



# Medivir

*A research based specialty pharmaceutical company focused on  
infectious diseases*

**November 2011**

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# Commercializing TMC435 – Our Core Product



- **Favorable safety profile:** comparable with placebo in phase IIb clinical trials
- **Excellent anti-viral efficacy** shown in phase IIb program
- **High convenience:** one-pill, once-daily treatment
- **Broad regulatory filing in H1-2013:** all Phase III clinical trials fully enrolled

# TMC435 – Abstracts presented at the AASLD Nov 2011

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## **Oral Late Breaking**

**LB-5.** “TMC435 in combination with peginterferon and ribavirin in treatment-naïve HCV genotype 1 patients: Final analysis of the PILLAR Phase IIb study.

## **Poster presentations:**

**1329.** “TMC435 in combination with peginterferon alpha-2a/ribavirin in treatment-naïve patients infected with HCV genotype 1: virology analysis of the PILLAR study”.

**1354.** “The pharmacokinetic interaction between the investigational HCV NS3/4A protease inhibitor TMC435 and escitalopram”.

**1353.** “The pharmacokinetic interaction between the investigational NS3-4A HCV protease inhibitor TMC435 and methadone”.

# Medivir commitment to build a leadership position in Hepatitis C

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- **NS3A protease inhibitor** - TMC435, a potent, once-daily oral PI with broad genotypic coverage (1,2,4,5 and 6)
  - Broad global clinical development program ongoing:
    - In phase III for genotype 1 infected patients
    - IFN-free combinations with DAA agents initiated and in planning phase
- **NS5B - nucleoside/nucleotide inhibitor programs**
  - A nucleoside in phase Ib clinical development (TMC649128)
  - Nucleotides in preclinical development
  - NS5B nucleotide program – new agents in preclinical phase
- **NS5A program** - A next generation replication complex inhibitor in preclinical phase



**In-house/  
unpartnered**

# TMC435 – Broad clinical development program in genotype 1 infected HCV patients

## Phase IIb Reporting phase

**PILLAR (C205)** (n=386)  
Genotype-1 infected  
treatment-naïve patients

**DRAGON (C215)** (n=92)  
Genotype-1 infected  
treatment-naïve patients in  
Japan

**ASPIRE (C206)** (n=462)  
Genotype-1 infected  
treatment-experienced  
patients

## Phase III Fully enrolled (Aug 2011)

**QUEST 1 (C208)** n=375  
Genotype-1 infected  
treatment-naïve patients

**QUEST 2 (C216)** n=375  
Genotype-1 infected  
treatment-naïve patients

**PROMISE (C3007)** 375  
Genotype-1 infected  
*relapsed* patients

### Japan phase III program

Genotype-1 infected *naïve*  
*and treatment experienced*  
patients

## IFN free combinations

**TMC435 and TMC647055**,  
a non-nucleoside NS5B  
inhibitor developed by  
Tibotec Pharmaceuticals

**TMC435 and PSI-7977**, a  
nucleotide NS5B inhibitor.  
A Phase II, interferon-free,  
12 or 24 weeks, +/- ribavirin  
PoC study in genotype-1  
prior null responders

