

INDICATIVE PRICE LIST
OF
LOW COST
DRUGS & MEDICAL SUPPLIES

2006 – 2007

COMMUNITY DEVELOPMENT MEDICINAL UNIT



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IMPORTANT

Pricing of pharmaceuticals in India is currently in a state of considerable flux. The VAT regime has commenced. However, some states are still to accept value added taxation. The Central Government has changed its excise policy regarding pharmaceuticals. Excise duty is now chargeable on the maximum retail price (MRP) rather than ex-factory price. This is having an impact on MRP that is yet to stabilize. The state government is still to finalize its list of medicines that would be exempt from taxation. Schedule M norms have been made more stringent. There is the possibility of changes in the Drugs Prices Control Order too.

These instabilities are having a major impact on CDMU's procurement schedules and the pricing applicable to our Member Organizations. Many of our usual suppliers have been unable to honor their rate contracts with CDMU and even to supply selected items at all. In view of the fluid situation, our Pharmaceutical Committee has taken the major policy decision to keep our usual open tender based selection process in abeyance for the time being and instead go in for negotiated purchase. Therefore, our Price List 2006-2007 aims to be only an **Indicative Price List**, indicating the starting prices of the items, rather than a definitive Price List as in earlier years. In addition to the manufacturers mentioned against individual items, we are constantly negotiating with many national level pharmaceutical companies and their distributors to get the best deals for our member Organizations on a case-by-case basis.

Currently we are in negotiation with:

- M/s Alembic Chemical Works
- M/s Alkem Laboratories
- M/s Aristo Pharmaceuticals
- M/s Arvind Remedies
- M/s Biochem Laboratories
- M/s Elder Pharmaceuticals
- M/s Galpha Laboratories
- M/s Glenmark Pharmaceuticals
- M/s Intas Pharmaceuticals
- M/s Natco Pharma
- M/s Nicholas Piramal
- M/s Ranbaxy Laboratories
- M/s Wallace Pharmaceuticals
- M/s Zydus Cadila Healthcare

Hence, we may be in a position to supply many items that are not included in our regular list but which are there in our reserve lists. We request our member partners to confirm availability, suppliers and rates from us against fresh orders.

Community Development Medicinal Unit – A Profile

Background

Community Development Medicinal Unit [CDMU] is a non-profit social service organization engaged in promoting rational therapeutics. CDMU is registered under the West Bengal Societies Registration Act. It is also registered with the Union Home Ministry in accordance with Foreign Contribution Act. The Income Tax Authority exempts CDMU from paying income tax under sections 12A and 80G of the Income Tax Act.

Our drug supply activities started with our predecessor Central Drug Marketing Unit established by the West Bengal Voluntary Health Association [WBVHA] in 1984. For more effective service, Community Development Medicinal Unit was constituted in 1986 as an autonomous unit and entrusted with the supply of drugs and medicinal items to various NGOs.

Aims and objectives

The following are CDMU's goals:

- To provide quality essential drugs to member-partners at affordable cost and assist them in maintaining their health programs.
- To provide unbiased drug information to health professionals and consumers.
- To conduct research on health and drugs.
- To negotiate with the Government to formulate people-oriented drug policies and weed out irrational and hazardous formulations from the Indian market.
- Overall, to contribute positively to the health scenario in the country by advocating and facilitating judicious use of drugs.

Activities

CDMU, ever since its inception as an independent body, has been striving to promote the concept of rational therapeutics in the country. Its low-cost drug supply project helps the voluntary

sector to procure rational medicinal supplies at reasonable prices and thereby allows poor people of different communities to obtain drugs at affordable cost. Side by side, for the safe, effective and prudent use of essential drugs, CDMU makes available relevant and reliable information through its regular quarterly publication 'Rational Drug Bulletin' and other occasional publications. The CDMU Documentation Centre in Kolkata is in charge of these publications and functions as a drug information center. CDMU also conducts periodic training programs on various aspects of healthcare with 'rational drug use' as the focus.

