



Occasional Information Note March 2010

Dear ECONMED participants:

Due to its relevance for this listserv we have prepared a small note (punctual information) on the evolution of the situation involving the price of the antiretroviral Kaletra (Lopinavir 200mg and Ritonavir 50mg) in Colombia after the 28 April 2009 ruling of the National Pricing Commission of Medicines (CNPM).

- It is a critical drug for nearly 5,000 Colombians (400 of them being treated through a subsidized regimen, namely public-funded) which before CNPM's intervention was being sold at a price close to 4,300 US\$. Organized civil society in Colombia (chiefly *La Mesa de Organizaciones con Trabajo en VIH/SIDA, IFARMA, RECOLVIH, G&M de Colombia Abogados, Misión Salud y Comunicación Positiva*) and other countries mobilized themselves seeking a reduction a price reduction, even demanding the Colombian government the emission of a compulsory license on Kaletra.
- CNPM Circular 002 of 2009 (attached for information) pegged the price of the aforementioned antiretroviral in 88.94 US\$ p.u. and 132.60 US\$ p.u for the institutional and commercial channel respectively. However, the company selling it in Colombia (Abbot) did not reduce the price effectively while it lodged an appeal to the Circular, forcing the Industry and Trade Authority to open an investigation on the matter.
- The issuing of Decree-law 126 of 2010 (attached for more information) on 21 January 2010 within the framework of the social emergence, part of the Colombian government's response to the financing crisis of the health sector consolidated CNMP position on the matter, especially by stating potential sanctions in light to the lack of observance of the rulings and decisions of the body, such as Circular 002 of 2009.
- Lastly, on February 17th Abbot publicly abided by THE CNPM decision, thus steeply reducing the price for Kaletra down to the one set by the CNMP, even though they maintain opened the legal challenge against the decision. Since it is a subsidized drug it is estimated that the Colombian State could be saving nearly 12 million US\$ in the upcoming months.

This note has been prepared with the support of several ECONMED participants and materials accessible in the web page of the Observatorio del Medicamento en Colombia, of the Colombian Medical Federation www.observamed.org