**Others to be  
communicated**

**Broad regulatory filings anticipated H1-2013**

# TMC435 in Combination with Peginterferon and Ribavirin in Treatment-naïve HCV Genotype 1 Patients

## Final Analysis of the PILLAR Phase IIb Study (TMC435-C205)

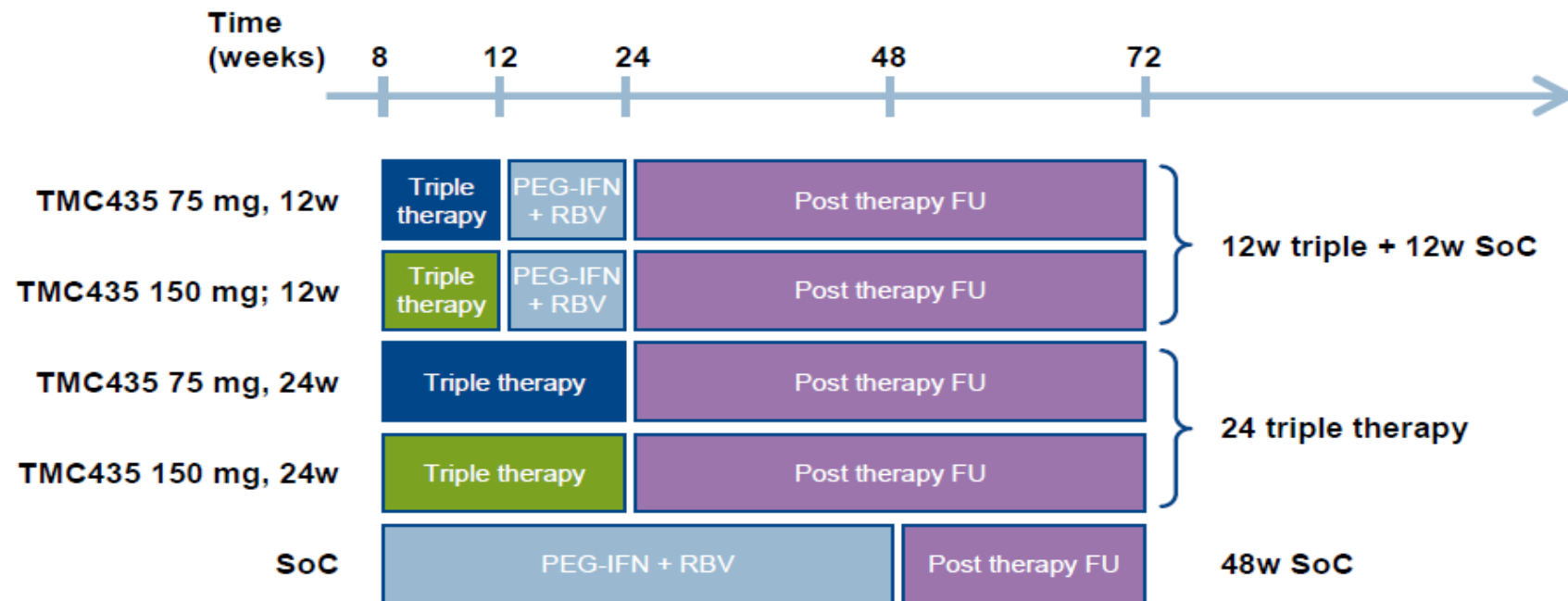
MW Fried,<sup>1</sup> M Buti,<sup>2</sup> GJ Dore,<sup>3</sup> R Flisiak,<sup>4</sup> P Ferenci,<sup>5</sup> I Jacobson,<sup>6</sup> P Marcellin,<sup>7</sup>  
M Manns,<sup>8</sup> I Nikitin,<sup>9</sup> F Poordad,<sup>10</sup> M Sherman,<sup>11</sup> S Zeuzem,<sup>12</sup> O Lenz,<sup>13</sup> M  
Peeters,<sup>13</sup> V Sekar,<sup>14</sup> G De Smedt<sup>13</sup>

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Beaujon, Clichy, Paris, France; <sup>8</sup>Medizinische Hochschule Hannover, Hannover, Germany; <sup>9</sup>Russian State Medical University, Moscow,  
Russia; <sup>10</sup>Cedars-Sinai Medical Center, Los Angeles, CA, USA; <sup>11</sup>Toronto General Hospital, Toronto, Ontario, Canada; <sup>12</sup>Klinikum der Johann-  
Wolfgang-Goethe-Universität–Med. Klinik I, Frankfurt, Germany; <sup>13</sup>Tibotec BVBA, Beerse, Belgium; <sup>14</sup>Tibotec Inc., Titusville, NJ, USA

# TMC435 Phase IIb (PILLAR) in treatment naïve patients

## - study design

- 386 genotype-1 treatment-naïve patients
- Once daily TMC435 (75 or 150 mg) was added to PegIFN/RBV for 12 or 24 weeks
- Response-guided treatment (RGT) duration in TMC435 arms:
  - End treatment at Week 24, if HCV RNA <25 IU/mL detectable or undetectable at Week 4, and HCV RNA <25 IU/mL undetectable at Weeks 12, 16, and 20
  - All other patients continued PegIFN/RBV for up to 48 weeks



