

Monthly service

Commercial Bulletin

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ALLIANCE HEALTHCARE LANDS EXCLUSIVE

Novo Nordisk has signed an exclusive distribution deal with Alliance Healthcare, which will come into force on March 3.

At present, Novo Nordisk distributes through only Phoenix and Alliance.

The new arrangement will see Alliance become the sole distributor of Novo Nordisk medicines in the UK. Alliance will continue to manage its customers' delivery frequencies and discounts, as well as contacting pharmacists to confirm discounts and removal of the fuel surcharge for any Novo Nordisk orders.

The arrangement covers all Novo Nordisk products in the UK apart from Novo Seven, which is a hospital-only product.

Alliance commercial healthcare director Mark Stephenson confirmed the deal. "We are delighted to have been chosen to work with Novo Nordisk as their sole distribution partner for this range of medicines," he said. "Alliance Healthcare is committed to maintaining the highest levels of service on Novo Nordisk products, and we will be communicating full details of this latest supply chain change to all customers in preparation for go-live on March 3, 2011."

Novo Nordisk UK managing director Viggo Birch added: "We believe that strengthening our partnership and working in collaboration with Alliance Healthcare will allow us to increase transparency and understanding of where and when Novo Nordisk medicines are needed across the UK, allowing us to provide a higher level of service to pharmacists and ultimately patients using our products."

Alliance signed a similar deal with Lundbeck in November 2010, prompting [concerns over the effect of exclusive deals](#). The NPA warned these deals could increase administration and restrict choice in pharmacies and said they were not in the interest of "patients, pharmacies or the wider supply chain".

chemistanddruggist 21/01/11



ABBOTT CHOOSES AAH, ALLIANCE HEALTHCARE AND PHOENIX IN SUPPLY DEAL

Abbott will be distributing its products exclusively through AAH, Alliance Healthcare and Phoenix from March 1. Under the latest supply deal, only the three wholesalers will distribute Abbott products to community

pharmacists. The manufacturer has also chosen Phoenix to distribute hospital products Chirocaine, Klaricid IV, Sevoflurane and Zemplar, which were previously only available direct from Abbott. Abbott has said it is work-

ing closely with the wholesalers to "ensure a smooth transition to the new distribution arrangements". A full list of the medicines involved in the arrangements is available.

Chemist & Druggist 15/02/11

Company Profile

equa pharma limited

Equa Pharma Limited is an independent consultancy founded in 2000 to offer commercial strategy, management and intelligence solutions to small-to-medium UK pharmaceutical companies. Over the past decade we have managed hundreds of millions of pounds worth of sales on behalf of more than twenty different organisations, maximising profits and protecting sales of UK branded drugs against generic and PI erosion.

By utilising existing supply chain structures and an extensive network of trusted contacts throughout the industry, we are able to offer a range of highly efficient and cost-effective methods of combating commercial competition. Our client companies retain full control of their product, and have the final say in all significant decisions, without having to worry about the day-to-day minutiae of maintaining commercial deals, thanks to our transparent, fully-managed service. We simplify the complexities of brand-generic equalisation and PI switch agreements, handle all the necessary transactions to maintain deals with the majority of UK retail pharmacies, and offer effective means to access the various UK wholesalers.

Equa's solutions are tailor-made for each of our clients, allowing them to choose levels of coverage and retain control of key accounts where necessary without the need to engage in time-consuming and potentially fruitless searches for new business. We engage with all levels of the UK Pharma supply chain from the largest wholesalers and vertically integrated retail groups, through buying groups and smaller wholesalers, down to dispensing doctors and independent groups. Our cost structure is flexible, and can be based on performance and capped at a predictable level as required.

Our expertise and knowledge of the commercial arena is second to none.

If you have products that are suffering under the pressure of parallel imports or generic competition, please drop Chris, Tom or Carole a line via services@equapharma.co.uk or on 01484 644499.



Branded drug shortages “much worse,” say wholesalers

Last autumn, the “vast majority” of a list of branded drugs were supplied only after they had been ordered at least three times by a pharmacist, dispensing doctor or hospital, says a newly-published survey.

