

Oral PrEP – New Drugs



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Criteria for Oral PrEP

- **Safe**
- **Penetrates target tissues**
- **Protects against HIV infection in tissues**
- **Long-lasting activity for convenient dosing**
- **Unique resistance profile or high barrier to resistance**
- **No significant drug-drug interactions**
- **Possibly, not a part of current rx regimens**
- **Affordable, easy to use and implement**

Antiretroviral Drugs: 2013

nucleoside/tide RTIs (NRTIs)

- zidovudine (ZDV, AZT)
- didanosine (ddI)
- stavudine (d4T)
- lamivudine (3TC)
- abacavir (ABC)
- emtricitabine (FTC)
- tenofovir (TDF)

NNRTIs

- nevirapine (NVP)
- delavirdine (DLV)
- efavirenz (EFV)
- etravirine (ETR)
- rilpivirine (RPV)

protease inhibitors (PIs)

- saquinavir (SQV)
- ritonavir (RTV)
- indinavir (IDV)
- nelfinavir (NFV)
- lopinavir/r (LPV/r)
- atazanavir (ATV)
- fosamprenavir (FPV)
- tipranavir (TPV)
- darunavir (DRV)

entry inhibitors (EIs)

- enfuvirtide (T-20, fusion inh)
- maraviroc (MVC, CCR5 inh)

integrase inhibitors (IIs)

- raltegravir (RAL)
- elvitegravir (EVG)

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- raltegravir (RAL)

Investigational ART (partial list)

	NRTI	NNRTI	PI	EI	II
Phase 3					elvitegravir dolutegravir
Phase 2	apricitabine DAPD dexelvucitabine festinavir GS-7340	BILR 355 lersivirine UC-781		BMS-663068 cenicriviroc PF-232798	
Phase 1/2	amdoxovir elvucitabine	GSK 2248761 RPV-LA	TMC 310911	HGS004 ibalizumab	S/GSK '744
Phase 1		RDEA 806	CTP-298 CTP-518 PPL-100 SPI-256	SCH-532706 VIR-576	BI 224436 INH-1001



MVC for PrEP: Advantages

- HIV entry inhibitor – CCR5 antagonist
- FDA-approved 2007
- Safety profile X 5+ years **Gulick IAS 2012**
- Achieves high tissue levels
 - 3X higher in vaginal secretions **Dumond JAIDS 2009**
 - 8-26X higher in rectal tissue **Brown JID 2011**
- Once-daily dosing **Rosario Brit J Clin Pharm 2008**
- Drug resistance is uncommon
- Used uncommonly for HIV treatment
- Prevented HIV infection in mouse model
Neff PLoS One 2010



MVC for PrEP: Disadvantages

- Limited clinical safety data in HIV-uninfected individuals
- Increased pathogenicity with $\Delta 32$ deletion of some viral infections (e.g., West Nile virus)
- Other theoretical safety risks
- Not labeled for once-daily dosing
- Failed to prevent SHIV in monkey model
Massud IAS 2012
- Some potential for drug-drug interactions
- Not active against X4 virus

HPTN 069: NEXT-PrEP

- **Design:** Phase II, 4-arm, multisite, study
- **Study population (N=400)**
 - At-risk HIV-negative gay men
- **Study Treatment:**
 - MVC monotherapy
 - MVC + FTC
 - MVC + TDF
 - TDF + FTC (control)
- **Duration:** 48 weeks
- **Primary endpoint:** Grade ≥ 3 toxicities; time to study treatment discontinuation



Amendment:
Cohort of 200 women

RAL for PrEP: Advantages



- **HIV integrase inhibitor**
- **FDA-approved 2007; safety profile X 5+ years**
- **Safety/tolerability as PEP Mayer JAIDS 2012**
- **Achieves tissue levels**
 - **~93% in vaginal secretions Jones PK Workshop 2009**
 - **1.5-7X higher in GALT Patterson PK Workshop 2012**
- **Few drug-drug interactions**
- **Prevented HIV infection in mouse model**
Neff PLoS One 2010

