

Dr Olivier Brandicourt
CEO Sanofi
54, rue La Boétie
75008 Paris
France

27 June 2016

Re: Importance of rifapentine (Priftin®) for TB elimination in Europe

Dear Dr Olivier Brandicourt,

We are writing to encourage Sanofi to take all steps to swiftly register rifapentine (Priftin®) with the European Medicines Agency (EMA). Rifapentine is an important drug in the treatment of tuberculosis (TB) infection, but it remains unlicensed—and therefore unavailable—for this indication in Europe.

The signatories to this letter represent national TB programme managers from across Europe, members of TB-affected communities, and advocates and civil society organizations involved in the fight against TB. Through our work, we have witnessed first hand the significant toll TB continues to exact on the health and livelihoods of Europeans. In 2014, an estimated 340,000 TB cases occurred in Europe, of which nearly 60,000 in 29 European Union (EU)/European Economic Area (EEA) countries.¹ Addressing TB in Europe will require scaling-up the treatment of TB infection, but extending treatment to all people who need it will be challenging without rifapentine, which is the basis of new, shorter, and more tolerable treatment regimens.

Globally, more than 2 billion people—one-third of humanity—are infected with TB, and 5–10% of these people will have their infection progress to active TB disease at some point in their lifetimes. Treating TB infection, in Europe and around the world, will be essential for achieving the ambitious target of the World Health Organization (WHO)'s End TB Strategy to reduce TB with 90% and reach an absolute level of 10/100,000 globally by 2035, which also corresponds to the Strategic Development Goals TB target.² Until recently, treatment for TB infection required that patients take treatment daily for up to 6–9 months. This long duration of treatment resulted in many patients discontinuing, or not initiating, therapy. In 2011, a decade of research conducted by the United States Centers for Disease Control and Prevention in partnership with Sanofi resulted in the introduction of a new drug regimen that shortened treatment to just 12 weeks.³ Known as “3HP,” this shorter regimen combines rifapentine (P) with a second TB drug, isoniazid (H), and only needs to be taken once a week, rather than daily. The 3HP regimen promises to make the treatment of TB infection easier to tolerate and complete, including for some of the populations most at risk of TB disease: young children and people with HIV.

In 2014, the United States Food and Drug Administration (FDA) approved rifapentine in combination with isoniazid for a new indication to treat TB infection.⁴ The 3HP regimen is included in the WHO's first-ever *Guidelines on the Management of Latent Tuberculosis Infection*, released in 2015.⁵ In the same year, the WHO added rifapentine to its model lists of essential medicines for adults and children.⁶ And in 2016, rifapentine was listed on the product catalogue of the Stop TB Partnership's Global Drug Facility, giving countries that receive support from the Global Fund to Fight AIDS, TB, and Malaria a

direct route to purchase the drug.⁷ Thanks to these developments, rifapentine is poised to become a key component of the drive toward TB elimination in Europe and globally. However, access to rifapentine in Europe remains constrained by its lack of registration with the EMA, forestalling the potential benefit it offers to the millions of people in Europe with TB infection.

In the United States, where rifapentine is registered and available on the market, the benefits of rifapentine-based preventive therapy are quickly becoming apparent. For example, in New York City, patients receiving 3HP are more likely to complete preventive treatment than those receiving nine months of daily isoniazid.⁸ Countries in Europe are already preparing to take advantage of these benefits once rifapentine becomes available. The European Centre for Disease Prevention and Control is developing guidance on the programmatic management of latent TB infection (LTBI) for EU/EEA countries, which is expected to be out in 2017. This will increase uptake of preventive treatment in these countries. Several European countries have already targeted LTBI screening in their national strategic plans, such as in England and the Netherlands.

In order to unlock this potential, we urge Sanofi to expeditiously file rifapentine for registration with the EMA so that national TB programmes and other healthcare providers in Europe can gain access to this promising drug. Sanofi's willingness to work with advocates to shape rifapentine's research agenda⁹ and to reach an affordable sale price of rifapentine in the United States¹⁰ provides a model of public partnership and engagement that we hope the company will extend to Europe. We look forward to working together with Sanofi to bring rifapentine to Europe, and encourage you to consider the signatories to this letter a resource in the fight against TB.

