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General background and objectives

This is the sixth edition of “*Untangling the web of price reductions: a pricing guide for the purchase of ARVs for developing countries*”. The first edition was published in October 2001^[1].

The 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 and 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 pricing information on both adult and paediatric formulations, and is meant to be used in tandem with

the pre-qualification report called “*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 pre-qualification project evaluates pharmaceutical manufacturers and products according to WHO recommended standards of quality and compliance with Good Manufacturing Practices. WHO pre-qualification is given to specific products produced by specific companies at specific manufacturing sites. 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^[2]; products on this list are commonly referred to as “*WHO pre-qualified*”. This list of “*pre-qualified*” drugs is an important tool for NGOs and Governments to assist them with drug procurement.

In all the tables in this report, pre-qualified products are indicated in bold and with an asterisk.

This sixth 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
- **practical examples**

Not all the products in this document have been pre-qualified by WHO or approved by MSF. Therefore, procurement agencies should follow their own procedures in this respect. Ultimately it is national regulatory authorities that are responsible for approving the use of a given drug from a given manufacturer.

Pricing information on other essential drugs and diagnostics used for HIV/AIDS can be found in the last version of “*Sources and Prices of Selected Medicines and Diagnostics for People Living with HIV/AIDS*”^[3].

We have indicated fixed-dose combinations (FDCs) in this report since MSF has found that using these products facilitates program implementation and patient

compliance. For further information see MSF Briefing Note on FDCs^[4]. The new edition of WHO Treatment Guidelines specially mentions the usefulness of FDCs in resource-poor settings. Not only are FDCs advantageous from a medical point of view, but they are also the most affordable option in most cases. The triple FDC d4T/3TC/NVP from two generic manufacturers has recently been pre-qualified by WHO.

Methodology

In order to obtain accurate information on discounted price offers by both originator and generic companies, firms were contacted and asked to provide information about drug, dosage and pharmaceutical form, price per unit (or daily dose), restrictions that apply to the offers (eligibility), and

additional comments. The list of generic companies included in this report is by no means exhaustive^[5]. All generic drugs included in this pricing guide have at least been cleared for marketing in their countries of origin.

- 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.
- In table 1, prices are rounded. The exact prices including decimals are in table 2.

The annual cost of therapy was calculated according to WHO^[6] and Centres for Disease Control and Prevention (CDC)^[7] dosing schedules (for those products not recommended in the WHO Guidelines).

Prices

Since 2000, the international prices of some first-line ARVs have tumbled, due to competition from generic companies, sustained public pressure, discount offers from originator companies, and the

growing political attention paid to the AIDS epidemic. Several major events have played a key role, beginning with a precedent set by Brazil which made a triple drug combination possible at less than US\$3000 per patient per year (ppy) in the 90s.

Public pressure on the pharmaceutical companies built up over the following years, and in May 2000, five originator companies announced a new partnership, the Accelerating Access Initiative (AAI). It was the first time that these companies had initiated differential pricing policies for ARVs. In February 2001, the Indian generics firm Cipla shattered the price barrier when it publicly announced that it would sell a triple combination for US\$350 ppy. Due to this type of competition, prices continue to fall. Today, the cheapest triple combination (FDC) prequalified by WHO costs US\$244/year.

The graph on page 6 shows the evolution of prices since August 2001 for WHO recommended first line regimens.

Other initiatives, like the Andean initiative or more recently the Clinton Foundation announcement, are also bringing down prices. The Andean initiative, through regional negotiations with pharmaceutical companies, has fixed a reference price for all the countries in the region. The Clinton Foundation has brokered a deal with generic makers which brings fixed dose triple combinations down to US\$140 per year. These initiatives although not widely available will affect some specific countries.

Prices cited in this document are the best international offers made by companies, but delivery conditions must be taken into account. Both generics and originator companies impose restrictions on their offers, but only originator companies apply geographical limits (a differential pricing policy).

Barriers to accessing price offers

Information is presented in a table format to facilitate the comparison of price offers. This format highlights the lack of standardisation among

different companies on eligibility and terms and conditions. For instance, some companies use UNCTAD (Least Developed Countries) criteria, others UNDP, some others World Bank classification (Human Development Index).

