

# **IDMA BULLETIN**

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# **INDIAN PHARMA -GLOBAL HEALTH CARE**

INDIAN DRUG MANUFACTURERS' ASSOCIATION

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- Maize Starch Potato Starch Wheat Starch POLYOLS
- POLYOLS

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   NEOSORB (Sorbitol) XYLISORB (Xylitol)

- KLEPTOSE (Betacyclodextrin)
   KLEPTOSE HPB (Hydroxypropyl Betacyclodextrin) MODIFIED STARCHES
- MOUIFIED STARCHES

  LYCATAB (Pregelatinized Starch)
  GLYCOLYS (Sodium Starch Glycolate)
  TACKIDEX (Dextrin)

- SPECIALTY PRODUCTS

  LYCOAT PEARLITOL FLASH STARLAC

   NUTRIOSE

## SUGARS AND SOLUBLE FIBRES

- GLUCIDEX (Maltodextrin)
   Dextrose Dried Glucose Syrup
- LUBRICANTS

### • Magnesium Stearate

VEG SOFT GEL SYSTEM

- LYCAGEL VS 720 LYCAGEL VS 720 PREMIX





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### **Patenting by Design**

Dr. Gopakumar G. Nair, Editor, Indian Drugs

Dear Reader,

Grant of patent is largely based on the prior and clear understanding of the patentability criteria more by the inventors than the applicants. Any perceived invention must meet the basic requirements of novelty and inventive step. Novelty is easy to target as it requires only the absence of any exact replica of the perceived invention in prior art or any public domain including prior patents or patent applications. However, the inventor is often at a loss to identify the inventiveness or non-obviousness in a potential project for patenting, because there is a vast information-base or prior art data to be scanned or screened to ensure that the perceived invention is not likely to be obvious to a person skilled in the art. In patent practice, major group of applicants including large government organizations often come up with complaints that their patent applications are often "rejected", "refused", "abandoned" or lapsed. Very often, when an FER (First Examination Report) is received from the Controller of the Patent Office, the objections or observations are perceived as discouraging innovations. To overcome these problems, it is essential that all researchers and inventors need to get fully trained and equip themselves to conduct prior art searches to ensure novelty and inventive step.

It is also essential for researchers to understand various aspects of Intellectual Properties. Copyrights, Designs and Trademarks are different from Patents. Often Industrial Designs are confused with Patents. Designs are only for external or ornamental appearance and have no technology content, while Patents are inherently technology related in contents. If the technical elements are patentable and can be protected as such, they can either be applied for a patent or may alternately be protected privately (without publication) as a trade secret. However, trade secrets may not be possible to be protected eternally unlike patent inventions which are granted protection for 20 years from date of application in specific geographical jurisdictions.

The ultimate goal for an inventor or patent applicant should not only be to meet patentability criteria or conduct a patentability search. Every good invention requires patent protection which should only be a means to

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 LL.B. from Mumbai University. He has done his LL.M. from Jindal Global Law School in 2022. He is also CEO of Patent Gurukul and President of Bharat Education Society, Kurla, Mumbai, managing many educational institutions in and around Mumbai.

commercialization or licensing out for taking to the market place for public benefit. As such, a PNIS (Patent Non-Infringing Status) and FTO (Freedom to Operate) search is also essential to be conducted to ensure that the patented invention is not hindered by infringement litigation in its journey to the market place.

It is time that every researcher and potential inventor has to become patent literate and also get trained in prior art search. Patents are a matter of law and facts. As such, it is also advisable for innovative researchers to get themselves familiarised with nuances of law or jurisprudence, if not become trained in law formally. IPR related law training courses are conducted by WIPO, NALSAR and others including RGNIIPM, Nagpur (under the aegis of the IP Office, India).

Courtesy: Indian Drugs, Editorial, 59 (11), November 2022

• • •

# A Report on IDMA Annual Interactive Session, Chapter West Bengal

Executive Committee Meeting of Indian Drug Manufacturers' Association followed by the Annual Interactive Session was organized by the West Bengal State Board on Thursday, 17th November, 2022 at the Ball Room, The Oberoi Grand, Kolkata.

The Inaugural programme started with the IDMA Anthem followed by the National Anthem.

The session was attended by 162 participants including delegates, guests and dignitaries.

In the inaugural session Mr. Probhas Bondhu Chakraborty, Hon. Jt. Secretary, IDMA, Chapter West Bengal welcomed all and outlined the details of the programme. Mr. Siddhartha Paul, Hon. Secretary, Chapter West Bengal introduced the guests and individually welcomed all of them.

Dr. Viranchi Shah, National President, IDMA in his PRESIDENT'S ADDRESS made a structured presentation on the current affairs, future trends in the Pharma Industry along with action plans to deal with the problems and seize the opportunity to grow the pharmaceutical industry from USD 50 billion to USD 500 Bn by 2047, on the 100<sup>th</sup> year of Indian Independence.

Mr. Daara B Patel, Secretary General, IDMA in his address requested the audience to increase the membership strength and congratulated the State Board for successfully organizing such a wonderful programme.

Dr. Sanjoy Mitra, Managing Director, SMSRC Pvt. Ltd., Kolkata made an interesting presentation on "Indian Pharma Market in post Covid Era-Rx perspective". He

stressed on the importance of building brands to drive and sustain the business consistently. His observation, on small and mid-size companies who continued to perform or recovered faster during and post covid periods were the ones who had relatively better quality of brands within their portfolio, was well substantiated with various examples and analytics.

Panel Discussion on Strategy for Business Growth, though the last event of the session was the most interesting one as it captivated the audience with pertinent questions being asked to the panelists who shared their deep insights from their wide experience and knowledge acquired in the process of leading their companies in the path of exceptional growth. The panelists from the industry were Mr S V Veeramani, CMD Fourrts (India) Laboratories, Mr Mehul Shah, MD Encube Ethicals, Mr Nirav Mehta, Director Corona Remedies. Dr Sanjoy Mitra, MD SMSRC Pvt Ltd., management consultant for strategic marketing in pharmaceuticals as the fourth panelist shared his understanding of obstacles to growth and how to avoid them. The panelists responded well to all the questions while clarifying different issues that came up during the session. The panel discussion was moderated by Mr Deepnath Roy Chowdhury, Past National President whose questions were intelligently framed to provoke the panelists share their experience spontaneously.

The delegates present participated enthusiastically and were greatly benefited through the various clarifications provided by the eminent speakers.

Mr. Shiv Sagar Tiwari, Chairman IDMA, Chapter West Bengal delivered the formal vote of thanks.

### Glimpses of the Event



E C Meeting



Welcome address



National President's speech



The Dias





The Panelists



The IDMA Group



The Audience



Vote of Thanks

# Ministry of Health and Family Welfare announces the Extension of Tenure of Dr V G Somani, DCG(I)

Notification S.O. 5398(E), dated 21st November, 2022

In pursuance of the provisions of clause (b) of rule 21 of the Drugs Rules, 1945, the Central Government hereby appoints Dr. Venugopal Girdharilal Somani, holding the charge of Drugs Controller (India) in the Central Drugs Standard Control Organisation, Ministry of Health and Family Welfare, to be the licensing authority till the 15th

February, 2023 or till the next incumbent joins the said post or until further orders, whichever is earlier.

#### F. No. A.12025/03/2022-DRS

Dr. Mandeep K. Bhandari, Joint Secretary, Ministry of Health and Family Welfare, Department of Health and Family Welfare, Drugs Regulation Section, New Delhi.





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INVESTIGATION OF OUT OF SPECIFICATION
(OOS) TEST RESULTS

TECHNICAL MONOGRAPH NO. 5 ENVIRONMENTAL MONITORING IN CLEANROOMS

TECHNICAL MONOGRAPH NO. 7

DATA INTEGRITY GOVERNANCE

TECHNICAL MONOGRAPH NO. 2
PRIMARY & SECONDARYCHEMICAL
REFERENCE SUBSTANCES

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# Relaxation on Global Tender Enquiry (GTE) under Rule 161(iv) of General Financial Rules (GFRs) 2017

Dated the 25th November, 2022

### OFFICE MEMORANDUM

Attention is invited to this Department's OM No. F.12/17/2019-PPD dated 15.05.2020 and 28.05 .2020 regarding amendment in Rule 161(iv) of General Financial Rules (GFRs) 2017 stipulating that no Global Tender Enquiry (GTE) shall be invited for tenders upto Rs. 200.00 crore or such limit as may be prescribed by this Department from time to time, without prior approval from the competent authority i.e. Secretary (Coordination), Cabinet Secretariat.

- 2. In this context, in view of request of Ministry of Health & Family Welfare (MoH&FW), it has been decided that 90 (67+23) Drugs/Medicines listed at Annexure-A will be exempted from the instructions issued by this department vide OMs No. F.12/17/2019-PPD dated 15.05.2020 & 28.05 .2020 regarding GTEs. This exemption will be valid for all the tenders issued for such drugs/medicines till 31.03.2023.
- 3. This issues with the approval of Finance Secretary.

No.F.4/1/2022-PPD(pt.)

Usha Rani Under Secretary (Procurement Policy) Procurement Policy Division, Department of Expenditure, Ministry of Finance, Government of India

List of 90 (67+23) drugs/medicines exempted from the instructions of Department of Expenditure (DoE) issued vide OMs No. F.12/17/2019-PPD dated 15.05.2020 & 28.05.2020 regarding Global Tender Enquiry.

#### **List of 67 Drugs**

S.no	Name of the Medicine and Strength			
1	Abemaciclib 150mg Tablet.			
2	AFLIBERCEPT 40 MG			
3	Apidra Solostar			
4	ATEZOLIZUMAB 840 MG/ 1.2MG			
5 .	Avelumab injection: 200 mg/10 mL (20 mg/mL) solution in single-dose vial			
6	BASILIXIMAB 20 MG			
7	Biphasic Insuliin Aspart Inj-			
8	Brolucizumab solution for injection 120 mg/ml(vial + filter needle)			

9	Ceritinib Tab/Cap- Each Hard Gelatin Tab/Cap to contain:
	Ceritinib 150mg
10	CETUXIMAB 100 MG
11	CETUXIMAB 500 MG
12	Creon 10000
13	DARATUMUMAB 100 MG 400mg
14	DEGLUDEC 100 I.U./ML INSULIN, PREFILLED PEN 3 ML.
15	Desfulrane Anaesthetic Liquid (SUPRANE)

16	Detemir Insulin 100iu/ml 3ml Pen
17	DULAGLUTIDE 0.75 MG (BRAND- TRULICITY 0.75MG) 1.5
18	Dulaglutide Inj- Each 0.5 ml to contain: 1.5 mg of Dulaglutide, Citric Acid Anhydrous [0.07mg], Mannitol [23.2 mg], Polysorbate 80 [0.10 mg], Trisodium Citrate Dehydrate [1.37 mg] Water for injection
19	DURVALUMAB 120 MG/ 500MG
20	Each Tab/Cap contain: Alpelisib 150mg
21	Each Tab/Cap contain: Olaparib 150mg
22	Emicizumab Inj- Each Vial Contains: Emicizumab 30mg For Sub Cut Injection (R-DNA Origin), Each Vial Contains: Emicizumab 60mg For Sub Cut Injection (R-DNA Origin)
23	FACTOR EIGHT BYPASSING ACTIVITY - Containing: Factor Eight Bypassing activity, Anti- Inhibitor-Coagulant Complex. 500 IU.
24	Golimumab (r-DNA Origin)- Each Single Use Pre-Filled Syringe to contian: Golimumab 50mg/0.5ml Component [Amount Per Dose (Mg)]: Golimumab (CNTO 148) -50mg, Sorbitol -20.5mg, L-Histidine - 0.44mg, Polysorbate 80 - 0.075mg, Water For Injection - 0.5mg
25	GOSERELIN 10.8 MG SR INJ (BRAND: ZOLADEX) 3.6
26	HUMAN COAGULATION FACTOR VII INJ - Each vial to contain: Human Recombinant Coagulation Factor VII activated (r-DNA origin) 1mg, Each vial to contain: Human Recombinant Coagulation Factor VII activated (r-DNA origin) 2mg

27	Human Papillomavirus- Each 0.5ml to contain: Human Papillomavirus Quadrivalent (6, 11, 16 , 18) Vaccine, Recombinant & 0.5ml			
	, 10 ) vaccino, recombinant & visin			
28	Idursulfase injection: 6 mg/3 mL (2 mg/mL) in single-use vial			
29	Imiglucerase injection: 400 units of imiglucerase as a lyophilized powder in a single-dose vial.			
30	INJ AVELUMAB 200 MG			
31	INJ PANITUMUMAB 100 MG (BRAND:INJ. VECTIBIX)			
32	INJ PEMBROLIZUMAB 100 MG, 420			
33	INJ PERTUZUMAB 420 MG (BRAND:PERJETA)			
34	INJ. INSULIN ASPART 100IU/ML-3 ML PENFILL.ONE PEN AND 20 NEEDLES FREE WITH EVERY 20 CATRIDGES			
35	Inj. Insulin Degludec 70% + Insulin Aspart 30% 100 IU/ml., 3 ml. Cartridge (RYZODEG PENFILL.)			
36	Inj. Liraglutide 18 mg per pen, 1 needle free per pen			
37	INJ. MEPOLIZUMAB POWDER FOR SOLUTION 100 MG			
38	Inj. Secukinumab 150 mg(Scapho)			
39	Inj. Thyrotropin alfal.1 mg (THYROGEN)			
40	Insulin Analogue of 50% Insulin Aspart + 50% longer acting analogue 100 iu/ml.			
41	INSULIN GLULISINE INJECTION(MONOCOMPO NENT INSULIN GLULISINE) 100I.U./ML,3ML CARTRIDGE WITH ONE NEEDLE FREE OF COST PER CARTRIDGE AND ONE			

