Untangling the Web of Price Reductions:

*a Pricing Guide for the Purchase of ARVs for Developing Countries*

June 2002
2nd edition

Campaign for Access to Essential Medicines

Médecins Sans Frontières,
rue du Lac 12, CP 6090,
1207 Geneva, Switzerland
Tel: +41 22 849 84 05
Fax: +41 22 849 84 04
access@geneva.msf.org
http://www.accessmed-msf.org
# TABLE OF CONTENTS

General background and objectives 3

Methodology 3

Limitations of current system 4

The Effects of Generic Competition 5

Users’ guide to read and use tables 6

Tables 6
- Table 1 Summary of pharmaceutical companies’ best ARV price offers for developing countries 7
- Table 2 ARV offers and restrictions for developing countries 11

Annexes 17
- Annex 1 Least Developed Countries 17
- Annex 2 Human Development Index classification 17
- Annex 3 Sub-Saharan African countries 18
- Annex 4 Company contacts 19

Glossary and abbreviations 20

Endnotes 21
General background and objectives

Lack of clear information on pharmaceutical prices on the international market is a significant barrier to improving access to essential medicines in developing countries. The situation is particularly complex in the case of anti-retrovirals (ARVs).

The data in this guide are designed to assist buyers in making informed decisions and negotiating affordable prices, by providing them with ARV prices offered by originator companies and some generic companies in low- and middle-income countries. It is intended for use by government and non-profit procurement agencies, as well as other bulk purchasers of ARVs, including health facilities and NGOs.

This pricing guide is meant to be used in tandem with the report of “Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS Drugs and Diagnostics of Acceptable Quality”¹, a project initiated by WHO and developed in collaboration with other United Nations Organisations (UNAIDS, UNICEF, UNFPA). This pilot project evaluates pharmaceutical products according to WHO recommended standards of quality and compliance with Good Manufacturing Practices. It is the beginning of an ongoing process that will expand as the participation of suppliers increase.

A list of suppliers whose HIV-related medicines have already been validated for procurement is now available on the websites of collaborating UN agencies.

Information on prices offered by some generic and originator companies, including conditions and restrictions, was first published in the first edition of this document, “Accessing Antiretrovirals: Untangling the Web of Price Reductions for Developing Countries”, in October 2001³.

This second edition provides:

- updated information on sample prices for low- and middle-income countries, including new fixed-dose drug combinations.
- updated information on the conditions and restrictions applying to these offers.

Methodology

In order to obtain accurate information on discounted price offers by both originator and generic companies, we repeated the methodology used for the first edition. Companies were re-contacted and asked to verify their offers. In addition, we contacted companies that had communicated new offers since October 2001⁴.

Manufacturers were asked to provide information on the following:

- drug, dosage and pharmaceutical form;
- price per unit (or daily dose) of different price offers;
- restrictions that apply to the offers, including:
  i. country eligibility
  ii. potential beneficiaries of the offer
  iii. additional comments on conditions or procedures, such as quantity restrictions, how to access discounts, bureaucratic procedures such as memorandum of understanding or special agreement
  iv. delivery of goods in relation to payment (FOB; CIF etc.)⁵

For products for which complete information was available, the annual cost of therapy was calculated according to the dosing schedules reported in WHO's “Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach”⁶ or the CDC “Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents”, by the Panel on Clinical Practices for the Treatment of HIV, April 13th, 2001⁷.

Prices quoted and currency conversion rate used were established on the date the offer was made.

All prices were checked and confirmed by the companies making the offers.

It is important to note that these prices do not correspond to end-user (patient) prices, which can be influenced by other factors such as transport costs, handling charges, national mark-up rates, national and/or import and sales taxes (if applicable) and national health policies.

Inclusion in the report does not constitute pre-qualification or approval of any sort by MSF. National regulatory authorities are ultimately responsible for approving use of a given drug from a given manufacturer.

Information concerning the patent status of ARVs was not included in the present analysis, and will differ between countries. Some information about patent status of ARVs in some countries can be found in “Patent Situation of HIV/AIDS related drugs in 80 countries”, WHO/UNAIDS, 2000⁸.
Limitations of the current system

The lack of a uniform pricing system has resulted in each company defining a unique series of terms and criteria. For instance, whereas Merck & Co., Inc. uses the Human Development Index and prevalence of HIV to determine national eligibility, GlaxoSmithKline (GSK) uses the classification of least developed countries and the geographical classification of sub-Saharan countries.

Most of the originator companies do not have a clear policy for countries outside sub-Saharan Africa, or not classified by UNCTAD as least developed countries. For example, Bristol-Myers Squibb (BMS) applies discounts to wholesale and retail purchasers in sub-Saharan Africa but not in Central America.

Even when a given country is eligible, all institutions within the country may not be eligible for reduced prices. Again, eligibility is currently at the companies’ discretion.

In actual practice, prices have only dramatically decreased in countries where an equity pricing policy is in place. Equity pricing is composed of a series of simultaneous strategies: a) stimulating generic competition; b) differential pricing or voluntary licensing of proprietary products; c) readiness on the part of national governments to over-ride patents when affordable prices are not offered for patented products; and d) regional or international bulk procurement.

