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MOST URGENT

No. 11524-564

Dated 10/11/2008

From

Mission Director (NRHM)
Haryana Panchkula

To

1. All Deputy Commissioners-cum-Chairmen,
District Health & Family Welfare Society in the State of Haryana
2. All Civil Surgeons of Haryana State.

Subject: Free and uninterrupted supply of essential medicines in Govt. Health Institutions of the State.

Reference on the subject cited above.

It has been observed that there is generalized shortage of drugs in Govt. Health institutions in the State due to inadequate planning & shortage of funds. Rural population specially the poor are forced to purchase the medicines from open market leading to unnecessary financial burden on them. Now it has been decided to allocate sufficient fund to each district with the objective to ensure uninterrupted supply of all types of essential drugs in all Govt. Health Institutions in the State.

- Essential medicines will be supplied free of cost to all OPD/ casualty patients and deliveries in all Govt. Health Institutions in the State. A list of Essential Drug List (facility wise) is enclosed for ready reference at **Annexure 'A'**.
- **Since adequate funds are now made available for free medicine to all patients, Medical Officer will not prescribe medicines, what so ever, in OPD/casualty/ and to all institutional deliveries that need to be purchased by the patient from open market.**
- The procurement of the medicines will be need based. A system of indenting starting from PHC onwards and inventory control management system must be put in place by the Civil Surgeon to achieve this objective.

- **While advance procurement after assessing the need of each Health Institution would be resorted to ensure uninterrupted supply of medicines, under no circumstances medicines will be purchased at one time for more than 3 months requirement.** Performa for different purposes are enclosed herewith to facilitate inventory management which needs to be strictly maintained at all levels.
- Procurement under various Disease Control Programme/State Plan and Non Plan Scheme must be taken into account while quantifying the requirement of medicine.
- All Medical Officers shall maintain their individual OPD register indicating the name of patient, diagnosis, name of medicines prescribed and advised investigations.
- **The medicines will be procured only against Rate Contract (RC).** These funds are being released under National Rural Health Mission. Govt. of India has an explicit policy for **giving purchase preference to five Pharma Central Public Sector Undertakings (CPSUs)** for procurement of **102 drugs manufactured** by them. These 102 drugs (list enclosed) can be procured directly from CPSUs at National Pharmaceutical Pricing Authority (NPPA) certified/notified cost with a discount as indicated against each medicine at **Annexure 'B'**. For medicines outside this list of 102 items or in the event of all 5 CPSUs failing to supply any of the 102 listed drugs, medicines must be purchased on the State RC. For medicines where State RC is also not available, DG&SD rate contract or ESIC rate contract, whichever is lower, may be followed.
- Rs. 50 lac have been allotted vide this office letter No. 1/2-ECH-2(Proc)-2008/11526-527 dated 10/11/2008 to Distt. Health & Family Welfare Society. These funds can be used for essential medicines as per the list. The medicines required for causality & free institutional deliveries in all Government Health Institutions can also be purchased under these funds. However, these funds, under no circumstances, can be diverted for any other purpose.
- The purchase of medicines will be made by a Committee under the Chairmanship of Civil Surgeon and will include PMO/MS and two senior-most CHC Incharges and one senior-most PHC Incharge. The Distt. Health & Family Welfare Society under the Chairmanship of Deputy

Commissioner will review the performance under this scheme with special emphasis on uninterrupted supply of essential medicines to all OPD/ casualty patients and all institutional deliveries along with the system of indenting, procurement & inventory management. Review will be carried out every month and earlier, if necessary.

- Since medicine kits for Sub- Centers are being procured separately by the State HQ, allotted funds should not be utilized for this purpose.
- Necessary steps to procure medicines which are currently not available in the Govt. Store be initiated immediately to ensure free and uninterrupted supply of essential medicines to all OPD/ casualty patients and institutional deliveries in Govt. Health Institutions and also for institutional deliveries.
- No OPD/ casualty/ institutional deliveries patients shall be asked to purchase medicines from the open market.
- Information Boards displaying this policy must be prominently displayed in each Govt. Health Institution.
- Wide publicity should be given to this policy of providing free and uninterrupted essential medicines to OPD/ casualty patients/ institutional deliveries patients in Govt. Health Institutions.
- A brief note on efficient procurement and management of drugs is enclosed for your guidance at **Annexure 'C'**.
- Also a complete list of medicines on State Rate Contract by DS&D, Haryana is at **Annexure 'D'**.
- **All terms and conditions of Rate Contract must be adhered to.**
- **Instructions regarding minimum shelf life of medicine and principal of FEFO and FIFO must be adhered to as outlined in the enclosed note.**
- **Items for supply should have sufficient shelf life. Drug/ items at the time of their supply should not be older than 1/6th (one sixth) of its shelf life from date of manufacturing.**
- All drugs and other components should be printed **"HARYANA GOVT. SUPPLY UNDER NRHM, NOT FOR SALE"**.
- Regular and random sampling of the drugs must be undertaken at the time of supply. If any supply fails to meet the standard quality on test analysis or on inspection by the competent authority, the firm shall be liable to replace the entire quantity or make the full payment of entire consignment

against the particular invoice irrespective of the fact that the part or whole of the supply may have been consumed.

- **There are five monthly reports which must be sent to Mission Director (NRHM) before 10th of every month. The 1st report must be sent on 10.12.08.**
- Part . A, B, C of the report relates to district level information and Part-D& E of reporting formats are in respect of individual PHC and the CHC. This is as per the existing reporting proforma.
- **This must be done w.e.f. by 1st December, 2008.**

Please insure strict compliance of these instructions

-sd-
(S.S. Prasad)
Mission Director (NRHM)
Haryana, Panchkula

Endst No. 11565-568

dated 10/11/2008

A copy is forwarded to the following :-

1. PS/FCHM for information of Financial Commissioner & Principal Secretary to Govt. Haryana, Health Department, Haryana, Chandigarh
2. PS/DGHS for information of Director General, Health Services, Haryana, Panchkula
3. Director General, ESI Corporation, CIG Marg, Panchdweep Bhawan, New Delhi.

CC.

Director Dental & MSD

-sd-
(S.S. Prasad)
Mission Director (NRHM)
Haryana, Panchkula

No. 50013/1/2006-SO(PI-IV)
Government of India
Ministry of Chemicals & Fertilizers
Department of Chemicals & Petrochemicals

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Shastri Bhawan, New Delhi
7th August, 2006

OFFICE MEMORANDUM

Sub: Purchase Preference Policy (PPP) for products of Pharma Central Public Sector Enterprises (CPSEs) and their subsidiaries.

The undersigned is directed to say that Government has decided to grant purchase preference exclusively to Pharma CPSEs and their subsidiaries in respect of 102 medicines manufactured by them. The list of 102 medicines is enclosed. The salient features of PPP are as under:-

- i) Purchase Preference Policy (PPP) in respect of a maximum of 102 medicines would be applicable to purchases made by Ministries/Departments, PSUs, Autonomous Bodies etc of the Central Government. It would be valid for a period of five years.
- ii) This would also be applicable to purchase of 102 drugs made by State Government under health programmes which are funded by Government of India (e.g. purchases under National Rural Health Mission etc)
- iii) PPP will extend only to Pharma CPSEs and their subsidiaries (i.e. where Pharma CPSEs own 51% or above shareholding)
- iv) It would be applicable to a maximum of 102 medicines. The list of 102 medicines would be reviewed and revised by Department of Chemicals & petrochemicals as and when required taking care not to include any item reserved for SSI units.
- v) The Purchasing Departments/PSUs/Autonomous Bodies etc of the Central Government may invite limited tenders from Pharma CPSEs and their subsidiaries or purchases directly from them at NPPA certified/notified price with a discount upto 35%.
- vi) The purchasing departments would purchase from Pharma CPSEs and their subsidiaries subject to their meeting Good Manufacturing Practices (GMP) norms as per Schedule M of the Drugs & Cosmetic Rules. If no Pharma CPSE is forthcoming to supply these 102

medicines, the purchasing departments would be at liberty to purchase from other manufacturers.

- vii) If the Pharma CPSEs or their subsidiaries which have the benefit of PPP, fail to perform as per the purchase order, they would be subject to payment of liquidated damages or any other penalty included in the contract.
- viii) The medicines covered under Drug & Price Control Order (DPCO) would be supplied at the rates fixed by National Pharmaceuticals Pricing Authority (NPPA) rates minus discount upto 35 percent.
- ix) In case of medicines not covered under DPCO, price would be got certified from NPPA, only for the limited purpose of supply to central Government Departments and their public sector Undertakings, autonomous bodies etc. On the certified price, Pharma CPSEs and their subsidiaries would provide discount upto 35%.
- x) The Purchase Preference Policy (PPP) as contained in Department of Public Enterprises O.M. No. DPE.13(12)2003-Fin.Vol.II dated 18.07.2005 would not be applicable to Pharma CPSEs.

2. Pharma CPSEs and their subsidiaries would strengthen their marketing capabilities for a larger market share in the open market during the currency of Purchase Preference Policy.

3. All Ministries/Departments are requested to immediately bring the contents of this O.M to the notice of all concerned officers in the Ministries/Departments, Sates, CPSEs, Autonomous bodies and other organizations under their administrative control for strictly following the PPP in respect of products of Pharma CPSEs and their subsidiaries.

4. Hindi version will follow.

--sd--

(S.C. Sharma)

Deputy Secretary to the Government of India

Tele. 23389840

- 1. All Secretaries of the Ministries Departments in the Government of India (List enclosed)
- 2. All Chief Secretaries of State Government It is requested that purchase of 102 medicines as per the enclosed list by the state under various
- 3. All Principal Secretaries/ Secretaries, Health, State Governments Central Health Programmes may be made from Pharma CPSEs as per the PPP contained in this O.M
- 4. All financial Advisers of the Ministries/Departments, Government of India (List enclosed)
- 5. Chairman, national Pharmaceutical Pricing Authority (NPPA), New Delhi.

6. Managing Directors of Pharma PSUs.

(IDPL, HAL, BCPL, KAPL, RDPL). It is requested that necessary action as required in the matter may be taken immediately.

7. Chief Executives of Public Sector Undertakings/autonomous organizations/Bodies etc. (List enclosed)

Copy to:-

1. The Prime Minister's Office, South Block, New Delhi
2. Cabinet Secretariat, New Delhi. This has reference to their O.M. No. 31/CM/2006(i) dated 31st July, 2006
3. Department of Public Enterprises (Shri Priyadarshi Thakur, Secretary). It is requested that contents of this O.M may specifically be brought to the notice of the Chief Executives of PSUs, autonomous bodies etc for strict compliance.
4. PS to Minister (C&F&S)
5. PS to MOS (C&F)
6. PPS to Secretary (C&F)
7. Hindi Section.

--sd--

(S.C. Sharma)

Deputy Secretary to the Government of India

Tele. 23389840

Some important points on procurement of Drugs:

The demand estimation is a very important step in the procurement procedure. In most of the PHCs/CHCs in the state , the demand estimation procedure of medicines is unscientific. There is no proper inventory control system of supply of drugs. and dressings. In spite of laying down the rules , instructions and procedure regarding procurement , stocking , accounting , and distributions of medicines , the system needs gearing up , using the modern tools and techniques of material management . **There is always the question as how much to be ordered for purchase and how often Most of the Hospitals/ CHCs/PHCs & SCs are often faced with either out of stock resulting unnecessary hardship or over stocking of items with resultant locking up of capital and increased chances of pilferages and obsolescence.**

1. It should be simplified and decentralized.
2. A drug scrutiny Committee be constituted by each Civil Surgeon. This Committee be chaired by Medical Superintendent / SMO / and must include specialists , store in charge and Medical officers of PHC as members . The Committee should estimate the requirement within the budgetary allocations based on the requirements submitted by the institutions considering the trends , obsolescence , the cost , stock position , non availability period , the future requirements.

Civil Surgeons must have following information with them :-

1. Budgetary provision and availability of funds.
2. Drug formulary .
3. Demand Estimation .
 - a. Purchase forecasting and annual requirement.
 - b. Procurement
 - c. List of suppliers , with addresses and Telephone numbers.
4. Rate contract and its validity period .
5. Latest amendments in the rate contract.

6. Storage.
7. Issue of Stores.
8. Quality Control.
9. Inventory Control.
 - a. VED Analysis.
 - b. Buffer Stock.
 - c. Lead Time.
 - d. Re-order level.
10. Store accounting
11. Performance of firm
12. Detail of debarred/Black listed firms.
13. Future Budgeting , planning and forecasting.

TECHNIQUES OF INVENTORY CONTROL

The drug formulary of each institution should be based on V.E.D. formula

(V= vital drug , E= essential drugs, D= desirable drug)

V.E. D. Analysis:-

This Analysis is based on the critical value of an item . By using such analysis, items will be classified into three categories.

VITAL:-

Those items whose shortage cannot be tolerated even for shorter periods and without which the hospital cannot function or functioning is seriously dislocated if not available even for a day. Such items should always available in sufficient quantity to ensure their regular availability . Should be controlled by Civil Surgeon himself.

ESSENTIAL :-

The storage can be tolerated for shorted period only. But if not available for long period will adversely affect the patient care as well as hospital functioning. This should be controlled by Senior Medical Officer /MO I/c of CHC & PHC .

DESIRABLE:-

The shortage will not adversely affect the patient care or hospital functioning even if they are not available for longer periods . More attention should be given to Essential and Vital items.

Following point must also be kept in mind while calculating the demand of medicines.

1 . **Lead Time :-**

The lead time denotes the average duration of time in days between placing of order and the receipt of the material . The lead time could be taken as 6 weeks of total annual demand estimation.

2. **Buffer Stocks:-**

Quantity of stores/ cushion set apart as an insurance against stock outs , due to variation in demand and procurement period . This quantity is kept as an emergency for unforeseen circumstances.

3. **Reorder Level :-**

It denotes the stock level at which fresh order has to be placed.

Re-order level = lead-time+ Buffer Stock

The placing of order at the time when stock reaches the reorder level ensures that Chances of %Stock Out %will be practically nil.

1. The CPSU shall submit in house test report for own manufactured product.
2. **Items for supply should have sufficient shelf life. Drug/items should not be older than 1/6th (one sixth) of its shelf life from date of manufacturing.**

3. All drugs and other components in the kits should be printed **%HARYANA GOVT. SUPPLY UNDER NRHM , NOT FOR SALE “**.
4. Regular and random sampling of the drugs will be undertaken by the deptt. From Govt./Govt. approved at the time of supply . if any supply fails to meet the standard quality on test analysis or on inspection by the competent authority , the CPSU shall be liable to replace the entire quantity or make the full payment of entire consignment against the particular invoice irrespective of the fact that the part or whole of the supply may has been consumed.
5. Principal of FEFO and FIFO shall be adhered to .
6. Supply will be made directly by the firm.

S.S. Prasad , IAS
Mission Director
NRHM , Haryana
Tel :0172-2573922
Fax:0172-2590629
Email:md_hr_nrhm@nic.in

D.O.No.1/250-RCH-4-08/139
Department of Health,
Government of Haryana, Panchkula
Dated:03.12.2008

Dear Dr. Singh,

Kindly refer to this office letter No. 2/50-RCH IV/2008/11524-564 dated 10.11.2008 regarding distribution of medicines in OPD etc.

It was decided to supply medicines to all the patients in OPD , institutional delivery and discontinuation of prescription for outside purchase from 1st December ,2008 . As per the information received from various Civil Surgeons , supply order has been placed in all the districts and medicines are expected to be received during this month . **Accordingly , it has been decided to launch this programme from 1st January , 2009 .**

The Hon'ble Chief Minister , Haryana will make public announcement about launching of this programme on the eve of new year i.e. from 1st January ,2009.

You are, therefore, requested to make all arrangements to ensure that this programme is launched on 1st January , 2009 without fail .

With best wishes,

Yours Sincerely,

--sd--
(S.S. Prasad)

Dr. Khazan Singh
Civil Surgeon
Bhiwani

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Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi-110108

G. C. CHATURVEDI, IAS
Additional Secretary &
Mission Director ,(NRHM)
Tele:23061451 Fax:23061975
October,2008
Email:chaturvedi_gc@nic.in

D.O.No. G. -25020//20/08-NRHM-Fin.
Dated the 3rd

Dear Ms. Gupta ,

Union Government , with the approval of Cabinet , has granted Purchase Preference

Policy (PPP) exclusively to five Pharma PSUs for 102 medicines manufactured by them. Office Memorandum issued by the Ministry of Chemical and Fertilisers in this regards is enclosed at Annex-I which has the names of these 5 Pharma PSUs in its endorsement. The list of 102 medicines is also enclosed at Annex-II.

Keeping in view the capacity of the State , it has been decided that States, not having TNMSC like structure and system, should buy enlisted 102 medicines at the discounted rates offered by Pharma PSUs until they establish TNMSC like structure or up to 31/03/2011,whichever is earlier , Purchasing departments may invite limited tenders from 5 Pharma PSUs or purchase directly from them at National Pharmaceuticals Pricing Authority (NPPA) certified/notified price with a discount as indicated against each medicine at Annex-III . if no Pharma PSU out of these five is forthcoming to supply these 102 medicines , the purchasing department would be at liberty yo purchase from other manufactures, as per the procedure laid down by the State .

This order applies to all purchases of 102 medicines made by the State Governments under NRHM.

With Regards,

Yours Sincerely,

--sd--

(G.C. Chaturvedi)

**Ms. Anuradha Gupta,
Financial Comm. & Principal Secretary,
(Health & Medical Education)
Department of Health & FW,
Government of Haryana ,
Room No.36, 7th floor,
New Secretariat, Sec-17 Chandigarh.
Enclosure: As above**

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V.S. Sampath
Secretary

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Government of India
Ministry of Chemicals & Fertilizers
Department of Chemicals & Petrochemicals
Shastri Bhawan, Dr. Rajendera Parsad
Road

New Delhi-110001
Tel:23382467 Fax:23387892
Email : soc.cpc@nic.in

D.O.No.50013/1/2006-SO(PI-IV)
June 13, 2008

Dear Shri Dharam Vir ,

In July ,2006, Union Cabinet granted purchase preference exclusively to Pharma CPSEs and their subsidiaries in respect of 102 medicines manufactured by them. This Purchase Preference Policy was also applicable to purchase of these 102 medicines by State Government s under the health programmes funded by Government of India (e.g. purchases under National Rural Health Mission etc.) The detailed instructions in this regard were issued by this department vide O.M. of even number dated 07.08.2006. A copy of this O.M. was endorsed to you as well for necessary action (copy enclosed for ready reference)

1. The policy decision taken by the Union Cabinet in July,2006 , is valid for a period of five years i.e. up to 06.08.2011.
2. Directorate General of Supplies and Disposals has since entered into rate contract with Pharma CPSEs for supply of 102 drugs and medicines on 16.05.2008.The rate contract is valid from 22nd May , 2008 to 31st may 2009.
3. State Governments of Jharkhand , Chhattisgarh and Maharashtra have since taken a policy decision to purchase 102 medicines from India. Some other state Governments are also purchasing these medicines on similar lines.
4. I would therefore request to you to kindly clarify position about the validity of the Policy up to 06.08.2011 and issue instructions to all concerned under your administrative control for adherence to the purchase preference Policy approved by the Union Cabinet for purchase of 102 medicines under the

health programmes funded by Government of India exclusively from Pharma CPSEs and their subsidiaries. The names of five CPSEs with their addresses and updated list of 102 medicines is also enclosed.

5. I shall be grateful if a copy of your instructions is also endorsed to the Department.

With kind regards,

Yours Sincerely

--sd--
(V.S. Sampath)

Encl: as above

**Shri Dharam Vir
Chief Secretary
Government of Haryana
Chandigarh-160019**

**LIST OF MEDICINES MANUFACTURED BY CPSUs AND PROPOSED FOR
PURCHASE PREFERENCE**

SI.No. PRODUCT'S NAME

CAPSULES

- 1) Tetracycline IP
- 2) Ampicillin IP
- 3) Amoxicillin IP
- 4) Doxycycline IP
- 5) Cephalexin IP
- 6) Rifampicin IP
- 7) Amoxicillin + Cloxacillin
- 8) Cebaxin . Z (B Com. + Zinc)
- 9) Indomethacin
- 10) Omeprazole I.P

TABLETS

- 11) Co-trimoxazole I.P
- 12) Metronixazole IP
- 13) Ciprofloxacin IP
- 14) Diclofenac Sodium
- 15) Domperidone
- 16) Cetrizine Hydrochloride BP
- 17) Albendazole IP
- 18) Paracetamol IP
- 19) Erythromycil Stearate IP
- 20) Tinidazole IP
- 21) Ethambutol IP
- 22) Isoniazid IP
- 23) Pyrazinamide IP
- 24) Chloroquine Phosphate IP
- 25) Ranitidine IP Hcl.
- 26) Dicyclomine Hcl.IP + Paracetamol
- 27) Ibuprofen IP
- 28) Norfloxacin
- 29) Norfloxacin + Tinidazole
- 30) Ofloxacin
- 31) Ofloxacin + Ornidazole
- 32) Sparfloxacin
- 33) Ciprofloxacin + Tinidazole
- 34) Nimesulide
- 35) Furazolidone I.P.
- 36) Cefadoxil
- 37) Fluconazole (Tablet/Capsule)

--sd.
(S.C. Sharma)
03.06.2008

- 38) Grisofulivin
- 39) Ornidazole
- 40) Azithromycin
- 41) Roxithromycin
- 42) Paracetamol I.P. + Ibuprofen I.P.
- 43) Cefuroxime Axetil
- 44) Paracetamol I.P. + Diclofenac Sodium I.P
- 45) Livofloxacin

- 46) Famotidine
- 47) Polyvitamin (Prophylactic) NFI
- 48) Vitabin B-Complex (Prophylactic) NFI
- 49) Ascorbic Acid I.P.
- 50) Frusemide I.P.
- 51) Oral Contraceptive Pills (Mala D & Mala N)
- 52) Diclofenac Sodium + Serratiopeptidase
- 53) Penicillin V

SUSPENSION / SYRUP

- 54) Sulphamethoxazole & Trimethoprin Mixture IP (Paediatric)
- 55) Cetrizine Hydrochloride Syrup
- 56) Domperidone Suspension
- 57) Amoxicillin Oral Suspension
- 58) Paracetamol Syrup
- 59) Ampicillin Oral Suspension
- 60) Albendazole Suspension
- 61) Cough Syrup : Each 5 ml contains :
(Diphenhydramine Hydrochloride IP- 14 mg. Ammonium Chloride IP
-135 mg, Sodium Citrate IP-57 mg Menthol IP-0.9 mg.)
- 62) Cough Syrup : Each 5 ml contains : Chlorpheniramine Maleate IP-3
mg., Ammonium Chloride IP-110 mg., Sodium Citrate IP-46 mg.,
Menthol IP-0.9 mg.)
- 63) Promethazine Syrup
- 64) Furazolidone Suspension
- 65) Hamycin Suspension

ORAL POWDER

- 66) Oral Rehydration Salts Citrate IP (WHO Formula)

EXTERNAL LOTION/SOLUTION

- 67) Application Benzyl Benzoate I.P.
- 68) Chlorhexidine Gluconate Solution B.P.

--sd.
(S.C. Sharma)
03.06.2008

- 69) Glutaraldehyde
- 70) Povidone Iodine (Solution/Ointment)

EYE/EAR DROPS

- 71) Sulphacetamide Eye Drop IP
- 72) Ciprofloxacin Eye/Ear Drop

OINTMENT

- 73) Silver Sulphadiazine
- 74) Clotrimazole

I.V.FLUIDS (INFUSIONS)

- 75) Plasma Volume Expander
- 76) Mannitol
- 77) Metronidazole

78) Ciprofloxacin
DRY POWDER/LIQUID INJECTABLES

- 79) Sodium Antimony Gluconate
- 80) Benzyl Penicillin IP
- 81) Fortified Procaine Penicillin IP
- 82) Ampicillin IP
- 83) Streptomycin IP
- 84) Cefotaxime Sodium USP
- 85) Ceftriaxone
- 86) Ceftriaxone + Sulbactam
- 87) Ceftazadime
- 88) Cefoparazone
- 89) Benzathene Penicillin
- 90) Gentamycin IP
- 91) Ranitidine IP
- 92) Amikacin IP
- 93) Diclofenac Sodium
- 94) Dexamethasone
- 95) Lignocaine
- 96) Cefotaxime Sodium + Sulbactam
- 97) Atropine Sulphate
- 98) Aminophylline
- 99) Frusemide
- 100) Eto-Theophylline
- 101) Pentazocin
- 102) Avs Liquid/Lypholysid

--sd--
(S.C. Sharma)
03.06.2008

LIST OF PHARMA CPSES AND THEIR SUBSIDIARIES

Name & Address
Ms. Jayashree Gupta Chairperson & Managing director Indian Drugs and Pharmaceuticals Ltd. IDPL Complex, Dundahera <u>GURGAON</u> . Phone No. 95124-2456025 (Fax: 0124-2340612/95124-2456021)
Shri. R.K. Vashistha Managing Director Rajasthan Drugs & Pharmaceuticals Ltd. Road No. 12, V.K.I Area <u>JAIPUR – 302013</u> (Phone: 0141-2330648) (Fax: 0141-2330461)
Shri. T.K. Ranganathan Managing Director Hindustan Antibiotics Ltd. Pimpri <u>PUNE-411010</u> (PHONE: 020-27425405) (FAX: 020-27425327)
Shri. S.L. Phadke Managing Director Karnataka Antibiotics & Pharmaceuticals Ltd. Nirman Bhawan Dr. Rajkumar Road, First Block, Rajajinagar <u>BANGALORE-560010</u> (Phone: 080-23577680) (Fax: 080-23375086/080-23371350)
Shri. S. Kundu Managing Director Bengal Chemicals & Pharecuticals Ltd. 6, Ganeshchandra Avenue <u>KOLKATA-700013</u> 033-22363148-MD (Fax: 033-22257697)

From

Director General Health Services,
Haryana Panchkula

To

All Civil Surgeons of Haryana State.

