Anti-TNF drugs in psoriasis

The Committee considered the London New Drugs Group document looking at TNF-alfa blockers in psoriasis. It noted that efalizumab was not included in the assessment. This had been pointed out by Dr Cutler, who had been expecting to be invited to the meeting but had not been approached. PB explained that because the agenda item had been changed, and a different document used, he had overlooked the consultation with local consultants. He undertook to write to Dr Cutler to explain and apologise.

On the basis of the Briefing it was felt that anti-TNF drugs have a place in treating psoriasis. Patient selection is difficult and best determined by the Consultants treating the patients. The Committee expressed concerns about cost and funding, and felt that these should be communicated to commissioners in PCTs. It was further recommended that dermatology use of anti-TNF drugs and rheumatology use should be separated within the commissioning process. PB undertook to ask the dermatologists for an estimate of numbers per annum, and to then write to PCT commissioners advising them of the issues.

Suffolk Drug and Therapeutics Committee Decision:
“Suffolk Drug and Therapeutics Committee has considered anti-TNF drugs for psoriasis. It has decided that these drugs should be classified “Red” (hospital use only) for this indication.”

Wyeth Pharmaceuticals (WYE) Release: European Commission Approves ENBREL, A Novel Therapy For Treatment Of Psoriasis

MADISON, N.J., Sept. 30 /PRNewswire-FirstCall/ -- Wyeth Pharmaceuticals, a division of Wyeth, announced today that ENBREL (etanercept), a novel biologic treatment, has just received approval in the European Union (EU) for the treatment of adults with moderate to severe plaque psoriasis who failed to respond to, or have a contraindication to, or are intolerant of other systemic therapy. Psoriasis is a potentially serious and disabling chronic skin condition that affects approximately 5.1 million people in Europe.

The psoriasis approval marks the fifth indication for ENBREL in the EU. In addition, ENBREL is the only biologic therapy approved to treat both psoriatic arthritis and psoriasis. This approval now offers dermatologists the option to effectively treat patients who have both diseases with a single medication. ENBREL has been used by more than 250,000 patients worldwide across multiple indications and offers an efficacy and safety profile established over ten years of clinical trials.

"People with moderate to severe psoriasis treated with ENBREL experienced rapid relief of symptoms in as early as two weeks, and this effect was sustained for up to 24

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“weeks,” says Dr. Joseph Camardo, Senior Vice President, Global Medical Affairs, Wyeth Pharmaceuticals. "Current treatments for psoriasis are often limited, and people with the disease need new treatment options that can provide consistent relief of painful symptoms and can improve their quality of life."

This was confirmed in a recent retrospective review of 1,000 European patient charts, which showed that more than 50 percent of patients with moderate to severe psoriasis were using three or more agents to try to control their symptoms.

In addition to its physical impact, psoriasis can also affect people's feelings, behaviors, and experiences. The physical and mental effects of moderate to severe psoriasis on a patient's quality of life can be similar to the impact of such serious diseases as cancer and heart disease.

"There is a significant disease burden associated with psoriasis that can present a lifetime of physical and emotional challenges. It may affect work and social relationships and may cause feelings of depression," says Dr. Magnus Jaderberg, Vice President of Global Medical Affairs and European Medical Director of Wyeth Pharmaceuticals. "ENBREL has been shown to help manage the potentially painful and visible symptoms of psoriasis, even among patients who have failed other therapies."

ABOUT PSORIASIS

Psoriasis is a chronic immune disorder characterized by red, scaly skin lesions, which can be itchy, painful, and unattractive. Psoriasis is believed to develop when certain immune cells become overactive and release proteins called cytokines. Tumor necrosis factor (TNF) is a cytokine that helps regulate the body's immune response to infection and inflammation. In patients with psoriasis, higher than normal concentrations of TNF cause inflammation, which can lead to the overgrowth of skin cells and subsequent formation of psoriasis plaques. As a TNF-receptor therapy, ENBREL binds to TNF and renders it biologically inactive, which can result in a significant reduction in inflammation.

Psoriasis is estimated to affect about two percent of the world's population. In Europe, an estimated 5.1 million people have psoriasis. People with psoriasis may also develop psoriatic arthritis, a painful disease characterized by both joint erosions and skin lesions.

