

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 14, 2016

DEPARTMENT MEMORANDUM

No. 2016 - 0397

TO : DOH - ARMM SECRETARY, ALL DIRECTORS OF DOH REGIONAL OFFICES, CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS

SUBJECT : Submission of 2016 List of Procured / Consigned Medicines and Purchase / Consignment Orders

The 2016 (Fourth Edition) of the Drug Price Reference Index (DPRI) is already available online at www.dpri.doh.gov.ph and www.nepam.doh.gov.ph. You may now use the reference prices in your next procurement activity. The hard copy will be distributed once it is printed.

In line with this, the DOH – Pharmaceutical Division is now starting the data collection of the 2016 medicines procurement for the DPRI. In this regard, may we request your facility to submit the copy of your 2016 **Purchase / Consignment Orders** and **list of procured and consigned medicines**. The PO and summary or list should contain the following information:

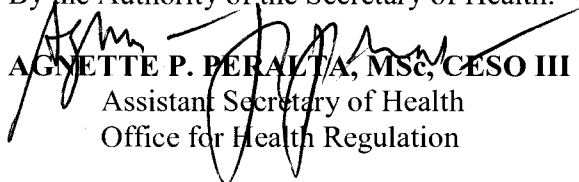
a. Generic Name of Medicine	e. Total Cost
b. Brand Name	f. Quantity
c. Complete Dosage Strength and Form (e.g. Ranitidine 25mg/mL, 2 mL ampule)	g. Mode of Procurement
d. Acquisition Cost (as reflected in the PO)	h. Supplier
	i. Manufacturer

Attached herewith are the sample PO and matrix for your reference. The matrix should be at least sorted in alphabetical manner to facilitate the validation process. If the procured or consigned drugs have no brand name available (e.g. generic drugs) indicating the manufacturer will suffice.

Kindly submit your procurement data not later than **December 16, 2016**. Please send the hard copy of the document through courier or email to dohdpr@gmail.com. Should you have any concerns or inquiries, you may contact Mr. Jeffrey Castro or Ms. Priscilla Alimario at (02) 651 – 7800 ext. 2554 – 2559.

For strict compliance.

By the Authority of the Secretary of Health:


AGNETTE P. PERALTA, MSc, CESO III
Assistant Secretary of Health
Office for Health Regulation

sample

W. CONTRACT/PURCHASE ORDER



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

PURCHASE ORDER

Procurement of Various Pharmaceuticals, Ointment/Cream and Solutions
IS No. 2010-5-24(19)

Supplier: Company F		PO No.: 2010-9-208			
Address: Company Address		Date:			
Telephone No.:		Mode of Procurement:			
TIN:					
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein:					
Place of Delivery		: DOH Warehouse, Material Management Division, Bldg., 25, San Lazaro Cmpd., Sta. Cruz, Manila			
Date of Delivery		: Thirty (30) calendar days upon receipt of Notice to Proceed			
		Delivery Term Payment Term			
Item No.	Unit of Issue	ITEM DESCRIPTION	QTY	UNIT COST	AMOUNT
1	bottle	<p>Ascorbic Acid Oral Name of manufacturer: Company F1 Country of origin: Philippines Brand: Generic Strength: 100mg/5ml Dosage form: Syrup 60ml bottle</p> <p>Upon delivery the following shall be complied:</p> <ul style="list-style-type: none"> Shelf life: Drugs must be fresh commercial stock with a total shelf life of twenty four (24) months from the date of manufacture but not less than sixteen (16) months from the date of delivery. Packaging Instructions: 60ml bottle, individually boxed, 144 bottles per corrugated carton. Labeling Instructions: For each box, bottle and corrugated carton the 	3,600	14.40	51,840.00

	<p>Brand: Generic Strength: 500mg (as hydrochloride) Dosage form: tablet/film coated tablet</p> <p>Upon delivery the following shall be complied:</p> <ul style="list-style-type: none"> • Shelf life: drugs must be fresh commercial stock with a total shelf life of twenty four (24) months from the date of manufacture but not less than eighteen (18) months from the date of delivery. • Packaging Instructions: 10 tablets in blister pack / foil strip, 100 tablets per box. • Labeling Instructions: For each box, blister pack or foil strip and corrugated carton the following should legibly imprint: "Philippine Government Property- Department of Health-Not for Sale" Date of manufacture: _____ Date of expiry: _____ <p>x-x-x-x-x-x-x-x-x-x For the use of HEMS</p> <p>Note: Subject to the conditions stated in the Bidding Documents.</p>			
Five Hundred Thirty One Thousand Four Hundred Thirty Two Pesos Only		Php 531,432.00		
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for every day of delay shall be imposed.				
HOPE/DULY AUTHORIZED REPRESENTATIVE				
CONFORME:				
Signature over printed name of Supplier				
Date				
Funds Available:	ALOBS No. : _____ Amount : _____			

Name of Hospital

2016 List of Procured Medicines

* Please fill in the required information

Generic Name of Medicine (with Dosage Form and Strength)*	Brand Name*	Quantity*	Acquisition Cost per Unit (tablet, capsule, ampule, vial etc.) as reflected in the PO*	Total Cost*	Supplier*	Manufacturer*	Mode of Procurement*
Amoxicillin 500 mg Capsule	Himox	100	12.00	1,200.00	Zuellig Pharma Inc.	GlaxoSmithKline	Bidding

Prepared By: _____
Name and Designation

Approved By: _____
Name and Designation