

Generic Name	Indications	Category	Dosage Form	Remarks
Abacavir 300mg Tablet				KPK Medical
Abacavir Sulphate 600 mg and Lamivudine 300 mg Tablet	Antiretroviral combination therapy of HIV infection in adults and adolescents from 12 years of age with the following criteria: i)Patients unsuitable or failed other HAART treatment ii)Patients who are at high risk of renal impairment iii)Patients with osteoporosis or at high risk of bone loss	A*	ADULTS & ADOLESCENT (> 12 years of age): Recommended dose is one tablet once daily. Not to be used in adults or adolescents weigh less than 40kg. CHILDREN : Not recommended	
Acarbose 50 mg Tablet	Only for treatment of: i) Non insulin dependent diabetes mellitus (NIDDM) when diet therapy is insufficient ii) Non insulin dependent diabetes mellitus (NIDDM) in combination with existing conventional oral therapy where glycaemic control is inadequate	A/KK	Initially 50 mg daily, increase to 3 times daily up to 100 mg 3 times daily. Max 200 mg 3 times daily	
Acetazolamide 250 mg Tablet	Reduction of intraocular pressure in open-angle glaucoma, secondary glaucoma and peri-operatively in angle-closure glaucoma	B	250mg 1-4 times a day, the dosage being titrated according to patient response	
Acetazolamide 500 mg Injection	Reduction of intra-ocular pressure in open-angle glaucoma, secondary glaucoma and peri-operatively in angle-closure glaucoma	B	Adult : 250-1000mg per 24hours, usually in divided doses for amounts over 250mg daily	
Acetylcysteine 2g/10ml, 5g/25ml Injection	Antidote for paracetamol poisoning	A*	Diluted with dextrose 5% and infused IV. Initial, 150 mg/kg IV in 200 ml over 60 minutes, then 50 mg/kg IV in 500 ml over 4 hours, followed by 100 mg/kg IV in 1000 ml over 16 hours. Total dose: 300mg/kg in 20 hour	
Acetylcysteine 600mg Tablet				KPK (Pharmacy)
Acetylsalicylic Acid 100 mg, Glycine 45 mg Tablet	Prevention of myocardial infarct, stroke, vascular occlusion and deep vein thrombosis. Transient ischaemic attacks	B	1 tablet daily	
Acetylsalicylic Acid 300 mg Soluble Tablet	Mild to moderate pain	C	300 - 900 mg every 4 - 6 hours as required. Max 4 g daily. Use in children not recommended	
Acitretin 25mg capsules	i) Severe form of psoriasis including erythrodermic psoriasis and local or generalized pustular psoriasis. ii) Severe disorders of keratinization, such as -congenital ichthyosis -pityriasis rubra pilaris -Darier's disease -other disorders of keratinization which may be resistant to other therapies	A*	ADULT: initially 25-30 mg daily for 2-4 weeks, then adjusted according to response, usually within range 25-50 mg daily for further 6-8 weeks (max: 75 mg daily). In disorders of keratinization, maintenance therapy of less than 20mg/day and should not exceed 50mg/day CHILD: 0.5mg/kg daily occasionally up to 1 mg/kg daily to a max. 35 mg daily for limited periods	
Acriflavine 0.1% Lotion	Infected skin, lesions, cuts, abrasions, wounds and burns.	C+	Apply undiluted three times daily to the affected part .	
Actinomycin D (Dactinomycin) 500 mcg/ml Injection	i) For solid tumours ii) Gestational trophoblastic disease	A	i) ADULT: 500 mcg IV daily for max of 5 days. CHILD: 1.5 mg/m ² once every 3 weeks (if weight less than 10 kg, 50 mcg/kg) ii) 500 mcg IV on Days 2, 4, 6, 8, 10, repeat every 7 - 10 days or 500 mcg IV bolus on Days 1 and 2, repeat every 15 days	KPK O&G

Acyclovir 200 mg, 800mg Tablet	i) Mucocutaneous Herpes Simplex infection in immunocompromised and AIDS patients ii) Primary and recurrent Varicella Zoster infection in immunocompromised and AIDS patients iii) Severe Kaposi Varicella Eruption (Eczema herpeticum) iv) Severe primary HSV infections (eg. Neonatal herpes, encephalitis, eczema herpeticum, genital herpes, gingival stomatitis, vaginal delivery with maternal vulva herpes) v) Severe and complicated varicella infection (eg. Encephalitis, purpura fulminans) vi) Severe zoster infection in paediatrics (eg. Encephalitis, purpura fulminans, immunocompromised patients and facial, sacral and motor zoster)	A/KK	i) ADULT: initially 400 mg 5 times daily for 7 - 14 days. CHILD less than 2 years: 200 mg 4 times daily, CHILD more than 2 years: 400 mg 4 times daily ii), iii) and iv) ADULT: 200 - 400 mg 4 times daily. CHILD: less than 2 years, half adult dose; more than 2 years, adult dose v) ADULT: 800 mg 5 times daily for 7 days vi) ADULT: 20 mg/kg (maximum: 800 mg) four times daily for 5 days, CHILD 6 years: 800 mg four times daily. CHILD less than 2 years; 400mg 4 times daily, more than 2 years; 800mg 4 times daily	
Acyclovir 250 mg Injection	Treatment and prophylaxis of herpes simplex in immunocompromised, severe initial genital herpes and Varicella -Zoster	A*	ADULT: 5 mg/kg by IV infusion 8 hourly for 5 days, doubled to 10mg/kg every 8 hourly in varicella-zoster in the immunocompromised and in simplex encephalitis (usually given for at least 10 days in encephalitis; possibly for 14 - 21 days). NEONATE & INFANT up to 3 months with disseminated herpes simplex: 20mg/kg every 8 hourly for 14 days (21 days in CNS involvement), varicella-zoster 10-20mg/kg every 8 hourly usually for 7 days. CHILD, 3 months - 12 years: Herpes simplex or Varicella Zoster: 250 mg/m ² 8 hourly for 5 days, doubled to 500 mg/m ² 8 hourly for varicella-zoster in the immunocompromised and in simplex encephalitis (usually given for 10 days in encephalitis)	
Acyclovir 5% Cream	Herpes simplex infections of the skin, including initial and recurrent labial and genital herpes simplex infections	A*	Apply every 4 hours for 5 - 10 days	
Adalimumab 40 mg Injection	i) Third line treatment of: - Severe rheumatoid arthritis - Psoriatic arthritis - Ankylosing spondylitis after failure of conventional DMARDs or other biologics ii) Treatment of adults with moderate to severe chronic plaque psoriasis who have not responded to, have contraindication or are unable to tolerate phototherapy and/or systemic therapies including acitretin, methotrexate and cyclosporine iii) Crohn's Disease a) For treatment of moderately to severely active Crohn's Disease in adult patients who have inadequate response to conventional therapy b) For treatment of moderately to severely active Crohn's Disease in adult patients who have lost response to or are intolerant to infliximab iv) Ulcerative Colitis - For treatment of moderately to severely active ulcerative colitis in adult patients who have had an inadequate response to conventional therapy including corticosteroids and 6-mercaptopurine or azathioprine, or who are intolerant to or have medical contraindications for such therapies	A*	i) Severe rheumatoid arthritis, Psoriatic arthritis, Ankylosing spondylitis : Subcutaneous 40 mg every other week ii) Chronic plaque psoriasis : Initial, 80 mg SC, followed by 40 mg SC every other week starting one week after the initial dose iii) & iv) Crohn's disease & Ulcerative colitis: 160mg at week 0 (dose can be administered as four injections in one day or as two injections per day for two consecutive days) and 80mg at week 2. After induction treatment, the recommended maintenance dose is 40mg every other week via subcutaneous injection.	
Adapalene 0.1% Gel	Acne vulgaris where comedones, papules and pustules predominate in those sensitive to benzoyl peroxide or topical tretinoin [third line treatment]	A*	Apply once daily to the affected areas after washing at bedtime	Brand: Differin
Adefovir Dipivoxil 10 mg Tablet	i) Treatment of chronic HBeAg positive and HBeAg negative hepatitis B infection in adults with compensated liver function (lamivudine should be tried first) ii) Lamivudine-resistant chronic hepatitis B virus infection with either compensated or decompensated hepatitis function (only by hepatologist and gastroenterologist for approved indications)	A*	Adult (18-65 years): 10mg Once Daily Renal Dose Adjustment : 10mg every 48hours (30-49ml/min); 10mg every 72hours (10-29ml/min); 10mg every 7 days (Hemodialysis)	

Adenosine 3 mg/ml Injection	Rapid conversion of paroxysmal supraventricular tachycardia to sinus rhythm	B	ADULT: Initially: 3 mg given as a rapid IV bolus (over 2 seconds). Second dose: If the first dose does not result in elimination of the supraventricular tachycardia with in 1 or 2 minutes, 6 mg should be given also as a rapid IV bolus. Third dose: If the second dose does not result in elimination of the supraventricular tachycardia with in 1-2 minutes, 12 mg should be given also as a rapid IV bolus	
Adrenaline Acid (Epinephrine) Tartrate 1 mg/ml Injection	Cardiopulmonary resuscitation	B	1 mg by intravenous injection repeated every 3-5 minutes according to response	
Agomelatine 25 mg Tablet	Major depression	A*	The recommended dose is 25mg once daily at bedtime, maybe increased to 50mg once daily at bedtime.	
Albendazole 200 mg Tablet	i) Single or mixed infestations of intestinal parasites ii) Strongyloides infection	C+	i) Child 12-24months: 200mg as a single dose ii) Adult & Child above 2 years: 400mg as a single dose for 3 consecutive days; Child 12 - 24months: 200mg as a single dose for 3 consecutive days	
Albendazole 200 mg/5 ml Suspension	i) Single or mixed infestations of intestinal parasites ii) Strongyloides infection	C+	i) Child 12-24months: 200mg as a single dose ii) Adult & Child above 2 years: 400mg as a single dose for 3 consecutive days; Child 12 - 24months: 200mg as a single dose for 3 consecutive days	
Alcohol 70% Solution	Use as antiseptic and disinfectant	C+	Apply to the skin undiluted or when needed	Galenical
Alendronate Sodium 70 mg and Cholecalciferol 5600 IU Tablet	Osteoporosis in post menopausal women with a history of vertebral fracture and whom oestrogen replacement therapy is contraindicated. Review treatment after 2 years and if there is positive response, treatment may be continued up to 5 years and then re-evaluate. Treatment should be stopped if there is no positive response after 5 years. Otherwise, patient needs to be given drug holiday for 1 to 2 years and then continue treatment shall the benefit outweigh the risk.	A*	1 tablet once weekly [70mg/5600 IU]. Patient should receive supplemental calcium or vitamin D, if dietary vitamin D inadequate. The tablet should be taken at least half an hour before the first food, beverage, or medication of the day with plain water only. To facilitate delivery to stomach and thus reduce the potential for esophageal irritation, it should only be swallowed upon arising for the day with a full glass of water and patient should not lie down for at least 30 minutes and until after their first food of the day.	
Alendronate Sodium 70 mg Tablet	Osteoporosis in post menopausal women with a history of vertebral fracture and whom oestrogen replacement therapy is contraindicated. Review treatment after 2 years and if there is positive response, treatment may be continued up to 5 years and then re-evaluate. Treatment should be stopped if there is no positive response after 5 years. Otherwise, patient needs to be given drug holiday for 1 to 2 years and then continue treatment shall the benefit outweigh the risk.	A*	70 mg once weekly. Swallow the tablet whole with a full glass of plain water only on an empty stomach at least 30 minutes before breakfast (and any other oral medication); stand or sit upright for at least 30 minutes and do not lie down until after eating breakfast	
Alfacalcidol 0.25 mcg, 1mcg Capsule	i) Renal osteodystrophy in patients on haemodialysis ii) Hypoparathyroidism and pseudohypoparathyroidism iii) Adjunct to the management of tertiary hyperparathyroidism iv) Rickets and osteomalacia v) Osteoporosis	A/KK	Initial dose ADULT and CHILD above 20kg body weight : 1 mcg daily; CHILD under 20kg body weight : 0.05 mcg/kg/day. Maintenance dose : 0.25 mcg to 2 mcg daily	
Alfacalcidol 2 mcg/ml Drops	i) Renal osteodystrophy in patients on haemodialysis ii) Hypoparathyroidism and pseudohypoparathyroidism iii) Adjunct to the management of tertiary hyperparathyroidism iv) Rickets and osteomalacia v) Osteoporosis	A*	NEONATES : 0.1 mcg/kg/day	
Alfacalcidol 2 mcg/ml Injection	Treatment of: i) Renal osteodystrophy in patients on haemodialysis ii) Hypoparathyroidism and pseudohypoparathyroidism iii) Adjunct to the management of tertiary hyperparathyroidism iv) Rickets and osteomalacia v) Osteoporosis	A*	Adult: Initially, 1 mcg daily. Maintenance: 0.25-1 mcg daily. Child: Premature infants and neonates: 0.05-0.1 mcg/kg daily; <20 kg: 0.05 mcg/kg daily. Elderly: 0.5 mcg daily.	

Alfuzosin HCl 10 mg Prolonged Release Tablet	Treatment of functional symptoms related with benign prostatic hypertrophy (BPH)	A*	10 mg once a day pre bed	
Alkaline Nasal Douche	To remove nasal plug	B	To be diluted with an equal volume of warm water before use	
Allopurinol 100 mg, 300mg Tablet	i) Frequent and disabling attacks of gouty arthritis (3 or more attacks/year). ii) Clinical or radiographic signs of erosive gouty arthritis. iii) The presence of tophaceous deposits. iii) Urate nephropathy. iv) Urate nephrolithiasis. v) Impending cytotoxic chemotherapy or radiotherapy for lymphoma or leukaemia	A/KK	Initial dose : 100-300 mg daily. Maintenance : 300-600 mg daily. Maximum: 900 mg daily	100mg - Rheumato
Alprazolam 0.25 mg Tablet	Anxiety disorders	A/KK	0.25 - 0.5 mg 3 times daily (elderly or debilitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children	
Alprazolam 0.5 mg Tablet	Anxiety disorders	A	0.25 - 0.5 mg 3 times daily (elderly or debilitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children	
Alprostadil 500 mcg/ml Injection	For treatment of congenital heart diseases which are ductus arteriosus dependent	A*	0.05 - 0.1 mcg/kg/min by continuous IV infusion, then decreased to lowest effective dose	
Alteplase 50 mg per vial Injection	Thrombolytic treatment of acute ischaemic stroke.	A*	0.9 mg/kg (maximum of 90 mg) infused over 60 minutes with 10% of the total dose administered as an initial intravenous bolus. Treatment must be started as early as possible within 4.5 hours after onset of stroke symptoms and after exclusion of intracranial haemorrhage by appropriate imaging technique.	
Amantadine HCl 100 mg Capsule	Parkinson's disease	B	Initial dose: 100 mg daily and is increased to 100 mg twice daily (not later than 4 p.m.) after a week. Elderly over 65 years: less than 100 mg or 100 mg at intervals of more than 1 day	
Amikacin 250mg/2ml, 500mg/2ml Injection	Infections due to susceptible organisms	A	ADULT: (IM or IV): 15 mg/kg/day 8 - 12 hourly for 7 - 10 days. Maximum: 1.5 g/day. CHILD: 15 mg/kg/day 8 - 12 hourly. Maximum: 1.5 g/day. Neonates: Initial loading dose of 10 mg/kg followed by 7.5 mg/kg/day 12 hourly. Maximum 15mg/kg/day	
Amiloride HCl 5 mg & Hydrochlorothiazide 50 mg Tablet	i) Diuretic as an adjunct to the management of oedematous states ii) Hypertension	B	i) Initially 1 - 2 tab daily adjusted according to response. Max : 4 tabs daily. ii) 1 -2 tabs daily as a single or divided dose	
Amino Acids Injection	Source of amino acids in patients needing IV nutrition	A	Dose to be individualised. ADULT usually 500-2000 ml by IV. ADULT usual requirement for amino acid: 1-2 g/kg/day	Brand: Vaminolact, Dipeptiven (Alanine & Glutamine)
Amino Acids, Glucose and Lipid with Electrolytes Injection	Source of amino acids, carbohydrate, lipid and electrolytes in patients needing IV nutrition	A	Dose to be individualised. ADULT: 500 - 2000 ml daily given by IV. ADULT usual requirement for amino acid 1.2 g/kg/ day, carbohydrate 4-6 g/kg/day, lipid 2-3 g/kg/day	Brand: Smofkabiven Central, Smofkabiven Peripheral, Nutriflex Lipid Plus, Nutriflex Lipid Special
Aminophylline 250 mg/10ml Injection	Reversible airways obstruction, acute severe bronchospasm	B	Adult: Loading dose: 5 mg/kg (ideal body weight) or 250-500 mg (25 mg/ml) by slow inj or infusion over 20-30 min. Maintenance infusion dose: 0.5 mg/kg/hr. Max rate: 25 mg/min. Child: Loading dose: same as adult dose. Maintenance dose: 6 mth-9 yr: 1 mg/kg/hr and 10-16 yr: 0.8 mg/kg/hr.	

Amiodarone 200 mg Tablet	Arrhythmias	A*	200 mg 3 times daily for 1 week, then reduced to 200 mg twice daily for another week. Maintenance dose, usually 200 mg daily or the minimum required to control the arrhythmia	
Amiodarone 150 mg/3ml Injection	Arrhythmias when other drugs are contraindicated or ineffective	A*	Initial infusion of 5mg/kg via large venous access over 20-120 minutes with ECG monitoring; subsequent infusion given if necessary according to response up to a maximum of 1.2 g in 24 hours	
Amisulpride 100 mg, 400mg Tablet	Treatment of psychoses, particularly acute or chronic schizophrenia disorders characterized by positive symptoms(e.g. delusion, hallucinations, thought disorders) and/or negative symptoms(e.g. blunted emotions, emotional and social withdrawal) including when the negative symptoms predominate	A*	Predominantly negative episodes: 50-300 mg once daily adjusted according to the patient's response. Mixed episodes with positive and negative symptoms: 400-800 mg/day in 2 divided doses adjusted according to the patient's response. Should be taken on an empty stomach (Preferably taken before meals)	
Amitriptyline HCl 25 mg Tablet	Depression	B	Initially 25mg 3 times a day. Maintenance: 25-100mg daily in divided doses. Hospitalized patient: 100mg/day & gradually increase to 200-300mg/day. ADOLESCENT and ELDERLY: initially 20-30mg/day in divided doses w/ gradual increments. CHILD under 16 years are not recommended	
Amlodipine 5 mg, 10mg Tablet	Hypertension	B	5 mg once daily. Max: 10 mg once daily	
Amlodipine 5 mg and Valsartan 160 mg Tablet	Essential hypertension in patients whose blood pressure is not adequately controlled by monotherapy	A/KK	Doses range from amlodipine besylate 5 mg/valsartan 160 mg to amlodipine besylate 10 mg/valsartan 320 mg ORALLY once daily, with dose titration occurring every 1 to 2 weeks if necessary. MAX amlodipine besylate 10 mg/valsartan 320 mg	While stock last. Removed from the FUKKM (2.2017)
Amlodipine 10 mg and Valsartan 160 mg Tablet	Essential hypertension in patients whose blood pressure is not adequately controlled by monotherapy	A/KK	Doses range from amlodipine besylate 5 mg/valsartan 160 mg to amlodipine besylate 10 mg/valsartan 320 mg ORALLY once daily, with dose titration occurring every 1 to 2 weeks if necessary. MAX amlodipine besylate 10 mg/valsartan 320 mg	While stock last. Removed from the FUKKM (2.2017)
Amlodipine besylate 10mg, valsartan 160mg, hydrochlorothiazide 25mg tablet	Treatment of essential hypertension. This fixed combination drug is not indicated for the initial therapy of hypertension.	A/KK	One tablet daily i) A patient whose blood pressure is not adequately controlled on dual therapy with amlodipine besylate/valsartan/HCTZ. ii) For convenience, patients receiving valsartan, amlodipine and HCTZ from separate tablets may be switched to amlodipine besylate/valsartan/HCTZ containing the same component doses. Dosage may be increased after 2 weeks. The maximum antihypertensive effect of amlodipine besylate/valsartan/HCTZ is reached within 2 weeks of change in dose. The maximum recommended dose of amlodipine besylate/valsartan/HCTZ is 10/320/25 mg. It can be taken with or without food. It is recommended to take it with some water	While stock last. Removed from the FUKKM (2.2017)
Ammonium Bicarbonate, Tincture Ipecac, etc Mixture	Cough	C	Adults, the elderly and children over 12 years: 10-20ml, repeated after 4 hours if required. Not more than 4 doses to be taken in any 24 hours.	Mist. Expectorant. Galenical
Amorolfine 5 % Nail Lacquer	Fungal nail infections	A*	Apply to affected nail once or sometimes twice a week after filling and cleansing, allow to dry, treat finger nail for 6 months, toe nail for 9 - 12 months (review at intervals of 3 months)	

Amoxicillin & Clavulanate 228 mg/5 ml Syrup	Infections caused by susceptible organisms	A/KK	Mild to Moderate infection: 25mg/kg/day (based on Amoxicillin dose) in 2 divided dose. Severe infection: 45mg/kg/day (based on Amoxicillin dose) in 2 divided dose	
Amoxicillin 1 g & Clavulanate 200 mg Injection	Infections caused by susceptible organisms. Respiratory tract, skin, soft tissue, GUT infection, septicaemia, peritonitis, post-operative infection & osteomyelitis	A	CHILD less than 3 months: 30mg/kg 12 hourly. 3 months - 12 years: 30mg/kg 6 - 8 hourly. ADULT: 1.2 g by IV or intermittent infusion 6 - 8 hourly	
Amoxicillin 250 mg Capsule	Infections caused by susceptible strains of gram positive and gram negative organisms	B	ADULT: 250 - 500 mg 3 times daily. CHILD: 20 - 40 mg/kg/day in divided doses 8 hourly	
Amoxicillin 500 mg & Clavulanate 125 mg Tablet	Infections due to beta-lactamase producing strain where amoxicillin alone is not appropriate. Respiratory tract, skin, soft tissue, GUT infection, septicaemia, peritonitis, post-operative infection & osteomyelitis	A/KK	ADULT & CHILD more than 12 years: Mild to moderate infections: 625 mg twice daily.	
Amoxicillin Trihydrate 125 mg/5 ml Syrup	Infections caused by susceptible strains of gram positive and gram negative organisms	B	CHILD less than 10 years: 125 - 250 mg 8 hourly. CHILD less than 20 kg: 20 - 40 mg/kg/day in 3 - 4 divided doses	
Amphotericin B 0.15% Eye Drops	Fungal infection of the cornea	A	1 drop hourly or 2 hourly	Made by TPN
Amphotericin B 50 mg Injection	Systemic fungal infections	A	ADULT: 0.25 mg/kg/day by IV infusion, gradually increase if tolerated to 1 mg/kg/day. Maximum in severe cases: 1.5 mg/kg daily or on alternate days. For neonates, lower doses are recommended	
Ampicillin Sodium & Sulbactam Sodium 375 mg Tablet	Treatment of susceptible bacterial infections	A/KK	ADULT: 375-750mg twice daily CHILDREN AND INFANTS: 25-50mg/kg/day in 2 divided doses, if ≥ 30kg use an adult dose	
Ampicillin Sodium 1g & Sulbactam Sodium 500mg Injection	Treatment of susceptible bacterial infections	A	ADULT: 1.5 - 12 g/day in divided doses 6 - 8 hourly. Maximum: 4 g Sulbactam. CHILD: 150-300 mg/kg/day 6 - 8 hourly. Prophylaxis of surgical infections: 1.5 - 3 g at induction of anaesthesia. May be repeated 6 - 8 hourly. NEONATES: First week of life, 75mg/kg/day in divided doses every 12 hour	
Ampicillin Sodium 500 mg Injection	Treatment of susceptible bacterial infections (non beta-lactamase-producing organisms); meningitis	B	250 - 500 mg IM/IV every 4 - 6 hours. Maximum: 400 mg/kg/day. Meningitis: 2 g 6 hourly. CHILD: 150 mg/kg/daily IV in divided doses. Usual children dose less than 10 years, half adult dose	
Ampicillin Trihydrate 125 mg/5 ml Suspension	Treatment of susceptible bacterial infections (non beta-lactamase-producing organisms)	B	CHILD: 50 - 100 mg/kg/day 4 times daily. Under 1 year: 62.5 - 125 mg 4 times daily, 1 - 10 years: 125 - 250 mg 4 times daily	
Anagrelide 0.5mg Tablet				KPK Hemato
Anastrozole 1 mg Tablet	Treatment of hormone responsive metastatic or locally advanced breast cancer after failure of tamoxifen	A*	1 mg daily	
Anidulafungin 100mg Injection	Treatment of invasive candidiasis, including candidemia in adults when intolerance or resistance to Amphotericin B or Fluconazole	A*	Loading dose of 200 mg on day 1, then 100 mg once daily thereafter for at least 14 days after the last positive culture.	
Antilymphocyte/Antithymocyte Immunoglobulin (from Horse) Injection	i) To be used when conventional anti-rejection therapy is not successful ii) Treatment of aplastic anaemia not responding to oxymethalone after 3 months, in which there is persistent pancytopenia with repeated attacks of septicaemia and bleeding. iii) Severe aplastic anaemia with the following parameters: a) Granulocyte less than 0.5x10 ⁹ /L b) Platelet less than 20x10 ⁹ /L c) Reticulocyte less than 20x10 ⁹ /L iv) As a conditioning regime prior to transplant. v) Graft-versus-host disease treatme	A*	10 - 30 mg/kg body weight daily. Slow IV infusion (over at least 4 hours) diluted in 250 - 500 ml Normal Saline. For Graft versus host disease treatment:40 mg/kg/day	

Anti RhD Gamma Globulin 250 mcg/ ml Injection	Prevention of Rh(D) sensitisation to Rh(D)-negative woman: i) Pregnancy/delivery of Rh(D)-positive infant ii) Abortion/threatened abortion, ectopic pregnancy or hydatidiform mole iii) Transplacental haemorrhage resulting from antepartum haemorrhage, amniocentesis, chorionic biopsy or obstetric manipulative procedures e.g. external version or abdominal trauma	B	i) Antepartum prophylaxis: The recommended dose is a single dose of 300mcg administered by IV or IM injection ii) Postpartum prophylaxis: 300mcg should be administered as soon as possible after delivery and no later than 72 hours thereafter, by IV or IM route. If the 72-hour limit is exceeded, anti-Rh(D) immunoglobulin must be administered anyway.	
Antivenene Cobra Injection	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Cobra (Naja kaouthia).	B	Initial dose of 100ml of reconstituted antivenene given by slow intravenous infusion (2ml/min). Subsequent dose can be given every 12 hours according to the clinical symptoms. As product may differ from batches and manufacturer, it is strongly recommended to refer to the product insert on dosing recommendation.	Antivenene for King Cobra is also available
Antivenene Pit Viper Injection	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Malayan Pit Viper (Calloselasma rhodostoma).	B	Initial dose of 30ml of reconstituted antivenene given by slow intravenous infusion (2ml/min). Subsequent dose can be given every 6 hours according to the clinical symptoms. As product may differ from batches and manufacturer, it is strongly recommended to refer to the product insert on dosing recommendation.	
Antivenene Serum (Sea snake) 1000 units Injection	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by sea snake.	B	1000 units by IV infusion over 1/2 to 1 hour. In severe cases 3000 -10000 units may be required	
Antivenene Serum Snake polyvalent Injection	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Indian Cobra (Naja naja), Common Krait (Bungarus caeruleus), Russell's Viper (Daboia russelli) and Saw-scaled Viper (Echis carinatus)	B	Recommended initial dose is 20ml by intravenous infusion. The injection should be given very slowly as 5 minutes by direct slow intravenous route or 1 hour by infusion. If symptoms continue, further doses are administered as required until symptoms completely disappear	
Aprepitant 80 mg Capsule	In combination with other antiemetic agents for prevention of delayed nausea and vomiting associated with initial and repeat course of highly emetogenic chemotherapy	A*	80 mg once daily in the morning on Days 2 and Day 3. To be given as part of a 3-day regimen that includes a corticosteroid & a 5-HT3 antagonist	80mg, 125mg comes in 1 pack together
Aprepitant 125mg capsule	In combination with other antiemetic agents for prevention of delayed nausea and vomiting associated with initial and repeat course of highly emetogenic chemotherapy	A*	125 mg 1 hour prior to chemotherapy on Day 1. To be given as part of a 3-day regimen that includes a corticosteroid and a 5-HT3 antagonist	
Aqueous Cream	Dry skin	C+	As a soap or apply to the skin as an emollient cream	Galenical
Aripiprazole 10mg, 15mg Tablet	i) Treatment of acute episodes of schizophrenia and for maintenance of clinical improvement during continuation therapy. ii) Treatment of acute manic episodes associated with bipolar I disorder	A*	Schizophrenia: 10 or 15 mg/day. Maintenance dose: 15 mg/day. Bipolar mania: Starting dose: 15 or 30 mg/day. Dose adjustment should occur at intervals of not less than 24 hour	
Artemether 20mg + Lumefantrine 120mg	Acute uncomplicated falciparum malaria	B	ADULT and CHILD over 12 years weighing over 35 kg : 4 tablets as a single dose at the time of initial diagnosis, again 4 tablets after 8 hours and then 4 tablets twice daily (morning and evening) on each of the following two days (total course comprises 24 tablets). INFANT and CHILD weighing 5 kg to less than 35 kg : A 6 dose regimen with 1 to 3 tablets per dose, depending on bodyweight	

Artesunate 60 mg Injection	Treatment of severe malaria caused by Plasmodium falciparum in adults and children	A	2.4mg of artesunate/kg body weight, by intravenous (IV) or intramuscular (IM) injection, at 0, 12 and 24 hours, then once daily until oral treatment can be substituted. For adults and children with severe malaria or who are unable to tolerate oral medicines, artesunate 2.4 mg/kg body weight IV or IM given on admission (time = 0), then at 12 hrs and 24 hrs, then once a day for 5-7 days is the recommended treatment.	
Ascorbic Acid 100 mg, 500mg Tablet	Vitamin C deficiency	C+	ADULT: 100-250 mg once or twice daily CHILD: 100 mg three times daily for one week followed by 100mg daily until symptoms abate.	500mg - Anes
Asenapine 10mg Sublingual Tablet	For second or third line treatment in adult for: i) Schizophrenia ii) Bipolar Disorder - Monotherapy: Acute treatment of manic or mixed episodes associated with Bipolar I disorder. - Adjunctive therapy: As adjunctive therapy with either lithium or valproate for the acute treatment of manic or mixed episodes associated with Bipolar I Disorder.	A*	i) Schizophrenia: - Acute treatment in adults: Recommended starting and target dose of asenapine is 5mg given twice daily. - Maintenance dose: 5mg twice daily. ii) Bipolar Disorder: - Monotherapy: 10mg twice daily. Adjunctive therapy: 5mg twice daily with lithium or valproate. Dose can be increased to 10mg twice daily based on clinical response.	Psy. 5mg available as sample use only
Atazanavir 300mg Tablet				KPK Medical
Atenolol 50 mg, 100mg Tablet	Hypertension, angina pectoris, myocardial infarction and arrhythmias	B	Hypertension and arrhythmias; 50 - 100 mg daily, Angina; 100 mg daily, Myocardial infarction; individualised	50mg - Patient basis
Atomoxetine HCl 10 mg, 18mg, 40mg Capsule	Attention deficit hyperactivity disorder (ADHD) in children 6 years and older who do not respond to methylphenidate or who have intolerable effects or have tics. Diagnosis should be made according to DSM IV criteria or the guidelines in ICD-10	A*	CHILD and ADOLESCENTS up to 70 kg: Initially 0.5 mg/kg/day for at least 7 days, then increased according to response. Maintenance: 1.2 mg/kg/day. ADULTS and ADOLESCENTS more than 70 kg: Initially 40 mg/day for at least 7 days then increased according to response. Maintenance: 80 mg/day. Max 100 mg/day	
Atorvastatin 20 mg, 80mg Tablet	Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy	A/KK	10 mg once daily. Maximum: 80 mg daily	
Atracurium Besylate 25 mg /ml in 2.5 ml Injection	Muscle relaxant in general anaesthesia, Endotracheal intubation, Aid controlled ventilation.	A*	Adult & childn >2 mth 0.3-0.6 mg/kg IV. Endotracheal intubation dose: 0.5-0.6 mg/kg. Supplementary dose: 0.1-0.2 mg/kg as required. Continuous infusion rates of 0.3-0.6 mg/kg/hr to maintain neuromuscular block during long surgical procedure.	
Atropine Sulphate 1% Eye Drops	Determination of refraction, strabismus, iritis and iridocyclitis, after extra or intracapsular extraction of lens	B	PREOPERATIVE MYDRIASIS : one drop of a 1% solution supplemented with one drop of 2.5 or 10% phenylephrine prior to surgery. ANTERIOR UVEITIS or POSTOPERATIVE MYDRIASIS : one drop of a 1% or 2% solution up to 3 times a day	

Atropine Sulphate 1mg/ml Injection	i) Reduce vagal inhibition, salivary and bronchiol secretion in anaesthesia ii) Reversal of excessive bradycardia iii) Reversal of effect of competitive muscle relaxants iv) Overdosage with other compounds having muscarinic action v) Organophosphate poisoning	B	i) Adult: 300-600 mcg IM/SC 30-60 minutes before anaesthesia. Alternatively, 300-600 mcg IV immediately before induction of anaesthesia. Child: >20 kg: 300-600 mcg; 12-16 kg: 300 mcg; 7-9 kg: 200 mcg; >3 kg: 100 mcg. Doses to be given via IM/SC admin 30-60 minutes before anaesthesia. ii) Adult: 500 mcg every 3-5 minutes. Total: 3 mg. Max Dosage: 0.04 mg/kg body weight. iii) Adult 0.6-1.2 mg before or with anticholinesterase iv) Adult: 0.6-1 mg IV/IM/SC, repeated every 2 hr. v) Adult: 2 mg IV/IM, every 10-30 minutes until muscarinic effects disappear or atropine toxicity appears. In severe cases, dose can be given as often as every 5 minutes. In moderate to severe poisoning, a state of atropinisation is maintained for at least 2 days and continued for as long as symptoms are present. Child: 20 mcg/kg given every 5-10 minutes.	
Azathioprine 50 mg Tablet	i) Prophylaxis of rejection in organ and tissue transplant ii) Auto-immune diseases iii) Rheumatoid arthritis	A	i) Adult: 1-5 mg/kg/day. Adjust dose according to clinical response and haematological tolerance. Dose may also be given via IV administration. ii) Adult: 1-3 mg/kg/day. Discontinue treatment if there is no improvement after 12 week. iii) Adult: Initially, 1 mg/kg/day given in 1-2 divided doses for 6-8 week, may increase by 0.5 mg/kg every 4 week until response or up to 2.5 mg/kg/day. Maintenance: Reduce dose gradually to achieve the lowest effective dose.	
Azelaic Acid 20% Cream	Acne vulgaris	A*	Apply twice daily (sensitive skin, once daily for 1st week). Treatment should not exceed 6 months	Brand: Skinoren
Azithromycin 200 mg/5 ml Granules	Treatment of complicated respiratory tract infections not responding to standard macrolides	A*	CHILD 36 - 45 kg: 400 mg, 26 - 35 kg: 300mg, 15 - 25 kg 200 mg, less than 15 kg: 10 mg/kg. To be taken daily for 3 days or to be taken as a single dose on day 1, then half the daily dose on days 2 - 5	
Azithromycin 250 mg Tablet	i) Treatment of complicated respiratory tract infection not responding to standard macrolides ii) Adult treatment of uncomplicated genital infections due to Chlamydia trichomatis or susceptible Neisseria gonorrhoea iii) Prophylaxis against Mycobacterium avium complex in patients with advanced HIV	A*	i) 500 mg daily for 3 days ii) 1 g as a single dose iii) 1 g weekly	
Azithromycin 500 mg Injection	Only for treatment of severe atypical pneumonia	A*	500 mg IV as a single daily dose for a minimum of two days followed by 500 mg oral dose as a single daily dose to complete a 7 - 10 days course	
Bacampicillin 400 mg Tablet	Infections caused by ampicillin-sensitive gram positive & gram negative microorganisms	B	ADULT: 400 mg twice daily. Severe infection: 800 mg twice daily. CHILD more than 25 kg: 12.5 - 25 mg/kg 12 hourly	
Baclofen 10 mg Tablet	Spasticity of the skeletal muscle	B	ADULT: 5 mg 3 times daily. Max: 80 mg daily. CHILD: 0.75 - 2 mg/kg daily (more than 10 years, maximum: 2.5 mg/kg daily)	
Balanced Salt Solution	For irrigation during ocular surgery	A	Irrigate as directed	
Barium Sulphate Suspension	For x-ray examination of the alimentary tract: i) Oesophagus ii) Stomach and duodenum iii) Colon	B	i) Up to 150 ml of a 50% - 200% suspension orally ii) Up to 300 ml of a 30% - 200% suspension orally iii) Up to 2 litre of a 30% - 200% suspension orally	Brand: E-Z-Paque. Kept in X-Ray
BCG Vaccine Freeze-Dried Injection	For the prevention of tuberculosis	C+	0.1 ml by intradermal injection. INFANT under 12 months: 0.05 ml	

Beclomethasone Dipropionate 100 mcg/dose Inhaler	Prophylaxis of asthma especially if not fully controlled by bronchodilators	B	Adults: The usual maintenance dose is one to two inhalations (200-400 mcg) twice daily. If needed, the dose can be increased up to 1600 mcg/day divided in two to four doses : Children 6-12 years old: One inhalation (200 mcg) two times daily and dose may be increased up to 800 mcg/day in divided two to four doses if necessary.	
Beclomethasone dipropionate 100mcg and formoterol fumarate dihydrate 6mcg pressurized inhalation solution	Regular treatment of asthma where use of a combination product (inhaled corticosteroid and long-acting beta2 agonist) is appropriate in: i. Patients not adequately controlled with inhaled corticosteroids and ?as needed? inhaled short-acting beta2 agonist or ii. Patients already adequately controlled on both inhaled corticosteroids and long-acting beta2-agonists	A/KK	Dose recommended for patients 18 years and above. One or two inhalations twice daily. The maximum daily dose is 4 inhalations daily. No need to adjust dose in elderly patients. There are no data available for use in patients with hepatic or renal impairment.	Brand: Foster. Fridge Item
Beclomethasone Dipropionate 200 mcg/dose Inhaler	Prophylaxis of asthma especially if not fully controlled by bronchodilators	A/KK	ADULT : 1 - 2 puff twice daily. May increase to 2 puff 2 - 4 times daily CHILD : 1 puff twice daily. May increase to 1 puff 2 - 4 times daily	
Bendamustine Hydrochloride 25mg/vial, 100mg/vial powder for concentrate for solution for infusion	Bendamustine is indicated for monotherapy in patients with indolent B-cell non-Hodgkin's lymphomas (INHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.	A*	Monotherapy for INHL refractory to rituximab: 120mg/m ² body surface area bendamustine hydrochloride on days 1 and 2; every 3 weeks.	
Benzathine Penicillin 2.4 MIU (1.8 g) Injection	i) Treatment of mild to moderately severe infections due to Penicillin G-sensitive organisms ii) Treatment of syphilis	B	i) ADULT: 1.2 mega units IM ii) For syphilis: 2.4 mega units weekly for 1 - 3 weeks	
Benzhexol 2 mg Tablet	i) Parkinson's disease ii) Drug induced parkinsonism iii) Dystonias	B	ADULT: Initially 1 mg daily, increase gradually. Maintenance: 5 - 15 mg daily in 3 - 4 divided doses. (Max 15mg/day)	
Benzoic Acid Compound Ointment	Tinea infections of thickened skin of palms and soles	C	Apply sparingly to affected area once or twice daily	Whitfield's Ointment
Benzoyl Peroxide 5% Gel	Mild to moderate acne vulgaris	B	Apply 1-2 times daily preferably after washing with soap and water	
Benzylamine HCl 0.15% Solution	For relief of painful condition of the oral cavity	B	Used as a 30 seconds gargle or rinse, undiluted. ADULT 15 ml. CHILD less 12 years 5-15 ml. Uninterrupted treatment should not be more than 7 days	
Benzylamine Hydrochloride 3.0 mg/ml throat spray	Temporary relief of painful conditions of the mouth and throat including tonsillitis, sore throat, radiation mucositis, aphthous ulcers, pharyngitis, swelling, redness, inflammatory conditions, post-orosurgical and periodontal procedures. (For pediatric and otorhinolaryngology use. Restrict to patients who are not able to gargle)	A*	ADULTS and CHILDREN OVER 12 YEARS: 2-4 sprays (1-2mg) directly onto the sore/inflamed area and swallow gently. Repeat every 1 1/2 to 3 hours as necessary. CHILDREN 6-12 YEARS: 2 sprays (1mg) directly onto sore/ inflamed area and swallow gently. Repeat every 1 1/2 to 3 hours as necessary. CHILDREN UNDER 6 YEARS: Not recommended. Uninterrupted treatment should not exceed seven days, unless under medical supervision	
Benzyl Benzoate 12.5 % Emulsion (Child)	Scabies and pediculosis, for child under 2 years	C	After bath, apply over the whole body, neck down and leave on for 24 hours then wash off. Reapply for another 24 hours, the first repeat application should be within 5 days of the initial application, a third application may be required in some cases	
Benzyl Benzoate 25 % Emulsion (Adult)	Scabies and pediculosis	C+	After bath, apply over the whole body, neck down and leave on for 24 hours then wash off. Reapply for another 24 hours, the first repeat application should be within 5 days of the initial application, a third application may be required in some cases	

Benzylpenicillin 1 mega unit (600 mg), 5 mega unit (3g) Injection	i) Infections caused by susceptible organisms ii) Infective endocarditis	B	i) Adult: 600mg - 3600mg (1 - 6 mega units) daily, divided into 4 to 6 doses. Higher doses (24 mega units) in divided doses may be given in serious infections such as meningitis. Child 1 month to 12 years old: 100mg/kg/day in 4 divided doses, not exceeding 4g/day; Infants 1 -4 weeks: 75mg/kg/day in 3 divided doses; Newborn Infants: 50mg/kg/day in 2 divided doses ii) 7.2 to 12g (12 - 20 mega units) maybe given daily in divided doses	
Beractant Intratracheal Suspension (200 mg phospholipids in 8 ml vial)	Treatment of newborn baby with birth weight of 700 g or greater undergoing mechanical ventilation for respiratory distress syndrome, whose heart rate and arterial oxygenation are continuously monitored	A*	100 mg/kg (4 ml/kg) body weight intratracheally up to 4 doses in 1st 48 hr. Doses should not be given more frequently than 6 hrly. To be administered as soon as possible.	
Betahistine Dihydrochloride 24 mg Tablet	i) Meniere's Syndrome as defined by the following core symptoms: - Vertigo (with nausea/vomiting). - Hearing loss (Hardness of hearing). - Tinnitus (ringing in the ears) ii) Symptomatic treatment of vestibular vertigo	A*	24-48mg in divided doses daily	
Betamethasone 17-Valerate 0.01-0.05% (1:2, 1:4, 1:8) Cream	Eczemas, prurigo nodularis, limited psoriasis in appropriate in sites	B	Apply sparingly to affected area 2 - 3 times daily then reduced to once daily when improvement occurs	Galenical
Betamethasone 17-Valerate 0.01-0.05% (1:2, 1:4, 1:8) Ointment	Eczema, prurigo nodularis, limited psoriasis in appropriate in sites	B	Apply sparingly to affected area 2 - 3 times daily then reduced to once daily when improvement occurs	Galenical
Betamethasone 17-Valerate 0.1% Full Strength Cream, Ointment	Eczemas, prurigo nodularis, psoriasis (excluding widespread plaque psoriasis)	A	Apply sparingly to affected area 2 - 3 times daily then reduced to once daily when improvement occurs	
Bimatoprost 0.03% Ophthalmic Solution	Lowering of intraocular pressure in patients with open-angle glaucoma and ocular hypertension who are intolerant of other intraocular pressure lowering medications or insufficiently responsive to another intraocular pressure lowering medication	A*	1 drop in affected eye(s) once daily at evening	Brand: Lumigan
Bisacodyl 10 mg Suppository	i) Constipation ii) Bowel preparation for radiological procedures and surgery	C	i) ADULT and CHILD over 10 years: 10 mg, CHILD less than 10 years 5 mg insert rectally ii) ADULT 10-20 mg, CHILD over 4 years 5 mg the following morning before procedures insert rectally	
Bisacodyl 5 mg Tablet	i) Constipation ii) Bowel preparation for radiological procedures and surgery	C	i) ADULT and CHILD over 10 years 5-10 mg, CHILD 4-10 years 5 mg. To be taken at night for effect on the following morning ii) ADULT 10-20 mg the night before procedures, CHILD over 4 years 5 mg the night before procedures	
Bismuth Subnitrate, Iodoform and Liquid Paraffin Paste	As a mild antiseptic for wounds and abscesses. Sterile gauze impregnated with paste for packing cavities after otorhinological surgery	B	As directed for local application	
Bisoprolol Fumarate 2.5 mg, 5mg Tablet	Treatment of stable moderate to severe congestive cardiac failure in addition to ACEI's and diuretics	B	1.25 mg once daily to 5 - 10 mg daily	
Bleomycin HCl 15 mg/ 5 ml Injection	Squamous cell carcinoma, germ cell tumours, lymphomas. Routes: SC, IM, IV (either as bolus or as infusion over 24 hours), intra-arterial, intra-pleural	A	15 - 30 mg weekly in divided doses or 10 - 20 mg/m ² once or twice weekly or 10 mg/m ² slow bolus in 15 minutes D1 and D15. Total dosage: should not exceed 300 mg. CHILD: 10 - 15 mg/m ² over 6 hours every 3 - 4 weeks	
Bortezomib 3.5 mg / 3.5 ml Injection	i) Treatment of multiple myeloma in patient who have received at least one prior therapy. ii) For use in combination with conventional therapy for the treatment of previously untreated multiple myeloma patients who are not eligible for haematopoietic stem cell transplantation.	A*	1.3 mg/ m ² /dose given as IV bolus injection twice weekly for two weeks (days 1, 4, 8, and 11) followed by a 10- day rest period (days 12-21). At least 3 days should elapse between consecutive doses of bortezomib	

Brimonidine Tartrate 0.15% Ophthalmic	Lowering of intraocular pressure in patients with open-angle glaucoma or ocular hypertension	A*	1 drop in the affected eye(s) 3 times daily	Brand: Alphagan P
Bromhexine HCl 4 mg/2 ml Injection	Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport	A	4 to 8 mg SC, IM or IV 2 - 3 times daily (maximum 24mg/ day). Elderly: Max initial dose: 3 mg daily.	
Bromhexine HCl 8 mg Tablet	Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport	B	ADULT and CHILD more than 12 years : 8 mg 3 times daily, 6 - 12 years : 4 mg 3 times daily, 2 - 6 years : 4 mg 2 times daily	
Bromocriptine Mesilate 2.5 mg Tablet	i) Hypogonadism or Galactorrhoea ii) Acromegaly	A/KK	i) Initially 1 - 1.25 mg at bedtime increased gradually, usual dose: 7.5 mg daily in divided doses. Max 30 mg daily ii) 1.25 - 2.5 mg at bedtime for 3 days and may be increased by 1.25 - 2.5 mg every 3 - 7 days up to 30 mg a day in divided doses	
Budesonide 1 mg/2 ml Nebuliser Solution	Maintenance treatment of asthma as prophylactic therapy especially if not fully controlled by bronchodilators	B	ADULT : Initially 1 - 2 mg twice daily. CHILD 3 months - 12 years of age : 500 mcg - 1 mg. Maintenance dose : half of the above doses	
Budesonide 160 mcg and Formoterol 4.5 mcg Inhalation	i) Regular treatment of asthma where use of a combination (inhaled corticosteroid and long-acting beta2-agonist) is appropriate: - Patients not adequately controlled with inhaled corticosteroids and ?as needed? inhaled short-acting beta2-agonists. or - Patients already adequately controlled on both inhaled corticosteroids and long-acting beta2-agonists. ii) Symptomatic treatment of patients with severe COPD (FEV1 <50% predicted normal) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators.	A/KK	Asthma Maintenance therapy Adult ≥18 yr 160 mcg to 320 mcg bd. Some patients may require up to a max of 640 mcg bd. Adolescent 12-17 yr 160 mcg to 320 mcg bd. Childn 6-11 yr 160 mcg bd, <6 yr Not recommended. Maintenance & relief Adult ≥18 yr 320 mcg/day either as 160 mcg bd or 320 mcg either morning or evening. For some patients a maintenance dose of 320 mcg bd may be appropriate. Patients should take 160 mcg additional inhalation as needed in response to symptoms. If symptoms persist after a few minutes, an additional inhalation should be taken. Not more than 960 mcg should be taken on any single occasion. A total daily dose of more than 1280 mcg is not normally needed, however a total daily dose of up to 1920 mcg could be used for a limited period. Patients using more than 1280 mcg daily should seek medical advice, should be reassessed & their maintenance therapy reconsidered. Childn & adolescent <18 yr Not recommended. COPD Adult ≥18 yr 320 mcg bd.	
Budesonide 200 mcg/dose Inhalation	Maintenance treatment of asthma as prophylactic therapy especially if not fully controlled by bronchodilators	B	ADULT : 200 - 1600 mcg daily in 2 - 4 divided doses. Maintenance with twice daily dosing. CHILD more than 7 years 200 - 800 mcg, 2 - 7 years 200 - 400 mcg. To be taken orally in 2 - 4 divided doses	Available in both MDI and Dry Powder
Budesonide 64mcg Nasal Spray	Seasonal allergic, perennial rhinitis and nasal polyposis	A	ADULT and CHILD 6 years and older. Rhinitis : 2 spray into each nostril once daily in the morning or 1 spray into each nostril twice daily. Nasal polyps : 2 spray twice daily	
Bumetanide 0.5 mg/ml Injection	Oedema used in furosemide allergic patient	A*	IV injection: 1 - 2 mg repeated after 20 mins. IV infusion: 2 - 5 mg over 30 - 60 mins	
Bumetanide 1 mg Tablet	Oedema used in furosemide allergic patient	A*	1 mg in the early evening. Up to 5 mg daily in severe cases	
Bupivacaine 0.5 % Heavy Injection	Used for spinal anaesthesia	A	ADULT: 2 - 4 ml. Not to exceed 2 mg/kg in a single dose	

