

F. No. 8(64)/2019/DP/NPPA/Div.II
भारत सरकार
Government of India
रसायन और उर्वरक मंत्रालय
Ministry of Chemicals & Fertilizers
औषध विभाग
Department of Pharmaceuticals
राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण
National Pharmaceutical Pricing Authority

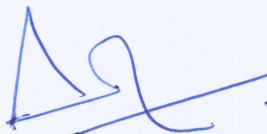
तीसरी/पांचवी मंजिल 5th / 3rd Floor,
वाई.एम.सी.ए. सांस्कृतिक केन्द्र बिल्डिंग
YMCA Cultural Center Building,
1, जय सिंह रोड, नई दिल्ली-110001
1, Jai Singh Road, N. Delhi - 110001.
दिनांक :- 06.03.2019

OFFICE MEMORANDUM

Subject: Trade Margin Rationalisation of select Non-scheduled Anti-Cancer Drugs under Paragraph 19 of DPCO, 2013.

National Pharmaceutical Pricing Authority (NPPA) vide Order SO No. 1041(E) dated 27.02.2019 put a cap on Trade margin of 30% on selling price for the non-scheduled Anti-Cancer formulations containing any of the 42 drugs listed thereof by invoking paragraph 19 of DPCO, 2013.

2. The NPPA also directed manufactures to provide the revised MRP of their formulations in Annexure I (details of PTS and MRP arrived for formulations by using the formula prescribed) of Order dated 27.02.2019 in respect of the non-scheduled formulations containing drugs as per Table B, irrespective whether there is any change in MRP or not, by 6th March, 2019, under paragraph 9(2) of the DPCO, 2013.
3. In addition to the Annexure I of Order dated 27.02.2019, the manufacturers are hereby directed to furnish the information in Annexure : II by 6th March, 2019.
4. The information sought in Annexure : I and Annexure : II may also be e-mailed to amarpal.sawhney@nic.in and prakash.hemani@gov.in.


(Amarपाल Singh Sawhney)
Director (Pricing)

ANNEXURE : II

Format for submission of Pre-revised MRP and MAT Quantity by the manufacturer

1. Name and address of the manufacturer / importer / distributor.

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

Sl. No	Formulation				Composition approved by Drug Control Authorities	Pack Size	MAT Quantity for 2018	Maximum Retail Price before revision (incl. of GST) (Rs.)
(1)	(2)				(3)	(4)	(5)	(6)
	Drug	Strength	Dosage Form	Brand Name				

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 Organisation/person: