

**TOTAL EDL=283**

**No. of Available EDL Medicines =236**

**No. of Not Available EDL Medicines =47**

**List of Available EDL Medicines**

| S.No | Item Name                                                    | Current Stock |
|------|--------------------------------------------------------------|---------------|
| 1.   | APREPITANT KIT NON CPA _P.NO 72_                             | 410.0         |
| 2.   | BUDESONIDE 0.5MG RESPULES CPA _P. NO 93_                     | 13588.0       |
| 3.   | BUDESONIDE INHALER CPA _P NO 105_                            | 40.0          |
| 4.   | CALAMINE SOLUTION 100ML NON CPA _P NO 108_                   | 23.0          |
| 5.   | CAP DOXYCYCLINE 100MG CPA _P NO 201_                         | 2190.0        |
| 6.   | CAP DOXYCYCLINE 100MG NON CPA _P NO 200_                     | 700.0         |
| 7.   | CAP ENZALUTAMIDE 40MG P NO 579                               | 28.0          |
| 8.   | CAP PREGABALIN 75MG CPA _P NO 451_                           | 11670.0       |
| 9.   | CAP PREGABALIN 75MG NON CPA _P NO 450_                       | 14810.0       |
| 10.  | CAP TEMOZOLAMIDE 100MG NON CPA P NO 526                      | 1510.0        |
| 11.  | CAP TEMOZOLAMIDE 250MG NON CPA _P NO 528_                    | 530.0         |
| 12.  | CAP TRAMADOL 50MG NON CPA _P NO 534_                         | 60315.0       |
| 13.  | CHOLECALCIFEROL SACHETS NON CPA _P NO 146_                   | 8025.0        |
| 14.  | GLYCEROL 500 ML NON CPA _P NO 278_                           | 76.0          |
| 15.  | HEPARIN BENZYL NICOTINATE OINT 20GM CPA _P NO 289            | 166.0         |
| 16.  | HYDROGEN PEROXIDE 6% 50ML NON CPA _P NO 284_                 | 33.0          |
| 17.  | IJ ETOPHYLLINE _ THEOPHYLLINE 2 ML NON CPA                   | 2003.0        |
| 18.  | INHALER SALBUTAMOL 100MCG PER DOSE CPA _P NO 489_            | 21.0          |
| 19.  | INJ _DNS_ DEXTROSE 5% _ 0.9 % SODIUM CHLORIDE 500 ML         | 6025.0        |
| 20.  | INJ 5 FLUORO URACIL 500 MG NON CPA                           | 4950.0        |
| 21.  | INJ ADENOSINE 0.6 MG/ 2 ML CPA                               | 38.0          |
| 22.  | INJ AMIKACIN 500 MG/ 2 ML NON CPA                            | 1242.0        |
| 23.  | INJ AMOXYCILLIN _ CLAVUNALIC ACID 1.2 GM NON CPA             | 3290.0        |
| 24.  | INJ ATRACURIUM 10 MG/ ML NON CPA                             | 8.0           |
| 25.  | INJ ATROPINE 1 MG/ ML 10 ML NON CPA                          | 574.0         |
| 26.  | INJ BEVACIZUMAB 100 MG CPA                                   | 200.0         |
| 27.  | INJ BLEOMYCIN 15 IU NON CPA                                  | 2430.0        |
| 28.  | INJ BUPIVACAINE 0.25 % 20 ML NON CPA                         | 25.0          |
| 29.  | INJ BUPIVACAINE 0.5 MG 20 ML CPA                             | 10.0          |
| 30.  | INJ BUPIVACAINE 0.5 MG 20 ML NON CPA                         | 20.0          |
| 31.  | iNJ Bupivacaine 5 mg, Dextrose 80 mg/ mL_Heavy_ 4 ML NON CPA | 5.0           |
| 32.  | INJ CALCIUM GLUCONATE 10 % 10 ML NON CPA                     | 16.0          |
| 33.  | INJ CARBOPLATIN 450 MG NON CPA                               | 505.0         |
| 34.  | INJ CIPROFLOXACIN 100 ML NON CPA                             | 510.0         |
| 35.  | INJ CISPLATIN 10 MG CPA                                      | 2174.0        |
| 36.  | INJ CISPLATIN 10 MG NON CPA                                  | 50.0          |