Bupivacaine 0.5 % Injection (Plain)	For peripheral sympathetic nerve and epidural (excluding caudal) anaesthesia and obstetrics anaesthesia	B	Regional nerve block or epidural block: 15 - 30 ml. Nerve block of finger or toe: 2 - 6 ml. Maximum: 2 mg/kg body weight in any 4 hours period, equivalent to 25 - 30 ml in adults of average weight	
Bupivacaine 0.5 % with Adrenaline 1:200,000 Injection	Regional nerve block or epidural block.	B	10 - 40 ml (0.25 %) or maximum : 2 mg/kg body weight in any 4 hours period, equivalent to 25 - 30 ml of 0.5% solution	
Buprenorphine 5mcg/hr transdermal patch	Treatment of non-malignant pain of moderate intensity when an opioid is necessary for obtaining adequate analgesia. Not suitable for the treatment of acute pain. Restrictions: For elderly patients or patients with comorbidities/difficult to swallow	A*	Once weekly transdermal patch/for hospital use only. Patient aged 18 years and over. Initial dose: 5 mcg/hr For elderly: Renal impairment. No special dose adjustments necessary in patients with renal impairment Hepatic impairment Patients with hepatic insufficiency should be carefully monitored during the treatment with buprenorphine patch. Alternate therapy should be considered. Patch should be used with cautions in severe hepatic impairment patient	
Busulfan 2 mg Tablet	i) Chronic myeloid leukaemia (CML) and other myeloproliferative diseases ii) Haemopoietic stem cell transplant (HSCT)- refer to specific protocols	A	i) ADULT: Initial: 2 - 4 mg daily. Maintenance: 0.5 - 2 mg daily. Stop when white blood cell less than 20 x 10 ⁹ /L. CHILD: 60 mcg/kg body weight daily ii) CHILD: Induction 60 mcg/kg body weight daily (maximum 4 mg) if leucocytes more than 20,000/mm ³ and platelets more than 100,000/mm ³ . Maintenance 10 - 30mcg/kg (maximum 2 mg daily)	
Cabergoline 0.5 mg Tablet	i) Treatment of hyperprolactinaemic disorders ii) Prevention of puerperal lactation and suppression of lactation in HIV infected mothers only	A*	i)0.5mg per week given in 1 or 2 (one-half of one 0.5mg tablet) doses per week ii) HIV mothers only : Prevent lactation 2 tab first day after delivery. Interruption of laction : 0.25mg 12 hourly for 2 days	
Caffeine Anhydrous Powder				KPK Peads, Anes
Calamine Cream	Soothes and relieves nappy rashes, prickly heat, minor skin irritations, insect bites and sunburn, Pruritic skin conditions.	C+	Apply to the affected area as required, 1-3 times daily	
Calamine Lotion	Soothes and relieves nappy rashes, prickly heat, minor skin irritations, insect bites and sunburn, Pruritic skin conditions.	C+	Apply to the skin as required and allow to dry, 1-3 times daily	
Calamine with 2%, 4%, 6% Precipitated Sulphur Lotion	Acne Vulgaris	C	Apply to the skin as required and allow to dry, 1 - 3 times daily	Galenical
Calcipotriol 50 mcg/g Ointment	Only for the treatment of Psoriasis Vulgaris	A*	ADULT Apply to the affected skin lesions twice daily. Maintenance therapy may be achieved with less frequent application. The weekly dose should not exceed 100 g. CHILD over 6 years, apply twice daily. 6-12 years maximum 50gm weekly, over 12 years maximum 75gm weekly	Brand: Daivonex
Calcipotriol Hydrate 50 mcg/g & Betamethasone Dipropionate 0.5 mg/g Ointment	Resistant plaque psoriasis	A*	Apply once daily up to 4 weeks with maximum weekly dose of 100g and maximum treatment area 30% of body surface	Brand: Daivobet
Calcipotriol monohydrate 50 mcg/g and Betamethasone dipropionate 0.5 mg/g Gel	Topical treatment of scalp and non-scalp plaque psoriasis vulgaris in adults	A*	Should be applied to affected areas once daily. The recommended treatment period is 4 weeks for scalp areas and 8 weeks for non-scalp areas. The body surface area treated with calcipotriol containing products should not exceed 30% and maximum dose should not exceed 15g or 100g/ week	Brand: Xamiol

Calcitonin (synthetic Salmon) 100 IU Injection	Acute hypercalcaemia	A*	5-10 IU per kg body weight in 500mL physiological saline daily by i.v. infusion over at least 6 hours or by slow i.v. injection in 2-4 divided doses spread over the day. Renal impairment: Dosage adjustment needed.	
Calcitonin (Synthetic Salmon) 200 IU Nasal Spray	Osteoporosis	A*	200 units daily	While stock last. Removed from the FUKKM (2.2017)
Calcitriol 0.25 mcg Capsule	i)Established postmenopausal osteoporosis ii) Renal osteodystrophy in patients on haemodialysis iii)Hypoparathyroidism and rickets iv)Secondary hyperparathyroidism in renal failure	A/KK	"i) 0.25 mcg 2 times daily ii) Initial dose 0.25 mcg. In patients with normal or only slightly reduced serum calcium levels, doses of 0.25 mcg every other day is sufficient iii) 0.25 mcg/day given in the morning iv) ADULT and CHILD 3 years and older : Initially 0.25 mcg/ml. CHILD less than 3 years : 10 to 15 ng/kg/day "	
Calcitriol 1 mcg/ml Injection	Management of hypocalcaemia and/or secondary hyperparathyroidism in patients undergoing chronic renal dialysis	A*	Initially dose, depending on severity, 1 mcg (0.02 mg/kg) to 2 mcg 3 times weekly, approximately every other day	
Calcium Carbonate 500 mg Tablet	To be used only for elemental calcium supplementation and phosphate binding activity in patients with chronic renal failure	B	Initial 2.5 g daily and increased up to 17 g daily	Elemental calcium 40%
Calcium Dobesilate 500mg Tablet				KPK Medical
Calcium Gluconate 10% Injection	i)Acute hypocalcaemia ii)Hypocalcaemic tetany iii)Cardiac resuscitation	B	i) 1-2 g (2.25-4.5 mmol). CHILD 50 mg/kg ii) ADULT 1g (2.2 mmol) by slow IV injection followed by continuous infusion of 4 g (8.8 mmol) daily iii) IV or intracardiac injection, 10 ml	
Calcium Lactate 300 mg Tablet	For prophylaxis of calcium deficiency and treatment of chronic hypocalcaemia	C	ADULT 1-5 g daily in divided doses	Elemental calcium 13%
Calcium Polystyrene Sulphonate Powder	Hyperkalemia resulting from acute or chronic renal failure	A	15 - 30g daily in 2-3 divided doses. Each dose should be suspended in 30 - 50ml of water and administered orally	
Capecitabine 500 mg Tablet	i)Metastatic breast cancer in elderly and poor performance status patients and refractory to taxanes ii) Metastatic colon cancer, first line in elderly and poor performance status patients iii) Colon cancer, adjuvant therapy for stage III (Duke's Stage C) following surgery iv) First line treatment of patients with advanced gastric cancer in combination with a platinum-based regimen	A*	i) & ii) 1250 mg/m2 twice daily (morning and evening) for 2 weeks, every 21 days iii) Recommended for a total of 24 weeks (8 cycles of 2 weeks of drug administration and 1 week rest period iv) In combination with a platinum on day 1, give capecitabine 1250 mg/m2 twice daily for 14 days. Repeated every 3 weeks for 8 cycles or optimum number of cycles	
Captopril 25 mg Tablet	i) Hypertension ii) Congestive heart failure iii) Post-myocardial infarction iv) Diabetic nephropathy	B	i) Initially 12.5 mg twice daily. Maintenance: 25-50 mg 2 - 3 times daily, may be increased to maximum 450 mg/day in divided doses ii) Initially 6.25 - 12.5 mg 3 times daily, increase after several days to 25 - 50 mg 3 times daily iii) Start 3 days after MI Initially 6.25 mg daily, gradually increased to 37.5 mg daily in divided doses. May increase after several week to 150 mg/day in divided doses if needed and tolerated iv)75 - 100 mg daily in divided dose.	
Carbachol 0.01% Intraocular Solution	For intraocular use for miosis during surgery	A	Instill no more than 0.5 ml gently into the anterior chamber	

Carbamazepine 100 mg/5 ml (2% w/v) Syrup	Epilepsy	A	ADULT: Initially, 100-200 mg once or twice daily gradually increased by increments of 100-200 mg every 2 week. Maintenance: 0.8-1.2 g daily in divided doses. CHILD: 10-15 years: 0.6-1 g daily; 5-10 years: 400-600 mg daily; 1-5 years: 200-400 mg daily; less than or equal to 1 year: 100-200 mg daily. Alternatively, 10-20 mg/kg body weight daily in divided doses. Max: Adult: 1.6 g daily	
Carbamazepine 200 mg Tablet	i) Epilepsy ii) Trigeminal neuralgia	B	i) ADULT: 100 - 200 mg 1 - 3 times daily increased gradually to usual dose of 0.8 - 1.2 g daily in divided doses. CHILD: Up to 1 year: 100 - 200 mg daily; 1 - 5 yrs: 200 - 400 mg daily; 5 - 10 years: 400 - 600 mg daily; 10 - 15 years: 0.6 - 1 g daily ii) The initial dosage of 200 to 400mg should be slowly raised daily until freedom from pain is achieved (normally at 200mg 3 to 4 times daily). The dosage should then be gradually reduced to the lowest possible maintenance level. In elderly patients, an initial dose of 100mg twice daily is recommended.	
Carbamazepine 200 mg CR Tablet	Epilepsy	A	ADULT: Initial, 200 mg twice daily for the first week, may increase dosage by 200 mg/day at weekly intervals until optimal response is obtained. Maximum 1.6 g/day. CHILD: usual maximum dosage 1000 mg/day in children 12-15 years of age, 1200 mg/day in patients above 15 years of age	
Carbamide (Urea) 10 % Cream	Contact irritant dermatitis, infantile eczemas, acute and chronic allergic eczemas, ichthyosis, hyperkeratotic	B	Apply sparingly and rub into affected area 2 - 3 times daily and when required after cleansing skin	Galenical
Carbetocin 100 mcg/ ml Injection	Prevention of uterine atony and postpartum hemorrhage following elective cesarean section under epidural or spinal anaesthesia	A*	A single IV dose of 100mcg (1ml) is administered by bolus injection, slowly over 1minute, only when delivery of the infant has been completed by caesarean section under epidural or spinal anaesthesia, before or after delivery of the placenta.	
Carbimazole 5 mg Tablet	Hyperthyroidism	B	ADULT: Initially, 10-60mg daily in divided doses given 8 hourly. Maintenance: 5 to 20mg daily. CHILDREN > 6 years: Initially 15mg daily in divided doses. CHILDREN 1-6 years: Initially 7.5mg daily in divided doses	
Carboplatin 450 mg / 45 ml Injection	Adult solid tumours, paediatric tumours. Salvage therapy for lymphoma	A*	360 - 400 mg/m ² BSA, by IV infusion over 15 mins to 1 hour on Day 1 every 4 weeks. Alternatively, prescription may be based on Area Under Curve (AUC) calculations. CHILD: 500-600 mg/m ² over 1 hour once every 3 weeks. Salvage regimes in lymphomas - refer to specific protocols. Starting dose in renal impairment, please refer to product insert.	
Carboprost Tromethamine 250 mcg Injection	Postpartum haemorrhage refractory to oxytocin	A*	Initially 250 mcg deep IM inj. The dose may be repeated at intervals of 15-90 min if necessary. Max total dose: 2 mg.	
Carvedilol 6.25 mg, 25mg Tablet	Treatment of stable moderate to severe congestive cardiac failure in addition to ACEI's and diuretics	A/KK	3.125 mg twice daily for 2 weeks, then 6.25 mg twice daily for 2 weeks, then 12.5 mg twice daily for 2 weeks then 25 mg twice daily (titrated up to the highest tolerated level). Max: <85 kg: 25 mg bid; >85 kg: 50 mg bid.	

Caspofungin Acetate 50 mg, 70mg Injection	i) Confirmed systemic fungal infection in patients who are refractory or intolerant to other fungal therapies. ii) For pediatric patient (12 month and older) for the following indications : a) Empirical therapy for presumed fungal infections in febrile, neutropenic patients b) Treatment of invasive candidiasis, including candidemia and the following Candida infections ; intra-abdominal abscesses, peritonitis and pleural space infections c) Treatment of esophageal candidiasis d) Treatment of invasive Aspergillosis in patients who are refractory to or intolerant of others therapy (eg : Amphotericin B)	A*	i) Invasive aspergillosis & invasive candidiasis: ADULT: Initially, 70 mg infused over 1 hour followed by subsequent doses of 50 mg/day. Oesophageal candidiasis: ADULT: 50 mg by slow IV infusion over approximately 1 hour ii) For all indications, a loading dose of 70mg/m2 on D1 followed by maintenance dose of 50mg/m2 od.	
Cefazolin Sodium 1 g Injection	Infection caused by cefazolin-sensitive microorganism, infection of the respiratory tract, urogenital tract, skin and soft tissue, bile duct, bones and joint, endocarditis, systemic septic infection, peri-operative/ surgical prophylaxis	A	ADULT: Uncomplicated infections: 500 - 1000 mg 2 - 3 times daily. Moderately severe and severe infections: 500 - 1000 mg 3 - 4 times daily. Severe life-threatening infections: 1 - 1.5 g 4 times daily. Rarely, dose up to 12 g daily. CHILDREN >1 month: 25-50mg/kg/day in 3-4 divided dose	
Cefepime 1 g Injection	Febrile neutropenia, septicaemia, lower respiratory tract infection, urinary tract infection, skin and skin structure infections, gynaecologic and intra-abdominal infections	A*	ADULT: 1 - 2 g twice daily for most infections. For severe infections including febrile neutropenia: 2 g 3 times daily. CHILD: 2 mth - 16 yr: ≤40 kg: 50 mg/kg every 8-12 hr for 7-10 days	
Cefoperazone Sodium 1 g Injection	Infections due to gram-negative bacteria	A	ADULT: 1 - 2 g twice daily IM or IV. By IV, adult dose may be doubled. Maximum: 16 g daily in divided doses. CHILD & INFANT: 50 - 200 mg/kg/day in 2 - 4 divided doses. NEONATE less than 8 days: 50 - 200 mg/kg/day 12 hourly	
Cefoperazone Sodium 500 mg & Sulbactam Sodium 500 mg Injection	i) Treatment of infections due to multi-drug resistance pathogens producing B-lactamase ii) Treatment of infections caused by Acinetobacter species	A	ADULT: 1 - 2 g twice daily. In severe or refractory infections the daily dosage of sulbactam/cefoperazone may be increased up to 8g (4g cefopreazone activity) CHILD: 40 - 80 mg/kg/day in 2 to 4 equally divided doses; in serious or refractory infections, may increase to 160mg/kg/d in 2 - 4 equally divided doses.	
Cefotaxime 1 g Injection	Infections due to gram-negative bacteria	A	ADULT: 1 g 12 hourly (up to 12 g/day in severe cases). CHILD: 50 - 180 mg/kg/day in 4 - 6 divided doses	
Ceftazidime 5% Eyedrop				Made by TPN
Ceftazidime 1 g, 2g Injection	Severe gram negative bacterial infections	A	ADULT: 1 g 8 hourly or 2 g 12 hourly. In severe infections: 2 g 8 hourly. CHILD: 25 - 150 mg/kg/day in 2 - 3 divided doses	
Ceftriaxone 0.25g injection	i) Gonorrhoea ii) Chancroid	A/KK	i) 250 mg by deep IM injection ii) single IM injection 250 mg only. For severe infection up to 100 mg/kg/day	
Ceftriaxone 1g Injection	Infections caused by susceptible organisms	A	ADULT: 1 - 2 g once daily. Severe infection: 4 g daily at 12 hour intervals. INFANT & CHILD, 3 weeks - 12 years: 20 - 80 mg/kg body weight daily. CHILD with body weight 50 kg or more: adult dose. NEONATE up to 2 weeks: 20 - 50 mg/kg body weight daily, not to exceed 50 mg/kg	
Cefuroxime Axetil 125 mg/5 ml Suspension	Infections caused by susceptible organisms	A	30 mg/kg/day in 2 divided doses, up to 500 mg daily.	
Cefuroxime Axetil 250 mg Tablet	Upper and lower respiratory tract, genito-urinary tract, skin & soft tissue and urinary tract infections (UTI)	A/KK	ADULT: 250 mg twice daily ;UTI: 125 mg twice daily. CHILD: 30 mg/kg/day in 2 divided doses, up to 500 mg daily	

Cefuroxime Sodium 750 mg, 1.5g Injection	Infections caused by susceptible organisms, surgical prophylaxis	A	ADULT: 750 mg every 6 - 8 hours as IM or IV. Severe infections: 1.5 g every 6 - 8 hours as IV. CHILD: 30 - 100 mg/kg/day in 3 - 4 divided doses or 2-3 divided doses in neonates. Surgical prophylaxis: 1.5 g IV	
Celecoxib 200 mg, 400mg Capsule	i) Osteoarthritis ii) Rheumatoid Arthritis iii) Acute pain iv) Ankylosing Spondylitis	A	i) ADULTS: 200 mg once daily. May increase to 200 mg bid, if necessary. CHILD not recommended ii) 100mg twice daily, increased if necessary to 200 mg 2 times daily; CHILD not recommended iii) 400mg as a single dose on first day followed by 200mg once daily on subsequent days iv) Initial, 200 mg once daily or 100 mg twice daily; if no effect after 6 weeks, may increase to max. 400 mg daily in 1-2 divided doses. If no response following 2 weeks of treatment with 400 mg/day, consider discontinuation and alternative treatment	
Cephalexin Monohydrate 125 mg/5 ml Syrup	Respiratory tract infections, ear, nose and throat infections, urinary tract infections, obstetric and gynaecologic infections	B	CHILD: 25 - 100 mg/kg/day every 6 hourly. Maximum: 4 g daily	
Cephalexin Monohydrate 250 mg Capsule	i) Respiratory tract infection, urinary tract infection ii) Complicated, recurrent or chronic infections, bronchitis iii) Pneumonia	B	i) 250 mg 6 hourly ii) 250 - 500 mg 6 hourly iii) 1 - 1.5 g 3 times daily or 4 times daily. Maximum: 6 g/day Child: 25-100 mg/kg daily in divided doses. Max: 4 g daily.	
Certolizumab Pegol 200mg Inj				KPK Medical
Cetaphil Gentle Cleanser				Derm
Cetirizine HCl 10 mg Tablet	Urticaria, allergic dermatoses (insect bites, atopic eczema), perennial rhinitis, allergic rhinitis	A/KK	ADULT and CHILD over 6 years: 10 mg daily or 5 mg twice daily. Child 2-6 years: 5 mg once daily or 2.5 mg twice daily	
Cetrimide 1%, 20% Lotion.	As shampoo and cleansing agent	C+	Apply to affected area	Galenical
Cetrorelix 0.25 mg Injection	Prevention of premature ovulation in patients undergoing a controlled ovarian stimulation, followed by oocyte pick-up and assisted reproductive techniques	A*	Given by SC 0.25 mg/day, given either in the morning beginning on the day 5 or 6 of ovarian stimulation or in the evening beginning on day 5, and continued until ovulation induction	
Charcoal, Activated 250 mg Tablet	i) Diarrhoea and food poisoning ii) Reduce absorption of drugs, plant, inorganic poison and chemicals in poisoning cases	C	i) ADULT 0.5-1 g given 3-4 times daily. CHILD half adult dose. ii) Need to be dissolved in liquid (slurry consistency). ADULT and CHILD over 12 years: initial 30-100 g or 1-2 g/kg; repeat initial dose as soon as possible or 20-50 g every 2-6 hours. CHILD over 1-12 years, 25-50 g or 1-2 g/kg; may repeat half the initial dose every 2-6 hour as needed. CHILD to 1 year of age, 1 g/kg; may repeat half the initial dose every 2-6 hours as needed. For maximum efficacy administer within 1 hour after ingestion of toxic compound	
Charcoal, Activated 50 g Granules	Emergency treatment of acute oral poisoning and drug overdose	A	ADULT: Acute poisoning: 50 - 100g in suspension. Severe poisoning: 50 - 100g as an initial dose followed by 20g every 4 - 6 hours. CHILDREN: 1g/kg/dose	
Chloral Hydrate 200 mg/5 ml Mixture	Preoperative sedation	B	ADULT : 0.5 - 1 g (max 2 g) with plenty of water at bedtime. CHILD : Neonate: 30-50 mg/kg; up to 100 mg/kg may be used with respiratory monitoring. 1 mth-12 yr: 30-50 mg/kg (max: 1 g); up to 100 mg/kg (max: 2 g) may be used; 12-18 yr: 1-2 g. Doses to be taken 45-60 minutes before procedure. May be given rectally if oral route is not available.	Galenical

Chlorambucil 2 mg Tablet	Low grade lymphoma, chronic lymphocytic leukaemia. Ovarian cancer	A	General : Initial :0.1 -0.2 mg/kg body weight daily for 4 - 8 weeks maintenance : given either by reduced daily dosage or intermittent course of treatment. Chronic Lymphocytic Leukaemia: initial : 0.15mg/kg/day until total leukocyte count has fallen to 10,000peruL, then resumed treatment until 4 weeks after the end of the first course then continued at a dosage 0.1mg/kg/day.	
Chloramphenicol 0.5% Eye Drops	Broad spectrum antibiotic in superficial eye infections	C	Instill 1 drop of a 0.5% solution every 2 hr. Increase dosage interval upon improvement. To continue treatment for at least 48 hr after complete healing	
Chloramphenicol 1% Eye Ointment	Treatment of ocular infections involving the conjunctiva and/or cornea caused by chloramphenicol susceptible organisms	C	ADULT and CHILD : Apply to the conjunctiva, a thin strip (approximately 1 cm) of ointment every 3 hours or more frequently	
Chloramphenicol 5% w/v Ear Drops	Acute otitis media, otitis externa with perforation	C	Apply 2 - 3 drops into the ear 2 - 3 times daily. Not to be used for long term	
Chloramphenicol Sodium Succinate 1 g Injection	Treatment of typhoid, paratyphoid fevers, bronchopneumonia and enteric infection	B	Adult:50 to 100 mg/kg/day in 4 divided doses. Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50-100 mg/kg/day in 4 divided doses	
Chlorhexidine 1:2000 (0.05%) in aqueous, Chlorhexidine 1:200 (0.5%), 1:2000 (0.05%) in Alcohol 70%				Galenical
Chlorhexidine Gluconate 0.2% Mouthwash	As a gargle	C	Rinse mouth with 10 ml for about 1 minute twice daily	Galenical
Chlorhexidine Gluconate 2% in Alcohol 70% Solution	Use as disinfectant in central venous catheter care bundle	C	Skin Preparation:Use Chlorhexidine Gluconate 2% in Isopropyl Alcohol 70% and allow to dry. Catheter acces:Apply to catheter ports or hubs prior to accessing the line for administering fluids or injections	
Chlorhexidine Gluconate 4% Scrub	Surgical hand scrub/disinfection, pre-op skin preparation	C+	Surgical hand disinfection: Apply 5ml to clean hands and forearms for 1 min. Rinse and repeat with another 5ml for a further 2 mins and then rinse and dry. General skin disinfection: Apply appropriate quantity to wet area and scrub for 1 min. Rinse thoroughly & dry	
Chlorhexidine Gluconate 5% Solution	i) Preoperative skin disinfection ii) Wounds or burns iii) Emergency disinfection of instruments	C+	i) & iii) 1 : 10 in 70 % Alcohol ii) 1 : 100	
Chloroquine Phosphate 250 mg Tablet (150 mg Chloroquine base)	Treatment of malaria - acute attack	C	ADULT 600 mg base stat, 300 mg 6 - 8 hours later and a further 300 mg on each of 2 following days. CHILD 3 - 4 years : 150 mg base stat, 75 mg 6 hours later, then 75 mg daily for 2 days. CHILD 5 - 8 years : 300 mg stat, 150 mg 6 hours later, then 150 mg daily for 2 days	
Chlorpheniramine Maleate 10 mg/ml Injection	Allergic conditions	B	10 - 20 mg IM or SC, repeated if required. Not to exceed 40 mg in 24 hours. 10 - 20 mg over 1 minute by slow IV	
Chlorpheniramine Maleate 2 mg/5 ml Syrup	Symptomatic treatment of allergic conditions responsive to antihistamine	C	CHILD 1 - 2 years : 1 mg twice daily, 2 - 5 years : 1 mg every 4 - 6 hours (maximum 6 mg daily), 6 - 12 years : 2 mg every 4 - 6 hours (maximum 12 mg daily)	

Chlorpheniramine Maleate 4 mg Tablet	Symptomatic treatment of allergic conditions responsive to antihistamines	C	ADULT : 4 mg every 4 - 6 hours. Maximum 24 mg daily. CHILD 1 - 2 years : 1 mg twice daily, 2 - 5 years : 1 mg every 4 - 6 hours (maximum 6 mg daily), 6 - 12 years : 2 mg every 4 - 6 hours (maximum 12 mg daily)	
Chlorpromazine HCl 25 mg, 100mg Tablet	Psychosis mania and agitation	B	ADULT : Initial dose - 25 mg 3 times daily according to response up to 1 g daily. PAEDIATRIC: Up to 5 years: 0.5 mg/kg body weight every 4 - 6 hours (Maximum 40 mg daily). CHILD 6 - 12 years: A third to half adult dose (Maximum 75 mg daily)	
Cholecalciferol 1000 IU Tablet				KPK Medical, Peads
Cholestyramine Resin 4 G	i) Hypercholesterolemia ii) Familial hypercholesterolemia - heterozygous iii) Generalized atherosclerosis iv) Diarrhoea due to bile acid malabsorption v) Pruritus of skin associated with partial biliary obstruction	A	Hypercholesterolemia: Adjunct: initial, 4 g orally 1-2 times daily, maintenance, 8 to 16 g in divided doses, max 24 g daily CHILD: 50 - 150 mg/ kg 6 - 8 hourly oral	KPK Rheumato
Choline Salicylate 8.7%, Cetylkonium Chloride 0.01% Dental Gel	For relief of the pain and discomfort in mouth ulcers and sores, infant teething and denture irritation	B	Apply to area 4 times daily	
Chorionic Gonadotrophin Human (HCG) 5000 IU Injection	i) Treatment of infertile women to induce ovulation ii) As a luteal support in controlled ovarian hyperstimulation cycles	A*	i) & ii) Induction of ovulation: 5000 - 10,000 units one day following last dose of menotropin. Up to 3 repeat injections of 5000 units each may be given within the following 9 days to prevent insufficiency corpus luteum	
Ciclosporin 25 mg, 100mg Capsule	Only for: i) Patients in whom donor specific transplantation cannot be carried out and in young children to minimise side-effects of steroids ii) Follow-up cases of bone marrow transplant iii) Patients with severe rheumatoid arthritis not responding to other second line drugs iv) Patients with idiopathic nephrotic syndrome who are steroid toxic or poor response to cyclophosphamide v) Severe aplastic anemia, pure red cell aplasia vi) Cases of recalcitrant psoriasis and atopic eczema vii) Treatment of chronic ocular inflammatory disorders/uveitis	A*	i & ii) Initially 12.5 - 15 mg/kg/day, beginning on the day before transplant. Maintenance approx 12.5 mg/kg/day for 3 - 6 months before being tapered off to zero by 1 year of transplantation iii) 3 mg/kg/day in 2 divided doses for first 6 weeks. May increase gradually to maximum 5 mg/kg. Treatment withdrawn if no response after 3 months iv) ADULT: 5 mg/kg/day in 2 divided doses. CHILD: 6 mg/kg/day in 2 divided doses. Patients with permitted levels of kidney failure, the starting dose must not more than 2.5 mg/kg/day v) 12 mg/kg/day vi) 2.5 mg/kg/day in 2 divided doses increasing if there is no improvement after 4 weeks by 0.5 - 1 mg/kg/month up to maximum 5 mg/kg/day vii) 5 mg/kg/day in 2 divided doses, may increase to 7 mg/kg/day in resistant cases. Maintenance: Less than 5 mg/kg/day especially during remission	
Ciclosporin 50 mg/ml Injection	i) Post bone marrow transplant ii) Solid organ transplant	A*	i) 3 - 5 mg/kg/day until tolerate orally ii) 2 - 3 mg/kg/day for recipients who are unable to take orally	
Cinnarizine 25 mg Tablet	Vestibular disorders	B	One tablet 3 times daily	
Ciprofloxacin 200 mg/100 ml Injection	Treatment of infections due to susceptible bacterial strains	A	Suggest to rephrase ADULT: the dosage range is 100-400mg twice daily Gonorrhoea: 100mg single dose Upper and Lower Urinary Tract Infection: 100mg bd Upper and Lower Respiratory Tract Infection: 200mg bd-400mg twice daily Cystic Fibrosis with pseudomonas Lower RTI: 400mg bd Others: 200-400mg bd inhalation Anthrax: 400mg bd	
Ciprofloxacin 250 mg Tablet	Treatment of infections due to susceptible bacterial strains	A	ADULT: 125-750 mg twice daily. Acute gonorrhoea: a single dose of 250 mg	

Ciprofloxacin HCl 0.3% Ophthalmic Solution	Treatment of bacterial infections caused by susceptible strains in i) corneal ulcers ii) bacterial conjunctivitis	A*	i) 2 drops every 15 minutes for the first 6 hours, then 2 drops every 30 minutes for the rest of the first day. Second day : 2 drops every hour. Subsequent days (3rd - 14th day) : 2 drops every 4 hours. Treatment may be continued after 14 days if corneal re-epithelialization has not occurred ii) 1 - 2 drops every 2 hours into the conjunctival sac while awake for 2 days and 1-2 drops every 4 hours while awake for the next 5 days	
Cisatracurium Besylate 2 mg/ml Injection	As an adjunct to general anaesthesia to facilitate endotracheal intubation, to provide skeletal muscle relaxation during surgery and to facilitate mechanical ventilation. Restricted to patients with lung problem such as asthma.	A*	Administered as bolus intravenous injection. May be administered as infusion in ICU patients at a rate of 3mcg/kg/min. Adult dose: a) Induction: 0.15mg/kg over 5-10 secs, b) Maintenance: 0.03 mg/kg. Children 2-12 years: a) Induction: 0.1 mg/kg over 5-10 secs, b) Maintenance: 0.02 mg/kg	
Cisplatin 50 mg / 50 ml Injection	Germ cell tumours, ovarian tumours, adult solid tumours, lymphomas	A	Germ cell tumours: 20 mg/m ² daily for 5 days every 3 weeks for 3 - 4 courses. Ovarian tumours: 75 mg/m ² once every 3 weeks as part of combination therapy or 100 mg/m ² IV once every 3 weeks as a single agent. Baseline creatinine clearance, pretreatment hydration and forced diuresis are mandatory. CHILD: 100mg/m ² over 6 hours once every 3 weeks. Lymphomas: Refer to protocols CHILD: 100mg/m ² over 6 hours once every 3 weeks. Lymphomas: Refer to protocols	
Clarithromycin 250 mg Tablet	Only for i) treatment of complicated respiratory tract infection not responding to standard macrolides ii) eradication of Helicobacter pylori infection	A*	i) 250 - 500 mg twice daily. Up to 6 - 14 days ii) 500 mg twice daily with omeprazole & amoxicillin. Up to 2 weeks	
Clindamycin HCl 300 mg Capsule	i) Skin and soft tissue infections, bone & joint infections ii) Cerebral toxoplasmosis iii) Children less than 8 years old: Treatment and prophylaxis of malaria in combination with quinine, as an alternative to doxycycline	A*	i) ADULT: 150 - 300 mg every 6 hours; up to 450 mg every 6 hours in severe infections; Max: 1.8g/day CHILD: 3 - 6 mg/kg every 6 hours. Children weighing <10 kg should receive at least 37.5 mg every 8 hr. ii) 600 mg 6 hourly for 6 weeks iii) 10mg/kg twice a day, in combination with quinine. The combination to be given for 7 days	
Clindamycin Phosphate 150 mg/ml Injection	i) Skin and soft tissue infections, bone & joint infections ii) Cerebral toxoplasmosis	A*	i) ADULT: 0.6 - 2.7 g daily (in 2 - 4 divided doses); up to 4.8 g daily; CHILD over 1 month, 20 - 40 mg/kg/day or 350 mg/m ² /day in 3 - 4 divided doses ii) 1200 mg every 6 hours for 3 weeks followed by 300 mg orally every 6 hours for another 3 weeks	
Clobazam 10 mg tablet	As adjunctive therapy in patients with epilepsy not adequately stabilised with their basic medication.	A*	The initial dose in adults and adolescents >15 yr should be low (5 to 15mg daily), if necessary, increased gradually to a maximum daily dose of about 80mg. Doses of up to 30mg may be taken as a single dose in the evening. The initial dose in children from 3 to 15 yr is normally 5mg. A maintenance dose of 0.3 to 1.0mg/kg body weight daily is usually sufficient.	
Clobetasol Propionate 0.05% Cream, Ointment	Short term treatment only of more resistant dermatoses eg. psoriasis, recalcitrant eczemas, lichen planus, discoid lupus erythematosus and other conditions which do not respond satisfactorily to less potent steroids	A	Apply sparingly once or twice daily, changing to lower potency therapy as soon as condition is controlled. For mild to moderate use maximum for 2 weeks. For moderate to severe maximum duration 4 consecutive weeks. Max: 50 g/week	Brand: Dermovate

Clobetasone Butyrate 0.05% Cream	Eczema and dermatitis of all types	A/KK	Apply up to four times daily until condition improves, then reduce frequency	Brand: Eumovate
Clomiphene Citrate 50mg Tablet	Anovulatory infertility	A	50 mg daily from 2nd - 6th or 5th - 9th day of menstrual cycle. Increase dose gradually by increments of 50 mg if there is no response until a dosage of 200 mg daily is achieved (starting as early as 30 days after the previous course). Further treatment may not be recommended if pregnancy has not occurred after a total of 6 treatment cycles.	
Clomipramine HCl 25 mg Tablet	Depression, obsessive-compulsive disorder.	A	Initially 10 mg daily, increased gradually as necessary to 30 - 150 mg daily in divided doses or as a single dose at bedtime; max 250 mg daily. ELDERLY initially 10 mg daily increased carefully over approximately 10 days to 30 - 75 mg daily; Child: ≥10 yr: Initially, 25 mg daily, increased gradually over 2 wk. Max: 3 mg/kg/day or 100 mg daily, whichever is smaller. Give in divided doses. Once titrated, dose may be given as a single dose at bedtime.	
Clonazepam 2 mg Tablet	i) Epilepsy ii) Non-epileptic myoclonus	B	i) & ii) ADULT: Initial dose should not exceed 1.5mg/day divided into 3 doses, may be increased in increments of 0.5mg every 3 days until seizures are controlled. Maintenance dose: 3-6mg/day. Maximum: 20mg/day. CHILD up to 10 years: initial dose 0.01-0.03 mg/kg/day in 2-3 divided doses, increased by no more than 0.25-0.5mg every third day, maximum 0.2mg/kg/day. CHILD 10-16 years: initial dose 1-1.5mg/day in 2-3 divided dose, may be increased by 0.25-0.5mg every third day until individual maintenance dose of 3-6mg/day is reached.	
Clopidogrel 75 mg Tablet	Prevention of myocardial infarct, stroke or established peripheral arterial disease. As second/third line treatment in patients who are sensitive to acetylsalicylic acid & intolerant to ticlopidine	A*	75 mg once daily	
Clostridium Botulinum Toxin Type A 100 units	i) Focal dystonias ii) Hemifacial spasm iii) Spasticity including cerebral palsy	A*	20 - 200 units 3 months once	
Clostridium botulinum Type A toxin haemagglutinin complex 500U/vial powder for injection	i) Focal dystonias ii) Hemifacial spasm iii) Spasticity including cerebral palsy	A*	Initially 20 U/kg divided between both calf muscles. May be titrated 10-30 U/kg up to max of not >1000 U/patient. Should only be used in children > 2 years of age. Repeat injections given not less than 3 months from previous injection.	
Clotrimazole 1% Cream	Cutaneous candidiasis, Tinea corporis, Tinea cruris, Tinea pedis and Tinea versicolor	B	Rub in gently onto affected and surrounding skin 2 or 3 times daily continuing for about 2 weeks beyond the disappearance of all symptoms	
Clotrimazole 1% Ear Drop	Otomycosis; concomitant therapy with antibiotics and corticosteroid ear drops	B	4 to 5 drops 3 to 4 times daily	
Clotrimazole 1% Solution	Cutaneous candidiasis, tinea orporis, tinea cruris, tinea pedis and tinea versicolor	A	Apply gently onto affected and surrounding skin area 2 or 3 times daily continuing for 2-4 weeksv	
Clotrimazole 500 mg Vaginal Tablet	Vaginal candidiasis	B	500 mg as a single one-time dose	
Cloxacillin Sodium 125 mg/5 ml Suspension	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci	B	Child: 50-100 mg/kg in divided doses every 6 hr	

Cloxacillin Sodium 250 mg Capsule	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci	B	ADULT: 250 - 500 mg every 6 hours. Child: 50-100 mg/kg in divided doses every 6 hr.	
Cloxacillin Sodium 500 mg Injection	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci infections	B	ADULT: 250 to 500 mg every 6 hours depending on type and severity of infection. CHILD less than 20 kg: 25 to 50 mg/kg/day in equally divided doses every 6 hours	
Clozapine 25 mg, 100mg Tablet	Treatment of resistant schizophrenia	A	Initial dose : 12.5 mg (once or twice) daily, increase slowly in steps of 25 - 50 mg up to 300 mg daily within 2 - 3 weeks. Maximum 900 mg/day	
Coal Tar 1%, 3%, 6% in Betamethasone 17 - Valerate 1:4 Ointment	Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis	B	Apply to the affected areas sparingly 1-2 times daily	Galenical
Coal Tar 1%, 3%, 6%, 10% Ointment (in Vaseline)	Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis. Used as a mild astringent for the skin, as a soothing and protective application in eczema and as a protective to slight excoriation	B	Apply sparingly to the affected area 1-3 times daily starting with low strength preparations	Galenical
Coal Tar 6% and Salicylic Acid 2% Ointment	Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis	B	Apply to the affected areas	Galenical
Cocaine 10% Solution	To produce local anaesthesia or vasoconstriction during endoscopic nasal surgery, turbinectomy septoplasty, polypectomy etc	B	Maximum total dose recommended for application to the nasal mucosa in healthy adult is 1.5 to 2 mg/kg of a 10% cocaine solution	Freshly prepare
Cocaine Paste 25%				Freshly prepare
Cocoi Co. Ointment	Scalp psoriasis and severe seborrhoeic dermatitis	B	Rub a small amount into the scalp gently	Galenical
Colchicine 0.5 mg Tablet	i) Acute gout and prophylaxis of recurrent gout. ii) Leucocytoclastic Vasculitis either cutaneous or systemic involvement, Behcet's syndrome, Urticarial vasculitis, Systemic sclerosis, Sweet's syndrome and severe recalcitrant aphthous stomatitis	B	i) Initial dose, 0.5-1.2 mg, then 0.5-0.6 mg every hour until relief of pain is obtained or vomiting or diarrhoea occurs (Maximum : 8 mg). The course should not be repeated within 3 days. Prevention of attacks during initial treatment with allopurinol or uricosuric drugs: 0.5 mg 1-3 times daily. ii) 0.5 mg 1-3 times daily depends on disease and severity, up to a maximum of 3 mg/day	
Colistimethate Sodium 1 million IU per vial (Polymyxin E)	Intravenous administration for the treatment of serious infections caused by Gram negative bacteria, when more commonly used systemic antibacterial agents may be contraindicated or may be ineffective because of bacterial resistance.	A*	A minimum of 5 days treatment is generally recommended. For the treatment of respiratory exacerbations in cystic fibrosis patients, treatment should be continued up to 12 days. Children and adults (including elderly): Up to 60kg: 50,000 units/kg/day to a maximum of 75,000 units/kg/day. The total daily dose should be divided into three doses given at approximately 8-hour intervals. Over 60kg: 1-2 million units three times a day. The maximum dose is 6 million units in 24 hours. Renal impairment: In moderate to severe renal impairment, excretion of colistimethate sodium is delayed. Therefore, the dose and dose interval should be adjusted in order to prevent accumulation. Suggested Dosage Adjustment in Renal Impairment (for over 60 kg body weight): - Mild (CrCl 20-50 ml/min): 1-2 million units every 8 hr. Moderate (CrCl 10-20 ml/min): 1 million units every 12-18 hr. - Severe (CrCl <10 ml/min): 1 million units every 18-24 hr.	
Compound Sodium Lactate (Hartmanns Solution)	Replacement of extracellular losses of fluid and electrolytes, as an alkaliniser agent	C	100-1000 ml by IV or according to the needs of the patient	

Conjugated estrogens 0.3 mg Tablet	i) Osteoporosis associated with oestrogen deficiency ii) Female hypoestrogenism iii) Vasomotor symptoms associated with oestrogen deficiency iv) atrophic vaginitis and urethritis	A	i) 0.3 - 0.625 mg daily ii) 0.3- 1.25mg daily for 3weeks, then off for 1 week iii) & iv) 0.3mg-1.25mg daily	
Conjugated Estrogens 0.625 mg & Medroxyprogesterone Acetate 2.5 mg Tablet	Management of moderate to severe vasomotor symptoms associated with menopause, prevention and management of postmenopausal osteoporosis, atrophic vaginitis and atrophic urethritis in post menopausal woman with intact uterus	A	1 tablet daily	
Conjugated Oestrogens 0.625 mg Tablet	i) Osteoporosis associated with oestrogen deficiency ii) Female hypoestrogenism iii) Vasomotor symptoms associated with oestrogen deficiency iv) atrophic vaginitis and urethritis	A	i) 0.3 - 0.625 mg daily ii) 0.3- 1.25mg daily for 3weeks, then off for 1 week iii) & iv) 0.3mg-1.25mg daily	
Conjugated Oestrogens 0.625 mg/g Cream	Atrophic vaginitis and post menopausal atrophic urethritis	A	Intravaginally or topically 0.5-2g daily depending on severity of condition. Administration should be cyclic, with 3 weeks on conjugated estrogens and one week off. Estrogens should be used for the shortest duration possible when treating atrophic vaginitis. Every 3 to 6 months attempts should be made to taper or discontinue therapy and conjugated estrogens should be titrated to give the lowest possible dosage to control symptoms	Brand: Premarin
Continuous Ambulatory Peritoneal Dialysis (CAPD) Solution containing 2.3% glucose (Calcium 1.75mmol/L) & (Calcium 1.25mmol/L)	For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre	B	Dose depending on clinical cases	
Continuous Ambulatory Peritoneal Dialysis Solution containing 1.5% Dextrose	For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre	B	Dose depending on clinical cases	
Continuous Ambulatory Peritoneal Dialysis Solution containing 2.5% Dextrose	For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre	B	Dose depending on clinical cases	
Continuous Ambulatory Peritoneal Dialysis Solution containing 4.25% Dextrose	For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre	B	Dose depending on clinical cases	
Copper 375 mm2 Intrauterine Device	Contraception	B	One unit intrauterine device to be inserted into the uterine cavity on the last day of the menstrual flow or in the first days afterwards. It is advised that the Multiload Cu 375 devices are replaced every 5 years	
Copper Sulphate Crystal	Wounds	C	The tip of the crystal should be moistened by dipping in water and applied carefully to the lesion	
Crotamiton 10 % Cream	i) Pruritus ii) Scabies iii) Insect bite reactions	A/KK	i) and iii) Massage into affected area until the medication is completely absorbed. Repeat as needed. Apply 2 or 3 times daily ii) Apply to the whole body from below the chin. 2nd application is applied 24 hr later. May need to use once daily for up to 5 days.	
Cyanocobalamin 1 mg Injection	i) Prophylaxis of anaemia associated with Vitamin B12 deficiency ii) Uncomplicated pernicious anaemia or Vitamin B12 malabsorption	B	i) Prophylaxis of anaemia: 250-1000 mcg IM every month ii) Uncomplicated pernicious anaemia or Vitamin B12 malabsorption: Initial 100 mcg daily for 5-10 days followed by 100-200 mcg monthly until complete remission is achieved. Maintenance: up to 1000 mcg monthly. CHILD 30-50 mcg daily for 2 or more weeks (to a total dose of 1-5mg). OR AS PRESCRIBED.	

Cyclopentolate 1% Eye Drops	Mydriasis and cycloplegia	A	ADULT : 1 drop of solution in eye(s); may repeat after 5-10 minutes if needed. CHILD : 1 drop of solution in eye(s); may repeat after 5-10 minutes if needed. Pre-treatment on the day prior to examination is usually not necessary. If desirable, 1 or 2 drops may be instilled the evening prior to examination.	
Cyclophosphamide 1 g Injection	i) Solid tumours (adult and paediatric), leukaemia, non-Hodgkin's lymphoma, multiple myeloma ii) Severe lupus nephritis (Class III and IV) iii) Other systemic vasculitis iv) Systemic lupus erythematosus, rheumatoid arthritis, polyarteritis nodosa, Wegener granulomatosis v) Pemphigus vulgaris	A	i) ADULT: 600 - 750 mg/m ² IV once every 3 weeks as part of combination regime. CHILD: Dose variable depending on disease and protocol. Range 600 mg/m ² to 2 g/m ² infusion over 1 hour to 6 hours (lower doses can be given as bolus). Care with pre and post-hydration. Mesna to be given with doses more than 1 g/m ² . Higher doses are used in haematopoietic stem cell transplant-refer to specific protocols ii) 750 mg/m ² BSA monthly for 18 months iii) 750 mg/m ² BSA monthly for 6 months. Dose can be adjusted up to 1,000 mg/m ² BSA to achieve adequate leucocyte suppression iv) 500 - 1000 mg intravenously (Regime varies according to indication). Starting dose may be given fortnightly then at monthly intervals followed by 3 monthly intervals v) 500 mg infusion on the 2nd day of the dexamethasone-cyclophosphamide pulsed regime, the cycle is repeated every 4 weeks up to 6 cycles or till remission followed by oral cyclophosphamide	
Cyclophosphamide 50 mg Tablet	i) Solid tumours, leukaemia, lymphoma, autoimmune disorders, autoimmune bullous diseases, connective tissue disease, pyoderma gangrenosum ii) For severe lupus nephritis (Class III & IV), systemic vasculitis and steroid resistant/dependent nephrotic syndrome iii) Systemic lupus erythematosus (SLE), rheumatoid arthritis, polyarteritis nodosa, Wegener granulomatosis	A	i) ADULT: 50 - 100 mg/day. Monitor full blood count (FBC), liver function, urine microscopy and renal function. CHILD, up to 1 year: 10 - 20 mg daily, 1 - 5 years: 30 - 50 mg daily, 6 - 12 years: 50 - 100 mg daily ii) 2 mg/kg/day for 3 - 4 months iii) 1 - 1.5 mg/kg/day orally in divided doses	KPK - Hemato, Peads, HDU, Derm
Cycloserine 250 mg Capsule	Multi-Drug Resistance Tuberculosis treatment failure. (For respiratory physicians)	A*	ADULT: Initial: 250 mg every 12 hours for 14 days, then administer 0.5 - 1 g daily in 2 divided doses for 18 - 24 months (maximum daily dose: 1 g). CHILD: 2-12 yr: 5 mg/kg bid; 12-18 yr: 250 mg bid for 2 wk then adjusted to a max dose of 1 g daily	
Cyclosporine Ophthalmic Emulsion 0.05%	To increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking anti inflammatory drugs or using punctal plugs.	A*	1 drop twice a day in each eye approximately 12 hours apart.	0.5% made by TPN
Cyproheptadine 4mg Tablet				KPK ED
Cyproterone Acetate 2 mg & Ethinyloestradiol 0.035 mg Tablet	Androgen dependent diseases in women	A*	1 tablet daily for 21 days on the first day of the cycle, followed by 7 tab free days. Starting on day 2 to 5 is allowed, but during the first cycle a barrier method is recommended for the first 7 days of tablet taking.	Brand: Cybelle/ Estelle 35. Kept in OPD

Cytarabine 1 g Injection	i) Central nervous system lymphoma ii) Meningeal leukemia iii) Non Hodgkin's Lymphoma iv) High dose cytarabine as conditioning to cyto reduce the disease before stem cell transplant for relapsed or refractory leukemia v) As salvage for acute lymphocytic leukemia vi) As salvage for acute myeloid leukemia vii) As palliative chemotherapy in elderly acute myeloid leukemia/ myelodysplastic syndrome	A	Standard doses 100 - 200 mg/m ² daily over 5 - 10 days. Higher doses for intensification/consolidation: 1000 - 3000 mg/m ² daily over 3 - 5 days depending on specific protocols. CHILD: Dose variable depending on disease and protocol. Range from 100 mg/m ² to 3 g/m ² twice daily. May be given as SC, IV bolus or infusion. Intrathecal dose: Less than 1 year: 15 mg, 1 - 2 years: 20 mg, 2 - 3 years: 25 mg, more than 3 years: 30 mg. (ENSURE THAT PREPARATION IS SUITABLE FOR INTRATHECAL USE)	
Dabigatran Etxilate 110 mg Capsule	i) Prevention of venous thromboembolic events in patients who have undergone total knee replacement or total hip replacement surgery. ii) Reduction of the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF). iii) Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and prevention of recurrent DVT and PE in adults.	A*	i) Following total knee replacement: Initially ADULT 110mg (ELDERLY, 75 mg) within 1- 4 hours after surgery, then 220 mg (ELDERLY, 150 mg) once daily thereafter for 6-10 days Following total hip replacement: Initially ADULT 110 mg (ELDERLY, 75 mg) within 1- 4 hours after surgery, then 220 mg (ELDERLY, 150 mg) once daily thereafter for 28-35 days ii) Recommended daily dose is 300mg taken orally as 150mg hard capsule twice daily. Therapy should be continued lifelong. iii) Recommended daily dose is 300mg taken as one 150mg capsule BD following treatment with a parenteral anticoagulant for at least 5 days. The duration of therapy should be individualized after careful assessment of the treatment benefit against the risk for bleeding. ii) & iii) For the following groups, the recommended daily dose is 220 mg taken as one 110mg capsule twice daily: - Patients aged 80 years or above -Patients who receive concomitant verapamil Special patient population for renal impairment : Renal function should be assessed by calculating the creatinine clearance (CrCl) prior to initiation of treatment with Dabigatran to exclude patients for treatment with severe renal impairment (i.e. CrCl < 30 ml/min).	
Dabigatran Etxilate 150 mg Capsule	i) Reduction of the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF). ii) Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and prevention of recurrent DVT and PE in adults.	A*	i) Recommended daily dose is 300mg taken orally as 150mg hard capsule twice daily. Therapy should be continued lifelong. ii) Recommended daily dose is 300mg taken as one 150mg capsule BD following treatment with a parenteral anticoagulant for at least 5 days. The duration of therapy should be individualized after careful assessment of the treatment benefit against the risk for bleeding. For the following groups, the recommended daily dose is 220 mg taken as one 110mg capsule twice daily: - Patients aged 80 years or above -Patients who receive concomitant verapamil Special patient population for renal impairment : Renal function should be assessed by calculating the creatinine clearance (CrCl) prior to initiation of treatment with Dabigatran to exclude patients for treatment with severe renal impairment (i.e. CrCl < 30 ml/min).	
Dacarbazine 100 mg Injection	i) Malignant melanoma, sarcomas, neuroblastomas and other childhood solid tumours ii) Hodgkin's Disease	A*	i) 250 mg/m ² for 5 days, may be repeated every 3 weeks ii) 375 mg/m ² IV every 2 weeks	
Danazol 200 mg Capsule	i)Endometriosis and gynaecomastia ii)Menorrhagia iii)Prophylaxis of hereditary angioedema	A/KK	i)200 - 800 mg daily for max of 9 months ii)200 mg daily for 12 weeks ii)400 mg daily. Reduce to 200 mg daily after 2 months attack free period	
Dantrolene 20mg Inj				KPK Anes

