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General background and objectives

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

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

This document includes both adult and paediatric formulations, and is meant to be used in tandem with the report of *“Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS Drugs and Diagnostics of Acceptable Quality”*, a project initiated by WHO and developed in collaboration with other United Nations Organisations (UNAIDS, UNICEF, UNFPA). This project evaluates

pharmaceutical manufacturers and products according to WHO recommended standards of quality and compliance with Good Manufacturing Practices. It is part of an ongoing process that will expand as the participation of suppliers increases. An updated list of products is regularly posted on the websites of WHO and other UN-collaborating agencies⁴; products on this list are commonly referred to as “WHO pre-qualified.” This list of “pre-qualified” drugs is not exhaustive.

Pricing information on other essential drugs and diagnostics used for HIV/AIDS can be found in the 4th edition of the report *“Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS”* May 2003².

This is the fourth edition of *“Accessing Antiretrovirals: Untangling the Web of Price Reductions for Developing Countries”*, the first edition was published in October 2001³.

Methodology

In order to obtain accurate information on discounted price offers by both originator and generic companies, companies were

This fourth edition provides:

- **updated information** on prices for eligible countries, including both price per unit and price per patient per year for adult and paediatric formulations
- **updated information and clarifications** on the conditions and restrictions applying to these offers

contacted and asked to verify their offers. The list of generic producers included in this report is by no means exhaustive⁴. All generic drugs included in this pricing guide have made price offers for developing countries and have at least been cleared for marketing in their countries of origin.

Manufacturers were asked to provide the following information:

- drug, dosage and pharmaceutical form
- price per unit (or daily dose) of different price offers
- restrictions that apply to the offers, including:
 - i. country eligibility
 - ii. potential beneficiaries of the offer
 - iii. additional comments on conditions or procedures, such as quantity restrictions, how to access discounts, bureaucratic procedures

such as memoranda of understanding or special agreement
iv. delivery of goods in relation to payment (FOB, CIF etc.)⁵

Information is presented in a table format to facilitate comparison. However, comparison is difficult because of the lack of standardisation among different companies on eligibility, terms and conditions, and pricing. For products for which complete information was available, the annual cost of therapy was calculated according to the dosing schedules reported in WHO *“Scaling-up Antiretroviral Therapy in Resource Limited Settings: Guidelines for a Public Health Approach”*⁶, 2002, or the Centres for Disease Control and Prevention (CDC), *“Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents”*, by the Panel on Clinical Practices for the Treatment of HIV, 2002⁷.

All prices are quoted in US dollars and conversions were made on the day the price was received.

All prices were checked and verified by companies.

It is important to note that these prices may not correspond to end-user prices (prices to patients), which may be further influenced by other factors such as national distribution and handling charges, mark-up rates, and national and/or import and sales taxes. Information concerning the patent status of ARVs was not included in the present analysis, and will differ between countries. Some information about patent status of ARVs in some countries can be found in “*Patent Situation of HIV/AIDS related drugs in 80 countries*”, WHO/UNAIDS, 2000⁸.

Practical information on patents can also be found in the new MSF report “*Drug patents under the spotlight: sharing practical knowledge about pharmaceutical patents*”, May 2003⁹.

Inclusion in the report does not constitute pre-qualification or approval by MSF. National regulatory authorities are ultimately responsible

for approving use of a given drug from a given manufacturer. Products that were “WHO pre-qualified” at the time of writing are indicated with an asterisk (*)¹.

Limitations of the current system

The lack of a uniform preferential pricing system has resulted in each company defining a unique series of terms and criteria. For instance, whereas Merck & Co., Inc. takes into account criteria related to resources (Human Development Index) and epidemiology (HIV/AIDS prevalence¹⁰) to determine national eligibility (theoretically, nearly 120 countries benefit from these offers), GlaxoSmithKline (GSK) uses the classification of Least Developed Countries and the geographical classification of sub-Saharan countries (a total of 63 countries).

Most of the originator companies, apart from Merck & Co., Inc. and Roche, do not have a policy for countries outside sub-Saharan Africa, or are not classified by UNCTAD as Least Developed Countries. For example, Bristol-Myers Squibb (BMS) applies discounts to wholesale and retail purchasers in sub-Saharan Africa (theoretically, 48 countries

benefit from this offer) but not in Central America where prices are negotiated on a case-by-case basis through the Accelerated Access Initiative.