Although generic competition is a critical factor in reducing prices (see Graph 1, where the prices trend of a sample ARV triple therapy combination is shown over the period May 2000-April 2002), it cannot stand alone as a strategy. There is an urgent need to develop a more systematic, transparent approach to differential pricing of originator products combined with increased access to generic products. This system can only be developed by a UN affiliated organisation with the mandate to address health and economic issues, such as the WHO or UNDP. In order for countries to administer care programmes that maximise the usefulness of existing therapies, they will need access to all the ARVs on the Essential Medicines List.

This is far from the current reality.

Note to readers: In order to collect further and updated information on prices available in different countries and to different bodies, MSF encourages international organisations, governments and other purchasers to share information. Please send any relevant information to: access@geneva.msf.org or by fax: +41 22 849 84 04. Any information collected by December 15th, 2002, will be used to prepare the next update of this document.
The Effects of Generic Competition

Sample of ARV triple-combination:

**Lowest world prices per patient per year**

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

Generic competition has shown to be the most effective means of lowering drug prices. During the last two years, originator companies have often responded to generic competition.

May 2001 - July 2002

January 2001 - July 2002
Guide to reading and using tables

Table 1 shows the best price offers of some generic manufacturers and originator producers for each antiretroviral drug, including fixed-dose combinations. Products are classified by therapeutic class. This table provides indicator prices, and can be used as a reference for negotiations with suppliers. As explained above, these offers do not apply to all developing countries or to all institutions in a given country, but are subject to a series of restrictions and limitations.

Table 2 shows restrictions imposed by generic and originator companies. This table provides indications about availability of offers in individual countries. However, because of lack of agreement on terms and the ambiguous nature of some offers, it is not always clear whether a certain type of institution is eligible for a given level of discount in a given country.

Please refer to Annexes 1 and 2 for updated country classification by UNCTAD (Least Developed Countries) and UNDP (Human Development Index). Annex 3 lists sub-Saharan countries.

This document is also available in French and Spanish at www.accessmed-msf.org
Table 1: Summary of pharmaceutical companies’ best ARV price offers for developing countries

Table 1a - Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

<table>
<thead>
<tr>
<th>NRTI (Abbreviation)</th>
<th>abacavir (ABC)</th>
<th>didanosine (ddI)</th>
<th>lamivudine (3TC)</th>
<th>stavudine (d4T)</th>
<th>zalcitabine* (ddC)</th>
<th>zidovudine (ZD or AZT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength (mg)</td>
<td>300</td>
<td>100</td>
<td>150</td>
<td>40</td>
<td>0.75</td>
<td>300</td>
</tr>
<tr>
<td>Trade name in Europe/US</td>
<td>Ziagen® (GSK)</td>
<td>Videx® (BMS)</td>
<td>Epivir® (GSK)</td>
<td>Zerit® (BMS)</td>
<td>Hivid® (Roche)</td>
<td>Retrovir® (GSK)</td>
</tr>
<tr>
<td>Daily dose</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>BMS (US)</td>
<td></td>
<td>310</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GSK (UK)</td>
<td>1387</td>
<td>234</td>
<td></td>
<td></td>
<td></td>
<td>584</td>
</tr>
<tr>
<td>Roche (US)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>161</td>
</tr>
<tr>
<td>Aurobindo (India)</td>
<td>197</td>
<td>66</td>
<td>31</td>
<td>140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cipla (India)</td>
<td>426</td>
<td>126</td>
<td>53</td>
<td>198</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPO (Thailand)</td>
<td>650</td>
<td>163</td>
<td>73</td>
<td>277</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hetero (India)</td>
<td>1372</td>
<td>248</td>
<td>93</td>
<td>47</td>
<td>183</td>
<td></td>
</tr>
<tr>
<td>Ranbaxy (India)</td>
<td>1372</td>
<td>248</td>
<td>93</td>
<td>47</td>
<td>183</td>
<td></td>
</tr>
</tbody>
</table>

Prices are shown in US$ per adult patient per year. For details on conditions please refer to Table 2. Unless otherwise noted prices are FOB for generic Manufacturers, and at least CIF for originator companies. All prices in other currencies than dollars were converted at the rate in force when the offer was made. Prices are rounded up to whole numbers for easier comparison. Annual costs are calculated according to the daily doses given in the WHO document “Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach”, 22nd April 2002. Suppliers have not necessarily been assessed for quality standards, procurement agencies should follow their own procedures in this respect.

(*) Zalcitabine was not included in the 12th Edition of the WHO Essential Medicines List. For daily dose, “Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents”, by the Panel on Clinical Practices for the Treatment of HIV, 2001, was taken as reference document.
Table 1b - Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

<table>
<thead>
<tr>
<th>NNRTI (Abbreviation)</th>
<th>efavirenz (EFV)</th>
<th>nevirapine (NPV)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strength (mg)</strong></td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td><strong>Trade name in Europe/US</strong></td>
<td>Stocrin® (Merck &amp; Co., Inc.)</td>
<td>Viramune® (Boehringer-Ingelheim)</td>
</tr>
<tr>
<td><strong>Daily dose</strong></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Boehringer-Ingelheim (Germany)</strong></td>
<td></td>
<td>438</td>
</tr>
<tr>
<td><strong>Merck &amp; Co., Inc. (US)</strong></td>
<td>500(*)</td>
<td></td>
</tr>
<tr>
<td><strong>Aurobindo (India)</strong></td>
<td>438</td>
<td>112</td>
</tr>
<tr>
<td><strong>Cipla (India)</strong></td>
<td>589</td>
<td>208</td>
</tr>
<tr>
<td><strong>GPO (Thailand)</strong></td>
<td></td>
<td>244</td>
</tr>
<tr>
<td><strong>Hetero (India)</strong></td>
<td>658</td>
<td>146</td>
</tr>
<tr>
<td><strong>Ranbaxy (India)</strong></td>
<td>570</td>
<td>166</td>
</tr>
</tbody>
</table>

(*) The price for Stocrin, 600 mg is the same as 3x200 mg, according to the same conditions given in Table 2.

