

Intellectual Property and Public Health: Regional Perspectives

India

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- Efforts against 'evergreening' of patents in the pharmaceutical sector;
- Policy Issues relating to exclusivity of clinical trial data;
- Compulsory licenses;
- Direct Drug Price Control Mechanism





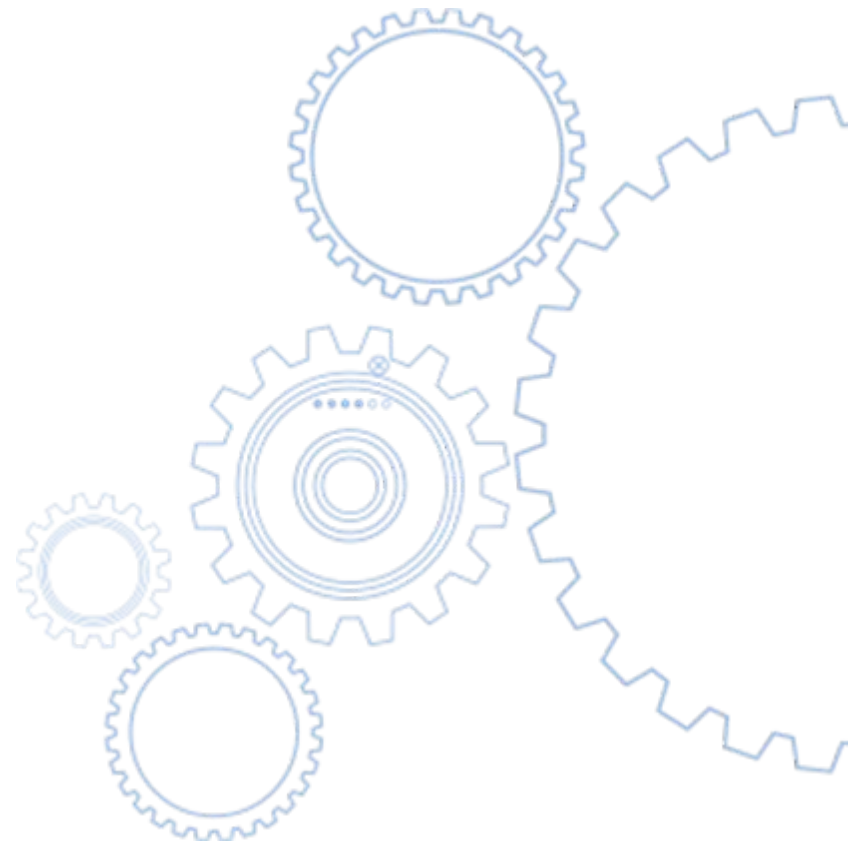
Introduction and Importance

- Rich – poor divide getting steeper in many countries like India;
- Increased privatization (rising costs);
- Health insurance penetration not high in many developing countries
- Raging debate – IP v/s Access to Medicines
 - ✦ In the present state of affairs, solution cannot rest in extremes





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Anti-‘Evergreening’ of Patents?



Anti-‘Evergreening’ of Patents?

“The mere discovery of a new form of a known substance which does not result in the enhancement of the known efficacy of that substance or ...

the mere discovery of any new property or new use for a known substance or

the mere use of a known process, machine or apparatus unless such known process results in a new product or employs at least one new reactant.”

Explanation to Section 3(d).—For the purposes of this clause, salts, esters, ethers, polymorphs, metabolites, pure form, particle size, isomers, mixtures of isomers, complexes, combinations and other derivatives of known substance shall be considered to be the same substance, unless they differ significantly in properties with regard to efficacy.