Even when a given country is eligible, all institutions within the country may not be eligible for reduced prices. Again, eligibility is currently at the companies’ discretion. It does not mean that the drugs are registered and a distribution system exists in these countries.

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

developed countries (LDC’s) are not obligated to patent drugs until 2016¹¹.

Although generic competition is a critical factor in reducing prices (see Graph 1, where the prices trend of a sample ARV triple therapy combination is shown over the period May 2000-April 2003), it cannot be a stand-alone strategy as newer drugs may not be available in generic form immediately. There is an urgent need to develop a more systematic, transparent approach to differential pricing of originator products in addition to stimulating generic competition.

The challenge of paediatric formulations

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

Research and development for HIV/AIDS

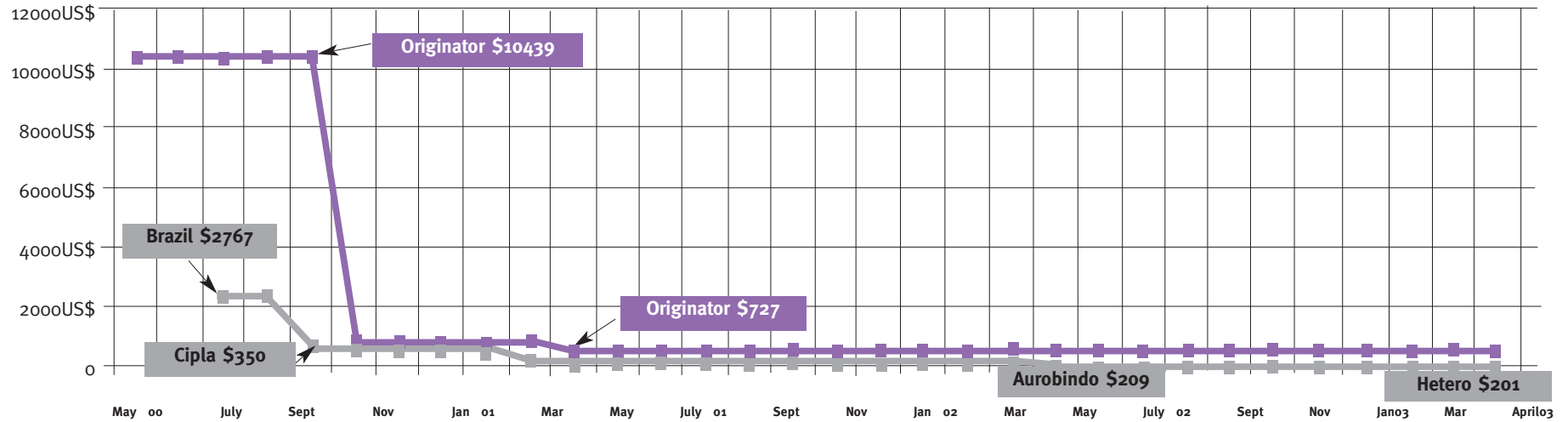
Paediatric formulations is not the only area where there is a need for R&D. For both adults and children, new drugs and diagnostic tools, as well as vaccines are needed for HIV/AIDS. Pharmaceutical investment in research and development largely corresponds to developed country patient needs, where the epidemic has more or less stabilized. We need to ensure that there is a strong focus on the needs of patients in developing and least developed countries and that the R&D momentum is not lost.

The Effects of Generic Competition

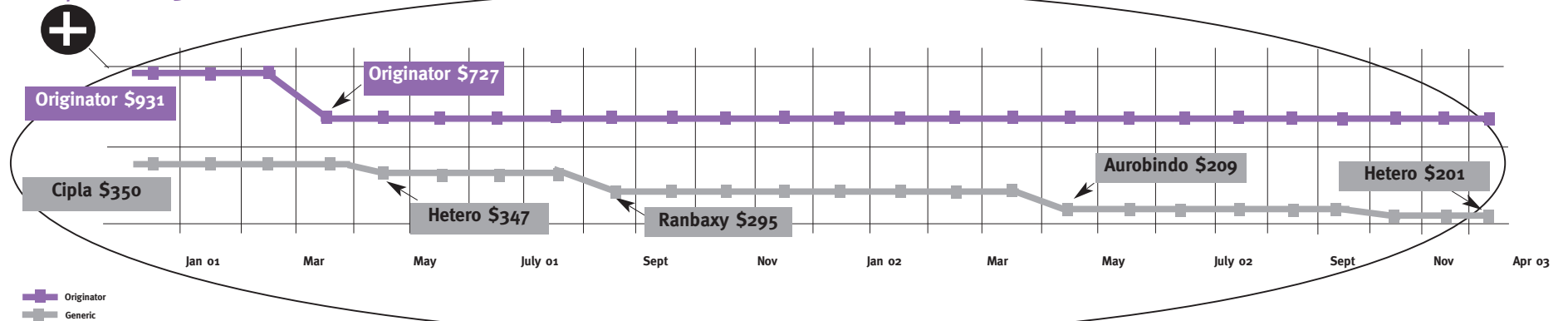
Sample of ARV triple-combination: stavudine (d4T) + lamivudine (3TC) + nevirapine (NVP). Lowest world prices per patient per year.

