गोपनीय: Confidential

मिसिलस.- 8(27)/2016/डी.पी./एनपीपीए- डीवी-II

F. No. 8(27)/2016/DP/NPPA-DIv. II

<u>कार्यवाहीस. : 159/27/2016/F</u> Proceeding No : 159/27/2016/F

Minutes of the 159th and 27th meeting of Authority under DPCO, 2013 held on 29.3.2016 at 11.00 AM.

- 1. The 159th overall meeting of the Authority, which is the 27th under the DPCO, 2013 was held on 29th March, 2016 at 11.00 AM under the Chairmanship of Shri Bhupendra Singh, Chairman, NPPA. The following members of the NPPA were present:-
 - (i) Dr. Sharmila Mary Joseph K, Member Secretary, NPPA.
 - (ii) Shri Devendra Kumar, Adviser (Cost), Deptt. of Expenditure, Ministry of Finance.
 - (iii) Shri R. Chandrashekar, Deputy Drug Controller, Deptt. of Health & Family Welfare (representing DCGI).
- 1.1 The following officers of NPPA also attended the meeting and assisted the Authority in its deliberations:-
 - (i) Shri Kalyan Nag, Adviser (Cost)
 - (ii) Shri A.K. Khurana, Director (Pricing & Admn.)
 - (iii) Shri A.P.S. Sawhney, Director (Overcharging)
 - (iv) Shri Anand Prakash, Dy. Director (M&E)
 - (v) Shri Baljit Singh, Asstt. Director (Pricing)
 - (vi) Shri Suneel Chopra, Pr. Legal Consultant
 - 1.2 Chairman, NPPA welcomed all the members present in the meeting.

II. Agenda Items

1. Agenda Item no. 1: Confirmation of Minutes of the 26th Meeting held on 24.02.2016.

Since no comments were received on the minutes of 158th and the 26th Meeting under DPCO, 2013, the Authority confirmed the minutes of the meeting.

2. Agenda Item no. 2: Action Taken Report

Noted.

- 3. Agenda Item no. 3: Fixation of Ceiling Prices of Scheduled formulations in the revised Schedule-I of DPCO, 2013 (NLEM, 2015).
- 3.1 The Authority was apprised of the revised Schedule-I of DPCO, 2013 (i.e. NLEM, 2015) in detail and the methodology and quantum of work involved in the price fixation exercise.

