No. 31026/104/2015-PI-II
Government of India
Ministry of Chemicals & Fertilizers
Department of Pharmaceuticals

Shastri Bhawan, New Delhi
Dated the 7th March, 2016

To
As per list attached.

Subject:- Report of High Trade Margin-seeking comments-regarding:-

Sir,

I am directed to refer on the above mentioned subject and to say that there has been various representations on High Trade Margin being paid by the manufacturers which leads to the increase in prices of medicines especially with regard to generic. The government had constituted a Committee to look into the issue. The Committee has since been submitted its report. A copy of the same is enclosed.

2. You are requested to provide your comments latest by 7th April, 2016 positively failing which it would be presumed that you agree with the recommendations.

Encl: As above

Yours faithfully,

(Raj Kumar)
Under Secretary to the Government of India
Tel. No. 23071162
Email-uspi3-pharma@nic.in

Copy to:- Director (NIC) with the request to upload the above mentioned report on departments website urgently.

REPORT OF THE COMMITTEE ON HIGH TRADE MARGINS IN THE SALE OF DRUGS

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COMMITTEE TO CONSIDER HIGH TRADE MARGIN ISSUES

Department of Pharmaceuticals vide OM No 31016/8/12-PI-I dated 16th September, 2015 and amendment thereto dated 2.11.2015 constituted a committee with specified Terms of Reference. The Committee, after due deliberations and consultations, submits its report on this 9th day of December, 2015.

A.K. Sah
(Member Secretary)

A.K. Khurana
(Member)

Sudhansh Pant

Sudhansh Pant
(Chairman)

Acknowledgement

I congratulate the Committee for completing the report on the issue of trade margin in the sale of medicines. For bringing out this report the Committee has had a series of meetings with various stakeholders. The report thus incorporates the valuable input given by the industry, the NGOs, the trade associations, the Officers in the Department of Pharmaceuticals, National Pharmaceuticals Pricing Authority(NPPA).NPPA has done a very good job in assisting the Committee with updated facts, data, figures etc.

I appreciate the work of Shri Jagdish Kumar, Ex-Director(NPPA) who was associated with the committee as member till the date of his retirement i.e. 31.10.2015. He has been a source of valuable input as a pharma expert. Shri Jagdish enriched the report with his valuable suggestions, facts and figures.
I also appreciate the work of Officers of the Department- Shri R. K. Maggo, Director, Shri Atul Kumar Chaudhary, Director, Shri Rajkumar, Under Secretary, Shri pradeep K. Gawande, Assistant Secretary who rendered their advice and guidance whenever required while writing the report.

I may make special mention of Shri R.K. Maggo, Director whose long experience in handling the pharma matters in the Department was utilized by the Committee in bringing out this report. Shri Maggo has always been a source of rich knowledge and a guiding force to complete the report. His practical experience in handling the pharma matters, his administrative acumen really helped a lot in bringing out this report. I congratulate Shri Maggo for the commendable service rendered by him.

Sudhansh Pant
(Chairman, Committee on Trade Margins)

GOVERNMENT OF INDIA

MINISTRY OF CHEMICALS & FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

Report of the Committee constituted to consider the issue of high trade margins

Background

1.Setting up of a Committee to look into high trade margin issues.

In order to examine specific cases of high trade margins referred to the Ministry through various channels, a Committee under the chairmanship of Shri Sudhansh Pant, Joint Secretary (Pharma) was constituted on 16th September, 2015 to compare the prices of trade generics and regular channels of marketing and to give its recommendations. A copy of the order along with its amendment is at **Annexure I.** The terms of reference of the Committee were:-

i) What is the percentage of trade generics compared to regular channel sales
ii) To what extent is the practice unethical
iii) To what extent are consumers adversely affected in the trade generic segment compared to regular trade channels
iv) To what extent is declaring stockist price anti-competitive
v) Whether the Government should control MRPs in trade generics
vi) Whether fixing trade margins by the Government will be anti-competitive

2.Definitions of the terms used in the Report.

I) Branded generics:- Drugs which are produced/marketed by the companies under their registered brand names/trade marks but their active pharmaceutical ingredients or process of manufacturing are not patented by them.

II) Distributor / Stockiest:- A person or a company in the pharmaceutical trading business which acts as a channel between the Trading/ marketing company or its C&F agent and the wholesaler or sub-stockiest.

III) Drug :- As defined in Drugs and Cosmetics Act, 1940 as amended from time to time.

IV) Ethical:- Being in accordance with the rules or standards for right conduct or practice, especially the standards of a profession.

V) Generic Medicines:- Drugs which are sold in the name of API without a brand name.

VI) MAT – Moving Annual Turn Over for the last 12 months.

VII) Non-Scheduled medicines:- Drugs/medicines which are not covered under the category of scheduled medicines (except Ayurvedic, Unani, Homeopathy etc.)

VIII) Price to Trade (PTT) – The price at which the manufacturer/ marketing company will sell the drug to the first point in the Trade which is the Distributor/Stockiest. In the case of imported drug, Price to Trade would mean Price to the Distributor.

IX) Scheduled drugs/medicines :- Drugs/medicines as mentioned in Schedule I to Drug (Price Control) Order , 2013 (DPCO, 2013).

X) Trade Margin –The difference between PTT and MRP of the drug.

XI) Wholesaler or Sub-stockiest:- A person or a company in the pharmaceutical trading business which acts as a channel between the distributor/ stockiest and a retailer or a chemist.

XII) Unethical – Not being in accordance with the rules or standards for right conduct or practice, especially the standards of a profession.

3.History of Drug (Prices Control) Orders (DPCOs).

Drug (Prices Control) Order (DPCO) was issued for the first time in the year 1970 and thereafter in 1979, 1987, 1995 and 2013. All DPCOs except DPCO, 2013 were cost based where the retail prices/ control prices were fixed by applying costing formula to arrive at a manufacturing cost with post manufacturing expenses. Generally, the price control was at the manufacture /import level for the scheduled drugs only. Margin to manufacturer in the scheduled category under the previous DPCOs were as under:;

S. No.	Details	DPCO, 1970	DPCO, 1979	DPCO, 1987	DPCO, 1995	DPCO, 2013
1.	No. of bulk drugs under scheduled category	18 essential bulk drugs increased to 31 in 1977	347	142	76 (reduced to 74)	NLEM (628 formulations with specified dosage and strength.)
2.	Price control	Cost based all formulations	Scheduled formulations three categories.	Scheduled formulations two categories	Scheduled formulations	Scheduled formulations
3.	Mark-up/MAPE	75%, 100%(for new technique) 150%(new active ingredient) (mark-	45%, 55% and 100% (mark-up)	75% and 100% (MAPE)	100%(MAPE)	Market based – simple average formula

		up)				
4.	Trade margin	Wholesaler 2% Retailer 12% (ethical) and 10% for (non-ethical) drugs. (calculated w.r.t retail price) **For all drugs.**	Wholesaler 2% Retailer 12% (ethical) and 10% for (non-ethical) drugs.(calculated w.r.t retail price) **For all drugs.**	Retailer margin 16%.(calculated w.r.t retail price) **for price controlled drugs only.**	Retailer margin 16%.(calculated w.r.t retail price) **for price controlled drugs only**	Retailer margin 16%. Added to average price to retailer. **for price controlled drugs only**

Bulk Drugs including its salts, esters, derivatives and stereo-Isomers, if any.

Mark-up includes distribution cost, outward freight, promotion expenses, manufacturer's margin and the trade commission.

MAPE means Maximum Allowable Post Manufacturing Expenses and includes all costs incurred by a manufacturer from the stage of ex- factory cost to retailing including trade margin and margin for the manufacturer.

4.DPCOs 1970 and 1979 – Retail price which is akin to MRP was fixed by the manufacturer under DPCO, 1970 for all drugs based on manufacturing cost. Though initially under DPCO, 1970 issued on 16 May, 1970, a combined trade margin for all intermediary levels between manufacturer and retailer including retailer was fixed but through an amendment on 11th January, 1971, separate trade margins for wholesalers and retailers were fixed. This was followed under DPCO, 1979 also. This applied to all the formulations.

Under DPCO, 1970 and 1979, the cost plus method allowed "Mark Up" i.e. to cover manufacturer's profit also. DPCO 1987 and DPCO, 1995 provided for MAPE i.e. Maximum Allowable Post Manufacturing Expenses to cover all costs incurred by a manufacturer from the stage of ex- factory cost to retailing including trade margin and margin for the manufacturer. This applied to only scheduled formulations.

DPCO, 1987 onwards neither the prices nor trade margins in the case of non-scheduled medicines were fixed. Manufacturers were allowed to fix their own prices but the annual increase in non-scheduled medicines was restricted under DPCO, 1995 and also in DPCO, 2013.

Under DPCO, 2013 there is a paradigm shift from cost based pricing to market based pricing. Previous DPCOs stated that "no manufacturer, distributor or wholesaler shall sell any formulation to a retailer unless otherwise permitted under the provisions of this order or any order made thereunder at a price higher than the retail price minus 12% in the case of ethical drugs and minus 10% in the case of non-ethical drugs." "A manufacturer, distributor or wholesaler shall sell a formulation to a retailer, unless otherwise permitted under the provisions of this order or any order made thereunder, at a price equal to the retail price, as specified by an order

or notified by the Government (minus excise duty, if any) minus 16% thereof in the case of scheduled drugs". Under para 4 of DPCO 2013, 16% margin to retailer is added on average Price to Retailer (PTR) while calculating the ceiling price of scheduled formulations. Further para 7 of DPCO, 2013 states "While fixing the ceiling price of scheduled formulations and retail price of new drugs, 16% of price to retailer as a margin to retailer shall be allowed." DPCO, 2013 does not enshrine upon the manufacturer any responsibility with regard to trade margins. They are factored in by the Government by adding 16 per cent on the average price to retailer while fixing the ceiling/ retail prices.

5. **Nuances of Drug Price Control Orders with reference to Trade Margins.**

A perusal of the above will show that right since inception, issues of trade margins have remained in focus. Initially, wholesaler and retailer margin was fixed but subsequently Government tried to lift controls on upstream margins and wholesaler margin was not specified in the later DPCOs. Under DPCO, 2013 except for adding margin to price to retailer while fixing ceiling/retail prices, DPCO, 2013 does not specify any other trade margins to be paid by the manufacturer or trader.

6. Representations.

Various representations and complaints have been received relating to high trade margin to retailers. It is alleged that there is a huge difference between the sale price of the company to the distributor/wholesaler and the MRP printed on it. Exorbitant MRP is printed which causes distortion of price in the market. The representations along with the drug names mentioned therein are placed at **Annexure II**. It is alleged that the trade margin allowed to the retailers goes up to even 1800% or more.

Further, in the case of M/s Ranbaxy Laboratories Ltd. V/s State of Haryana and another, it was alleged that the medicines under the name "STANHIST" IS SOLD TO AUTHORISED DEALERS AT THE RATE OF Rs.2 per strip of 10 tablets. The said dealer further sells the medicine to retailers for Rs.2.45 and the MRP as printed on the 10 tablet strip is Rs.26/-. The Hon'ble Court noted as under:-

"Before parting with the judgement, it has to be noticed that although the petitioner is allegedly selling the drug in question to the consumers at about 900% of the reasonable price of the drug, but there appears to be no legal provision in force to save the consumers from such naked fleecing of the consumers by the petitioner or other drug manufacturers by over – pricing the drug to such an extent. It is surprising that no remedial or ameliorating step has been taken either by State or by Union of India in this regard. The court hopes that now at least the concerned authorities shall wake up and shall take some remedial step to save the consumers from such fleecing." .

National Pharmaceutical Pricing Authority (NPPA) has also received a number of complaints including many through the Centralized Public Grievance Redress and Monitoring System (CPGRAMS). It was alleged that many reputed companies appear to be resorting to this practice apparently to push their generic versions of medicines produced directly through the retail channels which is different from the normal distribution channel, which is prescription based or doctor driven. Price lists of some big companies showing their sale price in the trade channels and MRPs printed on them are at **Annexure III**. Representations were also received through the Hon'ble Minister of State (Chemicals & Fertilizers) alleging that trade margins ranged from 300% to 5000%. Hon'ble Minister had also directed to examine the entire issue in detail and propose suggestive steps.

7. Legal Opinion on Trade Margins during the year 2000.

The issue of regulating 'trade margins' concerning non-scheduled formulations without fixing the common or maximum prices was referred to the Ministry of Law even during the year 2000 which opined as under:-

> " In the instant case, since the formulations are similar, the issue relating to control of trade margin without fixation of prices of the non-scheduled formulations by the Government will have to be decided by applying the same principle, otherwise it will be treated discriminatory for violations of the Right to Equality under Article 14 of the Constitution.

7(b) Legal Opinion in October, 2007.

The matter was again referred to the Ministry of Law during the year 2007. Department of Legal Affairs, inter alia, stated that the "objective is very clear, firstly to provide drugs at an affordable price to the consumer and secondly to control unfair high trade margins that are being charged by the retailers by way of putting a ceiling. Hence, the proposal of the Department is in consonance with Art.14 of the Constitution. The Department is, therefore, free to adopt any mode of price fixation as they consider fit in the prevailing circumstances. Hence, we may concur with the aforesaid proposal of the Department to amend the DPCO, 1995. The view thus recorded by this Ministry vide note dated 4.9.2000 stands modified.'

Subsequently, the issue was discussed with the officials of the Department of Legislative Affairs and it was advised by them that instead of providing specific rates of margin for branded and generic medicines, it would be better to amend the existing para 19 (2) of the DPCO 1995 to give power to the Government to fix price to wholesaler or retailer for all the formulations

and subsequently, as the need arises administrative orders under DPCO can be issued.

8. Sandhu Committee.

On 19th August, 2004 a Committee under the Chairmanship of the then Joint Secretary, Department of Chemicals & Petro-Chemicals, Shri G.S. Sandhu, was constituted to examine the span of price control (including trade margins). The committee in its interim report, inter alia, suggested as under:-

i) As regards trade margins, the Committee felt that the present norms for Scheduled Drugs should continue i.e. 8% for wholesalers and 16% for retailers. In case of non-Scheduled Drugs, the Committee recommended trade margins of 10% for wholesalers and 20% for retailers for the branded category of drugs and higher margins of 15% and 35% for wholesalers and retailers respectively for the unbranded generic drugs. These margins would be inclusive of various trade discounts offered by industry to dealers. However, modalities of implementation need to be worked out in consultation with NPPA and Industry.

ii) The Committee recommended that NPPA should have an efficient mechanism for interaction with State Drug Controllers and with the Consumer Organizations, NGOs and industry organizations. It has also been recommended that strengthening of NPPA and simplification of its procedures should be undertaken.

iii) While submitting its interim report, the Committee noted that the issue is being examined from the legal angle. There is also need to scrutinize current provisions of DPCO and suggest needed changes.

9. NPPA meetings with Industry and Trade

NPPA held a meeting with the representatives of some top pharmaceutical companies and representatives of pharmaceutical traders on this issue on 2nd July, 2015. Minutes of the meeting are at **Annexure IV**. During the meeting it was pointed out by the companies that high trade margin is allowed in the sale of trade generics where marketing expenses are passed on to the retailers. Companies allow trade margin to the retailers to create interest to enable sale of these medicines in remote areas and thus these medicines increase the market outreach, availability and accessibility. Companies thus pointed out that the supply channel for these drugs is different from the normal distribution channel followed for branded medicines. Retail margin in trade generics is also higher due to the fact that no return from retail on account of expiry and breakage is accepted i.e. such medicines are sold on non- returnable basis except on quality issue. Trade generics constitute only a miniscule part of the overall pharmaceuticals market.

10. Consultations by the Ministry with NPPA

Secretary, Department of Pharmaceuticals has also taken meetings on 16.07.2015 and 04.08.2015 with Chairman, NPPA, minutes of which are at **Annexure V**. NPPA's suggestions received during the meeting with Secretary, Department of Pharmaceuticals and also through correspondence are summarized below:-

- Dual margins suggested by Sandhu Committee may not be feasible as generic medicines as defined in DPCO, 2013 are hardly found in the retail market.
- De-branding of single ingredient generics as DCGI issues licenses in generic names.
- Amendment in Form V of DPCO, 2013 to add "price to stockiest"
- Adding para 7(2) to regulate trade margins i.e. "No manufacturer is allowed to give margin to the retailer exceeding the margin specified in sub paragraph of this para"
- Calibrated margins for non-scheduled medicines and regulation of whole sale margin.

11. Consultations in the Ministry on 14.08.2015 with industry and trade and also with Trade Associations on 12.10.2015

(a) Traders

- The general view of the traders' was that their margin should be increased from 16 to 20% in the case of scheduled medicines.
- They had no reservations on controlling the higher trade margins per se.
- They retain only 8% for wholesalers and 16% for retailers for NLEM/scheduled medicines and 10% and 20% for non-scheduled medicines. In generic-generic medicines, traders get a maximum of 35% margin.
- Generic business is only about 10% to 14% of which 7-8% is dispensed directly by the Doctors.
- Traders supported the idea of capping the margins.
- However, small scale industry may get affected as traders might not push less popular brands.
- Availability will generally not be affected.
- High value medicines such as cancer are generally sold directly by the companies through the doctors, therefore, calibrated margins will not affect them.
- They insisted for 10% and 20% margin for wholesalers and retailers respectively in the ethical product segment while 15% and 35% in the generic segment.
- They insisted on authorizing the traders to substitute drugs which will create competition and eventually bring down the prices.

(b) Industry

- A copy of the presentation of NPPA is at **Annexure VI**.
- Comments of the Industry are annexed at **Annexure VII.**

Summary of the points raised by the industry are as under:-

(b)(i)Debranding

- Industry has generally opposed de-branding medicines on the ground that Drugs & Cosmetic Act and Rules and regulations thereunder do not define generic.
- In USA, Europe, U.K., Japan, etc. a pharmacy is run by Form D/MS in Pharmacy qualified pharmacist/drug experts.
- While in India, pharmacists are less qualified and most of the times are diploma pharmacists.
- Even the pharmacists are not aware of the differences between similar sounding or similarly spelt generic drugs.
- Any disturbance of the same can lead to severe shortage of medicines and gravely affect the availability of essential medicines.
- Different brands of even single ingredient medicines may have differences in formulation/drug delivery system that could have varied impact on the patient.
- The choice of dispensing will shift from physicians to the pharmacy and quality may be compromised.
- Ban on trade names is violative of Article 19(1)(g) of the Constitution of India.
- DCGI has clarified in the Madras High Court by way of an affidavit that State Licensing Authorities (SLAs) will give licenses in generic

names/proper names of drugs and that the manufacturers are free to put their brand names on the labels.

(b) (ii) Trade generics and trade margins

- It was further argued that higher trade margins are required to cover logistics and distribution costs. Generally, higher MRPs are marked in case of trade generics.
- Trade Generics business is a separate channel.
- It is a medium to reach rural, backward/remotest parts of the country/ dispensing doctors.
- This compensates for the promotion activities.
- Higher margins do not result in high prices and there is no price increase to the consumers.
- It will increase the prices in ethical market as traders will start demanding more margins.
- Closing this channel will lead to non-availability of medicines in rural and remotest areas.
- It will mostly affect SSI/MSME units.
- Fixing margins is deemed to be anti- competitive.
- Trade generics and generic-generic constitute a fragment of the total market. Regulating trade margins will be against the competition law as it will compromise competition in the market place.
- Market of trade generics constitutes only about 10% of the total market.

(b)(iii)**Calibrated margins**

- Calibrated margins are not in line with the spirit of DPCO, 2013.

- High priced medicines need higher investments in working capital like inventory and will lead to a tendency among the trade to stock less of such items and can lead to shortage of medicines.

(b)(iv) Volume of generic medicines –

There are different opinions on the volume of generic medicines. Some companies have stated around 1% others between 1-5%. IDMA has stated that the total turn-over of this segment is approximately 5-6%. However, during the meeting with the Traders on 30.09.2015, it was informed that the volume is between 8-15%.

(c) Civil Society

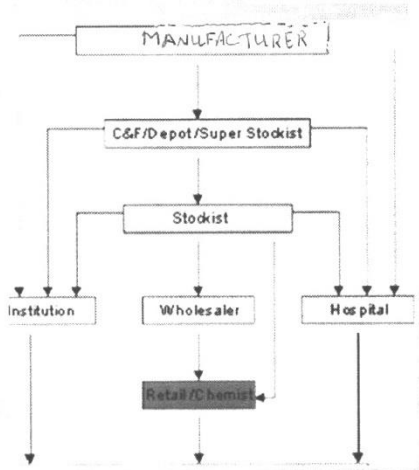
- Similar formulations might differ in price because of several reasons concerning quality, Good Manufacturing Practices and Good Distribution Practices.
- Market forces should encourage competition.
- Improving accessibility to medicines is very important.
- Adoption of Uniform Code of Pharmaceutical Marketing Practices (UCPMP).
- Cover all medicines instead of trade generics which only account for 6-7% of the total market.
- Specific issues of access and affordability in rural areas need to be examined.
- Regulate top selling formulations/molecules.

(d) Competition Commission of India (CCI) unless there is a strong justification on the grounds of public policy, any kind of fixation of trade margin and the price is considered anti- competitive.

12. Analysis of the Issue.

(a) Channels of distribution/ Trade Channels

Generally the following channel of drug distribution is followed by pharmaceutical Industry:-



1. A Manufacturing company may be different from a Marketing / Trading company. Where the manufacturer undertakes marketing activities, they have separate manufacturing and marketing Divisions.
2. The manufacturer sells the medicines to the Marketing/ Trading Company.
3. From the Trading Company's Godown, goods are transferred to the C&F agent against Form F and no VAT is charged.
4. The C&F agent acts as a custodian only as per the agreement between the company and him. Drug Licence and TIN no is

obtained in the name of the Trading company. All invoicing is done on the Trading company's name and cheques are also collected on the Trading Company's name against each respective invoice.

5. From the C&F agent, goods are invoiced to approved distributors / stockists of the company against their respective order. VAT is charged as applicable.
6. Inter-State sale is done against Form C and 2% CST is charged.
7. The Company pays commission to C&F agent as agreed upon.
8. Total VAT charged local/ central is collected from Stockists/ Dealers and are deposited in Sales Tax Deptt. before 20th of subsequent month.
9. From stockists, goods are invoiced to wholesalers/ sub-stockists (tax invoice) and applicable tax is charged.
10. Sub-stockist/wholesaler sells the goods to retailer.
11. From retailer, drugs are sold to patients.

(The lower the distribution level the higher the trade margins as the volumes at lower levels are lesser)

In the present era of specialization, there are certain manufacturers who are into the business of only manufacturing for which licence is issued by the State Drug Licencing Authority (SLA). They do job work for the clients/ traders and produce as per orders received by them. There are others who are both into manufacturing and marketing. They sometimes, depending upon the capacity utilization also do job work. There is a Loan Licence business too, where the entire or part of the manufacturing capacity is leased to another party.

However, in trading only two types of licences are issued by drug authorities i.e. whole sale and retail. Under the whole sale license, the business of C&F agents, Distributor, sub- stockist and wholesaler etc. are carried on. Printing of MRP is done at the manufacturing stage generally as desired by the marketing company. If the trade margins are to be capped with reference to the price to wholesaler, the margins may shift to the upper levels of the trade chain i.e. stockist or distributor or even to the trading company. **It is therefore proposed to cap the trade margin at the first trading level i.e. from C&F to the distributor /stockist level**. It is for the trading company to provide trade margins at different levels below as per his marketing strategy.

12 (b) Who fixes the MRP

As there is no control on the MRP, it is printed by the manufacturer if he is also marketing the medicines and in other cases on the advice of the trading/marketing company. Based on the MRP, sale strategy is worked out by the trading/ marketing company.

12(c) What should be the base price for deciding MRP

The reason behind printing higher MRPs is that there is no regulation of MRP or trade margin under the present DPCO except in the case of scheduled medicines. If trade margin is prescribed vis-a-vis wholesaler, there will be scope to manipulate at one level higher. **As the printing of MRP is done at the manufacturer's level, trade margin should be decided vis-a-vis price to first level of trade i.e. the trading company/C&F price to distributor.** For example, if a drug is sold at Rs. 25/- per tablet/injection/ampule/bottle etc. and the upper margin notified by the Government is 50% then the retail price should

not exceed Rs. 50/-. It is for the trading company to print any retail price upto or below Rs. 50/-. The onus of ensuring price cap should remain with the trading company and manufacturer jointly and severally. **Thus, instead of controlling MRP, the Government should only cap the Trade Margins.** Instead of giving fixed margins at every stage of trading, the Government should consider capping the overall trade margin, thus giving a level playing field to every trade channel. Industry should have the liberty to decide intra-trade channel percentages. However, the Government should continue to provide 16% margin to retailer for the purpose of calculating ceiling price under para 4 of DPCO, 2013.

12(d) Difference between margin and profit.

While the profit is calculated with reference to the purchase price, margin is calculated backward from the sale price. Trade margins in the pharma industry are calculated on the selling price. The committee is of the view that the cap on trade margin should be calculated backwards with reference to the retail price (MRP). It should not be as a mark-up with reference to the Price to Trade (PTT). Ceiling rates of margins to the trade may be reviewed and notified by the Government from time to time.

12(e) Effect of higher MRP

The trader gets bargaining leverage and when he is able to sell at the printed MRP, he gets a higher trade margin. Higher MRP therefore provides an incentive to the retailer to sell those brands which have higher MRP printed on them. The patient is always at the receiving end. He cannot decide the bargaining level and most of the times he is guided by the printed MRP. Thus high MRP's is a tool to cheat the helpless consumer.

12(f) Enormity of higher MRP

Higher MRP's are generally in non-scheduled medicines as there is no control on the launch price and also there is no ceiling price. However, it is not restricted to only non-scheduled formulations and the problem is across the board i.e. scheduled, non-scheduled, branded- generics and generics. Though, in the scheduled category the ceiling/retail price has also to be adhered to.

There are 22 medical devices which have been declared as drugs under the Drugs & Cosmetics Act, 1940. Out of these 22, only two (IUD and Condom) are in the NLEM, 2011 and hence included in Schedule–I of the DPCO-2013. Others are in the category of non-scheduled and hence at present no ceiling price is fixed by the Government. A study conducted by NPPA shows that the MRPs of stents and other orthopaedic implants are also inflated as there is no regulation to control their MRPs.

12(g) Traders Point of view

From the consultation with the Trade and Industry, it is seen that trade associations are not opposed to regulating trade margins provided a reasonable margin is allowed to them. Industry is opposed to it on the ground that trade generics is a separate marketing channel and fixation of trade margins may affect supplies in rural and remote areas and may also affect the small scale Industry. Higher trade margin in trade generics covers supply and distribution costs and also obviates the hassles to the companies for return of expired medicines.

The arguments of the industry do not seem to have merit as there is no principle in the trade suggesting which segment (branded-generic or generic) should have a higher MRP and which segment should have a lower MRP. In some cases, it is seen that the MRP of generic medicines is even more than that of the branded generic medicines in the same segment e.g. Nandrolone injection 50 mg (generic name) of M/s Alkem is sold in a generic name with an MRP of Rs. 185/-. The same drug in the brand name of Decapic of M/s PCI Pharma has an MRP of Rs. 14.25 while Metadec brand of M/s Jaksonpal Pharma is having an MRP of Rs,. 260/-. Likewise, Piroxicam (generic) 20 mg tablet (10s) of M/s Alkem is having MRP of Rs. 43 (10s) vis-a-vis Doloswift brand of M/s Indswift Lab which has an MRP of Rs. 3.75 and Piroever brand of M/s Akumintis is sold at Rs. 85 for 10s. Thus pricing of drugs especially generics can be very arbitrary if there is no cap on the margins.

High Trade margins are not specific to a particular type of drug. It is generally prevalent in non-scheduled drugs due to historical reasons but abnormally high margins have also been observed in scheduled drugs. In the scheduled drugs, they are under the over-all ceiling fixed under DPCO, 2013. It, therefore, defies the claim of industry that higher trade margins in generics are to cover trade and promotion charges. The selling expenses in generic drugs which are sold without medical representatives and without any other market channel cannot be higher than the ethical market through doctor prescription channels. There is thus no principle governing the MRPs primarily because there is no control on trade margins except in the case of scheduled drugs where ceiling/retail price is fixed by the Government. Fixing the MRP is, therefore, free for all and largely arbitrary in which the consumer is the net loser.

12(h) Whether the Government should control MRPs in trade generics and whether fixing trade margins will be anti-competitive.

Trade margins are for the industry to decide. It is neither the desire nor is it possible for the government to interfere in the day to day business activities of the industry. Government is, however, committed to **saving the consumers from such naked fleecing** as rightly pointed out by the Hon'ble Punjab & Haryana High Court. Consumer protection is, however, an area where the Government has to regulate especially in the knowledge based industry like drugs where the consumer has little choice. The consumer is guided by the prescription / medicine dispensed by a doctor. He has to pay as per MRP, with or without discount. None of the DPCOs had capped MRP which is the guiding factor/ purchase price for the consumer. There are no laws which control MRP/ trade margin. Capping of trade margins is therefore necessary. The Committee recommends that intra trade margins to be decided by the industry subject to a cap to be notified by the Government from time to time. It does not violate provisions of Competition Act, 2002 since margins are not being fixed but only an upper cap or ceiling is being prescribed.

