

# Centre for Innovations in Public Systems (CIPS)

ASCI, Bella Vista, Raj Bhavan Road, Hyderabad - 500 082, India.



## Access to Low Cost Generic Medicines

Rajasthan

*A Case Study with Details for Replication*

Documentation and Knowledge Partner

**OneWorld Foundation India, New Delhi**

Mar 2013

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**[www.cips.org.in](http://www.cips.org.in)**





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## ABBREVIATIONS

BPL	-	Below Poverty Line
CDAC	-	Centre for Development of Advanced Computing
CHC	-	Community Health Centre
CMHO	-	Chief Medical Health Officer
COOP	-	Rajasthan State Cooperative Consumers Federation Limited
DDCs	-	Drug Distribution Centres
DDWs	-	District Drug Warehouses
DWH	-	District Warehouse
EDL	-	Essential Drug List
GMP	-	Good Manufacturing Practices
GOR	-	Government of Rajasthan
HA	-	Health Affairs
HIV	-	Human Immunodeficiency Virus
HOD	-	Head of Department
IEC	-	Information, Education and Communication
IT	-	Information Technology
KVA	-	Kilovolt Ampere
MD	-	Managing Director
MRs	-	Medical Representatives
NLEM	-	National List of Essential Medicines
NRHM	-	National Rural Health Mission
OPD	-	Out Patient Department
PH	-	Primary Health
PHC	-	Primary Health Centre
PMO	-	Primary Medical Officer
RCH	-	Reproductive and Child Health
RDPL	-	Rajasthan Drugs & Pharmaceuticals Limited
RHSD	-	Rajasthan Health System Development Project
RMRS	-	Rajasthan Medical Relief Societies
RMSC	-	Rajasthan Medical Service Corporation
SDH	-	Sub District Hospital
SMS	-	Swai Man Singh Medical College, Jaipur
SN	-	Dr. Sampunanand Medical College, Jodhpur
SPO	-	State Purchase Organization
STGs	-	Standard Treatment Guidelines
TAC	-	Technical Advisory Committee
UPS	-	Uninterruptible Power Source
WHO	-	World Health Organization



## IN BRIEF

### 1. In Brief

To improve the healthcare system in Chittorgarh, Rajasthan, and make medicines affordable for particularly the marginalized sections of citizens, the district administration of Chittorgarh conceptualized a simple yet effective initiative in 2007 for providing low cost drugs to the people. The initiative involved:

- a) Asking doctors to prescribe cost effective generic versions of medicines instead of expensive branded medicines,
- b) Procuring good quality generic drugs for government cooperative stores, and
- c) Spreading awareness among patients and their families toward the use of generic medicines and their potential benefits.

The result of these efforts has been the establishment of district wide low cost drugs shops (fair price shops) making medicines more affordable and accessible to people and ensuring their complete treatment. Following Chittorgarh's example, such low cost shops have been set up in about 19 other districts of the state of Rajasthan and the rationale of this initiative has now been taken up at the State Level. Since October 2011, generic medicines are being made available free of cost to citizens at all Government hospitals in the state through the Mukhya Mantri Nishulk Dawa Yojana (Chief Minister's Free Drug Distribution Scheme).

Under the scheme, free essential generic medicines, surgical and diagnostic equipments are provided to all patients obtaining medical treatment from government health facilities through Drug Distribution Centers (DDCs) across the state. The medicines that are not available at these DDCs are made available through the low cost shops set up as a result of the Chittorgarh initiative.

A new organization, the Rajasthan Medical Service Corporation (RMSC), has been set up as the nodal implementing agency for the scheme and for ensuring its smooth functioning. Every procedure related to the provision of medicines to Government hospitals has been streamlined including stages from procurement, quality control to distribution of medicines, complemented with a complete technology aided mechanism for ensuring monitoring of operations. A centralized system has now replaced hitherto existing decentralized processes, thereby reducing several possibilities of loopholes, delays and wastage of resources. People in Rajasthan can now access affordable medicines through a network of fair price shops and free drug distribution centers right up to the primary health centre and sub centers. This easy accessibility and affordability is vastly saving the out of pocket expenditure of people and creating a robust system of healthcare delivery in the state.

## INNOVATION CONTEXT

### 2. Innovation Context

The availability and affordability of good quality healthcare in times of need is one of the most crucial necessities of public well being in any country. A major component of ensuring that such a system of healthcare exists is the degree of people's accessibility to affordable and good quality medicines for preventive and curative purposes. In India, in spite of the remarkable success of its pharmaceutical industry, the provision of affordable medicines to people remains a daunting task.

#### 2.1 Problems in accessing affordable medicines

Several research studies show that expenditure on medicines in India accounts for about 50 to 80 percent of the total cost of medical treatment<sup>1</sup>. At least three quarters of the total out-of-pocket expenditure of an average citizen in the country is spent on buying essential drugs and medicines that are highly overpriced<sup>2</sup>. The cost of medicines is so high that it often leads to rural indebtedness and a shift to below the poverty line. As a result, almost 65 percent of India's population lacks regular access to medicines.

Ironically enough, India is referred to as the pharmacy of the world, known for large scale production of generic medicines. India is not only the third largest producer of generic medicines by volume<sup>3</sup> but also one of the least expensive drug producers. Government Health Programs in over a dozen countries like Brazil, Ecuador and Thailand, source generic medicines from India. These medicines are therapeutically equivalent yet cheaper alternatives of usually costlier branded medicines. Every medicine has a salt name that indicates the chemical composition and a brand name to reflect the manufacturer. Brand names make prices high because they are usually patent-protected and entail advertising costs. If a doctor prescribes the salt name, the pharmacist can offer the patient a choice between the expensive brand and cheaper generic medicine which are both of equal effectiveness.

<sup>1</sup> S. Srinivasan. "Medicines for All: The Pharma Industry and the Indian State". *Economic and Political Weekly*. June 11. 2011. Web. May 26. 2012 <<http://www.indiaenvironmentportal.org.in/files/medicines%20for%20all.pdf>>.

<sup>2</sup> P. Aryamala. "Enhancing Access to Affordable Medicines". *Governance Knowledge Centre*. February. 2011. Web. May. 2012 <<http://indiagovernance.gov.in/bestpractices.php?id=675/>>.

<sup>3</sup> J. Latha & P. Ankur. "Choking access to healthcare". August 15. 2010. Web. May 25. 2012 <<http://www.downtoearth.org.in/content/choking-access-drugs>>

## INNOVATION CONTEXT

Branded Medicines	Generic Medicines
Identified by manufacturer's name	Identified by salt name. Generic medicines use same ingredients like their branded counterparts and are of the same quality, strength, purity and stability - both pharmaceutically and therapeutically
Patent Protected	Only available after the patent of a particular branded medicine expires
Expensive process of R&D for inventing new drugs	No costs incurred in research and innovation
High costs of marketing and advertisement as it involves promotion of a new product	Limited costs of marketing and advertisement
Sophisticated packaging and designing of medicines	Simple packaging and design of medicines
Must meet certain standards of good manufacturing practices	Generic firms have facilities comparable to those of brand-name firms. Often brand-name firms make generic copies of their own or other brand name drugs for sale at lower price
Highly priced as the selling price involves the costs of R&D, marketing and advertisement	Low cost medicines about 40 to 60 percent below the cost of branded medicines

Table 1: Comparison between branded and generic medicines

Source: OneWorld Foundation India

In spite of being one of the largest producers of generic medicines in the world, the present functioning of the pharmaceutical industry in India is such that the patient is at the losing end, especially the poor and marginalized sections of people. The cost of manufacturing a drug is relatively low compared to the price at which it is sold. This is because the nexus between drug companies, medical representatives (MR) and some medical practitioners, inflates the cost of medicines and the overall treatment.

To increase visibility and to gain market share, drug manufacturers employ MRs to lobby with doctors and convince them to prescribe their expensive branded medicines instead of salt (chemical) names in return for various privileges. After their medical education, the prescription pattern of doctors is largely influenced by MRs as they help the doctors keep in tune with current medicine trends. As a result of this, doctors often prescribe expensive branded medicines to inadequately

## INNOVATION CONTEXT

informed patients who are completely dependent on doctors for medical guidance. There are many instances of doctors prescribing non-essential drugs, that is, those drugs that are outside the National List of Essential Medicines (NLEM). This National list covers all medicines that are adequate to take care of the majority of health needs of the population. The NLEM is prepared by the Ministry of Health, Government of India, and is modeled on the World Health Organization's (WHO) Essential Drugs List. The NLEM was last updated in 2011 (*Refer to Annexure 1*).

The non-essential drugs promoted by major pharmaceutical brands and prescribed by doctors are higher priced alternatives without any established therapeutic advantage over the generic ones. Due to these practices, medicines become unaffordable and patients often receive inappropriate medication.

### 2.2 Need for innovation

In Rajasthan, an alarming average of 89.4 percent of household health expenditure is spent on purchasing medicines<sup>4</sup>. At least 30 to 40 percent of the state's population is unable to afford drugs due to high costs. Till very recently, due to lack of knowledge on one hand and benefits received from the pharmaceutical industry on the other, medical practitioners were habituated to prescribing medicines by their brand names. In addition, geographical access to health care and medicines is a serious concern in the state. The residents in rural areas need to travel long distances to visit a health facility and buy essential drugs.

Apart from following the NLEM, the state of Rajasthan has its own Essential Drug List<sup>5</sup> and Standard Treatment Guidelines (STGs)<sup>6</sup> that are supposed to fulfill the priority health care needs of the population. These essential medicines and guidelines are selected with due regard to clinical protocols, disease prevalence, evidence confirming efficacy, safety and comparative cost effectiveness. Medical practitioners across the state are expected to abide by both these Government documents. Alongside such policy interventions, the State Government has over the years been sending circulars time to time to all doctors in Government hospitals instructing them to prescribe low cost generic medicines.

<sup>4</sup> P. Aryamala. "Enhancing Access to Affordable Medicines". Governance Knowledge Centre. February. 2011. Web. May. 2012 <<http://indiagovernance.gov.in/bestpractices.php?id=675/>>.

<sup>5</sup> Available at <<http://www.rmssc.nic.in/pdf/EDL%20Raj-2012.pdf>>

<sup>6</sup> Available at <<http://www.rmssc.nic.in/rar/STG%20Rajasthan.rar>>

## INNOVATION CONTEXT

However, these efforts have largely been in vain. Access to cost effective, appropriate medicines and their rational use continues to be a challenge in Rajasthan. There remain large gaps in the processes of medicine procurement, quality checking, distribution and pricing. Till recently, the State Purchase Organization (SPO) under the Medical and Health Directorate of Rajasthan was responsible for the procurement and distribution of medicines to Government health institutions across the state. Under the SPO, there were constant irregularities in the supply and packaging of essential medicines and surgical equipments. The SPO had a limited contract of supplying only 45 types of essential medicines; hospitals were responsible for procuring all other medicines independently. Due to lengthy contract processes, more time, effort and money was spent. There was also no provision for regular maintenance of medicines and there was a lack of an inbuilt facility for logistics and distribution. The quality control and inventory management system was also very weak with very limited use of information technology. Along with these shortcomings, there were problems of inadequate, unkempt storage, and deficiencies in transportation facilities.

The drugs were distributed through Primary Healthcare Centers (PHCs), private pharmacists and Government stores, including cooperative (co-op) stores run by the Rajasthan State Cooperative Consumers Federation Limited (COOP) and low cost Lifeline Drug Stores run by the Rajasthan Medical Relief Society (RMRS). The COOP stores provided various services to state pensioners free of cost. Payment for such services was made by the state. Under such a system, there were large sales of branded medicines and non-essential medicines that did not abide by the STGs. This resulted in the cost of medicines going beyond the reach of a common man and also increased the burden on the state exchequer which is responsible for making payment for these medicines and items supplied at the COOP stores. All these factors combined to create mistrust about Government medical facilities among people who then had to depend on expensive private healthcare services that were beyond their reach.

Recognizing the need to address these crucial roadblocks on the way to providing affordable, good quality and timely healthcare to people, the Government of Rajasthan (GoR) announced the Chief Minister's Free Drug Distribution Scheme for free of cost provision of essential generic medicines to all patients availing medical services from Government health facilities. The scheme is operational since 2nd October, 2011. For implementing the scheme, the GoR set up the Rajasthan Medical Service Corporation (RMSC) through a budget declaration by the Chief Minister in 2011. The RMSC is a public enterprise with the centralized responsibility of procuring and supplying generic medicines, surgical and diagnostic equipment to all Government medical facilities for their free provision to patients. The setting up of the RMSC and the free medicine scheme has started a new revolution for providing affordable and accessible healthcare to the people of Rajasthan.

## NEW APPROACH

### 3. New Approach

#### 3.1 Beginnings in Chittorgarh District, Rajasthan

The process of providing affordable generic medicines to people in Rajasthan began a few years before the setting up of RMSC and the free medicine scheme. In 2007, the district administration of Chittorgarh, concerned about the suffering of poor patients, started a new initiative to make medicines more accessible to the people. The problems of the existing delivery system were identified at three levels:<sup>7</sup> 1. Doctors prescribing expensive branded medicines, 2. Pharmacists charging maximum retail price for medicines from patients even if they can provide them at discounted rates and 3. Consumers' with limited knowledge about the prices of medicines.



Figure 1 : Implementation strategy of the low-cost generic medicine initiative in Chittorgarh

Source: OneWorld Foundation India

## NEW APPROACH

This low cost generic medicine initiative in Chittorgarh increased people's accessibility to formal health care services due to low prices of medicines and resulted in a significant decrease in the treatment costs of most common illnesses. The tables below present examples of this difference:

### i) Common Cold

When medicines are prescribed by brand name and purchased from chemist shops		
Name of drug	Quantity	Cost
<i>Ciprofloxacin 500</i>	<i>10 tab.</i>	<i>60.54</i>
<i>Nimesulide</i>	<i>10 tab.</i>	<i>25.00</i>
<i>Cetirizine</i>	<i>5 tab.</i>	<i>17.50</i>
<b>Total</b>		<b>103.04</b>

When medicines are prescribed by Generic name and purchased from COOP Stores		
Name of drug	Quantity	Cost
<i>Ciprofloxacin 500</i>	<i>10 tab.</i>	<i>12.85</i>
<i>Nimesulide</i>	<i>10 tab.</i>	<i>2.12</i>
<i>Cetirizine</i>	<i>5 tab.</i>	<i>0.75</i>
<b>Total</b>		<b>15.72</b>

Table 2 : Price difference between generic and branded medicines for the treatment of Common Cold

Source : Rajasthan Medical Service Corporation

### ii) Pneumonia

When medicines are prescribed by brand name and purchased from chemist shops		
Name of drug	Quantity	Cost (no. x rate)
<i>Amikacin</i>	<i>14 inj.</i>	<i>980.00</i>
<i>Ofloxacin</i>	<i>14 tab.</i>	<i>91.00</i>
<i>Nimesulide</i>	<i>14 tab.</i>	<i>40.60</i>
<i>Cetirizine</i>	<i>7 tab.</i>	<i>24.50</i>
<b>Total</b>		<b>1136.10</b>

When medicines are prescribed by Generic name and purchased from COOP Stores		
Name of drug	Quantity	Cost (no. x rate)
<i>Amikacin</i>	<i>14 inj.</i>	<i>121.38</i>
<i>Ofloxacin</i>	<i>14 tab.</i>	<i>12.88</i>
<i>Nimesulide</i>	<i>14 tab.</i>	<i>4.20</i>
<i>Cetirizine</i>	<i>7 tab.</i>	<i>1.05</i>
<b>Total</b>		<b>139.51</b>

Table 3 : Price difference between generic and branded medicines for the treatment of Pneumonia

Source : Rajasthan Medical Service Corporation

## NEW APPROACH

Looking at the increase in the sales of low cost generic medicines in COOP and Lifeline stores in Chittorgarh, private chemists also started supplying these generic drugs. Furthermore, as a result of the success of the initiative in Chittorgarh, the supply of these medicines started in COOP and Lifeline drug stores of other districts like Jhalawar, Jodhpur and Nagaur. The Medical and Health Department of Rajasthan also authorized government hospitals in about 19 other districts to procure medicines and surgical items at the Chittorgarh COOP rates. Along with the COOP and Lifeline drug stores, generic medicines were also made available free of cost at the BPL counters in all government medical facilities.

### 3.2 Up scaling the Chittorgarh model

Given the huge success of the Chittorgarh low cost generic medicine model in terms of saving costs for both patients and for the state, the Government of Rajasthan, decided to upscale the Chittorgarh model to the entire state with certain enhancements. Given the easy availability of generic medicines, the willingness of the doctors to prescribe generic medicines, readiness of chemists to sell and that of patients to buy these medicines, along with availability of state funds, the Government of Rajasthan launched the Mukhya Mantri Nishulk Dawa Yojana (Chief Minister's Free Medicine Scheme) in 2011 wherein essential generic medicines, surgical and diagnostic equipments were to be provided free of cost to all patients availing treatment from government health facilities through the establishment of Drug Distribution Centers (DDCs) across the state. For all common illnesses, free medicines for three days are given. This can be extended up to seven days in case of emergency. For chronic illnesses and state pensioners, medicines are provided free of cost for a period of up to a month. The medicines that are not available at these DDCs will continue to be available at low costs in the COOP and Lifeline drug stores. The beneficiaries of the Chief Minister's Free Medicine Scheme include:

- All OPD patients in government medical facilities
- All patients admitted in government hospitals
- All thalassemia and hemophilia affected patients
- All state government pensioners
- All state BPL families
- HIV patients
- Handicapped and widowed pensioners
- Elderly people
- Beneficiaries of Antodaya<sup>8</sup> and Annapurna<sup>9</sup> schemes
- Victims of mishaps
- Underprivileged children and women

<sup>8</sup> Under the Antodaya Anna Yojana, the GOI provides 35 kg food grains to the 'poorest of the poor' i.e. the population at the bottom of the BPL.

<sup>9</sup> Under the Annapurna Scheme, the GOI provides 10 Kg of food grains per month free of cost to senior citizens of 65 years of age or above who are not receiving an old age pension.

## NEW APPROACH / IMPLEMENTATION STRATEGY

Realizing that there were huge gaps and inefficiencies in the statewide decentralized system of procurement, quality check and distribution of medicines under the State Purchase Organization of Rajasthan, the Government of Rajasthan formed the RMSC with complete responsibility of centrally procuring, checking and distributing essential generic medicines, surgical and diagnostic items to all government health institutions across the state and ensuring the smooth implementation of the Chief Minister's Free Medicine Scheme.

With the launching of the scheme and formation of the RMSC, the process of making essential medicines accessible to people in Rajasthan especially the marginalized has been drastically altered.

### 3.3 Key stages of the affordable medicines initiative in Rajasthan

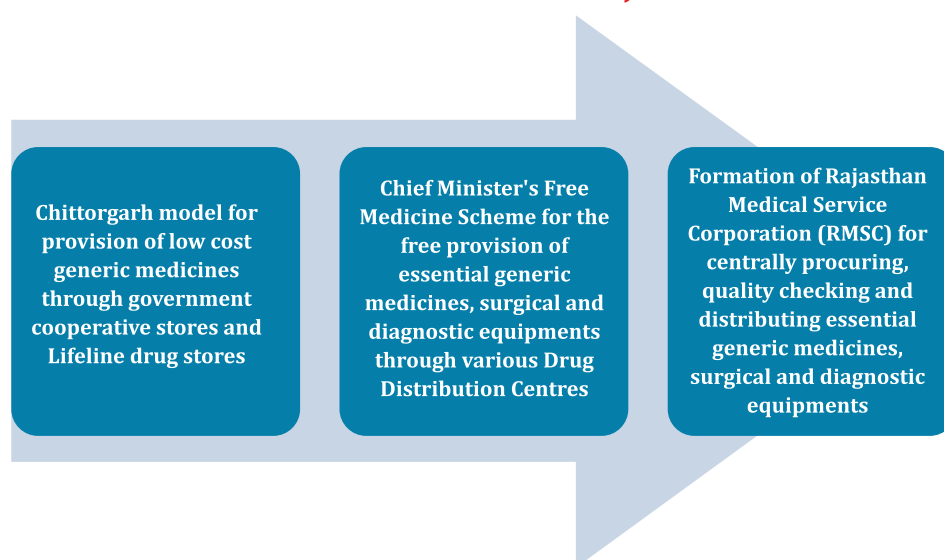


Figure 2 : Stages in the implementation of the affordable medicines initiative in Rajasthan

Source : OneWorld Foundation India

## 4. Implementation Strategy

After the success of the Chittorgarh initiative and the decision to upscale the initiative in the form of the Chief Minister's Free Medicine Scheme the following steps were taken to make medicines accessible and affordable by the people of Rajasthan (Refer to Annexure 5 for related circulars)

4.1 Formation of RMSC and putting in place a centralized system of procurement, quality checking and distribution. Infrastructural development which includes up gradation of District Drug Warehouses (DDWs) and establishment of Drug Distribution Centres (DDCs) was conducted during this stage.

4.2 Formation of monitoring committees at the district and state level to ensure smooth progress of all work for the scheme's implementation and to ensure the allegiance of all government medical facilities with scheme norms.

## IMPLEMENTATION STRATEGY

4.3 Generation of awareness regarding the scheme through issuance of Government Orders and circulars to all government hospitals informing them about the implementation of the Chief Minister's Free Medicine Scheme, the formation of RMSC and its responsibilities and the steps that hospitals need to take to ensure that the scheme is effectively implemented. Subsequently circulars were sent to doctors reminding them to prescribe generic medicines and awareness was also created among the beneficiaries.

### 4.1 Formation of Rajasthan Medical Service Corporation (RMSC)

The Rajasthan Medical Service Corporation (RMSC) was formed as a result of a budget declaration in 2011. RMSC has been established under the Company's Act 1956 and is a public enterprise owned by the Government of Rajasthan. The RMSC is responsible for the procurement and distribution of generic drugs and medicines, surgical and diagnostic equipments to government medical institutions within the state. Additionally, RMSC has the responsibility of strengthening the process of quality control over drugs, ensuring availability of drugs at all times and promoting the rational use of drugs with special emphasis on the use of generic medicines.

The board members of the Corporation include:

Profile	Post in RMSC
Principal Secretary, Medical and Health	Chairman
Principal Secretary (Medical Education)	Director
Principal Secretary (Ayurveda)	Director
Secretary (Finance - Expenditure)	Director
Mission Director (NRHM)	Director
Director, IEC Bureau	Director
Director, Public Health	Director
Director, Reproductive and Child Health (RCH)	Director
Director, Aids / Hospital Administration	Director
Financial Advisor, Directorate of Medical and Health	Director
Financial Advisor, National Rural Health Mission (NRHM)	Director
Drugs Controller, Rajasthan	Director
Managing Director, RMSC	Secretary

Table 4: Board Members of RMSC

Source: Rajasthan Medical Service Corporation

## IMPLEMENTATION STRATEGY

### Organization of RMSC

For each of its diverse functions, the Corporation has been organized into different cells that include cells for procurement, finance, logistics and supplies, quality control and IT.



Figure 3 : Different operating units within RMSC

Source : Rajasthan Medical Service Corporation

Figure below shows the organizational structure of the RMSC and the ways in which various functionaries within the organization are connected with each other

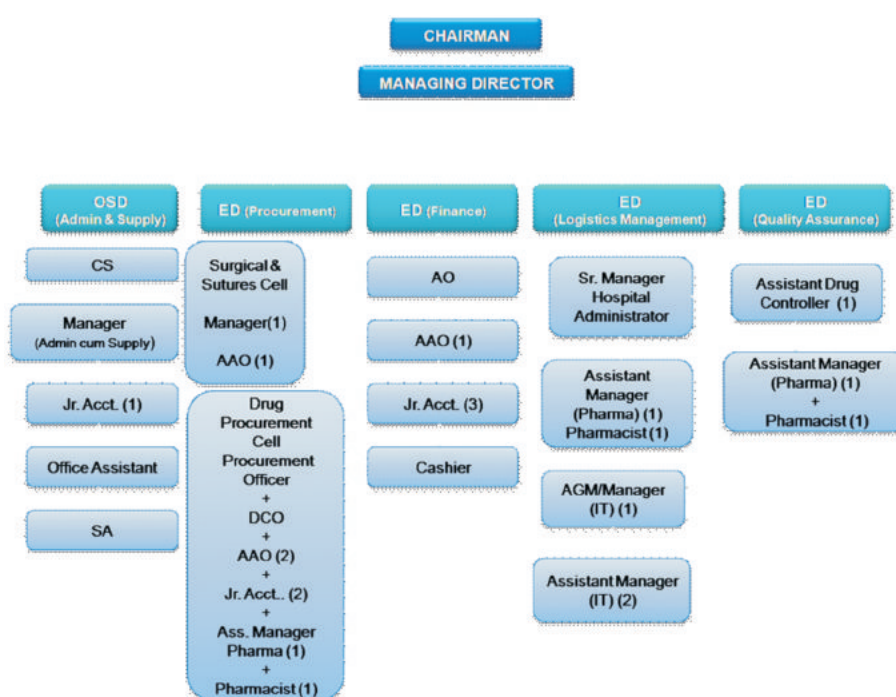


Figure 4: Organogram of RMSC

Source: Rajasthan Medical Service Corporation

## IMPLEMENTATION STRATEGY

### 4.1.1 Formation of a new procurement policy

One of the main motivations behind the formation of the RMSC was to eliminate inconsistencies in the procurement procedure of medicines under the SPO. For this purpose, a new procurement policy was formed. A Technical Advisory Committee (TAC) has been constituted by the Board of Directors of RMSC to provide guidance and supervision for various technical issues regarding procurements of drugs and other items. The MD of RMSC is the chairman of TAC. Other members include:

- ❖ Principal, SMS Medical College, Jaipur
- ❖ Director (PH), Medical and Health Department
- ❖ Director (RCH), Medical and Health Department
- ❖ Director (HA), Medical and Health Department
- ❖ Superintendent, SMS Medical College, Jaipur
- ❖ Dy. Secretary, Finance (Expenditure)
- ❖ Dy. Finance (Budget)
- ❖ Dy. Secretary, Gr. I, Medical and Health Department
- ❖ HOD, Pharmacology, Deptt, SMS Medical College, Jaipur/SN Medical College, Jodhpur
- ❖ Managing Director, RDPL
- ❖ Managing Director, Shakari Upbhokta Wholesale Bhandar Ltd (Medical Branch)
- ❖ Some special invitees
- ❖ Nominated members

### **RMSC Procurement List**

After referring to the NLEM, the Rajasthan States' EDL and STG the Procurement Cell of the Corporation has prepared its own list of Drugs, Surgical and Diagnostic items. The EDL of other states like Tamil Nadu, Kerala, Delhi and Karnataka have also been referred to in the preparation of this procurement list.

The new list meets set standards of efficacy, safety, suitability and cost effectiveness. The specifications of drugs to be procured have been decided upon in consultation with the TAC of RMSC. Procurement is carried out on the basis of requirements ascertained from all state controlled health facilities. The procurement list may be revised from time to time. One of the most significant features of the procurement list is its sole focus on the procurement of cheap generic medicines only (Refer to Annexure 3).

Since September 2011, the RMSC procures about 400 essential medicines, 42 surgical items and 71 drugs prescribed by various national health programs centrally. (Refer to Annexure 2)

## IMPLEMENTATION STRATEGY

### *Invitation of Tenders*

Tenders are invited for items on the RMSC procurement list through adequate publicity in state and national newspapers and on the official website of the Medical Department of Rajasthan. If required, information regarding tenders is also circulated through State Drug Controllers, pharmaceutical manufacturing associations and pharmaceutical publications for encouraging more participation in the bidding process.

The entire tendering system is based on a two bid system – technical and financial.

After the public opening of tenders, the technical bids of all companies are evaluated. All companies bidding are required to have an annual turnover of INR 20 crores and their manufacturing practices must meet the GMP of WHO. They must also have a laboratory facility to check the products they are supplying. An inspection team has been constituted comprising of the officials of Drug Control Department Corporation and end user departments to verify the suitability of companies bidding for the tender.

Based on the successful meeting of these criteria, a list of technically qualified bidders is prepared and displayed on the website of the Medical and Health Department. Subsequently, the financial bids of all technically qualified bidders are opened in the presence of all bidders for comparison. Contracts are awarded to those technically qualified bidders that quote the lowest price (L-1). In the earlier procurement system under the SPO, a purchase preference of about 100 per cent was given to public sector pharmaceutical companies and 80 per cent to state small scale industries if they matched the L-1 rate. This has been altered with the new procurement policy with purchase preference being restricted to 25 per cent out of which state pharmaceutical companies receive 10 per cent preference and state small scale industries receive 15 per cent preference if they matched the L-1 rate.

After the finalization of the L-1 rates, these rates and the list of bidders are presented to a Purchase Committee in the Corporation for verification and approval. After the Purchase Committee's approval, letters are issued to the L-1 bidders for execution of agreements and deposit of security amount.

Subsequently, request letters are also issued to the L-2 & L-3 bidders that participated in the tender to match the L1 rate. The suppliers that agree are then kept as reserve for meeting any additional requirement and in cases of exigency.

In case the Purchase Committee does not approve of any bids, tenders are invited again and the process starts afresh.

## IMPLEMENTATION STRATEGY

### ***Physical Procurement of Drugs***

The purchase orders of drugs and surgical items are usually placed twice a year and may be altered as per need. The RMSC keeps a stock of medicines and equipments sufficient for 4 months' supply in its DDWs and 2 months stocks in pipeline for all the drugs. The purchase order quantity is arrived at by taking into account the requirements by end users.

After the approval of the Managing Director, the purchase orders are placed by procurement wing of RMSC and sent to the suppliers in soft copy through e-mail and hard copy by courier. Suppliers are required to confirm the receipt of purchase orders within 3 days of receiving the orders. The suppliers also have to intimate the schedule of supply by e-mail or fax within 7 days from the date of receipt of the order in order to prepare an action plan for the movement of drugs.

RMSC is in the process of launching an e-procurement system where the complete procurement procedure will be done online.

### ***E-Procurement***

RMSC will integrate its tendering operations into the centralized e-procurement application developed by NIC for the GoR through the website <http://eproc.rajasthan.gov.in>. All tenders of various departments are uploaded online on this website and bidders can submit their bids online with supporting documents, after enrolling themselves.

RMSC has conducted mock tests to ensure that the e-procurement application meets the requirements of its tendering process and has issued orders to all concerned staff and suppliers to get adequate training on running and using the e-procurement application. All interested bidders need to obtain a Digital Signature Certificate (DSC) in the form of a smart card/e-token in their Company's name for registration and participation in the bidding process. DSCs can be obtained from authorized certifying agencies like RajCOMP Info Services Ltd.

Post enrollment which is free of cost, bidders can access all related tenders, their forms and tender schedules online. They can fill their technical and financial bids for the tenders they are interested in, attach all documents as per tender requirements and submit their bids online. The documents submitted by the bidders will be digitally signed by authorities using the e-token of the bidder. After this submission, the system will generate a bid summary showing details like the bid number, date & time of submission of the bid with all other relevant details and ask for any clarification that may be required from the bidders. After taking the clarifications into consideration, the bidders can re-submit their bids and print a copy of the bid summary as proof for submission of the tender. The technical bids

## IMPLEMENTATION STRATEGY

submitted by the bidders can only be opened by the designated officers after the bid opening time as specified in the tender and scrutinized by the Technical Committee. The bidders will be able to see the status of the tenders and recommendations of the committee through their registration IDs and can also request for updates through E-Mail.

Subsequently, the financial bids of all technically qualifying bidders will be opened as per the financial bid opening time stipulated in the tender norms and the system will generate automatic comparative statement of the price bids for evaluation by the Purchase Committee.

The recommendations and decisions of the Purchase Committee can be tracked online by the bidders through their registration IDs. Selected bidders will then be informed by SMS and email about the award of contract. The results will also be published on the e-procurement website.

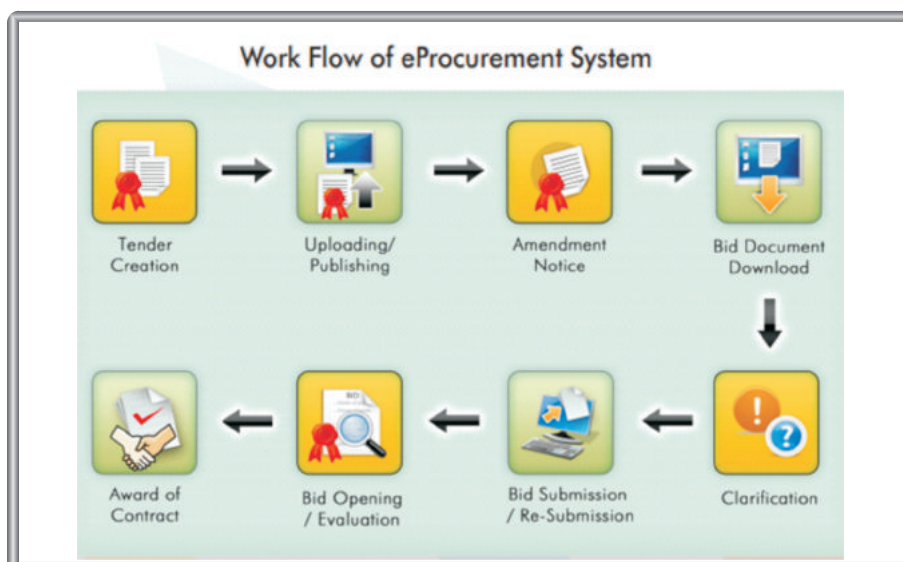


Figure 5: Work Flow of e-procurement system

Source: National Informatics Centre.

### 4.1.2 Logistical Support

The logistics wing of the RMSC complements the procurement process. It sends the RMSC procurement list to District Project Coordinators who take these lists to hospitals and record their needs for all the medicines. This record of requirement of medicines in hospitals is then sent back to RMSC on the basis of which purchase orders are issued to the selected companies.

The movement of required drugs from the companies to the DDW warehouse is supervised by the logistics wing. The companies have to transport supplies to district warehouses. All the 33 districts of Rajasthan have drug warehouses. In order to strengthen the process of distribution of medicines in the state, these 33 DDWs had to be up graded and restructured. The logistics wing is responsible for overseeing this process of restructuring. This restructuring involves two main components - Infrastructural and Human Resource Deployment.

### Infrastructural Upgradation of District Drug Warehouses (DDWs)

With the formation of the RMSC, each DDW is required to have:

- ✓ Seating space for staff
- ✓ Adequate facilities for storage of medicines
- ✓ Quarantine area for storing of medicines, waiting for quality check approval
- ✓ Cold storage facility

## IMPLEMENTATION STRATEGY



Figure 6 : Equipments at the DDW

Source : RMSC presentation

Keeping in mind the above needs, RMSC has extended the following infrastructural support to all 33 warehouses across the state.

Sr No.	Name of items	Place of installation	Quantity per institution	Total Quantity
1	Air Conditioner with stabilizer (1.5 to n split)	Cold Storage Room	2	66
2	Desktop computer Intel Core i3 Based	Computer rooms	1 in each DDW and at Jaipur DDW for Vertical Programs (immunization, malaria, reproductive child health, family welfare and tuberculosis)	38
3	Desktop computer Core 2 Duo			38
4	24 pin 136 column printer			38
5	Laser Printer			38
6	1 KVA Inverter cum UPS with 4 hours backup			38
7	Steel Cupboard	DDW office and computer room	10	330
8	Office Table		5	165
9	Chairs		10	330
10	Side Racks		3	99
11	Heavy duty racking system with a height of 14 feet; two pallets supplied with each rack	Main storage area	As per demand from districts	742
12	Heavy duty racking system with a height of 8 feet; two pallets supplied with each rack			399
13	Bar code reader	Computer room	1 at each DDW and 5 at Jaipur DDW for vertical programs	38
14	Bar code printer	Computer room	Jaipur DDW and 5 for vertical programs	6
15	Hydraulic hand pallet trucks	Main storage area	3	99
16	Fire Extinguishers	Near staff room	4	132

Table 5 : Materials provided for up gradation of DDWs

Source : Rajasthan Medical Service Corporation

## IMPLEMENTATION STRATEGY

### Human Resource Deployment at DDWs

Along with the infrastructural development of the DDWs, the extensive deployment of manpower was also done.

S. No	Post	Key role and responsibilities
1	Officer-in-charge from the Chief Medical Health Office (CMHO) or Rajasthan Health System Development Project (RHSDP)	<ul style="list-style-type: none"> <li>❖ Overall management and supervision of DDW and their operationalization.</li> <li>❖ Identify, prepare and operationalize DDCs at all healthcare facilities of the district.</li> <li>❖ Coordination and liaison with State RMSC headquarter will act as district authorities.</li> <li>❖ Ensuring smooth implementation of effective supply chain management and day to day activities.</li> <li>❖ Ensuring compliance of guidelines across the district.</li> <li>❖ Timely need based reporting to state level authorities.</li> <li>❖ Regular monitoring of DDCs and resolving their issues/problems.</li> <li>❖ Maintenance of all imperative records.</li> </ul>
2	Storekeeper from the CMHO office	<ul style="list-style-type: none"> <li>❖ Receiving supplies from manufacturers.</li> <li>❖ Maintaining all records pertaining to supplies received, making entries in stock registers and software.</li> <li>❖ Issuing supplies as per demand to DDWs.</li> <li>❖ Maintaining passbooks.</li> <li>❖ Dealing with quality check issues.</li> <li>❖ Ensuring all storage guidelines for drugs are followed.</li> <li>❖ Performing need assessment exercises.</li> <li>❖ Monthly physical verification of stocks and records.</li> <li>❖ Timely information to RMSC regarding shortage or excesses of supply.</li> <li>❖ Maintaining buffer stock at DDWs to deal with emergencies.</li> </ul>
3	Pharmacist working under MRHM at CMHO office	<ul style="list-style-type: none"> <li>❖ Compilation of demands generated for medicines and other items from all healthcare facilities.</li> <li>❖ Distribution of medicines to health facilities as per requirement identified through the requisition form and make entries in the passbooks.</li> <li>❖ Update records and all registers in use at DDWs.</li> <li>❖ Packaging of supplies to be issued for the institutions, arranging transportation and follow-up the delivery.</li> <li>❖ Monitoring software entries and generating reports.</li> </ul>
4	Data Entry Operator under MRHM at CMHO office	<ul style="list-style-type: none"> <li>❖ Making all entries and timely reporting.</li> <li>❖ Operationalize software and internet and inform officer in charge.</li> <li>❖ Generate need based reports.</li> <li>❖ Any work assigned by officer in charge.</li> </ul>
5	Support staff (Helper/Packer/Peon)	<ul style="list-style-type: none"> <li>❖ All routine and necessary work</li> <li>❖ Assistance to all office staff</li> </ul>

Table 6: Manpower deployment at DDWs  
Source: Rajasthan Medical Service Corporation

## IMPLEMENTATION STRATEGY

### Receipt and storage of drugs and equipments (inventory management)

Once the supplies are received from pharmaceutical companies, clear guidelines are issued to each DDW for recording receipt details and ensuring proper facilities are available for their storage. The logistics wing closely monitors the stocking of medicines and equipments in the DDWs as well as their utilization. To ensure the complete recording and monitoring of the movement of products in and out of the DDWs, various mechanisms are utilized.

- Maintenance of inward and outward goods registers to track the receipt of products from companies, their outward and inward movement during quality control and issuance to hospitals.

S.No.	Purchase Order No. / Date	Supplier Name	Delivery Challan / Invoice No. and Date	Name of Drug / Item	Batch No.	Date of Expiry	Quantity Received	Signature of Pharmacist / Store Incharge

Table 7 : Format of material inward register

Source : Rajasthan Medical Service Corporation

S.No.	Date	Indent No. & Date	Name of Institution	Item / Drug Code	Name of Drug / Item	Batch No.	Date of Expiry	Quantity Issued	Total Value	Signature of Pharmacist / Store Incharge

Table 8 : Format of Material Outward Register

Source : Rajasthan Medical Service Corporation

- Expiry drugs register so as to separate the drugs and take necessary action
- Indent form to be filled by hospitals to make their medicine demands
- Maintenance of pass books for issuance of drugs to hospitals: For every hospital and medical centre there are two passbooks, one with the DDW and the other with the concerned hospital/medical institution. When hospitals fill the indent form and make a request for medicines, a day is fixed for the transferring of the required medicines and other items. Details of the indent form and quantity of medicines issued are recorded on both the pass books with the signatures of the warehouse in charge and receiver from the hospital while transporting the requested items to the hospital.

S.No.	Indent No. & Date	Outward Goods Register No.	Issue Date	Value of Drugs Alloted	Cumulative Value of Drugs Issued	Value of Drugs Returned	Balance Amount	Signature of warehouse incharge	Signature of Receiver

Table 9 : Format of Passbook

Source : Rajasthan Medical Service Corporation

- Online inventory management software e-Aushadhi : The IT cell at RMSC has designed the e-Aushadhi software that facilitates complete inventory management.

## IMPLEMENTATION STRATEGY

### E-Aushadhi

E-Aushadhi is a web based application that deals with the management of stock of various drugs, sutures and surgical items required by different DDWs. Developed by the Centre for Development of Advanced Computing (CDAC), the software is being continually upgraded in house by the I.T. cell of RMSC. The E- Aushadhi software utilizes a propriety software Oracle for the back end and Java for the front end.

### Key features of E-Aushadhi

- ❖ Drug inventory desk to store, maintain, update, search & display information related to drugs.
- ❖ Drug issuance desk for indent generation and issuance of drugs to hospitals/institutions.
- ❖ Quality control desk for tracking quality check progress.
- ❖ Sample register desk for recording the receipt of sample, return of sample and disposing of sample.
- ❖ Condemnation register desk.
- ❖ Drug locator and transfer of drugs to help in locating drugs in various warehouses and facilitating transfer of drugs between drug warehouses whenever needed.
- ❖ Ability to prepare comprehensive reports.
- ❖ The software also enables maintaining a record of lost drugs, returned drugs, any miscellaneous consumption and conducting periodic physical stock verification by cross checking it with the database.

Access to E-Aushadhi has been given to the following stakeholders:

- Supplier to check the delivery and status of his/her products
- CMHO and Primary Medical Officer (PMO) for monitoring
- To heads of the various cells at RMSC for monitoring
- To all 33 DDWs for inventory management and transfer of drugs to and fro. The data entry operators at the DDW operate the e-Aushadhi software.

