Eurasian Community for Access to Treatment

Minutes of the meeting of Eurasian Community for Access to Treatment and ViiV Healthcare

April, 26th 2019, Saint Petersburg, Russia

Representatives of the organization:

- Anjali Radcliffe, International Government Affairs, Policy and Advocacy Director
- Piotr Budnik, Regional Medical Lead Cabotegravir/Fostemsavir, International

Participants of the meeting:

#	Name	Country	Organization
1	Nikita Trofymenko	Ukraine	100 Percent of Life Charity Organization
2	Lyudmila Untura	Moldova	PLHIV League of Moldova
3	Sergey Biryukov	Kazakhstan	AGEP'C Non-Governmental Fund
4	Dmitry Lisenkov	Russia	Vector of Life Charity Fund
5	Lubov Vorontsova	Kazakhstan	Answer Public Foundation's Subsidiary in Almaty
6	Anahit Harutyunyan	Armenia	Positive People Armenian Network
7	Anna Galstyan	Armenia	Positive People Armenian Network
8	Elena Rastokina	Kazakhstan	Answer Public Foundation's Subsidiary in Almaty
9	Anatoly Leshenok	Belarus	People PLUS NGO
10	Ekaterina Novikova	Kyrgyzstan	Partnership Network Association
11	Irina Statkevich	Belarus	Positive Movement NGO
12	Oleg Dymaretsky	Ukraine	Wave Charity Organization
13	Diana Imamidin Kyzy	Kyrgyzstan	Partnership Network Association
14	Vladislav Denisenko	Ukraine	100 Percent of Life Charity Organization
15	Alexey Trutnev	Russia	NAVIGATOR Social Support Center
16	Ruslan Poverga	Moldova	Positive Initiative Public Association
17	Denis Godlevsky	Russia	AIDS, Statistics, Health NGO
18	Natalia Egorova	Russia	ITPCru
19	Julia Vereshchagina	Russia	ITPCru
20	Alexey Mikhailov	Russia	ITPCru
21	Maria Shibaeva	Russia	ITPCru
22	Andrey Skvortsov	Russia	AIDS Healthcare Fundation
23	Gregory Vergus	Russia	ITPCru
24	Artem Vereshchagin	Russia	Support Group "Mayak"
25	Tatyana Khan	Russia	ITPCru
26	Vitaly Bespalov	Russia	Parni Plus
27	Sergey Golovin	Russia	ITPCru
28	Anna Garkusha	Ukraine	Consumers of Ukraine Charity Organization
29	Ilya Lapin	Russia	Canadian Legal Network
30	Anatoly Garkusha	Ukraine	Consumers of Ukraine Charity Organization

Meeting Facilitator: Sergey Golovin

Beginning of the meeting. Introduction of participants.

About ViiV Healthcare

The mission, or the goal of ViiV Healthcare is to provide access to PLHIV to care and treatment of HIV. To achieve this goal, we use the following three ways:

1. Making Dolutegravir a key component of therapy;
2. Innovation through research and development;
3. Significant partnership. ViiV believes that our goals cannot be achieved alone, and in order to achieve them we are trying to establish partnership in various fields.

ViiV Healthcare was founded 10 years ago, and in 2019 is our tenth anniversary. The creation model was unique; our company was formed as a result of the merging of parts of HIV drug products portfolios of three companies: GlaxoSmithKline (GSK), Pfizer and Shionogi. We are an independent company, but we use the resources of GSK to conduct our business in EECA.

Here are some landmark dates. In 2013, we launched dolutegravir. In 2018, we managed to launch the first dual formulation. We consider this mission to be very important, so that HIV took as little space as possible in people's lives. Just two weeks ago, we received a positive opinion from the EMA for a new dual formulation (dolutegravir/lamivudine) in Europe.

We have been much longer in this business than 10 years of course. In fact, our history goes back 30 years, because it was GSK that discovered, developed and introduced to the market azidothymidine (AZT).

We want the opinion of the patient community to be taken into account in our work and supported it. It is very important for us to listen to your point of view and use it in our work, which will make it better.

We have talked about the importance of cooperation. We cooperate with many stakeholders in the world: non-governmental organizations, governments, scientific organizations. This collaboration helps us move our work further and make it better.

Access to treatment

Providing access to our drugs is a key component of our strategy. For us, access is not just the matter of price. The first part, which is crucial for us, is research and development. We strive to meet the most important needs of people. In particular, we conduct our clinical studies in countries where the disease burden is the strongest. We also focus on co-infections, and a lot of attention is paid to the development of paediatric formulations.

We have several joint research projects, we will talk more about them, in particular, about cabotegravir. There is an innovative approach to patents and licenses: our licenses, both bilateral licenses with companies and licenses through the Medicines Patent Pool (hereinafter referred to as the Patent Pool), cover 94% of adults and 99% of children in developing countries. We do our best to be open. If you look at the Patent Pool licenses, you will see in which country which drugs are patented. We are committed to ensuring that our pricing and production models, as well as distribution models help fight the epidemic. We have a flexible approach to pricing in various countries that would comprise both the level of the country's income and the burden of the disease. We seek to work with governments and collaborate to develop a solution that is appropriate for each country.