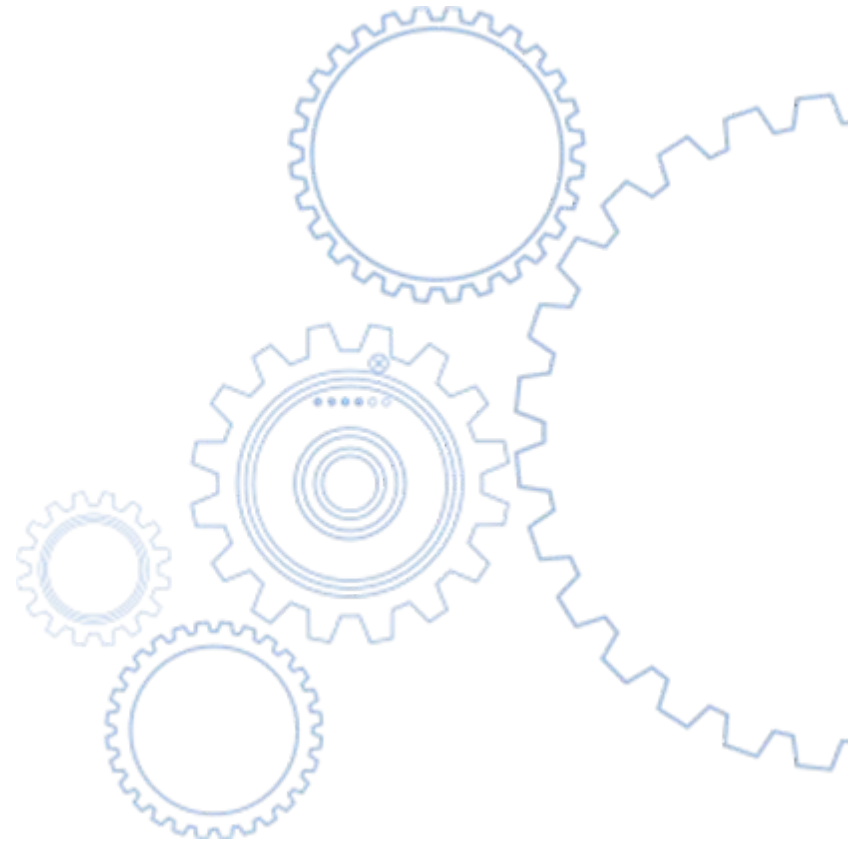
Anti-‘Evergreening’ of Patents?

- Section 3(d) held constitutional by Indian Court
- IPAB ruled that mere increase in bio-availability is insufficient to overcome Section 3(d)
 - ❧ Decision under appeal before Supreme Court
- Section 3(d) concerned with IMPs (Incrementally modified products) and not New Chemical Entities (NCEs)
- Recently, Argentina and Philippines implemented similar provision; Thailand may follow suit





2



Data Exclusivity to Clinical Trial Data

Indian Situation

- Satwant Reddy Committee Report
 - ✧ Recommended 5 year exclusivity period (follow foot-steps of Hatch-Waxman Regime in USA)
 - ✧ Severe Opposition
- Indian vehemently opposed such a clause in the recent India-EU FTA negotiations.
- Generally seen by critics as unnecessary – merely an attempt to delay generic entry



The Issues

- Generics can currently use clinical data developed by innovators
 - ✧ Generics only need to prove bio-equivalence
 - ✧ **Saves duplication of data – improves overall social welfare by encouraging use of competitor resources to enable quicker and cheaper access to medicines**
 - ✧ Generics (being market players) will “enter at risk” only if “bad patents” are involved – a **market-driven mechanism** to force litigation and **weed out “bad patents”**



- Pro-Data exclusivity –
 - ✧ Time-lines in drug regulatory approval results cuts effective patent term to less than half at times
 - ✧ W/o data exclusivity – generics can compete even earlier in the patent term
 - ✧ Forces litigation – uncertainties, delays and costs;
 - ✧ Interim injunctions not easy – patentee may quickly lose significant market share and not recover costs
 - ✧ **Hence, patent system is inadequate; data exclusivity will delay generic entry w/n patent term**





