

Therapeutic Class Report Overview : Hepatitis C Virus Infection

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Abstracts

The launch of Protease inhibitors' (PIs) created a wave in 2011-12 and accelerated the pace of innovation and impressive Sustained Virologic Response (SVR) rates by oral IFN free drug combinations have raised the bar and the expectations of pts, physicians and investors. Freedom from IFN, treating all genotypes and betting on vaccines could bring a sea of change in the HCV therapy class area in the future.

Roche set the trend with the acquisition of Anadys for total of \$230m followed by GILD buying VRUS for \$11b, Bristol-Myers Squibb (BMY) acquired Inhibitex for \$2.5b, VRTX acquired Virochem in 2009 for \$375m + in-licensed Alios' VX-135 in 2012 for total of \$775m, and Abbott in-licensed Enanta's ABT-450 for total of ~\$310m. In the next spurt of M&A in this sector, we expect companies which offer differentiated MOA to be in the limelight, are (i) Alleviate the need for Ribavarin, (ii) Address resistance, non-responders, Liver cirrhosis, HIV-HCV –co infection etc, (iii) Target other genotypes, and (iv) Vaccines or Boosters of immune system (toll like receptors). In this report, we have analyzed the novel pipeline candidates, which target unmet needs, offer promise of an 'all oral IFN-free treatment' with at par or better efficacy / compliance, and novel vaccine candidates.



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Gilead: Sofosbuvir/GS-5885

Abbott: ABT-450r/ABT-472/ABT-333

Boehringer Ingelheim: Faldaprevir/BI 207127

Medevir: Simeprevir Vertex's VX-135

Bristol-Myers: Daclatasvir/Asunaprevir

Merck: MK-5172/MK-8742

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Okairos

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Laboratory Medicine, Karolinska Institutet, Stockholm, Sweden

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Key Abstract presented at AASLD '12



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