ł	
42	Insulin Inj-Each Cartridge to contain: 25% Lispro And 75% LisproProtamine Suspension (100 IU/ml) [Monocomponent Insulin, Recombinant DNA Origin] & 3ml Cartridge Each Cartridge to contain: 50% Lispro And 50% LisproProtamine Suspension (100 IU/ml) [Monocomponent Insulin, Recombinant DNA Origin] & 3ml Cartridge
43	Intravitreal Dexamethasone Implant- Each inj to contain: Intravitreal Dexamethasone 0.7mg
44	Laronidase injection: 2.9 mg/5 mL (0.58 mg/mL) of laronidase in a single-dose vial
45	Levonorgestrel- Each Sterile Intrauterine System to contain: Levonorgestrel 52mg (Levonorgestrel 20 Microgram / 24 Hours Intra Uterine Delivery System)
46	LYNPARZA
47	Mepolizumab Inj- Each Vial to contain: Mepolizumab 100mg
48	Methoxy Polyethylene Glycol Epoetin-Beta-Each PFS to contain: Methoxy Polyethylene Glycol Epoetin-Beta 100mcg, Methoxy Polyethylene Glycol Epoetin-Beta-Each PFS to contain: Methoxy Polyethylene Glycol Epoetin-Beta 50mcg, Methoxy Polyethylene Glycol Epoetin-Beta-Each PFS to contain: Methoxy Polyethylene Glycol Epoetin-Beta-Each PFS to contain: Methoxy Polyethylene Glycol Epoetin-Beta 75mcg
49	Midostaurin Tab/Cap- Each Tab/CapContains:Midostaurin 25mg
50	NIVOLUMAB 100 MG INJ (BRAND:OPDYTA), Each 4 ml Vial to contain: Nivolumab 40mg
51	Obinutuzumab Inj- Each Vial to contains: Obinutuzumab 1000 mg

52	PERITONEAL DIALYSIS FLUIDS 1.5% - Each 100ml to contain: Dextrose Anhydrous 1.5gm, Sodium Lactate 448mg, Na Cl 538mg, Ca Cl 25.7mg, Mg Cl 5.08mg & 5Ltr Bag, Peritoneal Dialysis Fluids 1.5%- Each 100ml to contain: Dextrose Anhydrous 1.5gm, Sodium Lactate 448mg, Na Cl 538mg, Ca Cl 25.7mg, Mg Cl 5.08mg & 2Ltr Bag, PERITONEAL DIALYSIS FLUIDS 2.5% - Each 100ml to contain: Dextrose Anhydrous 2.5gm, Sodium Lactate 448mg, Na Cl 538mg, Ca Cl 25.7mg, Mg Cl 5.08mg & 5Ltr Bag, Peritoneal Dialysis Fluids 2.5%- Each 100ml to contain: Dextrose Anhydrous 2.5gm, Sodium Lactate 448mg, Na Cl 538mg, Ca Cl 25.7mg, Mg Cl 5.08mg & 2.5%- Each 100ml to contain: Dextrose Anhydrous 2.5gm, Sodium Lactate 448mg, Na Cl 538mg, Ca Cl 25.7mg, Mg Cl 5.08mg & 2Ltr Bag
53	Pertuzumab Inj-

53	Pertuzumab Inj- Each 14ml Vial to contain: Pertuzumab 420mg (30mg/ml)
54	RAMUCIRUMAB 100 mg&500 MG(BRAND- CYRAMZA )
.55	Ryzodeg penfil
56	Secukinumab Inj- Each 1 ml to conatin: Secukinumab 150mg, Sucrose 92.43mg, L- Histidine / L- Histidine Hcl Monohydrate 4.656 mg, Polysorbate 80 - 0.60mg.
57	Tab./ Cap. (Netupitant 300 mg. + Palanosetron 0.5 mg.) (AKYNZEO CAPS.)
58	TUOJEO SOLOSTAR 1.5ML PEN(INSULIN GLARGINE INJECTION 300IU/ML)THREE NEEDLES FREE WITH ONE PEN
59	TUROCTOCOG ALFA 500 I.U. INJECTION
60	VERTEPORFIN 15 MG
61	Ceftazidim 2gm + Avibactam 500mg Inj.

62	Crizotinib Tab/Capsule (250 Mg)
63	Tab. Dacomitinib Monohydrate 30 mg.(Tab Dacoplice 30 Mg.)
64	Isavuconazole 100 mg caps.

65	Liraglutide 18 mg
66	Ceftaroline 600 mg/vial
67	Palbociclib 75 mg/100mg/125 mg

### **List of 23 Drugs**

S.no	Name of the medicine & Strength
1	AFATINIB 20 MG TAB 30 MG, 40MG
2	ALECENSA 150 MG
3	AXITINIB TAB/CAP 5 MG
4	CANAGLIFLOZIN+METFORMIN TAB/CAP-
5	ELTROMBOPAG TABLETS 25 MG, ELTROMBOPAG TABLETS 50 MG (REVOLADE 25/50 MG)
6	EMPAGLIFLOZIN 10 MG+LINAGLIPTIN 5 MG TAB/CAP
7	EMPAGLIFLOZIN 10 MG+ TAB (BRAND:JARDIANCE)25,
8	INVOKANA (CANAGLIFLOZIN 100 MG TABLETS)
9	LINAGLIPTIN 2.5 MG + METFORMIN 500 MG TAB/CAP
10	NILOTINIB 150 MG TAB (BRAND:TASIGNA)200MG
11	OSIMERTINIB 80 MG
12	RECOMBINANT ANTI HEMOPHILLIC FACTOR-VIII

