

No.F.4/1/2022-PPD(pt.)  
Government of India  
Ministry of Finance  
Department of Expenditure  
Procurement Policy Division

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513, Lok Nayak Bhavan  
Khan Market, New Delhi  
Dated the 25<sup>th</sup> November, 2022

**OFFICE MEMORANDUM**

**Subject: Relaxation on Global Tender Enquiry (GTE) under Rule 161(iv) of General Financial Rules (GFRs) 2017.**

Attention is invited to this Department's OM No. F.12/17/2019-PPD dated 15.05.2020 and 28.05.2020 regarding amendment in Rule 161(iv) of General Financial Rules (GFRs) 2017 stipulating that no Global Tender Enquiry (GTE) shall be invited for tenders upto Rs.200.00 crore or such limit as may be prescribed by this Department from time to time, without prior approval from the competent authority i.e. Secretary (Coordination), Cabinet Secretariat.

2. In this context, in view of request of Ministry of Health & Family Welfare (MoH&FW), it has been decided that 90 (67+23) Durgs/Medicines listed at Annexure-A will be exempted from the instructions issued by this department vide OM No. F.12/17/2019-PPD dated 15.05.2020 & 28.05.2020 regarding GTEs. This exemption will be valid for all the tenders issued for such drugs/medicines till 31.03.2023.

3. This issues with the approval of Finance Secretary.

*Usha Rani*  
25/11/2022

(Usha Rani)  
Under Secretary(Procurement Policy)  
Tel.24621304  
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To,

All the Secretaries and Financial Advisors to Government of India.

Copy to:

Secretary (Coordination), Cabinet Secretariat, Rashtrapati Bhawan, New Delhi.  
Email :secypg@nic.in.

**List of 90 (67+23) drugs/medicines exempted from the instructions of Department of Expenditure (DoE) issued vide OMs No. F.12/17/2019-PPD dated 15.05.2020 & 28.05.2020 regarding Global Tender Enquiry.**

### **LIST of 67 DRUGS**

S.no	Name of the Medicine and Strength
1	Abemaciclib 150mg Tablet.
2	AFLIBERCEPT 40 MG
3	Apidra Solostar
4	ATEZOLIZUMAB 840 MG/ 1.2MG
5	Avelumab injection: 200 mg/10 mL (20 mg/mL) solution in single-dose vial
6	BASILIXIMAB 20 MG
7	Biphasic Insuliin Aspart Inj-
8	Brolucizumab solution for injection 120 mg/ml(vial + filter needle)
9	Ceritinib Tab/Cap- Each Hard Gelatin Tab/Cap to contain: Ceritinib 150mg
10	CETUXIMAB 100 MG
11	CETUXIMAB 500 MG
12	Creon 10000
13	DARATUMUMAB 100 MG 400mg
14	DEGLUDEC 100 I.U./ML INSULIN, PREFILLED PEN 3 ML.
15	Desflurane Anaesthetic Liquid (SUPRANE)
16	Detemir Insulin 100iu/ml 3ml Pen
17	DULAGLUTIDE 0.75 MG (BRAND- TRULICITY 0.75MG) 1.5
18	Dulaglutide Inj- Each 0.5 ml to contain: 1.5 mg of Dulaglutide, Citric Acid Anhydrous [0.07mg], Mannitol [23.2 mg], Polysorbate 80 [0.10 mg], Trisodium Citrate Dehydrate [1.37 mg] Water for injection
19	DURVALUMAB 120 MG/ 500MG

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20	Each Tab/Cap contain: Alpelisib 150mg
21	Each Tab/Cap contain: Olaparib 150mg
22	Emicizumab Inj- Each Vial Contains : Emicizumab 30mg For Sub Cut Injection (R-DNA Origin), Each Vial Contains : Emicizumab 60mg For Sub Cut Injection (R-DNA Origin)
23	FACTOR EIGHT BYPASSING ACTIVITY - Containing : Factor Eight Bypassing activity, Anti- Inhibitor-Coagulant Complex. 500 IU.
24	Golimumab (r-DNA Origin)- Each Single Use Pre-Filled Syringe to contian: Golimumab 50mg/0.5ml Component [Amount Per Dose (Mg)]: Golimumab (CNTO 148) -50mg, Sorbitol -20.5mg, L-Histidine - 0.44mg, Polysorbate 80 - 0.075mg, Water For Injection - 0.5mg
25	GOSERELIN 10.8 MG SR INJ (BRAND: ZOLADEX) 3.6
26	HUMAN COAGULATION FACTOR VII INJ - Each vial to contain: Human Recombinant Coagulation Factor VII activated (r-DNA origin) 1mg, Each vial to contain: Human Recombinant Coagulation Factor VII activated (r-DNA origin) 2mg