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| 37. | INJ CISPLATIN 50 MG NON CPA                  | 1523.0  |
| 38. | INJ CLINDAMYCIN 600 MG NON CPA               | 318.0   |
| 39. | INJ CYCLOPHOSPHAMIDE 1 GM NON CPA            | 1637.0  |
| 40. | INJ CYCLOPHOSPHAMIDE 200 MG NON CPA          | 38.0    |
| 41. | INJ DACARBAZINE 200 MG NON CPA               | 20.0    |
| 42. | INJ DENOSUMAB 1120 MG                        | 20.0    |
| 43. | INJ DEXAMETHASONE 4 MG/ ML 2 ML CPA          | 10703.0 |
| 44. | INJ DEXTROSE 10% 500 ML CPA                  | 505.0   |
| 45. | INJ DEXTROSE 5 % 500 ML PLASTIC CPA          | 5008.0  |
| 46. | INJ DIAZEPAM 2 ML CPA                        | 1.0     |
| 47. | INJ DICLOFENAC SODIUM 3 ML CPA               | 1315.0  |
| 48. | INJ DICLOFENAC SODIUM 3 ML/ 1 ML NON CPA     | 2778.0  |
| 49. | INJ DOBUTAMINE 50 MG/ ML 5 ML NON CPA        | 236.0   |
| 50. | INJ DOCETAXEL 20 MG NON CPA                  | 1341.0  |
| 51. | INJ DOCETAXEL 80 MG CPA                      | 106.0   |
| 52. | INJ DOCETAXEL 80 MG NON CPA                  | 437.0   |
| 53. | INJ DOPAMINE 5 ML CPA                        | 10.0    |
| 54. | INJ DOPAMINE 5 ML NON CPA                    | 198.0   |
| 55. | INJ DOXORUBICIN 10 MG NON CPA                | 122.0   |
| 56. | INJ DOXORUBICIN 50 MG NON CPA                | 833.0   |
| 57. | INJ ENOXAPARIN 60 MG NON CPA                 | 410.0   |
| 58. | INJ EPHEDRINE 1 ML NON CPA                   | 5.0     |
| 59. | INJ EPINEPHRINE CPA                          | 990.0   |
| 60. | INJ EPINEPHRINE NON CPA                      | 563.0   |
| 61. | INJ EPIRUBICIN 100 MG NON CPA                | 15.0    |
| 62. | INJ EPIRUBICIN 50 MG NON CPA                 | 10.0    |
| 63. | INJ ERIBULIN 0.5 MG 2 ML NON CPA             | 1.0     |
| 64. | INJ ERYTHROPIETIN 4000 IU                    | 42.0    |
| 65. | INJ ERYTHROPOIETIN 10000 IU CPA              | 2120.0  |
| 66. | INJ ETHAMSYLATE NON CPA                      | 134.0   |
| 67. | INJ ETOPOSIDE 100 MG NON CPA                 | 214.0   |
| 68. | INJ FAT EMULSION 20 % 250 ML NON CPA         | 45.0    |
| 69. | INJ FOSAPREPITANT 150 MG NON CPA             | 1.0     |
| 70. | INJ FRUSEMIDE 2 ML NON CPA                   | 140.0   |
| 71. | INJ GEMCITABINE 1 GM NON CPA                 | 641.0   |
| 72. | INJ GEMCITABINE 200 MG NON CPA               | 1867.0  |
| 73. | INJ GLYCERINE TRINITRATE 5 ML                | 173.0   |
| 74. | INJ GLYCOPYROLATE 0.2MG/ML NON CPA P NO 162  | 10.0    |
| 75. | INJ GOSSERLIN 10.8 MG NON CPA ZOLADEX        | 62.0    |
| 76. | INJ GOSSERLIN 3.6 MG NON CPA ZOLADEX         | 70.0    |
| 77. | INJ HEPARIN 5000 IU 5 ML NON CPA             | 13.0    |
| 78. | INJ HUMAN ALBUMIN 20 % 100 ML CPA            | 1072.0  |
| 79. | INJ HUMAN INSULIN 40 IU SOLUBLE/ REGULAR CPA | 85.0    |
| 80. | INJ HYOSCINE BUTYL BROMIDE 2 ML CPA          | 2505.0  |
| 81. | INJ IFOSFAMIDE 1 GM WITH MESNA NON CPA       | 796.0   |
| 82. | INJ IRRINOTECAN 100 MG NON CPA               | 210.0   |
| 83. | INJ L ASPARGINASE 5000 IU NON CPA            | 134.0   |