Dapagliflozin 10mg				KPK Endo
Dapsone 100 mg Tablet	i)Leprosy ii) Dermatitis herpetiformis	B	i) ADULT: 6 - 10 mg/kg weekly/ 1.4mg/kg daily (around 50 - 100 mg daily). CHILD: 1 - 2 mg/kg/day. Maximum: 100 mg/day ii) ADULT: 50 - 300 mg daily	
Darunavir 300mg Tablet				KPK Medical
Daunorubicin HCl 20 mg Injection	i) Acute myeloblastic leukaemia (AML) ii) Acute lymphoblastic leukemia (ALL)	A*	i) 45 - 60 mg/m ² IV daily for 3 - 5 days ii) 25 - 45 mg/m ² once a week for first 4 weeks during induction phase. Caution: Total cumulative dose of daunorubicin and doxorubicin must not exceed 500 mg/m ² due to risk of cardiotoxicity. CHILD: 30-45 mg/m ² /dose infusion over 6 hours. Schedule depends on protocol. Need to check cardiac function closely by echocardiography every cumulative dose of 100mg/m ² to max 360 mg/m ²	
Deferasirox 125 mg, 500mg Dispersible Tablet	Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and pediatric patients aged 2 years and above	A*	Initial 20 mg/kg/day. Starting dose can also be based on transfusion rate and existing iron burden. Max is 30 mg/kg/day	
Deferiprone 500 mg Tablet	Treatment of iron overload in patients with thalassemia major for whom desferrioxamine therapy is contraindicated or inadequate. Add on therapy to desferrioxamine for thalassemia patients with cardiac complication	A*	25 mg/kg 3 times a day for total daily dose of 75 mg/kg. Doses greater 100 mg/kg are not recommended	
Deferiprone 100mg/ml Syrup				KPK Peads (while stock last)
Denosumab in 1.0 mL solution (60 mg/mL) Pre-filled syringe (subcutaneous injection)	Post-Menopausal Osteoporosis. (To be used by Orthopaedic Specialist, Rheumatologist and Endocrinologist)	A*	A single subcutaneous injection of 60 mg administered once every 6 months. Patients should receive calcium and vitamin D supplements whilst undergoing treatment.	Ortho item - Mr Kamil, Dato Thirumal, Mr Avthar only
Desferrioxamine B Methanesulphonate 0.5 g Injection	i) Acute iron poisoning in children ii) Investigation and treatment of haemochromatosis iii) Diagnosis and treatment of aluminium toxicity in patients with renal failure and dialysis iv) Chronic iron toxicity or overload	A	i) 2 g by IM immediately and 5 g by mouth after gastric lavage ii) 0.5 - 1.5 g by IM injection daily iii) Diagnosis: 5 mg per kg by slow intravenous infusion during the last hour of haemodialysis. Treatment: 5 mg per kg once a week by slow intravenous infusion during the last hour of dialysis iv) 30 - 50 mg/kg	
Desflurane Liquid	i) Induction and maintenance of anaesthesia in adult ii) Maintenance of anaesthesia in infants & children	A	ADULT: Induction , initially 3% in oxygen or nitrous oxide/oxygen and increased by 0.5%-1% every 2-3 breaths or as tolerated (up to 11%), until loss of consciousness. Maintenance: 2.5%-8.5% with or without concomitant nitrous oxide CHILD: maintenance, inhaled in concentrations of 5.2%-10% with or without concomitant nitrous oxide	
Desloratadine 5 mg Tablet	Allergic rhinitis and chronic idiopathic urticaria	A*	Adults and Adolescents (12 years of age and older): 5mg once a day regardless of mealtime.	
Desloratadine 2.5mg/5ml syrup	Allergic rhinitis and chronic idiopathic urticaria. Prescribing Restriction(s): For use in children 1-2 years old only	A*	For children only: 1-5 yrs: 2.5ml once a day (with or without meal) 6-11 yrs: 5ml once a day (with or without meal)	
Desmopressin 0.2 mg Tablet	i)Central diabetes insipidus ii)Primary nocturnal enuresis iii)Treatment of nocturia associated with nocturnal polyuria in adult	A	i)ADULT and CHILD : 0.1-0.2mg 3 times daily, up to 0.1-1.2mg daily ii) ADULT & Child≥5 yr 0.2-0.4mg at night iii)Initially 0.1 mg at night. May be increased to 0.2 mg and then to 0.4 mg by means of weekly increase	
Desmopressin 100 mcg/ml Nasal Spray	i) Diabetes Insipidus ii) Primary nocturnal enuresis	A	i) ADULT : 10 - 20 mcg 1-2 times daily. CHILD: 5 - 10mcg 1-2 times daily ii) 10-40 mcg nocte	Brand: Minirin

Desmopressin Acetate 4 mcg/ml Injection	Diabetes insipidus	A	ADULT : 1 - 4 mcg IV daily. CHILD :0.4 mcg daily	
Desogestrel 150 mcg & Ethinylestradiol 30 mcg Tablet	Contraception	C+	1 tablet daily for 21 days, subsequent courses repeated after 7 day interval (during which withdrawal bleeding occurs)	Brand: Regulon. Kept in O&G Clinic
Desvenlafaxine Succinate 50 mg Extended Release Tablet	Major depression	A*	Recommended dose is 50mg once daily, with or without food.	
Dexamethasone 0.5 mg, 4mg Tablet	i) Prophylaxis and management of nausea and vomiting in cancer chemotherapy, post-operation and palliative care, ii) Treatment of adrenocortical function abnormalities, iii) Any other treatment requiring corticosteroid therapy.	A	0.5mg to 10mg daily is given for oral administration, depending upon the disease being treated. Up to 15 mg daily in severe disease.	
Dexamethasone 0.7mg Intravitreal Implant				KPK Opthal
Dexamethasone and Neomycin Sulphate and Polymyxin B Eye Ointment	Treatment of ocular inflammation when concurrent use of an antimicrobial is judged necessary	A	Apply 1 - 1.5 cm 3 - 4 times daily, may be used adjunctively with drops at bedtime	Brand: Maxitrol
Dexamethasone and Neomycin Sulphate and Polymyxin B Sulphate Ophthalmic Suspension	Treatment of ocular inflammation when concurrent use of an antimicrobial is judged necessary	A	1 - 2 drops hourly for severe cases and 4 - 6 hourly for mild infection	Brand: Maxitrol
Dexamethasone Sodium Phosphate 0.1% Eye Drops	Acute steroid responsive inflammatory and allergic conditions	A	1 - 2 drops 4 - 6 times a day	Brand: Maxidex
Dexamethasone Sodium Phosphate 4 mg/ml Injection	i) Prophylaxis and management of nausea and vomiting in cancer chemotherapy, post-operation and palliative care, ii) Treatment of adrenocortical function abnormalities, iii) Any other treatment requiring corticosteroid therapy	B	Initially 0.5 - 9 mg IM, IV or infusion daily, depending upon the disease being treated	
Dexmedetomidine HCl 100 mcg/ml Injection	i) Sedation of intubated and mechanically ventilated ICU patients. For use only by specialist anaesthetist ii) For sedation of non-intubated patients prior to and/or during surgical and other procedures	A*	i) Not to be infused for more than 24 hours, 1 mcg/kg over 10 minutes as loading dose. Maintenance dose: 0.2 - 0.7 mcg/kg/hr ii) Not to be infused for more than 24 hours, 1 mcg/kg over 10 minutes as loading dose. Maintenance dose: 0.2 - 0.7 mcg/kg/hr	
Dextrose 5%, 10%, 20%, 50% Injection	For parenteral replenishment of fluid and minimal carbohydrate calories as required by the clinical condition of the patient	B	According to the needs of the patient	
Dextrose Powder	Use as a diagnostic agent for diabetes	B	75 g stat	
Diatrizoate Meglumine and Sodium Amidotrizoate Solution	i) Contrast medium for the radiological examination of the gastrointestinal tract (primarily in cases in which barium sulphate is contraindicated) ii) Computerised tomography in abdominal region iii) Treatment of Meckel's diverticulum	A	i) ADULT and CHILD more than 10 year, ORALLY: 60 - 100 ml RECTALLY, contrast medium should be diluted with 3-4 times its volume of water. ORALLY: CHILD less than 10 years,: 15- 30 ml NEWBORN, INFANT contrast medium should be diluted with 3 times its volume of water. RECTALLY: CHILD more than 5 years, contrast medium should be diluted with 4-5 times its volume of water. Younger patients a dilution with 5 times its volume is recommended ii) Adult, orally, 25-77 mL in 1000 mL tap water 15-30 minutes prior to imaging	Brand: Gastrografin Gastroenteral Solution, Kept in X-Ray
Diazepam 5 mg Rectal Solution	Status epilepticus, skeletal muscle spasm	C	Status epilepticus - ADULT: 0.5 mg/kg repeated after 12 hours if necessary. CHILD (febrile convulsions, prolonged or recurrent): 0.5 mg/kg (maximum 10 mg), repeated if necessary. Not recommended for children below 2 years	

Diazepam 5 mg Tablet	i) Muscle spasm of varied aetiology, including tetanus ii) Anxiety disorders	B	i) ADULT: 2-10 mg 3-4 times daily. CHILD 6 months and older: 0.12 - 0.8 mg/kg daily in divided doses, every 6-8 hours ii) ADULT : 2 mg 3 times daily, increased in severe anxiety to 15 - 30 mg daily in divided doses. ELDERLY (or debilitated) half adult dose. CHILD (night terrors), 1 - 5 mg at bedtime	
Diazepam 5 mg/ml Injection	i) Status epilepticus ii) Skeletal muscle spasm iii) Anxiety disorders	B	i) Status epilepticus, by slow IV: 5-10 every 10-15 minute (rate not more than 5 mg/min), to a total dose of 30 mg, may repeat in 2 hour if needed. Infants 30 days to 5 years, 0.05-0.3 mg/kg/dose given over 2-3 minutes, every 15-30 minutes to a total dose of 5 mg, repeat in 2-4 hours if necessary. CHILD more than 5 years, 1 mg by slow IV, every 2-5 minutes, maximum 10 mg, repeat in 2-4 hours if necessary ii) Skeletal muscle spasm, by slow IV or IM, 5-10 mg repeated if necessary in 3-4 hours. CHILD (tetanus): 30 days - 5 years, 1-2 mg IM or IV slowly every 3-4 hours as needed. 5 years and above, 5-10 mg IM or IV slowly every 3-4 hours if needed iii) Anxiety disorders, 2-10 mg by slow IV (not more than 5 mg/min). Repeat if necessary every 3-4 hours	
Diazoxide 100mg Capsule				KPK Peads
Diclofenac 1% Gel	Post-traumatic inflammation of the tendons, ligaments & joints. Localised forms of soft tissue rheumatism and degenerative rheumatism	A	Apply 3 - 4 times daily and gently rubbed in	
Diclofenac 12.5 mg, 25mg Suppository	Pain and inflammation in rheumatic disease and juvenile arthritis	A	ADULT: 75 - 150 mg daily in divided doses. CHILD 1-12 years, 12.5- 25 mg daily	
Diclofenac 100mg Suppository	Pain and inflammation in rheumatic disease and juvenile arthritis	A	Diclofenac Suppositories are normally inserted one, two or three times a day up to a maximum total daily dose of 150 mg.	
Diclofenac 50 mg Tablet	Pain and inflammation in rheumatic disease	B	ADULTS: Initial dose of 150 mg daily. Mild or long term: 75 - 150 mg daily in 2 to 3 divided doses after food. Maximum 200mg/day. PAEDS more than 6 months : 1 - 3 mg/kg body weight daily in divided doses. Maximum 3mg/kg/day (Max 150mg/day).	
Diclofenac Sodium 50 mg Suppository	Pain and inflammation in rheumatic disease and juvenile arthritis	A	ADULTS: 75 - 150 mg daily in divided doses. Maximum 150mg/day. PAEDS more than 6 months : 1 - 3 mg/kg body weight daily in divided doses. Maximum 3mg/kg/day (Max 150mg/day).	
Diclofenac Sodium 75 mg/3 ml Injection	Pain and inflammation in rheumatic disease	A/KK	IM 75 mg once daily (2 times daily in severe cases) for not more than 2 days. Max 150mg/day. Not suitable for children.	
Dienogest 2mg tablet	Treatment of endometriosis	A/KK	One tablet daily. Treatment can be started on any day of menstrual cycle. Tablets must be taken continuously without regard to vaginal bleeding.	
Digoxin 0.25 mg Tablet	Heart failure , with atrial fibrillation, supraventricular arrhythmias (particularly, atrial fibrillation)	B	Rapid digitalisation: 0.75 -1.5 mg in divided doses over 24 hours; less urgent digitalisation, 250 mcg-500 mcg daily (higher dose may be divided). Maintenance : 62.5mg -500 mcg daily (higher dose may be divided) according to renal function and , in atrial fibrillation, on heart rate response; usual range, 125-250 mcg daily (lower dose may be appropriate in elderly)	

Digoxin 0.5mg/2ml Injection	Heart failure with atrial fibrillation, supraventricular arrhythmias (particularly atrial fibrillation)	A	Rapid digitalisation: ADULT & CHILD over 10 years, initially 0.75 - 1.5 mg, followed by 250 mcg 6 hourly until digitalisation is complete	
Digoxin 50 mcg/ml Elixir	Heart failure, supraventricular arrhythmias (particularly atrial fibrillation)	B	Rapid digitalization, give in divided doses; PREMATURE: 20-30 mcg/kg; FULLTERM: 25-35 mcg/kg; CHILD 1-2 years : 35 to 60 mcg/kg; CHILD 2-5 years: 30-40 mcg/kg; CHILD 5-10 years: 20- 35 mcg/kg; CHILD over 10 years: 10-15 mcg/kg. For daily maintenance doses or for gradual digitalization, give 20% to 30% of oral digitalizing dose for premature infants or 25% to 35% of oral digitalizing dose for all other pediatric patients	
Digoxin ImmuneFab 40mg Inj				KPK ED
Dihydrocodeine Tartrate 30 mg Tablet	For the control of moderate to severe chronic pain	B	ADULT: 30 - 60 mg every 4 - 6 hours. PAED, over 4 yrs: 0.5 - 1 mg/kg body weight every 4-6 hours	
Diltiazem HCl 30 mg Tablet	Treatment of angina pectoris in the following cases: i) inadequate response or intolerance to beta-blockers and Isosorbide Dinitrate ii) contraindication to beta-blockers iii) coronary artery spasm	B	Initially 30mg tds, may increase to 60mg tds (elderly initially twice daily; increased if necessary to 360 mg daily.	Original Herbesser brand is KPK under Nephro
Dimercaprol BP 50mg/ml injection	Poisoning by antimony, arsenic, bismuth, gold, mercury, possibly thallium; adjunct (with calcium disodium edetate) in lead poisoning	B	By IM: 2.5 - 3 mg/kg every 4 hours for 2 days, 2 - 4 times on the third day, then 1 - 2 times daily for 10 days or until recovery. For ophthalmic use : instillation of 50 mg/ml oily solution in conjunctival sac, within 5 minutes of contamination	KPK ED
Dinoprostone (Prostaglandin E2) 3 mg Vaginal Tablet	Induction of labour	A	3 mg vaginal tablet to be inserted high into the posterior fornix. A second 3 mg tablet may be inserted after 6-8 hours if labour is not established. Max 6 mg	
Diosmin 450 mg and Hesperidin 50 mg Tablet	i) Haemorrhoids ii) Chronic venous insufficiency	A/KK	i) Acute attack: 6 tablets daily for the first 4 days, then 4 tablets daily in 2 divided doses for 3 days and 2 tablets thereafter. Chronic: 2 tablets daily ii) 2 tab daily with meals	
Diphenhydramine Hydrochloride 7 mg/5 ml, 14mg/5ml Expectorant	Cough	C	ADULT : 5 - 10 ml 2 - 3 times daily. CHILD : 2.5 - 5 ml 2 - 3 times daily (not to be used in children less than 2 years of age)	
Diphenoxylate 2.5mg with Atropine Sulphate 25mg Tablet	Acute diarrhoea	B	ADULT initially 4 tablet followed by 2 tablet 4 times daily until diarrhoea is controlled	
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Virus, Haemophilus Influenza Type B (DTaP-IPV-HiB) Vaccine Injection (Single Dose)	Immunisation of children against Diphtheria, Tetanus, Acellular Pertussis, Polio and Haemophilus Influenza Type B infection	C+	Primary : 0.5 ml by IM at 1 - 2 months intervals Booster : Second year of life	Brand: Pentaxim
Dipyridamole 75 mg Tablet	As an adjunct to oral anticoagulation/ antiplatelet therapy in the prophylaxis of cerebrovascular events	B	75-150 mg 3 times daily to be taken 1 hour before meals	
Dobutamine 12.5 mg/ml Injection	Hypotension and heart failure	A	Initial 0.5-1 mcg/kg/min by IV, maintenance 2.5-10mcg/kg/min. Frequently, doses up to 20mcg/kg/min are required for adequate hemodynamic improvement. On rare occasions, infusion rates up to 40mcg/kg/min	

Docetaxel 10mg/ml Injection	i) Adjuvant treatment of patients with high risk node-positive breast cancer in combination with doxorubicin and cyclophosphamide ii) Breast cancer, locally advanced or metastatic, not previously on cytotoxic therapy, in combination with doxorubicin iii) First line therapy in non small cell lung cancer in stage 3- 4 and performance status 0-1, in combination with cisplatin iv) Inoperable locally advanced squamous cell carcinoma of head and neck, in combination with cisplatin and 5-FU for induction treatment v) Prostate cancer, in combination with prednisolone	A*	i) 75 mg/m2 IV over 1 hour after doxorubicin 50 mg/m2 and cyclophosphamide 500 mg/m2 every 3 weeks for 6 cycles ii) 75 mg/m2 IV over 1 hour every 3 week in combination with doxorubicin 50 mg/m2 iii) Administer IV over 1 hour every 3 weeks. Chemotherapy-naïve patients 75 mg/m2 immediately followed by 75 mg/m2 cisplatin over 30-60 mins or carboplatin (AUC 6 mg/mL/min) over 30-60 minutes. Monotherapy of non small cell lung cancer (NSCLC) after failure of prior platinum-based chemotherapy 75 mg/m2 iv) 75 mg/m2 as a 1 hour infusion followed by cisplatin 75 mg/m2 over 1 hour, on day one, followed by 5-fluorouracil as a continuous infusion at 750 mg/m2 per day for five days. This regimen is administered every 3 weeks for 4 cycles.	
Domperidone 1 mg/ml Suspension	Nausea, vomiting, dyspepsia, gastro-esophageal reflux	B	Chronic dyspepsia : CHILD 2.5 mL/10 kg body weight 3 times daily and once more in the evening if necessary. Dosage may be doubled in adults & childs over 1 year. Acute and subacute conditions (particularly nausea and vomiting). CHILD: 5 mL/10 kg bodyweight. All to be taken 3-4 times daily	
Domperidone 10 mg Tablet	Nausea, vomiting, dyspepsia, gastro-esophageal reflux	B	Chronic dyspepsia ADULT 10 mg 3 times daily. Acute and subacute conditions (particularly nausea and vomiting):ADULT 20 mg 3-4 times daily	
Donepezil HCl 5 mg, 10mg Tablet	Treatment of mild to moderate dementia in Alzheimer's disease, as well as in patients with severe Alzheimer's disease.	A	5 - 10 mg once daily at bedtime. Maximum 10 mg daily	
Donepezil Hydrochloride 5mg, 10mg Orodispersible Tablet	Treatment of mild to moderate dementia in Alzheimer's disease, as well as in patients with severe Alzheimer's disease. [psychiatrists and neurologists only]	A*	Initiated at 5mg/day (one a day dosing), should be maintained for at least 1 month in order to allow the earliest clinical responses and to allow steady state concentration to be achieved. The maximum recommended daily dose is 10 mg.	
Dopamine HCl 40 mg/ml Injection	Non-hypovolemic hypotension	B	Initial dose 2-5 mcg/kg/min with incremental changes of 5-10 mcg/kg/min at 10-15 minutes intervals until adequate response is noted. Most patients are maintained at less than 20 mcg/kg/min. If dosage exceeds 50 mcg/kg/min, assess renal function frequently	
Dorzolamide HCl 2% Ophthalmic Solution	All glaucoma patients where beta-blockers are contraindicated and when intraocular pressure is not well controlled by other drugs	A*	Monotherapy : 1 drop 3 times daily. Adjunctive therapy with an ophthalmic beta-blocker : 1 drop 2 times daily. When substituting for another ophthalmic antiglaucoma agent with this product, discontinue the other agent after proper dosing on one day and start Trusopt on the next day. If more than 1 topical ophthalmic drug is used, the drugs should be administered at least 10 mins apart	

Doxorubicin HCl 50 mg Injection	i) Solid tumours, leukaemia, non-Hodgkin's lymphoma ii) Leukaemia (ALL induction) iii) Multiple myeloma	A	i) 30 - 75 mg/m ² IV as a single dose at 21 day intervals ii) 25 - 45 mg/m ² once a week for the first 4 weeks during induction or re-induction phase (refer to specific protocol. Caution: Total cumulative dose of doxorubicin must not exceed 550 mg/m ² due to risk of cardiotoxicity. CHILD: 30 mg/m ² /dose over 6 - 24 hours for 1 - 2 days. Need to check cardiac function closely by echocardiography every cumulative dose of 100 mg/m ² to maximum 360 mg/m ² iii) 9 mg/m ² over 24 hours infusion for 4 days at monthly intervals	
Doxycycline 100 mg Capsule	Infections due to susceptible organisms	B	ADULT: 200 mg on the first day followed by 100 mg daily. Severe infections: 200 mg daily	
D-Penicillamine 0.25 g Capsule	i) Treatment of severe lead poisoning, it is used as adjunctive treatment following initial treatment with another chelating agent. May also be used as sole therapy in the treatment of asymptomatic patients with moderately elevated blood concentrations ii) Wilson's Disease: to aid in elimination of copper ions	A	i) Heavy metal poisoning: 900mg-1800mg daily. Duration of treatment is dictated by the urinary heavy metal excretion. Simultaneous oral vitamin B6 replacement with at least 40mg daily is essential ii) Wilson's disease: 0.25g - 1.5g daily on an incremental basis. Maximal daily dose: 2g. Maintenance dose: 0.75g - 1g daily	
Duloxetine 30 mg, 60mg Capsule	Major depressive disorder, diabetic peripheral neuropathic pain	A*	ADULT: 60 mg once daily up to a maximum dose of 120mg/day (in divided doses) CHILD and ADOLESCENT under 18 years not recommended	
Dutasteride 0.5 mg Capsule	Benign prostatic hyperplasia in men with an enlarged prostate gland	A*	0.5 mg daily	
Dutasteride 0.5mg and Tamsulosin 0.4mg Capsule	Combination therapy for the treatment of moderate to severe symptoms of BPH with: i) Large prostate (>30g) ii) Poor risk or not fit for surgery iii) Those who are awaiting their turn for surgery	A*	One capsule daily	
Dydrogesterone 10 mg Tablet	i) Dysmenorrhoea ii) Endometriosis iii) Dysfunctional uterine bleeding (to arrest and to prevent bleeding) iv) Threatened abortion v) Habitual abortion vi) Post menopausal complaints (hormone replacement therapy in combination with oestrogen)	A/KK	i) 10 mg bd from day 5 - 25 of cycle ii) 10 mg bd - tds from day 5 - 25 of the cycle or continuously iii) To arrest bleeding :10 mg bd with an oestrogen once daily for 5 - 7 days, To prevent bleeding : 10 mg bd with an oestrogen once daily from day 11 - 25 of the cycle iv) 40 mg at once, then 10mg 8hrly until symptoms remit v) 10 mg bd until 20th week of pregnancy vi) 10-20 mg daily during last 12-14 days of each cycle	
Efavirenz 200 mg, 600mg Tablet	Combination therapy for HIV infections with a protease inhibitor and or Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	A*	ADULT: 600 mg once daily. ADOLESCENT & CHILD less than 17 years, more than 40 kg: 600 mg once daily, 32.5 - less than 40 kg: 400 mg once daily, 25 - less than 32.5 kg: 350 mg once daily, 20 - less than 25 kg: 300 mg once daily, 15 - less than 20 kg: 250 mg once daily, 13 - less than 15 kg: 200 mg once daily. No studies in children less than 3 years or less than 13 kg. Formulation unsuitable for children less than 40 kg	
Eltrombopag Olamine 25 mg Film-coated Tablet	Short term use in idiopathic thrombocytopenic purpura patients as bridging therapy for splenectomy or surgery and in cases of severe bleeding.	A*	individualised dosage based on the patient's platelet count. Adult Initially 50 mg once daily. East Asian patient 25 mg once daily. Then, adjust dose to maintain platelet count ≥50,000/microliter. Max: 75 mg daily	

Empagliflozin 10mg, 25mg Tablet	Indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults as: Add-on combination therapy: In combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Prescribing Restriction: The use of empagliflozin is restricted to: 1. Secondary prevention of cardiovascular disease (patient that has previous cardiovascular event) 2. HbA1c not more than 8.5% on dual combination anti-diabetic therapy 3. BMI:30kg/m ² and above 4. Creatinine clearance 60ml/min or eGFR 60ml/min/1.73m ² and above	A*	Starting dose is 10 mg once daily. In patient with eGFR ≥60 ml/min/1.73m ² who need tighter glycaemic control, the dose can be increased up to 25 mg once daily (maximum).	Endocrinology
Emulsificants Ointment	Xerosis and ichthyosis	C	Use as a soap and emollient	Galenical
Enalapril 5 mg, 10mg, 20mg Tablet	i) Hypertension ii) Congestive heart failure	B	i) Initially 5 mg daily, (ELDERLY 2.5 mg once daily), usual maintenance dose 10 - 20 mg daily. Maximum: 40 mg/day in 1 - 2 divided doses ii) Initially 2.5 mg daily, usual maintenance dose 20 mg daily in 1 - 2 divided doses; maximum: 40 mg/day	
Enoxaparin Sodium 40 mg, 60mg Injection	i) Prevention of Deep Vein Thrombosis(DVT) especially in perioperative and high risk surgical cases ii) Treatment of DVT iii) Unstable angina and non Q wave Myocardial Infarction	A*	i) Prophylaxis for DVT especially in surgical patients: moderate risk, 20 mg SC approximately 2 hours before surgery then 20 mg every 24 hours for minimum 7 - 10 days, high risk (eg orthopaedic surgery, medical patients, 40mg every 24 hours for at least 6 days until patient ambulant, max 14 days. ii) Treatment of DVT or pulmonary embolism, 1.5 mg/kg every 24 hours, usually for 5 days and until adequate oral anticoagulation established. iii) Unstable angina and non-ST-segment-elevation myocardial infarction 1 mg/kg every 12 hours, usually for 2 - 8 days	
Entacapone 200 mg Tablet	Parkinson's Disease. An adjunct to standard levodopa/benserazide or levodopa/carbidopa for use in patients with parkinson's disease and end of dose motor fluctuations, who cannot be stabilised on those combinations	A	200 mg to be taken with each daily dose of levodopa/dopa-decarboxylase inhibitor. Max 2g daily. May be taken with or without food	
Entecavir 0.5 mg Tablet	First line treatment of Chronic Hepatitis B in patients who satisfy the criteria for treatment and require long-term therapy or have a very high baseline viral load	A*	0.5-1mg once daily. Renal Dose Adjustment: 0.5-1mg every 48hours (30-49ml/min); 0.5-1mg every 72hours (10-29ml/min); 0.5mg-1mg every 5-7 days (<10ml/min; HD or CAPD).	
Eperisone HCl 50 mg Tablet	Myotonic symptoms associated with cervical syndrome, periarthritis of shoulder and lumbago spastic paralysis	A	50 mg 3 times daily	
Ephedrine HCl 30 mg/ml Injection	Treatment of bronchial spasm in asthma, adjunct to correct haemodynamic imbalances and treat hypotension in epidural and spinal anaesthesia	B	By IM, SC or IV. Severe, acute bronchospasm : 12.5-25 mg. Further dosage should be determined by patient response. When used as a pressor agent : ADULT 25 - 50 mg SC/IM. If necessary, a second IM dose of 50 mg or an IV dose of 25 mg may be given. Direct IV injection, 10 - 25 mg may be given slowly. Maximum parenteral ADULT dose : 150 mg in 24 hours. CHILD : 3 mg/kg or 100 mg/m ² SC or IV daily, in 4 - 6 divided doses	
Epirubicin 50 mg Injection	Breast cancer, Non-Hodgkin's lymphoma, Leukaemia (ALL induction), gastric cancer, ovarian cancer	A*	i) 75 - 90mg/m ² body area injected IV in 3 - 5 min, repeated at 21 day intervals. Higher doses up to 135mg/m ² as single agent and 120mg/m ² as combination (effective in treatment of breast cancer) CHILD: 50 mg/m ² over 6 hours. Schedule depends on protocol.	

Ertapenem 1 g Injection	i) Patient with confirm ESBL producing gram-negative infection. ii) Empiric treatment for severe community acquired pneumonia or other infections when Pseudomonas aeruginosa is not suspected.	A*	ADULT: 1 g once daily. CHILD 3 month to 12 years: 15 mg/kg twice daily. Not to exceed 1 g/ day	
Erythromycin Ethylsuccinate 200 mg/5 ml Suspension	Treatment of susceptible bacterial infections	B	Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases. 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.	
Erythromycin Ethylsuccinate 400 mg Tablet	Treatment of susceptible bacterial infections	B	Adult 400 mg 6 hrly or 800 mg 12 hrly. Max: 4 g/day. Childn 30-50 mg/kg in divided doses. Childn 2-8 yr 1 g/day in divided doses in severe cases. Infant & childn ≤2 yr 500 mg/day in divided doses.	
Erythromycin Lactobionate 500 mg Injection	Only for treatment of i) certain forms of meningitis ii) septicaemia not responding to usual antibiotics iii) mycoplasma pneumonia iv) infection with gram-positive organisms (e.g. tetanus, streptococcal infection) associated with Penicillin allergy, only when oral erythromycin cannot be given	A*	Adult & Child: 25 - 50mg/kg /day infusion every 6 hours. Maximum: 4 g/day.	
Erythromycin Stearate 250 mg Tablet	Infections due to susceptible organism	B	Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases. 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.	
Erythropoietin Human Recombinant 2000 IU/0.5ml Injection	i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who are haemoglobin less than 8 g or exhibiting symptoms of anaemia although haemoglobin more than 8 g and pre-transplant cases ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy	A	i) ADULT by IV injection over 1-5 minutes, initially 50 units/kg 3 times weekly adjusted according to response in step of 25 units/kg 3 times weekly at interval of at least 4 weeks. CHILD initially as for adult. Maintenance, bodyweight under 10 kg usually 75-150 units/kg 3 times weekly, bodyweight 10-30 kg usually 60-150 units/kg 3 times weekly, bodyweight over 30 kg usually 30-100 units/kg 3 times weekly ii) ADULT by SC injection (max. 1 ml per injection site), initially 150 units/kg 3 times weekly, increased if appropriate rise in haemoglobin not achieved after 4 weeks to 300 units/kg 3 times weekly. Discontinue if inadequate response after 4 weeks at higher dose	Recormon 2000 unit is used SC in PD patients, Binocrit 2000 unit is used IV in HD patients
Erythropoietin Human Recombinant 4000 IU Injection	i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who are haemoglobin less than 8 g or exhibiting symptoms of anaemia although haemoglobin more than 8 g and pre-transplant cases ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy	A	i) ADULT by IV injection over 1-5 minutes, initially 50 units/kg 3 times weekly adjusted according to response in step of 25 units/kg 3 times weekly at interval of at least 4 weeks. CHILD initially as for adult. Maintenance, bodyweight under 10 kg usually 75-150 units/kg 3 times weekly, bodyweight 10-30 kg usually 60-150 units/kg 3 times weekly, bodyweight over 30 kg usually 30-100 units/kg 3 times weekly ii) ADULT by SC injection (max. 1 ml per injection site), initially 150 units/kg 3 times weekly, increased if appropriate rise in haemoglobin not achieved after 4 weeks to 300 units/kg 3 times weekly. Discontinue if inadequate response after 4 weeks at higher dose	Recormon 4000 unit is used SC in PD patients

Erythropoietin Human Recombinant 10,000 IU/ml Injection	i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who are haemoglobin less than 8 g or exhibiting symptoms of anaemia although haemoglobin more than 8 g and pre-transplant cases ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy	A*	i) ADULT by IV injection over 1-5 minutes, initially 50 units/kg 3 times weekly adjusted according to response in step of 25 units/kg 3 times weekly at interval of at least 4 weeks. CHILD initially as for adult. Maintenance, bodyweight under 10 kg usually 75-150 units/kg 3 times weekly, bodyweight 10-30 kg usually 60-150 units/kg 3 times weekly, bodyweight over 30 kg usually 30-100 units/kg 3 times weekly ii) ADULT by SC injection (max. 1 ml per injection site), initially 150 units/kg 3 times weekly, increased if appropriate rise in haemoglobin not achieved after 4 weeks to 300 units/kg 3 times weekly. Discontinue if inadequate response after 4 weeks at higher dose	Hemato
Escitalopram 10 mg Tablet	i) Major depression ii) Treatment of panic disorder with or without agoraphobia	A*	i) 10 mg once daily; may be increased to max 20 mg daily. ii) Panic disorder with or without agoraphobia :Initially 5 mg for the first week, thereafter increased to 10 mg daily. Max 20 mg daily, ELDERLY initially half the adult dose, lower maintenance dose may be sufficient. CHILD and ADOLESCENT under 18 years not recommended	
Esmolol HCl 10 mg/ml Injection	Tachycardia and hypertension in perioperative period	A*	By IV infusion usually within range of 50 - 200 mcg/kg/min	
Esomeprazole 20 mg, 40mg Tablet	i)Gastro-oesophageal reflux disease ii)H. pylori eradication	A*	i)20mg daily for 4-8 weeks ii)40mg daily for 10 days in combination with amoxicillin 1g twice daily or clarithromycin 500mg twice daily	
Esomeprazole 40 mg Injection	i) Acute erosive/ ulcerative oesophagitis ii) Non -variceal upper gastrointestinal bleed	A*	i) 20- 40 mg once daily for 2-5 days ii) 80 mg by IV bolus followed by 8mg/hour infusion for 72 hours	
Essential phospholipids	Nutritional supplement in liver disorders	A/KK	Please refer to product leaflet	
Estradiol 1 mg & Estradiol 1 mg with Dydrogesterone 10 mg	Hormone Replacement Therapy for women with disorders due to natural or surgically induced menopause with intact uterus.	A*	One tablet daily without pill-free interval, starting with 1 mg of Estradiol for first 14 days, followed by 1mg Estradiol with 10 mg Dydrogesterone daily for the next 14 days	
Estradiol 1 mg with Dydrogesterone 5 mg Tablet	i) Hormone replacement therapy for the relief of symptoms due to oestrogen deficiency ii) Prevention of postmenopausal osteoporosis in women with a uterus	A*	One tablet daily, taken continuously without interruption. Should be used only in postmenopausal women more than 12 month after menopause	
Estradiol Valerate 1 mg Tablet	Oestrogen replacement therapy - only those who cannot tolerate Premarin	A*	1 mg daily continuously or 21 day regimen with 1 week of tablet free interval	
Estradiol Valerate 2 mg and Norgestrel 500 mcg with Estradiol Valerate 2 mg Tablet	Pre and post menopausal syndrome, primary and secondary amenorrhea, menstrual irregularities. Deficiency symptoms after oophorectomy or radiological castration for noncarcinomatous disease	B	Start on the 5th day of menstrual cycle - 1 tab daily for 21 days then stop for 7 days. If patient forgets dose at usual time, it should be taken within following 12 hours	

Etanercept 50 mg Injection	i) Moderately to severe rheumatoid arthritis as monotherapy or in combination with methotrexate in patients with inadequate response to methotrexate alone. ii) Active polyarticular-course juvenile idiopathic arthritis in children 2-17 years with inadequate response to, or who have proved intolerant of methotrexate. iii) Psoriatic arthritis as monotherapy or in combination with methotrexate in patients inadequate response to methotrexate alone. iv) Active ankylosing spondylitis in adults v) Moderate to severe plaque psoriasis who failed to respond to, or who have a contraindication to, or are intolerant to other systemic therapy including cyclosporine, methotrexate or PUVA	A*	Adult & geriatric dose: Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis; 50 mg SC once-weekly for once-weekly dosing or 25 mg SC twice weekly (individual doses should be separated by 72 to 96 hours) for twice-weekly dosing. Plaque psoriasis; Initial: 50 mg SC twice weekly, 72 to 96 hours apart; maintain initial dose for 3 months (starting doses of 25 or 50 mg once weekly have also been used successfully). Maintenance dose: 50 mg SC once weekly. Paediatric dose (2 to 17 years): Juvenile idiopathic arthritis; 0.8 mg/kg (max. 25 mg/dose) SC once weekly for once-weekly dosing or 0.4 mg/kg (max. 25 mg/dose) SC twice weekly (individual doses should be separated by 72 to 96 hours) for twice-weekly dosing.	
Ethambutol HCl 400 mg Tablet	Tuberculosis	B	Adult: 15-25mg/kg daily (max 1200mg) or 50mg/kg biweekly (max2000mg). Children: 15-25mg/kg daily or 50 mg/kg twice weekly.	
Ether Solvent	To remove adhesive plaster from the skin	C	Dose depending on the route and procedure	
Ethionamide 250 mg Tablet	As second-line therapy in the treatment of Multi Drug Resistant Tuberculosis only in combination with other efficacious agents and only when therapy with isoniazid, rifampicin, or other first-line agents has failed.	A*	ADULT: 15-20mg/kg daily, in divided doses if necessary; maximum dose 1g/day. CHILD: 10-20mg/kg in 2-3 divided doses or 15mg/kg/24hrs as a single daily dose.	
Ethyl Chloride 100ml Spray	For minor surgical procedures including lancing boils, incision and drainage of small abscesses, pain due to athletic injuries and pain due to injection administration	C	Spray to affected area at a distance of about 30cm until a fine white film is produced	
Ethinylestradiol 20 mcg & Levonorgestrel 100 mcg Tablet	i)Prevention of pregnancy ii)Treatment of moderate acne vulgaris not controlled by conventional therapy (e.g topical preparations and oral antibiotics) in post-menarchal, premenopausal women more than or 14 years who accept contraception.	A/KK	Beginning on day 1 of cycle, 1 tablet daily for 21 days followed by 7 tablet-free days.	Brand: Loette. Kept in O&G Clinic
Etomidate 20 mg/10 ml Injection	Induction of general anaesthesia for haemodynamically unstable patients	A*	Adult: 300 mcg/kg given slowly over 30-60 seconds into a large vein in the arm. Child: Up to 30% more than the standard adult dose. Elderly: 150-200 mcg/kg, subsequently adjusted according to effects.	
Etonogestrel 68 mg Implant	Contraception	A/KK	A single implant inserted subdermally and can be left in place for three years. The implant can be removed at any time but not later than three years after the date of insertion.	Brand: Implanon. Kept in O&G Clinic
Etoposide 100 mg/5 ml Injection	i) For treatment of children with solid tumours, juvenile myelomonocytic leukemia (JMML) and Langerhan cell histiocytosis ii) Leukaemia, lymphoma iii) Testicular cancer, lung cancer, gestational trophoblastic disease, gastric cancer, sarcoma	A*	i) CHILD: 60-120 mg/m ² /day by IV for 3 - 5 days every 3 - 6 weeks depending on protocols ii) Maintenance or palliative chemotherapy for elderly acute myeloid leukemia, consolidation therapy for acute lymphoblastic leukemia, stem cell mobilization (Refer to protocol) iii) 100 mg/m ² by IV every other day for 3 doses repeated every 3-4 weeks	
Etoricoxib 60 mg, 90mg, 120mg Tablet	i)Acute and chronic treatment of signs and symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA) ii)Acute gouty arthritis iii)Acute pain	A*	i) OA: 60 mg once daily. RA: 90 mg once daily ii & iii) Acute gouty arthritis and acute pain: 120 mg once daily (Given the exposure to COX-2 inhibitors, doctors are advised to use the lowest effective dose for the shortest possible duration of treatment)	

Everolimus 0.25mg, 0.75mg tablet	Indicated for the prophylaxis of organ rejection in adult patients at low to moderate immunological risk receiving an allogeneic renal or cardiac transplant in combination with ciclosporin for microemulsion and corticosteroids.	A*	An initial dose regimen of 0.75 mg b.i.d., which is recommended for the general kidney and heart transplant population. The daily dose of everolimus should always be given orally in two divided doses (b.i.d.).	
Exemestane 25 mg Tablet	Treatment of post-menopausal women with advanced breast cancer whose disease has progressed following tamoxifen and non-steroidal aromatase inhibitors	A*	25 mg once daily	
Ezetimibe 10 mg & Simvastatin 20 mg Tablet	Primary hypercholesterolemia	A*	Usual starting dose: 10/20 mg/day	
Ezetimibe 10 mg Tablet	i) Co-administration with statins for patients who have chronic heart disease or are chronic heart disease equivalent or familial hypercholesterolaemia with target LDL-C not achieved by maximum dose of statins ii) Monotherapy in patients with documented biochemical intolerance to statins	A*	10 mg once daily. Not recommended for children less than 10 years old	
Factor IX Injection	Prevention and control of bleeding in patients with factor IX deficiency due to haemophilia B	A	Dose varies according to the patient and the circumstances of the bleeding. i) Mild haemorrhage: initial dose of 30 units/kg body weight. ii) Moderate haemorrhage: initial dose of 50 units/kg iii) Major haemorrhage/surgery: Initial dose of 75 - 100 units/kg. Half of these doses may be repeated after 18-24 hrs if necessary.	Brand: AlphaNine SD 500 IU/10ml
Factor IX, Factor II, Factor VII and Factor X In Combination Injection	i) Treatment and perioperative prophylaxis of bleeding in acquired deficiency of the prothrombin complex coagulation factors, such as deficiency caused by treatment with vitamin K antagonists, or in case of overdose of vitamin K antagonists, when rapid correction of the deficiency is required. ii) Treatment and perioperative prophylaxis of bleeding in congenital deficiency of any of the vitamin K dependent coagulation factors only if purified specific coagulation factor product is not available.	A*	Amount and frequency of administration should be calculated on an individual patient basis. Individual dosage requirements can only be identified on the basis of regular determinations of the individual plasma levels of the coagulation factors of interest or on the global tests of the prothrombin complex levels (INR, Quick's test) and a continuous monitoring of the clinical condition of the patient. An approximate calculation is as follows: Required dose (IU) = body weight (kg) x desired factor rise (IU/dl or % of normal) x reciprocal of the estimated recovery, i.e. Factor II = 53 Factor VII = 59 Factor IX = 77 Factor X = 56 As product may differ from one to another, it is strongly advised to refer to the manufacturer (product insert) in regards to dosing calculation.	Brand: Octaplex; Prothrombinex VF (From Pusat Darah Negara)
Factor VIIa (Recombinant) eptacog alfa (activated) 50 KIU (1 mg) Injection	Treatment of bleeding episodes and prevention of excessive bleeding in connection with surgery in patients with inherited or acquired haemophilia with inhibitors to coagulation factors VIII or IX	A*	Initially 4.5 KIU (90 mcg)/kg body weight IV bolus over 2-5 minutes, followed by 3-6 KIU (60-120 mcg)/kg body weight depending on type & severity of haemorrhage or surgery performed. Dosing interval: initially 2-3 hour to obtain haemostasis and until clinically improved. If continued therapy is needed, dose interval can be increased successively to every 4, 6, 8 or 12 hours	Brand: NovoSeven, Anes, Peads Hemophilia
Factor VIIa (Recombinant) eptacog alfa (activated) 100 KIU (2 mg) Injection	Treatment of bleeding episodes and prevention of excessive bleeding in connection with surgery in patients with inherited or acquired haemophilia with inhibitors to coagulation factors VIII or IX	A*	Initially 4.5 KIU (90 mcg)/kg body weight IV bolus over 2-5 minutes, followed by 3-6 KIU (60-120 mcg)/kg body weight depending on type & severity of haemorrhage or surgery performed. Dosing interval: initially 2-3 hour to obtain haemostasis and until clinically improved. If continued therapy is needed, dose interval can be increased successively to every 4, 6, 8 or 12 hours	Brand: NovoSeven, Hemato

Factor VIII Injection	Prevention and control of bleeding in patients with factor VIII deficiency due to classical haemophilia A	A	Dose varies according to the patient and the circumstances of the bleeding. i) Mild to moderate: Usually a single dose of 10-15units/kg. ii) More serious haemorrhage/minor surgery:Initially 15-25 units/kg followed by 10-15 units/kg every 8 - 12 hours if required iii) Severe haemorrhage/major surgery: Initial : 40 - 50 units/kg followed by 20 - 25 units/kg every 8-12 hrs.	Hemofil M
Factor VIII (Human blood coagulation factor) & Von Willebrand factor Injection	i)The treatment and prophylaxis of haemorrhage or surgical bleeding in Von Willebrand Disease (VWD) when 1-deamino-8-D-arginine vasopressin (desmopressin, DDAVP) treatment alone is ineffective or contraindicated. ii)The treatment and prophylaxis of bleeding associated with factor VIII deficiency due to haemophilia A.	A*	i. Von Willebrand Disease: Spontaneous Bleeding Episodes: Initially, factor VIII 12.5-25 IU/kg and ristocetin cofactor 25-50 IU/kg followed by factor VIII 12.5 IU/kg and ristocetin cofactor 25 IU/kg subsequently every 12-24 hrs. Minor Surgery: Factor VIII 30 IU/kg and ristocetin cofactor 60 IU/kg daily. Major Surgery: Initially, factor VIII 30-40 IU/kg and ristocetin cofactor 60-80 IU/kg followed by factor VIII 15-30 IU/kg and ristocetin cofactor 30-60 IU/kg subsequently every 12-24 hrs. Prophylaxis: Factor VIII 12.5-20 IU/kg and ristocetin cofactor 25-40 IU/kg 3 times weekly. ii. Hemophilia A therapy: Minor haemorrhage: 10-15 IU/kg every 12-24 hours. Moderate to severe haemorrhage: 15-40 IU/kg every 8 to 24 hours. Minor surgery: Loading dose 20-30 IU/kg, maintenance dose 15-30 IU/kg. Major surgery: Loading dose 40-50 IU/kg, maintenance dose 10-40 IU/kg. Prophylaxis: 25-40 IU/kg three times weekly As product may differ from one to another, it is strongly advised to refer to the manufacturer (product insert) in regards to dosing calculation	Brand: Alphanate 250 IU/5ml, 500 IU/5ml
Factor VIII Inhibitor Bypassing Activity Injection	i)Treatment and prophylaxis of hemorrhages in hemophilia A and B patients with inhibitors. ii) Treatment and prophylaxis of hemorrhages in non-hemophilic patients who have developed inhibitors to Factors VIII, IX and XI. iii)Treatment of patients with acquired inhibitors to Factors X and XIII. iv)In the combination with Factor VIII concentrate for a long-term therapy to achieve a complete and permanent elimination of the Factor VIII inhibitor so as to allow for regular treatment with Factor VIII concentrate as in patients without inhibitor.	A	As a general guideline, a dose of 50 to 100IU/kg body weight is recommended, not exceeding an individual dose of 100IU/kg bw and a maximum daily dose of 200IU/kg bw.	Brand: Feiba. To be purchase only when there are cases
Fat Emulsion 20% for IV Infusion Injection	Source of lipid in patients needing IV nutrition	A	Dose to be individualised. ADULT usual lipid requirement 2-3 g/kg/day. INFANT 0.5-1 g/kg/day	Brand: Smoflipid 20%
Febuxostat 40mg, 80mg Tablet				KPK Rhemato
Felodipine 5 mg, 10mg Tablet	Hypertension	A/KK	Initiate at 5 mg once daily. Usual dose, 5 - 10 mg once daily in the morning	
Fenofibrate 145 mg tablet	As second line therapy after failed gemfibrozil in patients: i) Hypercholesterolemia and hypertriglyceridemia alone or combined [type IIa,IIb,III and V dyslipidemias] in patients unresponsive to dietary and other non-pharmacological measures especially when there is evidence of associated risk factors ii) Treatment of secondary hyperlipoproteinemias if hyperlipoproteinemia persists despite effective treatment of underlying disease iii) Dyslipidemia in Type 2 Diabetes Mellitus	A/KK	145mg once daily, with or without food	
Fentanyl 12mcg/h, 25mcg/h, 50mcg/h Transdermal Patch	As a second line drug in the management of chronic severe cancer pain not responding to non-narcotic analgesic. Not to be used in opiod naive patients.The use is to be restricted to pain specialists, palliative medicine specialists and oncologists	A*	ADULT and CHILD over 2 years previously treated with a strong opioid analgesic, initial dose based on previous 24-hour opioid requirement (consult product literature). If necessary dose should be adjusted at 72-hour intervals in steps of 12-25 mcg/hr	

Fentanyl Citrate 50 mcg/ml Injection	Short duration analgesia during pre-medication induction and maintenance of anaesthesia, and in the immediate post-operative period.	A	Dose should be individualized according to age, body weight, physical status, underlying pathological conditions and type of surgery and anaesthesia. ADULT: Premedication: IM 50 - 100 mcg, 30 - 60 mins prior to surgery. Adjunct to general anaesthesia: Induction IV 50 - 100mcg, repeat 2 - 3 mins intervals until desired effect is achieved. IV/IM 25 - 50mcg in elderly and poor risk patients. Maintenance: IV/IM 25 - 50mcg. Adjunct to regional anaesthesia: IM/slow IV 50 - 100mcg when additional analgesia is required. Post-operatively (recovery room): IM 50 - 100mcg for pain control, tachypnoea and emergency delirium. May be repeated in 1- 2 hours as needed. CHILD (2 - 12 years): Induction & maintenance: 2 - 3 mcg/kg.	
Ferric Ammonium Citrate 800 mg/10 ml Paediatric Mixture	Prevention and treatment of iron-deficiency anaemias	C	CHILD up to 1 year 5 ml, 1 - 5 years 10 ml, taken well diluted with water	Galenical
Ferrous controlled release 500 mg, Vitamin B1, Vitamin B2, Vitamin B6, Vitamin B12, Vitamin C, Niacinamide, Calcium Pantothenate, Folic Acid 800 mcg Tablet	Anemia due to iron deficiency, megaloblastic anemia where there is an associated deficiency of Vitamin C and Vitamin B-complex particularly in pregnancy. In primary health clinic, the indication is restricted to anemia due to iron deficiency in pregnant women ONLY.	A/KK	One tablet daily	Brand: Iberet-Folic. Kept in O&G Clinic
Ferrous Fumarate 200 mg Tablet	Prevention and treatment of iron-deficiency anaemias	C+	Adult: Usual dose range: Up to 600 mg daily. May increase up to 1.2 g daily if necessary. Child: As syrup containing 140 mg(45 mg iron)/5ml. Preterm neonate: 0.6-2.4 ml/kg daily; up to 6 years old: 2.5-5ml twice daily	
Filgrastim (G-CSF) 30 MU/ml Injection	i) Reduction in the duration of neutropenia and incidence of febrile neutropenia in cytotoxic chemotherapy for malignancy except chronic myeloid leukemia and myelodysplastic syndrome ii) Haemopoietic stem cell transplantation (HSCT)/stem cell harvesting	A*	i) Adult: SC or IV 5 mcg/kg/day. Initiation: 24 - 72 hours after chemotherapy. Duration: Until a clinically adequate neutrophil recovery is achieved (absolute neutrophil count of at least 1 x 10 ⁹ /L on 2 consecutive days) ii) Refer to protocol	
Finasteride 5 mg Tablet	Treatment and control of benign prostatic hyperplasia	A*	5 mg a day as a single dose. Clinical responses occur within 12 weeks - 6 months of initiation of therapy. Long-term administration is recommended for maximal response	
Flavoxate HCl 100 mg Tablet	Urinary frequency and incontinence, dysuria, urgency, bladder spasm due to catheterisation	A	ADULT: 200 mg 3 times daily. CHILD under 12 years not recommended	

