

## Oncology Priority Drug List

### A. Injections:

1. Arsenic trioxide
2. L- Asparaginase
3. PEG- Asperaginase
4. Azacitidine/Decitabineb
5. BCGc
6. Bendamustine
7. Bleomycin
8. Bortezomib
9. Calcium folinate (Leucovorin)
10. Carboplatin
11. Cisplatin
12. Cladaribine
13. Cyclophosphamide
14. Cytarabine
15. Dacarbazine
16. Dactinomycin
17. Daunorubicin
18. Docetaxel
19. Doxorubicin
20. Epirubicin
21. Etoposide
22. Filgrastim
23. Fludarabine

24. Fluorouracil
25. Fulvestrant
26. Gemcitabine
27. Goserelin
28. Ifosfamide with Mesna
29. Irinotecan
30. Melphalan
31. Methotrexate
32. Mitomycin
33. Nivolumab/ Pembrolizumab
34. Octreotide
35. Oxaliplatin
36. Paclitaxel
37. Pemetrexed
38. Rituximab
39. Topotecan
40. Trastuzumab
41. Vinblastine
42. Vincristine
43. Vinorelbine
44. Zoledronic acid

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##### B. Tablets:

1. Abiraterone Acetate
2. All-trans retinoic acid

3. Anastrozole
4. Bicalutamide
5. Calcium folinate (Leucovorin)
6. Capecitabine
7. Chlorambucil
8. Cyclophosphamide
9. Dasatinib
10. Erlotinib
11. Etoposide
12. Exemestane
13. Gefitinib
14. Hydroxyurea
15. Imatinib
16. Lenalidomide
17. Melphalan
18. Mercaptopurine
19. Methotrexate
20. Morphine tablets (IR & SR)
21. Nilotinib
22. Osimertinib
23. Palbociclib/ Ribociclib
24. Pazopanib
25. Procarbazine
26. Sorafenib
27. Sunitinib

28. Tamoxifen

29. Temozolomide

30. Thalidomide

a,b For the use in MDS or elderly AML patients who are not eligible for chemotherapy. There is no preference of one drug over the other.

c Powder for intravesical use

d,e For the use in metastatic melanoma. There is no preference of one drug over the other.

f For the use in ovarian carcinoma progressing on platinum based chemotherapy

g For the adjuvant use and in metastatic setting of Non-Small Cell Lung Cancer (NSCLC) with Epidermal Growth Factor (EGFR) mutation. The EGFR mutation detection report need to be attached with the MSD request.

h,j For the use in Hormone Receptor positive, human epidermal growth factor receptor 2 (HER2)-negative metastatic breast cancer following Progression after first line endocrine therapy. There is no preference of one drug over the other