

1. [Patient groups raise concern over affordability of new TB drug](#) – The Times of India

Patient groups and medical humanitarian organisations have expressed concern on the availability and prices of a new tuberculosis (TB) drug, emphasising the need of effective treatments being accessible for patients suffering from drug-resistant strains of the disease. Though Japanese pharmaceutical company Otsuka announced on Wednesday that it would make its TB drug delamanid available to certain developing countries at \$1,700 per treatment course, it may not be available in India soon.

Affordable versions of patented drugs cannot be produced by any generic manufacturer, leaving Otsuka as the sole supplier of delamanid in India.

Patents are not granted "merely to enable patentees to enjoy a monopoly on a patented medicine", and the government must take steps to ensure that this life-saving medicine becomes available to the National TB programme so that MDR-TB and XDR-TB patients have access to the most effective treatments, experts add.

2. [Why Indian Drug Companies Are Choosing to Not Make in India](#) – Wall Street Journal (Blog)

India's pharmaceutical companies went on a buying spree last year to win a bigger share of the U.S. market for generic drugs.

The trend is driven by heightened U.S. scrutiny of drugmakers' Indian facilities, many which have gotten failing marks on safety, and a desire to develop and sell more sophisticated products such as high-powered painkillers, which U.S. regulators say must be manufactured domestically.

In 2015, Indian pharmaceutical companies reached deals valued at \$1.5 billion to buy U.S. firms, according to Dealogic. Since 2010, Indian drugmakers have acquired or agreed to acquire 31 U.S. pharmaceutical companies, according to Dealogic. Other Indian firms are breaking ground to construct new facilities.

3. [Drug price regulator finds 4,700 medicines illegally over-priced](#) – The Economic Times

The national drug price regulator NPPA has warned of action against companies violating its pricing norms as it found prices of more than 4,700 medicines had increased beyond permissible limits.

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4. [Chemists to be liable for passing drug price cut to buyers](#) – Hindustan Times
5. [Drug pricing: a bitter pill to swallow](#) – The Hindu Business Line
6. [Will Healthcare find focus in Budget 2016](#) – ET Health
7. [Budget 2016: A healthy India is successful India](#) – The Financial Express
8. [Pharma dept seeks Rs 1,464 cr for NIPERs in 2016-17](#) – Business Standard
9. [Chemists hope online sale of drugs will be regulated](#) – The Times of India
10. [Johnson & Johnson defiant despite \\$72-million lawsuit](#) – The Hindu Business Line

Although over 95 per cent of stock keeping units of medicines were found to be complying with its order during an internal study.

According to the National Pharma Pricing Regulator (NPPA), of the 1,01,418 pharma stock keeping units observed, prices of 4,724 SKUs were found to have changed beyond permissible limit as per Drug Prices Control Order (DPCO) 2013.

4. [Chemists to be liable for passing drug price cut to buyers](#) – Hindustan Times

Your local pharmacist may no longer be able to charge old prices for medicines whose price the government has cut.

Whenever the price of medicines are cut by the drug price watchdog, National Pharmaceuticals Pricing Authority (NPPA), the onus of implementing the revised price rests on the manufacturer at present. Government think-tank NITI Aayog has suggested that this role be shifted to the door of the druggist.

In the current regime, the manufacturer has to recall all existing batches of a medicine within 45 days of a price notification, put new price stickers and redistribute the packages.

5. [Drug pricing: a bitter pill to swallow](#) – The Hindu Business Line

India's drug pricing regime has evolved. While the Drugs Order (Display of Prices) 1962 froze medicine pricing, the landmark Hathi Committee Report (1975) led to the Drug Policy (1978) which set up a National Drug Authority and selective price control on medicines. The Drug Price Control Order (DPCO), 2013, brought 348 drugs into India's National List of Essential Medicines (NLEM) 2011, with significant exclusions made for formulation and presentation (S. Srinivasan, EPW, 2014).

But loopholes remain. While 358 formulations of paracetamol are under price control, over 2,714 combinations (80 per cent of market share) are not (Sourirajan Srinivasan, 2013). Despite price controls, the Drug (Prices Control) Order, 2013 covers only 18 per cent of the domestic market (55 per cent is excluded combinations of NLEM drugs), with little impact. As highlighted by the Supreme Court, India's current drug pricing policies have tended to fix the maximum price of a medicine above the retail price of the market volume leader (All India Drug Action Network or AIDAN, 2015).

6. [Will Healthcare find focus in Budget 2016](#) – ET Health

The critical link between improved health and economic growth were conclusively proved by the United Nations Commission on macroeconomics and health which stated that increase in 10% in life expectancy results in economic growth of that country by 0.3-0.4% / annum. A robust healthcare system drives GDP growth, productivity and employment. India has added 11 yrs to average life expectancy at birth in 3 decades from 55 yrs in 1980 to 66 yrs in 2013 and continues to get better. India's healthcare challenges need new thinking and reforms across the spectrum of infrastructure, education and prioritisation.

7. [Budget 2016: A healthy India is successful India](#) – The Financial Express

By 2050, India is expected to become the world's third-biggest economy, predicts the Economist Intelligence Unit. But that's only possible if healthcare is given its due importance, recognition and an ecosystem to flourish. The loss in productive years is enormous in India today, and we need to address this by bringing necessary reforms on board at the earliest.

The larger Indian healthcare delivery system can be split into two—public and private. The public or government system provides basic healthcare facilities via primary healthcare centres, mostly in rural India, with a limited focus on secondary and tertiary care institutions in key cities. It's the private sector that provides the majority of secondary and tertiary care institutions with a major concentration in metros, tier-1 and tier-2 cities.

8. [Pharma dept seeks Rs 1,464 cr for NIPERs in 2016-17](#) – Business Standard

The Department of Pharmaceuticals has sought allocation of Rs 1,464 crore for pharma institutes, NIPERs, as inadequate funds are affecting the research and development in these centres.

At present there are seven NIPERs (National Institute of Pharmaceutical Education and Research) located at Mohali, Ahmedabad, Hajipur, Hyderabad, Kolkata, Raebareli and Guwahati.

"...Inadequate budgetary allocations is affecting the research and development (R&D) of NIPERs in their construction and manpower. The matter has been rigorously pursued with the Ministry of Finance.

9. [Chemists hope online sale of drugs will be regulated](#) – The Times of India

For months now, several legal and moral questions have been raised against e-tailers selling medicines. A month ago, Drugs Controller General India (DGCI) issued a notice asking the Food and Drug Administrations (FDA) of all states and union territories to 'put strict vigil on online sale of medicines' in view of absence of relevant regulations, imposing a temporary ban on the sales. However, a case of MTP (medical termination of pregnancy) kits being sold to minor girls by a website without validating a prescription came to light in Pune, making chemists question whether FDA was taking the order seriously.

10. [Johnson & Johnson defiant despite \\$72-million lawsuit](#) – The Hindu Business Line

Johnson and Johnson, makers of a wide range of products starting from baby shampoos to cardiovascular medical devices, has been directed by a court in the US to pay \$72 million as compensation to the family of a woman who died of ovarian cancer. The victim's use of Johnson and Johnson's baby talcum powder over a number of years was linked to cancer.

The company, however, strongly refuted any claims of health risks associated with its products. In response to questions by BusinessLine, a spokesperson from Johnson and Johnson India said, "The recent jury outcome goes against decades of sound science proving the safety of talc as a cosmetic ingredient in multiple products, and while we sympathise with the family of the plaintiff, we strongly disagree with the outcome."