

# AUSHADH SANDESH

Vol.-XXX | AUGUST, 2026 A Bi-monthly Newsletter

*Special Edition*



## THREE DECADES OF



AFFORDABLE  
MEDICINES



TRANSPARENT  
PRICING



PUBLIC  
SERVICE

दवा वही

दाम सही









National Pharmaceutical Pricing Authority  
Department of Pharmaceuticals  
Ministry of Chemical and Fertilizers  
Government of India



CELEBRATING 30<sup>TH</sup> FOUNDATION DAY  
ENSURING AFFORDABILITY &  
AVAILABILITY

Special Edition

# Three Decades of Pricing Policy, Reforms and Public Service

NPPA's Evolving Mandate in Pharmaceutical & Medical Device Pricing

August 2026

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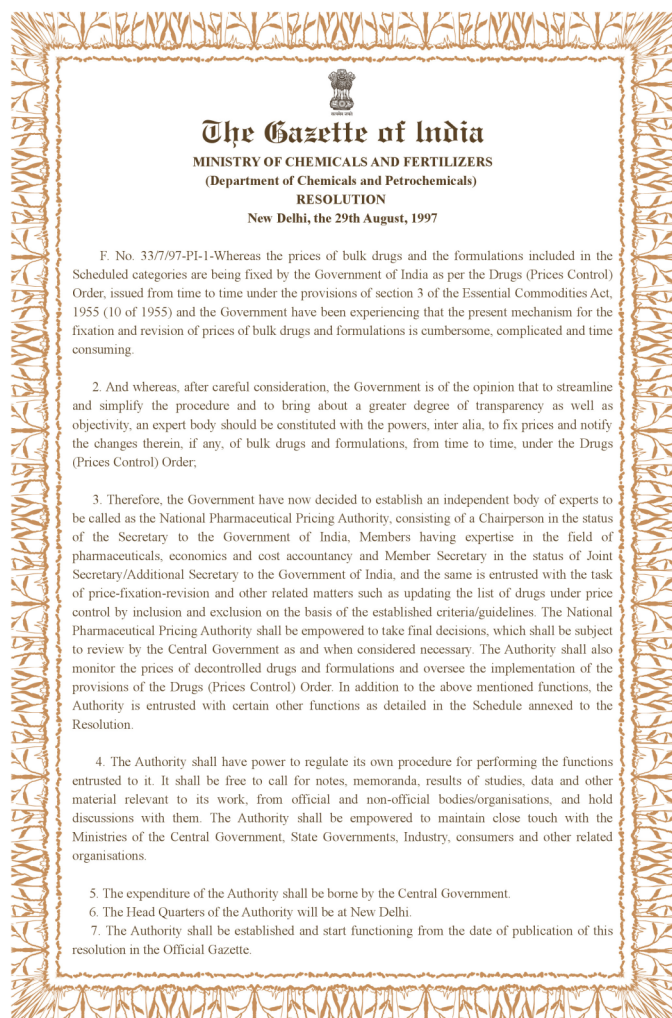
# NPPA

in the News









# Government of India's Resolution

for constitution of NPPA





## From CHAIRMAN'S DESK

It gives me immense pleasure to extend my warm greetings to all stakeholders on the occasion of the 30th Foundation Day of the National Pharmaceutical Pricing Authority (NPPA). Three decades of NPPA mark a significant milestone in the journey of an institution entrusted with the important responsibility of ensuring the availability and affordability of essential medicines and medical devices at reasonable prices. This occasion is an opportunity to reflect upon our journey, acknowledge the contributions of those who have shaped the Authority, and reaffirm our commitment to the people of India.

Since its establishment in 1997, NPPA has continuously evolved in response to the changing pharmaceutical and healthcare landscape. From strengthening price regulation and monitoring to expanding its role in the medical devices sector, NPPA has embraced technology, data-driven approaches and greater transparency in its regulatory processes. Initiatives such as IPDMS, Pharma Sahi Daam and the network of Price Monitoring and Resource Units (PMRUs) have strengthened our ability to engage with stakeholders and serve citizens more effectively.

As India moves towards the vision of Viksit Bharat, the healthcare ecosystem is undergoing rapid transformation driven by innovation, technology and changing patient needs. NPPA must remain an agile, evidence-based and future-ready regulator, balancing the objectives of affordability, availability and sustainability. The coming years will require greater use of data and technology, stronger institutional capabilities and continued constructive engagement with all stakeholders.

On this momentous occasion, I acknowledge with appreciation the dedication of the present and former members of the NPPA family, as well as the continued support of the Government, industry, PMRUs, patient groups, academia and other stakeholders. As we celebrate 30 years of service, let us look ahead with renewed resolve to build a more transparent, responsive and robust regulatory framework, contributing to accessible, affordable and sustainable healthcare for all. My best wishes to the entire NPPA family on its 30th Foundation Day.



P. Krishnamurthy, IAS  
Chairman  
National Pharmaceutical Pricing Authority  
Department of Pharmaceuticals  
Ministry of Chemicals and Fertilizers  
Government of India





S. Ahladini Panda, IA&AS  
Member Secretary  
National Pharmaceutical Pricing Authority  
Department of Pharmaceuticals  
Ministry of Chemicals and Fertilizers  
Government of India

## From Member Secretary's Desk

The 30th Foundation Day of NPPA is an occasion to celebrate three decades of a regulatory journey centred on a fundamental public interest - ensuring that essential medicines remain available and affordable to the people. Drug pricing in India has evolved considerably over the years, and NPPA has been at the forefront of implementing this framework through fixing and revising prices, monitoring compliance, examining overcharging and responding to changing market conditions. The Authority's work is ultimately measured not merely by the number of prices notified, but by the extent to which these interventions translate into meaningful relief for patients and consumers.

Over the years, the scope and complexity of pharmaceutical price regulation have increased significantly. NPPA today addresses ceiling prices, retail prices, discontinuation, availability and overcharging, while also responding to emerging challenges in the pharmaceutical and medical-device sectors. The transition towards data-driven regulation, supported by IPDMS, Pharma Sahi Daam and the network of PMRUs, has strengthened our ability to understand market behaviour, monitor prices and take timely regulatory action. The experience of three decades has reinforced that effective drug-price regulation requires a careful balance-protecting consumer interests while ensuring that the pharmaceutical sector remains viable, competitive and capable of investing in innovation and quality.

On this significant milestone, I acknowledge the contribution of all those who have been part of NPPA's journey and appreciate the continued cooperation of our stakeholders. Going forward, NPPA will continue to strengthen evidence-based pricing, data-driven decision-making, transparency and regulatory responsiveness, while improving coordination with State Governments, industry, healthcare professionals, patient groups and other stakeholders. The 30th Foundation Day is both a moment of reflection and a renewed commitment to the task ahead-ensuring that, as the pharmaceutical landscape continues to evolve, the patient and public interest remain at the centre of NPPA's approach to drug pricing and regulation.





## EXECUTIVE SUMMARY - SPECIAL EDITION NEWSLETTER (30th FOUNDATION DAY)

### *Three Decades of Regulation, Reform & Public Service - NPPA's Evolving Mandate in Pharmaceutical & Medical Device Pricing*

#### **Chapter 1 - Three Decades of Medicine Price Regulation**

Since its constitution on 29 August 1997, NPPA has evolved as the institutional anchor of India's medicine price-regulation framework, building on decades of policy development from DPCO 1950 to DPCO 2013 and the National List of Essential Medicines. Guided by the pillars of affordability, accessibility, transparency, monitoring and enforcement, NPPA today regulates 935 formulations under ceiling prices, supported by 33 PMRUs and a strong institutional framework.

#### **Chapter 2 - From Medicines to Medical Devices**

Building on this foundation, NPPA's mandate progressively expanded beyond medicines to include medical devices, beginning with condoms in 2013 and subsequently covering coronary stents, knee implants and other devices. The journey has continued through interventions during COVID-19, the National Medical Devices Policy, and recent revisions in stent and knee-implant pricing, reflecting NPPA's evolving role in ensuring affordability across the healthcare ecosystem.

