Nonclinical Pharmacokinetics and Absorption, Distribution, Metabolism, and Excretion of Givosiran, the First Approved N-Acetylgalactosamine–Conjugated RNA Interference Therapeutic

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ABSTRACT
Givosiran is an N-acetylgalactosamine–conjugated RNA interference therapeutic that targets 5′-aminolevulinate synthase 1 mRNA in the liver and is currently marketed for the treatment of acute hepatic porphyria. Herein, nonclinical pharmacokinetics and absorption, distribution, metabolism, and excretion properties of givosiran were characterized. Givosiran was completely absorbed after subcutaneous administration with relatively short plasma elimination half-life (t_1/2; less than 4 hours). Plasma exposure increased approximately dose proportionally with no accumulation after repeat doses. Plasma protein binding was concentration dependent across all species tested and was around 90% at clinically relevant concentration in human. Givosiran predominantly distributed to the liver by asialoglycoprotein receptor–mediated uptake, and the t_1/2 in the liver was significantly longer (~1 week). Givosiran was metabolized by nucleases, not cytochrome P450 (P450) isozymes, across species with no human unique metabolites. Givosiran metabolized to form one primary active metabolite with the loss of one nucleotide from the 3′ end of antisense strand, AS(N-1)3′ givosiran, which was equipotent to givosiran. Renal and fecal excretion were minor routes of elimination of givosiran as approximately 10% and 16% of the dose was recovered intact in excreta of rats and monkeys, respectively. Givosiran is not a substrate, inhibitor, or inducer of P450 isozymes, and it is not a substrate or inhibitor of uptake and most efflux transporters. Thus, givosiran has a low potential of mediating drug-drug interactions involving P450 isozymes and drug transporters.

SIGNIFICANCE STATEMENT
Nonclinical pharmacokinetics and absorption, distribution, metabolism, and excretion (ADME) properties of givosiran were characterized. Givosiran shows similar pharmacokinetics and ADME properties across rats and monkeys in vivo and across human and animal matrices in vitro. Subcutaneous administration results in adequate exposure of givosiran to the target organ (liver). These studies support the interpretation of toxicology studies, help characterize the disposition of givosiran in humans, and support the clinical use of givosiran for the treatment of acute hepatic porphyria.

Introduction
RNA interference (RNAi) is a natural cellular process of gene silencing that represents one of the most promising and rapidly advancing frontiers in biology and drug development today (Wittrup and Lieberman, 2015; Setten et al., 2019; Hu et al., 2020). Small interfering RNA (siRNA), which mediates RNAi, is a class of short, noncoding, double-stranded RNA that can suppress gene expression by targeting and degrading mRNA through an RNA-induced silencing complex (Liu et al., 2004; Nakanishi, 2016). RNAi therapeutics offer many advantages, such as being able to target diseases that are not always treatable with small molecules or proteins and being able to specifically target a wide range of genes. Although they showed promise in their infancy, RNAi therapeutics faced many challenges. siRNA is difficult to deliver to its target and easily degraded by RNases if left unmodified. However, advances in RNAi technology have led to deliverable therapeutics that remain stable in the body for several weeks to months (Nair et al., 2017; Foster et al., 2018). To date, four RNAi therapeutics have been approved for human use: patisiran (ONPATTRO) in 2018, givosiran (GIVLAARI) in 2019, and lumasiran (OXLUMO) and inclisiran (LEQVIO) in 2020.

