NPPA
AFFORDABLE MEDICINES FOR ALL
सभी के लिए वहनीय दवाईयाँ

सत्यमेव जयते

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

Azadi Ka Amrit Mahotsav

AUSHADH SANDESH

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A Bi-monthly e-Newsletter

दवा वही
दाम सही

Committed Towards Accessibility, Availability & Affordability of Medicines for All

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About NPPA...

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

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

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

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

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

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

DISCLAIMER:

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

You can also give your suggestions/ feedback at: **monitoring-nppa@gov.in**

From CHAIRMAN'S DESK

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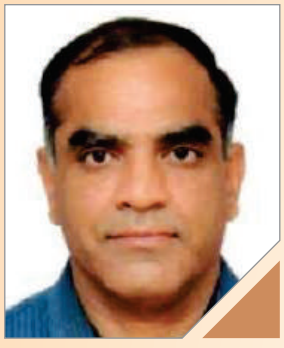


Shri Kamlesh Kumar Pant, IAS
Chairman
National Pharmaceutical Pricing Authority
Department of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Government of India

It is with great pleasure that I bring to you the Fourteenth issue of the NPPA bi-monthly e-Newsletter and take this opportunity to wish all the readers a very Happy and Healthy New Year 2024.

NPPA strives to strike a balance between the interests of the consumers and the Pharma Industry within the ambit of the prevalent regulatory framework. In addition, the government also strives to make medicines affordable through other non-regulatory interventions. For this edition of the e-newsletter, Shri Ravi Dadhich, C.E.O. P.M.B.I. has penned his thoughts on "Pradhan Mantri Bhartiya Janaushadhi Pariyojana – India's initiative for Affordable medicines". I hope you would find it informative as it highlights the objective of reducing the out-of-pocket health expenditure. Earlier, the Government had launched the Jan Aushadhi Yojana, which was reinvigorated as **Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP).**

I am happy to share that NPPA under Consumer Awareness, Publicity and Price Monitoring (CAPPM) Scheme has set up the 30th Price Monitoring and Resource Unit (PMRU) in the UT of Dadra and Nagar Haveli and Daman and Diu on 06th December, 2023. Growing network of PMRUs is helping NPPA to percolate the benefits of DPCO, 2013 at grass-root level to the consumers at large.

I am also happy to share that in the continuation to webinar series, two (2) interactive webinars were organized by NPPA for PMRUs in the Sates/ UTs and Forty-two (42) State and District level Events/ Seminars have been organized by 15 PMRUs in their respective States/ UTs. These events were aimed at generating awareness amongst the people about fixation of ceiling prices under NLEM 2022 and its' significance in affordable healthcare; drug price regulation under the provisions of DPCO, 2013; Pharma Sahi Daam Mobile App and IPDMS 2.0, etc.

I trust with effort of the editorial team, the Newsletter would help stakeholders stay up-to-date with the latest information on government policies/programmes and upcoming events etc.

NPPA wishes good health to all its readers; stay safe, stay healthy.

With best wishes

(Kamlesh Kumar Pant)

PRADHAN MANTRI BHARTIYA JANAUSHADHI PARIYOJANA– INDIA'S INITIATIVE FOR AFFORDABLE MEDICINES

Ravi Dadhich, C.E.O., P.M.B.I.

India a vast country with billion plus population strives for universal health care for its people. Though the Indian health care system has progressed rapidly in recent years but still a sizeable population faces day to day challenge in meeting out the health-related expenses. The economically vulnerable sections of society have to spend a huge portion of their income as well as savings for health-related unforeseen expenditure, which disturbs their day to day lives.

