

SELECTED DRUGS LIST
TREATMENT OF POOR CANCER PATIENTS
MTI HMC
2019-2020

S.NO	COMPANY NAME	PRODUCT SELECTED
1	AGP LIMITED	INJ HERTRAZ (TRASTUZUMAB) 440 mg
2	ASTERLIFE	INJ EPOTIV (ERYTHROPOEITIN) 2000 IU
3	BAYER	TAB NAEXAVAR (SORAFENIB) 200 mg
4	BLOOM PHRMA	TAB BLUTREXATE (METHOTREXATE) 10 mg
5	MERIXIL	INJ ONDANSETRON NORMON 8 mg
6	MERIXIL	INJ ZOLEDRONIC ACID NORMON 4 mg
7	MERIXIL	CAP TEMOEIRGEN (TEMOZOLOMIDE) 100 mg
8	MERIXIL	INJ LUTRATE DEPOT (LEUPROLINE) 22.5 mg
9	MERIXIL	INJ TOPMEGA (IL 11) 1.5 mg
10	MERIXIL	INJ TOPMEGA (IL 11) 3 mg
11	MERIXIL	TAB EXEMESTANE NORMON 25 mg
12	NOVARTIS ONCOLOGY	TAB VOTRIENT (PAZOPANIB) 400 mg
13	NOVARTIS ONCOLOGY	TAB FEMARA (LETROZOLE) 2.5 mg
14	NOVARTIS ONCOLOGY	INJ SANDOSTATIN LAR (OCTROTIDE) 20 mg
15	NOVARTIS ONCOLOGY	INJ SANDOSTATIN LAR (OCTROTIDE) 30 mg
16	NOVARTIS ONCOLOGY	TAB TYKERB(LAPATINIB) 250 mg
17	NOVARTIS ONCOLOGY	TAB REVOLADE (ELTROMBOPAG) 50 mg
18	NOVARTIS SANDOZ	INJ EBEDOCE (DOCETAXEL) 80 mg
19	NOVARTIS SANDOZ	INJ EBEDOCE (DOCETAXEL) 20 mg
20	NOVARTIS SANDOZ	INJ GEMCITABINE EBEWE 1000 mg
21	NOVARTIS SANDOZ	TAB ZOFRAN (ONDANSETRON) 8 mg
22	NOVARTIS SANDOZ	INJ GEMCITABINE EBEWE 200 mg
23	NOVARTIS SANDOZ	INJ OXALIPLATIN EBEWE 100 mg
24	NOVARTIS SANDOZ	INJ OXALIPLATIN EBEWE 150 mg
25	NOVARTIS SANDOZ	INJ BINOCORIT (ERYTHROPOEITN) 10000 IU
26	NOVARTIS SANDOZ	INJ LECTRUM (LEUPROLIDE ACETATE) 7.5 mg
27	NOVARTIS SANDOZ	INJ PACLITAXEL EBEWE 300 mg
28	NOVARTIS SANDOZ	INJ PACLITAXEL EBEWE 150 mg
29	NOVARTIS SANDOZ	INJ ZARZIO (GCSF) 300 mcg
30	NOVARTIS SANDOZ	INJ HYCAMTIN (TOPOTECAN) 4 mg
31	ONCOGENE	INJ KEBIRTECAN (IRINOTECAN)
32	REVIVE	INJ EGYBORT (BORTEZOMIB) 3.5 mg
33	REVIVE	INJ UNIPHOS (CYCLOPHOSPHAMIDE) 500 mg
34	REVIVE	INJ IFOS M (IFOSPHAMIDE) 1000 mg
35	REVIVE	INJ DOXULIP (LIPOSOMAL DOXORUBICIN) 20 mg

36	REVIVE	INJ PEGAPAR (PEG ASPARAGINASE) 3750 IU
37	REVIVE	INJ VASICASE (RASBURICASE) 1.5 mg
38	REVIVE	TAB ABIRATERONE ACETATE 250 mg
39	REVIVE	INJ THERMUSTINE (BENDAMUSTINE) 100 mg
40	REVIVE	INJ FULVESTRANT 250 mg
41	REVIVE	INJ CARFILZOMIB 60 mg
42	ROCHE	INJ RISTOVA (RITUXIMAB) 1400 mg SC
43	ROCHE	INJ RISTOVA (RITUXIMAB) 500 mg IV
44	ROCHE	INJ RISTOVA (RITUXIMAB) 100 mg IV
45	ROCHE	INJ AVASTIN (BEVACIZUMAB) 100 mg
46	ROCHE	INJ AVASTIN (BEVACIZUMAB) 400 mg
47	ROCHE	INJ HERCEPTIN (TRASTUZUMAB) 600 mg SC
48	ROCHE	TAB TARCEVA (ERLOTINIB) 150 mg
49	ROCHE	TAB XELODA (CAPECITABINE) 500 mg
50	ROCHE	INJ KADCYLA (ADO TRASTUZUMAB) 100 mg
51	ROCHE	INJ KADCYLA (ADO TRASTUZUMAB) 160 mg
52	ROCHE	INJ ROPEGRA (PEG INTERFERON) 180 mcg
53	ROCHE	TAB VALCYTE (VALGANCICLOVIR) 450 mg
54	ROCHE	INJ PERJETA (PERTUZUMAB) 420 mg
55	ROCHE	INJ TECENTRIQ (ATEZOLIZUMAB) 1200 mg
56	ROCHE	INJ GAZYVA (OBINUTUZUMAB) 1000 mg
57	SANOFI AVENTIS	INJ FLUDARA (FLUDARABINE) 50 mg
58	SANOFI AVENTIS	INJ JAVETANA (CABAZITAXEL) 60 mg
59	UMAR PHARMA	TAB BICAMIDE (BICALUTAMIDE) 50 mg
60	UMAR PHARMA	TAB GENEPLEX (ANASTROZOLE) 1 mg
61	UMAR PHARMA	TAB (ZYMOPLEX) TAMOXIFEN 10 mg

NOTE:

All firms whose products are selected as per above list are directed to submit their contract agreement (sample provided in Bid Solicitation Documents uploaded on HMC Website) within 10 (ten) days of this notice, with the rates offered mentioned in the contract agreement.