Yesterday in Moscow we officially launched a dolutegravir production plant. The goal of this program is to make dolutegravir more accessible in Russia and potentially on the territory of the Eurasian Economic

Union (EEU). Together with UNICEF, we are also working to develop an approach for the region and some EEU countries in order to make the drug accessible to several countries.

We have part of the work on building up stronger collaboration with the community. Many of you know about Positive Action program which is largely aimed at supporting initiatives that the community is implementing. This subject is very important for us. It is particularly relevant this year, which has become a jubilee year for the company. In these 10 years many of Positive Action programs have been focused on Africa, where the burden of the epidemic was very high. Now we would like to pay more attention to the EECA region involving this program as well. Please follow the Positive Action website, Twitter and Facebook accounts. Most likely, by the end of next year there will be an application request, and you will be able to apply.

We have a donations program in case humanitarian crises or short-term supply disruptions occur. There is an early access program to drugs that are still under development.

You can see that our work covers practically all aspects of HIV infection and working with PLHIV. As part of Positive Action, we support about 300 initiatives, among which there are initiatives for treatment, care and training. The distribution of funds is approximately as follows: part of the program is dedicated to children (about 5 million British pounds a year), part of it goes to MSM and transgender people, another part goes to teenagers, part of it goes to young girls and women (for each 2 million British pounds a year). Now, if a project hasn't focused on one of these key populations, it has been more difficult for us to fund it. . Most likely this model will be revised so that we were able to support projects in other areas too.

Access to and registration of dolutegravir

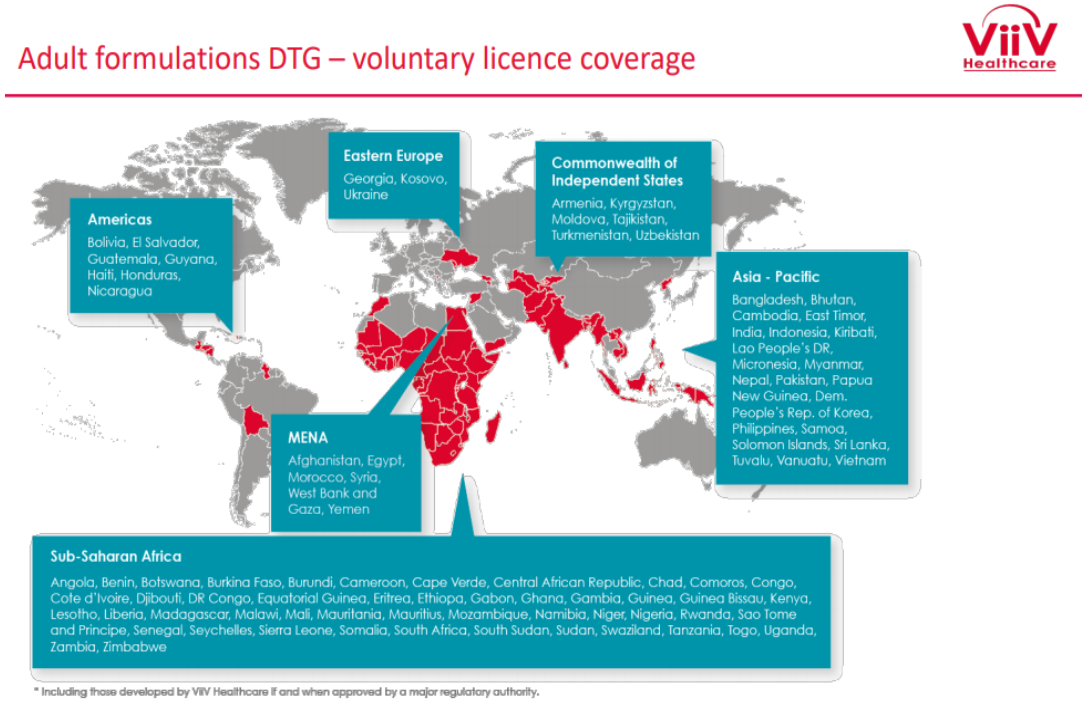
We have filed dolutegravir for registration in more than 100 countries. You can find on our website a list of countries where dolutegravir has already been approved for use. We regularly update this list. To the moment, we have granted a license, free of charge, on royalty-free terms to 17 generic manufacturers. Our license for an adult formulation covers 92 countries, and a paediatric formulation license for 121 countries, where, respectively, 94% of adults and 99% of all children live.