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- It was informed that as per plain reading and counting, there are total 875 formulations 3.2 (approx) in the amended Schedule-I of DPCO, 2013 as per NLEM, 2015. There are 76 duplicate formulations (i.e. which are appearing in more than 1 therapeutic group), 426 common formulations (i.e. which are appearing in NLEM, 2011 as well as NLEM, 2015) and 373 new formulations (i.e. which are added in NLEM, 2015 only, not appearing in NLEM, 2011) in the NLEM, 2015. Keeping in view the explanatory notes and the position explained in the agenda regarding scope/coverage of ceiling prices to be fixed for the medicines mentioned in revised Schedule-I, the list of the new formulations may rise from 373 to 1000-1500 (approx) considering the different variants of 373 formulations. Further, the variants of common 426 formulations may also rise to 1000-1500 (approx). Thus, for approx. 2000-3000 formulations the ceiling prices will require to be fixed/ notified as per revised Schedule-I, under DPCO, 2013.
- 3.3 Ceiling prices of medicines in revised Schedule-I are being fixed in accordance with the provisions of DPCO, 2013.
- It was observed that para 4 of DPCO 2013 which lays out the methodology for the calculation of ceiling prices of scheduled formulations listed in Schedule-I states thus 'Average Price to Retailer', P(s) is (the sum of prices to retailer of all the brands and generic versions of the medicine having market share more than or equal to one percent of the total market turnover on the basis of moving annual turnover (MAT) of that medicine)/(total number of such brands and generic versions of the medicine having market share more than or equal to one percent of the total market turnover on the basis of moving annual turnover for that medicine).
- 3.5. It was pointed out that the Authority in the First meeting under DPCO, 2013 (held on 12.6.2013), had decided that the MAT value of specific medicines manufactured by the same company in different brand names/generic names, may be clubbed for determining the market share (of more than or equal to 1%) for working out the ceiling prices of medicines included in Schedule-I. However, it is observed that when average PTR is worked out on the basis of the above principled decision taken at the 1st Authority meeting, in some cases, the average PTR and hence the ceiling prices work out to be higher than the figure worked out as per para 4 of DPCO, 2013; and lower in some cases. This was deliberated in detail, and it was decided that whenever application of the principle based on the decision of the 1st Authority meeting works to the benefit of the consumer resulting in lower PTR and ceiling price, the ceiling price would be worked out accordingly.
- The exercise of fixation of ceiling prices has been done initially in the case of some 3.6 medicines of certain therapeutic groups for which data was available viz .:- Analgesics, antipyretics, non steroidal anti inflammatory medicines; anticonvulsants/antiepileptics; anti infective medicines, antimigraine medicines, antiparkinsonism medicines, medicines affecting blood, cardiovascular medicines, gastrointestinal medicines, hormones, other endocrine medicines; muscle relaxants; vitamins and minerals.
- The PTR and ceiling prices of 103 scheduled medicines in the revised Schedule-I have been worked out accordingly considering the methodology given below:-
 - (a) The base data considered is data of Pharma Trac August, 2015. Two ceiling prices are fixed i.e. one with with immediate effect and another effective from 01.4.2016 (after giving the effect of reduction in WPI @ 2.7015%).
 - (b) After deliberations, the Authority decided that price fixation of ceiling prices of other Scheduled formulations in amended Schedule-I shall be done on the basis of data for August 2015 in Pharma Trac. In such cases, ceiling price shall be fixed and notified after giving the effect of WPI, which is reduction @ 2.7015% w.e.f. 01.4.2016. The Authority took note of the precedent followed in such price fixations (e.g. S.O. 835(E) dated 25.3.2015 when ceiling price of scheduled formulations was fixed giving the effect

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positive WPI). Such principle was followed consistently for fixation of ceiling prices under original Schedule-I of DPCO, 2013. It was decided that this principle will be followed uniformly, while fixing the ceiling prices of scheduled formulations under revised Schedule-I and the ceiling price will be effective from the date of notification.

(c) The lowest average PTR as worked out in accordance with the principles given below will be considered for determining the ceiling prices.

PTR of all brands and generic versions of medicines with market share (MAT (i)

value) equal to or more than 1% (as per para 4 of DPCO, 2013),

Even when some brands/generic versions of a medicine of a company have less (ii) than 1% market share, the market share of all such versions of that medicine of that company is clubbed for the purpose of determining whether the company's market share is equal to or more than 1%. PTR of all such generic/branded versions are considered for working out average PTR.

When some brands of a medicine of a company are sold in different packs and (iii) when such packs have less than 1% market share, the market share of such different variants of that medicine of that company is clubbed for the purpose of determining whether the company's market share is equal to or more than 1%. PTR of all such variants are also considered for working out the average PTR.

In case of common scheduled medicines also in revised Schedule-I, the base data will 3.8 be considered as per para 9(5) of DPCO, 2013 (i.e. August 2015 data) for fixation of ceiling prices.

A Table showing the list of 103 scheduled formulations and approved ceiling prices 3.9 is given below:

SI	NLEM	Formulation	Strength	Unit for	Ceiling	Ceiling
No		The control of the co		celling price	price	price
1	111111111111111111111111111111111111111		1 .		with	(w.e.f.
		1			immediat	01.4.201
1	1	1			e effect	6)
1	2.1.5	Paracetamol	Tablet 650 mg	per Tablet	1.76	1.71
2	2.3.1	Allopurinol	Tablet 300 mg	per Tablet	7.13	6.94
3	2.4.2	Hydroxychloroquine	Tablet 400 mg	per Tablet	11.39	11.08
4	5.1	Carbamazepine	CR Tablet 200 mg	per Tablet	1.48	1.44
5	5.1	Carbamazepine	CR Tablet 400 mg	per Tablet	2.91	2.83
6	5.1	Carbamazepine	Tablet 400 mg	per Tablet	3.16	3.07
7	5.2	Clobazam	Tablet 5 mg	per Tablet	4.90	4.77
8	5.2	Clobazam	Tablet 10 mg	per Tablet	8.61	· 8.38
9	5.4	Levetiracetam	Tablet 250 mg	per Tablet	5.58	5.43
10	5.4	Levetiracetam	Tablet 500 mg	per Tablet	11.28	10.97
11	5.4	Levetiracetam	Tablet 750 mg	per Tablet	17.33	16.86
12	5.4	Levetiracetam	ER Tablet 750 mg	per Tablet	16.58	16.13
13	5.5	Lorazepam	Tablet 1 mg	per Tablet	1.97	1.92
14	5.5	Lorazepam	Tablet 2 mg	per Tablet	2.39	2.33
15	5.8	Phenytoin	Tablet 300 mg	per Tablet	4.51	4.39
16	5.8	Phenytoin	ER Tablet 300 mg	per Tablet	5.54	5.39
17	5.9	Sodium valproate	Tablet 300 mg	per Tablet	3.79	3.69
18	6.1.1.2	Mebendazole	Tablet 100 mg	per Tablet	2.80	2.72
19	6.1.2.1	Diethylcarbamazine	Tablet 100 mg	per Tablet	1.30	1.26
20	6.2.1.6	Cefadroxil	Tablet 500 mg	per Tablet	3.85	3.75
21	6.2.1.8	Cefixime	Tablet 400 mg	per Tablet	21.05	20.48
22	6.2.2.3	Clarithromycin	Tablet 250 mg	per Tablet	26.70	25.98
23	6.2.2.3	Clarithromycin	Tablet 500 mg	per Tablet	47.07	45.79
24	6.2.4.2	Cycloserine	Capsule 250 mg	per Capsule	51.78	50.38