# TMC435 Phase IIb (PILLAR) in treatment naïve patients - efficacy results

Response % (n/N)	TMC435 150 mg 12W P/R RGT N=77	TMC435 150 mg 24W P/R RGT N=79	Placebo 48W P/R N=77
RVR <sup>1</sup>	75(58/77)	75 (59/79)	5.2 (4/77)
EOT <sup>2</sup>	92 (71/77)	94 (74/79)	79 (61/77)
SVR24 <sup>3</sup>	81 (62/77)*	86 (68/79)**	65 (50/77)
Viral relapse	8.7 (6/69)	8.0 (6/75)	18 (11/62)

\*  $p < 0.05$ , \*\* $p < 0.005$ , significant difference versus placebo control; RGT: Response guided treatment; P/R, peginterferon  $\alpha$ -2a + ribavirin  
HCV RNA <25 IU/mL undetectable at: <sup>1</sup>Week 4 (rapid virologic response); <sup>2</sup>End of treatment; <sup>3</sup>24 weeks after planned end of treatment;

- SVR24 rates of 81-86% in patients receiving 150 mg TMC435
- 79-86% of patients eligible to receive shortened treatment duration (24w)



# TMC435 Phase IIb (PILLAR) in treatment naïve patients - *safety & tolerability results*

Number of subjects with AE: n (%)	All TMC435 N=309	Pbo/P/R 48W N=77
AE leading to permanent stop of TMC435/Pbo & PegIFN/RBV	11 (3.6)	4 (5.2)
Grade 3 or 4 AE	99 (32.0)	27 (35.1)
Serious AE	20 (6.5)	10 (13.0)
Five most common AEs		
Fatigue	131 (42.4)	37 (48.1)
Influenza-like illness	98 (31.7)	29 (37.7)
Pruritus	96 (31.1)	35 (45.5)
Headache	142 (46.0)	40 (51.9)
Nausea	86 (27.8)	21 (27.3)
AEs of interest		
Rash (any type)	65 (21.0)	18 (23.4)
Anemia	63 (20.4)	16 (20.8)
Neutropenia	75 (24.3)	16 (20.8)

No difference in incidence of AEs or discontinuations due to AEs between TMC435 and placebo groups

Incidence of rash, anemia, and neutropenia similar with TMC435 or placebo

**TMC435 was safe and well tolerated at all doses and durations**

## TMC435 Phase IIb (PILLAR) in treatment naïve patients - *summary*

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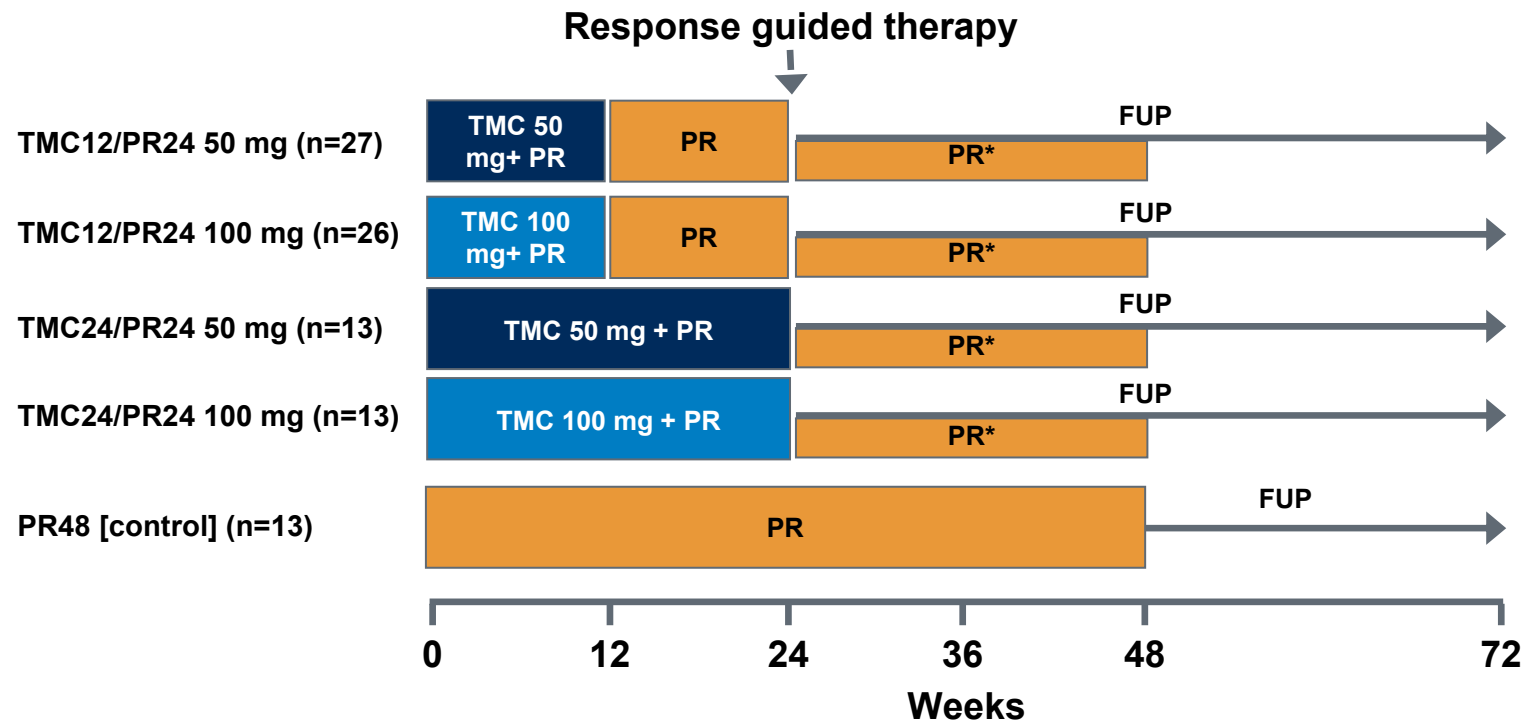
- ✓ **81-86% of patients achieved SVR24** with TMC435 150 mg
- ✓ **79-86% of patients** received shortened treatment duration of 24 weeks based on RGT criteria
  - Of these, **93-96% achieved SVR24** with TMC435 150 mg
- ✓ TMC435 was safe and well tolerated