1	
13	RECOMBINANT ANTIHEMOPHILLIC FACTOR- VIII
14	RIBOCICLIB TABLET/CAPSULE 200 MG (BRAŅD KRYXANA)
15	RUXOLITINIB 15 MG, 5 MG, 20 MG TABLET (BRAND JAKAVI)
16	SACUBITRIL 24 MG+VALSARTAN 26 MG TABLET, 49/51 MG, 97/103 MG (VYMADA 100 MG)VILDA
17	SAXAGLIPTIN TABLETS 2.5 MG, SAXAGLIPTIN TABLETS 5 MG
18	SAXAGLIPTIN & METFORMIN HYDROCHLORIDE EXTENDED RELEASE TABLETS
19	SUNITINIB MALATE TAB/CAP
20	TAB.BARICITINIB 2 MG, 4 MG
21	TAB.PAZOPANIB 400 MG. (TAB. VOTRIENT 400 MG.)
22	TAGRISSO 80 MG (OSIMERTINIB 80 MG)
23	VOTRIENT 200 MG 400

• • •



### **Availability of Govt. Funds**

Government Key Initiatives, Funds and Departments

Easy availability of capital is essential for entrepreneurs at the early stages of growth of an enterprise.

#### **Mukesh Chandra Kestwal**

Program Head - Innovation Hub & Govt. Engagement **Headstart Network Foundation** 









### **Some of Ongoing Applications For Startups**

Organization Name	Last Date	Website	<b>Fund Limit</b>
Startup India Seed Fund	Rolling Basis	https://seedfund.startupindia.gov.in/	50 Lakh
Small Farmers' Agri-Business Consortium	Rolling Basis	http://sfacindia.com/Equity_grant.aspx	15 Lakh
Atal New India Challenge (ANIC), Women Entrepreneurship Focus	31 Dec 2022	https://www.aim-challenges.in/	1 Cr
USOF, ELECOM TECHNOLOGY DEVELOPMENT FUND,	30 Dec 2022	https://usof.gov.in/	10 Cr
AgriEnIcs Grand Challenge, MeitY	28 Nov 2022	https://www.meity.gov.in/content/inviting- applications-agrienics-grand-challenge	15 Lakh
DCIS, Department of Telecommunication	20 Dec 2022	https://dcis.dot.gov.in	50 L to 10 C
Frontier Tech Solutions, UNICEF Innovation Fund	09 Jan 2023	https://www.unicefinnovationfund.org/apply/frontier-tech-solutions	80 Lakh
Fund of Fund, BIRAC, DBT	05 Jan 2023	https://www.birac.nic.in/desc_new.php?id=989	07 Cr
Technology Innovation Fund (TIF) (TIH-IoT Technology Development Program 2022)	20 Dec 2022	https://www.tih.iitb.ac.in/tih-iot-technology- development-program-2022-2/	50 Lakh
Aarohan" - TIH-IoT Seed Support Program 2022	Rolling Basis	https://www.tih.iitb.ac.in/tih-iot-seed-support- program-2022	50 Lakh

Mukesh Chandra Kestwal, Headstart Network Foundation, © 2022



in 🥑 O @ mukeshkestwal

### **Government Agencies**

### **Enabling the Startup Ecosystem**

Organisation Name	Website
Department of Science and Technology, Ministry of Science and Technology	https://dst.gov.in/
Startup India	https://www.startupindia.gov.in/content/sih/en/search.html? roles=GovernmentBody&page=0#
Atal Innovation Mission	https://aim.gov.in/
Office of Principal Scientific Officer	https://www.psa.gov.in/ https://www.istem.gov.in/ https://manthan.gov.in/
Software Technology Park of India (STPI)	https://stpi.in/
National Science & Technology Entrepreneurship Development Board (NSTEDB)	https://www.nstedb.com/
Ministry of Electronics and Information Technology (MeitY)	https://www.meity.gov.in/
MSME	https://msme.gov.in/
National Innovation Foundation	https://nif.org.in
Global Innovation and Technology Alliance	https://gita.org.in/
Department of Bio Technology	https://dbtindia.gov.in/
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### Department of Electronics and Information Technology (DeiTY) Multiplier Grants Scheme (MGS) Support for International Patent Protection in Electronics & Information Technology (SIP-EIT) Electronic Development Fund (EDF) Policy Modified Special Incentive Package Scheme (M-SIPS)

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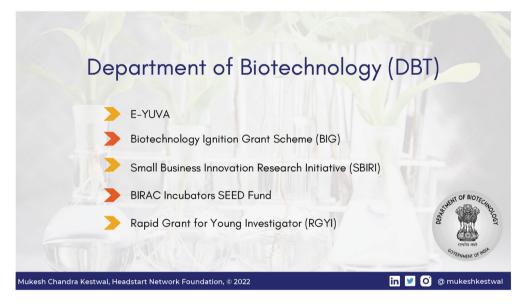
Scheme to Support IPR Awareness Seminars/Workshops in E&IT Sector

