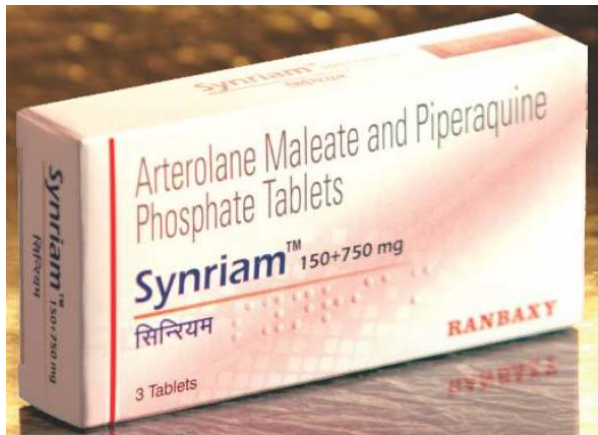


RANBAXY

Trusted medicines. Healthier lives



Synriam™

Arterolane maleate 150 mg + Piperaquine phosphate 750 mg

For the Treatment of Malaria

Dr. Sanjukta Bhattacharyya
Ranbaxy Laboratories Ltd., India

Program Goal

- To develop an oral fixed-dose combination product for *P. falciparum* and *P. vivax* malaria (adult & pediatric)
- Should show activity against resistant parasites
- Should have low propensity for development of resistance
- Effective vis-à-vis current benchmarks
- Convenient dosing: *once daily for 3 days*
- Affordable
- Easily available

Collaborations

2003 to 2007

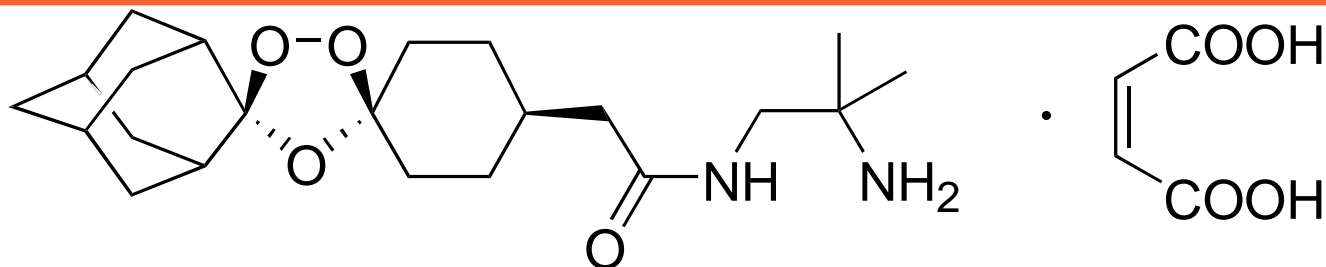
Medicines of Malaria Venture, Switzerland

2007 to Present

Dept. of Science & Technology
Government of India

Commitment to supply Synriam™ to Govt. of
India for public use

Arterolane maleate



Chemical Name : cis-Adamantane-2-spiro-3'-8'-[[[(2'-amino-2'-methylpropyl)amino] carbonyl] methyl]-1',2',4- trioxaspiro[4.5]decane hydrogen maleate

Molecular Formula : $C_{26}H_{40}N_2O_8$

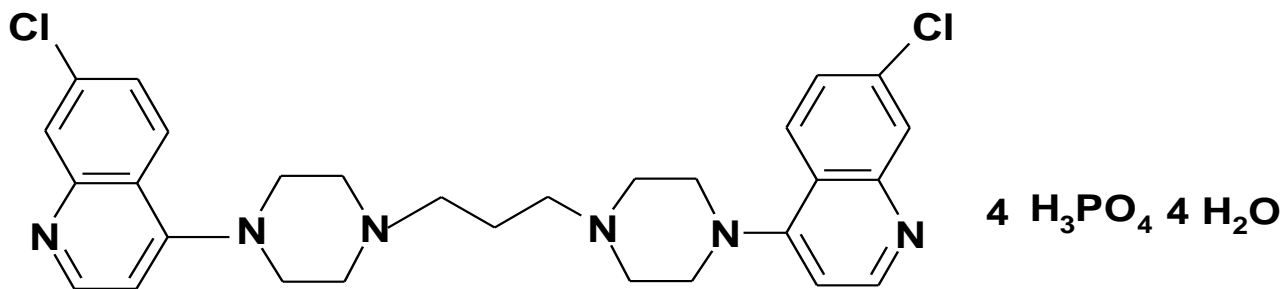
Covergent synthesis : 1+5 steps

Overall Yield : 48%

Manufacturing : At cGMP facility

- Totally synthetic
- Inexpensive
- Rapidly acting oral drug

Piperaquine phosphate



Chemical Name : 1,3-Bis[4-(7-chloro quinolinyl-4)-piperazinyl-1]propane tetra phosphate tetra hydrate