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| 84.  | INJ LESURIDE 25 MG NON CPA                                   | 2.0     |
| 85.  | INJ LEUCOVORINE 50 MG NON CPA                                | 1763.0  |
| 86.  | INJ LIGNOCAINE PRESERVATIVE FREE 2% 50ML NON CPA P NO 562    | 1.0     |
| 87.  | INJ LIGNOCAINE VISCOUS 4% SOLUTION FOR GARGLE 100 ML NON CPA | 2.0     |
| 88.  | INJ LIGNOCAINE WITH ADRENALINE NON CPA                       | 79.0    |
| 89.  | INJ LIPOSAMAL DOXORUBICIN NON CPA                            | 30.0    |
| 90.  | INJ MEPHENTERMINE 30MG/ML NON CPA P NO 276                   | 1.0     |
| 91.  | INJ MEROPENUM 1 GM CPA                                       | 4862.0  |
| 92.  | INJ MEROPENUM 1 GM NON CPA                                   | 3920.0  |
| 93.  | INJ METHOTREXATE 50 MG NON CPA                               | 310.0   |
| 94.  | INJ METHYL PREDNISOLONE 40 MG/ ML NON CPA                    | 384.0   |
| 95.  | INJ METHYL PREDNISOLONE 500 MG                               | 10.0    |
| 96.  | INJ METHYLCOBALAMINE 500 MCG NON CPA                         | 2.0     |
| 97.  | INJ METOCLOPRAMIDE 2 ML CPA                                  | 62.0    |
| 98.  | INJ METOPROLOL 5 ML CPA                                      | 30.0    |
| 99.  | INJ OCTREOTIDE 100 MCG / 1 ML CPA                            | 120.0   |
| 100. | INJ OXALIPLATIN 50 MG CPA                                    | 30.0    |
| 101. | INJ PACLITAXEL 100 MG NON CPA                                | 7157.0  |
| 102. | INJ PACLITAXEL 30 MG NON CPA                                 | 1920.0  |
| 103. | INJ PARACETAMOL 100 ML CPA                                   | 6527.0  |
| 104. | INJ PARACETAMOL 2 ML CPA                                     | 1000.0  |
| 105. | INJ PEMETREXED 500 MG NON CPA                                | 178.0   |
| 106. | INJ PHENIRAMINE MALEATE 2 ML                                 | 25.0    |
| 107. | INJ PHENYTOIN SODIUM 100 MG NON CPA                          | 182.0   |
| 108. | INJ PIPERACILLIN _ TAZOBACTAM 4.5 GM NON CPA                 | 1174.0  |
| 109. | INJ POLYMIXIN B 500000 IU                                    | 31.0    |
| 110. | INJ RASBURICASE 1.5 MG/ VIAL NON CPA                         | 1.0     |
| 111. | INJ RINGER LACTATE 500 ML CPA                                | 2174.0  |
| 112. | INJ RINGER LACTATE 500 ML NON CPA                            | 2339.0  |
| 113. | INJ RITUXIMAB 500 MG CPA                                     | 247.0   |
| 114. | INJ ROCURONIUM BROMIDE 10 MG/ ML NON CPA                     | 450.0   |
| 115. | INJ SODIUM BICARBONATE 10 ML NON CPA                         | 220.0   |
| 116. | INJ SODIUM CHLORIDE 0.9 % 100 ML PLASTIC BOTTLE NON CPA      | 11500.0 |
| 117. | INJ SODIUM CHLORIDE 0.9 % 500 ML PLASTIC BOTTLE CPA          | 18413.0 |
| 118. | INJ SODIUM CHLORIDE 0.9 5 500 ML GLASS BOTTLE NON CPA        | 8760.0  |
| 119. | INJ SODIUM CHLORIDE 3 % 100 ML CPA                           | 20.0    |
| 120. | INJ SODIUM CHLORIDE 3 % 100 ML NON CPA                       | 100.0   |
| 121. | INJ SODIUM CHLORIDE 0.45 % _ DEXTROSE % NON CPA              | 200.0   |
| 122. | INJ SUCCINYL CHOLINE 50 MG NON CPA                           | 2.0     |
| 123. | INJ TIEGICYCLINE 50 MG NON CPA                               | 3653.0  |
| 124. | INJ TRAMADOL 100 MG/ 2 ML NON CPA                            | 29962.0 |
| 125. | INJ TRANEXAMIC ACID 500 MG CPA                               | 670.0   |
| 126. | INJ TRANEXAMIC ACID 500 MG NON CPA                           | 1930.0  |
| 127. | INJ TRASTUZUMAB 440 MG CPA                                   | 1463.0  |

