Untangling the web of price reductions:

a pricing guide for the purchase of ARVs for developing countries

7th Edition

February 2005

CAMPAIGN FOR ACCESS TO ESSENTIAL MEDICINES

MEDECINS SANS FRONTIERES

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1. General background and objectives

This is the seventh edition of *Untangling the web of price reductions: a pricing guide for the purchase of ARVs for developing countries*. The report was first published by MSF in October 2001[1], in response to the lack of transparent and reliable information on pharmaceutical prices on the international market, a significant barrier to improving access to essential medicines in developing countries. The situation is particularly complex in the case of antiretrovirals (ARVs). The aim of this document is to provide information on pricing and suppliers that will help purchasers make informed decisions when buying ARVs.

The high price of HIV/AIDS medicines continue to represent one of the main barriers to their availability in developing countries. Although the first ARVs appearing on the market cost significantly less today than they did some years ago, even the cheapest alternative products needed for second line therapy are still too expensive compared with first line drugs (2 to 12 times* more expensive depending on protocols).
In many countries, patents still represent a barrier to import or produce lower priced generics. This should not be the case since there exists some mechanisms to bypass patents. These mechanisms, such as compulsory license and government use, are included on TRIPS and have been confirmed by the Doha Declaration on TRIPS and Public Health. Least Developed Countries (LDCs) in particular do not have to enforce or grant pharmaceutical product patents until 2016, as also confirmed by the Doha Declaration on TRIPS and Public Health (graph 1 shows an example of differences on prices for one given ARV in different countries. It is out of the scope of this report to provide comprehensive data on prices paid by countries).

For some of the second line ARVs, the lack of competition could lay behind the lack of reduction of prices (see graph 2). This was also a very clear dynamic in the past: significant price reductions were only achieved after penetration of generics in the market (see graph 3). It is to be seen the negative impact of the introduction, in 2005, of pharmaceutical patents in countries like India, one of the biggest generic producers.

Treatment of HIV/AIDS in children deserves special attention: most companies produce syrups and oral solutions, which are ill-adapted for use in developing countries, because caregivers have problems reconstituting syrups, as well as measuring and preserving them. Pharmaceutical companies are not investing enough resources in the development of paediatric formulations, since it is a small and risky market that is also of diminishing importance in Western countries.

The information on prices in this report only relates to the price of medicines: it does not include other costs linked to antiretroviral treatment, such as diagnostics and monitoring. This document complements the information in the pricing guide Sources and Prices of selected medicines and diagnostics for People living with HIV/AIDS published by UNICEF/UNAIDS/WHO/MSF[2].

Prices listed in both guides are selling prices, not the final price paid by either patients or their health care providers. For example, local add-ons such as import taxes and distribution mark-ups are not included in the comparisons. Prices quoted are indicative for procurement departments of eligible organisations.

We recommend that readers also consult *Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS Drugs and Diagnostics of Acceptable Quality*, a report initiated by WHO and developed in collaboration with other United Nations Organisations[3].

2. Methodology

To obtain accurate information, both originator and generic companies were contacted by MSF and asked to provide the following information about the ARVs offered to developing countries: dosage and pharmaceutical form, price per unit (or daily dose), restrictions that apply to the offers (eligibility), and any additional specificity of the offers.

The list of generic producers included in this report is by no means

**Comparison based on best available prices for WHO recommended regimens with WHO prequalified products.*

exhaustive[4]. Generic manufacturers included in this pricing guide have made price offers to at least some developing countries and have been approved for marketing in their countries of origin. The annual cost of treatment was calculated according to WHO dosing schedules[5].

All prices are quoted in US dollars and conversions were made on the day the price information was received using the currency converter: www.oanda.com.

Table 1: Summary table of adjusted yearly and unit prices for eligible countries

Prices are rounded up to the third decimal for unit price and to the nearest whole number for yearly price per patient.

Prices quoted to MSF by the different companies (**Table 1a**) are not always directly comparable, since companies use different trade terms (incoterms[6]).

Prices quoted by Roche are FCA; prices quoted by all generic companies, Abbott and Gilead are FOB prices. In any of these cases, international freight and insurance are included in the price, whereas the other companies mentioned in this report do include freight and insurance in their prices.
Ten percent has been added to prices (**Table 1b**) quoted in FCA or FOB terms to allow an indicative comparison[7] with other quoted prices.

For all paediatric calculations, prices are calculated for a 10 kg children according to WHO treatment guidelines. This is an estimate since the weight of a children increases in a year period.

To calculate yearly price, unit price (price of e.g. one tablet or capsule) was multiplied by the number of units in a daily dose, multiplied by 365.

Table 2: Summary table for conditions

Conditions applying to each company offer were quoted directly from answers given by companies in response to this MSF survey.

There is no uniformity concerning geographical restrictions to the offers (annex 1-5); almost each originator company establishes limits to their offer for different categories of countries. Some companies use UNCTAD (Least Developed Countries) criteria, others the UNDP Human Development index, and yet others the World Bank classification.
It is worthy to note that there are relevant differences between these categories as they take into account different criteria. For instance, 15 countries are considered Least Developed Countries (LDCs) by UNCTAD, but are placed in the medium level by UNDP. These include Bangladesh, Cambodia, Laos and Sudan. Six other LDCs do not appear in the UNDP classification at all, including Democratic Republic of Congo, Liberia and Somalia.

