Newer Insulins on the Horizon

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INTRODUCTION

Even with the emergence of numerous pharmacological therapies, insulin therapy has a pivotal role in diabetes treatment and many manipulations of the insulin molecule achieved over the recent years have resulted in newer advanced types, thus allowing for a more individualized therapy. Newer ones such as insulin analogs, including long-acting and rapid-acting insulins serve as promising alternative treatment options to human insulin. Such advancements in insulin formulations and innovations in insulin delivery methods have been able to reduce insulinassociated hypoglycemia, lower intraindividual pharmacokinetic (PK) and pharmacodynamic (PD) variability, and improve imitation of physiological insulin release.1 The current article outlines some of the newer insulins that are on the near horizon.

NEWER INSULINS ON THE HORIZON (TABLE 1)

Longer-acting Version of Insulin Glargine (Glargine U300, Toujeo®)

Glargine U300 (Toujeo*, Sanofi), an ultralongacting basal insulin analog, is a higher-strength formulation (300 units/mL) of the original insulin glargine U100 and has differential PK/PD profile

than the latter. Upon subcutaneous injection, U300 forms subcutaneous depot with smaller surface area, creating a prolonged release that results in a flatter PK/PD profile than glargine U100.2 It offers PK/PD advantages compared with the glargine U100 and bestows effective glycemic control with less risk of hypoglycemia.3-5 Glargine U300 is intended especially for these patients and is concentrated formula helps to significantly lower the injection volume. The formulation is also highly useful for those type 1 diabetes (T1D) and type 2 diabetes (T2D) patients who are at high risk of hypoglycemia. Due to its prolonged action than allows once-daily dosing, the formulation will be useful for those who otherwise require twice-daily dosing.6

Faster-acting Insulin Aspart (Fiasp®)

An ultrafast-acting insulin with a faster onset and faster offset of action was postulated to reduce postprandial hyperglycemia and frequency hypoglycemia and ease the severe hypoglycemia anxiety, with more time spent in range. Faster aspart, "Fiasp" is a modified formulation of insulin aspart (IAsp). It is a mealtime insulin with a flexible dosing regimen. It can be administered some before a meal or within 20 minutes from the star of the meal. Faster absorption of Fiasp compared to IAsp is even more pronounced in those using continuous subcutaneous insulin infusion (CSII)

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	formulation	Manufacturer	Product details/characteristics	Status
Longer-acting version of insulin glargine	Glargine U300, Toujeo	Sanofi	Higher-strength formulation (300 units/mL) of insulin glargine U100; flatter pharmacokinetic/pharmacodynamic (PK/PD) profiles; prolonged duration of action (> 24 h)	Received European Medicines Agency (EMA) and the US Food and Drug Administration (FDA) approval (https://www.accessdata.
Faster-acting insulin aspart	Fiasp*	Novo Nordisk	Newer and stable formulation of insulin aspart with faster initial absorption; flexible dosing regimen	HEROE DESTRUCTION OF THE PARTY
Insulins or insulin combos with BioChaperone* (BC) technology	BC Lispro U100—ultra- rapid formulation of insulin lispro	Adocia	Accelerated insulin action profile	nda/2017/208751Orig1s000TOC.cfm) Now ready to enter Phase 3
(nttps://www. adocia.com/ products/ biochaperone- ultra-fast-analog-	BC Lispro U200—the first concentrated ultra-rapid prandial insulin (under development)		Concentrated formula decreases injection volumes and number of injections/day	Phase 1 clinical trials completed
insulin/)	HinsBet U100—rapid insulin	3	Cost-effective rapid-acting human insulin	Phase I/II completed
	BC Combo—combination of the basal insulin glargine and the rapid insulin lispro		Relative ease-of-use and simplicity of a premixed insulin regimen; physiological control of a basal/bolus regimen	Phase I trials completed
Once-weekly basal insulins	AB101	Rezolute	Sustained and near peakless insulin level	Under first-in-human Phase 1 study (https://www.rezolutebio.com/ninalina/
	LAPS-insulin 115 (HM12470)	Hanmi Pharma- ceutical	Substantially prolonged PK/PD profiles	overview) Under Phase 1 clinical trials (https://www.ncbi.nlm.nih.gov/
				Contd.,

	Product details/characteristics	o Nordisk Once-weekly ultralong-acting basal insulin diabetes and type 2 diabetes (T2D) analog (https://clinicaltrials.gov/ct2/show/	Mimics physiology of pancreatic insulin; associated with lesser hypoglycemia and weight gain		Physiological insulin delivery system based on Protein Oral Delivery (PODITMI) technology; on Protein Oral Delivery (PODITMI) technology; inhibits hepatic glucose production; significantly reduces night-time glucose levels (https://clinicaltrials.gov/ct2/show/NCT03467932)	Automatically respond to changing blood results still pending following completion of Phase I of III in July 2016 (https://www.ncbi.nlm.nih.gov/pubmed/30125349 https://www.diabetes.co.uk/insulin/smart-insulin.html)	ince Pharma- consistently sized insulin particles; efficient and consistent insulin delivery to lungs in a few breaths; intra- and inter-subject variability similar to injections; faster onset and longer
mail opan osu loka isso	Manufacturer	Novo Nordisk a	Novo Nordisk a	Biocon	Oramed	Merck	Dance Pharma- ceuticals
phy cuid and ME ME	Name of insulin formulation	LAI287 (NN1436)	NN1406	Tregopil (formerly IN-105)	ORMD 0801	MK-2640	Dance-501
Contd	Type of insulin f	Liver-preferential N mealtime insulin analog Oral insulins				Glucose-responsive insulin (smart insulin)	Inhaled insulin