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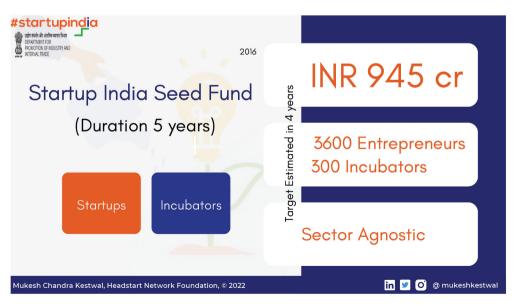


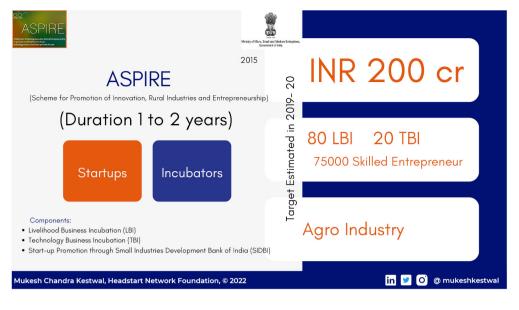




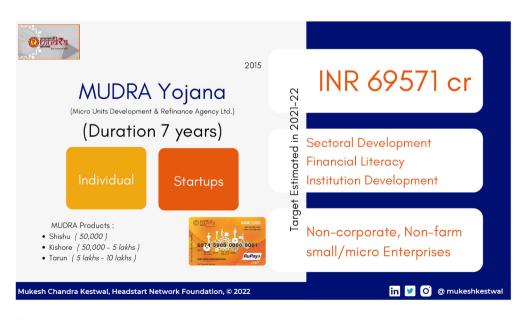




























## NPPA fixes price of 272 new drugs in the first six months of 2022-23

The drug price regulator has fixed prices of 272 drugs and reviewed the price of one combination drug during the first six months of the current financial year, besides extending its price control measures on the Covid-19 related products, according to the Department of Pharmaceuticals (DoP).

The National Pharmaceutical Pricing Authority (NPPA) has fixed the retail prices of 77 new drugs under the revised Schedule I of the National List of Essential Medicines (NLEM), 2015 during the month of September, 2022.

Including these, the cumulative retail price fixation during the six months from April 1, 2022 to September 30, 2022, was for 272 drugs, said the Department in a latest monthly review.

During the period, the Authority has also extended the price fixation on liquid medical oxygen (LMO) and oxygen inhalation (medicinal gas) in cylinder, and the ceiling prices fixed on heparin injection 1000 IU/ml and 5000 IU/ml, till December 31, 2022.

The Authority has also issued 12 preliminary notices to companies based on the monitoring and enforcement activities and an amount of Rs. 23.85 lakh was recovered towards overcharged amount during the month of September, said the Department.

According to a statement by Bhagwanth Khuba, minister of state for chemicals and fertilisers, in August, 2022, NPPA has fixed the ceiling prices of 890 scheduled formulations of medicines under NLEM, 2015 till June 30, 2022. In addition, NPPA has fixed retail price of 2,023 new drugs under DPCO, 2013 till June. Besides, NPPA has also capped the trade margin of non-scheduled formulations of 42 anti-cancer medicines under 'Trade Margin Rationalization' approach as a pilot for proof of concept, wherein price of more than 500 brands of medicines were reduced up to 90%, he added.

During the six months, the NPPA has also revised the price of Pune-based Emcure Pharmaceuticals' HIV drug combination darunavir 800 mg + ritonavir IP 100 mg tablet upwards, following a review order from the DoP.

NPPA has fixed the retail price of darunavir 800 mg + ritonavir IP 100 mg, as Rs. 197.55 per tablet, through an notification in November 8, 2019, while the same combination of Hetero Healthcare Ltd in November 2, 2018 was fixed at Rs. 212.91 per tablet based on the

recommendation of the multidisciplinary committee (MDC) of experts.

The company approached the DoP following this and received a favourable order in June, 2021. DoP in its order observed that the NPPA could have used the retail price of Rs. 212.91 per tablet for Hetero Healthcare, while filing the retail price for Emcure Pharmaceuticals. After further communications from the DoP and deliberations, the NPPA notified the price of each darunavir ethanolate equivalent to darunavir 800 mg and ritonavir IP 100 mg tablet manufactured by Hetero Labs Ltd and marketed by Emcure Pharmaceuticals, will be Rs. 212.91.

Source: Pharmabiz, 01.11.2022



# RoDTEP. FinMin may allow expansion of export promotion scheme but funding is a problem

Pharma, chemicals, steel could get benefit of input duty remission but onus may be on Commerce Ministry to manage resources



The Finance Ministry is ready to consider allowing pharmaceuticals, steel, organic chemicals and inorganic chemicals to benefit from the popular export promotion scheme–Remission of Duties and Taxes on Exported Products (RoDTEP)—but it may not be keen to allocate more resources for it, sources said.

"If the RoDTEP scheme gets extended to the four previously excluded schemes, it is the Commerce Ministry which may be asked to provide the resources from the allocation already made for the scheme. This would be a challenge as the available amount may not be enough to accommodate more claimants but the Finance Ministry has indicated that it would be difficult to come up with more funds," a source tracking the matter told *businessline*.

