1. **Healthcare sector needs rational stent pricing, says NATHEALTH – Business Standard**

With recent government notification to bring stents under the country's drug price control order, the prices of the life saving device would be regulated and capped by the National Pharmaceutical Pricing Authority (NPPA). In view of the latest notification and its wider implications on healthcare technology providers, Healthcare Federation of India (NATHEALTH) has suggested that the government needs to form a Health Technology Assessment Board for standardising and regulating the stent quality in India. "Medical procedures in India are among the most affordable in the world, which is a combination of cost of devices and services. Any notification should be considered only if it can bring down the overall cost of treatment for the patient without denying them the options to avail the treatment of their choice. Additionally, such notifications significantly impact the 'Make in India' attractiveness of the country," Mr Rahul Khosla, President, NATHEALTH, said.

2. **Pricing pressure in US to keep pharma companies' growth under check – The Economic Times**

Pharma companies are likely to report sequentially flat EBITDA growth in 3QFY17, impacted by pricing pressure and higher R&D expenditure, a report said. "We expect our pharma universe to report sequentially flat EBITDA growth in 3QFY17, largely led by pricing pressure and higher R&D expenditure. Also, increased US regulatory scrutiny is resulting in higher remediation expenses and de-risking of key products. This, in turn, should weigh down on operating margins," brokerage firm Motilal Oswal said in a report. In its expected quarterly performance summary, the report said that the top pharma companies are expected to report 0.7 per cent Q-o-Q sales growth at Rs 38,137 crore in December 2016 quarter. The EBDITA may see marginal decline of 0.6 per cent at Rs 9,245 crore in December quarter. After a strong 1HFY17, the domestic pharma business is expected to face headwinds from seasonal weaknesses and demonetisation. Although the chronic segment may benefit at the margin due to demonetisation, the acute segment may see some impact in the near-term, the report said.

3. **Pharmaceutical barons swallow FDA bitter pill – Business Standard**
India's top pharma barons are feeling the heat of a greater regulatory scrutiny in their bread-and-butter US business. In the past 12 months, the NSE Pharma Index is down 12.7 per cent, losing the most among all sectoral indices, which has hit the fortunes of the country's top pharma promoters. In comparison, the benchmark NSE Nifty is down 5.7 per cent, while BSE Sensex is up 4.3 per cent since the end of 2015. The combined market capitalisation of the country's top eight pharma companies that are part of NSE Pharma Index is down 16 per cent.

4. **Indian pharma see no threat from Donald Trump's policies – Business Standard**
The proposed changes in the US healthcare policies will have minimal impact on Indian companies, drug makers and sector experts said on Thursday. On Wednesday, US president-elect Donald Trump announced he will repeal and replace Obamacare Act, bring back pharma jobs to the US and introduce a new bidding procedure for Medicare, the government-backed social insurance programme. Pharma companies stocks fell 1-3% during the opening trade on the BSE on Thursday but recouped the losses and sector experts blamed the drop in price to an overreaction. "The Indian pharma industry has contributed significantly to contain and bring down healthcare costs in the US by supplying high-quality yet affordable generic drugs to the country for a decade. I think the US president would focus on introducing new pricing models that will make expensive innovator drugs more affordable. Considering the fact that India-made generics sometimes cost almost one-tenth of branded drugs sold in the US, the Indian pharma industry is likely to be least affected by the anticipated policy changes," said Kiran Mazumdar Shaw, chairperson of Biocon.

5. **Companies want stent cap based on hospital price for big profits – The Times of India**
The stent industry wants the price at which a stent is sold to the hospital as the basis for price fixing with hospitals deemed retailers. A calculation based on price to hospital gives a ceiling price which is 200% more than that fixed on the basis of import price or the price under government health insurance. With the stent industry, which has an interest in getting the maximum ceiling price, providing the hospital price to the National Pharmaceutical Pricing Authority, the authenticity of the prices they submit are being questioned. The price to hospital could range from Rs 23,000 to Rs 60,000 or from Rs 65,000 to Rs 1 lakh for the same stent brand. The same could be sold to patients for anything from Rs 35,000 to Rs 1.5 lakh in private hospitals. A ceiling price would ensure a uniform price for the country above which no patient would have to pay. The NPPA on Friday made public the possible ceiling prices for stents depending on what formulae is used to calculate it.

6. **Fixing drug prices: Regulator issues ultimatum to firms, seeks price data – Business Standard**
There is no sign of an amendment to the Drug Price Control Order (DPCO), even as the National Pharmaceutical Pricing Authority (NPPA) struggles to fix prices of drugs in the absence of market data. On 29 August 2016, the Minister for Chemicals and Fertilisers, under which the Department of Pharmaceuticals falls, had mentioned that DPCO 2013 would be amended to facilitate fixing prices of drugs. However the NPPA, which has been entrusted with the task, is not equipped with adequate data to do so. While the NPPA can exercise emergency powers under DPCO 2013, it has refrained from doing so until now. There are around 140 formulations in the list of essential medicines for which the NPPA does not have market data. In a recent letter to the pharma industry, it asked retailers of these drugs to furnish their prices, stating that the companies have not been providing the requisite data despite several requests.

