

1. [Govt dilutes NPPA order on inflation linked price cut for drugs](#) – The Hindu Business Line

The Department of Pharmaceuticals (DoP) has ruled in favour of drug companies, prohibiting the National Pharmaceutical Pricing Authority (NPPA) from reducing prices of medicines that are selling below the capped prices. The NPPA had contended last year that under the rules “all manufacturers are required to reduce MRPs as per decline in WPI (wholesale price index).” The DoP, however, said the NPPA has “erred” in its interpretations of the rules.

“The companies already selling their scheduled formulations lower than the ceiling price may not be required to further lower the prices of their products by applicability of negative WPI,” the DoP has said in an order, taking away from of the teeth from an earlier order passed by the NPPA last year in March. The pricing authority monitors prices of both scheduled drugs, the prices of which are capped by it, as well as non-scheduled drugs, which are allowed to hike prices annually on the basis of an increase in WPI.

Similar report –

- [Wide gap between stent MRP and manufacturing cost](#) – Business Standard

2. [US pricing pressure to keep pharma companies' growth under check](#) – Business Standard

Pharma companies are likely to report sequentially flat EBITDA growth for the third quarter (Q) of the financial year (FY) 2016-17, impacted by pricing pressure and higher research and development (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 quarter-on-quarter sales growth at Rs 38,137 crore in December 2016 quarter. The EBDITA may see a marginal decline of 0.6 per cent at Rs 9,245 crore in December quarter.

1. [Govt dilutes NPPA order on inflation linked price cut for drugs](#) – The Hindu Business Line
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11. [Kerala targets UN benchmarks on maternal, child mortality rate](#) – The New Indian Express
12. [Why imminent Indian government regulations on medical devices have everyone worried](#) – Scroll.in

3. [Indian pharma cos face tough challenge in Trump regime](#) – **The Times of India**

Indian companies will need to buckle up to compete in a fiercely-competitive, but most lucrative market in the world, US, in the wake of a tough operating environment. US President-elect Donald Trump's strong remarks on high prices of medicines, and new procedure for bidding on drugs indicate a difficult environment in the US, which is the largest market for Indian generic companies. Trump's statement on Wednesday that pharma industry is "getting away with murder", sent share prices of domestic companies, including Sun Pharma plunging. Though the reaction was "more knee-jerk", analysts and industry experts said domestic companies can expect pricing pressure to intensify. India contributes around 30% of the overall volume of drugs consumed in US. Complete details of the proposal are yet to be disclosed but the impact on domestic companies may not be significant, analysts added.

4. [Need to speed up antibiotic related research: IMA](#) – **Business Standard**

The Indian Medical Association (IMA) today said there was a need to speed up antibiotic related research for developing new drugs as antibiotic resistance was emerging as a global threat. "Spurious use of antibiotics has resulted in several important life-saving drugs becoming obsolete. There is a need to speed up and support research on new drug molecules and drug targets. The idea of re-purposing old antibiotics also merits more attention," Dr K K Aggarwal, National President of IMA said. Antibiotic resistance has emerged as a global threat, and the problem is particularly stark in India, Aggarwal said. The total mortality burden of infectious diseases in India is about 416/1000 persons every year. In this scenario, simple infections have the potential to turn deadly, and the situation clearly warrants that research in antibiotic development must be accelerated. "The problem of antibiotic resistance in India is further exacerbated by a constellation of factors like poor public health systems and hospital infection, high rates of infectious disease, inexpensive antibiotics and rising incomes.

5. [National Action Plan for antimicrobial resistance in offing](#) – **Daily News and Analysis**

In the wake of increasing antibiotic resistance across the globe, the National Centre for Disease Control (NCDC) is set to formulate a national action plan to curb antimicrobial resistance. NCDC would soon submit the plan to Ministry of Health and Family, for incorporating it into the national policy. In October 2016, NCDC had come up with the National Treatment Guidelines for Antimicrobial Use in Infectious Diseases. "We will soon complete the pilot action plan for combating antibiotic resistance and submit it to the Health Ministry," said Dr Sunil Gupta, Additional Director, NCDC. According to health ministry, antimicrobial resistance is closely linked to inappropriate antimicrobial use. It is estimated that 50 per cent or more of hospital antimicrobial use is inappropriate in India. "There is a need for increased education and awareness about antimicrobial resistance among the public and health-care professionals. We are looking at developing and improving the surveillance system for antimicrobial resistance and infectious diseases in general, particularly through improved linkage of data. Nothing will work unless we improve diagnostic testing to ensure more tailored interventions and respond to the opportunities afforded by advances in genomic technologies and point of care testing," said Dr Gupta.

6. [Misuse of high-end antibiotics rampant: Docs](#) – **The Times of India**

An American woman in her 70s who contracted an infection while being treated for a thigh bone fracture in India two years ago died recently. Tests on her wound specimen at CDC Atlanta, which houses one of the world's most advanced laboratories, later confirmed the presence of New Delhi Metallo-Beta-Lactamase (NDM) -a superbug. Tests showed no drug available in the US would have cured the infection. The finding has jolted medical professionals who see it as a sign of a post-antibiotic era, triggered by, among other factors, pill popping for common conditions. CDC reports that the American woman was admitted several times in a hospital in India, the last visit being in June 2016. She returned to the US soon after and was admitted to an acute care hospital in Nevada on August 18. The septuagenarian developed septic shock and died in early September. "The isolate

(victim's wound specimen) was resistant to 26 antibiotics, including all aminoglycosides and polymyxins tested, and intermediately resistant to tigecycline (a tetracycline derivative developed in response to emerging antibiotic resistance)," the CDC said in its Morbidity and Mortality Weekly Report released on Friday.

