

1. [**We The People: Clinical Trials In India - Saving Or Risking Lives?**](#) – NDTV 24 X 7

On We The People, the debate is about if clinical trials in India have too many or few safeguards. Are poor still vulnerable? And do the latest regulatory norms water down the safety norms? With government waiving Phase III trials for drugs that are already tested in countries that have robust regulatory mechanism, does the pursuit of new drugs and vaccines have very few safeguards?

Please click the link to watch the full episode.

2. [**How top Indian drug makers like Sun Pharma, Glenmark are building a brands business in the US**](#) – The Economic Times

Telling signs of a midlife crisis are apparent among top Indian drug makers as fatigue sets in on a marathon run of two decades selling generics in the US. A long hold by the US FDA on Indian manufacturing facilities has left the industry with sobered expectations. The narrative is moving to “building brands,” “portfolio balancing” and “predictable revenues.”

Sun Pharma, Dr. Reddy’s, Glenmark, Zydus Cadila, Aurobindo and their ilk are embracing a new life. Deploying investments to bolster indigenous research and lapping up late clinical stage drugs or new brands is heralding a seismic shift from churning copies of drugs to the daunting world of innovative or differentiated brands.

3. [**This year, let’s turn the clock on political ‘inattention’ to health**](#) – The Hindu Business Line

As India goes through a period of financial reforms, hopefully, the resultant economic gains will translate into improved health for its citizens. Despite impressive growth, public investment in health has been a disappointing 1 per cent of GDP. Low resources and overall political “inattention” to health explain why India continues to be a major contributor to the global disease burden –

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3. [**This year, let’s turn the clock on political ‘inattention’ to health**](#) – The Hindu Business Line
4. [**Karnataka AYUSH doctors can now prescribe allopathic drugs ‘during emergencies’**](#) – The Hindu
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8. [**Medical Technology Assessment Board should fix prices of stents: Nathealth**](#) – Business Standard
9. [**NRI doctor to invest Rs. 100 crore in diagnostic services**](#) – The Hindu
10. [**Maharashtra to create ‘Corporation’ to purchase drugs and equipment’s**](#) – The Times of India
11. [**Aurobindo Pharma to buy Portugal-based Generis for Rs 969 cr**](#) – Business Standard
12. [**US District Court rules in favour of Amgen in Repatha patents cases**](#) – Business Standard
13. [**Show some heart: Stop overpricing stents**](#) – Daily News and Analysis
14. [**Maharashtra to set up medical stores at 600 state transport bus depots**](#) – Hindustan Times

under both communicable and non-communicable categories — quite disproportionate to its population. The growth of the health system, with a weakly regulated private sector and an overstressed public sector, has been disorderly. This has been exacerbated by successive governments' patchy attempts to reduce impoverishment due to hospitalisation through heavily subsidised insurance schemes. Neglecting primary care and focusing on hospital treatment — which in most cases is unnecessary and of poor quality — is a costly strategy.

4. [Karnataka AYUSH doctors can now prescribe allopathic drugs 'during emergencies'](#) – **The Hindu**

It's official. Practitioners of AYUSH (Ayurveda, Yoga, Unani, Siddha, and Homeopathy) appointed in Primary Health Centres (PHCs) in rural areas of Karnataka can practice allopathy "during emergencies". A Government Order to this effect was issued on Thursday. With this, Karnataka has joined the list of 13 States, including Maharashtra, Tamil Nadu, Gujarat, Punjab, Uttar Pradesh, Bihar, Assam, and Uttarakhand, where integrated practise is legal. Despite objections by some groups, including the Karnataka Medical Council and Indian Medical Association, a committee, headed by the State Drugs Controller, set up by the Health Department to study the feasibility of allowing AYUSH doctors to practice allopathy, gave the go-ahead, following which the order was issued.

5. [Hero of patient groups or regulator under lens?](#) – **The Hindu Business Line**

It's an organisation in the eye of many a storm. Intense discussions are triggered when it sets out to cap and control the price of medicines and medical devices. But, at another level, its own future generates just as intense a discussion. The National Pharmaceutical Pricing Authority (NPPA) is in a hot seat. Patient groups perceive it as a hero of sorts that keeps a keen watch on drug prices. The view of the industry, though, is quite different, for it bears the brunt of NPPA's policies. Barely a week into 2017, discussions are on at the NPPA on a formula to control and cap the price of cardiac stents. This is the first significant effort to regulate a medical device (besides an earlier fracas on condom prices) and, naturally, the NPPA finds its every move being watched, not just by the pharma and medical devices industries but also by patient advocacy groups. And naturally again, the opinions and counters have begun to dominate public discourse.

