

# Injectable Antiretrovirals The Promise and the Peril

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Cape Town, 6<sup>th</sup> October, 2015

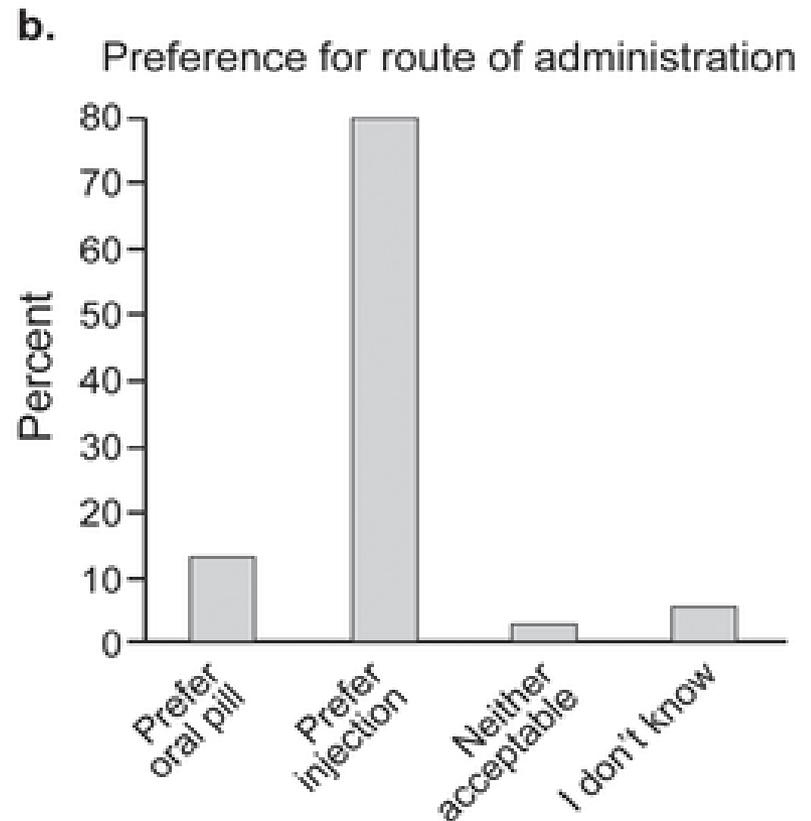
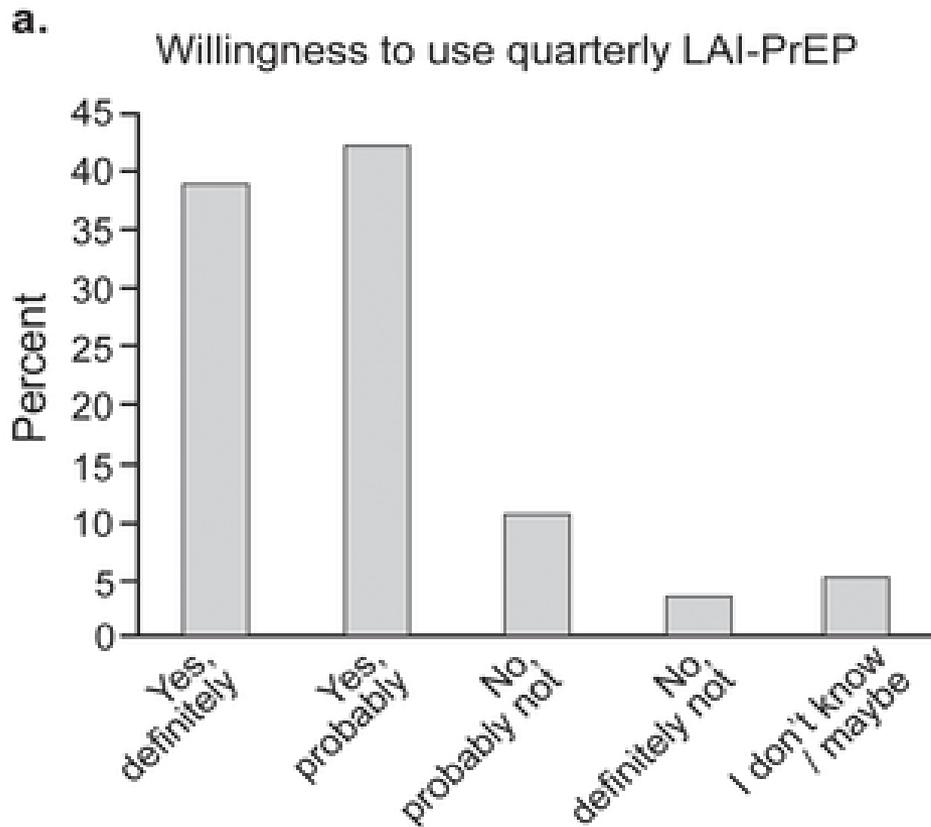


# The Promise

# Long Acting Formulations

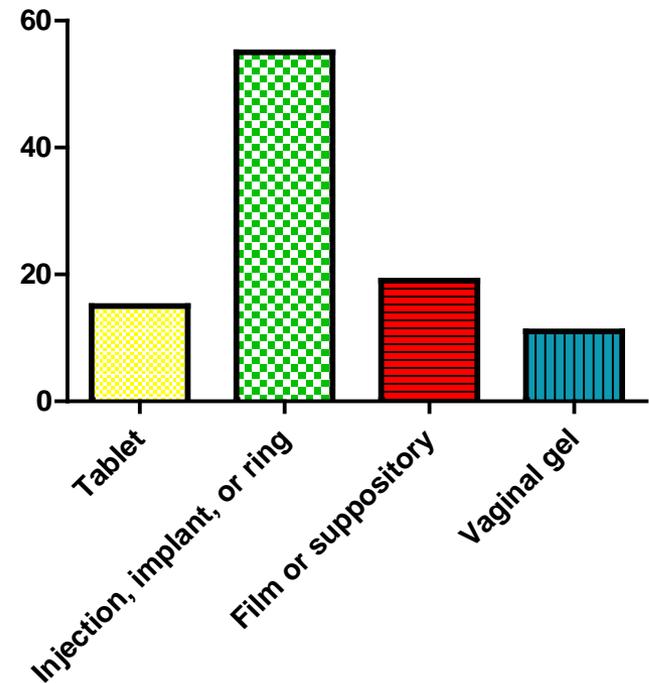
- Have been used to improve adherence and prevent missed doses/treatment fatigue in several therapeutic areas
- Contraception: (Depo Provera)
- Schizophrenia: 6 long-acting antipsychotics available (e.g. risperidone, olanzapine, aripiprazole)
- LA ARV products being developed for PrEP and treatment indications

