

# Accessing ARVs: untangling the web of price reductions for developing countries

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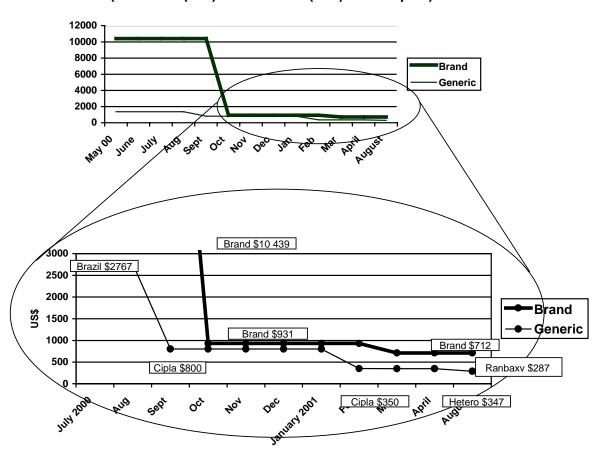
Only one year ago prices of antiretroviral drugs put them out-of-reach of the vast majority of people living in developing countries. But as a result of international pressure and generic competition, prices are being reduced considerably.

Below is a graph that illustrates the dramatic effects of generic competition on the prices of branded products in the period between July 2000 and August 2001.

The Effects of Generic Competition

Sample AIDS triple-combination: lowest world prices per patient per year

(stavudine (d4T) + lamivudine (3TC) + nevirapine)



The rapidly changing price of antiretroviral (ARV) drugs resulting from numerous discount offers made by the pharmaceutical companies vary in source and nature and are increasingly difficult to follow. Pharmaceutical companies have acted independently, within the framework of the Accelerated Access Initiative or through direct negotiations with governments or health care providers. Different restrictions apply to each of the producer's discounts.

Objective information on ARV prices worldwide is vital for governmental procurement agencies, as well as other potential users to make the best decision when dealing with ARV supply.

In response to these rapid changes and the resulting diverse range of discounts, the Médecins Sans Frontières Campaign for Access to Essential Medicines has produced a document collating information gathered by MSF on company discounts.

This information seeks to complement international efforts already in place, which aim to disseminate information on prices. One of these initiatives is the (third edition) of the UNICEF, UNAIDS Secretariat, WHO/HTP, MSF publication "Sources and prices of selected drugs and diagnostics for people living with HIV/AIDS."

The table includes information available at the time of publication, collected from industry statements and direct communications with the pharmaceutical companies. All companies mentioned have been given the opportunity to verify the data included in the table. The prices listed are those offered by the manufacturers. The final price to patients will vary depending on mark-ups, etc... Manufacturers have not necessarily been pre-qualified, approval for use is the responsibility of national regulatory authorities.

It is hoped that this initiative will stimulate exchange of information. In an attempt to relate offers with real experiences, MSF encourages international organisations, governments and other purchasers to share information. Please send your experiences attempting to access price reduction offers to <a href="mailto:access@geneva.msf.org">access@geneva.msf.org</a> or send to fax number +41 22 849 8404 Highlights of these experiences will be collated and communicated on www.accessmed-msf.org.

MSF continues to advocate for a global sustainable solutions for the battle against this epidemic, as well as for other infectious diseases devastating developing countries.

Please note that BMS has not verified its price offers

This table reflects recent offers made by companies. Suppliers have not necessarily been pre-qualified.

Procurement agencies should follow their own procedures in this respect.

See "Sources and Prices of Selected Drugs and Diagnostics for people living with HIV/AIDS" by UNAIDS/WHO/UNICEF - MSF (www.accessmed-msf.org).

