

# The discovery of AZD3199 – A new inhaled ultra-long acting $\beta_2$ receptor agonist with rapid onset of action.

Michael J. Stocks<sup>a,\*†</sup>, Lilian Alcaraz<sup>a</sup>, Andrew Bailey<sup>a</sup>, Roger Bonnert<sup>a</sup>, Elaine Cadogan<sup>b</sup>, Jadeen Christie<sup>a</sup>, John Dixon<sup>a</sup>, Stephen Connolly<sup>a</sup>, Anthony Cook<sup>a</sup>, Adrian Fisher<sup>a</sup>, Alice Flaherty<sup>a</sup>, Alexander Humphries<sup>a</sup>, Anthony Ingall<sup>a</sup>, Stephen Jordan<sup>b</sup>, Mandy Lawson<sup>b</sup>, Alex Mullen<sup>a</sup>, David Nicholls<sup>b</sup>, Stuart Paine<sup>c</sup>, Garry, Pairaudeau<sup>a</sup>, Alan Young<sup>b</sup>.

Department of Medicinal Chemistry<sup>a</sup>. Department of Bioscience<sup>b</sup>. Department of Physical and Metabolic Sciences<sup>c</sup>. AstraZeneca R&D Charnwood, Bakewell Road, Loughborough, Leicestershire, LE11 5RH, UK.

**KEYWORDS:** uLABA;  $\beta_2$  receptor agonist; AZD3199; Adrenoreceptor agonist; Asthma; COPD; Inhaled.

**ABSTRACT:** A series of dibasic des-hydroxy  $\beta_2$  receptor agonists has been prepared and evaluated for potential as inhaled ultra-long acting bronchodilators. Determination of activities at the human  $\beta$ -adrenoreceptors demonstrated a series of highly potent and selective  $\beta_2$  receptor agonists that were progressed to further study in a guinea pig histamine-induced bronchoconstriction model. Following further assessment by; onset studies in guinea pig tracheal rings and human bronchial rings contracted with methacholine (guinea pigs) or carbachol (humans), duration of action studies in guinea pigs after intratracheal (i. t.) administration and further selectivity and safety profiling AZD3199 was shown to have an excellent overall profile and was progressed into clinical evaluation as a new ultra-long acting inhaled  $\beta_2$  receptor agonist with rapid onset of action.

The  $\beta_2$ -adrenoceptor ( $\beta_2$ AR) is a member of the class A, G protein-coupled receptor (GPCR) family and is widely distributed in the respiratory tract and particularly in airway smooth muscle. Agonists of this receptor are very effective bronchodilators<sup>1</sup> and, in combination with either an inhaled corticosteroid or a muscarinic antagonist,  $\beta_2$ AR agonists form the current standard for treatment for both asthma<sup>2</sup> and chronic obstructive pulmonary disease COPD.<sup>3</sup> The 'first generation'  $\beta_2$ AR agonists e.g. salbutamol were classed as short duration  $\beta_2$ AR agonists requiring multiple daily dosing. These were followed by 'second generation' compounds (e.g. salmeterol or formoterol) that exhibited longer duration of action amenable to twice-daily dosing. Although these second generation inhaled  $\beta_2$ AR agonists have proven very effective, poor compliance combined with ineffective control of nocturnal asthma have been recognized as issues limiting their clinical effectiveness. To address these concerns 'third generation' ultra-long acting inhaled  $\beta_2$ AR agonists, designed to have once-a-day duration of action, have been described<sup>4</sup> including olodaterol<sup>5</sup>, and the launched products vilanterol<sup>6</sup> and indacaterol<sup>7-9</sup> (Figure 1).

The inhaled route to deliver  $\beta_2$ AR agonists directly to the lung is used in order to both maximize the bronchodilator activity whilst minimizing systemic exposure of the compounds.<sup>10</sup> In the clinical setting, the ability to deliver efficacy combined with an acceptable separation from the

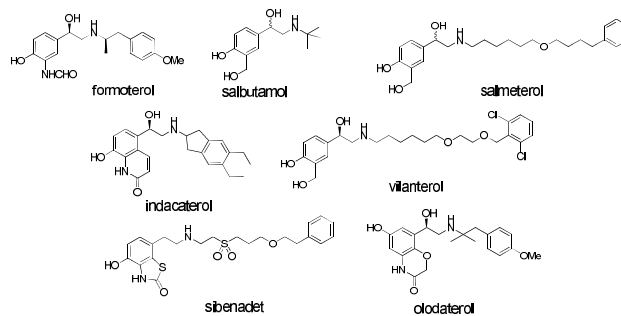


Figure 1: A selection of known  $\beta_2$ AR agonists and sibenadet - a dual D<sub>2</sub> dopamine receptor,  $\beta_2$ -AR agonist.