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

May 2000-April 2003



January 2001-April 2003



Guide to reading and using tables

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

Prices: table 1 shows the best price offers of some generic manufacturers and originator producers for each antiretroviral drug, including fixed-dose combinations. Figures within brackets indicate price in US\$ per unit (capsules, tablets etc.). Prices 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.

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

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

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

This document is also available in French and Spanish on www.accessmed-msf.org

Table 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 tables 2a and 2b.

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

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

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
Trade name Europe/US	Ziagen® (GSK)	Videx® (BMS)	Videx® (BMS)	Epivir® (GSK)	Epivir® (GSK)	Zerit® (BMS)	Zerit® (BMS)	Retrovir® (GSK)
Daily dose	2	4	1	2	1	2	2	2
BMS (US)		310* (0.212/unit)	Not applicable			49* (0.066/unit)	55* (0.075/unit)	
GSK (UK)	986* (1.350/unit)			128* (0.175/unit)				274* (0.375/unit)
Aurobindo (India)		197 (0.135/unit)		66 (0.090/unit)			31 (0.043/unit)	140 (0.192/unit)
Cipla (India)	821 (1.125/unit)	426 (0.292/unit)	271 (0.741/unit)	126* (0.172/unit)	124 (0.340/unit)	48 (0.065/unit)	53 (0.072/unit)	198* (0.271/unit)
GPO (Thailand)		650 (0.445/unit)		163 (0.223/unit)			73 (0.100/unit)	277 (0.380/unit)
Hetero (India)	1325 (1.815/unit)	185 (0.127/unit)		65 (0.089/unit)			31 (0.042/unit)	175 (0.240/unit)
Ranbaxy (India)			335 (0.917/Unit)	100* (0.137/unit)		36 (0.049/unit)	47 (0.064/unit)	180* (0.246/unit)
Combinopharm (Spain)								292* (0.400/unit)

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

Table 1b – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

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

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

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

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

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

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

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

In table 2c, prices for medium HDI countries with adult HIV prevalence less than 1%, are given.

Table 1c - Nucleotide Reverse Transcriptase Inhibitors (NtRTIs)

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

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

NtRTI	tenofovir (TDF)
Strength (mg)	300 mg
Trade name in Europe/US	Viread® (Gilead)
Daily dose	1
Gilead (US)	475 <u>(1.30/unit)</u>

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

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

Table 1d - Protease Inhibitors (PIs)

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

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

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

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

For Roche, prices are given in Swiss Francs and were converted in US\$ (1 US\$ = 1.40 CHF on 15 April 2003)

PI (Abbreviation)	indinavir (IDV)	nelfinavir (NFV)	ritonavir (r)	saquinavir hard gel capsules (SQV hgc)
Strength (mg)	400	250	100	200
Trade name in Europe/US	Crixivan® (Merck & Co. Inc.)	Viracept® (Roche)	Norvir® (Abbott)	Invirase® (Roche)
Daily dose	4 (**)	10 (***)	2 (§)	10 (#)
Abbott (US)			83* <u>(0.114/unit)</u>	
Merck & Co., Inc. (US)	400 (0.274/unit)			
Roche (Switzerland)		880* <u>0.241/unit(t)</u>		920* <u>0.252/unit(t)</u>
Aurobindo (India)	393 (0.269/unit)	1533 (0.420/unit)	336 (0.460/unit)	
Cipla (India)	406 (0.278/unit)	2026 (0.555/unit)	1084 (1.485/unit)	
Hetero (India)	387 <u>(0.265/unit)</u>	1500 (0.411/unit)	219 (0.300/unit)	1335 (0.366/unit)
Ranbaxy (India)	467 (0.320/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.

