12% w/w, the surfactant is included in about 4%, the glidant
 25 is included in the range of 0-3%, the bioavailability enhancer is included in about 4.67%
 and the lubricant is included in about 0.5% w/w.

[0028] In another embodiment of the fourth aspect of the invention, there is disclosed the formulation wherein the fillers and disintegrants are intragranular and extragranular.

[0029] In another embodiment of the fourth aspect of the invention, there is disclosed the formulation wherein the fillers are selected from lactose monohydrate and

5 microcrystalline cellulose.

[0030] In another embodiment of the fourth aspect of the invention, there is disclosed the formulation wherein the binder is hydroxypropyl cellulose (HPC), polyvinyl pyrrolidone (PVP), starch or hydroxypropyl methylcellulose (HPMC).

[0031] In another embodiment of the fourth aspect of the invention, there is disclosed the formulation wherein the disintegrants are selected from croscarmellose sodium, 10 crospovidone, starch and sodium starch glycolate.

[0032] In another embodiment of the fourth aspect of the invention, there is disclosed the formulation wherein the lubricant is magnesium stearate or sodium stearyl fumarate.

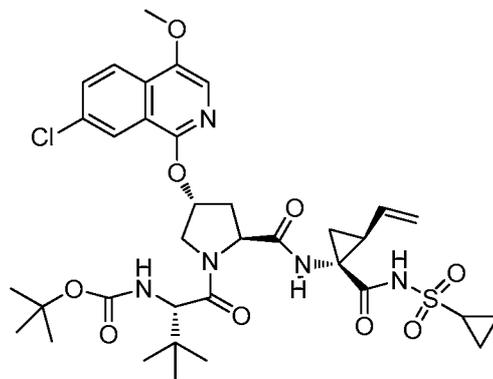
[0033] In another embodiment of the fourth aspect of the invention, there is disclosed the formulation wherein the glidant is colloidal silicon dioxide or silicon dioxide. 15

[0034] In another embodiment of the fourth aspect of the invention, there is disclosed the formulation wherein the surfactants is poloxamer, Polysorbate 80 or sodium lauryl sulfate.

[0035] In another embodiment of the fourth aspect of the invention, there is disclosed the formulation wherein the bioavailability enhancer/solubilizer is Vitamin E TPGS. 20

[0036] In another embodiment of the fourth aspect of the invention, there is disclosed the formulation wherein the API is Asunaprevir, the fillers are microcrystalline cellulose and/or lactose monohydrate, the binder is hydroxypropyl cellulose and/or PVP, the disintegrant is croscarmellose sodium, the surfactant is poloxamer and/or sodium lauryl sulfate, the bioavailability enhancer/solubilizer is Vitamin E TPGS, the glidant is 25 colloidal silicon dioxide and the lubricant is magnesium stearate.

[0037] In a fifth aspect of the invention, there is disclosed an oral solid dosage formulation of Compound I of the formula

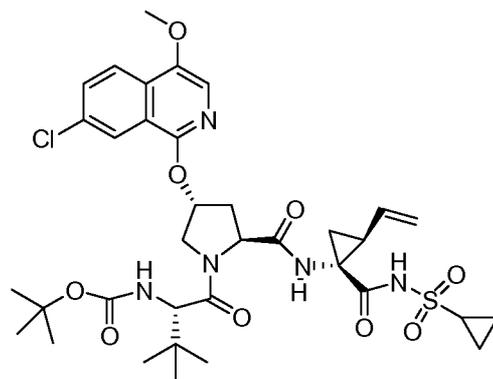


(I)

prepared by a wet granulation process which comprises the API and optionally one or more bioavailability enhancer, filler, binder, disintegrant, surfactant, glidant and/or
 5 lubricants.

[0038] In an embodiment of the fifth aspect of the invention, there is disclosed the oral solid dosage formulation prepared by a wet granulation process wherein the API is included in about 50% w/w, the filler is included in about 25-35% w/w, the binder is
 10 included in the range of 0-2% w/w, the disintegrant is included in the range of 10-12% w/w, the surfactant is included in about 4%, the glidant is included in the range of 0-3%, the bioavailability enhancer is included in about 4.67% and the lubricant is included in about 0.5% w/w.

[0039] In a sixth aspect of the invention, there is disclosed a method of administering
 15 an oral solid dosage formulation comprising orally administering to a fasted mammalian subject the formulation comprising Compound I having the formula



(I)

to provide a total blood plasma concentration profile of Compound I as measured by AUC at 24 hours after an initial dose of the formulation that is at least greater than about 15% of the total blood plasma concentration as measured by AUC at 24 hours of an initial dose of an orally administered solution comprising Compound I.

5

[0040] In an embodiment of the sixth aspect of the invention, there is disclosed the method wherein the AUC is at least greater than about 20% of the AUC at 24 hours of the solution when orally administered regardless if the subject is fasted or fed.

10 **[0041]** In another embodiment of the sixth aspect of the invention, there is disclosed the method wherein the AUC is at least greater than about 25% of the AUC at 24 hours of the solution when orally administered regardless if the subject is fasted or fed.

[0042] In another embodiment of the sixth aspect of the invention, there is disclosed the method wherein the formulation is a tablet.

15 **[0043]** In another embodiment of the sixth aspect of the invention, there is disclosed the method wherein the formulation is a wet granulated tablet.

[0044] In another embodiment of the sixth aspect of the invention, there is disclosed the method wherein the formulation comprises Vitamin E TPGS.

[0045] In another embodiment of the sixth aspect of the invention, there is disclosed the method wherein the formulation comprises at least 3% by weight Vitamin E TPGS.

20 **[0046]** In another embodiment of the sixth aspect of the invention, there is disclosed the method wherein the formulation comprises at least 4% by weight Vitamin E TPGS.

[0047] In another embodiment of the sixth aspect of the invention, there is disclosed the method wherein the formulation comprises at least 5% by weight Vitamin E TPGS.

25 **[0048]** In another embodiment of the sixth aspect of the invention, there is disclosed the method wherein the formulation comprises Vitamin E TPGS and at least one surfactant.

[0049] In another embodiment of the sixth aspect of the invention, there is disclosed the method wherein the formulation comprises Vitamin E TPGS and at least one surfactant selected from the group consisting of poloxamer and sodium lauryl sulfate.

30 **[0050]** In a seventh aspect of the invention, there is disclosed a method of administering an oral solid dosage formulation comprising orally administering to a fasted mammalian subject the formulation comprising at least one poorly soluble active

pharmaceutical agent to provide a total blood plasma concentration profile as measured by AUC at 24 hours after an initial dose of the formulation that is at least greater than about 15% of the total blood plasma concentration as measured by AUC at 24 hours of an initial dose of an orally administered solution comprising the at least one active
5 pharmaceutical agent.

[0051] In an embodiment of the seventh aspect of the invention, there is disclosed a method wherein the active pharmaceutical agent exhibits a significant food effect.

[0052] In another embodiment of the seventh aspect of the invention, there is disclosed a method wherein the at least one active pharmaceutical agent is included in the
10 range from about 30 to about 80% w/w.

[0053] In another embodiment of the seventh aspect of the invention, there is disclosed a method wherein the formulation further comprises a bioavailability enhancer is included in the range from about 2 to about 20% and optionally comprises a surfactant in the range from about 2 to about 10%.

[0054] In another aspect of the invention, there is disclosed a method of treating an HCV infection, comprising the step of administering to a subject in need thereof an effective amount of the oral solid dosage formulation of the invention.

[0055] In another aspect of the invention, there is disclosed a method of inhibiting the HCV virus, comprising the step of administering to a subject in need thereof an effective
20 amount of the oral solid dosage formulation of the invention.

[0056] In another aspect of the invention, there is disclosed a method of treating an HCV infection, comprising the step of administering to a subject in need thereof an effective amount of the oral solid dosage formulation prepared by a wet granulation process.

[0057] In another aspect, there is provided a method for treating an HCV infection, comprising administering to a patient in need thereof a therapeutically effective amount of a formulation of the present invention.

[0058] In another aspect, there is provided a method for preparing the formulation of the invention using a wet granulation process.

[0059] In another aspect, there is provided the use of the formulation of the present
30 invention in therapy.

[0060] In another aspect, there is provided the use of the formulation of the present invention in the preparation of a medicament for the treatment of the hepatitis C virus.

[0061] In another aspect, there is provided a high drug load formulation of Compound I which mitigates food effects shown in other formulations comprising Compound I.

5 [0062] The invention may be embodied in other specific forms without departing from the spirit or essential attributes thereof. This invention also encompasses all combinations of preferred aspects and examples of the invention noted herein. It is understood that any and all aspects of the present invention may be taken in conjunction with any other embodiment to describe additional even more preferred embodiments of
10 the present invention. Furthermore, any elements of an embodiment are meant to be combined with any and all other elements from any of the embodiments to describe additional embodiments.

DEFINITIONS

15 [0063] "Therapeutically effective amount" is intended to include an amount of a compound of the present invention alone or an amount of the combination of compounds claimed or an amount of a compound of the present invention in combination with other active ingredients effective to inhibit or effective to treat or prevent HCV infection.

[0064] As used herein, the terms "treating" or "treatment" refer to the treatment of a
20 disease-state in a mammal, particularly in a human, and include: (a) preventing the disease-state from occurring in a mammal, in particular, when such mammal is predisposed to the disease-state but has not yet been diagnosed as having it; (b) inhibiting the disease-state, *i.e.*, arresting its development; and/or (c) relieving the disease-state, *i.e.*, causing regression of the disease state.

25 [0065] As used herein, the term active pharmaceutical ingredient (API) or pharmaceutical agent refers to Asunaprevir (Compound I).

[0066] As used herein, the term "filler" refers to any pharmaceutically acceptable inert material or composition added to a formulation to add bulk. Suitable filler include for example, lactose monohydrate and microcrystalline cellulose.

30 [0067] As used herein, the term "disintegrant" refers to materials added to the composition to help it break apart and release the medicaments. Examples of disintegrants include, but are not limited to, non-saccharide water soluble polymers, such

as cross-linked povidone. Other disintegrants that can be used include, for example, croscarmellose sodium, starch and sodium starch glycolate.

5 [0068] As used herein, the term "lubricant" refers to any pharmaceutically acceptable agent which reduces surface friction, lubricates the surface of the granule, and decreases the tendency to build up static electricity. Lubricants can also play a related role in improving the compression process by reducing the tendency of the material to adhere to the surface of compression tools. Thus, lubricants can serve as anti-adherents. Examples of suitable lubricants are magnesium stearate, stearic acid or other hydrogenated vegetable oil or triglycerides.

10 [0069] As used herein, the term "binder" refers to any pharmaceutically acceptable compound or composition that can help bind primary powder particles into agglomerates. Examples of suitable binding agents include, but are not limited to, hydroxypropyl cellulose (HPC), polyvinyl pyrrolidone (PVP), starch or hydroxypropyl methylcellulose (HPMC).

15 [0070] As used herein, the term "surfactant" refers to any pharmaceutically acceptable agent short for "surface acting agent" acted to modify a material or materials' physical or chemical properties such as wettability, solubility, stability, and miscibility.

[0071] As used herein, the term "bioavailability enhancer" refers to any pharmaceutically acceptable agent which is used to increase the absorption or solubility of a drug leading to an increase in bioavailability.

20 [0072] As used herein, the term "solubilizer" refers to any pharmaceutically acceptable agent which increases the solubility of a drug in a particular solvent or solution.

25 EXAMPLES

[0073] The invention is further understood by reference to the following examples, which are intended to be purely exemplary of the invention. The present invention is not limited in scope by the exemplified embodiments, which are intended as illustrations of single aspects of the invention only. Any methods that are functionally equivalent are within the scope of the invention. Various modifications of the invention in addition to those described herein will become apparent to those skilled in the art. Such modifications fall within the scope of the appended claims.

[0074] Asunaprevir can be prepared following the procedure described in U.S. Patent No. 6,995,174, issued February 7, 2006.

[0075] The manufacturing process of this formulation generally involves mixing the drug with dry powder excipients, such as with one or more binder, disintegrant, and filler. Water is then added to this premix while it is being continuously mixed in a mixer such as a high shear granulator, fluid bed granulator or other manufacturing process where a solution is used for granulating a product. Alternatively, the binder may not be added as a dry powder to the premix, but dissolved in water. Addition of water with continuous mixing leads to the formation of granules, or granulation. The granules are then dried in dry, hot air using equipment and processes such as fluid bed drying or tray drying. Once dried, the granules may be milled using equipment such as Comill or Fitzmill to reduce and/or reduce the width of distribution of particle size of granules. The granules are then mixed with extra-granular ingredients, which may include optionally one or more of disintegrant, filler, glidant, and lubricant. The final blend is then compressed on a tablet press into core tablets. The core tablets may optionally be coated with a nonfunctional film coat.

[0076] Further examples of formulating techniques can be found in Pandey *et al.*, *Pharmaceutical Development and Technology*, **2013**; 18(1): 296-304.

20 Example 1

Wet Granulation

[0077] The following is a typical procedure for manufacturing the wet granulated solid formulation of the invention.

[0078] Vitamin E TPGS is dissolved into water, by adding up to 20% w/w solution Vitamin E TPGS to water while agitating. The API (prepared as described in U.S. Patent No. 6,995,174), filler, surfactant/solubilizer (*e.g.*, poloxamer), disintegrant (*e.g.*, croscarmellose sodium), and binder (*e.g.*, polyvinylpyrrolidone) if present, are blended together. The granulation is performed by adding the solution of Vitamin E TPGS to the dry blend, while being mixed in the high shear granulator.

30 [0079] Wet granulations are removed from the granulator, and screened as needed. The granulation is dried in a fluid bed, oven or other type of drier. The dried granulation is milled or screened as needed. The dried granulation may be mixed with one or more of

the following materials, glidant(s) (*e.g.*, colloidal silicon dioxide), disintegrant(s) (*e.g.*, croscarmellose sodium), lubricant(s) (*e.g.*, magnesium stearate), and/or filler(s) (*e.g.*, microcrystalline cellulose) to complete the formulation.

[0080] The following 5 Tables disclose typical formulations prepared using the above procedure.

Table 1

Ingredient	mg/tablet	%(w/w)
Compound I	200	50
Lactose Monohydrate	60	16
Microcrystalline Cellulose	58	14.5
Croscarmellose Sodium	46	11.5
Vitamin E TPGS	18	4.5
Poloxamer	16	4
Magnesium Stearate	2	0.5
Total	400	100

Table 2

Ingredient	mg/tablet	%(w/w)
Compound I	200	50
Lactose Monohydrate	56.76	14.19
Microcrystalline Cellulose	60.56	15.14
Croscarmellose Sodium	46	11.5
Vitamin E TPGS	18.68	4.67
Sodium Lauryl Sulfate	16	4
Magnesium Stearate	2	0.5
Total	400	100

Table 3

Ingredient	mg/tablet	%(w/w)
Compound I	200	50
Lactose Monohydrate	52.76	13.19
Microcrystalline Cellulose	56.56	14.14
Croscarmellose Sodium	46	11.5
Vitamin E TPGS	18.68	4.67
Sodium Lauryl Sulfate	16	4
Polyvinylpyrrolidone	8	2
Magnesium Stearate	2	0.5
Total	400	100

Table 4

Ingredient	mg/tablet	%(w/w)
Compound I	200	50
Lactose Monohydrate	52.76	13.19
Microcrystalline Cellulose	56.56	14.14
Croscarmellose Sodium	46	11.5
Vitamin E TPGS	18.68	4.67
Sodium Lauryl Sulfate	16	4
Hydroxypropyl cellulose	8	2
Magnesium Stearate	2	0.5
Total	400	100

Table 5

Ingredient	mg/tablet	%(w/w)
Compound I	200	50
Lactose Monohydrate	64	16
Microcrystalline Cellulose	64	16
Croscarmellose Sodium	46	11.5
Poloxamer	16	4
Polyvinylpyrrolidone	8	2
Magnesium Stearate	2	0.5
Total	400	100

Example 2

Bioequivalence Study

5 [0081] A study was conducted to compare conventional tablet dosage forms. The goal of the study was to assess the *in vivo* performance of various prototypes of conventional tablet dosage forms (wet and dry granulated tablets) in a dog model.

[0082] The following five formulations were tested:

1. Phase 2 Clinical (dry granulated (DG)) tablet 2x200 mg.
- 10 2. Wet granulated (WG) Vitamin E TPGS/poloxamer tablet: 50% w/w Compound I+ 4.67% w/w Vitamin E TPGS+ 4% w/w poloxamer+ 14.33% w/w microcrystalline cellulose+ 15% lactose monohydrate+ 11.5% w/w croscarmellose sodium+ 0.5% w/w magnesium stearate; 2 x 200 mg (Corresponds to the formulation shown above in Table 1).
- 15 3. WG poloxamer tablet: 50% w/w Compound I+ 2% w/w polyvinyl pyrrolidone + 4% w/w poloxamer + 16% microcrystalline cellulose+ 16% w/w lactose monohydrate+ 11.5% w/w croscarmellose sodium+ 0.5% w/w magnesium stearate; 2 x 200 mg (Corresponds to the formulation shown above in Table 5).
- 20 4. Amorphous API tablet: 50% w/w Compound I + 41.25% w/w microcrystalline cellulose + 5% w/w croscarmellose sodium + 2% w/w silicon dioxide+ 1% w/w sodium lauryl sulphate+ 0.75% w/w magnesium stearate; 2 x 200 mg.

5. Solution Formulation: Polyethylene glycol 400:EtOH: polysorbate 80 (50:35:15), 20 mg/mL.

[0083] The protocol used was as follows:

5 [0084] Crossover in 4 fasted, pentagastrin-treated, male dogs (~10 kg), 400 mg dose flushed with 50 ml water. For food-effect studies in the fed state, dogs were given 50 ml high-fat meal substitute instead of water.

[0085] The following was observed (as shown in Table 6 below):

10

Table 6
PK Parameters for Wet(WG) and Dry Granulated (DG) Formulations in a Dog Model

		Cmax		Relative Cmax	%CV	Tmax median	AUC		Relative BA		
		Mean	SD				Mean	SD	Mean	SD	
DG tablet	fasted	8693.61	585.82	20.16		2.50	40519.42	8795.62	8.04	1.75	21.71
WG TPGS/Pluronic	fasted	14381.70	3776.03	33.35	26.26	3.00	104507.16	28685.28	20.73	5.69	27.45
WG Pluronic	fasted	8944.45	6743.93	20.74	75.40	3.00	45711.73	38370.23	9.07	7.61	83.94

- Tablet formulations in the fasted state range from 8-21% bioavailability.
- The Vitamin E TPGS/poloxamer (Pluronic) wet granulation tablet is the best performing tablet with the highest Cmax and AUC compared to the other prototypes.
- The presence of poloxamer alone does not improve performance.
- The presence of Vitamin E TPGS as a solubilizer improves performance, and also significantly reduces variability compared to the wet granulated tablet without Vitamin E TPGS.

[0086] The dog model showed that Compound I has a significant positive food effect. The effect is related to low API dissolution/high solubility in lipid environment and slower GI motility (higher Tmax). It was observed that the presence of Vitamin E TPGS in the tablet formulations appears to improve its *in vivo* performance and reduce
5 variability compared to the wet granulated formulation that did not contain Vitamin E TPGS.

[0087] A clinical study in humans was conducted to evaluate the pharmacokinetics and effect of fasted vs. fed subjects on the oral absorption of various formulations of Compound I. Using the relative bioavailability and comparing the wet granulated(WG) tablet containing Vitamin E TPGS with a dry granulated(DG) tablet that had previously
10 been used, the following results were observed:

	Fed	Fasted	Ratio
DG Tablet	43%	~10%	4.3
WG Tablet	34%	26%	1.31

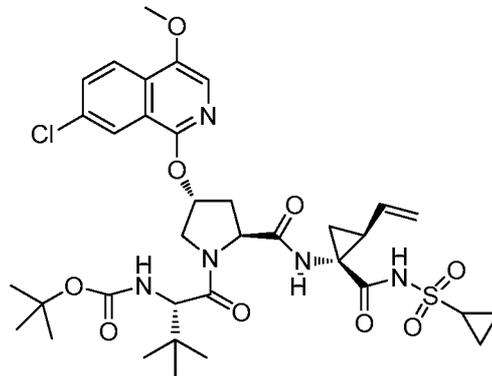
[0088] Thus, the wet granulated formulation of the invention was found to provide
15 consistent oral bioavailability of Compound I without regard for the dietary state of the patient.

[0089] Although the foregoing invention has been described in some detail to
facilitate understanding, it will be apparent that certain changes and modifications may be
20 practiced within the scope of the appended claims. Accordingly, the described
embodiments are to be considered as illustrative and not restrictive, and the invention is
not to be limited to the details given herein, but may be modified within the scope and
equivalents of the appended claims.

CLAIMS

WHAT IS CLAIMED IS:

- 5 1. An oral solid dosage formulation comprising at least one pharmaceutical agent comprising Compound I of the formula



(I)

10 in the range of 30-80% w/w and a bioavailability enhancer is included in the range of 2-20% w/w of the total formulation.

15 2. The formulation of claim 1, wherein a surfactant is included in the range of 2-10%.

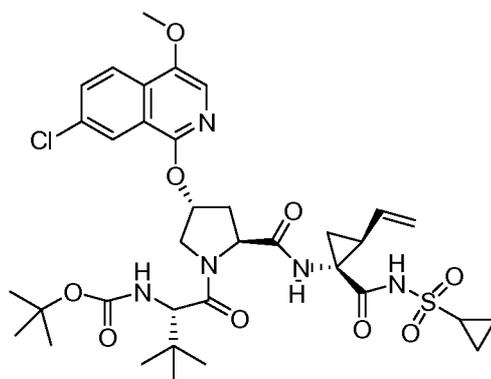
20 3. The formulation of claim 1, wherein the active pharmaceutical agent is included in the formulation in an amount of at least about 40% w/w.

 4. The formulation of claim 1, wherein the active pharmaceutical agent is included in the formulation in an amount of at least about 50% w/w.

20

 5. The formulation of claim 1, wherein the active pharmaceutical agent is included in the formulation in an amount of at least about 60% w/w.

25 6. A method of administering an oral solid dosage formulation comprising orally administering to a fasted mammalian subject the formulation comprising Compound I having the formula



(I)

to provide a total blood plasma concentration profile of Compound I as measured by
 AUC at 24 hours after an initial dose of the formulation that is at least greater than about
 5 15% of the total blood plasma concentration as measured by AUC at 24 hours of an initial
 dose of an orally administered solution comprising Compound I.

7. The method of claim 6, wherein the AUC is at least greater than about
 20% of the AUC at 24 hours of the solution when orally administered regardless if the
 10 subject is fasted or fed.

8. The method of claim 6, wherein the AUC is at least greater than about
 25% of the AUC at 24 hours of the solution when orally administered regardless if the
 subject is fasted or fed.

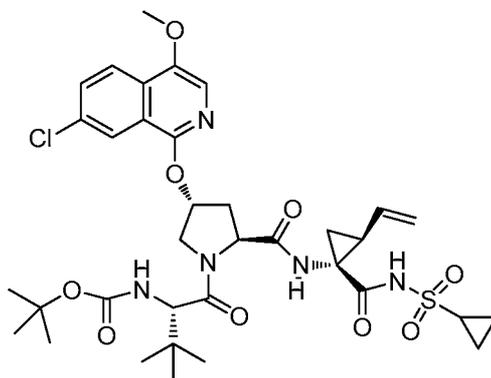
15 9. The method of claim 6, wherein the formulation comprises Vitamin E
 TPGS.

10. The method of claim 9, wherein the formulation comprises at least 4% by
 20 weight Vitamin E TPGS.

11. The method of claim 10, wherein the formulation comprises Vitamin E
 TPGS and at least one surfactant.

12. The method of claim 11, wherein the formulation comprises Vitamin E TPGS and at least one surfactant selected from the group consisting of poloxamer, sodium lauryl sulfate and Polysorbate 80.

5 13. A wet granulated tablet formulation comprising at least one pharmaceutical agent comprising Compound I of the formula



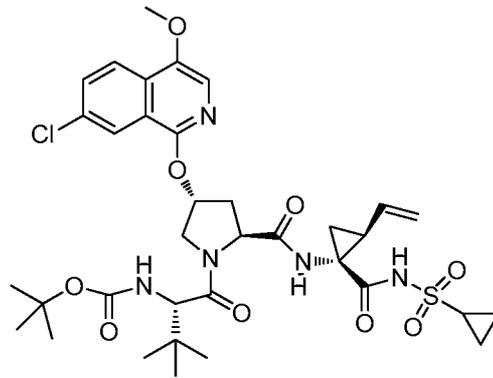
(I)

10 in the range of 30-80% w/w and a bioavailability enhancer is included in the range of 2-20% w/w of the total formulation.

14. The formulation of claim 13, wherein a surfactant is included in the range of 2-10%.

15 15. The formulation of claim 13, wherein the active pharmaceutical agent is included in the formulation in an amount of at least about 50% w/w.

16. A method of administering a formulation comprising orally administering to a fasted mammalian subject the formulation comprising Compound (I) having the
20 formula



(I),

and has a fed to fasted ratio lower than at least about 2.0.

5 17. The method according to claim 16, wherein the fed to fasted ratio is less than about 1.75.

