

medicines
patent
pool

Access to medicines for the global patient

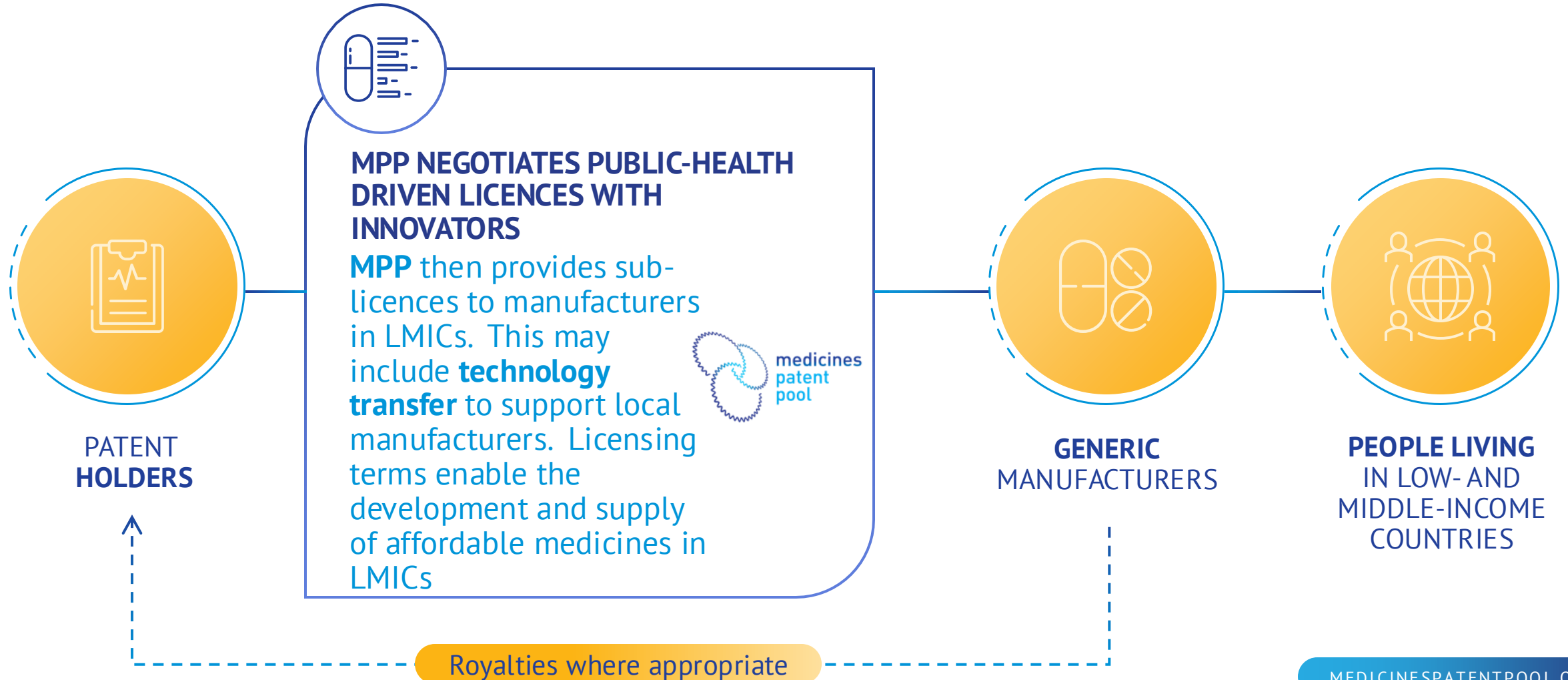
How can voluntary licensing improve access to innovative cancer medicines in low- and middle-income countries?

Giulia Segafredo, Medicines Patent Pool (MPP)

- What is voluntary licensing? Brief introduction to MPP
- What have we achieved so far? Best practices?
- How can we integrate the voice of the patients in our daily activities?

What is MPP and how does MPP model work?

