

SUMMARY REPORT



AIDS MEDICINES AND DIAGNOSTICS SERVICE

TRANSACTION PRICES FOR ANTIRETROVIRAL  
MEDICINES FROM 2010 TO 2013

# GLOBAL PRICE REPORTING MECHANISM

DECEMBER 2013



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# INTRODUCTION AND METHODS

The present summary report contains information on the price of antiretroviral drugs, abstracted from the Global Price Reporting Mechanism (GPRM). The GPRM contains information on transaction prices, sources and quantities of antiretroviral medicines (ARVs) purchased by HIV/AIDS programmes in low-income countries, lower middle-income countries and upper middle-income countries. The data in GPRM were provided by: the Clinton Foundation HIV/AIDS Initiative; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the International Dispensary Association; Management Sciences for Health; Missionpharma; the President's Emergency Plan For AIDS Relief (PEPFAR); Partnership for Supply Chain Management System; UNITAID; the United Nations Children's Fund (UNICEF); USAID/Deliver (formerly John Snow Inc./Deliver); and the World Health Organization's Contracting and Procurement Service.

The data in the GPRM for the years 2010 and 2012 cover around 70% of all public procurement of ARVs. Data for 2013 are still incomplete. The present summary report features the transaction data for ARVs in 2010, 2011, 2012 and the first three quarters of 2013. In the report and in the GPRM, countries have been classified as low-, lower middle-, and upper middle-income countries according to the World Bank Atlas calculation method<sup>1,2,3</sup>.

All data used in this summary report are available in the GPRM database, which can be accessed at <http://apps.who.int/hiv/amds/price/hdd>. The public interface of the database provides information on the quantity of drugs purchased, according to formulation, country or group of countries, and their estimated Ex Works (EXW) transaction price. An additional interface enables the downloading of data on individual procurement transactions, the price and the INCOTERMS under which the transactions were conducted.

All prices refer to WHO prequalified, or stringent regulatory authority approved formulations. The prices of regimens were calculated by adding the median price<sup>4</sup> for each formulation used to administer the regimen.

The medicines used in a regimen are presented between square brackets when the price of their fixed dose regimen has been used in the calculation of the price of the regimen. The annex to this report provides information on the median price of individual ARV formulations.

1 Low-income countries are countries with a gross national income (GNI) per capita of US\$ 1,025 or less.

2 Lower middle-income countries are countries with a GNI per capita between US\$ 1,026 and US\$ 4,035.

3 Upper middle-income countries are countries with a GNI per capita between US\$ 4,036 and US\$ 12,476.

4 The median price is the price separating the 50% of transactions with higher prices from the 50% with lower prices. The choice to report median prices was made in view of the asymmetrically distributed nature of the data.

For the interpretation and use of the data in this report, it is important to note that:

- 1) All prices are shown in US Dollars (US\$) per person per year of a defined daily dose of each medicine for adults or children.
- 2) Statistics are not given for formulations with fewer than five worldwide transaction lines in a given calendar year.
- 3) The prices in this report are the international transaction prices and not those paid by end-users at country level. End-user prices for antiretroviral drugs are typically lower than those reported here because of subsidies. However, for other medicines end-user prices are often higher than international transaction prices, owing to tariffs, taxes, transportation costs, and mark-ups. Health Action International provides more information on their contribution to end-user prices on its web site, <http://www.haiweb.org/medicineprices>.
- 4) On the public interface of the GPRM database, the prices are reported as Ex Works (EXW) prices. The prices reported under other International Commercial Terms (INCOTERMS) can be accessed via the GPRM download facility.
- 5) Individual transactions listed in the GPRM with a price of US\$ 0 have been removed from the analysis, as were any transactions identified as duplications in reporting.
- 6) The median prices published in this report for 2013 may be different from those which will be published in later versions of this report as additional data on 2013 transactions continue to be included in the database.
- 7) The median price for specific regimens recommended by the new WHO guidelines and highlighted in this analysis is the sum of the median of specific formulations that make up the regimen.

This summary report is intended to provide the pricing data of key ARVs to governments, nongovernmental organizations, donors, international organizations, academia and individuals or institutions directly involved or interested in the procurement of ARVs in resource-poor settings.

Comments on this report would be greatly appreciated and should be sent to [amds@who.int](mailto:amds@who.int).