Givosiran was approved in the United States for the treatment of acute hepatic porphyria (AHP) in adults and in the European Union for acute hepatic porphyria (AHP) in adults and in the European Union for
trospray ionization mass spectroscopy and ion exchange high-performance liquid chromatography (Nair et al., 2014). The identities and purities of all oligonucleotides were confirmed in each study. Liver, kidney, etc.) samples were collected and stored frozen at approximately −80°C. Plasma, urine, milk, feces, and other tissue samples were collected at various time points after dosing and stored frozen at −80°C. Rats were approximately 7 to 12 weeks of age and 160 to 325 g at the initiation of dosing. In Vivo Studies. Givosiran, metabolite standards, and the internal standard were synthesized at Celsion (City, KS) from C57BL/6 mouse, Sprague Dawley rat, cynomolgus monkey, and human. Pooled serum (BioIVT, Westbury, NY) and liver S9 fractions (Sekisue XenoTech, Kansas City, KS) from C57BL/6 mouse, Sprague Dawley rat, cynomolgus monkey, and human. Givosiran (5 or 10 μM) was incubated with serum or liver S9 fractions at 37°C for up to 4 hours. Reactions were terminated by the addition of EDTA solution and frozen in liquid nitrogen. The resulting samples were lyzed at room temperature in the presence of Clarity Sample Preparation Reagent (AHP) and analyzed by electrophoretic mobility shift assay (EMSA) as reported previously (Rocca et al., 2019). Brieﬂy, precipitation of givosiran, the gradient started at 5% B, progressed to 25% B over 20 minutes, then increased to 50% B in 0.1 minute and was maintained for 1.9 minutes, and was then washed with 100% B for 2 minutes; the column was re-equilibrated with 5% B for 5 minutes. For the quantitation of givosiran and ASN-137 givosiran, the gradient started with 10% B, progressed to 40% B over 4 minutes, and then increased to 100% B in 0.1 minute and was maintained for 1.9 minutes; the column was then re-equilibrated with 10% B for 4 minutes. A DEXsil 3000 HPLC system (Thermo Fisher Scientiﬁc) in combination with an Accela Open Auto-sampler (Thermo Fisher Scientiﬁc) and a Q Exactive mass spectrometer (Thermo Fisher Scientiﬁc) was used for the LC-HRMS analysis. The oligonucleotides were analyzed in negative ionization mode. For the metabolite proﬁling experiments, the mass spectrometer was set at full scan mode. For the quantitation experiments, the mass spectrometer was set at selected ion monitoring mode or at parallel reaction monitoring mode. The clinical pharmacokinetics (PK) and pharmacodynamics of givosiran from the phase 1 study in patients with acute intermittent porphyria, the most common AHP type, have been reported (Agarwal et al., 2020). The present paper reports the PK and the absorption, distribution, metabolism, and excretion (ADME) properties of givosiran across multiple matrices in nonclinical species, with a primary focus on rats and monkeys. Materials and Methods siRNA. Givosiran, metabolite standards, and the internal standard were synthesized at Alnylam Pharmaceuticals (Cambridge, MA, USA) to ≥98% purity as described previously (Nair et al., 2014). The identities and purities of all oligonucleotides were conﬁrmed by electrospray ionization mass spectroscopy and ion exchange high-performance liquid chromatography, respectively. The molecular weight of double-stranded givosiran is 16300.3 Da, with the antisense strand at 7563.8 Da and sense strand at 8376.5 Da. Conventional gel electrophoresis procedures were performed using protocols consistent with local, state, and federal regulations, as applicable, and approved by the Institutional Animal Care and Use Committee at Alnylam Pharmaceuticals. Givosiran was administered to male and female Sprague Dawley rats and cynomolgus monkeys via a single intravenous bolus or single and multiple subcutaneous injection at the dose levels deﬁned in each study. Rats were approximately 7 to 12 weeks of age and 160 to 325 g at the initiation of dosing. Monkeys were 2 to 8 years of age and 2 to 6 kg at the initiation of dosing. The intravenous dose was 10 mg/kg in rats and monkeys, and the subcutaneous doses ranged from 1 to 10 mg/kg in rats and 30 mg/kg in monkeys. Plasma, urine, milk, feces, and other tissue (liver, kidney, etc.) samples were collected and stored frozen at approximately −70°C until analysis.

In Vivo Studies. Givosiran was evaluated for potential drug interaction involving cytochrome P450 (P450) isozymes (inhibition and induction) and drug transporters.
Results

Absorption

Givosiran Plasma Pharmacokinetics in Rats. The plasma PK of givosiran were evaluated after a single intravenous dose (10 mg/kg) and single subcutaneous administration with doses ranging from 1 to 10 mg/kg in male and female rats, and the plasma PK parameters are shown in Table 1. There were no apparent sex differences in the PK parameters in rats; therefore, the PK parameters presented are based on overall mean values generated by combining sexes. After a single intravenous dose of 10 mg/kg, the elimination from the plasma was rapid with an estimated t_1/2 of 0.2 hours. The mean total clearance (CL) and volume of distribution at steady state (Vss) values were 870 ml/h per kg and 181 ml/kg, respectively. After a single subcutaneous administration, plasma exposure of givosiran [Cmax and area under the curve (AUC)] increased with the dose over the dose range evaluated. The apparent plasma t_1/2 was consistent across subcutaneous doses (range 2 to 3 hours). The PK profile of givosiran was also evaluated in rats after weekly repeat subcutaneous doses at 1 mg/kg. Consistent with the short apparent t_1/2 of 2 to 3 hours in plasma, there was no evidence of accumulation in plasma after repeat dosing (data not shown).

