Untangling the web of price reductions:

a pricing guide for the purchase of ARVs for developing countries
Table of contents

3 Table of contents
4 General background and objectives
4 Methodology
5 Limitations of the current system
5 The challenge of paediatric formulations
6 Research and development for HIV/AIDS
7 The effects of generic competition
8 Guide to reading and using tables
9 Tables
9 Table 1: Summary of selected pharmaceutical companies’ best ARV price offers for eligible developing countries
9 Table 1a – Nucleoside Reverse Transcriptase Inhibitors (NRTIs)
10 Table 1b – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
11 Table 1c – Nucleotide Reverse Transcriptase Inhibitors (NtRTIs)
12 Table 1d – Protease Inhibitors (PIs)
13 Table 1e – Fixed Dose Combinations (FDCs)
14 Table 1f – Paediatric Formulations
15 Table 2: Companies’ ARV offers and restrictions for developing countries, adult and paediatric formulations
15 Table 2a – Nucleoside Reverse Transcriptase Inhibitors (NRTIs)
18 Table 2b – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
19 Table 2c – Nucleotide Reverse Transcriptase Inhibitors (NtRTIs)
20 Table 2d – Protease Inhibitors (PIs)
23 Table 2e – Fixed Dose Combinations (FDCs)
25 Table 2f – Selected Generic companies’ ARV offers and restrictions for developing countries
26 Annexes
26 Annex 1: Least Developed Countries (LDCs)
26 Annex 2: Human Development Index (HDI)
27 Annex 3: Sub-Saharan countries
27 Annex 4: World Bank low-income countries
27 Annex 5: Company contacts
29 Glossary
31 References
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 antiretrovirals (ARVs).

The data in this guide on ARV prices offered by originator companies and some generic companies in low- and middle-income countries are meant to provide potential buyers with clear verified data. This information is intended for use by government and non-profit procurement agencies, as well as other bulk purchasers of ARVs, including health facilities and non governmental organisations (NGOs).

This document includes both adult and paediatric formulations, and 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”, a project initiated by WHO and developed in collaboration with other United Nations Organisations (UNAIDS, UNICEF, UNFPA). This project evaluates pharmaceutical manufacturers and products according to WHO recommended standards of quality and compliance with Good Manufacturing Practices. It is part of an ongoing process that will expand as the participation of suppliers increases. An updated list of products is regularly posted on the websites of WHO and other UN-collaborating agencies; products on this list are commonly referred to as “WHO pre-qualified.” This list of “pre-qualified” drugs is not exhaustive.

Pricing information on other essential drugs and diagnostics used for HIV/AIDS can be found in the 4th edition of the report “Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS” May 2003.

This is the fourth edition of “Accessing Antiretrovirals: Untangling the Web of Price Reductions for Developing Countries”, the first edition was published in October 2001.

Methodology

In order to obtain accurate information on discounted price offers by both originator and generic companies, companies were contacted and asked to verify their offers. The list of generic producers included in this report is by no means exhaustive. All generic drugs included in this pricing guide have made price offers for developing countries and have at least been cleared for marketing in their countries of origin.

Manufacturers were asked to provide the following information:

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

Information is presented in a table format to facilitate comparison. However, comparison is difficult because of the lack of standardisation among different companies on eligibility, terms and conditions, and pricing. For products for which complete information was available, the annual cost of therapy was calculated according to the dosing schedules reported in WHO “Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach”, 2002, or the Centres for Disease Control and Prevention (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, 2002.

This fourth edition provides:

- updated information on prices for eligible countries, including both price per unit and price per patient per year for adult and paediatric formulations
- updated information and clarifications on the conditions and restrictions applying to these offers
All prices are quoted in US dollars and conversions were made on the day the price was received.

All prices were checked and verified by companies.

It is important to note that these prices may not correspond to end-user prices (prices to patients), which may be further influenced by other factors such as national distribution and handling charges, mark-up rates, and national and/or import and sales taxes. 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, 2000.

Practical information on patents can also be found in the new MSF report “Drug patents under the spotlight: sharing practical knowledge about pharmaceutical patents”, May 2003.

Inclusion in the report does not constitute pre-qualification or approval by MSF. National regulatory authorities are ultimately responsible for approving use of a given drug from a given manufacturer. Products that were “WHO pre-qualified” at the time of writing are indicated with an asterisk (*).

Limitations of the current system

The lack of a uniform preferential pricing system has resulted in each company defining a unique series of terms and criteria. For instance, whereas Merck & Co., Inc. takes into account criteria related to resources (Human Development Index) and epidemiology (HIV/AIDS prevalence) to determine national eligibility (theoretically, nearly 120 countries benefit from these offers), GlaxoSmithKline (GSK) uses the classification of Least Developed Countries and the geographical classification of sub-Saharan countries (a total of 63 countries).

Most of the originator companies, apart from Merck & Co., Inc. and Roche, do not have a policy for countries outside sub-Saharan Africa, or are 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 (theoretically, 48 countries benefit from this offer) but not in Central America where prices are negotiated on a case-by-case basis through the Accelerated Access Initiative.

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. It does not mean that the drugs are registered and a distribution system exists in these countries.

In actual practice, MSF has observed that the most powerful downward pressure on prices has been a system of equity pricing. Equity pricing is composed of a series of simultaneous strategies: a) stimulating generic competition; b) differential pricing which addresses all developing countries, according to clearly defined policies, or voluntary licensing of proprietary products; and c) readiness on the part of national governments to override patents by issuing compulsory licenses or making government use of a patent when affordable prices are not offered for patented products. Since the adoption of the Doha declaration on TRIPS and Public Health least developed countries (LDC’s) are not obligated to patent drugs until 2016”.

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 2003), it cannot be a stand-alone strategy as newer drugs may not be available in generic form immediately. There is an urgent need to develop a more systematic, transparent approach to differential pricing of originator products in addition to stimulating generic competition.

The challenge of paediatric formulations

Children living with HIV/AIDS are one of the most neglected populations: paediatric formulations are lacking and/or formulations do not meet children's and caregivers' needs (unpleasant tasting syrup, tablets too big to swallow, need to refrigerate some products, unbreakable tablets, lack of fixed dose combinations (FDCs), and non-adapted dosages. For example there are currently no fixed dose combinations for paediatric use.
Research and development for HIV/AIDS

Paediatric formulations is not the only area where there is a need for R&D. For both adults and children, new drugs and diagnostic tools, as well as vaccines are needed for HIV/AIDS. Pharmaceutical investment in research and development largely corresponds to developed country patient needs, where the epidemic has more or less stabilized. We need to ensure that there is a strong focus on the needs of patients in developing and least developed countries and that the R&D momentum is not lost.
The Effects of Generic Competition
Sample of ARV triple-combination: stavudine (d4T) + lamivudine (3TC) + nevirapine (NVP). Lowest world prices per patient per year.

