

1 **The new generation hDHODH inhibitor MEDS433 hinders the *in vitro***
2 **replication of SARS-CoV-2**

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18 Running title: MEDS433 inhibits SARS-CoV-2 replication

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21 Word count: abstract 74; main text: 1013.

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26 **Abstract**

27 Identification and development of effective drugs active against SARS-CoV-2 are
28 urgently needed. Here, we report on the anti-SARS-CoV-2 activity of MEDS433, a novel
29 inhibitor of human dihydroorotate dehydrogenase (hDHODH), a key cellular enzyme of the
30 *de novo* pyrimidines biosynthesis. MEDS433 inhibits *in vitro* virus replication in the low
31 nanomolar range, and through a mechanism that stems from its ability to block hDHODH
32 activity. MEDS433 thus represents an attractive candidate to develop novel anti-SARS-
33 CoV-2 agents.

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35 **Main text**

36 The emergence of the novel Severe Acute Respiratory Syndrome Coronavirus 2
37 (SARS-CoV-2), and the rapid worldwide spreading of coronavirus disease 19 (COVID-19)
38 have produced a threat to global public health that calls for urgent deployment of effective
39 antiviral drugs (1-4). Among the therapeutic options that have been potentially considered,
40 small-molecules targeting host factors exploited by SARS-CoV-2 to replicate may
41 represent an alternative to direct acting agents prone to select drug resistant strains (5).
42 One of the cellular pathways that is attracting more attention for the advancement of host-
43 targeting antivirals (HTA), is the *de novo* pyrimidines biosynthesis, essential for virus
44 replication in infected cells (6). In this pathway, the human dihydroorotate dehydrogenase
45 (hDHODH) catalyzes the rate-limiting step of dehydrogenation of dihydroorotate to orotate,
46 thus providing uridine and cytidine to fulfill nucleotides request (7-9). Given its critical role,
47 hDHODH is considered an emerging target of choice for the development of HTA against
48 SARS-CoV-2 (10). In this regard, two potent hDHODH inhibitors just entered in Phase II
49 clinical trials for COVID-19: brequinar (11) (NCT04425252), and PTC299 (12)
50 (NCT04439071). However, these drug candidates suffer of toxicity issues that slowed
51 down their earlier clinical pathway on other therapeutic applications (13, 14). Thus, new
52 safest hDHODH inhibitors are urgently needed.

53 To investigate the feasibility of targeting hDHODH to develop HTA against SARS-CoV-
54 2, in this study we have characterized the *in vitro* antiviral activity of a new generation
55 hDHODH inhibitor produced by the rational modulation to brequinar (11), and
56 characterized by the presence of a 2-hydroxypyrazolo[1,5-a]pyridine moiety. This
57 compound, MEDS433 (Fig. 1A), is comparable to brequinar in inhibiting hDHODH activity,
58 while owing a better *drug-like* profile (15, 16).

59 The effect of MEDS433 on SARS-CoV-2 replication was evaluated in Vero E6 cells
60 infected with a clinical isolate of SARS-CoV-2 (2019-nCoV/Italy-INMI1) at a multiplicity of
61 infection (MOI) of 0.1, and then treated with 0.5 μ M MEDS433. At 24 hours post-infection
62 (h p.i.), cells were fixed, permeabilized and stained with an anti-SARS-CoV-2 nucleocapsid
63 N protein mAb, and with DRAQ5 which stains cell nuclei, to count cell numbers. As shown
64 in Fig. 1B, confocal microscopy revealed that while about 85% of infected control cells
65 expressed the N protein, MEDS433 treatment completely abolished its accumulation, thus
66 indicating that N protein expression could be prevented by targeting the *de novo*
67 pyrimidine biosynthesis.

68 Next, a virus yield reduction assays (VRA) was performed in SARS-CoV-2-infected
69 Vero E6 cells treated with increasing concentrations of MEDS433. At 48 h p.i., cell
70 supernatants were harvested and titrated by plaque assay. A concentration-dependent
71 inhibition of SARS-CoV-2 replication was thus observed (Fig.1C), with EC_{50} and EC_{90}
72 values of 0.063 and 0.136 μ M, respectively. Interestingly, MEDS433 was more effective
73 than brequinar (EC_{50} 0.20, EC_{90} 1 μ M) (Fig. 1C). In addition, the Cytotoxic Concentration
74 (CC_{50}) of MEDS433 as measured in uninfected Vero E6 cells by the MTT method (17),
75 was more than 500 μ M with a favorable Selective Index (SI) greater than 7,900, thus
76 indicating that its antiviral activity was not due to a reduced cell viability.