12(i) Moving Annual Turn Over (MAT) Value for high price and low price formulations.

An analysis of different MRPs has shown that the MAT value is directly proportionate to the MRP i.e. higher the MRP's the higher the MAT value and lower the MRP's the lower the MAT Value. On analysis of the data at **Annexure VIII**, the Committee is of the view that capping the trade in lower value drugs will persuade the traders to shift to higher value products. In either case, the fixed costs and post manufacturing expenses i.e. salary of the Medical Representatives, transportation, storage, office staff, labour cost etc. remain

the same. The Committee apprehends some shortage of low value formulations if a uniform cap on trade margins is prescribed. Therefore, the cap on trade margins should be higher for lower value drugs and lower for higher value drugs.

12(j) Need for capping trade margins

Considering the number of complaints received and also the judgment of the Hon'ble Punjab & Haryana High Court giving a call to the Government to wake up to save the general public from naked fleecing by the manufacturers/ traders, it is felt necessary to fix an upper cap on trade margins or so to say rationalize the MRPs. Thus there will be no restrictions on the competition as only the upper limits are being prescribed. Trade channels can, however, provide any margin at any level subject to the overall limits notified by the Government from time to time.

12(k) Availability

A general concern has been shown by Industry, Trade and Civil Society about availability of medicines especially in rural and remote areas. Statement of MAT value and its percentages at **Annexure VIII** show that the cumulative value of medicines with MRP of Re. 1/- and upto Rs. 2/- is Rs. 4737.24 crores which is 5.19% of the total MAT value of all drugs sold. Capping trade margins of low cost drugs may affect their availability as the traders may shift to costlier drugs having more profit in absolute terms which will better enable them to cover distribution and selling costs. It will not be out of place to mention here that as per the Pharmaceutical Pricing Policy introduced in 2002, all the drugs where the unit price did not exceed Rs. 2.00 were to be excluded

from the ambit of price control. The copy of the relevant part of the Policy is at **Annexure IX**.

Similarly, if high cost drugs are given the same trade margin as is given to other lower priced drugs, the absolute margins compared to the Price to retailer will be exceptionally high. It is, therefore, proposed to balance the low cost and high cost drugs through graded upper caps on margins.

12(l) Bonus Offers or Freebies

During discussions by the Committee with various stake holders, it has come to notice that the capping of trade margin is likely to be circumvented by providing bonus offers or freebies. It is true that sometimes the manufacturers provide bonus offers to sell the older stock, (though within the expiry period and can be sold to the consumers within laws) at discounted rates or with bonus offers. The Committee does not intend to control the latter category.

13.Recommendations.

Recommendation No. 1:- The Committee recommends putting a cap on trade margins to control exorbitant Trade margins which fleece consumers.

Recommendation No. 2. - The Committee recommends trade margins of all drugs including stents and orthopedic implants, whether scheduled or non-scheduled, ethical or non-ethical, generic or branded generics need to be capped so that the fleecing of consumers may be avoided.

Recommendation No. 3 - The Committee recommends capping of trade margins with reference to the Price to Trade (PTT). Margins are to be calculated backward by putting a cap on them. It is for the industry to decide the intra-trade margins at different levels. In order to monitor PTT Form V of DPCO, 2013 may be amended suitably.

Recommendation No. 4. The committee recommends no cap on drugs, the retail price of which is upto Rs. 2 per unit i.e. per tablet, per capsule, per vial, tube, bottle, injection etc.

Recommendation No. 5:- The Committee proposes graded trade margins with reference to the Price to Trade (PTT) as under:-

Margin with reference to MRP per tablet, capsule, vial, tube, bottle, injection etc.

S.No.	MRP in Rs.	Maximum trade margin as a % of MRP	Mat value (Rs./crores)	Mat value %
1.	Upto 2	No capping of trade margin proposed.	4737.24	5.19%
2.	More than 2	50%	44,294.42	48.51%

	upto 20			
3.	More than 20 upto 50	40%	12,122.97	13.28
4.	Above 50	35%	30,156.11	33.03
Source: Pharmatrac data October, 2015.				

Committee does not recommend putting any cap on formulations with an MRP of upto Rs. 2/- per unit i.e. per tablet, capsule, vial, injection ,tube etc. so that the apprehension of small value formulations going out of market may be ruled out. There should be higher trade margin cap for lower value drugs and lower margins for higher value drugs.

Recommendation No. 6:- The benefit of any bonus offer freebies on fresh stock should be passed on to the consumer by revising the margins as mentioned in recommendation No. 5 proportionately. For example for a bonus offer of 1+1, the maximum trade margin in % terms will be halved. The fresh stock would mean the balance expiry period of which is not less than 75% of the expiry period mentioned on the pack.

Recommendation No. 7:- The Committee recommends addition of Para 7(2) in DPCO, 2013 as under:-

> "No manufacturer shall sell a drug to the Trade, unless otherwise permitted under the provisions of this order or any order made thereunder, the MRP of which exceeds the margins notified by the Government from time to time with reference to the price to trade."

14. Replies to the terms of Reference

i) **What is the percentage of trade generics compared to regular channels sales;**

The Committee has not come across any study on the quantum of trade generics. There are different opinions on the volume of generic medicines. Some companies have stated it to be around 1%, others between 1-5%. IDMA has stated that the total turn-over of this segment is approximately 5-6%. However, during the meeting with the Traders on 30.09.2015 it was informed that the volume is between 8-15%. However, based on the consultation with industry and trade it is believed that trade generics do not constitute more than 15% of the whole pharmaceutical market. Out of this, approximately 50% is consumed by dispensing doctors. In value terms, the total trade in this segment is likely to be in the range of Rs. 10,000/- crore annually, which is substantial.

ii) **To what extent is the practice unethical.**

Industry has said that the higher trade margins are to compensate for marketing costs which have been shifted from the manufacturer to the distributors as the intermediate channels are not involved in the generic business. Substituting drugs by traders to the patients with or without a prescription of doctors is unethical as traders are not authorized to sell medicines directly to the patients. This is not so in the case of dispensing doctors who account for approximately 50% of the trade generics sales.

iii) **To what extent are consumers adversely affected in the trade generic segment compared to regular trade channels;**

A comparison of the MRP of trade generics and their so called branded versions at Annexure VI shows that in some cases the **prices of trade generics are even more than their branded generic equivalents.** Thus the patient is adversely affected. The quantum of effect to the patient may vary depending upon his bargaining position or bargaining power or both. However, it is felt that consumers of generic medicines deserve a much better cost than that of the branded medicines. They are not supposed to be burdened by promotion charges which have not been incurred on the generic medicines purchased by him.

iv) **To what extent is declaring stockist's price anti-competitive;**

The Recommendation of the Committee is not to fix the stockist price or any other price but merely to fix an upper cap on the total trade margins where the traders/ manufacturers will have the liberty to allow variable margins within the overall ceiling. The Committee considered the factors mentioned under sub section (3) of Section 19 of the Competition Act, 2002 and noted that putting a cap on trade margins will not create any barrier for the new entrants nor would it drive existing competitors out of the market. It will not foreclose competition rather it will benefit the consumers by instilling confidence in them that they are not being fleeced or cheated by the traders. It is a right step in the larger public interest.

v) **Whether the Government should control MRPs in trade generics;**

Yes, the Committee recommends fixing an upper cap on trade margins not only in trade generics but in all the drugs albeit with abundant care so that availability of drugs may not be affected in the rural and remote areas and also such that small scale manufacturers who do not have their own marketing facilities are not adversely affected by the decision of the Government. It will put at rest any controversies regarding fleecing and alleged day light robbery by the pharma companies charging abnormal margins.

vi) **Whether fixing trade margins by the Government will be anti-competitive.**

The Committee does not recommend fixing trade margins, the industry is free to decide their margins. The Committee only recommends putting an upper cap on the magins so that the fleecing of the patients by the traders/manufacturers may be contained. There does not seem to be any violation of the Competition Act, 2002 as examined at (iv) above.

15.Suggestive steps before implementing the recommendations

In order to allay the fears of industry on the likely effect on small scale and medium scale industry and also on the availability of medicines in remote and rural areas, the Committee is of the view that before implementing the upper cap in the margins:-

1. The Law Ministry may be consulted on whether the action of the Government by putting an upper cap on the margins will be as per the constitutional provisions and also in line with the provisions of the Essential Commodities Act, 1955.
2. Appropriate amendments in Pharmaceutical Pricing Policy, 2012 need to be made.
3. NPPA is to be strengthened and the system of monitoring availability of drugs NPPA especially in remote and rural areas is made more effective. NPPA to also ensure that small scale manufacturers who do not have their own marketing facilities may not be affected by the decision of the Government.
4. DPCO, 2013 to be amended suitably. Rates of % of margin to trade to be reviewed and notified by the Government from time to time.
5. To consult the Competition Commission of India before implementing the decisions.
6. The Committee recommends that de-branding of generic formulations with single ingredient should be taken up with M/o Health and Family Welfare so that that drug trade in the country is in line with the international practices.

Xxxxx xxxxx xxxxx

(144)

2. Shri A.K. Khurana, Director (Cost), NPPA
3. Shri Bijon Misra, Consumer online Foundation
4. Shri S.V. Veerramani, President, Indian Drugs Manufacturers Association (IDMA), B-4/115 (2nd floor), Safdarjung Enclave, New Delhi-110029.
5. Shri Sudesh Kumar, Executive Secretary, Confederation of Pharmaceuticals Industries (CIPI),128, Lok Vihar Appts., Vikaspuri, New Delhi-110018.
6. Ms. Ranjana Smetacek, Director General,Organization of Pharmaceutical Producers of India (OPPI), Peninsula Chambers, Mumbai
7. Shri D G Shah, Indian Pharmaceuticals Alliance (IPA),A-205 Sangam, 14 B SV Road, Santacruz West, Mumbai 400 054.
8. Chairman, Competition Commission of India, Kasturba Gandhi Marg, New Delhi with the request to nominate an officer of appropriate level.

Copy to :

1. Chairman, NPPA
2. PSO to Secretary(Pharma)
3. P.S. to Joint Secretary (SP), Deptt. of Pharma

(143)

No.31016/8/12-PI.I
Government of India
Ministry of Chemicals & Fertilizers
Department of Pharmaceuticals
(PI.I. Division)
****

3rd Floor, 'B' Wing, Janpath Bhawan,
Janpath, New Delhi dated 02.11.2015

Office Memorandum

Sub:- Committee to consider High Trade Margin issues – reg.

The undersigned is directed to refer to this Department's OM of even number dated 16.09.2015 on the above mentioned subject constituting a Committee to examine specific cases of high trade margins referred to the Ministry through various channels.

2. It has been decided to revise the constitution of the said committee as under:-

(i)	Shri Sudhansh Pant, JS	-	Chairman,
(ii)	One Cost Expert	-	Shri A. K. Khurana, Dir (Cost), NPPA
(iii)	One representative from Competition Commission of India (CCI)		
(iv)	Shri A. K. Sah, US (AKS)	-	Member Secretary

3. As far as representation from CCI is concerned, CCI has regretted to be a member of the above said committee indicating that it would neither be appropriate nor desirable to have a representative of the market regulator in a Committee of this nature.

4. The Committee may have consultations with the Industry Associations, the Trade and the Civil Society as and when required.

This issues with the approval of Secretary (Pharma).

(R. K. Maggo)
Director
Tel No. 23752664

1. Shri A. K. Khurana, Director (Cost), NPPA.
2. Chairman, Competitition Commission of India, Kasturba Gandhi Marg, New Delhi.

Copy to:
1. Chairman, NPPA
2. PSO to Secretary (Pharma)
3. PS to Joint Secretary (SP)

2/11/15

ANNEXURE-I

No.31016/8/12-P1.1
Government of India
Ministry of Chemicals & Fertilizers
Department of Pharmaceuticals
(P1.1 Section)

3rd Floor, 'B' Wing, Janpath Bhavan
New Delhi, the 16th September, 2015

Office *Memorandum*

Subject: - Committee to consider High Trade Margin issues – reg.

It has been decided to constitute a Committee to examine specific cases of High Trade Margins referred to the Ministry through various channels. The Industry has stated that the High Trade margins are prevalent only in trade generics whereby the industry saves on market expenditure on medical representatives, etc. The Committee will compare the prices of trade generics and regular channels of marketing and recommend:-

i) what is the percentage of trade generics compared to regular channels sales;
ii) to what extent the practice is unethical;
iii) to what extent consumers are adversely affected in the trade generic segment compared to regular trade channels;
iv) to what extent declaring stockists price is anti-competitive;
v) whether the Government should control MRPs in trade generics;
vi) whether fixing trade margins by the Government will be anti-competitive.

2. The Committee will have the following members:-

i) One Pharma Expert - Shri Jagdish, Director, NPPA
ii) One Cost Expert - Shri A.K. Khurana, Director (Cost), NPPA
iii) One representative from NGO - Shri Bijon Misra
iv) One representative each from Pharma Industry - Indian Drugs Manufacturers Association (IDMA),Confederation of Pharmaceuticals Industries (CIPI),Organization of Pharmaceutical Producers of India (OPPI) and Indian Pharmaceuticals Alliance (IPA).
v) One representative from Competition Commission of India
vi) Shri AK Sah, US (AKS) will be the Member Secretary.

3. The Committee will be headed by Shri Sudhansh Pant, Joint Secretary, Department of Pharmaceuticals.

4. The Committee will submit its report within one month.

This issues with the approval of Secretary (Pharma).

(R.K. Maggo)
Director

1. Shri Jagdish, Director, NPPA

INDIAN DRUG MANUFACTURERS' ASSOCIATION

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ANNEXURE-II

INDIAN PHARMACEUTICALS FOR GLOBAL HEALTH

October 14, 2015

The Secretary to the Government of India
Department of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Shastri Bhawan,
New Delhi

Dy. No. 139
20/10/2015
Department of Pharmaceuticals

RE: MARGINS ON TRADE GENERICS.

Respected Sir,

At the outset, we request that status quo should be maintained in Trade Margins as stipulated under DPCO 2013 as per our submission dated 10 July 2015 and reiterated by the all Associations joint submission dated 31 July 2015.

We refer to the recent discussions on Margins offered by manufacturers to traders, which vary from 20% to 4000% as expressed by various NGO's to the PM's office and to cap margins by NPPA/Department of Pharmaceuticals.

We would like to submit that the whole issue needs a better understanding of the basic concept and the functioning of the channels of distribution. We would like to explain the factual position as under:-

1. There are four types of pharma business in India, viz. :-

   - Branded Generics: directly marketed by the manufacturing companies through their own medical representatives.
   - Trade Generics OR Generic / Generic: sold through propaganda distributors. Here the manufacturers don't market the product directly, but the activity is undertaken by the propaganda distributor. **The total business turnover of this segment is pegged at Rs. 5 to 6 thousand crores, which is approximately 5-6% of total pharma market turnover.**
   - Institutional business: products are sold directly to hospitals, Govt. agencies either directly or through distributors.
   - OTC business: products sold over the counter, without Doctor's prescription. Generally sold through advertisements in media.

2. Branded generics products are catered by the manufacturer's representatives and mostly cover main cities & districts. Here the trade margins given are 20% to Retailers & 10% to wholesalers for non-scheduled formulations and 16% & 8% respectively for Scheduled formulations as prescribed in DPCO 2013. However in reality due to pressure from the trade associations, most of the manufacturers end up paying 20 & 10% for all formulations.

3. Trade Generics or Generic / Generic business is promoted by Propaganda Distributors. These sales are aimed at rural areas, wherein the manufacturers don't have presence through their own representatives, but reaches the areas through propaganda distributors. Propaganda distributors appoint representatives to canvas for the product with doctors in rural areas. **The cost of meeting the doctors and canvasing which has been shifted from the manufacturer to the propaganda distributors needs to be reimbursed. This reimbursement is facilitated through higher margins.** Thus in effect the propaganda distributor does not enjoy huge margins, as they also have to incur expenses for marketing activities.

ADVANTAGES OF THE TRADE GENERICS BUSINESS MODEL:-

1. Out of the total of 8 lacs retail chemist shops in India, a large number of chemists are present in rural and semi-rural areas.

2. Manufacturers don't have presence in these rural areas. If medicines are available in these rural areas, it is due to the trade generics business model adopted by the manufacturers.
3. In many parts of rural India, the doctors dispense the medicines. These doctors are supplied the required medicines through this channel of distribution.

WHY HIGHER TRADE MARGINS ARE NEEDED TO BE GIVEN TO DISTRIBUTORS & RETAILERS:

1. In rural areas the volume of business is very less. Thus with normal 20% the retailers will not be able to run the business profitability. This would force the retailer to close the business resulting in non-availability of medicines in those areas.
2. Secondly the retailer has to abide by all rules & regulations like employing pharmacist, cold facility (fridge or AC) and range of products. All these involve cost. With low volume in rural areas, these costs cannot be recovered. Hence additional incentives by way extra margins are given so that the retail business is made profitable in rural area to ensure availability of essential medicines in abundant quantity.

3. The propaganda distributors are given higher margins as reimbursement expenses for appointing representatives, ensuring movement of goods (freight to rural areas), maintaining warehouse with facilities like cold room, staff to maintain the ware house etc.

CONSEQUENCE OF CAPPING MARGINS:

1. Availability of medicines in rural areas may get affected due to unviable operations of retail on account of low volume of business, which will deprive the rural population of essential medicines.
2. Most of the medicines are manufactured in SSI / MSME plant. Any adverse impact on this segment would affect the operations of thousands of SSI / MSME units. This would result in unemployment of personals engaged in these units.

SUMMARY

- ✓ Distribution system for pharma in India is very complex, which is in existence for several decades. The existing system includes, C&F, Super C&F; propaganda distributors; distributors, hospital pharmacies, Pharmacy chains, Jana Aushadhi (by GOI) Thus any capping will only further complicate the distribution channel.
- ✓ The patients are not affected. The price remains same as stipulated under DPCO 2013.
- ✓ The margins are not profits to distributors / retailers but reimbursement of expenses and some extra margins to make the retail profitable in rural areas.
- ✓ The understanding that if manufacturers can give higher margins in one channel of distribution, the manufacturers are earning super profit which should be passed on to consumers, is factually wrong. If any step is taken to cap the margins and reduce the prices could prove disastrous for the consumers as well as the manufacturers.

Looking at the facts referred to above, we are sure you would be convinced that no un-intended profits are earned by manufactures / distributors or retailers. Accordingly, we request that capping of margins should not be initiated.

Trust our request would be considered favorably.

Thanking you,

Yours sincerely,

S.V. Veerramani
President

Indian Pharmaceutical Alliance

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29 September 2015

By Email/Courier

Mr A K Sah
Under Secretary
Department of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Janpath Bhavan, B Wing, 3rd Floor
New Delhi 110 001

Dear Mr Sah,

Committee Meeting on Trade Margin

We refer to your letter No.31016/8/12-P1.1 dated 21 September 2015, received by us on 26 September 2015 requesting to attend a meeting of the Committee on Trade Margin on 30 September 2015.

2. In view of the short notice of four days for the meeting, the need for deeper engagement with our members marketing "trade generics" and prior engagements, we are unable to attend the said meeting tomorrow.

3. However, we wish to invite your kind attention to our letter of 13 August 2015 (copy enclosed) to Dr V K Subburaj, Secretary – DoP, on the subject. We further request that the data inaccuracy highlighted in the said letter be first addressed. Secondly, the Committee be provided with a statement showing the list of major companies engaged in "trade generics" and their annual sales of "trade generics". Thirdly, the Committee may also be provided with a statement showing a list of products marketed as "branded generics" as well as "trade generics" by the same company. This data would help in objective assessment of the volume and incidence of this segment and finding a solution keeping in mind benefit of the patient.

4. We further wish to caution that any hasty decision on trade margins, without due consideration of the magnitude and incidence of "trade generic", could adversely impact the consumer by weakening competition and across the board increase in prices of essential medicines resulting from higher trade margins.

Thanking you and with kind regards,

Yours sincerely,
For Indian Pharmaceutical Alliance

D G Shah
Secretary General

Cc: Mr Sudhansh Pant, Joint Secretary - DoP

Registered Office :
115/116 Ground Floor, World Trade Centre, Babar Road
Connaught Place, New Delhi 110 001

Indian Pharmaceutical Alliance

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By Email/Courier

13 August 2015

Dr V K Subburaj
Secretary
Department of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Shastri Bhawan, Room #218, A Wing
New Delhi 110 001

Dear Dr Subburaj,

Trade Margin

We thank you for an opportunity to share our views on the NPPA's suggestions on trade margin.

2. In this context, we wish to state as under:

a. **Data Inaccuracy:**

At the outset we wish to invite your kind attention to several inaccuracies in the NPPA Presentation of July 2015. Response from a few members reveals that:

(i) A product linked to a company is disowned by the company;

(ii) Pack size of a product is wrong;

(iii) MRP/PTR shown do not reflect the actual as reported in Form-V; and

(iv) Retailer's Margin is inflated by 20% by showing "Mark-up" as "Margin".

The least that the industry expects from a pricing body is accuracy of data presented to the policy makers, to avoid erroneous policy decisions.

b. **Selective Data:**

The data presented for three products are being used as illustration since 2006. Are there no other products? Could they be the worst examples of aberrations? The study should have considered a larger sample that contributes significant share of the "trade generics".

c. **Fragment of Market:**

The NPPA itself concedes that "trade generics" and "generics-generics" constitute just a fragment of the total market. However, it does not specify share of each segment and the number of companies engaged in this business. The question arises if the Government should legislate the entire industry for certain practice followed by a small segment?

d. **Regulating Trade Margins:**

It is pertinent to take note that trade margins are not regulated for any commodity or product, however, essential they may be. Secondly, any attempt to regulate trade margin may fall foul of the competition law as it will compromise competition in the market place. Thirdly, it could compromise access to medicines in the remote areas. Fourthly, any ceiling specified for trade margin is likely to be interpreted by trade bodies as "minimum" payable, opening up another round of confrontation between the manufacturers and the traders. This could result in across the board increase in prices of medicines. Finally, the very fact that the Government did not act on Sandhu Committee recommendation speaks for itself.

Hence, until the issue is examined dispassionately and with reference to objective and accurate data, any decision on the regulation of trade margin should be deferred.

3. The IPA's point-by-point response to the NPPA's recommendations is given below:

a. There is no such thing as "international definition". Each country defines generic as it suits their domestic requirement. If one were to accept WHO's version requiring generics to be "interchangeable", more than half of the products in India will not be "generics". We should therefore not ape the world blindly;

b. Regulating trade margin without stakeholder consensus is fraught with disastrous consequences. It can land this Government into yet one more confrontation;

c. Demand for disclosure of "sensitive" data is contrary to the established business practices. It could only vitiate the environment of doing business in India.

d. Decision of de-branding should not be based on a limited sample of a few products of a fragment of the industry with inaccurate data. Any such decision has to keep in mind the consequences of shifting patient's interest from the hands of a medical professional to a trader and also the wide divergence in the quality systems of manufacturers.

e. Additional Recommendations: The first two are premature and are subject to the Government agreeing to regulate trade margin. Hence, not commented at this stage. The *prescription practice* and *substitution* are areas dealt with by the health experts and may best be left to them.

We further submit that there are simpler and more effectives ways of addressing the issue than legislating it. We suggest that you may like to explore these other options.

4. We request that we be given some more time to discuss this issue among our members and revert to you with a consensus view on the subject.

Thanking you and with kind regards,

Yours sincerely,
For Indian Pharmaceutical Alliance

D G Shah
Secretary General

Cc: Mr Raj Kumar, Under Secretary - DoP
Ministry of Chemicals & Fertilizers
Shastri Bhawan, New Delhi 110 001

CONFEDERATION OF INDIAN PHARMACEUTICAL INDUSTRY (SSI) (Regd.)

26th August, 2015

Dr. V.K. Subburaj IAS,
Secretary,
Department of Pharmaceuticals,
Ministry of Chemicals & Fertilizers,
Shastri Bhawan,
New Delhi-110 001

Sub: Trade Margins

Sir,

This has reference to letter no. 31026/116/2014-PI-II dated 19.08.2015 from your esteemed office on the subject cited above along with a copy of minutes of the meeting held on 14th instant under your Chairmanship

We have to state as under:

1. The changes as proposed by the Chemists and Druggists Association about increase in trade margins will require amendment of the DPCO, 2013 as far as paragraph 4, 5, 6 and 7 are concerned. The ceiling prices and retail prices as notified by NPPA will also require upward revision

2. We have been informed by our members that in majority of the cases, the small scale manufacturers do not have their own marketing set up and also do not have field force to market their products and have to depend on traders for sale of their products. Therefore, they have to shell out higher trade margins on non scheduled formulations but not to the extent as claimed by NPPA in their presentation. In spite of this, their products are marketed at competitive prices Further in the cases of P to P manufacturing, the prices are fixed by the marketing companies and not by the manufacturers.

3. As far as scheduled formulations are concerned, they have to follow the ceiling prices or retail prices as are notified by NPPA where margin to retailer cannot exceed 16 % of the average price to retailer under DPCO, 2013 and all the ceiling or retail prices are notified accordingly taking this factor in to consideration. In spite of this, the manufacturers are compelled to give margins higher than 16% on scheduled formulations to retailers as retailers' associations insist on giving 20% margin in all the States .Even they have boycotted the products where the margin given by the companies were 16% on price to retailer as per DPCO, 2013.

4. In most of the cases cited by NPPA in presentation, the moving annual turnover is less than 1% of the total market turnover of the medicine. However exorbitant trade margins need to be curtailed in the interest of the patients and investigated with reference to the drug distribution system in the country.

Comments on NPPA's Recommendations:

1. It is highly impossible and impractical to keep calibrated margins as suggested by NPPA and it will create lot of confusion in the Industry especially for SME manufacturers.

2. Even now it is not mandatory to print only generic name for single ingredient drugs as claimed by NPPA citing DCGI letter dated 01/10/2012 under Sec 33P of D&C Act and also the amendment to D&C Rules in the year 2014. After this notification on 01/10/2012, the DCGI has clarified in the Madras High Court by way of an affidavit and also by circulars that the SLAS will give licenses in generic names / proper names of drugs and that the manufacturers are free to put their brand names on the labels.

3. The D&C Act does not allow the retailer to substitute the drugs between different brands of branded generics.

4. As per the documents submitted by NPPA for the products Cetrizine, Omeprazole and Amoxycillin Tablets, it may be noted that the Mat % is very low where the retail margin is very high and the Mat value is very high where the margins are between 20-25%.

We have to request that now meeting may be called for discussion with the stake holders on the subject.

Thanking you,

Yours truly,

(Sudesh Kumar)
Executive Secretary
Confederation of Indian
Pharmaceutical Industry.

KEM

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VISION
To achieve value driven leadership in Indian Health Care Industry and beyond... Through
Quality that is infinite
Service that cares
Hardwork that endures

27th October 2015

The Secretary,
Department of Pharmaceuticals,
Ministry of Chemicals & Fertilizers,
Shastri Bhavan,
New Delhi

Dear Sir,

We are grateful to you for giving us (representatives from Cipla, Alkem, Abbott, Intas & Microlabs) a face to face hearing on 21st October in your office.

As agreed, we would like to place on record some of the issues that the committee should consider before a decision on capping the trade margins on "trade generics" is taken. We support the views already expressed by Industry Associations like IDMA, IPA, CIPI etc.

1. The proposed law to cap the trade margins will not lead to any reduction in MRP's and therefore there will be no additional benefits to the public. On the contrary, the MRP's of scheduled formulations will go up because the PTR of trade generics will go up on re-calculation as per the provisions of DPCO 2013 and this will lead to an increase in Ceiling Price.

2. Sales of "trade generics" is a different business model and the same has been in practice for the last several decades and primarily followed by a large number of small and medium companies. A large number of these companies will shut down and this will drastically reduce competition. This business model is also run on completely different commercial terms with the trade. The trade here also invests a portion of their margins for promotional activities.

3. The concept of "mark up" and "margins" have been misinterpreted and wrongly compared. Trade margins can never exceed 99% because it is expressed as a % of the selling price whereas "mark up" is expressed as a % of cost and can exceed 100%. On a like to like comparison, if Branded Generics offer approximately 30% trade margins, trade generics offer on an average 70% trade margins and not 3000% as widely reported. 3000% is mark up and not trade margins. Under the DPCO 2013, all calculations of trade margins are MRP based.

4. The "trade generics" segment constitutes only around 6% of the overall market. However, a large number of small and medium scale manufacturing and marketing companies operate in this space and give employment to a large a number of people. This segment will be affected adversely leading to loss of employment, closure of small & medium enterprises and will affect employment generation potential of the industry.

ALKEM

ALKEM LABORATORIES LTD.
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CIN no.:- U00305MH1973PLC174201

ALKEM VISION
To achieve value driven leadership in Indian Health Care Industry and beyond...
Through
Quality that is infinite
Service that cares
Hardwork that endures

5. The extra trade margins help the medicines reach the nook and corner of our vast country. These are not profits pocketed by the trade but reimbursement of Distribution and Logistical expenses borne by the trade. The cap on trade margins will severely affect the availability of medicines and will weaken the ability of players to make inroads in rural markets and will impact access to life saving medicines. We believe over 3 lakh chemists will shut down if this law comes into force leading to severe shortages and loss of further employment.

