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One of the most pressing unmet needs in the human immunodeficiency virus (HIV) market, which is set to reach \$22.5 billion by 2025, lies in the current lack of long-acting and safer treatments, according to research and consulting firm GlobalData.

The company's [report](#) states that adherence to antiretroviral therapy (ART) is a significant concern in the treatment of HIV, and current treatment options all require a minimum of once-daily dosing. While long-acting therapies would likely involve clinician-administered injections and would not appeal to all patients, those with adherence challenges or incarcerated patients, for example, might find this kind of antiretroviral regimen desirable.

David Fratoni, PharmD, Healthcare Analyst for GlobalData, explains: "Currently, ART is dependent on combination of several antiretroviral drugs, and this will likely also be the case for long-acting anti-HIV treatments. Therefore, long-acting drugs would ideally be co-formulated as a single, long-acting treatment that could, for example, be administered as an intravenous injection once a month."

In terms of recent efforts to address this unmet need, ViiV and Janssen are working to develop a long-acting formulation composed of the integrase inhibitor (INI), cabotegravir, in combination with the non-nucleoside reverse transcriptase inhibitor (NNRTI), rilpivirine, which is already marketed under the brand name of Edurant.

Fratoni continues: "The development of novel, long-acting treatments for HIV-1 is ongoing, and according to GlobalData's insight, there is a high possibility that these will replace the current treatment for many HIV patients in the forecast period.

"While long-acting formulations are likely to appeal mostly to specific patient populations, such as incarcerated and homeless patients, there is still a sizeable commercial opportunity for those people who find it difficult to take one or more pills every day to comply with the treatment regimen."