#### **Chapter 3 - Understanding the CAPPM Scheme**

The commitment to affordability is complemented by consumer awareness and market-level monitoring through the Consumer Awareness, Publicity and Price Monitoring (CAPPM) scheme and the expanding network of PMRUs. Through surveys, awareness campaigns, training and the Pharma Sahi Daam platform, NPPA has brought price information and grievance redressal closer to citizens, strengthening transparency and public participation in price regulation.

#### **Chapter 4 - IPDMS**

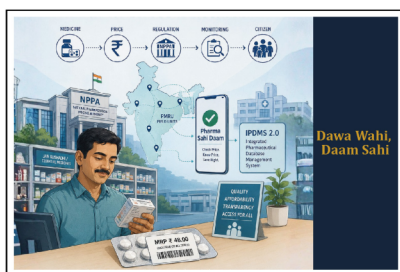
A Decade of Digital Transformation. The growing scale of price regulation have been matched by NPPA's digital transformation through the Integrated Pharmaceutical Database Management System (IPDMS). From its launch in 2015 to IPDMS 2.0 in 2022, the platform has evolved into a comprehensive digital backbone for pharmaceutical and medical-device data, filings and regulatory processes, enabling more efficient, transparent and data-driven decision-making.

#### **Chapter 5 - Availability, Grievance Redressal and Three Decades of Milestones**

These initiatives converge in NPPA's larger mandate of ensuring not only affordable prices but also continued availability and effective grievance redressal. From its Foundation Era in 1997 to the present Impact & Expansion Era, NPPA's 30-year journey reflects a transformation from a medicines-focused price regulator into a digitally enabled, multi-sector authority, with its next chapter defined by innovation, responsiveness and its continued commitment to affordable and accessible healthcare for all.



05



## Chapter- 1

Three Decades of Medicine Price Regulation

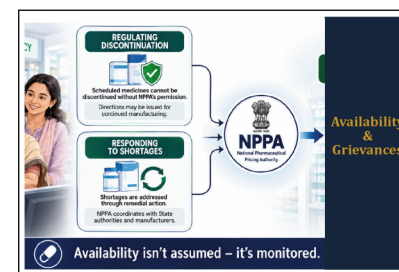
23



## Chapter- 3

Understanding the CAPPMP Scheme

36



## Chapter- 5

Availability, Grievance Redressal and Three Decades of Milestones

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## Chapter- 2

From Medicines to Medical Devices



29

## Chapter- 4

Integrated Pharmaceutical Database Management System



# CONTENTS

# Functions of NPPA

Affordable medicine, Available to all



To implement and enforce the provisions of the DPCO, 1979, 1987, 1995 and 2013 in accordance with powers delegated to it.

To monitor the availability of medicines & medical devices, identify shortages, if any, and to take remedial steps.

To undertake and/or sponsor relevant studies in respect of pricing of drugs/ formulations.

To collect/ maintain data on production, exports and imports, market share of individual companies, profitability of companies etc. for bulk drugs and formulations.

To deal with all legal matters arising out of the decisions of the Authority.

To render advice to the Central Government on changes/revisions in Pharmaceutical policy.

To render assistance to the Central Government. in parliamentary matters relating to Pharmaceutical pricing.

# The Five Pillars of NPPA's Work

Today, NPPA's approach to medicine & medical devices rests on five interlocking pillars, working toward one goal: fair prices, better access and a stronger, healthier India.



## Affordability

Fair prices so medicines & devices remain within reach of every patient.



## Availability

Improving availability of essential medicines & devices across India.



## Transparency

Openness through digital reporting and public price information.



## Monitoring

Continuous tracking of prices and market trends.



## Enforcement & Recovery

Firm action where prices fall out of line with notified limits.







*"The true value of a medicine is not measured merely by its scientific innovation, but by whether it is available to every patient who needs at affordable price"*

# Dawa Wahi, Daam Sahi

The Story Behind India's Medicine Price Regulatory Framework

## INDIA'S PHARMACEUTICAL FOOTPRINT

# The “Pharmacy of the World”

India supplies medicines to more than 200 countries and contributes nearly one-fifth of the global generic medicine supply by volume - a scale built on decades of manufacturing expertise and, increasingly, a stable pricing framework.

**200+**

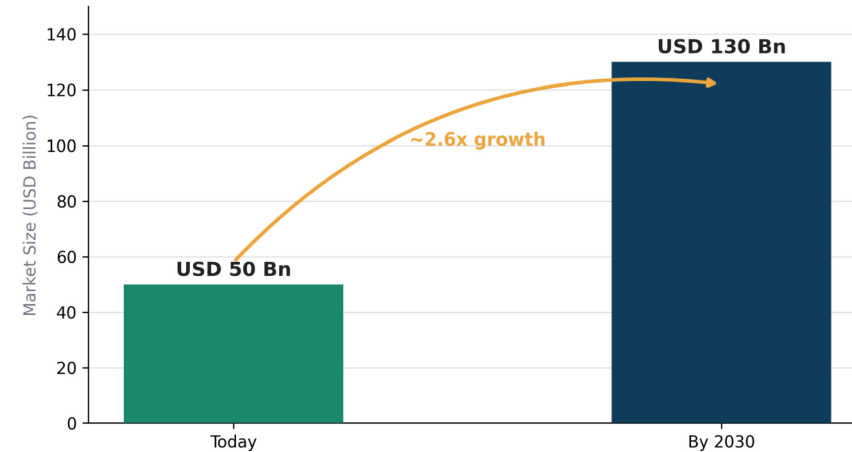
countries supplied with Indian-made medicines

**~1/5**

of the global generic medicine supply by volume

*India's pharmaceutical market is projected to grow from nearly USD 50 billion today to approximately USD 130 billion by 2030 - reflecting its expanding role in global healthcare.*

**India's Pharmaceutical Market: Growth Trajectory to 2030**



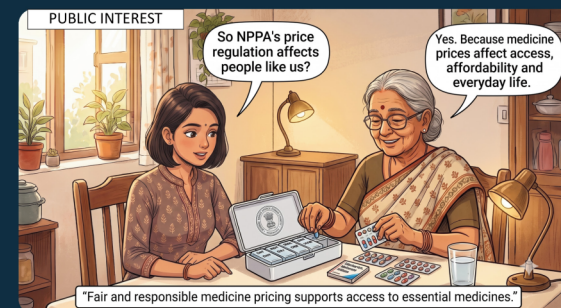
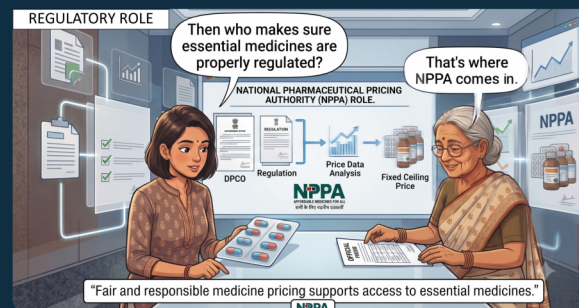
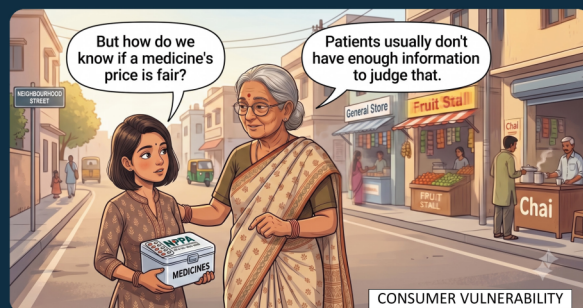
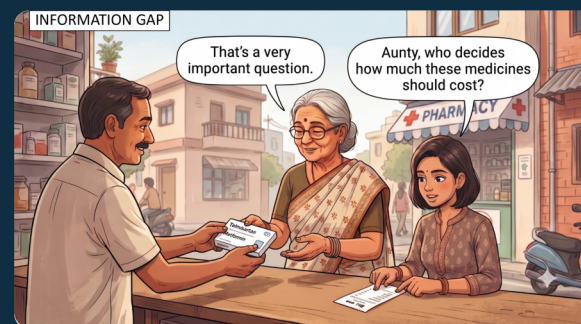
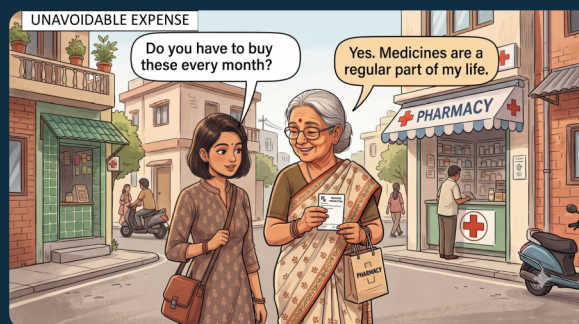
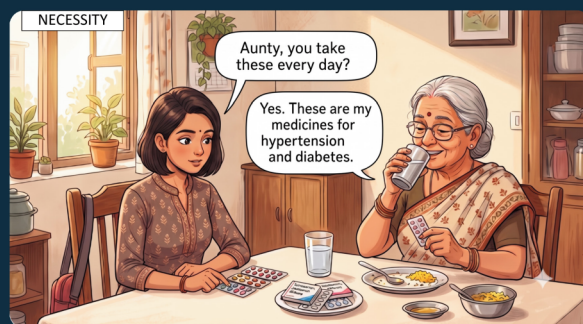
Source: Department of Pharmaceuticals, Annual Report 2024-25