$\beta_2$ AR systemic-mediated side-effects is paramount in defining the predicted human dose. Therefore, a fine balance is required, where the drug candidate combines long retention in the target organ, thus enabling a long duration of action at the  $\beta_2$ AR, combined with rapid clearance from the systemic circulation through the rapid elimination of either parent compound or associated metabolites after systemic redistribution of the compound from the lung tissues.

There has been much debate about the various proposed strategies for the rationalization of agents that exhibit a sustained duration of action when applied topically to the lung and these hypotheses have been used to explain the observed differences in the duration of action

seen in preclinical models. Examples of these rationalisations include amongst others:

The diffusion microkinetic theory: where high membrane partitioning of lipophilic bases into membrane phospholipids is used to explain the long duration of action.<sup>11</sup>

The exosite binding theory: where it is proposed that a portion of the  $\beta_2$ AR agonist (e.g. the lipophilic 4-phenylbutoxyhexyl group of salmeterol) interacts at a remote binding site in the  $\beta_2$ -adrenoceptor away from the catechol binding site, and in doing so, holds the compound in close proximity to the receptor.<sup>12</sup>

High agonist intrinsic activity: resulting from high receptor occupancy giving prolonged pharmacological effect.<sup>13</sup>

Receptor kinetics: where slow receptor off-rates have been proposed to lead to enhanced duration of action in both inhaled  $\beta_2$ -agonists and inhaled muscarinic  $M_3$  receptor antagonists.<sup>14</sup>

Reduction in solubility and permeability: where slow dissolution into the airways smooth muscle affords the potential for extended lung retention.<sup>15</sup>

In addition to the aforementioned concepts, scientists from AstraZeneca recently published key concepts for extending the duration of action through optimization of the pharmacokinetics (DMPK) of the inhaled therapy.<sup>16</sup>

Coupled in part with the above hypotheses, increases in lipophilicity<sup>17</sup> have been shown to be an important parameter in delivering compounds with an extended duration of action. Along with modulation in lipophilicity, it has been shown that the incorporation of a dibasic pharmacophore within the compounds, leads to an increase in the duration of action of the  $\beta_2$ AR agonists. However, it has also been suggested that as you increase lipophilicity then onset of action may be delayed.

A medicinal chemistry hypothesis was put in place to design and test a series of dibasic compounds, with a range of lipophilicities in order to determine if lipophilic dibasic compounds could have a short onset of action whilst retaining a once-a-day profile.

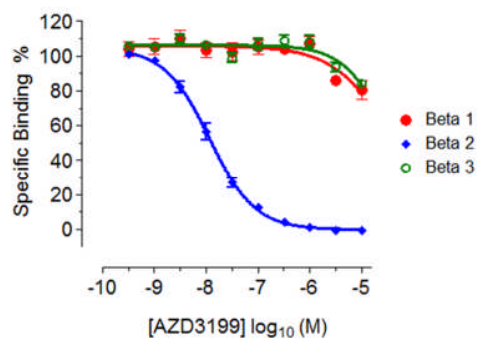
In addition to optimizing both the duration of action and fast onset we monitored potential systemic  $\beta_2$ AR agonist side-effects through  $\beta_2$ AR-induced hypokalemia, an effect that is caused by increasing cellular uptake of potassium secondary to  $\beta_2$ AR stimulation of sodium/potassium ATPase. The sodium/potassium ATPase is found predominantly on skeletal muscle and has a strong association with tremor. As a consequence, we decided to pursue plasma potassium levels as a marker of systemic  $\beta_2$ AR agonist side-effects. At the outset of the project, we set the goal to identify an inhaled  $\beta_2$ AR agonist that was, well-tolerated, combined a rapid onset of action, comparable to formoterol to achieve better patient compliance<sup>18</sup> and would provide bronchoprotection from once-a-day dosing.

We wish to report the discovery of AZD3199 a new  $\beta_2$ AR agonist that was designed to combine these project requirements.<sup>19</sup> Recently we communicated the discovery

of the new series of  $\beta_2$ AR agonists that was devoid of the C-1 hydroxy group that is present in most  $\beta_2$ AR agonists<sup>20</sup> and it has been shown both by ourselves and later by others that incorporation of a second basic group into the  $\beta_2$ AR agonist template leads to compounds that demonstrate longer duration of action due in part to an increase in membrane partitioning.<sup>21,22</sup> Design hypotheses were formulated to substitute the amide group ( $R^2$ ) with a range of aminoalkyl groups with the aim of generating a new series of potent  $\beta_2$ AR agonists that possessed a long duration of action. Gratifyingly, the strategy delivered a range of dibasic compounds that maintained both the high potency and efficacy at the  $\beta_2$ AR (compare potency of compounds **1** and **2** in Table 1). Exploration of the group  $R^2$  showed that a range of basic groups were accommodated without detrimental effect on potency (**2-6**, **8-11**) however, due to balancing overall properties, compounds containing the *N,N*-diethylamino ethyl group such as for compound **2** was chosen for further optimization. Within this series, limited exploration of the phenethyl group ( $R^3$ ) showed a surprising effect on efficacy (cf examples **2**, **12-16**) and eventually **12** (AZD3199) was progressed for further evaluation. Interestingly, the installation of the chiral C-1 hydroxy group had little effect on potency and agonism (cf examples **2** and **3**; **4** and **16**), and these C-1 hydroxy containing compounds were not progressed further.

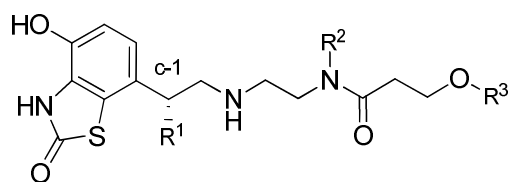
Pharmacological selectivity margins were calculated relative to the human  $\beta_2$  cAMP potency determined in H292 cells. Surprisingly, the incorporation of the basic group ( $R^2$ ) gave compounds with an excellent  $\beta_2$ -AR selectivity and AZD3199 has greater than 1000-fold binding selectivity over  $\beta_1$  and  $\beta_3$  ARs (Chart 1).

**Chart 1: Binding selectivity for AZD3199 vs  $\beta_1$  and  $\beta_3$**



Radio ligand competition binding assays were determined for [<sup>125</sup>I]-iodocyanopindolol binding to membranes expressing beta adrenergic receptors. Compound inhibition was determined following incubation for 2 h at 22°C and expressed as percentage inhibition relative to the control.

Further selectivity profiling against alpha adrenoceptors ( $\alpha_{1D}$ ), D<sub>2</sub> dopamine receptors (D<sub>2S</sub>) demonstrated high selectivity for AZD3199 (Table S1 supplementary data). AZD3199 was greater than 100-fold selective over the D<sub>2S</sub> receptor and 50-fold selective against the  $\alpha_{1D}$  receptor and showed no agonism at this receptor even though the

**Table 1: Potency and intrinsic activity at the human  $\beta_2$ AR.**

Compound number	R <sup>1</sup>	R <sup>2</sup>	R <sup>3</sup>	$\beta_2$ potency pEC <sub>50</sub> <sup>#</sup>	IA*
1	H	<sup>n</sup> Bu	phenethyl	8.8	0.9
2	H	-(CH <sub>2</sub> ) <sub>2</sub> NEt <sub>2</sub>	phenethyl	8.1	0.9
3	OH	-(CH <sub>2</sub> ) <sub>2</sub> NEt <sub>2</sub>	phenethyl	8.4	1.0
4	OH	-(CH <sub>2</sub> ) <sub>2</sub> NEt <sub>2</sub>	3-chlorophenethyl	8.4	0.9
5	H	-(CH <sub>2</sub> ) <sub>2</sub> NMe <sub>2</sub>	phenethyl	8.2	1.0
6	H	-(CH <sub>2</sub> ) <sub>3</sub> NH <sub>2</sub>	phenethyl	6.5	0.5
7	H	-(CH <sub>2</sub> ) <sub>3</sub> NMe <sub>2</sub>	phenethyl	7.8	1.0
8	H	-(CH <sub>2</sub> ) <sub>3</sub> N(Me)Pr	3-chlorophenethyl	8.3	0.8
9	H	-(CH <sub>2</sub> ) <sub>3</sub> N(Me)Et	3-chlorophenethyl	8.0	0.8
10	H	-(CH <sub>2</sub> ) <sub>3</sub> N(Me) <sup>cy</sup> Pr	3-chlorophenethyl	8.1	0.8
11	H	-(CH <sub>2</sub> ) <sub>2</sub> -piperidin-1-yl	3-chlorophenethyl	7.9	0.7
12	H	-(CH <sub>2</sub> ) <sub>2</sub> NEt <sub>2</sub>	2-(naphthalen-1-yl)ethyl	8.2	0.8
13	H	-(CH <sub>2</sub> ) <sub>2</sub> NEt <sub>2</sub>	2-(naphthalen-2-yl)ethyl	8.0	0.5
14	H	-(CH <sub>2</sub> ) <sub>2</sub> NEt <sub>2</sub>	3-fluorophenethyl	8.1	0.8
15	H	-(CH <sub>2</sub> ) <sub>2</sub> NEt <sub>2</sub>	3-methoxyphenethyl	8.1	0.6
16	H	-(CH <sub>2</sub> ) <sub>2</sub> NEt <sub>2</sub>	3-chlorophenethyl	8.2	0.7

<sup>#</sup> $\beta_2$ AR agonism was performed in H292 cells (bronchial epithelial cell line) expressing the human  $\beta_2$  adrenergic receptor. Functional activity was determined by measuring accumulation of intracellular cAMP using AlphaScreen<sup>TM</sup>. The compounds were incubated for 1 h at 22°C. \*IA (Intrinsic activity) measured relative to formoterol (pEC<sub>50</sub> 8.6, IA = 1).