Prices are shown in US$ per adult patient per year. For details on conditions please refer to Table 2. Unless otherwise noted prices are FOB for generic manufacturers, and at least CIF for originator companies. All prices in other currencies than dollars were converted at the rate in force when the offer was made. Prices are rounded up to whole numbers for easier comparison. Annual costs are calculated according to the daily doses given in the WHO document “Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach”, 22nd April 2002. Suppliers have not necessarily been assessed for quality standards, procurement agencies should follow their own procedures in this respect.
Table 1c - Protease Inhibitors (PIs)

<table>
<thead>
<tr>
<th>PI (Abbreviation)</th>
<th>amprenavir (APV)</th>
<th>indinavir (IDV)</th>
<th>nelfinavir (NFV)</th>
<th>ritonavir (r)</th>
<th>saquinavir(#) sgc (SQV sgc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength (mg)</td>
<td>150</td>
<td>400</td>
<td>250</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>Trade name in Europe/US</td>
<td>Agenerase® (GSK)</td>
<td>Crixivan® (Merck &amp; Co., Inc)</td>
<td>Viracept® (Roche)</td>
<td>Norvir® (Abbott)</td>
<td>Fortovase® (Roche)</td>
</tr>
<tr>
<td>Daily dose</td>
<td>16</td>
<td>6(**)</td>
<td>10(***)</td>
<td>2(/)</td>
<td>10(###)</td>
</tr>
<tr>
<td>Abbott (US)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>83</td>
</tr>
<tr>
<td>GSK (UK)</td>
<td>3176</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merck &amp; Co., Inc. (US)</td>
<td>600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roche (US)</td>
<td></td>
<td></td>
<td>2704</td>
<td>1342</td>
<td></td>
</tr>
<tr>
<td>Aurobindo (India)</td>
<td>589</td>
<td>1533</td>
<td>336</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cipla (India)</td>
<td>913</td>
<td>2026</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gpo (Thailand)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hetero (India)</td>
<td>986</td>
<td>2007</td>
<td>343</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ranbaxy (India)</td>
<td>786</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(*) Amprenavir was not included in the 12th Edition of the WHO Essential Medicines List. For daily dose, "Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents", by the Panel on Clinical Practices for the Treatment of HIV, 2001, is used as a reference.

(**) Please note that "Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents", by the Panel on Clinical Practices for the Treatment of HIV, 2001, is used as a reference. According to the WHO document "Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach", 22nd April 2002, IDV should be used combination with ritonavir as a booster (800mg IDV plus 100mg ritonavir twice daily): it will be included in the next edition.

(***) The daily dose is 1250 mg twice daily (both "Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents", by the Panel on Clinical Practices for the Treatment of HIV, 2001 and WHO document "Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach", 22nd April 2002).7

(/) The daily dose is 100mg twice daily, for use as booster medication (see "Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach", 22nd April 2002, and the WHO Essential Medicine List, 12th Edition, April 2002).8

(#) Saquinavir is also available as hard-gel formulation from both Roche and generic manufacturers.

(##) Please note that according to the WHO document "Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach", 22nd April 2002, SQV should be used with ritonavir as a booster (1000 mg SQV plus 100 mg ritonavir twice daily); when combined with ritonavir either the soft gel capsules or the hard gel capsules can be used.

Prices are shown in US$ per adult patient per year. For details on conditions please refer to Table 2. Unless otherwise noted prices are FOB for generic Manufacturers, and at least CIF for originator companies. All prices in other currencies than dollars were converted at the rate in force when the offer was made. Prices are rounded up to whole numbers for easier comparison. Unless differently stated, annual costs are calculated according to the daily doses given in the WHO document "Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach", 22nd April 2002. Suppliers have not necessarily been assessed for quality standards, procurement agencies should follow their own procedures in this respect.
### Table 1d: Fixed Dose Combinations (FDCs)