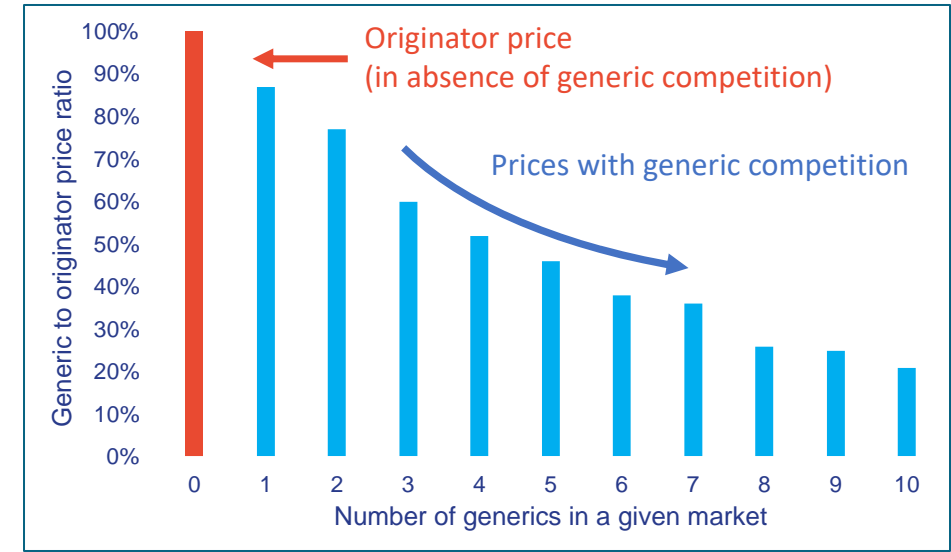
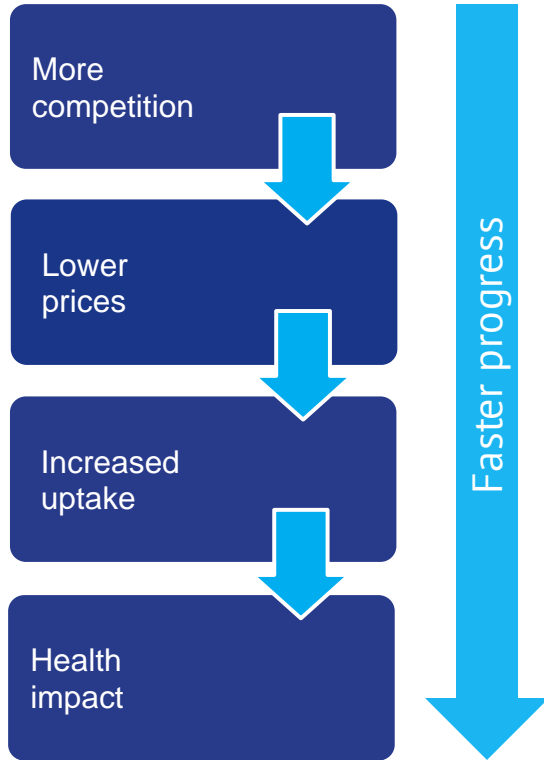
A UN-backed public health organization operating since 2010. MPP aims to improve access to medicines and health technologies, particularly in LMICs, and facilitate further innovation through non-exclusive voluntary licensing.