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

May 2000-April 2003

January 2001-April 2003

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**Quality:** This document strictly relates to prices: products from specific manufacturers have not necessarily been assessed for quality standards. Therefore, procurement agencies should follow their own procedure in this respect.

**Prices:** table 1 shows the best price offers of some generic manufacturers and originator producers for each antiretroviral drug, including fixed-dose combinations. Figures within brackets indicate price in US$ per unit (capsules, tablets etc.). Prices par patient per year have been calculated according to daily doses given either in WHO guidelines or in CDC guidelines (for those products not recommended in WHO guidelines). Prices can be used as a reference with suppliers.

**Restrictions:** tables 2a) and 2b) show restrictions imposed by generic and originator companies and provide indications about the availability of offers in individual countries. There is no uniform differential pricing system and each company sets geographical limits to their programmes.

**Access:** since ARVs are not always registered and/or available in ‘selected countries’, many offers from pharmaceutical companies may remain ‘theoretical’ until the companies are challenged to follow through on their offers, by registering the products and creating proper distribution channels at national or regional level.

Please refer to Annexes 1, 2 and 4 for updated country classification by UNCTAD (Least Developed Countries), UNDP (Human Development Index) and World Bank (Low income Countries). Annex 3 lists sub-Saharan countries.

This document is also available in French and Spanish on www.accessmed-msf.org
Table 1a – Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

All prices are in US$. Prices are given both for a yearly adult dose and by unit.

For details on eligibility and offer restrictions for countries and institutions, please refer to tables 2a and 2b.

<table>
<thead>
<tr>
<th>NRTI (Abbreviation)</th>
<th>abacavir (ABC)</th>
<th>didanosine (ddI)</th>
<th>didanosine (ddI)</th>
<th>lamivudine (3TC)</th>
<th>lamivudine (3TC)</th>
<th>stavudine (d4T)</th>
<th>stavudine (d4T)</th>
<th>zidovudine (ZDV or AZT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength (mg)</td>
<td>300</td>
<td>100 ($)</td>
<td>EC 400</td>
<td>150</td>
<td>300</td>
<td>30</td>
<td>40</td>
<td>300</td>
</tr>
<tr>
<td>Trade name Europe/US</td>
<td>Ziazen® (GSK)</td>
<td>Videx® (BMS)</td>
<td>Videx® (BMS)</td>
<td>Epivir® (GSK)</td>
<td>Epivir® (GSK)</td>
<td>Zerit® (BMS)</td>
<td>Zerit® (BMS)</td>
<td>Retrovir® (GSK)</td>
</tr>
<tr>
<td>Daily dose</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>BMS (US)</td>
<td></td>
<td>310* (0.212/unit)</td>
<td>Not applicable</td>
<td>49* (0.066/unit)</td>
<td>55* (0.075/unit)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GSK (UK)</td>
<td>986* (1.350/unit)</td>
<td>128* (0.175/unit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>274* (0.375/unit)</td>
</tr>
<tr>
<td>Aurobindo (India)</td>
<td>197 (0.135/unit)</td>
<td>66 (0.090/unit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31 (0.043/unit)</td>
</tr>
<tr>
<td>Cipla (India)</td>
<td>821 (1.125/unit)</td>
<td>426 (0.292/unit)</td>
<td>271 (0.741/unit)</td>
<td>126* (0.172/unit)</td>
<td>124 (0.340/unit)</td>
<td>48 (0.065/unit)</td>
<td>53 (0.072/unit)</td>
<td>198* (0.271/unit)</td>
</tr>
<tr>
<td>GPO (Thailand)</td>
<td>650 (0.445/unit)</td>
<td>163 (0.223/unit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>73 (0.100/unit)</td>
</tr>
<tr>
<td>Hetero (India)</td>
<td>1325 (1.815/unit)</td>
<td>185 (0.127/unit)</td>
<td>65 (0.089/unit)</td>
<td></td>
<td>31 (0.042/unit)</td>
<td></td>
<td></td>
<td>175 (0.240/unit)</td>
</tr>
<tr>
<td>Ranbaxy (India)</td>
<td>335 (0.917/unit)</td>
<td></td>
<td></td>
<td>100* (0.137/unit)</td>
<td>36 (0.049/unit)</td>
<td>47 (0.064/unit)</td>
<td></td>
<td>180* (0.246/unit)</td>
</tr>
<tr>
<td>Combinopharm (Spain)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>292* (0.400/unit)</td>
</tr>
</tbody>
</table>

(§) BMS sells ddI (Videx®) in other doses (per mg price remains the same)

Products on the WHO list of Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality (Sixth edition, 5th May 2003) are in **bold** and have an asterisk * next to the price. Always check website for most recently updated list. Best prices are in **bold** & underlined. Incoterms vary according to manufacturers.

Annual cost is calculated according to the daily doses given in the WHO “Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach” (June 2002) and/or the ‘Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents’ from the Panel on Clinical Practices for the Treatment of HIV (2002).
### Table 1b – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

All prices are in US$. Prices are given both for a yearly adult dose and by unit.

For details on eligibility and offer restrictions for countries and institutions, please refer to tables 2a and 2b.

Products on the WHO list of Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality (Sixth edition, 5th May 2003) are in **bold** and have an asterisk * next to the price. Always check website for most recently updated list. Best prices are in **bold** & underlined. Incoterms vary according to manufacturers.

Annual cost is calculated according to the daily doses given in the WHO ‘Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach’ (June 2002) and/or the ‘Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents’ from the Panel on Clinical Practices for the Treatment of HIV (2002).

<table>
<thead>
<tr>
<th>NNRTI (Abbreviation)</th>
<th>efavirenz (EFV)</th>
<th>efavirenz (EFV)</th>
<th>nevirapine (NVP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength (mg)</td>
<td>200</td>
<td>600</td>
<td>200</td>
</tr>
<tr>
<td>Trade name in Europe/US</td>
<td>Stocrin® or Sustiva® (Merck &amp; Co., Inc.)<strong>(a)</strong></td>
<td>Stocrin® or Sustiva® (Merck &amp; Co., Inc.)<strong>(a)</strong></td>
<td>Viramune® (Boehringer-Ingelheim)</td>
</tr>
<tr>
<td>Daily dose</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Boehringer-Ingelheim (Germany)</td>
<td></td>
<td>438*(a)</td>
<td>(0.600/unit)</td>
</tr>
<tr>
<td>Merck &amp; Co., Inc. (US)</td>
<td>500 (0.457/unit)(t)</td>
<td>346.75 (0.950/unit)(t)</td>
<td></td>
</tr>
<tr>
<td>Aurobindo (India)</td>
<td>438 (0.400/unit)</td>
<td></td>
<td>112 (0.153/unit)</td>
</tr>
<tr>
<td>Cipla (India)</td>
<td>462 (0.422/unit)</td>
<td>462 (1.267/unit)</td>
<td>208* (0.285/unit)</td>
</tr>
<tr>
<td>GPO (Thailand)</td>
<td></td>
<td></td>
<td>244 (0.334/unit)</td>
</tr>
<tr>
<td>Hetero (India)</td>
<td>548 (0.500/unit)</td>
<td></td>
<td>105 (0.144/unit)</td>
</tr>
<tr>
<td>Ranbaxy (India)</td>
<td></td>
<td>578 (1.583/unit)</td>
<td>166* (0.228/unit)</td>
</tr>
</tbody>
</table>

**(a) Known as Sustiva® (BMS) in US, Canada, UK, Republic of Ireland, France, Spain, Italy and Germany.

(t) Prices given in this table are for Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater.

In table 2c, prices for medium HDI countries with adult HIV prevalence less than 1%, are given.
Table 1c - Nucleotide Reverse Transcriptase Inhibitors (NtRTIs)

Price is in US$. Price is given both for a yearly adult dose and by unit.

For details on eligibility, offer restrictions for countries and institutions, Incoterm and ways to apply, please refer to table 2c.

Products on the WHO list of Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality (Sixth edition, 5th May 2003) are in **bold** and have an [asterisk](#) next to the price. Always check website for most recently updated list. Best prices are in **bold & underlined**. Incoterms vary according to manufacturers.

Annual costs are calculated according to the daily doses given in the WHO “Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach” (June 2002) and/or the ‘Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents’ from the Panel on Clinical Practices for the Treatment of HIV (2002).

<table>
<thead>
<tr>
<th>NtRTI</th>
<th>tenofovir (TDF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength (mg)</td>
<td>300 mg</td>
</tr>
<tr>
<td>Trade name inEurope/US</td>
<td>Viread® (Gilead)</td>
</tr>
<tr>
<td>Daily dose</td>
<td>1</td>
</tr>
<tr>
<td>Gilead (US)</td>
<td><strong>475</strong>&lt;br&gt;(1.30/unit)</td>
</tr>
</tbody>
</table>
Table 1d - Protease Inhibitors (PIs)

All prices are in US$. Prices are given both for a yearly adult dose and by unit.

For details on eligibility and offer restrictions for countries and institutions, please refer to tables 2a and 2b.

<table>
<thead>
<tr>
<th>PI (Abbreviation)</th>
<th>indinavir (IDV)</th>
<th>nelfinavir (NFV)</th>
<th>ritonavir (r)</th>
<th>saquinavir hard gel capsules (SQV hgc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength (mg)</td>
<td>400</td>
<td>250</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>Trade name in Europe/US</td>
<td>Crixivan® (Merck &amp; Co. Inc.)</td>
<td>Viracept® (Roche)</td>
<td>Norvir® (Abbott)</td>
<td>Invirase® (Roche)</td>
</tr>
<tr>
<td>Daily dose</td>
<td>4 (***)</td>
<td>10 (***)</td>
<td>2 ($)</td>
<td>10 (#)</td>
</tr>
<tr>
<td>Abbott (US)</td>
<td></td>
<td></td>
<td>83* (0.274/unit)</td>
<td></td>
</tr>
<tr>
<td>Merck &amp; Co., Inc. (US)</td>
<td>400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roche (Switzerland)</td>
<td></td>
<td>880* (0.241/unit)</td>
<td>920* (0.252/unit)</td>
<td></td>
</tr>
<tr>
<td>Aurobindo (India)</td>
<td>393 (0.269/unit)</td>
<td>1533 (0.420/unit)</td>
<td>336 (0.460/unit)</td>
<td></td>
</tr>
<tr>
<td>Cipla (India)</td>
<td>406 (0.278/unit)</td>
<td>2026 (0.555/unit)</td>
<td>1084 (1.485/unit)</td>
<td></td>
</tr>
<tr>
<td>Hetero (India)</td>
<td>387 (0.265/unit)</td>
<td>1500 (0.411/unit)</td>
<td>219 (0.300/unit)</td>
<td></td>
</tr>
<tr>
<td>Ranbaxy (India)</td>
<td>467 (0.320/unit)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(**) The daily dose referred to is 800mg IDV twice daily with ritonavir 100mg twice daily as booster. The prescribing information given by the manufacturer is 800mg three times daily

(*** The daily dose referred to is 1250 mg twice daily although the dosage of 9 tablets (3 tablets three times a day) can also be used.

($) The daily dose referred to is 100mg twice daily, for use as booster medication. This dose is not indicated in the manufacturer's label.

(#) Invirase should be used in combination with low-dose ritonavir as Saquinavir/Ritonavir 1000mg/100mg twice daily

(1) Prices given in this table are for sub-Saharan Africa and Least Developed Countries as UN defined. In table 2c, also prices for Low Income and Lower Middle Income Countries, as classified by the World Bank, are given.
Table 1e – Fixed Dose Combinations (FDCs)

All prices are in US$. Prices are given both for a yearly adult dose and by unit. For details on eligibility and offer restrictions for countries and institutions, please refer to tables 2a and 2b.

<table>
<thead>
<tr>
<th>Combination</th>
<th>lopinavir + ritonavir (LPV/r)</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>150 +30+200</td>
<td>150 +40+200</td>
</tr>
<tr>
<td>Therapeutic class(es)</td>
<td>PI</td>
<td>NRTI</td>
<td>NRTI</td>
<td>NRTI</td>
<td>NRTI+NNRTI</td>
<td>NRTI</td>
<td>NRTI+NNRTI</td>
</tr>
<tr>
<td>Trade name in Europe/US</td>
<td>Kaletra® (Abbott)</td>
<td>Combivir® (GSK)</td>
<td>Trizivir® (GSK)</td>
<td></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>
</tr>
<tr>
<td>Abbott (US)</td>
<td>500* (0.228/unit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GSK (UK)</td>
<td></td>
<td>329* (0.450/unit)</td>
<td>1241* (1.700/unit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aurobindo (India)</td>
<td></td>
<td>204 (0.280/unit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cipla (India)</td>
<td>162 (0.222/unit)</td>
<td>172 (0.236/unit)</td>
<td>292* (0.400/unit)</td>
<td>418 (0.573/unit)</td>
<td>304 (0.417/unit)</td>
<td>304 (0.417/unit)</td>
<td></td>
</tr>
<tr>
<td>GPO (Thailand)</td>
<td></td>
<td>407 (0.558/unit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hetero (India)</td>
<td>3833 (1.750/unit)</td>
<td>135 (0.185/unit)</td>
<td>141 (0.193/unit)</td>
<td>276 (0.378/unit)</td>
<td>383 (0.525/unit)</td>
<td>1648 (2.258/unit)</td>
<td>281 (0.385/unit)</td>
</tr>
<tr>
<td>Ranbaxy (India)</td>
<td></td>
<td>125* (0.171/unit)</td>
<td>135 (0.185/unit)</td>
<td>265* (0.363/unit)</td>
<td></td>
<td>285 (0.390/unit)</td>
<td>292 (0.400/unit)</td>
</tr>
</tbody>
</table>