Subject: Rational use of Drugs & Consumables & Quality Assurance.

Reference on the subject cited above.

The sufficient funds have now been allotted to each district for procurement of drugs and consumables for free supply of medicine to all OPD/Causality & Institutional delivery in the State. Now it is essential that the drugs so carefully procured should be used appropriately. As per study conducted by WHO, more than 50% of all drugs are inappropriately prescribed or dispensed by the qualified physicians. The underlines the need for rational prescription of drugs.

You are therefore directed to follow the instructions for strict compliance as mentioned below:-

1. Doctors must prescribe the medicines from the stock only and adhere to EDL.
2. Doctors will ensure rational use of all drugs, especially antibiotics/vitamins/analgesics etc.
3. Medicines will be prescribed in a very judicious manner.
4. Doctors shall prescribe medicines for 3 days only.
5. Pharmacists shall ensure that the medicines are being prescribed and dispensed for 3 days only.
6. **PMO/ MS/ SMO/ MO I/c shall personally monitor the daily consumption of the medicines and will send the report on daily basis to the Civil Surgeon by Fax/Email or telephonically.**
7. There should be no local purchase.
8. Civil Surgeon will send the report by 11:00 A.M daily to the Director General Health Services, Haryana Panchkula by FAX/email.
9. Civil Surgeon shall ensure that the medicine store are physically checked and verified on weekly basis by the concerned Programme Officer at district & PHC/CHC level.

10. The system of Medical Audit for assessment of consumption pattern will also be put in place by Civil Surgeon.
11. While receiving the stock, the shelf life of medicine must be ensured.
12. Principal of FEFO (First to Expire, First Out) must be adhered to.
13. The Civil Surgeon shall personally monitor the quality control of the medicine, each batch of medicine shall be tested from Shree Ram Laboratories, New Delhi.
14. Physical inspection shall be done by the committee under the supervision of Civil Surgeon in respect of quality and quantity.

The above instructions may got noted from all Medical Officers and acknowledge the same to this office.

--sd—
(Dr. Narveer Singh
Director General Health Services
Haryana Panchkula

Endst. No. 163

Dated 06.01.2009

A copy is forwarded to PS to FCHM for information of Finance Commissioner & Principal Secretary to Govt. Haryana, Health Department, Chandigarh

--sd—
(Dr. Narveer Singh
Director General Health Services
Haryana Panchkula

From

Financial Commissioner & Principal Secretary
to Govt. of Haryana, Health Department, Chandigarh.

Director General, Health Services,
Haryana Panchkula.

Memo No. 15/15/2006/6HB-II
Dated, Chandigarh. 27.01.2009.

Subject:- Purchase Policy & Management of Drugs, Medical Consumables, Surgicals and Sutures-Revised Policy.

Reference your single file No. 85 dated 11.12.2008 (MSD Branch) on the subject cited above.

The Government has approved the revised purchase policy for purchase of drugs/consumables/surgicals and sutures in the State. The necessity of revision was felt as there was over lapping of funding sources from various programmes like NRHM, State Plan and Non Plan and Other National Programmes. It was also felt to make the qualifying criterion more stringent so that only firms with sound market standing could participate in NIT, as there were many concerns about the quality of medicines being supplied by smaller firms and many samples have failed repeatedly. Both doctors and patients have been complaining of poor efficacy of many of the drugs. Also, there was a need to impose harsher punishments for supplying sub-standards drugs rather than merely asking for replacement of stocks.

Keeping in mind these above facts, It has been decided to amend the existing purchase policy so that better and standard quality of drugs could be ensured and hence forth the salient terms and conditions for calling tenders, will be regulated as follows:-

1. A task committee at the State Level will review the EDL consisting among others Head of the Pharmacology Departments of NIPER, PGI Chandigarh, PGI Rohtak, GMCH32 and State Drug Controller. The Committee will take into consideration the feedback received from the health institutions of the State.
2. All drugs and medical consumables will be purchased under Pharmacopoeia)

generic names only, if the same are included in Indian Pharmacopeia or official Pharmacopeia of any other country. If the drug, intended to be purchased is not a Pharmacopical drug, then purchase of such drugs(s) shall be made under generic/proper name of the drug with a brand name/Trade name (Because permission to manufacture non-Pharmacopical drug are issued under Brand name/Trade name by the licensing authority in the entire country).

3. Open tenders should be called for the drugs listed in the EDL by Director, Supplies and Disposal except 102 drugs covered under Purchase Preference Policy (PPP) of Govt. of India. The department may invite limited tender from 5 Pharma Central Public Sector Units for these 102 drugs or purchase directly from them at National Pharmaceutical Pricing Authority (NPPA) notified price with discount indicated from time to time.
4. Firms must be registered with Directorate General of Quality Assurance (DGQA) Ministry of Defence, Govt. of India for manufacture and supply of drugs for Defense for the drugs quoted.

Or

Firms must have WHO-GMP certificate i.e., Good Manufacturing Practices (GMP) certificate in accordance with the WHO recommendations issued by Central/State Drug Control Authorities for each of the drug quoted.

if it is found subsequently that the WHO-GMP certificate has been issued not in accordance with the guidelines issued in this regard by the Drug Controller General of India (which includes joint inspection of the manufacturing unit by central and state control authorities), the certificate as well as the tender are liable to be rejected.

GMP (Good Manufacturing Practice) Certificate as per the revised Schedule 'M' of the Drugs & Cosmetics Act, 1945.

5. Pharmaceutical firms having a minimum annual turnover of Rs.35 crores (Thirty Five Crores) in each of the last three years will be eligible for participation. Firms manufacturing dressing materials like Cotton Gauze Cloth and Bandages etc., should have a minimum annual turnover of Rs.1 Crore (One Crore) in each

of the last three years. Firms will have to submit audited financial statement for those three years in support of annual turnover.

Turnover should be in respect of firm submitting the tender. Group turnover will not be considered for determining the eligibility. A photocopy of the sales tax clearance certificate indicating the turnover should accompany the tender.

6. All the drugs and medical consumables and surgical and sutures items will be purchased directly *from* the manufacturers. Original manufacturers shall be eligible to quote in the tender, to avoid any middle man interference.

7. As drugs are essential items; it is desirable to have alternate suppliers available at all times, Hence, for every drug two or three firms (L1, L2, L3) will be approved so that wider options are available and this approval will be valid for two years from the date of approval.

8. A certificate from the State Drug Controller concerned that the firm has been manufacturing and marketing the product / products for which the firm has quoted the price, for the last three years at the time of submission of offer,

The condition of minimum 3 years manufacturing & marketing experience however, would not apply to drugs, which were introduced in India less than 3 years ago. The manufacturers would be required to submit a certificate from State Licensing Authority or Drug Controller General India or only State Licensing Authority in support of their claim.

9. For proprietary drugs, if a firm is the sole manufacturer for the products, it can be eligible provided it submits certificate to this effect from the State Drug Controller/Licensing Authority.

10. Firm should submit a non-conviction certificate issued by the State Drug Controller, to the effect that the manufacturer has not been convicted under the Drugs and Cosmetics Act, 1940 and rules there under during the preceding three years or any of the drugs for which he has quoted price and that no case / proceedings is pending against the manufacturer in any Court of Law in India under the Drugs & Cosmetics Act.

11. For the drugs, the firm will have to submit the samples along with tenders. If firms fail to submit the samples, the offer will be rejected.

12. The firm will have to supply the list of names of procurement agencies to whom drugs have been supplied during the last one year.

13. Furnishing of wrong information and false documents will make the firm ineligible and liable to be debarred / blacklisted from participation.

14. Validity of the Rate Contract is two years from the date of finalization of the contract, but in case of exigencies, period can be extended further by mutual consent of both parties.

15. Firm shall have to furnish a security deposit, equivalent to 10% of the order received from the Department/Districts.

16. Drug supplied should not be older than one sixth (1/6) of its shelf life from the date of manufacture.

17. The price charged for the stores supplied under the agreement or the rate quoted by him for supply of medicines to the department, whichever is lower, shall in no event exceed the lowest price at which the firm sells the stores of identical description to any other person(s) during the said period of agreement. If any time during the said period, the firm reduce the sales price of such stores or sells such stores to any other person lower than the price chargeable under the agreement, he shall forthwith notify such reduction in sale price to the Department and the price payable under the agreement for the stores supplied after the date of its coming in to force will be the reduced price. The approved price in Rate contract shall stand correspondingly reduced.

The detailed guidelines from page No. 1 to 17 are enclosed herewith,

18. The Directorate of health Services shall be responsible for the following key issues:

- a) Preparation of EDL every year.
- b) Timely release of funds to Districts for purchase
- c) Monitoring of purchase and consumption of drugs and per capita medicine cost.
- d) Timely sampling/testing of medicines as per guidelines by all the Districts and follow up action.

e) Policy reviews whenever necessary.

The actual purchase of medicines will be made by a Committee under the Chairmanship of Civil Surgeon and will include PMO/MS and two senior-most CHC Incharge and one senior-most PHC Incharge with actual guidelines issued from time to time by Government/Directorate/Mission Director, NRHM.

These guidelines should be brought to the knowledge of all the concerned for information and necessary action.

--sd--
(Vijay Singh)
Joint Secretary (Health)
For Financial Commissioner & Principal Secretary
To Govt. of Haryana, Health Department,
Chandigarh.

Endst. No. 15/15/2006/6HB-II/

Dated, Chandigarh 27.01.2009

A copy is forwarded to the followings for information and necessary action

1. Director Supplies and Disposal, Haryana, Sector-22, Chandigarh.
2. 2, Accountant General (A&E) Haryana Chandigarh.
3. Director, PGIMS Rohtak.

Joint Secretary (Health)
For Financial Commissioner & Principal Secretary
To Govt. of Haryana, Health Department,
Chandigarh.

HEALTH DEPARTMENT HARYANA

PURCHASE POLICY & MANAGEMENT OF DRUGS. MEDICAL CONSUMABLES. SURGICALS AND SUTURES.

INTRODUCTION:-

Medicines are part of our lives. They not only save lives and promote health, but prevent epidemics and diseases too. In our country, public healthcare system about 30-35 per cent of the health budget is spent on medicines. Even then, only 35 per cent of the population has access to modern medicines. A situation jeopardizes the credibility of the public health system. Access to essential medicines is closely linked to health system performance. Irrational drug use and poor drug management system are the main contributory factors for lack of medicines accessibility to approximate 60% population of the Haryana State. Identification of the problem areas is the first step and essential too for initiating corrective measures. While formulating the drug management system it is important, first, to trace the costliest medicinal products that consume the major portion of the budget. The study of the use pattern will help designing appropriate corrective majors.

The Govt. of Haryana is committed to improve the Health of the public in the State . The essential drugs play a crucial role in prevention and control of diseases. Presently, the drug procurement system centralized and resulting into over stocking or stock-out situation in most of our health institutions. Keeping in view of this difficulty, it is now proposed to decentralize the entire procurement system at the district level to ensure transparent and uninterrupted supply of drugs and consumables.

OBJECTIVES

- To make available good quality drugs and medical consumables at the **%Right Quantity” of “Right Product” at “Right Place” on “Right Time” in “Right Condition” at “Right Cost” for “Right People”**.
- To ensure the rational use of drugs in all government health institutions i.e. patients received medications appropriate to there clinical needs, in doses that meet their individual requirements, for an adequate period and at lowest

cost to them and their community.

- To ensure an efficient, transparent system and uninterrupted procurement system.

To ensure these objectives, following practices will be followed:-

- An Essential Drug List (EDL) has been formulated and shall be reviewed and updated every year. A task committee will review and update the EDL. The present Essential Drug List (2008) of Health Department Haryana for GH contains 328 items, EDL for CHC contains - 112 items and EDL for PHC contains - 98 items . Drug can be added/deleted after taking suggestions from the doctors. A task committee at the State Level will review the EDL consisting of Head of the Pharmacology departments of NIPER, PGI Chandigarh, PGI Rohtak, GMCH-32and State Drug Controller, after taking into consideration, the feedback received from the health institutions of the State.
- Standard Treatment Guidelines (STG) will be prepared by an Expert Committee for common diseases prevalent in Haryana. This will be updated every year. STG will be followed by all the treating health personnel in government institutions.
- The Essential Drug List and Standard Treatment Guideline will be updated every year. The department will write to all the concerned to get their feedback and suggestions , keeping in mind the recent Essential Drug List prepared by W.H.O and the prevalence of disease pattern in our State. The list should cover all types of drugs used from Sub-centre level to the district level hospital . Drugs should be in generic name, proven efficacies and cost effective.

PURCHASE PROCEDURE

- ❖ The District Health Societies shall be given the required funds under NRHM, the additional funds under State Plan and Non-Pan & various other heads will also be taken into account while making quantification of the medicines & consumables.
- ❖ The purchase of medicines will be made by a Committee under the Chairmanship of Civil Surgeon and will include PMO/MS and two senior most CHC Incharges and One Senior Incharge. The District health & family Welfare

Society under the Chairmanship of Deputy Commissioner will review the performance under this scheme with special emphasis on uninterrupted supply of medicines to all OPD/Causality patients and all institutions deliveries alongwith the system of indenting, procurement & inventory management. Review will be carried out every month and earlier, if necessary.

- ❖ The procurement guidelines and procedures in respect to rate Contract, quality assurance, monitoring and evaluation, updating of EDL/STG will be done by the State Head Quarter.

The requirement of drugs and medical consumables from essential drug list submitted by all the districts will be compiled and purchase order will be given by the districts as per the requirement. The assessment of demand will depend upon the lead time, buffer stock and re-order level

- ✓ Lead time denotes the average duration of time in days between placing of orders and the receipt of drugs. Usually it is 4 to 6 weeks. Lead time has to be taken in to consideration so that the orders could be placed at time when the existing stocks are sufficient for the needs during the lead time.
- ✓ Buffer Stock denotes the quantity of stores/cushion set a part as an insurance against stock outs, due to variation in demand and procurement period. This quantity is kept as emergency for unforeseen circumstances.
- ✓ Re-Order Level denotes the stock level at which fresh orders have to be placed.
- ✓ The Placing of order at the time when stock reached the re-order level ensures that chance of %Stock Out+ will be practically nil.
- ✓ The demand of a particular drug may be estimated by applying the following formula.
 - a. Average Consumption of a particular drug during the last three years.
 - b. Average No. of OPD/IPD patient using the medicine (based on OPD/Abstract register)
 - c. Expected No. of OPD/IPD patients during the current year.

The annual requirement of a particular drug will be $(a \times c) / b$

- ✓ All the items will be purchased at the districts, after taking the annual requirements into consideration. The first phase 1/3rd of total requirements of drugs and medical consumables must be placed by end of June every year.

- ✓ The district can increase/decrease the quantity of any item or add omit any item taking the Epidemic situation, Cyclone, Flood any emergency condition or natural calamities into consideration. The department will ensure 100% availability of the essential thought out the year, for that the supply orders will be placed on quarterly basis and efforts will be made that at any point of time the medicines are not stock out.
- ✓ Procurement will be an on-going process, calculated on the basis of buffer stock and lead time
- ✓ Inj. ARV and Inj. ASV will be purchased by districts, being vital drugs, as and when required.

BUFFER STOCK

- ✓ A three months buffer stock will be maintained by procuring more drugs over and above the total requirements submitted by districts, which will be kept as buffer stock in the respective district Drugs Stores.
- ✓ A well defined MIS shall be set in order and monthly evaluation of stocks will be done by the respective Civil Surgeons.
- ✓ It will be mandatory for every institution to maintain expiry register. In case of more supply, proper remedial measures may be taken to shift the drug.

METHOD OF PROCUREMENT

- Drugs will be purchased through District Health Societies.
- Open tenders should be called for the drugs listed in the EDL by Director, Supplies and Disposal except 102 drugs covered under Purchase Preference Policy (PPP) of Govt. of India. The department may invite limited tender from 5 Pharma Central Public sector Units for these 102 drugs or purchase directly from them at National Pharmaceutical Pricing Authority (NPPA) notified price with discount indicated from time to time.
- All drugs and medical consumables will be purchased under Pharmacopoeial generic names only, if the same are included in Indian Pharmacopeia or official pharmacopeia of any other country. If the drug, intended to be purchased is not a Pharmacopoeial drug, then purchase of such drugs (s) shall be made under

generic/proper name of the drug with a brand name/Trade name (Because permission to manufacture non-Pharmacopoeial drug are issued under Brand name/Trade name by licensing authority in the entire country).

- No brand name or M.R.P (maximum retail price) will be mentioned anywhere in the strip/box/carton/than/packet/foil/vial/ampoule/tube or on the lable of the container or the itself in which the drug is packed. No brand/trade name shall be mentioned on said packs/lables/container if the drug is a pharmacopoeial drug.
- All the drugs and medical consumables and surgical and sutures items will be purchased directly *from* the manufacturers. Original manufacturers shall be eligible to quote in the tender, to avoid any middle man interference.
- In case of non-availability *of* any item from states Rate Contract list or CPSUs list, the drugs and consumables will be procured from DGS&D, GOI & DG ESI Corporation whichever is lower. In case of non-availability of medicine on any of the RC mentioned above, the following procedures will be adopted.
 - Short Term Tender
 - Quotation
- The firm will start supply of items within 30 days *from* the date of issue of purchase order and will complete the supply within 45 days *from* the date of issue of purchase order. In case of emergency/Natural Calamities, the department can re-fix the supply period as per the demand of situation and supplier has to adhere to the same.
- As drugs are essential items, it is desirable to have alternate suppliers available at all times. Hence, *for* every drug two or three firms (L1, L2, L3) will be approved and this approval will be valid for two years from the date of approval.
- The supplier/firm shall intimate the confirmation after receipt of supply order. In case, No communication is received within ten days from the date of supply orders, it will be presumed that the firm has accepted the supply order and shall be under obligation the supply the entire order.

ELIGIBILITY CONDITIONS

Firms to be eligible for supplying must fulfil the following conditions:

1. Only licensed Indian drug manufacturers are eligible to quote for the drugs under generic names, if the same is included in Indian Pharmacopoeia or in official Pharmacopoeia of any other country and under generic/proper name

alongwith brand/trade name if the drug is not a pharmacopeial drug.

2. Pharmaceutical firms having a minimum annual turnover of Rs.35 crores (Thirty Five Crores) in each of the last three years will be eligible for participation. Firms manufacturing dressing materials like Cotton .Gauze Cloth and Bandages etc., should have a minimum annual turnover of Rs.1 crore (One crore) in each of the last three years. Firms will have to submit audited financial statement for those three years in support of annual turnover.

Turnover should be in respect of firm submitting the tender. Group turnover will not be considered for determining the eligibility. A photocopy of the sales tax clearance certificate indicating the turnover should accompany the tender .

- 3 Firms must be registered with Directorate General of Quality Assurance (DGQA) Ministry of Defence, Govt. of India for manufacture and supply of drugs for Defence for the drugs quoted.

Or

Firms must have WHO-GMP certificate i.e., Good Manufacturing Practices (GMP) Certificate in accordance with the WHO recommendations issued by Central / State Drug Control Authorities for each of the drug quoted.

If it is found subsequently that the WHO-GMP certificate has been issued not in accordance with the guidelines issued in this regard by the Drug Controller General of India (which includes joint inspection of the manufacturing unit by central "and state drug control authorities), the certificate as well as the tender are liable to be rejected.

GMP (Good Manufacturing Practice) Certificate as per the revised Schedule 'M' of the Drugs & Cosmetics Act, 1945.

- 4 A certificate from the State Drug Controller concerned that the firm has been manufacturing and marketing the product / products for which the firm has quoted the price, for the last three years at the time of submission of offer.

The condition of minimum 3 years manufacturing & marketing experience however, would not apply to drugs, which were introduced in India less than 3 years ago. The manufacturers would be required to submit a certificate from

State Licensing Authority or Drug Controller Genral India or only State Licensing Authority in support of their claim.

- 5 Authorized/approved importers of drugs can, however submit tenders only for the drugs not manufactured in India. Bids of importers will not be considered if drugs offered by them are also being offered by Indian manufacturer. However, as an exception, quotations for drugs imported by licensed Indian manufacturers from their parent company abroad would be treated on par with quotations from other Indian manufacturer provided all the required criteria applicable to Indian Manufacturers are fulfilled. Authority letter from parent company abroad committing uninterrupted supply of quality drugs during the full period of contract, should be submitted.
- 6 For proprietary drugs, if a firm is the sole manufacturer for the products, it can be eligible provided it submits certificate to this effect from the State Drug Controller/Licensing Authority.
- 7 For the drugs which are being imported, the firm should possess valid import license issued by Drug Controller General of India and marketing license issued by concerned Licensing Authority.
8. The dressing materials such as Gauze and bandage etc., should compile with standards laid down in schedule F II of Drugs and Cosmetic Rules, 1945 framed under Drugs & Cosmetic Act, 1940.
- 9 In case of narcotics, the firm will have to submit the narcotic license issued by the licensing authorities.
- 10 Firm should submit a non-conviction certificate issued by the State Drug Controller, to the effect that the manufacturer has not been convicted under the Drugs and Cosmetics Act, 1940 and rules there under during the preceding three years or any of the rugs for which he has quoted price and that no case / proceedings is pending against the manufacturer in any Court of Law in India under the Drugs & Cosmetics Act.

GENERAL CONDITIONS

- 1 For the drugs, the firm will have to submit the samples along with tenders. If firms fail to submit the samples, the offer will be rejected.
- 2 Supply orders will be placed from time to time during the currency of the

contract in which the exact quantities required on each occasion together with the date of delivery shall be specified by the HQ and the Districts.

- 3 No guarantee can be given as to the minimum quantity which will be drawn against this contract but the firm will supply quantity as may be ordered by the department.
- 4 The Department reserves the rights to reject any or all the offers including the lowest without assigning any reasons whatsoever.
- 5 The department reserves the rights to invite in his sole discretion separate quotations to effect purchases outside this contract in the event of any urgent demand arising in locality where no stocks are held or otherwise.
- 6 Quotations shall be strictly according to the required specifications and in the case of formulations, detailed formula along with the connected literature, Drug licenses should be furnished. The name of the manufacturer and the brand name should also be stated.
- 7 Undertaking by the firm that it would own responsibility of any damage arising because of delay in supply , non-supply or supply of poor quality of drugs.
- 8 The firm will have to give the details of the technical personnel involved in manufacturing & testing of drugs.
9. The price/rate quoted by the firm shall remain firm till the completion of the R.C. Where firm desire price variation because of governmental action relating to administered prices of and statutory levies / duties on drugs, the manner in which price variation would be claimed should be clearly specified in the offer. Claim for price variation will not be entertained under any circumstances where firm have not indicated the manner in which price variation claim should be made consequent to government action.
10. The stores offered should comply with the provisions of the Drugs and Cosmetics Act, 1940 and the Rules made there under as amended up to date and Drug Price Control order.
11. While quoting against items with ISI Mark, it should be ensured that ISI code number is indicated and at the time of making the supplies, the firm should ensure that the items supplied has ISI Mark as well as Code Number, as is the statutory requirement of the Bureau of Indian Standards.

12. The firm shall arrange to effect free replacement of any quantity, which may deteriorate in potency, strength i.e., before the date of expiry mark on the labels.
13. No facility regarding import license for Raw materials etc can be given.
14. In all supplies, which are branded with Haryana Government supply mark including rejected stores, it would be a conditions that such supplies will not be sold to the General Public.
15. Firms will indicate the assessed manufacturing/productions capacity for each items quoted by him. He will be liable for cancellations of the contract for any misleading information found at any time during the currency of the contract.
16. The firm will have to supply the list of names of procurement agencies to whom drugs have been supplied during the last one year.
17. The supply is for F.O.R. destination.
18. The department will not pay separately for transit insurance and the firm will be responsible for delivery of items covered by the supply order in good conditions and the specified destinations at for this purpose freight insurance, octroi etc., if any will have to be borne by the supplier.

The consignee will, as soon as possible, but not later than 10 days of the date of arrival of stores at destination, notify the firm/department, of any loss damage to the stores that may have occurred during the transit.

PHARMACOPOEAL SPECIFICATION:

- IP/BP/USP etc. should be clearly mentioned against each drug/constituent of the formulation quoted as per the provisions of Drug and Cosmetics Act.
- Furnishing of wrong information and false documents will make the firm ineligible and liable to be debarred / blacklisted from participation.
- Non submission of the certificate of price ceiling fixed by National Pharmaceuticals Pricing Authority, not following all the terms &

conditions of department, furnishing wrong information and false documents will make the firm ineligible and liable to be debarred / blacklisted from participation in future for two years along-with forfeiting the earnest money.