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	\$.				15.06	14.65
25	6.2.4.4	Ethionamide	Tablet 250 mg	per Tablet	1.91	1.86
26	6.2.4.5	Isoniazide	Tablet 300 mg	per Tablet	4.20	4.09
27	6.2.4.7	Levofloxacin	Tablet 250 mg	per Tablet	6.40	6.23
28	6.2.4.7	Levofloxacin	Tablet 500 mg	per Tablet		10.14
29	6.2.4.7	Levofloxacin	Tablet 750 mg	per Tablet	10.42	30.66
30	6.2.4.8	Linezolid	Tablet 600 mg	per Tablet	31.51	
31	6.2.4.9	Moxifloxacin	Tablet 400 mg	per Tablet	24.16	23.51
32	6.2.4.13	Rifampicin	Capsule 600 mg	per Capsule	11.07	10.77
33	6.3.3	Fluconazole	Tablet 400 mg	per Tablet	29.80	28.99
34	6.4.3.1.1	Abacavir	Tablet 300 mg	per Tablet	44.98	43.76
35	6.4.3.1.2	Abacavir (A) +	Tablet 600 mg (A)+	per Tablet	45.95	44.70
33	0.4.5.1.2	Lamivudine (B)	300 mg (B)			
36	6.4.3.1.6	Tenofovir (A) +	Tablet 300 mg (A)	per Tablet	41.05	39.94
30	0.4.5.1.0	Lamivudine (B)	+300 mg (B)			
37	6.4.3.1.7	Tenofovir (A) +	Tablet 300 mg (A) +	per Tablet	94.27	91.71
37	0.4.3.1.7	Lamivudine (B) +	300 mg (B) + 600 mg	F		
7		Efavirenz (C)	(C)	7,000		
- 20	64222		Tablet 200 mg	per Tablet	13.65	13.28
38	6.4.3.2.2	Nevirapine		per Tablet	143.13	139.25
39	6.4.3.3.1	Raltegravir (A) +	Tablet 400 mg	per Tablet	94.15	91.60
. 40	6.4.3.4.1	Atazanavir (A)	Tablet 300 mg (A) +	per rabiot		
4.4	101015	Ritonavir (B)	100 mg (B)	per Tablet	159.20	154.88
41	6.4.3.4.2	Darunavir	Tablet 600 mg	per Tablet	43.47	42.29
42	6.4.3.4.3	Lopinavir (A) +	Tablet 200 mg (A) +	per rablet	40.47	
		Ritonavir (B)	50 mg (B)	Tablet	72.98	71.00
43	6.4.4.1	Entecavir	Tablet 0.5 mg	per Tablet	115.95	112.81
44	6.4.4.1	Entecavir	Tablet 1 mg	per Tablet		74.43
45	6.4.4.3	Ribavirin	Capsule 200 mg	per Capsule	76.50	619.31
46	6.4.4.4	Sofosbuvir	Tablet 400 mg	per Tablet	636.56	
47	6.4.4.5	Tenofovir	Tablet 300 mg	per Tablet	45.01	43.79
48	6.5.3.1.1	Artemether (A) +	Tablet 20 mg (A) +	per Tablet	11.94	11.62
		Lumefantrine (B)	120 mg (B)		-1,50	
49	6.5.3.1.1	Artemether (A) +	Tablet 40 mg (A) +	per Tablet	15.39	14.97
		Lumefantrine (B)	240 mg (B)		1,52	2.4
50	6.5.3.1.1	Artemether (A) +	Tablet 80 mg (A) +	per Tablet	22.10	21.50
1	0.0.0.	Lumefantrine (B)	480 mg (B)			1.4
51	6.5.3.1.5	Clindamycin	Capsule 150 mg	per Capsule	13.24	12.88
52	6.5.3.1.5	Clindamycin	Capsule 300 mg	per Capsule	21.61	21.02
	7.2.1	Flunarizine	Tablet 5 mg	per Tablet	2.63	2.56
53		Flunarizine	Tablet 10 mg	per Tablet	4.50	4.38
54	7.2.1		Tablet 80 mg	per Tablet	4.76	4.63
55	7.2.2	Propranolol	CR Tablet 100 mg (A)	per Tablet	3.19	3.10
56	9.1	Levodopa (A) +	The state of the s	per rablet	3.19	3.10
e .		Carbidopa (B)	+ 25 mg (B)	0	44.70	44.44
57	10.1.6	Hydroxyurea	Capsule 500 mg	per Capsule	11.73	11.41
58	10.2.5	Tranexamic acid	Tablet 500 mg	per Tablet	15.89	15.46
59	10.2.6	Warfarin	Tablet 1mg	per Tablet	2.30	2.24
60	12.1.1	Acetylsalicylic acid	Effervescent/	per Tablet	1.17	. 1.14
	,_,,	Maria 1	Dispersible/ Enteric			
		. 527	coated Tablet 75 mg			
61	12.1.1	Acetylsalicylic acid	Tablet 150 mg	per Tablet	0.39	0.38
62		Acetylsalicylic acid	Effervescent/	per Tablet	1.15	1.12
02	12.1.1	Acetyisalicylic acid	Dispersible/ Enteric	75 45.00	1.10	
	38.0		coated Tablet 150 mg			
		5.111		nor Toblet	0.00	8.66
63	12.1.3	Diltiazem	SR Tablet 90 mg	per Tablet	8.90	
64	12.1.5	Isosorbide-5-	SR Tablet 30 mg	per Tablet	4.67	4.54
* -	Table 1	mononitrate				
65	12.1.5	Isosorbide-5-	SR Tablet 60 mg	per Tablet	6.09	5.92
		mononitrate	9.0	<u> Namara a a a a a a a a a a a a a a a a a </u>		
	12.1.6	Isosorbide dinitrate	Tablet 5 mg	per Tablet	0.73	0.71

