

Special points of interest

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Sanofi-Aventis re-brands generics business as Zentiva

Sanofi-Aventis has created the third largest generics company in Europe after re-branding its generic operations under the name Zentiva.

By unifying the Group's generic activities under the Zentiva brand, Sanofi-Aventis has allegedly created the fastest growing generics company in Europe with the ability to provide medicines to 800 million people in Europe, Russia and Turkey.

"Generics are an increasingly important part of Sanofi-Aventis' plans to become a diversified global healthcare company focused on patients' needs," said Belen Garijo, senior vice president, global operations, head of region Europe for Sanofi-Aventis.

The Zentiva brand was chosen based on its success in Central and Eastern Europe as well as its positive reputation in terms of providing support and services to its key customers. The single brand for the business should present a more consistent and high quality image across all the target markets, the company said.

Zentiva, headed by president Rob Koremans, has a product portfolio of more than 350 medicines in therapeutic areas such as cardiovascular, gastro-intestinal, urology, female health, anti-infectives, pain and CNS.

The company said it intends to grow its product line-up and build its position in Europe.

Links

www.sanofi-aventis.com

www.zentiva.com

NPA: England should abolish prescription charge

The NPA has called for the abolition of prescription charges in England, warning they add to pharmacists' workload without helping patients.

The call came as Scotland abolished prescription charges, joining Northern Ireland and Wales in offering prescriptions free to all, while in England the charge rose to £7.40 per item.

The rise in cost in England was disappointing as charges deterred patients - especially those on low incomes - from getting medicines, said NPA head of pharmacy Nanette Kerr.

"From a pharmacist's point of view, processing prescription levies is part of the job that adds workload but no patient benefit," Ms Kerr said.

"Pharmacists, like other health care professionals, experience great pressures on their time and any release of time could be used to enhance patient care," she added.

Chemist & Druggist 01/04/11

Price Watch UK — Prednisolone goes through the roof

Trade prices for 28-tablet packs of prednisolone 5mg rocketed skywards again last month. Just a short while ago, the product could be bought by independent pharmacists and dispensing doctors for as little as £0.50 without too much shopping around. But after a 199% average price rise in February, and a 154% increase in March, the average price of the corticosteroid hit £5.47 (US\$8.80). This was about 10-times more than a few weeks earlier (see Figure 3).

To see more go to <http://www.wavedata.co.uk/newinfo.asp> and view our article from this month's Generics Bulletin.

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WaveData - Pricing you into the Market

We have noticed that the value of the Euro has declined from £0.93 to £0.85 over the last year or so, putting parallel imported products (absent since 2008) back on chemist's shelves.

Therefore WaveData are running a 33% off offer on their WaveData Live Pricing Information service at <http://www.wavedata.net> until the 30th April.

To register your interest, please email your contact details to info@wavedata.co.uk with the words 'wavedata live offer' in the title.



WaveData Live provides up to the minute and current information about the discounts being offered to chemists and dispensing doctors by wholesalers and manufacturers so you can see how well your DTP or reduced wholesaling is working.

It also is a useful guide to the prices being offered for imports and generics, and will show who is selling parallel imports of your brand, and who is launching or selling generics.

The data is updated every 15 minutes to keep you ahead of the competition.

Please contact us and we will send you the current costs for this service as well as the 33% reduction, which is available until the end of April 2011.

33% off

Till 30th April

WaveData started collecting information about imports and generics in 2000, and now supplies competitor intelligence to many pharma, surgical and wholesale companies.

*WaveData Ltd, Concorde House, Comet Way, Eastwood, Essex, England
SS2 6GD United Kingdom*

Company Registration Number: 0399 8025 VAT Number: GB 761 4016 55

Volume 52

Drugmakers clash over Canada/EU trade deal

Claims that Canada's proposed trade deal with the European Union (EU) would add C\$2.8 billion a year to Canada's drug costs are based on flawed assumptions and should be ignored, research-based drugmakers have said.

The claims, which were made in a study released recently by the Canadian Generic Pharmaceutical Association (CGPA), are "based on a flawed underlying assumption," according to Canada's Research-Based Pharmaceutical Companies (Rx&D), which adds that the study would be "unlikely" to "pass peer review if it were submitted to an academic journal for publication."

The CGPA study was commissioned to examine the effects of the Comprehensive Economic and Trade Agreement (CETA) now being negotiated between Canada and the EU. The deal includes proposals from Europe that would, according to the authors, considerably lengthen the period of market exclusivity for brand-name drugs in Canada and provide "the most extensive structural protection for innovative drugs of any country in the world."

As a result, they warn, Canadian payers including federal and provincial governments, businesses and patients "would face substantially higher drug costs as exclusivity is extended on top-selling prescription drugs, with the annual increase in costs likely to be approximately C\$2.8 billion a year."

