

# Wholesale Bulletin



## Sanofi-Aventis is latest to limit distribution

Sanofi-Aventis is set to become the third drug firm to switch to an exclusive distribution system for its medicines in the UK, with the announcement that, from November 1, its products will be distributed by AAH, Phoenix and Unichem only. The three firms will offer 100% national coverage across the UK, including Northern Ireland.

Sanofi follows Pfizer, which has already introduced its single UK supplier system and AstraZeneca, which recently announced its two-supplier model would go live "early next year", in introducing restrictions on the number of wholesalers used to deliver its medicines.

The company said: "We have selected AAH, Phoenix and UniChem to distribute our medicines, commencing 1 November 2007. There is no change to their wholesaler status and they will continue to control both discounts and delivery frequency."

**AstraZeneca** is pushing back the introduction of its new supply and delivery service from the third quarter this year to the beginning of 2008 to ensure a "smooth and successful introduction".



### Challenges over Generic prescribing

The ABPI has issued a legal challenge against the DH's policy of offering GPs incentives to prescribe generic drugs rather than branded ones. PCTs have been encouraged to prescribe generics in

certain areas, such as statins, proton pump inhibitors, anti-hypertensives and antiplatelet drugs, this is seen to be a way to cut NHS costs.

Also according to the ABPI, in some cases GPs are receiving a 'direct personal in-

centive' to prescribe lower costs medicines.

The DH has said that they 'rigorously defend' the ABPI's challenge.

### Special points of interest:

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### This issue

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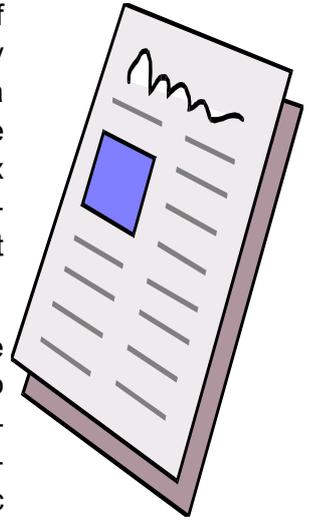
Plus more

**AstraZeneca** yesterday unveiled plans to double the number of expected job losses to around 7,600 as it looks to ramp up its cost-cutting programme in a bid to save \$900 million by 2010. The cost of the restructuring will be \$1.6 billion, with \$458 million charge taken in the first half of this year.

**Johnson & Johnson** has become the latest firm to announce a major restructuring programme which will result in a 4% reduction of its workforce and should lead to cost savings of \$1.3-\$1.6 billion next year. The healthcare giant noted that its pharmaceuticals division will bear the brunt of most of the job losses, which will see around 4,800 posts lost.

One of the main reasons that the cuts are deemed to be necessary is the loss of patent protection that some of the unit's drugs will be facing, notably its biggest-seller, the schizophrenia drug Risperdal (risperidone) and the migraine agent Topamax (topiramate), which could face generic competition as soon as next year.

**Goldshield** has agreed to pay the department of health £4 million to settle allegations of its \*anti-competitive cartel conduct\* in connection with the supply of generic drugs to the NHS during 1999-2000



**Teva UK** has launched Perindopril 2mg, 4mg and 8mg tablets. The prescription only medicine is indicated for the treatment of hypertension and heart failure. All three strengths are available in packs of 30.

**GlaxoSmithKline** is breathing a huge sigh

of relief this morning following a recommendation from a US Food and Drug Administration advisory panel that the drug giant's controversial diabetes treatment Avandia should remain on the market, with new safety warnings.

### New subscribers

WaveData have kindly agreed to give 100 credits for their wavedata.net live pricing information site to anyone passing on the names of colleagues who have agreed it would be interesting to receive the wholesale bulletin each month.

### Experts warn GPs to curb antibiotic prescribing

Experts have once again called on GPs to reduce antibiotic prescribing because of the danger of resistance. The call came from the authors of a study published this week on BMJ Online First it showed prescribing amoxicillin to a child in general practice doubles the risk of beta-lactam resistant bacteria two weeks later. The authors said current levels of antibiotic prescribing could be enough to sustain resistance. Last week a report published by the Journal of Antimicrobial Chemotherapy warned that many GPs were risking adding to resistance by continuing to prescribe antibiotics for 80 per cent of patients who consulted with upper respiratory tract infections. Led by Professor David Mant of the University of Oxford Department of Primary Healthcare, the authors of the new study concluded that substantial and sustained changes in prescribing were required.

