# Canadian Journal of Health Technologies



December 2024 Volume 4 Issue 12

**Drugs** Health Technologies Health Systems

**Horizon Scan** 

# **Emerging Antiviral Drugs to Prevent or Treat Influenza**

# Key Messages

#### What Is the Issue?

- There is a need to identify drugs currently in development (pipeline drugs) intended to prevent or treat influenza.
- Specifically, policy-makers would like to identify those drugs that have ongoing or recently completed phase II or phase III randomized controlled trials (RCTs) and are not yet approved for use by Health Canada for influenza.

#### What Did We Do?

 An information specialist did a tailored literature search across major databases to identify relevant RCTs on antiviral drugs for influenza, focusing on information published in English since January 1, 2020, and completed on November 8, 2024.

#### What Did We Find?

- We identified a total of 17 emerging drugs in 26 completed or ongoing RCTs, mainly testing treatments for adults with uncomplicated influenza, with some studies including children and adolescents.
- The evidence included 2 prevention studies and 3 challenge studies for influenza.
- Most drugs were compared to a placebo and the number of participants in these trials ranged from 46 to 5,000.

#### What Does It Mean?

• There are promising new drugs in development for treating adults with uncomplicated influenza.

# **Table of Contents**

About This Document	5
Objective	5
Research Question	5
Methods	5
Literature Search Strategy	5
Selection Criteria	5
Results	6
Summary	7
References	8
Appendix 1: Ongoing and Completed Randomized Controlled Trials	9

# **List of Tables**

Table 1: Selection Criteria	6
Table 2: Drugs in the Clinical Pipeline	
Table 3: Ongoing Randomized Controlled Trials (Active, Recruiting, or Not Yet Recruiting)	
Table 4: Completed Randomized Controlled Trials With Published or Posted Results	10
Table 5: Completed Randomized Controlled Trials Without Results	11

#### **About This Document**

This report provides information on pipeline drugs intended to prevent or treat influenza. Specifically, it identifies drugs that have completed phase II or phase III RCTs and are not approved for use by Health Canada for influenza. In addition, it identifies drugs that have ongoing phase II or phase III RCTs. It is important to note that this report is not a systematic review and does not describe results nor does it include a critical appraisal of the identified studies. This document is not intended to provide recommendations or advice.

# **Objective**

To identify and describe the study and population characteristics of ongoing or recently completed phase II or phase III RCTs that evaluate drugs to prevent or treat influenza and are not currently approved by Health Canada for this indication.

## **Research Question**

What antiviral drugs are in the pipeline for influenza A or B?

#### **Methods**

# **Literature Search Strategy**

An information specialist conducted a literature search on key resources including MEDLINE, Embase, the Cochrane Database of Systematic Reviews, ClinicalTrials.gov, and Health Canada's Clinical Trials Database. The search approach was customized to retrieve a limited set of results, balancing comprehensiveness with relevance. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. Search concepts were developed based on the elements of the research question and selection criteria. The main search concepts were antivirals or other anti-influenza drugs and influenza. Search filters were applied to limit retrieval to RCTs or controlled clinical trials. Retrieval was limited to the human population. For the Embase search, retrieval was also limited to conference abstracts. The search was completed on November 8, 2024, and limited to Englishlanguage documents published since January 1, 2020.

#### **Selection Criteria**

The studies of drugs to prevent or treat influenza were selected based on the inclusion and exclusion criteria shown in <u>Table 1</u> and if the drugs of interest were antiviral drugs or drugs with antiviral-like properties.

Several articles obtained through the grey literature search were reviewed to identify new molecules. 1-6

**Table 1: Selection Criteria** 

Source of information	Inclusion criteria	Exclusion criteria
MEDLINE	Phase II and phase III RCTs	Studies of drugs that have already been approved in Canada
Embase	Conference abstracts of phase II and phase III RCTs	to treat or prevent influenza Studies of drugs that are already approved for other indications in Canada and potentially repurposed for influenza in the future
		Studies of vaccines, devices, traditional herbs or medicines, natural health products, and dietary supplements
		Dose finding studies or pharmacokinetics or pharmacodynamics studies
		Drugs that are no longer in development according to the manufacturer's website information or other
ClinicalTrials.gov	Phase II and phase III interventional studies that are completed, active, recruiting, or not yet recruiting	The exclusion criteria previously mentioned Studies that are withdrawn, suspended, terminated, or with unknown status
	Estimated primary completion date after January 1, 2020	Studies terminated early due to futility

RCTs = randomized controlled trials.

## Results

A total of 17 drugs (<u>Table 2</u>) with 26 RCTs, completed or ongoing, were identified. Of these, 5 drugs are marketed in 1 or more countries. Many RCTs were treatment studies and included adults with uncomplicated influenza. One treatment study included children aged 2 to 11 years and 1 treatment study included children aged 6 months to 2 years. Five studies included adolescents aged 12 to 17 years.

