

1. [Two years on, only eight out of 40 generic drug stores remain operational](#) – **The New Indian Express**

It's been two years since the state government signed a MoU with HLL Lifecare Ltd, a central government enterprise, to set up generic drug stores in 40 hospitals across Karnataka. The poor were supposed to benefit from these, as the drugs were to be made available at rates 50- 60 per cent lesser than what is available in the market. But only eight stores are operational so far.

Principal Secretary to the Health Minister, Shalini Rajneesh said, "Though two years have elapsed, HLL has failed to operationalise all the outlets for one reason or the other. We have reported this to the Union health secretary. Now that we have decided to start Jan Aushadi stores in all hospitals, people will prefer buying drugs wherever they are cheaper."

2. [Corporate sector, NGOs need to chip in healthcare sector: Nadda](#) – **The New Indian Express**

Union Minister J P Nadda today sought corporate sector and non-government organisations' involvement to make healthcare services available for people across the country. "The provision of healthcare, though primarily the responsibility of the government,

cannot be undertaken by the government alone... Corporate sector and NGOs must share the responsibility and supplement the efforts of the government in providing healthcare services," he said. The Union Minister for Health was here to present National Oral Healthcare Sushruta Awards organised by Indian Dental Association (IDA) here.

3. [US generic drugmakers under fire for price fixing](#) – **Business Standard**

Two prominent US lawmakers on Thursday called on federal anti-trust regulators to probe whether Sanofi SA, Eli Lilly and Co, Merck & Co Inc and Novo Nordisk A/S colluded to set prices for insulin and other diabetes drugs. The request by US Senator Bernie Sanders and Representative Elijah Cummings follows a similar letter they sent last fall calling for an investigation into 14 drug

1. [Two years on, only eight out of 40 generic drug stores remain operational](#) – The New Indian Express
2. [Corporate sector, NGOs need to chip in healthcare sector: Nadda](#) – The New Indian Express
3. [US generic drugmakers under fire for price fixing](#) – Business Standard
4. [No takers for MCI guidelines to prescribe generic drugs](#) – The India Express
5. [US probe into price collusion adds to generic drug makers' woes](#) – Mint
6. [Health minister favours retracting financial aid to tobacco firms](#) – The Times of India
7. [New drugs may soon be considered 'new' for 10 years instead of 4](#) – The Indian Express
8. [Global fears over India's ticking TB time bomb](#) – The Hindu
9. [Goa pharmacies to join strike against online drug delivery](#) – Business Standard
10. [Abbott to house innovation hub in India](#) – The Hindu Business Line
11. [2,000 medicines to become up to 90% cheaper: Nadda](#) – The Times of India
12. [Odisha government mulls over separate policy for pharmaceutical sector](#) – The New Indian Express
13. [Indians may have to pay more for medicines as drug pricing policy is set for overhaul](#) – Scroll.in
14. [Revised draft of GMP for ASU drugs as part of D&C Act may affect growth of SSIs](#) – Pharmabiz.com

companies over price increases of generic drugs. US prosecutors could file the first charges by the end of the year in their subsequent criminal investigation of generic drugmakers over suspected price collusion, Bloomberg reported on Thursday.

4. [No takers for MCI guidelines to prescribe generic drugs](#) – The India Express

It seems there are no takers for the fresh guidelines issued by the Medical Council of India (MCI) urging physicians to prescribe generic medicines instead of branded drugs. At PGI, where the administration has endorsed the same notification issued two months ago, the doctors, continue to prescribe branded drugs. A fresh notice issued by the MCI in September reads, “Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs.” In October, the same notification was endorsed by the PGI administration and was forwarded to all the Institute staff.

5. [US probe into price collusion adds to generic drug makers’ woes](#) – Mint

A possible price collusion charge by US prosecutors against some generic drug makers has added to the worries of the Indian pharmaceutical industry, which is already confronting compliance issues with the US drug regulator, price erosion and limited product approvals. Drug pricing has become a sensitive subject in the US in recent times with the government bearing down on pharmaceutical companies for increasing prices. Most of the clamour has been around increase in prices of branded products, but generics have also come under scrutiny with the antitrust division of the US Department of Justice (DoJ) probing sharp increases in prices of certain generic products and the possibility of drug makers acting as a cartel.