6. The proposal to cap the trade margins was discussed in the past too and we believe that the Law Ministry has opined that the same will be violative of Article 14 of the Indian Constitution.

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8. By capping the trade margins the Government, though unwittingly, will encourage other business models to flourish because competition in the market place will reduce.

9. The current difference in MRP's of the same product is due to a function of the DPCO 2013 and because of the transitionary provisions between the DPCO 1995 and 2013. It is not true that Trade Generics are costlier than Branded Generics.

10. We understand that in no other country the margins offered to the trade are capped. The new law will severely restrict the freedom to operate.

11. Prices of both price controlled and non-controlled medicines are already among the cheapest in India as compared to other developing and emerging countries and the increase in prices have always been below or at par with inflation.

We once again request you to consider our views sympathetically. We are ready to present our case before your committee as and when given an opportunity.

Thanking you.

Yours sincerely,

For Alkem Laboratories Limited

(Authorised Signatory)

CC: Mr Sudhansh Pant,
Joint Secretary,
Committee on Trade Margins.

Department of Pharmaceuticals,
Shastri Bhavan, New Delhi.

Endo. 5146/2015

MICRO LABS LIMITED
REGD. & CORPORATE OFFICE: # 27, RACE COURSE ROAD, BANGALORE 560 001, KARNATAKA, INDIA
Tel: +91-80-2237 0451-57 Fax: +91-80-2237 0463 CIN: U24232KA1973PLC002401 Website: www.microlabsltd.com Email: info@microlabs.in

27th October 2015

The Secretary,
Department of Pharmaceuticals,
Ministry of Chemicals & Fertilizers,
Shastri Bhavan,
New Delhi

146
27/10/2015

Dear Sir,

We are grateful to you for giving us (representatives from Cipla, Alkem, Abbott, Intas & Microlabs) a face to face hearing on 21st October in your office.

As agreed, we would like to place on record some of the issues that the committee should consider before a decision on capping the trade margins on "trade generics" is taken. We support the views already expressed by Industry Associations like IDMA, IPA, CIPI etc.

1. The proposed law to cap the trade margins will not lead to any reduction in MRP's and therefore there will be no additional benefits to the public. On the contrary, the MRP's of scheduled formulations will go up because the PTR of trade generics will go up on re-calculation as per the provisions of DPCO 2013 and this will lead to an increase in Ceiling Price.

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Thanking you,

Yours sincerely,
for MICRO LABS LTD.,

DILIP SURANA
CMD

CC:
Mr Sudhansh Pant,
Joint Secretary,
Committee on Trade Margins,
Department of Pharmaceuticals,
Shastri Bhavan, New Delhi.

(130)

MICRO LABS LIMITED

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Mr Sudhansh Pant,
Joint Secretary,
Committee on Trade Margins,
Department of Pharmaceuticals,
Shastri Bhavan, New Delhi.

Cipla

27th October 2015

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Cipla

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Thanking you,

Yours sincerely,
For Cipla Limited,

R. Gopalakrishnan
Head - Corporate Affairs & India Generics

CC:
Mr Sudhansh Pant,
Joint Secretary,
Committee on Trade Margins,
Department of Pharmaceuticals,
Shastri Bhavan, New Delhi.

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All India Chemists & Distributors Federation

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E-mail: aicdfdelhi@gmail.com Website: www.aicdf.co.in

Regd. Office: 79, Ummalipuram Chennai – 600 084, Tamil Nadu

President

Vice President

General Secretary

9811 92705

jd_aicdf@yahoo.co.in

Dated the 15th October 2015

To,
The Joint Secretary
Department of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Sashtri Bhawan, New Delhi

JS(SP)
Dir (RKM)
US(NPPA)

Sir,

We are obliged for having the invitation from your good office to participate at the discussion made on 12th October, 2015, Monday at 10.30 Morning to express and illustrate our views and opinion on **'Abnormal Trade Margin'** on pharmaceutical products so available in the market causing hardships to the ailing community.

The undersigned was accompanied with four other officials of his Federation, namely, Sri Joydeep Sarkar, Suresh Ranka, Ashoke Khandelwal, Jwahar Shardah and myself Kailash Gupta while jointly and unanimously with AIOCD officials mentioned the following points so concerned,

a) The legal provisions and a few stipulations of DPCO-2013 are the major contradictions for reducing the price of life saving drugs affordable for common people.
DPCO defines it clearly that there is no restriction for manufacturers to fix and enhance the MRP (Maximum Retail Price) of any brand/formulation under any non schedule molecule. Manufacturers of the unfamiliar branded generics can schedule any MRP, even much higher than the best selling renowned brand of eminent company only relying on this provision.
Prices of medicines at **'Fair Price Shops' in all Government hospitals & institutions in West Bengal** have been fixed in a manner so that even after 60% or 70% mandatory discount on the price, patients are buying them a higher price to any eminent brands having same molecule.
Though minor yet **'Overcharging VAT'** in West Bengal is a major fault of the companies and their CFAs which affects the price of medicines. Reluctance and rigidity of the companies to do necessary amendments reveal their mean-minded character regarding price revisions.
It is a FACT that the unrealized amount for Over-charging PRICE of medicines so determined by NPPA is about 13000 cores where pharmaceutical companies are the exclusive offenders. In all we find NPPA very lethargic in attending the relevant complaints againt the Manufacturers or Industry, reason and interest best known to them.

b) As mentioned in DPCO, there is no regulation or stipulation in the said order or act to determine the MRP of any molecule or formulation getting introduced in the market. We generally find a trend to fix almost 1000% to 3000% profit for such products at the time of introduction comparing to its cost. For first 3 years the formulation shall not be counted within NLEM or any other Schedule. After the completion of the stipulation, the price of the molecule shall be rescheduled on 'Weighted Average Price' which is an average of the combined prices of all non-scheduled formulations under one single molecule. The formula cannot determine the 'Ceiling' price of that molecule rational and affordable for the patients since arithmetically the average price will land between 45% to 60% of the rate of the highest valued brand.
In DPCO-1995 where maximum profit margin was 100% on products under First Schedule while it is now more than 500% on NLEM products by favouring only the interest of the Industry, giving least importance to common ailing community.
It is a fact that though the Wholesale Price Index is around 3.78% yet the Prices of most of the fast moving NLEM products have been increased by more than 6% in average, while NPPA has least role to send a minimum 'Show-Cause' letter after having relevant complaints.

All India Chemists & Distributors Federation

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Estd. 2005

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c) Avoiding the submission of FORM V for their formulations by the manufacturers is a common practice rather breaches of the provisions of the order. Manufacturers of so called branded generics are also bound to issue FORM V which they evade for hiding the actual trade margins, while as per DPCO it is mandate and violation of which is a cognizable offense.
Implicating it Mandate the submission of Form V as stated at paragraph 24 & 25 of the DPCO-2013 by the manufacturers of branded generic can restrict their initiative and indulgence of allowing extraordinary discount or margin or incentive or bonus to any dealer.

d) Abolition of categorization is the prime hindrances for determining price of medicines. We understand 'Categorization' can only instigate 'Discrimination', 'Unfairness'. NLEM or division of Schedules cannot be the solution for making medicines at affordable rate. Federation suggest 'Price revision' of medicines irrespective of molecule or ingredients. Re-modify the prices and rates of all molecules, whatsoever be the number, can only restrain all anomalies and abnormalities.

e) The word 'GENERIC' is ambiguous and not contemporary. In India we are indulging in the 'Branded Generic' products by addressing them along with the word 'Generic' either in the suffix or prefix of their identification.
Once we will start considering these 'branded generic' as BRANDS of a 'other' manufacturer which require no promotion or marketing to sell and distribute, the manufacturers shall face difficulties in providing abnormal discount.

Apart from discussing the basic problems we demanded for a fixed trade margin of 10% and 20% on formulations with 'Ethical' promotion & marketing respectively for the wholesalers and the retailers. We also described the need of maintaining 15% & 35% trade margin respectively for the wholesalers and the retailers for branded generics. We pleaded this trade margin on SELL PRICE, on respective stage, inclusive of Excise Duty too. Demand of a periodical increment of trade margin is also in the list of requisites while manufacturers have provision to increase the prices of medicines, even for NLEM, as directed and guided in DPCO-2013.

In the meeting, the traders expressed their grievance, anxiety and annoyance too on sell and distribution of 'Speciality products' or 'Medicines for critical care' where the traders get least advantage and/or business opportunity though the products are 'Costly' having a share of about 15000 cores market in India. Please note that the process of selling such life saving medicines is not in accordance with the law of the land (Drugs Act, Drug Rules etc). The traders demand legal provisions for making it a mandate to follow STRICT distributional channel for respective distribution of 'Speciality Products' in the market. This process shall definitely diminish the monopolistic and restrictive practices of the manufacturers with 'Speciality' products.
Your investigation shall reveal a report that such 'Speciality' medicines used mostly at terriary medical hospitals and institutions have more than 2500% profit which is truly shocking.

While discussing the Lot/Incentive/Free/Scheme system in the business of the pharmaceutical products, both the traders' association were unanimous that such inducement can be managed and provided only from the huge profit margin of the manufacturers. It is more the interest of manufacturers to encourage competition with their rivals through such Lot/Incentive/Free/Scheme system where the prescribers are the major concerns. When a manufacturer save tax liabilities by issuing more free or bonus, a consumer pay indirect tax on such free products, which is an irony.
Federation believes in that Lot/Incentive/Free/Scheme system for 'Essential Commodity' like harmless medicine is unethical since 'OVERDOSE' of benign medicines is also fatal.

The traders expressed their grievances and protests on the amended process of the 'Determination of Price' of the formulation so modified in DPCO-2013 though expressed their support with the previous 'Cost Based' formula which is definitely benefited for the patients. The entire content of DPCO-2013 is blessings to the manufacturers while even the 'Penal Provision' has been omitted deliberately for reasons best known to the amenders.
With this guideline a manufacturer can produce Two different Brands under One Molecule having Two distinctive Prices with a wide difference. Similarly with the support and comfort of DPCO-2013, a manufacturer can sell 'Thyroxine Sodium 25mg' at almost double price than 'Thyroxine Sodium 50mg or 100mg'. The lack of strictness of this order has also allowed manufacturers to sell NLEM products by changing the 'Pack size' or 'Strength of the molecule' or 'Quantity/Density/Gravity of the molecule in a pack'.

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Recollecting the history of DPCO we must note that in **1979 about 80% - 90%** drugs were under controlled category which was reduced to **60% to 70% in 1987** but only **20% at most in 1995**. A recent statistics has also revealed the lump sum withdrawal of NLEM products from the market defying the placebo effect of the patients.
After 1995, categorization has caused discrimination and Scheduled drugs remain unavailable in the market so also the NLEM products after 2013. The initiative of our Federation always remained unsuccessful while the role and involvement of NPPA favoured the alleged in spite of the submission of sufficient and cogent evidences.

'Capping' the rate or price of the medicines cannot be an obstacle for the traders if the trade margin as demanded above remain unchanged. It is always a wise decision to determine a specific range of at most 15% to 20% for scheduling the "Highest" MRP and the "Lowest" MRP so eligible for the formulations of any molecule. For example if Rs. 100.00 will be the lowest MRP for any formulation or brand, the highest MRP shall not exceed Rs. 120.00 for other brands having same molecule/ingredient/formula.

'Taxation' and other Taxable components contribute at least 40% in the cost of any medicines. Though this issue was not under consideration in the meeting, yet it is vital to curb all such taxes and Government duties for the sake of humanity. Traders' fraternity demand that 'Tax on Medicine is Tax on Illness'. It is no fun that VAT on medicine, the essential commodity, is higher than Vat on gold.

Lastly the Federation express their utmost grievance and annoyance on NPPA for not attending or considering all 'Price-related' complaints which is disappointing. Manufacturers frequently charge Excise Duty on medicines which are also refundable for producing formulations at SEZ, which NPPA never entertained while relevant complaints were lodged. We further believes in that inclination towards the industry is not desired if the regulatory authority and/or administration truly and honestly likes to eradicate the odds and evils from the system to arrange medicines of all types at affordable rate for the patients.
An irrecoverable amount of **2554047** (2577446 – 23399) **lacs** owing to overcharging of prices of medicines committed by different manufacturers, so reflected at the **website of NPPA**, reveal the culprits, who have been already convicted but not yet punished.

IT IS AN EXCLUSIVE DISCRETION OF THE MANUFACTURER OR PRODUCER TO DETERMINE A RETAIL PRICE OF MEDICINES OR FORMULATIONS KEEPING THEIR OWN DESIRED HUGE PROFIT MARGIN. THE ENTIRE TRADER'S MARGIN HAS A VERY NOMINAL CONTRIBUTION IN THE PRICE OF THOSE FORMULATIONS. THE FATE OF CONSUMER SEEKING FOR AFFORDIBILITY LIES WITH THE WHIMMS OF THE MANUFACTURERS ONLY. AMENDED BUT STRICT AND STRINGENT ORDER FROM DoP OR NPPA CAN ONLY RESTRICT SUCH PROLONGED ABNORMALITY OF PRICE OF MEDICINES IN THE MARKET WHERE TRADERS ARE ONLY CONCERNED ON THEIR TRADE MARGIN SO ASKED FOR.

Expecting your kind and moral support with an assurance for extending our support and service in all aspects,

With regards,

(Kailash Gupta)

Copy to Hony. Health Minister for information

Copy to Hony. Minister of Chemicals and Fertilizers for information

Copy to DCGI, for information

सत्यमेव जयते

Fair Competition For Greater Good

भारतीय प्रतिस्पर्धा आयोग
COMPETITION COMMISSION OF INDIA

F. No. ADV/106/ Advocacy/Pharma/ CCI-2015/12076 Dated: 07th October, 2015

Shri R. K. Maggo
Director
Ministry of Chemicals & Fertilizers
Deptt. of Pharmaceuticals
3rd Floor, B Wing
Janpath Bhavan, New Delhi

Sub: Committee to consider High Trade Margin Issues- reg.

Sir,

This has reference to OM No. 31016/8/12-P1.1 dated 16th September, 2015 of the Ministry of Chemicals and Fertilizers on the above subject.

2. It is observed that a representative of the Competition Commission of India has been included in the Committee. It is felt that it would neither appropriate nor desirable to have a representative of the market regulator in a Committee of this nature.

3. It is also observed that one of the terms of the Committee is to examine whether fixing trade margins by the Government will be anti-competitive. Generally, any kind of fixation of trade margin and the price is considered anti-competitive, unless there is strong justification on the grounds of public policy. It is, therefore, desirable to consider such proposals keeping in view the provisions of Section 19 of the Competition Act, 2002.

Yours faithfully

(Sulabh Rastogi)
Assistant Director
Tel: 011-23473682
email:cci-sulabhrastogi@cci.gov.in

ANNEXURE-III

	CIPLA				ZYDUS				LUPIN			
	BRAND	PTS	MRP	MARGIN (%)	BRAND	PTS	MRP	MARGIN (%)	BRAND	PTS	MRP	MARGIN (%)
LEVOCETRIZINE	CETCIP-L	3.2	48	1500	LEVOCAD	2.60	35	1346	LUPICET L	1.60	35.5	2219
ACECLOPARA SERATIO	MOVEXX-SP	17.5	96	549	ACECLODUS SP	10.75	75	698	ACEMIZ SP	19.00	66	347
OMEPERAZOLE 20	OMECIP	9	52.45	583	OMICAD	8.00	52.44	656	L CEPOME	6.52	47.5	729
CEFOPERAZONE SALBACTUM 1.5	NA				XANICET SB	28.50	275	965	NA			
SILDENAFIL	SUHAGRA	11.25	145	1289	VIGORA	6.25	80	1280	ENTHUSIA	9.00	140	1556
PROTINE					PROTICAL	29.00	197	679	VIMPRO	30.15	188	624
ALBENDAZOLE	X WORM	1.65	10.56	640	ZYBEND	1.30	10.56	812	LUPIBEND	1.42	9.5	669
NANDROLONE	NA				CADABOLIN	12.50	104	832	L NANDEC	12.83	190	1481
ALPHABETA ARTEETHER	NA				ZYETHER	8.75	95	1086	L ETHER	27.00	360	1333
ORS	ORS	3.70	19	514	ZYLYTE	2.80	13.28	474	LUPIN ORS	2.97	14	471
	ALKEM				ABBOT							
	BRAND	PTS	MRP	MARGIN(%)	BRAND	PTS	MRP	MARGIN (%)				
LEVOCETRIZINE	CERIZ L	1.95	38	1949								
ACECLOPARA SERATIO	ACECLOFLAM SP	12.70	78	614	NICOACE SP	10.40	77	740				
OMEPERAZOLE 20	OMEE	10.45	52.45	502	OZOLE	6.50	52.45	807				
CEFOPERAZONE SALBACTUM 1.5	CEFKEM	14.20	200	1408	SAFEZONE SB	22.50	240	1067				
SILDENAFIL	ZENEGRA	6.25	125	2000								
PROTINE	PROTIKEM	31.50	200	635	NERGY	30.00	175	583				
ALBENDAZOLE					EMBEE	1.30	10.56	812				
NANDROLONE	ALKEM NANDROLONE	25.50	250	980	DECABOLIN	12.85	142.9	1112				
ALPHABETA ARTEETHER	ABMAL	9.95	105	1055	ABETHER	9.00	98	1089				
ORS	ALKEM ORS	3.25	16.55	509								

(375)

ABBOTT HEALTHCARE PVT.LTD

GENERIC & GOOD HEALTH DIVISON

SUPER DISTRIBUTORS : SHAH TRADING COMPANY

PRICE LIST EFFECTIVE FROM 1.09.2015

TABLETS

Sr No	Name of the Product	Composition	Packing	Rate	M.R.
1	AB-CTRIP TAB.	Trypsin Chymotrypsin 40mg.	20X10	420.00	2466.
2	ABINIM 100MG TAB.	Cefixime Tab.100mg.	10X10	252.00	744.
3	ABINIM 200MG TAB.	Cefixime Tab.200mg.	10X10	370.00	1009.
4	ABINIM O TAB.	Cefixime 200mg + Ofloxacin 200mg	10X10	500.00	1500.
5	ABINIM CV TAB.	Cefixime 200mg + Clavulanic 125 mg	10X10	980.00	1700.
6	ACICON TAB.	Antacid tab.	25X9	75.00	247.2
7	AMOXYCLAV 625MG TAB.	Amoxycillin 500mg + Clavunate 125mg	20X6	832.00	3068.2
8	ANTIRIMA DS TAB.	Cotrimoxazole	20X10	232.00	300.8
9	ANTIRIMA SS TAB.	Cotrimoxazole	20X10	116.00	135.80
10	CHUFF TAB.	Para 150mg + CPH 2mg + Phenylephrine 5mg + Caffeine 50 + Bromhexine 8mg	20X10	116.00	600.00
11	DICLOFAM MR TAB.	Diclo Pott. 50mg + Para 325mg + Chlorzoxazone 250mg	20X10	148.00	1160.00
12	DICLOFAM PLUS (GREEN) TAB.	Diclo.50mg + Para 325mg	20X10	72.00	380.80
13	DICLOFAM PLUS (RED) TAB.	Diclo.50mg + Para 325mg	20X10	72.00	380.00
14	DICLOFAM PLUS (YELLOW) TAB.	Diclo.50mg + Para 325mg	20X10	72.00	380.00
15	DICLOFAM PLUS TAB.	Diclo.50mg + Para 325mg	20X10	72.00	418.00
16	DICLOFAM FORTE (YELLOW) TAB.	Diclo Pott. 50mg + Para 325mg + Magnesium 100mg	20X10	72.00	600.00
17	DICLOFAM SP TAB.	Diclo 50mg+ Serratio 10mg	30X10	140.00	990.00
18	DOLIPRANE 500MG TAB.	Paracitamol 500mg	50X10	168.00	524.50
19	DOLIPRANE 650MG TAB.	Paracitamol 650mg	20x10	88.00	290.00
20	EMBULIDE 100MG (AMBER) TAB.	Nimesulide 100mg.	50X10	102.00	1250.00
21	EMBULIDE 100MG (BLUE) TAB.	Nimesulide 100mg.	50X10	102.00	1250.00
22	EMBULIDE PLUS (SUMO) TAB.	Nimesulide 100mg + Paracitamol 500mg	20X10	82.00	527.60
23	FLOXIP - TZ TAB.	Cipro 500mg. + Tini 600mg.	20X10	528.00	693.20
24	FLOXIP 250MG TAB.	Ciprofloxacin IP.250mg.	20x10	188.00	424.20
25	FLOXIP 500MG TAB.	Ciprofloxacin IP.500mg.	20X10	367.00	1342.00
26	LFLOX 500MG TAB.	Levofloxacin 500	20x5	255.00	900.00
27	MAXOFEN PLUS TAB.	Ibu 400mg. + Para 333mg.	20X10	136.00	178.50

	AXOFEN PLUS TAB.	Ibu 400mg. + Para 333mg. (374)	20X15	195.00	257.0
	I-COLD TAB.	CPM 2 mg. + Para 500mg. + Caffein 25mg.	60x10	225.00	720.0
30	M COLD PLUS TAB.	CPM 2mg + Phenylephrine 2.5mg+ Para 500mg+Caffein 30mg	60x10	268.00	1500.0
31	M COLD-C2 TAB.	Cetrizine 5mg + Phenylephrine 5mg + Caffine 30mg	20X10	80.00	600.0
32	M COLD PLUS -C2 TAB.	Cetrizine 5mg + Phenylephrine 5mg + Para 325mg +Caffein 30mg	20X10	104.00	900.0
33	MAZI - 250MG TAB.	Azithromycin 250 Tab.	20X6	460.00	1275.6
34	MAZI - 500MG TAB.	Azithromycin 500 Tab.	20X3	460.00	1374.0
35	M-CAL TAB.	Calcium with Vitamin D3	20x15	111.00	865.00
36	NICODOL PLUS TAB.	Tramadol 37.5mg + Para 325 mg	10x10	62.00	600.00
37	NIMUGESIC (AMBER) TAB.	Nimesulide 100 mg	50X10	96.00	1250.0
38	NIMUGESIC (BLUE) TAB.	Nimesulide 100 mg	50X10	96.00	1250.0
39	NIMUGESIC- P TAB.	Nimesulide 100 mg,Paracetamol 500mg	20x10	82.00	527.60
40	NEW COLD TAB.	Levocetrizine 5mg.	50X10	120.00	1050.0
41	NEW COLD - ML TAB.	Levocetrizine 5mg. + Montelukast	10X10	145.00	1650.0
42	NEW COLD PLUS TAB.	Levocetrizine 2.5mg.+ Phenylphrine 2.5mg + Para 500mg	20X10	110.00	960.00
43	NICOACE PLUS TAB.	Aceclofenac 100mg+ Paracetamol 500mg	20X10	124.00	840.00
44	NICOACE-MR TAB.	Aceclofenac 100mg+para 325mg+chlorzoxazone 250mg	10x10	108.00	494.00
45	NICOACE SP TAB.	Aceclofenac 100mg+Para 325mg+racrotidase 10mg	10x10	125.00	770.00
46	NICOFLOX 200MG TAB.	Ofloxacin 200mg.	20X10	204.00	1034.20
47	NICOFLOX - RED 200MG TAB.	Ofloxacin 200 mg	20X10	204.00	1029.00
48	NICOFLOX - O TAB.	Ofloxacin 200 + Ornidazole 500	20X10	360.00	1600.00
50	NICOFLOX - O TAB.	Ofloxacin 200 + Ornidazole 500	10x10	186.00	800.00
51	NICOROXI 150MG TAB.	Roxithromycin 150 mg	20X10	320.00	1420.00
52	NICOPENTA TAB.	Pantoprazole 40mg.	20X10	150.00	1300.00
53	NICOPENTA-D TAB.	Pantoprazole 40mg. + Domperidone 10mg.	20X10	160.00	1600.00
54	NICOSPAS TAB.	Para 500mg + Dicyclomine 20mg	20X10	78.00	320.00
55	(NEW) NICOSPAS-M TAB.	Mefenamic acid + Dicyclomine	20X10	92.00	560.00
56	NICOSPAS TAB.	Spasmonexin 200 tab.	20x6	432.00	1400.00
56	NICOTAC 150MG TAB.	Ranitidine 150mg	20X10	68.00	116.00
57	NICOTAC-D TAB.	Ranitidine 150mg+Domperidon 10mg	20X10	92.00	115.60
58	NUAVOMIN 4MG TAB.	Ondansetron Hydrochloride 4mg	40X10	200.00	2124.80
59	NUAVOMIN 8MG TAB.	Ondansetron Hydrochloride 8mg	40X10	270.00	4649.20
60	PIRACIT TAB.	Cetirizine B.P.10mg.	60X10	90.00	1209.60
60	PIRACIT TAB.	Cetirizine B.P.10mg.	20X10	32.00	403.20
61	ROFEX 125MG DT TAB.	Cephalexin 125mg.	20X10	138.00	760.00

13	NIMUGESIC PLUS SOFTGEL CAP.	Nimesulide 100 mg +Diclofenac 50 mg (372)	10X10	95.00	
14	OZOLE CAP.	Omeprazole 20mg	20X15	155.00	
15	OZOLE -D CAP.	Omeprazole 20 mg + Domperidone 10mg	20X15	180.00	
16	PIRACILLIN 250MG CAP.	Ampicillin 250 mg	20x10	252.00	
17	PIRACILLIN 500MG CAP.	Ampicillin 500 mg	20x10	440.00	
18	NICOFENTA DSR TAB.	Pantoprazole 40mg. + Domperidone 30mg	10X10	130.00	
19	ROPEX 250MG CAP.	Cephalexin 250mg	20X10	342.00	
20	ROPEX 500MG CAP.	Cephalexin 500mg	10X10	336.00	
21	RONEMOX 250MG -G/Y CAP.	Amoxycillin 250mg	30X10	352.00	
22	RONEMOX 250MG -G/Y CAP.	Amoxycillin 250mg	20X15	342.00	
23	RONEMOX 250MG R/W CAP.	Amoxycillin 250mg	30X10	342.00	
24	RONEMOX 250MG R/W CAP.	Amoxycillin 250mg	20x15	342.00	
25	RONEMOX 500MG R/R CAP.	Amoxycillin 500 mg	20X10	404.00	
26	RONEMOX 500MG R/R CAP.	Amoxycillin 500 mg	10X15	303.00	
27	RONEMOX 500MG Y/Y CAP .	Amoxycillin 500 mg.	30X10	412.00	
28	RONEMOX 500MG Y/Y CAP .	Amoxycillin 500 mg.	10X15	303.00	
29	R-ZOLE - DSR CAP.	Rabeprazole Sodium 20mg. + Domperidone Maleate BP.30mg	10x10	150.00	

SYRUP

Sr No	Name of the Product	Composition	Packing	Rate	M
1	ABBOT GRIPE WATER	Gripe water	150ML	14.00	
2	ABIXIN D/S 30ML. SYP.	Cefixime Dry Syp.50mg.	30ML	13.80	
3	ACIGON 170ML SYP.	Antacid Syp	170ML	13.20	
4	ACIGON ORANGE 170ML SYP.	Polydimethylsiloxane 25mg + Magnesium hydroxide 200mg + Dried aluminium hydroxide 200mg (colour ponceau & erythrosine supra)	170ML	13.50	
5	ACIGON SAUNF 170ML SYP.	Polydimethylsiloxane 25mg + Magnesium hydroxide 200mg + Dried aluminium hydroxide 200mg (colour ponceau & erythrosine supra)	170ML	13.50	
6	AMOXYCLAV 30ML DRY SYP.	Amoxyclave Syp.	30ML	23.50	
7	ANTRIMA ORAL 50ML SUSP	Cetrimoxazole Sus	50 ML	11.00	
8	AYURLIV 200ML SYP.	Liver Tonic Ayurvedic syp	200ML	20.00	
9	BECOMAX 100ML SYP.	Becomplex + Lysine syp	100ML	12.00	
10	BECOMAX 200ML SYP.	Becomplex + Lysine syp	200ML	21.00	