The economy offered by CDMU

A substantial proportion of the Indian population's healthcare needs is being met by voluntary organizations most of whom run on modest resources. Paucity of funds is a perennial problem with these organizations. CDMU's role is vital here as it is in a position to supply the maximum quantity of drugs and medical supplies against available funds to other NGOs. CDMU procures its supplies, from pharmaceutical manufacturers and distributors of repute, at rates much lower than market prices by dint of a negotiated (tender-based) selection process and high-volume purchase. The benefit is then passed on to our beneficiaries on a no-profit no-loss basis.

At present more than 300 NGOs, our member-partners, throughout West Bengal, are reaping the benefits of our low-cost drug supplies, together with around 100 North Bengal tea gardens which procure drugs to carry out welfare activities amongst tea garden laborers.

Drug procurement policy

In keeping with the World Health Organization [WHO] guidelines and against the perspective of socioeconomic and morbidity conditions prevailing in the country, CDMU operates by a list of essential drugs and medical supplies, most of which are stocked regularly in Kolkata and Siliguri.

Every year prices of medicines increase considerably, and consequently many drugs move beyond the reach of ordinary people. In the absence of any people oriented drug policy the health scenario in this country has become unhelpful for common people. However, many NGOs are working in the healthcare field with dedication and successfully implementing the National Programs on specific diseases within their limited resources. Keeping this in mind, CDMU's Pharmaceutical Committee, comprising eminent physicians, scientists, and social workers, annually invites quotations for bulk purchase of essential drugs and medical supplies from pharmaceutical manufacturers and distributors. The committee formulates terms and conditions to yield maximum benefit to the ultimate consumers of the drugs purchased. The quotations are compiled and tabulated through a computerized process and carefully scrutinized by the committee. According to the quality and price of the product, reputation of the manufacturer, and their past performance with CDMU, drugs are selected. Each criterion of selection (e.g. specifications, quality control, raw materials' price, performance of the tenderers, capacity of production, etc.) is carefully considered. Prices in the open market may also be surveyed to ascertain if the rates quoted by the tenderers are reasonable.

Networking

In India, there are only a few organizations in the NGO sector involved in the procurement and distribution of low-cost essential drugs and medical supplies. CDMU Orissa, based at Bhubaneswar, CHMU based at Patna, Bihar, and LOCOST based in Baroda, Gujarat, are three such organizations. There are no organizations with similar activity on a nationwide scale. The Voluntary Health Association of India [VHAI] is a national level NGO which is actively involved in spreading the message of rational use of drugs but undertakes no distribution activity. The West Bengal Voluntary Health association [WBVHA] operates similarly at the state level. There are many other organizations which carry on educational activity in the field of rational drug use. CDMU interacts with these organizations through information interchange, meetings and training

programs. Means to enhance this networking further is being explored.

We also maintain networking and receive assistance from international NGOs and organizations promoting the concept of essential drugs and rational drug use, such as the World Health Organization [WHO], Health Action International [HAI], HAI-Asia-Pacific, International Network on Rational Use of Drugs [INRUD], Medicins Sans Frontieres [MSF], Oxfam, and others. In April 1995, we organized an International Conference on Essential Drugs at Siliguri in collaboration with other NGOs. In January 2003, WHO South-East Asia Regional Office entrusted us with conduction of a 12-day 'Fellowship Training Program on Essential drugs and Other medicines' for 5 visiting delegates from Myanmar.

If you like to be part of this networking and avail of the educational opportunities that it provides, please contact our Documentation Centre for information and details of our training programs.

