



## Table of contents

3	Table of contents
4	General background and objectives
4	Methodology
5	Prices
5	Barriers to accessing price offers
7	The challenges of paediatric formulations
7	Research and development for HIV/AIDS
8	How to use these tables?
9	Practical example: price and eligibility of three products from three different companies in four countries
11	<b>Tables</b>
11	<b>Table 1: Summary of selected pharmaceutical companies' best ARV price offers for eligible developing countries</b>
11	Table 1a – Nucleoside Reverse Transcriptase Inhibitors (NRTIs)
12	Table 1b – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
13	Table 1c – Nucleotide Reverse Transcriptase Inhibitors (NtRTIS)
14	Table 1d – Protease Inhibitors (PIs)
15	Table 1e – Fixed Dose Combinations (FDCs)
16	Table 1f – Combined blisters
17	Table 1g – Paediatric Formulations
18	<b>Table 2: Company ARV offers and restrictions for developing countries, adult and paediatric formulations</b>
18	Table 2a – Nucleoside Reverse Transcriptase Inhibitors (NRTIs)
22	Table 2b – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
23	Table 2c – Nucleotide Reverse Transcriptase Inhibitors (NtRTIs)
24	Table 2d – Protease Inhibitors (PIs)
27	Table 2e – Fixed Dose Combinations (FDCs)
29	Table 2f – Selected generic companies' ARV offers and restrictions for developing countries
30	<b>Annexes</b>
30	Annex 1: Least Developed Countries (LDCs)
30	Annex 2: Human Development Index (HDI)
31	Annex 3: Sub-Saharan countries
31	Annex 4: World Bank low-income countries
31	Annex 5: Company contacts
33	Glossary
35	References

## General background and objectives

This is the fifth 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<sup>[1]</sup>.

A 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<sup>[2]</sup>; 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 fifth 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** on how to use this document

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 4th edition of the report “*Sources and Prices of Selected Medicines and Diagnostics for People Living with HIV/AIDS*” June 2003<sup>[3]</sup>.

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

compliance. The new edition of WHO Treatment Guidelines specially mentions the usefulness of FDCs in resource-poor settings. Not only are the FDCs advantageous from a medical point of view, but also they are 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 producers included in this report is by no means exhaustive<sup>[4]</sup>. 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<sup>[5]</sup> and Centres for Disease Control and Prevention (CDC)<sup>[6]</sup> 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 firms announced a new partnership, the Accelerating Access Initiative (AAI). It was the first time that these firms 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, a triple combination (FDC) costs US\$270/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).

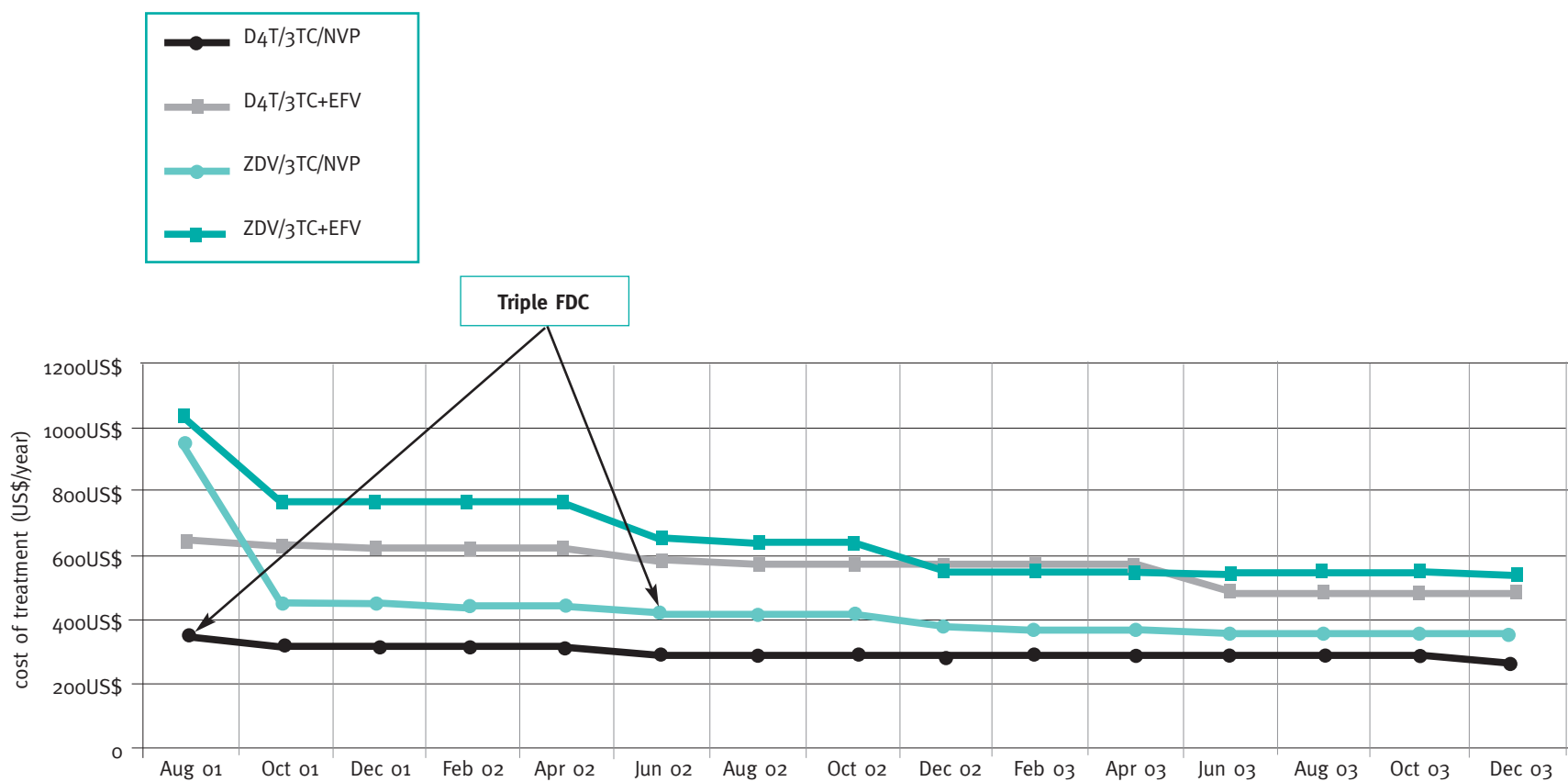
It should be noted that some developing countries have been excluded by some or all companies. It means that some countries cannot benefit from any differential price at all. In regions like Eastern Europe, only 24% of the countries can benefit from the best price and in Latin America and Caribbean,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