# Acceptability of LA PrEP



# Prevention Product Preference

- VOICE-D study
- In depth interview (N = 68)
- Women asked to make hypothetical choices about product preference



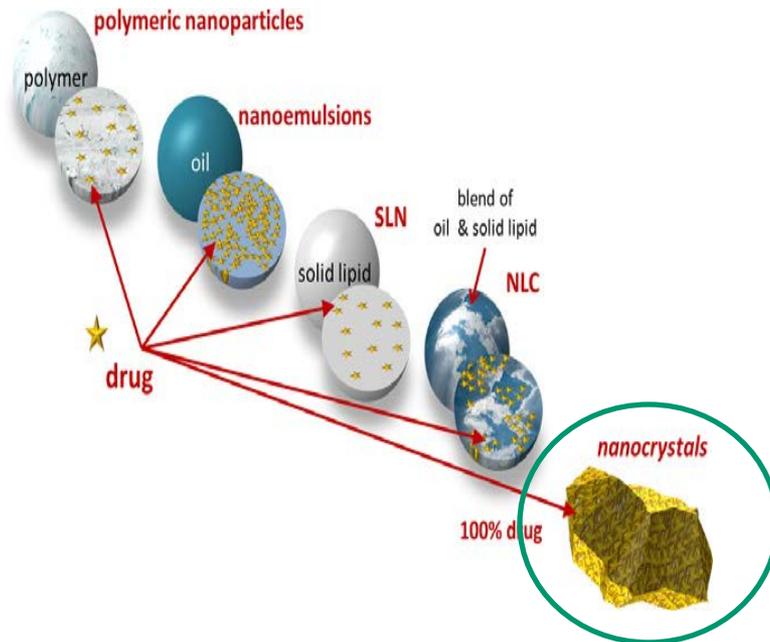
# Injectable PrEP

# Requirements for LA ARV

- Potency and PK profile allowing infrequent dosing (~ 2-3 months)
- Practical injection volume (~ 4mL)
- Stable formulation ideally without cold chain requirements
- Potential products
  - TMC278 LA (Ralpivirine)
  - GSK 744 (Cabotegravir)
  - Monoclonals (Ibalizumab, 3BNC117, 10-1074)

# Nanosuspension Formulations

- Drug nanocrystal suspended in liquid = nanosuspension
- Nanomilled to increase surface area and drug dissolution rate
- Allows ~100% drug loading vs. matrix approaches for lower injection volumes



## GSK744 200mg/mL

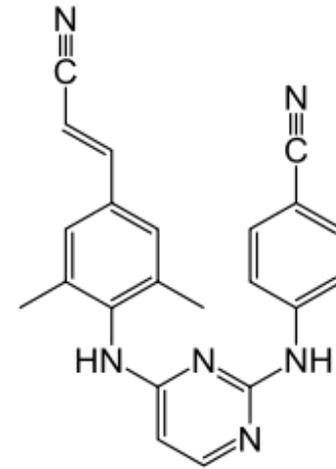
| Component                 | Function           |
|---------------------------|--------------------|
| GSK1265744A (d50 ~200 nm) | Active             |
| Mannitol                  | Tonicity agent     |
| Surfactant System         | Wetting/Stabilizer |
| Water for Injection       | Solvent            |

## TMC278 300mg/mL

| Component            | Function           |
|----------------------|--------------------|
| TMC278 (d50 ~200 nm) | Active             |
| Glucose              | Tonicity agent     |
| Surfactant System    | Wetting/Stabilizer |
| Water for Injection  | Solvent            |

# TMC278-LA (Ralpivirine)

- Non Nucleoside Reverse Transcriptase Inhibitor
- Oral rilpivirine licensed as Edurant® for the treatment of chronic HIV infection (25 mg)
- $EC_{50}$ : <0.4 ng/mL
- Plasma trough levels in successful treatment populations: ~70 ng/mL

