

Awareness Outreach on Reduction in Cancer Drug Prices

TRADE MARGIN RATIONALISATION OF ANTI-CANCER MEDICINES

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Awareness Outreach on Reduction in Cancer Drug Prices

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मिसिल स.- 8(152)/2026/डी.पी/एनपीपीए-डीवी-II
F. No. 8(152)/2026/DP/NPPA-Div. II

कार्यवाही स. : 284/152/2026/F
Proceeding No: 284/152/2026/F

Minutes of the 284th (overall) and 152nd meetings of the Authority under DPCO, 2013 held on 16.10.2026 at 04:30 PM and 17.10.2026 at 12:30 PM.

The 284th (overall) and 152nd meetings of the Authority under DPCO, 2013 were held on 16.10.2026 at 04:30 PM and 17.10.2026 at 12:30 PM under the Chairmanship of Shri Manoj Joshi, Secretary, D/o Pharmaceuticals & Chairman, NPPA. The following Authority members were present during the meeting:

(i) Ms. Sai Ahlladini Panda, Member Secretary, NPPA
(ii) Shri Rajesh Yadav, Adviser (Cost), O/o Chief Adviser Cost, Department of Expenditure

Shri Arvind Kukrety, Deputy Drugs Controller, CDSCO, M/o Health & Family Welfare.

The following officers of NPPA attended the meeting and assisted the Authority in its deliberations:

(i) Shri Rajiv Wadhawan, Adviser (Cost)
(ii) Ms. Priyanka Sachdeva, Joint Director (Pricing)
(iii) Shri Bhiva Ram Yadav, Assistant Director (Pricing)

At the outset, Member Secretary, welcomed all the participants.

Agenda: Trade Margin Rationalisation of Non-Scheduled Anti-Cancer Drugs under Paragraph 19 of DPCO, 2013

1. The Authority considered the matter relating to Trade Margin Rationalisation (TMR) of non-scheduled anti-cancer drugs under Paragraph 19 of the Drugs (Prices Control) Order, 2013 (DPCO, 2013), in continuation of its deliberations in the 283rd (overall) and 151st Authority meeting held on 08.10.2026.

2. The Authority recalled that in its 283rd (overall) and 151st meeting held on 08.10.2026, it had deliberated on the need to address excessive trade mark-ups in non-scheduled anti-cancer drugs and observed that extraordinary circumstances warranted intervention under Paragraph 19 of DPCO, 2013 in public interest. Wherein, after considering the market evidence, the public-health concerns and the precedent of 2019, the Authority agreed that the extraordinary circumstances and public interest considerations justified invoking Paragraph 19 of DPCO, 2013 in respect of the identified non-scheduled anti-cancer formulations. 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.

3. The Authority noted that the Expert Committee of Ministry of Health and Family Welfare (MoHFW) after examining in detail, deliberating and considering all available information/data/viewpoints and all relevant options for ensuring affordability of essential drugs to the patients, in case of Anti-cancer medicines, has recommended 137 Anti-Cancer

drugs for coverage under the TMR exercise. The Authority noted that the list would provide a defined scope for the intervention and could be updated periodically, as warranted by market developments and public-health considerations. Considering all these, in order to bring in regulation of trade margins in the 'non-scheduled' segment, the Authority agreed to undertake the exercise of Trade Margin Rationalisation of Anti-Cancer drugs, identified by MoHFW as being essential for the treatment of this disease.

4. The Authority approved the mechanism for calculation of the revised MRP based on price at first point of sale (PTS/PTD) for March 2026 as the reference month, as per formula in table A. The PTS/PTD is to be determined based on the manufacturer's net sales realization for the relevant product during March 2026 divided by the total quantity sold during that month. Where there were no sales during March 2026, the PTS/PTD is to be determined based on net sales realization and total quantity sold during April 2025 to March 2026. All categories of sales are to be considered for this purpose, except Government sales.

Table A

Maximum Retail Price of the product =	Price to Stockist/Price to Distributor (PTS/PTD) × { 1 + (TM / (100 − TM)) } + Applicable GST
Where TM = Trade Margin not exceeding 30 Where PTS/PTD = PTS/PTD for the month of March 2026	

Table B (enclosed as **Annexure II**)

5. The Authority further decided that:

(i) where any non-scheduled anti-cancer formulation containing a drug listed in Table B has been launched after 31.03.2026, the MRP shall be fixed using the formula in Table A on the basis of the current PTS/PTD.

(ii) where a formulation is supplied directly by the manufacturer to a hospital or medical institution, the hospital or medical institution shall be treated as the stockist/distributor and the manufacturer's invoice data to that institution shall be considered for calculation of MRP.

(iii) Patient Assistance Programmes (PAP) quantities may be excluded from the calculation of PTS/PTD and MRP for trade-margin capping only where the drugs are supplied free of cost to patients under the manufacturer's PAP. The manufacturer shall furnish an undertaking to NPPA in line with extant Customs notifications issued by the Department of Revenue from time to time, and maintain patient name, age, gender, residence and contact details; valid identity and residence proof of the patient and caregiver, if any; details of the diagnosed disease and prescribed dosage; and records of drugs imported or received and consumed. The drugs shall be used only for the specified purpose. The manufacturer shall also undertake that the information furnished is true and correct and shall be liable for consequences arising from false, misleading or incorrect declarations under DPCO, 2013 and the Essential Commodities Act, 1955. NPPA shall retain the right to seek further information or clarification, conduct audits or inspections, and verify PAP implementation through third-party agencies or other appropriate means. Failure to comply with any condition shall render the relevant PAP quantities liable to be excluded from the exemption.

(iv) Manufacturers shall submit the revised MRP information in **Annexure I** to NPPA and the State Drug Controller concerned within seven days from publication of the Order in the Official Gazette, whether or not there is change in MRP. Non-submission shall be construed as non-reduction of MRP and shall result in initiation of action for recovery of the overcharged amount under the applicable provisions of DPCO, 2013.

(v) Manufacturers shall also issue and submit the price list in Form V under Paragraph 25 of DPCO, 2013 through IPDMS and furnish copies to the State Drug Controller, dealers and other entities as required within the same seven-day period. Documentary evidence of adequate dissemination of the price to be furnished upon demand. Retailers, dealers, hospitals and institutions shall display the price list and supplementary price list prominently in accordance with Paragraph 25(3) of DPCO, 2013.

6. The Authority further decided that manufacturers selling branded or generic versions, or both, at an MRP higher than the MRP computed under Table A shall reduce the price so that it does not exceed the computed MRP. Where the existing MRP is lower than the computed MRP, the existing lower MRP shall be maintained. The revised prices shall come into effect from 09.11.2026 and shall remain in force until further orders. Manufacturers may avail annual price increases in accordance with Paragraph 20(1) of DPCO, 2013, subject to continued compliance with the maximum permissible trade margin specified in the Order.

7. The Authority emphasized the need to ensure uninterrupted availability of the covered formulations. Manufacturers shall maintain the present production levels. Any manufacturer intending to reduce average monthly production levels shall obtain prior permission from NPPA. Any manufacturer intending to discontinue production or import shall furnish the prescribed information in Form IV of Schedule II of DPCO, 2013 at least six months before the intended date of discontinuation.

8. The Authority noted that the MRP formula shall apply to non-scheduled formulations containing any drug listed in Table B, whether the drug is present individually or in combination, irrespective of strength, dosage form or route of administration, even where the formulation is used for another therapeutic indication. Consequent to the publication of TMR notification in the Official Gazette, earlier price orders fixing ceiling prices under Paragraph 4 or retail prices under Paragraphs 5 and 15 of DPCO, 2013, if any, shall stand superseded as provided in the Order.

9. The Authority noted that there is no restriction on the price fixation of the patented drugs except if exemption has been approved under Paragraph 32 of the DPCO, 2013. Therefore, the Authority decided that patented medicines shall also be covered under the Order.

10. The Authority noted that, since substantial supplies of anti-cancer medicines are made directly to hospitals and medical institutions, these institutions shall monitor the MRPs and bring violations to NPPA's notice. State Drug Controllers shall monitor compliance by manufacturers, dealers, hospitals and medical institutions, and the concerned entities shall assist them in verification. In cases of violation, NPPA shall initiate action for recovery of the overcharged amount in accordance with DPCO, 2013.

The meeting ended with a vote of thanks to the Chair and all the participants in the meeting.

SAI AHLLADINI PANDA

Digitally signed by SAI AHLLADINI PANDA
Date: 2026.10.17 18:31:48 -07'00'

(Sai Ahlladini Panda)
Member Secretary

Annexure I

Format for submission of revised MRP by the manufacturer

1. Name and address of the manufacturer/importer.

2. Name and address of the marketing company, if any.

Sl. No	Formulation				Composition approved by Drug Control Authorities	Pack Size	Price to Stockist/Price to Distributor (PTS/PTD) (excl. of GST) as in **March-2026** (₹)	Applicable GST Rate (%)	Maximum Retail Price Arrived by applying the formula in Table A (incl. of GST) (₹)	Pre-revised Maximum Retail Price (incl. of GST) (₹)
(1)	(2)				(3)	(4)	(5)	(6)	(7)	(8)
	Drug	Strength	Dosage Form	Brand Name						

*Formula to arrive MRP = Price to Stockist/Price to Distributor (PTS/PTD) x $\left\{1 + \left(\frac{TM}{100-TM}\right)\right\}$ + Applicable GST

Where TM = Trade margin not exceeding 30

The information furnished above is correct and true to the best of my knowledge and belief.

(Signature and stamp)

Place:……

Date: ……

Name of authorized person:

Designation:

Name of the Organization:

Annexure II

Sr. No	Name of the Drug	Sr. No	Name of the Drug
1	Abemaciclib	70	Lenvatinib
2	Abiraterone acetate	71	Lomustine
3	Acalabrutinib	72	Lorlatinib
4	Afatinib	73	Lymphoseek kit
5	Alectinib	74	Megestrol
6	Alpelisib	75	Midostrurin
7	Amivantamab	76	Mirvetuximab soravtansine
8	Anastrazole	77	Mitomycin
9	Apalutamide	78	Mitoxantrone
10	Asciminib	79	Nelarabine
11	Atezolizumab	80	Netupitant
12	Avelumab	81	Nilotinib
13	Axitinib	82	Nimotuzumab
14	Azacitidine	83	Nintedanib
15	Belantamab Mafodotin	84	Niraparib
16	Bevacizumab	85	Nivolumab
17	Bosutinib	86	Obinutuzumab
18	Brentuximab Vedotin	87	Ofatumumab
19	Brigatinib	88	Olaparib
20	Busulfan	89	Osimertinib
21	Cabazitaxel	90	Palbociclib
22	Cabozantinib (S) – Maleate	91	Panitumumab (Vectibix)
23	Capmatinib	92	Pazopanib (as Hydrochloride)
24	Carfilzomib	93	Pegasparginase
25	Carmustine	94	Pegfilgrastim
26	Ceritinib	95	Pegylated interferon Alpha 2B
27	Cetuximab	96	Pembrolizumab
28	Cladribine	97	Pemetrexed
29	Clofarabine	98	Pertuzumab
30	Crizotinib	99	Pertuzumab + Trastuzumab
31	Cytarabine	100	Plerixafor
32	Dabrafenib	101	Polatuzumab Vedotin
33	Dacomitinib	102	Pomalidomide
34	Daratumumab	103	Ramucirumab
35	Darolutamide	104	Regorafenib
36	Dasatinib	105	Relugolix
37	Datopotamab Deruxtecan	106	Ribociclib
38	Decitabine	107	Rucaparib
39	Degarelix	108	Ruxolitinib
40	Denosumab	109	Selpercatinib
41	Dostarlimab	110	Selumetinib
42	Durvalumab	111	Serplulimab
43	Elranatamab	112	Sotorasib
44	Enfortumab vedotin	113	Sunitinib
45	Entrectinib	114	Talquetamab
46	Enzalutamide	115	Teclistamab
47	Epirubicin	116	Tegafur + Uracil
48	Erdafitinib	117	Tegafur, Gimeracil and Oteracil
49	Eribulin mesylate	118	Temsirolimus
50	Erlotinib	119	Tepotinibe