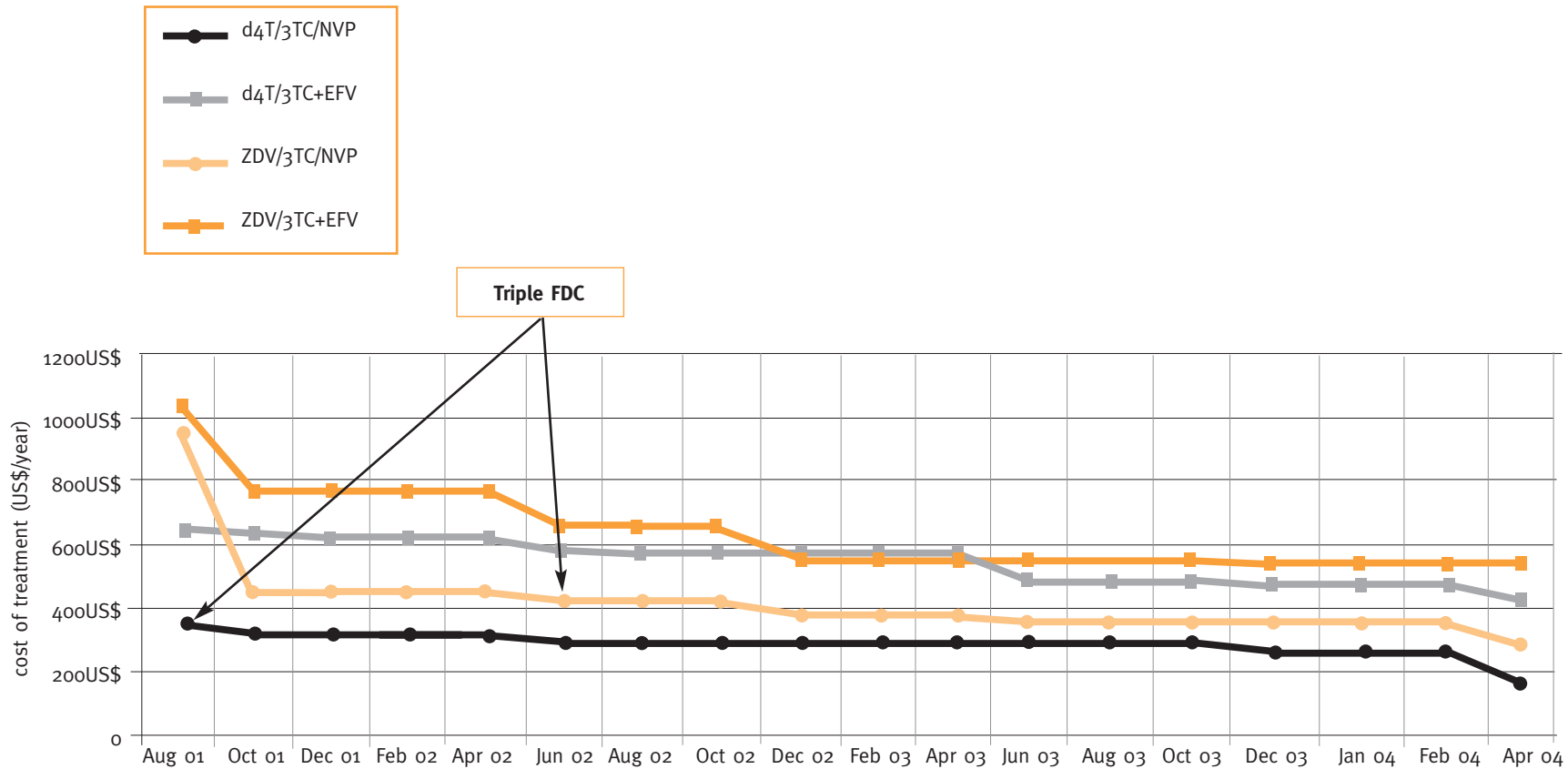
It should be noted that some developing countries have been excluded by some or all companies. It means that some countries cannot benefit from any differential price. In regions like Eastern Europe, only 24% of the countries can benefit from the best price and in Latin America and Caribbean, only 31%.*

It is important to mention that geographical limitations do not concern FDCs, since most FDCs are produced by generic companies.

Even when a specific country is eligible, all purchasers within the country may not be eligible for reduced prices. The conditions of some offers can be restrictive and sometimes only NGOs, Governments and national and international institutions are eligible.

* We refer to best possible prices (those in Table 1), but we note that some companies (Roche and Merck & Co. Inc.) offer also a second differential price. The conditions for these second prices are less restrictive and can be found in Table 2.

Evolution of prices since August 2001 of WHO recommended first line regimens



The chart above shows that efavirenz containing regimens are more expensive. In addition there is no EFV containing triple FDC available on the market yet.

Delivery conditions also affect prices. In many cases clearance fees, importation taxes (when they exist) and transport are not included. Another barrier to accessing the best price is drug availability in a country. Since ARVs are not always registered and/or available in “selected countries”, many offers from pharmaceutical companies may remain “theoretical”.

In addition, prices cited in this report may not correspond to end-user prices (prices to patients), since other factors may increase prices such as national distribution and handling charges, mark-up rates, and national and/or import and sales taxes.

Patents and use of flexibilities existing in TRIPS and reinforced by the Doha Declaration on TRIPS and Public Health (such as compulsory licence, government use) can also influence the availability of medicines in a country. Patent information is not included in the

present analysis. Some information about the patent status of ARVs in some countries can be found in “*Patent Situation of HIV/AIDS related drugs in 80 countries*”, WHO/UNAIDS, 2000^[8] and the MSF report “*Drug patents under the spotlight: sharing practical knowledge about pharmaceutical patents*”, May 2003^[9]. For further details, refer to the practical guide “*HIV/AIDS medicines and related supplies: contemporary context and procurement*”, in particular Chapter 4 and Annex B (The World Bank, Washington, February 2004).

The challenge of paediatric formulations

There is an urgent need to develop fixed-dose combinations for use in children. Protocols for paediatric patients are complicated and expensive. The prices of paediatric formulations remain higher than those for adults, especially for second line treatments. For example, a paediatric patient would

have to pay USD 284 per year for a d4T+3TC+NVP regimen using three different syrups while an adult will take the same regimen in a FDC for USD 244. For a second line (ZDV+ddI+NfV), the cost of treatment for a child would be USD 3150/year while for the adult it would be USD 1096 per year. In this case, none of them would be able to use a FDC.**

Research and development (R&D) for HIV/AIDS

Paediatric formulations are not the only area where there is a need for R&D. For both adults and children, new drugs, diagnostic tools, and vaccines are needed for HIV/AIDS. Pharmaceutical investment in research and development largely responds to market potential in the industrialised world. We need to ensure that R&D also responds to the needs of patients in developing and least developed countries.

** For these examples we used the case of a 10 kg, 3 year old patient in an MSF project, following the protocols of this project. When comparing prices we used the best possible price for every molecule.

How to use these tables

Prices: table 1 shows the best price offers of some generic and originator producers for each antiretroviral drug, (including fixed-dose combinations), regardless of eligibility conditions. Figures within brackets indicate price in US\$ per unit (capsules, tablets etc.). Prices per 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. Originator companies set different prices depending on the country. Which country is eligible and the conditions to benefit from these differential prices are specified in Table 2.

Restrictions: table 2 shows restrictions imposed by generic (2f) and originator (2a to 2e) companies and provides indications about the availability of offers in individual countries. There is no uniform differential pricing system and each originator company sets geographical limits to their programmes. Generic companies have no geographical limits but may have quantity related conditions.

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

The following table (pages 9 and 10) summarises prices and eligibility conditions of three products from three different companies in four countries.

Practical examples: Price and eligibility of three products from three different companies in four countries

COMPANIES and OFFERS	<p>Merck Stocrin® (efavirenz) 600 mg</p> <p>Prices and eligibility (countries): – US\$ 346.75/year for Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater^[10] – US\$ 767/year for medium HDI countries with adult HIV prevalence less than 1%^[11]</p> <p>Delivery of goods: CIF^[10]</p> <p>Eligibility (bodies): Governments, international organizations, NGOs, private sector organizations (e.g. employers, hospitals and insurers). Merck and Co., Inc. does not rule out supplying ARVs to patients through retail pharmacies.</p>	<p>Ranbaxy Triviro LNS® (d4T/3TC/NVP) 40 mg+150 mg+200 mg</p> <p>Prices and eligibility (countries): US\$ 292/year. All countries are eligible</p> <p>Delivery of goods: FOB Delhi/Mumbai (India)^[10] Prices apply to orders for a minimum of 1.5 million units. Different prices are offered for smaller quantities (500 000 or 1 million units).</p> <p>Eligibility (bodies): NGOs and Governments or Programs supported by them.</p>	<p>Roche Viracept® (nelfinavir) 250 mg</p> <p>Prices and eligibility (countries): – CHF 1194 /year =US\$ 942/year for all countries in sub-Saharan Africa and all UN defined Least Developed Countries – CHF 4055/year=US\$ 3201/year in Low income countries and lower middle income countries – as classified by the World Bank.</p> <p>Delivery of goods: Terms and conditions: Effective date 1st March 2003. FCA Basel (CH), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7891)^[10]</p> <p>Eligibility (bodies): Governments, Non Profit Institutional Providers of HIV care, NGOs.</p>
<p>MALAWI It is a LDC¹ Low HDI² Low Income Economy³ It is a Sub-Saharan country⁴ Adult HIV prevalence 15%⁵</p>	<p>Is Malawi an eligible country? Yes, for the first price</p> <p>Am I an eligible purchaser? Yes, if Government, international organization, NGO or private sector organization</p> <p>How much will Stocrin 600 cost in my country? US\$ 346.75/year</p> <p>Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local transport</p>	<p>Is Malawi an eligible country? Yes</p> <p>Am I an eligible purchaser? Yes, if an NGO, Government or a program supported by them</p> <p>How much will Triviro LNS cost in my country? US\$ 292/year if I order more than 1.5 million units</p> <p>Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>	<p>Is Malawi an eligible country? Yes, for the first price</p> <p>Am I an eligible purchaser? Yes, if Government, Non Profit Institutional Providers of HIV care or NGO</p> <p>How much will Viracept cost in my country? US\$ 942/year</p> <p>Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>
<p>CAMBODIA It is a LDC¹ Medium HDI² Low Income Economy³ It is not a Sub-Saharan country⁴</p>	<p>Is Cambodia an eligible country? Yes, for the first price</p> <p>Am I an eligible purchaser? Yes, if Government, international organization, NGO, private sector organization</p>	<p>Is Cambodia an eligible country? Yes</p> <p>Am I an eligible purchaser? Yes, if an NGO, Government or a program supported by them</p>	<p>Is Cambodia an eligible country? Yes, for the first price</p> <p>Am I an eligible purchaser? Yes, if Government, Non Profit Institutional Providers of HIV care or NGO</p>

<p>Adult HIV prevalence 2.7%⁵</p>	<p>How much will Stocrin 600 cost in my country? US\$ 346.75/year Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local transport</p>	<p>How much will Triviro LNS cost in my country? US\$ 292/year if I order more than 1.5 million units Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>	<p>How much will Viracept cost in my country? US\$ 942/year Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>
<p>UKRAINE It is not a LDC¹ Medium HDI² Lower-Middle Income Economy³ It is not a Sub-Saharan country⁴ Adult HIV prevalence 1%⁵</p>	<p>Is the Ukraine an eligible country? Yes, for the first price Am I an eligible purchaser? Yes, if Government, international organization, NGO or private sector organization How much will Stocrin 600 cost in my country? US\$ 346.75/year Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local transport</p>	<p>Is the Ukraine an eligible country? Yes Am I an eligible purchaser? Yes, if an NGO, Government or a program supported by them How much will Triviro LNS cost in my country? US\$ 292/year if I order more than 1.5 million units Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>	<p>Is the Ukraine an eligible country? Yes, for the second price Am I an eligible purchaser? Yes, if Government, Non Profit Institutional Providers of HIV care or NGO How much will Viracept cost in my country? US\$ 3201/year Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>
<p>COLOMBIA It is not a LDC¹ Medium HDI² Lower-Middle Income Economy³ It is not a Sub-Saharan country⁴ Adult HIV prevalence 0.4%⁵</p>	<p>Is Colombia an eligible country? Yes, for the second price Am I an eligible purchaser? Yes, if Government, international organization, NGO or private sector organization How much will Stocrin 600 cost in my country? US\$ 767/year Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local transport</p>	<p>Is Colombia an eligible country? Yes Am I an eligible purchaser? Yes, if an NGO, Government or a program supported by them How much will Triviro LNS cost in my country? US\$ 292/year if I order more than 1.5 million units Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>	<p>Is Colombia an eligible country? Yes, for the second price Am I an eligible purchaser? Yes, if Government, Non Profit Institutional Providers of HIV care or NGO How much will Viracept cost in my country? US\$ 3201/year Will delivery conditions increase this price? Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>

¹ LDC: Least Developed Country according to UNCTAD classification. See annex 1 of this document for full list of LDCs. ² HDI: Human Development Index according to UNDP classification. Countries are classified on Low HDI, Medium HDI and High HDI (this last one does not concern differential prices). Low and Middle HDI lists of countries are in the Annex 2 of this document. ³ World Bank classification depends on income. Countries are classified as Low Income Economies, Middle-Low Income Economies, Middle Income Economies and Upper, Middle Income Economies (these last two do not concern differential prices). Low Income Economy and Lower-Middle Income Economy countries are listed in the Annex 4 of this document. ⁴ See annex 3 of this document for full list of sub-Saharan African countries published by the World Bank. ⁵ Merck prices depend on Adult HIV prevalence, which is periodically reviewed by UNAIDS (www.who.int/emc-hiv/fact_sheets/All_countries.html).