(#) Invirase 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. In table 2c, also prices for Low Income and Lower Middle Income Countries, as classified by the World Bank, are given.

Table 1e – Fixed Dose Combinations (FDCs)

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

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

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)	PI	NRTI	NRTI	NRTI	NRTI + NNRTI	NRTI	NRTIs + NNRTI	NRTI + NNRTI
Trade name in Europe/US	Kaletra® (Abbott)			Combivir® (GSK)		Trizivir® (GSK)		
Daily dose	6	2	2	2	2	2	2 2	
Abbott (US)	500* (0.228/unit)							
GSK (UK)				329* (0.450/unit)		1241* (1.700/unit)		
Aurobindo (India)				204 (0.280/unit)				
Cipla (India)		162 (0.222/unit)	172 (0.236/unit)	292* (0.400/unit)	418 (0.573/unit)		304 (0.417/unit)	304 (0.417/unit)
GPO (Thailand)				407 (0.558/unit)			325 (0.445/unit)	358 (0.490/unit)
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)	265* (0.363/unit)			285 (0.390/unit)	292 (0.400/unit)

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

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

Table 1f – Paediatric Formulations

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

ARV (Abbreviation)	Company (trade name)	Strength/Dosage form	Presentation	Price per pack	Additional information	
zidovudine	GSK (Retrovir®)	10mg/ml oral solution	200ml	US\$ 7.90*	Cost per day as indicated by the manufacturer (average paediatric dosage based on 25kg average weight): US\$ 1.58.	
	Cipla (Zidovir®)	50mg/5ml oral solution	100ml	US\$ 1.53*		
	GPO (Antivir®)	10mg/ml syrup	60ml/200ml	US\$ 1.17/3.40		
	Combinopharm	50mg/5ml oral solution	200ml	US\$ 4.20		
lamivudine	GSK (Epivir®)	10mg/ml oral solution	240ml	US\$ 7.45*	Cost per day as indicated by the manufacturer (average paediatric dosage based on 25kg average weight): US\$ 0.62.	
	Cipla (Lamivir®)	10mg/ml oral solution	100ml	US\$ 2.00*		
	GPO (Lamivir®)	10mg/ml syrup	60ml	US\$ 1.40		
didanosine	BMS (Videx®)	powder: 2g of active principle sold as a bottle for re-constitution with water and with antacids		US\$ 16.61 (16.61 Euro) (**)	Sold in local currency in Southern Africa – Rand and East Africa - shillings. Sold in Euro to West African countries.	
efavirenz	Merck&Co.Inc (Stocrin®)	50mg capsules	Bottle of 30	US\$ 3.47	US\$ 0.116/unit.	
abacavir	GSK (Ziagen®)	20mg/ml oral solution	240ml	US\$ 34.80*	Cost per day as indicated by manufacturer: US\$ 2.90.	
stavudine	BMS (Zerit®)	1mg/ml powder for syrup	200ml	US\$ 10.71 (10.71 Euro)(**)	Sold in local currency in Southern Africa - Rand and East Africa - shillings. Sold in Euro to West African countries.	
	BMS (Zerit®)	15mg capsules	Blister pack of 56	Not available*		
	BMS (Zerit®)	20mg capsules	Blister pack of 56	US\$ 5.25*		US\$ 0.094/unit.
	GPO (Stavir®)	15mg capsules	Box of 60	US\$ 3.50		US\$ 0.058/capsule.
	GPO (Stavir®)	20mg capsules	Box of 60	US\$ 4.20		US\$ 0.070/capsule.
	GPO (Stavir®)	1mg/ml dry syrup	60ml	US\$ 0.65		
	GPO (Stavir®)	5mg/ml dry syrup	60ml	US\$ 0.85		
nevirapine	BI (Viramune®)	10mg/ml suspension	240ml	US\$ 17.50*	PMTCT dose: 25ml.	
	Cipla (Nevimune®)	50mg/5ml suspension	100ml & 25ml (PMTCT)	US\$ 2.45 & US\$ 2.00 (PMTCT)		
ritonavir	Abbott (Norvir®)	80mg/ml oral solution	450ml(5x90ml)	US\$ 41.67*		
ritonavir + lopinavir	Abbott (Kaletra®)	20mg + 80mg/ml oral solution	300ml(5x60ml)	US\$ 41.67*		
nelfinavir	Roche (Viracept®)	50mg/g, powder for suspension	144g	US\$ 35* (**) (l)		

