

Ensuring the Sustainability of ARVs:

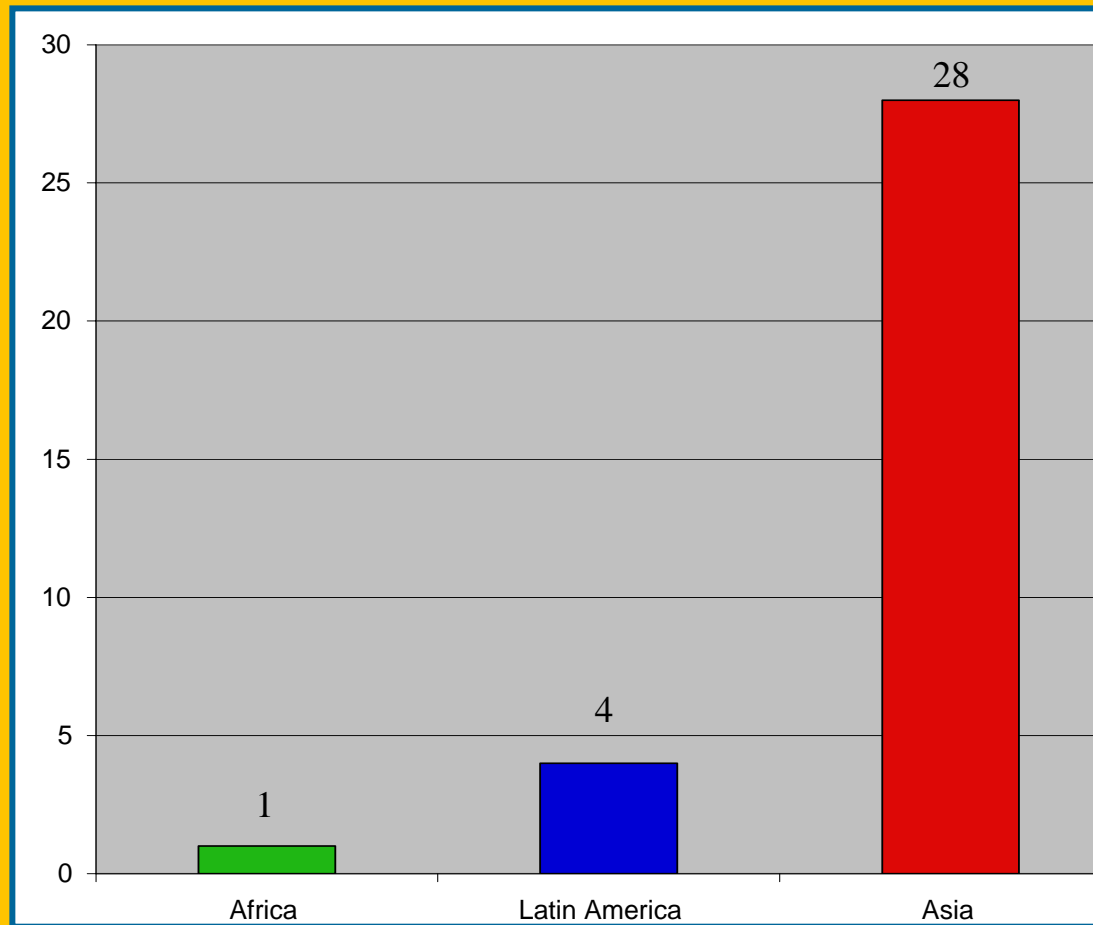
Critical Issues in the Success of National ARV Treatment Programs in Asia