ABOUT THE CLINICAL TRIALS

The approval was based on data from three randomized, double-blind, placebo-controlled studies that enrolled more than 1,300 adults with plaque psoriasis, of whom more than 1,200 received ENBREL. In all three studies, patients who received ENBREL demonstrated a rapid and significant response to treatment and improvement in quality-of-life scores compared with placebo.
In one of the three clinical studies, which included a discontinuation period, patients were able to recapture response upon re-treatment. Rebound was not associated with discontinuation of treatment with ENBREL.

In addition, ENBREL significantly and rapidly improved quality of life in patients with moderate to severe psoriasis in as early as two weeks, as measured by Dermatology Life Quality Index (DLQI) scores (p<0.01 vs. placebo). This response continued to improve through 24 weeks.

ABOUT ENBREL

Wyeth Pharmaceuticals markets ENBREL outside North America. ENBREL was discovered by Immunex, now part of Amgen, and jointly developed with Wyeth Pharmaceuticals. The two companies co-promote ENBREL in North America.

In the European Union, ENBREL is approved alone or in combination with methotrexate for the treatment of active rheumatoid arthritis in adults when the response to disease-modifying antirheumatic drugs, including methotrexate (unless contraindicated), has been inadequate. ENBREL is also indicated in the treatment of severe, active and progressive rheumatoid arthritis in adults not previously treated with methotrexate. In patients with rheumatoid arthritis, ENBREL used alone or in combination with methotrexate has been shown to slow the progression of disease-associated structural damage as measured by X-ray. ENBREL is also approved for the treatment of active polyarticular-course juvenile chronic arthritis in children aged 4 to 17 years who have had an inadequate response to, or who have proved intolerant of, methotrexate. ENBREL is also approved for the treatment of active and progressive psoriatic arthritis in adults when the response to previous disease-modifying antirheumatic drug therapy has been inadequate and for the treatment of adults with severe active ankylosing spondylitis who have had an inadequate response to conventional therapy. ENBREL is now also approved for the treatment of adults with moderate to severe plaque psoriasis who failed to respond to, or who have a contraindication to, or are intolerant to other systemic therapy including cyclosporine, methotrexate, or PUVA.

Physicians have become familiar with the benefits and long-term tolerability profile of ENBREL since it became commercially available nearly five years ago. More than 250,000 patients have been treated worldwide across indications. ENBREL (etanercept) acts by binding tumor necrosis factor (TNF), one of the dominant inflammatory cytokines or regulatory proteins that play an important role in both normal immune function and the cascade of reactions that causes the inflammatory processes of psoriasis, psoriatic arthritis, and RA. The binding of ENBREL to TNF renders the bound TNF biologically inactive, which can result in significant reduction in inflammatory activity.

Since the product was first introduced, serious infections, some involving death, have been reported in patients using ENBREL. Patients should tell their doctor if they currently have an infection or are prone to getting infections. Patients should not start

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ENBREL if they have an infection of any type or an allergy to ENBREL or its components. ENBREL should be used with caution in patients prone to infection.

There have been reports of serious nervous-system disorders such as multiple sclerosis and/or inflammation of the nerves of the eyes. Patients should inform their doctor if they have ever had any of these disorders or if they develop them after starting ENBREL. Patients should also tell their doctor if they have ever been treated for heart failure. There also have been rare reports of serious blood disorders, some involving death.

Patients should contact their doctor immediately if they develop symptoms such as persistent fever, bruising, bleeding, or paleness. It is unclear if ENBREL has caused these nervous-system or blood disorders. If a patient's doctor confirms serious blood problems, patients may need to stop using ENBREL.

The most common adverse events observed during the double-blind, placebo-controlled portions of three clinical trials in patients with psoriasis were infections (27%-29% of patients), injection-site reactions (14%-16%), headaches (9%-12%), and injection-site ecchymoses (6%-8%). There were no reports of opportunistic infections or tuberculosis during 662 patient exposure years.

Twenty-three (23) malignancies were reported in patients with plaque psoriasis treated with ENBREL in double-blind and open-label studies of up to 15 months involving 1,261 patients treated with ENBREL.

ABOUT WYETH

Wyeth Pharmaceuticals, a division of Wyeth, has leading products in the areas of women's health care, cardiovascular disease, central nervous system, inflammation, transplantation, hemophilia, oncology, vaccines and nutritional products. Wyeth has a diverse portfolio of biopharmaceutical products and is currently marketing seven of these products. Wyeth is one of the world's largest research-driven pharmaceutical and health care products companies. It is a leader in the discovery, development, manufacturing, and marketing of pharmaceuticals, vaccines, biotechnology products and nonprescription medicines that improve the quality of life for people worldwide. The Company's major divisions include Wyeth Pharmaceuticals, Wyeth Consumer Healthcare, and Fort Dodge Animal Health.