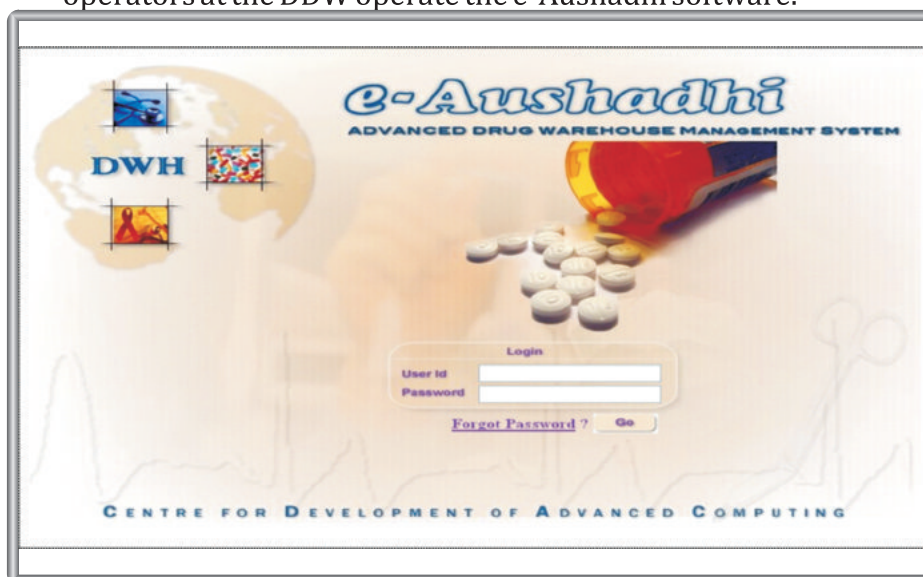


Figure 7: Screenshot of the  
e-Aushadhi software  
Source: Rajasthan Medical  
Services Corporation

## IMPLEMENTATION STRATEGY

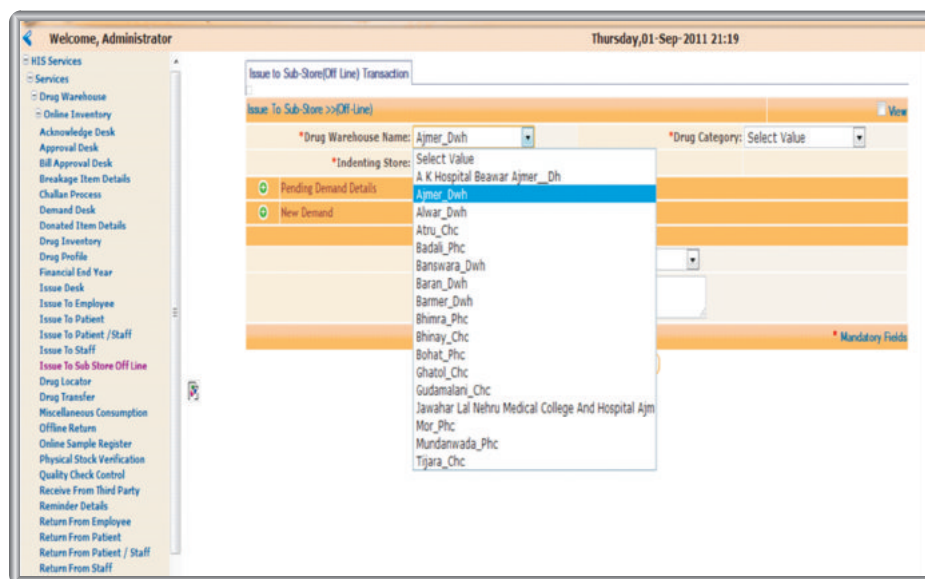


Figure 8: Screenshot of the e-Aushadhi software

Source: Rajasthan Medical Service Corporation

### Necessary safety precautions

All necessary precautions against any mishap have been taken at the DDWs with proper provision for security against fire, pests etc. Specific medicines require storage at low temperatures. Accordingly, a cold storage facility has been installed to store medicines at the required temperature. Proper temperature control activities are carried out at the DDWs. Storage of medicines is organized in a comprehensive and neat manner with clear labelling of all racks that enables officials to easily distinguish between different kinds of drugs (for instance, approved drugs, drugs undergoing quality control, drugs that have passed the date of expiry).

All DDWs run from Monday to Saturday from 10:00 a.m. to 5:00 p.m. In case of emergencies, they are operational on Sunday too.

### 4.1.3 Quality Control

As soon as the drugs are received in the warehouses from the suppliers, the boxes are numbered and details fed into e-Aushadhi. Each batch is checked for details like the RMSC logo and requisite 'Not for Sale' label. Samples are then randomly drawn from each batch of supplies. The samples drawn are sent to the Quality Control Cell at the RMSC. Meanwhile, that particular batch is kept in the quarantine area at the DDW marked with a red ribbon.

After the samples are received from all the warehouses, items from a common batch are mixed and a sample is drawn from this pooled batch. Steps are taken to conceal the identity of the manufacturer and encode the formulations secretly. Codes are assigned to every sample. The formulations/items assigned codes are sent for testing to the laboratories empanelled by RMSC.

## IMPLEMENTATION STRATEGY

The empanelled laboratories analyze the drugs as per specifications and test protocols. Upon receipt of reports from the laboratories, the results are sent to the warehouses through e-mail and courier. This entire process can be tracked by e-Aushadhi. The data entry operator at the DDW enters details of the sample and the date when it is sent and the person in charge at the quality cell in RMSC constantly updates the status of the sample, that is, whether it has been sent to the lab and such like.

If any sample sent to the lab fails in quality, the result is cross checked in another lab before taking the final decision on the usage of medicines from that batch.

If the drug falls short in any parameter, action is taken by the quality control department immediately. The stock of medicines from that batch is frozen, removed from the main stock and kept separately until it is cleared by the quality control department. If the lab confirms the failure of the drug to meet standards, steps are taken to return the stocks to the supplier. After 30 days of the letter for return of stocks, if the stocks are not taken back by the supplier, a penalty is imposed on the supplier on a weekly basis till the stock is destroyed by RMSC (90 days). The amount of penalty is 2 percent of the total value of stocks in the warehouse.

In cases, where a sample has been drawn by a Drug Control Officer during his/her inspection of hospitals and is declared substandard by an empanelled lab, the issue of the product is stopped immediately and the drug supplied is recalled from the hospitals. The warehouse in-charge intimates every institution where the batch has been supplied about retrieval of the drugs. Simultaneously, the total value of the quantity supplied by the supplier is deducted from their bills. Depending on the nature and extent of non-conformance of the product to the prescribed standards, decision to blacklist the product and company is taken after following due procedure.

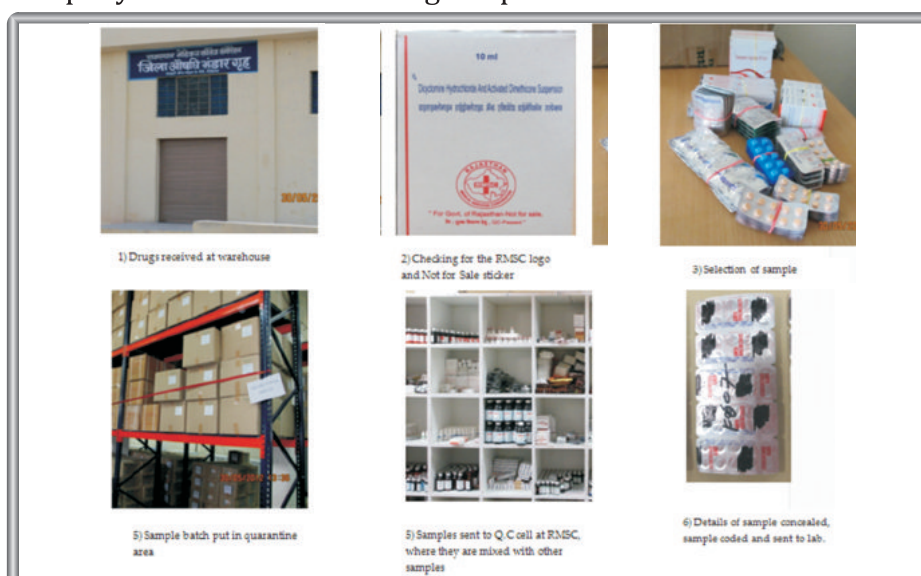


Figure 9 : Steps for quality control under RMSC

Source : Oneworld Foundation India

## IMPLEMENTATION STRATEGY

### 4.1.4 Distribution of Drugs

For the free distribution of generic medicines and surgical equipments, free Drug Distribution Centers (DDCs) have been set up across the state from the level of district hospital to the primary health care centre and hospitals of medical colleges.

Establishment of a DDC within every government hospital is mandatory. Specifications for construction of DDCs are decided by the RMSC and funds are allocated accordingly. Each DDC is 10' x 11' in size. The human resources for running these DDCs are employed by the RMSC and usually includes two to three people i.e. one pharmacist and one or two helpers.

Apart from the RMSC operated DDCs, every district headquarter has four other DDCs which are run by the COOP. Two of these stores are located outside the district hospital and two are in the Mother and Child Hospital. The total number of DDCs proposed to be set up in the state at different levels is given in the table below:

S.No.	Nature of Organization	No. of Organization	No. of DDCs
1.	Medical colleges related institutions	26	107
2.	District Hospitals	34	206
3.	Satellite Hospitals	18	91
4.	Community Health Centres	376	752 (drug distribution windows)
5.	Primary Health Centres	1517	1517 (drug distribution windows)
6.	City Primary Health Centre	37	37
7.	City Dispensary	198	198
8.	Sub-Health Centres	11487	11487
9.	Aid-posts	13	13
10.	Mother and Child Healthcare Centre	118	118
11.	Mobile Medical Units	7	7
	<b>Total</b>	<b>13828</b>	<b>14533</b>

Table 10 : Proposed number of DDC's to be set-up in the state of Rajasthan

Source : Rajasthan Medical Service Corporation

## IMPLEMENTATION STRATEGY

These DDCs can obtain generic medicines and surgical equipments from DDWs by filling indent forms and maintaining records in their respective passbooks. The request for medicines by sub health centers can be filed by concerned primary health centers. The transportation costs of medicines from the DDW to concerned medical facilities are borne by RMSC. Particular days are fixed for transportation of medicines and equipments.

Apart from the DDCs, generic medicines are also made available at the BPL counters. Since not all medicines are available at the DDCs, patients may be required to pay low cost at existing fair price shops (COOP stores and Lifeline stores) to obtain particular medicines.



### Movement of medicines and surgical items under the RMSC

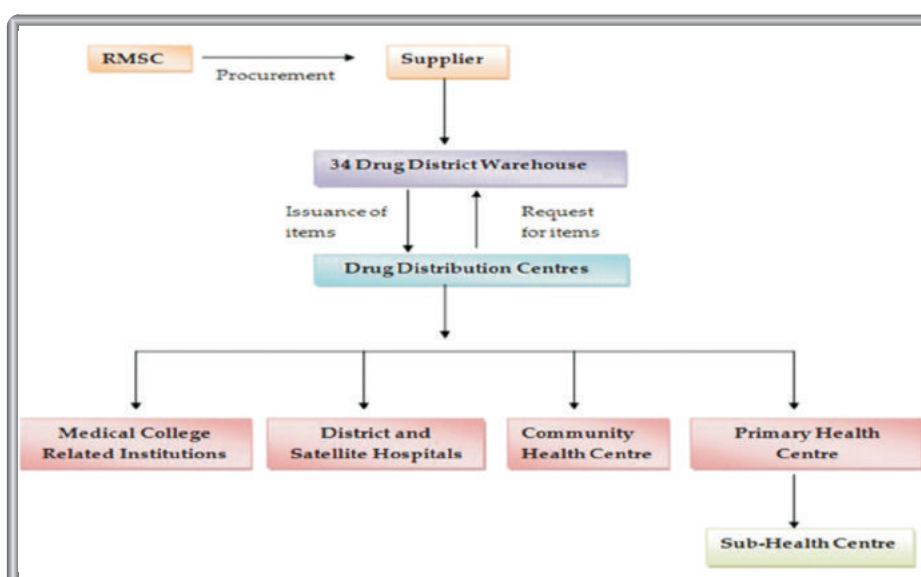


Figure 11 : Movement of drugs and surgical items under the RMSC

Source : OneWorld Foundation India

## IMPLEMENTATION STRATEGY

### 4.2 Monitoring and Grievance Redressal

For the purpose of monitoring the provision of generic medicines to the people of Rajasthan and ensuring smooth functioning of the Chief Minister's Free Medicine Scheme, various monitoring components have been included within the implementation strategy.

Headed by an IAS officer, the RMSC is the primary monitoring body. Subsequently, monitoring committees have been formed at various levels to monitor effective functioning of the scheme.

A District Level Committee (DLC) has been formed to monitor the progress of the DDWs and DDCs on a regular basis. Monthly reports are submitted to the MD, RMSC, by the DLC. The composition of the committee is as follows:

S.No.	Committee Member	Designation	Role and Responsibilities
1.	Chief Medical and Health Officer	Chairman	Overall Supervision
2.	X. En/A.En. of respective district	Member	Physical upkeep of DDWs
3.	District Project Coordinator, RHSDP	Member	❖ Overall Management of DDWs ❖ Identify, prepare and operationalize
4.	Health Manager (as representative of PMO)	Member	❖ Need Assessments of drugs at District Hospital ❖ Supply Facilitation at District hospital and DDCs
5.	Manager District Drug Warehouse, RMHSC, field operation	Optional Member	As state representative

Table 11 : Composition of District Level Monitoring Committee

Source : Rajasthan Medical Service Corporation

Along with the DLC, a monitoring committee has been formed under the District Collector to oversee the smooth implementation of the scheme. This monitoring committee holds monthly meetings to review functioning of DDWs and DDCs. For on field monitoring, zonal officers have also been appointed for each of the seven medical divisions of Rajasthan<sup>10</sup>.

<sup>10</sup> Jaipur 1st and 2nd, Ajmer, Udaipur, Bharatpur, Jodhpur, Bikaner and Kota

## IMPLEMENTATION STRATEGY

A separate monitoring committee has also been constituted to ensure the compliance to the scheme on part of medical colleges' related institutions and hospitals. This committee meets on a monthly basis to keep a track on the scheme implementation in these institutions.

Along with these committees, the online software- e-Aushadhi enables constant monitoring and tracking of movement of medicines and other equipments.

For any complaints related to the implementation of the scheme such as failure of doctors to prescribe generic medicines, unavailability of medicines, harassment at the hands of chemists and such like, citizens can contact RMSC directly through its mobile control room by dialing +91-9166005500 or state control room at 0141-2225624, 2225000 as well as contact through e-mail at [rmsc@nic.in](mailto:rmsc@nic.in), fax and letters. Complainants can also contact the zonal officer for their zone.

### 4.3 Awareness generation

After the establishment of the organizational and physical infrastructure and formulation of operational guidelines of the scheme, the most crucial component for ensuring its success was in convincing doctors to prescribe generic medicines and creating awareness among citizens about the scheme. For this purpose, various IEC activities were



Figure 12 : Mobile advertising vans

Source : Rajasthan Medical Service Corporation

conducted across the state, posters were circulated, awareness vehicles moved across the state and information was provided at all government hospitals. Electronic and print media was utilized for awareness generation as well.

Doctors were issued circulars and Government Orders to prescribe generic medicines. They were also shown documentaries to convince them about the effectiveness of generic medicines and their benefits. Doctors were asked to keep a carbon copy of their prescriptions that could be randomly checked by monitoring officials on their inspection tours.

## IMPLEMENTATION STRATEGY

### Comparison between old and new system of medicine procurement and distribution in Rajasthan

Function	Old Procedure	New Procedure
Implementing Agency	State Purchase Organization was overseeing the decentralized procurement, quality checking and distribution of medicines across the state.	RMSC formed specifically to run the centralized procurement, quality checking and distribution of medicines across the state.
Procurement	Limited contract for supplying only 45 types of essential medicines, hospitals were responsible for procuring all other medicines independently. Procurement done through open tendering, however details are not easily available for public.	Procuring 325 drugs and 42 surgical items centrally through RMSC's procurement cell. Procurement through open tendering with all details available on RMSC website.
Type of medicine	Mostly expensive branded medicines without strict adherence to EDL and STGs leading to failure of people to access the essential medicines.	Special focus on cost effective yet equally potent generic medicines. In pursuance of strict adherence to EDL and STGs
Quality Control	No centralized mechanism, quality deterioration, no uniformity in packaging.	RMSC's quality control cell ensures tight monitoring of all procured products and has strict guidelines for manufacturing and packaging.
Storage and transportation	District Drug Warehouses (DDWs) not up to mark; often inadequate, unkempt and unmonitored	DDWs are run by RMSC employees. Upgraded with new technology and new process of inventory management with clear specifications for transportation facilities
Distribution	Through Primary Healthcare Centers, private pharmacists and Government stores including cooperative (co-op) stores run by the Rajasthan State Cooperative Consumers Federation Limited (COOP), BPL counters and low cost Lifeline Drug Stores run by the Rajasthan Medical Relief Societies (RMRS).	Through Drug Distribution Centres (DDCs) established especially for scheme implementation, primary healthcare centers, government stores including cooperative (co-op) stores run by Rajasthan State Cooperative Consumers Federation Limited (COOP), BPL counters and low cost Lifeline Drug Stores run by the Rajasthan Medical Relief Societies (RMRS).
Use of Technology	Almost negligible	Proper online software utilized for inventory management i.e. e-Aushadhi software.

Table 12 : Comparison between the old and new system of medicine procurement and distribution in Rajasthan

Source : OneWorld Foundation India

## FINANCIAL MODEL

### 5. Financial Model

With the Chief Minister's Free Medicine Scheme, the medicines are being given free of cost. Fifty per cent of funding for the scheme comes from Central Government funds through the various National Programs on health and 50 per cent from state funds. The annual budget for different types of health institutions for procurement of medicines is as follows:

Type of health institution	Proposed budget (INR)
SMS Medical College and attached group of hospitals	30 Crores
Other government medical colleges and attached hospitals	10 crores each
Govt. Dental College	50 lakhs each
Sub Centers	10,000
PHC	1.25 lakhs each
Urban PHC and City Dispensary	2 lakhs each
CHC	10 lakhs each
Satellite Hospitals	15 lakhs each
District Hospitals	40 lakhs each

Table 13 : Budget for procurement of medicines various government health institutions under the Chief Minister's Free Medicine Scheme

Source : Rajasthan Medical Services Corporation

Each hospital and institution's budget is mentioned in its pass book and on the basis of this budget medicines are made available to them. Every entry is recorded in the pass book.

Apart from this budget 20 percent funds are kept in reserve for use during emergency. During emergencies requests for additional budget can be made. In cases of non availability of medicines, DDCs have been given 10 per cent funds for local purchase of the same so as to be able to distribute them.

Besides the annual budget for medicines receipt, the other costs incurred and budget details (2011-2012) for rolling out the scheme are given below:

S.No.	Activity	Amount	Total Amount
1.	Strengthening / repair / alteration / refurnishing at DDW	Rs. 10 lakhs per DDW	Rs 340 lakhs
2.	Maintenance of motor vehicle for transportation of drugs from DDW to DDC	Rs. 2 lakhs per CMHO	Rs 68 lakhs
3.	Strengthening of general store at Hospital / PHC / CHC	Rs 25000 - PHC Rs 50000 - CHC Rs 2 lac - D.H/S.H/SDH	Rs 779 lakhs
4.	Repairs and maintenance of existing DDC	Rs 30000 - PHC, CHC, Hospital etc. Rs 2500 - Sub Center / Aid - Post	Rs 926 lakhs
5.	Establishing of 100 New DDCs	Rs 2.25 lac per DDC	Rs 225 lakhs
6.	Hiring of services for DDC	25000 per DDC	Rs 240 lakhs

Table 14 : Budget for other expenditures excluding procurement of medicines under the free medicine scheme

Source : RMSC manual

## FINANCIAL MODEL / BENEFITS OF INNOVATION

With the introduction of the generic medicines initiative in Rajasthan, the financial costs accruing to the state to meet its commitments under the state health policy has reduced. Under its health policy, the GoR provides medicines at subsidized rates for pensioners; these medicines are sold at the COOP stores. These COOP stores were earlier selling only branded medicines, hence, the high cost of these medicines had to be borne by the Government. However, since the introduction of generic medicines and their sale at the COOP stores, the costs accruing to the Government for such subsidies has decreased.

### Sustainability

The medicine initiative in Rajasthan is financially well planned. This is because at its starting point, it is beginning from a cost effective point of view i.e. procurement of low cost generic medicines over expensive branded medicines. With a centralized set up and dedicated infrastructure for running the initiative, long term implementation strategies have been put in place which may only require minor tweaks over time. As a government welfare program, it covers a vital public need and is providing relief to a large portion of the state's population. The risks that many such schemes have are lack of efficiency and complacency in the long run. However with a set up like the RMSC and its sole focus on providing medicines to people, a culture of long term transparency is being rolled out in Rajasthan as far as medicines are concerned. The proper utilization of funds, dedicated performance of duties by responsible authorities, commitment by doctors and understanding on the part of the beneficiaries is essential to make the scheme successful in the long run.

## 6. Benefits of Innovation

The strength of the efforts for making medicines accessible and affordable across the state of Rajasthan lies in the ability of the concerned authorities to set up a completely new system in place in such a robust and organized manner. The old system of medicine procurement, quality control and distribution has been completely altered to give way to a new transparent centralized system which centers on the welfare of people.

### 6.1 Creating access to affordable medicines across Rajasthan

The fair price shops and free medicine distribution centers across the state have significantly increased peoples access to medicines. The marginalized sections of society can now avail treatment for most ailments, most of which they could not afford earlier. The out of pocket expenditure of people on healthcare has been drastically reduced and their burden significantly diminished. Medicines have now been brought very close to the people right up to their village. With the provision of medicines, people in Rajasthan are getting complete treatment and do not have to compromise on the well being of their relatives and themselves. Not only are people receiving free medicines but also good quality medicines.

## BENEFITS OF INNOVATION

A very apt example would be to refer to cases of rabies in Rajasthan. Dog bites are one of the most frequent health obstacles that people in the State face and the required rabies injections are very expensive. As a result of this people who have been bitten often go untreated. Now the generic version of these injections are being given free of cost to patients which has drastically reduced the financial burden on them and has given them a cure against the disease. Creating such an access to medicines is resulting in the robust health of the state's population which is a very significant reflection of human development in the State.

### 6.2 Increasing people's trust in Government Institutions

As is often the case, people are reluctant to visit government medical facilities because of the lack of trust and the inefficiency in such institutions. These efforts at making medicines affordable in Rajasthan are transforming this image and making more and more people visit Government facilities. Since the launch of the scheme in October 2011, the number of patients coming to Government hospitals has increased from 44 lakh per month to 62 lakh per month<sup>11</sup>. With the scheme and its largely successful implementation, peoples trust in government hospitals and doctors has been on the rise. In fact even private chemists and hospitals are being forced to adapt to the changes and take the generic route.

### 6.3 Increased transparency through technology-aided procedures

With a complete centralized system in place for procurement, the GoR is saving time, money and effort and significantly reducing the scope for any malpractices. The formation of the RMSC has completely streamlined all procedures related to medicine procurement and distribution across the State, highlighting the fact that a sole designated organization with sufficient powers can highly strengthen public service delivery in this case healthcare delivery. A comprehensive quality control mechanism ensures that good quality medicines are provided to people. Computerization of operations has facilitated tight monitoring and management of procedures at all levels. Monitoring Committees at various levels ensure strict compliance to the RMSC guidelines. In such a manner a full-bodied system of providing a vital health component has been put in place in Rajasthan.

### 6.4 Creating awareness about generic medicines

One of the biggest achievements of the Rajasthan medicine initiative lies in its ability to bring forth the importance of generic medicines. Rajasthan has successfully highlighted the benefits of using generic medicines in terms of potency and cost effectiveness. This focus on generic medicines is making healthcare affordable by people and also making it feasible for the Government to provide free medicines to people because the cost of these medicines is very minimal when compared to their

<sup>11</sup> 'An Initiative to Save Lives'. PowerPoint presented in Orissa.Rajasthan Medical Services Corporation

## BENEFITS OF INNOVATION / CHALLENGES IN IMPLEMENTATION

branded counterparts. India has a treasure when it comes to the production of generic medicines; this potential has been largely untapped so far. Rajasthan is successfully directing people's attention to this large scale availability of generic medicines and the various advantages it can accrue to both the Government and people.

### 7. Challenges in Implementation

#### 7.1 Convincing doctors and patients

Like most new initiatives, the medicine initiative in Rajasthan has had its share of challenges. Foremost among which were convincing doctors about generic medicines and the subsequent awareness creation among beneficiaries. Doctors were not easily convinced about prescribing generic medicines and their potency. Moreover doctors were being influenced by the pharmaceutical companies. It took dedicated effort over a period of time to convince doctors about the benefits of generic medicines and the need to prescribe them. Even now, not all doctors comply with the Government Orders to prescribe generic medicines. It remains a challenge to keep a track on doctors and convince them to prescribe generic versions of medicines.

Similarly it is a challenging task to convince beneficiaries to use generic medicines as they feel cheaper medicines are not of good quality.

#### 7.2 Shortage of Medicines

Not all essential medicines are available for free distribution. As a result of which there is confusion among the public which leads to dissatisfaction. Efforts need to be made to make more and more medicines from the essential list available for distribution. In cases where this will take time, alternative medicines should be made available.

The number of medicines available keeps decreasing as we reach the PHC level where medicines for only certain common illnesses are available. While people have to travel to the district in case of chronic illnesses, efforts have to be made to ensure that more and more common diseases can be dealt with even at the PHC. While the high point of the medicine initiative in Rajasthan, is its emphasis on generic medicines, there are many medicines which are patented and come only in branded versions. These branded medicines should be made available in case of emergency and the absence of a generic alternative.

## CHALLENGES IN IMPLEMENTATION / POTENTIAL FOR REPLICATION

### 7.3 Absence of clarity in understanding scheme benefits

The Chief Minister's Free Medicine Scheme ensures the free provision of certain essential generic medicines but not all medicines. This has to be clearly communicated to the beneficiaries. There seems to be absence of clarity among beneficiaries about the scope of the scheme. Many beneficiaries are under the assumption that all medicines are available free of costs at all medicine shops in government facilities. Beneficiaries have to be explained the difference between fair price shops and free drug distribution centers and the type of medicines available in both kinds of shops.

## 8. Potential for Replication

Around thirteen other states in India run free medicine distribution schemes. The table below gives details of these states

S.No.	Name of the State	No. of Drugs in EDL
1.	Andhra Pradesh	162
2.	Assam	270
3.	Bihar	280
4.	Delhi	250
5.	Chhattisgarh	374
6.	Gujarat	423
7.	Haryana	300
8.	Jammu and Kashmir	300 (Approx)
9.	Karnataka	246
10.	Kerala	528
11.	Madhya Pradesh	203
12.	Orissa	100
13.	Tamil Nadu	268

Table 15 : Other states in India with free drug distribution schemes

Source : Rajasthan Medical Services Corporation

Among these thirteen states, not all have dedicated centralized machinery for the procurement, quality control and distribution of medicines. T.N, Karnataka, Kerala are few states that have such centralized machinery. The T.N Medical Corporation (*Refer to Annexure 4*) is amongst the first and most well run organized institutions in this field in the country and has been a major source of inspiration, guidance and a model for the initiative in Rajasthan. The point where the initiative in Rajasthan is different is its focus on generic medicines and the combination of its fair price shops and free drug distribution centers.

## POTENTIAL FOR REPLICATION

States across the country can learn from the Rajasthan model's emphasis on generic medicines, which not just saves costs for beneficiaries but also for the state while keeping its commitments under free medicine schemes. The model that began in Chittorgarh is a revolutionary model: it is self sustaining, economical and workable in the long run. It provides an excellent example of tapping the countries untapped resources in a well planned manner. Not only is an effort being made to provide most essential medicines to people at free of cost but also a system is in place to ensure low cost supplies in case of emergencies. Such a well knit network of fair price and free medicine centers has made medicines largely accessible by the people of Rajasthan. States all across the country should make efforts at spreading awareness about generic medicines among their medical practitioners and patients and push towards providing generic medicines at all government medical institutions. This has the potential of significantly altering the nature of cure in the country.

The success of the effort in Rajasthan has been facilitated by the streamlined procedures adopted through the RMSC at all levels, be it procurement, quality control or distribution. This success of the initiative has been possible due to the political will and good leadership of government officials and this is reflected in the manner in which the initiative was up scaled from one district Chittorgarh to the entire state and motivated the creation of a state wide scheme.

That said, as of now many medicines for chronic illnesses are beyond the reach of the people not just in Rajasthan but across the country. In order to deal with this issue, efforts need to be made at the national level. The NLEM should be increased to about 500 medicines from its current list of 350 to include medicines for rare conditions and unnecessary fixed dose combinations and drugs of doubtful or no value can be removed. The prices of all medicines should be regulated and pressure should be built on all medical associations across the country to bind doctors to prescribe generic medicines compulsorily with few exceptions. Such efforts can go a long way in creating peoples access to affordable medicines and ability to receive adequate treatment..

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For the purpose of preparing this process document the OneWorld team conducted extensive secondary and primary research. This document has been prepared on the basis of the information available through secondary online sources and the insights gathered through semi structured interviews of stakeholders during the field visit to Jaipur (RMSC Head Office) and Chittorgarh( District Collectorate, District Hospital, DDW, DDCs). The document has been strengthened by various supporting documents and presentations shared by the stakeholders.

## ANNEXURES

### Annexure 1 : National List of Essential Medicines, 2011- Therapeutic Area - Wise

Alphabetical List of Medicines – Therapeutic area wise	
S.No	Section 1: – Anesthesia
1.	Atropine Sulphate
2.	Bupivacaine Hydrochloride
3.	Diazepam
4.	EMLA cream
5.	Ether
6.	Halothane with vaporizer
7.	Isoflurane
8.	Ketamine Hydrochloride
9.	Lignocaine Hydrochloride
10.	Lignocaine Hydrochloride + Adrenaline
11.	Midazolam
12.	Morphine Sulphate
13.	Nitrous Oxide
14.	Oxygen
15.	Promethazine
16.	Propofol
17.	Sevoflurane
18.	Thiopentone Sodium
<b>SECTION: 2 – Analgesics , Antipyretics, Nonsteroidal antiinflammatory medicines, Medicines used to treat Gout and Disease Modifying Agents used in Rheumatoid Disorders</b>	
1.	Acetyl Salicylic Acid
2.	Allopurinol
3.	Azathioprine

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
4.	Colchicin
5.	Diclofenac
6.	Fentanyl
7.	Hydroxychloroquine phosphate
8.	Ibuprofen
9.	Leflunomide
10.	Methotrexate
11.	Morphine Sulphate
12.	Paracetamol
13.	Sulfasalazine
14.	Tramadol
<b>SECTION: 3 – Antiallergics and Medicines used in Anaphylaxis</b>	
1.	Adrenaline Bitartrate
2.	Cetirizine
3.	Chlorpheniramine Maleate
4.	Dexamethasone
5.	Dexchlorpheniramine Maleate
6.	Hydrocortisone Sodium Succinate
7.	Pheniramine Maleate
8.	Prednisolone
9.	Promethazine
<b>SECTION: 4 – Antidotes and Other Substances used in Poisonings</b>	
1.	Activated Charcoal
2.	Atropine Sulphate

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
3.	Calcium gluconate
4.	Desferrioxamine mesylate
5.	Dimercaprol
6.	Flumazenil
7.	Methylthioninium chloride (Methylene blue)
8.	N-acetylcysteine
9.	Naloxone
10.	Penicillamine
11.	Pralidoxime Chloride(2 PAM)
12.	Sodium Nitrite
13.	Sodium Thiosulphate
14.	Specific antsnake venom
SECTION: 5 – Anticonvulsants/ Antiepileptics	
1.	Carbamazepine
2.	Diazepam
3.	Lorazepam
4.	Magnesium sulphate
5.	Phenobarbitone
6.	Phenytoin Sodium
7.	Sodium Valproate
Section:6 – Anti-infective Medicines	
1.	Acyclovir
2.	Albendazole
3.	Amikacin

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
4.	Amoxicillin
5.	Amoxicillin+Clavulanic acid
6.	Amphotericin B
7.	Ampicillin
8.	Artesunate (To be used only in combination with Sulfadoxine + Pyrimethamine)
9.	Azithromycin
10.	Benzathine Benzylpenicillin
11.	Cefixime
12.	Cefotaxime
13.	Ceftazidime
14.	Ceftriaxone
15.	Cephalexin
16.	Chloroquine phosphate
17.	Ciprofloxacin Hydrochloride
18.	Clindamycin
19.	Clofazimine
20.	Clotrimazole
21.	Cloxacillin
22.	Co-trimoxazole (Trimethoprim + Sulphamethoxazole)
23.	Dapsone
24.	Didanosine
25.	Diethylcarbamazine citrate
26.	Diloxanide Furoate

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
27.	Doxycycline
28.	Efavirenz
29.	Erythromycin Estolate
30.	Ethambutol
31.	Fluconazole
32.	Gentamicin
33.	Griseofulvin
34.	Indinavir
35.	Isoniazid
36.	Lamivudine
37.	Lamivudine + Nevirapine + Stavudine
38.	Lamivudine + Zidovudine
39.	Mefloquine
40.	Metronidazole
41.	Nelfinavir
42.	Nevirapine
43.	Nitrofurantoin
44.	Nystatin
45.	Ofloxacin
46.	Pentamidine Isothionate
47.	Piperazine
48.	Praziquantel
49.	Primaquine
50.	Pyrazinamide

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
51.	Pyrimethamine
52.	Quinine sulphate
53.	Rifampicin
54.	Ritonavir
55.	Saquinavir
56.	Sodium Stibogluconate
57.	Stavudine
58.	Stavudine+Lamivudine
59.	Streptomycin Sulphate
60.	Sulfadoxine + Pyrimethamine
61.	Sulphadiazine
62.	Vancomycin Hydrochloride
63.	Zidovudine
64.	Zidovudine+ Lamivudine+ Nevirapine
<b>SECTION: 7 – Antimigraine medicines</b>	
1.	Acetyl Salicylic Acid
2.	Dihydroergotamine
3.	Paracetamol
4.	Propranolol hydrochloride
<b>SECTION : 8 – Antineoplastic, immunosuppressives and medicines used in palliative care</b>	
1.	5-Fluorouracil
2.	Actinomycin D
3.	Allopurinol

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
4.	Alpha Interferon
5.	Azathioprine
6.	Bleomycin
7.	Busulphan
8.	Carboplatin
9.	Chlorambucil
10.	Cisplatin
11.	Cyclophosphamide
12.	Cyclosporine
13.	Cytosine arabinoside
14.	Dacarbazine
15.	Danazol
16.	Daunorubicin
17.	Doxorubicin
18.	Etoposide
19.	Filgrastim
20.	Flutamide
21.	Folinic Acid
22.	Gemcitabine hydrochloride
23.	Ifosfamide
24.	Imatinib
25.	L-Asparaginase
26.	Melphalan
27.	Mercaptopurine

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
28.	Mesna
29.	Methotrexate
30.	Mitomycin- C
31.	Morphine Sulphate
32.	Ondansetron
33.	Oxaliplatin
34.	Paclitaxel
35.	Prednisolone
36.	Procarbazine
37.	Raloxifene
38.	Tamoxifen Citrate
39.	Vinblastine sulphate
40.	Vincristine
SECTION: 9 – Antiparkinsonism medicines	
1.	Bromocriptine Mesylate
2.	Levodopa+ Carbidopa
3.	Trihexyphenidyl Hydrochloride
SECTION: 10 – Medicines affecting the blood	
1.	Cyanocobalamin
2.	Enoxaparin
3.	Ferrous Salt
4.	Folic Acid
5.	Heparin Sodium
6.	Iron Dextran

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
7.	Phytomenadione
8.	Protamine Sulphate
9.	Pyridoxine
10.	Warfarin sodium
<b>SECTION: 11 Blood products and Plasma substitutes</b>	
1.	Albumin
2.	Cryoprecipitate
3.	Dextran-40
4.	Dextran-70
5.	Factor IX Complex (Coagulation Factors II,VII, IX, X)
6.	Factor VIII Concentrate
7.	Fresh frozen plasma
8.	Hydroxyethyl Starch (Hetastarch)
9.	Platelet Rich Plasma
10.	Polygeline
<b>SECTION: 12–Cardiovascular medicines</b>	
1.	Acetyl salicylic acid
2.	Adenosine
3.	Amiodarone
4.	Amlodipine
5.	Atenolol
6.	Atorvastatin
7.	Clopidogrel
8.	Digoxin

## ANNEXURES

### Alphabetical List of Medicines – Therapeutic area wise

9.	Diltiazem
10.	Dobutamine
11.	Dopamine Hydrochloride
12.	Enalapril Maleate
13.	Esmolol
14.	Glyceryl Trinitrate
15.	Heparin Sodium
16.	Hydrochlorthiazide
17.	Isosorbide 5 Mononitrate/Dinitrate
18.	Lignocaine Hydrochloride
19.	Losartan Potassium
20.	Methyldopa
21.	Metoprolol
22.	Nifedipine
23.	Procainamide Hydrochloride
24.	Sodium Nitroprusside
25.	Streptokinase
26.	Urokinase
27.	Verapamil
<b>SECTION: 13 – Dermatological medicines (Topical)</b>	
1.	Acyclovir
2.	Benzyl benzoate
3.	Betamethasone Dipropionate
4.	Calamine

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
5.	Coal Tar
6.	Dithranol
7.	Framycetin Sulphate
8.	Glycerin
9.	Methylosanilinium Chloride (Gentian Violet)
10.	Miconazole
11.	Neomycin + Bacitracin
12.	Permethrin
13.	Povidone Iodine
14.	Salicylic Acid
15.	Silver Sulphadiazine
16.	Zinc Oxide
<b>SECTION: 14 – Diagnostic agents</b>	
1.	Barium Sulphate
2.	Calcium Iodate
3.	Fluorescein
4.	Iopanoic Acid
5.	Lignocaine
6.	Meglumine Iothalamate
7.	Meglumine Iotroxate
8.	Propylidone
9.	Sodium Iothalamate
10.	Sodium Meglumine Diatrizoate
11.	Tropicamide

## ANNEXURES

### Alphabetical List of Medicines – Therapeutic area wise

#### SECTION: 15 – Disinfectants and antiseptics

- |     |                        |
|-----|------------------------|
| 1.  | Acriflavin+Glycerin    |
| 2.  | Benzoin Compound       |
| 3.  | Bleaching Powder       |
| 4.  | Cetrimide              |
| 5.  | Chlorhexidine          |
| 6.  | Ethyl Alcohol 70%      |
| 7.  | Formaldehyde IP        |
| 8.  | Gentian Violet         |
| 9.  | Glutaraldehyde         |
| 10. | Hydrogen Peroxide      |
| 11. | Potassium Permanganate |
| 12. | Povidone Iodine        |

#### SECTION: 16 – Diuretics

- |    |                     |
|----|---------------------|
| 1. | Furosemide          |
| 2. | Hydrochlorothiazide |
| 3. | Mannitol            |
| 4. | Spironolactone      |

#### SECTION: 17 – Gastrointestinal medicines

- |    |   |
|----|---|
| 1. | 5-Amino salicylic Acid                    |
| 2. | Aluminium Hydroxide + Magnesium Hydroxide |
| 3. | Bisacodyl                                 |
| 4. | Dicyclomine Hydrochloride                 |
| 5. | Domperidone                               |

## ANNEXURES

### Alphabetical List of Medicines – Therapeutic area wise

6.	Famotidine
7.	Hyoscine Butyl Bromide
8.	Ispaghula
9.	Metoclopramide
10.	Omeprazole
11.	Ondansetron
12.	Oral Rehydration Salts
13.	Pantoprazole
14.	Promethazine
15.	Ranitidine
16.	Zinc Sulfate
<b>SECTION: 18 – Hormones, other endocrine medicines and contraceptives</b>	
1.	25% Dextrose
2.	Carbimazole
3.	Clomiphene citrate
4.	Condoms
5.	Dexamethasone
6.	Ethinylestradiol
7.	Ethinylestradiol + Levonorgesterol
8.	Ethinylestradiol + Norethisterone
9.	Glibenclamide
10.	Glucagon
11.	Hormone Releasing IUD

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
12.	Hydrocortisone Sodium Succinate
13.	Insulin Injection(Soluble)
14.	Intermediate Acting(Lente/NPH Insulin)
15.	Iodine
16.	IUD containing Copper
17.	Levothyroxine
18.	Medroxy Progesterone Acetate
19.	Metformin
20.	MethylPrednisolone
21.	Norethisterone
22.	Prednisolone
23.	Premix Insulin 30:70 injection
24.	Testosterone
<b>SECTION: 19 Immunologicals</b>	
1.	Anti D-immunoglobulin (human)
2.	Antitetanus Human immunoglobulin
3.	B.C.G Vaccine
4.	D.P.T Vaccine
5.	Diphtheria Antitoxin
6.	Hepatitis B Vaccine
7.	Measles Vaccine
8.	Oral Poliomyelitis vaccine (LA)
9.	Polyvalent Antisnake Venom
10.	Rabies

## ANNEXURES

Alphabetical List of Medicines – Therapeutic area wise	
11.	Rabies Vaccine
12.	Tetanus Toxoid
13.	Tuberculin, Purified Protein derivative
<b>SECTION: 20 – Muscle Relaxants (Peripherally acting) and Cholinesterase Inhibitors</b>	
1.	Atracurium besylate
2.	Neostigmine
3.	Pyridostigmine
4.	Succinyl choline chloride
5.	Vecuronium
<b>SECTION: 21 – Ophthalmological Preparations</b>	
1.	Acetazolamide
2.	Atropine Sulphate
3.	Betaxolol Hydrochloride
4.	Chloramphenicol
5.	Ciprofloxacin Hydrochloride
6.	Gentamicin
7.	Homatropine
8.	Methyl Cellulose
9.	Miconazole
10.	Phenylephrine
11.	Pilocarpine
12.	Povidone Iodine
13.	Prednisolone Acetate

## ANNEXURES

### Alphabetical List of Medicines – Therapeutic area wise

14.	Prednisolone Sodium Phosphate
15.	Sulphacetamide Sodium
16.	Tetracaine Hydrochloride
17.	Timolol Maleate
<b>SECTION: 22 – Oxytocics and Antioxytocics</b>	
1.	Betamethasone
2.	Methyl Ergometrine
3.	Mifepristone
4.	Misoprostol
5.	Nifedipine
6.	Oxytocin
7.	Terbutaline Sulphate
<b>SECTION: 23 – Peritoneal Dialysis Solution</b>	
1	Intraperitoneal Dialysis Solution
<b>SECTION: 24 – Psychotherapeutic Medicines</b>	
1.	Alprazolam
2.	Amitriptyline
3.	Chlorpromazine hydrochloride
4.	Diazepam
5.	Fluoxetine hydrochloride
6.	Haloperidol
7.	Imipramine
8.	Lithium Carbonate
9.	Olanzapine

