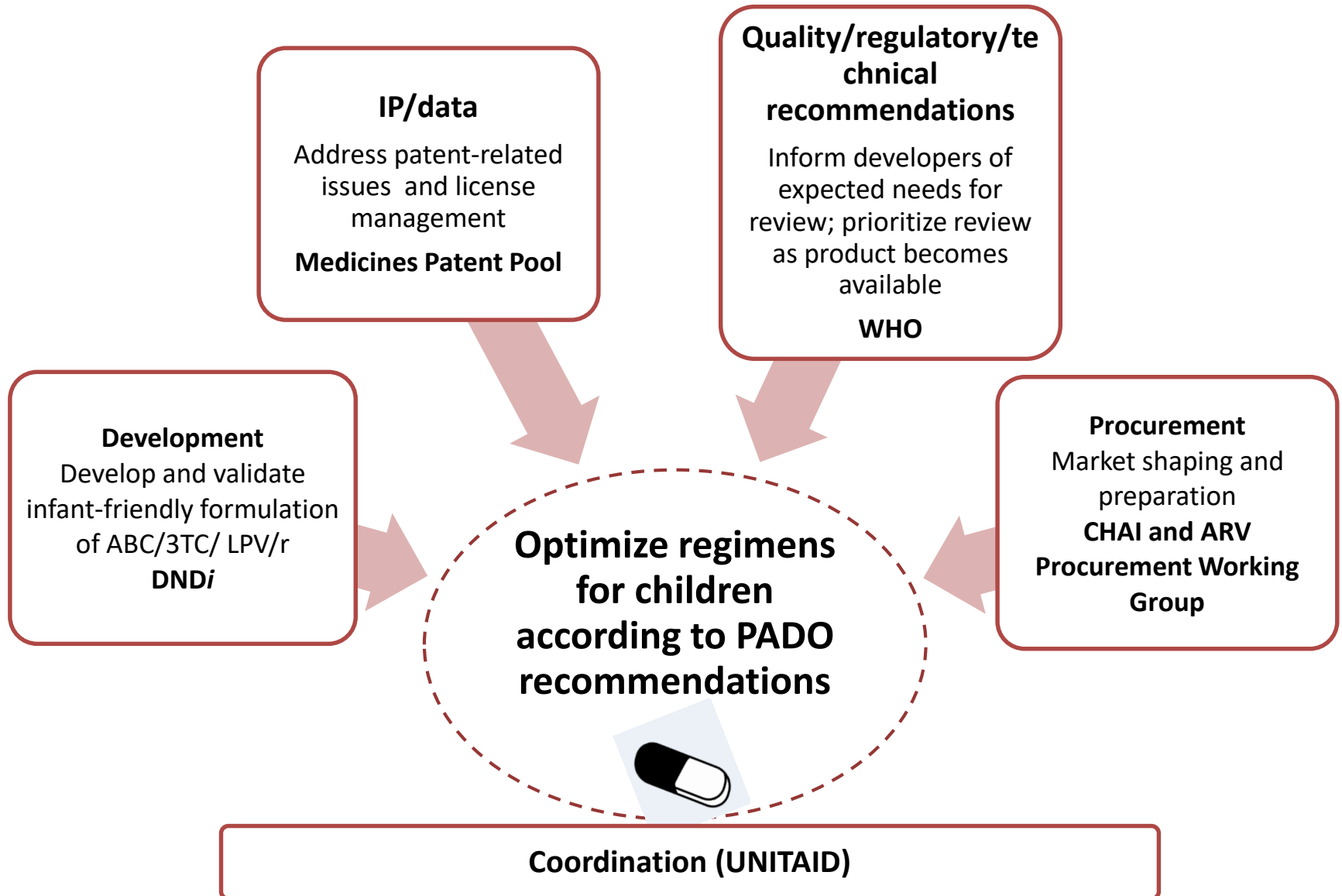


# **UPDATE ON PHTI PROJECTS**