Following a similar exercise the previous year, the British Association of Pharmaceutical Wholesalers (BAPW), which represents full-line wholesalers, asked its members to provide it with records of the orders received from all UK pharmacies, dispensing doctors and hospitals for some of the biggest-selling branded medicines in the UK during September-November 2010. The medicines selected had been identified independently as being in short supply by the Pharmaceutical Services Negotiating Committee (PSNC).

The survey found that, while over 90% of the time a “normal” medicine order from a pharmacist would be expected to be fulfilled by a wholesaler immediately at first ordering, only two of the branded drugs achieved a 65% order fulfilment ratio during the three months, and the vast majority were supplied only after they had been ordered at least three times, says the BAPW, which describes the picture as “very worrying.”

The worst supply situation was found for

Novartis' Emselex (darifenacin) tabs 15mg used in the treatment of urinary retention and incontinence, for which just 1.57% of the quantity ordered was supplied. Other low percentages of supplies in terms of quantity of product ordered were found for Boehringer Ingelheim's Micardis Plus (telmisartan) tab 40mg (8.40% of the order actually supplied) and 80mg (9.57%), Sanofi-aventis' Co-Aprovel (irbesartan/hydrochlorothiazide) FC 300mg/12.5mg (10.18%), both treatments for hypertension, plus Genzyme Therapeutics' Renagel (sevelamer hydrochloride) FC tab 800mg (11.33%) for chronic kidney disease and Daiichi Sankyo's osteoporosis treatment Evista (raloxifene) tab 60mg (11.47%).

The two products for which over 65% of the quantities ordered were actually supplied were Boehringer Ingelheim's Persantin Retard (dipyridamole) cap 200mg (73.48%), used in the treatment of stroke, and Sanofi-aventis' antihypertensive Aprovel (irbesartan) tab 300mg (66.11%).

The BAPW says it is even more concerning to note that, almost without exception, the figures for the branded medicines tracked are much worse than the figures reported the previous year. Other European Union (EU) countries, including Germany and France, have legislated to pre-empt similar issues occurring in the countries, using public service obli-

gations and regulations “to protect their healthcare systems from untrammelled market forces,” the Association points out, and adds: “we believe a balance needs to be struck between supply chain incentives and public health obligations.”

Links

www.bapw.net
www.psnc.org.uk

Pharmatimes 08/02/11



Pharmacies should receive drugs from suppliers within 24 hours, says govt

New guidance from the government establishes for the first time the principle that, "under normal circumstances," UK pharmacies should receive medicines from suppliers within 24 hours.

Moreover, all parts of the pharmaceutical supply chain should have contingency arrangements in place to source medicines where there are supply difficulties, says the joint guidance, which has been produced by organisations representing the supply chain, regulators and government.

The guidance acknowledges that medicine supply problems can occur for "various reasons, such as manufacturing problems, difficulties in obtaining raw materials, regulatory issues, changes to manufacturers' distribution systems and fluctuations in parallel trade," and it emphasises the importance of regular communication between manufacturers and wholesalers, "so that all parties have a good understanding of the supply and demand for particular products."

In another key point, the guidance says where manufacturers put arrangements in place to verify that a medicine is required for "a genuine UK patient," they should be "sensitive to the workload implications for dispensers." Also, as part of these arrangements, dispensers should not disclose details which could identify the patient or the prescriber.

Prescribers should where appropriate consider a change in medication for patients and advise them to request prescriptions in good time where there are supply difficulties, particularly for patients for whom there would be a significant clinical consequence to missing any doses of their medicine, such as those taking antipsychotics, anti-epileptics and anti-cancer drugs, it adds.

As part of the exercise, the Medicines and Healthcare products Regulatory Agency (MHRA) is undertaking a series of targeted inspections "so that those who are breaching existing duties to supply medicines will face the consequences," and a list of products in short supply has been published on the website of the Pharmaceutical Services Negotiating Committee (PSNC) "so that no-one has the excuse that they are not aware of supply difficulties," the document notes.

