The Times of India
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Hosps 'overcharging' is a malpractice: Govt to SC

AmitAnand.Choudhary
@timesofindia.com

New Delhi: Govt has admitted before Supreme Court the "malpractice" of hospitals charging patients high MRPs for medicines and consumables, and said it was conscious of the problem, examining it and devising appropriate interventions in consultation with all stakeholders.

In an affidavit filed in SC on the issue of capping prices of all medicines and medical consumables, chemicals and fertilisers ministry said that patients have a very low bargaining position with respect to hospitals, resulting in various malpractices. The affidavit noted the irony of India being home to companies making cheap drugs but patients here having to pay way above the manufacturing price, as well as patients being subjected to overcharging by hospitals.

▶IMA writes to I&B min, seeks review of film, P 24

"The Indian drug market is fairly competitive, with a large number of pharmaceutical companies in every drug segment, resulting in one of the lowest prices in the world. Ordinarily, where there is substantial competition, there is no need to regulate prices. However, by their very nature, health treatment and pharmaceutical products involve information and bargaining asymmetries between patients on the one hand, and retail pharmacies, hospital pharmacies, hospitals providing treatment and doctors on the other," the affidavit said.

▶700% premium, P 24

IN THE COURTS

- MP HC **nixes Jabalpur family court order rejecting maternal grandmother's plea** for maintenance for minor girl from her dad, **saying she was not her legal guardian** | P 18
- In cross-border custody battles, **SC said courts here must assess what is good for the child** and a foreign court's ruling shouldn't be automatically followed | P 18
- A man's **acquittal under Sec 498A**, pertaining to cruelty, does not, by itself, establish that **allegations made against him by his wife were false**, Chhattisgarh HC says | P 17
- Punjab & Haryana HC says mere involvement of prisoner in **other criminal cases can't constitute sufficient ground to deny parole**, grants him six weeks' parole | P 16
- K'taka HC says **judiciary must not further traumatise child**, quashes trial court order permitting cross-examination of survivor in Pocso case | P 18
- CAT says an officer's response of **'OK' to a leave request on WhatsApp 'can't by itself be treated as conclusive** proof of sanction of leave' | P 18
- Bombay HC directs Maha govt to grant **90-day remission for PG studies** to ex-Navyman jailed under Pocso | P 18

TIMES NATION

Centre flags data gap, regulatory hurdles in curbing hosp mark-ups

Cites Limits Of Its Powers Over Hosps, Calls For Wider Scrutiny

AnujaJaiswal@timesofindia.com

New Delhi: Amid SC's scrutiny of hospitals charging patients steep mark-ups on medicines and consumables, govt officials have flagged gaps in data and regulatory hurdles in extending price controls to hospital supplies, saying the Centre first needs to establish the extent of margins before considering intervention.

The Union govt has told the SC in its affidavit that margins on hospital consumables can range from 100% to 1,000% or more, highlighting concerns over the high mark-ups patients often face on supplies used during treatment. However, a senior official told **TOI** that the govt does not have the data needed to assess margins across hospital supplies and determine whether wider controls are warranted.

"We first need to get the data and then examine whether there is a margin and a need to control it," another senior official said, explaining that the purchase price of medicines and consumables would need to be compared with what hospitals charge patients before deciding on any intervention.

Centre fixes ceiling prices for scheduled medicines and has limited annual price increases for non-scheduled drugs up to 10%. It has decided to cap trade margins on certain anti-cancer medicines at 30% of MRP. Extending similar controls to other medicines and hospital consumables, officials said, would require analysis and consultation.

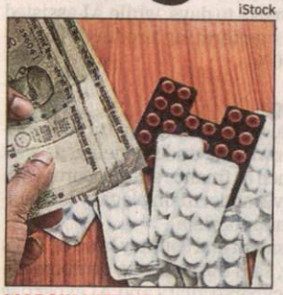
A health ministry official, however, raised doubts about how far the govt could regulate hospital billing, saying hospitals, with health being a state subject and governed by the Clinical Establishments Act or other laws enacted by state govts.. The Centre's role, the official said, is largely confined to drug-price regulation through the National Pharmaceutical Pricing Authority.

Regulating individual components of hospital bills would be difficult, the official said, pointing out that hospitals charge package rates without providing detailed itemised bills. Restricting charges on consumables could lead profit-conscious hospitals to raise other fees, including surgeons' charges, the official argued.

The official also disputed the blanket use of the term "overcharging" when hospitals bill patients at the MRP, saying there is no general legal requirement to offer discounts below the printed price.

They cited delayed reimbursements from insurance firms and govt health schemes as financial pressures on hospitals that would need to be factored in while deciding any broader intervention.

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MARGIN WATCH

Hosps charge up to 700% premium on cancer drugs

▶Continued from P 1

The govt affidavit said a patient has a "very low bargaining position vis-a-vis the hospital, and the patient's knowledge of drugs, their substitutes and their prices is also very limited". These bargaining and information asymmetries result in various malpractices in the system despite strong competition among manufacturers, leading to the need for regulation, it said.

Enumerating the steps taken by it to control the pricing of drugs, govt said ceiling prices for 935 scheduled formulations and retail prices of 3,881 new drugs have been fixed. Govt filed the affidavit on a plea filed by Dr Sanjay Kulshrestha, who referred to a Niti Aayog report and a 2020 statement of the then health minister Harsh Vardhan that expenditure on health pushed an estimated six crore families below the poverty line each year.

The affidavit said hospitals buy medicines from manufacturers who provide highest trade margin and then sell those medicines to patients at MRP, with margins ranging from 170% to 700% or more in the case of anti-cancer drugs.

"That another area of concern in the sector is the supply of consumables in hospitals, where margins of 100% to 1000% or more are prevalent, along with a tendency of hospitals to purchase consumables that have a high MRP and margin, with a low price to the distributor/hospital. Ordinarily, hospital supplies are included in the package cost for treatment of major diseases/procedures under govt schemes/insurance, and govt/insurance agencies negotiate and fix the lowest rate for such packages. However, for patients making direct payment to the hospital, hospital supplies are billed separately at MRP," it said.

137 cancer med rates to fall from Nov 9

Prices of 137 cancer drugs are set to reduce by up to 70% from Nov 9 with govt capping trade margins by 30%. Drug prices regulator has notified the 137 non-scheduled anti-cancer drugs, which also includes patented drugs. This follows a nudge by SC. The MRPs of certain drugs are up to Rs 5 lakh per vial/pack. P 7

SUNDAY TIMES
21/10/2026

Prices of 137 cancer drugs to fall by up to 70% from Nov 9

Manufacturers Will Have To Inform NPPA Of Revised Prices In 7 Days

Rupali.Mukherjee
@timesofindia.com

In good news for cancer patients, prices of 137 drugs are set to be reduced by up to 70% from Nov 9, with govt capping trade margins by 30%. Drug prices regulator National Pharmaceutical Pricing Authority (NPPA) Saturday notified the 137 non-scheduled anti-cancer drugs to address the issue of excessive trade margins, invoking Paragraph 19 of DPCO, 2013. Significantly, patented drugs are also included in the list.

The trade margin rationalisation at 30% of MRP, excluding GST, corresponds to a mark-up of 42.9% on price to stockist/price to distributor (PTS/PTD), according to the minutes of the NPPA meeting accessed by **TOI**. Simply put, PTS/PTD is the first point of sale of the drug.

This follows a nudge by Supreme Court, flagging the huge gap between price to retailer and MRP of medicines billed to patients, in certain cases of 10 times.

ON THE LIST

- Immunotherapy drugs used for treating over 20 type of cancers
- Denosumab used by breast and prostate cancer patients
- Pegfilgrastim used to prevent neutropenia in cancer patients
- Bevacizumab approved to treat colon, ovary and cervical cancer



The MRPs of certain drugs — including pertuzumab + trastuzumab, atezolizumab, teclistamab, inotuzumab ozogamicin and daratumumab — are up to Rs 5 lakh per vial/pack.

All manufacturers will be required to inform NPPA of their revised prices within seven days of publication of the gazette notification. Manufacturers will be required to display the price lists on their website and widely disseminate them to all retailers and hospitals, with the latter also required to display the revised prices on their websites prominently.

The authority approved the calculation of the revised MRP based on PTS/PTD for March 2026 as the reference month.

NPPA said patient assistance programme quantities may be excluded from the calculation of PTS/PTD and MRP for trade-margin capping only. These programmes, where drugs are supplied free of cost, are typically run by MNCs.

As a substantial supply of anti-cancer drugs is directly made to hospitals and medical institutions, they shall be responsible for ensuring revised prices of such drugs from the date of implementation, NPPA said. State drug controllers will take necessary steps to ensure compliance by manufacturers, dealers including retailers, hospitals and medical institutions, it added.

In a bid to tighten rules further, NPPA said uninterrupted availability of the covered formulations needed to be ensured. Any manufacturer intending to reduce monthly production levels would have to obtain permission.

Consumers can use the Pharma Sahi Daam app and NPPA website to check revised prices of drugs, an official release said.

In 2019, the MRP of 526 brands of non-scheduled anti-cancer medicines was reduced by up to 90%, NPPA said. The present exercise extends this approach to a larger set of drugs, based on the list recommended by an expert committee under Directorate General of Health Services.

The Economic Times
21/10/2026

IMMUNOTHERAPY DRUG KEYTRUDA NOT INCLUDED

130+ Cancer Meds get Price Caps

The government has notified a 30% cap on trade margins for 137 widely used anti-cancer drugs, with revised prices set to take effect from November 9, reports **Teena Thacker**. The list of 137 drugs was recommended by an expert committee of the Union health ministry. ▸▸ 9

NPPA Caps Trade Margin on 137 Cancer Drugs at 30%

New prices effective Nov 9; cap applies across strengths, dosage & formulation of drugs

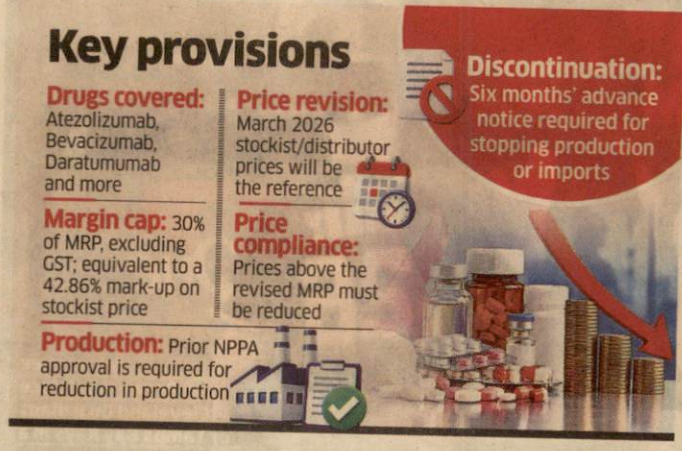
Teena Thacker

New Delhi: The government on Saturday notified a 30% cap on trade margins for 137 widely used anti-cancer drugs, with revised prices set to take effect from November 9.

The list of 137 drugs was recommended by an expert committee of the Union health ministry and includes drugs like-Atezolizumab, Bevacizumab, Daratumumab, Enzalutamide, Erlotinib, Ipilimumab, Lapatinib, among others. However, immunotherapy drug Keytruda has not been included in the list.

The 30% cap on trade margins, calculated on the maximum retail price (MRP) excluding GST, corresponds to a mark-up of 42.86% on the price to stockist or distributor.

The cap will apply irrespective of the strength, dosage form or route of administration, including formulations containing the drugs in combination, the National Pharmaceutical Pricing Authority (NPPA) said.



Under the approved mechanism, the revised MRP will be calculated using the price to stockist or distributor for March 2026 as the reference. Where a formulation had no sales during that month, the price will be calculated using sales data for April 2025 to March 2026.

Government sales will be excluded from the calculation.

Manufacturers selling medicines above the newly calculated MRP will have to reduce prices to the prescribed level. If an existing maximum retail price (MRP) is already lower, it must be maintained, the NPPA said.

The order will remain in force until further directions, while manufacturers can continue to avail of annual price increases permitted under the DPCO, subject to compliance with the trade-margin cap.

The order also covers formulations launched after March 31, 2026, containing any of the listed drugs. Where manufacturers supply medicines directly to hospitals or medical institutions, these institutions will be treated as stockists or distributors for the purpose of calculating the MRP, using the manufacturers' invoice data.

Manufacturers will maintain their current production levels to make sure uninterrupted availability of the covered medicines

The authority has also directed manufacturers to maintain current production levels to ensure uninterrupted availability of the covered medicines. "Any manufacturer intending to reduce average monthly production levels shall obtain prior permission from NPPA, the minutes said.

THE INDIAN EXPRESS

18/10/25

Govt caps trade margins on 137 anti-cancer drugs at 30%

Revised prices shall come into effect from November 9, says gazette notification; manufacturers asked to submit revised MRP to pricing authority within seven days

Anonna Dutt
New Delhi, October 17

THE GOVERNMENT has capped the trade margins on 137 cancer medicines, including several patented drugs such as pembrolizumab, ribociclib and abemaciclib, at 30% over the cost at the first point of sale, either the stockist or the hospital, when it is directly sold to them.

The manufacturers of the medicines have been asked to submit the revised MRP to the National Pharmaceutical Pricing Authority (NPPA) within seven days.

"The revised prices shall come into effect from 09.11.2026 and shall remain in force until further orders," said the gazette notification issued on Saturday.

The medicines included in the list have been selected to ensure affordability of drugs that can be considered to be essential for the treatment of cancer patients by an expert committee under the Director General of Health Services.

An analysis of market data by experts at a recent NPPA meeting found that non-scheduled anti-cancer drugs carry an average trade mark-up of 170%, with mark-ups going up to 700% in certain cases.

At present, the annual turnover of cancer drugs is around Rs 12,500 crore. Of this, scheduled cancer drugs, whose prices are regulated, account for only around Rs 2,250 crore.

Addressing these huge mark-ups on non-scheduled drugs, the experts at the NPPA meeting said it is expected to reduce MRP broadly in the range of 20–70%, resulting in annual savings of approximately Rs 2,500 crore. The 2019 exercise resulted in substantial reductions in MRP of up to 91%, with annual savings of approximately Rs 984 crore, according to the minutes of the NPPA meeting.

Additional GST will apply to the newly calculated MRP by the manufacturer. "The Authority considered it necessary to cap the trade margin at 30% of MRP, excluding GST, corresponding to a mark-up of 42.86% on the price to Stockist/Price to Distributor (PTS/PTD) to retain a reasonable trade margin while preventing excessive mark-ups, according to the minutes of the meetings of the pricing control authority on October 16 and 17.

Importantly, where the current MRP is lower than the MRP calculated after trade margin rationalisation, the lower MRP will have to be maintained. "All the existing manufacturers of formulations having MRP lower than the MRP so computed ... shall maintain their existing MRP," the notification said.

Any manufacturer not complying with the provisions of this order shall be liable to deposit the overcharged amount along with interest.

The notification also addresses another concern — supplies being interrupted as lower prices come into effect. It says: "The manufacturers of the formulations are required to maintain the present production levels. Any manufacturer intending to lower the average monthly production levels will seek prior permission from NPPA. Further, any manufacturer intending to discontinue production of the above-said formulations shall furnish information to NPPA."

The notification states that the MRP will be calculated based on a similar formula used during the 2019 pilot to bring down the prices of 42 cancer medicines.

The formula that the manufacturers have to use: MRP of the product = Price to Stockist or Price to Distributor x {1 + (Trade Margin/(100 – Trade Margin))} + Applicable GST.

What this essentially means is that if a drug is sold to the stockist at Rs 70, the MRP excluding GST would stand at Rs 100. The price to the stockist would be calculated as the net sales of a drug by a manufacturer divided by the quantity of the drug sold.

This calculation of the base price to the stockist will not include the drugs that are given to patients by the companies under the patient assistance programmes, as long as the drugs are given for free. However, to claim this exemption given under the patient assistance programmes — which are run by several big pharma companies manufacturing patented drugs — the companies have to furnish details of the patients.

21/10/25

Trade margins on 137 cancer drugs capped, but will bills get lower?

Rupali.Mukherjee
@timesofindia.com

New Delhi: Govt's move to cap trade margins at 30% of MRP on 137 cancer drugs, covering over 1,000 medicine brands, puts the focus on actual patient savings, with effective implementation and monitoring needed to ensure it translates into lower medical bills.

The cap could narrow the gap between prices at which medicines are supplied to hospitals and their MRPs, but it may have a limited impact on overall cost of healthcare as hospitals may seek to offset lower margins by raising charges on consumables, diagnostics or procedures, public health and industry experts told **TOI**. A similar trend was seen after cardiac stent prices were capped in 2017, when several private hospital chains raised angioplasty package rates, they said.

OTHER CHARGES

- Experts say wider rationalisation of margins across medical products, alongside **closer scrutiny of hospital charges**, may be needed to cut med bills
- MRP of certain cancer drugs is up to **₹5L per vial**
- 'Hospitals may still **find ways to hike charges** of other items and packages,' warns a civil society group

▶**More margin cuts, P 15**

More margin cuts needed to lower med bills: Experts

▶**Continued from P1**

Experts said wider rationalisation of margins across medical products, alongside closer scrutiny of hospital charges, may be needed to substantially reduce medical bills. Hospital stocks of Max, Fortis and Apollo were down on BSE on Monday, following the govt notification on Oct 17.

Cancer drugs including branded and generic, both by domestic firms and MNCs, should be made available at revised prices from Nov 9. The MRP of certain cancer drugs are up to Rs 5 lakh per vial or pack, including a combination of pertuzumab and trastuzumab, atezolizumab, teclistamab, inotuzumab ozogamicin and daratumumab.

"Success of this measure will, however, depend equally on timely implementation across manufacturers, distributors and hospitals. Trade margin of 30% should not be misconstrued as 30% profit margin for hospitals. Defined trade margin applies across the distribution chain, and the basis of calculation and applicability of the prescribed margin at different stages of the supply chain, should be clearly communicated to avoid any misunderstanding," Girdhar Gyani, director at Association of Healthcare Providers, which represents 20,000 hospitals and healthcare providers, told **TOI**.

Oncology is a significant revenue stream for hospitals, with expensive cancer drugs and cost of care contributing to high treatment costs. The margin cap could put pressure on hospital earnings, raising concerns over whether lower margins could affect viability of such services. "Affordability must be viewed across the entire cancer-care pathway, from screening and diagnosis to treatment," said Mayur Sirdesai, co-founding partner at Somerset Indus Capital.

Health experts said the margin rationalisation may not be enough to reduce costs for patients. "Prices of these medicines will still remain out of reach for many. Also, hospitals may find ways to hike charges of other packages," said KM Gopakumar of Third World Network, a civil society group.

THE INDIAN EXPRESS

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Margin on 137 cancer drugs capped at 30% of MRP; new prices from November 9

Our Bureau
New Delhi

The National Pharmaceutical Pricing Authority (NPPA) has capped trade margins at 30 per cent of MRP for 137 cancer drugs, a move expected to reduce prices paid by patients. The revised prices are to take effect from November 9.