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

Table 2 Originator companies' ARV offers and restrictions for developing countries, adult and paediatric formulations

Table 2a Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ⁵¹
abacavir 300mg tablets (Ziagen®)	GlaxoSmithKline	<p>Least Developed Countries (LDCs) plus sub-Saharan Africa.</p> <p>All projects fully financed by the Global Fund to fight AIDS, TB and Malaria.</p> <p><i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally 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 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 organisations must supply the preferentially priced products on a not for profit basis.</p>	US\$ 986/year 1.350/unit	<p>Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived).</p> <p>The manufacturer recommends that 'prescribers must ensure that patients are fully informed regarding hypersensitivity reaction to abacavir. Patients developing signs or symptoms must contact their doctor immediately for advice.'</p>	CIP
abacavir 20mg/ml oral solution 240ml (Ziagen®)	GlaxoSmithKline	<p>Least Developed Countries (LDCs) plus sub-Saharan Africa.</p> <p>All projects fully financed by the Global Fund to fight AIDS, TB and Malaria.</p> <p><i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally 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 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 organisations must supply the preferentially priced products on a not for profit basis.</p>	US\$ 34.80 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 ^[5]
didanosine 100mg (Videx®)	Bristol-Myers Squibb Co.	Sub-Saharan Africa. <i>(For other developing countries, prices negotiated on a case by case basis through the AAI.)</i>	Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible.	US\$ 310/year US\$ 0.212/unit Lower tablet dosages prices in line with this offer		DDU to government purchasing entities.
lamivudine 150mg tablet (Epivir®)	GlaxoSmithKline	LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally 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\$ 128/year US\$ 0.175/unit	Supply Agreement required (For NGOs requiring less than 10 patient packs per month, this requirement may be waived).	CIP
lamivudine 10mg/ml oral solution 240ml (Epivir®)	GlaxoSmithKline	LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally 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\$ 7.45 per bottle	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 ⁵¹
stavudine 30mg and 40mg caps (Zerit®)	Bristol-Myers Squibb Co.	Sub-Saharan Africa. <i>(For other developing countries, prices negotiated on a case by case basis through the AAI.)</i>	Both private and public sector organisations that are able to provide effective, sustainable and medically sound care and treatment of HIV/AIDS are eligible.	30mg: US\$ 49/year (US\$0.066/unit) 40mg: US\$ 55/year (US\$0.075/unit)		DDU to government purchasing entities
zidovudine 300mg tablets (Retrovir®)	GlaxoSmithKline	LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally 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\$ 274/year (US\$ 0.375/unit)	Supply Agreement required. (For NGOs requiring less than 10 patients packs per month, this requirement may be waived.)	CIP
zidovudine 10mg/ml oral solution 200ml (Retrovir®)	GlaxoSmithKline	LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis or bilaterally 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\$7.90 per bottle	Supply Agreement required. (For NGOs requiring less than 10 patients packs per month, this requirement may be waived.)	CIP

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

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ⁵¹
efavirenz (Stocrin®)	Merck & Co., Inc.	Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater ¹⁰ .	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.	CIF
efavirenz (Stocrin®)	Merck & Co., Inc.	Medium HDI countries with adult HIV prevalence less than 1% ¹⁰ .	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		CIF
nevirapine 200mg tablets (Viramune®)	Boehringer Ingelheim	All World Bank low-income countries and sub-Saharan Africa. <i>(Other countries on a case-by-case basis.)</i>	Governments, NGOs and other partners who can guarantee that the programme is run in a responsible manner.	US\$ 438/year (US\$ 0.600/unit)		CIF
nevirapine 10mg/ml suspension 240ml (Viramune®)	Boehringer Ingelheim	All World Bank low-income countries and sub-Saharan Africa. <i>(Other countries on a case-by-case basis.)</i>	Governments, NGOs and other partners who can guarantee that the programme is run in a responsible manner.	US\$ 17.50 per unit		CIF