PSNC chief executive Sue Sharpe describes the guidance as "a step in the right direction," and welcomes the fact that it has been agreed by all parts of the supply chain, including manufacturers. However, she adds, there is "much still to be done if pharmacies are to be able to give confidence to patients who have experienced delays in sourcing the medicines they need."

Ms Sharpe noted that the PSNC is particularly pleased that the guidance explicitly recognises that requesting faxed prescriptions prior to supply "is not acceptable routine practice," and this was also welcomed by Ian Facer, chairman of pharmacy representative groups Pharmacy Voice and the National Pharmacy Association (NPA).

"Where quotas are used by manufacturers to control the supply of medicines, the guidance states that they must be flexible and equitable. Currently, quotas are being applied bluntly, causing inconvenience and distress for pharmacists and patients. This means that many patients, sometimes with serious conditions, have had to wait for medicines while the pharmacist faxes an anonymised copy of their prescription to prove to the manufacturer that the need is genuine," said Mr Facer.

He also welcomed the guidance's establishment of the principle that pharmacies should receive medicines within 24 hours of ordering them, but added: "we would have preferred a strong obligation on suppliers."

Martin Astbury, president of the Royal Pharmaceutical Society (RPS), warned that the real test will be how effectively the guidance is implemented by all parties, "particularly the focus of the Scottish Government, the Welsh Assembly and the Department of Health on making the supply chain work for patients."

The snowstorms of last December had caused a crisis in the supply of medicines to Scottish pharmacies, with 92% of pharmacists in Scotland surveyed by the RPS saying they had been prevented from dispensing a prescription because they were not able to obtain the medicine.

"When pharmacists have to rely on a single supplier, patients feel the consequences when something goes wrong," said Alex McKinnon, director for RPS Scotland.

Links

www.dh.gov.uk www.psn.org.uk www.npa.co.uk www.rpharms.com

Pharmatimes 11/02/11

Actavis chief ponders future and possible sale

Leading generics group Actavis is looking at the possibility of acquiring companies but further down the line is also contemplating either going public or possibly a sale.

The Icelandic company has issued a statement about interviews with certain members of the press that chief executive Claudio Albrecht gave on a visit to Germany this week. He told Reuters: "Are we in an ideal position when it comes to enterprise value? No. Do we know how to get there and how long it will take? Yes, two to three years."

After that, an initial public offering, a sale or a tie-up with another company could become an option, Mr Albrecht added. He went on to say that it make sense to wait three years before a sale of the firm is considered as "I believe that we can fetch more than a factor of 10 if we do it right".

Actavis' yearly earnings before interest, taxes, depreciation and amortisation are well above 300 million euros, the CEO confirmed, and it hopes to increase revenues by at least 10% this year from about 1.8 billion euros in 2010. In the near future, acquisitions could play a major part in hitting those targets and "we are currently looking into two or three targets".

Specifically, he told the German newspaper *Handelsblatt* that the firm is interested in deals in the region of 400-500 million euros. Geographically, Actavis is hoping to strengthen in Poland, Russia, Turkey and some southern European countries and Mr Albrecht ruled out a bid for generics rival Stada, because of its large stake in the German market which is under pricing pressure.

Pharmatimes 11/02/11

Every individual pack will have a unique number

Dr Alexander Natz of Eucope European confederation of pharmaceutical entrepreneurs (Eucope.org) told EMIG members on Monday 7th February that every single pack will need to have a different code to overcome counterfeits.

The proposals would apply to any organisation handling medicines, and importers and repackers would be covered as well. The unique code would be randomly generated and would include a 2d bar (QR) code.

These proposals are due to come into effect in 2013 and be in place by 2015.

The process is expected to cost as much as 11 billion Euros, and manufacturers and suppliers are expected to absorb this cost. If the proposals are accepted, they would become national law in 2012 and come into place no earlier than 2015.

They would allow each player in the supply chain to scan the 2d bar code on a pack and see immediately whether the pack is legitimate or counterfeit.

This includes the pharmacy, and pharmacy system suppliers will need to consider whether packs need to be scanned twice, once to verify and a second time to dispense, or if the process can be simplified to a single scan.

The codes are expected to be randomly generated by a centralised computer database, so that counterfeiters cannot predict which codes to place on their fraudulent packs.