Products on the WHO list of Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality (Sixth edition, 5th May 2003) are in **bold** and have an asterisk (*) next to the price. Always check website for most recently updated list. Best prices are in **bold & underlined**. Incoterms vary according to manufacturers.

Annual cost is calculated according to the daily doses given in the WHO ‘Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach’ (June 2002) and/or the ‘Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents’ from the Panel on Clinical Practices for the Treatment of HIV (2002).
<table>
<thead>
<tr>
<th>ARV (Abbreviation)</th>
<th>Company (trade name)</th>
<th>Strength/Dosage form</th>
<th>Presentation</th>
<th>Price per pack</th>
<th>Additional information</th>
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<tbody>
<tr>
<td>zidovudine</td>
<td>GSK (Retrovir®)</td>
<td>10mg/ml oral solution</td>
<td>200ml</td>
<td>US$ 7.90**</td>
<td>Cost per day as indicated by the manufacturer (average paediatric dosage based on 25kg average weight): US$ 1.58.</td>
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<tr>
<td></td>
<td>Cipla (Zidovir®)</td>
<td>50mg/5ml oral solution</td>
<td>100ml</td>
<td>US$ 1.53*</td>
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<tr>
<td></td>
<td>GPO (Antivir®)</td>
<td>10mg/ml syrup</td>
<td>60ml/200ml</td>
<td>US$ 1.17/3.40</td>
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<tr>
<td></td>
<td>Combinopharm</td>
<td>50mg/5ml oral solution</td>
<td>200ml</td>
<td>US$ 4.20</td>
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<tr>
<td>lamivudine</td>
<td>GSK (Epivir®)</td>
<td>10mg/ml oral solution</td>
<td>240ml</td>
<td>US$ 7.45*</td>
<td>Cost per day as indicated by the manufacturer (average paediatric dosage based on 25kg average weight): US$ 0.62.</td>
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<td>Cipla (Lamivir®)</td>
<td>10mg/ml oral solution</td>
<td>100ml</td>
<td>US$ 2.00*</td>
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<td></td>
<td>GPO (Lamivir®)</td>
<td>10mg/ml syrup</td>
<td>60ml</td>
<td>US$ 1.40</td>
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<tr>
<td>efavirenz</td>
<td>Merck&amp;Co.Inc (Stocrin®)</td>
<td>50mg capsules</td>
<td>Bottle of 30</td>
<td>US$ 3.47</td>
<td>US$ 0.116/unit.</td>
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<tr>
<td>abacavir</td>
<td>GSK (Ziagen®)</td>
<td>20mg/ml oral solution</td>
<td>240ml</td>
<td>US$ 34.80*</td>
<td>Cost per day as indicated by manufacturer: US$ 2.90.</td>
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<td></td>
<td>BMS (Zerit®)</td>
<td>15mg capsules</td>
<td>Blister pack of 56</td>
<td>Not available*</td>
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<tr>
<td></td>
<td>BMS (Zerit®)</td>
<td>20mg capsules</td>
<td>Blister pack of 56</td>
<td>US$ 5.25*</td>
<td>US$ 0.094/unit.</td>
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<td></td>
<td>GPO (Stavir®)</td>
<td>15mg capsules</td>
<td>Box of 60</td>
<td>US$ 3.50</td>
<td>US$ 0.058/capsule.</td>
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<td>GPO (Stavir®)</td>
<td>20mg capsules</td>
<td>Box of 60</td>
<td>US$ 4.20</td>
<td>US$ 0.070/capsule.</td>
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<td>GPO (Stavir®)</td>
<td>1mg/ml dry syrup</td>
<td>60ml</td>
<td>US$ 0.65</td>
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<td></td>
<td>GPO (Stavir®)</td>
<td>5mg/ml dry syrup</td>
<td>60ml</td>
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<td>nevirapine</td>
<td>BL (Viramune®)</td>
<td>10mg/ml suspension</td>
<td>240ml</td>
<td>US$ 17.50*</td>
<td></td>
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<tr>
<td></td>
<td>Cipla (Nevimmune®)</td>
<td>50mg/5ml suspension</td>
<td>100ml &amp; 25ml (PMTCT)</td>
<td>US$ 2.45 &amp; US$ 2.00 (PMTCT)</td>
<td>PMTCT dose: 25ml.</td>
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<td>ritonavir</td>
<td>Abbott (Norvir®)</td>
<td>80mg/ml oral solution</td>
<td>450ml(5x90ml)</td>
<td>US$ 41.67*</td>
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<tr>
<td>ritonavir + lopinavir</td>
<td>Abbott (Kaletra®)</td>
<td>20mg + 80mg/ml oral solution</td>
<td>300ml(5x60ml)</td>
<td>US$ 41.67*</td>
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<tr>
<td>nelfinavir</td>
<td>Roche (Viracept®)</td>
<td>50mg/g, powder for suspension</td>
<td>144g</td>
<td>US$ 35* (**)</td>
<td>(/)</td>
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</table>

(*) on 15 April 2003, 1 US$ = 1.40 CHF and on 15 April 2003, 1 Euro = $1US. (/) All prices of Roche products are in Swiss francs (CHF). Prices given in this table are for sub-Saharan Africa and Least Developed Countries as UN defined. In table 2c, also prices for Low Income and Lower Middle Income Countries, as classified by the World Bank, are given. Products on the WHO list of Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality (Sixth edition, 5th May 2003) are in **bold** and have an asterisk (*) next to the price. Always check website for most recently updated list. Best prices are in **bold** & **underlined**. Incoterms vary according to manufacturers.
Table 2 Originator companies’ ARV offers and restrictions for developing countries, adult and paediatric formulations

