

ROS Therapeutics locks down the methotrexate formulation and starts looking for a partner.

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ROS Therapeutics announces that the formulation of Trexior™ has been locked down. Next step will be to partner with a specialty pharma company, for whom this product can be an interesting addition to a well-established portfolio of niche specialty pharma products and who can support ROS Therapeutics financially, taking the product through technology transfer/commercial upscale and the “pivotal” clinical trial before regulatory approval and launch.

“Our market research and EMA regulatory advice support our strategy of bringing an improved methotrexate formulation to the market for the benefit of children with JIA in particular, but also for people with rheumatoid arthritis and other diseases, for whom methotrexate is prescribed but who have difficulties swallowing multiple tablets or are uncomfortable with injections. Research shows that nausea and vomiting are frequent side effects from methotrexate, and about twice as often registered by children and their parents, in cases where the child must take an injection, compared to taking oral methotrexate products”, says Hanne Damgaard Jensen, CEO of ROS Therapeutics.

About Trexior™: Trexior is an innovative proprietary methotrexate therapy. Several of the shortcomings of existing methotrexate therapies, whether oral or injections, are sought to be overcome with Trexior.

About methotrexate: Methotrexate (MTX) is a cornerstone treatment for juvenile idiopathic arthritis (JIA), one of the most common childhood diseases, as well as for rheumatoid arthritis (RA), a common autoimmune inflammatory disease of adults. Since the early 90’s, MTX has had a secure place as the anchor drug in the treatment of these diseases and has been shown to have a synergistic relationship with biological therapies.

About ROS Therapeutics: ROS Therapeutics ApS is a development stage pharmaceutical company, committed to optimizing the treatment experience with methotrexate and addressing unmet needs of children with JIA, as well as RA and other autoimmune and chronic inflammatory conditions.

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