NPPA
AFFORDABLE MEDICINES FOR ALL
सभी के लिए वहनीय दवाईयाँ

सत्यमेव जयते

NATIONAL PHARMACEUTICAL PRICING AUTHORITY
DEPARTMENT OF PHARMACEUTICALS
MINISTRY OF CHEMICALS & FERTILIZERS
GOVERNMENT OF INDIA

Azadi Ka Amrit Mahotsav

AUSHADH SANDESH

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A Bi-monthly e-Newsletter

दवा वही
दाम सही

Committed Towards Accessibility, Availability & Affordability of Medicines for All

About NPPA...

The National Pharmaceutical Pricing Authority (NPPA), an independent body of experts in the Ministry of Chemicals and Fertilizers, Department of Pharmaceuticals was constituted by the Government of India vide resolution published in the Gazette of India No. 159 dated 29.08.97. The functions of NPPA, inter-alia, includes fixation and revision of prices of scheduled formulations under the Drugs Prices Control Order (DPCO), as well as monitoring and enforcement of prices. NPPA also provides inputs to Government on pharmaceutical policy and issues related to a ordability, availability and accessibility of medicines.

The Authority is a multi-member body consisting of a Chairperson, a Member Secretary and three ex-officio members. Two of the three ex-officio members are from Department of Economic A airs and Department of Expenditure respectively and third member is Drug Controller General of India.

The Drugs (Prices Control) Order, 2013(DPCO, 2013) was notified on 15.05.2013 under the Essential Commodities Act, 1955(EC Act, 1955) and is based on the broad guidelines of the National Pharmaceutical Pricing Policy (NPPP), 2012. The three key principles of the NPPP-2012 are as below:

a. Essentiality of Drugs: The regulation of prices of drugs is on the basis of essentiality of drugs as per the medicines under NLEM-2011, NLEM-2015 and NLEM-2022 as amended vide S.O. 5249 dated 11.11.2022 has been incorporated as the First Schedule of DPCO 2013.

b. Control of Formulations prices only: The prices of formulations only are to be regulated and not the prices of the Bulk Drugs and the resulting formulations as adopted in the Drug Policy 1994.

c. Market Based Pricing: The ceiling prices of medicines are fixed on Market Based Pricing (MBP) methodology.

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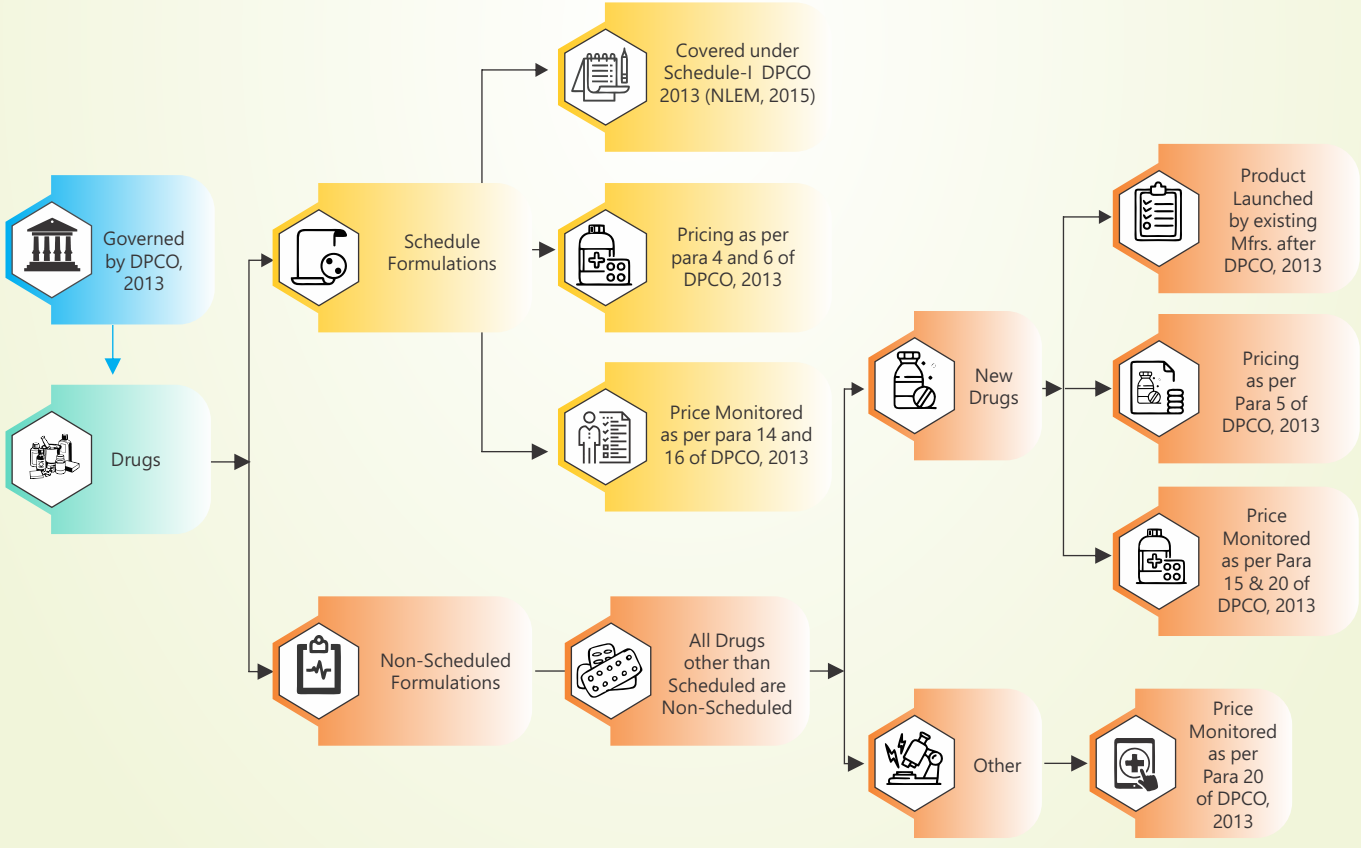

DISCLAIMER: This is an initiative by NPPA to report current events and affairs related to pharmaceutical industry and the NPPA. This newsletter has been curated purely for informative purposes and do not reflect the official policy or position of NPPA. This newsletter is not intended to be used for any commercial/ official purposes.

You can also give your suggestions/ feedback at: **monitoringnppa@gov.in**

From CHAIRMAN'S DESK

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

It is with great pleasure that I present to you the twenty fifth issue of the NPPA bi-monthly e-newsletter, the AUSHADH SANDESH. The year continues to present opportunities and challenges, and the National Pharmaceutical Pricing Authority (NPPA) remains steadfast in its mandate to ensure the affordability and accessibility of essential medicines and medical devices for every citizen.