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Preliminary Data From Two Clinical Trials Demonstrate Abbott Laboratories' (ABT) HUMIRA(R) (Adalimumab) Improved Symptoms Of Psoriatic Arthritis And Ankylosing Spondylitis

BERLIN, June 14 /PRNewswire-FirstCall/ -- Preliminary data from two studies showing encouraging results in treating psoriatic arthritis and ankylosing spondylitis with HUMIRA(R) (adalimumab) 40 mg every other week were presented today at the European League Against Rheumatism (EULAR) annual congress in Berlin. Patients with psoriatic arthritis responded to HUMIRA treatment as early as two weeks after the initial dose showing significant improvement in both the signs and symptoms of the joint disease and skin manifestations with continued improvements at 12 weeks. Analysis of a separate 12-week study shows that HUMIRA significantly improves spinal symptoms in patients with active ankylosing spondylitis after only one dose.

"The findings of these two studies are significant because they validate our research to assess HUMIRA's potential to treat other autoimmune diseases in addition to rheumatoid arthritis," said James B. Lefkowith, M.D., divisional vice president, development, Abbott Immunology.

HUMIRA Provided Joint and Skin Improvement in Psoriatic Arthritis

Fifteen patients with active psoriatic arthritis were treated with HUMIRA 40 mg every other week, in this open-label trial, and observed over a 12-week period to evaluate the potential therapeutic effects of the treatment. After two weeks, significant improvements were seen in the signs and symptoms of the joint disease and skin manifestations associated with disease. Further improvements in the skin and joint disease were evident at 12 weeks.

Forty-two percent of patients treated with HUMIRA experienced an ACR 20 response after only one dose. ACR (American College of Rheumatology) 20, 50 and 70 criteria represent percent improvement in tender and swollen joint counts and other relevant clinical measures. Also after two weeks, 77 percent of patients experienced at least 25 percent improvement in health-related quality of life as measured by the Health Assessment Questionnaire (HAQ) disability index, which is designed to capture patients' assessment of activities of daily living such as grooming, dressing and walking. Health-related quality of life questionnaires are used to measure the impact of chronic illness on a patient's life.

Further improvement was seen at 12 weeks in both the arthritic symptoms and in health-related quality of life. Sixty-six percent of patients achieved an ACR 20 response and approximately 30 percent attained ACR 50. The HAQ disability index also showed further improvement at week 12 compared to week two.

Substantial improvements also were evident in the skin disease of these patients. Target lesion scores, an evaluation of the severity of a single psoriasis lesion, improved by nearly 30 percent after one dose. After 12 weeks, the target lesion score improved by more than 70 percent.

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"The initial results and analysis of this study show that HUMIRA provided significant benefit to many patients with psoriatic arthritis shortly after the first dose," said Christopher T. Ritchlin, M.D., associate professor and lead investigator, University of Rochester, Rochester, New York. "While more research is necessary, these early findings are promising and support HUMIRA's potential as a treatment for psoriatic arthritis."

About Psoriatic Arthritis

Psoriatic arthritis is an inflammatory arthritis that is associated with the skin condition psoriasis. It causes inflammation and stiffness in and around the joints, including the knees, wrists, ankles, lower back and neck. Psoriatic arthritis may stem from an autoimmune disorder in which a human protein, tumor necrosis factor-alpha (TNF-a), accumulates in the joints and initiates an inflammatory response that causes swelling and pain.

If left untreated, psoriatic arthritis can be a progressively disabling disease. Epidemiological studies indicate that psoriatic arthritis affects as many as 30 percent of people who have psoriasis, a non-contagious, chronic skin disease characterized by red plaques covered with white scales. Common symptoms of psoriatic arthritis include varying degrees of psoriasis activity along with stiffness, pain, swelling and tenderness of the joints that can lead to a reduced range of motion and potential severe joint destruction.