Fluconazole 100 mg Capsule	i) Oropharyngeal candidiasis, atrophic oral candidiasis associated with dentures, other candidal infections of mucosa ii) Tinea pedis, corporis, cruris, versicolor and dermal candidiasis iii) Invasive candidal & cryptococcal infections (including meningitis) iv) Prevention of relapse of cryptococcal meningitis in AIDS patients after completion of primary therapy v) Prevention of fungal infections in immunocompromised patients considered at risk as a consequence of HIV infections or neutropenia following cytotoxic chemotherapy, radiotherapy or bone marrow transplant	A	i) Oropharyngeal candidiasis: 50 - 100 mg daily for 7 - 14 days (Maximum 14 days) except in severely immunocompromised patients, treatment can be continued for longer periods. Atrophic oral candidiasis associated with dentures: 50 mg daily for 14 days. Other candidal infections of mucosa: 50 - 100 mg daily for 14 - 30 days. CHILD: 3 - 6 mg/kg on first day then 3 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old) ii) 50 mg daily for 2 - 4 weeks, maximum 6 weeks iii) 400 mg initially then 200 - 400 mg daily for 6 - 8 weeks. CHILD: 6 - 12 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old) iv) 100 - 200 mg daily v) 50 - 400 mg daily. CHILD: 3 - 12 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old)	
Fluconazole 2 mg/ml Injection	i) Oropharyngeal candidiasis, atrophic oral candidiasis associated with dentures, other candidal infections of mucosa ii) Tinea pedis, corporis, cruris, versicolor and dermal candidiasis iii) Invasive candidal & cryptococcal infections (including meningitis) iv) Prevention of relapse of cryptococcal meningitis in AIDS patients after completion of primary therapy v) Prevention of fungal infections in immunocompromised patients considered at risk as a consequence of HIV infections or neutropenia following cytotoxic chemotherapy, radiotherapy or bone marrow transplant	A	i) 50 - 100 mg daily for 7 - 14 days (maximum 14 days) except in severely immunocompromised patients, treatment can be continued for longer periods. Atrophic oral candidiasis associated with dentures: 50 mg daily for 14 days. Other candidal infections of mucosa: 50 - 100 mg daily for 14 - 30 days. CHILD: 3 - 6 mg/kg on first day then 3 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old) ii) 50 mg daily for 2 - 4 weeks, maximum 6 weeks iii) 400 mg initially then 200 - 400 mg daily for 6 - 8 weeks. CHILD: 6-12 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old) iv) 100 - 200 mg daily v) 50 - 400 mg daily. CHILD: 3 - 12 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old)	
Fluconazole 0.2% Eyedrop				Prepared by TPN
Flucytosine 500 mg Tablet	Only for the treatment of fungal meningitis	A*	ADULT: 50 - 150 mg/kg/day in 4 divided doses	KPK Medical
Fludarabine Phosphate 50 mg Injection	B-cell chronic lymphocytic leukaemia who have not responded to or whose disease had progressed during or after treatment with at least one standard alkylating-agent containing regimen	A*	25 mg/m ² daily for 5 consecutive days every 28 days. May be administered up to the achievement of a maximal response (usually 6 cycles) and then the drug should be discontinued. Reduce dose by up to 50% in patients with mild to moderate renal impairment (30-70ml/min)	
Fludrocortisone Acetate 0.1 mg Tablet	As an adjunct to glucocorticoids in the management of primary adrenocortical insufficiency in Addison's disease and treatment of salt-losing adrenogenital syndrome	A	Adrenocorticoid insufficiency (chronic): ADULT 1 tablet daily. Salt-losing adrenogenital syndrome: ADULT 1 - 2 tablets daily. CHILD and INFANT 0.5 - 1 tablet daily	KPK - Medical, Peads, Anes

Flumazenil 0.1 mg/ml Injection	i) Diagnosis and/or management of benzodiazepine overdose due to self-poisoning or accidental overdose ii) Reversal of sedation following anaesthesia with benzodiazepine	B	i) Initial, 0.2 mg IV over 30 seconds; if desired level of consciousness not obtained after an additional 30 seconds, give dose of 0.3 mg IV over 30 seconds; further doses of 0.5 mg IV over 30 seconds may be given at 1-minutes intervals if needed to maximum total dose of 3 mg; patients with only partial response to 3 mg may require additional slow titration to a total dose of 5 mg; if no response 5 minutes after receiving total dose of 5 mg, overdose is unlikely to be benzodiazepine and further treatment with flumazenil will not help ii) 0.2 mg IV over 15 seconds; if desired level of consciousness is not obtained after waiting 45 seconds, a second dose of 0.2 mg IV may be given and repeated at 60-seconds intervals as needed (up to a maximum of 4 additional times) to a maximum total dose of 1 mg; most patients respond to doses of 0.6 to 1 mg; in the event of resedation, repeated doses may be given at 20-minutes intervals if needed; for repeat treatment, no more than 1 mg (given as 0.5 mg/minute) should be given at any one time and no more than 3 mg should be given in any one hour	
Flunarizine HCl 5 mg Capsule	i) Migraine prophylaxis ii) Maintenance treatment of vestibular disturbances and of cerebral and peripheral disorders	B	i) ADULT: 5 - 10 mg daily preferably at night. ELDERLY more than 65 years: 5 mg at night. Maintenance 5-day treatment at the same daily dose ii) 5 - 10 mg at night. If no improvement after 1 month, discontinue treatment	
Fluorescein 1 mg Ophthalmic Strip	Diagnostic fluorescein angiography or angioscopy of the fundus and of the iris vasculature	B	Moisten tip with tear fluid from lower fornix, sterile water or ophthalmic solution and gently stroke across the conjunctiva	
Fluorescein Sodium 10% in 5 ml Injection	Diagnostic fluorescein angiography or angioscopy of the fundus and of the iris vasculature	A	500 mg IV	
Fluorometholone 0.1% Ophthalmic Suspension	Treatment of steroid responsive ocular inflammation	A*	1-2 drops qds. During the initial 24-48 hr, dose may be increased to 2 drops 2 hrly.	
Fluorouracil 2.5g/50 ml Injection	Cancers of gastro-intestinal tract, breast and pancreas, head and neck. Ophthalmological indication: trabeculectomy	A*	500 - 600 mg/m ² IV in combination with other cytotoxic agents, repeated every 3 weeks or 300 - 450 mg/m ² IV slow bolus daily for 5 days in combination with biological response modifiers, repeated every 4 weeks or 3000 - 3750 mg/m ² as a continuous infusion over 5 days in combination with a platinum compound every 3 to 4 weeks	
Fluoxetine HCl 20 mg Capsule	i) Depression ii) Obsessive-compulsive disorder	A	i) 20 mg once daily increased after 3 weeks if necessary, usual dose 20 - 60 mg (ELDERLY 20 - 40 mg) once daily max 80 mg once daily (ELDERLY max 60 mg once daily). ii) Initially 20 mg once daily increased after 2 weeks if necessary, usual dose 20 - 60 mg (ELDERLY 20 - 40 mg) once daily, max 80 mg (ELDERLY max 60 mg) once daily, discontinue if no improvement within 10 weeks. CHILD and ADOLESCENT under 18 years are not recommended	

Flupenthixol Decanoate 20mg/ml Injection	Chronic psychoses	B	By deep IM, initial test dose of 5-20 mg, then after at least 7 days. 20 - 40 mg repeated at intervals of 2 - 4 weeks. Maximum 400 mg weekly. Usual maintenance dose 50 mg every 4 weeks to 300 mg every 2 weeks. ELDERLY, initially quarter to half adult dose. CHILD not recommended. Deep IM recommended. Not for IV use	
Fluticasone Furoate 27.5 mcg/dose Nasal Spray	Treatment of nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) and ocular symptoms (itching/burning, tearing/watering, and redness of the eye) of seasonal and perennial allergic rhinitis.	A*	Adults/Adolescents (≥12 years) : 1-2 sprays (27.5 mcg/spray) in each nostril once daily. Children (2-11 years) : 1-2 sprays (27.5 mcg/spray) in each nostril once daily	Brand: Avamys
Fluticasone Propionate 125 mcg/dose Inhaler	Prophylactic treatment for asthma	B	ADULT and CHILD more than 16 years i) Mild asthma : 100 mcg - 250 mcg twice daily ii) Moderate asthma : 250 - 500 mcg twice daily iii) Severe asthma : 500 mcg - 1000 mcg twice daily. Alternatively, the starting dose of fluticasone dipropionate may be gauged at half the total daily dose of beclomethasone dipropionate or equivalent administered by inhalation. CHILD 4 - 11 years, 50 mcg twice daily (maximum 100 mcg twice daily), CHILD 1-4 years, 50-100mcg microgram twice daily	Brand: Flixotide Evohaler
Fluvoxamine 50 mg, 100mg Tablet	Depressive disorder	B	For depression, initially 50 - 100 mg daily in the evening, increased if necessary to 300 mg daily (over 150 mg in divided doses); usual maintenance dose 100 mg daily. CHILD and ADOLESCENT under 18 years not recommended	
Folic Acid 5 mg Tablet	i) For the prevention and treatment of folate deficiency states ii) For the prevention of neural tube defect in the foetus	C+	i) ADULT initially 10-20mg mg daily for 14 days or until haematopoietic response obtained. Daily maintenance: 2.5 mg-10mg .CHILD up to 1 year:250 mcg/kg daily; 1 to 5 years:2.5mg/day;6-12 years: 5mg/day ii) 5 mg daily starting before pregnancy and continued through the first trimester	
Follitropin Alpha (Recombinant Human FSH) 75 IU Injection	i) Infertility treatment in anovulatory women who have been unresponsive to treatment with clomiphene citrate ii) Stimulation of follicular development for intra-uterine cycles iii) Stimulation of follicular development in assisted reproductive technology in the management of infertility	A*	i) 75 - 150 IU daily, should commence within the first 7 days of the menstrual cycle and increased by 37.5 IU or 75 IU at 7 or 14 days interval. Max daily dose 225 IU ii) 150 - 225 IU daily commencing on days 2 or 3 of the cycle. Max daily dose 450 IU	
Follitropin Alpha (Recombinant Human FSH) 300 IU/0.5 ml Injection	i) Infertility treatment in anovulatory women who have been unresponsive to treatment with clomiphene citrate ii) Stimulation of follicular development for intra-uterine cycles iii) Stimulation of follicular development in assisted reproductive technology in the management of infertility	A*	i) 75 - 150 IU daily, should commence within the first 7 days of the menstrual cycle and increased by 37.5 IU or 75 IU at 7 or 14 days interval. Max daily dose 225 IU ii) 150 - 225 IU daily commencing on days 2 or 3 of the cycle. Max daily dose 450 IU	
Follitropin Beta (Recombinant Human FSH) 300 IU Injection	Infertility treatment in anovulatory women who have been unresponsive to treatment with clomiphene citrate. Stimulation of follicular development for intra-uterine insemination cycles and assisted reproductive technology in the management of infertility.	A*	To be individualized. Give in multiples of 50 IU. Starting dose can be 50 IU - 200 IU daily. It can be a step-up regime or a step-down, depending on the protocol and the ovarian response	
Fomepizole 1mg/ml Inj				KPK ED

Fondaparinux Sodium 2.5 mg/0.5 ml Injection	i) Prevention of venous thromboembolic events (VTE) in orthopedic surgery (e.g. hip fracture, major knee or hip replacement surgery), abdominal surgery in patients at risk of thromboembolic complication. ii) Treatment of unstable angina or non-ST segment elevation myocardial infarction [UA/NSTEMI] in patients for whom urgent invasive management (PCI) is not indicated. iii) Treatment of ST segment elevation myocardial infarction (STEMI) in patients managed with thrombolytics or are not receiving other forms of reperfusion therapy	A*	i) 2.5 mg once daily given by SC, administered 6 hr following surgical closure provided homeostasis has been established. Usual duration of therapy is 5 to 9 days; for hip fracture patients, an extended course of up to 24 days is recommended. ii) ADULT more than 18 years: 2.5 mg once daily given by SC, initiated as soon as possible after diagnosis and continued for up to 8 days or until hospital discharge. If patient needs to undergo PCI, unfractionated heparin to be admin as per local practice protocol, taking into account the patient's bleeding risk and time of last dose of fondaparinux. Fondaparinux may be restarted no earlier than 2 hr after sheath removal. iii) ADULT more than 18 years: 2.5 mg once daily; first dose to be given IV (directly through an existing IV line or as infusion in 25 or 50 ml of 0.9% saline over 1-2 min), subsequent doses to be given SC. Treatment to be initiated as soon as diagnosis is made and continued up to a max of 8 days or until hospital discharge, whichever comes earlier. If patient needs to undergo non-primary PCI, unfractionated heparin to be admin as per local practice protocol, taking into account the patient's bleeding risk and time of last dose of fondaparinux. Fondaparinux may be restarted no earlier than 3 hr after sheath removal	
Formoterol Fumarate Dihydrate 4.5 mcg + 160mcg Budesonide/dose (Turbuhaler)	i) Moderate persistent and severe persistent asthma ii) COPD	A*	i) ADULT and ELDERLY : 6 - 12 mcg (1 - 2 puff) once - twice daily, maximum daily dose 8 puff. CHILD over 6 years : 2 puff once - twice daily ii) ADULT and ELDERLY : 2 puff once - twice daily, maximum 4 puff once or twice daily	
Foscarnet 6g Inj				KPK Hemato
Framycetin Sulphate 0.5%, Dexamethasone 0.05% and Gramicidin 0.005% Ear Drops	Otitis externa	A/KK	Apply 2 - 3 drops 3 to 4 times daily	Brand: Sofradex
Frusemide 10mg/ml oral solution	Pulmonary oedema	B	ADULT: The usual initial oral dose is 40mg once daily, adjusted as necessary according to response. Mild cases may respond to 20mg daily or 40mg on alternate days. Some patients may need doses of 80mg or more daily given as one or two doses daily; or intermittently. Severe cases may require gradual titration of the frusemide dosage up to 600mg daily. Children: The usual dose is 1 to 3mg/kg daily up to a maximum dose of 40mg daily.	
Frusemide 10 mg/ml Injection	Pulmonary oedema	B	Initially 20 -40 mg IM or slow IV (rate not exceeding 4 mg/min). CHILD: 0.5 - 1.5 mg/kg. Max: 20 mg daily	
Frusemide 40 mg Tablet	Pulmonary oedema	B	ADULT: Initial 40 - 80 mg on morning if required, can be increased to a max of 1 g/day in certain cases especially in chronic renal failure. CHILD : 1 - 3 mg/kg daily	
Fuller's Earth Powder	Adsorbent in pesticide poisoning	C	Adult: 100-150g every 2-4 hours. Child: 1-2g/kg. (100g of Fuller's Earth is mixed with 200ml water. Repeat until Fuller's Earth is seen in stool (normally between 4-6 hours)	

Fusidate, Sodium 250 mg Tablet	Treatment of infections caused by susceptible organisms especially Staphylococcal infections including Methicillin Resistant Staphylococcus aureus (MRSA)	A*	ADULT: 500 mg 3 times daily, skin and soft tissue infection: 250 - 500 mg twice daily	
Fusidic Acid 1% Eye Drops	For staphylococcal infections	A	1 drop in conjunctival sac 12 hourly. To be continued for 2 days after the eye appears normal. On the first day of treatment, may be applied more frequently : 1 drop 4 hourly. Surgical prophylaxis : 1 drop every 12 hours, 24 - 48 hours before operation	
Fusidic Acid 2% Cream, Ointment	Skin infections caused by staphylococci, streptococci, corynebacterium minutissimum and other sodium fusidate-sensitive organisms	A	Apply to affected area 2 - 3 times daily	FUKKM - 1% only
Fusidic Acid 2% in Betamethasone Valerate 0.1% Cream	Inflammatory dermatosis where bacterial infection is likely to occur eg atopic eczema, discoid eczema, stasis eczema, seborrhic dermatitis, contact dermatitis, lichen simplex chronicus, psoriasis, discoid lupus erythematosus	A/KK	Uncovered lesion- Apply 2 to 3 times daily. Covered lesions- Less frequent applications may be adequate	
Gabapentin 100 mg, 300mg, 600mg Tablet	i) Add-on therapy for intractable partial epilepsy, refractory to standard anti-epileptic drugs ii) Treatment of various types of neuropathic pain, both peripheral (which includes diabetic neuropathy, post-herpetic neuralgia, trigeminal neuralgia) in adult more than 18 years	A*	ADULT & CHILD > 12 yrs: 900-3600mg/day. Therapy may be initiated by administering 300mg TDS on day 1, or by titrating the dose as: 300mg once on day 1, 300mg BD on day 2, 300mg TDS on day 3. Thereafter, then dose may be increased in 3 equally divided doses up to max 3600mg/day.CHILD 3-12 yr: Initially 10-15 mg/kg/day in 3 divided dose. Effective dose: CHILD 3 to less than 5 yrs: 40mg/kg/day in 3 divided doses, CHILD 5-12 yrs: 25-35mg/kg/day in 3 divided doses ii) ADULT: 900mg/day in 3 equally divided doses. Max 3600mg/day	
Gadopentetate Dimeglumine 469 mg/ml	i) Cranial and spinal magnetic resonance imaging ii) Whole body magnetic resonance imaging	A	The usual dose in adults, children, and neonates is 0.2 mL/kg (0.1 mmol/kg) intravenously. For cranial and spinal imaging, a further dose of 0.2 mL/kg (0.1 mmol/kg) may be given within 30 minutes if necessary; in adults this second dose may be 0.4 mL/kg (0.2 mmol/kg). For whole body imaging in adults and children over 2 years, a dose of 0.4 mL/kg (0.2 mmol/kg) may be needed in some cases to produce adequate contrast and in special circumstances a dose of 0.6 mL/kg (0.3 mmol/kg) may be used in adults	Brand: Magnevist 0.5mmol/ml. Kept in X-Ray
Gamma Benzene Hexachloride 0.1% Lotion	Head lice	C	Apply a sufficient quantity of shampoo onto clean, dry hair; generally 1 ounce is sufficient, no more than 2 ounces should be used. Work the shampoo into hair thoroughly and allow to remain on hair for 4 minutes. Add small quantities of water and massage until a good lather forms. Rinse thoroughly and towel dry briskly	Galenical
Ganciclovir Sodium 500 mg/vial Injection	Treatment of cytomegalovirus (CMV) disease in immunocompromised patients, prevention of CMV disease during immunosuppressive therapy following organ transplantation	A*	Initial: 5 mg/kg infused over 1 hour 12 hourly for 14 - 21 days (CMV retinitis treatment) or 7 - 14 days (CMV disease prevention). Long term maintenance: 6 mg/kg daily for 5 days/week or 5 mg/kg daily for 7 days/week	
Ganirelix 0.25 mg/0.5 ml Injection	Prevention of premature luteinizing hormone surges in women undergoing controlled ovarian hyperstimulation for assisted reproduction technique	A*	Given by SC 0.25 mg once daily, starting on day 6 of ovarian stimulation and continued until ovulation induction	

Gemcitabine HCl 1 g Injection	i) Locally advanced or metastatic non-small cell lung cancer ii) Locally advanced or metastatic pancreatic cancer iii) In combination with carboplatin in the treatment of patients with recurrent epithelial ovarian carcinoma, who have relapsed more than six months, following platinum-based therapy iv) In combination with paclitaxel for treatment of patients with metastatic breast cancer who have relapsed following adjuvant/neoadjuvant chemotherapy. Prior chemotherapy should have included an anthracycline unless clinically contraindicated	A*	i) Alone or with cisplatin: 1000 mg/m ² day 1 & 8 every 3 weeks or 1000 mg/m ² day 1, day 8, day 15 every 4 weeks ii) Initially 1000 mg/m ² weekly for 7 weeks followed by 1 week rest. Subsequent cycles 1000 mg/ m ² weekly for 3 weeks followed by 1 week rest iii) Gemcitabine 1000 mg/m ² as 30 minutes IV infusion day 1 & 8 of each 21-day cycle followed by carboplatin on day 1 to attain a target AUC of 4 mg/ml/minute iv) 1250 mg/m ² on days 1 and 8 of each 21-day cycle with paclitaxel 175 mg/m ² given as a 3-hour infusion before gemcitabine on day 1 of each 21-day cycle	
Gemeprost (Prostaglandin E1 Synthetic Analogue) 1 mg Pessary	Inducing abortion in the first trimester	A	Cervical dilatation: 1 pessary 3 hourly before surgery to a max of 5 pessaries over 24 hours	
Gemfibrozil 300 mg Capsule	Treatment of hyperlipoproteinaemias (TYPES IIA, IIB, III, IV, V)	A/KK	ADULT: 1200 mg/day in 2 divided doses, 30 minutes before breakfast and dinner. Dose range from 0.9-1.5 g daily	
Gentamicin 0.1% Cream	For localised infections	A*	Apply 2 - 3 times daily	
Gentamicin 0.3% Eye Drops	Broad spectrum antibiotic in superficial eye infections and also for Pseudomonas aeruginosa	A/KK	1 - 2 drops every 4 hours, in severe infection dosage may be increased up to 2 drops every hour	
Gentamicin 0.3% Eye Ointment	Conjunctivitis, blepharitis, blepharo-conjunctivitis, keratitis, keratoconjunctivitis, episcleritis, dacrocystitis, corneal ulcers, styes and infected eye socket	A/KK	Apply into the conjunctival sac 3 - 4 times daily	
Gentamicin 1.4%, 0.9% Fortified Eye Drops	Broad spectrum antibiotic in superficial eye infections and also for Pseudomonas aeruginosa	A	Dose according to the needs of the patient	Made in TPN
Gentamicin Sulphate 40 mg/ml Injection	Infections due to susceptible organisms	B	ADULT: 3 - 5 mg/kg/day 8 hourly IM or IV. CHILD up to 2 weeks: 3mg/kg every 12 hours; 2 weeks - 12 years: 2 mg/kg 8 hourly	
Glibenclamide 5 mg Tablet	Diabetes mellitus type 2. Restriction : Use only in patient under 65 years old	B	Range: 2.5 - 15 mg daily (with or immediately after breakfast). Initially 2.5 mg daily increasing by 2.5 mg required for metabolic control. Max: 20mg daily.	
Gliclazide 60 mg Modified Release Tablet	Diabetes mellitus type 2	B	Initially, 30mg daily at breakfast time, may increase in successive steps to 60, 90 or 120mg daily at 1 month intervals (except in patients whose blood glucose level was not reduced after 2 weeks of treatment). Max daily dose: 120mg	
Gliclazide 80 mg Tablet	Diabetes mellitus type 2	B	Initially 40-80mg daily. A single dose should not exceed 160mg and when higher doses are required, a twice daily split dosage is advised and should be divided. Maximum daily dose: 320mg. For elderly, starting dose should be 40mg twice daily.	
Glucagon (Lyophilised) 1 mg/ml Injection	Management of hypoglycaemia	B	Adult, children > 20kg: 1mg by SC, IM or IV. Children < 20kg : 0.5mg. If patient does not respond within 10 minutes, administer IV glucose. Repeat in 20 minutes if necessary.	
Glucose 20% in Glycerin Nasal Drops				Galenical
Glycerin	As a lubricant and osmotic dehydrating agent	C+	Apply to area when required	

Glycerin 25% and Sodium Chloride 15% Enema	Constipation	C+	1 enema as required	Brand: Ravin
Glycerin 25% in aq cream	For topical application to the skin, as an emollient for the symptomatic relief of dry skin conditions and as soap-substitute for skin-washing.	C	Adults, children and elderly: Apply sparingly to the affected area as required or as directed by your pharmacist or doctor.	Galenical
Glyceryl Trinitrate 0.5 mg Sublingual Tablet	Prophylaxis and treatment of angina and left ventricular failure	C	0.5-1 mg sublingually may be repeated every 5 minutes until relief is obtained. Seek physician if the pain persists after a total of 3 tablets in a 15 minutes period.	
Glyceryl Trinitrate 5 mg/ml Injection	Prophylaxis and treatment of angina, left ventricular failure. Not for direct IV injection.	A	Initial 5 mcg/min delivered via infusion pump. Subsequent titration must be adjusted to clinical situation with dose increment becoming more cautious as partial response is seen.	
Glycopyrrolate 200 mcg/ml Injection	i) To reduce secretions (respiratory tract) for certain types of surgery ii) Reversal of neuromuscular block in patients where atropine is contraindicated	A*	i) Pre-op: 4 mcg/kg via IM administration 30-60 mins before procedure. Intraoperative: 0.1 mg via IV administration, repeat at 2-3 min intervals when needed. Max: 400 mcg/dose. ii) 0.2 mg by IV for each 1 mg of neostigmine or 5 mg pyridostigmine	
Golimumab 50mg (0.5ml) solution for injection in a pre-filled syringe	i) Rheumatoid arthritis (RA): In combination with methotrexate (MTX), is indicated for: - The treatment of moderate to severe active rheumatoid arthritis in adult patients when the response to DMARD therapy including MTX has been inadequate. - The treatment of active, severe and progressive rheumatoid arthritis in adult patients not previously treated with MTX. ii) Psoriatic arthritis (PsA): Golimumab alone or in combination with MTX, is indicated for: The treatment of active psoriatic arthritis in adult patients when the response to previous DMARD therapy has been inadequate. iii) Ankylosing spondylitis (AS): Golimumab(used alone) is indicated for: The treatment of active ankylosing spondylitis in adult patients when the response to conventional therapy has been inadequate.	A*	i) Rheumatoid arthritis 50mg given as a subcutaneous injection once a month, on the same date each month. ii) Psoriatic arthritis 50mg given as a subcutaneous injection once a month, on the same date each month. iii) Ankylosing spondylitis 50mg given as a subcutaneous injection once a month, on the same date each month.	
Granisetron HCl 1 mg Tablet	Prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy	A	ADULT 1 mg twice daily or 2 mg once daily with the first dose to be administered within 1 hour prior to cytostatic therapy and can be given for up to 1 week following radiotherapy. Maximum 9 mg/day	
Granisetron HCl 1 mg/ml Injection	i) Prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy ii) Post-operative nausea and vomiting	A	i) ADULT 1-3 mg as an IV bolus not less than 30 seconds; maximum 9 mg/day. CHILD over 2 years; single dose of 10-40 mcg/kg as an IV infusion; maximum 3 mg/day ii) ADULT 1 mg by slow IV injection over 30 seconds prior to induction of anaesthesia	
Griseofulvin (Ultramicrosize 125 mg = 250 mg Microsize) Tablet	Dermatophyte infections of the skin, scalp, hair and nails, where topical therapy has failed or inappropriate	B	ADULT: 500 mg daily up to 1 g daily in divided doses, 2-8 wk in hair and skin infections, 6 mth in fingernail infections and 12 mth or more for toenail infections. CHILD: 10 mg/kg daily in divided doses or as a single dose	
Haemodialysis Concentrate with Acetate	For acute renal failure, chronic renal failure, overhydration, intoxication, adjustment of acid-base and electrolyte balance	A	Dose depending on clinical cases	
Haemodialysis Concentrate with Bicarbonate	For acute renal failure, chronic renal failure, overhydration, intoxication, adjustment of acid-base and electrolyte balance	A	Dose depending on clinical cases	
Haemophilus Influenza Type B Conjugate Vaccine Injection (Single Dose)	Immunisation of infants against Haemophilus Influenzae Type B	C	0.5 ml IM	Brand: Hiberix

Haloperidol 1.5 mg, 5mg Tablet	Schizophrenia and other psychoses	B	Adult: 0.5-5 mg bid/tid, may increase up to 100 mg daily in severe or resistant cases. Usual maintenance: 3-10 mg daily. Child: >3 yr: Initially, 25-50 mcg/kg daily in 2 divided doses, increased gradually if necessary. Max: 10 mg/day.	
Haloperidol 5 mg/ml Injection	Acute psychoses and mania	B	ADULT: IM or IV , 2 mg - 10 mg then every 4 - 8 hours according to response to total maximum 18 mg daily. Use in child is not recommended	
Hemato Polyvalent Snake Antivenin				KPK ED
Heparin 1000 units/ml, 5000 units/ml Injection	i) Prophylaxis and treatment of venous thrombosis and pulmonary embolism. ii) Treatment of myocardial infarction and arterial embolism. iii) Prevention of clotting in arterial and heart surgery and for prevention of cerebral thrombosis	B	i) By IV injection, loading dose of 5000 units (10,000 units in severe pulmonary embolism) followed by continuous infusion of 15-25 units/kg/hr. By SC injection (for DVT) of 15,000 units every 12 hours (laboratory monitoring on daily basis essential to adjust dose). Small adult or child, lower loading dose then, 15-25 units/kg/hr by IV infusion, or 250 units/kg every 12 hours by SC injection. ii) As i), for unstable angina and acute peripheral arterial occlusion. iii) Prophylaxis in general surgery, by SC injection, 5000 units 2 hour before surgery, then every 8-12 hours for 7 days or until patient is ambulant, during pregnancy (with monitoring), 5000-10000 units every 12 hours. An adjusted dose regimen may be used for major orthopaedic surgery or low molecular weight heparin may be selected	
Heparin Sodium 50 units in Sodium Chloride Injection	To maintain patency of peripheral venous catheters	B	Flush with 5 ml (50 units) every 4 hours or as required	
Hepatitis B Immunoglobulin (Human) Injection	i) For post-exposure prophylaxis of hepatitis B ii) Prophylaxis against recurrence of hepatitis B infection in chronic hepatitis B post liver transplantation	A	i) Adults: Recommended Dose: 1000-2000 IU IM and if necessary, the dose should be increased or repeated. Children: Inject 32-48 IU/kg of body weight, should be administered within 7 days after exposure to HBsAg (preferably within 48 hrs). Neonates: Recommended Initial Dose: 100-200 IU. The 1st dose should be administered within 5 days after birth (preferably within 48 hrs) and booster dose should be 32-48 IU/kg body weight. The booster dose should be administered between 2 and 3 months after the 1st administration. ii) Different regimens depending on hepatitis B virus (HBV) DNA positivity	Brand: Hepabig
Hepatitis B Vaccine Injection	Immunisation against infections caused by Hepatitis B virus	C+	ADULTS over 20 years: 10 mcg/dose. ADOLESCENT 11 - 19 years: 5 mcg/dose. NEWBORN and CHILD up to 10 years: 2.5 mcg/dose. INFANTS born to HBsAg positive mothers: 3 doses of 0.5 ml each. Second dose to be given after 1 month and booster dose after 6 months	Adult brand: Heberbiovac HB, Pediatric brand: Euvax-B
Homatropine 2% Eye Drops	i) Mydriasis and cycloplegia for refraction ii) Treatment of anterior segment inflammation	B	i) Adult: Instill 1 or 2 drops of 2% solution immediately before the procedure, repeat at 5-10-minute intervals if necessary. Child: Instill 1 drop of 2% soln immediately before the procedure, repeat at 10-min intervals if necessary. ii) Adult: Instill 1-2 drops of 2% bd-tds up to every 3-4 hr as needed. Child: 3 mth- 2 yr: instill 1 drop of 0.5% soln once daily or on alternate days. >2 yr: instill 1 drop of 1% or 2% soln bd.	

Human Albumin 5%, 25% Injection	i) Acute hypovolemic shock ii) Hypoproteinaemia iii) Neonatal hyperbilirubinaemia	B	i) ADULT 25 g. CHILD 0.6 g/kg body weight ii) Maximum daily dose is 2g iii) 1 g/kg before exchange transfusion. Dose is given at rate of 1 ml of 25% solution per minute	
Human Normal Globulin Injection	i) Hypogammaglobulinaemia and other deficiency states ii) Severe refractory idiopathic thrombocytopenia purpura (platelet less than 20,000) with internal bleeding, particularly central nervous system iii) Septicaemia in immunocompromised patients or patients not responding to antibiotics iv) Chronic lymphocytic leukaemia not responding to conventional therapy	A	i) 50 mg/kg body weight daily for 5 days, then 25 - 50 mg/kg weekly for maintenance according to the severity of the condition ii) 400 mg/kg daily for 5 days with a further dose of 400 mg/kg as required iii) Septicaemia in immunocompromised patients or patients not responding to antibiotics iv) 250 mg/kg per month Dose varies depending on brand used	
Hyaluronidase 1500 IU Inj				KPK Anes (while stock last)
Hydralazine 10mg Tablet				KPK Medical
Hydralazine HCl 20 mg Injection	Hypertensive crisis in pregnancy	B	i) Slow IV injection, ADULT: 5-10 mg diluted with 10ml sodium chloride 0.9%. May be repeated after 20-30 minutes if necessary. ii) IV infusion 200-300 mcg/minutes. Maintenance dose 50-150 mcg/minutes	
Hydrochlorothiazide 50 mg Tablet	Diuretic, hypertension	B	ADULT: Diuretics; 25-200 mg daily. Hypertension 12.5-25 mg daily CHILD: Oedema and hypertension; Adjunct; 1 to 2 mg/kg ORALLY daily in single or two divided doses; Children 2-12 years old MAX dose, not to exceed 100 mg ORALLY daily; Infants less than 6 months old, may require doses up to 3 mg/kg ORALLY daily in two divided doses, Infants up to 2 yrs old: MAX dose, not to exceed 37.5 mg ORALLY daily	
Hydrocortisone 1% Cream	Inflammatory and pruritic manifestations of corticosteroid responsive dermatoses	B	Apply sparingly to affected area 2 - 3 times daily until condition improve, then reduce frequency	
Hydrocortisone 10 mg Tablet	Glucocorticoid replacement therapy in primary or secondary adrenal insufficiencies and long term management of congenital adrenal hyperplasia in children	B	ADULT: 20 - 30 mg daily in divided doses. CHILD: 10 - 30 mg daily in divided doses	
Hydrocortisone Enema 0.1%	Adjunctive treatment for ulcerative colitis and proctitis	B	ADULT 100 mg 1-2 times/day for 2-3 weeks. If used for longer than 3 weeks, taper treatment over 2-3 weeks	
Hydrocortisone Sodium Succinate 100 mg Injection	Conditions responsive to systemic or local glucocorticoid injection therapy especially in emergencies	C	Initially 100 - 500 mg IV over 30 seconds to more than 10 minutes. Dose may be repeated at intervals of 2, 4 or 6 hours	
Hydrogen Peroxide 20 volume Solution	Skin disinfection, particularly cleansing and deodorising wounds and ulcers	C	Hydrogen Peroxide 6% (=approx. 20 vol) shall be dispensed. For cleansing wounds: 1.5% to 6% solution apply 2-3 times daily or when necessary. As a mouthwash: rinse the mouth for 2-3 minutes with 15ml of hydrogen peroxide 6% diluted in half a tumblerful of warm water 2-3 times daily. Disinfecting cleaned equipment: immersion for 30 minutes in 6% solution. As ear drop for removal of wax: hydrogen peroxide 6% diluted with 3 parts of water preferably just before use	
Hydrogen Peroxide Mouthwash				Galenical
Hydroxocobalamin 5g Inj				Brand: Cyanokit. KPK ED

Hydroxychloroquine Sulphate 200 mg Tablet	i) SLE and mixed connective tissue disease for skin, joint and serosa ii) Second line therapy for acute rheumatoid arthritis	A	i) Initially 400 mg daily in divided dose. Maintenance : 200 - 400 mg daily ii) ADULT : 400 - 600 mg daily. Maintenance: 200 - 400 mg daily. CHILD : up to 6.5 mg/kg daily (maximum 400mg daily)	
Hydroxyethyl Cellulose Jelly	For lubricating purpose	B	Apply sufficiently for lubricating purpose	
Hydroxyethyl Starch 6% Injection	Therapy and prophylaxis of hypovolaemia and shock in connection with surgery trauma, infections and burns	B	ADULT daily dose up to 20 ml/kg/day. Normally 500-1500 ml. The rate of infusion may approach 20 ml/kg/hour in acute haemorrhagic shock, slower rates in burns and septic shock. CHILD under 10 years do not exceed 15 ml /kg/hour.	
Hydroxyurea 500 mg Capsule	i)Solid tumours ii) Chronic myelocytic leukaemia and myeloproliferative disease iii)Severe psoriasis eg. Extensive plaque psoriasis, erythrodermic psoriasis, pustular psoriasis -as third line therapy.	A	i)Intermittent therapy : 80 mg/kg orally as a single dose every 3rd day. Continuous therapy : 20 - 30 mg/kg orally as a single dose dly. Concomitant therapy with irradiation : 80 mg/kg orally as a single dose every 3rd day.(administration of hydroxyurea should be started at least 7 days before initiation of irradiation and continued during radiotherapy as well). ii)Continuous therapy (20 - 30 mg/kg orally as a single dose daily, therapy should be interrupted if the white blood cell count drops below 2500/mm3, or the platelet count below 100,000/mm3. iii) 500 mg tds.	
Hydroxyzine HCl 25 mg Tablet	Allergic pruritus	A	Initially 25 mg at night, increased if necessary up to 25 mg 3-4 times daily. ADULT and CHILD more than 10 years : 50 - 75 mg; 6 - 10 years: 25 - 50 mg; 1 - 5 years: 12.5 - 25 mg; to be taken daily in divided doses	
Hyoscine N-Butylbromide 10 mg Tablet	Gastrointestinal tract and genito-urinary tract spasm, dyskinesia of the biliary system	B	ADULT 40mg 4 times a day. CHILD 6-12 years old: 10mg 3 times a day.	
Hyoscine N-Butylbromide 20 mg/ml Injection	Gastrointestinal tract and genito-urinary tract spasm, dyskinesia of the biliary system	B	20 mg IM/IV repeated after 30 min if needed. Max: 100 mg daily.	
Artificial tears/eye lubricant ophthalmic solution	Tear deficiency, ophthalmic lubricant; for relief of dry eyes and eye irritation	B	1 - 2 drops several times a day	Name change Pindaan FUKKM 2.2017 (from Hypromellose 0.3% Eyedrops)
Artificial tears/eye lubricant gel	Symptomatic relief of severe dry eye conditions and as lens lubricant during ophthalmic diagnostic procedures	B	Instill 1-2 drops in affected eye(s) as needed	Name change Pindaan FUKKM 2.2017 (from Hypromellose 0.3%, Carbomer 980 ophthalmic gel)
Ibandronic Acid 150 mg Tablet	Treatment of postmenopausal osteoporosis to reduce the risk of fracture. Review treatment after 2 years and if there is positive response, treatment may be continued up to 5 years and then re-evaluate. Treatment should be stopped if there is no positive response after 5 years. Otherwise, patient needs to be given drug holiday for 1 to 2 years and then continue treatment shall the benefit outweigh the risk.	A*	150 mg once monthly	
Ibuprofen 200 mg Tablet	Pain and inflammation in rheumatic disease	B	Dosage: ADULT : 200 - 400 mg 3 times daily after food, maximum 3.2 g daily. CHILD : 30-50 mg/kg body weight daily in divided doses, maximum 2.4g daily. Lowest effective dose for the shortest possible duration.	

Ibuprofen 100mg/5ml Syrup				KPK Peads
Idarubicin 10 mg Injection	i) Acute promyelocytic leukaemia ii) Relapse Acute myeloid leukemia (with sibling match) iii) Acute myeloid leukemia, acute lymphoblastic leukemia (salvage therapy)	A*	i) Induction phase: 12 mg/m2 IV slow bolus on Days 3, 5 and 7. Consolidation phase, month 1: 12 mg/m2 IV on Days 1 and 2. Repeat monthly for 3 courses ii) 12 mg/m2 D1-3 iii) 12 mg/m2 D1-3 as part of FLAG-IDA regimen. Children: 10mg/m2 IV daily for 3 days	
Ifosfamide 1 g Injection	i) Solid tumours ii) Leukaemia iii) Lymphoma	A*	i) 1.2 - 2.4 g/m2/day for 3 - 7 days as a 30 - 120 minutes infusion. Alternatively, can also be given as a single high dose, eg. 5 g/m2 in a 24 hour infusion. Cycles may be repeated every 3 - 4 weeks ii) CHILD: 400 - 3000 mg/m2/day for 3 - 5 days according to protocol iii) Refer to protocols	
Iloprost 50mcg/0.5ml Inj				KPK Medical
Imatinib Mesylate 100 mg, 400mg Tablet	i) ADULT and CHILD: Philadelphia positive (Ph+) chronic myeloid leukaemia in chronic phase and in early acceleration after failure of interferon therapy ii) Treatment of patients with unresectable and/or metastatic malignant gastrointestinal stromal tumours (GIST) who are positive for CD117/c-kit	A*	i) ADULT: Chronic phase chronic myeloid leukemia: 400 mg once daily. Accelerated phase or blast crisis chronic myeloid leukemia: 600 mg once daily. CHILD more than 2 years, chronic and advanced phase chronic myeloid leukemia: 340 mg/m2 daily. Max: 800 mg/day ii) ADULT : 400mg/day	
Imipenem 500 mg and Cilastatin 500 mg Injection	Severe infections caused by susceptible pathogens especially useful in infections involving ESBL organisms. Not to be used for prophylaxis	A*	Based on type or severity of infection, susceptibility of pathogen(s) and patient condition including body weight and renal function. ADULT: 1 - 2 g/day in 3 - 4 divided doses. Maximum: 4 g/day or 50 mg/kg/day. Infusion rate: less than 500 mg dose: over 20 - 30 minutes, more than 500 mg: dose over 40 - 60 minutes. CHILDREN: ≥ 40kg body weight should receive adult doses. CHILDREN AND INFANTS: <40kg body weight should receive 15mg/kg at six hour intervals. The total daily dose should not exceed 2g.	
Imiquimod 5 % w/w Cream	Treatment of external genital and perianal warts or condyloma acuminata in adults	A*	Apply to affected area at bedtime for 3 times a week for up to 16 weeks; leave on skin for 6-10 hours	
Immunoglobulin Tetanus Human 250 Units/Vial Injection	Passive immunization against tetanus	B	Prophylaxis of tetanus: IM 250 units. Treatment of tetanus: IM 30 - 300 units/kg	Brand: Igantet
Indomethacin 25 mg Capsule	Pain and inflammation in rheumatic disease	B	50 - 200 mg daily in divided doses, with food. Child not recommended.	
Infasurf Intratracheal 35mg/ml Suspension (Calfactant) Sample				KPK Peads (while stock last)
Influenza vaccine (inactivated) injection	i) Prophylaxis of influenza for frontliners (KKM staff and essential services personnel). ii) Prophylaxis of influenza in high risk groups, particularly individuals who have chronic cardiovascular, pulmonary, metabolic or renal disease, or who are immunocompromised and elderly patients. Refer to current recommendation by WHO for selection of product of inactivated influenza vaccines.	B	CHILD 6-35 months: Single dose of 0.5 ml IM or deep SC; 3-8 years: 1-2 doses of 0.5 ml IM ADULT & CHILD more than 9 years: Single dose of 0.5 ml IM	

Insulin Aspart 100 IU/ml Injection	Diabetic Type 1 and 2 in patients that still experienced hypoglycaemia with use of human insulin	A*	Dose to be individualised. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight	Brand: NovoRapid
Insulin Aspart 30% and Protaminated Insulin Aspart 70% 100 U/ml Injection	Diabetic type 1 and 2 in patients that still experienced hypoglycaemia with use of human insulin	A/KK	Dose to be individualised. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight	Brand: NovoMix 30
Insulin Detemir 100 IU/ml Injection in Prefilled syringe/cartridge	i)Type 1 Diabetes patients on basal bolus regimen, whom experience hypoglycemia with conventional insulin, to be used in combination with rapid or short-acting insulin. ii)Type 2 Diabetes patients on oral anti-diabetics and basal insulin regimen or basal bolus insulin regimen whom experience hypoglycemia with conventional basal insulin.	A/KK	Individualized dose given via SC once or twice daily. Initiate at a dose of 10IU or 0.1-0.2IU/kg. For twice daily dosing, the evening dose can be administered either with the evening meal, at bedtime, or 12 hours after the morning dose.	Brand: Levemir
Insulin Glargine 300IU/3ml Prefilled Pen for Injection	i) Diabetes mellitus type I in adults and child over 6 years ii) Diabetes mellitus type II in adult	A/KK	ADULT and CHILD over 6 years: individualised dose given by SC, once daily at the same time every day. Adult patients who are insulin naïve may be initiated with 10IU daily.	Brand: Lanctus
Insulin Lispro 100 IU/ml Injection in Prefilled syringe/cartridge	i) As initial therapy in children with Type 1 diabetes ii)Type 1 diabetes patients on basal bolus regimen, not controlled or experience hypoglycaemia with conventional insulin, to be used in combination with long-acting insulin iii)Type 2 diabetes patients on basal bolus or premixed regimen, not controlled or experience hypoglycaemia with conventional insulin, to be used in combination with intermediate-acting insulin or long-acting insulin iv)Patients with diabetes in pregnancy with poor postprandial control or experience hypoglycaemia with conventional short-acting insulin	A*	Dose to be individualized. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight, given within 15 minutes before meal.	Brand: Humalog
25% Insulin Lispro & 75% Insulin Lispro Protamine 100 U/ml Suspension for Injection in Prefilled Syringe/Cartridge	Patients with Type 2 diabetes whom experience hypoglycemia with the use of human premixed insulin.	A*	Dose to be individualized. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight	Brand: Humalog 25
50% Insulin Lispro & 50% Insulin Lispro Protamine 100U/ml Suspension for Injection in Prefilled Syringe/Cartridge	Patients with Type 2 diabetes whom experience hypoglycemia with the use of human premixed insulin.	A*	Dose to be individualized. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight	Brand: Humalog 50
Insulin Recombinant Neutral Human Short Acting 100 IU/ml Injection in 10ml vial	Diabetes mellitus	B	Dose to be individualised. The average daily insulin requirement is between 0.3-1.0 units/kg body weight/day. Daily insulin requirement may be higher in patients with insulin resistance, and lower in patients with residual, endogenous insulin production.	Brand: Actrapid
Insulin Recombinant Neutral Human Short-acting 100IU/ml Penfill and Refill	Diabetes mellitus	B	Dose to be individualised. The average daily insulin requirement is between 0.3-1.0 units/kg body weight/day. Daily insulin requirement may be higher in patients with insulin resistance, and lower in patients with residual, endogenous insulin production.	Brand: Actrapid, Insugen R
Insulin Recombinant Synthetic Human Intermediate-Acting 100IU/ml in Vial for Injection	Diabetes mellitus	B	Dose to be individualised. The daily insulin requirement is usually between 0.3 and 1.0IU/kg /day	Brand: Insulatard
Insulin Recombinant Synthetic Human, Intermediate-Acting 100 IU/ml Penfill and Refill	Insulin dependent diabetes mellitus, non insulin dependent diabetes unresponsive to treatment to diet or oral hypoglycaemics, hyperkalaemia to assure proper utilisation of glucose and reduce glucosuria in non diabetic patients receiving parenteral nutrition	B	Dose to be individualised. The daily insulin requirement is usually between 0.3 and 1.0IU/kg /day	Brand: Insulatard, Insugen N

Insulin Recombinant Synthetic Human, Premixed 100 IU/ml Penfill and Refill	Insulin dependent diabetes mellitus, non insulin dependent diabetes unresponsive to treatment to diet or oral hypoglycaemics, hyperkalaemia to assure proper utilisation of glucose and reduce glucosuria in non diabetic patients receiving parenteral nutrition	B	Dose to be individualised. The average daily insulin requirement is between 0.5-1.0 units/kg body weight	Brand: Mixtard, Insugen 30/70
Interferon Alfa-2b 30 MIU Multidose Injection Pen	For the treatment of i) Hairy cell leukaemia ii) Chronic myelogenous leukaemia iii) AIDS related Kaposi's sarcoma iv) Chronic hepatitis B v) Chronic hepatitis C vi) Advanced renal cell carcinoma	A	i) 2 MIU SC or IM 3 times a week ii) Patient more than 18 years: 3 - 9 MIU 3 - 5 times a week or daily depending on response iii) Patient more than 18 years. Initially escalating dose to 18-36 MIU SC/IM for 10-12 weeks. Maintenance: up to 36 MIU 3 times weekly iv) 2.5-5 MIU/m2 SC 3 times weekly for 4-6 month. CHILD: up to 10 MIU/m2 BSA v) 3 MIU for 12 months vi) As an adjunct to cytotoxic chemotherapy: An escalating dose of 3 million IU 3 times/week for 1 week, then 9 million IU 3 times/week for 1 week, then 18 million IU 3 times/week thereafter for 3-12 month SC or IM	Brand: Intro A. Hemato
Interferon Beta-1a 22 mcg, 44mcg	Multiple sclerosis of the relapsing remitting type with 2 or more relapses within the last 2 years	A*	44 mcg 3 times weekly	Brand: Rebif. Neuro
Iodine and Potassium Iodide Solution	i) Pre-operative treatment of thyrotoxicosis ii) Thyrotoxicosis crisis	B	i) 1 ml daily in divided doses ii) 2ml diluted with syrup until 75ml; take 5ml from the resulting solution and mix with orange juice before consuming	Lugol's Solution. Galenical
Iodixanol 320 mg I/ml Injection	X-ray contrast medium for cardioangiography, cerebral angiography, peripheral arteriography, abdominal angiography, urography, venography, CT enhancement, lumbar, thoracic and cervical myelography	A	Depending on type of examination	Brand: Visipaque. Kept in X-Ray
Iopamidol Injection	i) Neuroradiology : myelogram, cisternography and ventriculography ii) Angiography : cerebral arteriography, thoracic aortography, abdominal aortography, angiocardiology, selective visceral arteriography, peripheral arteriography, venography, digital subtraction angiography (DSA), DSA of cerebral arteries, DSA of peripheral arteries, DSA of abdominal arteries iii) Urography : intravenous urography iv) Contrast enhancement in CT Scanning, arthrography, fistulography	A	For angiography and cardiac cases- dose depending on the route and procedure. For selected vascular examination - bottles of 30 ml and 100 ml; dose depending on the route and procedure	Brand: Iopamiro 300. Kept in X-Ray
Iopromide 370mg injection (769 mg of iopromide with 370 mg of iodine per mL)	i) For angiography, urography, aortography and the visualization of body cavities ii) Contrast enhancement during computerized tomography iii) To check functioning of a dialysis shunt	A	Dose depending on the route and procedure	Brand: Ultravist-370. Kept in X-Ray
Ipratropium Bromide 0.025% Nebulising Solution (250 mcg/ml)	Only for treatment of : i) Patients with ischaemic heart disease who develop extrasystole with salbutamol or terbutaline ii) Patients with chronic bronchitis who have airway obstruction and who do not respond to salbutamol or terbutaline. Reversible airways obstruction, particularly in chronic obstructive pulmonary disease	B	ADULT : 500 mcg up to 4 times daily. CHILD 5 - 12 years : 125 - 250 mcg up to 4 times daily, 12 years : 250 - 500 mcg up to 4 times daily	
Ipratropium Bromide 0.5 mg and Salbutamol 2.5 mg per UDV	Management of reversible bronchospasm associated with obstructive airway diseases	B	Acute attacks : 1 unit dose vial. In severe cases not relieved by 1 unit dose vial, 2 unit dose vials may require, patient should consult a doctor immediately. Maintenance : 1 unit dose vial 3 - 4 times daily	
Ipratropium Bromide 20 mcg and Fenoterol 50 mcg/dose Inhaler	Management of symptoms in chronic obstructive airway disorders with reversible bronchospasm such as bronchial asthma and chronic bronchitis with or without emphysema	B	ADULT & CHILD more than 6 years; Acute asthma 2 puffs. Severe cases: if breathing has not noticeably improved after 5 mins, 2 further puffs may be taken. Intermittent and long-term treatment 1-2 puffs for each administration, up to max 8 puffs/day (average: 1-2 puffs three times daily)	

Irbesartan 150 mg, 300mg Tablet	Hypertension, diabetic nephropathy (in patients who cannot tolerate ACE inhibitors because of cough)	A/KK	150 mg to 300 mg daily	While stock last/until contract expires in March 2018. Removed from the FUKKM (2.2017)
Irbesartan 300 mg & Hydrochlorothiazide 12.5 mg Tablet	Hypertension in patients who cannot tolerate ACE inhibitors because of cough	A/KK	1 tablet daily	
Irinotecan HCl Trihydrate 100mg/5ml Injection	Only for patients with colorectal cancer who: i) have relapsed within 6 months after the end of adjuvant chemotherapy with 5-fluorouracil-based regime ii) have progressive disease despite 5-fluorouracil chemotherapy for advanced disease iii) good performance status (WHO of 2 or less) The treatment must be given in a tertiary oncology centre or have clearance in writing by an oncologist	A*	In combination therapy (for previously untreated patients): 180 mg/m ² once every 2 weeks as an IV infusion over 90 mins followed by infusion with folinic acid and 5-fluorouracil. In monotherapy (for previously treated patients): 350 mg/m ² administered as an intravenous infusion over 90 minutes period once every 3 weeks	
Iron Dextran 50 mg Fe/ml Injection	Severe iron deficiency anaemia	B	An initial test dose of 0.5 ml should be given over the desired route. For severe iron deficiency anaemia, 1-2 ml daily given by deep IM. Dosage is individualized according to total iron deficit	
Iron Sucrose 100 mg/5 ml Injection	Dialysis patients on erythropoietin therapy, second and third trimester pregnancy and post partum anaemia patients with iron deficiency: i) who are not responsive to oral iron therapy ii) who may be at risk of allergic reactions to iron dextran injection	A/KK	Individualised dosage. ADULT and ELDERLY: Cumulative dose is to be administered in single doses of 100 - 200 mg of iron 2 - 3 times weekly depending on Hb level. By IV drip infusion, slow IV injection or directly into the venous limb of the dialyser. Total cumulative dose: 1000 mg	
Isoflurane Liquid	i) Induction and ii) Maintenance of anaesthesia	B	i) Induction- Initiate at a concentration of 0.5 % ii) Maintenance- 1 - 2.5 % in oxygen or nitrous oxide mixture. 0.5 - 0.75 % with oxygen and nitrous oxide for Caesarian section	
Isoniazid 100 mg Tablet	i) Tuberculosis ii) Tuberculous meningitis	B	i) & ii) ADULT 5-8mg/kg daily (Max 300mg) or 15-20mg/kg biweekly (max 1200mg)	
Isoniazid 50mg/ml Syrup				KPK Peads
Isosorbide Dinitrate 10 mg Tablet	Prophylaxis and treatment for: i) Angina ii) Left ventricular failure	B	i) 30 - 120 mg daily in divided doses ii) 40 - 160 mg, up to 240 mg if required	
Isosorbide-5-Mononitrate 30 mg SR Tablet	Prophylaxis and treatment of angina pectoris	A	Initiate at 30 mg for 1st 2-4 days to avoid headache. Usual dose: 60 mg once daily, may be increased to 120 mg once daily	
Isotretinoin 10 mg Capsule	Only for treatment of i) Severe nodulo-cystic acne ii) Acne conglobata iii) Acne fulminans iv) Severe acne vulgaris failing conventional treatment.	A*	0.5-1 mg/kg of body weight per day (in two divided doses) for 15 to 20 weeks; the maximum recommended dose is 2mg/kg of body weight per day. After about 4 weeks, therefore, dosage for the maintenance treatment should be adjusted within the range of 0.1-1mg/kg daily to meet individual need. Treatment usually lasts a total of 16 weeks. There should be an interval of at least 8 weeks before re-starting treatment.	