77 To get more insights into MEDS433 mechanism of action, time-of-addition
78 experiments were carried out. Briefly, Vero E6 cells were exposed to MEDS433 (0.5 μ M)

79 from -2 to -1 h prior to SARS-CoV-2 adsorption (MOI of 0.1) (pre-treatment); during
80 infection (adsorption stage, from -1 to 0 h) (co-treatment); or after viral adsorption (from 0
81 to 48 h p.i.) (post-treatment). Infectious SARS-CoV-2 particles were then quantified in cell
82 supernatants harvested at 48 h p.i. by plaque assay. As depicted in Fig. 2A, MEDS433 did
83 not affect the initial attachment and entry phases of the SARS-CoV-2 life cycle, while it
84 produced a significant reduction of infectious virus production when added at a post-entry
85 stage, in agreement with its ability to block N protein accumulation (Fig. 1B). Immunoblot
86 analysis of total protein extracts prepared from the corresponding SARS-CoV-2-infected-
87 and MEDS433-treated cells and fractionated through a 10% SDS-PAGE, confirmed a
88 reduction of N protein content only in the post-treatment sample (Fig. 2B), thus indicating
89 that MEDS433 interferes with a post-entry biosynthetic step in SARS-CoV-2 replication.

90 These results suggested a mechanism of the anti-SARS-CoV-2 activity of
91 MEDS433 consistent with the hypothesis of an interference with the *de novo* pyrimidine
92 biosynthesis. To verify this hypothesis, we investigated by plaque reduction assays (PRA)
93 in Vero E6 cells whether the antiviral activity of MEDS433 could be overcome by
94 supplementing cell medium with increasing concentrations of exogenous uridine to bypass
95 the requirement of *de novo* pyrimidine biosynthesis. As shown in Fig. 3 (upper panel), the
96 anti-SARS-CoV-2 activity of 0.3 μ M MEDS443 was significantly reversed by a 100-fold
97 excess of uridine relative to MEDS433 concentration, and completely overturned by
98 greater uridine concentrations, thus confirming that the *de novo* pyrimidine pathway was
99 inhibited by MEDS433 in SARS-CoV-2-infected cells. Then, to conclusively prove that
100 hDHODH inhibition was responsible of MEDS433 antiviral effect, increasing
101 concentrations of the hDHODH substrate dihydroorotic acid or its product, orotic acid were
102 added to cell medium. In SARS-CoV-2-infected Vero E6 cells treated with MEDS433 (0.3
103 μ M), the addition of orotic acid reversed in a dose dependent manner the antiviral effect of
104 MEDS433 (Fig. 3, lower panel), with complete reversion observed at the highest

105 concentration (1000 x the MEDS433 concentration) evaluated. In contrast, the supplement
106 of dihydroorotic acid, even at 1 mM (3,333 times more than MEDS433), did not affect
107 MEDS433 antiviral activity (Fig. 3, lower panel), thus indicating that MEDS433 inhibited a
108 step in the *de novo* pyrimidine biosynthesis pathway downstream from dihydroorotic acid.
109 Altogether, these results clearly confirmed that MEDS433 specifically targets hDHODH
110 activity in SARS-CoV-2-infected cells, and that this inhibition is responsible of its overall
111 antiviral activity.

112 In conclusion, our study while confirming along with others recent reports (12,18)
113 hDHODH as a noteworthy target to inhibit SARS-CoV-2 infection (10,19), highlights
114 MEDS433 as an attractive candidate to develop HTA for COVID-19. MEDS433 in fact
115 performs better than brequinar for both antiviral potency and SI (this study and 16), and its
116 safety profile is superior to that of PTC299 (12). Therefore, the potent *in vitro* anti-SARS-
117 CoV-2 activity of MEDS433 and its valuable *drug-like* profile, support further studies to
118 validate its therapeutic efficacy in preclinical animal models of COVID-19.

