GOVERNMENT OF NAGALAND
HEALTH & FAMILY WELFARE DEPARTMENT
NAGALAND::KOHIMA

Dated, Kohima the 31/10/ 2013

NOTIFICATION

No: HFW/15/B/NRHM/1/2010: In the interest of Public Service, the Governor of Nagaland is pleased to notify provision of free Essential Generic Drugs and Diagnostics to all patients coming to public sector health facilities under the scheme- 'National Health Mission Free Drug and Diagnostic Services' with immediate effect.

The entitlement of Free Drugs and Diagnostics services shall be as per the Facility Type Essential Drug List and Basic Diagnostic List which shall be updated and notified from time to time.

(SENTIYANGER IMCHEN)
Commissioner & Secretary to the Govt of Nagaland
Health & Family Welfare Department

No: HFW//15/B/NRHM/1/2010 Dated, Kohima the 31/10/ 2013

Copy to:

1. The Special Secretary to the Hon'ble Chief minister, Nagaland for kind information.
2. The P.S to Hon'ble Minister of Health & Family Welfare, Nagaland, Kohima for information.
3. The P.S. to the Chief Secretary, Nagaland, Kohima for information.
4. The Principal Director, Directorate of Health & Family Welfare, Nagaland, Kohima for information.
5. The Mission Director (NRHM), Department of Health & Family Welfare, Nagaland, Kohima for information.
6. The Deputy Commissioner & Chairman District Health Society
   Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto for information.
7. The Chief Medical Officer
   Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto for information.
8. The Medical Superintendent
   Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto for information.
9. Office Copy / Guard File

(SENTIYANGER IMCHEN)
Commissioner & Secretary to the Govt of Nagaland
Health & Family Welfare Department

NAGALAND DRUGS & DIAGNOSTICS POLICY: 2013

Access to and provision of essential life saving drugs & diagnostics is the fundamental right of the citizen. One of the most vital component of health care is drugs and diagnostics as they account for substantial part of household expenditure on health.

Reiterating the commitment of the Government to promote equitable, affordable and quality health care, the Nagaland Drugs & Diagnostics Policy is adopted in the interest of public service to reduce the out of pocket expenditure by providing free essential generic medicine and diagnostics in all public health institutions thereby reducing the suffering and preventable deaths occurring due to inadequate access to Essential Drugs & Diagnostics.

The initiative for provision of free essential generic medicine and diagnostics in all public health institutions shall be notified as '***National Health Mission- Free Drug & Diagnostic Service***'. The service shall come into force from the date of its publication is Nagaland Gazette Bulletin.

A. Objective:-

1. To provide quality essential life saving generic drugs & diagnostics to all patients in the public sector health institutions.
2. To ensure safety, quality, efficacy and timely availability of generic drugs & diagnostics.
3. To promote good prescribing practices, dispensing practices and rational use of drugs & diagnostics and adherence to Standard Treatment Guideline (STG).
4. To establish a sound procurement system which is cost effective and transparent.
5. To create a robust logistic and supply management system.

Plan of action

1. Rationalize the Essential drug & diagnostic list based on the Standard Treatment Guidelines.
2. Quantify requirement - State and District-wise.
3. Specify dosage size, primary and secondary packaging standards
4. Establish procurement policy and adopt Competitive Tendering.
5. Design and develop organogram for state drug ware house and procurement.
6. Create adequate storage facility.
7. Design the layout for State, District and CHC drug ware house
8. Create EFFECTIVE communication system within the organization
9. Create an EFFECTIVE distribution system in every district.
10. Train Pharmacists on warehouse management

B. Guideline on Essential List of Drugs & Diagnostics :

The core of the concept of selection of essential Drugs and Diagnostics is the use of a limited number of carefully selected Drugs, and Diagnostics based on Standard Treatment Protocols which would lead to a greater supply/availability of drugs and diagnostics; promote rational prescription and reduction in costs and finally to better health outcomes.

1. Defining the Essential List (Drugs and Diagnostics); Formulary of Drug & Reagents as per Pharmacopeia Standards and Technical Specifications of various Equipments, Instruments, Nursing Sundries, Hospital Fixtures, Furniture and other consumables should be based on a systematic, transparent and consultative procedures.

2. The selection of essential drugs and diagnostics will be based on the following criteria and as per the provision of the IPHS and Guidelines of various National Health Programmes:-
    a) Therapeutic need
    b) Relevance to State morbidity and mortality pattern
    c) Safety, quality and efficacy
    d) Cost effectiveness
    e) Ease & safety in administration and dispensing
    f) Usefulness in more than one condition
    g) Likelihood of patient compliance
    h) Training and experience of the prescribers
    i) Treatment facilities in the State.

Nagaland Essential Drugs List & Facility Type Essential Drug List:

1. The preparation of Essential of Drugs List (EDL) should be guided by the following principles while:-
    a) Only those medicines with sound and adequate evidence of efficacy and safety in a variety of settings should be selected.
    b) Relative cost-effectiveness would be a major consideration for choosing medicines within the same therapeutic category. While comparing between medicines, the total cost on treatment and not the unit cost of medicines only must be kept in mind along with its efficacy.
    c) The drugs selected shall be identified and listed by their generic name or International Non-proprietary Name (INN) only.
    d) In some cases the choice may be influenced by other factors such as pharmacokinetic properties or by local considerations such as the availability of facilities for storage, effects of local diseases, food habits on drug effectiveness (e.g malnutrition, liver diseases etc.), local differences in sensitivity and resistance of micro-organisms and differences in climate, topography and other environmental factors;
    e) Medicines selected must be available in a form in which adequate quality, including bioavailability, can be ensured. Its stability under the anticipated conditions of storage and use must be determined.
    f) Most of the medicines should be formulated as single compounds. Fixed rational combinations shall be acceptable if one or more of the following criteria supported by evidence are met:-
        i. The clinical condition justifies the use of more than one drug;
        ii. The therapeutic effects of the combination are greater than the sum of effects of each drug, i.e. the combination must be synergistic and not simply additive;
        iii. The cost of combination product is less than the total cost of the individual products;
2. The State Essential Drug List will be subsequently categorized according to the levels of health care facilities- Facility Type Essential Drug List (EDL) for SC (DP & Non DP), PHCs (DP & Non DP), CHCs (FRU & Non FRU) and DHs (FRU & Non FRU).
3. Upon administrative approval by the Government the EDL must be disseminated to all public health facilities.

4. The EDL shall be updated every 2 (two) years so that they reflects therapeutic advances, changes in cost, resistance patterns, past experiences and public health relevance on the basis of monitoring of their use and impact.
5. There are some drugs though not listed in the EDL are required for specific diseases/exceptional cases. Keeping this in view, a Complementary Drug List (CDL) would be drawn up by the State Drugs and Therapeutics Committee and a provision of grants not exceeding 10% of the allocated budget for procurement of drugs shall be earmarked for purchase of drugs in the complementary drugs list.