There were 2 prevention studies and 3 challenge studies for influenza. In 1 challenge study, the 2009 pandemic strain of influenza A (influenza A/California/07/2009 H1N1) was used to inoculate healthy volunteers.<sup>7</sup>

The emerging drugs were compared to an active control in 5 studies and the remainder were compared to placebo. The study sample size ranged from 46 to 5,000 participants.

The characteristics of the RCTs are captured in Appendix 1.

**Table 2: Drugs in the Clinical Pipeline** 

Drug	Manufacturer	Drug type
CC42344	Cocrystal Pharma, Inc.	Antiviral (PB2 inhibitor)
CD388	Cidara Therapeutics	Antiviral (neuraminidase inhibitor)
Deunoxavir marboxil (ADC189)	Simcere Pharmaceutical Group Limited	Antiviral (PA inhibitor)
Enisamium (FAV00A; Amizon)ª	Farmak	Antiviral (RNA synthesis inhibitor)
Favipiravir (T-705; Avigan) <sup>b</sup>	Toyama Chemical Co., Ltd.	Antiviral (PB1 inhibitor)

Drug	Manufacturer	Drug type
GP681	Jiangxi Qingfeng Pharmaceutical Co. Ltd.	Antiviral (PA inhibitor)
Ingavirin <sup>c,d</sup>	Valenta Pharmaceuticals JSC	Antiviral (NP inhibitor)
MHAA4549A	Genentech, Inc.	Monoclonal antibody
Neumifil (HEX17)	Pneumagen Ltd.	Antiviral (carbohydrate binding module)
Norketotifen	Emergo Therapeutics, Inc.	Antihistamine (metabolite of ketotifen)
Nitazoxanide (Alinia) <sup>e</sup>	Romark	Antiprotozoal
Onradivir (ZSP1273)	<u>Raynovent</u>	Antiviral (PB2 inhibitor)
Raphamin (MMH-407) <sup>c</sup>	Materia Medica Holding	Antiviral (MHC inhibitor)
Seloxavir marboxil (ZX-7101A)	Zenshine Pharma	Antiviral (PA inhibitor)
Umifenovir (DB13609; Arbidol) <sup>c,f</sup>	Pharmstandard	Antiviral (HA-induced membrane fusion inhibitor)
VIS410	<u>Visterra Inc.</u>	Monoclonal antibody
XC221	Valenta Pharm JSC	MOA undefined

HA = hemagglutinin; MHC = major histocompatibility complex; MOA = mechanism of action; NP = nucleoproteins; PA = polymerase acidic protein; PB1 = polymerase basic protein 1; PB2 = polymerase basic protein 2; RNA = ribonucleic acid.

# **Summary**

A search was conducted to identify phase II and phase III RCTs that evaluated emerging drugs to prevent or treat influenza. A total of 26 RCTs were retrieved which included 17 emerging drugs.

The pipeline for drugs to treat adults with uncomplicated influenza is promising. There is a limited number of studies specific to the prevention of influenza, the treatment of severe influenza, and in children aged 17 years and younger.

Interpretation of the findings of the bulletin must take into consideration the following limitations:

- The search for RCTs was not systematic. The list may be incomplete and missing studies of drugs that would fulfill the inclusion criteria.
- The status of the identified drugs may have changed since the completion of the literature searches. Some drugs may no longer be in development.
- The published or posted results were not reviewed to determine if they were favourable to the identified drugs; hence, the list may include RCTs with negative findings.

<sup>&</sup>lt;sup>a</sup>Available in 11 countries in eastern Europe.

<sup>&</sup>lt;sup>b</sup>Available in Japan.

<sup>&</sup>lt;sup>c</sup>Available in Russia.

<sup>&</sup>lt;sup>d</sup>Also known as pentanedioic acid imidazolyl ethanamide; IEPA; ingamine; pentanoic acid; or vitaglutam.

<sup>&</sup>lt;sup>e</sup>Available in the US.

fAvailable in China.

