

Outrage over Pfizer's distribution announcement

Pfizer last week announced that it will sell its products in the UK with UniChem acting as sole distributor in a bid to secure the supply chain against counterfeit medicines. The move has outraged community pharmacy bodies and many doubt Pfizer's motivations.

Pfizer maintains that the current supply chain is vulnerable and that the new plans will give customers confidence that the medicines are genuine Pfizer products.

David Watson, head of trade for Pfizer, told *The Journal* that the new arrangement will come into effect in March next year. He described it as "a big change which hasn't been taken lightly. We are very concerned about counterfeiting; for some reason Pfizer products seem to be targeted, which is damaging to our reputation."

However, the Pharmaceutical Services Negotiating Committee has voiced its doubts. It said in a statement: "Although

Pfizer has sought to suggest the principal driver is the discovery of counterfeit Lipitor, PSNC believes it is part of a concerted move by the company to kill parallel trade and drug diversion."

Mark Stephenson, marketing director at UniChem, confirmed this week that the arrangements will not prevent any wholesaler — including UniChem — from importing Pfizer products through parallel trade. "It is a free market," he said.

The National Pharmacy Association said: "The recent decision by Pfizer to use one wholesaler only to act as a distributor for its products is another example of significant changes in trading terms which could cause huge upheaval and uncertainty for community pharmacists (not to mention the possible adverse effect this move could have on timely patient access to Pfizer products)".

Steve Dunn, group managing director of AAH Pharmaceuticals, launched a strong response: "This is a bad deal for pharmacy," he said. "We support the PSNC and the NPA in their opposition to this deal." He told *The Journal* that the arrangement would eradicate choice and competition, be a disruption to the usual supply chain and create multiple invoices and deliveries for pharmacists.

Mr Watson said that he was surprised by the AAH response, since Pfizer was in detailed planning with AAH (as well as UniChem and Phoenix) for the better part of last year, but did not come to an agreement with them.

Martin Sawyer, executive director, British Association of Pharmaceutical Wholesalers, said that Pfizer is wrong to link counterfeit medicines to pharmaceutical wholesaler distribution. He said: "It is a slur on wholesalers who work closely with suppliers especially when new products need to get to market fast or when product recalls are necessary because of manufacturer error."

Naturally, independent pharmacy groups are worried (see **Meetings** p425). Cambrian Alliance made a statement this week, saying that its members are concerned that having UniChem as the sole supplier of Pfizer products will give Alliance Boots pharmacies an unfair advantage in the allocation of short supply products, a monopoly that would enable them to dictate levels of discount and service.

Pfizer confirmed that it has independently audited UniChem's capacity to deliver to every pharmacy in the UK twice a day and that there would be no minimum order quantities.

Community pharmacists are anxious that Pfizer's plans will affect their bottom line (see **Letters** p423).

Pfizer will be announcing a new discount scheme in around three weeks' time, Mr Watson said.

Scotland and Wales

The Scottish Pharmaceutical General Council has voiced concerns that the move leaves no fall back position if supply difficulties occur, which, it says, is especially worrying for pharmacies in remote and rural areas, many of which will find it difficult to justify another wholesaler account.

A UniChem spokeswoman said that she was as yet unable to give exact details of regional arrangements. "UniChem has extremely robust plans in place to ensure that we can maintain current service patterns for all pharmacists and dispensing doctors across the UK," she said.

Community Pharmacy Wales chief executive officer, Peter Hayden Jones, told *The Journal*: "We do have concerns when any critical medicine is limited to a single supply source." He said that CPW is working closely with the PSNC on addressing the issue, as well as talking to the Welsh Assembly Government.

Guild response

Allan Karr, chairman of the Guild of Healthcare Pharmacists procurement and distribution interest group, and pharmacy purchasing and business manager, University College London Hospitals NHS Trust, commented: "I think that the Pfizer decision to use UniChem as its sole distributor is a landmark for the pharmaceutical industry in the UK. Clearly this is an attempt by a manufacturer to control its products more closely."