11	CHUPP 60ml SYP.	Terbutalin 1.25mg + Bromhexin 2mg + Guaphenesin 50mg	60ML	9.75	27.5
12	CHUPP 100ML SYP.	Terbutalin 1.25mg + Bromhexin 2mg + Guaphenesin 50mg	100ML	13.00	44.0
13	CHUPP - A 60ML SYP.	Ambroxol 15mg + Phenylephrin 5mg + Guiphenesin 50mg + Cpm 2mg + Menthol 1mg	60ML	12.00	40.0
14	CHUPP - A 100ML SYP	Ambroxol 15mg + Phenylephrin 5mg + Guiphenesin 50mg + Cpm 2mg + Menthol 1mg	100ML	16.50	60.00
16	CHUPP - C 100ML SYP.	Codeine Phosphate 10 mg + Cpm 4 mg.	100ml	60.00	79.00
17	CHUPP - D 60ML SYP.	Dextro 10 mg + Phenylephrine 5mg + Cpm 2mg + Guiphenesin 100 mg	60ML	12.50	28.50
18	CHUPP - D 100ML SYP.	Dextro 10 mg + Phenylephrine 5mg + Cpm 2mg + Guiphenesin 100 mg	100ML	18.00	49.46
19	"NEW" CHUPP-LS 100ML SYP.	Levosalbutamol 1mg+Guaiphen 50mg+Ambroxol 30mg	100ML	28.50	70.00
20	"NEW" CHUPP-LS 60ML SYP.	Levosalbutamol 1mg+Guaiphen 50mg+Ambroxol 30mg	60ML	22.75	48.00
21	DOLIPRANE 60ML SYP.	Paracitamol 125mg	60ML	8.00	30.16
22	EMBED 10ML SYP.	Albendazole 200mg.	10ML	6.00	16.51
23	FE2I 200ML SYP.	Elemental Iron as Ferric Ammonium Citrite 45 mg + Folic Acid 750 mcg + Vitamin B12 5mcg	200ML	28.00	70.00
24	GRUGRO 200ML SYP.	Cyproheptadin 2mg.+ Tricholin Citrate 275mg. syp.	200ML	20.00	70.00
25	HONICOF 100ML SYP.	Honey based ayurvedic cough syp.	100ML	16.00	41.70
26	LYCOSMAICH 200ML SYP.	Lycopene + Multi Vitamins + Methylcobalamin + Minerals & Antioxident	200ML	33.00	150.00
27	MAXODYL COUGH 50ML SYP.	Diphen Hydramine 14.08 mg.+ Ammonium Chlo 135mg. + Sodium Citr. 57.03mg.	50ML	6.75	25.20
28	MAXODYL COUGH 100ML SYP.	Diphen Hydramine 14.08 mg.+ Ammonium Chlo 135mg. + Sodium Citr. 57.03mg.	100ML	8.25	49.45
29	MAXOFEN PLUS 60ML SYP.	Ibu 100mg.+ Para 162.5mg.	60ML	9.00	16.81
30	M-COLD 60ML SYP.	Phenylephrine 2.5mg + CPM 2mg.	60ML	8.70	30.00
31	M-COLD PLUS 60ML SYP.	CPM 1mg + Phenylephrine 2.5mg + Para 120mg	60ML	9.50	39.50
32	M COLD-C2 60ML SYP.	Cetrizine 2.5mg + Phenylephrine 5mg	60ML	9.50	30.00
33	M COLD PLUS -C2 60ML SYP.	Cetrizine 2.5mg + Phenylephrine 2.5mg + Para 125 mg	60ML	11.00	35.15
34	NERGY 200ML SYP.	Protin + Vitamin+Minerals+L-Lysin	200ML	22.00	65.00
35	N KOFF 60ML SYP.	CPM 2.5mg +Ammonium chl 125mg + Sodiumcitrate 55mg	60ML	7.00	28.00
36	N KOFF SYP 100ML SYP.	CPM 2.5mg +Ammonium chl 125mg + Sodiumcitrate 55mg	100ML	8.50	36.00
37	NCAL 200ML SYRP.	Calcium 250mg + Vitamin D3 125mg + Vitamin			

38	NICOFLOX 60ML SYP.	Ofloxacillin 50mg. (370)	30 ML	9.00	
39	NICOFLOX O 30ML SYP.	Ofloxacin 50mg + Ornidazole 125mg	30ML	11.75	
40	NICORGNY 30ML SYP.	Roxythromycin 50mg	30ML	12.00	
41	NUAVOMIN SYP.	Ondansetron 2mg flavoured syrup base	30ML	8.50	
42	ROFEX 125MG 30ML SYP.	Cephalexin 125mg.	30ML	10.00	
43	RONEMOX 125MG 30ML SYP.	Amoxycillin 125mg.	30ML	8.25	
44	RONEMOX 125mg 60ML SYP.	Amoxycillin 125mg.	60ML	11.75	
45	SAFEPODOX D/S 30ML SYP	Cepodoxime 50mg	30ML	13.50	
46	SAFEXIM 30ML SYP.	Cefixime Dry Syp 50mg	30ML	14.00	

DROPS

Sr No	Name of the Product	Composition	Packing	Rate	M
1	(NEW) BECOMAX DROP	Becomplex Drop	15ML	9.00	
2	DOLIFRANE DROP	Paracitamol 100mg	15ML.	8.25	
3	DONNIC DROP.	Domperidone 1mg	30ML	8.75	
4	FEZI DROP	Elemental Iron 15mg + Folic Acid 0.2mg	15ML	9.00	
5	M COLD PLUS -CX DROP	Cetrizine 2.5mg + Phenylephrine 5mg + Para 125mg	15ML	9.90	
6	MCOLD PLUS DROPS	CPM 1mg + Phenylephrine 5mg + Para 125mg	15ML	9.50	
7	N-CLEAR (SYRAY) DROPS	Xylometazoline 0.1mg + Benzalkonium 0.01mg	10ML	12.00	
8	NAZI 100 DROP	Azythromycin100mg.	15ML.	13.00	
9	NAZI 200 DROP	Azythromycin 200mg.	15ML.	16.50	
10	(NEW) NERGY DROP	Protelne Drop	15ML	8.75	
11	NICOSPAS DROP	Diepehonine 10mg + Dimethicon 40mg	15ML.	8.75	
12	P PLUS F DROP	Paracetamol 125mg + Promethazine 5mg	15ML	8.00	

INJECTION

Sr No	Name of the Product	Composition	Packing	Rate	M
1	AMONYCLAV 1.2 INJ.	Amoxycillin 1000mg+ Clavunate 200mg.	VIAL	43.00	
2	CEFOTAX 250MG INJ.	Cefotaxime 250mg	VIAL	10.25	
3	CEFOTAX 500MG INJ.	Cefotaxime 500mg	VIAL	13.25	
4	CEFOTAX 1G INJ.	Cefotaxime 1000 mg	VIAL	18.00	
5	C-ONE 250MG INJ.	Ceftrixone 250mg	VIAL	11.25	
6	C-ONE 500MG INJ.	Ceftrixone 500mg	VIAL	14.25	
7	C-ONE 1000MG INJ.	Ceftrixone 1000mg	VIAL	20.00	
		Ceftrixone 1000mg + Sulbactum 500mg	VIAL	29.00	

	...FZ 1.125GM INJ.	Ceftriaxone 1000mg + Tazobactam 0.125mg	VIAL	42.00	250.00
	...OFAM 30ML INJ. IM/IV	Diclofenac 25mg	VIAL	8.00	44.00
	...YN 10ML (ETHICAL BRAND)	Gentamicin 80mg	VIAL	15.00	22.89
	GENTICYN 20ML (ETHICAL BRAND)	Gentamicin 80mg	VIAL	24.00	45.75
	HYDROCORT 100MG INJ.	Hydrocortisone Sod. 100mg	VIAL	19.50	41.44
14	MEROTANE INJ	Meropenem 100mg +Sodium 90.2mg	VIAL	325.00	3000.00
15	NICOPENTA 40MG.INJ.	Pantoprazole 40mg	VIAL	15.75	83.50
16	NYACIN 100 MG 2ML.INJ.	Amikacin 100mg	VIAL	6.25	25.00
17	NYACIN 250 MG 2ML.INJ.	Amikacin 250mg	VIAL	8.25	31.16
18	NYACIN 500 MG 2ML.INJ.	Amikacin 500mg	VIAL	12.50	70.00
19	OMNATAX 250MG INJ. (ETHICAL BRAND)	Cefotaxime 250mg	VIAL	10.25	16.04
20	OMNATAX 500MG INJ. (ETHICAL BRAND)	Cefotaxime 500mg	VIAL	13.25	31.15
21	OMNATAX 1G INJ. (ETHICAL BRAND)	Cefotaxime 1000 mg	VIAL	18.25	34.36
22	PIPRATAZ 4.5GM INJ.	Piperacillin 4gm + Tazobactam 0.5gm	VIAL	90.50	670.00
23	PIRACILLIN 500 MG INJ.	Ampicillin 500mg	VIAL	6.00	14.95
24	SAFESOND SR 1G INJ	Cefoperazone 500mg + Sulbactam 500mg	VIAL	27.50	240.00

AMPULES

Name of the Product	Composition	Packing	Rate	M.R.P.
DECABOLIN 25MG - 1ML AMP.	Nandrolone Decanoate 25mg	1 ML	12.00	98.00
DECABOLIN 50MG - 1ML AMP.	Nandrolone Decanoate 50mg	1 ML	15.00	142.50
DICLOFAM 1ML P/F AMP.	Diclofenac 75mg	1ML	4.50	17.50
DICLOFAM 3ML. AMP.	Diclofenac 3ml.	3ML	1.90	4.98
DEX 1ML AMP.	Betamethasone 4mg.	1ML	2.85	4.31
DOL 2ML AMP.	Tramadol 50mg	2 ML	3.70	24.63
OMEM 1ML AMP.	Methylergometrine 0.2mg	1 ML	2.50	13.53
OPHEN 2 ML AMP.	Pheniramine Maleate 22.75mg	2 ML	2.65	3.48
OTAC 2ML. AMP.	Ranitidine 25mg.	2ML	1.85	3.00
OZOCIN 1ML. AMP.	Pentazocine	1ML	3.90	4.56
XYTOCIN 1ML AMP.	Oxytocin 0.5%	1ML	2.60	15.94
AVOMIN 2ML AMP.	Ondansetron 2mg	2ML	2.65	15.48

OINTMENTS

Name of the Product	Composition	Packing	Rate	M.R.P.
LOFAM GEL 30GM (LEMI PACK)	Diclofanic gel 30mg	30GM	8.15	35.00
LOFAM FORTE 30GM GEL (LEMI	Diclofenac + Linseed Oil + Methyl Salicylate	30GM	14.00	54.30

Alkem Labs , Margin comprision, Branded Vs Generic

S.No.	SKU	BRAND	SUBGROUP	STRENGTH	MRP	MRP As per Alkem List (Generic)	PTR	PTS	Branded		Generic (as per M/s Alkem's list)	
									% Margin to Retailer	% Margin to stockist	Price to Retailer (PTR) (after stockist profit of 10%-15%)	% Margin to Retailer
1	ACUFLAM 100 MG TABLET 10	ACUFLAM	ACECLOFENAC | M1A1	100 MG	19.5	35	15.6	0	25.00	-	4.52	674.29
2	MOVACE 100 MG TABLET 10	MOVACE	ACECLOFENAC | M1A1	100 MG	20.48	35	16.39	14.95	24.95	36.99		
3	NEOFEN 100 MG TABLET 10	NEOFEN	ACECLOFENAC | M1A1	100 MG	8.56	35	6.85	0	24.96	-		
4	ACELOFLAM XP 100/325 MG TABLET 15	ACELOFLAM XP	ACECLOFENAC + PARACETAMOL | M1A3	100/325 MG	13.75	49	11	9.75	25.00	41.03	6.50	653.30
5	FENCETA NOVO 100/325 MG TABLET 10	FENCETA NOVO	ACECLOFENAC + PARACETAMOL | M1A3	100/325 MG	16.5	49	12.7	11.49	29.92	43.60		
6	AMIJECT 500 MG INJECTION 2 ML	AMIJECT	AMIKACIN | J1K4	500 MG	95	87	10.5	9.66	804.76	883.44	11.30	666.13
7	AMITAX 500 MG INJECTION 2 ML	AMITAX	AMIKACIN | J1K4	500 MG	71	87	54.1	48.69	31.24	45.82		
8	MIKATAX 500 MG INJECTION 2 ML	MIKATAX	AMIKACIN | J1K4	500 MG	63.33	87	50.67	45.6	24.99	38.88		
9	AMITAX MDV 500 MG INJECTION 10 ML	AMITAX MDV	AMIKACIN | J1K4	500 MG	63.33	87	50.67	45.6	24.99	38.88		
10	MIKATAX MDV 500 MG INJECTION 10 ML	MIKATAX MDV	AMIKACIN | J1K4	500 MG	250	87	190.5	173.1	31.25	44.43		
11	AMLOGEN 5 MG TABLET 10	AMLOGEN	AMLODIPINE | C8A1	5 MG	22.5	24.44	15	13.73	50.00	63.87	2.20	1,008.39
12	DIP (ALKEM) 5 MG TABLET 10	DIP (ALKEM)	AMLODIPINE | C8A1	5 MG	30	24.44	24	20.91	25.00	43.47		
13	AMLOKEM 5 MG TABLET 10	AMLOKEM	AMLODIPINE | C8A1	5 MG	50	24.44	48	2.65	25.00	2164.15		
14	AMLOGEN 5 MG TABLET 7	AMLOGEN	AMLODIPINE | C8A1	5 MG	19.5	24.44	15		30.00	-		
15	ABMAL 150 MG INJECTION 2 ML	ABMAL	ARTEETHER / ARTEMOTIL | P1D12	150 MG	13.12	96	10.5	9.66	24.95	35.82	11.03	770.75
16	ABTHER 150 MG INJECTION 2 ML	ABTHER	ARTEETHER / ARTEMOTIL | P1D12	150 MG	112	96	86.23	78.06	29.89	43.48		
17	CHINGASU 150 MG INJECTION 2 ML	CHINGASU	ARTEETHER / ARTEMOTIL | P1D12	150 MG	50.96	96	40.77	0	24.99	-		
18	ATORVASTATIN (ALKEM) 20 MG TABLET 10	ATORVASTATIN (ALKEM)	ATORVASTATIN | C10A1	20 MG	12.5	139.5	10	9.05	25.00	38.12	18.53	743.53
19	ATOSTAT 20 MG TABLET 10	ATOSTAT	ATORVASTATIN | C10A1	20 MG	90.71	139.5	72.57	15	25.00	504.73		
20	ATVAS 20 MG TABLET 10	ATVAS	ATORVASTATIN | C10A1	20 MG	111.4	139.5	89.15	48	24.99	132.15		
21	TOR HDL 20 MG TABLET 10	TOR HDL	ATORVASTATIN | C10A1	20 MG	19.54	139.5	15.35	13.79	28.98	41.70		
22	VASC 20 MG TABLET 10	VASC	ATORVASTATIN | C10A1	20 MG	64.76	139.5	51.81	46.63	25.00	38.88		
23	CEFKEM 500 MG TABLET 10	CEFKEM	CEFADROXIL | J1D6	500 MG	30		24	22.08	25.00	35.87		
24	CEFOXID 500 MG TABLET DT 6	CEFOXID	CEFADROXIL | J1D6	500 MG	22.89		18.84	17.5	21.50	30.80		
25	RT CEF 500 MG TABLET 6	RT CEF	CEFADROXIL | J1D6	500 MG	45.65		36.52	0	25.00	-		
26	ALCEFF 500 MG CAPSULE 10	ALCEFF	CEFALEXIN | J1D1	500 MG	32.5	130.03	26	23.4	25.00	38.89	33.07	293.13
27	CEPHALKEM 500 MG CAPSULE 10	CEPHALKEM	CEFALEXIN | J1D1	500 MG	43.75	130.03	35	30	25.00	45.83		
28	ALKEM COLD 5/500/5 MG TABLET 10	ALKEM COLD	CETIRIZINE + PARACETAMOL + PHENYLEPHRINE | R5D42	5/500/5 MG	28		5	4.2	460.00	566.67		
29	SUMO COLD 5/500/5 MG TABLET 10	SUMO COLD	CETIRIZINE + PARACETAMOL + PHENYLEPHRINE | R5D42	5/500/5 MG	56		43.1	39.01	29.93	43.55		
30	POWERFLAM 25 MG INJECTION 3 ML	POWERFLAM	DICLOFENAC | M1A12	25 MG	8.08	48.89	6.47	1.96	24.88	312.24	8.15	499.25
31	ZEDONAC 25 MG INJECTION 3 ML	ZEDONAC	DICLOFENAC | M1A12	25 MG	2.87	48.89	2.3	0	24.78	-		
32	ZEDONAC 25 MG INJECTION 30 ML	ZEDONAC	DICLOFENAC | M1A12	25 MG	16.25	48.89	13	0	25.00	-		
33	ENZOFLAM MICRO 1 % GEL 30 GM	ENZOFLAM	DICLOFENAC | M2A2	1 %	91.4		73.12	65.14	25.00	40.31		

34	POWERZOX 50/325/250 MG TABLET 10	POWERZOX	DICLOFENAC + PARACETAMOL + CHLORZOXAZONE | M1A25	50/325/250 MG	40	60	32.83	29.96	21.84	33.51	8.93	571.87
35	ALSERA D 50/10 MG TABLET 10	ALSERA D	DICLOFENAC + SERRATIOPEPTIDASE | M1A15	50/10 MG	11.25	45	9	8	25.00	40.63	8.82	410.20
36	SEREFLAM D 50/15 MG TABLET 10	SEREFLAM D	DICLOFENAC + SERRATIOPEPTIDASE | M1A15	50/15 MG	50.03	45	40.03	36.5	24.98	37.07		
37	ZEDFLAM 50/10 MG TABLET 10	ZEDFLAM	DICLOFENAC + SERRATIOPEPTIDASE | M1A15	50/10 MG	57.5	45	46	C	25.00	-		
38	ENZOFLAM D 50/10 MG CAPSULE 10	ENZOFLAM D	DICLOFENAC + SERRATIOPEPTIDASE | M1A15	50/10 MG	72.11	45	57.69	53.07	25.00	35.88		
39	ALMEFKEM SPAS 10/250 MG TABLET 10	ALMEFKEM SPAS	DICYCLOMINE + MEFENAMIC ACID | A3D8	10/250 MG	32	32	5.1	4.69	527.45	582.30	5.45	486.36
40	DOMEPRAZ 10/20 MG CAPSULE 10	DOMEPRAZ	DOMPERIDONE + OMEPRAZOLE | A3F9	10/20 MG	46.47	70	37.18	0	24.99	-	9.64	625.62
41	OMEE D 10/20 MG CAPSULE 10	OMEE D	DOMPERIDONE + OMEPRAZOLE | A3F9	10/20 MG	75	70	10.25	8.8	631.71	752.27		
42	OMEPRAZ D 10/20 MG CAPSULE 10	OMEPRAZ D	DOMPERIDONE + OMEPRAZOLE | A3F9	10/20 MG	15	70	12	9.2	25.00	63.04		
43	OMEE D 20 MG CAPSULE 10	OMEE D	DOMPERIDONE + OMEPRAZOLE | A3F9	20 MG	75	70	11.8	0.56	535.59	13292.86		
44	DOMEPRAZ 10/20 MG TABLET	DOMEPRAZ	DOMPERIDONE + OMEPRAZOLE | A3F9	10/20 MG	46	70	36.4	33.49	26.37	37.35		
45	DOMZOLE 10/20 MG TABLET 10	DOMZOLE	DOMPERIDONE + OMEPRAZOLE | A3F9	10/20 MG	61.86	70	49.49	27.66	24.99	123.64		
46	DROTANIC INJECTION 2 ML	DROTANIC	DROTAVERINE | A3A5		12.38	17	9.91	8.91	24.92	38.95	3.09	450.69
47	SPASMOKEM D 2 ML INJECTION 1	SPASMOKEM D	DROTAVERINE | A3A5	2 ML	3.67	17	2.94	2.75	24.83	33.45		
48	DROTANICM 80/250 MG TABLET 10	DROTANICM	DROTAVERINE + MEFENAMIC ACID | A3E6	80/250 MG	57.13	70	45.71	33.6	24.98	70.03	11.85	490.62
49	ALERT L 5 MG TABLET 10	ALERT L	LEVOCETIRIZINE | R6A13	5 MG	33.33	38	26.67	24	24.97	38.88	1.98	1,814.84
50	CETRIZ L 5 MG TABLET 10	CETIRIZ L	LEVOCETIRIZINE | R6A13	5 MG	34.18	38	27.35	24.62	24.97	38.83		
51	L HIST 5 MG TABLET 10	L HIST	LEVOCETIRIZINE | R6A13	5 MG	4.18	38	3.35	2.39	24.78	39.80		
52	NEXCET 5 MG TABLET 10	NEXCET	LEVOCETIRIZINE | R6A13	5 MG	31	38	25.46	22.91	21.76	35.31		
53	L HIST 5 MG SYRUP 30 ML	L HIST	LEVOCETIRIZINE | R6A13	5 MG	12.5		10	7.75	25.00	61.29		
54	TERMIPIL 200 MG TABLET	TERMIPIL	MIFEPRISTONE | G3X2	200 MG	336.5	525	269.2	242.3	25.00	38.88	57.33	815.75
55	TERMIPIL KIT 200 MG TABLET 1	TERMIPIL	MIFEPRISTONE | G3X2	200 MG	87.5	525	70	52	25.00	68.27		
56	TONIKEM PLUS CAPSULE 10	TONIKEM PLUS	MULTIVITAMINS + MINERALS | A11I1		12.5	75	10	7.82	25.00	59.85	9.37	700.32
57	PYRIMIDE 100 MG TABLET 10	PYRIMIDE	NIMESULIDE | M1A53	100 MG	2.5	29	2	1.8	25.00	38.89	2.42	1,095.62
58	PYRIMIDE MD 100 MG TABLET MD 10	PYRIMIDE MD	NIMESULIDE | M1A53	100 MG	4.83	29	3.87	3	24.81	-		
59	PYRIMIDE 100 MG TABLET 1000	PYRIMIDE	NIMESULIDE | M1A53	100 MG	150	29	120	110.4	25.00	35.87		
60	ALPROXEN 200 MG INFUSION 100 ML	ALPROXEN	OFLOXACIN | J1G9	200 MG	60	120	17.69	16.27	239.17	268.78	13.89	763.83
61	OFLOKEM 200 MG INFUSION 100 ML	OFLOKEM	OFLOXACIN | J1G9	200 MG	114	120	12.8	11.78	790.63	867.74		
62	ALPROXEN 200 MG TABLET 10	ALPROXEN	OFLOXACIN | J1G9	200 MG	39	54.69	32.01	30.74	21.84	26.87	9.37	483.59
63	OFLOKEM 200 MG TABLET 10	OFLOKEM	OFLOXACIN | J1G9	200 MG	56.81	54.69	13	10.7	337.00	430.93		
64	OFLOKEM NOVO 200 MG TABLET 10	OFLOKEM NOVO	OFLOXACIN | J1G9	200 MG	16.25	54.69	13	9.75	25.00	66.67		
65	QMAX 200 MG TABLET 10	QMAX	OFLOXACIN | J1G9	200 MG	56.81	54.69	10.75	7.85	428.47	623.69		
66	RONFLOX 200 MG TABLET 10	RONFLOX	OFLOXACIN | J1G9	200 MG	33.48	54.69	25.51	22.96	31.24	45.82		
67	SUPAXIN 200 MG TABLET 10	SUPAXIN	OFLOXACIN | J1G9	200 MG	100	54.69	83.84	76.38	19.27	30.92		
68	ALPROXEN O 200/500 MG TABLET 10	ALPROXEN O	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	70.68	110	56.55	0	24.99	-	19.56	462.10
69	ASSAULT 200/500 MG TABLET 10	ASSAULT	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	26.25	110	21	17.75	25.00	47.89		
70	ASSAULT NOVO 200/500 MG TABLET 10	ASSAULT NOVO	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	27.12	110	21.7	15.98	24.98	69.71		
71	MEGANOR NEW 200/500 MG TABLET 10	MEGANOR	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	58.71	110	46.97	39.09	24.99	50.19		
72	MEGANOR OZ 200/500 MG TABLET 10	MEGANOR OZ	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	59.52	110	47.62	42.86	24.99	38.87		
73	OFLOKEM OZ 200/500 MG TABLET 10	OFLOKEM OZ	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	29.25	110	23.4	20	25.00	46.25		
74	QMAX OZ 200/500 MG TABLET 10	QMAX OZ	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	27.5	110	22	16.33	25.00	68.40		
75	RONFLOX OZ 200/500 MG TABLET 10	RONFLOX OZ	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	80	110	60.95	54.86	31.26	45.83		

76	OFLOKEM OZ 200/500 MG TABLET 6	OFLOKEM OZ	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	28.5	110	22.8	18.65	25.00	52.82		
77	RONFLOX OZ 200/500 MG TABLET 6	RONFLOX OZ	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	73	110	55.62	50.06	31.25	45.83		
78	ASSAULT 200/500 MG SUSPENSION 30 ML	ASSAULT	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	15.93		12.75	9.75	24.94	63.38		
79	RONFLOX OZ 200/500 MG SUSPENSION 30 ML	RONFLOX OZ	OFLOXACIN + ORNIDAZOLE | A7A15	200/500 MG	39		29.71	26.74	31.27	45.85		
80	HOSPIMOL 1000 MG INFUSION 100 ML	HOSPIMOL	PARACETAMOL | N2B1	1000 MG	302	250	230.1	50	31.25	504.00		
81	PYRAKEM 1000 MG INJECTION 100 ML	PYRAKEM	PARACETAMOL | N2B1	1000 MG	52.5	250	42	38.64	25.00	35.87	29.76	739.84
82	SUMO L IV 1000 MG INFUSION 100 ML	SUMO L	PARACETAMOL | N2B1	1000 MG	133	250	101.3	50	31.25	166.00		
83	P.U.C 650 MG TABLET 10	P.U.C	PARACETAMOL | N2B1	650 MG	15.5	21	11.93	10.8	29.92	43.52		
84	PYRAKEM 650 MG TABLET 10	PYRAKEM	PARACETAMOL | N2B1	650 MG	4.75	21	3.8	3.42	25.00	38.89	4.63	353.51
85	PYRICOOL 650 MG TABLET 10	PYRICOOL	PARACETAMOL | N2B1	650 MG	22	21	5.75	4.2	282.61	423.81		
86	SUMO L ER 650 MG TABLET ER 10	SUMO L	PARACETAMOL | N2B1	650 MG	24	21	18.47	16.72	29.94	43.54		
87	ENZOFLAM TP 325/37.5 MG TABLET 10	ENZOFLAM TP	PARACETAMOL + TRAMADOL | N2B3	325/37.5 MG	45	65	34.62	31.15	29.98	44.46	7.27	793.28
88	TRAMEF P 325/37.5 MG TABLET 10	TRAMEF P	PARACETAMOL + TRAMADOL | N2B3	325/37.5 MG	14.25	65	11.4	6.7	25.00	112.69		
89	ALPROVIT D POWDER 200 GM	ALPROVIT D	PROTEIN SUPPLEMENTS | V6B1		128.2	184	102.5	93.76	25.00	36.69		
90	ALPROVIT POWDER 200 GM	ALPROVIT	PROTEIN SUPPLEMENTS | V6B1		161.7	184	129.4	117	25.00	38.25		
91	DIET PROTEIN POWDER 200 GM	DIET PROTEIN	PROTEIN SUPPLEMENTS | V6B1		120.9	184	96.71	87.04	24.99	38.88	33.06	456.31
92	X PORT POWDER 200 GM	X PORT	PROTEIN SUPPLEMENTS | V6B1		36.81	184	29.45	26.51	24.99	38.85		
93	XPROT POWDER 200 GM	XPROT	PROTEIN SUPPLEMENTS | V6B1		47.5	184	38	30	25.00	58.33		
94	PROTIKEM CHOCHALATE POWDER 200 GM	PROTIKEM	PROTEIN SUPPLEMENTS | V6B1		38.75	184	31	28.52	25.00	35.87		
95	ALPROVIT POWDER 100 GM	ALPROVIT	PROTEIN SUPPLEMENTS | V6B1		249		174	156.6	43.13	59.02		
96	ALPROVIT POWDER 15 GM	ALPROVIT	PROTEIN SUPPLEMENTS | V6B1		249		174	156.6	43.13	59.02		
97	ALPROVIT POWDER 180 GM	ALPROVIT	PROTEIN SUPPLEMENTS | V6B1		249		174.7	157.3	42.50	58.34		
98	PROTIKEM SYRUP 200 ML	PROTIKEM	PROTEIN SUPPLEMENTS | V6B1		46.87		37.5	33.12	24.99	41.52		
99	ALPROVIT DROPS 10 ML	ALPROVIT	PROTEIN SUPPLEMENTS | V6B1		16.41		13.13		24.98	-		
100	ALPROVIT DROPS 15 ML	ALPROVIT	PROTEIN SUPPLEMENTS | V6B1		20.2		19.05	13.14	6.04	33.42		
101	ALPROVIT PLUS SYRUP 200 ML	ALPROVIT PLUS	PROTEIN SUPPLEMENTS | V6B1		98.5		75.05	67.54	31.25	45.84		
102	ALPROVIT SYRUP 200 ML	ALPROVIT	PROTEIN SUPPLEMENTS | V6B1		98.5		75.05	67.54	31.25	45.84		
103	DIET PROTEIN SYRUP 200 ML	DIET PROTEIN	PROTEIN SUPPLEMENTS | V6B1		57.68		1	0.92	5668.00	6169.57		
104	NULOC 20 MG INJECTION 10 ML	NULOC	RABEPRAZOLE | A2C5	20 MG	66.58		53.27	0	24.99	-		
105	RABALKEM 20 MG TABLET 10	RABALKEM	RABEPRAZOLE | A2C5	20 MG	80		8.82	7.63	807.03	948.49		
106	RABIKOOL 20 MG TABLET 10	RABIKOOL	RABEPRAZOLE | A2C5	20 MG	18.95		15.16	0	25.00	-		
107	RAPEED 20 MG TABLET 10	RAPEED	RABEPRAZOLE | A2C5	20 MG	49.5		38.11	34.5	29.89	43.48		
108	RAPIROL 20 MG TABLET 10	RAPIROL	RABEPRAZOLE | A2C5	20 MG	85.62		68.5	20.77	24.99	312.23		
109	FLAMOVER 10 MG TABLET 10	FLAMOVER	SERRATIOPEPTIDASE | V3H2	10 MG	41.9	70	33.52	30.84	25.00	35.86	6.88	915.87
110	SERRAFAST 10 MG TABLET 10	SERRAFAST	SERRATIOPEPTIDASE | V3H2	10 MG	74	70	6.45	5.93	1047.29	1147.89		
111	ZENEGRA 100 MG TABLET 4	ZENEGRA	SILDENAFIL | G4E1	100 MG	9.06	125	7.25	6.15	24.97	47.32	6.78	1,743.65
112	ZENEGRA RED 100 MG TABLET 1	ZENEGRA RED	SILDENAFIL | G4E1	100 MG	3.18	125	2.55	2.3	24.71	38.26		
113	TRAMEF 50 MG INJECTION 2 ML	TRAMEF	TRAMADOL | N2B5	50 MG	5	25.51	4	2.99	25.00	67.22	2.97	756.97
114	TRUMP 50 MG CAPSULE 10	TRUMP	TRAMADOL | N2B5	50 MG	49.9	25.51	39.92	36.33	25.00	37.35		