Similar report –

- [Pharma stocks fall sharply as US drug pricing investigation nears completion](#) – Zeebiz.com

6. [Health minister favours retracting financial aid to tobacco firms](#) – The Times of India

After imposing stringent anti-tobacco measures in the form of higher taxes and pictorial warnings, the government now plans to shut out financial support to tobacco giants. The health ministry has written to the finance ministry, asking it to ensure that government firms do not invest in tobacco majors. It has suggested that the government should instead offload its existing investment in such companies as it is in violation of an international treaty.

India has so far been violating the World Health Organisation's international treaty Framework Convention on Tobacco Control (FCTC) by allowing government entities to invest in tobacco firms. There are 180 countries, including India, which have signed the FCTC protocol. FCTC was developed by countries in response to the globalisation of the tobacco epidemic. It aims to tackle some of the causes of that epidemic, including complex factors with crossborder effects, such as trade liberalisation and direct foreign investment, tobacco advertising, promotion and sponsorship beyond national borders, and illicit trade in tobacco products, according to the WHO's website.

Similar report –

- [Govt may harden stance on investing in tobacco firms](#) – Mint
- [Health Ministry urged to allow tobacco farmers in FCTC](#) – Business Standard
- [Pakistan Will Not Attend Global Tobacco Control Conference in India](#) – Huffingtonpost.in

7. [New drugs may soon be considered ‘new’ for 10 years instead of 4](#) – The Indian Express

A committee of secretaries has proposed that in the interest of better and more effective regulation, the period for which a new drug is considered “new” should be extended to 10 years instead of the current four. As per Rule 122E of the Drugs and Cosmetics Rules, 1945, “a new drug shall continue to be considered a new drug for a period of four years from the date of its first approval”. Regulatory requirements are different and more stringent for new drugs and data on

post marketing surveillance has to be periodically submitted. The move has raised the hackles of the Indian pharma industry which fears that 10 years would eventually be used as a precedent for data exclusivity too and thus staggers the entry of generics, benefitting MNC pharmas that hold most product patents. The committee comprising the secretaries of DIPP, health, pharmaceuticals, the CEO of Niti Aayog and a joint secretary in the PMO was formed at the behest of the PMO to look into ways to promote the Indian pharmaceutical industry, to ensure ease of doing business while maintaining quality.

8. [Global fears over India's ticking TB time bomb](#) – The Hindu

Eighteen months after the Indian government launched the “TB Free India” campaign, nine policy changes under the Revised National Tuberculosis Control Program (RNTCP) are yet to be implemented. The delay has raised concerns among the international public health community which believes that drug resistant TB (DR-TB) — currently spreading at an alarming rate in India — will not remain confined with the borders if the Indian government does not show urgency. The main gaps are regarding the government's failure to roll-out Fixed Dose Combinations (FDCs) for tuberculosis (TB) patients living with HIV; the failure to provide a child-friendly TB regimen and the glacially slow pace of scaling up availability of a new drug Bedaquiline, which can treat multidrug-resistant TB (MDR-TB).

9. [Goa pharmacies to join strike against online drug delivery](#) – Business Standard

Calling Internet-based medicine and drug delivery portals as potential hubs for purchase of scheduled drugs and habit-forming pharmaceutical products, the Chemists and Druggists Association of Goa, will join an all-India strike of pharmacies. President of the association's Goa chapter Prasad Tamba told a press conference on Friday that nearly 700 pharmacies in the state would shut down for a day on November 23, in solidarity with the All India Organisation of Chemists and Druggists Association, which is demanding a ban on online sale of pharmaceuticals. "We have come across instances where drugs like benzodiazepines, painkillers, aphrodisiacs are available on these e-pharmacies without proper scrutiny. Youngsters in Goa are getting hooked to these drugs," Tamba said, adding that sale of medicines online was in contravention of the Drugs and Cosmetics Act 1940.

