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RESEARCH ARTICLE

Polymorphs and Prodrugs and Salts (Oh My!): An Empirical Analysis of "Secondary" Pharmaceutical Patents

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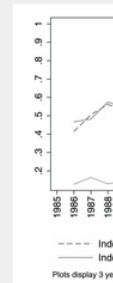
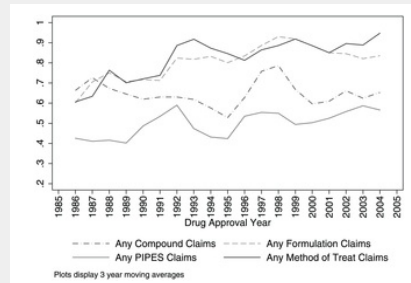
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Figures

Category	Number (share) of the 432 drugs with patents that have claims in this category	Average of the number of patents per drug with claims in this category, calculated across the 432 drugs (standard deviation)	Number (share) of the 432 drugs with at least one independent secondary patent in this category	Average of the number of independent secondary patents in this category per drug, calculated across the 432 drugs (standard deviation)
Chemical compound	276 (64%)	0.61 (0.4)	N/A	N/A
Formulation	348 (80%)	1.81 (1.6)	242 (56%)	0.51 (1.2)
Polymorph, salt, prodrug, ester, salt (PPS)	212 (49%)	0.49 (0.3)	154 (36%)	0.35 (0.8)
Method of use	157 (36%)	1.8 (1.7)	271 (63%)	1.31 (1.6)

Legend: Based on the 432 new molecular entities (both at least one patent) approved by the U.S. Food and Drug Administration between 1985 and 2005. Categories are based on authors' coding of the claims in the 104 patents (1201 distinct patents) associated with these drugs. "Independent" secondary patents are those that do not share chemical compound claims.



Abstract

Background

While there has been much discussion by policymakers and stakeholders about the effects of “secondary patents” on the pharmaceutical industry, there is limited evidence on their prevalence or determinants. Characterizing the landscape of secondary patents is important in light of recent court decisions in the U.S. that make them more difficult to obtain, and for developing countries considering the impact of secondary patents.

Methodology/Principal Findings

We read the claims of the 1304 Orange Book listed patents on all new drugs approved in the U.S. between 1988 and 2005, and coded the patent claims into primary chemical compound claims (claims covering the active molecule) and several types of secondary claims. We distinguish between patents with primary claims, and those with only secondary claims and no chemical compound claims (“independent” secondary patents).

We find that secondary claims are common in the pharmaceutical industry, and that independent secondary patents tend to be filed and issued later than primary compound patents, and are also more likely to be filed after the drug is already present, independent formulation patents add an average of 6.5 years (95% C.I.: 5.9 to 7.3 years), independent method of use patents add 7.4 years (95% C.I.: 6.3 to 8.5 years), and independent patents on polymorphs, isomers, prodrugs, and salts claims add 6.3 years (95% C.I.: 5.3 to 7.3 years). We also provide evidence that independent secondary patents are more common for higher sales drugs.

Conclusions/Significance

Policies and court decisions affecting secondary patenting are likely to have a significant impact on the pharmaceutical industry. Secondary patents provide additional patent life in the pharmaceutical industry, at least nominally. Evidence that secondary patents are more common for best-selling drugs is consistent with accounts of “patent management” or “evergreening” of patent portfolios in the industry.

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Introduction

Patents play a distinctively important role in the global pharmaceutical industry. Studies suggest that pharmaceutical firms consider patents critical to their success in recouping R&D investments, much more so than firms in other industries. This is believed to reflect the difference between the high cost of discovering new drugs and the low cost of reverse engineering generic copies of existing drugs. One flip side of this is that once drug patents expire, generic competition increases and promotes wider access to medicines.

Though the pharmaceutical industry is often cited as the epitome of a patent-intensive industry – one with low patent-product ratios [2] – the number of patents granted has grown dramatically over the past three decades [6]. Part of this growth reflects the many types of claims now common in the pharmaceutical industry. A single product may be associated, for example, not only with patents covering the chemical compound. They may also be covered by patents covering modified uses of a known chemical compound, medical uses of a known chemical compound, combinations of chemical compounds, particular formulations (tablets, topical forms, etc.), and processes, among others [6]. This paper examines the rise of secondary patents, and assesses their impact on patent life. These patents are called secondary because they are assumed to come later in the sequence of patenting and offer less robust protection than a chemical compound claim. We use the term secondary because we believe these patents to be necessarily of lesser importance, not because the term is conventional in the literature, and among practitioners.