Nagaland Essential Diagnostic List & Facility Type Essential Diagnostic List:

1. The preparation of Essential Diagnostic List (EDL) should be guided by the following principles while:-
   a) Only those Diagnostics with sound and adequate evidence of efficacy and safety in a variety of settings should be selected.
   b) Relative cost-effectiveness would be a major consideration for choosing diagnostics within the same therapeutic category.
2. The State Essential Diagnostic List will be subsequently categorized according to the levels of health care facilities- Facility Type Essential Diagnostic List for SC (DP & Non DP), PHCs (DP & Non DP), CHCs (FRU & Non FRU) and DHs (FRU & Non FRU).
3. Upon administrative approval by the Government the Essential Diagnostic List must be disseminated to all public health facilities.
4. The Essential Diagnostic List shall be updated every 2 (two) years so that they reflects therapeutic advances, changes in cost, resistance patterns, past experiences and public health relevance on the basis of monitoring of their use and impact.
5. There are some diagnostics though not listed in the Essential Diagnostic List are required for specific diseases/exceptional cases. Keeping this in view, a Complementary Essential Diagnostic List would be drawn up by the State Drugs, Diagnostics and Therapeutics Committee and a provision of grants not exceeding 10% of the allocated budget for procurement of drugs shall be earmarked for purchase of drugs in the complementary drugs list.

C. Guideline on Essential Drug Formulary & Technical Specifications of various Goods:

1. The Competent Authority as notified by the Government shall develop the Essential Drugs Formulary & Technical Specifications of various Goods in consultation with various experts/specialist.
2. The Formulary & Technical Specifications which will provide comprehensive information on necessary information on medicines thereby not only serving as a complementary to Standard Treatment Guidelines (STG) but is also essential to facilitate use of the essential drug list.
3. The Essential Drugs Formulary should contain details of medicine, its dosage, formulation, side effects precautions, contraindications etc, which are essential for deciding on treatment.

D. Guideline on Rational Use of Drugs (RUD)

RUD requires that patients receive medications appropriate to their clinical needs, in doses that meet their own requirements for adequate period of time at the lowest cost.

1. Objectives:
   a) To identify the magnitude and nature of inappropriate drug utilization

b) To describe the factors which influences the behavior of the prescribers.
c) To describe factors which influences the decision making process.
d) To relate issues to specific drug use problem.

2. The Competent Authority as notified by the Government shall be responsible for planning, implementation, capacity development and monitoring of Policy on Rational Drug & Diagnostic Use.
3. Government shall issue necessary enabling Orders for strict implementation in the public sector with provisions for dealing with violations, particularly to ensure use of generic names, and prescription and purchases only from within the list at every level, with powers for exemption being only at the highest level.
4. Sale, Storage, use of /dispensing of various drugs and record keeping shall be in compliance with existing Rules and Regulations

E. Guideline on Standard Treatment Protocols (STP)/Standard Treatment Guideline (STG):

Standardized Treatment Protocols will improve prescription practices by reducing poly pharmacy, irrational drug combinations.

1. The Competent Authority as notified by the Government in consultation with various experts/specialist shall develop the Standard Treatment Guideline for each level of care (ranging from paramedical staff in primary health care clinics to specialist doctors in tertiary referral hospitals), based on prevalent clinical conditions and the skills of available prescribers.
2. The STG must be systematically developed to help prescribers make decisions about appropriate treatments for specific clinical conditions.
3. Upon administrative approval by the Government the STG must be available in all public health facilities.
4. IEC to create awareness about the STG
5. Capacity building of the various categories on STG.
6. Necessary Notification shall be issued to all Health/Medical institutions to follow the Standard Treatment Guidelines for treatment of common diseases. Accordingly, the DTC shall conduct Prescription Audit from time to time.

F. Guideline on Procurement Process/System:

1. Procurement Process/System of the Drugs, Diagnostics and Therapeutics shall observe the following in addition to the existing Prescribed Procedures, Rules and Regulations for procurement.
2. A Procurement Board upon notification by the HOD shall be constituted at the State and District Level to plan and manage the Procurement Process/System. The Procurement Board shall comprise of the following members:

State Procurement Board (SPB):

a) Director (Health) : Chairman
b) Addl Director (Planning) : Member
c) Jt Director (FW) : Member
d) State Programme Officer (NRHM/NUHM) : Member
e) Deputy Director (Purchase) : Member Secretary

NB: The SPB shall be assisted by the Procurement Section.

District Procurement Board (DPB):

a) Chief Medical Officer : Chairman
b) Medical Superintendent, DH : Member

c) 1 District Programme Officer : Member

3. Terms of Reference of Procurement Board:

For effective planning and management of the procurement of Drugs and Diagnostics, the Procurement Board shall be responsible for:

and management of the and shall be responsible for:

a) Drawing up of Schedule of Rates (SoR):
   - The SoR of the items shall be based on the Approved Rate of the National Pharmaceutical Pricing Authority (NPPA) wherever applicable. In the absence of SoR for any items, the rate of the L1 Bidder shall be considered.
   - The SoR shall be updated on yearly basis and shall be duly Notified by the Government and disseminated to all public health facilities.

b) Only items listed in the Essential List of drugs and diagnostics shall be procured centrally.
c) Finalization of tender document
d) Vetting of the Tender Document by the Financial Adviser.
e) Ranking of the invited tenders
f) Evaluation of technical specification.
g) Opening of price bids of successful bidders found in technical evaluation (as per requirement the Manufacturing Units of Successful Technical Bidders can be inspected before opening of price bids)
h) Preparing Comparative statement with L1
i) Obtaining permission for inviting L2 & L3 bidders on L1 offered rates
j) Finalization of L1 rates and if required to seek permission from HOD & AHOD for rate negotiation with L1 bidder
k) Other tasks necessary to finalize the tender and for final decision.

4. Procurement & Tendering Process:

a) Frequency of Procurement:
   - To ensure uninterrupted availability to patients, procurement shall be made timely and the frequency of delivery of the consignment based on the capacity of the Warehouse and consumption pattern.

b) Fixation of technical specifications of drugs/goods & Technical Evaluation of the Tenders

The Technical Committee of the Drugs and Diagnostics Board shall be responsible for

   - Fixing technical specifications of drugs/goods shall be based Empowered Procurement Wing (EPW) of Ministry of Health & Family Welfare GoI. In the absence of technical specifications from the EPW, the technical specifications invited from the Tenderers.
   - Technical Evaluation of the Tenders.
   - Presentation of the qualified bidder to the Procurement Board.

c) Notice Inviting Tender:
   - All procurement shall follow the prescribed tendering system ideally comprising of two-stage process of technical pre-qualification and competitive price bid.