LUPIN MASS MARKETING - ALL THREE DIVISIONS

PRICE LIST EFFECTIVE 01/04/ 2013

S.N	BRAND NAME	GENERIC NAME	PACK	SP	MRP	CASE LOT
1	ACEMIZ 100MG	ACECLOFENAC 100 MG	20 X 10	71.50	765.00	60
2	ACEMIZ 200 SR TAB	ACECLOFENAC 200MG SUSTAINED RELEASE	10 X 10	119.00	430.00	100
3	ACEMIZ FAST TABS	Each uncoated tablet contains: Aceclofenac IP - 100mg, Thiocolchicoside IP - 4mg	10X10	395.00	2050.00	54
4	ACEMIZ GEL 30 GMS	Aceclofenac IP: 1.5% W/W , linseed Oil BP: 3.0% W/W, Menthol Ip?: 5.0% W/W, Camphor: 3.1% W/W, Methyl Salicylate IP: 10.1% W/W, Capsaicin USP: 0.01% W/W, (equivalent to pure) Capsaicin NLT 0.0055% W/W, Benzyl alcohol IP: 1.0% W/W (as perservative) In a gel base : q.s.	30 gms	15.25	71.00	600
5	ACEMIZ MR	ACECLOFENAC 100 MG + PARA 500 MG + Chlorzoxazone	10X10	127.00	660.00	60
6	ACEMIZ PLUS (New Alu Alu Pack)	ACECLOFENAC 100 MG + PARA 500 MG	10X10	82.25	570.00	60
7	ACEMIZ PLUS BLISTER PACK	Aceclofenac 100mg + Paracetamol 500 mg	5 X 2 X 10'S	61.00	520.00	60
8	ACEMIZ PLUS SUSPENSION	Each 5ml contains: Aceclofenac IP..50mg, Paracetamol IP..125mg In a flavoured syrupy base q.s Colour: Sunset Yellow FCF	60ML	8.50	45.00	160
9	ACEMIZ PLUS SUSPENSION (PINEAPPLE) 60ML	Each 5ml contains: Aceclofenac IP..50mg, Paracetamol IP..125mg In a flavoured syrupy base q.s Colour: Sunset Yellow FCF	60ML	8.50	45.00	100
10	ACEMIZ RAB CAPS	Each hard gelatin capsule contains: Rabeprazole Sodium IP 20mg (as enteric coated) Colours: Red Oxide of Iron & Titanium Dioxide IP Aceclofenac IP 200mg (as sustained release) Capsule should be swallowed whole and not opened, chewed or crushed	10x1x10	260.00	1250.00	30
11	ACEMIZ S	ACECLOFENAC 100 MG + SERRATIOPEPTIDASE	10X 10'S	169.00	710.00	100
12	ALCIT SYRUP	ALKALINE CITRATE SYRUP	100ML	12.50	47.00	50
13	ALLERKAST TABS (ALU/ALU)	Each film coated tablets contains: Montelukast Sodium IP: eq to Montelukast 10 mg, Levocetirizine Dihydrochloride IP: 5mg, Colours: Titanium dioxide IP.	10x10	160.00	1600.00	120
14	ALLERKASTT SUSPENSION 30ML	Each 5 ml contains: Levocetirizine Dihydrochloride IP : 2.5mg Montelukast Sodium IP e.q to Montelukast : 4mg Flavoured suspension base : q.s Colour : Sunset Yellow FCF	30MI	13.15	49.50	200
15	ALPRAQUIL .25	ALPRAZOLAM 0.25 MG	10X6X10	106.00	705.00	60
16	ALPRAQUIL .5	ALPRAZOLAM 0.5MG	10X6X10	126.00	1260.00	60
17	ALPRAQUIL -P	Each uncoated tablet contains: Alprazolam IP.....0.25mg Propranolol Hydrochloride IP.....20mg Excipients.....q.s Colour: Sunset Yellow FCF	20x10's	83.00	425.00	60
18	ASCOPLEX	B-COMPLEX + VIT	20X10	128.75	163.40	60
19	ASLI POWER MUSLI CAPS	Safed Musli Extract : 4500mg, Ashwagandha Extract: 850mg, Kaunch Extract: 625mg, Shilajeet Extract: 1650mg, Amla Extract: 450mg, Gokhroo Extract: 650mg, Jaiphal Extract: 2750mg, Satawari Extract: 750mg, Kokilaksha Extract: 1150mg, Muringa: 25mg, Vayalchully: 25mg	30'S	200.00	750.00	120
20	AZILUP 100 DT TAB	AZITHROMYCIN 100MG DT	10 X 10	192.00	710.00	100
21	AZILUP 250	AZITHROMYCIN 250	10X6	222.00	800.00	50
22	AZILUP 500	AZITHROMYCIN 500	10X3	222.00	800.00	50
23	AZILUP SUSPENSION	AZITHROMYCIN SUSPENSION 20MG	15 ML	13.25	40.00	100
24	BAL CHYAWAN	HERBAL REJUNEVATOR	500 GMs	62.00	135.00	24
25	BLOCKUF-BLUE 100ML	Terbutaline 1.5mg + Ganiphensin 50mg + Ambroxol HCl 15mg + Menthol 0.5mg	100ML	15.25	49.00	100
26	BLOCKUF-RED 100ML	Terbutaline 1.5mg + Ganiphensin 50mg + Bromohexine 2mg + Menthol 0.5mg	100ML	15.25	51.00	100
27	BREAKUF BLUE 100ML	Terbutaline 1.25mg,+Ganiphensin50mg+Ambroxol HCL 15mg2mg	100 ML	15.25	49.00	100

28	BREAKUF RED 100ML	Terbutaline 1.25mg,+Ganiphensin50mg+Bromohexine2mg	100 ML	15.25	51.00	100
29	CALTOP CZ	Each soft gelatin capsule contains : Calcitriol IP 0.25mg Calcium Carbonate IP 500 mg (equivalent to elemental calcium 200 mg), Zinc Sulphate Monohydrate USP equivalent to elemental Zinc 7.5mg excipients q.s	10x10	120.00	840.00	75
30	CALTOP SYRUP	Each 5ml (Onew Teaspoonful) Contains: Calcium (As Tri Calcium Phosphate Ip) 82 mg,Vitamin D3 I.P...200 I.U, Vitamin B12 I.P...2.5mcg, Syrupy Base...q.s Colour; Sunset Yellow Fcf	200ML	20.45	53.00	36
31	CALTOP TABLETS 10X15	Calcium + Vitamin D3 Tablets	10x15	49.50	470.00	60
32	CANAZOLE POWDER	CLOTRIMAZOLE POWDER 30GM	30GM	11.00	23.00	200
33	CANAZOLE - B	CLOTRIMAZOLE1%+BECLOMETHASONEDIPROPANATE0.025 %	15 GMS	8.30	38.00	600
34	CANAZOLE - B	CLOTRIMAZOLE1 %+ BECLOMETHASONEDIPROPANATE0.025 %	5 GMS	5.75	19.00	600
35	CANAZOLE CREAM	CLOTRIMAZOLE 1 %	15 GMS	6.85	32.00	600
36	CANAZOLE POWDER	CLOTRIMAZOLE POWDER 100GM	100GM	18.50	39.00	128
37	CANAZOLE B LOTION	CLOTRIMAZOLE1%W/V+BECLOMETHASONEDIPR0.025%	15ML	12.60	43.00	480
38	CANAZOLE EAR DROP	Clotrimazole IP..1% w/v Lignocaine Hydrochloride IP Propytene Glycol IP Base ..qs	10ml	9.40	32.00	480
39	CANAZOLE LOTION 15ML	CLOTRIMAZOLE 1% W/V	15ML	10.25	40.00	480
40	CANAZOLE MOUTH PAINT	Clotimazole IP.. 1% /wv In propytene Glycol IP and Glycerin IP base ...q.s.	15ml	11.20	52.00	480
41	CANAZOLE VG GEL	CLOTRIMAZOLE 2%W/W + BENZYL ALCOHOL 2%W/W + CHOLECALCIFEROL 0.1%W/W VAGINAL GEL	30 GMS	13.25	48.00	180
42	CANAZOLE VG TABLET	CLOTRIMAZOLE 100MG VAGINAL TABLETS	10 X 6	115.00	300.00	12
43	CEFTALUP 1 GM	CEFTAZIDIME	1 VIAL	43.00	355.00	200
44	CIPROLUP 250MG	CIP OLOXACIN 250MG	20X10	168.50	636.00	100
45	CIPROLUP 500MG	CIP OLOXACIN 500MG	20X10	325.00	1235.00	100
46	CIPROVA 250 ALU/ALU	Ciprofloxacin Tablets 250mg	20X10	181.00	636.00	100
47	CIPROVA 500 ALU/ALU	Ciprofloxacin Tablets 500mg ALU /ALU PACK	20X10	340.00	1235.00	60
48	CIPROVA IV	Each 100 ml contains Ciprofloxacin I.P. 200 mg + Sodium Chloride I.P. 900mg	100 ML	9.85	18.45	100
49	CLAMYCIN 250	CLARITHROMYCIN 250	10X4	350.00	1530.00	108
50	CLINLUP GEL	CLINDAMYCIN PHOSPHATE U.S.P. Equivalent to Clindamycin 1.00% w/w Preservatives: Sodium Methylparaben I.P. 0.114% w/w Sodium Propylparaben I.P. 0.056% w/w Gel Base q.s. Colours: Red Oxide of Iron and Titanium Dioxide	20GMS	10.50	57.00	600
51	CONSTIVAC - 3.5 GMS	Each gram contains:Ispagoula husk (Plantago ovate)....470mg Extracts: Haritaki Extract (Terminalia chebula)....40mg Sonamukhi Extract (Cassia angustifolla).... 8mg (Cassia fistula).... 30mgAmaltas Extract Excipients... q.s	3.5 GMS	2.50	6.00	2000
52	CORTILUP INJ WITH WFI	HYDROCORTISONE SOD. SUCCINATE 100 MG	1 VAIL	17.00	52.00	240
53	CURINE CAPS	Each Hard Gelatin Caps Contains Diacerein 50 mg	10 X 10C	210.00	1700.00	40
54	CURINE-G TAB	Each film coated tablet contains: Diacerein.. 50mg+Glucosamine Sulphate potassium Chloride USP 750mg	10x10's	300.00	1600.00	40
55	DEFENAC 3ML	DICLOFENAC INJ 3ML.	100 X 3ML	177.00	1000.00	18
56	DEFENAC - P (GREEN)	Dicolfenac Sodium 50mg+Paracetamol 500mg	20X10	68.65	370.00	60
57	DEFENAC - P (RED)	Dicolfenac Sodium 50mg+Paracetamol 500mg	20X10	68.65	370.00	60
58	DEFENAC - P (SILVER)	Dicolfenac Sodium 50mg+Paracetamol 500mg	20X10	73.00	370.00	60
59	DEFENAC - P (WHITE)	Dicolfenac Sodium 50mg+Paracetamol 500mg	20X10	68.65	370.00	60
60	DEFENAC - P (YELLOW)	Dicolfenac Sodium 50mg+Paracetamol 500mg	20X10	68.65	370.00	60
61	DEFENAC - P GREEN	DICLOFENAC +PARA	50x10	171.60	925.00	32
62	DEFENAC - P RED	DICLOFENAC +PARA	50x10	171.60	925.00	32
63	DEFENAC - P SILVER	DICLOFENAC +PARA	50x10	182.00	925.00	32
64	DEFENAC - P WHITE	DICLOFENAC +PARA	50x10	171.60	925.00	32
65	DEFENAC - P YELLOW	DICLOFENAC +PARA	50x10	171.60	925.00	32
66	DEFENAC 30ML	DICLOFENAC INJ 30ML	25x30 ml	201.00	1250.00	8
67	DEFENAC GEL 15GMS	DICLOFENAC GEL	15 GMS	6.75	24.00	600
68	DEFENAC GEL 30GMS	DICLOFENAC GEL	30GM	8.90	56.00	600
69	DEFENAC -SR	DICLOFENAC 100 MG SR	25X10	120.60	625.00	60
70	DEFENAC TAB	DICLOFENAC 50 MG	25X10	49.05	385.00	48
71	DEFIDIN	AMLODIPINE 5MG	5X6X10	70.50	660.00	40
72	DEFIDIN-A	AMPLODIPINE 5 MG +ATENOLOL 5 MG	10x10	38.80	390.00	80

73	DERITARD INJ 2 ML (50X2ML)	Etophylline I.P. 84.7mg + Theophylline 25.3mg	50X2ML	100.00	176.50	24
74	DICLONOVA INJ 3 ML 100X3ML	Diclofenac Sodium Injection 3ml Ampoule	100x3ml	177.00	1000.00	18
75	DI ONOVA INJ 30 ML 25X30ML	Diclofenac Sodium Injection 30ml Vial	25x30ml	201.00	1250.00	8
76	DOTOSPAS FORTE TABLETS	Each film coated tablets contains: Drotraverine Hydrochloride : 80 mg, Mefenamic acid IP: 250 mg, colours: sunset yellow FCF & titanium Dioxide IP	10x10's	142.00	750.00	105
77	DZM 30	DILTIAZEM 30MG	5X6X10	136.30	645.00	50
78	ENTHUSIA 100	SILDENAFIL CITRATE 100	10X4	98.85	1180.00	80
79	ENTHUSIA 50	SILDENAFIL CITRATE 50	10X4	63.65	790.00	80
80	EUFOX - O - SUSPENSION	OFLOXACIN+ORDINAZOLE WITH CARTON	30ML	11.00	45.00	100
81	EUFOX - O TAB	OFLOXACIN+ORDINAZOLE	10X10	177.00	980.00	100
82	EUFOX 100	Ofloxacin 100 mg	10X10	66.45	410.00	100
83	EUFOX 200	OFLOXACIN 200MG	20X10	180.00	1460.00	60
84	EUFOX 200 (AMBER PACK)	Each uncoated tablet contains Ofloxacin 200mg Amber Blister	5X4X10's	180.00	1462.40	80
85	EUFOX 400	Ofloxacin 400 mg	10X10	204.40	980.00	100
86	EUFOX SUSPENSION	OFLOXACIN SUS 50 MG/5ML	30ML	9.50	30.00	100
87	EUFOX-TZ	OFLOX 200+TINI 600	10X10	192.00	910.00	100
88	FERINOVA XT CAPSULES	Each film coated tablet containS:Ferrous scorbate Equuivalant elemental Iron 100mg Folic Acid IP....1..5mg	5 X 1 X10'S	122.65	575.00	40
89	FERO - S	FERRIC AMMONIUM CITRATE + FOLIC ACID + CYANOCOBALAMINE + SORBITOL	200 ML	18.00	65.00	60
90	FERO - S	FERRIC AMMONIUM CITRATE + FOLIC ACID + CYANOCOBALAMINE + SORBITOL	300 ML	27.50	95.00	25
91	FERRO - ZF TABS	Each film coated tablet contains:Ferrous AscorbateEquivalent to Elemental Iron.....100mg Folic Acid IP.....1.5mgZinc Sulphate IPEquivalent to Elemental Zinc.....22.5mgExcipients.....q.sAppropriate overages of vitamins added.Colours: Red Oxide of Iron & Titanium Dioxide IP.	10x1x10	200.00	720.00	20
92	FEXOLUP 120 TABS	Each tablet contains: Fexofenadine 120mg	10X6'S	120.00	570.00	120
93	FLUCALUP 150 Blister	Fluconazole 150mg Tablets	20 x 1's	51.00	700.00	50
94	FLUCALUP 150 CARTON PACK	Flucanazole 150mg Tablets with MONO CARTON	20 x 1's	61.00	700.00	80
95	FLUCALUP 50 DT	Fluconazole 50mg Tablets	10 x 1 x 4's	63.40	380.00	50
96	FREE NOZ	Contains:Sodium Chloride IP .. 0.74%w/v.Preservative:Benzalkonium Chloride IP..... 0.01%w/v In Sodium Phosphate buffer solution.	20ml	12.00	33.00	240
97	GELUPIN - MPS SYP MINT	ACT.DIMETHICONE 50 MG+ MAGN HYD 250 MG	170 ML	13.50	48.00	40
98	GELUPIN - MPS SYP ORANGE	ACT.DIMETHICONE 50 MG+ MAGN HYD 250 MG	170 ML	13.50	48.00	40
99	GEMIDERM CREAM 10GM	Beclom + Diprop + Micon + Neom Sulphate	10gm	6.75	20.00	600
100	GLIBAMIDE M TABS	GLIBENCLAMIDE 5MG + METFORMIN HCl 500	10X10	54.60	175.00	60
101	GLIBAMIDE TABS	GLIBENCLAMIDE 5MG	30X10	78.50	189.00	60
102	GLYLUP - M	GLIPIZIDE 5 MG + METFORMIN HCL 500 MG	20X10	92.00	188.60	40
103	GLYLUP 5	GLIPIZIDE 5 MG	5X6X10	71.75	152.70	40
104	HELEXIN 125 MG DS 30 ML	Cephalexin Dry Syrup	30 ml	9.85	32.00	200
105	HELKOSS 150	RANITIDINE 150 MG	20X10	63.50	104.00	60
106	HELKOSS 300	RANITIDINE 300 MG	10X10	62.00	97.50	80
107	HELKOSS INJ	RANITIDINE INJECTION	100 X 2ML	168.00	339.00	16
108	HELKOSS-D	RANITIDINE 150 MG +DOMPERIDONE 10MG	20X10	83.50	105.20	60
109	HEPP FORTE 200ml	IRON POLYMALTOSE COMPLEX SYP	200 ML	35.50	66.00	36
110	HEPP FORTE DROP	HAEMATANIC DROP	15ML	11.50	46.00	200
111	HEPP FORTE PLUS	Ferric Ammonium Citrate 160mg & Folic Acid - 0.5mg	300ML	46.25	118.00	25
112	HEPP FORTE SYP 300ML	IRON POLYMALTOSE COMPLEX SYP	300ML	46.25	118.00	25
113	HEPP FORTE SYP 300ML (PET)	IRON POLYMALTOSE COMPLEX SYP	300ML	46.25	118.00	25
114	HEPP FORTE SYP 450ML	IRON POLYMALTOSE COMPLEX SYP	450ML	69.00	132.00	16
115	HEPP GLOBIN SYRUP	PROTEOLYSED LIVER200MG+PEPTONE200MG + IRONAMMONIUMCITRATE 53.4MG+FOLICACID .17MG	450ML	48.50	121.00	16

116	HEPP GLOBIN SYRUP	PROTEOLYSED LIVER200MG+PEPTONE200MG + IRONAMMONIUMCITRATE 53.4MG+FOLICACID .17MG	300ML	38.50	95.00	25
117	HEPP GLOBIN SYRUP (PET)	PROTEOLYSED LIVER200MG+PEPTONE200MG + IRONAMMONIUMCITRATE 53.4MG+FOLICACID .17MG	300ML	37.00	104.00	25
118	HEPP GLOBIN SYRUP (PET)	PROTEOLYSED LIVER200MG+PEPTONE200MG + IRONAMMONIUMCITRATE 53.4MG+FOLICACID .17MG	450ML	48.50	132.00	25
119	HEPP PLUS	Carbonyl Iron + Zinc + Folic	10 x 15's	73.50	760.00	72
120	HEPP PUSHP SYRUP	AYURVEDIC PRODUCT	450ML	110.00	275.00	16
121	HEPP PUSHP SYRUP	AYURVEDIC PRODUCT	170ML	61.50	134.00	30
122	HEPP SR	IRON SR CAP	2X15X10	178.85	650.00	40
123	HYPERNIL 10MG	LISINOPRIL 10MG	10 X 15'S	112.50	975.00	100
124	HYPERNIL 5MG	LISINOPRIL 5MG	10 X 15'S	76.65	555.00	100
125	ICEDERM - L (LAVENDER)	PRICKLY HEAT POWDER	150GMS	21.00	55.00	80
126	ICEDERM - S (SANDAL)	PRICKLY HEAT POWDER	150GMS	21.00	55.00	80
127	IQ MEM SYRUP (WITH CARTON)	Each 5ml Contains: Extracts Vacha (Acorus Calamus) 20mg Jyotishmati (Celastrus Paniculatus) 16mg Brahmi (Bacopa monnieri) 75mg Shakhapushpi (Evolvulus alsinoides) 45mg Mandukaparni (Centella asiatica) 38mg In a syrup base q.s	200ml	28.50	65.00	60
128	IQ MEM TABLETS	Each Tablets Contains: Brahmi Extract (Bacopa monnieri) ... 75mg Shakhapushpi Extract (Evolvulus alsinoides)... 45mg Mandukaparni Extract (Centella asiatica) 75mg Vacha Extract (Acorus calamus).... 50mg	3X10X10's	285.00	750.00	12
129	IRORICH SYR	Iron Syrup	300ML	31.50	100.00	25
130	IRORICH ZF CAPSULES	Each hard gelatin capsule contains: Carbonyl Iron eq to Elemental Iron.....50mg Zinc Sulphate Monohydrate IP.....61.8mg Folic Acid IP.....0.5mg	20x15	148.50	1650.00	30
131	ITOCIN 1 ML	OXITOCIN INJ	40x1ml	74.00	600.00	40
132	JUSINERGY (APPLE) 200ML	This pack 200ML contains approximately the following: Sodium Chloride : 250mg, Potassium Chloride : 300mg, Sodium Citrate: 580mg, Dextrose: 2.7g, Calcium Lactate: 80mg, Magnesium Sulphate: 100mg, Carbohydrate; 18g, Vitamin C: 40m	200ML	10.45	22.50	
133	JUSINERGY (ORANGE) 200ML	This pack 200ML contains approximately the following: Sodium Chloride : 250mg, Potassium Chloride : 300mg, Sodium Citrate: 580mg, Dextrose: 2.7g, Calcium Lactate: 80mg, Magnesium Sulphate: 100mg, Carbohydrate; 18g, Vitamin C : 40mg	200ML	10.45	22.50	
134	KINETIX 5	MOSAPRIDE 5 MG	10X10	68.20	295.00	100
135	L - NANDEC - 25 INJ	Each mlcontains:Nandrolone DecanoateIP...25mg Oily base.....q.s.	1x1 ml	10.50	95.00	240
136	L - NANDEC - 50 INJ	Each mlcontains:Nandrolone DecanoateIP...50mg Oily base.....q.s.	1x1 ml	13.00	190.00	240
137	LATENOL 25MG	ATENOLOL 25MG	20X14	53.20	340.00	100
138	LATENOL 50MG	ATENOLOL 50MG	20X14	77.70	680.00	100
139	LAXIFIN SUSPN 170ML	Liquid Paraffin I.P. + Milk of Magnesia	170ml	18.25	60.00	80
140	L-ETHER INJ	ALPHA - BETA ARTEETHER INJ (ANTIMALARIAL)	3X2ml	48.50	360.00	300
141	L-FLOX 250	Each tablet contains levofloxacin 250mg.	20x1x5's	161.00	420.00	45
142	L-FLOX 500	Each tablet contains levofluxacin 500mg.	20x1x5's	245.00	800.00	45
143	L-FLOX I.V	Levofloxacin + Soc Chl IV	100ML	15.00	120.00	100
144	LOSAGARD 25 10X10	LOSARTAN POTTASIUM 25MG	10X10	90.90	285.00	50
145	LOSAGARD 50 10X10	LOSARTAN POTTASIUM 50MG	10X10	142.00	480.00	50
146	LUCIPRO 250	CIPROFLOXACIN 250MG	20x10	168.50	636.00	100
147	LUCIPRO 500	CIPROFLOXACIN 500MG	20X10	325.00	1235.00	100
148	LUCOBET GM CREAM	Clobetasol Propionate USP 0.05% w/w Miconazole Nitrate, IP 2.00%w/w Neomycin Sulphate I.P 0.5% w/w Cholorocresol.I.P 0.1% w/w	20GMS	9.10	70.00	300

149	LUCOBET GM CREAM	Clobetasol Propionate USP 0.05% w/w Miconazole Nitrate. IP 2.00%w/w Neomycin Sulphate I.P 0.5% w/w Cholorocresol.I.P 0.1% w/w	10GMS	6.75	43.00	300
150	LUPACTIN FORTE SYRUP	Each 10ml contains Cyproheptadine Hydrochloride IP 2mg Trichloine Citrate 275 mg Sorbitol 70% solution IP 2 gm (Non-Crystallising) In a palatable syrupy base	200 ML	22.75	70.00	60
151	LUPACTIN Syp	CYPROHEPTADINE SYRUP	200ML	21.50	64.00	40
152	LUPACTIN TAB	CYPROHEPTADINE TAB	5X6X10	108.00	345.00	50
153	LUPAMIK 100 INJ	AMIKACIN 100MG	5x8x2ml	210.00	1120.00	24
154	LUPAMIK 250 INJ	AMIKACIN 250MG	5x8x2ml	288.00	1800.00	24
155	LUPAMIK 500 INJ	AMIKACIN 500MG	5x8x2ml	409.50	3160.00	24
156	LUPIBEND 400 (NEW ALU/ALU Pack)	ALBENDAZOLE TAB 400MG	100X1	151.00	1400.00	40
157	LUPIBEND SYP 10ML	ALBENDAZOLE SYP 10ML	10ML	5.45	23.50	360
158	LUPICAL 250	CAL.CARBONATE 625 MG	10X30	71.50	475.00	60
159	LUPICAL 500 MG	CAL 1.25 GM + VIT D3 250 I.U.	15X10	49.50	510.00	60
160	LUPICAL B12 SYR	CALCIUM+VIT B12 SYR	200ML	20.45	57.00	36
161	LUPICEF - CL 100 TAB	Each uncoated dispersible tablet contains cefixime ip as trihydrate eq.to anhydrous cefixime 100mg potassium clavulanate IP (as Potassium Clavulanate Diluted IP) Eq. to Clavulanic Acid 62.5mg	10X1X6 S	330.00	1480.00	36
162	LUPICEF - CL 200 TAB	Each uncoated dispersible tablet contains cefixime ip as trihydrate eq.to anhydrous cefixime 100mg potassium clavulanate IP (as potassium clavulanate diluted ip) eq. to clavulanic acid 125 Mg,	10X1X6 S	575.00	2580.00	36
163	LUPICEF DS	CEFIXIME USP 50 MH	30 MI	12.00	55.00	200
164	LUPICEF-O 100 DT	CEFIXIME 100 MG DT	10X10	220.00	985.00	60
165	LUPICEF-O 200 DT	CEFIXIME 200 MG TAB	10X10	345.00	1645.00	60
166	LUPICET COLD FORTE TABS	Each uncoated tablet contains: Cetrizine Hydrochloride IP: 5mg, Phenylephrine Hydrochloride IP: 5mg, Paracetamol IP: 500mg.	20X10's	98.00	500.00	60
167	LUPICET L Alu/Alu Pack	Levocetirizine 5 mg Tablets	20 x 10's	67.85	710.00	60
168	LUPICET SYRUP	CETRIZINE 5MG	30ML	6.85	20.00	50
169	LUPICET TABS	CETRIZINE HYDROCHLORIDE 10MG	60 x 10's	88.00	1253.40	144
170	LUPICIN FORTE SUSPENSION	Each 5 ml contians: Paracetamol IP: 125 mg, in a floavoured syrupy base q.s , colou:Ponceau 4R.	60 ml	9.90	45.50	164
171	LUPICIN SUSPENSION	Each 5 ml contians: Paracetamol IP: 125 mg, in a floavoured syrupy base q.s , colou:Ponceau 4R.	60 ml	9.30	38.50	166
172	LUPICLOX	AMPI 250 + DICLOXA 250	10X10 AL	181.95	600.00	60
173	LUPICLOX 500 INJ	AMPI 250 + CLOXA 250	50X1V	265.00	375.00	12
174	LUPICOF SYRUP	CHLOROPHENARIMINE+CODEINE	100 ML	28.25	78.00	100
175	LUPICOF SYRUP	CHLOROPHENARIMINE+CODEINE	50 ML	16.00	37.00	100
176	LUPICOLD FORTE TABS	Each uncoated contains : Paracetamol IP:500mg, Phenylephrine Hydrochloride IP:5mg, Caffeine (Anhy	25x10's	118.50	485.00	60
177	LUPICOLD PLUS DROPS	Each ml contains: Paracetamol IP ...125mg Phenylephrine Hydrochloride IP..2.5mg Chlorpheniramine Maleate IP.. 1mg	15ml	11.00	39.00	100
178	LUPICOLD PLUS SYRUP 60ML	Each 5ml contains: Paracetamol IP..125mg, Phenylephrine Hydrochloride IP...2.5mg, hlorpheniramine Maleate IP... 1mg. In a pleasantly flavoured syrup base. Color: Ponceau 4 R. Dosage: As directed by the physician.	60ml	10.60	39.00	100
179	LUPICOLD SYRUP 60ML WITH CARTON	Each 5ml contains: Chlorpheniramine Maleate IP... 2mg, Phenylephrine Hydrochloride IP...5mg, In a pleasantly flavoured syrup base. Color: Ponceau 4 R. Dosage: As directed by the physician.	60ml	9.65	35.00	100
180	LUPICORT INJ	TRIAMCINOLONE ACETONIDE	1X8 VAILS	157.50	400.00	120
181	LUPIDEXA 0.5MG TABS	Dexamethasone 0.5MG TABS	40X10	57.00	86.00	60
182	LUPIDEXA 2ML	Dexamethasone	40X2ML	181.00	392.00	30
183	LUPIDEXA 30ML	Dexamethasone	10X30ML	237.00	353.50	24