## A STORY, FIRST

# The Price Behind Every Medicine: Through Divisha's Eyes

Every day, millions of Indians purchase medicines not by choice, but by necessity. Limited alternatives, information asymmetry, and the high costs of R&D and manufacturing can give rise to market imbalances - making effective price regulation essential. At the heart of this framework is NPPA, which oversees medicine prices under the Drugs Price Control Order, evolving alongside India's healthcare and pharmaceutical landscape.



# Evolution of Drug Price Control in India

*From wartime emergency powers to today's market-based pricing framework.*



*This gradual evolution culminated in NPPP 2012, fundamentally reorienting India's approach to drug price regulation.*



## The Transparent Pricing Process:

*NPPA fixes Ceiling prices for Scheduled Drugs, Retail price for New Drugs and Monitors prices of Non Scheduled drugs*

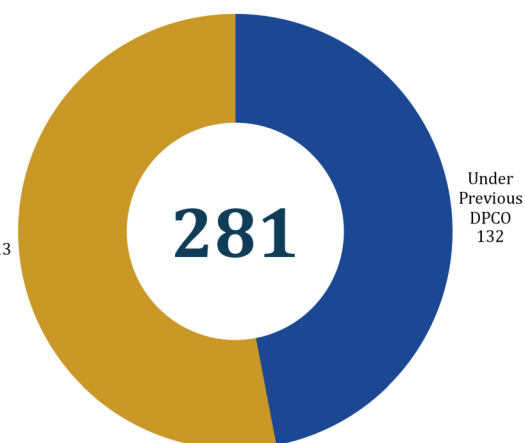
The ceiling and retail prices are fixed by taking simple average prices to retailers (PTR) of all the brands and generic versions of medicine having market share of more than or equal to 1% of total market turnover on the basis of Moving Annual Turnover (MAT) of a specified medicine. Further, a margin of 16% is added on Average Price to Retailer (PTR) while fixing the prices.

*Once the prices are fixed, the worksheets are uploaded on the webpage, for ready reference and any representation.*

**281**

*Total 281 Authority meetings held till date out of which 149 were under earlier DPCO, 2013 & 132 were held prior to DPCO, 2013.*

Under DPCO, 2013  
149



Under  
Previous  
DPCO  
132

*Total 281 Authority meetings held till date & 149 of these are held under DPCO, 2013.*

## A FUNDAMENTAL SHIFT

# From Cost-Based to Market-Based Pricing

*NPPP 2012 replaced the traditional cost-based pricing system with market-based pricing, operationalised through DPCO 2013.*

### EARLIER PRIOR TO DPCO, 2013- COST BASED PRICING

- Prices fixed based on each manufacturer's production costs
- Required detailed cost audits for every formulation
- Slower to administer at scale across thousands of products

### UNDER DPCO, 2013- MARKET BASED PRICING

- Ceiling prices & Retail prices set from the average market price of medicines
- Simplifies regulation and improves transparency
- Competition ensures fair market pricing

## DPCO: PRICE REGULATION FRAMEWORK

# Ensuring Affordability & Access to Medicines

How price regulation translates into public-interest outcomes - from NLEM inclusion and ceiling-price enforcement to market oversight and targeted interventions that protect patients from excessive pricing.



**935**

scheduled formulations with effective ceiling prices

**3,845**

retail prices for new drugs made effective

**10%**

maximum MRP increase for non-scheduled formulations

## Public-Interest Interventions

Targeted DPCO measures have addressed medicines and medical devices where affordability concerns were significant.

**2014**

### 106 non-scheduled formulations

MRP capped for diabetes & cardiovascular medicines

**2017**

### Coronary stents

Ceiling prices fixed for the first time

**2017**

### Knee implants

Ceiling price notified under orthopedic implants

**2019**

### 42 anti-cancer medicines

Trade Margin Rationalization; MRP of 526 brands reduced by up to 90%

**2021**

### 6 medical devices

Trade margin capped at 70% at PTD level during COVID

**2024-26**

### 56 lifesaving drugs

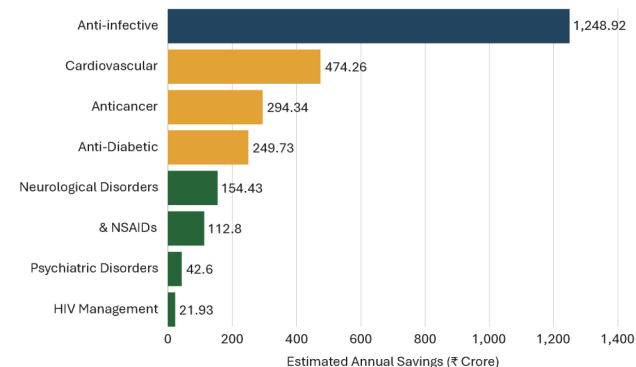
Custom-duty relief followed by NPPA directions to revise MRP

## WHERE THE SAVINGS LAND

## Savings from the NLEM 2022 Revision

Anti-infective medicines - among the most widely prescribed – account for the single largest share of estimated annual savings, followed by cardiovascular and anticancer medicines.

Savings from the NLEM 2022 Revision, under some of the therapeutic categories



## Evolution of the National List of Essential Medicines (NLEM)

*The National List of Essential Medicines is a dynamic list published by the Ministry of Health and Family Welfare (MoHFW) in India that identifies medicines satisfying the priority healthcare needs of the majority of the population. It's three revisions since 2011 have reshaped India's approach to essential medicines.*

2011

### NLEM 2011

National List of Essential Medicines notified by the Ministry of Health & Family Welfare.

*348 Medicines included in the NLEM - 2011*

2015

### NLEM 2015

Reviewed and updated to align with disease burden, treatment guidelines and emerging health needs.

*Count increased to 376, after revision of list*

2022

### NLEM 2022

Comprehensive revision to address current public health priorities and advances in medical science.

*The NLEM 2022 features a total of 388 drugs organized across 27 therapeutic categories*

NLEM continues to guide the selection, procurement and availability of essential medicines across the country, ensuring affordable and equitable access to quality healthcare for all.