- Notice Inviting Tender must be widely publicized including posting at the Departmental Web Site.
- Details of the technical specifications/drug formulation, packaging, shelf life, mode of delivery, quality control, training of the end-users and all other terms and conditions as per existing Rules and Regulations wherever applicable must be clearly specified in the Tender Document.

d) Evaluation of Technical Bids:

The Procurement Board or the Technical Evaluation Committee constituted by the Procurement Board, upon receiving the Tenders upto the stipulated time, in the presence of the Tenderers/Representatives-

- Shall open the technical bids and scrutinized with the help of the check list- as to whether the company is following Schedule M and GMP and has the capacity for manufacturing and supplying the drugs or not.
- All manufacturers participating in the tendering process shall compulsorily produce certificate of Good Manufacturing Practice (GMP) and their production capacity such as- minimum annual turnover and market standing certificate from competent authority(s). Wherever required, the departmental inspection team shall be sent for inspection with a check list for verification of the GMP compliances and capacity of the tenderer.
- Those Bidders failing to submit the requisite documents shall be rejected. Also Tenders from Black-Listed firms shall not be entertained under any circumstances and shall be liable for Disqualification.

e) Evaluation of Price Bids:

The Procurement Board,

- Shall invite the shortlisted Bidders qualified in the technical evaluation for price bid opening. The Bidders must bring copies of the price quoted for the items for circulation among the competitors during the price bid opening.
- Shall open the price bids for scrutiny and preparation of the comparative statement and ranking of L1, L2 & L3 in the presence of the Bidders/Representatives.

f) Finalization of Tendering Process by the Procurement Board:

- Normally no negotiation will be done with L1 bidder. But if the rates come exorbitantly high then as an exception after taking due permission from the AHOD & HOD negotiation can be carried out with L1 bidder.
- Acceptance of L1 rates will be obtained from L2 & L3 Bidders. On acceptance first of all L1 bidder will be offered 100 percent order for supply. If supply not being completed L2 bidder would be offered L1 rates with complete order for supply. If both L1 & L2 bidders fail to supply L3 bidder would be asked to supply the complete order. On failure of L3 bidder, the tender process would be done again.
- An agreement should also be entered into with L-2 and L-3 Tenderers to supply as per the rates of successful L-1 tenderer. After getting such agreement first successful tenderer L-1 may be given 100% supply orders. If L-1 fails to supply, L-2 should be given 100% supply order as per L-1 tenderer. If L-1 & L-2 fail to supply then L-3 may be given 100% supply order as per rates of L-1. If L-3 also fails to supply, tenders should be invited again.

- If any of the three suppliers who have agreed on L1 rates are unable to supply within the time period offered, then they could be blacklisted for next three years.
- If any item which are not approved by the Board for various reasons retenders will be invited for those items.

g) Placing of Orders:
- Upon completion all the above formalities, the Procurement Section shall issue the Contract to the selected contractors. The Contract should give the details of the requirements and specifications including quality control.
- Under ordinary circumstances, it shall be mandatory that Goods/Drugs ordered should be supplied within 45 days.
- Orders can be placed for quarterly requirements or as per necessary requirement.

h) Receipt of Consignment:
- The Store Incharge within 24 hours of receipt of the consignment, shall number all the packages and shall inform the Quality Control Committee of the Verification Board.

5. *A provision of 5% of the total budget of the Procurement shall be earmarked for monitoring, management and other administrative expenses including Transportation of the Goods. If the expenditure goes above 5% due to unavoidable circumstances, permission/approval must be obtained from the State Government.*
6. All procurements- including details of equipment procured (as per directions of CIC which have been communicated to the States by this Ministry vide letter No 'No.Z.28015/162/2011-H' dated 28th November 2011.) shall be posted in the Departmental Web site/Public Domain.
7. In accordance with C&AG Report No.6 of 2011-12 and the Ministry of Health & Family Welfare, GoI vide DO letter No: Nil dated April 23, 2013, suppliers of the equipment shall provide training to the end users where the end users do not have the capacity to effectively operate the equipment at the time of its purchase.

G. Guideline on Verification & Quality Control:

1. In accordance with the existing Prescribed Procedures, Rules and Regulations, the Competent Authority as notified by the Government shall be responsible for Inspection, Sampling and Testing of the consignment.
2. A Verification Board upon notification by the HOD shall be constituted at the State and District Level to plan and manage the Quality Control System. The Verification Board shall comprise of the following members:

State Verification Board (SVB):

a) Director (FW) : Chairman
b) Additional Drugs Controller : Member
c) Joint Director (Health) : Member Secretary

NB: The SPB shall be assisted by the Purchase & Supply Section.

District Verification Board (DPB):

a) Chief Medical Officer : Chairman
b) Medical Superintendent, DH : Member
c) 1 District Programme Officer : Member

3. Terms of Reference of Verification Board:
   a) To ensure the requirement of Quality Control is clearly specified in the tender document.
   b) To ensure each and every batch of drugs/medicines supplied by the suppliers shall be subjected to quality test by the laboratories empanelled through open tender process.
   c) The Quality Control Committee of the Verification Board within 3 days of delivery of the consignment by the supplier,
      - Shall check the consignment of drug/goods delivered have atleast 5/6th of the shelf life at the time of delivery.
      - Shall collect 3 samples randomly from 1/3 of the boxes from the supplies from each batch, decoded and dispatch to empanelled accredited laboratories for quality testing & control.
   d) The cost of the quality testing would be borne by the Supplier.
   e) During inspection if the drugs/goods are found to be less than the required specifications then the supplier shall replace the complete batch at his own cost within 30 days or else the supplier has to deposit the ordering authority a Bank draft equivalent to the value of the drugs/goods found not as per the specifications.
   f) The unfit goods/drugs have to be lifted at Suppliers own cost which are not found of required quality, within 30 days otherwise the cost of disposal would have to be borne by the supplying firm.
   g) The Verification Board upon verification of the consignment as specified in the contract order shall certify acceptance of the consignment and clearance for release of payment.
   h) No drugs/goods shall be distributed unless certified by the Quality Control Committee.

H. Guideline on Supply Chain Management System:
   1. The Store Section shall be responsible for management of the Supply Chain Management System. The stores shall be managed by appropriate skilled and qualified personnel.
   2. Indent Management:
      a) Indent to be taken from each facility based on consumption pattern through computerized inventory management system.
      b) Differential distribution of types and quantities of drugs to performing and non performing facilities and also as per level of facility.
      c) The Purchase and Supply Section shall be responsible for formulating appropriate and uniform inventory control system to prevent excessive stocking of individual items, prevent stock outs and also Proper re-call and disposal procedures.
   3. Distribution of the drug to district warehouse and institute
      a) Through Pass book system on value basis.
      b) Two pass books maintained per institution, one with the Institution and another with warehouse.
      c) Values debited on drawals on the values allocated by the heads of the Departments.
      d) Additional allocation required for additional drawals.
      e) Monitored by Inward Indent/Issue form, Outward Goods Register.

f) Drug should be distributed by First Expiry first out basis (FEFO) or drugs received first will be exhausted first (First in First out basis (FIFO)).

g) The Details of Pass Book System, Main/Sub stock register, Daily Monitoring program in warehouse/Bin Card, Requisition/Issue Voucher, etc is Annexure: I.