Under the order, announced on Saturday, the margin that distributors, stockists and retailers can add to these medicines will be limited to 30 per cent of the maximum retail price (MRP), excluding GST. This translates into a maximum mark-up of 42.86 per cent on the price at which manufacturers sell the drugs to stockists or distributors.

The list includes widely used cancer medicines such as bevacizumab, pembrolizumab, nivolumab, osimertinib and palbociclib. Most are classified as non-scheduled drugs, which are not subject to the government price controls, allowing greater flexibility in pricing.

The NPPA invoked Paragraph 19 of the Drugs (Prices Control) Order, 2013, which allows the government to regulate medicine prices in public interest. The revised MRP will be calculated using the manufacturer's price to the stockist, the permitted trade margin and applicable GST. Prices will generally be based on sales in March 2026, excluding sales to government buyers.

For example, a drug sold to a stockist for ₹1,000, with 5 per cent GST, will have a revised MRP of ₹1,500. If its existing MRP is higher, it must be reduced; a lower existing price can be retained.

The cap will also cover patented medicines and formulations containing the listed drugs, including combinations and different strengths.

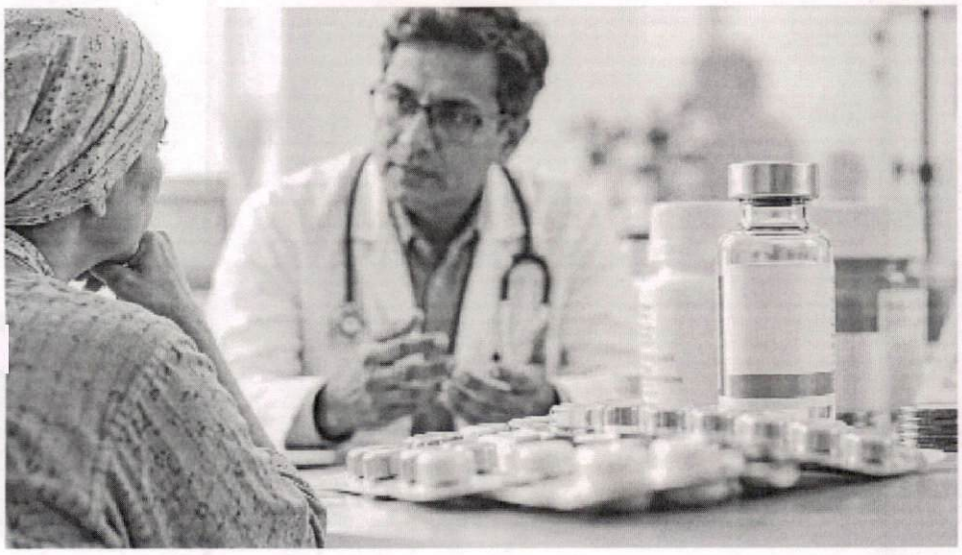
Manufacturers must submit revised price details to the NPPA and State Drug Controllers within seven days of publication in the Official Gazette, even if prices remain un-

The Pioneer
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Dated = 18/10/26

Analysis

India's fight against cancer: Making anti-cancer drugs affordable



Pioneer News Service

Published on: 19 Oct 2026, 1:54 am

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Author: YK Gupta

The RBI's decision to raise the repo rate to 5.50 per cent signals a shift towards tighter monetary policy amid rising oil prices, currency pressures and weather-related risks. The challenge is to contain inflation without undermining India's economic growth

India is making remarkable strides in cancer diagnosis and treatment. Yet, for too many families, access to life-saving medicines remains constrained not by medical expertise, but by the ability to pay. When a family must choose between continuing treatment and protecting its financial survival, cancer becomes an economic catastrophe as well as a medical crisis. No patient should have to make that choice.

The National Pharmaceutical Pricing Authority's (NPPA) decision to bring 137 non-scheduled anti-cancer drugs under Trade Margin Rationalisation (TMR) deserves strong support. By capping trade margins at 30 per cent, it seeks to curb excessive mark-ups. The revised prices take effect on November 9, 2026, with government estimates indicating MRP reductions of up to 70 per cent and annual savings of approximately Rs 2,500 crore.

India's growing cancer burden demands urgent action

India recorded an estimated 14.61 lakh new cancer cases and 8.09 lakh cancer-related deaths in 2022, according to the ICMR's National Cancer Registry Programme. Treatment often means prolonged therapy and expensive medicines; families exhaust savings, borrow money or sell assets.

Out-of-pocket expenditure accounted for 43.4 per cent of India's total health expenditure in 2022-23, according to National Health Accounts estimates, underscoring the continuing financial vulnerability of households. A medicine that exists but remains beyond a patient's means cannot deliver its intended benefit.

Why NPPA's intervention matters

Substantial mark-ups across the distribution chain widen the gap between the price at which a medicine enters distribution and the price the patient pays. TMR limits those margins. The 30 per cent cap is not a 30 per cent cut in manufacturers' prices or a 70 per cent cut in the MRP of every medicine; the actual reduction will depend on each product's existing price structure. Even so, it targets excessive margins and improves affordability without relying exclusively on broader price controls.

What lower margins could mean for high-cost drugs

The impact of TMR will be felt most for medicines that are both widely used and among the costliest per dose. Immunotherapies such as pembrolizumab and nivolumab (lung, head and neck and several other cancers), bevacizumab (colorectal, lung and ovarian cancers), and pertuzumab with trastuzumab (HER2-positive breast cancer) are typical examples. To see what is at stake, consider a reduction of 30 per cent to 70 per cent (the upper end being the government's own estimate) applied to current per-dose prices:

1. Pembrolizumab: About Rs 2.06 lakh could fall to roughly Rs 0.62-1.44 lakh.

2. Nivolumab: The highest-priced brand, about Rs 1.04 lakh, could fall to roughly Rs 0.31-0.73 lakh.

3. Bevacizumab: The highest-priced brand, about Rs 1.18 lakh, could fall to roughly Rs 0.35-0.82 lakh.

4. Pertuzumab with trastuzumab: From about Rs 2.45 lakh to roughly Rs 0.73-1.71 lakh.

These figures are illustrative, not forecasts; the actual reduction will depend on each product's existing price structure, and the largest falls are likely where mark-ups are greatest. Even so, because such drugs are given in repeated cycles, every reduction compounds across treatment and can decide whether a patient completes therapy or abandons it.

Building on India's earlier experience

In 2019, the NPPA introduced TMR for 42 non-scheduled anti-cancer drugs; government reports documented price reductions across 526 brands and annual savings of approximately `984 crore. Carefully designed price regulation can deliver meaningful relief, and this experience provides a valuable foundation for the current expansion. The next step is to ensure the benefits extend to more patients and are sustained over time. The success of the present intervention must be judged not by the number of medicines covered or the reductions announced, but by the savings patients actually realise.

From policy announcement to patient benefit

Revised prices must be displayed prominently in pharmacies and hospitals and made accessible through the NPPA website and the Pharma Sahi Daam application, with overcharging complaints addressed promptly. The NPPA should publish periodic data on price reductions, compliance and realised savings, and independent assessments should test whether lower MRPs mean lower expenditure for patients in public and

private settings. A price reduction announced by the government must be a price reduction experienced by the patient.

Affordability must go hand in hand with availability

Lower prices deliver little if patients cannot obtain medicines when needed, and interrupted treatment can have serious consequences, particularly for patients receiving time-sensitive therapies. Price regulation must be accompanied by continuous monitoring of production, distribution and retail supplies, with shortages identified early and addressed through coordination among regulators, manufacturers and healthcare providers.

Patient welfare and pharmaceutical innovation must coexist

Developing new cancer therapies demands substantial investment, and responsible pricing must recognise innovation, quality manufacturing and reliable supply. But this cannot justify excessive or opaque mark-ups. TMR should remain transparent, evidence-based and subject to periodic review, protecting patients while preserving the incentives needed to sustain a dependable pharmaceutical sector.

A more equitable future for cancer care

The ultimate test is not whether prices fall on paper, but whether patients can continue treatment without avoidable financial distress and obtain the medicines they need reliably. As India strengthens its cancer-care infrastructure, affordability must remain integral to the national response. Access to treatment must be considered alongside advances in diagnosis and therapeutics. India's fight against cancer requires scientific progress, compassionate care and policies that place patients at the centre of decision-making. Cancer is already a formidable adversary. The price of treatment should not become another adversary that patients and their families are forced to fight alone.

As India strengthens its cancer-care infrastructure, affordability must remain integral to the national response. Access to treatment must be considered alongside advances in diagnosis and therapeutics. India's fight against cancer requires scientific progress, compassionate care and policies that place patients at the centre of decision-making. Cancer is already a formidable adversary

The writer is the President of AIIMS Kalyani and former Head of the Department of Pharmacology and Dean of AIIMS, New Delhi; Views presented are personal.

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NEWS

Govt notifies 30% cap on trade margins on 137 cancer drugs, new prices from November 9

The move is aimed at reducing the prices patients pay for these medicines

By BL New Delhi Bureau

Updated - October 18, 2026 at 08:55 PM.



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1 Updates

The National Pharmaceutical Pricing Authority (NPPA) has decided to limit the profit margins that distributors, stockists and chemists can

add to 137 cancer drugs. The move is aimed at reducing the prices patients pay for these medicines. The new prices are expected to take effect from November 9, 2026.

Under the notification announced on Saturday, the trade margin will be capped at 30 per cent of the maximum retail price (MRP), excluding GST. Trade margin is the amount earned by intermediaries, such as distributors and retailers, between the manufacturer and the patient.

This means traders can add a maximum of 42.86 per cent to the price at which a manufacturer sells a drug to a stockist or distributor, known as the Price to Stockist or Price to Distributor (PTS/PTD).