Table 1: Summary of best ARV price offers by selected pharmaceutical companies for eligible developing countries

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 table 2a and 2f.

Products on the WHO list of “*Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality*” (14th edition, 28 January 2004)^[2] 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.^[10]

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)^[6] and/or the “*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*”^[7], by the Panel on Clinical Practices for the Treatment of HIV, July 2003.

(§) BMS sells ddl (didanosine) in other doses (per mg price remains the same)

NRTI (Abbreviation)	abacavir (ABC)	didanosine (ddl)	didanosine (ddl)	lamivudine (3TC)	lamivudine (3TC)	stavudine (d4T)	stavudine (d4T)	zidovudine (ZDV or AZT)
Strength (mg)	300	100 (§)	EC 400	150	300	30	40	300
Daily dose	2	4	1	2	1	2	2	2
Aurobindo (India)		197 (0.135/unit)		66 (0.090/unit)			31 (0.043/unit)	140 (0.192/unit)
BMS (US)		310* (0.212/unit)	Not applicable			48* (0.066/unit)	55* (0.075/unit)	
Cipla (India)	821 (1.125/unit)	292 (0.200/unit)	270 (0.741/unit)	88* (0.120/unit)	102 (0.280/unit)	47 (0.065/unit)	53 (0.072/unit)	161* (0.220/unit)
Combinopharm (Spain)								292* (0.400/unit)
GPO (Thailand)				171 (0.234/unit)		60 (0.082/unit)	77 (0.105/unit)	290 (0.397/unit)
GSK (UK)	887* (1.215/unit)			69* (0.095/unit)	Not applicable			212* (0.290/unit)
Hetero (India)	803 (1.100/unit)	146 (0.100/unit)	168 (0.460/unit)	55* (0.075/unit)		21* (0.029/unit)	26* (0.035/unit)	140* (0.192/unit)
Ranbaxy (India)	1314 (1.800/unit)	415 (0.284/unit)	335 (0.917/unit)	100* (0.137/unit)	100 (0.274/unit)	36* (0.049/unit)	47 (0.064/unit)	180* (0.246/unit)
Strides (India)				97 (0.133/unit)		35 (0.048/unit)	46 (0.063/unit)	

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 table 2b and 2f.

Products on the WHO list of “*Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality*” (14th edition, 28 January 2004)^[2] 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.^[10]

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)^[6] and/or the “*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*”^[7], by the Panel on Clinical Practices for the Treatment of HIV, July 2003.

NNRTI (Abbreviation)	efavirenz (EFV)	efavirenz (EFV)	nevirapine (NVP)
Strength (mg)	200	600	200
Daily dose	3	1	2
Aurobindo (India)	438 (0.400/unit)		112 (0.153/unit)
Boehringer-Ingelheim (Germany)			438* (0.600/unit)
Cipla (India)	462 (0.422/unit)	462 (1.267/unit)	124* (0.170/unit)
GPO (Thailand)			256 (0.350/unit)
Hetero (India)	329 (0.300/unit)	347 (0.950/unit)	80* (0.110/unit)
Merck (US)	500 (0.457/unit)(†)	347 (0.950/unit)(†)	
Ranbaxy (India)	427 (0.390/unit)	427 (1.170/unit)	166* (0.228/unit)
Strides (India)			162 (0.222/unit)

(†) 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. Table 2b gives prices for medium HDI countries with adult HIV prevalence of less than 1%^[11]

Table 1c - Nucleotide Reverse Transcriptase Inhibitors (NtRTIs)

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

For details on eligibility and offer restrictions for countries and institutions, 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*” (14th edition, 28 January 2004)^[2] 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.^[10]

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)^[6] and/or the “*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*”^[7], by the Panel on Clinical Practices for the Treatment of HIV, July 2003.

NtRTI (Abbreviation)	tenofovir (TDF)
Strength (mg)	300 mg
Daily dose	1
Gilead (US)	475 <u>(1.300/unit)</u>

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 table 2d and 2f.

Products on the WHO list of “Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality” (14th edition, 28 January 2004)^[2] 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.^[10]

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)^[6] and/or the “Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents”^[7], by the Panel on Clinical Practices for the Treatment of HIV, July 2003.

For Roche, prices were provided in Swiss Francs and were converted into US\$ (1 US\$ = 1.26720 CHF on 1 April 2004)

PI (Abbreviation)	indinavir (IDV)	nelfinavir (NFV)	ritonavir (r)	saquinavir hard gel capsules (SQV hgc)
Strength (mg)	400	250	100	200
Daily dose	4 (**)	10 (***)	2 (§)	10 (#)
Abbott (US)			83* <u>(0.114/unit)</u>	
Aurobindo (India)	393 (0.269/unit)	1533 (0.420/unit)	336 (0.460/unit)	
Cipla (India)	365 (0.250/unit)	1789 (0.490/unit)	394 (0.540/unit)	
GPO (Thailand)		1621 (0.444/unit)		
Hetero (India)	321* <u>(0.220/unit)</u>	1132 (0.310/unit)	204 (0.280/unit)	1022 (0.280/unit)
Merck (US)	400 (0.274/unit)			
Ranbaxy (India)	467* <u>(0.320/unit)</u>			
Roche (Switzerland)		942* <u>0.258/unit(t)</u>		956* <u>0.262/unit(t)</u>
Strides (India)	463 (0.317/unit)			

(**) 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 a booster medication. This dose is not indicated in the manufacturer's label.