## ESSENTIAL MEDICINES

# NLEM 2022: The Foundation of Price Regulation

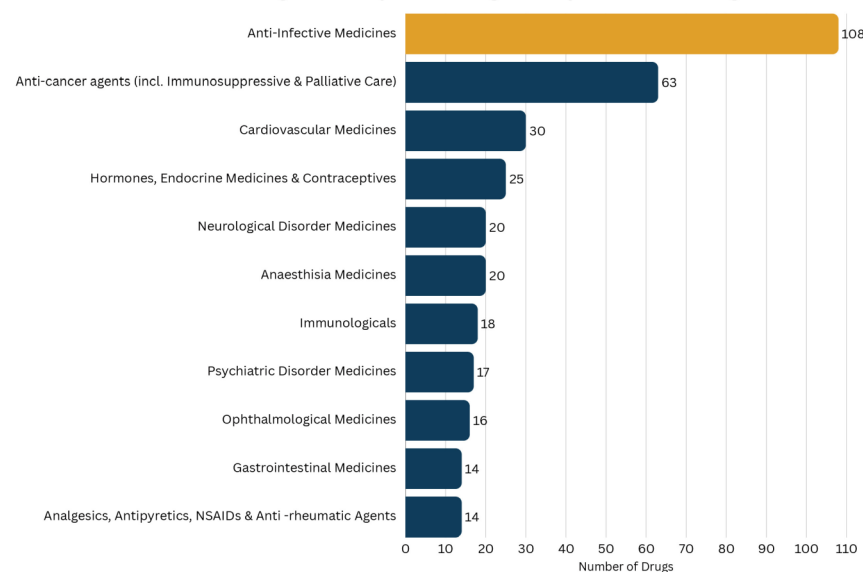
Not every medicine is price controlled. Regulation primarily targets medicines on the National List of Essential Medicines (NLEM) - those considered indispensable for the population's priority healthcare needs. These become Scheduled Formulations under the DPCO.

**388**

medicines across 27 therapeutic categories - the latest revision to India's essential medicines list.

*Medicines outside the Schedule are Non-Scheduled Formulations - not directly price-fixed, but still monitored to prevent unreasonable annual increases.*

**NLEM 2022: Largest Therapeutic Categories by Number of Drugs**

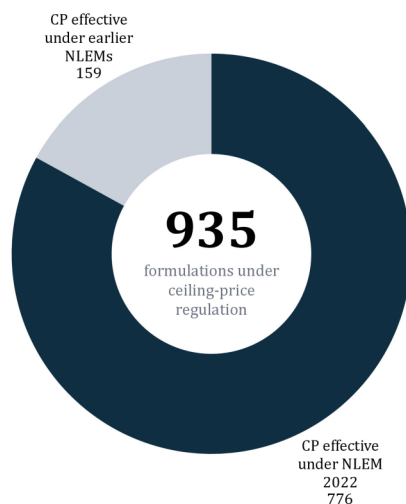




## IMPACT BY THE NUMBERS

# NPPA's Track Record

### NPPA's Reach: Ceiling prices currently in force



As of today, ceiling prices are in force for 935 formulations. The NLEM 2022 revision alone brought an average price reduction of 16.82%, translating into significant annual savings for patients across the country.

**935**

formulations under ceiling-price regulation

**16.82%**

average price reduction from NLEM 2022

**₹3,802 Cr**

estimated annual savings for patients

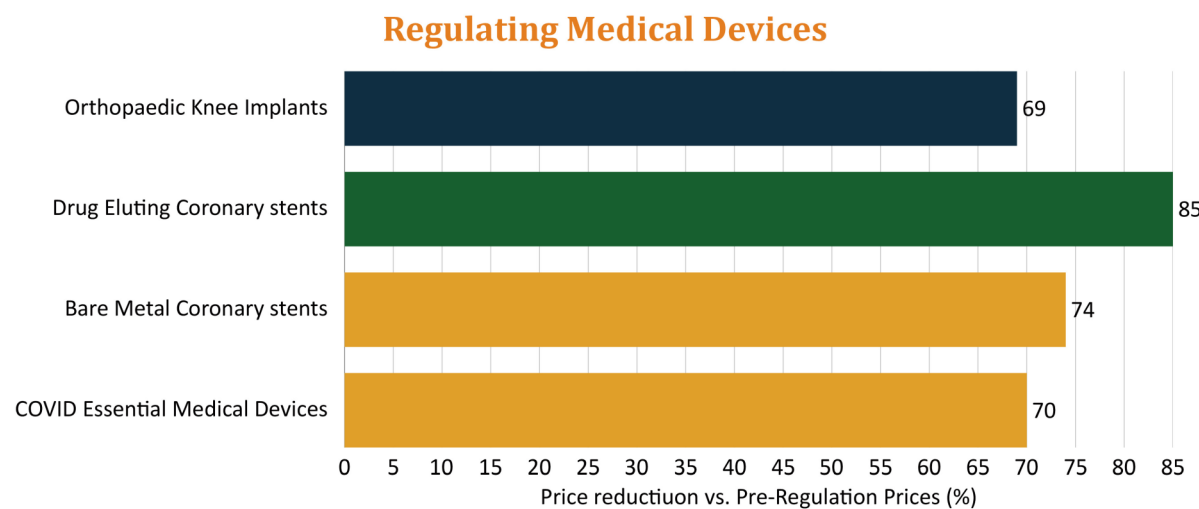
*Of the 935 formulations, 776 scheduled formulations were freshly fixed or revised following the NLEM 2022 revision.*

*A network of 33 Price Monitoring & Resource Units and digital platforms like IPDMS 2.0 keep these prices enforced on the ground.*

## EXPANDING THE REGULATORY REACH

# Beyond Medicines: Regulating Medical Devices

The same conditions that justify regulating medicine prices - necessity-driven purchase, information asymmetry, and limited substitutes - apply with even greater force to high-cost devices, where patients have little ability to compare options once on the operating table.



## IN GLOBAL PERSPECTIVE

# How India's Approach Compares

### WORLD HEALTH ORGANISATION FAIR PRICING FORUM

A global platform (since 2024) on medicine affordability, defining a “fair price” as one that is simultaneously affordable to patients and health systems, and sufficient to sustain industry investment in production and innovation.

*The same principal already reflects in India's DPCO framework since the Hathi Committee first proposed an Essential Medicines approach in 1975 - **decades before** “fair pricing” became an international policy term.*

### INDIA'S DISTINCTIVE MODEL

India's model differs from many peer economies in its emphasis on essentiality and market-based benchmarking, rather than direct price negotiation or reference pricing against other countries.

*An approach suited to India's position as both the world's largest generic medicine supplier and a price-sensitive domestic market of over 1.4 billion people.*



# From Medicines to Medical Devices

NPPA's Evolving Mandate in Medical Device Pricing

*"A year-wise chronicle of how India's pricing regulator widened its reach - and what it means for patients, industry and the health-product ecosystem"*

# 1997

WHEN IT ALL BEGAN

## THE FOUNDATION

### A Mandate Built on Medicines

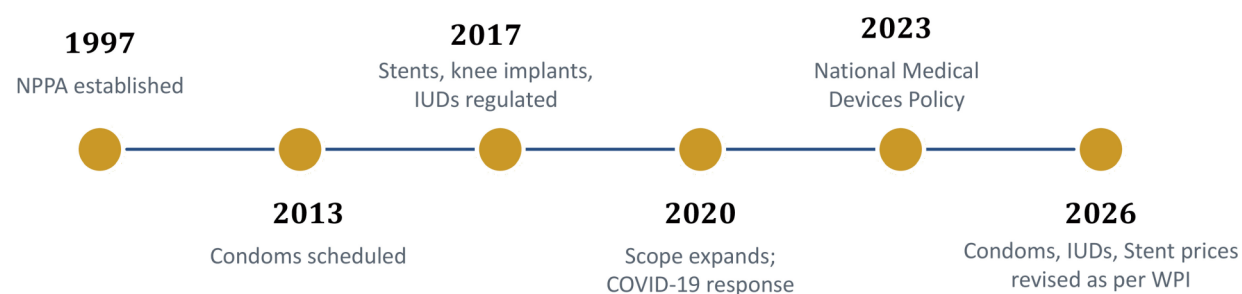
The National Pharmaceutical Pricing Authority (NPPA) was constituted to implement the Drugs (Prices Control) Order and to ensure that essential medicines remained available and affordable across the country.

*At this stage, medical devices did not fall within NPPA's regulatory ambit - the Authority's entire focus was on medicine pricing. The journey into devices was still years away.*

## A WIDENING MANDATE

### The Journey at a Glance

Six milestones across three decades trace NPPA's growth from a medicines-only regulator to a full medical-device pricing authority.