The cap will cover 137 cancer drugs identified by an expert committee of the Health Ministry as essential for cancer treatment. These include widely used medicines such as bevacizumab, pembrolizumab, nivolumab, osimertinib and palbociclib.

India's drug price regulator said the list could be revised from time to time depending on market conditions and public health needs. Most of these medicines are classified as "non-scheduled" drugs, meaning they are not covered by the government's regular price controls. This gives companies and traders greater freedom to set prices, which the regulator said had resulted in high mark-ups.

The authority invoked Paragraph 19 of the Drugs (Prices Control) Order, 2013, which allows the government to control the prices of medicines in extraordinary circumstances in the public interest. It also referred to a similar move in 2019, when trade margins on certain cancer drugs were capped.

How will the new prices be calculated?

The revised MRP will be calculated using the manufacturer's price to the stockist, a trade margin of up to 30% of the price before GST, and applicable GST.

The starting price will generally be based on sales in March 2026. The company's net sales revenue for a drug during that month will be divided by the number of units sold, excluding sales to government buyers. If there were no sales in March 2026, the company will use sales data for the period from April 2025 to March 2026.

For example, if a drug is sold to a stockist for ₹1,000 and GST is 5 per cent, the revised MRP would be ₹1,500. If its existing MRP is ₹1,800, the company will have to reduce it to ₹1,500. However, if the existing MRP is ₹1,400, the company can retain that lower price.

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For drugs launched after March 31, 2026, the current price to the stockist will be used. When manufacturers supply medicines directly to hospitals, the hospital will be treated as the stockist.

The cap will also cover patented medicines and non-scheduled drugs containing any of the listed medicines, whether sold individually or in combination with other drugs, and regardless of their strength or form.

Companies can exclude medicines supplied free to patients under their Patient Assistance Programmes from the calculation, provided they meet the NPPA's conditions. These include submitting an undertaking and maintaining detailed records of patients, their diseases, prescribed doses and drug use. The authority can inspect these records and arrange independent verification. The exemption can be withdrawn if the conditions are not met.

What must companies and hospitals do?

Manufacturers will have seven days after the order is published in the Official Gazette to submit revised MRP details to the NPPA and State Drug Controllers, even if the price remains unchanged.

They must also issue an updated price list through the Integrated Pharmaceutical Database Management System (IPDMS) and share it with State Drug Controllers, dealers and other relevant parties. Retailers, distributors and hospitals will have to display the price list prominently.

Companies can continue to increase prices once a year, as permitted under Paragraph 20(1) of the Order, but must remain within the 30 per cent trade margin limit.

The NPPA has also directed manufacturers to maintain current production levels to prevent shortages. Companies seeking to reduce their average monthly production must first obtain the regulator's permission. Those planning to stop manufacturing or importing a drug must inform the NPPA at least six months in advance.

Since many cancer medicines are supplied directly to hospitals, the authority has asked hospitals and medical institutions to monitor prices and report violations. State Drug Controllers will check compliance among manufacturers, distributors and hospitals. The NPPA can recover any excess amount charged in violation of the order.

Companies that fail to report their revised prices will be treated as having not reduced their prices, and the regulator can initiate action to recover overcharged amounts. Existing price orders for the covered drugs will be replaced once the new notification is published.

COMMENTS

Published on October 17, 2026

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Dated = 18/10/26

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on integrating Ayurveda with modern digital technology, the role of AI in research, and the possibilities for its responsible use in healthcare services. Head of the Traditional Medicine Research, Data and Innovation Unit, WHO-GTMC, Dr Geetha Krishnan said, "Artificial Intelligence (AI) holds immense potential to understand Ayurveda better and make its application more effective".

'Cancer drugs MRP likely to fall by 70%'

New Delhi: The National Pharmaceutical Pricing Authority (NPPA), under the department of pharmaceuticals, ministry of chemicals and fertilisers, has undertaken trade margin rationalisation (TMR) of 137 identified non-scheduled anti-cancer drugs in public interest to address excessive trade margins, make cancer treatment more affordable, and improve access to anti-cancer medicines. The intervention is expected to bring down the MRP of the identified non-scheduled anti-cancer drugs by up to 70%, depending on their existing price structures. The intervention builds upon the success of NPPA's 2019 pilot TMR exercise, under which trade margins for 42 anti-cancer drugs were capped at 30%.

Times of India
Delhi - 18/Oct/2026

Prices of 137 cancer drugs to fall by up to 70% from Nov 9

Manufacturers Will Have To Inform NPPA Of Revised Prices In 7 Days

Rupali.Mukherjee
@timesofindia.com

In good news for cancer patients, prices of 137 drugs are set to be reduced by up to 70% from Nov 9, with govt capping trade margins by 30%. Drug prices regulator National Pharmaceutical Pricing Authority (NPPA) Saturday notified the 137 non-scheduled anti-cancer drugs to address the issue of excessive trade margins, invoking Paragraph 19 of DPCO, 2013. Significantly, patented drugs are also included in the list.

The trade margin rationalisation at 30% of MRP, excluding GST, corresponds to a mark-up of 42.9% on price to stockist/price to distributor (PTS/PTD), according to the minutes of the NPPA meeting accessed by **TOI**. Simply put, PTS/PTD is the first point of sale of the drug.

This follows a nudge by Supreme Court, flagging the huge gap between price to retailer and MRP of medicines billed to patients, in certain cases of 10 times.

ON THE LIST

- Immunotherapy drugs used for treating over 20 type of cancers
- Denosumab used by breast and prostate cancer patients
- Pegfilgrastim used to prevent neutropenia in cancer patients
- Bevacizumab approved to treat colon, ovary and cervical cancer



The MRPs of certain drugs — including pertuzumab + trastuzumab, atezolizumab, teclistamab, inotuzumab ozogamicin and daratumumab — are up to Rs 5 lakh per vial/pack.

All manufacturers will be required to inform NPPA of their revised prices within seven days of publication of the gazette notification. Manufacturers will be required to display the price lists on their website and widely disseminate them to all retailers and hospitals, with the latter also required to display the revised prices on their websites prominently.

The authority approved the calculation of the revised MRP based on PTS/PTD for March 2026 as the reference month.

NPPA said patient assistance programme quantities may be excluded from the calculation of PTS/PTD and MRP for trade-margin capping only. These programmes, where drugs are supplied free of cost, are typically run by MNCs.

As a substantial supply of anti-cancer drugs is directly made to hospitals and medical institutions, they shall be responsible for ensuring revised prices of such drugs from the date of implementation, NPPA said. State drug controllers will take necessary steps to ensure compliance by manufacturers, dealers including retailers, hospitals and medical institutions, it added.

In a bid to tighten rules further, NPPA said uninterrupted availability of the covered formulations needed to be ensured. Any manufacturer intending to reduce monthly production levels would have to obtain permission.

Consumers can use the Pharma Sahi Daam app and NPPA website to check revised prices of drugs, an official release said.

In 2019, the MRP of 526 brands of non-scheduled anti-cancer medicines was reduced by up to 90%, NPPA said. The present exercise extends this approach to a larger set of drugs, based on the list recommended by an expert committee under Directorate General of Health Services.

Top court flags steep mark-ups on essential drugs

Aaratrika Bhaumik
NEW DELHI

The Supreme Court on Tuesday expressed concern over the sharp disparity between the prices charged to retailers and consumers for essential medicines, particularly cancer drugs, observing that steep mark-ups placed an enormous burden on taxpayers and amounted to "carnage".

A Bench of Justices Vikram Nath and Sandeep Mehta questioned the Centre on why the 16% retailer margin provided for under the Drugs (Prices Control) Order (DPCO), 2013, should not be applied uniformly to essential medicines to curb steep mark-ups over the price to retailer (PTR).

"Why not keep the 16% margin on MRP, which is prescribed in the DPCO, on everything?... Ultimately, the loser is the taxpayer. This is carnage, as simple as that," the Bench remarked.

The observations came while the top court was hearing petitions filed by advocate Kishan Chand Jain and paediatric surgeon Sanjay Kulshrestha, seeking its intervention to regulate the prices of drugs, medical equipment, and generic medicines, and make them more affordable.

Justice Mehta pointed, in particular, to the nearly ten-fold mark-up on an essential cancer drug, which was supplied to retailers for around ₹3,000 but sold to consumers for ₹27,000. He questioned who ultimately benefited from the nearly ₹24,000 difference. "You tell us why this difference... Where does this chunk of money go? Ten times..." Justice Mehta remarked.

He also referred to Rosuvas, a commonly used statin, noting that a strip costs around ₹240. He said that while the drug falls in the non-scheduled category, its combination with aspirin is a scheduled formulation subject to price control under the DPCO and costs around ₹70 per strip. "So a combination should be more costly. It should be costlier, but the disparity is there," he said.

Solicitor-General Tushar Mehta, appearing for the Centre, acknowledged the concern and said the government would have to find a way forward while "balancing equities".

'Private gainers'

He, however, said it was private hospitals, rather than pharmaceutical companies, that benefited from the steep mark-ups. "The pharma company is not the gainer. The gainer is the private hospital," the law officer submitted.

The Bench also flagged the practice of private hospitals insisting that patients purchase medicines from their in-house pharmacies, leaving them with little choice to procure the same drugs at lower prices elsewhere.