184	LU DEXA INJECTION 10ML	Each ML Contains : Dexamethasone Sodium Phosphate IP : 4.4 mg Equivalent to Dexamethasone Phosphate....4mg, Methyl Paraben IP : 0.15%w/v Propyl Paraben IP (as Preservatives): 0.02%w/v Water for Injection IP : q.s	40x10ML	400.00	658.00	
185	LUPIDEXA INJECTION 20ML	Each ML Contains : Dexamethasone Sodium Phosphate IP : 4.4 mg Equivalent to Dexamethasone Phosphate....4mg, Methyl Paraben IP : 0.15%w/v Propyl Paraben IP (as Preservatives): 0.02%w/v Water for Injection IP : q.s	24x20ML	441.45	634.80	
186	LUPIDINE - 100 ML	POVIDONE IODINE SOLUTION 5% W/V	100ML	18.00	75.00	128
187	LUPIDINE 500ml	POVIDONE IODINE SOLUTION 5% W/V	500ML	57.50	172.00	20
188	LUPIDINE DRY POWDER	POVIDONE IODINE DRY POWDER	10GM	6.50	26.00	500
189	LUPIDINE OINT 10GMS	POVIDONE IODINE OINT	10GMS	7.70	29.00	600
190	LUPIDINE OINT 15GMS	POVIDONE IODINE OINT	15GMS	8.70	31.00	600
191	LUPIDINE OINT 20GMS	POVIDONE IODINE OINT	20Gms	10.50	41.00	600
192	LUPIDIUM	LOPRAMIDE CAP	30X10	109.00	450.00	50
193	LUPIDIUM TAB	LOPRAMIDE TAB	5X6X10	60.00	262.50	50
194	LUPIDOL -A	ALFACALCI+CAL+ZINC SOFT GEL	3X10	68.50	249.00	160
195	LUPIDOM 10 MG	DOMPERIODONE 10 MG	5X6X10	79.75	742.50	50
196	LUPIDOM SUS	DOMPERIDONE SUS	30ML	10.00	29.00	100
197	LUPIFLAM - P SUSPENSION	Each 5ml Contains: Ibuprofen I.P. 100mg, Paracetamol I.P. 125mg in a flavoured syrupy base q.s. Col: Sunset Yellow FCF	60ML	7.95	9.80	200
198	LUPIFLAM - P TABS (20X10'S)	Each tablet contains Ibuprofen - 400mg & paracetamol - 325mg.	20x10's	106.00	156.00	60
199	LUPIGENTA 2ML	GENTAMYCIN INJ 2ML	100X2ML	433.00	770.00	16
200	LUPIGENTA 30ML	GENTAMYCIN INJ 30ML	10X30ML	223.50	273.50	30
201	LUPIGESIC INJ 2ML	BUPENRPHINE INJ (New Pack)	5X5X2ML	265.00	455.00	60
202	LUPIGRA TABS 100 MG (24X4)	Sildenafil Citrate 100mg	24X1	204.40	2832.00	30
203	LUPIGRA TABS 50MG (24X4)	Sildenafil Citrate 50mg	24X4	132.90	1896.00	40
204	LUPIHIST 60ml	COUGH SYR (PET BOT)	60ML	7.65	26.00	100
205	LUPIHIST 100ML	COUGH SYRUP	100ML	10.30	47.00	100
206	LUPIHIST DM PLUS 100ML	Each 5 ml contains:Chlorpheniramine Maleate I.P.....2 mg Phenylephrine Hydrochloride I.P.... 5 mg Dextromethorphan Hydrobromide I.P...10 mg Colour : Ponceau 4R	100ML	15.35	56.00	100
207	LUPIHIST DM PLUS 60ML	Each 5 ml contains:Chlorpheniramine Maleate I.P.....2 mg Phenylephrine Hydrochloride I.P.... 5 mg Dextromethorphan Hydrobromide I.P...10 mg Colour : Ponceau 4R	60 ML	10.10	31.00	160.00
208	LUPIHIST PLUS 100ML	BROMOHEXINE HCL8MG+DEXTROMETHO+ AMM CHL 100+ MENTHOL 5MG	100ML	12.00	42.00	100
209	LUPILAX TABS	BISACODYL TAB 5 MG	20X2X10	140.00	400.00	60
210	LUPILIV 100ML	Liver Tonic	100ML	13.25	40.00	96
211	LUPILIV 200ML	Liver Tonic	200ml	21.50	60.00	60
212	LUPILIV DS 200ML	A Double strength hepatospecific formulation, designed for the treatment and management of liver disorders	200ML	24.95	72.00	36
213	LUPILLIN 500MG INJ	Ampicillin 500 mg without water	50X1V	285.00	740.00	12
214	LUPIMEB	MEBANDAZOLE	20X6	55.20	240.00	60
215	LUPIMECTIN FORTE SUSPENSION	Each 5ML contains 200MG Albendazole IP 1.5mg, Ivermectin BP : q.s, Excipients	10 ML	7.85	33.00	
216	LUPIMECTIN FORTE TABLET	Each uncoated chewable tablet contains: Albendazole IP 400mg, Ivermectin BP 6mg, Excipients	10x10x1's	165.00	1800.00	40
217	LUPIMOX 250 DT	AMOXYCILLIN 250 DT	20X10	170.00	820.00	60
218	LUPIMOX 250 mg	AMOXYCILLIN 250 CAPS	30x10	290.00	1149.50	50
219	LUPIMOX 250MG	AMOXYCILLIN 250MG	20 X 15'S	290.00	1150.00	30
220	LUPIMOX 500 mg	AMOXYCILLIN 500 CAPS	20X10	340.00	1380.00	50
221	LUPIMOX 500MG	AMOXYCILLIN 500MG	10 X 15'S	255.00	1040.00	45
222	LUPIMOX FORTE BLISTER	AMOXY250+DICLOXA 250 MG CAP	20X10'S	340.00	1400.00	50
223	LUPIN CHAWANPRASH	HERBAL REJUNEVATOR	500 GMS	55.50	120.00	24
224	LUPIN CHAWANPRASH	HERBAL REJUNEVATOR	1000 gms	97.00	210.00	12
225	LUPIN CHAWAN GOLD	HERBAL REJUNEVATOR	1 KG	117.90	240.00	12

226	LUPIN's CHYAWAN GOLD WITH SONA & CHANDI	HERBAL REJUNEVATOR	500 GMS	61.00	135.00	24
2..	LUPIN's CHYAWAN KESARI 1K	HERBAL REJUNEVATOR	1KG	198.00	630.00	12
228	LUPIN's IRORICH ACTIVE SYRUP	Each 5ml contains: Ferric Ammonium Citrate IP: 110mg, Equivalent to elemental iron: 22.55mg, Folic Acid IP: 1.5mg, Cyanocobalamin IP: 15mcg, Sorbital & Flavoured syrupy base q.s.. Colour: Caramel	450ML	42.95	135.00	16
229	LUPIN'S MALSTOP - LF	Each uncoated tablet contains: Artemether IP 80mg Lumefantrine 480mg Excipients q.s Colour : Tartrazine	10x1x6	650.00	1800.00	60
230	LUPIN'S ORS LEMON	Each Pack Contains: Sodium Chloride IP : 2.6 g , Potasium Chloride IP : 1.5 g Sodium Citrate IP : 2.9 g Dextrose IP (Anhydrous) : 13.5 g Excipients : q.s	30x21GMS	99.00	420.00	
231	LUPIN'S ORS ORANGE	Each Pack Contains: Sodium Chloride IP : 2.6 g Potasium Chloride IP : 1.5 g Sodium Citrate IP : 2.9 g Dextrose IP (Anhydrous) : 13.5 g Excipients : q.s	30x21GMS	99.00	420.00	
232	LUPIN'S WELLNESS NONI	AYURVEDIC PRODUCT	900 ML	750.00	1250.00	12
233	LUPIN'S WELNESS NONI	AYURVEDIC PRODUCT	450ML	450.00	750.00	20
234	LUPIPARA 500 50X10	PARACETAMOL IP 500MG	50 X 10	145.00	590.00	36
235	LUPIPARA 500 JAR (Oval)	PARACETAMOL IP 500MG	1000	220.00	490.00	30
236	LUPIPARA 500 JAR (Round)	PARACETAMOL IP 500MG	1000	220.00	490.00	30
237	LUPIPARA 650	PARACETAMOL IP 600MG	50X10	177.00	660.00	24
238	LUPIPARA FORTE SYRUP	PARACTAMOL SYRUP 250MG/5ML	60ML	8.75	38.00	100
239	LUPIPARA INJECTION	PARACETAMOL 150MG / 2ML	50X2ML	126.75	325.00	30
240	LUPIPARA SYRUP	PARACETAMOL IP 125MG/5ML	60 ML	7.90	32.00	100
241	LUPIPARA TABLETS OVAL	PARACETAMOL IP 500MG	25 X 200's	1100.00	1650.00	6
242	LUPIPARA TABLETS ROUND	PARACETAMOL IP 500MG	25 X 200's	1100.00	1650.00	6
243	LUPISCAB SOLN 100 ML	Gama Benzene Hexachloride 1.0 / Cetrimide 0.1%	100 ML	12.20	41.00	128
244	LUPISCAB SOLN 50 ML	Gama Benzene Hexachloride 1.0 / Cetrimide 0.1%	50 ML	8.20	26.00	160
245	LUPISERA-10	SERRITIOPEPTIDASE 10MG	20X10	145.00	1140.00	60
246	LUPISERA-D	SERRITIOPEPTIDASE + DICLOFENAC 50 MG	20X10	166.00	1140.00	100
247	LUPISERA-N	SERRITIOPEPTIDASE + NIMUSULIDE 100 MG	20X10	175.00	1140.00	100
248	LUPISOLONE -16	Each uncoated tablet contains: Methyprednisolone IP.....16mg Excipients.....q.s	20x10'S	725.00	2600.00	96
249	LUPISOLONE -4	Each uncoated tablet contains: Methyprednisolone IP.....4mg Excipients.....q.s Color: Sunset yellow FCF	20x10's	205.00	825.00	96
250	LUPISPAS PLUS Tab (20x10)	DICYCLOMINE + PARA	20x10's	66.00	275.00	80
251	LUPISULIDE - P (SILVER)	Each uncoated tablet contains Nimesulide BP 100mg Paracetamol IP 500mg Colours: Sunset Yellow FCF.	20x10	91.00	650.00	50
252	LUPISULIDE - P TABS (ALU/ALU)	Nimesulide 100mg + Paracetamol 500mg	10X10	57.50	380.00	60
253	LUPISULIDE - P TABS BLIST AMBER	Nimesulide 100mg + Paracetamol 500mg	20X10	91.00	650.00	60
254	LUPISULIDE P (OLD PACKING)CLEAR	NIMESULIDE 100MG + PARACETAMOL 500MG	20 x 10's	91.00	650.00	60
255	LUPISULIDE -P (PLASTIC BOX)	NIMUSULIDE 100MG + PARACETAMOL 500MG	50X10	270.00	1625.00	300
256	LUPISULIDE TABS	NIMESULIDE 100 mg	20 X 15 's	62.00	725.00	60
257	LUPISULIDE-P (GOLD) sumo	NIMUSULIDE 100MG + PARACETAMOL 500MG	20 X 10	103.50	650.00	60
258	LUPITAX 500 MG	CEFOTAXIME 500MG	10X1V	11.50	18.50	240
259	LUPITAX 1GM	CEFOTAXIME 1GM	10X1V	17.10	28.45	240
260	LUPITAX 250 MG	CEFOTAXIME 250MG	10X1V	8.50	14.00	240
261	LUPITIL	Each uncoated tablet contains: Diphenoxylate Hydrochloride I.P. .... 2.5Mg, Atropine Sulphate I.P. ..... 0.025 mg	25x100's	493.75	1125.00	20
262	LUPIVITAL	MULIVI +GINSENG	10X10	135.00	930.00	60
263	LUPIVON-S	Dicyclomine 10mg+ Dextropropoxyphene 65mg+Acetaminophen 400mg	10x3x8's	210.00	281.70	30
264	LUPIWIN INJ	Each ml contains: Pentazocine I.P 30mg (Present as Lactate) Water for Injection I.P... q.s.	50X1 ML	146.00	203.00	30
265	LUPIZOLE	LANSOPRAZOLE CAPSULES	10X10	108.00	450.00	40
266	LUPIZOX	DICLO 50+PARA 325MG + CHLOR 250 MG	30 X 6	131.00	1170.00	60

267	LUPIZYME CAPS	ENZYME CAPS	10X10	68.00	178.00	40
268	LUPIZYME DROP	ENZYME DROP	15ML	11.00	31.00	100
	LUPIZYME PLUS SYP ORANGE	ALPHA AMYLASE 18.75 MG, ORYZAE DIGESTS 37.5G	200ML	32.85	79.50	36
270	LUPIZYME PLUS SYP PINEAPPLE	ALPHA AMYLASE 18.75 MG, ORYZAE DIGESTS 37.5G	200ML	32.85	79.50	36
271	LUPIZYME PLUS SYP PINEAPPLE	ALPHA AMYLASE 18.75 MG, ORYZAE DIGESTS 37.5G	100 ML	18.00	41.00	50
272	LUPIZYME PLUS SYRUP 100 ML(MIXED FRUIT)	Alpha Amylase 18.75mg, Fungal Diastase derived from Aspergillus oryzae disgest not less than 37.50 gram of cooked starch + Pepsin (1:3000) I.P. 12.50mg in a flavoured syrupy base. (MIXED FRUIT FLAVOUR)	100ML	18.00	41.00	50
273	LUPIZYME PLUS SYRUP 200 ML(GREEN APPLE)	Alpha Amylase 18.75mg, Fungal Diastase derived from Aspergillus oryzae disgest not less than 37.50 gram of cooked starch + Pepsin (1:3000) I.P. 12.50mg in a flavoured syrupy base. (GREEN APPLE)	200 ML	32.85	79.50	36
274	LUPIZYME PLUS SYRUP 200 ML(LITCHI)	Alpha Amylase 18.75mg, Fungal Diastase derived from Aspergillus oryzae disgest not less than 37.50 gram of cooked starch + Pepsin (1:3000) I.P. 12.50mg in a flavoured syrupy base. (LITCHI)	200 ML	32.85	79.50	36
275	LUPIZYME PLUS SYRUP 200 ML(MIXED FRUIT)	Alpha Amylase 18.75mg, Fungal Diastase derived from Aspergillus oryzae disgest not less than 37.50 gram of cooked starch + Pepsin (1:3000) I.P. 12.50mg in a flavoured syrupy base. (MIXED FRUIT FLAVOUR)	200ML	32.85	79.50	36
276	LUPIZYME SYRUP ELACHI	ENZYME SYRUP	200ML	32.85	79.50	36
277	LUPIZYME SYRUP - 100 ML	ENZYME SYRUP	100 ML	18.00	41.00	50
278	LUPIZYME SYRUP 200 ML(STRAWBERRY)	Alpha Amylase 18.75mg, Fungal Diastase derived from Aspergillus oryzae disgest not less than 37.50 gram of cooked starch + Pepsin (1:3000) I.P. 12.50mg in a flavoured syrupy base.(STRAWBERRY FLAVOUR)	200ML	32.85	79.50	36
279	LUPIZYME SYRUP PLUS - 100 ML mango	ENZYME SYRUP mango flavour	100 ML	18.00	41.00	50
280	LUPIZYME SYRUP PLUS - MANGO	ALPHA AMYLASE + COOKED STARCH + PEPSIN	200ML	32.85	79.50	36
281	LUPOME	OMEPRAZOLE 20MG	20x15	140.00	1030.00	30
282	LUPOME -D	OMEPRA-20+DOMPERI 10	20X10	132.00	915.00	60
283	LUPREX 150MG	ROXYTHROMYCIN 150 MG	20 X 10	366.00	1560.00	60
284	LUPREX KID	ROXYTHROMYCIN 50 MG	20X10	155.00	992.40	60
285	LYCOWELL CAPS (WITH MONOCARTON)	Each hard gelatin capsule contains: Vitamin C - 40mg, Zinc Sulphate Monohydrate - 27.45mg, Lycopene Preparation 10% - 2000mcg, Selenium Dioxide Monohydrate – 60mcg, Vitamin A (as Acetate) – 2000 IU Alpha Tocopherol Acetate – 10 IU	10x10	118.00	995.00	12
286	MAGNALUP S INJ 1GM	CEFAPRAZOLE+ SULBACTUM	1VIAL	25.00	270.00	240
287	MANILUP IV WITHOUT CARTON	Each 100 ml contains Mannitol I.P. 20 mg +Water for Injection q.s.	100ML	18.75	85.00	100
288	MECOLUP FORTE INJECTION	Each 2ml Contains: METHYLCOBALAMINE 1000mcg, PYRIDOXINE HYDROCHLORIDE IP:100MG ,NICOTINAMIDE 100MG, BENZYL ALCHOHOL IP (as preservative): 2% W/V . Water for injection IP: q.s.	10X2ML	58.00	495.00	120
289	MECOLUP INJ	METHYLCOBALAMINE 500MCG + Water for INJ	10 X 1ML	38.25	270.00	120
290	MECOLUP TAB	METHYLCOBALAMINE	10X10	76.50	710.00	60
291	MECOLUP-G ALU/ALU	Each Film coated tablet contains: Gabapentin USP 300mg Methycobalamin 500MCG	10X10	184.00	1200.00	48
292	METLUPSPAS	Each uncoated tablet contains: Mefenamic Acid IP..250mg, Dicyclomine Hydrochloride IP... 10mg, Colors: Tar trazine	20X10	92.00	450.00	40
293	MEGARICH CAPS	MULIVIAMINS + MINEALS	10X10	101.50	900.00	60
294	METADRATE SUSPENSION	Magaldrate +Domperidone	200ML	28.50	57.00	25
295	METKIN	METFORMIN 500MG	20 X 10	69.00	208.00	60
296	METKIN-G	Each uncoated tablet contains Gliclazide B.P..80mg+Metformin Hydrochloride.IP.500mg	10x10	127.75	510.00	72
297	MOXILUP 250 20X15	Amoxycillin 250mg Capsules	20 X 15'S	290.00	1150.00	50
298	MOXILUP 250 30X10'S	Amoxycillin 250mg Capsules	30 X 10'S	290.00	1149.50	50
299	MOXILUP 500 10X15	Amoxycillin 500mg Capsules	10X15	255.00	1040.00	45

300	MULTIRICH	MULTI VIT + MINERALS	10X10	101.50	900.00	60
301	NIEL 72	Each tablet (as film coated)tablet contains: Levonoragestrel IP.1.5mg	20x1x1's	123.00	1500.00	52
302	NOVA - Q + TABS	Each uncoated tablet contains: Bromhexine Hydrochloride IP : 8 Mg Guaiphenesin IP : 50 Mg Phenylephrine Hydrochloride IP : 5Mg Chlorpheniramine Maleate IP : 4 Mg Paracetamol IP : 450 Mg Colour. Sunset Yellow FCF	5x4x10T	115.00	425.00	72
303	NUROLIP - OD FORTE CAPS(ALU/ALU)	Methylcobalamine 1500mcg +Alpha Lipoic Acid USP 100mg + Thiamine Mononitrate I.P.10mg + Pyridoxine HCl I.P. 3mg + Folic acid I.P. 1.5mg Excipients . q.s.	3 x 10's	77.00	300.00	180
304	OCULERGY EYE DROPS 10 ML		10 ML	6.25	33.00	240
305	OCUSOOTHE EYE DROPS 10 ML		10 ML	6.25	32.50	240
306	OFLUF O INFUSION	Each 100 ml contains: Ofloxacin IP : 200 mg Ornidazole IP : 500 mg Sodium Chloride IP : 900 mg Water for Injection IP : q.s	100ML	19.50	145.00	100
307	OFLUP IV (WO/C)	Each 100 ml contains Ofloxacin I.P. 200 mg + Sodium Chloride I.P. 900mg +Water for Injection q.s.	100 ML	12.00	90.00	100
308	OFLUP 200 TABS (ALU/ALU)	Ofloxacin 200mg Tablets	10X10	96.00	800.00	100
309	OFLUP-O 10X10(ALU/ALU)	Ofloxacin + Ornidazole Tablets	10X10	185.00	1000.00	72
310	ONE-BE (New Packing)	MULTIVITAMIN	10X10	310.00	850.00	30
311	ONECLAV 1.2 Gms Inj	AMOXY SODIUM 1 MG + CLAVUANATE POTT. 200 MG	1 VIAL	40.00	155.00	240
312	ONECLAV 375 Tabs	Amoxycillin 250mg + Clavulanic Acid 125Mg	10X6	408.00	1640.00	20
313	ONECLAV 625 Tabs	Amoxycillin 500mg + Clavulanic Acid 125 Mg	10X6	420.00	2700.00	27
314	ONECLAV DRY SYRUP 30ML	Amoxycilline + Potassium Clavulanate Trihydrate eqa 200mg + Clavulanic Acid 125Mg	30ML	25.50	99.00	100
315	OPTI - L SYRUP 100ML	Each 15ML Contains: Energy Value : 6.8Kcal, Carbohydrate: 1.65g, Sugar : 1.65g, Protein : 0.05g, Fat : 0, Essential Vitamins: Lysine Hydrochloride:50mg, Niacinamide:25mg, Thiamine Hydrochloride: 2.5mg, Riboflavine : 2.5mg, D-Panthenol: 2.5mg, Pyridoxine Hydrochloride : 1mg, Cyanocobalamin : 5mcg	100ML	11.45	49.50	100
316	OPTI - L SYRUP 200ML	Each 15ML Contains: Energy Value : 6.8Kcal, Carbohydrate: 1.65g, Sugar : 1.65g, Protein : 0.05g, Fat : 0, Essential Vitamins: Lysine Hydrochloride:50mg, Niacinamide:25mg, Thiamine Hydrochloride: 2.5mg, Riboflavine : 2.5mg, D-Panthenol: 2.5mg, Pyridoxine Hydrochloride : 1mg, Cyanocobalamin : 5mcg	200ML	17.45	73.50	50
317	OPTINEURON FORTE INJ (50*3 ML)	Multivitamin Injection	50X3ML	188.75	260.00	30
318	OPTINEURON FORTE INJ (N) (50*3 ML)	Multivitamin Injection	50X3ML	200.75	397.50	30
319	ORLILUP 120 CAPS	Each hard gelatin capsule contains: Orlistat USP ..120mg, Excipients ...q.s. Approved colors used in capsule shells.	5X3X10	1925.00	6375.00	32
320	OROSOOTHE 10 GRAMS	Choline Salicylate Solution B.P. e.q to Choline Salicylate 8.7% w/w Lignocaine Hydrochloride I.P. 2.0% w/w Benazalkonium Chloride Solution I.P. 0.01% w/w (As Preservative) In pleasant flavoured gel base q.s.	10 GMS	8.00	32.00	600
321	OXIBE	ANTIOXIDANTS	10X10	79.00	395.00	100
322	OZICIN 100 DT 10 X 10'S	Azithromycin 100 Dispersible Tablets	10 X 10'S	186.00	700.00	50
323	OZICIN 250 10 X 6'S	Azithromycin 250mg Tablets	10 X 6'S	222.00	800.00	100
324	OZICIN 500 10 X 3'S	Azithromycin 500mg Tablets	10 X 3'S	222.00	800.00	105
325	OZICIN SUSP 15ML	Azithromycin 100 Dry Syrup	15ML	13.25	40.00	100
326	PANTOLUP 40 MG TAB	PANTAPRAZOLE 40MG ALU/ALU	10X10	75.00	650.00	60
327	PANTOLUP D TAB	PANTAPRAZOLE 40MG + Domperidone B.P 10mg	10X10	90.00	725.00	120
328	PARACOLD FORTE TABS	Each uncoated tablets contains: Cetirizine Hydrochloride IP: 5mg, Paracetamol IP: 500 mg, Phenylephrine Hydrochloride IP: 10mg, Caffeine (Anhydrous) IP : 30 mg, Colours: Tartrazine	20x10	118.00	600.00	60

329	PILES CURE OINTMENT (SIMILAR TO PILEX)	Each Gram Contains:Powder of Kapoor (Cinnamomum Camphora) 1.25%, Tankan (Bhav Prakash 169) 1%,Yashad bhasma (Bhav Prakash 474) 1%,Base q.s. Extract of Laajvanti (Mimosa pudica) 5.20%, Nirgundi (Vitex negundo) 3%, Ganda (Tagetes erecta) 2.0%, Bangra (Eclipta alba) 2.8%, Processed with Bangra - Eclipta alba, Kanda - Ilium cepa, Laushan - Allium sativum, Makoi - Solanum nigrum, Laajvanti - Mimosa pudica,Nim - Azadirachta indica, Maharuka - Ailaatus excelsa Kakronda - Blumea lacera, Cream Bas Bees Wax 15%, Hard Paraffin 15%, Lanolin I.P. 7.5%, White Petrolium (Vaseline) 62.5%, Preservative Sod. Benzoate 0.32%w/w, Sod. Methyl Paraben 0.1%w/w, Sod. Propyl Paraben 0.01%w	30GMS	18.00	64.00	600
330	PILES CURE TABLETS	Each tablet contains:powder of Pure Guggul (Ay.Sarsangrah Page 512) 135mg.Neem seed (azadirachita indica) 5mg. Shukaheet (sudh) (Ay,Sarsangrah Page 466) 15 mg.Extract of Amla (Emblica Offcinalis) 15mg Harutaki (Terminalia chebula) 15mg Bahera (Terminalia balerica) 15mg Daru haldi (Berberis aristale) 35mg Nag keshar (Mesua ferrea) 3mg Amaltash (Cassia fistula) 15mg Kachnar (Bauhinia ariega 18mg Processed with Jalpapra - Mollugo cerviana,Kakronda - Blumea lacera, Suran - morphophallus campanulatis, Karju - Caesalpinia crista, Lajvanti - Mimosa pudica, Vacha - Acorus calamus.	60 TAB	35.00	86.00	160
331	PREGNOT KIT	Mefipristone 200Mg 1Tab + Misoprostol 200Mg 4Tab	10 x 1 x 5's	700.00	5250.00	50
332	PROMOLUP - N	Each uncoated tablet contains: Norethisterone IP 5mg, Excipients q.s	20x10	168.00	900.00	48
333	PROSTILUP 1 MG	Each film coated tablet contains: FINASTERIDE IP 1mg, Colors: Indigo Carmins & Titanium Dioxide IP	10x10	90.00	450.00	100
334	PROSTILUP 5 MG	Each film coated tablet contains: FINASTERIDE IP 5mg, Colors: Indigo Carmins & Titanium Dioxide IP	10x10	190.00	1050.00	100
335	PROTILUP SYRUP	Each 5ml contains:Protein hydrolysate 20%.0.333gm Carbohydrate3.000gm Niacinamide I.P10.000mg Iron Choline Citrate U.S.P.15.00mg Magnesium Chloride I.P.3.333mg Manganese Chloride U.S.P.0.033mg (As trace element)Zinc Sulphate I.P2.7mg Equivalent to Element Zinc.0.600mg Lysine Hydrochloride U.S.P20.00mg Colour : Caramel	200ML	19.75	75.00	60
336	PROTIMAXUM (American Ice Creem) 200 GMs	Protein Powder Americn Ice Cream Flavour	200gms	32.25	198.00	50
337	PROTIMAXUM (Chocolate) 200GMs	Protein Powder Chochlate Flavour	200gms	32.25	198.00	50
338	R-COF 100ML	Codeine Phosphate 10mg + Chlorpheniramine Maleate 4mg	100ML	28.25	78.00	100
339	R-COF 60ML	Codeine Phosphate 10mg + Chlorpheniramine Maleate 4mg	60ML	16.00	37.00	100
340	RIVIZOLE CREAM	MICONAZOLE NITRATE CREAM	15GM	7.40	32.00	600
341	RIVIZOLE-F	MICONAZOLE +FLUOCINOLONECREAM	15GM	9.45	39.00	600
342	ROMENTO - 30	Each film coated tablet contains: Dapoxetine Hydrochloride Equivalent to Dapoxetine 30mg. Color: Red Oxide of iron	10x1x6	230.00	1400.00	128
343	ROMENTO - 60	Each film coated tablet contains: Dapoxetine Hydrochloride Equivalent to Dapoxetine 60mg. Color: Red Oxide of iron	10x1x4	275.00	1800.00	100
344	SCORPIO GEL 10GMS	DILCO+OLENI +MENTHOL GEL	10gms	8.35	20.75	600
345	SCORPIO GEL 30 GMS	DILCO+OLENI +MENTHOL GEL	30GM	14.25	73.00	600
346	SIMLUP 10	SIMVASTATIN 10 MG	10X10	84.00	680.00	120
347	SIMLUP 20	SIMVASTATIN 20 MG	10X10	125.00	1140.00	120
348	SINOLEV COLD TABLETS	Each uncoated tablet contains: Levocetirizine Dihydrochloride IP: 5mg, Phenylephrine Hydrochloride IP: 5 mg, Paracetamol IP: 500 mg.	20x10's	97.50	550.00	60
349	SOLUBIT	BETAMETHASONE SODIUM 0.5MG TABS.	20X2X10	100.00	133.60	60