Secondary patents are interesting for several reasons. First, much of the current pharmaceutical patenting focuses on primary patents, making secondary patents less studied. For example, in several influential studies of effective patent life in the pharmaceutical sector, Grabowski and Vernon estimate that delays in the regulatory review process lead to effective patent terms of approximately 12.5 years [9]. Figures such as these are widely reproduced in the literature on patent term extensions and other supplemental forms of market exclusivity, but they have a notable shortcoming: they compute patent life based on primary patents available, and generally ignore secondary patents [9]. If secondary patents are obtained later in the invention cycle than chemical compound patents, they will underestimate patent life, perhaps substantially. However to our knowledge,

only a few large-sample empirical studies of secondary patents [11]

A better understanding of secondary patenting is important, because perceived by pharmaceutical practitioners as critical to practices of management," and thus to business strategy. As one recent article of any life cycle management strategy ... is to extend patent protection term for as long as possible, by filing secondary patents which keep generics off the market" [7]. Secondary patents also may be important to industry over time, particularly if declining R&D production pressure on companies to extract profit from existing drugs. In a recent Organization for Economic Cooperation and Development, more than 100 pharmaceutical companies surveyed reported an increase in patent filings in the years before, and many attributed this in part to new efforts to patent products they would not have sought to patent ten years before, even if they [13]. A recent European Commission report offers a compatible account from a pharmaceutical executive, who characterized the situation prior to the 1980s as one where products were "mainly [chemical entities] which were patented," and the period of the late 1980s to early 1990s as one characterized by "[e]xpansion of the portfolio to cover lifecycle initiatives, to extend product life and the breadth of the protection trying to keep competitors

The flip side of this is the widespread allegation that secondary patents are "evergreening" strategies to extend monopoly protection on existing products. The term evergreening is used to refer to a range of practices. Some are based on patent strategy [14]–[16], but others depend importantly on secondary patents. For example, such patents may be listed on the FDA's Orange Book and used to create opportunities for automatic injunctions against generic competitors.

Secondary patents are also interesting because some have argued that secondary claims lack true inventiveness and should not be granted. The issue of secondary patents has at various points been controversial in Europe, and the European Patent Convention's exclusion of patents on methods of medical treatment. Many developing countries outright forbid patents on new uses of known substances [10]. Patents on enantiomers of known racemic chemical compounds, "new forms" of known substances, have been viewed as obvious or non-inventive. Concern about non-innovative secondary patents in pharmaceuticals is one, across industries, that resource constrained patent offices may be overwhelmed by a number of low quality patents, i.e. patents that would not have been granted to proper scrutiny [18].

Not surprisingly, policymakers are also interested in the implications of secondary patents. For example, a recent European Commission inquiry considered secondary patents in the pharmaceutical sector, and concluded that the use of secondary patents by pharmaceutical companies appear to use them specifically to inhibit generic competition, and that they are perceived as generally weak patents [6]. Similar questions were raised by the U.S. FTC [19]. Recent court decisions may make secondary patents more difficult to obtain in the U.S., with unknown implications for the industry [8], [20]. Secondary patents are also at the center of current controversy in India, where the new Indian patent law allows secondary patents on new uses, combinations, and new forms of known substances.

increase efficacy [21]. India's example has recently been followed in developing countries [21].

How big of a difference would policies restricting secondary patent landscape in pharmaceuticals? What precisely might be at stake if strengthened in a way that casts doubt over certain classes of secondary patents? We provide answers to these questions, and the other policy questions discussed above, using information on the prominence and impact of secondary patenting that is currently lacking. This paper aims to begin to fill this void. We provide data to address the following questions: What is the prevalence of patents on chemical compound claims, patents with secondary claims, and of “independent” patents that have no chemical compound claims? When are chemical independent secondary patents filed, relative to drug approval? What is the impact of these patents on the patent life? And does the prevalence of independent patents vary with sales?

Data and Methods

Drug data

We began by collecting data on the 528 new molecular entities (NMEs) approved by the U.S. Food and Drug Administration between 1988 and 2005, from the FDA's Orange Book database. According to FDA definitions, NMEs are drugs where the active ingredient has not previously been approved by the agency [22].

Sales

To examine how propensity to obtain secondary patents varies with sales, we used generated national estimates of sales for the drugs in our sample from the Prescribed Medicines File of the Medical Expenditure Panel Study. We obtained these data annually for the 1996–2010 period.