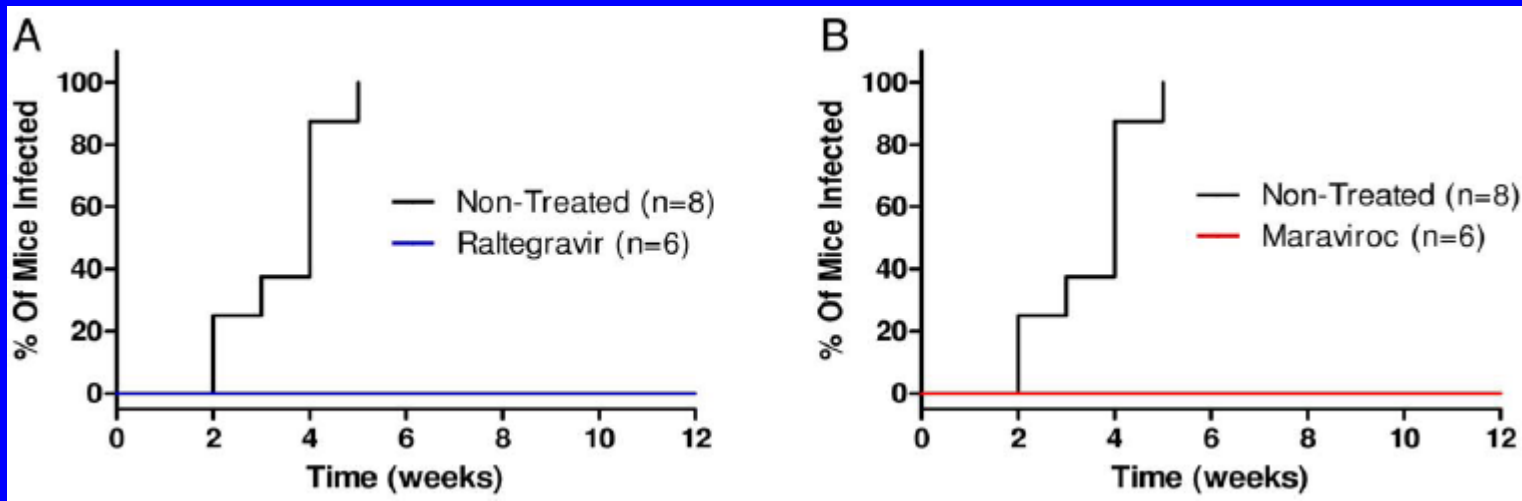
RAL for PrEP: Disadvantages



- **Twice-daily dosing (as treatment)**
- **Low barrier to drug resistance**
- **“Preferred drug” in HIV treatment guidelines; used commonly**
- **No current PrEP clinical studies**

Animal Study: MVC and RAL PrEP

- Humanized mouse model (RAG-hu mice)
- Orally administered MVC or RAL daily X 7 days (6 mice/group)
- Vaginal HIV-1 challenge on day 4



RPV-LA for PrEP: Advantages



- **HIV NNRTI**
- **FDA-approved 2011; safety profile X 2+ years**
- **RPV-LA single-dose clinical study (N=33)**
Jackson CROI 2012 #35
- **RPV-LA achieves tissue levels**
 - **10X higher in LN (animals) v'ant Klooster AAC 2010**
 - **CVF and RT =, VT lower, RF much lower**
Else PK Workshop 2012
- **RPV-LA once-monthly dosing possible**
Baert Eur J Pharm Biopharm 2009
- **Pilot combo safety study with '744 as PrEP enrolling (N=40) www.clinicaltrials.gov**



RPV-LA for PrEP: Disadvantages

- **Investigational formulation (phase 1)**
- **Very limited safety clinical data**
- **Some drug-drug interactions**
- **Low barrier to drug resistance; cross-resistance to other NNRTI**
- **“Alternative drug” in HIV treatment guidelines; used commonly**



'744 for PrEP: Advantages

- **HIV integrase inhibitor**
- **Clinical data (N=48 healthy volunteers)**
Min ICAAC 2009 #H-1228
- **Long half-life (30 hours); infrequent parenteral dosing possible**
Spren IAS 2012 #TuPE040
- **Higher barrier to resistance than other II**
- **Few drug-drug interactions**
- **Pilot combo safety study with RPV-LA as PrEP enrolling (N=40) www.clinicaltrials.gov**



‘744 for PrEP: Disadvantages

- **Investigational drug and formulation (phase 2a)**
- **Very limited clinical safety data**
- **No available tissue PK data (?)**
- **Other integrase inhibitors (RAL, EVG) used commonly in HIV treatment**

Ibalizumab for PrEP: Advantages



- **HIV entry inhibitor -- CD4 attachment antagonist**
- **Monoclonal antibody**
- **Clinical phase 2b studies in HIV-infected individuals completed [Khanlou ICAAC 2011 #H2794b](#)**
- **Drug resistance not expected**
- **No drug-drug interactions**
- **Pilot phase 1 safety study of three-doses, given once-weekly SC, as PrEP completed (N=25)**
www.clinicaltrials.gov