A separate PK study in rats was conducted to determine the relative plasma exposure and PK profile of the primary metabolite, AS(N-1)3', givosiran (loss of one nucleotide from the antisense strand 3' end) after a single subcutaneous dose of givosiran at 10 mg/kg. Plasma Cmax of givosiran and AS(N-1)3' givosiran were 1.06 and 0.190 µg/ml, respectively. Plasma AUClast of givosiran and AS(N-1)3' givosiran were 3.00 and 0.626 hour·µg/ml, respectively. Plasma exposure of AS(N-1)3' givosiran as assessed by AUClast was approximately 21% of exposure of givosiran. After reaching Cmax, givosiran and AS(N-1)3' givosiran concentrations declined with the t_1/2 values of 3.0 and 8.2 hours, respectively (Table 2; Fig. 1).

Givosiran Plasma Pharmacokinetics in Monkeys. The plasma PK of givosiran was evaluated after a single intravenous dose (10 mg/kg) and single subcutaneous doses ranging from 1 to 10 mg/kg in male and female monkeys, and the plasma PK parameters are shown in Table 3. There were no apparent sex differences in the PK parameters in monkeys; therefore, the PK parameters presented are based on overall mean values generated by combining sexes. After a single intravenous dose of 10 mg/kg, the elimination from systemic circulation was rapid with an estimated t_1/2 of 0.2 hours. The mean CL and Vss values were 340 ml/h per kg and 104 ml/kg, respectively. After a single subcutaneous administration, plasma exposure of givosiran (Cmax and AUClast) increased as the dose increased over the dose range tested. The apparent plasma t_1/2 was consistent across subcutaneous doses (approximately 3.5 hours). The PK profile of givosiran was also evaluated in monkeys after multiple weekly subcutaneous doses at 1 mg/kg (Table 3). There was no evidence of accumulation in plasma after weekly repeat dosing.

A separate PK study in monkeys was conducted to determine the relative plasma exposure and PK of the primary metabolite, AS(N-1)3' givosiran, after a single subcutaneous dose of givosiran at 30 mg/kg. The Cmax of givosiran and AS(N-1)3' givosiran in plasma were 2.42 and 1.67 µg/ml, respectively. Plasma AUClast of givosiran and AS(N-1)3' givosiran were 26.4 and 19.4 hour·µg/ml, respectively. Plasma exposure of AS(N-1)3' givosiran as assessed by AUClast was approximately 74% of exposure of givosiran. After reaching Cmax, givosiran and AS(N-1)3' givosiran concentrations declined with the t_1/2 values of 5.5 and 5.1 hours, respectively (Table 4; Fig. 2).

Distribution

Plasma Protein Binding. Conventional methodologies commonly used to determine PPB such as equilibrium dialysis and ultrafiltration were inadequate for new chemical modalities such as siRNAs because of extensive nonspecific binding to the membrane resulting in inaccurate measurement of PPB. Therefore, EMSA was used to determine the PPB of givosiran in mouse, rat, monkey, and human plasma (Rocca et al., 2019). For givosiran concentrations ranging from 1 to 50 µg/ml, the extent of plasma protein binding was concentration dependent, as shown in Table 5. In all species tested, the percentage of binding decreased as givosiran concentration increased. In general, PPB is similar across species. The mechanism of nonlinear PPB is likely due to saturation of binding at high concentrations. However, the mean plasma Cmax of givosiran at steady state after subcutaneous administration of 2.5 mg/kg in humans is 0.321 µg/ml, which is well below the concentration where binding saturation was observed. Therefore, plasma protein binding is expected to remain relatively constant (~90%) over the clinically relevant plasma concentrations.