119

120 **Acknowledgments**

121 This work was supported by Italian Ministry for Universities and Scientific Research
122 (Research Programs of Significant National Interest, PRIN 2017–2020, Grant No.
123 2017HWPZZZ_002) to A.L.; Ministero degli Affari Esteri e della Cooperazione
124 Internazionale (Grant number PGR01071 Italia/Svezia (MIUR/MAECI)) to D.B. and M.L.L.;
125 Associazione Italiana per la Ricerca sul Cancro (AIRC) Individual Grant 2019 (AIRC IG
126 2019 DIORAMA 23344) to D.B. and M.L.L.; the University of Torino (Ricerca Locale) to
127 D.B., G.G., M.L.L. and A.L.; the University of Padua (DOR) to A.C. and C.P.;
128 PARO_FINA20_01 to C.P.; and BIRD grant CALI_SID19_08 to A.C. This study was also
129 supported by the European Virus Archive goes Global (EVAg) project that has received

130 funding from the European Union's Horizon 2020 research and innovation programme
131 under grant agreement No 653316.

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192 **Figure Legends**

193 **Figure 1. Antiviral activity of MEDS433 on SARS-CoV-2 replication. (A)** Structure of
194 MEDS433. **(B)** Immunofluorescence analysis of SARS-CoV-2-infected cells. Vero E6 cells
195 were treated with vehicle (DMSO) or with 0.5 μ M MEDS433 1 h prior to infection with
196 SARS-CoV-2 at an MOI of 0.1. At 24 h p.i., cells were fixed, permeabilized, and
197 immunostained with an anti-SARS-CoV-2 nucleocapsid protein (N) mAb, followed by Alexa
198 488-conjugated secondary antibody. Nuclei were stained with DRAQ5. Confocal laser
199 microscopy images acquired in the green (SARS-CoV-2 N) and the blue (DRAQ5)
200 channels are shown, as well as overlaid images (merge). **(C)** Dose dependent inhibition of
201 SARS-CoV-2 replication by MEDS433. Vero E6 cell monolayers were infected with SARS-
202 CoV-2 (50 PFU/well), and, where indicated, the cells were treated with vehicle (DMSO) or
203 increasing concentrations of MEDS433 or brequinar 1 h before, during virus adsorption,
204 and throughout the experiment. At 48 h p.i., infectious SARS-CoV-2 in cell supernatants
205 was titrated by plaque assay on Vero E6 cells. MEDS433 and brequinar concentrations
206 producing 50 and 90% reductions in plaque formation (EC_{50} and EC_{90} , respectively) were

207 determined as compared to control treatment (DMSO). The data shown represent means
208 \pm SD (error bars) of three independent experiments performed in triplicate.

209 **Figure 2. MEDS433 targets a post-entry stage in the SARS-CoV-2 replicative cycle.**

210 **(A)** Time-of-addition experiment. Vero E6 cells were incubated with vehicle (DMSO) or
211 with 0.5 μ M MEDS433 from 2 to -1 h prior to SARS-CoV-2 infection (MOI of 0.1) (pre-
212 treatment, Pre-T); during infection (from -1 to 0 h) (co-treatment, Co-T); or after viral
213 infection (from 0 to 48 h p.i.) (post-treatment, Post-T). Thereafter, production of infectious
214 SARS-CoV-2 was measured by titrating cell supernatants by plaque assay on Vero E6
215 cells. The data shown represent means \pm SD (error bars) of three independent
216 experiments performed in triplicate. Statistical significance was calculated by a one-way
217 ANOVA followed by Dunnett's multiple comparison test. *** ($p < 0.0001$) compared to the
218 calibrator sample (MEDS433 alone).

219 **(B)** Immunoblot analysis of SARS-CoV-2 nucleocapsid protein. Total protein extracts
220 prepared from SARS-CoV-2-infected Vero E6 cells monolayers treated as described in
221 (A), were fractionated through a 10% SDS-PAGE, and immunoblotted with an anti-N
222 protein mAb. Tubulin was immunodetected as protein loading control.