350	SOLUBET INJ	BETAMETHASONE SODIUM 0.5MG TABS.	10X5X1ML	129.50	204.00	50
351	SPARFLIN 200 (NEW PACK ALU/ALU)	SPARFLOXACIN 200	10 X 10	340.00	1000.00	100
352	SPASMOLUP FORTE CAPS	Each capsule contains: Dicyclomine Hydrochlorede IP :10mg+Dextropropoxyphene Napsylate IP: 100mg+Acetaminophen IP:400mg, Approved colours used in empty capsule.	10x8	98.00	146.00	98
353	SPASMOLUP PLUS	Dicyclomine 10mg+Dextropropoxyphene 65mg+Acetaminophen 400mg	20x10's	171.00	228.00	30
354	STRADOL - F Tablets	TRAMODOL BP 30 MG +PARACETAMOL 500 MG	20X10	122.65	1200.00	60
355	STRADOL PLUS	Each uncoated tablet contains: Tramadol Hydrochloride IP ... 37.5mg, Paracetamol IP .... 325mg, Excipients ... q.s.	10x10's	90.85	450.00	60
356	STRADOL CAPS	TRAMADOL CAP 30MG	10X10	90.85	540.00	100
357	SUPRAXONE 0.50GM (IV)	Ceftriaxone Sodium Injection 500mg	VIAL	12.95	65.00	240
358	SUPRAXONE 1GM (IV)	Ceftriaxone Sodium Injection 1000mg	VIAL	19.00	115.00	240
359	SUPRAXONE 250MG VIAL	Ceftriaxone Sodium Injection 250mg	VIAL	8.75	49.00	240
360	SUPRAXONE-S -375 MG: IV	Suproxone-S- Ceftriaxone Sodium - 250 + Sulbactum Sodium 125mg	VIAL	11.15	60.00	240
361	SUPRAXONE-S -750 MG: IV	Suproxone-S- Ceftriaxone Sodium - 500 + Sulbactum Sodium 250mg	VIAL	15.05	75.00	240
362	SUPRAXONE-S-1.5 GM: IV	Ceftriaxone Sodium Injection 1000mg + Sulbactum 500mg	VIAL	25.75	145.00	240
363	TAP ACHE - 50	Each film coated tablet contains: Tapentadol Hydrochloride Equivalent to Tapentadol 50mg. Colour: Titanium Dioxide IP	10x10	540.00	995.00	100
364	TUSHANT FORTE TABLET	Each uncoated tablet contains:Bromhexine Hydrochloride Ip - 8mg, Guaiphenesin IP - 50mg, Phenylephrine Hydrochloride IP - 5mg, Chlorpheniramine Maleate IP - 4mg, Paracetamol Ip - 450mg, Colour: Sunset Yellow FCF.	4x5x10's	115.00	425.00	72
365	VERTILUP TABS	Each uncoated tablet contains: Betahistine Hydrochloride IP : 16mg	10x10's	80.00	665.00	60
366	VIMPRO SYP 200 ML	Protein in Syrup form	200ML	19.00	60.00	36
367	VIMPRO(CHOC) 200 GMS	Protein in Powder form CHOCHLATE FLAVOUR	200GM	32.25	189.00	30
368	VITALUP SYRUP	Each 5 ml contains:Ferric Ammonium Citrate I.P. 110mg Equivalent to Elemental Iron : 22.55 mg Folic Acid I.P :. 1.5 mg Cyanocobalamin I.P :15mcg Sorbitol Solution (70%) I.P..10%w/v (Non crystallizing) Flavoured syrupy base q.s Colour : Caramel	200ML	18.25	66.00	60
369	VOVILUP GEL 10 GMS	Diclofenac Diethylamine 1.16%W/W Linseed Oil 3% W/W, Menthol 5% W/W, Methylsalicylate 10% W/W, Capsaicin 0.025% W/W.	10 gms	9.25	41.50	600
370	VOVILUP FAST 4 CAPS	Each hard gelatin capsule contains: Diclofenac Potassium BP 50mg, Thicolchicoside IP 4mg	10X10	360.00	1550.00	32
371	VOVILUP GEL 30GM	Diclofenac + Oleni + Menthol gel	30GM	17.50	77.00	600
372	VOVILUP GEL 50GM	Each one Contains: Diclofenac Diethylamine B.P. (equivalent to Diclofenac Sodium 1.0% w/w) 1.16% w/w, linseed Oil B.p. 3.0% w/w, Menthol IP 5.00% w/w, Capsaicin USP 10.00% w/w, Preservatives Benzyl Alcohol IP 1% w/w, Gel base q.s	50 GMS	27.00	105.00	300
373	VOVILUP SPRAY	Diclofenac Diethylamine BP... 1.16% w/w (equivalent to Diclofenac Sodium 1.0% w/w) Linseed Oil BP... 3% w/w, Menthol IP .... 5% w/w, Methyl Salicylate IP... 10% w/w, Excipients & Propellant q.s. to ... 100% w/w	55 GMs	49.75	120.00	48
374	VOVILUP SPRAY	Diclofenac Diethylamine BP... 1.16% w/w (equivalent to Diclofenac Sodium 1.0% w/w) Linseed Oil BP... 3% w/w, Menthol IP .... 5% w/w, Methyl Salicylate IP... 10% w/w, Excipients & Propellant q.s. to ... 100% w/w	75 GMs	61.50	135.00	48
375	X CEFF 1 GRAM VIAL	Cefotaxime Sodium Injection 1000mg	VIAL	16.65	29.60	240
376	X CEFF 250 VIAL	Cefotaxime Sodium Injection 250mg	VIAL	8.50	14.00	240
377	X CEFF 500 VIAL	Cefotaxime Sodium Injection 500mg	VIAL	11.50	19.30	240
378	XIMECEFF 100 10X10 (ALU ALU)	Cefixime 100mg Tablets in ALU/ALU PACK	10X10	220.00	1462.50	60
379	XIMECEFF 200 10X10 (ALU ALU)	Cefixime 200mg Tablets in ALU/ALU PACK	10X10	355.00	2500.00	40

380	XIMECEFF DS 30ML	Each 5ml reconstituted suspension contains: Cefixime IP as Trihyhydrate Eq. to Anhydrous Cefixime 50mg Excipients q.s. color: Erythrosine	30ML	13.25	55.00	200
381	XIMECEFF DX TABS	Each tablet contains: Cefixime 200mg + Dicloxocin 500mg	10X10'S	665.00	3000.00	36
382	XIMECEFF O 200 TABS (ALU ALU)	Cefixime 200mg & Ofloxacin 200 mg ALU ALU PACK	10X10	475.00	3000.00	100
383	XONECEFF - S 1.5 GM INJECTION	CEFTRIAXONE 1 GM + SULBACTUM 500MG	EACH	25.75	145.00	200
384	XONECEFF - S 375MG INJ	This Combipack Contains One glass vial contains:1. Sterile ceftriaxone Sodium IP equivalent to anhydrous ceftraixone: 250mgSterile Sulbactam Sodium USP equivalent to Sulbactum : 125mg 2. One FFS Ampoule containing sterile water for injections IP 5 ML	1 VIAL	11.15	60.00	400
385	XONECEFF - S 750MG INJ	This Combipack Contains One glass vial contains:1. Sterile ceftriaxone Sodium IP equivalent to anhydrous ceftraixone: 500mgSterile Sulbactam Sodium USP equivalent to Sulbactum: 250mg 2. One FFS Ampoule containing sterile water for injections IP 5 ML	1 VIAL	15.05	75.00	
386	XONECEFF 1 GM	CEFRIAXONE 1000 MG	1 VIAL	19.00	120.00	240
387	XONECEFF 250 INJ	CEFRIAXONE 250 MG	1 VIAL	8.75	49.00	240
388	XONECEFF 500 INJ	CEFRIAXONE 500 MG	1 VIAL	12.95	65.00	240
389	ZENDRYL CAPS	DIPHENHYDRAMINE HCl 25 mg	20 X 10's	145.50	550.00	30
390	ZENDRYL SYRUP	cough syrup	100ML	8.45	55.00	100
391	ZODEN 10 Mg	Zolpiderm 10Mg	10 x 10'S	55.00	575.00	100

Terms & Conditions

1) This Price List Superceeds all the earlier Price Lists.
2) The Super Stockist will place the order to Pharma Edge, Chennai & Mumbai Office
3) Supplies will be effected from company's Local Depot / C&Fas Consignment Agent (CAS) Location
4) 30 days post dated cheques to be given to the Lupin depot
5) Goods once sold will not be taken back
6) MRP is inclusive of all Taxes

National Pharmaceutical Pricing Authority

Subject: Minutes of the meeting held with Pharma companies manufacturing / marketing trade generic medicines and Pharma Trade viz., AIOCD and AICDF on 02.07.2015 at 03.30 P.M. in the Conference Room of SAI, New Delhi.

Shri Injeti Srinivas, Chairman, NPPA was in Chair. The list of participants is Annexed.

2. At the outset the Chairman extended a warm welcome to all participants and thanked them for accepting the invitation and sparing their valuable time for discussion on trade margin, particularly in respect of 'trade generic' medicines available in the retail market but sold with brand name, through trades without undertaking promotional activities. In this regard, he informed that the issue of trade margin has been taken up for examination and discussion at the instance of the reference received from the Government. The exercise has been initiated to look into NLEM related trade generic medicine sale to the consumers in retail market.

3. The Chairman stated that DPCO, 2013 did not define trade generic medicines separately. However, generic medicines defined in DPCO, 2013 and sold in their chemical / pharmacopeia name are mostly supplied to institution / hospitals. The market share of 'trade generic' medicines and medicines sold with generic name is quite low, not more than 10% of the total market and generally not covered under 1% criterion of market share adopted for price fixation of ceiling prices of scheduled formulation under DPCO, 2013 and are hence not captured by the Pharma trac data base. He further mentioned that as per available information, there was a wide gap between the sale price / procurement price and the MRP printed on the label. This disparity puts unreasonable burden on consumers. Thereafter, the comments of all the participants from the pharma trade and companies were invited in this regard.

4. Sh. J.S. Shinde, President, AIOCD stated that MRP is not fixed by the trade, but by the companies / industries, and the margin is passed on to consumer also. He requested that minimum margin of 35% to retailers and 15% to

wholesalers with reference to MRP should be fixed as recommended by the Sandhu Committee, and already submitted by the AIOCD.

5. The President of AICDF Sh. Kailash Gupta stated that Form-V may be reframed for furnishing price list of both scheduled and non-scheduled formulations, with a specific column to indicate 'PTS' "Price to Stockist" for all brands, trade generic medicines etc. The companies should be advised to adopt more transparency disclosures for bonus, schemes etc. He reiterated that Trade associations had no control on the MRP of medicines. He however insisted for reasonable trade margin, minimum of 15% for wholesale and 35% for retailers for sale of so-called 'trade generic' medicines.

6. Representative of M/s Wockhardt stated that technically there is no price violation in respect of 'trade generic' medicines falling under purview of DPCO 2013. The company sells such medicines at prices lower than the ceiling price in most of the scheduled formulations and there is no violation of DPCO, 2013 in letter and spirit.

7. Representative of M/s Lupin endorsed the views of Wockhardt's representative and added that trade margins do not get reflected in the PTRs. He stated that sale of the 'trade generic' medicines covered under scheduled category is less, may be 1% of total market. Retail margin varies from product to product in-line with the market expenses incurred by the company. In the sale of 'trade generics', marketing expenses are passed on the retailers.

8. Representative of M/s Sun Pharma stated that the total market of trade generic medicines is less than 5% of the total market (excluding institutional supply). As per data captured by IMS- Health, trade of 'trade generics' is only about 1.5% of the total market. He reiterated that pharmaceutical companies do not generally promote sale of trade generics. Companies allow margin to the retailers to create interest to enable sale of these medicines in remote areas. He was of the view that it may not be advisable to intervene in the market as these medicines increase the market outreach, availability and accessibility, particularly in remote areas and by dispensing doctors etc. He also explained that supply channel for these drugs is different from the distribution channel followed for branded medicines and strategy adopted for sale of medical devices is followed for sale of such drugs by and large.

Retail margin allowed for sale of 'trade generic' medicines is higher also due to the fact that no return from retailer on account of expiry and breakage is accepted; such medicines are sold on non-returnable basis except on quality issues.

9. *Representative of M/s Cipla endorsed the views of other representatives* and stated that the 'trade generic' margin share constitutes only a miniscule part of the overall pharmaceutical market. Different business models are adopted by different companies for different segments as per market / trade demand. He also explained that higher trade margins are required to cover logistics and distribution cost.

10. Representative of AIOCD mentioned that Government may consider some kind of incentive (such as exemption from excise duties) to promote sale of medicines in generic / pharmacopeial name. He also suggested that views of SSI sector may be invited in the matter relating to trade margin.

11. Summing up, Chairman appreciated the views expressed by the participants from both trade and pharma companies. Chairman observed that the root-cause of the problem lay in the variation in the definition of generics in the international parlance and in the Indian context. Internationally any medicine which is off-patent falls under the purview of 'generics' and can be manufactured by anyone, without any authority/licence from the original manufacturer. The Ministry of Health and Family Welfare is promoting sale of generics; as DCGI does not issue licence in brand name anymore for single ingredient drugs The Chairman solicited the views of the Industry whether the trade margins, as suggested by the Sandhu Committee, could be considered for single ingredient generics. Chairman added that the minutes of the meeting may be shared with pharma industry and trade associations for their comments.

12. The meeting ended with a vote of thanks to Chair.

List of Participants for the meeting

A. Pharma Companies

(i) Shri Dhritiman Biswas, M/s Abbott
(ii) Shri Ajay Kumar Desai, M/s Alembic
(iii) Shri S.C. Misra, M/s Cipla
(iv) Shri R. Gopalakrishnan, M/s Cipla
(v) Shri Venkatraman CV, M/s Lupin
(vi) Shri Chetan Gupta, M/s Sun Pharma
(vii) Shri Surinder Sethi, M/s Wockhardt

B. Pharma Trade

(i) Shri Kailash Gupta, President, AICDF
(ii) Shri J.S. Shinde, President, AIOCD
(iii) Shri Suresh Gupta, General Secretary, AIOCD
(iv) Shri Vaijanath Jagushte, AIOCD
(v) Shri Pradip Trivedi, AIOCD
(vi) Shri Ashwini Kumar, AIOCD

C. Officers from NPPA

(i) Dr. Sharmila Mary Joseph K, Member Secretary
(ii) Shri. Kalyan Nag, Advisor (Cost)
(iii) Shri. Jagdish Kumar, Director (M&E)
(iv) Shri. A.K. Khurana, Director (Pricing)
(v) Shri. Suneel Chopra, Deputy Director (Legal)

ANNEXURE-V

F.No.31026/8/12/PI-I
Government of India
Ministry of Chemical & Fertilizers
Department of Pharmaceuticals

3rd Floor, B Wing, Janpath Bhawan,
New Delhi-110001
Dated 04th Aug., 2015

Sub: Minutes of the meeting taken by Secretary (Pharma) with Chairman, NPPA on 04/08/2015 on trade margin.

The undersigned is directed to enclose herewith a copy of the minutes of the meeting taken by the Secretary (Pharma) with Chairman, NPPA on 04/08/2015 on the issue of trade margin for information and necessary action.

Encl: As above

(A.K. Sah)
Under Secretary to the Govt. of India
Tele: 23323292

1. Shri I. Srinivas, Chairman, NPPA, New Delhi
2. Shri Sudhansh Pant, JS (SP)
3. Dr. Sharmila Mary Joseph K, Member Secretary, NPPA
4. Shri R.K. Maggo, Director
5. Shri Raj Kumar, Under Secretary (RK)PI.II, DOP

Department of Pharmaceuticlas

Minutes of the meeting taken by Secretary (Pharma) with Chairman, NPPA on 4.8.2015 on trade margin.

The following were present in the meeting.

1. Shri I. Srinivas, Chairman, NPPA
2. Shri Sudhansh Pant, JS (SP)
3. Dr. Sharmila Mary Joseph K, M.S. NPPA
4. Shri R.K. Maggo, Director
5. Shri Raj Kumar, Under Secretary (RK), DOP
6. Shri A.K. Sah, Under Secretary (AKS), DOP

Secretary (Pharma) welcomed Chairman, NPPA and other members who attended the meeting.

Member Secretary, NPPA made a presentation on the present scenario of high trade margin.

After detailed deliberations and discussions, it was decided to discuss with industry associations/representatives/trade to persuade them to voluntarily regulate the trade margin for the benefit of common masses. Policy division to convene a meeting on the subject with industry accordingly.

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No.31016/8/12-PI.I

Government of India

Ministry of Chemicals and Fertilizers

Department of Pharmaceuticals

3rd Floor, B-Wing, Janpath Bhawan,
New Delhi-11000, the 24/07/2015

Subject:- Minutes of meeting taken by Secretary (Pharma) with Chairman, NPPA on 16/7/2015 on trade margin.

The undersigned is directed to enclose herewith a copy of the minutes of the meeting taken by the Secretary (Pharma) with Chairman, NPPA on 16/7/2015 on the issue of trade margin for information and necessary action.

Encl:- As above.

(A.K. Sah)
Under Secretary to the Govt. of India
Tele: 23323292

(1) Shri I. Srinivas, Chairman, NPPA, New Delhi.
(2) Shri Sudhansh Pant, Joint Secretary (SP).
(3) Dr Sharmila Mary Joseph K, Member Secretary, NPPA.
(4) Shri Kalyan Nag, Adviser, NPPA.
(5) R.K. Maggo, Director.
(6) A.K. Khurana, Director, NPPA.
(7) Raj Kumar, Under Secretary, PI.II Section, DOP.

O/C

Department of Pharmaceuticals

Minutes of the meeting taken by Secretary (Pharma) with Chairman, NPPA on16.7.2015 on trade margin

The following were present in the meeting:-

1. Shri I. Srinivas, Chairman, NPPA
2. Shri Sudhansh Pant, JS(SP)
3. Dr. Sharmila Mary Joseph K, M.S., NPPA
4. Shri Kalyan Nag, Adviser, NPPA
5. Shri R.K. Maggo, Director
6. Shri A.K. Khurana, Dir., NPPA
7. Shri Raj Kumar, Under Secretary(RK), DOP
8. Shri A.K.Sah, Under Secretary(AKS), DOP

Initiating the discussion Secretary (Pharma) welcomed Chairman, NPPA and other members who attended the meeting. Secretary (Pharma) gave a brief outline on the history of the case so far. A copy of the brief history is enclosed.

Chairman, NPPA gave a brief outline on his discussion with the industry representatives and outlined the magnitude and enormity of the whole issue. After detailed discussion it was agreed that

i) The Govt. of India has to decide whether MRP of whole pharmaceutical market is to be covered or only the scheduled medicines are to be covered.

ii) As one of the solution, the branded generics definition can be revisited to bring it at par with the practice prevalent in many other countries i.e. the brands should be used only for patent drugs and those drugs which are outside the patent should be known by the generic names.

iii) For non- scheduled formulations, calibrated margins i.e. higher margin for low value drugs and lower margin for higher value products may be considered.

iv) The above action will have ramification across section in regard to Drug & Cosmetic Act, Trade mark Regulations , etc. Therefore, the decision can be implemented only in consultation with the Ministry of Health, DIPP and Ministry of Law, etc.

It was, therefore, decided that Secretary(Pharma) and Chariman,NPPA will brief the Principal Secretary to PM for which a brief note will be prepared by Chairman, NPPA before the meeting is fixed.

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B of for the meeting of Secretary (Pharma) with Chairman, NPPA on 16.7.2015 on Trade Margins.

1. issue first brought to the notice by Maharashtra Drug Controller through NPPA in case of Cough Syrup. MRP inflated between 100 to 150 %. allegation - by printing high MRP chemists are lured to sell a narcotics product. NPPA proposed control under para 10(b) of DPCO, 1995. Ministry of Consumer Affairs requested to inform law on MRP.
2. Ministry of Health and FW requested to direct all State Drug Controllers to ensure that chemists do not sell cough syrup containing codeine phosphate without prescription.
3. Another complaint received from Karnataka - alleged Nublast by M/s Zydus medicine used for cancer treatment - wholesale rate Rs.1900 (for a pack of 5) being sold in the retail market with a MRP of Rs. 7600.
4. Chairman, NPPA letter 5.12.2014 –mentioned retail margin of 31 to 469% stating it appears to be widely prevalent practice. NPPA receiving a number of complaints. Promised to send a detailed report after consulting industry.
5. Regulation of trade margin is a practice in a number of countries. Suggested to adopt a calibrated scale allowing higher margin for very low value products and lower margin for high value products.
6. Meeting was taken by Secretary(Pharma) on 28.1.2015 where Director (RKM) was required to prepare a brief on consultation with NPPA. Spoke to Shri Jagdish, Director, NPPA. No input received.
7. Punjab and Haryana High Court had adversely commented upon the Union of India for having no provision in the DPCO for controlling high trade margins. The judgement dt. March 2013 was sent to Ministry in March 2015.
8. Note from PMO:- Margins ranging from 300 upto 1800%. The medicines quoted are branded generics of M/s Alkem. NPPA preliminary examination 9 drugs out of 60 are scheduled drugs.
9. Analysis :- High trade margins are not restricted to only trade generics but to branded generics and even scheduled formulations.

Su ;estions by NPPA–

i) Calibrated margin – high margin for low value products and low margin for high value product.

ii) Changing the definition of generic version under section 2 (j).

iii) Suggestion for amending addition to para 19(2) had been withdrawn by NPPA.

iv) Amendment suggested to para 7(2) does not include calibrated margin.

ANNEXURE-VI

INJETI SRINIVAS
CHAIRMAN

राष्ट्रीय औषधि मूल्य निर्धारण प्राधिकरण
NATIONAL PHARMACEUTICAL PRICING AUTHORITY
3RD FLOOR, YMCA CULTURAL CENTRE BUILDING
1, JAI SINGH ROAD, NEW DELHI-110001
TEL. : 011-23746639 ○ FAX : 011-23746652
E-mail : chairman.nppa@nic.in

No.25(19)/2015/Div.V/NPPA Dated: 29th July, 2015

Dear Sir,

Kind attention is invited to my earlier D.O. letter of even number dated 14th July, 2015 wherein I had raised various issues on the aspect of trade margins in pharmaceutical sales. I had also made few suggestions as to how trade margins can be regulated. You may recall that the matter was also discussed at a meeting held in your Chamber on 16th July, 2015.

2. I am enclosing herewith a presentation prepared by the National Pharmaceutical Pricing Authority on the subject. The presentation also contains some recommendations for amending the Drug (Prices Control) Order, 2013 which, I believe, would facilitate regulation of trade margin.

with regards,

Yours sincerely

(Injeti Srinivas)

Dr V.K. Subburaj, IAS
Secretary
Department of Pharmaceuticals
Ministry of Chemicals & Fertilisers,
Shastri Bhavan,
New Delhi

Encl: as above

Study of Trade Margins : Branded vs Generic Drugs

National Pharmaceuticals Pricing Authority

July 2015

Generic Drugs – Definition

- Definition as per DPCO 2013 para 2(j):
  - *"**generic version of a medicine**" means a formulation sold in pharmacopeial name or the name of the active pharmaceutical ingredient contained in the formulation, without any brand name.*
- Not Defined under Drugs and Cosmetics Act,1940 and rules thereunder.
- Under Drugs & Cosmetic Rules, section 96 specifies manner of labelling, where it is mentioned:
  - *"The proper name of the drug shall be printed or written in a more conspicuous manner than the trade name."*

What does 'generic medicine' mean in common parlance ?

- Generic drug is sold under its salt name such as paracetamol, aspirin, ampicillin etc.
- It has no trade/brand name.
- Cost of manufacture is same whether Branded Generic, Trade Generic, or Generic Generic
- Generics have same active ingredient(s) / same route of administration /same dosage form / same strength/ same conditions of use as branded drugs
- Producers of off-patent generic medicines are called generic pharmaceutical companies
- Generally supplied in institutions

Generic Drugs-International Definition

- As per WHO
  - *"Generic version of a medicine means a pharmaceutical product, usually intended to be interchangeable with an innovator product, that is manufactured without any licence from the innovator company and marketed after the expiry of the date of patent or other exclusive rights, under a non-proprietary or approved name rather than a proprietary or brand name."*
- As per US FDA
  - *"A drug product that is comparable to abrand /reference listed drug product in dosage form, strength, route of administration, quality and performance characterics,and intended use".*
- In simpler terms, international definition implies that:
  - Generic Medicines are those which are off patent; they can be sold by any pharmaceutical manufacturer without any licence from original manufacturer.

