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## INDIAN PHARMA - GLOBAL HEALTH CARE

INDIAN DRUG MANUFACTURERS' ASSOCIATION

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# IDMA BULLETIN

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# Inertia to Adopt Digital Technologies in Pharma.

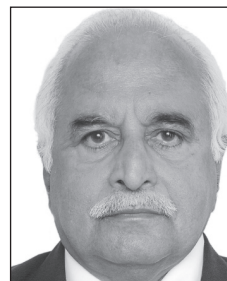
**Dr. Gopakumar G. Nair**, Editor, Indian Drugs

Dear Reader,

During the turn of the century and early millennium, when the potential for online pharmacies was predicted, there was widespread hue and cry including from the regulators. The regulatory agencies had cautioned against any proposal for online selling of medicines and had declared such actions, illegal and not compliant to the provisions of the Drugs and Cosmetics Act. AIOCD and other associations of wholesale and retail chemists had vehemently opposed the proposals. Over the years, online Pharmacies have not only come to stay but have flourished.

The dawn of the Digital era is very much here. The Indian Pharmaceutical Industry is globally well-known for its generic pharma leadership. The branded generics in India is largely promoted through a large network of "medical representatives" as they are traditionally called, though the nomenclature has taken different tones and notes, lately. The Indian Pharma Industry has been having tumultuous relations with their sales promotion employees. When the pharmaceutical manufacturers introduce new drugs with the current trend of digitalisation in progress in all fields of life and professional activities, a day is not too far when the pharma industry may fall back on digitally briefing the medical profession. The Medical profession associated with large hospitals and well-established specialists-consultants are web-savvy and can easily adopt and adapt themselves (many are already on board) to the digital marketing programs. However, the largest number of doctors are in rural areas and smaller towns without access to uninterrupted internet and also not trained and not equipped to use laptops or even smartphones to get briefing material on newer medicines or latest brands. As such, the dependence of the pharma industry on the sales promotion employee network will continue until digital media dependence becomes all-rewarding and over-ridingly popular or the love-hate relation between pharma industry and the field force reaches its nadir and breaking point.

**Dr. Gopakumar G. Nair** is a Ph.D in Organic Chemistry (1966) from National Chemical Laboratory, Pune (Pune University). He was a Post-Doctoral fellow at IIT Bombay, Powai (1967) before joining the Pharma Industry. He was Director of Bombay Drug House P. Ltd., later Chairman of BDH Industries Ltd. as well as CMD of Bombay Drugs & Pharma Ltd., which was merged with Strides Arcolab Ltd. in 2001. Dr. Nair served IDMA as office bearer for many years from 1972 onwards and was Chairman of various Committees for nearly 4 decades. He was the President of IDMA in 1999/2000. Currently, Dr. Nair is the Chairman of the IPR Committee in IDMA.



Having moved into the Intellectual Property field, he was the Dean of IIPS (Institute of Intellectual Property Studies) at Hyderabad in 2001/2002. Later, he set up his own boutique IP firm, Gopakumar Nair Associates, as well as Gnanlex Hermeneutics Pvt. Ltd., having done his L. L. B. from Mumbai University. He is also CEO of Patent Gurukul and President of Bharat Education Society, Kurla, Mumbai, managing many educational institutions in and around Mumbai.

Digitalization of the various functions of a pharmaceutical R&D is also being carried out with the development of Artificial Intelligence and various software. For decades, computational chemistry has been used for In-silico drug discovery and for computational simulation for formulation design in preformulation studies, excipient selection, solubilization and permeation enhancement studies. However, the use of such software is limited in India to the laboratories that can afford the high costs associated with procuring such software. It is time we shed our inertia and inhibitions and adopt new technologies that will help hasten all processes involved in drug discovery, development, manufacture and last mile delivery to the patient.

Courtesy: Indian Drugs, Editorial, 59 (07), July 2022





## INDIAN DRUG MANUFACTURERS' ASSOCIATION (IDMA)

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## INDIAN DRUG MANUFACTURERS' ASSOCIATION (IDMA)



*Organizes*

# Symposium on Nasal and Pulmonary Drug Delivery

**Hotel Sofitel, BKC, Mumbai,  
November 10 & 11, 2022**



Indian Drug Manufacturers' Association (IDMA) is proud to present the Two-Day "**Symposium on Nasal and Pulmonary Drug Delivery**" on Thursday, 10<sup>th</sup> & Friday, 11<sup>th</sup> November 2022 at Hotel Sofitel, BKC, Mumbai.

The Indian Pharmaceutical Industry is showing increasing interest in developing **orally inhaled and nasal products (OINDP)** compared to conventional dosage forms as they provide significant benefits to patients, including minimal systemic exposure, faster onset of action, and broader options for disease management. New therapeutic agents such as proteins, peptides and nucleic acid based agents are being developed every year, making it vital to find a non-invasive route such as nasal or pulmonary for their administration.

**These developments represent significant opportunities for pharmaceutical companies, provided they choose delivery systems that adequately "partner" each drug during its development.**

Nasal and pulmonary delivery are non-invasive routes of administration that target the delivered dose directly to the site of drug action. Drug delivery to the respiratory area can also be used for systemic delivery of peptides and proteins due to the large surface area for drug absorption.

Nasal and pulmonary drug delivery systems are used for local and systemic treatment of diseases such as asthma, chronic obstructive pulmonary disease (COPD), rhinitis, migraine and many more. New inhalation products are being developed for non-respiratory disease indications, e.g. diabetes, which would allow patients to avoid more intrusive medical treatments. Drug delivery device used in these products is far more than an instrument for the administration of the formulation.

The device is part of the primary packaging, is part of the container closure, and is the vehicle to transport successfully the active medicine to the target. During the dispensing act the responsibility of the effect of the therapy switches to the device. Delivery devices for nasal and pulmonary applications require additional particular attention during development and production as their performance characteristic and reliability has a crucial impact on the efficiency of the nasal or pulmonary delivery to the target site.

**Request members to kindly block their calendar and plan to attend this Symposium with their concerned personnel.**

**For any further clarifications / assistance, please feel free to call :**

Ms. Sapna Patil - (9619802299 / [admin@idmaindia.com](mailto:admin@idmaindia.com)) &  
Mr. Melvin Rodrigues (9821868758 / [actadm@idmaindia.com](mailto:actadm@idmaindia.com))

We would be forwarding more information on this symposium at the earliest.

Thanks & regards,

**Daara B Patel**  
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## Felicitation of Dr Viranchi Shah, National President, IDMA



*IDMA National President, Dr Viranchi Shah was recently felicitated by Dr Ramkishan, DDC, CDSCO, Hyderabad. Also seen in the photograph are Dr Shrenik Shah, Chairman, IDMA-GSB and Mr Bharat Desai, Vice Chairman, MSME Committee*



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# IDMA representation to Department of Revenue, Ministry of Finance on Prohibition of Codeine-based Cough Syrup (CBCS) for Distribution & Sale – reg.

**IDMA have submitted the following representation on 17<sup>th</sup> August 2022 to Shri Vivek Aggarwal, Additional Secretary, Department of Revenue, Ministry of Finance with the copy to Shri Anil Ramteke, IRS, Chief Controller of Factories, Government Opium & Alkaloid Factories on the above subject:**

We understand from the recently released various media articles that Ministry of Health & Family Welfare (MoHFW) is considering banning the distribution & sale of all Codeine-based Cough Syrup (CBCS) in the domestic pharmaceutical market. These media articles highlight that this plan for ban is due to the concerns raised on the alleged misuse of these formulations as narcotics and intoxicants.

Please find below our submission in this regard:

## Medical Benefits of using Codeine/CBCS

- Our member companies are manufacturing/marketing the combinations of CBCS for several decades.
- These formulations are popular among medical professionals in managing post-operative cough, persistent dry cough in tuberculosis patients, and for managing cough in COVID-19 patients[1].
- Codeine is also a suggested drug in Adverse Drug Reaction (ADR) management to improve treatment compliance of Drug Resistant Tuberculosis (MoHFW Guidelines for Programmatic Management of Drug Resistant Tuberculosis in India, 2021, Page No. 98 & 99).[2]
- Codeine was categorized as an “Essential Narcotic Drug” in May, 2015 under the NDPS Rules.

## Abuse Issue

We wish to draw your attention to the seizure data released by Narcotics Control Bureau (NCB) from 2019 – 2021 for CBCS viz-a-viz consumption of Codeine Phosphate in India:

Year	No. of Bottles Seized of CBCS	Approx. Qty. of Codeine Phosphate Seized in CBCS (Kgs)[3]	Total Consumption of Codeine Phosphate in India (Kgs)[4]	% of Seizure Vs. Consumption
2019	4,65,000	4.65	46,054	0.010%
2020	7,35,000	7.35	49,061	0.015%
2021	9,50,000	9.50	55,620	0.017%
<b>Total</b>	<b>21,50,000</b>	<b>21.50</b>	<b>1,50,735</b>	<b>0.014%</b>

- 1 <https://www.nice.org.uk/guidance/ng191/resources/fully-accessible-version-of-the-guideline-pdf-pdf-51035553326>
- 2 <https://tbcindia.gov.in/showfile.php?lid=3590>
- 3 10 mg Codeine Phosphate per 100 ml Bottle of CBCS
- 4 [https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2021/Narcotic\\_Drugs\\_Technical\\_Publication\\_2021.pdf](https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2021/Narcotic_Drugs_Technical_Publication_2021.pdf)  
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  - The above data shows that there is only **0.014%** of seizure of codeine in CBCS Vs. codeine consumed in India in last 3 years, indicating relatively marginal nature of the abuse problem.
  - We also wish to point out that the data from a study conducted at National Institute of Mental Health & Neurosciences (NIMHANS), Bengaluru showed that codeine is abused by 0.7% of the study samples compared to 21% related to alcohol.

It is our humble submission that abuse should not be made a criterion for banning medically effective and clinically safe codeine-based cough formulations. The abuse angle needs to be effectively dealt with through appropriate regulations as per the NDPS Act, 1985 and by the enforcement agencies. We also wish to draw your attention that the UN Conventions of 1961, 1971 and 1988 and the object of the NDPS Act, as stated in Section 4 mandates to prevent and combat the abuse of narcotic



and psychotropic substances and the illicit traffic therein and at the same time, ensure their availability of medical and scientific use. The industry is committed to work with the authorities to support the Govt. of India initiatives to curb the misuse.