Our efforts are centered on striking a critical balance: facilitating a robust and innovative Indian pharmaceutical industry, often called the 'Pharmacy of the World,' while simultaneously safeguarding the interests of the consumer against exorbitant healthcare costs.

In this edition, we are proud to feature two articles that speak directly to this dynamic environment.

Featured Article "GST Rationalisation: Advancing Affordability and Efficiency in India's Pharma and Healthcare Industry" This timely analysis explores the recent Goods and Services Tax (GST) reforms aimed at reducing the burden of out-of-pocket expenditure on healthcare. By rationalizing tax rates on critical medicines, medical devices, and related services, the Government has taken a significant step toward improving access to care and boosting the competitiveness of our domestic manufacturing sector.

This edition also features an Article by Expert: Recommendations for the Use of Proton Pump Inhibitors in Chronic Kidney Disease Authored by a leading expert, Dr. Sourabh Sharma, MD, DNB Nephrology, Asst Professor, Department of Nephrology, VMMC and Safdarjung Hospital, New Delhi this piece delves into the critical area of pharmacovigilance in patients with chronic kidney disease (CKD). Dr. Sharma, with his distinguished background and experience, shares evidence-based recommendations for the rational use of Proton Pump Inhibitors (PPIs) to mitigate risks of renal complications. This contribution underscores the importance of informed prescribing practices to enhance patient safety and outcomes.

These articles reflect NPPA's commitment to fostering a culture of knowledge-sharing and informed policy-making. We believe that by engaging with such comprehensive and evidence-based content, our readers from industry leaders to healthcare professionals and the public can better appreciate the complexities and advancements in the sector.

This edition also introduces a new section which highlights the contribution and dedicated efforts of Price Monitoring Resource Units across States and UTs in strengthening price monitoring and promoting consumer awareness.

In continuation of our PMRU activities, thirty-six (36) State and District level Events/ Seminars have been organized by 13 (Thirteen) PMRUs in their respective States/ UTs. These events were aimed at raising awareness among people about Fixation of Ceiling Prices under NLEM 2022 and its significance in Healthcare, Drug Price Regulations under the provisions of DPCO, 2013, Role of NPPA in making the Drugs affordable and available for all, Functions of PMRUs, Pharma Sahi Daam Mobile App and IPDMS 2.0.

I extend my best wishes for an informative reading experience. Together, we will continue to work towards a healthier and more affordable India.

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With best wishes

(Shri P .Krishnamurthy)

GST RATIONALISATION: ADVANCING AFFORDABILITY AND EFFICIENCY IN INDIA'S PHARMA AND HEALTHCARE INDUSTRY

Introduction

The GST rationalisation under the current regime, **guided by Hon'ble Prime Minister Narendra Modi's vision** of **"Sabka Saath, Sabka Vikas, Sabka Vishwas, Sabka Prayas"**, reflects the Government's steadfast commitment to keeping the interests of the common man at the core of policymaking. By establishing a health-positive tax environment through lowering the cost of medicines and essential medical devices, encouraging preventive care, and boosting health insurance coverage, these reforms advance **the vision of "Affordable Healthcare for All",** closely aligned with the Government's flagship schemes such as **Ayushman Bharat, Poshan Abhiyaan, and the Fit India Movement.**

2017-2022: The Early Days of GST Reforms

During the initial years of GST implementation, pharmaceutical products and medical devices were classified across multiple tax slabs—**0 %, 5 %, 12 %, and 18 %**— depending on their essentiality and end use. Life-saving and essential drugs were placed under the lower rate categories, while general formulations and certain medical devices attracted higher rates.

T h e Input Tax Credit (ITC) mechanism, a key structural feature of GST, enabled companies to claim credits for taxes paid along the supply chain, thereby mitigating the cascading effect that had previously increased costs under the erstwhile indirect tax system. Though the transition period involved adjustments in compliance and classification, it gradually resulted in better cost efficiency and improved tax transparency for the sector.

Timeline of Key GST Developments for the Pharmaceutical and Healthcare Sector is as under:

Effective Date	Policy Development	Sectoral Implications
July 2017	Introduction of GST with multiple tax slabs (0 %, 5 %, 12 %, 18 %).	Brought pharmaceutical goodsand healthcare services within the GST framework; job-work classification initiated.
2019 (Circular No. 126/45/ 2019- GST)	Clarification on distinction between job work and manufacturing services under SAC 9988.	Specified that job work undertaken on goods owned by a registered principal would attract 12 % GST.
2021	During the COVID-19 pandemic, GST rate cut was implemented for COVID-treatment drugs and related supplies as under i. GST on drugs like Tocilizumab and Amphotericin B was reduced from 5% to **nil (0%).** ii. GST on other COVID-related medicines such as Remdesivir and anti-coagulants like Heparin etc. was reduced from12% to 5%.	Lowered COVID treatment costs, stabilized supplychains, strengthened hospital procurement, and improved access to essential life-saving medicines during the pandemic
2023	Rationalisation of rates on select medicines and devices.	Provided partial reliefto the healthcare sector through lower GST rates on essential products.
2024	The GST on three cancer drugs—Trastuzumab Deruxtecan, Osimertinib and Durvalumab—was reduced from 12% to 5%, and the customs duty was reduced from 10% to nil.	Lowered tax burden and reduced import costs have improved patient access and made cancer treatment more affordable.

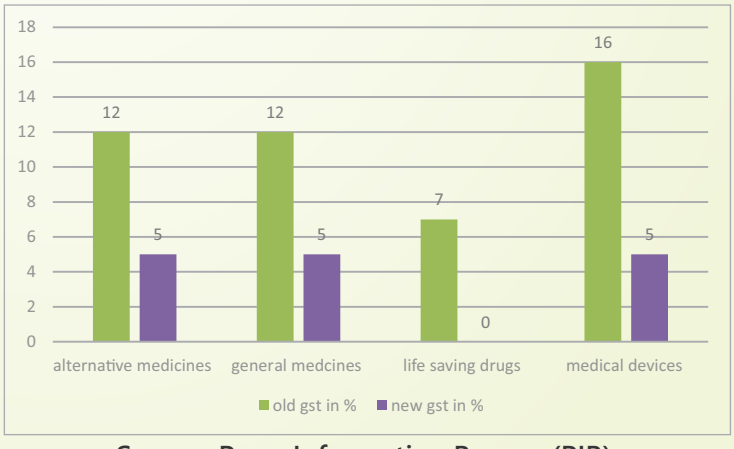
GST 2.0 Reforms: Key Developments in the Healthcare & Pharma Sector

A landmark step came with the GST 2.0 reforms announced in September 2025, where the GST Council approved major rate revisions for healthcare and pharmaceutical products. The new structure:

i. reduced the GST rate on most medicines from 12% to 5%,
ii. exempted around 36 life-saving drugs (including treatments for cancer and rare diseases) from GST entirely,
iii. lowered GST on medical devices and diagnostic equipment from 12–18% to 5%.
iv. Job-work services in pharmaceutical manufacturing were similarly rationalised to a 5% rate.

