

Industry News

Tamiflu access plan for developing countries

Roche is easing access to Tamiflu (oseltamivir) for developing countries, the company announced 1 July 2009. The programme aims to ensure that Tamiflu is available to many developing nations for the management of the current influenza pandemic. "Currently only six of the world's countries listed as low income have a stockpile of Tamiflu which equates to 0.02% coverage for low income economies," stated Roche's Global Pandemic Preparedness Task Force leader.

Under the Tamiflu Reserves Program, which is effective immediately, Roche will produce and store Tamiflu pandemic stockpiles for specified developing countries at a significantly reduced price with the cost spread over a number of years. Roche will then ship the stockpile to the governments of countries concerned when an influenza pandemic has been announced, or in the event of a public health emergency, upon request from the governments concerned. Approximately 70 countries have an option to purchase the product at any time.

The world waits to see how fast 'swine flu' develops resistance to Tamiflu.

www.roche.com/media/media_releases/med-cor-2009-07-01.htm

Gefitinib for lung cancer in Europe

AstraZeneca announced 1 June 2009 that the European Commission has granted marketing authorisation for the oral anti-cancer drug gefitinib, Iressa, for the treatment of adults with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating mutations of EGFR-TK (epidermal growth factor receptor-tyrosine kinase) across all lines of therapy. The authorisation is based on a submission package including two Phase III studies comparing gefitinib with chemotherapy, IPASS and INTEREST.

Gefitinib acts by inhibiting the tyrosine kinase enzyme in the EGFR, thus blocking the transmission of signals involved in the growth and spread of tumours. A mutation in the EGFR occurs in 10–15% of lung cancers in non-Asians. Anders Ekblom of AstraZeneca said: "Iressa is the first truly targeted treatment for lung cancer and the European Union marketing authorisation represents an important step forward in treatment. For the first time, patients with EGFR mutation-positive tumours will have an effective and better-tolerated alternative to chemotherapy as a first-line treatment."

AstraZeneca will work country by country to facilitate appropriate access to EGFR mutation diagnostic testing.

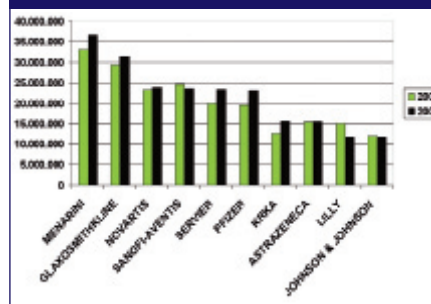
www.astrazeneca.com/media

Lithuania pharmaceutical market review

During 2008 the total Lithuanian pharmaceutical market reached about Euros 470 million. In real terms this represented a growth of 4%, a slow down reflecting the economic crisis in Europe, market conditions in Lithuania and Lithuania's policy of making medicines available at accessible prices. The average price of medicines increased from Euros 3.98 in 2007 to Euros 4.13 in 2008.

The stable leader (see Figure 1) is Berlin-Chemie Menarini which develops, produces and markets pharmaceutical products in several of the main traditional areas. The biggest advance in top ten pharmacy companies was made by KRKA which increased its income by 23.3%. This company has an ambitious selling strategy in Slovenia, Europe and overseas markets.

Figure 1: The most successful pharmacy companies in Lithuania (values in Euros)



Within hospital pharmacy, Ilsanta came first ahead of Roche and GlaxoSmithKline by both income in Euros and numbers of units sold. This company is one of the leading suppliers of medical devices, health-care tools and solutions for injection in the Baltic region.

Innovative treatment for eczema

May 2009 saw the European launch of the first topical calcineurin inhibitor to be approved for the maintenance treatment of eczema. Tacrolimus monohydrate ointment (Protopic) is already licensed to treat moderate and severe atopic dermatitis in adults and children who are unresponsive or intolerant to conventional therapies. It is now also approved for twice-weekly application to previously affected skin to prevent these exacerbations and prolong flare-free periods in tacrolimus-responsive patients. Patients must experience at least four flares per year. A clinical study has shown significant benefits, with over 40% of patients with moderate to severe eczema remaining flare-free for at least a year [1].

A deeper understanding of the pathology of this disease has revealed that sub-clinical inflammation persists, even after the clinical signs of flare have resolved. This new treatment will allow physicians to actively manage the sub-clinical inflammation between flares in appropriate patients with moderate to severe disease.

1. Zuberbier T, Orlov SJ, Paller AS, et al. *J Allergy Clin Immunol.* 2006;11:226–32.