# References

- 1. Coughlan L, Neuzil KM. Outpacing antiviral resistance: new treatments for influenza virus infection. *Lancet Infect Dis.* 2024;24(5):447-449. PubMed
- 2. Kumari R, Sharma SD, Kumar A, et al. Antiviral Approaches against Influenza Virus. *Clin Microbiol Rev.* 2023;36(1):e0004022. <u>PubMed</u>
- 3. Li Y, Huo S, Yin Z, et al. Retracted and republished from: "The current state of research on influenza antiviral drug development: drugs in clinical trial and licensed drugs". *mBio*. 2024;15(5):e00175-00124. PubMed
- 4. Liu C, Hu L, Dong G, et al. Emerging drug design strategies in anti-influenza drug discovery. *Acta Pharm Sin B.* 2023;13(12):4715-4732. PubMed
- 5. Malik S, Asghar M, Waheed Y. Outlining recent updates on influenza therapeutics and vaccines: A comprehensive review. *Vaccine X.* 2024;17:100452. PubMed
- 6. Meseko C, Sanicas M, Asha K, Sulaiman L, Kumar B. Antiviral options and therapeutics against influenza: history, latest developments and future prospects. *Front Cell Infect Microbiol.* 2023;13:1269344. PubMed
- 7. Sloan SE, Szretter KJ, Sundaresh B, et al. Clinical and virological responses to a broad-spectrum human monoclonal antibody in an influenza virus challenge study. *Antiviral Res.* 2020;184:104763. <u>PubMed</u>

# **Appendix 1: Ongoing and Completed Randomized Controlled Trials**

Please note that this appendix has not been copy-edited.

**Table 3: Ongoing Randomized Controlled Trials (Active, Recruiting, or Not Yet Recruiting)** 

Intervention(s)	Comparator(s)	Study Design, Location(s), and Sample Size	Study Population	Estimated Primary Completion Date	ClinicalTrials. gov Reference
			Phase II		
CC42344	Placebo	Single centre, double-blind UK N = 96	Adults (18 to 55 years) – challenge study for influenza A	June 2024	NCT06160531
CD388	Placebo	Multicentre (57 sites), double-blind US, UK N = 5,000	Adults (18 to 63 years) not at risk for influenza complications – prevention study	September 2025	NCT06609460
Favipiravir (T070; Avigan) and other antiviral drugs (includes laninamivir)	No treatment and against each other	Multicentre (4 sites), open-label, adaptive, platform trial 4 countries N = 3,000	Adults (18 to 60 years) with early symptomatic uncomplicated influenza A or B	01 January 2027	NCT05648448
			Phase III		
Deunoxavir marboxil (ADC189)	Baloxavir marboxil	Multicentre, double- blind China N = 165	Children (2 to 11 years) with influenza A or B	31 December 2024	NCT06507813
GP681	Placebo	Multicentre, double- blind Location NR N = 328	Adults and adolescents (12 and older) with influenza at high risk of influenza complications	30 December 2025	NCT06573008
GP681	Placebo	Multicentre, double- blind Location NR N = 748	Adults and adolescents (12 years and older) for post- exposure prophylaxis against influenza	30 July 2027	NCT06574503
Seloxavir marboxil (ZX- 7101A)	Placebo	Multicentre, double- blind China N = 360	Adolescents (12 -17 years) with uncomplicated influenza	30 November 2024	NCT06099873

NR = not reported.

**Table 4: Completed Randomized Controlled Trials With Published or Posted Results** 

Intervention(s)	Comparator(s)	Study Design, Location(s), and Sample Size	Study Population	Key Outcome	ClinicalTrials. gov or PubMed Reference
		Pha	ase II		
MHAA4549A combined with oseltamivir	Placebo combined with oseltamivir	Multicentre (68 sites), double-blind 18 countries N = 166	Adult inpatients (18 to 95 years) with severe influenza A infection	Time to normalization of respiratory function	Lim et al. 2020
Neumifil (HEX17)	Placebo	Single centre, double- blind UK N = 104	Adults (18 to 55 years) – challenge study for influenza	Incidence of symptomatic influenza	NCT05507567 Kitson et al. 2024
Onradivir (ZSP1273)	Placebo	Multicentre (20 sites), double-blind China N = 205	Adult outpatients (18 to 65 years) with acute uncomplicated influenza A	Time to alleviate influenza symptoms	Yang et al. 2024
VIS410	Placebo	Single centre, double- blinded Belgium N = 46	Adults (18 to 45 years) – challenge study for influenza (used a 2009 pandemic strain of influenza A)	Viral load	Sloan et al. 2020
		Pha	ise III		
Favipiravir (T-905; Avigan)	Placebo	Multicentre, double- blind 14 countries N = 855	Adults (18 to 80 years) with acute influenza-like illness	Time to alleviation of symptoms and resolution of fever	Hayden et al. 2023
Nitazoxanide (Alinia)	Placebo	Multicentre (38 sites), double-blind 3 countries N = 1,030	Adults and adolescents (12 years and older) with uncomplicated influenza A or B	Time from first dose to symptom response	NCT03336619
Nitazoxanide (Alinia) combined with Oseltamivir	Oseltamivir	Single centre, blinded India N = 67	Adult inpatients (age range NR) with seasonal influenza	Time for resolution of fever	Koul et al. 2024
Raphamin (MMH-407)	Placebo	Multicentre (26 sites), double-blind Russia N = 240	Adult outpatients (18 to 70 years) with acute respiratory viral infection	Time to resolution of symptoms	NCT04244084
Umifenovir (DB13609; Arbidol)	Oseltamivir	Multicenter (14 sites), open label China N = 412	Adult outpatients (18 years and older) with suspected influenza	Time to normal body temperature	Bai et al.2023

