

# GENERICICS bulletin

THE BUSINESS NEWSLETTER FOR THE GENERIC MEDICINES INDUSTRY

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Promoting a viable regulatory, commercial and intellectual-property environment for both generics and biosimilars is the key task for the European Generic medicines Association (EGA) in 2012, its president Gudbjorg Edda Eggertsdottir told Aidan Fry.	

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## Teva brings in BMS man to take over from Yanai

**F**ormer Bristol-Myers Squibb (BMS) executive Dr Jeremy Levin will become president and chief executive officer of Teva Pharmaceutical Industries in May. He will take over from Shlomo Yanai, who has chosen to stand down after five years in the role to pursue “several options” in the public and private spheres. Teva’s European business will also be under new leadership from March, when Sanofi’s Dr Rob Koremans replaces Dr Gerard van Odijk.

Levin, 58, joined BMS in 2007 as senior vice-president of external science, technology and licensing within the originator’s research and development organisation. He was previously global head of business development and strategic alliances at the Novartis Institutes of Biomedical Research, having earlier taken drug developer Cadus public as chief executive officer.

Teva’s chairman, Dr Phillip Frost, said Teva’s leaders had always had “good managerial strengths”, but Levin would “add another dimension” and “provide a fresh look at Teva” in light of his scientific expertise. The board had also considered several internal candidates to replace Yanai, 59, during an “extensive search process” conducted over the past year, Frost added.

Born in South Africa, Levin studied in the UK, and has lived in the US since 1986. However, he welcomed “the opportunity to live and work in Israel”. Levin promised to bring “tremendous energy” to the role and to “take a global view”, especially with regards to Teva’s presence in “growth markets” such as Brazil, China and India.

“Medicines are medicines, whether branded or generic,” Levin asserted, stressing that the key issue was how to deliver them to patients in an affordable manner. “Products that were brands 10 years ago are still good medicines as generics,” he stated.

Yanai pointed out that he had – largely through acquisitions such as Barr, Ratiopharm and Cephalon – not only almost trebled Teva’s turnover from US\$8.4 billion in 2006 to an anticipated US\$22 billion in 2012 (see page 4). He had also diversified the business beyond its dependence on US generics and the Copaxone (glatiramer acetate) multiple-sclerosis brand.

Koremans, 49, was most recently senior vice-president of generic strategy and development at Sanofi, having handed over his role as president of Sanofi’s Zentiva generics operation in Europe to Jérôme Silvestre last year (*Generics bulletin*, 14 October 2011, page 23). After “six intensive years” as Teva Europe’s president and chief executive officer, van Odijk is stepping down to spend time with his family. Sanofi declined to comment on Koremans’ successor. G

## Pfizer holds on to 40% of Lipitor

**P**fizer has managed to hold on to a 40% share of the US atorvastatin market since Lipitor lost its monopoly on 30 November last year. This was the proportion forecasted before patent expiry by Paul Bisaro, president and chief executive officer of authorised generic marketer Watson (*Generics bulletin*, 18 November 2011, page 7). Bisaro now believes, however, that Pfizer’s share will “probably erode” during the 180-day exclusivity period.

Speaking at a recent Goldman Sachs investor conference, Bisaro said Pfizer’s share would “start to dissipate”, especially towards the end of the 180-day period, as discipline around the patient plans Pfizer had established to defend Lipitor became weaker and rebates less attractive. Meanwhile, Watson would share the generic market with Ranbaxy on a 50/50 basis “or slightly higher in our favour”, Bisaro said, warning that “numbers are still a little distorted at the moment”. “We were pleased to launch a few days ahead of Ranbaxy getting approval,” he noted, adding that the atorvastatin market had also seen “some shift in utilisation” from simvastatin and AstraZeneca’s Crestor (rosuvastatin). G