## ANNEXURES

10.	Sodium Valproate
<b>SECTION: 25 – Medicines acting on the respiratory tract</b>	
1.	Beclomethasone Dipropionate
2.	Codeine phosphate
3.	Dextromethorphan
4.	Hydrocortisone sodium succinate
5.	Ipratropium bromide
6.	Salbutamol sulphate
<b>SECTION: 26 – Solutions correcting water, electrolyte and acid base disturbances</b>	
1.	Glucose
2.	Glucose with sodium chloride
3.	N/2 Saline
4.	N/5 Saline
5.	Normal Saline
6.	Oral Rehydration Salts
7.	Potassium Chloride
8.	Ringer Lactate
9.	Sodium Bicarbonate
10.	Water for Injection
<b>Alphabetical List of Medicines – Therapeutic area wise</b>	
<b>SECTION: 27 – Vitamins and Minerals</b>	
1.	Ascorbic Acid
2.	Calcium gluconate
3.	Calcium carbonate

## ANNEXURES

4.	Multivitamins (As per Schedule V of Drugs and Cosmetics Rules)
5.	Nicotinamide
6.	Pyridoxine
7.	Riboflavin
8.	Thiamine
9.	Vitamin A
10.	Vitamin D (Ergocalciferol)

## ANNEXURES

### Annexure 2: List of rates approved by RMSC for essential drugs for the year 2012-2013

#### Rajasthan Medical Services Corporation Limited, Jaipur

#### Approved Rates of Drugs

S.No.	Code No.	Name of Drug	Unit	Supplier Name	Unit Price (Including CST @ 4% or 5% as applicable) Excluding VAT
<b>1. Anaesthetics</b>					
1	1	Atropine Sulphate Injection 0.6 mg /ml (SC/IM/IV use)	2 ml Amp	M/s Laborate Pharmaceuticals India Ltd. Panipath	1.587
2	2	Bupivacaine Hydrochloride in Dextrose Injection USP Each ml contains Bupivacaine Hydrochloride 5.0 mg Dextrose 80.0 mg.	4 ml Amp	M/s Ciron Drugs Pharmceutical, Mumbai	9.356
3	4	Bupivacaine Injection IP 0.5%	20 ml Vial	M/s Ciron Drugs Pharmceutical, Mumbai	13.28
4	5	Drotaverine Hydrochloride Injection 40 mg/2 ml	2 ml Amp	M/s Zee Laboratories Paonta Sahib (H.P.)	2.153
5	6	Halothane BP	250 ml amber coloured bottle	M/s Piramal Healthcare limited	1097.2
6	7	Isoflurane USP	100 ml bottle	M/s Raman & Weil Pvt. Ltd., Mumbai	482.63
7	8	Ketamine Injection IP 50 mg/ml	10 ml vial	M/s Themis Medicare Limited	17.19
8	12	Lignocaine Gel IP 2%	30 gm Tube	M/s Ciron Drugs pharmaceuticals, Mumbai	22.58
9	13	Lignocaine Injection. IP 2%	30 ml Vial	M/s Vivek Pharmachem, Jaipur	4.39 + VAT
10	15	Thiopentone Injection IP 0.5 g	Vial	Pharmaceuticals Pvt.Ltd. Ciron Drugs &	19.01

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2. Analgesics, Antipyretics & Anti- Inflammatory Drugs					
11	16	Aspirin Tablets IP 300mg	10 Tab strip	Hindustan Laboratories	1.635
12	17	Diclofenac Gel BP 1%	20 gm Tube	M/s Vivek Pharmachem, Jaipur	3.85 + VAT
13	18	Diclofenac Sodium and Paracetamol Tablets Diclofenac Sodium 50 mg + Paracetamol 500 mg	10 Tab Blister	M/s Vivek Pharmachem, Jaipur	2.291 + VAT
14	19	Diclofenac Sodium Injection IP 25 mg/ml	3 ml Amp	M/s Zee Laboratories	1.208
15	20	Diclofenac Sodium Tablets IP 50 mg	10 Tab strip	M/s Vivek Pharmachem, Jaipur	1.245 + VAT
16	21	Fentanyl Citrate Injection 50 mcg /ml	2ml Amp	RUSAN PHARMA LTD, Mumbai.	8.925
17	22	Ibuprofen and Paracetamol Tablets Ibuprofen 400 mg + Paracetamol 325mg	10 Tab Blister	M/s Vivek Pharmachem, Jaipur	3.985 + VAT
18	23	Ibuprofen Tablets IP 200 mg (Coated)	10 Tab Blister	Omega Biotech Ltd.	2.154
19	24	Ibuprofen Tablets IP 400 mg (Coated)	10 Tab Blister	M/S Unicure (India) Pvt Ltd	3.326
20	26	Paracetamol Drops Each ml contains Paracetamol 150 mg	15 ml bottle	M/s Shivek Lab Ltd, Baddi, Himachal Pradesh	6.20
21	27	Paracetamol Syrup IP 125 mg/ 5ml	60 ml bottle	M/s Shivek Lab Ltd, Baddi, Himachal Pradesh	4.54
22	28	Paracetamol Tablets IP 500 mg	10 Tab Blister	M/s Vivek Pharmachem, Jaipur	1.885 + VAT
23	30	Pentazocine Injection IP 30mg/ml	1 ml Ampoule	M/s Laborate Pharmaceuticals India Ltd. Panipath	2.83
24	32	Tramadol Capsules IP 50 mg	10 Cap strip	M/S Zim Laboratories Ltd	3.358
25	33	Tramadol Injection 50 mg/ml	2 ml Amp	M/s Scott Edil Pharmacea Ltd. Chandigarh	1.775

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3.Antiallergics & Drugs used in Anaphylaxis					
26	34	Adrenaline Injection IP 1mg/ml ( IM/IV use)	1 ml Amp (Amber colour)	M/s Laborate Pharmaceuticals India Ltd. Panipath	1.37 + VAT
27	35	Betamethasone Tablets IP 0.5mg	10 Tab Blister	M/s Biogenetic Drugs Pvt ltd	1.375
28	36	Cetirizine Tablets IP 10mg	10 Tab Blister	M/S Agron Remedies Pvt. Ltd	0.74
29	37	Chlorpheniramine Maleate Tablets IP 4 mg	10 Tab Blister	M/s Biogenetic Drugs Pvt ltd	0.598 + VAT
30	39	Dexamethasone Injection IP 8 mg/2ml	2 ml Vial (USP Type I vial)	M/s Dueful Healthcare Pvt. Ltd., Jaipur	2.83 + VAT
31	40	Dexamethasone tablets IP 0.5mg	10 Tab strip	M/S Agron Remedies Pvt. Ltd	0.931
32	42	Hydrocortisone Sod. Succinate Injection IP 100 mg base / vial (IM/IV use)	Vial	M/s Dueful Healthcare Pvt. Ltd., Jaipur	10.3 + VAT
33	43	Hydroxyzine Tablets 25 mg	10 Tab strip	M/s Zee Laboratories Paonta Sahib (H.P.)	4.883
34	44	Methyl Prednisolone Sodium Succinate for Injection USP 500 mg	Vial	M/s Vivek Pharmachem, Jaipur	96.3 + VAT
35	46	Pheniramine Maleate Syrup-15mg/5ml	30ml bottle (Amber Colour)	Medicamen biotech Ltd, Haridwar.	5.6
36	47	Prednisolone Tablets IP 5 mg	10 Tab strip	M/s Micron Pharmaceuticas, Vapi Gujrat	2.835
37	48	Promethazine Syrup IP 5 mg/5ml	60 ml bottle	Rhydburg Pharmaceuticals Ltd, Deharadun (UK	6.12
38	49	Promethazine Injection IP 25mg/ml	2 ml Amps (Amber colour)	M/s Ciron Drugs Pharmaceutical, Mumbai	3.045
39	50	Promethazine Tab 25 mg	10 Tab Strip	M/S Unicure (India) Pvt Ltd	2.05

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4.Antidotes and other substances used in poisoning					
40	51	Naloxone Injection IP 0.4mg/ml	1 ml Amp	M/S Troikaa Pharmaceuticals Ltd,	57.689
5.Anti Epileptic Drugs					
41	53	Carbamazepine Tablets IP 200 mg (Film Coated)	10 Tab strip	M/s Zee Laboratories Paonta Sahib (H.P.)	5.55
42	56	Phenobarbitone Tablets IP 30 mg	10 Tab strip	M/s Medopharma, Chennai	2.074
43	57	Phenytoin Injection IP 50mg/ml	2ml Amp (Amber colored)	Brooks Laboratories Ltd, Mumbai.	4.987
44	59	Phenytoin Tablets IP 100 mg (Film Coated)	10 Tab strip	M/s Medopharma, Chennai	2.874
45	61	Sodium Valproate Tablets IP 200 mg (Enteric Coated)	10 Tab strip	Lincoln Pharmaceuticals Ltd, Ahmedabad.	8.19
6.Anti Infective Drugs					
46	62	Acyclovir Suspension USP 400mg/5ml	60ml. Bottle	M/s Ciron Drugs Pharmceutical, Mumbai	38.18
47	63	Acyclovir Tablets IP 200 mg	10 Tab Blister	M/s Micron Pharmaceulicas, Vapi Gujrat	6.615
48	64	Acyclovir Tablets IP 800 mg	10 Tab strip	M/s Micron Pharmaceulicas, Vapi Gujrat	22.3
49	65	Albendazole Oral suspension 400 mg/10ml	10 ml Bottle	M/s Vivek Pharmachem, Jaipur	3.33 + VAT
50	66	Albendazole Tablets IP 400 mg	10 Tab Blister	M/s Vivek Pharmachem, Jaipur	6.285 + Vat
51	67	Amikacin Injection IP 100 mg	2 ml vial	M/s Dueful Healthcare Pvt. Ltd., Jaipur	2.53 + VAT
52	67	Amikacin Injection IP 100 mg	2 ml vial	M/s Zee Laboratories Paonta Sahib (H.P.)	2.53
53	68	Amikacin Injection IP 500 mg	2 ml vial	M/s Dueful Healthcare Pvt. Ltd., Jaipur	5.9 + VAT
54	69	Amoxycillin and Cloxacillin Capsules 250mg + 250 mg	10 Cap strip	M/s Vivek Pharmachem, Jaipur	12.22 + VAT

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55	71	Amoxycillin Capsules IP 250mg	10 Cap strip	M/s Vivek Pharmachem, Jaipur	6.122 + VAT
56	72	Amoxycillin Capsules IP 500mg	10 Cap strip	M/s Vivek Pharmachem, Jaipur	11.345 + VAT
57	73	Amoxycillin Trihydrate Dispersible Tablets IP 125mg	10 Tab strip	M/s Arvind Remedies Ltd., Chennai	4.246
58	74	Amphotericin B Injection IP 50 mg	Vial	M/s Bharat Serum & Vaccines Ltd., Mumbai	115.5
59	75	Ampicillin Injection 500 mg	Vial	M/s Vivek Pharmachem, Jaipur	3.65 + VAT
60	78	Azithromycin Tablets IP 100 mg Dispersible Tabs	10 Tab strip	M/s Zee Laboratories Paonta Sahib (H.P.)	14.528
61	79	Azithromycin Tablets IP 250 mg	10 Tab strip	M/s Shivek Lab Ltd, Baddi, Himachal Pradesh	29.82
62	80	Azithromycin Tablets IP 500 mg	10 Tab strip	M/s Shivek Lab Ltd, Baddi, Himachal Pradesh	58.802
63	83	Benzyl Penicillin Injection IP 600 mg Benzylpenicillin /Vial (10 Lac units)	10 lakhs Unit /Vial	M/s Vivek Pharmachem, Jammu	3.45 + VAT
64	84	Cefixime Tablets IP 100 mg	10 Tab strip	M/s Shivek Lab Ltd, Baddi, Himachal Pradesh	12.81
65	85	Cefixime Tablets IP 200 mg	10 Tab strip	M/s Shivek Lab Ltd, Baddi, Himachal Pradesh	24.15
66	86	Cefoperazone and Sulbactam for Injection Cefoperazone Sodium eq. to Cefoperazone 1 g and Sulbactam Sodium eq. to Sulbactam 0.5 g (IM/ IV use)	Vial	M/s Sanjivani Parentals Ltd. Mumbai	15.27
67	87	Cefotaxime Injection IP 1 g	Vial	M/s Vivek Pharmachem, Jaipur	9.93 + VAT
68	88	Cefotaxime Injection IP 250mg	Vial	M/s Vivek Pharmachem, Jammu	3.99 + VAT
69	89	Ceftazidime Injection IP 1 g	Vial	M/s Scott Edil Pharmacea Ltd. Chandigarh	19.9
70	90	Ceftazidime Injection IP 250mg	Vial	M/s Scott Edil Pharmacea Ltd. Chandigarh	6.81
71	91	Ceftazidime Injection IP 500mg	Vial	M/s Vivek Pharmachem, Jaipur	12.24 + VAT

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72	92	Ceftriaxone Injection IP 125mg	Vial	M/s Zee Laboratories Paonta Sahib (H.P.)	5.72
73	93	Ceftriaxone Injection IP1g /vial	Vial	M/s Vivek Pharmachem, Jaipur	11.12 + VAT
74	94	Ceftriaxone Injection IP 250 mg/vial	Vial	M/s Vivek Pharmachem, Jaipur	4.64 + VAT
75	95	Ceftriaxone Injection IP 500mg/vial	Vial	M/s Vivek Pharmachem, Jaipur	6.78 + VAT
76	96	Cephalexin Capsules IP 250 mg	10 Cap Blister	M/s Vivek Pharmachem, Jaipur	9.983 + VAT
77	97	Cephalexin Capsules IP 500 mg	10 Cap Blister	M/s Vivek Pharmachem, Jaipur	18.972 + VAT
78	98	Chloroquine Phosphate Injection IP 40mg/ml	5 ml Amp	M/s Laborate Pharmaceuticals India Ltd. Panipath	1.99 + VAT
79	99	Chloroquine Phosphate Tab. IP 250mg (≡155 mg of Chloroquine base) (Film Coated)	10 Tabs strip	M/s Vivek Pharmachem, Jaipur	3.544 + VAT
80	100	Chloroquine Syrup IP 50mg/5ml	60ml bottle	M/S Agron Remedies Pvt. Ltd	6.17
81	101	Ciprofloxacin Injection IP 200mg/100ml	100ml FFS/ BFS Bottle	M/s Pentagon Lab Ltd. Indore	6.56
82	102	Ciprofloxacin Tablets IP 250 mg Film Coated	10 Tab Blister	M/s Vivek Pharmachem, Jaipur	5.835 + VAT
83	103	Ciprofloxacin Tablets IP 500 mg film Coated	10 Tab Blister	M/s Skymap Pharmaceuticals,	10.44
84	104	Clotrimazole Cream IP 2% w/w	15gm Tube	M/s Micron Pharmaceulicas, Vapi Gujrat	7.28
85	106	Compound Benzoic Acid Ointment IP Benzoic Acid 6%+ Salicylic Acid 3%	15gm Tube	M/s Vivek Pharmachem, Jammu	3.56 + VAT
86	107	Co-trimoxazole Oral suspension IP Each 5 ml contains Trimethoprim 40 mg and Sulphamethoxazole 200 mg	50 ml Bottle	M/s Biogenetic Drugs Pvt ltd	5.78 + VAT

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87	108	Co-trimoxazole Tablets IP Trimethoprim 40 mg and Sulphamethoxazole 200 mg	10 Tab Blister	M/s Vivek Pharmachem, Jammu	2.448 + VAT
88	109	Co-trimoxazole Tablets IP Trimethoprim 80 mg and Sulphamethoxazole 400 mg	10 Tab Blister	M/s Vivek Pharmachem, Jaipur	4.334 + VAT
89	110	Diethylcarbamazine Tablets IP 100 mg	10 Tab Blister	M/s Medopharma, Chennai	2.514
90	111	Doxycycline Capsules IP 100 mg	10 Tab strip	Vivek Pharmachem, Jaipur	5.342 + VAT
91	112	Erythromycin Estolate Oral Suspension USP 125mg/5 ml	30ml Bottle	Biogenetic Drugs Pvt ltd	8.21 + VAT
92	113	Erythromycin Stearate Tablets IP 250mg Film Coated	10 Tab Blister	RDPL	12.9 + VAT
93	114	Fluconazole Tab. IP150mg.	10 Tab Blister	Biogenetic Drugs Pvt ltd	8.69 + VAT
94	116	Gentamycin Injection IP 80mg/2ml (IM/ IV use)	2 ml amp	Dueful Healthcare Pvt. Ltd., Jaipur	1.764 + VAT
95	117	Griseofulvin Tablet 125 mg	10 Tab Strip	M/S Unicure (India) Pvt Ltd	7.497
96	118	Itraconazole Capsules 100 mg	4 Cap Strip	Biodeal Laboratories Pvt. Ltd., Gujarat.	18.60 (For 4 Cap)
97	119	Meropenem Injection IP 500 mg	Vial	Vivek Pharmachem, Jaipur	113.74 + VAT
98	120	Metronidazole Injection IP500 mg/100ml	100ml FFS/ BFS Bottle	Pentagon Lab Ltd. Indore	5.94
99	121	Metronidazole Benzoate Oral Suspension IP 100mg of base/5ml	60 ml bottle (Amber colour)	Omega Biotech Ltd.	6.08
100	122	Metronidazole Tablets IP 200 mg (Film Coated)	10 Tab Blister	Vivek Pharmachem, Jammu	1.876 + VAT
101	123	Metronidazole Tablets IP 400 mg (Film Coated)	10 Tab Blister	Vivek Pharmachem, Jaipur	3.391 + VAT
102	124	Norfloxacin Tablets IP 400 mg Film Coated	10 Tab Blister	Vivek Pharmachem, Jaipur	7.941 + VAT
103	126	Phenoxymethylpenicillin Potassium Tablets IP 125mg	10 Tab strip	Arvind Remdies Ltd., Chennai	4.72
104	127	Phenoxymethylpenicillin Potassium Tablets IP 250mg	10 Tab strip	Arvind Remdies Ltd., Chennai	8.11

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105	130	Procaine Penicillin with Benzylpenicillin Injection IP 1+3 lac units	Vial	Vivek Pharmachem, Jaipur	3.92 + VAT
106	132	Quinine Tablet 300mg	10 Tab Blister	Alpa Laboratories Ltd., Indore.	25.09
<b>7.Anti Neoplastic and Immuno suppressant Drugs + Palliative care</b>					
107	134	Bleomycin Injection IP 15 Unit	Vial	Naprod Life Sciences Pvt. Ltd., Mumbai.	225.75
108	136	Chlorambucil Tablets IP 5 mg	30 tablets bottle	Celon Laboratories Ltd., Hyderabad	168
109	137	Cisplatin Injection IP 50 mg/50ml	50ml Vial	M/s Celon Laboratpries Ltd.	155.67
110	138	Cyclophosphamide Injection IP 200 mg	10 ml glass vial	M/s Celon Laboratpries Ltd.	16.64
111	139	Cyclophosphamide Injection IP 500 mg	25 ml glass vial	Celon Laboratories Ltd., Hyderabad	26.46
112	140	Cyclosporin Capsules USP 25mg	50 Caps pack	M/s Panacea Biotech Ltd	602.18
113	142	Danazol Capsules IP 50 mg	10 Cap Blister	Micron Pharmaceulicas, Vapi Gujrat	27.15
114	143	Daunorubicin Injection IP 20 mg	10 ml glass vial	M/s Venus Remedies Ltd.	119.7
115	144	Doxorubicin Injection IP 50 mg/ 25 ml	25 ml vial	Celon Laboratories Ltd., Hyderabad	212.47
116	146	Etoposide Injection IP 100 mg / 5 ml	5 ml glass vial	Naprod Life Sciences Pvt. Ltd., Mumbai.	46.2
117	147	Flunarizine Tablets 5 mg	10 Tab Blister	M/s D.D. Pharmaceuticals Pvt Ltd	4.313
118	148	Fluorouracil Injection IP 250 mg/ 5ml	5 ml ampoule	Celon Laboratories Ltd., Hyderabad	5.36
119	149	L-Asparaginase Injection 10000 IU	Vial	Celon Laboratories Ltd., Hyderabad	712.98
120	150	Leucovorin Calcium Injection IP 10 mg /ml	5 ml vial	Naprod Life Sciences Pvt. Ltd., Mumbai.	43.47
121	151	Melphalan Tablets IP 5 mg	25 Tab Bottle	Celon Laboratories Ltd., Hyderabad	711

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122	153	Methotrexate Injection IP 50 mg/2 ml	2 ml glass vial	Naprod Life Sciences Pvt. Ltd., Mumbai.	18.9
123	154	Methotrexate Tablets IP 2.5 mg	10 Tab strip	Naprod Life Sciences Pvt. Ltd., Mumbai.	10.5
124	155	Paclitaxel Injection IP 260 mg	43.4 ml vial	Naprod Life Sciences Pvt. Ltd., Mumbai.	714.4
125	156	Paclitaxel Injection IP 100 mg	16.7 ml vial	Celon Laboratories Ltd., Hyderabad	379.6
126	157	Tamoxifen Tablets IP 10 mg	10 Tab strip	M/s Micron Pharmaceuticals	6.74
127	159	Vincristine Injection IP 1mg/ml	1 ml vial	Celon Laboratories Ltd., Hyderabad	29.64
<b>8.Anti parkinsonism Drugs</b>					
128	161	Levodopa 250mg and Carbidopa 25 mg Tab	10 Tab Strip	Torrent Pharmaceuticals Ltd	24.409
129	162	Trihexyphenidyl Hydrochloride Tablets IP 2 mg	10 Tab Blister	Ciron Drugs Pharmceutical, Mumbai	1.166
<b>9.Drugs Affecting The Blood</b>					
130	163	Acenocoumarol Tablets IP 2 mg	10 Tab strip	Abott Healthcare Pvt ltd	33.6
131	165	Deferasirox Tablets 100 mg	30 Tab Strip	Novartis Healthcare Pvt. Ltd	1155 (30 Tab)
132	166	Deferasirox Tablets 500 mg	30 Tab	Cipla Ltd.	1004(30 Tab)
133	167	Deferiprone Capsules 250 mg	50 Cap	Cipla Ltd.	187.75
134	169	Desferrioxamine Injection IP 500 mg / Vial (For I.M. Inj and I.V., S.C. Infusion)	Vial	Novartis Healthcare Pvt. Ltd	178.92
135	172	Enoxaparin Sodium Injection IP 60 mg	Vial / PFS	Gland Pharma Ltd., Hyderabad	142.48
136	173	Ethamsylate Injection 250 mg/ 2ml (IM/IV)	2 ml Amp	Ciron Drugs Pharmceutical, Mumbai	5.88
137	174	Heparin Sodium Injection 5000 IU/ml	5 ml vial	Gland Pharma Ltd., Hyderabad	114.19
138	177	Rh-Erythropoetin Injection 2000IU	Vial / PFS	Biocon Limited,	94.76
139	176	Rh-Erythropoetin Injection 10000 IU	10000 IU 1ml PFS	Biocon Ltd	447.76

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140	178	rh-Erythropoetin Injection 3000 IU	Vial / PFS	Biocon Limited,	233.33
141	179	Rh-Erythropoetin Injection 4000 IU	4000 IU 1ml PFS	Biocon Ltd	152.2
<b>10. Cardio Vascular Drugs</b>					
142	181	Amiodarone Tablets IP 100 mg	10 Tab	Torrent Pharmaceuticals Ltd,	13.416
143	182	Amiodarone Tablets IP 200 mg	9 Tab strip	Torrent Pharmaceuticals Ltd,	20.757
144	183	Amiodarone Hydrochloride Injection 50 mg/ml	3 ml Amp	Troikaa Pharmaceuticals Ltd,	20.943
145	184	Amlodipine Tablets IP 2.5 mg	10 Tab Blister	Skymap Pharmaceuticals,	0.867
146	185	Amlodipine Tablets IP 5 mg	10 Tab Blister	Agron Remedies Pvt. Ltd	0.81
147	186	Atenolol Tablets IP 50 mg	14 Tab Blister	Vivek Pharmachem, Jaipur	1.465 ( For 14 Tablets)+VAT
148	187	Atorvastatin Tablets IP 10mg	10 Tab Blister	Zee Laboratories Paonta Sahib (H.P.)	2.984
149	188	Clopidogrel Tablets IP 75 mg	10 Tab Strip	Zee Laboratories Paonta Sahib (H.P.)	6.104
150	190	Digoxin Tablets IP 0.25 mg.	10 Tab strip	Hindustan Laboratories	2.324
151	191	Diltiazem Tabs IP 30 mg Film Coated	10 Tab Blister	Torrent Pharmaceuticals Ltd,	3.64
152	192	Dobutamine Injection 50mg/ml	5ml Amp	Troikaa Pharmaceuticals Ltd,	16.654
153	194	Enalapril Maleate Tablets IP 5mg ( IM/IV use)	10 Tab Strip	Laborate Pharmaceuticals India Ltd. Panipath	1.44
154	195	Enalapril Maleate Tablets IP 2.5mg	10 Tab Strip	Medley Pharmacheuticals Ltd.	1.785
155	197	Isosorbide dinitrate Tablets IP 5 mg	10 Tab Blister	Unicure (India) Pvt Ltd	2.463
156	198	Isosorbide mononitrate Tabs IP 20 mg	10 Tab Strip	Zim Laboratories Ltd	1.551
157	199	Lisinopril Tablets IP 5 mg	10 Tab strip	Zee Laboratories Paonta Sahib (H.P.)	3.105
158	200	Losartan Tablets IP 50 mg	10 Tab strip	Akums Drus & Pharmaceuticals, Delhi	4.85

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159	202	Methyldopa Tablets IP 250mg Film Coated	10 Tab Blister	Embiotic Laboratories Pvt. Ltd.	15.687
160	203	Nifedipine capsules IP 5mg	10 Caps Strip	Micron Pharmaceulicas, Vapi Gujrat	3.1
161	204	Nifedipine Tablets IP 10 mg. (Sustained Release)	10 Tab Blister	Torrent Pharmaceuticals Ltd,	2.964
162	205	Nitroglycerin Injection 5 mg/ ml	5 ml Amp	Troikaa Pharmaceuticals Ltd,	12.341
163	207	Propranolol Tablets IP 40 mg	10 Tab strip	D.D. Pharmaceuticals Pvt. Ltd., Jaipur.	2.078
164	209	Streptokinase Injection IP 15 lac units	Vial	Biocon Limited,	470

### 11.Dermatological Drugs

165	219	Ointment containing : Lidocaine IP 3%, Zinc oxide IP 5% , Hydrocortisone IP 0.25%, Allantoin IP 0.5%	15 g Tube	M/s Glaxo Smith Kline Pharmaceutials Pvt. Ltd, New Delhi	38.18
166	213	Acyclovir Cream BP 5%	5 g Tube	M/s Vivek Pharmachem, Jammu	5.31 + VAT
167	214	Calamine Lotion IP	100 ml Bottle	M/s Vivek Pharmachem, Jammu	11.91 + VAT
168	220	Miconazole Nitrate Cream IP 2%	15 g tube	M/s Vivek Pharmachem, Jammu	3.91 + VAT
169	221	Povidone Iodine ointment 5%	15 gm Tube	M/s Vivek Pharmachem, Jammu	5.29 + VAT
170	223	Powder Neomycin Bacitracin with Sulphacetamide (Neomycin 5mg, Bacitracin 250 units, Sulphacetamide 60 mg)	10gm Plastic Bottle	M/s Pfizer Limited	16.75
171	224	Silver Sulphadiazine cream 1%	50 gms Tube	M/s Vivek Pharma Chem Ltd. Jammu	21.71 + VAT

### 12.Reagents and Diagnostics Agents

172	225	Anti A Blood Grouping Serum	10ml Vial	M/s Agappe Diagonistics Ltd. Kerla	45.76
173	226	Anti B Blood Grouping Serum	10ml Vial	M/s Agappe Diagonistics Ltd. Kerla	45.76

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174	227	Anti DRH Blood Grouping Serum	10ml Vial	M/s Agappe Diagonistics Ltd. Kerla	102.96
175	231	Diagnostic Sticks for Urine Sugar	50's Pack	M/s Agappe Diagonistics Ltd. Kerla	38.48
176	233	Diatrizoate Meglumine and Diatrizoate Sodium Inj USP 76%w/v (iodine conc = 370 mg/ml)	20ml Amp	M/s Unijules Life Science Ltd.	99.23
177	235	Gadodiamide Inj. 05mm/ml Vial	10 ml vial	M/s GE Healthcare Pvt Ltd.	756
178	236	Iohexol USP (Solution for Injection) Non Ionic contrast medium in Sterile aqueous solution 300 mg Iodine/ml.	50 ml Pack	M/s GE Healthcare Pvt Ltd.	349.65
179	238	Iohexol USP (Solution for Injection) Non Ionic contrast medium in Sterile aqueous solution 240 mg Iodine/ml	50 ml Pack	M/s Unijules Life Science Ltd.	331
180	242	VDRL Antigen (with +ve and -ve control)	100 Test Kits	M/s Agappe Diagonistics Ltd. Kerla	104

### 13.Disinfectants and Antiseptics

181	247	Gluteraldehyde solution IP 2 %	5 ltr Can	Raman and Weil Pvt Ltd, Mumbai	264.38
182	248	Hydrogen Peroxide Solution IP 6%	400 ml bottle	M/s Vinayak Manutrade Pvt. Ltd., Jaipur	18.4 + VAT
183	249	Lysol (Cresol with Soap Solution) IP Cresol 50% + Soap 50%	5 Ltrs Can	M/S Unicure (India) Pvt Ltd	837.68
184	250	Povidone Iodine Scrub Solution / cleansing solution 7.5% w/v Povidone Iodine (suitable for hand wash)	500 ml bottle	M/S Unicure (India) Pvt Ltd	99.35

### 14.Diuretics

185	254	Frusemide Tablets IP 40 mg.	10 Tabs Strips	M/S Agron Remedies Pvt. Ltd	1.595
186	256	Hydrochlorthiazide Tablets I P 12.5 mg	10 Tab strip	M/S Micro labs ltd,	2.625

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187	257	Mannitol Injection IP 20% w/v	350 ml Bottle	M/s Pentagon Lab Ltd. Indore	22.16
188	258	Spironolactone Tablets IP 25mg	10 Tab Blister	M/s Medopharma, Chennai	8.974
189	259	Torsamide Tablets 10 mg	10 Tab strip	M/s Torrent Pharmaceuticals Ltd	6.55
<b>15. Gastro Intestinal Drugs</b>					
190	261	Antacid Liquid Each 5ml contains Aluminium Hydroxide Gel 250 mg, Magnesium Trisilicate 250mg, Methyl polysiloxane 50mg	60 ml Bottle	M/s Biogenetic Drugs Pvt ltd	4.98
191	262	Bisacodyl Tablets IP 5 mg	10 Tab strip	M/s Embiotic Laboratories (P) Ltd.	1.32
192	263	Dicyclomine Tablets IP 10 mg	10 Tab strip	M/S Unicure (India) Pvt Ltd	0.9
193	264	Dicyclomine Injection IP 10 mg /ml	2 ml Amp	M/s Dueful Healthcare Pvt Ltd, Jaipur	1.25 + VAT
194	266	Domperidone Suspension 5mg/5ml	30 ml Bottle	M/s Shivek Labs Ltd.	3.55
195	267	Domperidone Tablets IP 10 mg	10 Tab Blister	M/s Akums Drugs & Pharmaceuticas Ltd., Delhi	1.851
196	271	Metoclopramide Tablets IP 10 mg	10 Tab Blister	M/s Biogenetic Drugs Pvt ltd	0.99
197	272	Omeprazole Capsules IP 20 mg	10 Tab Blister	M/s Biogenetic Drugs Pvt ltd	3.19 + VAT
198	273	Ondansetron Injection IP 2mg/ml	2 ml Amp	Brooks Laboratories Ltd, Mumbai.	0.98
199	274	ORS Powder IP	Pouches 20.5gms	M/s Shivek Lab Ltd. Baddi, H.P.	2.08
200	275	Pentoprazole Injection 40 mg	Vial	M/s Scott Edil Pharmacea Ltd. Chandigarh	7.3
201	277	Ranitidine Tablets IP 150mg Film Coated	10 Tab strip	M/s vivek Pharmaceuticals (India) ltd	2.448

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### 16.Hormones,other Endocrine and Contraceptives

202	279	Biphasic Isophane Insulin Injection IP (30% Soluble Insulin & 70% Isophane Insulin) Inj 40 IU/ml (r-DNA origin)	10 ml Vial	M/s Biocon Limited	46.5
203	281	Carboprost Tromethamine Injection Each ml contains Carboprost 0.25mg/ml	1 ml Amp	M/s Bharat Serum & Vaeine Ltd., Mumbai	43.05
204	282	Clomifene Tablets IP 25 mg	10 Tab strip	<b>M/S Unicare (India) Pvt Ltd</b>	23.767
205	283	Clomiphene Tablets IP 50 mg	10 Tab strip	M/s Zee laboratories	26.25
206	285	Dinoprostone cream 0.5 mg	Syringe	M/s Astra Zeneca Pharma India Ltd.	173.25
207	286	Ethinylloestradiol Tabs IP 50 mcg	10 Tab Strip	<b>M/S Unicare (India) Pvt Ltd</b>	12.7
208	287	Glibenclamide Tablets IP 5 mg	10 Tab Strip	M/s Akums Drugs & Pharmaceuticlas Ltd., Delhi	1.504
209	288	Gliclazide Tablets IP 40 mg	10 Tab strip	M/s Micron Pharmaceuticals	3.85
210	289	Glimepiride Tablets IP 2 mg	10 Tab strip	M/s Zee Laboratories	1.954
211	290	Glimepiride Tablets IP 1 mg	10 Tab strip	M/s Rhydburg Pharmaceuticals Ltd.	1.185
212	291	Glipizide Tablets IP 5mg	10 Tab Blister	M/s Zee Laboratories	2.379
213	293	Hydroxyprogesterone Injection IP 250mg /ml	1 ml Amp	M/s Zee Laboratories Paonta Sahib (H.P.)	10.33
214	294	Isophane Insulin Injection IP 40 IU/ml	10 ml vial	M/s Biocon Limited	47.35 + VAT
215	295	Metformin Tablets IP 500 mg. (Film Coated-Scored)	10 Tab Blister	M/s Biogenetic Drugs Pvt Ltd	1.89 + VAT
216	297	Pioglitazone Tablets IP 15 mg	10 Tab Blister	M/s Zee Laboratories	2.976
217	298	Progesterone Injection 200 mg/ 2ml	2 ml Amp	M/s Zee Laboratories Paonta Sahib (H.P.)	7.424
218	300	Soluble Insulin Injection IP 40 IU/ml. (r-DNA origin)	10 ml Vial	M/s Biocon Limited	46.93
219	310	Tetanus Toxoid (adsorbed) Inj., I.P.	5 ml Vial	M/S Serum Institute of India ltd	13.92

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220	301	Thyroxine Sodium Tablets IP 0.1mg of Thyroxine Sodium equivalent to 0.091 mg of anhydrous Thyroxine Sodium	10 Tab strip	M/s Ciron Drugs & Pharmaceuticals Pvt Ltd,	3.497
<b>17.Immunologicals</b>					
221	302	Human Anti D Immunoglobulin IP (Polyclonal) Inj. 50mcg	PFS/ Vial	M/s Johnson & Johnson Ltd.	1925
222	303	Human Anti D Immunoglobulin IP (Polyclonal) Injection 300mcg I.M.use	Pre-filled Syringe/Vial	M/s Johnson & Johnson Ltd	1684
223	304	Human Anti D Immunoglobulin IP (Monoclonal) 150 mcg	1 ml Vial	M/s Bharat Serum & Vaccines Ltd., Mumbai	1207.5
224	306	Rabies Vaccine Human (Cell Culture)IP(Intradermal)2.5 IU/dose	1 ml vial with 1.0 ml diluent	M/s Chiron Behring Vaccines Pvt Ltd.	185.64
225	307	Rabies Vaccine Human (Cell Culture) IP (Intramuscular) 2.5 IU/ dose	1 ml vial with 0.5/1.0 ml diluent and syringe with needle	M/s Bharat Biotch International Ltd, Hyderabad	177.35
226	308	Snake Venum Anti Serum IP Polyvalent Anti Snake Venum, Serum Enzyme Refined. Contain purified equine globulins. 1 ml of serum neutralizes 0.6 mg of cobra venum, 0.45 mg of common kraite (Bungaras) venum.	10ml Vial	M/s Bharat Serum & Vaeetine Ltd., Mumbai	207.9
227	309	Tetanus Immunoglobulin 250 IU/ Vial	Vial/ Ampoule	M/s Bharat Serum & Vaccines Ltd., Mumbai	695.1
228	310	Tetanus Toxoide(adsorbed) injection Inj. IP	5 ml Vial	M/s Serum Institute of India	12.39
<b>18.Muscle Relaxants &amp; Cholinestrase Inhibitors</b>					
229	311	Atracurium Injection USP 10 mg/ml	2.5 ml Amp	M/s Gland Pharma Ltd., Hyderabad	45.76
230	312	Glycopyrrolate Injection USP 0.2 mg/ml	1ml Amp	M/s Ciron Drugs and pharmaceuticals Ltd	4.725

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231	313	Midazolam Injection BP 1 mg/ml	5 ml vial	M/s Gland Pharma Ltd., Hyderabad	21.32
232	315	Neostigmine Injunction IP 2.5 mg	1ml Amps	M/s Ciron Drugs and pharmaceuticals Ltd	8.925
<b>19.Opthamological Preparations</b>					
233	320	Atropine Sulphate Ophthalmic Solution USP 1%	5 ml vial	M/s Laborate Pharmaceuticals India Ltd. Panipath	4.25
234	321	Chloramphenicol Eye Drops 0.5%	5ml vial with sterilized dropper packed in separate polythene pack	M/s vivek Pharmaceuticals (India) ltd Jaipur	2.97 + VAT
235	322	Ciprofloxacin Eye Drops 0.3% w/v	5ml vial with sterilized dropper packed in separate polythene pack	M/s Dueful Healthcare Pvt Ltd, Jaipur	2.73 + VAT
236	328	Sulfacetamide Eye drops 20%	5ml vial with sterilized dropper packed in separate polythene pack	M/S Vivek Pharma Chem Ltd, Jaipur	5.85 + Vat
237	329	Timolol Eye Drops IP 0.25% w/v	5 ml vial	M/s Alpa Laboratories Ltd	12.39
238	330	Tobramycin and Dexamethasone Ophthalmic Suspension USP 0.3%+0.1%	5ml vial with sterilized dropper packed in separate polythene pack	M/s Laborate Pharmaceuticals India Ltd. Panipath	6.25
239	331	Tobramycin Eye Drops 0.3%	5 ml Vial	M/s Laborate Pharmaceuticals India	6.8

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### 20.Oxytocics & Antioxytocics

240	336	Methylergometrine Tablet IP 0.125 mg	10 Tab Strip	M/s Laborate Pharmaceuticals India Ltd. Panipath	3.7
241	337	Misoprostol Tablets 200 mcg	10 tab	M/s Vivek Pharma Chem Ltd. Jaipur	21.6 + VAT
242	338	Oxytocin Injection IP 5 IU/ml	1ml Amp (Single Unit in Blister pack)	M/s Scott-Edil Pharma Ltd.	1.84

### 21.Psychotropics Drugs

243	339	Alprazolam Tablets IP 0.25 mg	10 Tab Blister	M/S Agron Remedies Pvt. Ltd	0.81
244	340	Alprazolam Tablets IP 0.5mg	10 Tab Blister	M/s Laborate Pharmaceuticals India Ltd. Panipath	1.474
245	341	Amitriptyline Tablets IP 25mg Film Coated	10 Tab Strip	M/s Zee Laboratories Paonta Sahib (H.P.)	2.976
246	342	Chlordiazepoxide Tablets IP 10mg	10 Tab Strip	M/s Psychotropics Inida Ltd.	2.104
247	343	Chlorpromazine Tablets 100 mg Sugar Coated	10 Tab Strip	M/s D.D. Pharmaceuticals Pvt Ltd	5.428
248	345	Chlorpromazine Tabs IP 50 mg. (Coated Tablets)	10 Tab Strip	M/S Unicure (India) Pvt Ltd	3.115
249	348	Clonazepam Tablets IP 1 mg	10 Tab Strip	M/S Agron Remedies Pvt. Ltd	2.217
250	349	Diazepam Injection IP 10mg/ 2ml (1M/IV use)	2ml Amp	M/s Laborate Pharmaceuticals India Ltd. Panipath	1.35
251	350	Diazepam Tablets IP 5 mg	10 Tab strip	M/s Medopharma, Chennai	1.302
252	351	Escitalopram Tablets 10 mg	10 Tab Strip	M/s Zee Laboratories	5.373
253	352	Fluoxetine Capsules IP 20 mg	10 Cap strip	M/s Zee Laboratories Paonta Sahib (H.P.)	3.606
254	353	Haloperidol Injection IP 5 mg/ml	10 Amps of 1ml.	M/s Zee Laboratories	3.927
255	354	Haloperidol Tablets IP 1.5 mg	10 Tab strip	M/s Russan Pharma Limited	1.365

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256	355	Haloperidol Tablets IP 5 mg	10 Tab strip	M/s Russan Pharma Limited	1.89
257	356	Imipramine Tablets IP 25 mg (Coated Tablets)	10 Tab Blister	M/s Ciron Drugs Pharmaceutical, Mumbai	2.583
258	357	Imipramine Tablets IP 75 mg (Coated)	10 Tab Blister	M/s D.D. Pharmaceuticals Pvt Ltd	5.942
259	358	Lithium Carbonate Tablets IP 300 mg	10 Tab Strip	M/s Zee Laboratories Paonta Sahib (H.P.)	2.68
260	360	Olanzapine Tablets IP 5 mg	10 Tab Strip	M/s Zee Laboratories Paonta Sahib (H.P.)	2.774
261	361	Risperidone Tablets 2mg	10 Tab Strip	M/s Medopharma, Chennai	2.568
262	362	Risperidone Tablets 1 mg	10 Tab Strip	M/s Medopharma, Chennai	2.166
263	363	Sertraline Tablets 50 mg	10 Tab Strip	M/s Zee Laboratories	3.476
264	364	Trifluoperazine Tablets IP 5 mg coated	10 Tab strip	M/s D.D. Pharmaceuticals Pvt Ltd	2.518