Mr Karr explained that Pfizer stands to gain the capacity and frequency benefits of a wholesaler, but with control of their stock levels and distribution. Pfizer, rather than the wholesalers, is now controlling the supply chain, he said.

"There are many strategic issues that need to be considered as a consequence. Only time will tell how this change will impact on the medicine supply chain in the long term," he added.

The Society

Pharmacy board elections

The Society has announced the first elections to the new national pharmacy boards for England, Scotland and Wales (p429); launching the board elections, the President has called for the nomination of "natural leaders" (p431); Official Notices (p432).

Legal and ethical advice

A Law and Ethics Bulletin this week reminds pharmacists about restrictions on supplying large quantities of paracetamol and offers guidance on the withdrawal of biocidal products containing citronella oil or eucalyptus oil and on the safe disposal of strychnine (p430).

Supplementary prescribers need more support, survey finds

Pharmacist supplementary prescribers need more support in terms of infrastructure and in becoming better integrated into the health care team, according to the authors of a paper published in the *Annals of Pharmacotherapy* this month (2006;40:1843).

The authors surveyed 401 qualified supplementary prescribers in Great Britain about their early experiences. Just under half of respondents (48.6 per cent) reported practising as a supplementary prescriber, of whom 59.5 per cent had written their first prescription within six months of registering. Most first prescriptions were written in primary care medical practices (58.4 per cent), with 29.9 per cent written in hospitals.

Longer time since registration, greater confidence in prescribing ability and training in cardiovascular conditions or multiple con-

ditions were associated with a greater chance of practising supplementary prescribing.

Identified barriers to supplementary prescribing were inadequate funding, shortage of staff, insufficient access to electronic health records, lack of formal referral systems, poor recognition of pharmacy's role by other health professionals and inadequate administrative support.

"Greater publicity of the pharmacist's role in medication management, especially as a prescriber, and support from the medical profession and health care organisations in implementing supplementary prescribing services are critical for the success of supplementary prescribing by pharmacists," the authors say. They add that the cost-effectiveness of supplementary prescribing needs to be proven to encourage investment in support.

Well educated women could be adding to antimicrobial resistance

There is an association between keeping leftover antimicrobials — including all antibiotics and antifungals — for future use and being educated and knowledgeable about these drugs, according to a survey of almost 7,000 households in the UK (*Emerging Infectious Diseases* 2006;12:1523). Being young and female was also associated with an increased likelihood of storing leftover antimicrobials at home.

Researchers visited 6,983 households in the UK as part of the Department of Health Office for National Statistics omnibus survey. At each household respondents were asked to show the interviewer all drugs in the house that had been prescribed for infections. They were then asked whether the drugs were currently being used, had been prescribed for a previous infection or were being kept for future use.

The researchers found that 6 per cent of households had leftover antimicrobials and 4 per cent were keeping antimicrobials for future use. The most educated and knowledgeable respondents were twice as likely to have leftover antimicrobial drugs as the least educated and least knowledgeable. Six per cent of leftover drugs had been prescribed for less than three days and 61 per cent had been prescribed for more than six days.



Storing antimicrobials for future use occurred in 4 per cent of households

Repeated use of leftover drugs may increase antimicrobial resistance in the community by exerting selective pressure in the commensal flora, say the researchers. They suggest that if standard duration of treatment could be shortened and package size reduced the temptation to keep the drugs would be diminished. They also recommend that public education campaigns should target well educated groups and emphasise that leftover drugs should be returned to a pharmacy or should only be taken on the advice of a health care professional.

Society's OTC statin guidelines criticised

Guidelines for over-the-counter statin treatment produced by the Royal Pharmaceutical Society could lead to under-treatment of high risk individuals and unnecessary treatment for people at low risk of heart disease, according to the authors of a letter published in the *BMJ* this week (2006;333:704).