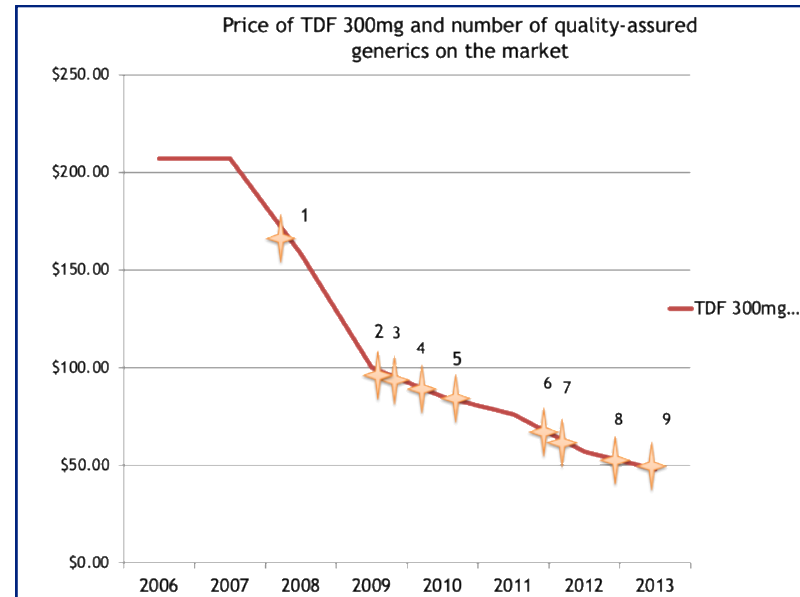
The MPP model: Accelerated access and price reductions

Overview of the voluntary licensing model

- Driving prices down through generic competition
- Accelerating timelines for generic product availability BEFORE patent expiry



Generic competition induced pricing benchmarks: Dave et al. (2017) *NEJM*



Competition-induced price decay in practice

What is MPP's scope of work?

Created in 2010
as first voluntary
licensing and patent
pooling mechanism
in public health



To increase access to new treatments for HIV through licensing of patented medicines and facilitate innovation e.g. new combinations or paediatric formulations

In 2015,
expanded
mandate to
Hepatitis C and
Tuberculosis



In 2018 decision to expand to **other patented essential medicines** and those with strong potential for future inclusion => **non-communicable diseases including cancer**



In 2020,
expanded to health
technologies relevant
for **COVID-19**



In 2021 inclusion of **biotherapeutics** that are either on the WHO EML or have strong potential for future inclusion






In 2021, expansion to **technology transfer** with an initial focus on COVID-19 vaccines and pandemic preparedness







 lopinavir ritonavir (adults) lopinavir ritonavir (paediatrics)	 nevirapine (non-assert)	 atazanavir	 bicitegravir cobicistat elvitegravir emtricitabine tenofovir alafenamide tenofovir disoproxil	 darunavir (paediatric; non-assert)	 raltegravir (paediatric)	 darunavir related	 abacavir (paediatrics) cabotegravir long-acting (for HIV PrEP) dolutegravir (paediatrics) dolutegravir (adults)
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HIV

 glecaprevir/pi brentasvir	 daclastavir	 ravidasvir
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VIRAL HEPATITIS

 mdc-STM (malaria LAI)	 solid drug nanoparticles technology (disease agnostic) ETFD LAI (TB, malaria, HCV)	 UNIVERSITY of WASHINGTON abacavir (paediatrics) cabotegravir long-acting (for HIV PrEP) dolutegravir (paediatrics) dolutegravir (adults)	 TLD LAI (HIV)
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LONG-ACTING THERAPEUTICS


 nilotinib
CANCER


 sutezolid
TUBERCULOSIS

 molnupiravir	 nirmatrelvir	 ensitrelvir fumaric acid	 rapid diagnostic testing (RDT) technology
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COVID-19


 heat-stable carbetocin
MATERNAL HEALTH

Access to MPP-licensed medicines

Patent and licence information tools

- To support procurement agencies, national programmes, and treatment advocates
- Fully public quarterly-updated country-by-country information

