



# JAIPRAKASH HOSPITAL AND RESEARCH CENTRE PVT. LTD.

## DRUG FORMULARY-INJECTABLE (IP) - ON DEMAND DRUGS

| Sl . No. | Generic Name                                  | Strength               | Unit of measurement | Proposed Consumption in upcoming 1 Year 2024 |
|----------|---|------------------------|---------------------|--|
| 1        | 5-FLUOROURACIL                                | 500MG/10ML             | VIAL                | As per requirement                           |
| 2        | ALPOSTRADIL                                   | 500MG                  | VIAL                | As per requirement                           |
| 3        | AMINO ACID<br>34MG+GLUCOSE<br>87MG+LIPID 51MG | ..                     | BOTTLE              | As per requirement                           |
| 4        | AMPHOTERICIN B 50MG<br>DEOXYCHOLATE           | 50MG                   | VIAL                | As per requirement                           |
| 5        | AMPHOTERICIN B 50MG<br>LYPHO                  | 50MG                   | VIAL                | As per requirement                           |
| 6        | ANIDULAFUNGIN                                 | 100MG                  | VIAL                | As per requirement                           |
| 7        | APREPITANT +<br>APREPITANT                    | 125MG+80MG             | STRIP               | As per requirement                           |
| 8        | BENDAMUSTIN 1                                 | 100MG                  | VIAL                | As per requirement                           |
| 9        | BEVACIZUMAB                                   | 100MG                  | VIAL                | As per requirement                           |
| 10       | BEVACIZUMAB                                   | 400MG                  | VIAL                | As per requirement                           |
| 11       | BLEOMYCIN                                     | 15UNITS                | VIAL                | As per requirement                           |
| 12       | BORTEZOMIB                                    | 2MG                    | VIAL                | As per requirement                           |
| 13       | BORTEZOMIB                                    | 3.5MG                  | VIAL                | As per requirement                           |
| 14       | CABAZITAXEL                                   | 60MG/1.5ML             | VIAL                | As per requirement                           |
| 15       | Carbetocin (100mcg/ml)                        | 100MCG/ML              | AMPOUL              | As per requirement                           |
| 16       | CARBOPLATIN                                   | 150MG/15ML             | VIAL                | As per requirement                           |
| 17       | CARBOPLATIN                                   | 150MG /15ML            | VIAL                | As per requirement                           |
| 18       | CARBOPLATIN                                   | 450MG/45ML             | VIAL                | As per requirement                           |
| 19       | CARFILZOMIB                                   | 60MG                   | VIAL                | As per requirement                           |
| 20       | CASPOFUNGIN                                   | 50MG                   | VIAL                | As per requirement                           |
| 21       | CASPOFUNGIN                                   | 70MG                   | VIAL                | As per requirement                           |
| 22       | CHLOROPROCAINE                                | 50MG                   | AMPOULE             | As per requirement                           |
| 23       | CHLOROQUINE                                   | 64.5MG/ML              | VIAL,AMPOULE        | As per requirement                           |
| 24       | CISPLATIN                                     | 10MG/10ML              | VIAL                | As per requirement                           |
| 25       | CISPLATIN                                     | 50MG/50ML              | BOTTLE,VIAL         | As per requirement                           |
| 26       | CYCLOPHOSPHAMIDE                              | 200MG,1000MG,500<br>MG | VIAL                | As per requirement                           |
| 27       | CYTARABINE                                    | 1000MG/10ML            | VIAL                | As per requirement                           |
| 28       | CYTARABINE                                    | 100MG/5ML              | VIAL                | As per requirement                           |
| 29       | CYTARABINE                                    | 500MG/25ML             | VIAL                | As per requirement                           |
| 30       | DACARBAZINE                                   | 200MG                  | VIAL                | As per requirement                           |
| 31       | DALTEPARIN                                    | 2500 MG                | PREFILLED           | As per requirement                           |
| 32       | DARATUMUMAB                                   | 440 MG                 | VIAL                | As per requirement                           |
| 33       | DECITABINE                                    | 30MG                   | PACK                | As per requirement                           |
| 34       | DOCETAXEL                                     | 80MG/2ML               | VIAL                | As per requirement                           |
| 35       | DOCETAXEL                                     | 120MG/3ML              | VIAL                | As per requirement                           |
| 36       | DOCETAXEL                                     | 20MG/0.5ML             | VIAL                | As per requirement                           |
| 37       | DOCETAXEL                                     | 80MG/0.5ML             | VIAL                | As per requirement                           |
| 38       | DOCETAXEL                                     | 80MG/2ML               | VIAL                | As per requirement                           |
| 39       | DOCETAXEL                                     | 80MG/4ML               | VIAL                | As per requirement                           |