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| 128. | INJ VANCOMYCIN 500 MG NON CPA                                                     | 355.0    |
| 129. | INJ VINCRIStINE 1 MG NON CPA                                                      | 588.0    |
| 130. | INJ VInORELBInE 50 MG NON CPA                                                     | 10.0     |
| 131. | INJ VItAMIN K 10 MG NON CPA                                                       | 401.0    |
| 132. | INJ ZOLEDRONIC ACID 4 MG NON CPA                                                  | 2120.0   |
| 133. | INJ. OXALIPLATIN 50MG NON CPA P NO 314                                            | 1194.0   |
| 134. | INN TEICOPLANIN 400 MG NON CPA                                                    | 22.0     |
| 135. | ISOFLURANE 250ML NON CPA _P NO 304_                                               | 16.0     |
| 136. | LIGNOCAINE SPRAY 10% 100ML CPA _P NO 333_                                         | 1.0      |
| 137. | LIGNOCAINE SPRAY 10% 100ML NON CPA _P NO 332_                                     | 29.0     |
| 138. | LIQUID PARAFFIN 120ML NON CPA _P NO 468_                                          | 69.0     |
| 139. | MULTIENZYME CLEANING SOLUTION NON CPA PNO 382                                     | 1.0      |
| 140. | OINT ANTI HEMOROIDAL NON CPA                                                      | 20.0     |
| 141. | OINT LIGNOCAINE 2% 30GM NON CPA _P NO 328_                                        | 695.0    |
| 142. | OINT METRONIDAZOLE 20GM NON CPA _P NO 364_                                        | 130.0    |
| 143. | ORS SACHETS NON CPA _P NO 406_                                                    | 536.0    |
| 144. | POVIDONE IODINE 5% SOLUTION 500ML NON CPA _P NO 440_                              | 98.0     |
| 145. | POVIDONE IODINE 7.5% SCRUB 500ML NON CPA _P NO 442                                | 10.0     |
| 146. | SALBUTAMOL SOLUTION FOR NEBULISATION CPA _(P NO 487_                              | 25.0     |
| 147. | SALBUTAMOL SOLUTION FOR NEBULISATION NON CPA _(P NO 486_                          | 1.0      |
| 148. | SYP B.COMPLEX NON CPA _P.NO 90_                                                   | 3090.0   |
| 149. | SYP BROMHEXINE NON CPA _P NO 88_                                                  | 1339.0   |
| 150. | SYP NOSCAPINE NON CPA _P NO 560_                                                  | 40.0     |
| 151. | SYP POTASSIUM CHLORIDE NON CPA _P NO 434_                                         | 431.0    |
| 152. | SYP. AMMONIUM CHLORIDE 60MG _ CHLORPHENIRAMINE MALEATE 2.5MG DEXTROMETHORPHAN 5MG | 75.0     |
| 153. | TAB ABIRATERONE 250MG NON CPA                                                     | 11100.0  |
| 154. | TAB ALBENDAZOLE 400 MG                                                            | 700.0    |
| 155. | TAB ALBENDAZOLE 400 MG CPA                                                        | 1580.0   |
| 156. | TAB ALLOPURINOL 100MG                                                             | 20.0     |
| 157. | TAB ALPRAZOLAM 0.25MG                                                             | 160.0    |
| 158. | TAB ALPRAZOLAM 0.25MG CPA P NO 19                                                 | 2710.0   |
| 159. | TAB AMITRYPTILLINE 25MG                                                           | 50.0     |
| 160. | TAB ANASTRAZOLE 1MG NON CPA                                                       | 3160.0   |
| 161. | TAB ASCORBIC ACID 500MG CPA                                                       | 5670.0   |
| 162. | TAB ATORVASTATIN 20MG NON CPA                                                     | 5000.0   |
| 163. | TAB CALCIUM CARBONATE 500MG NON CPA _P NO 110_                                    | 122290.0 |
| 164. | TAB CAPECATABINE 500MG NON CPA _P NO 114_                                         | 3590.0   |
| 165. | TAB CEFIXIME 200MG CPA _P NO 119_                                                 | 130.0    |
| 166. | TAB CEFIXIME 200MG NON CPA _P 118_                                                | 4890.0   |
| 167. | TAB CLINDAMYCIN 300MG CPA _ P NO 159_                                             | 800.0    |
| 168. | TAB CLINDAMYCIN 300MG NON CPA _ P NO 158_                                         | 100.0    |
| 169. | TAB CYCLOPHOSPHAMIDE 50MG NON CPA _ P NO 166_                                     | 100.0    |
| 170. | TAB DEXAMETHASONE 4MG NON CPA _P NO 180_                                          | 2500.0   |
| 171. | TAB DICLOEFENAC 50MG _ SERRATIOPEPTIDASE 10MG NON                                 | 19390.0  |