The authors say that by using the Society's criteria, rather than Framingham estimates of coronary heart disease risk, up to 18 per cent of people at low risk and 39 per cent of those at high risk could be misclassified as being at moderate risk of coronary heart disease, making them eligible for over-the-counter statin treatment. "If Framingham-derived cardiovascular risk, including blood pressure and cholesterol, cannot be checked in the pharmacy, we recommend that people are referred to their general practitioner for an accurate risk assessment," they conclude.

Sadia Khan, lead for self care at the Society, said that the letter raises various concerns over practice guidance on OTC simvastatin and that the Society would be responding to the *BMJ* in due course.

□ **OTC statin** Commenting on a discussion of the appropriateness of adopting OTC statins in the US (*Circulation* 2006;114:1310), Australian doctors say that the agents, if available over the counter, will be used by many people for whom simple lifestyle measures would be sufficient.

Flu vaccine campaign starts in Scotland

This week saw the start of the annual influenza immunisation campaign in Scotland. But launching the campaign, Scotland's chief medical officer, Harry Burns, acknowledged that delivery of vaccines had been delayed by approximately one month.

"GPs are liaising closely with community pharmacists who supply the vaccine to ensure they have vaccines in place before they finalise their schedule of vaccine clinics and

publicise them to their patients," said Dr Burns.

"Despite these delays, I am assured that there will be sufficient flu vaccine to immunise at-risk groups before winter starts."

Free flu immunisation will be offered to the same at-risk groups as last year, including people aged over 65 years, those with certain chronic medical conditions and health care workers.

News in brief

■ **MHRA intervenes on "two for one"**
A complaint by Boots The Chemists about Tesco's multiple purchase offer on Resolve and Resolve Extra has been upheld by the Medicines and Healthcare products Regulatory Agency. The MHRA has reached agreement with retailers, including Tesco, on volume-based promotions of analgesics so that they do not lead to unnecessary purchases and stockpiling. Tesco has withdrawn its offer.

Advice deemed as effective as drugs for patients with medicines overuse headache

Advice is as effective as medication for the treatment of medicines overuse headache, an Italian study suggests (*Cephalalgia* 2006;26:1097).

Researchers divided 120 patients in a headache clinic who had migraine plus medicines overuse headache into three groups. One group received intensive advice from a doctor to withdraw the overused medication. The other two were given a standard inpatient or outpatient treatment programme.

The proportion of patients who were considered to have been successfully treated two months later did not differ significantly across groups, the researchers found. However, they add: "The reproducibility of our findings in different settings, such as primary care, remains to be verified."

RNA interference discovery wins US researchers the Nobel Prize for medicine

Two US scientists have been awarded the Nobel Prize for medicine for their discovery of RNA interference, a mechanism for silencing genes that could lead to the development of new treatments.

Andrew Fire of Stanford University School of Medicine and Craig Mello of the University of Massachusetts Medical School published their seminal work in *Nature* in 1998, which detailed how fragments of RNA can interfere with the expression of a particular disease-causing gene and effectively shut it down.

It is thought that discovery of this mechanism will lead to the ability to control genetics-based and other diseases. The process is already being used widely in scientific research as a method to study the functions of genes.

Government needs to ensure commissioning is fair

Central government needs to send out clear signals that a level playing field must be established for commissioning primary care services, the National Pharmacy Association has urged.

In its written response to the All-Party Pharmacy Group's inquiry into the future of pharmacy (*PJ*, 24 June, p739), the NPA warns: "The potential for pharmacy-based services (and the benefit the public will gain from them) will not be realised unless pharmacists are treated equitably by commissioners in relation to other would-be service providers."

Yet current evidence suggests this is frequently not the case, it says. "Transparent gov-

ernance arrangements must be put in place to ensure a level playing field among providers and a clear message should come from central government that PCTs will be judged on this matter."

The NPA also emphasises that there is a window of time during which NHS services will be redesigned to achieve the "Our health, our care, our say" White Paper aim of shifting more care into community settings. "Pharmacy must establish a sustainable place in the new care pathways before this window closes, so there is an urgent need to expand," it says.

