

SARS-CoV-2 Clearance in the Brain and Lungs of K18-hACE2 Mice after Intranasal Liposomal Remdesivir

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COVID-19 CORONAVIRUS PANDEMIC

Last updated: April 13, 2024, 01:00 GMT

[Weekly Trends](#) - [Graphs](#) - [Countries](#) - [News](#)

Coronavirus Cases:

704,753,890

[view by country](#)

Deaths:

7,010,681

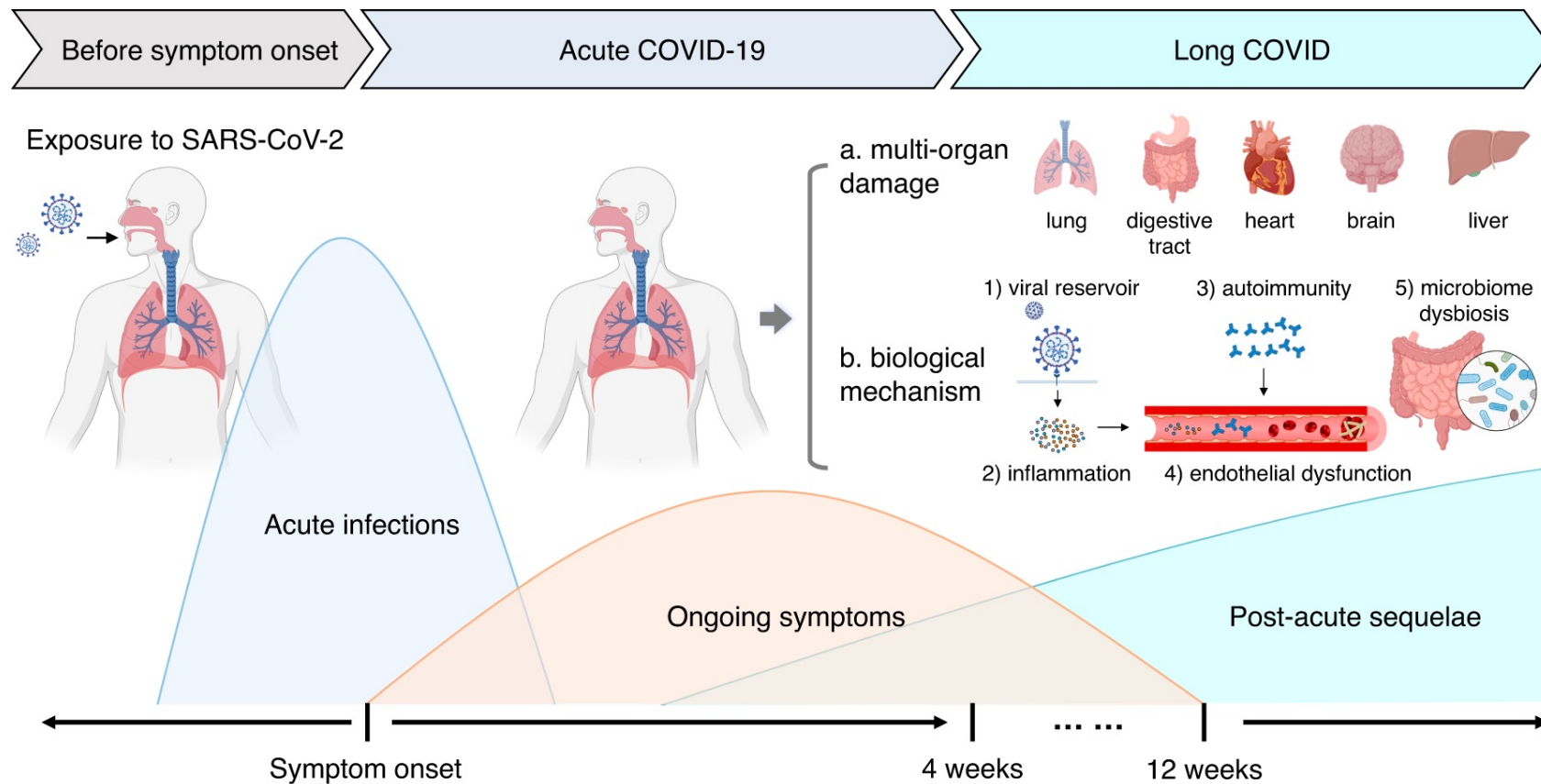
Recovered:

675,619,811

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Zhou et al. *Sig Transduct Target Ther* 8, 416 (2023). doi: 10.1038/s41392-023-01640-z

Neurological complications caused by SARS-CoV-2

➤ Encephalopathy: meningitis/encephalitis, **headache, dizziness**

➤ **Neurodegenerative diseases**

Parkinson's disease, multiple sclerosis, and Alzheimer's disease

➤ Delirium

➤ **Brain fog symptoms**

Cognitive decline, sleep disturbances, anxiety, nutritional and mental deficiencies

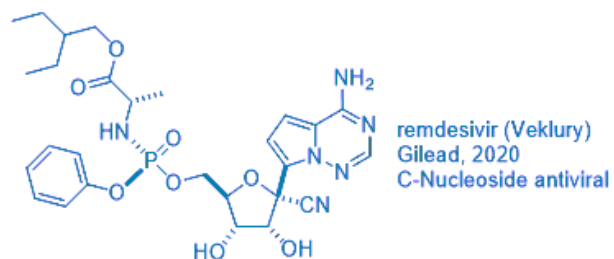
Long COVID

Antiviral medications for COVID-19

COVID-19 Treatment	Who (Among people who are at high risk of getting sick)	When	How
Nirmatrelvir with Ritonavir (Paxlovid) ☑Antiviral	Adults; children ages 12 years and older	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)
Veklury (remdesivir) ☑Antiviral	Adults and children	Start as soon as possible; must begin within 7 days of when symptoms start	Intravenous (IV) infusions at a healthcare facility for 3 consecutive days
Molnupiravir (Lagevrio) ☑Antiviral	Adults	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)