We are interested in the effects of sales on propensity to obtain independent secondary patents. One difficulty is that patents may also affect drug sales, for example by delaying generic entry. Accordingly, we use sales estimates from a point in time when generic entry is not possible: in the fifth year after a drug is approved. At this time, generic competition is typically not possible even absent patent exclusivity due to “data exclusivity” restrictions on generic entry. (Data exclusivity is a form of marketing rights that stem not from the patent system, but from the regulatory system. Some countries, such as the U.S., award periods of data exclusivity for the submission of certain clinical trial data.) Previous analysis [24] of first-time approvals of NMEs over the 2001–2010 period shows no instances of generic entry in the fifth year after NME approval.

Since our sales data are for 1996–2010, collection of sales in year 1 after approval. In our analyses of sales, we limit the sample to the 342 NMEs (that have at least one sales observation) that were approved between 1991 and 2005. We adjusted sales to 2010

using the commodities PPI (Producer Price Index) deflator.

In the analyses of sales, we group drugs by sales quartiles. This allows us to study the relationship between sales and patenting with a flexible functional form. This is important in this industry since high-selling “blockbuster” drugs are often subject to different patent dynamics than others [24]. It also reflects the practical reality that sales figures are estimates based on a sample, and we cannot detect sales with no reported sales in MEPS actually have zero sales, or instead MEPS lacks the statistical power to detect. The bottom sales quartile includes “no sales” drugs.

Orange book patent data

We combine the drug approval data with patent data from another source, the Orange Book, a compendium of patents pertinent to approved drug products. The information provided to the agency by the originator firms [25]. We use the machine-readable versions of the FDA's “Electronic Orange Book”) released between 2000 and 2009. Since the Orange Book list only unexpired patents, we also obtained a file with expired patents (from pre-2000 versions) from the FDA, via a Freedom of Information request. (We verified the FOIA data on older expired patents against the previous Orange Books published from 1988–2000, and found the data to be substantially in agreement, with the exception of what appear to be errors in the printed versions.) For each drug, we thus collected information on all unexpired patents that were listed in the Orange Book.

Overall, the 528 NMEs map to 1261 distinct patents, and 1304 total patents. A single patent can be associated with multiple NMEs. For example, the patent for iohexol is listed on the Orange Book for two drugs Omnipaque (iohexol) 180 mg and Visipaque (iodixanol) 270, approved in 1996.) And some NMEs (such as those on the Orange Book: drugs without patents tend to rely on other forms of exclusivity for market protection, e.g. Orphan Drug exclusivity.) Since our focus is on patents, we exclude these drugs from our analysis.

Expiration dates

From the Orange Book, we determined the expiration dates for each drug. Orange Book listings reflect the statutory term, as well as patent expiration term adjustments. Since expiration dates for patents sometimes change due to the grant of special exclusivity periods such as those offered in competitive bidding trials) we take the maximum expiration date for each drug-patent combination.

Application and issue dates

We obtained information about the application date and issue date for drug patents from the United States Patent and Trademark Office's *Cassini* database [26].

Patent coding

We read through each claim in these patents, and determined whether one or more of the following types of claims:

- *Chemical compound* claims: those claiming an active ingredient previously been disclosed in the art.
- *Formulation* claims: those directly claiming specific pharmaceuticals to administer a product (e.g. tablets, dosage forms, sustained release formulations).
- *Method of treatment/use* claims: methods of treating specific diseases with particular compounds
- *Polymorph, Isomer, Prodrug, Ester, Salts (“PIPES”)* claims: minor variations in structure or chemical makeup of a molecule

To do so, two of the authors [CP and AK] initially each independently coded a hundred of the same patents to clarify the categories and then divided the remaining patents (each patent coded by one person). As a check on accuracy, patent coding was re-coded by research assistants with doctoral degrees in chemistry and pharmaceutical patenting.

The [Appendix S1](#) discusses the categories and coding rules in detail.

Chemical compound claims represent primary claims, and the other categories represent secondary claims. An individual patent can (and often does) have claims in one or more of these categories. For example, the first filed patent on a drug may have a chemical compound claim as well as one or more types of secondary claims. We distinguish between such patents and those with purely secondary claims. We make this distinction since patents with independent secondary claims are those that are most important for discussions of evergreening, and patents with secondary claims in patents that also have chemical compound patents do not have the same patent life.