Furthermore, many developing countries are left out of the differential pricing scheme altogether. These include Bolivia, Nicaragua, Thailand, Ukraine and Vietnam for the UNDP classification, China, Honduras and Sri Lanka for the World Bank classification, and all Latin American countries except Haiti for the UNCTAD classification.

3. Analysis of current offers limitations: are products getting to patients in need?

Availability in countries?
The products announced in this report are not always available in every country. There are several reasons for this:

- Even when price reductions are announced, the products are not necessarily marketed in all the countries concerned.
- The registration process is generally slow.

At what price?
Even when the product is available on the market, prices stated in this report may not represent the actual price for the following reasons:

- Excessive mark-ups by company representatives in some countries;
- Lack of interest from companies to invest in exporting their products to small markets, for instance, generic companies in Latin America. In these cases, prices are often higher than those announced by companies' international offers;

- Lack of coherence betwen international initiatives allowing for co-existence of different prices paid for the same product even in the same country.

- Lack of monitoring by responsible entities of the prices paid by the different programmes for the same product. In the case of originator companies, the prices published in this report do not apply to every country in need;

- For countries outside sub-Saharan Africa and not classified as LDCs, prices are as high as they are in Western countries, despite the fact that high numbers of people in these countries live under the poverty line. Only Merck and Roche have set a price for middle-income countries. However, this price is still twice as high as the price offered to sub-Saharan and LDC countries;

- Generic companies have no geographical limits, but they do have quantity-related conditions in certain cases.

4. MSF Recommendations

For the reasons described above, the current differential pricing practice cannot, alone, be considered the solution to increase access to ARVs worldwide and for all needed products. Access to life-saving medicines by the poorest populations should not depend on the goodwill of private companies. Making drugs affordable and available is a Government responsibility. Where the political will exists, people pay less for their drugs and more people have access to them. International institutions and governments must work together to ensure that poor populations systematically benefit from quality products at lower prices.

We urge generic and originator pharmaceutical companies to:

- register products to ensure availability in developing countries;
- make offered prices available through local distributors
- reduce prices and increase availability of existing paediatric formulations, and increase resources allocated to the development of new paediatric formulations adapted to developing country needs.

We urge originator pharmaceutical companies to:

- make across-the-board price offers for ARVs, including the most vulnerable populations in middle-income countries;
- extend price reductions to the whole list of products in all their formulations

We urge national authorities to:

- allow fast-track registration of essential ARVs of proven quality and include them in the Essential Medicines List;
- eliminate or lower inappropriate taxes and tariffs
- make use of the flexibilities in their patent law, as confirmed by the WTO Doha Declaration on TRIPS and Public Health, to ensure that a patent cannot block the purchase or production of needed medications (REF World Bank).
- we urge Least Developed Countries (LDC) authorities not to enforce or grant pharmaceutical product patents as per Doha Declaration paragraph 7.

We call on national programmes and international organizations to:

- procure ARVs through restricted competitive tenders to ensure supply of the lowest-priced quality medicines.

We call on international organizations and UN agencies, particularly the Global Fund and the WHO, to:

- monitor the prices paid by countries and provide technical support with procurement;
- promote and recommend the use of the flexibilities put forward in TRIPS and reinforced by the Doha Declaration on TRIPS and Public Health (such as compulsory licensing and government use).
- Recommend Least Developed Countries (LDCs) not to enforce or grant pharmaceutical product patents as per Doha Declaration paragraph 7.

[1] To see previous editions, please,visit www.accessmed-msf.org

[2] Sources and prices of selected drugs and diagnostics for people living with HIV/AIDS. A joint UNICEF, UNAIDS Secretariat, WHO, MSF project. May 2004 (WHO/EDM/PAR/ 2003.2). http://www.who.int/medicines/ organization/par/ipc/ sourcesprices.pdf

[3] Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS Drugs and Diagnostics of Acceptable Quality, 19 edition 9th November 2004. http://www.who.int/medicines/ organization/qsm/activities/pilotproc/pilotproc.shtml

[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, Laob, 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, Mac Leods, IPCA (India); LG Chemicals, Samchully, Korea United Pharm Inc. (Korea); Protein, Pisa (Mexico); Andromaco (Spain); Aspen (South Africa); T.O. Chemecal (Thailand); Laboratorio Dosa S.A. (US), Pharco Ltd (Zambia), Varichem (Zimbabwe). This list is not exhaustive.