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

Delivery conditions also affect prices, as in many cases clearance fees, importation taxes (when they exist) and transport are not included.

\* 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.

Another barrier to accessing the best price is the availability of the drug 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. Information concerning the patent status of ARVs which differs between companies 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<sup>[7]</sup> and the MSF report “*Drug patents under the spotlight: sharing practical knowledge about pharmaceutical patents*”, May 2003<sup>[8]</sup>.

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

### **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 US\$ 283.20 per year for a d4T+3TC+NVP regimen using three different syrups while an adult will take the same regimen in a FDC for US\$ 270. For a second line (ZDV+ddI+NfV), the cost of treatment for a child would be US\$ 3191/year while for the adult it would be US\$ 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 and diagnostic tools, as well as 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 the conditions to get these prices. 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 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 and lower-middle-income economies). Annex 3 lists sub-Saharan countries.

This document is also available in French and Spanish on [www.accessmed-msf.org](http://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><b>Merck Stocrin® (efavirenz) 600 mg</b></p> <p><b>Prices and eligibility (countries):</b>                      – US\$ 346.75/year for Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater<sup>[9]</sup>                      – US\$ 767/year for medium HDI countries with adult HIV prevalence less than 1%<sup>[10]</sup></p> <p><b>Delivery of goods:</b> CIF (9)</p> <p><b>Eligibility (bodies):</b>                      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><b>Ranbaxy Triviro LNS® (d4T/3TC/NVP) 40 mg+150 mg+200 mg</b></p> <p><b>Prices and eligibility (countries):</b>                      US\$ 270/year. All countries are eligible</p> <p><b>Delivery of goods:</b>                      FOB Delhi/Mumbai (India)                      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><b>Eligibility (bodies):</b>                      NGOs and Governments or Programs supported by them.</p>	<p><b>Roche Viracept® (nelfinavir) 250 mg</b></p> <p><b>Prices and eligibility (countries):</b>                      – CHF 1229 /year =US\$ 887/year for all countries in sub-Saharan Africa and all UN defined Least Developed Countries                      – CHF 4055/year=US\$ 2927/year in Low income countries and lower middle income countries – as classified by the World Bank.</p> <p><b>Delivery of goods:</b>                      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\$ 7218)</p> <p><b>Eligibility (bodies):</b>                      Governments, Non Profit Institutional Providers of HIV care, NGOs.</p>
<p><b>MALAWI</b>                      It is a LDC<sup>1</sup>                      Low HDI<sup>2</sup>                      Low Income Economy<sup>3</sup>                      It is a Sub-Saharan country<sup>4</sup>                      Adult HIV prevalence 15%<sup>5</sup></p>	<p><b>Is Malawi an eligible country?</b>                      Yes, for the first price</p> <p><b>Am I an eligible purchaser?</b>                      Yes, if Government, international organization, NGO or private sector organization</p> <p><b>How much will Stocrin 600 cost in my country?</b>                      US\$ 346.75/year</p> <p><b>Will delivery conditions increase this price?</b>                      Yes, I have to add clearance fees + importation taxes (when existing) + local transport</p>	<p><b>Is Malawi an eligible country?</b>                      Yes</p> <p><b>Am I an eligible purchaser?</b>                      Yes, if an NGO, Government or a program supported by them</p> <p><b>How much will Triviro LNS cost in my country?</b>                      US\$ 270/year if I order more than 1.5 million units</p> <p><b>Will delivery conditions increase this price?</b>                      Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>	<p><b>Is Malawi an eligible country?</b>                      Yes, for the first price</p> <p><b>Am I an eligible purchaser?</b>                      Yes, if Government, Non Profit Institutional Providers of HIV care or NGO</p> <p><b>How much will Viracept cost in my country?</b>                      US\$ 887/year</p> <p><b>Will delivery conditions increase this price?</b>                      Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>
<p><b>CAMBODIA</b>                      It is a LDC<sup>1</sup>                      Medium HDI<sup>2</sup>                      Low Income Economy<sup>3</sup>                      It is not a Sub-Saharan country<sup>4</sup></p>	<p><b>Is Cambodia an eligible country?</b>                      Yes, for the first price</p> <p><b>Am I an eligible purchaser?</b>                      Yes, if Government, international organization, NGO, private sector organization</p>	<p><b>Is Cambodia an eligible country?</b>                      Yes</p> <p><b>Am I an eligible purchaser?</b>                      Yes, if an NGO, Government or a program supported by them</p>	<p><b>Is Cambodia an eligible country?</b>                      Yes, for the first price</p> <p><b>Am I an eligible purchaser?</b>                      Yes, if Government, Non Profit Institutional Providers of HIV care or NGO</p>