Under this definition an “independent formulation patent” can also have secondary claims, e.g. PIPES claims. Note also that we use the term “independent” to differentiate these claims/patents from primary (chemical compound) claims. The characterization as “secondary” is not meant to imply anything about the relationship to chemical compound patents, though we will show that independent secondary patents are generally obtained later in the product life cycle.

For drugs with an independent secondary patent we calculated the incremental value generated by each such patent. In cases where a drug has a chemical compound patent and an independent secondary patent of a particular category, the incremental value associated with that category is defined as the difference between the last expiring patent in that secondary category and the last expiring chemical compound patent. Where there is no chemical compound patent, the incremental value is the difference between the expiration of the last expiring patent in that

and the expiration of the regulatory exclusivity period for the drug (five years after the drug is approved) after which generic entry can be behind these measures is to examine the incremental life generated by secondary patents, as compared to that sustained by other forms of protection (e.g., compound patents or regulatory exclusivity).

As we note in the [Table S1](#), other types of claims—process claims, pharmaceutical claims, medical device claims, particle sizes, combinations, and purification claims—are excluded from analyses, since they are individually small in number. However, these categories are reasonably considered secondary claims, and our analyses provide conservative estimates of the prevalence of secondary patents. In the discussion we offer additional reasons that our method is likely to not overstate, the importance of secondary patents.


Analytical methods

Using these sources and measures, we determined (1) the share of drugs with compound patents and different types of secondary claims; (2) the share of drugs with each type of independent secondary patent; (3) the share of drugs with compound patents and different types of secondary claims, by application; (4) the share of drugs with each type of independent secondary patent, by application; (5) the timing of filing/issue of chemical compound patents and each type of independent secondary patent; (6) average incremental patent life generated by independent secondary patent; and (7) the share of drugs that have compound patents and independent secondary patents, by sales quartile. In the descriptive data, we estimate logit regressions relating independent secondary patents to sales, controlling for application year effects.

Descriptive Results

The prevalence of secondary patenting

The first column of results in [Table 1](#) shows the share of drugs with secondary claims in a given category. Less than two-thirds of the drugs have secondary claims in one or more of their patents. This reflects that the active ingredients are often “new” to the FDA (never before approved for use in humans) yet already in the public domain. Formulation and method of treatment/use claims are quite prevalent. The share of drugs with such claims is higher than the share with chemical compound patents. Secondary claims are less common, but still present in about half of all drugs. [Table 1](#) shows similar trends in the average number of patents per drug, by



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Table 1. Chemical compound and secondary patents for drugs in
<https://doi.org/10.1371/journal.pone.0049470.t001>

The third results column focuses on independent secondary patent claims and no chemical compound claims. The majority of independent secondary formulation or method of treatment/use patents per quarter have standalone PIPES patents. (Recall there is double-counting across three categories, so a patent with both formulation and PIPES claim is counted in both). The final column shows similar trends in the average number of independent secondary patents per drug, by category.

Figure 1 shows that the share of drugs with chemical compound claims in their patents, by drug approval year, is fairly constant over time. The share of drugs with chemical compound claims is about 65 percent in both the first three years (1985–1987) and the last three years (2003–2005). Across these same years, the share of drugs with formulation claims increased from 60 percent to 84 percent, the share with PIPES claims increased from 43 percent to 57 percent, and the share with independent secondary claims increased from 61 percent to 95 percent.

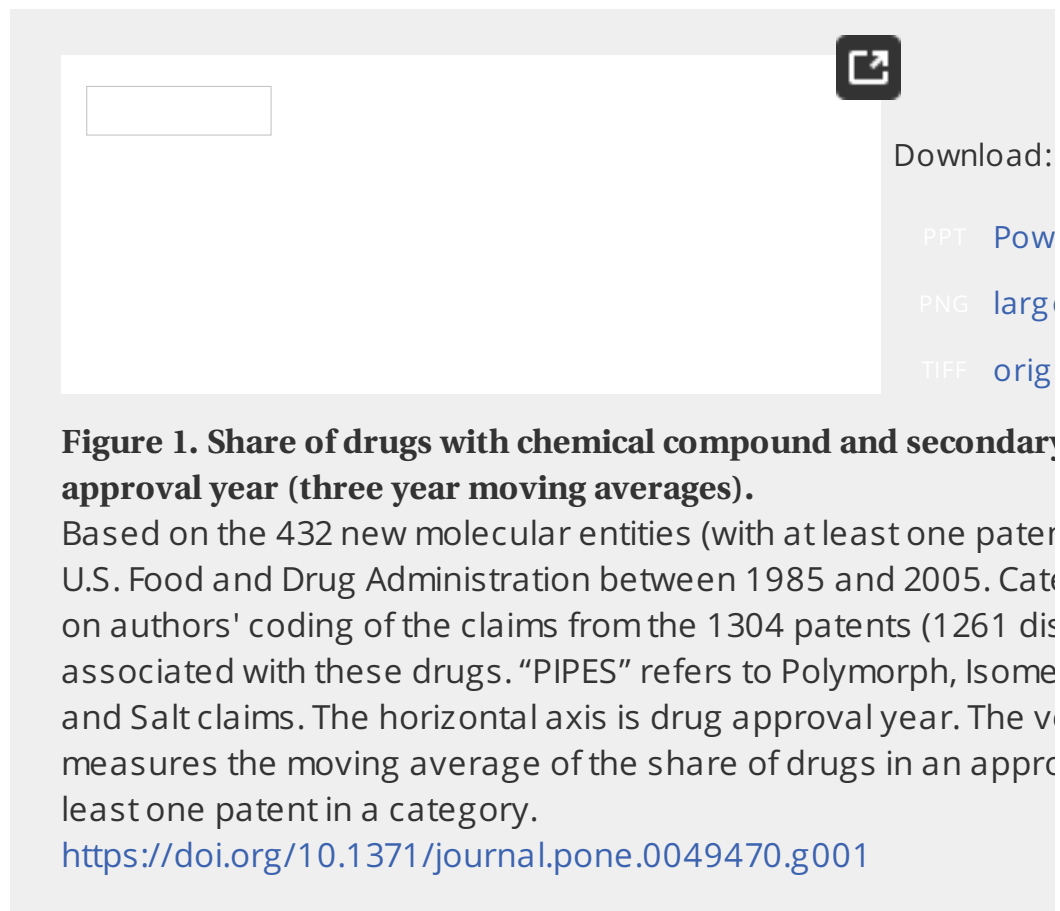
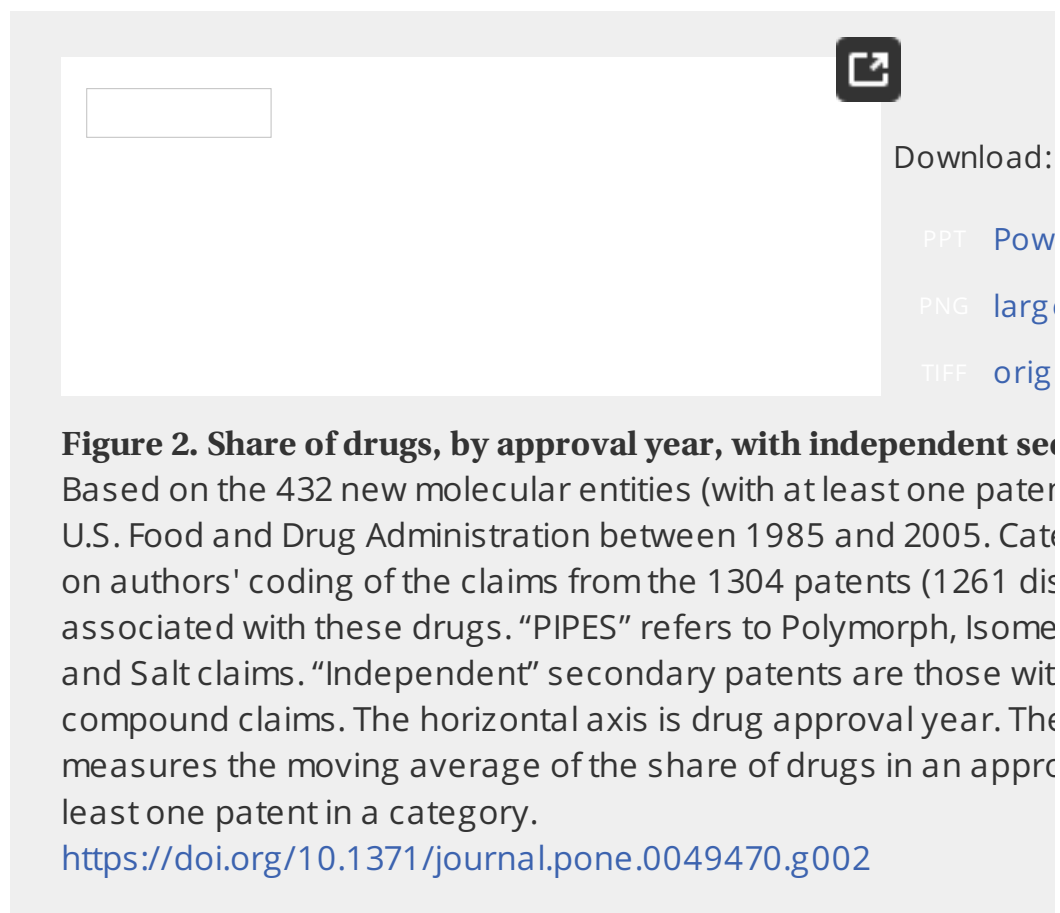