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|      | CPA _P NO 190_                                                  |          |
| 172. | TAB DICLOFENAC 50MG NON CPA _P NO 182_                          | 107850.0 |
| 173. | TAB DILTIAZEM 30MG NON CPA _P NO 208_                           | 10.0     |
| 174. | TAB DOMPERIDONE 10MG CPA _P NO 199_                             | 1000.0   |
| 175. | TAB ENTECAVIR 0.5MG NON CPA _P NO 228_                          | 100.0    |
| 176. | TAB ETHAMSYLATE 500MG NON CPA _P NO 220_                        | 270.0    |
| 177. | TAB ETOPHYLLINE _ THEOPHYLLINE 150MG NON CPA _P NO 222_         | 20.0     |
| 178. | TAB ETOPHYLLINE _ THEOPHYLLINE 300MG NON CPA _P NO 226_         | 3460.0   |
| 179. | TAB EXEMESTANE 25MG NON CPA P NO 604                            | 10.0     |
| 180. | TAB FEBUXOSTAT 40MG NON CPA _P NO 260_                          | 10.0     |
| 181. | TAB FLUCONAZOLE 150MG CPA _P NO 243_                            | 660.0    |
| 182. | TAB FLUCONAZOLE 150MG NON CPA _P NO 242_                        | 1240.0   |
| 183. | TAB FOLIC ACID 5MG NON CPA _P NO 248_                           | 2680.0   |
| 184. | TAB GABAPENTINE 300 MG CPA _P NO 263_                           | 60460.0  |
| 185. | TAB GABAPENTINE 300 MG NON CPA _P NO 262_                       | 17070.0  |
| 186. | TAB HYOSCINE BUTYL BROMIDE CPA _P NO 287_                       | 1100.0   |
| 187. | TAB HYOSCINE BUTYL BROMIDE NON CPA _P NO 286_                   | 2250.0   |
| 188. | TAB LAPATINIB 250MG NONC PA _PNO 315_                           | 3620.0   |
| 189. | TAB LESURIDE 25MG NON CPA _P NO 419`_                           | 10.0     |
| 190. | TAB LETROZOLE 2.5MG CPA _P NO 317_                              | 116450.0 |
| 191. | TAB LETROZOLE 2.5MG NON CPA _P NO 316_                          | 2600.0   |
| 192. | TAB LEVOCETRIZINE 5MG NON CPA _P NO 322_                        | 5190.0   |
| 193. | TAB LEVOFLOXACIN 500MG CPA _PNO 325_                            | 1970.0   |
| 194. | TAB LEVOFLOXACIN 500MG NON CPA _PNO 324_                        | 1700.0   |
| 195. | TAB LINZOLID 600MG NON CPA _P NO 326_                           | 70.0     |
| 196. | TAB LOPERAMIDE 2MG NON CPA _P NO 336_                           | 2600.0   |
| 197. | TAB METFORMIN 500MG CPA _P NO 351_                              | 29900.0  |
| 198. | TAB METFORMIN 500MG NON CPA _P NO 350_                          | 13050.0  |
| 199. | TAB METHOTREXATE NON CPA P NO 384                               | 8120.0   |
| 200. | TAB METHYLCOBALAMINE 500MCG NON CPA _P NO 354_                  | 1350.0   |
| 201. | TAB METRONIDAZOLE 400MG CPA _P NO 361_                          | 19528.0  |
| 202. | TAB METRONIDAZOLE 400MG NON CPA _P NO 360_                      | 14466.0  |
| 203. | TAB NITROFURANTOIN 100MG NON CPA _P NO 388_                     | 100.0    |
| 204. | TAB ONDANSETERONE 4MG NON CPA _P NO 402_                        | 28030.0  |
| 205. | TAB PANTOPRAZOLE 40MG CPA _P NO 423_                            | 374150.0 |
| 206. | TAB PANTOPRAZOLE 40MG NON CPA _P NO 422_                        | 112250.0 |
| 207. | TAB PARACETAMOL 500MG CPA _P NO 417_                            | 114470.0 |
| 208. | TAB PARACETAMOL 500MG NON CPA _P NO 416_                        | 337200.0 |
| 209. | TAB PHENIRAMINE MALEATE CPA _P NO 431_                          | 300.0    |
| 210. | TAB PHENYTOIN SODIUM NON CPA _P NO 432_                         | 930.0    |
| 211. | TAB PREGABALIN 75MG _ METHYLCOBALAMINE 750MCG NON CPA _PNO 458_ | 300.0    |
| 212. | TAB PROPANOL 40MG NON CPA P NO 602                              | 50.0     |
| 213. | TAB PYRIDOXINE 10MG NON CPA _P NO 456_                          | 6440.0   |
| 214. | TAB PYRIDOXINE 40mg NON CPA _P NO 566_                          | 280.0    |
| 215. | TAB RABIPRAZOLE 20MG NON CPA _PNO 470_                          | 100.0    |