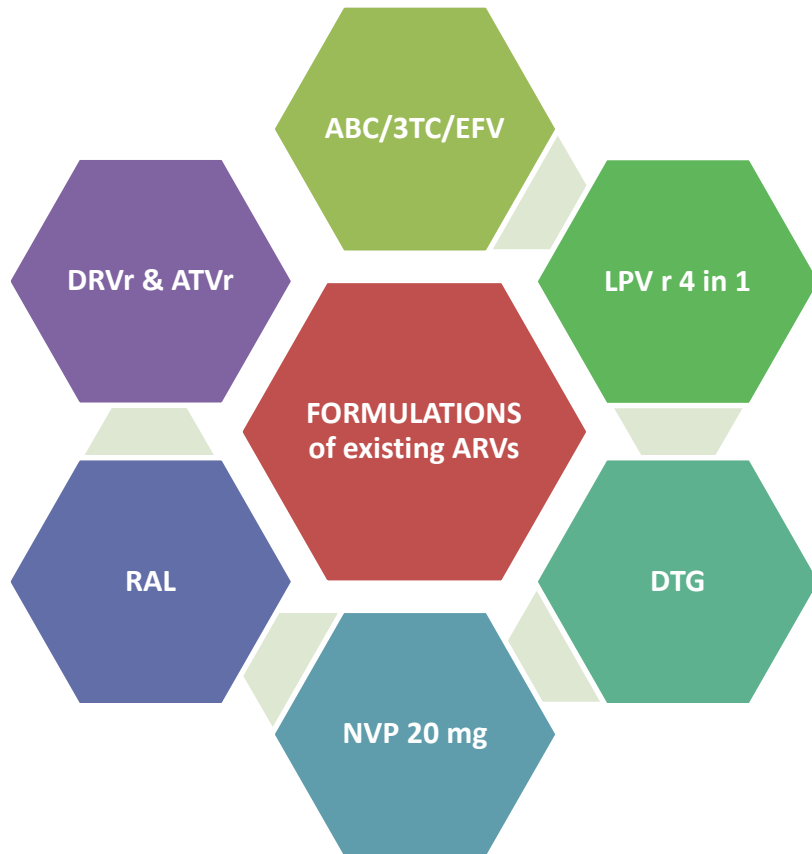
**REPORT BACK FROM THE  
PAEDIATRICS WEEK**

