

Treatment and Care: Product portfolio

Dr Paula Munderi

MRC/UVRI Uganda Research Unit on AIDS

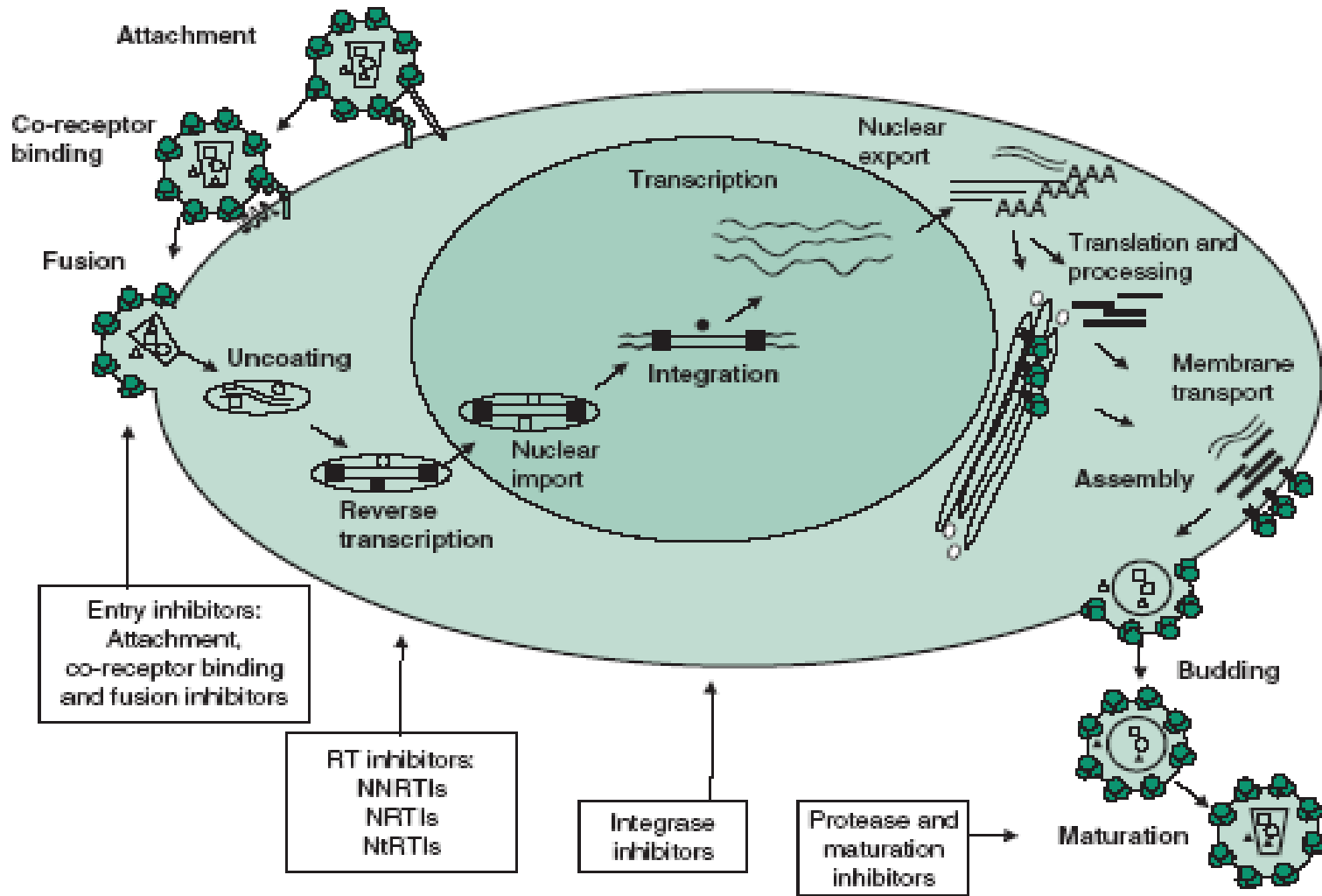
EDCTP Stakeholder Meeting on HIV/AIDS

3-4 September 2013

Summary

- Brief overview HIV Treatment Pipeline
- Key Questions & Challenges
- EDCTP role

