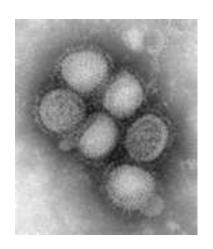
# ANTI VIRAL AGENTS



# What are anti-virals?

• An antimicrobial used specifically for treatment of viral infections

# How do they act?

• Do not destroy the target pathogen. They inhibit the development.

# Problems in producing anti viral agents

- Viruses use the host cell to replicate
- Viral variation

Viruses → DNA→ RNA

- Viruses intracellular
  - metabolically inert
  - replication by incorporation into host DNA

Antiviral agents → Need highly selective toxicity

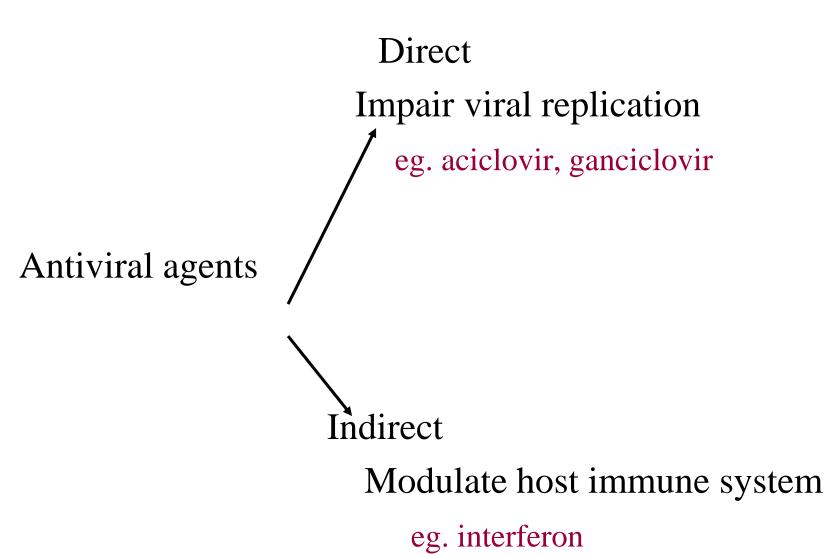
DNA	RNA
Herpes viruses	Polio HIV
Herpes simplex	Coxsackie Ebola
Varicella zoster	Entero Hanta
Cytomegalovirus	Rhino
Epstein-barr virus	Rota
Hepatitis B virus	Measles
Human papilloma virus	Mumps
Parvovirus	Rubella
Pox viruses	Rabies www.med-ars.it © 2003
Variola virus	Hepatitis A, C, D, E
Vaccinia virus	Influenza A, B, C
Orf virus	RSV
Molluscum contagiosum	Dengu virus
	Zika virus

• Latent infection and reactivation (herpes viruses)

Prophylactic drugs in immunocompromised

Antivirals most effective during active viral replication
 Earlier the treatment → better the outcome
 (Symptoms: only after substantial multiplication)

• Viruses → Capable of developing **resistance** 



	Infection	1 <sup>st</sup> line Rx
Herpes simplex	Genital Herpes	Oral aciclovir / valaciclovir
	Herpes labialis	Penciclovir cream
	Herpes keratitis	Aciclovir eye ointment
	immunocompromised	
	Herpes encephalitis	IV aciclovir
	Disseminated Herpes	
	Neonatal herpes	

Infection		1st line Rx
Chickenpox	immunocompetent with no complications	oral aciclovir
	immunocompromised	IV aciclovir
	with complications	
Herpes zoster	immunocompetent with no complications	Oral aciclovir
	with ophthalmic involvement	
	immunocompromised	Iv aciclovir

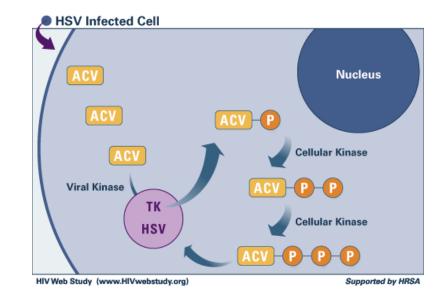
Infection	1 <sup>st</sup> line Rx
Cytomegalovirus	IV Ganciclovir
Influenza A	Oral Rimantadine / amantadine
Novel Influenza A H1N1	Oral Oseltamivir / Zanamavir
Chronic hepatitis B	sc Interferon alpha / oral lamivudine
Chronic hepatitis C	sc Interferon alpha + oral Ribavirin
HIV	HAART