recombinant calcium assay employed was considered to be a high receptor reserve system relative to human vascular tissue. At the D<sub>2s</sub> receptor AZD3199 had 32-fold selectivity and was a partial agonist with respect to sibenedet (a dual D<sub>2</sub> dopamine receptor,  $\beta_2$ -AR agonist). The agonist potency of AZD3199 at D<sub>2s</sub> was 100-fold less than sibenedet (pEC<sub>50</sub> = 8.7). In contrast to the other compounds (see Table S1 supplementary data), which were all full agonists at the  $\beta_1$ AR, AZD3199 showed no agonism at the  $\beta_1$ AR even though the  $\beta_1$  recombinant assay used in this study was considered to be a high receptor reserve system when compared with human *in vitro* tissue experiments in the literature.

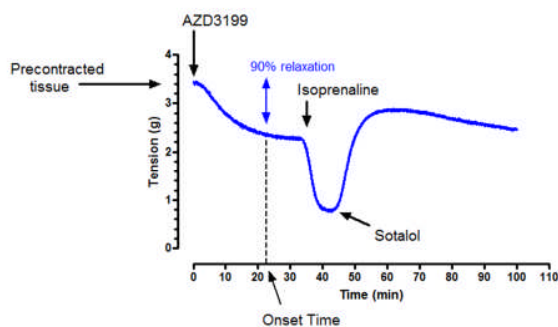
AZD3199 was shown to have high potency and intrinsic activity for the  $\beta_2$ AR when assessed for different species across sources and assay formats (see Table S2 supplementary data). The functional activity at the guinea pig  $\beta_2$ AR was determined for AZD3199 and other reference compounds by measuring relaxation of tracheal rings pre-constricted with methacholine in an organ bath. The potency was measured as the EC<sub>50</sub> concentration (Table 2).

**Table 2: Potency  $\beta_2$ -adrenoceptor agonism in isolated guinea pigs tissue.**

Compound	Guinea pigs pA <sub>50</sub>	Guinea pigs intrinsic activity
AZD3199	8.0	0.8
indacaterol	7.7	0.7
formoterol	8.8	0.9
salmeterol	7.7	0.5
salbutamol	6.7	0.6

Onset of relaxation was measured *in vitro* using guinea pig tracheal rings and human bronchial rings contracted with methacholine (guinea pigs) or carbachol (humans).<sup>22</sup> The EC<sub>50</sub> concentration was given and the relaxation followed over time. The time taken to reach 90% of the final relaxation was defined as the onset time (Chart 2).

**Chart 2: Onset of relaxation of AZD3199 as measured using guinea pig tracheal rings contracted with 1  $\mu$ M methacholine.**



A single concentration of AZD<sub>3199</sub> was given (at or about the pEC<sub>50</sub> concentration) and the relaxation was followed over time. After AZD<sub>3199</sub> had reached a plateau isoprenaline was added to confirm that the concentration of AZD<sub>3199</sub> used was at EC<sub>50</sub> for the tissue. Finally addition of 10μM sotalol was used to demonstrate reversibility of the response.

AZD<sub>3199</sub> was shown to have a fast onset time, comparable to formoterol, in both guinea pigs (22 min) and humans (11 min), significantly faster than that of salmeterol (Table 3).

**Table 3: Potency and onset time of β<sub>2</sub>-adrenoceptor agonism in isolated tissue.**

Compound	Guinea pig onset time (min)	Human onset time (min)	cLogP	Type
AZD3199	22	11	6.0	Dibasic
1	90	n/d	4.5	Monobasic
7	6	n/d	3.7	Dibasic
14	13	n/d	4.9	Dibasic
16	11	n/d	5.5	Dibasic
sibenaedet	58	n/d	2.5	Monobasic
indacaterol	77	49	3.0	Monobasic
formoterol	23	13	1.3	Monobasic
salmeterol	90	t/s	3.1	Monobasic
salbutamol	3	19	0.1	Monobasic

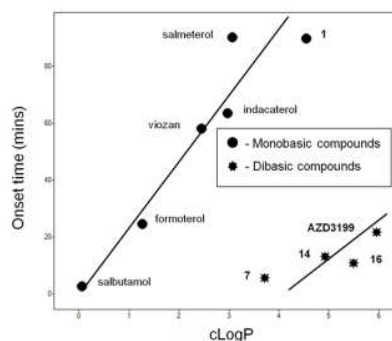
n/d = not determined; t/s = onset time too slow to measure

AZD<sub>3199</sub> and other selected reference compounds were progressed to the guinea pig histamine-induced bronchoconstriction model – a well characterized species for modeling human lung disease.<sup>24</sup> AZD<sub>3199</sub> was given and a clear dose-response curve was seen (Chart S1 supplementary material), the ED<sub>80</sub> dose was determined as 27μg/kg (46.7nmol/kg). Propanolol (1mg/kg i.v.) reversed this bronchoprotection confirming that the activity was mediated via β<sub>2</sub> receptors.