Isotretinoin 20 mg Capsule	Only for treatment of i) Severe nodulo-cystic acne ii) Acne conglobata iii) Acne fulminans iv) Severe acne vulgaris failing conventional treatment WARNING: THIS DRUG IS TERATOGENIC	A*	0.5-1 mg/kg of body weight per day (in two divided doses) for 15 to 20 weeks; the maximum recommended dose is 2mg/kg of body weight per day. After about 4 weeks, therefore, dosage for the maintenance treatment should be adjusted within the range of 0.1-1mg/kg daily to meet individual need. Treatment usually lasts a total of 16 weeks. There should be an interval of at least 8 weeks before re-starting treatment	
Itopride HCl 50 mg Tablet	Treatment of gastrointestinal symptoms of functional, non-ulcer dyspepsia (chronic gastritis) i.e sensation of bloating, early satiety, upper abdominal pain or discomfort, anorexia, heartburn, nausea and vomiting	A*	50 mg 3 times daily before meal	
Itraconazole 100 mg Capsule	i) Dermatomycosis including pityriasis versicolor ii) Oral candidiasis iii) Palmar tinea manus and plantar tinea pedis iv) Fingernail onychomycosis v) Toenail onychomycosis vi) Vulvovaginal candidiasis	A/KK	i) 200 mg once daily for 7 days ii) 100 mg daily for 15 days iii) 200 mg twice daily for 7 days iv) 200mg twice daily for 1 week per month for 2 months v) 200 mg twice daily for 1 week per month for 3 months vi) 200 mg morning and evening for 1 day or 200 mg once daily for 3 days	
Ivabradine 5 mg, 7.5mg Tablet	i) Symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm, who have a contraindication or intolerance to beta blockers ii) Treatment of coronary artery disease. Symptomatic treatment of chronic stable angina pectoris in coronary artery disease patients with normal sinus rhythm. Ivabradine is indicated : - in patients unable to tolerate or with a contraindication to the use of beta-blockers - or in combination with beta-blockers in patients inadequately controlled with an optimal beta-blocker dose and whose heart rate is > 60 bpm. Treatment of chronic heart failure. Ivabradine is indicated in chronic heart failure NYHA II to IV class with sinus rhythm and whose heart rate is ≥75bpm, in combination with standard beta-blocker therapy or when beta- blocker therapy is contraindicated or not tolerated.	A*	Initial dose 5 mg twice daily. May increase dose after 3-4 weeks to 7.5 mg twice daily depending on response. ELDERLY, initial dose 2.5 mg twice daily and titrate to a maximum of 7.5 mg twice daily	
Kanamycin 1 g Injection	i) Treatment of gonorrhoea and neonatal meningitis ii) Treatment of TB patients who require reserved second line drugs but have no pre-existing renal complications	A*	i) ADULT: 1 - 2 g daily IM in 1 - 2 equally divided doses. CHILD: 30 - 50 mg/kg/day in 1 - 2 divided doses ii) ADULT: 2 g daily IM in 2 equally divided doses twice a week or 1 g once daily 3 days a week	Medical
Ketamine 10 mg/ml Injection	Sole anaesthetic for short procedures or induction of anaesthesia in certain types of patients (e.g in shock states)	B	IV Initially, 1-4.5 mg/kg IV, a dose of 2 mg/kg produces anesth for 5-10 mins. IM Initially, 6.5-13 mg/kg IM, a dose of 10 mg/kg produces anesth for 12-25 mins.	
Ketoconazole 200 mg Tablet	i) Pityriasis versicolor ii) Systemic mycosis (other skin mycoses) iii) Nail infections	A/KK	i) 200 mg with meal once daily for 10 days ii) 200 - 400 mg daily for 4 weeks - 6 months iii) 200 - 400 mg daily for 6 -12 months.	
Ketoconazole 2% Shampoo	Resistant dandruff only	A/KK	Apply twice weekly for 2 - 4 weeks. Prophylaxis: Once every 1 - 2 weeks	
Ketoprofen 2.5% Gel	As a short term treatment for traumatic lesions, sprains, tendinitis, oedema, bruises	A	Apply onto affected areas 2-4 times daily up to 10 days.	
Ketoprofen 30 mg Transdermal Plaster	Treatment of signs & symptoms of arthritis deformans, periarthritis humero-scapularis, tendinitis, peritendinitis, sore muscle, swelling, pain resulting from trauma (eg. contusion, distorsion, sprain).	A	Apply 1 plaster to the affected area twice daily	

Ketorolac Tromethamine 0.5% Eye drops	i) Ocular itching due to allergic conjunctivitis ii) Prophylaxis and reduction of inflammation and associated symptoms following ocular surgery	A	Prophylaxis and reduction of inflammation and associated symptoms following ocular surgery: 1 drop 3 times daily starting 24 hours pre-operatively and continuing up to 3 weeks post-operatively.	While stock last. Removed from the FUKKM (2.2017)
Ketorolac Tromethamine 30 mg/ml Injection	Short term management of moderate to severe postoperative pain	A*	ADULT : 60mg as a single dose via IM inj or 30mg as a single IV dose. Alternatively, 30mg every 6 hr via IM or IV admin up to a max of 120mg daily.	
King Cobra Antivenin				KPK ED
Labetalol HCl 100 mg Tablet	Hypertension (including in pregnancy)	B	ADULT: 100 mg (50 mg in elderly) daily with food, increased at intervals of 14 days to usual dose of 200 mg twice daily, up to 800 mg twice daily (3 - 4 divided doses if higher dose). Max: 2.4 g daily	
Labetalol HCl 25 mg/5ml Injection	Hypertension crisis	B	ADULT: 20mg injected slowly for at least 2 min, followed by 40-80mg dose every 10 min, if necessary upto 300 mg. Patient should remain supine during and 3 hr after the procedure.	
Lactobacillus acidophilus 100 million viable cells and estriol 0.03mg vaginal tablet	i)Atrophic vaginitis due to estrogen deficiency during menopause and post-menopause, or as co-medication to systemic hormone replacement therapy ii)Restoration of the Lactobacillus flora after local and/or systemic treatment with anti-infective agents or chemotherapeutic agents	A/KK	Atrophic vaginitis : 1 vaginal tablet daily for 6-12 days followed by a maintenance dose of 1 vaginal tablet for 1-2 days per week Restoration therapy: 1-2 vaginal tablet daily for 6-12 days Administration The vaginal tablets should be inserted deeply into the vagina in the evenings before bedtime. ?In cases of a very dry vagina, vaginal tablet can be moistened with 1 or 2 drops of water before insertion into the vagina. ?During menstruation, treatment should be interrupted and resumed afterwards Should not use vaginal douches or rinses during treatment	
Lactulose 3.35 g/5 ml Liquid	i) Constipation ii) Hepatic encephalopathy	C+	i) ADULT 15 ml twice daily adjusted to patient's need. CHILD 0.5 ml/kg/dose once or twice daily ii) 30-50 ml 3-4 times daily, dose adjusted to produce 2-3 soft stools daily. CHILD 1 ml/kg/dose 3-4 times daily	
Lamivudine 100mg/ml Oral Solution	HIV infection in combination with other antiretroviral agents	A*	ADULT: 150 mg twice daily or 300 mg once daily. INFANT under 1 month: 2 mg/kg twice daily. CHILD 3 month or over: 4 mg/kg twice daily. Maximum 300 mg daily	
Lamivudine 100 mg Tablet	Management of chronic hepatitis B infection associated with evidence of hepatitis B viral replication and active liver inflammation	A*	Adult: 100 mg once daily. For patients with concomitant HIV infection: 300 mg once daily or in 2 divided doses. Child: >2 yr: 3 mg/kg once daily. Max: 100 mg/day.	
Lamivudine 150 mg Tablet	HIV infection in combination with other antiretroviral agents	A/KK	ADULT: 150 mg twice daily or 300 mg once daily. INFANT under 1 month: 2 mg/kg twice daily. CHILD 3 month or over: 4 mg/kg twice daily. Maximum 300 mg daily	
Lamotrigine 50 mg, 100mg Tablet	i) Adjunctive or monotherapy for partial seizures and generalised tonic-clonic seizures not satisfactorily controlled with other antiepileptic drugs ii) Prevention of mood episodes in adult 18 years and above with bipolar disorder, predominately by preventing depressive episodes	A	i) Up to 200 mg daily in single or divided dosage ii) 25-200 mg daily	
Lanthanum Carbonate 1000mg Chewable Tablet	Phosphate binding agent for the treatment of hyperphosphataemia in dialysis patients with sustained hypercalcaemia of more than three months and secondary hyperparathyroidism	A*	Initial: 750 to 1500 mg/day in divided doses with meals, then titrate in increments of 750 mg/day at intervals of 2 to 3 weeks. Maintenance: 1500-3000 mg/day in divided doses. Max: 3750 g/day	

L-Asparaginase 10,000 IU Injection	i) Acute lymphoblastic leukemia ii) Non-hodgkin's lymphoma	A*	i) 5,000 iu/m2 for 10 days during induction, 10,000 iu/m2 also used with high dose methotrexate rescue in consolidation phase of acute lymphoblastic leukemia ii) CHILd: 5,000 - 25,000 iu/m2 per dose depending on protocol	
Latanoprost 0.005% and timolol maleate 0.5% eye drops	For reduction of Intraocular Pressure (IOP) in patients with Open-angle Glaucoma (OAG) and Ocular Hypertension (OH) who are insufficiently responsive to topical beta-blocker.	A*	1 drop in the affected eye(s) once daily	
Latanoprost 0.005% Eye Drops	Reduction of elevated intraocular pressure in patients with open-angle glaucoma	A*	The recommended dosage is one drop (1.5 µg) in the affected eye(s) once daily in the evening. If more than one topical ophthalmic drug is being used, the drugs should be administered at least five (5) minutes apart	
L-Arginine 5g/10ml Inj				KPK Peads
L-Carnitine 1g/5ml Inj				KPK ED
Leflunomide 10 mg, 20mg Tablet	i) Persistent active rheumatoid arthritis ii) Active psoriatic arthritis	A*	Loading dose: 100 mg once daily for 3 days. Maintenance: 10-20 mg once daily	
Lenalidomide 15 mg, 25mg Capsule	In combination with dexamethasone is indicated for the treatment of multiple myeloma patients who have received at least one prior therapy	A*	Recommended starting dose: 25 mg once daily on days 1 to 21 of repeated 28 day cycle with dexamethasone 40 mg once daily on days 1 to 4, 9 to 12 and 17 to 20 of each 28 day cycle for the first 4 cycles of therapy, thereafter dexamethasone 40 mg once daily on day 1 to 4 every 28 day cycle	
Letrozole 2.5 mg Tablet	i) Treatment of hormone responsive metastatic or locally advance breast cancer after failure of tamoxifen ii) Adjunct for node positive postmenopausal women with early breast cancer (positive or unknown oestrogen or positive progesterone receptor status / receptor status) who have received 5 years of adjuvant tamoxifen therapy	A*	2.5 mg once daily	
Leucovorin Calcium (Calcium Folate) 15 mg Tablet	Treatment of folic acid antagonist overdose	A	15 mg every 6 hours for the next 48 - 72 hours	
Leucovorin Calcium (Calcium Folate) 50 mg Injection	i) Biochemical modulator for 5-Fluorouracil in the treatment of colorectal cancer ii) As rescue for high dose methotrexate iii) Gestational trophoblastic disease	A	i) 200mg/m2 by slow IV injection over a minimum 3 minutes, followed by 5-Fluorouracil or 20mg/m2 IV followed by 5-Fluorouracil. In both cases, treatment is repeated daily for 5 days; may repeat at 4-week intervals for 2 courses then 4- to 5-week intervals ii) 15 mg (approximately 10mg/m2) every 6 hours for 10 doses, starting 24 hours after the beginning of the methotrexate infusion iii) 6 - 12 mg exactly 30 hours after each dose of methotrexate. In EMA-CO regime for high risk gestational trophoblastic disease, use 30 mg IM	
Leuprolide Acetate 3.75 mg Injection	i) Endometriosis ii) Hormonal therapy in advanced prostate cancer	A*	i) 3.75 mg monthly for 3 - 6 months ii) 3.75 mg IM or SC injection monthly	
Leuprolide Acetate 11.25 mg Injection	i) Endometriosis ii) Hormonal therapy in advanced prostate cancer	A*	11.25 mg every 3 months	
Levamisole 50mg tablet				KPK Peads

Levetiracetam 100 mg/ml Injection	i) Monotherapy therapy in the treatment of partial onset seizures with or without secondary generalization in patients from age 16 years of age with newly diagnosed epilepsy ii) Adjunctive treatment in partial onset seizures with or without secondary generalization in adults and children from 4 years of age with epilepsy; juvenile myoclonic epilepsy and idiopathic generalized tonic clonic epilepsy from 12 years of age. To be initiated when conventional IV antiepileptic drugs failed to achieve control, or oral form is temporarily not feasible in seizure emergencies	A*	i) ADULTS and ADOLESCENT (from 16 years): Starting dose: 250 mg twice daily, Increase dose to 500 mg twice daily after 2 week. Dose can be further increased by 250 mg twice daily every 2 weeks depending upon the clinical response. Max: 1500 mg twice daily. ii) ADULT more than 18 years and ADOLESCENT (12 to 17 years) more than or equal to 50 kg: Initially 500 mg twice daily may be increased up to 1500 mg twice daily. Dose changes can be made in 500 mg twice daily increments or decrements 2 to 4 weekly. CHILD (4 to 11 years) and ADOLESCENT (12 to 17 years) less than 50 kg : Initially 10 mg/kg twice daily, may be increased up to 30 mg/kg twice daily. Dose changes should not exceed increments or decrements of 10 mg/kg twice daily every 2 weeks. CHILD more than or equal to 50 kg: Adult dose	
Levetiracetam 250 mg, 500mg Tablet	i) Monotherapy therapy in the treatment of partial onset seizures with or without secondary generalization in patients from age 16 years of age with newly diagnosed epilepsy ii) Adjunctive treatment in partial onset seizures with or without secondary generalization in adults and children from 4 years of age with epilepsy; juvenile myoclonic epilepsy and idiopathic generalized tonic clonic epilepsy from 12 years of age	A*	i) Monotherapy ADULTS and ADOLESCENT (from 16 years) : Starting dose: 250 mg twice daily, Increase dose to 500 mg twice daily after 2 week. Dose can be further increased by 250 mg twice daily every 2 week depending upon the clinical response. Max: 1500 mg twice daily. ii) ADULT more than 18 years and ADOLESCENT (12-17 years) more than or equal to 50 kg: Initially 500 mg twice daily may be increased up to 1500 mg twice daily. Dose changes can be made in 500 mg twice daily increments or decrements 2-4 weekly. CHILD (4-11 years) and ADOLESCENT (12-17 years) less than 50 kg : Initially 10 mg/kg twice daily, may be increased up to 30 mg/kg twice daily. Dose changes should not exceed increments or decrements of 10 mg/kg twice daily every 2 weeks. CHILD more than or equal to 50 kg: Adult dose	
Levobupivacaine 5mg/ml Injection	Production of local or regional anesthesia for surgery and obstetrics, and for postoperative pain management	A	Surgical anesthesia : Lumber epidural : 10 - 20 ml (50 - 150 mg) , caesarean section : 15 - 30 ml (75 - 150 mg), intrathecal: 3 ml (15 mg), peripheral nerve block : 1 - 40 ml, ilioinguinal/iliohypogastric block. CHILD : 0.25 - 0.5 ml/kg (1.25-2.5 mg/kg)	
Levocetirizine Dihydrochloride 5 mg Tablet	Symptomatic treatment of allergic rhinitis (including persistent allergic rhinitis) and chronic idiopathic urticaria	A*	Children above 6 years and adults: 5 mg orally once daily (Swallow whole, do not chew/crush).	
Levodopa 100 mg and Benserazide 25 mg Dispersible Tablet	Parkinson's Disease	A*	Initially 1 cap tds. Max initial dose: 6 caps/day. Patients previously on immediate-release Levodopa/Benserazide preparations: Initially dose should substitute every 100mg of Levodopa with 1 controlled-released cap, given at same dosage frequency as before. Increase every 2-3 days.	
Levodopa 100 mg and Carbidopa 25 mg Tablet	Parkinson's disease	B	Patients not receiving Levodopa before, initially 100 - 125 mg 3 - 4 times daily adjusted according to response. Maintenance: 0.75 - 2 g in divided doses. In patients previously treated with Levodopa the dose should be about 20 - 25% of the dose previously being taken	
Levodopa 100 mg, Benserazide 25 mg HBS capsule	Parkinson's Disease	B	Initial: 100/25 mg 1-2 times/day, increase every 3-4 days until therapeutic effect, optimal dosage: 400/100 mg to 800/200 mg/day divided into 4-6 doses. Dose: 200/50 mg used only when maintenance therapy is reached and not to exceed levodopa 1000-1200 mg/benserazide 250-300 mg per day	

Levodopa 100 mg, Carbidopa 25 mg and Entacapone 200 mg Tablet	Idiopathic Parkinson's disease	A*	The optimum daily dosage must be determined by careful titration of levodopa in each patient. The daily dose should preferably be optimised using 1 of the 4 available tablet strengths (50/12.5/200mg, 100/25/200mg, 150/37.5/200mg or 200/50/200mg levodopa/carbidopa/entacapone). Patients should be instructed to take only 1 tablet/dose administration. While the experience with total daily dosage >200 mg carbidopa is limited, the maximum recommended daily dose of entacapone is 2000 mg and therefore the maximum dose, for the strengths of 50/12.5/200 mg, 100/25/200 mg and 150/37.5/200 mg, is 10 tablets/day. Ten (10) tablets of the strength 150/37.5/200 mg equals carbidopa 375 mg/day. Therefore, using a maximum recommended daily dose of carbidopa 375 mg, the maximum daily dose of 200/50/200 mg is 7 tablets per day. The maximum total daily levodopa dose administered should not exceed 1500 mg.	
Levodopa 150 mg, Carbidopa 37.5 mg and Entacapone 200 mg Tablet	Idiopathic Parkinson's disease	A*	The optimum daily dosage must be determined by careful titration of levodopa in each patient. The daily dose should preferably be optimised using 1 of the 4 available tablet strengths (50/12.5/200mg, 100/25/200mg, 150/37.5/200mg or 200/50/200mg levodopa/carbidopa/entacapone). Patients should be instructed to take only 1 tablet/dose administration. While the experience with total daily dosage >200 mg carbidopa is limited, the maximum recommended daily dose of entacapone is 2000 mg and therefore the maximum dose, for the strengths of 50/12.5/200 mg, 100/25/200 mg and 150/37.5/200 mg, is 10 tablets/day. Ten (10) tablets of the strength 150/37.5/200 mg equals carbidopa 375 mg/day. Therefore, using a maximum recommended daily dose of carbidopa 375 mg, the maximum daily dose of 200/50/200 mg is 7 tablets per day. The maximum total daily levodopa dose administered should not exceed 1500 mg.	
Levodopa 200 mg, Benserazide 50 mg Tablet	Parkinson's Disease	B	Initial: 100/25 mg 1-2 times/day, increase every 3-4 days until therapeutic effect, optimal dosage: 400/100 mg to 800/200 mg/day divided into 4-6 doses. Dose: 200/50 mg used only when maintenance therapy is reached and not to exceed levodopa 1000-1200 mg/benserazide 250-300 mg per day	
Levodopa 250 mg and Carbidopa 25 mg Tablet	Parkinson's disease	B	Patients not receiving Levodopa before, initially 100 - 125 mg 3 - 4 times daily adjusted according to response. Maintenance: 0.75 - 2 g in divided doses. In patients previously treated with Levodopa the dose should be about 20 - 25% of the dose previous being taken	
Levofloxacin 500 mg Tablet	Community acquired pneumonia	A*	500 mg daily for 7 - 14 days	
Levonorgestrel 1.5 mg Tablet	Emergency contraception within 72 hours of unprotected sexual intercourse for the female victim of sexual violence to prevent unwanted pregnancy	A*	1.5 mg as a single dose as soon as possible after coitus [preferably within 12 hours but no later than after 72 hours]	Brand: Escapelle. Only for rape cases

Levonorgestrel 52 mg Intrauterine System	i) Contraception (Initial release rate of 20 mcg/24 hours). ii) Idiopathic menorrhagia	A*	i) & ii): One unit intrauterine device to be inserted into the uterine cavity within 7 days of the onset of menstruation or immediately after first trimester abortion. Postpartum insertion should be postponed until 6 weeks after delivery. Can be inserted at any time of amenorrheic woman. One unit IUD is effective for 5 years	Brand: Mirena
Levothyroxine Sodium 25 mcg Tablet	Hypothyroidism	B	Start at low dose and increase at 2-4 weeks interval. Usual recommended dose for i) Treatment of benign euthyroid goitre: 75-200mcg. ii) Prophylaxis of relapse after surgery for euthyroid goitre: 75-200mcg iii) Substitution therapy in hypothyroidism: ADULT Initially, 25-50mcg/day. Maintenance: 100-200mcg/day. CHILDREN Initially 12.5-50mcg/day, Maintenance: 100-150mcg/m ² body surface area iv) Concomitant supplementation during anti-thyroid drug treatment of hyperthyroidism: 50-100mcg v) Suppression therapy in thyroid cancer: 150-300mcg	
Levothyroxine Sodium 100 mcg Tablet	Hypothyroidism	B	Start at low dose and increase at 2-4 weeks interval. Adult: Initially, 50-100 mcg/day may increase by 25-50 mcg at approximately 3 to 4 weeks intervals until the thyroid deficiency is corrected. Maintenance: 100-200 mcg/day. CHILD; 0 - 3 months: 10 - 15 mcg/kg/day; 3 - 6 months: 8 - 10 mcg/kg/day; 6 - 12 months: 6 - 8 mcg/kg/day; 1 - 5 years: 5 - 6 mcg/kg/day; 6 - 12 years: 4 - 5 mcg/kg/day; more than 12 years: 2 - 3 mcg/kg/day	
Lidocaine 25mg and Prilocaine 25mg Cream	Used for painless venepunctures, radial artery cannulations before extradural/spinal and other regional blocks in children above 1 year old and adults. Also used in chronic renal failure patients for insertion of A-V fistulas and shunts for haemodialysis.	A	Apply a thick layer under occlusive dressing at least 1 hour before the procedure	
Lignocaine 10 % w/w Spray	For surface anaesthesia in dental practice, in otorhinolaryngology and paracentesis	B	Spray to affected part	
Lignocaine 2% Jelly	Use for endotracheal tubes and instruments, painful procedures in the ear, nose and throat, burns, wounds, abrasions, lacerations; catheterisation of the male and female urethra and for symptomatic treatment of cystitis and urethritis	B	Apply to affected area 10 mins before catheterization, etc	
Lignocaine 2% Viscous Solution	For post-tonsilectomy, sore throat, dumping syndrome, hiccup, reflux vomiting, painful lesions of the mouth, cardiospasm, instrumentation of the respiratory and digestive tract	A	As 2% soln: For pain: 300 mg rinsed and ejected for mouth and throat pain; or gargled and swallowed if necessary for pharyngeal pain. Not to be used more frequently than every 3 hr. Max (topical oral soln): 2.4 g/day.	
Lignocaine HCl (Lidocaine) 100 mg/5ml Injection	Ventricular tachycardia and ventricular fibrillation. To be diluted before use	B	50-100 mg IV as a bolus, repeated after 5 minutes if necessary. Maintenance : 1-4 mg/min by IV infusion under ECG monitoring	
Lignocaine HCl (Lidocaine) 2% Injection	Local anesthetic by infiltration IV regional anesthesia and nerve block. Emergency management of ventricular arrhythmias particularly after myocardial infarction and cardiac surgery	B	Local anesthesia : ADULT Maximum: 100 mg; CHILD Maximum: 3 mg/kg Cardiac arrhythmias : ADULT 50-100 mg IV. Maximum: 200-300 mg/hour; CHILD Loading dose: 0.5-1 mg/kg IV repeated if necessary up to 3-5 mg/kg followed by a continuous infusion of 10-50 mcg/kg/min	
Lignocaine, Aluminium Acetate, Zinc Oxide and Hydrocortisone Suppository	Anorectal pain, pruritis, inflammation and irritation	B	1 suppository to be used once or twice daily. Not for prolonged use	

Linezolid 2 mg/ml Injection	MRSA patient with severe sepsis requiring intensive care and not clinically responding to vancomycin	A*	ADULT: 600 mg twice daily for 10 - 14 days. CHILD: 10 mg/kg 3 times daily. PREMATURE NEONATES less than 7 days: 10 mg/kg twice daily	
Linezolid 600 mg Tablet	MRSA patient with severe sepsis requiring intensive care and not clinically responding to vancomycin.	A*	ADULT: Above 12 years 600 mg every 12 hours for 10-14 days. CHILD :10 mg/kg 3 times daily. PREMATURE NEONATES less than 7 days: 10 mg/kg twice daily	
Liquid Paraffin	Constipation	C	ADULT 10-30 ml daily at night but should not be taken immediately before going to bed. CHILD not recommended	
Lithium Carbonate 300 mg Tablet	i) Prophylaxis and treatment of acute mania and hypomania episodes ii) Prophylaxis of manic depression in bipolar illness or bipolar depression and recurrent depression	A	Dose depends on the preparation used. Doses should be adjusted to produce a serum-lithium concentration of 0.4-1 mmol/l.	
Liraglutide 6mg/ml				KPK Endocrine
Lopinavir 100 mg and Ritonavir 25 mg Tablet	As second line protease inhibitor if intolerant to indinavir/ ritonavir as part of HAART regimen	A	Adult: (Therapy-naïve patients) 400/100 mg bd or 800/200 mg once daily; (Therapy-experienced patients): 400/100 mg bd. Concomitant therapy (efavirenz, nevirapine, amprenavir, fosamprenavir or nelfinavir) 400/100 mg bd. Children >40 kg or w/ BSA >1.4 m ² as adult dose.	
Lopinavir 200 mg and Ritonavir 50 mg Tablet	As second line protease inhibitor if intolerant to indinavir/ ritonavir as part of HAART regimen.	A	Adult: (Therapy-naïve patients) 400/100 mg bd or 800/200 mg once daily; (Therapy-experienced patients): 400/100 mg bd. Concomitant therapy (efavirenz, nevirapine, amprenavir, fosamprenavir or nelfinavir) 400/100 mg bd. Children >40 kg or w/ BSA >1.4 m ² as adult dose.	
Loratadine 1 mg/ml Syrup	Allergic rhinitis, chronic urticaria and other allergic dermatological disorders	A	ADULT and CHILD over 6 years : 10 mg once daily. CHILD 2 - 6 years: 5 mg once daily	
Loratadine 10 mg Tablet	Allergic rhinitis and allergic dermatoses	B	ADULT and CHILD over 6 years 10 mg once daily. CHILD 2 - 6 years: 5 mg once daily	
Loratadine 5 mg and Pseudoephedrine Sulphate 120 mg Tablet	For treatment of allergic rhinitis and allergic dermatoses	A/KK	ADULT and CHILD over 12 years 1 tablet twice daily	
Lorazepam 1 mg Tablet	i) Severe anxiety ii) Insomnia	A/KK	i) 1 - 4 mg increase to 10 mg daily in divided doses. ELDERLY (or debilitated) half adult dose ii) 1 - 2 mg at bedtime Not recommended in children	
Losartan 50 mg Tablet	Patients intolerant of ACE inhibitors, only in the treatment of i) Hypertensive patient with left ventricular hypertrophy ii) Hypertension in diabetics with proteinuria or nephropathy	A/KK	Hypertension: Usual starting and maintenance dose: 50 mg once daily. Maximum increasing the dose to 100 mg once daily. Patients with intravascular volume-depletion starting dose of 25 mg once daily. Renal protection in Type 2 diabetic patients with proteinuria and hypertension, starting dose: 50 mg once daily, may be increased to 100 mg once daily based on blood pressure response	

Losartan Potassium 100 mg and Hydrochlorothiazide 12.5 mg Tablet	Hypertension in patients who cannot tolerate ACE inhibitors because of cough, hypertensive patient with left ventricular hypertrophy	A*	Fixed dose combination is not indicated for initial therapy. i. Usual starting & maintenance dose: 1 tab of losartan & HCTZ 50/12.5 mg once daily. May be increased to 2 tab of losartan & HCTZ 50/12.5 mg or 1 tab of losartan & HCTZ 100/25mg once daily if blood pressure remain uncontrolled after about 3 weeks of combination therapy with losartan & HCTZ 50/12.5mg. Max: 1 tab of losartan & HCTZ 100/25mg once daily or 2 tab of Losartan & HCTZ 50/12.5 mg once daily. ii. Usual starting dose: 50 mg losartan once daily, may be titrated with a combination of losartan 50mg & HCTZ 12.5 mg, maybe substituted with losartan 100mg & HCTZ 12.5mg, followed by losartan 100 mg & HCTZ 25 mg once daily.	
Losartan Potassium 50 mg and Hydrochlorothiazide 12.5 mg Tablet	Hypertension in patients who cannot tolerate ACE inhibitors because of cough, hypertensive patient with left ventricular hypertrophy	A/KK	1 tablet once daily, may increase to maximum dose losartan 100 mg/ hydrochlorothiazide 25 mg once daily	
L-Thyroxine 200mg Inj				KPK Endo
Magnesium Sulphate Mixture				Galenical
Magnesium Sulphate 45% Paste	Inflammatory skin conditions such as boils and carbuncles	C	Apply under dressing	Galenical
Magnesium Sulphate 50% Injection	i)Treatment and prophylaxis of acute hypomagnesaemia ii) Prevention and treatment of life-threatening seizures in the treatment of toxemias of pregnancy (pre-eclampsia and eclampsia)	C	i)Mild hypomagnesaemia (ADULT): 1gm magnesium sulphate (8mEq) IM every 6 hours for 4 doses. Severe hypomagnesaemia (ADULT): 0.25 g/kg IM over 4 hours. Alternative dose of 5g may be given by slow intravenous infusion over 3 hours ii) Toxemia of pregnancy: An initial intravenous dose of 4gm of magnesium sulphate is recommended. Followed by an intramuscular dose of 4-5gm into each buttock. This may be followed by a dose of 4-5gm into alternate buttocks every 4 hours as needed. Alternatively, the initial dose IV dose may be followed by an infusion of 1-2gm/hr	
Magnesium Trisilicate Mixture	Heartburn, dyspepsia	C	10-20 ml 3-4 times daily before meals	
Magnesium Trisilicate Tablet	Heartburn, dyspepsia	C	ADULT 1-2 tablet to be chewed up to 6 times a day before meals. CHILD over 6 years one tablet to be taken 3-4 times a day	
Mannitol 10% Injection (10 g/100 ml)	Cerebral oedema	A	0.25- 2 g/kg IV of a 15% to 25% solution over 30-60 minutes. Safety and efficacy not established in children under 12 years of age	
Mannitol 20% Injection (20 g/100 ml)	Cerebral oedema	A	0.25- 2 g/kg IV of a 15% to 25% solution over 30-60 minutes. Safety and efficacy not established in children under 12 years of age	
Measles, Mumps and Rubella (MMR) Vaccine Injection (Single Dose)	For immunisation of children against measles, mumps and rubella	C+	Subcutaneous or by intramuscular injection, 0.5 ml	
Mebeverine HCl 135 mg Tablet	Irritable bowel syndrome	B	135 mg 3 times daily	
Meclozine HCl 25 mg and Pyridoxine 50 mg Tablet	Nausea and vomiting of pregnancy	B	1 - 2 tablet 2 - 3 times daily in severe cases	

Mecobalamin 500 mcg Tablet	Peripheral neuropathies	B	1 tablet 3 times daily. The dosage should be adjusted according to age of patient and severity of symptoms	
Medroxyprogesterone Acetate 5 mg Tablet	i) Secondary amenorrhoea ii) Abnormal uterine bleeding due to hormonal imbalance	B	i) 5-10 mg daily for 5-10 days started anytime during cycle ii) 5-10 mg daily for 5-10 days on day 16-21 of menstrual cycle. Optimum secretory transformation 10 mg daily for 10 days from day 16 of the cycle	
Medroxyprogesterone Acetate 50 mg/ml Injection	Prevention of pregnancy and to provide long term contraception	B	150mg to be administered once every 3 month	
Mefenamic Acid 250 mg Tablet	Mild to moderate pain	B	ADULT: 250 - 500 mg 3 times daily after meals. CHILD over 6 months: 6.5 - 25 mg/kg daily 3 - 4 times daily for not longer than 7 days except in juvenile arthritis	
Melatonin 3mg Tablet				KPk Anes
Meloxicam 7.5 mg Tablet	Only for patients not responding to other NSAIDs in the treatment of i) painful osteoarthritis ii) rheumatoid arthritis	A/KK	i) initially 7.5 mg daily. May be increased to 15 mg daily ii) initially 15 mg daily. May be reduced to 7.5 mg daily. Maximum 15 mg daily. Child under 12 years not recommended	
Melphalan 2 mg Tablet	i) Multiple myeloma ii) Neuroblastoma, rhabdomyosarcoma iii) Recurrent neuroblastoma (palliative)	A	i) 8 - 10 mg/m ² for 4 days every 4 weeks ii) 10 - 35 mg/m ² once every month For dose regimes, refer to protocols	
Memantine HCl 10 mg Tablet	As monotherapy or as adjunctive therapy with cholinesterase inhibitors for the symptomatic treatment of patients with moderate to severe Alzheimer's disease.	A*	Adult Initially 5 mg/day on the 1st week, 5mg twice a day on the 2nd week, then 15 mg/day (10mg in the morning and 5mg in the evening) on the 3rd week. From the 4th week on, continue treatment with maintenance dose of 20 mg/day (10mg twice a day). Max: 20 mg/day.	
Memantine HCl 20 mg Tablet	As monotherapy or as adjunctive therapy with cholinesterase inhibitors for the symptomatic treatment of patients with moderate to severe Alzheimer's disease.	A*	Adult Initially 5 mg/day on the 1st week, 5mg twice a day on the 2nd week, then 15 mg/day (10mg in the morning and 5mg in the evening) on the 3rd week. From the 4th week on, continue treatment with maintenance dose of 20 mg/day (10mg twice a day). Max: 20 mg/day.	
Meningococcal A, C, Y, W 135 Vaccine Injection	Immunisation against meningococcal diseases caused by Neisseria meningitis Group A, Group C, Group Y or Group W-135	B	Prophylaxis: 0.5 ml intramuscular injection.	Brand: Menveo
Menotrophin 75 IU Injection (Follicle Stimulating Hormone 75 IU and Luteinizing Hormone 75 IU)	Treatment of infertility where clomifene has fail or stimulation of follicle growth as part of an assisted reproductive technology (ART)	A*	SC or IM Injection according to patient's response	Removed from the FUKKM 2.2017. While stock last
Menotrophin, Highly Purified 75 IU Injection (Follicle Stimulating Hormone 75 IU and Luteinizing Hormone 75 IU)	Anovulation in women who have been unresponsive to treatment with clomiphene citrate or stimulation of follicle growth as part of an assisted reproductive technology (ART)	A*	The recommended initial dose of MENOPUR is 75-150 IU daily. The subsequent dosing should be adjusted according to individual patient response. Adjustments in dose should not be made more frequently than every 7 days. The recommended dose increment is 37.5 IU per adjustment and should not exceed 75 IU. The maximum daily dose should not be higher than 225 IU.	

Mepivacaine HCl 2% with Adrenaline (1:100,000) Injection	For local anaesthesia including infiltration and nerve blocks	B	Adult: Single site in the jaw: 36 mg (1.8ml). Entire oral cavity: 180 mg (9 ml). Max: 400 mg (20 ml) per single dental procedure	
Menthol and Eucalyptus Inhalation	Decongestion of the upper respiratory tract	C	As directed for local use	Galenical
Mercaptopurine 50 mg Tablet	i) Langerhan's cell histocytosis ii) Acute lymphoblastic leukaemia iii) Acute promyelocytic leukaemia APML (maintenance)	A	"Leukaemia adults: 2.5mg/kg or 80-00mg/m2 p.o per day, given as a single dose. To be increased at the end of 4 weeks, If necessary, up to 5mg/kg p.o per day. Maintenance dosage are 1.5mg/kg -2.5mg/kg p.o per day Children age 5 and older: Induction: 2.5mg/kg/day p.o once daily. Maintenance dose: 1.5mg/kg -2.5mg.kg p.o once daily or 70-100mg/m2 p.o once daily."	
Meropenem 1 g Injection	i. Empirical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent ii. Septicaemia iii. Serious infections in renal impaired patients	A*	ADULT: 0.5g - 1g 8 hourly CHILD: (aged 3 months and over): 10-40mg/kg 8 hourly, if body weight over 50kg, adult dosage should be used	
Meropenem 500 mg Injection	i. Empirical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent ii. Septicaemia iii. Serious infections in renal impaired patients	A*	ADULT: 0.5g - 1g 8 hourly CHILD: (aged 3 months and over): 10-40mg/kg 8 hourly, if body weight over 50kg, adult dosage should be used	
Mesalazine 250mg MR Tablet	Inflammatory bowel disease of ulcerative colitis and Crohn's disease.	A	ADULT: 250 - 500 mg 3 - 4 times daily for 3 - 6 weeks. CHILD up 2 years with Crohn's disease: 20 - 30 mg/daily in divided doses	
Mesalazine 500mg MR Tablet	Inflammatory bowel disease of ulcerative colitis and Crohn's disease.	A	ADULT: 250 - 500 mg 3 - 4 times daily for 3 - 6 weeks. CHILD up 2 years with Crohn's disease: 20 - 30 mg/daily in divided doses	
Mesna 100 mg/ml Injection	For prevention of urotoxic effects of oxazaphosphorines e.g. Ifosfamide and cyclophosphamide	A	IV injection at a dosage of 20% of the corresponding oxazaphosphorine dose at the times 0 hour (concurrently with the oxazaphosphorine), 4 hours and 8 hours thereafter. CHILD: Dose given at greater frequency (e.g. 6 times) and a shorter intervals (e.g. 3 hours)	
Metformin 500 mg and Glibenclamide 2.5 mg Tablet	As second-line therapy when diet, exercise and initial treatment with sulphonylurea or metformin do not result in adequate glycemic control in patients with type 2 diabetes mellitus	B	Initial dose:1.25 mg/250 mg ORALLY once daily; titrate in increments of 1.25 mg/250 mg per day every 2 weeks,2.5 mg/500 mg to 5 mg/500 mg ORALLY twice daily; titrate in increments of 5 mg/500 mg up to MAX 20 mg/2000 mg once daily	
Metformin 500 mg and Glibenclamide 5 mg Tablet	As second-line therapy when diet, exercise and initial treatment with sulphonylurea or metformin do not result in adequate glycemic control in patients with type 2 diabetes mellitus	B	Initial dose:1.25 mg/250 mg ORALLY once daily; titrate in increments of 1.25 mg/250 mg per day every 2 weeks,2.5 mg/500 mg to 5 mg/500 mg ORALLY twice daily; titrate in increments of 5 mg/500 mg up to MAX 20 mg/2000 mg once daily	
Metformin HCl 500 mg Extended Release Tablet	Diabetes mellitus who experienced gastrointestinal side effects with normal metformin	A/KK	500 mg once daily. Maximum dose 2000 mg once daily with evening meal	
Metformin HCl 500 mg Tablet	Diabetes mellitus	B	Initial: 500mg orally twice daily with food. Maintenance: Titrate in 500mg increments weekly, doses up to 2000 mg daily may be divided into 2 equal doses.	

Methadone 5mg/ml Syrup	Detoxification treatment of narcotic addiction	A/KK	Initial 10-20mg per day, increasing by 10-20mg per day until there are no signs of withdrawal or intoxication. Usual dose 40-60mg/day	
Methionine 500mg Tablet				KPK ED
Methimazole 5mg Tablet				KPK Endocrine
Methotrexate 2.5 mg Tablet	i) Acute lymphoblastic leukaemia and acute promyelocytic leukemia (maintenance) ii) Extensive plaque psoriasis, erythrodermic psoriasis, pustular psoriasis, Reiter's syndrome, connective tissue disease	A	i) ADULT: 20 mg/m ² weekly. CHILD: 20 - 30 mg/m ² weekly according to protocol ii) Relapsed acute lymphoblastic leukaemia (ALL): 100 mg/m ² /day for 5 days 6 weekly according to protocol iii) Dose used by dermatologist: 5 - 25 mg weekly. Liver biopsy after cumulative dose of 1.5 gram and repeat liver biopsy with additional gram received. Maximum cumulative dose is 4 gram. Monitor full blood count (FBC), renal and liver function iv) Rheumatoid arthritis, psoriatic arthropathy: dose used by rheumatologist: 2.5 mg/week orally starting dose, increasing to 7.5 - 20 mg/weekly	
Methotrexate 50 mg/ 2ml Injection	i) Solid tumours ii) Gestational trophoblastic disease iii) Acute leukaemia/lymphomas iv) Rheumatoid arthritis, psoriatic arthropathy, severe/erythrodermic psoriasis	A	i) 30 mg/m ² once every 2 - 3 weeks in combination with other drugs ii) 50 mg IV Day 1, 3, 5, 9 every 3 weeks. For high risk gestational trophoblastic disease, use 100 mg/m ² as part of EMA-CO regime iii) High dose regimens: 500 - 3000 mg/m ² per dose may be used, employing the 500 mg preparations. CHILD: Central nervous system prophylaxis for acute leukaemia 2 gm/m ² over 24 hours with folinic acid rescue, 3 doses for B-cell lineage. 4 doses for T-lineage all every 3 weeks. Relapse acute lymphoblastic leukaemia (ALL): 1 gm/m ² over 36 hours with folinic acid rescue every 3 weeks for 9 doses, maintenance: 50 mg/m ² every 2 weeks. B-cell lymphoma: 3 gm/m ² over 3 hours with folinic acid rescue for three doses. Methotrexate level monitoring recommended when using high dose regimens. The 500 mg strength is not for intrathecal (IT) use. Dosage for intrathecal treatment and prophylaxis in leukaemia: less than 1 year: 5 mg, 1 - 2 years: 7.5 mg, 2 - 3 years: 10 mg, more than 3 years: 12.5 mg. IT preparation must be clearly stated/verified. ENSURE THAT PREPARATION IS SUITABLE FOR INTRATHECAL USE iv) Dose used by rheumatologist: 10 - 15 mg IM injection or oral weekly. Dose used by dermatologist: 10 - 25 mg IM injection weekly.	