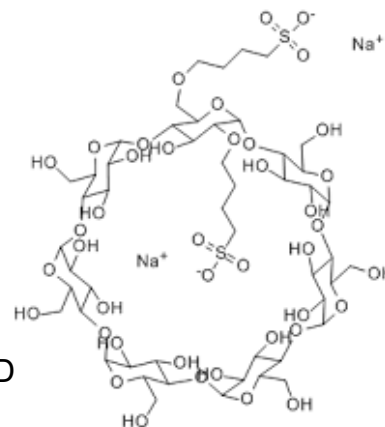
<https://www.cdc.gov/covid/treatment/index.html>

Veklury®: injectable Remdesivir/SBE- β -CD Complex

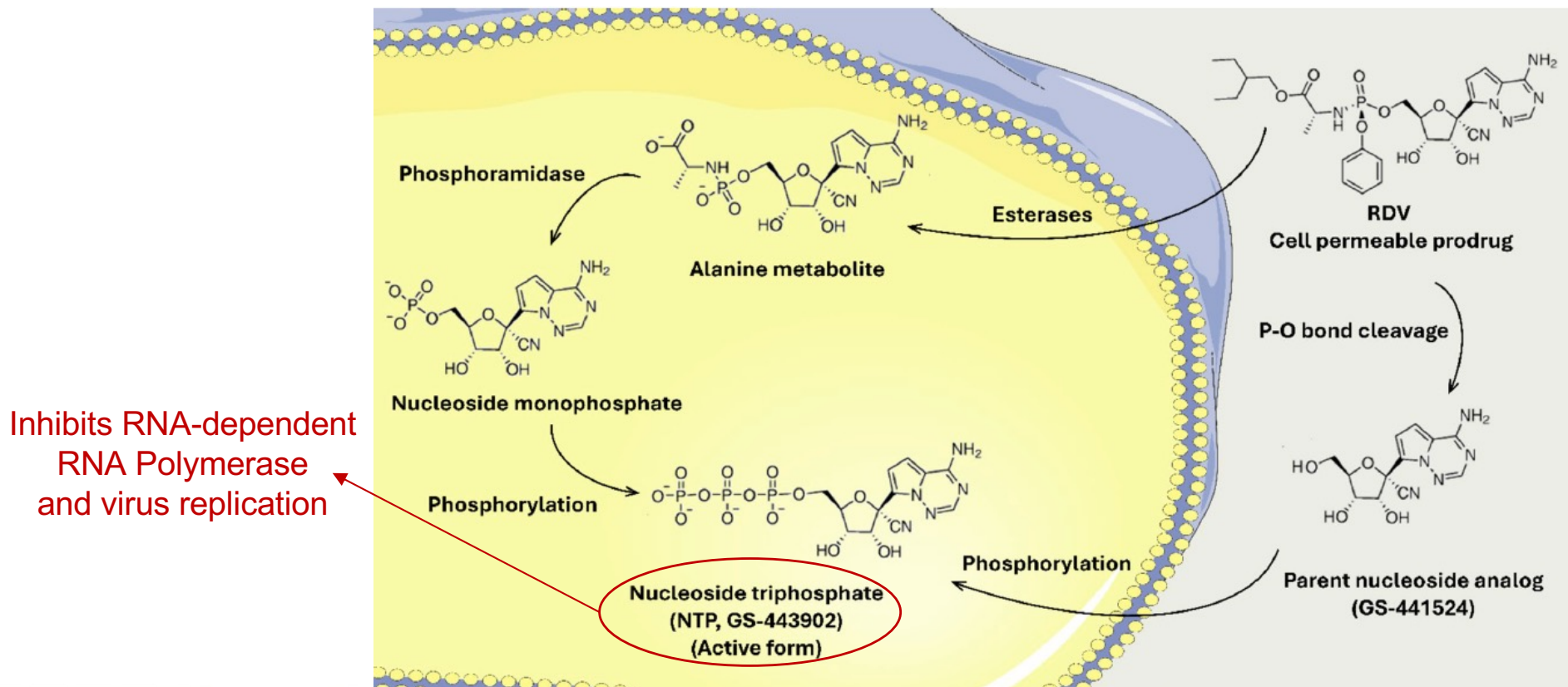


+

SBE- β -CD



Remdesivir (RDV): nucleotide analog prodrug

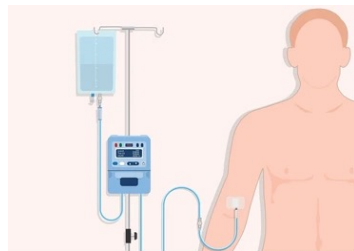


Veklury®/Remdesivir (RDV): Challenges and Solutions

Intravenous (IV) Administration + Vehicle-Induced Toxicity + Poor Lung and Brain Accumulation

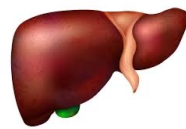
Challenges

Require IV infusion because of extensive hepatic metabolism



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SBE-CD induces hepatic and renal toxicity at high doses



Rapid metabolism in plasma and liver leads to limited distribution in the lungs and brain