# ACKNOWLEDGEMENTS

The World Health Organization welcomes the continued support of the organizations named in this report, which provided data to the GPRM, the technical input of the French National Agency for AIDS Research (Agence nationale de recherche sur le Sida et les hépatites virales,

ANRS) in the redevelopment and improvement of the quality control and duplicate removal algorithm of the GPRM database since 2011, and the financial support from UNITAID for the latter.

# ABBREVIATIONS

International Nonproprietary Name	Abbreviation
abacavir	ABC
atazanavir	ATV
darunavir	DRV
didanosine	ddI
efavirenz	EFV
emtricitabine	FTC
etravirine	ETV
fosamprenavir	FPV
indinavir	IDV
lamivudine	3TC
lopinavir	LPV
maraviroc	MRC
nelfinavir	NFV
nevirapine	NVP
raltegravir	RAL
ritonavir	RTV
saquinavir	SQV
stavudine	d4T
tenofovir	TDF
tipranavir	TPV
zidovudine	ZDV

# PRICE AND PRICE TRENDS FOR ANTIRETROVIRAL TREATMENT REGIMENS

**Table 1a:** First-line treatment for adults: median price (in US\$ per person-year) of WHO preferred and alternative regimens

First-line regimens	Low-income countries and/or countries with low human development <sup>a</sup>				Lower middle-income countries				Upper middle-income countries			
	2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
Regimens recommended in the 2013 WHO treatment guidelines												
[TDF+FTC+EFV] [300+200+600]mg	242	240	192	149	242	192	174	147	–	234	159	–
[TDF+FTC]+EFV [300+200]mg+600mg	369	330	277	235	372	320	265	241	181	309	267	260
[TDF+3TC+EFV] [300+300+600]mg	193	183	161	136	194	170	152	136	–	142	149	149
[TDF+3TC]+EFV [300+300]mg+600mg	165	148	111	97	170	146	106	98	163	119	114	97
[TDF+FTC]+NVP [300+200]mg+200mg	176	147	116	99	178	150	113	105	181	167	118	111
[TDF+3TC]+NVP [300+300]mg+200mg	140	128	95	84	140	128	91	86	135	96	96	85
Other regimens												
[ZDV+3TC+NVP] [300+150+200]mg	131	126	115	99	134	106	105	98	126	127	93	99
[ZDV+3TC]+EFV [300+150]mg+600mg	158	149	140	126	165	145	129	121	161	153	136	123
Regimens which according to the 2013 WHO treatment guidelines should be phased out												
[d4T+3TC+NVP] [30+150+200]mg	62	58	54	53	66	58	48	55	63	64	59	53

a According to the Human Development Index (United Nations Development Programme, 2012)



**Table 1b: Price trends in first-line treatment for adults: comparing 2013 to 2010  
(% decrease or increase)**

Regimen and formulation used	Low-income countries and/or countries with low human development <sup>a</sup>	Lower middle-income countries	Upper middle-income countries
Regimens recommended in the 2013 WHO treatment guidelines			
[TDF+FTC+EFV] [300+200+600]mg	-38%	-39%	–
[TDF+FTC]+EFV [300+300]mg+600mg	-36%	-35%	44%
[TDF+3TC+EFV] [300+300+600]mg	-30%	-30%	5%
[TDF+3TC]+EFV [300+300]mg+600mg	-41%	-42%	-40%
[TDF+FTC]+NVP [300+200]mg+200mg	-44%	-41%	-39%
[TDF+3TC]+NVP [300+300]mg+200mg	-40%	-39%	-37%
Other regimens			
[ZDV+3TC+NVP] [300+150+200]mg	-24%	-27%	-21%
[ ZDV+3TC]+EFV [150+300]mg+600mg	-20%	-27%	-24%
Regimens which according to the 2013 WHO treatment guidelines should be phased out			
[d4T+3TC+NVP] [30+200+150]mg	-15%	-17%	-16%

<sup>a</sup> According to the Human Development Index (United Nations Development Programme, 2012)

**Table 2a: Second-line treatment for adults: median price (in US\$ per person-year) of most frequently used regimens**

Second-line regimens	Low-income countries and/or countries with low human development <sup>a</sup>				Lower middle-income countries				Upper middle-income countries			
	2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
Regimens recommended in the 2013 WHO treatment guidelines												
[ZDV+3TC]+[LPV/r] [300+150] mg+[200+50]mg	242	240	192	149	242	192	174	147	–	234	159	–
Regimens which according to the 2013 WHO treatment guidelines should be used as alternative regimens												
[TDF+FTC]+[LPV/r] [300+200] mg+[200+50]mg	131	126	115	99	134	106	105	98	126	127	93	99
[TDF+3TC]+[LPV/r] [300+300] mg+[200+50]mg	578	505	440	318	599	557	449	684	583	543	435	338

a According to the Human Development Index (United Nations Development Programme, 2012)

