

Drugs for hepatitis C: it's time to slash prices!

When so-called direct-acting antiviral drugs against hepatitis C came onto the market around 2015, some stakeholders hailed them as a means of eradicating this disease (1). Where do we stand a few years later?

Prices designed for shareholders. *Sofosbuvir* (Sovaldi[®]) was marketed in the United States at the exorbitant price of 1000 dollars per day, reflecting the stock market speculation to which this drug gave rise (2). In 2015, stock markets applauded the performance of Gilead whose share price increased by 157% in two years thanks to Sovaldi[®] and Harvoni[®] (*sofosbuvir* and *ledipasvir*) (3). This company's real strategy was to seek maximum profits in the richest countries and not disease eradication, which would require very low prices to allow access to treatment by the largest number of people.

A tiny minority of people have received treatment. According to the World Health Organization (WHO), 71 million people around the world were infected with the hepatitis C virus in 2015, and as a result, 400 000 persons died that year, mainly from cirrhosis or liver cancer (4). Three out of four infected persons live in low- or middle-income countries: 10 million in China, 7.2 million in Pakistan, 6.2 million in India and 5.6 million in Egypt (4).

In part to escape criticism of their prices, Gilead and other companies producing these direct-acting antivirals offered lower prices for the poorest countries or sometimes accepted the manufacture of generics. In some countries, generics are also being marketed without the agreement of the companies concerned (4).

According to the WHO, only 1.5 million people started treatment for hepatitis C in 2016. The pricing of these drugs means that essentially only the richest countries and the poorest countries have implemented large-scale access to treatment for this disease. In middle-income countries (China, Mexico, Turkey, etc.) where about 40% of infected

people live, access to the drugs is virtually non-existent due to their unaffordable price (4).

Slash the prices. Against the background of this very unsatisfactory situation, the WHO applauds the counterexample provided by Egypt, which has adopted a vigorous policy for combating this disease, and where 1.5 million people received treatment between 2014 and 2017 (a). In this country, local generic manufacturers offer *daclatasvir* at 7.5 dollars for a 28-day supply (as opposed to 165 dollars which is the discounted price from Bristol-Myers-Squibb) and *sofosbuvir* at 50 dollars (compared to Gilead's discounted price of 275 dollars). Thanks to generics, Egypt should be in a position to eradicate hepatitis C by 2030, according to the WHO (4).

As in the case with AIDS since the beginning of the 21st century, the best means for most of the world to combat hepatitis C will be through companies which rely on high-volume sales, such as generic manufacturers, including the use of flexibilities in intellectual property rights.

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a- In Egypt, millions of people were infected iatrogenically during the years 1960-1970 following injections aimed at eradicating schistosomiasis (ref 5).

Selected references from Prescrire's literature search

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- 4- "Progress report on access to hepatitis C treatment" World Health Organisation March 2018: 68 pages.
- 5- Prescrire Rédaction "Une vaste épidémie d'hépatite C après traitement de masse" *Rev Prescrire* 2001; **21** (221): 707.



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