Distribution in Rats. Givosiran is specifically designed for delivery to the liver through GalNAC moieties bound to the siRNA that direct hepatocyte-specific uptake of the siRNA via the ASGPR expressed on the cell surface of hepatocytes. Consistent with this design, givosiran predominantly distributed to the liver after the administration of a subcutaneous dose (Table 6). The liver-to-plasma AUC ratio was approximately 4500, and the t_1/2 in the liver was significantly longer (~120 hours) than that in plasma. The liver exposure after a single subcutaneous dose of 10 mg/kg was significantly higher than that after intravenous dosing (Table 6, Fig. 3) indicating that liver uptake is more efficient after subcutaneous administration. More efficient liver uptake after a subcutaneous dose is likely due to a gradual increase (rather than a sharp increase after intravenous dose) in plasma concentration, potentially avoiding saturation of ASGPR-mediated hepatic uptake.

| TABLE 1 | Overall mean givosiran plasma pharmacokinetic parameters in rats after a single intravenous bolus or subcutaneous administration |
|-----------------|-----------------|-----------------|-----------------|-----------------|
|                | Intravenous     | Subcutaneous    |                 |                 |
| dose (mg/kg)    | 10 mg/kg        | 1 mg/kg         | 5 mg/kg         | 10 mg/kg        |
| tmax, h         | —               | 0.3 ± 0.11      | 0.4 ± 0.11      | 1.1 ± 0.11      |
| Cmax, µg/ml     | —               | 0.11 ± 0.03     | 0.43 ± 0.03     | 1.07 ± 0.07     |
| AUClast, h·µg/ml| 11.8 ± 1.45     | 0.15 ± 0.06     | 1.29 ± 0.12     | 2.79 ± 0.12     |
| t1/2, h         | 0.2 ± 0.04      | 2.1 ± 0.12      | 2.7 ± 0.12      | 2.7 ± 0.12      |
| Vss, ml/kg      | 181 ± 18.6      | —               | —               | —               |
| CL, ml/h per kg | 870 ± 87     | —               | —               | —               |

Values represent the overall combined (male + female) mean. n = 4, —, not applicable; tmax, time to reach maximum concentration.

| TABLE 2 | Mean ± S.D. givosiran and AS(N-1)3' givosiran plasma pharmacokinetic parameters in rats after a single subcutaneous dose (10 mg/kg) |
|-----------------|-----------------|-----------------|-----------------|-----------------|
|                  | Givosiran (n = 4) | AS(N-1)3' givosiran (n = 4) |
| Cmax, µg/ml     | 1.06 ± 0.414    | 0.190 ± 0.0701  |
| AUClast, h·µg/ml| 3.00 ± 0.458    | 0.626 ± 0.132   |
| t1/2, h         | 3.0             | 8.2             |
Consequently, higher plasma concentrations after an intravenous bolus dose resulted in higher concentrations of givosiran in the kidneys where distribution of givosiran from the plasma is likely to be passive diffusion (i.e., no ASGPR-mediated uptake). In fact, the distribution of givosiran to liver and kidney was comparable after intravenous administration (10 mg/kg), whereas the distribution of givosiran based on Cmax and AUClast to the liver was substantially higher (~10-fold and ~4-fold, respectively) than to the kidney after subcutaneous administration (Table 6, Fig. 4).

Markedly lower concentrations of givosiran (100–800-fold over liver) were observed in adrenal, heart, lung, spleen, thyroid, thymus, pancreas, jejunum, and testes. Givosiran was not detected in the brain.

After weekly subcutaneous dosing (total of 8 doses) of 1 mg/kg, Cmax and AUClast of givosiran in the liver were 25.9 µg/g and 1290 hour·µg/g, respectively, and there was no evidence of accumulation. However, the Cmax and AUClast of givosiran in the kidney were 5.45 µg/g and 1190 hour·µg/g, respectively, and the exposure was three to four times higher compared with the dose normalized exposure after a single dose, indicating that givosiran accumulated in the kidney after repeated weekly subcutaneous doses.