## FROM MEDICINE TO MEDICAL DEVICES

How NPPA brought medical devices under price control, 2013 - 2026

1

**2013**

### Condoms

The first device category brought under the price-ceiling framework, through inclusion in the National List of Essential Medicines - NPPA's first formal step into device pricing.

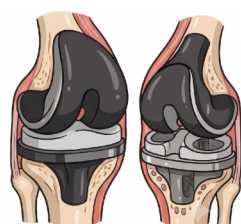


2

**2017**

### Stents & Knee Implants

Coronary stents were added to Schedule I of the DPCO, with ceiling prices notified in February 2017. Knee implants followed under Para 19 the same year - a landmark year for high-impact devices.



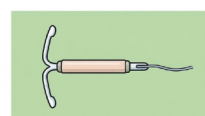
total knee replacement system

3

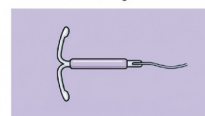
**2017**

### IUDs

Intrauterine devices were scheduled under the NLEM. Their ceiling price was most recently revised in March 2026, nearly a decade after first regulation.



Levonorgestrel-Releasing IUD

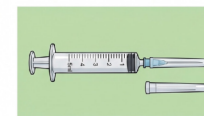


4

**2017 →**

### The Wider Market

For non-scheduled devices, NPPA monitors maximum retail price instead of fixing a ceiling - capping increases at 10% within any 12-month period.

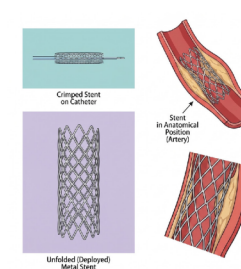


5

**2026**

### The Latest Chapter

NPPA revised coronary stent ceiling prices in March 2026 and continued extending the regulatory framework for knee implants - the most recent entries in a journey that began nearly three decades ago.



*From a single essential medicine to comprehensive oversight of India's medical device market.*

2020

## The Mandate Expands & responding to COVID-19

As medical devices assumed a larger role in India's health-product regulatory framework, NPPA's monitoring role expanded accordingly, particularly during the pandemic when surging demand for essential medical devices heightened the risk of unfair pricing, prompting NPPA to cap trade margins on six device categories.

### EARLIER SCOPE

*Limited categories under monitoring*

- ✓ Coronary stents
- ✓ Knee implants
- ✓ IUDs
- ✓ Condoms

### EXPANDED MONITORING

*Across a wider range of medical devices*

- ✓ Monitoring devices
- ✓ Oxygen devices
- ✓ Diabetes-care devices
- ✓ Assistive devices
- ✓ ...and many more



Oxygen Concentrators



Blood Pressure Monitors



Digital Thermometers



Pulse Oximeters



Glucometers



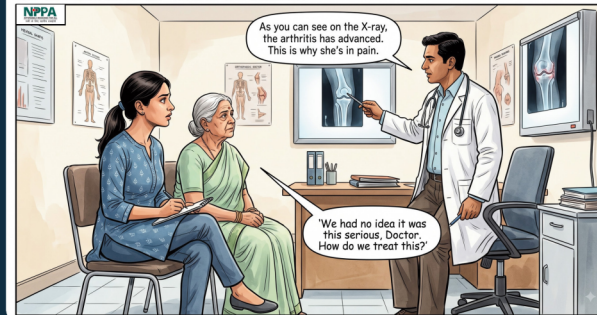
Nebulisers

*A targeted intervention that protected patients from exploitative pricing at a moment of acute need.*

A STORY, FIRST

## Transparent Horizons: Through Aanjani's Eyes

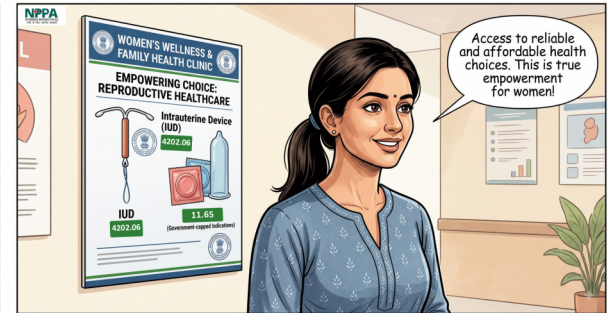
THE CONSULTATION ROOM - FEAR OF THE UNKNOWN



THE HOSPITAL DESK - THE TURNING POINT



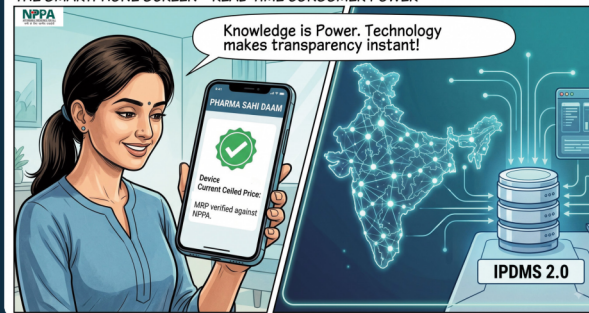
PANEL 3: THE WELLNESS CLINIC - EMPOWERING WOMEN'S HEALTH.



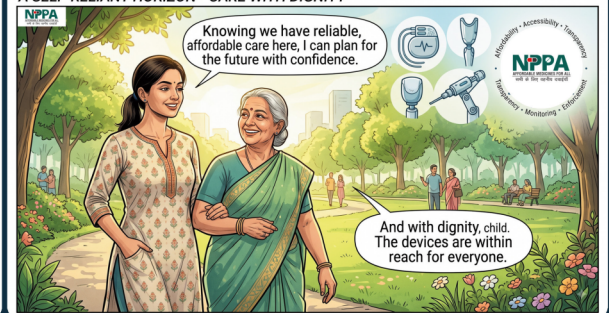
HOSPITAL MEDICAL SUPPLY - REGULATED SURGICAL IMPLANTS



THE SMARTPHONE SCREEN - REAL-TIME CONSUMER POWER



A SELF-RELIANT HORIZON - CARE WITH DIGNITY



## THEN AND NOW

# At a Glance

How NPPA's medical device mandate has changed across three decades.

| Aspect                      | Then (1997–2016)            | Now (2017–2026)                                                                          |
|-----------------------------|-----------------------------|------------------------------------------------------------------------------------------|
| <b>Regulatory scope</b>     | Medicines only              | Medicines and Medical Devices                                                            |
| <b>Data &amp; reporting</b> | Manual, paper-based returns | Digital, real-time reporting through IPDMS 2.0                                           |
| <b>Market monitoring</b>    | Limited, category-specific  | Continuous surveillance across a wide, growing range of devices                          |
| <b>Manufacturing focus</b>  | Largely import-dependent    | Domestic push via the National Medical Devices Policy, 2023, PLI and manufacturing parks |
| <b>Enforcement</b>          | Case-by-case action         | A structured, traceable, multi-stage escalation process                                  |





## Understanding The CAPP Scheme

Consumer Awareness, Publicity and Price Monitoring

*From a Delhi desk to a nationwide network  
Ensuring Affordability & Availability*



## THE QUESTION AT THE HEART OF CAPPAM

# "Do We Really Know the Right Price of Our Medicines?"

The Consumer Awareness, Publicity and Price Monitoring (CAPPAM) scheme is a flagship initiative of the Department of Pharmaceuticals bringing medicine price awareness and consumer empowerment to communities across India.

Awareness is carried forward by the extended arm of NPPA - the Price Monitoring and Resource Units (PMRUs) - reaching every citizen.

*Connecting the system with people*

## The PMRU's answering the question

PMRUs function under the direct supervision of the concerned State Drug Controller, supporting both State Drug Controllers and NPPA in disseminating information about medicines and raising awareness. They are NPPA's key grassroots partners for gathering information & ensuring availability.

1

### Price Monitoring

Systematic market-based data collection on scheduled and non-scheduled formulations.

2

### Training & Seminars

Workshops at State and District level for consumer awareness and publicity.