### 22.Drugs Acting on the Respiratory Tract

265	366	Beclomethasone Inhalation IP 200 mcg/dose	200 metered doses container	M/s Midascare Pharma Pvt. Ltd. Mumbai	125.95
266	367	Budesonide Nebulizer Suspension 0.25mg/ ml	2 ml Amp	M/s Cipla Limited	11
267	368	Cough Syrup Each 5ml contains Chloropheniramine Maleate IP 3mg Ammonium Chloride 130mg, Sodium Citrate 65 mg, Menthol 0.5 mg, Syrup Q.S.	50 ml Bottle	M/s Skymap Pharmaceuticals,	4.65
268	369	Ipratropium Bromide Nebulizer Solution 250 mcg/ ml	15 ml vial	M/s Biodeal Laboratories Pvt Ltd	10.49
269	370	Salbutamol Tablets IP 4 mg	10 Tab blister	M/S Agron Remedies Pvt. Ltd	0.86
270	371	Salbutamol Inhalation 100 mcg /dose	200 metered dose container	M/s Glaxo Smith Kline Pharmaceuticals Pvt. Ltd. New Delhi	52.34
271	372	Salbutamol Nebuliser solution BP 5 mg/ml	Each vial of 10 ml	M/s Ciron Drugs & Pharmaceuticals Pvt Ltd,	7.56

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272	373	Salbutamol Tablets IP 2 mg	10 Tab blister	M/S Unicure (India) Pvt Ltd	1.005
273	375	Theophylline and Etofylline Tablets (Theophylline IP 23mg + Etofylline IP 77 mg)	10 Tab Blister	M/s Lark Laboratories (India) Ltd	1.66
<b>23.Solution Correcting Water,Electrolytics &amp; Acid Base Disturbance</b>					
274	377	Compound Sodium Lactate Inj. IP	500 ml FFS/ BFS Bottle	M/s Pentagon Lab Ltd. Indore	8.89
275	379	Dextrose injection 10%	500 ml FFS/ BFS Bottle	M/s Pentagon Lab Ltd. Indore	10.05
276	380	Dextrose injection 5% isotonic	500 ml FFS/ BFS Bottle	M/s Pentagon Lab Ltd. Indore	8.86
277	378	Dextrose Injection IP 25 % w/v	100 ml bottle	M/s Denis Chem lab Limited	8.16
278	381	Multiple Electrolytes & Dextrose Injection Type I IP (Electrolyte 'P' Injection )	500 ml FFS/ BFSBottle	M/s Denis Chem lab Limited	10.14
279	382	Multiple Electrolytes & Dextrose Injection Type III IP Electrolyte "M" Injection ( I.V. )	500 ml FFS / BFS Bottle	M/s Pentagon Lab Ltd. Indore	10.49
280	384	Potassium chloride Oral Solution U.S.P 500mg/ 5ml	200 ml Bottle (Amber colour)	M/s Unijules Life Science Ltd.	15.7
281	385	Sodium Chloride and Dextrose Inj. I.P	500 ml FFS/ BFS Bottle	M/s Pentagon Lab Ltd. Indore	8.98
282	386	Sodium Chloride Injection IP	500 ml FFS/ BFS Bottle	M/s Pentagon Lab Ltd. Indore	8.53
<b>24.Vitamins &amp; Minerals</b>					
283	387	Ascorbic Acid Tablets IP 500 mg	10 Tab Strip	M/s Glaxo Smith Kline Pharmaceuticals Pvt. Ltd, New Delhi	5.792 + VAT
284	389	Calcium Lactate Tablets IP 300 mg	10 Tab Blister	M/s Medo Pharma	1.645
285	390	Ferrous Sulphate and Folic Acid Tab. Each film coated Tab. Containing Dried Ferrous Sulphate IP-equivalent to 100mg Elemental Iron and Folic Acid IP 0.5mg	10 Tab strip/ blister	M/s Vivek Pharmachem, Jammu	1.044 + VAT

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286	391	Ferrous Sulphate with Folic Acid Tab. (Paediatric) Each film coated Tab. Containing Dried Ferrous Sulphate IP-equivalent to 20mg Elemental Iron and Folic Acid IP-100 mcg.	10 Tab strip / blister	M/s Vivek Pharmachem, Jammu	0.79 + VAT
287	392	Folic Acid Tablets IP 5 mg	10 Tab strip	M/s Biogenetic Drugs Pvt Ltd	0.67 + VAT
288	394	Multivitamin Tablets NFI Formula Sugar coated. Vit A 2500 IU, Vit B1-2mg, Vit-B6-0.5mg, Vit-C-50mg, Calcium Pantothenate-1mg, Vit-D3-200IU, Vit-B2-2 mg, Niacinamide-25mg, Folic Acid-0.2 mg	10 Tab Strip	M/s Hindustan laboratories	2.93
289	395	Vitamin B Complex Injection NFI	10 ml vial	M/s Vivek Pharma Chem Ltd. Jaipur	3.78 + VAT
<b>25.Miscellaneous Drugs</b>					
290	401	Peritoneal Dialysis Solution IP	1000 ml ffs/bfs	M/s Pentagon Labs Ltd	17.26
291	404	Water for injection I.P.	10ml Amp	M/s Nirma Limited	1.518
292	408	Rabies Antiserum IP (Equine) 300 units per ml [contains equine anti-rabies immunoglo- bulin fragments](I.M./SC use)	5 ml Vial	Bharat Serums & Vaccines Limited, Mumbai	303.45
293	409	Vitamin A Concentrate Oil IP Each Gram contains vitamin A 100000 IU	100 ml Bottle	M/s Vivek Pharmachem (India) Ltd, Jaipur	46.95 + VAT
294	412	Ampicillin Capsules IP 500 mg	10 Cap Blister	Vivek Pharmachem (India) Ltd, Jaipur	11.72 + VAT
295	414	Hyoscine Butyl Bromide Tablets IP 10mg (Coated Tablets)	10 Tab Blister	Lincoln Pharmaceuticals Ltd, Ahmedabad.	13.48
296	419	Vecuronium Bromide for Injection 4 mg (Freeze Dried)	Each Vial/ Ampoule	Naprod Life Sciences Pvt. Ltd., Mumbai.	23.1
297	421	Flurbiprofen Sodium Ophthalmic Solution USP 0.03% w/v	5ml Vial Sterilized dropper, or squeeze vial	Zee Laboratories Paonta Sahib (H.P.)	10.25

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298	10	Lignocaine and Adrenaline Inj. IP Each ml. Contains :-Lignocaine Hydrochloride IP 20 mg. Adrenaline IP 0.01 mg	30 ml Vial	Om Bio Medic	7.80 + 0.08 (1%CST) = 7.88
299	14	Propofol Injection IP 10 mg/ml	20 ml Vial/ Ampoule	Claris Life Sciences	35.35 + 0.71 (2%CST) = 36.06
300	54	Carbamazepine Tablets IP 100 mg (Film Coated)	10x10 Tab strip	Symbiosis Pharmaceuticals	47.24 + 0.47 (1%CST) = 47.71
301	58	Phenytoin Oral suspension IP 25mg/ml	100ml Glass bottle	Unijules Life Sciences	12.90 + 0.26 (2%CST) = 13.16
302	215	Cetrimide Cream IP	25 gm Tube	Cyano Pharma (P) Ltd	7.50 + 0.15 (2%CST) = 7.65
303	217	Glycerin IP	400 gm bottle	Vinayak Manutrade	41
304	218	Liquid Paraffin IP	400 ml bottle	Vinayak Manutrade	56
305	222	Povidone Iodine solution IP 5%	500 ml bottle	Unicure (India) Pvt Ltd	44.90 + 0.90 (2%CST) = 45.80
306	230	Benedicts Solution (Qualitative)	500 ml bottle	Sarvotham Care ltd	59.00 + 1.18 (2%CST) = 60.18
307	245	Formaldehyde Solution IP	450 ml bottle	Vinayak Manutrade	28
308	246	Gentian Violet Paint 1%	200 ml Bottle	Medipol Pharmaceuticals	19.60 + 0.20 = 19.80
309	255	Furosemide Injection IP 10mg/ml (IM & IV use)	2 ml Amp	Alpa laboratories	1.69 + 0.03 (2%CST) = 1.72
310	265	Dicyclomine Hydrochloride Oral Solution IP 10mg /5ml	30 ml Bottle	Medipol Pharmaceuticals	5.90 + 0.06 (1%CST) = 5.96
311	305	Human Anti Rabies Immunogl- obulin Injection 150 IU/ ml	2 ml vial	Synergy Diagnostics	4640
312	314	Neostigmine Injection IP 0.5 mg/ml	1ml Ampoules	Norris Medicines Ltd	2.14 + 0.04 (2%CST)= 2.18 (for 1 Ampoule)

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313	318	Valethamate Bromide Injection 8mg / ml	1 ml Amp 25 ampoules	Norris Medicines Ltd	78.50 + 1.57 (2%CST) = 80.07
314	319	Atropine Eye Ointment IP 1%	3g Tube	Alpa Laboratories	11.21 + 0.22 (2%CST) = 11.43
315	334	Isoxsuprine Tablets IP 20 mg	10x10 Tab strip	Symbiosis Pharmaceuticals	82.00 (inclusive of CST 1%)
316	365	Aminophylline Injection IP 25 mg/ml	10 ml Amp 25 Ampoules	Mercury Laboratories	143.75 + 1.438 (1%CST) = 145.19
317	374	Theophylline and Etofylline Injection (Anhydrous Theophylline 50.6mg + Etofylline 169.4 mg)	2 ml Amp 25 ampoules	Om Bio Medic	38.00 +0.38 (1%CST) = 38.38
318	397	Vitamin - B complex tablet NFI (prophylactic) B1- 2mg, B2- 2mg, B6- 0.5mg, Niacinamide 25mg, Calcium pantothenate 1mg (With appropriate overages)	10 x 10 Tab Strip / blister	Zim Laboratories	10.39 + 0.21 (2%CST) = 10.60
319	410	Labetalol Tablets IP 100mg	10 x 10 Tab Blister	Mercury Laboratories	615 + 6.15 (1%CST) = 621.15
320	413	Nitrofurantoin Tablets IP 100mg	10 x 10 Tab Blister	Unicure (India) Ltd	46.46 +0.93 (2%CST) = 47.39
321	415	Drotaverine Tablets 40mg	10 x 10 Tab Blister	Overseas healthcare	131.00 +1.31 (1%CST) = 132.31
322	416	Hydroxyethyl Starch (130/4) 6% w/v with Sodium Chloride 0.9% w/v Intravenous Infusion	500 ml plastic bottle	Frensenius kabi	149.10 + 2.98 (2%CST) = 152.08
323	417	Cloxacillin Sodium Injection IP 500mg	Vial	Alpa Laboratories	6.20 + 0.12 (2%CST) = 6.32
324	424	Lidocaine Hydrochloride Topical Solution USP 4%	30 ml Vial	Unijules Life Sciences	11.70 +0.23 (2%CST) = 11.93

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325	427	Cephalexin Oral Suspension IP (Cephalexin Dry Syrup IP) 125 mg/ 5 ml	30 ml Bottle	Skymap	$5.75 + 0.06$ (1% CST) = 5.81
326	428	Ofloxacin Suspension 50mg/ 5ml	30 ml Bottle	Biogenetic Drugs	4.75
327	429	Furazolidone Tablets IP 100 mg	10 x 10 Tab strip/ Blister	Medipol Pharmaceuticals Ltd	$14.56 + 0.15$ (1% CST) = 14.71
328	430	Tinidazole Tablets IP 300 mg (Film Coated)	10 x 10 Tab Blister	Unicare	$29.90 + 0.60$ (2% CST) = 30.50
329	431	Tinidazole Tablets IP 500 mg (Film Coated)	10 x 10 Tab Blister	Medipol Pharmaceuticals Ltd	$42.35 + 0.42$ (1% CST) = 42.77
330	432	Salbutamol Syrup IP 2mg/ 5ml	100 ml Bottle	Skymap Pharmaceuticals Ltd	$5.75 + 0.06$ (1% CST) = 5.81
331	433	Ranitidine Tablets IP 300mg Film Coated	10 x 10 Tab strip	Biogenetics Drugs	37.7
332	434	Famotidine Tablets IP 20 mg	10 x 14 Tab Blister	Omega Biotech Ltd	$18.24 + 0.18$ (1% CST) = 18.42
333	435	Famotidine Tablets IP 40 mg	10 x 14 Tab Blister	Omega Biotech Ltd	$24.90 + 0.25$ (1% CST) = 25.15
334	436	Indomethacin Capsules IP 25 mg	10 x 10 Tab strip	Medipol Pharmaceuticals	$19.60 + 0.20$ (1% CST) = 19.80
335	438	Dicyclomine Hydrochloride and Activated Dimethicone suspension. Each ml contains: Dicyclomine Hydrochloride 10mg, Activated Dimethicone 40mg	10 ml bottle with dropper	Biogenetics Drugs	4.85
336	439	Dicyclomine and Paracetamol Tablets Dicyclomine Hydrochloride 20 mg + Paracetamol 500 mg Tablets	10 x 10 Tab Blister	Skymap Pharmaceuticals	$23.00 + 0.23$ (1% CST) = 23.23

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337	440	Dextromethorphan Hydrobromide Syrup IP 13.5mg / 5ml	30 ml Bottle	Medipol Pharmaceuticals	5.65 +0.06 (1% CST) = 5.71
338	441	Calcium & Vitamin D3 Suspension (Each 5 ml contains Calcium Carbonate equivalent to elemental Calcium 250 mg, Vitamin D3 - 125 IU )	100 ml Bottle	Medicamen Biotech	8.25 (including CST)
339	442	Saline Nasal Solution (Drops) (Sodium chloride 0.65%)	10 ml bottle with dropper / Squeeze bottle	Medipol Pharmaceuticals	5.90 +0.06 (1% CST) = 5.96
340	443	Clotrimazole mouth paint (Clotrimazole 1% w/v)	15ml squeeze bottle	Om Biomedic	5.90 +0.06 (1% CST) = 5.96
341	444	Aspirin Delayed Release Tablets USP. Each enteric coated tablet contains Acetyl Salicylic Acid 75 mg	10 x 14 Tablets	Elder Pharmaceuticals	27
342	445	Beclomethasone, Neomycin and Clotrimazole Cream (Beclomethasone dipropionate 0.025%, Neomycin sulphate 0.5%, Clotrimazole 1%)	10g Tube	Om Biomedic	5.82 +0.06 (1% CST) = 5.88
343	446	Gamma Benzene Hexachloride Lotion 1% (Lindane lotion USP)	100 ml Bottle	Vivimed Labs	9.36 +0.19 (2% CST) = 9.55
344	447	Chlorhexidine Gluconate Solution IP 5%	250ml Bottle	Unijules Life Sciences	26.95 +0.54 (2% CST) = 27.49
345	448	Iron and Folic Acid Syrup. Each 5ml contains Ferrous Fumerate 100mg, Folic Acid 500 mcg	100ml Bottle	Medicamen Biotech	14.40 (including CST)
346	449	Surgical Spirit BP	100 ml Bottle	Unijules Life Sciences	13.75 + 0.28 (2% CST) = 14.03
347	450	Povidone Iodine solution IP 5%	100 ml Bottle	Unicure (India) Ltd	10.80 + 0.22 (2% CST) = 11.02

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348	451	Metformine Hydrochloride Sustained Release Tablets IP 1000 mg	10 x 10 Tab blister	Psychotropics Inida Ltd	60.00 + 0.60 (1%CST) = 60.60
349	452	Glipizide and Metformine Hydrochloride tablets USP (Glipizide 5mg, Metformine Hydrochloride 500 mg)	10 x 10 Tab blister	Skymap Pharmaceuticals	29.10 + 0.29 (1%CST) = 29.39
350	453	Glibenclamide and Metformine Hydrochloride (SR) Tablets [Glibenclamide 5mg, Metformine Hydrochloride 500 mg (Sustained Release)]	10 x 10 Tab blister	USV Limited	77
351	454	Metformine Hydrochloride (Sustained Release) and Glimperiride Tablets {Metformine Hydrochloride (Sustained Release) 500 m, Glimipiride 1 mg}	10 x 10 Tab blister	Pharmaceuticals Symboisis	68.00 (including CST)
352	455	Metformine Hydrochloride (Sustained Release) and Glimperiride Tablets {Metformine Hydrochloride (Sustained Release) 500 m, Glimipiride 2 mg}	10 x 10 Tab blister	Symboisis Pharmaceuticals	74.00 (including CST)
353	456	Glimperiride, Pioglitazone and Metformine Hydrochloride (Sustained Release) Tablets Each Tablet contains Glimperiride 2mg, Pioglitazone 15mg, Metformine Hydrochloride (Sustained release) 500 mg	10 x 10 Tab blister	Morepen Laboratories	109.70 + 1.10 (1%CST) = 110.80
354	457	Amlodipine and nalapril Maleate Tablet (Amlodipine 5mg, Amlodipine Besilate equivalent to Amlodipine 5mg, Enalapril maleate 5mg)	10 x 10 Tab blister	Medipol Pharmaceuticals	22.30 + 0.22 (1%CST) = 22.52
355	458	Losarton Potassium & Amlodipine tablets IP (Losarton Potassium 50 mg, Amlodipine Besilate eq. to Amlodipine 5mg)	10 x 10 Tab blister	Skymap Pharmaceuticals	32.00 + 0.32 (1%CST) = 32.32

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356	459	Losarton Potassium & Hydrochlorothiazide Tablets IP (Losarton Potassium 50 mg, Amlodipine Besilate eq. to Amlodipine 12.5mg)	10 x 10 Tab blister	Skymap Pharmaceuticals	34.00 + 0.34 (1% CST) = 34.34
357	460	Amlodipine and Lisinopril Tablets [Amlodipine Besilate equivalent to Amlodipine 5 mg, Lisinopril eq. to lisinopril (anhydrous) 5mg]	10 x 10 Tab blister	Medipol Pharmaceuticals	36.00 + 0.36 (1% CST) = 36.36
358	461	Amlodipine and Atenolol Tablets [Amlodipine Besilate equivalent to Amlodipine 5 mg, Atenolol 50mg]	10 x 10 Tab blister	Biogenetic Drugs	15.3
359	29	Paracetamol Inj. 150mg/ml	<b>for 50 Ampoules</b>	M/S Laborate Pharmaceuticals India	<b>Rs. 81.50 (VAT is exempted)</b>
360	270	Metoclopramide Injection	(for 25 Ampoule)	M/S Laborate Pharmaceuticals India	Rs. 27.00 VAT is exempted
361	335	Methylergometrine Injection IP 0.2mg/ml	(for 25 Ampoule)	M/S Laborate Pharmaceuticals India	Rs. 44.00 VAT is exempted
362	45	Pheniramine Injection IP 22.75mg/ml	(for 25 Ampoule)	M/s Alpa Laboratories Ltd	Rs. 46.25 + CST 2%
363	241	Tropicamide Eye Drops IP 1%	(for each Vial)	Norris Medicines Ltd,	Rs. 13.23+ CST 2%
364	253	Acetazolamide Tablets IP 250 mg	for 10 x 10 Tab Strip	Medipol Pharmaceuticals India Pvt Ltd	<b>Rs. 75.75 + CST 1%</b>
365	38	Chlorpheniramine Oral Solution BP 4mg/5ml	for 30 ml Bottle	<b>Medipol Pharmaceuticals India Pvt Ltd</b>	<b>Rs. 4.30 + CST 1%</b>
366	284	Conjugated Estrogen Tabs USP 0.625 mg.	for 10 x 10 Tab Strip	Wyeth Limited,	<b>Rs. 1246.75 VAT is exempted</b>
367	296	Norethisterone Tablets IP 5 mg	for 10 x 10 Tab Strip	M/s Arvind Remedies Ltd	<b>Rs. 82.70 + CST 2%</b>
368	70	Amoxycillin and Potasium Clavulanate Tabs IP 500mg + 125mg	for 10 x 10 Tab Strip	Theon Pharamceuticals limited	<b>Rs. 430 + CST 2%</b>

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369	81	Benzathine Benzylpenicillin Inj IP 12 lac units	(for each Vial)	Bharat Parenterals Limited,	Rs. 6.47 + CST 2%
370	193	Dopamine Hydrochloride Injection 40 mg/ml	(for 25 Ampoule)	M/s Troikaa Pharmaceuticals Ltd	Rs. 185.76 + CST 2%
371	232	Diatrizoate Meglumine and Diatrizoate Sodium Inj USP 60% (iodine conc = 292 mg/ml)	(for 20 ml Ampoule)	M/S Unijules Life Science Ltd,	Rs. 86.00 + CST 2%
372	141	Cytarabine Injection IP 100mg/ ml	(for 5ml Vial)	Fresemius Kabi oncology Limited	Rs. 61.00 + CST 1%
373	396	Vitamin -! Capsule USP, Soft Gelatin Capsule contains Vit-A 2 lac units	for 10 x 10 cap Strip	Softsule Ltd	Rs. 178.12 + CST 2%
374	426	Co-trimoxazole Tablets IP Trimethoprim 20 mg Sulphamethoxazole 100 mg	for 10 x 10 Tab Blister	Medicamen Biotech Limited	Rs. 15.50 VAT is exempted
375	276	Ranitidine HCL Injection IP 50mg/2ml	(for 25 Ampoule)	Om biomedic	Rs. 31.00 + CST 1%

**Note:** The above mentioned prices of drugs have been calculated after including CST which is @ 4% or 5% as applicable in the respective state. However component of VAT for supplies made from Rajasthan has not been included in the price. Presently State Government has exempted RMSC from VAT and RMSC has also started issuing C form therefore the rate of CST chargeable to RMSC is concessional and applicable @ 1% or 2% has chargeable in the respective state.

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### Annexure 3: Price comparison of generic medicines procured by RMSC with their branded counterparts

#### Price Comparison of Generic and Branded Drugs

S. No	Name of Generic Drug	Pack Size	RMSC Tender Price (in Rs)	Equivalent Popular Brand	Pack Size	MRP (in Rs)	Type of Drug
1.	Paclitaxel Injection IP 100 mg	16.7 ml vial	Rs 338.66	Innotaxel (Innova)	16.7ml vial	4022.00	Anti Neoplastic & Immuno suppressant Drug+Palliative Care
				Mitotax (Dr. Reddy)		4500.00	
2.	Doxorubicin Injection IP 50mg/25ml	25 ml vial	Rs 212.47	Adriamycin (Pfizer)	25 ml vial	1725.00	Anti Neoplastic & Immuno suppressant Drug+Palliative Care
3.	Ceftazidime Injection IP 1g	Vial	Rs 19.9	Fortum (GSK)	Vial	416.70	Anti Infective Drugs (Antibiotics)
				Zidime (Eli-lilly)		354.30	
4.	Azithromycin Tablets IP 500 mg	1. Tab	Rs 58.80	Azithral (Alembic)	10 Tab	308.33	Anti Infective Drugs (Antibiotics)
5.	Clopidogrel Tablets IP 75 mg	10 Tab Strip	RS 6.10	Clopigrel (USV)	10 Strip Tab	215.50	Cardio Vascular Drug
6.	Cefixime Tablets IP 200 mg	10 Tab	Rs 24.15	Taxim-O (Alkem)	10 Tab	198.00	Anti Infective Drugs (Antibiotics)
7.	Misoprostol Tablets 200 mcg	10 Tab	Rs 21.60+ VAT	Misoprost (Cipla)	10 Tab	180.00	Oxytocics & Antioxytics
				Misopil (Abbott)		152.00	
8.	Albendazole Tablets IP 400 mg	10 Tab	Rs 6.28+ VAT	Zental (GSK)	10 Tab	175.00	Anti Infective Drugs (Antibiotics)
9.	Cephalexin Capsules IP 500 mg	10 Cap Blister	Rs 18.97+ VAT	Sporidex (Ranbaxy)	10 Cap Blister	168.63	Anti Infective Drugs (Antibiotics)
				Phexin (GSK)		162.00	

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10.	Cefoperazone 1 g and Sulbactam Sodium eq. To Sulbactam 0.5 g (IM/IV use)	Vial	<b>Rs 15.27</b>	Lactogard (Ipca)	Vial	<b>146.00</b>	Anti Infective Drugs (Antibiotics)
11.	Cefixime Tablets IP 100 mg	10 Tab	<b>Rs 12.81</b>	Taxim-O (Alkem)	10 Tab	<b>120.00</b>	Anti Infective Drugs (Antibiotics)
12.	Glimepiride Tablets IP 2 mg	10 Tab strip	<b>Rs 1.95</b>	Amaryl (Aventis)	10 Tab strip	<b>117.40</b>	Harmones & Endocrine Drugs
13.	Atorvastatin Tablets IP 10 mg	10 Tab Blister	<b>Rs 2.98</b>	Atrova (Zydus)	10 Tab Blister	<b>103.74</b>	Cardio Vascular Drugs
14.	Acyclovir Tablets IP 200 mg	10 Tab strip	<b>Rs 6.61</b>	Herpex (Torrent)	10 Tab Blister	<b>87.35</b>	Anti Infective Drugs (Antiviral)
				Acivir (Cipla)		<b>80.50</b>	
15.	Clotrimazole Cream IP 2%w/w	15 gm Tube	<b>Rs 7.28</b>	Candid Vgel (Glenmark)	30 gm Tube	<b>70.20</b>	Anti Infective Drug (Antifungal)
16.	Ceftriaxone Injection IP 1g/vial	Vial	<b>Rs 11.12 + VAT</b>	Monocef (Aristo)	Vial	<b>69.00</b>	Anti Infective Drug (Antifungal)
				Cefaxone (Lupin)		<b>79.76</b>	
17.	Diclofenac Gel BP 1 %	20 gm Tube	<b>Rs 3.85 + VAT/20 gm Tube</b>	Voveran (Novartis)	30 gm Tube	<b>65.60</b>	Analgesic, Antipyretic & Anti inflammatory drugs
				Dicloran (Lekar)		<b>70.86</b>	
18.	Pantoprazole Injection 40 mg	Vial	<b>Rs 7.3</b>	Pan IV (Alkem)	Vial	<b>61.00</b>	Gastro Intestinal Drugs
				Pantocid IV (Sun)		<b>61.00</b>	
19.	Doxycycline Capsules IP 100 mg	10 Tab strip	<b>Rs 5.34 + VAT</b>	Doxy 1 (USV)	10 Tab strip	<b>58.47</b>	Anti Infective Drugs (Antibiotics)
20.	Lisinopril Tablets IP 5 mg	10 Tab strip	<b>Rs 3.10</b>	Lipril (Lupin)	10 Tab strip	<b>57.90</b>	Cardio Vascular Drugs

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21.	Sertraline Tablets 50 mg	10 Tab strip	Rs 3.10	Serta (Neu Foreva)	10 Tab strip	50.30	Psychotropic Drugs
				Serlift (Ranbaxy)		55.15	
21.	Atenolol Tablets IP 50 mg	10 Tab Blister	Rs 3.10	Aten (Zydus)	10 Tab Blister	42.40	Cardio Vascular Drugs
				Tenolol (IPCA)		40.00	
23.	Pioglitazone Tablets	10 Tab Blister	Rs 2.97	Pioglit (Sun)	10 Tab Blister	39.50	Harmones & Endocrine Drugs
24.	Olanzapine Tablets IP 5 mg	10 Tab strip	Rs 2.77	Olanex (Ranbaxy)	10 Tab strip	38.52	Psychotropic Drugs
25.	Diclifenac Sodium Tablets IP 50 mg	10 Tab strip	Rs 1.24/10 tablets	Voveran (Novartis)	10 Tab strip	31.73	Analgesic, Antipyretic & Anti inflammatory drugs
				Dicloran (Lekar)		23.43	
26.	Domperidone Tablets IP 10 mg	10 Tab Blister	Rs 1.85	Domstal (Torrent)	10 Tab Blister	31.40	Gastro Intestinal Drugs
27.	Diazepam Tablets IP 5 mg	10 Tab strip	Rs 1.30	Valium (Abbott)	10 Tab strip	30.22	Psychotropic Drugs
28.	Risperidone Tablets 2 mg	10 Tab strip	Rs 2.56	Risdone (Intas)	10 Tab strip	27.04	Psychotropic Drugs
29.	Alprazolam Tablets IP 0.5 mg	10 Tab Blister	Rs 1.47	Anxit (Micro)	10 Tab Blister	25.80	Psychotropic Drugs
				Alprex (Torrent)		25.33	
30.	Diclofenac Sodium and Paracetamol Tablets Diclofenac Sodium 50 mg + Paracetamol 500 mg	10 Tab Blister	Rs 2.29	Dicloran A (Lekar)	10 Tab Blister	25.80	Analgesic, Antipyretic & Anti inflammatory drugs
				Diclonac-P (Lupin)		25.77	

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31.	Phenobarbitone Tablets IP 30 mg	10 Tab strip	<b>Rs 2.07</b>	Gardenal (Nicholas)	10 Tab strip	<b>17.00</b>	Anti Epileptic Drugs
32	.Tramadol Injection 50 mg/ml	2 ml Amp	<b>Rs 1.77 (Including CST)</b>	Contramol (AHPL)	2 ml Amp	<b>14.57</b>	Analgesic, Antipyretic & Anti inflammatory drugs
33.	Gentamycin Injection IP 80 mg/2 ml (IM/IV use)	2 ml Amp	<b>Rs 2.02</b>	Garamycin (Fulford)	2 ml Amp	<b>7.66</b>	Anti Infective Drugs (Antibiotics)
				Genticyn (Nicolous)		<b>8.60</b>	

## ANNEXURES

### Annexure 4 : List of rates approved by TNMSC for essential drugs for the year 2012-2013

Tamil Nadu Medical Services Corporation Ltd., Chennai – 600 008						
List of Approved L1 rates and tenderers for 261 Essential Drugs and Medicines for the year 2012-2013						
Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
1.	2	Paracetamol Tab. I.P. - 500mg	10x10 Tabs	18.15	Endoven Pharmaceuticals Ltd.,	NON SSI
				19.38	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
2.	3	Paracetamol Syrup. I.P. - 125mg/5ml	60 ml Bottle	4.79	Biogenetic Drugs (P) Ltd.,	NON SSI
3	4	Co-Trimoxazole Oral Suspension I.P.	50 ml Bottle	5.91	La Chemico Pvt. Ltd.,	NON SSI
				6.89	Alfred Berg & Co. India Pvt. Ltd., South East Pharmaceuticals	SSI 15% Price Preference
4	5	Co-Trimoxazole Tab. I.P.	10X10 Tabs	39.99	La Chemico Pvt. Ltd.,	NON SSI
				46.35	Carewell Steuart Pharma Pvt. Ltd.,	SSI 15% Price Preference
5	7	Metronidazole Tab. I.P. - 200mg	10X10 Tabs	17.84	La Chemico Pvt. Ltd.,	NON SSI
6	12	Theophylline and Etofylline Inj.	2 ml Amp	1.00	Sara Pharmaceuticals	SSI - Direct L1
7	16	Calcium Lactate Tab. I.P. - 300mg	10X10 Tabs	8.67	Eurokem Laboratories Pvt. Ltd.,	SSI - Direct L1
8	17	Cyanocobalamin Inj. I.P. - 100mcg/ml	2 ml Amp	0.81	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
				0.86	Tamman Titoe Pharma (P) Ltd.	SSI 15% Price Preference

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Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
9	18	Vit-B Complex Tab. NFI (Prophylactic)	10X10 Tabs	8.90	Adroit Pharmaceuticals Pvt. Ltd.,	NON SSI
				9.54	Carewell Steuart Pharma Pvt. Ltd., Eurokem Laboratories Pvt. Ltd.,	SSI 15% Price Preference
10	21	Diazepam Tab. I.P. - 5mg	10X10 Tabs	7.63	RKG Pharma Pvt. Ltd.	NON SSI
				8.88	Alfred Berg & Co. India Pvt. Ltd.,	SSI 15% Price Preference
11	22	Phenobarbitone Tab. I.P. - 30mg	10X10 Tabs	9.31	Biodeal Laboratories (P) Ltd.,	NON SSI
12	23	Methyl Ergometrine Inj. I.P. - 0.2mg/ml	1 ml Amp	1.33	Daffodills Pharmaceuticals Ltd	NON SSI
13	24	Glybclamide Tab. I.P. - 5mg	10X10 Tabs	7.32	Alfred Berg & Co. India Pvt. Ltd.,	SSI - Direct L1
14	26	Gentamycin Eye Drops I.P. - 5ml	5 ml FFS/BFS	2.64	SGS Pharmaceutical Pvt. Ltd.	NON SSI
15	36	ORS Powder I.P.	Pouches 20.5	1.64	Syndicate Pharma	NON SSI
16	37	Ampicillin Inj. I.P. - 500mg	Vial	3.53	Modern Laboratories	NON SSI
17	38	Benzyl Penicillin Inj. I.P. - 600mg	10 lakhs	3.08	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
18	40	Cefotaxime Sodium Inj. I.P. - 250mg	Vial	3.94	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
19	42	Ciprofloxacin Inj. I.P. - 200mg/100ml	100 ml FFS/BFS	5.20	Haseeb Pharmaceuticals Pvt. Ltd.,	NON SSI

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Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
20	43	Cloxacillin Inj. I.P. - 250mg	Vial	3.18	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
21	46	Gentamycin Inj. I.P. - 80mg/2ml	2ml Amp	1.66	Tamman Titoe Pharma (P) Ltd.	SSI - Direct L1
22	50	Amoxycillin Cap. I.P. - 250mg	10X10 Caps	56.54	Jay Formulations Ltd	NON SSI
				64.08	Alfred Berg & Co. India Pvt. Ltd.,	SSI 15% Price Preference
				64.25	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
23	52	Cloxacillin Cap. I.P. - 250mg	10X10 Caps	54.45	Medipol Pharmaceuticals Indi Pvt. Ltd.,	NON SSI
24	53	Doxycycline Cap. I.P. - 100mg	10X10 Caps	52.95	Advik Laboratories Limited	NON SSI
				61.07	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
25	55	Erythromycin Stearate Tab. I.P. - 250mg	10X10 Caps	123.34	Cipco Pharmaceuticals	NON SSI
				140.94	Alfred Berg & Co. India Pvt. Ltd.,	SSI 15% Price Preference
				141.32	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
26	57	Norfloxacin Tab. I.P. - 400mg	10X10 Caps	78.66	Unicare (India) Pvt. Ltd.	NON SSI
				83.63	Carewell Steuart Pharma Pvt. Ltd.,	SSI 15% Price Preference

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Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
27	58	Phenoxy Methyl Pencillin Potassium Tab.	10X10 Caps	60.89	Bharat Parenterals Ltd.,	NON SSI
28	59	Povidone Iodine Vaginal Pessaries	14X10 Caps	98.00	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
29	62	Erythromycin Estolate Oral Suspension	40 ml Bottle	9.19	Cassel Research Laboratories Pvt. Ltd.,	SSI - Direct L1
30	70	Lysol I.P. (Cresol with Soap Solution)	5 Ltrs Can	575.00	Pondy Chemicals	NON SSI
31	73	Griseofulvin Tab. I.P. - 125mg	10X10 Tabs	60.22	Minopharm Laboratories Pvt. Ltd.	NON SSI
32	75	Dexamethasone Sodium Phosphate Inj. I.P.	2 ml Vial	3.08	Systochem Laboratories Ltd.	NON SSI
33	76	Hydrocortisone Sodium Succinate Inj.	Vial	10.50	D.J.Laboratories Pvt. Ltd.,	NON SSI
34	77	Dexamethasone Tab. I.P. - 0.5mg	10X10 Tabs	10.50	Sipali Drugs	SSI - Direct L1
35	78	Betamethasone Tab. I.P. - 0.5mg	10X10 Tabs	12.23	Arbro Pharmaceuticals Ltd.,	NON SSI
				13.53	Sipali Drugs	SSI 15% Price Preference
36	79	Prednisolone Tab. I.P. - 5mg	10X10 Tabs	32.31	Bafna Pharmaceuticals Ltd.,	NON SSI
37	82	Heparin Sodium Inj. I.P. - 5000I.U/1ml	5 ml Vial	77.25	Bharat Parenterals Ltd.,	NON SSI
				86.82	Tamman Titoe Pharma (P) Ltd.	SSI 15% Price Preference

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Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
38	84	Vit-K Inj.	1 ml Amp	1.31	Tamman Titoe Pharma (P) Ltd.	SSI - Direct L1
39	85	Streptokinase Inj. I.P. - 7.5 lakhs IU	Vial	440.00	Bharat Serum & Vaccines Ltd.,	NON SSI
40	86	Isosorbide Dinitrate Tab. I.P. - 5mg	10X10 Tabs	6.73	Alfred Berg & Co. India Pvt. Ltd., Eurokem Laboratories Pvt. Ltd.,	SSI - Direct L1
41	88	Aminophylline Inj. I.P. - 25mg/ml	10 ml Amp	2.60	Arco Lifesciences Pvt. Ltd.,	NON SSI
42	90	Theophylline and Etofylline Tab.	10X10 Tabs	13.32	Bafna Pharmaceuticals Ltd.,	NON SSI
				13.90	Eurokem Laboratories Pvt. Ltd.,	SSI 15% Price Preference
43	91	Salbutamol Sulphate Tab. I.P. - 4mg	10X10 Tabs	6.08	Adroit Pharmaceuticals Pvt. Ltd.,	NON SSI
44	94	Dopamine HCL Inj. U.S.P. - 40mg/ml	5 ml Amp	5.40	S.P.M. Drugs Pvt. Ltd.,	SSI - Direct L1
45	95	Digoxin Tab. I.P. - 0.25mg	10X10 Tabs	17.74	Healthy Life Pharma Pvt. Ltd.,	NON SSI
				19.79	Eurokem Laboratories Pvt. Ltd.,	SSI 15% Price Preference
46	98	Diltiazem HCL Tab. I.P. - 30mg	10X10 Tabs	18.64	Healthy Life Pharma Pvt. Ltd.,	NON SSI
				20.70	Eurokem Laboratories Pvt. Ltd.,	SSI 15% Price Preference
47	101	Verapamil Tab. I.P. - 40mg	10X10 Tabs	32.92	Unicare (India) Pvt. Ltd.	NON SSI

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Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
				34.23	Eurokem Laboratories Pvt. Ltd.,	SSI 15% Price Preference
48	104	Atenolol Tab. I.P. - 50mg	14X10 Tabs	14.93	Pharose Remedies Ltd.,	NON SSI
				15.10	Carewell Steuart Pharma Pvt. Ltd.,	SSI 15% Price Preference
49	106	Furosemide Tab. I.P. - 40mg	10X10 Tabs	15.20	Eurokem Laboratories Pvt. Ltd.,	NON SSI
				16.06	Medipol Pharmaceuticals India Pvt. Ltd.,	SSI 15% Price Preference
50	107	Methyldopa Tab. I.P. - 250mg	10X10 Tabs	153.50	Carewell Steuart Pharma Pvt. Ltd.,	NON SSI
51	110	Propranolol Tab. I.P. - 40mg	10X10 Tabs	12.00	Wilcure Remedies (P) Ltd	NON SSI
				14.02	Unicure (India) Pvt. Ltd.	NON SSI
52	112	Furosemide Inj. I.P. - 10mg/ml	2 ml Amp	0.93	Carewell Steuart Pharma Pvt. Ltd.,	SSI 15% Price Preference
53	114	Ibuprofen Tab. I.P. - 200mg	10X10 Tabs	20.05	Sara Pharmaceuticals	SSI - Direct L1
54	118	Acetazolamide Tab. I.P. - 250mg	10X10 Tabs	71.80	Cassel Research Laboratories Pvt. Ltd.,	SSI - Direct L1
55	119	Neostigmine Inj. I.P. - 0.5mg/ml	1 ml Amp	1.46	Micron Pharmaceuticals	NON SSI
56	120	Ketamine Inj. I.P. - 50mg/ml	10 ml Vial	16.27	S.P.M.Drugs Pvt. Ltd.,	SSI - Direct L1
					Themis Chemicals Ltd.	NON SSI

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Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
57	121	Thiopentone Sodium Inj. I.P. -500mg	20 ml Vial	16.60	Vital Healthcare Pvt. Ltd.,	NON SSI
58	124	Lignocaine HCL Gel I.P.- 2% w/v	30 gms Tube	11.60	Central Drugs & Pharmaceuticals	SSI - Direct L1
59	125	Halothane I.P. - 250ml	250 ml Bottle	1055.00	Piramal Healthcare Ltd.	NON SSI
60	140	Plasma Expander Infusion - 500ml	500 ml BFS/BFS	73.50	Fresenius Kabi India Pvt. Ltd.	NON SSI
61	141	Vitamin-B Complex Inj. NFI	10 ml Vial	3.33	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
62	149	Ascorbic Acid Tab. I.P. - 100mg	10X10 Tabs	16.00	Sipali Drugs	SSI - Direct L1
63	152	Folic Acid Tab. I.P. - 5mg	10X10 Tabs	6.01	Adroit Pharmaceuticals Pvt. Ltd.,	NON SSI
64	156	Pethidine HCL Inj. I.P. - 50mg/ml	1 ml Amp	13.40	Pharma Chemico Laboratories	NON SSI
65	157	Pentazocine Lactate Inj. I.P. - 30mg/ml	1 ml Amp	2.41	Daffodills Pharmaceuticals Ltd	NON SSI
66	158	Metaclopramide Inj. I.P. - 10mg/2ml	2 ml Amp	0.81	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
				0.92	Sara Pharmaceuticals	SSI 15% Price Preference
67	159	Rantidine HCL Inj. I.P. - 50mg/2ml	2 ml Amp	0.81	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
				0.94	Sara Pharmaceuticals	SSI 15% Price Preference