**Distribution in Monkeys.** As observed in rats, givosiran extensively distributed to the liver of monkeys, where concentrations were measurable up to 672 hours after a single intravenous dose (10 mg/kg). After a single subcutaneous dose (1, 5, or 10 mg/kg), givosiran was detectable in the liver up to 672 to 1008 hours postdose with maximum liver concentrations observed between 8 to 24 hours postdose. The AUClast in the liver was approximately 7-fold higher after a single subcutaneous dose of 10 mg/kg than after the same dose administered intravenously (Table 7; Fig. 5), indicating that liver uptake is more efficient after subcutaneous administration compared with intravenous administration. The liver-to-plasma AUC ratio was approximately 2500, and the t1/2 in the liver was significantly longer (~146 hours) than that in plasma.
Mean C\text{max} and AUC\text{last} values increased approximately dose proportionally across the dose range tested. After eight weekly subcutaneous doses of 1 mg/kg, C\text{max} and AUC were 16.9 mg/g and 3340 hour·mg/g, respectively, suggesting minimal accumulation in the liver with repeat dosing. The t\text{1/2} was consistent across doses and regimen, indicating no dose- or time-dependent PK.

Metabolism

**In Vitro Metabolic Stability of Givosiran in Serum and Liver S9 Fractions.** The in vitro metabolic stability of givosiran was evaluated in pooled serum and liver S9 fractions obtained from C57BL/6 mouse, rat, monkey, and human, at a concentration of 5 μM. The reaction mixtures were incubated at 37°C for up to 24 hours for both serum and liver S9 fractions.

Stability of givosiran in serum was generally similar across species, with the sense strand being more stable than the antisense strand. After 24 hours of incubation of givosiran in mouse, rat, monkey, or human serum, the percentage of antisense strand remaining was approximately 75%, 59%, 63%, and 89%, respectively; the percentage of sense strand remaining was approximately 95%, 95%, 100%, and 95%, respectively.

When mouse, rat, monkey, or human liver S9 fraction was incubated with givosiran (5 μM) for 24 hours, the stability profiles for the four species exhibited the rank order from most to least stable of mouse > monkey > human > rat, for both strands. The percentage of antisense strand remaining after 24 hours of incubation for mouse, monkey, human, and rat was approximately 103%, 68%, 49%, and 36%, respectively, and the percentage of sense strand remaining was approximately 102%, 88%, 65%, and 64%, respectively.

A separate in vitro study was conducted in human liver S9 fraction with and without NADPH to determine if givosiran was metabolized by drug metabolizing enzymes requiring NADPH as a cofactor (e.g., P450s). Givosiran was incubated at a concentration of 10 μM in human liver S9 fraction (total protein concentration of 1 mg/ml) with and without NADPH (1 mM) for 1 hour at 37°C. Both sense and
Metabolite Profiling of the Antisense Strand. Metabolite profiling was conducted with serum samples obtained from in vitro stability studies and plasma samples collected from in vivo PK studies. Either in serum (mouse, rat, monkey, and human) or in plasma (rat and monkey), givosiran was metabolized to form a primary metabolite, AS(N-1)3' givosiran or AS(N-1)5' givosiran (metabolite with loss of one nucleotide from the 5' end of the antisense strand). Mass spectra showed that metabolites, AS(N-1)3' givosiran and AS(N-1)5' givosiran, have the same exact mass and were presumably formed by the loss of a uridine monophosphate nucleotide from either the 3' or 5' end of the antisense strand. The two metabolites have the same high-performance liquid chromatography retention time as well and thus cannot be differentiated by a liquid chromatography–mass spectrometry method. A specific liquid chromatography–tandem mass spectrometry method was developed to differentiate AS(N-1)3' givosiran and AS(N-1)5' givosiran by monitoring unique fragment ions for AS(N-1)3' at m/z 604.1032 (b2 fragment ion) and at m/z 632.1188 (y2 fragment ion) for AS(N-1)5'. Quantitation of AS(N-1)3' and AS(N-1)5' metabolites in plasma and liver samples (rat and monkey) using this liquid chromatography–tandem mass spectrometry method confirmed that the primary metabolite was AS(N-1)3' givosiran; AS(N-1)5' givosiran was not detected in any samples from in vivo studies.

Human plasma and urine samples obtained from two patients of the phase 1 trial (Agarwal et al., 2020) were also analyzed to identify potential metabolite(s). As observed with the rat and monkey plasma metabolite profile, AS(N-1)3' givosiran was the main circulating metabolite, and no other metabolite(s) were detected in human plasma. Consistent with the finding in plasma, AS(N-1)3' givosiran was the only metabolite detected in the urine samples of these two patients. These results indicated that the metabolite profile of the antisense strand of givosiran was similar across all species tested.