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| 216. | TAB RANITIDINE 150MG CPA _P NO 475_                       | 24450.0 |
| 217. | TAB RANITIDINE 150MG NON CPA _P NO 474_                   | 14200.0 |
| 218. | TAB SODIUM VALPROATE 200MG NON CPA _P NO 510_             | 10.0    |
| 219. | TAB SORAFENIB 200MG NON CPA _P NO 490_                    | 8850.0  |
| 220. | TAB SPIRONOLACTONE 25MG NON CPA _P NO 502_                | 30.0    |
| 221. | TAB SPIRONOLACTONE 50MG _ FRUSEMIDE 20MG NON CPA P NO 698 | 250.0   |
| 222. | TAB SULFAMETHOXAZOLE _ TRIMETHOPRIM CPA _P NO 695_        | 770.0   |
| 223. | TAB SUNITINIB 25MG NON CPA _P NO 508_                     | 2222.0  |
| 224. | TAB SUNITINIB 50MG NON CPA P NO 584                       | 1000.0  |
| 225. | TAB TAMOXIFEN 20MG NON CPA _P NO _                        | 17670.0 |
| 226. | TAB TELMISARTAN 40MG NON CPA _P NO 518_                   | 8390.0  |
| 227. | TAB TEMOZOLAMIDE 20MG NON CPA _P NO 524_                  | 60.0    |
| 228. | TAB TENOFOVIR 300MG NON CPA _P NO 530_                    | 1200.0  |
| 229. | TAB THALIDOMIDE 100MG NON CPA _P NO 520_                  | 80.0    |
| 230. | TAB TRANEXAMIC ACID 500MG CPA _P NO 539_                  | 2100.0  |
| 231. | TAB TRANEXAMIC ACID 500MG NON CPA _P NO 538_              | 15660.0 |
| 232. | TAB URSODEOXYCHOLIC ACID 300MG CPA _P NO 547_             | 60070.0 |
| 233. | TAB VORICONAZOLE 200MG NON CPA _P NO 548_                 | 68.0    |
| 234. | TAB CIPROFLOXACIN                                         | 10660   |
| 235. | TAB B COMPLEX                                             | 3445    |
| 236. | TAB CLOTRIMAZOLE MOUTH PAINT                              | 175     |