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Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
68	160	Rantidine HCL Tab. I.P. - 150mg	10x10 Tabs	19.95	Biogenetic Drugs (P) Ltd.,	NON SSI
69	164	Dicyclomine HCL Tab.I.P. - 10mg	10x10 Tabs	6.01	Deepin Pharmaceuticals Pvt. Ltd.,	NON SSI
70	168	Metformin Tab. I.P. - 500mg	10x10 Tabs	19.14	RPG Life Sciences Ltd.,	NON SSI
71	169	Glipizide Tab. I.P. - 5mg	10x10 Tabs	10.60	Bafna Pharmaceuticals Ltd.,	NON SSI
72	172	Metronidazole Inj. I.P. - 500mg/100ml	100 ml FFS/BFS	4.72	Haseeb Pharmaceuticals Pvt. Ltd.,	NON SSI
73	174	Oxytocin Inj. I.P. - 5 Units/ml	1 ml Amp	1.16	Vital Healthcare Pvt. Ltd.,	NON SSI
74	176	Adrenaline Inj. I.P. - 1mg/ml	1 ml Amp	1.21	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
75	177	Atropine Sulphate Inj. I.P. - 0.6mg/ml	2 ml Amp	0.76	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
76	179	Carbamazepine Tab. I.P. - 200mg	10x10 Tabs	53.90	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
				59.07	Cassel Research Laboratories Pvt. Ltd., Kniss Laboratories Pvt. Ltd.,	SSI 15% Price Preference
77	180	Phenytoin Sodium Tab. I.P. - 100mg	10x10 Tabs	15.80	Healthy Life Pharma Pvt. Ltd.,	NON SSI
				18.59	Carewell Steuart Pharma Pvt. Ltd.,	SSI 15% Price Preference
78	182	Sodium Valporate Tab. B.P. - 200mg	10x10 Tabs	59.98	Bharat Parenterals Ltd.,	NON SSI

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
				65.54	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
79	183	Diazepam Inj. I.P. - 10mg/2ml	2 ml Amp	1.16	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
				1.23	Tamman Titoe Pharma (P) Ltd.	SSI 15% Price Preference
80	185	Chlorpromazine HCL Tab. I.P. -25mg	10X10 Tabs	21.20	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
				24.49	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
81	187	Chlorpromazine HCL Tab. I.P. -100mg	10X10 Tabs	44.11	Healthy Life Pharma Pvt. Ltd.,	NON SSI
82	188	Imipramine Tab. I.P. - 25mg	10X10 Tabs	15.90	Cassel Research Laboratories Pvt. Ltd.,	SSI - Direct L1
83	189	Amitriptyline Tab. I.P. - 25mg	10X10 Tabs	14.50	Unicare (India) Pvt. Ltd.	NON SSI
84	190	Haloperidol Tab. I.P. - 1.5mg	10X10 Tabs	10.05	RPG Life Sciences Ltd.,	NON SSI
				10.32	RPG Life Sciences Ltd.,	NON SSI
85	191	Haloperidol Tab. I.P. - 5mg	10X10 Tabs	11.97	Alfred Berg & Co. India Pvt. Ltd.,	SSI 15% Price Preference
86	193	Chlorpheniramine Maleate Tab. I.P. - 4mg	10X10 Tabs	4.10	Deepin Pharmaceuticals Pvt. Ltd.,	NON SSI
				4.45	Eurokem Laboratories Pvt. Ltd.,	SSI 15% Price Preference

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Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
87	196	Pheniramine Maleate Inj. I.P.	2 ml Amp	0.83	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
				0.92	Sara Pharmaceuticals	SSI 15% Price Preference
88	198	Succinyl Choline Chloride Inj. I.P.	10 ml Amp	24.90	Naprod Life Sciences (P) Ltd.	NON SSI
89	199	Surgical Spirit B.P. - 500ml	500 ml Bottle	32.34	Tansi	SSI - Direct L1
90	200	Formaldehyde Solution I.P. 66 - 450ml	450 ml Bottle	21.22	S.M. Pharmaceuticals	NON SSI
91	202	Benedicts Solution (Qualitative) - 500ml	500 ml Bottle	23.24	S.M. Pharmaceuticals	NON SSI
92	206	Diagnostic Sticks for Urine Sugar	50's Pack	36.00	Mediclone Biotech Pvt. Ltd.,	SSI - Direct L1
93	208	Anti DRH Blood Grouping Serum U.S.P.	10 ml Amp	85.50	Mediclone Biotech Pvt. Ltd.,	SSI - Direct L1
94	209	Anti A Blood Grouping Serum U.S.P.	10 ml Amp	38.25	Mediclone Biotech Pvt. Ltd.,	SSI - Direct L1
95	210	Anti B Blood Grouping Serum U.S.P.	10 ml Amp	38.25	Mediclone Biotech Pvt. Ltd.,	SSI - Direct L1
96	211	Anti O Blood Grouping Serum	10 ml Amp	45.00	Mediclone Biotech Pvt. Ltd.,	SSI - Direct L1
97	212	Water for Injection I.P. - 10ml	10 ml Amp	1.09	Haseeb Pharmaceuticals Pvt. Ltd.,	NON SSI
98	217	Pralidoxime Iodide Inj. - 25mg/ml	20 ml Vial	12.30	Tamman Titoe Pharma (P) Ltd.	SSI - Direct L1

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
99	219	Sodium Bicarbonate Inj. I.P. - 7.5% w/v	10 ml Amp	2.60	Arco Lifesciences Pvt. Ltd.,	NON SSI
100	220	Calcium Gluconate Inj. I.P. - 10% w/v	10 ml Amp	2.60	Arco Lifesciences Pvt. Ltd.,	NON SSI
101	221	Cough Syrup	50 ml Bottle	4.63	Alfred Berg & Co. India Pvt. Ltd.,	SSI - Direct L1
				4.65	Cassel Research Laboratories Pvt. Ltd.,	SSI - Direct L1
102	224	Amikacin Sulphate Inj. I.P. - 100mg	2 ml Vial	2.58	SGS Pharmaceutical Pvt. Ltd.	NON SSI
103	226	Cefotaxime Sodium Inj. I.P. - 1gm	Vial	9.48	D.J.Laboratories Pvt. Ltd.,	NON SSI
104	229	Cephalexine Cap. I.P. - 250mg	10X10 Caps	103.00	Bafna Pharmaceuticals Ltd.,	NON SSI
				103.94	Kniss Laboratories Pvt. Ltd.,	SSI 15% Price Preference
105	231	Ciproflaxacin Tab. I.P.-500mg	10X10 Tabs	103.97	La Chemico Pvt. Ltd.,	NON SSI
				110.07	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
106	242	Concentrated Haemodialysis Fluid B.P.	10 Ltrs Plastic	212.00	EL-OS Fermusols India (P) Ltd.,	SSI - Direct L1
107	244	Peritoneal Dialysis Solution I.P. -	1000 ml Bottle	21.37	Pentagon Labs Ltd.,	NON SSI
108	252	Diclofenac Sodium Tab. I.P. - 50mg	10X10 Tabs	12.07	Cassel Research Laboratories Pvt. Ltd.,	SSI - Direct L1

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
109	254	Indomethacin Cap. I.P.-25mg	10X10 Caps	19.45	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
110	259	Enalapril Maleate Tab. I.P. - 2.5mg	10X10 Tabs	11.08	Healthy Life Pharma Pvt. Ltd.,	NON SSI
111	261	Nifedipine Cap. I.P. - 5mg	10X10 Caps	30.42	Centurion Laboratories	NON SSI
112	267	Oxyphenylone Tab. - 400mg	10X10 Tabs	136.32	Micron Pharmaceuticals	NON SSI
113	270	Carbamazole Tab. I.P. - 5mg	10X10 Tabs	22.18	Biodeal Laboratories (P) Ltd.,	NON SSI
114	271	Danazol Cap. I.P. - 50mg	10X10 Caps	231.66	Micron Pharmaceuticals	NON SSI
115	286	Lithium Carbonate Tab. I.P. - 300mg	10X10 Tabs	26.09	Hiral Labs Ltd.,	NON SSI
116	288	Trifluoperazine Tab. I.P. - 5mg	10X10 Tabs	19.99	Embiotic Laboratories (P) Ltd.,	NON SSI
				21.82	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
117	292	Azathioprine Tab. I.P. - 50mg	10X10 Tabs	88.91	RPG Life Sciences Ltd.,	NON SSI
118	293	Doxorubicin Inj. I.P. - 10mg/5ml	5 ml Vial	40.10	Naprod Life Sciences (P) Ltd.	NON SSI
119	295	Cisplatin Inj. I.P. - 1mg/ml	Vial	40.10	Naprod Life Sciences (P) Ltd.	NON SSI
120	296	Fluorouracil Inj. I.P. - 250mg/5ml	5 ml Amp	5.10	Celon Laboratories Ltd.,	NON SSI

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
121	300	Tamoxifen Citrate Tab. I.P. - 10mg	10X10 Tabs	38.79	Micron Pharmaceuticals	NON SSI
				44.99	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
122	301	Vincristine Sulphate Inj. I.P. - 1mg/ml	Vial	24.61	Naprod Life Sciences (P) Ltd.	NON SSI
123	302	Trihexyphenidyl Tab. I.P. - 2mg	10X10 Tabs	7.00	Eurokem Laboratories Pvt. Ltd.,	NON SSI
124	306	Tetanus Immunoglobulin U.S.P. - 250	Vial	672.00	Bharat Serum & Vaccines Ltd.,	NON SSI
125	310	Lignocaine Hcl Inj. I.P. - 2% w/v	30 ml Vial	4.54	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
				4.71	Tamman Titoe Pharma (P) Ltd.	SSI 15% Price Preference
126	322	Human Insulin (Short Acting) Inj. I.P. -	10 ml Vial	44.10	Aventis Pharma Ltd.,	NON SSI
127	323	Human Insulin (Intermediate Acting) Inj.	10 ml Vial	44.10	Aventis Pharma Ltd.,	NON SSI
128	331	Multivitamin Tab. NFI Formula	10X10 Tabs	19.80	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
				21.15	Kniss Laboratories Pvt. Ltd.,	SSI 15% Price Preference
129	340	Mannitol Inj. I.P. - 20% w/v	350 ml Bottle	30.36	Pentagon Labs Ltd.,	NON SSI
130	342	Povidone Iodine Solution I.P. - 5% w/v	500 ml Bottle	49.50	Sankar Labs	SSI - Direct L1

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
131	345	Promethazine HCL Inj. I.P. - 25mg/ml	2 ml Amp	1.11	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
				1.19	Sara Pharmaceuticals	SSI 15% Price Preference
132	347	Lignocaine HCL and Dextrose Inj. I.P.	2 ml Amp	1.79	S.P.M.Drugs Pvt. Ltd.,	SSI - Direct L1
133	348	Bupivacaine Inj. I.P. - 0.5%	20 ml Vial	9.80	Vital Healthcare Pvt. Ltd.,	NON SSI
				10.77	Tamman Titoe Pharma (P) Ltd.	SSI 15% Price Preference
134	351	Paracetamol Inj. - 150mg/ml	2 ml Amp	1.01	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
135	352	Phenytoin Sodium Inj. I.P. - 100mg/2ml	2 ml Amp	1.72	Tamman Titoe Pharma (P) Ltd.	SSI - Direct L1
136	356	Metronidazole Benzoate Oral Suspension	60 ml Bottle	7.40	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
137	359	Acyclovir Tab. I.P. - 200mg	10X10 Tabs	58.51	Healthy Life Pharma Pvt. Ltd.,	NON SSI
				61.62	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
138	362	Cyclophosphamide Inj. I.P. - 200mg/Vial	30 ml Vial	17.50	Celon Laboratories Ltd.,	NON SSI
139	368	Co-Carel Dopa Tab. B.P.	10X10 Tabs	122.41	Healthy Life Pharma Pvt. Ltd.,	NON SSI
				134.30	Eurokem Laboratories Pvt. Ltd.,	SSI 15% Price Preference

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
140	372	Dobutamine HCL Inj. U.S.P. - 250mg	5 ml Amp	11.75	S.P.M.Drugs Pvt. Ltd.,	SSI - Direct L1
141	373	Ephedrine Hcl Inj. NFI (IM / SC) -	1 ml Amp	5.15	Tamman Titoe Pharma (P) Ltd.	SSI - Direct L1
142	376	Betamethasone Valerate Ointment I.P.	15 gm Tube	6.94	Vital Healthcare Pvt. Ltd.,	NON SSI
143	377	Gamma Benzene Hexachloride Application -	100 ml Bottle	9.63	Micron Pharmaceuticals	NON SSI
				10.45	McLaren Biotech (P) Ltd.,	SSI 15% Price Preference
144	383	Hydrogen Peroxide Solution I.P.	1 Ltr Bottle	31.22	S.M. Pharmaceuticals	NON SSI
145	384	Gluteraldehyde Solution B.P. - 2% w/v	5 Ltrs Can	167.51	S.M. Pharmaceuticals	NON SSI
146	385	Spiranolactone Tab. I.P. - 25mg	10X10 Tabs	51.35	RPG Life Sciences Ltd.,	NON SSI
147	387	Domperidone Tab. I.P. - 10mg	10X10 Tabs	9.97	Alfred Berg & Co. India Pvt. Ltd.,	SSI - Direct L1
148	390	Bisacodyl Tab. I.P. - 5mg	10X10 Tabs	12.18	Embiotic Laboratories (P) Ltd.,	NON SSI
149	410	Thyroxine Sodium Tab. I.P.	10X10 Tabs	15.51	Ciron Drugs & Pharmaceuticals (P) Ltd.,	NON SSI
150	415	Salbutamol Nebuliser Solution B.P. -	10 ml Bottle	4.73	Biodeal Laboratories (P) Ltd.,	NON SSI
151	437	Phenoxymethyl Penicillin Potassium Tab.	10X10 Tabs	37.26	Bharat Parenterals Ltd.,	NON SSI

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
				41.73	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
152	439	Adrenochrome Monosemicarbazone Tab.	10X10 Tabs	55.00	Healthy Life Pharma Pvt. Ltd.,	NON SSI
153	442	Cetirizine Tab. I.P. - 10mg	10X10 Tabs	9.05	Arbro Pharmaceuticals Ltd.,	NON SSI
				10.34	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
154	447	Albendazole Tablets I.P. 400mg	10X10 Tabs	57.51	Arvind Remedies Ltd.,	NON SSI
				64.08	Alfred Berg & Co. India Pvt. Ltd.,	SSI 15% Price Preference
155	448	Diethylcarbamazine Citrate Tab. I.P. -	10X10 Tabs	18.38	Carewell Steuart Pharma Pvt. Ltd.,	SSI - Direct L1
156	449	Clotrimazole Cream I.P. - 2% w/w	15 gm Tube	3.48	SGS Pharmaceutical Pvt. Ltd.	NON SSI
157	450	Chloroquine Phosphate Tab. I.P. - 250mg	10X10 Tabs	31.55	Cipco Pharmaceuticals	NON SSI
158	454	Povidone Iodine Scrub Solution - 7.5%	500 ml Bottle	69.00	Sankar Labs	SSI - Direct L1
159	455	Subgroup for Serum A	5ml Vial	63.00	Mediclone Biotech Pvt. Ltd.,	SSI - Direct L1
160	456	Black Disinfectant Fluid (Phenyl)	5 Ltrs Cans	362.31	S.M. Pharmaceuticals	NON SSI
161	458	Dicyclomine HCL Inj I.P. - 10mg/ml	2 ml Amp	0.88	Tamman Titoe Pharma (P) Ltd.	SSI - Direct L1

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
162	460	Valethamate Bromide Inj. - 8mg/ml	1 ml Amp	1.80	Sara Pharmaceuticals	SSI - Direct L1
163	462	Carboprost Tromethamine Inj. I.P.	1 ml Amp	32.76	Ciron Drugs & Pharmaceuticals (P) Ltd.,	NON SSI
164	463	Nitrazepam Tab. I.P. - 5mg	10X10 Tabs	10.29	Hiral Labs Ltd.,	NON SSI
				11.10	Cassel Research Laboratories Pvt. Ltd.,	SSI 15% Price Preference
165	464	Alprazolam Tab. I.P. - 0.5mg	10X10 Tabs	6.43	Arbro Pharmaceuticals Ltd.,	NON SSI
166	466	Multivitamin Drops	15 ml Bottle	6.93	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
167	470	VDRL Antigen (with +ve and -ve control)	100 Test Kit	101.68	Agappe Diagnostics Ltd.	NON SSI
				116.00	Mediclone Biotech Pvt. Ltd.,	SSI 15% Price Preference
168	479	Albendazole Suspension U.S.P. -	10 ml Bottle	3.28	Modern Laboratories	NON SSI
169	482	Cyclosporin Cap. U.S.P. - 50mg	50 Caps	572.00	Panacea Biotech Ltd.,	NON SSI
170	485	Vitamin-A. Cap U.S.P.	10X10 Caps	165.00	Anod Pharma Pvt Ltd Jyoti Capsules	NON SSI
171	488	Omeprazole Cap. I.P. - 20mg	10X10 Caps	26.15	Eurokem Laboratories Pvt. Ltd.,	SSI - Direct L1
172	489	Amlodipine Tab I.P. - 2.5mg	10X10 Tabs	4.13	RPG Life Sciences Ltd.,	NON SSI

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
173	490	Isoflurane U.S.P. - 100ml	100 ml Bottle	385.00	Piramal Healthcare Ltd.	NON SSI
174	492	Cetrimide Cream B.P.	25 gm Tube	4.08	Adroit Pharmaceuticals Pvt. Ltd.,	NON SSI
175	493	Zinc Cream I.P. - 32% w/w	25 gm Tube	5.34	Micron Pharmaceuticals	NON SSI
176	495	Diclofenac Sodium Inj. I.P. - 25mg/ml	3 ml Amp	1.08	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
				1.13	Tamman Titoe Pharma (P) Ltd.	SSI 15% Price Preference
177	496	Ferrous Sulphate with Folic Acid	10X10 Tabs	4.00	Pure Pharma Ltd.,	NON SSI
178	497	Ferrous Sulphate and Folic Acid Tab.	10X10 Tabs	7.97	Cipco Pharmaceuticals	NON SSI
179	498	Cyclosporin Cap. U.S.P. - 25mg	50 Caps	333.00	Panacea Biotech Ltd.,	NON SSI
180	504	Ceftriaxone Inj. I.P. - 1 gm/vial	Vial	10.03	Vivek Pharmachem (India) Ltd.,	NON SSI
181	505	Morphine Sulphate Inj. I.P. - 10mg/ml	Amp	7.45	Pharma Chemico Laboratories	NON SSI
182	506	Methotrexate Tab. I.P. - 2.5mg	10X10 Tabs	57.50	Celon Laboratories Ltd.,	NON SSI
183	509	Loperamide Tab. I.P. - 2mg	10X10 Tabs	11.50	Sipali Drugs	SSI - Direct L1
184	510	Diclofenac Gel B.P. 25 gm	Tube	3.87	Arvind Remedies Ltd.,	NON SSI

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
185	511	Atra Curium Besylate Inj. U.S.P. -	2.5 ml Amp	18.62	Vital Healthcare Pvt. Ltd.,	NON SSI
				19.91	Tamman Titoe Pharma (P) Ltd.	SSI 15% Price Preference
186	512	Bupivacaine HCL Inj. U.S.P. - 0.5%	4 ml Amp	5.61	Tamman Titoe Pharma (P) Ltd.	SSI - Direct L1
187	513	Adrenochrome Monosemicarbozone Inj. -	2 ml Amp	1.36	S.P.M.Drugs Pvt. Ltd.,	SSI - Direct L1
188	514	Iohexol Inj. U.S.P. - 350mg/ml	50 ml Vial	276.00	GE Health Care Pvt. Ltd.	NON SSI
189	515	Tetanus Toxoid (adsorbed) Inj. I.P. -	5 ml Vial	18.84	Biological E. Ltd.,	NON SSI
190	516	Clotrimazole Vaginal Tab. I.P. - 500mg	Single Tablet	1.67	Centurion Laboratories	NON SSI
191	519	Ceftriaxone Inj. I.P. - 250mg/Vial	Vial	4.24	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
192	523	Ciprofloxacin Eye Drops I.P. - 0.3% w/v	5 ml Vial	2.51	SGS Pharmaceutical Pvt. Ltd.	NON SSI
193	525	Norethistrone Tab. I.P. - 5mg	10X10 Tabs	99.00	Zee Laboratories	NON SSI
194	527	Chlorpromazine Tab. I.P. - 50mg	10X10 Tabs	26.72	Micron Pharmaceuticals	NON SSI
195	528	Fluoxetine Cap. B.P. - 20mg	10X10 Caps	24.19	Arbro Pharmaceuticals Ltd.,	NON SSI
196	529	Risperidone Tab. - 2mg	10X10 Tabs	12.57	RPG Life Sciences Ltd.,	NON SSI

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
197	531	Chloridazepoxide Tab. I.P. - 10mg	10X10 Tabs	36.63	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
198	532	Ciprofloxacin Eye Ointment U.S.P. - 0.3%	5 gm Tube	5.00	Systochem Laboratories Ltd.	NON SSI
199	562	Sodium Chloride Inj. I.P. - 500ml	500 ml FFS/BFS	7.32	Haseeb Pharmaceuticals Pvt. Ltd.,	NON SSI
200	563	Sodium Chloride and Dextrose Inj. I.P. -	500 ml FFS/BFS	11.15	D.J.Laboratories Pvt. Ltd.,	NON SSI
201	564	Electrolyte P Inj. - 500ml	500 ml FFS/BFS	11.75	D.J.Laboratories Pvt. Ltd.,	NON SSI
202	565	Cetrimide Tincture	200 ml Bottle	12.81	Tansi	SSI - Direct L1
203	566	Silver Sulphadiazine Cream U.S.P. - 1%	50 gms Tube	19.64	McLaren Biotech (P) Ltd.,	SSI - Direct L1
204	567	Compound Sodium Lactate Inj. I.P. -	500 ml FFS/BFS	7.53	Haseeb Pharmaceuticals Pvt. Ltd.,	NON SSI
205	568	Dextrose Inj. I.P. 5% - 500ml	500 ml FFS/BFS	11.15	D.J.Laboratories Pvt. Ltd.,	NON SSI
206	569	Electrolyte "M" Inj. IV-500ml	500 ml FFS/BFS	11.75	D.J.Laboratories Pvt. Ltd.,	NON SSI
207	570	Pheniramine Maleate Syrup - 15mg/5ml	25 ml Bottle	4.55	Unijules Life Sciences Ltd.	NON SSI
208	571	Liquid Paraffin I.P. - 500ml	500 ml Bottle	62.13	S.M. Pharmaceuticals	NON SSI
				68.06	Central Drugs & Pharmaceuticals	SSI 15% Price Preference

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
209	572	Dextrose Inj. I.P. 10 - 500ml	500 ml FFS/BFS	13.45	D.J.Laboratories Pvt. Ltd.,	NON SSI
210	574	Liq. Antacid - 60ml	60 ml Bottle	5.82	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
211	575	Human Anti D.Immunoglobulin (Polyclonal)	Pre-filled	1698.00	Johnson & Johnson Ltd.,	NON SSI
212	576	Benzoic Acid Ointment Compound I.P.	15 gms Tube	4.02	Adroit Pharmaceuticals Pvt. Ltd.,	NON SSI
				4.18	McLaren Biotech (P) Ltd.,	SSI 15% Price Preference
213	577	Compound Tr. Benzoin I.P. - 200ml	200 ml Bottle	39.98	Unijules Life Sciences Ltd.	NON SSI
214	578	Potassium Chloride Oral Solution U.S.P.	200 ml Bottle	12.30	Central Drugs & Pharmaceuticals	SSI - Direct L1
215	581	Magnesium Sulphate Inj. B.P. - 50% w/v	2 ml Amp	1.00	Sara Pharmaceuticals	SSI - Direct L1
216	582	Fentanyl Citrate Inj. U.S.P - 100 mcg in	2 ml Amp	10.65	Pharma Chemico Laboratories	NON SSI
217	585	Snake Venum Anti Serum I.P. (Liquid	10 ml Vial	225.00	VINS Bioproducts Ltd.,	NON SSI
218	587	Povidone Iodine Ointment U.S.P. - 5% w/w	15 gm Tube	5.29	SGS Pharmaceutical Pvt. Ltd.	NON SSI
219	588	Nitroglycerine Inj. U.S.P. - 25mg/5ml	5 ml Amp	6.20	Vital Healthcare Pvt. Ltd.,	NON SSI
220	589	Glimipride Tab. - 1mg	10X10 Tabs	12.00	Cassel Research Laboratories Pvt. Ltd.,	SSI - Direct L1

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
221	591	Acenocoumarol Tab. I.P. (Nicoumalone) -	10X10 Tabs	73.00	Healthy Life Pharma Pvt. Ltd.,	NON SSI
222	592	Amoxycillin (Dispersible) Tab. I.P. -	10X10 Tabs	33.93	RKG Pharma Pvt. Ltd.	NON SSI
				35.70	Carewell Steuart Pharma Pvt. Ltd.,	SSI 15% Price Preference
223	597	Sterile Etoposide Concentrate B.P. -	5 ml Vial	42.94	Naprod Life Sciences (P) Ltd.	NON SSI
224	598	Glycopyrrolate Inj. U.S.P. - 0.2mg/ml	1 ml Amp	1.65	S.P.M.Drugs Pvt. Ltd.,	SSI - Direct L1
225	600	Midazolam Inj. B.P. - 1mg/ml	5 ml Vial	7.87	Tamman Titoe Pharma (P) Ltd.	SSI - Direct L1
226	703	Amiodarone Inj. 50mg/ml	3 ml Amp	19.92	Kwality Pharmaceuticals (P) Ltd.	NON SSI
227	704	Atorvastatin Tab. I.P. - 10mg	10X10 Tabs	21.40	Rikenbik Pharma	SSI - Direct L1
228	706	Dextrose Inj. 25% I.P.-100ml	100 ml BFS/BFS	6.04	D.J.Laboratories Pvt. Ltd.,	NON SSI
229	708	Flucanazole Tab.- 150mg	10X10 Tabs	89.08	Micron Pharmaceuticals	NON SSI
				97.95	Rikenbik Pharma	SSI 15% Price Preference
230	711	Methyl Prednisolone Sodium Succinate for	Vial	97.29	Bharat Parenterals Ltd.,	NON SSI
231	712	Nifedipine Sustained Release Tab. I.P. -	10X10 Tabs	10.00	Healthy Life Pharma Pvt. Ltd.,	NON SSI

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
232	714	Propofol Inj. (1%) B.P. - 10mg/ml	10 ml Vial	31.40	Vital Healthcare Pvt. Ltd.,	NON SSI
233	716	Co-Trimoxazole Tab. I.P.	10X10 Tabs	23.54	Daffodills Pharmaceuticals Ltd.,	NON SSI
				26.15	Sipali Drugs	SSI 15% Price Preference
234	721	Prazosin HCL Tab. I.P. - 2mg	10X10 Tabs	145.00	Healthy Life Pharma Pvt. Ltd.,	NON SSI
235	722	Gadodiamide Inj. U.S.P. - 0.5mm/ml	10 ml Vial	802.50	GE Health Care Pvt. Ltd.	NON SSI
236	723	Aspirin Tab. I.P. - 150mg	10X10 Tabs	10.81	Embiotic Laboratories (P) Ltd.,	NON SSI
237	728	Zinc Tablets - 20mg	10X10 Tabs	10.00	Healthy Life Pharma Pvt. Ltd.,	NON SSI
238	735	Amlodipine Tab I.P. - 5mg	10X10 Tabs	6.46	RPG Life Sciences Ltd.,	NON SSI
239	737	Enalapril Maleate Tab. I.P. - 5mg	10X10 Tabs	11.56	Lark Laboratories (India) Ltd.	NON SSI
240	740	Paracetamol Drops	15 m Bottle	5.95	Biogenetic Drugs (P) Ltd.,	NON SSI
241	746	Azithromycin Tab. I.P. - 250mg	10X10 Tabs	244.95	Biogenetic Drugs (P) Ltd.,	NON SSI
242	747	Clonazepam Tab. U.S.P. - 0.5mg	10X10 Tabs	9.94	Hiral Labs Ltd.,	NON SSI
243	748	Clopidogrel Tab. - 75mg	10X10 Tabs	41.81	Bharat Parenterals Ltd.,	NON SSI

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Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
				45.71	Rikenbik Pharma	SSI 15% Price Preference
244	749	Meropenem Inj. I.P. - 500mg	Vial	93.90	Brooks Laboratories Ltd.	NON SSI
245	750	Mycophenolate Mofetil Tab. - 500mg	10X10 Tabs	955.55	Vivimed Labs Ltd.,	NON SSI
246	751	Ondansetron Inj. U.S.P. - 2mg/ml	2 ml Vial	1.03	Admac Formulations	NON SSI
247	752	Ondansetron Tab. - 4mg	10X10 Tabs	15.80	Daffodills Pharmaceuticals Ltd	NON SSI
248	753	Ondansetron Inj. U.S.P. - 8mg/4ml	4 ml Vial	1.23	Admac Formulations	NON SSI
249	754	Aceclofenac Tab. I.P. - 100mg	10X10 Tabs	19.70	Rikenbik Pharma	SSI - Direct L1
250	755	Amikacin Sulphate Inj. I.P. - 500mg	Vials	5.99	Nandani Medical Laboratories Pvt. Ltd.,	NON SSI
				6.53	S.P.M.Drugs Pvt. Ltd.,	SSI 15% Price Preference
251	756	Losartan Potassium Tab. I.P. - 50mg	10X10 Tabs	24.42	Biodeal Laboratories (P) Ltd.,	NON SSI
252	757	Tacrolimus Cap. - 1mg	10X10 Caps	458.02	Vivimed Labs Ltd.,	NON SSI
253	759	Cephalexin DT Tab. - 125mg	10X10 Tabs	59.00	Medipol Pharmaceuticals India Pvt. Ltd.,	NON SSI
254	760	Pantoprazole Sodium Tab. - 40mg	10X10 Tabs	45.63	Ind-Swift Limited	NON SSI

## ANNEXURES

Sl. No.	Drug Code	Name of the Drug	Unit	L1 Rate Excluding Sales Tax (₹)	Name of the Tenderer	Status
255	761	Bromhexine Tab I.P. - 8mg	10X10 Tabs	55.40	Daffodills Pharmaceuticals Ltd	NON SSI
256	762	Dextrose Inj. IP - 500ml	Bag / Pouch	41.75	Baxter (India) Pvt. Ltd.,	NON SSI
257	763	Sodium Chloride and Dextrose Inj. IP -	Bag / Pouch	41.75	Baxter (India) Pvt. Ltd.,	NON SSI
258	764	Compound Sodium Lactate IP - 500ml	Bag / Pouch	41.75	Baxter (India) Pvt. Ltd.,	NON SSI
259	765	Sodium Chloride Inj. IP - 500ml	Bag / Pouch	41.75	Baxter (India) Pvt. Ltd.,	NON SSI
260	766	Powder Neomycin Bacitracin with	10mg Plastic	8.00	Micron Pharmaceuticals	NON SSI
261	777	Aluminium Hydroxide Tab. (NFI Formula)	10X10 Tabs	12.68	Carewell Steuart Pharma Pvt. Ltd.,	SSI - Direct L1

## ANNEXURES

### Annexure 5: Circulars and Office Orders



राजस्थान सरकार

चिकित्सा एवं स्वास्थ्य विभाग,

स्वास्थ्य भवन, तिलक मार्ग, सी स्कीम, जयपुर

No. RMSC/मु.पत्र/2011/211

Date 26-08-2011

#### राज्यादेश

माननीय मुख्यमंत्री महोदय द्वारा वर्ष 2011-12 की बजट घोषणा के अनुसार राज्य के सभी राजकीय चिकित्सालयों में आने वाले सभी मरीजों को सर्वाधिक उपयोग में आने वाली आवश्यक दवाइयों 2 अक्टूबर, 2011 से निशुल्क उपलब्ध करवाई जावेगी। बजट घोषणा की पालना हेतु सभी राजकीय चिकित्सा संस्थानों के लिए जैनेरिक औषधियाँ, सर्जिकल एवं डाइग्नोस्टिक उपकरणों की खरीद हेतु केन्द्रीयकृत व्यवस्था लागू करने हेतु राजस्थान मेडिकल सर्विसेज कॉरपोरेशन का गठन किया गया है। जिसके द्वारा मेडिकल कॉलेज से सम्बन्ध चिकित्सालयों, जिला चिकित्सालयों, सेटेलाइट चिकित्सालयों, उप खण्ड चिकित्सालयों, सामुदायिक स्वास्थ्य केन्द्रों, प्राथमिक स्वास्थ्य केन्द्रों, शहरी प्राथमिक स्वास्थ्य केन्द्र, डिस्पेन्सरीज, मातृ एवं शिशु कल्याण केन्द्र, एडपोस्ट एवं उप स्वास्थ्य केन्द्रों पर आउटडोर एवं भर्ती रोगियों को सर्वाधिक उपयोग में आने वाली आवश्यक औषधियाँ इत्यादि दिनांक 02 अक्टूबर 2011 से निःशुल्क उपलब्ध करवाई जावेगी। इस योजना के क्रियान्वयन के लिये निम्नांकित निर्देश प्रदान किये जाते हैं।

#### 1. जिला औषधि भण्डार (District Drug Warehouse) :-

1. राजस्थान मेडिकल सर्विसेज कॉरपोरेशन द्वारा जैनेरिक औषधियाँ, सर्जिकल एवं सुचर्स की खरीद हेतु सीधे ही दवा निर्माताओं को क्रयादेश जारी किए जावेंगे। दवा निर्माताओं द्वारा सीधे ही जिला औषधि भण्डार को दवाईयों इत्यादि की आपूर्ति की जायेगी। जहां से चिकित्सा संस्थानों को दवा वितरण हेतु जारी की जावेगी।
2. जिला औषधि भण्डार यथासंभव मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी कार्यालय परिसर में स्थापित किये जायें। जहां औषधि इत्यादि का समुचित भण्डारण किया जाये।
3. जिला औषधि भण्डार सोमवार से शनिवार तक प्रातः 10.00 से सायः 5.00 बजे तक कार्यरत रहेगे।
4. जिला औषधि भण्डार का सम्पूर्ण प्रबन्धन (भण्डारों को सुसज्जित करवाना, औषधि प्राप्त करना एवं उनका पूर्ण रखरखाव, आवश्यकतानुसार दवा वितरण केन्द्रों को औषधि उपलब्ध करवाना आदि) जिला परियोजना समन्वयक आर.एच.एस.डी.पी. द्वारा किया जावेगा। तथा इन कार्यों के सम्पादन में निम्न कार्मिक सहयोग करेंगे।

- वरिष्ठ फार्मासिस्ट - 1
- फार्मासिस्ट - 1
- डेटा एन्ट्री ऑपरेटर - 1
- हैल्पर/सफाई कर्मचारी - 2

(जिला औषधि भण्डार की कार्यप्रणाली के सम्बन्ध में विस्तृत दिशा निर्देश संलग्न किये गए हैं।)

#### 2. कम्प्यूटराइजेशन (Computerization) :-

दवाओं के स्टॉक के प्रबन्धन (Inventory Management) हेतु जिला औषधि भण्डार को कम्प्यूटरीकृत कर विशेष ऑनलाइन मॉनीटरिंग प्रणाली स्थापित की जानी है, जिसमें सभी चिकित्सा संस्थानों की सूची के साथ-साथ दी जाने वाली दवाईयों की सूची भी उपलब्ध रहेगी। इस ऑन लाइन सॉफ्टवेयर के माध्यम से टेण्डरिंग करने, इनडेंट भेजने, चिकित्सा संस्थानों पर दवाईयों के उपभोग की स्थिति जानने, क्रय आदेश जारी करने, Expiry date पता लगाने, दवाईयों की गुणवत्ता सुनिश्चित करने एवं अवमानक घोषित औषधियों के बारे में सूचना प्रेषित करने आदि में मदद मिलेगी तथा औषधियों का समुचित उपयोग सुनिश्चित हो सकेगा। अस्पतालों को दी जाने वाली दवाईयों का विवरण भी इस सॉफ्टवेयर में दर्ज होगा जिससे आवश्यकतानुसार रिपोर्ट प्राप्त करने में सुविधा होगी।

## ANNEXURES



### 3. गुणवत्ता परीक्षण (Quality Test) :-

जिला औषधि भण्डार में दवाईयां इत्यादि प्राप्त होने पर जांच के पश्चात रेन्डम सेम्पल लिये जाकर गुणवत्ता परीक्षण के लिये प्रयोगशाला जांच हेतु आरएमएससी मुख्यालय भेजे जायेंगे। जहां से सेम्पल जांच हेतु सूचीबद्ध प्रयोगशाला को भेजे जायेंगे। गुणवत्ता परीक्षण में निर्धारित मानकों के अनुसार नहीं पाये जाने पर किसी अन्य दूसरी प्रयोगशाला में सेम्पल जांच हेतु भेजा जायेगा। वहां पर भी जांच में निर्धारित मानकों के अनुसार नहीं पाये जाने पर सम्पूर्ण बैच अलग कर दिया जायेगा तथा आपूर्तिकर्ता द्वारा चिकित्सा संस्थान से हटा दिया जायेगा। प्रयोगशाला में गुणवत्ता परीक्षण में निर्धारित मानक के अनुसार पाये जाने पर दवाईयां वितरण हेतु जारी कर दी जायेगी।

### 4. दवा वितरण केन्द्र (Drug Distribution Center):-

- राजकीय चिकित्सालयों में आने वाले सभी मरीजों को प्रदान की जाने वाली सर्वाधिक उपयोग में आने वाली आवश्यक दवाईयों के वितरण के लिये चिकित्सालय में आने वाले आउटडोर एवं इनडोर मरीजों की संख्या के आधार पर दवा वितरण केन्द्र स्थापित किये जावे। निःशुल्क दवा वितरण केन्द्र आउटडोर रोगियों हेतु ओपीडी समय के अनुसार तथा इनडोर रोगियों हेतु 24x7 दिवस कार्यरत रहेंगे।
- दवा वितरण केन्द्र चिकित्सा संस्थान के आउटडोर (OPD) के पास स्थापित किये जावे। जिस पर निःशुल्क दवा वितरण केन्द्र लिखा हो। दवा वितरण केन्द्र पर वितरित की जाने वाली दवाईयों के सम्बन्ध में आवश्यक जानकारी प्रदर्शित करने वाला एक बोर्ड लगाया जावेगा। दवा वितरण केन्द्र हेतु वर्तमान में चिकित्सा संस्थान में कार्यरत अस्पताल के दवा वितरण कक्ष, सहकारिता विभाग के उपभोक्ता भण्डार व जन औषधि केन्द्र, बी0पी0एल0 दवा वितरण केन्द्र एवं अस्पताल औषधि कक्ष इत्यादि का उपयोग किया जा सकता है।  
(दवा वितरण केन्द्र की कार्यप्रणाली के सम्बन्ध में विस्तृत दिशा निर्देश संलग्न किये गये हैं।)

### 5. दवा पर्ची (Prescription) के सम्बन्ध में निर्देश

दवा पर्ची दो प्रति में लिखी जावेगी एवं यथा सम्भव जैनेरिक नाम से ही लिखी जाएगी। इस सन्दर्भ में मुख्य सचिव महोदय, द्वारा जारी आदेश संलग्न है।

### 6. उपचार की अवधि (Duration of Treatment)

सामान्यतया रोगी को तीन दिन की निःशुल्क दवा उपलब्ध कराई जावे। अतिआवश्यक होने पर या विशेष परिस्थितियों में कारण इंगित करते हुए 7 दिन तक की दवा दी जा सकती है। लम्बी बीमारी (Chronic illnesses) यथा ब्लड प्रेशर/डायबिटीज/हृदयरोग/मिर्गी/एनिमिया/ओस्टियोअर्थराइटिस आदि के रोगियों व पेशेन्स को एक माह तक की अवधि की दवाईयां उपलब्ध कराई जा सकेंगी।

### 7. स्थानीय क्रय (Local Purchase)

आकस्मिक परिस्थितियों जैसे महामारी, संक्रामक बीमारियों एवं आपदा आदि की स्थिति या सामान्यतः उपयोग में आने वाली आवश्यक दवा की उपलब्धता न होने की दशा में सम्बन्धित संस्थान प्रभारी उनको आवंटित वार्षिक दवा बजट के 10 प्रतिशत तक की राशि की औषधियाँ क्रय कर सकेंगे। पर यह दवाईयां भी जेनेरिक नाम से प्रतिस्पर्धात्मक दरों पर क्रय की जा सकेंगी।

### 8. दवा वितरण का दायित्व

आर.एम.एस.सी. का दायित्व चिकित्सालयों की मांग अनुसार चिन्हित की गई आवश्यक दवाएं व सर्जिकल आईटम क्रय कर अपने औषधि भण्डारों के माध्यम से सम्बन्धित चिकित्सा संस्थानों को उपलब्ध कराना है।

रोगियों को दवा वितरण की व्यवस्था का कार्य चिकित्सा संस्थानों द्वारा किया जाना है। चिकित्सा संस्थान प्रभारी का यह दायित्व होया कि वे दवाओं की प्राप्ति, समुचित भण्डारण, दवा वितरण केन्द्रों को तैयार करना, स्टॉफ आदि की व्यवस्था व प्रशिक्षण एवं सुचारु रूप से OPD व भर्ती रोगियों को दवा वितरण की व्यवस्था करें।

## ANNEXURES



### 9. मॉनीटरिंग व्यवस्था (Monitoring) :-


योजना के सफल क्रियान्वयन हेतु जिला कलेक्टर की अध्यक्षता में गठित मॉनीटरिंग कमेटी द्वारा समीक्षा की जावेगी। इस सम्बन्ध में आदेश संलग्न है।

### 10. अभिलेख संधारण (Record Keeping)

संबन्धित चिकित्सा संस्थान यथा मेडिकल कॉलेजों से सम्बद्ध अस्पताल, जिला अस्पताल, सी.एच.सी., पी.एच.सी. इत्यादि पर स्टोर में एवं अन्य दवा प्राप्ति/निर्गम बिन्दुओं पर स्टॉक रजिस्टर, दवा उपभोग रजिस्टर इत्यादि का समुचित रूप से संधारण किया जावेगा। उक्त अभिलेखों पर स्पष्ट रूप से "मुख्यमंत्री निःशुल्क दवा योजना" का उल्लेख होना वांछित है। उक्त समस्त अभिलेखों, स्टॉक रजिस्टर इत्यादि को समय-समय पर चेकिंग हेतु आंतरिक अंकेक्षण दल/महालेखाकार के अंकेक्षण दल एवं चार्टर अकाउन्टेन्ट फर्म (बाहरी एजेन्सी) को अंकेक्षण हेतु प्रस्तुत करना होगा। अभिलेखों के उचित संधारण के अभाव में संबन्धित स्टोरकीपर/प्रभारी स्टोर अधिकारी/संस्थान प्रमुख को सीधे रूप से उत्तरदायी माना जाकर उनके विरुद्ध सीधे ही अनुशासनात्मक कार्यवाही की जावेगी दवा का उचित रूप से भण्डारण व वितरण नहीं होने पर या अवधिपार (Expiry) होने पर मूल्य की वसूली भी की जा सकती है।


चिकित्सा संस्थान प्रभारी अपने अस्पताल की दवाईयों आदि की मांग समय पर जिला औषधि भण्डार को देंगे ताकि दवाओं इत्यादि की आपूर्ति निरन्तर बनी रहे। उनका यह दायित्व भी होगा कि कोई भी रोगी जानकारी के अभाव में निःशुल्क दवा वितरण सेवा से वंचित न रहे।

अतः समस्त सम्बन्धित अधिकारियों से अपेक्षा की जाती है कि वो राज्य सरकार की इस योजना के सफल क्रियान्वयन हेतु प्रयास करें तथा उक्त निर्देशों की सख्ती से पालना सुनिश्चित करें। उक्त निर्देशों की पालना में किसी प्रकार की शिथिलता एवं निःशुल्क औषधि वितरण आदि के सम्बन्ध में कोई लापरवाही पाई जाती है तो सम्बन्धित जिले के मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी तथा सम्बन्धित चिकित्सा संस्थान के प्रभारी अधिकारी की व्यक्तिगत जिम्मेदारी मानी जायेगी तथा उसके विरुद्ध नियमानुसार विभागीय कार्यवाही की जायेगी।

  
प्रमुख शासन सचिव  
चिकित्सा एवं स्वास्थ्य विभाग

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है

1. निजी सचिव, प्रमुख सचिव, माननीय मुख्यमंत्री महोदय।
2. निजी सचिव, माननीय मंत्री महोदय चिकित्सा एवं स्वास्थ्य विभाग।
3. निजी सचिव, माननीय राज्यमंत्री महोदय, चिकित्सा एवं स्वास्थ्य विभाग।
4. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा शिक्षा विभाग।
5. मिशन निदेशक, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन।
6. समस्त संभागीय आयुक्त/जिला कलेक्टर।
7. समस्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान जयपुर।
8. समस्त प्रधानाचार्य एवं निःशुल्क/अधीक्षक, मेडिकल कालेज एवं अस्पताल, राजस्थान।
9. समस्त संयुक्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान।
10. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
11. समस्त प्रमुख चिकित्सा अधिकारी, राजस्थान।
12. समस्त प्रभारी अधिकारी, सामुदायिक स्वास्थ्य केन्द्र/प्राथमिक स्वास्थ्य केन्द्र, राजस्थान।
13. रक्षित पत्रावली।

  
विशिष्ट शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग एवं  
प्रबन्ध निदेशक, आर.एम.एस.सी.