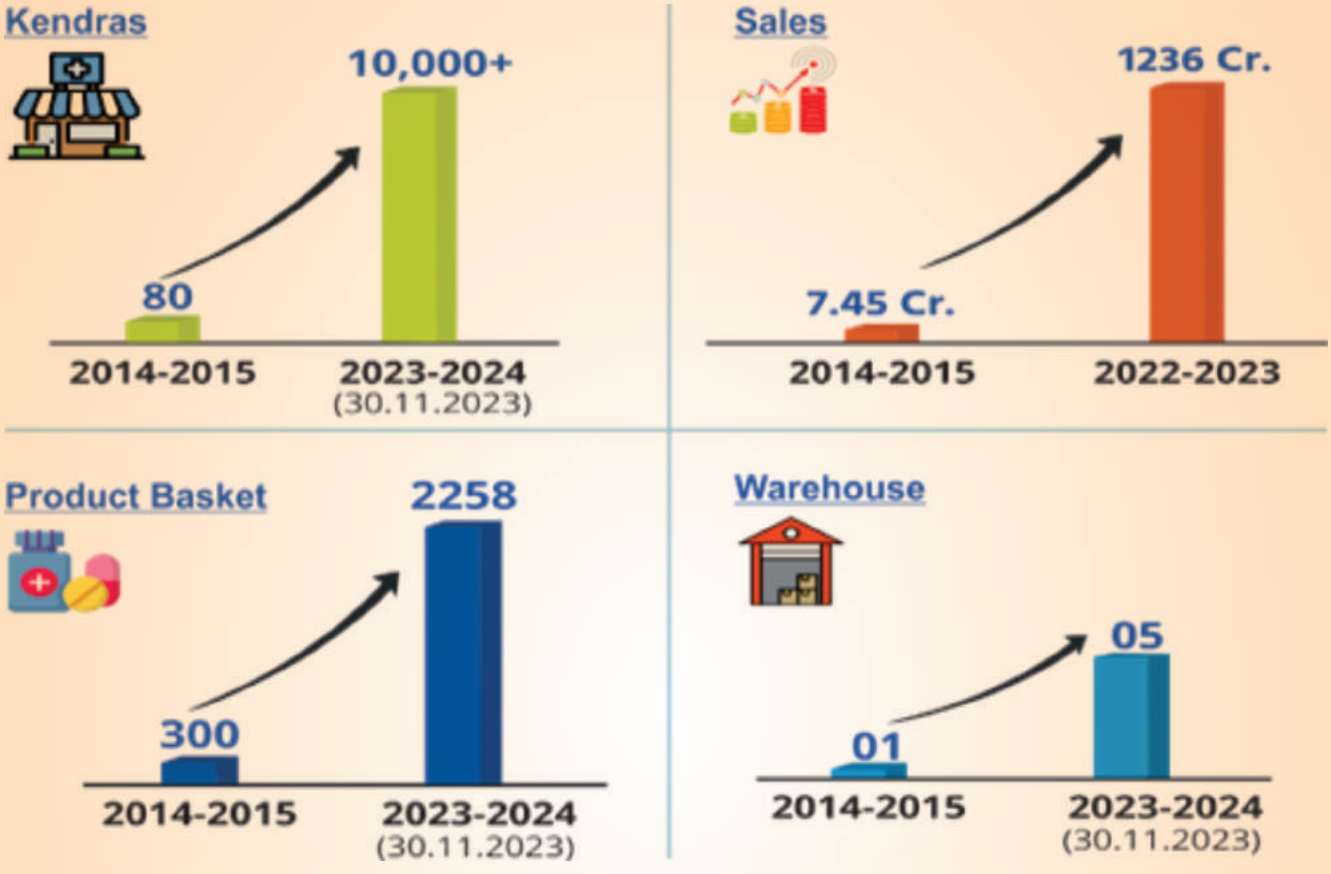
With an objective of reducing the out-of-pocket health expenditure the Government had launched the Jan Aushadhi Yojana, which was reinvigorated as Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). This is an initiative for providing quality generic medicines at affordable prices. Jan Aushadhi literally meaning "People's Medicines" has emerged as a strong pillar to ensure maximum accessibility of medicines to every individual, by opening Jan Aushadhi Kendras (JAKs) in all the Districts of the Country.Recently, Hon'ble Prime Minister Shri Narendra Modi inaugurated 10,000thJan Aushadhi Kendra at AIIMS in Deoghar and simultaneously launched the scheme to increase the number of Jan Aushadhi Kendras from 10,000 to 25,000 in next 2 years. This proposed steep increase in the number of JAKs puts forth the strong intention of the government for wider coverage throughout the country with special focus on 'yet to be covered Blocks' and rural areas.

Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana, online applications are invited from entrepreneurs and NGO's or organizations for establishing exclusive retail outlets or medical shops for sale of generic allopathic medicines in a franchise like model. The entrepreneurs are assisted with incentives and facilitated by Pharmaceuticals & Medical Devices Bureau of India (PMBI), a Society working under the aegis of Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Government of India. The eligible applicants are assisted by PMBI in drug licence issuance and financial help in the form of incentives which are sales linked as well as incentives related to set up of infrastructure of the retail outlet.

Any entrepreneur applying for Jan Aushadhi Kendra is provided hand-holding support in the initial years of its business with an assurance of 15% of incentives against her monthly purchase of Rs. 15,000/- per month subject to an overall ceiling of Rs. 5 lakhs. Simultaneously, an additional incentive of Rs. 2 lakh is given to eligible entrepreneurs if they belong to categories of Women, Physically Challenged (Divyang), Ex-Servicemen, Scheduled Caste and Scheduled Tribe or any other person willing to open these JAKs in North Eastern States, Himalayan Regions, Island territories and aspirational districts. The special incentive helps these less advantaged categories to meet out the infrastructure related costs for establishing a retail outlet. In this manner, the scheme not only provides affordable medicines but also opens avenues for employment to various categories. The entire Janaushadhi eco-system has so far generated more than 20,000 direct jobs and an equal number of indirect jobs.

The journey of PMBJP has been quite impressive over the last few years. The number of JAKs was only 80 in year 2014, which has now grown to more than 10,000 Kendras having witnessed a whopping increase of over 130 times. Not only the spatial growth but the product range of Jan Aushadhi has also grown remarkably in the last few years and it now offers around 2000 medicines and 293 surgical items. Such wide range of products and wider coverage of medicines in more than 40 therapeutic groups and commonly used devices like BP monitor, thermometer, glucometer and nutraceuticals etc, ensures availability of most of the desired medicines and other items within the easy reach of customers and consequent trust of the consumers.

Over last few years, the Indian Pharmaceutical sector has earned the sobriquet of being the 'Pharmacy to the world'. India contributes more than 20% of the generic medicines to the world and the sector is likely to grow to US $ 130 Billion by the year 2030 from the US $ 50 Billion at present.