### **List of Not-Available EDL Medicines**

| S.no | Item Name                                                                                                     | Strength Specific    | Unit | Current Stock as on |
|------|---------------------------------------------------------------------------------------------------------------|----------------------|------|---------------------|
| 1.   | Ammonium Chloride 60 MG + Chlorpheniramine maleate 2.5MG + Dextromethorphan 5MG + Guaifenesin 50MG/5ml Bottle | 100ml                |      | 0                   |
| 2.   | Amoxicillin clavulanic acid                                                                                   | 625mg(500mg + 125mg) |      | 0                   |
| 3.   | Azithromycin                                                                                                  | 500mg                |      | 0                   |
| 4.   | Bicalutamide                                                                                                  | 50 mg                | Tab  | 0                   |
| 5.   | bisacodyl                                                                                                     | 5mg                  |      | 0                   |
| 6.   | Calcium carbonate 2.5gm + Cholecalciferol 400IU 6.7g                                                          | sachet               |      | 0                   |

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| 7.  | Carbamazepine                                                    | 100 mg               | Tab                       | 0 |
| 8.  | Cefoperazone Sodium<br>1gm + Sulbactam 1000gm                    | Inj.                 |                           | 0 |
| 9.  | Cetuximab                                                        | 500 mg               | Inj.                      | 0 |
| 10. | Chlorhexidine Solution                                           | 0.2% 100ml<br>bottle | Mouth<br>Wash<br>Solution | 0 |
| 11. | Clotrimazole Lozenges                                            | 10 mg                | Strip of 10               | 0 |
| 12. | Diclofenac Sodium<br>(Aqueous Form)                              | 75mg/ml 1ml<br>amp.  | Inj.                      | 0 |
| 13. | Diclofenac Sodium gel                                            | 1% w/v               | 20 gm. tube               | 0 |
| 14. | Erlotinib                                                        | 150 mg               | Strip of 10               | 0 |
| 15. | Erythropoietin                                                   | 40000IU              | inj.                      | 0 |
| 16. | Fentanyl                                                         | 0.05mg/ml 2ml        | Inj.                      | 0 |
| 17. | Ferrous Sulphate<br>200mg(equivalent to 60<br>mg elemental iron) |                      | tab                       | 0 |
| 18. | Fluconazole 2mg/ml<br>infusion                                   | 100ml bottle         | Inj.                      | 0 |
| 19. | Framycetin                                                       | 1%                   | 100gm tube                | 0 |
| 20. | Fexofenadine                                                     | 180mg                | tab                       | 0 |
| 21. | GCSF                                                             | 300mcgVial<br>/PFS   | Inj.                      | 0 |
| 22. | Halothane                                                        | 250 ml bottle        | Inj.                      | 0 |