These measures, described by the Council as part of a "rationalisation and affordability initiative," are expected to significantly reduce the financial burden on patients and enhance access to critical healthcare products.

Additionally, later in 2025, the Council introduced broader structural reforms to simplify the overall GST framework. These included reducing the number of tax slabs to primarily 5% and 18%, strengthening e-invoicing systems, and expediting refund and compliance processes. Together, these changes aim to create a more efficient, technology-driven, and transparent tax ecosystem that supports both domestic industry competitiveness and public health affordability goals.



Source: Press Information Bureau (PIB), Government of India

The ongoing rationalisation efforts underscore the Government of India's commitment to promoting accessible healthcare, supporting indigenous manufacturing, and ensuring tax equity across the value chain. The overall comparison of pre-and post 2025 GST reforma and its potential implication are outlined in the table below:

What We're Talking About	Old GST Rate	New Rate (2025)	What It Implies for the stakeholders
Life-saving	5–12%	0%	**Patients:** Lower GST on medicines and devices translates to drugs greater affordability, particularly for those managing chronic or long-term conditions. **Manufacturers & Distributors:** The transition requires recalibration of pricing and inventory, but over time, reduced prices are expected to boost demand and strengthen market growth. **Hospitals & Pharmacies:** Clearer GST rules on composite supplies have streamlined billing processes and reduced the scope for compliance disputes. **Government:** While short-term revenue implications exist, the reform aligns with the Government's commitment to affordable healthcare and long-term growth through higher consumption and improved compliance.
Regular medicines	12%	5%	
Medical devices & diagnostic kits	12–18%	5%	

NPPA Office Memorandum on GST Rate Rationalisation — Ensuring Consumer Benefit through MRP Revision

In line with the GST 2.0 reforms announced by the GST Council in September 2025, the National Pharmaceutical Pricing Authority (NPPA) issued an Office Memorandum directing immediate action by all pharmaceutical and medical-device manufacturers and marketing companies to ensure that the benefits of the GST rate reduction are duly passed on to patients.

Conclusion : The Bigger Economic Picture

Through targeted GST reductions across the pharmaceutical sector, the government is prioritising preventive health and boosting affordability. These measures reinforce the vision of "Health and Affordable Medicines for All", and promote sustainable growth in keeping with national priorities such as Ayushman Bharat

RECOMMENDATIONS FOR THE USE OF PROTON PUMP INHIBITORS IN CHRONIC KIDNEY DISEASE

Author: Dr. Sourabh Sharma, MD, DNB Nephrology, FRCP (London), MNAMS, FASN, FISN, FICP, FDI; Asst Professor, Department of Nephrology, VMMC and Safdarjung Hospital, New Delhi; Chair, Dialysis Working Group, International Society of Nephrology

A proton pump inhibitor (PPI) is a class of medication that works by reducing the amount of stomach acid produced in the stomach. They are used to treat conditions like acid reflux (GERD), stomach ulcers, and other disorders related to excess acid.. PPIs are widely prescribed for acid-related disorders. However, in patients with chronic kidney disease (CKD), their use requires careful consideration due to potential risks and altered pharmacokinetics. The decision to initiate or continue PPI therapy in CKD should be based on a clear indication, lowest effective dose, and periodic reassessment. Overuse in this population has been associated with adverse renal outcomes, including acute interstitial nephritis (AIN), progression of CKD, hypomagnesemia, and increased cardiovascular risk.

PPIs should only be used when clinically indicated—such as in peptic ulcer disease, Barrett's esophagus, severe GERD with esophagitis, or in patients on dual antiplatelet therapy with a bleeding risk. Some of the indications for use of PPI in CKD are brought out in the table below:

Table 1: Indications for PPI Use in CKD

Indication	Strength of Recommendation	Notes
Peptic ulcer disease	Strong	Use for 4-8 weeks, reassess need afterward
Gastroesophageal reflux disease (GERD)	Strong	Confirm diagnosis, consider step-down therapy if symptoms resolve
Barrett's esophagus	Moderate	Long-term use may be warranted with regular surveillance
Dual antiplatelet therapy w GI risk	Strong	PPI recommended for prophylaxis against GI bleeding
Stress ulcer prophylaxis in ICU	Strong	Limit to high-risk critically ill patients only
Dyspepsia without alarm symptoms	Weak	Trial use for short term; reassess frequently

Unnecessary long-term use for nonspecific dyspepsia or prophylactic use without indication should be avoided. Dose adjustments are generally not required solely based on eGFR, but caution should be exercised in advanced CKD (eGFR <30 mL/min/1.73 m^2) where drug clearance may be altered, and the risk of complications increases. Some of the risks associated with use of PPI for CKD are as follows:

Table 2: Risks of PPI Use Specific to CKD

Potential Risk	Mechanism / Association	Evidence Level
Acute interstitial nephritis (AIN)	Immune-mediated hypersensitivity	Moderate (case reports, observational data)
CKD progression	Association with tubular injury, hypomagnesemia	Moderate (observational studies)
Hypomagnesemia, hypocalcemia	Decreased GI absorption	Strong
Vitamin B12 deficiency	Reduced absorption with long-term use	Moderate
Increased fracture risk	Altered calcium metabolism	Moderate
Increased cardiovascular risk	Possibly through endothelial dysfunction and altered NO levels	Weak to moderate

Monitoring is essential during chronic PPI use. Clinicians should monitor magnesium, calcium, and vitamin B12 levels periodically, especially in patients with reduced eGFR. There is also growing concern regarding the risk of CKD progression and incident CKD with chronic PPI use as shown in observational studies. Thus, deprescribing strategies should be actively considered in patients with no ongoing indication, and alternative acid suppression methods such as H2-receptor antagonists (H2RAs) may be used in selected cases. Suggested recommendations for safe PPI use in CKD patients are indicated in the table below:

Table 3: Recommendations for Safe PPI Use in CKD Patients

Practice Point	Recommendation	Remarks
Indication-based prescription	Always confirm clear indication	Avoid empirical long-term use
Dose consideration	Use lowest effective dose	No routine dose reduction for CKD unless advanced stage
Duration of therapy	Limit duration when possible	Reassess at 4-8 weeks
Monitoring	Check magnesium, calcium, B12 annually or as indicated	Especially in CKD stage 3B and beyond
Avoid combination with nephrotoxic agents	Be cautious with NSAIDs, diuretics	Monitor kidney function if combined
Deprescribing strategy	Attempt step-down or withdrawal when appropriate	Consider H2RA as safer alternative if required

In summary, while PPIs are effective and often necessary, their use in CKD patients should be judicious, indication-driven, and coupled with regular monitoring. Avoidance of unnecessary chronic use and patient education on potential risks is critical to minimizing harm.