Under PMBJP, the sales of the generic medicines have grown in leaps and bounds over the years and the financial year 2022-23 witnessed growth of around 38%. This pace of growth continues in the current year 2023-24 too when recently PMBI achieved the sales target of Rs. 1000 Crores within its first 9 months of the sales. These statistics provide a glimpse of the impact of Janaushadhi and the Government's resolve to the cause of affordable medicines.

An average customer sometimes doubts the quality and efficacy of these medicines when looking at their low prices and the general notion of fear about generic medicines. To allay these fears, innumerable steps have been taken by the government to ensure that the quality of these medicines is top notch and that these unbranded generic medicines are in no way inferior to their branded counterparts. PMBJP has put in a strict protocol for quality assurance. All medicines are necessarily procured only from WHO-GMP certified manufacturers, many of whom have export facilities and thus maintain very high quality standards. PMBI officers visit these production units to keep a check on the quality parameters. On receipt of these medicines in the warehouses, all the batches are necessarily tested in reputed NABL accredited laboratories in an anonymous manner. PMBI also carries out regular comparison of these medicines with the most popular branded medicines in terms of various parameters like assay, solubility and level of permitted impurities. All these steps have ensured that the public faith is kept intact in the generic medicines and that even if the medicines are inexpensive their therapeutic value is the same as that of branded medicines. Thus, the scheme achieves one of its objectives to popularize the generic medicines among the masses and dispel the prevalent notion that low price generic medicines are of inferior quality or are less effective in therapeutic value.

The scheme has been able to save money for the poor as well as middle class on daily basis and particularly for those who need regular supplies for chronic diseases. While a diabetic and cardiovascular patient may save few thousand rupees per month when he buys Sitagliptin or Rosuvastatin, the nation as a whole has estimated to have saved more than Rs. 25,000 Crores in the last nine years. These savings have gone directly to the pocket of the people and at current trend the scheme is likely to save approximately 1 billion US Dollars per year for the citizens towards the cost of the medicines. This success story has been replicated throughout the country and the demand is growing manifold with each passing day and hence the scheme is figuring in the prime achievements of the Government of India in its 'Viksit Bharat Sankalp Yatra', which is a government initiative to make citizens aware about various schemes and successfully plans to cover more than 2 lakhs Indian villages and cities over a period of 2 months.

One particular area of priority for Ministry of Health is menstrual health of women. The Government has introduced through PMBJP scheme highly subsidized and oxo-biodegradable sanitary pads @ Re 1/- per pad which are sold through all JAKs. These pads not only reduce the bio waste but also bring in significant change in menstrual behaviour of women. In last four years, approximately 50 crore Jan Aushadhi Sanitary Napkins have been sold through this channel and in this manner the scheme also offers an opportunity to respond to evolving health priorities of various segments.

Looking at the success of Pradhan Mantri Bhartiya Janaushadhi Pariyojana, its popularity and contribution to public health the urgent need was felt at the highest level and hence the target of opening 25,000 JAKs. While doing so the focus will be on those States where the coverage is yet to reach an optimal level. The consistent support of the government is paramount in achieving these targets and to deliver the maximum benefits to maximum people in the shortest possible time and that support is laudable to achieve the motto of the noble scheme – **Janaushadhi Seva bhi – Rozgar bhi.**

News related to pricing of drugs

Ceiling Inputs for NPPA Bi-Monthly E-Newsletter (For 14th Edition in November & December, 2023)

- Ceiling prices for 700 scheduled formulations (National List of Essential Medicines, 2022) and Retail prices for 2607 non-scheduled formulations have been fixed under DPCO, 2013 till 31st December 2023.
- As on December, 2023, 251st Authority meetings have been conducted of which 119 meetings are under DPCO 2013. The details of the recent meetings are given as below:

Meeting No.	Held on	Retail Prices Approved & Notified
250th (overall) & 118th Meeting under DPCO 2013	08.11.2023	(i) Retail prices for 33 formulations notified vide SO. 4885(E) dated 10.11.2023.
		(ii) Ceiling prices for 09 formulations notified vide SO. 4886(E) dated 10.11.2023.
251th (overall) & 119th Meeting under DPCO 2013	15.12.2023	(i) Retail prices for 19 formulations were approved in the meeting.

- Details of retail prices notified for various formulations based on the decision taken in 118th Authority Meetings are as follows:

S. No.	Therapeutic group	Total Number	Type of formulation	Retail Price Fixed Range (Rs.) (Excl. GST) per tablet/per ml
(1)	(2)	(3)	(4)	(5)
1	Anti Diabetic	8	Tablets/Insulin	7.89 – 855.00
2	Anti-Bacterial	2	Injection/Oral Suspension	4.20-142.48
3	Antihypertensive	8	Tablet / Capsule	6.19-19.21
4	Cardiovascular	5	Tablet / Capsule	9.69-12.46
5	Vitamins & Minerals	1	Oral Solution	12.27
6	Others	9	Capsule / Tablet/ Injection / Drops/Gel	0.82 – 112.60

- Details of ceiling prices notified for various formulations based on the decision taken in 118th Authority Meetings are as follows:

Therapeutic Category	No. of Medicines	No. of Formulations
Anti-infective Medicines	61	161
Anticancer Medicines	55	112
Neurological Disorder Medicines	18	59
Psychiatric Disorder Medicines	14	39
Cardiovascular Medicines	25	58
HIV Management Medicines	17	20

Therapeutic Category	No. of Medicines	No. of Formulations
Analgesics, Antipyretics, Non-steroidal Anti-inflammatory Drugs (NSAIDs)	10	23
Anti-Diabetic drugs	8	11
Hormones,otherEndocrine Medicines and Contraceptives	15	32
Others	102	185
Grand Total	**307***	**700**

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

IPDMS 2.0:

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

Chart1: Total number of registered companies at month end

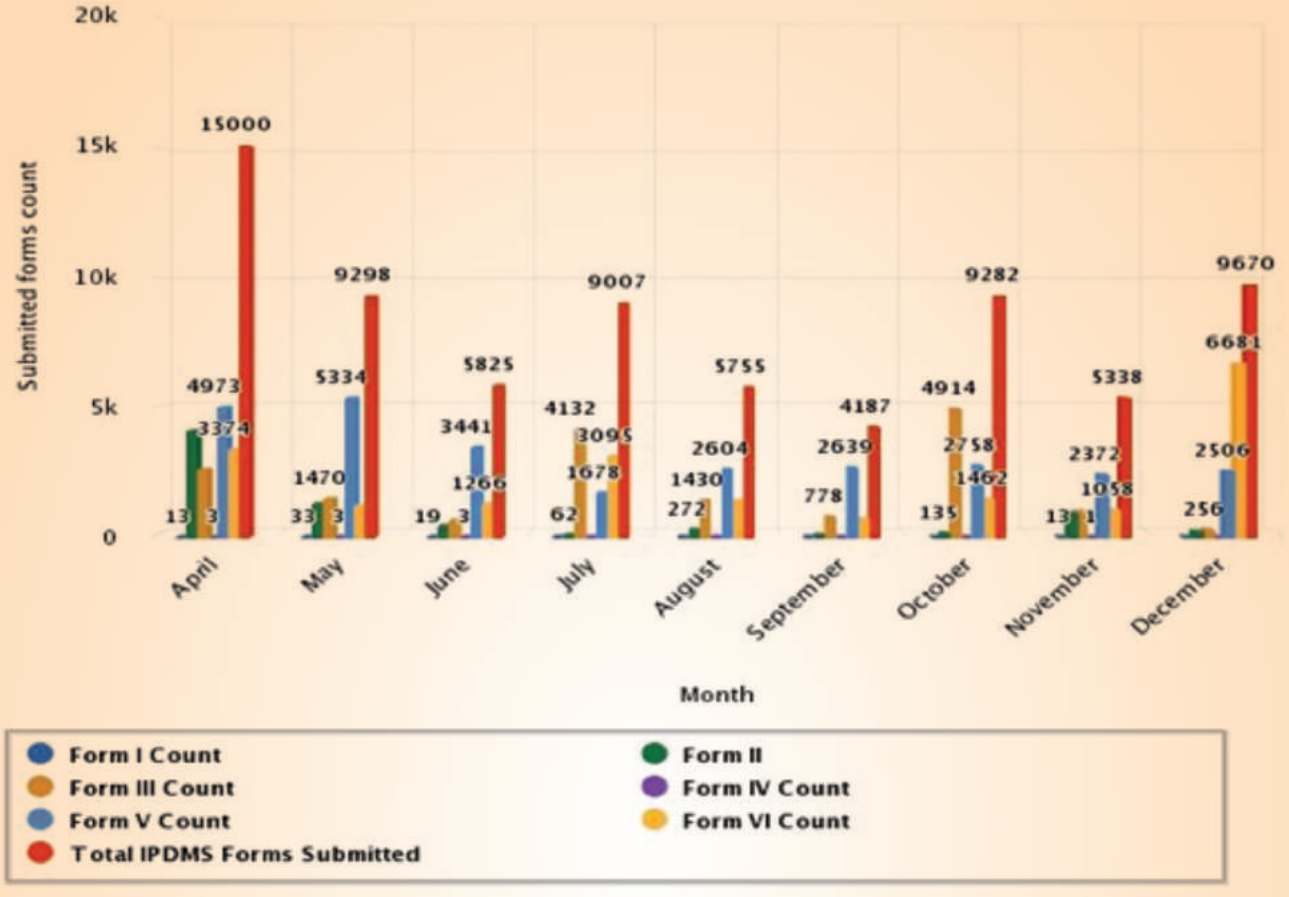


Chart 2: Number of statutory forms filed on IPDMS

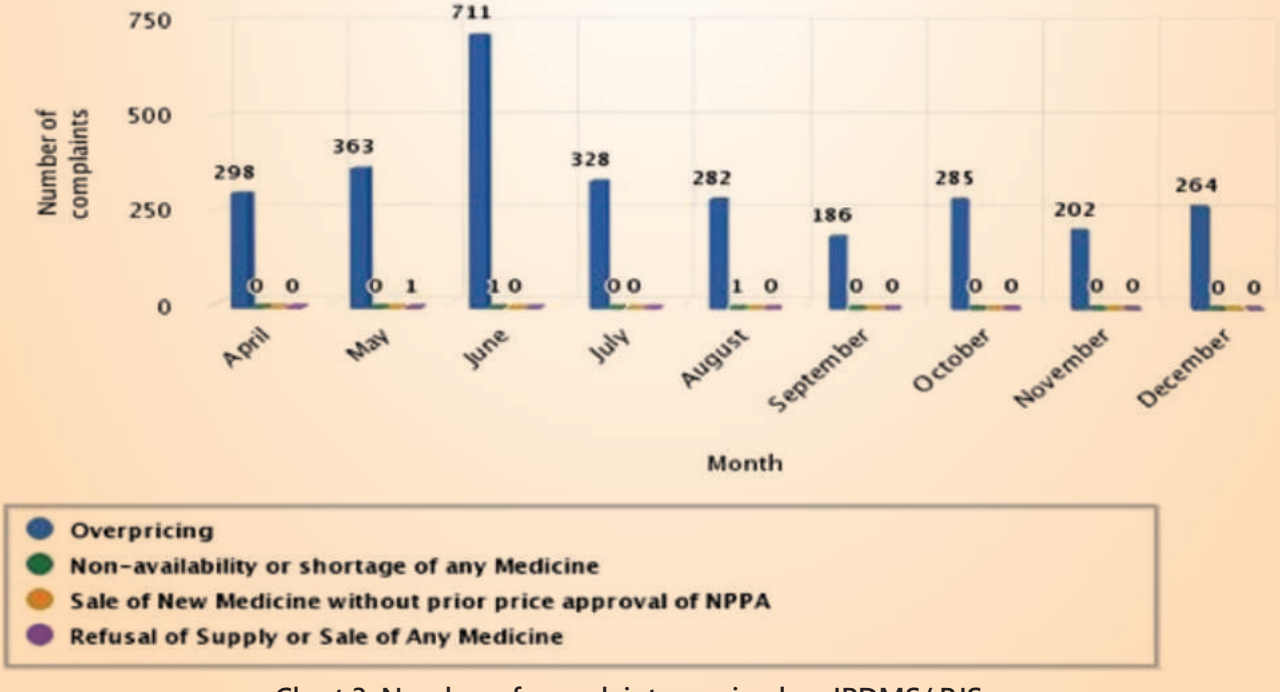


Chart 3: Number of complaints received on IPDMS/ PJS app

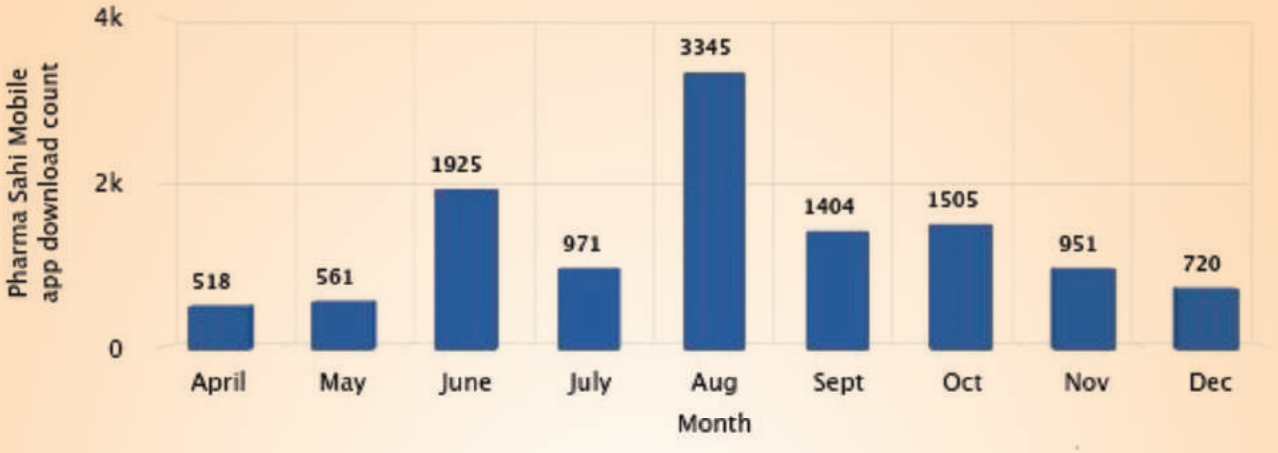


Chart 4: Number of Pharma Sahi Daam Mobile app downloads

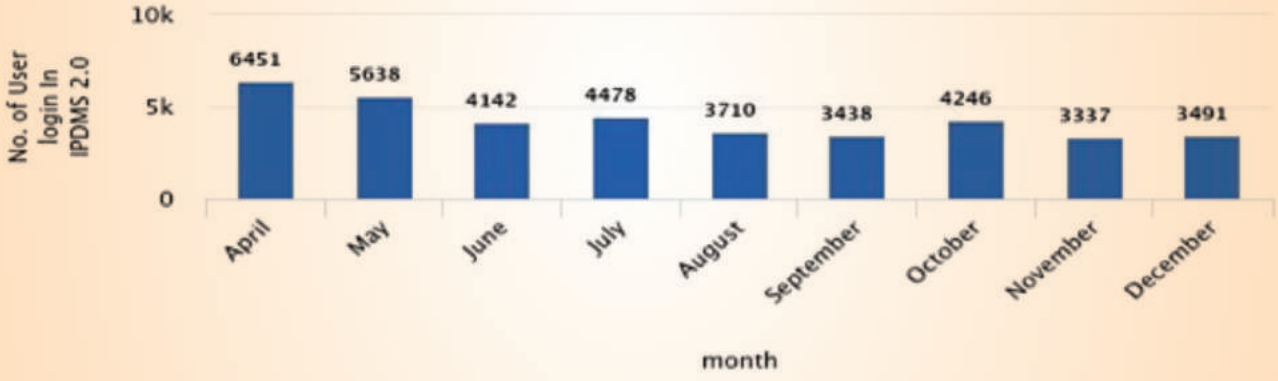


Chart 5: Number of User logins in IPDMS 2.0

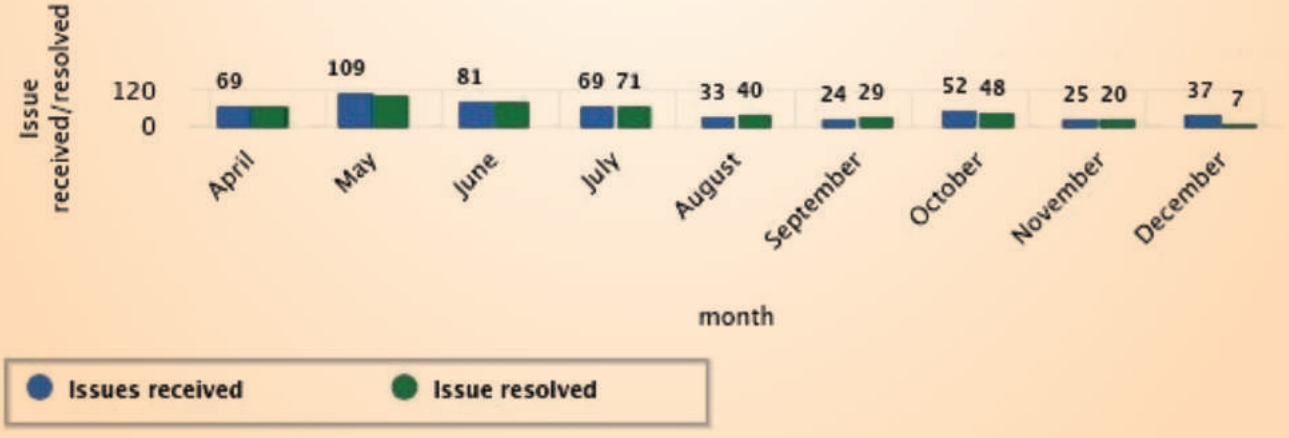


Chart 6: Number of tickets raised/ resolved at IPDMS helpdesk

FDA Approves New Therapy for Rare Form of Blood Cancers Called Myelodysplastic Syndromes (October 24, 2023)