**Table 2b: Price trends in second-line treatment for adults: comparing 2013 to 2010 (% decrease or increase)**

Regimen and formulation used	Low-income countries and/or countries with low human development <sup>a</sup>	Lower middle-income countries	Upper middle-income countries
Regimens recommended in the 2013 WHO treatment guidelines			
[ZDV+3TC]+[LPV/r] [300+150+]mg+[200+50]mg	-39%	24%	-37%
Regimens recommended in the 2013 WHO treatment guidelines as alternative regimens			
[TDF+FTC]+[LPV/r] [300+200]mg+[200+50]mg	-45%	14%	-42%
[TDF+3TC]+[LPV/r] [300+300]mg+[200+50]mg	-44%	18%	-42%

a According to the Human Development Index (United Nations Development Programme, 2012)

**Table 3a: ARV treatment for children 0–3 years of age: median price (in US\$ per person-year) of WHO preferred and alternative regimens<sup>5</sup> (standardized for a body weight of 10–13.9 kg)<sup>6</sup>**

	Low-income countries and/or countries with low human development <sup>a</sup>				Lower middle-income countries				Upper middle-income countries			
	2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
<b>First-line regimens</b>												
WHO preferred treatment first-line regimens												
[ABC+3TC]+[LPV/r] [60+30]mg+[80+20]mg/ml	331	317	307	258	546	479	438	377	567	572	525	438
[ZDV+3TC]+[LPV/r] [60+30]mg+[80+20]mg/ml	247	231	213	201	461	407	361	312	442	421	364	292
Alternative regimens												
ABC+3TC+NVP 20mg/ml+10mg/ml+10mg/ml	309	278	278	271	293	278	278	269	263	291	321	253
[ZDV +3TC+NVP] [60+30+50]mg	103	100	98	97	104	100	101	94	97	115	94	94
Special circumstances												
[d4T+3TC]+[LPV+RTV] [12+60]mg+[80+20]mg/ml	215	201	185	174	433	380	341	310	399	374	332	282
[d4T+3TC+NVP] [12+60+100]mg	53	52	52	52	52	50	50	50	52	52	52	52
[d4T+3TC+NVP] [6+30+50]mg	56	55	56	56	56	55	55	55	55	56	55	55

a According to the Human Development Index (United Nations Development Programme, 2012)

5 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing hiv infection. Table 7.5 Summary of first-line ART regimens for adults, adolescents, pregnant and breastfeeding women and children

6 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing hiv infection. Table 1-6. Simplified dosing of child-friendly formulations among children

**Table 3b: Price trends in ARV treatment for children: comparing 2013 to 2010 (% decrease or increase) (regimens standardized for a body weight of 10 kg)**

	Low-income countries and/or countries with low human development <sup>a</sup>	Lower middle-income countries	Upper middle-income countries
Regimens recommended in the 2013 WHO treatment guidelines as preferred first-line regimens			
[ABC+3TC]+[LPV/r] [60+30]mg+[80+20]mg/ml	-22%	-31%	-23%
[ZDV+3TC]+[LPV/r] [60+30]mg+[80+20]mg/ml	-19%	-32%	-34%
Second-line regimens			
ABC+3TC+NVP 20mg/ml+10mg/ml+10mg/ml	-12%	-8%	-4%
[ZDV +3TC+NVP] [60+30+50]mg	-6%	-10%	-3%
Special circumstances			
[d4T+3TC]+[LPV+RTV] [12+60]mg+[80+20]mg/ml	-19%	-28%	-29%
[d4T+3TC+NVP] [12+60+100]mg	-2%	-4%	0%
[d4T+3TC+NVP] [6+30+50]mg	-1%	-1%	0%

<sup>a</sup> According to the Human Development Index (United Nations Development Programme, 2012)

**Table 4a: ARV treatment for children 3 years of age and to less than 10 years (and adolescents <35 kg): median price (in US\$ per person-year) of WHO preferred and alternative regimens (standardized for a body weight of 20–24.9kg)<sup>7</sup>**