Figure 2 focuses on independent secondary patents. It illustrates that the share of drugs with independent formulation patents has increased over time, as has the share of drugs with independent PIPES patents and independent method of treatment/use patents. Comparing the same cohorts as above, the share of drugs with independent formulation patents increased from 41 percent to 55 percent, the share with independent PIPES patents from 13 to 23 percent, and the share with independent method of treatment/use patents from 13 to 23 percent.

claims from 47 to 80 percent.



Timing of independent secondary patents

Above we have used the term independent secondary patents to refer to formulation, PIPES, and/or method of treatment claims but not chemical claims. We also looked at when the patents were filed (and issued) relative to drug approval, to see if they are, in fact "secondary" in the sense of later than the share of chemical compound patents and independent secondary patents in the category that are filed or issued after the drug is approved. Consistent with our expectations, the vast majority of chemical compound patents are filed before FDA approval. By contrast, a higher share of independent secondary patents are filed after approval, and about 46 percent (overall, across all types of secondary patents) are issued after approval.



Effects of secondary patents on patent term

That independent secondary patents tend to be filed and issued late in the patent term, and the possibility that they may be important in extending the total exclusivity period is high since patent term in the U.S. runs from the longer of 20 years from the date of filing or from issue for pre-1995 patents, and 20 years from application for post-1995 patents.

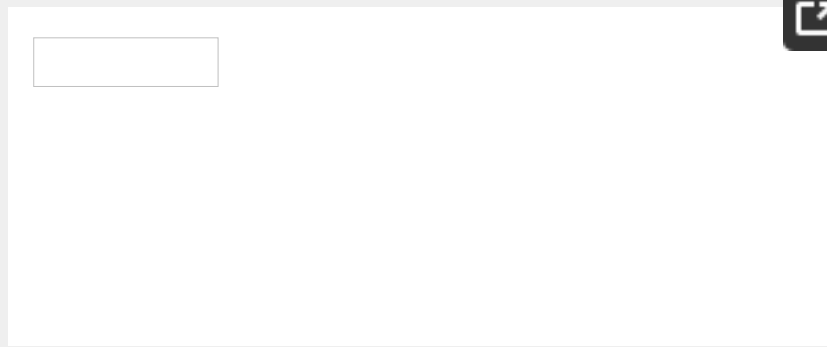
Table 3 shows that each of these types of independent secondary patents tends to be associated with additional nominal patent term. The first column of results shows that independent secondary patents are present, generate between four and five years of additional nominal patent term beyond chemical compound patents, on average. For the drugs with independent secondary patents but without chemical compound patents (about 10 percent of the sample), the incremental life is larger, not surprisingly. Across all drugs, the average incremental range is from 4.1 years (for use patents) to 7.4 years (for use patents).



Sales

Finally, we examined how the propensity to obtain chemical compound patents varies by the branded drug's sales. We are interested in how sales affect the propensity to obtain these patents. The number of independent secondary patents filed after the branded drug was approved is higher when market expectations are more certain.

Figure 3 shows the share of drugs that have one or more (post-approval) independent secondary patents in each sales category. Overall, and consistent with the patent level analysis, the figure shows that few drugs have patents with chemical compound claims after drug approval, and there is only a slight increase over the sales categories: 0 percent in the first quartile to 3.5 percent in the top quartile. There is a significant increase in firms' propensity to obtain independent secondary patents for high sales categories: 13 percent for the bottom quartile to 26 percent for the top quartile. The share of drugs with independent (post-approval) formulation patents is 3 percent to 15 percent between the bottom and top sales quartiles. The share of drugs with independent PIPES patents (3 percent versus 15 percent) and independent method of treatment/use claims (13 percent versus 32 percent) increases significantly between the bottom and top sales categories.