CONTINUED ON
» PAGE 12



Unchecked prices

The petitions in SC have sought directions to make drug formulations more affordable

- Justice Sandeep Mehta, part of the Bench, points to the mark-up on an 'essential cancer drug' supplied to retailers for around **₹3,000** but sold to consumers for **₹27,000**
- He also points to Rosuvas, a common statin, priced at **₹240** per strip, contrasting it with its combined formula with aspirin, which costs a mere **₹70 per strip**

> Why not keep the 16% margin on MRP, which is prescribed in the DPCO, on everything? ... Ultimately, the loser is the taxpayer. This is carnage, as simple as that - SC BENCH



The Hindu
30/09/2026

The Hindu
dt - 1/10/2026

Bitter pills

The Supreme Court did well to intervene in drug pricing by retailers

The Supreme Court has upbraided disparities between the price to retailer (PTR) and the maximum retail price (MRP) of certain drugs, including those used to treat cancers, in some instances up to 1,000%. These drugs are not available over-the-counter, so hospitals often control which brand a patient uses. As a result, pharmaceutical companies compete for the hospitals' business, not patients'. To incentivise a hospital to stock specific drugs, they deliberately specify inflated MRPs while offering the hospital low PTRs, and the hospital can pocket the difference. The practice does not technically amount to a kickback but is one economically, as manufacturers effectively promise hospitals an embedded financial reward to pick specific products, and leave patients to potentially pay more than the medicines' supply price because hospitals have an incentive to sell brands with the largest margins. When private hospitals also force patients to purchase drugs from on-premise pharmacies – as Competition Commission investigations have established – patients are unable to shop around, undermining normal price competition. So, more affordable equivalent drugs are disadvantaged because of their lower revenue generation potential for hospitals. Patients, meanwhile, face severe financial strain – a concern also flagged by drug regulators in Karnataka and Maharashtra – and could, among those with cancers and chronic conditions, reduce adherence to longer treatment regimens.

The practice arises from a gap in the 2013 Drug (Prices Control) Order, which caps the final maximum price of scheduled drugs, but not the markup on hospitals' transactions. Say the National Pharmaceutical Pricing Authority (NPPA) calculates the market-derived average price of such a drug to be ₹100, making the ceiling ₹116. If a hospital negotiates a PTR of ₹50 from the manufacturer, it can still sell the drug (or bill the government if a drug is state-financed) at ₹116, without breaching the ceiling, and enjoy the difference of ₹66. In a proof-of-concept exercise in 2019, the NPPA capped the trade margins of 42 non-schedule anti-cancer drugs at 30%. The Department of Pharmaceuticals subsequently said prices of 526 brands dropped by up to 91%, suggesting that the MRPs of several cancer drugs included compressible margins. Second, while the Court's suggestion to have a fixed percentage markup across all drugs is appealing, it should accompany a regressive margin that applies a smaller percentage as drug prices increase, to neutralise sellers' incentive to favour more expensive products. Overall, however, the Court is right to highlight this insidious problem, especially after refusing to intervene in *Siddharth Dalmia* (2025), and while the Union and States have failed to counterbalance the absence of natural market mechanisms to rationalise drug prices.

The Economic Times

4/09/2026

IN CROSSHAIRS

Drug Cos Refuse to Take Sole Responsibility for Overpricing

But a retail chemists body welcomes move to exempt them from prosecution

Teena Thacker & Vikas Dandekar

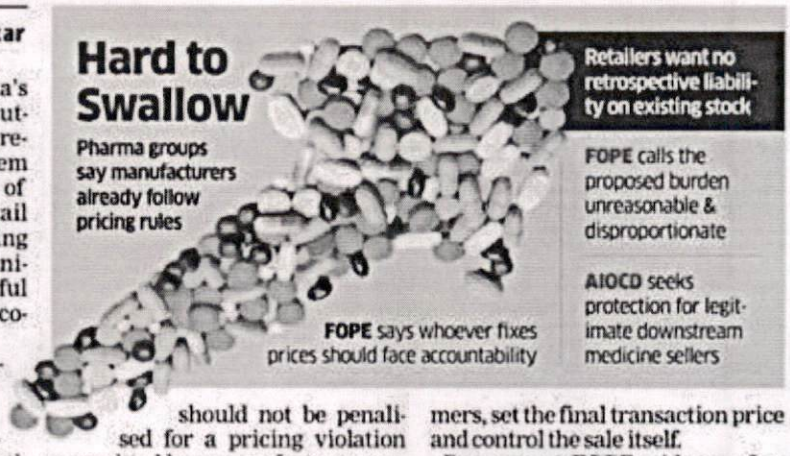
New Delhi | Mumbai: India's pharmaceutical companies, cutting across size, have opposed a regulatory proposal that holds them accountable for overpricing of medicines while exempting retail chemists, hospitals and nursing homes from prosecution and punitive action. However, a powerful body of retail chemists has welcomed the move.

Several pharmaceutical groups, including the Federation of Pharma Entrepreneurs (FOPE), have sent their representations to the National Pharmaceutical Pricing Authority (NPPA). ET reported this last week.

FOPE national president Harish K Jain said the proposal would upend the existing distribution of responsibility under the Drugs (Prices Control) Order (DPCO), 2013, and impose an "unreasonable and disproportionate burden" on manufacturers who are already compliant with pricing rules.

Meanwhile, the All India Organisation of Chemists and Druggists (AIOCD), which represents retailers, stockists and distributors, said trade members would be shielded from prosecution for pricing decisions made by manufacturers. The body had pleaded with the NPPA to incorporate these safeguards in the final amendment and offered its cooperation in developing a standard operating procedure for the enforcement of the proposed regulations.

AIOCD general secretary Rajiv Singhal said a bona-fide chemist should not be penalised for a pricing violation committed by a manufacturer, particularly when the medicine has been purchased through a legitimate supply chain. He urged the NPPA to ensure no retrospective liability on existing stock, a 75- to 90-day transition period and clear statutory protection for retailers, stockists, distributors, clearing and forwarding agents and hospital pharmacies.



FOPE in its letter, however, said whoever actually sets the price charged to a patient at the point of sale should be accountable for that price.

The federation pointed to para 26 of the DPCO, which bars "any person", not manufacturers alone, from selling a formulation above the price listed or printed on the pack. According to it, this language already establishes that retailers, hospitals and other sellers share responsibility, since they are the ones who interact directly with consumers, set the final transaction price and control the sale itself.

By contrast, FOPE said manufacturers' obligations under the DPCO framework covering para 14 and paras 24 and 25 on price communication are limited to declaring accurate maximum retail prices, complying with NPPA's price notifications, and filing the required forms through the government's integrated pharmaceutical database management system (IPDMS). Once that information is submitted and made public, the federation argued, subsequent overcharging by a downstream party falls outside the manufacturer's control and should not automatically trigger manufacturer liability.

Another member of the pharma lobby group said they conveyed their disagreement to the NPPA about the proposal. "The onus of overpricing should not be on the manufacturer alone. We have asked the NPPA to put the proposal on hold," he told ET on the condition of anonymity.

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Blatant daylight dacoity: SC on 10-fold gap in cancer drug prices

Abraham Thomas
letters@hindustantimes.com

NEW DELHI: The Supreme Court on Tuesday questioned a 10-fold disparity in the price of an essential cancer drug, with the medicine sold to retailers for ₹2,700 but reaching consumers at ₹27,000, and asked the authorities why they had failed to act.

A bench of justices Vikram Nath and Sandeep Mehta, hearing petitions on drug pricing and regulation of generic medicines, said such a disparity amounted to "dacoity" and raised concerns over the burden on patients forced to sell homes and jewellery to afford treatment.

"We wonder how a patient can be cheated for an essential cancer drug. We know of a cancer drug which the manufacturer sells at a price to retailers (PTR) of ₹2,700 which is then sold in the market for ₹27,000. This is blatant broad daylight dacoity, an absolute rampage and carnage they are doing to the patients," the bench said.

PETITIONS SOUGHT SC'S INTERVENTION IN REGULATING PRICES OF DRUGS, EQUIPMENT AND GENERIC MEDS

Questioning the National Pharmaceutical Pricing Authority (NPPA) and the Department of Pharmaceuticals, the court said, "It is surprising that the authorities supposed to take a decision on this are completely silent. If this is not extortion then what is it? A medicine sold to retailers at 10% of MRP, why this disparity, is what we are asking?"

The petitions, filed by advocate Kishan Chand Jain and doctor Sanjay Kulshresthra, sought intervention of the court in regulating prices of drugs, equipment and generic medicines to make it affordable to common citizens.

The Centre, represented by additional solicitor general KM Nataraj, said the government did not view the proceedings as "adversarial" and would make submissions on the existing mechanisms on September 29, the next date of hearing.

Pharma manufacturers, represented by senior advocate Kapil Sibal, said retailers, rather than manufacturers, were earning the profits.

Business Line
17/09/2026

BUSINESS LINE, MUMBAI 17 SEPTEMBER 2026

Medical device margins back in focus after Maharashtra FDA survey

PT Jyothi Datta
Mumbai

The maze of trade margins that come between a patient and the price they pay for a consumable used in a hospital has come into sharp focus again, following a survey by the Maharashtra Food and Drug Administration (FDA) under Commissioner Tukaram Mundhe, who has been cracking down on food and drug companies running foul of the law.

About nine years ago, the National Pharmaceutical Pricing Authority (NPPA) had laid threadbare how trade margins — between 11 and 1,000 per cent at different levels — increased the final cost of a stent for a patient.

STEEP MARKUPS

Revealing findings from a survey by the State FDA, Mundhe said, "The most expensive part of a hospital bill may never touch the hospital at all."

"A patient admitted for care has no way of knowing whether the price on a medical consumable reflects its actual cost or a markup fixed long before it ever reached the ward. That gap in information is, at its core, a public health issue," he said in a post on the survey findings.

"A survey of hospital consumables in Maharashtra found a syringe procured at ₹6.75 carried an MRP of ₹57.20. A catheter procured at ₹29.41 carried an MRP of ₹310," he said, adding that a patient is not in a position to compare prices, seek alternatives, or question the printed MRP while seeking care.

CLEAR GUIDELINES

Besides, the MRP is "often fixed upstream by manufacturers and distributors, disconnected from the trade price by a wide, unexplained margin. The result is a system where the party bearing the cost has the least information to evaluate it."