Molecular Formula : C₂₉H₃₂Cl₂N₆ 4H₃PO₄ 4H₂O

Molecular Weight : 999.56 (Free Base: 535.52)

Manufacturing : At cGMP facility

- Proven effectiveness
- Established safety profile
- Cost-effective

Mode of Action

Arterolane

- A synthetic peroxide anti-malarial, is a rapidly acting blood schizonticide against all blood stages of *P. falciparum* without effect on liver stages.
- Arterolane is an active moiety which gets accumulated either in cytosol or food vacuole of the parasite.
- Acts by inhibition of PfATP6, a sarcoplasmic endoplasmic reticulum calcium ATPase encoded by *P. Falciparum*.
- In the food vacuole of parasite reductive cleavage of peroxide bond of arterolane by ferrous iron (fenton reaction) occurs. This irreversible redox reaction produces free radicals that alkylate the membrane associated parasite proteins. The reactive species inhibits an ATP-dependent Ca²⁺ pump located on the endoplasmic reticulum, PfATP6. The pump, called PfATP6, is a homologue of a mammalian sarcoplasmic /endoplasmic reticulum Ca²⁺ ATPase (SERCA).
- The reactive C radicals are thought to subsequently react more or less indiscriminately with different protein targets as well as with ferriprotoporphyrin IX itself, thus preventing heme detoxification and inhibiting a multitude of enzymes.

Piperaquine

- Piperaquine is a bisquinoline anti-malarial drug and shows good activity against chloroquine-resistant Plasmodium strains.
- Evidence suggesting the inhibition of the heme-digestion pathway in the parasite food vacuole is most convincing.
- Piperaquine's bulky bisquinoline structure may be important for activity against chloroquine resistant strains and may act by inhibition of the transporters that efflux chloroquine from the parasite food vacuole.

Arterolane kills the malarial parasite in the blood, providing fast relief from symptoms of malaria like fever and chills. Piperaquine, on the other hand, has a longer-lasting effect than arterolane and kills residual parasites, preventing the recurrence of malaria.

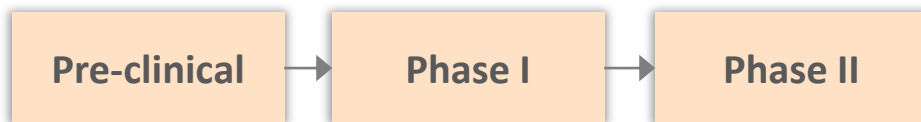
Formulations

- **Adult patients:** FDC tablets of Arteronale maleate (150mg) and Piperaquine phosphate (750mg)
- **Pediatric patients:** Dispersible FDC of Arterolane maleate (37.5mg) and Piperaquine phosphate (187.5 mg)
 - Taste masked. Sweet orange flavour
 - Clinical development ongoing
 - Dosing based on age-category of patients

Age Category	No. of dispersible FDC tablets
6 months to < 2 years	1
2 years to < 6 years	2
6 years to \leq 12 years	3

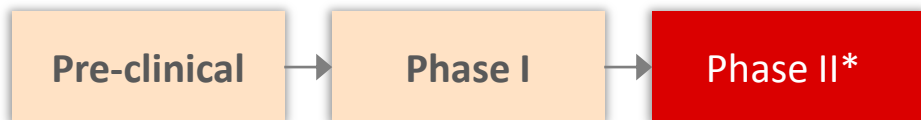
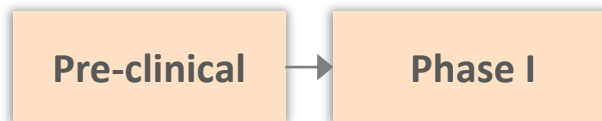
Development Path