<table>
<thead>
<tr>
<th>NRTI (Abbreviation)</th>
<th>lopinavir+ ritonavir (LPV/r)</th>
<th>3TC + d4T</th>
<th>3TC + d4T</th>
<th>ZDV + 3TC</th>
<th>ZDV + 3TC + NVP</th>
<th>ABC+3TC +ZDV</th>
<th>3TC+ d4T NVP</th>
<th>3TC+ d4T NVP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength (mg)</td>
<td>133.3 + 33.3</td>
<td>150 + 30</td>
<td>150 + 40</td>
<td>300 + 150</td>
<td>300 + 150 + 200</td>
<td>300 + 150 + 300</td>
<td>150 + 30 + 200</td>
<td>150 + 40 + 200</td>
</tr>
<tr>
<td>Therapeutic class</td>
<td>2 PIs</td>
<td>2 NRTIs</td>
<td>2 NRTIs</td>
<td>2 NRTIs</td>
<td>2 NRTIs + 1 NNRTI</td>
<td>3 NRTIs</td>
<td>2 NRTIs + 1 NNRTI</td>
<td>2 NRTIs + 1 NNRTI</td>
</tr>
<tr>
<td>Trade name in Europe/US</td>
<td>Kaletra® (Abbott)</td>
<td>Combivir® (GSK)</td>
<td></td>
<td></td>
<td>Trizivir® (GSK)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily dose</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Abbott (UK)</td>
<td>500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GSK (US)</td>
<td>730</td>
<td>2409</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aurobindo (India)</td>
<td>204</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cipla (India)</td>
<td>162</td>
<td>173</td>
<td>292</td>
<td>419</td>
<td>361</td>
<td>361</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPO (Thailand)</td>
<td>407</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>325</td>
<td>358</td>
</tr>
<tr>
<td>Hetero (India)</td>
<td>3833</td>
<td>135</td>
<td>141</td>
<td>276</td>
<td>1648</td>
<td>281</td>
<td>286</td>
<td></td>
</tr>
<tr>
<td>Ranbaxy (India)</td>
<td>128</td>
<td>139</td>
<td>265</td>
<td>287</td>
<td>287</td>
<td>295</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prices are shown in US$ per adult patient per year. For details on conditions please refer to Table 2. Unless otherwise noted prices are FOB for generic manufacturers, and at least CIF for originator companies. All prices in other currencies than dollars were converted at the rate in force when the offer was made. Prices are rounded up to whole numbers for easier comparison. Annual costs are calculated according to the daily doses given in the WHO document “Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach”, 22nd April 2002. Suppliers have not necessarily been assessed for quality standards; procurement agencies should follow their own procedures in this respect.
<table>
<thead>
<tr>
<th>Product</th>
<th>Company</th>
<th>Eligibility (countries)</th>
<th>Eligibility (body)</th>
<th>Price (US$ per year and per day)</th>
<th>Additional Comments</th>
<th>Delivery of goods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>abacavir</strong> (Ziagen®) NRTI</td>
<td>GlaxoSmithKline</td>
<td>Least Developed Countries (LDCs) plus sub-Saharan Africa</td>
<td>Governments, aid organisations, charities, international and UN agencies and international purchase funds. In sub-Saharan Africa offer only 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.</td>
<td>US$ 1387/year (US$ 3.80/day)</td>
<td>See Annexes 1 and 3 Supply Agreement required</td>
<td>CIF</td>
</tr>
<tr>
<td><strong>abacavir + 3TC + ZDV (Trizivir®) NRTI</strong></td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa</td>
<td>same as GSK above</td>
<td>US$ 2409/year (US$ 6.60/day)</td>
<td>See Annexes 1 and 3 Supply Agreement required</td>
<td>CIF</td>
</tr>
<tr>
<td><strong>amprenavir</strong> (Agenerase®) PI</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa</td>
<td>same as GSK above</td>
<td>US$ 3176/year (US$ 8.70/day)</td>
<td>See Annexes 1 and 3 Supply Agreement required</td>
<td>CIF</td>
</tr>
<tr>
<td><strong>didanosine</strong> (Videx®) NRTI</td>
<td>Bristol-Myers Squibb Co.</td>
<td>sub-Saharan Africa</td>
<td>Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible</td>
<td>US$ 310/year (US$ 0.85/day – average daily dose of 400mg) Lower tablet dosages prices in line with this offer As of May 15, 2002, the public sector in Senegal, Benin, Ivory Coast, Rwanda, Gabon, Chad, Republic of Congo, Mali, Cameroon, Togo, Burundi, Guinea and Burkina Faso have availed themselves of this offer. Numerous organisations in the private sector (including NGOs, private employers, retail pharmacies) or Uganda, Tanzania, Kenya, Zimbabwe, Namibia, South Africa, Botswana, Lesotho, Zambia, Swaziland, Malawi and Mozambique have also availed themselves to this offer. See Annex 3</td>
<td>DDU to government purchasing entities</td>
<td></td>
</tr>
</tbody>
</table>