[5] Scaling up antiretroviral therapy in resource-limited settings: Treatment guidelines for a public health approach, WHO, 2003 Revision. http://www.who.int/hiv/ pub/prev_care/ en/ARVGuidelinesRevised2003.pdf

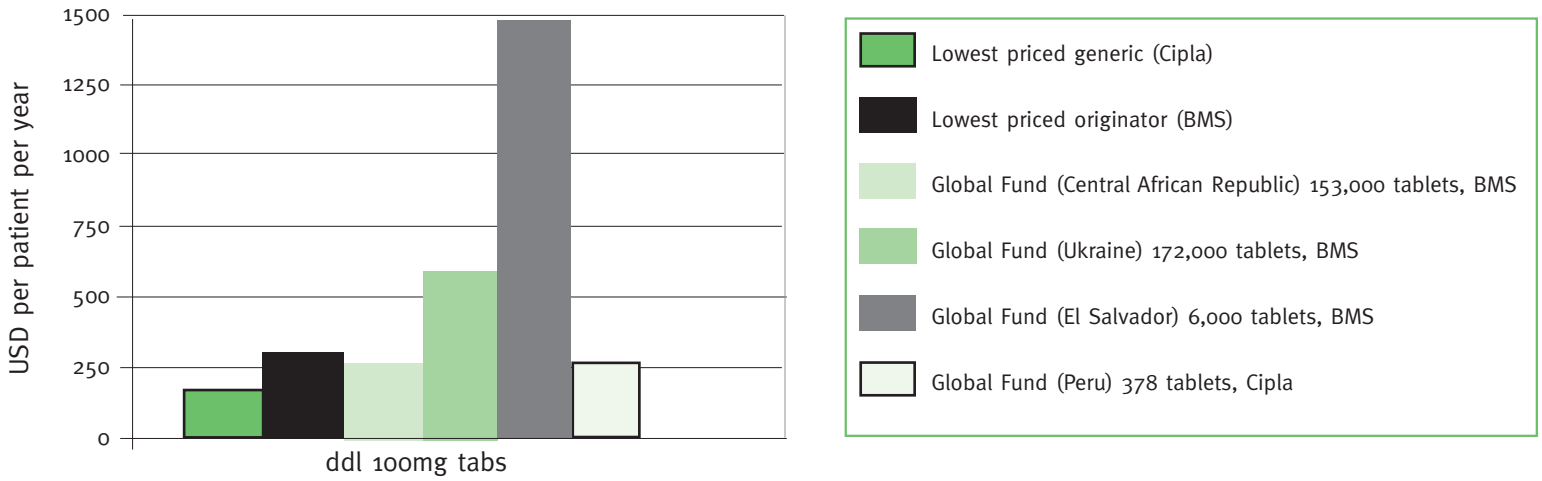
[6] Incoterms are standard trade definitions most commonly used in international sales contracts, as published by the International Chamber of Commerce, http://www.iccwbo.org/index_incoterms.asp

[7] International Drug Price Indicator Guide, Management Sciences for Health (MSH), 2003. "It is reasonable for estimation purposes to add a 10 to 15% for shipping costs to the listed price for suppliers in this Guide" (EXW, FOB).

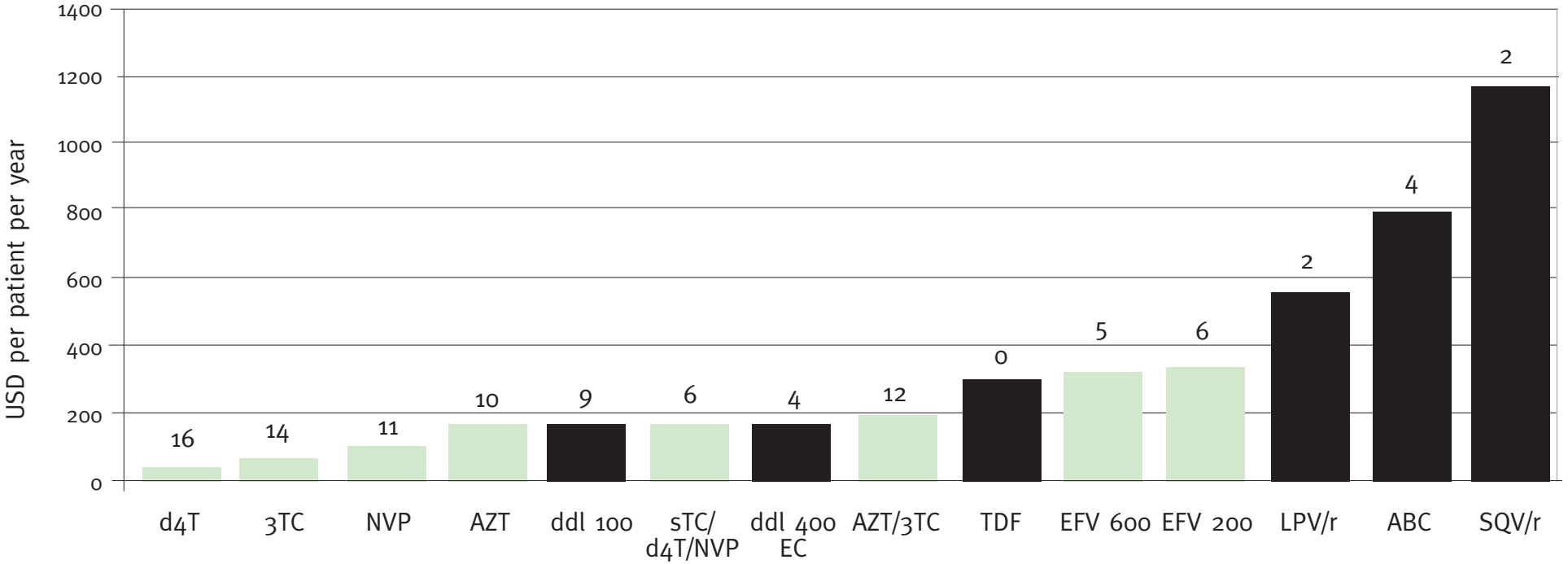
[8] HIV/AIDS medicines and related supplies: Contemporary context and procurement. Technical guide. Chapter 2 and Annex B. World Bank, Washington, DC, 2004 http://siteresources.worldbank.org/ INTPROCUREMENT/Resources/Technical-Guide-HIV-AIDS.pdf