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| 23. | Iodinated non-ionic contrast monomer-<br>Iohexol/ Iopamidol/<br>Iomeprol/Ioversol/<br>Iobitridol                                                                                                                                                                                                                                                                                                                   | 350-370<br>mg/ml, Inj | 100ml    | 0 |
| 24. | Iron Sorbitol Citric Acid                                                                                                                                                                                                                                                                                                                                                                                          | 75 mg/ 1.5 ml         | Inj.     | 0 |
| 25. | Isolyte P                                                                                                                                                                                                                                                                                                                                                                                                          | 500 ml                | Inj.     | 0 |
| 26. | Isotonic balanced<br>crystalloid solution should<br>contain sodium-<br>145mmol/litre,potassium-<br>4mmol/litre, calcium-<br>2.5mmol/litre,<br>magnesium-1mmol/litre,<br>chloride-127mmol/litre<br>having acetate(25mmol/l)<br>and<br>maleate(5mmol/l)having<br>oxygen carrying capacity<br>of 1.41 oxygen/l, having<br>osmolality 290 mOsmol/l<br>should be available in<br>standing self collapsible<br>container | 500ml                 | IV fluid | 0 |

|     |                                                                                                                                     |                                  |             |   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------|---|
| 27. | Laxative Syrup (100ml bottle, each 5ml contains liquid paraffin (1.25ml,) Magnesium Hydroxide(3.75ml) and sodium picosulphate 3.3mg |                                  |             |   |
| 28. | Levobupivacaine 10 ml ampoule containing Hyperbaric (to csf) levobupivacaine 0.25 %                                                 | 0.25%, 10ml ampoule              | Inj.        | 0 |
| 29. | Lignocaine Hydrochloride                                                                                                            | 2%                               | 100 ml      | 0 |
| 30. | Magnesium sulphate                                                                                                                  | 50% w/v 2 ml amp.                | Inj.        | 0 |
| 31. | Mephentermine                                                                                                                       | 15mg/ml inj                      | amp         | 0 |
| 32. | Methotrexate                                                                                                                        | 2.5mg                            | Strip of 10 | 0 |
| 33. | Mitomycin C                                                                                                                         | 20 mg                            | Inj.        | 0 |
| 34. | Normal Saline in self collapsable bag                                                                                               | 500 ml                           | Inj.        | 0 |
| 35. | Ondansteron                                                                                                                         | 2mg./ ml.-<br>8mg/ 4ml           | 2ml amp.    | 0 |
| 36. | Oxymetazoline Nasal Drop                                                                                                            | 0.05 % solution (10 ml solution) | Nasal Drop  | 0 |
| 37. | Pegfilgrastim                                                                                                                       | 6mg                              | Inj.        | 0 |

|     |                                                                                         |                          |                     |                                                 |
|-----|-----------------------------------------------------------------------------------------|--------------------------|---------------------|-------------------------------------------------|
| 38. | Polymyxin B Sulphate,<br>Bacitracin Zinc, Neomycin<br>Sulphate 15gm(Neosprin<br>Powder) | Powder                   | Powder              | 0                                               |
| 39. | Potassium Chloride                                                                      | 2meq/ml, 5 ml<br>ampoule | Inj.                | 0                                               |
| 40. | Povidone Iodine                                                                         | M/W 1%                   | 120 ml<br>Bottle    | 0                                               |
| 41. | Prednisolone                                                                            | 20mg                     | Tab                 | 0                                               |
| 42. | Ranitidine                                                                              | 50mg/2ml                 | 1 ml amp.           | 0                                               |
| 43. | Saccharomyces<br>boulardii(Econorm<br>Sachet)                                           | Sachet                   | Sachet              | 0                                               |
| 44. | Sunitinib                                                                               | 12 mg                    | Tab                 | 0<br>(available<br>in<br>different<br>Strength) |
| 45. | Tab Amlodipine                                                                          | 10mg                     |                     | 0                                               |
| 46. | Velpatasvir                                                                             | 100 mg                   | Ampoule             | 0                                               |
| 47. | Vincristine                                                                             | 1mg./ Vial               | Per vial of 1<br>mg | 0                                               |