See Annex 3
<table>
<thead>
<tr>
<th>Product</th>
<th>Company</th>
<th>Eligibility (countries)</th>
<th>Eligibility (body)</th>
<th>Price (US$ per year and per day)</th>
<th>Additional Comments</th>
<th>Delivery of goods</th>
</tr>
</thead>
<tbody>
<tr>
<td>didanosine (Videx®) NRTI</td>
<td>Bristol-Myers Squibb Co.</td>
<td>Developing countries outside of sub-Saharan Africa</td>
<td>same as BMS above</td>
<td>Price determined in consultation on a case by case basis</td>
<td>BMS advocates the reduction of distribution costs (import duties, taxes, wholesaler and retailer mark-ups, etc.) as much as possible.</td>
<td>DDU to government purchasing entities</td>
</tr>
<tr>
<td>efavirenz (Stocrin®) NNRTI</td>
<td>Merck &amp; Co., Inc.</td>
<td>Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater</td>
<td>Governments, international organisations, NGOs, private sector organisations (e.g. employers, hospitals and insurers). Merck &amp; Co., Inc. does not rule out supplying ARVs to patients through retail pharmacies</td>
<td>US$ 500/year (US$ 1.37/day)</td>
<td>Although Romania does not fall under these categories it also benefits from these prices. See Annex 2</td>
<td>CIF</td>
</tr>
<tr>
<td>efavirenz (Stocrin®) NNRTI</td>
<td>Merck &amp; Co., Inc.</td>
<td>Medium HDI countries with adult HIV prevalence less than 1%</td>
<td>same as Merck &amp; Co., Inc. above</td>
<td>US$ 920/year (US$ 2.52/day)</td>
<td>See Annex 2</td>
<td>CIF</td>
</tr>
<tr>
<td>indinavir (Crixivan®) PI</td>
<td>Merck &amp; Co., Inc.</td>
<td>Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater</td>
<td>same as Merck &amp; Co., Inc. above</td>
<td>US$ 600/year (US$ 1.64/day)</td>
<td>Although Romania does not fall under these categories it also benefits from these prices. See Annex 2</td>
<td>CIF</td>
</tr>
<tr>
<td>indinavir (Crixivan®) PI</td>
<td>Merck &amp; Co., Inc.</td>
<td>Medium HDI countries with adult HIV prevalence less than 1%</td>
<td>same as Merck &amp; Co., Inc. above</td>
<td>US$ 1029/year (US$ 2.82/day)</td>
<td>See Annex 2</td>
<td>CIF</td>
</tr>
<tr>
<td>lamivudine (Epivir®/3TC) NRTI</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa For middle income developing countries public sector prices negotiated on a case-by-case basis whether unilaterally or through the AAI</td>
<td>same as GSK above</td>
<td>US$ 234/year (US$ 0.64/day)</td>
<td>See Annexes 1 and 3 Supply Agreement required</td>
<td>CIF</td>
</tr>
</tbody>
</table>
### Table 2 a) Originator companies’ ARV offers and restrictions for developing countries

<table>
<thead>
<tr>
<th>Product</th>
<th>Company</th>
<th>Eligibility (countries)</th>
<th>Eligibility (body)</th>
<th>Price (US$ per year and per day)</th>
<th>Additional Comments</th>
<th>Delivery of goods</th>
</tr>
</thead>
<tbody>
<tr>
<td>nelfinavir (Viracept®) PI Tab 250mg</td>
<td>Roche</td>
<td>LDCs plus sub-Saharan Africa</td>
<td>Governments, NGOs, Private sector employers</td>
<td>Bottle of 270 tablets: US$ 200.00 (CHF 340.00) US$ 2704/year (US$ 7.41/day) for 1250mg twice daily regimen</td>
<td>See Annexes 1 and 3</td>
<td>CIF</td>
</tr>
<tr>
<td>nevirapine (Viramune®) NNRTI</td>
<td>Boehringer Ingelheim</td>
<td>sub-Saharan Africa plus other countries on a case-by-case basis</td>
<td>Governments, NGOs and other partners who can guarantee that the programme is run in a responsible manner</td>
<td>US$ 438/year (US$ 1.20/day)</td>
<td>See Annex 3</td>
<td>CIF Price may vary in view of possible import taxes</td>
</tr>
<tr>
<td>nevirapine (Viramune®) NNRTI</td>
<td>Boehringer Ingelheim</td>
<td>Developing countries as defined by the World Bank Classification of Economies (Low-income and Lower-middle-income economies) plus all other sub-Saharan countries</td>
<td>same as Boehringer Ingelheim above</td>
<td>For the duration of 5 years (2000-2005) a donation for use in preventing mother-to-child transmission only</td>
<td>See Annex 3</td>
<td>CIF</td>
</tr>
<tr>
<td>lopinavir/ritonavir (Kaletra®) PI</td>
<td>Abbott</td>
<td>Africa plus Afghanistan, Bangladesh, Bhutan, Cambodia, Cape Verde, Haiti, Kiribati, Lao People’s Dem. Rep., Maldives, Myanmar, Nepal, Samoa, Solomon Islands, Tuvalu, Vanuatu, Yemen</td>
<td>Governments, NGOs, UN system organisations, and other national and international health institutions</td>
<td>US$500/year</td>
<td>Prices do not include the cost of shipping, insurance, etc.</td>
<td></td>
</tr>
<tr>
<td>ritonavir (Norvir®) PI</td>
<td>Abbott</td>
<td>Africa plus Afghanistan, Bangladesh, Bhutan, Cambodia, Cape Verde, Haiti, Kiribati, Lao People’s Dem. Rep., Maldives, Myanmar, Nepal, Samoa, Solomon Islands, Tuvalu, Vanuatu, Yemen</td>
<td>same as Abbott above</td>
<td>“Booster dose”: US$ 83/year (US$ 0.23/day)</td>
<td>Prices do not include the cost of shipping, insurance, etc.</td>
<td></td>
</tr>
</tbody>
</table>
## Table 2 a) Originator companies’ ARV offers and restrictions for developing countries