Comparison between prices published in this report and prices reported by Global Fund

Graph 1: As illustrated in the graph, still very significant differences occur with some countries treating less people with a given budget than other countries. Global Fund prices are all CIP or CIF for orders made on the first half of 2004. The price of the generic product, updated in December 2004, and listed in this report, has been increased in a 10% to make it comparable with BMS prices. Prices of BMS and Cipla didanosine have not changed since first half of 2004. (source: Global Fund Pricing Reporting Mechanism, www.theglobalfund.org, and this report).



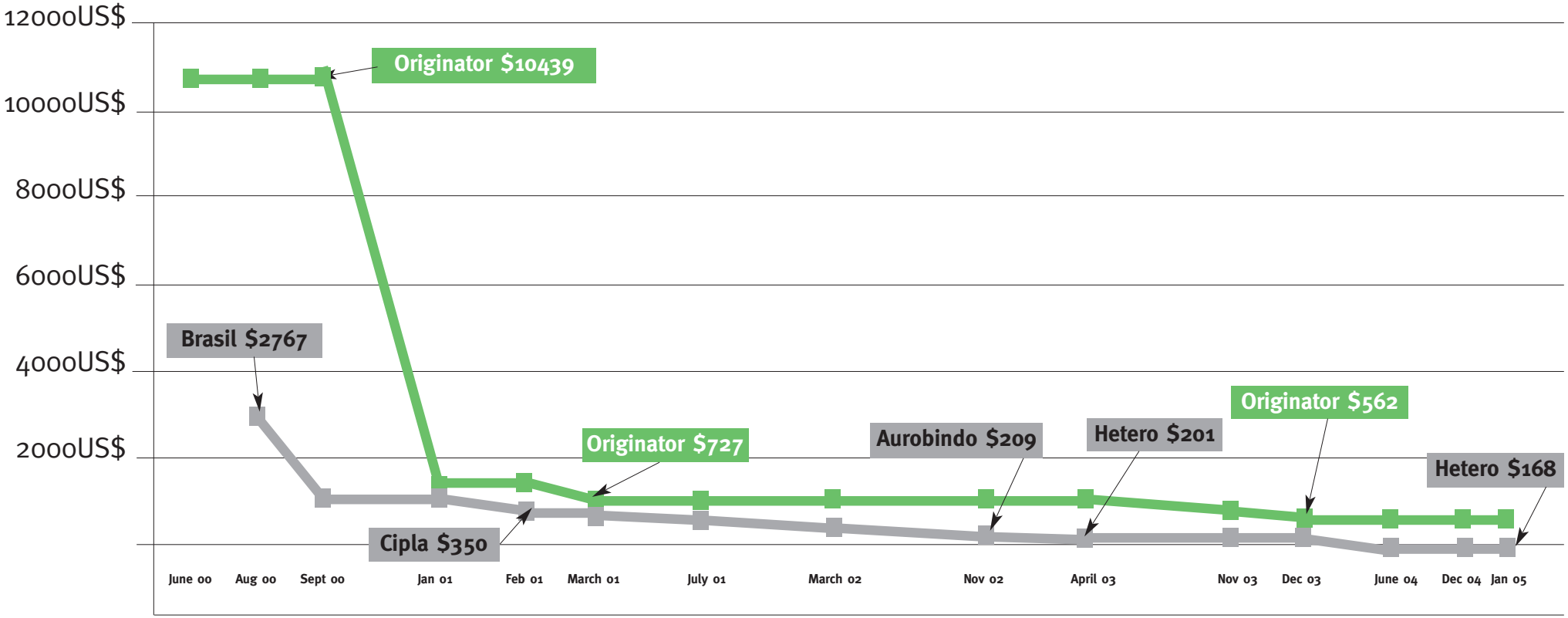
Prices of medicines recommended as 1st and 2nd line by WHO in January 2005



Graph 2: The chart shows the best prices for most drugs used in WHO recommended 1st (shaded bars) and 2nd line (solid bars) drugs. Prices indicated in the graph are the lowest amongst all surveyed manufacturers for this report. The figure over the columns shows the number of producers included in this report and having answered to Sources and Prices survey (*Sources and prices of selected medicines and diagnostics for people living with HIV/AIDS,* UNICEF-UNAIDS-WHO-MSF, June 2004). There are other reasons lying behind the high prices of some ARVs that are not included in this graph.

The Effects of Generic Competition

May 2000-Jan 2005



Sample of ARV tiple-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 four years, originator companies have often responded to generic competition.

Table 1a: Summary table of adjusted yearly and unit prices for some eligible countries. (10% added to F terms to cover freight and insurance.)

	Unit								
abacavir		**Cipla**	**Glaxo Smith Kline**	**Hetero Drugs Ltd**	**Ranbaxy**				**Ratio Max/min**
300mg, tablet	tab	776 (1.063)	887 (1.215)	883 (1.210)	1445 (1.980)				1.9
20mg/ml, oral solution	ml		383 (0.131)						
didanosine		**Aurobindo**	**BMS**	**Cipla**	**Hetero DrugsLtd**	**Ranbaxy**			**Ratio Max/min**
100mg, tablets	tab	217 (0.149)	310 (0.212)	321 (0.220)	161 (0.110)	456 (0.312)			2.8
250mg, enteric- coated caps	cap		198 (0.543)						
400mg, enteric-coated caps	cap		279 (0.763)	179 (0.491)	185 (0.506)	368 (1.009)			2.1
2g powder for reconstitution with water and with antiacids	g		304 (7.37)						
efavirenz		**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Merck 1st categ**	**Merck 2nd categ**	**Ranbaxy**		**Ratio Max/min**
50mg	cap				169 (0.116)	311 (0.213)			1.9
200mg	cap	482 (0.440)	455 (0.416)	361 (0.330)	500 (0.457)	920 (0.840)	470 (0.429)		2.5
600mg	tab	519 (1.421)	428 (1.174)	381 (1.045)	347 (0.950)	767 (2.100)	470 (1.287)		2.2
emtricitabine		**Gilead**							
200mg	cap	n/a							
indinavir		**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Merck 1st categ**	**Merck 2nd categ**	**Ranbaxy**	**Strides**	**Ratio Max/min**
400mg	cap	476 (0.326)	375 (0.257)	353 (0.242)	400 (0.274)	686 (0.470)	514 (0.352)	434 (0.297)	1.9
lamivudine		**Aurobindo**	**Cipla**	**Glaxo Smith Kline**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**	**Ratio Max/min**
150mg	tab	72 (0.099)	80 (0.110)	69 (0.095)	188 (0.257)	60 (0.083)	110 (0.151)	88 (0.121)	3.1
300mg	tab		94 (0.257)	n/a			110 (0.301)		1.2
10mg/ml oral solution and syrup and dry syrup	ml		64 (0.022)	82 (0.028)	84 (0.029)				1.3
lamivudine + efavirenz + didanosine		**Cipla**							**Ratio Max/min**
150+600+250 (EC)	3 cap	843 (2.310)							
150+600+400 (EC)	3 cap	923 (2.530)							

	Unit								
lamivudine/zidovudine/ abacavir		**Glaxo Smith Kline**	**Hetero Drugs Ltd**	**Ranbaxy**					**Ratio Max/min**
300+150+300mg	tab	1241 (1.700)	1132 (1.551)	1737 (2.379)					1.5
lamivudine/stavudine		**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**			**Ratio Max/min**
150+30mg	tab	79 (0.109)	87 (0.119)	80 (0.110)	137 (0.188)	124 (0.171)			1.7
150+ 40mg	tab	88 (0.120)	94 (0.129)	88 (0.121)	149 (0.204)	132 (0.182)			1.7
lamivudine/stavudine/ nevirapine		**Aurobindo**	**Cipla**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**		**Ratio Max/min**
150 + 30 + 200mg	tab	159 (0.218)	214 (0.293)	375 (0.514)	169 (0.231)	313 (0.429)	213 (0.292)		2.4
150 + 40 + 200mg	tab	167 (0.229)	221 (0.303)	413 (0.565)	185 (0.253)	321 (0.440)	221 (0.303)		2.5
lamivudine/zidovudine		**Aurobindo**	**Cipla**	**GlaxoSmith Kline**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**	**Ratio Max/min**
150 + 300mg	tab	225 (0.308)	201 (0.275)	237 (0.325)	469 (0.642)	217 (0.297)	291 (0.399)	241 (0.330)	2.3
lamivudine/zidovudine/ nevirapine		**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Ranbaxy**				
150 + 300 + 200mg	tab	283 (0.387)	348 (0.477)	305 (0.418)	458 (0.627)				1.6
lopinavir/ritonavir		**Abbott**	**Hetero Drugs Ltd**						
133.3 + 33.3mg	cap	550 (0.251)	2168 (0.990)						3.9
80 + 20mg/ml oral solution	ml	167 (0.153)							
nelfinavir		**Aurobindo**	**Cipla**	**GPO**	**Hetero Drugs Ltd**	**Roche 1st categ**	**Roche 2nd categ**		**Ratio Max/min**
250mg	tab	1686 (0.462)	1967 (0.539)	1783 (0.488)	1245 (0.341)	1036 (0.284)	2361 (0.647)		2.3
50mg/g oral powder	g					2102 (0.240)	2391 (0.273)		1.1
nevirapine		**Aurobindo**	**Boehringer-Ingelheim**	**Cipla**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**	**Ratio Max/min**
200mg	tab	123 (0.168)	438 (0.600)	94 (0.129)	281 (0.385)	88 (0.121)	183 (0.251)	108 (0.149)	5.0
10mg/ml suspension	ml		401 (0.073)	153 (0.028)	93 (0.017)				4.3
ritonavir		**Abbott**	**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Strides**			**Ratio Max/min**
100mg	cap	91 (0.125)	369 (0.506)	373 (0.511)	225 (0.308)	482 (0.660)			5.3
80mg/ml oral solution	ml	87 (0.102)							