Patent status: patents are not automatically granted in every country, but depend on national legislation. See "Patent Situation of HIV/AIDS related drugs in 80 countries", WHO/UNAIDS, 2000 <a href="http://who.int/medicines/library/par/hivrelateddocs/patentshivdrugs.pdf">http://who.int/medicines/library/par/hivrelateddocs/patentshivdrugs.pdf</a>

|               | Abacavir          | Abacavir<br>+3TC+ZDV | Amprenavir        | Didanosine           | Efavirenz | Indinavir | Lamivudine  | Nelfinavir | Nevirapine | Ritonavir | Saquinavir | Stavudine  | Zalcitabine | Zidovudine | ZDV +3TC   | 3TC+D4T+<br>NVP          |
|---------------|-------------------|----------------------|-------------------|----------------------|-----------|-----------|-------------|------------|------------|-----------|------------|------------|-------------|------------|------------|--------------------------|
|               | 300 mg            | 300+150+300          | 150 mg            | 100 mg               | 200 mg    | 400 mg    | 150 mg      | 250 mg     | 200 mg     | 100 mg    | 200 mg     | 40 mg      | 0.75 mg     | 300mg      | 300+150 mg | 150<br>mg+40mg+<br>200mg |
| Patent holder | Glaxo<br>Wellcome | Glaxo Wellcome       | Glaxo<br>Wellcome | Wellcome /<br>US Gov | Merck     | Merck     | IAF Biochem | Agouron    | Boehringer | Abbott    | Roche      | Yale Univ. | US Gov.     | Glaxo W.   | Glaxo W.   |                          |
| Manufacturer  | GSK               | GSK                  | GSK               | BMS                  | Merck     | Merck     | GSK         | Roche      | Boehringer | Abbott    | Roche      | BMS        | Roche       | GSK        | GSK        |                          |
| Trade name    | Ziagen            | Trizivir             | Agenerase         | Videx                | Sustiva   | Crixivan  | Epivir      | Viracept   | Viramune   | Norvir    | Fortovase  | Zerit      | Hivid       | Retrovir   | Combivir   |                          |
| Daily dose    | 2                 | 2                    | 8                 | 4                    | 3         | 6         | 2           | 9          | 2          | 12        | 9          | 2          | 3           | 2          | 2          |                          |

Best offers by pharmaceutical companies: prices per patient per year in USD

|                          | Abacavir | Abacavir    | Amprenavir | Didanosine | Efavirenz | Indinavir | Lamivudine | Nelfinavir | Nevirapine | Ritonavir | Saquinavir | Stavudine | Zalcitabine | Zidovudine | ZDV +3TC   | 3TC+D4T+              |
|--------------------------|----------|-------------|------------|------------|-----------|-----------|------------|------------|------------|-----------|------------|-----------|-------------|------------|------------|-----------------------|
|                          |          | +3TC+ZDV    |            |            |           |           |            |            |            |           |            |           |             |            |            | NVP                   |
|                          | 300 mg   | 300+150+300 | 150 mg     | 100 mg     | 200 mg    | 400 mg    | 150 mg     | 250 mg     | 200 mg     | 100 mg    | 200 mg     | 40 mg     | 0.75 mg     | 300mg      | 300+150 mg | 150 mg+40mg<br>+200mg |
| Ranbaxy<br>(India)       |          |             |            |            |           |           | 248        |            | 412        |           |            |           |             | 318        | 548        | 295                   |
| Cipla (India)            |          |             |            | 584        | 668       | 876       | 120        |            | 201        |           |            | 44        |             | 193        | 285        | 354                   |
| Hetero<br>(India)        | 2628     |             |            | 555        | 1040      | 986       |            |            |            | 3504      |            |           |             |            | 288        |                       |
| Aurobindo<br>(India)     |          |             |            | 190        | 485       |           | 91         | 2924       | 150        |           |            | 48        |             |            | 270        |                       |
| Merck (US)               |          |             |            |            | 500       | 600       |            |            |            |           |            |           |             |            |            |                       |
| BMS (US)                 |          |             |            | 310        |           |           |            |            |            |           |            | 55        |             |            |            |                       |
| Roche (US)               |          |             |            |            |           |           |            | 3139*      |            |           | 814**      |           | 675         |            |            |                       |
| GSK (UK)                 | 1387     | 2409        | 3176       |            |           |           | 234        |            |            |           |            |           |             | 584        | 730        |                       |
| Abbott                   |          |             |            |            |           |           |            |            |            | 650       |            |           |             |            |            |                       |
| Boehringer-<br>Ingelheim |          |             |            |            |           |           |            |            | 438        |           |            |           |             |            |            |                       |

Sources: Companies' websites media reports and direct communication with companies

Offers are not normally available for commercial sector.