<table>
<thead>
<tr>
<th>Product</th>
<th>Company</th>
<th>Eligibility (countries)</th>
<th>Eligibility (body)</th>
<th>Price (US$ per year and per day)</th>
<th>Additional Comments</th>
<th>Delivery of goods</th>
</tr>
</thead>
<tbody>
<tr>
<td>saquinavir (Fortovase®) PI Caps 200 mg</td>
<td>Roche</td>
<td>LDCs plus sub-Saharan Africa</td>
<td>Governments, NGOs, private sector employers</td>
<td>Bottle of 180 capsules: US$ 66.18 (CHF 112.50)</td>
<td>As of May 15, 2002, the public sector in Senegal, Benin, Ivory Coast, Rwanda, Gabon, Chad, Republic of Congo, Mali, Cameroon, Togo, Burundi, Guinea and Burkina Faso have availed themselves of this offer. Numerous organisations in the private sector (including NGOs, communities of faith, private employers, retail pharmacies) or Uganda, Tanzania, Kenya, Zimbabwe, Namibia, South Africa, Botswana, Lesotho, Zambia, Swaziland, Malawi and Mozambique have also availed themselves to this offer.</td>
<td>CIF</td>
</tr>
<tr>
<td>stavudine (Zerit®) NRTI</td>
<td>Bristol-Myers Squibb Co.</td>
<td>sub-Saharan Africa</td>
<td>Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible</td>
<td>US$ 55/year (US$ 0.15/day) based on an average daily dose of 80mg</td>
<td></td>
<td>DDU to government purchasing entities</td>
</tr>
<tr>
<td>stavudine (Zerit®) NRTI</td>
<td>Bristol-Myers Squibb Co.</td>
<td>Developing countries outside of sub-Saharan Africa</td>
<td>same as BMS above</td>
<td>Price determined in consultation with on a case by case basis</td>
<td></td>
<td>DDU to government purchasing entities</td>
</tr>
</tbody>
</table>
### Table 2 a) Originator companies’ ARV offers and restrictions for developing countries

<table>
<thead>
<tr>
<th>Product</th>
<th>Company</th>
<th>Eligibility (countries)</th>
<th>Eligibility (body)</th>
<th>Price (US$ per year and per day)</th>
<th>Additional Comments</th>
<th>Delivery of goods</th>
</tr>
</thead>
<tbody>
<tr>
<td>zalcitabine (Hivid®) NRTI</td>
<td>Roche</td>
<td>LDCs plus sub-Saharan Africa</td>
<td>same as Roche above</td>
<td>Cost per pack of 100 tablets is US$ 14.70 (CHF 25.00) US$ 161/year (daily treatment cost of US$ 0.44/day)</td>
<td>See Annexes 1</td>
<td>CIP</td>
</tr>
<tr>
<td>zidovudine (Retrovir®) NRTI</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa</td>
<td>same as GSK above</td>
<td>US$ 584/year (US$ 1.60/day)</td>
<td>See Annexes 1 and 3</td>
<td>CIF</td>
</tr>
<tr>
<td>zidovudine + lamivudine (Combivir®) NRTI</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa</td>
<td>same as GSK above</td>
<td>US$ 730/year (US$ 2.00/day)</td>
<td>See Annexes 1 and 3</td>
<td>CIF</td>
</tr>
</tbody>
</table>
### Table 2b) Generic companies’ ARV offers and restrictions for developing countries

<table>
<thead>
<tr>
<th>Company</th>
<th>Eligibility (countries)</th>
<th>Eligibility (body)</th>
<th>Price (US$ per year and per day)</th>
<th>Additional Comments</th>
<th>Delivery of goods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aurobindo</td>
<td>No restriction</td>
<td>NGOs and Governmental Organizations</td>
<td>See Table 1</td>
<td>Prices available for at least 1,000,000 units for each product per single shipment</td>
<td>FOB Hyderabad (India)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Payment by letter of credit</td>
<td></td>
</tr>
<tr>
<td>Cipla</td>
<td>No restriction</td>
<td>NGOs and Governmental Organizations</td>
<td>See Table 1</td>
<td>Payment at the confirmation of the order</td>
<td>FOB</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Only available directly through Cipla</td>
<td></td>
</tr>
<tr>
<td>GPO</td>
<td>No restriction</td>
<td>NGOs and Governmental Organizations</td>
<td>See Table 1</td>
<td>Prices could be negotiated on individual basis according commercial terms</td>
<td>FOB Bangkok (Thailand)</td>
</tr>
<tr>
<td>Hetero</td>
<td>No restriction</td>
<td>NGOs and Governmental Organizations</td>
<td>See Table 1</td>
<td></td>
<td>FOB Mumbai (India)</td>
</tr>
<tr>
<td>Ranbaxy</td>
<td>No restriction</td>
<td>NGOs and Governmental Organizations</td>
<td>Prices given in table 1 apply to orders for a minimum of 5000 patients. Different prices are offered for smaller quantities (1000, 1000-5000, patients)</td>
<td>Sign Letter of Credit</td>
<td>FOB Delhi/ Mumbai (India)</td>
</tr>
</tbody>
</table>
6. Annexes

Annex 1
Least Developed Countries (LDCs)

Afghanistan
Angola
Bangladesh
Benin
Bhutan
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
For full list of Human Development Index ranking see http://www.undp.org/hdr2001/back.pdf

Medium human development
Albania
Algeria
Armenia
Azerbaijan
Belarus
Belize
Bolivia
Botswana
Brazil
Bulgaria
Cambodia
Cameroon
Cape Verde
China
Colombia
Comoros
Congo
Dominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Fiji
Gabon
Georgia
Ghana
Guatemala
Guyana
Honduras
India
Indonesia
Iran, Islamic Rep. of
Jamaica
Jordan
Kazakhstan
Kenya
Kyrgyzstan
Latvia
Lebanon
Lesotho
Libyan Arab Jamahiriya
Macedonia, TFYR
Malaysia
Maldive Islands
Mauritius
Mexico
Moldova, Rep. of
Mongolia
Morocco
Myanmar
Namibia
Nicaragua
Oman
Panama
Paraguay
Peru
Philippines
Romania
Russian Federation
Samoa (Western)
Saudi Arabia
South Africa
Mali
Mauritania
Mozambique
Nepal
Niger
Nigeria
Pakistan
Rwanda
Senegal
Sierra Leone
Sudan
Tanzania, U. Rep. of
Togo
Uganda
Yemen
Zambia

Annex 3
Sub-Saharan countries
Source: http://www.worldbank.org/data/databytopic/CLASS.XLS

Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Comoros
Congo, Rep.
Côte d’Ivoire
Equatorial Guinea
Eritrea
Ethiopia
Ethiopia
Gabon
Gambia, The
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar

Malawi
Mali
Mauritania
Mauritius
Mayotte
Mozambique
Namibia
Niger
Nigeria
Rwanda
São Tomé and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
Sudan
Swaziland
Tanzania
Togo
Uganda
Zambia
Zimbabwe

Low human development
Angola
Bangladesh
Benin
Bhutan
Burkina Faso
Burundi
Central African Republic
Chad
Congo, Dem. Rep. of the
Côte d’Ivoire
Djibouti
Eritrea
Ethiopia
Gambia
Guinea
Guinea-Bissau
Haiti
Madagascar
Malawi
Annex 4
Company contacts

**Abbott:**
Rob Dintruff
Email: rob.dintruff@abbott.com
AXIOS International manages the application process and serves as the central contact:
The Programme Manager
Access to HIV Care Programme
AXIOS International
P.O. Box 6924
Kampala Uganda.
Tel: +256 75 693 756
Fax:+256 41 543 021
Email: AccesstoHIVCare@axiosint.com
Website: www.accesstohivcare.org

**Aurobindo Pharma Ltd.:**
Venkat Kamalakar
Tel: +91 40 662 78 37
Fax: +91 40 374 68 33 / 374 10 80 / 374 05 91
Email: venkatk@aurobindo.com

**Bristol-Myers Squibb Co.:**
Robert D. Lefebvre
Senior Director, Project Access
Bristol-Myers Squibb
P.O. Box 4000
Princeton, NJ  08543-4000 USA
Tel: +1.609.252.4592
Fax: +1.609.252.4819
E-mail: robert.lefebvre@bms.com

**Boehringer Ingelheim:**
John Wecker
Tel: +49 61 32 277 0
Fax: +49 61 32 272 3000
Email: webmaster@boehringer-INGLEHEIM.com
OR
AXIOS International
Email: axios@axiosint.com
Fax: +353 1 820 84 04

**Cipla Ltd. :**
Sanjeev Gupte
General Manager-Exports
Cipla Limited
AND
Shailesh Pednekar
Executive-Exports
Cipla Limited
Tel: +91 22 3095521 3092891
Fax: +91 22 3070013 3070393
Email: exports@cipla.com and ciplaexp@bom8.vsnl.net.in

**GlaxoSmithKline:**
Kathleen Laya
Director External Relations
Tel: +44 (0) 208 047 5488
Fax: +44 (0) 208 047 6957
Email: Kathleen.m.laya@gsk.com

**Hetero:**
Dharmesh Shah
Director International Business Development
Hetero International
408 Sharda Chambers
15 New Marine Lines
Mumbai 400 020 India
Tel: +91 22 233 18 68/72
Tel (direct): +91 22 233 18 61
Fax: +91 22 206 60 99
Email: hint@bom5.vsnl.net.in

**Merck & Co., Inc:**
Dr Jeffrey L. Sturchio
Vice President, External Affairs
Human Health Europe, Middle East & Africa.
Merck & Co., Inc/WS2A-55
One Merck Drive
Whitehouse Station NJ 08889-0100 USA
Tel: +1 908 423 39 81
Fax: +1 908 735 1704
Email: jeffrey_sturchio@merck.com

**Roche:**
For sub-Saharan African countries contact
Maturin Tchouni
Tel: +27 11 928 88 73
Fax: +27 11 94 63 54
Email: maturin.tchouni@roche.com
For Least Developed Countries outside sub-Saharan Africa contact:
Hans-Ruedi Wiedmer
Tel: +41 61 688 83 29
Fax: +41 61 688 15 25
Email: hans-ruedi.wiedmer@roche.com

**Ranbaxy:**
Diana Davies
Ranbaxy Europe Limited
Tel: +44 207 4090075
Fax: +44 207 4091469
Mobile: +44 7711 507760
Email: ddavies@ranbaxy.co.uk

**GPO:**
Sukhum Virattipong
Export Manager
Email: sukhum@health.moph.go.th
Glossary and abbreviations

3TC lamivudine (Epivir®); nucleoside analogue reverse transcriptase inhibitor

AAL United Nations Accelerating Access Initiative; Accelerated Access emerged out of the partnership initiated in May 2000 between the UN (UNFPA, UNICEF, WHO, the World Bank and UNAIDS Secretariat) and five pharmaceutical companies (Boehringer-Ingelheim GmbH, Bristol-Myers Squibb, GlaxoSmithKline, Merck & Co., Inc., and F. Hoffmann-La Roche Ltd (Roche); Abbott Laboratories Ltd. joined the initiative later) to increase access to HIV/AIDS care, treatment and support. AAL plays a role in facilitating price negotiations between developing country governments and “originator” drug companies that are participating in the AAL.