Mundhe pointed out that the "regulatory gap is structural: scheduled medicines are capped under the Drugs (Prices Control) Order, 2013. Most medical devices and consumables are not, leaving both the pricing and the information around it almost entirely unmonitored."

To help bridge the "information gap" that patients face, he called on the Department of Pharmaceuticals and the NPPA to review their findings and issue "clear guidelines on the permissible gap between trade procurement price and declared MRP."

"Consumables are the biggest pain-point," said Rajiv Nath with the Association of Indian Medical Device Industry (AiMed), calling for a trade-margin cap at four-six times the ex-factory or landed import prices. "Rational profits for any business is understandable but not irrational profiteering," he said, adding that inflated prices could point to possible tax evasion, as well.

INADEQUATE NORMS

Further, he said, the current regulatory framework under the Drugs (Prices Control) Order, 2013 was "inadequate" for medical devices.

Pointing to the FDA Commissioner's findings, the industry platform called for "structured price monitoring and margin rationalisation", starting with pilot studies to generate data.

"Patients, who cannot bargain or choose devices, are left vulnerable to inflated MRPs, while ethical manufacturers and importers are forced to either play within a distorted system or exit the market. This situation penalises both consumers and responsible suppliers, eroding trust and competitiveness," AiMed said.

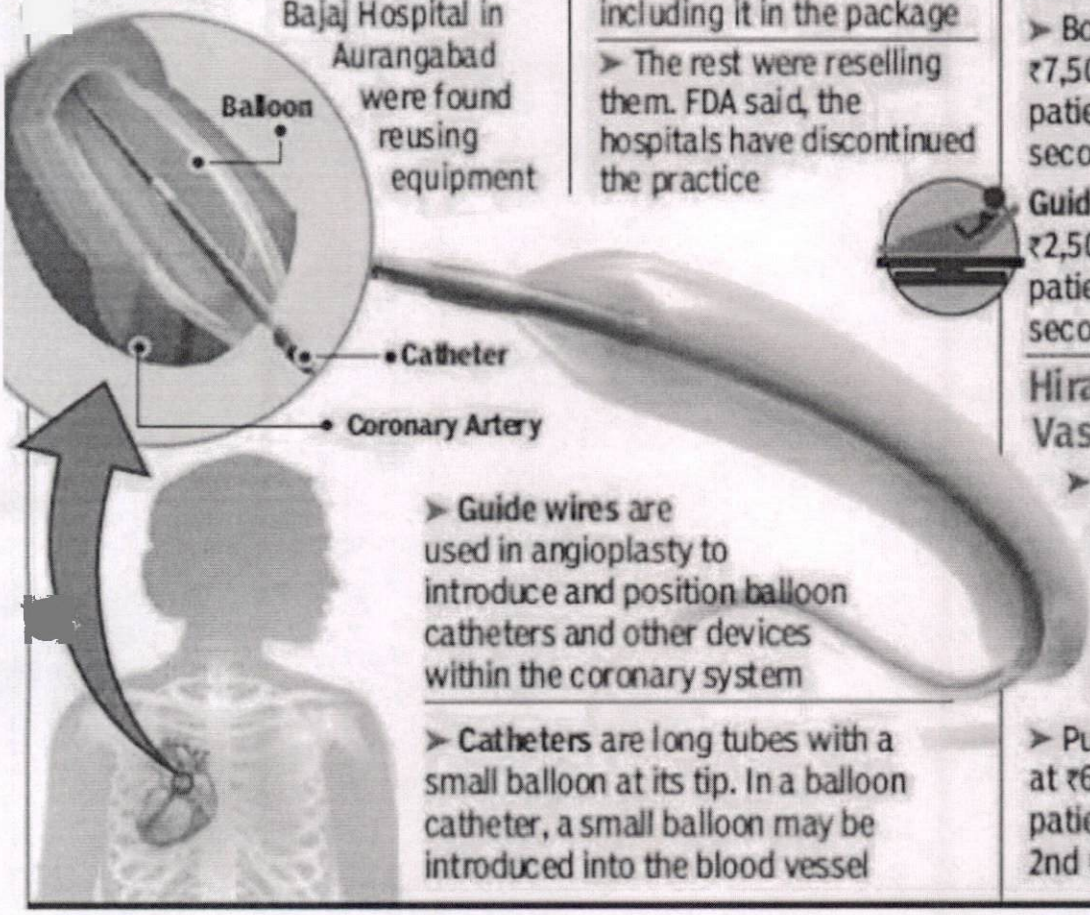
PLAYING WITH OUR HEALTH

➤ Fortis Hospital in Mulund, Hiranandani Health Care in Vashi, Platinum Hospital in Mulund, BSES Hospital in Andheri, Wockhardt Heart Hospital in Nagpur, Sahyadri Hospital in Pune, Kamalnayan Bajaj Hospital in Aurangabad were found reusing equipment

➤ The revelation came after FDA raids

➤ BSES, Platinum Hospital and Kamalnayan Bajaj Hospital were not charging for the re-used devices but including it in the package

➤ The rest were reselling them. FDA said, the hospitals have discontinued the practice



➤ **Guide wires** are used in angioplasty to introduce and position balloon catheters and other devices within the coronary system

➤ **Catheters** are long tubes with a small balloon at its tip. In a balloon catheter, a small balloon may be introduced into the blood vessel

What The Hospitals Did

Fortis, Mulund

Balloon Catheter | Bought it for ₹6,000, billed it to the first use patient at ₹26,000 and the second user at ₹20,000

➤ Bought another brand for ₹7,500, billed it to the first patient at ₹22,000 and the second at ₹11,000

Guide Wire | Bought it for ₹2,500, billed it to the first patient at ₹6,750 and to the second patient at ₹3,321

Hiranandani-Fortis, Vashi

➤ 44 drug-notified devices re-used on 27 patients

Balloon Catheter | Bought it for ₹9,300, charged the first patient ₹22,000, and the second ₹11,000

➤ Purchased another brand at ₹6,800, charged the first patient ₹21,000 and 2nd ₹10,500

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NPPA's limited powers a hurdle to 20% cap on medical device margins

RESTRICTED SCOPE. Pharma authority can directly fix prices only for scheduled devices

Ankita Upadhyay
New Delhi

The Parliamentary Standing Committee's call for a 20 per cent cap on the gap between the landing cost and MRP of medical devices faces a structural limitation because the National Pharmaceutical Pricing Authority (NPPA) does not currently have blanket powers to impose a uniform margin cap across the entire medical device market.

Under the Drugs (Prices Control) Order, 2013 (DPCO), the NPPA can directly fix prices only for "scheduled" drugs and devices. For non-scheduled products, including the IV sets and catheters flagged by Maharashtra Food and Drug Administration (FDA) Commissioner Tukaram Mundhe, manufacturers determine the initial price.

The NPPA can only restrict subsequent annual increases to 10 per cent.



This means that implementing a blanket 20 per cent cap on non-scheduled devices would require extending the NPPA's existing mandate, either through a policy-level amendment to the DPCO or by bringing specific products under the Trade Margin Rationalisation (TMR).

CURRENT FRAMEWORK

The NPPA, which functions under the Department of Pharmaceuticals, cannot unilaterally impose such a cap across the medical device market under the current framework. It means that the NPPA does not have the authority to impose a uniform margin cap across all medical devices.

The issue gained urgency after a Maharashtra government survey found markups of up to 2,841% on commonly-used medical consumables

The issue gained urgency after a Maharashtra government survey found markups of up to 2,841 per cent on commonly-used medical consumables. Private hospitals were found to have procured IV infusion sets for around ₹11.05 apiece but billed patients ₹325, a markup of more than 2,800 per cent. Catheters, procured for about ₹29.41, were billed at ₹310.

The survey also covered syringes, nebulisers and oxygen masks.

UNIFORM CAP

An industry person, on condition of anonymity, said the Committee's recommendation for a 20 per cent cap on the difference between the landing cost and MRP of medical devices, therefore, raises a fundamental question over the NPPA's existing powers. "A uniform cap would have to cover products that currently fall outside its direct price-fixing authority," he said.

The TMR could provide one route to address the gap, but it has so far been used only selectively, he added.

The Parliamentary Committee has criticised the delay in institutionalising the TMR.

The Committee's report also called for the government to expedite a permanent TMR framework under the DPCO, instead of relying on one-off interventions.

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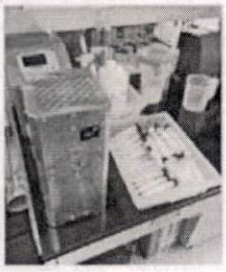
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K'taka flags drug price gaps at 254 companies

HT Correspondent
letters@hindustantimes.com

BENGALURU: Karnataka's food and drug administration has asked the Centre to intervene against 254 pharmaceutical companies over what it says are "extreme gaps" between the prices at which medicines are supplied to hospitals and the amounts patients are charged, with some products carrying MRPs more than 70 times their reported landing costs.

Karnataka FDA Commissioner K Srinivas has sent the pricing details to the National Pharmaceutical Pricing Authority (NPPA) and the Central Drugs Control Agency, seeking regulation under the Drugs (Prices Control) Order, 2013.

The state has also sought limits on trade margins for medicines, medical devices and hospital consumables.

Among the cases cited by the department, a medicine procured for ₹86 was listed with an MRP of ₹4,528. Another product bought for ₹160 carried an MRP of ₹7,110.

The FDA also identified large gaps in the prices of several injectable medicines. Cancer drug Cytax 100mg had a reported landing cost of ₹342 against an MRP of ₹3,836. Nucain 300mcg was listed at ₹112 at landing cost and ₹1,239 as MRP, while Bivatas 400mg injection had a reported landing cost of ₹5,850 and an MRP of ₹62,690. Cosate 3 MIU injection was cited at ₹340 and ₹3,699 respectively.

