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MONTHLY SERVICE

Commercial Bulletin

ABPI moves to boost trust between industry and NHS

Members of the Association of the British Pharmaceutical Industry have voted in amendments to the Code of Practice to increase the transparency of working practices between the industry and healthcare professionals.

From January 1st next year pharmaceutical companies will no longer be able to give healthcare workers any branded promotional items, such as pens and notepads, with only “inexpensive items” meant for use by patients under formal patient support programmes allowed under the new rules.

Also new in the Code, from 2013 companies will be required to declare payments (made in 2012) to healthcare professionals for services such as speaker fees, advisory boards and consultancy, and sponsorship for attendance at annual meetings, in order to secure greater clarity of such relationships and thereby maintain the industry’s reputation.

“**It** is both important and absolutely right that we have a professional and meaningful relationship with healthcare professionals – these changes ensure that this will continue to be done in a transparent and appropriate manner,” said ABPI President Simon Jose.

“**We** want to shift the debate to focus on how we can improve health outcomes for patients through science and innovation,” he stressed, and noted that the vote is “a strong symbolic indicator of change and a positive step towards increasing trust in industry as a partner in the healthcare system”.

The moves comes at a time of growing closeness between the healthcare sector and pharmaceutical industry, fueled by the realisation that ‘together we are stronger’ in achieving better treatment outcomes for patients, especially as funds are getting tighter.

Given its extensive knowledge on illnesses and innovative medicines, the pharmaceutical industry is sitting on a deep reservoir of expertise that could, through a variety of different locally tailored health-care schemes, help the National Health Service boost patient care and treatment outcomes and better meet the growing demands on the health service.

Rise of QIPP

Under the rise of the government’s QIPP (Quality, Innovation, Productivity and Prevention) agenda, joint working projects between pharma and the NHS have already celebrated successes to date. For example, East Lincolnshire Primary Care **Trust’s** work with three pharmaceutical firms resulted in lower rates of chronic obstructive pulmonary disease in the region, by identifying patients suspected to have the condition and treating them in special COPD clinics.

Still, the age-old wall of distrust of the pharmaceutical industry is proving slow to dismantle, and it is hoped that the new measures in the Code will help to inject an even greater degree of transparency into relationships between industry and the NHS.

“**Many** industry reputational surveys have highlighted more challenges in our relationship with health-care professionals than in the wider public,” Andrew Powrie-Smith, Director of Trust at the ABPI, told PharmaTimes UK News online. “For the industry to move from simply being a supplier of medicines to a partner in the healthcare system this is a key area for industry and our partners to address”.

There has certainly been some progress, he noted, but added the vote by ABPI member companies to amend the ABPI Code of Practice to cease the provision of promotional aids and increase transparency in external relationships “are strong indicators that the industry is ready and willing to redefine the way it works with stakeholders”.

Pharmatimes 04/11/10

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This bulletin is free to interested employees

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MEDICINE EXPORTS WILL NOT BE BANNED, SAYS GOVERNMENT

The government will not bring forward proposals to prevent the export of medicinal products, health minister Paul Burstow has said.

The announcement follows pressure to regulate the export of medicines which manufacturers say is worsening supply chain problems.

In response to a written Parliamentary question, Mr Burstow said: "The government will not take forward proposals to prevent the export of any medicinal products."

"The free movement of goods, including medicines, between member states of the European Union is a fundamental principle of the single market upon which the European Union is built, and therefore legislation to this end would be inappropriate," he explained.

Mr Burstow said the [Department of Health, MHRA](#) and supply chain stakeholders continued to work collaboratively to better understand and mitigate the impact of supply difficulties.

The initial question by MP Bob Russell asked if the health minister would bring forward proposals to prevent the export of medicinal products that are in short supply in the UK in the upcoming health bill

Chemist & Druggist 10/11/10

CAMBRIDGE CONSULTANTS URGE BETTER EDUCATION ON COUNTERFEIT MEDICINES

There is an "urgent need" to improve consumer education on counterfeit medicines, a report by technology product design and development firm Cambridge Consultants has found.

The firm also called for new and improved regulatory standards to address "the growing public health threat associated with counterfeit medicine".