MedsPaL
THE MEDICINES PATENTS AND LICENCES DATABASE

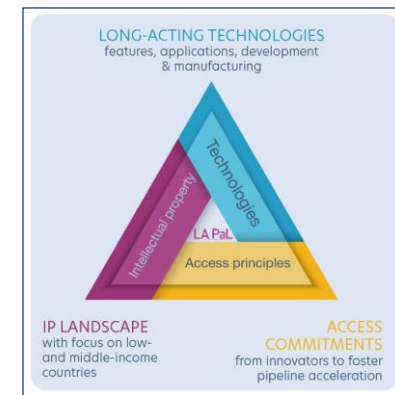
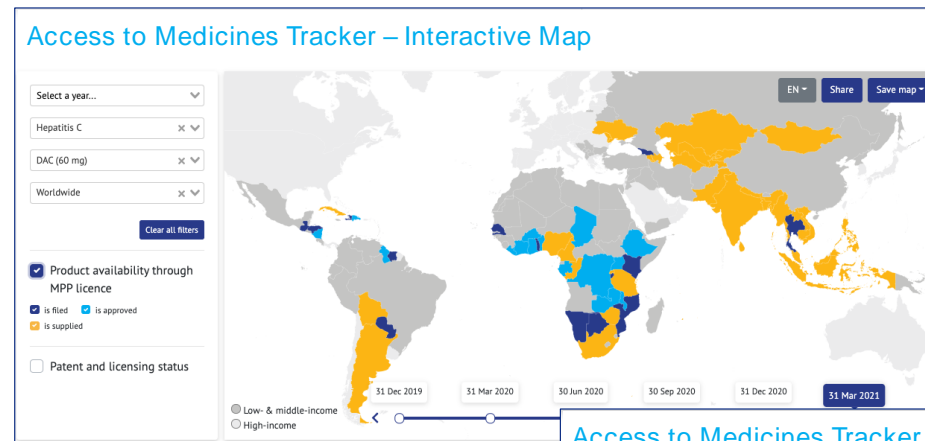
www.medspal.org