Solutions

**Liposomal RDV Formulation
and Intranasal Administration**

for effective drug delivery to the lungs and brain

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Adapted from Taha et al. (2025). Drug Deliv. and Transl. Res. doi: 10.1007/s13346-025-01843-7

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Preparation and characterization of liposomal RDV formulation (LRDV)

**Vesicle formation
by ethanol injection method**

**Vesicle size
calibration**

**Ethanol
removal**

Ethanol solution
soy phosphatidylcholine
+ remdesivir

injection

Isotonic phosphate
buffer saline

*Extrusion
100-nm polycarb.
membranes*

Dialysis

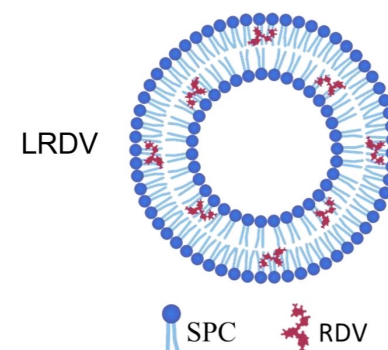


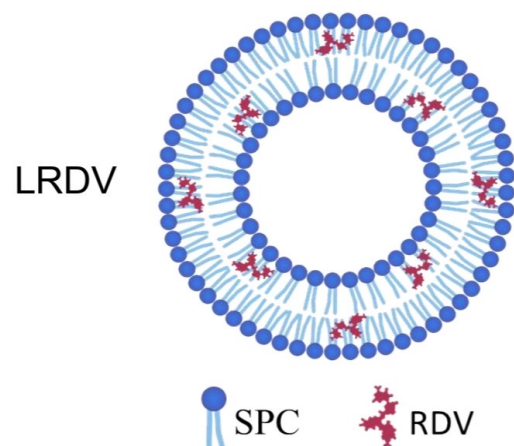
Table 1

Characteristics of conventional and PEGylated liposomal RDV formulations: particle size distribution, polydispersity index, zeta potential, and drug encapsulation efficiency.

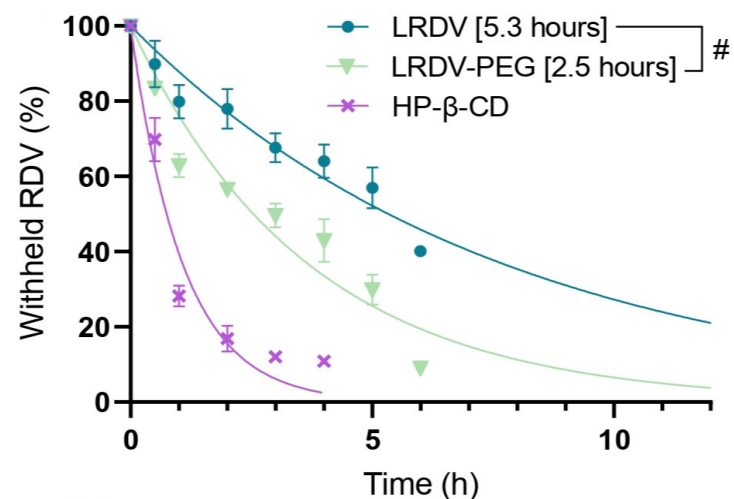
Formulation	^a Size (nm) ± SD	^a PDI ± SD	^a Potential ζ (mV) ± SD	Final RDV concentration (mg/mL) ± SD	^a EE(%) ± SD	Encapsulated drug/lipid ratio (m/m)
LRDV	118.4 ± 3.2	0.047 ± 0.024	-2.14 ± 0.18	5.4 ± 0.4 (n = 5)	59.3 ± 4.4 (n = 5)	0.0610
LRDV-PEG	110.1 ± 1.8	0.026 ± 0.005	-8.97 ± 0.05	1.55 ± 0.21 (n = 2)	57.2 ± 7.2 (n = 2)	0.0543
^b LEmp	102.7 ± 1.7	0.056 ± 0.036	-3.55 ± 0.07		–	–
^b LEmp-PEG	104.2 ± 2.1	0.098 ± 0.016	-2.55 ± 0.09		–	–

Mendes et al. J. Cont. Release 379 (2025) 558.