"We will take a well reasoned view," says Bhupendra Singh, NPPA Chairman, when asked about the contours of the stent discussion and the tricky task of freezing a formula to cap device prices. "It is not a decision of the Chairman, but of the Authority," says Singh in a calm voice, pointing to the involvement of ministries including Health and Finance, besides the Drug Controller General of India.

6. [Gujarat witnesses exponential growth in pharma exports](#) – **Business Standard**

Pharma exports from Gujarat have grown six-fold in the last decade, crossing \$3 billion mark in 2016, according to state government officials. Gujarat is counted among the leading pharmaceutical manufacturing hubs in the country with an almost 35% share in national production and around 28% share in pharma exports. The state has registered a six-fold growth in pharma exports over the last decade. According to H G Koshia, commissioner of Gujarat Food and Drug Control Administration (FDCA), exports have grown from \$562 million in 2006 to \$3 billion in 2016. He added that the state houses several World Health Organization (WHO) certified manufacturing units, apart from US Food and Drug Administration (USFDA) and European Union (EU) approved sites.

7. [Pharma company supplies defective saline to government hospitals, again](#) – **The Times of India**

Proving once again that the Telangana health department's drug procurement policies are flawed, the drug control authorities found another product of Nagpur-based Haseeb Pharmaceuticals of poor quality. This time, the drug control authorities found that a particular saline injection supplied to all government hospitals was not of uniform quality. In an official email sent to all government hospitals on Thursday, a copy of which is with TOI, the authorities said the sodium chloride injection IP 500ml was "not of standard quality". The government analyst, drug control laboratory, Hyderabad

requested government hospitals "to stop the use and kept aside" the sodium chloride injection IP 500ml with batch number 1511130 with an expiry date of October 2017. This injection is normally used for intravenous application as well as sterilisation of surgical instruments or for cleaning wounds.

8. [Medical Technology Assessment Board should fix prices of stents: Nathealth](#) – Business Standard

As the fight between multinational stent providers and domestic manufacturers intensifies over stent pricing, the healthcare federation of India Nathealth has proposed that the Medical Technology Assessment Board should be fixing prices based on the efficacy of the stents. Anjan Bose from the federation told Business Standard, "Let Medical Technology Assessment Board examine stents and set prices based on their efficacy." In a recent meeting held by the National Pharmaceutical Pricing Authority (NPPA) with stakeholders, Nathealth had also supported the request of multi-national stent manufacturers that there should be differential pricing. Nathealth is a body that represents the entire spectrum of healthcare professionals including hospitals and manufacturers.

9. [NRI doctor to invest Rs. 100 crore in diagnostic services](#) – The Hindu

A UAE-based doctor turned millionaire is set to invest about Rs. 100 crore in bringing essential diagnostic services to the hinterlands of Kurnool. Nawab Shafi Ul-Mulk, who also claims descent from the royal family of Kurnool, aims to bring affordable cancer diagnostic services including CT, PET and MRI to the district, leveraging the scale, size and cost of the mini cyclotron, and success of tele-medicine in the developed world. Cyclotrons are particle accelerators crucial in most radiological imaging techniques. Their large size and high cost inhibits investment required to make crucial diagnostic services available to the masses, opines Dr. Mulk.

10. [Maharashtra to create 'Corporation' to purchase drugs and equipment's](#) – The Times of India

Following the accusations of the corruption charges in made by opposition party in the assembly in purchasing medicines, the state health department has proposed to create a separate Corporation (Mahamandal) exclusively for the purchasing medicines and medical equipment's needed for various government departments. Health minister Dr Deepak Sawant said that if all goes well, the new corporation would be activated by March 2017. In April 2016, the Health minister Dr Deepak Sawant was accused of allegedly Rs 297 crore drug scam while purchasing drugs for public health system. Both, opposition leaders in the legislative assembly and council, Radhakrishna Vikhe Patil and Dhananjay Munde, had alleged that large quantities of iodine bottles, diabetes medicines etc were bought even after there was no demand. After the issue rose, minister had also suspended three of his officers following the allegations.