Our strength

At a conservative estimate, if we take that **300** member organizations regularly procure medical supplies from us, each of whom serves our medicines to **30** beneficiaries on each working day, and that they provide such service **300** days in a year, we arrive at a figure of **27,00,000** beneficiaries every year. If we consider that the current regular staff strength of CDMU is **18**, then, on an average, every CDMU staff provides service to **1,50,000** beneficiaries every year. Additionally, there is the yeoman's service rendered by our staff at times of natural calamities. These figures are awe-inspiring and herein lies CDMU's strength. The humanitarian impact of CDMU's service to the community has never been formally evaluated and is unlikely to be done so in the near future. Nevertheless, we are aware of our potential and we draw our motivation from this strength. It is our earnest request to all of you to extend your fullest cooperation to us in this noble mission.

CDMU Pharmaceutical Committee Members : 2006 - 2007

1. **Prof. Santanu Kumar Tripathi** **Chairperson**
*Professor of Pharmacology – N.R.S. Medical
College & Hospital, Kolkata – 700 014.*
2. **Mr. P. K. Bhattacharjee** **Member**
*Secretary – Dooars Branch Indian Tea Association
[DBITA]
P.O. Binnaguri, Dist. Jalpaiguri, Pin – 735 203.*
3. **Dr. Samaresh Bhattacharya** **Member**
*Child In Need Institute [CINI]
Vill. Daulatpur, P.O. Poilan via Joka, Dist. South 24
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4. **Mr. P. K. Biswas** **Member**
*Assistant Drug Controller – Directorate of Drugs
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5. **Dr. Dipankar Chakraborty** **Member**
*Principal – Institute of Pharmacy, Kalyani.
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6. **Dr. Suparna Chatterjee** **Member**
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7. **Dr. Amitabha Ghatak** **Member**
*Deputy Director – Equipment & Stores, P 233 CIT
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8. **Dr. [Mrs.] Moitreyee Mandal** **Member**
*Head – Department of Pharmacy, Dr. J. C. Ghosh
Polytechnic, 7 Mayurbhanj Road,
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Residence: 7 New South Park, Kolkata – 700 092.*

9. **Sr. (Dr.) Regina K** *Member*
Navjeevan Hospital
Gayaganga, P.O. Kamala Bagan, Dist. Darjeeling,
Pin – 734 426.
10. **Mr. D. P. Poddar** *Member*
Executive Director – West Bengal Voluntary Health
Association, 19A Dr. Sundari Mohan Avenue,
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11. **Dr. Prantosh Roy** *Member*
Indian Medical Association [IMA], Siliguri Branch
Residence: Purbachal, Pradhan Nagar,
Siliguri – 734 403.

From Community Development Medicinal Unit

12. **Mr. Samar Nath Chatterjee** *Member*
13. **Mr. Amitava Guha** *Member*
14. **Dr. Avijit Hazra** *Member*
15. **Dr. Amitava Sen** *Member*

Terms and Conditions

1. This Price List is indicative rather than definitive. The reason for this has been explained in the note at the beginning.
2. This Price List is effective from 1st October, 2006 to 30th June, 2007. Kindly see the explanatory note provided below.
3. Prices mentioned in this Price List are inclusive of all taxes payable on sale of drugs and medicines within the state of West Bengal as on 1st October, 2006. Any changes in the rates of taxes in future shall be suitably adjusted
4. We supply drugs only to our Member Organizations (MOs) who must be charitable organizations or organizations engaged in healthcare work without profit motive. We do not permit our supplies to be sold through chemist's shops, other retail outlets, or otherwise, for profit.
5. This Price List is based on our current Catalog of Drugs and Medical Supplies. There are no unproven, hazardous and irrational formulations in this list. We request our MOs to restrict their indents to items listed here. If out of list items are ordered, these can be supplied, subject to availability in the market, only after concurrence from CDMU's Pharmaceutical Committee. However, unproven, hazardous and irrational formulations cannot be supplied under any circumstances. **A list of formulations currently considered irrational by CDMU's Pharmaceutical Committee follows this section.** Further, CDMU may not always be in a position to supply unlisted items, even if they are known to be safe and effective.
6. **CDMU is a generic supplier. We will supply the generic equivalents of the listed items to keep prices to the minimum. MOs are requested to send their indents by GENERIC NAME ONLY. They may indicate the preference for the generic supplier, from among the companies listed, and CDMU would sincerely try to cater to this request. However, on occasions, it may not be possible to honor this commitment as many**

factors are involved in medicine availability at any given moment, some of which are beyond CDMU's control.