However, the need to make the best use of this time should not fluster community phar-

macists, the response says. "It is important that pharmacists do not feel panicked into picking up roles that are not sustainable and that do not build on the strengths that differentiate pharmacy from other providers."

Nonetheless, the NPA argues, dispensing medicines should remain the central service in community pharmacy. "The accurate and timely supply of prescribed medicines is the backbone of the community pharmacy service. The dispensing process provides the opportunity to build close relationships with service users — to the great benefit of all concerned — and also the platform on which to set other services."

Schizophrenia drugs must be better managed

Management of medicines for people with schizophrenia needs to improve, the Healthcare Commission has insisted

The Commission surveyed all 174 local implementation teams (LITs) that plan community mental health services in England. It found that 84 per cent of LITs were rated fair or weak on the management of medicines for patients with schizophrenia. LITs also performed poorly in terms of providing patients with information about their medicines: only 5 per cent obtained the top score for telling patients about possible side effects.

A Healthcare Commission survey of users of community mental health services also found deficiencies in the information patients were given. Only half (47 per cent) of those questioned said they had been given a copy of their care plan and only 42 per cent believed that they had been involved in decisions about their medicines.

Sue Champion, associate director of nursing at North Essex Mental Health Partnership NHS Trust (one of the trusts given an "excellent" score in the review), commented: "We always try to involve patients as much as possible in their medication management. At each appointment the community psychiatric



Viewing Medicine

Mental health patients may receive little information about drugs they are given

nurse or care worker will always talk to patient about the medicines they are prescribed using the patient information leaflet.

The team's six-monthly reviews of its care programme involve a range of professions, she added. "We try to involve our pharmacy colleagues as much as possible at all stages and particularly in discharge planning, because of their expertise in the use of medicines and advice on tailored supply such as the use of medi-doses and small quantities. . . . That is something we would like to do more of in the future."

Pharmacists are key to supporting work of primary care trusts

Pharmacists are a key group in supporting primary care trusts' efforts to deliver community health care services to local patients, the NHS Confederation says in its report "Primary care trusts: serving communities", published on the first day of the reorganisation of primary care trusts in England, 1 October.

The report explores the work of primary care trusts, the improvements they have delivered for patients and the challenges they will face in the future. Case studies highlight the areas in which PCTs are improving services to patients.

Community pharmacist Manish Suchak, who offers a number of services to a residen-

tial area on the edge of the South Downs, near Brighton, is featured in the report. Mr Suchak has been commissioned by Brighton and Hove PCT to provide a minor ailments scheme and smoking cessation service. He also offers blood pressure monitoring and cholesterol and diabetes testing. He believes that his pharmacy has become a focal point for local residents because the nearest GP surgery is a bus ride away. "I have been here for 20 years and the customers are familiar with me and feel more comfortable accessing services such as smoking cessation from the pharmacy."

The report can be accessed via the NHS Confederation website (www.nhsconfed.org).

BOC home oxygen supplies

BOC has now ceased supplying home oxygen cylinders to pharmacies in: South East London, Kent, Surrey and Sussex; South West London, Thames Valley, Hampshire and Isle of Wight; Eastern England; and North East England. However, BOC will continue, until 31 October, to supply home oxygen cylinders to pharmacies in: South West England; Wales; East Midlands; West Midlands; Yorkshire and Humberside; North West England; and North London.

Part 7 prices

Changes to the prices of drugs in part 7 of the Drug Tariff were made in Scotland from 1 October. The changes mean that prices set in England for drugs in category M will be implemented in Scotland for the third quarter of 2006/07.

Pharmacy included in DoH review of urgent care services

Services provided by pharmacists are among those included in a Department of Health discussion document on urgent care launched by health minister Lord Warner this week.

The DoH is seeking views from staff and service users on how urgent care services can best "work together to create services that respond more effectively to local patients' needs".