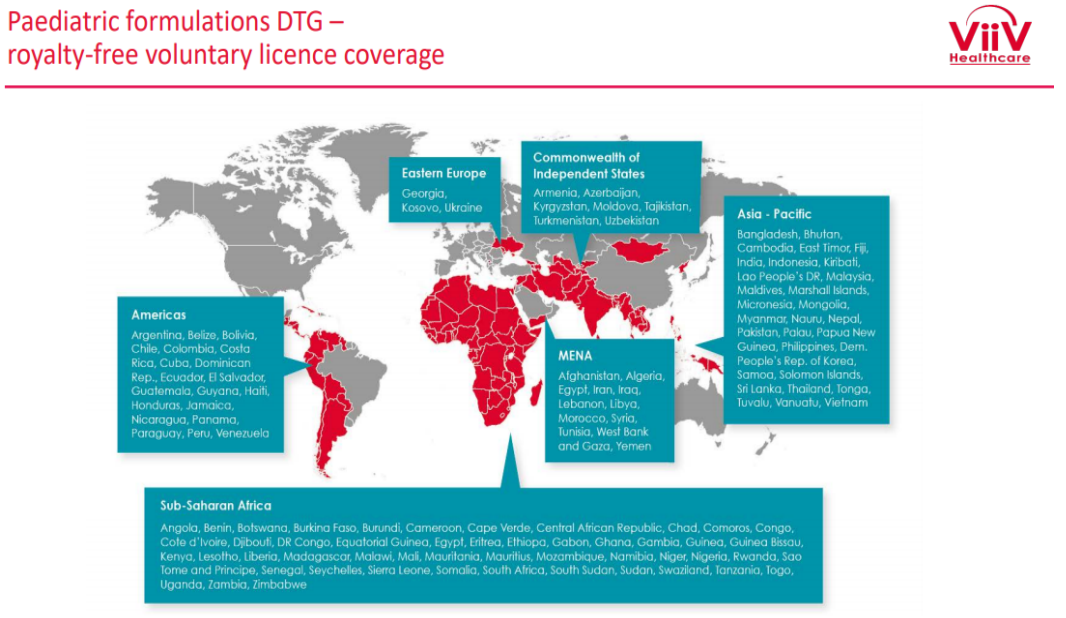
If you look at our licensing policy, you can see that our licenses include all the drugs that are currently on the market. They include all least developed, all low-income, all lower middle-income and all sub-Saharan countries where the epidemic burden is the highest. The reason for this approach is that we want to find a balance between access and innovation. Our portfolio contains many interesting drug products that you will learn about from the next presentation.

We do our best to make sure that those who need our products the most, have access to them either through a voluntary licensing or through a special flexible pricing. In this case, we need to ensure that we have the opportunity to invest in research and development. We must continue to develop new drug products until we find a cure for HIV. Then we can safely leave this business. When we look at the volume of countries that we can include in voluntary licenses, we look at external criteria, which include, first of all, the World Bank's classification according to which if a country is in the category with a higher than average income level, then the country does not fall under the terms of our voluntary licensing. However, we recognize that there is a fairly large number of countries that, by classification, are included in the category of countries with income above the average, while the level of the epidemic in their territory is at a high level. For these countries, we use a flexible pricing system, taking into account both the level of income and the level of the epidemic. Naturally, they pay less than the United States, United Kingdom or Germany, but taking this approach allows ensures our business is sustainable, so that we can continue to invest in scientific research. I understand that in this area we have the greatest number of disagreements, but we

strive to constantly evolve, adapt our business model, taking into account the need to ensure access to Dolutegravir for all people who need it. We are working very hard in this direction having UNICEF involved as well.

The slides below show the general characteristics of the licenses.





These are all countries that are in the license, including our region. Tunisia and Mongolia are not marked here, though, but they were added to the license last year.

It is worth noting that if, according to the World Bank's classification, the income level of a country has decreased, and the country has moved down from the category of income above average to the category below average, then write to us and we will include this country in a voluntary license. This model does not work in the opposite direction, e.g. if the income level of the country that is already part of the voluntary

licensing territory has increased, it will not be excluded from the voluntary license. This is necessary in order to ensure continuity of supply and access to drugs.

Drug products available in the company's portfolio and new developments

When developing new drug products, we take into account the needs of patients. Patient organizations have the opportunity to comment on the design of the studies, and we try to involve them directly into the design of the research.

Our development programme started with the earlier generation of molecules such as abacavir, lamivudine, and maraviroc to the newer dolutegravir based regimens. In our development, we are driven by the desire to ensure that patients get what they really need. We started with dolutegravir, now we are at the stage of two-drug therapy; then we move to the injection drug, cabotegravir/rilpivirin, which depending on the outcome of the ATLAS 2M study we hope can be used every 2 months. I would like to remind you that initially zidovudine was approved with six intakes per day. If the studies on injection forms are confirmed, and the injection once every 2 months proves to be effective and safe, this will mean that we will have gone from six times a day to six times a year.