While realizing that medical personnel in some organizations may have preference for certain brands, we emphasize that our operational policy is based upon generics. In the exceptional circumstances that no suitable generics are available, we may arrange for procurement of the branded drugs required.

7. The minimum unit of packing for each item is shown in the price-list. Orders should be in multiples of these units.
8. We may mark our supplies as 'CDMU SUPPLY' / 'HOSPITAL SUPPLY' / 'INSTITUTIONAL SUPPLY' to prevent supplies from being pilfered and sold commercially in the market. Since a 'NOT FOR SALE' mark creates confusion, all our suppliers have been instructed not to put any such mark on the goods. Despite this, if such marking is found, you are requested to bring this to the notice of the CDMU administration in writing so that appropriate follow-up action may be taken.
9. Packaging and transportation cost of deliveries are charged at actuals. As a courtesy gesture, CDMU may deliver goods free of transportation cost within Kolkata and Siliguri municipal limits. However, this will depend upon the volume of goods to be delivered.
10. All outstation customers should preferably pay by demand draft drawn in favor of **Community Development Medicinal Unit**. Payments through cheques drawn on outstation banks must include collection charges.
11. As we are a non-profit making organization with the goal of making quality drugs available to the disadvantaged sections of the community at the cheapest possible rates, we try, by all possible means, to keep our costs to the barest minimum. As a result allowing credit to our member-partners is a difficult proposition. Our normal terms of payment are cash against delivery. We however, allow **30 day credit only** in deserving cases.

12. We **cannot** make money refund against goods once sold. If CDMU takes back any supplied goods from a MO, a credit note would be raised and the amount would be appropriately adjusted in invoices for future supplies to that MO.
13. All our deliveries are subject to availability of stock. We try to deliver at the earliest possible. However, we cannot be held responsible for delay in delivery for having no stock at the time of receiving order, or for other reasons beyond our control.
14. **We regret we are unable to replace stock already purchased by a MO unless the supply has quality problems** and intimation to this effect is made within 1 month of receipt of the goods. Accordingly, MOs are requested to plan and place orders carefully to avoid stock wastage due to expiry and funds lock-in. Stock physically damaged, due to improper storage or otherwise, cannot be replaced under any circumstances. Kindly note that even pharmaceutical quality testing is not possible with physically damaged stock.
15. While every effort is made to maintain the prices appearing in this price-list, CDMU reserves the right to alter prices without notice on account of increase in government levies, taxes, or increase in suppliers' rates. All orders are accepted subject to this price variation condition.
16. Many items in this Price List are marked as 'Enquire'. This implies that we probably do not have ready stock of these items but are in a position to negotiate suppliers and prices if member organizations require them. Kindly contact our office for more details on individual items.
17. DELETED ITEM refers to those which were present in earlier CDMU catalogs but not in the current one. Normally, we are unable to supply these items. However, if a particular member organization is very much in need of such an item, CDMU may be able to locate appropriate distributors on their behalf and arrange for procurement.

IMPORTANT

We retain security deposits from our suppliers to ensure product quality and timely delivery. It is important that you inform us of any complaint regarding quality of products supplied as soon as you encounter such problems. All cases of quality lapse will be probed internally and, if necessary, samples will be sent to a government approved drug testing laboratory.

Preparations currently considered harmful, of questionable efficacy, or otherwise irrational

The pharmaceutical market in India comprises a plethora of formulations. Many formulations, particularly fixed dose combinations, are considered by experts to be of questionable efficacy or otherwise irrational. The following is a partial list of items, indents for which are periodically received by CDMU. However, we regret our inability to supply these items.