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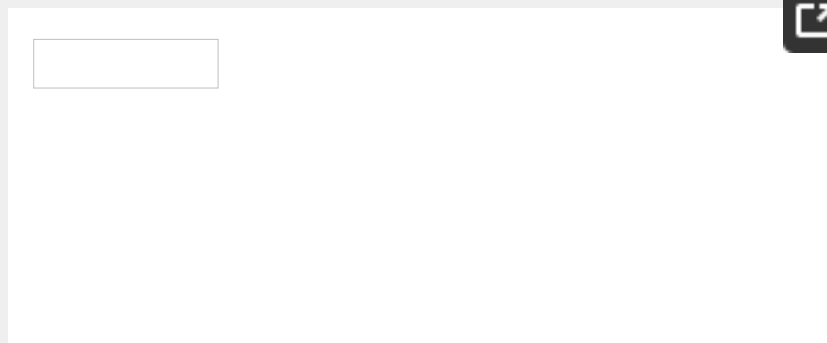
Figure 3. Share of drugs, by sales quartile, with chemical composition independent secondary patents that are filed after drug approval.

Based on the 342 new molecular entities (with at least one patent filed with the U.S. Food and Drug Administration between 1991 and 2005). Categories are based on authors' coding. "PIPES" refers to Polymorph, Isomer, Prodrug, and Stereoisomer claims. Independent patents are those with no chemical composition claims. Categories are based on national estimates of sales (using information from the Medical Expenditure Panel Survey) in the fifth year after brand name approval. The horizontal axis is quartile of sales. The vertical axis is the share of drugs with at least one patent in a category.

<https://doi.org/10.1371/journal.pone.0049470.g003>

Regression analyses

In addition to the descriptive analyses, we examine the effects of sales on the likelihood of independent secondary patenting through logit regression models. We examine whether a drug has any post-approval claims of a given type to sales in the year of approval year. Table 4 shows the results. In each of the models drugs in the top sales category are significantly more likely to have such patents than the bottom sales category (the bottom sales quartile), and the point estimates are largest for the top sales category that post-approval secondary patenting is most common for the high sales category. While logit coefficients are difficult to interpret directly, marginal effects (Model 4) show that drugs in the top sales category have an 18 percent greater likelihood of having any post-approval independent secondary patent in the top sales category.



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Table 4. Logit models relating whether a drug has post-approval independent secondary patent claims to sales and approval year.

<https://doi.org/10.1371/journal.pone.0049470.t004>

The coefficient on the approval year variable is negative and not significant, suggesting no significant time trend. This may reflect that the increase in post-approval secondary patenting occurs before 1991 (the first year with sales data); it could also reflect that these patents are particularly susceptible to censoring since they are filed relatively late in a drug's lifecycle. Supporting evidence available on request, show that these results, and the estimated effect, are robust to including indicators for each approval year instead of a linear trend.

Discussion

Although secondary patents are often criticized, they are rarely studied. This analysis of the role and effect of secondary patents in the pharmaceutical industry is an effort to help inform the important policy debates that surround the issue. The attempt here to mediate between those who favor and oppose secondary patents is different types, but instead offer an empirical picture of what is at stake.

We show, first, that patents with secondary claims are extremely common compared to chemical compound patents, for the new molecular entities. While it is sometimes assumed that a new active ingredient is associated with a chemical compound patent, for example, we show that if an NME is associated with a patent (the vast majority are), it is more frequently associated with a formulation patent (83%) or a method of treatment/use patent (83%) than with a chemical compound patent (64%). Patent claims covering new forms of known substances (PIPs) are also common, present in half of all drugs (51%).

Moreover, independent secondary patents tend to come later than primary patents. We measure both forms of patents against the baseline of drug approval. For chemical compound patents, effectively all chemical compound patents are filed before drug approval. For secondary patents, enough that only 11% issue after the approval date. By contrast, secondary patents tend to be filed later, with nearly one in five secondary patents filed after drug approval by the FDA, and close to half issuing after the approval date.

Independent secondary patents on average add substantial time to the patent terms enjoyed by drugs. For drugs that have chemical compound patents, secondary patents add on average between 4 and 5 years of additional nominal patent term. For drugs that do not have chemical compound patents, secondary patents rely much more substantially on secondary patents for exclusivity: here, when there are secondary patents, the average of 9 and 11 years of patent term beyond the standard data.

Moreover, our analysis of patents filed after drug approval reveals that secondary patents are not randomly distributed. Firms' propensity to file secondary patents after drug approval increases over the sales distribution. These results likely reflect deliberate attempts by branded firms to lengthen their patent terms on lucrative drugs.