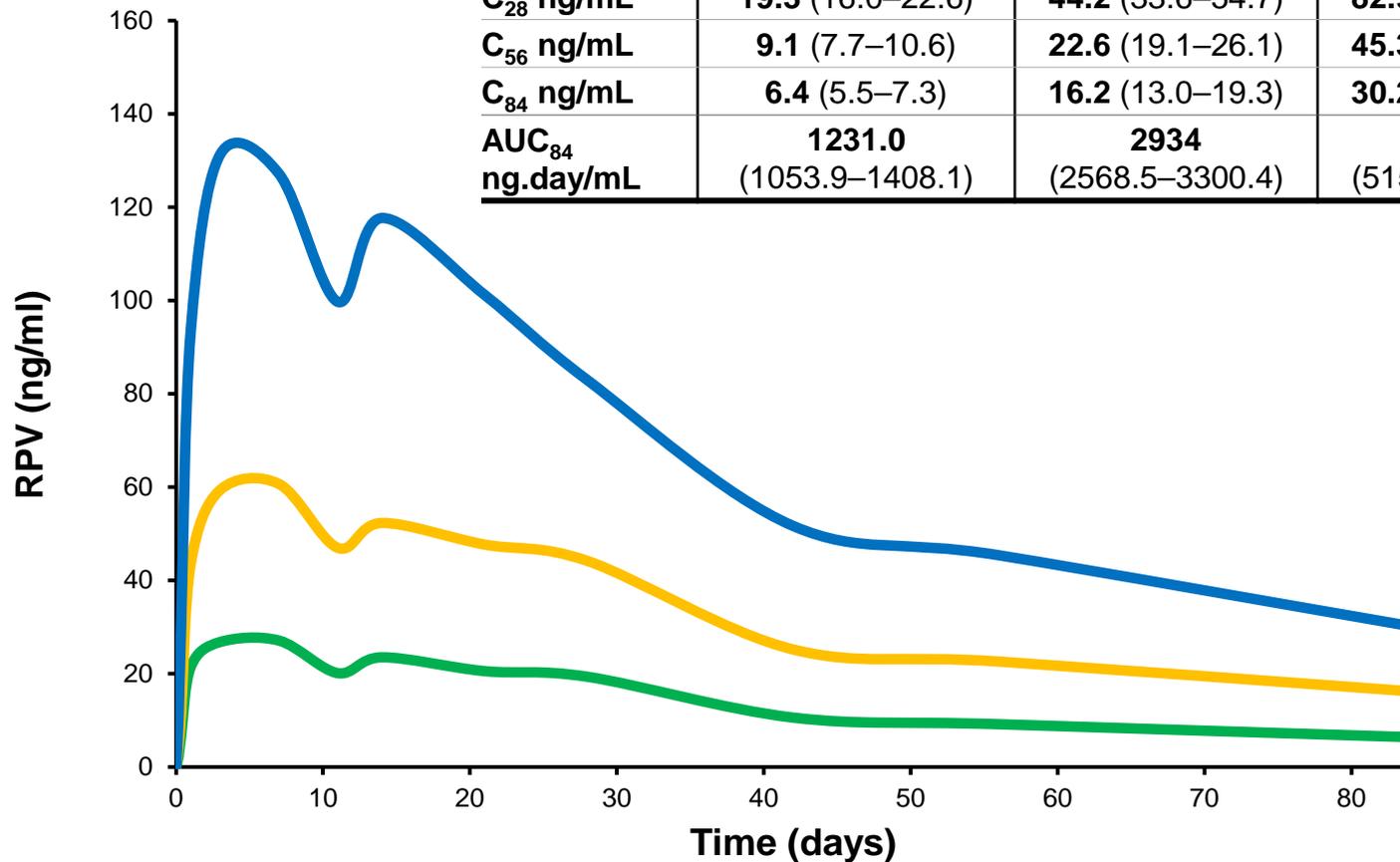


# SSAT 040 Phase I Trial

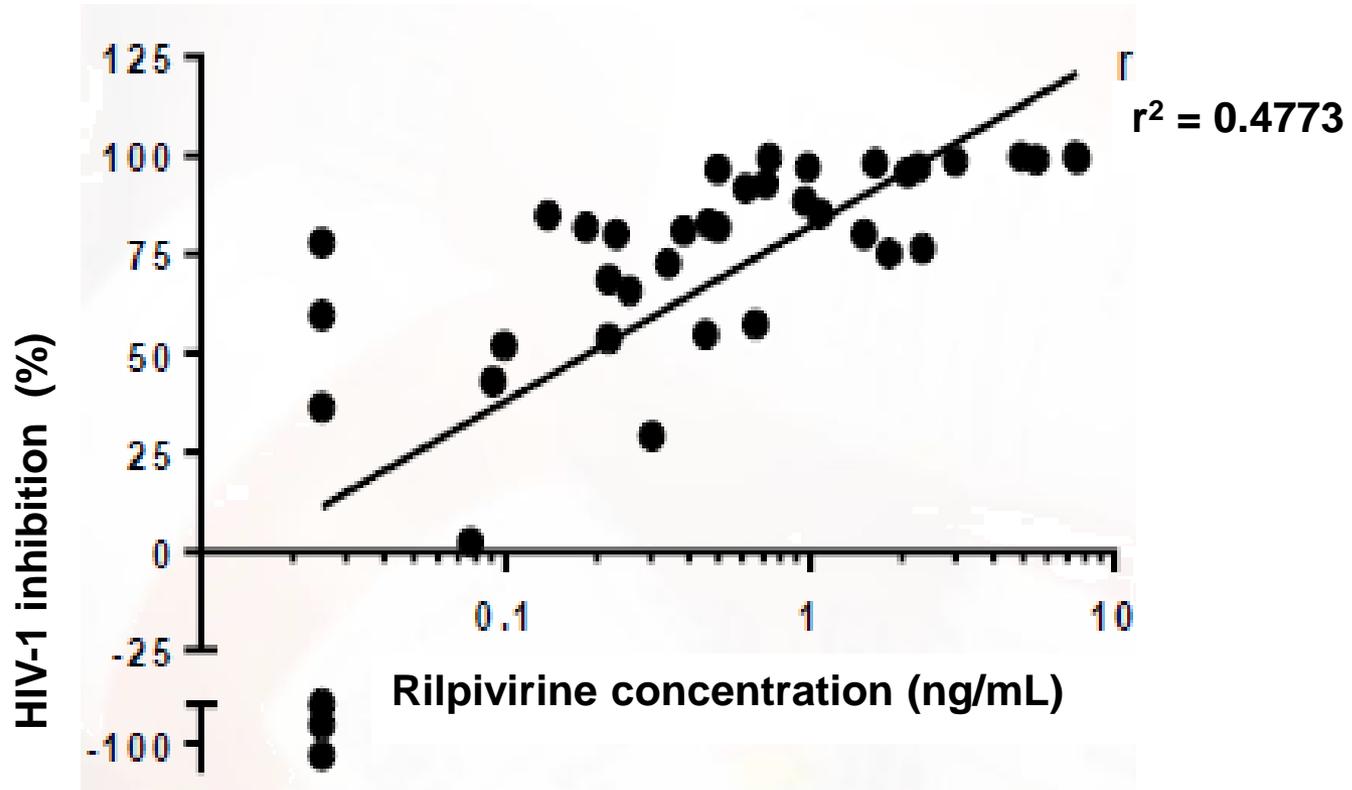
- Study design
  - HIV-negative volunteers, between 18–50 years, low risk for HIV
- Single IM dose
  - 20 women per arm at 300 mg, 600 mg or 1200 mg (n=60)
  - 6 men at 600 mg
- Primary objectives
  - Plasma PK through Day 84 post dose
  - PK in genital tract and rectal fluids/tissues

# Rilpivirine Levels in Plasma

| PK parameter                      | F 300 mg (n=20)                  | F 600 mg (n=20)                | F 1200 mg (n=20)                 |
|-----------------------------------|----------------------------------|--------------------------------|----------------------------------|
| <b>C<sub>max</sub> ng/mL</b>      | <b>33.7</b> (27.8–39.6)          | <b>81.9</b> (68.7–95.1)        | <b>160.2</b> (137.5–182.9)       |
| <b>T<sub>max</sub> day</b>        | <b>7.9</b> (4.2–11.5)            | <b>6.0</b> (3.4–8.6)           | <b>6.2</b> (4.3–8.1)             |
| <b>C<sub>28</sub> ng/mL</b>       | <b>19.3</b> (16.0–22.6)          | <b>44.2</b> (33.6–54.7)        | <b>82.9</b> (66.6–99.1)          |
| <b>C<sub>56</sub> ng/mL</b>       | <b>9.1</b> (7.7–10.6)            | <b>22.6</b> (19.1–26.1)        | <b>45.3</b> (35.8–54.9)          |
| <b>C<sub>84</sub> ng/mL</b>       | <b>6.4</b> (5.5–7.3)             | <b>16.2</b> (13.0–19.3)        | <b>30.2</b> (23.7–36.6)          |
| <b>AUC<sub>84</sub> ng.day/mL</b> | <b>1231.0</b><br>(1053.9–1408.1) | <b>2934</b><br>(2568.5–3300.4) | <b>5981.6</b><br>(5155.9–6807.4) |



# Pharmacodynamic Data



# MWRI-01 Study



Screening  
Visit

Baseline  
Visit

Rilpivirine  
1200 mg or  
600 mg

Female (N=12)  
Male (N=6)

