

MOXIDECTIN

Medicines Development
for Global Health

Developing a new treatment for Lymphatic Filariasis

A medicine with the potential to support the
goal of elimination of Lymphatic Filariasis as
a public health problem.



GLOBAL IMPACT



51+
MILLION
people infected



36
MILLION
people live with
chronic disease
manifestations



1.31
MILLION
years of healthy life are
lost each year worldwide
because of this disease



600+
MILLION
people at risk
across 39 countries



Lymphatic Filariasis: Global Threat, Regional Challenges

Lymphatic filariasis (elephantiasis) is caused by parasitic worms spread by infected mosquitoes. This painful and debilitating disease affects the lymph system, leading to severe swelling, chronic pain and long-term disability, often accompanied by social stigma and financial hardship.

Many challenges face communities working to eliminate this disease. New treatments are needed in areas where current treatment options are either not suitable or are not having sufficient impact.

In co-endemic areas of Africa, where around 165 million people are at risk of both lymphatic filariasis and onchocerciasis (river blindness), the standard treatment cannot be used due to severe reactions caused by diethylcarbamazine (DEC) in onchocerciasis-infected individuals.

In the Indo-Pacific, where approximately 469 million people are at risk, the current regimen, a combination of ivermectin, diethylcarbamazine (DEC) and albendazole (IDA), has not achieved the desired progress in some countries.

An alternative with improved efficacy and similar safety is vital to ensure no community is left behind.

Recent results from a Phase 2 study in Cote D'Ivoire indicate that when used in combination regimens, moxidectin shows potential as a new treatment to help achieve Global LF elimination goals. This study was sponsored by Washington University of Saint Louis (WUSTL) as part of the DOLF project initiative.³



Potential for Dual Therapeutic Benefit

MDGH is evaluating the potential of moxidectin, used in combination therapies, to accelerate the elimination of lymphatic filariasis as a public health problem globally.

Moxidectin has received both US and Ghana FDA approval for the treatment of river blindness and is being used in a pilot community directed mass drug administration in Ghana since January 2025.

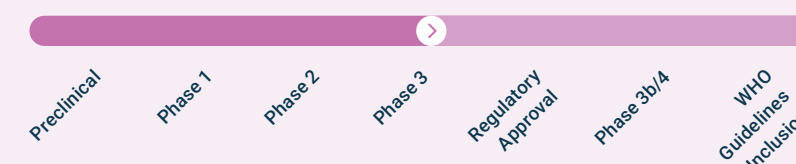
MDGH has been developing moxidectin, a drug which works in the same way as ivermectin but with a longer duration of action.¹ It has been shown to be more effective against river blindness, and although current regulatory approvals are limited to this indication, it is being investigated for other diseases like lymphatic filariasis and scabies.



CLINICAL DEVELOPMENT PROGRESS

A proof of concept study in Côte d'Ivoire showed that a single dose of moxidectin in combination with albendazole was superior to ivermectin at 12 months in combination with albendazole for achieving sustained clearance of microfilaremia in people with lymphatic filariasis infections, with similar efficacy to the DEC-containing combinations. Moxidectin combination regimens were well-tolerated in lymphatic filariasis infected patients, with a safety profile comparable to ivermectin-containing regimens.²

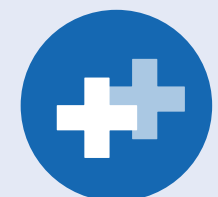
A planned study in Fiji will compare the safety and efficacy of mass drug administration with moxidectin versus ivermectin in combination with DEC and albendazole (MoxDA vs IDA) for lymphatic filariasis and other neglected tropical diseases (NCT07159373).



Aims for the use of moxidectin



INCREASE PROGRESS
TOWARDS LF ELIMINATION



POTENTIALLY PROVIDE DUAL
THERAPEUTIC BENEFIT
where LF and onchocerciasis
are co-endemic



DECREASE THE
NUMBER OF MASS
DISTRIBUTIONS



Medicines Development for Global Health

The Not-For-Profit Pharmaceutical Company

Medicines Development for Global Health (MDGH) is a not-for-profit pharmaceutical company, developing medicines to ease the burden of neglected diseases on many of the world's most disadvantaged people and communities.

Together, we can improve lives in affected communities, and build a fairer, healthier, and more prosperous world.

Join us in making innovative medicines accessible to all!

**Speak with our team about partnership
opportunities today.**

Molly Kennedy
Senior Development Manager, Lymphatic Filariasis
mkennedy@mdgh.com

Dr Emily McCaffrey
Head of Philanthropy
emccaffrey@mdgh.com

www.medicinesdevelopment.com
1/18 Kavanagh St, Southbank VIC 3006
[@medicines-development](https://www.instagram.com/medicines-development)

1. Opoku, Nicholas O et al. Single dose moxidectin versus ivermectin for *Onchocerca volvulus* infection in Ghana, Liberia, and the Democratic Republic of the Congo: a randomised, controlled, double-blind phase 3 trial. *The Lancet*, Volume 392, Issue 10154, 1207–1216.

2. Koudou GB, Bjerum CM, Ouattara FA, Gabo TP, Goss CW, Lew D, Dje NN, King CL, Fischer PU, Weil GJ, Budge PJ. Moxidectin combination therapies for lymphatic filariasis: an open-label, observer-masked, randomised controlled trial. *Lancet Infect Dis*. 2025 Oct;25(10):1075-1083. doi: 10.1016/S1473-3099(25)00111-2. Epub 2025 May 6.

3. Bjerum CM, Koudou BG, Ouattara AF, Lew D, Goss CW, Gabo PT, King CL, Fischer PU, Weil GJ, Budge PJ. Safety and tolerability of moxidectin and ivermectin combination treatments for lymphatic filariasis in Côte d'Ivoire: A randomized controlled superiority study. *PLoS Negl Trop Dis*. 2023 Sep 18;17(9):e0011633. doi: 10.1371/journal.pntd.0011633. PMID: 37721964; PMCID: PMC10538700.

MDGH Thanks:

- Death to Onchocerciasis and Lymphatic Filariasis, Washington University
- Murdoch Children Research Institute
- Kirby Institute
- Bruyere Health Research Institute
- Centre Suisse de Recherches Scientifiques en Côte d'Ivoire
- National NTD programme in Fiji

MDGH acknowledges the support of the Gates Foundation and the Australian Government through the Partnerships for a Healthy Region Initiative.

Disclaimer: Moxidectin is in development and not approved for treatment of lymphatic filariasis in any country or region.