### Loss to Exchequer

- We understand from the media reports that Ministry of Finance, Govt. of India has for the first time opened the highly regulated opium processing sector to a private entity for the next 5 years. This is in line with the Ministry of Finance vision to make India an export hub for alkaloid products.
- The Pharmaceutical Industry welcomes this decision as India is dependent on expensive and irregular imports of these opium based Active Pharmaceutical Ingredients (APIs) especially Codeine leading to outflow of foreign exchange.
- With the proposed decision of prohibition of CBCS for distribution/sales in India; there will be loss to the exchequer for approx. Rs. 300 Crs. (sales value of Codeine Phosphate API sold by GOAF, including GST).

### Impact on Poppy Growing Farmers Community

- An irrational decision to completely prohibit CBCS will jeopardize the livelihood of an estimated

100,000 farmers in Madhya Pradesh, Uttar Pradesh & Rajasthan who are dependent on poppy cultivation.

- These farmers are already distressed for last two years due to CoVID-19 and the ban on CBCS will further kill their livelihood.

We request for your urgent intervention to ensure that no action is taken by MoHFW to completely prohibit the sale of CBCS, based on an alleged abuse angle, thus jeopardizing the interest of patients at large and instead a mechanism should be created for proper enforcement of the Drugs & Cosmetics and NDPS.

It is also contrary to the Ministry of Finance's efforts to privatize opium processing to fulfil domestic pharmaceutical industry's demand for Codeine.

We will be happy to discuss the issue with you and provide further inputs as necessary.

Thanking you.

Yours sincerely,

For Indian Drug Manufacturers' Association,

**Dr Viranchi Shah**  
National President

**Devesh Malladi**  
Chairman, NDPS Committee,  
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## In Rajya Sabha & In Lok Sabha

### In Rajya Sabha

#### Amendments to Environment (Protection) Act, 1986

#### Rajya Sabha Unstarred Question No: 1305

**Shri Kanakamedala Ravindra Kumar:**

**Q.** Will the Minister of **ENVIRONMENT, FOREST AND CLIMATE CHANGE** be pleased to state:

- whether Government has proposed to decriminalize the existing provisions of the Environment Act, 1986;
- if so, the details thereof;
- whether Government is of the view that the existing provisions of the Act failed to preserve and protect both the environment as well as forest; and
- if so, the details thereof, and if not, the reasons therefor?

#### Answered on 28<sup>th</sup> July, 2022

**A.** (a) & (b): Yes Sir. The Central Government has proposed to decriminalize the existing provisions of the Environment Protection Act, 1986 (EPA,1986) by introducing provisions for imposing heavier penalties and additional penalties, before the criminal provisions of the Act are invoked. In the event of serious violation of the EPA,1986 which may result in grave injury or loss of life, the provisions of Indian Penal Code, 1860 shall be applicable, in addition to penalties which may be imposed.

(c) & (d) The provisions are proposed to be decriminalized with heavier penalties in order to encourage self-regulation in law abiding citizens and entrepreneurs on the one hand and imposition of heavier penalties coupled with provisions of IPC, 1860 to act as deterrent for violators on the other hand. The proposed amendment is also intended to save law abiding citizens/ entrepreneurs from undue harassment in case of minor non-compliances which would have otherwise resulted in filing of court cases and increasing the burden on the judicial system.

**Minister of State in the Ministry of Environment,  
Forest And Climate Change  
(Shri Ashwini Kumar Choubey)**

### Ban on single use plastics

#### Rajya Sabha Unstarred Question No. 1306

**Shri Neeraj Shekhar:**

**Q.** Will the Minister of **ENVIRONMENT, FOREST AND CLIMATE CHANGE** be pleased to state:

- whether Government has banned the use of 19 single use products in the country w.e.f 1<sup>st</sup> July, 2022;
- if so, the details thereof; and
- the details of single use plastic products which are still allowed in the country?

#### Answered on 28<sup>th</sup> July, 2022

**A.** (a) to (c): The Ministry has notified the Plastic Waste Management Amendment Rules, 2021, vide GSR NO. 571 (E) on 12th August 2021, in the Gazette of India, prohibiting manufacture, import, stocking, distribution, sale and use of following identified single-use plastic, which have low utility and high littering potential, including polystyrene and expanded polystyrene, commodities with effect from the 1st July, 2022:-

- ear buds with plastic sticks, plastic sticks for balloons, plastic flags, candy sticks, ice-cream sticks, polystyrene [Thermocol] for decoration;
- plates, cups, glasses, cutlery such as forks, spoons, knives, straw, trays, wrapping or packing films around sweet boxes, invitation cards, and cigarette packets, plastic or PVC banners less than 100 micron, stirrers.

The notification also prohibits manufacture, import, stocking, distribution, sale and use of plastic carry bags having thickness less than seventy five microns with effect from 30th September, 2021, and having thickness less than thickness of one hundred and twenty microns with effect from the 31st December, 2022. Non-woven plastic carry bags of less than 60 gram per sqm (GSM) is also prohibited from 30th September 2021. Further, thirty four states/ UTs have also separately issued notifications/

orders for ban on plastic carry bags and/or identified single-use plastic items.

**Minister of State in the Ministry of Environment,  
Forest And Climate Change  
(Shri Ashwini Kumar Choubey)**

## Share of Exports in Annual GDP

**Shri Deepender Singh Hooda:**

### Rajya Sabha Unstarred Question No. 1487

**Q.** Will the Minister of **COMMERCE & INDUSTRY** be pleased to state:

- the trend in the share of exports in Gross Domestic Product (GDP) for the last five Financial Years including the current Financial Year 2022-23;
- the details of sector-wise share of exports in the annual GDP for the last five Financial Years including the current Financial Year 2022-23; and
- the annual rate of growth of exports and the corresponding annual rate of growth of GDP for the last three Financial Years, the details thereof?