Cervicovaginal  
Rectal fluid & tissue

Compartmental PK &  
explant challenge

FU Visit  
+ 1 month

Monthly  
FU Visits  
+ 2 months to  
+ 6 months



# Compartment

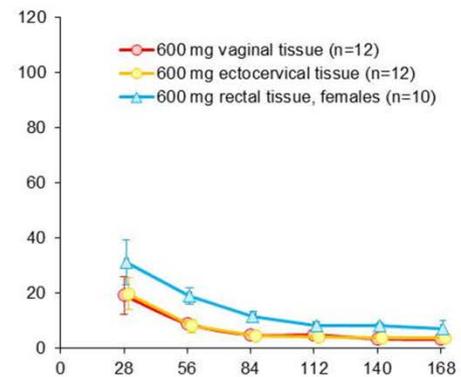
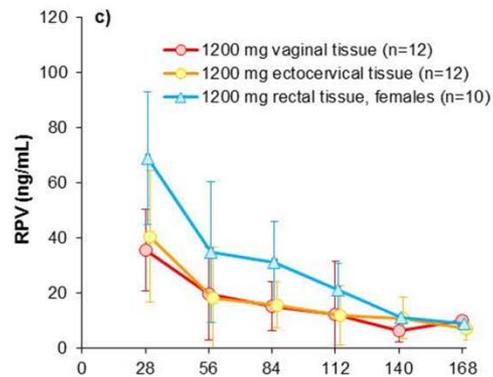
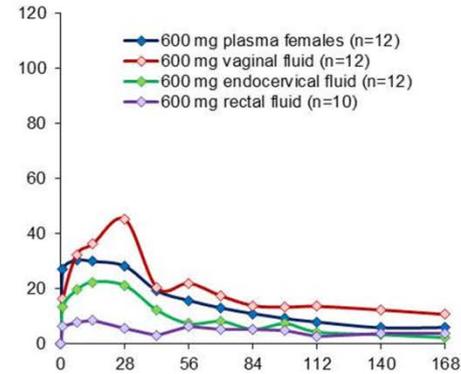
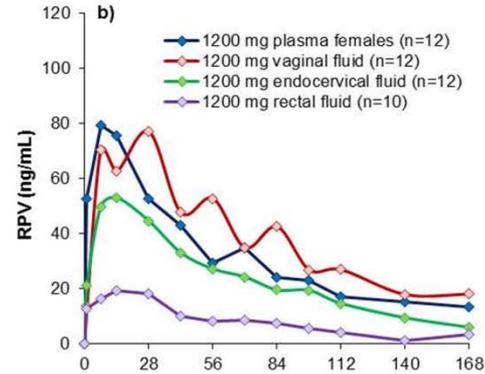
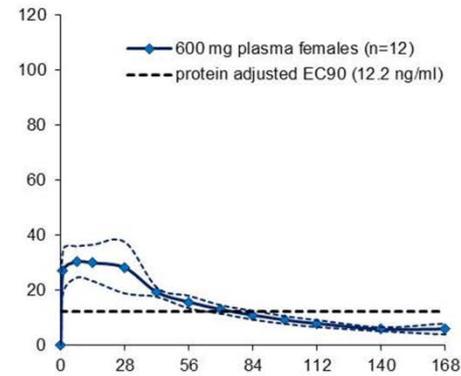
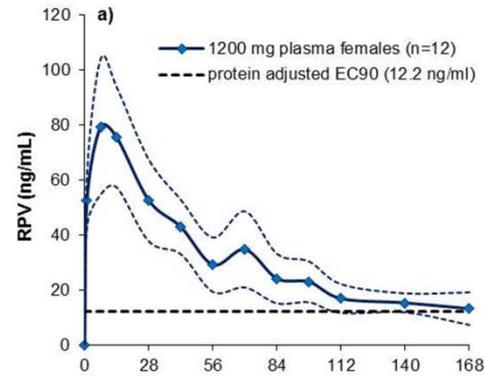
## Plasma

## Cervicovaginal & rectal fluid

## Cervicovaginal & rectal tissue

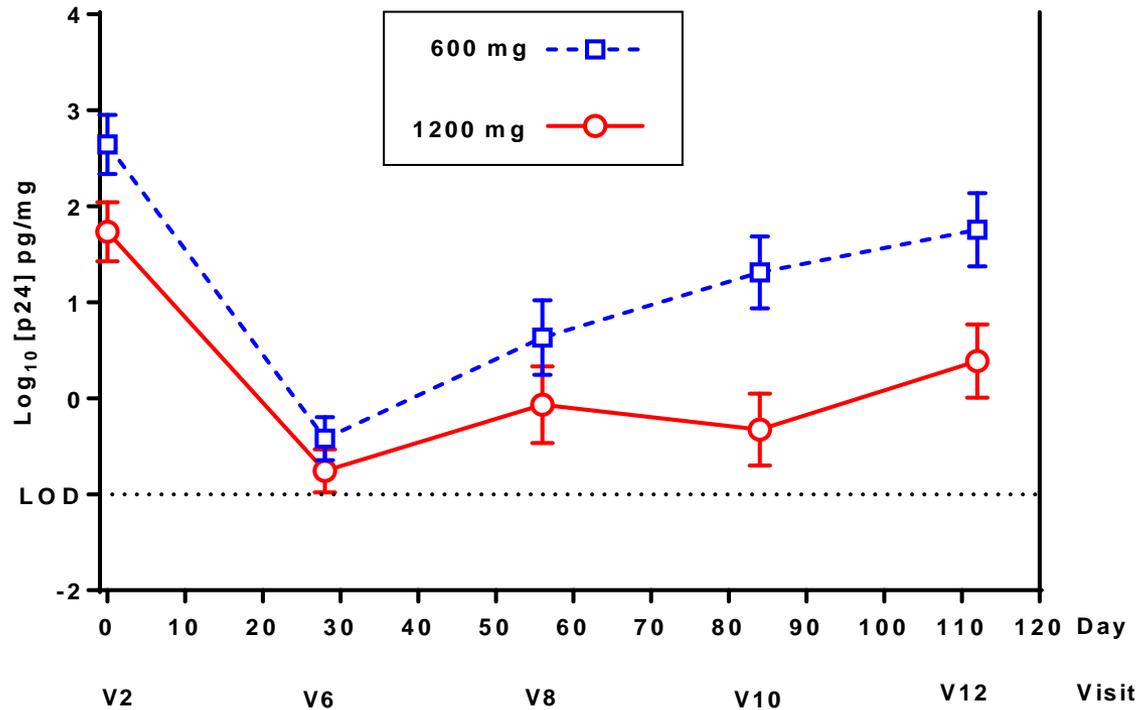
### 1200 mg

### 600 mg



Time (days)