223 **Figure 3. Uridine or orotic acid supplementation counteracts the anti-SARS-CoV2**

224 **activity of MEDS433.** Vero E6 cell were treated with solvent (DMSO) or 0.3 μ M of
225 MEDS433 in the absence or presence of increasing concentrations of uridine (upper
226 panel), orotic acid or dihydroorotic acid (lower panel) before and during infection with
227 SARS-CoV-2 (30 PFU/well). Following virus adsorption, compounds were added to cell
228 monolayers and viral plaques were then stained and were microscopically counted at 48 h
229 p.i.. Plaque counts for each drug concentration were expressed as a percent of the mean
230 count of the control cultures treated with DMSO. The data shown represent means \pm SD of
231 three independent experiments performed in triplicate. Statistical significance was
232 calculated by a one-way ANOVA followed by Dunnett's multiple comparison test. ** ($p <$

233 0.0001), ** ($p < 0.001$) and * ($p < 0.05$) compared to the calibrator sample (MEDS433
234 alone).

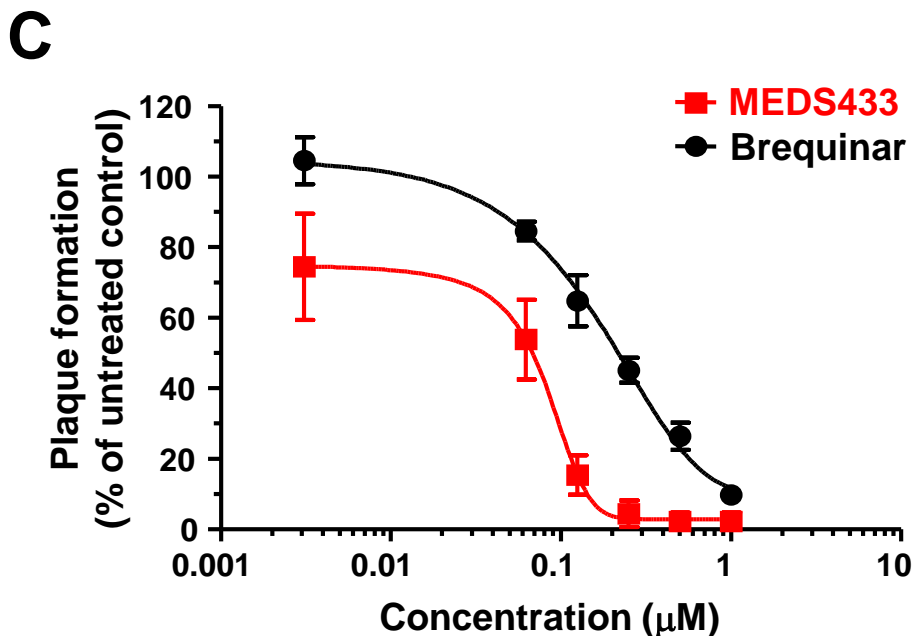
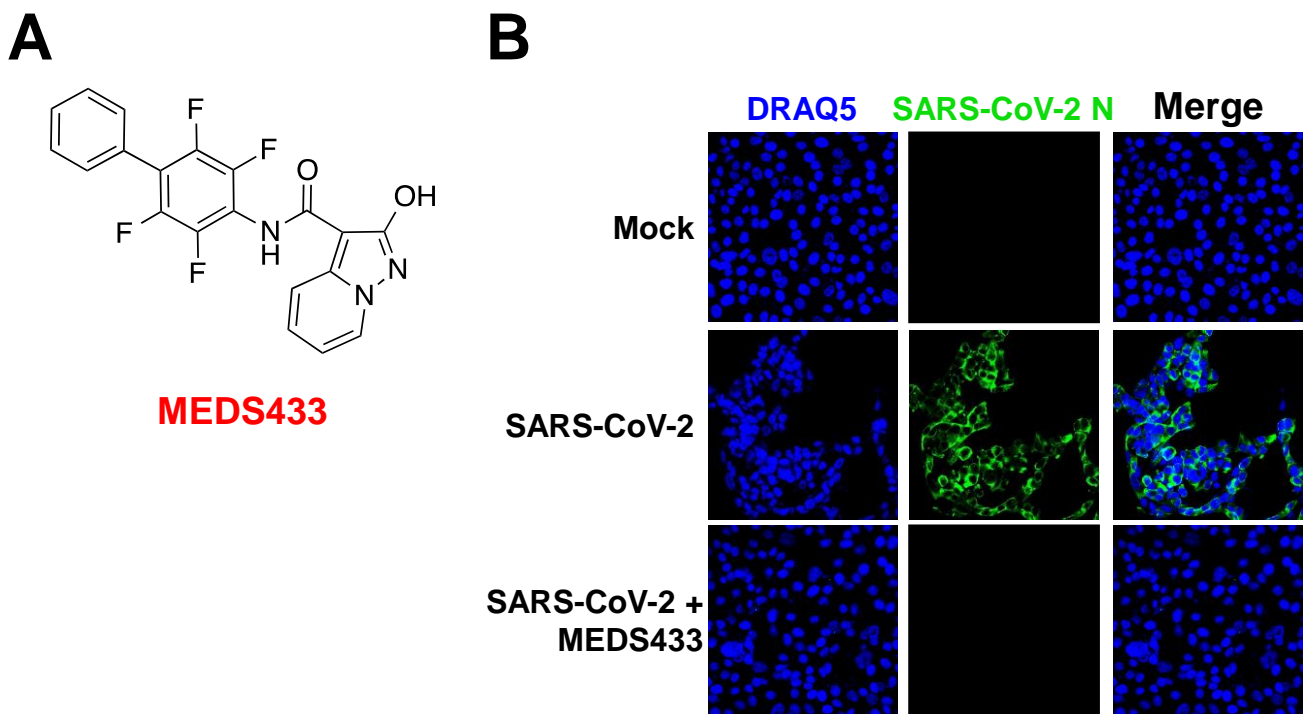