11. [Aurobindo Pharma to buy Portugal-based Generis for Rs 969 cr](#) – Business Standard

Aurobindo Pharma on Saturday announced the acquisition of Generis Farmacêutica, which operates in Portugal, from Magnum Capital Partners for an all-cash deal of 135 million euros (Rs 969.3 crore). The deal will be completed through Aurobindo Pharma's step-down subsidiary, Agile Pharma, Netherlands. It will include a manufacturing facility in Amadora, Portugal, which has the capacity to produce 1.2 billion tablets or capsules annually.

The acquisition also consolidates Aurobindo's footprint in Portugal. Its portfolio currently consists of Aurovitas, Unipessoal LDA and Aurobindo Pharma-Portugal. Generis has a wide portfolio of products, with a major share in therapeutic areas such as cardiovascular, central nervous system, anti-infective, and the genitourinary system.

Similar reports –

- [Aurobindo Pharma to acquire Portugal's Generis for €135 million](#) – Mint
- [Aurobindo Pharma to buy Portugal's Generis for Rs 970 crore](#) – The Indian Express

12. [US District Court rules in favour of Amgen in Repatha patents cases](#) – Business Standard

The US District Court in Delaware has granted Amgen's request for a permanent injunction prohibiting Sanofi and Regeneron from infringing two patents that Amgen holds for Repatha (evolocumab) by manufacturing, using, selling or offering alirocumab for sale in the US. The injunction will not take effect immediately as the court has delayed its imposition for 30 days to allow defendants the opportunity to seek expedited review of this decision. The judge's decision follows a jury verdict in March 2016 in Amgen's favour in a trial on the validity of two Amgen patents that describe and claim monoclonal antibodies to proprotein convertase subtilisin/kexin type 9 (PCSK9).

Stating that he was pleased with decision that recognises Amgen is entitled to an injunction against further infringement of its patent rights, Robert Bradway, chairman and CEO, Amgen, said, "Sanofi and Regeneron admitted that they had infringed our patents, and the jury upheld our patents as valid. Protecting intellectual property is essential to our industry as it reinforces the incentives for the large and risky investments we make in innovation to bring forward new medicines to treat serious diseases."

13. [Show some heart: Stop overpricing stents](#) – Daily News and Analysis

With lifestyle changes, disease patterns have also changed. Coronary artery diseases, knee joint problems and other lifestyle ailments are on the rise. New technologies have offered remedies to many of these new diseases. These technologies require more funding to meet the needs of our population. But unfortunately, public spending on health has not increased proportionately; instead there was a reduction in the health budget by about 20 per cent in 2015. With the government shedding its responsibility, most new healthcare facilities have emerged in the corporate sector — unaffordable to a vast majority of our population. With the paradigm shift in approach towards health from a social responsibility to purchasable commodity since the early 1990s, the race to profiteer — right from the manufacturers, middlemen, to health providers — has become an integral part of this system. It is disturbing to note that over four crore people in our country enter the below poverty line (BPL) category every year, because of out-of-pocket expenditure on health.

14. [Maharashtra to set up medical stores at 600 state transport bus depots](#) – Hindustan Times

Taking a leaf out of Prime Minister's Jan Aushadhi (national scheme to set up stores, vending generic medicines) initiative, Maharashtra has become the first state in the country to set up about 600 medicine stores at State Transport (ST) depots across the state. The decision will resolve the scarcity of essential medicines in distant parts of the state and provide cheaper variants of the medicine for the underprivileged population, officials confirmed. The memorandum of understanding (MOU) was signed between the public health, transport departments of Maharashtra and Bureau of Pharma PSUS of India (BPPI) at Mantralaya last week in the presence of chief minister Devendra Fadnavis. Diwakar Rawte, the state transport minister said that the decision was a result of the stat- level implementation of the national scheme.

Generic medicines are drugs which are not manufactured by leading pharmaceutical companies and lack popularity in the market. Numerous medical reports have, however, established that due to similar properties in manufacturing process, the effectiveness of the medicines remain the same.