The review will cover: pharmacists, accident and emergency, GPs, NHS Direct, NHS walk-in centres, minor injuries units, local out-of-hours primary care providers, ambulance services, urgent social services and crisis resolution teams for mental health users.

Comments on "Direction for travel for urgent care", which is available from the DoH website (www.dh.gov.uk), can be submitted until 5 January 2007.

Three-drug combination improves disease-free progression in metastatic HER2 + breast cancer

Adding capecitabine (Xeloda) as a third chemotherapy agent to the most commonly used first-line treatment for HER2-positive metastatic breast cancer significantly increases time to progression, according to an international study giving the first evidence of extra benefit with triple chemotherapy in this particularly aggressive form of the disease.

The study randomised 222 patients with metastatic breast cancer to the standard first-line regimen — trastuzumab (Herceptin) plus docetaxel (Taxotere) — with or without capecitabine, which is an oral form of the chemotherapy agent 5-fluorouracil.

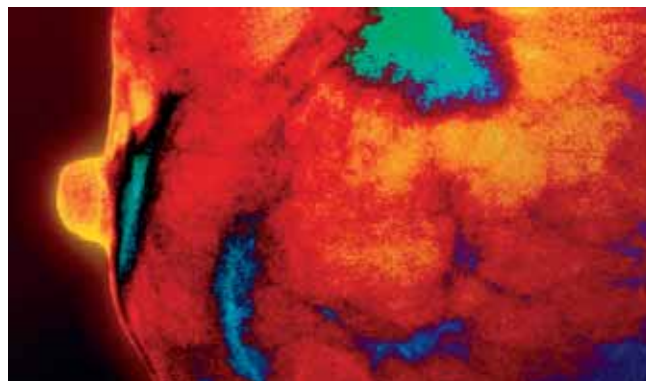
Results, reported this week at the European Society for Medical Oncology congress in Istanbul, Turkey, showed that the median time to progression increased from 13.8 to 18.2 months in patients who were also treated with capecitabine ($P=0.045$).

Lead investigator Andrew Wardley, consultant medical oncologist at Christie Hospital, Manchester, said that the improvement in time to progression of 4.5 months with capecitabine was important in this group of patients. “Patients with advanced stage HER2-positive breast cancer often have a poor prognosis as

their type of cancer does not always respond well to standard chemotherapy regimens,” he warned. “Patients, who used to die within months, can now live on for a year and a half on treatment, with good quality of life,” he added.

Patients in the study treated with the three-drug combination showed a positive trend in progression-free survival from a median of 12.8 to 14.8 months ($P=0.060$). The primary endpoint of overall response rate (tumour shrinkage) was similarly high in both groups, at approximately 70 per cent. Patients in the study are still being followed up, with final results expected in 2007.

Commenting on the study, Steve Williamson, lead pharmacist for Northern Cancer Network and Northumbria Trust, said that it shows, once again, that more aggressive treatments for breast cancer lead to improved results.



Breast cancer responded to three-drug combination

Zephyr/Science Photo Library

“This research extends the benefits of the National Institute for Health and Clinical Excellence approved docetaxel/capecitabine combination to HER2-positive women,” he said. “Pharmacists must ensure they have the capacity in place to adopt more complex regimens and work with the nursing and medical teams to ensure concordance for patients taking the extra oral capecitabine chemotherapy, and monitor the side effects of the regimen,” he added.

Adding anastrozole to trastuzumab is beneficial in breast cancer

Adding hormonal therapy with anastrozole (Arimidex) to the HER2-receptor blocker trastuzumab (Herceptin) doubles progression-free survival in women with metastatic breast cancer positive for both hormone and HER2 receptors, according to the first study to look at blocking both types of receptors.

The study, presented this week at the European Society for Medical Oncology congress in Istanbul, Turkey, included 208 postmenopausal women with HER2-positive advanced breast cancer that was also hormone receptor positive.

They were randomised to receive anastrozole (1 mg daily), alone or in combination

with trastuzumab 2mg/kg weekly doses, until disease progression.