- The past performance of the firm will be taken into consideration for award of a new Rate Contract.
- The firm should submit an affidavit on Stamp Paper, stating that the drugs, which are being quoted, are not banned under Section 26 (A) of Drugs & Cosmetics Act. .
- The firm, if selected, will have to supply drugs & dressings directly to the Health Department Haryana.
- Validity of the Rate Contract is two years from the date of finalization of the contract, but in case of exigencies, period can be extended further by mutual consent of both parties.

SECURITY DEPOSIT

Firm shall have to furnish a security deposit, equivalent to 10% of the order received from the Department/Districts.

CHANGES IN CONSTITUTION OF FIRMS:

Any change in the pattern of ownership of the contracting party will not nullify the provisions of the contract. The contract will devolve on the successor owners.

FALL CLAUSE:

If at any time during the execution of the contract, the controlled price becomes lower or the contractor reduces the sale price or sells or offers to sell such stores, as are covered under the contract, to any person / organization including the purchaser or any department of Central Government/State Government at a price lower than the price chargeable under the contract, he shall forthwith notify such reduction or sale or offer of sale to the purchaser and the price payable under the contract for the stores supplied after the date of coming into force of such reduction or sale or offer of sale shall stand correspondingly reduced.

MARKING:

The firm shall supply the stores with proper packing and marked with nomenclature of the drug for transit so as to be received at the destination free from any loss or damage. The stores supplied by the firm should strictly conform to the labeling provisions laid down under the Drugs & Cosmetics Rules, 1945.

PACKING.

- a) All labels of cartons, ampoules, vials, bottles jars, tubes, tins, strips, Gauze, Cotton, Bandages, containers etc., should be emboldened/imprinted/stamped with CAPITAL AND BOLD LETTERS, '**FOR SUPPLY TO GOVT. OF HARYANA, NOT FOR SALE**'. MRP should of course not be printed. Such packing shall clearly indicate the description, quantity, name and address, contract No. and date for identification.
- b) Loose supplies/damaged packing/tempered or damaged labeled supplies shall not be accepted under any circumstances and will be recovered from the firm.
- c) Supplies to be made in proper boxes/Cartons and should way not more then 15kg.
- d) All the cartons/boxes should be virgin/new with 5 ply.
- e) Liquid orals to be supplied only in glass bottles / plastic bottles conforming to IP / Drugs & Cosmetics Act.
- f) It should be ensured that only first use packaging material of uniform size including Bottles and vials is used for making supplies.
- g) All primary packing container should be strictly conforming to the specification included in the relevant pharmacopoeia.
- h) Packing should be able to prevent damage or deterioration during transit.
- i). All containers i.e. bottles, tins, cartons, tubes etc., are required to be secured with pilfer-proof seals to ensure genuineness of the products packed and the correctness of the contents.
- j) The I.V. fluids/large volume fluids (100ml or more)/Eye/Ear drops will be purchased with Glass and FFS/BFS Technology paked.
- k) All Hygroscopic drugs must be packed in aluminum/blister packs.

- l) The tablets / capsules should be packed in 10 tabs or capsules per strip and 10 strips in a box except otherwise mentioned.
- m) The labels in case of injectables should clearly indicate whether the preparations are meant for INTRA VENOUS, INTRA- MUSCULAR or SUB-CUTANEOUS etc.

LOGOGRAMS/LABELLING;

Offer for the supply of drugs and Medical consumables etc., shall be considered only if the firm gives notarized undertaking in his offer that the supply will be prepared and packed with the logogram either printed or embossed on tablets and capsules, bottles etc., as per the design supplied by the department. All the tablets and capsules have to be supplied in standard packing of 10 x10 in Strip / blister packing with printed logogram and shall also confirm to Schedule PI of the Drugs and Cosmetic Rules wherever it applies. Affixing of stickers and rubber stamps shall not be accepted. *Vials*, ampoules and bottles containing items quoted for should also carry the logogram. Offers of Manufactures who are not willing to agree to this condition will be summarily rejected. Failure to supply drugs etc., with the logogram will be treated as breach of the terms of agreement and render the firm liable to forfeiture of the security deposit, in addition to recovery of any attributable loss incurred by the department

LIFE PERIOD;

Drug supplied should not be older than one sixth (1/6) of its shelf life from the date of manufacture.

DELIVERY PERIOD;

- i) The time for and the date of delivery of stores stipulated in the supply order shall be deemed to be the essence of the contract and delivery must be completed within 4 to 6 weeks (including date of dispatch of supply order & date of receipt of goods) from the actual date of dispatch either by post or by hand. If the last date of delivery of goods happens to be holiday or declared as holiday, the next working day shall be the last day for delivery of goods.

- ii) If the firm fails to execute the supply order within the stipulated period, a penalty of five (5) per cent of the value of the total order per week or a part of a week will be levied. The maximum penalty for late supply shall not exceed 10% of the total value of the order/orders i.e. a maximum of two weeks extension can be granted after the expiry of delivery period. The cut off date of delivery period shall be counted from the date of actual dispatch of supply orders to date of receipt of supplies at FOR destination.
- iii) If the articles are not supplied by the schedule date (as indicated above or by the extended date) full or in part, the order in respect of the quantity not supplied is liable to be cancelled at the firm's risk and expense. The extra expenditure involved in procuring supplies from elsewhere, will in the case be recoverable from the firm in full at discretion of the department. The recoveries thus due will be deducted from any sum then due to him at any time. Apart from risk purchase action, the firm's security deposit may be forfeited and shall invite other penal actions like debarring from participating in future for a period of not less than three years.
- iv) In case of any of drugs being rejected or not supplied at all or short supply, the department shall be at liberty to procure the same at the risk and expenses of the firm and the firm shall upon demand, pay to the department all such extra charges and expenses as may be incurred or sustained in procuring and testing the same.
- v) The firms shall maintain stocks at the stations indicated by him and shall make deliveries against supply orders for such stocks, as and when, required. On receipt of an order the firm shall, execute the order to within 4 to 6 weeks.

.INSPECTION AND SAMPLING AT THE CONSIGNEE'S ADDRESS .

- i) The supplies should be accompanied with in-house test report. After the receipt of the consignment, the department will draw a sample out of each consignment and will send it for testing at one of the Govt./Govt approved testing laboratories. If the sample /samples is /are found not of standard quality. the consignment shall be rejected.

Where there are visible and obvious defect in the consignment, It shall be rejected. Manufacturer will provide working standards *for* testing of drugs with traceability certificate for the items supplied, if required.

- ii) Regular and random testing of drugs will be undertaken from Govt./Govt approved laboratories at the time of supply and at any time during the shelf life or when ever any defect is notice.
- iii) All rejected stores shall in any event remain and will .always be at the risk of the firm immediately on such rejection.
- iv) The Department, reserve the right for Inspection of the pharmaceutical firms participating in the tenders, by officers appointed by the Director General. They can carry out inspection for assessing the capacity/ capability/ eligibility of the firm to make supplies and to ensure that good manufacturing practices are being followed by manufacturer. The decision of the Director General shall be final in this regard. It is also open to the department to send persons as may be designated by him to inspect stores and draw samples from therebefore dispatch of the consignment
- v) If the product is found to be not of standard quality, the total cost of test will be recovered from the supplier. The supplier will however, make full payment of entire batch irrespective of the fact that part of the supplied stores may have been consumed. Where a drug supplied by the firm is found to be of, "Not of Standard Quality" the firm will be debarred from supplying that drug for a period of 3 years. No further orders will be placed to the firm for that particular drug and rate contract for that particular drug will be cancelled
- vi) If more than one items of the firm are- declared as "not of standard quality/Spurious" by a govt. approved laboratory, then the firm will be debarred to participate in tender for all its items for a period of 3 years.
- vii) The test report from a approved laboratory would be final and no representation would ordinarily be entertained. In exceptional cases, where the report of a dully approved laboratory is not acceptable by the firm & the firm represents giving sufficient reasons why a second test is

warranted, a retesting may be undertaken. Sample of that batch would be taken for testing in approved laboratory different from the previous one. the report received would be taken as final & action taken accordingly. No more representation would be entertained in this regard afterwards. Cost of retesting would be borne by the firm challenging the initial test result.

- viii) If any supplying firm is found to have two (2) reports of one batch or two batches of one item as not of standard quality or non-supply or part supply of two items that firm will not be given any purchase order for that item for next five financial years.
- ix) Parallel quality testing procedures can be followed by the department and samples of drugs and medical consumables can be sent outside the state laboratories or where ever the department decides for quality testing. The expenditure for this will be borne by the suppliers.
- x) Samples of supplies in each batch will be chosen at the point of supply or distribution , for testing. Random samples of each batch will be sent to the Laboratories for quality testing within 3 days of receipt of goods by drugs store.
- xi) The samples will be sent after removing the drugs from strips (except the hygroscopic drugs) and after coding , will be sent to different laboratories for testing as decided by the Department. If the drug as per report is found not of standard quality in the first test, the supplier will be required to replace the entire quantity of that batch declared NSQ (Not of Standard Quality) or the cost of it, in shape of Bank Draft in favor of Department and take back the available stock (unused) in different Health Institutions of the State at his own cost.
- xii) The firm will replace the full stock of the NSQ batch if he is informed in writing (date of issue of letter for replacement) within 30 days of receipt of his drugs / medical consumables that the drug / medical consumables has been declared NSQ , with good quality drugs / medical consumables and take back the available NSQ stocks at his own cost . The Department /district of the NSQ drug has the right to destroy such substandard goods, if the supplier does not take back

the balance goods available at Government Health Institutions of the State ...

- xiii) If any drug fails in assay test or injectables, LV. Fluids Eye / Ear Drop fails in assay or sterility test the supplier of that item will replace full (100%) stock of that batch and take back the available NSQ (Not of Standard Quality) stock at his own cost.

PAYMENT :-

- Payment for the supply will be made within 4 to 6 weeks (after receipt and acceptance of the supply in good conditions)
- No advance payments towards cost of drugs and medical consumables etc. will be made to the supplier. In case of Inj. A.R.V, Inj. A.S.V or any emergent purchase as mentioned in the clause of procurement stated above.
- All the stock entry bills must be sent to the department within 7 days of receipt of goods by the store incharge of the districts..
- All payments will be made preferably by E-Banking or the A/C payee Cheques / Bank Drafts through Registered Post / Courier / Speed Post to the supplier.
- No claims shall be made against the Department in respect of interest on delay in payment due to some unavoidable circumstances.

PENALTIES :

If any store/stores supplied against this Rate Contract are found to be not of standard quality on test analysis from approved laboratory and / or on inspection by competent authority, the firm will be liable to replace the entire quantity or make full payment of entire batch irrespective of fact that part or whole of the supplied stores may have been consumed.

- a) If the product is found to be 'not of standard quality', the cost of testing will be recovered from the supplier.
- b) If the firm fails to replace the batch declared to be 'not of standard quality' or fails

to make payment in lieu of that, the firm is liable to be debarred for 3 years in respect of the one or more or all the items in the Rate Contract of the Director Supplies and Disposal.

- c) If Category A (major) defect is found, then, firm will be debarred for 3(Three) years for one or more or all the products in the Rate Contract. The classification of defects into - A category (major) and B category (minor) defects will be as per the "guidelines issued by the Drug Controller General of India.
- d) In case of immunological agents, firms are debarred to participate in the tender for five years, for that particular immunological agent in which there had been a batch failure/substandard report from any authorized testing laboratory. Five years would be counted from the date of such report.
- e) The price charged for the stores supplied under the agreement or the rate quoted by him for supply of medicines to the department, whichever is lower, shall in no event exceed the lowest price at which the firm sells the stores of identical description to any other person(s) during the said period of agreement. If any time during the said period, the firm reduce the sales price of such stores or sells such stores to any other person lower than the price chargeable under the agreement, he shall forthwith notify such reduction in sale price to the Department and the price payable under the agreement for the stores supplied after the date of its coming in to force will be the reduced price. The approved price in Rate contract shall stand correspondingly reduced.
- f) Non-performance of contract provisions, part supply and non supply of purchase orders will disqualify a firm to participate in the tender for a period of 3 (three) years and his security deposit will be forfeited and no further purchase order will be given to that firm for that item.
- g) The firm should also give a guarantee as follows in case of biological and other products having a particular life period to provide safeguard against losses on account of deterioration within-their stated period of potency.

The firm hereby declare that the goods/stores/ articles sold to the department under this contract shall be of best quality and workmanship and shall be strictly in accordance with the specifications and particulars contained/mentioned in the description clauses hereof and the firm hereby guarantees that the said goods/stores/articles would continue to conforms to their description specification as stated in the tender. If the same be

discovered not to conform to the description and quality aforesaid or have deteriorated, the decision of the department in that behalf will be final and conclusive. The department will be entitled to reject said goods/stores/articles or such portion thereof as may be discovered not to conform to the said description and quality. Such rejection of the goods/articles/stores will be at the seller's risk and all the provisions herein contained relating to rejection of goods etc., or such portion thereof if is rejected by the department otherwise the firm shall pay to the department such damages as may arise by reason of the breach of conditions herein contained. Nothing herein contained shall prejudice any other right of the purchaser in that behalf under this contract or otherwise+.

GUIDELINES FOR INVENTORY MANAGEMENT

1. General Cleanness of the Drug Store should be adhere to
2. Rule of FIFO must be adhere to
3. Racks should be placed at proper distance from walls , inter racks distance should be maintained to facilitate accessibility .
4. Avoid moisture in store
5. Store should be classified into separate sections i.e. Tablets , Capsules , injections , Consumables , flammables , non- inflammables
6. Suitable Fire Fitting equipments / procedures should be in place.
7. Proper lighting arrangements and air circulations be maintained
8. Labeling indicating Batch, Expiry and re-order level must be pasted on each and every type of drug placed in the racks.
9. Concerned Officer in charge should ensure physical verifications of store on quarterly basis apart from surprise checks/raids .
10. Record should be properly maintained
11. Expired / condemned articles /drugs should be properly and timely disposed off.
12. Current stock position be displayed at entrance.

MOST URGENT

No.

Dated 06-03-2009

From

Mission Director (NRHM)
Haryana Panchkula

To

1. All Deputy Commissioners-cum-Chairmen,
District Health & Family Welfare Society in the State of Haryana

2. All Civil Surgeons of Haryana State.

Subject: Free and uninterrupted supply of essential medicines in Govt. Health Institutions of the State- allotment of additional funds.

Reference on the subject cited above.

Rs. 50.00 Lacs was allotted vide this office letter no. 1/2-RCH-II (Proc)-2008/11812-832 dated 14-11-2008 to each District Health Society to ensure free and uninterrupted supply of medicines to all OPD/Casualty and Institutional delivery cases. The detailed guidelines were also sent to all to procure medicines in a transparent and scientific manner. Now the additional funds are being allotted to you. You are therefore directed to procure the essential medicines as per the guidelines. The standard terms and conditions of the supply order must be mentioned while advancing the supply orders to the firm. The standard terms and conditions are as under.

1. Supply is to be made directly by the firm.
2. Maximum delivery period will be six weeks. However Civil Surgeons are at liberty to reduce as per the need of the district. No extension shall be given by the Civil Surgeon beyond six weeks.

3. Supply period should not exceed 1/6th (one sixth) of the shelf life of the Drug/items from date of manufacturing. Batch number, date of manufacture and date of expiry should also be mentioned on the body of the bill.
4. If the firm fails to execute the supply order within the stipulated period, a penalty of 2% per week or a part of the week will be levied the maximum penalty of supply shall not exceed 10% of the total value of the order. The cut off date of delivery period shall be counted from date of actual dispatch of supply order to date of receipt of supply at F.O.R. destination. If the articles are not supplied by the schedule date as indicated above or later till five weeks after the scheduled date, the supply order will be cancelled at the risk and expense of the supplier. The extra expenditure involved in procuring supply from elsewhere will be recoverable from the supplier in full. Apart from risk purchase action, the firm shall invite other penal actions like debarring and black listing for present and future period not less than 2 years.
5. Inability to supply must be conveyed within 7 days of the receipt of the supply order; otherwise, it will be presumed that bill has been accepted.
6. A certificate should be recorded on the invoice/bill that the rates charged are not higher than the rates quoted by the approved source to any other institution in India.
7. Regular and random sampling of the drugs will be undertaken by this Deptt. at the time of supply. If any supply failed to meet the quality standard, the firm shall be liable to replace the entire quantity or make the full payment of entire consignment against the particular invoice irrespective of the fact that the part or whole of the supply may have been consumed. Failure to effect the supply within the stipulated delivery period or meet the quality standards shall render the supplier liable for rejection and invoke other penal actions as per terms and conditions of the rate contract.
8. The Purchaser will not pay separately for transit insurance and the firm will be responsible for delivery of items in good condition at the specific destinations. Freight, insurance, octroi etc. if any, will be borne by the supplier.
9. All outer and inner containers of medicines/ store should be clearly printed with indelible ink ~~W~~MARYANA GOVT. SUPPLY, NOT FOR SALE+
10. The firm shall submit in house test report for own manufactured product and test report from the parent manufacturer in case the item is outsourced by them, failing which the department reserve its right not to accept the supply.
11. The supply of the store should normally be of the same batch.
12. Loose supplies/ damaged packing/ tampered or damaged labeled supply shall not be accepted under any circumstances.
13. Packing should be able to prevent damage or deterioration during transition/ storage.
14. The supply be made to the consignee alongwith Test report of each batch issued / tested by Govt. approved laboratory.

15. Pharmacopoeia specification IP/BP/USP etc should be clearly mentioned against each drug constituents and packing of the drugs supplied as per Drugs & Cosmetics Act.

16. Part supply will not be accepted.

Mission Director (NRHM)

Haryana, Panchkula

Endst No.

dated

A copy is forwarded to the following:-

1. PS/FCHM for information of Financial Commissioner & Principal Secretary to Govt. Haryana, Health Department, Haryana, Chandigarh
2. PS/DGHS for information of Director General, Health Services, Haryana, Panchkula
3. Director General, ESI Corporation, CIG Marg, Panchdweep Bhawan, New Delhi.

CC.

Director Dental & MSD

Mission Director (NRHM)

Haryana, Panchkula

From

Director General Health Services,
Haryana Panchkula

To

All the Civil Surgeons

Subject:- Free and uninterrupted supply of medicines .

Reference on the subject cited above, a meeting of Chief Pharmacists/Store incharges was held on dated 21.4.2009, under the chairmanship of worthy DGHS. In this regard, you are requested to provide the necessary support to the store incharges so that the very motive of the Government to provide free and uninterrupted supply of medicines, to general public, could be achieved. For this purpose, the followings must be adhered to:-

1. The Pharmacists should not be put to the registration counter for doing registration of outdoor patients.
2. One Data Entry Operator/Computer Personal should be attached to assist the store incharge, for compiling and sending the data to the Head Quarter as and when required.
3. The Nursing Sister/Staff Nurse incharge of labour room and causality, should be assigned the job of reporting, for the purpose of compiling data of weekly per Capita expenditure report in respect to institutional deliveries and emergency patients. This report must be submitted to Chief Pharmacists/Store incharge by nursing sister/staff nurse incharge for onwards submissions to the Head Quarter.

This must be brought to the knowledge of all the concerned.

--sd-

Director Health Services (Dental/MSD)
for Director General Health Services, Haryana

Endst. No. Proc.-2009/208

Dated: 27.04.2009

A copy is forwarded to PS/FCHM for information of Worthy FCHM please.

--sd--

Director Health Services (Dental/MSD)
for Director General Health Services, Haryana

From

Director General Health Services,
Haryana, Panchkula.

To

All the Civil Surgeons
Of Haryana State.

Subject: Guidelines regarding Procurement of Drugs and Consumables.

Reference on the subject cited above, the detail guidelines were issued by this office on dated 10-11-2008 and 06-03-2009 (copies attached). It has been decided to further revise guidelines in partial modification of the instructions issued earlier vide letter mentioned above. The revised instructions are as under:-

1. A Drug Procurement Committee (DPC) is hereby constituted. The committee shall now have the following members.
 - Civil Surgeon- Chairman
 - PMO/MS of District Hospital Member
 - MS/SMO Incharge of SDH Member
 - Senior most SMO/MO of each Specialty in the District Hospital Member
 - Senior Most SMO Incharge of CHC Member
 - Senior Most PHC Incharge Member
 - CA/ Account Officer Member
 - District Drug Controller Officer Member
 - Chief Pharmacist/ District Store Incharge Member

It has come to the notice that the requirement of all specialties is not being fully catered to. In order to ensure that full range of medicines required by each speciality are made available in adequate quantity, the Drug Procurement Committee shall now finalize the demand in respect of each speciality in General Hospital, PHC, CHC and Dispensaries based on OPD, IPD, Casualty

and Institutional Deliveries. While quantifying the demand, the consumption pattern, stock position, the cost, supply period shall be taken into account. The committee shall ensure that adequate range and quantity of drugs are procured for each specialty in the District Hospital and Sub District Health Institutions.

2. This committee will also ensure that supply of drugs to District Hospitals, Sub District Hospitals, PHC/CHC and Dispensaries etc is streamline. Pass book shall be issued to each Health Facility and no medicine shall be issued without entry into the passbook. All indents should be made well in time and in adequate quantity. There should be no interruption in the supply chain.

3. On the basis of the analysis of consumption pattern of the entire State in respect to drugs and consumables, it has been observed that per capita OPD expenditure (per contact) is around Rs. 5 at PHC level, Rs. 7 at CHC level and Rs. 10 at District Hospital. The cost on normal delivery is around Rs. 250/- per case and cost of caesarian is around Rs. 1000/-. Any deviation or gross variation must be carefully analyzed as it may be due to over prescription, irrational prescription of costly and multiple antibiotics, non issue of free drugs or prescription from outside.

Instances have come to light that the medicines so carefully purchased are being prescribed in an irrational manner by certain doctors, in violation of standard guidelines regarding rational use of drugs. As per WHO study it has been observed that more than 50% of all drugs are prescribed or dispensed inappropriately even by the qualified specialists. Civil Surgeons and PMOs/ Medical Superintendents are therefore required to closely monitor the consumption pattern every month to promptly identify all such aberrations for taking immediate corrective measures. Any significant deviation will be viewed seriously at the Headquarters and Civil Surgeon/ PMOs/ Medical Superintendents will be personally held responsible for all such lapses.

4. It has also been observed that in some cases, third generation antibiotics and other high cost drugs which are not required at PHC level have been negligently issued to PHCs and are being prescribed. There have been instance of prescription of third generation antibiotics to OPD patients (without specific indication) and multiple antibiotics in single prescription. Civil Surgeon must ensure that the drugs not required at PHC and CHC level are not issued

to Sub District Health Facilities and the Essential Drugs List for PHC and CHC is kept in view.

5. The consumptions of Anti Rabies Vaccines and other high cost items has to be monitored closely by Civil Surgeon/ PMO. The instructions on this issue are being sent separately.

6. It has also come to notice that I.V. Fluids and I.V. injections are being given to patients without admission. In all such cases, patients must be admitted and should be shown as a case of casualty.

7. It has also been observed that while placing orders, standard terms and conditions of rate contract communicated in the month of March 2009 (copy enclosed) are not being incorporated in the supply orders. You are therefore directed to clearly mention the standard terms and conditions including penal clause/ Risk Purchase/ Shelf Life/ Quality Assurance, Payment Schedule etc.

8. Going by past experience, it has been observed that some suppliers are not able to honor their commitment in terms of cut-off dates due lack of production capacity or other reasons. To avoid any shortage of medicines, order of supply must be placed sufficiently in advance, in a planned manner. The orders should be made in the month of January, April, July and October as already circulated to you vide this office letter no. 15/15/2006/6HB-II dated 27-01-2009.

9. Regular sampling for quality assurance must be given utmost priority. The inspection of store must be regularly carried out by the PMO/ Dy. Civil Surgeon and Civil Surgeon himself. Consumption audit of high cost medicines must also be given priority.

10. On receipt of drugs, an inspection team will be constituted comprising of following members:

- i) PMO/MS Incharge of the Hospital
- ii) Chief Pharmacist/ Store Incharge
- iii) District Programme Manager
- iv) Accounts Officer or Chartered Accountant

They will submit an inspection report on the prescribed format and certify the receipt of goods alongwith quantities.

11. Copies of proceedings of the Drug Procurement Committee and copy of each supply order must be sent to Mission Director NRHM and Director General Health Services, Haryana, Panchkula .

Important guidelines for Local/Emergent Purchase

1. Local purchase should not become a routine practice.
2. It should be done only in case of non-availability of essential or vital drugs, medicines required in emergency i.e. mass casualty, epidemics etc. where normal stock is exhausted or in cases if any supply is delayed.
3. Local purchase should be made for a requirement not exceeding one week. Local purchase shall be made in the most rational way by inviting quotations from the reputed wholesalers/ stockiest offering discount on MRP. Opportunity must be given to all eligible suppliers (not to be restricted only to three quotations as per usual practice). The quotations must be invited at the beginning of the year for all such medicines which are normally required. Rates with discount in MRP shall be finalized by the committee under the chairmanship of Civil Surgeon and consisting of PMO/MS/Senior Most Dy. Civil Surgeon and District Drug Controlling Officer. These rates will be valid for one year. The discounted price so fixed must be communicated to MD NRHM and DGHS.
4. The rates of medicines shall be fixed, keeping in view the NPPA (National Pharmaceutical pricing Authority) price. There should be multiple sources of purchase on the panel to avoid monopoly.
5. PMO/ Medical Superintendent of GH is authorized to purchase medicines from local market out of the user charges under SKS upto Rs. 10,000/- per month, SMO CHC Rs. 2,000/- per month and MO Incharge PHC Rs. 1,000/- per month. This limit should not be exceeded. Local purchase from State budget and NRHM funds is prohibited except in the case of Haryana Bhawan Dispensary, New Delhi and MLA Hostel Dispensary, Chandigarh.
6. In case of District Hospital if by some reason requirement of local purchase exceeds the limit of Rs. 10,000 a committee under the chairmanship of Civil Surgeon which must include the indenting doctors, district drug controller. This committee shall consider the matter and will have power to effect local purchase up to Rs. 50,000 per month **under intimation to State Health Society, Panchkula.**
7. In case, requirement is for more than Rs. 50,000/- limit, **prior permission of State Health Society shall be mandatory.**
8. All other existing instructions contained in the letter no 15/15/2006/6HB-II dated 27-01-2009 such as shelf life, quality assurance etc. shall be strictly adhered to.

