### Drug pricing- NPPA issue

**Publication:** Daily News & Analysis  
**Edition:** National  
**Date:** July 21, 2014  
**Headline:** NPPA moves to bring cancer drugs under price control regime  

**Synopsis:** The National Pharmaceutical Pricing Authority (NPPA) is moving fast on reducing prices of cancer drugs. It has pulled up six pharma companies, including Ranbaxy, Biocon, Cipla and Pfizer, for not providing pricing data of cancer drugs sold by them. NPPA required the data on cancer drugs, such as Cyclophosphamide 200 mg tablet manufactured by Biochem Pharmaceuticals and Drugs Dropship (under brands Cyclozan and Endoxan, respectively), Cyclosporine 10mg capsules made by Biocon, Ranbaxy and Cipla, Mercaptopurine 100mg/ml injection manufactured by Cipla and on Pfizer’s folinic acid 3mg/ml injection (sold as Refolinon injection), to fix the ceiling prices on them under the National List of Essential Medicines (NELM-2011), as per the Drug Pricing Control Order (DPCO) 2013.

**Publication:** The Financial Chronicle (Invest)  
**Edition:** National  
**Date:** July 21, 2014  
**Headline:** Price caps will hurt  

**Synopsis:** The Union budget left the pharma industry slightly disappointed as no specific measures were taken for drug manufacturers. What further upset them the other week was the price cap on products from two of its most important segments. While the impact may not be as worrying for Indian companies as for MNCs, similar moves by the government in the future would surely have a ripple affect. The national pharma pricing authority’s price control covers 108 formulations, half of which belong to cardiovascular diseases and diabetes – the two fastest-growing chronic segments for the industry. “The government may fix ceiling prices on any drug either in public interest or under extraordinary circumstances. This has, however, increased the possibility of such price cuts in future and additional drugs being brought under the purview of price controls,” Crisil said in its note.

**Publication:** The Economic Times  
**Edition:** Online  
**Date:** July 20, 2014  
**Headline:** Price cut: Drug makers' profitability may come under pressure  

**Synopsis:** With the Drug Price Control Order (DPCO) coverage extending to almost 40 per cent of the industry, the profitability in the domestic business of pharma companies is likely to come under pressure, rating agency ICRA said here. Last week, the National Pharmaceutical Pricing Authority (NPPA) announced that it plans to bring an additional 50 drugs belonging to the cardiovascular and anti-diabetic segment under price control. This is in addition to the 348 drugs that were brought under price control following the implementation of the new DPCO in July 2013.

**Similar report in-**

The Financial Chronicle- Drug makers' profitability may come under pressure (link unavailable, scan attached)
**Telangana: Essential drug prices to reduce**

**Synopsis:** The National Pharmaceutical Pricing Authority is thinking of bringing highly used medicines and vaccines for viral infections, asthma, tuberculosis, malaria and a small section of cancer drugs, under the essential prices list. Eight therapeutic categories where incidence of disease is high and medicines are used widely are being scrutinised by the government. A senior official of the drug control authority in Telangana explained, “The consumption of these medicines is high in the market. They can be categorised as fast-moving medicines. For that reason a cap of 25 per cent is being considered on the average price which will help the customers get the medicines at cheaper rates.”

**Publication:** The New Indian Express
**Edition:** Online
**Date:** July 21, 2014
**Headline:** End Disparity in Drug Prices to Aid Patients

**Synopsis:** The National Pharmaceutical Pricing Authority’s decision to cap the ceiling prices of 108 anti-diabetes and cardiovascular formulations has upset the drug industry, which is up in arms against the order. When the industry argues these medicines don’t come within the purview of either Schedule-I drugs or essential drugs, it only betrays its ignorance of the Drug Prices Control Order, 2013, that empowers the NPPA to fix the price of any drug “in public interest”. The authority cannot, hence, be faulted for its decision. Diabetes and cardiovascular diseases are, by and large, lifestyle-induced. Consequently, the number of people suffering from these diseases has been rising.

**Publication:** Business Standard
**Edition:** National
**Date:** July 20, 2014
**Interview:** Edgard A Olaizola, India Managing Director, Eli Lilly and Company
**Headline:** A clear policy framework must: Edgard A Olaizola

**Synopsis:** Eli Lilly and Company, in the insulin segment, says there is a need for clarity in the policy framework as the pharmaceutical business is risky and requires huge investments. This comes against the backdrop of new price caps imposed on several diabetes and cardiovascular medicines. While the company is planning to launch more anti-cancer drugs in India, its investments in the country would depend on the government’s "dialogue and intention to work in partnership," says India Managing Director Edgard A Olaizola.