Drug release kinetics in biomimetic conditions



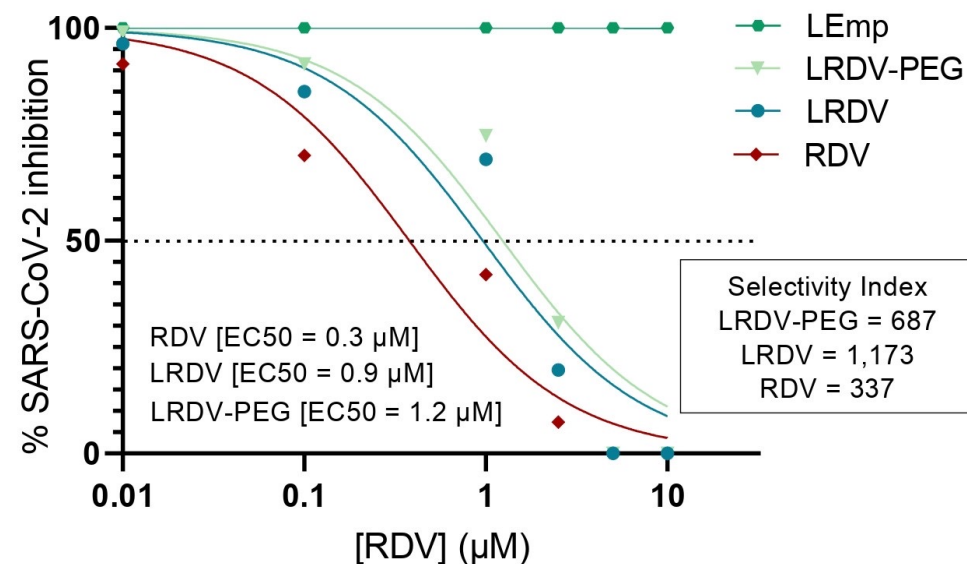
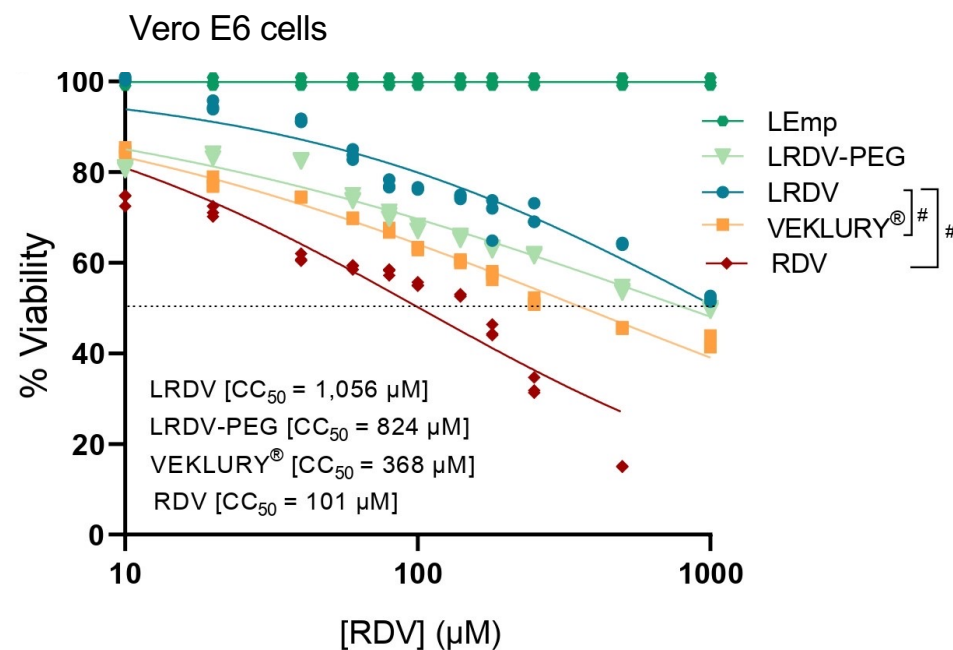
Dilution and dialysis at 37°C against HP-βCD-containing PBS



LRDV > LRDV-PEG > HP-βCD-RDV

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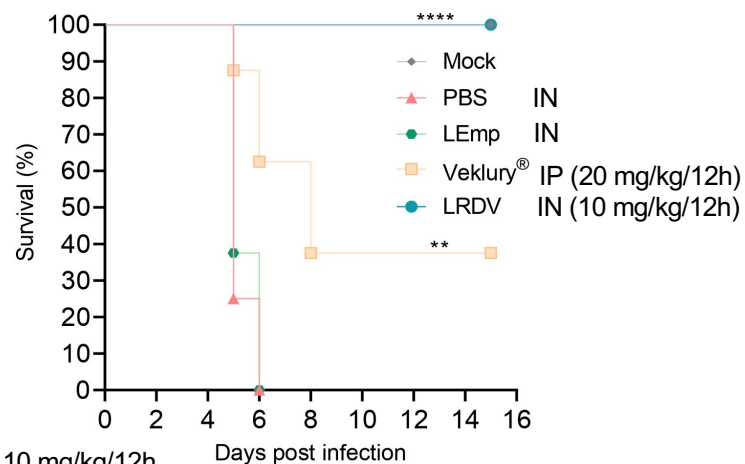
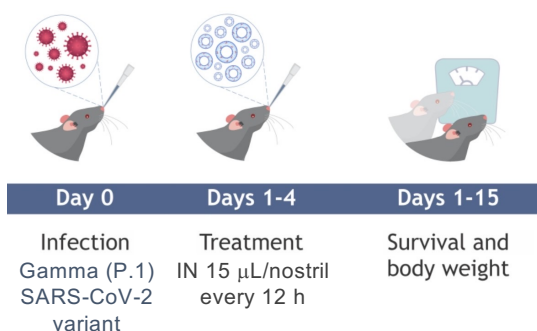
In vitro cytotoxicity and antiviral activity of liposomal RDV



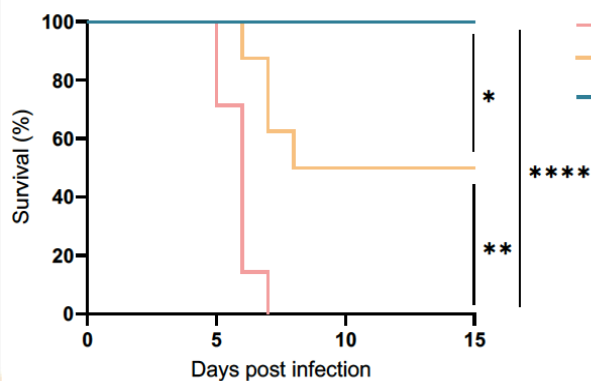
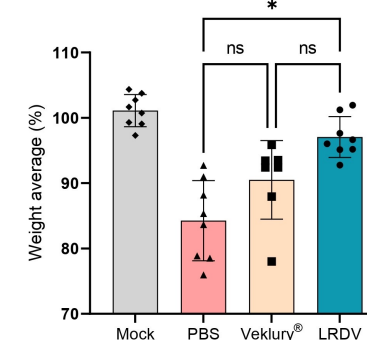
LRDV > LRDV-PEG > Veklury® > RDV