Interventions needed from NPCC

To ensure safer and more rational use of PPIs in patients with CKD, policy-level interventions are warranted from regulatory bodies such as the Narcotic and Psychotropic Consultative Committee (NPCC). Although PPIs are not classified as narcotic or psychotropic agents, their widespread, often unsupervised use and emerging association with long-term renal and systemic adverse effects necessitate closer regulatory oversight. The NPCC, in collaboration with the Drug Controller General of India (DCGI), could consider categorizing chronic PPI use as a monitored prescription category—mandating periodic review, documentation of indication, and defined duration of therapy. Clear labelling, pharmacist-level alerts, and mandatory clinician education modules could also be introduced to minimize over-the-counter misuse. Furthermore, a national deprescribing framework integrated with nephrology and primary care guidelines should be established to optimize PPI use, especially in high-risk populations such as those with CKD.

REGULATORY NEWS

News related to pricing of drugs

1. Ceiling prices of 935 formulations are effective as on 20.11.2025 of which Ceiling prices for 776 scheduled formulations have been fixed / refixed under National List of Essential Medicines, 2022. There has been average reduction of 16.82% on account of refixation under NLEM, 2022 leading to annual savings of ₹3802.11 crore to the patients.

The details of ceiling prices fixed under NLEM, 2022 and savings thereon are as follows:

	Medicines	formulations	Savings (In crore)
Anti-infective Medicines	62	174	1248.92
Anticancer Medicines	59	120	294.34
Neurological Disorder Medicines	18	60	154.43
Psychiatric Disorder Medicines	14	41	42.6
Cardiovascular Medicines	26	61	474.26
HIV Management Medicines	20	24	21.93
Analgesics,Antipyretics,Non-steroidal Anti-inflammatory Drugs (NSAIDs)	11	24	112.8
Anti-Diabetic drugs	8	11	249.73
Hormones, other Endocrine Medicines and Contraceptives	16	33	256.41
Others	117	228	946.69
Unique Drugs / Formulations	332*	776	3802.11

*Some medicines are listed in various sections. The medicines are counted in both sections, but the formulation is counted only once in one of the sections.

2. As on 20.11.2025, 271 Authority meetings have been conducted of which 139 have been conducted under DPCO 2013. The details of the recent meetings are given as below:

Meeting No.	Held on	Prices Approved & Notified
Meeting No. 271th (overall) & 139th meeting under DPCO 2013	14.11.2025	i. Existing Ceiling prices of Orthopaedic Knee Implant were extended for a period of one year i.e. upto 15 November 2026 which were earlier extended for two months in September 2025 in Meeting No. 269th (overall) & 137th meeting under DPCO 2013
Meeting No. 270th (overall) & 138th meeting under DPCO 2013	30.10.2025	i. Retail prices for 28 formulations notified vide S.O 5017(E) Dated 04.11.2025. ii. Ceiling Price for 6 scheduled formulations notified vide 5018(E) Dated 04.11.2025. iii. Approval of separate ceiling price under para 11(3) of DPCO 2013 for IV Fluid in Euro Head/ PP Bottles with special features by IV Tech Healthcare and M/s. Life Infusion Pharmaceuticals Pvt. Ltd. notified vide S.O. 5021(E), 5019(E), 5020(E) dated 04.11.2025

Meeting No.	Held on	Prices Approved & Notified
		iv. Approval of (1) M/s. Safal Life Science Private Limited (Manufacturer) and M/s. One Drip Healthcare Private Limited (Marketer), (2) M/s. Virchow Biotech Private Limited (Manufacturer and Marketer) and (3) M/s. Klokter Life Science Pvt. Ltd. (Manufacturer) and M/s. Zee Laboratories Limited (Marketer) for schedule drugs under special feature (Euro Head) notified vide 5019(E) and 5020(E) dated 04.11.2025
Meeting No. 269th (overall) & 137th meeting under DPCO 2013	15.09.2025	I. Retail prices for nine (09) formulation were notified vide S.O. 4170(E) dated 15.09.2025 ii. Ceiling prices of Orthopaedic Knee Implant were extended for period of 2 months i.e. upto 15 November 2025

3. Retail prices for 3598 (approx.) new drugs have been fixed under DPCO, 2013 till 20.11.2025. Details of 37 retail prices notified for various formulations based on the decision taken in 137th and 138th meetings are as follow

S. No.	Therapeutic group per tablet/per ml	Total Number	Type of Formulation	Retail Price fixed Range ( ) (Excl. GST)
(1)	(2)	(3)	(4)	(5)
1.	Anti Diabetic	15	Tablet	10.09-35.25
2.	Pain / Analgesics	5	Tablet/ Suspension	0.55-27.49
3.	Cardiovascular	10	Tablet	7.14-14.35
4.	Gastro Intestinal	3	Injection/ Suspension	0.95-118.39
5.	Anti-Infective	2	Tablet/ solution	1.22-42.84
6.	Respiratory	2	Tablet/Syrup	1.88-13.78

IPDMS 2.0:

The Integrated Pharmaceutical Database Management System (IPDMS) is an integrated responsive cloud-based application. It is a system for online information collection, processing and communication portal to monitor and regulate the prices of medicines and medical devices, to ensure availability and affordability of drugs and medical devices in the country. The upgraded IPDMS 2.0 was launched on 29th August, 2022 and the charts given below capture the statistics from October 2024 to October 2025:

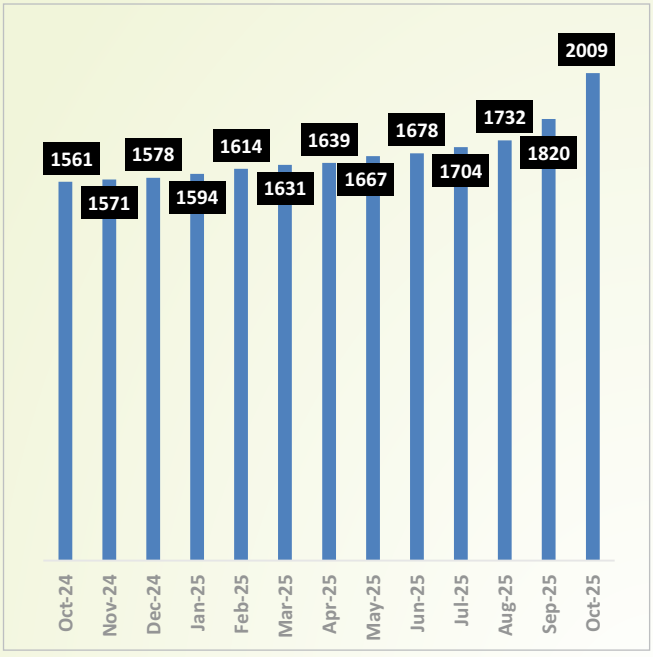


Chart1: Total number of registered companies at the end of October 2025

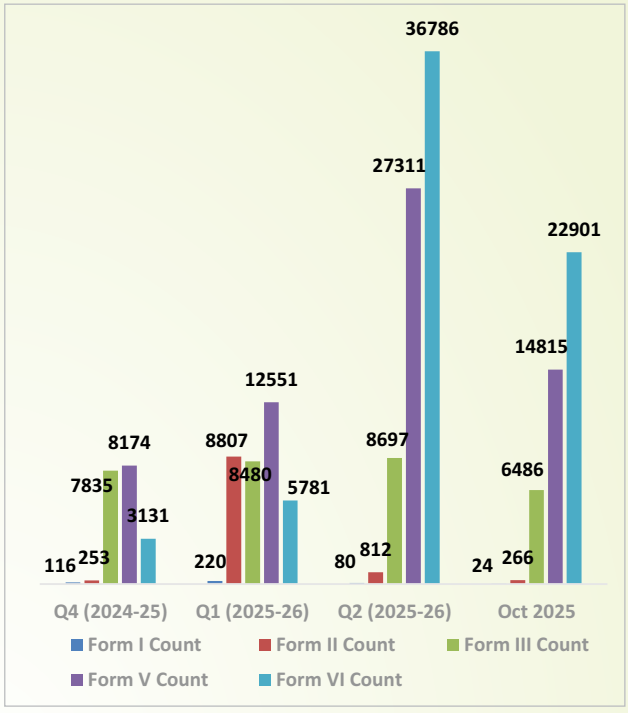


Chart 2: Forms (specified under Schedule II of DPCO, 2013) filed on IPDMS

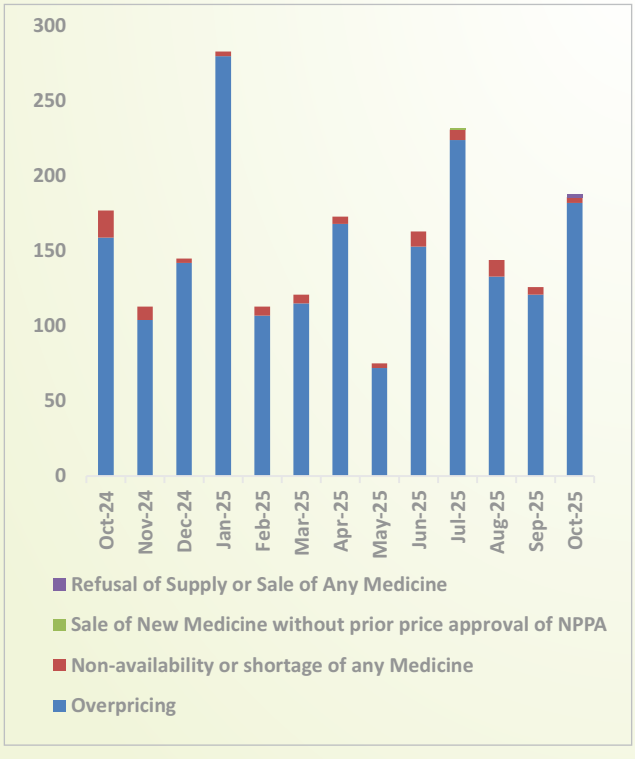


Chart 3: Number of complaints received on IPDMS / Pharma Jan Samadhan / Emails / CPGRAMS