VaxPaL
COVID-19 VACCINES PATENT LANDSCAPE

www.vaxpal.org

LAPaL
THE LONG-ACTING THERAPEUTICS
PATENTS AND LICENCES DATABASE

<https://lapal.medicinespatentpool.org>



Access to Medicines Tracker – Interactive Table

Key HIV Hepatitis C Tuberculosis

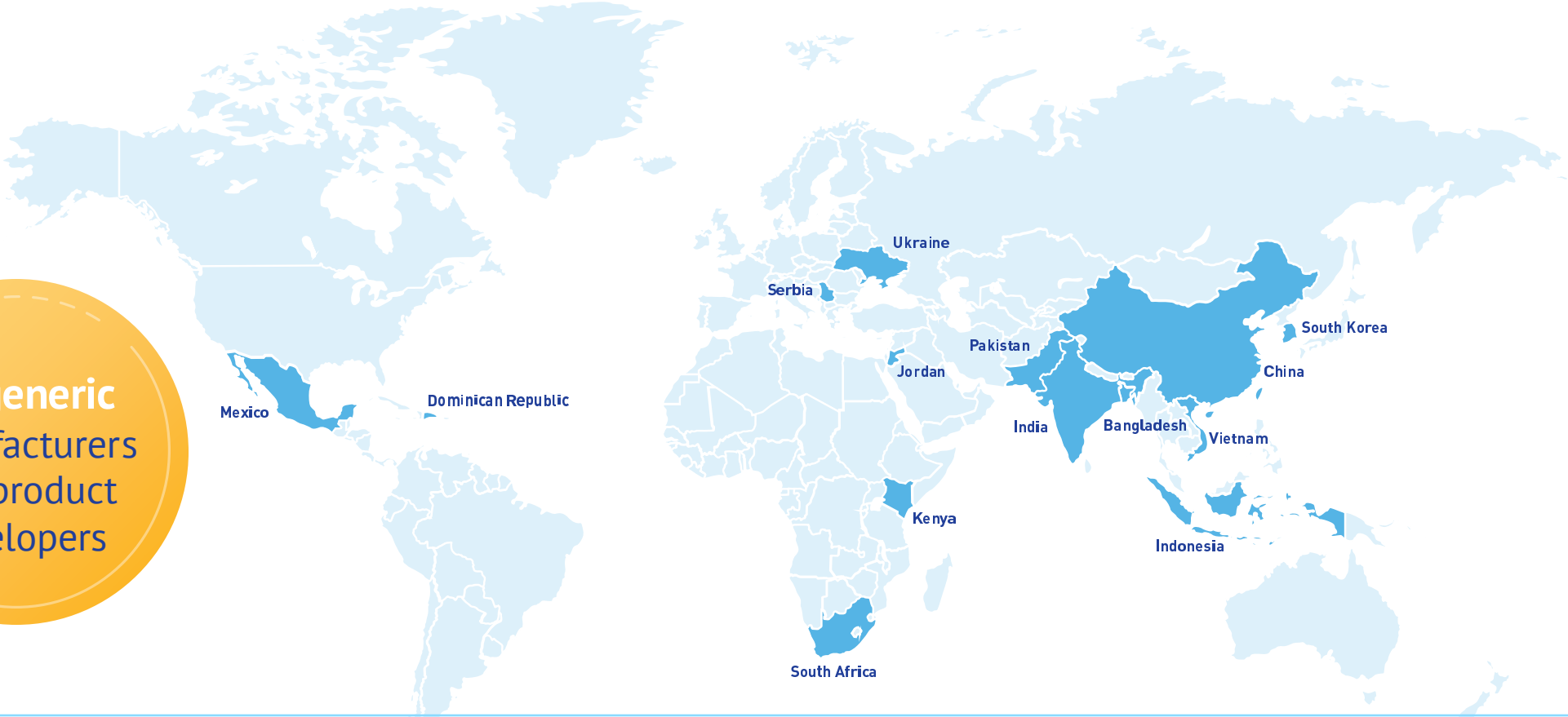
Filter table rows by product Filter

PRODUCTS	COMPANIES DEVELOPING THE PRODUCT	PENDING APPROVAL			READY TO SUPPLY			COUNTRIES WHERE		
		WHO-PQ*	USFDA**	WHO-PQ* APPROVED	USFDA** APPROVED	ERP*** APPROVED	PRODUCT IS FILED	PRODUCT IS APPROVED	PRODUCT IS SUPPLIED	
DTG 50mg	12			Cipla DISEA TM	 Cipla		Benin, Bolivia (Plurinational)	Anguilla, Antigua and Barbuda,	Alghanistan, Albania, Angola,	

More at: <https://medicinespatentpool.org/what-we-do/medspal>
<https://medicinespatentpool.org/progress-achievements/access-to-medicines-tracker>

MPP's network of generic manufacturers and product developers are in 14 countries ensuring the importance of local production

55 generic
manufacturers
and product
developers



Bangladesh Incepta	Aurisco Biochem BrightGene Desano Fosun	Jiuzhou Huahai Langhua Lonzeal	Dominican Republic Magnachem	Arene Aurobindo BDR Biocon Biophore Cadila	Cipla Divi's Dr Reddy's Emcure Glenmark Granules	Hetero Laurus Lupin Macleods Mangalam Micro Labs	MSN Natco SMS Pharma Strides Sun Torrent	USV Viatrix Zydus Cadila	Indonesia Kimia Farma	Kenya UCL	Pakistan Remington	South Africa Adcock Ingram Biotech CPT	South Korea Celltrion Dongbang	Vietnam Stella
China Apeloa			India Amneal						Jordan	Mexico Neolpharma	Serbia FHI Zdravlje		Ukraine Darnitsa	Product developers TB Alliance Gates MRI

Our footprint – MPP’s impact

Data based on methodology described in peer-reviewed paper: Morin et al “The economic and public health impact of intellectual property licensing of medicines for low-income and middle-income countries: a modelling study” **The Lancet Public Health**, 2021

34.69 Bn

doses of
treatment
supplied
(2010 - 2022)



USD 1.5 Bn

dollars saved
through
MPP’s licences
(2010 - 2022)



