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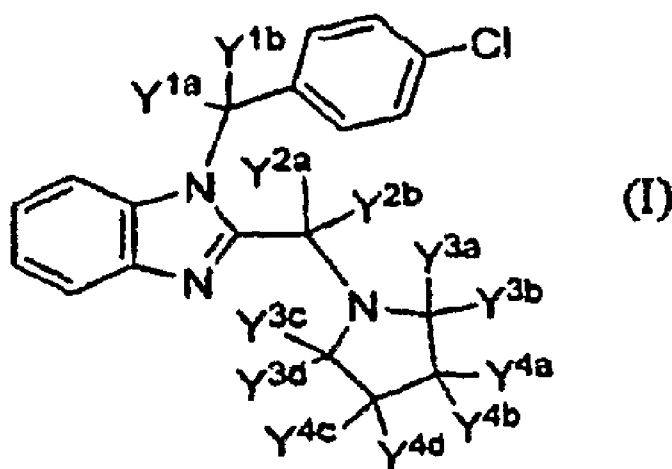
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(54) Title: DEUTERIUM MODIFIED BENZIMIDAZOLES



(57) Abstract: This invention relates to derivatives of 1-(p-chlorobenzyl)-2-(1-pyrrolidinylmethyl)benzimidazole according to Formula I wherein at least one Y is deuterium described herein and pharmaceutically acceptable salts thereof. This invention also provides compositions comprising a compound of this invention and the use of such compositions in methods of treating diseases and conditions that are beneficially treated by administering an inhibitor of hepatitis C virus (HCV) RNA replication.

DEUTERIUM MODIFIED BENZIMIDAZOLES

RELATED APPLICATION

[1] This application claims the benefit of U.S. Provisional Patent Application No. 61/216,257, filed May 15, 2009, the contents of which are incorporated herein by reference in its entirety.

BACKGROUND OF THE INVENTION

[2] Many current medicines suffer from poor absorption, distribution, metabolism and/or excretion (ADME) properties that prevent their wider use or limit their use in certain indications. Poor ADME properties are also a major reason for the failure of drug candidates in clinical trials. While formulation technologies and prodrug strategies can be employed in some cases to improve certain ADME properties, these approaches often fail to address the underlying ADME problems that exist for many drugs and drug candidates. One such problem is rapid metabolism that causes a number of drugs, which otherwise would be highly effective in treating a disease, to be cleared too rapidly from the body. A possible solution to rapid drug clearance is frequent or high dosing to attain a sufficiently high plasma level of drug. This, however, introduces a number of potential treatment problems such as poor patient compliance with the dosing regimen, side effects that become more acute with higher doses, and increased cost of treatment. A rapidly metabolized drug may also expose patients to undesirable toxic or reactive metabolites.

[3] Another ADME limitation that affects many medicines is the formation of toxic or biologically reactive metabolites. As a result, some patients receiving the drug may experience toxicities, or the safe dosing of such drugs may be limited such that patients receive a suboptimal amount of the active agent. In certain cases, modifying dosing intervals or formulation approaches can help to reduce clinical adverse effects, but often the formation of such undesirable metabolites is intrinsic to the metabolism of the compound.

[4] In some select cases, a metabolic inhibitor will be co-administered with a drug that is cleared too rapidly. Such is the case with the protease inhibitor class of drugs that are used to treat HIV infection. The FDA recommends that these drugs be co-

dosed with ritonavir, an inhibitor of cytochrome P450 enzyme 3A4 (CYP3A4), the enzyme typically responsible for their metabolism (see Kempf, D.J. et al., Antimicrobial agents and chemotherapy, 1997, 41(3): 654-60). Ritonavir, however, causes adverse effects and adds to the pill burden for HIV patients who must already take a combination of different drugs. Similarly, the CYP2D6 inhibitor quinidine has been added to dextromethorphan for the purpose of reducing rapid CYP2D6 metabolism of dextromethorphan in a treatment of pseudobulbar affect. Quinidine, however, has unwanted side effects that greatly limit its use in potential combination therapy (see Wang, L et al., Clinical Pharmacology and Therapeutics, 1994, 56(6 Pt 1): 659-67; and FDA label for quinidine at www.accessdata.fda.gov).

[5] In general, combining drugs with cytochrome P450 inhibitors is not a satisfactory strategy for decreasing drug clearance. The inhibition of a CYP enzyme's activity can affect the metabolism and clearance of other drugs metabolized by that same enzyme. CYP inhibition can cause other drugs to accumulate in the body to toxic levels.

[6] A potentially attractive strategy for improving a drug's metabolic properties is deuterium modification. In this approach, one attempts to slow the CYP-mediated metabolism of a drug or to reduce the formation of undesirable metabolites by replacing one or more hydrogen atoms with deuterium atoms. Deuterium is a safe, stable, non-radioactive isotope of hydrogen. Compared to hydrogen, deuterium forms stronger bonds with carbon. In select cases, the increased bond strength imparted by deuterium can positively impact the ADME properties of a drug, creating the potential for improved drug efficacy, safety, and/or tolerability. At the same time, because the size and shape of deuterium are essentially identical to those of hydrogen, replacement of hydrogen by deuterium would not be expected to affect the biochemical potency and selectivity of the drug as compared to the original chemical entity that contains only hydrogen.

[7] Over the past 35 years, the effects of deuterium substitution on the rate of metabolism have been reported for a very small percentage of approved drugs (see, e.g., Blake, MI et al, J Pharm Sci, 1975, 64:367-91; Foster, AB, Adv Drug Res 1985, 14:1-40 ("Foster"); Kushner, DJ et al, Can J Physiol Pharmacol 1999, 79-88; Fisher, MB et al, Curr Opin Drug Discov Devel, 2006, 9:101-09 ("Fisher")). The results

have been variable and unpredictable. For some compounds deuteration caused decreased metabolic clearance *in vivo*. For others, there was no change in metabolism. Still others demonstrated increased metabolic clearance. The variability in deuterium effects has also led experts to question or dismiss deuterium modification as a viable drug design strategy for inhibiting adverse metabolism (see Foster at p. 35 and Fisher at p. 101).

[8] The effects of deuterium modification on a drug's metabolic properties are not predictable even when deuterium atoms are incorporated at known sites of metabolism. Only by actually preparing and testing a deuterated drug can one determine if and how the rate of metabolism will differ from that of its non-deuterated counterpart. *See*, for example, Fukuto et al. (J. Med. Chem. 1991, 34, 2871-76). Many drugs have multiple sites where metabolism is possible. The site(s) where deuterium substitution is required and the extent of deuteration necessary to see an effect on metabolism, if any, will be different for each drug.

[9] HCV is a (+)-sense single-stranded RNA virus that has been implicated as the major causative agent in non-A, non-B hepatitis (NANBH). At present, reported cases worldwide of HCV infection stands at 175 million (Koziel, M et al, N. Engl. J. Med., 2007, 356: 1445-54). Current treatment includes a combination of PEG interferon alpha and ribavirin for 12 to 72 weeks and provides a limited sustained virological response (SVR) with only 40-50 % of infected individuals of genotype 1 or 4 and 80 % of individuals of genotype 2 or 3 achieving SVR. In addition to the limited efficacy of the current regimen, the combination of PEG interferon and ribavirin is associated with adverse effects including depression and anemia (Fried, M et al, Semin Liver Dis., 2004, 24(Suppl2): 47-54). New promising therapies currently under clinical trial investigation include HCV serine protease inhibitors and RNA-dependent RNA polymerase inhibitors. However, these therapies face the challenges of rapid selection of resistance and/or toxicity (Soriano, V et al, Clin. Inf. Disease, 2009, 48: 313-320).

[10] Clemizole, also known as 1-(p-chlorobenzyl)-2-(1-pyrrolidinylmethyl) benzimidazole, is currently a known and essentially obsolete antihistamine, approved outside of the US. Clemizole has been found to be an effective inhibitor of HCV RNA replication in cell culture through inhibition of the binding of the 3'UTR of

HCV negative strand RNA to the HCV transmembrane polypeptide NS4B. HCV RNA binding by this protein has been shown to play an essential role in HCV RNA replication in cell culture (Einav, S et al, Nature Biotechnology, 2008, 26(9): 1019-27).

[11] Adverse reactions associated with the use of clemizole include drowsiness and thickening of bronchial secretions. Occasional adverse reactions include the following: dry mouth and throat, blurred vision, nausea, vomiting, vertigo, headache, agitation, weakness, palpitations, and skin rashes.

[12] Despite the beneficial activities of clemizole, there is a continuing need for new compounds to treat the aforementioned diseases and conditions.

SUMMARY OF THE INVENTION

[13] This invention relates to derivatives of 1-(p-chlorobenzyl)-2-(1-pyrrolidinylmethyl)benzimidazole, and pharmaceutically acceptable salts thereof. This invention also provides compositions comprising a compound of this invention and the use of such compositions in methods of treating diseases and conditions that are beneficially treated by administering an inhibitor of hepatitis C virus (HCV) RNA replication.

BRIEF DESCRIPTION OF THE FIGURES

[14] FIG. 1 shows a plot of the percentage of compound remaining vs. time for clemizole and for test compounds of the invention in Human Liver Microsomes (HLM).

DETAILED DESCRIPTION OF THE INVENTION

[15] The term “treat” means decrease, suppress, attenuate, diminish, arrest, or stabilize the development or progression of a disease (e.g., a disease or disorder delineated herein), lessen the severity of the disease or improve the symptoms associated with the disease.

[16] “Disease” means any condition or disorder that damages or interferes with the normal function of a cell, tissue, or organ.

[17] It will be recognized that some variation of natural isotopic abundance occurs in a synthesized compound depending upon the origin of chemical materials used in the synthesis. Thus, a preparation of clemizole will inherently contain small amounts

of deuterated isotopologues. The concentration of naturally abundant stable hydrogen and carbon isotopes, notwithstanding this variation, is small and immaterial as compared to the degree of stable isotopic substitution of compounds of this invention. See, for instance, Wada, E et al., *Seikagaku*, 1994, 66:15; Gannes, LZ et al., *Comp Biochem Physiol Mol Integr Physiol*, 1998, 119:725.

[18] In the compounds of this invention any atom not specifically designated as a particular isotope is meant to represent any stable isotope of that atom. Unless otherwise stated, when a position is designated specifically as “H” or “hydrogen”, the position is understood to have hydrogen at its natural abundance isotopic composition. Also unless otherwise stated, when a position is designated specifically as “D” or “deuterium”, the position is understood to have deuterium at an abundance that is at least 3340 times greater than the natural abundance of deuterium, which is 0.015% (i.e., at least 50.1% incorporation of deuterium).

[19] The term “isotopic enrichment factor” as used herein means the ratio between the isotopic abundance and the natural abundance of a specified isotope.

[20] In other embodiments, a compound of this invention has an isotopic enrichment factor for each designated deuterium atom of at least 3500 (52.5% deuterium incorporation at each designated deuterium atom), at least 4000 (60% deuterium incorporation), at least 4500 (67.5% deuterium incorporation), at least 5000 (75% deuterium), at least 5500 (82.5% deuterium incorporation), at least 6000 (90% deuterium incorporation), at least 6333.3 (95% deuterium incorporation), at least 6466.7 (97% deuterium incorporation), at least 6600 (99% deuterium incorporation), or at least 6633.3 (99.5% deuterium incorporation).

[21] The term “isotopologue” refers to a species in which the chemical structure differs from a specific compound of this invention only in the isotopic composition thereof.

[22] The term “compound,” when referring to a compound of this invention, refers to a collection of molecules having an identical chemical structure, except that there may be isotopic variation among the constituent atoms of the molecules. Thus, it will be clear to those of skill in the art that a compound represented by a particular chemical structure containing indicated deuterium atoms, will also contain lesser amounts of isotopologues having hydrogen atoms at one or more of the designated

deuterium positions in that structure. The relative amount of such isotopologues in a compound of this invention will depend upon a number of factors including the isotopic purity of deuterated reagents used to make the compound and the efficiency of incorporation of deuterium in the various synthesis steps used to prepare the compound. However, as set forth above the relative amount of such isotopologues *in toto* will be less than 49.9% of the compound. In other embodiments, the relative amount of such isotopologues *in toto* will be less than 47.5%, less than 40%, less than 32.5%, less than 25%, less than 17.5%, less than 10%, less than 5%, less than 3%, less than 1%, or less than 0.5% of the compound.

[23] The invention also provides salts of the compounds of the invention.

[24] A salt of a compound of this invention is formed between an acid and a basic group of the compound, such as an amino functional group, or a base and an acidic group of the compound, such as a carboxyl functional group. According to another embodiment, the compound is a pharmaceutically acceptable acid addition salt.

[25] The term “pharmaceutically acceptable,” as used herein, refers to a component that is, within the scope of sound medical judgment, suitable for use in contact with the tissues of humans and other mammals without undue toxicity, irritation, allergic response and the like, and are commensurate with a reasonable benefit/risk ratio. A “pharmaceutically acceptable salt” means any non-toxic salt that, upon administration to a recipient, is capable of providing, either directly or indirectly, a compound of this invention. A “pharmaceutically acceptable counterion” is an ionic portion of a salt that is not toxic when released from the salt upon administration to a recipient.