Figure 1. Antiviral activity of MEDS433 on SARS-CoV-2 replication. (A) Structure of MEDS433. **(B)** Immunofluorescence analysis of SARS-CoV-2-infected cells. Vero E6 cells were treated with vehicle (DMSO) or with 0.5 μM MEDS433 1 h prior to infection with SARS-CoV-2 at an MOI of 0.1. At 24 h p.i., cells were fixed, permeabilized, and immunostained with an anti-SARS-CoV-2 nucleocapsid protein (N) mAb, followed by Alexa 488-conjugated secondary antibody. Nuclei were stained with DRAQ5. Confocal laser microscopy images acquired in the green (SARS-CoV-2 N) and the blue (DRAQ5) channels are shown, as well as overlaid images (merge). **(C)** Dose dependent inhibition of SARS-CoV-2 replication by MEDS433. Vero E6 cell monolayers were infected with SARS-CoV-2 (50 PFU/well), and, where indicated, the cells were treated with vehicle (DMSO) or increasing concentrations of MEDS433 or brequinar 1 h before, during virus adsorption, and throughout the experiment. At 48 h p.i., infectious SARS-CoV-2 in cell supernatants was titrated by plaque assay on Vero E6 cells. MEDS433 and brequinar concentrations producing 50 and 90% reductions in plaque formation (EC_{50} and EC_{90} , respectively) were determined as compared to control treatment (DMSO). The data shown represent means \pm SD (error bars) of three independent experiments performed in triplicate.