First-line regimens	Daily dose	Low-income countries and/or countries with low human development <sup>a</sup>				Lower middle-income countries				Upper middle-income countries			
		2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
WHO preferred treatment first-line regimens													
[ABC+3TC]+EFV [60+30]mg+200mg	6+1.5	252	249	256	182	254	234	228	182	–	–	–	300
WHO Alternative first-line regimens													
[ABC+3TC]+NVP [60+30]mg+200mg	6+1.5		260	266	192	257	248	237	191	–	–	–	307
[TDF+FTC+EFV] [300+200+600]mg	2/3	162	160	128	100	161	128	116	98	–	156	106	–
[TDF+3TC+EFV] [300+300+600]mg	2/3	128	122	108	90	130	113	101	91	–	95	99	99
[TDF+FTC]+ NVP [300+200]mg+200mg	1.5+2/3	120	101	80	68	121	103	77	72	123	114	81	76
[TDF+3TC]+NVP [300+300]mg+200mg	1.5+2/3	96	88	66	58	96	88	63	60	93	67	67	59
[ZDV+3TC]+EFV [30+60]mg+200mg	1.5+6	127	120	115	96	127	126	113	85	160	164	163	91
[3TC+NVP+ZDV] [30+50+60]mg	6	155	150	147	146	156	150	151	142	146	172	141	141
WHO Special circumstances – first-line regimens													
[d4T+3TC]+EFV [12+60]mg+200mg	3+1.5	78	75	74	56	86	85	83	82	95	94	115	76
[d4T+3TC+NVP] [12+60+100]mg	3	79	78	78	78	78	75	75	75	78	78	78	78

<sup>7</sup> Consolidated guidelines on the use of antiretroviral drugs for treating and preventing hiv infection. Table 1-6. Simplified dosing of child-friendly formulations among children and adolescents <35 kg

**Table 4b: ARV treatment for children 3 years of age and to less than 10 years (and adolescents <35 kg): Price trends in ARV treatment comparing 2013 to 2010 (% decrease or increase)**

First-line regimens	Low-income countries and/or countries with low human development <sup>a</sup>	Lower middle-income countries	Upper middle-income countries
<b>WHO preferred treatment first-line regimens</b>			
[ABC+3TC]+EFV [60+30]mg+200mg	-28%	-28%	–
<b>WHO Alternative first-line regimens</b>			
[ABC+3TC]+NVP [60+30]mg+200mg	-26%	-26%	–
[TDF+FTC+EFV] [300+200+600]mg	-38%	-39%	–
[TDF+3TC+EFV] [300+300+600]mg	-30%	-30%	5%
[TDF+FTC]+ NVP [300+200]mg+200mg	-43%	-40%	-38%
[TDF+3TC]+NVP [300+300]mg+200mg	-39%	-37%	-37%
[ZDV+3TC]+EFV [30+60]mg+200mg	-24%	-33%	-43%
[3TC+NVP+ZDV] [30+50+60]mg	-6%	-9%	-4%
<b>WHO Special circumstances – first-line regimens</b>			
[d4T+3TC]+EFV [12+60]mg+200mg	-28%	-5%	-20%
[d4T+3TC+NVP] [12+60+100]mg	-1%	-5%	0%

## DISCUSSION

Previous versions of this report presented information on the treatment regimens selected from the annual survey of the use of ARVs in low- and middle-income countries. The advantage of this was that it aligned well with what countries were buying, but the disadvantage was that it did not provide guidance on what they should be buying in the future. With the release of the 2013 *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*<sup>8</sup>, we decided that we should adopt a more forward-looking approach, and consequently this report focuses more narrowly on the regimens which are recommended by WHO for first- and second-line treatment.

As in previous reports, the main finding is that the price of antiretroviral medicines in low- and middle-income countries has continued to decrease. The good news is that the price of the WHO recommended first-line treatment of tenofovir, emtricitabine or lamivudine and efavirenz is no exception to this general trend. However, it should be realized that there are important differences in the price of this regimen depending on how it is administered. Using the 2-drug formulation of [TDF+FTC] plus a tablet of EFV is the most expensive way, followed by the 3-drug fixed dose combinations [TDF+FTC+EFV] and [TDF+3TC+EFV], which in low-income countries have a median cost of US\$ 149 and US\$ 136 per patient year, respectively. The least expensive way to administer this regimen is to give a fixed dose combination of [TDF+3TC] with a single tablet of EFV, which has a median price of US\$ 97 per patient year. This will likely become the new price benchmark for this regimen.