"Although there has been some debate around the size of the worldwide counterfeit medicine market... one cannot dispute that the unregulated growth of internet

pharmacies will only contribute to this problem," Rainuka Gupta, group manager of medical technologies at [Cambridge Consultants](#), said.

The report concluded that the counterfeit medicines trade exposed patients to dangerous mixes of fake drugs and placebos, and that pharmaceutical companies risked losing credibility.

And it said according to [LegitScript](#), which monitors web sites that facilitate the sale of prescription drugs, approximately 97 per cent of the nearly 50,000 phar-

macy websites in its database did not meet their standards for being verified as a legitimate pharmacy

Chemsit & Druggist 29/10/10



Teva aims to add \$2.4B to respiratory franchise

As usual, Teva Pharmaceutical Industries has big plans. It has stated that it wants to reach \$31 billion in revenues by 2015. To do that, the Israeli drugmaker plans to grow not only in the generics sector--where it's already the biggest in the world--but in branded drugs. And it expects \$2.4 billion of the new revenue to come from respiratory meds.

In an update on its respiratory-drug strategy, Teva says it's planning to submit 10

new products for U.S. and European approval over the next five years. Six of those 10, the company says, will be new branded meds. "One of the key pillars of Teva's long-term strategy is the expansion of our branded business, and our respiratory franchise will play an important role in this growth," Chief Executive Shlomo Yanai says in a statement.

Teva posted \$13.9 billion in net sales last year and expects to bring in \$16 billion this

year. So, that means it needs \$15 billion more to reach that 2015 goal; the \$2.4 billion from respiratory meds amounts to about one-sixth of that. Obviously, it will have to beef up in other therapeutic areas. Indeed, the company recently snapped up Merck KGaA's women's health unit Theramex and talked up accelerated growth in that area.

Fiercepharma 05/11/10

PATIENTS TURNING TO INTERNET FOR HEALTH ADVICE, NHS FINDS

More patients are using the internet to diagnose themselves and find health information than ever before, with a third of those then avoiding booking GP appointments, according to NHS reports released today.

There have been more than 100 million visits to the [NHS website](#) in the past year and a 10 per cent rise in visits to the website compared with 2009, according to the NHS Choices 2010 Annual Report.

A separate study from [Imperial College](#) showed that a third of people who went onto the NHS website did not book GP appointments afterwards, which could save the NHS £44 million per year.

It also found that 70 per cent of people use the internet to search for health information.

"Every day we use the internet and technology to organise our lives, and increasingly when it comes to our health," said health minister Simon Burns.

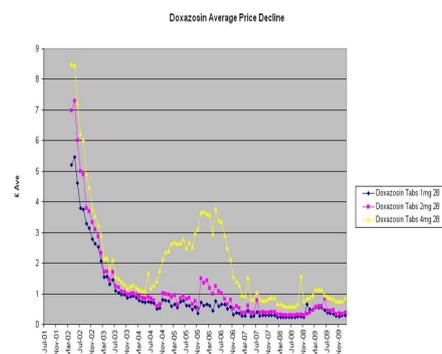
"It is vital that every penny spent on the NHS counts, and the Imperial College research shows that tools like NHS Choices can help deliver savings," he added.

Chemist & Druggist 09/11/10

A Director's View

Some of Wavedata's customers have asked us to produce graphs to show how prices have changed over the last year. Whilst this can be done by exporting Pharma TouchStone data (data we send out on CDs) into Excel, we think they have a point. So to speed this process we're working on a web based tool which will allow graphs to

be tailored to what the team needs, and then will be emailed out each month. This should reduce the effort needed to draw graphs in Excel each month, and will allow users to see latest top level trends before deciding whether they need to integrate detailed pricing on the Pharma TouchStone CD.