Targets for Antiretroviral Drugs in HIV Life Cycle



Approved products & Sponsors

2003 - 2012

Emtricitabine 2003 Gilead

Etravirine 2008 Janssen

Rilpivirine 2011 Janssen

Atazanavir 2003 BMS

Fosamprenavir 2003 Vertex/GSK

Tipranavir 2005 BI

Darunavir 2006 Janssen

Enfuvirtide 2003

Trimeris / Hoffman LaRoche

Maraviroc 2007 Pfizer

Raltegravir 2007 Merck

ARV Class	Total Products	Phase I	Phase II	Phase III	Approved	Submitted	Discontinued
NRTI (NtRTI)	12	1	2		1	1	7
NNRTI	8	1	1		3		3
Protease Inhibitor	6				4		2
Fusion Inhibitor	1				1		
CCR5RI/2RI	4		1		1		2
Integrase Inhibitor	5	1	1	1	1	1	
Attachment Inhibitor	4		1				3
	40	3	6	1	11	2	17

FDCs approved in 2003-2012

		<i>Trade name</i>	Sponsor
2003	Abacavir/Lamivudine	<i>Epzicom</i>	GSK
2004	Tenofovir/Emtricitabine	<i>Truvada</i>	Gilead
2006	Efavirenz/Emtricitabine/Tenofovir	<i>Atripla</i>	BMS / Gilead
2011	Rilpivirine/Emtricitabine/Tenofovir	<i>Complera / Eviplera</i>	Janssen/Gilead

25 single products in 6 “classes” & still counting,
but key questions remain...

Tolerability

Resistance

Convenience

Special Populations

Cost

Focus of research: to overcome limitations of current regimens

Improving Tolerability ...

- new product development
- reformulation

NRTI Class – Tenofovir is preferred product today

Reformulation – Tenofovir Alafenamide (TAF)

similar safety and efficacy to Tenofovir DF

Improved bio availability

potentially reduced side effects.

[CROI 2013]

25 mg dose selected for development as single agent

10 mg dose in FDC with cobicistat (PK booster)

Ongoing studies: co-formulations of TAF, FDC with Darunavir

Dosage Optimisation Studies

Reducing dose of ARVs in current use

Efavirenz

AZT

d4T

Atazanavir/Ritonavir

+ Cost reduction through reduction in API

? Role for EDCTP in treatment optimisation research

Special Populations

Children

Appropriate formulations

Product approval for children

? Dolutegravir /Abacavir/Lamivudine

HIV TB co-infection

Rifabutin + Boosted PIs & Integrase Inhibitors

Women of child bearing age

Post registration surveillance

? Role for EDCTP: include post registration surveillance

Clinical Trial Capacity in Africa

- suitable sites with trained personnel
- sufficient resources & infrastructure
- appropriate regulatory & ethical oversight

? Consolidation of clinical trial capacity building started in EDCTP 1

Diagnostic tests

- Toxicity
 - Haematology, Renal function, Lipids & Glucose
- Diagnosis of Co-infections – HepB, HepC
- Efficacy – CD4, Viral Load
- Resistance testing

? Role of EDCTP in development and implementation of POCs

HIV Cure Research

Eradication of the “HIV Reservoir”

- Lack of assays to quantify the reservoir
- Products very experimental

- More clarity within next 10 years

- Africa should participate
 - ANRS : studies in children & early treatment studies in adults aimed

? EDCTP as a partner in HIV Cure Research Strategy

Questions

How can EDCTP best enhance the HIV treatment product pipeline for developing countries ?

- **A role for EDCTP in post marketing research**

 - e.g. dosage - optimisation, reformulation, co-formulation how can this be effected?

- **Would it be better to focus on the needs of special populations?**

How can EDCTP consolidate contribution to clinical trial capacity building, so African sites to participate in HIV treatment development? What is the best model for this capacity building?

There is a role for EDCTP in the development validation and establishment of diagnostic tests for viral load, CD4, antiviral toxicities and important co-infections, to monitor efficacy and safety of HIV treatment. – how can this be defined ?

Future research in HIV Cure: should EDCTP remain open to this field ?