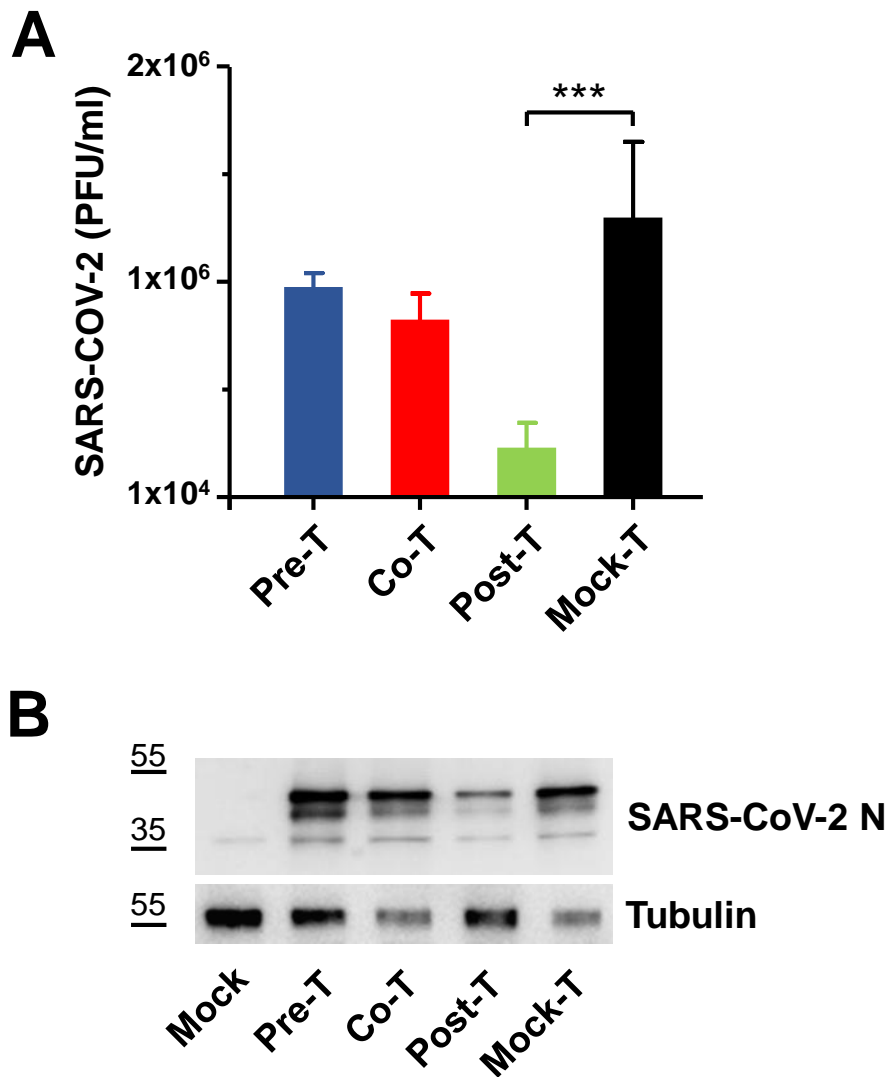


Figure 2. MEDS433 targets a post-entry stage in the SARS-CoV-2 replicative cycle. (A) Time-of-addition experiment. Vero E6 cells were incubated with vehicle (DMSO) or with 0.5 μ M MEDS433 from 2 to - 1h prior to SARS-CoV-2 infection (MOI of 0.1) (pre-treatment, Pre-T); during infection (from -1 to 0 h) (co-treatment, Co-T); or after viral infection (from 0 to 48 h p.i.) (post-treatment, Post-T). Thereafter, production of infectious SARS-CoV-2 was measured by titrating cell supernatants by plaque assay on Vero E6 cells. The data shown represent means \pm SD (error bars) of three independent experiments performed in triplicate. Statistical significance was calculated by a one-way ANOVA followed by Dunnett's multiple comparison test. *** ($p < 0.0001$) compared to the calibrator sample (MEDS433 alone).

(B) Immunoblot analysis of SARS-CoV-2 nucleocapsid protein. Total protein extracts prepared from SARS-CoV-2-infected Vero E6 cells monolayers treated as described in (A), were fractionated through a 10% SDS-PAGE, and immunoblotted with an anti-N protein mAb. Tubulin was immunodetected as protein loading control.

