



## **RFS Pharma Announces 2-Week Data from An NIH-Sponsored Phase 2 Clinical Trial Evaluating Amdoxovir (AMDX) in Highly Treatment-Experienced HIV-1 Infected Individuals**

**Tucker, GA, February 13, 2006**--RFS Pharma, LLC announced positive two-week results from an on-going Phase 2 clinical trial evaluating amdoxovir (AMDX) for the treatment of HIV-1 in highly treatment-experienced individuals failing approved antiretroviral therapy. In this 96-week trial conducted by the AIDS Clinical Trials Group (ACTG), sponsored by the National Institutes of Health (NIH), AMDX 500 mg bid or AMDX 500 mg bid with mycophenolate mofetil (MMF) 500 mg bid were administered in addition to subjects' current failing treatment regimens. The results from this study, ACTG-5165, were presented at the 13th Conference on Retroviruses and Opportunistic Infections (CROI) held in Denver, Colorado.

After 2 weeks of add-on AMDX or AMDX with MMF, a statistically significant decline in viral load from baseline (median decline of 0.26 log<sub>10</sub> copies/mL,  $p < 0.0001$ ) was observed across the study arms ( $n = 40$ ). There was a median 0.37 log decline ( $p = 0.012$ ) in the AMDX arm ( $n = 20$ ) and a median decline of 0.23 log ( $p = 0.001$ ) in the AMDX and MMF arm ( $n = 20$ ). The difference between the two arms was not statistically different ( $p = 0.59$ ). Ten of 40 subjects had a decline in viral load greater than or equal to 0.5 log (35% of those receiving AMDX and 15% of those receiving AMDX and MMF).

"We are very encouraged by the data obtained from 40 HIV-infected individuals who had failed therapy and were given AMDX," said Professor Raymond F. Schinazi, Founder and Director of RFS Pharma, LLC. "This is an important milestone in the development of this novel dioxolane nucleoside for the treatment of HIV-1 infections."

AMDX was effective in subjects with virus strains resistant to nucleoside reverse transcriptase inhibitors (NRTI), including those harboring multiple thymidine analog mutations (TAMS) such as the M41L and L210W mutations and also the M184V mutation selected by Epivir<sup>®</sup> and Emtriva<sup>®</sup>. Trends towards better responses were associated with viruses with fewer than six NRTI mutations ( $p = 0.12$ ) and less than four TAMS without E44D or V118I ( $p = 0.08$ ).

AMDX was well tolerated in this study. Frequent, standardized monitoring did not reveal potential drug-related toxicities, such as lens opacities, substantial CD4<sup>+</sup> declines, or greater than or equal to Grade 2 renal toxicities. There were two Grade 3 events reported by Week 2 that were unlikely to be related to study treatment.

"We are sufficiently encouraged to plan a Phase 2b study based on the significant antiviral effects in these highly treatment-experienced subjects who have a median of six drug-resistance mutations," stated Nancy M. Kivel, M.D., chief medical officer of RFS Pharma, LLC.

In a previous published study, AMDX 500 mg bid was highly effective in treatment-naïve individuals, demonstrated by a median 1.3 log decline from baseline (range 0.8 to 1.9) after 15

days of monotherapy. Furthermore, in treatment-experienced subjects (n = 25), of which 96% had at least one NRTI mutation at baseline, a median decline in HIV-1 RNA of 0.7 log on Day 15 was obtained (Thompson MA, *et al.* AIDS 2005;19:1607-1615).

### **Trial Design**

ACTG 5165 is an on-going Phase 2 randomized, double-masked, 96-week clinical trial evaluating the efficacy, safety and tolerability of AMDX administered with or without MMF to highly treatment-experienced HIV-1 infected subjects. Forty subjects were randomized in a 1:1 ratio to AMDX 500 mg bid or AMDX 500 mg bid with MMF 500 mg bid plus their current therapy. The study is being conducted at 10 centers in the U.S. Subjects who responded to AMDX with or without MMF, as defined by viral load decline from baseline greater than or equal to 0.5 log at Week 2, had their background antiretrovirals optimized and are continuing study therapy for up to 96 weeks. Subjects enrolled in the trial had a median viral load of 4.47 log, a median CD4<sup>+</sup> cell count of 184 cells/mm<sup>3</sup>, and a median of six NRTI mutations (range 1 – 8).

### **About Amdoxovir**

Amdoxovir is a nucleoside analog prodrug that is deaminated by adenosine deaminase to its 2'-deoxyguanosine analog, DXG. The triphosphate form of DXG is a potent and selective inhibitor of HIV-1 reverse transcriptase and also acts as a viral DNA chain terminator. AMDX is a potent inhibitor of HIV-1, including drug resistant viruses harboring M184V/I and TAMS. AMDX is also active against HIV-2 and hepatitis B virus. Resistance to AMDX does not develop in primary human lymphocytes. However, resistance develops slowly in MT-2 cells and is associated with mutations at K65R or L74V. Virus containing the K65R mutation show moderate to high cross resistance to the approved drugs, Hivid<sup>®</sup>, Videx<sup>®</sup>, Viread<sup>®</sup> and Epivir<sup>®</sup> and increased sensitivity to Retrovir<sup>®</sup>. AMDX has been safely administered to over 180 adults in five Phase 1 and 2 trials.

### **About RFS Pharma, LLC**

RFS Pharma, LLC, founded in September 2004 and based in Tucker, Georgia, is a privately owned pharmaceutical company committed to the discovery and development of antiviral agents and other human therapeutics. The company capitalizes on its expertise in nucleoside chemistry to develop drugs to combat infections caused by drug-resistant HIV and hepatitis viruses as well as develop drugs to treat inflammation and cancer. RFS Pharma's lead product candidate is amdoxovir, which is in Phase 2 clinical trials for the treatment of HIV-1 and HBV under a US IND.

### **Forward-looking Statements**

"Safe Harbor" Statement: Any statements in this press release that relate to the Company's expectations are forward-looking statements, within the meaning of the Private Securities Litigation Reform Act of 1995. Since this information may involve risks and uncertainties and be subject to change at any time, the Company's actual results may differ materially from expected results.

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