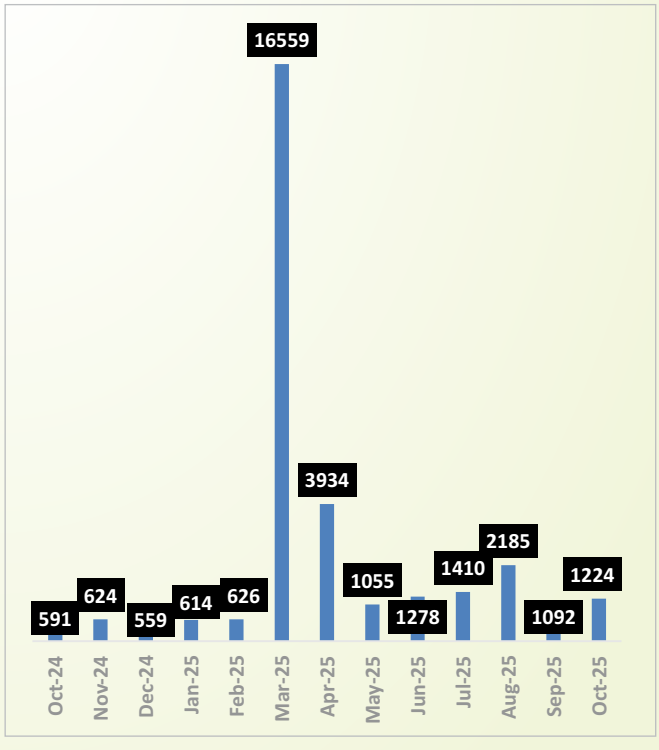


Chart 4: Number of Pharma Sahi Daam Mobile app downloads

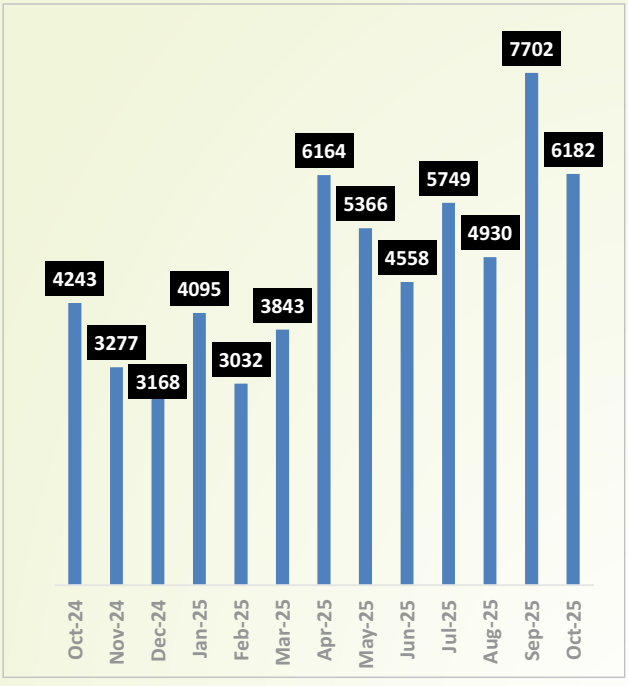
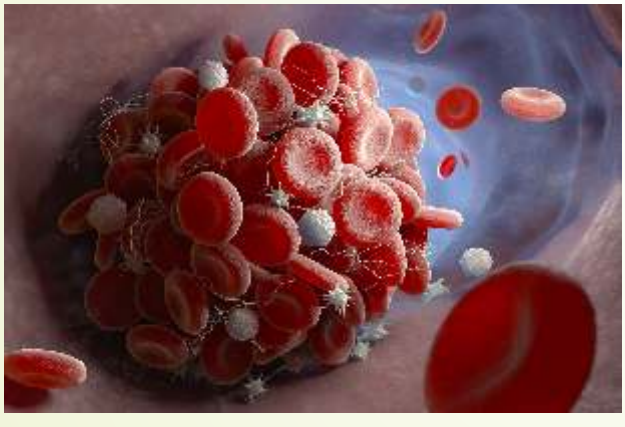


Chart 5: Number of User logins in IPDMS 2.0

Chart 6: Issues received /resolved

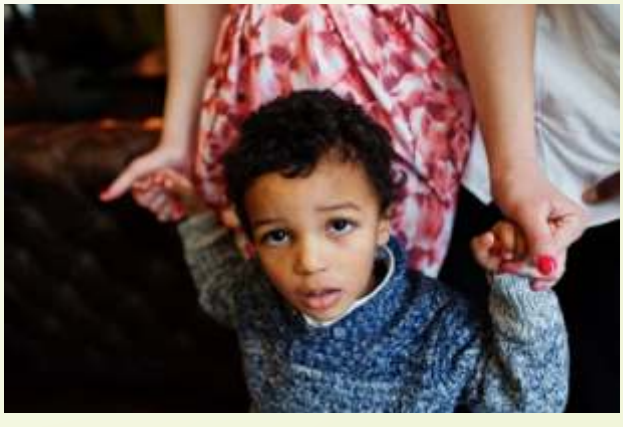
FDA Approves Expanded Use of Vonvendi for von Willebrand Disease, Including for Certain Uses for Children (September 05, 2025)



The U.S. Food and Drug Administration has approved expanded use of Vonvendi [von Willebrand factor (Recombinant)] for routine preventative (prophylactic) use in adults (age 18 years and older) with all types of von Willebrand disease (VWD) and on-demand and treatment of bleeding episodes and perioperative use in children with VWD. Previously, Vonvendi was approved only for on-demand treatment of bleeding episodes and perioperative use in adults and preventative use only in adults with Type 3 VWD, the most serious type. Vonvendi is the only recombinant (non-plasma derived) VWF product approved for VWD in the U.S., and this is the first recombinant VWF product approved for pediatric patients in the U.S. Prior to this approval, only plasma derived VWF products were available to the pediatric population. **(Read more)**

FDA Takes Action to Make a Treatment Available for Autism Symptoms (September 22, 2025)

The U.S. Food and Drug Administration initiated the approval of leucovorin calcium tablets for patients with cerebral folate deficiency (CFD), a



neurological condition that affects folate (a vitamin essential for brain health) transport into the brain. Individuals with cerebral folate deficiency have been observed to have developmental delays with autistic features (e.g., challenges with social communication, sensory processing, and repetitive behaviors), seizures, and problems with movement and coordination. The FDA has conducted a systematic analysis of literature published between 2009-2024, including published case reports with patient-level information, as well as mechanistic data, and has determined that the information supports a finding that leucovorin calcium can help individuals suffering from CFD. **(Read more)**

FDA Conditionally Approves First Drug for Prevention and Treatment of New World Screwworm Infestations in Cattle (September 30, 2025) The U.S. Food and Drug Administration conditionally approved Dectomax-CA1 (doramectin injection) injectable solution for the prevention and treatment of New World screwworm larval infestations, and prevention of NWS reinfestation for 21 days. Dectomax-CA1 is conditionally approved for use only in cattle. **(Read more)**

New targets for clinical trials in Europe

The European Commission (EC), the Heads of Medicines Agencies (HMA) and EMA have jointly developed two new targets for clinical trials, to monitor progress against the ambition to make the European Union (EU) a more attractive destination for clinical research and improve timely access to innovative medicines for patients. In five years, the aim is that:

- An additional 500 multinational clinical trials are added to the current average of 900 that are already authorised each year (i.e. an estimated 100 per year).
- Two thirds (66%) of clinical trials should begin recruiting patients within 200 calendar days or less from the date of application submission. This is in comparison to only 50% of clinical trials today.

Henlius Receives Approval in Japan Pharmaceutical Drug and Medical Device Authority (PDMA) for Phase 3 MRCT of Dual HER2 Blockade Therapy on First-Line HER2+ GC

Recently, Henlius announced that the clinical trial notification (CTN) for phase 3 international multicenter clinical study of Henlius' novel anti-HER2 mAb, HLX22, in combination with trastuzumab and chemotherapy for the first-line treatment of HER2- positive advanced gastric cancer has been permitted by Japan's Pharmaceuticals and Medical Devices Agency (PMDA). The investigational new drug (IND) applications of this study have previously approved by National Medicinal Products Administration (NMPA) and the United States Food and Drug Administration (FDA). As of now, no similar dual HER2 blockade therapy for the treatment of HER2-positive gastric cancer has received approval for commercialization globally.