Moreover, in CSII using T1D subjects, Fiasp was found to be noninferior when compared to IAsp in terms of pump compatibility. In both T1D and T2D subjects, clinical trials have shown superior reduction in postprandial hyperglycemia within 1 hour with Fiasp compared to IAsp, with comparable efficacy at 2 hours.^{7,8}

Insulins or Insulin Combos with BioChaperone® Technology

BioChaperone* (BC) technological platform from Adocia is designed to improve the effectiveness and/or safety of therapeutic proteins while making them easier for patients to use. Many novel insulin formulations are in its clinical pipeline such as two ultrarapid formulations of insulin analogs (BC Lispro U100 and U200), a rapid-acting formulation of human insulin (HinsBet U100), and a combination of basal insulin glargine and rapid-acting insulin lispro (BC Combo). Two combinations of insulin glargine with glucagonlike peptide-1 (GLP-1) (BC Glargine Dulaglutide and BC Glargine Liraglutide), two combinations of insulin lispro with synergistic prandial hormones (BC Lispro Pramlintide and BC Lispro Exenatide), and a concentrated rapid-acting formulation of human insulin (HinsBet U500) are also under preclinical development.9

Once-weekly Basal Insulins (AB101, LAPS-Insulin 115, and LAI287)

AB101 (from Rezolute), is a once-weekly injectable basal insulin for T1D and T2D and releases human insulin slowly and uniformly over a period of 1 week. It has comparable activity to regular human insulin in vitro and a weekly insulin time-action profile in vivo, with no acute or delayed sudden insulin increase. It is postulated to stabilize endogenous insulin-glucose homeostasis and reduce glycemic variability.¹⁰

LAPS-Insulin 115 (HM12470, from Hanmi Pharmaceutical) is a once-weekly insulin analog which has substantially prolonged PK/PD profiles and activates insulin receptor (IR) signalling in all major target tissues. When compared to insulin, LAPS-Insulin 115 has a very slow onset of action, a similar off-rate and a less and reversible IR downregulation under in vitro conditions.¹¹

Novo Nordisk is developing a once-weekly ultralong-acting basal insulin analog LAI287 (NN1436), intended for use in T1D and T2D patients.¹²

Liver-preferential Mealtime Insulin Analog (NN1406)

This liver-preferential mealtime insulin from Novo Nordisk intended for T1D and T2D, mimics physiological insulin distribution and is associated with lesser hypoglycemia and weight gain.¹³

Oral Insulins (Tregopil and ORMD 0801)

Oral insulins are a more viable alternative to conventional insulins and can enhance patient compliance to insulin therapy.

Tregopil (formerly IN-105) from Biocon is an oral version of insulin intended for postprandial glycemic control. A clear linear relationship has been noted between the administered dose and the decrease in postprandial glucose excursion rates. No drug interaction has been noted and diet seems to have no influence on the efficacy of tregopil.¹⁴

ORMD 0801 oral insulin capsule from Oramed, intended as a monotherapy for T2D, is based on Protein Oral Delivery (POD^[TM]) technology. The omega-3 fatty acid component protects the insulin from small intestinal proteases and enables direct absorption across the intestinal lumen with the help of an absorption enhancer. This physiological insulin delivery system inhibits hepatic glucose production and reduces night-time glucose levels. ¹⁵

Glucose-responsive Insulin

Glucose-responsive insulin (GRI)/"smart" insulin, can automatically respond to changing blood glucose levels. Smart insulin project by SmartCells, Inc., later on acquired by Merck & Co., Inc., initially involved an injectable gel that consisted of lectin and an insulin analog with a sugar moiety attached. During hypoglycemia the lectin binds to insulin inhibiting its action, and during hyperglycemia lectin binds to glucose thereby releasing insulin to stimulate glucose uptake. The technology evolved gradually thus eliminating the need of injecting a

lectin that is toxic and instead the insulin analog binds reversibly to a ubiquitous cell receptor. "Smart" insulin from Merck, MK-2640, is the first smart insulin to be tested on humans. 16

Inhaled Insulin (Dance-501)

Inhaled insulin was launched for the first time by Pfizer (Exubera*). Only one inhaled insulin, MannKind Corporation's rapid-acting inhaled insulin, Alfrezza*, has survived in the market. ¹⁷ Inhaled insulin Dance-501 is a recombinant human insulin administered with a small handheld electronic inhaler. It produces a soft mist of consistently sized insulin particles, allowing an efficient and consistent delivery of insulin into the lungs in a few breaths. Intra- and inter-subject variability is similar to injections, has a faster onset and longer duration than Humalog, and shows dose linearity and absence of any adverse events like cough. ¹⁸

CONCLUSION

Even with much advancement in diabetes care, treatment of diabetes is still highly unsuccessful across the world and in India, this rate is much lower (only around 4% success rate). The average blood glucose in India, irrespective of the geographical location, remains above 9.4%. The most prominent reason behind this is the clinical inertia to initiate and intensify insulin treatment due to the underlying fear of hypoglycemia and the impending death. With more effective and safer insulin formulations being available, they would be able to extend the promise of a more scientific, safer, and individualized mode of insulin therapy, increase patient compliance and make diabetes management a highly successful one.

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SPECIAL POPULATIONS