HUMIRA Improved Symptoms of Active Ankylosing Spondylitis

To examine the potential therapeutic effects of HUMIRA in patients with non-steroidal anti-inflammatory drug (NSAID)-refractory ankylosing spondylitis (i.e. patients not readily responding to NSAID therapy), researchers studied 10 patients over a 12-week period that received HUMIRA 40 mg every other week. In this open label study, all 10 patients suffered from spinal pain.

HUMIRA treatment induced a positive response in patients after the first dose, with further improvement at the end of the initial 12-week therapy, as measured by Assessment of Ankylosing Spondylitis (ASAS) criteria. ASAS evaluates four primary categories: function, pain, patient's global assessment and inflammation. Scores of ASAS20, ASAS40 and ASAS70 indicate corresponding symptom improvement percentages in at least three of the evaluation categories with no worsening in the remaining category.

The majority of patients in the trial experienced improvement in their symptoms with 70 percent achieving a score of ASAS20, 50 percent reached ASAS40 and 20 percent attained ASAS70.

Also at week 12, 50 percent of the patients experienced 50 percent or greater improvement in scores according to the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), a patient-assessed composite index of disease activity measuring pain, stiffness and fatigue.

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HUMIRA was well tolerated by patients in the study and no serious infections occurred during the study.

About Ankylosing Spondylitis

Ankylosing spondylitis (AS), or arthritis of the spine, is thought to be an autoimmune disorder in which a human protein has been suggested to play a role in the disease development. As one of the many forms of inflammatory arthritis known as spondyloarthropathies, AS is a chronic disease that primarily affects the spine but can also affect other joints and ligaments, resulting in severe joint and back stiffness and deformity over time.

It is estimated that between 350,000 and one million people in the United States are affected by AS or a related disease and nearly three million in the European community. Spondyloarthropathies are arthritic in nature, but unlike many other rheumatic conditions, they affect young adults and commonly begin before the age of 35.

About HUMIRA

HUMIRA is the first human monoclonal antibody available in Europe for RA, and the first tumor necrosis factor alpha (TNF-a) antagonist approved in Europe with an indication for use with methotrexate or as monotherapy. HUMIRA resembles antibodies normally found in the body. It works by blocking TNF-a, a protein that plays a central role in the inflammatory responses of autoimmune diseases such as RA.

Available in many countries, HUMIRA is indicated for the treatment of moderate to severe, active RA in adult patients when the response to disease modifying anti-rheumatic drugs (DMARDs), including methotrexate, has been inadequate. To ensure maximum efficacy, HUMIRA is given in combination with methotrexate. In Europe, HUMIRA can be given as monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate. The European Medicines Evaluation Agency (EMEA) issued a positive opinion in April to authorize a label extension for HUMIRA for use in the treatment of adult RA patients for reducing the rate of progression of joint damage and to improve physical function. Such authorizations generally occur approximately 90 days after the issuance of the EMEA opinion.

Abbott received a positive opinion from the EMEA in May 2003 for the treatment of adult RA and was granted European Union approval to market HUMIRA in September 2003. HUMIRA received approval from the U.S. Food and Drug Administration on Dec. 31, 2002. To date, HUMIRA has been approved in 41 countries and launched in 26.

The recommended dose of HUMIRA is 40 mg every other week by subcutaneous injection (a shot beneath the skin). Abbott offers HUMIRA in specially designed pre-filled syringes so patients do not have to mix and measure the medicine or leave their

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homes for treatment. The pre-filled syringe features handles and a plunger head designed for use by patients whose hands have been affected by their RA.

At the present time, HUMIRA has not received regulatory approval for the treatment of psoriatic arthritis or AS. Clinical trials are currently underway in autoimmune diseases.

Important Safety Information

Common adverse events (>1/100 and less than or equal to 1/10) at least possibly causally related to HUMIRA include headache, dizziness, respiratory tract and urinary tract infection, nausea, diarrhea, sore throat, herpes simplex, abdominal pain, rash, pruritis and anemia. Injection site pain was reported by >1/10 patients.

Patients must be monitored closely for infections, including tuberculosis (TB), before, during and after treatment with HUMIRA. Treatment should not be initiated in patients with active infections until infections are controlled. Patients who develop new infections while using HUMIRA should be monitored closely. HUMIRA should not be used by patients with active TB or other severe infections such as sepsis and opportunistic infections. HUMIRA should be discontinued if a patient develops a new serious infection until infections are controlled. Physicians should exercise caution when considering use of HUMIRA in patients with a history of recurring infection or with underlying conditions that may predispose patients to infections.