The in vitro potency of givosiran and AS(N-1)3' givosiran was evaluated by transfection in human hepatocellular carcinoma cell line 3B cells. At 10 nM siRNA concentration, the ALAS1 mRNA remaining relative to negative control is 16.4% for givosiran and 10.3% for AS(N-1)3' givosiran. At 0.1 nM siRNA concentration, the ALAS1 mRNA remaining is 69.1% for givosiran and 52.0% for AS(N-1)3' givosiran. The retention of AS(N-1)3' givosiran pharmacological activity in vitro suggests that it is likely, to the extent that it is present, to contribute to observed in vivo pharmacology.

Preferential formation of AS(N-1)3' givosiran over AS(N-1)5' givosiran may be due to some steric hindrance caused by the presence of the GalNAc ligand at the 3' end of the sense strand (i.e., close to the 5' end of antisense strand; Fig. 6). Such steric hindrance may prevent exonuclease-mediated metabolism at the 3' end of the sense and the 5' end of the complementary antisense strand. In contrast to the 5' end of the antisense strand, the 3' end of the antisense strand is single stranded and therefore more susceptible to degradation by 3' exonucleases.

In vitro metabolite profiling conducted in liver S9 fraction from mouse, rat, monkey, and human identified that the givosiran antisense strand was metabolized to form AS(N-3)5' givosiran (metabolite with loss of three nucleotides from the 5' end of antisense strand) and AS(N-1)3' givosiran as two primary metabolites, with the AS(N-3)5' givosiran being the most abundant. The metabolite profile was consistent among all the species tested. However, liver samples collected in the rat and monkey PK studies showed that givosiran antisense strand was metabolized to form a primary metabolite, AS(N-1)3' givosiran. In addition to AS(N-1)3' givosiran, other minor metabolites (products after cleavage of nucleotides by exo- and endonucleases) were detectable (Fig. 6).

Metabolite Profiling of the Sense Strand. Either in serum (mouse, rat, monkey, and human) or in plasma (rat and monkey), the givosiran antisense strands of givosiran were stable, and no change was observed with and without NADPH, suggesting that P450 isozymes are not involved in the metabolism of givosiran (Table 8). Verapamil (5 μM) was used as a positive control to confirm the integrity of the human liver S9 fraction used.

Table 7

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TABLE 7

Overall mean givosiran pharmacokinetics in monkey livers after a single intravenous bolus or subcutaneous dose.

Fig. 4. Mean kidney concentration versus time profiles of givosiran in rats after an intravenous bolus and subcutaneous administration (10 mg/kg). Kidney AUC<sub>last</sub> values of givosiran were 5440 hour·μg/g and 3190 hour·μg/g after a single intravenous or subcutaneous dose, respectively. Higher plasma concentrations after an intravenous bolus dose resulted in higher concentrations of givosiran in the kidneys where distribution of givosiran from the plasma is likely to be passive diffusion (i.e., no ASGPR-mediated uptake). IV, intravenous; SC, subcutaneous. Error bars indicate S.D. n = 4 animals per group per time point.

Fig. 5. Mean liver concentration-time profiles of givosiran in monkeys after an intravenous bolus (10 mg/kg) and subcutaneous administration of givosiran (1–10 mg/kg). After a single subcutaneous dose (1, 5, or 10 mg/kg), givosiran was detectable in the liver up to 672–1008 hours postdose with maximum liver concentrations observed between 8 and 24 hours postdose. The AUC<sub>last</sub> in the liver was 4220 hour·μg/g and 26,500 hour·μg/g, respectively, after a single intravenous or subcutaneous dose of 10 mg/kg. The ~7-fold higher liver AUC<sub>last</sub> after a single subcutaneous dose than after the same dose administered intravenously, indicates that liver uptake is more efficient after subcutaneous administration compared with intravenous administration. IV, intravenous; SC, subcutaneous. n = 2 animals per group per time point.
sense strand was minimally metabolized primarily generating a metabolite corresponding to the loss of 1 GalNAc group from the triantennary ligand at the 3’ end (Fig. 6). Similar to the finding in rat and monkey plasma, givosiran with the loss of one or three GalNAc groups from the sense strand was also detected in plasma and urine from two human patients.