51	Estramustine	120	Thiotepa
52	Everolimus	121	Tislelizumab
53	Exemestane	122	Tocilizumab
54	Fludarabine	123	Topotecan
55	Fulvestrant	124	Toripalimab
56	Gilteritinib	125	Trabectedin
57	Goserelin acetate	126	Trametinib
58	Ibritumomab	127	Tremelimumab
59	Ibrutinib	128	Treosulfan
60	Idelalisib	129	Trifluridine + Tipiracil
61	Ifosfamide & Mesna	130	Triptorelin
62	Nivolumab and Relatimab	131	Tucatinib
63	Pegylated Liposomal Irinotecan	132	Vemurafenib
64	Inotuzumab Ozogamicin	133	Venetoclax
65	Interferon Alpha 2B	134	Vinorelbine tartrate
66	Ipilimumab	135	Vorasidenib
67	Ivosidenib	136	Zanubrutinib
68	Lapatanib	137	Zolbetuximab
69	Lazertinib		

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(औषध विभाग)

(राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण)

आदेश

नई दिल्ली, 17 अक्तूबर, 2026

का.आ. 5690(अ).— जबकि, राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण (एनपीपीए) की स्थापना भारत सरकार के रसायन और उर्वरक मंत्रालय के संकल्प सं. 33/7/97-पीआई.I दिनांक 29 अगस्त, 1997 के द्वारा औषधियों/फॉर्मूलेशनों के मूल्य निर्धारित/संशोधित करने और उनकी निगरानी करने तथा औषध (मूल्य नियंत्रण) आदेश, 2013 (डीपीसीओ, 2013) के कार्यान्वयन की देखरेख करने के लिए की गई थी; और जबकि, भारत सरकार ने आवश्यक वस्तु अधिनियम, 1955 (1955 का 10) की धारा 3 और 5 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, दिनांक 30 मई, 2013 के का.आ. 1349(अ) के माध्यम से डीपीसीओ, 2013 के पैराग्राफ 19 सहित विभिन्न पैराग्राफों के संबंध में एनपीपीए को शक्तियां प्रत्यायोजित की हैं, ताकि वह केंद्र सरकार के कार्यों का निर्वहन कर सके।

2. और जबकि, आवश्यक वस्तु अधिनियम, 1955 की धारा 3 के अंतर्गत जारी डीपीसीओ, 2013 का उद्देश्य यह सुनिश्चित करना है कि आवश्यक औषधियां सभी को किफायती मूल्यों पर उपलब्ध हों। अनुसूचित फॉर्मूलेशनों के मूल्य सीलिंग मूल्य तंत्र के माध्यम से विनियमित किए जाते हैं, जबकि गैर-अनुसूचित फॉर्मूलेशनों की निगरानी यह सुनिश्चित करने के लिए

की जाती है कि उनके अधिकतम खुदरा मूल्य (एमआरपी) में वार्षिक वृद्धि डीपीसीओ, 2013 के पैरा 20 के अंतर्गत निर्धारित सीमा से अधिक न हो।

3. और जबकि, भारत में कैंसर का उपचार रोगियों और उनके परिवारों पर गंभीर वित्तीय बोझ डालता है, जिसके परिणामस्वरूप स्वास्थ्य पर विनाशकारी व्यय होता है। राज्य प्राधिकारियों, रोगियों, नागरिक समाज और सार्वजनिक मंचों के माध्यम से कैंसर-रोधी औषधियों के अत्यधिक मूल्य निर्धारण के संबंध में गंभीर चिंताएं व्यक्त की गई हैं, जिनमें विशेष रूप से खरीद मूल्य और उपभोक्ताओं से वसूले जाने वाले अधिकतम खुदरा मूल्य (एमआरपी) के बीच व्यापक अंतर को रेखांकित किया गया है। औषधियों, विशेषकर उच्च-मूल्य वाली कैंसर-रोधी औषधियों पर उच्च व्यापार मार्जिन से रोगियों पर वित्तीय बोझ में पर्याप्त वृद्धि होती है। इस आदेश के प्रयोजनार्थ, व्यापार मार्जिन से आशय 'निर्माता किसी फॉर्मूलेशन को जिस मूल्य पर स्टॉकिस्ट/वितरक को बेचता है (स्टॉकिस्ट को मूल्य/वितरक को मूल्य)' और रोगी से वसूले जाने वाले 'अधिकतम खुदरा मूल्य (एमआरपी) जिसमें वस्तु एवं सेवा कर (जीएसटी) शामिल नहीं है', के बीच के अंतर से है।

4. और जबकि, राष्ट्रीय आवश्यक औषधि सूची, 2022 में 388 औषधियां शामिल हैं, जिनमें 63 कैंसर-रोधी औषधियां हैं, जो डीपीसीओ, 2013 के अंतर्गत मूल्य नियंत्रण के अधीन हैं।

5. और जबकि, बाजार आंकड़ों के विश्लेषण से संकेत मिलता है कि कुछ मामलों में गैर-अनुसूचित कैंसर-रोधी औषधियों पर औसत व्यापार मार्क-अप काफी अधिक है। खुदरा और अस्पताल के माध्यम से वसूले जाने वाले मूल्यों में भी अंतर देखा गया है, जिसमें एमआरपी पर अलग-अलग छूट शामिल हैं। ऐसे अंतर दर्शाते हैं कि एमआरपी और वास्तविक लेन-देन मूल्य में काफी भिन्नता हो सकती है तथा कैंसर-चिकित्सा संबंधी औषधियों पर अत्यधिक व्यापार मार्क-अप से रोगियों के व्यय में उल्लेखनीय वृद्धि होती है।

6. और जबकि, सरकार ने डीपीसीओ, 2013 के पैराग्राफ 19 के अंतर्गत असाधारण शक्तियों का प्रयोग करते हुए, वर्ष 2019 में 42 गैर-अनुसूचित कैंसर-रोधी औषधियों के संबंध में पायलट आधार पर "प्रूफ ऑफ कॉन्सेप्ट" के रूप में व्यापार मार्जिन युक्तिकरण (टीएमआर) हस्तक्षेप किया था। वर्ष 2019 के इस हस्तक्षेप से पर्याप्त बचत हुई।

7. और जबकि, प्राधिकरण ने डीपीसीओ, 2013 के अंतर्गत 8 अक्टूबर, 2026 को आयोजित अपनी 283वीं (समग्र) और 151वीं बैठक में गैर-अनुसूचित कैंसर-रोधी औषधियों पर अत्यधिक व्यापार मार्क-अप को कम करने की आवश्यकता पर विचार-विमर्श किया और यह देखा कि बाजार की विकृतियों को दूर करने, अनुचित लाभ कमाने पर अंकुश लगाने तथा उचित और किफायती मूल्य सुनिश्चित करने के लिए जनहित में डीपीसीओ, 2013 के पैराग्राफ 19 के अंतर्गत हस्तक्षेप हेतु असाधारण परिस्थितियां विद्यमान हैं।

8. और जबकि, औषध विभाग ने प्रस्तावित अभ्यास में शामिल की जाने वाली कैंसर-रोधी औषधियों की सूची तैयार करने हेतु स्वास्थ्य सेवा महानिदेशालय (डीजीएचएस) के अंतर्गत एक विशेषज्ञ समिति गठित करने के लिए स्वास्थ्य एवं परिवार कल्याण मंत्रालय से अनुरोध किया था। स्वास्थ्य एवं परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) की विशेषज्ञ समिति ने रोगियों के लिए आवश्यक औषधियों की किफायती उपलब्धता सुनिश्चित करने के सभी उपलब्ध सूचना/आंकड़ों/दृष्टिकोणों और सभी प्रासंगिक विकल्पों की विस्तृत जांच, विचार-विमर्श और समीक्षा करने के पश्चात टीएमआर के लिए 137 गैर-अनुसूचित कैंसर-रोधी औषधियों की सिफारिश की है, जिन्हें तालिका 'ब' में निर्दिष्ट किया गया है। बाजार के घटनाक्रम और सार्वजनिक स्वास्थ्य संबंधी विचारों के अनुसार इस सूची को समय-समय पर अद्यतन किया जाएगा।

9. प्राधिकरण ने डीपीसीओ, 2013 के अंतर्गत 16 और 17 अक्टूबर, 2026 को आयोजित अपनी 284वीं (समग्र) और 152वीं बैठक में विशेषज्ञ समिति की सिफारिश तथा 137 गैर-अनुसूचित कैंसर-रोधी औषधियों की सूची पर विचार किया और टीएमआर के अंतर्गत शामिल किए जाने हेतु इसे अधिसूचित करने का निर्णय लिया। प्राधिकरण ने नोट किया कि

डीपीसीओ, 2013 के अनुसार पेटेंट प्राप्त औषधियों के मूल्य निर्धारण पर कोई प्रतिबंध नहीं है, सिवाय इसके कि पैरा 32 के अंतर्गत छूट स्वीकृत की गई हो। अतः प्राधिकरण ने निर्णय लिया कि पेटेंट प्राप्त औषधियों को भी इस आदेश के अंतर्गत शामिल किया जाना चाहिए।

10. अतः अब, रसायन और उर्वरक मंत्रालय में भारत सरकार को प्रदत्त शक्तियों का प्रयोग करते हुए और यह संतुष्ट होने पर कि असाधारण परिस्थितियां विद्यमान हैं तथा जनहित में हस्तक्षेप आवश्यक है, नीचे तालिका 'ब' में निर्दिष्ट 137 गैर-अनुसूचित कैंसर-रोधी औषधियों के संबंध में डीपीसीओ, 2013 के पैराग्राफ 19 के प्रावधानों को एतद्वारा लागू किया जाता है।

11. और जबकि, डीपीसीओ, 2013 के पैराग्राफ 19 को लागू करते हुए, सरकार एतद्वारा व्यापार मार्जिन पर 30% की सीमा निर्धारित करती है और विनिर्माताओं को तालिका 'अ' में दिए गए सूत्र के अनुसार, तालिका 'ब' में सूचीबद्ध किसी भी औषधि वाली गैर-अनुसूचित फॉर्मूलेशनों का (चाहे एकल रूप में हो या संयोजन में, खुराक की प्रबलता, खुराक रूप और/या प्रशासन के मार्ग की परवाह किए बिना) अधिकतम खुदरा मूल्य (एमआरपी), उत्पाद की बिक्री के प्रथम बिंदु पर मूल्य (जिसे आगे स्टॉकिस्ट को मूल्य/वितरक को मूल्य कहा गया है) के आधार पर निर्धारित करने का निर्देश देती है:

तालिका 'अ'

उत्पाद का अधिकतम खुदरा मूल्य (एमआरपी) = स्टॉकिस्ट/वितरक के लिए मूल्य (पीटीएस / पीटीडी) x { 1 + (टीएम / (100 − टीएम)) } + लागू जीएसटी

जहां टीएम = व्यापार मार्जिन जो 30 से अधिक नहीं होगा

जहां पीटीएस/पीटीडी = मार्च-2026 माह का पीटीएस/पीटीडी

तालिका 'ब'

क्रम सं.	**औषधि का नाम**	**क्रम सं.**	**औषधि का नाम**
1	एबेमासिक्लिब	70	लेन्वाटिनिब
2	अबिराटेरोन एसीटेट	71	लोमस्टीन
3	अकालाब्रूटिनिब	72	लोरलाटिनिब
4	अफाटिनिब	73	लिम्फ़ोसीक किट
5	अलेक्टिनिब	74	मेगेस्ट्रॉल
6	अल्पेलिसिब	75	मिडोस्टॉरिन
7	अमिवैंटामैब	76	मिर्वेटुक्सिमैब सोराव्टान्सिन
8	एनास्ट्रोज़ोल	77	माइटोमाइसिन
9	अपालुटामाइड	78	माइटोक्सैन्ट्रोन
10	अस्सिमिनिब	79	नेलाराबिन
11	एटेज़ोलिज़ुमैब	80	नेटुपिटैंट
12	एवेलुमैब	81	निलोटिनिब
13	एक्सिटिनिब	82	निमोटुज़ुमैब
14	अज़ासिटिडीन	83	निन्टेडैनिब
15	बेलान्टामैब माफोडोटिन	84	निरापारिब
16	बेवासिज़ुमैब	85	निवोलुमैब

17	बोसुटिनिब	86	ओबिनुटुज़ुमैब
18	ब्रेंटुक्सिमैब वेडोटिन	87	ऑफ़ाटुमुमैब
19	ब्रिगेटिनिब	88	ओलापारिब
20	बुसल्फ़ान	89	ओसिमर्टिनिब
21	कैबाज़िटैक्सेल	90	पाल्बोसिक्लिब
22	कैबोज़ैन्टिनिब (S) – मैलेट	91	पैनिटुमुमैब (वेक्टिबिक्स)
23	कैपमैटिनिब	92	पाज़ोपैनिब (हाइड्रोक्लोराइड के रूप में)
24	कार्फ़िल्ज़ोमिब	93	पेगास्पार्ज़िनेज़
25	कार्मस्टीन	94	पेगफिलग्रास्टिम
26	सेरिटिनिब	95	पेगिलेटेड इंटरफ़ेरॉन अल्फ़ा 2B
27	सेटुक्सिमैब	96	पेम्ब्रोलिज़ुमैब
28	क्लैड्रिबिन	97	पेमेट्रेक्सेड
29	क्लोफ़ाराबिन	98	पर्टुज़ुमैब
30	क्रिज़ोटिनिब	99	पर्टुज़ुमैब + ट्रास्टुज़ुमैब
31	साइटाराबिन	100	प्लेरिक्साफ़ोर
32	डाब्राफ़ेनिब	101	पोलाटुज़ुमैब वेडोटिन
33	डाकोमिटिनिब	102	पोमालिडोमाइड
34	डाराटुमुमैब	103	रामुसिरुमैब
35	डारोलुटामाइड	104	रेगोराफ़ेनिब
36	डासाटिनिब	105	रेलुगोलिक्स
37	डाटोपोटामैब डेरक्सटेकैन	106	रिबोसिक्लिब
38	डेसिटाबिन	107	रुकापारिब
39	डेगरेलिक्स	108	रुक्सोलिटिनिब
40	डेनोसुमैब	109	सेलपरकैटिनिब
41	डोस्टारलिमैब	110	सेलुमेटिनिब
42	डुर्वालुमैब	111	सेरप्लुलिमैब
43	एलरानाटामैब	112	सोटोरासिब
44	एनफ़ोर्टुमैब वेडोटिन	113	सुनिटिनिब
45	एंट्रेक्टिनिब	114	टाल्क्वेटामैब
46	एन्ज़ालुटामाइड	115	टेक्लिस्टामैब
47	एपिरुबिसिन	116	टेगाफ़र + यूरेसिल
48	एर्डाफ़िटिनिब	117	टेगाफ़र, गिमेरासिल एवं ओटेरासिल
49	एरिबुलिन मेसिलेट	118	टेम्सिरोलिमस
50	एर्लोटिनिब	119	टेपोटिनिब
51	एस्ट्रामस्टीन	120	थियोटेपा
52	एवेरोलिमस	121	टिस्लेलिज़ुमैब

53	एक्सेमेस्टेन	122	टोसीलिज़ुमैब
54	फ़्लूडाराबिन	123	टोपोटेकैन
55	फुल्वेस्ट्रेंट	124	टोरिपालिमैब
56	गिल्टेरिटिनिब	125	ट्रैबेक्टेडिन
57	गोसेरेलिन एसीटेट	126	ट्रामेटिनिब
58	इब्रिटुमोमैब	127	ट्रेमेलिमुमैब
59	इब्रुटिनिब	128	ट्रेओसल्फ़ान
60	इडेलालिसिब	129	ट्रिफ़्लुरिडीन + टिपिरासिल
61	इफ़ोस्फ़ामाइड एवं मेस्ना	130	ट्रिप्टोरेलिन
62	निवोलुमैब एवं रिलाटलिमैब	131	टुकाटिनिब
63	पेगिलेटेड लिपोसोमल इरिनोटेकैन	132	वेमुराफ़ेनिब
64	इनोटुज़ुमैब ओज़ोगामिसिन	133	वेनेटोक्लैक्स
65	इंटरफ़ेरॉन अल्फ़ा 2B	134	विनोरेल्बिन टार्ट्रेट
66	इपिलिमुमैब	135	वोरासिडेनिब
67	इवोसिडेनिब	136	ज़ानुब्रुटिनिब
68	लैपटिनिब	137	ज़ोलबेटुक्सिमैब
69	लाज़र्टिनिब		

12. इसके अतिरिक्त, डीपीसीओ, 2013 के पैराग्राफ 9(2) के अंतर्गत रसायन और उर्वरक मंत्रालय में भारत सरकार को प्रदत्त शक्तियों का प्रयोग करते हुए, एनपीपीए एतद्वारा विनिर्माताओं को निर्देश देता है कि वे तालिका 'ब' के अनुसार औषधियां रखने वाले गैर-अनुसूचित फॉर्मूलेशनों के संबंध में अनुलग्नक-I में दी गई जानकारी इस आदेश के राजपत्र में प्रकाशित होने की तारीख से 7 दिनों के भीतर उपलब्ध कराएं, भले ही एमआरपी में कोई परिवर्तन हुआ हो या नहीं।

टिप्पणियां:

(क) प्रत्येक निर्माता अपने उत्पाद के लिए, मार्च-2026 के महीने के पीटीएस/पीटीडी के आधार पर गणना किए गए 'बिक्री के पहले बिंदु' के औसत मूल्य को ध्यान में रखते हुए, ऊपर बताए अनुसार अपने एमआरपी की पुनः गणना करेगा, जो इस प्रकार है:

$$\text{पीटीएस/पीटीडी} = \frac{\text{(मार्च-2026 के दौरान बिक्री के लिए विनिर्माता द्वारा, यथास्थिति, उत्पाद की शुद्ध बिक्री से प्राप्त कुल राशि)}}{\text{मार्च-2026 में बेचे गए ऐसे उत्पाद की कुल मात्रा}}$$

(ख) यदि मार्च-2026 माह के दौरान कोई बिक्री नहीं हुई है, तो स्टॉकिस्ट को मूल्य/वितरक को मूल्य (पीटीएस/पीटीडी) निम्नानुसार होगा:

(अप्रैल-2025 से मार्च-2026 के दौरान बिक्री के लिए विनिर्माता द्वारा, यथास्थिति, उत्पाद की शुद्ध बिक्री से प्राप्त कुल राशि)

पीटीएस/पीटीडी = ----------

अप्रैल-2025 से मार्च-2026 के दौरान बेचे गए ऐसे उत्पाद की कुल मात्रा

(ग) पीटीएस/पीटीडी निर्धारित करने के प्रयोजनार्थ, बिक्री की सभी श्रेणियों को ध्यान में रखा जाएगा। तथापि, सरकारी बिक्री को बाहर रखा जाएगा।

(घ) विनिर्माता द्वारा संचालित रोगी सहायता कार्यक्रमों (पीएपी) के अंतर्गत आपूर्ति की गई मात्राएं, व्यापार मार्जिन की सीमा निर्धारित करने के प्रयोजनार्थ स्टॉकिस्ट को मूल्य/वितरक को मूल्य (पीटीएस/पीटीडी) और एमआरपी की गणना से बाहर रखे जाने के लिए पात्र होंगी, निम्नलिखित शर्तों के अधीन:

(i) विनिर्माता के रोगी सहायता कार्यक्रम के अंतर्गत रोगियों को औषधियां निःशुल्क उपलब्ध कराई जाती हों।

(ii) विनिर्माता, राजस्व विभाग द्वारा समय-समय पर जारी वर्तमान सीमा शुल्क अधिसूचनाओं के अनुरूप, राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण (एनपीपीए) को इस आशय का वचनपत्र प्रस्तुत करेगा कि:

(1) वह निम्नलिखित अभिलेख रखेगा:-

(A) रोगी का नाम, आयु, लिंग, निवास और संपर्क विवरण;

(B) रोगी और, यदि कोई हो, देखभालकर्ता के वैध पहचान प्रमाण तथा निवास प्रमाण की प्रतियां, यथास्थिति;

(C) निदान की गई बीमारी तथा निर्धारित औषधियों की खुराक;

(D) आयातित या प्राप्त और उपयोग की गई औषधियां;

(2) औषधियों का उपयोग केवल निर्दिष्ट प्रयोजन के लिए किया जाएगा।

(iii) विनिर्माता एक वचनपत्र प्रस्तुत करेगा जिसमें यह घोषित किया जाएगा कि पीएपी के संबंध में दी गई सभी जानकारी उसकी सर्वोत्तम जानकारी और विश्वास के अनुसार सत्य और सही है तथा किसी भी झूठी, भ्रामक या गलत घोषणा से उत्पन्न परिणामों के लिए कंपनी, औषध (मूल्य नियंत्रण) आदेश, 2013 और आवश्यक वस्तु अधिनियम, 1955 के प्रावधानों के अनुसार, पूर्णतः उत्तरदायी होगी।

(iv) राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण को अतिरिक्त जानकारी या स्पष्टीकरण मांगने, लेखापरीक्षा या निरीक्षण करने तथा तृतीय-पक्ष एजेंसियों या अन्य उपयुक्त माध्यमों से पीएपी के कार्यान्वयन का सत्यापन करने का अधिकार सुरक्षित रहेगा।

(v) उपर्युक्त किसी भी शर्त का पालन न किए जाने की स्थिति में, ऐसी पीएपी मात्राएं इस छूट से बाहर की जा सकती हैं।