- Polyherbal formulations e.g. Polyherbal hepatoprotectives
- Antibiotic (e.g. Amoxicillin, Cefadroxil, Cefixime, Roxithromycin, Ofloxacin) + Lactobacillus
- Antibiotic (e.g. Amoxicillin, Cefadroxil, Roxithromycin) + Mucolytic (e.g. Ambroxol, Bromhexine)
- Antibiotic (e.g. Amoxicillin, Roxithromycin) + Serratiopeptidase
- Fluoroquinolone antibiotic (e.g. Ciprofloxacin, Gatifloxacin, Norfloxacin, Ofloxacin) + Nitroimidazole antibiotic (e.g. Metronidazole, Tinidazole, Ornidazole)
- Alprazolam + Propranolol
- Amlodipine + Second antihypertensive (e.g. Atenolol, Enalapril, Lisinopril, Losartan, Ramipril)
- Antidepressant (e.g. Imipramine, Sertraline, Amitriptyline) + Sedative-hypnotic (e.g. Alprazolam, Chlordiazepoxide, Diazepam)
- Aspirin + Paracetamol + Caffeine
- Cough preparations containing antihistamines
- Depot Medroxyprogesterone acetate (DEPO-PROVERA)
- Dicyclomine + NSAID (e.g. Diclofenac sodium, Mefenamic acid, Nimesulide, Paracetamol, Serratiopeptidase)
- Enzymes (digestive) in combination
- Furazolidone + Metronidazole
- H₂ receptor blocker (e.g. Famotidine, Ranitidine) + Antiemetic (e.g. Domperidone, Metoclopramide)
- Iron (III) hydroxide polymaltose complex oral formulations
- Metformin + Second oral antidiabetic (e.g. Glibenclamide, Gliclazide, Glimepiride, Glipizide, Pioglitazone, Rosiglitazone)
- NSAID (e.g. Ibuprofen, Diclofenac, Nimesulide) + Paracetamol
- NSAID (e.g. Ibuprofen, Diclofenac, Nimesulide) + Serratiopeptidase
- Paracetamol + Pseudoephedrine / Phenylpropanolamine
- Proton pump inhibitor (e.g. Omeprazole, Rabeprazole) + Antiemetic (e.g. Domperidone, Metoclopramide)
- Trypsin + Chymotrypsin
- Vitamins + Lactobacillus

Brief explanatory notes on CDMU's inhibitions against formulations listed above:

Polyherbal formulations

- Composition and efficacy claims of many these polyherbal formulations not adequately tested.
- Generic versions of polyherbal formulations mostly do not exist.
- Testing of these formulations is difficult.
- CDMU does not have in-house expertise to provide technical support on these formulations.

Suggested alternative: Use adequately proven single ingredient formulation or provide supportive treatment.

Antibiotic + Lactobacillus

- The indication for which such combinations are promoted, namely preventing antibiotic associated diarrhea, is not a practical problem for the majority of therapeutic situations.
- The evidence that lactobacillus, administered as spores, simultaneously with antibiotics against which this species is not fully resistant, will germinate in the colonic environment and modify its microbial flora appropriately is not convincing enough.
- Preparations become costlier.

Suggested alternative: Use the antibiotic if necessary and skip the lactobacillus. If antibiotic associated diarrhea is diagnosed, withdraw offending antibiotic and give supportive treatment.

Antibiotic + Mucolytic

- Such fixed dose combinations (FDCs) would be restricted to use in respiratory tract infections (RTIs) only.
- The pharmacokinetic profiles of the antibiotic and the mucolytic may not match.
- The evidence that fixed dose combinations of antimicrobials and mucolytics will provide higher cure rates or faster resolution of symptoms in RTIs, whether upper or lower, hardly exists.

- The risk of adverse drug reactions increases without definite evidence of benefit.

Suggested alternative: Use the antibiotic if necessary and skip the mucolytic. If mucolytic is judged to be necessary for productive cough, use it separately in recommended regimens that won't be tied to the use of the antibiotic.