The U.S. Food and Drug Administration approved Tibsovo (ivosidenib) for the treatment of adult patients with relapsed or refractory (R/R) myelodysplastic syndromes (MDS) with an isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved test. This is the first targeted therapy approved for this indication. The agency also approved the Abbott RealTime IDH1 Assay as a companion diagnostic for the selection of R/R MDS patients with an IDH1 mutation. MDS are a rare form of blood cancers that can occur when the mutations in the bone marrow progenitor cells (cells that form blood) lead to insufficient numbers of healthy blood cells.

Read more

FDA Approves Interchangeable Biosimilar for Multiple Inflammatory Diseases (October 31, 2023)

The U.S. Food and Drug Administration approved Wezlana (ustekinumab-auub) as a biosimilar to and interchangeable with Stelara (ustekinumab) for multiple inflammatory diseases. Wezlana, like Stelara, is approved to treat the following indications:

Adult patients with:

- moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy;
- active psoriatic arthritis;
- moderately to severely active Crohn's disease; and
- moderately to severely active ulcerative colitis.

Pediatric patients 6 years of age and older with:

- moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy; and
- active psoriatic arthritis.

Health care professionals should review the prescribing information in the labeling for detailed information about the approved uses. Biological products include medications for treating many serious illnesses and chronic health conditions. A biosimilar is a biological product that is highly similar to, and has no clinically meaningful differences from, a biological product already approved by the FDA (also called the reference product).

Read more

FDA Approves First Therapy for Rare Type of Non-Cancerous Tumors (November 27, 2023)

The U.S. Food and Drug Administration approved Ogsiveo (nirogacestat) tablets for adult patients with progressing desmoid tumors who require systemic treatment. Ogsiveo is the first drug to be approved for the treatment of patients with desmoid tumors, a rare subtype of soft tissue sarcomas.

Desmoid tumors are non-cancerous but can be locally aggressive. The tumors may invade into surrounding structures and organs, resulting in pain, issues with being able to move, and decreased quality of life. Although surgical removal has historically been the treatment of choice, there is a high risk that the tumor will return or that other health challenges will occur after removal; therefore, systemic therapies (cancer treatment targeting the entire body) are being increasingly evaluated in clinical trials.