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Survival of K18-hACE2 mice infected with SARS-CoV-2 after intranasal treatment with liposomal RDV



Body weight: day 5 / day 0

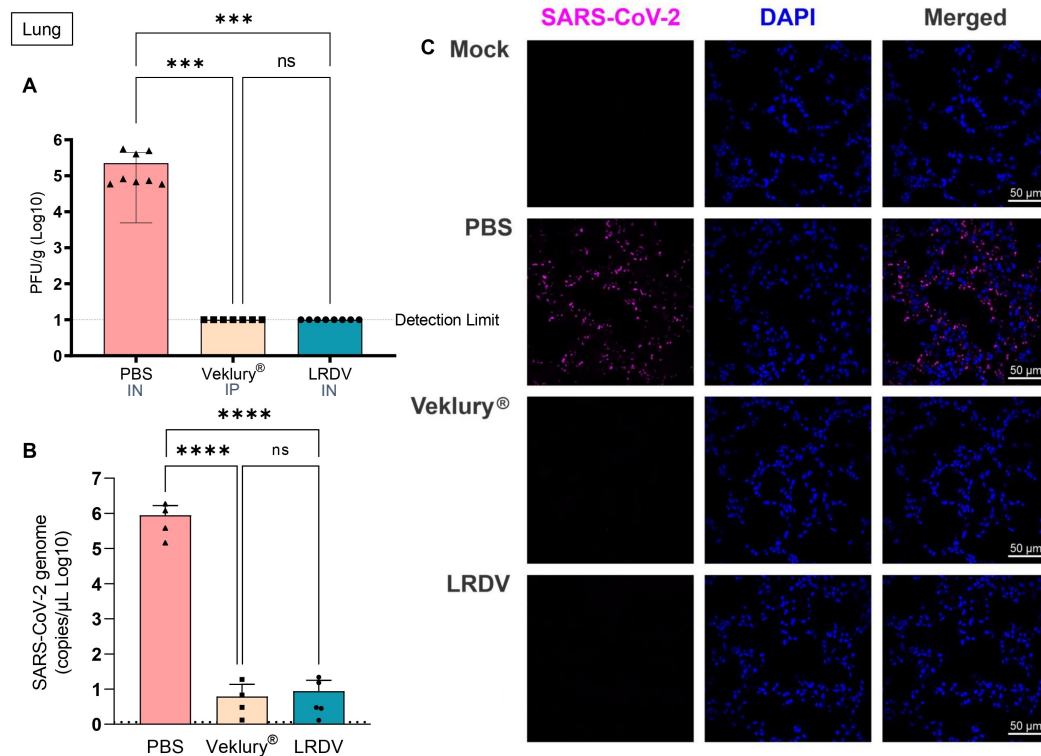


100% animal survival in LRDV group!

Liposomal carrier > Cyclodextrin carrier

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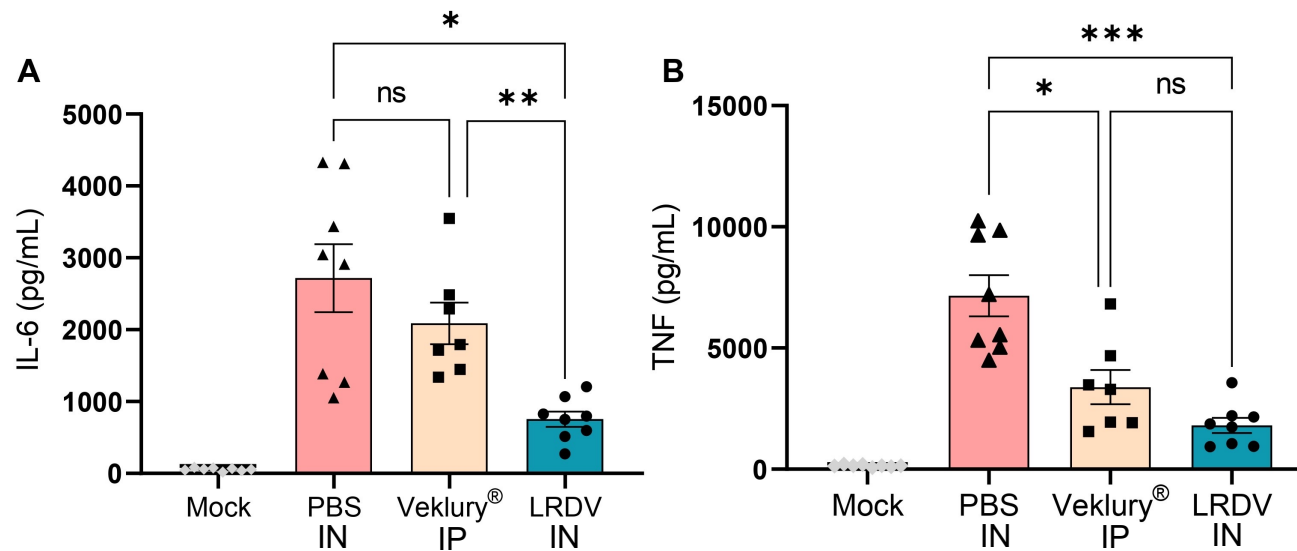
Viral load in the lung of K18-hACE2 mice infected with SARS-CoV-2 after intranasal treatment with liposomal RDV