3

### IEC Activities

Advertisements, newsletters, and other information, education and communication efforts.

4

### Sample Collection

Collection and purchase of test samples of medicines for verification.

5

### Market Surveys

Availability checks of medicines across States, Districts and specific areas.

## A STORY, FIRST

# Understanding CAPP: Through Atharv's Eyes



A short comic strip that introduces the everyday question at the heart of the CAPP scheme: how does a consumer know they are paying the right price for their medicines?

## PMRU Registration Growth

*From Kerala's first PMRU (Jan 2019) to Sikkim's (Jan 2026)*

### BEFORE COVID-19

Up to 31.12.2019

**9**

#### PMRUs registered

Kerala, Gujarat, Odisha, Haryana, Punjab, Nagaland, Tripura, Uttar Pradesh, Rajasthan

### DURING COVID-19

01.01.2020 – 31.05.2023

**19**

#### PMRUs registered

Mizoram, J&K, Andhra Pradesh, Karnataka, Maharashtra, Goa, Madhya Pradesh, Chhattisgarh, Jharkhand & more

### AFTER COVID-19

From 01.06.2023 onwards

**5**

#### PMRUs registered

Assam, DNH & DD, Lakshadweep, Delhi, Sikkim

## Categories for PMRU Setup

*Category weighs each State/UT's PMRU by its share of India's population - shaping how staffing and infrastructure are allocated so that every region, however large or small, gets a PMRU built for its scale.*

### Category I

>3% of total population

Andhra Pradesh, Bihar, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Uttar Pradesh, West Bengal

### Category II

1–3% of total population

Assam, Chhattisgarh, Delhi, Haryana, Jammu & Kashmir, Jharkhand, Kerala, Punjab, Telangana

### Category III

<1% of total population

Andaman & Nicobar Islands, Arunachal Pradesh, Chandigarh, DNH & DD, Goa, Himachal Pradesh, Lakshadweep, Manipur, Meghalaya, Mizoram, Nagaland, Puducherry, Sikkim, Tripura, Uttarakhand, Ladakh



## IEC ACTIVITIES: TAKING AWARENESS TO THE PUBLIC

The key highlight is the Pharma Sahi Daam app, a medicine price tracker that enables consumers to directly check the medicine prices, their alternate brands available in the market and lodge complaint to NPPA in case of any suspected overcharge or non-availability. From live app demonstrations to LED screen campaigns, stickering drives, and poster competitions & many other initiatives, PMRUs across India are turning a government scheme into an everyday public habit.

PHARMA SAHI DAAM

**Right Price,  
Right in Your Pocket**



EVERY CONVERSATION MAKES A DIFFERENCE

Available on iOS & Android

## ACHIEVEMENTS

### CAPPM at a Glance



#### Goa- Poster Competition

Poster-making competition themed  
"Think Health, Think Pharmacist."



#### Tripura - LED Screen Displays

21 LED screens ran the awareness video for  
20 consecutive days.



#### Jammu & Kashmir - Stickering

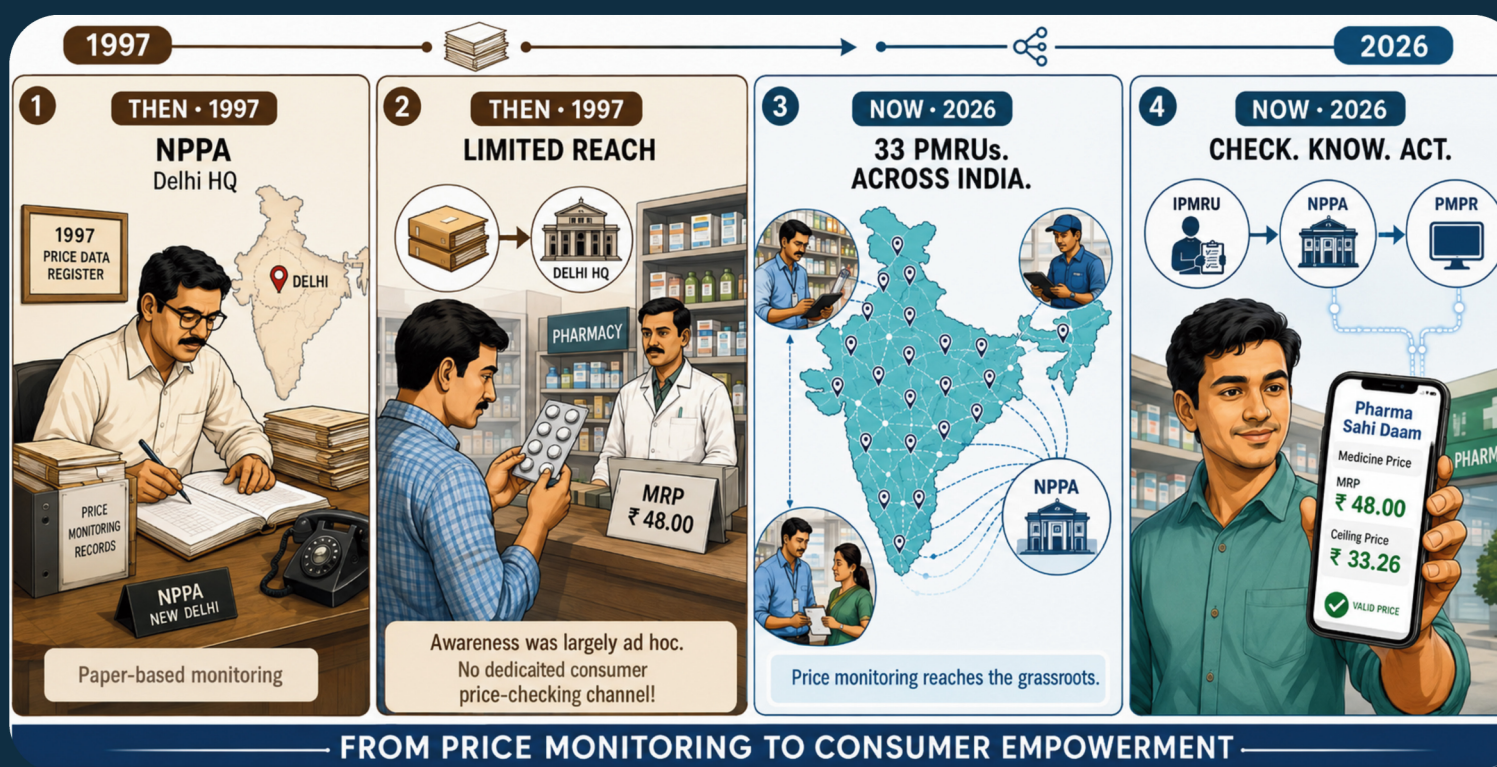
QR-coded posters at pharmacies for easy  
app installation and price checks.



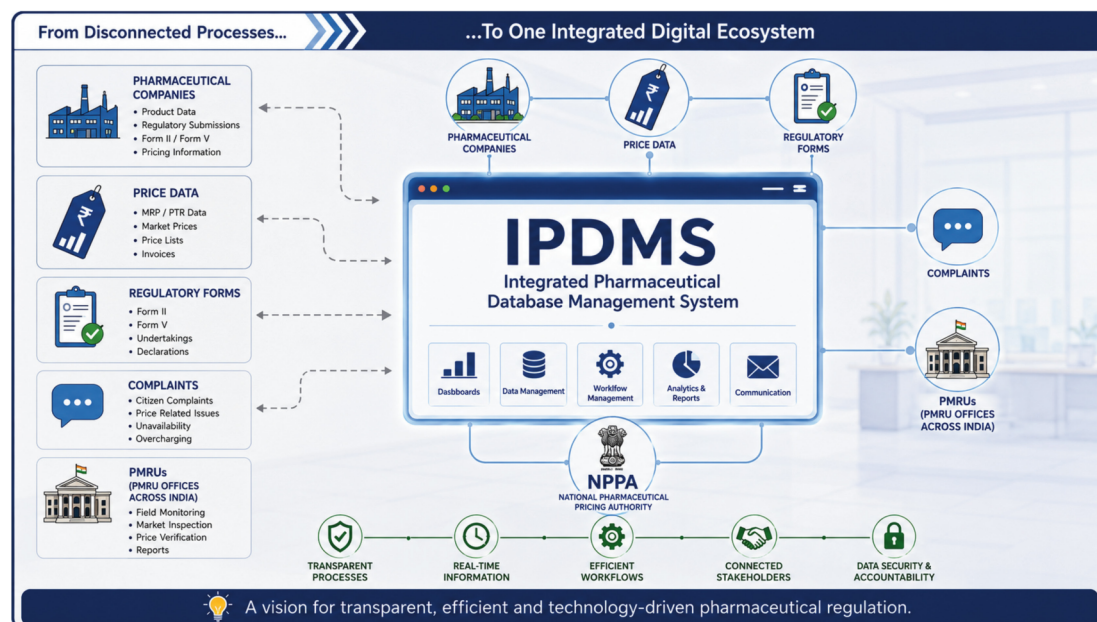
#### Viksit Bharat Sankalp Yatra

Outreach camps under the Viksit Bharat  
Sankalp Yatra to educate the public on the  
role of NPPA.

