

## IPR & Innovation

**RGNIIPM to conduct series of training programmes on IPR, [Express Pharma](#)**  
Rajiv Gandhi National Institute for Intellectual Property Management (RGNIIPM), a Central Government Institute under the Ministry of Commerce & Industry, will conduct a series of training programmes on Intellectual Property Rights (IPR) i.e. patents, designs, trademarks and geographical indications. The training programme on patent filing and processing will be held on June 8 and 9, 2015; TM, Design, GI filing procedure from June 10 to 12, 2015; Patent filing patent processing, patent drafting from June 8 to 12, 2015; Patent search on June 16 and 17, 2015 and patent search from June 13 to 15, 2015. All the programmes will be conducted in Nagpur.

## Access to Healthcare

**Government to open 1,000 Jan Aushadi stores for cheaper medicines, [The Economic Times](#)**  
In order to provide medicines at rates that are 60-70 per cent lower than market prices, the government will soon open 1,000 more Jan Aushadi stores across the country. The stores will be renamed, rebranded and involve B. Pharma and M. Pharma qualified unemployed populace, Minister of State for Chemicals and Fertilisers Hansraj Ahir said today. "These stores will be opened for the underprivileged who would be provided medicines at a price of 60-70 per cent less than the market price," Ahir said in a statement. The ministry is working on opening all these 1000 stores under the 'Jan Aushadhi Scheme' on a single day, he said. Jan Aushadi was started in 2008 and around 100 stores are operating under the scheme. In August 2013, the government had approved a plan to open 3,000 more stores during the 12th Plan period -- from 2013-14 to 2016-17.

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[The Hindu Business Line](#)

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**Government plans new trust-based model for health scheme, [The Indian Express](#)**  
The Health Ministry has proposed a new trust-based model for the Rashtriya Swasthya Bima Yojana (RSBY), an insurance-based healthcare scheme for poor and migrant workers, just when it appeared to have stabilised seven years after its launch. According to the proposal, state-run trusts with funds contributed by the Centre and states will process and settle claims of hospitals that provide such services to the poor, instead of insurers. The Health Ministry has moved a Cabinet proposal to change the implementation model based on the recommendations of a committee of secretaries that was apparently inspired by the Arogyasri scheme in Andhra Pradesh and Yeshasvini programme in Karnataka. Both are self-funded initiatives with support from the states, and without cover from insurance companies.

## Ethics & Compliance

**Gujarat FDCA refers many cases of high priced cancer drugs to NPPA, seeks inclusion under DPCO, [Pharmabiz.com](#)**

The Gujarat Food and Drug Control Administration (FDCA) has sent a representation to the NPPA, informing them about disturbing cases wherein manufactures were found selling life saving anti-cancer drugs at exorbitant prices. Considering the gravity of this issue, the drug regulator in a representation sent last week sought NPPAs attention urging it to include these anti-cancer drugs under the DPCO. Almost 15 to 20 anti-cancer drugs of different molecules that are available in the market were found to have huge price gap, specifically between the retailers or stockiest price and the MRP as mentioned in the label. The state regulator has found that the manufacturers from across the state were selling some of these life saving drugs at a higher maximum retail price (MRP), making it unaffordable for poor and needy patients.

## Medical & Regulatory

### **India, Sweden ink six agreements on Pranab visit, [Business Standard](#)**

India and Sweden on Monday inked six agreements, including in the field of polar research and for boosting trade, during the visit of President Pranab Mukherjee to the key Arctic Council member, in the first-ever visit by an Indian head of state. Another MoU was signed between India's Central Drugs Standard Control Organization (CDSCO) and the Swedish Medical Products Agency (MPA). This agreement, complimentary to the ongoing cooperation between India and Sweden covering the area of health, is for increasing bilateral cooperation in the fields of pharmacovigilance, electronic submissions in related matter, clinical trials, drugs, medical devices and diagnostic kits, cosmetic and hygiene products and for exchange of information and experiences regarding good manufacturing practice, said the statement.

