Pharmacokinetic Bridging of Icotrokinra (JNJ-77242113) Oral Solution and Tablet Formulations

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Background



The interleukin (IL)-23 pathway plays a key role in the pathogenesis of psoriasis (PsO), psoriatic artl inflammatory bowel disease (IBD)¹

Inhibition of IL-23 signaling via monoclonal antibodies has demonstrated efficacy and safety in patie psoriatic disease² and IBD³

Icotrokinra (formerly JNJ-77242113)

- A first-in-class, targeted oral peptide that inhibits IL-23 signaling by binding to the IL-23 receptor
- Induced selective IL-23 pathway inhibition in *in vitro* and preclinical models, and showed pharmac activity in healthy human volunteers⁴
- In late-stage clinical trials for the treatment of inflammatory diseases
- Demonstrated significant, skin clearance and no safety signals through 1 year in Phase 2 PsO stud through 24 weeks in a Phase 3 PsO study⁷

Objectives

Compare the pharmacokinetic (PK) parameters and bioavailability of icotrokinra oral formulation development phases:

- 1x100 mg tablet (PsO Phase 2) vs 100 mg solution (first-in-human; FIH)
 - 2x100 mg tablet (PsO Phase 2) vs 1x200 mg tablet (PsO Phase 3)

Results

Icotrokinra plasma concentrations were comparable across oral FIH solution and PsO Phase 2 tablet formulations

Icotrokinra plasma concentration over 48 h following single oral administration^a



Plasma concentration profiles were similar between the oral PsO Phase 2 and Phase 3 tablet formulations



	Methods			
hritis (PsA), and	Icotrokinra Phase 1 study designs			
ents with	EudraCT 2021-003440-24	EU CT 2023-504720-26		
or (R)	Open-label, single-dose , randomized, crossover Phase 1 study	Open-label, single-dose , rando crossover Phase 1 study		
codynamic	lcotrokinra formulations ^a 1x100 mg tablet (PsO Phase 2)	Icotrokinra formulations a 2x100 mg tablet (PsO Phase		
udies ^{5,6} and	vs 100 mg solution (FIH)	vs 1x200 mg tablet (PsO Phas		
	Relative bioavailability, PK , safety and tolerability	Relative bioavailability, P safety and tolerability		
ns across	N=14 healthy volunteers, fasted	N=24 healthy volunteers, fas		
	^a Washout period of at least 7 days between the study intervention administrations of each individual part	icipant.		

Icotrokinra showed comparable PK parameters across oral FIH solution and PsO Phase 2 tablet formulations			Extent of icotrokinra absorption was similar for the oral PsO Phase 2 tablet vs FIH solution formulations					M fc	
Plasma PK of icotrokinra following single oral administration				Comparison of PK parameters of icotrokinra following single oral administration					
Parameter	100 mg FIH solution	100 mg PsO Phase 2 tablet		Geometric mean					
C _{max} , ng/mL	(N=14) 2.04 (1.06)	(N=14) 2.10 (0.94)	Parameter	100 mg FIH solution (N=14)	100 mg PsO Phase 2 tablet (N=14)	GMR ^b , %	90% CI, %	Intra-participant CV, %	J/mL)
t _{max} , h t _{1/2} , h	1.01 (0.25-5.02) 8.9 (1.9)	8.7 (0.9)	C_{max}, ng/mL	1.83	1.95	106.4	84.0-134.8	37.8	C _{max} (ng
AUC_{0-last}, h*ng/mL	20.5 (6.8)	21.9 (8.3)	AUC_{0-last}, h*ng/mL	19.9	21.0	105.6	90.6-123.1	24.0	
AUC _{0-∞} , h*ng/mL	21.0 (6.7)	22.3 (8.3)	AUC_{0-∞}, h*ng/mL	19.9 ^a	21.8ª	109.7	94.4-127.4	22.5	

Icotrokinra showed generally comparable PK parameters across the oral PsO Phase 2 and Phase 3 tablet formulations

Plasma PK of icotrokinra following oral tablet administration

Data presented as mean (SD) or median (min – max). SD=standard deviation; $t_{1/2}$ =plasma elimination half-life; t_{max} =time to reach maximum plasma conce

Parameter	2x100 mg PsO Phase 2 tablet (N=23)	1x200 mg PsO Phase 3 tablet (N=24)			
C _{max} , ng/mL	4.56 (3.05)	3.62 (1.48)			
t_{max}, h	2.00 (0.25 - 5.00)	2.00 (0.25 - 8.00)			
t_{1/2}, h	12.4 (3.5)	13.0 (4.1)			
AUC _{0-last} , h*ng/mL	45.3 (15.5)	42.0 (10.7) ^a			
AUC _{0-∞} , h*ng/mL	47.9 (16.0)	44.8 (11.4) ^a			

Data presented as mean (SD) or median (min – max). ªN=23.

	PK assessments and analyses
izod	 PK samples: Blood samples collected over 48 h post-dose
IZEU	 Plasma samples were analyzed using a validated, specific, and sensitive LC-INS/INS method
	 PK parameters were calculated from plasma concentration-time data by noncompartmental analysis using Phoenix[™] WinNonlin[®] 8.3 (Certara LP)
2) 3)	- PK parameters used to evaluate relative bioavailability were $C_{max}, AUC_{0-last}, and AUC_{0-\infty}$:
	 Log transformed PK parameters were analyzed using a mixed effect model with treatment, sequence, and period as fixed effects, and participant in sequence as a random effect. Results were back-transformed to the normal scale
ed	 GMRs were assessed
	– Intra-participant CV (%) was calculated as $100*(\sqrt{exp(mean square error)}-1)$
	AUC _{0-last} =area under the plasma concentration-time curve from time zero to the time of the last measurable concentration; AUC _{0-∞} =AUC from time zero extrapolated to infinity; C _{max} =maximum plasma concentration; CV=coefficient of variation; GMR=geometric mean ratio; h=hour; LC-MS/MS=liquid chromatography with tandem mass spectrometry.

^aN=13. ^bTest=100 mg PsO Phase 2 tablet and reference=100 mg FIH solution. Cl=confidence inte

Icotrokinra absorption was similar for the oral PsO Phase3 tablet vs Phase 2 tablet formulations

Comparison of PK parameters of icotrokinra following single oral administration

	Geometric mean					
Parameter	2x100 mg PsO Phase 2 tablet (N=23)	1x200 mg PsO Phase 3 tablet (N=24)	GMR ^b , %	90% CI, %	Intra-participant CV, %	
C _{max} , ng/mL	3.86	3.40	88.1	74.3-104.4	35.6	
AUC_{0-last}, n*ng/mL	43.7	41.1 ^a	94.2	85.1-104.3	20.5	
AUC_{0-∞}, h*ng/mL	46.2	43.8 ^a	94.9	85.6-105.2	20.7	

^aN=23. ^bTest=1x200 mg PsO Phase 3 tablet and reference=2x100 mg Phase 2 tablet

Key Takeaways



Icotrokinra is a first-in-class, targeted oral peptide in late-stage clinical development for the ['] treatment of inflammatory diseases, such as PsO, **PsA**, and **IBD**



Oral FIH icotrokinra solution and PsO Phase 2 tablet formulations had comparable PK and bioavailability



Oral PsO Phase 2 and Phase 3 icotrokinra tablet formulations also had comparable PK and bioavailability



PK bridging was established between the different phases of clinical development for icotrokinra

centration;