We are looking at drug products with new mechanisms of action taking into account the needs of patients who have been on treatment for a long time and for whom there are no other options left. We are looking at drug products with a new form of administration. As a result, we are moving towards a cure, either via the complete elimination of the virus, or through supporting therapy.

Overview of the portfolio of drugs that are in the pipeline

Dolutegravir/lamivudine, cabotegravir/rilpivirin, cabotegravir as prevention, and fostemsavir are all in Phase 3. GSK-3640254 maturation inhibitor is in Phase 1. And two drugs of the cure strategy are in the preclinical stage.

Brief information about dolutegravir/rilpivirin two-component therapy: SWORD 1 and 2 studies. This drug has already been approved and is on the market. In fact, there are already data for 148 weeks. Observations are in progress, and the data that is available to date, show that this regimen is non-inferior to the three-component comparison regimens. The regimen showed high efficacy, good tolerability and is a switch option for patients with suppressed viral load.

An overview of the study of the dolutegravir/lamivudine regimen: GEMINI-1 and GEMINI-2 studies. This studies involve 'naïve' patients who have not previously received therapy, and the approved indication in the United States is for treatment naïve patients. 48 weeks' data confirm that the regimen is not inferior to dolutegravir + tenofovir/emtricitabine regimen in antiviral activity. 93% on dolutegravir reached an undetectable viral load (compared with 91% in the dolutegravir + tenofovir/emtricitabine regimen). This year we look forward to seeing the 96 week data which will hopefully be presented at a conference.

We are currently undertaking two additional studies with dolutegravir/lamivudine. The **TANGO study** is a switch study to Dolutegravir and Lamivudine from TAF containing 3 drug regimens regimens, and the **SALSA study** is a switch study to dolutegavir and lamivudine from a variety of three drug regimens.

Recently, at CROI (Conference on Retroviruses and Opportunistic Infections), we presented additional data from **DAWNING study**, in which the potential for using dolutegravir as the second line was assessed. It was compared with lopinavir/ritonavir. As part of the study, a resistance test was performed. We looked at the different mutations that patients have, mutations for lamivudine, and mutation K65R. We understand that

not all countries have the opportunity to do this test, but as part of the study, the resistance test was part of the protocol.

> Question: A question about the previous slide. In which countries will TANGO and SALSA studies take place, will they be carried out in the countries of the region?
>
> Answer of the company representative: I think Russia is included in SALSA study, but I need to confirm this information.

Use of Dolutegravir in the second line: We are often asked whether it is possible to switch to dolutegravir, while maintaining the NRTI base such as tenofovir/lamivudine or tenofovir/emtricitabine. This DAWNING study does not answer this question. But there is a proposed collaborative study that will evaluate this data gap in the future, in which we will assess the possibilities of transition, while maintaining the tenofovir NRTI base.

> Question: What is the resistance test for when switching to second line? Is it to prescribe those drugs to which there is no resistance?
>
> Answer of the company representative: The WHO transition strategy is that if you move by the lines, including transition from the first line to the second, then you also change NRTI. For example, if your treatment regimen was Tenofovir, then in the second line you will receive zidovudine. If you keep tenofovir, and you have a mutation of K65R and M184V, which affects the sensitivity to tenofovir and lamivudine, it may be that you will be on mono-therapy in the second line. When we conducted this study, we had to follow the highest standards. In this study, we did resistance tests to determine if there are mutations or not. The Earnest trial was conducted that assessed the transition from efavirenz to lopinavir, in which no tests for resistance were made. Researchers are likely to replicate this experience and do similar research in the future.

Use of dolutegravir during pregnancy

At the moment, the position has not changed – women of child bearing potential taking dolutegravir should use contraception. At CROI, some studies were presented in which they looked at the data used in actual practice, the antiretroviral pregnancy registry data during pregnancy, and no additional cases of neural tube defects were recorded there. It is important that the study in Botswana continued, and its results will be presented in May or June 2019.

> Question: So, there is hope that the lack of data tells us that dolutegravir does not cause a defect in the fetal neural tube? That is, perhaps the situation may change after additional studies?
>
> Answer of the company representative: In other prospective cohorts such as from Brazil we have not had reported NTDs aside from the Botswana Tsepamo study. However, the risk was detected, and it cannot be ignored. The question now is whether additional cases will be recorded in the Botswana Tsepamo study. Even if there are no new cases, the signal will remain, and we cannot completely ignore it. In this case, the numerator will increase, and we will be able to say that the risk has diminished.

In South Africa, the investigator of the **ADVANCE study** assessed the folic acid levels in patients on DTG and EFV and no declines in serum Folate levels were found in the dolutegravir arms. Another study, **DOLPHIN-2**, to compare dolutegravir and efavirenz in late pregnancy was also conducted, but it didn't include the study of the risk of the neural tube defect in the first trimester.

