

## Quote by Nilaya Varma, Group CEO & Co-Founder, Primus Partners

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## Why quick medicine delivery has become a big headache

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uick-commerce medicine delivery is heating up, with Zepto recently joining Blinkit and Swiggy Instamart in the race. But as the space gets crowded, concerns are mounting over prescriptiononly medicines without proper checks.

Industry body All India Organisation of Chemists and Druggists (AIOCD) has called for regulatory scrutiny and tighter oversight. "Medicines are not groceries that should be delivered within 10 minutes. These are highly regulated and need utmost care while handling—something that can't always be assured in a dark-store model," said Rajiv Singhal, general secretary, AIOCD.

On 13 August, the association wrote to the home affairs ministry stating that easy access through online quick-commerce delivery has led to a sharp rise in misuse, including

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of Schedule H drugs such as Pregabalin, used for neuropathic pain, epilepsy and anxiety. It alleged that medicines are being issued online without genuine prescription veri-

fication, raising concerns about "ghost prescriptions" fake or fabricated prescriptions used to procure restricted drugs.

The same day, Zepto announced its entry into pharma, offering medicine delivery within 10 minutes across metropolitan cities, according to its press release.

Prior to this, Swiggy had entered the segment in August 2024, launching its 'Instamart'



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grocery service—which included medicines in select markets—through a partnership with PharmEasy that operated as a shop-in-shop inside dark stores in Bengaluru.

Blinkit last month introduced 10-minute delivery across its dark-store network and later piloted prescriptionmedicine delivery (including antibiotics, eye drops, antihistamines, and skin treatments) in Bengaluru. Blinkit has entered deeper into health-

care by piloting a 10-minute ambulance service in Gurugram.

Queries sent to all three companies on 13 August did not elicit a response until press time.

"If platforms commit to only e-prescriptions issued and signed by registered doctors, run an automatic check against the National Medical Register, and keep a pharmacist in the loop before dispatch, leakage can be driven close to zero—even with fast delivery," said Nilaya Varma, co-founder at Primus Partners, a management consultancy firm in Delhi.

Prescription verification for Schedule H/HI/X drugs on quick-commerce is a legal mandate, not a best-efforts standard, said Aditya Patni, partner at Khaitan & Co.

Schedule H includes prescription-only drugs like antibiotics and anti-epileptics, dispensed by pharmacists without mandatory recordkeeping. Schedule H1 adds stricter control—requiring prescriptions and three years of records for abuse-prone drugs. Schedule X is the most stringent, mandating duplicate prescriptions (two copies of the doctor's prescription), special licences, and secure storage for narcotics and psychotropics.

India still lacks a clear e-pharmacy rulebook; the draft regulations were never finalized. Platforms operate under older statutes like the Drugs & Cosmetics Act, 1940 and the Pharmacy Act, 1948, which never envisaged online prescription verification or instant delivery. Draft e-pharmacy rules, 2018—requiring licensed premises, pharmacist verification, and prescription uploads—remain unnotified.

"This has left a regulatory vacuum, with enforcement fragmented among state drug inspectors," said Rishabh Gandhi, founder at Rishabh Gandhi and Advocates.

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