Arterolane maleate



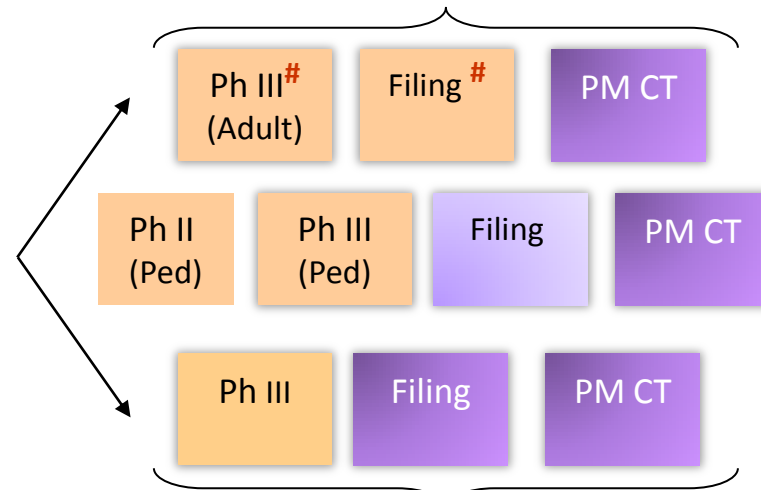
Synriam™

[Arterolane maleate + PQP]



Piperaquine phosphate (PQP)

P - falciparum



P - vivax

- Completed
- Ongoing
- To be done

* Published data on Phase II PQP

NDA Submitted in India & approved for marketing

Pre-clinical Efficacy & Toxicology

Parameter	Artesunate	Arterolane
IC ₅₀ (ng/mL) K1/NF54	1.4/1.5	0.6/0.6
ED50/ED90 (mg/kg)	4.7/19	0.8/2.0
Cross Resistance	none	None
Additive interaction on co-administration of Arterolane and Piperaquine		

Parameter	Arterolane	Piperaquine	Synriam™
NOAEL in Wistar Rats (mg/kg)	60	<5	10 + 0.5
NOAEL in Beagle Dogs (mg/kg)	30	5	30 + 2.5
Ames Mutagenicity	Non-mutagenic	Non-mutagenic	Non-mutagenic
Ch. Aberration/Micronucleus assay	Non-clastogenic	Non-clastogenic	Non-clastogenic
Safety margin from pre-clinical species to human is in acceptable/high			

Phase I Clinical Trials

S. No.	Subjects	Dose (mg)	Site
Arterolane alone			
1	Healthy young males [18-45yrs}	25, 50, 100, 150, 200, 300, 400 & 600	UK
2	Healthy elderly males & females [> 65yrs; Single dose]	100	UK
3	PK study in Thai volunteers		Thailand
Piperaquine phosphate alone			
4	Healthy young males [Single & Multiple doses]	500, 750, 1000, 1250 & 1500	Switzerland
Arterolane + Piperaquine phosphate			
5	Healthy young males [Rising Single Dose]	100 + 500 to 200 + 1000	Switzerland
6	Healthy young males [Rising Multiple Dose]	100 + 750 , 200 + 750 200 + 1000	India
7	BA study of FDC vs Co-administration	150+750	India
8	BA study of dispersible FDC	37.5+187.5	India

Phase II Clinical Trials

S. No.	Subjects	Dose (mg)	Site
Arterolane alone			
9	Patients with uncomplicated <i>Plasmodium falciparum</i> malaria	25,50,75,100 & 200	Thailand
10	PK in presence and absence of parasitemia	100	Thailand
11	Patients with uncomplicated <i>Plasmodium falciparum</i> malaria	50, 100, 200	Thailand
12	Patients with uncomplicated <i>Plasmodium falciparum</i> malaria	50,100 & 200	Thailand, Tanzania & India
Arterolane + Piperaquine phosphate			
13	Patients with uncomplicated <i>Plasmodium falciparum</i> malaria	AM - 150 PQP – 750	Thailand & India

Phase III Clinical trial *(India & South East Asia)*

Phase III Study – Design & Conduct

According to WHO Treatment Guidelines

- Phase III, Double-blind, Randomized, Multicenter
- Non inferiority comparison to Coartem at Day 28
- Compare Day 28 PCR corrected ACPR
- Patients: Adults



Efficacy Summary: Phase III

Efficacy Parameters	Synriam™	Coartem®
FCT (hrs)	18	24
PCT (hrs)	36	34
ACPR on Day 28 (PCR corrected)	97.9%	98.9%
ACPR on Day 28 (PCR uncorrected)	97.4%	94.7%

Combined Success Rate

Phase II + III		
Efficacy Parameters	Synriam™	Coartem®
FCT (hrs)	24	24
PCT (hrs)	31	31
PCR Corrected ACPR Day 28	98.8%	98.8%

Safety Summary : Phase III

- **No deaths**
- **Treatment Emergent Adverse Events as per CTCAE v3**

	Synriam™	Coartem®
No. of subjects with at least one AE	96.8%	100%
Total no. of AEs	1125	649
SAEs	0	2.8%

- **Most of the AEs were Grade 1 or 2 in severity (84% in arterolane+PQP and 90% in Coartem)**

Statistical Analysis & Approval

- Synriam™ (Arterolane + PQP) effectively cures *P. falciparum* malaria and attains acceptable level of cure at Day 28 (PCR corrected ACPR >95%)
- The drug is well tolerated
- Major expected benefit
 - Patient compliance - 3 tabs (test) vs 24 tabs (reference) over 3 days
 - Synthetic manufacture, available in adequate quantities & Cost benefit
- Drugs Controller General (India) approved Synriam™ for the treatment of *P. falciparum* adult malaria 09 March 2012.
- Marketed successfully in India

Synriam™ One Tablet Once a Day for Three Days Regimen



- Simplified dosing regimen : Ensures Compliance
- One tablet once-a-day x 3 days dosing compared with Twice a day dosing of Artemether + Lumefantrine

Launched in India for uncomplicated *P. falciparum* malaria on 25 April 2012

Synriam™: Comparison with Other Drugs

	AS+SP	A+L	AS+MQ	Synriam™
Efficacy	82.6% (Metanalysis)	97.4% (Metanalysis)	96.9% (Metanalysis)	97.9%
Pack	Co-blister; chance of monotherapy	FDC tablets	FDC tablets	FDC tablets
Pill Burden (Total Number of tablets)	5	6 – 24	6	3
Food –Drug Interaction	No	Prescribed with fatty food	No	No

IP Position & Regulatory Filings

IP Position

- IP protected till 2022
- Rights solely owned by Ranbaxy

Filings

- Registration in African countries to commence in May – June 2013
- First wave countries: *Ivory Coast, DRC, Mali, Senegal, Malawi, Nigeria, Kenya, Tanzania, Uganda*

On-going Clinical Trials

Completed enrollment

Trials	Status
Phase III trial in <i>P.falciparum</i> malaria patients	Completed enrollment from 8 sites in Africa <ul style="list-style-type: none">• Ivory Coast – 2 sites• DRC – 2 sites• Mali• Senegal• Mozambique• Malawi
Pediatric Phase II trial in <i>P.falciparum</i> malaria patients	Completed enrollment from 3 sites in India and 3 sites in Africa <ul style="list-style-type: none">• Rawanda• Ivory Coast – 2
Phase III trial in <i>P.vivax</i> malaria patients in India	Completed enrollment from 8 sites in India

Phase III *P. falciparum* study (adult): Blinded Safety data

- No deaths
- Four SAEs
 - Prolongation of hospitalization due to abdominal pain at Ivory Coast. Resolved without sequelae. Not related
 - Spontaneous abortion at DRC. Resolved without sequelae. Not related
 - Hospitalization due to suspected meningial syndrome at Mozambique. Resolved without sequelae. Not related.
 - Hospitalization due to sepsis at Malawi. Resolved without sequelae Not related.
- Commonly reported Clinical AEs
 - Cold, rhinitis, sore throat, cough, nausea, abdominal pain and epigastric discomfort

Phase II Pediatric Trial (*P. falciparum*): Efficacy & Safety

Efficacy Result

- 126/141 patients completed study
- ACPR on Day 28 achieved in 126 patients
- ACPR on Day 42 achieved in 125 patients
- One treatment failure on Day 40 from 6-12 year age group

Safety Result

- No deaths or SAEs
- Commonly reported Clinical AEs: vomiting, headache, cough, anemia

Synriam™

Arterolane maleate 150 mg + Piperazine phosphate 750 mg

Amazingly simple... just **1** tab for **3** days