(ङ) यदि उपर्युक्त तालिका 'ब' में उल्लिखित कोई गैर-अनुसूचित कैंसर-रोधी औषधि 31 मार्च, 2026 के बाद बाजार में लाई गई है, तो एमआरपी वर्तमान पीटीएस/पीटीडी के आधार पर तालिका 'अ' में दिए गए सूत्र के अनुसार निर्धारित किया जाएगा।

(च) विनिर्माता जीएसटी केवल तभी जोड़ सकते हैं, जब उसका वास्तव में भुगतान किया गया हो या वह सरकार को देय हो।

(छ) इस आदेश के प्रयोजनार्थ, जहां कोई फॉर्मूलेशन विनिर्माता द्वारा सीधे किसी अस्पताल या चिकित्सा संस्थान को आपूर्ति किया जाता है, वहां अस्पताल या चिकित्सा संस्थान को स्टॉकिस्ट/वितरक माना जाएगा और एमआरपी की गणना तालिका 'अ' के अनुसार करने के लिए ऐसे अस्पताल या चिकित्सा संस्थान को विनिर्माता द्वारा जारी चालान के आंकड़ों पर किया जाएगा।

(ज) संशोधित मूल्य 9 नवंबर, 2026 से प्रभावी होंगे।

(झ) विनिर्माता इस आदेश के राजपत्र में प्रकाशित होने की तारीख से 7 दिनों के भीतर संशोधित मूल्य संबंधी जानकारी अनुलग्नक-I में एनपीपीए और संबंधित राज्य औषध नियंत्रक को प्रस्तुत करेंगे। ऐसी जानकारी प्रस्तुत न किए जाने को एमआरपी में कमी न करने के रूप में माना जाएगा और डीपीसीओ, 2013 के प्रचलित प्रावधानों के अनुसार अधिक वसूली गई राशि की वसूली हेतु कार्रवाई प्रारंभ की जाएगी।

(ञ) गैर-अनुसूचित फॉर्मूलेशनों के विनिर्माता, जो ब्रांडेड या जेनेरिक अथवा दोनों प्रकार के फॉर्मूलेशन तालिका 'अ' के अनुसार परिकलित एमआरपी से अधिक एमआरपी पर बेच रहे हैं, ऐसे फॉर्मूलेशनों के मूल्य घटाकर तालिका 'अ' के अनुसार परिकलित एमआरपी से अधिक नहीं रखेंगे।

उदाहरण:

गैर-अनुसूचित कैंसर-रोधी फॉर्मूलेशन के लिए:

वर्तमान एमआरपी : ₹300 + लागू जीएसटी

पीटीएस/पीटीडी : ₹70

तालिका 'अ' में दिए गए सूत्र के अनुसार अधिकतम अनुमेय संशोधित एमआरपी होगा:

₹70 × {1+(30/(100−30))} = ₹100 + लागू जीएसटी।

(ट) तालिका 'अ' के अनुसार परिकलित एमआरपी से कम एमआरपी वाले सभी मौजूदा विनिर्माता अपना वर्तमान एमआरपी बनाए रखेंगे।

(ठ) विनिर्माता डीपीसीओ, 2013 के पैरा 25 के अनुसार आईपीडीएमएस के माध्यम से फॉर्म-V में लागू मूल्य सूची जारी और प्रस्तुत करेंगे तथा इस आदेश के राजपत्र में प्रकाशित होने की तारीख से 7 दिनों के भीतर संबंधित राज्य औषध नियंत्रक, डीलरों और डीपीसीओ, 2013 के अनुसार आवश्यक अन्य संस्थाओं को इसकी प्रतियां उपलब्ध कराएंगे।

(ड) डीपीसीओ, 2013 के पैरा 25(3) के अनुसार, प्रत्येक खुदरा विक्रेता, डीलर, अस्पताल और संस्थान विनिर्माता द्वारा उपलब्ध कराई गई मूल्य सूची और पूरक मूल्य सूची को अपने परिसर के ऐसे प्रमुख स्थान पर प्रदर्शित करेगा, जहां वह कारोबार करता है, ताकि उसे देखने के इच्छुक किसी भी व्यक्ति के लिए वह आसानी से सुलभ हो।

(ढ) फॉर्मूलेशनों के विनिर्माताओं को वर्तमान उत्पादन स्तर बनाए रखना आवश्यक है। औसत मासिक उत्पादन स्तर कम करने का इच्छुक कोई भी विनिर्माता एनपीपीए से पूर्व अनुमति प्राप्त करेगा। इसके अतिरिक्त, उपर्युक्त फॉर्मूलेशनों का उत्पादन बंद करने का इच्छुक कोई भी विनिर्माता, उत्पादन और/या आयात बंद करने के संबंध में डीपीसीओ, 2013 की अनुसूची-II के फॉर्म-IV में जानकारी, उत्पादन बंद करने की प्रस्तावित तारीख से कम-से-कम छह माह पूर्व एनपीपीए को प्रस्तुत करेगा।

(ण) इस आदेश के अंतर्गत तालिका 'ब' में सूचीबद्ध किसी भी औषधि वाली गैर-अनुसूचित फॉर्मूलेशनों (सभी प्रबलताओं और खुराक रूपों में), चाहे वे एकल हों या संयोजन में तथा खुराक की प्रबलता, खुराक रूप और/या प्रशासन के मार्ग की परवाह किए बिना, के लिए परिकलित मूल्य लागू होगा, भले ही फॉर्मूलेशन का उपयोग अन्य चिकित्सीय प्रयोजनों के लिए किया जा रहा हो।

(त) इस आदेश के राजपत्र में प्रकाशन के परिणामस्वरूप, तालिका 'ब' में निर्दिष्ट औषधियों के संबंध में उक्त अधिसूचना से पहले जारी पैरा 4 के अंतर्गत सीलिंग मूल्य या पैरा 5 और 15 के अंतर्गत खुदरा मूल्य निर्धारित करने वाले कोई भी मूल्य आदेश, यदि जारी किए गए हों, अधिस्थापित माने जाएंगे।

(थ) अब से, सभी विनिर्माताओं के लिए एनपीपीए के आईपीडीएमएस पोर्टल पर अपने फॉर्मूलेशनों के पीटीएस/पीटीडी और एमआरपी की अनिवार्य रूप से रिपोर्ट करना आवश्यक होगा। इसके अतिरिक्त, एनपीपीए की मांग पर विनिर्माता सभी हितधारकों तक मूल्य संशोधन का प्रसार करने के लिए किए गए पर्याप्त प्रयासों के दस्तावेजी साक्ष्य प्रस्तुत करेगा, जिनमें शामिल हैं:

i. उपभोक्ताओं के प्रदर्शन हेतु, इस आदेश के राजपत्र में प्रकाशित होने की तारीख से 7 दिनों के भीतर संशोधित एमआरपी सूची डीलरों और खुदरा विक्रेताओं को वितरित करना;

ii. इस आदेश के आधिकारिक राजपत्र में प्रकाशित होने की तारीख से 7 दिनों के भीतर प्रमुख समाचार पत्रों में विज्ञापन दें, जिसमें डीलरों, खुदरा विक्रेताओं और उपभोक्ताओं को कीमतों में कमी के बारे में सूचित किया जाए;

iii. कंपनी के मुखपृष्ठ पर औषध (मूल्य नियंत्रण) आदेश संबंधी मामलों के लिए एक समर्पित अनुभाग बनाना और इस मूल्य अधिसूचना तथा एमआरपी का विवरण अपलोड करना; और

iv. इस आदेश के राजपत्र में प्रकाशित होने के समय कंपनी और वितरकों के पास उपलब्ध फॉर्मूलेशनों के बैच-वार उत्पादन विवरण और स्टॉक की स्थिति प्रस्तुत करना;

(द) चूंकि कैंसर की औषधियों की पर्याप्त आपूर्ति सीधे अस्पतालों और चिकित्सा संस्थानों को की जाती है, इसलिए अस्पतालों और चिकित्सा संस्थानों को इस आदेश के अनुसार फॉर्मूलेशनों के एमआरपी की निगरानी करनी होगी और अनुपालन सुनिश्चित करना होगा। संशोधित कीमतें उनकी वेबसाइट पर प्रमुखता से दिखाई जानी चाहिए। इस आदेश के किसी भी उल्लंघन की सूचना एनपीपीए को दी जानी आवश्यक है। उल्लंघन की स्थिति में, एनपीपीए डीपीसीओ, 2013 के प्रचलित प्रावधानों के अनुसार अधिक वसूली गई राशि की वसूली हेतु कार्रवाई प्रारंभ करेगा।

(ध) राज्य औषध नियंत्रक विनिर्माताओं/डीलरों/अस्पतालों/चिकित्सा संस्थानों द्वारा इस आदेश के अनुपालन की निगरानी करेंगे, और विनिर्माता/डीलर/अस्पताल/चिकित्सा संस्थान अनुपालन के सत्यापन में राज्य औषध नियंत्रकों को सहायता प्रदान करेंगे। इस आदेश के किसी भी उल्लंघन की सूचना एनपीपीए को दी जानी आवश्यक है। उल्लंघन की स्थिति में, एनपीपीए डीपीसीओ, 2013 के प्रचलित प्रावधानों के अनुसार अधिक वसूली गई राशि की वसूली हेतु कार्रवाई प्रारंभ करेगा।

(न) इस आदेश के अंतर्गत निर्धारित मूल्य अगले आदेश तक लागू रहेंगे। तथापि, विनिर्माता राजपत्र में इस आदेश के प्रकाशन की तारीख से, यहां निर्दिष्ट अधिकतम अनुमेय व्यापार मार्जिन का निरंतर अनुपालन करने की शर्त पर, औषध (मूल्य नियंत्रण) आदेश, 2013 के पैरा 20(1) के प्रावधानों के अनुसार वार्षिक मूल्य वृद्धि का लाभ ले सकते हैं।

(ऩ) इस आदेश के प्रावधानों का अनुपालन न करने वाले विनिर्माता, औषध (मूल्य नियंत्रण) आदेश, 2013 तथा आवश्यक वस्तु अधिनियम, 1955 के प्रावधानों के अंतर्गत ब्याज सहित अधिक वसूली गई राशि जमा करने के लिए उत्तरदायी होंगे। अधिक वसूली गई राशि, जीएसटी को छोड़कर एमआरपी और तालिका 'अ' के अनुसार परिकलित एमआरपी (जीएसटी को छोड़कर) के बीच का अंतर होगी।

[पीएन/284/152/2026/एफ/फा. सं. 8(152)/2026/डी.पी./एनपीपीए-डिवी.-II]

भीवा राम यादव, सहायक निदेशक

अनुलग्नक-I

विनिर्माता द्वारा संशोधित एमआरपी प्रस्तुत करने का प्रारूप

1. विनिर्माता/आयातक का नाम और पता।

2. विपणन कंपनी का नाम और पता, यदि कोई हो।

क्र. सं.	फॉर्मूलेशन					औषधि नियंत्रण प्राधिकारियों द्वारा अनुमोदित संघटन	पैक का आकार	मार्च-2026 में स्टॉकिस्ट को मूल्य/वितरक को मूल्य (पीटीएस/पीटीडी) (जीएसटी रहित) (₹)	लागू जीएसटी दर (%)	तालिका 'अ' में दिए गए सूत्र को लागू करके प्राप्त अधिकतम खुदरा मूल्य (जीएसटी सहित) (₹)	पूर्व-संशोधित अधिकतम खुदरा मूल्य (जीएसटी सहित) (₹)
(1)	(2)					(3)	(4)	(5)	(6)	(7)	(8)
	औषधि	प्रबलता	खुराक रूप	ब्रांड नाम							

*एमआरपी की गणना का सूत्र = स्टॉकिस्ट को मूल्य/वितरक को मूल्य (पीटीएस/पीटीडी) × [1 + {टीएम/(100 − टीएम)}] + लागू जीएसटी$\left\{1 + \left(\frac{\text{टीएम}}{100-\text{टीएम}}\right)\right\}$

जहां टीएम = व्यापार मार्जिन, जो 30 से अधिक नहीं होगा।

उपर्युक्त प्रस्तुत जानकारी मेरी सर्वोत्तम जानकारी और विश्वास के अनुसार सही और सत्य है।

(हस्ताक्षर और मुहर)

स्थान:.....