[26] Acids commonly employed to form pharmaceutically acceptable salts include inorganic acids such as hydrogen bisulfide, hydrochloric acid, hydrobromic acid, hydroiodic acid, sulfuric acid and phosphoric acid, as well as organic acids such as para-toluenesulfonic acid, salicylic acid, tartaric acid, bitartaric acid, ascorbic acid, maleic acid, besylic acid, fumaric acid, gluconic acid, glucuronic acid, formic acid, glutamic acid, methanesulfonic acid, ethanesulfonic acid, benzenesulfonic acid, lactic acid, oxalic acid, para-bromophenylsulfonic acid, carbonic acid, succinic acid, citric acid, benzoic acid and acetic acid, as well as related inorganic and organic acids. Such pharmaceutically acceptable salts thus include sulfate, pyrosulfate, bisulfate, sulfite, bisulfite, phosphate, monohydrogenphosphate, dihydrogenphosphate,

metaphosphate, pyrophosphate, chloride, bromide, iodide, acetate, propionate, decanoate, caprylate, acrylate, formate, isobutyrate, caprate, heptanoate, propiolate, oxalate, malonate, succinate, suberate, sebacate, fumarate, maleate, butyne-1,4-dioate, hexyne-1,6-dioate, benzoate, chlorobenzoate, methylbenzoate, dinitrobenzoate, hydroxybenzoate, methoxybenzoate, phthalate, terephthalate, sulfonate, xylene sulfonate, phenylacetate, phenylpropionate, phenylbutyrate, citrate, lactate, β -hydroxybutyrate, glycolate, maleate, tartrate, methanesulfonate, propanesulfonate, naphthalene-1-sulfonate, naphthalene-2-sulfonate, mandelate and other salts. In one embodiment, pharmaceutically acceptable acid addition salts include those formed with mineral acids such as hydrochloric acid and hydrobromic acid, and especially those formed with organic acids such as maleic acid.

[27] The compounds of the present invention (e.g., compounds of Formula I), may contain an asymmetric carbon atom, for example, as the result of deuterium substitution or otherwise. As such, compounds of this invention can exist as either individual enantiomers, or mixtures of the two enantiomers. Accordingly, a compound of the present invention may exist as either a racemic mixture or a scalemic mixture, or as individual respective stereoisomers that are substantially free from another possible stereoisomer. The term "substantially free of other stereoisomers" as used herein means less than 25% of other stereoisomers, preferably less than 10% of other stereoisomers, more preferably less than 5% of other stereoisomers and most preferably less than 2% of other stereoisomers are present. Methods of obtaining or synthesizing an individual enantiomer for a given compound are known in the art and may be applied as practicable to final compounds or to starting material or intermediates.

[28] Unless otherwise indicated, when a disclosed compound is named or depicted by a structure without specifying the stereochemistry and has one or more chiral centers, it is understood to represent all possible stereoisomers of the compound.

[29] The term "stable compounds," as used herein, refers to compounds which possess stability sufficient to allow for their manufacture and which maintain the integrity of the compound for a sufficient period of time to be useful for the purposes detailed herein (e.g., formulation into therapeutic products, intermediates for use in

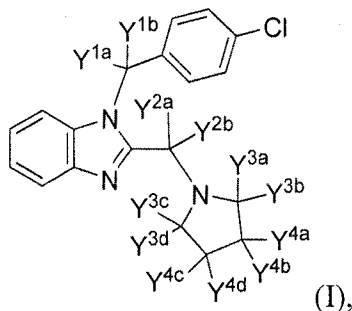
production of therapeutic compounds, isolatable or storable intermediate compounds, treating a disease or condition responsive to therapeutic agents).

[30] “D” and “d” both refer to deuterium. “Stereoisomer” refers to both enantiomers and diastereomers. “Tert” and “t-” each refer to tertiary. “US” refers to the United States of America.

[31] Throughout this specification, a variable may be referred to generally (e.g., "each Y") or may be referred to specifically (e.g., Y^{1a}, Y^{1b}, Y^{2a}, Y^{2b} etc.). Unless otherwise indicated, when a variable is referred to generally, it is meant to include all specific embodiments of that particular variable.

THERAPEUTIC COMPOUNDS

[32] The present invention provides a compound of Formula I:



or a pharmaceutically acceptable salt thereof, wherein:

each Y is independently hydrogen or deuterium; and

at least one Y is deuterium.

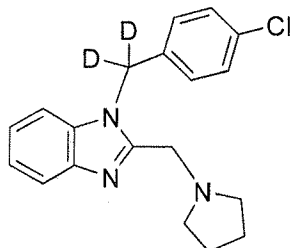
[33] One embodiment of this invention provides a compound of Formula I wherein Y^{1a} and Y^{1b} are the same; Y^{2a} and Y^{2b} are the same; Y^{3a} and Y^{3b} are the same; Y^{3c} and Y^{3d} are the same; Y^{4a} and Y^{4b} are the same; and Y^{4c} and Y^{4d} are the same.

[34] Another embodiment of this invention provides a compound of Formula I wherein Y^{3a}, Y^{3b}, Y^{3c} and Y^{3d} are the same; and Y^{4a}, Y^{4b}, Y^{4c} and Y^{4d} are the same. In one aspect of this embodiment Y^{3a}, Y^{3b}, Y^{3c} and Y^{3d} are each hydrogen. In another aspect Y^{3a}, Y^{3b}, Y^{3c} and Y^{3d} are each deuterium. In still another aspect, Y^{4a}, Y^{4b}, Y^{4c} and Y^{4d} are each hydrogen. In another aspect Y^{4a}, Y^{4b}, Y^{4c} and Y^{4d} are deuterium.

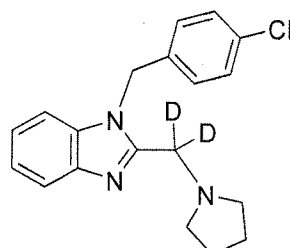
[34] Another embodiment of this invention provides a compound of Formula I wherein Y^{1a} and Y^{1b} are the same. In one aspect of this embodiment Y^{1a} and Y^{1b} are each hydrogen. In another aspect Y^{1a} and Y^{1b} are each deuterium.

[35] Another embodiment of this invention provides a compound of Formula I wherein Y^{2a} and Y^{2b} are the same. In one aspect of this embodiment Y^{2a} and Y^{2b} are each hydrogen. In another aspect Y^{2a} and Y^{2b} are each deuterium.

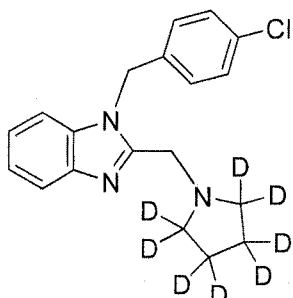
[36] An additional embodiment of this invention provides a compound of Formula I selected from any one of the compounds set forth below:



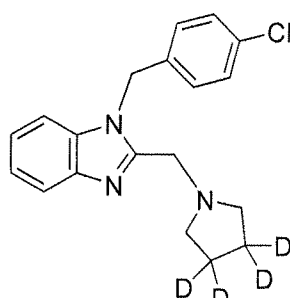
Compound 100,



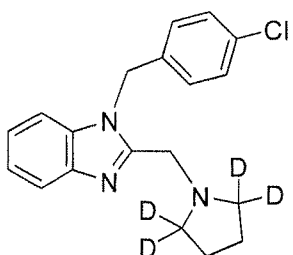
Compound 101,



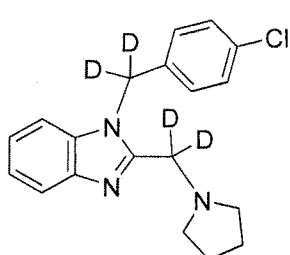
Compound 102,



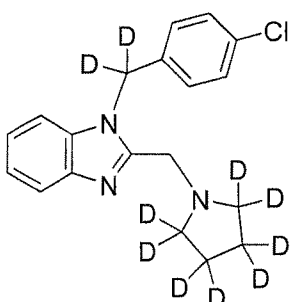
Compound 103,



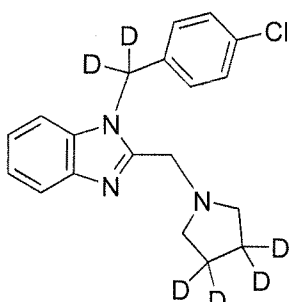
Compound 104,



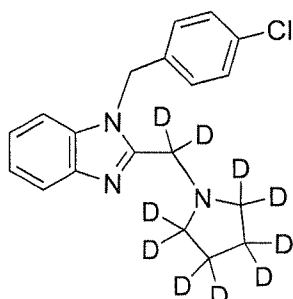
Compound 105,



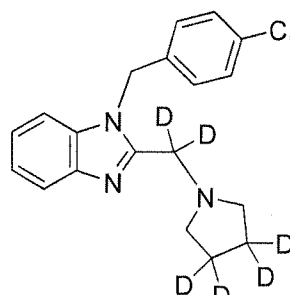
Compound 106,



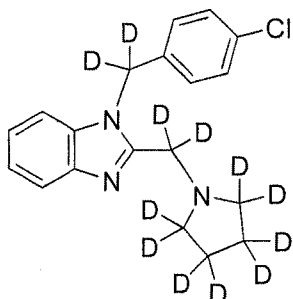
Compound 107,



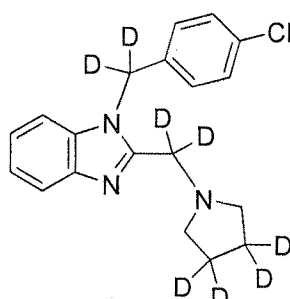
Compound 108,



Compound 109,



Compound 110, and



Compound 111 or

a pharmaceutically acceptable salt of any of the foregoing.

[37] In another set of embodiments, any atom not designated as deuterium in any of the embodiments set forth above is present at its natural isotopic abundance.

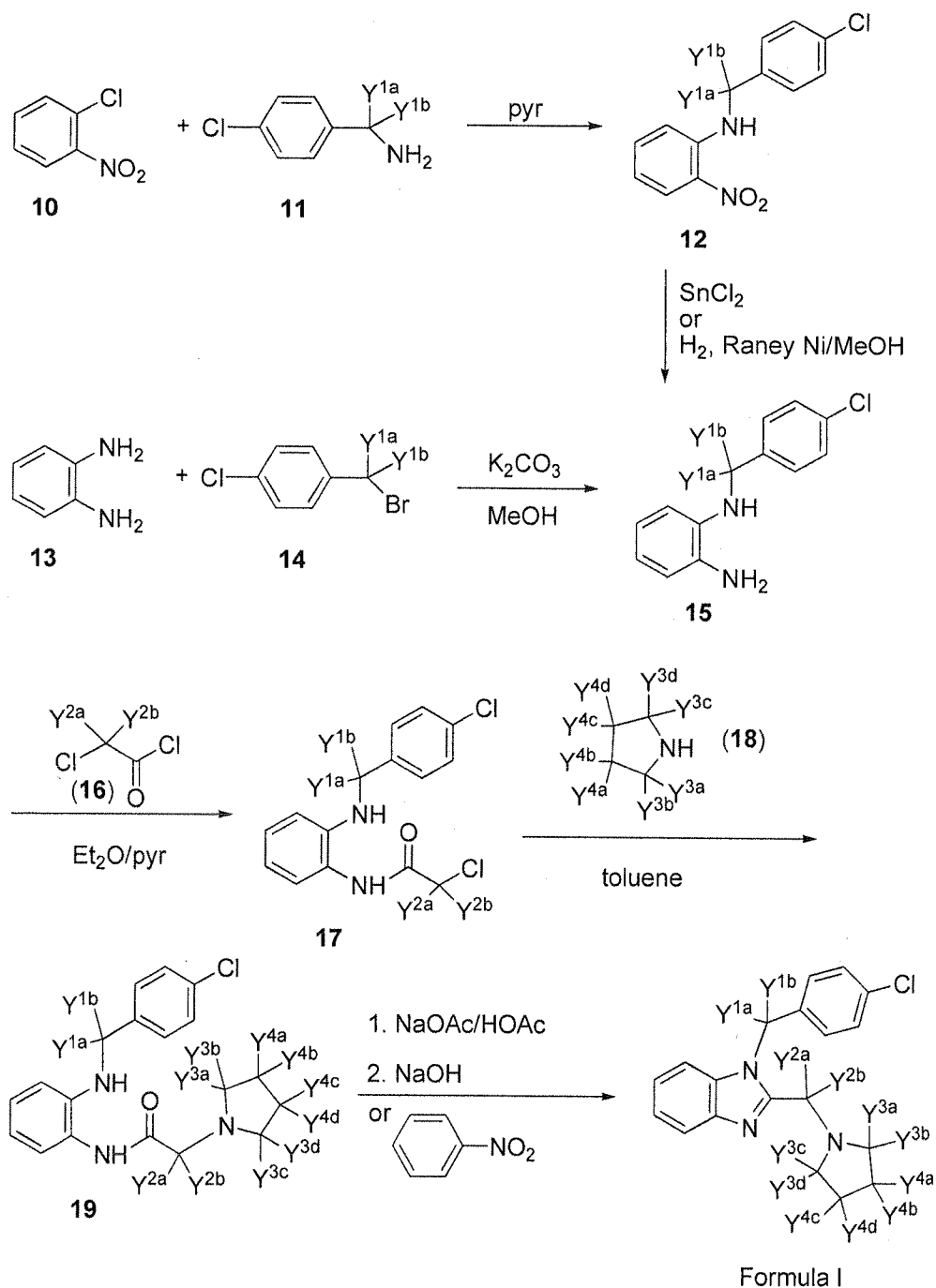
[38] The synthesis of compounds of Formula I can be readily achieved by synthetic chemists of ordinary skill. Relevant procedures and intermediates are disclosed, for instance in patent publications DE 911261, DE 895904, and ES 301164.

[39] Such methods can be carried out by utilizing corresponding deuterated and, optionally, other isotope-containing reagents and/or intermediates to synthesize the compounds delineated herein, or by invoking standard synthetic protocols known in the art for introducing isotopic atoms to a chemical structure.