4. Packing Norms:
   a) Instruction of the packaging including kits as per the type of goods and details of labelling shall be clearly specified in the tender document
   b) The packing materials should be all weather proof or as per the manufacturer's specification with proper labelling in conformity of all statutory specifications.
   c) Tablet and capsule should be packed in blister/ strip pack for maintaining uniformity like 10 tablets in one blister and 10 blisters in one inner box, then 100 inner boxes in one outer carton.
   d) User's Manual/Handbook and warranty of each item wherever applicable should be mandatorily provided by the supplier.
   e) In all forms of packaging of various drug formulations- tablet /powder /liquid /syrup /injection /etc shall have the logogram "**Only Govt of Nagaland Supply Not For Sale**" inscribed prominently.
5. Warehousing/Storage:
   a) All goods shall be stored in a clean, dry and well-ventilated environment or as per manufacturers instruction.
   b) The goods should be left in their original packaging while in storage. The batch number and marking on the cartons should be recorded to ensure that every batch is traceable and distributed on a first in first expiry basis. The drugs, which require special storage including maintaining proper temperature should be stored in appropriate condition.
   c) The Department shall establish Drug Warehouses at various levels with requisite HR.
6. *Transportation of the Goods: As stated in Sl.No: F (5)*

I. Constitution of Drugs, Diagnostics and Therapeutics Board:

1. The Drugs, Diagnostics and Therapeutics Committees (DDTBs) upon notification by the Government shall be constituted at the State, District, Block and District Hospital levels for preparation of essential list of various drugs, diagnostics and therapeutics; quantify the requirement and to ensure safe and effective use of medicines, diagnostics and therapeutics in public health facilities. The Board shall comprise of the following:

At the State level (SDDTB):

a) Director (FW) : Chairman
b) Additional Director (Health) : Member
c) Additional Drugs Controller : Member Secretary
d) State Programme Officer (NRHM/NUHM) : Member
e) Project Director (NSACS) : Member
f) 4 Co-Opted Members from relevant specialities comprising of Clinicians, Pathologists/Microbiologists, Public Health Specialists, Pharmacologists and independent experts etc

NB:

- The SDDTB with the approval of the HoD shall constitute various Sub-Committees as per exigency.

	established to document such events	
i)	Providing advice about other drug management issues, such as quality and expenditure.	State, District, Block & District Hospital DDTBs

NB: For details refer Guideline on Promotion of Rational Drug Used published by NHSRC on behalf of MoHFW.

J. Promoting Operational & Clinical Research:

1. Operational research facilitates implementation, monitoring and evaluation of different aspects of drug policy. It is an essential tool in assessing the drug policy's impact on State Health service systems and delivery, in studying the economies of drug supply, in identifying problems related to prescribing and dispensing, and in understanding the sociocultural aspects of the drug use.
2. The Government shall encourage development of multidisciplinary research in areas such as medicine, pharmacy, pharmacology, medicinal chemistry and training of research personnel in the relevant areas.
3. The Government shall promote collaborative research with recognized research institutes within and outside the State for drug research.
4. Research on use of drugs shall be promoted to provide information on attitudes and beliefs that contribute to inappropriate drug use or non-use.

K. Amendment:

This policy document shall be reviewed and revised at appropriate intervals based on the need but at-least once every five years.

Facility Type Basic Diagnostic List:

Type of Diagnostic Services		Level & Type of Health Facility							
		L3	L3	L2	L2	L1	L1	L0	L0
Speciality	Diagnostic Services/Tests	DH	CHC FRU	CHC 24x7 (DP)	PHC 24x7 (DP)	PHC Non 24x7 (DP)	SC (DP)	PHC (Non DP)	SC (Non-DP)
Y: Yes: NA: Not Applicable									
I. Clinical Pathology									
a. Hematology	Haemoglobin estimation	Y	Y	Y	Y	Y	Y	Y	Y
	Total Leukocytes count	Y	Y	Y	Y	NA	NA	NA	NA
	Differential Leucocytes count	Y	Y	Y	Y	NA	NA	NA	NA
	Absolute Eosinophil count	Y	NA	NA	NA	NA	NA	NA	NA
	Reticulocyte count	Y	NA	NA	NA	NA	NA	NA	NA
	Total RBC count	Y	Y	Y	Y	NA	NA	NA	NA
	E. S. R.	Y	Y	Y	Y	NA	NA	NA	NA
	Bleeding time	Y	Y	Y	Y	NA	NA	NA	NA
	Clotting time	Y	Y	Y	Y	NA	NA	NA	NA
	Prothrombin time	Y	Y	NA	NA	NA	NA	NA	NA
	Peripheral Blood Smear Malaria/Filaria Parasite	Y	Y	Y	Y	NA	NA	NA	NA
	Platelet count	Y	Y	Y	Y	NA	NA	NA	NA
	Packed Cell volume	Y	Y	NA	NA	NA	NA	NA	NA
	Blood grouping	Y	Y	Y	Y	NA	NA	NA	NA
	Rh typing	Y	Y	Y	Y	NA	NA	NA	NA
	Blood Cross matching	Y	Y	NA	NA	NA	NA	NA	NA
	APTT	Y	NA	NA	NA	NA	NA	NA	NA
	ANA/ANF, Rhemmatoid Factor	Y	NA	NA	NA	NA	NA	NA	NA
	Immunoglobin Profile (IGM, IGG, IGE, IGA)	Y	NA	NA	NA	NA	NA	NA	NA
	Fibrinogen Degradation Product	Y	NA	NA	NA	NA	NA	NA	NA
b. Urine Analysis	Albumin/Protein	Y	Y	Y	Y	Y	Y	Y	Y
	Sugar/Glucose	Y	Y	Y	Y	Y	Y	Y	Y
	Deposits	Y	Y	Y	Y	NA	NA	NA	NA
	Bile salts	Y	Y	Y	Y	NA	NA	NA	NA
	Bile pigments	Y	Y	Y	Y	NA	NA	NA	NA
	Ketone bodies/Acetone	Y	Y	Y	Y	NA	NA	NA	NA
	Specific gravity	Y	Y	Y	Y	NA	NA	NA	NA
	Reaction (pH)	Y	Y	Y	Y	NA	NA	NA	NA
	Microscopic examination	Y	Y	Y	Y	NA	NA	NA	NA
c. Stool Analysis	Stool for Ovacyst (Ph),	Y	Y	Y	Y	NA	NA	NA	NA
	Hanging drop for V. Cholera	Y	Y	Y	Y	NA	NA	NA	NA
	Occult blood	Y	Y	Y	Y	NA	NA	NA	NA