Intranasal LRDV is as effective as parenteral Veklury® in eliminating virus in the lungs

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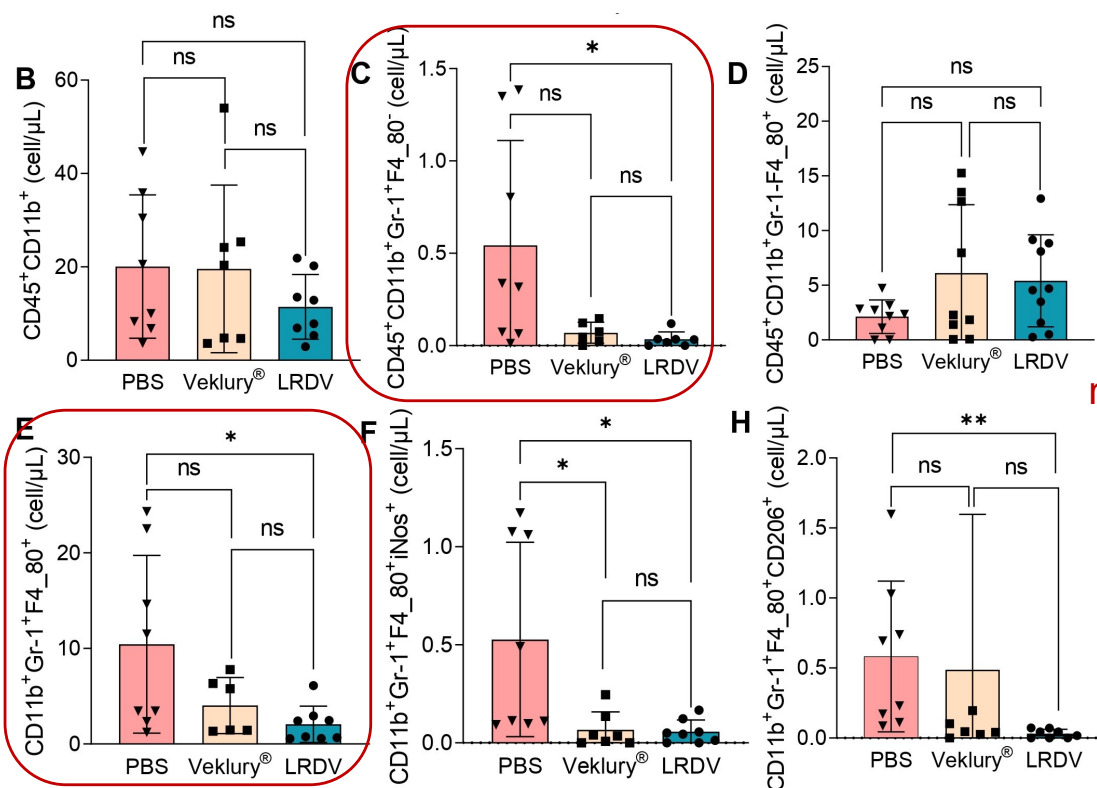
Proinflammatory cytokines in the lung of SARS-CoV-2-infected K18-hACE2 mice after intranasal treatment with liposomal RDV



Intranasal LRDV inhibits IL-6 and TNF production in the lungs more effectively than parenteral Veklury®

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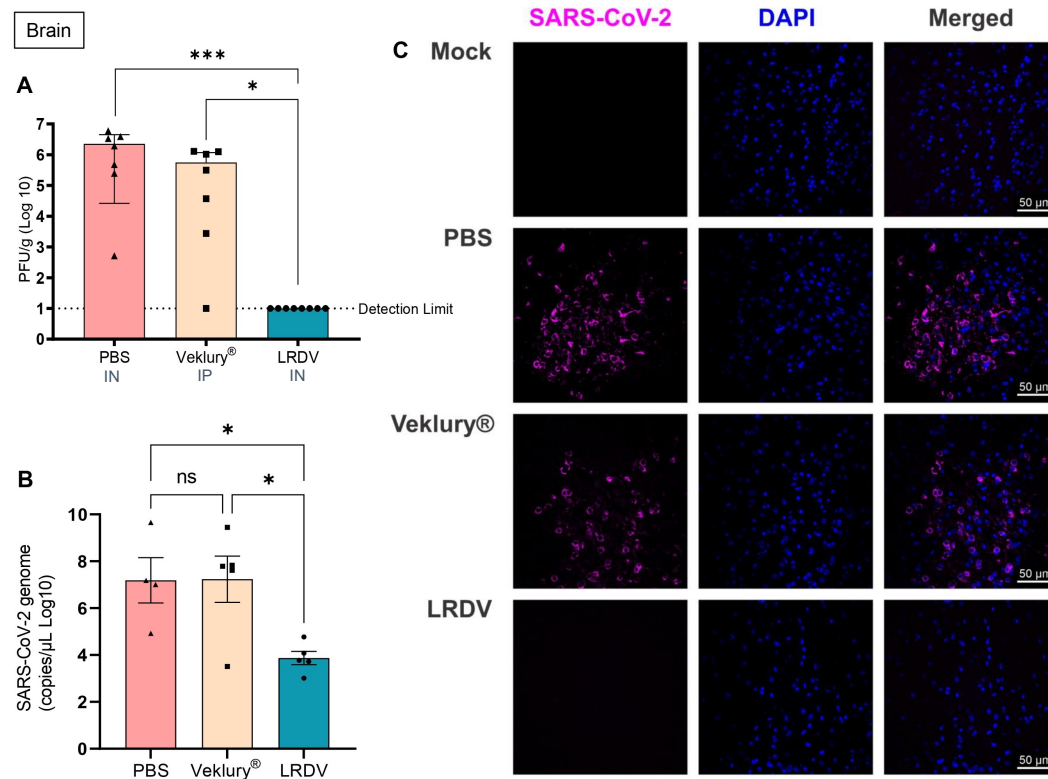
Myeloid cells in lungs of SARS-CoV-2-infected K18 mice



