

# Therapeutic Class Report Overview : Hepatitis C Virus Infection

<https://marketpublishers.com/r/T0F0BF772A4EN.html>

Date: February 2013

Pages: 31

Price: US\$ 1,000.00 (Single User License)

ID: T0F0BF772A4EN

## 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.

## Contents

### 1. EXECUTIVE SUMMARY

### 2. PROGRESS IN THE CLINICAL DEVELOPMENT OF HCV DRUGS

Noteworthy progress in the Oral IFN –Free combinations for Treatment of HCV  
Options for the most Challenging Patient Subtypes in HCV  
IFN intolerant and other Genotypes  
Hepatitis C Virus Prevalence in ROW

### 3. COMPETITIVE LANDSCAPE - IFN-FREE DRUGS

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

### 4. MARKET DYNAMICS- PRESENT AND FUTURE

Present- Launch of Protease Inhibitors: Sunset Sooner Than Expected.  
Future- the “Best-in-Class IFN-Free Oral Pill” for HCV

### 5. HCV VACCINES

GlobelImmune  
Okairos  
ChronTech Pharma/ Inovio  
Transgene's TG4040  
Profectus Biosciences' HCV vaccine  
Laboratory Medicine, Karolinska Institutet, Stockholm, Sweden

### 6. HCV-HIV CO-INFECTION

Effects of co-infection  
Companies targeti ng HIV-HCV Co-infection

## 7. ANNEXURE

Figures – Designs of ongoing IFN-free PHIII trials

Table - Data from IFN-free combinations

Table - Viral response in genotype-1 patients – IFN-combinations

Key Abstract presented at AASLD '12

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