**Answered on 29<sup>th</sup> July, 2022**

**A.** (a): The details of exports of goods and services and Gross Domestic Product (GDP) at current prices, and percentage share of India's exports in GDP for the last five financial years (latest available data) are as follows:

S. No.	Year	India's export of goods and services (in Rs. Crore)	GDP (in Rs. Crore)	% Share of exports of goods and services in GDP
1	2017-18	32,11,521	1,70,90,042	18.8
2	2018-19 (3 <sup>rd</sup> RE)	37,66,294	1,88,99,668	19.9

3	2019-20 (2nd RE)	37,52,188	2,00,74,856	18.7
4	2020-21 (1st RE)	37,04,533	1,98,00,914	18.7
5	2021-22 (PE)	50,63,885	2,36,64,637	21.4

Source: MoSPI, Note: RE: Revised Estimate, PE: Provisional Estimate

The share of exports of goods and services in GDP has increased from 18.7% in 2020-21 to 21.4% in 2021-22.

(b): The details of sector-wise share of goods exports in the annual GDP (at current prices) for the last five financial years (latest available data) are given at Annexure. It reveals that overall share of goods exports in GDP has increased from 10.9% in 2020-21 to 13.3% in 2021-22.

(c): The details of the annual rate of growth of exports and the corresponding annual rate of growth of GDP (at current prices) for the last three financial years are given below:

S. No.	Year	India's export of goods and services (in Rs. Crore)	% Growth in exports	GDP (in Rs. Crore)	% Growth in GDP
1	2018-19 (3 <sup>rd</sup> RE)	3,766,294		18,899,668	
2	2019-20 (2nd RE)	3,752,188	-0.4	20,074,856	6.2
3	2020-21 (1st RE)	3,704,533	-1.3	19,800,914	-1.4
4	2021-22 (PE)	5,063,885	36.7	23,664,637	19.5

Source: MoSPI, Note: RE: Revised Estimate, PE: Provisional Estimate

### Annexure

**Statement referred to in reply of part (b) of Rajya Sabha Unstarred Question no. 1487 for answer on 29th July 2022.**

The sector-wise percentage share of goods exports in the annual GDP (at current prices) for last five financial years:

Sr. No.	Commodity Group	2017-18	2018-19	2019-20	2020-21	2021-22
1	Engineering Goods	2.97	3.09	2.78	2.87	3.53
2	Petroleum Products	1.41	1.72	1.46	0.96	2.13

3	Gems & Jewellery	1.57	1.49	1.27	0.97	1.23
4	Organic & Inorganic Chemicals	0.70	0.83	0.78	0.83	0.93
5	Drugs & Pharmaceuticals	0.65	0.71	0.73	0.92	0.78
6	RMG of all Textiles	0.63	0.60	0.55	0.46	0.50
7	Electronic Goods	0.24	0.33	0.41	0.41	0.49
8	Cotton Yarn/Fabs./made-ups, Handloom Products etc.	0.39	0.41	0.35	0.37	0.48
9	Plastic & Linoleum	0.26	0.32	0.27	0.28	0.31
10	Rice	0.29	0.29	0.23	0.33	0.30
11	Marine Products	0.28	0.25	0.24	0.22	0.24
12	Man-made Yarn/Fabs./made-ups etc.	0.18	0.18	0.17	0.14	0.18
13	Mica, Coal & Other Ores, Minerals including processed minerals	0.14	0.16	0.14	0.16	0.16
14	Leather & leather products	0.20	0.19	0.16	0.12	0.14
15	Meat, dairy & poultry products	0.17	0.16	0.13	0.14	0.13
16	Spices	0.12	0.12	0.13	0.15	0.12
17	Ceramic products & glassware	0.08	0.10	0.10	0.11	0.11
18	Iron Ore	0.06	0.05	0.09	0.18	0.10
19	Fruits & Vegetables	0.09	0.09	0.08	0.10	0.09
20	Cereal preparations & miscellaneous processed items	0.05	0.06	0.05	0.07	0.07
21	Handicrafts excl. hand made carpet	0.07	0.07	0.06	0.06	0.07
22	Carpet	0.05	0.05	0.05	0.06	0.06
23	Oil seeds	0.04	0.04	0.05	0.05	0.04
24	Other cereals	0.01	0.01	0.01	0.03	0.03
25	Oil Meals	0.04	0.06	0.03	0.06	0.03
26	Coffee	0.04	0.03	0.03	0.03	0.03
27	Tobacco	0.04	0.04	0.03	0.03	0.03
28	Tea	0.03	0.03	0.03	0.03	0.02
29	Jute Mfg. including Floor Covering	0.01	0.01	0.01	0.01	0.02
30	Cashew	0.03	0.02	0.02	0.02	0.01
31	Others	0.59	0.69	0.63	0.74	0.92
Total share of Merchandise Exports		11.4	12.2	11.1	10.9	13.3
Gross Domestic Product (In Rs. Crore)		17090042	18899668	20074856	19800914	23664637

Source: DGCI&S and MoSPI

Note: RE: Revised Estimate, PE: Provisional Estimate

**The Minister of State in the Ministry of Commerce and Industry (Smt. Anupriya Patel)**

**In Lok Sabha**

**FDI IN MSME Sector**

**Lok Sabha Unstarred Question No.1986**

**Shri N. Reddeppa:**

**Shri P.V. Midhun Reddy:**

**Q.** Will the Minister of **MICRO, SMALL AND MEDIUM ENTERPRISES** be pleased to state:

- (a) the details of Foreign Direct Investment (FDI) brought into MSME sector in the country during the last two years and the current year;
- (b) whether the government has taken measures to attract FDI into MSMEs sector; and
- (c) if so, the details thereof and if not, the reasons therefor ?