TNF-antagonists, including HUMIRA, have been associated in rare cases with exacerbation of clinical symptoms and/or radiographic evidence of demyelinating disease. Prescribers should exercise caution in considering the use of HUMIRA in patients with pre-existing or recent-onset central nervous system demyelinating disorders.

HUMIRA should be used with caution in patients with mild heart failure, and is contraindicated in patients with moderate or severe heart failure. HUMIRA must be discontinued in patients who develop new or worsening symptoms of congestive heart failure.

About Abbott

Abbott Laboratories is a global, broad-based health care company devoted to the discovery, development, manufacture and marketing of pharmaceuticals and medical products, including nutritionals, devices and diagnostics. The company employs more than 55,000 people and markets its products in more than 130 countries.


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Abbott Laboratories (ABT) Announces Positive Results Of Phase II HUMIRA(R) (Adalimumab) Study In Psoriasis

WASHINGTON, Feb. 9 /PRNewswire-FirstCall/ -- New Phase II data demonstrate that patients with moderate to severe chronic plaque psoriasis receiving HUMIRA(R) (adalimumab) achieved statistically significant results after 12 weeks, with more than 50 percent of patients achieving at least a 75 percent improvement in measurements of disease extent and severity with 40 mg every other week (eow) dosing, and some patients achieving this level of improvement as early as four weeks.

Additionally, at 12 weeks, 49 percent and 76 percent of patients taking HUMIRA 40 mg eow or 40 mg weekly, respectively, were "clear" or "almost clear" of their disease activity as measured by the Physician's Global Assessment (PGA).

The data, presented this week at the American Academy of Dermatology annual meeting, were from a study designed to evaluate two dosing regimens of HUMIRA. The data also show that HUMIRA was well tolerated.

"In treating patients with psoriasis, decreasing or clearing the physical manifestations of the disease are key to improving the quality of life of our patients," said Kenneth Gordon, M.D., Associate Professor of Medicine, Loyola University, Chicago Stritch School of Medicine, lead study investigator. "These data are encouraging and give us an understanding of the potential adalimumab may have in treating psoriasis."

Psoriasis is a non-contagious, chronic skin disease where the turnover of skin cells is rapid and the affected skin is thick, red and scaly. Psoriasis affects more than 4.5 million people in the U.S. and currently has no cure.

Trial Information

Trial participants (n=148) with a diagnosis of moderate to severe chronic plaque psoriasis for at least one year and an affected body surface area of greater than or equal to 5 percent were randomized to receive HUMIRA or placebo administered by subcutaneous injection (under the skin). Patients received 80 mg of HUMIRA at week 0 followed by 40 mg eow beginning at week 1 (placebo was administered on alternate weeks) (40 mg eow regimen), 80 mg of HUMIRA at week 0 and 1, followed by 40 mg weekly at week 2 (40 mg weekly regimen), or placebo administered weekly beginning at week 0.

The primary efficacy endpoint was the percentage of patients achieving at least a 75 percent reduction in disease activity at week 12 as measured by the Psoriasis Area and Severity Index Score (greater than or equal to PASI 75), which is a score ranging from 0-72 and measures the extent and severity of psoriasis. Results at 12 weeks show that response rates for both doses of HUMIRA were statistically significantly greater than placebo. Fifty-three percent of patients achieved at least a PASI 75 with 40 mg of HUMIRA eow compared to four percent of placebo patients and 80 percent of patients achieved greater than or equal to PASI 75 with 40 mg of HUMIRA weekly.
The percentages of patients on HUMIRA therapy with a PASI 75 response were statistically significantly greater than those for patients on placebo as early as four weeks (eow = 18 percent (p=0.003), weekly = 28 percent (p<0.001) vs. placebo = 0 percent). Additionally, patients taking HUMIRA experienced a statistically significantly greater mean percentage change in PASI score relative to baseline compared to placebo (p<0.001) as early as one week after the initial dose (eow = -14 percent, weekly = -15 percent vs. placebo = -1 percent).

The rates of adverse events were comparable between HUMIRA and placebo. There were no new safety concerns in the psoriasis population compared with those observed in the rheumatoid arthritis (RA) population.

"It is encouraging to see patients in this trial responded to treatment with HUMIRA," said Jim Lefkowith, M.D., divisional vice president, Immunosciences Development, Abbott Laboratories. "These preliminary results give us confidence as we continue to move forward with our clinical development program in psoriasis."

