

ESSENTIALS DRUG PRICE MONITORING SYSTEM

National Drug Policy
Department Of Health
Report for JULY 2005

ESSENTIALS DRUGS ITEMS	TYPE	PREVAILING PRICE			RANGE JULY-05		OUTLET W/ LOWEST PRICE FOR JULY 05		
		MAY-05	JUNE-05	JULY-05	LOW	HIGH	PRO	PVT.	GOVT.
ANTI-INFECTIVES									
Metronidazole 500 mg tab	G	10.00	10.00	10.00	1.00	10.55	4a,5,7		9,10,car,erg
	B	19.75	19.75	19.75	2.00	26.00		12,6	
Metronidazole 125 mg / 5 mL susp., 60 mL bottle	G	75.00	75.00	75.00	17.00	80.00			
	B	110.75	110.75	110.75	73.50	140.50	4b,		5,8,10
Chloramphenicol 500 mg caps.	G	11.00	11.00	11.00	1.54	13.25	5,6,8		
	B	42.00	42.00	42.00	10.00	50.00		2,4a	
Chloramphenicol 125 mg / 5 mL susp., 60 mL bottle	G	88.00	88.00	88.00	30.00	90.00	10,11,car		
	B	NPM	NPM	NPM	159.15	584.50	4a,10,car		
Doxycycline 100 mg caps.	G	NPM	NPM	NPM	1.50	31.90		4a,7,8	
	B	57.10	57.10	57.10	4.00	105.10	5,9		
Cefalexin 500 mg caps	G	17.40	17.40	17.40	3.00	27.65	10,erg		
	B	29.30	29.30	29.30	14.40	47.25		car,12	
Cotrimoxazole 800 mg SMZ + 160 mg TMP tab.	G	15.60	15.60	15.60	2.00	88.00	erg,4a		
	B	28.75	28.75	28.75	3.90	38.25		4b,	
Cotrimoxazole 200 mg SMZ + 40 mg TMP / 5 susp., 60 mL bottle	G	88.00	88.00	88.00	26.50	88.00	5,7,9		
	B	88.00	88.00	88.00	50.00	180.00			12,erg
Amoxicillin 500 mg caps.	G	6.75	6.75	6.75	2.00	7.10	2		
	B	14.00	14.00	14.00	10.30	19.40		5,9,10	
Amoxicillin 250 mg / 5 mL susp., 60 mL bottle	G	75.00	75.00	75.00	20.00	97.90	4b,6		
	B	120.00	126.00	120.00	63.00	175.00		9,erg	
Pen G. Benzathine 1.2 M u.l vial	G	NPM	NPM	135.50	120.00	135.50	4a,5,9		
	B	205.00	205.00	205.00	205.00	216.50			11,erg
ANALGESIC / ANTIPYRETIC									
Paracetamol 500 mg Tab.	G	1.00	1.00	1.15	0.35	1.35	5,8		
	B	3.00	3.00	3.00	1.50	4.00			8,9,10
Paracetamol 250 mg / 5 mL syrup / susp., 60 mL bottle	G	NPM	NPM	NPM	20.00	80.00	4a,7,9		
	B	105.00	105.00	96.00	70.00	140.00		2,6,9	
NSAID									
Mefenamic Acid 500 mg tab/ caps	G	4.90	4.90	4.90	1.00	8.00	8,9,10		
	B	13.60	13.60	13.60	12.90	29.50		2,4b,6	
ANTI-TB									
Short-Course Chemotherapy (SCC) Drug Type I Blister pack (Rifampicin 450 mg caps Isoniazid 300 tab. Pyrazinamide 500 mc tab.	G	NPM	NPM	NPM	35.60	40.50	8,10,12		
	B	NPM	NPM	NPM	44.35	44.35		car,erg,7	
Type II Blister (Rifampicin 450 mg cap, Isoniazid 300 mc tab.)	G	NPM	NPM	NPM	17.40	21.70			8
	B	35.25	35.25	NPM	29.85	46.25		5	
Isoniazid 400 mg tab.	G	2.10	2.10	2.10	1.90	2.10			
	B	1.60	1.60	n / a	1.05	2.10		4a	
Rifampicin 450 caps / tab	G	13.75	13.75	13.75	7.80	19.50	6,8		
	B	29.60	29.60	29.60	20.75	35.25			7
Rifampicin 200 mg / 5 mL susp., 120 mL bottle	G	n / a	n / a	n / a	93.00	166.00			8,9
	B	394.50	394.50	394.50	183.00	468.75		2,3	
Ethambutol 400 mg Tab.	G	4.75	4.75	4.75	1.95	7.00	4b,5		
	B	10.25	10.25	10.25	8.80	10.80	7	10	
Pyrazinamide 500 mg tab / caps.	G	4.20	4.20	4.20	3.70	5.00			11,car
	B	6.45	6.45	4.75	4.05	7.40			erg
CARDIO-VASCULAR									
Metoprolol 50 mg tab.	G	NRS	NRS	NRS	3.70	5.00	5		
	B	3.75	3.75	3.75	1.50	16.25			8
Nifedipine 5 mg caps. / tab	G	NRS	NRS	NRS	NRS	NRS		9	
	B	12.15	12.15	12.15	4.75	19.51	4b		
Furosemide 40 mg Tab.	G	NPM	NPM	NPM	1.00	3.00	9		
	B	9.70	9.70	9.70	5.40	55.00		7	
Captopril 25 mg tab.	G	NPM	NPM	NPM	5.00	6.50		8	
	B	26.50	26.50	26.50	10.00	35.25	11		
Isosorbide Dinitrate 10 mg tab.	G	NRS	NRS	NRS	NRS	NRS		10	
	B	11.00	11.00	11.00	7.75	22.00		10,erg	
Digoxin 250 mcg tab.	G	NRS	NRS	NRS	NRS	NRS	12,erg		
	B	3.60	3.60	3.60	3.43	8.00	car,7		
Aspirin 80 mg tab.	G	NRS	NRS	NRS	NRS	NRS			5
	B	1.80	1.80	1.70	1.50	2.50			9
SERUM / VACCINE									
Live Attenuated Measles, Mumps & Rubella (MMR) Vaccine. Monodose Vial	G	NRS	NRS	NRS	NRS	NRS			12
	B	NRS	NRS	NRS	NRS	NRS			11,9
Anti - Tetanus 1,500 IU , 1.5 amp.	G	NRS	NRS	NRS	NRS	NRS			5
	B	168.75	168.75	168.75	25.00	218.75			4b,7
ANTISEPTIC									
Povidone - Iodine 10 % , 60 mL Bottle	G	80.00	80.00	80.00	78.00	80.00			8
	B	84.25	84.25	84.25	80.00	88.00			7,9