 18. The method according to claim 16, wherein the fed to fasted ratio is less than about 1.50.

10

 19. The method according to claim 16, wherein the fed to fasted ratio is less than about 1.20.

 20. A method of treating an HCV infection whereby any food effect of the
15 formulation are mitigated, comprising the step of administering to a subject in need thereof a therapeutically effective amount of the formulation of claim 1.

 21. A method of treating an HCV infection whereby any food effects of the
20 formulation are mitigated, comprising the step of administering to a subject in need thereof a therapeutically effective amount of the formulation of claim 13.

INTERNATIONAL SEARCH REPORT

International application No PCT/US2013/039378

A. CLASSIFICATION OF SUBJECT MATTER INV. A61K9/20 A61K31/4709 A61P31/14 ADD.		
According to International Patent Classification (IPC) or to both national classification and IPC		
B. FIELDS SEARCHED		
Minimum documentation searched (classification system followed by classification symbols) A61K		
Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched		
Electronic data base consulted during the international search (name of data base and, where practicable, search terms used) EPO-Internal, CHEM ABS Data, EMBASE, WPI Data		
C. DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	KAZUAKI CHAYAMA ET AL: "Dual therapy with the nonstructural protein 5A inhibitor, daclatasvir, and the nonstructural protein 3 protease inhibitor, asunaprevir, in hepatitis C virus genotype 1b-infected null responders", HEPATOLOGY, vol. 55, no. 3, 30 March 2012 (2012-03-30), pages 742-748, XP055071008, ISSN: 0270-9139, DOI: 10.1002/hep.24724 page 744, left-hand column, paragraph 3 page 745, left-hand column, paragraph 1 page 746, right-hand column, paragraph 2 ----- -/--	1-11, 13-21
<input checked="" type="checkbox"/> Further documents are listed in the continuation of Box C. <input type="checkbox"/> See patent family annex.		
* Special categories of cited documents :		
"A" document defining the general state of the art which is not considered to be of particular relevance "E" earlier application or patent but published on or after the international filing date "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified) "O" document referring to an oral disclosure, use, exhibition or other means "P" document published prior to the international filing date but later than the priority date claimed		"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention "X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone "Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art "&" document member of the same patent family
Date of the actual completion of the international search	Date of mailing of the international search report	
16 July 2013	26/07/2013	
Name and mailing address of the ISA/ European Patent Office, P.B. 5818 Patentlaan 2 NL - 2280 HV Rijswijk Tel. (+31-70) 340-2040, Fax: (+31-70) 340-3016	Authorized officer Marttin, Emmeline	

INTERNATIONAL SEARCH REPORT

International application No

PCT/US2013/039378

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	<p>FEIYAN JIN ET AL: "Tabletability assessment of conventional formulations containing Vitamin E tocopheryl polyethylene glycol succinate", INTERNATIONAL JOURNAL OF PHARMACEUTICS, ELSEVIER BV, NL, vol. 389, no. 1, 10 January 2010 (2010-01-10), pages 58-65, XP028308321, ISSN: 0378-5173, DOI: 10.1016/J.IJPHARM.2010.01.017 [retrieved on 2010-01-18] page 58, left-hand column - page 59, right-hand column, paragraph 2 page 64, right-hand column, last paragraph - page 65, left-hand column, paragraph 1 -----</p>	1-5, 9-11, 13-20
X	<p>C. PASQUINELLI ET AL: "Single- and Multiple-Ascending-Dose Studies of the NS3 Protease Inhibitor Asunaprevir in Subjects with or without Chronic Hepatitis C", ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, vol. 56, no. 4, 1 April 2012 (2012-04-01), pages 1838-1844, XP055071012, ISSN: 0066-4804, DOI: 10.1128/AAC.05854-11 -----</p>	16-19
Y	<p>page 1838, left-hand column, paragraph 2 - page 1839, right-hand column, paragraph 5 -----</p>	6-11,21
A	<p>AUNGST B J: "INTESTINAL PERMEATION ENHANCERS", JOURNAL OF PHARMACEUTICAL SCIENCES, AMERICAN PHARMACEUTICAL ASSOCIATION, WASHINGTON, US, vol. 89, no. 4, 1 April 2000 (2000-04-01), pages 429-442, XP000928598, ISSN: 0022-3549, DOI: 10.1002/(SICI)1520-6017(200004)89:4<429::AID-JPS1>3.0.CO;2-J page 438, left-hand column, lines 16-35 -----</p>	1-21