Medical timeline

•	Observation or research idea	Y0
•	Pilot study	
	- design, ethics approval, screen enroll	1-2 years
	- run study, preliminary analysis	+6 months
•	Conference abstract	+6 months
•	Write up paper, submit to publication	+6 months
•	Published data	+6 months
•	Guidelines and clinical practice	???
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ARV drug pricing



Indinavir-based combination: 1996

Indinavir: Every 8 hours. No food for 2 hours before AND 2 hours after (ie12 hours fasted through each day). PLUS drink 2 litres water to minimise risk of kidney stones 3TC: Every 12 hours; d4T: Every 12 hours



Saquinavir-based combination: 1995

Saquinavir (INVIRASE)*: Every 8 hours. Serious issued with absorption (originally recommended to take with grapefruit juice to boost levels. All patients in the Netherlands doubled the saquinavir dose.

ddl: 4 large chewable tablets, once daily. Taken on an empty stomach, with no food for 2 hours afterwards.

AZT: One capsule every 12 hours



Saquinavir-based combination: 1998

Saquinavir (FORTOVASE): Approved as 6 capsules every 8 hours but in practice generally given as 8 capsules every 12 hours. This did not overcome the issue of absorption, which required boosting by ritonavir. Manufacturers of each drug promote research showing why higher doses of their respective drugs was the preferred dose. FORTOVASE was discontinued in 2006.

ddl: 4 large chewable tablets, once daily. Taken on an empty stomach, with no food for 2 hours afterwards.

AZT: One capsule every 12 hours

6am



First-line combination: 2006

Efavirenz: one 600mg capsule, once daily at night + Truvada: one tablet, once daily **

OR

Efavirenz: one 600mg capsule, once daily at night

+ Kivexa: one tablet, once daily

** A single pill, once-daily combination of efavirenz + Truvada has been filed with the FDA and is expected to be approved in 2006/7.





12pm DON'T TAKE WITH HIGH FAT MEAL

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20 Approved ARVs in US/Europe

different access in Western countries

- ♦ AZT 1987
- + ddl 1991
- + ddC 1992
- → d4T 1994
- → 3TC 1995
- saquinavir 1995
- indinavir 1996
- ritonavir 1996
- nevirapine 1996
- delavirdine 1997

- nelfinavir 1997
- efavirenz 1998
- abacavir 1998
- amprenavir 1999
- Iopinavir 2000
- tenofovir 2001
- ✤ T-20 2003
- atazanavir 2004
- Fosamprenavir 2004
- ♦ FTC 2004

Co-Formulations and combinations

US/Europe

♦ AZT+3TC

- AZT+3TC+abacavir
- abacavir+3TC
- Tenofovir+FTC
- Kaletra (lopinavir/r)

Generic (via India etc)

- AZT+3TC
- ♦ d4T+3TC
- AZT+3TC+abacavir
- AZT+3TC+nevirapine
- d4T+3TC+nevirapine
- Kaletra (lopinavir/r)
- ddl+3TC+efavirenz KIT



Approx patent expiry dates



HIV Drug Pipeline Compounds

Nukes:	PIs:	Entry inhibitors:	
		(1)	attachment inhibitors
	tipranavir - PIII		PRO 542 and BMS 806
Reverset (D-D4FC)	TMC 125	(2)	co-receptor antagonists of CXCR4 (T-22, PA-14 and TAK-779 and CCR5 T-22,
Amdoxovir (DAPD)			PA-14 and TAK-779
GS 7340 (tenofovir prodrug)		(3)	fusion inhibitors (T-1249)

NNRTIs:

capravirine - PIII

TMC 125

TMC 278 (rilpivirine)

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Other targets:

Integrase Inhibitors S1360 - GSK L-870,810 - Merck

Microbicides

Vaccines

PreExposure Prophylaxis

Recent HIV Drug Pipeline



Recent promising failures

Development stopped after clinical studies due to toxicity (T), efficacy (E) or formulation (F)

- dOTC monkeys died
- DPC-681- toxicity
- DPC-684 toxicity
- DPC 961- suicidal paients
- emivirine (MKC442) efficacy
- MK914 kidney toxicity
- nelfinavir 625mg form. (2004)
- d4T ER formulation (2004)
- DAPD, amdoxovir (2004)

- DMP450 efficacy
- TMC 126 dropped
- TMC 120 dropped
- DPC 817- toxicity
- adefovir kidney toxicity
- Iodenesine liver toxicity
- capravirine efficacy (2005)
- aplaviroc liver toxicity
- reverset pancreatic tox (2006)

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