	Bacterial culture and sensitivity	Y	NA	NA	NA	NA	NA	NA	NA
Semen Analysis	Morphology, count	Y	Y	Y	Y	NA	NA	NA	NA
e. CSF Analysis	Analysis, Cell count etc.	Y	Y	NA	NA	NA	NA	NA	NA
f. Aspirated fluids	Cell count cytology	Y	Y	NA	NA	NA	NA	NA	NA
g. Throat swabs	Examination for diphtheria	Y	Y	Y	Y	NA	NA	NA	NA
II. Pathology									
a. PAP smear	Cytology	Y	NA	NA	NA	NA	NA	NA	NA
b. Sputum	Sputum cytology	Y	Y	Y	Y	NA	NA	NA	NA
c. Haematology	Bone Marrow Aspiration	Y	NA	NA	NA	NA	NA	NA	NA
	Immuno haematology	Y	NA	NA	NA	NA	NA	NA	NA
	Coagulation disorders	Y	NA	NA	NA	NA	NA	NA	NA
	Sickle cell anaemia	Y	NA	NA	NA	NA	NA	NA	NA
	Thalassemia	Y	NA	NA	NA	NA	NA	NA	NA
d. Histopathology	All types of specimens, Biopsies	Y	NA	NA	NA	NA	NA	NA	NA
III. Microbiology									
	KOH study for fungus	Y	Y	Y	Y	NA	NA	NA	NA
	Smear for AFB, KLB (Diphtheria)	Y	Y	Y	Y	NA	NA	NA	NA
	Culture and sensitivity for blood, sputum, pus, urine etc.	Y	NA	NA	NA	NA	NA	NA	NA
	Bactriological analysis of water by H2S based test	Y	Y	Y	Y	NA	NA	NA	NA
	Stool culture for Vibrio Cholera and other bacterial enteropathogene	Y	NA	NA	NA	NA	NA	NA	NA
	Supply of different media* for peripheral Laboratories	Y	NA	NA	NA	NA	NA	NA	NA
	Grams Stain for Throat swab, sputum etc.	Y	Y	Y	Y	NA	NA	NA	NA
IV. Serology									
	VDRL/RPR Card test for syphillis	Y	Y	Y	Y	Y	Y	NA	NA
	Pregnancy test (Urine gravindex) ELISA for Beta HCG	Y	Y	Y	Y	Y	Y	Y	Y
	Leptospirosis, Brucellosis	Y	NA	NA	NA	NA	NA	NA	NA
	WIDAL test	Y	Y	Y	Y	NA	NA	NA	NA
	ELISA/Rapid test for HIV	Y	Y	NA	NA	NA	NA	NA	NA
	ELISA/ Rapid test for HBs Ag	Y	Y	NA	NA	NA	NA	NA	NA
	ELISA/ Rapid test for HCV	Y	Y	NA	NA	NA	NA	NA	NA
	ELISA for TB	Y	NA	NA	NA	NA	NA	NA	NA
	DCT/ICT with Titre	Y	Y	Y	Y	NA	NA	NA	NA
	RA factor	Y	Y	Y	Y	NA	NA	NA	NA
	RPR Card test for	Y	Y	Y	Y	Y	Y	Y	Y

	syphiliis								
	Rapid test for Typhoid	Y	Y	Y	Y	NA	NA	NA	NA
	Rapid test of Whole Blood Finger Prick for HIV	Y	Y	Y	Y	Y	Y	Y	Y
	Rapid test of Pf Malaria	Y	Y	Y	Y	Y	Y	Y	Y
V. Blood Bank									
	Services as per norms for the blood bank including	Y	Y	NA	NA	NA	NA	NA	NA
	Services for self component separation	Y	NA	NA	NA	NA	NA	NA	NA
VI. Biochemistry									
	Blood Sugar	Y	Y	Y	Y	Y	Y	Y	Y
	Glucose Tolerance Test	Y	Y	NA	NA	NA	NA	NA	NA
	Glycosylated Hemoglobin	Y	Y	NA	NA	NA	NA	NA	NA
	Blood urea, blood cholesterol	Y	Y	NA	NA	NA	NA	NA	NA
	Serum bilirubin	Y	Y	NA	NA	NA	NA	NA	NA
	Icteric index	Y	Y	NA	NA	NA	NA	NA	NA
	Liver function tests	Y	Y	NA	NA	NA	NA	NA	NA
	Kidney function tests	Y	Y	NA	NA	NA	NA	NA	NA
	Lipid Profile	Y	Y	NA	NA	NA	NA	NA	NA
	Blood uric acid	Y	Y	NA	NA	NA	NA	NA	NA
	Serum calcium	Y	Y	NA	NA	NA	NA	NA	NA
	Serum Phosphorous	Y	Y	NA	NA	NA	NA	NA	NA
	Serum Magnesium	Y	Y	NA	NA	NA	NA	NA	NA
	CSF for protein, sugar	Y	Y	NA	NA	NA	NA	NA	NA
	Blood gas analysis	Y	NA	NA	NA	NA	NA	NA	NA
	Estimation of residual chlorine in water	Y	Y	Y	Y	NA	NA	NA	NA
	Rapid tests for contamination of water by H2s strip test	Y	Y	Y	Y				
	Thyroid T3 T4 TSH	Y	NA	NA	NA	NA	NA	NA	NA
	CPK	Y	NA	NA	NA	NA	NA	NA	NA
	Chloride (Desirable)	Y	NA	NA	NA	NA	NA	NA	NA
	Salt and Urine for Iodine (Desirable)	Y	Y	Y	Y	Y	Y	NA	NA
	Iodometry Titration	Y	Y	NA	NA	NA	NA	NA	NA
VII. Cardiac Investigations									
	ECG	Y	NA	NA	NA	NA	NA	NA	NA
	Stress tests	Y	NA	NA	NA	NA	NA	NA	NA
	ECHO	Y	NA	NA	NA	NA	NA	NA	NA
VIII. Ophthalmology									
	Refraction by using Snellen's chart	Y	Y	Y	Y	NA	NA	NA	NA
	Retinoscopy	Y	NA	NA	NA	NA	NA	NA	NA
	Ophthalmoscopy	Y	NA	NA	NA	NA	NA	NA	NA
IX. ENT									