The above instructions must be complied with and must be circulated among all Health facilities under your control. Kindly acknowledge the letter.

--sd--
(Dr. Sethi)
Director (Dental/MSD)

**for Director General Health Services
Haryana,**

Endst No 12/16-1MSD-09/2295-97

Dated: 04-05-2009

A copy is forwarded to the following :-

4. PS/FCHM for information of worthy Financial Commissioner & Principal Secretary to Govt. Haryana, Health Department, Haryana, Chandigarh
5. PS/MD NRHM for information of worthy MD NRHM.
6. PS/DGHS for information of worthy Director General, Health Services, Haryana, Panchkula

**--sd—
(Dr. Sethi)
Director (Dental/MSD)
for Director General Health Services
Haryana,**

From

Director General Health Services,
Haryana Panchkula

To

All the Civil Surgeons/PMO of Haryana State

Memo No. 12/8/(ARV)- I MSD-09/2475 -2500
Dated: 20.05.2009

Subject: Guidelines regarding Inj. ARV.

In reference to the above cited subject, it has come to the notice of the department different charges are being taken by different districts for the patients of dog bite, for providing them Inj ARV. In order to adopt the uniformity of charges, it has been decided to as under:-

1. BPL Card holders will be provided Inj ARV, free of cost.
2. Rest of the population including Haryana Government employees will be charged Rs. 100/- per inj. as user charges.
3. Haryana Government employees are entitled for reimbursement as per Govt. policy dated 06.05.2005 No. 2/8/88-1 HB-111

--sd--

**Director (Dental/MSD)
For Director General Health
Services Haryana
Panchkula**

From

Director General Health Services,
Haryana, Panchkula

To

All Civil Surgeons in Haryana State

Sub: Free and uninterrupted supply of essential medicines in Govt. Health Institutions of the State.

A meeting of District Procurement Officers and Chief Pharmacists was held on dated 18th & 19th June 2009. Some queries were raised regarding the procurement of drugs for OPD patients and Surgery Package Programme. Your attention is called to NRHM Office Memo No. 11524-564 dated 10.11.2008, in which detailed guidelines were circulated to you for procuring medicines. However it is reiterated that before undertaking procurement under any **Head**, the following points must be kept in mind:-

- A) The medicines must be procured only against the Rate Contracts (RC). The Govt. of India has an explicit policy for giving purchase preference to five Pharma central Public Sector Undertakings (CPSUs) for procurement of 102 drugs manufactured by them. These 102 drugs must be procured directly from CPSUs at national Pharmaceuticals Pricing Authority (NPPA) certified/notified cost with a discount as indicated against each medicines.
- B) For medicines outside the list of 102 items or in the event of default supply/non supply by 5 CPSUs for any of the 102 listed drugs, medicines must be purchased on the State RC.
- C) For medicines where State RC is also not available, DG&SD rate contract or ESIC rate contract, whichever is lower, may be followed.
- D) For medicines which are not covered under the above mentioned sources, a proper quotation procedure be adopted.

These instructions must be brought to the notice of all the concerned.

--sd—
(Dr. Sethi)
DHS (Dental & MSD)
For Director General Health Services
Haryana, Panchkula

Endst. No. 12/16-1MSD-09/2737-38

Dated 23.06.2009

A copy is forwarded to PS/FCHM for information of worthy FCHM please.
A copy is forwarded to DD (NRM) for information.

--sd—
(Dr. Sethi)
DHS (Dental & MSD)
For Director General Health Services
Haryana, Panchkula

From

Director General Health Services,
Haryana, Panchkula

To

1. All Civil Surgeons of Haryana State.
2. All Principal Medical Officers of Haryana State

Memo No. Proc./IPD/2010/213-239

Dated: 25.02.2010

Subject: Guidelines regarding procurement of drugs and Local/ Emergent purchase.

With reference to the subject cited above.

It has been observed by this office that while doing local purchase of medicines the proper procedures as prescribed is not being followed by the districts. Local purchase is being resorted to in routine manner and there are certain irregularities in purchase being made at District Level.

To improve the procurement system of drugs, there are following points which should be followed before going for local purchase of medicine from the open market. The purchase authority should be deligent and take due care while making orders of purchase. The purchase procedures have being detailed in Govt. Policy before and are again being reiterated.

1. Local Purchase (L.P). means purchases made locally at district or sub district levels from local chemists to meet emergency situations.
2. Local Purchase should not become a routine practice. It should only be done in case of non availability of vital or essential drugs which are required in emergency i.e. mass casuality, epidemics etc (where normal stock gets exhausted) or in case if any supply is delayed or if vital/essential medicines are not available on approved sources.
3. If adequate and timely purchases are made from approved sources then there would not be need for local purchase Approved sources are CPSUs (for 102 drugs), Haryana Rate Contract, ESI Rate Contract and DG&D Rate Contract.
4. Local purchase should be made for a requirement not exceeding one week. Local purchase shall be made in the most rational way by inviting quotations from the reputed wholesalers/stockiest offering discount on MRP. Opportunity

must be given to all eligible suppliers (**not to be restricted only to three quotations as per usual practice**). The quotations must be invited at the beginning of the year for all such medicines which are normally required. Rates with discount in MRP shall be finalized by the committee under the chairmanship of Civil Surgeon and consisting of PMO/MS/Senior Most Dy. Civil Surgeon and District Drug Controlling Officer. These rates will be valid for one year. The discounted price so fixed must be communicated to the Deputy Director (Procurement/IPD) and DGHS.

5. The rates of medicines shall be fixed, keeping in view the **NPPA (National Pharmaceutical Pricing Authority)** price. There should be multiple sources of purchase on the panel to avoid monopoly.
6. There are three sources of funds available with the districts for the purchase of medicines viz.
 - (a) NRHM Funds.
 - (b) Funds under the State Plan and Non-plan for Hospital, PHC and CHC.
 - (c) Funds in user SKS Funds.
7. For each of these funds different procedures are prescribed.
8. No local purchase is permitted under the NRHM Funds and State Funds except in case of Haryana Bhawan Dispensary, New Delhi and MLA Hostile Dispensary, Chandigarh.
9. PMO/Medical Superintendent of GH is authorized to purchase medicines from local market out of the user charges under **SKS upto Rs. 10,000/- per month, SMO CHC Rs. 2,000/- per month and MO Incharge PHC Rs. 1,000/- per month**. This limit should not be exceeded.
10. In case of District Hospital if by some reason requirement of local purchase exceeds the limit of Rs. 10, 000 a committee under the chairmanship of Civil Surgeon which must include the indenting doctors, district drug controller. This committee shall consider the matter and will have power to effect local purchase up to **Rs. 50, 000 per month under intimation to State Health Society, Panchkula**.
11. In case, requirement is for more than Rs. 50,000/- limit, **prior permission of State Health Society shall be mandatory**.
12. All other existing instructions contained in the letter No. 15/15/2006/6HB-II dated 27.01.2009 such as shelf life, quality assurance etc.

13. The Civil Surgeons have to collect the requirement of medicine from General Hospital/CHCs/PHCs in advance before compiling their demands. The supply to the GH/CHC/PHC has to be based on this demand only.

14. Non availability certificate be issued to the concerned SMO of GH/CHC/PHC after analyzing the case properly in case of medicines are not available in the Central Store.

Before making local purchase the PMO/MS/SMO/MO of various facility have to obtain a non-availability certificate from the District Central Store.

The above instructions must be compiled with and must be circulated among all Health Facilities under your control. Kindly acknowledge the letter.

--sd--

Deputy Director (Proc. /IPD)

For:- Director, General Health Services, Haryana

From

The Director, General Health Services, Haryana,
Sector-6, Panchkula.

To

1. All the Civil Surgeons of Haryana State.
2. All the Principal Medical Officer of Haryana State

Memo No. PROC /2010/373-400

Dated 23.03.2010

Sub: - Regarding Injection Anti Rabies Vaccine.

The subject noted above.

To make it cost-effective, intra-dermal route of administration of cell Culture Anti-Rabies Vaccine has been approved by the Drug Controller General of India (DCGI). The National Centre for Disease Control (NCDC) has developed guidelines for intra-dermal administration of this vaccine (For details see website www.ncdc.gov.in).

You are requested to follow the above mentioned guidelines in future.

--sd--

Deputy Director (Proc. /IPD)

For:- Director, General Health Services, Haryana

From

Mission Director, NRHM
Panchkula, Haryana

To

All Civil Surgeons
Haryana.

Subject: **Points to be discussed on 13-05-2010 meeting of Civil Surgeon related Issues in Implementation of Free Drugs Policy.**

The Policy: -

The State Government introduced free drug policy for OPD patients in Jan, 2009. The objective of the policy was to give a major relief to people approaching public health facilities and to incentivize optimal use of public health facilities.

The policy mandates the following:-

1. Prescription of drugs by generic name and avoidance of branded name.
2. Procurement and issue of drugs to ensure availability of all drugs at all facilities as per essential drug list.
3. Procurement planning to avoid prescription for purchase by patients from the market.
4. The normative per capita costing taken to be about Rs. 10/- for OPD of General Hospital.

Experience: -

After about 1½ years of the operation of the programme, it has been observed that:-

1. The policy has by and large helped the average OPD patients.
2. The OPD incidence in public health facilities has improved.
3. Barring some exceptions prescriptions have been made for generic drugs.
4. There have been instances of non availability of drugs in some public health institutions leading to dissatisfaction among patients.
5. There has been somewhat poor planning in generating indent and placement of orders and supply of drugs on the part of central stores.
6. There have been incidences of local purchases without justification and beyond limit and from funds which are not meant for this.
7. The prescribed reporting from district level and monitoring at district level have not been upto the mark.

In order to streamline the operation of the policy in 2010-2011, there is a need to develop a better understanding of the strategy and mechanism for its

implementation. The issue will be accordingly discussed in the forthcoming meeting of the Civil Surgeons scheduled on 11th May, 2010.

Procurement in March, 2010: -

The last sanction for district level purchase in 2009-2010 was given in March, 2010 and again in April, 2010. It is assumed that all district central stores placed their orders in March & April, 2010 to meet the requirement of the 1st quarter of 2010-2011 (that is, for the months of April, May and June, 2010.). It needs to be verified as.

1. Whether drug purchase orders were placed in March & April, 2010.
2. Whether these purchase quantities are sufficient for the 3 months in the first quarters of 2010-2011.

Norms for demand projected: -

Ordinarily, the drug procurement by central stores should be done for each quarter. **For this, the consumption of the corresponding quarter of the previous financial year should be taken as the basis.** However, further recalculation of demand can be made in the purchase of drugs for 2nd, 3rd and 4th quarters, depending on the degree of variation in the projected and actual consumption in the first quarter and also on the basis of the trend in OPD attendance. This should be done institution-wise and should be compiled at the district level. It has also to be ensured that a 30 day stock is always maintained as buffer at the central store.

Steps in the process of Procurement: -

We know that the rate contract for drugs provides for a maximum delivery period of 6 weeks, average supply period for most drugs is about 4 weeks. The process of placement of order involves the following stages:-

1. Collection of demand from sub-district facilities on the basis of available stocks and projected consumption.
2. Tabulation of district demand.
3. Placing of order on individual firms in rate contract list.
4. Supply of drugs at central stores by firms.
5. Issue of drugs from central store to sub district facilities and actual delivery of drugs at sub district facilities.

Time Table for procurement for 2nd Quarter: -

This process requires about 5 weeks to complete. Keeping this in mind, the following steps be taken: -

1. All districts must prepare drugs wise availability, institution-wise as on 1st May, 2010.

2. Institution-wise requirement for the first quarter of 2010-2011 to be worked out on the basis of consumption of the 1st quarter of 2009-2010.
3. If the stock of a drug is nil or likely to last upto 15th May, 2010, orders must be placed by 15th May to procure stock requirement for the period from 15 May to 30 September, 2010.
4. If the stock of a drug is going to last till 30th June, 2010, orders are to be placed by 15th May for the requirements of July-September, 2010.
5. In the meantime, emergency purchase may be made to meet the requirements on a need based manner for the period upto 30th June. In case such emergency supplies can be made by the rate contract firms, then they should be given orders. Otherwise, local purchase are to be made.

Report/Information to the NRHM H.Q.: -

6.
 - a) The information of Institution-wise and district-wise opening stock on 1st April, 2010,
 - b) Projected consumption in first quarter
 - c) Identification of drug stock level to last till 30th June, 2010 or till any date before that will be sent to the Head Quarter for monitoring the projection of purchases to be made in the 1st quarter for the needs of the first quarter and the second quarter.
 - d) The placing of orders to rate contract firms
 - e) Receipt of supplies at central stores and actual receipt of supplies at sub-district facilities will be reported also.
 - f) Local emergency purchase decision will also be reported to the Head Quarter to explore possibilities of immediate supply by rate contract firms.
7. The H Q will review these data to see that orders are placed for drugs so as to ensure timely availability of each drug on master list and also to see that local emergency purchase are not resorted to due to poor planning and timely purchase failure at central stores. The H Q will also talk to firms to ensure confirmation of acceptance of district wise orders and to confirm supply from firms with reasonable period of supply.
8. Complete and timely reporting from sub-district facilities to district level and from district level to the H.Q is essential for faithful implementation of the free drugs policy. Failure at any level in reporting correctly and timely will be viewed seriously.

9. Similarly, requirements of 3rd quarter and 4th quarter will be worked out and order be placed as per the following schedule : -

Time Table for Third & Fourth Quarter Procurement: -

For 3rd quarter 2010-2011: -

- A. Taking institution-wise demand . 30 July, 2010.
- B. Finalizing district demand . 5 August, 2010.
- C. Placing orders on firm . 10 August, 2010.
- D. Report & Supply at District central store . 10 September, 2010.
- E. Issue of stock and delivery at sub district facilities . 20 September, 2010.

For 4th quarter 2010-2011:-

- A. Taking institution-wise demand -30 October, 2010.
- B. Finalizing district demand . 5th November, 2010.
- C. Placing orders on firm . 10th November, 2010.
- D. Report & Supply at District central store . 10th December, 2010.
- E. Issue of stock and delivery at sub district facilities 20th December, 2010.

Annual Calendar for Procurement: -

Thus, for future normative schedule for purchase of drugs will be made as per schedule given in the table . I below.

Table - I

Quarter. 2010	A	B	C	D	E
1 st	30 Jan	5 Feb	10 Feb	10 March	20 March
2 nd	30 April	5 May	10 May	10 June	20 June
3 rd	30 July	5 Aug	10 Aug	10 Sep	20 Sep
4 th	30 Oct	5 Nov	10 Nov	10 Dec	20 Dec

10. Also to be discussed in the meeting of Civil Surgeons.
- a) Sampling and testing of supply.
 - b) Shelf life of drugs and store level inventory management.
 - c) Effective prescription audit to avoid branded drugs, to ensure quality of clinical intervention and to comply with per capita cost norms.
11. District Hospital will procure all drugs & consumables required for surgery under Surgical Package Programme (SPP) from central store of the district & will give total money for the order to the Civil Surgeon through surgical package programme account.
12. Procurement with respect to surgical package is also to be streamlined. All those drugs and consumables which are available with approved rate of Haryana RC/CPSU/ESIRC/DGS & D RC would be requisitioned by the drug store of GH in a quarterly demand performa submitted to Civil Surgeon store and supplies obtained as per the procedure followed for obtaining other supplies for OPD causality etc. A separate stock register would be maintained for SPP and amount

equivalent to total value of stock obtained from central store would be transferred to district Health & Welfare Society with a voucher note to the Civil Surgeons store.

Those medicines which are not available on approved source will be procured locally as per purchase policy. The HQ will also get sources approved for items not on rate contract.

13. Hospital furniture beds repair and replacement of linen (Beds sheet/ mattresses pillows/blankets.

14. Central drug stores of Civil Surgeons.

Director, NRHM

From

Mission Director (NRHM)
Paryatan Bhawan, Sector-2
Panchkula

To

1. All the Civil Surgeons of Haryana State
2. All the PMOs/MS/SMOs of Haryana State

Memo No. Proc./2010/1035-62
Dated 26.07.2010

Subject: Guidelines for filling the Drug Procurement Proforma to be sent monthly as well as quarterly.

The subject noted above

You are requested to keep in mind the following points for filling Drug Procurement Proforma:-

1. Proforma is to be filled in excel sheet.
2. Drug code as in format should not be change as per format
3. Every district will send three reports, 1st report only of Central Store & 2nd report only of District Hospital should be sent by PMO/MS/SMO directly to Headquarter with copy to Civil Surgeon and 3rd report would include report of the entire district. In the report, the columns No. 3 (i.e. Opening stock) & Column No. 9 (i.e. Closing Stock) should be arrived at by totaling opening stocks & closing stocks of Central Store and of all the Health Institutions in the district (i.e. GH, SDH, CHC, PHC etc).
4. In the column No. 4 (i.e. stores received during month) should be compiled by adding all stock received by health institutions from central store and **SHOULD NOT** include stores of central store received during the month.
5. Local purchase Column No. 5 should be arrived at by adding local purchase done by all institutions.
6. Column No. 8 should be arrived at by adding consumption of all institutions of the districts but **SHOULD NOT** include consumption /issue of central store.

Meeting of all Chief Pharmacist/Pharmacist In-charge of Central Store only is scheduled to be held on 28.07.2010 at 11:00 A.M in NRHM Office Sector . 2 Panchkula.

--sd--

**Deputy Director (Proc. /IPD)
Director, General Health Services, Haryana**

From

Mission Director (NRHM)
Paryatan Bhawan, Sector . 2, Panchkula

To

All the Civil Surgeons of Haryana State.

Memo No. Proc./2010/969-989

Dated: 15.07.2010

**Sub: Regarding Per Capita Expenditure Monitoring Report on
Monthly basis only in place of Weekly Report.**

On the subject cited above.

The monitoring of Per capita Expenditure from district was initially done daily to put the system in place, then it was changed to weekly monitoring. Now the system has stabilized to a large extent. Hence it is decided that Monthly Per Capita Report be prepared & sent to this office instead of Weekly Per Capita Report.

--sd--

**Director (NRHM) AG
O/o Mission Director (NRHM) Haryana**

FINAL ESSENTIAL DRUGS LIST

(GENERAL HOSPITALS)

Medicines	Dosage Forms	Strengths
1. ANAESTHETICS		
1.1 General anaesthetics and oxygen		
1. Halothane	Inhalation	3% to 5% in oxygen/Nitrous Oxide. Maint 0.5-1%
2. Ketamine	Injection, (as hydrochloride)	50 mg /ml,10 ml vial
3. Nitrous oxide	Inhalation	
4. Oxygen	Inhalation (medicinal gas)	
5. Thiopentone	Injection (sodium) Powder	0.5 g, 1.0 g
6. Midazolam	Injection	1 mg/ml
7. Propofol	Injection	1% vial (10 ml)
8. *Isoflurane *Purchase in small quantity & prescription has to be monitored	Injection	
9. *Fentanyl *Purchase in small quantity & prescription has to be monitored	Injection	25 mcg/ml
1.2 Local anaesthetics		
10. Bupivacaine For spinal anaesthesia	Injection (hydrochloride)	0.25%, 0.5% in vial
11. Bupivaccine heavy 5 mg with Dextrose Monohydrate 80 mg/ml for Spinal Anaesthesia	Injection	5 mg + 80 mg/ml
12. Lignocaine Hydrochloride	Topical forms/Jelly	2%, 5%
	Injection	2%
13. Lignocaine Hydrochloride + Adrenaline	Injection	1%, 2% + Adrenaline 1:80,000
1.3 Preoperative medication and sedation for short-term procedures		
14. Atropine. (Also in Antidotes and Poisoning Group)	Injection (sulphate)	0.5 mg/ml, 1 ml ampoule

15. Glycopyrolate	Injection	0.2 mg/ml (1 ml amp)
16. Diazepam	Injection	5 mg/ml, 2 ml ampoule
	Tablet	2 mg, 5 mg
17. Morphine (Also in opioid Analgesics and Paliative Group)	Injection (sulphate)	10 mg in 1 ml ampoule
2. ANALGESICS, ANTIPYRETICS, NON-STEROIDAL ANTI-INFLAMMATORY MEDICINES (NSAIMs), MEDICINES USED TO TREAT GOUT AND DISEASE MODIFYING AGENTS IN RHEUMATOID DISORDERS (DMARDs)		
2.1 Non-opioids and non-steroidal anti-inflammatory medicines (NSAIMs)		
18. Diclofenac	Tablet (sodium)	50 mg
	Injection	25 mg/ml
19. Ibuprofen	Tablet	200 mg, 400 mg
20. Paracetamol	Tablet	500 mg
	Suspension	125 mg/5ml
	Injection	150 mg/ml
	Suppository	80 mg
2.2 Opioid analgesics		
21. Morphine Sulphate/Hydrochloride	Tablet	10 mg
	Injection	10 mg/ml, 1 ml ampoule
22 Tramadol Hydrochloride	Tablet	50 mg
	Injection	50 mg/ml
23. *Pentazocine lactate *Purchase in small quantity & prescription has to be monitored	Injection	25 mg/ml
24. *Pethidine Hydrochloride *Purchase in small quantity & prescription has to be monitored	Injection	50 mg/ml
2.3 Medicines used to treat gout		
25. Allopurinol	Tablet	100 mg
26. Indomethacin	Capsule	25 mg, 50 mg
2.4 Disease modifying agents used in rheumatoid disorders (DMARDs)		
27. Methotrexate	Tablet (as sodium salt)	2.5 mg
28. Hydroxy Chloroquine	Tablet (Sulfate)	200 mg

29. Sulfasalazine	Tablet	500 mg
3. ANTIALLERGICS AND MEDICINES USED IN ANAPHYLAXIS		
30. Cetirizine	Tablet	5 mg, 10 mg
	Suspension	5 mg/ml
31. Chlorpheniramine	Tablet (hydrogen maleate)	4 mg
32. Pheniramine maleate	Injection	22.75 mg/ml
33 Hydroxyzine	Tablet	10 mg, 25 mg
	Suspension	10 mg/5 ml
34. Dexamethasone	Tablet	0.5 mg
	Injection (disodium)	4 mg/ml, 2 ml ampoule
35. Hydrocortisone	Powder for injection (sodium succinate)	100 mg vial
36. Prednisolone	Tablet	5 mg, 20 mg, 25 mg
	Suspension	5mg/5ml
37. Adrenaline	Injection	1 mg/ml
There is no evidence for complete clinical similarity between prednisolone and dexamethasone at high doses		
4. ANTIDOTES AND OTHER SUBSTANCES USED IN POISONING		
4.1 Non-specific		
38. Charcoal activated	Tablet	250 mg, 500 mg
4.2 Specific		
39. Antisnake venom	Injection (polyvalent solution)	
40. Atropine	Injection (sulphate)	1 mg/ml, 1 ml ampoule
41. Calcium gluconate *	Injection	100 mg/ml, 10 ml amp
42. Naloxone	Injection (hydrochloride)	400 mcg, 1ml ampoule
5. ANTICONVULSANTS/ANTIEPILEPTICS		
43. Carbamazepine	Tablet	100 mg, 200 mg
	Suspension	20 mg/ml
44 Diazepam (Also in Pre Operative Medicine Group)		

45 Lorazepam (Also in Anxiety Group)	Injection	2 mg/ml
46. Magnesium sulphate For use in eclampsia and severe pre-eclampsia and not for other convulsant disorders	Injection	500mg/ml, 10ml ampoule
47. Phenobarbitone	Tablet	30 mg, 60 mg
	Suspension	20 mg/ 5 ml
	Injection	200 mg/ ml
48. Phenytoin	Capsule/Tablet (sodium)	50 mg, 100 mg
	Suspension	100 mg/ 5 ml
	Injection (sodium)	50 mg/ml
49. Sodium valproate/Valproic acid	Enteric coated tablet (sodium)	200 mg, 500 mg
	Suspension	200 mg/5 ml
6. ANTI-INFECTIVE MEDICINES		
6.1.1 Intestinal anthelmintics		
50. Albendazole	Chewable tablet	400 mg
	Suspension	200 mg/5 ml
51. Mebendazole	Chewable tablet	100 mg, 500 mg
	Suspension	100 mg/5 ml
6.1.2 Antifilarials		
52. Diethylcarbamazine citrate	Tablet	50 mg
53 Ivermectin	Tablet	3 mg, 6 mg
6.2.1 Beta Lactam medicines		
54. Amoxicillin	Capsule or tablet (anhydrous)	250 mg, 500 mg
	Oral suspension powder (anhydrous)	125 mg/ 5 ml
55. Amoxicillin + clavulanic acid	Tablet	500 mg + 125 mg
56 Ampicillin	Injection powder (sodium)	500 mg, 1 gm vial
57. Benzathine benzylpenicillin	Injection powder (benzylpenicillin)	6 lacs, 12 lacs IU vial
58. Benzylpenicillin	Injection powder	5 lacs, 10 lacs IU vial

