



Our Ongoing Commitment to Expanding Access to Healthcare through Intellectual Property

Date of preparation May 2022



Intellectual Property as a Driver for Innovation

Intellectual property (IP) rights provide the incentives our industry needs to do research and development (R&D) that leads to new medicines.

Developing a drug is a long process. Bringing a new drug to market typically takes 10 to 15 years and costs more than \$2 billion, taking into account the cost of failures – thousands and sometimes millions of compounds that are screened and assessed early in the R&D process to get the few that will ultimately receive approval.

AstraZeneca takes smart risks to discover innovations that improve patients' lives and may one day eliminate disease altogether. The ability to obtain patent protection, under a robust IP protection and enforcement framework, is an important part of a sustainable framework for innovations in R&D that result in life-changing medicines.

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Our Commitment to Flexible Intellectual Property Strategies that Improve Access to our Medicines

AstraZeneca recognises our role in helping to make our products accessible and affordable to patients in need. [Our Commitment to Deliver our Science to Patients](#) and our [Sustainability Report](#) detail our efforts to address barriers our patients face—financial or otherwise—in developing and developed markets.

Those efforts include our approach to intellectual property. AstraZeneca seeks to protect innovations worldwide, and we prioritise the countries where we seek patent protection. AstraZeneca does not file patent applications in any low-income countries (LICs) or least developed countries (LDCs). AstraZeneca also does not file in a number of low-middle-income countries (LMICs) and medium human development countries (MHDCs). (The Index countries where AstraZeneca does not secure patent protection are listed in Table 1.)

AstraZeneca abandons all patent property that could cover a medicine but does not support a product, or an actual or potential AstraZeneca pipeline asset, unless constrained by contract, such that these patent rights can be freely practised and used, without licence.

To provide greater certainty to manufacturers when planning to license our products, AstraZeneca is committed to providing

transparency about where our patents are filed and enforced. Where AstraZeneca maintains patent protection for assets which may have relevance to Index Diseases, AstraZeneca provides patent identity and expiry information for Index Countries. (This patent expiry information is listed in Table 2.) For key products across the pipeline, AstraZeneca also provides patent expiry information for China, EU, Japan, and US in our [Annual Report](#).

AstraZeneca supports the Bolar research (or safe harbour) exemption allowing a third party to seek regulatory approval so that a generic product can be available when a patent expires. AstraZeneca does not interpret the exemption to extend to commercial manufacture, importation, or stockpiling during the life of a patent.

AstraZeneca was a proud member of the WIPO Re:Search initiative, which we co-founded in 2011. Whilst AstraZeneca is no longer part of WIPO Re:Search, we remain committed to sharing our intellectual property with prospective partners for advancing research in neglected tropical diseases, including tuberculosis (TB) and malaria. AstraZeneca is proud of our ongoing commitment that all patents owned by AstraZeneca or MedImmune should be used to promote neglected tropical disease (NTD) R&D and will therefore be available for royalty-free licensing.



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Our Commitment to Granting Voluntary Licensing in Developing Countries

Licensing is an important way of allowing access to patent-protected inventions. Through licensing, we seek to balance the societal objectives to address unmet health needs in the developing world with the incentives needed for future R&D. We are flexible and will consider any proposal for a Non-Exclusive Voluntary Licence (NEVL) agreement to support the needs of the most disadvantaged.

The geographic scope is often reserved for LIC, LDC, LMIC, or MHDCs, particularly in instances where access to medicines for patients is a priority and otherwise not available, but there are exceptions and AstraZeneca will consider proposals. With respect to disease scope, AstraZeneca will license its patent rights in the neglected tropical disease space regardless of country. AstraZeneca is also open to licensing options in all disease areas.

Through our [Open Innovation initiative](#), AstraZeneca makes available patient-ready compounds for novel, clinical, and translational research into diseases with significant unmet medical need. AstraZeneca will consider proposals to grant licenses for intellectual property covering Open Innovation compounds.

While AstraZeneca commits to being flexible towards licensing proposals, the following conditions and policies for granting a NEVL agreement would need to be met:

- A NEVL does not conflict with AstraZeneca's existing obligations;
- The medicine meets AstraZeneca's quality assurance standards; and
- The licensee works to increase access to that medicine by offering it at a greatly reduced price or making it available to patient groups that do not already have access (for example, to new hospitals or clinics).



