

s.NO	Dosage form	Name of items	Strenth/specificatio	One Month Require ment	CPA/ NON CPA
1	Tab	Isosorbide dinitrate	10 Mg	5000	CPA
2	Powder	Oral Dehydration Salt		5000	CPA
3	Inj.	Artesunate	60 mg	2000	CPA
4	Inj.	Oxytocin	5 I.U/MI	5500	CPA
5	Inj.	Hyoscine Butyl Bromide	20 mg/MI	4000	CPA
6	Inj.	Ketamine HCL	50 MG/ML, 10 ML VIAL	20	CPA
7	Inj.	Cefotaxime	500 mg	500	NON CPA
8	Inj.	Amphotercin B	50mg /vial	20	CPA
9	Inj.	Cloxacillin	500mg/vial	40	CPA
10	Inj.	Caffine Citrate	60mg/3ml	20	NON CPA
11	Inj.	Valthamide Bromide		200	NON CPA
12	Inj.	insulin (plain)		100	CPA
13	Inj.	Diazepam	5 MG/ ML	500	CPA
14	Inj.	Metoprolol	1 MG/ML	50	CPA
15	Inj.	Diltiazem		100	NON CPA