#### Aciclovir

Mechanism of action

A nucleoside analogue

Inhibits viral DNA synthesis



virus specific thymidine kinase

- compete with nucleosides

- incorporated into viral DNA irreversibly

inhibition of viral DNA polymerase

#### **Pharmacokinetics**

- GI absorption 20%
  - Milder infections → oral Severe infections → IV
- **CSF concentration** = ½ **plasma concentration** Important for dosing in viral encephalitis
- T 1/2 3hrs
  Dosing: **5 times/ day** when given orally
- Renal excretion
   Reduce dose in renal impairment

#### Clinical Uses

- Herpes simplex (HSV1 & HSV2)
  - Herpes labialis
  - stomatitis
  - keratitis, dendritic ulcer (in eye)
  - encephalitis
  - disseminated infection
  - genital herpes
- Varicella zoster (VZV)
  - chickenpox
  - shingles (herpes zoster)

HSV – oral aciclovir 200mg 5 times/ day x 5 days

- IV aciclovir 10mg/kg 8hrly
x 7 days in mucocutaneous infection
x 14 days in neonatal herpes

x 14 - 21 days in encephalitis

half dose in renal failure

Varicella zoster

Chickenpox - immunocompromised IV

- complications IV
- neonates IV
- ->16 years oral

Shingles - immunocompromised IV - ophthalmic division involvement oral

- >50 years oral
- moderate severe pain oral
- Oral aciclovir 800mg 5 times / day (20mg/kg)

IV aciclovir – 10mg/kg

Best within first 48 - 72 hours

#### Adverse Effects

- oral/iv GI symptoms
  - headache
  - reversible nephropathy (with IV use)
  - encephalopathy
  - rashes

eye ointment – irritation

- punctate keratopathy

iv extravasation – local inflammation

# Drugs similar to Aciclovir

- Penciclovir
- Famciclovir (prodrug of penciclovir)

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longer t ½ given 8 hourly
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- Valaciclovir a pro drug of aciclovir
  - bioavailability higher than aciclovir

$$(3-5 \text{ folds})$$

# Ganciclovir

- Mechanism of action → similar to aciclovir
- Effective against HSV 1 & 2, VZV; also against CMV
- Limiting factor : **toxicity**Limited clinical uses; only for CMV
- Oral/ IV bioavailability very low (8-9%)
- T ½ 12hrs
- Excreted in urine unchanged

# Ganciclovir...

#### Clinical uses



# Cytomegalovirus infection

treatment of life or sight threatening infection

- Prophylaxis in immunocompromised

# Ganciclovir...

- Adverse effects
- bone marrow suppression usually (but not always) reversible
- renal impairment
- fever
- headache
- rash
- GI symptom
- confusion, seizures (encephalopathy)
- Contraindicated in pregnancy

## Lamivudine

A reverse transcriptase inhibitor and
 HBV DNA polymerase inhibitor

High bioavailability

• Long t ½

# Lamivudine...

#### Clinical uses

- Hepatitis B 100mg daily po X 1 year
   Can be used in decompensated liver disease
- HIV/AIDS in combination with other anti-retrovirals

#### Adverse effects - minimal

- Hepatic steatosis
- lactic acidosis
- peripheral neuropathy

## Interferon

Virus infection → stimulates interferon production
 Part of normal host immune response

- Interferon
  - act on uninfected cells & protect them from viral invasion
  - enhance immune response against infected cells

## Interferon...

- 3 types; alpha, beta, gamma
- Interferon alpha

Hepatitis B, C, D

Hepatitis B -5MU daily or 10 MU 3 times/wk  $\times 4 - 6$  months

Hepatitis C – alpha interferon combined with ribavirin - 3MU 3 times/week

x 6 - 12 months

Hepatitis D – 10MU 3 times/week x 12 months
Given subcutaneously 3 times per week

# Interferon...

# Interferon alpha...

#### **Adverse Effects**

- Common 80%
- Influenza like syndrome
- fatigue, headache
- depression
- convulsions
- BP changes
- arrhythmias
- BM suppression
- transient hepatitis

respond to dose reduction

Interferon...