# Awareness is the first step towards empowerment.







*A Decade of Digital Transformation in Pharma Pricing*

**10 Years · 2015 – 2025**

**IPDMS**  
Integrated Pharmaceutical Database  
Management System  
(IPDMS)

## ORIGIN & EVOLUTION

# Why IPDMS Came Into Existence

*A shift in pricing policy demanded a new kind of data*

The Drugs (Prices Control) Order moved from the cost-based pricing model of DPCO, 1995 to a market-based mechanism under DPCO, 2013 - a shift that made reliable, comprehensive market data essential to price regulation. Under Para 9(1), that data initially had to be sourced from a private market-data specialist; Para 9(2) anticipated NPPA developing its own mechanism in due course.

PARA 9(1) · OUTSOURCED DATA

PARA 9(2) · IPDMS

**JUNE 25, 2015**

NPPA launched IPDMS - inaugurated by the Hon'ble Union Minister of Chemicals & Fertilizers, Shri Ananth Kumar, developed in collaboration with the National Informatics Centre (NIC), to file DPCO Schedule II forms.

*Objective: a transparent, technology-driven interface between NPPA and pharma stakeholders - with a database of PTR and MAT values for NLEM and new drugs, for price fixation and monitoring.*

## From Cost-Based Pricing to a Digital Ecosystem

- 2013** **DPCO 2013**  
  
Shift from cost-based (DPCO 1995) to market-based pricing, requiring reliable market data.
- 2015** **IPDMS Launched**  
  
Launched June 25, 2015 by Hon. Union Minister Shri Ananth Kumar, developed with NIC.
- 2022** **981 Companies Onboarded**  
  
By July 31, 2022: 981 companies and 89,553 products onboarded on the original platform.
- 2022** **IPDMS 2.0 Launched**  
  
Launched Aug 29, 2022 by Hon. Union Minister Shri Mansukh L. Mandaviya - a unified platform for Forms I–VI under Schedule II.
- 2025** **Form I Mandate**  
  
From April 1, 2025, New Drug retail price approvals (Form I) must be filed only through IPDMS 2.0.

## Then vs Now: The Transformation

*From an outsourced dataset to NPPA's own live, connected system.*

### THEN · 2015

1

#### DATA SOURCE

#### **Para 9(1) – IMS-Health**

Market data bought from a private specialist firm; NPPA held no dataset of its own.

2

#### REGULATORY COMPLIANCE

#### **Paper Filings**

Forms II, III & V submitted physically to State Drug Controllers and the government.

3

#### PRICE MONITORING

#### **Manual Cross-Checks**

Paper price lists reconciled by hand against third-party market data.

4

#### ENFORCEMENT

#### **Slow Case-Building**

Overcharging cases built manually, with limited real-time visibility.

5

#### GRIEVANCE REDRESSAL

#### **No Digital Channel**

The public had no dedicated route to report overpricing or non-availability.

### NOW · 2026

1

#### DATA SOURCE

#### **Para 9(2) – IPDMS**

The clause enabling NPPA's own platform — built and hosted in-house.

2

#### REGULATORY COMPLIANCE

#### **Single-Window, Online**

Forms II, III, V & VI filed digitally through one cloud-based window.

3

#### PRICE MONITORING

#### **Live Price Database**

Real-time ceiling & retail prices, production and trade data in one system.

4

#### ENFORCEMENT

#### **Real-Time Detection**

Non-compliance flagged as it happens, feeding directly into recovery action.

5

#### GRIEVANCE REDRESSAL

#### **Built Into IPDMS**

A complaint module feeding Pharma Sahi Daam and Pharma Jan Samadhan.



## SIMPLIFYING COMPLIANCE — MAKING DPCO REPORTING EASIER



IPDMS 2.0 enables digital submission of applicable regulatory forms and creates a more structured, traceable and connected compliance process.



## Features of the Portal - IPDMS 2.0

### 1 Single-Window Digital Filing

Forms I–VI under Schedule II of DPCO, 2013 filed digitally, with a complete, traceable audit trail.

### 2 Dynamic Reporting & Dashboards

Real-time, interactive dashboards give stakeholders live visibility into their filings and status.

### 3 SMS & Email Alerts

Automated notifications keep stakeholders current on ceiling price orders and regulatory timelines.

### 4 Multi-Instance, Role-Based Access

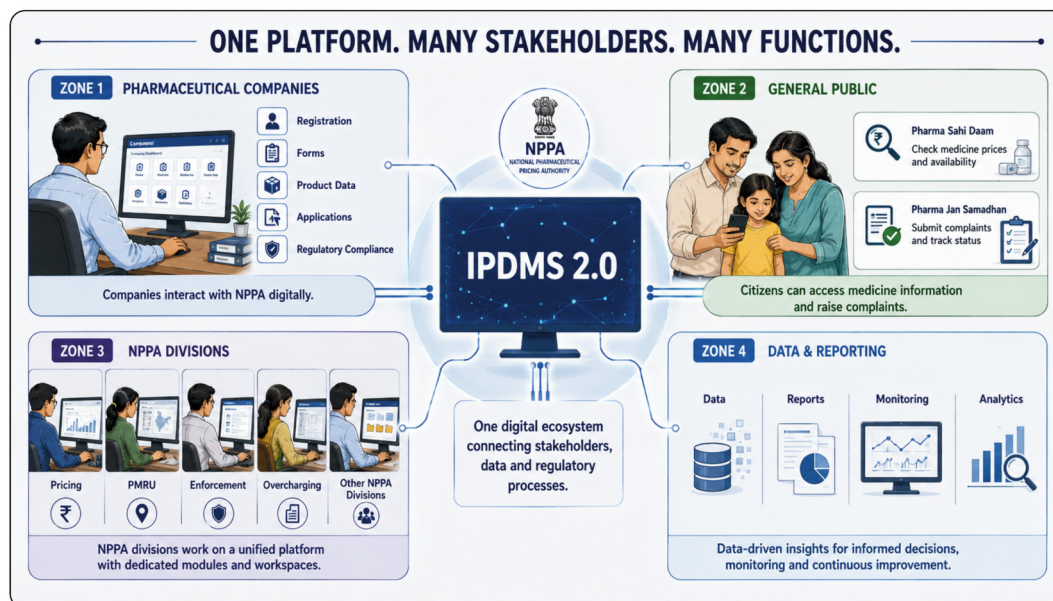
Concurrent, secure access for NPPA, state PMRUs, and reporting pharma entities alike.

### 5 PMRU Integration

Centralised oversight of availability surveys, IEC activities, and DPCO price-compliance monitoring.

### 6 Citizen App Integration

Connected to Pharma Sahi Dam and Pharma Jan Samadhan for consumer-facing transparency.





## Before vs Now: By the Numbers

Stakeholder registration on the platform, a decade apart.