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Our Commitment to Respecting International Trade Agreements and Compulsory Licensing

The World Trade Organisation (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) provides a mechanism for any WTO Member State to issue a compulsory licence to secure access to medicines under specific, exceptional circumstances, while upholding international intellectual property rights.

Article 31f of TRIPS allows the export of products under compulsory licence to developing or least-developed countries without domestic manufacturing capacity in a “national emergency or other circumstances of extreme urgency”.

AstraZeneca believes that the best way to address the healthcare challenges faced by developing countries, including in cases of national emergency or other extreme urgency, is through engagement of our industry with other stakeholders to find constructive ways to improve access to medicines and delivery of healthcare. AstraZeneca recognises the right of countries to use the flexibilities in TRIPS, and supports the principles outlined in the Doha Declaration,

including compulsory licensing, while maintaining consideration of the principles below:

- Other approaches, including good-faith negotiation and voluntary licensing, should be the first means of obtaining supplies of patented medicines, and compulsory licensing used only if these approaches fail to deliver the needed products.
- Compulsory licensing should only be considered where urgent access to patented medicines is critical to maintaining public health, and no appropriate alternative is available.
- Compulsory licensing arrangements should be linked to mechanisms to prevent diversion of medicines from the intended market to any other market.

We do not view TRIPS as a barrier to access to medicines in developing countries. AstraZeneca believes that the intellectual property rights addressed in TRIPS are essential if pharmaceutical companies are to continue to invest heavily in research and development



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Our Commitment to Sustainable Access to Healthcare

While our intellectual property strategies are critically important, they are only one piece of the equation as there is no single action that will increase access to healthcare. Among many key enablers, we aim to support improvements in healthcare infrastructure, train healthcare professionals in areas with limited availability, and provide effective supply and distribution of our medicines. Improving outcomes for our patients requires systems-thinking and effective partnership that help more people gain access to our medicines at more affordable prices. To learn more about our efforts, please read our [Sustainability Report](#).

Links to Additional Resources:

[WTO TRIPS fact sheet](#)

[More information on Least Developed Countries](#)

May 2022



Table 1: Countries where AstraZeneca does not obtain granted Patent Protection

East Asia & Pacific		Sub-Saharan Africa	
Cambodia	LMIC	Angola	LHDC
Kiribati	LMIC	Benin	LIC
Korea, Dem. Rep.	LIC	Botswana	MHDC
Lao PDR	LMIC	Burkina Faso	LIC
Micronesia, Fed. Sts.	LMIC	Burundi	LIC
Mongolia	LMIC	Cabo Verde	LMIC
Myanmar	LMIC	Cameroon	LMIC
Papua New Guinea	LMIC	Central African Rep.	LIC
Samoa	LMIC	Chad	LIC
Solomon Islands	LMIC	Comoros	LIC
Timor-Leste	LMIC	Congo, Dem. Rep.	LIC
Tonga	LMIC	Congo, Rep.	LMIC
Tuvalu	LDC	Côte d'Ivoire	LMIC
Vanuatu	LMIC	Equatorial Guinea	MHDC
Europe & Central Asia		Eritrea	LIC
Armenia	LMIC	Ethiopia	LIC
Georgia	LMIC	Gabon	MHDC
Kosovo	LMIC	Gambia, The	LIC
Kyrgyz Rep. ¹	LMIC	Guinea	LIC
Moldova ²	LMIC	Guinea-Bissau	LIC
Tajikistan ¹	LMIC	Lesotho	LMIC
Turkmenistan ¹	MHDC	Liberia	LIC
Uzbekistan	LMIC	Madagascar	LIC
Latin America & Caribbean		Malawi	LIC
Belize	HiHDI	Mali	LIC
Bolivia	LMIC	Mauritania	LMIC
Guyana	MHDC	Mozambique	LIC
Haiti	LIC	Namibia	MHDC
Paraguay	MHDC	Niger	LIC
Suriname	HiHDI	Rwanda	LIC
Venezuela	UMIC	São Tomé and Príncipe	LMIC
Middle East & North Africa		Senegal	LIC
Djibouti	LMIC	Sierra Leone	LIC
Iraq	MHDC	Somalia	LIC
Palestine, State of/West Bank Gaza	LMIC	South Sudan	LIC
Syrian Arab Rep.	LMIC	Sudan	LMIC
Yemen, Rep.	LMIC	Swaziland	LMIC
Afghanistan	LIC	Tanzania, United Rep.	LIC
Bangladesh	LMIC	Togo	LIC
Bhutan	LMIC	Uganda	LIC
Maldives	HiHDI	Zambia	LMIC
Nepal	LIC	Zimbabwe	LIC
Sri Lanka	LMIC		