Table 2a Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Company</th>
<th>Eligibility (countries)</th>
<th>Eligibility (body)</th>
<th>Price in US$</th>
<th>Additional comments</th>
<th>Delivery of goods</th>
</tr>
</thead>
<tbody>
<tr>
<td>abacavir 300mg tablets (Ziagen®)</td>
<td>GlaxoSmithKline</td>
<td>Least Developed Countries (LDCs) plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. (For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally or through the AAI).</td>
<td>Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria. In sub-Saharan Africa employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible. All organisations must supply the preferentially priced products on a not for profit basis.</td>
<td>US$ 986/year 1.350/unit</td>
<td>Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived). The manufacturer recommends that ‘prescribers must ensure that patients are fully informed regarding hypersensitivity reaction to abacavir. Patients developing signs or symptoms must contact their doctor immediately for advice.’</td>
<td>CIP</td>
</tr>
<tr>
<td>abacavir 20mg/ml oral solution 240ml (Ziagen®)</td>
<td>GlaxoSmithKline</td>
<td>Least Developed Countries (LDCs) plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. (For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally or through the AAI).</td>
<td>Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria. In sub-Saharan Africa employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible. All organisations must supply the preferentially priced products on a not for profit basis.</td>
<td>US$ 34.80 per bottle</td>
<td>Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived). The manufacturer recommends that ‘prescribers must ensure that patients are fully informed regarding hypersensitivity reaction to abacavir. Patients developing signs or symptoms must contact their doctor immediately for advice.’</td>
<td>CIP</td>
</tr>
<tr>
<td>Product</td>
<td>Company</td>
<td>Eligibility (countries)</td>
<td>Eligibility (body)</td>
<td>Price in US$</td>
<td>Additional comments</td>
<td>Delivery of goods</td>
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<tr>
<td>didanosine 100mg (Videx®)</td>
<td>Bristol-Myers Squibb Co.</td>
<td>Sub-Saharan Africa. (For other developing countries, prices negotiated on a case by case basis through the AAI.)</td>
<td>Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible.</td>
<td>US$ 310/year US$ 0.212/unit Lower tablet dosages prices in line with this offer</td>
<td>Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived).</td>
<td>DDU to government purchasing entities.</td>
</tr>
<tr>
<td>lamivudine 150mg tablet (Epivir®)</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. (For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally or through the AAI.)</td>
<td>Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria. In sub-Saharan Africa employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible. All organisations must supply the preferentially priced products on a not for profit basis.</td>
<td>US$ 128/year US$ 0.175/unit</td>
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<td>CIP</td>
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<tr>
<td>lamivudine 1mg/ml oral solution 240ml (Epivir®)</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. (For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally or through the AAI.)</td>
<td>Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria. In sub-Saharan Africa employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible. All organisations must supply the preferentially priced products on a not for profit basis.</td>
<td>US$ 7.45 per bottle</td>
<td>Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived).</td>
<td>CIP</td>
</tr>
<tr>
<td>Product</td>
<td>Company</td>
<td>Eligibility (countries)</td>
<td>Eligibility (body)</td>
<td>Price in US$</td>
<td>Additional comments</td>
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</tr>
<tr>
<td>stavudine 30mg and 40mg caps (Zerit®)</td>
<td>Bristol-Myers Squibb Co.</td>
<td>Sub-Saharan Africa. <em>(For other developing countries, prices negotiated on a case by case basis through the AAI.)</em></td>
<td>Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible.</td>
<td>30mg: US$ 49/year (US$0.066/unit) 40mg: US$ 55/year (US$0.075/unit)</td>
<td>Supply Agreement required. <em>(For NGOs requiring less than 10 patients packs per month, this requirement may be waived.)</em></td>
<td>DDU to government purchasing entities</td>
</tr>
<tr>
<td>zidovudine 300mg tablets (Retrovir®)</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa. <em>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally or through the AAI.)</em></td>
<td>Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria. In sub-Saharan Africa, employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible. All organisations must supply the preferentially priced products on a not for profit basis.</td>
<td>US$ 274/year (US$ 0.375/unit)</td>
<td>Supply Agreement required. <em>(For NGOs requiring less than 10 patients packs per month, this requirement may be waived.)</em></td>
<td>CIP</td>
</tr>
<tr>
<td>zidovudine 10mg/ml oral solution 200ml (Retrovir®)</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa. <em>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally or through the AAI.)</em></td>
<td>Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria. In sub-Saharan Africa, employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible. All organisations must supply the preferentially priced products on a not for profit basis.</td>
<td>US$7.90 per bottle</td>
<td>Supply Agreement required. <em>(For NGOs requiring less than 10 patients packs per month, this requirement may be waived.)</em></td>
<td>CIP</td>
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<tr>
<td>Product</td>
<td>Company</td>
<td>Eligibility (countries)</td>
<td>Eligibility (body)</td>
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</tr>
<tr>
<td>efavirenz (Stocrin®)</td>
<td>Merck &amp; Co., Inc.</td>
<td>Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater&lt;sup&gt;16&lt;/sup&gt;.</td>
<td>Governments, international organisations, NGOs, private sector organisations (e.g. employers, hospitals and insurers). Merck &amp; Co., Inc. does not rule out supplying ARVs to patients through retail pharmacies.</td>
<td>600mg tablet: US$ 346.75/year (US$ 0.950/unit) 600mg capsule: US$ 767/year (US$ 2.10/unit)</td>
<td>Although Romania does not fall under these categories it also benefits from these prices due to a government commitment to a programme of universal access.</td>
<td>CIF</td>
</tr>
<tr>
<td>efavirenz (Stocrin®)</td>
<td>Merck &amp; Co., Inc.</td>
<td>Medium HDI countries with adult HIV prevalence less than 1%&lt;sup&gt;16&lt;/sup&gt;.</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>600mg tablet: US$ 767/year (US$ 2.10/unit) 200mg capsule: US$ 920/year (US$ 0.840/unit) 50mg capsule: US$ 0.213 per unit US$ 6.39 per bottle of 30</td>
<td></td>
<td>CIF</td>
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<tr>
<td>nevirapine 200mg tablets (Viramune®)</td>
<td>Boehringer Ingelheim</td>
<td>All World Bank low-income countries and sub-Saharan Africa. (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$ 0.600/unit)</td>
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<td>nevirapine 10mg/ml suspension 240ml (Viramune®)</td>
<td>Boehringer Ingelheim</td>
<td>All World Bank low-income countries and sub-Saharan Africa. (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$ 17.50 per unit</td>
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<tr>
<td>Product</td>
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<td>Eligibility (body)</td>
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<td>Additional comments</td>
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<tr>
<td>Tenofovir 300mg (Viread®)</td>
<td>Gilead</td>
<td>53 nations in Africa and 15 other UN-designated ‘least developed’ countries.</td>
<td>Organisations that provide HIV treatment in the 68 countries covered by the Viread Access programme will be able to receive Viread at the access price. Applications will go through a review process.</td>
<td>US$ 475/year (US$ 1.30/unit)</td>
<td>The programmes will be managed through Axios.</td>
<td>FOB</td>
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<td>Eligibility (body)</td>
<td>Price in US$</td>
<td>Additional comments</td>
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</tr>
<tr>
<td>indinavir (400mg caps) (Crixivan®)</td>
<td>Merck &amp; Co., Inc.</td>
<td>Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater*.</td>
<td>Governments, international organisations, NGOs, private sector organisations (e.g. employers, hospitals and insurers). Merck &amp; Co., Inc. does not rule out supplying ARVs to patients through retail pharmacies.</td>
<td>US$ 400/year (US$ 0.274/unit)</td>
<td>Although Romania does not fall under these categories it also benefits from these prices due to a government commitment to a programme of universal access.</td>
<td>CIP</td>
</tr>
<tr>
<td>indinavir (400mg caps) (Crixivan®)</td>
<td>Merck &amp; Co., Inc.</td>
<td>Medium HDI countries with adult HIV prevalence less than 1%*</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$ 686/year (US$ 0.470/unit)</td>
<td></td>
<td>CIP</td>
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<tr>
<td>nelfinavir 250mg tablets (Viracept®)</td>
<td>Roche</td>
<td>Low income countries and lower middle income countries - as classified by the World Bank.</td>
<td>Governments, Non Profit Institutional Providers of HIV care, NGOs.</td>
<td>Bottle of 270 tablets: CHF 300.00 US$ 214.29 US$ 2898/year (US$ 0.794/unit)</td>
<td>Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US$ 7143)</td>
<td></td>
</tr>
<tr>
<td>Product</td>
<td>Company</td>
<td>Eligibility (countries)</td>
<td>Eligibility (body)</td>
<td>Price in US$</td>
<td>Additional comments</td>
<td>Delivery of goods</td>
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</tr>
<tr>
<td>nelfinavir 250mg tablets (Viracept®)</td>
<td>Roche</td>
<td>All countries in sub-Saharan Africa and all UN defined Least Developed Countries.</td>
<td>Governments, Non Profit Institutional Providers of HIV care, NGOs.</td>
<td>Bottle of 270 tablets CHF 90.90 (US$ 64.93) US$ 880/year (US$ 0.241/unit)</td>
<td>Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US$ 7143)</td>
<td></td>
</tr>
<tr>
<td>nelfinavir powder for oral solution 144g 50mg/g (Viracept®)</td>
<td>Roche</td>
<td>Low income countries and Lower middle income countries - as classified by the World Bank.</td>
<td>Governments, Non Profit Institutional Providers of HIV care, NGOs.</td>
<td>CHF 55.00 per bottle (US$ 32.29)</td>
<td>Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US$ 7143)</td>
<td></td>
</tr>
<tr>
<td>nelfinavir powder for oral solution 144g 50mg/g (Viracept®)</td>
<td>Roche</td>
<td>All countries in sub-Saharan Africa and all UN defined Least Developed Countries.</td>
<td>Governments, Non Profit Institutional Providers of HIV care, NGOs.</td>
<td>CHF 49.00 per bottle (US$ 35.00)</td>
<td>Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US$ 7143)</td>
<td></td>
</tr>
<tr>
<td>Product</td>
<td>Company</td>
<td>Eligibility (countries)</td>
<td>Eligibility (body)</td>
<td>Price in US$</td>
<td>Additional comments</td>
<td>Delivery of goods</td>
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</tr>
<tr>
<td>ritonavir 100mg caps (Norvir®)</td>
<td>Abbott</td>
<td>All African countries and the LDCs outside of Africa.</td>
<td>Governments, NGOs, UN system organisations and other national and international health institutions.</td>
<td>“Booster dose”: US$ 83/year (US$ 0.114/unit)</td>
<td>FOB</td>
<td></td>
</tr>
<tr>
<td>ritonavir oral solution 450ml (Norvir®)</td>
<td>Abbott</td>
<td>All African countries and the LDCs outside of Africa.</td>
<td>Governments, NGOs, UN system organisations and other national and international health institutions.</td>
<td>US$ 41.67 per bottle</td>
<td>FOB</td>
<td></td>
</tr>
<tr>
<td>saquinavir 200mg hard gel capsules (Invirase®)</td>
<td>Roche</td>
<td>Low income countries and Lower middle income countries - as classified by the World Bank.</td>
<td>Governments, Non Profit Institutional Providers of HIV care, NGOs.</td>
<td>Bottle of 270 capsules: CHF 300.00 (US$ 214.29) US$ 2898/year (US$ 0.794/unit)</td>
<td>Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US$ 7143)</td>
<td></td>
</tr>
<tr>
<td>saquinavir 200mg hard gel capsules (Invirase®)</td>
<td>Roche</td>
<td>All countries in sub-Saharan Africa and all UN defined Least Developed Countries.</td>
<td>Governments, Non Profit Institutional Providers of HIV care, NGOs.</td>
<td>Bottle of 270 capsules: CHF 95.40 (US$ 68.14) US$ 920/year (US$ 0.252/unit)</td>
<td>Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US$ 7143)</td>
<td></td>
</tr>
</tbody>
</table>
Table 2e Fixed Dose Combinations