अधिकृत व्यक्ति का नाम:

दिनांक: .....

पदनाम:

संगठन का नाम:

MINISTRY OF CHEMICALS AND FERTILIZERS

(Department of Pharmaceuticals)

(NATIONAL PHARMACEUTICAL PRICING AUTHORITYS)

ORDER

New Delhi, the 17th October, 2026

S.O. 5690(E).—Whereas the National Pharmaceutical Pricing Authority (NPPA) was established vide Resolution No. 33/7/97-PI.I dated 29th August, 1997 of the Government of India in the Ministry of Chemicals and Fertilizers to fix/revise and monitor prices of drugs/formulations and oversee implementation of the Drugs (Prices Control) Order, 2013 (DPCO, 2013); and whereas, the Government of India, vide S.O. 1349(E) dated 30th May, 2013, in exercise of the powers conferred by Section 3 and 5 of the Essential Commodities Act, 1955 (10 of 1955) has delegated the powers in respect of various paragraphs including paragraph 19 of the DPCO, 2013 to the NPPA to exercise the functions of the Central Government.

2. And whereas, the aim of the DPCO, 2013 issued under section 3 of the Essential Commodities Act, 1955, is to ensure that Essential Drugs are available to all, at affordable prices. While the prices of scheduled formulations are regulated through the ceiling price mechanism, non-scheduled formulations are monitored to ensure that the annual increase in their Maximum Retail Price (MRP) does not exceed the limit prescribed under Paragraph 20 of DPCO, 2013.

3. And whereas, cancer treatment in India imposes a severe financial burden on patients and their families resulting in catastrophic health expenditure. Serious concerns have been raised by state authorities, patients, civil society, and through public platforms regarding excessive pricing of anti-cancer drugs, particularly highlighting the wide disparity between the procurement price and the Maximum Retail Price (MRP) charged from consumers. High trade margin in drugs, particularly high-value anti-cancer drugs, substantially increases the financial burden on patients. Trade margin, for the purpose of this Order, refers to the difference between the price at which a manufacturer sells a formulation to a stockist/distributor (Price to Stockist/Price to Distributor) and the Maximum Retail Price (MRP) charged to the patient excluding Goods and Services Tax (GST).

4. And whereas, the National List of Essential Medicines, 2022 comprises 388 drugs, including 63 anti-cancer drugs, which are subject to price control under DPCO, 2013.

5. And whereas, analysis of market data indicates that the average trade mark-up in non-scheduled anti-cancer drugs is significantly high in certain cases. Differences have also been observed between prices charged through retail and hospital, including varying discounts on MRP. Such variations indicate that the MRP and the actual transaction price may differ considerably, and excessive trade mark-ups in oncology drugs materially increase patients' expenditure.

6. And whereas, the Government had undertaken a Trade Margin Rationalisation (TMR) as a pilot "Proof of Concept" basis intervention in 2019 in respect of 42 non-scheduled anti-cancer drugs by invoking the extraordinary powers under Paragraph 19 of DPCO, 2013. The 2019 intervention was reported to have resulted in substantial savings.

7. And whereas, the Authority, in its 283rd (overall) and 151st meeting under DPCO, 2013 held on 8th October, 2026, deliberated upon the need to address excessive trade mark-ups in non-scheduled anti-cancer drugs and observed that extraordinary circumstances warrant intervention under Paragraph 19 of DPCO, 2013 in public interest to address market distortions, curb profiteering and ensure fair and affordable prices.

8. And whereas, the Department of Pharmaceuticals had requested the Ministry of Health and Family Welfare to constitute an Expert Committee under the Directorate General of Health Services (DGHS) to prepare a list of anti-cancer drugs to be covered under the proposed exercise. The Expert Committee of Ministry of Health and Family Welfare (MoHFW) after examining in detail, deliberating and considering all available information/data/viewpoints and all relevant options for ensuring affordability of essential drugs to the patients, in case of anti-cancer drugs, has recommended 137 non-scheduled anti-cancer drugs for TMR which are specified in Table B. This list will be updated periodically, as warranted by market developments and public-health considerations.

9. The Authority, in its 284th (overall) and 152nd meeting under DPCO, 2013 held on 16th & 17th October, 2026 considered the recommendation of the Expert Committee and the list of 137 non-scheduled anti-cancer drugs and decided to notify the same for coverage under TMR. The Authority noted that as per DPCO 2013, there is no restriction on the price fixation of the patented drugs except if exemption has been approved under Paragraph 32. Therefore, the Authority decided that patented drugs should also be covered under this Order.

10. Now, therefore, in the exercise of the powers vested by the Government of India in the Ministry of Chemicals and Fertilizers and being satisfied that extraordinary circumstances exist and that intervention is necessary in public interest, the provisions of Paragraph 19 of DPCO, 2013 are hereby invoked in respect of **137 non-scheduled anti-cancer drugs specified in Table B below**.

11. ***And whereas, by invoking paragraph 19 of DPCO, 2013, the Government hereby puts a cap on trade margin of 30% and directs manufacturers to fix their Maximum Retail Price (MRP) based on price at first point of sale of product (hereinafter referred as Price to Stockist/Price to Distributor), as formulated in Table A, of the non-scheduled formulations containing any of the drugs listed in Table B (whether individual or in combination, irrespective of dosage strength, dosage form and /or route of administration):***

TABLE A

Maximum Retail Price of the product =	**Price to Stockist/Price to Distributor (PTS/PTD) x { 1 + (TM / (100 − TM)) } + Applicable GST**

Where TM = Trade Margin not exceeding 30

Where PTS/PTD = PTS/PTD for the month of March-2026

TABLE B

Sr. No.	Name of the Drug	Sr. No	Name of the Drug
1	Abemaciclib	70	Lenvatinib
2	Abiraterone acetate	71	Lomustine
3	Acalabrutinib	72	Lorlatinib
4	Afatinib	73	Lymphoseek kit
5	Alectinib	74	Megestrol
6	Alpelisib	75	Midostrurin
7	Amivantamab	76	Mirvetuximab soravtansine
8	Anastrazole	77	Mitomycin
9	Apalutamide	78	Mitoxantrone
10	Asciminib	79	Nelarabine
11	Atezolizumab	80	Netupitant
12	Avelumab	81	Nilotinib
13	Axitinib	82	Nimotuzumab
14	Azacitidine	83	Nintedanib
15	Belantamab Mafodotin	84	Niraparib
16	Bevacizumab	85	Nivolumab
17	Bosutinib	86	Obinutuzumab
18	Brentuximab Vedotin	87	Ofatumumab
19	Brigatinib	88	Olaparib
20	Busulfan	89	Osimertinib
21	Cabazitaxel	90	Palbociclib
22	Cabozantinib (S) – Maleate	91	Panitumumab (Vectibix)
23	Capmatinib	92	Pazopanib (as Hydrochloride)
24	Carfilzomib	93	Pegasparginase
25	Carmustine	94	Pegfilgrastim
26	Ceritinib	95	Pegylated interferon Alpha 2B
27	Cetuximab	96	Pembrolizumab
28	Cladribine	97	Pemetrexed
29	Clofarabine	98	Pertuzumab
30	Crizotinib	99	Pertuzumab + Trastuzumab
31	Cytarabine	100	Plerixafor
32	Dabrafenib	101	Polatuzumab Vedotin
33	Dacomitinib	102	Pomalidomide
34	Daratumumab	103	Ramucirumab
35	Darolutamide	104	Regorafenib
36	Dasatinib	105	Relugolix
37	Datopotamab Deruxtecan	106	Ribociclib
38	Decitabine	107	Rucaparib
39	Degarelix	108	Ruxolitinib
40	Denosumab	109	Selpercatinib
41	Dostarlimab	110	Selumetinib

42	Durvalumab	111	Serplulimab
43	Elranatamab	112	Sotorasib
44	Enfortumab vedotin	113	Sunitinib
45	Entrectinib	114	Talquetamab
46	Enzalutamide	115	Teclistamab
47	Epirubicin	116	Tegafur + Uracil
48	Erdafitinib	117	Tegafur, Gimeracil and Oteracil
49	Eribulin mesylate	118	Temsirolimus
50	Erlotinib	119	Tepotinibe
51	Estramustine	120	Thiotepa
52	Everolimus	121	Tislelizumab
53	Exemestane	122	Tocilizumab
54	Fludarabine	123	Topotecan
55	Fulvestrant	124	Toripalimab
56	Gilteritinib	125	Trabectedin
57	Goserelin acetate	126	Trametinib
58	Ibritumomab	127	Tremelimumab
59	Ibrutinib	128	Treosulfan
60	Idelalisib	129	Trifluridine + Tipiracil
61	Ifosfamide & Mesna	130	Triptorelin
62	Nivolumab and Relatimab	131	Tucatinib
63	Pegylated Liposomal Irinotecan	132	Vemurafenib
64	Inotuzumab Ozogamicin	133	Venetoclax
65	Interferon Alpha 2B	134	Vinorelbine tartrate
66	Ipilimumab	135	Vorasidenib
67	Ivosidenib	136	Zanubrutinib
68	Lapatanib	137	Zolbetuximab
69	Lazertinib		

12. Further, in the exercise of the powers vested by the Government of India in the Ministry of Chemicals and Fertilizers under paragraph 9(2) of the DPCO, 2013, NPPA hereby directs manufacturers to provide the information in **Annexure I** in respect of the non-scheduled formulations containing drugs as per Table B, within 7 days from the date of publication of this Order in the Official Gazette, irrespective whether there is any change in MRP or not.

Notes:

(a) Every manufacturer shall recalculate its MRP as stated above for its product based on the average first point of sale computed on the basis of PTS/PTD for the month of **March-2026** as follows:

$$\textbf{PTS/PTD} = \frac{\text{(Sum of Net sales realization of product by the manufacturer as the case may be for the sales during } \textbf{March-2026}\text{)}}{\text{Total Quantity of such product sold in } \textbf{March-2026}}$$

(b) In case there is no sale during the month of the **March-2026**, the Price to Stockist/Price to Distributor (PTS/PTD) shall be as follows:

$$\textbf{PTS/PTD} = \frac{\text{(Sum of Net sales realization of product by the manufacturer as the case may be for the sales during } \textbf{April-2025 to March-2026}\text{)}}{\text{Total Quantity of such product sold in the } \textbf{April-2025 to March-2026}}$$

(c) For the purpose of determining PTS/PTD, all categories of sales shall be taken into account. However, Government sales shall be excluded.