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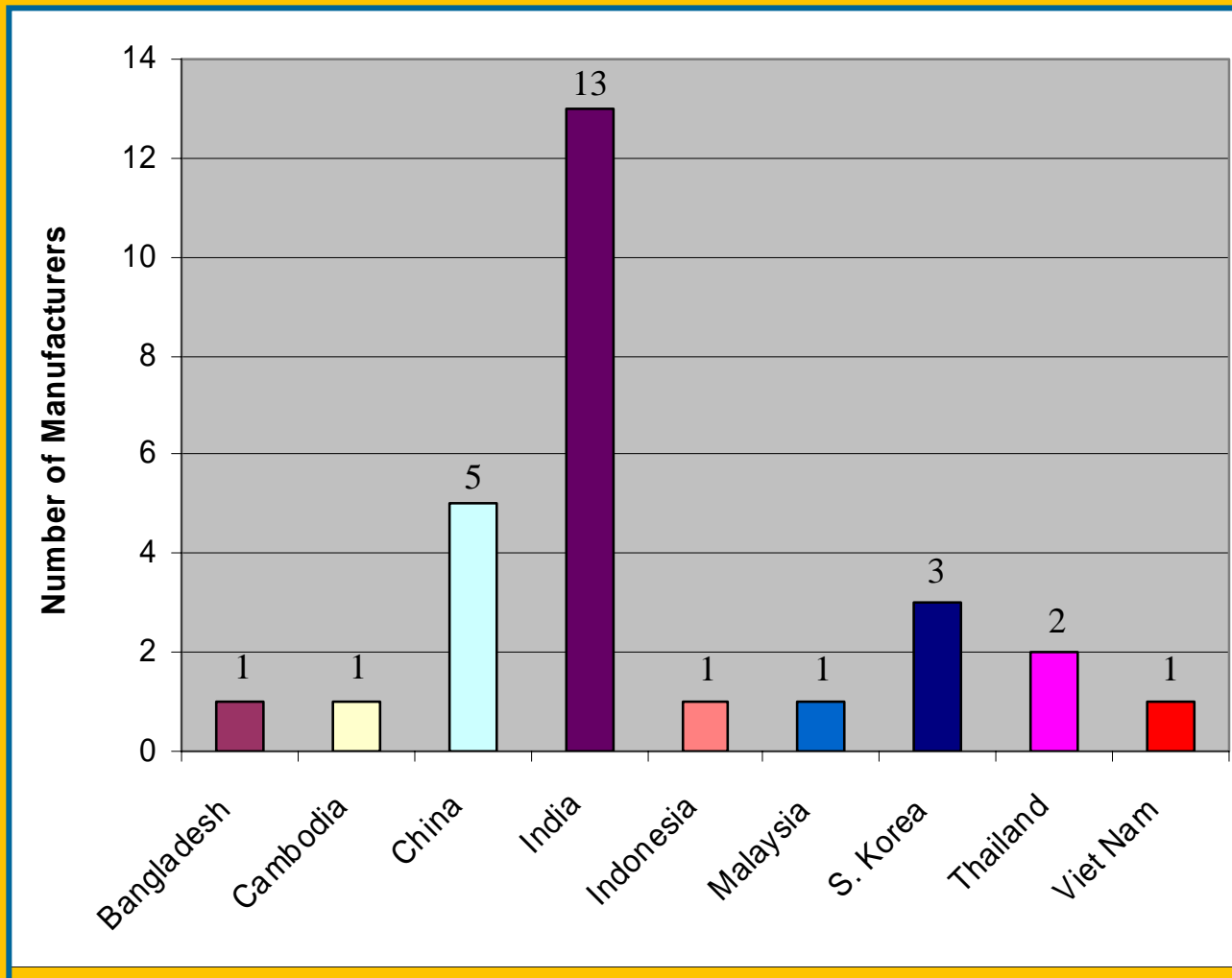
Ensuring Sustainability of ARV programs

- National programs (and epidemics in Asia) are interconnected and interrelated
- Geography means little with respect to long-term success/failure of ARV treatment programs
- Drug resistance will play a critical role in success/failure of ARV treatment programs

Generic Manufacturers by Region



Generic Antiretroviral Manufacturers in Asia



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China

First Line Regimen

D4T+DDI+NVP

Second Line Regimen

???



DESANO



•Lamivudine†

•Zidovudine

•Stavudine

•Nevirapine

•Didanosine

•Indinavir

APIs

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India

First Line Regimen

???

Second Line Regimen

???



- Zidovudine
- Lamivudine*
- Didanosine
- Stavudine
- Zidovudine/Lamivudine*
- Stavudine/Lamivudine
- Zidovudine/Lamivudine/Nevirapine
- Stavudine/Lamivudine/Nevirapine*
- Indinavir
- Nelfinavir
- Saquinavir
- Nevirapine*
- Efavirenz

APIs

*WHO Prequalification



Thailand

First Line Regimen

D4T+3TC+NVP (GPOvir)

Second Line Regimen

???

Thai Government
Pharmaceutical
Organization



AZT



NVP



D4T



D4T+3TC+NVP



Nelfinavir



AZT + 3TC



DDI

Pediatric Formulations















Pediatric ARV formulations:

- 11 of the 18 drugs (brand name) used to treat adults' HIV infection have a pediatric labeling
- No Fixed Dose Combinations (FDCs) available in pediatric formulations

Who will ensure drug safety and efficacy?

- US Food and Drug Administration??
- WHO Prequalification Project??
- National Drug Regulatory Agencies??
- Other??

Who will ensure drug safety and efficacy?

	US FDA	WHO	NDRA	
PEPFAR				 <i>Required</i>
Donors (World Bank, etc.)				 <i>Not Required</i>
GFATM				 <i>Not Sufficient</i>
Gov'ts			?	

Selection of ARV Treatment Regimens

- Efficacy
- Toxicity
- Adherence/Resistance
- Price*
- Availability*

• Human resources, more than price, is likely to be the rate limiting step for treatment scale-up programs in Asia

HIV Drug Regimen Selection

NRTI	NNRTI	PI
FTC	NVP	TPV
AZT	EFV	IDV
3TC	DLV	SQV
ABC		LPV
DDC		FPV
DDI		RTV
TDF		ATZ
D4T		NFV
		APV

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First Line Tx Regimens in Asia

AZT, D4T, 3TC, NVP, EFV

AZT+3TC+NVP

AZT+3TC+EFV

D4T+3TC+NVP

D4T+3TC+EFV

} = 1 First Line Regimen

Second Line Tx Regimens in Asia

??????