¹ This applies to all AstraZeneca medicines with the exception of Daxas and Tagrisso for historical reasons. Granted Calquence patents in respect of these territories are being abandoned.

² Existing Moldovan patents are being abandoned.

LIC Low-Income Country
LMI Low-Middle-Income Country
LHDC Low Human Development Country
MHDC Medium Human Development Country
HiHDI High Human Development Country with high inequality
LDC Least Developed Country
UMIC Upper-Middle Income Country

Table 2: Patent rights and estimated expiries in index countries, for medicines used to treat index diseases

“N/A” = not applicable, meaning there are no pending or in-force patent rights for that respective product category.

Medicine	Expiry/Patent Number	Compound incl. Polymorphs	Formulation	Indication/Dosage	Process	Combination	Platform Technology
Accolate (zafirlukast)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A
Arimidex (anastrozole)	Expiries	N/A	N/A	CN, ID, MX, PH Dec 2022	N/A	N/A	N/A
	Patent numbers	N/A	N/A	WO03/053438	N/A	N/A	N/A
Bevespi (glycopyrrolate/formoterol fumarate)	Expiries	N/A	1. BR, CN, ID, IN, MX, PH, TH, UA, ZA May 2030 2. BR, CN, ID, IN, MX, PH, TH, UA, ZA May 2030 3. BR, CN, ID, IN, MX, PH, TH, UA, ZA May 2030	N/A	BR, CN, CO, IN, MX, VN, ZA Mar 2034	N/A	N/A
	Patent numbers	N/A	1. WO2010/138862 2. WO2010/138868 3. WO2010/138884	N/A	WO2014/144894	N/A	N/A
Bricanyl (terbutaline)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A
Brilinta (ticagrelor)	Expiries	1: UA Jul 2023 2: UA May 2026	1. BR, CO, ID, IN, MX, PH, UA, VE, ZA Aug 2027; PK Aug 2026 2. BR, CN, CO, EG, GT, HN, ID, IN, PE, PH, TH, VN Apr 2037	1. ID, MX, PH, ZA Dec 2028 2. BR, CN Jan 2036	1. CN Mar 2025; 2. CN Mar 2025; 3. BR, CN, IN, MX Aug 2027; 4. BR, IN, MX Sep 2028; 5. BR, CN, IN, MX Sep 2030; 6. BR, CN, MX May 2032	N/A	N/A
	Patent numbers	1: UA66801 2: UA73181	1. WO2008/024045; PK142378; VE1774/07 2. WO2017/182589	1. WO2009/072967 2. WO2016/120729	1. CN200580010283.1 2. CN200580010284.7 3. WO2008/018823 4. WO2010/030224 5. WO2011/036479 6. WO2012/158099	N/A	N/A
