

(12) INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(19) World Intellectual Property
Organization
International Bureau



(43) International Publication Date
28 April 2016 (28.04.2016)

(10) International Publication Number
WO 2016/063995 A1

- (51) **International Patent Classification:**
A61K 31/506 (2006.01) *A61P 25/20* (2006.01)
- (21) **International Application Number:**
PCT/JP2015/080304
- (22) **International Filing Date:**
21 October 2015 (21.10.2015)
- (25) **Filing Language:** English
- (26) **Publication Language:** English
- (30) **Priority Data:**
62/067,443 23 October 2014 (23.10.2014) US
- (71) **Applicant:** EISAI R&D MANAGEMENT CO., LTD.
[JP/JP]; 6-10 Koishikawa, 4-chome, Bunkyo-ku, Tokyo,
1128088 (JP).
- (72) **Inventors:** MOLINE Margaret; c/o Eisai Inc., 100 Tice
Boulevard Woodcliff Lake, New Jersey 07677 (US).
PASTINO Gina; c/o Eisai Inc., 100 Tice Boulevard
Woodcliff Lake, New Jersey 07677 (US). AKIMOTO
Yurie; c/o Eisai Co., Ltd., Kawashima Industrial Complex,
1, Kawashimatakehaya-machi, Kakamigahara-shi, Gifu,
5016195 (JP).
- (74) **Agent:** SHIGA Masatake; 1-9-2, Marunouchi, Chiyo-
da-ku, Tokyo, 1006620 (JP).

(81) **Designated States** (*unless otherwise indicated, for every kind of national protection available*): AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BN, BR, BW, BY, BZ, CA, CH, CL, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IR, IS, JP, KE, KG, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PA, PE, PG, PH, PL, PT, QA, RO, RS, RU, RW, SA, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TH, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW.

(84) **Designated States** (*unless otherwise indicated, for every kind of regional protection available*): ARIPO (BW, GH, GM, KE, LR, LS, MW, MZ, NA, RW, SD, SL, ST, SZ, TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, RU, TJ, TM), European (AL, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, RS, SE, SI, SK, SM, TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, KM, ML, MR, NE, SN, TD, TG).

Published:

- with international search report (Art. 21(3))
- with amended claims and statement (Art. 19(1))

(54) **Title:** COMPOSITIONS AND METHODS FOR TREATING INSOMNIA

(57) **Abstract:** In the present invention, compound such as (1R,2S)-2-(((2,4-dimethylpyrimidin-5-yl)oxy)methyl)-2-(3-fluorophenyl)-N-(5-fluoropyridin-2-yl) cyclopropanecarboxamide have been found to be potent orexin receptor antagonists and may be useful in



WO 2016/063995 A1

DESCRIPTION

COMPOSITIONS AND METHODS FOR TREATING INSOMNIA

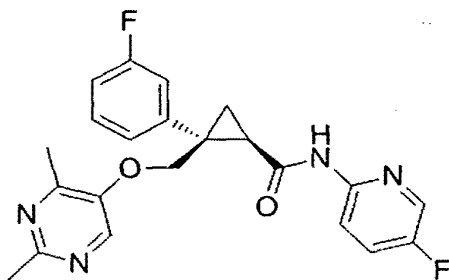
FIELD OF THE INVENTION

[0001] The present invention is directed to compositions and methods for treating insomnia. The present application claims priority on the basis of US Patent Application No. 62/067,443, filed in the United States on October 23, 2014, the contents of which are incorporated herein by reference.

BACKGROUND OF THE INVENTION

[0002] Orexin receptors are G-protein coupled receptors found predominately in the brain. Their endogenous ligands, orexin-A and orexin-B, are expressed by neurons localized in the hypothalamus. Orexin-A is a 33 amino acid peptide; orexin-B consists of 28 amino acids (Sakurai T. et al., Cell, 1998, 92 573-585). There are two subtypes of orexin receptors, orexin receptor 1 (hereinafter referred to as OX1) and orexin receptor 2 (hereinafter referred to as OX2); OX1 binds orexin-A preferentially, while OX2 binds both orexin-A and -B. Orexins stimulate food consumption in rats, and it has been suggested that orexin signaling could play a role in a central feedback mechanism for regulating feeding behavior (Sakurai et al., supra). It has also been observed that orexins control wake-sleep conditions (Chemelli R.M. et al., Cell, 1999, 98, 437-451). Orexins may also play roles in brain changes associated with opioid and nicotine dependence (S.L. Borgland et al., Neuron, 2006, 49, 598-601; C.J. Winrow et al., Neuropharmacology, 2010, 58, 185-194), and ethanol dependence (J.R. Shoblock et al., Psychopharmacology, 2011, 215, 191-203). Orexins have additionally been suggested to play a role in some stress reactions (T. Ida et al., Biochem. Biophys. Res. Commun., 2000, 270, 318-323). Compound such as (1R,2S)-2-(((2,4-dimethylpyrimidin-5-yl)oxy)methyl)-2-(3-fluorophenyl)-N-(5-fluoropyridin-2-yl) cyclopropanecarboxamide (hereinafter referred to as Compound A) have been found to be potent orexin receptor antagonists, and may be useful in the treatment of sleep disorders such as insomnia, as well as for other therapeutic uses.

