



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोज़गार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



मह्यालय/HEADQUARTERS
पंचदीप भवन, सी.आई.जी. मार्ग, नई दिल्ली -110 002
Panchdeep Bhawan, C.I.G. Marg, New Delhi-110002
www.esic.gov.in, ☎011-23604773, ✉ dmcrc@esic.nic.in

U-25/12/165to169/2024-Medical-V (E-754406)

Dated 30.05.2024

To
Dean, ESI PGIMSR and Medical Colleges,
Medical Superintendent, ESIC Hospitals,
DIMS, All States & UT's

Sub: Addition and deletion of drugs in the existing drug schedule of DG-ESIC Rate Contract No. 149,150,151,152 and 153-reg.

Sir/Madam,

Reference captioned subject, it is hereby informed that ESIC HQRS is in the process of formation of replacement Central Rate Contract for the drugs available in DG-ESIC Rate Contract No. 149,150,151,152 and 153 valid till 31.10.2024.

In this connection, ESI Institutions may give **recommendations regarding addition and deletion of drugs** as per instructions given below:

- A. For recommendations regarding addition of drugs in the existing drug schedule, Dean/Medical Superintendent/DIMS of respective ESI Institution to ensure that-
1. Recommendations should be sought from Heads of respective Departments for generic drugs duly certifying that:
 - a. There is no such generic drug available in the existing drug schedule of DG-ESIC Central Rate Contracts.
 - b. There is no other similar generic substitute available for this drug in the existing DG-ESIC Central Rate Contracts.
 - c. Drug recommended has following advantages over the currently used drugs (advantages to be listed).
 - d. The advantage has been published in books of reference/medical journal / literature's etc' (list of references to be mentioned)
 2. The Drug recommended should **mandatorily be supported by data of local purchase** of that particular drug during last one year i.e. 01.04.2023 to 31.03.2024 duly signed by Medical Store In charge and counter signed/approved by Dean/Medical Superintendent/DIMS of respective ESI Institution
- B. For recommendations regarding deletion of drugs in the existing drug schedule of DG-ESIC Rate Contract No. 149,150,151,152 and 153, Dean/Medical Superintendent/DIMS of respective ESI Institution will provide the amount of procurement made during last one year from Medical Store In charge and with reasons for deletion of drugs from Heads of respective

Departments.

Thereafter, the Institution Head (Dean/MS/DIMS) will give final recommendations for consolidated list of all drugs received from all departments for addition and deletion of drugs separately after due verification of recommendations of the Heads of respective Departments and Medical Store local purchase data. The recommendations should be submitted before 10.06.2024 through email at **dmc-rc@esic.nic.in**

NOTE: The data of addition and deletion of items should be submitted in pdf and excel both without changing the format as enclosed.

This issues with the approval of Competent Authority.

Dy. Medical Commissioner
(Rate Contract & Procurement)

Encl: Certificate and excel format for addition & deletion of item.

Instructions:

1. Medical Superintendents of ESIC Hospitals will submit the recommendation for addition and deletion of drugs keeping in view the data of their Hospital and their tagged dispensaries.
2. The pdf format for recommendation of addition and deletion of drugs should be signed by Hospital Store In-charge, HOD, Dean & Medical Superintendents of ESIC Hospitals/DIMS of respective states.
3. DIMS of respective states will submit consolidated data of recommendations for addition and deletion of drugs of all ESIS Hospitals and Dispensaries under their jurisdiction.
4. **No separate data should be sent by individual ESIS Hospital and Dispensaries directly to ESIC HQRS.**
5. Care should be taken while recommending the drug(s) for addition that the recommendations should be broad based, generic and should be helpful in delivery of medical services & treatment to ESI Beneficiaries.

Name of ESIC Unit/ESIS State Directorate with Region.....

Certificate of Addition of Generic Items in pdf
(One certificate for each Department)

Sl. No.	Name of the Department	Name of the Drugs (only Generic name of the drug)	Strength	Dosages Form (tablet/capsule/injection/ointment etc)	unit Cost without GST	Expenditure incurred in Local Purchase during last (01) year i.e. 01.04.2023 to 31.03.2024	Remarks, if any whether proprietary/ New Drug as per Drug & Cosmetic Act	Indication for use of drugs
1.	2.	3.	4.	5.	6.	7.	8.	9.

I do hereby certify that:

There is no such generic item available in the existing Drug schedule of Rate Contracts.

There is no other similar generic substitute available for this item in the existing Drug schedule of Rate Contracts.

Item recommended have following advantage over the currently used drugs:.....
.....

The advantage has been published in following books of reference/medical journal/ literatures etc. (list of references to be mentioned and please attach copy of references with details).....
.....

Signature of Hospital Store In-charge

Name and Signature of HOD

Name of the Department.....

I do hereby recommend for the addition of above listed drug(s)

**Name and Signature of Dean & MS of ESIC Hospital
/ DIMS of respective State Directorate.....**

NOTE: The consolidated data of addition and deletion for all recommended drugs received from all the departments to be submitted both in pdf and excel without changing the format as enclosed through email at **dmc-rc@esic.nic.in**

Name of ESIC Unit/ESIS State Directorate with Region.....

Certificate for **Deletion of Drugs** from existing drug schedule of DG-ESIC Rate Contract No. 149,150,151,152 and 153 in pdf.

(One certificate for each Department)

Sl No.	RC No.	Item No.	Particulars of the drugs/formulation in RC	Amount of Procurement during last one year 01.04.2023 to 31.03.2024	Justification	Remarks
1.	2.	3.	4.	5.	6.	7.

Signature of Hospital Store In-charge

Name and Signature of HOD
Name of Department.....

I do hereby recommend for deletion of above listed drugs from existing drug schedule of rate contracts

Name and Signature of Dean & MS of ESIC Hospital
/DIMS of respective State Directorate.....

NOTE: The consolidated data of addition and deletion for all recommended drugs received from all the departments to be submitted **both in pdf and excel without changing the format** as enclosed through email at **dmc-rc@esic.nic.in**

Excel Format for submission of consolidated list of all drugs recommended for addition and deletion.

a. For addition of drugs

Sl. No.	Name of the Department	Name of the Drugs (only Generic name of the drug)	Strength	Dosages Form (tablet/capsule/injection/oointment etc	unit Cost without GST	Expenditure incurred in Local Purchase during last (01) year i.e. 01.04.2023 to 31.03.2024	Remarks, if any whether proprietary/ New Drug & Cosmetic Act	Indication for use of drugs
1.	2.	3.	4.	5.	6.	7.	8.	9.

b. For deletion of drugs

Sl. No.	RC No.	Item No.	Particulars of the drugs/formulation in RC	Amount of Procurement during last one year 01.04.2023 to 31.03.2024	Justification	Remarks
1.	2.	3.	4.	5.	6.	7.