Ibalizumab for PrEP: Disadvantages

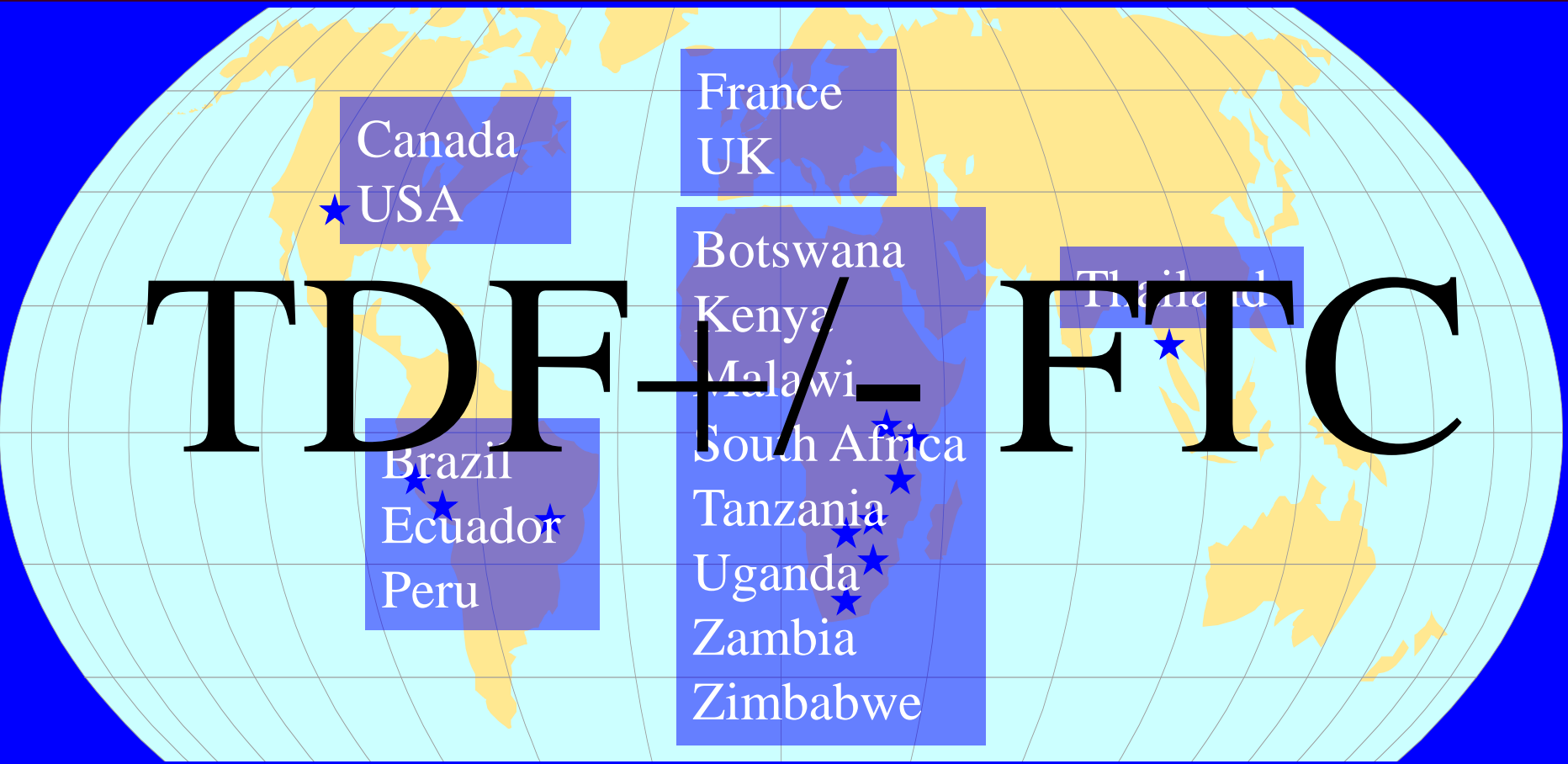
- **Investigational drug – phase 1-2**
- **Limited safety data in HIV-uninfected individuals**
- **Theoretical safety risks**
- **No tissue PK data**
- **Parenteral administration once every 1-4 weeks**

Summary: New PrEP Drugs

	mechanism	dosing route	dosing frequency	PrEP stage
MVC	CCR5 antagonist	oral	once daily	Phase 2
RAL	II	oral	twice daily	--
RPV-LA	NNRTI	injectable, SC	once monthly	Phase 1/2 pilot
'744	II	injectable, SC	once monthly (or less)	Phase 1/2 pilot
ibalizumab	CD4 attachment inhibitor	injectable, SC	once every 1-4 weeks	Phase 1 pilot

THANK
YOU

Completed and Current Studies of Oral PrEP



14 studies and projects, up to 16 countries

32,000+ participants