By 2030

170,000

projected
deaths
averted



148

countries have
benefited from
access to MPP’s
products



93.89 million

patient years of
treatment
through MPP’s
generic partners
(2010 - 2021)



By 2030

USD 3.8 Bn

projected
savings



Best practice: dolutegravir (DTG) preferred 1st line HIV regimen



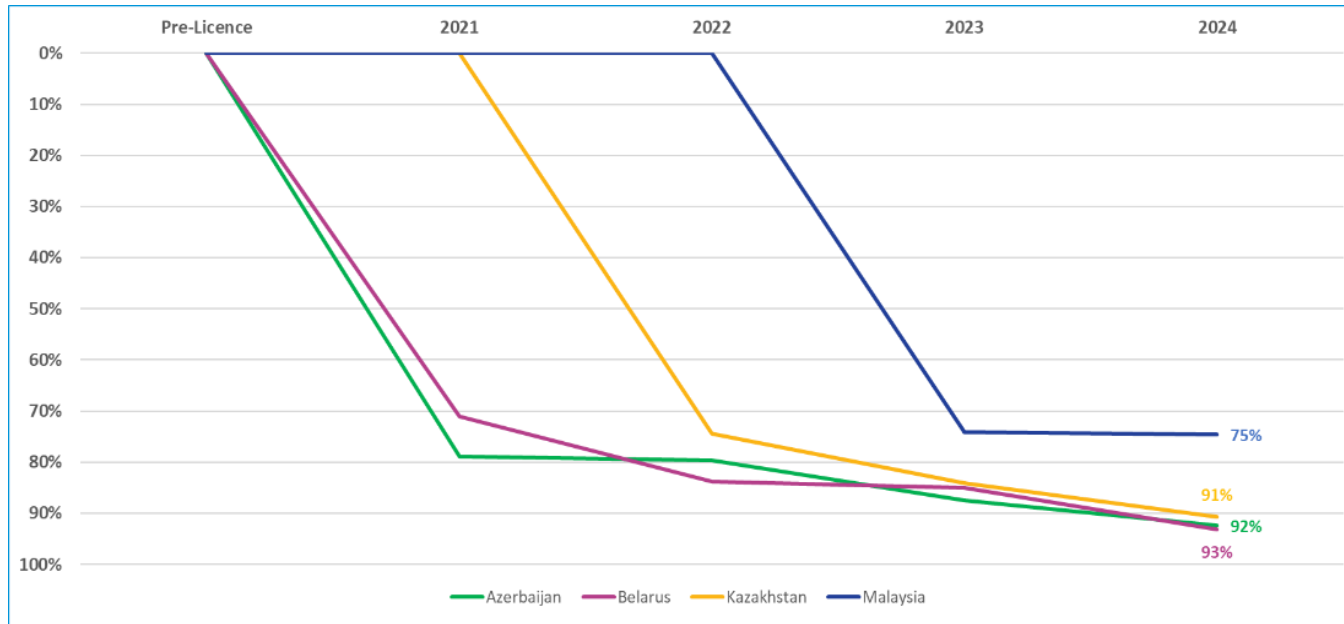
- Dolutegravir (DTG) was approved by USFDA in 2013¹ for HIV treatment and include in the WHO guidelines in 2016.
- ViiV Healthcare/GSK holds the patent for DTG, which is set to expire in **2026**.²
- Having only one DTG supplier could have been an issue in terms of availability and affordability.