Metabolite profiling of in vitro liver S9 fractions (mouse, rat, monkey, and human) and in vivo rat and monkey liver samples showed that the primary putative metabolites of the givosiran sense strand were generated by the loss of one, two, or all three GalNAc moieties at the 3’ end. Loss of GalNAc was evident at the earliest time point of 2 hours, with no intact senses strand remaining by 24 hours in liver samples.

The collective data characterizing the metabolism of the antisense and sense strands demonstrated that overall the in vitro metabolite profiles for givosiran were comparable to those profiles observed from the in vivo study samples, and the overall metabolite profiles of givosiran were similar across all species tested, including human.

Excretion

Excretion in Rats. Givosiran was quantitated in pooled urine and fecal samples collected over a period of 168 hours after a single subcutaneous administration of 10 mg/kg in rats. Approximately 10% of the total administered dose was excreted as givosiran in urine within the first 168 hours (mostly within the first 24 hours) in rats. A negligible amount of givosiran (~0.1% of the total administered dose) was recovered in feces collected over 48 hours postdose. Biliary excretion of givosiran was also evaluated in bile-duct cannulated rats after a single subcutaneous dose of 10 mg/kg, and approximately 6% of the dose was recovered as unchanged givosiran. Excretion of givosiran in milk was negligible as the concentration of givosiran was not measurable in the milk collected from female rats treated with multiple subcutaneous doses up to 30 mg/kg in a developmental and perinatal/postnatal reproduction study. Therefore, excretion is a minor route of overall elimination of givosiran after subcutaneous administration in rats.

Excretion in Monkeys. Givosiran was quantitated in pooled urine and fecal samples collected over a period of 168 hours after a single subcutaneous administration of 10 mg/kg in monkeys. Approximately 16% of the total administered dose was excreted as givosiran in urine within the first 168 hours (mostly within the first 24 hours) in monkeys. The majority of excretion occurred within the first 24 hours. Givosiran was not detectable in any of the pooled fecal samples collected. Therefore, consistent with observations in rats, excretion (renal and fecal) is a minor route of overall elimination of givosiran after a subcutaneous administration in monkeys.

Drug-Drug Interaction. The drug-drug interaction (DDI) potential of givosiran was examined using various in vitro assays (e.g., human liver microsomes, human hepatocytes, transfected cell lines, and membrane vesicles) based on regulatory guidance. Experimental details and results of these studies were previously reported in a recent review publication (Ramsden et al., 2019). As a part of ADME properties, a brief summary of the study outcomes is described here. Givosiran was not a substrate of P450 isoforms as demonstrated by a lack of effect of NADPH on the metabolic stability of givosiran in human liver S9 fraction. Givosiran was not a direct or time dependent inhibitor of P450 isoforms (CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, or CYP3A4) or an inducer of P450 isoforms (CYP1A2, CYP2B6, and CYP3A4).

Givosiran was not a substrate/inhibitor of the following human ATP-binding cassettes and solute carrier transporters: breast cancer resistance protein, bile salt export pump, organic anion transporting polypeptides (OATP1B1 and OATP1B3), organic anion transporters (OAT1 and OAT3), organic cation transporters (OCT1 and OCT2), and multidrug and toxin extrusion proteins (MATE1 and MATE2 K). However, P-glycoprotein exhibited 23% and 69% inhibition at givosiran concentrations of 1 and 10 μM, respectively, indicating that the IC50 is likely to be between 1 and 10 μM. The mean total plasma Cmax of givosiran at steady state after subcutaneous administration of 2.5 mg/kg in humans is below 20 nM (Agarwal et al., 2020), and the unbound plasma Cmax is about ~2 nM using 90% plasma protein binding at that concentration. To be conservative, IC50 can be assumed to be closer to 1 μM. Therefore, unbound [I]/IC50 is ~0.002 (i.e., 2 nM/1000 nM), and a clinically relevant drug interaction involving P-glycoprotein is not expected. The DDI potential of AS(N-1)3 givosiran was not evaluated separately. However, based on the similar physicochemical properties, the DDI potential is likely to be similar to givosiran. Taken together, givosiran has a low potential of mediating a DDI involving P450 isoforms and drug transporters.