**Similar report in-**
The Economic Times- Eli Lilly unhappy with National Pharmaceutical Pricing Authority, calls for consultative approach

**Publication:** The Hindu Business Line
**Edition:** Chennai
**Date:** July 19, 2014
**Headline:** Free market? Not for drugs (Editorial)

**Synopsis:** The National Pharmaceutical Pricing Authority’s decision to cap the price of 108 anti-diabetes and cardiovascular formulations has the drug industry up in arms. The principal reason is that these formulations do not fall under Schedule-I or the National List of Essential Medicines (NLEM), making it the first time that the drug price regulator has imposed pricing restrictions on so-called non-scheduled formulations. For the 108 formulations, drug-makers will not be permitted to fix maximum retail prices that exceed 125 per cent of the simple average price of various brands in a similar category. The industry has reacted by saying that the NPPA’s action can potentially bring every drug under price control, thereby making the NLEM redundant. But the Centre has a legal handle to effect this order — Para 19 of the Drug Prices Control Order 2013 empowers it to fix the ceiling price of any drug “in (the) public interest”.
Prices of 440 essential medicines have been reduced substantially as on 30 June this year by bringing them under the National List of Essential Medicines (NLEM), Parliament was informed on Friday. There are 680 formulations under the NLEM. Of these, the National Pharmaceutical Pricing Authority (NPPA) has fixed ceiling prices in respect of 440 medicines as on 30 June, minister of state for chemicals & fertilisers Nihal Chand said in a written reply in the Rajya Sabha. “Significant reduction in prices have been effected on the medicines notified under Drug Price Control Order (DPCO),2013,” he added.

Significant reduction in prices have been effected on the medicines notified under Drug Price Control Order (DPCO),2013,” he added.

Drug-makers in the country may incur a Rs 600-crore revenue loss in the current fiscal due to the recent price cut announced by the National Pharmaceutical Pricing Authority, according to SV Veeramani, President, Indian Drug Manufacturers Association (IDMA). The regulator has cut prices of 108 formulations used for cardiovascular and diabetic treatment by 10-12 per cent, widening price regulation in the Rs 75,922-crore domestic pharmaceuticals market. Key among the price-cuts is regulation of cholesterol-controlling Atorvastatin tablets.

Drug-makers in the country may incur a Rs 600-crore revenue loss in the current fiscal due to the recent price cut announced by the National Pharmaceutical Pricing Authority, according to SV Veeramani, President, Indian Drug Manufacturers Association (IDMA). The regulator has cut prices of 108 formulations used for cardiovascular and diabetic treatment by 10-12 per cent, widening price regulation in the Rs 75,922-crore domestic pharmaceuticals market. Key among the price-cuts is regulation of cholesterol-controlling Atorvastatin tablets.

On the face of it, the national pharmaceutical pricing authority’s (NPPAs) decision to bring over 108 formulations under price caps or controls may seem retrograde, pitched against basic tenets of free market economy. At a time when a ‘business friendly’ Narendra Modi government is in power, the latest order to curb prices of cardiovascular and diabetic drugs has attracted brickbats from both domestic and multinational drug makers. Yet, it is pertinent to ask if drug makers are justified in their criticism of the regulator, which has taken upon itself to clean up the pharmaceuticals industry’s Augean Stables, a market riddled with irregularities? From over-charging, sale of spurious drugs, mis-selling drugs, in addition to peddling untested drugs, all of it has turned it into a big challenge for policymakers. Without exception, both domestic and global drug makers are caught up in this game of unethical practices; this at a time when India aspires to be world’s largest pharmaceutical production hub.
Bombay HC Upholds Natco's Compulsory License

Synopsis: Last week the Bombay High Court upheld the compulsory license granted to Indian pharma company Natco for the sale of a generic version of Bayer’s anti-cancer drug Nexavar. Here’s a look back at the first legal challenge against a compulsory license in India. In March 2012 the Indian patent office granted Natco a compulsory license for the generic version of Bayer’s anti-cancer drug Nexavar. The compulsory license allowed Natco pharma to sell a generic version of Bayer’s Nexavar at Rs 8,800 per month as against Bayer’s price of Rs 2,80,000 per month. The US based pharma giant Bayer challenged this compulsory license at the Intellectual Property Appellate Board. In March last year, the IPAB rejected Bayer’s plea on 3 grounds.