	Unit								
saquinavir		**Hetero Drugs Ltd**	**Roche 1st categ**	**Roche 2nd categ**					**Ratio Max/min**
hard caps 200mg	cap	1124 (0.308)	1059 (0.290)	2362 (0.647)					2.2
stavudine		**Aurobindo**	**BMS**	**Cipla**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**	**Ratio Max/min**
15mg	cap		n/a		– (0.064)				
20mg	cap		– (0.094)		– (0.077)				
30mg	cap	15 (0.021)	48 (0.066)	40 (0.055)	66 (0.090)	23 (0.032)	39 (0.054)	39 (0.053)	4.4
40mg	cap	35 (0.047)	55 (0.075)	43 (0.069)	84 (0.116)	28 (0.039)	51 (0.070)	51 (0.069)	3.0
1mg/ml powder for syrup	ml		350 (0.048)		88 (0.012)				4.0
5mg/ml powder for syrup	ml				26 (0.018)				
tenofovir disoproxil fumarate		**Gilead**							**Ratio Max/min**
300mg	tab	331 (0.906)							
tenofovir disoproxil fumarate/emtricitabine		**Gilead**							**Ratio Max/min**
300 + 200mg	tab	398 (1.090)							
zidovudine		**Aurobindo**	**Cipla**	**Combino Pharm**	**Glaxo Smith Kline**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Ratio Max/min**
300mg	tab	154 (0.211)	161 (0.220)	321 (0.440)	212 (0.290)	319 (0.437)	154 (0.211)	198 (0.271)	2.1
10mg/ml syrup and 50mg/5ml oral solution	ml		105 (0.017)	143 (0.023)	223 (0.036)	130 (0.021)			2.1

n/a = discounted price for developing countries Not available.

For all paediatric formulations yearly price are calculated for a 10 kg patient, except for Abbott's ritonavir, which is calculated according to the manufacturer's prescribing information.

Didanosine is marketed by BMS in other dosage forms not listed in this report.

Indinavir daily dose used for calculations is 800 mg twice daily boosted with ritonavir 100 mg twice daily.

Nelfinavir daily dose used for calculations is 1,250 mg twice daily. Other dosages can also be used.

Nevirapine for use in Mother-to-Child transmission: Cipla markets a different presentation (25 ml bottle) with a different price (0.080 USD/ml).

Ritonavir daily dose used for calculations is 100mg twice daily for use as booster medication with another protease inhibitor.

Saquinavir daily dose used for calculations is 1000mg twice daily boosted with ritonavir 100 mg twice daily.

Stavudine 15 mg and 20 mg capsules unit price are not used for calculations on the cost of yearly treatment of a child of 10 kg, because it is not possible to use this dosage in this case.

Zidovudine is marketed by GPO also as 60 ml bottle with a different price (0.021 USD/ml).

Originally Roche sent the prices in Swiss Francs (CHF) and we have converted into USD (1 USD = 1.26000 CHF, 30 September 2004)

Hetero prices have not been updated since April 2004 as they did not privided the requested information for this edition.

Table 1b: Prices per unit directly quoted by companies (For more information on eligibility see Table 2)

	Unit							
abacavir		**Cipla**	**Glaxo Smith Kline**	**Hetero Drugs Ltd**	**Ranbaxy**			
300mg, tablet	tab	0.967	1.215	1.1	1.8			
20mg/ml, oral solution	ml		0.131					
didanosine		**Aurobindo**	**BMS**	**Cipla**	**Hetero DrugsLtd**	**Ranbaxy**		
100mg, tablets	tab	0.135	0.212	0.2	0.1	0.284		
250mg, enteric- coated caps	cap		0.543					
400mg, enteric-coated caps	cap		0.764	0.447		0.917		
2g powder for reconstitution with water and with antiacids	g		0.048					
efavirenz		**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Merck 1st categ**	**Merck 2nd categ**	**Ranbaxy**	
50mg	cap				0.116	0.213		
200mg	cap	0.4	0.39	0.3	0.457	0.84	0.39	
600mg	tab	1.292	1.067	0.95	0.95	2.1	1.17	
emtricitabine		**Gilead**						
200mg	cap	n/a						
indinavir		**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Merck 1st categ**	**Merck 2nd categ**	**Ranbaxy**	**Strides**
400mg	cap	0.296	0.233	0.22	0.274	0.47	0.32	0.27
lamivudine		**Aurobindo**	**Cipla**	**Glaxo Smith Kline**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**
150mg	tab	0.09	0.1	0.095	0.234	0.075	0.137	0.11
300mg	tab		0.233	n/a			0.274	
10mg/ml oral solution and syrup and dry syrup	ml		0.02	0.028	0.026			
lamivudine + efavirenz + didanosine		**Cipla**						
150+600+250 (EC)	3 cap	2.1						
150+600+400 (EC)	3 cap	2.3						

	Unit							
lamivudine/zidovudine/ abacavir		**Glaxo Smith Kline**	**Hetero Drugs Ltd**	**Ranbaxy**				
300+150+300mg	tab	1.7	1.41	2.163				
lamivudine/stavudine		**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**		
150+30mg	tab	0.099	0.108	0.1	0.171	0.155		
150+ 40mg	tab	0.109	0.117	0.11	0.185	0.165		
lamivudine/stavudine/ nevirapine		**Aurobindo**	**Cipla**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**	
150 + 30 + 200mg	tab	0.198	0.267	0.467	0.21	0.39	0.265	
150 + 40 + 200mg	tab	0.228	0.275	0.514	0.23	0.499	0.275	
lamivudine/zidovudine		**Aurobindo**	**Cipla**	**GlaxoSmith Kline**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**
150 + 300mg	tab	0.28	0.25	0.325	0.584	0.27	0.363	0.3
lamivudine/zidovudine/ nevirapine		**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Ranbaxy**			
150 + 300 + 200mg	tab	0.352	0.433	0.38	0.57			
lopinavir/ritonavir		**Abbott**	**Hetero Drugs Ltd**					
133.3 + 33.3mg	cap	0.228	0.9					
80 + 20mg/ml oral solution	ml	0.139						
nelfinavir		**Aurobindo**	**Cipla**	**GPO**	**Hetero Drugs Ltd**	**Roche 1st categ**	**Roche 2nd categ**	
250mg (3)	tab	0.42	0.49	0.444	0.31	0.26	0.588	
50mg/g oral powder	g					0.218	0.248	
nevirapine		**Aurobindo**	**Boehringer-Ingelheim**	**Cipla**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**
200mg	tab	0.153	0.6	0.117	0.35	0.11	0.228	0.135
10mg/ml suspension	ml		0.073	0.025	0.015			
ritonavir		**Abbott**	**Aurobindo**	**Cipla**	**Hetero Drugs Ltd**	**Strides**		
100mg	cap	0.144	0.46	0.464	0.28	0.6		
80mg/ml oral solution	ml	0.93						

	Unit							
saquinavir		**Hetero Drugs Ltd**	**Roche 1st categ**	**Roche 2nd categ**				
hard caps 200mg (5)	cap	0.28	0.263	0.588				
stavudine		**Aurobindo**	**BMS**	**Cipla**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**	**Strides**
15mg	cap		n/a		0.058			
20mg	cap		0.094		0.07			
30mg	cap	0.019	0.066	0.05	0.082	0.029	0.049	0.048
40mg	cap	0.043	0.075	0.054	0.105	0.035	0.064	0.063
1mg/ml powder for syrup	ml		0.048		0.011			
5mg/ml powder for syrup	ml				0.016			
tenofovir disoproxil fumarate		**Gilead**						
300mg	tab	0.824						
tenofovir disoproxil fumarate/emtricitabine		**Gilead**						
300 + 200mg	tab	0.991						
zidovudine		**Aurobindo**	**Cipla**	**Combino Pharm**	**Glaxo Smith Kline**	**GPO**	**Hetero Drugs Ltd**	**Ranbaxy**
300mg	tab	0.192	0.2	0.4	0.29	0.38	0.192	0.246
10mg/ml syrup and 50mg/5ml oral solution	ml		0.015	0.021	0.036	0.019		

n/a = discounted price for developing countries Not available.

Originally Roche sent the prices in Swiss Francs (CHF) and we have converted into USD (1 USD = 1.26000 CHF, 30 September 2004)

Hetero prices have not been updated since April 2004 as they did not privided the requested information for this edition.

Table 2: Summary table for conditions

Company	Eligibility (countries)	Eligibility (body)	Additional comments	Delivery of goods[6]
Abbott	All African countries and LDCs outside of Africa	Governments, NGOs, UN system organizations and other national and international health institutions		FOB
Aurobindo	No restriction	NGOs and Governmental Organizations	Prices available for at least 1,000,000 units for each product per single shipment.	Payment by letter of credit. FOB Hyderabad (India)
BMS	Sub-Saharan Africa. *(For other developing countries, prices negotiated on a case by case basis through the AAI.)*	Both private and public sector organizations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible.		DDU to French Speaking Africa and CIF incoterm for English Speaking Africa (Kenya, Uganda, Tanzania, Ethiopia, Nigeria, Ghana)
Boehringer-Ingelheim	All World Bank low-income countries and sub-Saharan Africa. *(Other countries on a case-by-case basis.)*	Governments, NGOs and other partners who can guarantee that the programme is run in a responsible manner.		CIF
Cipla	No restriction	No restriction	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.
Combino Pharm	No restriction	No restriction	Delivery terms 120 days. No minimum order required unless any special labeling is required (standard labeling is in Spanish): order of a complete batch. Pack of 60 or 300 capsules available for ZDV.	FOB Barcelona (Spain)
Gilead	53 nations in Africa and 15 other UN-designated 'least developed' countries.	Organizations 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.	The programmes will be managed through Axios.	FOB
GlaxoSmithKline	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 bilaterally through the AAI).*	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.	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 organizations must supply the preferentially priced products on a not for profit basis.	CIP

Company	Eligibility (countries)	Eligibility (body)	Additional comments	Delivery of goods[6]
			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.'	
GPO	No restriction	Not-for-profit organizations and governments	Payment by signed letter of credit.	FOB Bangkok (Thailand)
Hetero Drugs Ltd	No restriction	Private sector, public sector and NGOs	Prices could be negotiated on individual basis according commercial terms.	FOB Mumbai (India)
Merck & Co. Inc	First category of countries: Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater[10]. Second category of countries: Medium HDI countries with adult HIV prevalence less than 1%[10].	Governments, international organizations, NGOs, private sector organizations (e.g. employers, hospitals and insurers).	Merck & Co. Inc does not rule out supplying ARVs to patients through retail pharmacies. 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
Ranbaxy	No restriction	NGOs and Governments or Programs supported by them	Signed letter of credit 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).	FOB Delhi/Mumbai (India)
Roche	First category of countries: Low income countries and lower middle income countries – as classified by the World Bank.	First category of countries: All countries in sub-Saharan Africa and all UN defined Least Developed Countries Governments, Non Profit Institutional Providers of HIV care, NGOs.	CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US$ 7938)	FCA Basel (CH),
Strides Arcolab Ltd	No restriction	Governments, non profit institutional providers of HIV treatment, NGOs	Payment by signed letter of credit	FOB Bangalore (India)

Annexes

Annex 1: ***Least Developed Countries (LDCs)***

Source: United Nations Conference on Trade and Development (UNCTAD) *http://www.unctad.org*
49 countries are, since December 2004, 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 2004.
http://hdr.undp.org/reports/global/2004/pdf/presskit/HDR04_PKE_DHI.pdf

Low human development
(36 countries)
Angola; Benin; Burkina Faso; Burundi; Central African Republic; Chad; Congo (Dem. Rep. of the); Côte d'Ivoire; Djibouti; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kenya; Lesotho; Madagascar; Malawi; Mali; Mauritania; Mozambique; Nepal; Niger; Nigeria; Pakistan; Rwanda; Senegal; Sierra Leone; Tanzania (U. Rep. of); Timor-Leste; Togo; 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; Cameroon; 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; Nepal; Nicaragua; Oman; Occupied Palestinian Territories; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Romania; Russian Federation; Saint Lucia; Samoa (Western); São Tomé & Principe; Saudi Arabia; Solomon Islands; South Africa; Sri Lanka; St.Vincent and the Grenadines; Sudan; Suriname; Swaziland; Syrian Arab Republic; Tajikistan; Thailand; Togo; Tonga; Tunisia; Turkey; Turkmenistan; Ukraine; Uzbekistan; Vanuatu; Venezuela; Viet Nam.

Annex 3: ***Sub-Saharan countries***

Source: World Bank
(April 2004)
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); Cong (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 Principe; Senegal; Seychelles; Sierra Leone; Somalia; South Africa; Sudan; Swaziland; Tanzania; Togo; Tonga; Uganda; Zambia; Zimbabwe.

Annex 4: ***World Bank low-income economies***

Source: World Bank
(December 2004)
http://www.worldbank.org/data/countryclass/classgroups.htm (November 2004)

Low-income economies
Afghanistan; Angola; 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; The Gambia; Ghana; Guinea; Guinea-Bissau; Haiti; India; 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 Principe; 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; Azerbaijan; Belarus; Bolivia; Bosnia and Herzegovina; Brazil;Bulgaria; Cape Verde; China; Colombia; Cuba; Djibouti; Dominican Republic; Ecuador; Egypt, Arab Rep.; El Salvador; Fiji; Georgia; Guatemala; Guyana; Honduras; Indonesia; 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; Suriname; Swaziland; Syrian Arab Republic; Thailand; Tonga; Tunisia; Turkey; Turkmenistan; Ukraine; Vanuatu; West Bank and Gaza.

Annex 5: ***HIV/AIDS prevalence***

To find the most updated information regarding HIV/AIDS prevalence in each country, see *http://www.who.int/hiv/pub/epidemiology/pubfacts/en/*

Annex 6: ***Company contacts***

Abbott:
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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).

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Glossary[12]

3TC lamivudine; nucleoside analogue reverse transcriptase Inhibitor

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

CIF[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 originator product, which is usually manufactured without a license from the originator company.

GPO The Government 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 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

Untangling the web of price reductions:

a pricing guide for the purchase of ARVs for developing countries

7th Edition

CAMPAIGN FOR ACCESS TO ESSENTIAL MEDICINES

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