## ANNEXURES

राजस्थान सरकार  
चिकित्सा एवं स्वास्थ्य विभाग,  
स्वास्थ्य भवन, तिलक मार्ग, सी स्कीम, जयपुर

No. RMSC/मुपपत्रा/2011/218

Date :- 29/8/11

### संशोधित आदेश


माननीय मुख्यमंत्री महोदय द्वारा वर्ष 2011-12 की बजट घोषणा के अनुसार राज्य के सभी राजकीय चिकित्सालयों में आने वाले सभी मरीजों को सर्वाधिक उपयोग में आने वाली आवश्यक दवाइयों 2 अक्टूबर, 2011 से निशुल्क उपलब्ध करवाई जावेगी। इस योजना के प्रभावी क्रियान्वयन की मॉनिटरिंग हेतु इस कार्यालय के आदेश क्रमांक RMSC/मु.पत्रा./2011/212 दिनांक 26.08.11 के द्वारा आदेश प्रदान किये गये थे, जिनमें कुछ संशोधन किये जाकर निम्न आदेश प्रदान किये जाते हैं।

योजना के सफल क्रियान्वयन हेतु जिला कलेक्टर की अध्यक्षता में जिला स्तर पर निम्नानुसार मॉनिटरिंग कमेटी का गठन किया गया है :-

- जिला कलेक्टर (अध्यक्ष)
- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
- प्रमुख चिकित्सा अधिकारी
- एक्स ई.एन./ए.ई.एन., एन.आर.एच.एम./आर.एच.एस.डी.पी.
- हॉस्पिटल मैनेजर (पी.एम.ओ. प्रतिनिधि)
- सहायक रजिस्ट्रार, कार्पोरेटिव
- औषधि नियंत्रक अधिकारी
- जिला परियोजना समन्वयक, आर.एच.एस.डी.पी. (सदस्य सचिव)

जो समय-समय पर बैठक कर जिला औषधि भण्डार एवं दवा वितरण केन्द्रों के कार्यों की प्रगति एवं उनके क्रियान्वयन के सम्बन्ध में रिपोर्ट प्रस्तुत करेगी।

योजना की क्रियान्वति की प्रगति की मासिक समीक्षा मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी व चिकित्सा संस्थान प्रभारी द्वारा भी की जावेगी तथा प्रगति रिपोर्ट जिला स्वास्थ्य समिति में जिला कलेक्टर को समीक्षा हेतु प्रस्तुत की जावेगी साथ प्रबन्ध निदेशक आर.एम.एस.सी. को नियमित रूप से भिजवाया जाना सुनिश्चित किया जाएगा।

  
प्रमुख शासन सचिव  
चिकित्सा एवं स्वास्थ्य विभाग

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है

1. निजी सचिव, प्रमुख सचिव, माननीय मुख्यमंत्री महोदय।
2. निजी सचिव, माननीय मंत्री महोदय चिकित्सा एवं स्वास्थ्य विभाग।
3. निजी सचिव, माननीय राज्यमंत्री महोदय, चिकित्सा एवं स्वास्थ्य विभाग।
4. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा शिक्षा विभाग।
5. मिशन निदेशक, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन।
6. समस्त संभागीय आयुक्त/जिला कलेक्टर।
7. समस्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान जयपुर।
8. समस्त प्रधानाचार्य एवं नियंत्रक/अधीक्षक, मेडिकल कालेज एवं अस्पताल, राजस्थान।
9. समस्त संयुक्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान।
10. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
11. समस्त प्रमुख चिकित्सा अधिकारी....., राजस्थान।
12. समस्त प्रभारी अधिकारी, सामुदायिक स्वास्थ्य केन्द्र/प्राथमिक स्वास्थ्य केन्द्र, राजस्थान।
13. रक्षित पत्रावली।

विशिष्ट शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग एवं  
प्रबन्ध निदेशक, आर.एम.एस.सी.

## ANNEXURES

राजस्थान सरकार  
चिकित्सा एवं स्वास्थ्य विभाग,  
स्वास्थ्य भवन, तिलक मार्ग, सी स्कीम, जयपुर  
No. RHSC/सु.पत्रा/2011/248 Date 3-09-2011

### आदेश

माननीय मुख्यमंत्री महोदय द्वारा वर्ष 2011-12 की बजट घोषणा के अनुसार राज्य के सभी राजकीय चिकित्सालयों में आने वाले सभी मरीजों को सर्वाधिक उपयोग में आने वाली आवश्यक दवाइयों 2 अक्टूबर, 2011 से निशुल्क उपलब्ध करवाई जावेगी। इस योजना के प्रभावी क्रियान्वयन की मॉनिटरिंग हेतु निम्न आदेश प्रदान किये जाते हैं।

योजना के सफल क्रियान्वयन हेतु मेडिकल कॉलेज अस्पताल एवं उनसे सम्बन्धित चिकित्सालयों हेतु सम्भागीय आयुक्त की अध्यक्षता में निम्नानुसार मॉनीटरिंग कमेटी का गठन किया गया है :-

- सम्भागीय आयुक्त (अध्यक्ष)
- जिला कलेक्टर (उपाध्यक्ष)
- प्रिन्सीपल व कन्ट्रोलर मेडिकल कॉलेज
- अस्पताल अधीक्षक सम्बन्धित अस्पताल
- उपअधीक्षक सम्बन्धित अस्पताल
- एक्स ई.एन., एन.आर.एच.एम./आर.एच.एस.डी.पी.
- उप/सहायक रजिस्टार, कोपरेटिव
- जी.एम. भण्डार
- सहायक औषधि नियन्त्रक/औषधि नियन्त्रक अधिकारी
- जिला परियोजना समन्वयक, आर.एम.एस.डी.पी. (सदस्य सचिव)

जो समय-समय पर बैठक कर मेडिकल कॉलेज चिकित्सालयों एवं सम्बन्धित चिकित्सालयों में औषधि भण्डार एवं दवा वितरण केन्द्रों के कार्यों की प्रगति एवं उनके क्रियान्वयन के सम्बन्ध में रिपोर्ट प्रस्तुत करेगी।

योजना की क्रियान्वति की प्रगति की मासिक समीक्षा प्रिन्सीपल मेडिकल कॉलेज व अधीक्षक सम्बन्धित चिकित्सालय द्वारा भी की जावेगी तथा प्रगति रिपोर्ट सम्भागीय आयुक्त को समीक्षा हेतु प्रस्तुत की जावेगी साथ प्रबन्ध निदेशक आर.एम.एस.सी. को नियमित रूप से भिजवाया जाना सुनिश्चित किया जाएगा।

प्रमुख शासन सचिव  
चिकित्सा शिक्षा विभाग

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है

1. निजी सचिव, प्रमुख सचिव, माननीय मुख्यमंत्री महोदय।
2. निजी सचिव, माननीय मंत्री महोदय चिकित्सा एवं स्वास्थ्य विभाग।
3. निजी सचिव, माननीय राज्यमंत्री महोदय, चिकित्सा एवं स्वास्थ्य विभाग।
4. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा शिक्षा विभाग।
5. मिशन निदेशक, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन।
6. समस्त संभागीय आयुक्त/जिला कलेक्टर।
7. समस्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान जयपुर।
8. समस्त प्रधानाचार्य एवं नियंत्रक/अधीक्षक, मेडिकल कॉलेज एवं अस्पताल, राजस्थान।
9. रक्षित पत्रावली।

विशिष्ट शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग एवं  
प्रबन्ध निदेशक, आर.एम.एस.सी.

## ANNEXURES



राजस्थान सरकार  
चिकित्सा एवं स्वास्थ्य विभाग,  
स्वास्थ्य भवन, तिलक मार्ग, सी स्कीम, जयपुर

No. RMSC/स्व.पंज/2011/213

Date 26-08-2011

### आदेश

माननीय मुख्यमंत्री महोदय द्वारा वर्ष 2011-12 की बजट घोषणा के अनुसार राज्य के सभी राजकीय चिकित्सालयों में आने वाले सभी मरीजों को सर्वाधिक उपयोग में आने वाली आवश्यक दवाइयों 2 अक्टूबर, 2011 से निशुल्क उपलब्ध करवाई जायेगी। इस योजना के प्रारम्भ होने पर राज्य के सभी चिकित्सकों को दवा लिखने सम्बन्धी निम्न निर्देश प्रदान किये जाते हैं।

#### I जैनेरिक नाम से दवा लिखना (Prescription by Generic Name): -

राज्य सरकार के निर्देशानुसार चिकित्सकों द्वारा यथासम्भव प्रेस्क्रिप्शन (Salt/ Pharmacopoeial/Generic) नाम से लिखा जाना है एवं आवश्यक दवाओं Essential drug का उपयोग मानक उपचार निर्देशों (Standard treatment guideline) के अनुसार किया जाना है। प्रत्येक पर्ची पर निदान (Provisional/Final Diagnosis) व चिकित्सक के हस्ताक्षर आवश्यक रूप से होने चाहिये।

#### II दो प्रति में दवा पर्ची (Double prescription slip)

चिकित्सकों द्वारा दवा दो पर्चीयों (कार्बन कोपी) पर लिखी जावेगी जिसकी एक प्रति मरीज के पास रहेगी तथा इसकी दूसरी प्रति निशुल्क दवा वितरण केन्द्र पर दी जाकर दवा प्राप्त की जा सकेगी।

#### III उचित परामर्श (Counselling)

प्रभारी चिकित्सक, चिकित्सकों, नर्सिंग स्टाफ व दवा वितरण केन्द्र के स्टाफ व सहकारिता विभाग के फार्मासिस्ट का यह दायित्व होगा कि वह राज्य सरकार की मंशा के अनुरूप रोगियों के उपचार में आवश्यक सहयोग करें व मरीजों को उचित सलाह (Counselling) प्रदान करें। संशय की स्थिति में वह जैनेरिक दवा के बारे में समुचित जानकारी दें व इस बारे में मरीजों की शंकाओं का निराकरण करने का प्रयास करें।

#### IV प्रेस्क्रिप्शन ऑडिट (Prescription audit)

राज्य सरकार के निर्देशानुसार चिकित्सा अधिकारी प्रभारी/यूनिट हेड समय समय पर 10 प्रतिशत आउटडोर व इन्डोर पर्चीयों की जांच कर राज्यादेश की पालना सुनिश्चित करावें

#### V उपचार की अवधि (Duration)

सामान्यतया रोगी को तीन दिन की निशुल्क दवा उपलब्ध कराई जावे। अतिआवश्यक होने पर या विशेष परिस्थितियों में कारण इंगित करते हुए 7 दिन तक की दवा दी जा सकती है। लम्बी बीमारी (Chronic illnesses) यथा ब्लड प्रेशर/डायबिटीज/ हृदयरोग/मिर्गी /एनिमिया/ओस्टियोअर्थराइटिस आदि के रोगियों व पेशेन्स को एक माह तक की अवधि की दवाईयां उपलब्ध कराई जा सकेगी।


## ANNEXURES



### VI लाईफ लाईन ड्रग स्टोर का सुदृढीकरण


आर.एम.एस.सी. द्वारा उपलब्ध कराई गई निःशुल्क दवाईयों के अतिरिक्त अन्य दवाईयों को लाईफ लाईन ड्रग स्टोर के माध्यम से उपलब्ध कराया जाना है। आर.एम.आर.एस. नियमों के अनुसार प्रतिस्पर्धात्मक दरों पर गुणवत्तापूर्ण औषधियों का कय तीन चिकित्सकों की समिति द्वारा किया जाकर विक्रय हेतु उपलब्ध कराया जाना है जिससे रागियों को उचित मूल्य पर दवा मिल सके।

उक्त आदेशों की पालना सुनिश्चित करावें अन्यथा विभाग द्वारा अनुशासनात्मक कार्यवाही की जाएगी।

  
मुख्य सचिव  
राजस्थान सरकार

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है

1. निजी सचिव, प्रमुख सचिव, माननीय मुख्यमंत्री महोदय।
2. निजी सचिव, माननीय मंत्री महोदय चिकित्सा एवं स्वास्थ्य विभाग।
3. निजी सचिव, माननीय राज्यमंत्री महोदय, चिकित्सा एवं स्वास्थ्य विभाग।
4. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा शिक्षा विभाग।
5. मिशन निदेशक, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन।
6. समस्त संभागीय आयुक्त/जिला कलेक्टर।
7. समस्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान जयपुर।
8. समस्त प्रधानाचार्य एवं नियंत्रक/अधीक्षक, मेडिकल कालेज एवं अस्पताल, राजस्थान।
9. समस्त संयुक्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान।
10. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
11. समस्त प्रमुख चिकित्सा अधिकारी....., राजस्थान।
12. समस्त प्रभारी अधिकारी, सामुदायिक स्वास्थ्य केन्द्र/प्राथमिक स्वास्थ्य केन्द्र, राजस्थान।
13. रक्षित पत्रावली।

  
प्रमुख शासन सचिव  
चिकित्सा एवं स्वास्थ्य विभाग

## ANNEXURES

### राजस्थान सरकार चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान, जयपुर

क्रमांक: प. ( )/एन.आर.एच.एम./सिविल/2010-11/698

दिनांक :- 22.08.11

### कार्यालय आदेश

विषय:- “मुख्यमंत्री निःशुल्क दवा योजना” की 02 अक्टूबर 2011 से क्रियान्विति हेतु जिला औषधि भण्डार गृहों, चिकित्सा संस्थानों के सामान्य भण्डारों का सुदृढीकरण एवं औषधि वितरण केन्द्रों का सुदृढीकरण / अतिरिक्त काउन्टर स्थापन/नवस्थापन करवाने के सम्बन्ध में।

उपरोक्त विषयान्तर्गत आज दिनांक 22.08.11 को मीटिंग में दिये गये निर्देशों के क्रम में निम्न बिन्दुओं की पालना समयावधि में सुनिश्चित की जावे:-

1. जिला औषधि भण्डार गृहों की आवश्यकतानुसार छत की मरम्मत, वाटर प्रूफिंग, रंग सफेदी, ए.सी एवं कम्प्यूटर की फिटिंग, फाइबर शीट, एकजास्टर पंखे, परिसर की जंगल सफाई आदि कार्य किये जाकर भवन को नवीन स्वरूप में लाया जाना अपेक्षित है।

इस कार्य के लिये आवश्यक बजट वित्त विभाग द्वारा उपलब्ध कराया जा रहा है।

2. इसी तरह चिकित्सा संस्थानों पर स्थित सामान्य औषधि भण्डार कक्ष (General Store Room) के रिपेयर कार्य किये जाने हैं।

उपरोक्त कार्यों हेतु आवश्यक बजट वित्त विभाग द्वारा उपलब्ध कराया जा रहा है।

3. चिकित्सा संस्थानों पर स्थित बी.पी.एल. दवा वितरण केन्द्रों पर अतिरिक्त काउन्टर/खिडकी ड्राइंग के अनुसार स्थापित करने हेतु एवं सैटेलाइट / उप जिला अस्पतालों में नये वितरण केन्द्र स्थापित करने हेतु माइनर सिविल वर्क / मैन्टीनेन्स कार्य कराये जाने हैं।

4. उपरोक्त सभी कार्यों को निश्चित समयावधि में निदेशक (जन स्वास्थ्य) के पत्र क्रमांक 179 दिनांक 20.08.2011 के अनुसार पूर्ण कराने की आवश्यकता को देखते हुये निविदा प्रक्रिया हेतु अल्पावधि निविदा आमंत्रित करने की स्वीकृति दी जाती है।

## ANNEXURES

5. सहकारिता विभाग के माध्यम से नये औषधि वितरण केन्द्रों के सिविल निर्माण कार्यों को कराया जा रहा है। चिकित्सा एवं स्वास्थ्य विभाग के समस्त अधिशाषी एवं सहायक अभियन्ताओं को निर्देशित किया जाता है कि वे सहकारिता विभाग द्वारा कराये जा रहे निर्माण कार्यों की पूर्ण देख-रेख करेंगे एवं सुनिश्चित करेंगे कि कार्य निर्धारित गुणवत्ता के साथ समयावधि में पूर्ण हो जावे।

सभी प्रभारी अधिशाषी एवं सहायक अभियन्ताओं को निर्देशित किया जाता है कि उक्त योजना के क्रियान्वयन में अपना पूर्ण ध्यान केन्द्रित कर सम्बन्धित मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी / प्रमुख चिकित्सा अधिकारी के लगातार सम्पर्क में रहेंगे एवं सभी कार्यों को आगामी दस दिनों में पूर्ण करवाया जाना सुनिश्चित करेंगे। सभी प्रभारी अधिशाषी अभियन्ता एवं सहायक अभियन्ता अधोहस्ताक्षरकर्ता की अनुमति के बिना मुख्यालय नहीं छोड़ेंगे। उपरोक्त कार्यों में किसी प्रकार की कोताही नहीं बरती जावेगी एवं अक्षम्य होगी।

मुख्य अभियन्ता (चिकित्सा एवं स्वास्थ्य) उपरोक्त कार्यों की दैनिक समीक्षा करेंगे एवं दैनिक प्रगति रिपोर्ट अधोहस्ताक्षरकर्ता को प्रस्तुत करेंगे।



प्रमुख शासन सचिव  
चिकित्सा एवं स्वास्थ्य विभाग  
जयपुर

क्रमांक: प. ( )/एन.आर.एच.एम./सिविल/2010-11/८७४

दिनांक :- २२.०८.११


प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु :-

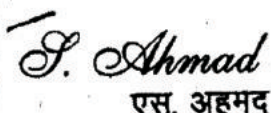
1. प्रबन्ध निदेशक, आर.एम.एस.सी., जयपुर, राजस्थान।
2. निदेशक (जन स्वास्थ्य) चिकित्सा एवं स्वास्थ्य सेवायें, जयपुर, राजस्थान।
3. मुख्य अभियन्ता, चिकित्सा एवं स्वास्थ्य विभाग, जयपुर
4. अधिशाषी अभियन्ता (समस्त) चिकित्सा एवं स्वास्थ्य विभाग.....




प्रमुख शासन सचिव  
चिकित्सा एवं स्वास्थ्य विभाग  
जयपुर

## ANNEXURES



  
एस. अहमद

  
सत्यमेव जयते

**Chief Secretary**  
मुख्य सचिव  
GOVERNMENT OF RAJASTHAN  
राजस्थान सरकार  
Government Secretariat, Jaipur-302005

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D.O.No.  
Dated: August 16, 2011

*Dear Mahesh*



The Rajasthan Medical Services Corporation has been established as an autonomous agency to procure and supply medicines, hospital requirements and items related to health care delivery in the State. This is in compliance of the particular budget announcement for the year 2011-12, to provide commonly used essential medicines free to all patients visiting health care institutions with effect from October 2<sup>nd</sup>, 2011.

The Corporation will procure only generic medicines and only by their generic names, It is being stressed that medicines prescribed to patients attending Government hospitals across the State should be by generic name only and not by brand/trade names. However, we observe that efforts made in this context have yielded barely any results. There is a universal complaint that medicines that are costlier are prescribed by brand name and many a time are not available with ConFed/Lifeline medical shops. This is indeed a matter of concern as it causes not only inconvenience to the patients but also substantially increases the out of pocket expenditure on medicines.

The poor compliance of circulars issued from time to time on the subject has been viewed seriously by the Department. May I again reiterate that all prescriptions in future should, in provisional/final diagnosis, be in 'Generic/Pharmacopeia' name and preferably out of EML, in the spirit of the announcement.

Could you direct all the P&Cs of the Medical Colleges and Superintendents of attached hospitals for effective implementation of the above and to monitor it through surprise prescription audits. Non-compliance must be addressed, immediately and defaulters dealt with

## ANNEXURES

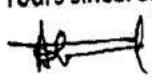


Cont. Sheet.....

firmly. In cases where medicines are to be prescribed outside EML, proper justification is to be made out on record by the prescribing doctor.


The subject is to be accorded top priority and implemented effectively.

*with regard to*

Yours sincerely,  
  
(S. Ahmad)

Shri Mukesh Sharma  
Principal Secretary,  
Medical Education,  
Govt. of Rajasthan.

## ANNEXURES



**मुख्यमंत्री निःशुल्क दवा योजना**

राजस्थान सरकार  
**निदेशालय चिकित्सा एवं स्वास्थ्य सेवाएं**

क्रमांक : निस/निदेशक(जन स्वा.)/11/171 जयपुर, दिनांक : 14 अगस्त, 2011

**“मुख्यमंत्री निःशुल्क दवा योजना”**

श्रीमान प्रमुख शासन सचिव,  
सहकारिता विभाग,  
राजस्थान सरकार,  
जयपुर।  
महोदय,

राज्य सरकार द्वारा लिये गये उच्च स्तरीय निर्णय अनुसार “मुख्यमंत्री निःशुल्क दवा-वितरण योजना” दिनांक 02 अक्टूबर, 2011 से सभी राजकीय चिकित्सा संस्थानों में संचालित की जानी है। इस योजना के अंतर्गत सर्वाधिक उपयोग में आने वाली निःशुल्क जैनेरिक दवाइयों राजकीय चिकित्सा संस्थानों में आने वाले सभी मरीजों को निःशुल्क दी जायेगी।

जिला चिकित्सालय (District Hospital) में इस योजना के क्रियान्वयन के लिए नये दवा वितरण केन्द्र (Drug Distribution Centre) खोले जाने हैं, जिसका वितरण एपेन्डिक्स ‘ए’ पर संलग्न है। ये सभी दवा वितरण केन्द्र राज्य सरकार द्वारा लिये गये निर्णय अनुसार कान्फैड या सहकारी उपभोक्ता भण्डारों द्वारा खोले जायेंगे तथा संचालित किये जायेंगे।


इन दवा वितरण केन्द्रों (DDCs) के निर्माण, साज-सज्जा (Furnishing) व संचालन व्यय (Operating Cost) के लिए कान्फैड (सहकारी उपभोक्ता भण्डार) को निम्न दरों पर आवश्यक वित्तीय सहायता सम्बन्धित जिला चिकित्सालयों को Medical Relief Society (MRS) द्वारा दी जायेगी :-

1.	दवा वितरण केन्द्र (DDC) पर आवश्यक सिविल व साज-सज्जा (Furnishing) कार्य (यथा-दवाइयों हेतु रैक्स, फ्रिज, कुर्सी, टेबल व आवश्यक फर्नीचर, काउण्टर, काउण्टर व्यय आदि)	2.25 लाख रुपये (प्रति डीडीसी एक बार)
2.	डीडीसी का मासिक संचालन (दवा वितरण हेतु)	25,000/- (प्रति माह प्रति डीडीसी)

आपसे अपेक्षा की जाती है कि इन सभी जिला चिकित्सालयों में संलग्न सूची के अनुसार दवा वितरण केन्द्रों (DDCs) के निर्माण व साज-सज्जा (Furnishing) की कार्यवाही तुरन्त प्रभाव से सम्बन्धित सहकारी संस्थानों के सहयोग से शुरू कर दी जाये। माननीय मुख्यमंत्रीजी के निर्देशानुसार इन सभी केन्द्रों पर दवा वितरण की तैयारी की समीक्षा इस तरह से की जाये कि 15 सितम्बर, 2011 से दवायों का Test Distribution शुरू हो सके।


माननीय मुख्यमंत्रीजी द्वारा इस कार्यक्रम की तैयारी की समीक्षा साप्ताहिक रूप से की जा रही है। आपसे अपेक्षा है कि तुरन्त इस सम्बन्ध में सम्बन्धित सहकारी संस्थाओं को आवश्यक निर्देश जारी करेंगे, जिससे निर्धारित तय समय सीमा के अंतर्गत योजना का संचालन व Test Distribution सुनिश्चित किया जा सके।

सभी प्रमुख चिकित्सा अधिकारियों को इस सम्बन्ध में आवश्यक निर्देश दिये जा चुके हैं।

भवदीय,  
  
(बी. एन. शर्मा)  
प्रमुख शासन सचिव,

चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान, जयपुर

## ANNEXURES



**मुख्यमंत्री निःशुल्क दवा योजना**

**Government of Rajasthan**  
**Rajasthan Medical Services Corporation Limited (RMSCL)**  
 Department of Medical, Health & Family Welfare Services  
 Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur-302005

No. F.2(1)/RMSCL/Logistics/DDW/2011/23


Date : 1.6.2011

**Office Orders**

Rajasthan Medical Services Corporation Limited (RMSCL) has been constituted for the free distribution of medicines to all patients visiting to govt. health institutions through Drug Distribution Centers. The process of furnishing of District Drug Warehouse and Drug Distribution Center at health institutions is under process, for which an effective and efficient monitoring is required. In this context, a District Level Committee has been constituted to monitor the progress of these centers on regular basis and make them operational. Following Officers will be the member of the above said committee.

S.No	Committee Member	Designation	Role and Responsibilities
1.	Chief Medical & Health Officer	Chairman	Overall Supervision
2.	X.En./A.En. of Respective District	Member	1. Construction, renovation, up-gradation & physical upkeep of District Drug Warehouses. 2. Electric fixtures fittings & electricity backup
3.	District Project Coordinator, RHSDP	Member	1. Over all Management of District Drug warehouses 2. Identify, Prepare & operationalize Drug Distribution Centers (DDCs).
4.	Health Manager (As representative of PMO)	Member	1. Need assessments of Drugs at District Hospital 2. Supply facilitation at District hospitals & DDCs
5.	Manager District Drug ware House, RMSCL, Field Operation	Optional Member	As state representative

This District level committee will monitor the progress of designated Drug warehouses on the criterias developed and submit the report fortnightly to MD RMSCL.

  
**Managing Director**  
**RMSCL**

## ANNEXURES



### Government of Rajasthan Rajasthan Medical Services Corporation Limited (RMSC)

Department of Medical, Health & Family Welfare Services  
Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur-302005

No. F.2(1)/RMSC/Logistics/DDW/2011/ 120

Date 7-7-2011

#### Office Order

#### Sub: Deployment of Manpower at DDWs

With reference to the constitution of Rajasthan Medical Services Corporation and distribution of free medicines to all patients visiting the government health care facilities from Oct.2<sup>nd</sup>,2011, a committee has been constituted vide no. 23/dated 1.06.2011 for effective implementation of the system. In continuation to the same, following available manpower at district CMHO Office is hereby deployed at the District Drug Warehouses to discharge duties as per the job responsibilities given below-

S. No	Post	Key Role & Responsibilities
1	Officer In-charge (DPC,RHSDP will work as OI/c)	<ol style="list-style-type: none"> <li>1. Over all management and supervision of District Drug warehouses and their operationalization</li> <li>2. Identify, prepare &amp; operationalize Drug Distribution Centers (DDCs) at all health care facilities of the district</li> <li>3. Co-ordination and liaison with State RMSC headquarter as well as district authorities</li> <li>4. Co-ordination with MOI/c for effective supply chain management and day to day activities</li> <li>5. Ensuring compliance of implementation of guidelines across the district</li> <li>6. Timely need based reporting to State level authorities</li> <li>7. Regular monitoring of DDCs and resolving their issues/problems</li> <li>8. Maintenance of all imperative records</li> <li>9. Ensure conduction of meeting of the Committee constituted at district level and reporting the progress</li> <li>10. Compliance of all orders issued from the State level</li> </ol>
2	Store keeper (Pharmacist/store keeper deployed at CM&HO Store Office)	<ol style="list-style-type: none"> <li>1. Receiving supplies from manufacturers</li> <li>2. Maintaining all records pertaining to supplies received, making entries in stock registers and software</li> <li>3. Issue supplies as per demand to DDWs</li> <li>4. Maintain passbooks</li> <li>5. Dealing quality check issues</li> <li>6. Ensuring all storage guidelines for drug store management as per norms</li> <li>7. Ensuring need assessment and quantification of the district and providing timely information to the State level</li> <li>8. Monthly physical verification of stock position and records</li> <li>9. Timely information to State RMSC regarding excess and stock out position as well as shelf life of drugs</li> <li>10. Maintaining buffer stock at DDW to deal with emergencies and exigencies</li> </ol>
3	Pharmacist (Pharmacist working under NRHM at CM&HO Office)	<ol style="list-style-type: none"> <li>1. Compilation of demands generated for medicines and other items from all health care facilities</li> <li>2. Distribution of medicines to facilities as per requisition form and making entries in the passbooks.</li> <li>3. Update records and all registers in use at DDWs</li> <li>4. Packaging of supplies to be issued for the institutions, arranging transportation and follow-up the delivery</li> <li>5. Timely supply to all institutions</li> <li>6. Monitoring software entries and generate reports for use at district level.</li> </ol>
4	Date Entry Operator (DEO working under NRHM at CM&HO Office, however if not available presently at CM&HO Store Office may be hired on contractual basis after	<ol style="list-style-type: none"> <li>1. Making all entries and timely reporting</li> <li>2. Operationalize software and internet and inform to OI/c</li> <li>3. Generate need based reports</li> <li>4. Any work assigned by OI/c</li> </ol>

## ANNEXURES

5	<b>Support Staff</b> <b>(Helper/Packer, Peon)</b> If not available presently at CM&HO Store Office may be hired on contractual basis after prior approval from State RMSC Office)	1.All routine and necessary work performed at office and store as per instructions of OI/c 2.Assistance to all office staff
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\*All communication to State RMSC Office will be through the District OI/C only


  
**Managing Director**  
**RMSCL**

**Copy for information and necessary action to:-**

1. PS to Hon'ble Health Minister Govt. of Rajasthan.
2. PS to Principal Secretary, Medical & Health, GoR
3. PS Mission Director, NRHM
4. PA to Project Director, RHSDP
5. All Directors (PH/RCH/HA&AIDS/IEC), DM&HS, Jaipur
6. All Joint Directors Zone, Medical & Health
7. All CM&HOs
8. All PMOs
9. All DPCs, RHSDP
10. All DPMs
11. Guard File

  
**Managing Director**  
**RMSCL**

## ANNEXURES



मुख्यमंत्री निःशुल्क दवा योजना

राजस्थान सरकार  
चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान, जयपुर

क्रमांक : संस्था/चि0अ0/एटी/प.24/2011/106      दिनांक:-06/08/2011

--: आदेश :-

माननीय मुख्यमंत्री महोदय की घोषणा की अनुपालना में राजस्थान मेडिकल सर्विसेज कॉर्पोरेशन लिमिटेड का गठन कर जिला स्तर पर कॉर्पोरेशन के कार्य को सुचारु रूप से संचालित करने हेतु जिला परियोजना समन्वयक को प्रभारी अधिकारी लगाया गया है के क्रम में श्रीमान प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग ने दिनांक 27/07/11 को आयोजित वर्कशॉप में समस्त जिलों में पूर्णकालिक जिला परियोजना समन्वयक लगाने के निर्देश प्रदान किये हैं। जिला परियोजना समन्वयक को District Drug Warehouse का प्रभारी भी बनाये जाने के फलस्वरूप सभी मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान को निर्देशित किया जाता है कि आपके अधीन पदस्थापित जिला परियोजना समन्वयक, आरएचओएसडीपीओ अपने कार्य के साथ-साथ Nodal Officer, RMSC का कार्य भी संपादित करेंगे। दिनांक 02 अक्टूबर 2011 से निःशुल्क दी जाने वाली औषधियों का जिला परियोजना समन्वयक अलग से रजिस्टर संघारित करेंगे एवं मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी आवश्यकता पड़ने पर जिला परियोजना समन्वयक से अन्य कार्यक्रमों का कार्य भी संपादित करवा सकेंगे।

निदेशक(जन स्वा.)  
चिकित्सा एवं स्वास्थ्य सेवायें,  
राजस्थान जयपुर

प्रतिलिपि निम्न को सूचनार्थ प्रेषित है:-

1. निजी सचिव, माननीय स्वास्थ्य मंत्री महोदय, राजस्थान जयपुर।
2. निजी सचिव, माननीय स्वास्थ्य राज्यमंत्री महोदय, राजस्थान जयपुर।
3. निजी सचिव, श्रीमान प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान जयपुर।
4. निजी सचिव, शासन उप सचिव, चिकित्सा एवं स्वास्थ्य (ग्रुप-2) विभाग, राजस्थान जयपुर।
5. प्रबन्ध निदेशक, आरएमएससी मुख्यालय।
6. समस्त संयुक्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, जोन राजस्थान।
7. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
8. प्रभारी केन्द्रीय सर्वर कक्ष, मुख्यालय को भेजकर लेख है कि उक्त आदेश समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी राजस्थान को मेल करवाकर विभागीय वेबसाईट पर अपलोड करावें।
9. कार्यालय प्रति।

निदेशक(जन स्वा.)  
चिकित्सा एवं स्वास्थ्य सेवायें,  
राजस्थान जयपुर

## ANNEXURES

राजस्थान सरकार  
**राजस्थान मेडिकल सर्विस कार्पोरेशन**  
**चिकित्सा एवं स्वास्थ्य विभाग**

राजस्थान जयपुर

क्रमांक RMSC/Vol.II/2011/216

दिनांक 27/08/2011

### कार्यालय आदेश

“मुख्यमंत्री निःशुल्क दवा योजना” से सम्बन्धित शिकायतों का समय पर निस्तारण कर योजना को सुचारु रूप से चलाने हेतु एक मोनिटरिंग सेल का गठन किया जाता है, जिसके नोडल ऑफिसर डॉ एम0एस0 कृष्णियां, सलाहकार (फील्ड मोनिटरिंग) होंगे।

चिकित्सालयों में दवा की कमी, चिकित्सक द्वारा जेनेरिक नाम से दवा न लिखना, दवा उपलब्ध न होना, दवा वितरण केन्द्र पर निःशुल्क दवा की कीमत मांगना आदि की शिकायत निम्न जगह की जा सकती है :-

#### राज्य स्तर पर :-

- |                             |   |
|-----------------------------|---|
| 1. लेण्ड लाईन टेलीफोन पर :- | 0141 – 2225624, 2225000 (निदेशालय कन्ट्रोल रूम)   |
| 2. मोबाईल पर :-             | 9166005500 (मोबाइल कन्ट्रोल रूम)  |
| 3. ईमेल द्वारा :-           | rmsc@nic.in   |
| 4. फैक्स द्वारा :-          | 0141 – 2225827  |
| 5. पत्र द्वारा :-           | एमडी, राजस्थान मेडिकल सर्विस कार्पोरेशन,<br>स्वास्थ्य भवन, तिलक मार्ग, सी-स्कीम, जयपुर। |

#### जिला स्तर पर :-

1. प्रमुख चिकित्सा अधिकारी/चिकित्सा अधिकारी प्रभारी सम्बन्धित चिकित्सालय।
2. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, सम्बन्धित जिला।
3. जिला कलेक्ट्रेट हेल्पलाईन नम्बर पर।

साथ ही प्रमुख शासन सचिव महोदय, चिकित्सा एवं स्वास्थ्य विभाग के प्रत्रांक 165 दिनांक 03.08.2011 के द्वारा जोनल प्रभारी अधिकारी नियुक्त किये गये हैं, यह योजना की फिल्ड मोनिटरिंग कर जोन के सभी चिकित्सा संस्थाओं पर दवाओं की उपलब्धता, चिकित्सको द्वारा जेनेरिक दवा लिखना, दवाईयों का दुरुपयोग रोकना आदि सुनिश्चित करवायेगें। फील्ड मोनिटरिंग सेल के प्रभारी डॉ एम.एस. कृष्णिया होंगे।

एमडी

राजस्थान मेडिकल सर्विस कार्पोरेशन  
एवं विशिष्ट शासन सचिव  
चिकित्सा एवं स्वास्थ्य विभाग  
राजस्थान, जयपुर।

प्रतिलिपी निम्न को सूचनार्थ प्रेषित है :-

1. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान सरकार, जयपुर।
2. मिशन निदेशक, एनआरएचएम, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान सरकार, जयपुर।
3. निदेशक जन स्वास्थ्य/आरसीएच/एडस/आईसी, निदेशालय, जयपुर।
4. समस्त प्रमुख चिकित्सा अधिकारी/मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
5. समस्त जिला कार्यक्रम प्रबन्धक/जिला परियोजना कॉर्डिनेटर, राजस्थान।
6. सर्वर रूम।
7. कार्यालय प्रति।

एमडी

राजस्थान मेडिकल सर्विस कार्पोरेशन  
एवं विशिष्ट शासन सचिव  
चिकित्सा एवं स्वास्थ्य विभाग  
राजस्थान, जयपुर।

## ANNEXURES



राजस्थान सरकार  
राजस्थान चिकित्सा सेवा निगम  
चिकित्सा एवं स्वास्थ्य विभाग,  
स्वास्थ्य भवन, तिलक मार्ग, सी स्कीम, जयपुर

No. HA/11/475

Date 27-8-2011

### आदेश

**विषय:- लाईफ लाईन मेडिकेयर ड्रग स्टोर के सुदृढीकरण हेतु।**

1. 2 अक्टूबर, 2011 से पूरे राज्य में राजस्थान मेडिकल सर्विस कॉरपोरेशन (आरएमएससी) द्वारा सर्वाधिक उपयोग में आने वाली दवाएँ, सर्जिकल आईटमस, कन्ज्यूमेबल्स इत्यादि क्रय कर निःशुल्क वितरण के लिये उपलब्ध कराए जायेंगे। दवाओं एवं सर्जिकल आईटमस के वितरण की समुचित व्यवस्था चिकित्सा संस्थानों के प्रभारी की देखरेख में सुनिश्चित की जानी है।
2. यद्यपि आरएमएससी का यह दायित्व है कि सभी सूचीबद्ध दवाएँ समय पर नियमित रूप से उपलब्ध कराएगा। आपूर्ति में अपरिहार्य कारणों से व्यवधान आने पर भी निःशुल्क दवा वितरण व्यवस्था प्रभावित नहीं होनी चाहिए इसके लिए लाईफ लाईन मेडिकेयर ड्रग स्टोर (पूर्व में लाईफ लाईन फ्लूड स्टोर) पर आवश्यक दवाओं की निवधि आपूर्ति हेतु विकल्प (अल्टरनेटिव अरेन्जमेन्ट) के रूप में विकसित किया जाना चाहिए। इस हेतु राजस्थान मेडिकेयर रिलीफ सोसायटी (आरएमआरएस) की संशोधित नियमावली 2007 के भाग-4 में दिए गए निर्देशों में इंगित प्रक्रिया को अपनाया जाकर सामान्यतः उपयोग में आने वाली व चिकित्सालय के चिकित्सकों द्वारा लिखी जा रही समस्त दवाओं का दर निर्धारण कर तैयार रखें।
3. वे दवाएँ जो कि आरएमएससी द्वारा क्रय नहीं की जा रही हैं तथा विशेष परिस्थितियों में चिकित्सकों द्वारा लिखी जाती हैं, उन्हें भी मेडिकेयर ड्रग स्टोर (आरएमएससी) पर उपलब्ध करायी जानी अनिवार्य है। जिससे रोगियों को उचित मूल्य पर दवाईयाँ उपलब्ध हो सकें।
4. राजस्थान मेडिकेयर रिलीफ सोसायटी की संशोधित नियमावली 2007 के नियम-9 (औषधियों एवं अन्य सामान की प्राप्ति एवं विक्रय प्रक्रिया) के अनुसार विभिन्न औषधियों एवं सर्जिकल आईटमस जिनकी चिकित्सालय में आवश्यकता हो के लिए औषधि फर्मों/उनके वितरकों से निर्धारित प्रोफार्मा में प्रस्ताव प्राप्त किए जाएं। फर्म/वितरक/सप्लायर्स से नेगोसिएशन करके न्यूनतम दर निर्धारित की जाए। फिर तीन वरिष्ठ चिकित्सक औषधि की गुणवत्ता एवं मूल्य पर विचार करके ड्रग स्टोर पर विक्रय के लिए रखने हेतु अनुमोदन करें। दवा की दर सूची तैयार होने के पश्चात जो दवाएँ आरएमएससी से सप्लाय नहीं हो रही हैं लेकिन अस्पताल में आवश्यक हैं वे सभी दवाएँ व सर्जिकल आईटमस नियमित रूप से उपलब्ध करें। सूची में आरएमएससी से दवा सप्लाय न होने की दशा में उस सूची की दवाईयों को उपरोक्त दरों पर अस्पताल द्वारा क्रय करके दवा वितरण केन्द्र के माध्यम से रोगियों को निःशुल्क उपलब्ध करवाई जानी है। प्रत्येक अस्पताल हेतु कुल दवा बजट के 10 प्रतिशत बजट का प्रावधान स्थानीय क्रय हेतु किया गया है।

## ANNEXURES

5. क्रय/विक्रय प्रक्रिया का विस्तृत विवरण मेडिकल रिलीफ सोसायटी (एमआरएस) नियमावली 2007 अध्याय भाग-4 में उपलब्ध है।
6. जहाँ पर चिकित्सा संस्थानों पर मेडिकेयर ड्रग स्टोर संचालित नहीं है वह कुछ समय के लिये अपने निकततम जिला चिकित्सालय से दवायें क्रय कर खरीद प्रक्रिया समय पर की जाएँ।
7. जिन जिला चिकित्सालय के मेडिकेयर ड्रग स्टोर (एमडीएस) व्यवस्थित है व अन्य संस्थानों को दवायें देने की क्षमता रखते हैं उन्हें हॉल सेल का लाईसेन्स भी लेना चाहिये तथा क्रय सीधे ही सी. एण्ड. एफ. से करने के प्रयास करने चाहिए, इससे दवायें और भी सस्ते मूल्य पर उपलब्ध होगी जिसका लाभ रोगी को मिलेगा।
8. जिन चिकित्सा संस्थानों में मेडिकेयर ड्रग स्टोर अभी भी लाईफ लाईन फ्लूड स्टोर के नाम से संचालित है उनके लाईसेन्स में परिवर्तन कराकर नाम मेडिकेयर ड्रग स्टोर कराये एवं फ्लूड के साथ – साथ दवाईयों भी रखवाएँ।

माननीय मुख्यमंत्री महोदय की बजट घोषणा के अनुसार राज्य के सभी राजकीय चिकित्सालयों में आने वाले मरीजों को सर्वाधिक उपयोग में आनेवाली आवश्यक दवाईयों को 2 अक्टूबर से निःशुल्क उपलब्ध कराए जाने के सम्बन्ध में मुख्य सचिव महोदय द्वारा आदेश कमांक आरएमएससी/मु. मत्र/2001/213 दिनांक 26.08.2011 के द्वारा आवश्यक दिशा-निर्देश जारी किये जा चुके हैं। (प्रति सलंगन)।

प्रतिलिपि:-  
समस्त जिला चिकित्सालय।

प्रमुख शासन सचिव  
चिकित्सा एवं स्वास्थ्य विभाग  
26/8/11

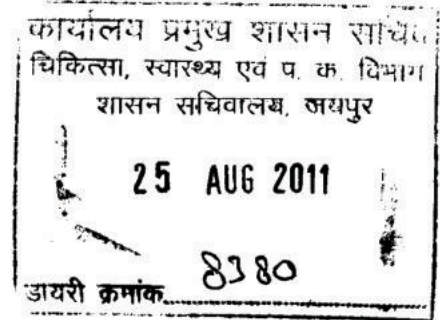
प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. समस्त संयुक्त निदेशक, जोन को भेजकर लेख है कि वीडियो कान्फ्रेंस में दिये गये निर्देशानुसार समस्त प्रमुख अधिकारी चिकित्सा द्वारा लाईफ लाईन ड्रग स्टोर पर उपलब्ध दवाईयों के नाम व रेट लिस्ट प्राप्त कर 31 अगस्त 2011 तक इस कार्यालय को उपलब्ध कराएँ।
2. सभी प्रमुख अधिकारी चिकित्सा व संस्थान के प्रभारी अधिकारी से अपेक्षा है कि वह आगामी 31 अगस्त 2011 तक अपने लाईफ लाईन ड्रग स्टोर को सुचारु रूप से स्थापित कर ले एवं उपलब्ध दवाईयों व सर्जिकल आईटमों की सूची एवं उनकी दरें इस कार्यालय को 31 अगस्त 2011 तक आवश्यक रूप से भिजवाएँ।

3. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी।

विशिष्ट शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग एवं  
प्रबन्ध निदेशक, आर.एम.एस.सी.