ABC abacavir (Ziagen®); nucleoside analogue reverse transcriptase inhibitor

AIDS Acquired Immune Deficiency Syndrome

APV amprenavir (Agenerase®); protease inhibitor

ARVs Antiretroviral drugs

BMS Bristol-Myers Squibb

CIF “Cost Insurance and Freight” means that the seller delivers when the goods pass the ship’s rail in the port of shipment. The seller has to bear the costs and freight necessary to bring the goods to the named port of destination but the risk of loss or damage to the goods, as well as any additional costs due to events occurring after the time of delivery, are transferred from the seller to the buyer.

CIP “Carriage and Insurance paid to...” means that the seller delivers the goods to the carrier nominated by him but the seller must in addition pay the cost of carriage necessary to bring the goods to the named destination. This means that the buyer bears all the risks and any additional costs occurring after the goods have been so delivered. However, in CIP the seller also has to procure insurance against the buyer’s risk of loss of or damage to the goods during the carriage. Consequently, the seller contracts for insurance and pays the insurance premium.

d4T stavudine (Zerit®); nucleoside analogue reverse transcriptase inhibitor

ddc zalcitabine (Hivid®); nucleoside analogue reverse transcriptase inhibitor

ddi didanosine (Videx®); nucleoside analogue reverse transcriptase inhibitor

DDU “Delivered duty unpaid” means that the seller delivers the goods to the buyer, not cleared for import, and not unloaded from any arriving means of transport at the named place of destination. The seller has to bear the costs and risks involved in bringing the goods thereto, other than, where applicable, any “duty” (which term includes the responsibility for the risks of the carrying out of the customs formalities, and the payment of formalities, customs duties, taxes and other charges) for import in the country of destination. Such “duty” has to be borne by the buyer as well as any costs and risks caused by his failure to clear the goods for the import time.

EML Essential Medicines List. First published by WHO in 1977, it is meant to identify a list of medicines which provide safe and effective treatment for the infectious and chronic diseases which affect the vast majority of the world’s population. The 12th Updated List was published in April 2002 and includes 12 antiretrovirals.

EFV efavirenz (Stocrin®); non-nucleoside analogue reverse transcriptase inhibitor

EXW “Ex-works” means that the seller delivers when he places the goods at the disposal of the buyer at the seller’s premises or another named place (i.e. works, factory, warehouse etc.) not cleared for export and not loaded on any collecting vehicle.

FOB “Free on board” means that the seller delivers when the goods pass the ship’s rail at the named port of shipment. This means that the buyer has to bear all costs and risks of loss or damage to the goods from that point. The FOB term requires the seller to clear the goods for export.

Generic drug According to WHO, a pharmaceutical product usually intended to be interchangeable with the innovator product, which is usually manufactured without a license from the innovator company. Generic products may be marketed either under a non-proprietary or approved name rather than a proprietary name.

GPO Governmental Pharmaceutical Organization (Thailand)

GSK GlaxoSmithKline

HIV Human Immunodeficiency Virus

IDV indinavir (Crixivan®); protease inhibitor

LDCs Least Developed Countries, according to United Nations classification

MDR Merck Sharp & Dohme (Merck & Co., Inc.)

MSF Médecins Sans Frontières

NGO Non Governmental Organization

NNRTI Non-Nucleoside Reverse Transcriptase Inhibitor

NRTI Nucleoside Analogue Reverse Transcriptase Inhibitor

NVP nevirapine (Viramune®); non-nucleoside analogue reverse transcriptase inhibitor

r ritonavir (Norvir®), low dose ritonavir used as a booster; protease inhibitor

SQV hge saquinavir hard gel capsules (Invirase®); protease inhibitor

SQV sge saquinavir soft gel capsules (Fortovase®); protease inhibitor


UNDP United Nations Development Programme

UNFPA United Nations Population Fund

UNICEF United Nations Children’s Fund

WHO World Health Organization

ZDV zidovudine (Retrovir®); nucleoside analogue reverse transcriptase inhibitor

UNCTAD United Nations Conference on Trade and Development

UNESCO United Nations Educational, Scientific and Cultural Organisation

UNDCP United Nations International Drug Control Programme
Endnotes


4 Other generic manufacturers producing ARVs exist but are not included in this summary of offers. Generic manufacturers known to be producing one or more ARVs are: Richmond Laboratorios, Panalab (Argentina); Pharmaquick (Benin); Far Manguinhos, FURP, Laoped, Laob, Iquego, IVB (Brazil); Apotex, Novopharm (Canada); Biogen (Colombia); Stein (Costa Rica); Zydus Cadila Healthcare, SunPharma, (India); LG Chemicals, Samchully (Korea); Protein, Pisa (Mexico); Combinopharm, Andromaco (Spain); T.O. Chemecal (Thailand); Filaxis (Uruguay).


10 To find the HIV prevalence status of countries see http://www.unaids.org/epidemic_update/

11 Abbreviations for the ARVs are taken from the WHO draft guidelines “Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health approach” http://www.who.int/HIV_AIDS/HIV_AIDS_Care/ARV_Draft_April_2002.pdf

12 Accelerating Access Initiative, information on participating countries and updates. http://www.unaids.org/acc_access/