MPP Approach

- In 2014, MPP signed **two voluntary licence** agreements with **Viiv Healthcare/GSK** for both **adult**³ and **peadaitric**⁴ formulations of DTG.
- These agreements covered at least **95 countries** for **adult DTG** and **123 countries** for **pediatric DTG**
- To date **14 generic manufacturers** are producing and supplying low-cost versions of DTG to patients in these countries increasing the availability and access of DTG.⁵

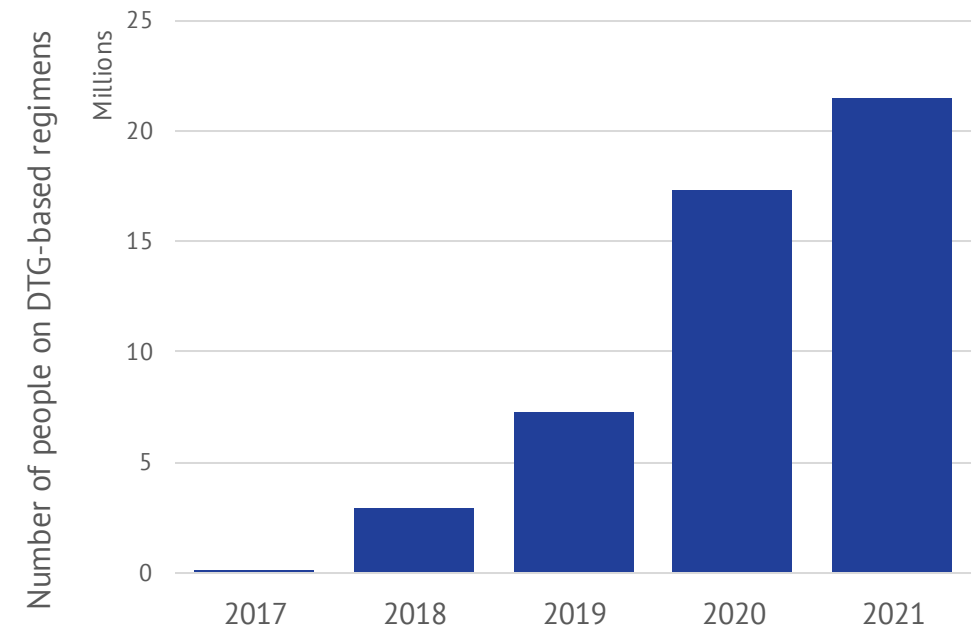
Price reduction and increase in uptake of volumes

% of price reduction of DTG compared to originator prices at the start of licence negotiations in 4 UMICs



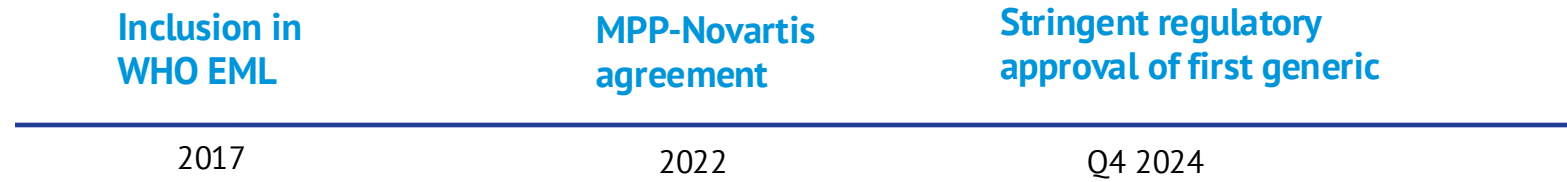
Prices of DTG 50 mg & TLD considered

Number of people on DTG-based regimens by year



- In 2020, in response to feedback from the HIV community and government stakeholders, MPP signed an expanded license agreement with ViiV, extending coverage to **four UMICs—Azerbaijan, Belarus, Kazakhstan, and Malaysia**.
- With a price of under **US 45 per patient per year**,² up to **1.5 billion doses** have been supplied and approximately **24 million** people on HIV (including children) currently on DTG-based regimens
- MPP collaborates with various stakeholders (governments, communities, civil society, WHO, Global Fund, procurement agencies and many others) to ensure uptake of quality assured DTG

