
Dr. Brian W Tempest

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World Health Organisation, Geneva

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Dr Brian Tempest advises Companies, Banks, High Net Worth Individuals and Investment Funds on their Strategy in the Emerging World based on his wide experience in China, Japan, South East Asia and India where he has lived for the last decade.

Brian has worked for Ranbaxy Laboratories since 1995 holding the position of Managing Director and Chief Executive Officer until 2005. He was then Chief Mentor and Non Executive Director until 2008 when he retired. He is one of the few westerners to have led a Sensex Nifty 50 Indian blue Chip MNC and as a result has a valuable insight into India. Brian has also worked for Glaxo as Regional Director Far East and Regional Director Middle East & Africa from 1985 to 1992.

Brian has worked in the Pharmaceutical Industry for the last 41 years and has managed Healthcare businesses in North America, South America, Europe, Africa, Middle East, Australasia, China, Japan and India. He has also led many sessions at Investor Meetings held around the world.

He is now Independent Chairman of Religare Capital Markets PLC, a Non Executive Director of Fortis Healthcare the leading Asian Healthcare Company, a Non Executive Director of SRL the largest Indian Diagnostic Company and a Non Executive Director of Glenmark Pharmaceuticals. He is a member of the SCRIP Global awards panel and is on the Editorial Board of the Journal of Generic Medicines. Brian speaks at global conferences and more information on these presentations can be found on his website www.briantempest.com.

Brian has a PhD in Polymer Chemistry from Lancaster University in 1971 and in 2009 he became Chairman of the Advisory Board for the Lancaster University Management School, UK. He is a Fellow of the Royal Society of Medicine and a Fellow of the Royal Society of Chemistry and is a Chartered Chemist. He is now Chairman and Senior Partner of Hale & Tempest Co Ltd.
Structural Changes - Big Pharma
“Nobody endured these lessons harder than Pfizer. The company built the world’s largest pharmaceutical research centre in Connecticut, USA, a 160 acre site with more than 5,000 employees at its peak and 2.7m sq ft of research space. But the only major drug to come out of the sprawling facility in the past 20 years was the smoking cessation treatment Chantix”  

Source: Pharmatimes February 2012
Big Pharma Strategies

- Share repurchase - AZ, Pfizer, Sanofi Aventis
- Shedding businesses – Pfizer $1.9b nutrition, $3.6b animal health, £2.4b Capsugel
- Eye Care - Novartis & Alcon
- Consumer Healthcare – Sanofi Aventis, GSK
- OTC – P&G with Teva
- DPI Inhaler – Pfizer & Mylan
- Generics – Pfizer, Sanofi Aventis, AZ
- Pharmemerging – GSK, Abbott, Daichi Sankyo
Structural Changes -
Generic Companies
Ranbaxy to launch India's first indigenous malaria drug at one-third the cost of current therapies - Economic Times

New Delhi: This month, Ranbaxy Laboratories will launch the country’s first indigenously developed new medicine, a malaria drug, at one-third the cost of the current therapies.

The launch of this drug will end a 15-year drug discovery drought for Indian medicine makers. Indian firms have mastered the art of developing generic versions of original drugs, but success has eluded them in their new drug development efforts which began in earnest in the mid to late 1990s. Several locally developed molecules have made it to the clinical trial stage but so far none of them has had a commercial launch.

India’s First Compulsory Licence
Source : Economic Times 13 March 2012

Natco Bags Licence to Sell Bayer’s Cancer Drug Copy

India’s first compulsory licence worries MNC drugmakers

The government has allowed a local

A provision that gives the government

DUR BUREAUS
NEW DELHI: MUMBAI (PTI) -

This government has allowed a local

A Blockbuster Deal

A provision that gives the government

A Blockbuster Deal

A provision that gives the government

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Natco Compulsory Licence-First of Many

- Indian Patent Office 31 March 2012
- From $5,500 per person per month
- To $176 per person per month, reduction-97%
- Nexavar (sorafenib) for cancer
- Natco to pay Bayer a Royalty fee of 6%
- TRIPS allows CLs to provide improved access to medicines
- Not available to the public at a reasonably affordable priced after 3 years and not made in India
Mylan will not be tempted to follow the example of competitors by slashing prices to buy market share in Europe, according to the US firm’s president Heather Bresch. “We believe that some of the irrational behaviour we are seeing as certain competitors attempt to buy market share throughout Europe is not sustainable,” she stated, adding that Mylan would use its vertically-integrated, diversified business model to outlive such pressures. Almost half of Mylan’s European launches were now produced internally, she pointed out.

“You can show trading volume growth if you’re not remotely...
Next 24 Global Generic Companies
Source: Generics Bulletin 10 June 2011
China Pharma Industry Capex Plans

As a result of the New 2010 GMP regulations it is expected that the Industry will have to spend US$ 29 billion in coming years.

1/3 on New Machinery
1/3 on New Facilities/Infrastructure
1/3 on Operational upgrading/training
Number of mABs entering the clinic rising annually

Source: Tufts

Number of mAb products in R&D growing: study

WORLD NEWS | NOVEMBER 09, 2011

LYNNE TAYLOR

Developers are steadily increasing the number of monoclonal antibody (mAb) products for which they are initiating clinical studies, extending a trend that began in the 1990s, according to a new report.

The number of novel mAbs entering clinical study worldwide annually rose from 19 in 1997 to 53 in 2010, peaking at 54 in 2008, thus continuing a trend dating back to the mid-1980s, when about a dozen mAb candidates entered clinical study each year, reports the Tufts Center for the Study of Drug Development (CSDD).
New Companies Entering Pharma
Source: FT April 15 2012

Samsung eyes generic biological medicines
By Andrew Jack in London

Samsung, the South Korean conglomerate, plans to launch generic versions of biological medicines by 2015 at half the current western prices, as it gears up to challenge US and European pharmaceutical companies.

Tae-Han Kim, president of Samsung BioLogics, said his company aimed to complete a manufacturing plant outside Seoul by June, and win international regulatory approval for the factory by the end of this year.

That would pave the way to the launch of a series of lower-cost versions of monoclonal antibodies (MABs) to treat diseases including cancer and rheumatoid arthritis as they come off patent in the next few years.

In an interview with the Financial Times, Mr Kim said: “Biopharmaceutical companies are good for sales, and biotech companies for innovation, but neither is good for manufacturing. It is in Samsung’s DNA to produce products at low prices while meeting legal and industry requirements.

“The price of monoclonal antibodies is very expensive and not affordable to all patients,” he said. “That is a heavy burden on governments and [healthcare] payers.”

While a number of large existing generic drug companies are preparing to offer cheaper versions of “large molecule” or biological drugs, the move by Samsung would represent the entry of a significant new competitor from Asia.

http://www.ft.com/cms/s/0/8d0f2320-86ed-11e1-ad68-00144feab49a.html
New Biosimilar Partnerships

- Cipla, India & Biomab, China $165m 12 prods
- Richter & Stada, mABs - EU
- Celltrion & Hospira, Egis, Hikma, BB - Korea
- Biocon, India & Mylan, USA
- Teva, Israel & Lonza, EU
- Biocon Idec, USA & Samsung, Japan
- Watson & Amgen, USA
- Fuji Film & Kyowa Hakko Kirin, Japan
- Baxter & Momenta, USA
- Pfizer & Hisun, China
Thank You

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