# MWRI-01 Explant Data

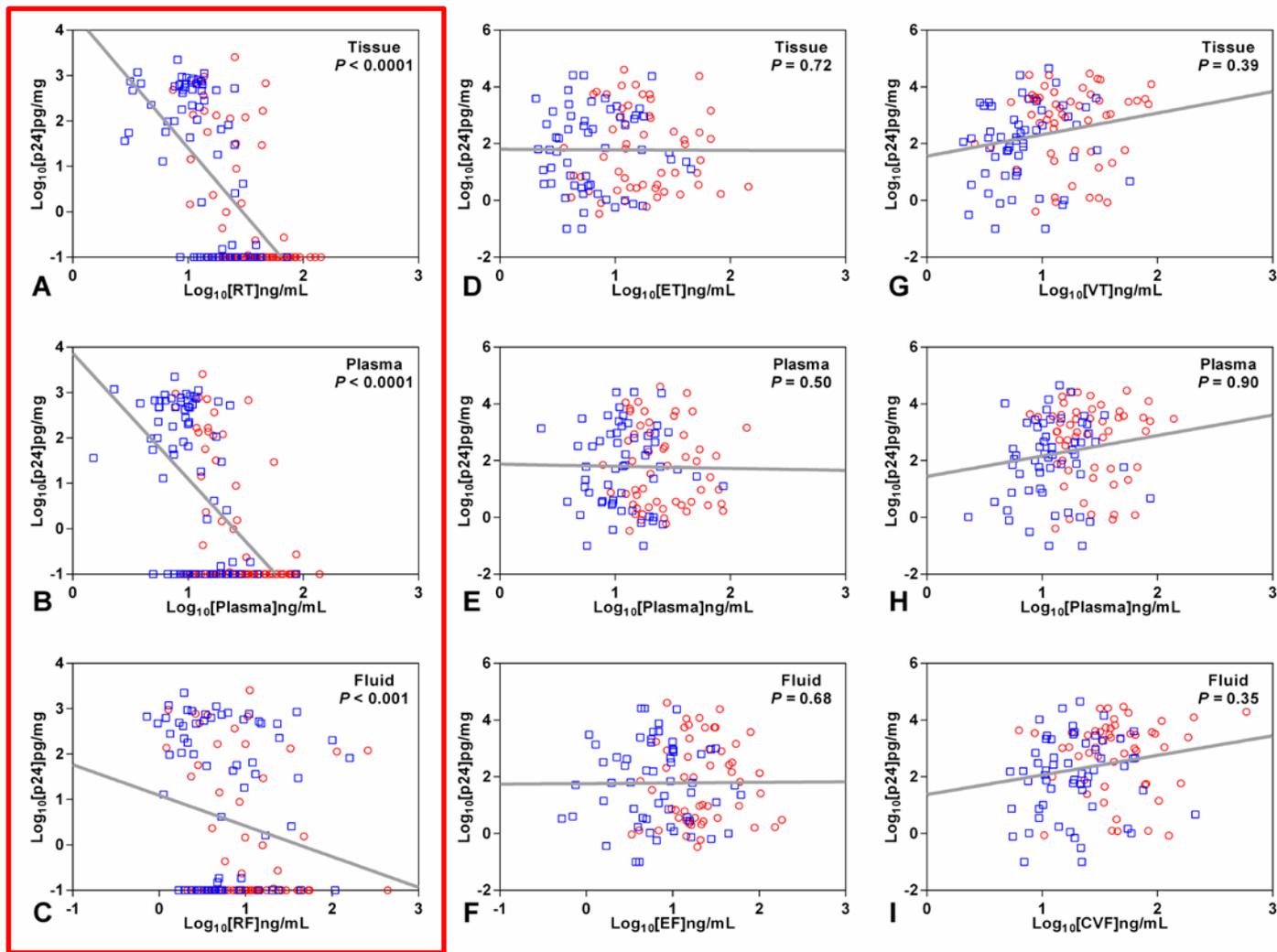


Dose Effect  $P = 0.0009$   
Visit Effect  $P < 0.0001$   
Dose\*Visit Interaction  $P = 0.2131$