A plot of lipophilicity (clogP) as a function of guinea pig onset time showed a very interesting correlation and demonstrated that for monobasic compounds, a strong correlation exists between increasing onset time with increasing lipophilicity. However, data suggests that for dibasic compounds, a much reduced onset time could be

achieved with compounds that have increased lipophilicity (Chart 3).

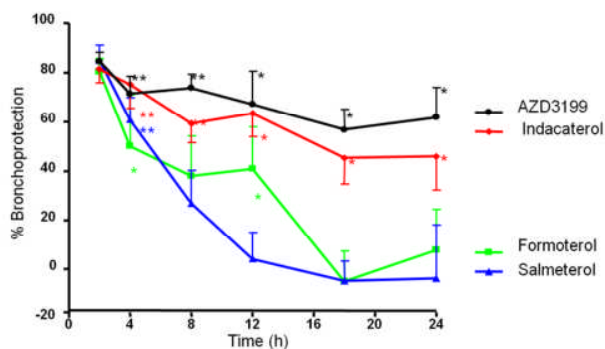
**Chart 3: A plot of guinea pig onset time vs cLogP for a selection of monobasic or dibasic compounds.**



Based on encouraging *in vitro* profiles [rat intrinsic clearance (105 μl/min/million cells)] as well as good level of potency and intrinsic activity in guinea pig tissues, AZD<sub>3199</sub> was progressed to *in vivo* rat intra-venous (i.v.) pharmacokinetic (PK) profiling in order to determine the terminal half-life. Indeed, in the course of this project it was shown that *in vivo* rat plasma i.v. t<sub>1/2</sub> can be used as a predictor of *in vivo* duration in the bronchoprotection guinea pig model following intra-tracheal (i.t.) dosing (cf plasma t<sub>1/2</sub>>10h for 24h pharmacokinetic duration).<sup>25,26</sup> AZD<sub>3199</sub> has i.v. plasma terminal half-lives of 11, 17 and 18 h in rats, guinea pigs and dogs respectively and combined with high volumes of distribution (V<sub>z</sub>) 23 (rats), 22 (guinea pigs) and 17 (dogs) L/Kg afforded confidence of seeing a long duration of action. Therefore, based on its overall profile, AZD<sub>3199</sub> was selected for further progression to duration studies in a guinea pig bronchoprotection model. The lung terminal half-life was predicted from the rat i.v. dosing giving confidence of potential for u.i.d. dosing. The low oral availability of AZD<sub>3199</sub> in both rats and dogs (F<2%) would limit any systemic exposure due to swallowed fraction.

The durations of action of AZD<sub>3199</sub> and assorted reference compounds were measured in guinea pigs by the i.t. route. Guinea pigs were given the ED<sub>80</sub> dose of compound and at various time points after dosing the inhibition of histamine-induced bronchoconstriction were measured. AZD<sub>3199</sub> retained 58% bronchoprotection 24h after i.t. dosing, significantly different to control animals. The results for AZD<sub>3199</sub>, indacaterol, formoterol and salmeterol are shown (Chart 4). AZD<sub>3199</sub> clearly had a longer duration of action than formoterol and salmeterol and a similar duration of action to indacaterol.

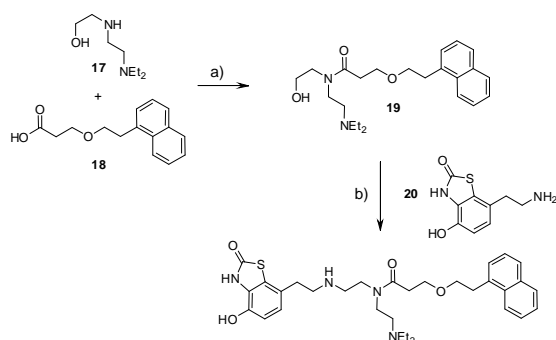
**Chart 4: Duration of action studies in guinea pigs for AZD<sub>3199</sub> and a selection of standard compounds.**



$\beta_2$ AR agonists have several mechanistic side effects due to activation of peripheral  $\beta_2$  receptors: tachycardia, QTc changes, hypertension, hypokalaemia, tremor and hyperglycaemia; and several of these were measured after administration of salbutamol. From these experiments plasma potassium was chosen as the marker of choice. The effects were investigated using infusions of salbutamol, formoterol and AZD<sub>3199</sub> in anaesthetized guinea pigs. The infusions were designed to give a constant plasma level between 30–60 min after the start of the infusion. Dose-related changes in plasma potassium and other markers were seen as expected. Potassium levels were compared at 60 min and plotted against the plasma level of compound, corrected for plasma protein binding and efficacy (see Chart S2 supplementary data). At the lowest plasma level AZD<sub>3199</sub> produced a significantly smaller reduction in plasma potassium compared to formoterol; at all other plasma levels there were no differences between the compounds. These data suggest that in guinea pigs, the mechanistic side effects of AZD<sub>3199</sub> are no worse than formoterol and are significantly better at low plasma levels.

