STRUCTURAL ANALYSIS OF THE RANGE OF GROUP R06A ANTIHISTAMINES FOR SYSTEMIC USE

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Introduction. The high prevalence and steady increase in the frequency of allergic diseases worldwide place the problem of treatment and prevention of patients in this group among the most urgent problems of health care. Such prevalence of morbidity is associated with an unfavourable environmental situation, heredity, unfavourable living conditions, unhealthy diet, uncontrolled use of medications. Accordingly, the use of antihistamine drugs (ADs) significantly improves the quality of life of patients by eliminating the symptoms of various allergic diseases, in particular allergic rhinitis, allergic conjunctivitis, urticaria and even allergic asthma; prevention of allergic reactions; prevention of the development of severe allergic reactions, such as Quincke's edema. Thus, the modern pharmaceutical market offers ADs for the treatment of various manifestations of allergies, and the variety of dosage forms creates favourable conditions for choosing the optimal drug depending on the clinical form of allergy.

The aim of the research. Structural analysis of the assortment of group R06A Antihistamines for systemic use.

Methods of the research. Marketing analysis and data synthesis were applied.

Results. During the research, it was found that on the domestic market, among the assortment of ADs, the largest group is the group of drugs for systemic use, which, according to the State Register of Medicines of Ukraine as of January 10, 2024, is represented by 179 trade names (TN) from 14 countries. According to the results of the structural analysis of the assortment of registered ADs of the R06A group, it was found that the drugs are presented in five subgroups of the fourth level of the ATX classification and include 17 INNs and homeopathic combined drugs of the R06A X33 subgroup**. It was found that the majority of ADs for systemic use are III generation drugs (52% of TNs from registered ones), II generation drugs account for 31% of the registered assortment of TNs, and I generation drugs - 17%. It was also noted that over 60% of AEDs are supplied by foreign manufacturers, and the number of foreign-produced AEDs among second- and third-generation drugs is 79% and 73%, respectively, which significantly limits their physical and economic availability for providing pharmacotherapy.

Conclusions. As a result of the study, it was concluded that on the domestic market, among the assortment of drugs, the largest group of ADs for systemic use, which are 3rd generation drugs, is found. It was found that more than 60% of ADs are supplied by foreign manufacturers, and the number of foreign-made ADs among 2nd and 3rd generation drugs is 79% and 73%, respectively, which significantly limits their physical and economic availability for providing pharmacotherapy.