## ANNEXURES



### अनौपचारिक टिप्पणी

आपके द्वारा दिये गये निर्देशानुसार चिकित्सालयों में आवश्यक दवायें मेडिकेयर ड्रग स्टोर में उपलब्ध करवाने हेतु निर्देश अवलोकनार्थ एवं अनुमोदनार्थ प्रस्तुत है।

निदेशक (एड्स/चिप्र) 23/8

प्रमुख शासन सचिव महोदय  
चिकित्सा एवं स्वास्थ्य विभाग

अनौ. टि० क्रमांक: निदे/एड्स/चिप्र/2011/152

दिनांक: 23.08.2011

MD RASL

May A see  
7.12  
24/8

## ANNEXURES

### चिकित्सालयों में आवश्यक दवायें निःशुल्क उपलब्ध करवाने के क्रम में


- 2 अक्टूबर, 2011 से पूरे राज्य में राजस्थान मेडिकल सर्विस कॉरपोरेशन (आरएमएससी) द्वारा सर्वाधिक उपयोग में आने वाली दवाएँ, सर्जिकल कन्ज्यूमेबल्स इत्यादि क्रय कर निःशुल्क वितरण के लिये उपलब्ध करायी जावेगी। दवाओं एवं सर्जिकल आईटम के वितरण की समुचित व्यवस्था चिकित्सा संस्थानों के प्रभारी की देखरेख में सुनिश्चित की जावेगी।
- राजस्थान मेडिकल सर्विस कॉरपोरेशन (आरएमएससी) का यथा संभव प्रयास है कि सभी सूचीबद्ध दवाएँ समय पर नियमित रूप से उपलब्ध करायेगा। आपूर्तिकरण में अपरिहार्य कारणों से व्यवधान आने पर भी निःशुल्क वितरण व्यवस्था प्रभावित न हो इसके लिए मेडिकेयर ड्रग स्टोर (एमडीएस) (पूर्व में लाईफ लाईन फ्लूड स्टोर) पर उपलब्ध होनी चाहिए एवं आवश्यकता पड़ने पर मेडिकेयर ड्रग स्टोर से दवाएँ क्रय कर निःशुल्क वितरित की जावेगी।
- वे दवाएँ जो कि राजस्थान मेडिकल सर्विस कॉरपोरेशन (आरएमएससी) द्वारा क्रय नहीं की जा रही है तथा विशेष परिस्थितियों में चिकित्सकों द्वारा लिखी जाती है, उन्हें भी मेडिकेयर ड्रग स्टोर (आरएमएससी) पर उपलब्ध कराया जाना अनिवार्य है। रोगियों को उचित मूल्य पर जैनेरिक दवाईयां उपलब्ध होनी चाहिए।
- वे दवाएँ जो विशिष्ट जैनेरिक नाम से नहीं आती है उनको क्रय करने के लिए 3 चिकित्सकों की समिति बनाकर सूचीबद्ध क्रय कर मेडिकेयर ड्रग स्टोर के माध्यम से उपलब्ध कराई जावे। राजस्थान मेडिकेयर सर्विस कॉरपोरेशन (आरएमएससी) एवं उपरोक्त सूची के अनुसार सभी दवाएँ (जिनकी संख्या 500 से कम न हो) मेडिकेयर ड्रग स्टोर (आरएमएससी) पर उपलब्ध होनी चाहिए एवं इस सूची की प्रति 15 सितम्बर 2011 तक राजस्थान मेडिकेयर सर्विस कॉरपोरेशन व अतिरिक्त निदेशक (अस्पताल प्रशासन) को भिजवाई जावे।
- क्रय/विक्रय प्रक्रिया का विस्तृत विवरण मेडिकल रिलीफ सोसायटी (एमआरएस) नियमावली 2007 के भाग-4 में उपलब्ध है। मेडिकेयर ड्रग स्टोर (एमडीएस) समिति (मेडिकेयर ड्रग स्टोर प्रभारी, प्रमुख चिकित्सा अधिकारी), प्रमुख चिकित्सा अधिकारी एवं विषय विशेषज्ञ शामिल हो, यह सुनिश्चित करें कि दवाओं का अनावश्यक क्रय व भण्डारण न हो व मूल्य में बाजार में उपलब्ध दवाओं की तुलना में कम हो। चिकित्सकों द्वारा जिन विशेष दवाओं की मांग की जाती है उनके लिये वह जिम्मेदार होंगे कि उनको सीमित मात्रा में क्रय किया जावे तथा पूरी उपयोग में ली जावे। समिति यह भी निश्चित कर सकती है कि सस्ती दर पर 20 करोड से अधिक टर्नओवर वाली कम्पनी जो कि डब्ल्यूएचओ जीएमपी सर्टिफाईड, आईएसओ सर्टिफाईड हो की ही विशेष दवाएं

## ANNEXURES

उपलब्ध हो तथा उसका भुगतान, भण्डार को उपयोग में लिये जाने के पश्चात् किया जावे, लेकिन इसका ध्यान रखा जावे, कि इस प्रावधान से अनावश्यक दवाओं को क्रय कर भण्डारण न किया जावे तथा यह प्रक्रिया विशेष परिस्थितियों में ही कार्य में ली जावे। शॉर्ट एक्सपायरी डेट का भी ध्यान रखा जावे। प्रिस्क्रीपशन ऑडिट व मेडिकेयर ड्रग स्टोर (एमडीएस) की ऑडिट में अनियमितता पाये जाने पर संस्थान प्रभारी की समस्त जिम्मेदारी होगी।

- यह भी देखा गया है कि दवाओं को क्रय करते समय सिर्फ ठेकेदार पर क्रय प्रक्रिया छोड़ दी जाती है जिसका वह अनुचित लाभ उठाता है। क्रय प्रक्रिया मेडिकेयर ड्रग स्टोर समिति अपने नियंत्रण में रखे। भुगतान प्रक्रिया में पारदर्शिता होनी चाहिए, शीघ्र भुगतान कर 2 प्रतिशत नकद छूट ली जा सकती है।
- जिन चिकित्सा संस्थानों में मेडिकेयर ड्रग स्टोर अभी भी लाईफ लाईन फ्लूड स्टोर के नाम से संचालित है उनके लाईसेन्स में परिवर्तन कराकर नाम मेडिकेयर ड्रग स्टोर करायें।
- जिन चिकित्सा संस्थानों पर मेडिकेयर ड्रग स्टोर संचालित नहीं है, वे कुछ समय के लिये अपने निकटतम जिला चिकित्सालय से दवायें क्रय कर खरीद प्रक्रिया समय पर की जावे।
- सभी सर्जिकल आइटम दवाओं की सूची (उपलब्धता/प्रस्तावित) प्रदर्शित की जानी चाहिए तथा 15 सितम्बर 2011 तक राजस्थान मेडिकल सर्विस कॉरपोरेशन (आरएमएससी) व अतिरिक्त निदेशक (अस्पताल प्रशासन) के कार्यालय में भिजवावे।
- जिन जिला चिकित्सालयों के मेडिकेयर ड्रग स्टोर (एमडीएस) व्यवस्थित हैं व अन्य संस्थानों को दवायें देने की क्षमता रखते हैं, उन्हें हॉल सेल का लाईसेन्स भी लेना चाहिए तथा क्रय सीधे ही सी एण्ड एफ से करने के प्रयास करने चाहिए, इससे दवाएँ और भी सस्ते मूल्य पर उपलब्ध होगी, जिसका लाभ रोगी को मिलेगा।

## ANNEXURES



मुख्यमंत्री निःशुल्क दवा योजना

**राजस्थान सरकार**  
**राष्ट्रीय ग्रामीण स्वास्थ्य मिशन, राजस्थान राज्य स्वास्थ्य समिति**  
**स्वास्थ्य भवन, जयपुर**

एफ29(39)एनआरएचएम/एमएमजेआरके/सर्व्यूलर/09/3250

समस्त प्रधानाचार्य, मेडिकल कॉलेज, राजस्थान

समस्त अधीक्षक, मेडिकल कॉलेज से संबंधित चिकित्सालय, राजस्थान

समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान

समस्त प्रमुख चिकित्सा अधिकारी, जिला चिकित्सालय, राजस्थान

समस्त प्रमुख चिकित्सा अधिकारी उप खण्ड/सैटेलाईट चिकित्सालय, राजस्थान

समस्त चिकित्सा अधिकारी प्रभारी, सामुदायिक स्वास्थ्य केन्द्र, राजस्थान

समस्त चिकित्सा अधिकारी प्रभारी, प्राथमिक स्वास्थ्य केन्द्र, राजस्थान

दिनांक : 05.09.2011


**विषय : बी.पी.एल. काउन्टर पर दवा आपूर्ति हेतु।**

आगामी 2 अक्टूबर, 2011 से राजकीय चिकित्सालयों में आने वाले सभी मरीजों को सर्वाधिक उपयोग में आने वाली आवश्यक दवाइयाँ निःशुल्क उपलब्ध करवाई जायेगी। साथ ही थैलेसीमिया एवं हीमोफीलिया के मरीजों को निःशुल्क दवाइयाँ उपलब्ध करवाई जायेगी।

इस योजना के क्रियान्वयन हेतु राज्य के सभी चिकित्सा संस्थानों के लिये जैनेरिक औषधियाँ, सर्जिकल उपकरण, डायग्नोस्टिक सामग्री तथा उपकरणों की खरीद हेतु राजस्थान मेडिकल सर्विसेज कॉर्पोरेशन (RMSC) का गठन किया गया है। इसी क्रम में मुख्यमंत्री बीपीएल जीवन रक्षा कोष योजना हेतु निम्न निर्देश जारी किये जाते हैं –


- बीपीएल काउन्टर हेतु दवाओं की आपूर्ति भी राजस्थान मेडिकल सर्विसेज कॉर्पोरेशन द्वारा की जायेगी। राजस्थान मेडिकल सर्विसेज कॉर्पोरेशन (RMSC) द्वारा दवाइयाँ क्रय कर District Drug Warehouse (DDW) में पहुँचायी जायेगी, वहाँ से चिकित्सा संस्थान प्रभारी दवाइयाँ प्राप्त कर बीपीएल काउन्टर पर निःशुल्क वितरण हेतु उपलब्ध करवायेगा।
- वर्तमान में मुख्यमंत्री बीपीएल जीवन रक्षा कोष योजना के तहत सरकारी आपूर्ति की निःशुल्क औषधियाँ उपलब्ध नहीं होने पर मेडिकेयर रिलीफ समिति के माध्यम से अधिकतम डिस्काउन्ट दर देने वाली दुकान स्थानीय क्रय करके रोगी को उपलब्ध करवाने का प्रावधान है। प्रायः यह पाया गया है कि ब्रान्डेड दवाओं का डिस्काउन्ट सामान्यतया MRP का 5-10% ही दिया जाता है। जबकि समान गुणवत्ता वाली, सामान्य उपयोग में आने वाली जैनेरिक दवाएँ MRP से लगभग 80-90% कम कीमत पर भी उपलब्ध हो जाती हैं। इस प्रकार महंगी दवाइयाँ खरीदने से राजकोष की राशि का अपव्यय होता है तथा राज्य को अत्यधिक वित्तीय भार वहन करना पड़ता है। अतः राजस्थान मेडिकल सर्विसेज कॉर्पोरेशन द्वारा यदि किन्हीं दवाओं की आपूर्ति किसी अपरिहार्य कारणवश नहीं की जा रही हो तो उन दवाओं को उस चिकित्सा संस्थान पर मेडिकेयर रिलीफ सोसायटी द्वारा गुणवत्ता को ध्यान में रखते हुए जैनेरिक नाम से प्रतिस्पर्धात्मक दरों पर क्रय किया जाए। उक्त दवाएँ लाइफ लाईन ड्रग स्टोर पर भी उपलब्ध कराई जानी हैं। अतः आवश्यक होने पर इन दवाओं को राजस्थान मेडिकेयर रिलीफ सोसायटी द्वारा तय की गई दरों पर लाइफ लाईन ड्रग स्टोर से प्राप्त किया जा सकता है।

## ANNEXURES




**मुख्यमंत्री निःशुल्क दवा योजना**

3. सामुदायिक स्वास्थ्य केन्द्रों तथा अन्य चिकित्सालयों जिनके पास राज्य सरकार द्वारा निर्धारित रेट कौन्ट्रेक्ट के अतिरिक्त औषधि क्रय हेतु दर संविदा निर्धारित नहीं हैं, वे बीपीएल मरीजों हेतु आवश्यकतानुसार संबंधित जिला चिकित्सालयों की लाइफ लाईन ड्रग स्टोर से/की दरों पर औषधियाँ क्रय कर सकते हैं।
4. राज्य सरकार के विद्यमान निर्देशों के अनुसार चिकित्सकों द्वारा प्रिस्क्रिप्शन यथासंभव फार्माकोपियल/साल्ट/जैनेरिक नाम से लिखा जाना है तथा रोग का उपचार EDL से, मानक उपचार दिशानिर्देशों (Standard Treatment Guidelines) के अनुसार किया जाना है। अतः बीपीएल काउन्टर पर उपलब्ध दवाएँ जैनेरिक नाम से मिलेगी व अनावश्यक औषधियों का उपयोग नहीं किया जायेगा। ऐसा नहीं होने पर ये तथ्य प्रमुख चिकित्सा अधिकारी/प्रभारी चिकित्सा अधिकारी व इस कार्यालय के ध्यान में लिखित रूप से लाया जाये।
5. बीपीएल काउन्टर के स्टाफ द्वारा BPL व APL मरीजों को दी गयी दवाई का रिकॉर्ड अलग-अलग संधारित किया जाएगा।
6. मुख्यमंत्री बीपीएल जीवन रक्षा कोष योजना के तहत आने वाली श्रेणियों के मरीजों को RMSC से जो दवाएँ दी गयी हैं उसके संबंध में प्रत्येक माह के अंत में उन दवाओं की कीमत का भुगतान मुख्यमंत्री बीपीएल जीवन रक्षा कोष योजना के तहत उपलब्ध करवाये गये बजट में से RMSC को किया जावेगा। यह व्यवस्था वर्ष 2011-12 के लिये लागू होगी।


  
**(एस. अहमद)**  
**मुख्य सचिव**

प्रतिलिपी सम्बन्धित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु –

1. प्रमुख शासन सचिव, माननीय मुख्यमंत्री महोदय, मुख्यमंत्री कार्यालय, शासन सचिवालय, जयपुर।
2. निजी सचिव, माननीय चिकित्सा एवं स्वास्थ्य मंत्री, शासन सचिवालय, जयपुर।
3. निजी सचिव, माननीय चिकित्सा एवं स्वास्थ्य राज्य मंत्री, शासन सचिवालय, जयपुर।
4. निजी सचिव, मुख्य सचिव, राजस्थान सरकार, शासन सचिवालय, जयपुर।

  
**प्रमुख शासन सचिव**  
**चिकित्सा एवं स्वास्थ्य विभाग**

## ANNEXURES



मुख्यमंत्री निःशुल्क दवा योजना

**Rajasthan Medical Services Corporation Ltd.**  
 Gandhi Block, Swasthya Bhawan, Tilak Marg, C-Scheme,  
 Jaipur-302005 Rajasthan  
 Phone No. 0141-2228066 Fax No: 0141-2228065 Email- [rmsc@nic.in](mailto:rmsc@nic.in)

F. 1 ( ) RMSC/MD/2012 / 9 Date: 21-6-12

**Important Notice to Bidders**


Rajasthan Medical Services Corporation (RMSC) is a pivotal organization for procurement of drugs, medicines, sutures, surgical, medical equipment and instruments, other medical and non medical consumables. The store purchase through online transparent e- Procurement process is the expressed policy of Government of Rajasthan.

In future RMSC is floating tenders through e-procurement for all the store requirements. All the probable potential bidders are requested to ensure their participation in forth coming e-tenders. The training of e-bidding /e-tendering and digital signature certificate (DSC) is the pre requisite for e-procurement system. You are advised to get your staff trained for e-bidding well in time to ensure participation of your firm/ company. As you know the whole procurement process is a time bound event, thereby requires advance preparation and training at both the ends i.e. tender inviting authority and suppliers.

May, I request you on behalf of corporation to contact RajCOMP Info services Ltd. (RISL) for training and obtaining DSC at following address:-


Managing Director  
 RajCOMP Info Services Ltd.,  
 1<sup>st</sup> Floor, Block 'C' – Scheme, Yojana Bhawan,  
 Tilak Marg, 'C' – Scheme, Jaipur – 302005  
 Tel: - 0141-5153222-1112

You may also feel free to contact ED (P) and ED (EPM), RMSC Gandhi Block, Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur regarding e-procurement process which is being adopted in corporation.

  
 Managing Director  
 RMSC, Jaipur

F. 1 ( ) RMSC/MD/2012 Date:

Copy forwarded to the Secretary, Information Technology and Communication, Yojna Bhawan, IT Building, C-Scheme, Jaipur for information and necessary action.

  
 Managing Director  
 RMSC, Jaipur

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## ANNEXURES

### Annexure 6 : Interview Questionnaire

#### Interview questionnaire

#### Rajasthan Medical Service Corporation

#### Context, scope and initiation of innovation

1. Why was Chittorgarh chosen for the initial implementation of the low cost generic medicine initiative? When did the project start? How many blocks and villages did the project cover?
2. Why was there a need to promote the use and prescription of generic medicines over branded medicines?
3. What was the status of the usage of generic medicines in Chittorgarh prior to the launch of the low cost generic medicine initiative? What prevented the increasing usage of generic medicines in the area?
4. The low cost generic medicine initiative seeks to increase peoples access to affordable medicines. What are the other specific objectives of the initiative?
5. What were the first steps taken, after the need and purpose of the initiative was identified? What was the duration of this initial planning stage?
6. Given the purpose of the initiative, its key components would include :
  - ❖ Awareness generation among doctors, beneficiaries and chemists about the need to prescribe, use and provide generic medicines
  - ❖ Ensuring quality production of essential generic medicines
  - ❖ Setting up of low cost generic medicine shops (GMSs)
  - ❖ Procuring generic medicines for distribution to the GMSs
  - ❖ Adequate distribution mechanism to ensure the medicines reach the GMSs
  - ❖ Ensuring adequate storage facility in the GMSs and quality monitoring of the products
  - ❖ Recording the usage of generic medicines over time as result of the initiative

Are there any other components in the implementation of the initiative? If yes, what are they?

#### Key Stakeholders/Institutions involved

7. As per our research and given the key components of the initiative the key stakeholders in the project would be:
  - ✓ Chittorgarh District Administration
  - ✓ Rajasthan Government Cooperative stores
  - ✓ Medical Health Department
  - ✓ Indian Medical Association in Chittorgarh
  - ✓ Chemist Association in Chittorgarh

## ANNEXURES

Are there any other institutions/stakeholders involved? If yes, who are they? Can you explain the roles and responsibilities of each of the stakeholders?

8. How were each of the stakeholders convinced to extend their support to the initiative? What were the challenges in bringing all the stakeholders on board for the initiative? How were these challenges overcome?
9. How long did it take to bring all stakeholders on board?
10. What were the immediate steps taken after gathering the support of all key stakeholders?

### Key components of the innovation

#### *Awareness generation*

11. Circulars were issued to doctors making it mandatory for them to prescribe generic medicines to patients. Who issues these circulars? How frequently are such circulars sent to doctors?
12. Apart from the circulars, a documentary on the advantages of generic medicines was also shown to the doctors. Who filmed this documentary? Where and how frequently was this documentary screened?
13. What are the various IEC activities conducted to generate awareness about the usage of generic medicines among the beneficiaries? Who are responsible for conducting these awareness generation activities? Was the support of any community based organizations sought for this purpose? If yes, who are they? If not, why were they not involved?

#### *Ensuring quality production and procurement of essential generic medicines*

14. Generic medicines are procured from a pre-decided list of pharmaceutical companies that produce essential generic medicines. Who is responsible for selecting these companies and what is the criteria for their selection?
15. On what basis is this list of essential medicines prepared?
16. The constant availability of low cost generic medicines is ensured through a local tendering process. The cooperative stores issue the tenders according to their needs subsequent to which a bidding is held. Can you explain the bidding process? How frequently is this bidding process held? How is transparency in this bidding process ensured in other words who monitors the bidding process?
17. After the bidding, how long does it take for the order of required generic medicines to be supplied to the cooperative stores? Is there a fixed time period for this?
18. How is a check maintained on the quality of generic medicines being produced at the chosen company? Are there some set standards against which the quality of the medicines is checked? If yes, what are they?

## ANNEXURES

### Setting up of low cost generic medicine shops(GMSs)

19. The Rajasthan Cooperative Department sets up low cost generic medicine shops to supply these medicines to customers. Apart from the low cost GMSs, the generic medicines are also sold at a) Life Line drug Stores- Run by Rajasthan Medical Relief Services (RMRS) b) Stores of Kray Vikray Sahakari Samitis- run by Co-operative Department c) Jan Aushadhi Kendras.

- ❖ What is the reason who selecting these four types of shops for the sale of generic medicines?
- ❖ What is the difference between all these four shops in terms of the organization they are run by, the products they keep, their location and the nature of their participation in the low cost generic medicine initiative?
- ❖ Do these shops only sell generic medicines or other branded medicines too? If yes, how is it ensured that they prioritize the sale of generic medicines over other branded medicines that would give them more profit? If no, what mechanism is in place to ensure that they do not get tempted to sell expensive branded medicines in the future?

20. The low-cost shops are set up for the particular purpose of making generic medicines available to the people.

- ❖ What is the criteria for their chosen location? How many such shops have been set-up in Chittorgarh?
- ❖ Who is given the responsibility of running these shops? How are the responsible people selected? How many such people are required/selected/hired to run the shop?

21. Taking all four types of shops into account, what is the total number of shops selling generic medicines under the initiative in Chittorgarh?

### Distribution mechanism

22. How are the medicines from the companies transported to the above four types of shops? Is there a proper distribution mechanism in place? Are the medicines to each of these stores supplied on need basis?

### Storage mechanism

23. What measures have been taken to ensure that these shops store the medicines in an adequate environment ( temperature, cleanliness etc).

24. How is it ensured that the shops do not keep medicines that have expired?

### Monitoring

25. Doctors at government hospitals are required to keep a carbon copy of medications they prescribe. Who collects this prescriptions? Where are they deposited? What corrective action is taken when a particular doctor fails to provide a carbon copy of his prescriptions?

## ANNEXURES

26. The CMO has to send weekly reports on medical prescription patterns to the district administration. Are these manual reports or electronic? What are the various criteria's that these reports cover? What happens to the reports once they are with the administration? How are these reports recorded and maintained?
27. Is there any mechanism in place to record the quantity of generic medicines being stored and sold at the four types of shops? In other words is there any mechanism to check the transactions at these shops? If yes, can you elaborate on the responsible authority and the way this monitoring is being carried out?

### Use of IT

28. Is information technology being utilized at any stage in the implementation of the initiative, especially for monitoring purposes? For example - a web based management information system to trace the supply, distribution and sale of generic medicines under the initiative? If yes, can you please elaborate on the nature and purpose of the technology being used?

### Training

29. Was any sort of training given at any stage in the implementation of the initiative? If yes, please provide details of the training provided: resource persons, participants, exact content, methodology, duration.
- 30.

### Financial Model

31. What were the major costs incurred in the implementation of the initiative. Can you provide us with a break up of costs for each of the following activities under the initiative:
- Awareness Generation
  - Gathering stakeholder support (meetings, seminars if any,)
  - Setting up of low cost generic medicine shops
  - Bidding process
  - Transportation and distribution

Apart from these components, what were the other areas where expenditure was incurred? Please provide a detail of these expenditures too? Who is responsible for providing the funds for each of these components of the initiative?

## ANNEXURES

32. Generic medicines are cheaper than branded medicines because there is no cost incurred in their research and development and they do not patents. Are there any other reasons why generic medicines are cheaper. Can you provide us with a comparative break-up of the expenditure incurred in the process of producing generic medicines and branded medicines?
33. Can you explain the financials of the bidding process? How is the lowest bidding limit decided and production costs settled upon? Who makes the payment to the lowest bidder? What is the profit margin for him?
34. The shops sell the medicine at a discount after adding a twenty percent profit margin to their buying cost. What factors determine the buying cost? Why and how was the twenty percent profit margin decided upon? How much per cent discount is offered to customers? How is this discount decided upon? Is it uniform across stores?

### Challenges in implementation of the initiative

35. What were the challenges faced in generating awareness among doctors, chemists and beneficiaries? How were they overcome?
36. Generic medicines can only be developed after the patent of the branded medicine expires. There are several life saving medicines whose patents have a long way to go before they expire and therefore patients have to opt for expensive branded options in such a scenario. How is it hoped to address this bottleneck?
37. Generic medicines are easy to develop in single ingredient medicines. What is being planned to be done for multi ingredient crucial medicines? How can their cheaper yet equally effective versions be made available?
38. How do challenges related to changes/transfers in the district administration affect the running of the initiative? How are these challenges dealt with?
39. Apart from the above mentioned challenges, what are the other challenges that the initiative faced? How were they overcome?

### Benefits of Innovation

40. What are the key benefits of the initiative for
- a) Customers in terms of access to affordable medicines, reduction in out of pocket expenditure.
  - b) Doctors in terms of adhering to the Standard Treatment Guidelines and essential Drug List
  - c) Shops selling the medicines
  - d) Pharmaceutical companies
  - e) Healthcare and healthcare expenditure in the district
41. What are the factors that ensure the sustainability of the initiative in the district?

## ANNEXURES

### Potential for scale-up

42. The low cost generic medicine initiative was first started in Chittorgarh and then also adapted in Nagaur district. Are there any differences in the Chittorgarh and Nagaur model. If yes, please elaborate?
43. The Government of Rajasthan has now scaled up the Chittorgarh model to the entire state. When was this up scaling done? Is the state wide initiative a part of the Government of India's Jan Aushadhi Programme? What are the differences between the Chittorgarh model and the state wide initiative? To what extent has the Chittorgarh model been an inspiration for the state wide initiative?
44. Please elaborate on the following with reference to the state wide initiative:
- ✓ Key stakeholders & their roles and responsibilities
  - ✓ Awareness generation
  - ✓ Process of production, bidding, procurement, quality check, storage and distribution of generic medicines
  - ✓ Channels for sale of the medicines
  - ✓ Monitoring mechanism
  - ✓ Use of IT
  - ✓ Financial model, sources of funding and process of fixing prices
  - ✓ Challenges faced
  - ✓ Impact of the initiative so far

Kindly highlight only those areas that have a differential component that the Chittorgarh model?

45. What do you think are the necessary conditions for the success of such an initiative? Were any major changes required in the existing health organizational and infrastructural structure of the district for the implementation of the initiative? If yes, what were these changes?

### Request for data

46. Please provide us with the following data and material
- ❖ Number of stores selling generic medicines in Chittorgarh specifically and also the in the entire state of Rajasthan with a district wise break-up
  - ❖ Quantity of generic medicines sold in chittorgarh after the launch of the initiative and also in entire Rajasthan
  - ❖ Number of doctors/ hospitals prescribing generic medicines in chittorgarh and also in entire Rajasthan
  - ❖ Documentary shown to doctors, posters used for awareness generation

## ANNEXURES

- ❖ Circulars sent to doctors
- ❖ Pictures of the initiative

### Doctors

1. Have you received a circular from the government mandating you to prescribe generic medicines? How many such circulars have you received?
2. Do you keep a carbon copy of your prescriptions? Where do you submit these carbon copies?
3. What do you think are the benefits of prescribing generic medicines over branded medicines?
4. Is there pressure on you from pharmaceutical companies to prescribe branded medicines? If yes, how do you handle your commitments under the state initiative versus the pressure by pharmaceutical companies?
5. Do patients on their own request you to prescribe salt names/generic medicines?
6. Do you have any other inputs and suggestions with reference to the low cost generic medicines initiative?

### Chemists/Low cost generic medicine sellers

1. What motivated you to sell generic medicines? Since how long have you been selling generic medicines?
2. How do you procure these generic medicines?
3. What is your profit margin while selling these medicines? What discount do you offer?
4. Do you also sell branded medicines? If no, what is stopping you from selling these branded medicines when you can make more profit?
5. Has the sale of generic medicines increased over time? Can you share any data related to this with us?
6. What are the challenges that you face within the initiative?
7. Do you have any suggestions or inputs based on your practical experience of selling these generic medicines?

### Customers/Patients

1. Do you what generic medicines are?
2. Do you ask your doctor to prescribe generic medicines to you?
3. Has your expenditure of medicines decreased over time?

## ANNEXURES

### Govt. of Rajasthan

### Medical and Health Deptt.

### Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur

NO.- RMCH/ / 2011/211

Date-26/08/2011

#### State order

According to the budget declaration 2011-12, by Honorable chief minister, all the patients visiting the Government Hospitals in the state will be entitled to get most commonly used essential medicines, free of cost, from 2<sup>nd</sup> oct. 2011. To fulfill this purpose Rajasthan Medical Services Corporation is established to implement a centralized system for the purchase of generic medicines, surgical and diagnostic equipments for all the Govt. Medical Institutes. Through this corporation the out-door patients and the admitted patients in hospitals related to medical college, districts hospitals, satellite hospitals, sub-divisional hospitals, community health centers, primary health centers, urban primary health centers, dispensaries, mother and child welfare centers, air post and sub health centers, will get essential medicines of most common use free of cost from 2<sup>nd</sup> oct. 2011. For the implementation of this scheme these instructions are given:-

#### **1. District drug ware house:-**

- i) Rajasthan medical services corporation will issue direct purchase order to drug –manufactures for the purchase of generic medicines, and surgical and diagnostic equipments. The drug manufactures will ensure direct supply of medicines etc to the District Drug Ware-house from where the medicines will be issued to medical institutes.
- ii) District Drug Ware-house will be established as possible , in the office premise of Chief Medical and Health Officer, where there can be appropriate storage of drug etc.
- iii) District Drug Ware-house will remain open from Monday to Sunday from 10.00 A.M. to 05.00 P.M.
- iv) The management of District Drug Ware-house – (such as –to arrange the ware house, receiving and proper maintenance of medicines, supply of medicines to distribution centers as per requirement etc.) will be done by District Project Coordinator RHSDP. The following employees will assist in the completion of tasks:-
  - ❖ Senior Pharmacist -1
  - ❖ Pharmacist -1
  - ❖ Data entry operator -1
  - ❖ Helper/ Cleaner -2

## ANNEXURES

(detailed guidelines regarding the work-system of District Drug Ware House are attached)

### 2. Computerization:-

For inventory management (management of drug stocks), a special on line monitoring system has to be established through the computerization of District Drug Ware House so that the list of medicines to be given, can be available with the list of all medical institutes. With the help of this on line software, tendering, sending intends, to know the position of drug-consumption at medical institutes, to ensure the qualities of medicines and to communicate the in-formations about medicines, declared below standard, will be convenient and the proper use of drugs can be ensured. The details of the medicines to be given to hospitals will also be recorded through the software, so that reports could be get as and when required.

### 3. Quality Test:-

After receiving the medicines at District Drug Ware House, some samples taken at random will be sent to RMSC head quarter for laboratory test to ensure the quality standard. From there these samples will be sent to listed laboratory for test. If the medicine does not qualify the standard of quality test, its sample will be sent to another laboratory. If again it is found not up to the mark the whole batch would set-aside and would be drawn from the Medical Institutes. If it is proved up to the set standard, it will be issued for distribution.

### 4. Drug Distribution Centers:-

- i) The Drug Distribution Centers are to be established for the distribution of essential medicines on the basic of the number of Out-door and In-door patients coming in the government hospitals. These centers will provide free medicines to Out-door patients according to OPD timings and to In-door patients 24 hours everyday.
- ii) These Drug Distribution Centers should be established near OPD of the medical institutes and it must be written on it – **Free Drug Distribution Centers**. There should be a board giving the necessary in formations regarding the medicines to be distributed. The present drug distribution room in the medical institutes, consumer stores and public drug centers (Jan-Aushadhi Kendra), BPL Drug Distribution Center and hospital's medicine store etc can be used as Drug Distribution Center. (Detailed guidelines regarding the work-system of Drug Distribution Centers are attached).

### 5. Prescription:-

Prescription will be written in two copies and as possible by the name of 'Generic'. Regarding this, the orders issued by chief secretary are attached.

## ANNEXURES

### 6. Duration of treatment:-

Generally the patient should be given free medicine for three days. In case of any urgency or in special circumstances medicines for seven days can be given after mentioning the reasons. The pensioners and the patients of the chronic diseases such as blood pressure, diabetes, heart disease, epilepsy, anemia, and osteoarthritis, can be given medicines for one month.

### 7. Local Purchase:-

During urgent need such as in the situation of epidemic, infectious diseases and natural calamities or in the general conditions of unavailability of essential medicines, the in-charge of the institute can purchase medicines upto the 10% of the annual drug budget amount allocated to them. But these medicines can only be purchased in the name of “generic” and at competitive rates.

### 8. The Responsibility of Drug Distribution:

The responsibility of R.M.S.C. is to purchase essential medicines and surgical items according to the demand of the hospitals and to make them available to related medical institutes through their Drug Ware Houses.

The responsibility of distribution of drugs to the patients is to be fulfilled by the medical institutes. It will be the responsibility of the institute in-charge to ensure the receiving of medicines, their appropriate storage, management of Drug Distribution Centers, management and training of staffs, and the distribution of medicines to OPD and to admitted patients.

### 9. Monitoring:

To ensure the successful implementation of the scheme a monitoring committee, constituted under the chairmanship of the District Collector will review its functioning. Orders in this regard are attached.

### 10. Record Keeping:

All records will be kept appropriately through the maintenance of **stock registers** and **drug consumption registers** at the hospitals, District hospitals, CHC, PHC related to medical institutes and medical colleges. On these records it should be clearly stated **Chief Minister's free drug scheme**. Time to time these all records should be presented to Internal Audit team/ team of Auditor General and Chartered Accountant Firm (external agency for checking). In the absence of appropriate record keeping the related store keepers/officers in-charge (store)/ institute head will be held responsible and direct disciplinary action will be taken against them. In case of failure in appropriate storage, and distribution or expiry of medicines, their cost may be collected.

## ANNEXURES

To ensure the continuous supply of medicines, the in-charge of medical institute will submit the requisition for medicines to District Drug Warehouse in time. It must also be their responsibility to ensure that not a single patient will remain ignorant of this **“Free Drug Distribution Scheme”**.

Therefore it is expected that all the related officers will ensure the successful implementation of this scheme of the State Govt. and all the directives will be strictly followed. Any type of negligence found in the free distribution of the medicines, will be held the personal responsibility of the Chief Medical & Health Officer and the Officer in-charge of the medical institute. Departmental actions will be taken against them.

Principal Secy. Administration

Medical and Health Deptt.

Copies for information and necessary actions to:

- 1.) Private Secretary, Principal Secretary to Hon'ble Chief Minister
- 2.) Private Secretary to Hon'ble Minister, Medical & Health Deptt.
- 3.) Private Secretary to Hon'ble State Minister, Medical & Health Deptt.
- 4.) Private Secretary, Principal Secretary, Administration, Medical Education Deptt.
- 5.) Director, National Rural Health Mission
- 6.) All Divisional Commissioners/ District Magistrates
- 7.) All Directors/ Medical & Health Services, Rajasthan, Jaipur
- 8.) All Principals/ Superintendents, Medical College & Hospital, Rajasthan
- 9.) All Joint Directors, Medical & Health Services, Rajasthan
- 10.) All Chief Medical and Health Officers, Rajasthan
- 11.) All Principal Medical Officers, Rajasthan
- 12.) All Officers In-charge, Community Health Centre/ Primary Health Centre, Rajasthan
- 13.) Communication Records

Special Secretary Administration

Medical & Health Department and Managing Director- R.M.S.C.

## ANNEXURES

Govt. of Rajasthan

Medical and Health Deptt.

Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur

No.- RMSC/ Letter No./ 2011/218

Date-29/08/2011

### Revised Order

According to the budget declaration 2011-2012 by the Hon'ble Chief Minister, all the patients visiting the Govt. hospitals in the State will be provided by the most commonly used essential medicines, free of cost from 2<sup>nd</sup> Oct. '11. For monitoring of the effective implementation of this scheme orders issued through the order no. RMSC/ Letter No./ 2011/212 dated 26<sup>th</sup> of Aug. '11 are being revised and new orders are being issued.

For the successful implementation of the scheme, a district level monitoring committee is constituted in the chairmanship of District Magistrate:-

- ❖ District Magistrate (President)
- ❖ Chief Medical and Health Officer
- ❖ Principal Medical Officer
- ❖ Ex. Eng./ Asst. Eng. NRHM/ RH SDP
- ❖ Hospital Manager (PMO Representative)
- ❖ Asst. Registrar Co-operative
- ❖ Drug Controller Officer
- ❖ District Project Coordinator, RH SDP (Member Secretary)

The committee will meet on a regular basis to present the report regarding the implementation and progress of the functions of District Drug Warehouse and Drug Distribution Centers.

A monthly review of the progress of implementation of the scheme will also be done by the Chief Medical and Health Officer and medical institute in-charge. Progress report will be submitted to the District Magistrate in the district health committee for review. And it will also be ensured to send the report regularly to the Managing Director, RMSC.

Principal Secretary, Administration  
Medical and Health Dept.

## ANNEXURES

Copies for information and necessary actions to:-

- 1.) Private Secretary, Principal Secretary to Hon'ble Chief Minister
- 2.) Private Secretary to Hon'ble Minister, Medical & Health Dept.
- 3.) Private Secretary to Hon'ble State Minister, Medical & Health Dept.
- 4.) Private Secretary, Principal Secretary, Administration, Medical Education Dept.
- 5.) Director, National Rural Health Mission
- 6.) All Divisional Commissioners/ District Magistrates
- 7.) All Directors/ Medical & Health Services, Rajasthan, Jaipur
- 8.) All Principals and Controllers/ Superintendents, Medical College & Hospital, Rajasthan
- 9.) All Joint Directors, Medical & Health Services, Rajasthan
- 10.) All Chief Medical and Health Officers, Rajasthan
- 11.) All Principal Medical Officers, Rajasthan
- 12.) All Officers In-charge, Community Health Centre/ Primary Health Center, Rajasthan
- 13.) Communication Records

Special Administrative Secretary

Medical & Health Department and Managing Director- R.M.S.C.

## ANNEXURES

Govt. of Rajasthan

Medical and Health Deptt.

Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur

No.- RMSC/ Letter No./ 2011/248

Date - 03/09/2011

### Order

According to the budget declaration 2011-2012 by the Hon'ble Chief Minister, all the patients visiting the Govt. hospitals in the State will be provided by the most commonly used essential medicines, free of cost from 2<sup>nd</sup> Oct. '11. For the monitoring of the effective implementation of this scheme following orders are being issued.

For the successful implementation of the scheme, a monitoring committee is constituted in the chairmanship of Divisional Commissioner, for Medical College Hospital and related hospitals :-

- ❖ Divisional Commissioner (President)
- ❖ District Magistrate (Vice President)
- ❖ Principal and Controller, Medical College
- ❖ Hospital Superintendent (Related Hospital)
- ❖ Deputy Superintendent (Related Hospital)
- ❖ Ex Eng., NRHM/RHSDP
- ❖ Sub./Asst. Registrar, Co-operative
- ❖ G.M. Store
- ❖ Asst. Drug Controller/ Drug Controller Officer
- ❖ District Project Coordinator, RHSDP (Member Secretary)

The committee will meet on a regular basis to submit the report regarding the implementation and progress of the functions of Drug Distribution Centers and District Drug Warehouse in the Medical College Hospitals and related hospitals.

A monthly review of the progress of implementation of the scheme will also be done by the Principal, Medical College and Superintendent of related hospitals. Progress report will be submitted to the Divisional Commissioner for review. And it will also be ensured to send the report regularly to the Managing Director, RMSC.

Principal Secretary, Administration  
Medical and Health Deptt.

## ANNEXURES

Copies for information and necessary actions to:-

- 1.) Private Secretary, Principal Secretary to Hon'ble Chief Minister
- 2.) Private Secretary to Hon'ble Minister, Medical & Health Deptt.
- 3.) Private Secretary to Hon'ble State Minister, Medical & Health Deptt.
- 4.) Private Secretary, Principal Secretary, Administration, Medical Education Deptt.
- 5.) Director, National Rural Health Mission
- 6.) All Divisional Commissioners/ District Magistrates
- 7.) All Directors/ Medical & Health Services, Rajasthan, Jaipur
- 8.) All Principals and Controllers/ Superintendents, Medical College & Hospital, Rajasthan
- 9.) Communication Records

Special Administrative Secretary  
Medical & Health Department and Managing Director- R.M.S.C.

## ANNEXURES

Govt. of Rajasthan

Medical and Health Deptt.

Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur

No.- RMSC/ Letter No./ 2011/213

Date-26/08/2011

### Order

According to the budget declaration 2011-2012 by the Hon'ble Chief Minister, all the patients visiting the Govt. hospitals in the State will be provided by the most commonly used essential medicines, free of cost from 2<sup>nd</sup> Oct. '11. With the beginning of this scheme some instructions are being issued to all the doctors of the State regarding prescribing medicines.

- i.) **Prescription by Generic name :-** According to the instructions of the State Government, doctors must write prescriptions by salt/ pharmacopoeial / generic names and must use essential drugs according to the standard treatment guidelines. Every slip must have provisional/final diagnosis and the signature of the doctor.
- ii.) **Double Prescription Slip :-** Prescribed medicines should be written on 2 slips (carbon copy). The first copy will remain with the patients and the second copy will be produced at the counter of Free **Drug Distribution Center** for getting the medicines.
- iii.) **Counseling:-** It must be the duty of the doctor-in-charge, other doctors, nursing staff and the staff of Drug Distribution Center and the pharmacist of co-operative department that according to the State Government's wish/objective, to provide necessary co-operation in the treatment of the patients and to provide them proper counseling. They should provide proper information regarding Generic drugs, in case of any doubt, and try to wipe out their doubts.
- iv.) **Prescription Audit :-** As per instructions of the State Government, Medical Officer in-charge/unit head must check 10% of the outdoor and indoor slips to ensure the implementation of the State order.
- v.) **Duration of Treatment:-** Normally, free medicines should be provided to the patient for 3 days. In case of any urgency or in special conditions drugs for 7 days can be given, specifying the reason. The patients of chronic illness such as blood pressure/ diabetes/ heart diseases/ epilepsy/ anemia/ osteoarthritis etc. and the pensioners can be given drugs for one month.

## ANNEXURES

- vi.) **Strengthening of Life Line Drug Stores :-** Except the free drugs made available by RMSC, other drugs are to be made available through Life Line Drug Stores. According to RMRS rules, a committee of 3 doctors will purchase quality drugs and then make it available for sale so that the patients can get medicines at appropriate rates. Ensure the implementation of above orders, otherwise disciplinary actions could be taken by the department.

Chief Secretary,

Govt. of Rajasthan.

Copies for information and necessary actions to:-

- 1.) Private Secretary, Principal Secretary to Hon'ble Chief Minister
- 2.) Private Secretary to Hon'ble Minister, Medical & Health Deptt.
- 3.) Private Secretary to Hon'ble State Minister, Medical & Health Deptt.
- 4.) Private Secretary, Principal Secretary, Administration, Medical Education Deptt.
- 5.) Director, National Rural Health Mission
- 6.) All Divisional Commissioners/ District Magistrates
- 7.) All Directors/ Medical & Health Services, Rajasthan, Jaipur
- 8.) All Principals and Controllers/ Superintendents, Medical College & Hospital, Rajasthan
- 9.) All Joint Directors, Medical & Health Services, Rajasthan
- 10.) All Chief Medical and Health Officers, Rajasthan
- 11.) All Principal Medical Officers, Rajasthan
- 12.) All Officers In-charge, Community Health Centre/ Primary Health Centre, Rajasthan
- 13.) Communication Records

Principal Secretary  
Medical & Health Department

## ANNEXURES

Govt. of Rajasthan

Medical and Health Deptt.

Rajasthan, Jaipur

Serial No.- P () NRHM/ Civil/ 2010/11/698

Dated 22/08/2011

### Office Order

**Sub: Regarding the strengthening of the District Drug Warehouses, general stores of Medical Institutes and Drug Distribution Centers/ New Counters For the implementation of Chief Minister's Free Drug Scheme from 2<sup>nd</sup> Oct. '11**

From the instructions given in the meeting held today i.e. **22/08/2011**, on above mentioned subject, the implementation of these points within scheduled time frame should be ensured:-

- 1.) By repairing the roofs according to the need of the District Drug Warehouses, water proofing, white wash, fitting of A.C., computers, fiber sheets, exhaust fans and cleaning of the campus, a new look should be given to the campus.  
For this purpose required budget is being provided by the Finance Department.
- 2.) Similarly, the repair work is to be done at general store room at Medical Institutes.  
The required budget is being provided by the Finance Department.
- 3.) Minor civil and maintenance works are to be done to establish extra counters/windows at BPL Drug Distribution Centers at medical institutes and to open new distribution centers at satellite/ sub district hospitals.
- 4.) Keeping in view the necessity of completion of these works within a fix time limit according to the letter of the Director, Public Health, letter no. 179 dated 02/08/2011- the permission is being given to invite short term contracts for bidding process.
- 5.) Civil construction works of new Drug Distribution Centers are being done through co-operative department. All the executive and assistant engineers of Medical and Health Department are instructed to look after and monitor the construction works being done by the Co-operative department and to ensure the completion within fixed duration and up to the quality standards.

## ANNEXURES

All the executive and assistant engineers (in charge) are instructed to pay full attention on the implementation of the project and to remain in continuous contact with the related Chief Medical and Health Officer and will ensure to complete all works within next 10 days. All executive and assistant engineers (in charge) must not leave the headquarter without the permission of the signatory. Any negligence towards these instructions will be inexcusable.

Chief Engineer (Medical and Health) will review these works on a daily basis and will submit a daily progress report to the signatory.

Principal Secretary, Administration  
Medical and Health Department  
Jaipur.

**Serial No. Q NRHM/ Civil/ 2010-11/ 698**

**Dated 22/08/2011**

For information and necessary actions, copies to:-

- 1.) Managing Director, RMSC, Jaipur, Rajasthan.
- 2.) Director (Public Health) Medical and Health Services, Jaipur, Rajasthan.
- 3.) Chief Executive Engineer, Medical and Health Department, Jaipur.
- 4.) Executive Engineer (All), Medical and Health Department.

Principal Secretary, Administration  
Medical and Health Department  
Jaipur.

## ANNEXURES

### Chief Minister's Free Drug Scheme

Govt. of Rajasthan

Medical and Health Deptt.

Rajasthan, Jaipur

Serial No.- N.S./ Director (Public Health)/ 11/171 Jaipur

Dated 14/08/2011

### Chief Minister's Free Drug Scheme

Principal Secretary,  
Co-operative Department  
Government of Rajasthan  
Jaipur.

Sir,

According to the high level decision taken by the State Government, "Chief Minister's Free Drug Scheme" is to be implemented from 2<sup>nd</sup> Oct. '11 in all the Government Hospitals. Under this scheme, generic medicines of most common use are to be provided to all the patients visiting the Government Medical Institutes, free of cost.

New Drug Distribution Centers are to be opened in the District Hospitals for the implementation of this scheme, as attached in appendix 'A'. As per the Government decision, all these Drug Distribution Centers are to be established and run by "Confed" or "Co-operative Consumer Stores".

Required financial help for the construction, furnishing, and operating cost of these Drug Distribution Centers (DDCs) are to be provided to "Confed" (Co-operative Consumer Stored) by Medical Relief Society (MRS), at the following rates:

1.	Expenditure for the required civil and furnishing works i.e. racks for keeping drugs, fridge, chair, table and other furniture, counters at Drug Distribution Centers	Rs. 2.25 lacs per DDC (once)
2.	Monthly Maintenance Cost ( for drug distribution)	25,000 per month per DDC

It is expected that according to the list attached, the construction and furnishing work of Drug Distribution Centers in all the District Hospitals will start with immediate effect with the help of related co-operative institutes. As per the instructions of the Hon'ble Chief Minister, the review and monitoring of the preparations of drug distribution at all these centers should be done in such a way that the "test distribution" can be started / initiated from 15<sup>th</sup> Sep. '11.



## ANNEXURES

The preparations of this program are being reviewed weekly by the Hon'ble Chief Minister. It is expected that very soon you will issue necessary guidelines in this regard, to the related co-operative institutes so that the implementation of the scheme and “test distribution” can be ensured within the prescribed duration.

Necessary guidelines in this regard have been issued to all the Principal Medical Officers.

B. N. Sharma,  
Principal Secretary, Administration  
Medical and Health Services,  
Rajasthan, Jaipur.

## ANNEXURES

### Chief Minister's Free Drug Scheme

Govt. of Rajasthan

Medical, Health and Family Welfare Deptt.

Rajasthan, Jaipur

Serial No.- Sanstha / / AT / P24 / 2011 / 106

Dated 06/08/2011

### Order

For the implementation of the announcements made by the Hon'ble Chief Minister, Rajasthan Medical Services Corporation Limited is constituted, and for the efficient functioning of the corporation, District Project Coordinator is designated as "Officer in-charge" In this regard, the Principal Secretary, Administration, had instructed to designate full time District Project Coordinators in all the districts, in the workshop held on 27/07/2011. District Project Coordinators will also be the in-charge of District Drug Warehouse. Therefore, all the Chief Medical and Health Officers are instructed that District Project Coordinators-RHSDP working under them will also perform the duties of a Nodal Officer, RMSC, except their previous duties. District Project Coordinator will maintain a separate register of the medicines to be given free of cost, from 2<sup>nd</sup> Oct. '11. If required, Chief Medical and Health Officer may ask the District Project Coordinator to perform functions regarding other programs as well.

Director (Public Health)  
Medical and Health Services,  
Rajasthan, Jaipur.

For information copies to:-

- 1.) Private Secretary to Hon'ble Health Minister, Rajasthan, Jaipur.
- 2.) Private Secretary to Hon'ble State Minister, Health, Rajasthan, Jaipur
- 3.) Private Secretary to Principal Secretary, Administration, Medical and Health Department, Rajasthan, Jaipur.
- 4.) Private Secretary to Deputy Secretary, Administration, Medical and Health Department (Group-2), Rajasthan, Jaipur.
- 5.) Managing Director, RMSC Headquarter.
- 6.) All Joint Directors, Medical and Health Services, Rajasthan Zone.
- 7.) All Chief Medical and Health Officer, Rajasthan.
- 8.) In-charge, Central Server Room,  
After mailing the order to all Chief Medical and Health Officers upload it on departmental website.
- 9.) Office Copy.

Director (Public Health)  
Medical and Health Services  
Rajasthan, Jaipur.

## ANNEXURES

### Govt. of Rajasthan

### Rajasthan Medical Service Corporation

### Medical and Health Deptt.

### Rajasthan, Jaipur

Serial No.- RMSC / Vol. III / 2011 / 216

Dated 27/08/2011

### Office Order

A monitoring cell is being established for the smooth functioning of the Chief Minister's Free Drug Scheme, redressing the complaints in time. Nodal Officer Dr. M. S. Krishaniya will be the advisor, (Field Monitoring).

The complaints regarding- shortage of drug in hospitals, not prescribing medicines by generic names, unavailability of medicines, asking to pay for the free medicines, etc. can be made at:-

#### At State level:

- 1.) On Landline No. : 0141- 222 5624, 222 5000 ( Directorate Control Room)
- 2.) On Mobile : 9166005500 (Mobile Control Room)
- 3.) Email : [rmsc@nic.in](mailto:rmsc@nic.in)
- 4.) Fax No. : 0141- 222 5827
- 5.) Via Letter : MD, Rajasthan Medical Services Corporation, Swasthya Bhawan, Tilak Marg, C- Scheme, Jaipur.

#### At district level:

- 1.) Principal Medical Officer/ Medical Officer In-charge ( Concerned Hospital)
- 2.) Chief Medical and Health Officer ( Concerned District)
- 3.) District Collectorate Helpline No.

Besides this, a Zonal Officer in-charge is appointed according to the letter of Principal Secretary, Administration, Medical and Health Department, letter no. 165, dated 03-08-2011. The officer will ensure the availability of drugs at all the medical institutes of the zone, prescribing generic drugs by doctors and will check on the misuse of drugs through field monitoring of the scheme. Dr. M. S. Krishaniya will be the in-charge of the Field Monitoring Cell.

MD  
Rajasthan Medical Service Corporation And Special Secretary,  
Administration Medical and Health Department  
Rajasthan, Jaipur.

## ANNEXURES

### For information copies to:

- 1.) Private Secretary to Principal Secretary, Administration, Medical and Health Department, Govt. of Rajasthan, Jaipur
- 2.) Mission Director, NRHM, Medical and Health Department, Govt. of Rajasthan, Jaipur
- 3.) Director, Public Health / RCH / AIDS, IEC, Directorate, Jaipur.
- 4.) All Principal Medical Officer / Chief Medical and Health Officer, Rajasthan
- 5.) All District- Program Managers / District Project Coordination, Rajasthan
- 6.) Server Room
- 7.) Office Copy

MD

Rajasthan Medical Service Corporation And Special Secretary,  
Administration Medical and Health Department  
Rajasthan, Jaipur.

## ANNEXURES

### Govt. of Rajasthan

### Rajasthan Medical Service Corporation

### Medical and Health Deptt.

### Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur

### Rajasthan, Jaipur

No.- HA / 11 / 475

Dated - 27/08/2011

### ORDER

### Sub: To strengthen Life Line Medicare Drug Store.

- 1.) From 2<sup>nd</sup> Oct. '11, Rajasthan Medical Service Corporation will purchase and then provide most commonly used drugs, surgical items and consumables for free distribution. The proper arrangement for the distribution of medicines and surgical items will be ensured under the supervision of the officer-in-charge of the medical institute.
- 2.) Though it is the responsibility of the RMSC to provide all the listed medicines regularly and timely, but in case of any obstruction due to unavoidable reasons, the Free Drug Distribution System should not be affected. Therefore, an alternative arrangement should be developed at Lifeline Medicare Drug Store (initially Lifeline Fluid Store). For this purpose the suggested process in the directives given in Part-IV of the revised rules of Rajasthan Medicare Relief Society (RMRS) should be followed and the rates should be fixed of all the drugs i.e. commonly used medicines and medicines being prescribed by the doctors of the hospital.
- 3.) The drugs, not being purchased by RMSC and being prescribed by the doctors in critical circumstances, must be made available at Medicare Drug Store.
- 4.) According to the rule no. 9 of revised rules 2007, (regarding the purchase and sales of drugs and other items) for the required medicines and surgical items, the offers should be taken on scheduled pro forma from drug manufacturing firms/ and their distributors. After proper negotiations with the firms, distributors and suppliers the minimum rates should be fixed. Then a team of 3 senior doctors will review the quality and price of the drugs, only after this the drugs can be recommended to be sold at the drug stores. After the fixation and preparation of the rate list, the medicines and surgical items which are not being supplied by RMSC, but are essentially required at hospitals, should be regularly made available. These drugs on the list, in case of not being supplied by RMSC, must be purchased at fixed rates and be provided to patients free of cost. 10% of the total drug-budget of every/each hospital is kept for local purchase.

## ANNEXURES

- 5.) The details of purchase/sale procedure is given in the Chapter-4 of Medical Relief Society (MRS) Rules 2007.
- 6.) Those medical institutes, where Medicare Drug Store is not being operated/ (are not in existence), can purchase drugs from their nearest district hospitals for a short duration.
- 7.) Those district hospitals, where Medicare Drug Stores are well arranged and capable of supplying medicines to other institutes, should try to get 'whole-sale license' and to purchase directly from C'n'F. It will help in getting cheaper medicines and the patients can be benefited.
- 8.) In those medical institutes where Medicare Drug Stores are still working in the name of Lifeline Fluid Store, a rectification should be done in the license to change the name, and besides fluids, drugs must also be made available at the stores.

Regarding the budget declaration by the Hon'ble Chief Minister to provide most commonly used medicines, free of cost, to all patients in Govt. hospitals from 2<sup>nd</sup> Oct. '11., necessary guidelines has been issued by Chief Secretary through order No. RMSC / M Patra / 2001 / 213 dated 28/08/2011. (the copy is attached.)

Copy to All District Collectors

Principal Secretary, Administration  
Medical and Health Department

### **Copies to, for information and necessary actions:**

- 1.) All Joint Directors, according to the guidelines given through the video conferencing get the names and rate list of all the drugs available at Lifeline Drug Stores through all Principal Medical Officers, and send it to the office by 31<sup>st</sup> Aug. '11.
- 2.) It is expected from all the Principal Medical Officers and Officer in-charge of the institute that they must ensure the smooth establishment of Lifeline Drug Stores by 31<sup>st</sup> Aug. '11 and must send the list of available drugs, surgical items and their rates by 31<sup>st</sup> Aug. '11.
- 3.) All the Chief Medical and Health Officer.

Special Secretary, Administration  
Medical and Health Department and  
Managing Director, RMSC



## ANNEXURES

### INFORMAL NOTE

As per your directives , the guidelines to ensure the availability of essential medicines at Medicare Drug Store are being sent for review and approval.

Stamp

Director,  
(AIDS/MA.)

**Principal Secretary, Administration**  
**Medical and Health Department**

Informal Note No. Director / AIDS / ?? / 2011 / 152

Dated 23/08/2011

## ANNEXURES

### **To ensure the availability of essential drugs for free distribution in Hospitals.**

- ❖ From 2<sup>nd</sup> Oct. 2011, Rajasthan Medical Services Corporation (RMSC) will purchase most commonly used medicines and surgical consumables and make them available for free distribution. The proper arrangements for the distribution of drugs and surgical items will be ensured in the supervision of the in-charge of medical institutes.
- ❖ RMSC will exercise every possible effort to provide the listed drugs regularly and timely. Essential medicines must be available at Medicare Drug Store (earlier Lifeline Fluid Store) so that Fee Distribution System could not be affected in case of any obstructions/hindrances in supply due to unavoidable reasons. When required, drugs can be purchased from Medicare Stores and will be distributed free of cost.
- ❖ Those medicines, which are not being purchased by RMSC, but prescribed by the doctors in specific cases, must be made available at Medicare Drug Store. Patients should get generic drugs at proper rates.
- ❖ Those listed medicines which are not available with generic names will be purchased by a committee of 3 doctors and must be made available through Medicare Drug Store. According to RMSC and the prepared list, all drugs (not less than 500 in number) must be available at Medicare Drug Store. The copy of this list must be sent to Rajasthan Medicare Service Corporation and Additional Director, hospital administration by 15<sup>th</sup> Sep. '11.
- ❖ The details of purchase/sales process are available in Part-IV of Medical Relief Society (MRS) rules. Medicare Drug Store Committee, comprises of drug store-in-charge, Principal Medical Officer and Subject Expert, will control the unnecessary purchase and storage of medicines and will ensure that they are cheaper in comparison to the market price. The committee will also be responsible to ensure the limited purchase and maximum use of those medicines which are prescribed by the doctors in specific conditions. Committee can also decide to purchase special medicines at cheaper rates from the company with the turnover more than 20 Carore and WHO GMP certified, ISO certified, and the payments should be made to the company after the opening and use of the drug store. But it should be taken into account that through this decision the purchase and storage of unnecessary medicines must get avoided and this process is used only in specific conditions. If any irregularity is found in prescription audit, it will be held as the responsibility of the institute in-charge.
- ❖ It is also be observed that at the time of purchasing drugs, the purchase process is fully left upon the contractor and he takes undue advantages. Purchase process must be in the control of Medicare Drug Store Committee. There should a transparency in this process, a cash discount of 2% can be availed on early payment.
- ❖ The license of those medical institutes, where Lifeline Drug Stores are still working should be rectified and the store should be called as "Lifeline Drug Store".

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- ❖ Those medical stores, where Medicare Drug Store is not in operation, can purchase medicines for time being from their nearest district hospitals.
- ❖ The list of all drugs and surgical items (available/proposed), should be displayed and sent to Rajasthan Medical Service Corporation RMSC and the office of the Additional Director (Hospital Administration).
- ❖ Those district hospitals, whose Medicare Drug Stores are well arranged and capable of providing medicines to other institutes, should try for wholesale license, and for direct purchase from C & F; so that drugs could be made available at cheaper rates and the patients could get benefited.

## ANNEXURES

### **Chief Minister's Free Drug Scheme**

**Govt. of Rajasthan**

**National Rural Health Mission, Rajasthan**

**State Health Committee,**

**Swasthya Bhawan, Jaipur.**

F-29 (39) NRHM / MMJRK / Circular / 09 / 3250

Dated 05/09/2011

- ❖ All principals, Medical Colleges, Rajasthan
- ❖ All Superintendent, Hospitals affiliated to Medical College
- ❖ All Principal Medical Officers, District College Hospitals, Rajasthan
- ❖ All principal medical officers, District hospital Rajasthan
- ❖ All principal medical officers, Sub Division/ Satellite Hospitals, Rajasthan
- ❖ All Medical Officers In-charge, Community Health Centre, Rajasthan
- ❖ All Medical Officers In-charge, Primary Health Centre, Rajasthan

### **Subject: Supply of drugs at BPL counters**

From 2<sup>nd</sup> Oct. '11, all the patients visiting to Govt. Hospitals in the State will be provided by most commonly used essential drugs for free of cost. The patients of Thyllesemia and Hemophilia can also avail free medicines.

For the implementation of this scheme Rajasthan Medical Services Corporation is established to purchase generic drugs, surgical and diagnostic items & equipments for all the medical institutes of the State. In this regard, the following guidelines are being issued for the Chief Minister's BPL Life Saving Fund Scheme:-

- 1.) Rajasthan Medical Services Corporation will also have to supply the drugs to BPL counters. RMSC will purchase the drugs and deliver them to District Drug Warehouse (DDW). From there, the Medical Institute-in-charge will receive the drugs and make it available at BPL counters for free distribution.
- 2.) At present, in the case of non-availability of free medicines under Chief Minister's BPL life Saving Fund Scheme, it is proposed to purchase medicines through Medicare Relief Committee from the shops giving maximum discount and to make it available to patients. Mostly, it is found that on branded drugs the discount is given at the rate of 5-10% on M.R.P., while on generic drugs it is approx. 80-90% of M.R.P. In this way, the purchase of costly drugs is entirely a extravagance of state funds, and a financial load on state. Therefore, if RMSC is not supplying

## ANNEXURES

some drugs due to any unavoidable reason, it must be purchased in generic names by the Medicare Relief Society (MRS) of that medical institute at competitive rates. These drugs are also made available at Lifeline Drug Stores. Therefore, in case of any necessity, these drugs can be availed from Lifeline Drug Store at the rate fixed by Rajasthan Medicare Relief Society.

- 3.) Community Health Centers and other hospitals, not having the scheduled rate contracts to purchase extra medicines except the Rate Contract by the State Government, can purchase required drugs from related district hospital's Lifeline Drug Stores/ rates for BPL patients.
- 4.) According to the present instructions of the State Government the doctors will have to write prescriptions in pharmacopial/salt/generic names and the treatment of the disease have to be done through EDL according to the standard treatment guidelines. Therefore, the drugs must be available at BPL counters in generic names and uses of unnecessary drugs must be avoided. Any negligence in this regard must be drawn into the account of the Principal Medical Officer/ Medical Officer-in-charge and their office.
- 5.) The records of the medicines provided to BPL and APL patients will be maintained separately by the staff of BPL counters.
- 6.) RMSC will be paid at the end of every month for the drugs provided by RMSC to the patients entitled to the Chief Minister's BPL Life Saving Fund, from the budget provided under this scheme. This system will be applied for the year 2011-2012.

**S. Ahmed**  
**Chief Secretary.**

For the information and necessary actions, copies to:-

- 1) Principal Secretary (Administration) to the Hon'ble Chief Minister, Chief Minister's Office, Secretariat, Jaipur.
- 2) Private Secretary to the Hon'ble Medical and Health Minister, Secretariat, Jaipur.
- 3) Private Secretary to the Hon'ble Medical and Health State Minister, Secretariat, Jaipur.
- 4) Private Secretary to the Chief Secretary, Government of Rajasthan, Secretariat, Jaipur.

**Principal Secretary, Admin.**  
**Medical and Health Department.**

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### Annexure 8 : Profile of Centre for Innovations in Public Systems (CIPS)

Pursuant to the recommendations of the Thirteenth Finance Commission, Govt. of India, the **Centre for Innovations in Public Systems (CIPS)** was set up in May 2010 at the Administrative Staff College of India (ASCI), Bella Vista, Hyderabad.

Centre for Innovations in Public Systems (CIPS) has the mandate of spreading innovative/best practices in public systems to improve service delivery. As part of its mandate CIPS has been focusing on the areas of Health, Education, e-Governance and Urban Governance.

CIPS works to actively promote and disseminate among states, practices that have enhanced service delivery, increased efficiency and led to cost reduction in public systems. CIPS scans the environment for good practices in the field of public service delivery and adds them to its already existing database of innovations. This database is shared with states, and training programmes are conducted to enable and facilitate experience sharing.

Innovations outside the government system are well covered and disseminated by the National Innovation Foundation (NIF). **CIPS, therefore, remains the single public sector organisation to document and disseminate innovations in public systems, especially those impacting public service delivery and increasing efficiency and reducing costs.**

#### CIPS: Governance Structure

The governance arrangements for CIPS are as under:

##### (a) The Advisory Council

The Advisory Council for CIPS comprises of:

- ❖ Chief Secretaries of all the states or Union Territories.
- ❖ Three representatives of the Union Government, viz. the Finance Secretary, Secretary (Personnel), and Secretary (Administrative Reforms)
- ❖ Director of the Lal Bahadur Shastri Academy of National Administration.
- ❖ Chairman, National Innovation Foundation (NIF)
- ❖ Four independent experts known for their contribution to the field of innovation, nominated by the Director-General of ASCI. They are:
  - ☛ Dr. Anjali Hazarika, Independent Expert and Former Head(Admn.), Oil India Ltd.
  - ☛ Prof. Anil Gupta, Professor, IIM(A), Executive Vice Chair, NIF
  - ☛ Shri Anil Sachdev, Founder of School of Inspired Leadership(SOIL), Gurgaon

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- 👤 Prof. G. Mohan, Centre Director, Centre for Innovation & Technology, ASCI, Hyderabad
- ❖ Director of CIPS acts as the Convener/Secretary.

The Advisory Council is chaired by the Chief Secretary, Andhra Pradesh State Government, who is also a member of the Court of Governors of ASCI.

The Advisory Council:

- ❖ Comments and makes suggestions on the Centre's work programme and monitors its implementation
- ❖ Reviews and comments upon the annual budget of the CIPS & receives an audit report
- ❖ Meets twice a year in Hyderabad, subject to a minimum quorum of 25 per cent of its membership

### (b) Steering Committee

The Steering Committee is established to provide space for the representation of the insights of State Governments and in giving shape and driving the work programme of the Centre. The Committee is headed by the Director-General of ASCI. The other members of the Steering Committee are:

- ❖ Two chief secretaries to the government or their nominees as invited by the Chairman of the Court of Governors of ASCI (or nominated by the Advisory Council) to serve for one year each, on a rotating basis (Currently Orissa and Kerala)
- ❖ Director of the Lal Bahadur Sastri Academy of National Administration.
- ❖ Two of the four independent nominees represented on the Advisory Council, as invited by the Director-General of ASCI.
- ❖ The Director of CIPS

### CIPS: Mission and Objectives

CIPS mission is to create a climate and nurture a culture for accelerating and diffusing innovation in public systems. To unleash the creativity of a billion people over the ongoing 'Decade of Innovation', CIPS aims to:

- ❖ Identify, recognize and promote innovations in public systems
- ❖ Catalyze and trigger lateral learning
- ❖ Provide a range of learning opportunities and services
- ❖ Facilitate sharing of international experiences

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### Functions of CIPS

- ❖ Scout, scan and track different innovations at the state as well as at the national level that have positively impacted public service delivery, increased efficiency and led to cost reduction.
- ❖ Create a public domain inventory of innovations in public systems, government departments for the purpose of knowledge management and diffusion of innovations.
- ❖ Facilitate emergence of eco-systems that are hospitable to cost-effective innovative ideas, provide empowerment and freedom, and encourage risk-taking experiments for promoting innovations.
- ❖ Act as a platform for sharing and disseminating knowledge of new ventures and best practices in administration.
- ❖ Help in developing policies for incentives (reward & recognition) to accelerate the process of innovation and cross-fertilization of ideas for opening up new lines of inquiry for sustainable change and transformation in public systems.
- ❖ Design relevant training programmes in partnership with the State Governments for developing an innovative mindset for creating new solutions on an ongoing basis.
- ❖ Facilitate the pursuit of diagnostic studies to identify possible barriers that block innovation and also factors that facilitate innovations in public systems.
- ❖ Facilitate provision of social venture capital/innovation promotion fund and crucial balancing investment for new ideas and last mile investments in the administration.
- ❖ Organize annual retreats of top leaders (chief ministers, ministers, principal secretaries, secretaries, etc.) in a conducive setting for encouraging constructive debate, introspection and reflection for developing inclusive policy solutions and operational mechanisms. This will also help in building leadership traits that facilitate learning from below, around and from people at the grass root level.
- ❖ Honour outstanding innovations in public systems through a scheme of annual awards so as to incentivise the innovators in public systems/state departments.
- ❖ Develop a body of knowledge including research based case studies, comparative analyses of innovations and experience of their diffusion within and across the states using multimedia and multi-language learning materials for becoming more innovative in the delivery of public services.

## ANNEXURES

### List of Workshops Conducted by CIPS

1. Workshop on Innovations in Health Sector at Hyderabad on 30 & 31<sup>st</sup> October 2010
2. Workshop on Innovations in Elementary Education at New Delhi on 18 February 2011
3. Workshop on Innovations in Elementary Education and Health-care Delivery at Patna on 29<sup>th</sup> & 30<sup>th</sup> April 2011
4. Workshop on Guidelines for Comprehensive Birth Management System at ASCI, Hyderabad, on 3<sup>rd</sup> May 2011
5. Two day Workshop on Innovations in e-Governance at ASCI, Bella Vista, Hyderabad, on 10<sup>th</sup> and 11<sup>th</sup> June, 2011
6. Workshop on Innovations in Urban Governance at Shimla on 8<sup>th</sup> July, 2011
7. Workshop on Innovations in Elementary Education at ASCI, Bella Vista, Hyderabad, on 20<sup>th</sup> August, 2011
8. Workshop on Innovations in Elementary Education and Health-care Delivery at Goa on 17<sup>th</sup> & 18<sup>th</sup> November, 2011
9. Participation and Chairing a Session in the Workshop on “Strengthening Delivery and Accountability Framework for Public Services” jointly organized by Mandhya Pradesh Government and UNDP – 8<sup>th</sup> December, 11.
10. Workshop on Innovations in Rural Development, Agriculture, Health & Urban Governance conducted by CIPS in association with Karnataka Government on 20<sup>th</sup> & 21<sup>st</sup> January, 12 at Bangalore.
11. Workshop on Innovations in Health Care & Urban Governance at Tiruvananthapuram, Kerala in collaboration with the Government of Kerala – 03-04 February 2012.
12. Training Programme on Knowledge Management at Tiruvananthapuram, Kerala – February 6-8, 2012.
13. Workshop on Innovations in Public Service Delivery & Administration for select District Collectors in February 15 -16, 2012 at ASCI, Hyderabad
14. Workshop on Innovations for Quality Education, Sanitation, Health and Hygiene in Patna in collaboration with the Government of Bihar in February 22-23, 2012 at Patna.
15. Brainstorming Session on “3 year – Rural Medical Practitioner Course” with Officials of Govt. of Andhra Pradesh – 9<sup>th</sup> March, 2012.
16. Workshop on Integration of Medical Education with Primary, Secondary and Tertiary Health Care – National Workshop at CMC, Vellore, Tamil Nadu – 9<sup>th</sup> & 10<sup>th</sup> of April, 12
17. National Workshop on Efficient Manpower Management in Police Stations in collaboration with Administrative Staff College of India in April 12-13, 2012 at Hyderabad.
18. Seminar on Best/Innovative Practices for IAS Officers of 2011 at Mussoorie on 4<sup>th</sup> June, 2012 at Mussoorie.
19. Workshop - Aravind Eye Care System, Madurai, Tamil Nadu- 16<sup>th</sup> & 17<sup>th</sup> of June, 12 in association with Aravind Eye Hospitals.
20. Workshop on Best Practices/Innovations in Health Sector at Dharwad, Karnataka on 9<sup>th</sup> July, 2012 in association with ATI, Mysore.
21. Workshops on Innovations on Land Administration and Health followed by a study of the Akshaya Model in Kerala on 19<sup>th</sup> & 24<sup>th</sup> of July, 2012 in association with IMG, Tiruvananthapuram, Kerala.

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22. Workshop on Best Practices/Innovations in Health Sector at Bangalore, Karnataka in association with ATI, Mysore on 27<sup>th</sup> & 28<sup>th</sup> August, 2012.
23. Mental and Neurological Disorders among the Elderly and Primary Health Care on 19<sup>th</sup> October, 2012.
24. Workshop for All India & Central Services of 2012 batch in association with RCVP Noronha Academy (ATI, Bhopal) on 31<sup>st</sup> October, 2012
25. One-day Field Visit on Balabadi Initiative at Cheepurupalli, Vijayanagaram district, Andhra Pradesh on the 8<sup>th</sup> of November, 2012 in association with Sodhana Institutions.
26. Two-day Workshop on Innovative Practices in School Education” on 9<sup>th</sup> & 10<sup>th</sup> of November, 12 at Visakhapatnam in association with Rajiv Vidya Mission, Govt. of Andhra Pradesh.
27. Workshop on Innovative Practices for All India Service Officers in association with ATI, Mysore on 5<sup>th</sup> Dec 2012.
28. Parallel Programme on Innovations at ZillaPanchayat Office at Mysore on 5<sup>th</sup> Dec 2012.
29. Workshop on Innovations for Senior State Administrative Services as part of Mid Career Training Programme in association with RCVP Noronha Academy (ATI, Bhopal) on 18<sup>th</sup> & 19<sup>th</sup> of December, 2012.
30. Two day workshop on “BOSS/GNU LINUX (Open Source Software)” on 21st & 22nd December'12 at Visakhapatnam association with the Centre for Development of Advanced Computing (C DAC), an autonomous society under DeitY and the District Administration of Visakhapatnam.
31. Video Conference on NABH & NABL Accreditation of Medical and Public Health Institutions – Initial Handholding & Integration of Medical Education with Primary & Secondary Health Care on 5<sup>th</sup> January, 2013.
32. Video Conferencing in Judicial Proceedings – Replicable Innovative Practice on 28<sup>th</sup> of January, 2013.
33. Video Conferencing on Bio Digester an Innovation of DRDO, New Delhi & “High Rate Modular Digester for Solid waste Garbage Disposal” an Innovation of IICT, Hyderabad – 15<sup>th</sup> February, 2013
34. A One Day Workshop on State Service Delivery Gateway (SSDG) and BOSS BIPARD( Bihar Institute of Public Administration and Rural Development) on 21<sup>st</sup> of February, 2013
35. Two-day Work shop on Open Source Software BOSS on 22nd and 23<sup>rd</sup> of February, 2013 in Hyderabad in association with CDAC, GoI, Hyderabad.
36. Brainstorming Session for Replicating/Adopting (i) the Model of Integration of Medical Education with Primary and Secondary Health Care Institutions (ii) Other Best Practices at New Delhi on Thursday, 28<sup>th</sup> of February, 2013
37. Video Conference on “SAMARPAN” - A Programme for Early Identification of the Mental Development of Children for Normal Growth on Wednesday, 6<sup>th</sup> March, 2013.
38. Two-day Workshop on Innovative Practices in Rural Development on 7th & 8th of March, 2013 at Guwahati, Assam in association with National Institute of Rural Development (NIRD).
39. One day Workshop on Innovative Practices in Fisheries on 12<sup>th</sup> March, 2013 at Shillong in association with the Department of Rural Development, Meghalaya.
40. Two-day Workshop on Innovative Practices on 14th & 15th of March, 2013 at Shillong, Meghalaya in association with Meghalaya Government
41. Two-day Workshop on Innovations on 18th & 19th of March, 2013 at Mussorie in association with Lal Bahadur Shastri Academy of Administration (LBSNAA).

## Replication/Handholding Activities by CIPS

CIPS is currently engaged in handholding and replication of innovative practices in health, education, urban governance and e-governance areas.

The following are some of the initiatives that are currently underway :

<b>Health</b>	<ul style="list-style-type: none"><li>❖ Integration of Medical Education with Primary, Secondary and Tertiary Health Care - Pilot Basis in 5 Medical Colleges across India, along with Govt. of India.</li><li>❖ Use of IV Iron Sucrose Injection for Severe Gestational Anaemia Management (for Pregnant Women) - Punjab and Haryana</li><li>❖ Club foot - Non-surgical treatment</li><li>❖ Palliative Care, Kerala</li><li>❖ Cervical Cancer Screening - West Bengal &amp; Chennai models</li><li>❖ NABH Accreditation of Public Health Institutions</li><li>❖ Three year Rural Medical Practitioners Course - Chhattisgarh and Assam Models</li><li>❖ Karnataka Internet Assisted Diagnosis of Retinopathy of Prematurity (KIDROP), Karnataka</li><li>❖ SAMARPAN, an Initiative of addressing mental development among children, Madhya Pradesh</li></ul>
<b>Education</b>	<ul style="list-style-type: none"><li>❖ IT @ School, Kerala</li><li>❖ M.P. Education Portal</li></ul>
<b>e-Governance</b>	<ul style="list-style-type: none"><li>❖ Akshaya Model, Kerala</li><li>❖ BOSS (Free and Open Source Software)</li><li>❖ State Development Gateway</li></ul>
<b>Urban Governance</b>	<ul style="list-style-type: none"><li>❖ Bio-digesters of DRDO</li><li>❖ High rate modular digester of IICT for garbage disposal</li></ul>
<b>Others</b>	<ul style="list-style-type: none"><li>❖ Kerala State Land Bank</li></ul>

## About CIPS

Government of India have set up the Centre for Innovations in Public Systems (CIPS) in May 2010 as an autonomous body within the campus of the Administrative Staff College of India (ASCI), Bella Vista, Hyderabad. This centre is set up in pursuance of the recommendations of the XIII Finance Commission.

In line with its mandate and objectives, ***CIPS is providing assistance*** to various States and Union Territories in developing policies for promoting an innovative culture for transforming creative ideas into sustainable practices for improving service delivery. The focus areas for CIPS are education, health, e-governance and urban governance.

***CIPS has conducted workshops*** on innovations in Health-care, Education, e-Governance, Agriculture, Rural Development and Urban Governance at various locations including Hyderabad, Visakhapatnam, Delhi, Patna, Shimla, Goa, Bangalore, Mysore Bhopal, Thiruvananthapuram, Mussoorie, Vellore, Madurai, Dharwad, Guwahati and Shillong with active participation from civil servants, leaders of innovations and other stakeholders in promoting innovations in the public systems. CIPS is also bringing out edited proceedings of these workshops and is following up further action with state governments.

***CIPS has established strong linkages*** with the states of Andhra Pradesh, Bihar, Madhya Pradesh, Punjab, Haryana, Meghalaya Assam, Gujarat, Maharashtra Himachal Pradesh, Kerala, Karnataka, Goa and Meghalaya. A number of programmes have already been conducted in these states. CIPS is also in the process of establishing linkages with Jammu & Kashmir. In addition, CIPS has been strongly supporting the training programmes of LBSNAA, ATIs of Karnataka, Kerala, Madhya Pradesh and is also proposing to link up with the ATIs of Haryana and Arunachal Pradesh.

***CIPS has conducted programmes*** in association with CMC - Vellore & Aravind Eye Care System- Madurai, Tamil Nadu, NIMHANS -Bangalore, CDAC, DeitY/NeGD, GoI, CDoT, New Delhi and South Asian Cochrane Centre of CMC, Vellore.

***The other organizations*** with which CIPS has already established linkages are the Mahatma Gandhi Institute of Medical Sciences(MGIMS) - Sevagram, Wardha, Karnataka Knowledge Commission – Bangalore, DARPG- Govt. of India.

***CIPS has entrusted documentation*** of some of the innovative/best practices to ASCI - Hyderabad, One World Foundation - New Delhi, Access Health Care of ISB - Hyderabad, Medium Health Care Consulting - Hyderabad. CIPS has further entrusted studies to *Dr. Amar Jesani, Editor, Indian Journal of Medical Ethics and Trustee, Anusandhan Trust, Mumbai.*

***CIPS has already prepared a database*** on Innovations/best practices and these are available on CIPS website : [www.cips.org.in](http://www.cips.org.in).

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