Organisations involved in the process will include manufacturers, wholesalers, importers, hospitals and pharmacies. Dispensing doctors will also need to check packs for authenticity.

Further information

http://www.eucope.org/en/wp-content/uploads/2011/01/EUCOPE-Synopsis-Counterfeit-Dir.-2001_83_EC.pdf



Government plan to beat medicine shortages

The government has set out its strategy to beat shortages of medicines in the supply chain.

In a guidance note, *Best Practice for Ensuring the Efficient Supply and Distribution of Medicines to Patients*, the Department of Health says the aim of all parties in the supply chain should be that, under normal circumstances, pharmacies should receive medicines within 24 hours.

Pharmacists in the UK have been complaining for more than a year about the difficulty in obtaining medicines.

Changes to the supply chain combined with the falling value of the pound have led to claims that medicines earmarked for the UK are being diverted to more profitable markets.

The Department of Health guidance calls on manufacturers to "make best endeavour to fill all UK orders, in a timely and prompt fashion. In planning

stock holdings, manufacturers should hold a reasonable volume of buffer stock to ensure continuity where there are fluctuations in demand, for example if there is a sudden reduction in parallel import availability in the UK or where there are time lags or reliability issues with the data used to forecast demand."

Where quotas are used, manufacturers should ensure that they are set equitably, and manufacturers should have contingency arrangements in place to supply product where stock is exhausted at wholesalers, pharmacies or doctors' dispensaries.

It calls on wholesalers to do their best to put in place measures and controls that ensure the equitable distribution of available medicines among all pharmacies and doctors' dispensaries.

Pharmacies and dispensaries should have contingency plans to source supply where stock is unavailable from whole-

salers.

And patients should be told to request prescriptions in good time. "This is particularly important for patients taking medicines with a significant clinical consequence to missing any doses (e.g. anti-psychotics, anti-epileptics, anti-cancer etc)," it said.

www.logisticsmanager.com
04/02/11

DICLOFENAC PLASTERS NOW AVAILABLE THROUGH PHARMACY

Diclofenac sodium medicated plasters are set to become available without prescription in pharmacy, the MHRA has announced.

The agency has approved the POM to P switch for medicated plasters containing 140 mg diclofenac sodium to be supplied for the symptomatic treatment of pain in acute strains, sprains or bruises in the extremities people over 15 years of age.

The MHRA also announced updates on two other P medicines. At present, domperidone maleate tablets can be supplied without a prescription for nausea and vomiting of less than 48 hours. But the MHRA say it can now be supplied without a prescription in pharmacy for relief of post-prandial symptoms of excessive fullness, gastric bloating and heartburn.

The maximum pack size of diclofenac ethylammonium 1.16 per cent gel available without a prescription has increased from 50 g to 100 g and the maximum treatment period without medical advice has increased from seven days to 14 days.

Chemist & Druggist 19/01/11

Price Watch UK

Pramipexole and Risedronate show falls

Two more newcomers have been added this month to the Price Watch list of 'fast movers' (see Figure 1). These are pramipexole and risedronate, which were both launched as generics in the UK last December, and were covered by this column in the most recent issue (Generics bulletin, 1 February 2011, page 19). One strength each of lansoprazole, omeprazole and simvastatin have made way for the latest additions. They have been added to the generics basket that is surveyed by WaveData to determine the 'biggest risers' and 'biggest fallers' (see Figures 2 and 3).

To see more go to <http://www.wavedata.co.uk/news2a.asp> and view our article from this month's Generics Bulletin.

WaveData

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www.generics-bulletin.com



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 January 2011

Sertraline Tabs 50mg 28

Citalopram Tabs 20mg 28

Bendroflumethiazide Tabs 2.5mg 28

Co-Codamol Caps 8mg/500mg 100

Co-Codamol Eff Tabs 30mg/500mg 100

Losartan Tabs 100mg 28

Omeprazole Caps 20mg 28

Simvastatin Tabs 20mg 28

Simvastatin Tabs 40mg 28

Cetirizine Tabs 10mg 30

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 14th March 2011, as I will be issuing the next one on the 21st March 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

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