Intranasal LRDV inhibits the migration of neutrophils and monocytes more effectively than parenteral Veklury®

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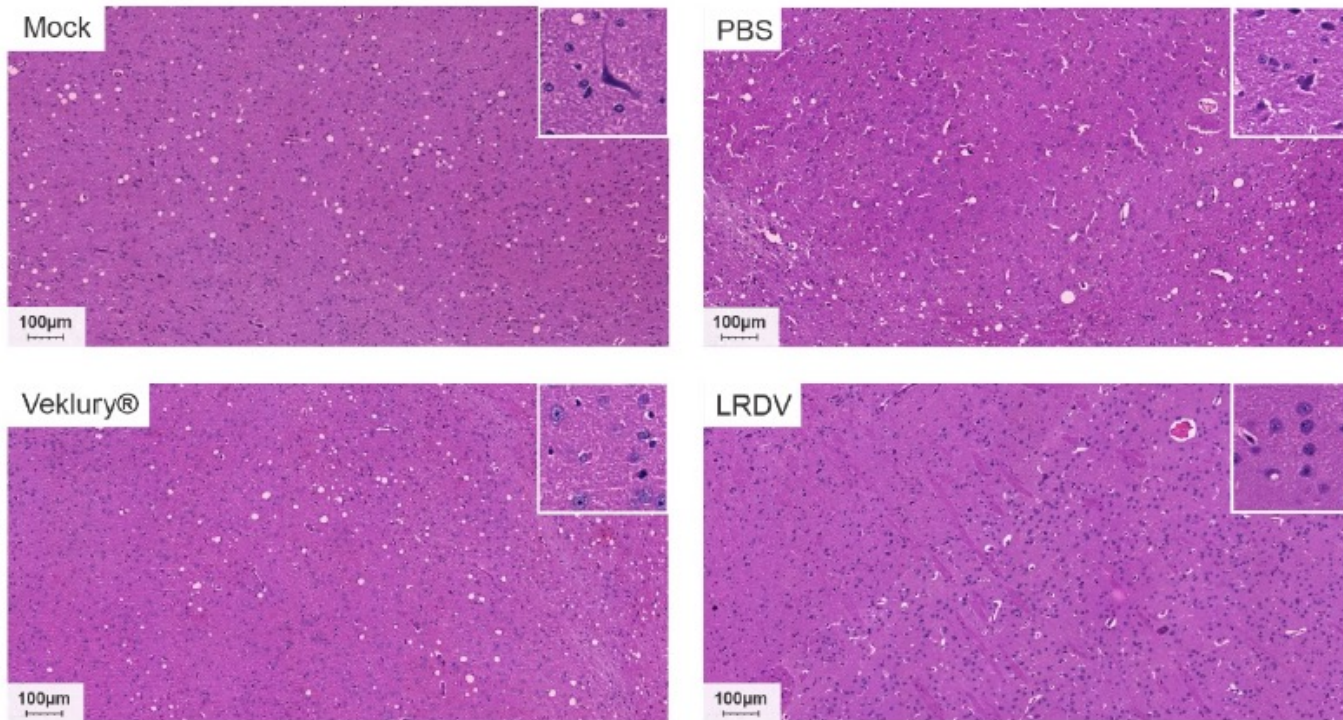
Viral load in the brain of SARS-CoV-2-infected K18-hACE2 mice after treatment with liposomal RDV