59. Procaine benzylpenicillin	Injection powder	Crystalline penicillin 1 lac IU Procaine penicillin 3 lac IU vial
60 Cefixime	Tablet	100 mg, 200 mg
6.2.2 Other antibacterials		
61. Amikacin (Also in Ant tuberculoses Group)	Injection	100 mg./2 ml, 250 mg/2 ml, 500 mg/2 ml
62. Azithromycin Only listed for single dose treatment of genital <i>C.trachomatis</i> and of trachoma	Capsule	250 mg, 500 mg
	Suspension	200 mg/5 ml
63 Levofloxacin (Also in Anti TB Group)	Tablet	250 mg, 500 mg
64 Ofloxacin (Also in Anti TB Group)	Tablet	200 mg, 400 mg
65. Ciprofloxacin Final selection depends on indication for use	Tablet (hydrochloride)	250 mg, 500 mg
	Injection IV	200 mg/ 100 ml
66. Doxycycline	Capsule/ tablet (hydrochloride)	100 mg
67. Erythromycin estolate	Capsule/ tablet	250 mg
	Oral suspension powder	125 mg/5 ml
68. Gentamycin	Injection (sulphate)	10 mg/ml, 40 mg/ ml, 2 ml vial
69. Metronidazole	Tablet	200 mg, 400 mg
	Injection	500 mg/ 100ml
	Suspension	100 mg/5 ml, 200 mg/5 ml
70. Nitrofurantoin	Tablet	100 mg
71. Norfloxacin	Tablet	400 mg
72. Sulfamethoxazole + trimethoprim (Cotrimoxazole)	Tablet	400 mg + 80 mg, 800 mg + 160 mg
	Oral suspension	200 mg + 40 mg/5 ml
6.2.3 Antileprosy medicines		
Medicines used in the treatment of leprosy should be used only in combination (MDT). Combination therapy is essential to prevent emergence of drug resistance.		
73. Clofazimine	Capsule	50 mg, 100 mg
74. Dapsone	Tablet	25 mg, 50 mg, 100 mg

6.2.4 Antituberculosis medicines		
The regimen recommended depends on the patient treatment category. The WHO (World Health Organisation) recommended treatment regimen for DOTs (Directly Observed Treatment) is SCC (Short Course Chemotherapy). The Government of India has adopted this in the Revised National Tuberculosis Control Programme (RNTCP).		
75. Cycloserine (Reserved drug for MDR)	Capsule	250 mg
76. Ethambutol	Tablet (hydrochloride)	200 mg, 400 mg, 600 mg, 800 mg
77. Ethionamide (Reserved drug for MDR)	Tablet	250 mg
78. Isoniazid	Tablet	100 mg, 300 mg
79. Kanamycin (Reserved drug for MDR)	Injection (powder)	750 mg
80. P A S (Reserved drug for MDR)	Powder/Granule	5 gm
81. Pyrazinamide	Tablet	400 mg, 500 mg, 750 mg
82. Rifampicin	Capsule/tablet	50 mg, 150 mg, 300 mg, 450 mg
	Suspension	100 mg/ 5 ml
83. Streptomycin	Injection powder (sulphate)	0.75 gm, 1 gm vial
Drugs like the following are reserved second-line drugs for the treatment of multidrug-resistant tuberculosis (MDR-TB) and should be used in specialized centres adhering to WHO standards for TB control.		
84. Amikacin	Injection powder	100 mg, 500 mg vial
85. Levofloxacin	Tablet	250 mg, 500 mg
86. Ofloxacin	Tablet	200 mg, 400 mg
6.3 Antifungal medicines		
87. Clotrimazole	Pessaries	100 mg, 200 mg
	Gel	2 %
88. Fluconazole	Capsule/Tablet	50 mg, 150 mg, 200 mg
89. Griseofulvin	Capsule/Tablet	125 mg, 250 mg
90. Ketoconazole	Tablet	200 mg
91. Nystatin	Tablet	500 000 IU
	Pessary	100 000 IU
6.4 Antiviral medicines		
6.4.1 Antiherpes medicines		

92. Acyclovir	Tablet	200 mg
6.4.2 Antiretrovirals		
<p>The antiretroviral drugs do not cure the HIV infection. They only temporarily suppress viral replication and improve symptoms. They have various adverse effects and patients receiving these drugs require careful monitoring by adequately trained health professionals. Effective therapy requires starting with three or four drugs simultaneously and the use of fixed dose preparations for these combinations is also recommended. It is recommended to use three to four drug combinations as recommended in the WHO treatment guidelines.</p>		
6.4.2.1 Nucleoside reverse transcriptase inhibitors		
93. Didanosine	Tablet	125mg to 400mg
94. Lamivudine	Tablet	150 mg
95. Stavudine	Capsule	15mg, 20mg, 30mg, 40mg
96. Zidovudine	Tablet/Capsule	100 mg, 300 mg
6.4.2.2 Non-nucleoside reverse transcriptase inhibitors		
98. Efavirenz	Capsule	200mg
99. Nevirapine	Tablet	200 mg
6.4.2.3 Protease inhibitors		
<p>Ritonavir is recommended for use in combination with indinavir, lopinavir and saquinavir as a booster, and not as a drug in its own right.</p>		
100. Indinavir	Capsule (sulphate)	200mg, 400mg
101. Nelfinavir	Tablet (mesilate)	250mg
102. Ritonavir	Capsule	100mg
	Oral solution	400mg/5ml
103. Saquinavir	Capsule	200mg
6.5 Antiprotozoal medicines		
6.5.1 Antiamoebic and anti giardiasis medicines		
103. Diloxanide	Tablet (furoate)	500 mg
104. Tinidazole	Tablet	300 mg, 500 mg
6.5.3 Antimalarial medicines		
6.5.3.1 For curative treatment		
105. Artesunate	Tablet	50 mg
	Injection	60 mg/ml
106. Artemether	Injection	80 mg/ml, 1 ml amp
107. Chloroquine	Tablet (phosphate)	150 mg base

	Suspension	50 mg/ 5 ml
108. Primaquine	Tablet (diphosphate)	2.5 mg, 7.5 mg, 15 mg
109. Quinine	Tablet (sulphate)	300 mg
	Injection (dihydrochloride)	300 mg/ ml, 2ml ampoule
110. Sulfadoxine + pyrimethamine	Tablet	500 mg + 25 mg
7. Antimigraine Medicines		
7.1 For treatment of acute attack		
111. Propranolol	Tablet	10 mg, 20 mg, 40 mg
112 Flunarazine	Tablet	5 mg,10 mg
8. ANTINEOPLASTIC, IMMUNOSUPPRESSIVES AND MEDICINES USED IN PALLIATIVE CARE		
8.1 Immunosuppressive medicines		
113. Azathioprine	Tablet	50 mg
114. Ciclosporin For organ transplantation	Capsule	10 mg, 25 mg
	Injection	50 mg/ml, 1ml ampoule
8.2 Cytotoxic medicines		
115. Alpha Interferon	Injection	3 million IU
116. Bleomycin	Injection powder (sulphate)	15 mg vial
117. Busulphan	Tablet	2 mg
118. Carboplatin	Injection powder	150 mg inj., 450 mg/vial
119. Cyclophosphamide	Tablet	25 mg, 50 mg
	Injection powder	500 mg vial
120. Doxorubicin	Injection powder (hydrochloride)	10 mg, 50 mg vial
121. Etoposide	Capsule	100 mg
	Injection	20 mg/ml, 5ml ampoule
122. Fluorouracil	Injection	50 mg/ml, 5ml ampoule
123. Mercaptopurine	Tablet	50 mg
124. Methotrexate	Tablet (sodium)	2.5 mg
	Injection powder (sodium)	50 mg/ 2 ml vial
125. Procarbazine	Capsule (hydrochloride)	50 mg
126. Vinblastine	Injection powder (sulphate) in vial	10 mg

127. Vincristine	Injection powder (sulphate)	1 mg
8.3 Hormones and antihormones		
128 Letrazole	Tablet	2.5 mg
129 Tamoxifen	Tablet (citrate)	10 mg, 20 mg
8.4 Medicines used in palliative care		
130. Morphine	Tablet (sulphate)	10 mg
131. Ondansetron	Tablet	4 mg, 8 mg
	Suspension	2 mg/ 5 ml
	Injection	2 mg/ ml
9. ANTIPARKINSONISM MEDICINES		
132. Levodopa + Carbidopa	Tablet	100 mg + 10 mg, 250 mg + 25 mg
133. Trihexyphenidyl	Tablet (hydrochloride)	2 mg
10. MEDICINES AFFECTING THE BLOOD		
10.1 Antianaemia medicines		
134. Cyanocobalamin	Injection	1 mg/ ml
135. Ferrous salt	Tablet	Equivalent to 60 mg elemental iron
	Oral solution (sulfate)	Equivalent to 25 mg iron /ml
136. Ferrous salt + folic acid	Tablet Large	Equivalent to 60 mg iron + 400 mcg folic acid , Equivalent to 100 mg iron + 500 mcg folic acid
	Tablet Small	Equivalent to 20 mg iron + 100 mcg folic acid ,
137. Folic acid	Tablet	1mg, 5mg
10.2 Medicines affecting coagulation		
138. Heparin sodium	Injection	1000 IU/ ml, 5000 IU/ ml,
139 Tab. Ethamsylate	Tablet	250 mg, 500 mg
	Injection	250 mg/2 ml
140. Warfarin	Tablet (sodium)	1 mg, 2 mg, 5 mg
11. BLOOD PRODUCTS AND PLASMA SUBSTITUTES		
11.1 Plasma substitutes		
141 Plasma Volume Expender	Injection	

12. CARDIOVASCULAR MEDICINES		
12.1 Antianginal medicines		
142. Atenolol (Also in Anti Hypertensive Group)	Tablet	50 mg, 100 mg
143. Diltiazem	Tablet	30 mg, 60 mg
	Injection	5 mg/ml
144. Glycerine trinitrate	Tablet (sublingual)	500 micrograms
	Glycerine trinitrate SR	0.3 mg, 0.5 mg
	Injection (Nitro Glycerine)	5 mg/ ml
145. Isosorbide 5 mononitrate/dinitrate	Tablet (sublingual)	5 mg, 10 mg, 20 mg
146. Metoprolol	Tablet	25 mg, 50 mg
12.2 Antiarrhythmic medicines		
147. Adenosine (Phosphate)	Injection	3 mg/ ml
148. Atenolol (Also in Anti Hypertensive Group)	Tablet	50 mg, 100 mg
149. Amiodarone	Tablet	100 mg, 200 mg
	Injection	150 mg/ 3 ml
150. Digoxin (Also in Heart Failure Group)	Tablet	0.25 mg
	Injection	0.25 mg/ ml
	Oral solution	50 mcg/ ml
151. Epinephrine (adrenaline)	Injection, (hydrochloride)	1 mg /ml in ampoule
152. Lignocaine	Injection (hydrochloride)	20 mg/ml
153. Verapamil	Tablet	40 mg, 80 mg
	Injection (hydrochloride)	2.5 mg/ ml in 2-ml ampoule
12.3 Antihypertensive medicines		
154. Amlodipine	Tablet	5 mg, 10 mg
155. Atenolol	Tablet	50 mg, 100 mg
156. Enalapril Maleate	Tablet	2.5 mg, 5 mg
157. Hydrochlorothiazide	Tablet . scored	25 mg
158. Methyldopa	Tablet	250 mg
159 Losartan HCL	Tablet	50 mg

Methyldopa is listed for use in the management of pregnancy-induced hypertension only. Its use in the treatment of essential hypertension is not recommended in view of the availability of more evidence of efficacy and safety of other medicines.

12.4 Medicines used in heart failure

160. Digoxin	Tablet	250 mcg
	Oral solution	50 mcg/ ml
	Injection	250 mcg/ ml in 2-ml amp
161. Dobutamine	Injection	125 mg/ 10 ml
162. Dopamine	Injection (hydrochloride)	40 mg/ ml in 5-ml Ampoule

12.5 Antithrombotic medicines

163. Acetylsalicylic acid	Tablet	75 mg, 100 mg, 150 mg, 300 mg
164 Clopidogrel	Tablet	75 mg

12.6 Thrombolytic

165. Streptokinase	Injection powder	750000, 1500000 IU
166 Simvastatin	Tablet	10 mg/20 mg
167 Atorvastatin	Tablet	10 mg/20 mg

12.7 Anti Fibrinolytic & Pressure Agent

168 Tranexanemic Acid	Injection	500 mg/5 ml
169 Mephentermine	Injection	15 mg/ml, 30 mg/ml

13. DERMATOLOGICAL MEDICINES (topical)

13.1 Antifungal medicines

170. Miconazole	Ointment or cream (nitrate)	2%
171 Clindamycin	Cream	1% w/w
172 Benzyl Per Oxide	Cream	2.5%
173 Hydroquinone	Lotion/cream	1%, 2%
174 Mupirocin	Ointment	2% w/w

13.2 Anti-infective medicines

175 Acyclovir	Cream	5%
176. Potassium permanganate	Aqueous solution	1 : 10 000
177. Povidone Iodine	Solution or ointment	5%

178. Silver sulfadiazine	Cream	1%
13.3 Anti-inflammatory and antipruritic medicines		
179. Betamethasone	Ointment or cream	0.05% to 0.1%
180. Calamine lotion	Lotion	8%
13.4 Astringent medicines . Nil		
13.5 Medicines affecting skin differentiation and proliferation		
181. Coal tar	Solution	5%
182. Dithranol	Ointment,	0.1% to 2%
183. Salicylic acid	Solution	5%
13.6 Scabicides and pediculicides		
184. Gamma Benzene Hexachloride	Lotion	1%
185. Permethrin (Only for scabies)	Lotion	5%
14. DIAGNOSTIC AGENTS		
14.1 Ophthalmic medicines		
186. Fluorescein	Eye drops (sodium salt)	1%
187. Lignocaine	Eye drops	4%
188. Tropicamide	Eye drops	0.5%, 1%
14.2 Radiocontrast media		
189. Barium sulphate	Aqueous suspension	100% w/v, 250% w/v
15. DISINFECTANTS AND ANTISEPTICS		
15.1 Antiseptics		
190. Acriflavin + Glycerin	Solution	
191 Hydrogen Peroxide	Solution	1%, 3%
192. Cetrimide	Solution	20% conc. for dilution
193. Chlorhexidine	Solution	5% conc. for dilution
194. Povidone iodine	Solution	5%, 10%
	Ointment	5%
	Scrub	7.5%
15. Disinfectants		
195. Bleaching powder	Powder	
196. Glutaldehyde	Solution	2%
16. DIURETICS		

197. Furosemide	Tablet	40 mg
	Injection	10 mg/ml 2-ml ampoule
198 Hydrochlorothiazide	Tablet	25 mg
199. Mannitol	Injectable solution	10%, 20%
200 Spironolactone	Tablet	25 mg
16.2 Medicines for BPH		
201 Tamsulosin Hydrochloride	Tablet	0.4 mg
202 Tamsulosin + Dutasteride	Tablet	0.4 mg + 0.5 mg
203 Flavoxate Hydrochloride	Tablet	200 mg
16.3 Alkalisng Solution		
204 Disodium Hydrogen Citrate	Suspension	1.38 gm/100 ml
17. GASTROINTESTINAL MEDICINES		
17.1 Antacids and other antiulcer medicines		
205. Aluminium hydroxide + magnesium hydroxide + Simethicone	Tablet	250 mg +250 mg + 25 mg
	Oral suspension	
206. Omeprazole	Capsule	20 mg
207. Ranitidine	Tablet (hcl)	150 mg
	Injection	25 mg/ml in 2-ml amp
17.2 Antiemetic medicines		
208. Domperidone	Tablet	10 mg
	Suspension	1 mg/ ml
209 Cinnarizine	Tablet	25 mg, 75 mg
	Injection (hydrochloride)	5 mg/ ml in 2-ml amp
210. Metoclopramide	Tablet (Hydrochloride)	10 mg
	Injection (hydrochloride)	5 mg/ ml in 2-ml amp
211. Prochlorperazine	Tablet	5 mg
	Injection	12.5 mg/ml
212. Promethazine	Tablet (hydrochloride)	10 mg, 25 mg
	Elixir or syrup (hcl)	5 mg/ 5 ml
	Injection (hydrochloride)	25 mg/ml in 2-ml amp
17.3 Antihaemorrhoidal medicines		
213. Local anaesthetic, astringent and anti-inflammatory medicines	Ointment or suppository	

17.4 Anti-inflammatory medicines		
214. Sulfasalazine	Tablet	500 mg
17.5 Antispasmodic medicines		
215. Dicyclomine	Tablet (hydrochloride)	10 mg
	Injection	10 mg/ ml
216 Drotaverine	Injection	40 mg/ 2 ml
217. Hyoscine butyl bromide	Tablet	10 mg
	Injection	20 mg/ ml
17.6 Laxatives		
218. Bisacodyl	Tablet	5 mg
	Suppository	5 mg, 10 mg
219. Ispaghula	Granules / husk	
220 Milk of Magnesia +Liquid Paraffin	Suspension	11.25 ml + 3.75 ml/15 ml
221 Lactulose	Suspension	10 mg/15 ml
222 Laxative Enema	Liquid	
17.7 Medicines used in diarrhoea		
17.7.1 Oral rehydration		
223. Oral rehydration salts	Powder for solution	As per IP
224 Zinc	Tablet (Sulphate)	20 mg
	Suspension (Sulphate)	20 mg/5 ml
18. HORMONES, OTHER ENDOCRINE MEDICINES AND CONTRACEPTIVES		
18.1 Adrenal hormones and synthetic substitutes		
18.2 Androgens . Nil		
18.3 Contraceptives		
18.3.1 Hormonal contraceptives		
225. Ethinylestradiol + levonorgestrel	Tablet	30 mcg + 150 mcg
226. Ethinylestradiol + norethisterone	Tablet	35 mcg + 1.0 mg
18.3.2 Intrauterine devices		
227. IUD containing copper	(under national Programme)	
18.3.3 Barrier methods		
228. Condoms	(under national Programme)	

18.3.4 Non Hormonal Contraceptives		
229. Centchroman	Tablet	30 mg
18.4 Estrogens		
230. Ethinylestradiol	Tablet	10 mcg, 50 mcg
18.5 Insulins and other antidiabetic agents		
231. Glibenclamide	Tablet	2.5 mg, 5 mg
232. * Gliclazide	Tablet	40 mg, 80 mg
233. Biphasic Isophane (R-DNA origin 30/70)	Injection	40 I.U/ml
234. Insulin (soluble)	Injection	40 IU/ml in 10 ml vial
235. Intermediate-acting insulin (Lente)	Injection	40 IU/ml in 10 ml vial
236. Metformin	Tablet (hydrochloride)	500 mg
18.6 Ovulation inducers		
237. Clomifene	Tablet (citrate)	50 mg
18.7 Progestogens		
238. Medroxyprogesterone acetate	Tablet	5 mg
239 Progesterone	Tablet/Capsule	100 mg, 200 mg
240. Norethisterone	Tablet	5 mg
241 Oestrogen and Testosterone Combination	Injection	
18.8 Thyroid hormones and antithyroid medicines		
242. Carbimazole	Tablet	5 mg
243 Levothyroxine	Tablet (sodium)	50 mcg, 100 mcg
19. IMMUNOLOGICALS		
19.1 Diagnostic agents		
All tuberculins should comply with the WHO Requirements		
244. Tuberculin, purified protein derivative (PPD)	Injection	2 T.U./0.1 ml
19.2 Sera and immunoglobulins		
All plasma fractions should comply with the WHO Requirements for the Collection, Processing and Quality Control of Blood, Blood Components and Plasma Derivatives.		
245. Anti-RHO-D Immunoglobulin (Human) Injection (Polyclonal) (Thiomersal Free)	Injection	150 mcg/Vial, 300mcg/Vial

246. Antisnake venom	Injection	10 ml
247. Antitetanus immunoglobulin (human)	Injection	250 IU, 500 IU
248. Anti Rabies Immunoglobulin	Injection	
19.3 Vaccines		
All vaccines should comply with the WHO Requirements for Biological Substances.		
19.3.1 For universal immunization		
249. BCG vaccine	Injection	
250. D.P.T. vaccine	Injection	
251. Hepatitis B vaccine	Injection	
252. Measles vaccine	Injection	
253. Poliomyelitis vaccine (live attenuated)	Solution	
254. Tetanus vaccine	Injection	
19.3.2 For specific groups of individuals		
255. Anti Rabies vaccine (Chick-Embryo/Verocell/Human Diploid)	Injection ID & IM	
20. MUSCLE RELAXANTS (PERIPHERALLY ACTING) AND CHOLINESTERASE INHIBITORS		
256. Atracurium besylate	Injection	10 mg/ ml
257 Succinyl Choline Vial	Injection	50 mg/ml
258. Neostigmine	Injection (metilsulfate)	500 mcg/ ml in 1 ml amp 2.5 mg in 5 ml ampoule
259. Vecuronium	Injection powder (bromide)	10 mg in vial
21. OPHTHALMOLOGICAL PREPARATIONS		
21.1 Anti-infective agents		
260. Chloramphenicol	Drops/ointment	0.4%, 1%
261. Ciprofloxacin	Drops/Oint	0.3%
262 Acyclovir	Eye Oint	5%
263. Gentamicin	Eye drops (sulphate)	0.3%
264. Sulphacetamide	Drops (sodium)	10% to 30%
21.1.1 Anti Fungal		
265 Natamycin	Eye Drops	2%

21.2 Anti-inflammatory agents (21.2.1)		
266. Prednisolone	Eye drops (sodium phosphate)	0.5%
267 Flurbiprofen	Eye Drop	0.03%
21.3 Local anaesthetics		
21.4 Miotics and antiglaucoma medicines		
268. Acetazolamide	Tablet	250 mg
269. Pilocarpine	Eye drops (hydrochloride or nitrate)	2%
270. Timolol	Eye drops (maleate)	0.25%, 0.5%
21.5 Mydriatics		
271. Atropine	Drops/ointment (sulphate)	1.0%
272 Cyclopentolate	Eye Drop	1% w/w
273. Phenylephrine	Drops	5%
274 Tropicamide + Phenylepherine	Eye Drops	0.8% + 5%
21.7 Lubricating		
275 Carboxymethyl Cellulose	Eye Drops	0.5%, 1% w/v
21 A Nasal ENT		
276. Xylometazoline	Drops	0.05%, 0.1%
21 B Dental		
277. Gum paint (dental)		
278 Potassium Nitrate	Paste	5% w/w
279 Chlorhexidine	Mouth Wash	0.2%
280 Clotrimazole	Mouth Paint	1% w/v
22. OXYTOCICS AND ANTIOXYTOCICS		
22.1 Oxytocics		
281 Methyl ergometrine	Tablet	125 mcg
	Injection	200 mcg in 1 ml ampoule
282. Oxytocin	Injection	5 IU, 10 IU in 1 ml ampoule
22.2 Antioxytocics		

283. Isoxsuprine	Tablet (hydrochloride)	10 mg
	Injection (hydrochloride)	5 mg/ ml
284 Mifepristone	Tablet	200 mg
285 Misoprostol	Tablet	100 mcg, 200 mcg
23. PERITONEAL DIALYSIS SOLUTION – Nil		
24. PSYCHOTHERAPEUTIC MEDICINES		
24.1 Medicines used in psychotic disorders		
286. Chlorpromazine	Tablet (hydrochloride)	50 mg, 100 mg
	Syrup (hydrochloride)	25 mg/ 5ml
287. Fluphenazine	Injection (Decanoate)	25 mg, 1 ml ampoule
288. Haloperidol	Tablet	2 mg, 5 mg
	Injection	5 mg , 1 ml ampoule
24.2.1 Medicines used in depressive disorders		
289. Amitriptyline	Tablet (hydrochloride)	25 mg
290. Fluoxetine	Capsule (hydrochloride)	20 mg
291. Imipramine	Tablet (hydrochloride)	25 mg, 75 mg
292 Sertraline	Tablet (SR)	50 mg
24.2.2 Medicines used in bipolar disorders		
293. Lithium carbonate	Capsule/ tablet	300 mg
24.3 Medicines used in generalized anxiety and sleep disorders		
294. Alprazolam	Tablet	0.25 mg, 0.5 mg
295 Donepezil	Tablet	5 mg
296 Lorazepam	Tablet	1 mg, 2 mg
	Injection	2 mg/ml
24.4 Medicines used for obsessive compulsive disorders and panic attacks		
297. Clomipramine	Capsules (hydrochloride)	10 mg, 25 mg
25. MEDICINES ACTING ON THE RESPIRATORY TRACT		
Antiasthmatic and medicines for chronic obstructive pulmonary disease		
298. Aminophylline	Injection	25 mg/ ml, 10 ml ampoule
299. Beclomethasone	Inhalation . aerosol (dipropionate)	50 mcg, 250 mcg per dose
300. Epinephrine (adrenaline)	Injection (hydrochloride or hydrogen tartrate)	1 mg, 1 ml ampoule

