

1. [Pharma Lobby May Boot Company That Introduced High-Priced Drug](#) – **Bloomberg Quint**

The Washington lobbying group for the pharmaceutical industry may kick out a drugmaker that introduced a high-priced version of an older medicine that had been available much more cheaply. The group, **Pharmaceutical Research and Manufacturers of America, or PhRMA**, is reviewing its membership criteria after Marathon Pharmaceuticals LLC, a member of the organization, said it would introduce a drug for a rare, deadly muscle disease at the cost of \$89,000 a year. A version of the drug had been available for about \$1,000 a year overseas and many U.S. patients were allowed to import it.

Marathon's "recent actions are not consistent with the mission of our organization," Steve Ubl, chief executive officer of PhRMA, said in an e-mailed statement. "The leadership of the PhRMA board of directors has begun a comprehensive review of our membership criteria to ensure we are focused on representing research-based biopharmaceutical companies that take significant risks to bring new treatments and cures to patients." PhRMA includes many of the world's biggest drugmakers,

including Pfizer Inc. and Merck & Co. Its members have faced repeated criticism over the price of medicine in the U.S., after a handful of companies -- some members of the group, some not -- significantly raised the price of older, sometimes off-patent treatments.

2. [India defends IP rights despite threats from US pharma lobby groups](#) – **The Economic Times**

A week after the US Chamber of Commerce released its Global Intellectual Property Report that named India among worst countries in terms of IP rights, the commerce ministry has stood its ground by asking those discontented with the country's IP regime to take up the issue at multilateral trade channels. "We are consistently maintaining the position that India is TRIPS (The Agreement on Trade-Related Aspects of Intellectual Property Rights) compliant and if any country thinks we are in violation they can raise this at the multilateral forum," said Sudhanshu Pandey, joint secretary in the commerce ministry. Talking to ET on the sidelines of a summit organised by the Confederation of Indian Industry on World Trade Organisation trade facilitation agreement, Pandey said, "Those who

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are making these (allegations), they are not challenging that there is any violation of the TRIPS, Some countries are trying to push the regime to TRIPS plus but that is what we are not signatory to. Our commitment is to TRIPS and that is the position we have maintained.”

**3. ['Improvement in India's IP regime remains merely aspirational'](#) – The Economic Times**

India's Intellectual Property Rights regime has consistently fallen short of international best practices and the recent steps taken by the country under the IPR policy remain "merely aspirational", the US Chambers of Commerce has said. In its submission to the US Trade Representative's Special 301 Review, the business body said, "...we see no substantive basis for a change in India's previous designation from the 2016 Special 301 Review and continue to see value in a meaningful mid-year progress assessment." The US Trade Representative (USTR) is expected to come out with its report in April.

"The level and frequency of engagement between the US and Indian governments in 2016 continued to be a source of hope for the future, marked by ongoing dialogue on a broad range of intellectual property rights issues between India and the US under the Trade Policy Forum, the Strategic and Commercial Dialogue, and the High-Level Working Group on Intellectual Property," the Chambers said. "Yet, at this time, substantive improvement in the IP environment in India remains merely aspirational. India released the long-awaited National IPR Policy in 2016, providing evidence of an evolving yet equivocal political attitude toward IP," it said.

**4. [Patients overcharged by billions each year](#) – The Times of India**

An injection or a syringe costs around Rs 2 to make, but the common Indian patient buys it at five times the sum. The single-digit "profit" on an injection may seem trivial till one notes that three billion injections are sold across India annually, revealing that patients as a group are overcharged by billions of rupees every year. The import price of a popular hip implant is Rs 8,906, but by the time it's marked on a patient's bill, it costs Rs 1.29 lakh, a markup of 1,448%. These are two examples TOI found after talking to distributors of medical devices a day after the National Pharmaceutical Pricing Authority (NPPA) capped the prices of cardiac stents at Rs 29,600 apiece. NPPA fixed the prices following complaints that patients had to, in some cases, pay over 700 times the import price. The truth is that not only are these six lakh cardiac stents sold across India every year, but millions of syringes, cannulae or eye lenses, too, are sold at highly inflated prices. Margins of 300%, 600% or more are common in orthopedic implants for the knees or hips," said a distributor who didn't want to be identified. One of India's most commonly used knee implant costs Rs 46,000 to patients but is imported at only Rs 9,264. There is more.