# MWRI-01 PK/PD

□ 600 mg Single Dose

○ 1200 mg Single Dose



Rectal

Cervical

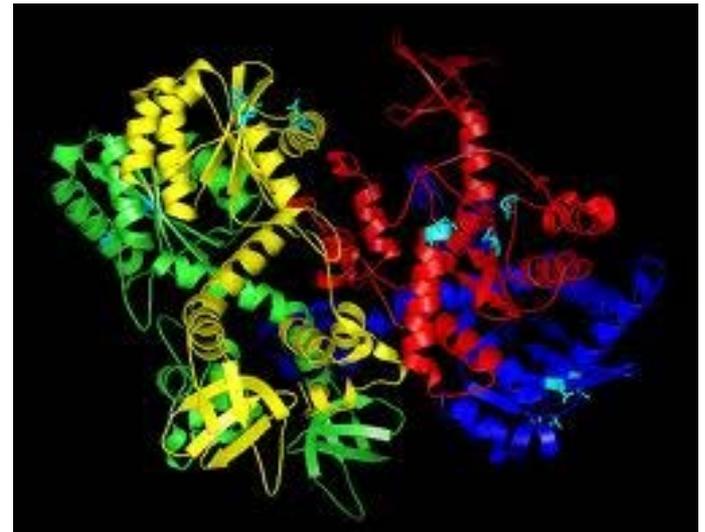
Vaginal

# Rilpivirine Development

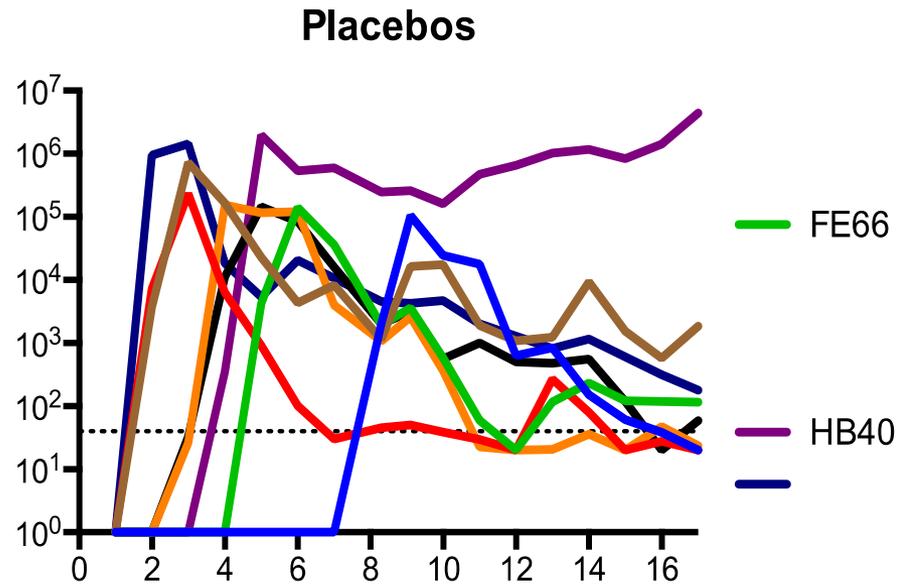
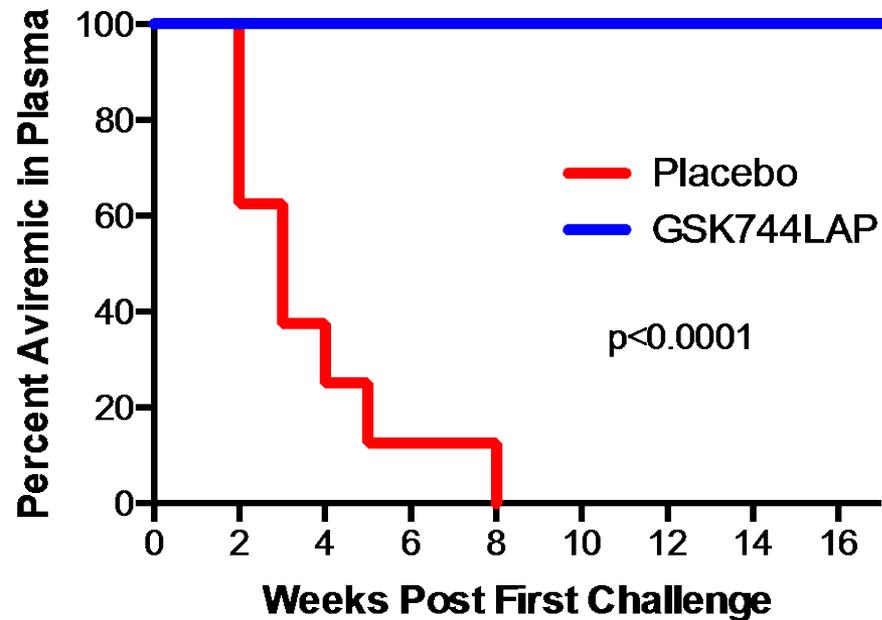
- Complete MWRI-01 multiple dosing phase
  - 1200 mg every 2 months
- Complete Phase 2 evaluation
  - HPTN-076
- Rilpivirine unlikely to advance to Phase 3 development for prevention
  - Resistance and cold-chain requirement
  - Failure to suppress explant infection
- Also being developed for Rx indication

# GSK 744 (Cabotegravir)

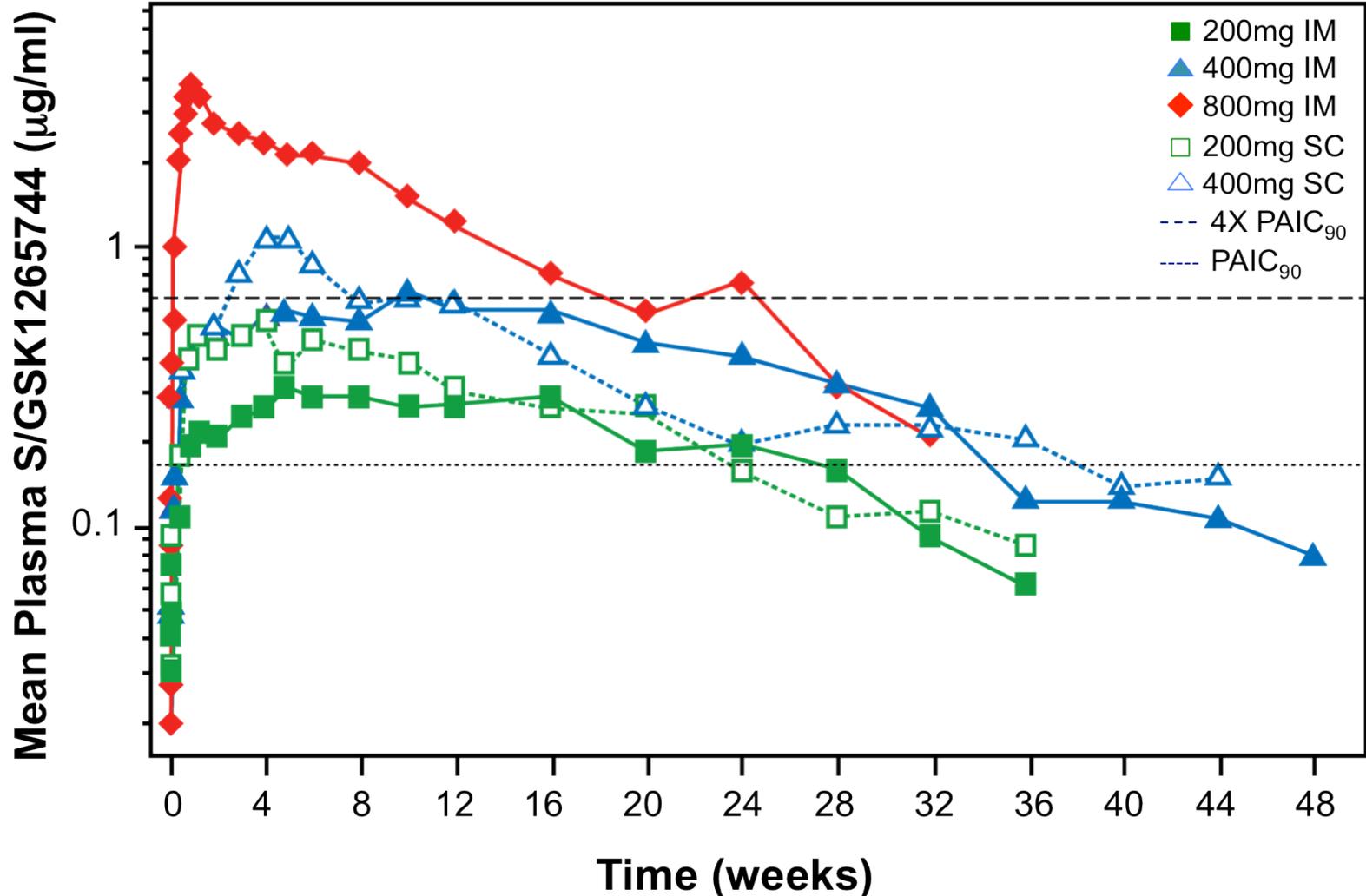
- Integrase inhibitor
- Analogue of dolutegravir
- Oral dose  $\leq 30\text{mg}$
- $\text{IC}_{50}$ :  $0.22\text{ nmol/L}$
- Highly protein bound
- PA  $\text{IC}_{90}$ :  $166\text{ng/mL}$
- LA formulation has  $200\text{ mg/mL}$