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27	Human Papillomavirus- Each 0.5ml to contain: Human Papillomavirus Quadrivalent (6, 11, 16 , 18 ) Vaccine, Recombinant & 0.5ml
28	Idursulfase injection : 6 mg/3 mL (2 mg/mL) in single-use vial
29	Imiglucerase injection: 400 units of imiglucerase as a lyophilized powder in a single-dose vial.
30	INJ AVELUMAB 200 MG
31	INJ PANITUMUMAB 100 MG (BRAND:INJ. VECTIBIX)
32	INJ PEMBROLIZUMAB 100 MG, 420
33	INJ PERTUZUMAB 420 MG (BRAND:PERJETA )
34	INJ. INSULIN ASPART 100IU/ML-3 ML PENFILL.ONE PEN AND 20 NEEDLES FREE WITH EVERY 20 CATRIDGES
35	Inj. Insulin Degludec 70% + Insulin Aspart 30% 100 IU/ml., 3 ml. Cartridge (RYZODEG PENFILL.)
36	Inj. Liraglutide 18 mg per pen, 1 needle free per pen
37	INJ. MEPOLIZUMAB POWDER FOR SOLUTION 100 MG
38	Inj. Secukinumab 150 mg(Scapho)
39	Inj. Thyrotropin alfa1.1 mg (THYROGEN)
40	Insulin Analogue of 50% Insulin Aspart + 50% longer acting analogue 100 iu/ml.

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41	INSULIN GLULISINE INJECTION(MONOCOMPO NENT INSULIN GLULISINE) 100I.U./ML,3ML CARTRIDGE WITH ONE NEEDLE FREE OF COST PER CARTRIDGE AND ONE COMPATIBLE DEVICE FREE OF COST PER TWENTY CARTRIDGES.
42	Insulin Inj-Each Cartridge to contain: 25% Lispro And 75% LisproProtamine Suspension (100 IU/ml) [Monocomponent Insulin, Recombinant DNA Origin] & 3ml Cartridge Each Cartridge to contain: 50% Lispro And 50% LisproProtamine Suspension (100 IU/ml) [Monocomponent Insulin, Recombinant DNA Origin] & 3ml Cartridge
43	Intravitreal Dexamethasone Implant- Each inj to contain: Intravitreal Dexamethasone 0.7mg
44	Laronidase injection: 2.9 mg/5 mL (0.58 mg/mL) of laronidase in a single-dose vial
45	Levonorgestrel- Each Sterile Intrauterine System to contain: Levonorgestrel 52mg (Levonorgestrel 20 Microgram / 24 Hours Intra Uterine Delivery System)
46	LYNPARZA
47	Mepolizumab Inj- Each Vial to contain: Mepolizumab 100mg

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48	Methoxy Polyethylene Glycol Epoetin-Beta- Each PFS to contain: Methoxy Polyethylene Glycol Epoetin-Beta 100mcg, Methoxy Polyethylene Glycol Epoetin- Beta- Each PFS to contain: Methoxy Polyethylene Glycol Epoetin-Beta 50mcg, Methoxy Polyethylene Glycol Epoetin- Beta- Each PFS to contain: Methoxy Polyethylene Glycol Epoetin-Beta 75mcg
49	Midostaurin Tab/Cap- Each Tab/Cap Contains: Midostaurin 25mg
50	NIVOLUMAB 100 MG INJ (BRAND: OPDYTA), Each 4 ml Vial to contain: Nivolumab 40mg
51	Obinutuzumab Inj- Each Vial to contains: Obinutuzumab 1000 mg
52	PERITONEAL DIALYSIS FLUIDS 1.5% - Each 100ml to contain: Dextrose Anhydrous 1.5gm, Sodium Lactate 448mg, Na Cl 538mg, Ca Cl 25.7mg, Mg Cl 5.08mg & 5Ltr Bag, Peritoneal Dialysis Fluids 1.5%- Each 100ml to contain: Dextrose Anhydrous 1.5gm, Sodium Lactate 448mg, Na Cl 538mg, Ca Cl 25.7mg, Mg Cl 5.08mg & 2Ltr Bag, PERITONEAL DIALYSIS FLUIDS 2.5% - Each 100ml to contain: Dextrose Anhydrous 2.5gm, Sodium Lactate 448mg, Na Cl 538mg, Ca Cl 25.7mg, Mg Cl 5.08mg & 5Ltr Bag, Peritoneal Dialysis Fluids 2.5%- Each 100ml to contain: Dextrose Anhydrous 2.5gm, Sodium Lactate 448mg, Na Cl 538mg, Ca Cl 25.7mg, Mg Cl 5.08mg & 2Ltr Bag