**Answered on 28<sup>th</sup> July, 2022**

**A.** (a) to (c): Specific data for Foreign Direct Investment (FDI), brought into MSME sector is not maintained. However, sector-wise details of FDI Equity inflow reported in all sectors during last two financial years i.e. 2020-21, 2021-22 and current financial year i.e. 2022-23 (up to May, 2022) is Annexed herewith.

Further, Government has put in place a liberal and transparent policy for attracting FDI wherein most sectors, except certain strategically important sectors, are open for 100% FDI under the automatic route.

As per extant FDI Policy, 100% FDI is permitted in manufacturing sector is under automatic route. Manufacturing activities may be either self-manufacturing by the investee entity or contract manufacturing in India through a legally tenable contract, whether on Principal to Principal or Principal to Agent basis. Further, a manufacturer is permitted to sell its products manufactured in India through wholesale and/or retail, including through e-commerce, without Government approval. Further, notwithstanding the FDI policy provisions on trading sector, 100% FDI under Government approval route is allowed for retail trading, including through e-commerce, in respect of food products manufactured and/or produced in India.

Further, Para 5.2.15.3 of the FDI Policy provides provisions for FDI in Single Brand Retail Trading which inter-alia stipulate that in respect of proposals involving foreign investment beyond 51%, sourcing of 30% of the value of goods purchased, will be done from India, preferably from MSMEs, village and cottage industries, artisans and craftsmen, in all sectors. Similarly Para 5.2.15.4 of the FDI Policy provides provisions for FDI in Multi Brand Retail Trading which inter-alia stipulate that at least 30% of the value of procurement of manufactured/processed products purchased shall be sourced from Indian micro, small and medium industries, which have a total investment in plant & machinery not exceeding US \$ 2.00 million.

**Annexure**

**Annexure referred to in reply to part (a)to(c) of the Lok Sabha Unstarred Question No. 1986 for answer on 28.07.2022**

<b>STATEMENT ON FINANCIAL YEAR WISE FDI EQUITY INFLOW FROM April 2020 TO May 2022</b>					
<b>Sr. No.</b>	<b>Sector</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23 (Till MAY 2022)</b>	<b>Cumulative FDI</b>
		<b>Amount (In USD Million)</b>	<b>Amount (In USD Million)</b>	<b>Amount (In USD Million)</b>	<b>Cumulative Amount (In USD Million)</b>
1	AGRICULTURAL MACHINERY	142.5893	268.7335	-	411.3228
2	AGRICULTURE SERVICES	117.1039	258.4651	46.6318	422.2007
3	AIR TRANSPORT (INCLUDING AIR FREIGHT)	204.0961	584.8250	19.7615	808.6826
4	AUTOMOBILE INDUSTRY	1,637.4449	6,993.5511	645.2469	9,276.2429
5	BOILERS AND STEAM GENERATING PLANTS	0.9026	-	-	0.9026

6	CEMENT AND GYPSUM PRODUCTS	3.7809	204.4085	-	208.1893
7	CERAMICS	20.6084	1.3368	0.0447	21.9898
8	CHEMICALS (OTHER THAN FERTILIZERS)	847.0709	965.7818	713.5966	2,526.4492
9	COMMERCIAL, OFFICE & HOUSEHOLD EQUIPMENTS	47.2469	17.2416	0.2587	64.7472
10	COMPUTER SOFTWARE & HARDWARE	26,144.6948	14,461.3525	2,675.5353	43,281.5826
11	CONSTRUCTION (INFRASTRUCTURE) ACTIVITIES	7,874.5429	3,247.5090	357.8332	11,479.8850
12	CONSTRUCTION DEVELOPMENT: Townships, housing, built-up infrastructure and construction-development projects	422.0907	124.9882	10.2609	557.3398
13	CONSULTANCY SERVICES	938.4423	1,150.4041	44.2803	2,133.1267
14	DEFENCE INDUSTRIES	0.6308	2.3631	0.6503	3.6442
15	DIAMOND, GOLD ORNAMENTS	13.8286	22.2168	-	36.0454
16	DRUGS & PHARMACEUTICALS	1,490.4937	1,414.2358	413.4098	3,318.1393
17	DYE-STUFFS	4.4449	2.9433	-	7.3882
18	EARTH-MOVING MACHINERY	39.3927	60.5991	0.1085	100.1002
19	EDUCATION	1,250.3659	3,228.6787	161.6916	4,640.7362
20	ELECTRICAL EQUIPMENTS	1,411.9465	683.7012	369.8282	2,465.4759
21	ELECTRONICS	375.3117	416.9984	64.5150	856.8251
22	FERMENTATION INDUSTRIES	84.7742	869.5196	204.1268	1,158.4205
23	FERTILIZERS	17.8922	6.0724	0.0173	23.9819
24	FOOD PROCESSING INDUSTRIES	393.4104	709.7147	168.0686	1,271.1938
25	GLASS	42.3621	588.2155	34.4835	665.0611
26	GLUE AND GELATIN	0.7446	4.5603	0.4911	5.7960
27	HOSPITAL & DIAGNOSTIC CENTRES	501.1625	697.5012	98.2679	1,296.9316
28	HOTEL & TOURISM	368.9632	729.0804	73.5729	1,171.6165
29	INDUSTRIAL INSTRUMENTS	0.7011	0.1058	-	0.8070
30	INDUSTRIAL MACHINERY	253.3266	320.6621	26.8576	600.8464
31	INFORMATION & BROADCASTING (INCLUDING PRINT MEDIA)	313.8941	152.2729	96.5054	562.6723