10. [Abbott to house innovation hub in India](#) – The Hindu Business Line

It's not just about innovating in India for India, but also innovating in India for the rest of the world, says Michael Warmuth, global head of Abbott's pharmaceuticals business, on the US healthcare major's plans to strengthen India as an “innovation hub”. India will house one of Abbott's six innovation hubs and would feed pharmaceutical product launches in 30 countries, said Warmuth, at a breakfast meeting with BusinessLine. “We're taking a pretty significant step forward, we are doubling our scientific talent here in India (to 100) . We are moving into a new facility,” he said, possibly by early 2018. The other pharmaceuticals-oriented innovation hubs are in Singapore, Germany, Columbia, Brazil and Russia.

The new Innovation Development (I&D) hub will be housed in a 10 storey dedicated building in suburban Mumbai, said Bhaskar Iyer, Head of Abbott's India operations. With analytical and clinical capabilities, a pilot plant for scale up etc, the facility would support Abbott's “established pharmaceuticals” business. “We are no longer dabbling in this area, we're going into it in a more significant manner to benefit the rest of Abbott pharmaceuticals globally,” says Warmuth.

Similar report –

- [Abbott to set up innovation hub in India](#) – The Economic Times

11. [2,000 medicines to become up to 90% cheaper: Nadda](#) – The Times of India

Union Health Minister JP Nadda has said nearly 2,000 medicines will be made available at rates up to 90 per cent less than the maximum retail price (MRP) under the Amrut Scheme. "Two thousand medicines will be made available at 60 to 90 percent less rates than the MRP," said the Minister on Saturday while addressing the foundation stone laying ceremony here of the proposed Super Specialty Block of Jabalpur Medical College. He said such retail stores would also be opened in Madhya Pradesh. Nadda said the central government would provide all necessary assistance to the Madhya Pradesh government to improve the state's health care facilities.

12. [Odisha government mulls over separate policy for pharmaceutical sector](#) – The New Indian Express

The State Government is in the process of formulating a separate policy for pharmaceutical sector. The policy provisions have been prepared in consultation with directorate of drugs control and industry representatives. An official of the Industry Department said since the pharmaceutical sector has specific fiscal and non-fiscal support requirements which are not covered under the new Industrial Policy Resolution (IPR)-2015, a separate policy for the sector should be put in place.

As decision has been taken that the State would promote cluster-approach for development of pharma sector, the policy would include dedicated section and guidelines for development of pharmaceutical cluster or park.

The clusters could be developed by Industrial Infrastructure Development Corporation (IDCO) or private developers. As per the draft policy, IDCO may consider equity participation in clusters even if these are developed by private players.

13. [Indians may have to pay more for medicines as drug pricing policy is set for overhaul](#) – Scroll.in

Medicines may become more expensive in India as a result of the major overhaul of the drug pricing policy that is being planned, activists fear. The changes in the prices of medicines are being considered by a government committee set up about a month ago. "We are working with the aim of 'ease of doing business' and 'Make in India'," said health secretary CK Mishra, who heads the committee. "The new pricing policy of drugs will be in tune with this."

Mishra indicated that the demands of the pharmaceutical industry will guide the overhaul of drug pricing policy in India. "The National Pharmaceutical Pricing Authority will stay, but it can be renamed or its form might change," he said.

14. [Revised draft of GMP for ASU drugs as part of D&C Act may affect growth of SSIs](#) – Pharmabiz.com

The Ayush ministry's revised draft of the good manufacturing practices (GMP) for ASU drugs is unlikely to be welcomed by the small scale manufacturing units of the Ayush drug industry, the backbone of India's traditional medicine landscape. This is because the revision corresponding to the amendment of Drugs & Cosmetics Act will become a bottleneck to the growth of entrepreneurship in the small scale sector.

Except a few major players, most in the Ayush drug sector are small scale units which will face more trouble if the revised draft is implemented as it is, industry sources say. The ministry has issued the draft for discussion and comments by all stakeholders, and soon it will become part of the D&C Act once the amendment is in force.