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1.00	1.6		The second secon	per Tablet	0.71	0.69
68	12.1.7	Isosorbide dinitrate	Tablet 10 mg	per Tablet	3.85	3.75
69	12.1.7	Metoprolol	SR Tablet 25 mg	per Tablet	5,50	5.35
70	12.3.1	Metoprolol	SR Tablet 50 mg	per Tablet	4.84	4.71
71	12.3.7	Amlodipine	Tablet 10 mg	per Tablet	4.74	4.61
72	12.3.7	Ramipril	Tablet 2.5 mg	per Tablet	7.48	7.28
73	12.3.9	Ramipril	Tablet 5 mg	per Tablet	3.47	3.38
74	12.3.9	Telmisartan	Tablet 20 mg	per Tablet	6.29	6.12
75	12.3.9	Telmisartan	Tablet 40 mg	per Tablet	9.59	9.33
76	12.6.1	Telmisartan	Tablet 80 mg	per Tablet	5.23	5.09
77	12.6.1	Atorvastatin	Tablet 10 mg	per Tablet	12.68	12.34
78	12.6.1	Atorvastatin	Tablet 20 mg	per Tablet	18.41	17.91
79	13.1	Atorvastatin	Tablet 40 mg	per Tablet	10.72	10.43
80	13.1	Donepezil	Tablet 5 mg	per Tablet	15.30	14.89
81		Donepezil	Tablet 10 mg	per Tablet	0.71	0.69
82	20.1.3	Ranitidine	Tablet 150 mg	per Tablet	4.87	4.74
83	21.1.4	Methylprednisolone	Tablet 8 mg	per Tablet	8.51	8.28
84	21.1.4	Methylprednisolone	Tablet 16 mg	per Tablet	3.42	3.33
	21.4.1.1	Glimepiride	Tablet 1 mg	per Tablet		5.29
85	21.4.1.1	Glimepiride	Tablet 2 mg	per Tablet	5.44	1.77
86	21.4.1.4	Metformin	Tablet 500 mg (controlled release)	per Tablet	1.82	
87	21.4.1.4	Metformin	Tablet 1000 mg (controlled release)	per Tablet	3.47	3.38
88	21.4.1.4	Metformin	Tablet 1000 mg (Immediate release)	per Tablet	3.43	3.34
- 89	21.7.2	Levothyroxine	Tablet 12.5 mcg	per Tablet	1.30	1.26
90	21.7.2	Levothyroxine	Tablet 25 mcg	per Tablet	1.25	1.22
91	21.7.2	Levothyroxine	Tablet 50 mcg	per Tablet	0.94	0.91
92	21.7.2	Levothyroxine	Tablet 75 mcg	per Tablet	1.24	1.21
93	21.7.2	Levothyroxine	Tablet 88 mcg	per Tablet	1.46	1.42
94	21.7.2	Levothyroxine	Tablet 100 mcg	per Tablet	1.14	1.11
95		Levothyroxine	Tablet 125 mcg	per Tablet	1.46	1.42
96	21.7.2	Levothyroxine	Tablet 150mcg	per Tablet	1.47	1.43
	21.7.2		Tablet 5 mg	per Tablet	5.07	4.93
97	23.2	Baclofen	Tablet 10 mg	per Tablet	9.83	9.56
98	23.2	Baclofen	Tablet 20 mg	per Tablet	13.54	13.17
99	23.2	Baclofen	Tablet 200 mcg	per Tablet	15.92	15.49
100	26.1.4	Misoprostol	Tablet 1000 IU	per Tablet	3.58	3.48
101	30.4	Cholecalciferol		per Tablet	23.87	23.22
102	30.4	Cholecalciferol	Tablet 60000 IU	per Tablet	5.34	5.20
103	30.6	Pyridoxine	Tablet 100 mg	per rablet	3.34	3.20

- 4. Agenda Item no. 4: Price fixation cases of new drugs which were launched in the market without applying for price approval under Para 5 of DPCO, 2013 from NPPA- (i) Hyoscine Butylbromide 10mg + Paracetamol 325mg Tablet manufactured by M/s Acme Pharmaceuticals and marketed by M/s German Remedies (A division of M/s Cadila Healthcare i.e. Zydus Cadila) and (ii) Methyldopa 500mg tablet manufactured by M/s Medibios Lab. Pvt. Ltd. and marketed by M/s Wockhardt Ltd.
- 4.1 The Authority discussed the case in detail and approved the retail price of Rs. 3.76/tablet for the tablet manufactured by M/s Acme Pharmaceuticals and marketed by M/s German Remedies (a division of M/s Cadila Healthcare i.e. Zydus Cadila).
- The Authority discussed the case in detail and approved the retail price of Rs. 4.46/tablet for the tablet manufactured by M/s Medibios Lab. Pvt. Ltd. and marketed by M/s Wockhardt Ltd.