**5. [Band-aid solution](#) – Business Standard**

The National Pharmaceutical Pricing Authority (NPPA) on Monday announced a price ceiling for stents, a mesh tube which is placed in arteries to improve the blood flow to the heart. This was done after the government included stents in the National List of Essential Medicines. The ruling has, on paper, sharply cut down stent prices. According to the NPPA order, the price of a bare metal stent will be capped at Rs 7,260 while the drug-eluting ones and the biodegradable stents will be priced at Rs 29,600 apiece, exclusive of taxes.

**6. [Pharma industry shuns Donald Trump's push for radical shift at FDA](#) – The Economic Times**

US President Donald Trump's vow to roll back government regulations at least 75 percent is causing anxiety for some pharmaceutical executives that a less robust Food and Drug Administration would make it harder to secure insurance coverage for pricey new medicines. The prospect of big change at the regulatory agency comes as drugmakers are under fire for high prices, including Marathon Pharmaceuticals LLC, which said Monday it was "pausing" the launch of its Duchenne muscular dystrophy drug after US lawmakers questioned its \$89,000 a year price. Industry trade group Biotechnology Innovation Organization told Reuters that during high-level discussions with Trump

advisors, lobbyists urged the administration not to name a new commissioner of the Food and Drug Administration who would act rashly to speed up the agency's approval of new medicines. That sentiment was echoed by executives at more than a dozen pharmaceutical and biotechnology firms, who told Reuters that the FDA is already adopting new drug development models and warned that a looser review process would put patients at risk. "People often argue that the FDA is too restrictive," said Roger Perlmutter, head of research and development at Merck & Co Inc. "We have the sense that the balance is pretty right ... you have to have a well-characterized risk/benefit profile."

7. [Capping stent prices could be detrimental to patient safety: CII](#) – The New Indian Express

The latest move by the National Pharmaceutical Pricing Authority to cap the prices of coronary stents could be detrimental to patient safety, industry body CII has said. "This move could limit the accessibility of cutting-edge technologies in coronary stents for Indian patients, affecting both treatment quality and risking the high growth medical tourism sector," CII Medical Technology Division Chairman Himanshu Baid said in a statement. The medical technology industry is disappointed with this outcome. The industry was expecting a reasonable price along with rational differentiation in drug eluting stents, to recognise innovation, he added. The government had yesterday cut prices of life-saving coronary stents by up to 85 per cent by capping them at Rs 7,260 for bare metal ones and Rs 29,600 for drug eluting variety.

8. [Price caps will save patients nearly Rs1 lakh on cardiac stents: Ananth Kumar](#) – The Economic Times

Heart patients who require coronary stents stand to get an average benefit of close to Rs 1 lakh after the country's drug pricing authority on Tuesday fixed a cap on stent prices, chemicals and fertilisers minister Ananth Kumar has said. The move, which has upset domestic and multinational stent makers alike, would encourage companies to make in India to cut costs, the minister said. Earlier in the day, National Pharmaceutical Pricing Authority (NPPA) slashed prices of coronary stents by over 75%, capping the ceiling prices of drug eluting stents (DES) and bioresorbable vascular scaffolds (BVS) at Rs 29,600, and bare metal stents (BMS) at Rs 7,260. Including VAT, these stents are expected to cost Rs 31,080 and Rs 7,623, respectively. A coronary stent is a wire mesh tube used to clear blockages in the arteries and prevent heart attacks. The ceiling prices notified by the body are applicable to manufacturers, distributors and hospitals billing patients for stents effective February 14, according to NPPA's notification. It has also made it mandatory for hospitals to bill cardiac stents separately from the procedure package billed to patients. The regulator claimed that "huge" and "unethical" markups were charged on the devices throughout the supply chain.