Important Safety Information

Cases of tuberculosis (TB), frequently disseminated or extra pulmonary at clinical presentation, have been observed in patients receiving HUMIRA. Serious infections and sepsis, including fatalities, have been reported with the use of TNF-blocking agents, including HUMIRA. Many of these infections occurred in patients on concomitant immunosuppressive therapy that in addition to their underlying disease could predispose them to infections. Other invasive opportunistic fungal infections have also been observed in patients treated with TNF-blocking agents, including HUMIRA.

TNF-blocking agents, including HUMIRA, have been associated in rare cases with exacerbation of demyelinating disease. The most frequent adverse events seen in the placebo-controlled clinical trials in rheumatoid arthritis (HUMIRA vs. placebo) were injection site reactions (20 percent vs. 14 percent), upper respiratory infection (17 percent vs. 13 percent), injection site pain (12 percent vs. 12 percent), headache (12 percent vs. 8 percent), rash (12 percent vs. 6 percent) and sinusitis (11 percent vs. 9 percent). Discontinuations due to adverse events were 7 percent for HUMIRA and 4 percent for placebo. As with any treatment program, the benefits and risks of HUMIRA should be carefully considered before initiating therapy.

About Psoriasis

Common symptoms of psoriasis include very dry, scaly skin, skin pain, cracking, and "plaques" -- or well-defined areas of red, raised skin. According to a 2001 survey conducted by the National Psoriasis Foundation, 75 percent of people with moderate to severe psoriasis report that their disease has a moderate to large impact on their everyday lives with 26 percent of people altering their normal daily activities and 21 percent of people stopping their normal daily activities.

About HUMIRA

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On December 31, 2002, HUMIRA became the first fully human monoclonal antibody approved by the U.S. Food and Drug Administration (FDA) for reducing the signs and symptoms and inhibiting the progression of structural damage in adults with moderately to severely active RA who have had insufficient response to one or more traditional disease modifying anti-rheumatic drugs (DMARDs). HUMIRA can be used alone or in combination with methotrexate (MTX) or other DMARDs. The efficacy and safety of HUMIRA have been studied in 23 clinical trials and in more than 2,300 patients, making it the most studied TNF antagonist for RA at the time of regulatory submission.

HUMIRA is the first fully human monoclonal antibody approved in Europe for RA, and the first tumor necrosis factor alpha (TNF-a) antagonist approved with an indication for use with methotrexate or as monotherapy. HUMIRA is indicated for the treatment of moderate to severe active RA in adult patients when the response to disease modifying anti-rheumatic drugs (DMARDS), including methotrexate, has been inadequate. To date, HUMIRA has been approved in 37 countries, launched in eight (including the U.S.) and prescribed to more than 40,000 patients suffering from rheumatoid arthritis.

HUMIRA was created using phage display technology, resulting in an antibody with human-derived heavy and light chain variable regions and human IgG1:K constant regions. HUMIRA offers convenient every other week dosing by subcutaneous injection (shot beneath the skin) via a specially designed pre-filled syringe.

Clinical trials are also currently underway evaluating the potential of HUMIRA in other autoimmune diseases.

HUMIRA was discovered through a broad scientific collaboration between Abbott and Cambridge Antibody Technology (CAT). As part of the collaboration, Abbott had the right to select several target antigens for which a joint Abbott/CAT research team would discover human antibody therapeutics. HUMIRA was isolated and optimized by Abbott and CAT as part of this collaboration. Abbott owns exclusive worldwide rights to HUMIRA, including responsibility for clinical development, manufacturing, sales and marketing. Abbott will book all revenues for HUMIRA, and CAT will receive a royalty fee based on HUMIRA sales.

Abbott's Commitment to Immunology

Abbott is focused on the discovery and development of innovative treatments for immunologic diseases. The Abbott Bioresearch Center, founded in 1989 in Worcester, Mass., U.S., is a world-class discovery and basic research facility committed to finding new treatments for autoimmune diseases.

About Abbott

Abbott Laboratories is a global, broad-based health care company devoted to the discovery, development, manufacture and marketing of pharmaceuticals, nutritionals, and medical products, including devices and diagnostics. The company employs more than 70,000 people and markets its products in more than 130 countries.

Abbott's news releases and other information are available on the company's Web site at http://www.abbott.com/.

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