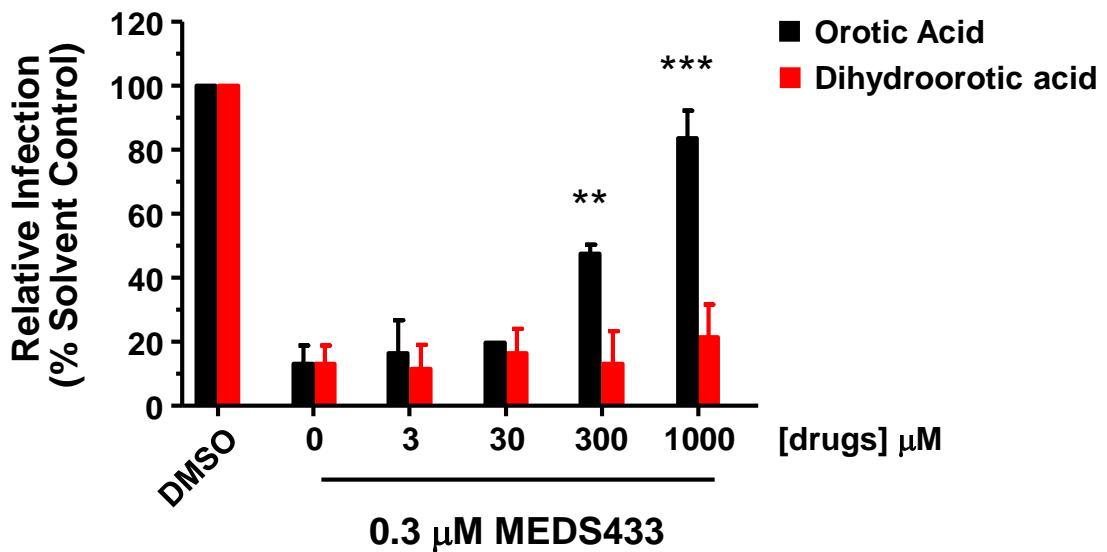
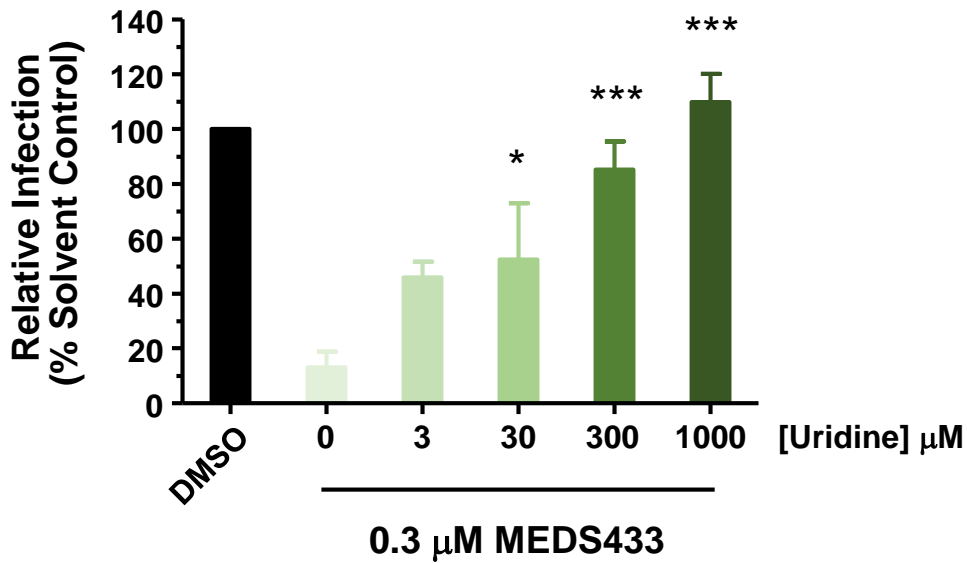


Figure 3. Uridine or orotic acid supplementation counteracts the anti-SARS-CoV2 activity of MEDS433. Vero E6 cell were treated with solvent (DMSO) or 0.3 μM of MEDS433 in the absence or presence of increasing concentrations of uridine (upper panel), orotic acid or dihydroorotic acid (lower panel) before and during infection with SARS-CoV-2 (30 PFU/well). Following virus adsorption, compounds were added to cell monolayers and viral plaques were then stained and were microscopically counted at 48 h p.i.. Plaque counts for each drug concentration were expressed as a percent of the mean count of the control cultures treated with DMSO. The data shown represent means \pm SD of three independent experiments performed in triplicate. Statistical significance was calculated by a one-way ANOVA followed by Dunnett's multiple comparison test. ** ($p < 0.0001$), *** ($p < 0.001$) and * ($p < 0.05$) compared to the calibrator sample (MEDS433 alone).