Bella Kaufman, Sheva Medical Centre, Telhashomer, Israel, reported that median progression-free survival, the primary endpoint of the trial, was 4.8 months for patients who received the combination, compared with 2.4 months for patients who received hormonal therapy alone ($P=0.0016$).

Patients in the combination arm also responded significantly better to treatment (overall response rate was 20.3 per cent versus 6.8 per cent; $P=0.018$). Clinical benefit (complete or partial response, or stable disease lasting more than six months) was achieved in

42.7 per cent of women treated with trastuzumab plus anastrozole compared with 27.9 per cent of those on anastrozole alone.

Dr Kaufman said few trials in breast cancer had previously shown a doubling of progression-free survival. “In these very poor prognosis patients, adding Herceptin to anastrozole increased clinical benefit by more than 50 per cent. More than 15 per cent of women on the combination did not progress for at least two years.”

Around two-thirds of women who develop breast cancer have hormone receptor-positive tumours and up to a quarter of these breast cancers are also HER2-positive.

No harm delaying chemotherapy for 12 weeks

Adjuvant chemotherapy that starts up to 12 weeks after surgery for breast cancer is as effective as that starting less than four or eight weeks after, a retrospective review suggests.

Canadian researchers examined the relapse-free survival and overall survival rates of 2,594 patients receiving adjuvant chemotherapy (for stage I and II breast cancer). Patients were divided into four groups according to the time from surgery to start of adjuvant chemotherapy (≤ 4 weeks, 4–8 weeks, 8–12 weeks and >12 weeks). Relapse-free survival and overall survival rates were similar for the groups of women starting chemotherapy up to 12 weeks after surgery.

However, those whose chemotherapy was started after 12 weeks tended to have lower overall survival rates.

Drug-eluting stents not less safe, says MHRA

Adverse incident reports on drug-eluting stents do not support the suggestion that they are less safe than non-drug-eluting stents, the Medicines and Healthcare products Regulatory Agency said last week.

In a statement issued in response to data presented at the World Congress of Cardiology in Barcelona last month (*PJ*, 23 September, p361), the MHRA said: “The MHRA investigates all adverse incident reports received from stent manufacturers and clinicians. Our evaluation of these reports to date does not indicate that drug-eluting stents are less safe than non drug-eluting coronary stents.”

The MHRA will continue to assess the safety of drug-eluting coronary stents as more information on their long-term performance becomes available, it added.

PDA criticises Society's approach in draft fitness-to-practise rules

Criticism has been levelled at the Royal Pharmaceutical Society by the Pharmacists Defence Association for the overall tenor of proposed fitness-to-practise rules.

In a response that pays as much attention to the Society's approach as it does to specific questions asked by the Society about the proposed rules, the PDA accuses the Society of adopting a punitive stance, rather than wanting to help pharmacists deliver best practice.

Taking new procedures to be operated by the General Dental Council as a comparator, the PDA says of the Society: "The RPSGB has been vociferous in attempting to preserve its 'unique' dual role of regulator and membership body. Paradoxically, it makes no attempt at putting learning and rehabilitation at the heart of its FtP rules. Its focus is [on] punishment and retribution."

The PDA also complains that the consultation was premature and will have to be repeated. It believes this to be the case because the draft rules have been based on the draft

Pharmacists and Pharmacy Technicians Order, which Department of Health officials have indicated will be amended. The PDA believes that this means the draft fitness-to-practise rules will have to be rewritten and a new consultation launched.

Responding to specific questions posed in the consultation, the PDA says that no one should be automatically removed from the register for non-payment of fees because there have been cases where members have tried to pay their fees but the Society's banking systems have failed to collect them.

The association also criticises the Society's proposed definition of "good character" because it includes a duty of care that precludes the activities of leading edge practitioners who might be developing treatments ahead of previously published guidelines.

Other criticisms include the use of imprecise words, such as "serious", "less serious" and "recent", that fail to define the standard against which conduct is to be judged.