Biotech cos, herbal majors object to levy of 12.3% service tax on clinical trials in Union budget

Synopsis: Bio-pharma companies, herbal drug majors and the Indian Society for Clinical Research (ISCR) have taken objection to the proposal to levy a service tax of 12.3 per cent as it can seriously hit the revenue generation and mar growth of the clinical trial industry. But the Clinical Trials Expert Committee chief Prof. Ranjit Roy Choudhury says that companies are more concerned about the slow pace of approvals for human studies than the service tax imposed. For the last 18 months, clinical trial industry in the country is forced to survive in a volatile regulatory environment which has led to a drastic decline in the number of human studies conducted.

New health policy soon: Vardhan

Synopsis: Announcing the Centre’s plan to unveil a new health policy soon, Union Health Minister Harsh Vardhan today said National Health Mission (NHM) would be reviewed and made more inclusive to make "health for all" a social movement. "The government wants to formulate a comprehensive new health policy for which efforts have already begun. The country needs a comprehensive policy to address the complex healthcare challenges," he told reporters here before winding up his two-day visit to Odisha.

Spin doctors (Editorial)

Synopsis: Since assuming charge almost two months ago, Union Health Minister Harsh Vardhan has twice lambasted the Medical Council of India (MCI). In June, he referred to it as a “big source of corruption” in the medical industry, and last week he accused it of weakening “the very edifice of medical education”. Aware that he has “inherited a poisoned chalice”, he promised that a “revolution” is in the offing. But as previous attempts to take on this medical-industrial complex have revealed, identifying the dysfunction is far easier than dismantling it. The MCI, the regulator that oversees medical education and practice, has long been responsible for creating an artificial scarcity of doctors and other healthcare practitioners by preventing new medical institutions from being set up. It has subverted attempts to create alternative courses to plug the urgent demand for medical professionals in villages and small towns. As recently as last month, Harsh Vardhan clashed with it over its decision to scrap over 6,000 existing MBBS seats while denying permission to set up 50 new medical colleges.
<table>
<thead>
<tr>
<th>Website: The Wall Street Journal</th>
<th>Edition: Online</th>
<th>Date: July 18, 2014</th>
<th>Editorial: Geeta Anand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headline:</strong> Indian Minister Says Health Industry ‘Corrupt’</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Synopsis:</strong> India’s new health minister is wading into a heated debate over alleged corruption in the country’s healthcare industry, sparking hope of a cleanup. Harsh Vardhan—who took over the health portfolio in Prime Minister Narendra Modi’s new cabinet less than two months ago—was quoted in the Indian Express newspaper Friday declaring that the industry he now oversees is corrupt.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similar report in-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reuters- Harsh Vardhan backs calls to end health sector corruption</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Website: Niti Central</th>
<th>Edition: Online</th>
<th>Date: July 21, 2014</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headline:</strong> Healthcare sector needs urgent ‘Modi’-fication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Synopsis:</strong> India’s 70 per cent population lives in villages but only 33 per cent Government appointed doctors are working there. Hospitals in rural India are poorly equipped and people’s medical needs have been somewhat left to their destiny. UPA’s NRHM launched in 2005 was marred by corruption and bad implementation. With new Government at the Centre, it is hoped the situation will improve. This startling revelation was made by the Central Bureau of Health Intelligence (CBHI)’s National Health Profile (NHP), 2013. The findings further states that only 29,562 of India’s 1,06,613 Government doctors work in villages. Only 5,805 specialists work in rural areas, the report further states suggesting an alarming ratio of doctors and patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Publication: The Hindu Business Line</th>
<th>Edition: National</th>
<th>Date: July 19, 2014</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headline:</strong> Govt to change procurement method for vital drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Synopsis:</strong> The Government is set to revamp the method of procuring vital drugs. It proposes to source drugs through Central Medical Stores adopting an IT-based system, a senior official in the Ministry of Health and Family Welfare told Business Line. The new system will be in place by 2015-16. The Ministry had faced criticism after it failed to procure sufficient drugs to treat tuberculosis (TB) in 2012, since tendering for procurement had been done late.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Publication: The Times of India</th>
<th>Edition: National</th>
<th>Date: July 21, 2014</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headline:</strong> Number of women affected by diabetes on the rise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Synopsis:</strong> There are more than 2.5 lakh women in Tamil Nadu who were found to be affected by diabetes in 2013-14, according to state health minister Dr C Vijaya Basker. The minister revealed this statistics while speaking at the fourth annual conference of the Diabetes Club of Trichirapalli (DCT) here on Sunday. Even though the numbers of diabetes patients are on the rise, people are still unaware of the preventive measures that can be taken to save them from the killer disease. However, doctors say that mortality and amputation rates have come down drastically in the district due to awareness about the latest technological advancements. Meanwhile, there is a growing concern among the doctors for not having a diabetic registry in the state.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Publication: Daily News & Analysis
Edition: National
Date: July 21, 2014
Headline: 'Odisha's infant mortality rate higher than national average'