<p>Adult HIV prevalence 2.7%<sup>5</sup></p>	<p><b>How much will Stocrin 600 cost in my country?</b> US\$ 346.75/year <b>Will delivery conditions increase this price?</b> Yes, I have to add clearance fees + importation taxes (when existing) + local transport</p>	<p><b>How much will Triviro LNS cost in my country?</b> US\$ 270/year if I order more than 1.5 million units <b>Will delivery conditions increase this price?</b> Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>	<p><b>How much will Viracept cost in my country?</b> US\$ 887/year <b>Will delivery conditions increase this price?</b> Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>
<p><b>UKRAINE</b> It is not a LDC<sup>1</sup> Medium HDI<sup>2</sup> Lower-Middle Income Economy<sup>3</sup> It is not a Sub-Saharan country<sup>4</sup> Adult HIV prevalence 1%<sup>5</sup></p>	<p><b>Is the Ukraine an eligible country?</b> Yes, for the first price <b>Am I an eligible purchaser?</b> Yes, if Government, international organization, NGO or private sector organization <b>How much will Stocrin 600 cost in my country?</b> US\$ 346.75/year <b>Will delivery conditions increase this price?</b> Yes, I have to add clearance fees + importation taxes (when existing) + local transport</p>	<p><b>Is the Ukraine an eligible country?</b> Yes <b>Am I an eligible purchaser?</b> Yes, if an NGO, Government or a program supported by them <b>How much will Triviro LNS cost in my country?</b> US\$ 270/year if I order more than 1.5 million units <b>Will delivery conditions increase this price?</b> Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>	<p><b>Is the Ukraine an eligible country?</b> Yes, for the second price <b>Am I an eligible purchaser?</b> Yes, if Government, Non Profit Institutional Providers of HIV care or NGO <b>How much will Viracept cost in my country?</b> US\$ 2927/year <b>Will delivery conditions increase this price?</b> Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>
<p><b>COLOMBIA</b> It is not a LDC<sup>1</sup> Medium HDI<sup>2</sup> Lower-Middle Income Economy<sup>3</sup> It is not a Sub-Saharan country<sup>4</sup> Adult HIV prevalence 0.4%<sup>5</sup></p>	<p><b>Is Colombia an eligible country?</b> Yes, for the second price <b>Am I an eligible purchaser?</b> Yes, if Government, international organization, NGO or private sector organization <b>How much will Stocrin 600 cost in my country?</b> US\$ 767/year <b>Will delivery conditions increase this price?</b> Yes, I have to add clearance fees + importation taxes (when existing) + local transport</p>	<p><b>Is Colombia an eligible country?</b> Yes <b>Am I an eligible purchaser?</b> Yes, if an NGO, Government or a program supported by them <b>How much will Triviro LNS cost in my country?</b> US\$ 270/year if I order more than 1.5 million units <b>Will delivery conditions increase this price?</b> Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>	<p><b>Is Colombia an eligible country?</b> Yes, for the second price <b>Am I an eligible purchaser?</b> Yes, if Government, Non Profit Institutional Providers of HIV care or NGO <b>How much will Viracept cost in my country?</b> US\$ 2927/year <b>Will delivery conditions increase this price?</b> Yes, I have to add clearance fees + importation taxes (when existing) + local and international transport</p>

<sup>1</sup> LDC: Least Developed Country according to UNCTAD classification. See annex 1 of this document for full list of LDCs. <sup>2</sup> 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. <sup>3</sup> 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. <sup>4</sup> See annex 3 of this document for full list of sub-Saharan African countries published by the World Bank. <sup>5</sup> Merck prices depend on Adult HIV prevalence, which is periodically reviewed by UNAIDS ([www.who.int/emc-hiv/fact\\_sheets/All\\_countries.html](http://www.who.int/emc-hiv/fact_sheets/All_countries.html)).