Interferon alpha...

#### Contraindications

- Decompensated liver disease
- Severe depression
- Thrombocytopenia/ Neutropenia

# Pegylated interferon

• Polyethylene glycol chain attached to interferon

Effectiveness more
 Duration of action longer

• Given once weekly in hepatitis B & C

#### For treatment of HIV/AIDS

- Suppress viral replication
   Eradication not possible
- Prolongs life expectancy
- Limiting factors Toxicity
  - Drug resistance

# 1. Reverse transcriptase inhibitors

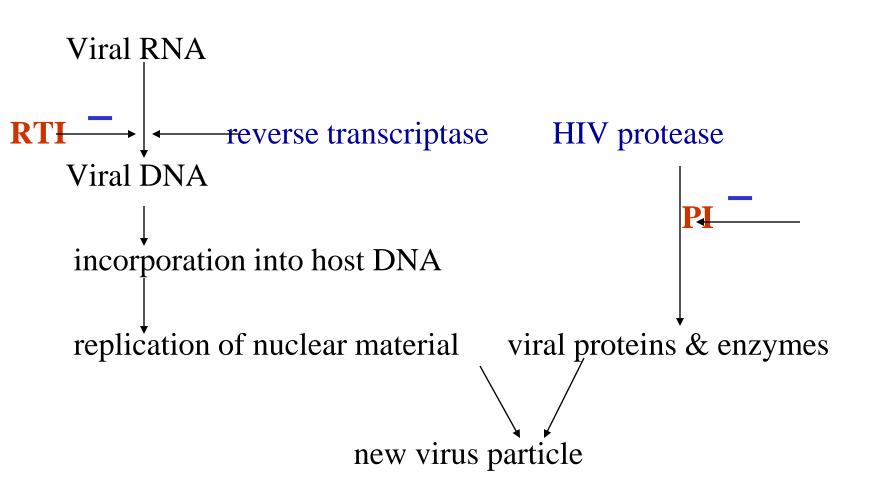
- nucleoside analogues (NA)
  eg. zidovudine, lamivudine, abacavir, didanosine
- non-nucleoside reverse transcriptase inhibitors
   (NNRTI) eg. efavirenz, nevirapine
- nucleotide analogues

#### 2. Protease inhibitors

eg. indinavir, nelfinavir, ritonavir, saquinavir

#### Mechanism of action

Virus particle ← nucleic acid (RNA) + protein



Given orally as tablets
 2/3 drugs combined pills available

Combination therapy – to prevent drug resistance

At least 3 drugs

2 NA + NNRTI / PI / abacavir as 3<sup>rd</sup> NA

# HIV Post Exposure Prophylaxis (PEP)

- Duration of four weeks
- Their recommended regimen is emtricitabine + tenofovir + <u>raltegravir</u>

# When to give?

- if symptomatic
- Asymptomatic with CD4 count < 200/microlitre
- Asymptomatic with CD4 200 350/microlitre + high viral load
- (Not indicated when CD4 count >350 if asymptomatic)

- all pregnant mothers with HIV (from T2)
- Post-exposure prophylaxis (3 drugs x 4 weeks)

#### Adverse effects

- BM suppression
- osteoporosis, avascular necrosis
- mitochondrial toxicity → lactic acidosis
- Rashes, urticaria, fever
- Myalgia, arthralgia
- Headache, dizziness, insomnia,
- GI disturbances
- Hepatic damage
- Lipodystrophy syndrome (fat redistribution, insulin resistance, dyslipidaemia)
- Pancreatitis
- Psychiatric disturbances



#### **Cautions**

- Liver disease
- Renal impairment
- Pregnancy
- Elderly