301. Ipratropium bromide	Inhalation . aerosol	20 mcg/metered dose
302. Salbutamol	Inhalation . aerosol	100 micrograms
	Suspension	2 mg/5 ml
	Nebulizer solution (sulphate)	5 mg/ ml
303Theophylline Compound	Tablet	100 mg,200 mg,300 mg SR
304 Etophylline + Theophylline	Tablet	115 mg + 35 mg, 231 mg + 69 mg
	Injection	169.4 mg + 56.6 mg/2 ml
26. SOLUTIONS CORRECTING WATER, ELECTROLYTE AND ACID-BASE DISTURBANCES		
26.1 Oral		
305. Oral rehydration salts	Powder for solution	As per I P
26.2 Parenteral		
306. Glucose/dextrose	Injectable solution	5%, 10% isotonic
	Injectable	25%
307 Mannitol	Injection	10%, 20 % in 100 ml bottle
308. Glucose with sodium chloride/saline	Injectable solution	4% glucose + 0.18% sodium chloride
309. Isolyte . P	Injection	
310. Potassium chloride	Injectable solution	11.2% in 20ml
311 Ringer lactate	Injectable IV solution	
312. Sodium bicarbonate	Injectable IV solution	
313. Sodium chloride	Injectable solution	0.9% isotonic
26.3 Miscellaneous		
314. Water for injection	Injection	2ml, 5ml, 10ml ampouls
27. VITAMINS AND MINERALS		
315. Ascorbic acid	Tablet	100 mg, 500 mg
316. Calcium salts	Tablet	250 mg, 500 mg
317. Nicotinamide	Tablet	50 mg
318. Pyridoxine	Tablet (hydrochloride)	25 mg
	Tablet	10 mg
319. Thiamine	Tablet (hydrochloride)	50 mg, 100 mg
320. Vitamin A	Tablet/capsule (palmitate)	5000 IU, 10000 IU, 50000 IU

	Suspension	100000 IU/ml
321. Ergocalciferol	Capsule	0.25 mg, 1 mg
* Inclusion was unanimous decision of the Technical committee Members of the Essential Medicine List Haryana		
<u>CONSUMABLES & MISCELLANEOUS</u>		
28. Devices, SURGICAL & MISCELLANEOUS ITEMS		
322. Gauze	90 cm x 18 mtrs 60 cm x 19 mtrs	
323. Bandages of different sizes	15 cm x 5 mtrs 10 cm x 5 mtrs 10 cm x 4 mtrs 6 cm x 4 mtrs 5 cm x 4 mtrs	
324. Disposable syringes	1 ml (26 G), 2 ml, 5 ml, 10 ml	
325. Gloves disposable	6, 6.5, 7, 7.5	
326. Infant feeding tube	All Sizes	
327. Endotrocheal tube	All Sizes	
328. I.V. Canulas	24,22,20,18	
329. I.V.Sets and blood filter sets		
330. Scalp vein set	24,22,20,18	
331. Spinal needle	All Sizes	
332. Micropore	2.5 cm x 9.1 mtr, 5 cm x 9.1 mtr, 7.5 cm x 9.1 mtr	
333. Mucous suction trap		
334. Urine bag	2000ml	
335. Foley's catheter	14, 16, 18	
336 Cotton wool IP	500 gm	
337. Ryle's tube	All Sizes	
338. Rubber cloth for bed		
339 Plaster of paris bandages	Rolled Bandage(as per schedule F-II)	
340 Suture Material	All Types	
341 Laborotary Regents	As per requirement	
342 X-ray Material	All sizes	

343 Disposable Mask/Cap		
344 Surgical Blades	11, 15, 20, 23	
345 Pedia Set		
346 Cord Clamp		

List of Medicines on Rate Contract for the year 2009-2010

Sr. No.	Name of medicines	Rate/unit	R.C.No.	Date of Validity	Name of the firm
1.	Rolled Bandage (non Sterile) As per schedule-F-II of Drugs and Cosmetics Rules 1945 (1x12 Rolls)	40.00 (10 cm x 4 mtrs) 50.00 (10 cm x 5 mtrs) 76.00 (15 cm x 5 mtrs) 25.00 (6 cm x 4 mtrs) 20.00 (5 cm x 4 mtrs)	27075 Dated 26.03.2010	25.03.2012	M/s Durga Surgical Corporations 1492, Sector . 15, Sonipat
2.	Absorbent Gauze/Absorbent Cotton Gauze (non Sterile) As per Schedule F-II of Drugs and Cosmetics Rules 1945	70.00 (90 cm x 18 mtrs) 49.00 (60 cm x 19 mtrs)	27075 Dated 26.03.2010	25.03.2012	M/s Durga Surgical Corporations 1492, Sector . 15, Sonipat
3.	Medical X-ray Films Polyester Based. The material may be supplied either in packing of 50 sheets or 100 sheets. Inner packing should be vacuum packed. Outer case should have shrink wrapping. The film should come completely dry in automatic Processor developing and should be suitable for Automatic processor developing. It should give good contract on optimized parameters. The film should be interleaved (Fully)	(Per 50 Sheets) 1820.70 (14+x 17+) 1499.40 (14+x 14+) 1377.00 (12+x 15+) 918.00 (10+x 12+) 612.00 (08+x 10+)	27300-01 Dated 29.03.2010	28.03.2011	M/s Falcon Biotech Pvt. Ltd., SCO 2445-46, Sector . 22 C, Chandigarh - 160022
4.	Agfa CR Films DT1B/DT2B	(Per 100 Sheets) 2790.00 (8+x 10+) 4185.00 (10+x 12+) 5371.00 (11+x 14+) 8300.00 (14+x 17+)	27131 Dated 27.03.2010	26.03.2011	M/s Jindal Associates SCO 2445-46, 2 nd Floor, Sector . 22 C Chandigarh
5	Envelope any size (for X-ray Films)	11.00/Pc	27131 Dated 27.03.2010	26.03.2011	M/s Jindal Associates SCO 2445-46, 2 nd Floor, Sector . 22 C Chandigarh
6	Ultrasound Jelly (250 ml Bottle)	11.50	27300-01	28.03.2011	M/s National Medical Agencies

			Dated 29.03.2010		Civil Road, Near BDO Office, Rohtak
	Injection Group				
7.	Ampicillin/Ampicillin Sodium Injection IP 500mg of anhyd Ampicillin/Vial	5.24/Glass Vial	3609 dated 2-6-2009	1-6-2011	M/s Maan Pharmaceutical Ltd 202/A Harikrapa Chambers, Near City Gold Cinema, Ashram Road, Ahmedabad
8.	Amoxycillin and Pottasium Clavulanate Inj IP(1gm Amoxycillin and 200mg of Clavulanic Acid/Vial)	38.90/Glass Vial	-do-	-do-	-do-
9.	Cefotaxim/Cefotaxim Sod Inj IP 250mg of Cefotaxim/Vial	4.80/Vial	-do-	-do-	-do-
10.	Cefotaxim/Cefotaxim Sod Inj IP 500mg of Cefotaxim/Vial	7.14/Vial	-do-	-do-	-do-
11.	Cefoperazone/Cefoperazone Sodium Inj. IP 2gm of Cefoperazone/Vial	47.00/ Vial	-do-	-do-	-do-
12.	Cefoperazone+Sulbactam Inj 1gm+1gm/Vial (as sodium IP) (As sodium USP)	34.85/ Glass Vial	-do-	-do-	-do-
13.	Ceftazidime for Inj. IP 500 mg of Anhyd Ceftazidime	15.70/ Glass Vial	-do-	-do-	-do-
14.	Ceftazidime for Inj IP 1 gm of Anhyd Ceftazidime	27.80/ Glass Vial	-do-	-do-	-do-
15.	Ceftriaxone Inj. IP 250mg Anh. (As sodium IP) of Ceftriazone /Vial	5.48/ Glass Vial	-do-	-do-	-do-
16.	Ceftriaxone Inj. IP 500 mg of Anh. (As Sodium Of Ceftriazone/Vial (As sodium IP)	8.44/ Glass Vial	-do-	-do-	-do-
17.	Cefuroxime/Cefuroxime Sodium Inj. IP 250mg Of Cefuroxime/ Vial	11.90/ Vial	-do-	-do-	-do-
18.	Cefuroxime/Cefuroxime Sodium Inj. IP 500mg Of Cefuroxime /Vial	18.19/ Glass Vial	-do-	-do-	-do-
19.	Cefuroxime/Cefuroxime Sodium Inj. IP 1.5 g Of Cefuroxime/ Vial	31.19/ Glass Vial	-do-	-do-	-do-
20.	Ceftriaxone + Sulbactam Inj. 500mg+250mg (As Sodium IP) (As Sodium USP)	16.79/ Glass Vial	-do-	-do-	-do-
21.	Ceftriazone+Sulbactam Inj. 1g+500mg(As Sodium IP) (As Sodium USP)	28.44 Glass Vial	-do-	-do-	-do-

22.	Amikacin/Amikacin Sulphate Inj. IP 100 mg Per 2 ml	2.88 2ml glass vial	-do-	-do-	-do-
23	Aminophyllin Inj. IP 25 mg per 10 ml of Anh. Aminophyllin	4.30/ 10ml amp	-do-	-do-	-do-
24.	Adrenaline Inj. IP 1mg/ml (1:1000)	2.64 1ml amp	-do-	-do-	-do-
25.	Calcium Gluconate Inj. IP 100 mg/ml (10% w/v)	7.40/10ml amp	-do-	-do-	-do-
26.	Chloroquine phosphate Inj. IP 40mg/ml Chlor- Quine base	3.74/5ml amp	-do-	-do-	-do-
27.	Chlorquine phosphate Inj. IP 40mg/ml Chlor- -quine base	9.40/30ml amp	-do-	-do-	-do-
28.	Dopamine HCL Inj. USP 40 mg/ml	6.19/5ml amp	-do-	-do-	-do-
29	Dexamethasone/Dexamethasone sodium Phosphate Inj. IP 4mg/ml of Dexamethasone Phosphate	2.74/2ml vial	-do-	-do-	-do-
30	Dexamethasone/Dexamethasone sodium {phosphate Inj. IP 4mg/ml of Dexamethasone phosphate	7.94 /10ml vial	-do-	-do-	-do-
31.	Frusamide/Frusamide Injection IP 10mg/ml	1.58/ 2ml amp	-do-	-do-	-do-
32.	Gentamycin/Gentamycin Sulphate Inj. IP 20mg/2ml	2.18/2ml vial	-do-	-do-	-do-
33.	Gentamycin/Gentamycin Sulphate Inj. IP 80 /2ml	2.39/2ml Vial	-do-	-do-	-do-
34.	Haloperidol Injection IP 5mg/ml	4.30/ 1ml amp	-do-	-do-	-do-
35.	Ketamine Injection IP 50mg/ml of Ketamine	18.40 /10ml Vial	-do-	-do-	-do-
36.	Lignocaine/Lignocaine Hydrochloride Inj. IP 2% w/v	5.90/30ml vial	-do-	-do-	-do-
37.	Metoclopramide HCL Inj. IP 5mg/ml	1.33/2ml amp	-do-	-do-	-do-
38.	Promethazine Hcl Injection 25mg/ml	1.54/ 2ml amp	-do-	-do-	-do-
39.	Pheniramine Maleate Injection IP 22.75mg/ml	1.97/ 2ml amp	-do-	-do-	-do-
40.	Phenytoin Sod Inj. BP/USP 50mg/ml	2.69/2ml amp	-do-	-do-	-do-
41	Surgical Tape 25mm X 9.1 meter per roll(Non . Sterile)	205.96/ 12 rolls	4016-28 dated 10- 6-2009	1-6-2011	M/s 3M India Ltd. Concorde Block, 4 B City, 24 Vital Mallya Road, Bangalore
42	Surgical Tape 50 mm X 9.1 meter per roll(Non-sterile)	205.96/ 6 Rolls	-do-	-do-	-do-

43.	Surgical Tape 75 mm X 9.1 meter per roll(Non Sterile)	205.96/ 4 Rolls	-do-	-do-	-do-
44.	Methylethylgometriline Injection 200 mcg/ ml	1.71/ 1ml amp	-do-	-do-	M/s Ind- swift Limited, 781, Industrial Area, Phase – II, Chandigarh
45.	Neostigmine Injection IP 500 mcg/ ml	3.50/ 5ml amp	-do-	-do-	-do-
46.	Oxytocin Injection IP IU, 10 IU/ ml	1.44/1ml amp	-do-	-do-	-do-
47.	Lignocaine Hcl 2% w/v+ Adrenaline 1:80000 Inj IP	12.46/ 30ml Vial	-do-	-do-	M/s Indoco Remedies Ltd. Indoco House, 166, C.S.T Road Cantacruz (East) Mumbai
48.	Ondansetron Injection BP/USP 2 mg/ ml of Ondansetron	1.75/ 2ml	-do-	-do-	M/s Windlas Biotech Ltd. 204, Ajit Singh House, Yusuf Sarai Commercial Complex, Delhi
49.	Ciprofloxacin Inj. IP 2 mg/ ml (200mg/100ml)	7.48/100ml Plastic bottle	-do-	-do-	M/s Ahlcon Parenterals (India) Ltd. 4, Community Centre, Saket, New Delhi
50.	Dextrose Injection IP 25% w/v	8.98/100ml	-do-	-do-	-do-
51.	Multiple Electrolyted & Dextrose Injection Type I IP	10.04/500ml Plastic Bottle	-do-	-do-	-do-
52.	Multiple Electrolyted & Dextrose Injection Type II IP	10.04/500ml Plastic Bottle	-do-	-do-	-do-
53.	Multiple Electrolyted & Dextrose Injection Type III IP	10.04/500ml Plastic Bottle	-do-	-do-	-do-
54.	Ringer Lactate Solution for injection IP(Compound Sodium Lactate Inj. IP)	9.24/500 ml	-do-	-do-	-do-
55.	Neostigmine Injection IP 0.5 mg/ml	5.66/ 1 X 5 ml	-do-	-do-	M/s Tablet (India) Ltd. Jhayer Centre, 72, Marshass Road, Chennai
56.	Vecuronium Bromide for Injection 4 mg/ ampoule	39.48/ 4mg amp	-do-	-do-	M/s Sun Pharmaceutical Ltd. ACME Plaza, Andheri-Kurla Road, Andheri East, Mumbai
57.	Ceftriaxone + Sulbactam Injection 500 mg+ 250 mg (As Sodium IP) (As sodium USP)	16.79/Glass vail	-do-	-do-	M/s Gulpha Laboratories Ltd. 610, Shah & Nahar, Dr. E.Moses Road, Warli, Mumbai
58.	Ceftriaxone + Sulbactam Inj. 1mg+ 500 mg (As sodium IP) (As Sodium USP)	28.44/Glass Vial	-do-	-do-	-do-
59.	Ceftriaxone + Sulbactam Injection 1 g+ 500mg(As sodiuk IP) (As sodium USP)	28.44/Glass Vial	-do-	-do-	M/s Bio Near Metro Theatre, Aldun Building, John Crasto Lane, Near Metro Theater, Mumbai
60.	Bleomycin Sulphate Inj. IP 15 units of Bleomycin/ vial	320.00/Per vial	-do-	-do-	-do-
61.	Cisplatin Injection 0.5mg/ml	168.00/50mg/50ml	-do-	-do-	-do-

62.	Cyclophosphamide inj. IP 200 mg/ vial	14.49/vial	-do-	-do-	-do-
63.	Cyclophosphamide inj. IP 500 mg/ vial	22.00/vial	-do-	-Do-	-do-
64.	Doxoeubicin Hcl Inj. IP 50 mg/via1	83.50/Vial	-do-	-do-	-do-
65.	Doxoeubicin Hcl Inj. IP 50 mg/Vial	365.00/Vial	-do-	-do-	-do-
66.	Vincristine Sulphate Inj. IP 1mg/vial	28.40/Vial	-do-	-do-	-do-
67.	Etoposide Inj. IP 20 mg/ml	81.00/ 5ml	-do-	-do-	-do-
68.	Fluoro Uracil Inj. IP 50 mg/ml	51.00/10ml	-do-	-do-	-do-
69.	Blood Filter Set	10.30/Each	-do-	-do-	M/s Poly Medicare Ltd. Ist Floor, 12 Sant Nagar, East of Kailash, New Delhi
70	Mucus Suction Trap/Mucus Extractor	8.69/each	-do-	-do-	-do-
71	Urine Bag 2000ml	12.35/Each	-do-	-do-	-do-
72.	Rabies Vaccine IP 1 dose vial with 1ml sterile Water for inj. IP and Sterile disposable syring with niddle	202.80/0.5ml single dose	-do-''''	-do-	M/s Cadila Healthcare Ltd. Zyudus Tower, Satellite Cross Road, Ahmedabad
73.	Ampicillin /Ampicillin Sodium Injection IP 250 mg of Anhyd Ampicillin/Vial	4.10/ Per Vial	-do-	-do-	M/s Bharat Parenterals Ltd. Village Haripura, Tehsil Savli District Vadodara
74.	Ampicillin/ampicillin Sodium Injection IP 500 mg of Anhyd Ampicillin/Vial	5.24/ Glass Vial	-do-	-do-	-do-
75.	Amoxycillin and Potasium Clavulanate Inj. IP (1gm Amoxycillin and 200 mg of Clavulance Acid/Vial)	38.90/ Glass Vial	-do-	-do-	-do-
76.	Benzyl Penicillin(Pencillin G) 1m IP 10 lac units of Benzyl Pencillin/ Vial	5.00/Per Vial	-do-	-do-	-do-
77.	Benzathine Pencillin/Benzathine Benzyl Penicillin Inj. IP 12 lac Units of Benzathine Penicillin/Vial	7.00/ Per Vial	-do-	-do-	-do-
78.	Cefotaxim/Cefotaxim Sod Inj IP 250 mg of Cefotaxim/Vial	4.80/ Vial	-do-	-do-	-do-
79.	Cefoperazone USP 500 mg Vial	9.90/ Vial	-do-	-do-	-do-
80.	Cefoperazone/Cefoperazone Sodium Inj. IP 1 Gm of Cefoperazone/Vial	17.80/ Per Vial	-do-	-do-	-do-
81.	Cefoperazone+ Sulbactam Inj. 1 gm + 1 gm mg vial (As sodium IP) (As Sodium USP)	34.85/Glass Vial	-do-	-do-	-do-
82.	Cefoperazone+ Sulbactam Inj. 500 mg + Salbactam Inj. 500 mg vial (As sodium IP) (As Sodium USP)	17.30 per vial	-do-	-do-	-do-
83.	Ceftazidime for Inj. IP 500 mg of Anhyd Ceftazidime	15.70/Glass Vial	-do-	-do-	-do-
84.	Cefuroxime/Cefuroxime Sodium inj. IP 750 mg of Ceturoxime/Vial	22.00/Vial	-do-	-do-	-do-

85.	Thiopentone Sodium Inj. Ip 0.5gm	18.30 /Glass Vial	-do-	-do-	-do-
86.	Thiopentone Sodium Inj. Ip 1 gm/Vial	28.60/Glass Vial	-do-	-do-	-do-
87.	Bupivacaine Hcl Inj. IP 0.25% w/v	5.95/5 ml amp	-do-	-do-	-do-
88.	Bupivacaine HCl Inj. IP 0.5% w/v	6.30/ 5 ml amp	-do-	-do-	-do-
89.	Bupivacaine Hcl in Dextrose Inj. USP(5 mg+ 80 mg/ml)	7.40/4 ml amp	-do-	-do-	-do-
90.	Dobutamine inj. USP 50 mg/ml	22.88/5ml amp	-do-	-do-	-do-
91	Iron Dextran Injection IP 50 mg/ml of elemental Iron (Fe)	13.80/2 ml amp	-do-	-do-	-do-
92.	Neostigmine Inj. Ip 500 mg/ml	3.50/5ml amp	-do-	-do-	-do-
93.	Quinine Dihydrochloride Inj. IP 300 mg/ ml	9.71/ 2ml	-do-	-do-	-do-
94.	Thiopentone Sodium Inj. IP 0.5gm	18.30/Glass vial	-do-	-do-	M/s Neon Laboratories Ltd. Damji Shamji, Industrial Complex, M. Road Andheri (E), Mumbai
95.	Thiopentone Sodium Inj. Ip 1 gm/vial	28.60/Glass Vial	-do-	-do-	-do-
96.	Hydrocortisone Sodium Succinate Inj. IP 100mg of Hydrocortisone	8.27/Glass Vial	-do-	-do-	-do-
97.	Adrenaline Inj. IP 1mg/ml(1:1000)	2.64/1ml amp	-do-	-do-	-do-
98.	Atracurium Besyiate Inj. USP 10 mg/ml	36.66/ 2.5 ml amp	-do-	-do-	-do-
99.	Dobutamine Inj. USP 50 mg/ml	22.88/ 5 ml amp	-do-	-do-	-do-
100.	Dopamine HCL Inj. USP 40 mg/ml	6.19/5ml amp	-do-	-do-	-do-
101.	Lignocaine Hcl 2% w/v+Adrenaline 1:200000 Inj. IP	12.36/ 30 ml Vial	-do-	-do-	-do-
102.	Niboglycerin Inj USP 5mg/ml	15.06/5ml/amp	-do-	-do-	-do-
103.	Pentazocine/Pentaxocine Lactate Inj IP 30mg/ml	3.40/ 1 ml amp	-do-	-do-	-do-
104.	Pancuronium Bromide Inj. BP 2 mg/ml	14.54 /2 ml amp	-do-	-do-	-do-
105.	Potassium Chloride Inj. USP 15% w/v	7.99/ 10 ml amp	-do-	-do-	-do-
106.	Rabbies Vaccine IP 1 dose/vial with 1 ml sterile Water for Inj. IP and 1 Sterile disposable syring with niddle	202.80/ 0.5ml Single Dose	4426-31 dt. 16-6-2009	1-6-2011	M/s Indian Immunologicals Ltd. Road No. 44, Jubilee Hills, Hyderabad
107.	Tetnus Toxoid (Adsorbad) IP 0.5 ml-1 dose per 0.5 ml amp(Tetanus Vaccine Adsorbed)	7.80/ 0.5ml	-do-	-do-	-do-
108.	Amikacin/Amikacin Sulphate Inj. IP 250 mg per 2 ml	4.25/ 2ml Vial	-do-	-do-	M/s Brawn Laboratories Ltd. 44 B, Asaf Ali Road, New Delhi
109.	Amikacin/Amikacin Sulphate Inj. IP 500mg per vial	5.68/ 2ml Vial	-do-	-do-	-do-
110.	Disposable Blood transfusion/administration set for single use only with filter	9.30/ Each	-do-	-do-	M/s Eastern Medikit Ltd.