Intranasal LRDV reduced viral load in the brain contrary to parenteral Veklury®

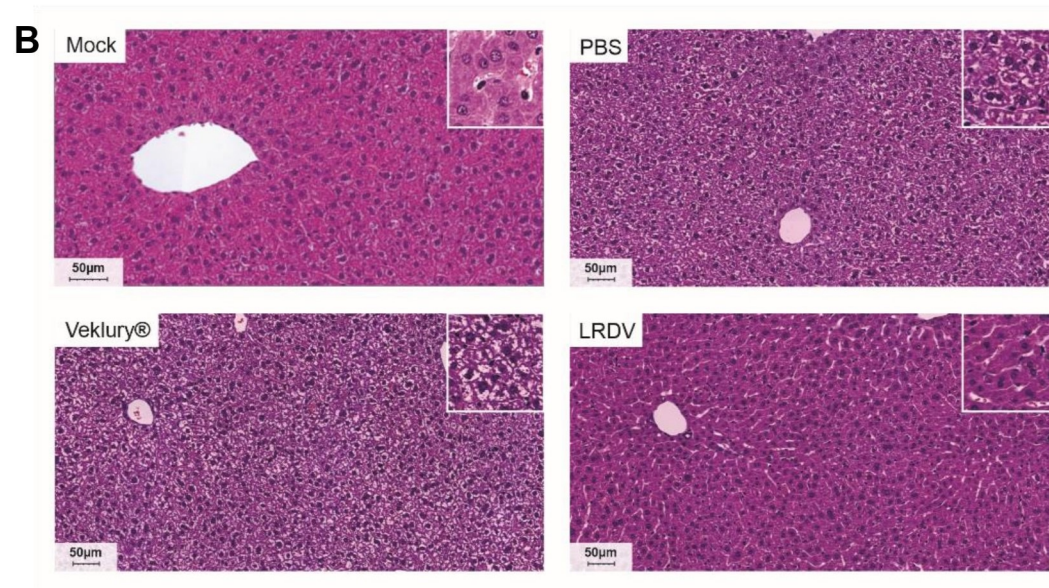
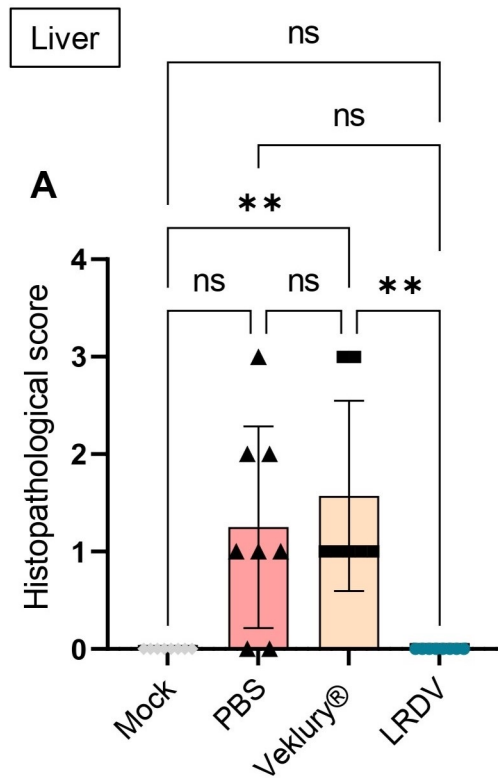
Mendes et al. J. Cont. Release 379 (2025) 558.

Histology of the brain of SARS-CoV-2-infected K18-hACE2 mice after intranasal treatment with liposomal RDV



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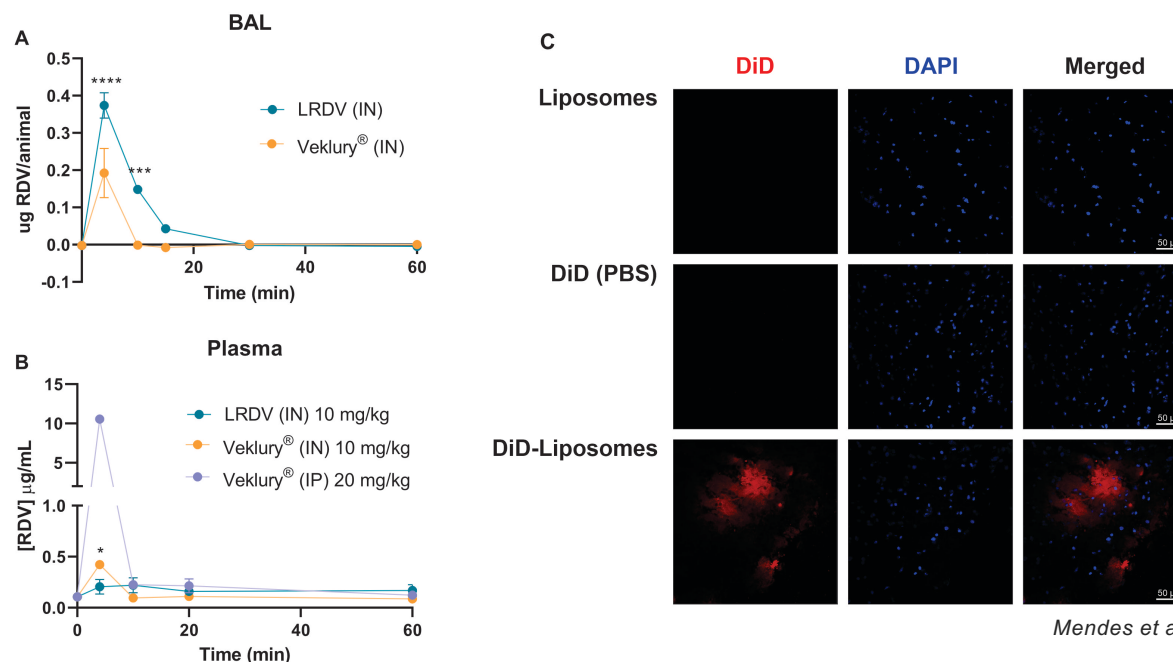
Histopathology evaluation of the liver of SARS-CoV-2-infected K18-hACE2 mice after intranasal treatment with liposomal RDV



No sign of hepatotoxicity of intranasal LRDV
Systemic antiviral action of IN LRDV is suggested

Mendes et al. J. Cont. Release 379 (2025) 558.

Pharmacokinetics of RDV in mice and liposome distribution to the brain



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**Hypothesis
Mode of action
of LRDV**

Local action of RDV
(short Half-life)

→ Transformation
into GS441524 active metabolite
(long Half-life)

→ Absorption of GS441524
to the circulation
and systemic action

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Conclusions

- First report of effective delivery of RDV simultaneously to the brain and lungs with a successful therapeutic outcome in COVID-19 mouse model with no sign of toxicity.
- Intranasal liposomal RDV holds promise for early therapy of COVID-19 in non-hospitalized patients and prevention of Long COVID

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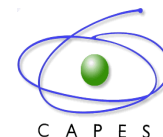
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