	Audiometry	Y	NA	NA	NA	NA	NA	NA	NA
	Endoscopy for ENT	Y	NA	NA	NA	NA	NA	NA	NA
X. Radiology									
	X-ray for Chest, Skull, Spine, Abdomen, bones	Y	Y	NA	NA	NA	NA	NA	NA
	Barium swallow, Barium meal, Barium enema, IVP	Y	NA	NA	NA	NA	NA	NA	NA
	MMR (chest)	Y	NA	NA	NA	NA	NA	NA	NA
	HSG	Y	NA	NA	NA	NA	NA	NA	NA
	Dental Xray	Y	Y	Y	NA	NA	NA	NA	NA
	Ultrasonography	Y	Y	NA	NA	NA	NA	NA	NA
XI. Endoscopy									
	Oesophagus	Y	NA	NA	NA	NA	NA	NA	NA
	Stomach	Y	NA	NA	NA	NA	NA	NA	NA
	Colonoscopy	Y	NA	NA	NA	NA	NA	NA	NA
	Bronchuscopy	Y	NA	NA	NA	NA	NA	NA	NA
	Arthros copy	Y	NA	NA	NA	NA	NA	NA	NA
	Laparoscopy (Diagnostic)	Y	NA	NA	NA	NA	NA	NA	NA
	Colposcopy	Y	NA	NA	NA	NA	NA	NA	NA
	Hysteroscopy	Y	NA	NA	NA	NA	NA	NA	NA
XII. Respiratory									
	Pulmonary function tests	Y	NA	NA	NA	NA	NA	NA	NA

Annexure: I

FACILITY TYPE ESSENTIAL DRUG LIST:

Sl.No	Name of Drugs	Unit	Dosage form	Strength	L3	L2	L1		L0	
					DH & FRU-CHC	24×7-CHC & PHC	DP-PHC	DP-SC	NON DP-PHC	NON DP-SC
1	**ANAESTHETICS**									
1	Lignocaine HCL	30 ml/vial	**Inj**	1%	*	*	*	*	*	*
2	Lignocaine HCL	30 ml/vial	Inj	2% w/v	*	*	-	-	-	-
3	Lignocaine HCL	30 ml/vial	**Inj**	5%	*	*	-	-	-	-
4	Lignocaine HCL	30 gms tube	Gel	2% w/w	*	*	-	-	-	-
5	Lignocaine	30 ml vial	Topical	4%	*	*	-	-	-	-
2	**ANALGESICS, ANTIPYRETICS & ANTIINFLAMMATORY DRUGS**									
1	Aspirin	1 x 10 Tabs	Tab	300 mg	*	-	-	-	-	-
2	Paracetamol	1 x 10 Tabs	Tab	500 mg	*	*	*	*	*	*
3	Paracetamol	60 ml bottle	Syrup	125 mg/5ml	*	*	*	*	*	*
4	Pentazocin Lactate	1 ml amp	Inj	30 mg/ml	*	-	-	-	-	-
5	Slow release Diclofenac Sodium	1 x 10 Tabs	Tab	100mg	*	-	-	-	-	-
6	Diclofenac Sodium	10 x 10 Tabs	Tab	50 mg	*	*	-	-	-	-
7	Diclofenac	25 gm tub	Gel		*	*	-	-	-	-
8	Diclofenac	Vial	Inj		*	*	-	-	-	-
9	Aceclofenac	2ml x amp	Inj		*	-	-	-	-	-
10	Aceclofenac	1 x 10 Tab	Tab	100 mg	*	-	-	-	-	-
11	Nimesulide Tab 100mg	1 x 10	Tab	100mg	*	*	-	-	-	-
12	Dolonex DT	1×10	Tab	20mg	*	*	-	-	-	-
13	Ibuprofen	1×11	Tab		*	*	*	*	-	-
3	**ANTIALLERGICS & DRUGS USED IN ANAPHYLAXIS**									
1	Dexamethasone Sodium Phosphate	2ml vial	Inj	8mg/2ml	*	*	*	*	-	-
2	Hydrocortisone Sodium Succinate	Vial	Inj	100mg	*	-	-	-	-	-
3	Pheniramine Maleate	2ml amp	Inj	22.75mg/ml	*	*	*	*	*	*
4	Promethazine HCL	2ml amp	Inj	25 mg/ml	*	*	-	-	-	-
5	Certizine	1 x 10 Tab	Tab	10 mg	*	*	-	-	-	-
9	Diphenhydramine	1 x 10	Tab		*	*	-	-	-	-
10	Chlorpheneramine Maleate	1 x 10	Tab	4mg	*	*	*	*	*	*
11	Diethylcarbamazin	1x 10	Tab		*	*	-	-	-	-
12	Beta- histidine	1x 10	Tab	8mg	*	*	-	-	-	-
13	Cinnarazine	1x 10	Tab	25mg	*	*	-	-	-	-

4	**ANTIEPILEPTICDRUGS**										
1	Phenytoin Sodium	1 x 10	**Tab**	**50mg**	*	-	-	-	-	-	
5	**Drugs acting on Digestive system**										
1	Cyclopam	1 x 10	Tab	50mg	*	*	*	*	-	-	
2	Cyclopam	Vial	Inj		*	*	-	-	-	-	*
3	Bisacodyl	1 x 10	Tab		*	*	-	-	-	-	
4	Perinorm	1 x 10	Inj		*	*	-	-	-	-	
5	Perinorm		Tab		*	*	-	-	-	-	
6	Mebendazole	1 x 10	Tab		*	*	-	-	-	-	
7	Mebendazole		Inj		*	*	-	-	-	-	
8	Piperazine Citrate	1 x 10	Tab	100mg	*	*	-	-	-	-	
9	Piperazine Citrate		Syrup		*	*	-	-	-	-	
10	Pyrantel Pamoate		Tab		*	*	-	-	-	-	
11	Prochlorperazine (Stemetil)		Syrup		*	*	-	-	-	-	
12	Belladona	1 x 10	Syrup		*	*	-	-	-	-	
6	**ANTIAMOEBIC**										
1	Metronidazole	1 x 10	Tab	200mg	*	*	*	*	*	*	
2	Metronidazole	1 x 10	Tab	400mg	*	*	*	*	*	*	
3	Metronidazole	60ml bottle	Syrup	500mg/100ml	*	*	*	*	*	*	
4	Diolaxanide Fuzate	1 x 10	Tab		-	*	*	*	*	*	
5	Tinidazole	1 x 10	Tab	300mg	*	*	-	-	-	-	
6	Tinidazole	400ml bottle	Syrup		*	*	*	-	*	-	
7	**ANTIINFECTIVE DRUGS**										
7.2	**ANTIHELMINTICS**										
1	Albendazole	1 x 10	Tab	400mg	*	*	*	*	*	*	
2	Mebendazole	2 x 10	Tab		*	*	*	*	*	*	
7.2	**ANTIFILARIALS**										
1	Diethylcarbamazine Citrate	1 x 10	Susp	400 mg/10 ml	*	*	*	*	*	*	
8	**ANTIBIOTICS**										
1	Crystalline penicillin	Vial	Inj	5 lac unit	-	-	-	-	-	-	
2	Crystalline penicillin	Vial	Inj	10 lac unit	-	-	-	-	-	-	