EXEMPLARY SYNTHESIS

[40] A convenient method for synthesizing compounds of Formula I is depicted in Scheme 1.

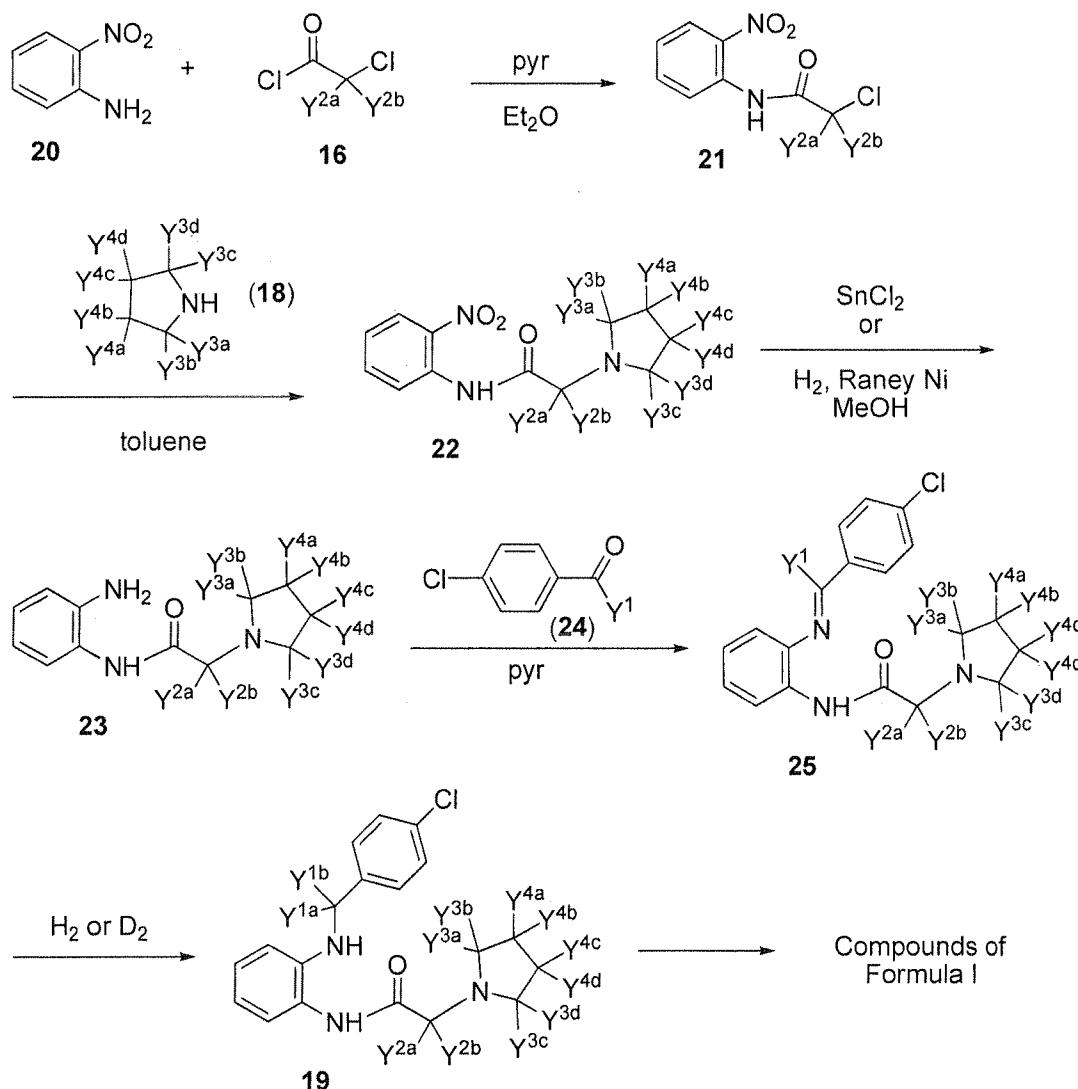
[41] Scheme 1: General Route to Compounds of Formula I.



[42] Scheme 1 depicts a general route to compounds of Formula I following the general methods of Schenk, M et al, DE 911261; Chattopadhyay, P et al, Syn Comm, 2006, 36(13):1857-61; Raj, R et al, Bioorg Med Lett, 2005, 15(11): 2923-25; Showa, A, Jpn Kokai Tokyo Koho, 61161267, July 21, 1986; and ES 301164. Appropriately-deuterated intermediate **15** may be prepared through the coupling of appropriately-deuterated benzyl amine **11** with o-chloro-nitrobenzene, **10**, in the presence of base to yield intermediate **12**. Intermediate **12** can be selectively reduced to the aniline **15**

using SnCl_2 or hydrogenation in the presence of Raney Ni. Alternately, intermediate **15** may be prepared from the coupling of diamine **13** to appropriately-deuterated bromide **14**. Subsequent coupling of intermediate **15** with appropriately-deuterated acyl chloride **16** affords the substituted diamine **17** which, when subjected to displacement of the aliphatic chloride with appropriately-deuterated pyrrolidine **18**, yields intermediate **19**. Ring closure of **19** to afford compounds of Formula I may be affected through exposure to sodium acetate in acetic acid or through heating in nitrobenzene. One skilled in the art will appreciate that deuterated solvents and reagents may be substituted, where appropriate, to afford compounds of Formula I bearing different patterns of deuterium substitution.

[43] Scheme 2a. Alternate Approach to Compounds of Formula I.



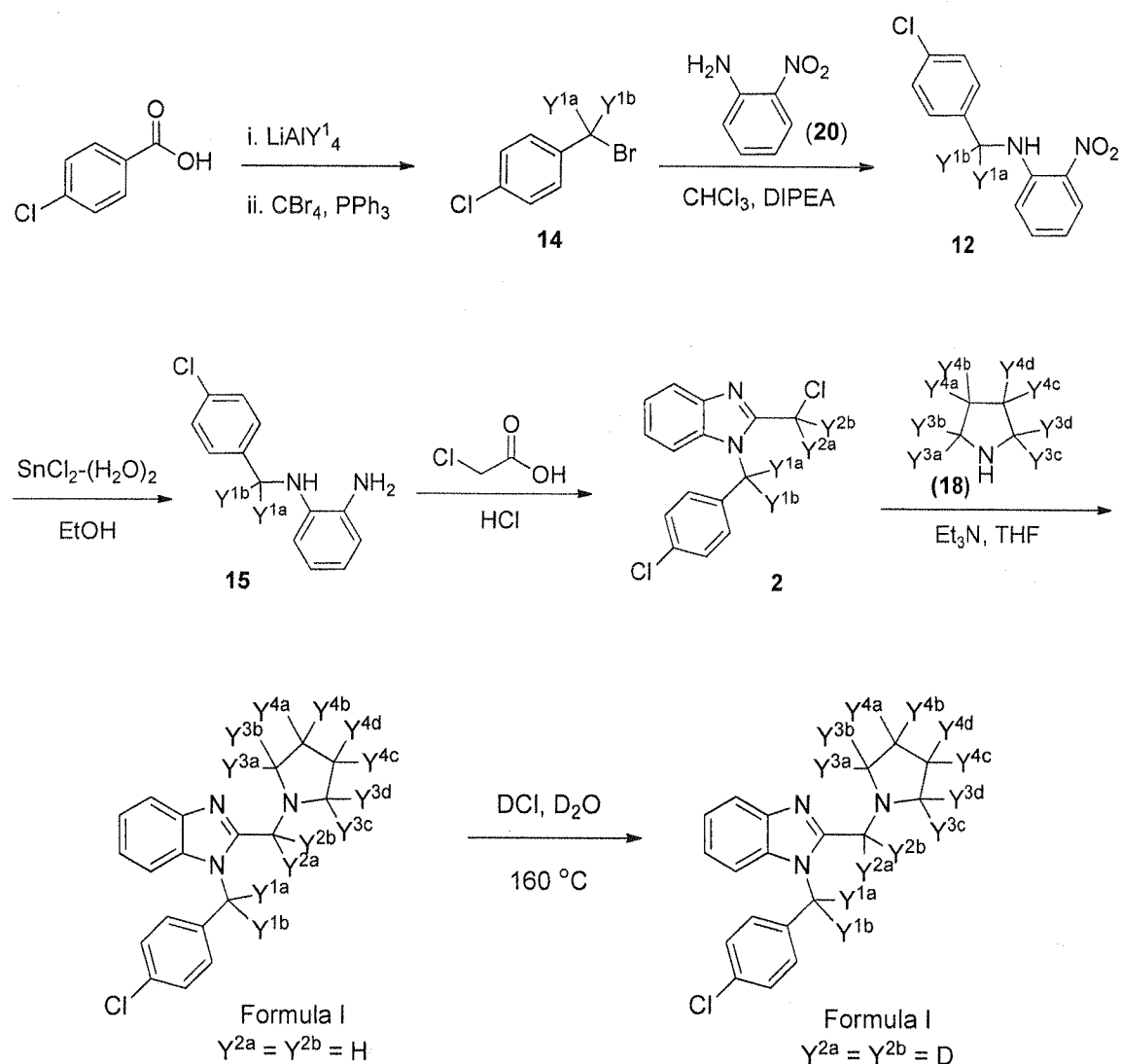
[44] Scheme 2a depicts an alternative route to compounds of Formula I, following the general methods of Schenk M et al, DE 911261; and Schenk, M et al, DE 895904.

The preparation of intermediate **21** may be effected through addition of appropriately-deuterated chloroacetylchloride **16** to o-nitroaniline, **20**, in the presence of base.

Coupling of intermediate **21** with appropriately-deuterated pyrrolidine **18** affords the pyrrolidine-substituted acetanilide **22**. Selective reduction of the nitro group of **22** may be carried out in the presence of SnCl_2 or through hydrogenation with Raney Ni as catalyst to give the diamine **23**. Addition of **23** to appropriately-deuterated aldehyde **24** followed by reduction with H_2 or D_2 affords the free amine **19**.

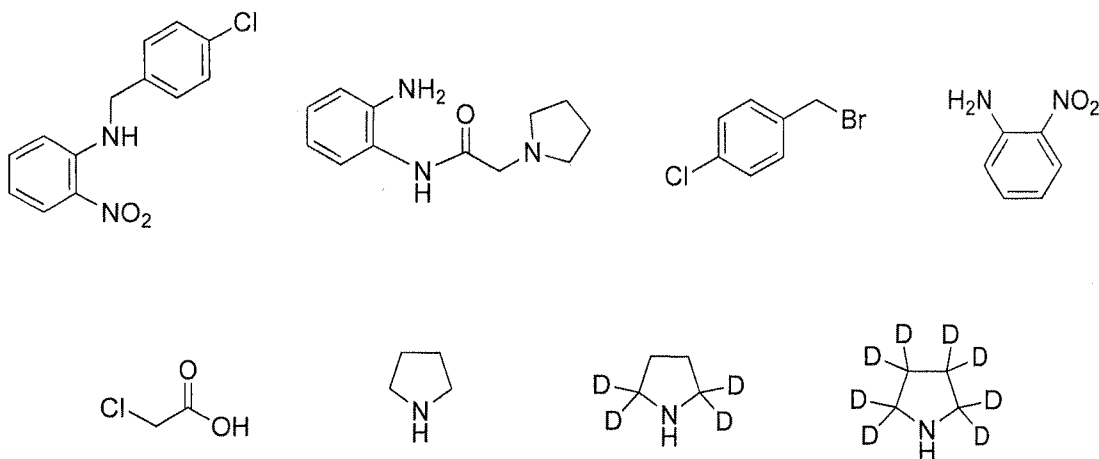
Intermediate **19** may be converted to a compound of Formula I as described in Scheme 1 above. One skilled in the art will appreciate that deuterated solvents and reagents may be substituted, where appropriate, to afford compounds of Formula I bearing different patterns of deuterium substitution.

[45] Scheme 2b: Second Alternate Approach to Compounds of Formula I.



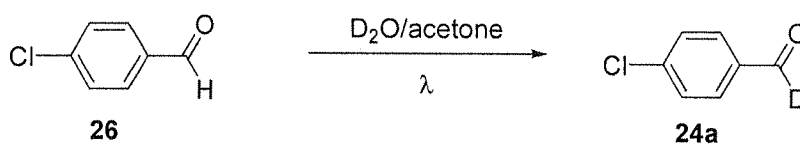
[46] Scheme 2b depicts a general route to compounds of Formula I. Intermediate **14** may be prepared through the reduction of 4-chlorobenzoic acid with either LiAlH_4 or LiAlD_4 (Bouvier, P. et al, Journal of Labelled Compounds and Radiopharmaceuticals, 1987, 24: 447-453) followed by treatment with carbontetrabromide in the presence of triphenylphosphine (Lanni, T. B., et al, Bioorganic & Medicinal Chemistry Letters, 2007, 17: 756-760). Alkylation of o-nitroaniline (**20**) with **14** (Jerchel, D. et al, Annalen der Chemie, Justus Liebig's, 1952, 575: 162-173) affords intermediate **12** which can then be converted to diamine **15** via SnCl_2 mediated reduction (WO 2006/134078 A1). Cyclization of **15** to chloromethyl-benzimidazole (**2**) may then be achieved through treatment with chloroacetic acid in the presence of HCl (Jerchel, D. et al, Annalen der Chemie, Justus Liebig's, 1952, 575: 162-173). Alkylation of chloromethylbenzimidazole (**2**) with the appropriately deuterated pyrrolidine (**18**) (following the general procedure found in Cowart, M. et al, Journal of Medicinal Chemistry, 2004, 47: 3853-3864) affords a compound of Formula I ($\text{Y}^{2a} = \text{Y}^{2b} = \text{H}$). Exchange of Y^{2a} and Y^{2b} from hydrogen to deuterium may be accomplished via exposure of the compound to DCl in D_2O at 160°C to yield a compound of Formula I ($\text{Y}^{2a} = \text{Y}^{2b} = \text{D}$). One skilled in the art will appreciate that deuterated solvents and reagents may be substituted, where appropriate, to afford compounds of Formula I bearing different patterns of deuterium substitution.