Price Watch UK

Concerted cuts do little to lowest prices

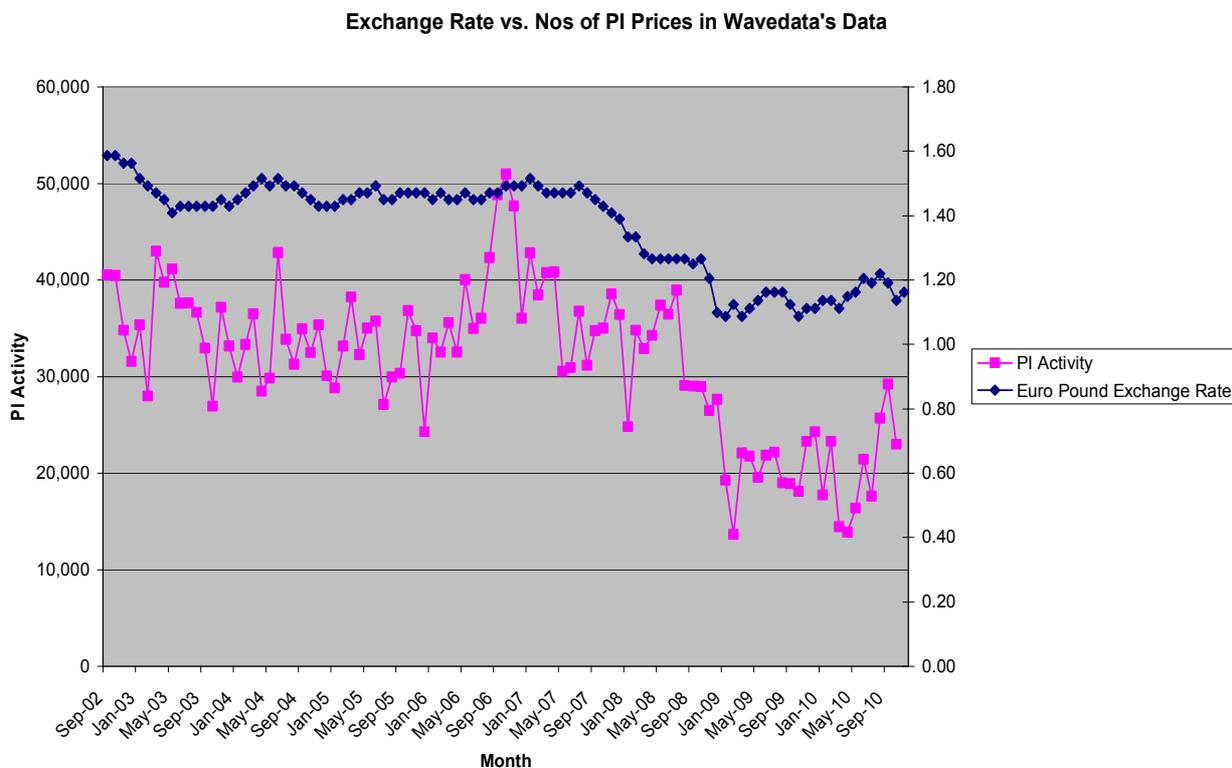
Average trade prices for four 'fast movers' all dropped by more than a fifth between September and October, according to the latest UK price information from WaveData. These products had little or nothing in common medicinally, but none of the average price falls were associated with similar cuts in their lowest prices. As Figure 1 shows, metformin 500mg recorded the biggest average price fall of 24% to £0.72 (US\$1.16), but ciprofloxacin 500mg, glimepiride 4mg, and sumatriptan 50mg were not far behind.

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

WaveData

PI activity vs.. exchange rate

The change in the numbers of PI prices Wavedata has been able to collect since Sept 2002 does seem to be linked to the euro / pound exchange rate. The slight changes in exchange rate do seem to have had an effect on PI activity, but devaluations elsewhere in Europe may further complicate this for a while.



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 October 2010

Citalopram Tabs 20mg 28

Gabapentin Caps 300mg 100

Tamsulosin MR Caps 400mcg 30

Lansoprazole Caps 15mg 28

Co-Codamol Caps 30mg/500mg 100

Bendroflumethiazide Tabs 2.5mg 28

Felodipine SR Tabs 2.5mg 28

Omeprazole Caps 20mg 28

Co-Codamol Caps 30/500mg 100

Co-Codamol Caps 8mg/500mg 100

This bulletin now goes out to 1000 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 8th December 2010, as I will be issuing the next one on the 15th December 2010

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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