STATE HAS ALSO SOUGHT LIMITS ON TRADE MARGINS FOR MEDICINES, MEDICAL DEVICES AND HOSPITAL CONSUMABLES

"The state has argued that the disparity can be particularly burdensome for patients requiring emergency, intensive care, oncology, kidney and AIDS treatment, where medicines, implants and consumables may have to be obtained immediately and patients may have little scope to compare prices or buy elsewhere," said a senior health department official in the know of the development.

"The letter to the Centre said hospitals can receive medicines at substantially reduced institutional rates but subsequently bill in-patients at the printed MRP or at prices close to it. It said the difference between institutional landing costs and MRPs can range from 30 times to more than 70 times for some products," the officer added.

Karnataka has also pointed to commercial arrangements between hospitals and suppliers, including rebates, credit notes, free quantities and retrospective discounts.

Such benefits, it said, can lower the hospital's actual acquisition cost without being apparent to patients.

The state has proposed a national framework to determine how much hospitals can charge patients for high value medicines, devices and consumables. It has suggested that an inter-ministerial expert group comprising the Union health ministry, Department of Pharmaceuticals, NPPA, state drug regulators, hospitals, insurers, consumer representatives and clinical experts examine the issue.

Karnataka has proposed a national study comparing four figures for selected high value products: the MRP, manufacturer or importer price, hospital's net acquisition cost and the amount ultimately billed to the patient, according to the officer.

It has also proposed changes or additions to the Drugs (Prices Control) Order, 2013, under which patient facing prices for products supplied through hospitals could be capped at the lower of the applicable statutory price, MRP, or the hospital's net acquisition cost plus a notified service margin and applicable taxes.

For expensive cancer and life saving medicines, the state has sought comprehensive limits on trade margins and direct price regulation for a wider range of chemotherapy and targeted therapy drugs.

Karnataka has proposed mandatory itemised bills for specified high value medicines, devices and consumables. Such bills would disclose the MRP, applicable statutory price, hospital acquisition cost, permitted service margin, taxes and the final amount paid by the patient.

The state has also proposed that rebates, credit notes, free supplies, marketing support, retrospective discounts and related party benefits be included when calculating a hospital's actual acquisition cost.

Under the proposed enforcement mechanism, the NPPA and state drug authorities would inspect procurement and billing records, conduct audits, order refunds with interest where excess amounts had been collected and act against repeat violations.

Karnataka has suggested that the first phase focus on oncology and critical care medicines, expensive injectables, implants, surgical and intensive care consumables and dialysis supplies.

The pricing investigation comes as the Karnataka authorities separately examine an alleged counterfeit drug operation.

The department recently cancelled 16 drug licences and suspended eight others, including the wholesale licence of a depot, following an August 18 raid at an alleged unauthorised repacking and relabelling facility near Bidadi.

Now, Maharashtra FDA Trains its Guns on Overpriced Drugs

The Maharashtra Food and Drug Administration (FDA) is planning to approach the apex drug pricing watchdog, the National Pharmaceutical Pricing Authority (NPPA), to act against a set of medicines that is being sold at exorbitant prices. In an interview, Maharashtra FDA commissioner Tukaram Mundhe tells ET's **Vikas Dandekar** that his team is in the process of examining the data before proceeding further. Edited excerpts:

What are the key issues of focus in the pharmaceutical sector?
We are looking at the pricing of medicines. There is MRP, and there are guidelines. But over time, we have seen representations from civil society and NGOs that drugs are exorbitantly priced. It becomes a bad, unethical or immoral trade practice if the product is costing ₹100 but is priced at ₹1,000. So, we are examining the data, and if we see issues, then we will take it to the pricing authority, the NPPA. Like in the cardiac stent cases, we will work on that. We have some data, and we will see some results on that also.

You have served notices on well-known restaurants for non-compliance with hygiene standards. What is fuelling this?
My philosophy is not just to do the job. I must perform the role that has been assigned to me. The role goes far beyond just a job. My role is to regulate and ensure that safe food and safe drugs are available, and whatever is produced in Maharashtra is safe and follows standards as per the norms.

What are the next big moves?
We are looking at a whole gamut of things. Next in line could be spices...edible oil is also an important part. Many don't know that alcoholic and non-alcoholic drinks are also under the FDA purview, starting from quality to packaging. We have a strategy for it; we have a vision, so it is a question of time. These sectors will be touched and acted upon.

You have stopped hospitals from forcing patients to buy medicines from in-house pharmacies. How has it been received?
Nobody can force patients to buy medicines from a particular pharmacy. They have the right to purchase from a legal registered pharmacy—inside or outside the hospitals. I issued an order that if the medicine is not allowed to be purchased out of the hospitals, there will be action, and we have acted against a few hospitals in Nagpur, Pune, Mumbai and Solapur. By and large, hospitals are now following the rules.

How are you planning to tighten up the drug manufacturing units?
Every manufacturing unit must be of WHO standards. All GMP (good manufacturing practice) norms must be followed. We are finding several NSQs (not of standard quality), and we have increased our audits and surveys. Many recalls are ordered. Going further, we will tighten the process of auditing manufacturing and have all the HACCP (hazard, analysis and critical control points). Packaging, branding, temperature controls and testing standards will be more stringent. We are ensuring that fresh SOPs are issued. In blood centres, operations will be seen closely. We will ensure there are no spurious medicines.

How do you want to create a culture of compliance?
We want to create a culture where compliance is the norm. Our fair action should be a deterrent, and it should be followed without any fear or favour. There is no discrimination. If the licensees, FBOs (food and beverage operators) or drug makers are abiding by the law, there is nothing to worry, but if they are not, there is no place for them to hide on the earth. We interacted with officers, associations of drug makers, also from food and milk suppliers. We told them we will not spare any stone unturned to make sure that the law is implemented in letter and spirit.

Antimicrobial resistance is a big issue and we have seen antibiotics given without prescriptions. Pharmacists selling prescription drugs without prescriptions is not allowed. We will take due action. We have started to suspend licenses. Citizens should understand that taking antibiotics for smallest reasons is not good. There may be a temporary cure, but it will start getting resistance to antibiotics. There needs to be awareness about this through multiple channels. To pharmacies, we want to say we will come after you heavily if we see something wrong. We have a shortage of drug inspectors, but we will have enough strength to do this soon.

Is safe food, safe medicines, safe Maharashtra your goal?
It is a gigantic task. In the food sector, we have 1.2 million licence holders, and we have more than 150,000 licence holders in manufacturing, blood centres and pharmacies. We may not be able to reach every unit, but everyone can reach us. We will take exemplary actions, and there must be deterrence of the law. All stakeholders, food and beverage operators, drug makers, regulators and citizens will need to be vigilant about what they eat, what they purchase, and what they consume. If they have doubts, they can contact us through our portal and the complaint can be uploaded. The issue is assigned to the concerned officer as it is AI-powered, and within a time-bound mechanism, if the officer is not taking cognisance, it is escalated to higher officials and notices are issued.

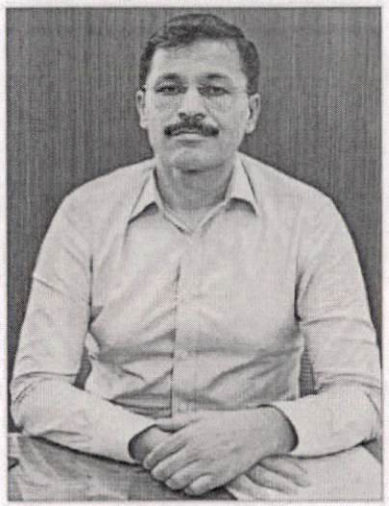
We resolve issues in a short time. There is a toll-free number to connect with us. People can contact us for vigilance and enforcement. But I want the public to be vigilant and sensitive to these issues of non-compliance.

How do you handle political pressure?
In any role, there will be pulls and pressures, and that is part of the job. As far as political pressure not to act, I don't have it and that is very clear. I am mandated and will ensure that safe food and safe drugs are available, and we will go with the law. I am not worried, and my officers are working hard. I don't interfere. We have the vision; the mission and we are using all of that.

You have been transferred 25 times...
Transfer is part of the government job. I like to be in a more stable role, but that is the government's call, and we should not discuss that.

ET Q&A

TUKARAM MUNDHE
Commissioner, FDA, Maharashtra



TO BE ACTED UPON

My role is to regulate and ensure that safe food and safe drugs are available... Next in line could be spices... edible oil is also an important part

If this is not extortion, then what is it, says SC on allowing retailers to overprice drugs

▶Continued from P1

How can a patient be cheated for a medicine, which the manufacturer sells to the retailer at Rs 2,700 and the MRP is printed at Rs 27,000? It is ten times. It is very surprising that the authorities who are supposed to take a decision on this are absolutely silent. We don't need to spell out the reason for that," the bench said.

Additional solicitor general K M Nataraj, appearing for the Centre, said govt was not taking an adversarial approach in the matter and it would remain its endeavour to make medicines available to all. But the bench pointed out that the issue was not about availability but about making them available at a reasonable price.



'CLEAR-CUT CASE OF FRAUD'

"If that is not extortion, then what is it?... All medicines should be brought under price fixation policy. If all medicines are important, then why keep some medicines out of it?" SC said.

The court was hearing PILs filed by SC advocate K C Jain and Agra-based doctor Sanjay Kulshresthra. The petitioners placed before the court bills to demonstrate how drugs were being overpriced.