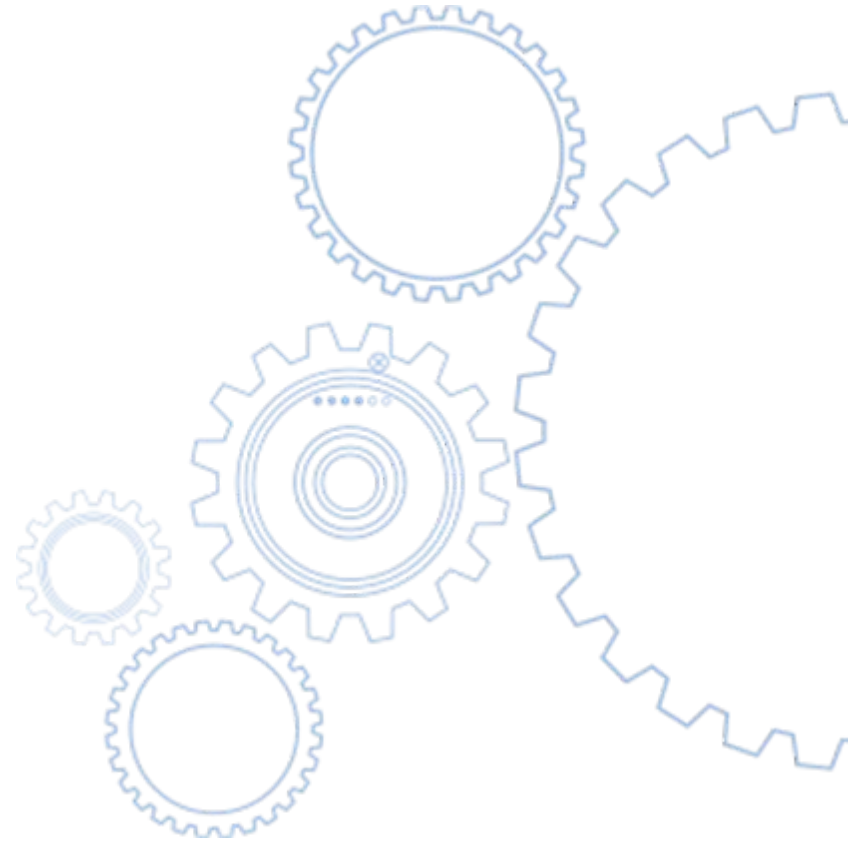
Need for Balance

- Tough balancing act
 - ✧ Concerns regarding access to cheaper generics cannot be ignored in developing countries
 - ✧ Concerns about patent system being insufficient may be true in certain cases
- “One Size fits all” approach – inappropriate
 - ✧ Possible solution – more research on regulatory time-periods for specific therapeutic classes
 - ✧ Exclusivity periods could possibly be “therapeutic class” specific





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Compulsory Licenses

Natco v. Bayer - Introduction

- First Indian decision (2012) – reasoned order
 - ✧ Under appeal
- Compulsory license granted by Patent Office to manufacture and sell sorafenib (Nexavar) –
 - ✧ Anti-cancer drug of Bayer (Kidney and Liver cancer)
 - ✧ Covered under Indian Patent No. 215758
 - ✧ Life-extending drug
- Proceedings completed within a year
- Recent report – US may challenge this in WTO





The Terms

- Non-Exclusive and Non-assignable
- Entire Patent term, but no license to import
- Quarterly payment of 6% royalty on net sales
- MRP at around INR 8900 (USD 200)
- Free supply to 600 needy patients / annum





- Product specific: generic of Nexavar
- Indication-specific: only for treatment of Kidney and liver cancer
- Cannot engage in passing-off.



Natco v. Bayer – Reasons

- Demand for drug not met as authorized supply was enough only to meet the requirements of 2% of the patients
- Drug not available at an affordable price as required dosage is priced at approx. USD 65000 / annum
- Invention not worked in India as drug was only imported and not manufactured in India



Natco v. Bayer – Concerns

- Glaring difference in prices – drug to be supplied at 3% of patented drug price!?
- Patentee was unable to substantiate and economically justify its high prices – facts and evidence!?
- How would meeting requirements of public be judged if there were alternate drugs or methods of treatment available ?