However, in an analysis of these claims published late last week, Rx&D says that the study contains "major flaws... makes numerous and highly debatable assumptions, is biased in its consideration of the issues and contains several methodological errors."

The research-based drugmakers claim that the study advances the generics industry's "self-serving position that weak intellectual property [IP] rules should be an effective way to control health care costs," and that it "ignores the fact that IP improvements over the past 25 years have generated an 800% increase in pharmaceutical R&D investment in Canada."

CETA not only represents a unique opportunity for Canada to become the only country in the world with favoured trade status with both the US and the EU, but it also has the potential to give a C\$12 billion boost to the Canadian economy and increase bilateral trade by over 20%, says Rx&D.

The group says it has identified five "major flaws" in the CGPA study, namely that it: - overestimates brand sales; - is biased in its selection of drugs to illustrate the potential effects of the CETA IP provisions on payers, as the six it has chosen are blockbusters and therefore unrepresentative of the overall market; - overstates the cost impact of the IP provisions by choosing 2010 as the baseline year, when in fact that was "a unique year" because around C\$2 billion in innovative drug sales became exposed to generic competition; - exaggerates the impact of IP changes; and - employs a flawed pricing analysis which is, it says, "akin to back-of-the-envelope calculations" and based on "blanket assumptions."

As a result, the report's conclusions "should not be considered in any serious or even cursory respect by Canadian policy architects and officials," says Rx&D.

The CGPA has dismissed the research-based industry's attacks on its commissioned study. "Brand-name drug companies are trying to convince Canadians that if we do not concede to their demands for longer monopolies, and accept the resulting higher prescription drug costs, there can be no trade deal. That self-serving insinuation is patently false," Association president Jim Keon said late last week.

Extending market monopolies for brand-name drugs, as proposed by the EU, will raise trade barriers for Canadian generic manufacturers and "increase revenues for European-based drug companies at the expense of Canada's health care system," Mr Keon added

Links

www.canadiangenerics.ca

EU consults on drug pricing/reimbursement decisions

Commission has launched a public consultation with a view to modernising rules covering the transparency of member states' decisions on drug pricing and reimbursement.

The regulations are contained within Council Directive 89/105/EEC - the "Transparency Directive" - which has not been amended since 1989, despite the substantial changes which have taken place in the European Union (EU) pharmaceutical market since then. While drug pricing and reimbursement decisions are taken at individual EU member state level, the purpose of the Directive is to facilitate the free movement of medicines within the EU.

"Transparency in pricing and reimbursement procedures contribute to maintaining a dynamic pharmaceutical market and can help diminish the strain on public health budgets," said Antonio Tajani, European Commission vice president and Commissioner for Industry and Entrepreneurship. "The time has come to rejuvenate the existing framework - public authorities, companies and, above all, citizens will benefit from a more modern set of rules," he added.

The Commission says that the public consultation will help it determine how best to update the existing rules in order to reduce drug prices, guarantee that national procedures are transparent and facilitate broader and timely access to medicines.

Some of the issues which will be examined through the consultation include: - delays in pricing and reimbursement procedures, as highlighted in the Commission's competition inquiry into the pharmaceutical sector of July 2009; - consistency between existing transparency rules and both the development of increasingly innovative products and the evolution of pharmaceutical cost-containment mechanisms within EU member states; - the role of European Court of Justice case-law which, says the Commission, has "always provided an extensive interpretation of the existing rules in order to guarantee their effectiveness"; - the opportunity and feasibility of extending the scope of the Transparency Directive to include medical devices; and - exploring the possibility of an EU-wide system of penalties for delays in pricing and reimbursement decisions.

The pricing and reimbursement measures implemented by EU member states affect the capacity of drugmakers to sell their products in national markets and are capable of creating barriers to trade within the EU, says the Commission. The Transparency Directive aims to mitigate the potential impact of national rules by ensuring that pricing and reimbursement decisions follow transparent procedures and discriminate between medicines produced nationally and those imported from other member states and, ultimately, it benefits patients by facilitating trade in medicines within the EU, it adds.

The deadline for submitting contributions on the review of the Directive is May 25.

Pharmatimes 03/03/11

Nutricia Medical streamlines its wholesaler network

Nutricia Advanced Medical Nutrition has announced that from 4th April 2011 it is to streamline its wholesaler network to four partner companies:

AAH Pharmaceuticals Ltd - <http://www.aah.co.uk/>

Alliance Healthcare (Distribution) Ltd - <http://www.alliance-healthcare.co.uk/>

Phoenix Healthcare Distribution Ltd - <http://www.myp-i-n.co.uk/>

Mawdsley-Brooks & Co Limited - <http://www.mawdsleys.co.uk/>

The full product list can be downloaded here: [Nutricia_product_list.pdf](#)

The streamlined network will serve hospitals, community pharmacies and dispensing doctors throughout England, Scotland and Wales. Nutricia will continue to offer a direct supply to hospitals as well as manage distribution direct to its homecare patients. **All** special orders (special obtains and non stock lines) will be available from all four wholesale partners as well as Nutricia for direct supply customers.