Nilotinib for treatment of CML with Novartis



- According to the Global Burden of disease study, in 2021 there were approximately 63,728 prevalent cases of CML globally¹ out of which 20-25% are resistant to the current generic first-line treatment.¹ The global patient population eligible for treatment with nilotinib can be estimated at 12,745-15,932 patients.²
- There is limited accessibility of 2nd and 3rd line treatment for CML in LMICs due to lack of **affordability**.³ This is partly due to existing **IP barriers**, of these therapies.
- In **October 2022**, MPP and Novartis AG, in collaboration with the **Access To Oncology Medicine (ATOM)** Coalition, signed a voluntary licensing agreement to increase access to **nilotinib** indicated as second line treatment of **chronic myeloid leukaemia (CML)**
- The agreement includes a territory of **44 countries**, including **seven countries Egypt, Guatemala, Indonesia, Morocco, Pakistan, the Philippines, and Tunisia**, in which Novartis has its secondary patents granted or filed
- Licence includes **royalties** set at **5% of net sales**, due only for the sales in **Patent Territory**, and payable to **ATOM** for further investment in accordance with the ATOM mission.
- To date **four generic manufacturers** have been selected as sublicensees with **first supply** planned for early 2025
- **MPP** is collaborating with various stakeholders including national governments, CML patient groups, IDA foundation, the Max foundation to increase access and availability of quality assured generic nilotinib for CML patients in LMICs

How can we integrate the voice of the patients in our daily activities?


1. Informing priorities

- MPP seeks to monitor innovation in terms of new MoA and new formulations (e.g. heat stable and/or oral formulations) => additional candidates you consider relevant?



PRIORITY AND WATCHLIST MEDICINES FOR IN-LICENSING BY THE MEDICINES PATENT POOL

JANUARY 2024

 ONCOLOGY				
LUNG CANCER	BREAST CANCER	CHRONIC LYMPHOCYTIC LEUKAEMIA	PROSTATE CANCER	MULTIPLE CANCER INDICATIONS
aumolertinib <i>Revolution Medicines</i>	abemaciclib <i>Eli Lilly</i>	ibrutinib <i>Janssen</i>	apalutamide <i>Janssen</i>	immune checkpoint inhibitors <i>Multiple patent holders</i>
osimertinib <i>Astrazeneca</i>	ribociclib <i>Novartis</i>	zanubrutinib <i>Beigene</i>	darolutamide <i>Bayer</i>	including pembrolizumab <i>MSD</i>
adagrasib <i>Mirati</i>	trastuzumab SQ <i>Roche</i>			oral paclitaxel / encequidar <i>Athenex</i>
lazertinib <i>Janssen</i>				
sotorasib <i>Amgen</i>				

adagrasib *Mirati* trastuzumab SQ *Roche*

lazertinib *Janssen*

sotorasib *Amgen*

including pembrolizumab *MSD*
oral paclitaxel / encequidar *Athenex*

eluxacافتor/tezacافتor/ivacافتor *Vertex*

PRIORITY LIST WATCHLIST

How can we integrate the voice of the patients in our daily activities?

Create an enabling environment for in-licensing

- Patients voice, especially coming from LMICs
- Collaboration on advocacy activities?



Access to cancer medicines in LMICs requires multi-stakeholder partnerships
MPP collaboration and interactions in the oncology space



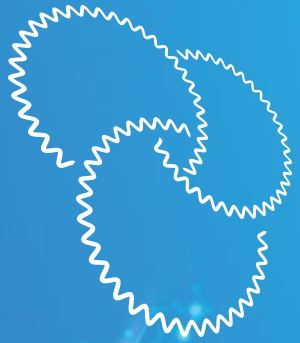
The selection and use of essential medicines
2023

promising but not yet sufficiently mature. However, the Committee considered that cyclin-dependent kinase 4/6 inhibitors, daratumumab, osimertinib, PD 1/PD-L1 immune checkpoint inhibitors and zanubrutinib all had potential for future inclusion and recommended the Medicines Patent Pool explore the application of its licensing model to these medicines.



Currently exploring:





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Thank you



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