Bydureon (exenatide)	Expiries	N/A	1. IN, MX Apr 2024 2. BR, CN, IN, MA, MD, MX Apr 2025	BR, CN, MX Aug 2026	N/A	N/A	N/A
	Patent numbers	N/A	1. WO2005/110425 2. WO2005/102293	WO2007/024700	N/A	N/A	N/A
Byetta (exenatide)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A
Calquence (acalabrutinib)	Expiries	1. AM, BR, CN, CO, DZ, EC, EG, GT, HN, ID, IN, KG, MA, MX, NI, PE, PH, SV, TH, TJ, TM, TN, UA, VN, ZA Jul 2032 2. CN, MA, MD, MX, ZA Jul 2036	BR, CN, CO, DZ, EG, GT, HN, ID, IN, MX, PE, PH, TH, VN, ZA Jun 2041; PK Jun 2040	N/A	BR, CN, CO, MX, ZA Aug 2039	1. MA Aug 2035 2. BR, MX Sep 2038 3. BR, CN, MX, ZA Aug 2039 4. CN, MX, VN Oct 2040	N/A
	Patent numbers	1. WO2013/010868 2. WO2017/002095	WO2021/255246; PK434/2021	N/A	WO2020/043787	1. MA3179991 2. WO2019/058348 3. WO2019/211721 4. WO2021/089419	N/A
Casodex (bicalutamide)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A
Daxas (roflumilast)	Expiries	N/A	CN, CO, DZ, ID, IN, KG, MX, PE, PH, TH, TJ, TM, TN, VE, VN, ZA Feb 2023; MD Dec 2026; AM Feb 2028	N/A	BR, CN, IN, KG, MD, MX, PH, TJ, TM, ZA Mar 2024; AM Mar 2029	N/A	N/A
	Patent numbers	N/A	WO03/070279	N/A	WO2004/080967	N/A	N/A
Enhertu (fam-trastuzumab deruxtecan-nxki)	Expiries	1. CN, IN, MX, ZA, CO, ID, BR, TH, VN, EG, PH Oct 2033 2. CN, IN, MX, ZA, CO, ID, BR, TH, VN, EG, PH Jan 2035	CN, IN, BR Aug 2038	1. CN, IN, BR Oct 2037 2. CN, IN, BR May 2039 3. CN, IN, BR Jul 2039	1. CN, IN, BR Aug 2038 2. CN, IN, BR Aug 2038 3. CN, IN, BR Jul 2039	1. CN, IN, BR Dec 2037 2. CN, IN, BR Aug 2039 3. CN, IN, BR Dec 2039 4. CN, IN, BR Dec 2039	1. CN Jul 2039 2. CN Nov 2032
	Patent numbers	1. WO2014/057687 2. WO2015/115091	WO2019/039483	1. WO2018/066626 2. WO2019/230645 3. WO2020/027100	1. WO2019/044946 2. WO2019/044947 3. WO2020/022363	1. WO2018/110515 2. WO2020/031936 3. WO2020/122034 4. WO2020/130125	1. WO2020/022475 2. ZL201280068236.8