DDI, NFV, IDV

Viet Nam

First Line Regimen

???

AZT + 3TC

Second Line Regimen

???

3TC

D4T

STADA Vietnam J.V. Ltd.

NVP

Stada Arzneimittel AG

IDV

Khuong Duy Pharmaceutical Company Ltd.

DDI

EFV



HIV Drug Resistance

What is drug resistance:

HIV drug resistance is defined by the ability of the HIV virus to replicate in the presence of antiretroviral drugs. Drug resistance can be measured either genotypically or phenotypically. Genetic resistance is the presence of at least one major mutation associated with resistance to one or more drugs.

HIV Drug Resistance

What causes HIV drug resistance:

- Some resistance occurs naturally in HIV replication cycle
- Lack of Adherence
- Lack of Absorption
- Lack of potency of the regimen

HIV Drug Resistance

How frequently does HIV drug resistance occur?:

- In the US, it's estimated that 12% of patients are infected with a strain of HIV already resistant to one drug
- 6% are infected with a strain already resistant to two or more drugs
- In patients receiving antiretroviral treatment, 78% are resistant to one drug
- 51% are resistant to two or more drugs

HIV Drug Resistance

How do we reduce the risk of HIV drug resistance:

- Appropriate patient education treatment programs should be an integral and vital part of any treatment program
- Understand that treatment is only one part of a continuum of care (others include exercise, nutrition, hygiene, etc.)
- Select the most appropriate and potent regimens for treatment programs
- Monitor patients appropriately to allow for changing drugs in the event resistance develops

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HIV-1 drug resistance in Thailand: Before and after National Access to Antiretroviral Program

542 HIV-1 infected subjects who received ARV therapy in 1999 and 2001-2003 and perinatal chemoprophylaxis in 1998 and 2000.

The percentage of drug resistant detection from the ARV therapy group in 1999 and 2001-2003 were

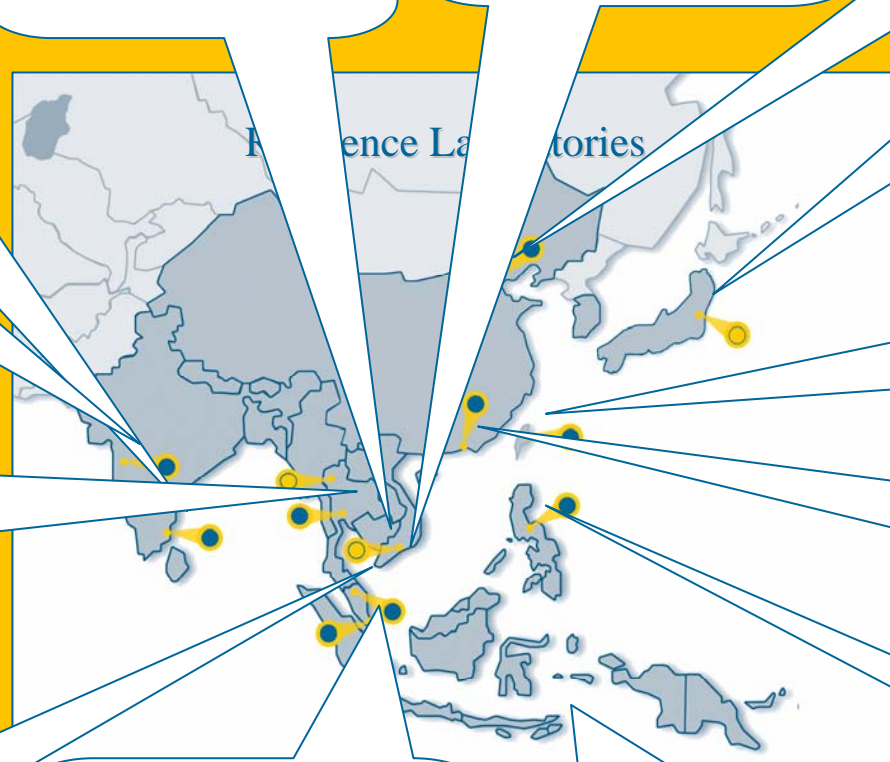
- 1999: 12.14% (34/280)
- 2001-2003: 10.23% (9/88)

Perinatal:

- 1999: 86.96% (20/23)
- 2001-2003: 57.55% (61/106)

CONCLUSION: Thailand may need more appropriate monitoring of drug resistance in the free ARV therapy program to protect the future usage of drugs by minimizing the emergence of drug resistance.

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Ensuring Sustainability of ARV programs

- ARV Treatment Programs (and Asia's HIV/AIDS epidemics in general) are connected and related
- The safety and efficacy of generic ARVs from many manufacturers are largely unproven
- Human resource capacity will be the rate limiting step for treatment access in the region
- Optimum regimen selection is critical for reducing the risk of drug resistance
- Drug resistance will likely be a long term predictor of success and durability of ARV treatment programs

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