32	LEATHER,LEATHER GOODS AND PICKERS	8.8872	7.1486	0.2596	16.2954
33	MACHINE TOOLS	20.9056	31.2321	0.2744	52.4121
34	MEDICAL AND SURGICAL APPLIANCES	68.9069	208.0477	103.0769	380.0315
35	METALLURGICAL INDUSTRIES	1,340.4721	2,272.3503	33.5581	3,646.3806
36	MINING	168.7706	344.6062	160.0267	673.4035
37	MISCELLANEOUS INDUSTRIES	767.5168	492.9095	47.6392	1,308.0655
38	MISCELLANEOUS MECHANICAL & ENGINEERING INDUSTRIES	64.1028	411.1702	22.5622	497.8352
39	NON-CONVENTIONAL ENERGY	797.2063	1,600.9318	822.4966	3,220.6347
40	PAPER AND PULP (INCLUDING PAPER PRODUCTS)	22.4166	158.4769	-	180.8934
41	PETROLEUM & NATURAL GAS	102.8069	56.4087	2.6417	161.8573
42	POWER	373.6348	525.6590	501.7732	1,401.0669
43	PRIME MOVER (OTHER THAN ELECTRICAL GENERATORS)	279.9708	25.0769	-	305.0477
44	PRINTING OF BOOKS (INCLUDING LITHO PRINTING INDUSTRY)	81.2097	316.9538	22.4284	420.5919
45	RAILWAY RELATED COMPONENTS	119.6366	1.2632	0.0582	120.9580
46	RETAIL TRADING	1,338.0720	497.1292	120.9256	1,956.1267
47	RUBBER GOODS	265.9423	70.7302	29.9001	366.5727
48	SCIENTIFIC INSTRUMENTS	9.4199	7.5653	0.0872	17.0723
49	SEA TRANSPORT	294.2040	393.8058	106.2302	794.2400
50	SERVICES SECTOR (Fin., Banking, Insurance, Non Fin/Business, Outsourcing, R&D, Courier, Tech. Testing and Analysis, Other)	5,060.2237	7,131.4383	1,942.6931	14,134.3551
51	SOAPS, COSMETICS & TOILET PREPARATIONS	103.5282	548.8914	10.8998	663.3195
52	SUGAR	24.9363	0.5489	0.0516	25.5368

53	TEA AND COFFEE (PROCESSING & WAREHOUSING COFFEE & RUBBER)	8.6515	3.0878	-	11.7393
54	TELECOMMUNICATIONS	392.1075	668.1440	618.2639	1,678.5154
55	TEXTILES (INCLUDING DYED,PRINTED)	298.6735	247.7544	14.4639	560.8918
56	TIMBER PRODUCTS	5.8898	20.4526	4.0229	30.3653
57	TRADING	2,608.2203	4,537.5933	1,809.3768	8,955.1903
58	VEGETABLE OILS AND VANASPATI	44.9660	5.8534	11.1522	61.9716
	Total:	59,635.5390	58,773.2681	12,610.9065	131,019.7137

\*Total FDI inflow includes equity inflow, equity capital of unincorporated bodies, re-invested earnings, and other capital. Sector/ State/Country-wise details are maintained only for equity component of FDI inflow.

Source: Ministry of Commerce & Industries, DPIIT



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## After a flat growth last fiscal, Indian pharma exports back on a growth path

**As on August, exports grew by 6 per cent, and are expected to reach \$27 billion in FY23**

After registering a flat growth last fiscal, India's pharmaceutical exports are back on a growth path this fiscal, despite geopolitical challenges in global markets. Pharma exports are set to breach the \$25 billion mark in total exports during this financial year.



US makes up nearly 29% of India's pharma exports

"Exports have grown by about 6 per cent till August this fiscal as per provisional data," R Uday Bhaskar, Director For General, Pharmaceuticals Export Promotion Council (Pharmexcil), told Business Line.

### Rise in total exports

Total exports increased 5.83 percent in April-August 2022 to \$10,523 million, compared to \$9,943 million in the same period the previous year, he said.

Indian exported pharmaceuticals worth \$24.6 billion in FY22. In the current financial year, pharma exports would not only breach the \$25 billion mark but also grow much beyond it.

"The Department of Commerce has given an export target of \$27.43 billion for the current financial year (FY23). Given the current, pace of exports, we are confident of achieving the targets," said Bhaskar. The revival of plant inspections, which were halted or slowed down by global regulators and the beginning of treatments for non-Covid ailments, are driving the growing demand for Indian products overseas, he added.

Notwithstanding initial fears of the possible adverse impact of the Russia-Ukraine war on exports, exports to Russia, too, registered a 4.54 per cent increase during April-August this year, compared to the same period last year.

According to Chava Satyanarayana, Founder and CEO of Laurus Labs, during the pandemic, too, the Indian pharma industry proved its worth in drugs and vaccines, living up to the image of 'Pharmacy of the World.' This would boost global demand further for Indian pharma products, he added.

