



Secretary of the Expert Committee on the Selection and Use of Essential Medicines
Department of Essential Medicines and Health Products
World Health Organization
20 Avenue Appia
CH-1211, Geneva 27, Switzerland

19 May 2021

Re. Statement of support for the addition of a 300 mg rifapentine formulation to the World Health Organization Model List of Essential Medicines

Dear Expert Committee:

The Treatment Action Group (TAG) and the undersigned civil society and community-based partners submit this letter **in support** of adding a 300 mg scored formulation of rifapentine to the World Health Organization (WHO) Model List of Essential Medicines (EML) for the treatment of tuberculosis (TB) infection.

The organizations endorsing this letter represent a diverse constituency of civil society and community-based partners working to expand access to evidence-based regimens for preventing TB, the world's leading infectious cause of death second only to COVID-19. We note that the present application is for a new formulation of an existing medicine, rifapentine, which is already listed on both the EML and EMLc. Rifapentine is the backbone of new(er) short-course regimens for preventing TB disease, namely the 3HP and 1HP regimens. 3HP requires taking 900 mg of rifapentine and 900 mg of isoniazid once a week for 12 weeks. 1HP consists of taking 600 mg of rifapentine and 300 mg of isoniazid daily for one month.

It is our view that TB preventive treatment (TPT) regimens that combine rifapentine and isoniazid represent the current highest attainable standard of care for the prevention of TB disease. 3HP and 1HP are each listed as recommended regimens in WHO guidelines and are increasingly included in national guidelines.¹ Importantly, communities affected by TB have expressed a clear preference for 3HP and 1HP as shorter, more tolerable alternatives to lengthier courses of isoniazid preventive therapy (IPT). In addition to the shorter treatment duration, communities cite the lower risk of liver toxicity associated with 3HP and 1HP as a major reason to prefer rifapentine-based TPT to IPT.

High pill burden resulting from limited available formulations of rifapentine has negatively affected the acceptability and uptake of 3HP and 1HP. The advent of a 300 mg scored formulation of rifapentine would reduce the pill count of each regimen. With 300 mg rifapentine,

¹ World Health Organization. WHO consolidated guidelines on tuberculosis: Module 1: Prevention—Tuberculosis preventive treatment. Geneva: World Health Organization; 2020.

each dose of 3HP would be reduced from 10 to 7 pills and each dose of 1HP from 6 to 4 pills.² Communities affected by TB have singled out reducing the pill count of 3HP and 1HP as a priority for future formulation development.³

Among possible formulations of rifapentine and/or rifapentine/isoniazid, a 300 mg rifapentine formulation stands out as the most versatile for meeting the dosing requirements of present and future regimens. For example, a 300 mg rifapentine formulation would be well suited to lowering the pill count of the 4-month TB treatment regimen containing rifapentine (currently under review by WHO) and an investigational preventive regimen of 600 mg of rifapentine taken daily for six weeks under study by the Tuberculosis Trials Consortium. A 300 mg rifapentine tablet with a functional score would further enhance the formulation's adaptability and relevance to current and future regimens by allowing for half dosing, if indicated.

We acknowledge that the current high price of rifapentine curtails the drug's accessibility. Currently, Sanofi is the only supplier of rifapentine and manufactures a 150 mg tablet (Macleods Pharmaceuticals makes a 300/300 rifapentine/isoniazid fixed-dose combination tablet). In 2018, Unitaid and the Global Fund entered into an agreement with Sanofi to reduce the price of rifapentine to US\$15 per 3HP treatment course for a specific list of countries.⁴ Further reducing the price of rifapentine and improving the affordability of 3HP and 1HP will require additional suppliers to enter the market. As our coalition wrote in 2019, responding to the Unitaid/Global Fund/Sanofi deal, "sustainable access to affordable rifapentine will require long-term solutions, including generic competition" and generic manufacturers should prioritize the development of "patient-friendly formulations of 3HP and 1HP" that reduce pill burden.⁵

A 300 mg scored rifapentine tablet is one such formulation, and we are aware of at least two companies that have begun developing this formulation. Adding a 300 mg formulation of rifapentine to the EML will send an important signal of encouragement to these and other manufacturers. This is a signal that manufacturers will be able to act on as rifapentine is free of patent barriers.⁶

Thank you for the opportunity to share our views on the importance of including a 300 mg scored rifapentine on the WHO EML. If you need additional information on our support of this

² Using existing formulations of rifapentine 150 mg and isoniazid 300 mg, each dose of 3HP requires taking 6 rifapentine tablets, 3 isoniazid tablets, and 1 vitamin B6 tablet for a total of 10 tablets. Each dose of 1HP requires taking 4 rifapentine tablets, 1 isoniazid tablet, and 1 vitamin B6 tablet. See calculations in: Treatment Action Group. An activist's guide to rifapentine for the treatment of TB infection. New York: Treatment Action Group; 2020.

<https://www.treatmentactiongroup.org/publication/an-activists-guide-to-rifapentine-for-the-treatment-of-tb-infection/>
³ Community movements across Africa, Asia, and South America celebrate roll-out of short-course, patient-friendly TB preventive therapy [Press Release]. 16 February 2021.
<https://www.treatmentactiongroup.org/statement/community-movements-across-africa-asia-and-south-america-celebrate-roll-out-of-short-course-patient-friendly-tb-preventive-therapy/>

⁴ Landmark deal secures significant discount on price of medicine to prevent TB [Press Release]. 31 October 2019.
<https://unitaid.org/news-blog/landmark-deal-secures-significant-discount-on-price-of-medicine-to-prevent-tb/#en>

⁵ A lower price for rifapentine is just a start — communities need more than discounts to access TB preventive therapy! [Press Release]. 31 October 2019. <https://www.tbonline.info/posts/2019/10/31/civil-society-statement-rifapentine-price-discount/>

⁶ Treatment Action Group. Isoniazid/rifapentine (3HP) access roadmap and patent landscape. New York: Treatment Action Group; 2020: <https://www.treatmentactiongroup.org/publication/isoniazid-rifapentine-3hp-access-roadmap-and-patent-landscape/>.

application, please contact Mike Frick, TAG TB project co-director at mike.frick@treatmentactiongroup.org.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mike Frick".

Mike Frick, *on behalf of*

1. Treatment Action Group (USA) [Lead signatory]
2. ARK Foundation (India)
3. Coalition of Women Living with HIV and AIDS/COWLHA (Malawi)
4. Facilitators of Community Transformation/FACT (Malawi)
5. Ghana TB Voice Network (Ghana)
6. Jointed Hands Welfare Organization (Zimbabwe)
7. Journalists Association Against AIDS/JournAIDS (Malawi)
8. KHANA (Cambodia)
9. Pamoja TB Group (Kenya)
10. Sankalp Rehabilitation Trust (India)
11. Stop TB Partnership-Kenya (Kenya)
12. Stop TB Partnership-Zimbabwe (Zimbabwe)
13. TB Proof (South Africa)
14. Women, Law and Development Association/MULEIDE (Mozambique)