

# Dr Hartley Atkinson

AFT Pharmaceuticals founder.

Pharmacy Connect is a national conference and trade show hosted by the Pharmacy Guild of Australia. It will be held on September 1-3 at the Hilton Sydney. The conference will feature workshops beforehand, a two-day education program and a 60-stand trade exhibition.



## Tell us about your background in pharmaceutical chemistry and pharmacology.

**HA:** I completed a Master of Pharmacy degree in pharmaceutical chemistry and then I did my internship and became a registered pharmacist. At the same time, I became involved in research and did my doctorate part-time. We did a lot of research into computerised drug dosing, and drug distribution into breast milk. I worked on about 25 publications before I was 25 years old. This set me up for a very good background and I got to know a lot of researchers and doctors, which really helped me understand pharmacology. Then I went to work for my first job at Roche. That's how I got involved with the industry.

## Tell us about the process to establish AFT Pharmaceuticals.

**HA:** I always wanted to start my own business before I was 40. I seemed unlucky at the time, as I was made redundant, but it was the opportunity I needed to get a move on. I had \$50,000 redundancy pay and this was my sole start-up capital. It's pretty tough to start up a drug company on \$50,000 from my garage. We've been going for about 19 years and we've made some good progress on the ASX, and are in quite a few countries. Predominately, our business is in Australia and New Zealand, with us being in the Australian market for the past 11-12 years. Being an Australian operating in this country was important to me.

## What gaps in the market did you see when you launched your business?

**HA:** We originally worked in a number of niche products. We saw an opportunity to start our own product development – take older products and improve on them – and that's the angle we've taken, such as in the case of Maxigesic,



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where the molecules aren't new but there are improvements to be made. So, there are a huge number of developments to be undertaken that don't need a huge amount of capital.

## You have achieved terrific growth in the Australian market. What do you put this down to?

**HA:** It's still a work in progress and the biggest growth is yet to come. We listen carefully to our customers as a lot of good ideas come from them. And in this lies some of our innovations, such as our PBS-listed iron tablet and our preservative-free, multi-use eye drops. There are so many angles that Australia needs on products, and we try and have a point of differentiation with being responsive to our customers' needs.

## Maxigesic has been a key product for you. It came to Australia in 2014, but explain how you are now in more than 100 countries.

**HA:** It's near impossible, unless you're a big multinational, to set up in 100 countries. What we've done is have licensing agreements for our products with good local partners worldwide. We've filed regulatory applications in more countries in Europe and America recently and are now getting our registrations finished off and getting ready for product launches. We launched last year in the UK and it's going very well. We also launched in Italy and are soon to launch in the Nordic countries. We're launching in Kuwait, the UAE has been very successful with good market shares, and

we're also looking to Central America and Africa. So, we're quite diverse.

I put this success down to sheer hard work and teamwork, and having medium-sized pharmaceutical companies as partners from US and UK to help us close deals.

## With the codeine scheduling change due in February 2018, what advice do you have for Australian pharmacists regarding the approach they should take to the minor-pain category?

**HA:** Consumer research shows that patients are comfortable talking to their pharmacists about their medication and while there's a likelihood of pharmacists losing a chunk of their income with this up-scheduling, there are alternatives, such as Maxigesic products. If you look at the efficacy of codeine, too, it's nowhere near as effective as people think it is. Data shows you that if you add codeine to paracetamol you're only lowering pain scores by four or five per cent, which isn't really a lot. Whereas, when you put ibuprofen and paracetamol together in the right ratios, you're getting pain scores about a third lower. So, there are alternatives that are scheduled pharmacy-only medicines. This is now a good opportunity for pharmacists to still retain a big chunk of the business that they have with their current codeine-based products.

## What support do you see AFT giving pharmacists in the pain category?

**HA:** It's important to provide support to pharmacists and we're finishing various training modules on switching customers from codeine. We're producing written materials and have sampling if that interests them. We're available to talk to them as, at the end of the day, most people will ask their pharmacist or doctor, and very few go to drug-company sites, which isn't surprising, and so it basically makes sense to provide information through pharmacists.

## Finally, what are your short-term priorities for AFT Pharmaceuticals?

**HA:** We're listed on the stock exchange, ASX, and have quite a few big projects underway. We have shareholders who are pharmacists and we're doing what we promised to do. We have lot of good R&D. We have a pipeline of work, such as an orphan drug for a nasty skin condition. It's about getting these projects done and that's our whole strategy: getting stuff done. <sup>RP</sup>