The RoDTEP scheme, announced on January 01, 2021 with the simultaneous withdrawal of the popular Merchandise Export from India Scheme (MEIS), refunds exporters the embedded duties/taxes that are not rebated under other schemes. These include value added tax (VAT) on fuel used in transportation, mandi tax, duty on electricity used during manufacturing, etc.

The MEIS had to be withdrawn as it was not compatible with WTO norms because of lack of transparency in calculation of reimbursement rates.

The RoDTEP scheme, which covers almost 8,000 tariff lines, providing duty remission at rates ranging from 0.3 per cent to 4.3 per cent, excluded some major items such as steel, pharmaceuticals and chemicals.

#### **LACK OF FUNDS**

After months of persuasion by the industry bodies, the government now seems to be ready to include these sectors in the scheme but lack of funds could be a serious impediment.

"The Finance Ministry allocated around ₹13,800 crore this fiscal for RoDTEP scheme. Now, this amount can barely take care of the existing claimants. It will be very difficult to provide for the new sectors from this fund. The Finance Ministry has to allocate more funds or the Commerce Ministry can explore if it is possible to channelise funds from some other scheme," the source said.

With India's exports taking a severe beating in October 2022, falling around 16.5 per cent (year-on-year), and world trade expected to grow by just 1 per cent next year, the Centre is looking at ways to provide support.

Exporters are hoping that the government will sort out the issue of funding and extend the RoDTEP scheme soon, the source said.

Source: Amiti Sen, Business Line, 27.11.2022



# Pharma exports rise by 4.22% to \$14.57 billion during April-October in current fiscal

USA, Canada and Mexico (NAFTA countries), Europe and Africa account for 67.5% (nearly \$5 billion) of the total exports

Pharmaceutical exports from India registered a growth of 4.22% to reach \$14.57 billion during the April-October period despite a negative trend last month, according to a senior official of an export promotion body under Government of India.



Udaya Bhaskar, Director General of Pharmaceuticals Export Promotion Council of India (Pharmexcil) which is an organisation under the Ministry of Commerce, said he was hopeful of ending the current fiscal at around \$27 billion as against \$24.62 billion during the last financial year.

"There was a dip (-0.32%) in July and (-5.45%) and there was 8.47% positive growth in September. I am optimistic that it will be revived in the coming months and may touch USD 27 billion at the end of the fiscal," Mr. Bhaskar told PTI.

During the same period last fiscal, the exports fetched \$13.98 billion.

USA, Canada and Mexico (NAFTA countries), Europe and Africa account for 67.5% (nearly \$5 billion) of the total exports.

"Our exports in the category of vaccines are in a very bad shape. Despite the above and Russia-Ukraine war factors, we are on a positive side," he further said.

In October, exports fell by 5.45% to \$1.95 billion.

India's overall exports contracted by 16.65% to \$29.78 billion in October 2022 as compared to the last year's period, according to data released by the Ministry of Commerce recently. During April-October 2022, exports recorded a growth of 12.55% to \$263.35 billion.

Mr. Bhaskar said strengthening of dollar against the currencies of some of the key countries has also resulted in decline in exports during October besides the sanctions resulting from the Russia-Ukraine war.

"For example, Nigeria is one of the top five markets for Indian pharma exports. The continuous depreciation of Nigerian Naira against the US Dollar has forced that country to go slow on imports," the official further said.

Union Health Minister Mansukh Mandaviya, in a recent tweet, said India has emerged as a global pharma powerhouse under Prime Minister Narendra Modi's rule.

Exports of pharma production grew to over \$90,32,000 crore during April-October period from nearly ₹38,000 crore in the same period in 2013 up by 137.7%, the Minister said tagging an infographic.

Source: HT Mint, 28.11.2022



# China Plus One strategy: Indian API firms start to reap benefits

The pandemic stricken supply disruptions and the extant geopolitical tensions have benefited Indian active pharmaceutical ingredient (API) players the most, claims the industry.

As multinationals (MNCs) pursue a China Plus One strategy to derisk dependency on the world's second biggest economy, Indian players are steadily emerging a clear favourite.

Says Siddharth Mittal, chief executive officer and managing director (MD) of Biocon, "Our customers want an alternative source, assuming Indian companies also offer at the same price.

More and more customers are seeking a long term derisk and shrugging off Chinese reliance.

We are also taking steps to ensure we can lock in vendors who don't want to buy from China." This process will, however, be long drawn out.

The company has to qualify a new API (for its product) before it can completely switch over (to a new source).

"From a development point of view, our APIs qualify, but commercialisation will take a while.

We see a high single digit growth in our API business," says Mittal.

Likewise, Manish Dhanuka, MD, Orchid Pharma, says: "Bearing in mind the geopolitical situation, buyers from the West want to derisk their supply chain from China's and are looking towards India to fill this gap. Orchid has succeeded in developing customers who wanted to mitigate this risk." Meanwhile, Chinese costs have been increasing, claims its local industry.