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|----------|--|--------------|---------------------|--|
| 40       | DOXORUBICIN                              | 10 MG        | VIAL                | As per requirement                           |
| 41       | DOXORUBICIN                              | 50 MG        | VIAL                | As per requirement                           |
| 42       | EPIRUBICIN                               | 10MG,50MG    | VIAL                | As per requirement                           |
| 43       | FILGRASTIM                               | 300MCG       | VIAL,PCS            | As per requirement                           |
| 44       | FONDAPARINUX                             | 2.5MG        | PFS                 | As per requirement                           |
| 45       | FOSAPREPITANT                            | 150MG        | VIAL                | As per requirement                           |
| 46       | GEMCITABINE                              | 200MG        | VIAL                | As per requirement                           |
| 47       | GEMCITABINE                              | 1000MG       | VIAL                | As per requirement                           |
| 48       | GLUTATHIONE 600MG                        | 600MG        | VIAL                | As per requirement                           |
| 49       | GRANISETRON INJ                          | 1 MG         | AMPOUL              | As per requirement                           |
| 50       | HUMAN IMMUNOGLOBULIN                     | 95%          | INF                 | As per requirement                           |
| 51       | HUMAN IMMUNOGLOBULIN                     | 500MG/10ML   | VIAL                | As per requirement                           |
| 52       | IFOSFAMIDE                               | 1000MG       | VIAL                | As per requirement                           |
| 53       | IFOSFAMIDE 2000MG+MESNA 100MG            | 2000MG+100MG | VIAL                | As per requirement                           |
| 54       | IMITINIB                                 | 400 MG       | STRIP               | As per requirement                           |
| 55       | IRINOTECAN                               | 20MG/2ML     | VIAL                | As per requirement                           |
| 56       | IRINOTECAN                               | 20MG/5ML     | VIAL                | As per requirement                           |
| 57       | LEUCOVORIN                               | 50MG         | VIAL                | As per requirement                           |
| 58       | LEVOBUPIVACAINE                          | 0.50%        | VIAL                | As per requirement                           |
| 59       | LEVOCARNITINE                            | 1000MG/5ML   | AMPOULE             | As per requirement                           |
| 60       | MEDROXY PROGESTERONES 150MCG             |              | PREFILLED           | As per requirement                           |
| 61       | METHOTREXATE                             | 15MG/1ML     | AMPOULE             | As per requirement                           |
| 62       | METHOTREXATE                             | 20MG/1ML     | AMPOULE             | As per requirement                           |
| 63       | METHOTREXATE                             | 25MG/1ML     | AMPOULE,PCS         | As per requirement                           |
| 64       | METHOTREXATE                             | 50MG/1ML     | AMPOULE             | As per requirement                           |
| 65       | MICAFUNGIN                               | 50MG         | VIAL                | As per requirement                           |
| 66       | MIXTURES OF AMINO ACIDS+OTHERS NUTRIENTS | 1440ML       | BOTTLE              | As per requirement                           |
| 67       | MIXTURES OF AMINO ACIDS+OTHERS NUTRIENTS | 1540ML       | BOTTLE              | As per requirement                           |
| 68       | NIMOTUZUMAB                              | 50MG/10ML    | VIAL                | As per requirement                           |
| 69       | OXALIPLATIN                              | 100MG/20ML   | VIAL                | As per requirement                           |
| 70       | OXALIPLATIN                              | 100MG/50ML   | VIAL                | As per requirement                           |
| 71       | PACLITAXEL 100MG/16.7ML                  | ..           | VIAL                | As per requirement                           |
| 72       | PACLITAXEL 100MG/5ML                     | ..           | VIAL                | As per requirement                           |
| 73       | PACLITAXEL 100MG+HUMAN ALBUMIN 900MG     | ..           | VIAL                | As per requirement                           |
| 74       | PACLITAXEL 250MG/41.7ML                  | ..           | VIAL                | As per requirement                           |
| 75       | PACLITAXEL 300MG/15ML                    | ..           | VIAL                | As per requirement                           |
| 76       | PACLITAXEL 300MG/1ML                     | ..           | VIAL                | As per requirement                           |