Antibiotic + Serratiopeptidase

- The pharmacokinetic profiles of the antibiotic and serratiopeptidase may not match.
- The evidence that fixed dose combinations of antimicrobials and serratiopeptidase will provide higher cure rates or faster resolution of symptoms in inflammatory swellings or other inflammatory conditions, hardly exists.
- The risk of adverse drug reactions increases without definite evidence of benefit.

Suggested alternative: Use the antibiotic if necessary and skip serratiopeptidase. If inflammation needs to be treated symptomatically too, use an appropriate anti-inflammatory agent that won't be tied to the use of the antibiotic.

Fluoroquinolone antibiotic + Nitroimidazole antibiotic

- FDCs of these type are mostly promoted for the 'treatment of diarrhea or dysentery of mixed origin'. Unfortunately the epidemiological data that is available regarding the etiology of infectious diarrheas in India scarcely report any mixed bacterial and protozoal infection. However, we realize that this combination is widely used by physicians in India – most likely to cover up for diagnostic imprecision (which is often due to lack of access to appropriate diagnostic facilities) rather than the desire to treat 'mixed' infections.
- The pharmacokinetic profiles of the two antibiotics may not match.
- The risk of adverse drug reactions increases without definite evidence of benefit of the combination.

Suggested alternative: Narrow down the diagnostic focus and use the antibiotic that is necessary. If impossible to diagnose with precision use antibiotics separately (covering the spectrum) in recommended regimens without use of one antibiotic being tied down to the other.

Cough preparations containing antihistamines

- Cough is seldom allergic in origin.
- Antihistamines tend to dry up respiratory secretions and so may be counterproductive in asthmatic and productive cough.
- Antihistamines by themselves are not powerful enough to be cough suppressants.

Suggested alternative: Persistent cough should be investigated to exclude serious underlying pathology. Productive cough may be helped by expectorant preparations not containing antihistamines. Non-productive cough may be relieved by using cough suppressants in appropriate doses.

NOTE:

1. Unfortunately, in order to avoid complexities of dealing with controlled drugs, the cough suppressant codeine is currently not available in the Indian market as a single-ingredient formulation. Most codeine containing preparations at present also contain an antihistamine like chlorpheniramine. We have to bear with this situation for the time being.
2. The West Bengal State Drugs Control currently has an embargo on sale of cough preparations in bulk pack and would seize such packs from any premises, if officially informed. At CDMU we are aware that a preparation called COUGHGO is available in the market in bulk pack and which its way into West Bengal through neighboring states. We do not agree with the composition of COUGHGO and regret our inability to supply this product.

Enzymes (digestive) in combination

- Preparations and dosing regimens are not standardized.
- Symptoms of dyspepsia and/or malabsorption should be investigated and appropriate remedial measures taken rather than attributing them to 'maldigestion' and using digestive enzymes indiscriminately.
- There is no evidence that use of digestive enzyme preparations improve physique and performance capacity in children.

Suggested alternative: Apart from chronic pancreatitis, there is hardly any indication for using digestive enzyme preparations. Hyperacidity related symptoms can be controlled by appropriate acid suppressant drugs. Using digestive enzyme preparations as placebo for refractory gastrointestinal complaints cannot be encouraged.

Metformin + Second oral antidiabetic

- Pharmacokinetics of metformin and the once daily oral antidiabetics do not match. Although use is being made of technology to circumvent this problem in FDCs of metformin and other antidiabetics, their place in therapy is not yet well defined.
- Most such formulations currently being marketed use proprietary technology and generic equivalents do not exist.
- Flexibility in titrating doses independently is lost.

Suggested alternative: Ensure that appropriate trial has been given with a single agent first before considering use of two drugs. Use two drugs separately if needed.