(d) The Quantities supplied under Patient Assistance Programmes (PAP) run by the manufacturer are eligible for exclusion from the calculation of Price to Stockist/Price to Distributor (PTS/PTD) and MRP for the purpose of capping of trade margin, subject to the following conditions, namely:-

i. the drugs are supplied free of cost to the patients under the Patient Assistance Programme of the manufacturer.

ii. the manufacturer furnishes an undertaking to the National Pharmaceutical Pricing Authority (NPPA), in

line with extant Customs notifications, as issued by Department of Revenue from time to time, to the effect that:

1) it shall maintain the following records:-

(A) name, age, gender, residence and contact details of the patient;

(B) copies of valid identity proof and residence proof of the patient and the caregiver, if any, as the case may be;

(C) the disease diagnosed and the prescribed dosage of drugs;

(D) the drugs imported or received and consumed;

2) the drugs shall be used for the specified purpose only.

iii. The manufacturer shall submit an undertaking declaring that all information furnished in respect of the PAP is true and correct to the best of its knowledge and belief and that the company shall be fully liable for consequences arising from any false, misleading, or incorrect declaration, in accordance with the provisions of the Drugs (Prices Control) Order, 2013 and the Essential Commodities Act, 1955.

iv. The National Pharmaceutical Pricing Authority shall reserve the right to seek additional information or clarification, conduct audits or inspections, and verify the implementation of PAPs through third-party agencies or any other means deemed appropriate.

v. In the event of failure to comply with any of the aforesaid conditions, such PAP quantities shall be liable to be excluded from this exemption.

(e) In case any non-scheduled anti-cancer drug mentioned in Table B above has been launched after 31st March, 2026, the MRP will be fixed as per the formula at Table-A based on current PTS/PTD.

(f) The manufacturers may add GST only if they have paid actually or it is payable to the Government.

(g) For the purpose of this Order, where a formulation is supplied directly by the manufacturer to a hospital or medical institution, the hospital or medical institution shall be treated as the stockiest/distributor and manufacturer's invoice data to such hospital or medical institution shall be considered for the purpose of calculation of MRP as per Table A.

(h) The revised prices shall come into effect from 9th November, 2026.

(i) The manufacturers shall submit the revised price information in **Annexure I** to NPPA and the concerned State Drug Controller within 7 days from the date of publication of this Order in the Official Gazette. Non-submission of such information shall be construed as non-reduction of MRP and shall result in initiating action for recovery of overcharged amount in accordance with extant provisions of DPCO, 2013.

(j) The manufacturers of non–scheduled formulations, selling branded or generic or both the versions of formulations at MRP higher than the MRP so computed as per Table A, shall revise the prices of such formulations downward not exceeding the MRP so computed as per Table A.

Illustration:

For a non-scheduled anti-cancer formulation:

Current MRP : ₹300 + Applicable GST

PTS/PTD : ₹70

Maximum allowable revised MRP as per formula given in Table A shall be:

₹70x{1+(30/(100−30))} = ₹100 + Applicable GST.

(k) All the existing manufacturers of formulations having MRP lower than the MRP so computed as per Table A, shall maintain their existing MRP.

(l) The manufacturers shall issue and submit the applicable price list in Form V in accordance with Paragraph 25 of DPCO, 2013, through IPDMS, and furnish copies to the State Drug Controller concerned, dealers and other entities as required under the DPCO, 2013 within 7 days from the date of publication of this Order in the Official Gazette.

(m) As per Paragraph 25(3) of DPCO 2013, every retailer, dealer, hospital and institution shall display price list and supplementary price list, as furnished by the manufacturer, on a conspicuous part of the premises where he carries on business in a manner so as to be easily accessible to any person wishing to consult the same.

(n) 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, in respect of discontinuation of production and / or import of said formulation in Form-IV of Schedule-II of the DPCO, 2013 at least six months prior to the intended date of discontinuation.

(o) The price computed for non-scheduled formulations (all strengths and dosage form) (whether individual or in combination, irrespective of dosage strength, dosage form and /or route of administration) under this Order containing any of the drugs listed in Table B shall be applicable even if the formulation is being used for other therapeutic uses.

(p) Consequent to publication of this Order in the Official Gazette, the price order(s) fixing ceiling price under para 4, or retail price under para 5 & 15, if any, in respect of drugs as specified in Table B, issued prior to the said notification, stand(s) superseded.

(q) Henceforth, all the manufacturers are required to compulsorily report PTS/PTD and MRP of their formulations in the IPDMS portal of NPPA. In addition, the manufacturer shall, upon demand by NPPA, produce documentary evidence demonstrating sufficient effort at disseminating the revision in price to all stakeholders including through:

i. circulation of the revised MRP list to dealers and retailers within 7 days from the date of publication of this Order in the Official Gazette, for display to consumers;

ii. advertisement in leading newspapers within 7 days from the date of publication of this Order in the Official Gazette, informing dealers, retailers, and consumers about the price reduction;

iii. creating a dedicated Drugs (Prices Control) Order Matters section on the homepage of the company and upload details of this price notification and MRP; and

iv. submitting batch-wise production details and stock position of the formulations held by the company and distributors at the time of the publication of this Order in the Official Gazette;

(r) Since substantial supply of anti-cancer drugs is directly made to the Hospitals and Medical Institutions, the Hospitals and Medical Institutions are required to monitor the MRPs of formulations, as per this Order, and to ensure compliance. The revised prices should be displayed prominently on their website. Any violation of this Order is required to be brought to the notice of NPPA. In case of violation, NPPA shall initiate action for recovery of overcharged amount in accordance with extant provisions of DPCO, 2013.

(s) State Drug Controllers shall monitor the compliance of this Order by the manufacturers / dealers / Hospitals / Medical Institutions who shall assist the State Drug Controllers in verifying the compliance to this order. Any violation of this Order is required to be brought to the notice of NPPA. In case of violation, NPPA shall initiate action for recovery of overcharged amount in accordance with extant provisions of DPCO, 2013.

(t) The prices fixed under this Order shall remain in force until further orders. However, manufacturers may avail annual price increase in accordance with the provisions of Paragraph 20(1) of the Drugs (Prices Control) Order, 2013, subject to continued compliance with the maximum permissible trade margin specified herein, from the date of publication of this Order in the Official Gazette.

(u) The manufacturers not complying with the provisions of this order shall be liable to deposit the overcharged amount along with interest thereon under the provisions of the Drugs (Prices Control) Order, 2013 read with Essential Commodities Act, 1955. The overcharged amount shall be the difference between MRP (excluding GST) less MRP so computed as per Table A (excluding GST).

[PN/284/152/2026/F/F. No. 8(152)/2026/D.P./NPPA-Div.-II]

BHIVA RAM YADAV, Assistant Director

ANNEXURE I

Format for submission of revised MRP by the manufacturer

1. Name and address of the manufacturer/importer.

2. Name and address of the marketing company, if any.

Sl. No	Formulation				Composition approved by Drug Control Authorities	Pack Size	Price to Stockist/Price to Distributor (PTS/PTD) (excl. of GST) as in **March-2026** (₹)	Applicable GST Rate (%)	Maximum Retail Price Arrived by applying the formula in Table A (incl. of GST) (₹)	Pre-revised Maximum Retail Price (incl. of GST) (₹)
(1)	(2)				(3)	(4)	(5)	(6)	(7)	(8)
	Drug	Strength	Dosage Form	Brand Name						

*Formula to arrive MRP = Price to Stockist/Price to Distributor (PTS/PTD) x $\left\{1 + \left(\frac{TM}{100-TM}\right)\right\}$ + Applicable GST

Where TM = Trade margin not exceeding 30

The information furnished above is correct and true to the best of my knowledge and belief.

(Signature and stamp)

Place:……

Date: ……

Name of authorized person:

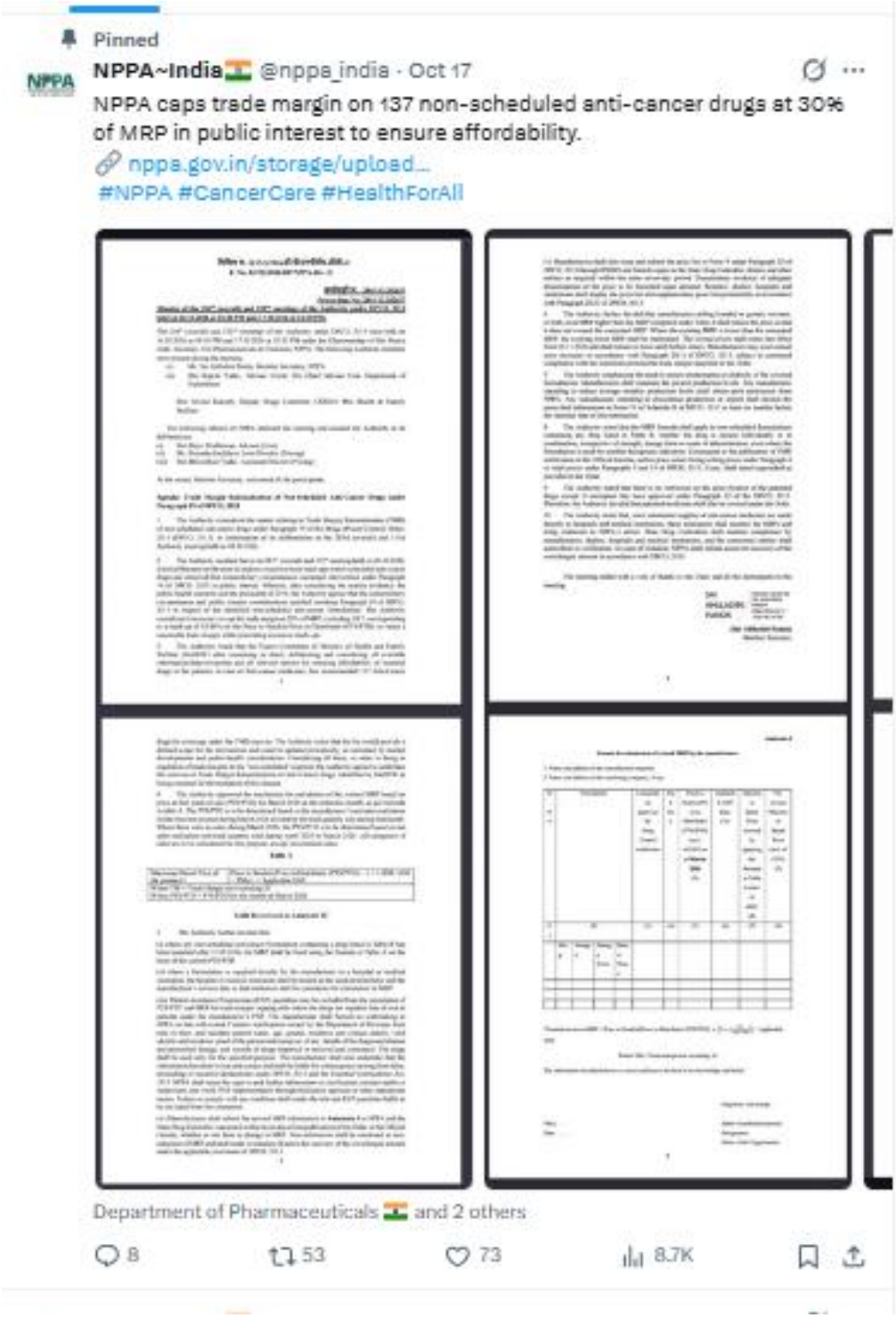
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Notification for Trade Margin Rationalization of Non Scheduled Anti Cancer Drugs under Paragraph 19 of DPCO, 2013

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Trade Margin Rationalisation on 137 Anti-Cancer Drugs

The revised prices will become effective from November 9, 2026.