India has the maximum number of USFDA-approved manufacturing sites outside the US and holds 18 per cent of global manufacturing sites catering to the US market. US makes up nearly 29 percent of India's total pharma exports.

### Market authorisations

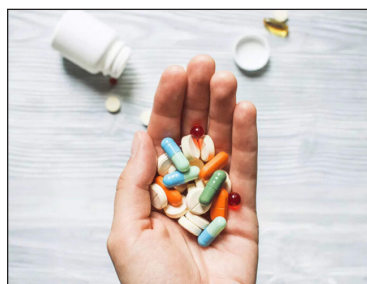
As on March 22, India has 4,573 market authorisations granted by the US drug regulator manufactured in units located in the country, while 1,678 authorisations were granted to Indian subsidiaries with overseas units.

Source: G Naga Sridhar, Business Line, 14.09.2022



## Plan to Cap Margins of Key Medicines In Final Stages

**New Delhi:** The authorities is in the final stages



of introducing trade margin rationalisation (TMR) on about 100 odd pharmaceutical formulations, folks conscious of the event advised ET. TMR will enable the federal government to cap the margins of supply chain

players equivalent to distributors and retailers.

It is learnt that the legislation ministry has vetted and accredited the amendments to the Drug (Prices Control) Order (DPCO) 2013 to incorporate TMR and a few new clauses.

The Department of Pharmaceuticals underneath the

Ministry of Chemicals and Fertilisers has sought tweaking of paragraph 19 of the DPCO for the fixation of the utmost retail worth (MRP) of any class of non-scheduled drugs underneath TMR.

“The government may, if it considers necessary to do so in the public interest, fix the trade margin (in percentage) of any class of non-scheduled drug as specified from time to time. In such cases,” the tweaked para will learn as per the division’s proposal.

The proposed modification order, to be referred to as Drugs (Prices Control) Order 2022, was despatched to the legislation ministry final month, folks cited above mentioned.

An inventory of formulations to be introduced underneath TMR has additionally been despatched to the Union well being minister for final approval.

The first record of medicine has been ready by technical specialists at varied authorities our bodies, together with the National Pharmaceutical Pricing Authority (NPPA), Central Drugs Standard Control Organisation (CDSCO), All India Institute of Medical Sciences (AIIMS), and Directorate General of Health Services (DGHS).

The authorities doesn’t suggest to apply TMR on medicine for which exemption is granted underneath para 32 of the DPCO, which says the worth cap will not apply if a brand new drug developed via a novel and indigenous course of is patented underneath the Indian Patents Act and isn’t produced elsewhere.

It can be possible to exclude low-cost medicine, non-scheduled medicine, and people used to deal with uncommon ailments from the ambit of TMR.

The place to begin of implementation of commerce margin rationalisation would be the ‘level to distributor’ (PTD), the folks cited above mentioned.

Malini Aisola, co-convenor of All-India Drug Action Network (Aidan), nevertheless, mentioned doing it from PTD is not going to have any main affect on costs. “We have been saying that this is incorrect and needs to be implemented by ex-factory price/landed cost,” she mentioned.

Source: Medicare News, 17.09.2022



## It’s time we aimed for a Nobel in medicine

The quality of research in most medical colleges is dismal. Even from leading institutes, though there are many research publications, 90% of them have less than 25 citations. Most publications have been follow-ups of some research work going on in the US or Europe.



**KK Talwar,**  
Former Director,  
PGIMER

IN the field of medicine and healthcare, we have come a long way since Independence. The governments, both at the Centre and in the states, are making efforts to provide affordable care at all levels. We now have world-class medical expertise and take pride in being a tourism hub for healthcare. Patients from Central Asian, African and South Asian countries come with the confidence of getting quality healthcare at a cost that is cheaper than in the West.

But the one thing which should make us introspect is that in the last 75 years, we have never got even a nomination for the Nobel Prize in medicine. While we are in competition with China for economic growth, what about that in medical research growth? A Chinese medical scientist, Tu Youyou, shared the Nobel Prize in medicine in 2015. When will we achieve this distinction? Of course, we know that one Indian and three persons of Indian birth and origin who subsequently acquired foreign citizenship have won the Nobel Prize in science.



What we lack is not talent but the necessary environment, infrastructure and incentives for quality research and innovation. The Prime

Minister, while addressing the 42nd convocation of AIIMS in New Delhi, said that India is lagging in the field of medical research and more work should be done. It is important to promote an environment of research in major medical institutes and emphasise its national importance.

Unfortunately, the quality of research being conducted in most medical colleges is dismal and there is data to show that there are some colleges that have not published even a single paper in a peer-reviewed journal. Even from leading medical institutes, though there are a good number

of research publications, it is certainly not encouraging to note that 90 per cent of these publications have less than 25 citations. Thus, it is not only important to do research but also look at the quality of research. Most publications have been follow-ups of some research work going on in Europe or the US.

We need to inculcate a habit of original thinking and innovation in our youngsters. Recently, while inaugurating a science conclave, the PM mentioned that inclination towards science, technology and innovation was in the DNA of our youth and we need to support them with full strength. We, thus, need to consider how to promote good quality research.

First, training in research methodology is important; it is somewhat lacking at present. As a result, residents and even faculty members are unable to analyse the research work. The residents should be encouraged to do research projects and produce a good publication and they should be counted for selection to faculty positions as an incentive for research promotion.