It is also of note that the median price of first-line regimens containing zidovudine are now marginally higher than those containing tenofovir, which aside from safety and toxicity considerations, provide an incentive for countries to treat new adult patients with tenofovir-containing regimens, and gradually phase out zidovudine from first-line treatment.

As its price has in the past often been referred to as the benchmark for the cost of first-line treatment, we have still reported the price of the fixed dose combinations of d4T. Referring to its price in this way is no longer a tenable proposition today, and it should be noted that in the 2013 procurement transactions recorded in the GPRM up to the end of 2013, d4T accounted for less than 3% of the total volume of ARV sales.

The price of second-line treatment followed the same downward trend. In low-income countries, the median price of all preferred and alternative second-line treatment regimens is now less than US\$ 350 per patient year. However, some lower middle-income countries pay a higher price, when because of patent protection, they need to procure lopinavir/ritonavir from the originator company at a higher (but still low compared to high-income countries) price.

In paediatric treatment, the median price of major first-line regimens followed the same downward trend as those for adults: for example, compared to 2010, the median price of the most commonly prescribed regimen for paediatric use, ZDV+3TC+NVP, dropped by 6% in low-income countries, 9% in lower middle-income countries and 4% in upper middle-income countries. However, treating children with any of the preferred regimens remains more expensive than treating adults – except when using the most widely used treatment regimen as the fixed dose combination [ZDV+3TC+NVP].

When considering the prices reported here, one must realize that the prices in the GPRM are biased toward good procurement practice. The origin of the data, procurement organizations that buy essentially for public markets and benefit from donor support, also explains why the prices reported for low-, lower middle- and upper middle-income countries are so similar. In a recent analysis of prices paid, it was reported that those middle-income countries that procure their own antiretroviral drugs and cannot access them mainly from generic suppliers often end up paying higher prices.

Finally, the prices reported here are median Ex Works prices. This obscures the fact that some countries have paid higher and other countries lower prices for their ARVs. For those interested in examining the distribution of prices per formulation, the GPRM has a download facility providing access to the prices paid for ARVs disaggregated by procurement transaction and to the INCOTERMS used for each of these transactions. While to date only about 50% of the expected number of transactions of ARVs in 2013 have been reported in the GRPM, it already contains a sizable body of 2013 procurement data, including reports on transactions concluded in the third quarter of the year.

<sup>8</sup> <http://www.who.int/hiv/pub/guidelines/arv2013/en/index.html>

# ANNEX: PRICE EVOLUTION OF SELECTED ANTIRETROVIRAL FORMULATIONS

**Table A:** Median transaction price in low- and middle-income countries of selected formulations used in adult treatment (in US\$ per patient per year based on the WHO recommended defined daily dose (DDD))

	DDD	2010	2011	2012	2013
[ABC+3TC+ZDV] [300+150+300]mg	2	573	572	359	341
[TDF+FTC+EFV] [300+200+600]mg	1	537	242	235	183
[TDF+3TC+EFV] [300+300+600]mg	1	–	192	172	161
[ZDV+3TC+NVP] [300+150+200]mg	2	138	132	128	119
[d4T+3TC+NVP] [30+150+200]mg	2	77	64	59	57

**Table B:** Median transaction price in low-, lower middle- and upper middle-income countries of selected 2-drug fixed-dose combinations and single drug formulations used in adult treatment (in US\$ per patient per year based on the WHO recommended defined daily dose (DDD))