Methotrexate 1000 mg/10 ml Injection	i) Solid tumours ii) Gestational trophoblastic disease iii) Acute leukaemias, lymphomas	A	i) 50 mg/m ² once every 3 weeks in combination with other drugs (for this dose, use the 50 mg preparation) ii) 50 mg IV Day 1, 3, 5, 9 every 3 weeks. For high risk gestational trophoblastic disease, use 100 mg/m ² as part of EMA-CO regime iii) High dose regimes: 500 - 3000 mg/m ² per dose may be used, employing the 500 mg preparations. CHILD: Central nervous system prophylaxis for acute leukaemia 2 gm/m ² over 24 hours with folinic acid rescue, 3 doses for B-cell lineage. 4 doses for T-lineage all every 3 weeks. Relapse acute lymphoblastic leukaemia (ALL): 1 gm/m ² over 36 hours with folinic acid rescue every 3 weeks for 9 doses, maintenance: 50 mg/m ² every 2 weeks. B-cell lymphoma: 3 gm/m ² over 3 hours with folinic acid rescue for three doses. Methotrexate level monitoring recommended when using high dose regimens. THE 500 MG STRENGTH IS NOT FOR INTRATHECAL USE	
Methoxsalen 10 mg Capsule	Protection before exposure to sunlight, psoriasis and vitiligo	A	0.2 - 0.6 mg/kg/body weight. For repigmentation of larger lesions (greater than 6 cm sq): 20 mg/day 2 hours before exposure. Take with food or milk	
Methoxy Polyethylene Glycol-epoetin Beta 100 mcg/0.3 ml Injection in Prefilled Syringe	Treatment of anaemia associated with chronic renal failure in the following circumstances: i) Patients who require 2 or more subcutaneous erythropoietin injections per week and need to travel to obtain the injections. ii) Patients who are on high doses of subcutaneous erythropoietin injections eg. 6000 units or more per time and require more than 1 injection of conventional erythropoietin per time. iii) Patients who require 2 or more erythropoietin injections per week and where compliance is an issue	A*	Non Erythropoiesis Stimulating Agent (ESA)-treated patients : 0.6 mcg/kg, once every two weeks (IV or SC). When the Hb is >11g/dl, administration can be reduced to once monthly using the dose equal to twice the previous two weekly dose. ESA-treated patients : 120-360 mcg once monthly or 60-180 mcg every two weeks.	
Methyl Salicylate 25% Ointment	Relief of minor aches and pains of muscles and joints associated with simple backache, arthritis and rheumatic conditions.	C+	To be massage well to the affected area, 3 - 4 times daily.	
Methyldopa 250 mg Tablet	Hypertension	B	Adult: 250 mg 2 - 3 times daily, gradually increased at intervals of 2 or more days, maximum; 3 g/day. Elderly: initially 125 mg twice daily, increased gradually, maximum; 2 g daily. Child: Initially, 10 mg/kg or 300 mg/m ² daily in 2-4 divided doses; increase as necessary. Max: 65 mg/kg, 2 g/m ² or 3 g daily, whichever is least.	
Methylene Blue 1% Injection	For treatment of idiopathic and drug-induced methaemoglobinemia	B	Adult and children: 1 to 2 mg/kg (0.1 to 0.2 mL/kg of a 1% solution) IV very slowly over 5 minutes. This dosage can be repeated if necessary after one hour.	KPK O&G
Methylphenidate HCl 10 mg Tablet	Attention deficit hyperactivity disorder (ADHD)	A	CHILD over 6 years, initially 5 mg 1 - 2 times daily, increased if necessary at weekly intervals by 5 - 10 mg daily to maximum of 60 mg daily in divided doses; discontinue if no response after 1 month, also suspend periodically to assess child's condition (usually finally discontinued during or after puberty)	

Methylphenidate HCl 18 mg Extended-release Tablet	Attention deficit hyperactivity disorder (ADHD)	A*	CHILD over 6 years: Individualize dosage, to be taken once daily in the morning. Dose may be adjusted in increments to a maximum of 54 mg/day, at weekly interval. Patient new to methylphenidate: starting dose 18 mg once daily; adults 18mg or 36mg once daily. Patient currently using methylphenidate: 18 - 36 mg. Maximum 54 mg/day. Discontinue if no response after 1 month	
Methylphenidate HCl 20 mg LA Capsule	Attention deficit hyperactivity disorder (ADHD)	A*	20 mg once daily to be taken in the morning. Dosage be adjusted in increments to a maximum of 60 mg/day	
Methylprednisolone Sodium Succinate 1 g Injection	Suppression of inflammatory and allergic disorders, cerebral oedema, immunosuppression treatment of haematological and oncological disorders, treatment of shock states and endocrine disorders	A	15 - 30 mg/kg daily. Large doses may be repeated 4 - 6 hourly for up to 48 hours	
Metoclopramide HCl 10 mg Tablet	i) Dyspepsia, flatulence, hiatus hernia, peptic ulceration, reflux oesophagitis, gastritis, duodenitis, cholelithiasis, nausea, vomiting ii) Promote bowel transit during diagnostic procedures	B	i) ADULT over 20 years: 10 mg 3 times daily. ADULT between 12 - 20 years: 5 mg 3 times daily. CHILD under 12 years: 0.12 mg/kg/dose 6 - 12 hourly ii) Single dose 5 - 10 minutes before examination; ADULT and CHILD over 15 years: 10 - 20 mg; CHILD less than 15 years: 0.12 mg/kg/dose 6 - 12 hourly	
Metoclopramide HCl 5 mg/ml Injection	i) Dyspepsia, flatulence, hiatus hernia, peptic ulceration, reflux oesophagitis, gastritis, duodenitis, cholelithiasis, nausea, vomiting ii) Promote bowel transit during diagnostic procedures	B	i) ADULT over 20 years: 10 mg 3 times daily. ADULT between 12 - 20 years: 5 mg 3 times daily. CHILD under 12 years: 0.12 mg/kg/dose 6 - 12 hourly ii) Single dose 5 - 10 minutes before examination; ADULT and CHILD over 15 years: 10 - 20 mg; CHILD less than 15 years: 0.12 mg/kg/dose 6 - 12 hourly	
Metolazone 5mg Tablet				KPK Nephro
Metoprolol Tartrate 100 mg Tablet	Hypertension, angina, myocardial infarction, arrhythmias	B	Hypertension: Initially 100 mg to maximum 400 mg daily, Angina: 50 mg - 100 mg in 2 - 3 times daily. Myocardial infarction: 200 mg daily in divided doses. Arrhythmias: 50 mg - 300 mg in 2 - 3 times daily	
Metronidazole 200 mg Tablet	Anaerobic infection	B	Anaerobic bacterial infections Adult: Initially, 800 mg followed by 400 mg 8 hly for about 7 days. Other recommended doses: 500 mg 8 hrly or 7.5 mg/kg 6 hrly (max: 4 g in 24 hr). Child: 7.5 mg/kg 8 hrly. Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose. Prophylaxis of postoperative anaerobic bacterial infections Adult: 400 mg by mouth 8 hrly in the 24 hr prior to surgery followed postoperatively by IV or rectal admin until oral therapy is possible. Other sources recommend that oral doses be initiated only 2 hr prior to surgery and that number of doses for all admin routes be limited to a total of 4. Elderly: Dose reduction may be necessary. Tab: Should be taken with food.	
Metronidazole 500 mg/100 ml Injection	Anaerobic infections	A	ADULT: 500 mg IV infusion 8 hourly. CHILD: 7.5 mg/kg body weight every 8 hours. Neonates: 15mg/kg LD, followed by 7.5mg/kg every 12 hourly. 1 month to 18 years: 7.5mg/kg (maximum 500mg) every 8 hours.	
Metronidazole 0.75% Topical Gel				KPK Derm

Micafungin Sodium 50mg Powder for Solution for Infusion	Treatment of invasive candidiasis, including candidemia in adults when intolerance or resistance to Amphotericin B or Fluconazole.	A*	Dosage for adults, adolescents ≥ 16 years of age and the elderly for the treatment of invasive candidiasis: - Body weight $> 40\text{kg}$: 100mg/day * - Body weight $\leq 40\text{kg}$: 2mg/kg/day * *If the patient's response is inadequate, e.g. persistence of cultures or if clinical condition does not improve, the dose may be increased to 200 mg/day in patients weighing $> 40\text{kg}$ or 4mg/kg/day in patients weighing $\leq 40\text{kg}$. Treatment duration for invasive candidiasis: The treatment duration of candida infection should be a minimum of 14 days. The antifungal treatment should continue for at least one week after two sequential negative blood cultures have been obtained and after resolution of clinical signs and symptoms of infection.	
Miconazole 2% Cream	i) Fungal infections: Tinea pedis, Tinea corporis, Tinea capitis and other dermatophyte infections caused by Trichophyton and Epidermophyton species ii) Antifungal agent that has been in various candida infections including vaginal candidiasis	B	Apply sparingly and rub gently onto affected area 1-2 times daily continuing for 14 days after lesions have healed	
Midazolam 5 mg/ml Injection	Pre-operative sedation, induction of general anaesthesia, premedication and sedation in ICU and sedation for minor procedures	A	Usual sedative range $2.5 - 7.5\text{ mg}$ (about 70 mcg/kg by IV injection over 30 seconds). Premedication by IM injection $70 - 100\text{ mcg/kg}$ 30 -60 minutes before surgery; ELDERLY: $1 - 1.5\text{ mg/kg}$. Induction: Induction by slow IV infusion $200 - 300\text{ mcg/kg}$ (ELDERLY $100 - 200\text{ mcg/kg}$. CHILD over 7 years $150 - 200\text{ mcg/kg}$); Maximum: 0.35mg/kg . Sedation in ICU $0.03 - 0.2\text{ mg/kg/hour}$	
Midazolam 7.5 mg Tablet	Pre and post-operative sedation	A/KK	ADULT: Usually $7.5 - 15\text{ mg}$ at bedtime; or for premedication, 30 - 60 minutes before the procedure. For ELDERLY, debilitated or impaired liver/kidney function: 7.5 mg	
Milrinone 10mg/10ml Inj				KPK Anes, Peads
Minoxidil 5 mg Tablet	Severe hypertension	A*	ADULTS and CHILD above 12 years old: Initially 5 mg daily in single or divided doses (elderly 2.5 mg). May increase by $5 - 10\text{ mg}$ daily at intervals of 3 or more days until optimum control is achieved. Maximum 50 mg daily	
Mirtazapine 15 mg Orodispersible Tablet	Major depression	A*	Initially 15 mg daily at bedtime increased according to response up to 45 mg daily as a single dose at bedtime or in 2 divided doses. CHILD and ADOLESCENT under 18 years not recommended	
Mirtazapine 30 mg Orodispersible Tablet	Major depression	A*	Initially 15 mg daily at bedtime increased according to response up to 45 mg daily as a single dose at bedtime or in 2 divided doses. CHILD and ADOLESCENT under 18 years not recommended	
Mitomycin-C 10 mg Injection	i) Gastrointestinal, lung, breast, cervical cancers ii) Bladder tumours iii) Ophthalmological conditions: conjunctival squamous neoplasia, squamous cell carcinoma of conjunctiva, trabeculectomy chronic lymphocytic leukaemia, chronic myelogenous leukaemia. Gastric, colorectal, lung cancer	A*	i) $10 - 20\text{ mg/m}^2$ body surface area (BSA) given as a single dose through a running IV infusion repeated every 6 - 8 weeks. The whole schedule may be repeated depending on the bone marrow ii) $10 - 40\text{ mg}$ daily or every other day (intravesical) iii) 0.4 mg topically as a single application for ophthalmological conditions, duration: 1 to 3 minutes	

Mitoxantrone 20 mg/10ml Injection	Acute leukaemia, elderly patients with acute myeloid leukaemia (AML), relapsed/resistant acute leukaemia, non-Hodgkin's lymphoma (NHL)	A*	10 - 12 mg/m ² IV daily for 3 days, in combination with other cytotoxic agents. Refer to protocol. CHILD: 5 - 10 mg/m ² daily for 3 - 5 days according to protocol. Treatment of acute leukaemia, ADULT: 8 - 12 mg/m ² /day once daily for 4 - 5 days. CHILD more than 2 years: same as adult dose. CHILD 2 years: 0.4 mg/kg/day once daily for 3 - 5 days	
Modified Fluid Gelatin 4% Injection	For primary volume replacement in hypovolaemia, peri-operative stabilization of the circulation, haemodilution, extracorporeal circulation (haemodialysis and heart-lung machine)	B	ADULT 500 - 1500 ml given as IV infusion	
Mometasone Furoate 0.1% Cream	Steroid responsive dermatosis and vitiligo. Used where a potent steroid is required for short duration not more than 6 weeks	A*	Apply thin layer to the affected skin areas once daily until the lesion heals or for a duration of 3 weeks whichever is sooner. Massage gently and thoroughly until the medication disappears.	
Mometasone Furoate 50 mcg Aqueous Nasal Spray	Allergic rhinitis	A*	ADULT and CHILD over 12 years: 100 mcg/day (2 sprays) to each nostril once daily. Maximum 200 mcg (4 sprays) once daily. Reduce to 50 mcg (1 spray) once daily when control achieved. CHILD 6 - 12 years old: 50 mcg (1 spray) to each nostril once daily	Brand: Nasonex
Monobasic Sodium Phosphate 48%, Dibasic Sodium Phosphate 18%	Bowel cleansing prior to colonoscopy, radiological examination or bowel surgery	A	45 ml diluted with half a glass (120 ml) of water, followed by one full glass (240 ml) of water to be taken depending on the time of the procedure. For morning procedure, 45 ml dilute with half glass of water should be taken at 7 am and the second 45 ml at 7 pm on the day before the procedure. For afternoon procedure, the first dose should be taken at 7 pm on the day before and the second dose at 7 am on the day of the procedure. Solid food must not be taken during the preparation period; clear fluids or water can be taken liberally. Not recommended for use in children	Brand: Fleet Phospho Soda
Montelukast Sodium 5 mg Tablet	Asthmatics, not controlled on high dose inhaled corticosteroids more than 1600 mcg/day and with co-morbid allergic disorders. Chronic treatment of asthma	A*	CHILD 6 - 14 years: One 5 mg chewable tablet daily at bedtime	
Montelukast Sodium 10 mg Tablet	Chronic treatment of asthma and relief of symptoms of seasonal allergic rhinitis for children more than 15 years and adults	A/KK	CHILD more than 15 years and ADULT: 10 mg daily at bedtime	
Montelukast Sodium 4 mg Oral Granules	Asthmatics, not controlled on high dose inhaled corticosteroids more than 1600 mcg/day and with co-morbid allergic disorders. Chronic treatment of asthma	A*	12 months - 5 years: 1 packet of 4mg oral granules daily at bedtime	
Morphine HCl 10 mg/5 ml Solution	For use in management of moderate to severe pain especially that associated with neoplastic disease	B	5 - 20 mg or more regularly every 4 hours in terminal pain	
Morphine Sulphate 10 mg Controlled Release Tablet	Prolonged relief of severe pain associated with neoplastic disease; assists in procuring sleep where sleeplessness is due to pain or shock	A	10 - 60 mg 12 hourly intervals, depend upon the severity of the pain. Children (more than 1 year of age) with severe cancer pain: 0.2 - 0.8mg/kg 12 hourly.	
Morphine Sulphate 30 mg Controlled Release Tablet	Prolonged relief of severe pain associated with neoplastic disease; assists in procuring sleep where sleeplessness is due to pain or shock	A	10 - 60 mg 12 hourly intervals, depend upon the severity of the pain	
Morphine Sulphate 10 mg/ml Injection	For moderate to severe pain especially that associated with neoplastic disease	B	ADULT: 5-20mg SC or IM every 4 hours in terminal pain CHILD: Up to 1 month: 0.15 mg/kg body weight; 1 - 12 months: 0.2 mg/kg body weight; 1 - 5 years: 2.5 - 5 mg ; 6 - 12 years: 5 - 10 mg	

Moxifloxacin 0.5% Ophthalmic Solution	Treatment of conjunctivitis caused by susceptible organism	A*	CHILD more than 1 year and ADULT: 1 drop to affected eye(s) 3 times daily for 7 days	
Moxifloxacin 400mg Tablet	Second line therapy for Severe Community Acquired Pneumonia (CAP) patients with co-morbidity or with recent antibiotic therapy, suspected infections of resistant pathogens including Streptococcus pneumoniae, Haemophilus influenzae & Mycoplasma pneumoniae.	A*	IV or Oral: 400 mg once daily. The recommended total treatment duration for sequential administration (intravenous followed by oral therapy) is 7 to 14 days	
Multivitamin Drops	For prevention and treatment of vitamin deficiencies	B	INFANT less than 1 year: 1 ml daily	
Multivitamin Injection	For prevention and treatment of vitamin deficiencies	B	Initially 2 - 4 pairs IV 4 - 8 hourly, reducing to 1 pair IV daily. For less serious cases, 1 pair IV 1 - 2 times daily or based on individual requirements	
Multivitamin Syrup	For prevention and treatment of vitamin deficiencies	C+	CHILD 5 ml daily or based on manufacturer	
Multivitamin Tablet	For prevention and treatment of vitamin deficiencies	B	1 - 2 tablets daily or based on individual requirements	
Mupirocin 2% Ointment	For MRSA infections only	A	ADULT and CHILD: Apply up to three times daily for up to 10 days	
Mycophenolate Mofetil 250 mg, 500mg Capsule	i) Prophylaxis of acute organ rejection in patients receiving allogenic renal, cardiac and hepatic transplant ii) Used with steroids for induction and maintenance of severe lupus nephritis resistant or intolerant to cyclophosphamide therapy	A*	i) Renal transplant rejection: ADULT: 1 g twice daily. CHILD (3 months and older): 600 mg/m(2)/dose, twice daily; maximum daily dose, 2 g/10 mL. Cardiac transplant rejection: 1.5 g twice daily. Hepatic transplant rejection: 1.5 g twice daily ii) Induction phase: 2 - 3 g/day for up to 6 months. Maintenance phase: dose gradually tapers to 1 g/day	
Mycophenolate Sodium 180mg, 360mg Tablet	Prophylaxis of acute transplant rejection in adult patients receiving allogenic renal transplant in combination with ciclosporin and corticosteroids	A*	720 mg twice daily	
Nalbuphine HCl 10 mg/ml Injection	Perioperative analgesia, for relief of moderate to severe pain	B	10 - 20 mg SC, IM or IV every 3 - 6 hours	
Naloxone HCl 0.4 mg/ml Injection	For the complete/partial reversal of narcotic depression including respiratory depression induced by opioids such as natural and synthetic narcotics. Diagnosis of suspected acute opioids overdose	B	Initially 0.4 - 2 mg IV repeated at intervals of 2 - 3 minutes according to patient's needs	
Naltrexone HCl 50 mg Tablet	Adjunct in relapse prevention treatment in detoxified formerly opioid-dependant patients	A	Initial 25 mg may be increased to 50 mg. Maintenance: 350 mg weekly; administered as 50 mg daily. Dosing interval may be lengthened to improve compliance; 100 mg on alternate days or 150 mg every third day	
Naproxen Sodium 275 mg Tablet	i) Rheumatic arthritis, osteoarthritis and ankylosing spondylitis ii) Acute gout iii) Muscular skeletal disorder and dysmenorrhoea	A	550 mg- 1100 mg in two divided doses	
Neuropolyvalent Snake Antivenin				KPK ED
Neomycin 0.5% Cream	Infections of the skin due to susceptible organisms	B	Apply sparingly to affected area up to 3 times daily (For short term use, 1 - 2 weeks)	
Neostigmine Methylsulphate 2.5 mg/ml Injection	i) Myasthenia gravis ii) Reversal of non-depolarising neuromuscular blockade	B	i) ADULT: 1 - 2.5 mg at suitable intervals by SC, IM or IV. Usual total daily dose 5 - 20 mg. CHILD: 200 - 500 mcg at suitable intervals throughout the day. NEONATE: 50 - 250 mcg every 4 hours ii) By IV injection over 1 minute, 50 - 70 mcg/kg (maximum 5 mg) after or with atropine sulphate 0.6 - 1.2 mg	

Nepafenac 0.1% ophthalmic solution	Reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients	A*	One drop 3 times/day beginning 1 day prior to cataract surgery, continued on the day of surgery and up to 60 days of the postoperative period as directed by the clinician. An additional drop should be administered 30 to 120 minutes prior to surgery	
Netilmicin Sulphate 150 mg/2 ml Injection	Systemic infections	A	ADULT: 4 - 6.5 mg/kg/day IM or IV in 2 - 3 equally divided doses for 7 - 14 days. Maximum: 7.5 mg/kg/day. CHILD: 5 - 7.5 mg/kg/day 8 - 12 hourly depending on gestation and age. Maximum: 7.5 mg/kg/day	
Nevirapine 200 mg Tablet	Treatment of HIV-1 infection in combination with other antiretroviral agents	A/KK	Combined with other antiretrovirals: 200 mg once daily for the 1st 14 days; up to 200 mg twice daily if rash does not develop. Re-introduce at a lower dose for the 1st 14 days if treatment is interrupted for >7 days, necessitate reintroduction at a lower dose for the first 14 days	
Nevirapine 50mg/5ml oral suspension	Treatment of HIV-1 infection in combination with other antiretroviral agents	A/KK	The total daily dose should not exceed 400mg. Nevirapine may be dosed in paediatric patients either by body surface area (BSA) or by body weight. i) By BSA using the Mosteller formula: the recommended oral dose for paediatric patients of all ages is 150 mg/m ² once daily for 2 weeks followed by 150 mg/m ² twice daily thereafter. ii) By body weight: □ <8 years of age: 4 mg/kg once daily for 2 weeks followed by 7 mg/kg twice daily thereafter. □ ≥8 years: 4 mg/kg once daily for 2 weeks followed by 4 mg/kg twice daily thereafter.	
NIcardipine 2mg Inj				KPK ED
Nifedipine 10 mg Tablet	Hypertension	B	Initial dose of 10 mg twice daily. Usual range 10 - 30 mg 3 times daily. Maximum: 120 - 180 mg per day. Elderly: Dose reduction may be necessary.	
Nilotinib 150mg capsule	For the treatment of adult patients with newly diagnosed Philadelphia chromosome positive chronic myelogenous leukemia in the chronic phase (CP).	A*	300mg twice daily. Dose adjustments or modifications: For neutropenia & thrombocytopenia	
Nilotinib 200 mg Capsule	Treatment of chronic phase and accelerated phase Philadelphia chromosome positive chronic myelogenous leukaemia (CML) in adults who: i) Failed imatinib ie no cytogenic response and no haematological response by 12 months ii) Have molecular resistance to Imatinib as shown by molecular mutation studies iii) Are intolerant to Imatinib	A*	400 mg twice daily, 12 hours apart. No food should be taken two hours before and 1 hour after taking the dose	
Nimodipine 10 mg/50 ml Infusion Solution	Prophylaxis & treatment of ischaemic neurological deficits caused by cerebral vasospasm following subarachnoid haemorrhage of aneurysmal origin	A*	IV infusion of 1 mg/hour for a period of 2 hours (about 15 mcg/kg/hour). IV therapy should be started no later than 4 days after haemorrhage & continue for up to 10 - 14 days	
Nimodipine 30 mg Tablet	Prophylaxis & treatment of ischaemic neurological deficits caused by cerebral vasospasm following subarachnoid haemorrhage of aneurysmal origin	A*	360 mg daily in divided doses for 7 days	
Nitrazepam 5 mg Tablet	Epilepsy (infantile spasms)	B	5 - 10 mg at bedtime. ELDERLY or debilitated 2.5 - 5 mg. CHILD not recommended. Increasing slowly according to response	

Nitrofurantoin 100 mg Tablet	Uncomplicated lower urinary tract infections	B	Acute uncomplicated urinary tract infections Adult: 50-100 mg 4 times daily for 7 days. Dual-release preparation: 100 mg bid. Child: >3 mth and older children: 3 mg/kg daily in 4 divided doses. Prophylaxis of uncomplicated urinary tract infections Adult: 50-100 mg at bedtime. Child: >3 mth and older children: 1 mg/kg once daily.	
Nitroglycerine 5mg/24 hours Transdermal Patch				KPK Peads
Noradrenaline Acid Tartrate (Norepinephrine Bitartrate) 1 mg/ml Injection	Septic shock and shock where peripheral vascular resistance is low	A	Infuse and titrate to desired pressure response. Range: 0.05 - 0.5 mcg/kg/minute	
Norethisterone 0.35 mg Tablet	Contraception	C+	1 tablet daily starting on the first day of the menstrual bleeding	Brand: Noriday. Kept in O&G Clinic
Nortriptyline 10mg Tablet				KPK Pain
Nystatin 100,000 units/g Cream	Prevention and treatment of cutaneous infections caused by Candida albicans	C	Apply liberally to affected area twice daily or as required. After lesion has disappeared continue treatment for 10 days to prevent relapses. Nail infection: Cut nails as short as possible. Apply cream once daily until growth of new nail has set in	
Nystatin 100,000 units/ml Suspension	Prevention and treatment of candidiasis of the skin and mucous membranes, protection against candidas overgrowth during antimicrobial /corticosteroid therapy and as selective decontamination regimens	B	NEWBORN: 50,000-100,000 units daily. CHILD up to 5 years: 100,000 -500,000 units 6 hourly. CHILD up to 6 12 years and ADULT: 500,000-1,000,000 units 3 to 4 times daily	
Octreotide 0.1 mg/ml Injection	i) Acromegaly ii) Treatment of patients with symptoms associated with gastro-entero-pancreatic endocrine tumours iii) Carcinoid tumours with features of the carcinoid syndrome, VIPomas, glucagonomas, gastrinomas/Zollinger-Ellison syndrome, GRFomas, insulinomas iv) Prevention of complications following pancreatic surgery v) Emergency management of bleeding gastro-eosophageal varices in patients with cirrhosis	A	i, ii and iii) Initially 0.005 - 0.1 mg SC 1 - 2 times daily, increase gradually up to 0.1 - 0.2 mg 3 times daily iv) 0.1 mg 3 times daily for 7 consecutive days, starting on the day of operation, at least 1 hour before laparotomy v) 25 mcg/hour for 5 days by continous IV infusion	
Octreotide acetate 30mg injection	i) Adjunctive treatment for active acromegaly (second/third line therapy in whom surgery or radiotherapy is inappropriate or ineffective- based on level of growth hormone and high IGF-1 and residual pituitary tumor). ii) Treatment of symptoms associated with functional gastro-entero-pancreatic endocrine tumours. iii) Carcinoid tumours with features of the carcinoid syndrome, VIPomas, Glucagonomas, Gastrinomas/Zollinger-Ellison syndrome, Insulinomas, for pre-operative control of hypoglycemia and for maintenance therapy, GRFomas.	A*	10 - 30 mg every 4 weeks as deep intragluteal injection	
Ofloxacin 3mcg/5ml Otic Solution	Acute otitis media with tympanostomy tubes, chronic suppurative otitis media with perforated tympanic membranes and otitis externa	A/KK	CHILD: 1 - 12 years: 5 drops twice daily for 10 days. ADULT and CHILD over 12 years: 6 - 10 drops twice daily and remain in the ear about 10 minutes	
Ofloxacin 100 mg Tablet	i) As second-line treatment of leprosy ii) As second-line treatment for tuberculosis and multidrug resistant tuberculosis (MDR-TB) iii) Sequential therapy for UTI and pyelonephritis	A	i) 400 mg/day ii) 400 mg twice daily iii) 200 mg twice daily	
Olanzapine 5mg Disintegrating Tablet	i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder	A*	i) 5 - 10 mg once daily, increase to 10 mg once daily within 5 - 7 days, adjust by 5 - 10 mg/day at 1 week intervals, maximum 20 mg/day ii) 10 - 15 mg once daily, increase by 5 mg/day at intervals of not less than 24 hours. Maintenance 5 - 20 mg/day; maximum 20 mg/day	

Olanzapine 10 mg Disintegrating Tablet	i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder	A*	i) 5 - 10 mg once daily, increase to 10 mg once daily within 5 - 7 days, adjust by 5 - 10 mg/day at 1 week intervals, maximum 20 mg/day ii) 10 - 15 mg once daily, increase by 5 mg/day at intervals of not less than 24 hours. Maintenance 5 - 20 mg/day; maximum 20 mg/day	
Olanzapine 5 mg, 10mg Tablet	i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder	A*	i) 5 - 10 mg once daily, increase to 10 mg once daily within 5 - 7 days, adjust by 5 - 10 mg/day at 1 week intervals, maximum 20 mg/day ii) 10 - 15 mg once daily, increase by 5 mg/day at intervals of not less than 24 hours. Maintenance 5 - 20 mg/day; maximum 20 mg/day	
Olopatadine hydrochloride ophthalmic solution 0.2%	Temporary prevention of ocular itching due to allergic conjunctivitis	A*	One drop in each affected eye once a day	
Omega 3 Acid Ethyl Ester 90				KPK Endocrine. Brand: Omacor
Omeprazole 20 mg Capsule	Only for : i)Reflux oesophagitis ii)For eradication of Helicobacter pylori infection iii)Benign peptic ulcer not responding to conventional therapy iv)Zollinger-Ellison Syndrome	A/KK	i)20 - 80 mg 1 - 2 times daily up to 8 - 12 weeks ii)20 mg twice daily in combination with any of the 2 antibiotics (clarithromycin 500 mg twice daily, amoxicillin 1 g twice daily or metronidazole 400 mg twice daily)for 1 - 2 weeks iii) 20 mg once daily for 4 - 6 weeks iv) ADULT: 20 - 120 mg once daily adjusted according to the patient's response. CHILD 0.4 - 0.8 mg/kg/day	
Omeprazole 40 mg Injection	i) Reflux oesophagitis, eradication of H. Pylori infection, benign peptic ulcer not responding to conventional therapy, Zollinger-Ellison Syndrome ii) Endoscopically confirmed peptic ulcer	A*	i) 40 mg IV once daily when oral therapy is inappropriate ii) 40- 160 mg by IV in single or divided doses	
Ondansetron 4mg/2ml injection	i)Prevention of nausea and vomiting induced by chemotherapy and radiotherapy ii)Postoperative nausea and vomiting	A	i)8 mg given by IV infusion over 15 minutes or by IM immediately before treatment followed by 8 mg orally every 12 hours for up to 5 days. CHILD 5 mg/m ² body surface IV over 15 minutes immediately before chemotherapy followed by 4 mg orally every 12 hours for up to 5 days ii)Prevention : 4 mg given by IV at induction of anaesthesia. CHILD over 2 years, 100 mcg/kg (max 4mg) by slow IV before, during or after induction of anaesthesia. Treatment of postoperative: 4 mg by IM or slow. CHILD over 2 years 100 mcg/kg (maximum 4mg) by slow IV	
Oral Rehydration Salt	Replacement of fluid and electrolytes loss in diarrhoea	C	ADULT: 200 - 400 ml (1 - 2 sachets) for every loose motion. CHILD: 200 ml (1 sachet) for every loose motion. In severe dehydration 100 ml/kg for 3 - 4 hours. INFANT: 1 - 1.5 times their usual feed volume (50 ml per stool for small infant)	

Oseltamivir 75mg capsule	i) For treatment of patients with suspected or confirmed influenza and severe disease (requiring hospitalization or evidence of lower respiratory tract infection). ii) For treatment of patients with suspected or confirmed influenza and with co-morbidity and associated with increased risk of influenza complications. Not to be used as prophylaxis	A/KK	Recommended dose in adults and adolescents ≥ 13 years of age and body weight $>40\text{kg}$ is 75mg twice daily for 5 days. No dose adjustment is necessary for patients with creatinine clearance above 60 ml/min. Dose recommendations for renal impairment patients as follows: a) Creatinine clearance of $>30\text{-}60\text{ mL/min}$: 30 mg twice daily for 5 days b) Creatinine clearance of $10\text{-}30\text{ mL/min}$: 30 mg of once daily for 5 days c) In patients undergoing routine hemodialysis an initial dose of 30 mg can be administered prior to the start of dialysis if influenza symptoms develop during the 48 hours between dialysis sessions. To maintain plasma concentrations at a therapeutic level, a dose of 30 mg should be administered after every hemodialysis session. d) For peritoneal dialysis a dose of 30 mg administered prior to the start of dialysis followed by further 30 mg doses administered every 5 days is recommended for treatment. Dosing recommendation cannot be provided for patients with end-stage renal disease (creatinine clearance of $<10\text{ mL/min}$) not undergoing dialysis. No dose adjustment needed in patients with hepatic impairment and the elderly.	
Oxaliplatin 50 mg Injection	Only for patients with colorectal cancer who: i) have relapsed within 6 months after the end of adjuvant chemotherapy with 5-fluorouracil-based regime ii) have progressive disease despite 5-fluorouracil chemotherapy for advanced disease iii) good performance status (WHO of 2 or less). The treatment must be given in a tertiary oncology centre or have clearance in writing by an oncologist	A*	85 mg/m ² IV repeated every 2 weeks	
Oxybutynin Chloride 5 mg Tablet	For the relief of symptoms of bladder instability associated with voiding in patients with uninhibited neurogenic or reflex neurogenic bladder (ie urgency, frequency, urinary leakage, urge incontinence, dysuria)	A*	ADULT: Initially 5 mg 2 - 3 times daily increased if necessary to maximum 5 mg 4 times daily. ELDERLY: Initially 2.5 - 3 mg twice daily, increased to 5 mg twice daily according to response and tolerance. CHILD over 5 years, neurogenic bladder instability: 2.5 - 3 mg twice daily increased to 5 mg twice daily to maximum 3 times daily	
Oxycodone HCl 10 mg, 20mg Prolonged Release Tablet	Management of moderate to severe chronic cancer pain non-responsive to morphine (in accordance with WHO step-wise ladder of chronic pain management) [Initiated by Chronic Pain Specialist only]	A*	ADULT, ELDERLY and CHILDREN more than 18 years, opioid-naïve patients: 10 mg 12 hourly. Renal or hepatic impairment: 5 mg 12 hourly. Titrate dose carefully, as frequently as once a day if necessary, to achieve pain relief	Brand: Oxycontin
Oxycodone HCl 5 mg Immediate Release Capsules	i)As a second line drug in the management of opioid responsive, moderate to severe chronic cancer pain ii)As a step-down analgesic drug in post-operative procedures (Initiated by palliative medicine physicians, oncologists, anaesthesiologists, haematologists and pain specialists only)	A*	Initially 5 mg every 4 to 6 hours, increased if necessary according to severity of pain, usual max. 400 mg daily, but some patients may require higher doses	Brand: Oxynorm

Oxycodone Hydrochloride 10 mg/ml Injection	For the treatment of moderate to severe pain in patients with cancer and post-operative pain. For the treatment of severe pain requiring the use of a strong opioid.	A*	Adults over 18 years: The following starting doses are recommended. A gradual increase in dose may be required if analgesia is inadequate or if pain severity increases. IV Bolus: Dilute to 1 mg/ml in 0.9% saline, 5% dextrose or water for injections. Administer a bolus dose of 1 to 10 mg slowly over 1-2 minutes. Doses should not be administered more frequently than every 4 hours. IV Infusion: Dilute to 1 mg/ml in 0.9% saline, 5% dextrose or water for injections. A starting dose of 2 mg/hour is recommended. IV PCA: Dilute to 1 mg/ml in 0.9% saline, 5% dextrose or water for injections. Bolus doses of 0.03 mg/kg should be administered with a minimum lock-out time of 5 minutes. SC Bolus: Use as 10 mg/ml concentration. A starting dose of 5 mg is recommended, repeated at 4-hourly intervals as required. SC Infusion: Dilute in 0.9% saline, 5% dextrose or water for injections if required. A starting dose of 7.5 mg/day is recommended in opioid naïve patients, titrating gradually according to symptom control. Cancer patients transferring from oral oxycodone may require much higher doses (see below). Transferring patients between oral and parenteral oxycodone: The dose should be based on the following ratio: 2 mg of oral oxycodone is equivalent to 1 mg of parenteral oxycodone. It must be emphasised that this is a guide to the dose required. Inter-patient variability requires that each patient is carefully titrated to the appropriate dose.	
Oxycodone Hydrochloride 10mg and Naloxone Hydrochloride Dihydrate 5mg Tablet	The management of moderate to severe chronic pain unresponsive to non-narcotic analgesics. The opioid antagonist naloxone in the fixed combination is added to counteract and/or prevent opioid-induced constipation. For pain specialist only	A*	Adults and paediatric patients from 18 years of age: The usual starting dose for opioid-naïve patients or patients presenting with moderate to severe chronic pain uncontrolled by weaker opioids is one tablet 10mg/5mg at 12 hourly intervals, or one tablet 5mg/2.5mg 12-hourly for patients with mild hepatic impairment and patients with renal impairment. The dose should then be cautiously titrated, as frequently as every 1-2 days if necessary, to achieve pain relief.	Brand: Targin 10/5
Oxycodone Hydrochloride 20mg and Naloxone Hydrochloride Dihydrate 10mg Tablet	The management of moderate to severe chronic pain unresponsive to non-narcotic analgesics. The opioid antagonist naloxone in the fixed combination is added to counteract and/or prevent opioid-induced constipation. For pain specialist only	A*	Adults and paediatric patients from 18 years of age: The usual starting dose for opioid-naïve patients or patients presenting with moderate to severe chronic pain uncontrolled by weaker opioids is one tablet 10mg/5mg at 12 hourly intervals, or one tablet 5mg/2.5mg 12-hourly for patients with mild hepatic impairment and patients with renal impairment. The dose should then be cautiously titrated, as frequently as every 1-2 days if necessary, to achieve pain relief.	Brand: Targin 20/10
Oxymetazoline HCl 0.025% (Paediatric) Nasal Spray	Acute colds, paranasal sinusitis and otitis media	A	2 - 3 sprays into each nostril twice daily for child more than 1 year	Brand: Oxynase
Oxymetazoline HCl 0.05% (Adult) Nasal Spray	Acute colds, paranasal sinusitis and otitis media	A	2 - 3 sprays into each nostril twice daily, maximum 6 sprays per nostril/day	Brand: Affrin

Oxytocin 10 units/ml Injection	Induction of labour	B	IV: 0.5 - 1 milliunits/minute; gradually increase dose in increments of 1 - 2 milliunits/minute until desired contraction pattern is established; dose may be decreased after desired frequency of contractions is reached and labor has progressed to 5 - 6 cm dilation	
Oxytocin 5 units & Ergometrine Maleate 0.5 mg/ml Injection	i) Prevention and treatment of post partum haemorrhage ii) Management of third stage of labour	C+	i) 1 ml IM, may be repeated after 2 hours. Should not exceed 3 ml within 24 hours ii) For routine management of third stage of labour, 1 ml IM following delivery of the anterior shoulder or immediately after delivery of the child	
Paclitaxel 30 mg/5 ml Injection	i) Treatment of recurrent breast cancer, after failure of anthracycline-based chemotherapy ii) Primary adjuvant therapy in advanced ovarian cancer in combination with cisplatin iii) Treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) in chemo-naïve patients in combination with platinum compounds	A*	i) 175 mg/m ² IV over 3 hours every 3 weeks ii) 175 mg/m ² IV over 3 hour followed by cisplatin 75 mg/m ² in every 3 weeks or 135 mg/m ² IV over 24 hours followed by cisplatin 75 mg/m ² every 3 weeks iii) 135 mg/m ² IV over 24 hours followed by cisplatin 75 mg/m ² every 3 weeks	
Paliperidone 75 mg Prolonged Release Injection	Second or third line treatment of acute and maintenance treatment of schizophrenia in adults	A*	Initiation: Deltoid IM 150 mg eq on Day1, followed by deltoid IM 100 mg eq on one week later. Maintenance: Monthly dose of 75 mg eq (this can be increased or decreased based on individual patient's tolerability and/or efficacy). These monthly maintenance dose can be administered in either the deltoid or gluteal muscle	
Paliperidone 100 mg, 150mg Prolonged Release Injection	Second or third line treatment of acute and maintenance treatment of schizophrenia in adults	A*	Initiation: Deltoid IM 150 mg eq on Day1, followed by deltoid IM 100 mg eq on one week later. Maintenance: Monthly dose of 75 mg eq (this can be increased or decreased based on individual patient's tolerability and/or efficacy). These monthly maintenance dose can be administered in either the deltoid or gluteal muscle	
Palivizumab 100mg Injection	For the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in paediatric patients at high risk of RSV disease	A*	15 mg/kg IM once a month during season of RSV risk	
Pamidronate Disodium 30 mg Injection	Hypercalcaemia of malignancy (tumour -induced hypercalcaemia)	A*	Dose depends on the initial serum calcium levels. Doses range from a single infusion of 30 - 90 mg	
Pancreatin 150 mg Capsule	Treatment of pancreatic exocrine insufficiency due to conditions such as cystic fibrosis, chronic pancreatitis and non-pancreatic diseases	A/KK	Initially 1 - 2 capsules with each meal. May increase to 5 - 15 capsules daily	
Pantoprazole 40 mg Injection	Bleeding peptic ulcer and acute stress ulceration	A*	40 mg twice daily until oral administration can be resumed. CHILD not recommended	
Pantoprazole 40 mg Tablet	i) Helicobacter pylori eradication ii) Peptic ulcer disease iii) Erosive and non-erosive reflux oesophagitis (GERD and NERD) iv) Zollinger-Ellison Syndrome v) Prevention of NSAID induced gastropathy	A*	i) 40 mg twice daily in combination with any of the 2 antibiotics (Clarithromycin 500 mg twice daily, Amoxicillin 1 g twice daily or Metronidazole 400 mg twice daily) for 1-2 weeks ii) 40 mg daily for 2 - 4 weeks iii) 20 - 40 mg daily on morning for 4 weeks iv) Initially 80 mg daily, dose can be titrated up or down as needed. v) 20 mg daily. CHILD not recommended	

Paracetamol 10mg/ml in 100ml Solution for IV Infusion	Mild to moderate pain and pyrexia	A	Body Weight (BW) ≤ 10kg: 7.5mg/kg, max: 30mg/kg BW >10kg to ≤ 33kg: 15mg/kg, max 60mg/kg not exceeding 2g BW >33kg to ≤ 50kg: 15mg/kg, max 60mg/kg not exceeding 3g BW >50kg (with risk of hepatotoxicity): 1g, max 3g BW >50kg (without risk of hepatotoxicity): 1g, max 4g OR as in the product leaflet	
Paracetamol 120 mg/5 ml Syrup	Mild to moderate pain and pyrexia	C+	CHILD: up to 1 year: 60 - 120 mg. 1 - 5 years: 120 - 240 mg. 6 - 12 years: 240 - 480 mg per dose. Repeat every 4 - 6 hours when necessary. Maximum of 4 doses in 24 hours	
Paracetamol 125 mg Suppository	Symptomatic relief of fever and post operative pain for paediatric cases	C+	CHILD 1 - 5 years: 125 - 250 mg; 6 - 12 years: 250 - 500 mg; 3 - 11 months: 80 mg inserted every 4 - 6 hours if necessary, maximum 4 doses in 24 hours. INFANTS under 3 months should not be given Paracetamol unless advised by doctor; a dose of 10 mg/kg (5 mg/kg if jaundiced) is suitable	
Paracetamol 250 mg Suppository	Symptomatic relief of fever and post operative pain for paediatric cases	B	CHILD 1 - 5 years : 125 - 250 mg; 6 - 12 years : 250 - 500 mg; 3 - 11 months : 80 mg inserted every 4 - 6 hours if necessary, maximum 4 doses in 24 hours. INFANTS under 3 months should not be given Paracetamol unless advised by doctor; a dose of 10 mg/kg (5 mg/kg if jaundiced) is suitable	
Paracetamol 500 mg Tablet	Mild to moderate pain and pyrexia	C+	ADULT: 500 - 1000 mg every 4 - 6 hours, maximum of 4 g daily	
Paraffin Mole Alba (White Soft Paraffin)	Xerosis and ichthyosis	C	Apply to the affected area	
Parecoxib Sodium 40mg Injection	Management of post operative pain in the immediate post operative setting only	A*	40 mg followed by 20 or 40 mg every 6 to 12 hours, as required. Use limited to two days only with a maximum dose of 80 mg/day. Reduce the initial dose by 50% in elderly less than 50 kg	
Paricalcitol 5mg/ml Inj				KPK Nephro
Peginterferon Alpha-2a 180 mcg Prefilled Syringe	i) Chronic hepatitis C usually in combination with ribavirin (Important to establish hepatitis C virus (HCV) genotype and viral load where combination treatment is advocated) ii) For the treatment of both HbeAg-positive and HbeAg-negative chronic hepatitis B with compensated liver disease and evidence of viral replication who are not responding or tolerating oral antiviral therapy (Initiated by Hepatologist and Gastroenterologist only)	A*	i) 180 mcg weekly with ribavirin 800 mg daily for 24 weeks in patients in genotype 2 and 3 and 180 mcg weekly with ribavirin (1000 - 1200 mg) for 48 weeks for those with genotype 1 and 4. 135 mg dose may be used for patients who cannot tolerate the 180 mcg dose ii) 180 mcg subcutaneously once a week for 48 weeks	Brand: Pegasys
Pentamidine Isethionate 300 mg Injection	Only for the treatment of pneumonia due to Pneumocystis carinii	A*	4 mg/kg once daily by slow IV infusion for at least 14 days	
Pentoxifylline 400 mg Tablet	Peripheral vascular disease	A/KK	400 mg 2 - 3 times daily	
Perindopril 4 mg and Indapamide 1.25 mg Tablet	Essential hypertension, for patients whose blood pressure is insufficiently controlled by perindopril alone.	A/KK	One tablet daily, preferably taken in the morning and before a meal.	

Perindopril 4 mg, 8mg Tablet	i) Hypertension ii) Congestive heart failure iii) Stable coronary artery disease	B	i) 4 mg as single dose, may be increased to a single 8 mg dose. ELDERLY: Start treatment with 2 mg dose. In renal insufficiency, dose should be adapted according to creatinine clearance ii) Single starting oral dose of 2 mg should be increased to a single 4 mg once BP acceptability has been demonstrated iii) 4 mg once daily for 2 weeks, may be increased to 8 mg once daily. ELDERLY: 2 mg once daily for 1 week, then 4 mg once daily for the following week, may be increased up to 8 mg once daily	
Peritoneal Dialysis Solution (1.5% Dextrose 2, 5 Litres)	For chronic renal disease requiring dialysis and for acute renal failure	B	Dose depending on clinical cases	
Peritoneal Dialysis Solution (4.25% Dextrose, 2 Litres)	For chronic renal disease requiring dialysis and for acute renal failure	B	Dose depending on clinical cases	
Peritoneal Dialysis with 7.5% Icodextrin Solution	As a once replacement for a single glucose exchange as part of a continuous ambulatory peritoneal dialysis (CAPD) or automated peritoneal dialysis (APD) regimen for the treatment of chronic renal failure, particularly for patients who have lost ultra filtration on glucose solutions	A*	Administered as a single daily exchange for the long dwell in continuous ambulatory peritoneal dialysis or automated peritoneal dialysis. The recommended dwell time is 8 to 16 hours	
Permethrin 5% w/v Lotion	Treatment of scabies	A*	Apply thoroughly to all body parts. Leave on for 8 - 14 hours. Not recommended for children less than 2 years old	Brand: A-Scabs old
Perphenazine 4 mg Tablet	Schizophrenia and other psychoses	B	ADULT: Initially 4 mg 3 times daily adjusted according to response, maximum 24 mg daily. ELDERLY: 1/4 to 1/2 adult dose. CHILD not recommended	
Pethidine HCl 50 mg/ml Injection	For relief of moderate to severe pain (medical and surgical), pre-anaesthetic medication and obstetrical analgesia	B	ADULT: 0.5 - 2 mg/kg SC or IM every 3 - 4 hours if necessary. CHILD: by IM 0.5 - 2 mg/kg. Up to 1 year : 1- 2 mg/kg weight IM, 1 - 5 years : 12.5 - 25 mg IM, 6 - 12 years: 25 - 50 mg IM	
Pethidine HCl 100 mg/2 ml Injection	For relief of moderate to severe pain (medical and surgical), pre-anaesthetic medication and obstetrical analgesia	B	ADULT: 0.5 - 2 mg/kg SC or IM every 3 - 4 hours if necessary. CHILD: by IM 0.5 - 2 mg/kg. Up to 1 year : 1- 2 mg/kg weight IM, 1 - 5 years : 12.5 - 25 mg IM, 6 - 12 years: 25 - 50 mg IM	
Phenobarbitone 30 mg Tablet	Epilepsy	B	ADULT: 60 - 180 mg daily on. CHILD: Up to 8 mg/kg daily	
Phenobarbitone Sodium 200 mg/ml Injection	Status Epilepticus	B	ADULT: 10 mg/kg IV at a rate of not faster than 100 mg/minute. Initial maximum dose does not exceeding 1 gm. Daily maintenance of 1 - 4 mg/kg/day. CHILD: 10 - 20 mg/kg/dose loading dose, followed by repeated doses at 10 mg/kg/dose (strictly in ICU setting). Maintenance 5 - 8 mg/kg/day	
Phenol 92% w/w Liquid	As disinfectant	C	Use in various dilutions	
Phenoxymethyl Penicillin 125 mg Tablet	i) Treatment or prophylaxis of infections caused by susceptible organisms ii) Prophylactic, rheumatic fever	C	i) ADULT: 500 - 750 mg 6 hourly.CHILD; up to 1 year: 62.5 mg, 1 - 5 years: 125 mg, 6 - 12 years: 250 mg 6 hourly ii) ADULT: 125 - 250 mg twice daily. CHILD: 25 - 50 mg/kg in divided doses every 6 - 8 hours. Maximum: 3 g/day	
Phentolamine 10mg/ml Inj				KPK ED

Phenylephrine HCl 2.5% Eye Drops	For pupillary dilation in uveitis, for refraction without cyclopegic. For funduscopy and other diagnostic procedures	B	Mydriasis and vasoconstriction: 1 drop of 2.5% or 10% solution, repeated in one hour if necessary. Chronic mydriasis: 1 drop of a 2.5% or 10% solution 2 - 3 times a day. Uveitis with posterior synechiae (treatment) or synechiae, posterior (prophylaxis): 1 drop of a 2.5% or 10% solution, repeated in one hour if necessary, not to exceed three times a day. Treatment may be continued the following day, if necessary	
Phenylephrine 10mg/ml Inj				KPK Anes
Phenytoin Sodium 30 mg Capsule	Epilepsy	B	ADULT and CHILD more than 6 years: 300-400 mg/day in 3 - 4 divided doses before meals. Maximum: 600 mg/day. CHILD: Initially 5 mg/kg/day in 2 - 3 divided doses. Maintenance: 4 - 8 mg/kg/day. Maximum: 300 mg/day	
Phenytoin Sodium 100 mg Capsule	Epilepsy	B	ADULT and CHILD more than 6 years: 300-400 mg/day in 3 - 4 divided doses before meals. Maximum: 600 mg/day. CHILD: Initially 5 mg/kg/day in 2 - 3 divided doses. Maintenance: 4 - 8 mg/kg/day. Maximum: 300 mg/day	
Phenytoin Sodium 125 mg/5ml Suspension	Epilepsy	B	ADULT: Patients with no previous treatment may be started on 1 teaspoonful or 5 mL (125 milligrams) 3 times daily. It is then individualized to the patient. An increase to 5 teaspoonfuls (625 milligrams) may be made if necessary. CHILD: Initially 5 mg/kg/day in 2 - 3 divided doses. Maintenance: 4 - 8 mg/kg/day. Maximum: 300 mg/day. Children over 6 years and adolescents may require the minimum adult dose (300mg/day)	
Phenytoin Sodium 50mg/ml Injection	Status epilepticus	B	i) Status epilepticus: ADULT 10 - 15 mg/kg by slow IV. Maximum 50 mg/minute. Maintenance: 100 mg orally/IV every 6 - 8 hours. CHILD 15 - 20 mg/kg by slow IV. Maximum: 1 - 3 mg/kg/minute ii) Neurosurgery 100 - 200 mg IM approximately at 4 hourly interval	
Physostigmine 2mg/2ml Inj				KPK ED
Pilocarpine 2% Eye Drops	Miotics in chronic open-angle glaucoma	B	1 drop 1 - 4 times a day	
Piperacillin 4 g & Tazobactam 500 mg Injection	Febrile neutropenia, lower respiratory tract infection and severe sepsis	A*	Adult and children more than 12 years: 4.5g 6 hourly, for neutropenia adult and children more than 50kg: 4.5g 6 hourly. Children less than 50kg: 90mg/kg 6 hourly	
Pioglitazone 15mg Tablet				KPK Endocrine
Piracetam 1 g Injection	Treatment of cerebral functional impairment	A*	30 - 160 mg/kg/day orally or parenterally 2 times daily or 3 to 4 times daily. Maximum: 24 g/day	
Piracetam 1.2 g Tablet	Mild cognitive impairment, post concussional head syndrome, head injury disorder, chronic vertigo and myoclonus	A*	Initially 7.2 g daily in 2 - 3 divided doses, increased according to response by 4.8 g daily every 3 - 4 days to maximum of 20 g daily. CHILD under 16 years not recommended	

Piribedil 50 mg Tablet	Parkinson disease	A*	As monotherapy: 150 - 250 mg as 3 - 5 divided doses daily. As combination with L-dopa therapy: 50 - 150 mg daily (50 mg per 250 mg of L-dopa)	
Pizotifen 0.5 mg Tablet	Prophylactic treatment of vascular headache	B	Starting with 0.5mg daily, the dosage should be progressively increased. The average maintenance dosage is 1.5mg daily in divided doses or as a single dose at night. Max dose: 4.5 mg/day and 3 mg/dose. Child: >2 yr: Up to 1.5 mg daily in divided doses. Max dose: 1 mg/dose.	
Pneumococcal polysaccharide conjugate vaccine (adsorbed) 13-valent injection	Active immunization for the prevention of pneumococcal disease caused by Streptococcus pneumoniae serotypes 1,3,4,5,6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in the population with associated risk in IPD with the following conditions: • Functional or anatomical asplenia; • Cochlear implant; • Congenital immune-deficiency; • Haematopoietic and solid organ transplant; • Adults aged 60 years and above with one of the following conditions: i) Chronic lung diseases, including chronic obstructive pulmonary disease (COPD), emphysema & asthma (requiring frequent hospital visit & use of multiple medications). ii) Chronic liver disease including cirrhosis, biliary atresia, chronic hepatitis iii) Chronic cardiac disease, including congestive heart failure, congenital heart disease, and cardiomyopathies	A*	Pneumococcal polysaccharide conjugate vaccine (adsorbed), 13-valent [PCV13] is to be administered as a single dose to adults 18 years and older including those previously vaccinated with a pneumococcal polysaccharide vaccine. The need for re-vaccination with a subsequent dose of PCV13 has not been established	Brand: Prevenar-13V
Pneumococcal Vaccine (Polyvalent)	Prevention of pneumococcal infections in high risk subjects from the age of 2 years including patient with a history of splenectomy or scheduled splenectomy	A	Primary injection: 1 single injection (0.5 ml) only. Booster: Must not be given within 5 years except in very high risk patient who received the vaccine while under immunosuppressive treatment	Brand: Pneumovax 23
Podophyllum 10 - 20% Paint	External anogenital warts	B	Apply 2 - 3 drops carefully to lesion after protecting surrounding area with vaseline. Wash off after 6 hours or if feel burning sensation and repeat 2 - 3 times weekly or once weekly	Galenical
Polycitra Syrup	For treatment of calcium and uric acid stones	C	The usual dose of potassium citrate is 30 - 60 mEq/day orally in 3 or 4 doses with meals or within 30 minutes after meals. ADULT: 15 ml 3 times daily well diluted with water. CHILD 5-15 ml 3 times daily, after meals and at bedtime.	Galenical
Polyethylene Glycol /Macrogol 4000 Powder	Bowel cleansing prior to colonoscopy, radiological examination or colonic surgery. Suitable for patients with heart failure or renal failure	A	1 sachet dissolved in 1 L of water. 2-3 L of oral solution are required. When morning surgery is planned, the oral solution is given in the late afternoon the day prior. If surgery is scheduled in afternoon, the oral solution should be given on the same day for ingestion to be completed three hours before surgery	
Posaconazole 40mg/ml Syrup				KPK ENT (while stock last)
Potassium Chloride 1 g/10 ml Injection	For the correction of severe hypokalaemia and when sufficient potassium cannot be taken by mouth	B	By slow IV infusion depending on the deficit or the daily maintenance requirements. 1 g diluted in 500 ml normal saline or glucose and given slowly over 2 - 3 hours	
Potassium Chloride 1 g/15 ml Mixture	Potassium depletion	C	1 g once or twice daily until serum potassium is restored	Galenical