Intervention(s)	Comparator(s)	Study Design, Location(s), and Sample Size	Study Population	Key Outcome	ClinicalTrials. gov or PubMed Reference
		Phase	II and III		
Seloxavir marboxil (ZX-7101A)	Placebo	Single centre, double- blind, adaptive design China N = 900	Adults (18 to 64 years) with uncomplicated influenza	Time to alleviation of influenza symptoms	NCT05702489 Wang et al. 2024
		Phase I	Jnknown		
Enisamium iodide (FAV00A; Amizon)	Placebo	Single centre, blinding NR Russia N = 124	Adult outpatients (aged 18 to 55 years) with influenza and influenza-like illness without risk factors for severe disease	Duration of disease	Pshenichnaya et al. 2021

NR = not reported.

**Table 5: Completed Randomized Controlled Trials Without Results** 

Intervention	Comparator	Study Design, Sample Size, and Location(s)	Study Population	Key Outcome	ClinicalTrials. gov	
		Pha	ase II			
GP681	Placebo	Single centre, double- blind China N = 216	Adults (18 to 65 years) with uncomplicated acute influenza	Time to alleviation of influenza symptoms	NCT04736758	
Norketotifen	Placebo	Multicentre (20 sites), double-blind US N = 315	Adult outpatients (18 to 64 years) with uncomplicated acute influenza	Time to alleviation of the symptoms of influenza-like illness	NCT04610047	
Norketotifen	Placebo	Multicentre (18 sites), double-blind US N = 238	Adult outpatients (18 to 64 years) with uncomplicated acute influenza	Time to alleviation of the symptoms of influenza-like illness	NCT04043923	
XC221	Placebo	Multicentre (9 sites), double-blind Russia N = 255	Adults (18 to 65 years) with uncomplicated influenza or other acute viral upper respiratory infections	Time to resolution of all symptoms	NCT05030324	
	Phase III					
GP681	Placebo	Single centre, double- blind China N = 591	Adults and adolescents (12 to 65 years) with uncomplicated acute influenza	Time to alleviation of influenza symptoms	NCT05474755	

Intervention	Comparator	Study Design, Sample Size, and Location(s)	Study Population	Key Outcome	ClinicalTrials. gov
Ingavirin	Placebo	Multicentre (8 sites), double-blind Russia N = 240	Outpatient children (6 months-2 years) with influenza and other acute respiratory viral infections	Time to resolution of symptoms	NCT05269290
Onradivir (ZSP1273)	Placebo	Multicentre (76 sites), double-blind China N = 591	Adult outpatients (18 to 64 years) with acute uncomplicated influenza A	Time to alleviation of symptoms	NCT04683406
XC221	Placebo	Multicentre (13 sites), double-blind Russia N = 260	Adult outpatients (18 to 65 years) with uncomplicated influenza or other acute respiratory viral infections	Time to resolution of all symptoms	NCT05544916



ISSN: 2563-6596

Canada's Drug Agency (CDA-AMC) is a pan-Canadian health organization. Created and funded by Canada's federal, provincial, and territorial governments, we're responsible for driving better coordination, alignment, and public value within Canada's drug and health technology landscape. We provide Canada's health system leaders with independent evidence and advice so they can make informed drug, health technology, and health system decisions, and we collaborate with national and international partners to enhance our collective impact.

**Disclaimer:** CDA-AMC has taken care to ensure that the information in this document was accurate, complete, and up to date when it was published, but does not make any guarantee to that effect. Your use of this information is subject to this disclaimer and the Terms of Use at <a href="mailto:cda-amc.ca">cda-amc.ca</a>.

The information in this document is made available for informational and educational purposes only and should not be used as a substitute for professional medical advice, the application of clinical judgment in respect of the care of a particular patient, or other professional judgments in any decision-making process. You assume full responsibility for the use of the information and rely on it at your own risk.

CDA-AMC does not endorse any information, drugs, therapies, treatments, products, processes, or services. The views and opinions of third parties published in this document do not necessarily reflect those of CDA-AMC. The copyright and other intellectual property rights in this document are owned by the Canadian Agency for Drugs and Technologies in Health (operating as CDA-AMC) and its licensors.

Questions or requests for information about this report can be directed to Requests@CDA-AMC.ca.