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|----------|------------------------------------|-------------------------|---------------------|--|
| 77       | PACLITAXEL<br>30MG/1.55ML          | ..                      | VIAL                | As per requirement                           |
| 78       | PACLITAXEL 30MG/5ML                | ..                      | VIAL                | As per requirement                           |
| 79       | PALONOSETRON                       | 0.25 MG                 | VIAL                | As per requirement                           |
| 80       | PANCURONIUM                        | 4MG/2ML                 | AMPOULE             | As per requirement                           |
| 81       | PEGFILGRASTIM                      | 6mg                     | VIAL,PCS            | As per requirement                           |
| 82       | PEMETREXED 100MG                   | 100MG,500MG             | VIAL                | As per requirement                           |
| 83       | POLIDOCANOL                        | 3% 2ML                  | AMPOULE             | As per requirement                           |
| 84       | POMALIDOMIDE                       | 4 MG                    | BOTTEL              | As per requirement                           |
| 85       | PROGESTERONE<br>100MG/1ML          | 100MG/1ML,200MG<br>/2ML | AMPOULE             | As per requirement                           |
| 86       | QUININE                            | 300MG/ML                | VIAL                | As per requirement                           |
| 87       | RAMDESIVIR                         | 100MG                   | VIAL                | As per requirement                           |
| 88       | RETEPLASE                          | 18MG                    | AMPOULE,PACK        | As per requirement                           |
| 89       | RITUXIMAB 100MG/10ML               | ..                      | VIAL                | As per requirement                           |
| 90       | RITUXIMAB 500MG/50ML               | ..                      | VIAL                | As per requirement                           |
| 91       | SODIUM TETRADECYL<br>SULPHATE 30MG | 30MG                    | AMPOULE             | As per requirement                           |
| 92       | SUGAMMADEX                         | 100 MG                  | VIAL                | As per requirement                           |
| 93       | TAMOXIFEN                          | 10 MG                   | STRIP               | As per requirement                           |
| 94       | TEICOPLANIN                        | 200 MG /400MG           | VIAL                | As per requirement                           |
| 95       | TENECTEPLASE                       | 40MG                    | VIAL                | As per requirement                           |
| 96       | TERLIPRESSIN                       | 1MG                     | AMPOULE             | As per requirement                           |
| 97       | THYMOSIN ALPHA                     | 1.6MG                   | AMPOULE             | As per requirement                           |
| 98       | TIGECYCLINE                        | 50 MG                   | VIAL                | As per requirement                           |
| 99       | TOCILIZUMAB                        | 400MG                   | VIAL                | As per requirement                           |
| 100      | TOCILIZUMAB<br>200MG/10ML          | ..                      | VIAL                | As per requirement                           |
| 101      | TRASTUZUMAB                        | 150MG                   | VIAL                | As per requirement                           |
| 102      | TRASTUZUMAB                        | 440MG                   | VIAL                | As per requirement                           |
| 103      | UROKINASE                          | 500KIU                  | VIAL                | As per requirement                           |
| 104      | VINBLASTINE                        | 10MG                    | VIAL                | As per requirement                           |
| 105      | VINCRISTIN                         | 1MG                     | VIAL                | As per requirement                           |
| 106      | VITAMIN C                          | 1500MG                  | AMPOULE             | As per requirement                           |
| 107      | VORICONAZOLE                       | 200MG                   | VIAL                | As per requirement                           |
| 108      | ZOLEDRONIC ACID                    | 4MG                     | VIAL                | As per requirement                           |