**Before • JULY 2022**

**981**

Companies onboarded

**89,553**

Products registered

**NOW • 2026**

No. of Drug Companies  
**2162**



No. of Drugs  
**159168**



No. of Medical Device  
Companies  
**1385**



No. of Medical Device  
**231115**



A decade of growth: drug-company registrations up 52%, product listings up 63% - with an entirely new medical-device category now tracked alongside drugs.

## Reach & Accessibility

Regulatory filings (Forms II, III & V) sustained across both platform generations

Total Form II filed • till 2026

**35,421**

Total Form III filed • till 2026

**1,10,103**

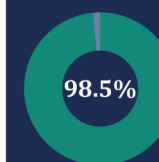
Total Form V filed • till 2026

**1,74,505**



### Pharma Sahi Dam

Lets citizens check the correct ceiling/retail price of medicines instantly & file a complaint on overcharging, refusal, shortage or new-drug issues - with real-time status tracking.



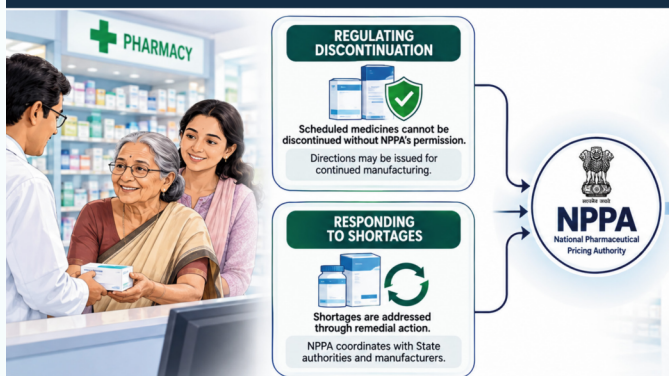
of all individual complaints reach NPPA through the **Pharma Sahi Daam portal** - not email or physical letter.



## MEDICINES & MEDICAL DEVICES

# Ensuring Availability

Steps taken by NPPA to make sure scheduled medicines stay available to every patient, everywhere in the country.



## Two Safeguards NPPA Relies On

### 1 Regulating Discontinuation

Manufacturers of scheduled formulations must intimate NPPA before discontinuation of any scheduled formulation, and must comply with para 21(2) of DPCO, 2013 and the prescribed guidelines before doing so. "In the next sentence, the last word "drug" may be replaced with "formulation".

### 2 Responding to Shortages

When reports of shortages of a particular drug in any part of the country reach NPPA, remedial measures are taken in coordination with State authorities and the manufacturers concerned to restore availability of the medicine.

*"Availability isn't assumed - it's monitored."*



## MEDICINES & MEDICAL DEVICES

# Grievance & Enforcement

NPPA receives complaints from various sources regarding suspected drug price overcharging cases, non-availability of medicines etc. and takes appropriate actions as per provisions of DPCO.

### HOW A CASE MOVES

- 1 Complaint or data signal is logged against its source
- 2 PMRU / NPPA division verifies the case on ground or in-system
- 3 Confirmed overcharging is escalated as an enforcement case
- 4 Manufacturer deposits the excess amount, with interest & penalty wherever applicable.

*"Availability isn't assumed - it's monitored."*

## Major Sources of Complaints

- PMRUs & SDCs
- Individual complaints via Email & Post
- CPGRAMS & PMOPG
- Sample purchase from open market & through PMRU
- Analysis of Pharmarack data
- References by DoP / Ministry
- Media reports

## Grievance Redressal Timelines

### CPGRAMS & PMOPG

#### 07-15 Days

Turnaround for grievances filed via the government portals.

### PHARMA SAHI DAAM

#### 04-05 Days

Turnaround for complaints filed through the citizen app.

## Enforcement Activity

Verified complaints and monitoring signals are converted into enforcement cases and tracked to closure. Once overcharging is confirmed, the manufacturer must deposit the excess amount, with interest & penalty (as applicable), for recovery.

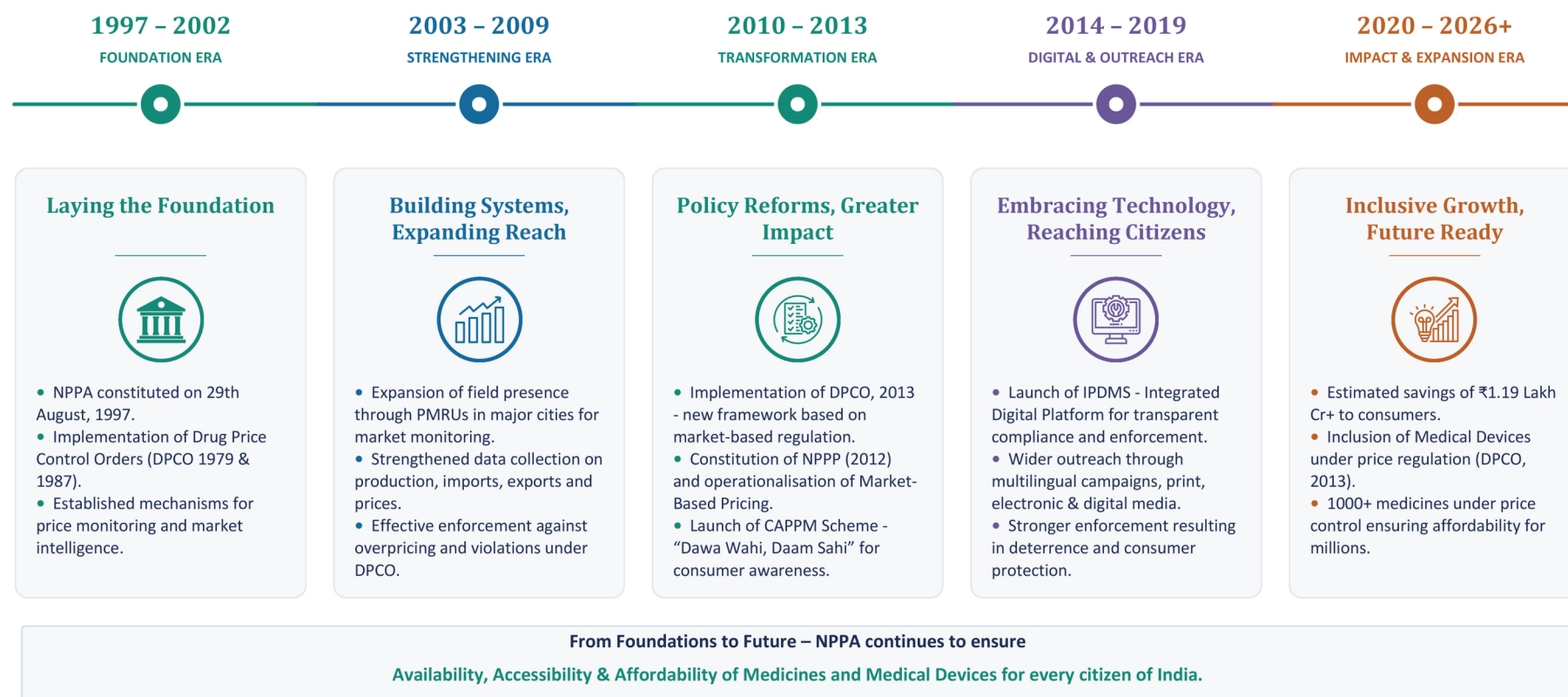
### OVERCHARGING AMOUNT RECOVERED

# ₹1582.4 Cr

*Cumulative overcharged amount recovered from manufacturers and returned toward consumers.*

# Milestones Achieved by NPPA

Three Decades of Regulation in Public Interest





**NPPA**  
in NEWS



## Acknowledgements

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Chronicling the twenty-nine-year odyssey of an organisation in a few pages is no easy task, and an effort has been made to provide a glimpse of this journey.

**NPPA**







**National Pharmaceutical Pricing Authority**  
**Department of Pharmaceuticals**  
**Ministry of Chemical and Fertilizers**  
**Government of India**



**CELEBRATING 30<sup>TH</sup> FOUNDATION DAY**  
**ENSURING AFFORDABILITY &**  
**AVAILABILITY**