Submission of Price Details for a Maximum Retail Price (MRP) Revision Request (Medicine Applications)

Dossier No	
Product Generic name, including strength and dosage form	
Brand Name	
Manufacturer (Name & Country)	
Local Agent/Applicant	
Pack Type and Pack Size	
Remarks (if any)	

Following price details should be submitted for the reference of the pricing division.

1. Requested MRP/*Unit Dosage Form (in Sri Lankan Rupees)*	
2. Existing MRP/ *Unit Dosage Form (MRP currently marketed in Sri Lanka) (in Sri Lankan Rupees)*	
3. CIF Price/ *Unit Dosage Form (in United States Dollar [USD])*	
4. MRP in the Country of Origin/ *Unit Dosage Form*	
5. MRP in Regional Countries (*if available)* / *Unit Dosage Form (please specify the country)*	
6. Reason for MRP Revision *(Evidence should be attached)*	
7. Remarks *(if any)*	

Important Notes

• For 1, 2, 3, 4, and 5, it is essential to mention the relevant price per unit dosage form (e.g., MRP per tablet/ capsule/ vial/ bottle….etc).

• For 1 and 2, a declaration should be submitted by the local agent/applicant.

• For 6, a formal letter requesting MRP revision should be submitted by the local agent/applicant together with the relevant evidence and justification for the revision

• For 3, 4, and 5, a declaration from the manufacturer confirming the mentioned prices should be submitted.

Declaration of the local agent /market authorization holder in Sri Lanka

I ..... (Full name of the authorized person), being the duly authorized representative of .....(Company name), hereby declare that all the information and documents submitted with this application are true, accurate, and complete to the best of my knowledge and belief.

Thank you.

…… ……

(Signature) (Date)

Name:
Designation:
Contact Details (Email)

For NMRA Use Only

Pricing Committee Decision:	
Approved Price	
Signature (HOD/PD) & Date	
Remarks (if any)	