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- 5. Agenda Item no. 5: Overcharging on Without Price Approval (WPA) case- Buscogast Plus Tablet.
- 5.1 The issue was discussed in detail. It was decided that the overcharged amount would be recovered from the company, after calculating overcharged amount [i.e. MRP (less local taxes/VAT) retail price fixed] plus interest. After deliberations, it was decided that as the company had filed application in Form I for price approval, penalty need not be levied from the company.
- 6. Agenda Item no.6: Guidelines regarding identification & initiating action for recovery in cases of Overcharging by companies under DPCO, 2013.
- 6.1 The Agenda was discussed in detail. The Authority approved the draft guidelines with the following modifications in the guidelines as detailed below:-
 - 5 (c) If the company has not responded to the show cause notice, NPPA after issuing one reminder giving another 15 days shall fix the price of such medicine and calculate the overcharged amount based on the differences between the prices. A penalty amount not less than 100% of the principal amount shall necessarily be imposed in such cases and demand notice be issued, giving 30 days time to deposit the money.
 - 5 (d) However, if the company had applied to NPPA as prescribed and the price fixation was pending at NPPA, a lower penalty or its waiver may be considered on case to case basis.
 - 5(e) If the company fails to deposit the money within the stipulated time and does not respond to NPPA, a recovery certificate to concerned Collector will be issued; and NPPA will start prosecution of the company under section 7 of the E.C. Act, after issuing a pre-prosecution notice giving 15 days' time to the company to respond.
 - 6(c) In all test sample purchase cases, NPPA shall also take action against concerned retailer under para 26 or 27, as the case may be, for over- pricing.
- 7. Agenda Item no.7: Any other item with the permission of Chair.

(a) Shortage of Human Albumin

Major pharmaceutical companies producing human albumin had earlier raised issue regarding non-availability of plasma at the prescribed rates resulting in decreased production of human albumin. It was decided that Ministry of Health and Family Welfare (MoHFW) may be requested to issue necessary instructions to blood banks for ensuring availability of plasma at reasonable rates.

It was also decided that M/o Health & Family Welfare/M/o Commerce may be requested to initiate suitable steps for stopping the export of human albumin till such time the issue of shortage of human albumin is addressed.

(b) Shifting of Scheduled formulations to Non-scheduled formulations due to amendment of Schedule-I of the DPCO, 2013

(i) The Authority took note of S.O. 644(E) dated 02.3.2016 whereby NPPA notified the revised ceiling prices of 530 scheduled formulations, after applying WPI of (-) 2.7105%; and (ii) notification no. S.O. 701(E) dated 10.3.2016 of Department of Pharmaceuticals (DOP) whereby the Schedule-I of DPCO 2013, has been revised.

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Authority, after detailed discussions took the following decisions in respect of the new on-scheduled formulations:-

- a. Reference date for price revision for any non-scheduled formulation is the date succeeding twelve months of last notified ceiling price or last revised MRP (in case of those formulations being sold at sub-ceiling prices), as the case may be.
- b. Reference date of transition from scheduled to non-scheduled category in respect of these formulations is 10.3.2016. Last ceiling price as notified on 02.3.2016 for such formulations (or sub-ceiling price with corresponding reduction due to decline in WPI, as per paragraph 16(4) of DPCO, 2013), shall be kept frozen and maintained as MRP for twelve months from 01.4.2016 by the manufacturers of such formulations; and thereafter increase upto ten percent in MRP will be allowed as per paragraph 20 of DPCO, 2013.

(Dr. Sharmila Mary Joseph K)

Member Secretary