Synopsis: Voicing concern over Odisha's health services, Union Health Minister Harsh Vardhan today promised adequate Central funds to make it a "model state" in terms of medical infrastructure. "Odisha's infant and maternal mortality rates are higher than the national average. The number of primary health centres is still below target," Vardhan said at a press meet at the end of his two-day visit to the state. Most stark is the shortfall of doctors and key specialists like gynaecologists and paediatricians, nurses, health workers, technicians and other vital human resource, the Union Minister noted. Affirming the Central government's commitment in making Odisha a model state in terms of health infrastructure, he said the Centre expects the state's competent medical professionals to hold up an example for the rest of India. AIIMS-Bhubaneswar and its upcoming satellite campus in Balasore with all their state-of-the-art equipment and specialised departments, would entail an eventual investment of about Rs 1,500 to Rs 2,000 crore, the Union minister said.

Publication: The Times of India
Edition: Online
Date: July 20, 2014
Headline: Healthcare pie: Rs 5,000 for a bureaucrat or politician; Rs 180 for villager

Synopsis: When it comes to healthcare, some are more equal than others for the government. Under the Central Government Health Scheme (CGHS) which covers central government employees, including serving and retired babus, current and ex-members of Parliament and the judiciary, the annual per capita expenditure is more than Rs 5,000. In contrast, the National Rural Health Mission (NRHM), which caters to the rural masses, spends just Rs 180 per head. The CGHS is financed mainly through the Centre's tax revenues. Though beneficiaries do contribute a share of their wages towards premium, ranging from Rs 600 to Rs 6,000 a year depending on their pay scale, this accounts for just about 5 per cent of the total expenditure. The government shells out the remaining 95 per cent.

Publication: The Times of India
Edition: National
Date: July 21, 2014
Headline: Dr Harsh Vardhan calls for euthanasia debate

Synopsis: Union health minister Harsh Vardhan here on Sunday said there should not be any rush to decide on euthanasia and efforts should be made for a national consensus on it. "A consensus should be developed on whether to allow killing of terminally-ill people with no chances of revival. It is a complex issue. There should not be any hurry to decide on this highly emotive subject," the minister said, responding to a query on the July 16 Supreme Court decision to adjudicate legality of euthanasia.

Publication: The Hindu Business Line
Edition: Online
Date: July 19, 2014
Headline: Crackdown on illegal sale of prescription drugs

Synopsis: The State Drug Control Department is undertaking a drive against the illegal sale of prescription drugs by pharmacies. Drug control officers conducted inspections in pharmacies across the Coimbatore Zone, which covered Coimbatore, Erode and Tirupur districts. The Narcotic Drugs and Psychotropic Substances (NDPS) Act and the Indian Drugs and Cosmetics Act, 1940, mandated the pharmacies to obtain a photocopy of prescription for certain drugs that have been identified as ‘habit-forming drugs’ in the form of cough syrups or painkillers.
Pharma exports to US to be high this year

Pharmaceutical exports, which has seen a drop on a series of actions by the USFDA in the last fiscal, is expected to recover this year. Exports to the US, last year, saw a drop due to a series of actions against the Indian drug manufacturers, including Ranbaxy. While the export of Indian medicines last year to the US constituted around 26 per cent of the total exports, this is expected to touch 35 per cent this year, said PV Appaji, director general of Pharmaceutical Exports Promotion Council of India (Pharmexcil).

US FDA India head quits; regulator goes for rejig

Altaf Ahmed Lal, country head of the US Food and Drug Administration (US FDA) here, has quit and so have a few other key officials at the American drug regulator's India office. These exits come less than six months of the US FDA Commissioner Margaret Hamburg's India visit, during which she had promised to expand operations here. Confirming Lal's departure, US FDA said he returned to America in May. "Lal has since left FDA. We have nothing further to share," Christopher Kelly, a spokesperson for the regulator, said in response to a Business Standard query.

Diplomatic Enclave: Mending fences

The process of resetting Indo-US relations requires measured steps to wash away the strains of the past. The refusal of a US visa to Narendra Modi in 2005 has been put aside with US president Barack Obama’s invitation for a bilateral summit in Washington this September about the time when the Indian prime minister goes to New York to address the United Nations general assembly. US deputy secretary of state, William Burns, delivered an invitation from president Obama, which was promptly accepted by prime minister Narendra Modi. The two governments would want to set their ties on an even path and the Americans have proposed that the next round of the Indo-US strategic dialogue be held in New Delhi later this month instead of Washington. The last meeting of the strategic dialogue had been held here and it would have been Washington’s turn to host the meet. But secretary Kerry’s tour to Delhi would provide him the opportunity to meet other leaders in the new government. And more importantly, it will provide him the opportunity to meet Modi before he goes to the US in September for the summit meeting.