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

(t) Prices given in this table are for sub-Saharan Africa and Least Developed Countries as UN defined. See table 2d for prices for Low Income and Lower Middle Income Countries, as classified by the World Bank.

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 2.

Combination	lopinavir+ritonavir (LPV/r)	3TC+d4T	3TC+d4T	ZDV+3TC	ZDV+3TC+NVP	ABC+3TC+ZDV	3TC+d4T+NVP	3TC+d4T+NVP
Strength (mg)	133.3 + 33.3	150 + 30	150 + 40	300 + 150	300 + 150 + 200	300 + 150 + 200	150 + 30 + 200	150 + 40 + 200
Therapeutic class(es)	PI	NRTI	NRTI	NRTI	2NRTI + NNRTI	3NRTI	2NRTI + NNRTI	2NRTI + NNRTI
Daily dose	6	2	2	2	2	2	2	2
Abbott (US)	500* (0.228/unit)							
Aurobindo (India)				204 (0.280/unit)				
Cipla (India)		131 (0.180/unit)	146 (0.200/unit)	197* (0.270/unit)	365 (0.500/unit)		234 (0.320/unit)	244* (0.334/unit)
GPO (Thailand)				426 (0.584/unit)			341 (0.467/unit)	375 (0.514/unit)
GSK (US)				237* (0.325/unit)		1241* (1.700/unit)		
Hetero (India)	1971 (0.900/unit)	73 (0.100/unit)	80 (0.110/unit)	197* (0.270/unit)	277 (0.380/unit)	1029 (1.410/unit)	153 (0.210/unit)	168 (0.230/unit)
Ranbaxy (India)		125* (0.171/unit)	135* (0.185/unit)	265* (0.363/unit)	416 (0.570/unit)	1579 (2.163/unit)	285* (0.390/unit)	292* (0.400/unit)
Strides (India)		122 (0.167/unit)	133 (0.182/unit)	261 (0.358/unit)				

Products on the WHO list of “Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality” (14th edition, 28 January 2004)^[2] 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.^[10]

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)^[6] and/or the “Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents”^[7], by the Panel on Clinical Practices for the Treatment of HIV, July 2003.

Table 1f – Combined blisters

The three drugs are presented in the same blister. Drugs must be taken once a day.

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 2f.

NNRTI	EFV+3TC+ddl (EC)	EFV+3TC+ddl (EC)
Strength (mg)	600 + 300 + 250	600 + 300 + 400
Daily dose	1 + 1 + 1	1 + 1 + 1
Cipla	931 <u>(2.550/unit)</u>	949 <u>(2.600/unit)</u>

Products on the WHO list of “*Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality*” (14th edition, 28 January 2004)^[2] 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.^[10]

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)^[6] and/or the “*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*”^[7], by the Panel on Clinical Practices for the Treatment of HIV, July 2003.

Table 1g – Paediatric Formulations

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

ARV	Company	Strength/Dosage form	Presentation	Price per pack	Additional information
abacavir	GSK	20mg/ml oral solution	240ml	US\$ 31.32*	Cost per day as indicated by the manufacturer: US\$ 2.61
didanosine	BMS	powder: 2g of active principle sold as a bottle for re-constitution with water and with antacids		US\$ 14.74	Sold in local currency in Southern Africa – Rand and East Africa - shillings. Sold in Euro to West African countries.
lamivudine	GSK	10mg/ml oral solution	240ml	US\$ 6.73*	Cost per day as indicated by manufacturer. (average paediatric dosage based on 25kg average weight): US\$ 0.56
	Cipla	10mg/ml oral solution	100ml	US\$ 2.00*	
	GPO	10mg/ml syrup	60ml	US\$ 1.54	
stavudine	BMS	1mg/ml powder for syrup	200ml	US\$ 9.50	Sold in local currency in Southern Africa - Rand and East Africa - shillings. Sold in Euro to West African countries.
	BMS	15mg capsules	Blister pack of 56	Not available*	
	BMS	20mg capsules	Blister pack of 56	US\$ 5.25*	
	GPO	15mg capsules	Box of 60	US\$ 3.50	US\$ 0.058/capsule.
	GPO	20mg capsules	Box of 60	US\$ 4.20	US\$ 0.070/capsule.
	GPO	1mg/ml dry syrup	60ml	US\$ 0.65	
	GPO	5mg/ml dry syrup	60ml	US\$ 0.97	
zidovudine	GSK	10mg/ml syrup	200ml	US\$ 7.10*	Cost per day as indicated by manufacturer. (average paediatric dosage based on 25kg average weight): US\$ 1.42.
	Cipla	50mg/5ml oral solution	100ml	US\$ 1.53*	
	GPO	10mg/ml syrup	60ml/200ml	US\$ 1.28/3.85	
	Combinopharm	50mg/5ml oral solution	200ml	US\$ 4.20	
efavirenz	Merck	50mg capsules	Bottle of 30	US\$ 3.47	US\$0.116/unit
nevirapine	BI	10mg/ml suspension	240ml	US\$ 17.50*	
	Cipla	50mg/5ml suspension	100ml & 25ml (PMTCT)	US\$ 2.45 & US\$ 2.00 (PMTCT)	PMTCT dose: 25ml.
	GPO	10mg/ml oral suspension	60ml	US\$ 0.92	
nelfinavir	Roche	50mg/g, powder for suspension	144g	US\$ 31.17* (**) (j)	
ritonavir	Abbott	80mg/ml oral solution	450ml(5x90ml)	US\$ 41.67*	
ritonavir + lopinavir	Abbott	20mg + 80mg/ml oral solution	300ml(5x60ml)	US\$ 41.67*	

(**) On 1 April 2004, 1 US\$ = 1.2672 CHF. (j) 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. See table 2c for prices for Low Income and Lower Middle Income Countries, as classified by the World Bank.