AZD<sub>3199</sub> was prepared according to the method outlined in Scheme 1. The commercial compound **17** was reacted with the acid chloride prepared *in situ* from acid **18**<sup>27</sup> to afford alcohol **19**. A 2-step oxidation followed by a reductive amination procedure with the known amine **20**<sup>28</sup> afforded **12** (AZD<sub>3199</sub>) in reasonable over all yield.

#### Scheme 1: The chemical synthesis of AZD<sub>3199</sub>.



Reagents and conditions a) **18** + (COCl)<sub>2</sub> (1.1 mol equiv), dimethyl formamide (cat.), CH<sub>2</sub>Cl<sub>2</sub>, rt, 15 h. Concentrate and add to **17**, Hunig's base (2 mol equiv), CH<sub>2</sub>Cl<sub>2</sub>, rt, 20 h (75%). b) i) dimethyl sulfoxide (2.2 mol equiv), CH<sub>2</sub>Cl<sub>2</sub>, -78°C, add (COCl)<sub>2</sub> (1.1 mol equiv), stir 15 min ii) add **19**, stir 15 min, iii)

add triethylamine (5 mol equiv) and warm to rt 90 min iv) **20** in CH<sub>2</sub>Cl<sub>2</sub>, sodium triacetoxyborohydride (2 mol equiv), rt (27%).

In summary, a new series of dibasic C-1 des-hydroxy 7-hydroxy benzthiazolone  $\beta_2$ AR agonists have been designed to combine high potency, long duration of action and fast onset of action. From the design series, AZD<sub>3199</sub> was shown to be highly selective (>1500 fold) for the human  $\beta_2$ AR (pEC<sub>50</sub> 7.9±0.12 (n=8)) over human  $\beta_1$  and  $\beta_3$ -ARs. Further profiling demonstrated AZD<sub>3199</sub> to be highly potent when dosed *in vivo* in a guinea pig histamine-induced bronchoconstriction model, exhibiting long duration of action amenable to a once-a-day dosing regimen. We have demonstrated that a short onset time can be achieved within the series through combining high lipophilicity and two basic groups. Utilizing plasma potassium levels in a guinea pig model as a marker of potential  $\beta_2$ AR-induced systemic side effects, AZD<sub>3199</sub> produced, at the lowest plasma level, a significantly smaller reduction in plasma potassium compared to formoterol; at all other plasma levels there were no differences between the compounds. These data suggest that in guinea pigs, the mechanistic side effects of AZD<sub>3199</sub> are no worse than formoterol and are significantly better at low plasma levels. In conclusion AZD<sub>3199</sub> is a new ultra-long acting inhaled  $\beta_2$ AR agonist and further work will be disclosed shortly.

#### ASSOCIATED CONTENT

**Supporting Information.** Synthetic procedures, analytical data, tables S1, S2 and S3 Charts S1 and S2 including procedures for pharmacological activities. "This material is available free of charge via the Internet at <http://pubs.acs.org>."

#### AUTHOR INFORMATION

##### Corresponding Author

\*E-mail address: [michael.stocks@nottingham.ac.uk](mailto:michael.stocks@nottingham.ac.uk)

##### Present Address

† Centre for Biomolecular Sciences, School of Pharmacy, the University of Nottingham, University Park, Nottingham. NG7 2RD, UK.

##### Author Contributions

All authors have given approval to the final version of the manuscript.

#### ACKNOWLEDGMENT

We thank Dr Richard Lewis, John Steele, Mike Bernstein and Peter Sjö for assistance in submitting the communication.

#### ABBREVIATIONS

$\beta_2$ AR,  $\beta_2$ -adrenoceptor; GPCR G Protein-coupled receptor; COPD, chronic obstructive pulmonary disease.

#### REFERENCES

- Fuso, L.; Mores, N.; Valente, S.; Malerba, M.; Montuschi, P. Long-acting beta-Agonists and their association with In-

