

1. [Indian drug regulator may scrap licence renewal; move may affect quality of medicines](#) – The Economic Times

India's drug regulator proposes to scrap the renewal of licences and approvals for manufacturing and selling drugs and cosmetics in the country as part of efforts to remove hurdles and improve the ease of doing business, moves that some experts said would affect the quality of medicines.

Provisions of the Drugs & Cosmetics Rules of 1945 are being revisited to consider if the validity of licences and approvals can be made perpetual, the Central Drugs Standard Control Organisation (CDSCO) said in a notice dated October 6. It also proposes a similar system for laboratories that test drugs.

2. [NPPA caps prices of 31 essential drugs up to 35%](#) - The Hindu Business Line

The National Pharmaceutical Pricing Authority (NPPA) on Saturday capped the prices of 31 essential medicines, including anti-cancer drugs and antibiotics, bringing down the prices in the range of 1.5 to 35 per cent. The latest notification from the Authority has fixed the prices of eight medicines and revised the ceiling price of 23 more. NPPA, which is also looking at fixing prices of certain essential medical devices in the near future, regularly caps prices of essential medicines listed under the National List of Essential Medicines as per the Drug Price Control Order.

The authority has the right to fix prices of the essential medicines according to a calculation based on a weighted average of the same medicine sold by different companies, with an added margin. For non-essential medicines, it allows companies to hike prices by 10 per cent on the basis of WPI inflation.

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- [Cancer medicines, antibiotics become cheaper as NPPA slashes prices](#) – The Economic Times

3. [Pharma: regulatory logjam continues](#) – Mint

If there was any good news for the pharmaceutical sector in the June quarter, it was that things did not get really bad. The BSE Healthcare Index's returns this fiscal have been below that of the broader market. The problems for pharma firms continue, especially for the large ones. Sales growth in the US is slowing due to pricing pressures, slower pace of launches and unresolved compliance

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8. [Ajanta Pharma's Guwahati facility to be ready by March 2017](#) – Business Standard
9. [Indian pharma to become a \\$55 billion market by 2020: IBEF](#) – Moneycontrol.com
10. [How e-pharmacy can empower consumers](#) – EHealthworld.com
11. [Clinicians needed to be educated to spur biosimilars' access and growth in India: Experts](#) – Pharmabiz.com
12. [Health ministry to make validity of various licences, approvals granted under D&C Rules perpetual](#) – Pharmabiz.com

issues flagged by the US Food and Drug Administration (FDA). The Indian market also saw slower growth partly because of the problems relating to the ban on certain fixed-dose combinations, the inclusion of more drugs in the price control list and cuts in existing drugs under price control due to negative wholesale price inflation (the benchmark used to determine price changes).

4. [A good prescription](#) – **Business Standard**

The government is reportedly working towards a major overhaul of the drug policy to address grievances of both producers as well as investors. The measures, initiated by the NITI Aayog with the backing of the Prime Minister's Office, include reducing the number of drugs under price control and encouraging investments by relaxing licensing conditions. The policy overhaul is also aimed at ensuring that those manufacturing spurious drugs or violating so-called Good Manufacturing Practices (GMP) are brought to book and penalised appropriately

5. [The Indian health challenge : What ails India's workers](#) – **The Financial Express**

A healthy workforce is the backbone of an economy. No wonder Japan has an integrated ministry of health, labour and welfare'. On the other hand, our public health systems continue to focus on maternal and child health, hence we have a ministry of health and family welfare, despite the fact that 39% of deaths happened in the working-age population (15-64 years) compared to 15% among children aged 0-4 years during 2010-15. There should be zero tolerance for child deaths and they should be prioritised from an equity perspective. Nevertheless, health systems should also contribute to economic efficiency, especially in a country like India where public welfare support is limited and the dependent population (0-14 and 65+ years) is dependent on working members of the family. From this perspective, the health and welfare of our country's workforce is critical not only for the health of the economy, but also for a family's welfare and poverty reduction. The ministry of health would contribute better to family welfare if it starts focusing on the health of India's workforce. It should be fully supported by ministries of finance and labour and employment.