First-line regimens	DDD	Low-income countries and/or countries with low human development <sup>a</sup>				Lower middle-income countries				Upper middle-income countries			
		2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
2-drug fixed-dose combination													
[ABC+3TC] [600+300]mg	2	594	264	282	165	261	264	237	161	2914	434	177	194
[TDF+FTC] [300+200]mg	1	143	116	86	72	146	119	84	78	149	136	89	83
[TDF+3TC] [300+300]mg	1	107	96	64	57	108	96	62	59	–	–	–	–
[3TC+ZDV] [150+300]mg	2	101	98	93	82	102	96	86	82	101	99	90	83
[LPV+RTV] [200+50]mg	4	435	391	352	246	454	438	365	606	434	405	346	252
Single drug formulations													
ABC 300 mg	2	196	175	155	140	207	176	154	148	207	175	153	141
ATV 300 mg	1	247	251	262	213	1910	265	266	243	5081	254	219	240
DRV 300 mg	2	1095	1013	852	664	6446	4075	4075	4075	9080	–	–	–
ddi 400 mg	1	245	243	243	223	243	241	237	237	239	238	208	237
EFV 600 mg	1	56	51	45	40	63	49	44	40	61	55	48	41
IDV 400 mg	4	397	373	399	407	376	380	440	397	373	357	383	445
3TC 150 mg	2	29	28	27	24	29	28	24	24	30	28	24	26
NVP 200 mg	2	33	31	29	28	32	31	29	28	32	32	29	28
RTV 100 mg	2	83	82	94	81	139	168	176	155	556	326	178	161
RAL 400 mg	2	980	991	664	553	–	–	–	–	–	–	3589	–
TDF 300 mg	1	85	76	59	48	91	77	55	51	92	80	60	53
ZDV 300 mg	2	88	84	77	74	88	84	78	76	87	85	78	69



**Table C: Median transaction price in low-, lower middle- and upper middle-income countries of selected 2-drug fixed-dose combinations and single drug formulations used in paediatric 0–3 year treatment (in US\$ per patient per year based on the WHO recommended defined daily dose (DDD))**

First-line regimens	DDD	Low-income countries and/or countries with low human development <sup>a</sup>				Lower middle-income countries				Upper middle-income countries			
		2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
2-drug fixed-dose combination													
[ABC+3TC] [60+30]mg	4	157	150	161	112	158	155	144	120	–	–	–	–
[d4T+3TC] [6+30]mg	4	47	46	45	46	46	45	45	–	–	–	–	–
[d4T+3TC] [12+60]mg	2	40	39	39	36	40	37	–	–	–	–	–	–
[ZDV+3TC] [60+30]mg	4	73	71	65	55	73	72	65	47	–	86	72	50
[LPV+RTV] [100+25]mg	3	166	139	137	108	177	158	160	161	155	159	145	143
[LPV+RTV][80+20]mg/ml	4	174	160	146	146	391	167	242	288	403	396	258	237
Single drug formulations													
ABC 20 mg/ml	12	206	190	190	166	205	192	190	183	179	195	183	150
ABC 60 mg	4	129	147	147	117	–	147	128	112	131	–	–	–
EFV 50 mg	4	109	109	109	97	109	105	106	109	105	116	166	–
EFV 200 mg	1	–	–	–	–	–	–	–	–	–	–	–	–
3TC 10 mg/ml	12	35	29	28	28	29	27	28	28	27	49	49	49
NVP 10 mg/ml	20	60	59	59	59	59	59	59	58	55	53	91	58
NVP 50 mg	4	–	59	54	61	–	59	58	–	16	–	–	–
ZDV 10 mg/ml	24	76	64	64	77	63	64	64	64	81	94	99	94

**Table D: Median transaction price in low- lower middle- and upper middle-income countries of selected 2-drug fixed-dose combinations and single drug formulations used in paediatric 3 year – 35 kg treatment (in US\$ per patient per year based on the WHO recommended defined daily dose (DDD))**

First-line regimens	DDD	Low-income countries and/or countries with low human development <sup>a</sup>				Lower middle-income countries				Upper middle-income countries			
		2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
2-drug fixed-dose combination													
[ABC+3TC] [60+30]mg	6	235	224	241	169	237	232	216	179	–	–	–	–
[d4T+3TC] [6+30]mg	6	70	69	67	69	69	68	67	–	–	–	–	–
[d4T+3TC] [12+60]mg	3	61	59	59	53	60	55	–	–	–	–	–	–
[ZDV+3TC] [60+30]mg	6	110	106	97	82	110	108	98	71	–	129	108	75
[LPV+RTV] [100+25]mg	4	221	186	183	145	237	211	213	214	207	211	193	191
[LPV+RTV][80+20]mg/ml	6	261	240	219	219	586	251	363	432	604	594	386	356
Single drug formulations													
ABC 60 mg	6	193	220	220	176	–	220	192	169	197	–	–	–
EFV 200 mg	1.5	17	16	15	14	21	17	17	15	14	62	35	34
NVP 50 mg	6	–	89	82	91	–	89	87	–	24	–	–	–

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