Bangladesh and Blocking Big Pharma's Big Moves

September 18, 2016 By Greg Jefferys

A couple of days ago I had a really interesting meeting with a medical person who has his finger on the pulse of the international Hep C medication scene.
We talked about a lot of stuff including Gliead's 'new' pan genotype Hep C drug Epclusa, the combination of Sofosbuvir and Velpatasvir. He explained to me that there was no evidence to suggest that Epclusa was any more effective than the combination of Sofosbuvir and Daclatasvir, a fact that had been put to me from several other sources over the past couple of weeks.
Epclusa seems to be just another attempt by Gilead to squeeze as much money as it can out of the world's health systems and health insurance companies. The one thing Gilead is good at (apart from buying patents and putting prices up and up) is marketing. The amount of hype Gilead was able to generate around Harvoni was amazing and even though Harvoni was no more effective than Sofosbuvir + Daclatasvir for treating genotype 1 everyone wanted Harvoni even though it had the disadvantage of being less effective against other genotypes of Hep C.

One of the other things that came up in this conversation was that Gilead is planning to close down the export of generics out of India. Now this came as a little bit of a surprise to me because I had thought that Gilead had more or less decided to leave India alone.

My thinking was that Gilead was making enough money out of royalties from the companies that had signed up on its licensing agreements that it would let it ride in India.
Not so my informant told me. According to this person Gilead is making only about US$40 million per year out of Indian royalties, not even chicken feed for a company the size of Gilead.
According to my source Gilead is even now gathering its minions for a big effort to close down, or significantly reduce, the export of generic Hep C meds from India.

I hope my source is wrong however if he is right then there is still the fall back position to Bangladesh where we have two good pharmaceutical companies making generic Harvoni and Sofosbuvir and Daclatasvir (Darvoni).
If Big Pharma closes down India then Bangladesh will fill the vacumn.
Below is an email I received yesterday from a US citizen with Hep C who had been living in Thailand.
This person had failed Interferon treatment and contacted me early this year about options from accessing generic Hep C meds in Thailand.
After quite a few emails he decided to fly to Bangladesh and buy a 12 week treatment of Twinvir from Incepta.
After finishing treatment in Thailand he returned to the USA.
Here is his story:

Hey Greg:
Just a brief update
Moved back to san Francisco bay area, where i had originally gone thru the failed interferon treatment for the hepC, about 11 yrs ago. I was able to pick up medical coverage with the same medical group again. The ones who treated me with Interferon, so i could get some continuity of care after my 8 yrs in Thailand.

So i get my appointment with the same liver specialist and show him all my paperwork from Thailand (which showed virus undetected at end of 24 weeks of tx with generic harvoni).
He was skeptical to say the least. Plenty of eye rolling and such, like the USA has the only doctors on Earth who know about Hep C.
Since it was time for my SVR 12 tests, he decided to run the viral load again and full liver panels and compared all the way back to before i had initial failed tx with interferon way back in 2005.

WOW... to say he was surprised is an understatement. He had listened to my story of journeying to Bangladesh and purchase of Twinvir with a bit of skepticism, to say the least. But when i came back undetected at SVR 12 and my liver functions are "greatly improved" he tipped his hat to the world of generic HepC meds. A small victory, but we'll take them wherever we can get them..
anyways... glad to be free still at SVR 12 and look forward to SVR 24.. thanks again for all your support!

This story is interesting because the initial attitude of the USA doctor highlights the endemic racist view that is common in Western countries that doctors in Asia do not have a clue and also that generic meds are a cons.
However this doctor is good enough to admit that the results are the true gauge of what is real and in the end he admits that the generic path is a valid one.
In the USA many more doctors are happy to prescribe generics and monitor patients doing the generic treatment path. There is still a long way to go but things are changing and the more people who do generics then the more doctors will see the results and that will produce the changes.

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