We continue this work in close cooperation with the governments of countries where we have large cohorts of patients (e.g. Botswana, Brazil). In addition, we continue non-clinical laboratory studies, where we also do our best to understand the possible mechanism of action, and so far we have not seen how dolutegravir

can influence this. Nevertheless, I think that the presentation of research results in Botswana, which we expect in May or June, will be the stage at which further decisions will be made or new recommendations will be developed.

Question: How many cases of neural tube defect have been registered in Botswana?

Answer of the company representative: Four cases were recorded in the Botswana study. And 3 spontaneously reported cases of NTD have been reported in patients on Dolutegravir, 2 from the USA and 1 from Namibia.

Paediatric formulations

One of the areas in which we work is paediatric formulations. Several factors, not only medical, but also adherence, psychosocial issues, and stigma problems affect the use of drug products by children. We work with different organizations to improve the results of treatment in this group of patients.

We are working not only on paediatric formulations of dolutegravir, but also on other drug products that contain Dolutegravir. We work with organizations such as the Patent Pool and the Clinton Health Access Initiatives. This work includes paediatric Triumeq (dolutegravir/abacavir/lamivudine), dolutegravir/rilpivirin, and 2 drug formulation of dolutegravir/lamivudine.

I'd like to emphasize that the paediatric formulation of dolutegravir is only part of the priorities in the development of paediatric formulations. It is worth mentioning lopinavir/ritonavir in the first line treatment for children under 3 years old, efavirenz in the combination form for children from 3 to 10 years, atazanavir and darunavir in combination with ritonavir, paediatric formulations of raltegravir, nevirapine and TAF. Dolutegravir for children is only part of the work required to ensure there are adequate formulations for children.

I'll tell you more about the study program of dolutegravir in paediatric formulations. We look at different ages and weights. The program will consist of three studies. The first study, P1093, will determine the appropriate dose of dolutegravir for children from 4 weeks to 18 years. The second study, ODYSSEY, is the study of dolutegravir + 2NRTI in the first or second line. The third study is the paediatric formulation of Triumeq, the design of which will depend on the results of the first two studies.

Question: Will they be in tablets or liquid form?

Answer of the company representative: These will be dispersed forms, which can be taken both as a pill and as a suspension (having dissolved the drug in water). As for syrup forms, we are working with WHO, which has the strategy of getting rid of syrups due to the inconvenience of their use. One of the key problems is the taste of syrup.

Question: We met with another pharmaceutical company, which was unhappy with how WHO described the use of tablets of this type, because it didn't comply with the instructions for the drug. WHO says that for better dosage it is necessary to dissolve the pill, but this is not indicated in the instructions. Have you studied this issue?

Answer of the company representative: We are not talking about a tablet that needs to be dissolved, but about a real dispersed tablet, which is intended either for oral administration or for administration as a suspension.

Dosage depends on weight.

Today there are differences in the regulatory approval for paediatric dolutegravir. In the EU, DTG is approved from 6 years of age and 14kg, while in the US DTG is approved from 6 years of age and 30kg. Currently the recommended dosage is weight based with a 20mg dosage (14 to 20kg), 25mg (20-30kg), 35mg (30 to 40kg) and 50mg (>40kg). This is quite complicated and a re-evaluation of the dosage is underway at the same time as the studies continue with a sequential study of cohorts of children from age 2 to 6 and infants from 4 weeks of age to 2 years. To reduce potential dosage errors, studies are examining two dosages of 25mg and 50mg for children from 14 to 40kg.

Cabotegravir/rilpivirin (long-acting forms)

This drug is being studied for treatment. For prevention, we investigate only cabotegravir. In the first case there will be two injections, in the second there will be one injection.

At CROI there was presented data from **FLAIR and ATLAS studies** in patients with good adherence, with suppressed viral load, who switched from the first line to cabotegravir/rilpivirin. As part of FLAIR study, patients switched from Triumeq; in ATLAS study, patients might receive a variety regimen before the transition. In these studies, we evaluated the injection once a month. **ATLAS-2M study** focuses on administration once every 2 months, but this study is not yet complete, the results are still pending. The enrollment to the **MOCHA study** for children from 12 to 18 years old begins (more options for children and adolescents), it will be only conducted for the USA and Puerto Rico.

Pre-exposure prophylaxis. There are two studies of this drug as PrEP: **HPTN 083** for MSM and transgender people, for which 80% have already been enrolled, and **HPTN 084** for women, for which 40% of patients have been enrolled.

Of all the studies that are planned to evaluate the efficacy and safety of cabotegravir/rilpivirin, I would like to highlight the **ACTG 5359 study**, in which we look at patients who had or are having problems with adherence. When we talk with doctors, they note that this option would be suitable for such patients. We will compare two groups here: cabotegravir/rilpivirin and the best standard of therapy at the moment. This study is only being enrolled for, and it will be only conducted for the USA and Puerto Rico.