Potassium Chloride 600 mg SR Tablet	For the treatment and specific prevention of hypokalaemia	B	ADULT: 2 - 3 tablets daily. Severe deficiency: 9 - 12 tablets daily or according to the needs of the patient	
Potassium Citrate 3 g/10 ml and Citric Acid Mixture	For systemic or urine alkalinization	C	ADULT: 15-30 ml well diluted with water. CHILD up to 1 year: 2.5 ml 3 times daily; 1 - 5 years: 5 ml 3 times daily; 6 - 12 years: 10 ml 3 times daily. To be taken well diluted with water, after meals and at bedtime.	
Potassium Dihydrogen Phosphate Injection	For treatment of hypophosphataemia	A	Up to 10mmol phosphate administered over 12 hours	
Potassium Iodide Mixture	Pre-operative management of hyperthyroidism and thyrotoxicosis	B	ADULT and CHILD: 50 - 250 mg 3 times daily	
Potassium Permanganate 1:1000 (0.1%) Solution	Cleansing and deodorising suppurative eczematous reactions and wounds	C+	As soaks or wet dressing 1 - 3 times daily or as required	Galenical
Potassium Permanganate 1.5% Lotion	Cleansing and deodorising suppurative eczematous reactions and wounds	C	As a bath once to twice daily or as required	Galenical
Potassium Permanganate 5% Lotion	Cleansing and deodorising suppurative eczematous reactions and wounds	C+	As soaks or wet dressing 1 - 3 times daily or as required	Galenical
Povidone Iodine 10% (equivalent to 1% iodine) Solution	Skin operation prior to surgery, in cleansing open wounds, as an antiseptic for operative wounds infections	B	To be applied undiluted in pre-operative skin disinfection and general antiseptis.	
Pralidoxime 0.5g/20ml Injection	Antidote in the treatment of organophosphorus insecticide poisoning and in the control of overdosage by anticholinergic drugs used in the treatment of myasthenia gravis	B	Adult: Used in combination with atropine. Admin atropine via IM/IV inj and repeat as needed until patient shows signs of atropine toxicity. Maintain atropinisation for at least 48 hr. As soon as the effects of atropine are observed, 1-2 g of pralidoxime (chloride, iodide or mesilate) may be given via IM/IV inj. Repeat dose after 1 hr, then every 8-12 hr, if necessary. In severe poisoning, continuous infusion of 200-500 mg/hr may be given, titrated according to response. Alternatively, pralidoxime chloride may be given at an initial dose of 30 mg/kg via IV infusion over 20 minutes or IV inj over 5 minutes, followed by IV infusion at 8 mg/kg/hr. Max: 12 g/24 hr. Child: As mesilate: 20-60 mg/kg. Renal impairment: Dose adjustment may be required.	
Pramipexole Dihydrochloride 0.125 mg Tablet	Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa	A*	Dose escalation: 0.125 mg 3 times daily on week 1 then 0.25 mg 3 times daily week 2 then 0.5 mg 3 times daily on week 3. Increase by 0.75 mg at weekly intervals if needed up to maximum of 4.5 mg/day. Patient on levodopa: Reduce dose. Renal impairment: In patient with creatinine clearance < 20ml/min, the daily dose of pramipexole should be started at 0.125 mg daily instead of 0.25mg and the maximum dose should not > 1.5 mg daily	

Pramipexole Dihydrochloride 1 mg Tablet	Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa	A*	Dose escalation: 0.125 mg 3 times daily on week 1 then 0.25 mg 3 times daily week 2 then 0.5 mg 3 times daily on week 3. Increase by 0.75 mg at weekly intervals if needed up to maximum of 4.5 mg/day. Patient on levodopa: Reduced dose. Renal impairment: In patient with creatinine clearance < 20ml/min, the daily dose of pramipexole should be started at 0.125 mg daily instead of 0.25mg and the maximum dose should not > 1.5 mg daily	
Pramipexole Dihydrochloride Extended Release 0.375mg Tablet	Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa	A	Dose escalation: 0.375 mg/day on week 1, 0.75 mg/day on week 2, 1.5 mg/day on week 3. Increase by 0.75 mg at weekly intervals if needed up to a max of 4.5 mg/day. Patient on l-dopa: reduce dose. Renal Impairment: CrCl 30-50 mL/min Initially 0.375 mg every other day. May be increased by 0.375 mg at weekly intervals to max 2.25 mg/day	
Pravastatin Sodium 20 mg Tablet	Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy. In health clinics, Pravastatin is restricted to HIV patients on HAART.	A/KK	10 - 20 mg once daily. Maximum: 40 mg daily. In patients concomitantly taking cyclosporine, with or without other immunosuppressive drugs: Initial dose is 10mg/day and titration to higher doses should be performed with caution. Maximum dose 20mg/day.	
Prazosin HCl 1 mg, 2mg Tablet	Hypertension	B	Initially 0.5 mg 2 - 3 times daily, the initial dose on retiring to bed at night; increased to 1 mg 2 - 3 times daily after 3 - 7 days: further increased if necessary to maximum 20 mg daily	
Pre/Post Natal Vitamin & Mineral Tablet	Vitamin and mineral supplement for use during pregnancy and lactation	C+	1 tablet daily or based on individual requirements	Brand: New Obimin. Kept in O&G Clinic
Prednisolone 3 mg/5 ml Syrup	i) Replacement therapy for primary and secondary adrenocortical insufficiency ii) Adrenogenital syndrome iii) Other therapy	B	i) 5 - 25 mg daily in divided doses ii) 10 - 20 mg/m ² body surface daily in divided doses iii) ADULT: 5 - 60 mg daily. CHILD: 0.5 - 2 mg/kg/day in divided doses every 6 - 8 hours or as a single daily	Will be replaced with 2.5mg/5ml strength once available. FUKKM 1.2017
Prednisolone 1mg Tablet				KPK Nephro, Rheumato
Prednisolone 5 mg Tablet	i) Replacement therapy for primary and secondary adrenocortical insufficiency ii) Adrenogenital syndrome iii) Other therapy	B	i) 5 - 25 mg daily in divided doses ii) 10 - 20 mg/m ² body surface daily in divided doses iii) ADULT: 5 - 60 mg daily. CHILD: 0.5 - 2 mg/kg/day in divided doses every 6 - 8 hours or as a single daily	
Pregabalin 75 mg, 150mg Capsule	i) Second line treatment of neuropathic pain in patients who do not response to first line drugs ii) Fibromyalgia	A*	i) Initially, 75 mg twice daily. May be increased to 150 mg twice daily after 3-7 days. Max: 600 mg/day after an additional 7-day interval ii) Initially, 75 mg twice daily. May be increased to 150 mg twice daily within 1 week or 225 mg twice daily. Max: 450 mg/day	
Primaquine 7.5 mg base Tablet	i) Treatment of malaria ii) Prophylaxis together with a schizonticide such as chloroquine	B	i) 15 mg daily for 14 days, increased to higher doses or longer course if resistance in P.vivax occurs. ii) ADULT: 30 mg once weekly. CHILD: 0.5 mg once weekly Child: 250 mcg/kg daily for 14 days. Should be taken with food. Take with meals to avoid GI discomfort.	

Procarbazine HCl 50mg capsule	Lymphomas	A	Adult: Monotherapy: Initially, 50 mg/day, increased by 50 mg daily to 250-300 mg daily in divided doses. Continue doses until max response is achieved or appearance of signs of toxicity. Maintenance: 50-150 mg/day or 1-2 mg/kg daily until a cumulative dose of at least 6 g. Combination Therapy: 100 mg/m ² on days 1-14 of each 4- or 6-wk cycle. Child: Initially, 50 mg/m ² daily, up to 100 mg/m ² adjust according to response.	KPK Hemato
Probenecid 500 mg Tablet	Hyperuricemia associated with gout and gouty arthritis (for cases allergic to allopurinol or serum uric acid not controlled by allopurinol alone)	A	500 mg to 1000 mg twice daily	
Prochlorperazine Maleate 5mg Tablet	i) Severe nausea and vomiting ii) Vertigo/labyrinthine disorders	B	Nausea and vomiting Adult: As maleate or mesilate: 20 mg, further doses are given if needed. Recommended buccal dose: As maleate: 3-6 mg bid. Vertigo Adult: As maleate or mesilate: 15-30 mg daily, given in divided doses. May reduce gradually to 5-10 mg daily. Recommended buccal dose: 3-6 mg bid. May be taken with or without food.	
Prochlorperazine Mesylate 12.5 mg/ml Injection	i) Severe nausea and vomiting ii) Vertigo/labyrinthine disorders	B	Deep IM injection, 12.5 mg repeated if necessary after 6 hours and then followed by an oral dose. Not recommended in children	
Procydiline HCl 5 mg/ ml Injection	i) All forms of Parkinson's disease (idiopathic paralysis agitans), post-encephalitis and arteriosclerosis ii) To control troublesome extrapyramidal symptoms induced by neuroleptic drugs including pseudo-parkinsonism, acute dystonic reactions and akathisia	B	i) Initial dose 2.5mg TDS, increasing by 2.5-5mg/day at intervals of 2 or 3 days until the optimum clinical response is achieved. Usual maintenance dose: 15-30mg/day. Max: 60mg/day ii) Initial dose 2.5mg TDS, increasing by 2.5mg daily until symptoms are relieved. Usual maintenance dose: 10-30mg/day. IV Emergency: 5-10 mg. IM Emergency: 5-10 mg as a single dose, may repeat after 20 mins if needed. Max: 20 mg/day.	KPK Pharmacy
Progesterone 100 mg capsule	Supplementation of the luteal phase.	A*	Oral route: On average for progesterone insufficiency, the daily dose of progesterone is 200-300mg per day; one capsule after breakfast and one to two capsules at bedtime. Vaginal route: 4 to 6 capsules (in 2 to 3 divided doses) per day starting from the day of the HCG injection until the 12th week of pregnancy.	
Progesterone 8% Vaginal Gel	Treatment of infertility due to inadequate luteal phase	A*	90 mg intravaginally daily from day of egg retrieval till pregnancy established	
Prolase Tablet	Oedema and inflammation in conjunction with other physical or chemotherapeutic measures	B	2 tablet 4 times daily	
Promethazine HCl 25 mg/ml Injection	Allergic conditions	B	By deep IM: ADULT: 25 - 50 mg, maximum 100 mg. CHILD: 5 - 10 years : 6.25 - 12.5 mg. By slow IV: 25 - 50 mg in a solution of 2.5 mg/ml in water for injection. Maximum 100 mg	
Promethazine HCl 5 mg/5 ml Syrup	Allergic conditions	B	CHILD 2 - 5 years: 5 - 15 mg daily, 5 - 10 years : 10 - 25 mg daily	

Proparacaine HCl 0.5% Ophthalmic Drops	Topical anaesthesia in ophthalmic procedures	B	Deep anaesthesia: 1 or 2 drops in the (eyes) every 5 to 10 minutes for 3 to 5 doses. For minor surgical procedures: instill 1 to 2 drops every 5 to 10 minutes for 1 to 3 doses. Tonometry and/or tonography procedure: 1 to 2 drops in each eye before procedure.	
Propofol 10mg/ml (1%) Injection	Induction & maintenance of general anaesthesia. Sedation of ventilated ICU patients	A*	Adult: Induction: 20- 40 mg by injection or infusion every 10 sec. Usual dose: 1.5-2.5 mg/kg. Maintenance: 4-12 mg/kg/hr or intermittent bolus inj of 20-50 mg. Child: >8 yr: Induction dose of 2.5 mg/kg. Maintenance dose: 9-15 mg/kg/hr by IV infusion or intermittent bolus inj. Elderly: Including neurosurgical and debilitated patients: Infuse at a rate of 20 mg every 10 sec. Maintenance: 3-6 mg/kg/hr. Usual dose needed: 1-1.5 mg/kg. Duration of use : Can be administered for a maximum period of 7 days. Sedation: 0.3 - 4 mg/kg/hour up to 3 days	
Propranolol HCl 1 mg/ml Injection	Arrhythmias and thyrotoxicosis crisis	A	Slow IV injection in a dose of 1 mg over 1 minute, repeated if necessary every 2 minutes until a maximum of 10 mg has been given in conscious patients and 5 mg in patients under anaesthesia. CHILD: 25 - 50 mcg/kg slow IV with appropriate monitoring	
Propranolol HCl 40 mg Tablet	i) Hypertension ii) Angina iii) Myocardial infarct iv) Cardiac arrhythmia v) Portal hypertension vi) Migraine vii) Thyrotoxicosis	B	i) Initially 80 mg twice daily increased as required to a usual range of 160 - 320 mg daily. CHILD: Initial doses of 1 mg/kg in divided doses, can be increased to 2 - 4 mg/kg/day in divided doses ii) Initial dose of 40 mg 2 - 3 times daily. Maintenance 120 - 240 mg daily iii) 40mg 4 times daily for 2 - 3 days then 80 mg twice daily, beginning 5 - 21 days after infarction iv) 10 - 40 mg 3 - 4 times daily v) Initially 40 mg twice daily. The dose may be increased as required up to 160 mg twice daily vi) Initial prophylaxis dose: 40 mg 2 - 3 times daily. The dose may be increased at weekly intervals up to 160 mg daily vii) Adjunct: 10 - 40 mg 3 - 4 times daily. CHILD: Arrhythmias, thyrotoxicosis: 0.25 - 0.5 mg/kg 3 - 4 times daily as required	
Propylthiouracil 50 mg Tablet	Hyperthyroidism	B	ADULT Initially 300-450mg in 8 hourly intervals (can be given up to 600-900mg/daily) until symptoms are controlled in 1-2 months. Maintenance 50-150mg daily for at least 12-18 months. CHILDREN 6-10 years: 50-150mg. CHILDREN > 10 years: 150-300mg daily. All doses are to be given in 3 divided doses daily. Taken with food.	
Protamine Sulphate 10 mg/ml Injection	Heparin overdose and following cardiac or arterial surgery or dialysis procedures when required to neutralize the effects of heparin administered during extracorporeal circulation	B	5 ml slow IV injected over 10 minutes. If administered within 15 minutes of heparin dose, 1 mg will neutralise approximately 100 units of heparin. If longer time has elapsed, less protamine is required. Not more than 50 mg should be injected at any one time. The dose is dependent on the amount and type of heparin to be neutralised, its route of administration and the time elapsed since it was last given and blood coagulation studies.	
Protein Free Haemodialysate 10% Jelly	Trophic lesions in patients with arterial occlusive disease and with chronic venous insufficiency, burn injuries, impaired wound healing, decubitus ulcers and skin ulcer caused by irradiation	A	Apply 3 - 5 times daily	Brand: Solcoseryl

Protein Free Haemodialysate 5% Ointment	Trophic lesions in patients with arterial occlusive disease and with chronic venous insufficiency, burn injuries, impaired wound healing, decubitus ulcers and skin ulcer caused by irradiation	A	Apply 3 - 5 times daily	Brand: Solcoseryl
Protirelin 0.2mg Inj				KPK Endocrine (while stock last)
Prussian Blue				KPK ED
Pyrazinamide 500 mg Tablet	Tuberculosis	B	Adult: 20-40mg/kg daily (max 1500mg) or 50mg/kg biweekly (max 2000mg). Children: 20-30mg/kg daily or 30-40mg/kg thrice weekly.	
Pyridostigmine Bromide 60 mg Tablet	Myasthenia gravis	B	ADULT: 30 - 120 mg at suitable intervals throughout the day, total daily dose 0.3 - 1.2 g. CHILD up to 6 years initially 30 mg, 6 - 12 years initially 60 mg, usual total daily dose 30 - 360 mg	
Pyridoxine HCl 10 mg Tablet	i)Pyridoxine-dependent convulsions in infant ii)Sideroblastic anaemia iii)B6-deficient anaemia in adult iv) Prophylaxis to peripheral neuritis in isoniazid therapy v) Nausea and vomiting of pregnancy and irradiation sickness	C+	i) INFANT 4 mg/kg daily for short periods ii) 100 - 400 mg daily in divided doses iii) ADULT 20 - 50 mg up to 3 times daily iv) Prophylaxis 10 mg daily, therapeutic 50 mg 3 times daily v) 20 - 100 mg daily	
Pyridoxine HCl 50 mg/2 ml Injection	i) Pyridoxine-dependent convulsions in infancy ii) Sideroblastic anaemia iii) B6-deficient anaemia in adult iv) Prophylaxis to peripheral neuritis in isoniazid therapy v) Nausea and vomiting of pregnancy and irradiation sickness	B	i) INFANT 4 mg/kg daily for short periods ii) 100 - 400 mg daily in divided doses iii) ADULT 20 - 50 mg up to 3 times daily iv) Prophylaxis 10 mg daily, therapeutic 50 mg 3 times daily v) 20 - 100 mg daily	KPK ED
Pyrimethamine 25mg Tablet				KPK Medical
Quetiapine Fumarate 100mg, 200 mg Immediate Release Tablet	i) Schizophrenia ii) Short term treatment of acute manic episodes associated with bipolar I disorder, either monotherapy or adjunct to lithium or divalproex iii) Treatment of depressive episodes associated with bipolar disorder	A*	i) Initial titration schedule over 4 days: 25 mg twice daily on Day 1, increase in steps of 25 - 50 mg 2 to 3 times daily on Days 2 and 3 to reach target dose of 300 - 400 mg daily by Day 4, given in 2 - 3 divided doses. Institute further dose adjustments, if indicated, at intervals of 2 days or more, in steps of 25 - 50 mg twice daily ii) 100 mg (Day 1), 200 mg (Day 2), 300 mg (Day 3) & 400 mg (Day 4). Further dosage adjustments up to 800 mg/day by Day 6 should be in increments of not more than 200 mg/day. Adjust dose within the range of 200 - 800 mg/day depending on clinical response and tolerability of the patient. Usual effective dose range: 400 - 800 mg/day iii) 50 mg ORALLY once a day on Day 1, then 100 mg once daily on Day 2, then 200 mg once daily on Day 3, then 300 mg once daily on Day 4 (all doses given at bedtime); patients requiring higher doses should receive 400 mg on Day 5, increased to 600 mg on Day 8 (week 1)	
Quetiapine Fumarate 50 mg, 200mg, 300mg Extended Release Tablet	i)Schizophrenia ii)Moderate to severe manic episodes in bipolar disorder iii)Major depressive episodes in bipolar disorder	A*	i) & ii) 300 mg once daily on Day 1 then 600 mg on Day 2. Maintenance dose: 400 to 800 mg once daily. Maximum dose: 800 mg daily. iii)50 mg on Day 1, 100 mg on Day 2, 200 mg on Day 3 and 300 mg on Day 4. Recommended daily dose is 300 mg. May be titrated up to 600 mg daily. In elderly or hepatic impairment: Start with 50mg/ day, may be increased in increments of 50mg /day to an effective dose.	

Quinine Sulphate 300 mg Tablet	Severe and complicated malaria	B	300 - 600 mg daily. Treatment : 1.2 - 2 g daily in divided doses. CHILDS less than 1 year : 100 - 200 mg daily, 1 - 3 years : 200 - 300 mg daily, 4 - 6 years: up to 500 mg daily, more than 7 years : up to 1 g daily. All above doses are given for 7 days in 2 - 3 weeks. Prophylaxis: 3 dose (1 ml each) schedule on D0, D7 and D28. Booster dose after every 2 - 3 years. Post exposure prophylaxis: use after attack of a potential rabid animal: 1 dose on D0, D3, D7, D14 and D28. In previously vaccinated individuals 2 doses on D0 and D3	KPK Medical
Rabies Human Diploid Cell Vaccine (Lyophilised) Injection	Pre-exposure and post-exposure vaccination against rabies	B		Brand: Verorab
Raloxifene HCl 60 mg Tablet	Prevention and treatment of post menopausal osteoporosis	A*	1 tablet daily	
Raltegravir 400 mg tablet	Raltgravir combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection in patients who are contraindicated to boosted Protease Inhibitor or who are intolerant to boosted Protease Inhibitor.	A*	400mg administered orally, twice daily with or without food, to be given combination with other antiretroviral agent.	
Ramipril 5 mg Tablet	i) Hypertension and congestive heart failure ii) Post-myocardial infarction iii) Reducing risk of myocardial infarction, stroke or cardiovascular death in diabetics or patients with increased cardiovascular risks	A	i) Hypertension: Initially 2.5 mg once daily, increased at intervals of 1 - 2 weeks to maximum 10 mg once daily; Congestive heart failure: Initially 1.25 mg once daily. Max: 10 mg/day ii) Initially 2.5 mg twice daily for 2 days then increased to maximum 5 mg twice daily iii) Initially 1.25 - 2.5 mg once daily, increased to 5 mg once daily after 1 week, maximum dose: 10 mg once daily after 3 weeks	
Ranitidine 150 mg Tablet	i) Benign gastric and duodenal ulcer ii) Reflux oesophagitis iii) Non-ulcer dyspepsia iv) Zollinger-Ellison Syndrome	B	i) 150 mg twice daily (at morning and night) or 300 mg on night for 4-8 weeks. Maintenance: 150-300 mg on night ii) 150 mg twice daily or 300 mg on night for 8-12 weeks iii) 150 mg daily or twice daily iv) 150 mg and may be increased as necessary to 6 g/day	
Ranitidine 150 mg/10 ml Syrup	Peptic ulcer disease	B	CHILD 2-4 mg/kg 2 times daily. Maximum 300 mg daily	
Ranitidine 25 mg/ml Injection	i) Benign gastric/ duodenal ulceration, reflux oesophagitis, Zollinger Ellison Syndrome ii) Stress ulcer prophylaxis in post-operative and high risk patients	B	i) ADULT: Slow IV injection of 50 mg diluted to 20 ml and given over at least 2 minutes. May be repeated every 6-8 hours or IV infusion at rate of 25 mg/hour for 2 hours, may be repeated at 6-8 hours intervals or IM. CHILD: 1 mg/kg/dose 6-8 hourly. ii) Initial slow IV injection of 50 mg, then continuous infusion of 125-250 mcg/kg/hour	
Remifentanyl 5 mg Injection	i) As an analgesic agent for use during induction and/or maintenance of general anaesthesia during surgical procedures including cardiac surgery. ii) Continuation of analgesia into the immediate post-operative period under close supervision, during transition to longer acting analgesia. iii) Provision of analgesia and sedation in mechanically ventilated intensive care patients.	A*	For IV use only. ADULT: Induction: Bolus infusion: 1µg/kg over 30-60 seconds; Continuous infusion: 0.5-1µg/kg/min; Maintenance: Continuous infusion: 0.025 to 2 µg/kg/min. CHILD (1-12 years of age): Induction: Insufficient data; Neonates: IV infusion 0.4-1.0 mcg/kg/minute depending on the anaesthetic method and adjust according to patient response, supplemental IV inj of 1 mcg/kg dose may be given. 1-12 yr: initially 0.1-1 mcg/kg by IV inj over at least 30 seconds (excluded if not needed), followed by IV infusion 0.05-1.3 mcg/kg/minute depending on the anaesthetic method and adjust according to patient response, supplemental IV bolus inj may be admin during infusion. 12-18 yr: 0.1-1 mcg/kg IV inj over at least 30 seconds (excluded if not needed), followed by IV infusion of 0.05-2 mcg/kg/minute depending on anaesthetic method and adjust according to patient response, supplemental IV bolus inj may be admin during infusion.	

Repaglinide 2 mg Tablet	Type 2 diabetes mellitus (as monotherapy or in combination with metformin when metformin alone is inadequate)	A*	OHA naïve patient: Start dose with 0.5mg per meal Patients transferred from another oral hypoglycaemic agent: Start dose with 0.5-1mg per meal In combination with metformin: Start dose as 0.5mg per meal Titrate every 1-2weeks according to blood glucose response. Max single dose: 4mg before each main meal. Max total daily dose: 16mg. Doses to be taken within 30 minutes of meals, 2-4 meals a day	
Ribavirin 200 mg Capsule	For the treatment of chronic hepatitis C (in combination with interferon alfa-2a/2b)	A*	ADULT (more than 18 years old): 50mg/kg/day Recommended: Body weight: ≤ 75kg should receive 1000mg daily as two 200mg capsules in the morning and three 200mg capsules in the evening Body weight: >75kg should receive 1200mg as three 200mg capsules in the morning and three 200mg capsules in the evening Genotype 1,4: 48 weeks Genotype: 24 weeks duration should be individualized in accordance with the baseline characteristics of the disease.	Paeds KPK
Rifabutin 150mg Tablet				KPK Medical
Rifampicin 150 mg, 300mg Capsule	i) Tuberculosis ii) Leprosy iii) Prophylaxis for meningococcal meningitis	B	i) ADULT: 450 - 600 mg as a single morning dose. CHILD: 10 - 20 mg/kg body weight daily in 1 - 2 doses. Directly observed therapy (DOT): 10 mg/kg twice weekly or 3 times/week. Maximum: 600 mg ii) 600 mg/day iii) 600 mg twice daily for 2 days	
Rifampicin 600mg Inj				KPK Medical
Rifampicin 150 mg, Isoniazid 75 mg, Pyrazinamide 400 mg & Ethambutol HCl 275 mg Tablet	Treatment of both pulmonary and extrapulmonary tuberculosis, in the intensive treatment phase	B	ADULT: 30 - 37 kg: 2 tablets daily, 38 - 54 kg: 3 tablets daily, 55 - 70 kg: 4 tablets daily, more than 70 kg: 5 tablets daily	
Rifampicin 150mg + Isoniazid 75mg tablet	For pulmonary tuberculosis in which organisms are susceptible in continuation phase treatment for 4 months	B	30-37kg: 2 tablets once daily, 38-54kg: 3 tablets once daily, 55-70kg: 4 tablets once daily, Above 70kg: 5 tabs once daily	
Risperidone 1 mg,2mg Tablet	Psychoses and schizophrenia	B	ADULT : 2 mg in 1 - 2 divided doses on first day then 4 mg in 1 - 2 divided doses on 2nd day then 6 mg in 1 - 2 divided doses on 3rd day (slower titration appropriate in some patients); usual range 4 - 8 mg daily; dose above 10 mg daily only if benefit outweighs risk (maximum 16 mg daily). Elderly (or in hepatic or renal impairment): initially 0.5 mg twice daily increased in steps of 0.5 mg twice daily to 1 - 2 mg twice daily. Not recommended in children under 15 years	
Risperidone 1 mg/ml Oral Solution	Psychoses and schizophrenia	A	ADULT: 2 mg in 1 - 2 divided doses on 1st day then 4 mg in 1 - 2 divided doses on 2nd day then 6 mg in 1 - 2 divided doses on 3rd day (slower titration appropriate in some patients); usual range 4 - 8 mg daily; dose above 10 mg daily only if benefit outweighs risk (maximum 16 mg daily). Elderly (or in hepatic or renal impairment): initially 0.5 mg twice daily increased in steps of 0.5 mg twice daily to 1-2 mg twice daily. Not recommended in children under 15	
Ritonavir 100 mg Capsule	Progressive or advanced HIV infection in combination with other antiretroviral agents. Criteria for use: a) Clinical AIDS b) CD4 less than 350 cells or c) Viral load more than 10,000 copies/ml	A*	ADULT: (Single PI) initially 300 mg twice daily, increase by 100 mg twice daily increments to 600 mg twice daily. (Dual PI) Initially 200mg BD, then increase by 100mg BD & reaching 400mg BD within 2 wk.	

Rituximab 10 mg/ml Injection	i) Treatment of patients with relapsed or chemo-resistant low grade or follicular B-cell Non-Hodgkin's lymphoma ii) Adjunctive therapy with combination chemoagents for aggressive Non-Hodgkin Lymphoma iii) Severe active rheumatoid arthritis with inadequate response or intolerance to other disease-modifying anti-rheumatic drugs (DMARDs) including one or more tumour necrosis factor (TNF) inhibitor therapies iv) Maintenance in relapsed/ refractory follicular lymphoma after response to induction therapy	A*	i) 375 mg/m2 BSA administered as an IV infusion through a dedicated line once weekly for 4 weeks ii) Combination with CHOP (cyclophosphamide, doxorubicin, prednisone and vincristine) as 375 mg/m2 BSA on day 1 of each chemotherapy cycle for 8 cycles after IV administration of the glucocorticoid component of CHOP. iii) 1000 mg IV infusion followed by a second 1000 mg IV infusion two weeks later iv) 375mg/m2 BSA once every 3 months until disease progression or for a maximum period of two years.	
Rivaroxaban 10 mg Tablet	Prevention of venous thromboembolism in patients undergoing elective hip or knee replacement surgery	A*	10 mg once daily. Initial dose should be taken 6 to 10 hour post-surgery provided that haemostasis has been established. Duration of treatment: Major hip surgery 5 weeks. Major knee surgery 2 weeks	
Rivaroxaban 15 mg, 20mg Tablet	i)Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors, such as Congestive heart failure (CHF), hypertension, age \geq 75 yrs, diabetes mellitus, prior stroke or transient ischaemic attack. ii)Treatment of deep vein thrombosis (DVT), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute DVT in adults. iii) Treatment of Pulmonary Embolism (PE), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute PE in adults.	A*	i)20mg once daily or 15mg once daily (for patients with moderate renal impairment (creatinine clearance 30-49 ml/min) Dosage: ii) & (iii) 15mg BD for 21 days, followed by 20mg OD.	
Rivastigmine 1.5 mg Capsule	For psychiatrists and neurologists only. Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	A*	Initial dose 1.5 mg 2 times daily, may increase by 1.5 mg 2 times daily every 2 weeks to maximum of 6 mg 2 times daily. If treatment is interrupted for several days, should be reinitiated at the lowest daily dose	
Rivastigmine 4.6mg/24hr Transdermal Patch	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	A*	Initial, 4.6 mg/24 hr patch TOPICALLY once daily; after a minimum of 4 weeks and good tolerability, increase the dose to 9.5 mg/24 hr patch once daily	
Rivastigmine 9.5 mg/24hr Transdermal Patch	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	A*	Initial, 4.6 mg/24 hr patch TOPICALLY once daily; after a minimum of 4 weeks and good tolerability, increase the dose to 9.5 mg/24 hour patch once daily	
Rocuronium Bromide 10 mg/ml Injection	As an adjunct to general anaesthesia to facilitate endotracheal intubation, to provide skeletal muscle relaxation during surgery and to facilitate mechanical ventilation in adults, children and infants from 3 months of age	A*	Adult: Initially, 600 mcg/kg by inj. Higher doses of 1 mg/kg may be used for intubation during rapid sequence induction of anaesthesia. Maintenance: 150 mcg/kg by inj (may reduce to 75-100 mcg/kg if inhalational anaesthesia is used) or by infusion at a rate of 300-600 mcg/kg/hr. Doses should be based on lean body weight for obese patients weighing >30% above the ideal body weight. Child: Infants and children >1 mth: Initially, 600 mcg/kg by inj. Maintenance: 150 mcg/kg by inj or by infusion at a rate of 300-600 mcg/kg/hr, maintenance doses may be required more frequently than in adult patients. Elderly: Reduced maintenance doses: 75-100 mcg/kg. Renal impairment: Initially, 600 mcg/kg by inj. Maintenance: 75-100 mcg/kg. Hepatic impairment: or biliary tract disease: Initially, 600 mcg/kg by inj. Maintenance: 75-100 mcg/kg.	

Ropinirole HCl 2 mg, 4mg Extended Release Tablet	Treatment of idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa	A*	ADULT: Initially 2 mg once daily for the 1st week. May be increased by 2 mg at ≥1 week intervals. Max: 24 mg/day. Switching from ropinirole immediate-release to prolonged-release tablet; dose of ropinirole prolonged release tablet should be based on the total daily dose of ropinirole immediate-release tab the patient was taking. Tablets should be taken at a similar time each day with or without food, must be swallowed whole and must not be chewed, crushed or divided.	
Ropinirole HCl 0.25 mg, 1mg Tablet	Parkinson disease in younger patients and patients with dyskinesias, especially peak dose dyskinesias	A*	0.25 mg 3 times daily gradually increasing till adequate response obtained up to a maximum of 24 mg/day. Most patients need 3-9 mg/day	
Ropivacaine HCl 2 mg/ml Injection	i) Surgical anaesthesia including obstetrics ii) Acute pain management	A*	Dose adjusted according to patient physical status and nature of procedure. i) Lumbar epidural: 15-25 ml of 7.5 mg/ml solution; Caesarean section, 15-20 ml of 7.5 mg/ml solution in incremental doses (max . total dose 150 mg). ii) lumbar epidural: 10-20 ml of 2mg/ml solution followed by 10-15 ml of 2 mg/ml solution at interval at of least 30 minutes. Labour pain 6-10 ml/hour of 2mg/ml solution	
Ropivacaine HCl 7.5 mg/ml Injection	i) Surgical anaesthesia including obstetrics ii) Acute pain management	A*	Dose adjusted according to patient physical status and nature of procedure. i) Lumbar epidural: 15-25 ml of 7.5 mg/ml solution; Caesarean section, 15-20 ml of 7.5 mg/ml solution in incremental doses (max . total dose 150 mg). ii) lumbar epidural: 10-20 ml of 2mg/ml solution followed by 10-15 ml of 2 mg/ml solution at interval at of least 30 minutes. Labour pain 6-10 ml/hour of 2mg/ml solution	
Rosuvastatin 10 mg, 20mg Tablet	Dyslipidaemia not responsive to atorvastatin 40 mg or equivalent doses of other statins	A*	Initially 5-10 mg once daily (5mg in patients with pre-disposing factors to myopathy), increased if necessary at intervals of at least 4 weeks to 20 mg once daily, increased after further 4 weeks to 40 mg daily ONLY in severe hypercholesterolemia with high cardiovascular risk. Patient of Asian origin, patients on concomitant ciclosporin/fibrate and patients with risk factors for myopathy/rhabdomyolysis (including personal/family history of muscular disorders/toxicity), the maximum dose should be 20 mg daily	
Rotigotine 4 mg per 24 hour Transdermal Patch	For stage IV Parkinson Disease with peak dyskinesia	A*	A single daily dose should be initiated at 4mg/24 h and then increased in weekly increments of 2mg/24 h to an effective dose up to a maximal dose of 16mg/24 hr.	
Salbutamol 0.5 % Inhalation Solution	Asthma and other conditions associated with reversible airways obstruction	B	2 ml may be inhaled up to 4 times daily over a period of 3 minutes per inhalation (0.5 ml diluted in 2.5 ml of normal saline by inhalation over 5 to 15 minutes)	
Salbutamol 0.5 mg/ml Injection	Asthma and other conditions associated with reversible airways obstruction	A	500 mcg by SC/IM injection 4 hourly or 250 mcg by slow IV. If required, by IV infusion, initially 5 mcg/min adjusted according to response and heart rate, usually in the range 3 - 20 mcg/min	
Salbutamol 100 mcg/dose Inhalation	Asthma and other conditions associated with reversible airways obstruction	B	ADULT : 100 - 200 mcg up to 3 - 4 times daily. CHILD : 100 mcg increased to 200 mcg if necessary	

Salbutamol 2 mg Tablet	Asthma and other conditions associated with reversible airways obstruction	B	CHILD 2 - 6 years : 1 - 2 mg 3 - 4 times daily, 6 - 12 years : 2 mg 3 - 4 times daily. CHILD over 12 years and ADULT : 2 - 4 mg 3 - 4 times daily	
Salbutamol 2 mg/5 ml Syrup	Asthma and other conditions associated with reversible airways obstruction	B	CHILD 2 - 6 years : 1 - 2 mg 3 - 4 times daily, 6 - 12 years : 2 mg 3 -4 times daily	
Salbutamol 200mcg/dose Inhaler	Asthma and other conditions associated with reversible airways obstruction	B	CHILD : 100 - 200 mcg. Maintenance : 100 - 200 mcg 2 - 4 times daily. ADULT : 100 - 400 mcg. Maintenance : 100 - 400 mcg 2 - 4 times daily	Dry Powder. Brand: Buventhol
Salbutamol 5 mg/5 ml Injection	Prevention of uncomplicated premature labour only	A*	Infusions containing 5 mg in 500ml (10 mcg/ml) at the rate of 10 - 45 mcg/min increased at intervals of 10 minutes until evidence of patient response as shown by reduction of strength, frequency or duration of contractions; maintain rate for 1 hour after contractions have stopped, then gradually reduce by 50% every 6 hours	
Salicylazosulphapyridine (Sulfasalazine) 500 mg Tablet	i) Treatment of inflammatory bowel disease of ulcerative colitis and Crohn's disease ii) Rheumatoid arthritis	A/KK	i) ADULT, acute attack 1-2 g 4 times daily until remission occurs (if necessary corticosteroids may also be given), reducing to a maintenance dose of 500 mg 4 times daily, CHILD over 2 years, acute attack 40-60 mg/kg daily, maintenance dose 20-30 mg/kg daily ii) ADULT, initially; 0.5-1 g/day, increase weekly to maintenance dose of 2 g/day in 2 divided doses, maximum 3 g/day. CHILD over 6 years, juvenile rheumatoid arthritis: 30-50 mg/kg/day in 2 divided doses up to a maximum of 2 g/day	
Salicylic Acid 2 % Lotion	Seborrheic dermatitis, scalp, psoriasis and hyperkeratotic skin conditions	B	Apply sparingly to the affected area 2-3 times daily. Wash with cleanser 2 - 3 times per day	Galenical. Also known as Tinea Lotion
Salicylic Acid 2%, 5%, 10% Ointment	Seborrheic dermatitis, scalp, psoriasis and hyperkeratotic skin disorders	C	Apply sparingly to the affected area 2-3 times daily	Galenical
Salicylic Acid 2% in Betamethasone Full Strength Cream, Ointment				Galenical
Salicylic Acid 2% in Betamethasone 1:4 Cream, Ointment				Galenical
Salicylic acid + Benzoic acid				Whitfield's Ointment
Salicylic Acid 20% Ointment	Plantar warts	C	Apply daily and protect surrounding skin (eg with soft paraffin or specially designed plaster) ,may need to continue up to 3 months	Galenical
Salmeterol 25 mcg and Fluticasone Propionate 125 mcg Inhalation	Regular treatment of reversible obstructive airway diseases including asthma.	A*	ADULT and CHILD more than 12 years : 1 - 2 puff twice daily. CHILD over 4 years : 1 puff twice daily	
Salmeterol 25mcg and Fluticasone Propionate 50mcg Inhalation	Regular treatment of reversible obstructive airway diseases including asthma in children, where use of lower dose of a combination (bronchodilator and inhaled corticosteroids) is appropriate.	A*	ADULT and CHILD more than 12 years : 2 puff twice daily. CHILD over 4 years : 2 puff twice daily No data on use for children aged under 4 years.	

Salmeterol 50 mcg and Fluticasone Propionate 250 mcg Inhalation	i) Regular treatment of reversible obstructive airways diseases including asthma ii) For the regular treatment of chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema	A/KK	i) ADULT and CHILD more than 12 years : 1 puff twice daily. ii) For COPD: Dose is one inhalation 50/250mcg to 50/500mcg twice daily.	Brand: Seretide
Saxagliptin 2.5mg and Metformin HCl 1000mg Extended-Release Tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both saxagliptin and metformin is appropriate. FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	A	The recommended starting dose of in patients who need 5mg of saxagliptin and who are not currently treated with metformin is 5mg saxagliptin/500 mg metformin extended-release once daily with gradual dose escalation to reduce the gastrointestinal side effects due to metformin. In patients treated with metformin, the dose of should provide metformin at the dose already being taken, or the nearest therapeutically appropriate dose. Patients who need 2.5mg saxagliptin in combination with metformin extended-release may be treated with 2.5mg/1000mg. Patients who need 2.5mg saxagliptin who are either metformin naive or who require a dose of metformin higher than 1000mg should use the individual components. Max daily recommended dose is 5mg/2000mg.	
Saxagliptin 2.5 mg, 5mg Tablet	metformin monotherapy and high risk of hypoglycaemia, especially elderly patients with co-morbidities. ii) As add on therapy in type 2 diabetes patients inadequately controlled with a sulphonylurea and intolerant/contraindicated for metformin therapy iii) As add on therapy in type 2 diabetes patients inadequately controlled on metformin and sulphonylurea combination therapy iv) In patients with renal failure where metformin contraindicated. Not to be used in patients with HbA1c > 8% on single/combination OAD, as insulin initiation is preferred. FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	A/KK	Recommended starting dose and maintenance dose in patients with normal renal function and mild renal insufficiency (CrCl more than 50 ml/min) is 5 mg once daily. For patients with moderate to severe renal insufficiency (CrCl less than or equal to 50 ml/min) dose is 2.5 mg once daily	
Secukinumab 150mg/ml Inj				KPK Rheumato (sample), Derm
Selegiline HCl 5 mg Tablet	Only for treatment of late stage Parkinsonism with on and off phenomenon	A*	5 mg twice daily at breakfast and lunch. Maximum 10 mg/day	
Selenium Sulphide 2.5% Shampoo	Dandruff, seborrheic dermatitis of scalp	A/KK	Dandruff: apply 5-10 mL topically twice weekly for 2 weeks, then 1-4 times per month, as needed, leave on for 2-3 min, then rinse thoroughly. Seborrheic dermatitis of scalp: apply 5-10 mL topically twice weekly for 2 weeks, then 1-4 times per month, as needed, leave on for 2-3 min, then rinse thoroughly	Brand: Selsun
Sertraline HCl 50 mg Tablet	Major depression, obsessive-compulsive disorder (OCD), panic disorder	B	Depression, obsessive-compulsive disorder: 50 mg/day, may increase in steps of 50mg at weekly interval, max:200mg/day. Panic disorder: Initially 25 mg/day. After 1 week, increase dose to 50 mg/day. All dose changes should be made at intervals of more than 1 week, max: 200 mg/day	
Sevelamer 800mg Tablet	Control of hyperphosphatemia in adult patients receiving haemodialysis and peritoneal dialysis. Restriction: Sevelamer carbonate 800mg tablet should be used in context of multiple therapeutic approach which include calcium supplement, 1, 25-hydroxy Vitamin D3 or one of its analogues to control the development of renal bone disease.	A*	Starting dose is one or two 800mg tablets three times per day with meals. Adjust by one tablet per meal in two weeks interval as needed to obtain serum phosphorus target (1.13 to 1.78mmol/L).	

Sevoflurane Liquid	To be used only for i) induction and ii) maintenance of anaesthesia	A*	i) Adult: Given via a calibrated vaporiser: Up to 5% v/v with oxygen or a mixture of oxygen and nitrous oxide. Child: Given via a calibrated vaporiser: Up to 7% v/v. ii) Adult: 0.5-3% v/v with or without nitrous oxide. Child: 0.5-3% v/v with or without nitrous oxide.	
Sildenafil Citrate 20 mg Film-coated Tablet	Treatment of adult patients with pulmonary arterial hypertension classified as WHO functional class II and III, to improve exercise capacity. Efficacy has been shown in primary pulmonary hypertension and pulmonary hypertension associated with connective tissue disease.	A*	ADULTS ≥ 18 years: The recommended dose is 20mg three times a day. Tablets should be taken approximately 6 to 8 hours apart with or without food. ELDERLY (≥65 years): Dosage adjustments are not required in elderly patients. Clinical efficacy as measured by 6-minute walk distance could be less in elderly patients. IMPAIRED RENAL FUNCTION: Initial dose adjustments are not required in patients with renal impairment, including severe renal impairment (creatinine clearance <30ml/min). A downward dose adjustment to 20 mg twice daily should be considered after a careful benefit-risk assessment only if therapy is not well-tolerated. IMPAIRED HEPATIC FUNCTION: Initial dose adjustments are not required in patients with hepatic impairment (Child-Pugh class A and B). A downward dose adjustment to 20mg twice daily should be considered after a careful benefit-risk assessment only if therapy is not well-tolerated.	
Silver Nitrate 20% Lotion	Use as antiseptic	B	Apply undiluted to affected area for a limited period	Galenical
Silver Sulfadiazine 1% Cream	Prevention and treatment of infections in severe burns, leg ulcers where infections may prevent healing and for the prophylaxis of infections in skin grafting	B	Burns: Apply 3 mm thick layer twice daily with sterile applicator. Leg ulcer: apply at least 3 times a week	
Simvastatin 20 mg Tablet	Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy	B	10 - 20 mg once daily. Maximum: 80 mg daily	
Simvastatin 40 mg Tablet	Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy	B	10 - 20 mg once daily. Maximum: 80 mg daily	
Sirolimus 1mg Tablet				KPK Nephro
Sitagliptin 100 mg Tablet	Management of diabetes in patients with renal failure where metformin/sulphonylurea is contraindicated/untolerated and elderly with multiple co morbidities that always experience hypoglycemia with other antidiabetic. Not to be used in diabetic patient whose HbA1c is more than 9% FUKKM Restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	A*	ADULT over 18 years, 100 mg once daily: 100mg once daily CrCl ≥ 30 to < 50ml/min: 50mg once daily CrCl < 30 ml/min: 25mg once daily	
Sitagliptin 50 mg and Metformin HCl 1000 mg Tablet	morbidities that always experience hypoglycaemia with other antidiabetics who are inadequately controlled on metformin or sitagliptin alone or already being treated with the combination of sitagliptin and metformin ii) Newly diagnosed type 2 diabetes patients with high baseline HbA1c and multiple co-morbidities who may experience hypoglycaemia with other antidiabetics. FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	A*	50 mg/500 mg twice daily. The recommended maximum daily dose is 100 mg sitagliptin plus 2000 mg metformin	
Sodium Acetate 2MEQ/ml Inj				KPK Peads. Combination
Sodium Benzoate 2g/10ml Inj				
Sodium Phenylbutyrate 2g/10ml Inj				

Sodium Bicarbonate and Magnesium Carbonate Compound Mixture	Heartburn, for rapid relief of dyspepsia	C	ADULT 10-20 ml 3 times daily	Mist Carminative
Sodium Bicarbonate Mixture (Paediatric)	Heartburn, for rapid relief of dyspepsia	C	CHILD up to 1 year 5 ml; up to 1-5 years 10 ml in 4 to 6 divided doses	Mist Carminative (Peads)
Sodium Bicarbonate 5% w/v Ear Drops	To soften the impacted ear wax	C	2-3 drops 3-4 times daily	Galenical
Sodium Bicarbonate 8.4% (1 mmol/ml) Injection	For acceleration of excretion in drug intoxication (where excretion of the drug into the urine is accelerated by elevated urine pH) and for acidosis	B	According to the needs of the patient. In severe shock due to cardiac arrest: 50 ml by IV	
Sodium Bicarbonate, Citric Acid, Sodium Citrate and Tartaric Acid - 4 g per sachet	For relieving of discomfort in mild urinary tract infection, symptomatic relief of dysuria to enhance the action to certain antibiotics especially some sulphonamides. In gout as urinary alkalinizers to prevent crystallisation of urates	B	4 - 8 g (1- 2 sachets) dissolved in a glass of cold water 4 times daily as prescribed	
Sodium Biphosphate 16%, Sodium Phosphate 6% Rectal Solution	Bowel cleansing before colonic surgery, colonoscopy or radiological examination to ensure the bowel is free of solid contents. It is not to be used for treatment of constipation	A	ADULT 133 ml (1 bottle) administered rectally. CHILD more than 2 years half the adult dose (66.6ml)	Brand: Fleet Enema
Sodium Biphosphate 16%, Sodium Phosphate 6% Solution	Bowel cleansing before colonic surgery, colonoscopy or radiological examination to ensure the bowel is free of solid contents. It is not to be used for treatment of constipation	A	45 ml diluted with half a glass (120 mL) of water, followed by one full glass (240 mL) of water. Timing of doses is dependent on the time of the procedure. For morning procedure, first dose should be taken at 7 a.m. and second at 7 p.m. on day before the procedure. For afternoon procedure, first dose should be taken at 7 p.m. on day before and second dose at 7 a.m. on day of the procedure. Solid food should not be taken during the bowel preparation period. However clear fluids or water can be taken liberally. CHILD under 12 years not recommended	
Sodium Chloride 0.18% with Dextrose 10% Injection	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions	B	According to the needs of the patient	
Sodium Chloride 0.18% with Dextrose 4.23% Injection	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions	B	According to the needs of the patient	
Sodium Chloride 0.45% Injection	For replenishing fluid and for restoring / maintaining the concentration of sodium and chloride ions	B	100 - 1000 ml by IV or according to the needs of the patient	
Sodium Chloride 0.45% with Dextrose 5% Injection	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions	B	According to the needs of the patient	
Sodium Chloride 0.45% with Dextrose 10% Injection	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions	B	According to the needs of the patient	
Sodium Chloride 0.9% Eye Drops	Irrigation of conjunctival sac	C	1 - 2 drops every 3 - 4 hours	
Sodium Chloride 0.9% Injection	For replenishing fluid and for restoring/maintaining the concentration of sodium and chloride ions	C+	100 - 1000 ml by IV or according to the needs of the patient	
Sodium Chloride 0.9% with Dextrose 5% Injection	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions	C+	According to the needs of the patient	
Sodium Chloride 3% Eye Drop				Prepared by TPN
Sodium Chloride 3% Injection	Acute dilutional hyponatraemia	B	According to the needs of the patient	
Sodium Chloride 20% Injection	Addition of sodium electrolyte in parenteral nutrition bags especially in paediatrics or neonates with restricted fluid allowance	B	According to the needs of the patient	