**Table 1: Summary of selected pharmaceutical companies' best ARV price offers 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” (Eleventh edition, 1st December 2003)<sup>[2]</sup> 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.<sup>[9]</sup>

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)<sup>[5]</sup> and/or the “Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents”<sup>[6]</sup>, 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)

(##) Hetero prices have not been updated since May 2003 as they did not provide the requested information for this edition.

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)			<b>31</b> <b>(0.043/unit)</b>	<b>140</b> <b>(0.192/unit)</b>
BMS (US)		<b>310*</b> <b>(0.212/unit)</b>	Not applicable			<b>48*</b> <b>(0.066/unit)</b>	<b>55*</b> <b>(0.075/unit)</b>	
Cipla (India)	<b>821</b> <b>(1.125/unit)</b>	292 (0.20/unit)	<b>270</b> <b>(0.741/unit)</b>	<b>88*</b> <b>(0.12/unit)</b>	102 (0.280/unit)	47 (0.065/unit)	53 (0.072/unit)	<b>160*</b> <b>(0.22/unit)</b>
Combinopharm (Spain)								<b>292*</b> <b>(0.400/unit)</b>
GPO (India)		650 (0.445/unit)		163 (0.223/unit)		57 (0.078/unit)	73 (0.100/unit)	277 (0.380/unit)
GSK (UK)	<b>887*</b> <b>(1.215/unit)</b>			<b>69*</b> <b>(0.095/unit)</b>	Not applicable			<b>211*</b> <b>(0.290/unit)</b>
Hetero (##) (India)	1325 (1.815/unit)	<b>185</b> <b>(0.127/unit)</b>		<b>65*</b> <b>(0.089/unit)</b>			<b>31*</b> <b>(0.042/unit)</b>	<b>175*</b> <b>(0.240/unit)</b>
Ranbaxy (India)	1314 (1.8/unit)	415 (0.284/unit)	335 (0.917/unit)	<b>100*</b> <b>(0.137/unit)</b>	<b>100</b> <b>(0.274/unit)</b>	36 (0.049/unit)	47 (0.064/unit)	<b>180*</b> <b>(0.246/unit)</b>
Strides (India)				97 (0.133/unit)		<b>35</b> <b>(0.048/unit)</b>	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*” (Eleventh edition, 1st December 2003)<sup>[2]</sup> 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.<sup>[9]</sup>

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)<sup>[5]</sup> and/or the “*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*”<sup>[6]</sup>, 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)			<b>438*</b> <b>(0.600/unit)</b>
Cipla (India)	462 (0.422/unit)	462 (1.267/unit)	<b>124*</b> <b>(0.17/unit)</b>
GPO (Thailand)			244 (0.334/unit)
Hetero (##) (India)	548 (0.500/unit)		<b>105*</b> <b>(0.144/unit)</b>
Merck (US)	500 (0.457/unit)(†)	<b>347</b> <b>(0.950/unit)(†)</b>	
Ranbaxy (India)	<b>427</b> <b>(0.39/unit)</b>	427 (1.17/unit)	<b>166*</b> <b>(0.228/unit)</b>
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%<sup>[10]</sup> (##) Hetero prices have not been updated since May 2003 as they did not provide the requested information for this edition.

**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*” (Eleventh edition, 1st December 2003)<sup>[2]</sup> 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.<sup>[9]</sup>

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)<sup>[5]</sup> and/or the “*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*”<sup>[6]</sup>, 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)	<b>475</b> <b><u>(1.30/unit)</u></b>

**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” (Eleventh edition, 1st December 2003)<sup>[2]</sup> 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.<sup>[9]</sup>

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)<sup>[5]</sup> and/or the “Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents”<sup>[6]</sup>, 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\$ = 1.39 CHF on 19 September 2003)

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)			<b>83*</b> <b><u>(0.114/unit)</u></b>	
Aurobindo (India)	393 (0.269/unit)	1533 (0.420/unit)	336 (0.460/unit)	
Cipla (India)	<b>365</b> <b><u>(0.25/unit)</u></b>	1789 (0.49/unit)	394 (0.54/unit)	
Hetero (##) (India)	<b>387*</b> <b><u>(0.265/unit)</u></b>	1500 (0.411/unit)	219 (0.300/unit)	1336 (0.366/unit)
Merck (US)	400 (0.274/unit)			
Ranbaxy (India)	<b>467*</b> <b><u>(0.320/unit)</u></b>			
Roche (Switzerland)		<b>887*</b> <b><u>0.243/unit(t)</u></b>		<b>927*</b> <b><u>0.254/unit(t)</u></b>
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 booster medication. This dose is not indicated in the manufacturer's label.

(#) Saquinavir 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.

(##) Hetero prices have not been updated since May 2003 as they did not provide the requested information for this edition.