9. [Four ministries to come together to combat antimicrobial resistance](#) – Hindustan Times

Terming anti-microbial resistance (AMR) as a big challenge which cannot be tackled by the health ministry alone, the Union health minister JP Nadda said that several ministries would work together to solve the problem. Caused by misuse and overuse of antibiotics in the medical and livestock industry where it is used to make animals gain weight, AMR makes microbes resistant to the drugs that treat them. The ministries of agriculture, animal husbandry, pharmaceuticals and environment will jointly launch a campaign against AMR on February 22. The ministries will also jointly strategize policies to reduce AMR together. "We will also have a memorandum of understanding (MoU) with all ministries together. We will also develop an action plan and policies will be directed in that direction," said Union Health Minister J P Nadda. The Health Ministry has already circulated a concept note to each of the ministries. Auditing prescriptions would be one of the steps the government would take to ensure that antibiotics are used judiciously. "Auditing prescriptions will help us understand where we are headed when it comes to resistance. However, it is easy to enforce this in public sector, but not that easy in the private sector," said CK Mishra, health secretary.

**10. [Health Ministry to set 'tough' targets to bring down IMR, MMR](#) – The Economic Times**

The Union Health Ministry today said it has set itself "tough" targets to bring further down Infant Mortality and Maternal Maternity rates, the pace of reduction of which is already faster than the global rate. Noting that there is a "sizable increase" in health budget this time, Union Health Minister J P Nadda said for the first time, the ministry has made tackling diseases like kalazar, measles and others "target oriented". "For the first time in the budget, we have made tackling diseases target oriented. We have committed ourselves to making the department result, target and outcome oriented. We are confident that flow of funds to fulfil the targets will be continuous. We are not only talking about this year but till 2020-2025," he said. "As far as mother and child health is concerned, I have spoken earlier that our (India's) pace of reduction of IMR, MMR and Total Fertility Rate (TFR) are faster than the world pace. We are quite satisfied. "They are very encouraging results. Now we have set up tough targets within ourselves (ministry). Under it, for IMR, till 2019, we will reduce it from 37 to 28. For MMR till 2020, we have set a target of reducing it from 167 to 100," the minister said.

**11. [One in four Indians suffers from non-communicable diseases](#) – Daily News and Analysis**

Apart from air and water-borne diseases, India today has a new threat – the rise of non-communicable diseases (NCDs) in middle and low-income groups. This isn't a problem faced by India alone. According to a detailed report by The Economist, low-income and lower-middle-income countries are facing an emerging NCD crisis that most healthcare systems in the developing world are ill-equipped to cope with. In 2015, India reported 26.7 crore individuals suffering from NCDs. According to the report, developing nations now face a new challenge because of the increase in non-communicable diseases such as cardiovascular disease, cancer, mental illness, diabetes and chronic respiratory disorders. The January report presented by The Economist is based on extensive data analysis and desk research, complemented by five in-depth interviews with experts on NCDs. In 2015, 26.7 crore Indians suffer from NCDs. The data is divided as follows – 6.5 crore suffer from cardiovascular disease, 2.65 crore suffer from mental illness, and 3.11 crore suffer from respiratory disorders. The numbers for cancer and diabetes were not available, an Indian Council of Medical Research report in 2016 suggested that the country is likely to have over 17.3 lakh new cases of cancer and over 8.8 lakh deaths due to the disease by 2020 with cancers of breast, lung and cervix topping the list.

**12. [Need for accessible and thermostable vaccines](#) – ETHealthworld**

Vaccines are a safe and effective way to protect children from infectious diseases. Vaccines have reduced and, in some cases, eradicated many diseases that killed millions just even a few decades back. Unfortunately, despite the continuous innovations of new and effective vaccines, we are yet to achieve our immunization goals as vaccines fail to reach people in the remote corners of the country. Vaccination has a huge impact on child health yet millions of children die every year from diseases that are preventable through basic immunization. As per WHO, immunizations prevent 2-3 million deaths a year, and an additional 1.5 million lives could be saved by expanding global immunizations. Given the importance of vaccines in child health, the challenges that impair their reach must be dealt stringently.