7. **[Ananth Kumar bats for simpler tax structure in pharma & chemicals industry](#) – Business Standard**

Inverted tax structure in pharma, chemicals and petrochemicals industry needs to be rectified in the upcoming Budget, Chemicals and Fertiliser Minister Ananth Kumar said. Pharma, as well as the chemicals industry, have been demanding lowering of import duties on raw materials to make the domestic industry more competitive. When asked about his Ministry's Budget wish list, Kumar said: "The proposal is that inverted taxes for both pharma and chemicals and petrochemicals industries should be rectified." Under inverted tax structure, duties on finished goods are lower than the import duty on raw materials. Last September, medical devices industry had demanded the government to rationalise tax structure to ensure that the import duty on raw materials is kept lower, or hike the customs duty on finished products.

8. **[Integrate & innovate to deliver the best of healthcare services: Rohit MA](#) – Business Standard**

Despite recording several gains in the health of healthcare sector, the scenario remains complex with a multitude of problems at present. Yet year after year the annual budget is much awaited across all the sectors and not just healthcare. India is presently in a state of transition not just economically, demographically but more epidemiologically - in terms of health. While the reforms are targeted to meet the growing needs and expectations of the modern consumer and are bold and broad, but also affordable, achievable and, most importantly, fair. Despite efforts, there is a need to ensure healthier Medicare and cheaper, faster access to medicines, through patient-focused hospital and funding agreements with the states and territories, as well as consumer-centred reforms of private health mental health and digital health. It is the need of the hour that we focus our healthcare efforts with integration, innovation and modernisation to deliver the best of healthcare services for the economy

9. **[Docs warned not to prescribe branded drugs](#) – The Times of India**

Thiruvananthapuram: Health department has warned medical officers who are still prescribing branded drugs even though there is strict stipulation that only generic drugs are to be prescribed in government hospitals. A circular issued by additional chief secretary (health) Rajeev Sadanandan said, "The government orders are not to be treated lightly and if any such instance is brought to my notice, strict action will be taken against the officers concerned." This order has been issued in the wake of reports from hospitals that generic drugs are not being prescribed, especially in the government-funded programmes like Rashtriya Swasthya Bhima Yojana (RSBY). The health secretary has urged that no branded drugs are to be prescribed in cases where generic drugs are available. In case branded drugs are prescribed, the reason for doing so should be given in writing by a committee constituted at the district level. The committee, headed by the district medical officer, should specify as to why the use of proprietary drugs is inevitable in managing the disease.

10. **[Arbitrary sale of antibiotics under scanner](#) – Business Standard**

Reports that an American woman visiting the country died after being infected by a super bug are making the Indian authorities sit up. Since the case is being linked to developing resistance to all antibiotics, the Centre is in talks with state governments to go tough on any misuse of such drugs. Drugs Controller General of India G N Singh told Business Standard that an advisory is being issued to all state drug controllers asking them to crack the whip on arbitrary sale of antibiotics. The state controllers would help ensure that no chemist in India sells antibiotics without a valid prescription, Singh said. Even the least powerful antibiotics can prove fatal if taken more than the prescribed dosage, according to the DCGI. Misuse of antibiotics can also lead to antimicrobial resistance, he said while explaining why preventing people from taking unnecessary doses of antibiotics is

essential. Even though antibiotics are not supposed to be sold without a prescription even now, chemists have been found flouting this norm. The effort is to stop the practice.

11. [Kerala targets UN benchmarks on maternal, child mortality rate](#) – The New Indian Express

Kerala aims to reduce the maternal and infant mortality rates to 30 and 8 respectively in four years as part of achieving the targets of the 'Sustainable development goals' (SDG) of the UN. The government has finalised the targets to be achieved in each area as part of the SDG. The working groups of health experts that examined the targets announced by the UN have worked out the core areas to focus, adapting them to suit the state's present epidemiological status and capacity. In addition to the targets listed in the UN documents, Kerala has included targets in dental, ophthalmic and palliative care. One of the prime targets set by the state is to reduce maternal mortality ratio from 66 to 30 per one lakh live births by 2020. Along with this, the state has also set the goal to bring down infant mortality rate to 8 per 1,000 live births from 12 per 1,000 live births.

12. [Why imminent Indian government regulations on medical devices have everyone worried](#) – Scroll.in

The Indian medical device industry is disarray. Even industry representatives admit so. For instance, Rajiv Nath, the forum coordinator of the Association of Indian Medical Device Industry, goes so far as to state that the sector is "in a state of complete mess". That's because about 99% of medical devices such as ultrasound machines, glucometers, endoscopes and ventilators are not regulated by the government. To remedy this, the Ministry of Health and Family Welfare in October made a revised draft of the Medical Device Rules public for comment. However, though there are over 5,000 kinds of medical devices in the market, the draft rules cover only about 20 devices – stents, orthopedic implants, ocular lenses, condoms, sutures and surgical dressings – that have been notified under the Drugs and Cosmetics Act, 1940. Many doctors and health activists say that the draft rules need to do much more to ensure the safe use of all medical devices in the country. Chinu Srinivasan who runs LOCOST, a small scale non-profit pharmaceutical company in Vadodara, feels that the government should bring all medical devices under price control, just as it is currently doing for cardiac stents. "It is not clear how the price of devices that are not notified as drugs will be controlled," said Srinivasan.