**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 table 2e and 2f.

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+300	150 +30+200	150 +40+200
Therapeutic class(es)	1PI	2NRTI	2NRTI	2NRTI	2NRTI + 1NNRTI	3NRTI	2NRTI + 1NNRTI	2NRTI + 1NNRTI
Daily dose	6	2	2	2	2	2	2 2	
Abbott (US)	<b>500*</b> <b>(0.228/unit)</b>							
Aurobindo (India)				204 (0.280/unit)				
Cipla (India)		131 (0.18/unit)	146 (0.20/unit)	<b>197*</b> <b>(0.27/unit)</b>	<b>365</b> <b>(0.50/unit)</b>		<b>255</b> <b>(0.35/unit)</b>	<b>270*</b> <b>(0.37/unit)</b>
GPO (Thailand)				407 (0.558/unit)			325 (0.445/unit)	358 (0.490/unit)
GSK (US)				<b>237*</b> <b>(0.325/unit)</b>		<b>1241*</b> <b>(1.700/unit)</b>		
Hetero (##) (India)	3833 (1.750/unit)	135 (0.185/unit)	141 (0.193/unit)	276 (0.378/unit)	383 (0.525/unit)	1648 (2.258/unit)	281 (0.385/unit)	286 (0.392/unit)
Ranbaxy (India)		125 (0.171/unit)	135 (0.185/unit)	<b>265*</b> <b>(0.363/unit)</b>	416 (0.570/unit)	1579 (2.163/unit)	<b>285*</b> <b>(0.390/unit)</b>	<b>292*</b> <b>(0.400/unit)</b>
Strides (India)		<b>122</b> <b>(0.167/unit)</b>	<b>133</b> <b>(0.182/unit)</b>	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” (Eleventh edition, 1st December 2003)<sup>[2]</sup> 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.<sup>[9]</sup>

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)<sup>[5]</sup> and/or the “Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents”<sup>[6]</sup>, by the Panel on Clinical Practices for the Treatment of HIV, July 2003.

(##) Hetero prices have not been updated since May 2003 as they did not provide the requested information for this edition.

### 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.

1NNRTI + 2NRTI	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	<b><u>931</u></b> <b><u>(2.55/unit)</u></b>	<b><u>949</u></b> <b><u>(2.60/unit)</u></b>

Products on the WHO list of “*Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS drugs and diagnostics of acceptable quality*” (Eleventh edition, 1st December 2003)<sup>[2]</sup> 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.<sup>[9]</sup>

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)<sup>[5]</sup> and/or the “*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*”<sup>[6]</sup>, 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
<b>abacavir</b>	GSK	20mg/ml oral solution	240ml	<b>US\$ 31.32*</b>	Cost per day as indicated by the manufacturer: US\$ 2.90
<b>didanosine</b>	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.
<b>lamivudine</b>	GSK	100mg/ml oral solution	240ml	<b>US\$ 6.73*</b>	Cost per day as indicated by manufacturer. (average paediatric dosage based on 25kg average weight): US\$ 0.62.
	Cipla	100mg/ml oral solution	100ml	<b>US\$ 2.00*</b>	
	GPO	100mg/ml syrup	60ml	US\$ 1.54	
<b>stavudine</b>	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	<b>Not available*</b>	
	BMS	20mg capsules	Blister pack of 56	<b>US\$ 5.25*</b>	
	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	
<b>zidovudine</b>	GSK	10mg/ml syrup	200ml	<b>US\$ 7.10*</b>	Cost per day as indicated by manufacturer. (average paediatric dosage based on 25kg average weight): US\$ 1.58.
	Cipla	50mg/5ml oral solution	100ml	<b>US\$ 1.53*</b>	
	GPO	10mg/ml syrup	60ml/200ml	US\$ 1.28/3.85	
	Combinopharm	50mg/5ml oral solution	200ml	US\$ 4.20	
<b>efavirenz</b>	Merck	50mg capsules	Bottle of 30	US\$ 3.47	US\$0.116/unit
<b>nevirapine</b>	BI	10mg/ml suspension	240ml	<b>US\$ 17.50*</b>	
	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	
<b>nelfinavir</b>	Roche	50mg/g, powder for suspension	144g	<b>US\$ 35* (**)</b> (j)	
<b>ritonavir</b>	Abbott	80mg/ml oral solution	450ml(5x90ml)	<b>US\$ 41.67*</b>	
<b>ritonavir + lopinavir</b>	Abbott	20mg + 80mg/ml oral solution	300ml(5x60ml)	<b>US\$ 41.67*</b>	

(\*\*) On 19 September 2003, 1 US\$ = 1.38540 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' (Eleventh edition, 1st December 2003)<sup>(i)</sup> 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<sup>(9)</sup>.