MSD suspended from ABPI for three months

Merck Sharp & Dohme Ltd has been suspended from the Association of the British Pharmaceutical Industry for at least three months.

The Prescription Medicines Code of Practice Authority, which polices the ABPI code of practice, found that MSD had offered services to improve blood pressure control only to GP practices that used MSD's Cozaar (losartan) as their treatment of choice.

A former MSD representative reported the company to the PMCPA after questioning the scheme within the company. He alleged that representatives had been told to use their acumen to circumvent the ABPI code.

The suspension was imposed after the investigation was reported to the PMCPA appeal board and the ABPI management board. The precise length of the suspension will de-

pend on an audit of procedures introduced by MSD to prevent a recurrence.

MSD Ltd's managing director, Chris Round, said: "We are working hard to reaffirm our core values and standards, and restore confidence and pride in our business practices."

This is not the first time that MSD methods for promoting Cozaar have got it into trouble. At the end of last year, the company was found to have misrepresented British Hypertension Society guidelines to make them seem more favourable to Cozaar.

MSD is the second company to be suspended from the ABPI since the introduction of a tougher code of practice at the beginning of the year (*PJ*, 18 February, p192). The only previous suspensions before that were of two companies in 1994.

Industry-sponsored reviews should be read with caution

Industry-sponsored reviews draw more favourable conclusions than Cochrane reviews of the same drug and so readers should be wary of their conclusions, a study published online on 6 October concludes (*BMJ Online First* www.bmj.com).

"Industry-supported reviews of drugs are less transparent than Cochrane reviews and have few reservations about methodological limitations of the included trials; their conclusions should be read with caution," the authors say. "Details of concealment of alloca-

tion, blinding, inclusion and exclusion criteria for trials, search strategies, and estimated effects in each included trial need to be reported to allow readers to judge the reliability of reviews," they add.

The researchers looked at 24 Cochrane studies which could be matched with other meta-analyses, eight of which were industry-sponsored. Seven of these had conclusions that recommended the experimental drug without reservation, compared with none of the Cochrane reviews of the same drugs.

DRUG ALERT

Neulasta SureClick Injection

Amgen is recalling all batches of Neulasta SureClick Injection (pegfilgrastim) devices due to problems with slow or incomplete delivery of the contents. Recipients are asked to quarantine any remaining stock and return it to their supplier for credit. Medical information is available on 01223 436441.

Stalemate over scheme to stifle parallel importing

Both parallel importers and GlaxoSmithKline have claimed victory in a European Court case over the legality of GSK's dual pricing scheme in Spain.

GSK says that it has won because the European Court of First Instance has annulled a European Commission decision banning the company from charging Spanish wholesalers one price, if they distribute medicines internally in Spain, and a higher price if the medicines are for re-export to another European country (*PJ*, 2 June 2001, p737).

A counter-claim of victory by the European Association of Euro-Pharmaceutical Companies is based on a second ruling in the same case that upholds the commission's decision that dual pricing is not permitted under European competition law.

At the end of last month, the court said that the commission was right to conclude that dual-pricing was a restriction on competition. But it said that the commission should reconsider its prohibition because it did not look closely enough at the economic arguments for and against the scheme and their effect on pharmaceutical innovation.

Marie Manley, intellectual property partner at law firm, Bristows, said: "The EU commission has been slapped again by the Court of First Instance. However, pharmaceutical companies are still in a foggy uncertainty in relation to the legality of a dual pricing scheme. We will need a second round of arguments and at least a second visit to the European courts before this issue is fully resolved".

Three new pharmaceutical products awarded honour

Three UK Prix Galien gold medals for pharmaceutical innovation have been awarded to new medicines this year. The winners are: algalucosidase alfa (Myozyme; Genzyme), an orphan drug for the treatment of Pompe disease; Rotarix (GlaxoSmithKline), a vaccine for the prevention of rotavirus infection; and omalizumab (Xolair; Novartis), an add-on therapy for patients with severe persistent allergic asthma.