

Experts: Price display regulations must be ‘reasonable’

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PETALING JAYA: Catalogues, notice boards, laptops, desktop computers, kiosks and electronic screens – these are among the recommended devices for displaying the price list of medicines.

This was outlined in a frequently-asked-questions (FAQs) document issued by the Health Ministry to private healthcare practitioners during a meeting of stakeholders recently.

“The choice of medium will depend on the suitability of the facility. The price list must be accessible to the patient during operating hours,” it said.

The FAQ also specified that all medicines displayed for sale must be labelled with a price.

A price list must also be provided for medicines not on display.

“It must be displayed in Bahasa Malaysia or English. The price list must include four key information: the generic name, active ingredient and strength, as well as trade name and price.

“The uses of the drug cannot be mentioned or indicated on the list, although images of the medicine are permitted for display,” the FAQ added.

The price list must be placed at a location that is easily accessible to patients, such as at the registration counter, hospital lobby or dispensary counters in pharmacies.

“It must be accessible and visible to customers through electronic mediums or other appropriate devices at the premises,” it added.

The FAQ clarified that displaying the price list via QR code, online, or using LED banners or digital scrolling messages, does not replace the requirement for a physical price list.

However, facilities are permitted to share the price list digitally via QR code or online through their website or official social media channels as an additional measure.

This new regulation applies to private healthcare facilities, including hospitals, hospices, psychiatric hospitals, clinics, mental health centres, dental clinics, haemodialysis centres, ambulatory centres, maternity centres, nursing homes and community pharmacies.

Federation of Private Medical Practitioners' Associations Malaysia president Dr Shanmuganathan TV Ganeson said the requirements have some shortcomings.

“Our difficulty is that the same drug name may come in three different formulations, five brands and six price tiers, which may not all be suitable for every patient.

“What will the public compare with? Price per pill? Generic versus original? Will they reject safer drugs for cheaper ones?” he said.

Malaysian Medical Association (MMA) president Datuk Dr Kalwinder Singh Khaira said the price display implemented should be reasonable and beneficial to patients.

“Asking for details beyond this scope is an overreach and putting unnecessary burden on doctors who face legal action if it is not complied with.

“We strongly oppose the application of the Price Control and Anti-Profiteering Act 2011 (Act 723) to the medical profession.

“Act 723 is not a medical-specific legislation and should not be used to regulate healthcare practices, particularly when the Private Healthcare Facilities and Services Act 1998 (Act 586) already exists to govern private medical practice in Malaysia.

“If need be, new regulations can be made under the powers given to the Health Minister under section 107 of Act 586.

“Any regulatory change should be made through meaningful engagement with medical professionals, ensuring policies are aligned with the realities of private healthcare delivery.

“Any enforcement on the breach of any policy being planned must be reasonable, not a burden and threat to the operations of clinics, which form the backbone of the primary healthcare sector in the country,” he said in a statement.

“MMA calls on the government to take cognisance of the seriousness of the issue and its ramifications on the healthcare profession, especially on primary care and urges the relevant ministries to urgently engage with stakeholders on the matter,” Dr Kalwinder added.

The Medicine Price Transparency Mechanism is expected to come into effect on May 1.