6. [Dr Reddy's forays into Colombian market; to sell cancer drugs](#) – **Business Standard**

Dr Reddy's Laboratories today announced its entry into the Colombian market with its portfolio of cancer drugs. "Our company has a track record of staying committed to the markets we serve. We are delighted to make a beginning towards serving the unmet needs of patients in Colombia," Dr Reddy's Laboratories Executive Vice President and Head Branded Markets-Global Generics MV Ramana said in a regulatory filing. The Hyderabad-based firm operates in all major markets including the US, Russia, CIS countries and Europe with a workforce of above 20,000 employees.

7. [Novartis challenges Pfizer with strong breast cancer drug data](#) – **The Hindu Business Line**

An experimental Novartis pill given with an older drug kept advanced breast cancer in check far longer than standard treatment alone, putting it on track to challenge Pfizer's blockbuster Ibrance, data showed on Saturday. Patients taking ribociclib with letrozole were 44 percent less likely to see their disease progress or to die, a keenly awaited clinical trial found. Novartis' ribociclib works in a similar way to Ibrance and is set to be second to market in the category. It is expected to go on sale next year, ahead of Eli Lilly's rival abemaciclib.

8. [Ajanta Pharma's Guwahati facility to be ready by March 2017](#) – **Business Standard**

Drug maker Ajanta Pharma said its new formulations facility at Guwahati will be commercialised before March 2017 and Dahej manufacturing facility, mainly dedicated for developed markets, will be operational in next financial year. "Our new formulations facility being set up at Guwahati with a capex of over Rs 300 crore to cater to India and emerging markets will be commercialised before March 2017, which will enable us to build our strength in manufacturing and get more tax efficient," the Mumbai-based company said in its annual report.

9. [Indian pharma to become a \\$55 billion market by 2020: IBEF – Moneycontrol.com](#)

The Indian pharmaceutical industry is expected to be among the top 3 pharma markets by 2020 on back of incremental growth, says an Indian Brand Equity Foundation (IBEF) report. The industry, currently valued at near USD 26 billion, is expected to reach USD 55 billion in the next four years. From 2005-16, the industry has seen a growth of 17.90 percent CAGR. The market size has expanded to USD 36.7 billion in 2016 from USD 6 billion in 2005. India is the largest provider of generic drugs and has 20 percent global exports in terms of volume. In recent times, the pharmaceutical sector had taken a beating over the stricter regulatory actions from the United States Food & Drug Association (USFDA) and a subdued global economy. Consolidation has set into the sector.

10. [How e-pharmacy can empower consumers – ETHealthworld.com](#)

One of the progressive technology models, which have evolved in the last few years, is tele-medicine that has enabled accessibility to the finest doctors at the tap of a button. Another recent innovation that has positioned itself as an attractive model in the healthcare space is e-pharmacy. However, the question is, if this model is here to stay?

"Today, the health space is completely dominated by multiple intermediaries/ middlemen, many of whom take advantage of the fact that consumers don't have the information at their disposal. Consequently, they are forced to follow blindly. An informed consumer will change the game," says Prashant Tandon, managing director and co-founder of 1mg.com, one of India's leading online pharmacy start-ups.

11. [Clinicians needed to be educated to spur biosimilars' access and growth in India: Experts – Pharmabiz.com](#)

While experts believe that biosimilars can address the unmet healthcare in the Indian pharmaceutical market and prospects are good from an industry perspective, clinicians need to be educated to further the access of biosimilars to the common man. The reason experts further attribute is that Indian market is benefiting from quick product regulatory approvals and the recent revision in guidelines has made it more aligned with global regulations. Biosimilars are copy versions of already approved originator biologics that are marketed after patent expiry for the originator product. As the safety and efficacy of the innovator product is already established, copy versions are allowed to be developed and evaluated using an abbreviated pathway established on biosimilarity principles.

12. [Health ministry to make validity of various licences, approvals granted under D&C Rules perpetual – Pharmabiz.com](#)

In order to further improve the quality of services provided by the drug regulatory authorities in the country, the Union health ministry will soon make the validity of various licences and approvals granted under the D&C Rules perpetual unless otherwise suspended or cancelled by the licensing authority. However, there should be assessment of compliance with the conditions at least once in 10 years. Keeping in view the government of India's policy to bring ease in doing business for making the "Make in India' concept a reality, Central Drugs Standard Control Organisation (CDSCO) is in the process of revisiting several regulatory provisions under the Drugs & Cosmetics Rules (D&C Rules), 1945 to further improve the quality of services provided by the drug regulatory authorities of the states and the Centre.