

1. [National IPR policy will soon go for Cabinet approval: Nirmala Sitharaman](#) – Economic Times

A national Intellectual Property Right (IPR) policy will soon be taken to the Cabinet for approval, Commerce and Industry Minister Nirmala Sitharaman said today.

A leaked version of the IPR policy doing rounds is only a draft and is not the final policy, she said. "The finally policy will go to the Cabinet (shortly)," she told PTI here

2. [Govt to consider issues raised by AIOCD before any final decision on introduction of e-pharmacy in the country](#) – Pharmabiz

In the wake of the countrywide one-day strike called by the All India Organisation of Chemists and Druggists (AIOCD) on October 14 against the sale of medicines through internet, the central and the state governments have assured the AIOCD that their issues will be taken into consideration before any final decision is taken by the government on e-pharmacy in the country.

The Union health minister J P Nadda clarified that no decision has been taken by the government regarding e-pharmacy and assured that the views of all stakeholders including that of the AIOCD will be taken into account, whenever such matter is taken up by the government.

J.S.Shinde president, AIOCD, says, "I spoke to the Union health minister one day before the bandh, and he clarified that no such decision has been taken by the government and informed that views of all stakeholders will be taken into account. But the Union health minister did not clarify regarding the actions to be taken against the illegal sales of medicines through internet going on in the country. He did not assure about the clear stand of the government on the issue raised by AIOCD. Hence we did not have any alternative than to observe a nationwide bandh."

3. [Drugs Consultative Committee to review chemists' Oct 14 nationwide strike at its meeting on Oct 16](#) – Pharmabiz

The Drugs Consultative Committee (DCC) meeting scheduled to be held at the Drugs Controller General of India (DCGI)'s office in New Delhi on October 16 is likely to review and evaluate the nationwide strike by retail chemists and druggists on October 14, it is learnt.

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4. [Biosimilars shake up india's drug industry](#) – Financial Express

5. [Bar-coding norm may hit 1,000 pharma companies](#) – Hindu Business Line

6. [Will National Medical Device Policy Disrupt Indian Healthcare?](#) – ET Health World

7. [Pricing does not reveal the story of CVD burden](#) – ET Health World

8. [Modi's US Gambit 2.0](#) – Business World

9. [USFDA bans import from Megafine Pharma's Maharashtra facility](#) – Times of India

Sources from the office of the DCGI informed Pharmabiz that there would be an assessment in the meeting of the national chemists bandh called by various traders' organisations on October 14 protesting against the online sale of medicines, though the main agenda is different.

"We are tracking the developments in the trade industry and monitoring the situation closely. So, national issues are likely to be discussed in the meeting in which drugs controllers from all the states are attending. So, many state level and national level problems will come up for discussion apart from the scheduled agenda. Issue of e-pharmacy is a current problem in the industry and our office is aware of the strike, hence all possibility is there to evaluate the situation after the strike by the traders," said the source.

4. [Biosimilars shake up india's drug industry](#) – Financial Express

India, which has dominated the generic drugs industry for decades, is falling behind in the race to make copies of complex biotech drugs, which are expected to generate tens of billions of dollars in sales in the coming years. While Indian firms have launched a few such products on the domestic market, where regulatory barriers are relatively low, they are being overtaken by European, American and South Korean firms in the race to supply lucrative Western markets. Just three Indian groups - Biocon Ltd , Dr Reddy's Laboratories and Intas Pharamceuticals Ltd - are working with partners on so-called biosimilars aimed at the United States and Europe. Biotech drugs, which require genetic engineering, account for a growing share of new drugs and the future sales of copycat products will also switch to this category of pharmaceuticals from simple small-molecule pills like aspirin.

5. [Bar-coding norm may hit 1,000 pharma companies](#) – Hindu Business Line

The battle for access to affordable Indian generic drugs has a new threat: bar-coding. Pharmaceutical companies in India are expected to comply with mandatory bar-coding of medicine strips, as per directives of the Commerce Ministry. From October 1, the medicine strips and containers will be expected to have a "parent-child" relationship.

This means that a bar-code will ensure that every unique strip of drug will go into a unique secondary package (containing the primary pack of drugs with safety instructions etc).

6. [Will National Medical Device Policy Disrupt Indian Healthcare?](#) – ET Health World

Can National Medical Device Policy turn the tug-of-war between government and entrepreneurs in to a win-win solution?

What is the major deterrent for innovating in India? "ECOSYSTEMS!" says Zoya Brar, founder and managing director of Core diagnostics. "What makes Silicon Valley so different?" asks Brar. "There are three top-notch universities - Stanford, UCSF, and UC Berkeley. There is access to venture capital. And there are several anchor corporations in many domains - Genentech in pharmaceuticals, Kaiser Permanente in Healthcare, Cisco in telecommunications, Intel in computer chips, Apple in consumer devices... the list goes on. This creates the perfect amalgamation engine for innovation. There is not a single such complete ecosystem in India - not even in Bangalore or Hyderabad. Creating ecosystems is a two or three- decade journey, after we get serious about it. And we are not yet serious about it," explains Brar.

7. [Pricing does not reveal the story of CVD burden](#) – ET Health World

The Indian healthcare sector is evolving rapidly and is expected to grow up to \$280 billion by 2020. It is critical to realise the significance of this sector as peoples health will contribute to overall economic health. With increasing disease burden, the healthcare sector in India is in dire need of establishing the right policy framework and infrastructure.

8. [Modi's US Gambit 2.0](#) – Business World

Modi must know that if the gap between promise and delivery is not bridged quickly, his pitch will begin to lose credibility, with costs both at home and abroad, writes Kanwal Sibal. Prime minister Modi's September visit to the US has to be assessed on the basis of the totality of our relationship. We have to build common ground with a country that remains the world's foremost political, economic, technological and military power. The US is our biggest economic and technological partner; we have institutionalised dialogues with it without a parallel with any other country; our people-to-people ties are the deepest compared to any western country; our military ties and strategic convergences are expanding.

We are courting US investments, but US investors are waiting and watching. They are impressed by Modi's ambitions and plans, but want faster implementation of promises, especially on the ease of doing business in India. The US has complaints about our trade, investment and IPR policies, especially in the pharmaceutical sector. From our side, we are concerned about the growing sentiment against outsourcing in the US, restrictions on movement of our professionals, visa issues, the long-pending totalisation agreement and so on.

9. [USFDA bans import from Megafine Pharma's Maharashtra facility](#) – Times of India

The US health regulator has banned imports of human and animal drugs manufactured by Mumbai-based [Megafine Pharma](#) at its Lakhmapur plant in Maharashtra over non-compliance of manufacturing norms.

The import alert by the United States Food and Drug Administration (USFDA) on the drugs made at the facility entails 'detention without physical examination of drugs from firms which have not met drug Good Manufacturing Practices (GMPs)'.