[0003] The Formula of Compound A



[0004] Regarding the hypnotic agent, when an active pharmaceutical ingredient (hereinafter referred to as API) in a pharmaceutical formulation to be taken a once-a-night dosing is too high a dose, it has the potential to cause the next-day residual sleepiness, while the single insufficient dose may cause the patient to wake up during normal sleep period even if the patients are able to fall sleep with the hypnotic. Therefore, it is difficult to set the proper dose with considering the sensitive balance between easy of sleep onset and the avoidance of the residual sleepiness, as compared with the considering only the balance between side effects and efficacy. Furthermore, even if the dose of a certain drug for insomnia, the physiochemical properties of the API and the pharmacokinetic (hereinafter referred to as PK) profile after administration of the drug were known, such information would not be applicable to other APIs for insomnia because it would be likely effected by a number of factors, including the mechanism of action, the route of administration, the rate of absorption, the physiochemical property such as the solubility and the stability in plasma or other factors of each API. Indeed, the relationship between the residual sleepiness and the characteristics of the hypnotic agents is not always consistent (CNS Drugs 2004; 18 (5): 297-328). The relation between PK profile and the sleepiness effect such as the sleep onset or the residual sleepiness has been unknown yet for compound A.

[0005] There exists a need in the art for more effective methods of treating insomnia to achieve rapid sleep onset as well as sleep maintenance, throughout the sleep period, but avoid residual sleepiness and/or the next-day impairment, comprising administrating orally a solid dosage form of a hypnotic agent. Further, there exists a need in the art for a pharmaceutical composition comprising a hypnotic agent and at least one pharmaceutically acceptable excipient for the treatment of insomnia to achieve rapid sleep onset as well as sleep maintenance, throughout the sleep period, but avoid residual sleepiness and/or next-day impairment.

SUMMARY OF THE INVENTION

[0006] It is an object of the present invention to provide methods of treating insomnia comprising administrating orally a solid dosage form of the drug compound A.

[0007] It is further an object of the present invention to provide a pharmaceutical composition, comprising a therapeutically effective amount of compound A

[0008] In certain embodiments, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single daily dose ranging from about 1 mg to about 15 mg.

[0009] In certain embodiments, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single daily dose ranging from about 2 mg to about 15 mg.

[0010] In certain embodiments, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single daily dose ranging from about 2 mg to about 10 mg.

[0011] In certain embodiments, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single daily dose chosen from about 2, 2.5, 4, 5, 8, 10, or 15 mg.

[0012] In certain embodiment, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single daily dose providing a mean maximum plasma concentration (C_{max}) of from about 3.0 ng/ml to about 7.2 ng/ml for each 1 mg of compound A, after single dose administration to human subjects.

[0013] In certain embodiment, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single daily dose ranging from about 1 mg to about 15 mg, and wherein said single daily dose achieves a mean maximum plasma concentration (C_{max}) of from about 3.0 ng/ml to about 7.2 ng/ml for each 1 mg of compound A, after single dose administration to human subjects.

[0014] In certain embodiment, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single 1 mg daily dose, and wherein said single dose achieves a mean

maximum plasma concentration (C_{max}) within the range of about 80% to about 125% of 5.3 ng/ml, after single dose administration to human subjects.

[0015] In certain embodiment, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single 2.5 mg daily dose, and wherein said single daily dose achieves a mean maximum plasma concentration (C_{max}) within the range of about 80% to about 125% of 16 ng/ml, after single dose administration to human subjects.

[0016] In certain embodiment, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single 5 mg daily dose, and wherein said single daily dose achieves a mean maximum plasma concentration (C_{max}) of within the range of about 80% to about 125% of 23 ng/ml, after single dose administration to human subjects.

[0017] In certain embodiment, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single 10 mg daily dose, and wherein said single daily dose achieves a mean maximum plasma concentration (C_{max}) within the range of about 80% to about 125% of 36 ng/ml, after single dose administration to human subjects.

[0018] In further embodiments, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single daily dose to achieve a mean AUC(0-24) of from about 15.9 ng*hr/ml to about 23.8 ng*hr/ml for each 1 mg of compound A, after single dose administration to human subjects.

[0019] In further embodiments, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single 1 mg daily dose, and wherein said single daily dose achieves a mean AUC(0-24) within the range of about 80% to about 125% of 17 ng*hr/ml, after single dose administration to human subjects.

[0020] In further embodiments, the present invention to provide methods of treating insomnia, comprises administering orally a dosage form with a therapeutically effective amount of compound A, wherein said therapeutically effective amount is single 2.5 mg daily dose, and wherein said single daily dose achieves a

Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.