Price Monitoring Resource Unit (PMRU), NPPA PMRU in Action : Highlights & Field Activities

The Price Monitoring Resource Unit (PMRU) is an extended arm of NPPA and is registered as a society. While PMRUs have already been established in 32 States/UTs to strengthen grassroots-level pharmaceutical price monitoring and to create awareness about the initiatives of NPPA for ensuring affordability and availability, the set up of PMRU in the remaining 04 States/UTs is underway. The PMRUs function under the direct supervision of the concerned state drug controllers. During the month of October 2025, several PMRUs conducted State level IEC activities.

State Level Events/Seminars by PMRUs: A total of 36 events were organized by different PMRUs at the State and District levels. These events were aimed at raising awareness among people about the role of NPPA in making drugs affordable and available; fixation of Ceiling Prices under NLEM 2022; Drug Price Regulations under the provisions of DPCO, 2013 and digital initiatives - Pharma Sahi Daam Mobile App and IPDMS 2.0. The events were conducted by 13 State PMRUs [1] and important glimpses of the activities have been brought out in the pictures below.

Image:1 & 2 Seminar and workshop organized by Ladakh,PMRU

OTHER NEWS AND EVENTS

Image 3: Seminar Organized by Goa,

Image 4: Seminar and Workshop organized by Odisha PMRU

Image 5: Secretary, Health and Family welfare Department, Tripura inaugurated the state level Seminar

Image 6: World Pharmacist Day celebrated by MP PMRU on 25 September 2025.

Following is a brief on the activities carried out by PMRU Goa and PMRU, J&K.

1. Goa PMRU: - Goa PMRU, established on 22nd October 2020 has till date, conducted a total of 121 IEC activities and has reported 180 violation cases on the IPDMS portal. In continuation of its outreach efforts, the PMRU organised three IEC activities through the Goa State Consumer Cooperative Federation Limited (GCCL)'s consumer team. These activities focused on creating awareness among consumers about the safe and rational use of medicines, the importance of purchasing drugs from authorised pharmacies, and the availability of affordable medicines at fair prices. The sessions also highlighted NPPA's initiatives for protecting consumer rights in the pharmaceutical sector

2. J & K PMRU: - The Jammu & Kashmir PMRU, registered on 31st March 2020 has undertaken a total of 44 IEC activities and has reported 1392 violation cases on the IPDMS portal till date. In its recent IEC initiatives, the PMRU conducted awareness drives across various districts on the recent changes in the Goods and Services Tax (GST 2) structure and their implications for the pharmaceutical sector. Participants were informed that the GST rate on most medicines has been reduced from 12% to 5%, resulting in a 6.25% decrease in MRP of affected medicines. The sessions highlighted the need for timely compliance with revised GST provisions, updating billing systems, and transparent communication of updated prices to consumers. These initiatives aimed to enhance stakeholder understanding of the revised GST framework, strengthen price rationalisation efforts, and promote consumer welfare and transparency across the UT..

OTHER NEWS AND EVENTS

हिंदी पखवाड़ा का आयोजन

पिछले वर्षों के समान ही, वर्ष 2025 के सितंबर माह के दौरान राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण में हिंदी दिवस एवं हिंदी प्रोत्साहन पखवाड़ा का आयोजन किया गया। हिंदी पखवाड़ा आयोजन में हिंदी निबंध, हिंदी अंग्रेजी अनुवाद, टिप्पण प्रारूपण एवं स्वरचित कविता पाठ प्रतियोगिताओं का आयोजन किया गया, जिसमें कार्यालय के कार्मिकों ने बढ़-चढ़ कर भाग लिया और पुरस्कार भी प्राप्त किए। स्वच्छता पखवाड़ा के दौरान Swachhta is Everyone's Business के विषय पर चित्रकारी प्रतियोगिता का आयोजित किया गया, जिसमें ज्वलंत एवं समसामयिक मुद्दों पर प्रतिभागियों को अपने चित्रों द्वारा विचार प्रकट करने का अवसर प्राप्त हुआ। इससे कार्यालय के सदस्यों कि प्रतिभाएं भी उजागर हुईं और उनकी सक्रिय भागीदारी भी रही जिससे कार्यालय में जीवंतता का अनुभव हुआ।

पुरस्कार विजेताओं को हिंदी प्रोत्साहन पखवाड़ा समापन समारोह के अवसर पर सदस्य सचिव महोदया के द्वारा पुरस्कार राशि और प्रमाण-पत्र प्रदान किए गए। सदस्य सचिव महोदया ने इस अवसर पर लोगों को अपने दैनिक कार्य में हिंदी का अधिकाधिक प्रयोग करने के लिए प्रोत्साहित किया और धन्यवाद ज्ञापन के साथ समारोह को समाप्त किया गया।

Q1. What actions can the public take if they notice price discrepancies or overcharging in drug prices?

Ans: Consumers who notice price discrepancies or overcharging can file complaints with NPPA or the relevant State Drug Controllers. Public participation in reporting such issues helps strengthen the enforcement of pricing regulations.

Q 2. What is Pharma Jan Samadhan and Pharma Sahi Daam web application and where can it be located?

Ans: The Pharma Jan Samadhan (PJS) is an online facility to raise complaint for Overpricing, Sale without Approval, Refusal of sale and Non-Availability of Drugs. Pharma Sahi Daam (PSD) is an online search tool for checking MRP of all medicines and Ceiling Prices instantly. The Pharma Sahi Daam and Pharma Jan Samadhan is available on the link https://nppaipdms.gov.in. The Pharma Sahi Daam and Pharma Jan Samadhan portals are also available on both iOS and Android platform with the name "Pharma Sahi Daam".

Q3. Who can file a complaint on Pharma Jan Samadhan?

Answer: Any individual or organization, including consumers, patients, healthcare professionals, retailers, and distributors, can file a complaint on the Pharma Jan Samadhan portal. The platform is designed to address grievances related to the price of medicines, overcharging by retailers, or the non-availability of drugs

Q4. What types of complaints can be reported through Pharma Jan Samadhan?

Answer: Pharma Jan Samadhan allows complaints to be filed regarding the following issues:

- Non- availability of medicines,
- Overpricing of medicines,
- Sale of drugs without prior price approval
- Refusal of supply or sale of medicines

Q5. What is the procedure to file a complaint on Pharma Jan Samadhan?

Answer: To file a complaint on Pharma Jan Samadhan:

1. Visit the official Pharma Jan Samadhan portal on the NPPA website.
2. Select the type of grievance you wish to file (e.g., overcharging, non-availability of drugs).
3. Fill in the required details about the issue, such as the name of the medicine, the manufacturer, price details, and supporting evidence.
4. Submit the complaint. You will receive an acknowledgment number on complainant's mobile/email ID along with complaint number for tracking the status of your complaint.