[47] The following intermediates, of potential interest for use in Schemes 1, 2a and 2b above, are commercially available:



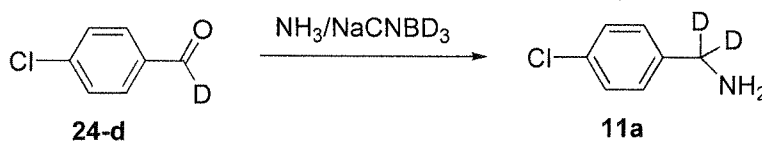
[48] Additional useful intermediates may be prepared as outlined in the schemes below. One skilled in the art will appreciate that deuterated solvents and reagents may be substituted, where appropriate, to afford intermediates bearing different patterns of deuterium substitution.

[49] Scheme 3. Preparation of Intermediate **24**, wherein Y^1 is deuterium.



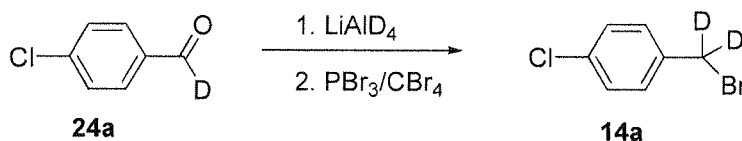
[50] The preparation of para-chlorobenzaldehyde-d₁, **24a**, may be carried out as depicted in Scheme 3 above according to the method of Defoin, A et al, J of Labelled Compounds and Radiopharmaceuticals, 1982, 19(7): 891-8. Para-chlorobenzaldehyde **26** may be irradiated with ultraviolet light in the presence of D₂O to yield **24a** in approximately 80 % yield and 98 % isotopic purity.

[51] Scheme 4. Preparation of Intermediate **11**, wherein Y^{1a} and Y^{1b} are each deuterium.



[52] Scheme 4 shows a possible route to intermediate **11a** through direct reductive amination of **24a** using ammonia and NaCNBD₃. Alternately, **11a** may be produced via indirect reductive amination to **24a** by first treating with ammonia to yield the imine, then reducing the imine through treatment with NaBD₄.

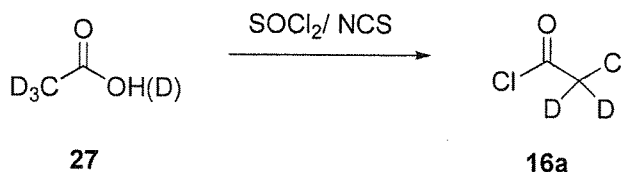
[53] Scheme 5. Preparation of Intermediate **14**, wherein Y^{1a} and Y^{1b} are each deuterium.



[54] Intermediate **14a** may be prepared from **24a** as shown in Scheme 5 above. Reduction of aldehyde **24a** with LiAlD₄ affords the alcohol intermediate which is converted to bromide **14a** upon treatment with PBr₃ as described in Lanni, T et al, Bioorganic and Medicinal Chemistry Letters, 2007, 17(3): 756-760. Alternatively,

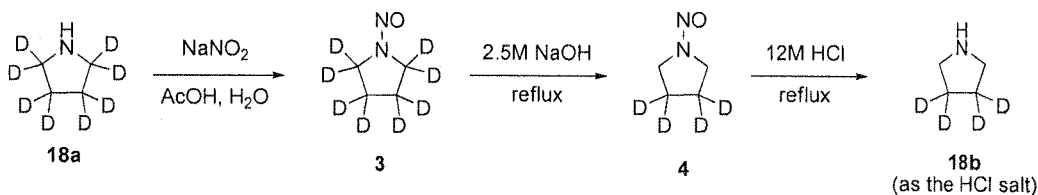
the aldehyde **24a** may be converted to the bromide **14a**, by reaction with MeSiHCl_2 and PBr_3 using FeCl_3 as catalyst according to the procedure of Li, Z et al, Organic Preparations and Procedures International, 2007, 39(6): 608-611.

[55] Scheme 6. Preparation of Intermediate **16**, wherein Y^{2a} and Y^{2b} are each deuterium.



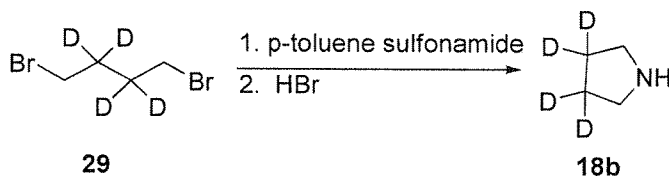
[56] Intermediate **16a** may be prepared as described by Hagen, D et al, J Label Comp Radiopharm, 1994, 34(9): 871 wherein appropriately-deuterated acetic acid **27** is treated with thionyl chloride and N-chlorosuccinimide (NCS) to yield chloro-acetylchloride **16a**.

[57] Scheme 7a. Preparation of Intermediate **18**, wherein Y^{4a} , Y^{4b} , Y^{4c} and Y^{4d} are each deuterium.



[58] The preparation of 3,3,4,4-tetradeuteropyrrolidine (**18b**) may be carried out as depicted in Scheme 7a above in an analogous approach to the method of Rogic, D et al, Journal of Labelled Compounds, 1974, 10: 655-661. 2,2,3,3,4,4,5,5-Octadeuteropyrrolidine (**18a**) may be converted to the corresponding N-nitrosoamine **3** then treated with sodium hydroxide to afford **4**. Denitrosation may then be achieved via exposure to 12N HCl at reflux to afford 3,3,4,4-tetradeuteropyrrolidine (**18b**) as the HCl salt.

[59] Scheme 7b. Alternate Preparation of Intermediate **18**, wherein Y^{4a} , Y^{4b} , Y^{4c} and Y^{4d} are each deuterium.



[60] Scheme 7b above depicts a route for preparing intermediate **18b** as described by Rogic, D et al, J of Labelled Compounds, 1974, 10(4): 655-61. Commercially-available 1,4-dibromo-2,2,3,3-d₄-butane (**29**) may be cyclized to afford pyrrolidine **18b** upon treatment with p-toluene sulfonamide followed by treatment with HBr.

[61] The specific approaches and compounds shown above are not intended to be limiting. The chemical structures in the schemes herein depict variables that are hereby defined commensurately with chemical group definitions (moieties, atoms, etc.) of the corresponding position in the compound formulae herein, whether identified by the same variable name (i.e., R¹, R², R³, etc.) or not. The suitability of a chemical group in a compound structure for use in the synthesis of another compound is within the knowledge of one of ordinary skill in the art.

[62] Additional methods of synthesizing compounds of Formula I and their synthetic precursors, including those within routes not explicitly shown in schemes herein, are within the means of chemists of ordinary skill in the art. Synthetic chemistry transformations and protecting group methodologies (protection and deprotection) useful in synthesizing the applicable compounds are known in the art and include, for example, those described in Larock R, *Comprehensive Organic Transformations*, VCH Publishers (1989); Greene, TW et al., *Protective Groups in Organic Synthesis*, 3rd Ed., John Wiley and Sons (1999); Fieser, L et al., *Fieser and Fieser's Reagents for Organic Synthesis*, John Wiley and Sons (1994); and Paquette, L, ed., *Encyclopedia of Reagents for Organic Synthesis*, John Wiley and Sons (1995) and subsequent editions thereof.

[63] Combinations of substituents and variables envisioned by this invention are only those that result in the formation of stable compounds.

COMPOSITIONS

[64] The invention also provides pyrogen-free pharmaceutical compositions comprising an effective amount of a compound of Formula I (e.g., including any of the formulae herein), or a pharmaceutically acceptable salt of said compound; and a pharmaceutically acceptable carrier. The carrier(s) are "acceptable" in the sense of being compatible with the other ingredients of the formulation and, in the case of a pharmaceutically acceptable carrier, not deleterious to the recipient thereof in an amount used in the medicament.

[65] Pharmaceutically acceptable carriers, adjuvants and vehicles that may be used in the pharmaceutical compositions of this invention include, but are not limited to, ion exchangers, alumina, aluminum stearate, lecithin, serum proteins, such as human serum albumin, buffer substances such as phosphates, glycine, sorbic acid, potassium sorbate, partial glyceride mixtures of saturated vegetable fatty acids, water, salts or electrolytes, such as protamine sulfate, disodium hydrogen phosphate, potassium hydrogen phosphate, sodium chloride, zinc salts, colloidal silica, magnesium trisilicate, polyvinyl pyrrolidone, cellulose-based substances, polyethylene glycol, sodium carboxymethylcellulose, polyacrylates, waxes, polyethylene-polyoxypropylene-block polymers, polyethylene glycol and wool fat.

[66] If required, the solubility and bioavailability of the compounds of the present invention in pharmaceutical compositions may be enhanced by methods well-known in the art. One method includes the use of lipid excipients in the formulation. See "Oral Lipid-Based Formulations: Enhancing the Bioavailability of Poorly Water-Soluble Drugs (Drugs and the Pharmaceutical Sciences)," David J. Hauss, ed. Informa Healthcare, 2007; and "Role of Lipid Excipients in Modifying Oral and Parenteral Drug Delivery: Basic Principles and Biological Examples," Kishor M. Wasan, ed. Wiley-Interscience, 2006.

[67] Another known method of enhancing bioavailability is the use of an amorphous form of a compound of this invention optionally formulated with a poloxamer, such as LUTROL™ and PLURONIC™ (BASF Corporation), or block copolymers of ethylene oxide and propylene oxide. See United States patent 7,014,866; and United States patent publications 20060094744 and 20060079502.

[68] The pharmaceutical compositions of the invention include those suitable for oral, rectal, nasal, topical (including buccal and sublingual), vaginal or parenteral (including subcutaneous, intramuscular, intravenous and intradermal) administration. In certain embodiments, the compound of the formulae herein is administered transdermally (e.g., using a transdermal patch or iontophoretic techniques). Other formulations may conveniently be presented in unit dosage form, e.g., tablets, sustained release capsules, and in liposomes, and may be prepared by any methods well known in the art of pharmacy. See, for example, Remington: The Science and

Practice of Pharmacy, Lippincott Williams & Wilkins, Baltimore, MD (20th ed. 2000).

[69] Such preparative methods include the step of bringing into association with the molecule to be administered ingredients such as the carrier that constitutes one or more accessory ingredients. In general, the compositions are prepared by uniformly and intimately bringing into association the active ingredients with liquid carriers, liposomes or finely divided solid carriers, or both, and then, if necessary, shaping the product.

[70] In certain embodiments, the compound is administered orally. Compositions of the present invention suitable for oral administration may be presented as discrete units such as capsules, sachets, or tablets each containing a predetermined amount of the active ingredient; a powder or granules; a solution or a suspension in an aqueous liquid or a non-aqueous liquid; an oil-in-water liquid emulsion; a water-in-oil liquid emulsion; packed in liposomes; or as a bolus, etc. Soft gelatin capsules can be useful for containing such suspensions, which may beneficially increase the rate of compound absorption.

[71] In the case of tablets for oral use, carriers that are commonly used include lactose and corn starch. Lubricating agents, such as magnesium stearate, are also typically added. For oral administration in a capsule form, useful diluents include lactose and dried cornstarch. When aqueous suspensions are administered orally, the active ingredient is combined with emulsifying and suspending agents. If desired, certain sweetening and/or flavoring and/or coloring agents may be added.

[72] Compositions suitable for oral administration include lozenges comprising the ingredients in a flavored basis, usually sucrose and acacia or tragacanth; and pastilles comprising the active ingredient in an inert basis such as gelatin and glycerin, or sucrose and acacia.

[73] Compositions suitable for parenteral administration include aqueous and non-aqueous sterile injection solutions which may contain anti-oxidants, buffers, bacteriostats and solutes which render the formulation isotonic with the blood of the intended recipient; and aqueous and non-aqueous sterile suspensions which may include suspending agents and thickening agents. The formulations may be presented in unit-dose or multi-dose containers, for example, sealed ampules and vials, and may

be stored in a freeze dried (lyophilized) condition requiring only the addition of the sterile liquid carrier, for example water for injections, immediately prior to use.

Extemporaneous injection solutions and suspensions may be prepared from sterile powders, granules and tablets.

[74] Such injection solutions may be in the form, for example, of a sterile injectable aqueous or oleaginous suspension. This suspension may be formulated according to techniques known in the art using suitable dispersing or wetting agents (such as, for example, Tween 80) and suspending agents. The sterile injectable preparation may also be a sterile injectable solution or suspension in a non-toxic parenterally-acceptable diluent or solvent, for example, as a solution in 1,3-butanediol. Among the acceptable vehicles and solvents that may be employed are mannitol, water, Ringer's solution and isotonic sodium chloride solution. In addition, sterile, fixed oils are conventionally employed as a solvent or suspending medium. For this purpose, any bland fixed oil may be employed including synthetic mono- or diglycerides. Fatty acids, such as oleic acid and its glyceride derivatives are useful in the preparation of injectables, as are natural pharmaceutically-acceptable oils, such as olive oil or castor oil, especially in their polyoxyethylated versions. These oil solutions or suspensions may also contain a long-chain alcohol diluent or dispersant.