I want to mention **CUSTOMIZE study**, aimed at simplifying the procedure of administration. We will look at different types of use of instructional videos and other training procedures, for example, how to schedule an appointment for a patient, in order to make the administration process easier and more convenient. There will be two groups in which we will evaluate the efficacy. In the first group, we will provide all kinds of support, for example, reminder calls, a training package. In the second group, only injections will be used without additional measures.

Fostemsavir. This is a new class of drugs: attachment inhibitors. Fostemsavir will be used for patients with multiple resistance who no longer have other options. The manufacturing process is complex and the active pharmaceutical ingredient (API) is expensive. This means that it will be expensive to manufacture. And the production process itself is so complex that it will require a separate production site, which cannot be used for other production lines. We communicated with WHO and Patent Pool, but because of the high cost of the molecule and its production, as well as low demand due to the small number of patients who need this drug, it is extremely unlikely that Fostemsavir will be made in a generic form. However there are ongoing discussions.

> Question: Does this mean the price will be very high?

Answer of the company representative: We are now considering the possibility of obtaining other forms in order to change the production process and use less active substance, but this is all in the early phases. And most likely, when the drug is approved, these options will not be available.

The demand for this drug is very low, and on average globally there are less than 1% of people who need it. In the USA, for example, there are about 3%. Initially, this was not our molecule, we procured it from BMS. Of course, we try to make it available in a form that will provide access to generics. We communicate with the same stakeholders as usually on this issue: WHO and Patent Pool. In general, even in the current form the molecule is unlikely to have large budget impact due to the small percentage of patients who need it. To this date, the 48 weeks' data is available, and soon the 96 weeks' data will be presented. Most likely this will be a very good option for patients.

Questions and answers

Question: Tell us more about the UNICEF initiative. Which countries? What are the procedures and prices?

Answer of the company representative: We understand that there are countries with a lower level of the epidemic, small countries, countries with a higher than average income level, and those which cannot afford this or that price of Dolutegravir. However, they still need access to the drug so that they can implement the WHO recommendations in full. The idea is that we will take these countries as a group, and, using the procedures of UNICEF, we will increase the volume and make procurements for such a group of countries. As a pilot project, we are exploring with UNICEF to include Azerbaijan, Belarus and Kazakhstan in this group. If everything goes well, we plan to expand this group of countries and go beyond the borders of EECA countries. We could think about including, for example, such countries as Malaysia and Colombia. The idea is that the more countries, the greater the volume, and respectively, the greater the potential for price reduction. Many of you were probably in Minsk last year, where this idea was born. There are a lot of people talking about joint procurement. This is a new model, and it will be complicated to develop, but we are excited for its implementation, because if it works, then from this model it will be possible to have many benefits. Our actions are to develop a procedure that will allow us, on the one hand, to provide access, on the other hand, to ensure that we have a sustainable business so that we can continue working on the research and development of new products and make them available to those who need them across Africa and other countries. The pricing should not undermine our ability to invest in R&D. My role in ViiV is precisely to find a balance between access and the need to invest in development, and to find new procedures that can provide this balance. I know that we cannot always agree with each other on this issue, but we are always ready to listen to your point of view and find common solutions.

Question: Is there any agreed price for the pilot project in these three countries?

Answer of the company representative: There is no exact agreed price. It will largely depend on the volume. If, for example, Belarus and Kazakhstan come to us and say that they want to procure dolutegravir for all patients, then it will be one price, if they say they want to procure it for 1,000 patients, then the price will be different.. Everything will depend on the agreed amount. In Kazakhstan, for example, we had a dialogue with the government when they came to us and said that they were ready to procure dolutegravir for 3.500 patients, and that they could not change their existing budget. GSK offered a price that was around 28% lower than last year, in order to support the government's public health objective within the budget. We are open to continuing the dialogue. It all depends on the willingness of governments to include dolutegravir in the necessary amount of treatment programs.

Question: You said before that you would like to clarify information on SALSA study and the participation of the countries in the region.

Answer of the company representative: Russia is being discussed as a country to be included in this study. The final decision has not yet been made.

Question: What are the future plans for fostemsavir study in the region?

Answer of the company representative: There will be no additional Phase 3 research on this drug. In Russia, fostemsavir was studied in Phase 2.

Question: A few years ago, when GSK began working in Russia, they stated that paediatric formulations will not be registered, and there is no such work in the plans. Has this changed, are there any plans to register paediatric formulations in Russia, including dolutegravir?

Answer of the company representative: I am not aware of this position of the GSK office. Our position is that the necessary forms, including paediatric, are accessible to patients. We will definitely clarify this question and provide you with the information.

Question: I have a question on obsolete paediatric formulations, namely syrups. In Russia, there are several generics that are lower in price. Will you compete with generic zidovudine and abacavir or leave the market?

Answer of the company representative: As regards drugs, where we remain the only supplier, we will continue to ensure that they are available to patients. For these syrups, I need to verify the information until I can comment on our position. There are situations in which generics manufacturers do not want to supply a drug due to low volumes: in this case we continue to provide the market with the drug. I would like to understand more what is happening in Russia. I will need to consult with my department and the Russian team to answer your question.