Raising FDI cap in insurance will spur growth: Irda

Raising FDI cap in the insurance sector will spur growth in this industry, ensuring entry of more players, Insurance Regulatory and Development Authority said today. Hailing the Centre's Budget 2014-15 announcement to raise the FDI cap in insurance to 49%, Irda Member (Finance and Investment) Radhakrishnan Nair told reporters that "more players will come and existing players will be strengthened". Large scale capital coming in the sector will create more jobs, he said on the sidelines of an Insurance Conclave organised by the CII here.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synopsis:</strong> Seeing the impact that hackathons are having on the technology sector, healthcare providers are jumping on to the bandwagon with medical hackathons. The aim is to provide affordable and innovative healthcare solutions. GE and Glocal Healthcare have partnered with Consortium for Affordable Medical Technologies (CAMTech) India, which is supported by USAID, Omidyar Network and BACCA Foundation, to conduct a hackathon called ‘Jugaad-a-thon’. Jugaad-a-thon, billed as a first-of-its-kind project, was an attempt to bring clinicians, hospitals and technologists under one roof.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Publication: Deccan Herald</th>
<th>Edition: Delhi</th>
<th>Date: July 21, 2014</th>
<th>Headline: <strong>Long queues welcome patients at AIIMS OPDs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synopsis:</strong> A hospital staff said the total number of junior or senior resident doctors is still inadequate to deal with the rush. “The ratio of doctors to patients is disproportionate. There are almost double the number of patients for each doctor, which makes the queues longer and let patients wait,” said a hospital staff, requesting anonymity. The situation, however, has been the same for a long time now. “Patients complain, but nothing is being done to ease the rush. Some system has to be in place to provide relief to these patients,” said the staff.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Publication: Business Standard</th>
<th>Edition: Online</th>
<th>Date: July 19, 2014</th>
<th>Headline: <strong>Centre plans Special 301-type export report</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synopsis:</strong> The government is planning to bring out an annual export report, enumerating the non-tariff barriers faced by Indian firms and exporters abroad. This will be similar to the US's Special 301 Report, which identifies trade barriers to US companies in other countries, as well as the means to resolve those. These reports, to be brought out along with the foreign trade policy, would primarily focus on regions such as the US, Europe, Japan and China, where Indian companies, especially exporters, faced various challenges such as unfair competition, price negotiation and technical barriers, a senior commerce department official told Business Standard, on the condition of anonymity.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Publication: The Times of India</th>
<th>Edition: Online</th>
<th>Date: July 19, 2014</th>
<th>Headline: <strong>Study finds doctors also adding to burden of drug-resistant TB cases</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synopsis:</strong> It is not just the patients who default on treatment, but also private doctors who are to blame for the rise in drug-resistant cases of tuberculosis. A cross-sectional survey of private practitioners in Pune city has revealed that 38% of the surveyed doctors reported use of one or more second-line anti-TB drugs in newly diagnosed patients when they should only be treated with first-line drugs. Inappropriate use of second-line, anti-TB drugs for treatment of drug-sensitive TB may lead to more complicated forms of drug-resistant TB.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Publication: The Hindu Business Line</th>
<th>Edition: Online</th>
<th>Date: July 20, 2014</th>
<th>Headline: <strong>India slips 10 places in innovation rankings; worst among BRICS nations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synopsis:</strong> India has been the worst performer among BRICS nations in an annual index which measures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
innovation in various countries. While the other members of the grouping of large emerging economies all improved their rankings in the 2014 Global Innovation Index (GII) — Russia by as many as 13 positions to reach 49th — India slipped 10 places compared to last year, placing 76th. The GII surveys 143 economies around the world, using 81 indicators, to gauge both their innovation capabilities and measurable results. Released annually since 2007, the GII is published by Cornell University, INSEAD and the World Intellectual Property Organisation (WIPO).

Publication: The Asian Age
Edition: National
Date: July 20, 2014
Headline: FedEx charged for shipping illegal drugs

Synopsis: FedEx Corp was indicted on Thursday for shipping packages from illegal online pharmacies despite repeated warnings from US drug enforcement officials, according to a court filing. The 15-count indictment, handed down by a federal grand jury in San Francisco, includes charges for conspiracy to distribute controlled substances. FedEx allegedly gained at least $820 million from the conspiracy, the filing said, and could be fined up to twice that amount.