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### **Improved diagnostics for TB under development in India: Expert, [Business Standard](#)**

India needs advanced diagnostics to combat tuberculosis (TB) early and accurately in the wake of drug resistance, an expert said, adding that several such systems are under development. The need of the hour is point-of-care tests (POCT) which essentially brings the tests to the suspected person, increasing the likelihood of faster detection and quick initiation of management strategies, said Indian microbiologist N.K. Ganguly. "If we can improve POCT and bring in sensitive, inexpensive methods, then it will be a great help," Ganguly, the former director general of the Indian Council of Medical Research (ICMR), told IANS. He said tests such as GeneXpert MTB/RIF, LAM urinary test and LED microscopy with auramine staining are under evaluation.

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### **Drug makers back out of running testing lab, [The Tribune](#)**

With the Himachal Drug Manufacturers Association (HDMA) not keen to run the Rs 8-crore Centre-funded drug testing laboratory being set up in the pharmaceutical hub of Baddi-Barotiwala-Nalagarh (BBN), the state government will now explore other options. A meeting, headed by Director, Industries, Rajinder Singh was held in Baddi, to decide the nitty-gritty of this under-construction lab where, apart from members of the HDMA, Drug Controller Navneet Marwaha was also present. HDMA President SL Singla said since there was no credible lab in the state which could test drug samples as per the new techniques and the Kandaghat-based Composite Testing Lab had failed to upgrade its machinery, the image of the pharmaceutical industry was taking a beating. He said the association had suggested that they hand over the facility to the state government and run the lab after constituting a society, as was the present practice in the Health Department.

### **DCGI to launch 20 mobile labs, recruit 200 drug inspectors to strengthen Central regulatory system soon, [Pharmabiz.com](#)**

The Drugs Control General of India (DCGI) has embarked on a multi-pronged strategy to strengthen the drug regulatory system and infrastructure facilities in the country. As part of this, soon the Central Drugs Standards Control Organization (CDSCO) is planning to launch 20 mobile drug testing labs and recruit 200 more new drug inspectors in the next few months. In addition to this, the DCGI is also upgrading the existing drug testing laboratories, and enabling capacity building and skill development of its workforces by way of providing regular training and sending them to workshops and joint inspections with US FDA regulators. The DCGI is also enhancing the penal sections of Drugs & Cosmetic Act to take stern actions against violators.

## Other News on Pharma

### **Patient, heal thyself, [The Hindu](#) [Business Line](#)**

Some doctors complain about their 'informed' patients. With so much medical information easily accessible on the web, we tend to read up before we go for medical consultation. Patients are increasingly confident of engaging the doctor on the diagnosis, and prescribed treatment, suggesting

alternatives. All this can be quite annoying to a person who has spent years to reach a level of specialisation and does not like to be challenged by novices. But the doctors had better get ready for more to come. Various start-ups are busy creating a new industry of consumer medicine that goes far beyond directly advertising to consumers to pick up an analgesic from the store shelves. And this is in medical diagnostics. Many companies are working to develop home diagnostic kits that can help you catch early signs of more sophisticated problems such as kidney disease. The new developments increase consumers' access to information and substitute some of the doctor's evaluative skill with the that of the technology's.

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**BIRAC launches IIPME programme to promote & foster cutting edge technologies in medical electronics,** [Pharmabiz.com](http://Pharmabiz.com)

With an aim to promote and foster cutting edge technologies in the multi-disciplinary areas of medical electronics, the Biotechnology Industry Research Assistance Council (BIRAC) in partnership with the Department of Electronics and Information Technology (DeitY) has launched Industry Innovation Programme on Medical Electronics (IIPME). The focus of the programme will be on technologies for chronic diseases; convergence of medical device and bioinformatics; increasing the outreach through medical electronics; and imaging and navigation. The programme aims to encourage development of innovative solutions that can make the technology available and bring significant changes in the medical electronics ecosystem.

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**USP developing Herbal Medicines Compendium for South Asia & East Asia with India, China experts,** [Pharmabiz.com](http://Pharmabiz.com)

The US Pharmacopeia (USP) is in process of developing monographs to create a dedicated database for its Herbal Medicines Compendium (HMC) for South Asia and East Asia. It has formed separate panels with experts from India and China. The HMC for South Asia has shortlisted 91 Indian medicinal plants which are already included in the Indian official Pharmacopoeias. Of these 91 plants, 28 monographs are being pursued. The criteria for selection of plants is that these should be already used in the Indian Systems of Medicine. While the plant availability is not an issue, there is greater focus its safety consideration and accessibility of scientific data.

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