# Non Human Primate Study

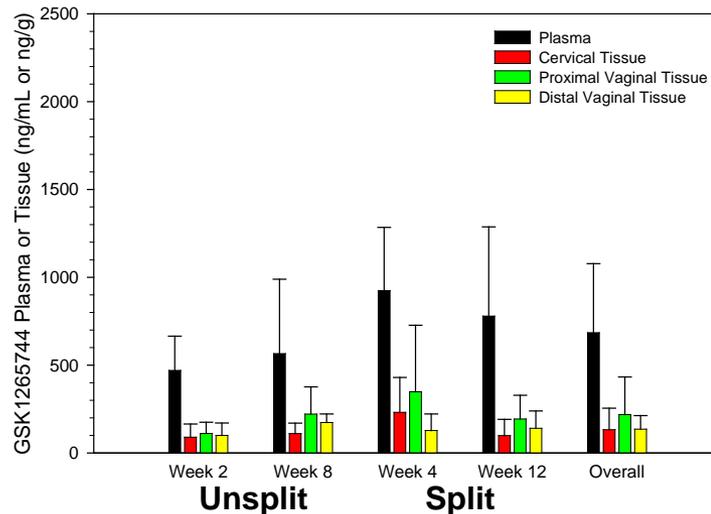


# PK Profile of Cabotegravir

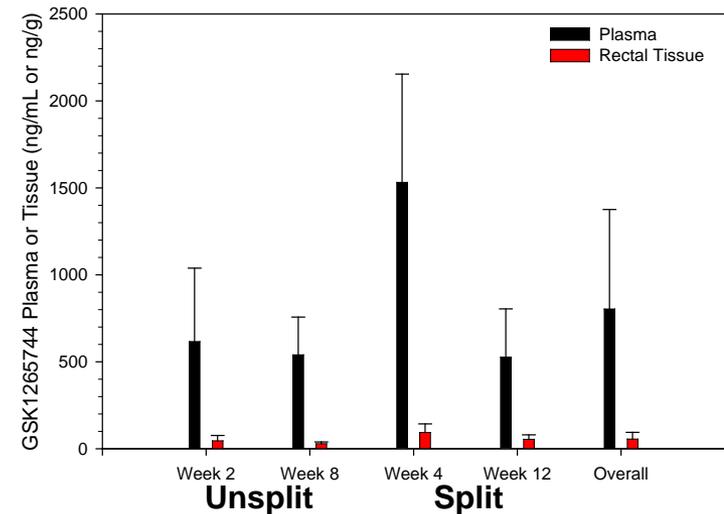


# Tissue Concentration Analysis

## Females



## Males



- Median split, unsplit (range) individual tissue:plasma ratios were
  - 0.16, 0.20 (NQ – 0.40) in cervical tissue
  - 0.19, 0.28 (NQ – 0.70) in vaginal tissue
  - NQ, 0.08 (NQ – 0.20, 0.10) in rectal tissue

# Cabotegravir Development

- Phase 1
  - Multiple Phase 1 safety studies completed\*
- Phase 2
  - HPTN-077
    - Brazil, Malawi, South Africa, and the US
    - Currently enrolling
- Phase 3
  - HPTN-083
    - In development

\*Jackson A and McGowan I Current Opinion HIV and AIDS 2015

# The Perils

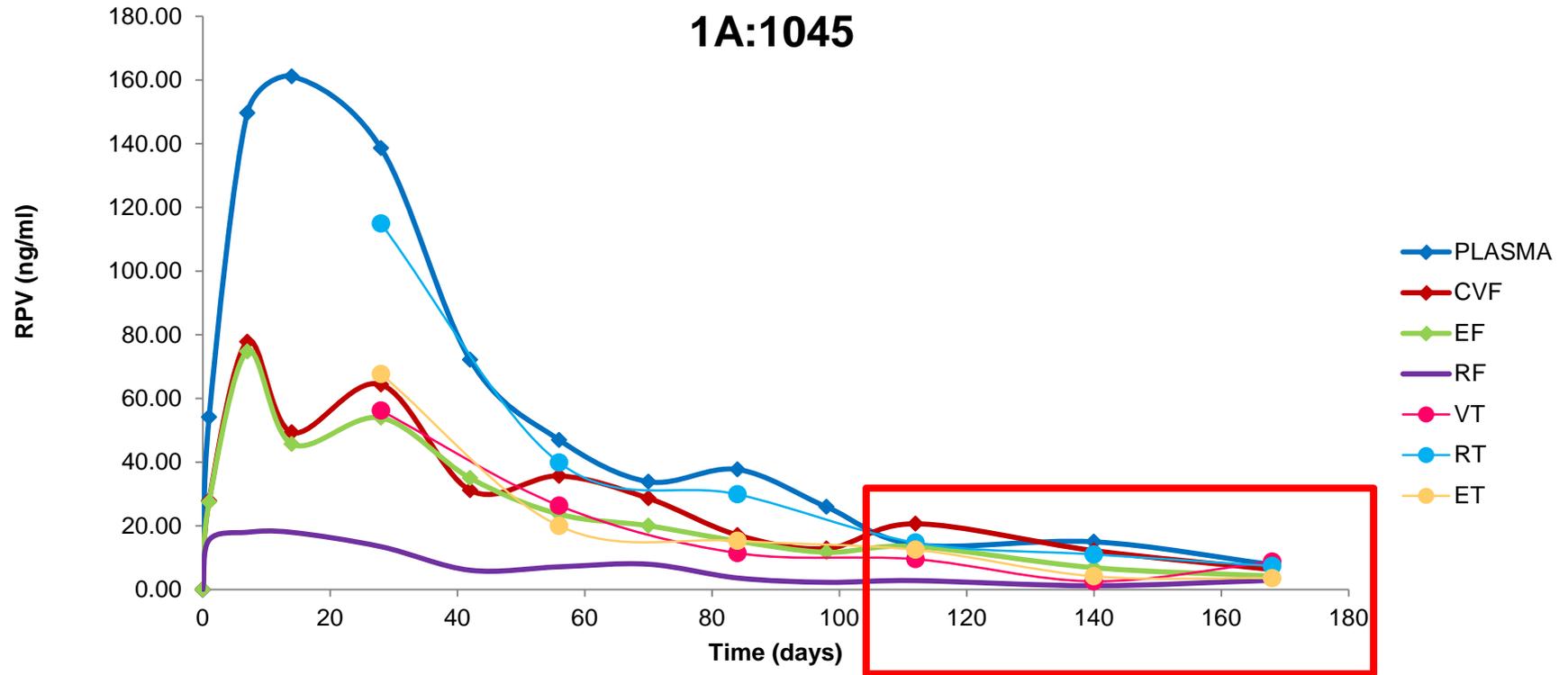
# The Perils of LA PrEP

- Safety
- Acceptability
- Adherence
- Pharmacokinetics
- Resistance
- Operational complexity