[75] The pharmaceutical compositions of this invention may be administered in the form of suppositories for rectal administration. These compositions can be prepared by mixing a compound of this invention with a suitable non-irritating excipient which is solid at room temperature but liquid at the rectal temperature and therefore will melt in the rectum to release the active components. Such materials include, but are not limited to, cocoa butter, beeswax and polyethylene glycols.

[76] The pharmaceutical compositions of this invention may be administered by nasal aerosol or inhalation. Such compositions are prepared according to techniques well-known in the art of pharmaceutical formulation and may be prepared as solutions in saline, employing benzyl alcohol or other suitable preservatives, absorption promoters to enhance bioavailability, fluorocarbons, and/or other solubilizing or dispersing agents known in the art. See, e.g.: Rabinowitz JD and Zaffaroni AC, US Patent 6,803,031, assigned to Alexza Molecular Delivery Corporation.

[77] Topical administration of the pharmaceutical compositions of this invention is especially useful when the desired treatment involves areas or organs readily accessible by topical application. For topical application topically to the skin, the pharmaceutical composition should be formulated with a suitable ointment containing the active components suspended or dissolved in a carrier. Carriers for topical administration of the compounds of this invention include, but are not limited to, mineral oil, liquid petroleum, white petroleum, propylene glycol, polyoxyethylene polyoxypropylene compound, emulsifying wax, and water. Alternatively, the pharmaceutical composition can be formulated with a suitable lotion or cream containing the active compound suspended or dissolved in a carrier. Suitable carriers include, but are not limited to, mineral oil, sorbitan monostearate, polysorbate 60, cetyl esters wax, cetearyl alcohol, 2-octyldodecanol, benzyl alcohol, and water. The pharmaceutical compositions of this invention may also be topically applied to the lower intestinal tract by rectal suppository formulation or in a suitable enema formulation. Topically-transdermal patches and iontophoretic administration are also included in this invention.

[78] Application of the subject therapeutics may be local, so as to be administered at the site of interest. Various techniques can be used for providing the subject compositions at the site of interest, such as injection, use of catheters, trocars, projectiles, pluronic gel, stents, sustained drug release polymers or other device which provides for internal access.

[79] Thus, according to yet another embodiment, the compounds of this invention may be incorporated into compositions for coating an implantable medical device, such as prostheses, artificial valves, vascular grafts, stents, or catheters. Suitable coatings and the general preparation of coated implantable devices are known in the art and are exemplified in US Patents 6,099,562; 5,886,026; and 5,304,121. The coatings are typically biocompatible polymeric materials such as a hydrogel polymer, polymethylsiloxane, polycaprolactone, polyethylene glycol, polylactic acid, ethylene vinyl acetate, and mixtures thereof. The coatings may optionally be further covered by a suitable topcoat of fluorosilicone, polysaccharides, polyethylene glycol, phospholipids or combinations thereof to impart controlled release characteristics in the composition. Coatings for invasive devices are to be included within the

definition of pharmaceutically acceptable carrier, adjuvant or vehicle, as those terms are used herein.

[80] According to another embodiment, the invention provides a method of coating an implantable medical device comprising the step of contacting said device with the coating composition described above. It will be obvious to those skilled in the art that the coating of the device will occur prior to implantation into a mammal.

[81] According to another embodiment, the invention provides a method of impregnating an implantable drug release device comprising the step of contacting said drug release device with a compound or composition of this invention. Implantable drug release devices include, but are not limited to, biodegradable polymer capsules or bullets, non-degradable, diffusible polymer capsules and biodegradable polymer wafers.

[82] According to another embodiment, the invention provides an implantable medical device coated with a compound or a composition comprising a compound of this invention, such that said compound is therapeutically active.

[83] According to another embodiment, the invention provides an implantable drug release device impregnated with or containing a compound or a composition comprising a compound of this invention, such that said compound is released from said device and is therapeutically active.

[84] Where an organ or tissue is accessible because of removal from the subject, such organ or tissue may be bathed in a medium containing a composition of this invention, a composition of this invention may be painted onto the organ, or a composition of this invention may be applied in any other convenient way.

[85] In another embodiment, a composition of this invention further comprises a second therapeutic agent. The second therapeutic agent may be selected from any compound or therapeutic agent known to have or that demonstrates advantageous properties when administered with a compound having the same mechanism of action as clemizole. Such agents include those indicated as being useful in combination with clemizole, including but not limited to, those described in WO 2009/039248.

[86] Preferably, the second therapeutic agent is an agent useful in the treatment or prevention of HCV infection.

[87] In one embodiment, the second therapeutic agent is selected from an anti-HCV therapeutic agent, an HCV NS3 protease inhibitor, an HCV NS5B RNA-dependent RNA polymerase inhibitor, a thiazolide, a sustained-release thiazolide, a nucleoside analog and an interferon-alpha.

[88] In another embodiment, the invention provides separate dosage forms of a compound of this invention and one or more of any of the above-described second therapeutic agents, wherein the compound and second therapeutic agent are associated with one another. The term "associated with one another" as used herein means that the separate dosage forms are packaged together or otherwise attached to one another such that it is readily apparent that the separate dosage forms are intended to be sold and administered together (within less than 24 hours of one another, consecutively or simultaneously).

[89] In the pharmaceutical compositions of the invention, the compound of the present invention is present in an effective amount. As used herein, the term "effective amount" refers to an amount which, when administered in a proper dosing regimen, is sufficient to treat the target disorder.

[90] The interrelationship of dosages for animals and humans (based on milligrams per meter squared of body surface) is described in Freireich et al., *Cancer Chemother Rep*, 1966, 50: 219. Body surface area may be approximately determined from height and weight of the subject. See, e.g., *Scientific Tables*, Geigy Pharmaceuticals, Ardsley, N.Y., 1970, 537.

[91] In one embodiment, an effective amount of a compound of this invention can range from about 1 mg to about 1000 mg per treatment. In more specific embodiments the range is from about 2 mg to 200 mg, or from about 5 to 100 mg or most specifically from 10 to 50 mg per treatment. Treatment is typically administered from once to 4 times daily.

[92] In another embodiment, an effective amount of a compound of this invention is determined based on body weight and can range from about 0.1 mg/kg to about 100 mg/kg. In more specific embodiments the range is from about 0.2 mg/kg to 20 mg/kg, or from about 0.5 mg/kg to 10 mg/kg, or most specifically from 1 mg/kg to 5 mg/kg. Treatment is typically administered from once to 4 times daily.

[93] Effective doses will also vary, as recognized by those skilled in the art, depending on the diseases treated, the severity of the disease, the route of administration, the sex, age and general health condition of the subject, excipient usage, the possibility of co-usage with other therapeutic treatments such as use of other agents and the judgment of the treating physician.

[94] For pharmaceutical compositions that comprise a second therapeutic agent, an effective amount of the second therapeutic agent is between about 20% and 100% of the dosage normally utilized in a monotherapy regime using just that agent.

Preferably, an effective amount is between about 70% and 100% of the normal monotherapeutic dose. The normal monotherapeutic dosages of these second therapeutic agents are well known in the art. *See, e.g., Wells et al., eds., Pharmacotherapy Handbook, 2nd Edition, Appleton and Lange, Stamford, Conn. (2000); PDR Pharmacopoeia, Tarascon Pocket Pharmacopoeia 2000, Deluxe Edition, Tarascon Publishing, Loma Linda, Calif. (2000), each of which references are incorporated herein by reference in their entirety.*

[95] It is expected that some of the second therapeutic agents referenced above will act synergistically with the compounds of this invention. When this occurs, it will allow the effective dosage of the second therapeutic agent and/or the compound of this invention to be reduced from that required in a monotherapy. This has the advantage of minimizing toxic side effects of either the second therapeutic agent or a compound of this invention, synergistic improvements in efficacy, improved ease of administration or use and/or reduced overall expense of compound preparation or formulation.

METHODS OF TREATMENT

[96] In another embodiment, the invention provides a method of inhibiting the binding of RNA to the protein NS4B in an HCV infected cell, comprising contacting such a cell with one or more compounds of Formula I herein or a pharmaceutically acceptable salt thereof.

[97] According to another embodiment, the invention provides a method of treating a disease that is beneficially treated by clemizole in a subject in need thereof, comprising the step of administering to the subject an effective amount of a compound or a composition of this invention. Such diseases are well known in the art

and are disclosed in, but not limited to the following patents and published applications:

WO 2009/039248(A2). In one embodiment, the disease is HCV infection.

[98] Identifying a subject in need of such treatment can be in the judgment of the subject or a health care professional and can be subjective (e.g. opinion) or objective (e.g. measurable by a test or diagnostic method).

[99] In another embodiment, any of the above methods of treatment comprises the further step of co-administering to the subject in need thereof one or more second therapeutic agents. The choice of second therapeutic agent may be made from any second therapeutic agent known to be useful for co-administration with clemizole or any other agent known to be useful for the treatment of HCV infection. The choice of second therapeutic agent is also dependent upon the particular disease or condition to be treated. Examples of second therapeutic agents that may be employed in the methods of this invention are those set forth above for use in combination compositions comprising a compound of this invention and a second therapeutic agent.

[100] In particular, the combination therapies of this invention include co-administering to a subject in need thereof a compound of Formula I or a pharmaceutically acceptable salt thereof and a second therapeutic agent selected from PEG-interferon alpha-2a, PEG-interferon alpha-2b, ribavirin, telaprevir, and nitazoxanide for the treatment of HCV infection.

[101] The term "co-administered" as used herein means that the second therapeutic agent may be administered together with a compound of this invention as part of a single dosage form (such as a composition of this invention comprising a compound of the invention and an second therapeutic agent as described above) or as separate, multiple dosage forms. Alternatively, the additional agent may be administered prior to, consecutively with, or following the administration of a compound of this invention. In such combination therapy treatment, both the compounds of this invention and the second therapeutic agent(s) are administered by conventional methods. The administration of a composition of this invention, comprising both a compound of the invention and a second therapeutic agent, to a subject does not preclude the separate administration of that same therapeutic agent, any other second

therapeutic agent or any compound of this invention to said subject at another time during a course of treatment.

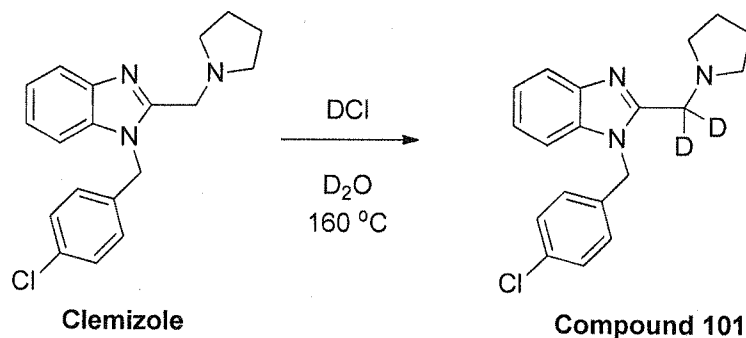
[102] Effective amounts of these second therapeutic agents are well known to those skilled in the art and guidance for dosing may be found in patents and published patent applications referenced herein, as well as in Wells et al., eds., Pharmacotherapy Handbook, 2nd Edition, Appleton and Lange, Stamford, Conn. (2000); PDR Pharmacopoeia, Tarascon Pocket Pharmacopoeia 2000, Deluxe Edition, Tarascon Publishing, Loma Linda, Calif. (2000), and other medical texts. However, it is well within the skilled artisan's purview to determine the second therapeutic agent's optimal effective-amount range.

[103] In one embodiment of the invention, where a second therapeutic agent is administered to a subject, the effective amount of the compound of this invention is less than its effective amount would be where the second therapeutic agent is not administered. In another embodiment, the effective amount of the second therapeutic agent is less than its effective amount would be where the compound of this invention is not administered. In this way, undesired side effects associated with high doses of either agent may be minimized. Other potential advantages (including, without limitation, improved dosing regimens and/or reduced drug cost) will be apparent to those of skill in the art.

[104] In yet another aspect, the invention provides the use of a compound of Formula I or a pharmaceutically acceptable salt thereof alone or together with one or more of the above-described second therapeutic agents in the manufacture of a medicament, either as a single composition or as separate dosage forms, for treatment or prevention in a subject of a disease, disorder or symptom set forth above. Another aspect of the invention is a compound of Formula I or a pharmaceutically acceptable salt thereof for use in the treatment or prevention in a subject of a disease, disorder or symptom thereof delineated herein.