**PILLAR data will support broad regulatory filing in H1 2013 for G1 HCV infected patients for TMC435 150 mg (QD)**

# TMC435 Phase IIb (DRAGON) in treatment naïve patients

## - study design

- Randomized, open-label, five-arm controlled trial to evaluate the efficacy, safety and PK of TMC435 (QD) in combination with pegIFNa-2a and RBV
- Genotype I infected treatment-naïve **Japanese** patients (n=92)



## TMC435 Phase IIb (DRAGON) in treatment naïve patients - *study design*

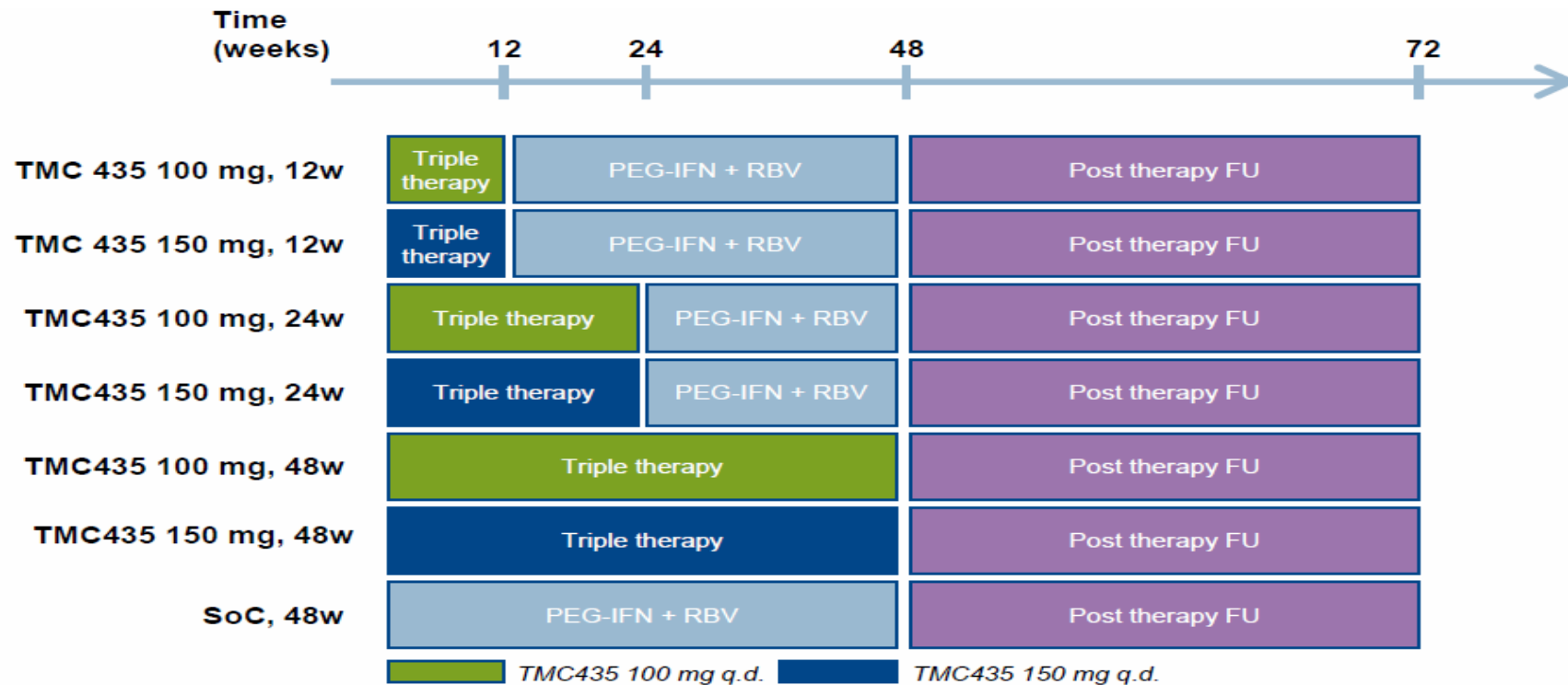
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- ✓ **82% of patients achieved SVR24** in the 100 mg TMC435 versus 46 % in the placebo control group
- ✓ **87% of patients received shortened treatment** duration of 24 weeks based on RGT criteria,
- ✓ TMC435 was safe and well tolerated