Discussion

Givosiran is an approved RNAi therapeutic for the treatment of AHP in adults and adolescents aged 12 years or older. The recommended givosiran dose is 2.5 mg/kg once monthly by subcutaneous injection. Givosiran is specifically designed for delivery to the liver through conjugation of a carbohydrate ligand (GalNAc) to the siRNA to direct hepatocyte-specific uptake of siRNA via the ASGPR, which is expressed on the cell surface of hepatocytes. The PK and ADME properties of givosiran were evaluated in a variety of in vitro and nonclinical in vivo studies to support clinical development of givosiran.

After subcutaneous administration at pharmacologic doses ranging from 1 to 10 mg/kg, plasma exposure (Cmax and AUC) was approximately dose proportional in rats and monkeys demonstrating that givosiran exhibited linear PK at pharmacologically relevant doses. Elimination of givosiran was rapid after intravenous administration with a mean t1/2 of approximately 0.2 hours in both species after a single 10 mg/kg dose. The mean t1/2 was longer with subcutaneous administration (approximately 2.7 hours in rats and 3.5 hours in monkeys) compared with intravenous administration. The longer t1/2 after subcutaneous administration is likely due to flip-flop kinetics in which the observed t1/2 reflects the rate of absorption rather than the rate of elimination in the systemic circulation. The plasma exposure of givosiran is predominantly driven by liver uptake via the ASGPR, which is highly expressed in hepatocytes. This makes evaluation of bioavailability of givosiran difficult due to transient saturation of ASGPR by the high circulating concentrations of givosiran after intravenous administration. This leads to

<table>
<thead>
<tr>
<th>Time</th>
<th>Givosiran (without NADPH)</th>
<th>Givosiran (with NADPH)</th>
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<tbody>
<tr>
<td></td>
<td>Antisense</td>
<td>Sense</td>
</tr>
<tr>
<td>0 h</td>
<td>100 ± 2.66</td>
<td>100 ± 2.94</td>
</tr>
<tr>
<td>1 h</td>
<td>104 ± 2.28</td>
<td>97 ± 3.44</td>
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</tbody>
</table>
underestimation of subcutaneous bioavailability since much lower peak plasma concentrations after subcutaneous dosing do not saturate ASGPR and result in much lower plasma AUC values. The multiple dose plasma PK was consistent with single-dose data, and there was no evidence of accumulation in both rats and monkeys. Overall, these PK properties of givosiran in rats and monkeys indicate no time or dose dependence after pharmacological subcutaneous doses.

As expected, givosiran predominantly distributed to the liver via ASGPR-mediated hepatic uptake. The exposure of givosiran in the liver was significantly higher after subcutaneous administration than that after intravenous administration, indicating that liver uptake of givosiran is more efficient after subcutaneous administration. This is likely due to a more gradual increase in plasma concentration rather than a sharp increase after intravenous dose, potentially avoiding saturation of ASGPR-mediated hepatic uptake. This observation indirectly suggests...
that the bioavailability of givosiran after subcutaneous administration is complete. Compared with all other tissue concentrations after a subcutaneous dose, kidney had the second highest concentration after liver. The liver-to-kidney exposure (AUC) ratio of givosiran was approximately 4-fold after subcutaneous administration of 10 mg/kg. Concentrations of givosiran in adrenal, heart, lung, spleen, thyroid, thymus, pancreas, jejunum, and testes were markedly (100–800-fold) lower than in liver. The liver-to-plasma AUC ratio was approximately 4500 and 2500 in rats and monkeys, respectively, and the t_{1/2} in the liver was significantly longer (~120 and 146 hours) than that in plasma in rats and monkeys, respectively. Prolonged residence time in the target tissue (i.e., liver) is consistent with the observed duration of action in rats and monkeys. Givosiran was not detected in the brain and not expected to produce pharmacological effects in the central nervous system.

Givosiran antisense strand was metabolized by nucleases to form one primary active metabolite, AS(N-1)3. However, only AS(N-1)3 was actually measured, the plasma exposure to AS(N-1)3 in humans at the dosing regimen of 2.5 mg/kg once monthly, and support the clinical use of givosiran for the treatment of acute hepatic porphyria.

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Wrote or contributed to the writing of the manuscript: Li, Liu, X. Zhang, Clausen, G. Zhang, Najarian, Wu, Chong.

References