<table>
<thead>
<tr>
<th>Product</th>
<th>Company</th>
<th>Eligibility (countries)</th>
<th>Eligibility (body)</th>
<th>Price in US$</th>
<th>Additional comments</th>
<th>Delivery of goods&lt;sup&gt;6&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>lopinavir/ritonavir 133.33 + 33.3 mg capsules (Kaletra®)</td>
<td>Abbott</td>
<td>All African countries and the Least Developed Countries (LDCs) outside of Africa.</td>
<td>Governments, NGOs, UN system organisations, and other national and international health institutions.</td>
<td>US$ 500/year (0.228/unit)</td>
<td></td>
<td>FOB</td>
</tr>
<tr>
<td>lopinavir/ritonavir oral solution 300ml (Kaletra®)</td>
<td>Abbott</td>
<td>All African countries and the Least Developed Countries (LDCs) outside of Africa.</td>
<td>Governments, NGOs, UN system organisations, and other national and international health institutions.</td>
<td>US$ 41.67 per bottle</td>
<td></td>
<td>FOB</td>
</tr>
<tr>
<td>3TC + ZDV 300mg + 150mg tablets (Combivir®)</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria.</td>
<td>Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB &amp; Malaria. In sub-Saharan Africa, employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible. All organisations must supply the preferentially priced products on a not for profit basis.</td>
<td>US$ 329/year (US$ 0.450/unit)</td>
<td>Supply Agreement required. (For NGOs requiring less than 10 patients packs per month, this requirement may be waived.)</td>
<td>CIP</td>
</tr>
<tr>
<td>Product</td>
<td>Company</td>
<td>Eligibility (countries)</td>
<td>Eligibility (body)</td>
<td>Price in US$</td>
<td>Additional comments</td>
<td>Delivery of goods</td>
</tr>
<tr>
<td>---------</td>
<td>----------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>abacavir + 3TC + ZDV 300 + 150 + 300mg tablets (Trizivir®)</td>
<td>GlaxoSmithKline</td>
<td>LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <em>(For middle income developing countries public sector prices negotiated on a case-by-case basis bilaterally or through the AAI.)</em></td>
<td>Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB &amp; Malaria. In sub-Saharan Africa, employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible. All organisations must supply the preferentially priced products on a not for profit basis.</td>
<td>US$ 1241/year (US$ 1.700/unit)</td>
<td>Supply Agreement required. <em>(For NGOs requiring less than 10 patients packs per month, this requirement may be waived.)</em> The manufacturer recommends that ‘prescribers must ensure that patients are fully informed regarding hypersensitivity reaction to abacavir. Patients developing signs or symptoms of hypersensitivity must contact their doctor immediately for advice.’</td>
<td>CIP</td>
</tr>
</tbody>
</table>
### Table 2f Selected 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 in US$</th>
<th>Additional comments</th>
<th>Delivery of goods&lt;sup&gt;ld&lt;/sup&gt;</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. Payment by letter of credit.</td>
<td>FOB Hyderabad (India)</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. Only available directly through Cipla HQ Mumbai. No quantity related conditions. Prices are as per table 1 however for larger quantities the prices are negotiable.</td>
<td>FOB Mumbai (India)</td>
</tr>
<tr>
<td>GPO</td>
<td>No restriction</td>
<td>Not-for-profit organizations and governments.</td>
<td>See Table 1.</td>
<td>Payment by signed letter of credit.</td>
<td>FOB Bangkok (Thailand)</td>
</tr>
<tr>
<td>Hetero</td>
<td>No restriction</td>
<td>Private sector, Public sector and NGO’s.</td>
<td>See Table 1.</td>
<td>Prices could be negotiated on individual basis according commercial terms.</td>
<td>FOB Mumbai (India)</td>
</tr>
<tr>
<td>Ranbaxy</td>
<td>No restriction</td>
<td>NGO’s and Governments or Programs supported by them.</td>
<td>Prices given in Table 1 apply to orders for a minimum of 1.5 million units. Different prices are offered for smaller quantities (500,000 or 1 million units). Signed letter of credit.</td>
<td></td>
<td>FOB Delhi/Mumbai (India)</td>
</tr>
<tr>
<td>Combinopharm</td>
<td>No restriction</td>
<td>No restriction.</td>
<td>See Table 1.</td>
<td>Delivery terms 120 days. No minimum order required unless any special labelling is required (standard labelling is in Spanish): order of a complete batch. Pack of 60 or 300 capsules available for ZDV.</td>
<td>FOB Barcelona (Spain)</td>
</tr>
</tbody>
</table>