Q6. Is there any cost to file a complaint on Pharma Jan Samadhan?

Answer: No, filing a complaint on Pharma Jan Samadhan is completely free of cost. The platform is designed to facilitate easy and efficient grievance redressal without any charge to the complainant.

Q7. How can anybody track the status of his complaint?

Answer: Once a complaint is filed, Complainant will receive an acknowledgment number. He can use this number to track the progress of his complaint by logging into the Pharma Jan Samadhan portal. The status will be updated as the investigation progresses or when the issue is resolved.

Q8. What happens after a complaint is filed on Pharma Jan Samadhan?

Answer: Once a complaint is filed, the NPPA team reviews the information and investigates the issue. If the
complaint is found to be valid:

- NPPA direct to the manufacturer for supply of medicine in case of shortage.
- NPPA may take action against the concerned manufacturer, marketer or Importer in case of sale without price approval cases, Overprice cases.

If the complaint is not substantiated, the complainant will be informed of the reasons for rejection.

Q 9. Can I file a complaint for overcharging on prescription medicines?

Answer: Yes, Pharma Jan Samadhan allows complaints related to overcharging on both prescription and over-the-counter (OTC) medicines. If a complainant finds that the price of a prescription medicine exceeds the Maximum Retail Price (MRP) or the price regulated under the Price Control Order, he can file a grievance.

Q 10. What kind of supporting documents should be uploaded with the complaint?

Answer: While filing a complaint, Complainant can upload relevant documents such as:

- A copy of the prescription (if applicable).
- A photograph of the medicine packaging showing the MRP or price label.
- Receipts or bills showing the overcharged amount.
- Any other evidence that supports your complaint (e.g., purchase invoices or price lists). This will help in a quicker resolution of your complaint.

Q 11. Is personal information of complainant safe when he files a complaint?

Answer: Yes, personal information is secure when anybody file a complaint on Pharma Jan Samadhan. The portal follows strict data protection measures to ensure that details remain confidential. Information provided will only be used for the purpose of investigating and resolving the complaint.

Q 12. How does Pharma Jan Samadhan benefit consumers?

Answer: Pharma Jan Samadhan provides a direct and accessible platform for consumers to report grievances related to drug pricing and availability.

REFLECTIONS AND CONTRIBUTIONS

Staff Spotlight" is a dedicated corner of this newsletter that highlights the thoughts, experiences, and efforts of the staff of NPPA. This section brings attention to the diverse voices and talents across our organization.

This Month's Feature-
हिंदी पखवाड़ा में प्रथम पुरुस्कार विजेता के द्वारा स्वरचित कविता पाठ

सुश्री रेनू सिंह
(वरिष्ठ फार्मा सलाहकार) द्वारा

"तेरी मेरी कहानी"

वो सफ़र था मुश्किल, पर उम्मीद का था सहारा।
हर दर्द को छुपा लिया मैंने, जब सोचा तेरा नज़ारा।
हर धड़कन में बसी थी बस तेरी ही आस,
तेरे आने का ख़्वाब था मेरे लिए सबसे ख़ास।
तेरे आने की चाह ने दर्द में मुस्कुराना सिखाया,
हर बहते आँसू ने माँ को और मज़बूत बनाया।

फिर वो पल आया जब तूने जन्म लिया,
मेरे जीवन को जैसे अमृत का रस मिला।
पर NICU की राहों ने रची चुनौतियाँ भारी,
डगमगाए सपने, पर टूटी नहीं आस हमारी।
मेरी नन्हीं जान, तू लड़ी अपनी हर साँस के लिए,
मैं प्रार्थना करती रही, अपने असीम विश्वास के लिए।

और फिर सच हुए वो सपना प्यारा,
घर आया तेरा पहला कदम, रोशन हुआ मेरा द्वारा।
नन्हें हाथ, नन्हें पाँव और प्यारी मुस्कान,
हर कोना गूंज उठा जैसे कोई मधुर गान।
माँ बनना आसान नहीं था—यह मैंने जाना,
पर हर दिन कुछ सीखा, खुद को और बेहतर बनाया।

धीरे-धीरे तुम बड़ी हो रही हो,
हर मुस्कान से रोशनी भर रही हो।
तेरे इस बचपन को छोड़, तीन माह में ही निकल पड़ी काम की ओर,
लेकर बोझिल मन, समेटे हुए हिम्मत की डोर।
अब हर सुबह तेरी मुस्कान के बिना अधूरी-सी लगती है,
पर शाम को तुझसे मिलने की बेसब्री सी रहती है।

जब तुझे पहली बार "माँ" कहते सुना,
ऐसा लगा जैसे मेरा अस्तित्व ही बुना।
तेरे नन्हे हाथों का वो प्यारा स्पर्श,
हर दम लगा जैसे कोई मीठा-सा अर्श।
तेरा गिरना, फिर मुस्कुराकर उठ जाना,
हर लम्हा सिखाता है—हार नहीं है मानना।

अब जब तू धीरे-धीरे चलती, बोलती, हँसती है,
मेरी आत्मा को जैसे नई ऊर्जा मिलती है।
तेरे हर सपने को मैं अपनी दुआओं में बसाऊँगी,
तेरे हर सफ़र में, मैं तेरा साया बन जाऊँगी।
तेरी हर जीत पर गर्व से सिर उठाऊँगी,
और हर हार पर, प्यार से तुझे गले लगाऊँगी।

कोशिश है मेरी कि सच्चाई तेरी राह का दीप बने।
आचरण में हो तेरे नम्रता, ये सिखलाऊँगी।
तेरे पीछे चलूँगी हर सफर में साथ,
हर पहर रहूँगी तेरे दिल के पास।
क्योंकि तेरी मेरो कहानी है प्यार का सुनहरा एहसास।

सुश्री रेनू सिंह
(वरिष्ठ फार्मा सलाहकार)
द्वारा

Feedback and Complaint Redressal

Grievance Redressal

Pharma Jan Samadhan: A web enabled system for grievance redressal – catering to consumers, distributors, dealers, retailers.

Information Dissemination

- **Pharma Sahi Daam:** One can easily search brand name, composition, ceiling price and MRP of the formulation – available to public.
- **Seminars and Workshops** conducted by NPPA and by PMRUs

Collaboration with State Governments

- **PMRU:** To help NPPA to monitor notified prices and ensure availability of medicines.
- To spread awareness regarding the pricing of drugs, etc.

NPPA
AFFORDABLE MEDICINES FOR ALL
सभी के लिए वहनीय दवाईयाँ

NATIONAL PHARMACEUTICAL PRICING AUTHORITY

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