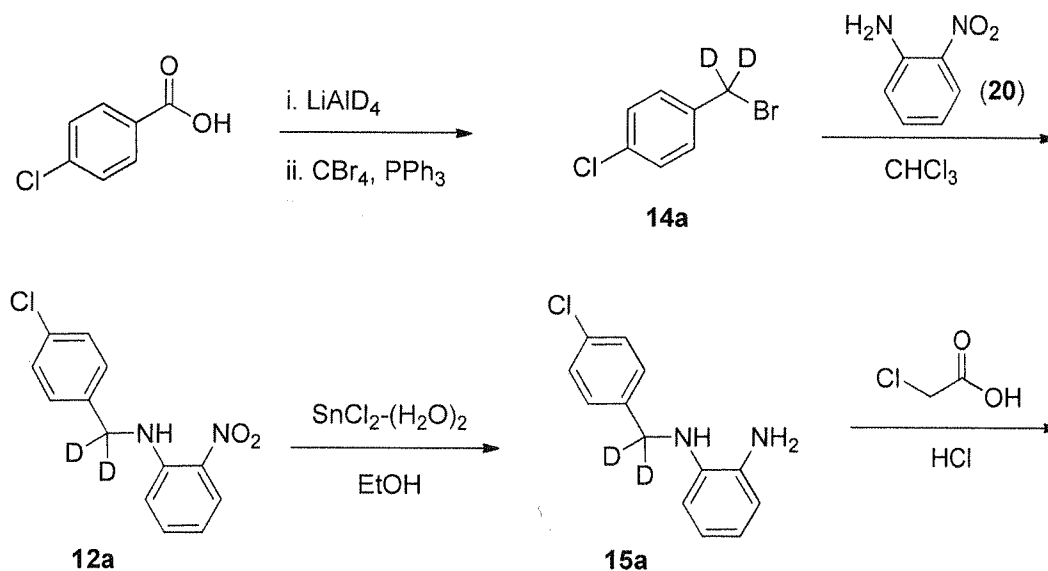
[105] **EXAMPLES**

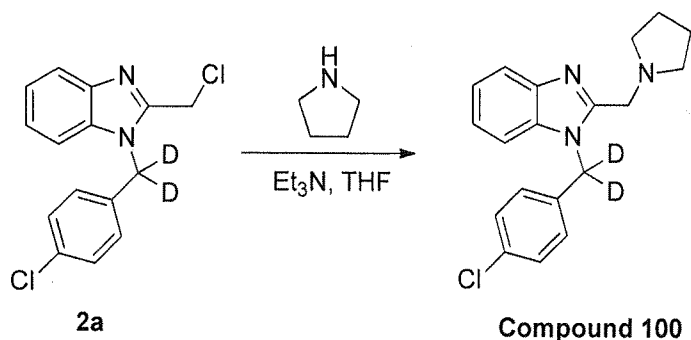
[106] **Example 1. Synthesis of 1-(4-Chlorobenzyl)-2-(d₂-(pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound 101).**

[107] Scheme 8: Synthesis of Compound 101

[108] 1-(4-Chlorobenzyl)-2-(d₂-(pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound 101). To a suspension of clemizole (50.0 mg, 0.153 mmol, available from Sequoia Research Products) in D₂O (3.00 mL, Cambridge Isotope Laboratories, 99.8 atom % D) was added 12N DCl (3 drops, Aldrich, 99 atom % D). The reaction was heated to 160 °C in a sealed pressure vessel for 15 hours then cooled to room temperature. The resulting aqueous solution was diluted with saturated NaHCO₃ and extracted with CH₂Cl₂ (3 x 20 mL). The organic layers were combined, dried (Na₂SO₄), filtered and concentrated under reduced pressure to afford Compound **101** as a white solid (50.0 mg, 99%). ¹H NMR (CDCl₃, 400 MHz): δ 7.78 (d, *J* = 6.8 Hz, 1H), 7.30-7.24 (m, 3H), 7.24-7.19 (m, 2H), 7.05 (d, *J* = 8.3 Hz, 2H), 5.55 (s, 2H), 2.59-2.50 (m, 4H), 1.78-1.68 (m, 4H); MS (*M* + *H*): 328.1.

[109] Example 2. Synthesis of 1-(4-Chlorophenyl)-d₂-methyl)-2-(pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound 100).

[110] Scheme 9: Synthesis of Compound 100



[111] Step 1. 1-(Bromo-d₂-methyl)-4-chlorobenzene (**14a**): 4-Chlorobenzoic acid (6.00 g, 38.3 mmol) dissolved in 10 mL THF was added dropwise to a solution of LiAlD₄ (2.09 g, 49.8 mmol, Cambridge Isotope Laboratories, 98 atom % D) in THF (210 mL) at 0 °C. The reaction was then stirred at room temperature for 15 hours then cooled to 0 °C. 10% KHSO₄ was then added slowly until a grey precipitate formed and further KHSO₄ addition was unreactive. The mixture was then filtered through Celite® and the filter cake washed with EtOAc (100 mL). The combined organic layers were concentrated under reduced pressure. The resulting residue was dissolved in CH₂Cl₂ (100 mL), dried with Na₂SO₄, filtered and concentrated under reduced pressure to afford pure 4-chlorobenzyl-α,α-D₂ alcohol (4.46 g, 81%) as white crystals. MS (M + H): 127.1 [M-OH].

[112] To a solution of 4-chlorobenzyl-α,α-D₂ alcohol (2.00 g, 13.8 mmol) and CBr₄ (5.05 g, 15.2 mmol) in CH₂Cl₂ (50 mL) at 0 °C was added triphenylphosphine (3.62 g, 13.8 mmol). The reaction stirred at 0 °C for 4 hours then was diluted with excess heptane and filtered through a silica plug to remove triphenylphosphine oxide. The resulting solution was concentrated and the crude material was purified by silica gel column chromatography on an ISCO system (100% heptane). Fractions containing product were concentrated under reduced pressure to afford pure **14a** (2.07 g, 72%).

[113] Step 2. N-(4-Chlorophenyl-d₂-methyl)-2-nitroaniline (**12a**): To a solution of **14a** (2.07 g, 9.98 mmol) in CHCl₃ (25 mL) was added 2-nitroaniline (4.13 g, 30.0 mmol). The reaction was heated to reflux and stirred for 15 hours. N,N-Diisopropylethylamine (5.22 mL, 30.0 mmol) was then added and the reaction continued to stir at reflux for another 15 hours. Upon cooling to room temperature the reaction was concentrated under reduced pressure and purified by silica gel column chromatography on an ISCO system (0-10% EtOAc/heptane). Fractions containing

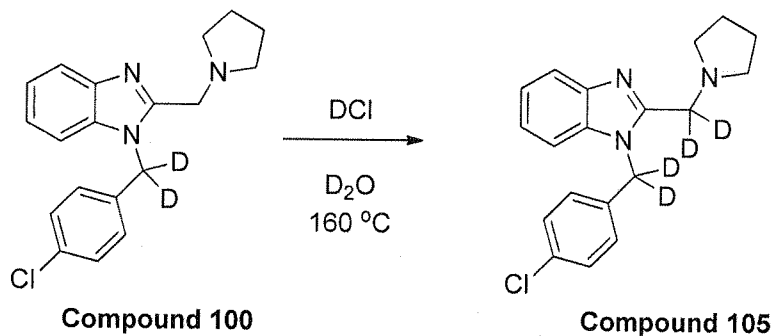
product were concentrated under reduced pressure to afford pure **12a** (1.23 g, 47%). MS (M+H): 265.1.

[114] Step 3. *N'*-(4-Chlorophenyl- d_2 -methyl)benzene-1,2-diamine (**15a**): $\text{SnCl}_2 \cdot (\text{H}_2\text{O})_2$ (5.97 g, 26.4 mmol) was added to a solution of **2** (1.40 g, 5.29 mmol) in ethanol (13.0 mL). The reaction was stirred at reflux for 2 hours then cooled to room temperature and concentrated under reduced pressure. The resulting residue was cooled to 0 °C, diluted with excess 2N NaOH and extracted with EtOAc (3 x 100 mL). The combined organic extracts were washed with brine, dried (Na_2SO_4), filtered and concentrated to afford pure **15a** (1.03 g, 83%). MS (M+H): 235.1.

[115] Step 4. 2-(Chloromethyl)-1-(4-chlorophenyl- d_2 -methyl)-1H-benzo[d]imidazole (**2a**): A solution of **15a** (1.03 g, 4.39 mmol) and chloroacetic acid (622 mg, 6.59 mmol) in 4M HCl (13.0 mL) was stirred at reflux for 3 hours. The reaction was cooled to room temperature, basified by portionwise addition of solid NaHCO_3 , then extracted with EtOAc (3 x 100 mL). The combined organic layers were washed with brine, dried (Na_2SO_4), filtered and concentrated. The resulting residue was purified by silica gel column chromatography on an ISCO system (0-30% EtOAc/heptane). Fractions containing product were concentrated under reduced pressure to afford pure **2a** (822 mg, 64%). MS (M+H): 293.2.

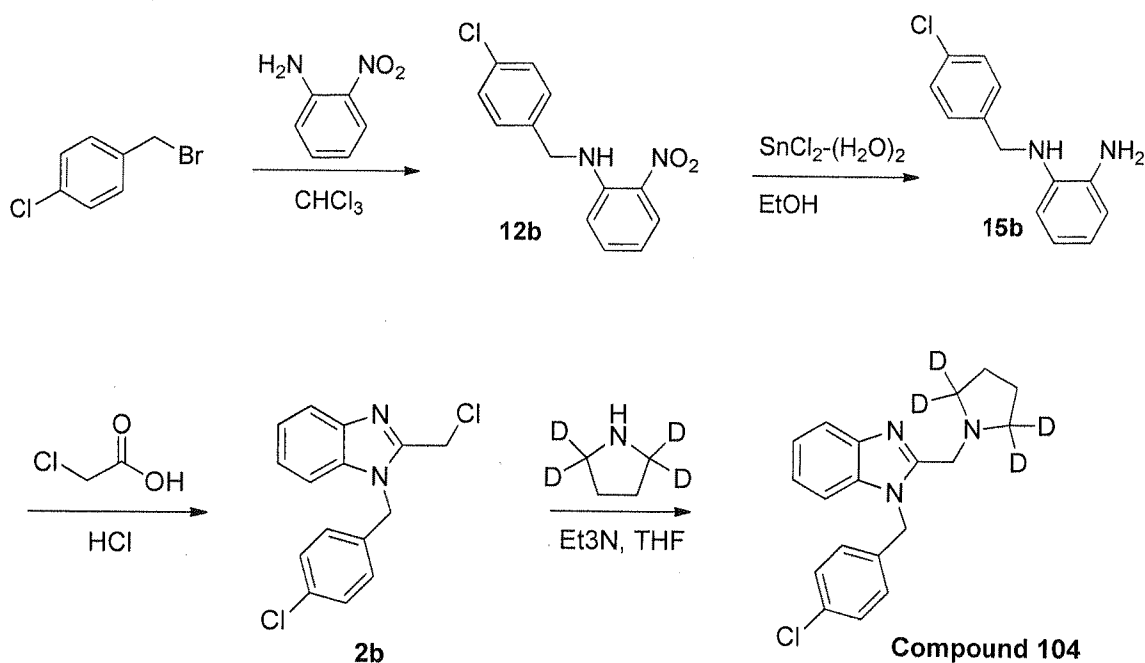
[116] Step 5. 1-(4-Chlorophenyl- d_2 -methyl)-2-(pyrrolidin-1-ylmethyl)-1H-benzo[d]imidazole (Compound **100**): Triethylamine (293 mL, 2.10 mmol) was added to a solution of pyrrolidine (116 μL , 1.40 mmol) and **2a** (411 mg, 1.40 mmol) in THF (8.00 mL). The reaction stirred at room temperature for 15 hours then was concentrated under reduced pressure, diluted with saturated NaHCO_3 , and extracted with EtOAc (3 x 50 mL). The organic layers were combined, washed with brine, dried (Na_2SO_4), filtered and concentrated. The resulting residue was purified by silica gel column chromatography on an ISCO system (0-5% MeOH/DCM). Fractions containing product were concentrated under reduced pressure to afford pure Compound **100** (306 mg, 67%). ^1H NMR (CDCl_3 , 400 MHz): δ 7.78 (d, J = 6.8 Hz, 1H), 7.30-7.24 (m, 3H), 7.24-7.19 (m, 2H), 7.05 (d, J = 8.3 Hz, 2H), 3.86 (s, 2H), 2.59-2.50 (m, 4H), 1.78-1.68 (m, 4H); MS (M + H): 328.1.

[117] Example 3. Synthesis of 1-(4-Chlorophenyl- d_2 -methyl)-2-(d_2 -(pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound **105**).

[118] Scheme 10: Synthesis of Compound 105

[119] 1-(4-Chlorophenyl-d₂-methyl)-2-(d₂-(pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound 105): Compound 100 underwent deuterium exchange, employing the procedure described in Example 1 to afford Compound 105. ¹H NMR (CDCl₃, 400 MHz): δ 7.78 (d, *J* = 6.8 Hz, 1H), 7.30-7.24 (m, 3H), 7.24-7.19 (m, 2H), 7.05 (d, *J* = 8.3 Hz, 2H), 2.59-2.50 (m, 4H), 1.78-1.68 (m, 4H); MS (*M* + *H*): 330.2.

[120] Example 4. Synthesis of 1-(4-Chlorobenzyl)-2-((2,2,5,5-d₄-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound 104).

[121] Scheme 11: Synthesis of Compound 104

[122] Step 1. *N*-(4-Chlorobenzyl)-2-nitroaniline (**12b**): This compound was prepared from 4-chlorobenzyl bromide employing the procedure described in Example 2, Step 2. MS (M+H): 263.2.

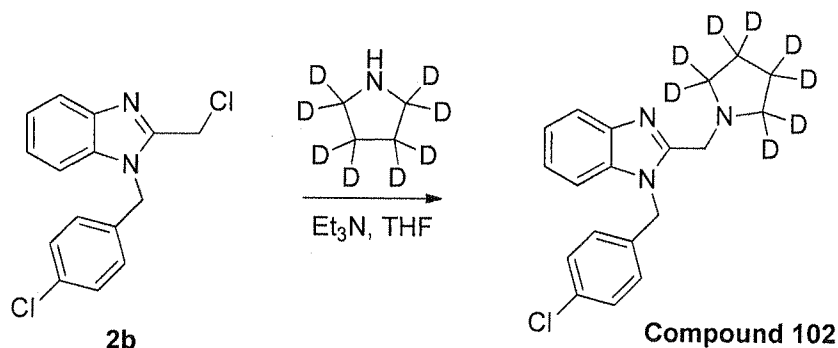
[123] Step 2. *N'*-(4-Chlorobenzyl)-1,2-diamine (**15b**): This compound was prepared from **12b** employing the procedure described in Example 2, Step 3. MS (M+H): 233.2.