Products on the WHO list of "Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality" (14th edition, 28 January 2004)^[2] are in **bold** and have an **asterisk *** next to the price. Always check website for most recently updated list. Incoterms vary according to manufacturers.^[20]

Table 2 Company ARV offers and restrictions for developing countries, adult and paediatric formulations

Table 2a Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[10]
abacavir 300mg tablets (Ziagen®)	GlaxoSmithKline	<p>Least Developed Countries (LDCs) plus sub-Saharan Africa.</p> <p>All projects fully financed by the Global Fund to fight AIDS, TB and Malaria.</p> <p><i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally through the AAI).</i></p>	<p>Governments, aid organizations, charities, UN agencies, other not-for-profit organizations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria.</p> <p>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.</p> <p>All organizations must supply the preferentially priced products on a not for profit basis.</p>	US\$ 887/year (US\$ 1.215/unit)	<p>Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived).</p> <p>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.'</p>	CIP
abacavir 20mg/ml oral solution 240ml (Ziagen®)	GlaxoSmithKline	<p>Least Developed Countries (LDCs) plus sub-Saharan Africa.</p> <p>All projects fully financed by the Global Fund to fight AIDS, TB and Malaria.</p> <p><i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally through the AAI).</i></p>	<p>Governments, aid organizations, charities, UN agencies, other not-for-profit organizations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria.</p> <p>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.</p> <p>All organizations must supply the preferentially priced products on a not for profit basis.</p>	US\$ 31.32 per bottle	<p>Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived).</p> <p>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.'</p>	CIP

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[50]
didanosine 100mg (Videx®)	Bristol-Myers Squibb Co.	Sub-Saharan Africa. <i>(For other developing countries, prices negotiated on a case by case basis through the AAI.)</i>	Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible.	US\$ 310/year (US\$ 0.212/unit) Lower tablet dosages prices in line with this offer		DDU to government purchasing entities.
didanosine powder for oral solution 2g+anti-acid (Videx®)	Bristol Myers Squibb Co,	Sub-Saharan Africa <i>(For other developing countries, prices negotiated on a case by case basis through the AAI.)</i>	Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible.	US\$ 14.74 per bottle		DDU to government purchasing entities.
lamivudine 150mg tablet (Epivir®)	GlaxoSmithKline	Least Developed Countries (LDCs) plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally through the AAI.)</i>	Governments, aid organisations, charities, 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.	US\$ 69/year (US\$ 0.095/unit)	Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived).	CIP

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ⁽¹⁰⁾
lamivudine 10mg/ml oral solution 240ml (Epivir®)	GlaxoSmithKline	LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally through the AAI.)</i>	Governments, aid organisations, charities, 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.	US\$ 6.73 per bottle	Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived).	CIP
stavudine 20mg, 30mg and 40mg caps (Zerit®)	Bristol-Myers Squibb Co.	Sub-Saharan Africa. <i>(For other developing countries, prices negotiated on a case by case basis through the AAI.)</i>	Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible.	20mg: US\$ 5.25 per 56 caps (US\$ 0.094/unit) 30mg: US\$ 48.18/year (US\$ 0.066/unit) 40mg: US\$ 54.75/year (US\$ 0.075/unit)		DDU to government purchasing entities
stavudine 1mg/ml powder for syrup 200ml (Zerit®)	Bristol-Myers Squibb Co.	Sub-Saharan Africa. <i>(For other developing countries, prices negotiated on a case by case basis through the AAI.)</i>	Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible.	US\$ 9.50 per bottle		DDU to government purchasing entities

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[20]
zidovudine 300mg tablets (Retrovir®)	GlaxoSmithKline	LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally through the AAI.)</i>	Governments, aid organisations, charities, 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.	US\$ 212/year (US\$ 0.290/unit)	Supply Agreement required. (For NGOs requiring less than 10 patient packs per month, this requirement may be waived.)	CIP
zidovudine 10mg/ml syrup 200ml (Retrovir®)	GlaxoSmithKline	LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally through the AAI.)</i>	Governments, aid organisations, charities, 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.	US\$ 7.10 per bottle	Supply Agreement required. (For NGOs requiring less than 10 patient packs per month, this requirement may be waived.)	CIP

Table 2b Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[10]
efavirenz (Stocrin®)	Merck & Co., Inc.	Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater ^[11] .	Governments, international organisations, NGOs, private sector organisations (e.g. employers, hospitals and insurers). Merck & Co., Inc. does not rule out supplying ARVs to patients through retail pharmacies.	600mg tablet: US\$ 346.75/year (US\$ 0.950/unit) 200mg capsule: US\$ 500/year (US\$ 0.457/unit) 50mg capsule: US\$ 0.116/unit US\$ 3.47 per bottle of 30	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.	CIP
efavirenz (Stocrin®)	Merck & Co., Inc.	Medium HDI countries with adult HIV prevalence less than 1% ^[11] .	Governments, international organisations, NGOs, private sector organisations (e.g. employers, hospitals and insurers). Merck & Co., Inc. does not rule out supplying ARVs to patients through retail pharmacies.	600mg tablet: US\$ 767/year (US\$ 2.100/unit) 200mg capsule: US\$ 920/year (US\$ 0.840/unit) 50mg capsule US\$ 0.213 per unit US\$ 6.39 per bottle of 30		CIP
nevirapine 200mg tablets (Viramune®)	Boehringer Ingelheim	All World Bank low-income countries and sub-Saharan Africa. <i>(Other countries on a case-by-case basis.)</i>	Governments, NGOs and other partners who can guarantee that the programme is run in a responsible manner.	US\$ 438/year (US\$ 0.600/unit)		CIF
nevirapine 10mg/ml suspension 240ml (Viramune®)	Boehringer Ingelheim	All World Bank low-income countries and sub-Saharan Africa. <i>(Other countries on a case-by-case basis.)</i>	Governments, NGOs and other partners who can guarantee that the programme is run in a responsible manner.	US\$ 17.50 per unit		CIF