**Phase III clinical trials well underway in Japan (fully enrolled) in both treatment naïve and treatment experienced patients**

# TMC435 Phase IIb ASPIRE study in genotype 1 treatment experienced patients\* - *study design*

- 462 genotype-1 relapser, partial- and null responder patients
- TMC435 was given once daily (QD) at a dose of either 100 mg or 150 mg for 12, 24, or 48 weeks in combination with 48 weeks of PegIFN/RBV.



# TMC435 Phase IIb ASPIRE study in genotype 1 treatment experienced patients\* - *results*

Virologic Response Rates (SVR24) in TMC435 Dose Groups (150 mg q.d.) vs placebo					
% (n/N)	TMC435 12w PR48 N=66	TMC435 24w PR48 N=68	TMC435 48w PR48 N=65	All TMC435 PR48 N=199	Placebo PR48 N=66
<b>Prior Relapser</b>	77 (20/26)	89 (24/27)	89 (23/26)	<b>85 (67/79)</b>	<b>37 (10/27)</b>
<b>Prior Partial Responder</b>	65 (15/23)	75 (18/24)	86 (19/22)	<b>75 (52/69)</b>	<b>9 (2/23)</b>
<b>Prior Null Responder</b>	53 (9/17)	41 (7/17)	59 (10/17)	<b>51 (26/51)</b>	<b>19 (3/16)</b>

- High SVR24 rates in the very difficult to treat prior partial and null responders
- TMC435 was safe and well tolerated
- Phase III trial in partial and null responders in planning phase

# TMC435 Phase IIb program in genotype 1 patients

– *summary concluded studies*

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## TMC435 added once daily to PegIFN/RBV treatment:

- Was safe and well tolerated
- Showed excellent efficacy

Study	Patient population	SVR24	24 w treatment (RGT)
PILLAR	Treatment naive	81 - 86%	79 - 86%
DRAGON	Treatment naive (Japan)	82%	87%
ASPIRE	Relapsers	85%	-
ASPIRE	Partial responders	75%	-
ASPIRE	Null responders	51%	-

# TMC435 – Status and regulatory plans in genotype 1 infected patients

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**For the regulatory filing the ongoing and concluded clinical trials will provide:**

- Pivotal phase III data in treatment naïve and prior relapser patients (QUEST1, QUEST2 and PROMISE)
- Phase III data in treatment naïve *and* treatment-experienced patients in Japan
- Phase IIb data in prior partial and null responders (ASPIRE)
- A large safety database

**Regulatory filing for the treatment of HCV genotype 1 infected patients anticipated H1-2013**



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