Table 2c Nucleotide Reverse Transcriptase Inhibitors (NtRTIs)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods^[5]
Tenofovir 300mg (Viread®)	Gilead	53 nations in Africa and 15 other UN-designated 'least developed' countries.	Organisations that provide HIV treatment in the 68 countries covered by the Viread Access programme will be able to receive Viread at the access price. Applications will go through a review process.	US\$ 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 ^[5]
indinavir (400mg caps) (Crixivan®)	Merck & Co., Inc.	Low Human Development Index (HDI) countries plus medium HDI countries with adult HIV prevalence of 1% or greater ¹⁰ .	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
indinavir (400mg caps) (Crixivan®)	Merck & Co., Inc.	Medium HDI countries with adult HIV prevalence less than 1% ¹⁰ .	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
nelfinavir 250mg tablets (Viracept®)	Roche	Low income countries and lower middle income countries - as classified by the World Bank.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	Bottle of 270 tablets: CHF 300.00 US\$ 214.29 US\$ 2898/year (US\$ 0.794/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\$ 7143)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ^[5]
nelfinavir 250mg tablets (Viracept®)	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\$ 64.93) US\$ 880/year (US\$ 0.241/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\$ 7143)
nelfinavir powder for oral solution 144g 50mg/g (Viracept®)	Roche	Low income countries and Lower middle income countries - as classified by the World Bank.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	CHF 55.00 per bottle (US\$ 32.29)		Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7143)
nelfinavir powder for oral solution 144g 50mg/g (Viracept®)	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\$ 35.00)		Terms and conditions: Effective date 1st March 2003. FCA Basel (Switzerland), CAD (Cash Against Documents) 30 days at sight. Minimum order and delivery amount per shipment is CHF 10,000 (US\$ 7143)

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ¹⁵
ritonavir 100mg caps (Norvir®)	Abbott	All African countries and the LDCs outside of Africa.	Governments, NGOs, UN system organisations and other national and international health institutions.	“Booster dose”: US\$ 83/year (US\$ 0.114/unit)		FOB
ritonavir oral solution 450ml (Norvir®)	Abbott	All African countries and the LDCs outside of Africa.	Governments, NGOs, UN system organisations and other national and international health institutions.	US\$ 41.67 per bottle		FOB
saquinavir 200mg hard gel capsules (Invirase®)	Roche	Low income countries and Lower middle income countries - as classified by the World Bank.	Governments, Non Profit Institutional Providers of HIV care, NGOs.	Bottle of 270 capsules: CHF 300.00 (US\$ 214.29) US\$ 2898/year (US\$ 0.794/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\$ 7143)
saquinavir 200mg hard gel capsules (Invirase®)	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\$ 68.14) US\$ 920/year (US\$ 0.252/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\$ 7143)

Table 2e Fixed Dose Combinations

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ⁵¹
lopinavir/ ritonavir 133.33 + 33.3 mg capsules (Kaletra®)	Abbott	All African countries and the Least Developed Countries (LDCs) outside of Africa.	Governments, NGOs, UN system organisations, and other national and international health institutions.	US\$ 500/year (0.228/unit)		FOB
lopinavir/ ritonavir oral solution 300ml (Kaletra®)	Abbott	All African countries and the Least Developed Countries (LDCs) outside of Africa.	Governments, NGOs, UN system organisations, and other national and international health institutions.	US\$ 41.67 per bottle		FOB
3TC + ZDV 300mg + 150mg tablets (Combivir®)	GlaxoSmithKline	LDCs plus sub-Saharan Africa. All projects fully financed by the Global Fund to fight AIDS, TB and Malaria. <i>(For middle income developing countries public sector prices negotiated on a case-by-case basis 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\$ 329/year (US\$ 0.450/unit)	Supply Agreement required. <i>(For NGOs requiring less than 10 patients packs per month, this requirement may be waived.)</i>	CIP

Product	Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods ⁵¹
abacavir + 3TC + ZDV 300 + 150 + 300mg tablets (Trizivir®)	GlaxoSmithKline	<p>LDCs plus sub-Saharan Africa.</p> <p>All projects fully financed by the Global Fund to fight AIDS, TB and Malaria.</p> <p><i>(For middle income developing countries public sector prices negotiated on a case-by-case basis 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 & 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. (For NGOs requiring less than 10 patients 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 of hypersensitivity must contact their doctor immediately for advice.'</p>	CIP