We welcome the opportunity to discuss this issue further and ask that you please contact Dr Gerard de Vries, gerard.devries@kncvttbc.org with future communications.

Sincerely,

Organizational Signatories

European organisations

- European Respiratory Society, Switzerland (Professor Jørgen Vestbo, president and Professor Giovanni Battista Migliori, secretary general).
- TB Alert, United Kingdom (Mr. Paul Sommerfeld, chairman and Mr. Mike Mandelbaum, chief executive)
- TB Europe Coalition (Mrs. Fanny Voitzwinkler, coordinator)

National organisations

Belgium

- Belgian Lung and TB Association, BELTA, Belgium (Professor Jean Paul van Vooren, president; Professor Marc Decramer, vice-president; Dr Maryse Wanlin, director FARES - BELTA and Dr Wouter Arrazola de Oñate, medical director VRGT - BELTA)

Croatia

- Croatian Committee for Control Tuberculosis (Dr Aleksandar Simunovic)

Denmark

- Danish Respiratory Society (Dr Ole Hilberg, chairman)

Finland

- Finnish Lung Health Association (Filha) (Dr Tuula Vasankari, president)

France

- Société de Pneumologie de langue française (SPLF) (Dr Philippe Fraise, responsible for public health)

Italy

- Stop TB Italia (Dr Giorgio Besozzi, president)

Macedonia

- Institute for lung diseases and tuberculosis (Dr Biljana Ilievska Poposka, director)
- Macedonian Association of pneumophtysiologist (Dr Biljana Ilievska Poposka)

Netherlands

- KNCV Tuberculosis Foundation (Dr Kitty van Weezenbeek, executive director)
- Netherlands Respiratory Society (NVALT) (Dr Van Haren, chairman and Dr Macken, secretary general)

Norway

- Norwegian Heart and Lung (LHL) International Tuberculosis Foundation (Rasmus Malmborg, director)

Portugal

- Associação nacional de tuberculose e doenças respiratórias, Portugal (Mrs. Maria da Conceição Gomes, president)
- Fundação Portuguesa do Pulmão (Dr Artur Teles de Araujo)
- National TB Program (Dr Raquel Duarte, coordinator)
- Sociedade portuguesa de Pneumologia, Portugal (Professor Venceslau Hespanhol, president)

Romania

- Institute Marius Nasta (Dr Gilda Popescu, manager)

Slovakia

- Slovak pneumological and phthiseological Society and National Institute (Professor Ivan Solovic)

Switzerland

- Swiss Lung Association (Dr Jean-Pierre Zellweger, consultant for TB).

United Kingdom

- Find & Treat Project, London, United Kingdom (Dr Al Story, coordinator)
- Institute for Global Health, University College of London (Professor Ibrahim Abubakar, director)
- RESULTS UK (Mr Aaron Oxley, executive director)

Individual Signatories

Austria

- Dr Bernhard Benka, Head of Department for Communicable Diseases, Ministry of Health

Belgium

- Professor Steven Callens (infectiology), University Ghent, president MDR-TB expert committee and LTBI working group BELTA

Denmark

- Dr Peter Henrik Andersen, Division of Epidemiology and Disease Surveillance, Statens Serum Institut, Copenhagen

Finland

- Dr Hanna Soini, Chair National advisory group for tuberculosis control, Senior expert, National Institute for Health and Welfare, Helsinki
- Dr Tuula Vasankari, Chair National advisory group for tuberculosis treatment

Germany

- Professor Roland Diel, German Central Committee Against Tuberculosis, Berlin
- Professor Christoph Lange, German Center for Infection Research (DZIF) Tuberculosis Unit, Borstel