NSAID type analgesics in combination (including paracetamol and serratiopeptidase)

- Combining two analgesics belonging to the same or related classes has no definite rationale.
- Pharmacokinetics of the two drugs may not match.
- Using two NSAIDs together in lower doses with the hope of avoiding adverse reactions from a particular drug in the combination, does not stand up to scrutiny, as the risk of additive toxicity comes into play.

Suggested alternative: A single NSAID, in appropriate dose, can provide adequate analgesia. If response is inadequate in maximally tolerated doses a more powerful drug can be substituted or an opioid-NSAID combination may be considered. However, routine use of opioid-NSAID combination may also be irrational.

Paracetamol + Pseudoephedrine / Phenylpropanolamine

- These preparations are intended for relief from coryza symptoms which are self-limiting.
- Paracetamol alone is sufficient for the fever and headache.
- If congestive symptoms are prominent, short courses of topical nasal decongestants will help. Systemic exposure is unnecessary.
- Systemic exposure to the sympathomimetic component (e.g. phenylpropanolamine) can be dangerous in individuals with hypertension and cardiovascular disorders.

Suggested alternative: Use paracetamol and saline nasal drops (or short courses of topical decongestants if needed) for symptom relief.

Acid suppressant drug + Antiemetic

- Both groups of drugs are used in acid-peptic disorders, but FDCs do not allow independent dose titration.
- Using a prokinetic (e.g. itopride) may be more appropriate than using an antiemetic.
- Pharmacokinetics of the drugs may not match.
- Generic versions of these formulations do not exist.

Suggested alternative: Use these drugs separately, titrating doses as needed. Consider use of a prokinetic rather than an antiemetic if disturbed bowel motility is suspected.

Depot medroxyprogesterone acetate (DEPOT PROVERA)

- Risk of osteoporosis.
- Delayed return of normal cyclical bleeding upon withdrawal.
- Generic versions of this formulation do not exist.
- Testing of this formulation is difficult.
- Formulation is costly.
- This preparation is currently not recommended in the national family planning programme.

Suggested alternative: Recommend use of condoms, oral contraceptives or intrauterine contraceptive devices (copper-T) as appropriate.

Dicyclomine + NSAID

- The only logic behind use of this FDC is to cover up for diagnostic imprecision in abdominal pain.
- If spasmodic abdominal pain is diagnosed, using the anticholinergic dicyclomine alone in appropriate dose should suffice, unless a surgical cause is involved.
- Using this formulation in undiagnosed abdominal pain can be dangerous.

Suggested alternative: Use dicyclomine or the NSAID analgesic alone depending upon the provisional diagnosis. Consider a surgical cause if pain is not responding.

Iron (III) hydroxide polymaltose complex oral formulations

- Recent studies show that the oral bioavailability of iron (III) hydroxide polymaltose complex is too poor for the preparation to be of any therapeutic use in iron deficiency anemia.
- It is considerably costlier than conventional iron formulations.

Suggested alternative: Use ferrous iron based oral iron preparations (e.g. ferrous sulfate or ferrous fumarate) in appropriate prophylactic or therapeutic dose.

Antidepressant + Sedative-hypnotic

- Depression is often associated with sleep disturbance. Treatment requires skilful use of antidepressants with or without sedatives. FDCs do not allow independent dose titration of the two categories of drugs. Moreover, both types of drugs may not be used for the same duration.
- Pharmacokinetics of the two drugs may not match.
- Increased risk of adverse drug reactions, including abuse liability.

Suggested alternative: Use antidepressant and sedative separately, if needed. Specialist advice may be sought if there is no response to usual doses following therapeutic trial for a reasonable period.

Vitamins + Lactobacillus

- The indications for this preparation is not clear.
- If vitamin deficiency is sought to be prevented or corrected, then lactobacillus is unnecessary.
- If use of probiotics is the goal, then adding vitamins to lactobacillus is not justified.
- The evidence for using probiotics is not strong enough to justify use in essential drugs programs.