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		MAY-05	JUNE-05	JULY-05	LOW	HIGH	PRO	PVT.	GOVT.
ANTI-ASTHMA									
Salbutamol 100 mcg / dose X 200 doses, Metered dose Inhaler	G	NRS	NRS	NRS	NRS	NRS			8,crj
	B	345.75	345.75	345.75	20	487.5		5	
Terbutaline 250 mcg / dose x 200 Doses, Metered-Dose Inhaler	G	NRS	NRS	NRS	NRS	NRS			8
	B	509.25	509.25	509.25	36	512.1			6
ORAL HYPOGLYCEMIC									
Regular insulin (Recombinant DNA Human) 100 IU . 10 mL vial	G	NRS	NRS	NRS	NRS	NRS			6
	B	1,058.00	1,058.00	1,058.00	562	1400			7
Glibenclamide 5 mg tab	G	NPM	NPM	NPM	1.2	5		4b	
	B	10.00	9.75	10.00	3.1	11.75		6	
CORTICOSTEROIDS									
Dexamethasone 500 mcg tab.	G	n / a	1.45	n / a	0.95	4			7
	B	4.60	4.60	6.00	3.5	11.05			9
Prednisone 5 mg tab.	G	3.00	3.00	3.20	1	3.5		5	
	B	3.00	3.00	2.15	2.15	13.35			2,11,crj

Legend:

- G - means "Generics"
 - B - means "Branded"
 - Prevailing Price - means the most Frequently observed price for the covered
 - Range - means the lowest and highest price for the period covered
 - PRO - means "Private Retail Outlet"
 - Pvth - means "Pharmacy Of Private Hospital"
 - Pubh - means "Pharmacy of Public Hospital"
- NOTE: The number inside the cell under the heading " PRO " or " Pvth " or " Pubh " represent the region where the outlet with the lowest price recorded for the period is located.
- NRS - no report submitted
 - NPM - means no prevailing mode.
- NOTE : Please contact the correspond center for Health Development for details of the Price of being monitored.

Prepared by:

[Signature]
JAY MARTINEZ

COMPUTER OPERATOR IV
NDP - PMU - 50

2/17/06
DATE

Reviewed by:

[Signature]
JASMIN A. ACBANG

PHARMACIST III
NDP - PMU - 50

Feb 17, 2006
DATE

Recommending approval:

[Signature]
DR. ROBERT LOUIE P. SO

PROGRAM MANAGER
NDP - PMU - 50

2/17/06
DATE

Approved for released:

[Signature]
ALBERTO A. PABILA
UNDERSECRETARY OF HEALTH
Project Executive Officer, Pharma - 50

2/20/06
DATE

REFERENCE:

- | | |
|------------------------------------|---|
| Format and content of table | - Section 6, Rule IV, DTI, DA, DOH, DENR, Joint Administrative Order NO 1's 1993 entitled " Rules and Regulation implementing RA - 7581 - An Act providing protection to consumer by stabilizing the price of basic necessities during emergency situations and like occasions. |
| Methodology; List of drugs | - DO NO 238 T's 2000 as amended by DO NO. 285 - H,s 2002 Memorandum NO. 124's 2003 |
| For details contact the following: | - EDPMS National Drug Policy Staff Department Of Health.
Tel no. (2) 7411366
- Standard Licensing and Regulation Division of the Center of Health Development nearest you. |

* Based on the reports submitted by 12 Centers for Health Development for the month of July 2005

- 2. CHD- Tuguegarao
- 3. CHD - Pampanga
- 4. CHD - Calabarzon
- 4. CHD - Mimaropa
- 5. CHD - Bicol
- 6. CHD - Iloilo
- 7. CHD - Central Visayas
- 8. CHD - Eastern Visayas
- 9. CHD - Zamboanga Peninsula
- 10. CHD - Northern Mindanao
- 11. CHD - Davao
- 12. CHD - Soccsksargen
- Car
- Caraga