**Table 2 Originator companies – 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 <sup>91</sup>
<b>abacavir 300mg tablets (Ziagen®)</b>	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 or through the AAI).</i></p>	<p>Governments, aid organizations, charities, international, 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 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
<b>abacavir 20mg/ml oral solution 240ml (Ziagen®)</b>	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 or through the AAI).</i></p>	<p>Governments, aid organizations, charities, international, 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 <sup>[9]</sup>
<b>didanosine 100mg (Videx®)</b>	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.
<b>didanosine powder for oral solution 2g+anti-acid (Videx®)</b>	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.
<b>lamivudine 150mg tablet (Epivir®)</b>	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 or through the AAI.)</i>	Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria.  In sub-Saharan Africa employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible.  All organisations must supply the preferentially priced products on a not for profit basis.	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 <sup>91</sup>
<b>lamivudine 10mg/ml oral solution 240ml (Epivir®)</b>	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 or through the AAI.)</i>	Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria.  In sub-Saharan Africa employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible.  All organisations must supply the preferentially priced products on a not for profit basis.	US\$ 6.73 per bottle	Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived).	CIP
<b>stavudine 30mg and 40mg caps (Zerit®)</b>	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\$ 68.4/year (US\$ 0.094/unit)  30mg: US\$ 48.25/year (US\$ 0.066/unit)  40mg: US\$ 54.75/year (US\$ 0.075/unit)		DDU to government purchasing entities
<b>stavudine 1mg/ml powder for syrup 200ml (Zerit®)</b>	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 <sup>[9]</sup>
<b>zidovudine 300mg tablets (Retrovir®)</b>	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 or through the AAI.)</i>	Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria.  In sub-Saharan Africa, employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible.  All organisations must supply the preferentially priced products on a not for profit basis.	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
<b>zidovudine 10mg/ml syrup 200ml (Retrovir®)</b>	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 or through the AAI.)</i>	Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB and Malaria.  In sub-Saharan Africa, employers there who offer HIV/AIDS care and treatment directly to their staff through workplace clinics or similar arrangements are also eligible.  All organisations must supply the preferentially priced products on a not for profit basis.	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 <sup>91</sup>
<b>efavirenz (Stocrin®)</b>	Merck & Co., Inc.	Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater <sup>101</sup> .	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
<b>efavirenz (Stocrin®)</b>	Merck & Co., Inc.	Medium HDI countries with adult HIV prevalence less than 1% <sup>101</sup> .	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\$ 2.10/unit)  200mg capsule: US\$ 920/year (US\$ 0.840/unit)  50mg capsule US\$ 0.213 per unit US\$ 6.39 per bottle of 30		CIP
<b>nevirapine 200mg tablets (Viramune®)</b>	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
<b>nevirapine 10mg/ml suspension 240ml (Viramune®)</b>	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)**

<b>Product</b>	<b>Company</b>	<b>Eligibility (countries)</b>	<b>Eligibility (body)</b>	<b>Price in US\$</b>	<b>Additional comments</b>	<b>Delivery of goods<sup>[9]</sup></b>
<b>tenofovir 300mg (Viread®)</b>	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\$ 475/year (US\$ 1.30/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 <sup>[9]</sup>
<b>indinavir (400mg caps) (Crixivan®)</b>	Merck & Co., Inc.	Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater <sup>[10]</sup> .	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.	US\$ 400/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
<b>indinavir (400mg caps) (Crixivan®)</b>	Merck & Co., Inc.	Medium HDI countries with adult HIV prevalence less than 1% <sup>[10]</sup> .	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.	US\$ 686/year (US\$ 0.470/unit)		CIP
<b>nelfinavir 250mg tablets (Viracept®)</b>	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\$ 216.54 US\$ 2937/year (US\$ 0.802/unit)		Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7218)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods <sup>[9]</sup>
<b>nelfinavir 250mg tablets (Viracept®)</b>	Roche	All countries in sub-Saharan Africa and all UN defined Least Developed Countries.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	Bottle of 270 tablets CHF 90.90 (US\$ 65.61) US\$ 886.95/year (US\$ 0.243/unit)		Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7218)
<b>nelfinavir powder for oral solution 144g 50mg/g (Viracept®)</b>	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\$ 39.70)		Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7218)
<b>nelfinavir powder for oral solution 144g 50mg/g (Viracept®)</b>	Roche	All countries in sub-Saharan Africa and all UN defined Least Developed Countries.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	CHF 49.00 per bottle (US\$ 35.37)		Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7218)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods <sup>[9]</sup>
<b>ritonavir 100mg caps (Norvir®)</b>	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
<b>ritonavir oral solution 450ml (Norvir®)</b>	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
<b>saquinavir 200mg hard gel capsules (Invirase®)</b>	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\$ 216.54)  US\$ 2927/year (US\$ 0.802/unit)		Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7218)
<b>saquinavir 200mg hard gel capsules (Invirase®)</b>	Roche	All countries in sub-Saharan Africa and all UN defined Least Developed Countries.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	Bottle of 270 capsules: CHF 95.40 (US\$ 68.57)  US\$ 927/year (US\$ 0.254/unit)		Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7218)

Table 2e Fixed Dose Combinations

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods <sup>[9]</sup>
<b>lopinavir/ ritonavir 133.33 + 33.3 mg capsules (Kaletra®)</b>	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
<b>lopinavir/ ritonavir oral solution 300ml (Kaletra®)</b>	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
<b>lamivudine + zidovudine 300mg + 150mg tablets (Combivir®)</b>	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 bilaterally or through the AAI.)</i>	Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB & 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 <sup>91</sup>
<b>abacavir + lamivudine + zidovudine 300 + 150 + 300mg tablets (Trizivir®)</b>	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 bilaterally or through the AAI.</i></p>	<p>Governments, aid organisations, charities, international, UN agencies, other not-for-profit organisations and international purchase funds such as the Global Fund to fight AIDS, TB &amp; Malaria.</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> <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