December 15th, 2016

# PHTI structure



# PADO 2 priorities

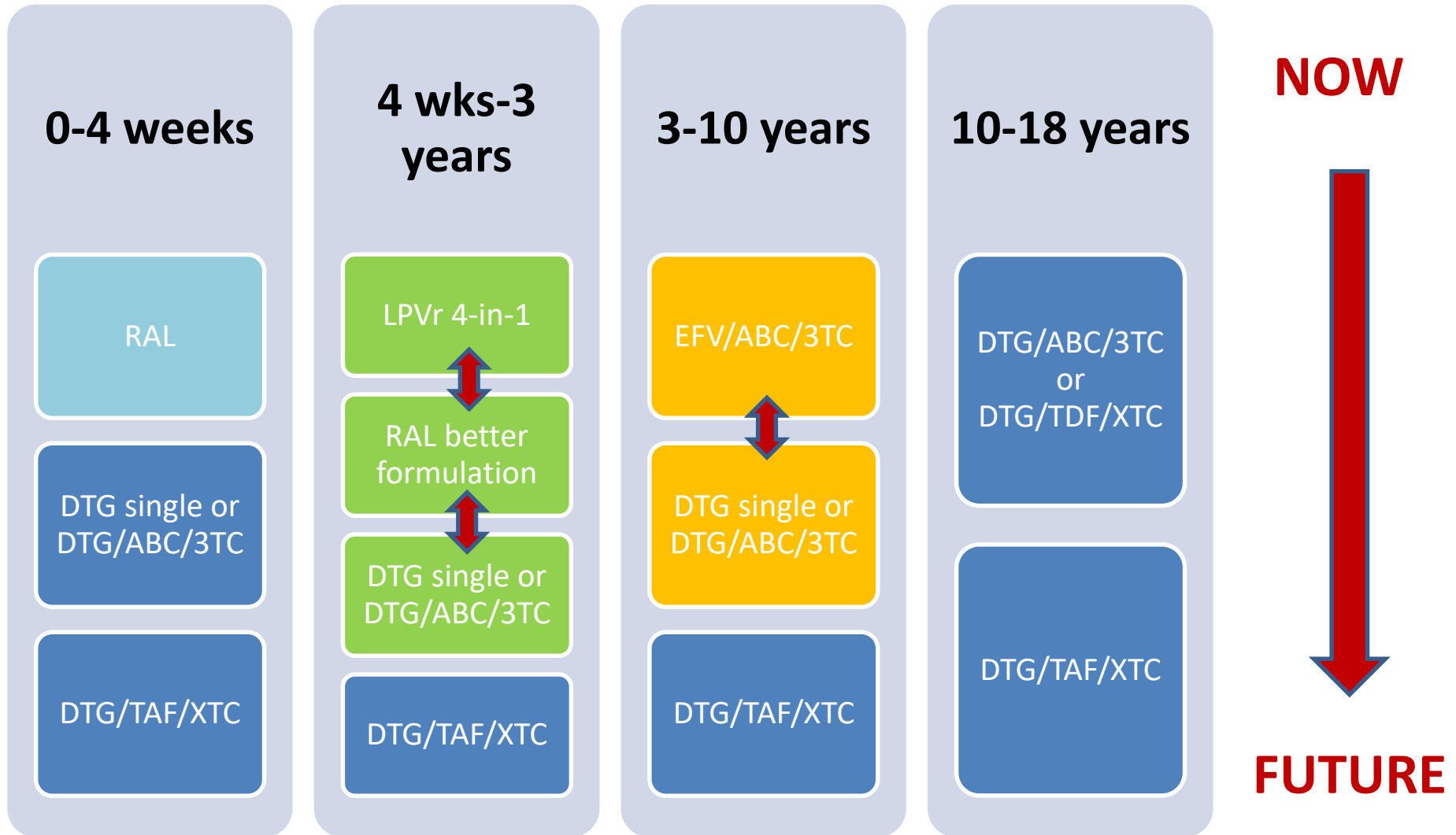


New formulations of **existing drugs** that already have registration for children or in advanced paediatric development

Identifying priorities regimens for optimal sequencing which include **newer compounds** for which paediatric development has not been completed

	0-3 yrs	3-10 yrs	10 yrs +
<b>FIRST LINE</b>			
Mid-term (5 yr)	ABC/3TC/DTG		TAF/3TC/DTG
Long term (10 yr)	TAF/3TC/DTG		
<b>SECOND LINE</b>			
Mid-term (5 yr)	AZT/3TC/RAL or LPV/r	AZT/3TC/DRV/r	TAF/3TC/DRV/r
Long term (10 yr)	AZT/3TC/LPV/r	RPV/DRV/r or AZT/3TC/DRVr	

# Treatment sequencing



**NOW**

**FUTURE**

# PHTI structure

<b>PRODUCT</b>	<b>FORMULATION</b>	<b>LEADER IN PHTI</b>
ABC/3TC/LPV/r	30mg/15mg/40mg/10mg granules	DNDI
ABC/3TC/EFV	150mg/75mg /150mg dispersible tablets	MPP
RAL	50mg scored dispersible tablet (25mg chewable or 50mg chewable also possible)	MPP
DRV/r	120/20 mg tablet	CHAI
DTG-based formulations	Various strengths	CHAI

# Licensing

All currently recommended paediatric **and some new** ARVs have been licensed by the originator:

– ABC

– ATV

– (DRV)

– LPV

– RAL

– RTV

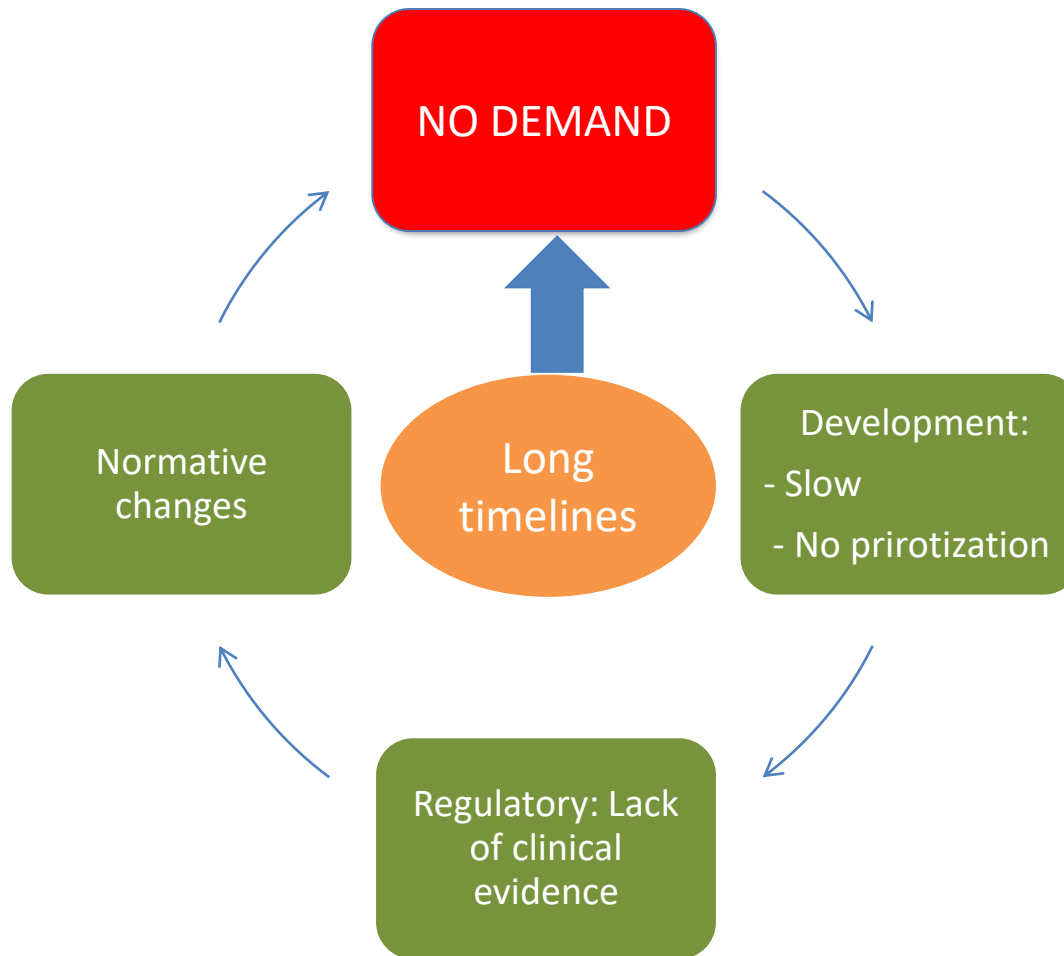
– DTG

– TAF

# Project update

	<b>FORMULATION</b>	<b>RECOMMENDATION</b>	<b>PROGRESS</b>	<b>LEADER</b>
ABC/3TC/ LPV/r	30mg/15mg/40mg/ 10mg granules	1st line in <3 y	DNDI/Cipla working on it.	DNDI
ABC/3TC/ EFV	150mg/75mg/150m g dispersible tablets	1st line in 3 to 10 y	Aurobindo, Hetero and Mylan were selected after EOI and are developing it.	MPP
RAL	50mg scored dispersible tablet (25mg or 50mg chewable also possible)	1st and 2nd line for <3 y	Hetero and Lupin have been licensed by the MPP and are working on it.	MPP
DRV/r	120/20 mg tablet	2nd line after failure to LPV/r and 3rd line	Working with Janssen, a plan has been developed to file modelling and PK data to support weight band dosing. Discussions on-going with manufacturers regarding formulation development plans.	CHAI
DTG-based formulations CHAI	Singles and FDC planned	1st and 2 <sup>nd</sup> line	Clinical studies on-going by ViiV. Generics starting work on paediatric DTG. CHAI is implementing a collaboration with ViiV for development of a single DTG pediatric product and will work towards the FDC based on clinical data.	CHAI

# Main bottlenecks





# Regulatory: lack of clinical evidence

- Most formulations do not exist as originators, which complicates regulatory approval:
  - No bioequivalence reference (e.g. ABC/3TC/LPV/r)
  - Requirement of CT in India
- Original development plan by originator may not respond to current needs (e.g. DRV/r)
- Several companies working on slightly different formulations (e.g. RAL)
- Approval required time

# Next steps

- Concentrate in resolving transversal issues affecting all projects;
  - Work with PAWG to provide technical input
  - Regulatory issues: common approach to address approval in India
  - Licensing management
  - Engage with generic companies to keep priority level
  - Focus on in-country registration
- Adapt PHTI activities and strategies to the GAP-f

# Acknowledgements

- Jane Galvao, UNITAID
- Martina Penazzato, WHO
- Janice Lee, DNDi
- Melynda Watkins, CHAI