"China has steadily been increasing the prices of APIs and intermediates.

A typical example is China controlled Penicillin G. India imports about 8,000 million tonnes per annum of this key raw material for antibiotics.

In the past few years, the price has shot up from about \$14 to \$34 per kilogram," says Dhanuka.

Therefore, with increasing Chinese prices and its global dominance in the antibiotics API market, Indian manufacturers must become competitive internationally.

" The monopoly of Chinese manufacturers has them dictating worldwide supply and prices.

It is crucial for India to have a fully backward integrated supply chain for lifesaving drugs," he adds.

Indian players have, in fact, started supplying to China as well. "Chinese drug regulator National Medical Products Administration has raised the drug standards of China to the level of the West.

Many homegrown Chinese players are unable to meet these standards, opening the door to companies like Orchid Pharma, that have been selling in the US markets for decades, to supply their products to China as well," says Dhanuka.

Another leading API maker Glenmark Life Sciences noted in its 2021-22 annual report that wages in China have risen to a much higher level than India's since 2007 due to a shift in demographics and economic reforms.

"India's manpower costs are currently lower than China's, and this cost effective skilled labour supply advantage is expected to continue in the future.

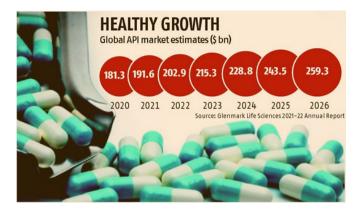
The cost of labour in China has more than doubled, from 5.2 per cent of the total direct manufacturing cost to 10.6 per cent, while in India, it has decreased from 6.1 per cent to 5 per cent (2015 data)," it said in the annual report.

In 2020, an estimated 40 per cent of all factories in China had closed, resulting in supply disruptions and higher costs.

This is when the global formulation makers realised the importance of derisking their dependence on China and reshuffle their API import source.

An industry source in the Indian API industry says, "It may not be a priority for European and US formulation makers to diversify the source immediately, but adding India to their list is on everyone's mind.

This is a relatively protracted process, but there has been a significant move towards this direction in the past year or so." Dishman Carbogen Amcis, a leading API and contract manufacturing player based out of Gujarat that



has plants across the world, including China, said in its annual report that the "Covid outbreak and China Plus One strategy being pursued by global MNCs have only affirmed the position of India as the most preferred destination for outsourcing research and development and manufacturing due to its proven track record of high quality research capabilities, in addition to its competitive cost structure".

"Indian API companies have been the biggest beneficiary due to the pandemic led supply chain disruption and the anti China sentiment and stand to gain significant market share in the years to come.

There has been an increasing trend of backward integration in the industry for input materials, thereby reducing import dependence," said Dishman.

The global API market was estimated to be around \$181.3 billion in 2020 and is expected to grow at a compound annual growth rate of 6.2 per cent to reach about \$259.3 billion by 2026.

Source: Sohini Das, Business Standard, 27.11.2022



# API import from China may fall 25% in next 5 yrs'

New Delhi: It seems the government's initiative to reduce dependency on China for active pharmaceutical ingredient (API) has started yielding results as pharma majors have moved towards API manufacturing in the country under the aegis of Product Linked Incentive (PLI) scheme, which was approved by the Union Cabinet in February 2021.

India currently imports about 70 per cent of API from China.

However, given the current market sentiment, India's dependency on China for API import may get reduced by

20-25 per cent in the next five years as pharma majors have taken it a challenge and working on a mission mode to bring down API import, opined Rajeev Singh Raghuvanshi, who is Secretary of Indian Pharmacopoeia Commission (IPC) that functions under the Ministry of Health and Family Welfare.

While talking to Millennium Post, Raghuvanshi said, "It's a fact that production of API is not an overnight game. It would increase gradually. The best part is that the government has cleared its intent by starting PLI schemes in this regard, which has been taken by the industry in a positive way."

"Definitely, money has its role in the growth of any project, but the important part of PLI scheme is that the government has given a positive signal to the industry as all three PLI schemes in this sector have mobilized pharma industry a lot towards API manufacturing," he said, adding that the government has put fuel in the fire and now it's the responsibility of the companies to make it happen.

However, Raghuvanshi also stressed that pharma business should not be seen from the profitability mindset. "There is a need to be more sensitive towards pricing of life-saving drugs as apart from profitability, there are several other social factors connected with this sector.

"It's worth mentioning that the Indian pharma sector is the third largest in the world by volume and 14th largest in terms of value. India contributes 3.5 percent of total drugs and medicines exported globally. Despite all these, India is significantly dependent on import of basic raw materials such as bulk drugs that are used to produce the finished dosage formulations.

The objective of the PLI scheme is to attain selfreliance and reduce import dependence in critical key starting materials (KSMs), drug intermediates and API.

Source: Dhirendra Kumar, Millenniumpost, 29.11.2022



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