Medicine	Expiry/Patent Number	Compound incl. Polymorphs	Formulation	Indication/Dosage	Process	Combination	Platform Technology
Evrenzo (Roxadustat)	Expiries	1. CN, IN, MX, ZA, BR Jun 2024 2. CN, IN, MX, ZA, PK, BR, VE Jul 2033	CN, IN, MX, BR, Jun 2034	1. CN Dec 2022	CN, IN, MX, ZA, BR, Jul 2033	N/A	N/A
	Patent numbers	1. WO2004/108681 2. WO2014/014835, PK104/2014	WO/2014/197660	1. WO2003/049686	WO2014/014834	N/A	N/A
Fasenra (benralizumab)	Expiries	N/A	BR, CN, MX Oct 2034	1. BR, CN, MX Aug 2034 2. BR, CN, MX Aug 2034 3. BR, CN, MX Aug 2034 4. BR, CN, MX Oct 2034 5. CN May 2040 6. CN Sep 2040	N/A	N/A	N/A
	Patent numbers	N/A	WO2015/061584	1. WO2015/023504 2. WO2015/023507 3. WO2015/023508 4. WO2015/057668 5. WO2020/230097 6. WO2021/059221	N/A	N/A	N/A
Faslodex (fulvestrant)	Expiries	N/A	N/A	N/A	CN, BR, IN, MX, TH, ZA Oct 2022	N/A	N/A
	Patent numbers	N/A	N/A	N/A	WO03/031399	N/A	N/A
Fluenz / Flumist (influenza vaccine)	Expiries	N/A	CN 2025	N/A	N/A	N/A	N/A
	Patent numbers	N/A	200580039793.7	N/A	N/A	N/A	N/A
Forxiga (dapagliflozin)	Expiries	1. BR, CN, CO, EG, ID, IN, MX, PE, PH, PK, TH, VN, ZA May 2023; UA May 2028 2. BR, CN, CO, EG, ID, MX, PH, TH, ZA Jun 2027; UA May 2032	BR, CN, IN, MX Mar 2028	BR, CN, DZ, GT, HN, ID, MX, NI, NG, PE, PH, PK, SV, TH, UA, VN, ZA Apr 2041	N/A	N/A	N/A
	Patent numbers	1. WO2003/099836 2. WO2008/002824	WO2008116179	WO2022/022865	N/A	N/A	N/A
Iressa (gefitinib)	Expiries	BR, CN, MX, ZA Feb 2023	BR, CN, ID, IN, MX, PH, TH, ZA Feb 2023	N/A	BR, CN, MX, ZA Sep 2023	N/A	N/A
	Patent numbers	WO03/072108	WO03/072139	N/A	WO2004/024703	N/A	N/A
Imfinzi (durvalumab)	Expiries	BR, CN, IN, MX, ZA, Nov 2030	BR, CN, TH, Apr 2039	1. BR, CN, MX, ZA, Sep 2034 2. BR, CN, MX, ZA, Jun 2035 3. CN, Feb 2038 4. CN, Sep 2040	N/A	1. BR, CN, MX, ZA, May 2035 2. BR, CN, MX, May 2041	1. CN, Oct 2039 2. CN, Dec 2039 3. CN, May 2041
	Patent numbers	WO2011/066389	WO2019/206987	1. WO2015/036499 2. WO2015/193352 3. WO2018/152415 4. WO2021/043955	N/A	1. WO2015/173267 2. WO2021/228978	1. WO2020/081956 2. WO2020/121226 3. WO2021/234150
Komboglyze (saxagliptin / metformin)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A
Logimax & Plendil (felodipine)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A
Lokelma (sodium zirconium cyclosilicate)	Expiries	1. 10 Feb 2032 2. 22 Oct 2033 3. 07 Nov 2034 4. 10 Oct 2036	N/A	1. 03 April 2034 2. 12 March 2040	10 Feb 2032 (CO) 11 June 2033 (CN, IN, MX)	N/A	N/A
	Patent numbers	1. WO2012109590 (BR, CN, CO, IN, MX, PH, ZA) 2. WO2014066407 (BR, CN, CO, MX, PH, ZA), PK786/2013 3. WO2015070019 (BR, CN, CO, MX, ZA), PK793/2014 4. WO2017066128 (BR, CN, EG, GH, ID, IN, KE, MX, PH, TH, VN, ZA), PK612/2016	N/A	1. WO2014165670 (BR, CN, ZA) 2. WO2020182927 (BR, CN, MX, ZA)	ZL201380042557.5 (CN) IN37701 MX368537	N/A	N/A
Lumoxiti (moxetumomab pasudotox-tdfk)	Expiries	1. Jul 2031 (CN, MX)	N/A	N/A	1. Dec 2033 (CN)	N/A	N/A
	Patent numbers	1. WO2012015912	N/A	N/A	1. WO2014100443	N/A	N/A