Normally, no other restrictions apply for generic offers

For non-generic manufacturers, some restrictions apply (depending on the manufacturer) See Table 2 'Offers of antiretroviral drugs by proprietary companies for developing countries'

Other generic manufacturers exist for antiretrovirals, for example: Panalab (Argentina); Pharmaquick (Benin); Far Manguinhos, FURP, Lapefe, Laob, Iquego, IVB (Brazil); Apotex, Novopharm (Canada); Biogen (Colombia); Stein (Costa Rica); SunPharma, Zydus Cadila Healthcare (India); LG Chemicals, Samchully (Korea); Protein, Pisa (Mexico); Combinopharm, Andromaco (Spain); Gouvernamental Pharmaceutical Organization, T.O. Chemecal (Thailand); Filaxis (Uruguay).

For all company contacts see Annex 3

<sup>\*: + 15%</sup> rebate in kind

<sup>\*\*: + 100%</sup> rebate in kind

Table 2

| Product   | Product Company |  |   | Price                       | Additional Comments  |
|---|-----------------|--|---|-----------------------------|--|
|   |                 | Which countries do these offers apply to?  | Who is eligible for these offers?   | US\$ per year (per day)     |  |
| abacavir (Ziagen®) NRTI   | GlaxoSmithKline | Least Developed Countries plus Sub-Saharan Africa plus Accelerating Access Initiative. [For middle income developing countries public sector prices negotiated on a case-by-case basis wither unilaterally or through the AAI**] | Governments, aid organisations, charities, international and UN agencies and sales to any international purchase funds. In sub-Saharan Africa only offer available to employers who can deliver care and treatment directly to their staff. All organisations must supply the preferentially priced products on a not for profit basis. | US\$ 1387/year (3.80/day)   | To find full list of Least Developed Countries see Annex 1. Sub-Saharan African countries include: Botswana, Cameroon, Congo, Cote d'Ivoire, Gabon, Ghana, Kenya, Mauritius, Namibia, Nigeria, Seychelles, South Africa, Swaziland, Zimbabwe. Supply Agreement required. |
| abacavir + 3TC + ZDV<br>(Trizivir™) NRTI                                  | GlaxoSmithKline |  |   | US\$ 2409/year (6.60/day)   |  |
| amprenavir (Agenerase®) PI  | GlaxoSmithKline | n  | u   | US\$ 3175.5/year (8.70/day) | II.  |
| didanosine (Videx®) NRTI -<br>this lowest price is available to:          | BMS             | Sub-Saharan Africa plus other developing countries on a case by case basis   | Both private and public sectors are eligible  | US\$ 310.25/year (0.85/day) | An example of a company that has<br>been given this discount is De Beers<br>in South Africa  |
| didanosine (Videx®) NRTI -<br>this intermediate price is<br>available to: | BMS             | All developing countries   |   |                             |  |

| efavirenz (Stocrin®) NNRTI -<br>lowest price available to:                  | Merck | Low Human Development<br>Index (HDI) countries plus<br>medium HDI countries with<br>adult HIV prevalence of 1 %<br>or greater*. | Governments, international organisations, non-governmental organisations, private sector organisations (e.g. employers, hospitals and insurers). Merck does not rule out supplying antiretrovirals to patients through retail pharmacies. | US\$ 500/year (1.37/day)  | To find list of Low HDI countries and Medium HDI countries see Annex 2 Although Romania does not fall under these categories it also benefits from these prices. |
|---|-------|---|---|---------------------------|--|
| efavirenz (Stocrin®) NNRTI -<br>this intermediate price is<br>available to: | Merck | Medium HDI countries with<br>HIV prevalence of less than<br>1%*   | Governments, international organisations, non-governmental organisations, private sector organisations (e.g. employers, hospitals and insurers). Merck does not rule out supplying antiretrovirals to patients through retail pharmacies. | US\$ 920/year (2.52/day)  | See Annex 2  |
| indinavir (Crixivan®) PI -lowest<br>price available to:                     | Merck | Low Human Development<br>Index (HDI) countries plus<br>medium HDI countries with<br>adult HIV prevalence of 1 %<br>or greater*. | Governments, international organisations, non-governmental organisations, private sector organisations (e.g. employers, hospitals and insurers). Merck does not rule out supplying antiretrovirals to patients through retail pharmacies. | US\$ 600/year (1.64/day)  | To find list of Low HDI countries and Medium HDI countries see Annex 2 Although Romania does not fall under these categories it also benefits from these prices. |
| indinavir (Crixivan®) PI - this intermediate price is available to:         | Merck | Medium HDI countries with<br>HIV prevalence of less than<br>1%*   | Governments, international organisations, non-governmental organisations, private sector organisations (e.g. employers, hospitals and insurers). Merck does not rule out supplying antiretrovirals to patients through retail pharmacies. | US\$ 1029/year (2.82/day) | See Annex 2  |