Read Here : pib.gov.in/PressReleasePa...
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#TMR #CancerCare #CancerMedicine #AffordableHealthcare #PharmaReforms



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🔰 Stay Informed. Check Prices. Make Informed Choices.

Revised prices of notified cancer medicines will come into effect from **9 November 2026**. Hospitals and retailers must sell medicines at the revised prices and display updated price lists. Consumers can check revised

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▶️सही मूल्य जानें, जागरूक रहें🔰

कैंसर की दवाओं के संशोधित मूल्य 9 नवंबर, 2026 से प्रभावी होंगे। दवाओं के नए मूल्य जानने के लिए फार्मा सही दाम ऐप या NPPA की वेबसाइट पर जाएँ। 💊

#CancerCare #CancerMedicine #AffordableHealthcare #TMR #NPPA



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🔰 किफायती कैंसर दवाएँ, सुनिश्चित आपूर्ति

▶️30% ट्रेड मार्जिन की सीमा, अधिसूचित एंटी-कैंसर दवाओं पर
▶️उचित व्यापारिक व्यवहार, निर्माताओं के वैध राजस्व की सुरक्षा के साथ
▶️निरंतर उत्पादन एवं आपूर्ति, कृत्रिम कमी को रोकने के लिए
▶️रोगी-केंद्रित उपलब्धता, दवाओं की समय पर उपलब्धता

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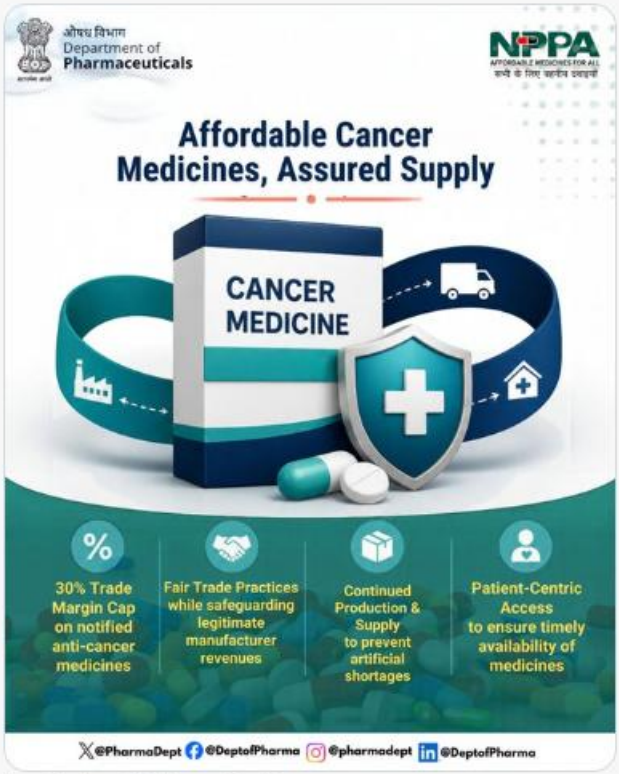
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🔰 Affordable Cancer Medicines, Assured Supply

▶️30% Trade Margin Cap on notified anti-cancer medicines
▶️Fair Trade Practices while safeguarding legitimate manufacturer revenues
▶️ Continued Production & Supply to prevent artificial shortages
▶️Patient-Centric Access to ensure

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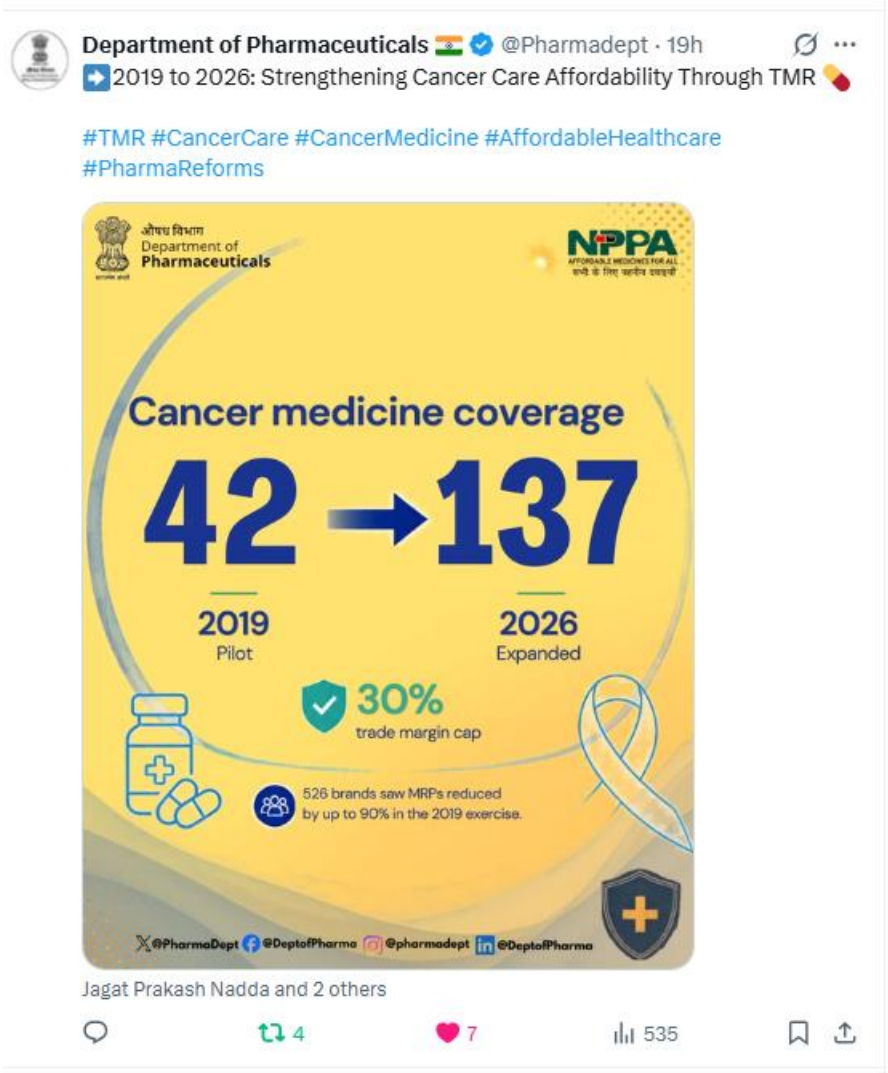
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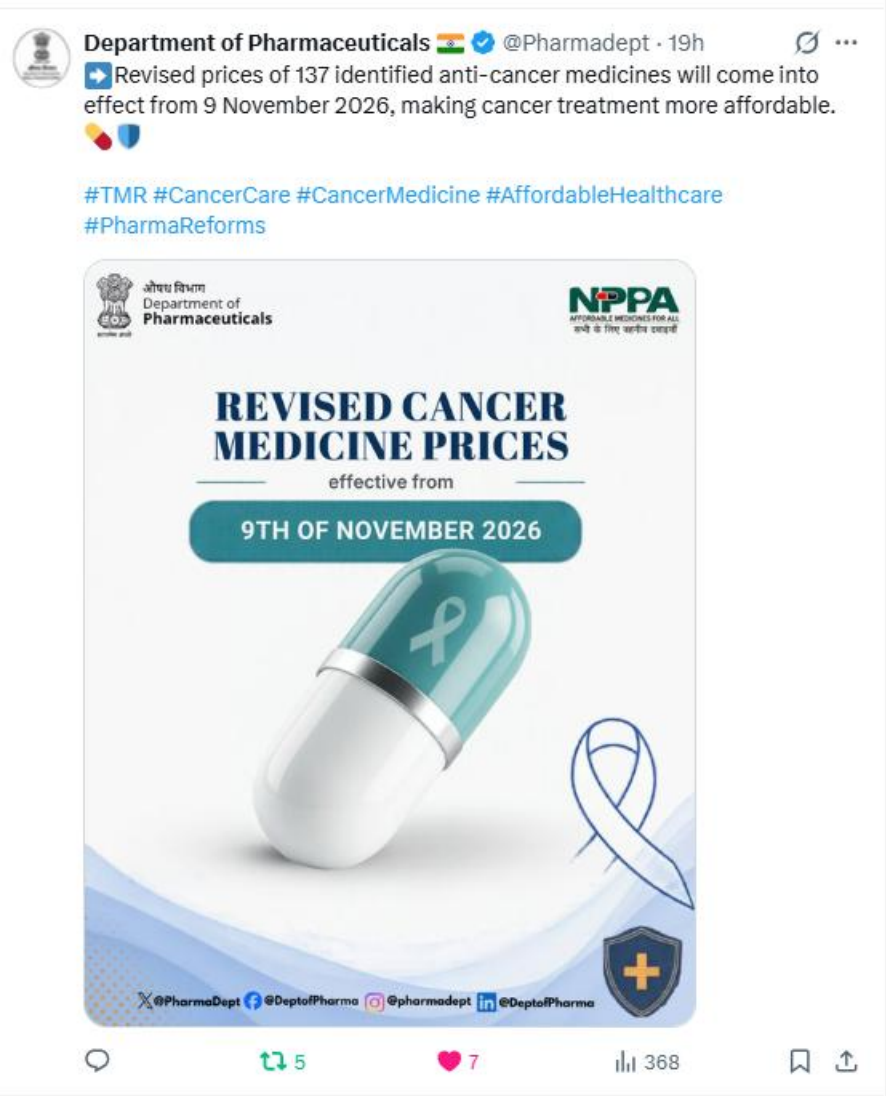
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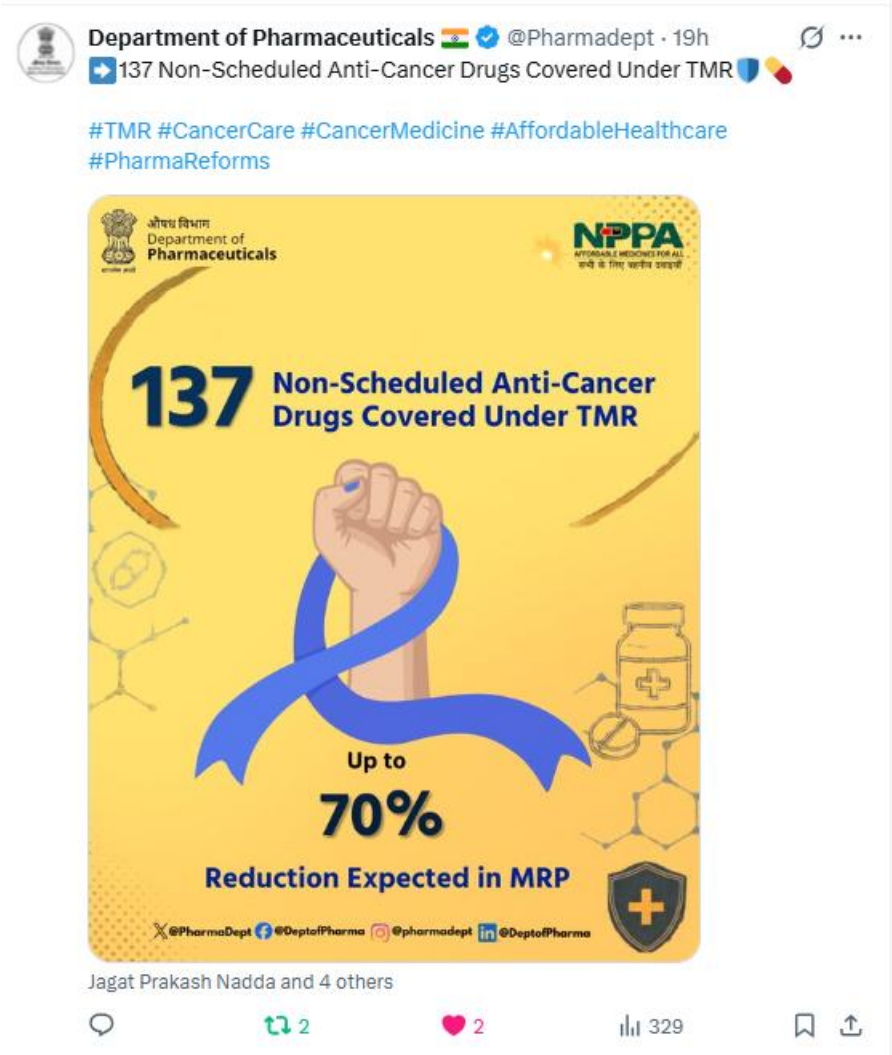
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Department of Pharmaceuticals @Pharmadept · 19h