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Medicine	Expiry/Patent Number	Compound incl. Polymorphs	Formulation	Indication/Dosage	Process	Combination	Platform Technology
Lynparza (olaparib)	Expiries	1. 12 March 2024 2. 15 Oct 2027	05 Oct 2029	1. 23 July 2024 2. 30 Nov 2024	N/A	N/A	21 Dec 2038
	Patent numbers	1. PCT/GB2004/001059 (DZ, BR, CN, CO, EC, EG, IN, MA, ID, MX, PH, TN, ZA) 2. PCT/GB2007/003888 (BR, CN, EG, ID, IN, MX, PE, PH, PK, TH, UA, VE, ZA)	PCT/GB2009/051309 (BR, CN, EC, EG, GT, HN, ID, IN, MX, NI, PE, PH, PK, SV, TH, UA, VE, VN, ZA)	1. PCT/GB2004/003235 (BR, CN, MX, ZA) 2. PCT/GB2004/005025 (BR, CN, ID, MX, PH, UA, ZA)	N/A	N/A	PCT/EP2018/086759 (BR, CN)
Onglyza (saxagliptin)	Expiries	N/A	CN, CO, ID, IN, MX, PE, TH, VN, ZA May 2025	N/A	N/A	N/A	N/A
	Patent numbers	N/A	WO2005/117841	N/A	N/A	N/A	N/A
Pulmicort (Budesonide)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A
Qtern (saxagliptin / dapagliflozin)	Expiries	1. BR, CN, CO, EG, ID, IN, MX, PE, PH, PK, TH, VN, ZA May 2023; UA May 2028 2. BR, CN, CO, EG, ID, MX, PH, TH, ZA Jun 2027; UA May 2032	N/A	N/A	N/A	N/A	N/A
	Patent numbers	1. WO2003/099836 2. WO2008/002824	N/A	N/A	N/A	N/A	N/A
Qternmet (saxagliptin / dapagliflozin / metformin)	Expiries	1. BR, CN, CO, EG, ID, IN, MX, PE, PH, PK, TH, VN, ZA May 2023; UA May 2028 2. BR, CN, CO, EG, ID, MX, PH, TH, ZA Jun 2027; UA May 2032	N/A	N/A	N/A	N/A	N/A
	Patent numbers	1. WO2003/099836 2. WO2008/002824	N/A	N/A	N/A	N/A	N/A
Symbicort Turbohaler (budesonide / formoterol)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A
Symbicort pMDI (budesonide / formoterol)	Expiries	N/A	CN, IN, CO, ID, MX, PH, UA, ZA Jan 2023	N/A	N/A	N/A	N/A
	Patent numbers	N/A	WO2003/063842	N/A	N/A	N/A	N/A
Symlin (pramlintide acetate)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A
Synagis (Palivizumab)	Expiries	N/A	N/A	N/A	BR Oct 2035	N/A	N/A
	Patent numbers	N/A	N/A	N/A	BR112017008383-3	N/A	N/A
Tagrisso (osimertinib)	Expiries	PK Jul 2031; AM, BR, CN, CO, DZ, EG, GT, HN, ID, IN, KG, MX, NI, PE, PH, SV, TH, TJ, TM, VN, ZA Jul 2032; UA Aug 2032	PK Dec 2034; BR, CN, CO, DZ, EG, GT, HN, ID, IN, MX, NI, PE, PH, SV, TH, VN, ZA Jan 2035	BR, CN, MX, ZA Feb 2039	BR, CN, CO, MX, ZA Jan 2037	1. MX, VN Apr 2035 2. CN, MX, VN Mar 2040	N/A
	Patent numbers	WO2013/014448; PK142739	WO2015/101791; PK906/2014	WO2019/155059	WO2017/134051	1. WO2015/150826 2. WO2020/201097	N/A
Trixeo / Breztri (formeterol / glycopyrronium bromide / budesonide)	Expiries	N/A	1. BR, CN, ID, IN, MX, PH, TH, UA, ZA May 2030 2. BR, CN, ID, IN, MX, PH, TH, UA, ZA May 2030 3. BR, CN, ID, IN, MX, PH, TH, UA, ZA May 2030	N/A	BR, CN, CO, IN, MX, VN, ZA Mar 2034	N/A	N/A
	Patent numbers	N/A	1. WO2010/138862 2. WO2010/138868 3. WO2010/138884	N/A	WO2014/144894	N/A	N/A
Vaxzevria (COVID-19 vaccine)	Expiries	N/A	N/A	N/A	N/A	N/A	CN, IN, ZA May 2032
	Patent numbers	N/A	N/A	N/A	N/A	N/A	WO2012/172277
Xigduo (dapagliflozin / metformin)	Expiries	1. BR, CN, CO, EG, ID, IN, MX, PE, PH, PK, TH, VN, ZA May 2023; UA May 2028 2. BR, CN, CO, EG, ID, MX, PH, TH, ZA June 2027; UA May 2032	BR, CN, IN, MX Nov 2030	N/A	N/A	N/A	N/A
	Patent numbers	1. WO2003/099836 2. WO2008/002824	WO2011/060256	N/A	N/A	N/A	N/A
Zoladex (goserelin acetate)	Expiries	N/A	N/A	N/A	N/A	N/A	N/A
	Patent numbers	N/A	N/A	N/A	N/A	N/A	N/A

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