[124] Step 3. 1-(4-Chlorobenzyl)-2-(chloromethyl)-1H-benzo[d]imidazole (**2b**): This compound was prepared from **15b** employing the procedure described in Example 2, Step 4. MS (M+H): 291.1.

[125] Step 4. 1-(4-Chlorobenzyl)-2-((2,2,5,5-d₄-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound **104**): Compound **104** was prepared according to the procedure described in Example 2, Step 5 by treating **2b** with 2,2,5,5-tetraduteropyrrolidine (CDN Isotopes, 98 atom % D). ¹H NMR (CDCl₃, 400 MHz): δ 7.78 (d, *J* = 6.8 Hz, 1H), 7.30-7.24 (m, 3H), 7.24-7.19 (m, 2H), 7.05 (d, *J* = 8.3 Hz, 2H), 5.55 (s, 2H), 3.86 (s, 2H), 1.71 (s, 4H); MS (M+H): 330.2.

[126] Example 5. Synthesis of 1-(4-Chlorobenzyl)-2-((2,2,3,3,4,4,5,5-d₈-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound **102**).

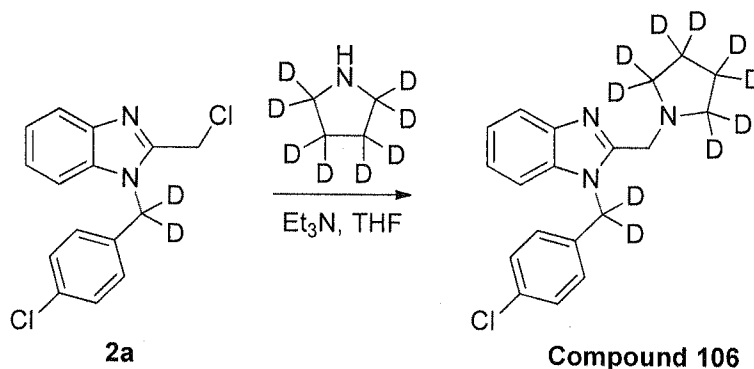
[127] Scheme 12: Synthesis of Compound **102**



[128] 1-(4-Chlorobenzyl)-2-((2,2,3,3,4,4,5,5-d₈-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound **102**): Compound **102** was prepared according to the procedure described in Example 2, Step 5 by treating **2b** with 2,2,3,3,4,4,5,5-octadeuteropyrrolidine (CDN Isotopes, 98 atom % D). ¹H NMR (CDCl₃, 400 MHz): δ 7.78 (d, *J* = 6.8 Hz, 1H), 7.30-7.24 (m, 3H), 7.24-7.19 (m, 2H), 7.05 (d, *J* = 8.3 Hz, 2H), 5.55 (s, 2H), 3.86 (s, 2H); MS (M + H): 334.1.

[129] **Example 6.** Synthesis of 1-(4-Chlorophenyl-d₂-methyl)-2-((2,2,3,3,4,4,5,5-d₈-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound **106**).

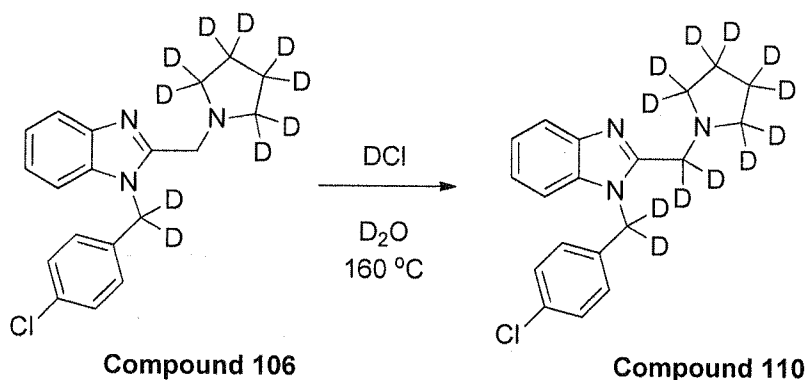
[130] **Scheme 13:** Synthesis of Compound **106**



[131] 1-(4-Chlorophenyl-d₂-methyl)-2-((2,2,3,3,4,4,5,5-d₈-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound **106**): Compound **106** was prepared according to the procedure described in Example 2, Step 5 by treating **2a** with 2,2,3,3,4,4,5,5-octadeuteropyrrolidine (CDN Isotopes, 98 atom % D). ¹H NMR (CDCl₃, 400 MHz): δ 7.78 (d, *J* = 6.8 Hz, 1H), 7.30-7.24 (m, 3H), 7.24-7.19 (m, 2H), 7.05 (d, *J* = 8.3 Hz, 2H), 3.86 (s, 2H); MS (*M* + *H*): 336.2.

[132] **Example 7.** Synthesis of 1-(4-Chlorophenyl-d₂-methyl)-2-(d₂-(2,2,3,3,4,4,5,5-d₈-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound **110**).

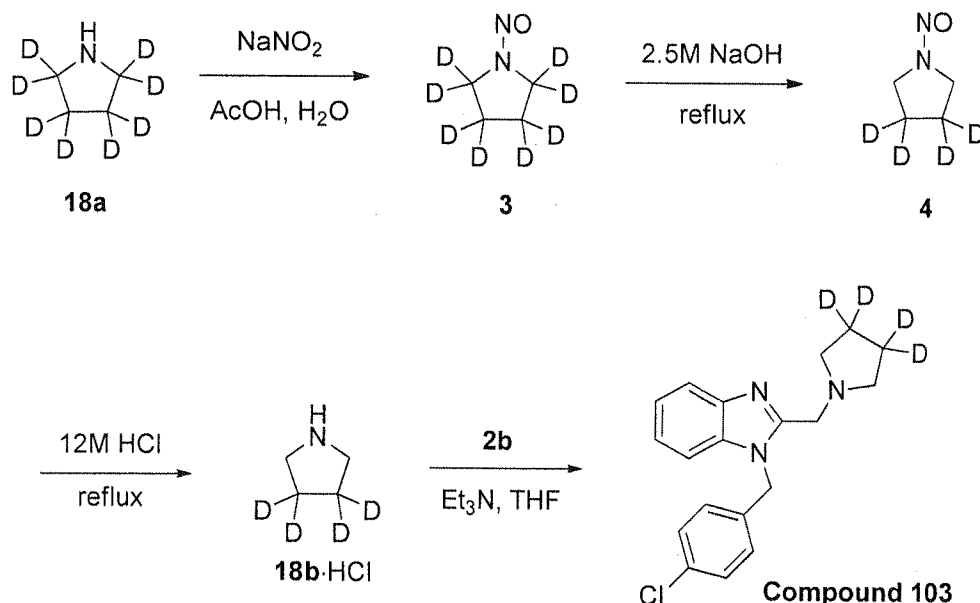
[133] **Scheme 14:** Synthesis of Compound **110**



[134] 1-(4-Chlorophenyl-d₂-methyl)-2-(d₂-(2,2,3,3,4,4,5,5-d₈-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound **110**): Compound **110** was prepared from Compound **106** employing the hydrogen-deuterium exchange procedure described in Example 1. ¹H NMR (CDCl₃, 400 MHz): δ 7.78 (d, *J* = 6.8 Hz, 1H), 7.30-7.24 (m, 3H), 7.24-7.19 (m, 2H), 7.05 (d, *J* = 8.3 Hz, 2H); MS (*M* + *H*): 338.2.

[135] **Example 8.** Synthesis of 1-(4-Chlorobenzyl)-2-((3,3,4,4-d₄-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound 103).

[136] Scheme 15: Synthesis of Compound 103



[137] Step 1. 2,2,3,3,4,4,5,5-d₈-1-Nitrosopyrrolidine (3): A solution of NaNO_2 (791 mg, 11.5 mmol) in 1.7 mL water was added dropwise to 2,2,3,3,4,4,5,5-octadeuteropyrrolidine **18a** (604 mg, 7.65 mmol, CDN Isotopes, 98 atom % D) in acetic acid (3.30 mL) and water (700 μL) at 0 °C. The reaction was stirred for 2 hours then was diluted with excess water and extracted with CHCl_3 (3 x 50 mL). The combined organic layers were washed with brine, dried (Na_2SO_4), filtered and concentrated under reduced pressure to afford **3** (625 mg, 76%) as a yellow oil. MS ($M + H$): 109.2.

[138] Step 2. 3,3,4,4-d₄-1-nitrosopyrrolidine (4): A solution of **3** (625 mg, 5.79 mmol) in 2.5M NaOH (10 mL) was stirred at reflux for 15 hours. The reaction was then cooled to room temperature, diluted with excess water and extracted with CH_2Cl_2 (3 x 50 mL). The combined organic layers were dried (Na_2SO_4), filtered and concentrated under reduced pressure to afford **4** (442 mg, 73%) as a yellow oil. ^1H NMR of a 1:1 mixture of isolated material and p-anisic acid verified complete D/H exchange at the 2 and 5 positions with no exchange observed at positions 3 and 4. MS ($M + H$): 105.2.

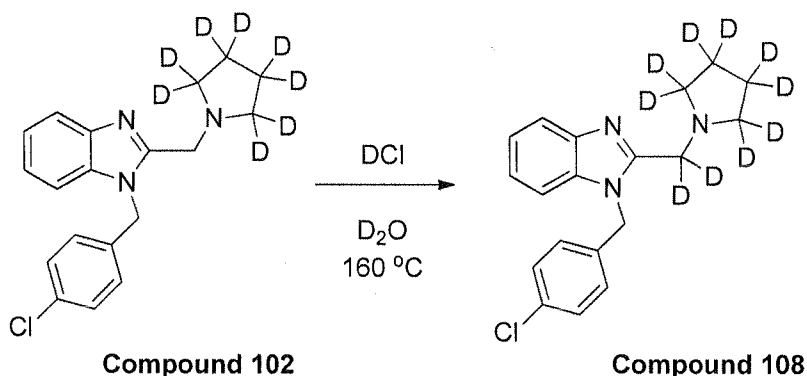
[139] Step 3. 3,3,4,4-d₄-pyrrolidine-HCl (18b): A solution of **4** (430 mg, 4.13 mmol) in 12M HCl was stirred at reflux for 15 hours then concentrated under reduced

pressure to afford **18b** (373 mg, 100%) as a white solid which was used without further purification.

[140] Step 4. 1-(4-Chlorobenzyl)-2-((3,3,4,4-d₄-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound 103): Compound **103** was prepared according to the procedure described in Example 2, Step 5 by treating **2b** with 3,3,4,4-tetradeuteropyrrolidine-HCl (**18b**) and increasing the amount of triethylamine to 3 equiv. ¹H NMR (CDCl₃, 400 MHz): δ 7.78 (d, *J* = 6.8 Hz, 1H), 7.30-7.24 (m, 3H), 7.24-7.19 (m, 2H), 7.05 (d, *J* = 8.3 Hz, 2H), 5.55 (s, 2H), 3.86 (s, 2H), 2.53 (s, 4H); MS (M + H): 330.0.

[141] Example 9. Synthesis of 1-(4-Chlorobenzyl)-2-(d₂-(2,2,3,3,4,4,5,5-d₈-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound 108).

[142] Scheme 15: Synthesis of Compound 108



[143] 1-(4-Chlorobenzyl)-2-(d₂-(2,2,3,3,4,4,5,5-d₈-pyrrolidin-1-yl)methyl)-1H-benzo[d]imidazole (Compound 108): Compound **108** was prepared from Compound **102** employing the hydrogen-deuterium exchange procedure described in Example 1. ¹H NMR (CDCl₃, 400 MHz): δ 7.78 (d, *J* = 6.8 Hz, 1H), 7.30-7.24 (m, 3H), 7.24-7.19 (m, 2H), 7.05 (d, *J* = 8.3 Hz, 2H), 5.55 (s, 2H); MS (M + H): 336.2.

[144] Example 10. Evaluation of Metabolic Stability in Human Liver Microsomes. Human liver microsomes (20 mg/mL) are obtained from Xenotech, LLC (Lenexa, KS). β-nicotinamide adenine dinucleotide phosphate, reduced form (NADPH), magnesium chloride (MgCl₂), and dimethyl sulfoxide (DMSO) are purchased from Sigma-Aldrich.

[145] Determination of Metabolic Stability: 7.5 mM stock solutions of test compounds are prepared in DMSO. The 7.5 mM stock solutions are diluted to 12.5 μM in acetonitrile (ACN). The 20 mg/mL human liver microsomes are diluted to

0.625 mg/mL in 0.1 M potassium phosphate buffer, pH 7.4, containing 3 mM MgCl₂. The diluted microsomes (375 µL) are added to wells of a 96-well deep-well polypropylene plate in triplicate. Ten to 40 µL of the 12.5 µM test compound is added to the microsomes and the mixture is pre-warmed for 10 minutes. Reactions are initiated by addition of 125 µL of pre-warmed NADPH solution. The final reaction volume is 0.5 mL and contains 0.5 mg/mL human liver microsomes, 0.25-1.0 µM test compound, and 2 mM NADPH in 0.1 M potassium phosphate buffer, pH 7.4, and 3 mM MgCl₂. The reaction mixtures are incubated at 37°C, and 50 µL aliquots are removed at 0, 5, 10, 20, and 30 minutes and added to shallow-well 96-well plates which contain 50 µL of ice-cold ACN with internal standard to stop the reactions. The plates are stored at 4°C for 20 minutes after which 100 µL of water is added to the wells of the plate before centrifugation to pellet precipitated proteins. Supernatants are transferred to another 96-well plate and analyzed for amounts of parent compound remaining by LC-MS/MS using an Applied Bio-systems API 4000 mass spectrometer. The same procedure is followed for the non-deuterated counterpart of the compound of Formula I and the positive control, 7-ethoxycoumarin (1 µM). Testing is done in triplicate.