| lamivudine (Epivir®/3TC) NRTI   | GlaxoSmithKline      | Least Developed Countries plus Sub-Saharan Africa plus Accelerating Access Initiative. [For middle income developing countries public sector prices negotiated on a case-by-case basis wither unilaterally or through the AAI**] | Governments, aid organisations, charities, international and UN agencies and sales to any international purchase funds. In sub-Saharan Africa only offer available to employers who can deliver care and treatment directly to their staff. All organisations must supply the preferentially priced products on a not for profit basis. | US\$ 233.60/year (0.64/day)   | To find full list of Least Developed Countries see Annex 1. Sub-Saharan African countries include: Botswana, Cameroon, Congo, Cote d'Ivoire, Gabon, Ghana, Kenya, Mauritius, Namibia, Nigeria, Seychelles, South Africa, Swaziland, Zimbabwe. Supply Agreement required. |
|---------------------------------|----------------------|--|---|---|--|
| nelfinavir (Viracept®) PI       | Roche                | Africa plus LDCs plus AAI countries**  | Governments, NGOs, private sector<br>employers  | US\$ 3139/year (+15 % rebate<br>in kind)  | To find full list of Least Developed<br>Countries see Annex 1.<br>This discounted price is achieved<br>through a rebate offered by Roche   |
| nevirapine (Viramune®)<br>NNRTI | Boehringer-Ingelheim | Sub-Saharan Africa plus other countries on a case by case basis  | Governments, NGOs, private sector employers   | US\$ 438/year (1.20/day)  | Price may vary in view of possible import taxes.   |
| nevirapine (Viramune®)<br>NNRTI | Boehringer-Ingelheim | Developing countries as<br>defined by the World Bank<br>Classification of Economies<br>(Low-income and Lower-<br>middle-income economies)  | Governments, NGOs and other partners who can guarantee that the programme is run in responsible manner  | For the duration of 5 years a donation for use in preventing mother-to-child transmission only. |  |
| lopinavir/ritonavir (Kaletra™)  | Abbott               | Africa plus Afghanistan,<br>Bangladesh, Bhutan,<br>Cambodia, Cape Verde, Haiti,<br>Kiribati, Lao People's Dem.<br>Rep., Maldives, Myanmar,<br>Nepal, Samoa, Solomon<br>Islands, Tuvalu, Vanuatu,<br>Yemen                        | Governments, Non governmental organizations, UN system organizations, and other national and international health institutions  | US\$ 650/year (1.78/day)  |  |
| ritonavir (Norvir®) PI          | Abbott               | н  | u   | US\$ 650/year (1.78/day)  |  |
| saquinavir (Fortovase™) PI      | Roche                | Africa plus LDCs plus AAI countries**  | governments, NGOs, private sector employers   | US\$ 814/year (+100% rebate in kind)  | To find full list of Least Developed<br>Countries see Annex 1.<br>This discounted price is achieved<br>through a rebate offered by Roche   |