कैंसर की दवाएँ अब अधिक किफायती!

137 गैर-अनुसूचित एंटी-कैंसर दवाओं पर ट्रेड मार्जिन 30% तक सीमित, जिससे मौजूदा मूल्य संरचना के आधार पर MRP में 70% तक की कमी आने की उम्मीद है।

#TMR #CancerCare #CancerMedicine #AffordableHealthcare #PharmaReforms



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Department of Pharmaceuticals @Pharmadept · 22h

Wider Access to Critical Cancer Treatments

NPPA caps trade margins at 30% on 137 anti-cancer drugs to make cancer treatment more affordable. Revised prices effective from 9 November 2026.

#TMR #CancerCare #CancerMedicine #AffordableHealthcare #PharmaReforms



PIB India and MyGovIndia

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TMR Implementation Timeline

The implementation of Trade Margin Rationalisation (TMR) for 137 identified non-scheduled anti-cancer medicines marks an important step towards affordable cancer care.

17 October 2026: Notification issued on the NPPA website
Within 7
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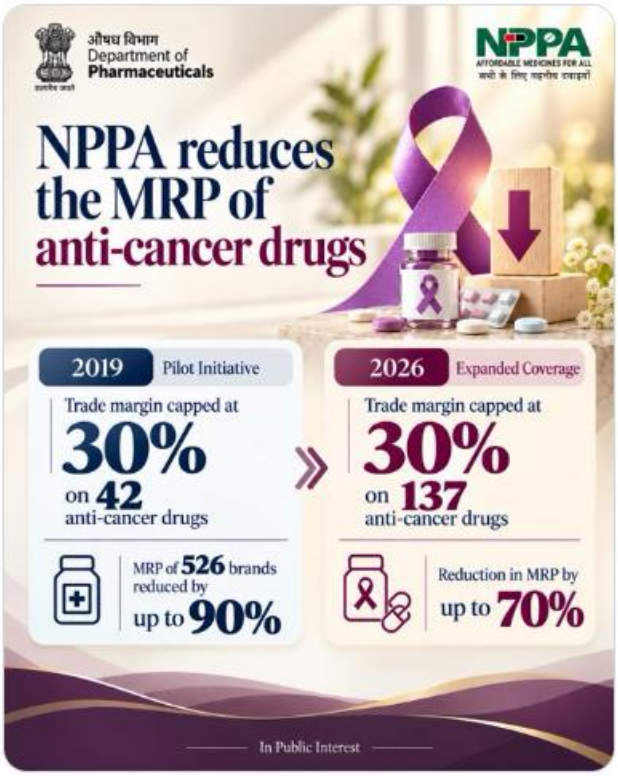
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Making Cancer Treatment More Affordable!

From the 2019 pilot initiative covering 42 anti-cancer medicines to the expanded coverage of 137 medicines in 2026, the Government continues to strengthen efforts towards affordable cancer care.

A continued commitment to affordable

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Lower prices, better access, a healthier tomorrow

Trade margins capped at 30% of MRP for 137 identified non-scheduled anti-cancer medicines under Trade Margin Rationalisation (TMR), helping make cancer treatment more affordable.

#TMR #CancerCare #CancerMedicine
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Affordable Medicines for All!

With Trade Margin Rationalisation (TMR), prices of identified non-scheduled anti-cancer medicines are expected to come down by up to 70%, making cancer treatment more affordable and accessible.

#TMR #CancerCare #CancerMedicine
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Jagat Prakash Nadda and 2 others

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Print Media

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%.

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

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Analysis

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



Pioneer News Service

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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.

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 unchanged.

RISING RESISTANCE



VOICES OF DISSENT. Women's groups and activists on Saturday marched to the Delhi Police Headquarters, demanding action against police personnel accused of sexually assaulting and harassing women and transgender protesters during the anti-SIR demonstrations SUSHIL KUMAR VERMA

In muted Q2, HDFC Bank net up 4.7%; NI growth offset by lower other income, tax c

Our Bureau
Mumbai

HDFC Bank reported a muted 4.70 per cent year-on-year (y-o-y) increase in second quarter (Q2FY27) standalone net profit at ₹19,510 crore, with a decent rise in net interest income being offset by decline in other income and increase in tax expense.

India's second largest bank, which logged a net profit of ₹18,641 crore in the year ago period, reported a robust growth in advances and improvement in asset quality in the reporting quarter.

The net interest income (interest income less interest expended) rose 10 per cent y-o-y to ₹34,619 crore (₹31,551.50 crore in Q2FY26).

Other income, comprising commission income from non-fund based banking activities, fees, earnings from forex and derivative transactions, profit and loss (including revaluation) from investments, dividends from subsidiaries and recoveries from accounts previously written off, declined 4 per cent y-o-y to ₹13,831 crore (₹14,350 crore). This is mainly due to treasury trading gains dipping significantly to ₹780 crore (₹2,390 crore).

Net interest margin declined to 3.16 per cent in the reporting quarter against 3.27 per cent in the year ago period.

Srinivasan Vaidyanathan, CFO, said: "There were certain constraints and certain choices that we made over the last two quarters, and so the margin is slightly lower than where we had envisaged it would be. It would take a couple of more quarters to pull it back."

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Scorecard *(in ₹ cr)*

	Q2FY26	Q2FY27	% change
Net profit	18,641	19,510	4.7
Net interest income	31,551.5	34,619	9.7
Other income	14,350	13,831	-3.6
Operating profit	27,924	29,483	5.6
Provisions	3,501	3,574	2.1
Tax expense	5,782	6,400	10.7
GNPA %	1.24	1.11	-
NNPA %	0.42	0.37	-
Total deposits	28,01,789	33,27,449	18.8
Advances	27,69,200	32,19,500	16.3

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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.



Frequently Asked Questions (FAQs)

NPPA's initiative on Trade Margin Rationalisation of Anti-Cancer Medicines

A. Understanding the initiative

Q1. What has NPPA done to make cancer medicines more affordable?

National Pharmaceutical Pricing Authority (NPPA) has capped the trade margin at 30% for 137 specified non-scheduled anti-cancer medicines. The aim is to reduce excessive mark-ups in the supply chain and make cancer treatment more affordable for patients and their families.

Q2. What is trade margin?

Trade margin is the difference between the price at which a manufacturer sells a medicine to a stockist or distributor and the Maximum Retail Price (MRP) charged to the patient, excluding GST.

Q3. Why has NPPA introduced this measure?

Cancer treatment can impose a significant financial burden on families. NPPA's initiative seeks to address concerns about the gap between manufacturers' selling prices and the MRPs paid by patients.

Q4. When will the revised prices come into effect?

The revised pricing mechanism will take effect from 9 November, 2026 and will be in effect until further orders. Manufacturers must ensure that the covered medicines are sold at the revised prices from that date.

Q5. Does the 30% cap mean that every cancer medicine will become 30% cheaper?

No. The 30% cap applies to the trade margin, not to the total price of the medicine. The actual reduction will depend on the medicine's existing price and the applicable pricing formula. Different brands and formulations may see different reductions.

B. Medicines covered under the initiative

Q6. Which medicines are covered by the trade margin cap?

The cap applies to the 137 specified non-scheduled anti-cancer medicines listed in Table B of the relevant NPPA notification.

Q7. Are both branded and generic medicines covered?

Yes. Both branded and generic versions of the covered formulations are subject to the trade margin rationalisation provisions.

Q8. Will all brands of the same medicine have the same MRP?

Not necessarily. The permissible MRP is determined using the applicable manufacturer-to-stockist or manufacturer-to-distributor price and the formula specified in the notification. Prices may differ by brand, strength, dosage form and pack size.

Q9. Does the initiative cover all expenses related to cancer treatment?

No. The trade margin cap applies only to the specified medicines covered by the NPPA notification. It does not apply to every charge associated with cancer treatment.

Q10. Will the initiative affect Patient Assistance Programmes (PAPs)?

No. The initiative is not expected to affect existing Patient Assistance Programmes.

C. Checking medicine prices

Q11. How can patients check the revised price of their medicine?

Patients can check:

The MRP printed on the medicine pack.

The applicable price list displayed by the retailer or hospital.

Revised price information provided by the manufacturer.

Price information published on the NPPA website.

The Pharma Sahi Daam app or portal, which helps consumers check medicine prices.

Q12. Will the price be the same at every hospital and pharmacy?

The applicable MRP sets the maximum retail price for the covered formulation. The actual amount charged or discount offered may vary across retail and hospital settings based on commercial considerations. Patients should check the applicable MRP and the amount charged on their bill.

Q13. What must hospitals and pharmacies do under the initiative?

Hospitals, medical institutions, retailers and dealers must comply with the applicable pricing and price-display requirements. Hospitals and medical institutions are required to monitor compliance with the applicable MRPs and prominently display revised prices on their websites, as specified in the notification.

D. Complaints and grievance redressal

Q14. What should a patient do if charged more than the applicable price?

The patient can report the matter to NPPA through the Pharma Sahi Daam app or portal, or approach the concerned State Drug Controller. Keep the purchase invoice and medicine packaging as supporting evidence.

Q15. How can a patient lodge a complaint with NPPA?

Complaints can be submitted through the following channels:

Pharma Sahi Daam: App or web portal.

Email: monitoring-nppa@gov.in

Helpline: 1800-11-1255

By post: Deputy Director, Monitoring, NPPA, 3rd Floor, YMCA Cultural Centre Building, 1 Jai Singh Marg, New Delhi – 110001.

Patients should provide the prescription, purchase invoice and relevant medicine details, including the formulation, composition, pack size, MRP, manufacturer or marketer, and pharmacy details.