Citing an example, Kulshresthra told the court the MRP of an antibiotic, Tigebex 50 mg, was Rs 5,635. It was sold at that price in corporate hospitals, but the same was sold in the open market at just Rs 350. "The hospital is charging 16 times its actual retail cost in the market," he said.

The bench expressed surprise at the huge disparity in pricing and said, "Why this disparity at all? A medicine which is, as a matter of fact, sold by the manufacturer to the retailer at 10% of its MRP, why has it got this high MRP? It is a clear-cut case of fraud on the face of it."

Senior advocate Kapil Sibal, appearing for pharma companies, said they were not the ones making money out of it and sought time to place data before the court, which was allowed.

...policing' remark

'Broad daylight dacoity': SC on cancer drug overpricing

FLAGS ₹27,000 FOR DRUG SOLD TO RETAILERS AT ₹2,700

PTI

NEW DELHI

Terming it a "broad daylight dacoity" against patients, the Supreme Court on Tuesday expressed shock over the overpricing of essential cancer medicines, noting that one drug carried an MRP of Rs 27,000 despite being supplied to retailers for Rs 2,700.

"It is very surprising that the authorities who are supposed to take action on this are silent," a bench of Justices Vikram Nath and Sandeep Mehta said.

The observations came when the apex court was hearing two petitions which raised drug-related issues, including that of ensuring strict price control over medicines.

The court termed it "absolutely shocking" that the printed MRP of an essential cancer drug was Rs 27,000 when the price to retailer (PTR) was Rs 2,700.

"The MRP is 10 times the rate at which it is provided to the retailers. If this is not extortion, then what it is? People sell their houses, ornaments to get treatment," the bench said.

"There are essential medicines for cancer on which the MRP is printed as Rs 27,000 while the PTR is Rs 2,700. This is absolute rampage and carnage. This is broad daylight dacoity with patients," it said.

The bench questioned how the patients could be cheated like this.

"It is very surprising that the authorities who are supposed to take action on this are silent," it said.

One of the petitioners told the bench that his plea also raises the issue concerning prescription of generic medicines by registered medical practitioners. He said that fixing MRP of medicines was of critical importance.

Additional Solicitor General K M Nataraj, appearing for the Centre in one of the pleas, said the government was not treating it as an adversarial litigation.

The bench observed that price fixation was a major issue.

It posted the matter for further hearing on September 29.

One of the petitions sought a direction to authorities to make drug formulations more cost-effective by preventing alleged unethical overpricing of essential medicines by pharma companies and retailers.

It also sought directions to ensure strict price control under the Drugs (Prices Control) Order, 2013, to prevent violations of the price-fixing mechanism in the drug supply chain and disproportionate profit-making by retailers through unfair trade practices.

The other plea has sought disciplinary action against medical practitioners for not prescribing generic medicines to patients.

PRICE DISPARITY

- Supreme Court termed the overpricing of essential cancer medicines a "broad daylight dacoity" against patients
- The bench noted that one cancer drug had an MRP of Rs 27,000 despite a price to retailer of Rs 2,700
- Justices Vikram Nath and Sandeep Mehta questioned the silence of authorities responsible for regulating medicine prices
- The court said patients are forced to sell houses and jewellery to afford cancer treatment
- A petition sought stricter price controls under the Drugs (Prices Control) Order, 2013, to curb excessive margins and alleged unfair trade practices
- Another plea sought disciplinary action against doctors who do not prescribe generic medicines; the matter will be heard next on September 29

SC: Exorbitant pricing of drugs is 'extortion', need price control for all meds

Amit Anand Choudhary
@timesofindia.com

New Delhi: The exorbitant prices charged for some medicines amount to "dacoity" in broad daylight, said Supreme Court on Tuesday, expressing shock over patients and their families being fleeced by pharma firms and retail medicine sellers and questioning govt's silence over drug pricing.

A bench of Justices Vikram Nath and Sandeep Mehta said people were being forced to sell assets and jewellery to buy medicines and suggested that all medicines be brought under price controls and be made available through Jan Aushadhi Kendras.

Without naming the drug, the bench said a pharma company supplied a cancer drug to retailers at Rs 2,770 but it was sold to patients at an MRP of Rs 27,000.

"That's absolute rampage, carnage, broad daylight dacoity," the court said.

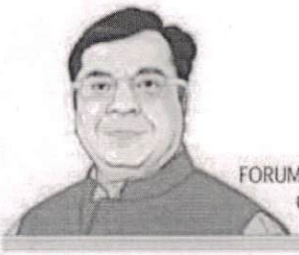
▶'If this isn't extortion', P 18

IN THE COURTS

- **'Pujari'** can't become independent owner of **deity's property**: Chhattisgarh HC
- **Can't sack** someone over **pvt WhatsApp chats, employees have a legitimate 'right to vent'**: HP HC
- Employers **can't compel staff to wear red Santa caps** at workplaces, will hurt sentiments: Allahabad HC
- **Lakhimpur Kheri trial judge causing havoc**, needs to be replaced, SC told

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The Indian Express
21/09/2026.



POLICY MATTERS

BY RAJIV NATH
FORUM COORDINATOR, AIMED (ASSOCIATION OF INDIAN MEDICAL DEVICE INDUSTRY)

Not MRP, we need fair pricing for med devices

A transparent, trade-margin-based pricing system can protect patients while giving manufacturers level playing field

WHEN MAHARASHTRA FDA (Food and Drug Administration) Commissioner Tukaram Mundhe recently flagged the exploitative margins in medical devices, he echoed what patients, policymakers and industry have long known: India urgently needs a distinct regulatory framework for medical devices, separate from drugs. The current pharmacentric approach under the Drugs (Prices Control) Order (DPCO) distorts competition, penalises ethical manufacturers and leaves patients at the mercy of inflated Maximum Retail Prices (MRPs).

India's medical device sector has expanded rapidly in recent years but regulation and pricing mechanisms have not evolved at the same pace. The Medical Devices Rules, 2017 brought devices under a dedicated regulatory framework for quality and safety, yet pricing continues to be addressed largely through mechanisms designed for pharmaceuticals. This disconnect becomes particularly important because the device market spans thousands of products with very different technologies, costs, life cycles and supply chains. The policy challenge, therefore, is not simply to control prices, but to create a transparent and predictable framework that protects patients from excessive mark-ups without discouraging manufacturers, distributors and hospitals from supplying innovative and essential devices.

Patients cannot bargain or choose devices. Hospitals decide, often guided by profit margins rather than patient welfare. The result is MRPs inflated 10–30 times above real costs. A pacemaker imported at Rs 25,000 is billed to patients at over Rs 2 lakh. Syringes costing Rs 3 at the factory gate are sold to patients for Rs 30. Heart valves imported at Rs 4 lakh have been marked up to Rs 26 lakh. These are not isolated cases but systemic distortions that erode trust in healthcare. Applying drug-style controls to devices has created perverse incentives and a skewed market place that works on competitive fair pricing only at the manufacturers' level or between wholesale traders. Ethical Indian manufacturers operating on thin margins lose out to importers who exploit loopholes to set artificially inflated MRPs.



In 2017, the National Pharmaceutical Pricing Authority (NPPA) capped stent prices, reducing costs by 70 to 85 per cent without any supply shortages. Similarly, prices for knee implants went down by up to 69 per cent, making the procedure affordable.



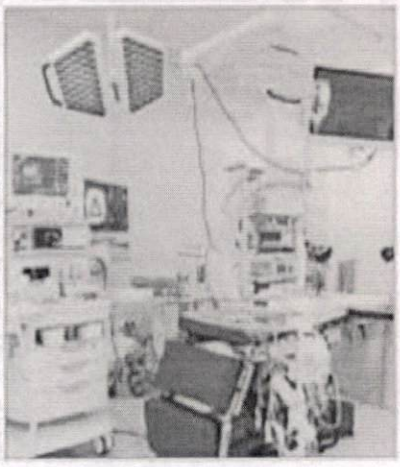
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In 2017, the National Pharmaceutical Pricing Authority (NPPA) capped stent prices, reducing costs by 70 to 85 per cent without any supply shortages. Similarly, prices for knee implants went down by up to 69 per cent, making the procedure affordable. These interventions proved that rational price caps improve access, protect patients and create a level-playing field. Extending this principle to other critical devices is the logical next step.

MRPs are inflated 10–30 times. A pacemaker imported at Rs 25,000 is billed to patients at over Rs 2 lakh

AiMeD (Association of Indian Medical Device Industry) has advocated for a trade markup-based capping mechanism at the GST trigger point — the first point of sale where there is maximum transparency and a level playing field with imports from overseas manufacturers. For imports, this would mean the landing price — cost of goods delivered to a destination port — and for Indian manufacturers the ex-factory price.

Trade margins can then be capped fairly by price band, say:

- 50 per cent for devices above Rs 1 lakh (e.g., heart valves)
- 66 per cent for devices between Rs 1,000–Rs 1 lakh (e.g., pacemakers, catheters)
- 75% for devices below Rs 1,000 (e.g., syringes, IV sets)

This model ensures affordability for patients, viability for distributors and parity between Indian and overseas manufacturers. It moves India from labelled MRPs to labelled fair prices. This will ensure that patients are shielded from irrational markups as the transparent margins will prevent predatory pricing and high MRPs. Domestic manufacturers will gain parity with importers, which will encourage investment and innovation by Indian manufacturers. The GST data at the first point of sale ensures easy monitoring and enforcement of such a fair pricing system. Most importantly, it would increase patients' trust in healthcare systems as they will see value, and not profiteering, in the device pricing.

AiMeD calls for a 12–18 month pilot covering six categories of devices: pacemakers, heart valves, cardiac catheters, syringes, IV sets, and intra-ocular lenses. Regular review, stakeholder consultation and calibrated margins will ensure supply continuity and adaptability.

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