| stavudine (Zerit®) NRTI - this lowest price is available to:       | BMS             | Sub-Saharan Africa plus other<br>developing countries on a<br>case by case basis   | Both private and public sectors are eligible  | US\$ 54.72/year (0.15/day) | An example of a company that has<br>been given this discount is De Beers<br>in South Africa  |
|--|-----------------|--|---|----------------------------|--|
| stavudine (Zerit®) NRTI - this intermediate price is available to: | BMS             | All developing countries   |   |                            |  |
| zalcitabine (Hivid®) NRTI  | Roche           | Africa plus LDCs plus AAI countries**  | governments, NGOs, private sector<br>employers  | US \$ 675/year (1.85/day)  | To find full list of Least Developed<br>Countries see Annex 1.<br>This discounted price is achieved<br>through a rebate offered by Roche   |
| zidovudine (Retrovir®) NRTI  | GlaxoSmithKline | Least Developed Countries plus Sub-Saharan Africa plus Accelerating Access Initiative. [For middle income developing countries public sector prices negotiated on a case-by-case basis wither unilaterally or through the AAI**] | Governments, aid organisations, charities, international and UN agencies and sales to any international purchase funds. In sub-Saharan Africa only offer available to employers who can deliver care and treatment directly to their staff. All organisations must supply the preferentially priced products on a not for profit basis. | US\$ 584/year (1.60/day)   | To find full list of Least Developed Countries see Annex 1. Sub-Saharan African countries include: Botswana, Cameroon, Congo, Cote d'Ivoire, Gabon, Ghana, Kenya, Mauritius, Namibia, Nigeria, Seychelles, South Africa, Swaziland, Zimbabwe. Supply Agreement required. |
| zidovudine + lamivudine<br>(Combivir®) NRTI                        | GlaxoSmithKline | H  | U   | US\$ 730/year (2.00/day)   |  |

Abbreviations:
NNRTI - non-nucleoside reverse transcriptase inhibitors
NRTI - reverse transcriptase inhibitor

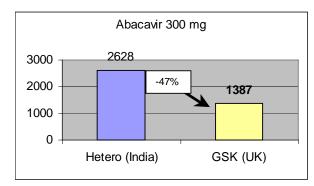
PI - Protese Inhibitor

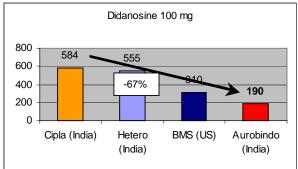
For all company contacts see Annex 3

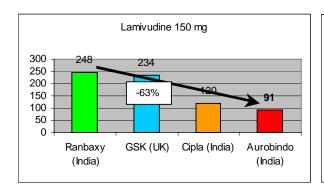
<sup>\*</sup> To find the HIV prevalence status of countries see <a href="http://www.unaids.org/epidemic\_update/">http://www.unaids.org/epidemic\_update/</a>
\*\* For more information on the Accelerated Access Initiative and participating countries see <a href="http://www.unaids.org/acc\_access/">http://www.unaids.org/acc\_access/</a>

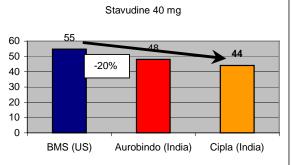
## Comparison of discounted prices offered by generic and proprietary companies (generated from Table 1) per year per patient in US dollars

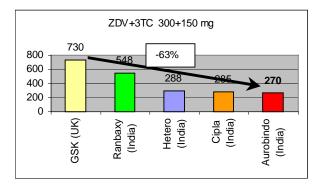
#### Nucleoside reverse transcriptase inhibitors

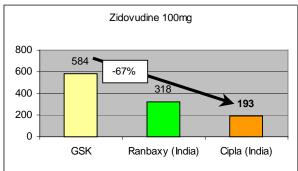




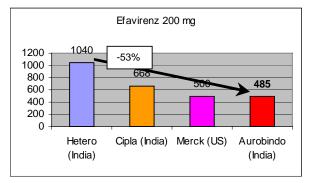


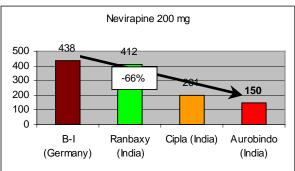




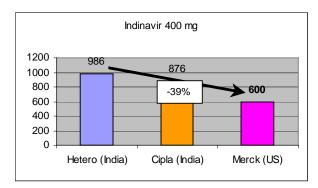


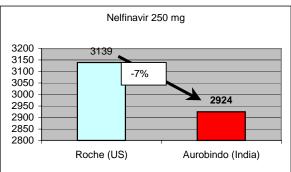
#### Non-nucleoside reverse transcriptase inhibitors