Generic medicines in India

- Branded generics
  - sold under brand names
  - promoted by the company through medical representatives; doctors incentivised to prescribe branded generics
  - enjoy 90% of the market
- Trade generics
  - sold under brand names
  - not promoted by the company.
  - left to retail channel to sell these products.
  - supplied to retailers at extremely low prices while printed MRPs are high (high trade margins)
- Generic - Generic
  - sold under chemicals /salt names only.
  - mostly for institutional supply

Case Study : Cetrizine Tablet 10 mg

- Scheduled drug Item 3.ix
- Ceiling price fixed by NPPA
  - revised w.e.f. 01.4.2015 Rs. 1.99 per tablet
- Ceiling price plus applicable VAT : Rs. 2.0895/ tablet
- Sold in 84 brand names as per pharmatrac data (of May 2015)

Cetrizine 10 mg Tablet

COMPANY	Product	MRP/ tablet	PACK Size	MRP	PTR	Retailer Margin % (MRP - PTR) /PTR	MAT %
CIPLA LTD.	CETCIP 10 MG TABLET 100	0.3125	100	31.25	25	25.00	0.00397%
	CETCIP 10 MG TABLET 10	2.016	10	20.16	2.52	700.00	0.18112%
	OKACET 10 MG TABLET 10	2.016	10	20.16	2.5	706.40	0.97457%
	ALERID 10 MG TABLET 10	2.016	10	20.16	15.36	31.25	6.50836%
WOCKHARDT LTD	CETIRIZINE 10 MG TABLET 10	0.375	10	3.75	3	25.00	0.00177%
	SETRIDE 10 MG TABLET 1000	0.126	1000	126	100.8	25.00	0.01570%
	CETRIZINE (WOCKHARDT) 10 MG TABLET 10	1.9	10	19	10	90.00	0.01853%
	SETRIDE 10 MG TABLET 10	2.016	10	20.16	2	908.00	0.02476%
ZYDUS CADILA	CITICAD 10 MG TABLET 10	0.218	10	2.18	1.75	24.57	0.00002%
	CETICAD 10 MG TABLET 100	0.1125	100	11.25	9	25.00	0.00201%
	CETICAD 10 MG TABLET 10	0.212	10	2.12	1.7	24.71	0.06190%
GLAXOSMITHKLINE PHARMACEUTICALS LTD.	CETZINE 10 MG TABLET 100	3.5712	100	357.12	285.7	25.00	0.15471%
	CETZINE 10 MG TABLET 10	2.016	10	20.16	16	26.00	27.91922%
ALEMBIC LTD	CETRAL O 10 MG TABLET 10	0.31	10	3.1	2.48	25.00	0.01000%
	CETRAL 10 MG TABLET 10	2.015	10	20.15	2.3	776.09	0.04278%

Case Study :
Amoxicillin 500mg Capsules

- Scheduled drug Item 6.2.1
- Ceiling price fixed by NPPA
  - revised w.e.f. 01.4.2015 Rs. 6.72 per Capsule
- Ceiling price plus applicable VAT : Rs. 7.056/ Capsule
- Sold in 70 brand names as per pharmatrac data (of May 2015)

Amoxicillin 500mg Capsules

Sl No	COMPANY	SKU	MRP/Capsule	PACK	MRP	PTR	Retailer Margin %	MAT (Jun 14 to May 2015	MAT % Share
1	ABBOTT HEALTHCARE PVT LTD	RONEMOX 500 MG CAPSULE 10	2.875	10	28.75	23	25.00	0.0835	0.07602%
2		SYMOXYL 500 MG CAPSULE 6	6.793333	6	40.76	33.46	21.82	0.1490	0.13558%
3	ALKEM LABORATORIES LTD.	ALMOX 500 MG CAPSULE 10	6.794	10	67.94	25	171.76	0.8261	0.75194%
4		ALMOX 500 MG CAPSULE 15	2.333333	15	35	28	25.00	0.0685	0.06237%
5		MOXIKEM 500 MG CAPSULE 10	5	10	31.25	25	25.00	0.0090	0.00816%
6	CIPLA LTD.	CIPMOX 500 MG CAPSULE 10	4.44	10	44.4	35.52	25.00	1.2689	1.15502%
7		NOVAMOX 500 MG CAPSULE 15	6.793333	15	101.9	78.46	29.88	25.9430	23.61423%
8		NOVAMOX 500 MG CAPSULE 3	20.51	3	61.53	49.23	24.98	0.0772	0.07023%
9		NOVAMOX 500 MG CAPSULE 6	10.255	6	61.53	49.23	24.98	2.3526	2.14140%
10	INTAS PHARMACEUTICALS LTD	MOXINTA 500 MG CAPSULE 10	2.418	10	24.18	19.35	24.96	0.0127	0.01153%
11		MOXITAS 500 MG CAPSULE 10	5.9	10	59	30	96.67	0.0002	0.00016%
12	LUPIN LTD	LUPIMOX 500 MG CAPSULE 10	4.75	10	47.5	38	25.00	0.0002	0.00019%
13		LUPIMOX 500 MG CAPSULE 15	1.777333	15	26.66	21.33	24.99	0.0156	0.01423%
14		LUPIMOX-FORTE 500 MG CAPSULE 10	6	10	60	27.83	115.59	0.0001	0.00007%
15		MOXILUP 500 MG CAPSULE 15	2	15	30	24	25.00	0.0009	0.00085%
16	RANBAXY LABORATORIES LTD	AMX 500 MG CAPSULE 10	3.5	10	35	28	25.00	0.0717	0.06525%
17		MOX 500 MG CAPSULE 15	6.793333	15	101.9	83.66	21.80	56.7315	51.63900%
18		ROSCILLIN AMX 500 MG CAPSULE 10	4.105	10	41.05	32.84	25.00	0.0004	0.00037%
19	ZYDUS CADILA	AMOXIL 500 MG CAPSULE 10	3.375	10	33.75	27	25.00	0.2276	0.20716%
20		AMOXIL 500 MG CAPSULE 6	6.021667	6	36.13	28.91	24.97	0.0015	0.00140%
21		GERMOX 500 MG CAPSULE 10	2.493	10	24.93	19.95	24.96	0.0008	0.00074%
22		HIPEN 500 MG CAPSULE 10	2.25	10	22.5	[illegible]	25.00	0.0233	0.02156%

Case Study :
Omeprazole 20 mg Capsules

- Scheduled drug Item 17.1.ii
- Ceiling price fixed by NPPA
  - revised w.e.f. 01.4.2015 Rs. 3.33 per Capsule
- Ceiling price plus applicable VAT : Rs. 3.4965/ Capsule
- Sold in 91 brand names as per pharmatrac data (of May 2015)

Omeprazole 20mg Capsule

Sl No	COMPANY	SKU	MRP/ Capsule	PACK	MRP	PTR	Retailers Margin	MAT (Jun 14 to May 2015	MAT %
1	ALKEM LABORATORIES LTD.	OMEPRAZ 20 MG CAPSULE 10	1.56	10	15.62	12.5	24.96	0.0047	0.00372%
2		OMEPRAZ 20 MG CAPSULE 15	3.78	15	56.72	45.38	24.99	0.2944	0.23185%
3		OMEE 20 MG CAPSULE 15	3.37	15	50.56	11	359.64	1.3083	1.03030%
4	CIPLA LTD.	OKACID 20 MG CAPSULE 15	0.83	15	12.5	10	25.00	0.0033	0.00263%
5		OMECIP 20 MG CAPSULE 10	1.25	10	12.5	10	25.00	0.0105	0.00826%
6		LOMAC 20 MG CAPSULE 10	1.38	10	13.75	11	25.00	0.0159	0.01250%
7		LOMAC 20 MG CAPSULE 15	3.37	15	50.54	10.95	361.55	0.0353	0.02778%
8		OMECIP 20 MG CAPSULE 15	3.37	15	50.54	10.8	367.96	0.1854	0.14602%
9	INTAS PHARMACEUTICALS LTD	OMETAS 20 MG CAPSULE 10	0.69	10	6.87	5.5	24.91	0.0006	0.00047%
10		OMEY 20 MG CAPSULE 10	0.69	10	6.87	5.5	24.91	0.0007	0.00057%
11		OMECAP 20 MG CAPSULE 10	3.50	10	35	4.7	644.68	0.0219	0.01727%
12	LUPIN LTD	OMEY 20 MG CAPSULE 15	0.42	15	6.25	5	25.00	0.0675	0.05316%
13		OMNILUP 20 MG CAPSULE 10	3.99	10	39.87	28.7	38.92	0.0001	0.00006%
14		LUPOME 20 MG CAPSULE 15	3.99	15	59.81	8	647.63	0.0006	0.00047%
15		ULSATON 20 MG CAPSULE 15	3.15	15	47.27	37.82	24.99	0.0030	0.00239%
16	RANBAXY LABORATORIES LTD	OMPIZOLE 20 MG CAPSULE 10	0.63	10	6.25	5	25.00	0.0019	0.00147%
17		OMESEC 20 MG CAPSULE 15	0.48	15	7.13	5.71	24.87	0.0162	0.01278%
18		OMESEC 20 MG CAPSULE 10	2.34	10	23.4	5.76	306.25	0.0574	0.04522%
19	DR. REDDYS LABORATORIES LTD	NOCID 20 MG CAPSULE 10	4.80	10	48	38.4	25.00	0.0015	0.00117%
20		OMEZ 20 MG CAPSULE 15	3.37	15	50.6	41.54	21.81	81.4245	64.12353%
21		OMZED 20 MG CAPSULE 10	5.97	10	59.7	5.25	1,037.14	0.0001	0.00005%
22	ZYDUS CADILA	OMERAX 20 MG CAPSULE 10	0.75	10	7.5	6	25.00	0.0457	0.03595%
23		OCID 20 MG CAPSULE 15	3.371333	15	50.57	38.94	29.87	34.8703	27.46112%

Legal/Statutory Provisions in Vogue:

- Drug and Cosmetics Rules 1945, Rules 71A(4) and proviso to 71B provide that
  - "The *application for grant of a license for a drug formulation containing single active ingredient shall be made only in proper name*"
    - (amendments made in 2014)
- DCGI letter of 1st October 2012 , issued under Section 33Pof Drugs and Cosmetics Act, 1940
  - *all state governments to instruct respective drug licensing authorities to grant/ recommend licences for sale to manufacturers for distribution/sale of medicines in proper/generic version only.*

Sandhu Committee recommendations of 2004

Sandhu committee recommended dual margins as follows:

Scheduled Drugs	8%	16%	24%
Non-Scheduled Drugs			
- branded category drug	10%	20%	30%
- generic category drug	15%	35%	50%

NPPA's recommendations to Government

- DPCO 2013- definition of generic medicine in para 2(j) to be aligned with international definition
- DPCO 2013 may be amended by adding para 7(2) as follows :
  - "No manufacturer is allowed to give margin to retailer exceeding the margin specified in sub para (1) of this paragraph"
- Amendment in Form V – Proforma for Price List, by inserting a column "Price to Stockist', to facilitate monitoring and regulation thereof.
- De-branding of single ingredient generics.

NPPA's recommendations to Government

- Additional Recommendations
  - For non-scheduled formulations, calibrated margins, i.e. higher margins for low value drugs and lower margins for high value products may be considered.
  - Regulation of wholesale margin as well.
  - To make prescription in generic name mandatory with respect to single – ingredient generic medicine.
  - To allow substitution between different brands of a generic drugs formulation until such time that generic drugs are de-branded

E.R.No. 4387/2015

ANNEXURE-VII

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Director General

NPPA-DPCO-2015/1177

August 28, 2015

Dr V.K. Subburaj
Secretary
Department of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Government of India
Shastri Bhavan
New Delhi 110 001.

Dear Dr Subburaj,

Subject: **OPPI Comments: Ref. No. 25(19)/2015/Div V/NPPA dated July 29, 2015 – NPPA's recommendations to the Government on the Trade Margins**

OPPI continues to support India's healthcare objectives, keeping the patients of our country at the centre of all our actions. We believe that there needs to be balanced and responsible growth for trade and the pharmaceutical industry. Transparency in dealing with the trade will strengthen industry confidence and ensure that we continue to provide quality medicines to help ailing patients.

Please find below our comments on NPPA's letter dated July 29, 2015 addressed to you along with their presentation giving recommendations for amending the DPCO 2013 relating to trade margin.

I. **NPPA Presentation - Slide 15**

Bullet point No. 1
DPCO 2013 – Definition of generic medicine in 2(j) to be aligned with the international definition

OPPI Comments:

We agree that the definition of generic medicine should be aligned with the international definition.

"Generic Version of a medicine" a pharmaceutical product, usually intended to be interchangeable with an innovator product, that is manufactured without a license from the innovator company and marketed after the expiry date of the patent or other exclusive rights. (This was suggested by the DoP vide its letter dated July 21, 2015 on the various revised amendments to DPCO 2013)

We support this recommendation as it provides clarity on the definition of a generic product to both the innovator and generic industry. The definition rightly captures the fact that a generic product is interchangeable with an innovator product and is marketing after the expiry of the exclusive rights of the innovator company. This is in consonance with the globally accepted norms.

Organisation of Pharmaceutical Producers of India
Peninsula Chambers, Ground Floor, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013
Tel: +91 22 2491 0123, 6662 7007, www.indiaoppi.com

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Bullet point No. 2
DPCO 2013 may be amended by adding para 7(2) as follows:
- " No manufacturer is allowed to give margin to the retailer exceeding the margin specified in sub para (1) of this paragraph"

OPPI Comments:

We do not agree with this amendment. As such, trade margins are a matter between the manufacturer and the trade. So long as availability of drugs at mandated ceiling price is maintained, there is no reason for additional regulatory guidance on this matter.

Moreover, the Traded Generics (non promoted branded/unbranded generic category) basket is sold through the Trade Channel so as to ensure availability and deeper penetration in the Rural markets and hence Trade Channel is required to incur the bulk of expenses towards infrastructure, distribution, promotion and selling. Higher margins in this segment are necessitated for the low turnover for retailers/pharmacies that are positioned in remotest villages/towns so that there is no compromise on the availability of quality medicines.

Due to the fact that in the case of Traded Generics (non-promoted), the marketing/manufacturing company is operating at thin margins with the objective of ensuring availability to needy patients in far off villages, hence paying reasonable margins to the un-organized retail channel are very essential, else it will have serious impact on the availability of the essential medicines (i.e. majority of Generic medicines are under NLEM)

Bullet point No. 3
Amendment in form V – Proforma for price list, by inserting a column "Price to Stockist ", to facilitate monitoring and regulation thereof

OPPI Comments:

We do not agree.

Stockists' price is not defined in DPCO 2013. Fixing and maintaining a particular 'Stockist Price' could be deemed anti-competitive, as the manufacturer should be free to sell the product at any price as negotiated between manufacturers and stockists as long as the same is in conformity with DPCO. There could also be instances where there are no stockists and hence specifying stockists price may not be possible.

Note: Seeking further changes in Form-V will be challenging for the industry which is already struggling to align with DPCO 2013 requirements besides IPDMS compliance. At the recent NPPA meeting on IPDMS, many members have pointed out that the site is not user-friendly, with no ready template; data has to be manually filled in, which is highly time-consuming and there is no acknowledgement received after data submission. It is suggested that NPPA and industry work together to streamline existing requirements before we add further changes to existing formats.

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Bullet Point No. 4
De-branding of single ingredient generics

OPPI Comments:

We do not agree.

We strongly oppose the de-branding of single ingredient generics for the following reason:

Different brands of even single ingredient medicines may have differences in formulation/drug delivery systems that could have a varied impact on the patient. Since the doctor is best aware of his patients' condition, he may wish to prescribe a specific type of formulation based on the patient's specific condition which will not always be possible by prescribing only generic names. Highly reputed companies that invest heavily in ensuring highest level of GMP, produce medicines which are above than the quality parameters specified in Indian Pharmacopeia; for e.g. far less impurities than permitted in IP, due to their internal standards. Doctors who wish to prescribe such superior quality products and patients who wish to use them can do so only if the Brand names are allowed to be used in the prescription.

De-branding will only result in pushing the industry towards the lowest minimum acceptable standards of quality, at best. Building of a 'brand' also entails efforts such as production and dissemination of scientific material, providing regular information and capacity building for physicians, and making efforts to do this better than competitors. All of these efforts would be lost, if manufacturers are not able to build a brand through them. This will be a loss to both the physician and the patient.

De-branding of generics will also raise a very serious and fundamental question – who in the value chain of Physician-Pharmacy-Patient will make the choice of which manufacturers product to consume? If Physicians do not have the advantage of prescribing a brand (basis the need of the patient), is the choice of manufacturer left to the pharmacy? Would that decision be based on incentives? And if such incentives are also capped, how would the pharmacy decide on which manufacturers' product to stock?

On this, please also refer to the comments made in response to bullet point no. 3

II. NPPA Presentation - Slide 16

Bullet Point No. 1
For Non-Scheduled formulations, calibrated Margins i.e. high margin for low value drugs and lower margins for high value products may be considered

OPPI Comments:
As mentioned earlier, the Margins are to be negotiated between Trade and Industry and fixing uniform margin by legislation could be deemed to be anti-competitive. Moreover, high priced products need higher investment in working capital like inventory, credit allowed to customers etc. and hence prescribing lower margin could lead to a tendency among the Trade to stock less of such items and can lead to shortage of medicines.

Bullet Point No. 2 - Regulation of wholesale margins

OPPI Comments:

Margin should be left to be negotiated between manufacturers and Trade partners without any interference from Government and hence margins should not be prescribed in the DPCO.

It is our concern that suggestions such as these are contrary to the intention of this Government to 'make it easier to do business' and may in fact bring back a regime of controls and regulations into every aspect of an industry's business.

Bullet Point No. 3 - To make prescription in generic name mandatory with respect to single- ingredient generic medicine

OPPI Comments:

Making generic prescriptions mandatory would shift the choice of a product completely in the hands of chemists:

OPPI feels that it is the doctors who best understand the needs of patients and not the chemists, who would have the intention to sell products that offer them the highest margins, irrespective of consideration of quality. This can also lead to potential anti-competitive vertical arrangements between retailers and manufacturers to push sales. As mentioned earlier, highly reputed companies that invest heavily in ensuring the highest level of GMP produced medicines which are higher than the quality parameters specified in Indian Pharmacopeia for e.g. far less impurities than permitted in IP, due to their internal standards. Doctors who wish to prescribe such superior quality products and patients who wish to use them can do so only if the Brand names are allowed to be used in the prescription.

Also the Drugs and Cosmetics Rules, 1945, under Rule 65, Clause (10) states for the doctor as below. For the purposes of clause (9) a prescription shall:

a) Be in writing and be signed by the person giving it with his usual signature and be dated by him;
b) specify the name and address of the person for whose treatment it is given, or the name and address of the owner of the animal if the drug is meant for veterinary use;
c) indicate the total amount of the medicine to be supplied and the dose to be taken.

The above provision does not mandate to prescribe Drug Product in its generic name / brand name as this flexibility was provided to Doctors who are ultimately responsible for their patient.

1. **Use of only INN name without any identifier will result in difficulty of tracing product complaints and adverse events by Companies and Regulators:**

   Adverse event reporting will become almost impossible when we don't know what brand was bought by the consumer as it is not mentioned anywhere in the prescription as per the proposed amendment. As it is a common practice to dispose of used syringes and foils of tablets after use, the situation becomes grimmer if the adverse event happens after a time lag.

2. Studies have proven that brands are not comparable to generics:

There are multiple studies which have concluded that generics cannot be compared to brands. For e.g.

- *Ceftriaxone Innovator brand Vs Generics study:* All tested generic ceftriaxone products (34 in all) failed to meet the pharmaceutical quality standards of the branded original. The high levels of impurities and the identified contamination of particles and residues are of clinical concern, as they could impact tolerability and safety in patients in need of an effective parenteral antibiotic.[1]
- *Manipal Meropenem Study:* From the results, it is evident that phenomenal difference between generic and innovator product is observed in terms of reconstitution time and appearance. Reconstitution time for generic product is very high when compared to innovator product. This implies that generic product is not efficient and user friendly as that of innovator product[2].

3. Biologics and Biosimilars are proven to be different:

For specialty products, like r-DNA derived biotechnology products (Monoclonal antibodies, other protein products) and vaccines, the concept of Generic product does not apply. Per se, for such product, there is an innovator product which is approved on the basis of complete evaluation of its quality, safety, efficacy, and immunogenicity. The innovator product may be approved for certain multiple indications on the basis of clinical studies conducted for each such indication. Besides aninnovator product, there could be a similar biological product, which essentially cannot be claimed as Generic or identical to theinnovator product. This is an accepted norm world-wide because of the complex nature of biological products. At best, it can be similar to theinnovator product but not identical. Such a similar biological product (biosimilar) is approved on the basis of limited data on quality, efficacy, safety and immunogenicity. Often, such a biosimilar product is approved for a limited number of indications, different from all the approved indications of the innovator product, because of unavailability of safety and efficacy data for biosimilar product.

Prescription of such drugs with a generic name is not advisable and can invite serious trouble with regard to approved use of biosimilar product vs. innovator product, which are essentially two different products in terms of overall structure and composition at molecular level.

For example: Comparison of clot lysis activity and biochemical properties of originator tenecteplase (Metalyse®) was done with a biosimilar Elaxim and it proved that the alleged Biosimilar has much less lysis activity when compared to the originator Metalyse[3].

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[1] http://www.manevonline.com/doi/abs/10.1179/1973947814Y.0000000087?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&_sm_au_=iV7q0s54JI6RJ66&

[2] Significance of Reconstitution Time and other Physical Parameters for Evaluation of Dry Powder Injectables

[3] Research done by Werner Kliche, Ingo Krech, Martin C. Michel, Nishant V. Sangole and Sadhana Sathaye "Comparison of clot lysis activity and biochemical properties of originator tenecteplase (Metalyse®)"

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4. **Switching from generics to Brands has been observed in many therapeutic areas:**

Studies have shown that there are users in Anti epileptic Drugs, Psychotic drugs, Hormonal drug users who have switched back to Brands when pushed on Generics by the treating physicians.

- A study was conducted to measure the proportions of patients switching from generic to branded drugs among users of antiepileptic drugs (AED) compared to other therapeutic areas. It concluded that a higher propensity to switch back to branded medications was observed among antiepileptic drug users compared to users of anti-hypertensives and anti-hyperlipidemics, similar to findings from Andermann et al[4].

5. **Legal hurdles:**

The ban on the use of trade names has been propagated outside the scope of the enabling powers of Section 32 and 33 of the Indian Medical Council Act, 1956. Prohibiting the use of trade names under the garb of the power conferred by Section 32 and 33 brings the proposed amendment in conflict with the provisions of the Trade Marks Act. It puts the IPR rights of the Pharmaceutical companies into jeopardy and clear derogation of the rights guaranteed by the provisions of the Trade Marks Act. Therefore, any rule which is framed which would be in derogation of another valid law cannot be countenanced. The rules have to be complementary to the provisions of other valid laws.

6. **Violation of Constitutional Right:**

The ban on the use of trade names is violative of Article 19(1)(g).The Rule as promulgated by the MCI will only be valid if the same is not violative of any Constitutional Right. The refusal to allow brand names from being used is an unreasonable restriction on the petitioners' right to carry on trade and business. By imposing such a restriction, the sale of a formulation has been made dependent upon the choice by the chemist who, for monetary or other reasons, may prefer to sell one drug and not the other. This Article guarantees to every citizen the right to practice any profession or to carry on any occupation, trade or business. Brand names are absolutely essential to identify each drug to the consumer. If brand names aren't allowed to be used, it interferes with the right to carry on trade or business. The sale of a formulation manufactured by a particular manufacturer would be dependent upon the chemist who for monetary or other reasons may prefer to sell one drug rather than the other. The formulator would be, therefore, at the mercy of the chemist.

7. **Fixed Dose combinations issue:**

A large chunk of IPM is FDCs. It is estimated that about 50% of medicines prescribed by the doctors are for FDCs, spanning across almost all therapeutic categories. There are around 60,000+ FDC formulations[5] in the Indian market and it impractical for doctors to keep track of exact concentrations of each of these drugs and prescribe them in appropriate strengths. It is equally difficult for the chemist to dispense them. In the event of an error made by the chemist while dispensing the drug, the patient may face serious consequences.

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[4] Study by LeLorier J, Duh MS, Paradis PE, Lefebvre P, Weiner J, Manjunath R, Sheehy O. Centre de Recherche, Centre Hospitalier de l'Université de Montréal, Montréal, Canada.

[5] AIOCD-AWACS

8. **Special delivery system innovation will be disregarded:**

   Generic only prescription would also make dispensing of special delivery system drugs complicated (like ER; SR; Gelatin capsules; soft gel etc). Such requirement is best judged by the prescribing doctor.

9. **Infrastructure and skilled manpower bottlenecks:**

   Another reason is that Generic name prescriptions could be counter-productive considering the general literacy/education condition of chemists and druggists in the country, especially in remote/rural areas.

10. **Role of other quality controlled excipients in pharma:**

    The variation between generic and branded drugs may be due to the use of different excipients or containers, or discrepancies in the manufacturing processes of the drugs. Having the same active ingredients does not guarantee equivalence, because inactive ingredients, pH, container materials and preservatives may interfere with penetration, absorption and bioavailability of active agents at their sites of action. These potential variables have led to generic drugs that can have substantially different properties from their branded counterparts[6].

11. There are undoubtedly differences in standards of GMP followed in different factories. Top Manufacturers invest considerable resources in producing the highest quality and hence would want to ensure that their brands which are synonymous will high quality are not unfairly equated with others brands or generic generics, which may not follow such rigorous quality standard. It would be unfair to Doctors and patients, who trust these brands' quality to be given substitute generics.

12. The choice of 'manufacturer' is being moved from the Physician to the Pharmacy, despite the fact that it is the Physician who is more likely to make a scientific decision and is entirely responsible for the outcome towards the patient.

13. Such a move also changes the nature of competition – from being on the basis of science and quality to being on the basis of financial criteria. There is a high likelihood then that a manufacturer that is able to provide higher incentives (both prescribed and other unregulated) will succeed at the point of sale. This will severely compromise the ability of both 'science based manufacturers' and the 'small scale manufacturers' to conduct a viable business.

14. The purpose of simplifying complex generic names through simpler brand names will also be lost. It may not be a realistic situation that every pharmacist in the remotest part of the country may be fully versed with all pharmacological naming protocols. Any error at the time of dispensation will create serious consequences.

[6] Zore M, et al. Br J Ophthalmol 2013;97:253–257. doi:10.1136/bjophthalmol-2012-302245

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Bullet point No. 4
To allow substitution between different brands of a generic drug formulation until such time that generic drugs are debranded

OPPI Comments:

We do not agree.

OPPI feels that it is the doctors who best understand the needs of patients. Doctors take decisions on the brand to be prescribed based on their experience and conviction on quality of certain manufacturers and the varying ability of patients to pay for better quality. It is the Doctor who is solely responsible for the medical outcome of his/her patient and there must be no move that compromises the Doctor's ability to decide on a prescription. Substitution at a chemist level may bring in competition on all aspects other than science and quality. This can also lead to potential anti-competitive vertical arrangements between retailers and manufacturers to push sales.

Substituting medicines of one brand by other brand or by the generic will result in the decision making process shifting from well qualified professionals like doctors and physicians to sales staff in the chemists/pharmacy shops. Many of such pharmacies do not have qualified pharmacist on the premises.

We trust you will consider our above comments pertaining to the points made in the slides Nos. 15 and 16 of NPPA's presentation.

Thank you.

Sincerely,

R Smetacek

RANJANA SMETACEK
DIRECTOR GENERAL

cc: **The Chairman**
National Pharmaceutical Pricing Authority
Department of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Government of India

ANNEXURE-VIII

STATEMENT SHOWING MAT VALUE AND UNIT AT DIFFERENT MRP RANGE									October 2015	
	Solid Dosges Forms			Liquid & other Dosges Forms			Total			
Maximum Retail Price (MRP in Rs.)	Unit	Mat Value (Rs./Crores)	Mat Value %	Unit	Mat Value (Rs./Crores)	Mat Value %	Unit	Mat Value (Rs./Crores)	Mat Value %	Cumm. Mat Value %
<1.00	3308	1,459.01	2.53	50	-	0.00	3358	1,459.01	1.60	1.60
1.00-2.00	5404	3,278.10	5.68	26	0.13	0.00	5430	3,278.23	3.59	5.19
2.00-5.00	16832	9,483.68	16.44	359	232.21	0.69	17191	9,715.89	10.64	15.83
5.00-10.00	19062	17,319.39	30.03	1117	243.31	0.72	20179	17,562.70	19.23	35.06
10.00-20.00	10601	15,790.07	27.38	3502	1,225.76	3.64	14103	17,015.83	18.64	53.70
20.00-50.00	4511	7,938.70	13.77	11017	4,184.27	12.44	15528	12,122.97	13.28	66.98
>=50.00	1318	2,402.60	4.17	21965	27,753.51	82.50	23283	30,156.11	33.03	100.00
	61036	**57,671.55**	**100.00**	**38036**	**33,639.19**	**100.00**	**99072**	**91,310.74**	**100.00**	

drugs produced through indigenous research and development, etc. were envisaged for exemption under the Policy.

1.3.1 In the year 2000, further liberalization in the economy was effected, in light of which, Foreign Direct Investment (FDI) in the pharmaceutical sector was brought in the automatic route and the limit raised upto 100%. Following this, a new pharmaceutical pricing policy was introduced in the year 2002 which further liberalized the span of control over pricing. The turnover limit for purposes of price control was raised from Rs. 4.00 crores to Rs. 25.00 crores and the parameters of market share were also relaxed further. All drugs where unit price did not exceed Rs. 2.00 were also excluded from the ambit of price control. There were also exemptions given for drugs developed through indigenous R&D, New Delivery Systems etc. The 2002 Drug Policy was, however, challenged in the Karnataka High Court, which by order dated 12.11.2002 issued stay on the implementation of this Policy. This order was challenged by the Government in the Supreme Court which vacated the stay vide its order dated 10.3.2003 but observed as under:

> *"we suspend the operation of the order to the extent it directs that the Policy dated 15.2.2002 shall not be implemented. However, we direct that the petitioner shall consider and formulate appropriate criteria for ensuring essential and life saving drugs not to fall out of the price control and further directed to review drugs, which are essential and life saving in nature till 2nd May, 2003".*

1.3.2 In the light of the order of the Supreme Court, it was decided that a fresh Pharmaceutical Pricing Policy be formulated and accordingly, the 2002 Drug Policy was never implemented and the 1994 Drug Policy continued to be applicable and continues till date.

1.4 Meanwhile, in accordance with the guidelines of the Supreme Court above, the Ministry of Health & Family Welfare revised the List of medicines in the National List of Essential Medicines (NLEM) earlier notified in 1996. The revised list was notified as NLEM, 2003. In November 2004, the Government also set up a Task Force under the Chairmanship of Principal Advisor, Planning Commission, Dr. Pronab Sen to look into the issue of price control options other than price control and other issues and to make recommendations for making available life saving drugs at reasonable prices. The basis of drugs to be considered was the NLEM, 2003, being the latest list at that time. The Pronab Sen Committee submitted its recommendations in September, 2005. The revision in the existing policy of pricing of pharmaceutical products has been under consideration at different levels. In the meanwhile, in 2011, the Ministry of Health & Family Welfare revised the NLEM and notified the new NLEM, 2011. It may be noted that various drug policies adopted from time to time have tried to cope up with the challenge of striking a balance between the at times varying requirements of enabling industry to grow and at the same time ensuring affordable and reasonably priced medicines to the consumers, particularly the poorer masses. This balancing of diverse and conflicting interests is indeed a difficult task, as is the reconciling of short-term interests with long-term goals and concerns.

1.5 The Government is therefore seized with the goal of enabling industry growth with attendant socio-economic benefits along with balancing the declared objective of providing better health care including making available essential medicines at reasonable prices to all. The Drug Policy, 1994 needs to be revised to meet the challenges brought about by the competitive international pharmaceutical industry in a globalised economic environment, as much as meeting the country's requirements for safe and quality medicines at reasonable prices. Therefore, the Government hereby enunciates