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

<b>Company</b>	<b>Eligibility (countries)</b>	<b>Eligibility (body)</b>	<b>Price in US\$</b>	<b>Additional comments</b>	<b>Delivery of goods<sup>9l</sup></b>
<b>Aurobindo</b>	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)
<b>Cipla</b>	No restriction	NGOs and Governmental Organizations.	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.
<b>GPO</b>	No restriction	Not-for-profit organizations and governments.	See Table 1.	Payment by signed letter of credit.	FOB Bangkok (Thailand)
<b>Hetero</b>	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)
<b>Ranbaxy</b>	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)
<b>Combinopharm</b>	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)
<b>Strides</b>	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](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**

#### **Abbott:**

Rob Dintruff

Email: [rob.dintruff@abbott.com](mailto:rob.dintruff@abbott.com)

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

The Programme Manager

Access to HIV Care Programme

AXIOS International

P.O. Box 6924

Kampala, Uganda.

Tel: +256 75 693 756

Fax: +256 41 543 021

Email:

[AccessstoHIVCare@axiosint.com](mailto:AccessstoHIVCare@axiosint.com)

Website : [www.accessstohivcare.org](http://www.accessstohivcare.org)

#### **Aurobindo Pharma Ltd:**

Mr. Venkateshan

Regional Manager - International Business

Tel: +91 40 2373 7332 / 5572 5208 (Direct)

Or +91 98480 257 64 (Mobile)

Fax: +91 40 2374 10 80

Email: [venky@aurobindo.com](mailto:venky@aurobindo.com)

#### **Bristol-Myers Squibb Co:**

*West Africa:*

information can be obtained from Ms Marie-Astrid Mercier, BMS Access Coordinator in BMS Paris office ([marie-astrid.mercier@bms.com](mailto: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](mailto:ppl@phillipspharma.com)).

*Southern Africa:*

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

**Boehringer Ingelheim:**

Laurence Phillips (for preferential prices)  
CD Marketing Prescription Medicines  
HIV-Specialists/Virologists  
Phone: + 49 6132 77-2081  
Fax: +49 6132 77-3829  
Email: [phillips@ing.boehringer-ingenelheim.com](mailto:phillips@ing.boehringer-ingenelheim.com)

Hélène Clary (for the Viramune MTCT donation program)  
Marketing Prescription Medicines  
CG HIV-Specialists/Virologists  
Tel: + 49 6132 77-34 36  
Fax: + 49 6132 77-38 29  
Email: [claryh@ing.boehringer-ingenelheim.com](mailto:claryh@ing.boehringer-ingenelheim.com)

**Cipla Ltd:**

Mr. Sanjeev Gupte, General Manager-Exports, Cipla Limited  
and Mr. Shailesh Pednekar  
Executive-Exports, Cipla Limited

Tel: +91 22 3021397 (Direct)  
3095521 3092891  
Fax: +91 22  
3070013/3070393/3070385  
Email: [exports@cipla.com](mailto:exports@cipla.com) and  
[ciplaexp@cipla.com](mailto:ciplaexp@cipla.com)

**Combinopharm:**

Ms. Assumpció Giralt  
Export Manager  
Combinopharm  
Tel: + 34 93 48 08 833  
Fax: + 34 93 48 08 832  
Email: [AGiralt@combino-pharm.es](mailto:AGiralt@combino-pharm.es)

**Gilead:**

**Programme Access (primary contact)**

Gilead Access Program  
Axios International  
Plot 1 Pilkington Road  
6th Floor Workers House Building  
P.O. Box 6924  
Kampala  
Uganda  
Tel: +256-41-340806/7  
Fax: +256-41-340642  
Email: [GileadAccess@axiosint.com](mailto:GileadAccess@axiosint.com)

**Company contact**

Joe Steele  
Senior Director, Commercial  
Development  
Gilead Sciences  
333 Lakeside Drive  
Foster City  
California 94404  
1-650-522-5740

**GlaxoSmithKline:**

Mr. Jon Pender  
Director External Relations  
Global Access Issues  
Tel: + 44 (0) 20 8047 5489  
Fax: + 44 (0) 208 047 6957  
Email: [jon.d.pender@gsk.com](mailto:jon.d.pender@gsk.com)

**GPO:**

Mr. Sukhum Virattipong  
Export Manager  
Tel: + 662 248 1482, + 662 203  
8808  
Fax: + 662 248 1488  
Email: [sukhum@health.moph.go.th](mailto:sukhum@health.moph.go.th)

**Hetero Drugs Ltd:**

Mr M. Srinivas Reddy  
Director International Marketing  
Hetero House  
H.No. 8-3-166/7/1  
Erragadda, Hyderabad - 500 018  
India  
Tel: +91 40 23704923/24/25  
Tel (direct): +91 40 2381 8029  
Fax: +91 40 23704926  
Cell: +91 40 9848019440  
Email: [msreddy@heterodrugs.com](mailto:msreddy@heterodrugs.com)  
[contact@heterodrugs.com](mailto:contact@heterodrugs.com)