Our results are particularly notable because our sample and data are designed to minimize the importance of secondary patents. Most importantly, our

includes NMEs. While we have not analyzed this here, we believe (and extensions) are less likely to have chemical compound patents, and on secondary patents. Second, as noted above we observe a rise in over time despite censoring. Third, our data excludes certain kinds in particular, process patents are not listed on the Orange Book. This suggests that process patents may play an important role in life-cycle strategies [7]. A recent analysis of secondary patents on two antiretroviral drugs found a large number of unlisted patents, including but not limited to process

One factor that our analysis does not incorporate is litigation. Secondary patents are more vulnerable to attack than chemical compound patents, and if invalidated or designed around, they will in practice have less effect than their effects on nominal patent life suggest [11], [24]. There is evidence that this is the case. Although industry groups reject the suggestion that secondary patents are weaker than chemical compound patents, in practice companies often appear to hold this view [6]. Previous empirical work shows that non-active ingredient patents, particularly those that generate incremental benefits, are much more likely to attract patent challenges in the U.S. [11], [24]. A study of the sector recently concluded that generic litigation “mainly targets secondary patents,” and that generic companies have high success rates in challenging secondary patents [6].

Even if secondary patents are perceived (and perceived correctly) to be weaker than chemical compound patents, this does not mean that they are ineffective. A patent that is ultimately invalidated could still yield substantial benefits to the originator company. Patent litigation in the pharmaceutical industry is costly and resource intensive, and becomes more so where more patents are involved. This reduces the potential pool of competitors to those who can wage multi-year patent battles. Such litigation may take several years. The European Commission [6] estimates almost three years for an average case in the U.S. a secondary patent may provide the basis for an automatic 30-month extension of approval under the Hatch-Waxman Act. This again comports with what is known in the industry, such as this one expressed by a pharmaceutical executive from an originator company: “Secondary patents will not stop generic competition, but they may delay generics for a number of years, at best protecting the originator for a period of time” [6]. It is possible that even a weak secondary patent, after litigation could produce years of valuable exclusivity, though this is an empirical question.

Furthermore, litigation as a means to invalidate weak secondary patents is a plausible policy outcome in countries without robust incentives for innovation due to the expense of challenging these patents. Insofar as the policy response to secondary patents relies on litigation and rigorous patent examination to ensure that only truly inventive secondary patents issue, resource-intensive litigation is likely to be at a substantial disadvantage [21]. This may help to explain why India have sought to adopt clear statutory bars on certain types of secondary patent claims, even if those bars are not always consistently implemented in patent examination [28].

Our data also reveal the stakes of the decision that developing countries make about the permissible scope of patents. Although the World Trade Organization's Trade-Related Aspects of Intellectual Property Agreement does require member countries to adopt patent protection for medicines, its requirements are general and do not require countries to permit secondary patents [21]. We can quantify the impact of these decisions: If the future looks like the past (and the patent landscape is similar to that in the U.S.) a conservative estimate is that eliminating secondary patents would allow up to 36% of new medicines for generic production, since only 64% of new medicines had patents with chemical compound claims. Additionally, for those medicines currently under patent because a chemical compound claim exists, exclusion of secondary patents could limit the duration of patent protection by 4–5 years. This study reveals the very substantial implications of new trade agreements now underway for a new “Trans-Pacific Partnership” treaty, and the implications of the proposed barring exactly the kind of limits on secondary patents currently under consideration by other countries.

Finally, our data also have relevance to the evolution of patent law in other developing countries. Recent court decisions in the U.S. have seemed to signal a new approach to at least certain secondary patents in the U.S. [29]. While we do not address whether such a change would on balance do more to harm (by undermining innovation) than to help (by improving access), we do want to highlight the substantial stakes of this debate.

While the data provided here can be interpreted in different ways, it can help to advance the policy debate in several ways. Most importantly, it shows that secondary patents are of substantial importance in the industry, and that a focus only on chemical compound patents will tend to substantially reduce the breadth and range (term) of patent coverage in the pharmaceutical industry.

Supporting Information

Table S1.

Description of patent claim categories.

<https://doi.org/10.1371/journal.pone.0049470.s001>

(DOCX)

Appendix S1.

Description of patent claim categories.

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(DOCX)

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Author Contributions

Analyzed the data: BS AK CP. Wrote the paper: BS AK CP. Coding of p

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