Table 2c Nucleotide Reverse Transcriptase Inhibitors (NtRTIs)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods^[10]
tenofovir 300mg (Viread®)	Gilead	53 nations in Africa and 15 other UN-designated 'least developed' countries.	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.	US\$ 474.50/year (US\$ 1.300/unit)	The programmes will be managed through Axios.	FOB

Table 2d Protease Inhibitors (PIs)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[10]
indinavir (400mg caps) (Crixivan®)	Merck & Co., Inc.	Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater ^[11] .	Governments, international organisations, NGOs, private sector organisations (e.g. employers, hospitals and insurers). Merck & Co., Inc. does not rule out supplying ARVs to patients through retail pharmacies.	800mg* (plus ritonavir 100mg) twice daily US\$ 400/year (US\$ 0.274/unit) 800mg 3 times daily not boosted US\$600/year (US\$0.274/unit)	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.	CIP
indinavir (400mg caps) (Crixivan®)	Merck & Co., Inc.	Medium HDI countries with adult HIV prevalence less than 1% ^[11] .	Governments, international organisations, NGOs, private sector organisations (e.g. employers, hospitals and insurers). Merck & Co., Inc. does not rule out supplying ARVs to patients through retail pharmacies.	800mg* (plus ritonavir 100mg) twice daily US\$ 686/year (US\$ 0.470/unit) 800mg 3 times daily not boosted US\$1029 (US\$0.470/unit)		CIP
nelfinavir 250mg tablets (Viracept®)	Roche	Least Developed Countries (LDCs) plus sub-Saharan Africa.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	Bottle of 270 tablets CHF 88.40 (US\$ 69.76) US\$ 942/year (US\$ 0.258/unit)		Terms and conditions: Effective date 1st March 2003. FCA Basel (CH), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7891)

* The yearly and unit price is for indinavir only. See price of booster on page 26.

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[20]
nelfinavir 250mg tablets (Viracept®)	Roche	Low income countries and lower middle income countries - as classified by the World Bank.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	Bottle of 270 tablets: CHF 300.00 US\$ 236.74 US\$ 3201/year (US\$ 0.877/unit)		Terms and conditions: Effective date 1st March 2003. FCA Basel (CH), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7891)
nelfinavir powder for oral solution 144g 50mg/g (Viracept®)	Roche	Least Developed Countries (LDCs) plus sub-Saharan Africa.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	CHF 39.50 per bottle (US\$ 31.17)		Terms and conditions: Effective date 1st March 2003. FCA Basel (CH), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7891)
nelfinavir powder for oral solution 144g 50mg/g (Viracept®)	Roche	Low income countries and Lower middle income countries - as classified by the World Bank.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	CHF 55.00 per bottle (US\$ 43.40)		Terms and conditions: Effective date 1st March 2003. FCA Basel (CH), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7891)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[10]
ritonavir 100mg caps (Norvir®)	Abbott	All African countries and the LDCs outside of Africa.	Governments, NGOs, UN system organisations and other national and international health institutions.	“Booster dose”: US\$ 83/year (US\$ 0.114/unit)		FOB
ritonavir oral solution 450ml (Norvir®)	Abbott	All African countries and the LDCs outside of Africa.	Governments, NGOs, UN system organisations and other national and international health institutions.	US\$ 41.67 per bottle		FOB
saquinavir 200mg hard gel capsules (Invirase®)	Roche	Low income countries and Lower middle income countries - as classified by the World Bank.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	Bottle of 270 capsules: CHF 300.00 (US\$ 236.74) US\$ 3201/year (US\$ 0.877/unit)		Terms and conditions: Effective date 1st March 2003. FCA Basel (CH), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7891)
saquinavir 200mg hard gel capsules (Invirase®)	Roche	Least Developed Countries (LDCs) plus sub-Saharan Africa.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	Bottle of 270 capsules: CHF 89.60 (US\$ 70.71) US\$ 956/year (US\$ 0.262/unit)		Terms and conditions: Effective date 1st March 2003. FCA Basel (CH), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7891)

Table 2e Fixed Dose Combinations

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[10]
lopinavir/ ritonavir 133.33 + 33.3 mg capsules (Kaletra®)	Abbott	All African countries and the Least Developed Countries (LDCs) outside of Africa.	Governments, NGOs, UN system organisations, and other national and international health institutions.	US\$ 500/year (US\$ 0.228/unit)		FOB
lopinavir/ ritonavir oral solution 300ml (Kaletra®)	Abbott	All African countries and the Least Developed Countries (LDCs) outside of Africa.	Governments, NGOs, UN system organisations, and other national and international health institutions.	US\$ 41.67 per bottle		FOB
lamivudine + zidovudine 300mg + 150mg tablets (Combivir®)	GlaxoSmithKline	LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally through the AAI.)</i>	Governments, aid organisations, charities, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB & 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.	US\$ 237/year (US\$ 0.325/unit)	Supply Agreement required. (For NGOs requiring less than 10 patient packs per month, this requirement may be waived.)	CIP

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[10]
abacavir + lamivudine + zidovudine 300 + 150 + 300mg tablets (Trizivir®)	GlaxoSmithKline	<p>LDCs plus sub-Saharan Africa.</p> <p>All projects fully financed by the Global Fund to fight AIDS, TB and Malaria.</p> <p><i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally through the AAI.</i></p>	<p>Governments, aid organisations, charities, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB & Malaria.</p> <p>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.</p> <p>All organisations must supply the preferentially priced products on a not for profit basis.</p>	US\$ 1241/year (US\$ 1.700/unit)	<p>Supply Agreement required.</p> <p>(For NGOs requiring less than 10 patients pack per month, this requirement may be waived.)</p>	CIP

Table 2f Selected generic companies' ARV offers and restrictions for developing countries

Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods⁽¹⁰⁾
Aurobindo	No restriction	NGOs and Governmental Organizations.	See Table 1.	Prices available for at least 1,000,000 units for each product per single shipment. Payment by letter of credit.	FOB Hyderabad (India)
Cipla	No restriction	No restriction	See Table 1. For bulk purchases prices are negotiable.	No quantity related conditions. Prices are as per table 1 however for larger quantities the prices are negotiable.	FOB Mumbai (India) or CIF. Freight charges separately on actual.
Combinopharm	No restriction	No restriction.	See Table 1.	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.	FOB Barcelona (Spain)
GPO	No restriction	Not-for-profit organizations and governments.	See Table 1.	Payment by signed letter of credit.	FOB Bangkok (Thailand)
Hetero	No restriction	Private sector, Public sector and NGO's.	See Table 1.	Prices could be negotiated on individual basis according commercial terms.	FOB Mumbai (India)
Ranbaxy	No restriction	NGO's and Governments or Programs supported by them.	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.	FOB Delhi/Mumbai (India)
Strides	No restriction	Governments, non profit institutional providers of HIV treatment, NGO's.	US\$ per pack unit as given in price list.	Payment by signed letter of credit.	FOB Bangalore (India)

Other generic manufacturers producing ARVs exist but are not included in this summary of offers

Annexes

Annex 1: Least Developed Countries (LDCs)

Source: UNCTAD

<http://www.unctad.org/Templates/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

http://www.undp.org/hdr2003/pdf/pre_sskit/HDR03_PKE_HDI.pdf

Low human development

Angola; Benin; Burkina Faso; Burundi; Cameroon; Central African Republic; Chad; Congo (Dem. Rep. of the); Côte d'Ivoire; Djibouti; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kenya; Madagascar; Malawi; Mali; Mauritania; Mozambique; Nepal; Niger; Nigeria; Pakistan; Rwanda; Senegal; Sierra Leone; Tanzania (U. Rep. of); Uganda; Yemen; Zambia; Zimbabwe.

Medium human development

Albania; Algeria; Antigua and Barbuda; Armenia; Azerbaijan; Bangladesh; Belize; Bhutan; Bolivia; Bosnia and Herzegovina; Botswana; Brazil; Bulgaria; Cambodia; Cape Verde; China; Colombia; Comoros; Congo; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Fiji; Gabon; Georgia; Ghana; Grenada; Guatemala; Guyana; Honduras; India; Indonesia; Iran (Islamic Rep. of);

Jamaica; Jordan; Kazakhstan; Kyrgyzstan; Lao People's Dem. Rep.; Lebanon; Lesotho; Libyan Arab Jamahiriya; Macedonia (TFYR); Malaysia; Maldives; Mauritius; Moldova (Rep. of); Mongolia; Morocco; Myanmar; Namibia; Nicaragua; Oman; Occupied Palestinian Territories; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Romania; Russian Federation; Saint Lucia; Samoa (Western); São Tomé & Príncipe; Saudi Arabia; Solomon Islands; South Africa; Sri Lanka; St. Vincent and the Grenadines; Sudan; Suriname; Swaziland; Syrian Arab Republic; Tajikistan; Thailand; Togo; Tunisia; Turkey; Turkmenistan; Ukraine; Uzbekistan; Vanuatu; Venezuela; Viet Nam.

Annex 3: Sub-Saharan countries

Source: World Bank
(April 2003)

<http://www.worldbank.org/data/countryclass/classgroups.htm>

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
(September 2003)

<http://www.worldbank.org/data/countryclass/classgroups.htm>

Low-income economies

Afghanistan; Angola; 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; Uzbekistan; Vietnam; Yemen (Rep.), Zambia; Zimbabwe.

Lower-middle-income economies

Albania; Algeria; Armenia; Belarus; Bolivia; Bosnia and Herzegovina; Brazil; 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; Serbia and Montenegro; South Africa; Sri Lanka; St. Vincent and the Grenadines; Suriname; Swaziland; Syrian Arab Republic; Thailand; Tonga; Tunisia; Turkey; Turkmenistan; Ukraine; Vanuatu; West Bank and Gaza.

Upper-middle-income economies

American Samoa; Antigua and Barbuda; Argentina; Barbados; Belize; Botswana; 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

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Glossary^[12]

3TC lamivudine; 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; nucleoside analogue reverse transcriptase inhibitor

AIDS Acquired Immune Deficiency Syndrome

ARVs Antiretroviral drugs

BMS Bristol-Myers Squibb

CDC Centres for Disease Control and Prevention

CI^[10] '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^[10] '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; nucleoside analogue reverse transcriptase inhibitor

ddI didanosine; nucleoside analogue reverse transcriptase inhibitor

DDU^[10] '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 or EFZ efavirenz; non-nucleoside analogue reverse transcriptase inhibitor

EXW^[10] '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^[10] '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; 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; protease inhibitor

NNRTI Non-Nucleoside Reverse Transcriptase Inhibitor

NRTI Nucleoside Analogue Reverse Transcriptase Inhibitor

NtRTI Nucleotide Reverse Transcriptase Inhibitor

NVP nevirapine; non-nucleoside analogue reverse transcriptase inhibitor

PMTCT Prevention of Mother-To-Child Transmission

r ritonavir, low dose ritonavir used as a booster; protease inhibitor

SQV hgc saquinavir hard gel capsules; protease inhibitor

SQV sgc saquinavir soft gel capsules; protease inhibitor

TDF tenofovir; nucleotide reverse transcriptase inhibitor

UNAIDS United Nations Joint Co-sponsored Programme on HIV/AIDS, created in 1996, to lead, strengthen and support an expanded response to the HIV/AIDS epidemic. The six original Cosponsors are UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank. UNDCP joined in April 1999

UNDP United Nations Development Programme

WHO World Health Organization

ZDV zidovudine; nucleoside analogue reverse transcriptase inhibitor

References

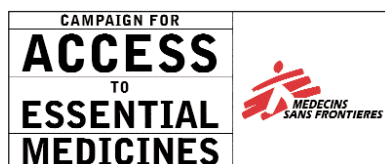
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This list is not exhaustive.
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reductions
reductions

Untangling the web of price reductions:

a pricing guide for the purchase of ARVs for developing countries

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