Nutricia has a reputation for outstanding service levels within the industry and is committed to maintaining this by introducing continued efficiency improvements. The selection of the four chosen distribution partners followed a robust and extensive tender process and Nutricia is now working closely with its partners to ensure a smooth transition to the new arrangements.

Media enquiries

Please contact: Ian Glennie, Managing Director, Glennie McIntosh Limited Tel: 01249 445778 Mobile: 07734 858121

Issued on behalf of: Nicola Davies, Communications Manager, Nutricia Medical

NICE takes over National Prescribing Centre

The National Institute for Health and Clinical Excellence has taken over the National Prescribing Center, which helps the National Health Service to make the best use of medicines and therefore achieve the best outcomes for patients.

The merger, which was given a green light by the Department of Health last October, will see the NPC's functions sown into a new programme of work within the Institute's Evidence and Practice Directorate, which will be headed up by NICE Deputy Chief Executive Gillian Leng.

Since its birth in 1996 the NPC has published a huge number of resources to encourage optimal medicines management - i.e. the way medicines are selected, procured, delivered, prescribed, administered and reviewed - throughout the health service.

Publications include MeReC bulletins on medicines and prescribing, information to support the introduction of newly licensed or marketed medicines, and advice and support to non-medical prescribers (e.g. pharmacists, nurses and optometrists), accountable officers for controlled drugs and those supporting local decisions about medicines.

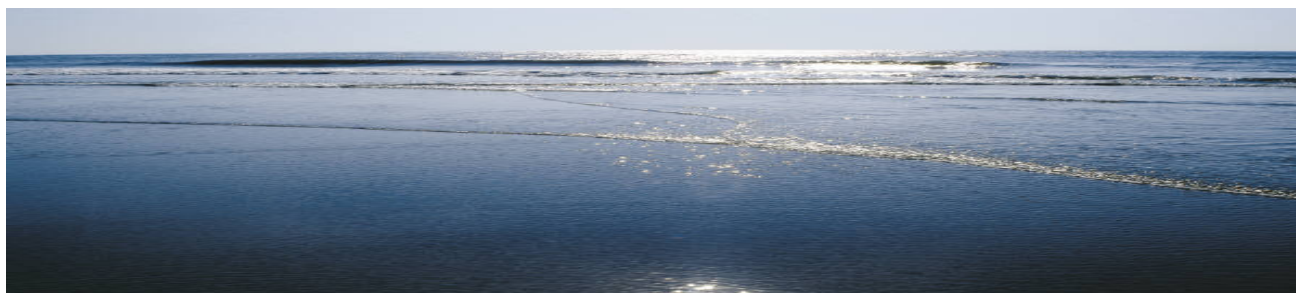
The move should see a closer alignment of functions of the NPC and NICE, which have long worked hand in hand to ensure that medicines use in the health service is both of high quality and value for money, the Institute said.

'Exciting opportunity'

According to Leng, the integration offers "an exciting opportunity for us to build on the important work that we both do in all aspects of medicines management and will further strengthen access to medicines information through NHS Evidence," a free service providing health and social care professionals with access to quality-assured healthcare information.

NICE is facing quite a change in direction under government reforms of the health system. The planned introduction of value-based pricing in 2013 means that the Institute's cost effectiveness decisions will become somewhat redundant, but its clinical effectiveness work will be crucial to attaining the best quality and most efficient care.

Pharmatimes 05/04/11



WaveData — Top ten products

According to WaveData, these were the most commonly investigated products in searches of the online pricing data at www.wavedata.net

Both uk and pi prices were viewed for each product, giving some indication of where the focus was in March 2011

Tamsulosin MR Caps 400mcg 30

Prednisolone Tabs 5mg 28

Citalopram Tabs 20mg 28

Simvastatin Tabs 40mg 28

Anastrozole Tabs 1mg 28

Bisoprolol Fumarate Tabs 2.5mg 28

Co-Codamol Caps 8mg/500mg 100

Lansoprazole Caps 30mg 28

Metformin Tabs 500mg 28

Atenolol Tabs 25mg 28

This bulletin now goes out to 1300 plus

people, and it is growing each month.

If you would like to add or suggest any articles/comments, please let me know by the 11th May 2011, as I will be issuing the next one on the 18th May 2011.

If you have any colleagues who would like to receive this, please let them know about it.

You can view all copies of the Bulletin at www.wavedata.co.uk

Jackie Moss
WaveData Ltd

E-mail: jackie@wavedata.co.uk
07968 815192