- haled corticosteroids in COPD. *Curr. Med. Chem.* **2013**, *20*, 1477-1495.
2. Walker, J. K. L.; Penn, R. B.; Hanania, N. A.; Dickey, B. F.; Bond, R. A. New perspectives regarding  $\beta(2)$ -adrenoceptor ligands in the treatment of asthma. *Br. J. Pharm.* **2011**, *163*, 18-28.
  3. Cazzola, M.; Page, C. P.; Rogliani, P.; Matera, M. G.  $\beta_2$ -agonist therapy in lung disease. *Amer. J. Resp. and Critical Care Medicine* **2013**, *187*, 690-696.
  4. Matera M. G.; Cazzola M. Ultra-long-acting beta2-adrenoceptor agonists: an emerging therapeutic option for asthma and COPD? *Drugs* **2007**, *67*, 503-515.
  5. Bouyssou, T.; Hoenke, C.; Rudolf, K.; Lustenberger, P.; Pestel, S.; Sieger, P.; Lotz, R.; Heine, C.; Buettner, F. H.; Schnapp, A.; Konetzki, I. Discovery of olodaterol, a novel inhaled  $\beta_2$ -adrenoceptor agonist with a 24 h bronchodilatory efficacy *Bioorg. Med. Chem. Lett.* **2010**, *20*, 1410-1414.
  6. Procopiou, P. A.; Barrett, V. J.; Bevan, N. J.; Biggadike, K.; Box, P. C.; Butchers, P. R.; Coe, D. M.; Conroy, R.; Emmons, A.; Ford, A. J.; Holmes, D. S.; Horsley, H.; Kerr, F.; Li-Kwai-Cheung, A-M.; Looker, B. E.; Mann, I. S.; McLay, I. M.; Morrison, V. S.; Mutch, P. J.; Smith, C. E.; Tomlin, P. Synthesis and structure-activity relationships of long-acting  $\beta_2$  adrenergic receptor agonists incorporating metabolic inactivation: an antedrug approach. *J. Med. Chem.* **2010**, *53*, 4522-4530.
  7. Davies, S. L.; Castaner, J. Indacaterol *Drugs of the Future*, **2005**, *30*, 1219-1224.
  8. Roig, J.; Hernando, R.; Mora, R. *Open. Resp. Med. J.*, **2009**, *3*, 27-30.
  9. Baur, F.; Beattie, D.; Beer, D.; Bentley, D.; Bradley, M.; Bruce, I.; Charlton, S. J.; Cuenoud, B.; Ernst, R.; Fairhurst, R. A.; Faller, B.; Farr, D.; Keller, T.; Fozard, J. R.; Fullerton, J.; Garman, S.; Hatto, J.; Hayden, C.; He, H.; Howes, C.; Janus, D.; Jiang, Z.; Lewis, C.; Loeuillet-Ritzler, F.; Moser, H.; Reilly, J.; Steward, A.; Sykes, D.; Tedaldi, L.; Trifileff, A.; Tweed, M.; Watson, S.; Wissler, E.; Wyss, D. The identification of indacaterol as an ultralong-acting inhaled  $\beta_2$ -adrenoceptor agonist *J. Med. Chem.* **2010**, *53*, 3675-3684.
  10. Mortimer, K. J.; Harrison, T. W.; Tang, Y.; Wu, K.; Lewis, S.; Sahasranaman, S.; Hochhaus, G.; Tattersfield, A. E. Plasma concentrations of inhaled corticosteroids in relation to air-flow obstruction in asthma. *Br. J. Clin. Pharm.* **2006**, *62*, 412-419.
  11. Anderson, G. P.; Lindén, A.; Rabe, K. F. Why are long-acting beta-adrenoceptor agonists long-acting? *Eur. Respir. J.* **1994**, *7*, 569-578.
  12. Green, S. A.; Spasoff, A. P.; Coleman, R. A.; Johnson M.; Liggett, S. B. Sustained activation of a G protein-coupled receptor via "anchored" agonist binding. Molecular localization of the salmeterol exosite within the  $\beta_2$ -adrenergic receptor. *J Biol Chem.* **1996**, *39*, 24029-24035.
  13. Bao, Y.; Horst, L. Action mechanism of long-acting bronchodilators. *Acta Pharm. Sinic.* **1998**, *20*, 191-196.
  14. Deyrup, M. D.; Nowicki, S. T.; Richards, N. G. J.; Otero, D. H.; Harrision, J. K.; Baker, S. P. Structure-affinity profile of 8-hydroxycarboxystyryl-based agonists that dissociate slowly from the beta2-adrenoceptor. *Arch. Pharmacol.* **1999**, *359*, 168-177.
  15. Patton, J. S.; Byron, P. R. Inhaling medicines: delivering drugs to the body through the lungs. *Nature Rev. Drug Discovery* **2007**, *6*, 67-74.
  16. Cooper, A. E.; Ferguson, D.; Grime, K. Optimization of DMPK by the inhaled route: challenges and approaches. *Current Drug. Met.* **2012**, *13*, 457-473.