Read more

FDA Approves First Gene Therapies to Treat Patients with Sickle Cell Disease (December 08, 2023)

The U.S. Food and Drug Administration approved two treatments, Casgevy and Lyfgenia, representing the first cell-based gene therapies for the treatment of sickle cell disease (SCD) in patients 12 years and older. Additionally, one of these therapies, Casgevy, is the first FDA-approved treatment to utilize a type of novel genome editing technology, signaling an innovative advancement in the field of gene therapy.

Sickle cell disease is a group of inherited blood disorders. The primary problem in sickle cell disease is a mutation in hemoglobin, a protein found in a red blood cell that delivers oxygen to the body's tissues. This mutation causes red blood cells to develop a crescent or "sickle" shape. These sickled red blood cells restrict the flow in blood vessels and limit oxygen delivery to the body's tissues, leading to severe pain and organ damage called vaso-occlusive events (VOEs) or vaso-occlusive crises (VOCs). The recurrence of these events or crises can lead to life-threatening disabilities and/or early death.

Read more

NPPA SETS UP PRICE MONITORING AND RESOURCE UNIT (PMRU) IN THE UNION TERRITORY (UT) OF DADRA AND NAGAR HAVELI AND DAMAN AND DIU IN DECEMBER, 2023

NPPA under Consumer Awareness, Publicity and Price Monitoring (CAPPM) Scheme has set up the 30thPrice Monitoring and Resource Unit (PMRU) in the UT of Dadra and Nagar Haveli and Daman and Diu in 06thDecember, 2023. Now, NPPA has its presence in the 30 States/UTs viz. Kerala, Gujarat, Odisha, Rajasthan, Punjab, Haryana, Tripura, Nagaland, Uttar Pradesh, Andhra Pradesh, Mizoram, Jammu & Kashmir, Karnataka, Telangana, Maharashtra, Goa, Madhya Pradesh, Chhattisgarh, Jharkhand, Puducherry, West Bengal, Ladakh, Himachal Pradesh, Bihar, Uttarakhand, Meghalaya, Arunachal Pradesh, Chandigarh, Assam and Dadra and Nagar Haveli and Daman and Diu.

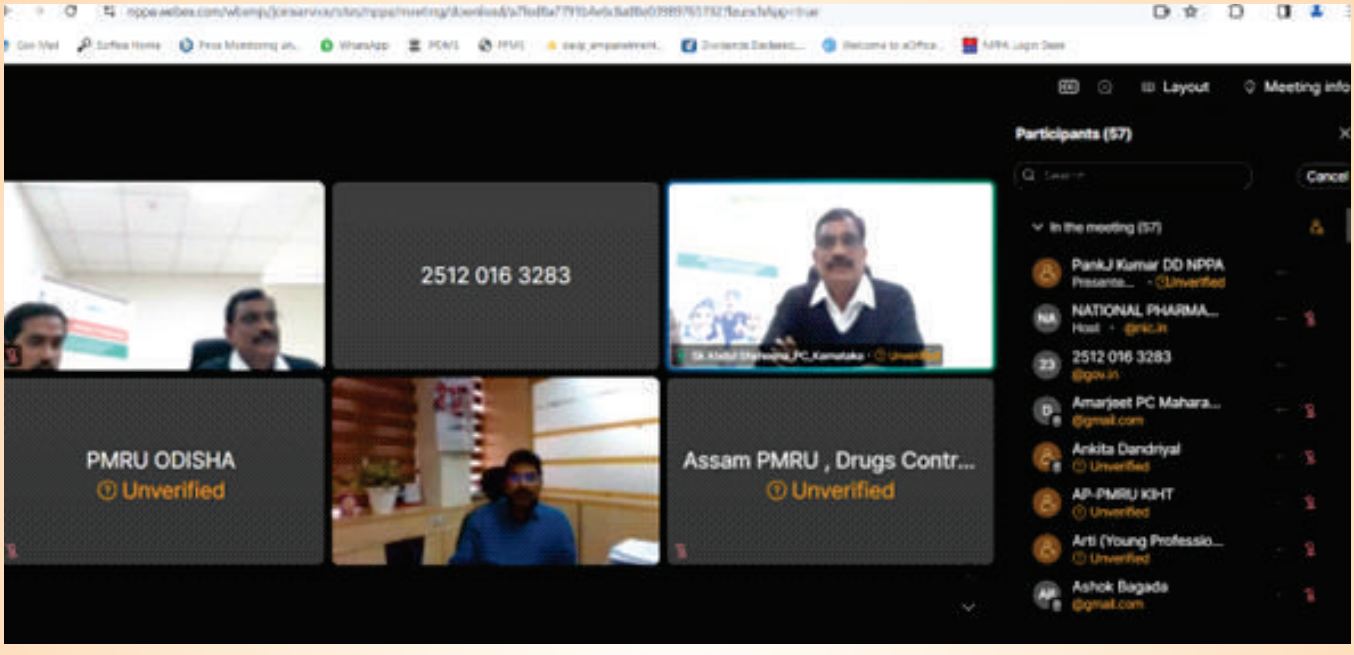
WEBINARS FOR PRICE MONITORING AND RESOURCE UNITS IN THE SATES/ Uts

In the continuation to webinar series, two (2) interactive webinars were organized by NPPA for Price Monitoring and Resource Units in the Sates/ UTs as mentioned below:

OTHER NEWS AND EVENTS

S. No.	Date	Webinar
1	23.11.2023	Webinar on IPDMS – Finance Module
2	29.12.2023	Webinar on Monitoring the Prices of Medical Devices

The main aim of these webinars were to provide guidance and sharing of knowledge with PMRUs regarding procedure of recording the entries of financial transaction in IPDMS and monitoring of price movement of scheduled/ non-scheduled medical devices and reporting to NPPA.