					3 - Dr. G.S. Narang Marg, Delhi
111.	Disposable infusion/perfusion (IV Set) with built in Air-Vent for single use only	7.23/ Each	-co-	-do-	-do-
112.	Endotracheal Tube size 2.5 mm 3mm, 3.5 mm, 4mm and 6mm	22.70// Each	-do-	-do-	-do-
113.	Folley Ballon Catheter 2 way (Silicon Elastomer) size 14, 16 and 18.	23.80/ Single	-do-	-do-	-do-
114.	I.V. Cannula with Injection port and Luer Lock size No. 18	6.04/ Each	-do-	-do-	-do-
115.	I.V. Cannula with injection port and luer lock size NO. 20	6.14/ Each	-do-	-do-	-do-
116.	I.V. Cannula with Injection port and Luer lock size No. 22	6.14/ Each	-do-	-do-	-do-
117.	I.V. Cannula with Injection port and Luer Lock size No. 24	8.40/ Each	-do-	-do-	-do-
118.	Ryle's Tube size FG- 12, 14 and 16 of 105 cm length	6.76/ Each	-do-	-do-	-do-
119.	Spinal Needle (All sizes)	22.80/ Each	-do-	-do-	-do-
120.	Disposable Surgical Rubber Gloves (Pre-Powdered) IS 134222 size 6.5, 7 and 7.5	8.10/ Each	-do-	-do-	-do-
121.	Cisplatin Inj. IP 0.5% mg/ml(50mg/50ml)	168.00/ 50mg/50ml	-do-	-do-	M/s Venus Remedies Ltd, SCO No. 857, Cabin No. 10, IInd Floor, NAC, Mani Majra
122.	Methotrexate Injection IP 25mg/ml	19.50/ 2ml vial	-do-	-do-	-do-
123.	Ciprofloxacin Inj. IP 2mg/ml (200mg/100ml)	7.48/ 100ml Plastic Bottle	-do-	-do-	M/s J.B. Chemicals Pharmaceutical Ltd. Neelam Centre, B-Wing, 4th Floor, hind Cycle Road Worly, Mumbai
124.	Ciprofloxacin Inj. IP 2mg/ml (200mg/100ml)	7.48/ 100ml Plastic Bottle	-do-	-do-	M/s Nirma Limited Nirma House, Asram Road, Ahmedabad
125.	Dextran 40 Inj. IP 10% w/v for IV infusion	192.40/500ml plastic Bottle	-do-	-do-	-do-
126.	Dextrose Injection IP 5% w/v	8.78/ 500ml	-do-	-do-	-do-
127.	Dextrose Injection IP 10% w/v	9.67/ 500ml	-do-	-do-	-do-
128.	Mannitol Injection IP 20% w/v 100 ml	12.58/ 100ml	-do-	-do-	-do-
129.	Mannitol Injection IP 20% w/v 350 ml	23.50/ 350 ml Plastic Bottle	-do-	-do-	-do-
130.	Metronidazole Injection IP 5 mg/ml (500mg/100ml)	5.48/ 100ml	-do-	-do-	-do-
131.	Multiple Electrolytes & Dextrose Inj. Type I IP	10.04/500ml Plastic Bottle	-do-	-do-	-do-
132.	Multiple Electrolytes & Dextrose Inj. Type II IP	10.04/500ml Plastic	-do-	-do-	-do-

		Bottle			
133.	Multiple Electrolytes & Dextrose Inj. Type III IP	10.04/500ml Plastic Bottle	-do-	-do-	-do-
134.	Multiple Electrolytes & Dextrose Inj. Type IV IP	10.04/500ml Plastic Bottle	-do-	-do-	-do-
135.	Ringer Lactate Solution for injection IP(Compound Sodium Lactate Inj. IP)	9.24/500ml	-do-	-do-	-do-
136.	Sodium Chloride 0.9% and Dextrose Inj. IP 5% w/v	8.78/500ml	-do-	-do-	-do-
137.	Sterile Water for injection IP 2 ml	0.57/ 2ml plastic amp	-do-	-do-	-do-
138.	Sterile Water for injection IP 5 ml	0.62/ 5ml plastic amp	-do-	-do-	-do-
139.	Sterile Water for injection IP 10 ml	1.01/ 10 ml plastic amp	-do-	-do-	-do-
140.	Disposable Hypodermic Syringe with needle size 2CC 23G	1.09/ 2ml 23G	-do-	-do-	-do-
141.	Disposable Hypodermic Syringe with needle for single use only 5CC with 23 G	1.24/ 5ml 23G	-do-	-do-	-do-
142.	Disposable Hypodermic syringe with needle for single use only 10CC 20G	1.92/10ml 20G	-do-	-do-	-do-
144.	Heparin Sodium Injection IP 5000 IU	38.00/ 5ml Vial	5635-37 dated 3-7-2009	1-6-2011	M/s Gland Pharma Ltd. Hyderabad
145.	Heparin Sodium Injection IP 25000 IU/ml	105.00/ 5ml Vial	-do-	-do-	-do-
146.	Protamine Sulphate Inj. IP 10mg/ml	23.40/ 5ml amp.	-do-	-do-	-do-
147.	Insulin Injection Soluble IP 40IU/ml	63.90/ 10ml	5031-37 dt. 23-6-2009	1-6-2011	M/s Shreya Life Science Pvt. Ltd. Shreya House, 301/A, Pereira Hill Road, Andheri (E), Mumbai
148.	Cefotaxime/Cefotaxime Sod Inj. IP 500mg of Cefotaxime/Vial	7.14/ Vial	-do-	-do-	M/s Parental Drug(India) Ltd. Shree Ganesh Chambers, Navlakha Crossing, A.B. Road, Indore - 452001
149.	Ceftriaxone Inj. IP 250mg Anh. (As Sodium IP) of Ceftriaxone/Vial	5.48/Glass Vial	-do-	Do-	-do-
150.	Ceftriaxone + Sulbactam Inj. 500mg +250mg(As Sodium IP) (As Sodium USP)	16.79/ Glass Vial	-do-	-do-	-do-
151	Bleomycin Sulphate Inj. IP 15 units of Bleomycin/Vial	320.00/Vial	-do-	-do-	-do-
152	Cisplatin Inj. IP 0.5%mg/ml (10mg/20ml)	39.33/Vial	-do-	-do-	-do-
153.	Cisplatin In IP 0.5% mg/ml(50mg/50ml)	168.00/50mg/50ml	-do-	-do-	-do-
154.	Doxorubicin Hcl Inj. IP 10mg/vial	83.50/Vial	-do-	-do-	-do-
155.	Doxorubicin Hcl Inj. IP 50mg/Vial	365.00/Vial	-do-	-do-	-do-
156.	Dextrose Inj. IP 5% w/v	8.78/ 500ml	-do-	-do-	-do-
157.	Dextrose Inj. IP 10% w/v	9.67/ 500ml	-do-	-do-	-do-

158.	Dextrose Inj IP 25% w/v	8.98/ 100ml	-do-	-do-	-do-
159.	Hyoscine Butyl Bromide Inj. 20mg/ml	3.34/ 1ml amp	-do-	-do-	-do-
160.	Mannitol Inj. IP 20% w/v 100ml	12.58/ 100ml	-do-	-do-	-do-
161.	Metronidazole Inj. IP 5mg/ml (500mg/100ml)	5.48/ 100ml	-do-	-do-	-do-
162.	Multiple Electrolytes & Dextrose Inj. Type V IP	14.23/ 500ml Plastic Bottle	-do-	-do-	-do-
163.	Quinine Dihydrochloride Inj. IP 300mg/ml	9.71/ 2ml	-do-	-do-	-do-
164.	Ringer Lactate Solution for injection IP (Compound Sodium Lactate Inj. IP)	9.24/ 500ml	-do-	-do-	-do-
165.	Sodium Chloride 0.9% and Dextrose Inj. IP 5% w/v	8.78/ 500ml	-do-	-do-	-do-
166.	Sodium Chloride (Normal Saline) Inj. IP 0.9%	8.78/ 500ml glass bottle	-do-	-do-	-do-
167.	Atracurium Besylate Inj. USP 10mg/ml	36.66/ 2.5 ml/amp	-do-	-do-	M/s Bharat Serums and Vaccines Ltd. 17th Floor, Hoechst House, Nirman Point, Mumbai - 400021
168.	Streptokinase Inj. IP 15 lakh IU per vial	710.00/Vial	-do-	-do-	-do-
169.	Ceftriaxone Injection IP 1g of anhyd. (As sodium IP) of Ceftriaxone/Vial	14.70/Glass vial	-do-	-do-	M/s Linclon Pharmaceutical Ltd. Opp. Navrang High School, Navrang Pura, Ahmedabad
170.	Plasma Volume Expander	92.56/ 500ml	-do-	-do-	M/s Piramal Healthcare Ltd. D Mart Bidg Goregaon Mulund Link Road, West Mumbai
171.	Rabbies Vaccine IP 1 dose/vial with 1ml sterile Water for inj. IP and 1 sterile disposable syringe with needle.	202,80/ 0.5 ml single dose	5635-37 dt. 3-7-2009	1-6-2011	M/s Bharat Biotech International Ltd. Genome Valley Turkapally Shameerpet, Hyderabad
172.	Ampicillin/Ampicillin Sodium Injection IP 250 mg of anhyd Ampicillin/Vial	4.10/ Vial	-do-	-do-	M/s Alpha Laboratories Ltd. 33/2 A.B. Road, Pigdamber
173.	Ampicillin /Ampicillin Sodium Injection IP 500 mg of 500mg of anhyd Ampicillin/Vial	5.24/ Glass Vial	-do-	-do-	-do-
174.	Cefotaxim/Cefotaxim Sod. Inj. IP 1gm of Cefotaxim/Vial	13.10/ 1mg Vial	-do-	-do-	-do-
175.	Cefoperazone/ Cefoperazone Sodium Inj. IP 1 gm of Cefoperazone/vial	17.80/ 1 vial	-do-	-do-	-do-
176.	Cefoperazone/ Cefoperazone Sodium Inj. IP 2gm of Cefoperazone/ Vial	47.00/ 1 Vial	-do-	-do-	-do-
177.	Cefuroxime / Cefuroxime Sodium Injection IP 250mg of Cefuroxime/Vial	11.90/ Vial	-do-	-do-	-do-
178.	Cefuroxime/Cefuroxime Sodium Inj. IP 750mg of Cefuroxime/Vial	22.00/ Vial	-do-	-do-	-do-
179.	Streptomycin/ Streptomycin Sulphate Inj. IP 750mg Streptomycin base	5.60/ Vial of 750mg	-do-	-do-	-do-

180.	Atropine/Atropine Sulphate inj IP 0.5 mg per ml	2.60/ 1ml amp	-do-	-do-	-do-
181.	Diazepam Inj. IP 5mg/ml	1.64/ 2ml amp	-do-	-do-	-do-
182.	Dicyclomine Hcl Inj. IP 10 mg/ml	1.31/ 2ml amp.	-do-	-do-	-do-
183.	Dicyclomine Hcl Inj. IP 10 mg/ml	7.80/ 10ml Vial	-do-	-do-	-do-
184.	Etofyllin + Theophylline Injection 169.4 mg+ 50.6 mg/2ml	1.49/ 2ml amp	-do-	-do-	-do-
185.	Frusemide/ Frusemide Injection IP 10mg/ml	1.58/ 2ml amp.	-do-	-do-	-do-
186.	Gentamycin/Gentamycin Sulphate Inj. IP 80mg/2ml	2.39/ 2ml Vial	-do-	-do-	-do-
187.	Lignocaine/Lignocaine Hydrochloride Inj IP 2% w/v	5.90/ 30ml Vial	-do-	-do-	-do-
188.	Pentazocine/ Pentazocine Lactate Inj. IP 30mg/ml	3.40/ 1ml amp	-do-	-do-	-do-
189.	Pheniramine Maleate Inj. IP 22.75 mg/ml	1.97/ 2ml amp	-do-	-do-	-do-
190.	Paracetamol Inj. USP 150mg/ml	1.70/ 2ml amp.	-do-	-do-	-do-
191	Ranitidine/ Ranitidine Hcl Inj. IP 50mg/2ml of Ranitidine	1.40/ 2ml amp	-do-	-do-	-do-
192	Biphasic Isophane Insuline Inj. IP (R-DNA origin 30/70) 40 iu/ml	65.00/ 10ml Vial	5031-37 dt. 23-6-2009	1-6-2011	M/s Biocon Ltd. 20th Hosur Road, Electronic City, Bangalore

	Tablets/Capsule Group				
1.	Amoxicillin+ Cloxacillin Cap. 125 mg+125mg &(As trihydrate IP) (As Sodium IP)	13.70/ 10 X 10	3591-92 dt 2-6-2009	1-6-2011	M/s Maan Pharmaceutical Ltd. 202/A Harikrapa Chambers, Near City Gold Cinema, Ashram Road, Ahmedabad
2.	Ampicillin Cap. IP 250 mg and Anh. Ampicillin (As Tridrate IP or anhydrous IP)	71.19/ 10 X 10	-do-	-do-	-do-
3.	Ampicillin Cap. IP 500mg of Anh. Ampicillin(As Tridrate IP or anhydrous IP)	129.40/ 10X10	-do-	-do-	-do-
4.	Cloxacillin Cap. IP 250 mg	72.19/ 10X10	-do-	-do-	-do-
5.	Cloxacillin Cap. IP 500mg	148.80/ 10X10	-do-	-do-	-do-
6.	Tetracycline/Tetracycline Hcl Cap IP 250mg	39.30/10X10	-do-	-do-	-do-
7.	Tetracycline/Tetracycline Hcl Cap. 500mg	69.30/10 X 10	-do-	-do-	-do-
8.	Acetylsalicylic acid tablet IP 300mg	52.50/ 10X10	-do-	-do-	-do-
9.	Ascorbic Acid(Vit-C) tab IP 100mg	19.70/ 10X10	-do-	-do-	-do-
10.	Ascorbic Acid(Vit-C)Tab IP 500 mg (To be Chewable before swallowing)	58.90/ 10X10	-do-	-do-	-do-
11.	Elemental Iron 60mg+Folic Acid 400mcg	21.50/ 10X10	-do-	-do-	-do-
12.	Azithromycine Tab. IP 250 mg of(As mono or Dihydrate IP) Azithromycine Anhydrous	246.80/ 10X10	-do-	-do-	-do-
13.	Azithromycine Tab. IP 500 mg of (As mono or Dihydrate IP) Azithromycine Anhydrous	487.90/ 10X10	-do-	-do-	-do-
14.	Cefuroxime Axetil Tablet IP 250 mg of Cefuroxime	418.00/ 10X10	-do-	-do-	-do-
15.	Cefuroxime Axetil Tablet IP 500mg of Cefuroxime	818.00/ 10X10	-do-	-do-	-do-
16.	Chlorpheniramine Maleate Tablet IP 4mg	5.97/ 10X10	-do-	-do-	-do-
17.	Dexamethasone Tablet IP 0.5 mg	12.50 /10X10	-do-	-do-	-do-
18.	Diclofenac Sodium IP+ Paracetamol Ip Tablet 50mg +500 mg(As enteric Coated granules)	22.69/10X10	-do-	-do-	-do-
19.	Dicyclomine Hcl IP + Paracetamol IP Tablet 20mg+ 500mg	22.89/ 10X10	-do-	-do-	-do-
20.	Erythromycin Stearate Tablet IP 500 mg of Erythromycin	163.80/ 10X10	-do-	-do-	-do-
21.	Ferrous Sulphate tab IP Equivqlent to elemental iron 60 mg	13.00/ 10X10	-do-	-do-	-do-
22.	Furazolidone Tablet IP 200 mg	32.00/ 10X10	-do-	-do-	-do-
23.	Hyoscine butyl bromide tab IP 10 mg	112.00/10X10	-do-	-do-	-do-
24.	Ibuprofen IP + Paracetamol IP Tablet 325 mg+400 mg	35.65/10X10	-do-	-do-	-do-
25.	Ibuprofen Tablet IP 200 mg(Coated)	17.35/10X10	-do-	-do-	-do-

26.	Ibuprofen Tablet IP 600 mg(Coated)	37.79/10X10	-do-	-do-	-do-
27.	Mebendazole Tablet IP 500 mg	80.00/10X10	-do-	-do-	-do-
28.	Methyl ergometrine Tab. IP 125 mcg	36.90/ 10x10	-do-	-do-	-do-
29.	Nalidixic acid Tablet IP 500 mg	167.70/10x10	-do-	-do-	-do-
30.	Ofloxacin Tablet IP 200 mg	71.19/10x10	-do-	-do-	-do-
31.	Ofloxacin Tablet IP 400 mg	136.90/10x10	-do-	-do-	-do-
32.	Paracetamol Tab. IP 500 mg	18.00/10x10	-do-	-do-	-do-
33.	Prednisolone Tablet IP 5 mg	22.19/10x10	-do-	-do-	-do-
34.	Roxithromycin Tablet IP 150 mg	98.70/10x10	-do-	-do-	-do-
35.	Sparfloxacin Tablet 200 mg	146.70/10x10	-do-	-do-	-do-
36.	Tinidazole Tablet IP 500 mg	38.99/10x10	-do-	-do-	-do-
37.	Verapamil Hydrochloride Tab. IP 40 mg	179.00/10x10	-do-	-do-	-do-
38.	Verapamil Hydrochloride Tab. IP 80 mg	329.00/10x10	-do-	-do-	-do-
39.	Rifampicin Cap. IP 150 mg	79.68/ 10x10	3983-93 Dated 10-6-2009	1-6-2011	M/s Medicamen Biotech Ltd. 10, Community Centre No. 2, Ashok Vihar, Phase –II, Delhi – 110052
40.	Rifampicin Cap IP 300 mg	147.02/ 10x10	-do-	-do-	-do-
41.	Rifampicin Cap IP 450 mg	210.72/ 10x10	-do-	-do-	-do-
42.	Acetazolamide tab IP 250 mg	67.00/ 10x10	-do-	-do-	-do-
43.	Acyclovir tab Ip 200 mg	67.00/ 10x10	-do-	-do-	-do-
44.	Alprazolam tab IP 0.25 mg	6.10/ 10x10	-do-	-do-	-do-
45.	Alprazolam tab IP 0.5 mg	6.20/ 10x10	-do-	-do-	-do-
46.	Amitriptyline hydrochloride IP 25 mg	17.90/ 10x10	-do-	-do-	-do-
47.	Amlodipine Tab IP 5 mg	8.75/ 10x10	-do-	-do-	-do-
48.	Atenolol Tablet IP 100 mg	29.00/ 10x14	-do-	-do-	-do-
49.	Calcium Gluconate Tablet IP 500 mg	17.40/ 10x10	-do-	-do-	-do-
50.	Chlorpromazine Hydrochloride Tab IP 50 mg	31.00/ 10x10	-do-	-do-	-do-
51.	Clotrimazole Pessanes (Vag. Tab) IP 100mg	43.50/ 10x10	-do-	-do-	-do-
52.	Dapsone tab IP 100 mg	25.74/ 10x10	-do-	-do-	-do-
53.	Nystatin Pessaries(Vag. Tab.) IP 10,000 Units	270.40/10x10	-do-	-do-	-do-
54.	Diclofenac/Diclofenac Sodium tab IP 50 mg	8.48/ 10x10	-do-	-do-	-do-
55.	Frusamide/Furosemide tab IP 40 mg	14.15/10x10	-do-	-do-	-do-
56.	Glibenclamide tab IP 5 mg	7.00/ 10x10	-do-	-do-	-do-
57.	Haloperidol tab IP 5 mg	10.92/ 10x10	-do-	-do-	-do-
58.	Hydrochlorothiazide tab IP 25 mg	15.60/ 10x10	-do-	-do-	-do-
59.	Ketoconazole tab IP 200 mg	100.00/10x10	-do-	-do-	-do-

60.	Metoprolol tab IP 50 mg	31.00/10x10	-do-	-do-	-do-
61.	Nystatin tab IP 500000 IU	332.00/10x10	-do-	-do-	-do-
63.	Phenobarbitone tab. IP 30 mg	12.79/10x10	-do-	-do-	-do-
64.	Phenobarbitone tab. IP 60 mg	18.41/ 10x10	-do-	-do-	-do-
65.	Phenoxyethylpenicillin Potassium(Penicillin V Tablet) IP 500 mg of phenoxyethylpenicillin base	205.92/ 10x10	-do-	-do-	-do-
66.	Promethazine Hydrochloride tab IP 25 mg	16.38/ 10x10	-do-	-do-	-do-
67.	Propranolol Hydrochloride tab IP 10mg	8.32/10x10	-do-	-do-	-do-
68.	Pyrazinamide tablet IP 500mg	61.10/10x10	-do-	-do-	-do-
69.	Pyrazinamide Tablet IP 750 mg	89.70/ 10x10	-do-	-do-	-do-
70.	Sulfadoxine 500 mg IP+ Pyrimethamine 25 mg tab IP	176.80/10x10	-do-	-do-	-do-
71.	Trihexyphenidyl Hydrochloride tab IP 2 mg	12.40/ 10x10	-do-	-do-	-do-
72.	Diazepam Tablet IP 2 mg	1.60/ 1x10	-do-	-do-	M/s Windlas Biotech Ltd.
73.	Isoniazid tablet IP 300 mg	3.10/ 1x10	-do-	-do-	-do-
74.	Propranolol Hydrochloride tablet IP 40 mg	1.40/ 1x10	-do-	-do-	-do-
75.	Quinine Sulphate tab IP 300 mg	225.00/ 10x10	-do-	-do-	M/sSyncon Formulation(India) Ltd. 7, Niraj Industrial Estate, Opp. Mahakali Caves Road, Mumbai
76.	Cetirizine/Cetirizine Hydrochloride Tab IP 10 mg	7.28/ 10x10	-do-	-do-	M/s Wings Pharmaceutical Pvt. Ltd. J-13, Udhog Nagar, Industrial Area, Near Peera Garhi Chowk, Delhi
77.	Dicyclomine Hcl IP + Paracetamol IP tablet 20mg+500mg	22.89/10x10	-do-	-do-	-do-
78.	Folic Acid tab IP 5 mg	5.90/10x10	-do-	-do-	-do-
79.	Prednisolone tablet IP 10 mg	58.00/ 10x10	-do-	-do-	-do-
80.	Ranitidine/Ranitidine Hcl tablet IP 150 mg of (Coated Ranitidine)	23.20/ 10x10	-do-	-do-	-do-
81.	Ranitidine/Ranitidine Hcl Tablet IP 300 mg of (Coated Ranitidine)	44.00/ 10x10	-do-	-do-	-do-
82.	Ethambutol /Ethambutol Hcl tablet IP 800 mg	223.45/ 10X10	-do-	-do-	M/s Concept Pharmaceutical Ltd. 18- Shri Nagar Colony, Bharat Nagar Road (Near Ashok Vihar), Delhi
83.	Doxycycline/Doxycycline Hcl Cap IP 100 mg of Doxycycline	47.00/ 10x10	-do-	-do-	M/s Bharat Parenterlas Ltd. Village Haripura, Tehsil Savli District Vadodara
84.	Acetazolamide tab Ip 250 mg	67.00/ 10x10	-do-	-do-	-do-
85.	Amoxicillin 500 mg+Potassium Clavulanate 125 mg Tab. IP	675.00/ 10x10	-do-	-do-	-do-

86.	Cefuroxime Axetil Tablet IP 250 mg of Cefuroxime	418.00/10x10	-do-	-do-	-do-
87.	Cefuroxime Axetil Tablet IP 500mg of Cefuroxime	818.00/ 10x10	-do-	-do-	-do-
88.	Clotrimazole Pessaries(Vag Tab.) IP 200mg	180.00/10x10	-do-	-do-	-do-
89.	Enteric Coated Sodium Valproate Tablet BP 200mg	87.00/ 10x10	-do-	-do-	-do-
90.	Enteric Coated Sodium Valproate Tablet BP 500 mg	229.00/ 10x10	-do-	-do-	-do-
91.	Lamivudine Tablet IP 150 mg	590.00/ 10x10	-do-	-do-	-do-
92.	Levodopa 100mg+ Cabidopa 1- mg tablet IP	80.00/ 10 x 10	-do-	-do-	-do-
93.	Levodopa 250mg+Cabidopa 25 mg tablet IP	210.00/ 10x10	-do-	-do-	-do-
94.	Methyldopa tab IP 250 mg	117.00/ 10x10	-do-	-do-	-do-
95.	Norfloxacin IP + Tinidazole IP Tablet 400mg+ 600mg	100.00/10x10	-do-	-do-	-do-
96.	Primaquine tablet IP 7.5 mg Primaquine Base (As Phosphate IP)	35.00/ 10x10	-do-	-do-	-do-
97.	Zidovudine Tablet IP 300 mg	900.00/ 10x10	-do-	-do-	-do-
98.	Cyclophosphamide tab IP 50 mg	87.50/ 5x10	-do-	-do-	M/s Biochem Pharmaceuticals Industries Ltd. Aldun Building, John Crasto Lane, Near Metro Theater, Mumbai
99.	Isosorbide Mononitrate tab. BP/USP 30 mg	7.70/ 1x10	-do-	-do-	-do-
100.	Ofloxacin IP + Omidazole tablet 200mg+500mg	30.00/ 1x10	-do-	-do-	-do-
101.	Tamoxifen tab 10 mg(as citrate)	6.00/1x10	-do-	-do-	-do-
102.	Tamoxifen tab. IP 20 mg (as citrate)	11.00/1x10	-do-	-do-	-do-
103.	Carbamazepine tablet IP 200 mg	46.50/ 10x10	-do-	-do-	M/s Arvind Remedies Ltd. 190 – Poonam Allee High Road, Chennai
104.	Erythromycin Stearate Tablet IP 250 mg of Erythromycin	79.90/ 10x10	-do-	-do-	-do-
105.	Phenoxymethylpenicillin Potassium Penicillin V tablet IP 125 mg of Phenoxymethylepenicillin base	36.10/10x10	-do-	-do-	-do-
106.	Phenoxymethyienicillin Potassium Penicillin V Tablet IP 250 mg of Phenoxymethylpenicillin	67.40/10x10	-do-	-do-	-do-
107.	Amoxicillin + Cloxacillin Cap. 250 mg+250mg & (As trihydrate IP) (As Sodium IP)	140.00/10x10	-do-	-do-	M/s Alpa Laboratories Ltd.