Question: You said that you listen to the position of WHO when choosing countries that include licenses in pricing policies. At the meeting in Minsk, attended by Peter Bayer, WHO expert, who supports the position that Belarus, on the one hand, will not be able to widely include dolutegravir in treatment programs without inclusion in the Patent Pool license, on the other hand, Patent Pool proposed a way where the company still makes a profit with high royalties with a large number of patients. How do you comment on this?

Answer of the company representative: First of all, we focus on the classification of World Bank, since it is an external objective criterion that can be checked. Without external criteria it is difficult to decide which countries will be licensed and which will not. Even such organizations as the Global Fund use external criteria (GDP per capita and the World Bank's classification). We try to be flexible in our pricing policy and look at the country's capabilities, at what price it can afford. WHO and us may have different positions, we may disagree, but in any case we need some kind of solution that will ensure both access to drugs and the opportunity for the company to invest in new research and development. I do not know if there is any perfect answer to this question, but I hope that, by continuing such discussions, we will be able to find new solutions. At the moment, we are focusing on the World Bank's classification, but we hear your questions and sincerely try to take them into account and develop new procedures.

Question: This is a question about Kivexa (Abacavir/Lamivudine). You may know that in Kazakhstan it is planned to optimize the number of treatment regimens from 20 to 8. Now we are very carefully looking at the prices of drug products, because depending on the prices, it will be clear which drugs will be included in the optimized regimens. GSK has great products and we want to include them all, but there is a problem of high prices. WHO recommends Dolutegravir in the first treatment regimen, but if we put all our patients on it at the price of $118, then there will be no enough money for Kivexa. Today you said that you are moving from such old drugs as Kivexa to fostemsavir and so on. If Kivexa is considered an old drug, then it might be worth considering the possibility of including Kazakhstan in a voluntary license, so that we can

include Kivexa in these 8 regimens? We did the analysis and saw an increase in procurements of Kivexa, but if there is no further price reduction, the number of patients will remain at the same level, because the number of patients depends directly on the price of the drug.

Question: I want to add to the previous question so that your answer could be applied to several countries. In the conditions of Russia, when the combination drugs are divided, the mono-components of abacavir and lamivudine cost about $20, while the price of Kivexa is about $50. 6 years ago, your colleagues, who are no longer working for ViiV, said that this is the lowest price for Combivir, which then cost about as much as Kivexa costs now (about $50), and they couldn't make it lower. At the same time, as soon as the generics appeared, the price dropped to $15. This means that they could make it lower. I suppose the situation with Kivexa is similar.

Answer of the company representative: This is a difficult question. As far as I know, a week from now there will be an optimization meeting, which will be attended by my colleagues. I understand your point, and I know that the patent for Kivexa remains in a small number of countries. When the patent expires, our position is that we encourage generics to enter the market so that prices decrease and that there is an opportunity to optimize the budget. I need to study the specific details of the situation in Kazakhstan. I have to talk with colleagues in order to understand what opportunities we have. I understand that this is not the best answer at this stage, but I need to talk with the person responsible for commercial activities (you met with him a couple of weeks ago) and then I can give you an answer.

Question: In fact, Kazakhstan does not have to be included in a voluntary license, provided that you do not prosecute companies that will supply us with generics. The next year's price limit is formed before June 1, therefore, this price should be submitted as soon as possible. I ask you to consider all these nuances when pricing.

Question: Please specify the price of Kivexa in Russia.

Answer of the company representative: I do not know the exact price and will convey this question to my Russian colleagues.

Comment: Your company states that its main goals are to provide patients with drug products and invest in new developments. At the same time, today, between 50.000 and 100.000 people are deprived of access to your drug Combivir, which has lost the market, and the company, according to my calculations, has lost about $20 million. Supply your old drugs that you no longer need to us, it will bring you profit and help you fulfil one of your goals (to provide for patients).

Question: Now in Russia, 5 auctions failed to take place on almost all NRTIs that are in the ViiV portfolio. Please note that no generics came out for these auctions with either combination forms or mono-components.

Answer of the company representative: I was not aware of this situation in Russia. I would assume that generics would bid for these tenders, and as they are able to produce the products at a lower cost, then they would be successful. If generics are not bidding in the tenders, then I will talk with the Russian team, since our goal is to provide patients with drugs.

Question: If you do not plan to sell these drugs in Russia, then announce it as, for example, the BMS company did, stating that it would no longer supply atazanavir to Russia.

Answer of the company representative: I will ask my colleagues about this.

Question: We understand that cabotegravir will be widely used. Do you have any plans to issue a license and reduce the price of the drug? If so, which countries can, presumably, enter this license?

