



**NOTICE OF AWARD**

Apr 15, 2026

EZMEDS PHARMA CO.  
Unit 119, Bldg. 3, Familia Apart., P.N. Roa Sr. Carmen, CDO  
Dear Sir / Madam:

We are happy to notify you that the PROVISION OF DRUGS & MEDICINES FOR THE OPERATION OF CARAGA STATE UNIVERSITY - MAIN CAMPUS UNIVERSITY CLINIC. IGF-164-26-03-137 is hereby awarded you as the bidder with the Lowest Calculated and Responsive Quotation at a Contract Price of Equivalent to THREE HUNDRED SIXTY-TWO THOUSAND THIRTY PESOS ONLY. (Php. 362,030.00)

QTY	Unit	Description	BID PRICE	TOTAL PRICE
1	LOT	ACICLOVIR, *200mg UNIT: PIECE, QUANTITY: 200 ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE + SIMETHICONE, *Aluminum hydroxide 178mg + Magnesium hydroxide 233mg + Simethicone 30mg x1 Chewable Tablet *Expiry 2026 UNIT: PIECE, QUANTITY: 500 AMOXICILLIN, *500mg cap UNIT: PIECE, QUANTITY: 1500 ARIPIRAZOLE, *10 mg/tablet UNIT: PIECE, QUANTITY: 10 AZITHROMYCIN, *500mg UNIT: PIECE, QUANTITY: 200 BACILLUS CLAUSII, *4 billion Bacillus clausii Intelli-spores (polyantibiotic-resistant) Probiotic bacteria with naturally protective shell (spores) enabling safe transport to the intestine Aids to enhancement of natural resistance to intestinal infections 4billion/5ml Oral Suspension UNIT: VIAL, QUANTITY: 50 BETHAMETHASONE + DIPROPIONATE + GENTAMYCIN, *1mg UNIT: PIECE, QUANTITY: 5 BETHAMETHASONE + DIPROPIONATE + GENTAMYCIN, *640mg UNIT: PIECE, QUANTITY: 5 CANKER MOUTH SORE SOLUTION, *4mL UNIT: PIECE, QUANTITY: 10	362,030.00	362,030.00

P.O. #: IGF-164-26-04-137

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. keep one copy and return the other to Caraga State University

Very truly yours,  
**REDACTED**

**ALEXANDER T. DEMETILLO, D.Eng**  
Vice President for Administration and Finance

I acknowledge receipt of this Notice on:  
Name of the Representative of the Bidder: **REDACTED**  
Authorized Signatures: **REDACTED**



PHONE 0917 707 8713 Loc. 246 | EMAIL: [cauprocurement@carsu.edu.ph](mailto:cauprocurement@carsu.edu.ph)

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QTY	Unit	Description	BID PRICE	TOTAL PRICE
		CAPTOPRIL, *25mg, sublingual UNIT: PIECE, QUANTITY: 10		
		CEFALEXIN, *500mg UNIT: PIECE, QUANTITY: 500		
		CEFUROXIME, *500mg UNIT: PIECE, QUANTITY: 500		
		CETERIZINE, *10mg UNIT: PIECE, QUANTITY: 1500		
		CIPROFLOXACIN, *500g UNIT: PIECE, QUANTITY: 300		
		CLINDAMYCIN, *150mg UNIT: PIECE, QUANTITY: 600		
		CO-AMOXICLAV, *625mg UNIT: PIECE, QUANTITY: 300		
		COLCHICINE, *500mcg UNIT: PIECE, QUANTITY: 400		
		DICHLORBENZYL ALCOHOL AMYLMETACRESOL, *1.2mg/600mcg UNIT: PIECE, QUANTITY: 300		
		DIPHENHYDRAMINE, *50mg UNIT: PIECE, QUANTITY: 10		
		ESCITALOPRAM, *10mg UNIT: PIECE, QUANTITY: 10		
		HYOSCINE N BUTYLBROMIDE, *10mg UNIT: PIECE, QUANTITY: 700		
		IBUPROFEN+PARACETAMOL, *200mg 325mg UNIT: PIECE, QUANTITY: 300		
		LOSARTAN, *50mg. UNIT: PIECE, QUANTITY: 500		
		MECLIZINE HYDROCHLORIDE, *25mg UNIT: PIECE, QUANTITY: 300		
		MEFENAMIC ACID, *500mg cap. UNIT: PIECE, QUANTITY: 1000		
		MUPIROCI, *20mg/ g ointment UNIT: PIECE, QUANTITY: 10		
		N-ACETYLCYSTEINE, *600mg UNIT: PIECE, QUANTITY: 500		
		NITROGLYCERIN, *0.4 sublingual, Film Coated UNIT: PIECE, QUANTITY: 10		
		OMEPRAZOLE, *40 mg UNIT: PIECE, QUANTITY: 400		
		ORAL REHYDRATION SALT, *200ml UNIT: PIECE, QUANTITY: 30		
		PARACETAMOL, 500mg UNIT: PIECE, QUANTITY: 1520		

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PHONE: 0917 707 8713 Loc 248 | EMAIL: csuprocurement@carsu.edu.ph

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QTY	Unit	Description	BID PRICE	TOTAL PRICE
		PHENYLPROPANOLAMINE CHLORPHENIRAMINE MALEATE PARACETAMOL, *25mg/2mg/500mg UNIT: PIECE, QUANTITY: 1000		
		PHENYLPROPANOLAMINE CHLORPHENIRAMINE MALEATE PARACETAMOL, *325mg/25mg/2mg. UNIT: PIECE, QUANTITY: 1500		
		QUETIAPINE, *25mg UNIT: PIECE, QUANTITY: 10		
		RISPERIDONE, *2mg UNIT: PIECE, QUANTITY: 10		
		SALBUTAMOL+IPRATROPIUM, *2mg/500mcg per 2.5mL UNIT: PIECE, QUANTITY: 25		
		SALBUTAMOL, *2mg UNIT: PIECE, QUANTITY: 10		
		SERTALINE, *50mg UNIT: PIECE, QUANTITY: 10		
		TETANUS TOXOID ABSORBED, *40 IU / 0.5ml, *Note: Additional Requirements of Medicines Medical & Dental. 1. Food and Drugs Administration Certificate 2. Certificate of Product Registration of each medicine (specially RX medicines) must be presented upon delivery. 3. Expiration date must at least be 24 months upon the date of delivery. 4. Certificate of Good Manufacturing Product (CGMP) 5. Medical/Sales representative ID. UNIT: VIAL, QUANTITY: 40		

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**TOTAL AMOUNT:**

**362,030.00**

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