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53	Pertuzumab Inj- Each 14ml Vial to contain: Pertuzumab 420mg (30mg/ml)
54	RAMUCIRUMAB 100 mg&500 MG(BRAND- CYRAMZA )
55	Ryzodeg penfil
56	Secukinumab Inj- Each 1 ml to contain: Secukinumab 150mg, Sucrose 92.43mg, L- Histidine / L- Histidine Hcl Monohydrate 4.656 mg, Polysorbate 80 - 0.60mg.
57	Tab./ Cap. (Netupitant 300 mg. + Palanosetron 0.5 mg.) (AKYNZEO CAPS.)
58	TUOJEO SOLOSTAR 1.5ML PEN(INSULIN GLARGINE INJECTION 300IU/ML)THREE NEEDLES FREE WITH ONE PEN
59	TUROCTOCOG ALFA 500 I.U. INJECTION
60	VERTEPORFIN 15 MG
61	Ceftazidim 2gm + Avibactam 500mg Inj.
62	Crizotinib Tab/Capsule (250 Mg)
63	Tab. Dacomitinib Monohydrate 30 mg.(Tab Dacoplice 30 Mg.)
64	Isavuconazole 100 mg caps.
65	Liraglutide 18 mg
66	Ceftaroline 600 mg/vial
67	Palbociclib 75 mg/100mg/125 mg

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**LIST of 23 DRUGS**

S.no	Name of the medicine & Strength
1	AFATINIB 20 MG TAB 30 MG, 40MG
2	ALECENSA 150 MG
3	AXITINIB TAB/CAP 5 MG
4	CANAGLIFLOZIN+METFORMIN TAB/CAP-
5	ELTROMBOPAG TABLETS 25 MG, ELTROMBOPAG TABLETS 50 MG (REVOLADE 25/50 MG)
6	EMPAGLIFLOZIN 10 MG+LINAGLIPTIN 5 MG TAB/CAP
7	EMPAGLIFLOZIN 10 MG+ TAB (BRAND:JARDIANCE)25,
8	INVOKANA (CANAGLIFLOZIN 100 MG TABLETS)
9	LINAGLIPTIN 2.5 MG + METFORMIN 500 MG TAB/CAP
10	NILOTINIB 150 MG TAB (BRAND:TASIGNA)200MG
11	OSIMERTINIB 80 MG
12	RECOMBINANT ANTI HEMOPHILIC FACTOR-VIII
13	RECOMBINANT ANTIHEMOPHILIC FACTOR- VIII
14	RIBOCICLIB TABLET/CAPSULE 200 MG (BRAND KRYXANA)
15	RUXOLITINIB 15 MG, 5 MG, 20 MG TABLET (BRAND JAKAVI)

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16	SACUBITRIL 24 MG+VALSARTAN 26 MG TABLET, 49/51 MG, 97/103 MG (VYMADA 100 MG)VILDA
17	SAXAGLIPTIN TABLETS 2.5 MG, SAXAGLIPTIN TABLETS 5 MG
18	SAXAGLIPTIN & METFORMIN HYDROCHLORIDE EXTENDED RELEASE TABLETS
19	SUNITINIB MALATE TAB/CAP
20	TAB.BARICITINIB 2 MG, 4 MG
21	TAB.PAZOPANIB 400 MG. (TAB. VOTRIENT 400 MG.)
22	TAGRISSO 80 MG (OSIMERTINIB 80 MG)
23	VOTRIENT 200 MG 400

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