Greece

- Professor Katerina Manika, Pulmonary Department, "G. Papanikolaou" Hospital Aristotle, University of Thessaloniki. Thessaloniki
- Dr Apostolos Papavasileiou, TB center, Athens' Chest Hospital "Sotiria", Athens

Ireland

- Dr Joan O'Donnell, National TB Programme, Dublin

Italy

- Dr Daniela Cirillo, WHO collaborating Centre and TB Supranational Reference laboratory, San Raffaele Scientific institute, Milan
- Professor Alberto Matteelli, WHO collaborating centre for TB/HIV and TB elimination at the University of Brescia
- Professor Giovanni Battista Migliori, Director WHO Collaborating Centre for TB and Lung diseases, Fondazione Salvatore Maugeri, Tradate

Norway

- Dr Trude Arnesen, TB Division, Norwegian Institute of Public Health, Oslo

Slovenia

- Dr Petra Svetina, University Clinic of Respiratory and Allergic Disease Golnik

Sweden

- Dr Jerker Jonsson, TB-surveillance, Public Health Agency
- Dr Judith Bruchfeld, Department of Medicine, Karolinska Institutet, Stockholm

United Kingdom

- Dr Dominik Zenner, Head of TB Screening, Public Health England

CC:

- Dr Mario Raviglione and Dr Haileyesus Getahun, Global TB Programme, World Health Organization, Geneva, Switzerland
- Dr Masoud Dara, Team Leader, TB and M/XDR-TB Programme, WHO Regional Office for Europe, Copenhagen, Denmark
- Dr Marieke van der Werf, Head of TB Programme, European Centre for Disease Prevention and Control, Stockholm, Sweden
- Dr Robert Sebbag, Vice President Access to Medicines Sanofi
- Dr Isabelle Cieren-Puiseux, Senior Manager Tuberculosis Programme Sanofi

¹ European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2016. Stockholm: European Centre for Disease Prevention and Control; 2016.

² World Health Organization. Global strategy and targets for tuberculosis prevention, care and control after 2015: report by the Secretariat. Geneva: World Health Organization Executive Board 134th Session. EB134/12. 2013 November 29.

Available from: http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_12-en.pdf?ua=1.

³ Sterling TR, Villarino ME, Borisov AS, et al. Three months of rifapentine and isoniazid for latent tuberculosis infection. *N Engl J Med*. 2011 Dec 8;365(23):2155–66. doi: 10.1056/NEJMoa1104875.

⁴ Sanofi, “Sanofi receives FDA approval of Priftin® (rifapentine) tablets for the treatment of latent tuberculosis infection,” 2 December 2014. Available from: <http://www.news.sanofi.us/press-releases?item=136875>.

⁵ World Health Organization. Guidelines on the management of latent tuberculosis infection. Geneva: World Health Organization, 2015. Available from: http://www.who.int/tb/publications/ltni_document_page/en/.

⁶ World Health Organization, “WHO moves to improve access to lifesaving medicines for hepatitis C, drug-resistant TB and cancers,” 8 May 2015. Available from: <http://www.who.int/mediacentre/news/releases/2015/new-essential-medicines-list/en/>.

⁷ See Global Drug Facility catalogue at <http://www.stoptb.org/gdf/>.

⁸ Stennis N, Burzynski B, Herbert C, Nilsen D, and Macaraig M. Treatment for tuberculosis infection with 3 months of isoniazid and rifapentine in New York City health department clinics. *Clin Infect Dis*. 2016;62(1):53–59. doi: 10.1093/cid/civ766.

⁹ See, for example, Sanofi’s frequent engagement of the Community Research Advisors Group, the community advisory board to the United States Centers for Disease Control and Prevention’s Tuberculosis Trials Consortium.

¹⁰ DeLuca A, Frick M, Lessem E, Kanouse J, Wegener D, Mingote LR. Activism on rifapentine pricing: removing cost barriers to improve the uptake of tuberculosis research innovations. *Public Health Action*. 2014 Dec 21;4(4):238–42. doi: 10.5588/pha.14.0089.