	250mg+250mg				33/2 A.B Road, Pigdamber
108.	Mebendazole Tablet IP 100 mg	14.00/10x10	-do-	-do-	-do-
109.	Tinidazole Tablet IP 300 mg	46.00/10x10	-do-	-do-	-do-
110.	Amoxycillin/Amoxycillin Trihydrate Cap. IP 500 mg	125.00/ 10x10	-do-	-do-	M/s Ind swift Limited 781 – Industrial Area, Phase – II, Chandigarh
111.	Cephalexin Cap. IP 250mg of Anh Cephalexin	104.90/10x10	-do-	-do-	-do-
112.	Cloxacillin Cap. IP 250 mg	72.19/10x10	-do-	-do-	-do-
113.	Alprazolam tab. IP 0.25 mg	6.10/ 10x10	-do-	-do-	-do-
114.	Alprazolam tab IP 0.5mg	6.20/ 10x10	-do-	-do-	-do-
115.	Amiodipine tab IP 5 mg	8.75/ 10x10	-do-	-do-	-do-
116.	Azithromycin tablet IP 250 mg of (As mono or Dilrydrate IP) Aithromycine Anhydrous	246.80/10x10	-do-	-do-	-do-
117.	Azithromycin Tab IP 500mg of (As meno of Dilrydrate IP) Azithromycine Anhydrous	487.90/10x10	-do-	-do-	-do-
118.	Ciprofloxacin/Ciprofloxacin Hydrochloride Tab. IP 250 mg of Ciprofloxacin	49.80/10x10	-do-	-do-	-do-
119.	Ciprofloxacin/Ciprofloxacin Hydrochloride Tab. IP 500 mg of Ciprofloxacin	94.80/ 10x10	-do-	-do-	-do-
120.	Diazepam tab;et O(5 mg	7.00/10x10	-do-	-do-	-do-
121.	Hyoscine butyl bromide tab IP 10 mg	112.00/10x10	-do-	Do-	-do-
122.	Noefloxacin tablet IP 400 mg	72.00/10x10	-do-	-do-	-do-
123.	Ofloxacin tablet IP 200 mg	71.19	-do-	-do-	-do-
124.	Oxfoxacin tablet IP 400 mg	136.90/ 10x10	-do-	-do-	-do-
125.	Fluxetine Cap. BP/USP 20 mg	24.23/10x10	-do-	-do-	-do-
126.	Allopurinol tablet IP 100 mg	31.48/10x10	-do-	-do-	-do-
127.	Amlodipine tab IP 10 mg	13.80/ 10x10	-do-	-do-	-do-
128.	Atenolol Tab IP 50 mg	14.83/10x10	-do-	-do-	-do-
129.	Carbamazepine tab IP 100 mg	32.29/10x10	-do-	-do-	-do-
130.	Enalapril maleate tab IP 5 mgl	9.52/10x10	-do-	-do-	-do-
131.	Isosorbide Mono nitrate tab BP/USP 10mg	10.38/10x10	-do-	-do-	-do-
132.	Isosorbide Mono nitrate tab BP/USP 20 mg	15.13/10x10	-do-	-do-	-do-
133.	Isoxsuprine Hydrochloride tab IP 10 mg	25.48/10x10	-do-	-do-	-do-
134.	Prednisolone Tablet IP 20mg	90.11/10x10	-do-	-do-	-do-
135.	Prochlorperazine Maleate tab. IP 5 mg	11.18/10x10	-do-	-do-	-do-
136.	Roxithromycin table IP 50 mg (Dispersible tablet)	46.99/10x10	-do-	-do-	-do-

137.	Amoxicillin/amoxicillin Trihydrate Cap. IP 250 mg	66.00/ 10x10	3591-92 dt 2-6-2009	1-6-2011	M/s Omega Biotech Ltd 7th Mile Stone, Dehradun Road, Roorkee
138.	Amoxicillin/amoxicillin Trihydrate Cap. IP 500 mg	125.00/10x10	-do-	-do-	-do-
139.	Cephalexin Cap. IP 250 mg of Anh. Cephalexin	104.90/10x10	-do-	-do-	-do-
140.	Cephalexin Cap. IP 500 mg of Anh. Cephalexin	175.00/10x10	-do-	-do-	-do-
141.	Doxycycline/Doxycycline Hcl Cap. IP 100 mg of Dosycycline	47.00/10x10	-do-	-do-	-do-
142.	Fluconazole Cap. 150 mg	102.00/10x10	-do-	-do-	-do-
143.	Fluconazole Cap. 200 mg	130.00/10x10	-do-	-do-	-do-
144.	Indomethacin Cap. IP 25 mg	19.00/10x10	-do-	-do-	-do-
145.	Omerazole Cap. IP 20 mg(As enteric Coated granules/pellets)	24.75/10x10	-do-	-do-	-do-
146.	Albendazole Tab. IP 400 mg(Tablet Must be Chewable before swallowing)	48.00/10x10	-do-	-do-	-do-
147.	Chloroquine Phosphate Tab. IP (Coated) 250 mg	30.50/10x10	-do-	-do-	-do-
148.	Ciprofloxacin +Tinidazole IP Tablet 500 mg+ 600 mg(As Hydrochloride IP)	128.00/10x10	-do-	-do-	-do-
149.	Ciprofloxacin/ Ciprofloxacin Hydrochloride Tab IP 250 mg of Ciprofloxacin	49.80/ 10x10	-do-	-do-	-do-
150.	Ciprofloxacin /Ciprofloxacin Hydrochloride Tab. IP 500 mg of Ciprofloxacin	94.80/10x10	-do-	-do-	-do-
151.	Dexamethasone Tablet IP 0.5 mg	12.50/10x10	-do-	-do-	-do-
152.	Dicyclomine Hcl IP + Paracetamol IP Tab. 20 mg + 500 mg	22.89/10x10	-do-	-do-	-do-
153.	Diethylcarbamazine Citrate Tablet IP 50 mg	11.30/10x10	-do-	-do-	-do-
154.	Erythromycin Stearate Tab. IP 500 mg of Erythromycin	163.80/10x10	-do-	-do-	-do-
155.	Famotidine Tablet USP/BP 20 mg	15.10/10x10	-do-	-do-	-do-
156.	Famotidine Tablet USP/BP 40 mg	22.82/10x10	-do-	-do-	-do-
157.	Griseofulvin Tablet IP 125 mg	68.80/10x10	-do-	-do-	-do-
158.	Griseofulvin Tablet IP 250 mg	136.00/10x10	-do-	-do-	-do-
159.	Ibuprofen IP + Paracetamol IP Tablet 325 mg + 400 mg	35.65/10x10	-do-	-do-	-do-
160.	Ibuprofen Tablet IP 400 mg (Coated)	28.00/10x10	-do-	-do-	-do-
161.	Ibuprofen Tablet IP 600 mg(Coated)	37.79/10x10	-do-	-do-	-do-
162.	Metoclopramide Tab IP 10 mg	10.40/10x10	-do-	-do-	-do-
163.	Metronidazole Tab. IP 200 mg	16.60/10x10	-do-	-do-	-do-

164.	Metronidazole Tablet IP 400 mg	29.90/10x10	-do-	-do-	-do-
165.	Norfloxacin IP + Tinidazole IP Tablet 400 mg+ 600 mg	100.00/10x10	-do-	-do-	-do-
166.	Norfloxacin Tablet IP 100 mg	25.10/10x10	-do-	-do-	-do-
167.	Norfloxacin Tablet IP 200 mg	40.50/10x10	-do-	-do-	-do-
168.	Norfloxacin Tablet IP 400 mg	72.00 /10x10	-do-	-do-	-do-
169.	Paracetamol Tablet IP 500 mg	18.00/ 10x10	-do-	-do-	-do-
170.	Paracetamol Tablet IP 650 mg	22.50/10x10	-do-	-do-	-do-
171.	Ranitidine/Ranitidine Hcl Tablet IP 50 mg of (Coated) Ranitidine	23.20/10x10	-do-	-do-	-do-
172.	Salbutamol tab. IP 2 mg	7.09/10x10	-do-	-do-	-do-
173.	Salbutamol Tablet IP 4 mg	8.60/10x10	-do-	-do-	-do-
174.	Amoxicilline 500 mg+ Potassium Clavulanate 125 mg Tab IP	675.00/10x10	-do-	-do-	M/s Akums Drugs & Pharmaceutical Ltd 304 . Mohan Place, I.S.C Bank Block . C, Saraswati Vihar, Delhi
175.	Domperidone Tablet IP 10 mg (As maleate IP)	15.62/10x10	-do-	-do-	-do-
176.	Enalapril maleate tab IP 2.5 mg	17.50/10x10	-do-	-do-	-do-
177.	Levofloxacin Tablet IP 250 mg of Anh. Levofloxacin	110.00	-do-	-do-	-do-
178.	Levofloxacin Tablet IP 500 mg of Anh. Levofloxacin	216.00/10x10	-do-	-do-	-do-
179.	Nitrazepam Tablet IP 5 mg	8.58/ 1x10	3983-93 dt. 10.6.2009	1.6.2011	M/s Anglo French Drugs & Industrial Ltd. 41, 3rd Cross, V-Block, Rajaji Nagar, Bangalore
180.	Phenytoin Sodium Tablet IP 100 mg	3.20/1x10	-do-	-do-	-do-
181.	Gliclazide tab BP 40 mg	54.50/ 10x10	5645 dated 3-7-2009	1-6-2011	M/s Bal Pharma Ltd. 5th Floor, Laxmi Narayan Complex, 10/1, Place Road, Bangalore
182.	Bromocriptine Tab. IP 2.5 mg (as mesylate IP)	40.00/ 1x10	4414-18 dt 16-6-2009	1-6-2011	M/s Uni-Sankyo Ltd. Plot No. 13, Sagar Socty Road No. 2, Banjara Hills, Hyerabad
183.	Clomifene Citrate Tab. IP 50mg	30.00/ 1x10	-do-	-do-	-do-
184.	Cefadroxil Cap. IP 250mg of Anh. Cefadroxil	126.88/ 10x10	-do-	-do-	M/s Begal Chemical & Pharmaceuticals D1/D2, Shivlok House II, Karam Pura, New Delhi
185.	Cefadroxil Cap. IP 500mg of Anh. Cefadroxil	229.84/ 10x10	-do-	-do-	-do-
186.	Ethambutol/Ethambutol Hcl Tablet IP 400mg	133.12/ 10x10	-do-	-do-	-do-

187.	Diltiazem Tab. IP 60mg	3.94 /1x10	-do-	-do-	M/s J.B. Chemicals Pharmaceutical Ltd. Neelam Centre, B-Wing, 4th Floor, hind Cycle Road Worly, Mumbai
188.	Cephalexin Cap. IP 500mg of Anh Cephalexin	175.00/ 10x10	-do-	-do-	M/s Brawn Laboratories Ltd. 44 B, Asaf Ali Road, New Delhi
189.	Doxycycline/Doxycycline Hcl Cap IP 100mg of Doxycycline	47.00/ 10x10	-do-	-do-	M/s Brawn Laboratories Ltd. 44 B, Asaf Ali Road, New Delhi
190.	Alprazolam Tab. IP 0.25mg	6.10/ 10x10	-do-	-do-	M/s Brawn Laboratories Ltd. 44 B, Asaf Ali Road, New Delhi
191	Alprazolam Tab. IP 0.5 mg	6.20/ 10x10	-do-	-do-	-do-
192.	Diazepam Tab. IP 5mg	7.00/ 10x10	-do-	-do-	-do-
193.	Erythromycin Stearate Tablet IP 250mg of Erythromycin	79.90/ 10x10	-do-	-do-	-do-
194.	Furazolidone Tab. IP 100mg	10.10// 10x10	-do-	-do-	-do-
195.	Metformin Hydrochloride Tab. IP 500mg	16.90/ 10x10	-do-	-do-	-do-
196.	Metronidazole Tablet IP 200mg	16.60/ 10x10	-do-	-do-	-do-
197.	Metnidazole Tablet IP 400 mg	29.90/ 10x10	-do-	-do-	-do-
198.	Nimesulide Tablet 100mg	9.50/ 0x10	-do-	-do-	-do-
199.	Trimethoprim + Sulphamethoxazole/ Co-Trimoxazole Tab. IP 80mg+400mg	32.00/ 10x10	-do-	-do-	-do-
200.	Trimethoprim + Sulphamethoxazole/Co-Trimoxazole Tab. IP 160mg+800mg	64.90/ 10x10	-do-	-do-	-do-
201.	Amiodarone tab IP 100 mg	19.66/ 1x10	-do-	-do-	M/s Micro Lab Ltd. 27 – Race Course Road, Bangalore
202.	Amiodarone Tab. IP 200 mg	30.06/ 1x10	-do-	-do-	-do-
203.	Diltiazem tab IP 30mg	3.02// 1x10	-do-	-do-	-do-
204.	Metoprolol Tab. IP 25 mg	4.06/ 1x10	-do-	-do-	-do-
205	Norethisterone Tab. IP 5 mg	11.96/ 1x10	-do-	-do-	-do-
206.	Gliclazide Tab. BP 80mg	62.19/ 10x10	5010-13 dt. 23-6-2009	1-6-2011	M/s Parenteral Drug (India) Ltd. Shree Ganesh Chambers, Navlakha Crossing, A.B. Road, Indore - 452001
207.	Ondansetron tab BP 4mg	28.91/ 10x10	-do-	-do-	-do-
208.	Ondansetron Tab. BP 8 mg	44.51/ 10x10	-do-	-do-	-do-
209.	Carbamazepine Tab. IP 200mg	46.50/ 10x10	-do-	-do-	-do-
210.	Azathioprine tab. IP 50mg	62.00/ 1x10	-do-	-do-	M/s RPG Life Sciences Ltd. Ceat Market, 463, Dr. Annie Basant

					Road, Worli, Mumbai
211.	Spirono lactone Tab. IP 25 mg	9.50/ 1x10	-do-	-do-	-do-
212.	Lithium Carbonate Tab. 300mg	35.40/10x10	-do-	-do-	M/s Linclon Pharmaceuticals Ltd. Opp. Narang High School, Navrang Pura, Ahmedabad
213.	Clopidogrel Tab. IP 75 mg	Rs. 71.60 Per 10x10 Pack	21259-61 dated 17.03.2010	16.03.2012	M/s Ind-Swift Ltd., 78, Industrial Area, Phase-II, Chandigarh
214.	Simvastatin Tablet BP/USP 10 mg	Rs. 36.50 Per 10x10 Pack	21259-61 dated 17.03.2010	16.03.2012	M/s Ind-Swift Ltd., 78, Industrial Area, Phase-II, Chandigarh
215.	Atorvastatin Calcium equivalent to Atorvastatin Tablet 10 mg	Rs. 39.74 Per 10x10 Pack	21259-61 dated 17.03.2010	16.03.2012	M/s Ind-Swift Ltd., 78, Industrial Area, Phase-II, Chandigarh
216.	Gabapetin Capsule USP 300 mg	Rs. 194.00 Per 10x10 Pack	21259-61 dated 17.03.2010	16.03.2012	M/s Ind-Swift Ltd., 78, Industrial Area, Phase-II, Chandigarh
217.	Simvastatin Tablet BP/USP 20 mg	Rs. 60.98 Per 10x10 Pack	21259-61 dated 17.03.2010	16.03.2012	M/s Medlly Phamaceutical Ltd., Medlly House D-2 MIDC Area, 16 th Road Andheri East Mumbai
218.	Atorvastatin Calcium equivalent to Atorvastatin Tablet 20 mg	Rs. 69.75 Per 10x10 Pack	21259-61 dated 17.03.2010	16.03.2012	M/s Medlly Phamaceutical Ltd., Medlly House D-2 MIDC Area, 16 th Road Andheri East Mumbai
219.	Paracetamol 500 mg + CPM 2mg +Caffine 15 mg Tablet	Rs. 22.80 per 10x10 Pack	26938-38A dated 25.03.2010	16.03.2012	M/s Omega Biotech Ltd., 7 th Milestone, Dehradun Road, Roorkee

	Liquid Group				
1.	Pyrantel Pamoate oral suspension USP 50 mg/1ml of Pyrantel base	22.50/ 10ml	3600-3601 dated 2-6-2009	1-6-2011	M/s Maan Pharmaceutical Ltd. 202/A Harikrapa Chambers, Near City Gold Cinema, Ashram Road, Ahmedabad
2.	Trimethoprim and Sulphamethoxazole(Cotrimaxazole) oral suspension IP for paediatric use 40 mg+200mg/5ml	5.30/ 50 ml	-do-	-do-	-do-
3.	Gum Paint as per formula given below:- Tannic Acid Glycerin 27% w/v+Potassium Iodide IP 0.05% w/w+Iodine IP 0.03% w/w+Thymol IP 0.033% w/w+Menthol Ip 0.05% w/w+Glycerin IP qs(15ml)	20.00/15ml	4002-08 dated 10-6-2009	1-6-2011	M/s Indoco Remedies Ltd. Indoco House, 166, C.S.T. Road, Cantacruz (East) Mumbai
4.	Chloramphenicol eye drop IP 0.5% w/v	5.80/5ml	-do-	-do-	M/s Alpha Laboratories Ltd 33/2 A.B Road, Pigdamber
5.	Sulphacetamide/Suphacetamide Sodium eye drop IP 20% w/v	5.57/10ml	-do-	-do-	-do-
6.	Atropine Sulphate ointment IP 1% w/w/ (3g tube)	11.00/3gm	-do-	-do-	-do-
7.	Chloramphenicol eye ointment IP 1% w/w/ (3g tube)	6.80/3gm	-do-	-do-	-do-
8.	Gentamycin Sulphate Eye Drops IP 0.3% w/v of Gentamycin base (5ml vial)	3.35/5ml	-do-	-do-	-do-
9.	Betamethasone Valerate ointment IP 0.1% w/w of Betamethasone	6.57/10gm	-do-	-do-	-do-
10.	Cephalexin oral suspension Ip (Dry Syrup) 125mg/5ml of anh Cephalexin	7.85/30ml	-do-	-do-	M/s Ind-swift Ltd. 781 – Industrial Area, Phase – II, Chandigarh
11.	Betamethasone Valerate ointment IP 0.1% w/w of Bethamethasone	6.57/10mg	-do-	-do-	-do-
12.	Permethrin Cream 5% w/w 30 gm	17.58/30gm	-do-	-do-	-do-
13.	Ciprofloxacin Eye Drop IP 0.3% w/v of Ciprofloxacin	3.35/5ml	-do-	-do-	M/s Ahlcon Parenterals (India) Ltd. 4, Community Centre, Saket, New Delhi
14.	Gentamycin Sulphate eye Drops IP 0.3% w/v of Gentamycin base(5ml Vial)	3.35/5ml	-do-	-do-	-do-
15.	Glutaraldehyde Solution BP 2.45% w/v 5 Litre	339.04/2 Litre	-do-	-do-	M/s Johnson & Johnson Ltd. 30 – Forgett Street, Mumbai
16.	Glutaraldehyde Solution BP 2.45% w/v 5 Litre	641.68/ 5 Litre	-do-	-do-	-do-
17.	Azithromycin oral suspension 200 mg /5ml of Azithromycin anh. (ready to use suspension)	8.48/15ml	-do-	-do-	M/s Bharat Parenterals Ltd.

					Village Haripura, Tehsil Savli District Vadodara
18.	Glutaraldehyde solution BP 2.45% W/V 2 Litre	339.04/2 Litre	-do-	-do-	-do-
19.	Glutaraldehyde solution BP 2.45% W/V 5 Litre	641.68/5 Litre	-do-	-do-	-do-
20.	Amoxycillin Oral suspension IP (Dry Syrup) 125mg/5ml of Amoxycillin	5.50/30ml	-do-	-do-	M/s Medicamen Biotech Ltd. 10, Community CXentre No. 2, Ashok Vihar, Phase –II, Delhi - 110052
21.	Ampicillin oral suspension IP (Dry Syrup) 125 mg/5ml of ampicillin	5.50/30ml	-do-	-do-	-do-
22.	Cephalexin oral suspension IP (Dry Syrup) 125mg/5ml of anh. Cephalexin	7.85/30ml	-do-	-do-	-do-
23.	Chloroquine Syrup IP 50mg/5ml of Chloroquine	5.80/ 60ml	-do-	-do-	-do-
24.	Cloxacillin Sodium Syrup IP (Dry Syrup) 125 mg/5ml of Cloxacillin	5.80/ 30 ml	-do-	-do-	-do-
25.	Mebendazole Oral Suspension 100mg/5mg	4.80/ 30 ml	-do-	-do-	-do-
26.	Albendazole oral suspension 200 mg/ 5ml	2.90/ 10mk	-do-	-do-	M/s Omega Biotech Ltd. 7th Mile Stone, Dehradun Road, Roorkee
27.	Cetirizine Hydroxide Syrup 5 mg/5 ml 30 ml	3.35/30ml	-do-	-do-	-do-
28.	Cetirizine Hydroxide Syrup 5 mg/ 5ml 60ml	4.05/ 60ml	-do-	-do-	-do-
29.	Cough Syrup as below:- each 5 ml contains chlorpheniramine Maleate IP 3 ml, Ammonium chloride IP 110 mg, Sodium Citrate IP 40 mg, Menthol IP 0.9 mg	5.40/ 100 ml	-do-	-do-	-do-
30.	Cough Syrup- as below:- each 5 ml contains Diphen Hydramine Hydrochloride IP 14 mg Ammonium Chloride IP 135 mg Sodium Citrate IP 57 mg, Menthol IP 0.9 mg	5.70/100 ml	-do-	-do-	-do-
31.	Domperidone oral suspension 1 mg/ ml of Domperidone	3.30/ 30 ml	-do-	-do-	-do-
32.	Erythromycin estolate oral suspension USP 125 ml/ 5 ml of Erythromycin 30 ml bottle	6.10/ 30 ml	-do-	-do-	-do-
33.	Erythromycin estolate oral suspension USP 125 mg/ 5 ml of Erythromycin 60 ml bottle	10.40/ 60 ml	-do-	-do-	-do-
34.	Salbutamol Sulphate syrup IP 2 mg/ 5ml of salbutamol base 100 ml bottle	4.65/100ml	-do-	-do-	-do-
35.	Trimethoprim and Sulphamethoxazole(Cotrimaxazole) oral suspension IP for paediatric use 40 mg+ 200 mg/5ml	5.30/50ml	-do-	-do-	-do-
36.	Benzyl Benzoate application IP 25% W/W 50 ml bottle	5.50/50 ml	-do-	-do-	-do-

37.	Benzyl Benzoate application IP 25% w/w 100 ml bottle	8.40/100 ml	-do-	-do-	-do-
38.	Clotrimazole Cream IP with applicator 1% w/v 15 g tube	4.31/ 15 gm	-do-	-do-	-do-
39.	Clotrimazole Cream IP with applicator 2% w/v 15 g tube	4.47/15 gm	-do-	-do-	-do-
40.	Miconazole Nitrate Cream IP 2% w/w 15 gm	3.65/15gm	-do-	-do-	-do-
41.	Povidone Iodine Oint USP 5% w/w/	4.65/ 15gm	-do-	-do-	-do-
42.	Silver Sulphadiazine cream USP 1% w/w/ 25 gm tube	5.75/ 25gm	-do-	-do-	-do-
43.	Silver Sulphadiazine cream USP 1% w/w 250 gm Jar	40.50/ 250gm	-do-	-do-	-do-
44.	Timolol Maleate eye drops IP 0.25% w/v of Timolol	8.10/ 5ml	4439-41 dt. 16-6-2009	1-6-2011	M/s Bal Pharma Ltd. 5th Floor, Laxmi Narayan Complex, 10/1, Place Road, Bangalore
45.	Ciprofloxacin Eye Drops IP 0.3% w/v of Ciprofloxacin	3.35/ 5ml	-do-	-do-	-do-
46.	Lindane Lotion USP 1% w/v 100ml	16.64/ 100ml	-do-	-do-	M/s Glenmark Pharmaceutical Ltd. Glenmark House, HDO Corporate Building, Wing-A, B.D. Sawant Marg, Chakla, Opp. Western Express Highway, Andheri East, Mumbai
47.	Salbutamol Sulphate Syrup IP 2mg/ 5ml of Salbutamol base 100 ml bottle	4.65/ 100ml	-do-	-do-	M/s Brawn Laboratories Ltd. 44 B, Asaf Ali Road, New Delhi
48.	Miconazole Nitrate Cream IP 2% w/w	3.65/ 15gm	-do-	-do-	-do-
49.	Ciprofloxacin Eye Drops IP 0.3% w/v of Ciprofloxacin	3.35/5ml	5653 dated 3-7-2009	1-6-2011	M/s Parenteral Drug(India) Ltd. Shree Ganesh Chambers, Navlakha Crossing, A.B. Road, Indore - 452001
50.	Gentamycin Sulphate Eye Drops IP 0.3% w/v of Gentamycin base(5ml Vial)	3.35/5ml	-do-	-do-	-do-
51.	Timolol Maleate Eye Drops IP 0.5% w/v of Timolol	7.94/5ml	-do-	-do-	-do-
52.	Xylomethazoline Hydrochloride Nasal Drops IP 0.5% w/v (10ml vial)	9.34/ 10ml	-do-	-do-	-do-
53.	Xylomethazoline Hydrochloride Nasal Drops IP 0.1% w/v (10 ml vial)	8.30/ 10ml	-do-	-do-	-do-
54.	Amoxicillin and Potassium Clavulanate oral suspension IP containing Amoxicillin 200 mg Clavulanate acid 28.5 mg per 5 ml	Rs. 18.78 per 30 ml bottle	21259-61 dated 17.03.2010	16.03.2012	M/s Galpha Laboratories Ltd., 610, Shah & Nahar. Dr. E. Moscs Road, Worli, Mumbai
55.	Calcium 250 mg (As calcium carbonate 625 mg) + Vitamin D-3 (Cholecalciferol) 125 IU per	Rs. 9.38 per 100 ml bottle	21259-61 dated	16.03.2012	M/s Galpha Laboratories Ltd., 610, Shah & Nahar. Dr. E. Moscs Road,

	5 ml		17.03.2010		Worli, Mumbai
56.	Amoxicillin and Potassium Clavulanate oral suspension IP containing Amoxicillin 200 mg Clavulanate acid 28.5 mg per 5 ml	Rs. 18.78 per 30 ml bottle	26938-38A dated 25.03.2010	16.03.2012	M/s Parenteral Drug (India) Ltd., Shri. Ganesh Chamber, Navlakha Crossing, AB Road, Indore
57.	Ibuprofen 100 mg per 5 ml + Paracetamol 125 mg per 5 ml oral suspension	Rs. 5.80 per 60 ml bottle	26938-38A dated 25.03.2010	16.03.2012	M/s Omega Biotech Ltd., 7 th Milestone, Dehradun Road, Roorkee
58.	Metronidazole oral suspension IP 200 mg per 5 ml	Rs. 6.90 per 50 ml bottle	26938-38A dated 25.03.2010	16.03.2012	M/s Omega Biotech Ltd., 7 th Milestone, Dehradun Road, Roorkee