Other generic manufacturers producing ARVs exist but are not included in this summary of offers.
**Annex 1: Least Developed Countries (LDCs)**

Source: UNCTAD
http://www.unctad.org/Template/WebFlyer.asp?intItemID=2161&lang=1

Forty-nine countries are currently designated least developed countries (LDCs). The list is reviewed every three years.

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.

**Annex 2: Human Development Index (HDI)**

Source: Human Development Report 2002, Making new technologies work for human development UNDP. For full list of Human Development Index ranking see

**Medium human development**

Albania; Algeria; Armenia; Azerbaijan; Belarus; Belize; Bolivia; Botswana; Brazil; Bulgaria; Cambodia; Cameroon; Cape Verde; China; Colombia; Comoros; Congo; Cuba; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Fiji; Gabon; Georgia; Grenada; Ghana; Guatemala; Guyana; Honduras; India; Indonesia; Iran (Islamic Rep. of); Jamaica; Jordan; Kazakhstan; Kenya; Kyrgyzstan; Lebanon; Lesotho; Libyan Arab Jamahiriya; Macedonia (FYR); Malaysia; Maldives; Mauritius; Mexico; Moldova (Rep. of ); Mongolia; Morocco; Myanmar; Namibia; Nicaragua; Oman; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Romania; Russian Federation; Saint Lucia; Saint Vincent & the Grenadines; Samoa (Western); São Tomé & Principe; Saudi Arabia; Solomon Islands; South Africa; Sri Lanka; Suriname; Swaziland; Syrian Arab Republic; Tajikistan; Thailand; Tunisia; Turkey; Turkmenistan; Ukraine; Uzbekistan; Vanuatu; Venezuela; Viet Nam; 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; Lao People's Dem. Rep.; Madagascar Malawi; 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: World Bank

Angola; Benin; Botswana; Burkina Faso; Burundi; Cameroon; Cape Verde; Central African Republic; Chad; Comoros; Congo (Dem. Rep.); Congo (Rep.); Côte d’Ivoire; Equatorial Guinea; Eritrea; Ethiopia; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Kenya; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Mauritius; Mozambique; Namibia; Niger; Nigeria; Rwanda; São Tomé and Príncipe; Senegal; Seychelles; Sierra Leone; Somalia; South Africa; Sudan; Swaziland; Tanzania; Togo; Uganda; Zambia; Zimbabwe.

Annex 4: World Bank low-income countries

Source: World Bank

Low-income countries
Afghanistan; Angola; Armenia; Azerbaijan; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Cameroon; Central African Republic; Chad; Comoros; Congo (Dem. Rep.); Congo (Rep.); Côte d’Ivoire; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Georgia; Ghana; Guinea; Guinea-Bissau; Haiti; India; Indonesia; Kenya; Korea; Dem. Rep.; Kyrgyz Republic; Lao PDR; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Moldova; Mongolia; Mozambique; Myanmar; Nepal; Nicaragua; Niger; Nigeria; Pakistan; Papua New Guinea; Rwanda; São Tomé and Príncipe; Senegal; Sierra Leone; Solomon Islands; Somalia; Sudan; Tajikistan; Tanzania; Timor-Leste; Togo; Uganda; Ukraine; Uzbekistan; Vietnam; Yemen (Rep.); Zambia; Zimbabwe.