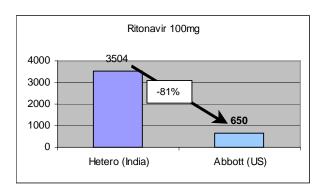




#### **Protease Inhibitors**







#### Annex 1

#### **Least Developed Countries (LDCs)**

Source: http://www.unctad.org/en/pub/ldcprofiles2001.en.htm

Afghanistan

Angola

Bangladesh

Benin

Burkina Faso

Burundi

Cambodia

Cape Verde

Central African Republic

Chad

Comoros

Democratic Republic of Congo

Djibouti

Equatorial Guinea

Eritrea

Ethiopia

Gambia

Guinea

Guinea Bissau

Haiti

Kiribati

Lao People's Democratic Republic

Lesotho

Liberia

Madagascar

Malawi

Maldives

Mali

Mauritania

Mozambique

Myanmar

Nepal

Niger

Rwanda

Samoa

Sao Tome and Principe

Senegal (\*)

Sierra Leone

Solomon Islands

Somalia

Sudan

Togo

Tuvalu

Uganda

United Republic of Tanzania

Vanuatu

Yemen Zambia

(\*) In early 2001, following the triennial review of the list of LDCs, Senegal was placed in the category, bringing the total to 49.

#### Annex 2

#### **Human Development Index**

Source: Human Development Report 2001, Making new technologies work for human development UNDP

For full list of Human Development Index ranking see http://www.undp.org/hdr2001/back.pdf

#### Medium human development

94 South Africa 49 Trinidad and Tobago 95 El Salvador 96 Samoa (Western) 50 Latvia 51 Mexico 97 Syrian Arab Republic 52 Panama 98 Moldova, Rep. of 99 Uzbekistan 53 Belarus 54 Belize 100 Algeria 55 Russian Federation 101 Viet Nam 56 Malaysia 102 Indonesia 57 Bulgaria 103 Tajikistan 58 Romania 104 Bolivia 59 Libyan Arab Jamahiriya 105 Egypt 106 Nicaragua 60 Macedonia.TFYR 61 Venezuela 107 Honduras 62 Colombia 108 Guatemala 63 Mauritius 109 Gabon 64 Suriname 110 Equatorial Guinea 65 Lebanon 111 Namibia 66 Thailand 112 Morocco 113 Swaziland 67 Fiji 68 Saudi Arabia 114 Botswana 69 Brazil 115 India 70 Philippines 116 Mongolia 71 Oman 117 Zimbabwe

68 Saudi Arabia 114 Botswana
69 Brazil 115 India
70 Philippines 116 Mongolia
71 Oman 117 Zimbabwe
72 Armenia 118 Myanmar
73 Peru 119 Ghana
74 Ukraine 120 Lesotho
75 Kazakhstan 121 Cambodia
76 Georgia 122 Papua New Guinea

77 Maldives 123 Kenya
78 Jamaica 124 Comoros
79 Azerbaijan 125 Cameroon
80 Paraguay 126 Congo
81 Sri Lanka

82 Turkey Low human development

83 Turkmenistan
84 Ecuador 127 Pakistan
85 Albania 128 Togo
86 Dominican Republic 129 Nepal
87 China 130 Bhutan

88 Jordan 131 Lao People 's Dem.Rep.

89 Tunisia 132 Bangladesh
90 Iran,Islamic Rep.of 133 Yemen
91 Cape Verde 134 Haiti
92 Kyrgyzstan 135 Madagascar
93 Guyana 136 Nigeria
137 Djibouti

138 Sudan 151 Malawi 139 Mauritania 152 Rwanda 140 Tanzania, U.Rep.of 153 Mali

141 Uganda 142 Congo,Dem.Rep.of the 154 Central African Republic

155 Chad

143 Zambia 156 Guinea-Bissau 144 Côte d'Ivoire 157 Mozambique 158 Ethiopia 145 Senegal 146 Angola 159 Burkina Faso 147 Benin 160 Burundi 148 Eritrea 161 Niger 162 Sierra Leone 149 Gambia

150 Guinea

#### Annex 3

#### Contacts

#### Abbott:

AXIOS International manages the application process and serves as the central contact:

The Program Manager

Access to HIV Care Program

**AXIOS International** 

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