Answer of the company representative: Firstly, cabotegravir has not yet been filed for registration in the United States, and secondly, with regard to treatment, we need to cooperate with Janssen, because rilpivirine, as part of the therapy, belongs to them. In general, on the part of ViiV, the approach for choosing countries will be the same as for other products. Regarding the choice of providing the access mechanism, the decision has not been made yet. As of now, we cannot say whether it will be through the Patent Pool or there will be a bilateral separate license or both like we have now. We need to negotiate with Janssen about this. It is worth noting that our licence territories and Janssen territories may be different and a common access policy and approach are currently being developed.

Question: How do pooled procurements (this term is incomprehensible to me) differ, for example, from special price for three countries? What is the principle of the procedure of price reduction?

Answer of the company representative: Since the approach of governments to pricing in different countries is different, our approach to how we set prices in different countries is different, too. The situation looks different. Somewhere the reference pricing is used, in other places the price–volume approach is used, somewhere the profit of the pharmaceutical company is regulated, etc. This is a very complicated and rather chaotic situation. When it comes to such a large country as Brazil with a great number of patients, we can negotiate with their government and offer a specific pricing solution based on the proposed number of patients. In essence, by grouping countries, we create a certain conglomerate of countries that are similar in size to Brazil. It becomes easier for us to set the price.

Question: That is, if you find the same number of patients as in Brazil, then the price will be the same as for Brazil?

Answer of the company representative: Theoretically, yes we could. There were about 100.000 patients in Brazil.

Comment: I want to clarify that this procurement is not an option as a whole. According to the legislation of Belarus, the procurement cannot be made on the international platform. Legislation will need to be changed, which will take approximately from 1.5 to 2 years, and by that time bictegravir will arrive. That is, it makes no sense.

Question: Given the introduction of new rules in the EEU, is your registration policy somehow synchronized with these rules?

Answer of the company representative: We are now working to ensure that the procedure works in compliance with the requirements of the EEU.

Comment: These rules were known about 1.5 or 2 years ago, and you should know that pooled procurement in our region is most likely impossible due to many factors. Your idea with pooled procurements is rather regarded as an idea of delaying various processes that look very good, but are impossible to perform, because this has never been done before. And now we are looking at the opportunities of this process only in one connection: where new political movements arose, and this idea was somehow accepted. Two countries stated that this became possible without any technical processing.

Question: Considering that GSK (not ViiV) is now working in the Russian Federation, have you changed any rules on meetings with patient groups? Why are there no people in charge at the meetings? We have a lot of things to discuss with them, for example, in Kazakhstan there is a political situation now, in Russia there are problems with dolutegravir.

Answer of the company representative: The relationship between ViiV and GSK is complex. In this market, GSK serves as a distributor. There is a local team in Russia, many of us are familiar with Elena, who is responsible for working with the patient community, and this work will continue. In Kazakhstan, there is

also a local team. For those countries where we do not have a local team, you can contact me. I will be a contact person, you can call me, write to me, I am always ready to discuss access issues that are relevant for your countries.

Question: We cannot discuss these issues right now, as you say every time that you need to consult with colleagues.

Answer of the company representative: Unfortunately, they could not attend, as they opened the plant in Moscow. It's just a matter of scheduling. I was not ready to answer some questions, because I did not know all of them in advance, but we are open for discussion.

Question: You said that due to the opening of the plant, the access for Russia and some EEU countries will be improved. How much will the price decrease due to the opening of the plant, since there will be no more problems of physical access?

Answer of the company representative: We are very pleased that we managed to open the plant in Russia, and we, of course, are looking at the possibility of increasing volumes through this. We know for sure that there is a discrepancy between what regional AIDS Centers want to procure, the volumes they need, and what budget the government has allocated for dolutegravir. Now we are negotiating with the government on how to eliminate this discrepancy between the need and the real budget.

Question: Since the production is now located in Russia, there will be no need to spend money on customs clearance of goods, etc. How much will the price decrease because of this?

Answer of the company representative: Yesterday my colleagues were meeting with the Ministry of Health about access to dolutegravir in Russia now that we have opened the manufacturing line. Unfortunately, I don't know in detail what was discussed at that meeting, but we are talking to the government about how to increase access. These discussions will continue over the next weeks. . My manager, who is responsible for our business across the International region, is keen to ensure that we ensure access to dolutegravir for those patients who need it. If the government is ready to buy more Dolutegravir, then we are ready to discuss the appropriate price. Regarding the cost of logistics and customs, I think that all these costs were included in the price that was offered to the state at this stage. I do not know if there is a potential for reduction in view of the opening of the plant, but if it is so, we will discuss this.

Question: In fact, you might not have opened a plant, and the price would have remained the same?

Answer of the company representative: I don't think so. In many ways, the plant was opened because of the requirements of the local government, but also to ensure more access to more patients. I apologize that I am not an expert in all the matters and do not know the level of costs for customs clearance, etc. Of course, all these costs are included in the price, and then we will look at the possibility of reducing the price, taking the localization into account.

Comment: The experience with other drugs shows that localization does not affect the price.

End of the meeting.