Sodium Citrate 0.3 M Solution	Prophylaxis for aspiration pneumonitis (use as an oral solution)	B	Dose depending on clinical cases. Usually, 30 ml given 10- 60 minutes before anaesthesia prior to elective cesarean surgery is an effective antacid	Galenical
Sodium Citrate, Citric Acid Mixture 3 g/10 ml	Citrates and citric acid solutions are used to correct the acidosis of certain renal tubular disorders to treat metabolic acidosis for long-term urine alkalization for prevention and treatment of uric acid and calcium kidney stones and as nonparticulate neutralizing buffers	B	ADULT 10 - 20 ml. CHILD up to 1 year 2.5 ml tds; 1-5 year 5 ml tds; 6-12 years 10 ml tds. To be taken well diluted with water	Shoh'Is Solution. Galenical
Sodium Cromoglycate 2% Eye Drops	Prevention and treatment of allergic conjunctivitis including seasonal and perennial allergic conjunctivitis and vernal keratoconjunctivitis	A/KK	1 or 2 drops 4 times daily	
Sodium Fusidate 2% Ointment	Skin infections caused by staphylococci, streptococci, corynebacterium minutissimum and other sodium fusidate-sensitive organisms	A	Apply to affected area 2 - 3 times daily	
Sodium glycerophosphate for addition into infusion solution, 20ml vial	Indicated in adult patients and infants as a supplement in intravenous nutrition to meet the requirement of phosphate.	A	Adults: The recommended dosage is individual. The recommended daily dosage of phosphate during intravenous nutrition would normally be 10-20mmol. This can be met by using 10-20ml of sodium glycerophosphate to the infusion solution or to the admixture for which compatibility has been proved. Infants: The recommended dosage is individual. The recommended dose for infants and neonates is 1.0-1.5 mmol/kg bodyweight/day.	Brand: Glycophos
Sodium Thiosulphate 20% Solution	Fungicides. For the treatment of pityriasis versicolor	C	Apply to all affected parts of the body and face with a brush after a bath once daily or twice daily or 3 times daily	Galenical
Sodium Valproate 200 mg Tablet	i) Epilepsy ii) Treatment and prevention of mania associated with bipolar disorders	B	ADULT: Initially 600 mg/day in 2 - 3 divided doses, dose may be increased by 200 mg at 3-day intervals to max 2.5 g/day. Usual maintenance dose: 1-2 g/day (20-30 mg/kg/day). CHILD: More than 20 kg. Initially 400 mg/day with spaced increases until control is achieved (usually 20-30 mg/kg/day), dose may be increased to 35 mg/kg/day. Less than 20 kg 20 mg/kg/day, in severe cases the dose may be increased provided plasma concentration can be monitored	
Sodium Valproate 200 mg/5 ml Syrup	Epilepsy	B	ADULT: Initially 600 mg/day; dose may be increased by 200 mg at 3-day intervals to max 2500 mg/day. Usual maintenance dose: 1000-2000 mg/day (20-30 mg/kg/day). CHILD: More than 20 kg. Initially 400 mg/day with spaced increases until control is achieved (usually 20-30 mg/kg/day), dose may be increased to 35 mg/kg/day. Less than 20 kg, 20 mg/kg/day. Severe cases: 50 mg/kg daily	
Sodium Valproate 400 mg Injection	Status epilepticus	B	ADULT and CHILD above 10 years: 10 to 15 mg/kg/day IV, may increase 5 to 10 mg/kg/week to achieve optimal clinical response (Maximum 60 mg/kg/day or less with a therapeutic range of 50 to 100 mcg/ml)	
Somatropin 12 mg (36IU) Injection	i) Growth failure due to inadequate endogenous growth hormone ii) Growth failure in girls due to gonadal dysgenesis (Turner syndrome) iii) Growth failure in short children born small gestational age (SGA)	A*	i) 0.7-1 mg/m2/day or 0.025-0.035 mg/kg/day SC/IM ii) 1.4 mg/m2/day or 0.045-0.05 mg/kg/day SC iii) 0.035 mg/kg/day or 1 mg/m2/day SC	
Spirolactone 25 mg Tablet	Oedema and ascites in cirrhosis of the liver, congestive heart failure	B	ADULT: 100 - 200 mg daily in divided doses. Increase to 400 mg if required. CHILD: initially 3 mg/kg daily in divided doses	

Streptokinase 1,500,000 IU Injection	Acute myocardial infarction, acute pulmonary embolism	A*	Myocardial infarction: 1,500,000 units over 30 - 60 minutes. Pulmonary embolism: 250,000 units by IV infusion over 30 minutes, then 100,000 units every hour for up to 12-72 hours with monitoring of clotting factors	
Streptomycin Sulphate 1 g Injection	Tuberculosis	B	ADULT: 15 mg/kg daily; max: 1 g daily. Reduce max daily dose to 500-750 mg in patients >40 yr. As part of an intermittent therapy: 25-30 mg/kg/day 2-3 times/wk; max: 1.5 g/dose. Not >120 g over the course of treatment should be given unless there are no other treatment options. Child: 20-40 mg/kg (max: 1 g) daily or 25-30 mg/kg (max: 1.5 g) 2-3 times wklv.	
Strontium Ranelate 2g Granules	Treatment of postmenopausal osteoporosis to reduce risk of vertebral and hip fractures when bisphosphonates are contraindicated or not tolerated	A*	2 g sachet once daily	
Sucralfate 1 g Tablet	i) Benign gastric and duodenal ulceration ii) Stress ulcer prophylaxis	A	i) 2 g twice daily or 1 g 4 times daily for 4-6 weeks or in resistant cases up to 12 weeks (maximum 8 g daily) ii) 1 g 6 times daily (maximum 8 g daily). CHILD not recommended	
Sugammadex 100 mg/ml Injection	Indicated for reversal of neuromuscular blockade induced by rocuronium and vecuronium in selective patient group: obese, elderly, underlying cardiovascular disease. For pediatric population, sugammadex is recommended for routine reversal	A*	2 mg/kg sugammadex is recommended, if spontaneous recovery has occurred up to at least the reappearance of second twitch tension of the train-of-four (T2). 4 mg/kg sugammadex is recommended if recovery has reached at least 1- 2 post-tetanic counts (PTC). For immediate reversal following administration of rocuronium a dose of 16 mg/kg sugammadex is recommended	
Sulfadoxine 500 mg and Pyrimethamine 25 mg Tablet	Treatment of Plasmodium falciparum malaria in patients in whom chloroquine resistance is suspected and malaria prophylaxis for travellers to areas where chloroquine-resistant malaria is endemic	B	Chloroquine resistant falciparum malaria acute attack Adult: Per tab contains pyrimethamine 25 mg and sulfadoxine 500 mg: 2-3 tabs as a single dose. Do not repeat for at least 7 days. Child: Pyrimethamine 25mg + Sulfadoxine 500mg (Tablet): <2 yr (5-10 kg): 1/2 (half) tab as a single dose; 2-5 yr (>10-20 kg): 1 tab as a single dose; 5-10 yr (< 20-30 kg): 1 1/2 (one and half) tab as a single dose; 10-14 yr (> 30-45 kg): 2 tab as a single dose. Do not repeat for at least 7 days. Renal impairment: Dose reduction may be needed. Severe: contra-indicated. Hepatic impairment: Dose reduction may be needed. Severe: contra-indicated	
Sulphamethoxazole 200 mg & Trimethoprim 40 mg/5ml Suspension	Infections caused by susceptible pathogens	B	Mild to moderate infections: more than 2months: 8 - 12mg Trimethoprim/kg/day divided every 12hours. Serious Infections: 15-20mg Trimethoprim/kg/day divided every 6hours.	
Sulphamethoxazole 400 mg & Trimethoprim 80 mg Injection	i) Severe or complicated infections when oral therapy is not feasible ii) Treatment and prophylaxis of pneumocystis carinii pneumonia (PCP) in immunocompromised patients	A	i) ADULT: 960 mg twice daily increased to 1.44 g twice daily in severe infections. CHILD: 36 mg/kg daily in 2 divided doses increased to 54 mg/kg/day in severe infections ii) Treatment: ADULT & CHILD over 4 weeks: 120 mg/kg/day PO/IV infusion in 2 - 4 divided doses for 14 days. Prophylaxis: ADULT: 960 mg once daily or 960 mg on alternate days (3 times a week) or 960 mg twice daily on alternate days (3 times a week). CHILD 6 weeks - 5 months: 120 mg twice daily on 3 consecutive days or 7 days per week; 6 months - 5 years: 240 mg; 6 - 12 years: 480 mg	

Sulphamethoxazole 400 mg & Trimethoprim 80 mg Tablet	i) Severe or complicated infections due to susceptible infection ii) Treatment and prophylaxis of pneumocystis carinii pneumonia (PCP) in immunocompromised patients	B	i) ADULT: 1 - 3 tablets twice daily ii) Treatment: ADULT & CHILD over 4 weeks: 120 mg/kg/day in 2 - 4 divided doses for 14 days. Prophylaxis: ADULT: 960 mg once daily or 960 mg on alternate days (3 times a week) or 960 mg twice daily on alternate days (3 times a week). CHILD; 6 weeks - 5 months: 120 mg twice daily on 3 consecutive days or 7 days per week; 6 months - 5 years: 240 mg; 6 - 12 years: 480 mg	
Sulpiride 200 mg Tablet	Acute and chronic schizophrenia, chronic delusional psychoses	B	200-400 mg twice daily; 800 mg daily in predominantly negative symptoms and 2.4 g daily in mainly positive symptoms. Elderly, lower initial dose; increased gradually according to response. Child under 14 years not recommended	
Sunscreen 5 - 20% w/w Cream	Photodermatitis	B	Apply to exposed areas at least 30 minutes prior to solar exposure; reapply after swimming, prolonged perspiration and after 2 hours of continuous sun exposure	Brand: Sunsense Daily Face PPD (Derm, Rheumato), Sunsense Sensitive (Derm)
Suxamethonium Chloride 50 mg/ml Inj	Muscle relaxant as an adjunct to anaesthesia	B	Intravenous: Muscle relaxant in general anaesthesia Adult: As chloride: single dose of 0.3-1.1 mg/kg injected; supplementary doses of 50-100% of the initial dose may be given at 5-10 min intervals. Max dose (repeated IV injection or continuous infusion): 500 mg/hr Child: As chloride: <1 yr: 2 mg/kg; 1-12 yr: 1 mg/kg. Intramuscular: Muscle relaxant in general anaesthesia Adult: As chloride: 3-4 mg/kg. Max total dose: 150 mg Child: As chloride: <1 yr: Up to 4-5 mg/kg; ≥1 yr: Up to 4 mg/kg. Max dose: 150 mg.	
Synthetic ACTH (Tetracosactrin Acetate) 250 mcg/ml Injection	Diagnostic test to differentiate primary adrenal from secondary (pituitary) adrenocortical insufficiency	A	Diagnostic test for investigation of adrenocortical insufficiency Adult: As plain preparation: Measure plasma cortisol concentration immediately before and exactly 30 min after IM/IV inj of 250 mcg. Post-inj rise in plasma cortisol concentration ≥200 nmol/l (70 mcg/l) if normal adrenocortical function. As depot preparation (if inconclusive results with plain preparation): Measure plasma cortisol concentration before and exactly 30 min, 1, 2, 3, 4 and 5 hr after an IM inj of 1 mg tetracosactide acetate depot. Adrenocortical function normal if the post-inj rise in plasma cortisol concentration increases 2-fold in 1st hr, and continues to rise steadily. Expected levels in 1st hr: 600-1,250 nmol/l, increasing slowly up to 1000-1800 nmol/l by 5th hr. Child: IV 250 mcg/1.73 m2 BSA. Intramuscular	KPK Medical
Tacrolimus 0.03%, 0.1% Ointment	For short-term and intermittent long-term therapy in the treatment of patients with moderate to severe atopic dermatitis in whom the use of alternative, conventional therapies are deemed inadvisable because of potential risks, or in the treatment of patients who are not adequately responsive to or are intolerant of alternative, conventional therapies	A*	Adult ≥16 years: Apply 0.03% or 0.1% to the affected skin twice daily and rub in gently and completely. Children ≥ 2 years: Apply 0.03% ointment thinly to the affected skin bd and rub in gently and completely. Treatment should be continued for 1 week after clearing of signs & symptoms of atopic dermatitis.	Brand: Protopic
Tacrolimus 0.5 mg, 1mg Capsule	i) Primary immunosuppression in liver and kidney allograft recipients. ii) Liver and kidney allograft rejection resistant to conventional immunosuppressive agents. It is recommended to be used concomitantly with adrenal corticosteroids. Because of the risk of anaphylaxis. Injection should be reserved for patients unable to take capsules only.	A*	0.1-0.2 mg/kg/day for liver transplantation and at 0.15-0.3 mg/kg/day for kidney transplantation administered as 2 divided doses.	

Tacrolimus 0.5mg, 1mg Prolonged-Release Hard Capsule	i) Prophylaxis of transplant rejection in adult kidney or liver allograft recipients. ii) Treatment of kidney or liver allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult.	A*	i) Prophylaxis of kidney transplant rejection: Tacrolimus PR therapy should commence at dose of 0.20-0.30 mg/kg/day administered once daily in the morning. Administration should commence within 24 hours after completion of surgery. ii) Prophylaxis of liver transplant rejection: Tacrolimus PR therapy should commence at a dose of 0.10-0.20 mg/kg/day administered once daily in the morning. Administration should commence within 12-18 hours after completion of surgery. iii) Treatment of allograft rejection: Increased doses of tacrolimus, supplemental corticosteroid therapy, and introduction of short courses of mono-/polyclonal antibodies have all been used to manage rejection episodes. If signs of toxicity such as severe adverse reactions are noted, the dose of Tacrolimus PR might need to be reduced. iv) Treatment of allograft rejection after kidney or liver transplantation: For conversion from other immunosuppressants to once daily Tacrolimus PR, treatment should begin with the initial oral dose recommended in kidney and liver transplantation respectively for prophylaxis of transplant rejection. v) Conversion of Tacrolimus to Tacrolimus PR: Allograft transplant patients maintained on twice daily PR capsules dosing requiring conversion to once daily PR should be converted on a 1:1 (mg:mg) total daily dose basis. Tacrolimus PR should be administered in the morning. (Please refer to the product leaflet for further	
Tar, Coal Tar and Oleyl Alcohol Liquid	Dandruff, seborrhoeic dermatitis and atopic dermatitis	A/KK	Massage into wet hair, rinse and repeat. Use once or twice weekly	Previously was Polytar but replaced with Sebitar Shampoo which contains Pine tar 1%, coal tar soln 1%, salicylic acid 2%
Tamoxifen Citrate 20 mg Tablet	Breast cancer	A	20 mg in 1-2 divided doses. Max: 40 mg/day	
Tamsulosin HCl 400 mcg Extended Release Tablet	Second line treatment of functional symptoms of benign prostatic hyperplasia (BPH) in patients who do not tolerate first line drugs or when first line drugs are inappropriate or contraindicated	A*	400 mcg once daily	
Telbivudine 600 mg Tablet	Treatment of chronic hepatitis B in patients with evidence of viral replication and active liver inflammation	A*	ADULT and CHILD over 16 years: 600 mg once daily. Renal Dose Adjustment: 600mg every 48hours (30-49ml/min), 600 mg every 72hours. (<30ml/min; not requiring dialysis); 600mg every 96 days (ESRD)	
Telmisartan 40 mg Tablet	Hypertension in patients who cannot tolerate ACE inhibitors because of cough	A/KK	40mg - 80mg once daily	
Telmisartan 80 mg & Hydrochlorothiazide 12.5 mg Tablet	Hypertension in patients who cannot tolerate ACE inhibitors because of cough	A/KK	1 tablet daily	
Telmisartan 80 mg and Amlodipine 5 mg Tablet	Treatment of essential hypertension in adults: i) Replacement therapy: Patients receiving telmisartan and amlodipine from separate tablets may instead receive one tablet containing the same component doses ii) Add on therapy: Patients who blood pressure is not adequately controlled on telmisartan or amlodipine monotherapy iii) Initial therapy: May also be used as initial therapy in patients who are likely to need multiple drugs to achieve their blood pressure goals	A/KK	Single-pill combination should be taken once daily. Initiate with telmisartan 80mg/amlodipine 5mg one tablet per day. The maximum recommendation dose is telmisartan 80mg/amlodipine 10mg one tablet per day.	While stock last. Removed from the FUKKM (2.2017)

Telmisartan 80 mg and Amlodipine 10 mg Tablet	Treatment of essential hypertension in adults: i) Replacement therapy: Patients receiving telmisartan and amlodipine from separate tablets may instead receive one tablet containing the same component doses ii) Add on therapy: Patients who blood pressure is not adequately controlled on telmisartan or amlodipine monotherapy iii) Initial therapy: May also be used as initial therapy in patients who are likely to need multiple drugs to achieve their blood pressure goals	A/KK	Single-pill combination should be taken once daily. Initiate with telmisartan 80mg/amlodipine 5mg one tablet per day. The maximum recommendation dose is telmisartan 80mg/amlodipine 10mg one tablet per day.	While stock last. Removed from the FUKKM (2.2017)
Telmisartan 80 mg Tablet	i) Hypertension in patients who cannot tolerate ACE inhibitors because of cough ii) Reduction of the risk of myocardial infarction, stroke, or death from cardiovascular causes in patients 55 years or older at high risk of developing major cardiovascular events who are unable to take ACE inhibitors	A/KK	i) 40mg - 80mg once daily ii) 80mg once daily	
Tenecteplase 10,000 unit (50 mg) Injection	Acute myocardial reinfarction where streptokinase is contraindicated due to previous streptokinase induced antibodies. [Indicated when antibodies was given more than 5 days and less than 12 months]	A*	Less than 60 kg: 30 mg, 60 - 69 kg: 35 mg, 70 - 79 kg: 40 mg; 80 - 90 kg: 45 mg, 90 kg or above: 50 mg. Administer single IV bolus over 5-10 seconds	
Tenofovir Disoproxil Fumarate 300 mg & Emtricitabine 200 mg Tablet	Treatment of HIV-1 infection in adults in combination with other antiretroviral agents (such as non-nucleoside reverse transcriptase inhibitors or protease inhibitors).	A/KK	1 tablet once daily.	
Tenofovir Disoproxil Fumarate 300 mg Tablet	i) Treatment of HIV-1 infected adults in combination with other antiretroviral agents. ii) Use as first line monotherapy for chronic hepatitis B or as a rescue therapy for patients with drug resistance hepatitis B virus (according to resistant profile or treatment guidelines).	A*	300mg once daily. Renal Dose Adjustment: 300mg every 48 hours (30-49ml/min); 300mg every 72 hours (10-29ml/min); 300mg every 7 days after dialysis (Hemodialysis)	
Terazosin HCl 1 mg Tablet	Only for treatment of Benign Prostatic Hyperplasia. Not to be used for treatment of hypertension	A/KK	Initially 1 mg at night, increased in a stepwise fashion to 2 mg, 5 mg or 10 mg once daily	
Terazosin HCl 2 mg Tablet	i) Treatment of Benign Prostatic Hyperplasia. ii) Hypertension	A/KK	i) Initially 1 mg at night, increased in a stepwise fashion to 2 mg, 5 mg or 10 mg once daily. ii) Initial: 1mg once daily at bedtime, Maintenance: 1-5mg once (morning or evening) or twice daily. Max: 20-40mg/day	
Terbinafine HCl 250 mg Tablet	Fungal infections especially onychomycosis caused by dermatophytes	A/KK	250 mg once daily for 6 weeks for fingernails: 12 weeks for toenails	
Terbutaline 0.5mg/dose Inhaler	Bronchial asthma, chronic bronchitis, emphysema and other lung diseases where bronchospasm is a complicating factor	B	ADULT and CHILD more than 12 years: 1 inhalation 6 hourly. Severe cases: Single dose may be increased to 3 inhalation. Maximum 12 inhalation/24 hour. CHILD 3-12 year : 1 inhalation 6 hourly. Severe cases : Single dose may be increased to 2 inhalation. Maximum 8 inhalation/24 hour	Removed from the FUKKM 2.2017. While stock last
Terbutaline Sulphate 0.5 mg/ml Injection	Bronchial asthma, chronic bronchitis, emphysema and other lung diseases where bronchoconstriction is a complicating factor	B	SC, IM or slow IV : 250-500 mcg up to 4 times daily. CHILD 2 - 15 years 10mcg/kg to a maximum of 300 mcg. Continuous IV infusion, as a solution containing 3 - 5 mcg/ml, 1.5 - 5 mcg/minute for 8 - 10 hours; reduce dose for children	
Terbutaline Sulphate 10 mg/ml Nebulizer Solution	Asthma and other conditions associated with reversible airways obstruction	B	ADULT : 5 - 10 mg 2 - 4 times daily, additional doses may be necessary in severe acute asthma. CHILD up to 3 years : 2 mg, 3 - 6 years : 3 mg, 6 - 8 years : 4 mg, over 8 years : 5 mg 2 - 4 times daily	
Terbutaline Sulphate 2.5 mg Tablet	Asthma and other conditions associated with reversible airways obstruction	B	ADULT: Initially 2.5 mg 3 times daily for 1 - 2 week, then up to 5 mg 3 times daily. CHILD less than 7 years: 75 mcg/kg 3 times daily, 7 - 15 years: 2.5 mg 2 - 3 times daily	

Terlipressin 1mg/5mg Injection	Acute oesophageal variceal bleeding	A*	2 mg IV bolus over 1 minute. Maintenance: 1 - 2 mg IV bolus 4 - 6 hourly until bleeding is controlled, up to 24 - 36 hours. The maximum daily dosage is 120-150 mcg/kg body weight.	
Testosterone 250 mg/ml Injection	Only for treatment of male infertility, protein deficiency during convalescence after surgery and wasting disorder. In women, supplementary therapy of progressive mammary carcinoma	A*	By IM only. Hypogonadism 250 mg every 2-3 weeks. To maintain an adequate androgenic effect 250 mg every 3-6 weeks. Potency disorders 250 mg every 4 weeks. Male climacteric disorders: 250 mg every 3-4 weeks. Repeated 6-8 weeks courses at 2-3 months interval	
Testosterone 50mg Gel				KPK Endocrine
Tetanus Toxoid Injection	Immunization against tetanus infection	C+	2 doses of 0.5 mL IM at an interval of 4-8 wk, followed by the 3rd dose 6-12 mth later. Booster: 0.5 mL IM every 10 yr.	Brand: Vaksin TT
Thalidomide 50 mg Capsule	First line induction therapy in newly diagnosed multiple myeloma, salvage therapy in relapsed multiple myeloma and maintenance therapy in multiple myeloma (contraindicated for pregnant women; pregnancy test for females in reproductive age group before starting treatment should be done).	A*	50 mg to 200 mg daily	
Theophylline 125 mg Tablet	Reversible airways obstruction, acute severe asthma	B	ADULT: 125 mg 3 - 4 times daily after food, increased to 250 mg if required. CHILD: 1 - 15 years : 5 mg/kg/dose (up to 600 mg/ day) every 3 - 4 times daily	
Theophylline 250 mg Long Acting Tablet	Reversible airways obstruction and acute severe asthma	B	ADULT: 250 mg 2 times daily. CHILD under 12 years : Up to 10 mg/kg body weight 2 times daily	
Thiamine HCl 100 mg/ml Injection	i) For the prevention or treatment of Vitamin B1 deficiency syndromes including beri-beri and peripheral neuritis associated with pellagra ii) Wernicke-Korsakoff Syndrome	B	i) Mild to chronic deficiency: 10-25 mg daily. Severe deficiency: 200- 300 mg daily ii) 500 mg every 8 hours for 2 days, followed by 100 mg 2 times daily until patient can take oral dose	KPK Pharmacy
Thiamine Mononitrate 10 mg Tablet	i) For the prevention or treatment of Vitamin B1 deficiency syndromes including beri-beri and peripheral neuritis associated with pellagra ii) Wernicke-Korsakoff Syndrome	C	i) Mild to chronic deficiency: 10-25 mg daily. Severe deficiency: 200- 300 mg daily ii) 500 mg every 8 hours for 2 days, followed by 100 mg 2 times daily until patient can take oral dose	
Thioguanine 40 mg Tablet	For acute leukaemia and chronic granulocytic leukaemia	A	Refer to specific protocols. Usually 100 mg/m ² for 5 - 7 days (acute myeloid leukaemia) or up to 2 weeks (chronic myeloid leukaemia for accelerated/ advanced disease). CHILD: 40 - 60 g/m ² daily according to protocol	
Thiopental Sodium 500 mg Injection	i) General anaesthesia, induction ii) Anticonvulsant for cases resistant to conventional anticonvulsants in the ICU	B	i) ADULT : For induction 200 - 400 mg. For repeat injection 3 - 5 mg/kg over 10 - 15 seconds until desired depth of anaesthesia is obtained. Not FDA approved for use in pediatric patients ii) 75 - 125 mg IV single dose; for local-anaesthetic induced convulsion: 125 - 250 mg IV over 10 minutes	
Thymol Compound Gargle	For sore throat and minor mouth inflammation	C	To be gargled 3-4 times daily	

Ticagrelor 90 mg Tablet	a) Patient who failed clopidogrel readmitted to hospital with recurrent atherothrombotic event while patients are on clopidogrel. b) ACS patients with: i) STEMI - going for invasive (PCI), ii) NSTEMI/UA - intermediate to high risk (based on TIMI score). iii) Other complicated ACS cases treated either medically or invasively via PCI or CABG (risk of Stent thrombosis, 3VD etc.)	A*	Initially, 180mg as single dose followed by 90mg bd with maintenance dose of ASA 75-150 mg daily.	
Ticlopidine HCl 250 mg Tablet	i) Prevention of thrombotic stroke for patients who are sensitive /intolerant to Acetylsalicylic Acid ii) Maintenance of coronary bypass surgery or angioplasty iii) Maintenance of patency of access in patients on chronic haemodialysis	A/KK	250 mg twice daily taken with food	
Tigecycline 50mg Inj				KPK Anes
Timolol Maleate 0.5% Eye Drops	Elevated intraocular pressure, chronic open angle glaucoma	A	Initially, 1 drop of 0.25% 2 times daily, if clinical response is not adequate, 1 drop of 0.5% 2 times daily	2 types available: Preservative-free and preservative
Tinzaparin sodium 10,000 anti-Factor Xa IU/ml Injection in Prefilled syringe/cartridge	i) Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), not amounting to hemodynamic instability. ii) Prevention of post-operative DVT in patients undergoing general and orthopaedic surgery.	A*	i) Treatment of DVT and PE, in conjunction with warfarin: 175 anti-Factor Xa IU/kg SC once daily for at least 6 days. ii) Thromboprophylaxis in patients with: Moderate risk of thrombosis (general surgery): 3,500 anti-Factor Xa IU SC 2 hrs before surgery and postoperatively, 3,500 anti-Factor Xa IU once daily for 7-10 days. High risk of thrombosis (eg. total hip replacement): 4,500 anti-Factor Xa IU SC or 50 anti-Factor Xa IU/kg body weight SC 2 hrs before surgery and then once daily until the patients has been mobilized.	
Tinzaparin sodium 20,000 anti-Factor Xa IU/ml Injection in Prefilled syringe/cartridge	i) Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), not amounting to hemodynamic instability. ii) Prevention of post-operative DVT in patients undergoing general and orthopaedic surgery.	A*	i) Treatment of DVT and PE, in conjunction with warfarin: 175 anti-Factor Xa IU/kg SC once daily for at least 6 days. ii) Thromboprophylaxis in patients with: Moderate risk of thrombosis (general surgery): 3,500 anti-Factor Xa IU SC 2 hrs before surgery and postoperatively, 3,500 anti-Factor Xa IU once daily for 7-10 days. High risk of thrombosis (eg. total hip replacement): 4,500 anti-Factor Xa IU SC or 50 anti-Factor Xa IU/kg body weight SC 2 hrs before surgery and then once daily until the patients has been mobilized.	
Tiotropium 2.5mcg/puff solution for inhalation	i) Maintenance bronchodilator treatment to relieve symptoms of patients with chronic obstructive pulmonary disease (COPD) in which the diagnosis of COPD is confirmed by spirometry. ii) As add-on maintenance bronchodilator treatment in adult patients with asthma who are currently treated with the maintenance combination of inhaled corticosteroids ($\geq 800\mu\text{g}$ budesonide/day or equivalent) and long-acting β_2 -agonist and who experienced one or more severe exacerbations in the previous year.	A/KK	5 mcg (2 puff) once daily, at the same time of the day	
Tiotropium Bromide 18 mcg Inhalation Capsules	Long term maintenance treatment of bronchospasm and dyspnoea associated with COPD. Tiotropium has usually been added to standard therapy (e.g. inhaled steroids, theophylline, albuterol rescue)	A/KK	Contents of one capsule is inhaled once daily with the Handihaler inhalation device at the same time of the day.	
Tocilizumab 20 mg/ml Injection	Indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients: i) with inadequate respond or intolerance to conventional disease-modifying antirheumatic drugs (DMARDs) ii) who has failed antitumour necrosis factors (antiTNFs) iii) where TNF is contraindicated (patients with history of pulmonary tuberculosis [PTB]) It also can be used as monotherapy or with combination with methotrexate (MTX) and/ or other DMARDs.	A*	Recommended dose for rheumatoid arthritis of tocilizumab for adult patients is 8mg/kg given once every 4 weeks as a single-drip IV infusion over 1 hour. It should be diluted to 100 ml by a healthcare professional with sterile 0.9% w/v sodium chloride solution over 1 hour. For patients whose body weight is more than 100kg, doses exceeding 800mg per infusion are not recommended	

Tofacitinib citrate 5mg film coated tablet	Indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate. It may be used as monotherapy or in combination with methotrexate or other non-biologic disease-modifying anti-	A*	1 tablet twice daily	KPK Rheumato (Sample)
Tolterodine Tartrate ER 4 mg Capsule	Treatment of overactive bladder with symptoms of urinary, frequency or urge incontinence	A*	4 mg once daily. May decrease to 2 mg once daily depending on response and tolerability	
Topiramate 15 mg Capsule Sprinkle	Add-on therapy for intractable partial epilepsy	A*	ADULT: Initially 25-50mg nightly for 1 week. Subsequently at wkly or bi-wkly intervals, increase dose by 25-50 to 100mg/day in 2 divided doses. CHILD aged 2 and above: Approx 5-9 mg/kg/day in 2 divided doses. Titrate at 25mg (or less, based on a range of 1-3mg/kg/day) nightly for the 1st week. Subsequently at 1 or 2 wkly intervals, with increments of 1-3 mg/kg/day in 2 divided dose.	
Topiramate 25 mg, 50mg Tablet	Add-on therapy for intractable partial epilepsy	A*	ADULT: Initially 25-50mg nightly for 1 week. Subsequently at wkly or bi-wkly intervals, increase dose by 25-50 to 100mg/day in 2 divided doses. CHILD aged 2 and above: Approx 5-9 mg/kg/day in 2 divided doses. Titrate at 25mg (or less, based on a range of 1-3mg/kg/day) nightly for the 1st week. Subsequently at 1 or 2 wkly intervals, with increments of 1-3 mg/kg/day in 2 divided dose.	
Trace Elements and Electrolytes (Adult) Solution	Only to be used to cover daily loss of electrolyte and trace elements for patient on parenteral nutrition	A*	10 ml added to 500-1000 ml solution, given by IV infusion	Brand: Addamel
Trace Elements and Electrolytes (Paediatric) Solution	Only to be used to cover daily loss of electrolyte and trace elements for patient on parenteral nutrition	A*	According to the needs of the patient. INFANT and CHILD weighing 15 kg or less: Basal requirements of the included trace elements are covered by 1 ml/kg/day to a maximum dose of 15 ml. CHILD weighing 15 kg or more, a daily dose of 15 ml, should meet basic trace element requirements. However, for patients weighing more than 40 kg the adult preparation trace element should be used	Brand: Peditrace
Tramadol HCl 50 mg Capsule	Moderate to severe acute or chronic pain (eg. Post-operative pain, chronic cancer pain and analgesia/pain relief for patients with impaired renal function)	A/KK	ADULT: 50mg initially, can take another 50mg after 30 - 60 min if pain not relieved. Max 400 mg daily. CHILD: 1mg/kg/dose repeated every 6 hours (Max: 2mg/kg/dose and 100mg/dose)	
Tramadol HCl 50 mg/ml Injection	Moderate to severe acute or chronic pain (eg. Post-operative pain, chronic cancer pain and analgesia/pain relief for patients with impaired renal function)	A	ADULT: IV/IM/SC 50 - 100mg. (IV inj over 2-3 min or IV infusion). Initially 100 mg then 50 - 100 mg every 4 - 6 hours. . Max: 400 mg daily. CHILD (1 year and above): 1 - 2mg/kg/dose	
Tranexamic Acid 100 mg/ml Injection	Haemorrhage associated with excessive fibrinolysis	B	ADULT: Slow IV 0.5-1 g (10 - 15 mg/kg) 3 times daily. Continuous infusion at a rate of 25 - 50 mg/kg daily. CHILD: slow IV 10 mg/kg/day 2-3 times daily	
Tranexamic Acid 250 mg Capsule	Haemorrhage associated with excessive fibrinolysis	B	ADULT: 1-1.5 g (15-25 mg/kg) 2-4 times daily. CHILD: 25 mg/kg/day 2-3 times daily. Menorrhagia (initiated when menstruation has started), 1 g 3 times daily for up to 4 days; maximum 4 g daily	

Travoprost 0.004% & Timolol 0.5% Eye Drops	To decrease intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to other topical anti glaucomas	A*	1 drop in the affected eye(s) once daily	
Tretinoin 0.05% Cream	Acne vulgaris and recalcitrant cases of acne (comedonal type)	A/KK	Apply thinly to the affected area once daily or twice daily. Avoid exposure to sunlight. Duration of treatment: 8 - 12 weeks is required before any noticeable response	
Triamcinolone Acetonide 0.1% Oral Paste	Oral and perioral lesions	B	Apply a thin layer to affected area 2-4 times daily	
Triamcinolone Acetonide 10 mg/ml Injection	Inflammation of joints, bursae and tendon sheaths	A	Smaller joints: 2.5 - 5 mg and larger joints: 5 - 15 mg. Treatment should be limited to 1 mg/injection site to prevent cutaneous atrophy	
Triamcinolone Acetonide 40 mg/ml Injection	Allergies, dermatoses, rheumatoid arthritis and inflammatory ocular diseases	A/KK	40-80 mg deep into the gluteal muscle	
Trifluoperazine HCl 5 mg Tablet	Psychotic disorder	B	ADULT: Initially 5 mg twice daily, increase by 5 mg after 1 week, then at 3-day intervals. Maximum 40 mg/day. CHILD up to 12 years: Initially up to 5 mg daily in divided doses adjusted to response, age and clinical status	
Trimetazidine 20 mg Tablet	Prophylactic treatment of episodes of angina pectoris	B	20 mg 3 times daily	
Trimethoprim 300 mg Tablet	Treatment of urinary tract infections due to susceptible pathogens	B	ADULT: 200 mg daily in 1 or 2 divided doses or 300 mg daily as a single dose. Acute infection: 200 mg twice daily. CHILD: 6 - 12 years: 100 mg twice daily; 6 months - 5 years: 50 mg twice daily. 6 weeks - 5 months: 25mg twice daily	
Triprolidine HCl 2.5 mg and Pseudoephedrine HCl 60 mg Tablet	Decongestion of the upper respiratory tract in common cold, hay fever, allergic and vasomotor rhinitis and aerotitis	B	ADULT 2.5 mg every 4 - 6 hours; maximum dose 10 mg/day. CHILD 6 - 12 years : 1.25 mg every 4 - 6 hours; maximum dose 5 mg/day, 2 - 4 years : 0.625 mg every 4 - 6 hours; maximum dose 2.5 mg/day, 4 - 6 years : 0.938 mg every 4 - 6 hours; maximum dose 2.744 mg/day	
Tropicamide 1% Eye Drops	Topical use to produce cycloplegic refraction for diagnostic purposes	A/KK	1 - 2 drops several times a day	
Trospium Chloride 20mg coated tablet	Symptomatic treatment for urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder (eg. Idiopathic or neurologic detrusor overactivity) Place in therapy: As first line treatment for overactive bladder in patients with Parkinsonism, Alzheimer's or other cognitive disease	A*	1 tablet twice daily. Tablet should be swallowed whole with a glass of water before meals on empty stomach. Severe renal impairment (CrCl between 10 & 30 mL/min/1.73 m2): 1 tab daily or every 2nd day	
Tuberculin PPD Injection	For routine Mantoux (tuberculin sensitivity) test	B	10 units is injected intradermally	
Urofollitropin (FSH) 75 IU Injection	Stimulation of follicular growth in infertile women	A*	To be individualized. 75 IU-150 IU daily and maybe increased or decreased by up to 75 IU/day at 7 or 14 day intervals if necessary	
Urofollitropin (FSH) 150 IU Injection	Stimulation of follicular growth in infertile women	A*	To be individualized. 75 IU-150 IU daily and maybe increased or decreased by up to 75 IU/day at 7 or 14 day intervals if necessary	

Urokinase 6000 IU Injection	Treatment of thromboembolic disease such as myocardial infarction, peripheral artery occlusion, pulmonary embolism, retinal artery thrombosis and other ophthalmologic use	A	ADULT: Acute pulmonary embolism: IV loading dose 4400 iu/kg over 10 mins, maintenance 4400 iu/kg/hour for 12 hours. Peripheral vascular occlusion: infuse 2500 iu/ml into clot at a rate of 4000 iu/min for 2 hours. This may be repeated up to 4 times. Hyphaema: 5000 IU in 2 ml saline solution is injected and withdrawn repeatedly over the iris. If residual clot remains, leave 0.3ml in the anterior chambers for 24-48 hours to facilitate further dissolution	Nephro, Peads. Removed from FUKKM (2.2017). Will be replaced with Urokinase 250,000 IU
Ursodeoxycholic Acid 250 mg Capsule	Cholestatic liver diseases (eg. primary biliary cirrhosis, primary cholangitis etc)	A	10-15 mg/kg daily in 2 to 4 divided doses usually for 3 months to 2 years. If there is no decrease in stone size after 18 months, further treatment seems not to be useful	
Valproic Acid and Sodium Valproate (ER) 500mg Tablet	i) In the treatment of generalized or partial epilepsy, particularly with the following patterns of seizures:absence, myoclonic, tonic-clonic, atonic-mixed as well as, for partial epilepsy:simple or complex seizures, secondary generalized seizures, specific syndrome (West, Lennox-Gastaut). ii) Treatment and prevention of mania associated with bipolar disorders.	B	i) Adults: Dosage should start at 500mg daily increasing by 200mg at three-day intervals until control is achieved. This is generally within the dosage range 1000mg to 2000mg per day. Children: >20KG: 500mg/day (irrespective of weight) with spaced increases until control is achieved. ii) Initial dose of 1000mg/day, to be increase rapidly as possible to achieve lowest therapeutic dose, which produce desired clinical effects. Recommend initial dose is 1000mg & 2000mg daily. Max dose 3000mg daily.	
Valsartan 80 mg and Hydrochlorothiazide 12.5 mg Tablet	Hypertension in patients who cannot tolerate ACE inhibitors because of cough	A/KK	1 tablet once daily	
Valsartan 80 mg Tablet	Patients who cannot tolerate ACE inhibitors because of cough, in i) Heart failure ii) Post myocardial infarction	A/KK	i) 40 mg twice daily. Uptitration to 80 mg and 160mg twice daily. Max: 320 mg in divided doses. ii) 20 mg twice daily increased over several weeks to 160mg twice daily if tolerated.	Edited according to FUKKM 2.2017
Vancomycin HCl 500 mg Injection	Only for the treatment of MRSA and CAPD peritonitis	A*	Slow IV infusion, ADULT: 500 mg over at least 60 minutes every 6 hours or 1 g over at least 100 minutes every 12 hours. NEONATE up to 1 week, 15 mg/kg initially, then 10 mg/kg every 12 hours. INFANT 1 - 4 weeks, 15 mg/kg initially then 10 mg/kg every 8 hours. CHILD over 1 month, 10 mg/kg every 6 hours	
Varicella Zoster Immunoglobulin 125 IU Inj				KPK Peads
Vasopressin 20 units/ml Injection	i) Pituitary diabetes insipidus ii) Oesophageal variceal bleeding	A	i) 5 - 20 units SC or IM every 4 hours ii) 20 units in 100 - 200 ml 5% dextrose saline over 15 minutes as infusion which may be repeated after at intervals of 1 - 2 hours. Maximum: 4 doses	KPK Anes
Venlafaxine HCl 75 mg, 150mg Extended Release Capsule	i) Depression ii) Generalized anxiety disorder iii) Social anxiety disorder (social phobia) iv) Panic disorder	A*	i), ii) & iii) ADULT: 75 mg once daily. May increase dose by 75 mg/day every 4 days to a maximum dose of 225 mg/day, (severe depression: max: 375mg/day) iv) 37.5 mg/day for the first 4-7 days after which the dose should be increased to 75 mg once daily. CHILD and ADOLESCENT under 18 years not recommended	
Verapamil HCl 2.5 mg/ml Injection	Supraventricular tachycardia	A/KK	Initially 5-10mg given by slow IV over at least 2 minutes. The dose can be repeated 10mg 30 minutes after the first dose if the initial response is not adequate.	

Verapamil HCl 40 mg Tablet	i) Supraventricular tachyarrhythmias (SVT) prophylaxis ii) angina	B	ADULT: 40 - 80 mg 3-4 times daily. In oral long term therapy, max: 480 mg daily	
Vildagliptin 50 mg and Metformin HCl 1000 mg Tablet	Treatment of type 2 diabetes mellitus patients who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone or who are already treated with the combination of vildagliptin and metformin as separate tablets. FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	A*	50 mg/850 mg or 50 mg/1000 mg twice daily. Maximum daily dose is 100 mg vildagliptin plus 2000 mg metformin hydrochloride.	
Vildagliptin 50 mg and Metformin HCl 850 mg Tablet	Treatment of type 2 diabetes mellitus patients who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone or who are already treated with the combination of vildagliptin and metformin as separate tablets. FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	A*	50 mg/850 mg or 50 mg/1000 mg twice daily. Maximum daily dose is 100 mg vildagliptin plus 2000 mg metformin hydrochloride.	
Vildagliptin 50 mg Tablet	i) As second line therapy in type 2 diabetes patients inadequately controlled on maximal tolerated dose of metformin monotherapy and high risk of hypoglycaemia. ii) As second line therapy in type 2 diabetes patients inadequately controlled on maximal tolerated dose of sulphonylurea and intolerant/contraindicated for metformin therapy. iii) As third line therapy in type 2 diabetes patients inadequately controlled with dual OAD combination therapy with sulphonylurea and metformin iv) As a monotherapy in type 2 diabetes mellitus patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to contraindications or intolerance. v)An adjunct to diet and exercise to improve glycaemic control in patients with type 2 diabetes mellitus: As a dual therapy in combination with insulin in patients with insufficient glycaemic control. Insulin dose and regimen should be optimized before addition of vildagliptin. FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	A*	ADULT over 18 years: 50mg bd when combine with metformin, 50 mg od when combine with sulphonylurea	
Vigabatrin 500mg Tablet				KPK Peads
Vinblastine Sulphate 10 mg Injection	Hodgkin's disease, choriocarcinoma resistant to other chemotherapeutic agents, non-small cell lung cancer, Langerhans cell histiocytosis	A	Adult: Initially, 3.7 mg/m ² , increase dose weekly based on WBC counts in increments of about 1.8 mg/m ² until leukocyte count decreases to about 3000/mm ³ , or maximum weekly dose of 18.5 mg/m ² reached. Usual dose: 5.5-7.4 mg/m ² per week. Do not administer next dose, even though 7 days have lapsed unless the leukocyte count has returned to at least 4000/mm ³ . Child: Initial 2.5 mg/m ² of BSA, increased dose at weekly intervals in increments of about 1.25 mg/m ² until leukocyte count decreases to about 3000/mm ³ , or maximum weekly dose of 12.5 mg/m ² reached. Do not increase dose once leukocyte count reaches approximately 3000 cells/mm ³ , instead, a dose of 1 increment smaller to be admin at wkly intervals for maintenance. Do not administer next dose, even though 7 days have lapsed unless the leukocyte count has returned to at least 4000/mm ³ .	

Vincristine Sulphate 1 mg Injection	i) Solid tumours ii) Gestational trophoblastic disease iii) Non-Hodgkin's lymphoma iv) Multiple myeloma v) Acute lymphoblastic leukemia	A	i) ADULT: 1.4 mg/m2 weekly (maximum 2 mg weekly) ii) Refer to protocol iii) 1.4 mg/m2 weekly (maximum 2 mg weekly) iv) 0.4 mg/m2 IV continuous infusion on days 1 - 4 v) Refer to protocol. CHILD: 1 mg/m2 to 2 mg/m2 weekly according to protocol (0.05 mg/kg for infants less than 10kg)	
Vinorelbine 10mg/ml injection	i) First line treatment in non-small cell lung cancer in combination with cisplatin/ifosfomide ii) Metastatic breast cancer	A*	i) Single agent: Adult 30mg/m2 IV administered over 6-10 minutes once weekly Combination with cisplatin : 30mg/m2 IV administered over 6-10minutes once weekly combination with cisplatin IV on days and 29 and then every 6 weeks or Vinorelbine administered at a dose of 25mg/m2 IV weekly in combination with cisplatin given every 4 weeks at a dose of 100mg/m2 ii) 25 - 30 mg/m2 diluted in saline solution, infused over 6 - 10 minutes, administered weekly or vinorelbine maybe given as an 8mg/m2 IV BOLUS followed by 8mg/m2 as a 96-hour intravenous infusion	
Vitamin B Complex Tablet	Prophylaxis and treatment of vitamin B deficiency	C+	1-2 tablets daily	
Vitamin B1, B6, B12 Tablet	For deficiency or raised requirement of Vitamin B1, B6, B12	B	1 - 3 tablets 3 times daily swallowed unchewed.	
Vitamin K1 1 mg/ml Injection	Vitamin K deficiency in neonates	C+	Prophylaxis of vitamin K deficiency bleeding in neonates Child: Neonate: 0.5-1 mg, given as a single dose via IM inj. Alternatively, 2 mg may be given orally, followed by a 2nd dose of 2 mg after 4-7 days. Intravenous Vitamin K deficiency bleeding in neonates Child: Infant: 1 mg by IV/IM/SC inj, further doses may be given if necessary	
Vitamin K1 10 mg/ml Injection	Haemorrhage associated with hypoprothrombinaemia caused by overdose of anticoagulants	B	0.5 - 20 mg by very slow IV at a rate not exceeding 1 mg per minute	
Voriconazole 200 mg Tablet	i) Treatment of immunocompromised patients with progressive, possibly life threatening infections such as invasive aspergillosis, fluconazole-resistant serious invasive candidiasis, candidiasis of the oesophagus, serious fungal infections caused by Scedosporium species and Fusarium species ii) Prevention of breakthrough fungal infections in febrile high-risk neutropenic patients	A*	Adult and Children 12 years and greater and over 40 kg: Loading dose: 400 mg 12 hourly for first 24 hours. Maintenance: 200 - 300 mg 12 hourly. Less than 40 kg: Loading dose: 200 mg 12 hourly for first 24 hours. Maintenance: 100 - 150 mg 12 hourly. Children aged 2years to <12years with normal hepatic and renal function: No loading dose needed; 200mg 12hourly	
Warfarin Sodium 1 mg, 2mg, 3mg, 5mg Tablet	Treatment and prophylaxis of thromboembolic disorders	B	Initially 10 mg daily for 2 days. Maintenance dose, 3-9 mg daily according to the INR (taken at the same time each day)	
Water for Injection	As a diluent and vehicle for the administration of medications	C+	According to the needs of the patient	

Zidovudine 1% Injection	To reduce the rate of maternal-foetal transmission of HIV in: i) HIV-positive pregnant women over 14 weeks of gestation ii) Their newborn infants	A	i) Prophylaxis of maternal-foetal HIV transmission during labour and delivery Adult: Loading dose: 2 mg/kg, followed by continuous infusion of 1 mg/kg/hr until umbilical cord is clamped. If caesarean section is planned, start the IV infusion 4 hr before the operation. Renal and Hepatic impairment: Dose reduction may be needed. HIV infection (to be discuss: not in indication) Adult: 1-2 mg/kg every 4 hr, given as 2-4 mg/ml infusion over 1 hr. Child: As continuous infusion: 20 mg/m2/hr. Alternatively, as intermittent infusion: 120 mg/m2 every 6 hr. Renal impairment: Haemodialysis or peritoneal dialysis: 1 mg/kg every 6-8 hr. ii) Prophylaxis of HIV infection in neonates Child: Neonates: 1.5 mg/kg every 6 hr. Start treatment within 12 hr after birth and continue for 1st 6 wk of life. Dose to be given via IV infusion over 30 minutes. Renal impairment: Dose adjustment may be needed.	
Zidovudine 10 mg/ml Syrup	i) Management of patients with asymptomatic and symptomatic (early or advanced) HIV infections with CD4 cell counts less than 500 cu. mm. ii) Neonatal prophylaxis	A*	i) HIV infection Adult: 600 mg daily in divided doses, in combination with other antiretroviral agents. Child: 6 wk - 12 yr: 160 mg/m2 every 8 hr. Max: 200 mg every 8 hr. May be used in combination with other antiretrovirals. Renal and Hepatic impairment: Dose reduction may be needed. ii) Prophylaxis of HIV infection in neonates Child: Neonates: 2 mg/kg every 6 hr for 1st 6 wk of life, starting within 12 hr after birth. Renal and hepatic impairment: Dose adjustment may be needed.	
Zidovudine 100 mg Capsule	i) Management of patients with asymptomatic and symptomatic (early or advanced) HIV infections with CD4 cell counts less than 500 cu. mm ii) Neonatal prophylaxis	A/KK	i) HIV infection Adult: 600 mg daily in divided doses, in combination with other antiretroviral agents. Child: 6 wk - 12 yr: 160 mg/m2 every 8 hr. Max: 200 mg every 8 hr. May be used in combination with other antiretrovirals. Renal and Hepatic impairment: Dose reduction may be needed. ii) Prophylaxis of HIV infection in neonates Child: Neonates: 2 mg/kg every 6 hr for 1st 6 wk of life, starting within 12 hr after birth. Renal and hepatic impairment: Dose adjustment may be needed.	
Zidovudine 300mg & Lamivudine 150mg tablet	HIV infection in combination with at least one other antiretroviral drug	A/KK	ADULT and CHILD over 12 years: 1 tablet twice daily	
Zinc Gluconate 50mg Tablet				KPK Peads
Zinc Oxide Cream	Skin protective in various skin conditions such as nappy rash, eczema and problem skin	C+	Apply 3 times daily or as required	
Zinc oxide, benzyl benzoate and balsam peru suppository	For relief of pruritus, burning and soreness in patients with haemorrhoids and perianal conditions	C	Insert 1 suppository night and morning after bowel movements; do not use for longer than 7 days OR please refer to the product insert.	
Ziprasidone 20 mg/ml Injection	Acute agitation in schizophrenia	A*	ADULT: Initially 10 mg (every 2 hour) or 20 mg (every 4 hour). Maximum: 40 mg/day. IM administration more than 3 days has not been studied	
Zoledronic Acid 4mg/5ml Injection	i) Treatment of hypercalcaemia of malignancy ii) Prevention of skeletal related events in patients with multiple myeloma involving multiple bone lesions	A*	4 mg reconstituted and should be given as a 15 minutes IV infusion every 3-4 weeks	
Zoledronic Acid 5mg				KPk Rheumato

Zonisamide 100mg tablet	As adjunctive therapy in the treatment of partial seizures in adults with epilepsy. Restrictions: As adjunctive therapy in the treatment of partial seizures in adults with epilepsy when 1st line and 2nd line therapy failed.	A*	For adults, usually 100 to 200mg of zonisomide is to be administered orally 1 to 3 times a day initially. The dose is gradually increased at every one to two weeks up to 200-400mg daily, in 1 to 3 divided dose. The maximum daily dose should not exceed 600mg per day.	
Zuclopenthixol Decanoate 200 mg/ml Injection	Only for treatment of agitated and violent patients suffering from schizophrenia who are not responding to the available standard drugs	B	By deep IM injection test dose 100 mg followed after 7 - 28 days by 100 - 200 mg or more followed by 200 - 400 mg at intervals of 2 - 4 weeks adjusted according to response. Maximum 600 mg weekly. Child not recommended	