**Merck & Co. Inc:**

Dr Jeffrey L. Sturchio  
Vice President, External Affairs  
Human Health Europe, Middle East  
& Africa  
Merck & Co. Inc/WS2A-55  
One Merck Drive

Whitehouse Station  
NJ 08889-0100 USA  
Tel: +1 908 423 39 81  
Fax: +1 908 735 1839  
Email: [jeffrey\\_sturchio@merck.com](mailto:jeffrey_sturchio@merck.com)

**Ranbaxy:**

Mr. Sandeep Juneja  
Ranbaxy Laboratories Limited  
Tel: + 91 11 2600 2120 (Direct)  
or + 91 11 2645 2666-72  
Fax: + 91 11 2600 2121  
Email: [sandeep.juneja@ranbaxy.com](mailto:sandeep.juneja@ranbaxy.com)  
[www.aidonids.com](http://www.aidonids.com)

**Roche:**

For information regarding quotations  
and deliveries to customers contact:  
Hanspeter Waelchli  
Logistics Sales International  
Customers  
Dept. PTBS-IM  
4070 Basel / Switzerland  
Tel: +41 61 688 1060  
Fax: +41 61 687 1815  
Email: [hanspeter.waelchli@roche.com](mailto:hanspeter.waelchli@roche.com)

**Strides Arcolab Ltd:**

Mrs. Aloka Sengupta  
Business Head ATM  
Strides House, Bilekahalli  
Bannerghatta Road  
Bangalore 560 076, INDIA  
Tel: 91-80-6581343/44/46  
Fax: 91-80-6583538/6584330  
Email id: [aloka@stridesarco.com](mailto:aloka@stridesarco.com)

## Glossary<sup>[11]</sup>

**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

**CIF<sup>[9]</sup>** '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<sup>[9]</sup>** '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<sup>[9]</sup>** '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<sup>[9]</sup>** '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<sup>(9)</sup>** '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

**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

- [1] Accessing ARVs: “*Untangling the Web of Price Reductions for Developing Countries*”, first edition October 2001, second edition June 2002, third edition December 2002, and fourth edition May 2003.
- [2] Pilot Procurement, Quality and Sourcing Project: “*Access to HIV/AIDS drugs and diagnostics of acceptable quality*”, Eleventh edition 1st December 2003.  
<http://mednet3.who.int/prequal/hiv/hiv-suppliers.doc>
- [3] “*Sources and prices of selected drugs and diagnostics for people living with HIV/AIDS*”. A joint UNICEF, UNAIDS Secretariat, WHO, MSF project. May 2003 (WHO/EDM/PAR/2003.2).  
<http://www.who.int/medicines/organization/par/ipc/sources-prices.pdf>
- [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); Cosmos (Kenya); 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), Varichem (Zimbabwe).  
This list is not exhaustive.
- [5] “*Scaling-up Antiretroviral therapy in Resource Limited Settings: Guidelines for a Public Health approach*”, June 2002.  
[http://www.who.int/hiv/pub/prev\\_care/en/ScalingUp\\_E.pdf](http://www.who.int/hiv/pub/prev_care/en/ScalingUp_E.pdf)  
New edition will be available soon.
- [6] “*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*”, by the Panel on Clinical Practices for the Treatment of HIV, July 2003 (for those products not recommended in the WHO Guidelines).  
[http://aidsinfo.nih.gov/guidelines/adult/AA\\_071403.pdf](http://aidsinfo.nih.gov/guidelines/adult/AA_071403.pdf)
- [7] “*Patent Situation of HIV/AIDS related drugs in 80 countries*”, WHO/UNAIDS, 2000  
<http://who.int/medicines/library/par/hivrelateddocs/patentshivdrugs.pdf>
- [8] [http://www.accessmed-msf.org/documents/patents\\_2003.pdf](http://www.accessmed-msf.org/documents/patents_2003.pdf)
- [9] Incoterms 2000  
[http://www.iccwbo.org/index\\_incoterms.asp](http://www.iccwbo.org/index_incoterms.asp)
- [10] To find the HIV prevalence status of countries see  
<http://www.who.int/hiv/pub/epidemiology/pubfacts/en/>
- [11] Abbreviations for the ARVs are taken from the WHO draft guidelines “*Scaling-up Antiretroviral therapy in Resource Limited Settings: Guidelines for a Public Health approach*”, June 2002  
[http://www.who.int/hiv/pub/prev\\_care/en/ScalingUp\\_E.pdf](http://www.who.int/hiv/pub/prev_care/en/ScalingUp_E.pdf)

company  
price  
reductions  
reductions  
countries  
price  
countries  
price  
reductions

# Untangling the web of price reductions:

*a pricing guide for the purchase of ARVs for developing countries*



**Campaign for Access to  
Essential Medicines**  
Médecins Sans Frontières  
Rue de Lausanne 78, CP 116  
CH-1211 Geneva 21, Switzerland

Tel: + 41 (0) 22 849 84 05  
Fax: + 41 (0) 22 849 84 04

email: [access@geneva.msf.org](mailto:access@geneva.msf.org)  
<http://www.accessmed-msf.org>

Design and artwork: Twenty 3 Crows Ltd +44 (0) 1848 200401