Lower-middle-income economies
Albania; Algeria; Belarus; Belize; Bolivia; Bosnia and Herzegovina; Bulgaria; Cape Verde; China; Colombia; Cuba; Djibouti; Dominican Republic; Ecuador; Egypt; Arab Rep.; El Salvador; Fiji; Guatemala; Guyana; Honduras; Iran; Islamic Rep.; Iraq; Jamaica; Jordan; Kazakhstan; Kiribati; Macedonia; FYR; Maldives; Marshall Islands; Micronesia, Fed. Sts.; Morocco;Namibia; Paraguay; Peru; Philippines; Romania; Russian Federation; Samoa; South Africa; Sierra Leone; St. Vincent and the Grenadines; Suriname; Swaziland; Syrian Arab Republic; Thailand; Tonga; Tunisia; Turkey; Turkmenistan; Vanuatu; West Bank and Gaza; Yugoslavia; Fed. Rep.

Upper-middle-income economies
American Samoa; Antigua and Barbuda; Argentina; Barbados; Botswana; Brazil; Chile; Costa Rica; Croatia; Czech Republic; Dominica; Estonia; Gabon; Grenada; Hungary; Isle of Man; Latvia; Lebanon; Libya; Lithuania; Malaysia; Malta; Mauritius; Mayotte; Mexico; Oman; Palau; Panama; Poland; Puerto Rico; Saudi Arabia; Seychelles; Slovak Republic; St. Kitts and Nevis; St. Lucia; Trinidad and Tobago; Uruguay; Venezuela, RB;

Annex 5: 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
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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:
Venkateshan
Regional Manager (Latin America & Europe)
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Or +91 98480 257 64 (Mobile)
Fax: +91 40 374 10 80
Email: venky@aurobindo.com

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Bristol-Myers Squibb
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Fax: +1.609.252.4819
E-mail: robert.lefebvre@bms.com

Médecins Sans Frontières • www.accessmed-msf.org • May 2003 • Untangling the Web of Price Reductions • 27
West Africa: information can be obtained from Ms Marie-Astrid Mercier, BMS Access Coordinator in BMS Paris office (marie-astrid.mercier@bms.com)

East Africa: information can be obtained from BMS main distributor in East Africa – M. Mukesh Mehta at Phillips Pharmaceuticals in Nairobi (ppl@phillipspharma.com).

Southern Africa: information can be obtained from Ms Tamany Geldenhuys in BMS offices in Johannesburg (tamany.geldenhuys@bms.com).

Boehringer Ingelheim:
Laurence Phillips (for preferential prices)
CD Marketing Prescription Medicines
HIV-Specialists/Virologists
Phone: + 49 6132 77-2081
Fax: +49 6132 77-3829
Email: philips@ing.boehringer-ingelheim.com

Hélène Clary (for donations)
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CG HIV-Specialists/Virologists
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Cipla Limited  
and Shailesh Pednekar  
Executive-Exports, Cipla Limited  
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3092891  
Fax: +91 22 3070013/3070393/3070385  
Email: exports@cipla.com and ciplaexp@cipla.com

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Combinopharm  
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Fax: +34 93 48 08 832  
Email: export@combinopharm.es

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Fax: +256-41-340642  
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Gilead Sciences  
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1-650-522-5740

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Director External Relations  
Global Access Issues  
Tel: +44 (o) 20 8047 5489  
Fax: +44 (o) 208 047 6957  
Email: jon.d.pender@gsk.com

GPO:  
Sukhum Virattipong  
Export Manager  
Tel: + 662 248 1482, + 662 203 8808  
Fax: + 662 248 1488  
Email: sukhum@health.moph.go.th

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Director International Business Development, Hetero International  
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Tel: +91 22 563 318 68  
Tel (direct): +91 22 563 318 61  
Fax: +91 22 220 660 99  
Email: hint@boms.vsnl.net.in

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Human Health Europe, Middle East & Africa
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Fax: +1 908 735 1704  
Email: jeffrey.sturchio@merck.com

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Sandeep Juneja  
Ranbaxy Laboratories Limited  
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or + 91 11 645 2666-72  
Fax: + 91 11 600 2121  
Email: sandeep.juneja@ranbaxy.com

Roche:  
For information regarding quotations and deliveries to customers contact: Hanspeter Walchli  
Logistics Sales International Customers  
Dept. PTBS-IM  
4070 Basel / Switzerland  
Tel: +41 61 688 1060  
Fax: +41 61 687 1815  
Email: hanspeter.walchli@roche.com
3TC lamivudine (Epivir®); nucleoside analogue reverse transcriptase inhibitor

AAI 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. AAI plays a role in facilitating price negotiations between developing country governments and 'originator' drug companies that are participating in the AAI.

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

AIDS Acquired Immune Deficiency Syndrome

ARVs Antiretroviral drugs

BMS Bristol-Myers Squibb

CDC Centres for Disease Control and Prevention

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 must pay 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

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

**MSD** Merck Sharp & Dome (Merck & Co., Inc.)

**MSF** Médecins Sans Frontières

**NGO** Non Governmental Organization

**NFV** nelfinavir (Viracept®); protease inhibitor

**NNRTI** Non-Nucleoside Reverse Transcriptase Inhibitor

**NRTI** Nucleoside Analogue Reverse Transcriptase Inhibitor

**NtRTI** Nucleotide Reverse Transcriptase Inhibitor

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

**PMTCT** Prevention of Mother-To-Child Transmission

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

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

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

**TDF** tenofovir (Viread®); nucleotide reverse transcriptase 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
References


[4] Other generic manufacturers known to be producing one or more ARVs but not included in this document are: Richmond Laboratorios, Panalab, Filaxis (Argentina); Pharmaquick (Benin); Far Manguinhos, FURP, Lapefe, Laoeb, Iquego, IVB (Brazil); Apotex, Novopharm (Canada); Shanghai Desano Biopharmaceutical company, Northeast General Pharmaceutical Factory (China); Biogen (Colombia); Stein (Costa Rica); Zydus Cadila Healthcare, SunPharma, EAS-SURG, Strides, Mac Leods, IPCA (India); LG Chemicals, Samchully, Korea United Pharm Inc. (Korea); Protein, Pisa (Mexico); Andromaco (Spain); T.O. Chemecal (Thailand); Laboratorio Dosa S.A. (US). This list is not exhaustive.


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


Untangling the web of price reductions:

a pricing guide for the purchase of ARVs for developing countries