3	Ampicillin	1 x 10	Cap	250mg	*	*	*	*	*	*	*	*
4	Ampicillin	1 x 10	Cap	500mg	-	-	*	*	-	-	-	-
5	Ampicillin	Vial	Inj	500mg	*	*	-	-	-	-	-	-
6	Ampicillin	60ml	Syrup	125mg/5ml	*	*	-	-	*	-	*	-
7	Amoxcycillin	1 x 10	Cap	250mg	-	-	*	-	*	-	*	-
8	Amoxcycillin	1 x 10	Cap	500mg	-	-	-	-	-	-	-	-
9	Dispersible Amoxycillin	1 x 10	Tab	125mg	-	-	-	-	-	-	-	-
10	Amoxcycillin	Vial	Inj	500mg	*	*	-	-	*	-	*	-
11	Benzyl Penicillin	Vial	Inj	12lacs	-	-	*	-	*	-	*	-
12	Ciprofloxacin	100ml	Inj	200mg/100ml	*	*	-	-	-	-	-	-
13	Ciprofloxacin	1 x 10	Tab	250mg	*	*	-	-	-	-	-	-
14	Ciprofloxacin	2 x 10	Tab	500mg	*	*	*	*	*	*	*	*
15	Gentamycin	Amp	Inj	80mg/2ml	*	*	-	-	-	-	-	-
16	Fortified Procaine Penicillin	Vial	Inj	4 lacs I.U	*	*	-	-	-	-	-	-
17	Chloramphenicol	Vial	Inj		*	*	-	-	-	-	-	-
18	Chloramphenicol	1 x 10	Cap	250mg	*	*	*	*	*	*	*	*
19	Trimethoprim & sulphamethaxazole	50ml	Syrup		*	*	*	*	*	*	*	*
20	Trimethoprim & sulphamethaxazole	1 x 10	Tab	400mg	*	*	*	*	*	*	*	*
21	Trimethoprim & sulphamethaxazole	1 x 10	Tab	20+100mg	*	*	-	-	-	-	-	-
22	Cloxacillin	Vial	Inj		*	-	-	-	-	-	-	-
23	Amikacin Sulphate	Vial	Inj	100mg	*	*	-	-	-	-	-	-
24	Amikacin Sulphate	Vial	Inj	500mg	*	*	-	-	-	-	-	-
25	Norfloxacin	1× 10	Tab	200mg	*	*	-	-	-	-	-	-
26	Norfloxacin	1 x 10	Tab	400mg	*	*	*	*	-	-	-	-
27	Cephalexin	1 x 10	Cap	250mg	*	*	*	*	*	*	*	*
28	Tetracycline	1 x 10	Cap	250mg	-	*	-	-	-	-	-	-
29	Ceftrioxone	Vial	Inj	1gm/vial	*	*	-	-	-	-	-	-
30	Ofloxacin	1 x 10	Tab	200mg	*	-	-	-	-	-	-	-
31	Roxythromycin	1 x 10	Tab	150mg	*	*	-	-	-	-	-	-
32	Cefoperazone	Vial	Inj	1gm	*	*	-	-	-	-	-	-
33	Cefataxime		Inj	500mg	*	-	-	-	-	-	-	-
34	Azithromycin	1 x 6	Tab	250mg	*	*	-	-	-	-	-	-
35	Ceftriaxone	Vial	Inj		*	*	-	-	-	-	-	-
36	Erythromycin Estolate	1 x 10	Tab	250mg	*	*	-	-	-	-	-	-
37	Erythromycin Estolate	1 x 10	Tab	500mg	*	*	*	*	*	*	*	*
38	Doxycylline Hydrocloride	1 x 100	Cap	100mg	*	*	*	*	*	*	*	*
39	Nalidixic Acid	1 x 10	Tab	100mg	*	*	-	-	-	-	-	-
40	Dexamethasone Sodium Phosphate	Vial	Inj									

41	Aminophylline	Vial	Inj		*	*	-	-	-	-
42	Adrenaline Bitartrate	Vial	Inj		*	*	-	-	-	-
43	Cefixime	Vial	Inj	250mg	*	*	-	-	-	-
9	**ANTIFUNGAL**									
1	Clotrimazole	15 gm tube	cream	% w/w	*	-	-	-	-	-
2	Benzyal Benzoate	100 ml	Lotion	25%	*	-	-	-	-	-
3	Fluconazole	1 x 10 Tab	Tab	150mg	*	-	-	-	-	-
10	**DRUGS AFFECTING THE BLOOD**									
1	Vit K	amp	Inj	100ml/ml	*	*	*	*	-	-
2	Ethamsylate	2ml	Inj	250mg	*	*	-	-	-	-
3	Iron Dextran			50mg/ml	*	-	-	-	-	-
11	**CARDIO VASCULAR DRUGS**									
1	Nifedipine	1 x 10	Tab	10mg	*	*	-	-	-	-
2	Nifedipine	1 x 10	Tab	20mg	*	*	-	-	-	-
3	Verapamil	1 x 10	Tab	40mg	*	*	-	-	-	-
4	Atenolol	1 x 14	Tab	50mg	*	*	-	-	-	-
5	Methyldopa	1 x 10	Tab	250mg	*	*	-	-	-	-
8	Enalapril	1 x 15	Tab	2.5mg	*	*	-	-	-	-
9	Digoxin		Inj		*	*	-	-	-	-
10	Digoxin	1 x 10	Tab	0.25mg	*	*	-	-	-	-
11	Adrenaline		Inj		*	*	-	-	-	-
12	Atropine sulphate		Inj		*	*	-	-	-	-
13	Mephentine		Inj		*	*	-	-	-	-
14	Isoxuprine		Tab		*	*	-	-	-	-
15	Duvadilan		Inj		*	*	-	-	-	-
16	Isosorbide Dinitrate(Sorbitrate)		Tab		*	*	-	-	-	-
17	Propranolol		Tab		*	*	-	-	-	-
18	Tab.Metoprolol		Tab		*	*	-	-	-	-
19	Hydrochlorthiazide		Tab	12.5, 25 mg	*	*	-	-	-	-
20	Captopril		Tab		*	*	-	-	-	-
21	Clopidogrel		Tab		*	*	-	-	-	-
22	Glyceryl Trinitrate		Inj		*	*	-	-	-	-
12	**Drugs acting on Central/peripheral Nervous system**									