# Pharmacokinetics



# The PK Tail



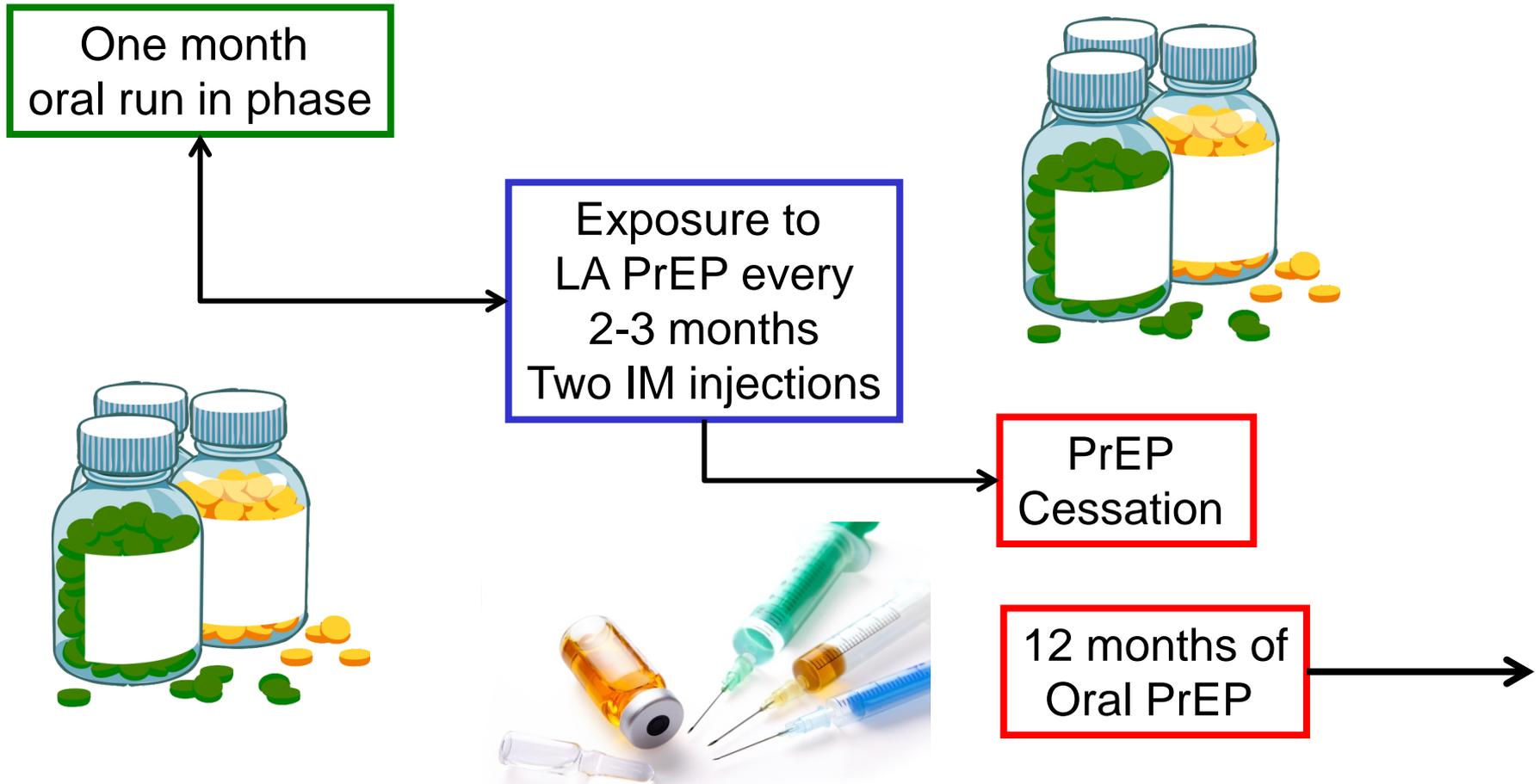
Female participant receiving a single 1200 mg dose of rilpivirine



# Resistance

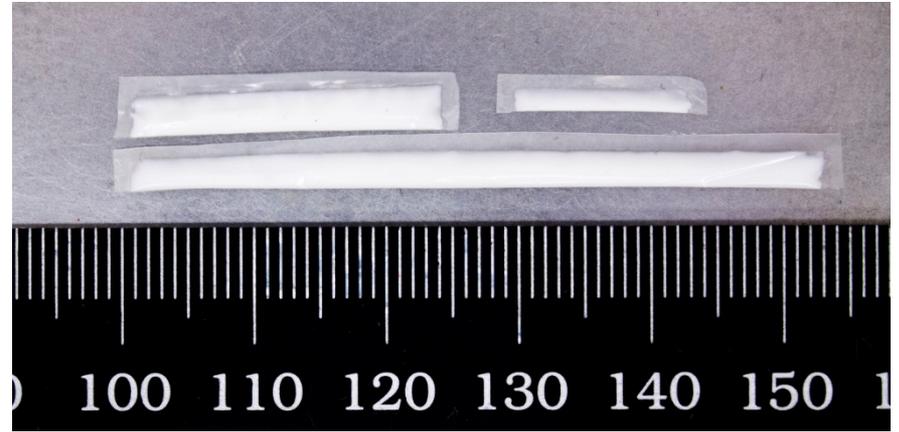
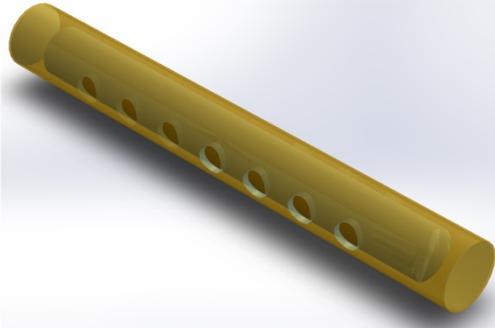
- HIV infection during periods of subtherapeutic drug exposure may result in the development of resistance
- NNRTI resistance seen in a SSAT040 study participant who received a 300 mg dose of rilpivirine and who seroconverted
- Loss to follow-up during implementation may generate large pool of vulnerable individuals

# Operational Complexity



# Implantable Products

# Implantable Formulations



Tenofvir alafenamide implant

Gunawardana M et al.  
Antimicrob Agents Chemother 2015

Van der Straten A  
USAID Grant  
In Progress

# Summary

- GSK744 and TMC278 have progressed through Phase 1 studies
  - Generally safe and acceptable but ISR common
- Efficacy signals seen for both products
  - GSK744: NHP model
  - TMC278: Explant model
- Phase 2 studies ongoing
- Phase 3 GSK744 study planned

# Acknowledgements

- Janssen R & G
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Thank You