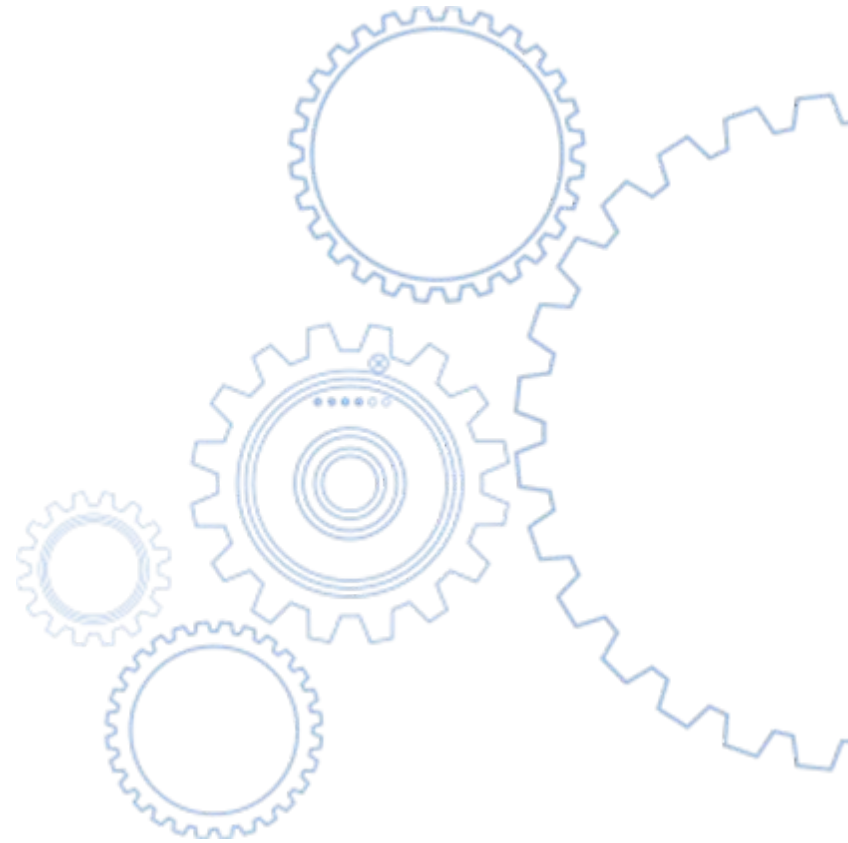
Natco v. Bayer – Concerns

- The slipper slope of “reasonably affordable price”
 - ✧ Patent Office held that “reasonably affordable price” is not about balancing the interests of the parties
- Effects of Compulsory License –
 - ✧ Volume of sales in market will significantly increase
 - ✧ **What if the 6% royalty on this volume is greater than or comparable to the earlier revenue of the patentee?**





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Direct Drug Price Control



Direct Drug Price Control

- Limits pricing of listed drugs (e.g. Drug (Prices Control) Order, 1995 issued in India)
- As per an OECD Report 2004, price controls may reduce the revenue available for R&D by \$18 billion to \$27 billion annually
 - ✧ Therefore, access to “new” drugs is delayed



- But in global market, considering country-wise revenue v/s R&D revenue is not appropriate
 - ✧ Most statistically studies / evidence do not seem to consider the economics from a global perspective
- If compliance issues are addressed –
 - ✧ Seems to be a simplistic solution!?
 - ✧ TRIPs is silent.



- Draft Indian Policy of 2011
 - ✧ Decision to limit price based on “essentiality” of the drug – cover priority health needs of the country with regular re-assessments.
- Employ market based principles for pricing –
 - ✧ Orphan drugs – price over volume;
 - ✧ Common drugs – volume over price.



Discussion

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