1	Pentazocine (Fortwin)	Vial	Inj		*	*	-	-	-	-
2	Chlorpromazine (like Largactil)	Vial	Inj	25mg	*	*	-	-	-	-
3	Chlorpromazine		Tab	100mg	*	*	-	-	-	-
4	Promethazine Hcl Phenergan	Vial	Inj		*	*	-	-	-	-
5	Pethidine	Vial	Inj		*	*	-	-	-	-
6	Diazepam	Vial	Inj	5mg	*	*	-	-	-	-
7	Haloperidol		Tab		*	*	-	-	-	-
8	Haloperidol		Inj		*	*	-	-	-	-
9	Chlorpromazine		Tab	100mg	*	*	-	-	-	-
10	Resiperidone		Tab	2mg	*	*	-	-	-	-
11	Promethazine		Inj	50mg	*	*	-	-	-	-
12	Imipramine		Tab	75mg	*	*	-	-	-	-
13	Fluphenazine		Inj	25mg	*	*	-	-	-	-
14	Lorazepam		Tab	2mg	*	*	-	-	-	-
15	Lithium Carbonate		Tab	300mg	*	*	-	-	-	-
16	Fluxetine		Cap	20mg	*	*	-	-	-	-
17	Pavlon		Inj	2ml	*	*	-	-	-	-
18	Diazepam		Tab	5mg	*	*	-	-	-	-
19	Phenobarbitone		Tab	30mg	*	*	-	-	-	-
20	Phenobarbitone		Tab	60mg	*	*	-	-	-	-
21	Olanzapine		Tab	5mg	*	*	-	-	-	-
22	Largactil		Tab	25mg	*	*	-	-	-	-
23	Pacitane		Tab		*	*	-	-	-	-
24	Surmontil		Tab		*	*	-	-	-	-
25	Diphenylhydantoin		Tab	100mg	*	*	-	-	-	-
13	**DRUGS USED IN VASCULAR SHOCK**									
1	Dopamine HCL	5ml amp	Inj	40mg/ml	*	*	-	-	-	-
14	**DERMATOLOGICAL DRUGS**									
1	Povidone Iodine	15gm tube	Ointment	5%w/w	-	-	*	*	*	*
2	Silver Sulphadiazine	50gm tube	cream	1%w/w	-	-	*	-	*	-
15	**DISINFECTANTS & ANTISEPTICS**									
1	Black Disinfectant fluid(phenyl)	5ltrs can			-	-	*	-	-	-
2	Specification as per Schedule "O" Grade-I				*	*	-	-	*	-
3	Ethyl Alcohol	540ml		70%v/v	*	*	*	-	-	*
4	Betadine Solution				*	*	-	*	-	

5	Hydrogen peroide	5kg packets	powder		*	*	-	-	-	-
6	Bleaching powder	500ml			*	*	-	-	-	-
7	Povidone iodine solution	500ml			*	*	-	-	-	-
8	Benzalkonium chloride	125ml	Paint	1%	*	*	*	*	*	*
9	Gentian Violet				*	*	*	*	*	*
10	Savlon solution									*
16	**DIURETICS**									
1	Furosemide	1 x 10	Tab	40mg	*	*	-	-	-	-
2	Mannitol	350ml	Inj	20%w/v	*	*	-	-	-	-
3	Spiranolactone	1 x 10	Tab	25mg	*	*	-	-	-	-
17	**GASTROINTESTINAL DRUGS**									
	ANTACIDS & ANTIULCER									
1	Ranitidine HCL	2ml amp	Inj	50mg/2ml	*	*	*	*	-	-
2	Aluminium Hydroxide Tab. NFI	1 X 10	chewable tab		*	*	*	*	*	*
3	Rabeprazole	1 x 10	Tab	20mg	*	*	-	-	-	-
4	Omeprazole	1 x 10	Cap	10mg	*	*	-	-	-	-
18	**ANTIEMETIC**									
1	Metoclopramide	2ml amp	Inj	10mg/2ml	*	*	*	*	*	*
2	Domperidone	1 x 10	Tab	10mg	*	*	-	-	*	-
19	**ANTISPASMODIC DRUGS**									
1	Dicyclomine HCL	2ml amp	Inj	10mg/ml	*	*	-	-	-	-
2	Dicyclomine HCL	1 x 10	Tab	10mg	*	*	*	*	*	*
20	**DRUGS USED IN DIARRAHOEA**									
1	ORS Powder IP WHO formula with citrate salts	1 x 10	Powder		*	*	*	*	*	*
2	Furazolidone	1 x 10	Tab	100mg	*	*	*	*	*	*
3	Furazolidone	60ml	Syrup		*	*	*	*	*	*
21	**IMMUNOLOGICALS**									
1	Tetanus Antitoxin	5ml vial	Inj		*	*	*	*	*	*
2	Tetanus Antitoxin	Vial		10000 I.U	*	-	-	-	-	-
3	Tetanus Immunoglobulin	vial	Inj	500IU	*	-	-	-	-	-

2	Salbutamol Sulphate	1 x 10	Tab	4mg	*	*	-	-	-	-
3	Salbutamol Sulphate	1 x 10	Tab	2mg	*	*	-	-	-	-
4	Salbutamol Sulphate		Syrup		*	*	-	-	-	-
5	Aminophylline	Vial	Inj		*	*	-	-	-	-
6	Aminophylline	1 x 10	Tab		*	*	-	-	-	-
7	Deriphylline	Vial	Inj		*	*	-	-	-	-
8	Deriphylline	1 x 10	Tab		*	*	-	-	-	-
9	Tedral		Syrup		*	*	-	-	-	-
26	**SOLUTIONS, CORRECTING WATER, ELECTROLYTE & ACID BASE DISTURBANCES**									
1	Sodium chloride	500ml	Inj	500ml bottle	*	*	*	*	-	-
2	Sodium Chloride and Dextrose	500ml	Inj	500ml bottle	*	*	*	*	-	-
3	Ringer Lactate Solution				*	*	*	*	-	-
4	Dextrose	500ml	Inj	10%	*	*	*	*	-	-
5	Dextrose	100ml	Inj	25%	*	*	*	*	-	-
6	Dextrose 5%	500ml	Inj	500ml 5%	*	*	*	*	-	-
27	**VITAMINS & MINERALS**									
1	Vit B Complex Tab NF1	1 x 10	Tab		*	*	*	*	-	-
2	Ascorbic acid	1 x 10	Tab	100mg	*	*	*	*	-	-
3	Folic acid	1 x 10	Tab	100mg	*	*		*	*	*
4	Multivitamin Tab NF1(Each Tab Contain)	1 x 10	Tab		*	*	*	*	*	*
5	Methylcobalamine	1 x 10	Tab	500mg	*	*	*	*	*	*
6	Calcium carbonate	1 x 10	Tab	500mg	*	*	*	*	*	*
7	Iron & Folic acid Tablets (IFA) Small	1 x 10	Tab	20mg + 0.1mg	*	*	*	*	*	*
8	Iron Iron-& Folic acid Tablet (IFA) Large	2 x 10	Tab	100mg + 300 mg	*	*	*	*	*	*
9	Iron & Folic acid Tablets (IFA) Syrup	100ml	Syrup	100mg + 0.5mg/ml	*	*	*	*	*	*
10	Ferus Sulphate with Folic Acid Each Tab.contain		Tab		*	*	*	*	*	*
11	Vitamin A	100ml	Syrup		*	*	*	*	*	*
12	Zinc sulphate DT	1 x 10	DT	20mg	*	*	*	*	*	*
13	Magnesium Sulphate	2ml amp	Inj	50%w/v	*	*	-	-	-	-

(*) :- **DRUGS REQUIRED, (-) :- NIL**