[146] Data analysis: The *in vitro* half-lives ($t_{1/2}$ s) for test compounds are calculated from the slopes of the linear regression of % parent remaining (ln) vs incubation time relationship using the following formula:

$$\text{in vitro } t_{1/2} = 0.693/k, \text{ where } k = -[\text{slope of linear regression of \% parent remaining}(\ln) \text{ vs incubation time}]$$

[147] Data analysis is performed using Microsoft Excel Software.

[148] Four separate metabolic stability runs were performed in Human Liver Microsomes (HLM) for clemizole and for test compounds of the invention. Table 1 shows the half-life (in minutes) measured for each test compound in each run (columns "A" through "D" in the Table) as well as the half-life for each compound calculated as an average (column "Average") and the standard deviation (column "SD"). The values in parenthesis in columns A through D and in the "Average" column indicate the percentage increase in half-life in going from clemizole to the test compound.

Table 1. Stability of Tested Compounds in Human Liver Microsomes

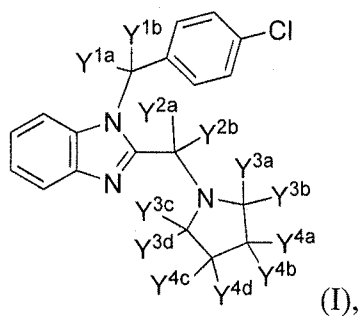
Compound	<i>t</i> 1/2 (min) <i>A</i>	<i>t</i> 1/2 (min) <i>B</i>	<i>t</i> 1/2 (min) <i>C</i>	<i>t</i> 1/2 (min) <i>D</i>	<i>Ave</i> <i>t</i> 1/2 (min)	<i>SD</i>
clemizole	13.5	14.0	13.3	12.3	13.3	0.7
101	15.9 (+18%)	15.2 (+8%)	14.4 (+9%)	14.0 (+14%)	14.9 (+12%)	0.8
100	13.7 (+2%)	14.1 (+0.3%)	13.8 (+4%)	13.8 (+13%)	13.9 (+4%)	0.1
105	13.6 (+0.9%)	14.9 (+6%)	14.0 (+6%)	13.9 (+13%)	14 (+6%)	0.6
104	15.5 (+15%)	16.3 (+16%)	15.5 (+17%)	15.6 (+27%)	15.7 (+19%)	0.4
102	18.9 (+41%)	19.4 (+38%)	17.6 (+32%)	16.7 (+36%)	18.2 (+37%)	1.3
106	16.2 (+21%)	17.2 (+22%)	16.2 (+22%)	16.7 (+36%)	16.6 (+25%)	0.5
110	15.8 (+18%)	18.2 (+30%)	17.8 (+34%)	17.0 (+38%)	17.2 (+30%)	1.1

[149] FIG. 1 shows a plot of the percentage of compound remaining vs. time for clemizole and for test compounds of the invention in Human Liver Microsomes (HLM). The percentage values are calculated as an average of the values in the four runs A-D. Under the assay conditions, compounds 101, 102, 104, 106, and 110 all demonstrated an increased half-life of $\geq 12\%$ relative to clemizole.

Without further description, it is believed that one of ordinary skill in the art can, using the preceding description and the illustrative examples, make and utilize the compounds of the present invention and practice the claimed methods. It should be understood that the foregoing discussion and examples merely present a detailed description of certain preferred embodiments. It will be apparent to those of ordinary skill in the art that various modifications and equivalents can be made without departing from the spirit and scope of the invention.

What is claimed is:

1. A compound of Formula I:

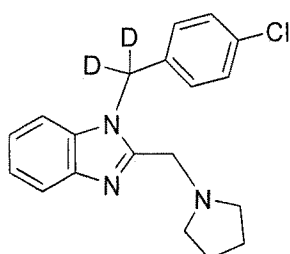


or a pharmaceutically acceptable salt thereof, wherein:

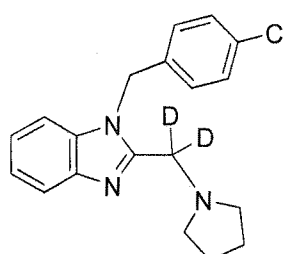
each Y is independently hydrogen or deuterium; and

at least one Y is deuterium.

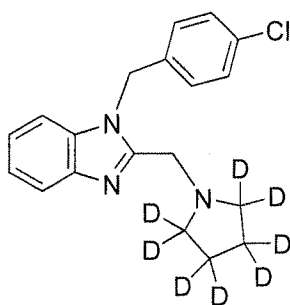
2. The compound of claim 1, wherein Y^{1a} and Y^{1b} are the same; Y^{2a} and Y^{2b} are the same; Y^{3a} and Y^{3b} are the same; Y^{3c} and Y^{3d} are the same; Y^{4a} and Y^{4b} are the same; and Y^{4c} and Y^{4d} are the same.
3. The compound of claim 2, wherein Y^{3a}, Y^{3b}, Y^{3c} and Y^{3d} are the same; and Y^{4a}, Y^{4b}, Y^{4c} and Y^{4d} are the same.
4. The compound of claim 3 selected from any one of:



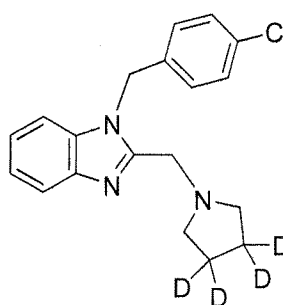
Compound 100,



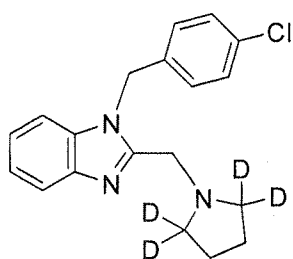
Compound 101,



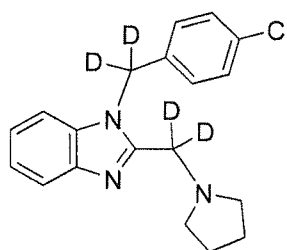
Compound 102,



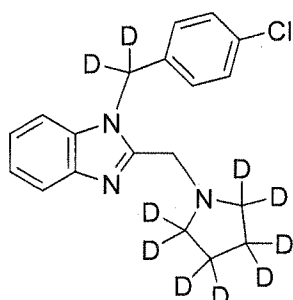
Compound 103,



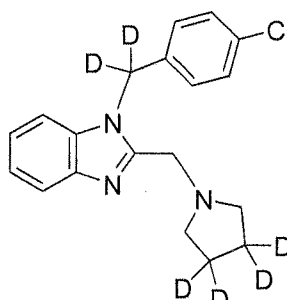
Compound 104,



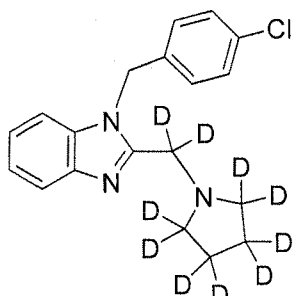
Compound 105,



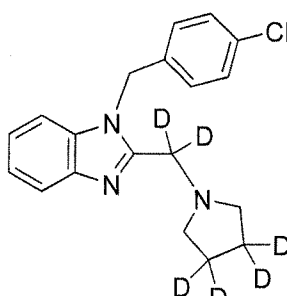
Compound 106,



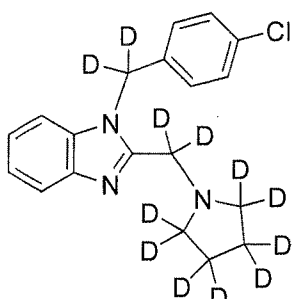
Compound 107,



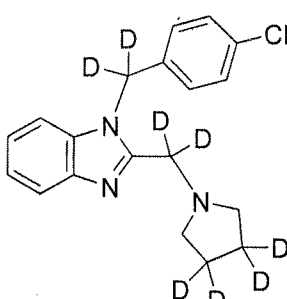
Compound 108,



Compound 109,



Compound 110, and



Compound 111 or

a pharmaceutically acceptable salt thereof.

5. The compound of claim 4 selected from any one of Compound 102, Compound 104, Compound 106 and Compound 110 or a pharmaceutically acceptable salt of any of the foregoing.
6. The compound of any one of claims 1 to 5, wherein any atom not designated as deuterium is present at its natural isotopic abundance.

7. A pyrogen-free pharmaceutical composition comprising a compound of any one of claims 1 to 6 or a pharmaceutically acceptable salt thereof; and a pharmaceutically acceptable carrier.
8. The composition of claim 7, further comprising a second therapeutic agent useful in the treatment or prevention of a hepatitis C virus (HCV) infection.
9. The composition of claim 8, wherein the second therapeutic agent is selected from PEG-interferon alpha-2a, PEG-interferon alpha-2b, ribavirin, telaprevir, nitazoxanide and combinations of any two or more of the foregoing.
10. The composition of claim 9, wherein the second therapeutic agent is a combination of PEG-interferon alpha-2a and ribavirin.
11. A method of treating hepatitis C viral (HCV) infection in a subject comprising the step of administering to the subject an effective amount of a compound of claim 1 or a composition of claim 7.
12. The method of claim 11, further comprising the step of co-administering to the subject in need thereof a second therapeutic agent selected from PEG-interferon alpha-2a, PEG-interferon alpha-2b, ribavirin, telaprevir, nitazoxanide and combinations of any two or more of the foregoing.
13. The method of claim 12, wherein the second therapeutic agent is a combination of PEG-interferon alpha-2a and ribavirin.

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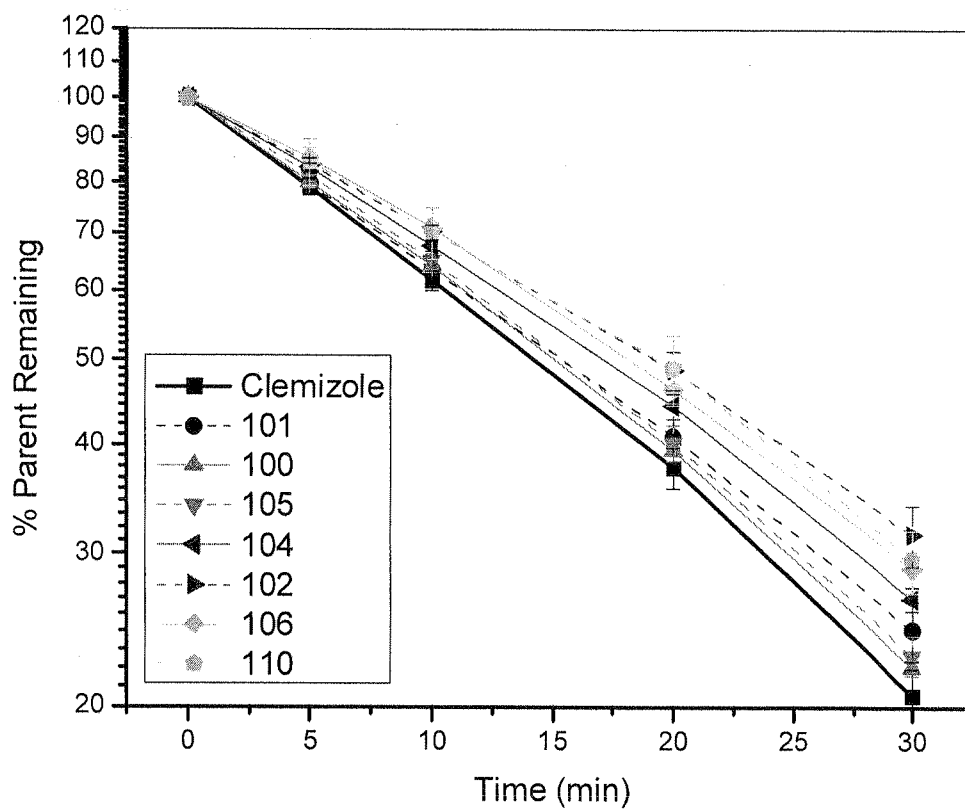


FIG. 1

INTERNATIONAL SEARCH REPORT

International application No

PCT/US2010/034962

A. CLASSIFICATION OF SUBJECT MATTER

INV. C07D235/14 C07D403/06 C07B59/00 A61K31/4184 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)

C07D C07B A61K A61P

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 practical, search terms used)

EPO-Internal, BIOSIS, CHEM ABS Data, EMBASE, WPI Data, BEILSTEIN Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	WO 2009/039246 A2 (UNIV STANFORD [US]; QUAKE STEPHEN R [US]; EINAV SHIRIT [US]; GLENN JEF) 26 March 2009 (2009-03-26) page 2, paragraph 0090 - page 3; claims 1-3	1-13
Y	----- EINAV SHIRIT ET AL: "Discovery of a hepatitis C target and its pharmacological inhibitors by microfluidic affinity analysis." September 2008 (2008-09), NATURE BIOTECHNOLOGY SEP 2008 LNKD- PUBMED:18758449, VOL. 26, NR. 9, PAGE(S) 1019 - 1027, XP002597121 ISSN: 1546-1696 the whole document ----- -/--	1-13

☒ Further documents are listed in the continuation of Box C.☒ See patent family annex.

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"E" earlier document 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

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INTERNATIONAL SEARCH REPORT

International application No

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