  17. Alikhani, V.; Beer, D.; Bentley, D.; Bruce, I.; Cuenoud, B. M.; Fairhurst, R. A.; Gedeck, P.; Haberthuer, S.; Hayden, C.; Janus, D.; Jordan, L.; Lewis, C.; Smithies, K.; Wissler, E. Long-chain formoterol analogues: an investigation into the effect of increasing amino-substituent chain length on the  $\beta_2$ -adrenoceptor activity. *Bioorg. Med. Chem. Lett.* **2004**, *14*, 4705-4710.
  18. White, M. V.; Sander, N. Asthma from the perspective of the patient. *J. Allergy Clin. Immunol.* **1999**, *104*, s47-52.
  19. Kuna P.; Ivanov Y.; Trofimov, V. I.; Saito, T.; Beckman, O.; Bengtsson, T.; Jorup, C.; Maltais, F. Efficacy and safety of AZD3199 vs formoterol in COPD: a randomized, double-blind study. *Resp. Research.* **2013**, *14*, 64.
  20. Stocks, M. J.; Alcaraz L.; Bailey A.; Bonnert, R.; Cadogan, E.; Christie J.; Connolly, S.; Cook A.; Fisher A.; Flaherty A.; Hill, S.; Humphries A.; Ingall A.; Jordan S.; Lawson M.; Mullen A.; Nicholls D; Paine S.; Paireau G.; St-Gallay S.; Young A. Design driven HtL: The discovery and synthesis of new high efficacy  $\beta_2$ -agonists. *Bioorg. Med. Chem. Lett.* **2011**, *21*, 4027-4031.
  21. Austin, R. P.; Barton, P.; Bonnert, R. V.; Brown, R. C.; Cage, P. A.; Cheshire, D. R.; Davis, A. M.; Dougall, I. G.; Ince, F.; Paireau G.; Young, QSAR and the rational design of long-acting dual D<sub>2</sub> -receptor/ $\beta_2$ -adrenoceptor agonists. *J. Med. Chem.* **2003**, *46*, 3210-3220.
  22. Alcaraz, L.; Bailey, A.; Cadogan, E.; Connolly, S.; Jewell R.; Jordan, S.; Kindon, N.; Lister, A.; Lawson, M.; Mullen, A.; Dainty I.; Nicholls, D.; Paine, S.; Paireau G.; Stocks, M. J.; Thorne, P.; Alan Young, A. From libraries to candidate: the discovery of new ultra long-acting dibasic  $\beta_2$ -adrenoceptor agonists. *Bioorg. Med. Chem. Lett.* **2012**, *22*, 689-695.
  23. Procopiou, P. A.; Barrett, V. J.; Biggadike, K.; Butchers, P. R.; Craven, A.; Ford, A. J.; Guntrip, S. B.; Holmes, D. S.; Hughes, S. C.; Jones, A. E.; Looker, B. E.; Mutch, P. J.; Ruston, M.; Needham D.; Smith C. E. Discovery of a rapidly metabolized, long-acting  $\beta_2$  adrenergic receptor agonist with a short onset time incorporating a sulfone group suitable for once-daily dosing. *J. Med. Chem.* **2014**, *57*, 159-170.
  24. Walland, A.; Palluk, R.; Burkard, S.; Hammer, R. Compensation of muscarinic bronchial effects of talsacridine by concomitant sympathetic activation in guinea pigs. *Eur. J. Pharmacol.* **1997**, *330*, 213-219.
  25. Connolly, S.; Alcaraz, L.; Bailey, A.; Cadogan, E.; Christie, J.; Cook, A. R.; Fisher, A. J.; Hill, S.; Humphries, A.; Ingall, A. H.; Kane, Z.; Paine, S.; Paireau G.; Stocks, M. J.; Young, A. Design-driven LO: the discovery of new ultra long acting dibasic  $\beta_2$ -adrenoceptor agonists. *Bioorg. Med. Chem. Lett.* **2011**, *21*, 4612-4616.
  26. Tayab, Z. R.; Hochhaus, G. Pharmacokinetic/pharmacodynamic evaluation of inhalation drugs: application to targeted pulmonary delivery systems. *Expert. Opin. Drug. Deliv.* **2005**, *2*, 519-532.
  27. Bailey, A.; Bonnert, R.; Flaherty, A.; Paireau G.; Stocks, M. **2007**, WO 2007027133.
  28. Giles, M. E.; Thomson, C.; Eyley, S. C.; Cole, A. J.; Goodwin, C. J.; Hurved, P. A.; Morlin, A. J. G.; Tornos, J.; Atkinson, S.; Just, C.; Dean, J. C.; Singleton, J. T.; Longton, A. J.; Woodland, I.; Teasdale, A.; Gregertsen, B.; Else, H.; Athwal, M. S.; Tatterton, S.; Knott, J. M.; Thompson, N.; Smith, S. Development of a manufacturing process for Sibenadet hydrochloride, the active ingredient of Viozan. *J. Org. Process Res. Dev.* **2004**, *8*, 628-642.

---

**AZD3199**

$\beta_2$  pEC<sub>50</sub> 8.2, IA 0.8

$\beta_1$  pIC<sub>50</sub> <5.0;  $\beta_3$  pIC<sub>50</sub> <5.0