Further, there is a lack of communication and collaboration between clinical and basic scientists over doing good research. This results in a lot of meaningless research. An environment of a 'positive research' culture must be fostered in the medical colleges and institutes. It helps in exploring ideas, making mistakes and learning from them; it teaches openness and integrity. The environment should encourage the youngsters to aim for the stars and dream big.

The medical colleges should be encouraged to collaborate with other basic medical science institutes from the ICMR, DST CSIR and even biomedical institutes like the IITs. Such relations will promote problem-oriented and translational research.

The industry, both pharmaceutical and biomedical, should promote and invest in producing new drug molecules and biomedical materials for medical use.

We need to integrate with our indigenous ayurvedic system to evaluate our ancient knowledge in a scientific manner to prove its usefulness. Tu Youyou was tasked by Mao Zedong to find a cure for malaria that was killing many soldiers. After long research and using her knowledge of the ancient Chinese text and clinical tests, she created a drug, artemisinin, which helped bring down cases of malaria. It shows that traditional and clinical research can complement each other if scientific methods are used.

At the same time, some high-quality research work has been done in the medical field, which we should be proud of. India has contributed significantly to the identification of iodine deficiency disorders; it showed that iodised salt significantly reduces the incidence of iodine deficiency disorders. The commercially available iodised salt has been possible because of this research. If a pinch of salt has kept iodine deficiency at bay, we have our researchers to thank for it.

Another work of significance is the discovery of the cholera toxin by Dr Sambhu Nath De. It has found a mention in the prestigious journal, Nature, and of which the Nobel laureate, Prof Joshua Lederberg, said, "De's clinical observation led him to the bold thought that dehydration was a sufficient cause of pathology of cholera that the cholera toxins could kill merely by stimulating the secretion of water into the bowel." De's research became the basis for the current most life-saving recommendation in diarrhoea: the use of oral rehydration therapy (ORT).

Ironically, the seminal research of De, done entirely in India, was first recognised abroad and only after that did the Indian medical community praise him to the sky. We need to learn to be proud and appreciate the achievements of our scientists. Besides the demonstration of ORT, research by the National Institute of Cholera and Enteric Diseases showed that common household drinks like nimbu pani, coconut water and rice water are equally effective as oral rehydration solutions in preventing diarrhoea-related mortality and are more palatable.

Indian scientists' contribution in the treatment of tuberculosis and leprosy has also been significant. Their role in developing the Covid vaccine has also been a great success story. We need to be proud and appreciate the achievements of our scientists.

It is time to promote and create attractive incentives for good medical research. That is the only way to generate interest in the younger generation for pursuing research activities. The research contribution of a doctor/scientist should be an important criterion for faculty jobs in medical colleges.

The PM has hailed the importance of research by announcing 'Jai Anusandhan' and adding it to the mantra of 'Jai Jawan, Jai Kisan and Jai Vigyan'. Let us now strengthen our efforts and aim for a Nobel in medicine.

*Source: The Tribune, 20.09.2022*





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Magazine Size: 21.5 cm x 27.5 cm / Print Area: 18.5 cm x 23.5 cm

Position		Rate per Insertion ₹	
		B/W	Colour
Full Page (18 cm wd x 23.5 cm ht)	:	9,000	12,500
Half Page (18 cm wd x 11.5 cm ht) (Horizontal)		5,000	8,500
Half Page (8.5 cm x 23.5 cm) (Vertical)	:	5,000	8,500
Quarter Page (8.5 cm wd x 11.5 cm ht)	:	2,500	6,000
Strips Advts (4 cm ht x 18 cm wd)	:	2,500	-
Inside Cover Pages	:	-	18,000
Back Cover	:		25,000
Centre Spread (double spread) Print area (40cm wd x 27cm ht)	:	25,000	30,000

### Terms and Conditions:

- All payments by **Cheque/ Demand Draft/RTGS** in advance only to be made in favour of “**Indian Drug Manufacturers’ Association**”, Payable at Mumbai

**The RTGS details are as follows:- BANK: BANK OF BARODA**

Account Name : **Indian Drug Manufacturers’ Association**, Bank A/c No. : Current A/c **7608020000242**

Bank : **BANK OF BARODA**, Branch Address : Worli Branch, Mumbai-18, **IFSC : BARB0DBWOL**

**MICR CODE : 400012332**

- GST will be charged extra, as applicable. (Current Rate is @5%)
- SPECIAL DISCOUNTS for Series Advertisements
- For colour advertisements, positives to be supplied otherwise processing charges to be paid.
- Advertisement material must reach us 7 days before the date of publication.**
- Positioning of the Advt other than Cover Positions will be at our discretion.
- Only Colour Advts will be entertained on Cover Positions.

### Classified Advertisements

- Upto 80 words — ₹2,000/-
- 50% extra for Advt Box Number
- 50% extra for indent/layout spacing, bold captions, etc.
- ₹50/- extra for voucher copy
- Series discount not applicable for classifieds

**For further details such as series discounts etc, please contact:**

**Melvin Rodrigues — Cell: +9821868758 (Email: actadm@idmaindia.com)/**

**Geeta Suvarna — Cell: +9820161419 (Email: publications@idmaindia.com)**

**PUBLICATIONS DIVISION**

**INDIAN DRUG MANUFACTURERS’ ASSOCIATION**

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Website: [www.idma-assn.org](http://www.idma-assn.org)/[www.indiandrugsonline.org](http://www.indiandrugsonline.org)

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