7. **Healthcare in India: As Indian economy turns cashless, Narendra Modi government must aim at digitised medicare – The Financial Express**
Neither the original nor the modern Hippocratic Oath touches upon the commerce of healthcare, which is a travesty. About 70% Indians pay for their own healthcare, while a dismal 25% have insurance. Private hospitals and practitioners along with private health insurers are often maligned

for their malpractice. This can be very easily termed as black health, akin to the black economy. Black health is more of an administrative failure, which can only be solved by administrative innovations. In the wake of the demonetisation, digitising the economy has taken the centre stage, but a very critical part of economy has been hitherto ignored—healthcare. Making healthcare digital and cashless would increase access and decrease the cost of service.

Healthcare like any other public service suffers from the rigid iron triangle of cost, quality and access with an added dimension of timeliness to it. It has been a conniving conundrum for the policy-makers and civil society to break this iron triangle. Ushering in radical innovation which involves a new service and an expanded user base is a possible solution.

8. **Pharma company allowed tax relief on 23 crore freebies to doctors – The Times of India**
Deviating from an earlier ruling which refused to endorse the doling out of freebies and expensive gifts to doctors as a legitimate business expense, the Income-tax Appellate Tribunal (ITAT) has now allowed a pharmaceutical company to claim tax benefits against funds spent on sponsoring trips for doctors, providing them with costly medical journals, and buying them stationery and pens. The recent decision, dated January 12, was in the case of PHL Pharma. The ITAT has allowed the firm to deduct a sum of Rs 23 crore for expenses incurred towards various 'freebies' for doctors. These range from travel and accommodation expenses for medical seminars, subscriptions for journals, gifts such as pens and stationery bearing the logo of the pharma company and lastly, free samples. The decision has been explained over 34 pages and examines various issues and legal positions. It also distinguishes the facts in this case as opposed to the facts in the earlier order, which had enthused patients and consumer activists because it was viewed as nipping in the bud the practice of distributing gifts in return of favours from the medical fraternity.

9. **U.S. Supreme Court agrees to hear dispute over biologic drug sales – Reuters**
The U.S. Supreme Court on Friday agreed to hear a dispute over whether companies that make copycat versions of biologic drugs must wait six months after winning federal approval to begin selling them. The justices will take up an appeal by Novartis AG of a 2015 federal appeals court decision that prevented the Swiss pharmaceutical company from selling its biosimilar version of California-based Amgen Inc's $1-billion-a-year Neupogen until six months after the Food and Drug Administration approved it. The case could determine how quickly patients have access to biosimilar medicines at potentially cheaper prices. Unlike traditional drugs, biologic drugs cannot be copied exactly to make generic versions. A 2010 federal law allows companies to seek approval to sell near-copies called biosimilars. Biologic drugs are complex chemicals made inside living cells. Insurers expect biosimilars, like generics, to be cheaper than original brands.

10. **2017 will be a make-or-break year for neuroscience drugs – Businessinsider**
The brain is a complicated thing. There's still a whole lot we don't know. And finding treatments for diseases of the brain is often even more complicated. But once again, it's something that drug companies are interested in tackling, even in the face of late-stage failures in neurodegenerative diseases such as Alzheimer's. Developing drugs that act on the brain isn't easy. It's been an area that many big pharmaceutical companies have moved away from in favor of less risky drug development. But right now, there are only four treatments that treat the symptoms of Alzheimer's, and on average about 99% of all drugs in clinical trials never actually make it to approval. By 2050, the number of people living with Alzheimer's in the US alone is projected to triple to an estimated 13.8 million. But 2017 may be the year that companies come back around to developing drugs to treat neurological conditions, including neurodegenerative diseases like Alzheimer's.

11. **Trump's Strategy for Cutting Drug Prices Is DOA – Bloomberg Quint**
Trump didn't say a whole lot in his press conference on Wednesday, but his remark that America needed to revise its process for buying pharmaceuticals made some enormous waves. "They're

getting away with murder," he said. Big Pharma lost almost $25 billion in market value in just 20 minutes. From the size of the market's reaction, you would assume that pharma must really be getting away with murder. After all, the left has been insisting for years that one way to fix our costly health care system is to finally allow Medicare to negotiate drug prices the way that other countries do. And it's hard to say that this is unreasonable: as probably the world's single largest purchaser of pharmaceuticals, the American government ought to have a lot of bargaining power. Why in the world would Congress bind the government's hands by refusing to let them negotiate volume discounts then? You might thus be surprised to learn that the Congressional Budget Office has repeatedly assessed the effects of letting Medicare negotiate, and found that the fiscal benefits of that would be … basically nothing.

12. **AIOCD opposes health ministry's proposal to amend D&C Rules to make only Regd pharmacists eligible for wholesale license – Pharmabiz.com**

The Union health ministry's proposal to amend Drugs and Cosmetics Rules, 1945 to make only registered pharmacists as competent persons for grant of new wholesale drug licence has come in for severe opposition from the All India Organisation of Chemists & Druggists (AIOCD), an umbrella body of drug wholesalers and retailers in India. AIOCD, representing 2.5 lakh drug wholesalers in the country, has termed the health ministry's proposed move as unreasonable and vexatious which will put livelihood of existing drug wholesalers who are mostly non-pharmacists at risk. The draft notification on Drugs and Cosmetics Rules, 1945 amendment appeared in the Gazette of India, part II, Section-3, Sub-section(i) No.890 dated December 28, 2016 proposed to substitute clause (ii) in the second proviso of Rule 64(2) of the Drugs and Cosmetics Rules, 1945.