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

Company	Eligibility (countries)	Eligibility (body)	Price in US\$	Additional comments	Delivery of goods⁵¹
Aurobindo	No restriction	NGOs and Governmental Organizations.	See Table 1.	Prices available for at least 1,000,000 units for each product per single shipment. Payment by letter of credit.	FOB Hyderabad (India)
Cipla	No restriction	NGOs and Governmental Organizations.	See Table 1.	Payment at the confirmation of the order. Only available directly through Cipla HQ Mumbai. No quantity related conditions. Prices are as per table 1 however for larger quantities the prices are negotiable.	FOB Mumbai (India)
GPO	No restriction	Not-for-profit organizations and governments.	See Table 1.	Payment by signed letter of credit.	FOB Bangkok (Thailand)
Hetero	No restriction	Private sector, Public sector and NGO's.	See Table 1.	Prices could be negotiated on individual basis according commercial terms.	FOB Mumbai (India)
Ranbaxy	No restriction	NGO's and Governments or Programs supported by them.	Prices given in Table 1 apply to orders for a minimum of 1.5 million units. Different prices are offered for smaller quantities (500 000 or 1 million units).	Signed letter of credit.	FOB Delhi/Mumbai (India)
Combinopharm	No restriction	No restriction.	See Table 1.	Delivery terms 120 days. No minimum order required unless any special labelling is required (standard labelling is in Spanish): order of a complete batch. Pack of 60 or 300 capsules available for ZDV.	FOB Barcelona (Spain)

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://hdr.undp.org/reports/global/2002/en/pdf/backone.pdf>

Medium human development

Albania; Algeria; Armenia; Azerbaijan; Belarus; Belize; Bolivia; Botswana; Brazil; Bulgaria; Cambodia; Cameroon; Cape Verde; China; Colombia; Comoros; Congo; Cuba; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Fiji; Gabon; Georgia; Grenada; Ghana; Guatemala; Guyana; Honduras; India; Indonesia; Iran (Islamic Rep. of); Jamaica; Jordan; Kazakhstan; Kenya; Kyrgyzstan; Lebanon; Lesotho; Libyan Arab Jamahiriya; Macedonia (TFYR); Malaysia; Maldives; Mauritius; Mexico; Moldova (Rep. of); Mongolia; Morocco; Myanmar; Namibia; Nicaragua; Oman; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Romania; Russian Federation; Saint Lucia; Saint Vincent & the Grenadines; Samoa (Western); São Tomé & Príncipe; Saudi Arabia; Solomon Islands; South Africa; Sri Lanka; Suriname; Swaziland; Syrian

Arab Republic; Tajikistan; Thailand; Tunisia; Turkey; Turkmenistan; Ukraine; Uzbekistan; Vanuatu; Venezuela; Viet Nam; Zimbabwe.

Low human development

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

Annex 3: Sub-Saharan countries

Source: World Bank
<http://www.worldbank.org/afr/countries/htm> (April 2003)

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
<http://www.worldbank.org/data/countryclass/classgroups/htm> (April 2003)

Low-income countries

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

Lower-middle-income economies

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

Upper-middle-income economies

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

Annex 5: Company contacts

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

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West Africa: information can be obtained from Ms Marie-Astrid Mercier, BMS Access Coordinator in BMS Paris office (marie-astrid.mercier@bms.com)

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

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

Boehringer Ingelheim:

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

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

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

AIDS Acquired Immune Deficiency Syndrome

ARVs Antiretroviral drugs

BMS Bristol-Myers Squibb

CDC Centres for Disease Control and Prevention

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

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

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

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

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

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

EXW⁵¹ ‘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.

FOB⁵¹ ‘Free on board’ means that the seller delivers when the goods pass the ship’s rail at the named port of shipment. This means that the buyer has to bear all costs and risks of loss or damage to the goods from that point. The FOB term requires the seller to clear the goods for export.

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

GPO Governmental Pharmaceutical Organization (Thailand)

GSK GlaxoSmithKline

HIV Human Immunodeficiency Virus

IDV indinavir (Crixivan®); protease inhibitor

LDCs Least Developed Countries, according to United Nations classification

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

MSF Médecins Sans Frontières

NGO Non Governmental Organization

NFV nelfinavir (Viracept®); protease inhibitor

NNRTI Non-Nucleoside Reverse Transcriptase Inhibitor

NRTI Nucleoside Analogue Reverse Transcriptase Inhibitor

NtRTI Nucleotide Reverse Transcriptase Inhibitor

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

PMTCT Prevention of Mother-To-Child Transmission

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

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

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

TDF tenofovir (Viread®); nucleotide reverse transcriptase inhibitor

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

UNFPA United Nations Population Fund

UNICEF United Nations Children’s Fund

WHO World Health Organization

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

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Untangling the web of price reductions:

a pricing guide for the purchase of ARVs for developing countries



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