Suggested alternative: Avoid using such preparations as placebo. Simple multivitamin formulations, in appropriate prophylactic or therapeutic doses, should be considered when vitamin deficiency is the issue.

CDMU's Quality Assurance Policy

Quality of drugs is a matter of global concern. This issue is even more important in a developing country like India where the problem of spurious and substandard drugs is rampant. To ensure quality of our drug supplies we do the following:

- Insist on valid drug manufacturing / distribution license for all our suppliers.
- Insist on Quality Certification Document [of the drug control department of the State / Central Government] from our suppliers pertaining to their capability to manufacture / sale a particular product.
- Send samples randomly, from the supplies received, to government approved drug testing laboratories. Assistance from academic institutions may also be sought, if needed.
- Receive and consider complaints / grievances of our member organizations regarding the quality of the products supplied at our Pharmaceutical Committee meetings and take decisions accordingly.

If you have any complaints regarding our supplies of drugs and medical devices, please bring these to our notice immediately so that we can alert our Pharmaceutical Committee and take corrective measures. Two copies of the abbreviated Product Complaint form are provided in this document. Kindly fill up this form, detach and mail / fax it to CDMU if you have a definite complaint regarding product supply. You may use photocopies of this form. Additional copies may be obtained from our office or downloaded from our website. CDMU representatives can also be asked for the form and the filled up form handed over to them. Further details can be obtained from our office.

You may also send in samples of products judged to be effective. Note however that for analytical sample testing we need 50 tablets / capsules of the same batch.

A lot remains to be done in the field of quality assurance. It is a well-known fact that ensuring the quality of drugs and medical supplies is a complex and technically difficult task. One of our major limitations is the lack of in-house drug testing facilities. Short of this, we are trying our best to maintain quality.



Abbreviated Product Complaint Form

Please fill up this form, detach and mail / fax it to CDMU if you have a definite complaint regarding product supply.



Complaint date:

Organization name:

Contact Address

Contact Telephone / Fax / E-mail

Name of reporting person with designation:

Nature / Description of complaint:

Pertaining to: Product quality Product delivery or other matter

Suggested action to be taken by CDMU in response to this contact:

Signature

CDMU Form DOCU-P05a



Abbreviated Product Complaint Form



Please fill up this form, detach and mail / fax it to CDMU if you have a definite complaint regarding product supply.

Complaint date:

Organization name:

Contact Address

Contact Telephone / Fax / E-mail

Name of reporting person with designation:

Nature / Description of complaint:

Pertaining to: Product quality Product delivery or other matter

Suggested action to be taken by CDMU in response to this contact:

Signature

CDMU Form DOCU-P05a

Supply of health kits

In view of the increasing inquiries regarding supply of medicines and medical devices prepacked in kit form, CDMU has taken the policy decision to supply such kits. We have standardized the composition of the kits specified below, mainly depending upon models developed by the World Health Organization. However, since requirements vary from organization to organization, we may also be able to tailor the contents for individual organizations.

Please contact us if you have requirements of the following types of kits and we will work out mutually convenient consignments

- First aid kit – Standard version
- First aid kit – Scaled-down basic version
- Trained birth attendant kit
- Emergency health kit

Kindly note that the quantum of individual items in the emergency health kit would be dependant on the size of the target population and the duration to be covered. Therefore these should be specified in your inquiries.

In view of the fluid situation currently prevailing in the Indian pharmaceutical market, our Pharmaceutical Committee has taken the major policy decision to keep our usual open tender based selection process in abeyance for the time being and instead go in for negotiated purchase. Therefore, our Price List 2006-2007 aims to be only an **Indicative Price List**, indicating the starting prices of the items, rather than a definitive Price List as in earlier years. In addition to the companies listed, we are constantly in negotiation with many national level pharmaceutical companies and their distributors to get the best deals for our member organizations on a case-by-case basis. We may be in a position to supply many items that are not included in our regular list but which are there in our reserve lists. We request our member partners to confirm availability, suppliers and rates from us against fresh orders.