STATE LEVEL EVENTS/ SEMINARS BY PMRUS

Forty-two (42) State and District level Events/ Seminars have been organized by 15 PMRUs in their respective States/ Uts viz. Puducherry, Goa, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Chhattisgarh, Jammu & Kashmir, Kerala, Ladakh, Haryana, Mizoram, Punjab, Rajasthan and Tripura. These events were aimed for making awareness to people about Fixation of Ceiling Prices under NLEM 2022 and its' significance in Healthcare, Drug Price Regulations under the provisions of DPCO, 2013, Role of NPPA in making the Drugs affordable and available for all, Functions of PMRUs, Pharma Sahi Daam Mobile App and IPDMS 2.0. Major glimpse of the activities are as follows:


NPPA

FREQUENTLY ASKED QUESTIONS

➢ **What are scheduled formulations under DPCO, 2013 and criteria for classifying a medicine as scheduled?**

The Scheduled formulation is defined under Para 2(1)(zb) of DPCO,2013 as "scheduled formulation" means any formulation, included in the Schedule –I of DPCO, 2013 whether referred to by generic versions or brand name. Schedule -I of the DPCO is notified by the Department of Pharmaceuticals (DoP) based on the National List of Essential Medicines (NLEM) as released by the Ministry of Health & Family Welfare (MH&FW). NPPA fixes the ceiling price of these scheduled medicines specified in the first schedule of the DPCO, 2013. The formulations under Schedule-I are categorized according to their therapeutic category. NLEM, 2022 has been released on 13.09.2022 by MH&FW and DoP notified revised Schedule-I of DPCO, 2013 on 11.11.2022.

➢ **What is the criterion for addition and deletion of a medicine/formulation in the National List of Essential Medicines?**

National List of Essential Medicines (NLEM) is released by the MH&FW. Standing National Committee of Medicines (SNCM) under the chairmanship of Secretary, Department of Health Research and Director General, ICMR, Ministry of Health review and revises the current NLEM. Further, SNCM reviews and revises the NLEM by way of additions and deletions in the existing NLEM in the context of contemporary knowledge of use of therapeutic products in health and hygiene of general public. As per report of Standing National Committee on Medicines (SNCM) under the MoHFW, for revision of NLEM, the criteria for inclusion of a medicine are listed below:–

(i) The medicine should be approved/ licensed in India.

(ii) The efficacy and safety profile of the medicine should be based on robust scientific evidence.

(iii) The medicine should be useful in disease which is a public health problem in India.

(iv) All medicines enlisted in National Health Programmes/National Disease Control Programmes are as such essential and hence included in the NLEM 2022.

(v) The medicine should be affordable to the community in the Indian context.

(vi) The medicine should be readily accessible at P, S, T healthcare levels

(vii) When more than one medicine are available from the same therapeutic class, preferably one prototype/ best suited medicine of that class to be included after due deliberation and careful evaluation of their relative safety, efficacy, availability and affordability.

(viii) Overall cost of therapy was considered and not just the unit cost of the medicine.

(ix) A Fixed Dose Combination (FDC) was generally not included unless the combination had unequivocally proven advantage over individual ingredients administered separately, in terms of increasing efficacy, reducing adverse effects and/or improving compliance.

The criteria for deletion of a medicine from the existing NLEM are listed below:–

(i) The medicine has been banned in India by the regulatory authority.

(ii) There are reports of serious concerns on the safety profile of a medicine.

(iii) Another medicine with better efficacy or favourable safety profile or better accessibility and affordability is now available.

(iv) The disease burden, for which a medicine is indicated, is nolonger a national health concern for India.

(v) In case of antimicrobials, if the resistance pattern has renderedan antimicrobial ineffective in the Indian context.

As the health and science are dynamic, the usefulness of medicinesis also dynamic. The list of essential medicines cannot be static. It needs to be updated/ revised periodically.

➢ **Why are drug prices regulated for essential medicines in the NLEM?**

Regulation of drug prices for essential medicines is aimed at ensuring affordability for the general population, and promoting equitable access to vital healthcare through affordable medicines.

➢ **Other than drug price regulation, what strategies are adopted by the government to ensure the affordability of essential medicines for the public?**

Governments may employ various strategies, such as price negotiations with pharmaceutical companies, bulk purchasing, promoting the use of generic versions, etc. These measures aim to reduce the overall cost of essential medicines.

Feedback and Complaint Redressal

Grievance Redressal

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

Information Dissemination

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

Collaboration with State Governments

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

NPPA
AFFORDABLE MEDICINES FOR ALL
सभी के लिए वहनीय दवाईयाँ

NATIONAL PHARMACEUTICAL PRICING AUTHORITY

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